

THE MINISTRY OF HEALTH OF UKRAINE  
ZAPORIZHZHIA STATE MEDICAL UNIVERSITY  
Department of nervous diseases

**Collection of test for practical training in  
clinical neurology for practical  
employments for the students of the  
4<sup>th</sup> course of II international faculty**

Zaporizhzhia

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*and it is recommended for the use in educational process for foreign students.*

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## **INTRODUCTION**

Further progress of higher medical education requires implementing new forms of both teaching methods and knowledge control. These new forms intensify the learning process and develop student's practical diagnostic.

The training manual includes tests of private neurology, which are designed to help students in self-preparation for practical exercises students' knowledge, their clinical thinking in seminars, tests, and neurological exam.

## Clinical neurology

1. At patient grumbles about head ache of diffuse character, nausea, increases of temperature. Last 2 dates mark violation of sight – diplopia; violations of sleep. Anamnesis: tree weeks ago carried acute respiratory virus. In neurological status: ptosis, going away cross-eye, paresis of convergence, horizontal nystagmus. Coordination tests with ataxia on the right. Complete blood count (CBC): leukocytosis, increased SK 30, CSF – temperate lymphocyte pleocytosis.

What most credible diagnosis?

- A. Vernal tick-borne encephalitis.
- B. \*Epidemic encephalitis.
- C. Tuberculous meningitis.
- D. Ischemic stroke.
- E. Brain abscess.

2. At teenager grumbles about a general weakness, head pain, nausea, pain in muscles. During 3-th days there is the temperature 40<sup>0</sup>C. From anamnesis: 2 weeks ago came back from a walking tour. Objectively: syndrome «hanging down head», dysphonia, dysphagia, a meningeal syndrome is positive. Sent a blood to virology research.

What most credible diagnosis?

- A. Epidemic encephalitis.
- B. Purulent meningitis.
- C. Acute myelities.
- D. Poliomyelitis.
- E. \*Tick-borne encephalitis (spring-summer).

3. What syndrome characterizes the chronic form of epidemic encephalitis?

- A. Athetosis.
- B. Syndrome «hanging down head»
- C. Bulbar syndrome.

- D. \*Parkinsonian syndrome.
- E. Pseudobulbar syndrome.

4. A patient is delivered in a clinic with complaints about head pain with an irradiation in a neck, vomiting not bringing facilitation. It is ill during 3-th days. A temperature rises to 38-38,5<sup>0</sup>C. Objectively: excited, on lips herpetic pouring out. Paresis's are not present. A meningeal syndrome is positive. Hemorrhagic rash on the upper half of trunk. CSF: turbid, neutrophilic pleocytosis (to 75%), albumen 5 gm/l.

What most credible diagnosis?

- A. \*Meningococcal meningitis.
- B. Serous meningitis
- C. Epidemic encephalitis.
- D. Abscess brain.
- E. Tumor of brain.

5. A patient acted with complaints about head pain, general weakness, decline of appetite, sweat. During a month patient temperature in evening time. X-ray organs of thorax: Tuberculosis of upper stake on the right. Preliminary diagnosis: Tubercular meningitis.

What method of research is most informing?

- A. \*Lumbar puncture.
- B. MRI
- C. Roentgenograms skulls.
- D. Electroencephalography.
- E. Angiography.

6. A patient is delivered in a clinic with complaints about a general weakness, herpetic pouring out in area of nose, stomach-ache, temperature of body to 39<sup>0</sup>C. Objectively: face of redness, nosolabial triangle pale, anisoreflexia. A meningeal syndrome is positive. CSF: lymphocyte pleocytosis.

What most credible diagnosis?

- A. Purulent meningitis.
- B. Tuberculous meningitis.
- C. Encephalitis.
- D. \*Enterovirus meningitis.
- E. Poliomyelitis.

7. A patient is delivered in a clinic with complaints about morning head pain in area of forehead, attended with nausea, vomiting. In anamnesis: brain injury. During examination a convulsive syndrome developed at a patient. CSF: high pressure, turbid, albuminous-cellular dissociation. Oculist: stagnant disks of visual nerves.

What most credible diagnosis?

- A. Tumor brain.
- B. Subarachnoid hemorrhage.
- C. Encephalitis.
- D. Meningitis.
- E. \*Leptomeningitis convecxital.

8. A patient two a week ago carried flu, during 3-th days found out pain and asymmetry of face on the right, disorders of gait. Examination: peripheral paresis of the VII pair of cranial nerves, an obtrusion of face, Romberg's test ataxia.

What is the diagnosis?

- A. Poliomyelitis.
- B. Stroke brainstem.
- C. Meniere's disease.
- D. Neuropathy facial nerve.
- E. \*Leptomeningit pontocerebellum angle.

9. At patient has tremor of extremities. Anamnesis morbi: epidemic encephalitis. Examination: hypokinesia static tremor, palilalia, hydrostonia.

What is the diagnosis?

- A. Brain tumors.
- B. Parkinson's disease.
- C. Stroke.
- D. \*Epidemic encephalitis, chronic form.
- C. Amyotrophic lateral sclerosis.

10. At patient has headache nasal speech, disorders of swallowing, weakness in hands. From anamnesis of life: works as a forest guard. Examination: bulbar syndrome flaccid paresis's in the shoulders.

What is the diagnosis?

- A. Encephalomyelitis.
- B. Epidemic encephalitis.
- C. \*Spring-summer encephalitis.
- D. Poliomyelitis.
- E. Amyotrophic lateral sclerosis.

11. At patient of after physical work has sense of numbness and pain in 1-4 fingers of right hand. Examination: hypoesthesia of 1-4 fingers of right, positive tests of Tinelly and turnstile.

What is the diagnosis?

- A. Cervico-brachialgia of right.
- B. Shoulder-hand syndrome.
- C. \*Tunnel syndrome of median nerve on the right.
- D. Syringomyelia.
- E. Radiculopathy radix C<sub>6</sub> (C<sub>5</sub>-C<sub>6</sub> discs).

12. At patient has tetraparesis: peripheral paraparesis in hands, in feet spastic (developed after the trauma of neck department of spine), parafunction of pelvic organs absent

What is the diagnosis?

- A. \*Cervical myelopathy posttraumatic
- B. Brachioplexitis posttraumatic.
- C. So sacro-lumbar plexitis posttraumatic
- D. Truncitis plexitis posttraumatic
- E. Radicular ischemia posttraumatic.

13. At patient has produces complaints on pain in a neck and right arm. It is ill near 2 months. Examination: reflex of biceps absent, on the right decline of pain sensory on shoulder hypotrophy of m. biceps brachia.

What is the diagnosis?

- A. Brachioplexitis on the right.
- B. Cervico- brachiolgia on the right.
- C. \*Radiculopathy of C<sub>5</sub> on the right.
- D. Radiculopathy of C<sub>7</sub> on the right.
- E. Mononeuropathy of illnar of right.

14. Young woman has complaints about dizziness, unsteadiness at walking, transient weakness in feet. Births on six month ago. Examination: nystagmus, lower paraparesis, cerebellum ataxia, decline of vibration sensitiveness.

What is the diagnosis?

- A. Acute multiple encephalomyelitis.
- B. \*Multiple sclerosis.
- C. Stroke.
- D. Brain tumor.
- E. Neurosyphilis.

15. At patient has myocardial infarction in anamnesis. The patient complains on numbness of face and extremities of right. Examination: paresis of right extremities defeat of speech. Regress of focal signs after 20 min.



What is the diagnosis?

- A. Migraine aura.
- B. Epileptic attacks.
- C. \*Transient ischemic attack in middle cerebral artery.
- D. Transient global amnesia.
- E. Cardioembolic stroke.

16. At patient has headache, vomiting, dermahemia of face, psychomotor excitation, violations of consciousness and central hemiplegia in right extremity's developed during 10 min. Meningeal syndrome positive.

What is the diagnosis?

- A. Acute hypertensive encephalopathy.
- B. Subarachnoid hemorrhage.
- C. Ventricular hemorrhage.
- D. Ischemic cardioembolic stroke.
- E. \*Intracerebral hemorrhage.

17. At patient has complained back pains, «shooting» character, lasting 1-2 hours. Examination: ankle and knee reflexes absent, touch and pain sensation at level Th<sub>7</sub>, violation of vibration sense, sensitive ataxia. Argyll-Robertson's syndrome is positive. CSF: protein 1,5 g/l, lymphocyte cytolysis; positive reaction of Wasserman's.

What is the diagnosis?

- A. Late type of neurosyphilitic.
- B. \*Early type of neurosyphilitic.
- C. Encephalitis.
- D. Stroke of spinal brain.
- E. Funicular myelosis.

18. At patient has general weakness, rapid fatigability, weakness in lower extremities. It is ill during one year. Examination: hypotrophy and hypotonia of muscles lower

extremities, deep reflexes increase, and abdominal reflex absent, pathologic reflex (Babinski, Gordon's) positive.

What is the diagnosis?

- A. \*Amyotrophic lateral sclerosis.
- B. Syringomyelia.
- C. Neurosyphilis.
- D. Spastic paraplegia of Strumpell's
- E. Duchenne's muscular dystrophy.

19. At child, 5 years, was under the supervision at a district pediatrician concerning acute respiratory viral infection. During 10 days on a background the catarrhal phenomena asymmetric peripheral paralyzes mainly in proximal departments appeared at a patient, without violation of sensitiveness.

What is diagnosis?

- A. Myelitis.
- B. \*Poliomyelitis.
- C. Encephalitis.
- D. Encephalomyelitis.
- E. Amyotrophic lateral sclerosis.

20. At a patient after the carried flu appeared paresthesia and pains in area of the back, panthodic in the neck department of spine and lower extremities. Lower central paraparesis, explorer violations of sensitiveness joined then. Parafunction of pelvic organs. CSF: neutrophilic pleocytosis.

What most credible diagnosis?

- A. \*Acute myelitis.
- B. Poliomyelitis.
- C. Tumor spinal cord.
- D. Myeloischemia.
- E. Epidural abscess.

21. Patient has diagnosis: Poliomyelitis, paralytic stage.

What most informing method of research?

- A. KT.
- B. \*Smear from nasopharynx and excrement.
- C. EEG.
- D. EMG.
- E. Lumbar puncture.

22. A patient is ill about 1,5 years, when sight on a right eye went down. Through half-year, after carried acute respiratory virus, dizziness, unsteadiness, at walking, weakness, in lower extremities appeared. Objectively: horizontal nystagmus in both sides, scanning speech, intention tremor, tendon reflexes from lower extremities are high, Babinski reflex positive, abdominal reflex absent, ataxia in the Romberg's test. MRI: 3 focus (2 of them should be located paraventricularly, 1 – subtentorially, that means in brain stem or cerebellum).

What is diagnosis?

- A. Amyotrophic lateral sclerosis.
- B. Ischemic stroke in the brain steam.
- C. AIDS, meningoencephalitis.
- D. \*Multiple sclerosis, cerebrospinal form.
- E. Acute multiple encephalomyelitis.

23. A patient during three years suffers by neuritis of visual nerve. Diplopia appeared after the stress mental, weakness in extremities, pelvis disorders. Visual: decoloration of disc's temporal part. Preliminary diagnosis: Multiple sclerosis.

What method of research must be more for informative of diagnosis?

- A. CT.
- B. CSF.
- C. \*MRI.

- D. Electroencephalography.
- E. Ultrasonic dopplerography.

24. At patient with a preliminary diagnosis: Multiple sclerosis, found out the indicated below pathological changes (declinations).

What from them are not characteristic for the supposed diagnosis?

- A. Clinical dissociations syndrome.
- B. Charkot syndrome (nystagmus, scanning speech, intention tremor).
- C. \*Parkinson syndrome.
- D. Optic neuritis.
- E. Absent abdominal reflexes (at the promoted tendons).

25. A patient appealed with complaints about that becoming thin of hands appeared during a year, sensitiveness in them is broken. Objectively: violation of superficial sensitiveness (pain and temperature) on the type “coat like»” and “half coat like”, signs of dysraphic state. Elements of dysarthria, dysphonia.

What is diagnosis?

- A. Multiple sclerosis.
- B. \*Syringomyelia, bulbar form.
- C. Tumor of brain
- D. Amyotrophic lateral sclerosis.
- E. Stroke in the brainstems.

26. A patient has a preliminary diagnosis: Syringomyelia.

What most informing method is needed for diagnostics of this disease?

- A. X-ray spinal cord.
- B. Electroencephalography.
- C. Electromyography.
- D. \*MRI.
- E. CSF.

27. At a patient, after vaccination against flu, complaints about the increase of temperature, head pain, nausea, vomiting appeared in four days, and then violation of sight joined. Objectively: horizontal nystagmus, peripheral paresis of mimic musculature of face, intention tremor, lower spastic paraparesis, hypoalgesia on an explorer type, unsatisfactorily executes coordinating tests, violation of functions of pelvic organs. Visual: neuritis of optic nerves. CSF: lymphocyte pleocytosis, increase of level of albumen.

What is diagnosis?

- A. Multiple sclerosis.
- B. \*Acute multiple encephalomyelitis.
- C. Acute myelitis.
- D. Meningoencephalitis.
- E. Tumor of brain.

28. At patient has complains BP 160/100 mm Hg after sleep developed: a diplopia and weakness is in left extremities. Examination: ptosis, midriasis on right, divergent strabismus, opposite side spastic hemiparesis.

What is the diagnosis?

- A. Ischemic stroke in the middle cerebral artery.
- B. Ischemic stroke in the anterior cerebral artery.
- C. \*Ischemic stroke in the vertebral-basilar vessels.
- D. Ischemic stroke in the posterior cerebral artery.
- E. Ischemic stroke in the basilar artery.

29. Patient became ill acute has dizziness, weakness and disorders of speech. Did not lose consciousness. Examination: pale skin of face, irregularity of pulse, heart rate – 98, arteriotony 150/100 mm Hg. Nustagmus horizontal, dysphonia, dysphagia, dysarthria, spastic hemiparesis and hypotonia on right-side. Meningeal syndrome is absent.

What is the diagnosis?

- A. Atherothrombotic brain stem.
- B. \*Cardioembolic brain stem.
- C. Haemodynamic stroke in the barrel of cerebrum.
- D. Subarachnoid hemorrhage.
- E. Transient ischemic attack.

30. At patient has acute sudden pain in lumbar region on spinal cord (after elevation of something heavy). Examination: tension of muscles back, painful palpation, Lasegue's symptom positive. Deep reflex is present.

What is the diagnosis?

- A. Radiculopathy radix of L<sub>5</sub>.
- B. \*Lumbalgia.
- C. Lumbar ischalgia.
- D. Lumbago.
- E. Radiculopathy radix of S<sub>1</sub>.

31. At patient has paresis of plantar and dorsal flexors of right foot. It is ill about 10 years. Knee and ankle reflex in right absent, hypotrophy of muscles big symptom of strain negative. CT – hernias disks L<sub>4</sub>-L<sub>5</sub>, L<sub>5</sub>-S<sub>1</sub>.

What is the diagnosis?

- A. Lumbar ischialgia.
- B. Radicular ischemia L<sub>5</sub> on the right.
- C. Radicular ischemia S<sub>1</sub> on the right.
- D. Radiculopathy of L<sub>5</sub>-S<sub>1</sub> on the right.
- E. \*Radicular ischemia L<sub>5</sub>-S<sub>1</sub> on the right.

32. At patient has paraesthesia and ascendens peripheral paraparesis of lower limbs, neuropathy of facial nerve after a respiratory infection. CSF - increase protein.

What is the diagnosis?

- A. Multiple sclerosis spinal form.
- B. Myasthenia gravis.
- C. Acute demyelinating polyneuropathy Guillain-Barre.
- D. Poliomyelitis.
- E. \*Syringomyelia.

33. At patient has is pains in low back and right foot. Examination: pain full of paravertebral point and vertebral processes and point of Valle. On right knee reflex decrease hypoalgesia on the anterior surface foot on right Lasgue's symptom positive.

What is the diagnosis?

- A. Lumbago.
- B. Lumbalgia.
- C. \*Lumbar ischalgia
- D. Radiculopathy of L5 on the right.
- E. Radiculopathy of S1 on the right.

34. At patient has points in the low cervical region (after trauma). Examination: Horner's syndrome, flaccid tetraparesis, segmental sensory disorders. Pelvic is disorders. R-ray: osteochondrosis sings absent.

What is the diagnosis?

- A. \*Ischemic spinal stroke.
- B. Hemorrhage spinal stroke.
- C. Myelitis.
- D. Tumor brain.
- E. Radiculopathy radix of S7.

35. Patient grumbles about insomnia during a month. In anamnesis: increase of temperature, catarrhal symptom. Examination: ptosis, outside cross eye, paralysis stroke of convergention, nystagmus. CSF: pleocytosis of lymphocytes, protein increased, sugar.

What is the diagnosis?

- A. Encephalopathy.
- B. Spring-summer encephalitis.
- C. Brain tumor.
- D. \*Epidemic encephalitis.
- E. Amyotrophic lateral sclerosis.

36. A patient has a diagnosis: Multiple sclerosis, cerebrospinal form, progressive.

Appoint treatment.

- A. \*Methylprednisolone usage is for 500-1000 mg; ranitidini, plasmapheresis.
- B. Interferones 8000000 MO in a day, nootropili.
- C. Ceroxsoni, nootropili, proserinum.
- D. Mannit, acidi ascorbinici.
- E. Baclofen, T-activinum.

37. A sick complaint about an unsteadiness at walking, violation of sight, co-ordination of motions. In anamnesis: 2 years ago brought a child into a world, after births there was the brief loss of eyesight on a right eye. Optic exam: retrobulbar neuritis. Objectively: scanning speech, megalografia, intention tremor, nystagmus, ataxia under the control sight (with the closed eyes increases), abdominal reflexes are absent.

What is diagnosis?

- A. Acute disseminated encephalomyelitis.
- B. Neurosyphilis.
- C. Tumor of brain
- D. \*Multiple sclerosis.
- E. Ischemic stroke with localization in a cerebellum.

38. At the patient of complaint about becoming thin and pain of aching character of upper extremities, weakness in them, primary in distal departments. Objectively: scoliosis, in upper extremities are focal peripheral pareses, primary in a right hand is



«monkey paw». Tracks from burns on a forearm, brush, in lower extremities, spastic paraparesis, and violation of sensitiveness on an explorer type. MRI: increase of volume of spinal cord in a diameter (expansion of spinal-cerebral channel).

What is diagnosis?

- A. Spinal brain tumor.
- B. Multiple sclerosis.
- C. Amyotrophic lateral sclerosis.
- D. \*Syringomyelia
- E. Stroke.

39. A patient complaints about a weakness in lower extremities. Objectively: in lower extremities tendon reflexes are, atrophy of muscles and fibrillation twitch, pathological from the lower extremities reflexes are positive. Violations of sensitiveness and function of pelvic organs are not present. X-ray lumbar department of spine: osteochondrosis.

What is diagnosis?

- A. Syringomyelia
- B. \*Amyotrophic lateral sclerosis.
- C. Spinal brain tumor.
- D. Acute disseminated encephalomyelitis
- E. Radiculopathy.

40. Child has general weakness, nausea, abdomen pain, and diarrhea. Examination: cranial nerves without pathology, in the left leg peripheral paresis, low muscles tone. The syndrome of Kerning's is positive. CSF: albumen of 1, 0 g/l; glucose, is in a norm. Painting is taken from nasopharynx, analysis of excrement.

What is the diagnosis?

- A. Myelities.
- B. Encephalitis.
- C. Purulent meningitis.
- D. Serous meningitis.

E. \*Poliomyelitis.

41. At patient grumbles about acute pains in small of back and right foot. Ill about 10 years. Examination: hypertonia muscles of lumbar area, symptoms of strain positive on the right, knee-jerks of S>D, achille D=S. On CT – hernia of dick L<sub>4</sub>-L<sub>5</sub> 8 mm.

What is the diagnosis?

- A. \*Compressive radicular syndrome of L<sub>5</sub> on the right.
- B. Radiculoischemic S<sub>1</sub> on the right.
- C. Radiculoischemic L<sub>5</sub>-S<sub>1</sub> on the right.
- D. Radiculoischemic L<sub>5</sub> on the right.
- E. Radiculopathy of S<sub>1</sub> on the right.

42. At patient has meningococcal meningitis.

What treatment this disease?

- A. Vitamins and biostimulators.
- B. Myorelaxants and analgesics.
- C. Spasmolitics and sulphanilamide.
- D. \*Antibiotics, hormones and diuretics.
- E. Vitamins and hormones.

43. At patient has ischemic heart disease with rhythm disorders. Examination: motor aphasia, seizures and psychomotor agitation.

What is the diagnosis?

- A. Atherothrombotic stroke.
- B. \*Cardioembolic stroke.
- C. Subarachnoid hemorrhage.
- D. Ventricular hemorrhage.
- E. Transitory ischemic attack.

44. At patient has pain in lumbar region, weakness in lower extremities, disorders of pelvic organs. Examination: lower spastic paraparesis, deep reflex high of feet syndromes Babinski, Rossolimo present. MRI: hernia of dick L<sub>4</sub>-L<sub>5</sub>, L<sub>5</sub>-S<sub>1</sub> canal stenosis of spine.

What is the diagnosis?

- A. \*Radiculoischemia L<sub>5</sub>-S<sub>1</sub>.
- B. Radiculoischemia L<sub>5</sub>.
- C. Radiculoischemia S<sub>1</sub>.
- D. Myeloischemia.
- E. Radiculopathy L<sub>5</sub>-S<sub>1</sub>.

45. At patient suffering headache pulsate and pressing type, depend on a menstruation in right has parietofrontal area. Headache accompaniment is nausea and vomiting.

What is the diagnosis?

- A. Neuralgia trigeminal.
- B. \*Migraine without an aura.
- C. Stroke.
- D. Temporal arteritis.
- E. Cluster headache.

46. At patient has a weakness in right foot. Anamnesis morbi: lumbar radiculopathy. Examination: Lasegue's syndrome present on right knee reflex S>D, achill reflex S=D.

What is the diagnosis?

- A. Radiculoischemic S<sub>1</sub> on the right.
- B. Radiculoischemic L<sub>5</sub> on the right.
- C. Radiculoischemic L<sub>5</sub>-S<sub>1</sub> on the right.
- D. \*Radiculopathy of L<sub>5</sub> on the right.
- E. Radiculopathy of S<sub>1</sub> on the right.

47. At patient has a pain in a neck and left arm. Pains appeared after the weight lifting. Examination: limitation of movements in cervical of spinal cord, painful paravertebral processes, positive symptoms of muscles straining, hypalgesia of shoulder on the left.

What is the diagnosis?

- A. \*Cervical brachialgia on the left.
- B. Radiculopathy C<sub>5</sub> on the left.
- C. Upper plexitis on the left.
- D. Shoulder-hand symptoms.
- E. Radiculopathy C<sub>7</sub> on the left.

48. Patient, 15 years, has complaints about a weakness in lower extremities, mainly on the right, violation swallowing, speeches. Examination: defeat XII, IX, X pair of cranial nerves, peripheral paresis in a right foot. Diagnosis: poliomyelitis.

What is form of poliomyelitis?

- A. Asymptomatic.
- B. Abortive.
- C. \*Paralytic.
- D. Non paralytic.
- E. Meningitis.

49. Patient has hemiparesis, hypostesia on the right, motor aphasia, disorders of consciousness after gastrointestinal bleeding.

What is the diagnosis?

- A. Lacunar ischemic stroke.
- B. Cardioembolic ischemic stroke.
- C. Atherothrombotic ischemic stroke.
- D. \*Hemodynamic ischemic stroke.
- E. Transient ischemic attack.

50. Patient has intensive, burning pain in temporal region right and pain in region of external acoustic meatus, irradiating in low jaw. Examination: tenderness of palpation between external acoustic meatus and head of temporomandibularis joint.

What is the diagnosis?

- A. Temporal arteritis.
- B. Syndrome ciliaris node of right.
- C. \*Syndrome ear node of right.
- D. Migraine.
- E. Neuralgia of trigeminal nerve.

51. Patient after sleep in uncomfortable position felt numbness of fingers of the left arm and forearm, with which a weakness joined in the distal departments of hand, pain, edema of arm, appeared. Tendon reflexes on a left arm are absent.

What is the diagnosis?

- A. Tunnel syndrome of middle nerve.
- B. Radiculopathy of S<sub>7</sub>.
- C. Plexitis of Duchenne-Erb's.
- D. \*Total humeral plexitis.
- E. Plexitis Dejerine-Klumpke's.

52. Patient has acute pain in lumbus (after elevation of severity) shooting through pain appeared in small of back. Examination: painful palpation of muscles is in a lumbar department, limitation of motions in lumbus deep reflex present and sensory non disorders.

What is the diagnosis?

- A. Radiculopathy of L<sub>5</sub>.
- B. \*Lumbalgia.
- C. Lumbar ischalgia.
- D. Lumbago.
- E. Radicular ischemia L<sub>5</sub>.

53. A patient grumbles about head pain in the right half of head. Before a pain attack marks the change of mood, crabbiness. Head pains are periodically within during 2 years. Objectively: cranial nerves without features, tendon reflexes are animated, pathological and meningeal signs are not present. KT: focal signs absent.

What is diagnosis?

- A. Migraine, simple form.
- B. \*Migraine with an aura.
- C. Sluder's syndrome.
- D. Tumor of brain.
- E. Type of tension headache.

54. A patient is disturbed by squeezing headache as a «helmet». From anamnesis: headache disturbs after the stress loading. In neurological status: sings of nidal symptomatology is not present. After the reception of sedatives preparations and sleep head pain regressed. KT: focal signs absent.

What is diagnosis?

- A. Migraine with an aura.
- B. \*Type of tension headache.
- C. Cluster headache.
- D. Migraine without an aura.
- E. Tumour of brain.

55. A patient is hospitalized in a neurological deparment with a diagnosis: Migraine

Appoint treatment.

- A. Cavintoni, lasix, solcoserili.
- B. \*Sumatriptani, propranoli, amitriphillini.
- C. Eufillini, lasix, phracsiparini.
- D. Dicinoni, ascorbic acid, contricali.
- E. Cerebrolysinim, cerocsoni, actovegini.

56. A patient, 25 years, produces complaints about headache in the left half of head, irradiating in an eye and increasing from loud sounds, light. Attacks are disturbed during 4 years. Before an attack marks sense of fatigue and enhanceable sensitiveness to the smells. In neurological status: focal symptomatology is not present.

What a preliminary diagnosis?

- A. \*Migraine, classic form.
- B. Migraine, associated form.
- S. Type of tension headache.
- D. Subarachnoid hemorrhage.
- E. Cluster headache.

57. At patient is ill during 12 months, has about a periodical muscles weakness which increases at the repeated stereotype motions by the end of day, difficult of swallowing, getting of voice, weakness in the muscles of neck. Examination: hypomimia, dysarthria, dysphonia, palatal and phageal reflexes are decreased. Body muscles weakness. After application the proserini test focal signs absence in 2-3 hours.

What is the diagnosis?

- A. \*Myasthenia general.
- B. Multiple sclerosis.
- C. Neurasthenia.
- D. Poliomyelitis.
- E. Encephalitis epidemic.

58. At patient has pains in area of neck and limitation of mobility appeared after super cooling. Examination: painful paravertebral points and vertebral processes in cervical region of spinal cord.

What is the diagnosis?

- A. \*Cervicalgia.
- B. Cervical cranialgia.

- C. Migraine neck.
- D. Radiculopathy of S<sub>5</sub>.
- E. Radiculopathy of S<sub>1</sub>.

59. At patient complaints about headache, vomiting, increase of temperature during 2 days. Examination: paresis VII, III pair of cranial nerves, disorders of coordination of motions. In anamnesis: 10 days back inoculation from flu. Hemanalysis: leukocytosis, increase of SOE, CSF: lymphocytic pleocytosis increase of albumen.

What is the diagnosis?

- A. Brain tumors.
- B. Multiple sclerosis.
- C. Meningitis.
- D. \*Acute encephalomyelitis.
- E. Neurosyphilis.

60. At patient complains on pain in lumbar regio and left leg. It is ill 3 months. Examination: gait sparing, motions are limited in lumbar regio. Hypotonia and oligotrophy of muscles of thigh and shin on the left. A knee reflex absent. Hypoalgesia on the outward surface of shin on the left. Positive symptom of strain on the left.

What is the diagnosis?

- A. Lumbar ischialgia on the left.
- B. Radiculopathy L<sub>5</sub> on the left.
- C. Lumbago.
- D. Radiculoischemia of L<sub>5</sub> on the left.
- E. \*Radicular ischemia of S<sub>1</sub> on the left.

61. For a man headache, spreading from a neck on the back of head and temple to the forehead, worsening of sight appeared after sleep, dizziness which is accompanied by nausea and noise in cluster headache joined after. Objectively: cranial nerves without pathology, at palpation of muscle and skin in neck-cervical area of pain.



What is diagnosis?

- A. Migraine.
- B. Cluster headache.
- C. \*Neck migraine.
- D. Leptomeningitis.
- E. Cervical brachialgia.

62. For a patient, in a night-time, during sleep, headache appeared in the left frontal-temporal-facial area, attended with hyperemia of face, dacryagogue, rhinorrhea, lasting during 40-60 minutes, stereotype with a tendency to becoming more frequent. The day before accepted an alcohol.

What is diagnosis?

- A. Migraine.
- B. Type of tension headache.
- C. \*Cluster headache.
- D. Tumour of brain.
- E. Trigeminal neuralgia.

63. For a girl complaints about the attacks of dizziness, sonitus, paropsis, disorder of speech, co-ordination, lasting about 30 minutes. Headache, lasting a few hours, joined then.

What is diagnosis?

- A. Tumor of brain.
- B. Type of tension headache.
- C. \*Migraine of basilar.
- D. Transient ischemic attack in a brainstem.
- E. Multiple sclerosis.

64. A patient has diagnosis «Migraine, associated form».

That not characteristically for the clinic of this disease:

- A. Localization of headache can be unilateral or bilateral.
- B. Aura.
- C. Headache 5 attacks in anamnesis.
- D. \* Headache as a squeezing hoop.
- E. Headache pulsing.

65. A patient produces complaints on pain of burning and pulsing character in area of temple, inwardly, outward wall of outward passage-way, arising up at eating, smoking. During examination there was a twinge, attended with a hyperemia in parotid-temporal area and hyperhidrosis in area of innervation of auriculotemporal nerve, increased salivation.

What is diagnosis?

- A. Sluder's syndrome.
- B. Trigeminal neuralgia.
- C. Tolos-Khant's syndrome
- D. Migraine.
- E. \*Neuralgia neck-temporal nerve (syndrome of Freya).

66. For a patient, suffering the protracted period by a migraine with an aura, nidal sings developed on a background an attack: hemiplegia, allolalia, hemianopsia. Meningeal signs are not present. On 3 days of disease on KT hypotension focus of brain.

What a preliminary diagnosis?

- A. Migraine with an aura.
- B. Tumor of brain.
- C. Migraine status.
- D. \*Migraine stroke.
- E. Subarachnoid hemorrhage.

67. At young man became ill acute, a chill, fever, developed, in 3 days joined pain in the back, parasthesia in lower extremities. In anamnesis: sepsis. Examination: spastic

paresis in lower extremities. Bladder is dysfunction. CSF: lymphocytosis, elevated protein

What is the diagnosis?

- A. \*Myelitis.
- B. Poliomyelitis.
- C. Syphilis.
- D. Amyotrophic lateral sclerosis.
- E. Stroke in spinal brain.

68. At men after the protracted stay in the forced position «squat», has weakness in a right foot. Examination: decline of sensitiveness on the surface of right shin, paresis of back posterior of foot.

What is the diagnosis?

- A. Radiculosis L<sub>5</sub> on the right.
- B. Tunnel syndrome of tibial nerve on the right.
- C. \*Tunnel syndrome of fibular nerve on the right.
- D. Radiculosis S<sub>1</sub> on the right.
- E. Lumbar ischalgia on the right

69. A girl has periodic headache in frontotemporal area, pain have stereotype character, accompanied by the change of mood, by photopsias and arising up 3-4 times per a month. KT - the organic defeats of cerebrum are not present.

What is the diagnosis?

- A. \*Migraine with an aura.
- B. Cervical migraine.
- C. Tension headache.
- D. Migraine without an aura.
- E. Cluster headache.

70. At men after stress has paroxysm of headache in the left frontotemporal and facial area, face with a hyperemia, by a lacrimation, rhinitis paroxysm time 35-40 min, pain reliever non-efficacy.

What is the diagnosis?

- A. Migraine.
- B. Neuralgia trigeminus.
- C. Sluder's syndrome.
- D. Tension headache.
- E. \*Cluster headache.

71. Woman has complaints about a general weakness, loss of appetite, headache and increase of temperature 37,2-37,5<sup>0</sup>C within a week. Examination: defeat of oculomotor and facial nerves. A meningeal symptom is positive. CSF: pressure 300 mm of water column, cytosis 800 (lymphocytes 80%). Tender tape of fibrin fallen out.

What is the diagnosis?

- A. Multiple sclerosis.
- B. Acute choreomeningitis.
- C. Encephalitis.
- D. \*Tuberculous meningitis.
- E. Purulent meningitis.

72. At a patient, 70 years, suffering by side extremities arrhythmias, in the morning there was the loss of consciousness, weakness in left extremities. At examination: BP 160/90 mm Hg., pulse 90", arrhythmical, left-side hemiplegia.

What most credible diagnosis?

- A. A hemorrhagic stroke in left hemisphere.
- B. A subarachnoid hemorrhage.
- C. A hemorrhagic stroke in right hemisphere.
- D. An ischemic stroke in left hemisphere.
- E. \*An ischemic stroke in right hemisphere.

73. At a patient, suffering by diabetes mellitus, grumbles about a weakness in right extremities, paralalia. Objectively: elements of motor aphasia, right-side central paresis VII and XII c.n., dissociation hemiparesis, deeper shown in lower extremity. Pathological reflexes. CSF: transparent.

What most credible diagnosis?

- A. \*Ischemic stroke in left hemisphere in the river-bed of front cerebral artery.
- B. Ischemic stroke in left hemisphere in the river-bed of middle cerebral artery.
- C. Ischemic stroke in a brainstem vertebrobasilar pool.
- D. TIA in carotid distribution.
- E. Hemorrhagic stroke in left hemisphere in the river-bed of front cerebral artery.

74. Youth, 18 years, during engaged in physical education felt sharp head pain on the type of «blow in a head». During examination of epileptic seizures. Objectively: a face is symmetric, paresis's are not present, meningeal signs are positive. CSF with blood, CT cerebral – the focus of defeat of matter of cerebrum is not present.

What most credible diagnosis?

- A. TIA in a brainstem vertebrobasilar pool.
- B. \*Subarachnoid hemorrhage.
- C. In the brainstem.
- D. Ischemic stroke in left hemisphere.
- E. Intraventricular hemorrhage.

75. At patient after emotional tension has general convulsive attack. Anamnesis morbid: bacterial endocarditis. After an attack in neurologic status: central paresis of muscles face and tongue on the right, central of right hemiparesis extremities, prevailing in a hand.

What is the diagnosis?

- A. Lacunar stroke in the brain steam.
- B. Cardioembolic stroke in the cortical branches of dorsal cerebral artery.

- C. \*Cardiembolic stroke in the cortical branches of middle cerebral artery.
- D. Epilepsy, general attack.
- E. Embolic stroke is in a basilar artery.

76. At patient have pains and limitations of motion in the pectoral regio of spine. Examination: pain full palpation paravertebral point and vertebral processes positive in thoracic regio. Tension of long muscles of pectoral level on the right.

What is the diagnosis?

- A. Syringomyelia (Th<sub>5</sub>-Th<sub>7</sub>).
- B. \*Neuralgia torack regio.
- C. Radiculopathy of Th<sub>5</sub>.
- D. Cervicalgia.
- E. Cervico-thoracalgia.

77. At patient does grumble about the increase temperature 38,5<sup>0</sup>C, headache especially at nights, vomiting. Examination: meningeal symptoms are positive, ptosis, anisokoria, languid reaction of pupils on light, nystagmus. CSF: liquor pressure 600, 200x10<sup>9</sup>/l (increase lymphocytic), albumen 1,2%. Specific serum reactions are positive.

What is the diagnosis?

- A. Epidemic meningitis.
- B. \*Syphilitic meningitis (early syphilis).
- C. Tuberculous meningitis.
- D. Stroke.
- E. Brain tumor.

78. At patient, 68 years, in the morning, after sleep has weakness in right extremities, numbness in them, disorder of consciousness – somnolence. General cerebral signs not present in anamnesis for patient TIA.

What is the diagnosis?

- A. Ischemic cardioembolic stroke.

- B. \*Ischemic atherothrombotic stroke.
- C. Transient ischemic attack.
- D. Hemodynamic stroke.
- E. Lacunar stroke.

79. At patient has the attacks of headache appeared after stress, pressing character, in parietooccipital region long-term about hour. Attacks during the last month were increased. Neurological status: not pathologic signs.

What is the diagnosis?

- A. Sluder's syndrome.
- B. Cluster headache.
- C. \*Tension headache.
- D. Cervical migrane.
- E. Migraine.

80. At patient has pneumonia he complains an headache, vomiting. Examination: meningeal symptom positive, convulsive attacks. CSF: orague neurophilia, protein increased.

What is the diagnosis?

- A. \*Meningococcal meningitis.
- B. Stroke.
- C. Tuberculous meningitis.
- D. Encephalitis.
- E. Pneumococcal meningitis.

81. At patient has acute pain in the lumbar of spine, which increased at motion, cough irradiating in buttocks. A patient could not be unbended move. Examination: tension of muscles of the back in lumbar area. Reflex and sensible violations are not present.

What is the diagnosis?

- A. \*Lumbalgia.

- B. Spinal tumor.
- C. Lumbago.
- D. Lumbar ischalgia.
- E. Syndrome cauda equine.

82. The patient after disease with pharyngodynia had a dysphagia, dysarthria, weakness and violation of motion in brushes and feet, hyporeflexia, violation of sensitiveness in extremities on the type of socks and “gloves”.

What is the diagnosis?

- A. Encephalitis of brain stem.
- B. \*Diphtheric polyneuropathy.
- C. Hemorrhage of brain stem.
- D. Syringomyelia.
- E. Amyotrophic lateral sclerosis, bulbar form.

83. Young women have general weakness of body muscles, diplopia that increases in the evening, morning – weakness absent. Examination: ophthalmoplegia, dysphonia, dysphagia. After proserine test weakness is absent.

What is the diagnosis?

- A. \*Myasthenia.
- B. Encephalitis.
- C. Stroke.
- D. Multiple sclerosis.
- E. Neurasthenia.

84. At patient has mononeuropathy of the left median nerve.

What is treatment?

- A. Anticoagulants, diuretic, analgesic, anticholinesterase.
- B. Perineural blockades with novocaine in the wrist channel of anticholinesterase, analgesic, vitamins of group B.



- C. Analgesics, anesthetics, anticholinesterase, vitamins of group B.
- D. Neurometabolite, antiagregants, diuretic, analgesic, vitamins of group E.
- E. \*Perineural blockades with glucocorticosteroid and anesthetics in a wrist channel, diuretic, vascular, pentoxiphillin, vitamins of groups B.

85. At patient, 45 years, has decline of memory, violation of concentration of attention, loss of weight. From anamnesis: narcotic dependence. Examination: emotional labile, hyperreflexia, positive symptoms of oral automatism, grabbing's phenomens, tremor. Blood and SCF are directed on determination of antibodies and HIV.

What is the diagnosis?

- A. Brain tumor.
- B. Stroke.
- C. Encephalitis.
- D. \*AIDS (acquired immunodeficiency syndrome) dementia.
- E. Encephalopathy.

86. A patient after operative interference and has increased pressure hemiparesis, hypoalgesia on the right and motor aphasia.

What is the diagnosis?

- A. \*Hemodynamic stroke in branches of middle cerebral artery on the left.
- B. Hemodynamic stroke in branches of anterior cerebral artery on the left.
- C. Brain tumor.
- D. Hemodynamic stroke in a basilar artery.
- E. Hemodynamic stroke in the region in the posterior cerebral artery on the right.

87. At patient has a tunnel mononeuropathy of right fibular nerve. What blockades are conducted by sick with a tunnel mononeuropathy?

- A. \*Perinevral blockades.
- B. Paravertebral blockades.
- C. Conductive blockades.

- D. Parasacral blockades.
- E. Superficial blockades in pain points

88. At patient has dizziness, weakness, after flu, the decline visual. Examination: nystagmus, abdominal reflexes absent. Examination of ophthalmologist: retrobulbar neuritis of visual nerve.

What is the diagnosis?

- A. Opticomyelitis.
- B. Acute multiple encephalomyelitis
- C. \*Multiple sclerosis.
- D. Encephalitis.
- E. Brain tumor.

89. In a clinic a patient is delivered with complaints about head ache, nausea, vomiting. In anamnesis: protraction suffers by hypertensive encephalopathy. Objectively: face of hyperemia, symmetric, BP 220/120 mm Hg, palpation of eyeballs of pain, deep reflexes is higher on the left; the nuchal rigidity is positive, easy left-side hemiparesis. After normalization of numbers BP symptoms regressed.

What most credible diagnosis?

- A. A hemorrhagic stroke
- B. A subarachnoid hemorrhage.
- C. TIA.
- D. Ischemic stroke in the brainstem.
- E. \*Acute hypertensive encephalopathy.

90. At the patient of complaint about a weakness in right extremities, allolalia. Objectively: right-side central VII and XII c.n., elements of motor aphasia. Right-side hemiparesis, pathological signs are positive. Preliminary diagnosis: Dynamic cerebral blood circulation disturbances in left hemiparesis.

What method of research must be conducted above all things?

- A. CSF
- B. \*Computer tomography (CT).
- C. Echoencephalography.
- D. Transcranial Doppler ultrasound (TCD)
- E. Electro-myography.

91. At patient in anamnesis pathology of main vessels. Dizziness appeared after the visit of sauna, violation of speech. Objectively: dysphonia, elements of dysarthria. Right-side hemiparesis. Pathological reflexes. The similar state was 2 months ago, regressed during 1 hour.

What is diagnosis?

- A. \*Atherothrombotic stroke in a brainstem.
- B. Hemodynamic stroke.
- C. Lacunar stroke.
- D. Hemorrhagic stroke
- E. Subarachnoid hemorrhage.

92. A patient complains about head pain, vomiting, nausea, weakness in counter-clockwise extremities. Became ill sharply during the stress-situation. There is hypertensive illness in anamnesis. Objectively: during examination of epileptic seizures, left-side central paresis VII and XII c.n, palpation of eyeballs of pain, left-side hemiplegia. Pathological syndromes and meningeal syndrome are positive.

What most credible diagnosis?

- A. Ischemic stroke in right hemisphere.
- B. \*Hemorrhagic stroke in right hemisphere.
- C. Stroke in the trunk of brain.
- D. Subarachnoid hemorrhage.
- E. Migraine stroke.

93. A patient is disturbed by dizziness, vomiting, nausea, numbness in counter-clockwise extremities. Objectively: horizontal nystagmus. Coordinate tests executed with ataxia on the left. CT cerebrum – the signs of defeat of matter of cerebrum are not exposed. In 2 hours focus signs regressed.

