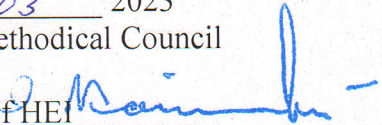


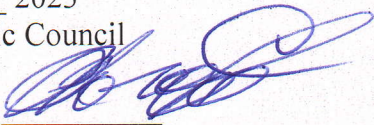
Ministry of Health of Ukraine
National Pirogov Memorial Medical University, Vinnytsya

«Agreed»
at Methodical Council
of surgical disciplines

Protocol № 4
from 22/03 2023
Head of Methodical Council

Professor of HEI 
Oleh KANIKOVSKYI

«Approved»
by Academic Council
National Pirogov Memorial Medical
University, Vinnytsya
Protocol № 7
from 27/04 2023
Head of Academic Council

Professor of HEI 
Victoriia PETRUSHENKO

Objective structured practical (clinical) exam on Discipline “Surgery, pediatric surgery”
Specialty – 222 “Medicine”, 2022/2023 academic year
Instruction for the station N4
“Standardized patient in a Pediatric surgery clinic”

Objectives:

1. To show proficient clinical communication skills.
2. To diagnose pediatric surgical diseases according to available data.
3. To give the differential diagnosis of pediatric surgical diseases.
4. To plan the work-up (laboratory and/or imaging studies) of the patient based on the prominent clinical syndrome or preliminary diagnosis.
5. To define the management and patient pathway.

Materials and equipment of the station:

1. Clinical task (case).
2. Standardized patient.
3. Results of laboratory and imaging studies (radiographic, sonographic, endoscopic)
4. Computer soft- and hardware.
5. Table
6. Chairs
7. A camera for the online video- and audio-session from the student working place.
8. A pen or a pencil.
9. A4 size white paper.
10. Check lists.

In context of **distance learning** (for security reasons in wartime conditions or in order to prevent the spread of the respiratory disease COVID-19 caused by coronavirus SARS-CoV-2), the **procedure for the conduct of objective structured clinical examination (OSCE)** is determined by Regulation for the introduction of distance learning components in National Pirogov Memorial University, Vinnytsya, and it will take place **on the online platform Microsoft Teams**.

Equipment for distance mode OSCE: clinical tasks (cases), sets of data, virtual patients.

At the day of the examination, the secretary of the State Examination Board connects the student, whose group completes the exam according to the schedule, to the examiner meeting. Student should introduce himself and **show the ID card (passport)**.

Then student receives the clinical task (case). The student need to evaluate the complaints of the standardized patient, history of the present illness, past history and physical examination data; interpret the results of the laboratory and imaging studies of this patient, provide the diagnosis and management of the patient, consider therapeutic (medical prescription format of the medicines) and

surgical treatment; to give the short answers for the additional questions, if they are specified in the clinical task.

Duration of the examination at the station is up to 5 min. If the time is expired, the examiner will no longer accept the answers. Draw your attention that the examiner is only an observer, he does not comment on your answers or give any instructions, does not ask you any questions.

Requirements for the completion of the station:

- Use the personal computer, laptop or tablet computer during your answers.
- The answer will be accepted only when your camera and microphone are switched on, the sound is clear, and your face is fully seen at the screen;
- During the examination your answer is recorded.

It is forbidden to use mobile phones; share any information related to the exam.

“Surgery, pediatric surgery” part of OSCE consists of one station.

Station №4 “Diagnosis and management of pediatric surgical emergencies and congenital birth defects”

Sample of evaluation of the student’s answer for the clinical task (case)

Situational case. In the reception department turned mother with a child - a boy of 3 months of age. According to the mother explanation, 3 days ago in the perianal area of the child appeared infiltrative formation and redness of the skin, is periodic increasement of temperature of the baby body up to 39⁰ C.

Objectively. In the perianal region is a dense, infiltrative formation up to 2 cm in diameter with a fluctuation in the center, which is sharply painful in palpation, skin above the formation is hyperemic .

In the general blood test leukocytosis is 13x10⁹/l, the quantity of neutrophilic forms of leukocytes is 87%.

