

Station «Questions of thoracic surgery»

A 38-year-old patient was hospitalized with complaints of cough with purulent sputum (up to 60–80 ml per day), an increase in body temperature up to 39 °C. He associate the disease with hypothermia. Objectively: pulse 96 in 1 min, rhythmic. Blood pressure 110/60 mm RT. Art. Respiratory rate 30 in 1 min. On examination, a lag of the right half of the chest during breathing was found. Percussion determines the local blunting of percussion sound at the angle of the right scapula, in this area moist rales of various sizes, amphoric breathing are heard.

- 1) What is the diagnosis?
- 2) What examination methods need to be appointed in addition?
- 3) Does the patient need to perform bronchoscopy?
- 4) Indications and contraindications for surgical treatment.
- 5) Possible complications and their prevention?

In a 27-year-old patient, after an 8-day constant fever during a coughing attack, 200 ml of yellow sputum flowed out. Objectively: body temperature 37.2 °C, respiratory rate 22 in 1 min, pulse 96 in 1 min, blood pressure 110/70 mm RT. Art. An X-ray examination of the chest in the left lung revealed a round shadow with clear boundaries and enlightenment in the center.

- a) What is the diagnosis?
- b) What examination methods need to be appointed additionally?
- c) The main directions of treatment?

A 54-year-old patient became acutely ill when he experienced pain in the right half of his chest. The temperature is – 39.8 °C. The cough is wet. Breathing is frequent. On the 10th day, when coughing, he noted the release of a large amount of foul-smelling sputum. The patient's condition improved. The temperature dropped. However, the cough remains with a lot of sputum.

- 1) What is the previous diagnosis?
- 2) What methods of inspection need to be appointed in addition?
- 3) Does the patient need to continue conservative treatment?
- 4) What are the contraindications to surgical treatment.
- 5) What are the possible complications of conservative treatment?

Treatment of a scapular fracture is carried out by the method of constant skeletal traction.

Describe the extension system and the position of the upper limb. The amount of weight used and how long will skeletal traction be applied.

The patient is 43 years old, complains of intermittent shortness of breath, progressive weakness, varicose veins of the neck and upper extremities. From the anamnesis ill for about 3 months, the condition gradually worsened. The chest radiography revealed an enlargement of the anterior-superior interstitium. What disease can be suspected? What complications of the underlying disease can be suspected? What are the tactics of examination of this patient?

- 1) What is the previous diagnosis?
- 2) What methods of inspection need to be appointed in addition?
- 3) Possible complications

- 4) Conservative treatment
- 5) Indications for surgical treatment.

The patient, 49 years old, after hypothermia became acutely ill with fever to 41 °C, chest pain on the right, vomiting with sputum with a foul odor. Objectively: the general condition is severe, temperature – 39 °C, pronounced signs of purulent intoxication and respiratory failure. Radiologically: against the background of massive darkening of the upper and middle lobes, cavities of different sizes with a horizontal liquid level are determined.

- 1) What is the most credible disease?
- 2) Differential diagnosis.
- 3) What methods of inspection need to be appointed in addition?
- 4) Possible complications
- 5) Tactics of surgical treatment.

Patient 53 years old, mechanic. Coughs for about 2 months – sputum in small volume (up to a 15 ml). Clinical blood test: L – $11,2 \times 10^9$ /l, Hb – 120 g/l, Er. – $3,8 \times 10^{12}$ /l. Percussion – without changes. Auscultatory – when coughing on the left in the upper parts wheezing are heard.

- 1) What disease is the most probable in this case?
- 2) What additional examinations must be conducted?
- 3) If on X-ray examination we find focal formations in the upper lobe, and in the lower - a hollow formation without a fluid level, what additional examination is needed?
- 4) Whose consultation do you need?

Patient 24 years old, became acutely ill. Pain in right abdomen, which increases by deep breathing. Objective: the tongue is wet. On palpation – the abdomen is soft, no signs of peritoneal irritation.

- 1) What examinations must be appointed
- 2) If left breathing is not audible, what examination methods should be added?
- 3) If there is a dull percussion sound on the left side, what diagnosis can be suspected?
- 4) What further examination to suggest?

The patient is 34 years old, complains of shortness of breath during physical activity, chest pain, palpitations. From the anamnesis: about a month ago during a fight he received a kick in the abdomen. On the radiograph – high standing left dome of diaphragm (to the level of 4 ribs), the displacement of the interstitium to the right. What is the most probable diagnosis and treatment tactics?

- 1) What is the provisional diagnosis?
- 2) Differential diagnosis (with a gap).
- 3) What methods of inspection need to be appointed in addition?
- 4) Possible complications
- 5) Tactics of surgical treatment.