What is diagnosis?

- A. Hemorrhagic stroke.
- B. \*TIA
- C. Ischemic stroke
- D. Discirculation encephalopathy.
- E. Acute hypertensive encephalopathy.

94. A patient has a subarachnoid hemorrhage.

Appoint treatment.

- A. \*Nimotop, dicinon, ascorbic acid, contrikal, beckons.
- B. Manitoli, pyracetamum, trental, proserini.
- C. Cerakson, actavegin, cerebrollisini, lasix.
- D. Symvastin, cardiomagnili, nootropili.
- E. Movalis, decsometasoni, acidi nicotinati.

95. A patient is delivered in a clinic from a street with violation of consciousness. In 30 minutes it is exposed at examination: sopor, right-side hemiplegia, Cheyne-Stokes breathing, hypertermia to  $41^{\circ}\text{C}$ , syndrome of gormiotonia. CSF: with blood.

What is diagnosis?

- A. A hemorrhagic stroke in left hemisphere.
- B. Ischemic stroke in left hemisphere.
- C. Subarachnoid hemorrhage.
- D. \*Ventricular hemorrhage.
- E. Tumor of cerebral.

96. At patient has paresis of sole flexors of the left foot. Anamnesis morbi: osteochondrosis. Examination: sparing gait, paresis of the left foot, ankle jerk absents on the left, Lasege's symptom positive both-side. On CT is hernia of disk of L<sub>5</sub>-S<sub>1</sub> 8 mm.

What is the diagnosis?

- A. Radiculoischemia L<sub>5</sub> on the left.
- B. \*Radiculoischemia S<sub>1</sub> on the left.
- C. Lumbar ischalgia of left-side.
- D. Padiculopathy of S<sub>1</sub> on the left.
- E. Padiculopathy of L<sub>5</sub> on the left.

97. At patient has on pain and defeat of sensory in right arm. Examination: disorders of superficial sensitiveness, as a «jacket» on the right, tracks from burns, deformation of thorax.

What is the diagnosis?

- A. \*Syringomyelia.
- B. Plexitis
- C. Myelitis.
- D. Amyotrophic lateral sclerosis.
- E. Brain tumor.

98. At patient grumbles about violent motions in the muscles of face, necks, overhead extremities, constraint. Examination: intellect is decline, rigid of muscles of neck, torsion dystonia, speech is intermittent, and on specific changes is Kaizer-Fleisher ring in the iris, decrease of copper in blood. What is the diagnosis?

- A. Spastic paraplegia of Strumpell's.
- B. Huntington's disease.
- C. Epidemic encephalitis, chronic stage0
- D. Dissipated sclerosis, cerebral form.
- E. \*Wilson-Konovalov's disease.

99. The child, 10 years, has complains headache, vomiting, chill and fever. Examination: hyperthermia (39-41<sup>0</sup>C), meningeal syndrome positive, hemorrhagic rash of trunk and face. CSF: purulent.

What is the diagnosis?

- A. Encephalitis.
- B. \*Cerebrospinal meningitis.
- C. Tuberculous meningitis.
- D. Subarachnoid hemorrhage.
- E. Leptomeningitis.

100. At patient after the emotional loading has: disorder of consciousness coma, falling of hemodynamics and violation of breathing. Examination: pupils are narrow, a reaction is on light weak, tendon and pathological reflexes are not determined.

What is the diagnosis?

- A. Cardioembolic stroke of front cerebral artery.
- B. Cardioembolic stroke in the basilar system.
- C. Cardioembolic stroke of middle cerebral artery.
- D. Cardioembolic stroke of posterior cerebral artery.
- E. \*Cardioembolic stroke in the vertebral artery

101. At patient has weakness in extremities. The first symptoms of illness appeared 5 years ago, weakness of feet and hands and last months of muscle of face and trunk. Examination: lips of “Tapir”, transversal smile. Pterygoid scapula.

What is the diagnosis?

- A. Facioscapulohumeral muscular dystrophy Landouzy-Dejerine.
- B. Duchenne muscular dystrophy.
- C. \*Erb-Rott’s dystrophy.
- D. Myasthenia gravis.
- E. Spinal muscular atrophy.

102. At patient has headache in the right half of head, irradiating in an eye, increasing from loud sounds light. Attacks are disturbed four years. Before attacks marks sense of fatigue and enhanceable sensitiveness to the smells. Examination: focal neurological sings is absent.

What is the diagnosis?

- A. Migraine, simplex form.
- B. \*Migraine, associated form.
- C. Intracerebralhematoma.
- D. Headache of tension.
- E. Cervical migraine.

103. Woman has facial asymmetry on right violation of taste on front 2/3 tongue. Objectively: lagophtalm, facial mimic muscles paralysis.

What is the diagnosis?

- A. \*Nerve facial neuropathy (Bell's palsy) on right.
- B. Trigeminal neuralgia.
- C. Ischemic stroke.
- D. Leptomeningitis of ponto-cerebellum angle.
- E. Brain tumor.

104. At patient has complains acute headache, dizziness, nausea, vomiting increase of temperature  $39^{\circ}\text{C}$ , myalgia, weakness in both hands. In anamnesis was in wood. Examination: meningeal syndrome positive, peripheral paresis of muscles of neck ("handing head") and mimic muscles. CSF: lymphocytic pleocytosis, increase of protein to 0,63 gr/l, pressure to 300 mm.

What is the diagnosis?

- A. Stroke.
- B. \*Spring-summer encephalitis.
- C. Epidemic encephalitic.

D. Leptomeningitis.

E. Meningitis.

105. A patient appealed with complaints about a weakness in extremities. Marks that the first symptoms of illness appeared 5 years back, when feet became weak, after hands began to weaken, in the last months of muscle of person and trunk. Objectively: «face of myopathic», lips of Tapir, transversal smile. A thorax is incrassate, asymmetric atrophy.

What is diagnosis?

A. Erba-Rott's myodystrophy

B. Dyushen's myodystrophy.

C. \*Landouzy-Dejerine myodystrophy.

D. Myasthenia, general form.

E. Spinal amyotrophy.

106. Patient falls behind from coevals in intellectual development, from birth. A pseudomyopachynsis comes to light at an inspection (they are close-settled, megascopic in a volume). Objectively: cardiopathy (the scopes of heart are extended, violations of rhythm come to light). In blood – creatine phosphokinase is enhanceable in 6 times.

What is diagnosis?

A. \*Dyushen's myodystrophy.

B. Thomsen's myotonia.

C. Landouzy-Dejerine amyotrophy.

D. Vilander's myodystrophy.

E. Myasthenia, progressing form.

107. A patient is hospitalized in a neurological separation with a diagnosis: Myasthenia.

Appoint treatment.

A. \*Anticholinesterase preparations, corticosteroids.

B. Mexsidol, cerebrollisini.



- C. Degidratation facilities.
- D. Nonsteroid anti-inflammatory preparations, spasmolytic.
- E. Anti-convulsive preparations, antioxidants.

108. Patient grumbles about the slowness of motions, general constraint, shaking of lower jaw, language at peace, declining at motion. Objectively: tremor of fingers of hands on the type of «abacuses of chinks», speech is monotonous, quiet, viscosity in intercourse. The syndrome of Noyka's is positive both-side.

What is diagnosis?

- A. Huntington's chorea
- B. Epidemic encephalitis.
- C. \*Parkinson's disease
- D. Alzheimer's disease.
- E. Parkinson's vascular.

109. Violations of arbitrary motor appeared for the child of 4, began badly to walk, difficulty appeared at rising. Objectively: oligotrophies absent, hyporeflexia of deep reflexes. Easy tetraparesis with the easy decline of tone, two-sided syndrome of Babinski.

What is diagnosis?

- A. Amyotrophic lateral sclerosis.
- B. Multiple sclerosis.
- C. Werding-Hoffman's spinal amyotrophy.
- D. \*Erba-Rott's myopathy.
- E. Dyushen's myopathy.

110. At patient there is shaking at implementation of different motions, reminds the «wing-beats of birds», speech is scanned. At peace, shaking absents. Consultation of oculist: presence of cornea ring of Kayzer-Fleysher.

What is diagnosis?

- A. Multiple sclerosis.
- B. Huntington's chorea.
- C. \*Hepatolenticular dystrophy (Konovalov-Wilson's disease).
- D. Parkinson's disease
- E. Epidemic encephalitis.

111. On a reception to the doctor a mother came from 12 children. A mother is disturbed by uncertain, clumsy gait of child. Objectively: intention nystagmus, adiadochocinesis, intention shaking. Skoliosis, foot with the high vault of Fridreich's.

What is diagnosis?

- A. \*Fridreich's ataxia.
- B. Multiple sclerosis.
- C. Pierrot Marie Tooth ataxia.
- D. Charcot Marie Tooth neuropathic atrophy
- E. Cerebellar tumor.

112. Patient from 13 years began to mark fatigueability in feet, especially in thighs, at getting up on a stair. During a few years gradually a weakness grew in feet and muscles of humeral belt. At a mother and sister those symptoms are marked. At examination: eye cracks are extended; lips are incrassate, oligotrophy of muscles of humeral and pelvic belt, «pterygoid shoulder-blades». Tendon reflexes are mionectic, violations of sensitiveness are not present.

What is diagnosis?

- A. \*Charcot-Marie-Tooth neuropathic atrophy
- B. Landouzy-Dejerine muscular dystrophy.
- C. Dyushen's muscular dystrophy.
- D. Erba –Root's muscular dystrophy
- E. Thomsen's myotonia.

113. For a patient weakness in feet, gait is changed, becoming thin of muscles of shins is marked and feet. It is ill from 30 years. Objectively: the genicular are mionectic and Achilles reflexes, oligotrophy of brushes and feet, hypoalgesia on the type of «socks» and «gloves». Vegetative-trophic violations are present on brushes and feet.

What is diagnosis?

- A. Dyshen-Dejerine muscular dystrophy
- B. \*Charcot Marie Tooth neuropathic atrophy
- C. Myasthenia.
- D. Stumpell's disease.
- E. Werding-Hoffman's amyotrophy.

114. The young woman of asthenic build grumbles about rapid muscular fatigueability, impossibility protractedly to walk, long to talk, worsening of swallowing comes during a meal. After a reception the proserini state gets better.

What is diagnosis?

- A. Kennedy's disease.
- B. Werding-Hoffman's amyotrophy.
- C. Dyushen's muscular dystrophy.
- D. Hepatolenticular dystrophy.
- E. \*Myasthenia.

115. A patient has the trauma of shoulder appeared weakness of muscles of forearm and brush on the right, pains in area of brush. Objectively: sensitiveness is broken in area of palm's surface of brush and fingers, hypotrophy of muscles and paresis of muscles of brush. There are trophic and vegetative disorders in the distal department of right arm.

What is diagnosis?

- A. Radicular syndrome root of C<sub>7</sub>-C<sub>8</sub>.
- B. Vertebrogen cervicobrachialgia.
- C. Lower shoulder plexitis Dejerine-Klumpke.
- D. Humeroscapular periarthritis

E. \*Total plexitis.

116. A patient has the stress mental loading appeared paresis of mimic muscles on the right: folds are smoothed out on a forehead on the right, syndrome of sail; lagophthalmos taste is lost on front 2/3 language, dryness of eye.

What is diagnosis?

- A. Neuralgia of trigeminal nerve.
- B. \*Neuropathy of facial nerve right.
- C. Ganglionitis of pterygopalatine knot.
- D. Pontin form of poliomyelitis.
- E. Leptomeningitis is of ponto cerebellum angle.

117. A patient has of complaint on pain in lumbar area and on the outward surface of thigh and shin. Objectively: sickliness at palpation of paraspinal points of L<sub>4</sub>-L<sub>5</sub> on the right, hypesthesia of outward right shin. Knee-jerks of S=D, ankle D<S, hypotrophy of extesos of pollex of right foot.

What is diagnosis?

- A. Discogenic lumbar ischialgia on the right.
- B. Discogenic compression syndrome of L<sub>5</sub>-S<sub>1</sub> on the right.
- C. \*Lumbago on the right.
- D. Syndrome of defeat of cauda equina
- E. Syndrome of tarsal channel.

118. A patient grumbles about pulsating head pain, beginning from overhead part of neck and back of head and spreads anterior. Pain increases in the morning after sleep, at walking, accompanied by dizziness. Objectively: the volume of motions is limited in the neck department of spine. Palpation of juxtaspinal points is sickly. Violation of reflex of brush.

What is diagnosis?

- A. Cervicalgia.

- B. Migraine without an aura.
- C. Cluster headache.
- D. \*Cervicocranialgia.
- E. Migraine with an aura.

119. For a patient peripheral paresis of facial nerve is on the right, hypoacusis, lacrimation. Diagnosis: Neuropathy of facial nerve.

Appoint treatment.

- A. \*Glucocorticoids, mannitoli, trentali.
- B. Eufillini, lasix, cavintoli.
- C. Nimotop, pyracetami, noopheni.
- D. Tserakson, actavegini, cerebrolysini, ceraksoni.
- E. Ascorbic acid, dicinoni, contricali.

120. For a patient with diabetes mellitus of complaint about sense of «crawl of small ants», burning in lower extremities. Objectively: violation of sensitiveness on the type of «socks» and «gloves», dryness, decorticating, thinning of nails.

What is diagnosis?

- A. Alcoholic polyneuropathy.
- B. Polyneuropathy Guillain-Barre.
- C. \*Diabetic polyneuropathy
- D. Uremic polyneuropathy.
- E. Hepatic polyneuropathy.

121. For the patient of complaint about pains in area of face, provoked by a talk, washing and other An attack lasts 1-2 minutes. Objectively: hyperkinesias of face, during examination hyperaemia of face, hyperhidrosis, shooting pains «as passing of electric current, appeared for a patient».

What is diagnosis?

- A. Neuropathy of facial nerve.

- B. \*Neuralgia of trigeminal nerve.
- C. Ganglionitis of auriculotemporal nerve.
- D. Sluder's syndrome.
- E. Syndrome of knot of knee, Hunt's syndrome.

122. A patient complains on pain in area of dorsum left, increasing at the sole bending and its pronation, weakness in a foot. During 5 hours was in the forced position (squat on hams). Objectively: a foot hangs down, to rotate inward, unbending absents feet, decline of ankle reflex on the left. At walking of steppage Atrophy of muscles of front outward surface of foot.

What is diagnosis?

- A. Neuralgia of tibial nerve.
- B. \*Tunnel syndrome of fibular nerve.
- C. Neuralgia of femoral nerve.
- D. Lumbar ischialgia on the left.
- E. Neuropathy of closing nerve on the left.

123. A diagnosis is proposed a patient « Neuropathy of fibular nerve».

What method of functional diagnostics most informing?

- A. MRT.
- B. R-ray.
- C. \*EMG.
- D. Lumbar puncture.
- E. Biochemical researches.

124. For a patient is a trigeminal neuropathy.

Appoint treatment.

- A. \*Finlepsin, trentali, amitriotylini.
- B. Nimotop, cerocsoni, mannitoli.
- C. Lasix, proserini, methylprednisoloni.

D. Sermioni, pyracetami, diazepam.

E. Samosino, cavintoni, sibasoni.

125. A patient, 50 years, grumbles about head ache of diffuse character, nausea, increases of temperature. Last 2 dates mark violation of sight – diplopia; violations of sleep. Anamnesis: tree weeks ago carried acute respiratory virus. In neurological status: ptosis, going away cross-eye, paresis of convergence, horizontal nystagmus. Coordination tests with ataxia on the right. Complete blood count (CBC): leukocytosis, increased SK 30, CSF – temperate lymphocyte pleocytosis.

What most credible diagnosis?

A. Vernal tick-borne encephalitis.

B. \*Epidemic encephalitis.

C. Tuberculous meningitis.

D. Ischemic stroke.

E. Brain abscess.

126. A patient entered permanent establishment with a diagnosis «Migraine, associated form».

That not characteristically for the clinic of this disease:

A. Localization of headache can be unilateral or bilateral.

B. Aura.

C. Headache 5 attacks in anamnesis.

D. \*Headache as a squeezing hoop.

E. Headache pulsing.

127. A patient has a diagnosis: Multiple sclerosis, cerebrospinal form, progressive.

Appoint treatment.

A. \*Methylprednisolone usage is for 500-1000 mg; ranitidini, plasmapheresis.

B. Interferones 8000000 MO in a day, nootropili.

C. Ceroxsoni, nootropili, proserinum.

D. Mannit, acidi ascorbinici.

E. Baclofen, T-activinum.

128. A patient grumbles about head pain in the right half of head. Before a pain attack marks the change of mood, crabbiness. Head pains are periodically within during 2 years. Objectively: cranial nerves without features, tendon reflexes are animated, pathological and meningeal signs are not present. KT: midal of defeat of cerebrum it is not exposed.

What a preliminary diagnosis?

A. \*Migraine, simpl form.

B. Migraine with an aura.

C. Sluder's syndrome.

D. Tumour of brain.

E. Type of tension headache.

129. A patient is disturbed by dizziness, vomiting, nausea, numbness in counter-clockwise extremities. Objectively: horizontal nystagmus. Coordinate tests executes the with ataxia on the left. CT cerebrum – the signs of defeat of matter of cerebrum are not exposed. In 2 focal hearth sings regressed.

What most credible diagnosis?

A. Hemorrhagic stroke.

B. \*TIA

C. Ischemic stroke

D. Discirkulyatorn encephalopathy.

E. Acute hypertensive encephalopathy.

130. On a reception to the doctor a mother came from 12 child. A mother is disturbed by uncertain, clumsy gait of child. Objectively: intention nystagmus, adiadochocineses, intention shaking. Skoliosis, foot with the high vault of Fridreich's.

What hypothetical diagnosis?



- A. \*Fridreich's ataxia.
- B. Multiple sclerosis.
- C. Pierrot Marie Tooth ataxia.
- D. Charcot Marie Tooth neuropathic atrophy
- E. Cerebellar tumor.

131. For a patient, in a night-time, during sleep, headache appeared in the left frontal-temporal-facial area, attended with hyperemia of face, dacryagogue, rhinorrhea, lasting during 40-60 minutes, stereotype with a tendency to becoming more frequent. The day before accepted an alcohol.

What a preliminary diagnosis?

- A. Migraine.
- B. Type of tension headache.
- C. \*Cluster headache.
- D. Tumour of brain.
- E. Trigeminal neuralgia.

132. A patient has a preliminary diagnosis: Syringomyelia.

What most informing method is needed for diagnostics of this disease?

- A. X-ray spinal cord.
- B. Electroencephalography.
- C. Electromyography.
- D. \*MRI.
- E. CSF.

133. A patient is delivered in a clinic with complaints about head pain with an irradiation in a neck, vomiting not bringing facilitation. It is ill during 3-th days. A temperature rises to 38-38,5<sup>0</sup>C. Objectively: excited, on lips herpetic pouring out. Paresises are not present. A meningeal syndrome is positive. Hemorrhagic rash on the overhead half of trunk. CSF: turbid, neutrophilic pleocytosis (to 75%), albumen 5 gm/l.

What most credible diagnosis?

- A. \*Meningococcal meningitis.
- B. Serous meningitis
- C. Epidemic encephalitis.
- D. Abscess brain.
- E. Tumour of brain.

134. Youth, 18 years, during engaged in physical education felt sharp head pain on the type of «blow in a head». During examination of epileptic seizures. Objectively: a face is symmetric, paresises are not present, meningeal signs are positive. CSF with blood, CT cerebral – the hearths of defeat of matter of cerebrum are not present.

What most credible diagnosis?

- A. TIA in a brainstem vertebrobasilar pool.
- B. \*A subarachnoid hemorrhage.
- C. In the brainstem.
- D. Ischemic stroke in left hemisphere.
- E. Intraventricular hemorrhage.

135. Patient falls behind from coevals in intellectual development, from birth. A pseudomyopachynsis comes to light at an inspection (they are close-settled, megascopic in a volume). Objectively: cardiopathy (the scopes of heart are extended, violations of rhythm come to light). In blood – creatine phosphokinase is enhanceable in 6 times.

What hypothetical diagnosis?

- A. Dyushen's myodystrophy.
- B. \*Thomsen's myotonia.
- C. Landouzy-Dejerine amyotrophy.
- D. Vilander's myodystrophy.
- E. Myasthenia, progressing form.

136. Violations of arbitrary motor appeared for the child of 4, began badly to walk, difficulty appeared at rising. Objectively: oligotrophies absent, hyporeflexia of deep reflexes. Easy tetraparesis with the easy decline of tone, two-sided syndrome of Babinski.

What hypothetical diagnosis?

- A. Amyotrophic lateral sclerosis.
- B. Multiple sclerosis.
- C. Werding-Hoffman's spinal amyotrophy.
- D. \*Erba-Rott's myopathy.
- E. Dyushen's myopathy.

137. A patient, 25 years, produces complaints about headache in the left half of head, irradiating in an eye and increasing from loud sounds, light. Attacks are disturbed during 4 years. Before an attack marks sense of fatigue and enhanceable sensitiveness to the smells. In neurological status: signs of nidal symptomatology is not present.

What a preliminary diagnosis?

- A. \*Migraine, classic form (with uara)
- B. Migraine, simplex (without aura)
- S. Type of tension headache.
- D. Subarachnoid hemorrhage.
- E. Cluster headache.

138. At a patient with a preliminary diagnosis: Multiple sclerosis, found out the indicated below pathological changes (declinations).

What from them are not characteristic for the supposed diagnosis?

- A. Clinical dissociations syndrome.
- B. Charkot syndrome (nystagmus, scanning speech, intention tremor).
- C. \*Parkinsonian syndrome.
- D. Optic neuritis.
- E. Absent abdominal reflexes (at the promoted tendons).

139. A teenager, 15 years, grumbles about a general weakness, head pain, nausea, pain in muscles. During 3-th days there is the temperature 40<sup>0</sup>C. From anamnesis: 2 weeks ago came back from a walking tour. Objectively: syndrome «hanging down head», dysphonia, dysphagia, a meningeal syndrome is positive. Sent a blood to virology research.

What most credible diagnosis?

- A. Epidemic encephalitis.
- B. Purulent meningitis.
- C. Acute myelitis.
- D. Poliomyelitis.
- E. \*Tick-borne encephalitis.

140. At a patient, 70 years, suffering by side extremities arrhythmias, in the morning there was the loss of consciousness, weakness in left extremities. At examination: BP 160/90 mm Hg., pulse 90", arrhythmical, left-side hemiplegia.

What most credible diagnosis?

- A. A hemorrhagic stroke in left hemisphere.
- B. A subarachnoid hemorrhage.
- C. A hemorrhagic stroke in right hemisphere.
- D. An ischemic stroke in left hemisphere.
- E. \*An ischemic stroke in right hemisphere.

141. A patient is delivered in a clinic with complaints about morning head pain in area of forehead, attended with nausea, vomiting. In anamnesis: brain injury. During examination a convulsive syndrome developed at a patient. CSF: high pressure, turbid, albuminous-cellular dissociation. Oculist: stagnant disks of visual nerves.

What most credible diagnosis?

- A. Tumor brain.
- B. Subarachnoid hemorrhage.

- C. Encephalitis.
- D. Meningitis.
- E. \*Leptomeningit convecxital.

142. At a patient in anamnesis pathology of main vessels. Dizziness appeared after the visit of sauna, violation of speech. Objectively: disphonia, elements of disartria. Right-side hemiparesis. Pathological reflexes. The similar state was 2 months ago, regressed during 1 hour.

What most credible diagnosis?

- A. \*Aterotrombotic stroke in a brainstem.
- B. Hemodynamic stroke.
- C. Lakunar stroke.
- D. Hemorrhagic stroke
- E. Subarachnoid hemorrhage.

143. Patient, 27 years, from 13 years began to mark fatigueability in feet, especially in thighs, at getting up on a stair. During a few years gradually a weakness grew in feet and muscles of humeral belt. At a mother and sister those symptoms are marked. At examination: eye cracks are extended, lips are incrassate, oligotrophy of muscles of humeral and pelvic belt, «pterygoid shoulder-blades». Tendon reflexes are mionectic, violations of sensitiveness are not present.

What hypothetical diagnosis?

- A. Charcot Marie Tooth neuropathic atrophy
- B. \*Landouzy-Dejerine muscular dystrophy.
- C. Dyushen's muscular dystrophy.
- D. Erba –Root's muscular dystrophy
- E. Thomsen's myotonia.

144. For a girl, 18 years, complaints about the attacks of dizziness, sonitus, paropsis, disorder of speech, co-ordination, lasting about 30 minutes. Headache, lasting a few hours, joined then.

What a preliminary diagnosis?

- A. Tumour of brain.
- B. Type of tension headache.
- C. \*Migraine of basilar.
- D. Transient ischemic attack in a brainstem.
- E. Multiple sclerosis.

145. At a patient, after vaccination against a flu, complaints about the increase of temperature, head pain, nausea, vomiting appeared in four days, and then violation of sight joined. Objectively: horizontal nystagmus, peripheral paresis of mimic musculature of face, intention tremor, lower spastic paraparesis, hypoalgesia on an explorer type, unsatisfactorily executes coordinating tests, violation of functions of pelvic organs. Visual: neuritis of optic nerves. CSF: lymphocyte pleocytosis, increase of level of albumen.

What a preliminary diagnosis?

- A. Multiple sclerosis.
- B. \*Acute multiple encephalomyelitis.
- C. Acute myelitis.
- D. Meningoencephalitis.
- E. Tumour of brain.

146. A patient acted with complaints about head pain, general weakness, decline of appetite, sweat. During a month at a patient temperature in evening time. Roentgenograms organs of thorax: Tuberculosis of overhead stake on the right. Preliminary diagnosis: Tubercular meningitis.

What method of research is most informing?

- A. \*Lumbar puncture.

- B. MRI
- C. Roentgenograms skulls.
- D. Electroencephalography.
- E. Angiography.

147. In a clinic a patient is delivered with complaints about head ache, nausea, vomiting. In anamnesis: protraction suffers by hypertensive encephalopathy. Objectively: face of hyperemia, symmetric, BP 220/120 mm Hg, palpation of eyeballs of pain, deep reflexes is higher on the left, the nuchal rigidity is positive, easy left-side hemiparesis. After normalization of numbers BP symptomus regressed.

What most credible diagnosis?

- A. A hemorrhagic stroke
- B. A subarachnoid hemorrhage.
- C. TIA.
- D. Ischemic stroke in the brainstem.
- E. \*Acute hypertensive encephalopathy.

148. At a sick complaint about an unsteadiness at walking, violation of sight, coordination of motions. In anamnesis: 2 years ago brought a child into a world, after births there was the brief loss of eyesight on a right eye. Optic exm: retrobulbar neuritis. Objectively: scanning speech, megalografia, intention tremor, nystagmus, ataxia under the control sight (with the closed eyes increases), abdominal reflexes are absent.

What a preliminary diagnosis?

- A. Acute disseminated encephalomyelitis.
- B. Neurosyphilis.
- C. Tumour of brain
- D. \*Multiple sclerosis.
- E. Ischemic stroke with localization in a cerebellum.

149. A patient is disturbed by squeezing headache as a «helmet». From anamnesis: headache disturbs after the stress loading. In neurological status: signs of focal symptomatology is not present. After the reception of sedatives preparations and sleep head pain regressed. KT: signs of defeat of cerebrum it is not exposed.

What a preliminary diagnosis?

- A. Migraine with an aura.
- B. \*Type of tension headache.
- C. Cluster headache.
- D. Migraine without an aura.
- E. Tumour of brain.

150. A patient, 20 years, is ill about 1,5 years, when sight on a right eye went down. Through half-year, after carried acute respiratory virus, dizziness, unsteadiness, at walking, weakness, in lower extremities appeared. Objectively: horizontal nystagmus in both sides, scanning speech, intention tremor, tendon reflexes from lower extremities are high, Babinski reflex positive, abdominal reflex absent, ataxia in the Romberg's test. MRI: 3 focus (2 of them should be located paraventricularly, 1 – subtentorially, that means in brain stem or cerebellum).

What a preliminary diagnosis.

- A. Amyotrophic lateral sclerosis.
- B. Ischemic stroke in the brain stem.
- C. AIDS, meningoencephalitis.
- D. \*Multiple sclerosis, cerebrospinal form.
- E. Acute multiple encephalomyelitis.

151. What syndrome characterizes the chronic form of epidemic encephalitis.

- A. Athetosis.
- B. Syndrome «hanging down head»
- C. Bulbar syndrome.
- D. \*Parkinsonian syndrome.



E. Pseudobulbar syndrome.

152. At a patient, suffering by diabetes mellitus, grumbles about a weakness in right extremities, speech disorders. Objectively: elements of motor aphasia, right-side central paresis VII and XII c.n., dissociation hemiparesis, deeper shown in lower extremity. Pathological reflexes. CSF transparent.

What most credible diagnosis?

- A. Ischemic stroke in left hemisphere in the river-bed of front cerebral artery.
- B. \*Ischemic stroke in left hemisphere in the river-bed of middle cerebral artery.
- C. Ischemic stroke in a brainstem vertebrobasilar pool.
- D. TIA in carotid distribution.
- E. Hemorrhagic stroke in left hemisphere in the river-bed of front cerebral artery.

153. A child, 5 years, was under the supervision at a district pediatrician concerning acute respiratory viral infection. During 10 days on a background the catarrhal phenomena asymmetric periferal paralyses mainly in procsimal departments appeared at a patient, without violation of sensitiveness.

What most credible diagnosis?

- A. Myelities.
- B. \*Poliomyelitis.
- C. Encephalitis.
- D. Encephalomyelitis.
- E. Amyotrophic lateral sclerosis.

154. A patient grumbles about head pain, vomiting, nausea, weakness in counter-clockwise extremities. Became ill sharply during the stress-situation. There is hypertensive illness in anamnesis. Objectively: during examination of epileptic seizures, left-side central paresis VII and XII c.n, palpation of eyeballs of pain, left-side hemiplegia. Pathological syndromes and meningeal syndrome are positive.

What most credible diagnosis?

- A. Ischemic stroke in right hemisphere.
- B. \*Hemorrhagic stroke in right hemisphere.
- C. Stroke in the trunk of brain.
- D. Subarachnoid hemorrhage.
- E. Migraine stroke.

155. A patient is hospitalized in a neurological separation with a diagnosis: Myasthenia.

Appoint treatment.

- A. \*Anticholinesterase preparations, corticosteroids.
- B. Mexsidol, cerebrollisini.
- C. Degidratation facilities.
- D. Nonsteroid anti-inflammatory preparations, spasmolytic.
- E. Anti-convulsive preparations, antioxidants.

156. For a man, 53 years, headache, spreading from a neck on the back of head and temple to the forehead, worsening of sight, appeared after sleep, dizziness which is accompanied by nausea and noise in cluster headache joined after. Objectively: cranial nerves without pathology, at palpation of muscle and skin in neck-cervical area of pain.

What a preliminary diagnosis?

- A. Migraine.
- B. Cluster headache.
- C. \*Neck migraine.
- D. Leptomeningitis.
- E. Cervical brachialgia.

157. A patient, 50 years, appealed with complaints about that becoming thin of hands appeared during a year, a sensitiveness in them is broken. Objectively: violation of superficial sensitiveness (pain and temperature) on the type “coat like»” and “half coat like”, signs of dysraphic state. Elements of dysarthria, dysphonia.

What a preliminary diagnosis?

- A. Sclerosis disseminata.
- B. \*Syringomyelia, bulbar form.
- C. Tumour of brain
- D. Amyotrophic lateral sclerosis.
- E. Stroke in the brainstems.

158. A patient, 15 years, is delivered in a clinic with complaints about a general weakness, herpetic pouring out in area of nose, stomach-ache, temperature of body to 39<sup>0</sup>C. Objectively: face of redness, nosolabial triangle pale, anisoreflexia. A meningeal syndrome is positive. CSF: lymphocyte pleocytosis.

What most credible diagnosis?

- A. Purulent meningitis.
- B. Tuberculous meningitis.
- C. Encephalitis.
- D. \*Enterovirus meningitis.
- E. Poliomyelitis.

159. At the patient of complaint about a weakness in right extremities, allolalia. Objectively: right-side central VII and XII c.n., elements of motor aphasia. Right-side hemiparesis, pathological signs are positive. Preliminary diagnosis: Dynamic cerebral blood circulation disturbances in left hemiparesis.

What method of research must be conducted above all things?

- A. CSF
- B. \*Computer tomography.
- C. Echoencephalography.
- D. Transcranial Doppler ultrasound (FCD)
- E. Electro-myography.

160. Patient grumbles about the slowness of motions, general constraint, shaking of lower jaw, language at peace, declining at motion. Objectively: tremor of fingers of

hands on the type of «abacuses of chinks», speech is monotonous, quiet, viscosity in intercourse. The syndrome of Noyka's is positive both-side.

What hypothetical diagnosis?

- A. Huntington's chorea
- B. Epidemic encephalitis.
- C. \*Parkinson's disease
- D. Alzheimer's disease.
- E. Parkinson's vascular.

161. A patient is hospitalized in a neurological department with a diagnosis: Migraine

Appoint treatment.

- A. Cavintoni, lasix, solcoserili.
- B. \*Sumatriptani, propranolol, amitriptyline.
- C. Eufillini, lasix, phracsiparini.
- D. Dicinoni, ascorbic acid, contricali.
- E. Cerebrolysinim, cerocsoni, actovegini.

162. A patient during three years suffers by neuritis of visual nerve. Diplopia appeared after the stress mental, weakness in extremities, pelvis disorders. Visual: decoloration of disc's temporal part. Preliminary diagnosis: Multiple sclerosis.

What method of research must be more for informative of diagnosis?

- A. CT.
- B. CSF.
- C. \*MRI.
- D. Electroencephalography.
- E. Ultrasonic dopplerography.

163. At patient there is shaking at implementation of different motions, reminds the «wing-beats of birds», speech is scanned. At peace, shaking absents. Consultation of oculist: presence of cornea ring of Kayzer-Fleysher.

What hypothetical diagnosis?

- A. Multiple sclerosis.
- B. Huntington's chorea.
- C. \*Hepatolenticular dystrophy (Konovalov-Wilson's disease).
- D. Parkinson's disease
- E. Epidemic encephalitis.

164. At patient, 50 years, grumbles about head ache of diffuse character, nausea, increases of temperature. Last 2 dates mark violation of sight – diplopia; violations of sleep. Anamnesis: tree weeks ago carried acute respiratory virus. In neurological status: ptosis, going away cross-eye, paresis of convergence, horizontal nystagmus. Coordination tests with ataxia on the right. Complete blood count (CBC): leukocytosis, increased SK 30, CSF – temperate lymphocyte pleocytosis.

What most credible diagnosis?

- A. Vernal tick-borne encephalitis.
- B. \*Epidemic encephalitis.
- C. Tuberculous meningitis.
- D. Ischemic stroke.
- E. Brain abscess.

165. At patient, 30 years, grumbles about a general weakness, head pain, nausea, pain in muscles. During 3-th days there is the temperature 40<sup>0</sup>C. From anamnesis: 3 weeks ago came back from a walking tour. Objectively: syndrome «hanging down head», dysphonia, dysphagia, a meningeal syndrome is positive. Sent a blood to virology research.

What most credible diagnosis?

- A. Epidemic encephalitis.
- B. Purulent meningitis.
- C. Acute myelities.
- D. Poliomyelitis.

E. \*Tick-borne encephalitis.

165. What syndrome characterizes the chronic form of epidemic encephalitis.

- A. Athetosis.
- B. Syndrome «hanging down head»
- C. Bulbar syndrome.
- D. \*Parkinsonian syndrome.
- E. Pseudobulbar syndrome.

166. At patient is delivered in a clinic with complaints about head pain with an irradiation in a neck, vomiting not bringing facilitation. It is ill during 5-th days. A temperature rises to 38-38,5<sup>0</sup>C. Objectively: paresises are not present. A meningeal syndrome is positive. Hemorrhagic rash on the overhead half of trunk. CSF: turbid, neutrophilic pleocytosis (to 75%), albumen 5 gm/l.

What most credible diagnosis?

- A. \*Meningococcal meningitis.
- B. Serous meningitis
- C. Epidemic encephalitis.
- D. Abscess brain.
- E. Tumour of brain.

167. At patient acted with complaints about head pain, general weakness, decline of appetite, sweat. During a month at a patient temperature in evening time. Roentgenograms organs of thorax: Tuberculosis of overhead stake on the right. Preliminary diagnosis: Tubercular meningitis.

What method of research is most informing?

- A. \*Lumbar puncture.
- B. MRI
- C. Roentgenograms skulls.
- D. Electroencephalography.

E. Angiography.

168. At patient, 16 years, is delivered in a clinic with complaints about a general weakness, herpetic pouring out in area of nose, stomach-ache, temperature of body to 39°C. Objectively: face of redness, nosolabial triangle pale, anisoreflexia. A meningeal syndrome is positive. CSF: lymphocyte pleocytosis.

What most credible diagnosis?

- A. Purulent meningitis.
- B. Tuberculous meningitis.
- C. Encephalitis.
- D. \*Enterovirus meningitis.
- E. Poliomyelitis.

169. At patient is delivered in a clinic with complaints about morning head pain in area of forehead, attended with nausea, vomiting. In anamnesis: brain injury. During examination a convulsive syndrome developed at a patient. CSF: high pressure, turbid, albuminous-cellular dissociation. Oculist: stagnant disks of visual nerves.

What most credible diagnosis?

- A. Tumor brain.
- B. Subarachnoid hemorrhage.
- C. Encephalitis.
- D. Meningitis.
- E. \*Leptomeningit convecxital.

170. At child, 5 years, was under the supervision at a district pediatrician concerning acute respiratory viral infection. During 10 days on a background the catarrhal phenomena asymmetric peripheral paralyses mainly in procsimal departments appeared at a patient, without violation of sensitiveness. CSF: lumphocitic pleocytosis.

What most credible diagnosis?

- A. Myelities.

- B. \*Poliomyelitis.
- C. Encephalitis.
- D. Encephalomyelitis.
- E. Amyotrophic lateral sclerosis.

171. At a patient after the carried flu appeared paresthesia and pains in area of the back, panthodic in the neck department of spine and lower extremities. Lower central paraparesis, explorer violations of sensitiveness joined then. Parafunction of pelvic organs. CSF: neutrophilic pleocytosis.

What most credible diagnosis?

- A. \*Acute myelities.
- B. Poliomyelitis.
- C. Tumor spinal cord.
- D. Myeloischemia.
- E. Epidural abscess.

172. At diagnosis is proposed to the patient: Poliomyelitis, paralytic stage.

What most informing method of research?

- A. KT.
- B. \*Smear from nasopharynx and excrement.
- C. EEG.
- D. EMG.
- E. Lumbar puncture.

173. A patient grumbles about head pain in the right half of head. Before a pain attack marks the change of mood, crabbiness. Head pains are periodically within during 2 years. Objectively: cranial nerves without features, tendon reflexes are animated, pathological and meningeal signs are not present. KT: midal of defeat of cerebrum it is not exposed.

What a preliminary diagnosis?



- A. Migraine, simple form.
- B. \*Migraine with an aura.
- C. Sluder's syndrome.
- D. Tumour of brain.
- E. Type of tension headache.

174. A patient is disturbed by squeezing headache as a «helmet». From anamnesis: headache disturbs after the stress loading. In neurological status: signs of nidal symptomatology is not present. After the reception of sedatives preparations and sleep head pain regressed. KT: nidal of defeat of cerebrum it is not exposed.

What a preliminary diagnosis?

- A. Migraine with an aura.
- B. \*Type of tension headache.
- C. Cluster headache.
- D. Migraine without an aura.
- E. Tumour of brain.

175. A patient is hospitalized in a neurological department with a diagnosis: Migraine with an aura.

Appoint treatment.

- A. Cavintoni, lasix, solcoserili.
- B. \*Sumatriptani, propranolol, amitriptyline, diergthamin
- C. Eufillini, lasix, phracsiparini.
- D. Dicinoni, ascorbic acid, contricali.
- E. Cerebrolysinim, cerocsoni, actovegini.

176. For a patient, in a night-time, during sleep, headache appeared in the left frontal-temporal-facial area, attended with hyperemia of face, dacryagogue, rhinorrhea, lasting during 40-60 minutes, stereotype with a tendency to becoming more frequent. The day before accepted an alcohol.

What a preliminary diagnosis?

- A. Migraine.
- B. Type of tension headache.
- C. \*Cluster headache.
- D. Tumour of brain.
- E. Trigeminal neuralgia.

177. For a girl, 18 years, complaints about the attacks of dizziness, sonitus, paropsis, disorder of speech, co-ordination, lasting about 30 minutes. Headache, lasting a few hours, joined then.

What a preliminary diagnosis?

- A. Tumour of brain.
- B. Type of tension headache.
- C. \*Migraine of basilar
- D. Transient ischemic attack in a brainstem.
- E. Multipl sclerosis.

178. A patient entered permanent establishment with a diagnosis «Migraine, associated form».

That not characteristically for the clinic of this disease:

- A. Localization of headache can be unilateral or bilateral.
- B. Aura.
- C. Headache 5 attacks in anamnesis.
- D. \*Very severe unilateral supraorbital and temporal pain lasting 15-180 minutes.
- E. Headache pulsing.

179. A patient produces complaints on pain of burning and pulsing character in area of temple, inwardly, outward wall of outward passage-way, arising up at eating, smoking. During examination there was a twinge, attended with a hyperemia in parotid-temporal

area and hyperhidrosis in area of innervation of auriculotemporal nerve, increased salivation.

Put a preliminary diagnosis.

- A. Sluder's syndrome.
- B. Trigeminal neuralgia.
- C. Tolos-Khant's syndrome
- D. Migraine.
- E. \*Neuralgia neck-temporal nerve (syndrome of Freya).

180. For a patient, suffering the protracted period by a migraine with an aura, nidal sings developed on a background an attack: hemiplegia, allolalia, hemianopsia. Meningeal signs are not present. On 3 days of disease on KT hypotension focus of brain.

What a preliminary diagnosis?

- A. Migraine with an aura.
- B. Tumour of brain.
- C. Migraine status.
- D. \*Migraine stroke.
- E. Subarachnoid hemorrhage.

181. At a patient, 70 years, suffering by side extremities arrhythmias, in the morning there was the loss of consciousness, weakness in left extremities. At examination: BP 160/90 mm Hg, pulse 90", arhythmical, left-side hemiplegia.

What most credible diagnosis?

- A. A hemorrhagic stroke in left hemisphere.
- B. A subarachnoid hemorrhage.
- C. A hemorrhagic stroke in right hemisphere.
- D. An ischemic stroke in left hemisphere.
- E. \*An ischemic stroke in right hemisphere.

182. At a patient, suffering by diabetes mellitus, grumbles about a weakness in right extremities, paralalia. Objectively: elements of motor aphasia, right-side central paresis VII and XII c.n., dissociation hemiparesis, deeper shown in lower extremity. Pathological reflexes. CSF transparent.

What most credible diagnosis?

- A. \*Ischemic stroke in left hemisphere in the river-bed of front cerebral artery.
- B. Ischemic stroke in left hemisphere in the river-bed of middle cerebral artery.
- C. Ischemic stroke in a brainstem vertebrobasilar pool.
- D. TIA in carotid distribution.
- E. Hemorrhagic stroke in left hemisphere in the river-bed of front cerebral artery.