Tasks.

1. Put diagnosis.
2. Identify the necessary general clinical methods of examination.
3. Identify the necessary additional survey methods.
4. Identify the tactics of conservative treatment.
5. Identify the tactics of surgical treatment.

Example of answer and scoring:

Evaluation item	Student’s answer	Point/mark
1.Communication skills and proficiency		0,25
2.Give the clinical diagnosis	Perianal abscess (acute paraproctitis)	1,5
3. Define necessary general clinical studies	- CBC - Fasting blood glucose, - Clothing time, - ECG.	0,25 0,25 0,25 0,25
4.Define auxiliary studies	Perianal ultrasonography	0,25
5. Define conservative treatment in pre- and postoperative period	- antibiotitics - physiotherapy	0,5 0,5
6. Define surgical treatment	Incision and drainage of the perianal abscess (paraproctitis)	1
Maximum score for the station – 5		

List of clinical cases: Esophageal atresia, left-sided varicocele, torticollis, developmental dysplasia of the hip, pyloric stenosis, acute hematogenous osteomyelitis, acute appendicitis, congenital diaphragmatic hernia, intussusception, superficial (capilar) hemangioma, bleeding from the esophageal varices, acute mastitis, nephroblastoma, perianal abscess (paraproctitis), inguinal hernia, right-sided undescended testicle (inguinal location), right-sided tension pneumothorax, acute painful scrotum, necrotizing cellulitis of the newborns, superficial cellulitis of the shoulder, rectal atresia, spontaneous bacterial peritonitis (primary), patent urachus, rectal polyp, umbilical hernia, cicatricial phymosis, communicating, esophageal foreign body, mediastinitis, teratoma, Hirschsprung disease.

List of the tasks for the Station №4

SITUATIONAL CASE № 1 for the diagnosis and tactics of treatment standardized patient in pediatric surgery clinic

A 16-year-old boy turned to polyclinic with complaints about discomfort and pain in the inguinal area (along the spermatic cord) and a testicle on the left, which are amplifying during physical activity, turned to the clinic.

Objectively: the skin of the scrotum is subtle, is sagging in the left part, "worm-shaped" expanded veins of spermatic cord and testicles are contouring and detecting in palpation. Valsalva's test is positive.

Tasks.

1. Put the previous diagnosis.
2. What diseases should be put differential diagnosis with?
3. Describe the method of conducting a Valsalva's test?
4. What additional examinations should be used to clarify the diagnosis?
5. Determine treatment tactics?

SITUATIONAL CASE № 2 for the diagnosis and tactics of treatment standardized patient in pediatric surgery clinic

Parents of a four-year-old girl complain that the child's head is constantly tilted to the left, which caused them considerable anxiety.

In examination, the child's head is tilted in the left side, the chin is turned in the right. An attempt to passively move the head in to the straight position is not successful because of the significant tension and shortening of the left sternocleidomastoid muscle. At the level of the middle third of the muscle is indentifying the spindle-like thickening, which does not intersect with adjacent tissues and is located in the body of muscle, there are no signs of inflammation.

Tasks.

1. Put the previous diagnosis.
2. What diseases should be put differential diagnosis with?
3. What additional examinations should be used to clarify the diagnosis?
4. What consequences are the not treated congenital torticollis from?
5. When is desirable to start conservative therapy?
6. What age surgical correction of pathology is indicated in?

SITUATIONAL CASE № 3 for the diagnosis and tactics of treatment standardized patient in pediatric surgery clinic

Parents of the 2 months old boy during his swaddling drew attention to the asymmetry of the skin folds of the hips. With these complaints, they turned to their family doctor.

According to the obstetric history, the baby was born in the pelvic previa, no disease of patient mother was during the pregnancy. In an objective survey, the asymmetry of the skin folds on the hips (which is expressed in their different quantity and different positioning on both sides), there is the

limitation of the left thigh in the hip joint, which is confirmed by the positive symptom of "clicking" to the left (the Marx-Ortholani symptom). Left lower limb is shortened relatively the right.

