

A 38-year-old patient complains of purulent discharge from the left side of the nose, difficulty in nasal breathing, headache, heaviness in the left cheek, and fever up to 37.5°C. The patient has been ill for 6 days. He attributes the disease to hypothermia. Objectively: pain on palpation in the left cheek. The mucous membrane of the left half of the nasal cavity is hyperemic, swollen, and there is a purulent streak in the middle nasal passage. What is the most likely diagnosis?

Left-sided purulent maxillary sinusitis

Left deviation of the nasal septum

Left-sided purulent ethmoiditis

Acute rhinitis (runny nose)

Left-sided acute frontitis

A 29-year-old woman visited a doctor with complaints of chills, sore throat, difficult swallowing and fever up to 38°C. During the physical examination, the doctor found plaques in the form of gray dense films on both tonsils, swollen and painful submandibular lymph nodes. Which diagnostic method would be the most appropriate next step?

Bacteriological examination of a smear from the nose and throat cavity

Puncture of submandibular lymph nodes

Analysis for heterophilic antibodies

Radiography of soft tissues of the neck

Rapid test for detection of group A streptococcus antigens

A 56-year-old man visited a doctor with nosebleeds that started from the left nostril 30 minutes ago. The patient denies any nasal injuries. Anamnesis: no frequent nosebleeds, this is the first episode. He suffers from atrial fibrillation (takes warfarin) and hypertension (treated with hydrochlorothiazide, atenolol). Body temperature - 37.2 °C, pulse - 86/min, blood pressure - 120/70 mmHg. Before determining the need for nasal tamponade, what is the most appropriate first step for the doctor?

Oxymetazoline intranasally, ask the patient to pinch the wing of the nose and lean forward

Administer vitamin K intramuscularly

Prescribe captopril orally

Apply a cold compress to the bridge of the nose

A 10-year-old child with a body temperature elevated to 37.5°C has moderate enlargement of the neck lymph nodes, grayish-white layers on the tonsils in the form of a dense film. The film is difficult to remove, the surface under it bleeds. There is no neck swelling. Preliminary diagnosis:

Diphtheria of the tonsils

Streptococcal tonsillopharyngitis

Infectious mononucleosis

Simanovsky-Vansan angina  
Scarlet fever

A 29-year-old patient complained of hearing reduction to the otolaryngologist. During audiological examination, sound conduction disorder was revealed, bone conduction was not affected. What structures of the hearing organ are affected?

Eardrum, chain of auditory ossicles  
Spiral organ  
Otolithic apparatus  
Semicircular canal system  
Basics of the gyrus and medulla oblongata

A man with chronic purulent otitis media developed severe headache, vomiting, and fever. There are meningeal symptoms. There are no focal neurological symptoms. What are the priority measures for the patient's management?

Hospitalization and diagnostic lumbar puncture  
Outpatient observation of the patient  
Administration of anti-inflammatory drugs  
Consultation with an otolaryngologist  
Administration of skull radiography

A 28-year-old woman complains of general weakness, headache, fever up to 37-38°C, and a slight sore throat. She has been ill for 3 days. Objectively observed: the skin is pale, the lips are cyanotic. Hyperemia of the oropharynx with a cyanotic color, swollen tongue, palatal rims, tonsils. On the surface of the tonsils there are continuous dense whitish plaques with a pearly shade, which can be removed with a spatula with great effort, after their removal the underlying mucous membrane bleeds. Submandibular lymph nodes are enlarged. Swelling of the neck is observed. Tachycardia is present. Blood pressure is 105/65 mm Hg. What is the most likely diagnosis?

Diphtheria of the oropharynx  
Adenovirus infection  
Infectious mononucleosis  
Acute leukemia  
Sore throat

A 68-year-old woman was delivered by ambulance with a nosebleed. The anamnesis revealed that she had been suffering from hypertension for 15 years, without treatment. Blood pressure 210/120 mm Hg. Periodic nosebleeds have been disturbing for several years. Objectively, it was found that there were bloody clots in the nasal cavity, breathing was free. During the removal of the clots, bleeding from the nasal septum appeared. What first aid should be provided?

Anterior nasal tamponade with vasoconstrictor drugs, blood pressure control

Nasal mucosa extinguishing with silver nitrate solution or vagotil  
Posterior tamponade  
Detachment of the nasal septum mucosa  
Ligation of the carotid artery on the side of bleeding

2 days after eating cold food, the man complained of a sharp sore throat and shortness of breath. Respiration was noisy, respiratory rate was 26/min, body temperature was 39°C. According to the results of laryngoscopy: the vocal cord is not visible, covered with swollen tissues. What urgent treatment measures should be taken?

