FEDERAL STATE BUDGET EDUCATIONAL INSTITUTION OF HIGHER EDUCATION
"ROSTOV STATE MEDICAL UNIVERSITY" OF THE MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

Faculty of Treatment and Prevention

Evaluation materials

in the discipline "Obstetrics and Gynecology"

Specialty 05/31/01 General Medicine

2023

1. List of competencies formed by the discipline (in whole or in part):
OPK-4, OPK-7, PK-3.

Code and name of competence	Indicators of Competency Achievement
general professional (GPC):	
OPK-4 Capableuse medical devices provided for in the procedure for providing medical care, as well as conduct examinations of the patient in order to establish a diagnosis.	ID 1 Knows how to use medical devices during diagnostic studies provided for in the procedures for providing medical care. ID 2 Able to apply diagnostic methods, including the use of instrumental methods, when examining a patient in order to establish a diagnosis.
OPK-7 Able to prescribe treatment and monitor its effectiveness and safety.	ID 1 Knows modern drug and combination treatment regimens in accordance with the standards of medical care. ID 2 Able to recognize signs of typical complications during pharmacotherapy with a view to its timely correction. ID 3 Knows destination patternssafe drug combinations in accordance with clinical guidelines.
professional (PC)	
PK-3 Prescribing treatment and monitoring its effectiveness and safety.	**Labor actions.** ID 1Development of a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) for the provision of medical care, taking into account the standards of medical care. ID 2Prescribing medications, medical devices and nutritional therapy, taking into account the diagnosis, age and clinical picture of the disease. ID 3Prescription of non-drug treatment taking into account the diagnosis, age and clinical picture of the disease. ID 4Assessing the effectiveness and safety of the use of drugs, medical devices, medical nutrition and other treatment methods. ID 5Providing palliative care in collaboration with specialist doctors and other medical professionals. ID 6Organization of personalized treatment for patients, including pregnant women, elderly and senile patients, assessment of the effectiveness and safety of treatment. **Required skills.**

	ID 7Draw up a treatment plan for the disease and the patient's condition, taking into account the diagnosis, age of the patient, clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) for the provision of medical care, taking into account the standards of medical care. ID 8Prescribe medications, medical devices and nutritional therapy taking into account the diagnosis, age and clinical picture of the disease. ID 9Prescribe non-drug treatment taking into account the diagnosis, age and clinical picture of the disease. ID 10Evaluate the effectiveness and safety of the use of drugs, medical devices and nutritional therapy. **Required knowledge.** ID 11Modern methods of using medicines, medical devices and nutritional therapy for diseases and conditions of the patient in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) for the provision of medical care, taking into account the standards of medical care. The mechanism of action of drugs, medical devices and medical nutrition, medical indications and contraindications for their use; complications caused by their use. ID 12Modern methods of non-drug treatment of diseases and conditions in the patient. Mechanism of action of non-drug treatment; medical indications and contraindications for its use; side effects, complications caused by its use. ID 13The procedure for providing palliative medical care.

2. Types of assessment materials in accordance with the competencies being developed

Name of competency	Types of assessment materials	Number of tasks for 1 competency
OPK-4	Closed tasks	25 with sample answers
	Open type tasks: situational tasks, interview questions, supplementary tasks	75 with sample answers
OPK-7	Closed tasks	25 with sample answers
	Open type tasks: situational tasks, interview questions, assignments for additions	75 with sample answers
PK-3	Closed tasks	25 with sample answers
	Open type tasks: situational tasks,	75 with sample answers

	interview questions assignments for additions	

OPK-4:
Closed tasks

1). Reliable signs of pregnancy are:
1. cessation of menstruation,
2. fetal heart sounds,
3. fetal motor activity,
4. fetal detection,
5. softening of the uterus.

Sample answer: 2, 3, 4

2). The upper corner of the Michaelis rhombus corresponds to:
1. first sacral vertebra,
2. apex of the sacrum
3. spinous process of the 5th lumbar vertebra,
4. spine of the ilium.

Sample answer: 3

3). External obstetric examination in the 2nd half of pregnancy suggests:
1. determination of the position, position, size of the fetus,
2. anatomical assessment of the pelvis,
3. determination of gestational age,
4. functional assessment of the pelvis,
5. determining the readiness of the birth canal.

Sample answer: 1, 2, 3

4). A vaginal examination in the 1st trimester of pregnancy determines:
1. size of the uterus,
2. condition of the lower segment of the uterus,
3. condition of the amniotic sac,
4. consistency of the uterus,
5. the shape of the uterus.

Standard answer: 1, 4, 5

5). It is not typical for a breech presentation of the fetus during external obstetric examination:
1. high location of the fundus of the uterus,
2. voting part in the fundus of the uterus,
3. fetal heartbeat heard above the navel,
4. dense presenting part, pressed to the entrance to the pelvis.

Sample answer: 4

6). Objective criteria for the effectiveness of labor do not include:
1. the nature of the contractions,
2. dynamics of opening of the uterine pharynx,
3. time of rupture of amniotic fluid,
4. advancement of the fetus through the birth canal.

Sample answer: 3

7). Establish the sequence of diagnostic measures for precancerous conditions of the cervix (according to the protocol):

1. biopsy,
2. tumor markers,
3. HPV test,
4. Ko and AK (cytogram),
5. bacteriological research.

Standard answer: 4, 5, 3, 2, 1.

8). The main significance in the normal involution of the postpartum uterus is:

1. natural feeding of a newborn
2. normal functioning of the intestines and bladder of the postpartum mother
3. hygiene of the postpartum mother
4. lower limb bandaging
5. proper nutrition

Sample answer: 1, 2, 3

9). The anatomical and dynamic factors determining the biomechanism of childbirth include:

1. contractile activity of the uterus
2. muscles and ligaments of the pelvis
3. shape and size of the pelvis
4. fetal cheese-like lubricant
5. fetal head shape

Sample answer: 1, 2

10). Basic conditions for palpation of the abdomen of a pregnant woman:

1. carried out with the woman lying on her back
2. the bladder must be emptied
3. the rectum must be emptied
4. the doctor is to the right of the pregnant woman
5. carried out in a woman's standing position
6. the doctor is on the left

Sample answer: 1, 2, 3, 4

11). During a vaginal examination in the 2nd trimester, the following is determined:

1. size of the uterus
2. consistency of the cervix
3. shape of the uterus
4. cervical maturity
5. presenting part