Tasks.

1. Put the right diagnosis.
2. What method of examination allows to carry out an early diagnosis of hip joints dysplasia?
3. To explain the mechanism of occurrence of the Marx-Ortolani symptom.
4. Determine treatment tactics.
5. What is the optimal age to start the treatment?

SITUATIONAL CASE № 4
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

Parents of 3 weeks age child of applied for medical help to a family doctor with complaints about the presence in the child of a vomit by "fountain" without impurities of bile, parents also drew attention to the fact that the child does not gain weight, there is rare urination, predisposition to constipation.

Objectively: the child has a body weight deficit of 6%, during the examination, vomiting is noted by a "fountain" without bile (the volume of which exceeded the volume of eaten food during the last feeding), in the epigastric region is hyperperistaltics by the type sand watch.

Tasks.

1. Put previous diagnosis.
2. What diseases should be put a differential diagnosis with?
3. What therapy is efficient at the prehospital stage?
4. Determine treatment tactic.
5. What additional diagnostic methods should be used to clarify the diagnosis?

SITUATIONAL CASE № 5
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

In the reception department turned mother with a child - a boy 14 years old. During the last 3 days, the child complains of pain in the area of the left thigh in resting state, the inability to lean on the left lower limb in walking due to severe pain, body temperature up to 38⁰C.

Objectively. In examination in the area of the lower third of the left femur is determined hyperemia of the skin, swelling of soft tissues. In palpation and percussion in the indicated area is determined by significant pain and increasment of local temperature.

On the x-ray of the left thigh there are no pathological changes in bone tissue. In the general blood test, leukocytosis is $12.5 \times 10^9/l$, the number of neutrophilic forms of leukocytes is 90%.

Tasks.

1. Put previous diagnosis.
2. What diseases should be put differential diagnosis with?
3. Why is there no pathological changes of bone tissue on the X-ray?
4. Determine treatment tactics.
5. Is it necessary to immobilize the affected limb?

SITUATIONAL CASE № 6
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

To the reception department turned mother with a child - a girl of 2 years old. During the last 2 days, the child has lost an appetite, has come multiple vomiting and diarrhea, fever up to 39⁰ C, abdominal pain.

Objectively. The child is lying on the couch in a forced position on the right side with placed to the abdomen lower limbs. Surface palpation is painful in all areas of the abdomen, especially in the right mesogastric and iliac areas. Deep palpation is not informative due to the expressed anxiety

of the child. In the right iliac area is determining positive Voskresensky` symptom. In the general blood analysis leukocytosis is $10,5 \times 10^9/l$, the amount of neutrophilic forms of leukocytes is 83%.

Tasks.

1. Put previous diagnosis.
2. Determine the necessary additional methods of objective examination.
3. How to determine Voskresensky` symptom?
4. What diseases should be put differential diagnosis with?
5. Determine treatment tactic.

SITUATIONAL CASE № 7
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

In the reception department turned mother with her child - a girl of 6 months of age. The child is breastfed. Mother of the child fed the baby by milk semolina porridge 12 hours earlier. After that, the child had a 2-time vomiting, anxiety and crying with resumption in 20 minutes, in defecation fecal masses contained a mucus of pink color.

Objectively. In examination the baby looks pale, the weak. Abdomen is symmetrical, does not take part in the act of breathing, not blown, accessible to deep palpation and painless in all departments, except the right mesogastric area, in which palpable an infiltrative, moving, moderately painful formation. Symptom of absence of bowel in the right iliac area is positive. Peritoneal symptoms are negative. In auscultation in the right mesogastric and iliac areas the peristalsis is not heard. At the end of the finger rectal examination is determined "raspberry jelly" on the glove .

Results of ultrasound examination. In the right mesogastric area is determining a symptom of the "target", the intestinal peristalsis is significantly weakened, in the right mesogastric area is a pendulum peristalsis.

Tasks.

1. Put diagnosis.
2. To define the symptoms of "absence of bowel in the right iliac area" and "raspberry jelly".
3. To determine the department for observation and treatment.
4. To make an examination plan.
5. Determine treatment tactics.