183. Youth, 18 years, during engaged in physical education felt sharp head pain on the type of «blow in a head». During examination of epileptic seizures. Objectively: a face is symmetric, paresis's are not present, meningeal signs are positive. CSF with blood, CT cerebral – the hearths of defeat of matter of cerebrum are not present.

What most credible diagnosis?

- A. TIA in a brainstem vertebrobasilar pool.
- B. \*A subarachnoid hemorrhage.
- C. In the brainstem.
- D. Ischemic stroke in left hemisphere.
- E. Intraventricular hemorrhage.

184. In a clinic a patient is delivered with complaints about head ache, nausea, vomiting. In anamnesis: protraction suffers by hypertensive encephalopathy. Objectively: face of hyperemia, symmetric, BP 220/120 mm Hg, palpation of eyeballs of pain, deep reflexes is higher on the left; the nuchal rigidity is positive, easy left-side hemiparesis. After normalization of numbers BP symptoms regressed.

What most credible diagnosis?

- A. A hemorrhagic stroke
- B. A subarachnoid hemorrhage.

- C. TIA.
- D. Ischemic stroke in the brainstem.
- E. \*Acute hypertensive encephalopathy.

185. At the patient of complaint about a weakness in right extremities, allolalia. Objectively: right-side central VII and XII c.n., elements of motor aphasia. Right-side hemiparesis, pathological signs are positive. Preliminary diagnosis: Dynamic cerebral blood circulation disturbances in left hemiparesis.

What method of research must be conducted above all things?

- A. CSF
- B. \*Computer tomography.
- C. Echoencephalography.
- D. Francranial Doppler ultrasound (FCD)
- E. Electro-myography.

186. At patient in anamnesis pathology of main vessels. Dizziness appeared after the visit of sauna, violation of speech. Objectively: dysphonia, elements of dysarthria. Right-side hemiparesis. Pathological reflexes. The similar state was 2 months ago, regressed during 1 hour.

What most credible diagnosis?

- A. \*Aterotrombotic stroke in a brainstem.
- B. Hemodynamic stroke.
- C. Lacunars stroke.
- D. Hemorrhagic stroke
- E. Subarachnoid hemorrhage.

187. A patient grumbles about head pain, vomiting, nausea, weakness in counter-clockwise extremities. Became ill sharply during the stress-situation. There is hypertensive illness in anamnesis. Objectively: during examination of epileptic seizures,

left-side central paresis VII and XII c.n, palpation of eyeballs of pain, left-side hemiplegia. Pathological syndromes and meningeal syndrome are positive.

What most credible diagnosis?

- A. Ischemic stroke in right hemisphere.
- B. \*Hemorrhagic stroke in right hemisphere.
- C. Stroke in the trunk of brain.
- D. Subarachnoid hemorrhage.
- E. Migraine stroke.

188. A patient is disturbed by dizziness, vomiting, nausea, numbness in counter-clockwise extremities. Objectively: horizontal nystagmus. Coordinate tests executes with ataxia on the left. CT cerebrum – the signs of defeat of matter of cerebrum are not exposed. In 2 focal sings regressed.

What most credible diagnosis?

- A. Hemorrhagic stroke.
- B. \*TIA
- C. Ischemic stroke
- D. Dysciculative encephalopathy.
- E. Acute hypertensive encephalopathy.

189. A patient has a subarachnoid hemorrhage.

Appoint treatment.

- A. \*Nimotop, dicinon, ascorbic acid, contrikal, beckons.
- B. Manitoli, pyracetamum, trental, proserini.
- C. Cerakson, actavegin, cerebrollisini, lasix.
- D. Symvastin, cardiomagnili, nootropili.
- E. Movalis, decsometasoni, acidi nicotinati.

190. A patient, 28 years, appealed with complaints about a weakness in extremities. Marks that the first symptoms of illness appeared 5 years back, when feet became weak,

after hands began to weaken, in the last months of muscle of person and trunk. Objectively: «face of myopathic», lips of Tapir, transversal smile. A thorax is incrassate, asymmetric atrophy.

What hypothetical diagnosis?

- A. Erba-Rott's myodystrophy
- B. Dyushen's myodystrophy.
- C. \*Landouzy-Dejerine myodystrophy.
- D. Myasthenia, general form.
- E. Spinal amyotrophy.

191. Patient falls behind from coevals in intellectual development, from birth. A pseudomyopachynsis comes to light at an inspection (they are close-settled, megascopic in a volume). Objectively: cardiopathy (the scopes of heart are extended, violations of rhythm come to light). In blood – creatine phosphokinase is enhanceable in 6 times.

What hypothetical diagnosis?

- A. \*Dyushen's myodystrophy.
- B. Thomsen's myotonia.
- C. Landouzy-Dejerine amyotrophy.
- D. Vilander's myodystrophy.
- E. Myasthenia, progressing form.

192. A patient is hospitalized in a neurological separation with a diagnosis: Myasthenia.

Appoint treatment.

- A. \*Anticholinesterase preparations, corticosteroids.
- B. Mexsidol, cerebrollisini.
- C. Degidratation facilities.
- D. Nonsteroid anti-inflammatory preparations, spasmolytic.
- E. Anti-convulsive preparations, antioxidants.

193. Patient grumbles about the slowness of motions, general constraint, shaking of lower jaw, language at peace, declining at motion. Objectively: tremor of fingers of hands on the type of «abacuses of chinks», speech is monotonous, quiet, viscosity in intercourse. The syndrome of Noyka's is positive both-side.

What hypothetical diagnosis?

- A. Huntington's chorea
- B. Epidemic encephalitis.
- C. \*Parkinson's disease
- D. Alzheimer's disease.
- E. Parkinson's vascular.

194. At patient there is shaking at implementation of different motions, reminds the «wing-beats of birds», speech is scanned. At peace, shaking absents, increase of urinary copper excretion hypercupruria.

What hypothetical diagnosis?

- A. Multiple sclerosis.
- B. Huntington's chorea.
- C. \*Hepatolenticular dystrophy (Konovalov-Wilson's disease).
- D. Parkinson's disease
- E. Epidemic encephalitis.

195. On a reception to the doctor a mother came from 12 child. A mother is disturbed by uncertain, clumsy gait of child. Objectively: intention nystagmus, adiadochocinesis, intention shaking. Skoliosis, foot with the high vault of Fridreich's.

What hypothetical diagnosis?

- A. \*Fridreich's ataxia.
- B. Multiple sclerosis.
- C. Pierrot Marie Tooth ataxia.
- D. Charcot Marie Tooth neuropathic atrophy
- E. Cerebellar tumor.



196. Patient, 27 years, from 13 years began to mark fatigueability in feet, especially in thighs, at getting up on a stair. During a few years gradually a weakness grew in feet and muscles of humeral belt. At a mother and sister those symptoms are marked. At examination: eye cracks are extended; lips are incrassate, oligotrophy of muscles of humeral and pelvic belt, «pterygoid shoulder-blades». Tendon reflexes are mionectic; violations of sensitiveness are not present.

What hypothetical diagnosis?

- A. Charcot Marie Tooth neuropathic atrophy
- B. \*Landouzy-Dejerine muscular dystrophy.
- C. Dyushen's muscular dystrophy.
- D. Erba –Root's muscular dystrophy
- E. Thomsen's myotonia.

197. For a patient, 52-th, weakness in feet, gait is changed, becoming thin of muscles of shins is marked and feet. It is ill from 30 years. Objectively: the genicular are mionectic and Achilles reflexes, oligotrophy of brushes and feet, hypoalgesia on the type of «socks» and «gloves». Vegetative-trophic violations are present on brushes and feet.

What hypothetical diagnosis?

- A. Charcot Marie Tooth neuropathic atrophy
- B. \*Fridreich's ataxia
- C. Myasthenia.
- D. Stumpell's disease.
- E. Werding-Hoffman's amyotrophy.

198. The young woman of asthenic build grumbles about rapid muscular fatigueability, impossibility protractedly to walk, long to talk, worsening of swallowing comes during a meal. After a reception the proserini state gets better.

What hypothetical diagnosis?

- A. Kennedy's disease.

- B. Werding-Hoffman's amyotrophy.
- C. Dyushen's muscular dystrophy.
- D. Hepatolenticular dystrophy.
- E. \*Myasthenia.

199. A patient has the trauma of shoulder appeared weakness of muscles of forearm and brush on the right, pains in area of brush. Objectively: a sensitiveness is broken in area of palm's surface of brush and fingers, hypotrophy of muscles and paresis of muscles of brush. There are trophic and vegetative disorders in the distal department of right arm.

Put a preliminary diagnosis.

- A. Radicular syndrome root of C<sub>7</sub>-C<sub>8</sub>.
- B. Vertebrogen cervicobracealgia.
- C. \*Lower shoulder plexitis Dejerine-Klumpke.
- D. Humeroscapular periartthritis
- E. Total plexitis.

200. A patient has the stress mental loading appeared paresis of mimic muscles on the right: folds are smoothed out on a forehead on the right, syndrome of sail, lagophthalmos taste is lost on front 2/3 language, dryness of eye.

Put a preliminary diagnosis.

- A. Neuralgia of trigeminal nerve.
- B. \*Neuropathy of facial nerve right.
- C. Ganglionitis of pterygopalatine knot.
- D. Pontin form of poliomyelitis.
- E. Leptomeningitis is of ponto cerebellum angle.

201. A patient has of complaint on pain in lumbar area and on the outward surface of thigh and shin. Objectively: sickliness at palpation of paraspinal points of L<sub>4</sub>-L<sub>5</sub> on the right, hypesthesia of outward right shin. Knee-jerks of S=D, ankle D<S, hypotrophy of extesos of pollex of right foot.

Put a preliminary diagnosis.

- A. \*Discogenic lumbar ischialgia on the right.
- B. Discogenic compression syndrome of L<sub>5</sub>-S<sub>1</sub> on the right.
- C. Lumbago on the right.
- D. Syndrome of defeat of cauda equina
- E. Syndrome of tarsal channel.

202. A patient grumbles about pulsating head pain, beginning from overhead part of neck and back of head and spreads anterior. Pain increases in the morning after sleep, at walking, accompanied by dizziness. Objectively: the volume of motions is limited in the neck department of spine. Palpation of juxtaspinal points is sickly. Violation of reflex of brush.

Put a preliminary diagnosis.

- A. Cervicalgia.
- B. Migraine without an aura.
- C. Cluster headache.
- D. \*Cervicocranialgia.
- E. Migraine with an aura.

203. For a patient peripheral paresis of facial nerve is on the right, hypoacusis, lacrimation. Diagnosis: Neuropathy of facial nerve.

Appoint treatment.

- A. \*Glucocorticoids, mannitoli, trentali.
- B. Eufillini, lasix, cavintoli.
- C. Nimotop, pyracetami, noopheni.
- D. Tserakson, actavegini, cerebrolysin, ceraksoni.
- E. Ascorbic acid, dicinoni, contricali.

204. For a patient with diabetes mellitus of complaint about sense of «crawl of small ants», burning in lower extremities. Objectively: violation of sensitiveness on the type of «socks» and «gloves», dryness, decorticating, thinning of nails.

Put a preliminary diagnosis.

- A. Alcoholic polyneuropathy.
- B. Polyneuropathy Guillain-Barre.
- C. \*Diabetic polyneuropathy
- D. Uremic polyneuropathy.
- E. Hepatic polyneuropathy.

205. For the patient of complaint about pains in area of face, provoked by a talk, washing and other An attack lasts 1-2 minutes. Objectively: hyperkinesias of face, during examination hyperaemia of face, hyperhidrosis, shooting pains «as passing of electric current, appeared for a patient».

Put a preliminary diagnosis.

- A. Neuropathy of facial nerve.
- B. \*Neuralgia of trigeminal nerve.
- C. Ganglionitis of auriculotemporal nerve.
- D. Sluder's syndrome.
- E. Syndrome of knot of knee, Hunt's syndrome.

206. A patient complains on pain in area of dorsum left, increasing at the sole bending and its pronation, weakness in a foot. During 5 hours was in the forced position (squat on hams). Objectively: a foot hangs down, to rotate inward, unbending absents feet, decline of ankle reflex on the left. At walking of steppage Atrophy of muscles of front outward surface of foot.

Put a preliminary diagnosis.

- A. Neuralgia of tibial nerve.
- B. \*Tunnel syndrome of fibular nerve.
- C. Neuralgia of femoral nerve.

- D. Lumbar ischialgia on the left.
- E. Neuropathy of closing nerve on the left.

207. A diagnosis is proposed a patient « Neuropathy of fibular nerve».

What method of functional diagnostics most informing?

- A. MRT.
- B. R-ray.
- C. \*EMG.
- D. Lumbar puncture.
- E. Biochemical researches.

208. For a patient is a trigeminal neuropathy.

Appoint treatment.

- A. \*Finlepsin, trentali, amitriotylini.
- B. Nimotop, cerocsoni, mannitoli.
- C. Lasix, proserini, methylprednisoloni.
- D. Sermioni, pyracetami, diazepam.
- E. Samosino,cavintoni, sibasoni.

209. A patient, 20 years, is ill about 1,5 years, when sight on a right eye went down. Through half-year, after carried acute respiratory virus, dizziness, unsteadiness, at walking, weakness, in lower extremities appeared. Objectively: horizontal nystagmus in both sides, scanning speech, intention tremor, tendon reflexes from lower extremities are high, Babinski reflex positive, abdominal reflex ansent, ataxia in the Romberg's test. MRI: 3 focus (2 of them should be located paraventricularly, 1 – subtentorially, that means in brain steam or cerebellum).

What a preliminary diagnosis.

- A. Amyotrophic lateral sclerosis.
- B. Ischemic stroke in the brain steam.
- C. AIDS, meningoencephalitis.

- D. \*Multiple sclerosis, cerebrospinal form.
- E. Acute multiple encephalomyelitis.

210. A patient during three years suffers by neuritis of visual nerve. Diplopia appeared after the stress mental, weakness in extremities, pelvis disorders. Visual: decoloration of disc's temporal part. Preliminary diagnosis: Multiple sclerosis.

What method of research must be more for informative of diagnosis?

- A. CT.
- B. CSF.
- C. \*MRI.
- D. Electroencephalography.
- E. Ultrasonic dopplerography.

211. At a patient with a preliminary diagnosis: Multiple sclerosis, found out the indicated below pathological changes (declinations).

What from them are not characteristic for the supposed diagnosis?

- A. Clinical dissociations syndrome.
- B. Charkot syndrome (nystagmus, scanning speech, intention tremor).
- C. \*Parkinsonian syndrome.
- D. Optic neuritis.
- E. Absent abdominal reflexes (at the promoted tendons).

212. A patient, 50 years, appealed with complaints about that becoming thin of hands appeared during a year, a sensitiveness in them is broken. Objectively: violation of superficial sensitiveness (pain and temperature) on the type "coat like»" and "half coat like", signs of dysraphic state. Elements of dysarthria, dysphonia.

What a preliminary diagnosis?

- A. Sclerosis disseminata.
- B. \*Syringomyelia, bulbar form.
- C. Tumour of brain

D. Amyotrophic lateral sclerosis.

E. Stroke in the brainstems.

213. At a patient, after vaccination against a flu, complaints about the increase of temperature, head pain, nausea, vomiting appeared in four days, and then violation of sight joined. Objectively: horizontal nystagmus, peripheral paresis of mimic musculature of face, intention tremor, lower spastic paraparesis, hypoalgesia on an explorer type, unsatisfactorily executes coordinating tests, violation of functions of pelvic organs. Visual: neuritis of optic nerves. CSF: lymphocyte pleocytosis, increase of level of albumen.

What a preliminary diagnosis?

A. Multiple sclerosis.

B. \*Acute multiple entsefalomyelitis.

C. Acute myelities.

D. Meningoencephalitis.

E. Tumour of brain.

214. A patient has a diagnosis: Multiple sclerosis, cerebrospinal form, remitting.

Desease modifying therapy includes:

A. Methylprednisolone usage is for 500-1000 mg; ranitidini, plasmapheresis.

B. \*Interferones B 8000000 MO in a day, glatiramer acetate.

C. Ceroxsoni, nootropili, proserinum.

D. Mannit, acidi ascorbinici.

E. Baclofen, T-activinum.

215. At a sick complaint about an unsteadiness at walking, violation of sight, coordination of motions. In anamnesis: 2 years ago brought a child into a world, after births there was the brief loss of eyesight on a right eye. Optic exm: retrobulbar neuritis. Objectively: scanning speech, megalografia, intention tremor, nystagmus, ataxia under the control sight (with the closed eyes increases), abdominal reflexes are absent.

What a preliminary diagnosis?

- A. Acute disseminated encephalomyelitis.
- B. Neurosyphilis.
- C. Tumour of brain
- D. \*Multiple sclerosis.
- E. Ischemic stroke with localization in a cerebellum.

216. At the patient of complaint about becoming thin and pain of aching character of upper extremities, weakness in them, primary in distal departments. Objectively: scoliosis, in upper extremities are focal peripheral pareses, primary in a right hand is «monkey paw». Tracks from burns on a forearm, brush, in lower extremities, spastic paraparesis, violation of sensitiveness on an explorer type. MRT: increase of volume of spinal cord in a diameter (expansion of spinal-cerebral channel).

Put a preliminary diagnosis.

- A. Spinal brain tumour.
- B. Multiple sclerosis.
- C. Amyotrophic lateral sclerosis.
- D. \*Syringomyelia
- E. Stroke.

217. At a patient, 57 years, complaints about a weakness in lower extremities. Objectively: in lower extremities tendon reflexes are, atrophy of muscles and fibrillation twitch, pathological from the lower extremities reflexes are positive. Violations of sensitiveness and function of pelvic organs are not present. X-ray lumbar department of spine: osteochondrosis.

Put a preliminary diagnosis.

- A. Syringomyelia
- B. \*Amyotrophic lateral sclerosis.
- C. Spinal brain tumour.
- D. Acute disseminated encephalomyelitis



E. Radiculopathy.

218. Patient has marks aching pains in a right forearm and brushes, increasing at the physical loading. Objectively: muscular hypotrophy of brush on the right, weakness of flexor (especially I and II fingers).

What is diagnosis?

- A. Vertebrogenous radicular syndrome of C<sub>5</sub>-C<sub>6</sub> on the left.
- B. Median nerve neuropathy.
- C. \*Radial nerve neuropathy.
- D. Ulnar nerve neuropathy.
- E. Syndrome of carpal channel.

219. Patient has great pains appeared in feet, both on the right or on the left more frequent at nights. Instability at walking, increasing at bad illumination, joined then. Objectively: languid reaction of pupils on light, on convergence preserve. Violation of deep sensitiveness: joint sense. Ophthalmoscopy: disks of visual nerves of color grayish. Reaction of Wassermann's positive.

What hypothetical diagnosis?

- A. Myelitis.
- B. Acute encephalomyelitis.
- C. \*Dorsal tabs.
- D. Brain tumors.
- E. Syringomyelia.

220. The man during the physical loading suddenly had a deep loss of consciousness and tetraplegia, hyperthermia, breathing disorders, horneotonia.

What is diagnosis?

- A. Intraventricular hemorrhage.
- B. \*Brain stem hemorrhage.
- C. Ischemic stroke cardioembolic (localization both middle cerebral arteries).

D. Subarachnoid hemorrhage.

E. Meningitis.

221. Patient has weakness in extremities. The first symptoms of illness appeared 5 years back, weakness of feet and hands and last months of muscle of face and trunk. Objectively: lips of “Tapir”, transversal smile. Pterygoid scapula

What is diagnosis?

A. \*Facioscapulohumeral muscular dystrophy Landouzy-Dejerine.

B. Duchenne muscular dystrophy.

C. Erb-Rott’s dystrophy.

D. Myasthenia gravis.

E. Spinal muscular atrophy.

222. Patient has hypertension disease: suddenly in the street lost consciousness, fallen down, there were tonic cramps in extremities, vomiting. Objectively: coma, face of red; BP 230/120 mm Hg., eyeballs are set down, at different horizontal level. Periodically there is changing of nystagmus slow floating motions of eyeballs. Tendon reflexes are increased. A muscular tone is low. Menigeal symptoms are positive. Bilateral symptoms of Babinski’s signs are positive.

What is diagnosis?

A. \*Hemorrhage stroke.

B. Brain tumor.

C. Subarachnoid hemorrhage.

D. Ischemic stroke.

E. Meningitis.

223. Patient has acute pain in the lumbar department of spine, which increased at motion, cough, irradiating in buttocks. A patient could not be unbended, move. Objectively: tension of muscles of the back in lumbar area. Reflex and sensible violations are not present.

What is diagnosis?

- A. Spinal tumor.
- B. Lumbalgia.
- C. \*Lumbago.
- D. Lumboischalgia.
- E. Syndrome pelvic bottom.

224. A woman, 35 years, grumbles about head pain, chill shaking, tachycardia, poliuria. Objectively: skin is pail. BP 160/100 mm Hg. Focal neurological signs is not present, except for hyperesthesia of distal departments of extremities. In anamnesis: carried a heavy flu.

What is diagnosis?

- A. Migraine.
- B. Neurostenia.
- C. \*Sympathy-adrenal attacks.
- D. Disease Rynaud's.
- E. Encephalitis.

225. Patient falls behind from coevals in intellectual development, from early child's age. A pseudohypertrophy comes to light at an inspection (they are close-settled, megascopic in a volume). Examination: pseudohypertrophy muscles of the extremities cardiomyopathy. Exam blood: creatine phosphokinase in six (6) one.

What hypothetical diagnosis?

- A. \*Pseudohypertrophy Duschenne's.
- B. Myotonia Thompson's.
- C. Amyotrophy Landousy-Dejerine's.
- D. Amyotrophy Welander's.
- E. Myasthenia gravis.

226. For Patient has headache, spreading from a neck on the back of head and temple to the forehead, defeat of vision, dizziness, nausea and noise, tinnitus. Objectively: BP 140/90 mm Hg, defeat cranial nerves are not present. Tenderness of muscles and skin in cervical are palpation.

What is diagnosis?

- A. Migraine.
- B. Stroke.
- C. \*Cervical migraine.
- D. Leptomeningitis.
- E. Neurasthenia.

227. A patient has complaints about pain in lumbar area, irradiating in the left leg, increasing at motion, feeling of numbness in a leg. Objectively: palpation of muscles of thigh and shin of pain, positive symptoms of strain on left, cramps in a sural muscle. Violations of sensitiveness are not present. Knee and Achilles reflexes present.

What is diagnosis?

- A. Radiculopathy of L5-S1 on the left.
- B. Endarteritis vessels of lower extremities.
- C. Hip disease.
- D. \*Lumbar ischalgia on the left.
- E. Spinal stroke.

228. At patient, 30 years, has boss of vision: low acies. A year ago treated oneself for oculists concerning retrobulbar neuritis. Objectively: vestibular syndrome, weakness in lower extremities. MPI: 3 focuses (2 located paraventricularly, 1 sybtentorially)

What is diagnosis?

- A. \*Multiple sclerosis.
- B. Acute multiple encephalomyelitis.
- C. Encephalitis.
- D. Myelities.

E. Optikomyelitis.

229. The patient, 45 years, is delivered in an induction centre. Acute A.R.I. carried a week ago. Objectively: consciousness disorders, periodic motive anxiety, temperature increases to 39-40°C. Horizontal nystagmus, disorders III and IV pair cr.nerves, abdominal reflexes absent. Meningeal signs positive. During examination there is a convulsive attack. SCF – pleocytosis (lymphocytic).

What is diagnosis?

- A. \*Acute encephalomyelitis.
- B. Virus encephalitis.
- C. Multiple sclerosis.
- D. Leptomeningitis.
- E. Panencephalitis.

230. Patient has acute pains on intercostal intervals in the right half of thorax, strengthening at motion, cough, and sneeze. Objectively: tenderness in IX-X intercostal interval and parasternal points at palpation on the right. The syndrome of «tag of rib» is determined on the right, hypoesthesia in this area of body.

What is diagnosis?

- A. Tumor disease spinal cord.
- B. Disease Bekhterev's.
- C. \*Neuropatia intercostal nerves.
- D. Herpes zoster.
- E. Toracolgia.

231. Patient, 18 years, on a beach fallen down, lost consciousness, a convulsive attack developed. In neurological status: sopor, outside cross-eye, paresis's it is not exposed. Tendon reflexes of S=D. Meningeal signs positive.

What is diagnosis?

- A. \*Subarachnoid basal hemorrhage.

- B. Ischemic barrel stroke in brain stem.
- P. Syncope.
- D. Tumor of brain.
- E. Epilepsy.

232. Patient during 3 days there has a febricula, cold, cough, temperature increases to 38°C, pain in area of right outward acoustic duct. During a month found out asymmetry of face on the left, unsteadiness at walking, tinnitus. Objectively: a sensitiveness on the skin of face is lost on the right. Ataxia at walking, peripheral paresis of mimic musculature.

What is diagnosis?

- A. \*Leptomeningitis pontocerebellum angle.
- B. Meningitis.
- C. Stroke in brain stem.
- D. Neuropathy facial nerve.
- E. Poliomyelitis.

233. The patient has attacks of general weakness, difficulty of breathing, hyperhidrosis, nausea, appeared after carried trauma, lower BP, bradycardia, frequent urination.

What most credible diagnosis?

- A. \*Vagoinsular attacks.
- B. Cholinergic crisis.
- C. Neuro-endocrine attacks.
- D. Sympathy-adrenal attacks.
- E. Myasthenic crisis.

234. A patient grumbles about a weakness and limitation of motions in a left arm. It is ill about one month, when after the forced motion a head sharp pains appeared in a neck with an irradiation in a left arm. In neurological status: hypotrophy of m. triceps brachia deltoideus. Low biceps brachia and coracobrachialis reflex on the left, hypalgesia on the

surface of shoulder. In the distal departments of hand force is stored. Motions are sharply limited in proximal departments (can not take a hand and heave up it upwards), passive motions in a humeral joint in full. On X-ray: cervicalosteocondrosis of neck department, hernia of disks of C5, S6.

What is diagnosis?

- A. Plexitis of Duchenne-Erb.
- B. Radiculopathy C5 of left.
- C. Shoulder scapula of left.
- D. \*Cervical myelopathy with paresis arm of left.
- E. Syringomyelia.

235. Woman has complaints about a weakness, numbness, pricking in the distal departments of hands and feet trophic ulcers. In neurological status: weakness at a coercion and bending of fingers of both hands. A hypesthesia is in the distal departments of feet and hands, decline of vibration and joint sensation in lower extremities knee and ankle reflexes are lost. There is an increase of level of sugar in blood.

What is diagnosis?

- A. Multiple sclerosis.
- B. Alcoholic polyneuropatny.
- C. Syringomyelia.
- D. Hydrargyrum polyneuropatny.
- E. \*Diabetic polyneuropatny.

236. A patient after a feverish disease with pharyngalgias had a dysphagia, dysarthria, weakness and violation of motions in brushes and feet, hyporeflexia, violation of sensitiveness in extremities on the type of «socks» and «gloves».

What is diagnosis?

- A. Encephalitis of brain steam.

- B. \*Diphtheric polyneuropatny.
- C. Brain stem hemorrhage.
- D. Syringomyelia.
- E. Amyotrophic lateral sclerosis, bulbar form.

237. A patient grumbles about sharp, pains in the left leg, spreading on a talocrural joint and foot. Objectively: at palpation a sharp pain is behind the head of perone; pain increases at the simultaneous unbending and supination of foot. A hypesthesia in outside of shin, rear and outward edge of foot. On EMG is a decline of speed of low of impulse on a fibular nerve.

What has diagnosis?

- A. Lumbar ischalgia on the left.
- B. Radicopathy (L5-S1) on the left.
- C. \*Neuropathy of fibular nerve.
- D. Lumbalgia.
- E. Neuropathy of peroneal nerve.

238. Woman has facial asymmetry on right violation of taste on front 2/3 tongue. Objectively: lagophtalm, facial mimic muscles paralysis.

What is diagnosis?

- A. \*Nerve facial neuropathy (Bell's palsy) on right.
- B. Trigeminal neuralgia.
- C. Ischemic stroke.
- D. Leptomeningitis of ponto-cerebellum angle.
- E. Brain tumor.

239. Patient has infection disease, after this disease was develop parasthesia in feet, flaccid tetraparesis in proximal parts of extremitas, respiratory disorders, signs Lasseg's, Neri signs positive, function of pelvic organs was not lesion, tachycardia, CSF: protein-cell dissociation.



What is diagnosis?

- A. Amyotrophic lateral sclerosis.
- B. \*Guillain-Barre polyneuropathy
- C. Charcot-Marie neural amyotrophy.
- D. Poliomyelitis.
- E. Myasthenia.

240. Young woman has general weakness of body muscles, diplopia that increases in the evening, morning – weakness absent. Objectively: ophthalmoplegia, dysphonia, dysphagia. After proserine test weakness is absent.

What is diagnosis?

- A. \*Myasthenia.
- B. Encephalitis.
- C. Stroke.
- D. Multiple sclerosis.
- E. Neurasthenia.

241. Patient, age 12, has nystagmus, muscle hypotonia and areflexia, sensitive – cerebellar ataxia, slow speech, mental disorder, cardiomyopathy.

What is diagnosis?

- A. Neurosyphilis.
- B. Multiple sclerosis.
- C. \*Spinal Friedreich's ataxia.
- D. Cerebellar ataxia of Pier-Marie.
- E. Tumor cerebellum.

242. Patient has acute headache increase at nights, temperature increase 38°C, nausea, vomiting. Objectively: a meningeal syndrome is positive, Argyll-Robertson's syndrome. Rash of skin – roseola (abdomen and chest), CSF: protein increased, lymphocyte pleocytosis, positive Wasserman reaction.

What is diagnosis?

- A. Encephalitis.
- B. Multiple sclerosis.
- C. Tubercular meningitis.
- D. Brain tumor.
- E. \*Neurosyphilis.

243. A patient grumbles about a headache in the left temporal area, vomiting. Sick from 13 years. Attacks stereotype 2-3 times per a month. Some time prior to an attack weight is marked in a head, decline of mood, before the eyes of spark, star. In neurological status: white dermographism is determined. Focal signs is not present.

What is diagnosis?

- A. \*Migraine with an aura.
- B. Tregeminal nevralgia.
- C. Temporal arteritis.
- D. Cluster headache.
- E. Subarachnoid hemorrhage.

244. A girl has complaints about head pain, dizziness and transitory weakness of feet. Became ill half-year back after the carried infection. At examination: elements of anosognosia, cerebellum ataxia, in lower extremities, neuritis of optic nerve, lower paraparesis. In anamnesis retrobulbar neuritis is on an eye day.

What is diagnosis?

- A. \*Multiple sclerosis.
- B. Acute multiple encephalomyelitis.
- C. Leptomeningitis.
- D. Tumor brain.
- E. Myelities.

245. Patient has complaints acute headache, dizziness, nausea, vomiting, increase of temperature  $39^{\circ}\text{C}$ , mialgia, weakness in both hands. In anamnesis: was in wood. Objectively: meningeal syndrome positive, parephiral paresis of muscles of neck (“handing head”) and mimic muscles. CSF: lymphocyte pleocytosis increase of protein to 0,63 gr/l, pressure to 300 mm.

What is diagnosis?

- A. \*Spring-summer encephalitis.
- B. Meningitis.
- C. Herpetic encephalitis.
- D. Epidemic encephalitis.
- E. Neurosyphilis.

246. Patient has appealed with complaints about rapid, unrhythmic, disorderly motions. Objectively: hyperkinesias with involving of muscles of person (twitches of nose and other), trunk and hands, a muscles tone is lowered. Disorders of attention, memory, mood.

What is diagnosis?

- A. Hepatocerebral dystrophy.
- B. Encephalitis.
- C. Neurosyphilis.
- D. Parkinson’s disease.
- E. \*Huntington’s disease.

247. Sick has complaints about a chill, increase of temperature to  $38^{\circ}\text{C}$ , acute headache, smarts in feet. At examination: consciousness is defeat, put on the brakes, meningeal syndrome positive. CSF: neutrophil cytosis 2540, protein 1,66 gr/l. A diagnosis is: purulent meningitis.

Appoint treatment:

- A. \*Antibiotic by ampicillinum, correction of water-electrolytes balance, dopaminum, heparinum, diuretics.

- B. Urotropinum, rivanoli, interferonum.
- C. Sulphamilamide, acelisinum, vitamins, diuretics.
- D. Isoniazid, rifampicinum, pirazinaamide, vitamins.
- E. Symptomatic therapy.

248. The patient has weakness in hands and feet disorders of coordination, pelvic disorders. Illness had begun ten year ago. Objectively: horizontal nystagmus, optic neuritis, spastic paraparesis in lower extremitas, abdominal reflex absent, sign Babinski's reflex positive. MPI: 3 focus (2 – located paraventricular, 2 – subtemtorialy)

What is diagnosis?

- A. \*Multiple sclerosis.
- B. Acute multiple encephalomyelitis.
- C. Neurosyphilis.
- D. Myelities.
- E. Stroke.

249. Patient has complaint at pain of neck in the morning, during a month. Objectively: symptoms of muscles straining positive.

What is diagnosis?

- A. Cervical brachialgia.
- B. Cervical cranialgia.
- C. \*Cervicalgia.
- D. Compressive vascular syndrome.
- E. Migraine.

250. Patient has dizziness, diplopia and ataxia. Objectively: horizontal nystagmus, test Romberg's positive, coordination test: disorders right, meningeal signs absent. Focal signs regressived for 2 hour.

What is diagnosis?

- A. \*Transitor ischemic attacks.

- B. Ischemic stroke.
- C. Tumor brain.
- D. Hemorrhage stroke.
- E. Subarachnoid hemorrhage.

251. Patient has consciousness disorder (during a cough). Objectively: BP 200/100 mm Hg, Ps 78, temperature 37,2<sup>0</sup>C. Motor disorders absent, meningeal signs positive.

What is diagnosis?

- A. \*Subarachnoid hemorrhage.
- B. Ventricular hemorrhage.
- C. Tumor brain.
- D. Ischemic stroke.
- E. Epilepsy.

252. Patient (young women) has complains pain in fingers of upper and lower extremitas, examination fingers of hand and foot pale, cold the feel, pulsation of vessels positive.

What is diagnosis?

- A. Polyneuropathy.
- B. Shoulder – hand syndrome.
- C. Eritromelalgia.
- D. \*Disease Reynaud's.
- E. Neuropathy median nerve.

253. Patient has weakness in feet. Illness had begun in 16 year ago. A father, grandfather on a paternal line, had in feet a weakness. Objectively: atrophy of distal departments of extremities and femus («foot bird») light decline of force, in feet and hand. Fasciphylation of twitch in the muscles of shin and forearm.

What is diagnosis?

- A. Friedreich's ataxia.

- B. Multiple sclerosis.
- C. \*Neural amyotrophy Charcot-Marie-Tooth
- D. Polyneuropathy.
- E. Neurosyphilis.

254. The girl of 5 years has complains on a general weakness, diarrhea, increase temperature. Objectively: cranial nerves without pathology. Peripheral paresis of right foot, muscles tone low, signs Kerniga is positive. CSF – transparent protein 0,45 gr/l, sugar 60 mg. in a month motions began to the restored. The peripheral paresis of foot at walking.

What is diagnosis?

- A. \*Poliomyelitis.
- B. Acute encephalitis.
- C. Meningitis purulent.
- D. Encephalitis.
- E. Serous meningitis

255. Patient has general weakness, fatigability, fever loss weight. A CSF and blood examination of antibody, HIV.

Objectively: meningeal signs positive. A suffers narcotic dependence.

What is diagnosis?

- A. Purulent meningitis.
- B. Herpetic encephalitis.
- C. \*AIDS.
- D. Subarachnoid hemorrhage.
- E. Multiple sclerosis.

256. Patient has weakness in foot, pain in spinal, disorders of pelvic organs, illness acute after fly: temperature increased, fever, parasthesia in foot. Examination: lesion of

sensory on conductive type tendon reflex of lower extremities absent, peripheral paraparesis blisoder trophic function.

What is diagnosis?

- A. \*Acute myelitis
- B. Poliomyelitis.
- C. Polyneuropathy Guillain-Barre.
- D. Multiple sclerosis.
- E. Tumor spinal brain.

257. Patient has complains on slowness of motion, difficulty initiating movement, tumor head and extremities. Objectively: tremor of fingers on type “pill-rolling”, lips chin, tongue, rigidity, hypotonia, micrographia, syndrome Noyka positive.

What is diagnosis?

- A. \*Parkinson’s disease.
- B. Epileptic encephalitis.
- C. Huntington’s disease.
- D. Olivo-ponto-cerebbelar degeneration.
- E. Hereditary trembling.

258. Patient has marks aching pains in a right forearm and brushes, increasing at the physical loading. Objectively: muscular hypotrophy of brush on the right, weakness of flexor (especially I and II fingers).

What is diagnosis?

- A. Vertebrogenous radicular syndrome of C<sub>5</sub>-C<sub>6</sub> on the left.
- B. Median nerve neuropathy.
- C. \*Radial nerve neuropathy.
- D. Ulnar nerve neuropathy.
- E. Syndrome of carpal channel.

259. Patient has great pains appeared in feet, both on the right or on the left more frequent at nights. Instability at walking, increasing at bad illumination, joined then. Objectively: languid reaction of pupils on light, on convergence preserve. Violation of deep sensitiveness: joint sense. Ophthalmoscopy: disks of visual nerves of color grayish. Reaction of Wassermann's positive.

What hypothetical diagnosis?

- A. Myelitis.
- B. Acute encephalomyelitis.
- C. \*Dorsal tabs.
- D. Brain tumors.
- E. Syringomyelia.

260. The man during the physical loading suddenly had a deep loss of consciousness and tetraplegia, hyperthermia, breathing disorders, CSF - blood.

What is diagnosis?

- A. Intraventricular hemorrhage.
- B. \*Brain stem hemorrhage.
- C. Ischemic stroke cardioembolic (localization both middle cerebral arteries).
- D. Subarachnoid hemorrhage.
- E. Meningitis.

261. Patient has weakness in extremities. The first symptoms of illness appeared 5 years back, weakness of feet and hands and last months of muscle of face and trunk. Objectively: lips of "Tapir", transversal smile. Pterygoid scapula

What is diagnosis?

- A. \*Faciopulohumeral muscular dystrophy Landouzy-Dejerine.
- B. Duchenne muscular dystrophy.
- C. Erb-Rott's dystrophy.
- D. Myasthenia gravis.
- E. Spinal muscular atrophy.



262. Patient has hypertension disease: suddenly in the street lost consciousness, fallen down, there were tonic cramps in extremities, vomiting. Objectively: coma, face of red; BP 230/120 mm Hg., eyeballs are set down, at different horizontal level. Periodically there is changing of nystagmus slow floating motions of eyeballs. Tendon reflexes are increased. A muscular tone is low. Menigeal symptoms are positive. Bilateral symptoms of Babinski's signs are positive.

What is diagnosis?

- A. \*Hemorrhage stroke.
- B. Brain tumor.
- C. Subarachnoid hemorrhage.
- D. Ischemic stroke.
- E. Meningitis.

263. A patient headache in the right half of head, irradiating in an eye, increasing from loud sounds, light. Attacks are disturbed during four years. Before attacks marks sense of fatigue and enhanceable sensitiveness to the smells. At examination: focal neurological signs is absent.

What is diagnosis?

- A. \*Migraine, classic form.
- B. TIA.
- C. Intracerebral hematoma.
- D. Headache of tension.
- E. Cervical migraine.

264. Patient has acute pain in the lumbar department of spine, which increased at motion, cough, irradiating in buttocks. A patient could not be unbended, move. Objectively: tension of muscles of the back in lumbar area. Reflex and sensible violations are not present.

What is diagnosis?

- A. Spinal tumor.
- B. Lumbalgia.
- C. Lumbago.
- D. \*Lumboischalgia.
- E. Syndrome pelvic bottom.

265. For Patient has headache, spreading from a neck on the back of head and temple to the forehead, defeat of vision, dizziness, nausea and noise, tinnitus. Objectively: BP 140/90 mm Hg, defeat cranial nerves are not present. Tenderness of muscles and skin in cervical are palpation.

What is diagnosis?

- A. Migraine.
- B. Stroke.
- C. \*Cervical migraine.
- D. Leptomeningitis.
- E. Neurasthenia.

266. At patient, 30 years, has boss of vision: low acies. A year ago treated oneself for oculists concerning retrobulbar neuritis. Objectively: vestibular syndrome, weakness in lower extremities. MPI: 3 focuses (2 located paraventricularly, 1 sybtentorialy)

What is diagnosis?

- A. \*Multiple sclerosis.
- B. Acute multiple encephalomyelitis.
- C. Encephalitis.
- D. Myelities.
- E. Optikomyelitis.

267. Patient during 3 days there has a febricula, cold, cough, temperature increases to 380C, pain in area of right outward acoustic duct. During a month found out asymmetry of face on the left, unsteadiness at walking, tinnitus. Objectively: a sensitiveness on the

skin of face is lost on the right. Ataxia at walking, peripheral paresis of mimic musculature.

What is diagnosis?

- A. \*Leptomeningitis pontocerebellum angle.
- B. Meningitis.
- C. Stroke in brain stem.
- D. Neuropathy facial nerve.
- E. Poliomyelitis.

268. At patient grumbles about headache, nausea, vomiting. Did become ill a week ago, when a temperature rose to  $37,8^{\circ}\text{C}$ . Objectively: lowered feed. Temperature of body  $37,5^{\circ}\text{C}$ , horizontal nystagmus, diplopia at a look to the right, peripheral paresis mimic muscles of left, hyperesthesia, and tendon reflexes on the left higher, the symptom of Babinski's is positive on the left, positive meningeal signs. In SCF: pressure 300, cytosis 600 (lymphocyte 80%). Tape fallen out.

What is diagnosis?

- A. Subarachnoid hemorrhage.
- B. Purulent meningitis.
- C. Intracerebral hematoma.
- D. \*Tuberculous meningitis.
- E. Encephalomyeloradiculosis.

269. Woman has complaints about a weakness, numbness, pricking in the distal departments of hands and feet trophic ulcers. In neurological status: weakness at a coercion and bending of fingers of both hands. A hypesthesia is in the distal departments of feet and hands, decline of vibration and joint sensation in lower extremities knee and ankle reflexes are lost. There is an increase of level of sugar in blood.

What is diagnosis?

- A. Multiple sclerosis.

- B. Alcoholic polyneuropatny.
- C. Syringomyelia.
- D. Hydrargyrum polyneuropatny.
- E. \*Diabetic polyneuropatny.

270. A patient grumbles about sharp, pains in the left leg, spreading on a talocrural joint and foot. Objectively: at palpation a sharp pain is behind the head of perone; pain increases at the simultaneous unbending and supination of foot. A hypesthesia in outside of shin, rear and outward edge of foot. On EMG is a decline of speed of low of impulse on a fibular nerve.

What has diagnosis?

- A. Lumbar ischalgia on the left.
- B. Radicopathy (L5-S1) on the left.
- C. \*Neuropathy of fibular nerve.
- D. Lumbalgia.
- E. Neuropathy of peroneal nerve.

271. At patient has pain of arm right limited mobility. Objectively: lesion of active motions, deep reflexes absent of right arm, hypotrophy, hypoalgesia.