Standard answer: 2, 4, 5

12). The beginning of the second stage of labor is indicated by:

1. full dilatation of the cervix
2. rupture of amniotic fluid
3. the woman in labor has a desire to push
4. weakening of labor

Sample answer: 1

13). Vaginal examination during childbirth is carried out for the following indications:

1. upon admission of a woman in labor to the obstetric hospital
2. when amniotic fluid ruptures
3. bleeding during childbirth
4. change in fetal condition
5. woman's desire
6. to determine the due date

Sample answer: 1, 2, 3, 4

14). Signs that labor has begun are:

1. regular contractions
2. dynamic opening of the cervix
3. pain in the lower abdomen
4. sleep-wake disorder

Sample answer: 1, 2

15). Listening to the fetal heartbeat during the dilatation period (in the absence of monitoring) with a whole amniotic sac is carried out:

1. every 15-20 minutes
2. every 2-3 minutes
3. every 5-7 minutes
4. every 10-12 min

Sample answer: 1

16). During an external obstetric examination, the transverse position of the fetus is indicated by:

1. abdominal circumference more than 100 cm
2. uterine fundus height over 39 cm
3. reduction in the vertical size of the lumbosacral rhombus
4. the uterus is spherical in shape
5. the stomach has a transversely stretched shape
6. the head can be felt to the left or right of the midline of the abdomen

Standard answer: 4, 5, 6

17). The main clinical symptoms of multiple pregnancy are:

1. discrepancy between the size of the uterus and the gestational age in the first months of pregnancy
2. indications to a pregnant woman about frequent fetal movements
3. detection of three or more large parts of the fetus during external obstetric examination

Sample answer: 1, 3

18). The main components of cervical ripening are:

1. hydration
2. loosening
3. softening
4. seal
5. increased rigidity

Sample answer: 1, 2, 3

19). The clinical picture of complete placenta previa does not include:

1. recurring bleeding
2. presence of pain syndrome
3. absence of uterine hypertonicity
4. chronic or acute anemia in a pregnant woman

Sample answer: 2

20). In case of a II degree perineal rupture, the following remain intact:

1. leather
2. perineal muscles
3. fascia
4. rectal mucosa

Sample answer: 4

21). Set the sequence of actions when measuring the pelvis:

1. measurement of external conjugates

2. Crystarum distance measurement
3. measurement of diagonal conjugates
4. spinarum distance measurement
5. measurement of trochanteric distance

Sample answer: 4, 2, 5, 1, 3

22). Functional diagnostic tests (FDT) allow you to determine:

1. biphasic menstrual cycle
2. level of estrogen saturation in the body
3. presence of ovulation
4. completeness of the luteal phase of the cycle
5. all of the above

Sample answer: 5

23). In the diagnosis of postpartum mastitis, the following are important:

1. characteristic complaints of the patient
2. examination and palpation data of the patient
3. the presence of predisposing factors to its development
4. all of the above 5. none of the above

Sample answer: 4

24). Differential diagnosis of hyperplastic processes and endometrial cancer is carried out with:

1. submucosal fibroid node
2. adenomyosis
3. hormonally active ovarian tumor
4. correct answers 1 and 2
5. all answers are correct

Sample answer: 5

25). The screening method for identifying cervical pathology is:

1. visual inspection
2. colposcopy
3. radionuclide method
4. cytological examination of smears

Sample answer: 2, 4

26). To diagnose trophoblastic disease, the most effective determination is:

1. human chorionic gonadotropin
2. trophoblastic b-globulin
3. human chorionic somatotropin
4. correct answers 1 and 2
5. all answers are correct

Sample answer: 1

Open type tasks. Situational tasks

Task 1.

Patient O., 29 years old, was admitted to the gynecological clinic with complaints of increased body temperature, general weakness, and pain in the lower abdomen. The menstrual cycle is regular, the last menstruation was 3 months before admission to the clinic. Instrumental abortion 8 days ago. General condition is satisfactory, pulse 92 beats/min, blood pressure 120/70mm

rt. Art. Body temperature 38.2°C.
Gynecological examination: the cervix and vaginal mucosa are clean. There is purulent discharge in the vagina and from the cervical canal, the body of the uterus is slightly larger than normal, soft in consistency, painful on palpation and displacement. The vaginal vaults are free and deep. The appendages on both sides are not palpable.
MAKE A CLINICAL DIAGNOSIS AND PROPOSE AN EXAMINATION PLAN FOR THE PATIENT.

Sample answer:

Acute metroendometritis after medical abortion. Remains of fertilized egg after medical abortion?

OAK, OAM,biochemical studies, ultrasound of the pelvic organs, smear from "V", "C", "Ur" for flora, culture of secretions from "C" for flora and sensitivity to antibiotics.

Task 2.

Patient 3., 36 years old, was taken by ambulance to the gynecological hospital. Upon admission, complaints of sharp pain in the lower abdomen, chills, increased body temperature up to 38°C, and general weakness. The last menstruation was 12 days before admission to the hospital.
History: S/A-1, complicated by repeated curettage and inflammation of the appendages. The general condition is satisfactory, pulse 88 beats/min, blood pressure 110/70 mm Hg, body temperature 37.6°C. The tongue is moist, slightly coated with a white coating, the abdomen is not swollen, and upon palpation in the lower parts there is a mildly expressed tension in the anterior abdominal wall, more on the left.
Vaginal examination: the cervix is clean, its displacement is sharply painful, the body of the uterus is of normal size, slightly shifted to the right, limited in mobility, sensitive to palpation. The right appendages are not identified, a formation is palpated to the left and somewhat behind the uterus, of limited mobility, sharply painful, dense consistency, with areas of softening, measuring 4x9 cm, the vaginal vault on the left is shortened.
Blood test: leukocytosis, increased ESR, band neutrophils are determined. PROVIDE A CLINICAL DIAGNOSIS AND EXAMINATION PLAN FOR THE PATIENT.

Sample answer:

Inflammatory tumor of the left uterine appendages. Pelvioperitonitis?

OAK, OAM, biochemical studies, ultrasound of the pelvic organs, smear from "V", "C", "Ur" for flora, culture of secretions from "C" for flora and sensitivity to antibiotics. Puncture of the posterior vaginal fornix under IV anesthesia.

Task 3.

