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Figyelem! A vizsga akkor lehet sikeres, ha a vizsgázó részegységként legalább 40%-ot teljesít. Végső megoldásként csak a tintával írt változatot fogadjuk el. Kérjük, hogy jól gondolja meg a választát, mivel bármilyen válaszmódosítás esetén válasza érvénytelen.

**MEGOLDÓKULCS  
FELADATLAP**

**1. szöveg**

Az alábbiakban 'Uterine Fibroids' címmel hall egy szöveget. A felvétel alapján oldja meg a feladatokat. A szöveget kétszer hallgathatja meg.

1. Karikázza be az egyetlen helyes megoldás számát a szöveg alapján.

(3 pont)

1.1. The lifetime prevalence of fibroids

1.1.1. is under 80% among black and just under 70% among white women.

1.1.2. is over 80% among black and over 70% among white women.

**1.1.3. is over 80% among black and just under 70% among white women.**

1.1.4. is under 80% among black and over 70% among white women.

1.2. Bleeding

1.2.1. is not likely to cause anemia.

1.2.2. is rare in postmenopausal women.

**1.2.3. has to be assessed in postmenopausal women to rule out other etiologies.**

1.2.4. cannot be caused by endometrial hyperplasia.

1.3. Large fibroids can also produce

1.3.1. disordered defecation.

1.3.2. disordered micturition.

1.3.3. a bulging abdomen.

**1.3.4. all of the above.**

2. Egészítse ki az alábbi táblázatot a hallott szöveg alapján. Válaszaiban kijelölt helyenként egyetlen angol szót használjon.

(4 pont)

Risk factors for fibroids	
Increased risk	Decreased risk
<ul style="list-style-type: none"> <li>- <b>INCREASING (0)</b> age (up to menopause)</li> <li>- black <b>RACE (1)</b></li> <li>- early <b>MENARCHE (2)</b></li> <li>- oral contraceptives before the age of 16</li> <li>- high BMI</li> <li>- genetic mutations</li> </ul>	<ul style="list-style-type: none"> <li>- increasing parity</li> <li>- injected, progestin-only <b>CONTRACEPTIVES (3)</b></li> <li>- consumption of fruit, vegetables and <b>LOW-FAT (4)</b> dairy products</li> </ul>

3. Egészítse ki az alábbi összefoglaló szöveget egyetlen odailló angol szóval.

(3 pont)

To confirm the presence of intracavitary fibroids, the uterus can be filled with **SALINE (1)** and then examined with ultrasound. Women with heavy menstrual bleeding should be screened for thyroid dysfunction, **COAGULATION (2)** disorders and endometrial **HYPERPLASIA (3)**.

**MEGOLDÓKULCS****1. szöveg****Uterine Fibroids**

Uterine fibroids (leiomyomas or myomas) are extremely common benign neoplasms of the uterus. The lifetime prevalence of fibroids exceeds 80% among black women and approaches 70% among white women. In a study using ultrasonographic screening, 51% of premenopausal women received a new diagnosis of fibroids.

Fibroids can cause heavy or prolonged menstrual bleeding and resultant anemia in women of reproductive age. Fibroid-related bleeding can also occur in postmenopausal women, but bleeding in this population should prompt evaluation for more worrisome causes of this symptom, including endometrial hyperplasia and carcinoma. Large fibroids and an enlarged uterus can also result in “bulk” symptoms, including bowel and bladder dysfunction and abdominal protrusion. Painful menses, noncyclic pelvic pain, infertility, and recurrent miscarriage can also be symptoms of fibroids, but many fibroids remain asymptomatic. In women with symptomatic fibroids, heavy menstrual bleeding resolves at menopause, and most women with symptoms related to leiomyoma bulk will have some fibroid shrinkage and symptom relief after this time.

Increasing age up to menopause and black race are the major risk factors for fibroids. The rate of hospitalization in which fibroid is a discharge diagnosis is approximately three times as high and the rate of uterine-sparing myomectomy (surgical removal of fibroids) is nearly seven times as high among black women as among white women. Black women also report significantly more severe fibroid symptoms and more impairment of daily activities.

Both reproductive and environmental factors influence the risk of fibroids. Increasing parity is associated with a decreased risk, possibly through elimination of incipient fibroids as the uterus involutes post partum. Early menarche and the use of oral contraceptives before 16 years of age are associated with an increased risk, whereas the use of progestin-only injectable contraceptives is associated with a reduced risk. Observational data suggest that dietary factors, including increased consumption of fruit, vegetables, and low-fat dairy products, are associated with a reduced risk. Some studies have shown that a high body-mass index is a risk factor. Specific genetic mutations have also been linked to fibroid formation.

Uterine fibroids are often suspected in a premenopausal woman when an enlarged uterus or a mass is palpated during a pelvic examination or when she reports heavy menstrual bleeding. Ultrasonography is the standard confirmatory test because it can easily and inexpensively differentiate a fibroid from a pregnant uterus or an adnexal mass.

The need for further imaging depends on the clinical findings in the patient. In women with heavy menstrual bleeding, ultrasonographic examination after the infusion of saline into the endometrial cavity can identify the extent of intracavitary fibroids.

In women with heavy menstrual bleeding, the severity of bleeding, its potential consequences, and causes other than fibroids should be assessed. Testing in these patients should include a complete blood count and screening for thyroid dysfunction. Selected screening may include evaluation for coagulation disorders (especially von Willebrand’s disease if heavy bleeding dates to menarche or if the patient has a pertinent personal or family history) and an endometrial biopsy if irregular bleeding occurs or the patient has risk factors for endometrial hyperplasia (obesity, chronic anovulation, or the use of estrogen without progestin therapy).