What is diagnosis?

- A. \*Traumatic plexitis on right.
- B. Neuritis plexitis radial nerve on right.
- C. Plexitis Erb-Duchenne's (C5 – C6).
- D. Neuritis middle nerve on right.
- E. Plexitis Dejerine-Klymke (C8 – C2)

272. Patient has infection disease, after this disease was develop parasthesia in feet, flaccid tetraparesis in proximal parts of extremitas, respiratory disorders, signs Lasseg's, Neri signs positive, function of pelvic organs was not lesion, tachycardia, CSF: protein-cell dissociation.

What is diagnosis?

- A. Amyotrophic lateral sclerosis.
- B. \*Guillain-Barre polyneuropathy
- C. Charcot-Marie neural amyotrophy.
- D. Poliomyelitis.
- E. Myasthenia.

273. Young woman has general weakness of body muscles, diplopia that increases in the evening, morning – weakness absent. Objectively: ophthalmoplegia, dysphonia, dysphagia. After proserine test weakness is absent.

What is diagnosis?

- A. \*Myasthenia.
- B. Encephalitis.
- C. Stroke.
- D. Multiple sclerosis.
- E. Neurasthenia.

274. Patient has acute headache increase at nights, temperature increase  $38^{\circ}\text{C}$ , nausea, vomiting. Objectively: a meningeal syndrome is positive, Argyll-Robertson's syndrome. Rash of skin – roseola (abdomen and chest), CSF: protein increased, lymphocyte pleocytosis, positive Wasserman reaction.

What is diagnosis?

- A. Encephalitis.
- B. Multiple sclerosis.
- C. Tubercular meningitis.
- D. Brain tumor.
- E. \*Neurosyphilis.

275. A patient grumbles about a headache in the left temporal area, vomiting. Sick from 13 years. Attacks stereotype 2-3 times per a month. Some time prior to an attack

weight is marked in a head, decline of mood, before the eyes of spark, star. In neurological status: white dermographism is determined. Focal signs is not present.

What is diagnosis?

- A. \*Migraine with an aura.
- B. Tregeminal nevralgia.
- C. Temporal arteritis.
- D. Cluster headache.
- E. Subarachnoid hemorrhage.

276. Patient has complaints acute headache, dizziness, nausea, vomiting, increase of temperature  $39^{\circ}\text{C}$ , mialgia, weakness in both hands. In anamnesis: was in wood. Objectively: meningeal syndrome positive, parephiral paresis of muscles of neck (“handing head”) and mimic muscles. CSF: lymphocyte pleocytosis increase of protein to 0,63 gr/l, pressure to 300 mm.

What is diagnosis?

- A. \*Spring-summer encephalitis.
- B. Meningitis.
- C. Herpetic encephalitis.
- D. Epidemic encephalitis.
- E. Neurosyphilis.

277. Sick has complaints about a chill, increase of temperature to  $38^{\circ}\text{C}$ , acute headache, smarts in feet. At examination: consciousness is defeat, put on the brakes, meningeal syndrome positive. CSF: neutrophil cytosis 2540, protein 1,66 gr/l. A diagnosis is: purulent meningitis.

Appoint treatment:

- A. \*Antibiotic by ampicillinum, correction of water-electrolytes balance, dopaminum, heparinum, diuretics.
- B. Urotropinum, rivanoli, interferonum.
- C. Sulphamilamide, acelisinum, vitamins, diuretics.

D. Isoniazid, rifampicinum, pirazinaamide, vitamins.

E. Symptomatic therapy.

278. Patient has consciousness disorder (during a cough). Objectively: BP 200/100 mm Hg, Ps 78, temperature 37,2<sup>0</sup>C. Motor disorders absent, meningeal signs positive.

What is diagnosis?

\*A. Subarachnoid hemorrhage.

B. Ventricular hemorrhage.

C. Tumor brain.

D. Ischemic stroke.

E. Epilepsy.

279. The girl of 5 years has complains on a general weakness, diarrhea, increase temperature. Objectively: cranial nerves without pathology. Peripheral paresis of right foot, muscles tone low, signs Kerniga is positive. CSF – transparent protein 0,45 gr/l, sugar 60 mg. in a month motions began to the restored. The peripheral paresis of foot at walking.

What is diagnosis?

A. \*Poliomyelitis.

B. Acute encephalitis.

C. Meningitis purulent.

D. Encephalitis.

E. Serous meningitis

280. Patient has weakness in foot, pain in spinal, disorders of pelvic organs, illness acute after fly: temperature increased, fever, parasthesia in foot. Examination lesion of sensory on conductive type tendon reflex of lower extremities absent, peripheral paraparesis blisoder trophic function.

What is diagnosis?

A. \*Acute myelities

- B. Poliomyelitis.
- C. Polyneuropathy Guillain-Barre.
- D. Multiple sclerosis.
- E. Tumor spinal brain.

281. For a man, 53 years, headache, spreading from a neck on the back of head and temple to the forehead, worsening of sight, appeared after sleep, dizziness which is accompanied by nausea and noise in cluster headache joined after. Objectively: cranial nerves without pathology, at palpation of muscle and skin in neck-cervical area of pain.

What a preliminary diagnosis?

- A. Migraine.
- B. Cluster headache.
- C. \*Neck migraine.
- D. Leptomeningitis.
- E. Cervical brachialgia.

282. For a patient, in a night-time, during sleep, headache appeared in the left frontal-temporal-facial area, attended with hyperemia of face, dacryagogue, rhinorrhea, lasting during 40-60 minutes, stereotype with a tendency to becoming more frequent. The day before accepted an alcohol.

What a preliminary diagnosis?

- A. Migraine.
- B. Tension headache.
- C. \*Cluster headache.
- D. Tumour of brain.
- E. Trigeminal neuralgia.

283. At patient, 50 years, grumbles about head ache of diffuse character, nausea, increases of temperature. Last 2 dates mark violation of sight – diplopia; violations of sleep. Anamnesis: tree weeks ago carried acute respiratory virus. In neurological status:



ptosis, going away cross-eye, paresis of convergence, horizontal nystagmus. Coordination tests with ataxia on the right. Complete blood count (CBC): leukocytosis, increased SK 30, CSF – temperate lymphocyte pleocytosis.

What most credible diagnosis?

- A. Vernal tick-borne encephalitis.
- B. \*Epidemic encephalitis.
- C. Tuberculous meningitis.
- D. Ischemic stroke.
- E. Brain abscess.

284. At teenager, 15 years, grumbles about a general weakness, head pain, nausea, pain in muscles. During 3-th days there is the temperature 40<sup>0</sup>C. From anamnesis: 2 weeks ago came back from a walking tour. Objectively: syndrome «hanging down head», dysphonia, dysphagia, a meningeal syndrome is positive. Sent a blood to virology research.

What most credible diagnosis?

- A. Epidemic encephalitis.
- B. Purulent meningitis.
- C. Acute myelities.
- D. Poliomyelitis.
- E. \*Tick-borne encephalitis.

285. At patient produces complaints about head pain, general weakness, pain in muscles, increase of temperature to 40<sup>0</sup>C. A patient works as a shepherd. Objectively: peripheral paresises of muscles of neck, procsimal departments of overhead extremities, elements of dysarthria, dysphonia, pharyngeal abs. A blood is directed on virology research.

What most credible diagnosis?

- A. Lethargic encephalitis.
- B. \*Vernal tick-borne encephalitis.

- C. Serous meningitis.
- D. Stroke.
- E. Tumor brain.

286. At patient is delivered in a clinic with psychomotor agitation. According to relatives a general weakness, mild pyrexia, anorexia, fatigueability, loss of weight, is ill during 6 months. Objectively: ptosis, going away cross-eye, diplopia, nystagmus, paresis of facial nerve. A meningeal syndrome is positive. CSF: lymphocyte pleocytosis, albumen 6 gm/l, decline of level of glucose, chlorides.

What most credible diagnosis?

- A. Enterovirus meningitis.
- B. \*Tuberculous meningitis.
- C. Encephalitis.
- D. Stroke.
- E. Leptomeningit.

287. At patient in anamnesis: **otopyosis**, head pain appeared in 2 months, primary in morning time, positive syndrome of «jump», violation of ear. Objectively: right-side peripheral paresis of mimic muscles of person, noise in an ear, decline of ear, nystagmus, converging cross-eye, executes coordination tests inexactly. CSF: fluid pressure 300 mm water, albumen to 2 gm/l.

What most credible diagnosis?

- A. Epidemic encephalitis.
- B. Aseptic meningitis.
- C. Strok in a brainstem.
- D. Leptomeningitis convecxital.
- E. \*Basal leptomeningitis.

288. At patient 2 months backwards carried epidemic encephalitis, produces complaints about shaking of extremities, change of gait. Objectively: speech is quiet, monotonous,

amimia, tremor of overhead extremities on the type of «account of chinks», reverse Argyll Robertson syndrome, the Noika-Ganeva syndrome is positive.

What most credible diagnosis?

- A. \*Epidemic encephalitis, chronic form of disease.
- B. Leptomeningitis convecxital.
- C. Encephalopathy.
- D. Ischemic stroke.
- E. Tumor of brain.

289. At patient produces complaints on pain in area of the back, panthodic in the neck region of spine, parastesia. A weakness in extremities joined in 2 days. Objectively: lower spastic paraparesis, the Babinski syndrome positive, violation of all types of sensitiveness is below than level of defeat, incontinence of urine and excrement, bedsores on thighs.

What most credible diagnosis?

- A. \*Acute myelities.
- B. Myeloischemia
- C. Spinal stroke.
- D. Poliomyelitis.
- E. Tumour of spinal cord.

290. At patient produces complaints about head pain, dizziness, sickliness of eyeballs. Objectively: a meningeal syndrome is poorly expressed. CSF: flows out under the promoted pressure, colourless, transparent, lymphocyte pleocytosis, (50 cells in 1  $\text{mm}^3$ ), albumen 0,6 millimole/l. The Wassermann test is positive.

What most credible diagnosis?

- A. Neurosyphilis: acute generalized meningitis.
- B. \*Neurosyphilis: symptomless meningitis.
- C. Tuberculous meningitis.
- D. Stroke.

E. Leptomeningit.

291. At patient entered a clinic with complaints on pain in muscles, rash on a skin. Objectively: conjunctivitis, pale nasolabial triangle on a background a high temperature to 40<sup>0</sup>C and hyperemia of skin of person. SMZH: lymphocyte pleocytosis.

What most credible diagnosis?

- A. Purulent meningitis.
- B. \*Enterovirus meningitis.
- C. Encephalitis
- D. Syphilitic meningitis.
- E. Leptomeningit.

292. At patient, 25 years, is delivered in a clinic by relatives with complaints about intensive head pain of holding apart character, noise in ears, dizziness, insomnia. According to relatives a patient is irritable. In anamnesis: narcological dependence. Objectively: a meningeal syndrome is positive. CSF: lymphocyte pleocytosis. A test on HIV transmission.is taken

What most credible diagnosis?

- A. \*HIV associated meningitis.
- B. Tuberculous meningitis
- C. Ischemic stroke .
- D. Leptomeningit.
- E. Tumor of brain.

293. At patient, 25 years, is delivered in the induction centre by the **ambulance car**. The disease began 2 weeks ago from indisposition, fatigueability, periodic fever, loss of weight. CSF and sent a blood to determination of antibodies and HIV. Objectively: rigidity of muscles of the back of head. Suffers by narcotic dependence.

What most credible diagnosis?

- A. Subarachnoid hemorrhage.

- B. \*AIDS
- C. Purulent meningitis.
- D. Herpetic encephalitis.
- E. Multiple sclerosis

294. At patient produces complaints about a general weakness, rapid fatigueability, decline of appetite, hyperhidrosis, mild pyrexia. A patient works in a TB dispensary. The higher indicated complaints are disturbed during 2-th weeks. Objectively: irritable, going away cross-eye, ptosis is horizontal nystagmus, paresis of mimic muscles of person, a meningeal syndrome is positive. CSF: lymphocyte pleocytosis, decline of chlorides and amounts of glucose. Through days in a test tube fibrin film appeared with cerebrospinal fluid.

What most credible diagnosis?

- A. Enterovirus meningitis.
- B. Purulent meningitis.
- C. Measles encephalitis.
- D. \*Tuberculous meningitis.
- E. Syphilitic meningitis.

295. At patient diagnosed: Tubercular meningitis.

Appoint optimum treatment.

- A. Manitoli, ceftriaksoni, cytophlavine.
- B. Piracetami, neuromidini, trental.
- C. \*Isoniazid, rifampicisnum, pyrasinamid, vitamins of group B.
- D. Imigran, detralex.
- E. Heparinum, cerakson, actovegini.

296. At child, 10 years, grumbles about a weakness in right extremities. Two weeks ago carried an enterovirus infection. Objectively: CHN without features, right-side

peripheral paresis of lower extremities, violations of sensitiveness are not present. CSF: cellular-albuminous dissociation.

What most credible diagnosis?

- A. Myelitis.
- B. \*Poliomyelitis.
- C. Encephalomyelitis
- D. Tumour of spinal cord.
- E. Serous meningitis.

297. At patient is disturbed by headache, nausea, vomiting and photophobia. It is ill during 6 days, on the 7-th day of hyperthermia to 39<sup>0</sup>C. Hospitalized. During examination: a patient is excited, on lower extremities hemorrhagic rash. Rigidity of muscles of the back of head +6 see of. CSF: turbid, flows out under high pressure, neutrophilic pleocytosis. Complete blood count: 40 mm/hour, change of leukocytic formula to the left.

What most credible diagnosis?

- A. \*Purulent meningitis.
- B. Tubercular meningitis.
- C. Leptomeningitis.
- D. Syphilitic meningitis.
- E. Subarachnoid hemorrhage.

298. At patient is delivered by a machine to SP on receiving rest, according to relatives, a patient sleeps in the day-time, at night insomnia. During examination a patient fell asleep, temperature of the body 38<sup>0</sup>C. Objectively: oculomotor violations as a going away cross-eye, paresis of convergence of look upwards. CSF: moderate lymphocyte pleocytosis.

What most credible diagnosis?

- A. Vernal tick-borne encephalitis.
- B. \*Epidemic encephalitis.
- C. Leptomeningit.
- D. Tumour of brain.
- E. Stroke.

299. At patient is ill during 3-th days, when appeared general weakness, myalgia, head pain, fervescence of temperature to 40<sup>0</sup>C. A patient works as a veterinary doctor on a farm. Objectively: syndrome of «hanging down head», a meningeal syndrome is positive. Sent a blood to virology research.

What most credible diagnosis?

- A. Stroke.
- B. \*Vernal tick-borne encephalitis.
- C. Epidemic encephalitis.
- D. Meningitis.
- E. Abscess of brain.

300. At patient produces complaints about numbness of burning, parasthesia in lower extremities. Pains increase at night. Objectively: hypesthesia on the type of «gloves» and «socks», decline of vibration sensitiveness, hyporeflexia, Achilles and knee-jerks are stored. A patient conducts the asocial way of life. An express is a test on HIV positive.

What most credible diagnosis?

- A. \*Polineuropatia associated to HIV.
- B. Neurosyphilis.
- C. Myelities.
- D. Myeloischemia.
- E. Toxic polineuropatia.

301. At a man, 45 years, great pains in feet both on the right appeared or on the left, more frequent at nights. Ataxia increasing at bad illumination joined then. Objectively: languid reaction of pupils on light, on convergence stored. A joint sensitiveness is broken. Disko visual nerves of greyish color. The Wassermann reaction, RIBT positive.

What most credible diagnosis?

- A. Myelities.
- B. Spinal stroke.
- C. \*Tabes dorsalis
- D. Encephalomyelitis.
- E. Polineuropathia.

302. What is not characteristic for festering meningitis?

- A. Neutrophilic pleocytosis
- B. \*Lower fibrination tape on the increase of lymphocytes.
- C. In blood: leucocytosis and increased SR.
- D. Hemorrhagic rash.
- E. CSF: turbid, yellow-green color.

303. For a patient the attack of migraine not can't stop during 3 days, in spite of the conducted treatment. Light intervals are periodically marked thus, when pain diminishes. Headache pain is accompanied by nausea, repetitive vomiting, that mixes to accept preparations of tablet.



What a preliminary diagnosis?

- A. Cluster headache.
- B. Migraine stroke.
- C. \*Migraine status.
- D. Type of tension headache.
- E. Subarachnoid hemorrhage.

304. A young woman grumbles about the attack of paresthesias and pain in the racemes of hands, mainly in fingers, arising up after supercooling, stress. Fingers turn pale during an attack. In a warm apartment a pain syndrome disappears. It is ill near 3 years.

What a preliminary diagnosis?

- A. Erythromelalgia.
- B. Hysterical attack.
- C. \*Disease Raynaud's.
- D. Tunnel syndrome of wrist channel.
- E. Cervical brachialgia.

305. A young woman suffers attacks hemicephalalgias, which appearance of «beauty-spot», «flashes», shroud before eyes is preceded. An attack is accompanied by nausea, periodic vomiting. Attacks to 2-3 in a month by duration more than hour.

What a preliminary diagnosis?

- A. Migraine with an aura.
- B. Migraine, neck simplex
- C. Type of tension headache.
- D. Cluster headache.
- E. Migraine neck.

306. A patient suffers a ophthalmic migraine with frequent attacks, a acute paropsis fields in the left fields; paresthesias and weakness appeared in the left extremities. Objectively: left-side hemianopsia, easy left-side hemiparesis.

What a preliminary diagnosis?

- A. Migraine with an aura.
- B. \*Migraine stroke.
- C. Multiple sclerosis.
- D. Leptomeningitis
- E. Tumour of brain.

307. For the patient of complaint about a twinge in an eye socket, root of nose, supraorbitalis area, spreading on a temporal area, irradiating in the back of head, neck and accompanied by a dacryagogue, hyperemia of face.

What a preliminary diagnosis?

- A. \*Cluster headache.
- B. Sluder's syndrome.
- C. Trigeminal neuralgia.
- D. Syndrome of ear knot.
- E. Migraine.

308. A patient entered neurological separation with a diagnosis Migraine».

Appoint treatment.

- A. \*Amitriptylini, bisaprololi.
- B. Dicynoni, ascorbic acid, contricali.
- C. Pyracetami, trentali, lasix.
- D. Movalis, cavintoni, ceraxsoni.
- E. Mildronati, proserini, solcoserili.

309. For a patient, suffering a neck osteochondrosis, twinges appeared in cervico-occipital area, spreading on a right shoulder and attended with noise in a right ear. Pain carries increasing character during a few clock, there was nausea, vomiting.

What a preliminary diagnosis?

- A. Migraine
- B. Sluder's syndrome.
- C. \*Neck migraine.
- D. Leptomeningitis
- E. Transient ischemic attack in a brainstem.

310. For a man, 40 years, head pain developed with an irradiation in the area of eyeball, periorbitalis, attended with vegetative displays on the side of pain. Frequency of attack – last 2 weeks daily, more frequent (1-2 attacks) arise up at night in one and also time.

What a preliminary diagnosis?

- A. \*Cluster headache.
- B. Migraine
- C. Sluder's syndrome.
- D. Tumour of brain.
- E. Neck migraine.

311. A patient complains on 2 strange head pains on the type of «hoop with the clamp of head» in the morning, sometimes links from a variable weather. Anamnesis is not burdened. Objectively: nidal sings is not present. KT: the focus changes of matter of cerebrum are not present.

What a preliminary diagnosis?

- A. Migraine.
- B. Cluster headache.
- C. \*Type of tension headache.
- D. Tumour of brain.

E. Neurasthenia.

312. For patient, after carried easy cranial cerebral trauma appeared attacks of head pain of pressing character, mainly in parietal-cervical area, HELL within the limits of norm. Organic neurological symptoms absent.

What a preliminary diagnosis?

- A. Tension headache.
- B. Illness of Sluder's.
- C. Migraine.
- D. \*Barre-L'eu syndrome.
- E. Berchi-Roshe syndrome.

313. For a man, 29 years, without visible reasons stereotype attacks of headache appeared with hyperemia of face, localized in frontal-temporal socket-facial area. Spazmoanalgetik is not effective.

What a preliminary diagnosis?

- A. \*Cluster headache.
- B. Tension headache.
- C. Barre-L'eu syndrome.
- D. Sharlena syndrome.
- E. Vegetalgia.

314. For a patient 40 years the attacks of cruel, unbearable pain appeared in right frontal-temporal-facial area with hyperemia of person, dacryagogue, lasting about 20-25 minutes, carrying irregular character. Medications (Baralginum, dicloberbil and other) are fully ineffective.

What a preliminary diagnosis?

- A. Migraine without an aura.
- B. \*Cluster headache.
- C. Sluder's syndrome.

- D. Charcot's syndrome.
- E. Trigeminal neuralgia.

315. A patient is hospitalized in a neurological department with a diagnosis of migraine.

What is the most optimum complex of medications will you appoint at an attack of the migraine?

- A. Diclofenac, spasmolytic.
- B. Dexamethasone, paracetamol, metoclopramide.
- C. Lasix, sumatriptan
- D. Anticonvulsant preparations, antioxidants.
- E. \*Intravenous, antidepressants, antihistaminic, dehydration facilities.

316. A patient appealed with complaints about attack in right temporal area, attended with vomiting. It is ill from 15-years-old age, for some time past attacks became more frequent. Irritability and fatigueability is preceded to the attack. Objectively: a face is pale, fingers are pinned against a temple, lies on a right side. Organic changes from the side of the nervous system are not present.

What is a preliminary diagnosis?

- A. Tension headache.
- B. \*Migraine with an aura.
- C. Neck migraine.
- D. Migraine without an aura.
- E. Cluster headaches.

317. For a patient suffers headache, expressly depending on a menstrual cycle, showing up pressing and pulsating pain in right parietofrontal area. Head pain is accompanied by nausea and vomiting.

What is a preliminary diagnosis?

- A. Cluster headache.

- B. Trigeminal neuralgia.
- C. Temporal arteritis.
- D. Sluder's syndrome.
- E. \*Migraine.

318. For a patient after stress paroxysm headache of megalgia appeared in the left frontal-temporal-facial area, persons attended with hyperemia, by a dacryagogue, lasting during 35-40 minutes, stereotype, with a tendency to becoming more frequent. Medicinal preparations (baralgin, spasmalgon and other) are practically uneffective.

What a preliminary diagnosis?

- A. Migraine.
- B. Prozapalgia.
- S. Sluder's syndrome.
- D. Sharlen's syndrome.
- E. \*Cluster headache.

319. A man grumbles about headache in back-parietal area, arising up after supercooling and overstrain, treatment spasmolytic facilities and heat.

What a preliminary diagnosis?

- A. Tension headache.
- B. Tumour of brain.
- C. Cluster headache.
- D. Classic migraine
- E. \*Neck migraine

320. A patient grumbles about the attacks of diffuse headache of pressing character «as send on a head dressed», lasting 7-10 days, by the accompanied nausea, pains in area of heart, joints. Objectively: tremor of fingers of brushes, sickliness and

tension of muscles of neck, back of head. The background of mood is mionectic. Marks that attacks arise up 2-3 times per a year, usually after stress situations.

What a preliminary diagnosis?

- A. \*Tension headache.
- B. Cluster headache.
- C. Migraine.
- D. Cerebrospinal fluid's hypertension syndrome.
- E. Sympathoadrenal attacks.

321. At a patient, 70 years, suffering by side extremities arrhythmias, in the morning there was the loss of consciousness, weakness in left extremities. At examination: BP 160/90 mm Hg, pulse 90", arrhythmical, left-side hemiplegia.

What most credible diagnosis?

- A. A hemorrhagic stroke in left hemisphere.
- B. A subarachnoid hemorrhage.
- C. A hemorrhagic stroke in right hemisphere.
- D. An ischemic stroke in left hemisphere.
- E. \*An ischemic stroke in right hemisphere.

322. At a patient, suffering by diabetes mellitus, grumbles about a weakness in right extremities, paralalia. Objectively: elements of motor aphasia, right-side central paresis VII and XII c.n., dissociation hemiparesis, deeper shown in lower extremity. Pathological reflexes. CSF transparent.

What most credible diagnosis?

- A. \*Ischemic stroke in left hemisphere in the river-bed of front cerebral artery.
- B. Ischemic stroke in left hemisphere in the river-bed of middle cerebral artery.
- C. Ischemic stroke in a brainstem vertebrobasilar pool.
- D. TIA in carotid distribution.
- E. Hemorrhagic stroke in left hemisphere in the river-bed of front cerebral artery.

323. Youth, 18 years, during engaged in physical education felt sharp head pain on the type of «blow in a head». During examination of epileptic seizures. Objectively: a face is symmetric, paresis's are not present, meningeal signs are positive. CSF with blood, CT cerebral – the focal of defeat of matter of cerebrum are not present.

What most credible diagnosis?

- A. TIA in a brainstem vertebrobasilar pool.
- B. \*A subarachnoid hemorrhage.
- C. In the brainstem.
- D. Ischemic stroke in left hemisphere.
- E. Intraventricular hemorrhage.

324. In a clinic a patient is delivered with complaints about head ache, nausea, vomiting. In anamnesis: protraction suffers by hypertensive encephalopathy. Objectively: face of hyperemia, symmetric, BP 220/120 mm Hg, palpation of eyeballs of pain, deep reflexes is higher on the left; the nuchal rigidity is positive, easy left-side hemiparesis. After normalization of numbers BP symptoms regressed.

What most credible diagnosis?

- A. A hemorrhagic stroke
- B. A subarachnoid hemorrhage.
- C. TIA.
- D. Ischemic stroke in the brainstem.
- E. \*Acute hypertensive encephalopathy.

325. At the patient of complaint about a weakness in right extremities, allolalia. Objectively: right-side central VII and XII c.n., elements of motor aphasia. Right-side hemiparesis, pathological signs are positive. Preliminary diagnosis: Dynamic cerebral blood circulation disturbances in left hemiparesis.

What method of research must be conducted above all things?



- A. CSF
- B. \*Computer tomography.
- C. Echoencephalography.
- D. Francranial Doppler ultrasound (FCD)
- E. Electro-myography.

326. At patient in anamnesis pathology of main vessels. Dizziness appeared after the visit of sauna, violation of speech. Objectively: dysphonia, elements of dysarthria. Right-side hemiparesis. Pathological reflexes. The similar state was 2 months ago, regressed during 1 hour.

What most credible diagnosis?

- A. \*Aterotrombotic stroke in a brainstem.
- B. Hemodynamic stroke.
- C. Lacunars stroke.
- D. Hemorrhagic stroke
- E. Subarachnoid hemorrhage.

327. A patient grumbles about head pain, vomiting, nausea, weakness in counter-clockwise extremities. Became ill sharply during the stress-situation. There is hypertensive illness in anamnesis. Objectively: during examination of epileptic seizures, left-side central paresis VII and XII c.n, palpation of eyeballs of pain, left-side hemiplegia. Pathological syndromes and meningeal syndrome are positive.

What most credible diagnosis?

- A. Ischemic stroke in right hemisphere.
- B. \*Hemorrhagic stroke in right hemisphere.
- C. Stroke in the trunk of brain.
- D. Subarachnoid hemorrhage.
- E. Migraine stroke.

328. A patient, 43 years, entered the neurological separation with complaints about head pain, nausea, vomiting, photophobia, BP 250/120 mm Hg. Objectively: nistagmus, eyeballs pain, meningeal signs positive, oedema disk of visual nerve. CSF: increased pressure 400 mm. After introduction of hypotension preparations signs regressed considerable.

What most credible diagnosis?

- A. Cerebral hemorrhagic stroke.
- B. Migraine.
- C. \*Acute hypertensive encephalopathy.
- D. Subarachnoid hemorrhage.
- E. Tumor of brain.

329. A patient grumbles about dizziness, doubling of objects, and instability at walking. Objectively: horizontal nystagmus, diplopia, in a pose Romberg ataxia to the right, executes coordinate tests unsatisfactorily on the right. Pathological foot and meningeal signs are not present. At the repeated examination in 2 hours focal signs regressed.

What most credible diagnosis?

- A. \*TIA
- B. Ischemic stroke
- C. Hemorrhagic stroke
- D. Subarachnoid hemorrhage.
- E. Ventricular hemorrhage.

330. A patient is disturbed by head pain on the type of «blow», vomiting, nausea. Binds these complaints to hard physical work. Objectively: a face is symmetric, language on a middle line, pareses are not present, rough meningeal symptom. Preliminary diagnosis: Subarachnoid hemorrhage.

What most informing method of research?

- A. R-grafic skulls.

- B. \*MPI with angiography, lumbar puncture.
- C. Computerized axial tomography scanning, reoencephalographia
- D. Electroencephalogram.
- E. Electromyography.

331. A patient is delivered in a clinic in an urgent order with a diagnosis: Ischemic stroke.

Appoint treatment.

- A. \*Fraxiparini, beckons, cerebrollisini, cerocsoni.
- B. Nimotop, dicinoni, ascorbic acid, lasix.
- C. Contrikali, ascorbic acid, pyracetam.
- D. Aminophylline, lasix, pyracetam.
- E. Dimedrol, lasix, movalis.

332. At a patient, 18 years, with Subarachnoid hemorrhage.

What etiologic factor is most credible?

- A. \*Aneurism of vessels of cerebrum.
- B. Hypertensive disease.
- C. Cerebral atherosclerosis
- D. Diabetes mellitus.
- E. Diseases of heart

333. A patient a month ago carried an ischemic stroke. Objectively: c.n. without pathology, left-side hemiparesis is dissociated with the volume of active motions in a hand to 4,5 b., in lower extremity to 2,5 b. Violations of sensitiveness are not present, violations of speech are not present.

What most credible diagnosis?

- A. \*Violation of cerebral circulation of blood in the pool of front cerebral artery.
- B. Violation of cerebral circulation of blood in the pool of back cerebral artery.
- C. Violation of cerebral circulation of blood in the pool of middle cerebral artery.

- D. Violation of cerebral circulation of blood in a vertebral-basilar pool.
- E. Violation of cerebral circulation of blood in the pool of basic artery.

334. A patient entered a clinic with complaints about the «defect of person», weakness in right extremities. A patient suffers by diabetes mellitus. Objectively: peripheral paresis of facial muscular on the right, on the left – hemiparesis extremities with high reflexes tendon, pathological signs, hemihypesthesia. CSF transparent.

What most credible diagnosis?

- A. Ischemic stroke in the trunk of brain, alternating the Foville's syndrome.
- B. Ischemic stroke in right hemisphere.
- C. Heart attack of brain in a barrel, the Schmidt's syndrome.
- D. \*Ischemic stroke in the trunk of brain, alternating the Millard-Gubler syndrome
- E. Tumor of brain.

335. A patient is delivered by a machine to medical emergency, was discovered by lying on a bench. In anamnesis: during 10 years rheumatism. BP 160/100 mm Hg, pulse 100”, consciousness is stored, into the vocal contact does not enter, pupils are identical, reflexes of oral automatism are positive. Right-side hemiparesis, the Babinski's phenomenon is positive on the right. Meningeal signs are not present.

What most credible diagnosis?

- A. \*Cardioembolic stroke.
- B. Lacunar stroke.
- C. Hemodynamic stroke.
- D. Atherotrombotic stroke
- E. Hemorrhagic stroke.

336. During employments in a sporting hall (at getting up of weight) a young man had sharp head ache, consciousness was violated, there was a epileptic attacks at

transporting. Objectively: c.n. without features, rough meningeal syndrome. CSF is pressure 300 mm, color - red.

What most credible diagnosis?

- A. \*Subarachnoid hemorrhage.
- B. Intracerebral hemorrhage.
- C. Ischemic stroke.
- D. TIA
- E. Tumor of brain.

337. The cerebrospinal fluid is transparent, xanthochroid, pressure 270 mm., the Pandy reaction +++, albumen 1,25, red corpuscles (fresh and lixiviated) cover all eyeshot.

What is the change of CSF conditioned by?

- A. Ischemic stroke
- B. Tumor of brain
- C. Purulent meningitis
- D. \*Subarachnoid hemorrhage.
- E. Encephalitis.

338. A patient is delivered in a clinic with complaints about head pain, nausea. During 2 months disturbed noise in an ear, did not address a doctor. At examination: cried up, lost consciousness; breathing of the type Cheyne-Stokes, pupils are wide, syndrome hormetonia, hyperthermia 40<sup>0</sup>C, pathological signs are positive from two sides, meningeal positive.

What most credible diagnosis?

- A. \*Intraventricular hemorrhage.
- B. Subarachnoid hemorrhage
- C. Ischemic stroke
- D. Tumor of brain
- E. Acute hypertensive encephalopathy

339. A patient is delivered in a clinic from a street with violation of consciousness. In 30 minutes it is exposed at examination: sopor, right-side hemiplegia, breathing on the type Cheyn-Stokes, hyperthermia to 41<sup>0</sup>C, syndrome of hormetonia. CSF with blood.

What most credible diagnosis?

- A. Hemorrhagic stroke in left hemisphere.
- B. Ischemic stroke in left hemisphere.
- C. Subarachnoid hemorrhage.
- D. \*Intraventricular hemorrhage.
- E. Tumor brain.

340. A patient, 55 years, is delivered in the induction centre by the **ambulance car**. It is indicated in accompanying documents: illness acute, 30 minutes ago, suddenly there was dizziness, violation of speech, badly articulated words. In anamnesis: diabetes mellitus gets insulin. At examination: anisocoria S<D, enophthalmos, horizontal nystagmus, a pain sensitiveness on face on the left is reduced, dysphagia, dysarthria, right-side hemiparesis, coordinator tests with intention on the left. Pathological reflexes on either side. Meningeal signs are not present.

What most credible diagnosis?

- A. Hemorrhagic stroke in left hemisphere.
- B. Subarachnoid hemorrhage.
- C. Ischemic stroke in left hemisphere.
- D. \*Ischemic stroke in the brainstem.
- E. Tumor of brain

341. A patient illness acute. Being after the helm of car, unexpectedly felt a «hot blow» in area of the back of head. A head megalgia, nausea, appeared at once, delivered in the induction centre. At examination: the state of stunned, into the

contact enters hardly, moans, grumbles about head pain, palpation of eyeballs of pain, horizontal nystagmus in sides. Motions of extremities are in full. A meningeal syndrome is positive. CSF with blood.

What most credible diagnosis?

- A. Intracerebra hemorrhage.
- B. Ischemic stroke.
- C. Intraventricular hemorrhage.
- D. \*Subarachnoid hemorrhage
- E. Tumor of brain.

342. A patient is disturbed by dizziness, vomiting, nausea, numbness in left extremities. Objectively: horizontal nystagmus. Coordination tests with ataxia on the left. CT brain – the signs of defeat of matter of cerebrum are not exposed. In 2 hours focal sings regressed.

What most credible diagnosis?

- A. Hemorrhagic stroke.
- B. \*TIA
- C. Ischemic stroke
- D. Dysciculative encephalopathy.
- E. Sharp hypertensive encephalopathy.

343. A patient has a subarachnoid hemorrhage.

Appoint treatment.

- A. \*Nimotop, dicinon, ascorbic acid, contrikal, beckons.
- B. L-lizin of escenat, pyratsetami, trental, neuromidini.
- C. Cerakson, aktavegini, cerebrollizin, lasix.
- D. Simvastin, cardiomagnili, nootropili.
- E. Movalis, decsometasoni, acidi nicotinici.

344. At the patient of complaint about a weakness in left extremities, violation of speech joined after. At examination: in consciousness, elements of motor aphasia, right-side central prosomonoparesis. In a Barre test is right-side hemiparesis. In 4 hours focal sings regressed.

What most credible diagnosis?

- A. Hemorrhagic stroke
- B. \*TIA
- C. Ischemic stroke
- D. Tumor of brain
- E. Dysciculative encephalopathy.

345. Patient falls behind from coevals in intellectual development, from birth. A pseudomyopachynsis comes to light at an inspection (they are close-settled, megascopic in a volume). Objectively: cardiopathy (the scopes of heart are extended, violations of rhythm come to light). In blood – creatine phosphokinase is enhanceable in 6 times.

What hypothetical diagnosis?

- A. \*Dyushen's myodystrophy.
- B. Thomsen's myotonia.
- C. Landouzy-Dejerine amyotrophy.
- D. Vilander's myodystrophy.
- E. Myasthenia, progressing form.

346. A patient is hospitalized in a neurological separation with a diagnosis: Myasthenia.

Appoint treatment.

- A. \*Anticholinesterase preparations, corticosteroids.
- B. Mexsidol, cerebrollisini.
- C. Degidratation facilities.
- D. Nonsteroid anti-inflammatory preparations, spasmolytic.



E. Anti-convulsive preparations, antioxidants.

347. Patient grumbles about the slowness of motions, general constraint, shaking of lower jaw, language at peace, declining at motion. Objectively: tremor of fingers of hands on the type of «counting coins» or “rolling pills”, speech is monotonous, quiet, viscosity in intercourse. The syndrome of Noyka’s is positive both-side.

What hypothetical diagnosis?

- A. Huntington's chorea
- B. Epidemic encephalitis.
- C. \*Parkinson's disease
- D. Alzheimer's disease.
- E. Parkinson's vascular.

347. Violations of arbitrary motor appeared for the child of 4, began badly to walk, difficulty appeared at rising. Objectively: hyporeflexia of deep reflexes. Easy tetraparesis with the easy decline of tone, two-sided syndrome of Babinski.

What hypothetical diagnosis?

- A. Amyotrophic lateral sclerosis.
- B. Multiple sclerosis.
- C. Werding-Hoffman’s spinal amyotrophy.
- D. Erba-Rott’s myopathy.
- E. \*Dyushen’s myopathy.

348. At patient there is shaking at implementation of different motions, reminds the «wing-beats of birds», speech is scanned. At peace, shaking absents. Consultation of oculist: presence of cornea ring of Kayzer-Fleysher.

What hypothetical diagnosis?

- A. Multiple sclerosis.
- B. Huntington's chorea.
- C. \*Hepatolenticular dystrophy (Konovalov-Wilson's disease).

- D. Parkinson's disease
- E. Epidemic encephalitis.

349. On a reception to the doctor a mother came from 12 child. A mother is disturbed by uncertain, clumsy gait of child. Objectively: intention nystagmus, adiadochocinesis, intention shaking. Skoliosis, foot with the high vault of Fridreich's.

What hypothetical diagnosis?

- A. \*Fridreich's ataxia.
- B. Multiple sclerosis.
- C. Pierrot Marie Tooth ataxia.
- D. Charcot Marie Tooth neuropathic atrophy
- E. Cerebellar tumor.

350. Patient, 27 years, from 13 years began to mark fatigueability in feet, especially in thighs, at getting up on a stair. During a few years gradually a weakness grew in feet and muscles of humeral belt. At a mother and sister those symptoms are marked. At examination: eye cracks are extended; lips are incrassate, pseudohypertrophy of muscles of humeral and pelvic belt, «pterygoid shoulder-blades». Tendon reflexes are mionectic; violations of sensitiveness are not present.

What hypothetical diagnosis?

- A. Charcot Marie Tooth neuropathic atrophy
- B. Landouzy-Dejerine muscular dystrophy.
- C. Dyushen's muscular dystrophy.
- D. Erba –Root's muscular dystrophy
- E. Thomsen's myotonia.

351. The young woman of asthenic build grumbles about rapid muscular fatigueability, impossibility protractedly to walk, long to talk, worsening of swallowing comes during a meal. After a reception the proserini state gets better.

What hypothetical diagnosis?

- A. Kennedy's disease.
- B. Werding-Hoffman's amyotrophy.
- C. Dyushen's muscular dystrophy.
- D. Hepatolenticular dystrophy.
- E. \*Myasthenia.

352. For a child found out the followings signs: flat face, slanting cut of eye cracks, thick lips, wide language, oblate back of head, mowed narrow forehead accrete ear-lobe, «frog» stomach, wide feet of brush and foot, on a palm a transversal skin fold, high sky, mental backwardness.

What hypothetical diagnosis?

- A. \*Down's disease.
- B. Hepatolenticular dystrophy.
- C. Pierrot Marie ataxia.
- D. Itsenko-Cushing syndrome
- E. Creutzfeldt-Jakob disease.

353. For a child with a mental backwardness and changes to the exterior as the mowed narrow forehead, «frog» stomach, presence of transversal fold on hands, by a tower skull, presence of defects of internalss a diagnosis is proposed: Down's disease.

That is the basis of disease?

- A. Additional X-chromosome (47XXY).
- B. Additional Y- chromosome (47XYY).
- C. \*Trisomy of 21th chromosome.
- D. Trisomy of 13th chromosome

E. Trisomy of 18th chromosome.

354. A patient, 28 years, grumbles about increasing, during 10 years, weakness in feet, expressed constraint in them. Last 3 years defection foot, about year back a constraint and weakness joined in hands. Objectively: lower spastic paraparesis. Violations of sensitiveness and pelvic organs are not present, abdominal reflexes are stored.

What hypothetical diagnosis?

- A. Friedreich's disease.
- B. Tumour of spinal cord.
- C. \*Strumpell's disease.
- D. Pierrot Marie ataxia.
- E. Parkinson's disease.

355. For a patient, 16 years, a pseudohypotrophy (their compression and increase is in a volume), decline of intellect, cardiopathy, is marked (expansion of scopes of heart, violation of rhythm). It is ill more than 10 years. The increase of creatine phosphokinase registers in the whey of blood.

What hypothetical diagnosis?

- A. Erba-Rott's myodystrophy.
- B. Landouzy-Dejerine myodystrophy
- C. \*Dyushen's myodystrophy.
- D. Thomsen's myotonia.
- E. Velander's myodystrophy.

356. For a patient, 33 years, during the last an increasing weakness and becoming thin of muscles of face shoulders, hands disturbs 5 years. Objectively: a thorax is close-settled, there are asymmetric atrophy of muscles, lips of «tapir», «transversal smile». In addition, marked due to the weakness of extensor feet – steppage.

What hypothetical diagnosis?

- A. \*Landouzy-Dejerine myodystrophy
- B. Dyushen's myodystrophy.
- C. Erba-Rott's myodystrophy
- D. Myasthenia, progressing form.
- E. Thomsen's myotonia.

357. The mother of new-born marks that at the end of pregnancy of motion of fruit were less active. At examination of child: feet are prolate and slightly rotate outward in knee and talocrural joints. Hands similarly in position of extension lie along a trunk. Tendon reflexes absent. Breathing is diaphragmatic with paradoxical motion of thorax. There is fasciculation of language.

What hypothetical diagnosis?

- A. Myasthenia, progressing form.
- B. Charcot-Marie amyotrophy.
- C. \*Kugelberg-Welander's amyotrophy.
- D. Erba-Rott's muscular dystrophy.
- E. Werdning-Hoffman amyotrophy.

358. A patient, 48 years, grumbles about deceleration of motions trembling in hands difficulty of speech. It is ill 2 years. The constraint of motions grew gradually, tremor and allolalia joined during the last month. Objectively: a face is masklike, speech is slow, monotonous. Oligo- and bradykinesia. A myotonus is enhanceable in extremities on a plastic type. The symptom of «gear-wheel», with- m of Noyka, is marked. Gait by shallow steps, hands are arcuated and resulted to the trunk. Rhythmic and a stereotype shaking of hands on the type of «rolling of pills». Hyperptyalism, greasiness of person.

