

SPECIAL PATHOPHYSIOLOGY

SHOCK

1. How do we call blood pressure values below the reference range?
 1. Hypovolemia.
 2. Hypothermia.
 3. Hypoventilation.
 4. Hypoosmia.
 5. Hypotension.

2. What is acute circulatory failure?:
 1. Massive erythrolysis.
 2. Acute thrombocytopenia.
 3. Haemodynamic collapse.
 4. Acute venous stasis in the lower limbs.
 5. Acute inflammation of the vessels.

3. Which are the main forms of acute circulatory failure?:
 1. Acute pulmonary edema, cardiac asthma.
 2. Syncope, collapse and shock.
 3. Angina, myocardial infarction, myocardiosclerosis.
 4. Primary and secondary hypotension.
 5. 1, 2.

4. What is syncope?:
 1. Respiratory and cardiac arrest.
 2. Sudden increase in blood pressure with hallucinations.
 3. Sudden, transient disturbance of consciousness due to brain hypoperfusion.
 4. Sudden, severe and prolonged circulatory failure.
 5. Chronic brain hypoperfusion.

5. The mechanisms responsible for development of syncope are:
 1. Sudden decrease in peripheral vascular resistance.
 2. Impaired autonomic regulation of vascular tone.
 3. Sympathetic overstimulation.
 4. Suppressing pacemaker activity of the sinus node.
 5. 1, 2, 4.
 6. 1, 2, 3, 4.

6. What is the type of syncope that you get when standing up quickly?:
 1. Reflex.
 2. Vasodepressive.
 3. Situational.
 4. Orthostatic.
 5. Primary cerebral ischemic.

7. Prolonged cough attack or rapid evacuation of ascites fluid could lead to:
 1. Acute circulatory failure.
 2. Situational syncope.
 3. Suppression of vasomotor center.
 4. Orthostatic collapse.
 5. Transitional AV-block.
 6. Hypertensive crisis.

8. Syncope in cerebrovascular disease is mostly a result of:
 1. Atherosclerosis of large cerebral arteries.
 2. Atherosclerosis of the coronary vessels.
 3. Atherosclerosis of the aorta.
 4. Spasm of the carotid arteries.
 5. Thrombosis of major cerebral arteries.

9. What is the definition of shock?:
 1. Brief loss of consciousness.
 2. Locally disturbed blood flow in one or more organs.
 3. Acute systemic circulatory insufficiency with hypoperfusion of vital organs.
 4. Health disorder induced by stress.
 5. Temporary disturbance in hemodynamic with normal tissue perfusion.

10. Which of the following is/are included in the pathogenetic classification of the shock?:
 1. Hypovolemic.
 2. Hypervolemic.
 3. Cardiogenic.
 4. Distributive.
 5. 1, 3, 4.
 6. 1, 2, 3.

11. Which could be a cause of hypovolemic shock?:
1. Significant and rapid loss of blood.
 2. Dehydration, acute loss of plasma.
 3. Massive and severe myocardial infarction.
 4. Heavy mechanical trauma.
 5. 1, 3, 4.
 6. 1, 2, 4
12. Which could be a cause of cardiogenic shock?:
1. Acute myocarditis.
 2. Severe hypovolemia.
 3. Acute myocardial infarction.
 4. Massive pulmonary embolism.
 5. 1, 3, 4.
 6. 1, 2, 3, 4.
13. Distributive shock occurs when there is:
1. Endotoxemia.
 2. Pulmonary embolism.
 3. Posthaemorrhagic incompatible blood transfusion.
 4. Antigen/antibody reaction.
 5. 1, 3, 4.
 6. 1, 2, 3, 4.
14. Which is the main pathogenetic unit in the development of hypovolemic shock?
1. Blood loss.
 2. Intoxication.
 3. Pain.
 4. Hypovolemia.
 5. Impaired cardiac function.
15. Which is the main pathogenetic unit in the development of cardiogenic shock?:
1. Blood loss.
 2. Chest pain.
 3. Reduced cardiac output.
 4. Reduced venous inflow to the heart.
 5. Sudden collapse of blood pressure.
16. Which is the main pathogenetic unit in the development of distributive shocks?:
1. Intoxication.
 2. Pain.

3. Reduced cardiac output.
4. Reduced venous inflow to the right heart.
5. 1, 2

17. What is the amount of blood loss needed for the development of haemorrhagic shock?:

1. Less than 5% of the total blood volume.
2. Over 10% of the total blood volume.
3. More than 20% of the total blood volume.
4. Less than 4% of the total blood volume.
5. More than 30% of the total blood volume.

18. Erectile phase of traumatic shock is caused by:

1. Intoxication.
2. Sympathetic overactivation.
3. Loss of plasma.
4. Centralization of the circulation.
5. Kinin–kallikrein system activation.

19. What is the main pathogenic unit in the development of traumatic shock?:

1. Pain.
2. Intoxication.
3. Blood loss.
4. Hypoxia.
5. Hypovolemia.

20. Venous dilation in septic shock is mostly due to:

1. Intoxication.
2. Vagotonia.
3. Vegetative dystonia.
4. Fever.
5. Hypometabolism.

21. Which are the phases in the development of septic shock?:

1. Excitatory and inhibitory.
2. Active and passive.
3. Specific and nonspecific.
4. Hyperdynamic and hypodynamic.
5. Hyperpyretic and hypopyretic.

22. The hyperdynamic phase of septic shock is characterized by:
- 1.Reduced cardiac output and increased peripheral vascular resistance.
 2. Increased cardiac output and decreased peripheral vascular resistance.
 3. Unchanged cardiac output and peripheral vascular resistance.
 4. Reduced cardiac output and decreased peripheral vascularresistance.
 5. Increased cardiac output and increased peripheral vascular resistance.
23. Peripheral venous vasodilation in allergic shock is a result of:
- 1.Sensitization of the organism to foreign antigens.
 2. Overproduction of vasodilators.
 3. Altered T-helper/T-suppressor ratio.
 4. Primary depressed sympathetic tone.
 5. Spontaneously activated parasympathetic tone.
24. What is the cause of vasodilation in spinal shock?:
- 1.Production of biologically active substances.
 2. Impaired vascular innervation.
 3. Sudden blockage of efferent sympathetic innervation.
 4. Neuromuscular paralysis of the vascular walls.
 5. 1, 4.
 6. 1, 2.