**1. The primary anatomic site of pressure regulation in the vascular system is:**

1. aorta
2. arteries
3. arterioles
4. capillaries
5. heart

**2. Complications of chronic hypertension include the following, EXCEPT:**

1. left ventricular hypertrophy
2. congestive heart failure
3. renal failure
4. diabetes mellitus
5. brain hemorrhage

**3. The most common cause of abdominal aortic aneurysms is:**

1. trauma
2. atherosclerosis
3. syphilis
4. hypertension
5. cystic medial necrosis

**4. Aneurysms of the aortic arch are mostly caused by:**

1. atherosclerosis
2. tuberculosis
3. syphilis
4. congenital defects
5. fungi

**5. The major cause of pulmonary thromboemboli is:**

1. hypertension
2. heart failure
3. atherosclerosis
4. thrombophlebitis
5. varicose veins

**6. Severe (malignant) hypertension is characterized by:**

1. hyperplastic arteriolosclerosis
2. aortic insufficiency
3. Marfan’s syndrome
4. calcific aortic stenosis
5. thromboangitis obliterans

**7. Acute coronary occlusion is followed by:**

1. myocardial gangrene
2. myocardial infarction
3. brown atrophy
4. myocardial hypertrophy
5. heart lipomatosis

**8. Which of the following factors are important in the development of atherosclerosis:**

1. hypoglycemia
2. hypercholesterolemia
3. hypertension
4. hypercalcemia
5. hyperlipidemia

**9. Chronic cerebral ischemia due to cerebral artery atherosclerosis is accompanied by:**

1. cerebral cortex cells degeneration
2. extensive bleeding in the brain
3. atrophy of the cerebral cortex
4. hypertrophy of cortical cells
5. the development of dementia

**10. Which of the following organs are mostly affected by atherosclerosis:**

1. kidney
2. liver
3. brain
4. intestine
5. lung

**11. Kidney atherosclerosis is characterized by:**

1. kidneys are markedly increased
2. kidney are decreased
3. macronodular surfaces
4. micronodular surfaces
5. kidneys are lardy

**12. Which of the following are myocardial infarction complications:**

1. cardiac tamponade
2. heart defect
3. asystole
4. brown atrophy
5. lung edema

**13. Obstructive atherosclerosis of the femoral artery may be followed by:**

1. ischemia
2. varicose veins
3. elephantiasis
4. gangrene
5. anemia

**14. Subendocardial myocardial infarction may be complicated by:**

1. fibrinous pericarditis
2. parietal thrombosis
3. hemopericardium
4. thromboembolism
5. heart “in cuirass”

**15. Tick the complications that may arise in atherosclerotic plaque ulceration:**

1. artery thrombosis
2. phlebothrombosis
3. atheromatous detritus embolism
4. pulmonary infarction
5. acute arterial occlusion

**16. Slow atherosclerotic narrowing of the heart arteries may lead to:**

1. myocardial infarction
2. diffuse cardiosclerosis
3. macrofocal cardiosclerosis
4. acute cardiac failure
5. chronic cardiac failure

**17. Which of the following organs diseases may develop symptomatic hypertension:**

1. kidney pathology
2. pituitary pathology
3. brain pathology
4. liver pathology
5. spleen pathology

**18. Gross appearance of myocardial infarction is:**

1. red color
2. white color
3. white color with a hemorrhagic rim
4. triangular shape
5. irregular shape

**19. Coronary artery thrombosis is followed by:**

1. gangrene
2. infarction
3. hemosiderosis
4. lipomatosis
5. brown atrophy

**20. Tick the changes in the arteries, which characterize hypertensive disease:**

1. elastofibrosis
2. dystrophic calcification
3. plasmatic infiltration
4. hyalinosis
5. atherocalcinosis

**21. Tick the types of hypertension according to the character of its course:**

1. cerebral hypertension
2. cardiac hypertension
3. benign hypertension
4. malignant hypertension
5. renal hypertension

**22. Specify the types of cardiosclerosis:**

1. postinfarction
2. macrofocal
3. vicarious
4. microfocal
5. infectious

**23. Which of the following processes is characteristic for arterial hypertension:**

1. thrombophlebitis
2. phlebothrombosis
3. elastofibrosis
4. atherocalcinosis
5. all of the listed

**24. The following changes develop in the kidney in benign hypertension:**

1. shrinkage
2. macronodular surface
3. arteriolohyalinosis
4. arteriolosclerosis
5. Kimmelstiel-Wilson syndrome

**25. Hematuria and lumbar pain appeared in a patient on the 7-th day of myocardial infarction. What pathological process developed in the kidneys and what was the cause:**

1. renal infarction
2. acute pyelonephritis
3. thromboembolism due to the left ventricle parietal thrombus
4. thromboembolism due to aortic vegetations on the surface of the valve
5. thromboembolism due to leaflet mitral vegetation

**26. Direct causes of myocardial infarction are:**

1. intramural bleeding in the atherosclerotic plaque
2. coronary artery thrombosis
3. coronary artery spasm
4. coronary artery sclerosis
5. myocardial metabolic disorders

**27. Morphological manifestations of chronic ischemic heart disease:**

1. macrofocal cardiosclerosis
2. microfocal cardiosclerosis
3. acute myocardial infarction
4. chronic cardiac aneurysm
5. acute cardiac aneurysm

**28. Most common causes of death in chronic ischemic heart disease are:**

1. heart wall rupture and pericardial tamponade
2. cerebral hemorrhage
3. renal failure
4. chronic cardiovascular failure
5. thromboembolic complications

**29. Most common sudden death causes in myocardial infarction:**

1. angina pectoris
2. ventricular fibrillation
3. pericardial tamponade
4. cardiogenic shock
5. ventricular aneurysm

**30. Myocardial infarction complication are the following:**

1. fibrinous pericarditis
2. aortic aneurysm
3. parietal cardiac thrombosis
4. cardiac rupture
5. aortic coarctation

**31. Which are the arterioles changes in the chronic benign essential hypertension:**

1. fibrinoid necrosis
2. sclerosis
3. hyalinosis
4. inflammation
5. thrombosis

**32. What arterioles damage develops in hypertensive crisis:**

1. infiltration of plasma
2. fibrinoid necrosis
3. thrombosis
4. hyalinosis
5. sclerosis

**33. As a result of rheumatic endocarditis the following changes can be detected in the valve:**

1. organization of thrombotic masses
2. colonies of microbes
3. the deformation of the valve
4. sclerosis
5. purulent inflammation

**34. What complications can develop into rheumatic valvular endocarditis:**

1. pulmonary infarction
2. infarction in the spleen
3. renal infarction
4. pulmonary artery thromboembolism
5. myocarditis

**35. List the major criteria of acute rheumatic fever:**

1. migratory polyarthritis
2. erythema nodosum
3. aortic coarctation
4. subcutaneous nodules
5. arterial hypotonia

**36. Morphologic diagnosis of rheumatic fever is based on:**

1. alterative tissue reaction
2. productive tissue reaction
3. granulomatous inflammation
4. exudative tissue reaction
5. polypous - ulcerative endocarditis