What hypothetical diagnosis?

- A. Ataxia of Fridreykha.
- B. Konovalov-Wilson's disease.
- C. Huntington's chorea

D. Multiple sclerosis, cerebrospinal form.

E. \*Parkinson's disease.

359. A patient, 25 years, grumbles about a weakness in feet and hands, decline of sensitiveness in them. It is ill more than 12 years. In the beginning marked rapid fatigueability in feet, «becoming» thin of foot, shins joined after, paresthesia in feet. About 5 years back marks «becoming» thin of brushes. The similar state is observed for a father. Objectively: muscular force is mionectic in the distal departments of extremities, low blood pressure and oligotrophy of muscles feet, shins, brushes. Shins have the appearance of the «inverted bottle». Feet are deformed. Ankle reflexes absent. Hypesthesia on a polineuretic type. Steppage.

What hypothetical diagnosis?

A. Werding-Hoffman's amyotrophy.

B. Huntington's chorea

C. Landouzy-Dejerine myodystrophy

D. \*Charcot Marie Tooth neuropathic atrophy

E. Friedreich's familial ataxia

360. Patient, 18 years, during 4 years marks a gradually increasing constraint in the muscles of hands and face, violent motions in hands, for some time past speech changed – became irregular, indistinct. From that time disturb stomach-aches, intestinal disorders. Objectively: consciousness is clear, the circle of interests is limited, decline of memory, intellect. Hipomimia. Muscular rigidity of neck, trunk and extremities, hyperkinesias (torsion dystonia). Speech is irregular, swallowing is broken. Violations from the side of sensitiveness, co-ordination, motion and cranial nerves are not present. Consultation of internist: hepatocirrhosis; oculist is a ring of Kayzer-Fleysher. MRT is an area of degeneration in subcortical kernels.

What hypothetical diagnosis?

A. Multiple sclerosis.

B. Huntington's chorea

- C. Chronic stage of epidemic encephalitis.
- D. \*Hepatolenticular dystrophy (Kononov-Wilson's disease).
- E. Creutzfeldt-Jakob disease.

361. To the patient, 19 years, complains, from 5 years marks a weakness in feet at the physical loading. Becoming thin of thighs and muscles of pelvic belt developed gradually, the muscles of shin were increased. Marks difficulty at getting up on steps, rising from a floor, the muscles of shoulders «lose» weight from 10 years, hardly lifts hands upwards. A similar picture is observed for the sister of father. Objectively: an intellect is mionectic, the volume of motions is limited in the proximal departments of hands and feet. The oligotrophy of humeral belt, «winged scapula», atrophy of muscles of proximal groups of lower extremities, is marked; fascicular twitches of muscles of extremities and trunk. Tendon reflexes are sharply mionectic.

What hypothetical diagnosis?

- A. Kugelberg-Welander's amyotrophy.
- B. Charcot-Marie amyotrophy
- C. Werdnig-Hoffman's amyotrophy
- D. Myasthenia, progressing form.
- E. \*Erba-Rott's muscular dystrophy.

362. Patient falls behind from coevals in intellectual development, from birth. A pseudohypertrophy comes to light at an inspection (they are close-settled, megascopic in a volume). Objectively: cardiopathy (the scopes of heart are extended, violations of rhythm come to light). In blood – creatine phosphokinase is enhanceable in 6 times.

What hypothetical diagnosis?

- A. \*Dyushen's myodystrophy.
- B. Thomsen's myotonia.
- C. Landouzy-Dejerine amyotrophy.

- D. Vilander's myodystrophy.
- E. Myasthenia, progressing form.

363. A patient is hospitalized in a neurological separation with a diagnosis: Myasthenia.

Appoint treatment.

- A. \*Anticholinesterase preparations, corticosteroids.
- B. Mexsidol, cerebrollisini.
- C. Degidratation facilities.
- D. Nonsteroid anti-inflammatory preparations, spasmolytic.
- E. Anti-convulsive preparations, antioxidants.

364. A patient has the trauma of shoulder appeared weakness of muscles of forearm and brush on the right, pains in area of brush. Objectively: a sensitiveness is broken in area of palm's surface of brush and fingers, hypotrophy of muscles and paresis of muscles of brush. There are trophic and vegetative disorders in the distal department of right arm.

Put a preliminary diagnosis.

- A. Radicular syndrome root of C<sub>7</sub>-C<sub>8</sub>.
- B. Vertebrogen cervicobrachealgia.
- C. \*Lower shoulder plexitis Dejerine-Klumpke.
- D. Humeroscapular periarthrititis
- E. Total plexitis.

365. A patient has the stress mental loading appeared paresis of mimic muscles on the right: folds are smoothed out on a forehead on the right, syndrome of sail, lagophthalmos taste is lost on front 2/3 language, dryness of eye.

Put a preliminary diagnosis.

- A. Neuralgia of trigeminal nerve.
- B. \*Neuropathy of facial nerve right.



- C. Ganglionitis of pterygopalatine knot.
- D. Pontin form of poliomyelitis.
- E. Leptomeningitis is of ponto cerebellum angle.

366. A patient has of complaint on pain in lumbar area and on the outward surface of thigh and shin. Objectively: sickliness at palpation of paraspinal points of L<sub>4</sub>-L<sub>5</sub> on the right, hypesthesia of outward right shin. Knee-jerks of S=D, ankle D<S, hypotrophy of extesos of pollex of right foot.

Put a preliminary diagnosis.

- A. \*Discogenic lumbar ischialgia on the right.
- B. Discogenic compression syndrome of L<sub>5</sub>-S<sub>1</sub> on the right.
- C. Lumbago on the right.
- D. Syndrome of defeat of cauda equina
- E. Syndrome of tarsal channel.

367. A patient grumbles about pulsating head pain, beginning from overhead part of neck and back of head and spreads anterior. Pain increases in the morning after sleep, at walking, accompanied by dizziness. Objectively: the volume of motions is limited in the neck department of spine. Palpation of juxtaspinal points is sickly. Violation of reflex of brush.

Put a preliminary diagnosis.

- A. Cervicalgia.
- B. Migraine without an aura.
- C. Cluster headache.
- D. \*Cervicocranialgia.
- E. Migraine with an aura.

368. For a patient peripheral paresis of facial nerve is on the right, hypoacusis, lacrimation. Diagnosis: Neuropathy of facial nerve.

Appoint treatment.

- A. \*Glucocorticoids, mannitoli, trentali.
- B. Eufillini, lasix, cavintoli.
- C. Nimotop, pyracetami, noopheni.
- D. Tserakson, actavegini, cerebrolysin, ceraksoni.
- E. Ascorbic acid, dicinoni, contricali.

369. For a patient with diabetes mellitus of complaint about sense of «crawl of small ants», burning in lower extremities. Objectively: violation of sensitiveness on the type of «socks» and «gloves», dryness, decorticating, thinning of nails.

Put a preliminary diagnosis.

- A. Alcoholic polyneuropathy.
- B. Polyneuropathy Guillain-Barre.
- C. \*Diabetic polyneuropathy
- D. Uremic polyneuropathy.
- E. Hepatic polyneuropathy.

370. For the patient of complaint about pains in area of face, provoked by a talk, washing and other An attack lasts 1-2 minutes. Objectively: hyperkinesias of face, during examination hyperaemia of face, hyperhidrosis, shooting pains «as passing of electric current, appeared for a patient».

Put a preliminary diagnosis.

- A. Neuropathy of facial nerve.
- B. \*Neuralgia of trigeminal nerve.
- C. Ganglionitis of auriculotemporal nerve.
- D. Sluder's syndrome.
- E. Syndrome of knot of knee, Hunt's syndrome.

371. A diagnosis is proposed a patient « Neuropathy of fibular nerve».

What method of functional diagnostics most informing?

- A. MRT.

- B. R-ray.
- C. \*EMG.
- D. Lumbar puncture.
- E. Biochemical researches.

372. For a patient is a trigeminal neuropathy.

Appoint treatment.

- A. \*Finlepsin, trentali, amitriotylini.
- B. Nimotop, cerocsoni, mannitoli.
- C. Lasix, proserini, methylprednisoloni.
- D. Sermioni, pyracetami, diazepam.
- E. Samosino, cavintoni, sibasoni.

373. A patient grumbles about numbness, burning, sensitiveness to cold in the distal departments of hands and feet, increasing at walking. In anamnesis: diabetes mellitus, hypertensive illness, cerebral atherosclerosis during 10 years. Objectively: hyperesthesia on the type of «gloves» and «socks», ankle and knee-jerks is hyporeflexion. On feet and brushes there is dryness of skin, thinning and hypohidrosis.

Put a preliminary diagnosis.

- A. Raynaud's disease.
- B. Polyneuropathy.
- C. \*Diabetic polyneuropathy.
- D. Polyneuropathy Guillain-Barre.
- E. Amyotrophic lateral sclerosis.

374. For a patient discogenic radiculopathy L<sub>4</sub>, intermittent flow. Intensifying, acute expressed pain syndrome. R-ray: lumbar part of spine cord osteochondrosis.

What most informing method of research?

- A. R-ray.

- B. EMG.
- C. \*MRI.
- D. Ultrasonic doplerography.
- E. Lumbar puncture.

375. For a patient, after the physical loading, sharp shooting through pain appeared. Objectively: violation of sensitiveness and changes of reflex sphere it is not.

Put a preliminary diagnosis.

- A. \*Lumbago.
- B. Lumbalgia.
- C. Lumbar ischialgia
- D. Radiculopathy.
- E. Syndrome of defeat of cayda equina.

376. A patient complains on pain in lumbar part, in a right foot with an irradiation in the outward edge of foot, strengthening of pain at a cough. Objectively: inclination of trunk in a right side, hypalgesia on the outward-back edge of thigh of shin, IV, V fingers of foot, hypotrophia of sural muscle, difficulty at standing on socks, ankle reflex of absent.

Put a preliminary diagnosis.

- A. \*Radicular syndrome of S<sub>1</sub>.
- B. Radicular syndrome of L<sub>5</sub>.
- C. Lumbalgia.
- D. Radicular syndrome of L<sub>5</sub>.
- E. Lumboischialgia.

377. At a sick complaint about the brief attacks of pains on the type of passing of «electric current» in area of teeth of supramaxilla. There is a twinge at the touch of

area of root of nose and overhead lip. Objectively: renounces a meal, on questions answers monosyllabically, as is afraid to provoke an attack.

Put a preliminary diagnosis.

- A. \*Trigeminal neuralgia (II branch).
- B. Pterygopalatine ganglion syndrome.
- C. Frhea syndrome.
- D. Neuropathy of facial nerve.
- E. Neuralgia of glossopharyngeal nerve.

378. For the patient of complaint about pain in lumbar area, arising up in 3 days after super cooling. Objectively: limitation of motion in a lumbar part, insignificant sickliness at palpation of paravertebral points. Violations of sensitiveness are not present. Reflex sphere without changes. KT of focus is not exposed.

Name a syndrome.

- A. Lumbago.
- B. Lumboishchialgia.
- C. \*Lumbalgia.
- D. Radicular syndrome of S1.
- E. Radiculopathy

379. For a patient: Acute neuropathy of facial nerve.

Appoint treatment.

- A. \*Deksometasoni, mannitoli, trentali.
- B. Cipheavini, pyracetami.
- C. Sermioni, aminasini, neurovitani.
- D. Cavintoni, betaserk, neurorubin.
- E. Amitriptillini, trentali.

380. For the patient of complaint almost permanent head pain. Sometimes pain spreads on parietal and temporal areas, eyeballs, dizziness arises up in time flounces by a head. R-ray: osteochondrosis neck part of spine.

Name a syndrome.

- A. Cervicalgia.
- B. \*Cervical cranialgia.
- C. Radiculopathy of cervical.
- D. Migraine.
- E. Cluster headache.

381. At a sick complaint about suddenly arising up head pain, related to the physical loading. Head pain of irradiation in a forearm, hand, supraspularis area. Objectively: position of head is forced, hypesthesia in area of innervation of counterfoils of C<sub>6</sub>-C<sub>7</sub>, low tone of muscles of overhead extremities, forearm, tendon and periosteal reflexes are mionectic, R-ray: osteochondrosis of cervical department of spine.

Put a preliminary diagnosis.

- A. Cervical cranialgia.
- B. \*Cervical cranialbrachialgia.
- C. Thoracalgia.
- D. A «shoulder-hand» syndrome.

382. A patient works as a milkmaid, grumbles about numbness of I-III of fingers, increasing in a night-time. Objectively: numbness increases at rising of extremity, diminishes at lowering of hand. Parasthesia in the fingers of brush, increase at palpation, percussion of transversal copula. Peripheral paresis of muscles of tenor.

Put a preliminary diagnosis.

- A. Polyneuropathy.
- B. \*Syndrome of wrist channel.
- C. Syndrome of jamming of elbow nerve.

D. Syndrome of cubital channel.

E. Cervical brachialgia.

383. At a sick complaint about the «defect of face», impossibility to blow out a candle. Objectively: peripheral paresis of mimic musculature of face on the right, hyperacusia, dryness in to the thirl.

Put a preliminary diagnosis.

A. \*Neuropathy of facial nerve.

B. Trigeminal neuralgia.

C. Poliomyelitis

D. Tumor of of ponto-cerebellar angle.

E. Frhea syndrome.

384. For a patient the weakness of right foot appeared after the physical loading (agricultural works). Objectively: paresis of extensor of foot, at the forced sole bending pain is marked in area of head of perone.

Put a preliminary diagnosis.

A. Radiculopathy L<sub>3</sub>-L<sub>4</sub>.

B. \*Compression neuropathy of general fibular nerve.

C. Neuropathy of tibial nerve.

D. Radicular syndrome of L<sub>4</sub>.

E. Neuropathy of sciatic nerve.

385. For the patient of complaint about pains and numbness in the distal departments of lower and upper extremities. Practises upon an alcohol. Objectively: violation of superficial sensitiveness on the type of «socks» and «gloves», gait on the type of «steppag». Muscular atrophy, tendon reflexes absent. Edema of distal departments of extremities.

Put a preliminary diagnosis.

A. Alimentary polyneuropathy

- B. Acute demyelinating to polyradiculoneuropathy Guillain-Barre.
- C. \*Alcoholic polyneuropathy
- D. Polymyositis
- E. Radiculopathy of lumbar department.

386. For a patient after a trauma complaints appeared about a weakness in the left extremity. Objectively: palpation is in over- and subclavian pain, peripheral paresis of overhead extremities, hypoalgesia in proximal and distal departments. Horner's syndrome

Put a preliminary diagnosis.

- A. \*Total humeral plexitis.
- B. Cervical brachialgia.
- C. Dejerine-Klumpke humeral plexitis.
- D. Radicular syndrome of S<sub>5</sub>.
- E. A «shoulder-hand» syndrome.

387. A patient humeroscapular periartrosis in combination with an edema, hyperemia, cyanosis of brush. R-ray: osteochondrosis of neck department of spine.

Put a preliminary diagnosis.

- A. Cervical brachialgia.
- B. \*A «shoulder-hand» syndrome.
- C. Total humeral plexitis
- D. Humeroscapular periartrosis
- E. Duchenne-Erb's humeral plexitis

388. Neurological separation the sick entered with complaints about a weakness in the distal departments of lower and upper extremities. In anamnesis: Acute respiratory virus disease carried 3 week ago, in a week after the carried infection paresthesia and numbness appeared in lower extremities, spreading in proximal,



direction and on upper extremities. Two day a weakness appeared in lower extremities. Objectively: flaccid paresis are in the distal departments of extremities, positive symptoms of strain. CSF: albumen-cellular dissociation.

Put a preliminary diagnosis.

- A. Toxic polyneuropathy.
- B. \*Acute demyelinating to polyradiculoneuropathy Guillain-Barre.
- C. Polymyositis
- D. Amyelotrophy
- E. Spinal stroke.

389. For a patient demyelinating to polyradiculoneuropathy Guillain-Barre.

Appoint treatment.

- A. \*Plasmapheresis, pulse-therapy by the immunoproteins of class of G, vitamins B, antihistaminic preparations.
- B. Cavintoni, vitamins B, ksantinoli nicotinati
- C. Ceroxsoni, actavegini, cerebrolysini, antihistaminic preparations.
- D. Trentali, dimedroli
- E. Glucocorticoids, lasix, agapurini.

390. A patient after supercooling complains on pain in area of right ear. The next day the «defect of face», dacryagogue, appeared from the same side. Objectively: folds on a forehead are smoothed out, lagophthalmos, syndrome of «velum», algesia front 2/3 language, dacryagogue.

Put a preliminary diagnosis.

- A. Trigeminal neuralgia.
- B. Neuropathia of facial nerve.
- C. Neuralgia of wing-palatal knot.
- D. Sharlen's syndrome.
- E. Facial hemispasm.

391. For a patient as a result of motor-car catastrophe a weakness appeared in a right arm, mainly in a proximal, department. Objectively: hypotrophy and weakness of delta-shaped and two-headed muscles of shoulder on the right, fall to the sensitiveness in the outward departments of shoulder and forearm. Objectively: R-ray, KT – pathological changes absent.

Put a preliminary diagnosis.

- A. A «shoulder-hand» syndrome.
- B. \*Duchenne-Erb's humeral plexitis.
- C. Dejerine-Klumpke humeral plexitis.
- D. Syringomyelia.
- E. Total plexitis.

392. For a patient: Trigeminal neuralgia

Appoint treatment.

- A. Trentali, glucocorticoids, lasix.
- B. \*Finlepsini, lasix, amitriptillini, trentali.
- C. Cittyphlavin, cerebrolisini, piracetami.
- D. Lasix, caventoni, phesami.
- E. Vitamins of group B, lipai acid, ascorbic aci

393. A patient, 20 years, is ill about 1,5 years, when sight on a right eye went down. Through half-year, after carried acute respiratory virus, dizziness, unsteadiness, at walking, weakness, in lower extremities appeared. Objectively: horizontal nystagmus in both sides, scanning speech, intention tremor, tendon reflexes from lower extremities are high, Babinski reflex positive, abdominal reflex ansent, ataxia in the Romberg's test. MRI: 3 focus (2 of them should be located paraventricularly, 1 – subtentorially, that means in brain steam or cerebellum).

What a preliminary diagnosis.

- A. Amyotrophic lateral sclerosis.

- B. Ischemic stroke in the brain stem.
- C. AIDS, meningoencephalitis.
- D. \*Multiple sclerosis, cerebrospinal form.
- E. Acute multiple encephalomyelitis.

394. A patient during three years suffers by neuritis of visual nerve. Diplopia appeared after the stress mental, weakness in extremities, pelvis disorders. Visual: decoloration of disc's temporal part. Preliminary diagnosis: Multiple sclerosis.

What method of research must be more for informative of diagnosis?

- A. CT.
- B. CSF.
- C. \*MRI.
- D. Electroencephalography.
- E. Ultrasonic doplerography.

395. At a patient with a preliminary diagnosis: Multiple sclerosis, found out the indicated below pathological changes (declinations).

What from them are not characteristic for the supposed diagnosis?

- A. Clinical dissociations syndrome.
- B. Charkot syndrome (nystagmus, scanning speech, intention tremor).
- C. \*Parkinsonian syndrome.
- D. Optic neuritis.
- E. Absent abdominal reflexes (at the promoted tendons).

396. A patient, 50 years, appealed with complaints about that becoming thin of hands appeared during a year, a sensitiveness in them is broken. Objectively: violation of superficial sensitiveness (pain and temperature) on the type "coat like»" and "half coat like", signs of dysraphic state. Elements of dysarthria, dysphonia.

What a preliminary diagnosis?

- A. Sclerosis disseminata.
- B. \*Syringomyelia, bulbar form.
- C. Tumour of brain
- D. Amyotrophic lateral sclerosis.
- E. Stroke in the brainstems.

397. A patient has a preliminary diagnosis: Syringomyelia.

What most informing method is needed for diagnostics of this disease?

- A. X-ray spinal cord.
- B. Electroencephalography.
- C. Electromyography.
- D. \*MRI.
- E. CSF.

398. At a patient, after vaccination against a flu, complaints about the increase of temperature, head pain, nausea, vomiting appeared in four days, and then violation of sight joined. Objectively: horizontal nystagmus, peripheral paresis of mimic musculature of face, intention tremor, lower spastic paraparesis, hypoalgesia on an explorer type, unsatisfactorily executes coordinating tests, violation of functions of pelvic organs. Visual: neuritis of optic nerves. CSF: lymphocyte pleocytosis, increase of level of albumen.

What a preliminary diagnosis?

- A. Multiple sclerosis.
- B. \*Acute multiple encephalomyelitis
- C. Acute myelitis.
- D. Meningoencephalitis.
- E. Tumour of brain.

399. A patient has a diagnosis: Multiple sclerosis, cerebrospinal form, progressive.

Appoint treatment.

- A. \*Methylprednisolone usage is for 500-1000 mg; ranitidini, plasmapheresis.
- B. Interferones 8000000 MO in a day, nootropili.
- C. Ceroxsoni, nootropili, proserinum.
- D. Mannit, acidi ascorbinici.
- E. Baclofen, T-activinum.

400. At a sick complaint about an unsteadiness at walking, violation of sight, coordination of motions. In anamnesis: 2 years ago brought a child into a world, after births there was the brief loss of eyesight on a right eye. Optic exm: retrobulbar neuritis. Objectively: scanning speech, megalografia, intention tremor, nystagmus, ataxia under the control sight (with the closed eyes increases), abdominal reflexes are absent.

What a preliminary diagnosis?

- A. Acute disseminated encephalomyelitis.
- B. Neurosyphilis.
- C. Tumour of brain
- D. \*Multiple sclerosis.
- E. Ischemic stroke with localization in a cerebellum.

401. At the patient of complaint about becoming thin and pain of aching character of upper extremities, weakness in them, primary in distal departments. Objectively: scoliosis, in upper extremities are focal peripheral paresises, primary in a right hand is «monkey paw». Tracks from burns on a forearm, brush, in lower extremities, spastic paraparesis, violation of sensitiveness on an explorer type. MRT: increase of volume of spinal cord in a diameter (expansion of spinal-cerebral channel).

Put a preliminary diagnosis.

- A. Spinal brain tumour.
- B. Multiple sclerosis.

- C. Amyotrophic lateral sclerosis.
- D. \*Syringomyelia
- E. Stroke.

402. At a patient, 57 years, complaints about a weakness in lower extremities. Objectively: in lower extremities tendon reflexes are, atrophy of muscles and fibrillation twitch, pathological from the lower extremities reflexes are positive. Violations of sensitiveness and function of pelvic organs are not present. X-ray lumbar department of spine: osteochondrosis.

Put a preliminary diagnosis.

- A. Syringomyelia
- B. \*Amyotrophic lateral sclerosis.
- C. Spinal brain tumour.
- D. Acute disseminated encephalomyelitis
- E. Radiculopathy.

403. To the patient, taking into account violations of sensitiveness on the type «jackets», tracks from burns on the back, dysraphic lines (scoliosis), diagnosed: Syringomyelia?

Appoint the most informing method of research.

- A. EMG.
- B. \*MRI.
- C. X-ray spinal cord
- D. Ultrasonic doplerography.
- E. CSF.

404. A patient grumbles about a general weakness, periodic weakness in lower extremities, violation of sight. At research of internal organs pathology is not

exposed. Neurological status: absence of abdominal reflexes, decline of vibration sensitiveness, lower spastic paraparesis, pathological reflexes.

What a preliminary diagnosis?

- A. Sclerosis disseminata.
- B. \*Acute disseminated encephalomyelitis
- C. Ischemic stroke in spinal brain
- D. Spinal brain tumour.
- E. Amyotrophic lateral sclerosis.

405. A patient has the multiple sclerosis.

What MPT-picture is characteristic for this disease?

- A. Hypotensive focus
- B. Hypertensive focus
- C. Diminution volume of spinal cord in a diameter.
- D. \*Not less than 3-4 hyperintensive areas of image, localized peravenricularly and one subtentorially.
- E. Changes absent.

406. At a patient with the preliminary diagnosis «Syringomyelia» found out the below indicated symptoms of defeat.

What symptoms not are characteristic for this disease?

- A. Symptoms defeats of back horns.
- B. Signs dysraphic state.
- C. «Monkey paw».
- D. \*Charkot syndrome (nystagmus, scanning speech, intention tremor).
- E. Sings from burns.

407. A patient grumbles about nausea, vomiting, head pain, diplopia of objects, ataxia at walking, awkwardness of motions. According to relatives there was a convulsive attack, increase of temperature to 39°C. A week ago carried acute

respiratory viral infection. From the side of internal organs pathology is not exposed. In neurological status: diplopia, nystagmus, elements of dysarthria, tetraparesis, pathological signs. During examination there is a convulsive attack beginning with the twitch of lower extremities. CSF: lymphocyte pleocytosis, albumen to 2,0.

What a preliminary diagnosis?

- A. Multiple sclerosis.
- B. Tumour of brain.
- C. Stroke in the brain stem.
- D. \*Acute disseminated encephalomyelitis
- E. Meningitis.

408. A patient, 35 years, produces complaints about the gradual increasing weakness of muscles of hands, insensitivity in them is warm colds. Objectively: sings from burns upper extremitas in area, analgesia as a «jacket», Horners syndrome, syndrome pyramid insufficiency in lower extremities.

What a preliminary diagnosis.

- A. \*Syringomyelia.
- B. Tabes dorsalis.
- C. Stroke spinal brain.
- D. Acute myelities.
- E. Acute disseminated encephalomyelitis

409. A patient has a preliminary diagnosis: Multiple sclerosis.

What method of research must be conducted for confirmation of diagnosis?

- A. EMG.
- B. \*MRI.
- C. REG.
- D. Electroencephalography.
- E. X-ray



410. At a man, 50 years, complains of pains in feet both on the right appeared or on the left mainly at night. Pains carry shooting character. Instability at walking joined after a while, increasing at bad illumination. In neurological status: pupils are narrow, languidly react on light, the reaction on convergence is stored. An ear on a left ear is reduced. Muscular tone in lower extremities is reduced, tendon reflexes are absent, a vibration sensitiveness is reduced, promakhyvanye at a pal'tse-nosovoy test. Disks of visual nerves of greyish color. The Vassermana Reaction, RYBT positive.

What a preliminary diagnosis?

- A. Multiple sclerosis.
- B. Amyotrophic lateral sclerosis.
- C. \*Neurosyphilis.
- D. Syringomyelia.
- E. Tumour of brain.

411. At repeated lumbar puncture at a patient with suspicion on the multiple sclerosis, can be discovered the transferred below pathological changes in a spinal-cerebral liquid.

Specify most characteristic for the supposed pathology.

- A. Usually increased of albumen.
- B. \*Usually increased of Ig GMA contents
- C. Usually neutrophil pleocytosis
- D. Lymphocyte pleocytosis over 100 cages in mkl.
- E. Erythrocytes more than 15 in 1 mkl.

412. A patient, 23 years, grumbles about a weakness in feet, shaking at walking, violation of speech, change of handwriting. Near 2th years ago first felt shaking during walking, violation of speech and handwriting joined in a year, sight on a right eye in communication went down, with what completed course of treatment.

Objectively: scanning speech, horizontal nystagmus in sides. Lower paraparesis with the promoted muscular tone and reflexes. Pathological foot signs (+) from two sides. Abdominal reflexes are absent. Ataxia in the Romberg test, a vibration sensitiveness in lower extremities is reduced.

What a preliminary diagnosis.

- A. Subacute panencephalitis.
- B. Ischemic stroke in a brain stem.
- C. Acute disseminated encephalomyelitis
- D. \*Multiple sclerosis, cerebro-spinal form.
- E. Tumor of brain.

413. Pathogenetic mechanism of discirculatory encephalopathy (2):

- A. \*Chronic ischemic of the brain.
- B. Repeated acute disorders of cerebral circulation.
- C. Hereditary degeneration of neuron
- D. Disorders of production of cerebrospinal fluid.
- E. Increased intracranial pressure.

414. For vascular dementia are typical (3):

- A. \*Stroke in anamnesis
- B. \*Pseudobulbar syndrome
- C. Tremor of head
- D. \*Apraxia of walk
- E. Korsakov's syndrome

415. The duration of neurological disorders in transient ischemic (1):

- A. \*Up to 24 hours (a day)
- B. Up to 2 days
- C. Up to 3 days
- D. Up to week

E. Up to 3 weeks

416. For transient ischemic attacks is characteristic (3):

- A. \*Hemiparesis
- B. \*Aphasia
- C. Partial epileptic attacks
- D. \*Hemihypoesthesia
- E. Coma

417. The main difference between TIA (transient ischemic attacks) from a stroke (1):

- A. Absent disorders of consciousness
- B. Absent of aphasia
- C. \*Duration of focal neurological symptoms less than 24 hours
- D. Less degree of neurological disorders
- E. Sudden onset

418. For ischemic stroke on localized in basic anterior cerebral artery typical (1):

- A. Hemianopsia
- B. Optico-pyramids syndrome
- C. Sensory aphasia
- D. \*Hemiparesis with the prevalence in the lower limbs

419. Ischemic stroke is manifested (2):

- A. Meningeal symptoms
- B. Hemiparesis
- C. Severe headache at the onset of disease
- D. \*Previous transient ischemic attacks
- E. Increase in body temperature

420. For hemorrhage stroke of cerebellum typical (4):

- A. \*Headache
- B. \*Ataxia of limbs
- C. Amnestic aphasia
- D. \*Vertigo dizziness
- E. \*Stiffness of neck

421. Rupture of saccular aneurysm usually causes:

- A. \*Intracerebral hemorrhage
- B. Subarachnoid hemorrhage
- C. Acute hypertensive encephalopathy
- D. Lacunar stroke (ischemic)
- E. Transient ischemic attacks

422. For subarachnoid hemorrhage typical (2)

- A. Vestibular ataxia
- B. \*Neck stiffness
- C. \*Disorders of consciousness
- D. Sensory aphasia
- E. Syndrome of Wallenberg-Zakharchenko

423. Blood of cerebrospinal fluid typical (2)

- A. \*Intracerebral hemorrhage
- B. Lacunar stroke
- C. Transient ischemic attacks
- D. \*Subarachnoid hemorrhage
- E. Atherothrombotic stroke

424. Prevention of spasm of cerebral arteries in subarachnoid hemorrhagic (1):

- A. Aspirin

- B. Walfarin
- C. Heparin
- D. \*Nimodipine
- E. Cerebrolysin

425. Etiology of purulent meningitis (3):

- A. Pale spirochete
- B. \*Pneumococcal
- C. \*Haemophilus influenza
- D. \*Streptococcus
- E. Micobacterium tuberculosis

426. Etiology of serous meningitis (3):

- A. \*Enteroviral
- B. Meningococcal
- C. \*Virus of human immunodeficiency
- D. \*Virus choriomeningitis
- E. Staphylococcus

427. For purulent meningitis typical (4):

- A. \*Neck stiffness
- B. \*Sign's Kernig's
- C. \*Epileptic attacks
- D. \*Headache
- E. Aphasia

428. For serous meningitis typical (2):

- A. \*Headache
- B. Hemiparesis
- C. Disorders of consciousness to coma

- D. \*Neck stiffness
- E. Haemorrhagic rash of face

429. The main additional method of diagnosis of meningitis:

- A. MRI brain
- B. CT brain
- C. EEG
- D. Lumbar puncture
- E. Angiography

430. For tuberculous meningitis specific (3):

- A. \*Chronic course
- B. Sensory aphasia
- C. \*Lesion of n.oculomotor
- D. \*Headache
- E. Ataxia of cerebellum

431. Main treatment of tuberculous meningitis:

- A. \*Isoniazid, rifampicin, pyrazinamide
- B. Benzylpenicillin
- C. Specific antitick – borne immunoglobulin
- D. Acyclovir
- E. Pyrimethamine, sulfadiazine

432. The encephalitis typical:

- A\*. Central paresis of limbs
- B\*. Increased of the body temperature
- C\*. Headache
- D. Rash of face and upper limbs
- E. Epileptic seizure

433. What option of violent movements can occur in the rheumatic encephalitis?

A\*. Chorea

B. Torsion dystonia

C. Hemibaliism

D. Tremor

E. Atetosis

434. Patient has increase of body temperature. Examination: peripheral paralysis of neck muscles, shoulder girdle, proximal parts of the upper extremities. The patient works as a shepherd. What is the previous diagnosis?

A\*. Tick-bone encephalitis

B. Epidemic encephalitis

C. Tuberculosis meningitis

D. Lyme disease

E. AIDS

435. Patient complains of weakness, diplopia, vision lesion of sleep, vertigo. Examination: disorders function of n.oculomotorius, ptosis, diplopia, divergent strabismus. What is the previous diagnosis?

A. Tick-bone encephalitis

B\*. Epidemic encephalitis

C. Stroke

D. Tumor brain

E. Meningococal meningitis

436. Patient has epidemic encephalitis chronia form. What syndrome is typical of chronic form of epidemic encephalitis?

A. Horner syndrome

B. Benedikt syndrome

- C. Chorea
- D. \*Parkinsons's syndrome
- E. Dropping head syndrome

438. A patient two a week ago carried flu, during 3-th days found out pain and asymmetry of face, on the left of gait, vertigo. Examination: peripheral paresis of the VII pair of cranial nerves, nystagmus, ataxia of Romberg's test. What is the diagnosis?

- A. Stroke of brain stem
- B. Tumor brain
- C. Neuropathy of n.facialis
- D. Epidemic encephalitis, acute form
- E\*. Leptomeningitis pontocerebellum angle

439. A patient has complains of headache in the morning with nausea, vomiting. In anamnesis: brain injury. During examination a convulsive attacks. CSF – high pressure, protein – cells dissociation. Ophtalmoscopia: standards disks of optic nerve. What is the diagnosis?

- A\*. Leptomeningitis
- B. Leptomeningitis pontocerebellum angle
- C. Encephalomyelitis
- D. Subarachnoid hemorrhage
- E. Meningitis

440. A patient has headache, nasal speech, disorders of swallowing, weakness of hand. Anamnesis of life: works as a forest quard. Examination: bulbar syndrome, peripheral paresis of the shoulders. What is diagnosis?

- A. Encephalomyelitis
- B. Epidemic encephalitis
- C\*. Tick-borne (spring-summer) encephalitis



- D. Poliomyelitis
- E. Amyotrophic lateral sclerosis

441. Patient has herpes simplex encephalitis. What is treatment (specific preparation)?

- A. Osmotic diuretics
- B. Ribonuclease
- C. Acyclovir
- D. \*Rimantadine
- E. Analgetics.

442. Poliomyelitis is (2):

- A. Is caused by Coxsackia virus.
- B. Occurs in children under the age of 10 years.
- C. Manifested by development of ataxia cerebellum.
- D. \*Manifested the development peripheral paresis of limbs.

443. For poliomyelitis typical:

- A. \*Disorders of anterior of spinal cord.
- B. Lateral horns of spinal cord
- C. Posterior horns of spinal cord
- D. N.facialis
- E. N.oculomotoris

444. Patient has pain of lumbar part weakness of lower limbs. Examination: peripheral paresis of lower limbs, hypoanesthesia conductive type, dysfunction of the pelvic organs CSF – neutrophils pleocytosis, increasing protein. What is disease?

- A. Poliomyelitis
- B. \*Acute myelitis

- C. Spinal stroke
- D. Amyotrophic lateral sclerosis
- E. Tumor of spinal cord.

445. Patient has acute myelitis, treatment:

- A. \*Prednisolone, antibiotics, trental, vit.B
- B. Antibiotics, immunoglobulin, vit.B
- C. Isoniazid, rifampicin, pyrazinamide
- D. Aspirin, dexamethasone, mannitol
- E. None of the above.

446. Patient has 40-year-old patient has been sulcrine from choking while, eating, slurred speech, incorrect articulation, fibrillar twitching and hypotrophy of the tongue muscles and oral automatism sings for three month. What is tne most likely diagnosis?

- A. Acute myelitis
- B. \*Amyotrophic lateral sclerosis
- C. Spinal stroke
- D. Neurosiphilis
- E. Multiple sclerosis

447. Patient has amyotrophic lateral sclerosis. What is treatment?

- A. \*Benzothiazol reluzole
- B. Mannitol
- C. Isoniazid
- D. Antibiotics
- E. None of the abobe

448. Patient 14-year-old has complaiuse on the weekness of right lower limbs, which appeared 3 days ago, from anamnesis: a week before hospitalization there

were dyspeptic disorders and slight increase in temperature. Examination: cranial nerves not pathology, peripheral paresis of right lower limbs, disorders of pelvic organs and sensitivity is not present. CSF-cells-protein dissociatio citosis -60/  
Lymfocytic pleocytosis protein – 0,33 mg. What disease is it?

- A. Spinal stroke
- B. \*Polimyelitis
- C. Acute myelitis
- D. Amyotrophic lateral sclerosis
- E. Multiple sclerosis

449. Patient has polimyelitis. What is the most informative research method?

- A. MRI
- B. EMG
- C. \*Virological examination (isolation of the virus of nasopharyngeal and fecal swindles)
- D. Serdological testes.
- E. EEG

450. Motor disorders acute period of transverse myelitis are affected:

- A. \*Flaccid paralysis
- B. Spastic paralysis
- C. Combined paresis
- D. Hyperkinesis
- E. Hypertonic-hypokinetic syndrome

451. Clinical formes of neurosyphilis:

- A\*. Tabes dotsalis
- B\*. Meningitis
- C. Syndrome of amyothrofic lateral sclerosis
- D\*. Progressive paresis

E. Neurolgia of n.trigeminal

452. Meningovascular neurosyphilis:

- A. The most common form of neurosyphilis
- B. \*Manifested of cerebral stroke
- C. Manifested of spinal stroke
- D. Manifested of amyotrophic lateral sclerosis
- E. Is accompanied by neutrophil pleocytosis in CSF

453. Patient has severe headache which appears at night. Examination: the absence of the pupil's reaction to the light at the preserved reaction to convergence and accomodation, miosis, anizokoria. CSF – lymphocyte pleocytosis, protein 0,5, RW – positive and glucose reducing 1,2 g/l. What diagnosis is it?

- A. Multiple sclerosis
- B\*. Acute syphilitic meningitis
- C. Meningovascular syphilis
- D. Acute encephalomyelitis.
- E. Leptomeningitis

454. Patient has paraesthesia, pain – a lancinating character, visceral crisis: stomach crisis examination: anizokoria, bilateral pupil's deformation, Argyll-Robertson syndrome. Ophthalmoscapia: primary gray atrophy optic nerve pain of face. What disease is it?

- A. Leptomeningitis
- B. Encephalitis epidemic
- C. Acute syphilis meningitis
- D\*. Tabes dorsalis, neuralgic state
- E. Tabes dorsalis, ataxic stage

455. Patient has neurosyphilis, tabes dorsalis, and ataxic stage. What clinical signs typical?

- A. Paraesthesia, pain, in internalorgans
- B\*. Disorders coordination in exremities disturbances of deep sensation, sensitive ataxia
- C. Argyll-Robertson syndrome
- D. Disorders of motor function; severe sensetitive ataxia, memory disturbances.
- E. Epileptic attacks, progressive paralisiss

456. Women 55-year-old complains of muscle pain of limbs, body temperature. Anamnesis: angina. Examination: tertraparesis, increase localization in proximal part hands and foots, hypotrophy of muscle, deep reflex loss. Analysis of blood: leukocytosis, increased SOE. What disease is it?

- A. Myodistrophia Erba
- B. Amiotrophic lateral sclerosis
- C\*. Polyomyositis
- D. Multiple sclerosis
- E. Myasthenia

457. Patient has polyomiosistis. What is the most informative research method?

- A. MRI
- B\*. EMG
- C. X-Ray
- D.EEG
- E. Serological test

458. Patient has complains of headache, dizziness and general hyperesthesia. In neurology status: weakening of reaction of the pupils to light, hypoalgesia on the radicular type in the region of the segment Th4-Th6, Th8-Th10, loss of vibratory

sensitivity of the lower limbs, meningeal syndrome absent. Lymphocytic pleocytosis, Wassermann's reaction is positive. When disease is it?

- A. Acute generalized syphilitic meningitis
- B\*. Asymptomatic syphilitic meningitis
- C. Meningovascular syphilitic meningitis
- D. Tabes dorsalis
- E. Encephalitis

459. Patient has coordinatory disorders: unsteadiness when walking which intensifies in evening in the dark. Examination: reduced joint and muscle sense in feet, syndrome Argyll-Robertson. What disease is it?

- A. Neuroborreliosis
- B. HIV-associated nervous system disorders
- C\*. Neurosyphilis, tabes dorsalis
- D. Neurosyphilis chronic meningitis

460. Late ectodermal forms of neurosyphilis characterized by the following:

- A\*. Neuralgic stage
- B. Acute syphilitic meningitis
- C. Basal syphilitic meningitis
- D\*. Ataxic stage
- E. Meningovascular syphilis

461. Debut of multiple sclerosis more often at the age:

- A. 3 to 10 years
- B. 10 to 20 years
- C\*. 20 to 40 years
- D. 40 to 60 years
- E. Over 60 years

462. In woman 3 months after birth appeared reduced vision in the right eye and sensation of numbness in the lower extremities. What is the preliminary diagnosis?

- A. Stroke of the stem
- B\*. Multiple sclerosis
- C. Amyotrophic lateral sclerosis
- D. Acute disseminated encephalomyelitis
- E. Myasthenia

463. Type disorders sensitivity of the multiple sclerosis:

- A. Polyneuritis
- B. Mononeuritis
- C. Segmentar dissociation
- D. Segmentar radicular
- E\*. Conductive type

464. In debut of multiple sclerosis typical:

- A\*. Disorders of vision
- B. Dysfunction of pelvic organs
- C. Epileptic attacks
- E. Motor aphasia
- D. Sensory aphasia

465. For multiple sclerosis typical:

- A\*. Retrobulbar neuritis of n.opticus
- B. Spastic of torticollis
- C\*. Cerebellum ataxia
- D. Sensory aphasia
- E\*. Imperative urge to urinate

466. Patient 32-year-old illness acute. Anamnesis four weeks ago is acute respiratory infection. Complains: headache, nausea, vomiting, diplopia. Objectively: fever to 38,8<sup>0</sup>C, stiffness of neck, bilateral Kernig's symptom, diverging strabismus, central hemiparesis. MRI – multifocal focuses in the white matter of the brain (lobes), pons, basal nucleus, thalamus. CSF – lymphocytic pleocytosis. What is the most likely disease?

- A. Multiple sclerosis
- B. Meningitis
- C. Encephalitis
- D\*. Acute disseminated encephalomyelitis
- E. Myelitis

467. A postpartum woman three months after labor developed a decrease in right eye vision acuity and sensation of numbness in her legs. What disease are such complaints typical of?