SITUATIONAL CASE № 8
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

Parents of a child aged 4 weeks turned to the family doctor with complaints on the presence of a red spot that is localized in the area of the child's left shoulder.

In an objective examination: the family doctor found formation 0.5 cm diameter, on the outer surface of the middle third of the left shoulder in the form of a spot of brightly raspberry color, with a smooth surface, with clear contours, that slightly rises above the surface of the skin. No signs of inflammation. In pushing the formation becomes pale.

Tasks.

1. Put previous diagnosis.
2. Name treatment methods of hemangiomas.
3. Determine treatment tactics.
4. Determine the critical (problematic) localization of hemangiomas.

SITUATIONAL CASE № 9
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

In the reception department turned mother with a child - a girl of 2 - months of age. According to the mother explanation, 5 days ago, in the area of the right breast the child appeared infiltrative formation and redness of the skin, from the mammary gland duct is periodically secretion of purulent content, body temperature periodically rises to $38^{\circ} C$.

Objectively. The right mammary gland is enlarged, in palpation are determined infiltration and swelling of the tissues, the skin of the affected area is hyperemic.

In the general blood test, leukocytosis is $11.5 \times 10^9/l$, the quantity of neutrophilic forms of leukocytes is 91%.

Tasks.

1. Put diagnosis.
2. Identify the necessary general clinical methods of examination.
3. Identify the necessary additional survey methods.
4. Identify the tactics of conservative treatment.
5. Identify the tactics of surgical treatment.

SITUATIONAL CASE № 10
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

In the reception department turned mother with a child - a boy of 3 months of age. According to the mother explanation, 3 days ago in the perianal area of the child appeared infiltrative formation and redness of the skin, is periodic increasement of temperature of the baby body up to 39^0 C.

Objectively. In the perianal region is a dense, infiltrative formation up to 2 cm in diameter with a fluctuation in the center, which is sharply painful in palpation, skin above the formation is hyperemic .

In the general blood test leukocytosis is $13 \times 10^9/l$, the quantity of neutrophilic forms of leukocytes is 87%.

Tasks.

1. Put diagnosis.
2. Identify the necessary general clinical methods of examination.
3. Identify the necessary additional survey methods.
4. Identify the tactics of conservative treatment.
5. Identify the tactics of surgical treatment.

SITUATIONAL CASE № 11
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

Parents of 4-years old boy turned to a family doctor with complaints on being of tumor-like formation in the inguinal area, which is increases in the vertical position of body and with physical activity, and also decreases in horizontal position.

In examination in the right inguinal area determines formation of elastic consistency in palpation, painless, which easy comes back in the abdominal cavity, external inguinal orifices are expanded, the skin is not changed. A symptom of tussive push is positive.

Tasks.

1. Put previous diagnosis.
2. What diseases should be put differential diagnosis with?
3. Explain the technique of the detection of a symptom of tussive push.
4. Identify treatment tactics.
5. Identify the optimal age for the surgical treatment.

SITUATIONAL CASE № 12
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

In the reception department turned mother with her child - a girl of 2 weeks of age. Mother complains on increasement of the baby body temperature up to 39^0 C during the last 2 days, refusal of feeding, flaccidity, which preceded to expressed anxiety, the presence of redness of the skin in the area of the right buttock.

Objectively. The child is flaccid, the skin is gray colour with marble shade, breathing superficial, are tachypnoe, tachycardia, tones of the heart muffled. In the area of the right buttocks is

the area of the skin hyperemia 5 cm in diameter. In palpation of the affected area is determined significant pain, fluctuation in the center, infiltration and swelling of soft tissues.

In the general blood test leukocytosis is $19,0 \times 10^9 / l$, the number of neutrophilic forms of leukocytes is 97%, there is a toxic granularity of neutrophils.

Tasks.

1. Put diagnosis.
2. What the most often etiological factor is a cause of the disease?
3. What diseases should be put differential diagnosis with?
4. What are the features of surgical treatment?
5. What is the local complication of the disease can occur in the patient?

