**2. The following clinical forms of rheumatic fever are distinguished:**

1. cardiovascular
2. nodose
3. renal
4. cerebral
5. splenic

**3. Mucoid swelling (intumescence) is characterized by the following:**

1. superficial disorganization of connective tissue
2. a profound disorganization of connective tissue
3. the hydration of the ground substance of connective tissue
4. the destruction and loss of connective tissue
5. strengthening metachromatic reaction to glycosaminoglycans

**5. The " heart in cuirass" is caused by:**

1. rheumatic endocarditis
2. rheumatic myocarditis
3. rheumatic pericarditis
4. rheumatic pancarditis
5. rheumatic carditis

**6. Which of the following changes develop in serousal membranes in rheumatic fever:**

1. purulent inflammation
2. fibrinous inflammation
3. sero-fibrinous inflammation
4. ichorous inflammation
5. hemorrhagic inflammation

**7. In which type of rheumatic fever is developing chorea:**

1. renal
2. cardiovascular
3. arthritic
4. nodose
5. cerebral

**9. 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

**10. Fibrinoid changes in rheumatic fever are characterized by:**

1. superficial connective tissue disorganization
2. damage to the collagen fibers
3. the reversibility of the process
4. homogenization of the collagen fibers
5. the irreversibility of the process

**13. Depending on the prevalence of tissue reactions rheumatic pericarditis can be:**

1. hemorrhagic
2. purulent
3. fibrinous
4. serous
5. putrid

**14. Rheumatic myocarditis may be:**

1. alterative
2. exudative
3. productive
4. purulent
5. septic

**16. 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

**17. Which of the following organ is always affected in rheumatic fever:**

1. kidney
2. skin
3. heart
4. brain
5. lung

**19. Decompensated heart disease is characterized by:**

1. concentric hypertrophy
2. eccentric hypertrophy
3. anasarca
4. hemomelanosis of spleen
5. cyanotic induration of kidney

**22. What vessels types are mostly affected in rheumatic fever:**

1. aorta
2. elastic arteries
3. arterioles
4. veins
5. capillaries

**23. Rheumatic pericarditis depending on the nature of exudate are:**

1. hemorrhagic
2. serous
3. fibrinous-purulent
4. fibrinous
5. putrid

**25. The compensated heart defects are characterized by:**

1. concentric hypertrophy
2. eccentric hypertrophy
3. tonogenic dilatation of the heart cavities
4. myogenic dilatation of the heart cavities
5. anasarca

**26. Which of these changes characterize decompensated heart disease:**

1. extension of the heart cavities
2. hydropsy of the cavities
3. lipidic dystrophy of the myocardium
4. eccentric hypertrophy
5. all of the listed

**30. Rheumatic granulomatous myocarditis consequences are:**

1. cardiac valvulopathy
2. brown atrophy of the heart
3. perivascular sclerosis
4. cardiosclerosis
5. heart lipomatosis

**31. 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

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

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