- A\*. Multiple sclerosis
- B. Stroke
- C. Encephalitis
- D. Neurosis
- E. Neurosyphilis

468. Of cranial nerves in multiple sclerosis often suffers:

- A. Olfactory
- B. \*Optic nerve
- C. Trigeminal
- D. Abducens
- E. Facialis

469. For treatment of acute state of multiple sclerosis used:

- A. \*Pulse therapy with methylprednisolone



- B. Thiamine
- C. Cerebrolysin
- D. Copaxone
- E. Baclofen

470. What are the characteristic symptoms of ulnar nerve neuropathy?

- A. Drop hand
- B. Absence of triceps reflex
- C. Hyperreflexia of triceps reflex
- D. \*IV and V fingers flexion disturbances
- E. I-III fingers flexion disturbances

471. What are the main symptoms of polyneuropathies?

- A. \*Dissociative sensitive disorders of the hands and feet
- B. Central paresis of extremities
- C. Pathologic reflexes and conductive sensitive disorders
- D. Disorders of sphincters function
- E. Peripheral paresis and sensitive disorders of hands and feet

472. What are the symptoms of lumboischialgia?

- A. Muscle atrophy and areflexia
- B. \*Back pain and tension of back muscles
- C. Conductive anesthesia and paresthesia
- D. Peripheral paresis and sensitive disorders
- E. Central paresis of the extremities

473. Which of the following symptoms are typical of mononeuropathy?

- A. Pain in the distal limb;
- B. Symptoms of combined nerve damage;
- C. \*Neural type of sensory disorder;

- D. Protein-cell dissociation in liquor;
- E. Tension of the lumbar muscles of the back;
- F.\* Hypotonia, hypotrophy of individual muscle groups.

474. Which of the following symptoms are characteristic of plexopathy?

- A. Neural type of sensory disorder;
- B. Pleocytosis in the cerebrospinal fluid;
- C.\* Symptoms of combined nerve damage;
- D. Hypotonia, hypotrophy of muscle groups;
- E. Scoliosis convex in the healthy side;

475. Identify the symptoms characteristic of femoral neuropathy.

- A.\* Paralysis of the calf muscle;
- B. The symptom of Lasega;
- C. Absence of plantar reflex;
- D. Absence of the knee reflex;
- E. Sensory impairment on the anterior surface of the thigh and the anterior-inner surface of the leg;

476. Specify the symptoms characteristic of alcohol polyneuropathy:

- A. Proximal paresis of extremities;
- B. Conductive sensory disturbances;
- C. Distal paresis of extremities;
- D. \*Paresthesia and pain in the extremities;
- E. Pain in nervous trunks;

477. Which of the following symptoms is characteristic for ganglionitis?

- A. \*Herpetic exudative skin rashes;
- B. Tetraparesis;
- C. Limited peripheral paresis of muscles;

D. Pain in the root;

E. Disorders of all types of sensitivity of the corresponding dermatomes.

478. Indicate the kinds of generalized seizures.

- A. Motor Jackson's, sensor Jackson's seizure
- B. \*Absences, tonic-clonic seizure
- C. Seizure with psychic symptoms, automatisms
- D. Autonomic, Kozhevnikov's epilepsy
- E. Adversive, automatisms

479. What symptoms are common for all primary generalized seizures?

- A. Automatisms
- B. Sensory symptoms
- C. Motor seizures
- D. Visual hallucinations
- E. \*Loss of consciousness

480. What additional diagnostic method can prove the diagnosis of epilepsy?

- A. Echoencephalography
- B. Radioisotope method
- C. Pneumoencephalography
- D. \*Electroencephalography
- E. Myelography

481. Prescribe medicine for treatment of status epileptics.

- A. \*Carbamazepine
- B. Levetiracetam
- C. Diazepam
- D. Ethosuximide
- E. Lamotrigine

482. Which of the following symptoms are typical for seizures with localizing an epileptic focus in a temporal lobe?

- A. The feeling of 'already seen';
- B. Visceral crises;
- C. Visual hallucinations;
- D. Olfactory hallucinations;
- E. \*Sensory version of Jackson's epilepsy.

483. Which of the following signs is characteristic for seizures with localizing an epileptic focus in the frontal lobe?

- A. \*Sensory version of Jackson's epilepsy;
- B. Jackson's epilepsy;
- C. Opacious crises;
- D. The feeling of "already seen";
- E. Photopsy.

484. Which of the following signs is typical for seizures with localizing an epileptic focus in the occipital lobe?

- A. Visual hallucinations;
- B. \*Photopsy;
- C. Macro- and micropsy;
- D. The opercular crises;
- E. Paresthesia.

485. Which of the following signs is characteristic for seizures with localizing an epileptic focus in the parietal lobe?

- A. \*focal motor seizures;
- B. olfactory hallucinations;
- C. focal sensory attacks;

- D. auditory hallucinations;
- E. photopsia.

486. characteristic of the generalized epilepsy are:

- A. \*Loss of consciousness;
- B. Dizziness;
- C. Tonic-clonic seizures;
- D. Retrograde amnesia;
- E. Babinski's asynchrony.

487. What are the features of tuberculous meningitis?

- A. Respiratory and cardiac malfunction, bulbar disturbances
- B. \*Lymphocytic pleocytosis, fibrin membrane in CSF
- C. Neutrophilic pleocytosis, paresis of the extremities
- D. Positive Wassermann reaction, sensitive disorders
- E. Protein cellular dissociation in CSF, paraplegia

488. Human immunodeficiency virus and cytomegalovirus lead to forming in brain:

- A.\* Cytoplasmic inclusions
- B. Atherosclerosis plaques
- C. Endoneural amyloid
- D. Intranuclear inclusions
- E. Microglial nodes

489. Brain tumors can develop at patients with secondary neuroAIDS. What is the most frequent cerebral tumor for persons, infected with HIV?

- A.\*Primary lymphadenoma
- B. Kaposi's sarcoma
- C. Oligodendroglioma

D. Glioblastoma multiforme

E. Meningioma

490. The defeat of brain at a tubercular infection develops as a reaction on a tubercular bacillus and leads to forming:

A. \* Caseous granuloma

B. Dysplasia of CNS tissues

C. Coloboma

D. Sclerosis

E. Heterotopia

491. Changes of cerebrospinal fluid at tuberculosis necessary to differentiate with changes at:

A. \*Mycotic meningitis

B. Viral encephalitis

C. Brain abscess

D. Cysticercosis

E. Subarachnoid hemorrhage

492. To the basic clinical forms of primary neuroAIDS belong:

A. Acute meningoencephalitis

B. Chronic inflammatory demyelination polyneuropathy

C. \*Lymphadenoma of brain

D. \*Brain abscess

E. AIDS-dementia

493. Characteristic changes of cerebrospinal fluid at tubercular meningitis are following:

A. Pressure buildup

B. Neutrophilic pleocytosis

- C. \*Lymphocytic or mixed pleocytosis
- D. \*Decrease of glucosa and chlorides quantity
- E. Increase of glucosa and chlorides quantity

494. Meningeal symptoms directly related to lesion:

- A. Substances of the brain;
- B. Spinal cord; rootlets;
- C. Arachnoid (arachnoid) shell;
- D. \*Soft meninges.
- E. Brainstem

495. Which of this symptom are not complications of tuberculous meningitis:

- A. \*Hydrocephalitis;
- B. Paresis and paralysis;
- C. Atrophy of the optic nerve;
- D. Tuberculoma of the brain;
- E. Epileptic seizures.

496. A 30-year-old man suffers from cyclic attacks of headache. These attacks usually occur at night and are preceded by alcohol intake. What type of headache does man suffer from?

- A. Tension headache
- B\*. Cluster headache
- C. Migraine with aura.
- D. Stroke
- E. Hypertensive headache.

497. For tension headache typical pain:

- A. Pulsating
- B. One side

C. Paroxysmal

D\*. Pain as a sensation of a “Tight hat”

E. Prosopalgia

498. Attacks of migraine:

A\*. More common in women

B\*. Apper in late childhood or young

C. Amplified in the elrerly

D. Lost no more than 4 hours

E. Common in men

499. Cluster headache:

A\*. Continues 15-20 min

B. Occurs predominantly in women

C\*. Accompanied by watery eyes, rhinorhea, edema eyelid

D. Relieved by paracetamol

E. Headache type of “helmet”

500. Tension headache:

A\*. Are a constricting or oppressive is nature

B. Often accompanied by nausea and vomiting

C. Apper is young age

D. Lasts more than a day

E. Accompanied focal neurology symptoms

501. Migraine is:

A\*. A has paroxysmal character

B. Accompanied focal neurology symptoms out attacks

C\*. Wanes in severity in the elderly

D\*. Often runs in families



E\*. Common in men

502. Treatment of chronic tension headache:

- A\*. Antidepressant
- B. Narcotic analgesics
- C\*. Muscles relaxants
- D. Oxygen inhalation
- E. Nootropic agents

503. Relief of a migraine attack:

- A. \*Antagonists of serotonin reception
- B. Antidepressants
- C. Drugs ergotamine
- D. Anticoagulation
- E. Vasodilator drugs

504. What is the feature of Duchenne primary muscle dystrophy?

- A. central paresis of the extremities
- B. \*Sural muscle pseudohypertrophy
- C. Pelvic dysfunction
- D. Muscle fibrillation
- E. The dissociated type of sensitive disorders

505. Indicate additional diagnostic methods for patients with myopathy?

- A. \*Brain CT and MRI scanning
- B. Electroencephalography
- C. Electromyography
- D. Analysis of copper concentration in the blood
- E. Myelography

506. What are the features of Huntington disease?

- A. Muscle hypertone, aphasia
- B. Peripheral paresis of the extremities, bulbar syndrome
- C. Ataxia, central limb paresis
- D. \*Hyperkinetic syndrome, muscle hypotonus
- E. Bulbar syndrome, sensitive disorders

507. Choose symptoms of hepatolenticular disease

- A. \*Hyperkinesias, Kayser - Fleischer ring
- B. Muscle hypertone, aphasia
- C. Bulbar syndrome, sensitive disorder
- D. Hemiplegia-sensitive disorders
- E. Disk edema of optic nerves, monoparesis

508. What are the myasthenia signs?

- A. Peripheral paresis of the extremities, ataxia
- B. Muscle fibrillation, sensitive disorders
- C. \*Muscle fatigue, weakness
- D. Hemiplegia, sensitive disorders •
- E. Pelvic dysfunction, peripheral limb paresis

509. Youth, 15 years, grumbles about the weakness of muscles of the back. In neurological status: a person is poor on mimicry, transversal smile, lips of „Tapir”, atrophy of muscles of shoulder-blades, syndrome of free shoulders. Tendon reflexes are myonectic from overhead extremities, muscular tone is mionectic in the procsimal groups of muscles. What most reliable diagnosis?

- A. \*Facioscapulohumeral muscular dystrophy Landouzy-Dejerine's
- B. Spinal amyotrophy Werdning-Hoffman's
- C. Progressing muscular dystrophy of Erb-Rott's.
- D. Pseudohypertrophic form of Dyushen's.

E. Dystrophy Bekker's.

510. A girl, 15 years, grumbles about a hypotaxia motions, language. In neurological status: nystagmus, adiadochocinesia, the scanned language, tendon reflexes and muscular tone, is myonectic; kyphoscoliosis, deformation feet, myocardial dystrophy. What most reliable diagnosis?

- A. \*Familial ataxia of Friedreich's
- B. Cerebellar ataxia of Pier-Marie.
- C. Funicular myelosis.
- D. Multiple sclerosis.
- E. Epidemic encephalitis.

511. Pathomorphological substrate in Parkinson's disease:

- A. \*Black substance
- B. Nucleus Yakubovich
- C. Tractus rubrospinalis
- D. Red nucleus
- E. Schroder's core

512. Clinical forms of Parkinson's disease are everything except:

- A. Trembling
- B. Rigid
- C. Mixed
- D. Akinetic
- E. \*Chorea

513. Which of the following features is associated with arterial hypertension and ischemic stroke?

- A. Etiology (atherosclerosis, diabetes mellitus, rheumatism)
- B. \* Etiology (hypertonic disease, vascular malformations)

- C. Young age
- D. Blood in the liquor
- E. Liquor is not changed

514. In the treatment of brain abscess, the most effective method is:

- A.\* Massive administration of antibiotics and dehydrating agents
- B. Surgical abscess removal
- C. Rinsing abscess with dioxin
- D. Washing abscess cavity with antibiotics
- E. Use of anti-inflammatory doses of radiotherapy

515. The occlusion of the extracranial part of the vertebral artery from occlusion of the intracranial part is distinguished by the presence:

- A.\* Classical alternating syndromes
- B. Oculomotor disorders
- C. Motor and sensory disorders
- D. "Patchiness" of the trunk on the long line
- E. Vestibulo-cerebellar disorders

516. The main cause of cerebral ischemia in acute myocardial infarction with rhythm disturbance (cardiocerebral syndrome) is:

- A.\* Increase in blood viscosity
- B. Increase in the activity of the coagulation system
- C. Deterioration of rheological properties of blood
- D. Decrease in systemic perfusion pressure
- E. Increasing aggregation of blood elements

517. Girl 15 years old during active aerobic exercise periodically loses consciousness. What is the possible cause of the occurrence of syncope states:

- A. A disorder of consciousness with a sharp increase in blood pressure;

- B. Violation of consciousness in narcolepsy;
- C. Violation of consciousness in epilepsy;
- D. \* Cerebral vein stealing syndrome.
- E. Increase in the content of CO<sub>2</sub> in the blood

518. A teenager of 17 years of age, a student of the 11th form of secondary school in the city of Kiev during periods of physical education periodically faints. Name that is NOT typical of syncopal states

- A. Duration of loss of consciousness is usually from several seconds to 1 minute;
- B. \* Usually the duration of the loss of consciousness for several minutes or more;
- C. Possible development of precursors;
- D. Development of loss of consciousness without predictors;
- E. Possible development by the court.

519. During the last 7 days, the patient gradually increased fatigue, there was a daytime drowsiness, apathy. Relatives report inadequate behavior with marked changes in the structure of the personality, violation of the orientation in time. In the neurological status - the presence of "clapping" tremor, hyperactive reflexes (sucking, proboscis), monotonous speech. In laboratory analyzes - the general bilirubin, ALT and the norm of norm. What condition has developed in the patient?

- A. Uremic encephalopathy
- B. Depression
- C. Exacerbation of cholecystitis
- D. \* Liver encephalopathy
- E. Parkinson's disease

520. Patient C. 55 years old. The disease developed slowly. Among the first symptoms are characterized by increased anxiety, slower perception of the environment. It complained of increased fatigue, apathy, and decreased attention. With the progression of the disease there is a decrease in cognitive function,

inadequate behavior, visual hallucinations, epileptic seizures. Creatinine is high in blood.

- A. \* Uremic encephalopathy
- B. Disciporular encephalopathy
- C. Symptoms of heart failure
- D. Vertebrobasilar insufficiency
- E. Hepatic encephalopathy

521. During the examination they observe the neck shortening. Low hair lone and presence of the skin folds from the neck to shoulders. The active and passive movement of the head is limited. Neurologic symptoms: synkineses of the extremities. What is the syndrome?

- A. Syndrome of Arnold-Chiari
- B\*. Syndrome Klippel-Feil
- C. Syndrome Dandy-Walker
- D. Syringomyelia
- E. Basilar impression

522. Patient has headache in occipital area lesion coordination. Neurology examination: spastic tetraparesis, atrophy of the tongue, nystagmus “ocular bobbing”, ataxia, respiratory disturbance. Anamnesis vital: rickets. What is the disease?

- A. Syndrome of Arnold-Chiari
- B. Syndrome Klippel-Feil
- C. Syndrome Dandy-Walker
- D. Syringomyelia
- E\*. Basilar impression

523. Syndrome Dandy-Walker, what clinical syndrome typical?

- A. Disraphic status

- B. Spastic tetraparesis
- C. Respiratory disturbances
- D\*. Progressive hydrocephalus, hypertension with divergence
- E. Neonatal period they find symptoms of the hydrocephalus, delay of the psychomotor development.

524. For syndrome of Arnold-Chiari typical:

- A\*. Cerebellar disturbance and occurring spastic tetraplegia during any period of life.
- B. Synkinesis in the extremities.
- C. Dystrophic status.
- D. Pain and temperature lesion.

525. Typical disturbance of sensation on syringomyelia. A superficial sense: pain temperature tach.

- A\*. Pain and temperature.
- B. Superficial sense: pain temperature tach.
- C\*. Dissociated disorders of sensitivity in the form of a "jacket or semi-jacket".
- D. Tach and vibration
- E. Two-dimensional and discriminating senses.

526. Type disorders of sensitivity in syringomyelia:

- A. Polyneuritic type
- B. Mononeuritic
- C\*. Segmentary spinal
- D. Segmentary radicular
- E. Cerebral type.

527. When syringomyelia pervice suffering:

- A. Brain cortex

- B. Anterior horns of spinal cord
- C\*. Posterior horns of spinal cord
- D. Thalamus
- E. Brain stem.

528. The most informative of visualization of the spinal cord on the method syringomyelia:

- A\*. MRI
- B. X-Ray
- C. CT
- D. EEG
- E. EMG

529. A 7-year-old child complains of frequent headaches, difficulty when swallowing. The head is enlarged. The tongue muscle, sternocleidomastoid and found. Hystagmus when looking down, ataxia. According to the parents, these phenomena have been, observed from birth. What kind of disease can you think of?

- A. Syringomyelia
- B\*. Arnold-Chiari syndrome
- C. Multiple sclerosis
- D. Encephalitis
- E. Tumor brain

530. Which of the following signs belong to subarachnoid hemorrhage?

- A. The presence of lucid interval
- B\*. Meningeal syndrome
- C\*. General symptoms
- D. Absent blood in CSF
- E\*. Present blood in CSF



531. What motor disorders can be revealed in spastic diplopia?

A. Central hemiparesis

B\*. Central (spastic) tetraparesis prevalent in lower limbs

C. Spastic lower paraparesis

D. Peripheral tetraparesis

E\*. Hypertonic-hyperkinetic

532. In a patient 3-year-old with complicated obstetric history (fetal hypoxia, asphyxia), delay psychoverbal and motor development the neurological status at birth marked weakness of limbs, with increased of muscles tone and tendon reflex pathology reflex from two side, not to talk, walks. What is the disease?

A. Cerebral palsy, spastic diplopia form

B. Cerebral palsy, hemiparesis's form

C. Intraventricular hemorrhage

D. Cerebral palsy, a tonic – astatic

E\*. Cerebral palsy double hemiplegia

533. In a patient 3-year-old with complicated obstetric history (fetal hypoxia, asphyxia), delay psychoverbal and motor development the neurological status at birth marked weakness of limbs, with increased of muscles tone and tendon reflex pathology reflex from two side, not to talk, walks. What main clinical syndrome typical for:

A. Central lower paraparesis

B. Central hemiparesis

C\*. Central tetraparesis prevalent in lower limbs

D. Atonic-astatic

E. Hypertonic-hyperkinetic

534. In a patient 12-year-old with complicated obstetric history (rapid birth, asphyxia) delay psychoverbal the neurology status at birth masked weakness of limbs of the right side with increased muscles tone and tendon reflex present pathology reflex of right side, deviation of tongue in right, saved sensitivity. What is clinical diagnosis and syndrome, topic diagnosis?

- A. Cerebral palsy diplegia
- B\*. Frontal central gyrus left
- C\*. Central hemiparesis
- D. Central tetraparesis
- E\*. Cerebral palsy hemiplegia

535. In a patient 12-year-old with complicated obstetric history (rapid birth, asphyxia) delay psychoverbal the neurology status at birth masked weakness of limbs of the right side with increased muscles tone and tendon reflex present pathology reflex of right side, deviation of tongue in right, saved sensitivity. List the clinical forms of cerebral palsy:

- A. Hypotonic-hyperkinetic
- B\*. Double hemiplegia
- C\*. Hypertonic-hyperkinetic
- D\*. Spastic hemiplegia
- E\*. Atonic-astatic

536. For hyperkinetic form of cerebral palsy typical:

- A. Athetosis
- B. Chorea
- C. Torsion dystonic
- D. Choreoathetosis
- E. All of the above

537. Most often-in diagnostic intracranial changes among the first year of life used:

- A. Computed tomography
- B. MRI
- C. Neurosonography
- D. Analysis of CSF
- E. Diaphanoscopy

538. What form of cerebral palsy called the disease “Little”?

- A. Hemiplegia
- B. Hyperkinetic
- C. \*Spastic double plegia
- D. Torsion dystonic
- E. Combined

539. Dislocation syndrome typical for:

- A. Brain concussion
- B. Brain injury, mild
- C. Brain injury, medium
- D\*. Subdural hematoma
- E\*. Epidural hematoma

540. The duration of loss of consciousness with concussion of brain:

- A\*. Several second or minutes
- B. 1-2 hours
- C. 3-24 hours
- D. More than a day

541. The absence of neurologic abnormalities later 2-3 hours after injury typical:

- A\*. Brain concussion
- B. Brain injury, mild
- C. Brain injury, medium

- D. Brain injury, severe
- E. Intracranial traumatic hematomas

542. Late complication of traumatic brain injury:

- A. Liquorrhea
- B. Compression of the brain
- C. Swelling of the brain
- D\*. Rotary movement of the brain
- E. Hydrocephalus

543. As mild traumatic brain injury include

- A\*. Brain concussion
- B\*. Brain injury, mild
- C. Brain injury, medium
- D. Brain injury, severe
- E. Compression of the brain

544. The preferential localization intracranial traumatic hematomas:

- A. Epidural hematoma
- B\*. Subdural hematoma
- C. Intracerebral hematoma
- D. Intraventricular hematoma

545. If you suspect compression of the brain the most informatively:

- A. Echoencephalography
- B. R-ray of the skull
- C\*. CT
- D. Ultrasonography
- E. Electroencephalography

546. For traumatic epidural hematoma typical:

- A. Brief loss of consciousness
- B\*. Lesion of the oculomotor nerve
- C\*. Hemiparalysis
- D\*. Epileptic seizures
- E. Gorher's syndrome

547. Indications for surgical treatment in traumatic brain injury:

- A. Brain injury, mild
- B. Brain injury, medium
- C\*. Subdural hematoma
- D\*. Epidural hematoma
- E. Subarchnoid hemorrhage

548. What clinical features are characteristic for abscess of brain?

- A\*. Infections syndrome, focal symptoms, change of CT.
- B. Infections syndrome, focal symptoms, not change of CT.
- C. Changes of CT, without clinical symptoms.
- D. Hyperdensity focus of CT, infections and focal syndromes.
- E. Hypodensity of CT, focal syndrome

549. Specific methods of diagnosis brain abscess?

- A. Dopplerography
- B. Angiography
- C. \*CT-scan
- D. Pneumoencephalography
- E. EEG

550. What from listed disease may be complicated by cerebral abscesses?

- A. Cerebral arteriosclerosis

- B. Arterial hypertension
- C. Tuberculosis of the lungs
- D. Ischemic stroke
- E\*. Purulent otitis media

551. Which method is the most radical treatment for abscesses brain?

- A. Antibioterapia
- B. Puncture of an abscess
- C\*. The removal of abscess and capsule
- D. Drainage of the abscess
- E. Dehydration

552. Patient purulent otitis media occurred raised syndrome, hemiparesis on right, hyperthermia offset by. Ophthalmoscopy congestion of the optic nerve. What is the most likely diagnosis?

- A. Purulent meningitis.
- B\*. Abscess of brain
- C. Hemorrhage stroke
- D. Subarachnoid hemorrhage
- E. Tumor brain

553. The patient complains of headache and history of sinusitis. MRI pathology focus 5 cm in diameter the capsule, in the centre fluid CSF: protein of 1,82 g/l, citosis 200 cells, analysis of blood leukocytosis. Ophthalmoscopy: congestion of the optic nerve. What is the most likely diagnosis?

- A. Tumor brain
- B. Meningitis purulent
- C. Hemorrhage stroke
- D\*. Abscess brain
- E. Multiple sclerosis

554. What method is most informative in cases of suspected brain abscess?

- A. Craniography
- B. Ophthalmoscopy
- C\*. MRI
- D. CT scan
- E. Lumbar puncture

555. What clinical signs are characteristic of brain abscess?

- A. Syndrome of Parkinson's
- B\*. Presence of paresis
- C. Brown-Sequard syndrome
- D. Disorders of pelvic organs
- E. Fibrillar muscle twitching

556. What clinical signs not characteristic of brain abscess?

- A. The presence of erythrocytes in the CSF
- B\*. The absence of changes in cerebro-spinal fluid
- C. The presence of paresis
- D. The changes of ophthalmoscopy
- E. The presence of changes of MRI

557. What causes of brain abscess?

- A\*. Ear infection
- B\*. Severe head injury
- C. Cerebral atherosclerosis
- D. Diabetes.
- E. Arterial hypertension.

558. What are the clinical signs of cysticercosis?

- A. No change in the general analysis of blood.
- B\*. Focal symptoms
- C. Syndrome of liquor hypotension
- D. Increase of blood temperature
- E. Progressive course of disease

559. Select the method of treatment of cysticercosis:

- A. Antibiotic therapy
- B\*. Syrgical
- C. Treatment of antiparasitic drugs
- D. Immunomodulators
- E. Diuretic drugs

560. What changes in general blood test in echinococcosis?

- A\*. Eosinophilia
- B. Basophilia
- C. Monocytosis
- D. Increased SOY erythrocyte
- E. Decrease in hemoglobin

561. Peaction for thr diagnosis of echinococcosis:

- A. Pandi
- B\*. Kazom
- C. Wasserman
- D. RIBT and RIF
- E. Nonna-Apelt

562. What change liquor fluid typical for echinococcosis?

- A. Decrease of gluose and chlorides
- B. Increase of protein



- C\*. Eosinophilia pleocytosis
- D. neutrophil pleocytosis
- E. Lymphocytosis pleocytosis

563. What way of transmission of toxoplasmosis?

- A. Alimentary
- B. Lymphogenic
- C. Perineural
- D. Airborne
- E. Through bodily fluids

564. What are the signs characteristic of congenital toxoplasmosis?

- A\*. Chorioretinopathy
- B. Intracranial hypotension
- C. An "empty" Turkish saddle
- D. Lack of signs of CT/MRI in.
- E. Hemorrhagic focus in brain of MRI-investigation

565. For disease Creutzfeld-Jacobs typical signs:

- A\*. Progressive dementia
- B. Fever
- C. Increase of SOY erythrocyte
- D. Increased leukocytes in the analysis of blood
- E. CSF-pleocytosis

566. What of the disease are not relevant to prion?

- A. Disease of Creutzfeld-Jacobs
- B. Disease Kuru
- C. Family fatal insomnia
- D. Disease Gerstmann-Straussler-Shankara

E. \*Disease Alzheimer's

567. For spongiform encephalopathy is not typical:

- A. Spongiform neural degeneration
- B. Astrocytic gliosis
- C. Reducing of neurons in cortical and subcortical structure
- D. The presence of amyloid formation
- E\*. Hyperdensity focuses

568. Which way the spread of the pathogen in Lyme-borreliosis

- A. Water-borne
- B. Parenteral
- C\*. Vector-borne
- D. Contact-borne
- E. Alimentary

569. A carrier of the pathogen of in Lyme-borreliosis

- A. *Treponema pallidum*
- B. Cootie
- C. Mosquito *Anopheles*
- D. \*Ticks
- E. Fleas

570. A patient grumbles about violent motions in the muscles of face, neck, overhead extremities, constraint. Examination: intellect is declining, rigidity of muscles of neck, torsion dystonia, speech is intermittent, and on specific changes is Kayser-Fleischer ring in the iris, decrease of copper in blood. What is the diagnosis?

- A. \*Wilson-Konovalov's disease.
- B. Huntington's disease.
- C. Spastic paraplegia of Strumpell's.

- D. Epidemic encephalitis, chronic stage
- E. Dissipated sclerosis, cerebral form.

571. Patient has hemiparesis, hyposthesia on the right, motor aphasia, disorders of consciousness after gastrointestinal bleeding. What is the diagnosis?

- A. \*Hemodynamic ischemic stroke.
- B. Transient ischemic attack.
- C. Atherothrombotic ischemic stroke.
- D. Cardioembolic ischemic stroke.
- E. Lacunar ischemic stroke.

572. At patient have pains and limitations of motion in the pectoral regio of spine. Examination: pain full palpation paravertebral point and vertebral processes positive in thoracic regio. Tension of long muscles of pectoral level on the right. What is the diagnosis?

- A. Cervico-thoracalgia.
- B. Syringomyelia (Th5-Th7).
- C. Neuralgia torack regio.
- D. \*Thoracalgia.
- E. Radiculopathy of Th5.

573. At patient has is pains in low back and right foot. Examination: pain full of paravertebral point and vertebral processes and point of Valle. On right knee reflex decrease hypoalgesia on the anterior surface foot on right Lasgue's symptom positive. What is the diagnosis?

- A. Radiculopathy of S1 on the right.
- B. Lumbago.
- C. Radiculopathy of L5 on the right.
- D. Lumbalgia.
- E. \*Lumbar ischalgia

574. What structures are damaged in multiple sclerosis most frequently?

- A. Peripheral nerves
- B. Spinal cord grey matter
- C. \*The brain and spinal cord white matter
- D. Brain grey matter
- E. Brain membranes

575. Point to signs of the peripheral palsies:

- A. Muscle hypertonus, oral automatism
- B. Deep reflexes hyperreflexia
- C. \*Areflexia, muscle atonia
- D. Pathological reflexes
- E. Hypoesthesia, anesthesia

576. At men after the protracted stay in the forced position «squat», has weakness in a right foot. Examination: decline of sensitiveness on the surface of right shin, paresis of back posterior of foot. What is the diagnosis?

- A. Lumbar ischalgia on the right
- B. Radiculoischemia S1 on the right.
- C. \*Tunnel syndrome of fibular nerve on the right.
- D. Radiculoischemia L5 on the right.
- E. Tunnel syndrome of tibial nerve on the right.

577. At patient grumbles about violent motions of muscles of face, upper and lower extremities, acrimony, decline of memory and ability to work. Examination: slow speech, involuntary movements, emotional labile. KT is atrophy of bark of large brain. What is the diagnosis?

- A. Myoclonus epilepsy.
- B. Stroke.

- C. \*Huntington disease.
- D. Chorea small.
- E. Hepato-cerebraldegeneration.

578. At patient has weakness in extremities. The first symptoms of illness appeared 5 years ago, weakness of feet and hands and last months of muscle of face and trunk. Examination: lips of “Tapir”, transversal smile. Pterygoid scapula. What is the diagnosis?

- A. Myasthenia gravis.
- B. Erb-Rott’s dystrophy.
- C. \*Faciocapulohumeral muscular dystrophy Landouzy-Dejerine.
- D. Spinal muscular atrophy.
- E. Duchenne muscular dystrophy.

579. Yong women have general weakness of body muscles, diplopia that increases in the evening, morning – weakness absent. Examination: ophthalmoplegia, dysphonia, dysphagia. After proserine test weakness is absent. What is the diagnosis?

- A. \*Myasthenia.
- B. Neurostenia.
- C. Stroke.
- D. Multiple sclerosis.
- E. Encephalitis.

580. Indicate the clinical sign of the brain concussion

- A. Motor aphasia
- B. Pareses and paralyses
- C. \*Short-term confusion
- D. Agnosia
- E. Increasing, of the corneal reflexes

581. Patient has acute pain in lumbus (after elevation of severity) shooting through pain appeared in small of back. Examination: painful palpation of muscles is in a lumbar department, limitation of motions in lumbus deep reflex present and sensory non disorders. What is the diagnosis?

- A. Radicular ischemia L5.
- B. \*Lumbago.
- C. Lumbar ischalgia.
- D. Radiculopathy of L5.
- E. Lumbalgia.

582. At patient has myocardial infarction in anamnesis. The patient complains on numbness of face and extremities of right. Examination: paresis of right extremities defeat of speech. Regress of focal signs after 20 min. What is the diagnosis?

- A. \*Transient ischemic attack in middle cerebral artery.
- B. Epileptic attacks.
- C. Transient global amnesia.
- D. Cardioembolic stroke.
- E. Migraine aura.

583. What are the clinical forms of migraine with aura?

- A. Hyperkinetic, atactic
- B. Hypokinetic, aphasic
- C. \*Ophthalmic, basilar
- D. Vestibular, atactic
- E. Shaking, hypokinetic

584. What are the myasthenia signs?

- A. Hemiplegia, sensitive disorders
- B. Peripheral paresis of the extremities, ataxia

- C. Pelvic dysfunction, peripheral limb paresis
- D. Muscle fibrillation, sensitive disorders
- E. \*Muscle fatigue, weakness

585. A girl has periodic headache in frontotemporal area, pain have stereotype character, accompanied by the change of mood, by photopsias and arising up 3-4 times per a month. KT - the organic defeats of cerebrum are not present. What is the diagnosis?

- A. Tension headache.
- B. \* Migraine with an aura.
- C. Cervical migraine.
- D. Cluster headache.
- E. Migraine without an aura.

586. At patient has pain in lumbar region, weakness in lower extremities, disorders of pelvic organs. Examination: lower spastic paraparesis, deep reflex high of feet syndromes Babinski, Rossolimo present. MRI: hernia of dick L4-L5, L5-S1 canal stenosis of spain. What is the diagnosis?

- A. Myeloischemia.
- B. Radiculopathy L5-S1.
- C. Radiculoischemia S1.
- D. \*Radiculoischemia L5-S1.
- E. Radiculoischemia L5.

587. Choose symptoms of hepatolenticular disease

- A. Muscle hypertone, aphasia
- B. Bulbar syndrome, sensitive disorders
- C. Disk edema of optic nerves, monoparesis
- D. Hemiplegia-sensitive disorders
- E. \*Hyperkinesias, Kayser - Fleischer ring

588. What are the nosological forms of headache?

- A. Headache caused by arterial hypertension, neuralgic pain
- B. Liquor-dynamic headache, neuralgic pain
- C. Headache caused by arterial hypotension, psychogenic headache
- D. \* Migraine, tension headache, cluster headache
- E. Psychogenic headache, liquor-dynamic headache

589. Indicate the main causes of multiple sclerosis.

- A. Emotional stresses and hypodynamia
- B. High arterial blood pressure and hypercholesterolemia
- C. \*Viral infection and inherited predisposition
- D. Disturbances in blood circulation and copper metabolism
- E. Bacterial or fungal infection

590. What additional diagnostic method confirms subarachnoid hemorrhage?

- A. Ophtalmoscopy
- B. Cranial X-ray examination
- C. \*Lumbar puncture
- D. Electroencephalography
- E. Echoencephalography

591. At patient, 45 years, has decline of memory, violation of concentration of attention, loss of weight. From anamnesis: narcotic dependence. Examination: emotional labile, hyperreflexia, positive symptoms of oral automatism, grabbing's phenomens, tremor. Blood and SCF are directed on determination of antibodies and HIV. What is the diagnosis?

- A. Brain tumor.
- B. Encephalitis.
- C. Stroke.



- D. \*AIDS (acquired immunodeficiency syndrome) dementia.
- E. Encephalopathy.

592. At patient has a tunnel mononeuropathy of right fibular nerve. What blockades are conducted by sick with a tunnel mononeuropathy?

- A. Superficial blockades in pain points
- B. \* Perinevral blockades.
- C. Paravertebral blockades.
- D. Parasacral blockades.
- E. Conductive blockades.

593. At patient suffering headache pulsate and pressing type, depend on a menstruation in right has parietofrontal area. Headache accompaniment is nausea and vomiting. What is the diagnosis?

- A. Stroke.
- B. Cluster headache.
- C. Neuralgia trigeminal.
- D. Temporal arteritis.
- E. \*Migraine without an aura.

594. Patient complains about the slowness of gait, change of carriage, tremor of hands and head. Examination: bradyphasia, bradikinesia, micrography, tremor of fingers on type "rolling of pills". Symptome of Noica-Haneva positive. What is the diagnosis?

- A. \* Parkinson's disease.
- B. Ischemic stroke in brain stem.
- C. Huntington's disease.
- D. Hepatocerebral dystrophy.
- E. Chronic stage of epidemic encephalitis.

595. At patient has ischemic heart disease with rhythm disorders. Examination: motor aphasia, seizures and psychomotor agitation. What is the diagnosis?

- A. Ventricular hemorrhage.
- B. \*Cardioembolic stroke.
- C. Atherothrombotic stroke.
- D. Subarachnoid hemorrhage.
- E. Transitory ischemic attack.

596. What are the characteristics of tick-borne encephalitis?

- A. \*Flaccid pareses of upper extremities, bulbar disturbances
- B. Sensitive disorders, ataxia
- C. Hypomimia, hypokinesia
- D. Conductive hemihyesthesia, spastic hemiplegia
- E. Pathological somnolence, oculomotor disturbances

597. At patient has dizziness, weakness, after flu, the decline visual. Examination: nystagmus, abdominal reflexes absent. Examination of ophthalmologist: retrobulbar neuritis of visual nerve. What is the diagnosis?

- A. Brain tumor.
- B. Acute multiple encephalomyelitis
- C. Opticomyelitis.
- D. \*Multiple sclerosis.
- E. Encephalitis.

598. What are the signs of meningococcal meningitis?

- A. Protein-cellular dissociation in CSF, bulbar disturbances
- B. Paresis of extremities, hyperkinesia
- C. Fibrillary tremor in muscles, bulbar disturbances
- D. Paraplegia, fibrillar twitching
- E. \*Headache, hyperthermia, Kerning's sign

599. What are the clinical manifestations of transient ischemic attacks in the carotid system?

- A. Diplopia, hemiataxia
- B. Dysphonia, dysarthria, dysphagia
- C. Mono- or hemiparesis, motor or sensitive aphasia
- D. \* Mono- or hemiparesis, alternated syndromes
- E. Segmental hypesthesia, bladder disturbances

600. At patient has tremor of extremities. Anamnesis morbi: epidemic encephalitis. Examination: hypokinesia static tremor, palilalia, hydrostonia. What is the diagnosis?

- A. Stroke.
- B. Brain tumors.
- C. Amyotrophic lateral sclerosis.
- D. \*Epidemic encephalitis, chronic form.
- E. Parkinson's disease.

601. At patient has a point in the low cervical region (after trauma). Examination: Horner's syndrome, flaccid tetraparesis, segmental sensory disorders. Pelvic is disorders. R-ray: osteochondrosis sings absent. What is the diagnosis?

- A. \*Ischemic spinal stroke.
- B. Hemorrhage spinal stroke.
- C. Radiculopathy radix of S7.
- D. Myelitis.
- E. Tumor brain.

602. At patient, 18 years, has tetraparesis: peripheral paraparesis in hands, in feet spastic (developed after the trauma of neck department of spine), parafunction of pelvic organs absent. What is the diagnosis?

- A. Truncitis plexitis posttraumatic
- B. \*Cervical myelopathy posttraumatic
- C. Brachioplexitis posttraumatic.
- D. Radicular ischemia posttraumatic.
- E. So sacro-lumbar plexitis posttraumatic

603. Patient, 15 years, has complaints about a weakness in lower extremities, mainly on the right, violation swallowing, speeches. Examination: defeat XII, IX, X pair of cranial nerves, peripheral paresis in a right foot. Diagnosis: poliomyelitis. What is form of poliomyelitis?

- A. Abortive.
- B. Meningitis.
- C. Non paralytic.
- D. \*Paralytic.
- E. Asymptomatic.

604. What are the symptoms of lumboischialgia?

- A. \*Back pain and tension of back muscles
- B. Peripheral paresis and sensitive disorders
- C. Muscle atrophy and areflexia
- D. Central paresis of the extremities
- E. Conductive anesthesia and paresthesia

605. At patient has complains acute headache, dizziness, nausea, vomiting increase of temperature 39<sup>o</sup>C, myalgia, weakness in both hands. In anamnesis was in wood. Examination: meningeal syndrome positive, peripheral paresis of muscles of neck ("handing head") and mimic muscles. CSF: lymphocytic pleocytosis, increase of protein to 0,63 gr/l, pressure to 300 mm. What is the diagnosis?

- A. Stroke.
- B. Leptomeningitis.

- C. Meningitis.
- D. Epidemic encephalitic.
- E. \*Spring-summer encephalitis.

606. Young woman has complaints about dizziness, unsteadiness at walking, transient weakness in feet. Births on six month ago. Examination: nystagmus, lower paraparesis, cerebellum ataxia, decline of vibration sensitiveness. What is the diagnosis?

- A. \*Multiple sclerosis.
- B. Stroke.
- C. Acute multiple encephalomyelitis.
- D. Brain tumor.
- E. Neurosyphilis.

607. What structures are damaged in multiple sclerosis most frequently?

- A. Brain membranes
- B. Brain grey matter
- C. Peripheral nerves
- D. \*The brain and spinal cord white matter
- E. Spinal cord grey matter

608. At patient paraesthesial and ascendens peripheral paraparesis of lower limbs, neuropathy of facial nerve after a respiratory infection. CSF - increase protein.

What is the diagnosis?

- A. Syringomyelia.
- B. Poliomyelitis.
- C. Myasthenia gravis.
- D. \*Acute demyelinating polineuropathy Guillain-Barre.
- E. Multiple sclerosis spinal form.

609. At patient has a point in the low cervical region (after trauma). Examination: Horner's syndrome, flaccid tetraparesis, segmental sensory disorders. Pelvic is disorders. R-ray: osteochondrosis sings absent. What is the diagnosis?

- A. Hemorrhage spinal stroke.
- B. \* Radiculopathy radix of C7.
- C. Myelitis.
- D. Tumor brain.
- E. Ischemic spinal stroke.

610. At patient has mononeuropathy of the left median nerve. What is treatment?

- A. \*Perineural blockades with glucocorticosteroid and anesthetics in a wrist channel, diuretic, vascular, pentoxiphillin, vitamins of groups B, pregabalin.
- B. Analgesics, anesthetics, anticholinesrherase, vitamins of group B.
- C. Neurometabolite, antiagregants, diuretic, analgesic, vitamins of group E.
- D. Anticoagulants, diuretic, analgesic, anticholinesrherase.
- E. Perineural blockades with novocaine in the wrist channel of anticholinesrherase, analgesic, vitamins of group B.

611. What kinds of sensitivity will be impaired if peripheral nerves are damaged multiply?

- A. Only pain and temperature sense
- B. \* All kinds
- C. Only vibration sense
- D. Only kinesthesia
- E. Only touch sense

612. Patient after sleep in uncomfortable position felt numbness of fingers of the left arm and forearm, with which a weakness joined in the distal departments of hand, pain, edema of arm, appeared. Tendon reflexes on a left arm are absent. What is the diagnosis?

- A. Plexitis of Duchenne-Erb's.
- B. Plexitis Dejerine-Klumpke's.
- C. Total humeral plexitis.
- D. Radiculopathy of S7.
- E. \*Tunnel syndrome of middle nerve.

613. At patient suffering headache pulsate and pressing type, depend on a menstruation in right has parietofrontal area. Headache accompaniment is nausea and vomiting. What is the diagnosis?

- A. Neuralgia trigeminal.
- B. Migraine without an aura.
- C. Stroke.
- D. Cluster headache.
- E. Temporal arteritis.

614. At patient has complained back pains, «shooting» character, lasting 1-2 hours. Examination: ankle and knee reflexes absent, touch and pain sensation at level Th7, violation of vibration sense, sensitive ataxia. Argyll-Robertson's syndrome is positive. CSF: protein 1,5 g/l, lymphocyte cytolysis; positive reaction of Wasserman's. What is the diagnosis?

- A. Funicular myelosis.
- B. Stroke of spinal brain.
- C. Late type of neurosyphilitic.
- D. \*Early type of neurosyphilitic.
- E. Encephalitis.