(3.030 karakter) 519 szó Forrás: <http://content.nejm.org/>


   

**MEGOLDÓKULCS  
FELADATLAP  
2. szöveg**

*Az alábbiakban ‘Cochlear Implants: Hope After Hearing Aids’ címmel hall egy beszélgetést. A felvétel alapján oldja meg a feladatokat. A szöveget kétszer hallgathatja meg.*

1. Karikázza be az egyetlen helyes megoldás számát a szöveg alapján.

(3 pont)

1.1.

- 1.1.1. Cochlear implants are similar to hearing aids.
- 1.1.2. Hearing aids are mostly used in deafness of nerve origin.
- 1.1.3. Hair cells in the cochlea generate electrical signals.**
- 1.1.4. Cochlear implants generate sound vibrations.

1.2.

- 1.2.1. Hearing impairment does not tend to run in families.
- 1.2.2. Hearing impairment is mostly caused by infections.
- 1.2.3. The cause of hearing impairment is clear in all cases.
- 1.2.4. The fewer hair cells you have, the worse your hearing is going to be.**

1.3.

- 1.3.1. Hearing aids can filter out distorted noises.
- 1.3.2. The implanted electrode plays the role of the damaged hair cells.**
- 1.3.3. The implanted electrode stimulates the damaged hair cells.
- 1.3.4. Hearing aids can increase the amount that patients understand.

2. Egészítse ki az alábbi táblázatot a hallott szöveg alapján. Válaszaiban kijelölt helyenként egyetlen angol szót használjon.

(4 pont)

The history of cochlear implants and previous models	Current models
- 1950s: the original idea was <b>DISCOVERED (0)</b> - 1980s: single-channel devices - 1990s: <b>MULTICHANNEL (1)</b> devices	improvements in the field of: - design of electrodes - design of the inserted <b>PIECE (2)</b> - contact <b>STIMULATION (3)</b> - speech <b>PROCESSING (4)</b>

3. Egészítse ki az alábbi mondatokat egyetlen, a szövegben elhangzott angol szóval.

(3 pont)

With cochlear implants, patients have to wear an external **PORTION (1)**, which has a built-in microphone. This device **TRANSMITS/ SENDS (2)** the signal through the skin into the internal piece. The connection between the two pieces is ensured with the help of two **MAGNETS (3)**.

**MEGOLDÓKULCS****2. szöveg****Cochlear Implants**

- WE HAVE TO TAKE A FEW MINUTES THEN AND EXPLAIN WHAT THIS IS. SO MY IMAGE OF A HEARING AID IS IT'S LIKE PUTTING A LOUDSPEAKER IN YOUR EAR TO AMPLIFY THINGS, BUT A COCHLEAR IMPLANT WORKS DIFFERENTLY. AND I KNOW I FIRST SAW THEM, OH, 20-SOME-ODD YEARS AGO. WHAT IS THE PRINCIPLE OF HOW A COCHLEAR IMPLANT WORKS, BECAUSE I KNOW IT'S VERY DIFFERENT THAN A HEARING AID.

- Well, first of all, we have to understand why people get to this point. There are different types of hearing loss that we see, and the hearing loss that we address with a cochlear implant is commonly what people call nerve deafness. And in reality what is happening in the vast majority of these people is that it's not the nerve actually. It's the inner ear, what we call the cochlea, the organ that we hear with. Inside there are tiny little cells that basically have little hairs on them that create the signal, the electrical signal due to the sound vibrations that our brain eventually interprets, and that's how we hear.

So as a person loses their hearing those little hair cells deteriorate, and there are numerous reasons for that, whether it's--there are genetics, you know, Patrick has a family history. Whether it's from medications or from infections, there are lots of reasons. And you'll get to a certain point where if the population of those cells gets very small that a hearing aid won't work. And what you'll find in a lot of these people is that sometimes they'll be able to hear but they'll complain to you that they don't understand. So you can make things very loud but they still hear noise or they still hear distortion.

So what the implant actually does is that the electrode or this wire that we actually insert into the turns of the cochlea at the time of the surgery has basically little electrode contacts. And what the audiologist is able to do is program the amount of current, basically, that is passing through the electrodes. So these electrodes that we're inserting are actually replacing the hair cells and stimulating the nerve like the hair cells are supposed to. So we're bypassing the damaged cochlea and stimulating it on from there. So that's a big difference than a hearing aid because not only are we able in a lot of patients to improve the level at which they hear but more importantly we are able to increase the amount that they understand. So they're able to understand more and more words.

Well, the early devices that were actually single channels were available in the 1980s and actually even earlier than that. I mean, the original idea that we could actually hear an electrical stimulation was discovered in the 1950s. So as far as having multichannel devices around, meaning implants that have more than one electrical contact, as Patrick stated, we started seeing this in the early 90s. So these devices have been available now for a good 16, 18 years. They have improved. The design of the electrodes has improved, the design of the actual piece we insert, the way the contacts are actually stimulated, so things did change. The other thing where most of the improvements we see are actually in the speech processing. So after the implant is inserted the patient wears an external portion that we call a speech processor that actually has the microphone in it. It processes the sound, and that signal is transmitted through the skin. So the internal piece we insert has a magnet, and the headpiece has a magnet, and they couple, and the information is sent through the skin into the electrode to stimulate that. So a lot of the improvements that we see are in the processing, so basically in the software engineering of these implants.

(649szó)

Forrás: <http://hlc.nm.org/cochlear-implants-hope-after-hearing-aids.html>