SITUATIONAL CASE № 13
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

Shortness of breath, cyanosis of the skin, foaming discharge from the mouth appeared in time of feeding a newborn. In defecation was evacuated from rectum meconium. The abdomen is evenly swollen. The nasogastric tube cannot be installed. Blood saturation by oxygen is 76%. Damp wheezing of various caliber are in auscultation of lungs. Elephant`s test is positive.

Tasks.

1. Put the previous diagnosis.
2. What are the main stages of first aid?
3. Describe the method of Elephant`s test?
4. What additional diagnostic methods should be prescribed clarify the diagnosis to?
5. Determine treatment tactics.

SITUATIONAL CASE № 14
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

There`s an increasment of respiratory failure in a newborn one hour after birth. Dynamic percussion examination revealed that the boundaries of the heart were shifted to the right. The left half of the chest is enlarged, lags behind in the act of breathing. At percussion on the right is a pulmonary sound. At percussion on the left is defined tympanic sound in places. At auscultation on the left are listened "bubbling" noises. The mediastinum is shifted to the right on the X-ray review of the chest. Air cavities of different sizes are defined to the left of the level of the second rib.

Tasks.

1. Put the previous diagnosis.
2. What diseases is it necessary to carry out differential diagnosis with?
3. What additional diagnostic methods should be prescribed clarify the diagnosis to?
4. Determine treatment tactics.
5. What terms operative treatment is necessary to perform in?

SITUATIONAL CASE № 15
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

In a 6-year-old child suddenly developed massive bloody vomiting. Blood appeared in the fecal mass two hours later time of vomiting. It is known, that the patient had weakness, epigastric pain, hyperthermia up to 38°C, 2 days before coming of bleeding. This condition was regarded as the beginning of a viral infection. The mother reported that the child was in the intensive care unit after birth, where underwent umbilical vein catheterization. In examination: the patient complains on thirst, weakness, skin is pale, the veins of the anterior abdominal wall are dilated. Palpation revealed an enlarged of spleen.

Tasks.

1. Put the previous diagnosis.
2. What diseases is it necessary to carry out differential diagnosis with?

3. What additional diagnostic methods should be prescribed clarify the diagnosis to?
4. What department the child must be hospitalized in?
5. Determine treatment tactics.

SITUATIONAL CASE № 16
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

The mother of a three-year-old girl went to the family doctor's clinic. The mother of the child found asymmetry of the abdomen and a dense formation in the right half of the abdomen during bathing, which did not disappear over time. In the inpatient setting, the child underwent excretory urography on the background of pneumoperitoneum. Result: the entire right half of the abdominal cavity is filled with a tumor, the intestine is shifted to the left. The contrast in the projection of the right kidney is not visualized on the X-ray review. The function of the left kidney is not changed.

Tasks.

1. Put the previous diagnosis.
2. What diseases is it necessary to carry out differential diagnosis with?
3. What additional diagnostic methods should be prescribed clarify the diagnosis to?
4. Determine treatment tactics.

SITUATIONAL CASE № 17
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

The boy's 4 months old mother, went to the family doctor's in polyclinic with complaints about the absence of the right testicle in the scrotum since birth. Local changes: the right half of the scrotum is reduced in its size, the testicle in the right half of the scrotum is absent. In the inguinal canal, palpation reveals a three-dimensional, soft-elastic formation, mobile, non-painful.

Tasks.

1. Put the previous diagnosis.
2. What additional diagnostic methods should be prescribed clarify the diagnosis to?
3. Determine treatment tactics.
4. What age is surgical treatment appropriate at?

SITUATIONAL CASE № 18
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

The 12-year-old boy was admitted to the admission department with complaints of a sharp deterioration in his condition caused by a cough and difficult breathing. At examination: the patient's condition is severe. There is a cyanosis of the skin. The right half of the chest lags behind in the act of breathing, the intercostal spaces on the right are dilated, in percussion - a box sound, the boundaries of the heart are shifted to the left. Respiratory noises are not listened at auscultation of the right half of the chest.

Tasks.