615. What are the characteristic symptoms of ulnar nerve neuropathy?

- A. I-III fingers flexion disturbances
- B. Drop hand
- C. Absence of triceps reflex

D. Hyperreflexia of triceps reflex

E. \* IV and V fingers flexion disturbances

616. At patient has paresis of plantar and dorsal flexors of right foot. It is ill about 10 years. Knee and ankle reflex in right absent, hypotrophy of muscles big symptom of strain negative. CT – hernias disks L4-L5, L5-S1. What is the diagnosis?

A. Lumbar ischialgia.

B. Radicular ischemia L5 on the right.

C. Radicular ischemia S1 on the right.

D. Radiculopathy of L5-S1 on the right.

E. \*Radicular ischemia L5-S1 on the right.

617. At patient has tremor of extremities. Anamnesis morbi: epidemic encephalitis. Examination: hypokinesia static tremor, palilalia, hydrostonia. What is the diagnosis?

A. Brain tumors.

B. Stroke.

C. Amyotrophic lateral sclerosis.

D. \*Epidemic encephalitis, chronic form.

E. Parkinson's disease.

618. Woman has facial asymmetry on right violation of taste on front 2/3 tongue. Objectively: lagophtalm, facial mimic muscles paralysis. What is the diagnosis?

A. Trigeminal neuralgia.

B. \*Nerve facial neuropathy (Bell's palsy) on right.

C. Leptomeningitis of ponto-cerebellum angle.

D. Ischemic stroke.

E. Brain tumor.



619. What syndrome this sings behaves to: opposite hemianesthesia, athetosis, posturing of the hand (thalamic hand)?

- A. \*Dejerine-Rosy's syndrome.
- B. Brown-Sequard's syndrome.
- C. Tolos-Hant's syndrome.
- D. Foster-Kennedy's syndrome.
- E. Frontal lobe syndrome.

620. The patient has headache, vomiting, hyperemia of face, psychomotor excitation, violations of consciousness and central hemiplegia in right extremity's developed during 10 min. Meningeal syndrome positive. What is the diagnosis?

- A. \*Intracerebral hemorrhage.
- B. Ventricular hemorrhage.
- C. Ischemic cardioembolic stroke.
- D. Subarachnoid hemorrhage.
- E. Acute hypertensive encephalopathy.

621. At patient grumbles about acute pains in small of back and right foot. Ill about 10 years. Examination: hypertonia muscles of lumbar area, symptoms of strain positive on the right, knee-jerks of S>D, achille D=S. On CT – hernia of dick L4-L5 8 mm. What is the diagnosis?

- A. Radiculoischemic L5-S1 on the right.
- B. \*Compressive radicular syndrome of L5 on the right.
- C. Radiculoischemic L5 on the right.
- D. Radiculopathy of S1 on the right.
- E. Radiculoischemic S1 on the right.

622. Young woman has complaints about dizziness, unsteadiness at walking, transient weakness in feet. Births on six month ago. Examination: nystagmus,

lower paraparesis, cerebellum ataxia, decline of vibration sensitiveness. What is the diagnosis?

- A. \* Multiple sclerosis.
- B. Brain tumor.
- C. Neurosyphilis.
- D. Acute multiple encephalomyelitis.
- E. Stroke.

623. A patient is ill during 12 months, has about a periodical muscles weakness which increases at the repeated stereotype motions by the end of day, difficult of swallowing, getting of voice, weakness in the muscles of neck. Examination: hypomimia, dysarthria, dysphonia, palatal and pharyngeal reflexes are decreased. Body muscles weakness. After application the proserini test focal signs absence in 2-3 hours. What is the diagnosis?

- A. Encephalitis epidemic.
- B. Neurosthenia.
- C. \* Myasthenia general.
- D. Poliomyelitis.
- E. Multiple sclerosis.

624. What are the myasthenia signs?

- A. Pelvic dysfunction, peripheral limb paresis
- B. Muscle fibrillation, sensitive disorders
- C. \*Muscle fatigue, weakness
- D. Hemiplegia, sensitive disorders
- E. Peripheral paresis of the extremities, ataxia

625. A patient has meningococcal meningitis. What treatment this disease?

- A. Myorelaxants and analgesics.
- B. Vitamins and hormones.

- C. Vitamins and biostimulators.
- D. Spasmolitics and sulphanilamide.
- E. \* Antibiotics, hormones and diuretics.

626. What are the signs of meningococcal meningitis?

- A. Paresis of extremities, hyperkinesis
- B. Paraplegia, fibrillar twitching
- C. \*Headache, hyperthermia, Kerning's sign
- D. Fibrillary tremor In muscles, bulbar disturbances
- E. Protein-cellular dissociation in CSF, bulbar disturbances

627. Where is the pathological lesion in the case of visual hallucinations localized?

- A. Optic nerve
- B. \* Occipital lobe
- C. Subcortical optic centers
- D. Temporal lobe
- E. Postcentral gyrus

628. At patient, 45 years, has decline of memory, violation of concentration of attention, loss of weight. From anamnesis: narcotic dependence. Examination: emotional labile, hyperreflexia, positive symptoms of oral automatism, grabbing's phenomens, tremor. Blood and SCF are directed on determination of antibodies and HIV. What is the diagnosis?

- A. Brain tumor.
- B. \*AIDS (acquired immunodeficiency syndrome) dementia.
- C. Encephalopathy.
- D. Encephalitis.
- E. Stroke.

629. What are the features of Huntington disease?

- A. Muscle hypertone, aphasia
- B. Ataxia, central limb paresis
- C. \*Hyperkinetic syndrome, muscle hypotonus
- D. Bulbar syndrome, sensitive disorders
- E. Peripheral paresis of the extremities, bulbar syndrom

630. What are the clinical manifestations of transient ischemic attacks in the carotid system?

- A. Segmental hypesthesia, bladder disturbances
- B. Diplopia, hemiataxia
- C. Dysphonia, dysarthria, dysphagia
- D. Mono- or hemiparesis, alternated syndromes
- E. \*Mono- or hemiparesis, motor or sensitive aphasia

631. A patient has pains in area of neck and limitation of mobility appeared after super cooling. Examination: painful paravertebral points and vertebral processes in cervical region of spinal cord. What is the diagnosis?

- A. Radiculopathy of S1.
- B. Radiculopathy of S5.
- C. Cervical cranialgia.
- D. Migraine neck.
- E. \*Cervicalgia.

632. A man has attacks of headache in area of eyeball, attacks have paroxysmal and one-sided type, by duration about 1,5 hour. During an attack photophobia, lacrimation herpetic eruption of skin face. What is the diagnosis?

- A. Migraine, visual form.
- B. Tolos-Khant's syndrome.
- C. \*Syndrome of ciliaris knot.
- D. Syndrome of pterygopalatine knot.

E. Trigeminal neuralgia.

633. What are the clinical forms of migraine with aura?

- A. Hyperkinetic, atactic
- B. Hypokinetic, aphasic
- C. Shaking, hypokinetic
- D. Vestibular, atactic
- E. \*Ophthalmic, basilar

634. A patient has pneumonia he complains of a headache, vomiting. Examination: meningeal symptoms positive, convulsive attacks. CSF: oraque neurophilia, protein increased. What is the diagnosis?

- A. Encephalitis.
- B. Tuberculous meningitis.
- C. Meningococcal meningitis.
- D. \* Pneumococcal meningitis.
- E. Stroke.

635. A man after stress has a paroxysm of headache in the left frontotemporal and facial area, face with a hyperemia, by a lacrimation, rhinitis paroxysm time 35-40 min, pain reliever non-efficacy. What is the diagnosis?

- A. Sluder's syndrome.
- B. \*Cluster headache.
- C. Migraine.
- D. Tension headache.
- E. Neuralgia trigemina.

636. Patient complains about insomnia during a month. In anamnesis: increase of temperature, catarrhal symptom. Examination: ptosis, outside cross eye, paralysis

stroke of convergention, nystagmus. CSF: pleocytosis of lymphocytes, protein increased, sugar. What is the diagnosis?

- A. Brain tumor.
- B. Amyotrophic lateral sclerosis.
- C. Encephalopathy.
- D. \*Epidemic encephalitis.
- E. Spring-summer encephalitis.

637. Name the main signs of subarachnoid hemorrhage?

- A. Hemianesthesia, hemiplegia
- B. Bladder disturbances, hemiplegia
- C. Hemiplegia, nystagmus
- D. \*Kernig symptom, CSF bloody
- E. Global aphasia, apraxia

638. At patient has a pain in a neck and left arm. Pains appeared after the weight lifting. Examination: limitation of movements in cervical of spinal cord, painful paravertebral processes, positive symptoms of muscles straining, hypalgesia of shoulder on the left. What is the diagnosis?

- A. \*Cervical brachialgia on the left.
- B. Radiculopathy C5 on the left.
- C. Shoulder-hand symptoms.
- D. Upper plexitis on the left.
- E. Radiculopathy C7 on the left.

639. A girl has periodic headache in frontotemporal area, pain have stereotype character, accompanied by the change of mood, by photopsias and arising up 3-4 times per a month. KT - the organic defeats of cerebrum are not present. What is the diagnosis?

- A. Migraine without an aura.

- B. \*Migraine with an aura.
- C. Cluster headache.
- D. Tension headache.
- E. Cervical migraine.

640. What are the characteristics of epidemic encephalitis in acute form?

- A. High muscular tone, hypokinesia
- B. \*Pathological somnolence, oculomotor disturbances
- C. Bulbar disturbances, paralysis of the extremities
- D. Mannequin's posture, hypomimia

641. What are the clinical signs of the facial nerve neuropathy?

- A. \*Peripheral mimic muscles paresis
- B. Central mimic muscles paresis
- C. Enophthalmos
- D. Normal supraorbital reflex
- E. Peripheral masticatory muscles paresis

642. Indicate changes of motor system in multiple sclerosis.

- A. \*Central paresis
- B. Paresis of masticatory muscles
- C. Peripheral paresis
- D. Muscles atrophy
- E. Jackson epilepsy
- F. Fasciculations

643. A patient after physical work has a sense of numbness and pain in 1-4 fingers of right hand. Examination: hypoesthesia of 1-4 fingers of right, positive tests of Tinetti and turnstile. What is the diagnosis?

- A. Shoulder-hand syndrome.

- B. Radiculopathy radix C6 (C5-C6 discs).
- C. \* Tunnel syndrome of median nerve on the right.
- D. Syringomyelia.
- E. Cervico-brachialgia of right.

644. At patient after emotional tension has general convulsive attack. Anamnesis morbid: bacterial endocarditis. After an attack in neurologic status: central paresis of muscles face and tongue on the right, central of right hemiparesis extremities, prevailing in a hand. What is the diagnosis?

- A. Embolic stroke in the cortical branches of dorsal cerebral artery.
- B. \*Embolic stroke in the cortical branches of middle cerebral artery.
- C. Embolic stroke is in a basilar artery.
- D. Epilepsy, general attack.
- E. Lacunar stroke in the brain stem.

645. The patient after disease with pharyngodynia had a dysphagia, dysarthria, weakness and violation of motion in brushes and feet, hyporeflexia, violation of sensitiveness in extremities on the type of socks and “gloves”. What is the diagnosis?

- A. Amyotrophic lateral sclerosis, bulbar form.
- B. Syringomyelia.
- C. \*Diphtheric polyneuropathy.
- D. Hemorrhage of brain stem.
- E. Encephalitis of brain stem.

646. What are the characteristics of tick-borne encephalitis?

- A. Hypomimia, hypokinesia
- B. Pathological somnolence, oculomotor disturbances
- C. \*Flaccid pareses of upper extremities, bulbar disturbances
- D. Sensitive disorders, ataxia



E. Conductive hemihypesthesia, spastic hemiplegia

647. At patient complaints about headache, vomiting, increase of temperature during 2 days. Examination: paresis VII, III pair of cranial nerves, disorders of coordination of motions. In anamnesis: 10 days back inoculation from flu. Hemanalysis: leukocytosis, increase of SOE, CSF: lymphocytic pleocytosis increase of albumen. What is the diagnosis?

- A. Multiple sclerosis.
- B. Brain tumors.
- C. Neurosyphilis.
- D. Meningitis.
- E. \*Acute encephalomyelitis.

648. At patient has complains BP 160/100 mm Hg after sleep developed: a diplopia and weakness is in left extremities. Examination: ptosis, midriasis on right, divergent strabismus, opposite side spastic hemiparesis. What is the diagnosis?

- A. Ischemic stroke in the anterior cerebral artery.
- B. Ischemic stroke in the middle cerebral artery.
- C. Ischemic stroke in the basilar artery.
- D. Ischemic stroke in the posterior cerebral artery.
- E. \*Ischemic stroke in the vertebral-basilar vessels.

649. At patient has acute pain in the lumbar of spine, which increased at motion, cough irradiating in buttocks. A patient could not be unbended move. Examination: tension of muscles of the back in lumbar area. Reflex and sensible violations are not present. What is the diagnosis?

- A. Spinal tumor.
- B. Syndrome cauda equine.
- C. Lumbalgia.

D. Lumbar ischalgia.

E. \* Lumbago.

650. What are the myasthenia signs?

A. Peripheral paresis of the extremities, ataxia

B. \*Muscle fatigue, weakness

C. Hemiplegia, sensitive disorders

D. Pelvic dysfunction, peripheral limb paresis

E. Muscle fibrillation, sensitive disorders

651. What are the symptoms of cerebellum impairment?

A. \*Scanning speech, intention tremor

B. Muscular rigidity, micrographia

C. High reflexes, ' presence of pathological reflexes

D. Myoclonus, hearing disorder

E. High reflexes, muscular rigidity

652. Choose the symptoms of Parkinson disease

A. \*Propulsions, monotonous speech

B. Central paresis of the extremities, hyperkinesis

C. Central paresis of the extremities, hyperkinesis

D. The upper muscular tone, peripheral paresis of the extremities

E. Peripheral paresis of the extremities, hyperkinesis

653. A young man became ill acute, a chill, fever, developed, in 3 days joined pain in the back, parasthesia in lower extremities. In anamnesis: sepsis. Examination: spastic paresis in lower extremities. Bladder is dysfunction. CSF: lymphocytosis, elevated protein. What is the diagnosis?

A. Stroke in spinal brain.

B. Poliomyelitis.

- C. Amyotrophic lateral sclerosis.
- D. Syphilis.
- E. \*Myelitis.

654. A patient is ill during 12 months, has about a periodical muscle weakness which increases at the repeated stereotyped motions by the end of day, difficulty of swallowing, hoarseness of voice, weakness in the muscles of neck. Examination: hypomimia, dysarthria, dysphonia, palatal and pharyngeal reflexes are decreased. Body muscle weakness. After application of the Proserin test focal signs absent in 2-3 hours. What is the diagnosis?

- A. \*Myasthenia general.
- B. Poliomyelitis.
- C. Neurosthenia.
- D. Multiple sclerosis.
- E. Encephalitis epidemica.

655. What are the nosological forms of headache?

- A. Headache caused by arterial hypotension, psychogenic headache
- B. Liquor-dynamic headache, neuralgic pain
- C. \*Migraine, tension headache, cluster headache
- D. Headache caused by arterial hypertension, neuralgic pain
- E. Psychogenic headache, liquor-dynamic headache

656. A patient has a pain in a neck and left arm. Pains appeared after the weight lifting. Examination: limitation of movements in cervical of spinal cord, painful paravertebral processes, positive symptoms of muscle straining, hypalgesia of shoulder on the left. What is the diagnosis?

- A. \*Cervical brachialgia on the left.
- B. Upper plexitis on the left.
- C. Shoulder-hand symptoms.

D. Radiculopathy C5 on the left.

657. At patient grumbles about violent motions of muscles of face, upper and lower extremities, acrimony, decline of memory and ability to work. Examination: slow speech, involuntary movements, emotional labile. KT is atrophy of bark of large brain. What is the diagnosis?

- A. Myoclonus epilepsy.
- B. \*Huntington disease.
- C. Chorea small.
- D. Stroke.
- E. Hepato-cerebraldegeneration.

658. Indicate main clinical features of tabes dorsalis.

- A. \*Sensitive ataxia, the absence of the knee and Achilles reflexes
- B. Bulbar disturbances. Bernard — Homer syndrom
- C. Paraplegia, fibrillar twitching
- D. Pathological somnolence, oculomotor disturbances
- E. Meningeal symptoms, papilledema

659. At patient paraesthial and ascendens peripheral paraparesis of lower limbs, neuropathy of facial nerve after a respiratory infection. CSF - increase protein.

What is the diagnosis?

- A. \*Poliomyelitis.
- B. Multiple sclerosis spinal form.
- C. Myasthenia gravis.
- D. Syringomyelia.
- E. Acute demyelinating polineuropathy Guillain-Barre.

660. At patient has dysphonia, dysphagia, dysarthria, phageal reflex absent. What type of syndrome?

- A. Jackson's syndrome.
- B. \* Bulbar syndrome.
- C. Pseudobulbar syndrome.
- D. Central syndrome.
- E. Schmidt's syndrome.

661. Patient has acute pain in lumbus (after elevation of severity) shooting through pain appeared in small of back. Examination: painful palpation of muscles in a lumbar department, limitation of motions in lumbus deep reflex present and sensory non disorders. What is the diagnosis?

- A. Radiculopathy of L5.
- B. Lumbar ischalgia.
- C. Lumbago.
- D. Lumbalgia.
- E. Radicular ischemia L5.

662. Prescribere medicine for treatment of status epilepticus.

- A. Lamotrigine
- B. Carbamazepine
- C. \*Diazepam
- D. Ethosuximide
- E. Levetiracetam

663. Woman has complaints about a general weakness, loss of appetite, headache and increase of temperature 37,2-37,50C within a week. Examination: defeat of oculomotor and facial nerves. A meningeal symptom is positive. CSF: pressure 300 mm of water column, cytosis 800 (lymphocytes 80%). Tender tape of fibrin fallen out. What is the diagnosis?

- A. Purulent meningitis.
- B. \*Tuberculous meningitis.

- C. Acute choreomeningitis.
- D. Encephalitis.
- E. Multiple sclerosis.

664. Young women have general weakness of body muscles, diplopia that increases in the evening, morning – weakness absent. Examination: ophthalmoplegia, dysphonia, dysphagia. After proserine test weakness is absent. What is the diagnosis?

- A. Neurostenia.
- B. \* Myasthenia.
- C. Multiple sclerosis.
- D. Encephalitis.
- E. Stroke.

665. Young woman has complaints about dizziness, unsteadiness at walking, transient weakness in feet. Births on six months ago. Examination: nystagmus, lower paraparesis, cerebellum ataxia, decline of vibration sensitivity. What is the diagnosis?

- A. Brain tumor.
- B. Acute multiple encephalomyelitis.
- C. Stroke.
- D. \* Multiple sclerosis.
- E. Neurosyphilis.

666. A patient has myocardial infarction in anamnesis. The patient complains on numbness of face and extremities of right. Examination: paresis of right extremities, defeat of speech. Regression of focal signs after 20 min. What is the diagnosis?

- A. Epileptic attacks.
- B. Transient global amnesia.

- C. \*Transient ischemic attack in middle cerebral artery.
- D. Cardioembolic stroke.
- E. Migraine aura.

667. A patient has headache in the right half of head, irradiating in an eye, increasing from loud sounds light. Attacks are disturbed four years. Before attacks marks sense of fatigue and enhanceable sensitiveness to the smells. Examination: focal neurological signs is absent. What is the diagnosis?

- A. Cervical migraine.
- B. Intracerebralhematoma.
- C. \*Migraine, associated form.
- D. Migraine, simplex form.
- E. Headache of tension.

668. What structures of the nervous system are damaged in amyotrophic lateral sclerosis?

- A. The nervous plexus and vertebral nervous nodes
- B. Pyramidal tracts, spinal cord anterior horns
- C. Peripheral nerves and ganglions
- D. Spinal cord anterior and posterior roots
- E. Sensitive pathways and the cerebellum

669. What are the clinical signs of the facial nerve neuropathy?

- A. Normal supraorbital reflex
- B. \*Central mimic muscles paresis
- C. Peripheral masticatory muscles paresis
- D. Enophthalmos
- E. Peripheral mimic muscles paresis

670. At patient grumbles about violent motions in the muscles of face, necks, overhead extremities, constraint. Examination: intellect is decline, rigid of muscles of neck, torsion dystonia, speech is intermittent, and on specific changes is Kaizer-Fleisher ring in the iris, decrease of copper in blood. What is the diagnosis?

- A. \*Wilson-Konovalov's disease.
- B. Epidemic encephalitis, chronic stage 0 Dissipated sclerosis, cerebral form.
- C. Huntington's disease.
- D. Spastic paraplegia of Strumpell's.

671. Patient complains about the slowness of gait, change of carriage, tremor of hands and head. Examination: bradyphasia, bradikinesia, micrography, tremor of fingers on type "rolling of pills". Symptome of Noica-Haneva positive. What is the diagnosis?

- A. Ischemic stroke in brain stem.
- B. Hepatocerebral dystrophy.
- C. Chronic stage of epidemic encephalitis.
- D. Parkinson's disease.
- E. Huntington's disease.

672. At patient has pain in lumbar region, weakness in lower extremities, disorders of pelvic organs. Examination: lower spastic paraparesis, deep reflex high of feet syndromes Babinski, Rossolimo present. MRI: hernia of dick L4-L5, L5-S1 canal stenosis of spain. What is the diagnosis?

- A. Myeloischemia.
- B. Radiculopathy L5-S1.
- C. Radiculoischemia L5.
- D. \*Radiculoischemia L5-S1.
- E. Radiculoischemia S1.

673. At patient has mononeuropathy of the left median nerve. What is treatment?



- A. Perineural blockades with novocaine in the wrist channel of anticholinesterase, analgesic, vitamins of group B.
- B. \*Perineural blockades with glucocorticosteroid and anesthetics in a wrist channel, diuretic, vascular, pentoxiphillin, vitamins of groups B.
- C. Neurometabolite, antiagregants, diuretic, analgesic, vitamins of group E.
- D. Analgesics, anesthetics, anticholinesterase, vitamins of group B.
- E. Anticoagulants, diuretic, analgesic, anticholinesterase.

674. At men after stress has paroxysm of headache in the left frontotemporal and facial area, face with a hyperemia, by a lacrimation, rhinitis paroxysm time 35-40 min, pain reliever non-efficacy. What is the diagnosis?

- A. \*Cluster headache.
- B. Tension headache.
- C. Neuralgia trigeminus.
- D. Migraine.
- E. Sluder's syndrome.

675. At patient, 45 years, has decline of memory, violation of concentration of attention, loss of weight. From anamnesis: narcotic dependence. Examination: emotional labile, hyperreflexia, positive symptoms of oral automatism, grabbing's phenomens, tremor. Blood and SCF are directed on determination of antibodies and HIV. What is the diagnosis?

- A. Stroke.
- B. Encephalitis.
- C. Brain tumor.
- D. \*AIDS (acquired immunodeficiency syndrome) dementia.
- E. Encephalopathy.

676. At patient has paresis of sole flexors of the left foot. Anamnesis morbi: osteochondrosis. Examination: sparing gait, paresis of the left foot, ankle jerk

absents on the left, Lasege's symptom positive both-side. On CT is hernia of disk of L5-S1 8 mm. What is the diagnosis?

- A. Radiculoischemia L5 on the left.
- B. Lumbar ischalgia of left-side.
- C. Padiculopathy of L5 on the left.
- D. \*Radiculoischemia S1 on the left.
- E. Padiculopathy of S1 on the left.

677. At patient paraesthiesial and ascendens peripheral paraparesis of lower limbs, neuropathy of facial nerve after a respiratory infection. CSF - increase protein.

What is the diagnosis?

- A. \*Acute demyelinating polineuropathy Guillain-Barre.
- B. Poliomyelitis.
- C. Multiple sclerosis spinal form.
- D. Syringomyelia.
- E. Myasthenia gravis.

678. Patient became ill acute has dizziness, weakness and disorders of speech. Did not lose consciousness. Examination: pale skin of face, irregularity of pulse, heart rate – 98, arteriotony 150/100 mm Hg. Nustagmus horizontal, dysphonia, dysphagia, dysarthria, spastic hemiparesis and hypotonia on right-side. Meningeal syndrome is absent. What is the diagnosis?

- A. Subarachnoid hemorrhage.
- B. \*Cardioembolic brain stem.
- C. Atherothrombotic brain stem.
- D. Transient ischemic attack.
- E. Haemodynamic stroke in the barrel of cerebrum.

679. At patient has produces complaints on pain in a neck and right arm. It is ill near 2 months. Examination: reflex of biceps absent, on the right decline of pain sensory on shoulder hypotrophy of m. biceps brachia. What is the diagnosis?

- A. \*Cervico- brachiolgia on the right.
- B. Radiculopathy of C7 on the right.
- C. Radiculopathy of C5 on the right.
- D. Brachioplexitis on the right.

680. Patient has intensive, burning pain in temporal region right and pain in region of external acoustic meatus, irradiating in low jaw. Examination: tenderness of palpation between external acoustic meatus and head of temporomandibularis joint. What is the diagnosis?

- A. Migraine.
- B. Neuralgia of trigeminal nerve.
- C. \* Syndrome ear node of right.
- D. Syndrome ciliaris node of right.
- E. Temporal arteritis.

681. At men after the protracted stay in the forced position «squat», has weakness in a right foot. Examination: decline of sensitiveness on the surface of right shin, paresis of back posterior of foot. What is the diagnosis?

- A. Tunnel syndrome of tibial nerve on the right.
- B. Lumbar ischalgia on the right
- C. \* Tunnel syndrome of fibular nerve on the right.
- D. Radiculoischemia S1 on the right.
- E. Radiculoischemia L5 on the right.

682. At patient has meningococcal meningitis. What treatment this disease?

- A. Spasmolitics and sulphanilamide.
- B. Vitamins and biostimulators.
- C. Myorelaxants and analgesics.
- D. \*Antibiotics, hormones and diuretics.
- E. Vitamins and hormones.

683. At patient of after physical work has sense of numbness and pain in 1-4 fingers of right hand. Examination: hypoesthesia of 1-4 fingers of right, positive tests of Tinelly and turnstile. What is the diagnosis?

- A. Syringomyelia.
- B. Radiculopathy radix C6 (C5-C6 discs).
- C. Shoulder-hand syndrome.
- D. Cervico-brachialgia of right.
- E. \*Tunnel syndrome of median nerve on the right.

684. At patient has acute sudden pain in lumbar region on spinal cord (after elevation of something heavy). Examination: tension of muscles back, painful palpation, Lasegue's symptom positive. Deep reflex is present. What is the diagnosis?

- A. Lumbar ischalgia.
- B. \*Lumbago.
- C. Radiculopathy radix of L5.
- D. Lumbalgia.
- E. Radiculopathy radix of S1.

685. Indicate main clinical features of tabes dorsalis.

- A. Bulbar disturbances. Bernard — Homer syndrom
- B. \*Sensitive ataxia, the absence of the knee and Achilles reflexes
- C. Pathological somnolence, oculomotor disturbances
- D. Paraplegia, fibrillar twitching
- E. Meningeal symptoms, papilledema

686. Woman has facial asymmetry on right violation of taste on front 2/3 tongue. Objectively: lagophtalm, facial mimic muscles paralysis. What is the diagnosis?

- A. Brain tumor.

- B. \*Nerve facial neuropathy (Bell's palsy) on right.
- C. Ischemic stroke.
- D. Leptomeningitis of ponto-cerebellum angle.
- E. Trigeminal neuralgia.

687. What are the clinical manifestations of transient ischemic attacks in the carotid system?

- A. Segmental hypesthesia, bladder disturbances
- B. Diplopia, hemiataxia
- C. Mono- or hemiparesis, alternated syndromes
- D. Dysphonia, dysarthria, dysphagia
- E. \*Mono- or hemiparesis, motor or sensitive aphasia

688. At patient has dizziness, weakness, after flu, the decline visual. Examination: nystagmus, abdominal reflexes absent. Examination of ophthalmologist: retrobulbar neuritis of visual nerve. What is the diagnosis?

- A. Brain tumor.
- B. \*Acute multiple encephalomyelitis
- C. Opticomyelitis.
- D. Encephalitis.
- E. Multiple sclerosis.

689. At patient has complains BP 160/100 mm Hg after sleep developed: a diplopia and weakness is in left extremities. Examination: ptosis, midriasis on right, divergent strabismus, opposite side spastic hemiparesis. What is the diagnosis?

- A. Ischemic stroke in the basilar artery.
- B. Ischemic stroke in the middle cerebral artery.
- C. Ischemic stroke in the anterior cerebral artery.
- D. \*Ischemic stroke in the vertebral-basilar vessels.

E. Ischemic stroke in the posterior cerebral artery.

690. A patient has headache in the right half of head, irradiating in an eye, increasing from loud sounds light. Attacks are disturbed four years. Before attacks marks sense of fatigue and enhanceable sensitiveness to the smells. Examination: focal neurological signs is absent. What is the diagnosis?

- A. Cervical migraine.
- B. Headache of tension.
- C. Intracerebralhematoma.
- D. Migraine, associated form.
- E. \*Migraine, simplex form.

691. Indicate the main causes of multiple sclerosis.

- A. High arterial blood pressure and hypercholesterolemia
- B. Emotional stresses and hypodynamia
- C. \*Viral infection and inherited predisposition
- D. Disturbances in blood circulation and copper metabolism
- E. Bacterial or fungal infection

692. Patient has hemiparesis, hyposthesia on the right, motor aphasia, disorders of consciousness after gastrointestinal bleeding. What is the diagnosis?

- A. \*Hemodynamic ischemic stroke.
- B. Atherothrombotic ischemic stroke.
- C. Lacunar ischemic stroke.
- D. Cardioembolic ischemic stroke.
- E. Transient ischemic attack.

693. A patient grumbles about acute pains in small of back and right foot. Ill about 10 years. Examination: hypertonia muscles of lumbar area, symptoms of strain

positive on the right, knee-jerks of S>D, Achilles D=S. On CT – hernia of disk L4-L5 8 mm. What is the diagnosis?

- A. \*Compressive radicular syndrome of L5 on the right.
- B. Radiculoischemic L5-S1 on the right.
- C. Radiculoischemic S1 on the right.
- D. Radiculoischemic L5 on the right.
- E. Radiculopathy of S1 on the right.

694. A patient complains of pain in lumbar region and left leg. It is ill 3 months.

Examination: gait spurring, motions are limited in lumbar region. Hypotonia and oligotrophy of muscles of thigh and shin on the left. A knee reflex absent.

Hypoalgesia on the outward surface of shin on the left. Positive symptom of strain on the left. What is the diagnosis?

- A. Lumbago.
- B. Radicular ischemia of S1 on the left.
- C. Radiculopathy L5 on the left.
- D. Lumbar ischialgia on the left.
- E. \*Radiculoischemia of L5 on the left.

695. Patient after sleep in uncomfortable position felt numbness of fingers of the left arm and forearm, with which a weakness joined in the distal departments of hand, pain, edema of arm, appeared. Tendon reflexes on a left arm are absent.

What is the diagnosis?

- A. Radiculopathy of S7.
- B. \*Tunnel syndrome of middle nerve.
- C. Total humeral plexitis.
- D. Plexitis Dejerine-Klumpke's.
- E. Plexitis of Duchenne-Erb's.

696. Patient grumbles about insomnia during a month. In anamnesis: increase of temperature, catarrhal symptom. Examination: ptosis, outside cross eye, paralysis stroke of convergent, nystagmus. CSF: pleocytosis of lymphocytes, protein increased, sugar. What is the diagnosis?

- A. Encephalopathy.
- B. Brain tumor.
- C. Spring-summer encephalitis.
- D. Epidemic encephalitis.
- E. Amyotrophic lateral sclerosis.

697. What are the features of Huntington disease?

- A. Ataxia, central limb paresis
- B. Bulbar syndrome, sensitive disorders
- C. \*Hyperkinetic syndrome, muscle hypotonus
- D. Peripheral paresis of the extremities, bulbar syndrom
- E. Muscle hypertone, aphasia

698. At patient has a tunnel mononeuropathy of right fibular nerve. What blockades are conducted by sick with a tunnel mononeuropathy?

- A. Parasacral blockades.
- B. \*Perinevral blockades.
- C. Superficial blockades in pain points
- D. Conductive blockades.
- E. Paravertebral blockades.

699. At patient has on pain and defeat of sensory in right arm. Examination: disorders of superficial sensitiveness, as a «jacket» on the right, tracks from burns, deformation of thorax. What is the diagnosis?

- A. Plexitis
- B. Amyotrophic lateral sclerosis.



- C. \*Syringomyelia.
- D. Brain tumor.
- E. Myelitis.

670. A patient has complains acute headache, dizziness, nausea, vomiting increase of temperature 39°C, myalgia, weakness in both hands. In anamnesis was in wood. Examination: meningeal syndrome positive, peripheral paresis of muscles of neck (“handing head”) and mimic muscles. CSF: lymphocytic pleocytosis, increase of protein to 0,63 gr/l, pressure to 300 mm. What is the diagnosis?

- A. Stroke.
- B. Epidemic encephalitic.
- C. Leptomeningitis.
- D. Meningitis.
- E. \*Spring-summer encephalitis.

671. A man after stress has paroxysm of headache in the left frontotemporal and facial area, face with a hyperemia, by a lacrimation, rhinitis paroxysm time 35-40 min, pain reliever non-efficacy. What is the diagnosis?

- A. Tension headache.
- B. \*Cluster headache.
- C. Sluder’s syndrome.
- D. Neuralgia trigeminus.
- E. Migraine.

672. A patient after operative interference and has increased pressure hemiparesis, hypoalgesia on the right and motor aphasia. What is the diagnosis?

- A. Hemodynamic stroke in branches of anterior cerebral artery on the left.
- B. \*Hemodynamic stroke in branches of middle cerebral artery on the left.
- C. Brain tumor.
- D. Hemodynamic stroke in the region in the posterior cerebral artery on the right.

E. Hemodynamic stroke in a basilar artery.

673. Where is the source of damage localized in the case of central paresis of mimic muscles?

- A. Facial nerve
- B. Facial nerve nucleus
- C. Trigeminal nerve
- D. \*Corticospinal tract
- E. Abducens nerve

674. A patient has myocardial infarction in anamnesis. The patient complains on numbness of face and extremities of right. Examination: paresis of right extremities, defeat of speech. Regression of focal signs after 20 min. What is the diagnosis?

- A. Migraine aura.
- B. Transient global amnesia.
- C. Cardioembolic stroke.
- D. \*Transient ischemic attack in middle cerebral artery.

675. What are the characteristics of tick-borne encephalitis?

- A. Conductive hemihypoesthesia, spastic hemiplegia
- B. Sensitive disorders, ataxia
- C. Pathological somnolence, oculomotor disturbances
- D. Hypomimia, hypokinesia
- E. \*Flaccid pareses of upper extremities, bulbar disturbances

676. A girl has periodic headache in frontotemporal area, pain has stereotype character, accompanied by the change of mood, by photopsias and arising up 3-4 times per a month. KT - the organic defects of cerebrum are not present. What is the diagnosis?

- A. Cluster headache.
- B. \*Migraine with an aura.
- C. Cervical migraine.
- D. Migraine without an aura.
- E. Tension headache.

677. Indicate the kinds of generalized seizures.

- A. Adversive, automatism
- B. \* Absences, tonic-clonic seizure
- C. Seizure with psychic symptoms, automatism
- D. Motor Jackson's, sensor Jackson's seizure
- E. Autonomic, Kozhevnikov's epilepsy

678. A patient has pain in lumbar region, weakness in lower extremities, disorders of pelvic organs. Examination: lower spastic paraparesis, deep reflex high of feet syndromes Babinski, Rossolimo present. MRI: hernia of disk L4-L5, L5-S1 canal stenosis of spine. What is the diagnosis?

- A. Radiculopathy L5.
- B. \*Radiculopathy L5-S1.
- C. Radiculopathy S1.
- D. Radiculopathy L5-S1.
- E. Myelopathy.

679. A patient has complained back pains, «shooting» character, lasting 1-2 hours. Examination: ankle and knee reflexes absent, touch and pain sensation at level Th7, violation of vibration sense, sensitive ataxia. Argyll-Robertson's syndrome is positive. CSF: protein 1,5 g/l, lymphocyte cytolysis; positive reaction of Wassermann's. What is the diagnosis?

- A. Late type of neurosyphilitic.
- B. Stroke of spinal brain.

- C. Encephalitis.
- D. Funicular myelosis.
- E. \*Early type of neurosyphilitic.

680. Indicate the clinical sign of the brain concussion

- A. Motor aphasia
- B. Pareses and paralyses
- C. Increasing, of the corneal reflexes
- D. Agnosia
- E. \*Loss of consciousness

681. At patient, 45 years, has decline of memory, violation of concentration of attention, loss of weight. From anamnesis: narcotic dependence. Examination: emotional labile, hyperreflexia, positive symptoms of oral automatism, grabbing's phenomens, tremor. Blood and SCF are directed on determination of antibodies and HIV. What is the diagnosis?

- A. Brain tumor.
- B. \*AIDS (acquired immunodeficiency syndrome) dementia.
- C. Stroke.
- D. Encephalitis.
- E. Encephalopathy.

682. Patient has acute pain in lumbus (after elevation of severity) shooting through pain appeared in small of back. Examination: painful palpation of muscles is in a lumbar department, limitation of motions in lumbus deep reflex present and sensory non disorders. What is the diagnosis?

- A. Radicular ischemia L5.
- B. Radiculopathy of L5.
- C. Lumbalgia.
- D. \*Lumbago.

E. Lumbar ischalgia.

683. What structures damage can cause sensitive disorders by the segmental type?

- A. Thalamus, medial loop
- B. Postcentral gyrus, internal capsule
- C. \* Spinal cord posterior horn, spinal ganglion
- D. Peripheral nerve, anterior root
- E. Spinal cord lateral and posterior funicles

684. The patient after disease with pharyngodynia had a dysphagia, dysarthria, weakness and violation of motion in brushes and feet, hyporeflexia, violation of sensitiveness in extremities on the type of socks and “gloves”. What is the diagnosis?

- A. Amyotrophic lateral sclerosis, bulbar form.
- B. Hemorrhage of brain stem.
- C. Diphtheric polyneuropathy.
- D. Syringomyelia.
- E. Encephalitis of brain stem.

685. At patient has paresis of plantar and dorsal flexors of right foot. It is ill about 10 years. Knee and ankle reflex in right absent, hypotrophy of muscles big symptom of strain negative. CT – hernias disks L4-L5, L5-S1. What is the diagnosis?

- A. Radicular ischemia S1 on the right.
- B. Radicular ischemia L5-S1 on the right.
- C. \* Radicular ischemia L5 on the right.
- D. Radiculopathy of L5-S1 on the right.
- E. Lumbar ischialgia.

686. At patient has acute sudden pain in lumbar region on spinal cord (after elevation of something heavy). Examination: tension of muscles back, painful palpation, Lasegue's symptom positive. Deep reflex is present. What is the diagnosis?

- A. Radiculopathy radix of L5.
- B. \*Lumbalgia.
- C. Radiculopathy radix of S1.
- D. Lumbago.
- E. Lumbar ischalgia.

687. Patient, 15 years, has complaints about a weakness in lower extremities, mainly on the right, violation swallowing, speeches. Examination: defeat XII, IX, X pair of cranial nerves, peripheral paresis in a right foot. Diagnosis: poliomyelitis. What is form of poliomyelitis?

- A. Asymptomatic.
- B. Meningitis.
- C. Abortive.
- D. \*Paralytic.
- E. Non paralytic.

688. At patient has is pains in low back and right foot. Examination: pain full of paravertebral point and vertebral processes and point of Valle. On right knee reflex decrease hypoalgesia on the anterior surface foot on right Lasgue's symptom positive. What is the diagnosis?

- A. Radiculopathy of S1 on the right.
- B. Lumbalgia.
- C. \* Lumbar ischalgia
- D. Radiculopathy of L5 on the right.
- E. Lumbago.

689. What structures of the nervous system are damaged in amyotrophic lateral sclerosis?

- A. The nervous plexus and vertebral nervous nodes
- B. \*Pyramidal tracts, spinal cord anterior horns
- C. Spinal cord anterior and posterior roots
- D. Sensitive pathways and the cerebellum
- E. Peripheral nerves and ganglions

690. At patient does grumble about the increase temperature 38,50C, headache especially at nights, vomiting. Examination: meningeal symptoms are positive, ptosis, anisokoria, languid reaction of pupils on light, nystagmus. CSF: liquor pressure 600, 200x10<sup>9</sup>/l (increase lymphocytic), albumen 1,2%. Specific serum reactions are positive. What is the diagnosis?

- A. Tuberculous meningitis.
- B. \*Syphilitic meningitis (early syphilis).
- C. Epidemic meningitis.
- D. Brain tumor.
- E. Stroke.

691. At patient has dizziness, weakness, after flu, the decline visual. Examination: nystagmus, abdominal reflexes absent. Examination of ophthalmologist: retrobulbar neuritis of visual nerve. What is the diagnosis?

- A. Acute multiple encephalomyelitis
- B. Opticomyelitis.
- C. \*Multiple sclerosis.
- D. Brain tumor.
- E. Encephalitis.

692. What are the myasthenia signs?

- A. Hemiplegia, sensitive disorders

- B. Pelvic dysfunction, peripheral limb paresis
- C. Peripheral paresis of the extremities, ataxia
- D. Muscle fibrillation, sensitive disorders
- E. \*Muscle fatigue, weakness

693. A young man became ill acute, a chill, fever, developed, in 3 days joined pain in the back, parasthesia in lower extremities. In anamnesis: sepsis. Examination: spastic paresis in lower extremities. Bladder is dysfunction. CSF: lymphocytosis, elevated protein. What is the diagnosis?

- A. Poliomyelitis.
- B. Syphilis.
- C. \*Myelitis.
- D. Amyotrophic lateral sclerosis.
- E. Stroke in spinal brain.

694. Patient has hemiparesis, hyposthesia on the right, motor aphasia, disorders of consciousness after gastrointestinal bleeding. What is the diagnosis?

- A. \*Hemodynamic ischemic stroke.
- B. Atherothrombotic ischemic stroke.
- C. Transient ischemic attack.
- D. Cardioembolic ischemic stroke.
- E. Lacunar ischemic stroke.

695. At patient has headache in the right half of head, irradiating in an eye, increasing from loud sounds light. Attacks are disturbed four years. Before attacks marks sense of fatigue and enhanceable sensitiveness to the smells. Examination: focal neurological signs is absent. What is the diagnosis?

- A. \*Migraine, associated form.
- B. Cervical migraine.
- C. Migraine, simplex form.



D. Intracerebralhematoma.

E. Headache of tension.

696. Patient has infection disease after this disease was develop parasthesia in feet, peripheral tetraparesis in proximal parts of extremities respiratory disorders sings Lasseg's, Neri's positive, function of pelvic organs was not lesion, tachycardia. CSF: protein cell dissociation. What is the diagnosis?

A. \*Guillant-Barre polyneuropathy.

B. Charcot-Marie neural amyotrophy.

C. Poliomyelities.

D. Myasthenia.

E. Amyotrophic lateral sclerosis.

697. The child, 10 years, has complains headache, vomiting, chill and fever.

Examination: hyperthermia (39-410C), meningeal syndrome positive, hemorrhagic rash of trunk and face. CSF: purulent. What is the diagnosis?