Patient S., 25 years old, consulted a antenatal clinic with complaints of copious foamy discharge from the genital tract with an unpleasant odor, burning, itching in the external genital area. She has been sexually active since she was 16 years old; two weeks ago she had casual sexual intercourse.
Gynecological examination: there is a sharp hyperemia of the vaginal mucosa, bright red spotting in its upper part. In the posterior vaginal fornix there is an accumulation of yellow pus of a greenish tint, liquid consistency, foamy appearance; the uterus is dense, mobile and painless, of normal size. The appendages on both sides are not identified, their area is painless. The vaginal vaults are deep.
PROVIDE A DIAGNOSIS AND EXAMINATION PLAN FOR THE PATIENT.

Sample answer:

Trichomonas colpitis.

A smear of “V”, “C”, “Ur” on the flora.

Problem 4

Patient I., 56 years old, was admitted to the gynecological clinic with complaints of bleeding from the genital tract. Menopause 2 years. Fifteen days ago the patient began bleeding, which continues to this day.

Vaginal examination: the vagina of a woman who has given birth, the cervix of the uterus is cylindrical in shape, the body of the uterus is of normal size, painless on palpation, appendages on both sides are not identified. The vaults are loose, the discharge is bloody and profuse.

DIAGNOSIS? DIFFERENTIAL DIAGNOSTICS.

Sample answer:

Bleeding during menopause.

Differential diagnosis is carried out with benign and malignant tumors of the uterus.

Problem 5

Patient N., 15 years old, was admitted to the gynecology department with complaints of heavy bleeding from the genital tract. Menstruates since the age of 12, is not sexually active. She fell ill 8 days ago when, after a 2-month absence of menstruation, moderate bleeding from the genital tract appeared. In the following days, the intensity of the bleeding increased, weakness and dizziness appeared.

Blood test: hemoglobin 65 g/l, red blood cells – 2.7.

Rectal examination: upon examination of the external genitalia, hypoplasia of the labia majora and minora and female-type pubic hair growth are noted. The hymen is not broken. The body of the uterus is dense, less than normal size, painless, mobile, the ratio between the cervix and the body of the uterus is 1:1, the appendages on both sides are not visible.

DIAGNOSIS? SURVEY PLAN?

Sample answer:

DMK of the juvenile period. Genital infantilism. Anemia of III–IV degree.

OAK, OAM, biochemical studies, ultrasound of the pelvic organs,

smear from “V”, “Ur” for flora.

Problem 6

Patient G., 29 years old, consulted a gynecologist with complaints of irritability, tearfulness, headache, dizziness, attacks of tachycardia, and engorgement of the mammary glands. These symptoms appear 6-14 days before menstruation and disappear on the eve or in the first days of it. Considers himself sick for 3 years when the above symptoms appeared after a skull injury. The patient has the correct physique and increased nutrition. There is no pathology from the internal organs.

Vaginal examination: the external genitalia are developed correctly, the cervix is conical, clean, the uterine body is of normal size, mobile, painless, and in the correct position. The appendages on both sides are not visible, the vaginal vaults are deep.

MAKE A DIAGNOSIS, ORDER AN EXAMINATION.

Sample answer:

Premenstrual syndrome.

Determination of the concentration of prolactin, E2, progesterone, FSH, LH, aldosterone; craniogram or MRI of the skull, EEG, REG of cerebral vessels, condition of the fundus and peripheral visual fields. Consultation with a therapist, neurologist and psychiatrist.

Problem 7

Patient D., 46 years old, consulted a antenatal clinic with complaints of aching pain in the lower abdomen and frequent urination. For the last 2 years, menstruation is 7-10 days long, heavy. I have not seen a gynecologist for the last 12 years.

Vaginal examination: the external genitalia are developed correctly. The vagina of a woman giving birth. The cervix is deformed by old ruptures, and there is an eversion of the cervical canal. The uterus is enlarged up to 14 weeks of pregnancy, lumpy, heterogeneous consistency, a node up to 8.0 cm in diameter emanates from the anterior wall of the uterus. The appendages are not identified separately from the uterus. The vaults are free, the discharge is mucous.

DIAGNOSIS? SURVEY PLAN?

Sample answer:

Multiple uterine fibroids, complicated by pain and dysfunction of adjacent organs. Cicatricial deformity of the cervix. Ectropion of the cervix.

OAK, OAM, biochemical studies, ultrasound of the pelvic organs, smear from “V”, "C", "Ur" for flora; fluorogram of the chest organs, ECG; consultation with a therapist, blood for RW, HIV, hepatitis, blood type and Rh factor, blood for tumor markers.

Problem 8

Patient S., 32 years old, was admitted to the gynecology department with complaints of moderate amount of blood discharge from the genital tract. The last normal menstruation was 2 months ago. She has been sexually active since the age of 20, had 9 pregnancies, including P-2, M/A-7, without complications. Denies previous gynecological diseases. The patient’s objective condition is satisfactory, pulse 78/min, blood pressure 110/70 mmHg.

Vaginal examination: the cervix is clean, cylindrical in shape, the external os is closed, there is cyanosis of the cervix. The body of the uterus is soft, mobile, painless, round in shape, increased in size until 8-9 weeks of pregnancy. The appendages on both sides are not identified, their area is painless. The discharge is dark, bloody, moderate.

DIAGNOSIS? SURVEY PLAN?

Response standard

Threatened self-abortion 8-9 weeks of pregnancy.

OAK, OAM, biochemical studies, pelvic ultrasound, “V” smear, "WITH","Ur" to the flora.

Problem 9

Patient I., 38 years old, came to the antenatal clinic about the absence of menstruation for 8 weeks. The menstrual cycle is normal, menstruation began immediately; I had 6 pregnancies, of which P-1, M/A – 5.

Vaginal examination: The cervix is clean, cicatricially deformed, cyanotic. On palpation, the uterus is round in shape, tense, painful in all parts, enlarged until 15-16 weeks of pregnancy, enlarged, painless ovaries are palpated on both sides, mucous discharge. It was established that hCG = 330,000 μm/ml.

DIAGNOSIS? SURVEY PLAN?

Sample answer:

Bubble drift.

OAK, OAM, biochemical studies, pelvic ultrasound, “V” smear,
“C”, “Ur” for flora, radiograph of the lungs to exclude metastases of chorionic carcinoma.

Problem 10

Patient B., 57 years old, was admitted to the gynecological clinic with complaints of moderate bloody discharge from the genital tract. Menopause 4 years. There were 4 pregnancies, of which P - 2, M/A - 2. In the last 3 months, moderate bleeding from the genital tract has been bothersome.