The patient was taken from the scene of the accident. Objectively in the patient: cyanotic skin, BP 28–30 per minute, lag of the left half of the chest when

breathing. On palpation: the left, crepitation of fragments V–VII ribs and local subcutaneous emphysema. Percussion: shift of dullness of heart to the right, box shade to the left. What was the patient's diagnosis and what were the tactics of treatment of this patient?

- 1) Formulate a provisional diagnosis.
- 2) Emergency care at the pre-hospital stage.
- 3) Differential diagnosis.
- 4) Additional methods of research
- 5) Surgical treatment.

Patient Z., 52 years old. In the evening he returned home in a crowded vehicle. There was pain in the left half of the chest at night. In the position on the left side, the pain calmed down a bit. When he got up in the morning, he felt shortness of breath and increased pain, which prevented him from putting on his shoes. The doctor was called.

- 1) His actions?
- 2) Suspicion of what disease?
- 3) To which department should the patient be taken?

A 45-year-old patient was hospitalized with complaints of cough with purulent sputum up to 200 ml per day with an unpleasant odor, pain in the right half of the chest, fever up to 38 °C. Ill for two weeks. On examination: shortening of the percussion pulmonary sound under the right shoulder blade, there – weakened vesicular respiration.

- 1) What is the most credible disease?
- 2) Differential diagnosis.
- 3) What methods of inspection need to be appointed in addition?
- 4) Possible complications
- 5) Tactics of surgical treatment.

An elderly man was admitted to orthopedic department with a provisional diagnosis of left medial femoral neck fracture.

What will be the clinical presentation during the examination of the patient? the length of the limbs, palpation? which radiological signs that will confirming the diagnosis?

Patient 18 years old, complaints of constant wet cough with sputum discharge and an admixture of pus. Sometimes streaks of blood appear after exercise. Subfebrility up to 37.5 °C, general weakness. Considers herself ill for about one year, explains his condition with pneumonia a year ago. In childhood, he often had colds and pneumonia. Objectively: body temperature 37.3 °C, respiratory rate 20 in 1 min, pulse 86 in 1 min, blood pressure 100/70 mm RT. Art.

- 1) What is the diagnosis?
- 2) What examination methods need to be appointed in addition?
- 3) Possible treatment methods
- 4) Directions of conservative treatment.
- 5) Indications and contraindications for surgical treatment.

The patient is 53 years old, complained of belching mucus and food debris, even 3–4 hours after eating, chest pain when swallowing is not associated with

exercise, bouts of "night cough", weight loss. Ill for about 2 years, the condition gradually deteriorated. What disease can be suspected? What diseases is it necessary to conduct a differential diagnosis with. What additional examination methods will confirm the diagnosis?

- 1) What is the provisional diagnosis?
- 2) Differential diagnosis, pharmacological tests.
- 3) What methods of inspection need to be appointed in addition?
- 4) Classification (clinical stages) of the disease.
- 5) Tactics of treatment, indications for surgical treatment.

Patient M., 53 years old, has complaints of difficulty in passage of food through the esophagus, especially with rapid consumption. Frequent vomiting, occasionally heartburn.

- 1) Which diseases should differential diagnosis be made with?
- 2) What additional methods of diagnosis should be used?
- 3) What are the complications?
- 4) Indications for surgical treatment?

The 42-year-old patient was hit in the stomach by a steering wheel during a car accident. Complains shortness of breath, chest pain, palpitations, heartburn and nausea. On the radiograph of OGK standing - displacement of the interstitium to the right, the left dome of the diaphragm is not clearly visualized, inhomogeneous darkening of the left hemithorax to the level of the second rib with multiple fluid levels. What is the most probable diagnosis and treatment tactics?

- 1) What is the provisional diagnosis?
- 2) Differential diagnosis (with a relaxation).
- 3) What methods of inspection need to be appointed in addition?
- 4) Possible complications
- 5) Tactics of surgical treatment.

A 35-year-old man was hit by a car while crossing the street. On examinations there was deformity on the 1/3 of both legs. He was unable to stand.

What could be the diagnosis? Complete the clinical picture according to the diagnosis.

Patient V., 44 years old, overweight about 15 kg. Worries about the pressing pain behind the sternum, especially when leaning and lying on the right side. There are no dyspeptic complaints.

- 1) What examinations methods are used in the first stage?
- 2) What radiation methods diagnostics should be used?
- 3) What diagnosis can be suspected?
- 4) Methods of treatment?

An elderly man fell on the street, hit his left shoulder and felt sharp pain in the upper third of the shoulder. He supported the injured left arm with his healthy arm by the elbow pressed close to the body.

Name the probable diagnosis. What are the possible complications?