1. Put the previous diagnosis.
2. What is the most often cause of this condition?
3. What additional diagnostic methods should be prescribed clarify the diagnosis to?
4. Emergency aid.

SITUATIONAL CASE № 19
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

The mother of an 11-year-old boy applied to the family doctor at the outpatient clinic (polyclinic). Complaints: severe pain in the scrotum, mostly in the left part. Scrotum is hyperemic, swollen. The child is ill for the second day. Objectively: the left half of the scrotum is enlarged. A clear formation of a dark color is determined on the anterior surface of the left testicle, in its upper

third, which is visualized during diaphanoscopy as a dark spot. The testicle in palpation is sharply painful, mobile.

Tasks.

1. Put the previous diagnosis.
2. What diseases is it necessary to carry out differential diagnosis with?
3. Describe the method of diaphanoscopy.
4. What additional diagnostic methods should be prescribed?
5. Determine treatment tactics.

SITUATIONAL CASE № 20
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

A 5-year-old child was admitted to the hospital 2 days after the onset of the disease. He had hyperthermia up to 38.9 ° C, lethargy, lack of appetite. In the middle third of the right shoulder there was swelling, redness of the skin up to 6 cm in diameter with blurred contours.

In palpation was detected sharp pain, softening of the skin in the center of the formation, fluctuation.

Tasks.

1. Put the previous diagnosis.
2. What etiological factors are the most common cause of the disease?
3. What diseases is it necessary to carry out differential diagnosis with?
4. What additional diagnostic methods should be prescribed clarify the diagnosis to?
5. Determine treatment tactics.
 - i.

SITUATIONAL CASE № 21
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

A full-term girl was born in the maternity hospital, body weight - 3600 grams. Vomiting appeared 2.5 hours later, meconium did not go away, the abdomen was swollen, symmetrical, soft, symptoms of the peritoneal irritation were negative, there was present visible contour of the bowel loops on the anterior abdominal wall. On the review roentgenogram of organs of an abdominal cavity are Kloyber's cups, at attempt of installation of a gas-removal tube in a rectum, the tube can be introduced only on 2 cm.

Tasks.

1. Put the previous diagnosis.
2. What additional diagnostic methods should be prescribed clarify the diagnosis to?
3. Determine treatment tactics.

SITUATIONAL CASE № 22
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

The newborn, from the first pregnancy, on the background of chronic pyelonephritis in the mother, was admitted to the surgical department in a very serious condition: temperature - 39.0, significant signs of intoxication, abdominal wall tense, bloated abdomen, significant edema of genitals. On the review roentgenogram in a vertical condition was high standing of a diaphragm, inflated bowel loops, level of liquid in an abdominal cavity, free gas in an abdominal cavity is not noted (absent).

Tasks.

1. Put the previous diagnosis.
2. What diseases is it necessary to carry out differential diagnosis with?
2. What additional diagnostic methods should be prescribed clarify the diagnosis to?
3. Determine treatment tactics.

SITUATIONAL CASE № 23

**for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic**

The family doctor was approached by the boy's parents for 6 months with complaints, that the umbilical wound did not heal after spontaneous amputation of umbilical cord remainder, there is a constant discharge of clear fluid from the navel, which is exacerbated in urination. There is maceration of the skin around the umbilical wound.

Tasks.

1. Put the previous diagnosis.
2. What diseases is it necessary to carry out differential diagnosis with?
2. What additional diagnostic methods should be prescribed clarify the diagnosis to?
3. Determine treatment tactics.

SITUATIONAL CASE № 24
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

The family doctor was approached by the parents of a 5-year-old boy with complaints that there are mucus impurities in the child's stool and also in the last portion of feces there are drops of scarlet blood periodically, feces is decorated, no other complaints. The general condition of the boy has not changed.

Tasks.

1. Put the previous diagnosis.
2. What diseases is it necessary to carry out differential diagnosis with?
2. What additional diagnostic methods should be prescribed clarify the diagnosis to?
3. Determine treatment tactics.