MAKE A PRELIMINARY DIAGNOSIS.

Histoanalysis: multiple endometrial polyps, without signs of atypia. The scraping from the cervical canal is scanty, it reveals blood clots and scraps of mucous membrane.

FINAL DIAGNOSIS.

Sample answer: Bleeding in
menopause. Uterine
polyposis.

Problem 11.

Patient D., 31 years old, was admitted to the hospital with complaints of sudden cramping pain in the lower abdomen, a delay of menstruation by 2-3 weeks, and moderate bloody discharge from the genital tract.

Vaginal examination: the cervix is cyanotic, deformed by old lacerations, moderate dark discharge from the cervical canal. On palpation, displacements behind the cervix are painful. The body of the uterus is slightly larger than normal, somewhat soft, slightly painful on examination. The appendages are in adhesions on both sides, a tumor-like formation is palpated on the left in the area of the appendages, of limited mobility, tightly elastic consistency, measuring 4-4-5 cm. The discharge is bloody, moderate.

DIFFERENTIAL DIAGNOSIS?

Sample answer:

Differential diagnosis should be carried outbetweenwhich began as a short-term self-abortion against the background of left-sided chronic adnexitis withhydrosalpinx and leftearlier ectopic pregnancy.

The following signs indicate in favor of a left-sided ectopic pregnancy: the size of the uterus does not correspond to the period of delay of menstruation;

- formation of elastic consistency, dimensions 4x4x5 cm, painful deviations behind the cervix.

Problem 12

Patient A., 56 years old, was admitted to the hospital with complaints of aching pain in the left iliac region, which radiates to the lower back, and painful urination. The pain arose 8 hours ago, after physical activity, I took painkillers at home, without effect. Menopause 6 years.

Vaginal examination: the cervix is cylindrical, clean, displacement behind the cervix is painless. The body of the uterus is smaller than normal, painless, mobile. The appendages on the right are not identified. To the left and posterior to the uterus in the area of the appendages, a tumor-like formation measuring 10-12-12 cm, of soft consistency, with a smooth surface, is palpated.

surface, painful, between the uterus and the tumor a sharply painful stalk of the neoplasm is detected. No infiltrates were found in the pelvis. The vaginal vaults are free. DIAGNOSIS?

Sample answer:

Torsion of the pedicle of the left ovarian cyst.

Problem 13.

Patient O., 25 years old, was taken to the hospital with complaints of pain in the lower abdomen, a rise in temperature to 38°C, nausea, and loose stools.

Menstrual function is not impaired, the last menstruation ended 3 days ago. The only pregnancy ended with an induced abortion 5 years ago; a history of inflammation of the uterine appendages is noted. Suffering from secondary infertility. The tongue is dry, covered with a white coating, the abdomen is moderately swollen, painful in the lower parts, tense. Intestinal peristalsis is sluggish, gases are difficult to pass.

Vaginal examination: the cervix is conical in shape, purulent discharge from the cervical canal. The uterus is painful on palpation, has a heterogeneous consistency, tumor-like formations are palpated in the area of the appendages on both sides, dense in consistency with areas of softening, painful on examination. Vaginal puncture through the posterior fornix: 10.0 ml of foul-smelling pus was obtained.

DIAGNOSIS?

Sample answer:

Inflammatory tumors of the uterine appendages. Pelvioperitonitis.

Problem 14

Patient V., 58 years old, was admitted to the gynecological department with complaints of heavy bleeding from the genital tract, pain in the left groin area, and painful urination. There is blood in the urine. She has been ill for more than a year and has not seen a doctor. Menopause 5 years. The patient is exhausted, the skin and visible mucous membranes are pale.

Vaginal examination: the vagina is shortened, in its dome in place of the neck there is a crater with necrotic masses. Vaginal discharge has the color of “meat slop”. The walls of the vagina are infiltrated over 2/3, in the small pelvis there is a tumor conglomerate of dense consistency, reaching the pelvic walls on both sides, painful.

DIAGNOSIS? ORDER A Clarification Examination.

Sample answer:

Cervical cancer, endophytic form.

To verify the diagnosis, it is necessary to perform a cervical biopsy followed by histological examination.

Problem 15.

Patient O., 23 years old, came to the antenatal clinic with complaints of a burning sensation and itching in the vagina. When examined in the speculum, the vaginal mucosa is hyperemic, and the vaginal discharge is “curdy” in nature and abundant.

DIAGNOSIS? MAIN SYMPTOMS? SURVEY PLAN?

Sample answer:

Vulvovaginal candidiasis.

To make a diagnosis, a combination of three of these symptoms is necessary: itching, curdled discharge, local signs of inflammation, the presence of spores or

mycelium.

Examination: microscopy of smears of vaginal discharge (native and Gram-stained preparations); cultural method (determines the quantity, genus and species, sensitivity to antifungal drugs, as well as the nature and degree of colonization by other microorganisms).

Problem 16.

Patient N., 22 years old, came to the antenatal clinic with complaints of a 2-week delay in menstruation, engorgement of the mammary glands, and morning nausea. Vaginal examination: the vaginal mucosa is cyanotic, the uterus is slightly larger than normal, spherical in shape, soft in consistency.

RATIONALE FOR THE PRELIMINARY DIAGNOSIS. NECESSARY FURTHER INVESTIGATION.

Sample answer:

Short term pregnancy? NMC?

The preliminary diagnosis was made on the basis of questionable signs of pregnancy: delayed menstruation, engorgement of the mammary glands, morning nausea; probable signs of pregnancy: cyanosis of the vaginal mucosa, an increase in the size and consistency of the uterus.

To confirm the diagnosis, it is necessary to conduct an ultrasound of the pelvic organs and a blood test for hCG.

Problem 17.

Patient V., 62 years old, consulted a gynecologist with complaints of itching and sanguineous discharge from the vagina. Menopause 12 years. When examined in a speculum, the vaginal mucosa is pale pink, the folds are smoothed, and there are traces of scratching on the surface of the vulva.

DIAGNOSIS? ETIOLOGY?

Sample answer:

Aatrophic (senile colpitis).

Atrophic processes that develop as a result of age-related estrogen deficiency lead to thinning of the vaginal mucosa, as a result of which cracks form in it, which are easily infected and ulcerated. Bloody discharge in senile colpitis is always scanty.

Problem 18.

