Examinational ticket No. 3

1. Sick V., 49, entered the clinic complaining of constant pain in the epigastrium, lack of appetite, disgust for meat food, weakness. In endoscopic examination of the stomach by small curvature, a callous ulcer up to 2 cm in diameter with a necrotic bottom was found in the upper third of it. In microscopic examination of the biopsy from the ulcer, cancer cells were found. No distant metastases were detected during further examination. What will be your therapeutic tactics? Should the patient be referred to as a true diagnosis?

2. A 76-year-old patient with contra-shaped abdominal pain, stool delay and no gas removal for 2 days entered the department. A diagnosis has been established: acute intestinal obstruction. During the operation performed according to emergency indications, it was found that the cause of obstruction was a tumor of the upper ampular part of the rectum, which sprouts into the pelvic fiber. An unnatural posterior passage (anus preternaturalis) has been imposed, although the possibility of such an outcome of operative intervention was not informed to the patient before the operation? Are the surgeon 's actions valid?