**CASES**

**#1**

Patient S., 38 years old. Turned to the doctor 04/09. complaining about persistent moderate abdominal pain, single vomiting, increased temperature up to 38.6 ° C. From the anamnesis it is known that in 2 weeks of illness he returned from Cambodia. For the first time I felt unwell 22.08. - churned, headache. Temperature 37.4 ° C. Start ampicillini on 1 tab. 3 times a day. He continued to work, although the low-grade fever remained, there was a poor appetite. 27/08. manifestations of the disease disappeared, stopped taking ampicillini. On the night of 03/09 to 04/09 again fever, abdominal pain (mostly right), nausea, single vomiting.  
 Objectively: The state of moderate severity, the skin is pale, dry, there are several pink "spots" on the abdomen. The tongue is covered with a thick gray bloom, rather dry. The abdomen is moderately painful in the ileocecal region. There is also determined a slight muscle tension, mild Shchetkin-Blumberg's symptom. Diagnosed with acute appendicitis, he was taken to hospital, operated on.  
 The vermiform process is moderately hyperemic, edematous. When revision of the abdomen, a significant increase in the mesenteric nodes was observed, one of them was removed for histological examination. In the distal ileum, ulcers translucent through the intestinal wall were found.

Blood test: HB-126g / l, leukocytes-6,1 \* 109 / l, p / i-8%., S / i-51%, lim.- 38%, mon-3%, ESR-12 mm / hour.

1. Make a preliminary diagnosis.  
2. Make a plan of examination and treatment.

CASES

#2

Patient B., 44 years old, an archaeologist, was admitted with complaints of weakness, fever, dry cough, sweating, loss of appetite on the 14th day of illness. She became ill on 11.05., When the first chill appeared, T - 39º, dry cough, insomnia, appetite disappeared. It was treated by a therapist - antipyretic, expectorant, antiviral drugs. On the 10th day, a rash was detected and the patient sent to the infectious diseases hospital.  
 When entering T - 39.2 º, the general condition of moderate severity. Pale skin, on the skin of the abdomen, isolated elements of roseolary rash. Pulse - 108 beats. Blood pressure - 110/75, the tones are muted systolic murmur at the apex. In the lungs breathing hard, scattered dry rales. The abdomen is soft, swollen, somewhat painful on palpation, rumbling. The liver protrudes 3 cm from beneath the edge of the arc, and the spleen is clearly palpable. On the 16th day few fresh roseolas appeared on the skin of the abdomen. The condition worsened, the patient sluggish, inhibited.  
On the 18th day a rich, liquid, tarry-colored stool appeared. The temperature dropped to 37 º, the pulse 120 beats in min., blood pressure - 80/60. The abdomen during palpation is moderately painful in the right part, local hypertonus of the muscles is noted. Last urination 6 hours ago.

1. Make a preliminary diagnosis.  
2. Make a plan of examination and treatment.