Patient D., 53 years old, was admitted to the gynecology clinic with complaints of heavy bleeding from the genital tract, which appeared suddenly 3 days ago. From the anamnesis: menopause for 3 years. A year ago, a hysteroscopy was performed regarding uterine bleeding, and a glandular fibrous polyp was removed. On examination: the uterus is of normal size, the appendages are not visible, the discharge is bloody and profuse.

DIAGNOSIS?

Bleeding in menopause.Taking into account the anamnesis data, it can be assumed that the patient has a recurrence of endometrial polyp.

Problem 19.

Patient S., 24 years old, consulted a gynecologist with complaints of profuse vaginal discharge with an unpleasant odor, reminiscent of the smell of rotten fish. When examining the vagina in the speculum, the mucous membrane is of normal pink color, without signs of inflammation. Aminotest

positive, vaginal discharge pH greater than 4.5. JUSTIFICATION AND CONFIRMATION OF THE DIAGNOSIS.

Sample answer:

Based on three clinical symptoms (an unpleasant odor reminiscent of rotten fish, a positive amino test, an increase in the pH of the vaginal contents), a diagnosis of bacterial vaginosis can be made. To confirm the diagnosis, it is necessary to detect key cells in vaginal smears.

Problem 20.

Patient M., 48 years old, consulted a gynecologist with complaints of bloody vaginal discharge after sexual intercourse. The last time I visited a gynecologist was 8 years ago. When examined in the speculum: the cervix is hypertrophied, on the anterior lip there is a finely lumpy tumor in the form of a "cauliflower", 2.0-2.0 cm, bleeding when touched with instruments. The body of the uterus is of normal size, the area of the appendages is free.

DIAGNOSIS? FURTHER EXAMINATION?

Sample answer:

Cervical cancer?

To confirm the diagnosis, it is necessary to conduct an extended colposcopy with a biopsy.After verification of the diagnosis, refer the patient to a gynecological oncologist.

Problem 21.

Patient K., 46 years old, consulted a gynecologist with complaints of heavy menstruation, weakness, and dizziness. He notes that over the past 8 years, menstruation has become longer, more abundant, and nagging pain has appeared in the lower abdomen.

Vaginal examination: the external genitalia are developed correctly, the vagina of the woman giving birth, the cervix is sharply deformed, deviated to the right. The uterus is the size of a 24-week pregnancy, inactive, moderately painful, with a bumpy surface, the appendages are not visible, the fornix is free, the discharge is mucous. DIAGNOSIS? SURVEY?

Sample answer:

Large uterine fibroids, complicated by pain and bleeding.

To confirm the diagnosis, it is necessary to conduct an ultrasound of the pelvic organs, a complete examination of the patient (OAK, OAM, blood biochemistry, ECG, fluorogram, consultation with a therapist).

Problem 22.

Patient Sh., 32 years old, consulted a gynecologist with complaints of dark brown discharge from the genital tract on the eve of menstruation. Menstruation began at the age of 12, established immediately, 3-4 days every 28 days, moderate, painless. Sexual life from the age of 18. R-2, M/A-5.

Vaginal examination: the vagina of a woman who has given birth, the cervix has a cylindrical shape, the external os is closed. Nodular, small cystic formations of a purplish-blue color are visible on the cervix, the uterus is spherical in shape, slightly larger than normal, painless. The appendages are not defined, the arches are free.

DIAGNOSIS? CLARIFYING SURVEY?

Sample answer:

Genital endometriosis.

To confirm the diagnosis, it is necessary to conduct an ultrasound of the pelvic organs, separate therapeutic and diagnostic curettage of the uterine cavity and the cervical canal.

la, performing a biopsy of small cystic formations on the cervix.

Problem 23.

Patient F., 42 years old, was taken by ambulance to the gynecology department with complaints of pain in the lower abdomen. Menstruation began at the age of 12, established immediately, 3-4 days every 28 days, moderate, painless. Sexual life from the age of 18. R-2, M/A-2. My last period ended three days ago.

Vaginal examination: the body of the uterus is of normal size, painless, deviated to the right, a round thick-walled formation is palpated on the left, measuring 34.0 by 22.0 cm with an uneven surface, painful on examination. The vaginal vaults are flattened, the discharge is mucous.

DIAGNOSIS? SURVEY?

Sample answer:

Tumor of the left ovary (mucinous?).

To confirm the diagnosis, an ultrasound scan of the pelvic organs is necessary. Examination standards include a mandatory examination of the gastrointestinal tract in all patients with an ovarian tumor to exclude metastases of gastric cancer to the ovary and involvement of the rectum and sigmoid colon in the process. The patient is indicated for esophagogastroscopy and colonoscopy (if it is impossible to perform a colonoscopy, irrigoscopy is acceptable).

Problem 24.

Patient Ts., 25 years old, complained of erratic uterine bleeding, the interval between which was 1.5-2 months, periodic decrease in hemoglobin, weakness, fatigue. Menarche at the age of 12, from the age of 13 juvenile uterine bleeding, for which she was treated by a pediatric gynecologist. She had been sexually active since the age of 17, was not interested in pregnancy, took Novinet as a contraceptive regimen, which she decided to stop taking due to marriage. Three days after stopping the drug, acyclic bleeding from the genital tract began.

Ultrasound: uterus 50x32x49 mm, endometrium 7 mm, with unclear contours, the uterine cavity is slightly dilated. Ovaries: right – 35x26x32 mm, left – 36x25x30 mm, follicles 5–7 mm in diameter, no dominant follicle.

DIAGNOSIS? DIFFERENTIAL DIAGNOSTICS.

Sample answer:

DMK? (dysfunctional uterine bleeding) of reproductive age. Differential diagnosis is carried out to exclude other causes of uterine

bleeding during reproductive age: associated with pregnancy (spontaneous abortion, ectopic pregnancy, placental polyp, trophoblastic disease); due to infection (cervicitis, endometritis); benign diseases of the endo- and myometrium (polyps, submucous uterine fibroids, internal endometriosis); precancerous and malignant diseases of the cervix; systemic diseases (thrombocytopenia, von Willebrand disease, Falconi anemia, thyroid disease, liver disease). The "gold standard" among diagnostic procedures is considered to be hysteroscopy and separate therapeutic and diagnostic curettage of the uterine cavity and cervical canal.

Problem 25.

Patient Ya., 28 years old, complained of rare menstruation, after 2-4 months,

Primary infertility for 10 years, progressive obesity and hirsutism. Menarche since 12.5 years, menstruation has always been irregular, rare and heavy. Denies gynecological diseases. An increase in body weight has been noted since the age of 16. Basal temperature is monophasic, LH – 14.5 IU/l, FSH – 4.8 IU/l against the background of amenorrhea. The test with gestagens is positive.