Tracheostomy  
Intravenous administration of hormones  
Administration of antispasmodics  
Artificial oxygen ventilation  
Detoxification therapy

The patient complains of a sharp sore throat on the right side, radiating to the left ear, inability to open the mouth, fever up to 40°C. Objectively observed: pronounced trismus of the masticatory muscles, asymmetry on the right, left palatine tonsil hyperemic, displaced to the middle of the oropharynx, tongue displaced to the left. Unpleasant odor from the mouth. Hypersalivation. The maxillary lymph nodes on the right side are enlarged, painful during palpation. Rhinoscopic and otoscopic findings are normal. Make a diagnosis.

Right-sided paratonsillar abscess  
Right-sided sialoadenitis  
Right-sided parapharyngeal abscess  
Right submandibular lymphadenitis  
Tumor of the right palatine tonsil

A two-year-old child was hospitalized with a mother's complaint of a fever of 38.8°C and a barking cough that occurred during sleep. Objectively, the child is restless, pale, and has inspiratory dyspnea. Auscultation of decreased breathing is heard. Respiratory rate is 46/min, heart rate is 120/min, blood pressure is 80/40 mm Hg. What is the most likely diagnosis?

Acute stenosing laryngotracheitis  
Quincke's angioedema  
Bronchial asthma attack  
Acute bronchitis  
Foreign body of the lower respiratory tract

The patient complains of a severe sore throat on the left side, difficulty swallowing and opening the mouth, fever, and general malaise. From the anamnesis it is known that she has been suffering from acute pharyngitis for 4 days. Objectively observed: trismus of

the masticatory muscles, left tonsil displaced to the midline, anterior palatal ridge infiltrated and protruding. The regional lymph nodes on the left are enlarged and tender to palpation. What is the most likely diagnosis?

Paratonsillar abscess

Infectious mononucleosis

Diphtheria

Tumor of the tonsil

Scarlet fever

After the extraction of the second molar, the patient developed an elevated body temperature, experienced pain in the left side of the throat, infiltration, hyperemia in the lower part of the anterior palatine arch, displacement of the tonsil toward the midline and upward. The regional lymph nodes were tender upon palpation. The otolaryngologist diagnosed a «peritonsillar abscess». Which route of infection spread is characteristic in this case?

Odontogenic

Tonsillogenic

Foreign body entry

Hematogenous

Lymphogenic

The patient complains of headache, difficulty in nasal breathing, and purulent nasal discharge for 3 months. Four months ago, they underwent treatment for the upper right premolar. Radiographic findings show opacification of the right maxillary sinus. During a diagnostic puncture of the maxillary sinus, a large amount of thick, crumbly pus with a foul odor was obtained. What is the most likely diagnosis?

Chronic purulent odontogenic maxillary sinusitis

Chronic atrophic maxillary sinusitis

Chronic purulent maxillary sinusitis

Acute purulent maxillary sinusitis

Tumor of the maxillary sinus

In a 2-year-old child with relative somatic health, after playing with a "mosaic," sudden coughing, stridor, retching, and cyanosis appeared. During the examination, the doctor should first suspect:

Aspiration of a foreign body

Acute laryngotracheitis

Acute obstructive bronchitis

Whooping cough (pertussis)

Pneumonia

The patient complains of pain in the left throat, left ear pain, fever up to 39°C (102.2°F), and muffled voice. Symptoms have persisted for 5 days. The patient exhibits marked trismus (lockjaw), increased salivation, and holds the head tilted toward the left shoulder. Examination reveals swelling, redness (hyperemia), and infiltration of the left soft palate. The left retromandibular lymph nodes are extremely tender on palpation. Otoloscopic findings are normal. What is the most likely diagnosis?

Left-sided peritonsillar abscess

Left neck phlegmon

Parapharyngeal abscess

Left peritonsillitis

Retropharyngeal abscess

A 10-year-old boy presented to the clinic with complaints of nasal congestion. It is known that similar symptoms occur periodically (spring, autumn). Medical history: atopic dermatitis. The child's father has bronchial asthma. Objective findings: pale, slightly puffy face. Respiratory rate: 22/min. Auscultation: vesicular breath sounds over the lungs. Rhinoscopy: nasal mucosa is swollen and pale. What condition can be suspected?

Allergic rhinitis

Acute sinusitis

Acute rhinitis

Recurrent respiratory disease

Acute adenoiditis

In a 2-year-old boy with lacunar tonsillitis, breathing through the nose and mouth has worsened. Mesopharyngoscopy reveals hyperemia of the palatine tonsils and posterior pharyngeal wall, yellowish films in the tonsillar crypts, and a bulging, fluctuant mass on the posterior oropharyngeal wall upon palpation. What complication should be prevented during surgical intervention?

Asphyxia due to pus aspiration

Impaired lymphatic drainage

Mediastinitis

Trauma to major blood vessels

Retroesophageal abscess