

Station. Pediatrics surgery

Task 1

Congenital hypertrophic pilorostenosis

You are a doctor of the emergency room, examine a 3-week-old boy, whose mother is complaining of projectile non bilious 4-5 times a day during last 3 days. Body weight at birth 3200 g, current mass 3450 g. Objectively (see Appendix 1): the child is restless, crying without tears, a large fontanel is sunken, the turgor of soft tissues is reduced, the visible mucous membranes are dry. According to the mother, the diaper remains dry for the last 7 hours.

1. Get acquainted with the task
2. Make up the preliminary diagnosis
3. Make examination plan
4. Determine the tactics of treatment

The task is performed verbally.

Task 2

Congenital diaphragmatic hernia

You are examining a full-term baby, with progressing dyspnea started a few hours after birth, cyanosis, and involvement of additional muscles in the act of breathing. Determine the main syndrome; make a plan of examination and urgent help and treatment.

1. Get acquainted with the task
2. Determine the preliminary diagnosis
3. Make a survey plan
4. Determine the tactics of treatment
5. Tell the general principles of surgical intervention

The task is performed verbally.

Task 3

Esophageal atresia

In a full-term baby weighing 2800g, a large amount of frothy discharge from the mouth and nose was detected immediately after birth. After suction, the discharge quickly accumulates again. Dyspnea and cyanosis are noted. Auscultation of the lungs revealed a large number of moist rales of different sizes.

1. Get acquainted with the task
2. Make up the preliminary diagnosis
3. Make examination plan
4. Determine the tactics of treatment

The task is performed verbally.

Task 4

Invagination

Doctor of general practice examines at home 6 month-old baby, who 8 hours before became intermittently restless, screaming, beating legs. At the beginning the disease attacks were followed by “lucid intervals”. Repeated vomiting and dark blood appeared on diaper appeared.

1. Get acquainted with the task
2. Make up the preliminary diagnosis
3. Make examination plan
4. Determine the tactics of treatment

The task is performed verbally.

Task 5

Low bowel obstruction

You are a neonatologist, when examining a full-term newborn (39-40 weeks of gestation), on the second day of life. Mass at birth 3200gr. The child is restless, bilious vomiting and distended abdomen are noted.

1. Get acquainted with the task
2. Determine the preliminary diagnosis
3. Make a survey plan
4. Determine the tactics of treatment
5. Tell the general principles of surgical intervention

The task is performed verbally.

Task 6

Rupture of the bladder

You are a doctor at emergency room examining a 11-years-old-girl after an accident, with a pelvic bone fracture. The child complains of a pain in the lower abdomen, painful and fruitless urges to urinate. The abdomen is moderately tense, over the pubis, positive symptoms of irritation of the peritoneum.

Identify the main syndrome, compile a survey plan, interpret the results, present a clinical diagnosis and determine the tactics.

1. Get acquainted with the task
2. Make up the preliminary diagnosis
3. Make examination plan
4. Determine the tactics of treatment

The task is performed verbally.

Task 7

Acute appendicitis

You are a pediatrician of the emergency room examining a 3 years-old-child. On the evening before, parents have paid attention to changing of the child's behavior: lethargy, sleep disturbances, anxiety. Fever to 38 ° C, multiple vomiting loose stool were detected. When examined, the condition is severe, body temperature 38.3 ° C, during palpation of the abdomen, the child becomes restless, crying, pushing the doctor's hand. Set a preliminary diagnosis. Make a diagnostic and treatment plan.

1. Get acquainted with the task
2. Determine the preliminary diagnosis
3. Make a survey plan
4. Determine the tactics of treatment
5. Tell the general principles of surgical intervention

The task is performed verbally.