DIAGNOSIS?

Sample answer:

Polycystic ovary syndrome.

Problem 26.

The woman in labor was transferred to the delivery room while pushing. The attempts are regular, 50 seconds every 2 minutes. After the last attempt, the fetal heartbeat is muffled, arrhythmic up to 100 beats per minute. The position of the fetus is longitudinal. The head is in the pelvic cavity. In order to clarify the obstetric situation, a vaginal examination was performed: the opening is complete, the head is on the third plane, the sagittal suture is in the right oblique size, the small fontanelle is on the left, anteriorly.

DIAGNOSIS?

Sample answer:

2nd stage of labor, intrauterine fetal hypoxia (tachyarrhythmia).

Problem 27.

The succession period, 10 minutes after the birth of the fetus, bloody discharge from the uterus appeared in sufficient quantities. The Kustner-Chukalov sign is negative.

DIAGNOSIS?

Sample answer:

Pafterbirth period, partial intimate attachment of the placenta.

Problem 28.

The pushing period lasts 30 minutes; rhythmic attempts, 50 seconds every 1-2 minutes. After the last attempt, the fetal heartbeat became arrhythmic, muffled, up to 90 beats per minute. The position of the fetus is longitudinal, the head is in the pelvic cavity. Vaginal examination - full opening, sagittal suture in the direct size of the exit, small fontanel posteriorly.

DIAGNOSIS?

Sample answer:

2nd stage of labor, intrapartum fetal hypoxia, posterior view occipitalpresentation.

Problem 29.

The succession period, after 10 minutes, bloody discharge appeared from the birth canal. The Küstner-Chukalov sign is positive.

DIAGNOSIS?

Sample answer:

Succession period. Retention of the separated placenta in the uterine cavity.

Problem 30.

A 38-year-old primigravida was admitted with contractions that began 7 hours ago; my water broke 3 hours ago. Contractions for 25 seconds every 7 minutes. The position of the fetus is longitudinal, 1st position, anterior view. The head is presented, pressed against the entrance to the pelvis. The fetal heartbeat is clear, rhythmic, up to 136 beats per minute. Vaginal examination - cervix

smoothed, the edges are moderately pliable, the opening is 3 cm. There is no amniotic sac, leaking, light waters. Head over 1 plane.
DIAGNOSIS?

Sample answer:

R1st birth, on term, first stage of labor, untimely rupture of amniotic fluid, primary weakness of labor, age-related primipara.

Problem 31.

Primipara, 23 years old, in labor5 hours, contractions are regular, painful for 35 seconds every 4-5 minutes; the position of the fetus is longitudinal; the head is presented, pressed against the entrance to the pelvis; The fetal heartbeat is clear, rhythmic up to 130 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 4 cm; during contractions, the cervix thickens, there is no amniotic sac, light amniotic fluid leaks; head on 1st plane, sagittal suture in the transverse dimension of the entrance to the pelvis, small fontanel on the left, anteriorly.
DIAGNOSIS?

Sample answer:

Rodes 1st, first stage of labor, discoordinated labor.

Problem 32.

The pushing period lasts 40 minutes, regular pushing for 50 seconds every 2 minutes; the head does not move forward, is pressed against the entrance to the pelvis; The fetal heartbeat is clear, rhythmic up to 140 beats per minute. In order to clarify the obstetric situation, a vaginal examination was performed - the opening is complete, the head is on the 1st plane, the sagittal suture is closer to the pubic symphysis, the posterior parietal bone is lower than the anterior one.
DIAGNOSIS?

Sample answer:

TOclinically narrow pelvis, posterior asynclitism.

Problem 33.

Primipara 25 years old in the pushing period, regular pushing for 50 seconds every 1-2 minutes; the position of the fetus is longitudinal; presenting part - pelvic end; The fetal heartbeat is muffled up to 110 beats per minute. Vaginal examination - full opening, presenting part - buttocks on 3 planes, line trochanterica in the direct size of the pelvic outlet.
DIAGNOSIS?

Sample answer:

R1st birth at term, second stage of labor, pure breech presentation, intrapartum fetal hypoxia.

Problem 34.

A 26-year-old primigravida was admitted at 30 weeks' gestation with profuse bleeding from the genital tract; longitudinal position of the fetus, 1st position, anterior view; fetal heart rate up to 130 beats per minute; Ultrasound shows complete placenta previa.
DIAGNOSIS?

Sample answer:

Bpregnancy 30 weeks. Complete placenta previa. Bleeding.

Problem 35.

A 28-year-old multiparous woman was admitted at 32 weeks' gestation with minor bleeding from the genital tract. The position of the fetus is longitudinal, 2nd position, anterior view. The presenting part is the head, above the entrance to the pelvis; fetal heartbeat

clear, rhythmic up to 140 beats per minute. Blood tests: Hb=120 g/l, BP=110/70, ultrasound - complete placenta previa.
DIAGNOSIS?

Sample answer:

BPregnancy - 32 weeks. Complete placenta previa.

Problem 36.

A pregnant woman was admitted with complaints of aching pain in the lower abdomen and lumbar region. Last menstruation 2 months ago. Satisfactory condition.
BP=115/70, HR=76 beats per minute. Vaginal examination - the external genitalia are unremarkable, the uterus is enlarged up to 8 weeks of pregnancy. Horwitz-Hegar and Peskacek signs are positive. The throat is closed. There is no discharge from the genital tract.
DIAGNOSIS?

Sample answer:

Bpregnancy 8 weeks. Threatened spontaneous abortion.

Problem 37.

A pregnant woman was admitted with cramping pain in the lower abdomen and profuse bleeding. Last menstruation 3 months ago. The condition is moderate, blood pressure = 100/60, heart rate = 90 beats per minute. Vaginal examination - the external genitalia are unremarkable, the uterus is soft, enlarged to 11-12 weeks of pregnancy; the pharynx gapes, part of the fertilized egg is identified in the pharynx area. Copious bleeding.
DIAGNOSIS?

Sample answer:

Bpregnancy 12 weeks. Abortion is in progress.

Problem 38.

A pregnant woman was admitted with complaints of pain in the lower abdomen and heavy bleeding. Last menstruation 3 months ago. The condition is moderate, the skin is pale, blood pressure = 95/60, heart rate = 90 beats per minute. Vaginal examination
- external genitalia without features; the uterus is soft, enlarged to 9 weeks; pharynx gapes, profuse bleeding.
DIAGNOSIS?

