20-Inflammation in optical - chiasmal region is characterized by:

- abducens nerve paresis
- **decreased visual acuity and changes in visual fields**
- central hemiparesis and hemianopia

21-The main feature of the epileptic seizure is (20-34/2 worng)

- loss of consciousness
- convulsions
- **high biopotentials of the cortical neurons**
- falling

22-The drugs for treatment of epilepsy must be taken

- as a course
- every day for a short time
- only after seizure
- **every for a long time**

23-The epileptic seizure during cold with high temperature

- b. Epilepsy
- **epileptic reaction**
- c. non epileptic phenomenon
- d. Epileptic syndrome

24-Clinical manifestations of epilepsy include

- cognitive and emotional symptoms
- convulsions
- hallucinations
- **all answers are correct**

25-The epileptic seizure during acute period of brain trauma is

- non epileptic phenomenon
- Epileptic reaction
- **Epileptic syndrome**
- Epilepsy

26-Epileptic focus is localized

- in the thalamus
- b.in the brain stem
- in the internal cansula
- **epileptic focus is localized]**

27-The cause of symptomatic epilepsy is

- **all answers are correct**
- head injury
- stroke

90-The compression syndrome of dorsopathies is

- The muscular-tonic syndrome
- The neurodystrophic syndrome
- **Radiculopathy**

91-Rapid recovery of function characterises for:

- **Myelinopathies**
- Axonopathies
- Mechanical repair of a crossed axon

91-Indication for surgical treatment of dorsopathies is

- Acute pain in the spine
- Paresthesia and hypesthesia, decreased / loss of the Achilles reflex
- **Compression of the cauda equina with inferior paraparesis;**

- Divergent Strabismus
- Contralateral Hemiparesis

Q10. Where is the nucleus of trochlear nerve located?

A – in the midbrain at the level of posterior colliculi

B - in the midbrain at the level of anterior colliculi

C – in the lower one third of the pons

➢ **In The Midbrain At The Level Of Posterior Colliculi.**

Q11. Where is the nucleus of abducent nerve located:

A - midbrain

B – pons

C – mtdullla oblongata

➢ **Pons**

Q12. What muscle is innervated by abducent nerve?

A – lateral rectus muscle

B - medial rectus muscle

C – muscle elevator palpebrae

➢ **Lateral Rectus Muscle**

Q13.Patient A. Has convergence strabismus of the right eye, inability to move the right eye outward, diplopia and left-sided spastic hemiparesis. What syndrome does he have?

A – Webber's syndrome

B – Fovill's syndrome

C – Millard-Gubbler's syndrome

➢ **Webber's syndrome**

Control questions Topic:

"Brainstem. CN V-VII-VIII".

- Headache

Q7. Vital functions may be impaired

a. with concussion
b. with brain injury are not violated
c. brain contusion
   - Brain contusion

Q8. On the side of traumatic hematoma

a. the pupil is expand
b. the pupil narrows
c. the eye closes
   - The pupil is expand

Q9. Light gap occurs at

a. brain contusion
b. concussion
c. traumatic hematoma
   - Traumatic hematoma

Q10.With a brain contusion

a. there are no neurological symptoms
b. neurological symptoms occur on a side of a brain contusion
c. neurological symptoms occur on the opposite side of a brain contusion
   - Neurological symptoms occur the opposite side a brain contusion

Q6. What type does the bulbar palsy have?

A - central

B - peripheral

➢ **Peripheral**

Q7. What type does the pseudobulbar palsy have?

A - central

B - peripheral

➢ **Central**

Q8. What is the difference between the hypoglossal nerve lesion at the level of nucleus and nerve root?

A – presence or absence of the atrophy

B - presence or absence of tongue fibrillations

C - presence or absence of dysarthria

➢ **Presence or absence of tongue fibrillations**

Q9. Patient A. is unable to move the tongue. He has atrophy and fibrillations. Severe dysarthria is also present.

Task 1`. Where is the place of lesion?

A – glossopharyngeal nerve

B – root of hypoglossal nerve

C – nuclei of hypoglossal nerve

➢ **Root of hypoglossal nerve**

Q10. Patient B. has dull voice, blurred and nasal speech. He has difficulties in swallowing. The movement of the tongue are limited. Atrophy and fibrillations are seen. Soft palate drops down and unable to move. Gag and palatine reflexes are absent. Tachycardia is present; breathing is arrhythmical and not deep.

Task 1. Write the described syndrome:

A – bulbar palsy

B – pseudobulbar palsy

C – Jacknon's syndrome

➢ **Pseudobulbar palsy**

Topic: "Autonomic (Vegetation) Nervous System"

Control questions

Q1. The autonomic nervous system regulates:

a. olfactory function
b. vital functions
c. motor functions
d. sensitive functions

➢ Vital Functions

Q2. The main regulatory center for the peripheral autonomic system is

a. hypothalamus
b. cortex
c. brain stem
d. spinal cord

➢ Hypothalamus

Q3. The efferent arm of the autonomic nervous system is composed

a. the auditory system and the vestibular system
b. the sympathetic nervous system and the parasympathetic nervous system
c. the motor nervous system and the sensitive nervous system

➢ The sympathetic nervous system and the parasympathetic nervous system

Q4. Increased sympathetic activity leads to

a. vasoconstriction
b. vasodilatation

➢ Vasoconstriction

Q5. Decreased sympathetic activity leads to

a. vasoconstriction
b. vasodilatation

➢ Vasodilatation

Q6. Clinical triad of a miosis, ptosis, enophthalmos. What is the syndrome?

a. Milliard-Gubbler's
b. Fovill's
c. Horner's
d. Weber's

➢ Horner's

Q7. The effect of sympathetic activation on the intestines

Control questions

Topic: "Cerebral cortex".

Q1. Lateral sulcus (sylvian fissure) separates

a. frontal lobe and temporal lobe

b. temporal lobe and parietal lobe

c. parietal lobe and occipital lobe

➢ **Temporal lobe and parietal lobe.**

Q2. The patient can understand words and name objects, but produces faulty sentences and makes phonemic paraphasic errors in

a. Amnestic aphasia

b. Wernicke aphasia

c. Broca aphasia

➢ **Broca aphasia**

Q3. The understanding of language is severely impaired in

a. Amnestic aphasia

b. Wernicke aphasia

c. Broca aphasia

➢ **Wernicke aphasia**

Q4. A complex disturbance of voluntary movement that does not result from weakness or other dysfunction of the primary motor areas is

a. Agnosia

b. Apraxia

c. Neglet

➢ **Apraxia**

Q5. A patient cannot recognize objects or spatiotemporal contexts despite intact primary perception and motor function in

a. Agnosia

b. Apraxia