A. Leptomeningitis.

B. Subarachnoid hemorrhage.

C. \*Cerebrospinal meningitis.

D. Tuberculous meningitis.

E. Encephalitis.

698. At patient suffering headache pulsate and pressing type, depend on a menstruation in right has parietofrontal area. Headache accompaniment is nausea and vomiting. What is the diagnosis?

A. Neuralgia trigeminal.

B. Temporal arteritis.

C. Claster headache.

D. Migraine without an aura.

E. Stroke.

699. What are the signs of meningococcal meningitis?

- A. Protein-cellular dissociation in CSF, bulbar disturbances
- B. Paresis of extremities, hyperkinesia
- C. \*Headache, hyperthermia, Kerning's sign
- D. Fibrillary tremor In muscles, bulbar disturbances
- E. Paraplegia, fibrillar twitching

700. Child has general weakness, nausea, abdomen pain, and diarrhea.

Examination: cranial nerves without pathology, in the left leg peripheral paresis, low muscles tone. The syndrome of Kerning's is positive. CSF: albumen of 1, 0 g/l; glucose, is in a norm. Painting is taken from nasopharynx, analysis of excrement. What is the diagnosis?

- A. \* Poliomyelitis.
- B. Encephalitis.
- C. Serous meningitis.
- D. Purulent meningitis.
- E. Myelitis.

701. What are the features of tuberculous meningitis?

- A. Positive Wassermann reaction, sensitive disorders
- B. \*Lymphocytic pleocytosis, fibrin membrane in CSF
- C. Protein cellular dissociation in CSF, paraplegia
- D. Neutrophilic pleocytosis, paresis of the extremities
- E. Respiratory and cardiac malfunction, bulbar disturbances

702. At patient has tremor of extremities. Anamnesis morbi: epidemic encephalitis.

Examination: hypokinesia static tremor, palilalia, hydrostonia. What is the diagnosis?

- A. Brain tumors.

- B. Stroke.
- C. Amyotrophic lateral sclerosis.
- D. \*Parkinson's disease.
- E. Epidemic encephalitis, chronic form.

703. What are the symptoms of lumboischialgia?

- A. \*Back pain and tension of back muscles
- B. Central paresis of the extremities
- C. Conductive anesthesia and paresthesia
- D. Muscle atrophy and areflexia
- E. Peripheral paresis and sensitive disorders

704. A patient grumbles about acute pains in small of back and right foot. Ill about 10 years. Examination: hypertonia muscles of lumbar area, symptoms of strain positive on the right, knee-jerks of  $S > D$ , Achilles  $D = S$ . On CT – hernia of disk L4-L5 8 mm. What is the diagnosis?

- A. Radiculoischemic L5-S1 on the right.
- B. Radiculoischemic L5 on the right.
- C. Radiculopathy of S1 on the right.
- D. Radiculoischemic S1 on the right.
- E. \*Compressive radicular syndrome of L5 on the right.

705. The patient has headache, vomiting, red skin of face, psychomotor excitation, violations of consciousness and central hemiplegia in right extremity's developed during 10 min. Meningeal syndrome positive. What is the diagnosis?

- A. Subarachnoid hemorrhage.
- B. \*Intracerebral hemorrhage.
- C. Ventricular hemorrhage.
- D. Acute hypertensive encephalopathy.
- E. Ischemic cardioembolic stroke.

706. What are the main symptoms of polyneuropathies?

- A. \*Dissociative sensitive disorders of the hands and feet
- B. Central paresis of extremities
- C. Peripheral paresis and sensitive disorders of hands and feet
- D. Disorders of sphincters function
- E. Pathologic reflexes and conductive sensitive disorders

707. Choose symptoms of hepatolenticular disease

- A. Bulbar syndrome, sensitive disorders
- B. Muscle hypertone, aphasia
- C. Disk edema of optic nerves, monoparesis
- D. Hemiplegia-sensitive disorders
- E. \* Hyperkinesias, Kayser - Fleischer ring

708. At patient has general weakness, rapid fatigability, weakness in lower extremities. It is ill during one year. Examination: hypotrophy and hypotonia of muscles lower extrmitas, deep reflexes increase, and abdominal reflex absent, pathologic reflex (Babinski, Gordon's) positive. What is the diagnosis?

- A. Duchenne's muscular dystrophy.
- B. Spastic paraplegia of Strumpell's
- C. \* Amyotrophic lateral sclerosis.
- D. Neurosyphilis.
- E. Syringomyelia.

709. At patient has headache nasal speech, disorders of swallowing, weakness in hands. From anamnesis of life: works as a forest guard. Examination: bulbar syndrome flaccid paresis's in the shoulders. What is the diagnosis?

- A. Encephalomyelitis.
- B. \* Spring-summer encephalitis.

- C. Amyotrophic lateral sclerosis.
- D. Poliomyelitis.
- E. Epidemic encephalitis.

710. At patient has the attacks of headache appeared after stress, pressing character, in parietooccipital region long-term about hour. Attacks during the last month were increased. Neurological status: not pathologic signs. What is the diagnosis?

- A. Cluster headache.
- B. Sluder's syndrome.
- C. Migraine.
- D. \*Tension headache.
- E. Cervical migrane.

711. At patient, 45 years, has decline of memory, violation of concentration of attention, loss of weight. From anamnesis: narcotic dependence. Examination: emotional labile, hyperreflexia, positive symptoms of oral automatism, grabbing's phenomens, tremor. Blood and SCF are directed on determination of antibodies and HIV. What is the diagnosis?

- A. \*AIDS (acquired immunodeficiency syndrome) dementia.
- B. Stroke.
- C. Encephalopathy.
- D. Brain tumor.
- E. Encephalitis.

712. Choose the symptoms of Parkinson disease

- A. The upper muscular tone, peripheral paresis of the extremities
- B. Peripheral paresis of the extremities, hyperkinesis
- C. Central paresis of the extremities, hyperkinesis
- D. \*Propulsions, monotonous speech

E. Central paresis of the extremities, hyperkinesia

713. Indicate additional diagnostic methods for patients with myopathy?

A. Analysis of copper concentration in the blood

B. Electroencephalography

C. \*Electromyography

D. Myelography

E. Brain CT and MRI scanning

714. Patient has acute pain in lumbus (after elevation of severity) shooting through pain appeared in small of back. Examination: painful palpation of muscles is in a lumbar department, limitation of motions in lumbus deep reflex present and sensory non disorders. What is the diagnosis?

A. Lumbalgia.

B. Radiculopathy of L5.

C. Radicular ischemia L5.

D. \*Lumbago.

E. Lumbar ischalgia.

715. At patient has pains in area of neck and limitation of mobility appeared after super cooling. Examination: painful paravertebral points and vertebral processes in cervical region of spinal cord. What is the diagnosis?

A. Cervical cranialgia.

B. Migraine neck.

C. Radiculopathy of S5.

D. \* Cervicalgia.

E. Radiculopathy of S1.

716. At patient has complains BP 160/100 mm Hg after sleep developed: a diplopia and weakness is in left extremities. Examination: ptosis, midriasis on right, divergent strabismus, opposite side spastic hemiparesis. What is the diagnosis?

- A. Ischemic stroke in the posterior cerebral artery.
- B. Ischemic stroke in the anterior cerebral artery.
- C. Ischemic stroke in the middle cerebral artery.
- D. Ischemic stroke in the basilar artery.
- E. \*Ischemic stroke in the vertebral-basilar vessels.

717 At patient have pains and limitations of motion in the pectoral regio of spine. Examination: pain full palpation paravertebral point and vertebral processes positive in thoracic regio. Tension of long muscles of pectoral level on the right. What is the diagnosis?

- A. Syringomyelia (Th5-Th7).
- B. Radiculopathy of Th5.
- C. Cervico-thoracalgia.
- D. \*Thoracalgia.
- E. Neuralgia torack regio.

718. Woman has complaints about a general weakness, loss of appetite, headache and increase of temperature 37,2-37,50C within a week. Examination: defeat of oculomotor and facial nerves. A meningeal symptom is positive. CSF: pressure 300 mm of water column, cytosis 800 (lymphocytes 80%). Tender tape of fibrin fallen out. What is the diagnosis?

- A. Multiple sclerosis.
- B. Purulent meningitis.
- C. Encephalitis.
- D. Acute choreomeningitis.
- E. \* Tuberculous meningitis.

719. At patient of after physical work has sense of numbness and pain in 1-4 fingers of right hand. Examination: hypoesthesia of 1-4 fingers of right, positive tests of Tinelly and turnstile. What is the diagnosis?

- A. \*Tunnel syndrome of median nerve on the right.
- B. Cervico-brachialgia of right.
- C. Radiculopathy radix C6 (C5-C6 discs).
- D. Syringomyelia.
- E. Shoulder-hand syndrome.

720. At patient has pain in lumbar region, weakness in lower extremities, disorders of pelvic organs. Examination: lower spastic paraparesis, deep reflex high of feet syndromes Babinski, Rossolimo present. MRI: hernia of dick L4-L5, L5-S1 canal stenosis of spain. What is the diagnosis?

- A. Radiculopathy L5-S1.
- B. Radiculoischemia L5.
- C. Myeloischemia.
- D. \* Radiculoischemia S1.
- E. Radiculoischemia L5-S1.

721. At patient has produces complaints on pain in a neck and right arm. It is ill near 2 months. Examination: reflex of biceps absent, on the right decline of pain sensory on shoulder hypotrophy of m. biceps brachia. What is the diagnosis?

- A. Brachioplexitis on the right.
- B. Radiculopathy of C5 on the right.
- C. \*Cervico- brachiolgia on the right.
- D. Mononeuropathy of illnar of right.
- E. Radiculopathy of C7 on the right.



722. A man has attacks of headache in area of eyeball, attacks have paroxysmal and one-sided type, by duration about 1,5 hour. During an attack photophobia, lacrimation herpetic eruption of skin face. What is the diagnosis?

- A. Trigeminal neuralgia.
- B. Syndrome of ciliaris knot.
- C. \*Tolos-Khant's syndrome.
- D. Syndrome of pterygopalatine knot.
- E. Migraine, visual form.

723. A patient has on pain and defeat of sensory in right arm. Examination: disorders of superficial sensitiveness, as a «jacket» on the right, tracks from burns, deformation of thorax. What is the diagnosis?

- A. Amyotrophic lateral sclerosis.
- B. Brain tumor.
- C. Myelitis.
- D. \*Syringomyelia.
- E. Plexitis

724. A patient, 18 years, has tetraparesis: peripheral paraparesis in hands, in feet spastic (developed after the trauma of neck department of spine), parafunction of pelvic organs absent. What is the diagnosis?

- A. \*Cervical myelopathy posttraumatic
- B. So sacro-lumbar plexitis posttraumatic
- C. Truncitis plexitis posttraumatic
- D. Radicular ischemia posttraumatic.
- E. Brachioplexitis posttraumatic

725. A patient after operative interference and has increased pressure hemiparesis, hypoalgesia on the right and motor aphasia. What is the diagnosis?

- A. \*Hemodynamic stroke in branches of middle cerebral artery on the left.

- B. Hemodynamic stroke in branches of anterior cerebral artery on the left.
- C. Hemodynamic stroke in the region in the posterior cerebral artery on the right.
- D. Brain tumor.
- E. Hemodynamic stroke in a basilar artery.

726. A patient has headache, nasal speech, disorders of swallowing, weakness in hands. From anamnesis of life: works as a forest guard. Examination: bulbar syndrome, flaccid paresis in the shoulders. What is the diagnosis?

- A. Epidemic encephalitis.
- B. Encephalomyelitis.
- C. Poliomyelitis.
- D. Amyotrophic lateral sclerosis.
- E. Spring-summer encephalitis.

727. A patient has mononeuropathy of the left median nerve. What is treatment?

- A. Anticoagulants, diuretic, analgesic, anticholinesterase.
- B. Perineural blockades with novocaine in the wrist channel, anticholinesterase, analgesic, vitamins of group B.
- C. Analgesics, anesthetics, anticholinesterase, vitamins of group B.
- D. \*Perineural blockades with glucocorticosteroid and anesthetics in a wrist channel, diuretic, vascular, pentoxifyllin, vitamins of groups B.
- E. Neurometabolite, antiaggregants, diuretic, analgesic, vitamins of group E.

728. What are the nosological forms of headache?

- A. \*Migraine, tension headache, cluster headache
- B. Liquor-dynamic headache, neuralgic pain
- C. Psychogenic headache, liquor-dynamic headache
- D. Headache caused by arterial hypotension, psychogenic headache
- E. Headache caused by arterial hypertension, neuralgic pain

729. What additional diagnostic method confirms subarachnoid hemorrhage?

- A. Cranial x-ray examination
- B. Ophthalmoscopy
- C. Electroencephalography
- D. Echoencephalography
- E. Lumbar puncture

730. What structures are damaged in multiple sclerosis most frequently?

- A. Brain membranes
- B. Spinal cord grey matter
- C. Peripheral nerves
- D. Brain grey matter
- E. \*The brain and spinal cord white matter

731. A young man became ill acute, a chill, fever, developed, in 3 days joined pain in the back, parasthesia in lower extremities. In anamnesis: sepsis. Examination: spastic paresis in lower extremities. Bladder is dysfunction. CSF: lymphocytosis, elevated protein. What is the diagnosis?

- A. Poliomyelitis.
- B. Amyotrophic lateral sclerosis.
- C. \*Myelitis.
- D. Syphilis.
- E. Stroke in spinal brain.

732. The patient has headache, vomiting, dermahemia of face, psychomotor excitation, violations of consciousness and central hemiplegia in right extremity's developed during 10 min. Meningeal syndrome positive. What is the diagnosis?

- A. Subarachnoid hemorrhage.
- B. Ischemic cardioembolic stroke.
- C. Ventricular hemorrhage.

- D. \*Intracerebral hemorrhage.
- E. Acute hypertensive encephalopathy.

733. What are the characteristics of epidemic encephalitis in acute form?

- A. \*Bulbar disturbances, paralyzes of the extremities
- B. Mannequin's posture, hypomimia
- C. Pathological somnolence, oculomotor disturbances
- D. High muscular tone, hypokinesia
- E. Low muscle tone, hyperkinesia

734. Prescribe medicine for treatment of status epilepticus.

- A. Lamotrigine
- B. Ethosuximide
- C. Diazepam
- D. \*Levetiracetam
- E. Carbamazepine

735. Indicate main clinical features of tabes dorsalis.

- A. \*Sensitive ataxia, the absence of the knee and Achilles reflexes
- B. Paraplegia, fibrillar twitching
- C. Bulbar disturbances. Bernard — Homer syndrome
- D. Pathological somnolence, oculomotor disturbances
- E. Meningeal symptoms, papilledema

736. What changes in the eye fundus can we see in the case of CSF hypertensive syndrome?

- A. Optic nerve atrophy
- B. \*Optic disk edema
- C. Salus symptom
- D. Optic neuritis

E. Chorioretinitis

737. A man after stress has paroxysm of headache in the left frontotemporal and facial area, face with a hyperemia, by a lacrimation, rhinitis paroxysm time 35-40 min, pain reliever non-efficacy. What is the diagnosis?

- A. Migraine.
- B. Sluder's syndrome.
- C. Tension headache.
- D. Neuralgia trigeminus.
- E. \*Cluster headache.

738. A patient, 45 years, has decline of memory, violation of concentration of attention, loss of weight. From anamnesis: narcotic dependence. Examination: emotional labile, hyperreflexia, positive symptoms of oral automatism, grabbing's phenomena, tremor. Blood and SCF are directed on determination of antibodies and HIV. What is the diagnosis?

- A. Encephalopathy.
- B. Encephalitis.
- C. \*AIDS (acquired immunodeficiency syndrome) dementia.
- D. Stroke.
- E. Brain tumor.

739. Patient grumbles about insomnia during a month. In anamnesis: increase of temperature, catarrhal symptom. Examination: ptosis, outside cross eye, paralysis stroke of convergence, nystagmus. CSF: pleocytosis of lymphocytes, protein increased, sugar. What is the diagnosis?

- A. Encephalopathy.
- B. Spring-summer encephalitis.
- C. Brain tumor.
- D. \*Epidemic encephalitis.
- E. Amyotrophic lateral sclerosis.

740. At patient has weakness in extremities. The first symptoms of illness appeared 5 years ago, weakness of feet and hands and last months of muscle of face and trunk. Examination: lips of “Tapir”, transversal smile. Pterygoid scapula. What is the diagnosis?

- A. Duchenne muscular dystrophy.
- B. \*Faciocapulo humeral muscular dystrophy Landouzy-Dejerine.
- C. Myasthenia gravis.
- D. Spinal muscular atrophy.
- E. Erb-Rott’s dystrophy.

741. Patient after sleep in uncomfortable position felt numbness of fingers of the left arm and forearm, with which a weakness joined in the distal departments of hand, pain, edema of arm, appeared. Tendon reflexes on a left arm are absent. What is the diagnosis?

- A. Plexitis Dejerine-Klumpke’s.
- B. \*Tunnel syndrome of middle nerve.
- C. Radiculopathy of S7.
- D. Total humeral plexitis.
- E. Plexitis of Duchenne-Erb’s.

742. At patient has paresis of sole flexors of the left foot. Anamnesis morbi: osteochondrosis. Examination: sparing gait, paresis of the left foot, ankle jerk absents on the left, Lasege's symptom positive both-side. On CT is hernia of disk of L5-S1 8 mm. What is the diagnosis?

- A. Padiculopathy of L5 on the left.
- B. \*Radiculoischemia L5 on the left.
- C. Radiculoischemia S1 on the left.
- D. Padiculopathy of S1 on the left.
- E. Lumbar ischalgia of left-side.

743. A patient has acute pain in the lumbar spine, which increased at motion, cough irradiating in buttocks. A patient could not be unbended move. Examination: tension of muscles of the back in lumbar area. Reflex and sensible violations are not present. What is the diagnosis?

- A. \*Syndrome cauda equine.
- B. Lumbar ischalgia.
- C. Lumbalgia.
- D. Lumbago.
- E. Spinal tumor.

744. A patient has a weakness in right foot. Anamnesis morbi: lumbar radiculopathy. Examination: Lasegue's syndrome present on right knee reflex  $S > D$ , achill reflex  $S = D$ . What is the diagnosis?

- A. Radiculoischemic L5 on the right.
- B. \*Radiculopathy of L5 on the right.
- C. Radiculoischemic L5-S1 on the right.
- D. Radiculopathy of S1 on the right.
- E. Radiculoischemic S1 on the right.

745. A patient has the attacks of headache appeared after stress, pressing character, in parietooccipital region long-term about hour. Attacks during the last month were increased. Neurological status: not pathologic signs. What is the diagnosis?

- A. Migraine.
- B. Cluster headache.
- C. Cervical migrane.
- D. Sluder's syndrome.
- E. \*Tension headache.

746. A patient has pneumonia he complains of a headache, vomiting. Examination: meningeal symptoms positive, convulsive attacks. CSF: oraque neurophilia, protein increased. What is the diagnosis?

- A. Encephalitis.
- B. \*Pneumococcal meningitis.
- C. Tuberculous meningitis.
- D. Stroke.
- E. Meningococcal meningitis.

747. A patient has tremor of extremities. Anamnesis morbi: epidemic encephalitis. Examination: hypokinesia static tremor, palilalia, hydrostonia. What is the diagnosis?

- A. Amyotrophic lateral sclerosis.
- B. Brain tumors.
- C. Stroke.
- D. \*Epidemic encephalitis, chronic form.
- E. Parkinson's disease.

748. A patient has complains BP 160/100 mm Hg after sleep developed: a diplopia and weakness in left extremities. Examination: ptosis, midriasis on right, divergent strabismus, opposite side spastic hemiparesis. What is the diagnosis?

- A. Ischemic stroke in the middle cerebral artery.
- B. Ischemic stroke in the anterior cerebral artery.
- C. \*Ischemic stroke in the vertebral-basilar vessels, Weber syndrome
- D. Ischemic stroke in the basilar artery.
- E. Ischemic stroke in the posterior cerebral artery.



749. A man after the protracted stay in the forced position «squat», has weakness in a right foot. Examination: decrease of sensitivity on the surface of right shin, paresis of back posterior of foot. What is the diagnosis?

- A. Radiculopathy S1 on the right.
- B. Radiculopathy L5 on the right.
- C. \*Tunnel syndrome of tibial nerve on the right.
- D. Lumbar ischalgia on the right
- E. Tunnel syndrome of fibular nerve on the right.

750. A patient after operative interference and has increased pressure hemiparesis, hypoalgesia on the right and motor aphasia. What is the diagnosis?

- A. \*Hemodynamic stroke in branches of middle cerebral artery on the left.
- B. Hemodynamic stroke in the region in the posterior cerebral artery on the right.
- C. Hemodynamic stroke in branches of anterior cerebral artery on the left.
- D. Brain tumor.
- E. Hemodynamic stroke in a basilar artery.

751. A patient after emotional tension has general convulsive attack. Anamnesis morbid: bacterial endocarditis. After an attack in neurologic status: central paresis of muscles face and tongue on the right, central of right hemiparesis extremities, prevailing in a hand. What is the diagnosis?

- A. Embolic stroke in the cortical branches of dorsal cerebral artery.
- B. Epilepsy, general attack.
- C. Embolic stroke is in a basilar artery.
- D. \* Embolic stroke in the cortical branches of middle cerebral artery.
- E. Lacunar stroke in the brain stem.

752. A patient has weakness in extremities. The first symptoms of illness appeared 5 years ago, weakness of feet and hands and last months of muscle of face and

trunk. Examination: lips of “Tapir”, transversal smile. Pterygoid scapula. What is the diagnosis?

- A. Spinal muscular atrophy.
- B. Myasthenia gravis.
- C. Duchenne muscular dystrophy.
- D. Erb-Rott’s dystrophy.
- E. \*Facioscapulohumeral muscular dystrophy Landouzy-Dejerine.

753. At patient complaints about headache, vomiting, increase of temperature during 2 days. Examination: paresis VII, III pair of cranial nerves, disorders of coordination of motions. In anamnesis: 10 days back inoculation from flu. Hemanalysis: leukocytosis, increase of SOE, CSF: lymphocytic pleocytosis increase of albumen. What is the diagnosis?

- A. \*Acute encephalomyelitis.
- B. Meningitis.
- C. Multiple sclerosis.
- D. Neurosyphilis.
- E. Brain tumors.

754. What are the clinical signs of the facial nerve neuropathy?

- A. Normal supraorbital reflex
- B. Central mimic muscles paresis
- C. \*Peripheral masticatory muscles paresis
- D. Enophthalmos
- E. \*Peripheral mimic muscles paresis

755. Young woman has complaints about dizziness, unsteadiness at walking, transient weakness in feet. Births on six month ago. Examination: nystagmus, lower paraparesis, cerebellum ataxia, decline of vibration sensitiveness. What is the diagnosis?

- A. Brain tumor.
- B. Neurosyphilis.
- C. \*Multiple sclerosis.
- D. Acute multiple encephalomyelitis.
- E. Stroke.

756. What are the characteristics of epidemic encephalitis in acute form?

- A. Low muscle tone, hyperkinesis
- B. High muscular tone, hypokinesis
- C. \*Pathological somnolence, oculomotor disturbances
- D. Bulbar disturbances, paralyzes of the extremities
- E. Mannequin's posture, hypomimia

757. A patient has ischemic heart disease with rhythm disorders. Examination: motor aphasia, seizures and psychomotor agitation. What is the diagnosis?

- A. Atherothrombotic stroke.
- B. Transitory ischemic attack.
- C. \*Cardioembolic stroke.
- D. Subarachnoid hemorrhage.
- E. Ventricular hemorrhage.

758. A patient has pains in low back and right foot. Examination: pain full of paravertebral point and vertebral processes and point of Valle. On right knee reflex decrease hypoalgesia on the anterior surface foot on right Lasgue's symptom positive. What is the diagnosis?

- A. Lumbalgia.
- B. Radiculopathy of S1 on the right.
- C. \*Lumbar ischalgia
- D. Lumbago.
- E. Radiculopathy of L5 on the right.

759. At patient has the attacks of headache appeared after stress, pressing character, in parietooccipital region long-term about hour. Attacks during the last month were increased. Neurological status: not pathologic signs. What is the diagnosis?

- A. Migraine.
- B. Tension headache.
- C. Sluder's syndrome.
- D. Cluster headache.
- E. Cervical migrane.

760. Choose symptoms of hepatolenticular disease

- A. Disk edema of optic nerves, monoparesis
- B. Hemiplegia-sensitive disorders
- C. Bulbar syndrome, sensitive disorders
- D. \*Hyperkinesias, Kayser - Fleischer ring
- E. Muscle hypertone, aphasia

761 Indicate the main causes of multiple sclerosis.

- A. Bacterial or fungal infection
- B. High arterial blood pressure and hypercholesterolemia
- C. \*Viral infection and inherited predisposition
- D. Disturbances in blood circulation and copper metabolism
- E. Emotional stresses and hypodynamia

762. Child has general weakness, nausea, abdomen pain, and diarrhea.

Examination: cranial nerves without pathology, in the left leg peripheral paresis, low muscles tone. The syndrome of Kerning's is positive. CSF: albumen of 1, 0 g/l; glucose, is in a norm. Painting is taken from nasopharynx, analysis of excrement. What is the diagnosis?

- A. \*Poliomyelitis.
- B. Serous meningitis.
- C. Purulent meningitis.
- D. Myelitis.
- E. Encephalitis.

763. What are the clinical forms of migraine with aura?

- A. Hyperkinetic, atactic
- B. Vestibular, atactic
- C. Shaking, hypokinetic
- D. Hypokinetic, aphasic
- E. \* Ophthalmic, basilar

764. Patient became ill acute has dizziness, weakness and disorders of speech. Did not lose consciousness. Examination: pale skin of face, irregularity of pulse, heart rate – 98, arteriotony 150/100 mm Hg. Nystagmus horizontal, dysphonia, dysphagia, dysarthria, spastic hemiparesis and hypotonia on right-side. Meningeal syndrome is absent. What is the diagnosis?

- A. Transient ischemic attack.
- B. Haemodynamic stroke in the barrel of cerebrum.
- C. \*Cardioembolic brain stem.
- D. Subarachnoid hemorrhage.
- E. Atherothrombotic brain stem.

765. A patient complains on pain in lumbar region and left leg. It is ill 3 months. Examination: gait spastic, motions are limited in lumbar region. Hypotonia and oligotrophy of muscles of thigh and shin on the left. A knee reflex absent. Hypoalgesia on the outward surface of shin on the left. Positive symptom of strain on the left. What is the diagnosis?

- A. Radicular ischemia of S1 on the left.

- B. \*Radiculopathy L5 on the left.
- C. Lumbago.
- D. Radiculoischemia of L5 on the left.
- E. Lumbar ischialgia on the left.

766. What drugs are used in the acute stage of multiple sclerosis?

- A. Antibiotics
- B. Coagulants
- C. \*Corticosteroids
- D. Immunomodulators
- E. Cytostatics

767. Woman has facial asymmetry on right violation of taste on front 2/3 tongue.

Objectively: lagophtalm, facial mimic muscles paralysis. What is the diagnosis?

- A. \* Nerve facial neuropathy (Bell's palsy) on right.
- B. Ischemic stroke.
- C. Trigeminal neuralgia.
- D. Leptomeningitis of ponto-cerebellum angle.
- E. Brain tumor.

768. At patient has complains BP 160/100 mm Hg after sleep developed: a diplopia and weakness is in left extremities. Examination: ptosis, midriasis on right, divergent strabismus, opposite side spastic hemiparesis. What is the diagnosis?

- A. \* Ischemic stroke in the vertebral-basilar vessels.
- B. Ischemic stroke in the basilar artery.
- C. Ischemic stroke in the middle cerebral artery.
- D. Ischemic stroke in the posterior cerebral artery.
- E. Ischemic stroke in the anterior cerebral artery.

769. Patient grumbles about insomnia during a month. In anamnesis: increase of temperature, catarrhal symptom. Examination: ptosis, outside cross eye, paralysis stroke of convergent, nystagmus. CSF: pleocytosis of lymphocytes, protein increased, sugar. What is the diagnosis?

- A. Spring-summer encephalitis.
- B. Brain tumor.
- C. \*Epidemic encephalitis.
- D. Amyotrophic lateral sclerosis.
- E. Encephalopathy.

770. At patient has complained back pains, «shooting» character, lasting 1-2 hours. Examination: ankle and knee reflexes absent, touch and pain sensation at level Th7, violation of vibration sense, sensitive ataxia. Argyll-Robertson's syndrome is positive. CSF: protein 1,5 g/l, lymphocyte cytolysis; positive reaction of Wasserman's. What is the diagnosis?

- A. Stroke of spinal brain.
- B. Late type of neurosyphilitic.
- C. Encephalitis.
- D. \*Early type of neurosyphilitic.
- E. Funicular myelosis.

771. The patient has headache, vomiting, dermahemia of face, psychomotor excitation, violations of consciousness and central hemiplegia in right extremity's developed during 10 min. Meningeal syndrome positive. What is the diagnosis?

- A. Subarachnoid hemorrhage.
- B. \* Intracerebral hemorrhage.
- C. Ischemic cardioembolic stroke.
- D. Ventricular hemorrhage.
- E. Acute hypertensive encephalopathy.

772. A young man became ill acute, a chill, fever, developed, in 3 days joined pain in the back, parasthesia in lower extremities. In anamnesis: sepsis. Examination: spastic paresis in lower extremities. Bladder is dysfunction. CSF: lymphocytosis, elevated protein. What is the diagnosis?

- A. Syphilis.
- B. Poliomyelitis.
- C. \*Myelitis.
- D. Amyotrophic lateral sclerosis.
- E. Stroke in spinal brain.

773. Woman has complaints about a general weakness, loss of appetite, headache and increase of temperature 37,2-37,50C within a week. Examination: defeat of oculomotor and facial nerves. A meningeal symptom is positive. CSF: pressure 300 mm of water column, cytosis 800 (lymphocytes 80%). Tender tape of fibrin fallen out. What is the diagnosis?

- A. Encephalitis.
- B. Purulent meningitis.
- C. Acute choreomeningitis.
- D. Multiple sclerosis.
- E. \* Tuberculous meningitis.

774. The child, 10 years, has complains headache, vomiting, chill and fever. Examination: hyperthermia (39-410C), meningeal syndrome positive, hemorrhagic rash of trunk and face. CSF: purulent. What is the diagnosis?

- A. \*Cerebrospinal meningitis.
- B. Encephalitis.
- C. Subarachnoid hemorrhage.
- D. Leptomeningitis.
- E. Tuberculous meningitis.



775. What is the feature of Duchenne primary muscle dystrophy?

- A. The dissociated type of sensitive disorders
- B. Pelvic dysfunction
- C. Central paresis of the extremities
- D. \*Sural muscle pseudohypertrophy
- E. Muscle fibrillation

## GLOSSARY

**Accommodation** – the increase in thickness of the lens needed to focus a near external object on the retina

**Ageusia** – loss of the sense of taste (gustation)

**Agnosia** – lack of the sensory – perceptual ability to recognize objects: visual, auditory and tactile agnosia

**Agrafia** – defeat of write

**Akinesia** – absence of loss of the power of voluntary motion seen in Parkinson's disease

**Alexia** – visual aphasia, word or text blindness, loss of the ability to grasp the meaning of written or printed words

**Alternating hemiparesis** – an ipsilateral cranial nerve palsy and a contralateral hemiparesis of extremities

**Amnesia** – disturbance or loss of memory

**Amyotrophy** – muscle wasting or atrophy (eg. ALS)

**Anesthesia** – loss of sensation

**Analgesia** – insensibility to painful stimuli

**Anisocoria** – pupils that are unequal in size

**Anosmia** – loss of the sense of smell (olfactory anesthesia)

**Aphonia** – loss of the voice

**Apraxia** – a disorder of voluntary movement

**Areflexia** – absence of reflex

**Astereognosis** – tactile amnesia

**Ataxia** – incoordination

**Athetosis** – slow, writhing, involuntary movements seen in Huntington's disease

**Autotopagnosia** – the inability to recognize any part of the body, seen with lesion of the parietal lobe

**Babinski's sign** – extension of the great toe in response to plantar stimulation  
pathology reflex (lesion of pyramidal tract)

**Ballism** – dyskinesia resulting from damage to the subthalamic nucleus

**Bell's palsy** – facial nerve paralysis

**Chorea** – irregular, spasmodic, purposeless, involuntary movements of the limbs and facial muscles, seen in Huntington's disease

**Choreoathetosis** – abnormal movements of the body of combined choreic and athetoid patterns

**Diplopia** – double vision

**Diplegia** – paralysis of both sides of the body

**Dysarthria** – disturbance of articulation caused by paralysis (eg. Vagus nerve paralysis)

**Dysesthesia** – impairment of sensation

**Dyskinesia** – movement disorders (lesion of extrapyramidal system)

**Dysphagia** – difficulty in swallowing

**Dysphonia** – difficulty in speaking, hoarseness

**Enophthalmus** – recession of the eyeball within the orbit

**Epilepsy** – a chronic disorder characterized by paroxysmal brain dysfunction caused by excessive neuronal discharge (seizure)

**Extrapyramidal (motor) system** – system including the striatum caudate nucleus and putamen, globus pallidus, subthalamic nucleus and substantia nigra

**Fasciculations** – visible twitching of muscle fibers seen in lower (peripheral) neuron disease

**Flaccid paralysis** – a complete loss of muscle power or tone resulting from a lower motor neuron

**Global aphasia** – difficulty with comprehension, repetition and speech

**Hemiballism** – dyskinesia resulting from damage to the subthalamic nucleus; consists of violent flinging movements of the contralateral extremities

**Hemiparesis** – slight paralysis affecting one side of the body; seen in stroke involving the internal capsule

**Hemiplegia** – paralysis of one side of the body

**Hydrosis** – sweating, perspiration, diaphoresis

**Horner's syndrome** – oculosympathetic paralysis consisting of miosis, hemianhidrosis, mild ptosis and apparent enophthalmos

**Hypacusis** – hearing impairment

**Hypalgesia** – decreased sensibility to pain

**Hyperacusis** – abnormal acuteness of hearing the result of a facial nerve paralysis (e.g. Bell's palsy)

**Hypokinesia** – diminished or slow movement; seen in Parkinson's disease

**Intention tremor** – a tremor that occurs when a voluntary movement is made; a cerebral tremor

**Kerning sign** – subject lies on back with thigh flexed to a right angle, then tries to extend leg. The movement is impossible with meningitis

**Kinesthesia** – the sensory perception of movement the muscular sense; it is mediated by the dorsal column – medial lemniscuses system

**Lhermitte sign** – flexing the head result in electric like snocks extending down the spine

**Macrographis** – megalographia; large hand writing seen in cerebellar disease

**Micrographia** – small hand writing seen in Parkinsonism

**Millard-Gubler syndrome** – an alternating faciad hemiparesis, an ipsilateral seventh nerve palsy and a contralateral hemiparesis

**Myopathy** – disease of the muscle

**Neuralgia** – nerve pain

**Nystagmus** – to-and-fro oscillations of the eyeballs; it is named after the fast component; ocular dystaxia as seen in cerebellar disease

**Papilledema** – choked disk; edema of the optic disk; caused by increased intracranial pressure (e.g. tumor, epi-or subdural hematoma)

**Paraplegia** – paralysis of both lower extremities

**Pill-rolling tremor** – a tremor at rest seen in Parkinson's disease

**Pseudobulbar palsy** – pseudobulbar supranuclear palsy; an upper motor neuron syndrome resulting from bilateral lesion that interrupts the corticobullar tracts; symptoms include difficulties with articulation, mastication and deglutition; results from repeated bilateral vascular lesions

**Psychosis** – a severe mental thought disorder

**Ptosis** – drooping of the upper eyelid; seen in Horner's syndrome and oculomotor nerve paralysis

**Quadrantonopsia** – loss vision in one quadrant of the visual field of one or both eyes

**Quadriplegia** – tetraplegia; paralysis of all four limbs

**Retrobulbar neuritis** – optic neuritis frequently caused by demyelinating disease multiple sclerosis

**Rigidity** – increased muscle tone in both extensors and flexors

**Romberg sign** – subject stands with feet together, when subject closes his eyes he loses his balance; this a sign of dorsal column ataxia

**Scanning speech** – scanning dysarthria; words are broken up into syllables; typical of cerebellar disorders

**Scotoma** – a blind spot in the visual field

**Strabismus** – lack of parallelism of the visual axes of the eyes; squint, heterotropia

**Syringomyelia** – cavitations of the cervical spinal cord result in bilateral loss of pain and temperature sensation and wasting of the intrinsic muscles of the hand

**Tabes dorsalis** – locomotor ataxia, progressive demyelination and sclerosis of the dorsal columns and dorsal roots seen neurosyphilis

**Tactile agnosia** – inability to recognize objects by touch

**Tremor** – an involuntary, rhythmic, oscillatory movement

**Vertigo** – a sensation of whirling motion due to disease of the vestibular system

**Visual agnosia** – inability to recognize objects by sight

**Wernicke's aphasia** – difficulty in comprehending spoken language, also called receptive, posterior, sensory, or fluent aphasia

## RECOMMENDED LITERATURE

### *Basic*

1. Neurology : textbook for students in higher education institutions IV level of accreditation that master academic subjects in English / I. A. Hryhorova [et al.] ; ed. by.: L. Sokolova, I. A. Hryhorova. - Vinnytsya : Nova Knyha Publishers, 2017. - 624 p.
2. Neurology: Clinic Cases / L. Sokolova [et al.] ; ed. by.: L. Sokolova. – Kyiv: AUS Medicine Publishing, 2016. – 95 p.
3. Kolenko O. I. Neurology: General Neurology : educational book / O. I. Kolenko. - Sumy : Sumy State University Publ., 2010. - 169 p.
4. Rohkamm, Reinhard. Color atlas of neurology / R. Rohkamm. - New York ; Stuttgart : Thieme, 2004. - 440 p.
5. Waclawik A. Neurology Pearls / A.J. Waclawik, T.P. Sutula. - Philadelphia : Hanley @ Belfus, 2000. - 228 p.
6. Campbell, W. W. Dejong's. The Neurologic Examination / William W. Campbell. - India : Lippincott Williams & Wilkins, 2013. - 818 p.

### *Additional*

1. Afifi A K. Functional Neuroanatomy / A. K. Afifi, R. A. Bergman. - New York : McGraw-Hill, 2001. - 230 p.
2. Biller J. Practical Neurology / J. Biller. - 2nd ed. - Philadelphia : Lippincott-Raven, 2008. - 846 p.
3. Brazis P. W. Localization in Clinical Neurology / P. W. Brazis, J. C. Masdeu, J. Biller. - 5th ed. - Philadelphia : Lippincott Williams & Wilkins, 2007. - 422 p.
4. Brillman J. In a page Neurology / J. Brillman, S. Kahan. - Lippincott Williams & Wilkins, 2005. - 232 p.

5. Burks J. Multiple Sclerosis: Diagnosis, Medical Management, and Rehabilitation / J. Burks, K. Johnson. - Demos Medical Publishing, 2000. - 598 p.
6. Compston A. McAlpine's Multiple Sclerosis / A. Compston, I. R. McDonald, J. Noseworthy, H. Lassmann [et al.]. - 4th ed. - Churchill Livingstone, 2005. - 1008 p.
7. Dyck P. J. Peripheral neuropathy / P. J. Dyck, P. K. Thomas, J. W. Griffin [et al.]. - 3th ed. - Philadelphia : Saunders, 2003. -140 p.
8. Engel A. G. Myasthenia gravis and myasthenic disorders / A. G. Engel. - Oxford : Oxford University Press, 2003. - 140 p.
9. Factor S. A. Parkinson's Disease. Diagnosis and Clinical Management / S. A. Factor, W. J. Weiner. - New York: Demos Medical Publishing, 2002. - 180 p.
10. Fahn S. Principles and practice of movement disorders / S. Fahn, J. Jankovic, M. A. Stanley, M. Hallett. - 2nd ed. - Elsevier, 2011. - 556 p.
11. Glick T. Neurologic skills: examination and diagnosis / T. Glick. - 5th ed. — New York : J. B. Lippincott, 2002. - 363 p.
12. Goetz C. G. Textbook of Clinical Neurology / C. G. Goetz. - Saunders, 2003. - 1306 p.
13. Greenberg D. A. Clinical Neurology / D. A. Greenberg, M. J. Aminoff, R. P. Simon [et al.]. - 5th ed. - New York: Lange Medical Books; McGraw-Hill, 2002. — 390 p.
14. Griggs R. C. Evaluation and treatment of myopathies / R. C. Griggs, J. R. Mendell, R. G. Miller. - Philadelphia : Davis, 2005. - 150 p.
15. Gryb V.A. Clinical neurology / V.A.Gryb – Kyiv, 2017 – 287 p.
16. Laws E. II. Brain Tumors: An Encyclopedic Approach / E. R. Laws, A. H. Kaye. - 3th ed. - W.B. Saunders, 2011. - 916 p.
17. Low P. A. Clinical Autonomic Disorders / P. A. Low, E. E. Benarroch. — 3th ed. - Lippincott Williams & Wilkins, 2008. - 768 p.
18. Martelletti P. Handbook of Headache. Practical Management / P. Martelletti, T. J. Steiner. - Springer Press, 2011. - 760 p.



19. Mowzoon N. Neurology Board Review (An Illustrated Study Guide) / N. Mowzoon, K. Fleming. - Informa Healthcare, 2007. - 1003 p.
20. Mumenthaler M. Neurology / M. Mumenthaler, H. Mattle. - 4th ed. - Thieme, 2004. - 992 p.
21. Nolte J. The Human Brain: An Introduction to Its Functional Anatomy / J. Nolte. - 6,h ed. - Philadelphia (PA): Mosby; Elsevier, 2009. - 720 p.
22. Panayiotopoulos C. P. The Epilepsies. Seizures, Syndromes, and Management / C. P. Panayiotopoulos. - Bladon Medical Publishing, 2005. 190 p.
23. Patten J. Neurological Differential Diagnosis / J. Patten. - 2nd ed. - London : Springer-Verlag, 2005. - 452 p.
24. Rolikamm R. Color atlas of Neurology / R. Rolikamm. -Thieme, 2004. - 440 p.
25. Rowland L. P. Merritt's Textbook of Neurology / L. P. Rowland. -10th ed. - Philadelphia : Lippincott Williams & Wilkins, 2000. -180 p.
26. Schelfl W. M. Infections of the Central Nervous System / W. M. Scheld, R. J. Whitley, M. Marra. - 3,d ed. - Lippincott Williams & Wilkins, 2004. - 960 p.
27. Shkrobot S. I. Neurology in lectures / S. I.SIikrobot, I. I. Hara. - Ukimedknyha, 2008. - 319 p.
28. Victor M. Adams and Victor's Principles of neurology / M. Victor, A. H. Ropper. - 7th ed. - New Yor: McGraw-Hill, 2000. - 1692 p.
29. Warlow C. P, Stroke: a practical guide to management / C. P. Warlow, M. S. Dennis). van Gijn [et al.]. - 2nd ed. - Maiden (Mass) : Blackwell Science, 2001. - 420 p.