Sample answer:

Bpregnancy 12 weeks. Abortion is in progress.

Problem 39.

A first-time mother was admitted with contractions for 4 hours, with full waters. During the last 2 days he has not heard fetal movements. Pelvic dimensions: 20-22-24-12cm. The position of the fetus is longitudinal, anterior view, 1st position. The presenting head is above the pelvic inlet. There is no fetal heartbeat. Vaginal examination - the cervix is smoothed, the opening is 4 cm, the amniotic sac is intact, the head is above the 1st plane. C.diagonale 8 cm.
DIAGNOSIS?

Sample answer:

Rodes 1st at term, first stage of labor. Generally uniformly narrowed pelvis of the 4th degree (absolutely narrow pelvis). Antenatal fetal death.

Problem 40.

A primigravida was admitted with a full-term pregnancy with contractions for 4 hours, her waters broke 3 hours ago, her condition is satisfactory. Contractions last 35 seconds every 4-5 minutes. The position of the fetus is longitudinal, back to the left, anterior. The presenting head is a small segment at the entrance to the pelvis. The heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable,

opening 5 cm, head on the 2nd plane, sagittal suture in the right oblique size, small fontanel anteriorly.
DIAGNOSIS?

Sample answer:

Rodes 1st at term, first stage of labor. Anterior view of the occipital insertion.

Problem 41.

The fetal head is a small segment at the entrance to the small pelvis, a sagittal suture in the right oblique size of the pelvis, a small fontanel in the front left, a large fontanel in the back right above the small one.
DETERMINE THE POSITION, POSITION AND TYPE OF FETAL PRESENTATION.

Sample answer:

Pmaternity position, cephalic presentation, 1st position, anterior view.

Problem 42.

The fetal head is a small segment at the entrance to the small pelvis, a sagittal suture in the left oblique size of the pelvis, a large fontanel in the front right, a small fontanel in the back left. Below the big one.
DETERMINE THE POSITION, POSITION AND TYPE OF FETAL PRESENTATION.

Sample answer:

Pmaternity position, cephalic presentation, 1st position, posterior view.

Problem 43.

The fetus is located in the 1st position, anterior view of the occipital presentation. Fetal head - in the pelvic cavity.
WHERE WILL THE SMALL FENTANELLA AND THE SAGIT SURE BE LOCATED DURING A VAGINAL EXAMINATION?

Sample answer:

Sagittal suture in the right oblique size, small fontanel on the left front.

Problem 44.

The fetus is located in the 2nd position, anterior view of the occipital presentation. The fetal head is a small segment in the plane of the entrance to the pelvis.
WHAT VAGINAL EXAMINATION FINDINGS WILL BE APPROPRIATE FOR THIS OBSTETRIC SITUATION?

Sample answer:

Sagittal suture in the left oblique size, small fontanel on the right front.

Problem 45.

The fetus is located in the 2nd position, posterior view of the occipital presentation. Fetal head – a large segment in the plane of the entrance to the small pelvis.
WHAT VAGINAL EXAMINATION FINDINGS WILL BE APPROPRIATE FOR THIS OBSTETRIC SITUATION?

Sample answer:

Sagittal suture in the right oblique size, small fontanel on the right back.

Problem 46.

A 62-year-old patient complains of spotting and bleeding from the vagina. Postmenopause 10 years. When examined in the speculum: the cervix is cylindrical, clean; from the cervical canal - bloody discharge. With a two-hand examination: the uterus is enlarged up to 8-9 weeks of pregnancy, dense, lumpy; the appendages are not defined, the fornix and parametria are free.
SUGGESTED DIAGNOSIS? MEASURES REQUIRED FOR CLARIFICATION OF THE DIAGNOSIS?

Sample answer:

Bleeding in menopause. Cancer of the uterine body(?).

Ultrasound, separate diagnostic curettage. Based on the results of histoanalysis, the final diagnosis is made.

Problem 47.
A 48-year-old patient was admitted to the therapeutic department with complaints of general weakness, malaise, weight loss, nausea, heartburn, and periodic epigastric pain. During a consultation with a gynecologist, two tumors were discovered in the pelvic area, located on both sides of the unchanged uterus, lumpy, mobile, painless. DIAGNOSIS?
Sample answer:
Krukenberg metastases, the main disease is stomach cancer.

Problem 48
Patient T., 47 years old, consulted a doctor with complaints of contact bleeding from the vagina. 5 years ago she was treated conservatively for cervical erosion. I have not been examined by a gynecologist for the last 2 years. When examined in the speculum: the cervix is a papillary growth of the "cauliflower" type, and bleeds on contact. On bimanual examination: the uterine body is of normal size, the fornix and parametria are free.
DIAGNOSIS?
Sample answer:
Suspicion of exophytic cervical cancer, stage I.

Problem 49
Patient K., 54 years old, was admitted to the gynecological department with bloody discharge from the genital tract. Menopause 3 years. In the last 3 months, she has periodically (2-3 times a month) noted moderate bleeding from the vagina. Objectively: general condition is satisfactory. Increased nutrition. Blood pressure 160/90 mm Hg. A gynecological examination did not reveal any pathology.
PRELIMINARY DIAGNOSIS?
Sample answer:
At this age, endometrial hyperplastic process (hyperplasia, polyps) is less likely, and uterine cavity cancer is much more likely.

Interview Questions

Question 1. What are FDTs (functional diagnostic tests)?
Sample answer:
This is a complex of diagnostic markers characterizing the phases of the menstrual cycle, the presence or absence of ovulation. Namely: the "pupil" symptom, the symptom of stretching of the cervical mucus, the symptom of crystallization (arborization) of the cervical mucus, basal temperature, cytology of the vaginal smear, the condition of the endometrium (according to the pipell test).

Question 2. Which organs are the target organs for ovarian hormones?
Sample answer:
These are the endometrium, the cervical mucosa, the vaginal mucosa, the mammary glands and, to some extent, the uroepithelium.

Question 3. What is the typical location of myomatous nodes?
Sample answer:
Submucosal, intramural, subserous.

Question 4. What are the etiological factors in the formation of endometriosis?

Sample answer:
This is an implantation (translocation) factor, metastatic factor,metaplastic factor, dysembryogenetic factor.