SITUATIONAL CASE № 25
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

The family doctor was approached by a mother with a 5-year-old child, in which there is a protrusion in the umbilical region, which increases during crying, coughing or straining the child. The child is illing since birth. In examining is detecting protrusion soft-elastic consistency in the umbilical region, which disappears on its own. Umbilical ring up to 1.5 cm in diameter.

Tasks.

1. Put the previous diagnosis.
2. What additional diagnostic methods should be prescribed clarify the diagnosis to?
3. Determine treatment tactics.
4. Is it possible to use conservative treatment?

SITUATIONAL CASE № 26
for the diagnosis and tactics of treatment
standardized patient in pediatric surgery clinic

The mother of an 8-year-old boy went to the outpatient clinic to complain about the narrowing of the foreskin and the impossibility of opening the head of the penis. There is also enlargement of the preputial sac in the form of a ball in the urination. Due to history disease has been inflammatory processes in this area (balanoposthitis). The foreskin is scarred, the head is not opening.

Tasks.

1. Put the previous diagnosis.
2. What are the possible complications of phimosis?
3. What additional diagnostic methods should be prescribed clarify the diagnosis to?
4. Determine treatment tactics.

SITUATIONAL CASE № 27
for putting of a diagnosis and determine treatment tactics of
standardized patient in pediatric surgery clinic

The mother of a 6-year-old boy complained to the family doctor about the increase in the size of the right half of the scrotum. In examining a soft-elastic, painless swelling around the right testicle is palpated. At percussion is detected a dull sound. The mother notes enlargement of the formation during physical activities and in the evening. In the morning, both halves of the scrotum are symmetrical.

Tasks.

1. Put the previous diagnosis.
2. What diseases is it necessary to carry out differential diagnosis with?
3. What additional diagnostic methods should be prescribed clarify the diagnosis to?
4. Describe the method of diaphanoscopy.
5. Determine treatment tactics.

SITUATIONAL CASE № 28
for putting of a diagnosis and determine treatment tactics of
standardized patient in pediatric surgery clinic

The mother of a 4-year-old girl went to the outpatient clinic (polyclinic) with complaints about the child's anxiety, increased salivation, and a rise in body temperature up to 38.2C. According to the mother explanation, it is known, that three days before the child swallowed an iron toy with sharp edges. Objectively: the child's condition is severe, there is lethargy, hyperthermia up to 38.8C, respiratory rate is 34 per minute. On the review radiograph of the chest - enlargement of the mediastinum, in the middle third of the esophagus - the shadow of a foreign body.

Tasks.

1. Put the previous diagnosis.
2. Name the most dangerous complication of this condition?
3. What additional diagnostic methods should be prescribed clarify the diagnosis to?
4. Determine treatment tactics.

SITUATIONAL CASE № 29
for putting of a diagnosis and determine treatment tactics of
standardized patient in pediatric surgery clinic

A 6-month-old girl was diagnosed a tumor in the sacrococcygeal region. The general condition of the child is not disturbed. Blood and urine tests are normal. Tumor size is 11 x 6 x 8 cm, hilly, immobile, painless. The skin in this area is normal color. A rectal finger examination revealed a volume formation between the coccyx and the rectum.

Tasks.

1. Put the previous diagnosis.
2. What diseases is it necessary to carry out differential diagnosis with?
3. What additional diagnostic methods should be prescribed clarify the diagnosis to?
4. Determine treatment tactics.

SITUATIONAL CASE № 30
for putting of a diagnosis and determine treatment tactics of
standardized patient in pediatric surgery clinic

A 6-month-old girl was diagnosed a tumor in the sacrococcygeal region. The general condition of the child is not disturbed. Blood and urine tests are normal. Tumor size is 11 x 6 x 8 cm, hilly, immobile, painless. The skin in this area is normal color. A rectal finger examination revealed a volume formation between the coccyx and the rectum.

Tasks.

1. Put the previous diagnosis.
2. Name the most likely cause of this pathology.
2. What diseases is it necessary to carry out differential diagnosis with?
3. What additional diagnostic methods should be prescribed clarify the diagnosis to?
4. Determine treatment tactics.