Question 5. In which cells can gonococcus be found intracellularly?
Sample answer:
These are blood cells - phagocytes, leukocytes (neutrophils and, rarely, lymphocytes), as well as Trichomonas.

Question 6. What group of symptoms is characteristic of PCOS (polycystic ovary syndrome)?
Sample answer:
Typical complaints are: menstrual irregularities, hirsutism, infertility, obesity.

Question 7. To diagnose what form of infertility is a postcoital test performed?
Sample answer:
PCT is necessary if there is suspicionfor biological incompatibility, i.e. immune form of infertility.

Question 8. What are reserve cells at the junction of columnar and stratified squamous epithelium on the cervix?
Sample answer:
This is a group of undifferentiated, polyvalent stem-type cells located under the junction zone (in the area of the external pharynx), which have the ability to undergo benign metaplasia into both cylindrical and multilayered squamous epithelium cells

Question 9. What pathology is considered a genital cause of self-abortion?
Sample answer:
These are developmental anomalies (bicornuate uterus, etc.), ICI, inflammatory pathology, infantilism, insufficiency of corpus luteum function.

Question 10. What prenatal diagnosis of congenital malformations and CA is carried out according to the protocol during pregnancy?
Sample answer:
This is a genetic “two” (hCG and RaPP) and ultrasound at 9-11 weeks; in case of deviations in it - the genetic “troika” (hCG, estriol and AFP) and ultrasound at 15-18 weeks; when indicated - amniocentesis with subsequent diagnosis of genomic pathologies for Down, Edwards, and Patau syndromes. A non-invasive test (NIPT) from the blood of a pregnant woman for pathology of chromosome 21 or NIPT ToTal for all chromosomes is possible.

Question 11. Which hardware method is the main one in diagnosing fetal hypoxia (acute and chronic)?
Sample answer:
This method is cardiotocography.

Question 12. At what period of pregnancy is a clinically narrow pelvis diagnosed?
Sample answer:
This diagnosis can only be made during childbirth, when the cervix is dilated at least 6 cm (to full) and there is no amniotic sac.

Question 13. What types of cephalic presentation are there?
Sample answer:
These are occipital, anterior cephalic, frontal, facial.

Question 14. With what type of cephalic presentation is birth through the birth canal impossible?
Sample answer:
With frontal presentation.

Question 15. How are the characteristics of the bony pelvis assessed?
Sample answer:
It is possible to evaluate the bony pelvis and diagnose its pathology through external and internal measurements. This is dist. spinarum, dist.cristarum, dist.trochanterica, external conjugate (all with a pelvis) and diagonal conjugate - during vaginal examination.

Addition tasks

Exercise 1. Instructions. Instead of a dash, enter only one word. The structural and functional unit of the placenta is considered_

_____
Sample answer: cotyledon

Task 2. Instructions. Instead of a dash, enter only two words:
The totality of all movements that the fetus makes while passing through the birth canal is called_____
Sample answer:"biomechanism of childbirth", biomechanism of childbirth

Task 3.*Instructions. Instead of a dash, enter the end of the sentence:*The permissible blood loss during physiological childbirth should not exceed_

_____
Standard answer: 0.5% of body weight

Task 4.*Instructions. Instead of a dash, enter the answer:*
The duration of the 3rd stage of labor should not exceed_____
Sample answer:15 minutes

Task 5.*Instructions. Instead of a dash, enter only one word:*
The change in the shape of the head as it passes through the birth canal is called

_____
Sample answer:"configuration", configuration

Task 6.*Instructions. Instead of a dash, enter two words:*
Swelling of the soft tissues of the head in the area of the wire point that forms during the expulsion period is called____
Sample answer:"birth tumor", birth tumor

Task 7.*Instructions. Instead of a dash, enter only one word:*
Hemorrhage under the periosteum of the parietal bone in a newborn is called_____

_____
Sample answer:"cephalohematoma", cephalohematoma

Task 8.*Instructions. Instead of a dash, enter only one word:*
The appearance of the head from the genital opening only during pushing is called_____
Sample answer: "cutting in", cutting in

Task 9.*Instructions. Instead of a dash, enter only one word:*After the birth of the placenta, the woman is called_

_____Sam
ple answer: “puerpera”, postpartum woman

Task 10. Instead of a dash, enter only one word:
A pregnancy in which two or more fetuses develop in the body is called___
Sample answer:"multiple", multiple

OPK - 7

Closed type tasks:

1). The following is not indicated for discoordinated labor:
1. administration of uterotonics
2. use of beta-adrenomimetic drugs
3. medicated sleep during childbirth
4. C-section

Sample answer: 1

2). Amniotomy is indicated for:
1. dilatation of the cervix by at least 5–6 cm
2. gestosis and the onset of labor
3. discoordinated labor
4. incomplete placenta previa during childbirth
5. all the above conditions

Sample answer: 5

3). Stimulation of labor is contraindicated when:
1. discrepancy between the size of the pelvis and the size of the fetal head
2. presence of a scar on the uterus
3. incomplete placenta previa
4. suspected premature placental abruption
5. all the above conditions

Sample answer: 5

4). If Couveler's uterus is detected during a cesarean section, you must:
1. continue to administer uterotonics
2. perform curettage of the uterine cavity with a curette
3. ligate the vessels of the uterus using the Tsitsinashvili method
4. perform an operation to remove the uterus and compensate for blood loss

Sample answer: 4

5). The main method of stopping bleeding in the afterbirth period:
1. administration of uterotonics
2. infusion-transfusion therapy
3. curettage of the uterine cavity
4. manual examination of the uterine cavity
5. manual separation of the placenta and placenta release

Sample answer: 5

6). When treating early toxicosis, do not use:
1. sedatives
2. infusion therapy
3. physiotherapy
4. antiemetics
5. diuretics

Sample answer: 5

7). Infusion therapy for severe forms of gestosis is aimed at:

1. reduction of hypovolemia
2. improving the rheological properties of blood
3. relief of generalized vasospasm
4. dehydration
5. all of the above

Sample answer: 5

8). The scope of surgical intervention for uterine rupture is determined:

1. condition of the woman in labor
2. degree of damage to the uterus when it ruptures
3. fetal condition
4. burden of obstetric history with all of the

listed factors. Standard answer: 5

9). Indications for prescribing pain medications in the first stage of labor are:

1. cervical dilatation up to 4 cm
2. weakness of labor
3. painful contractions
4. the beginning of the active phase of labor
5. fetal condition

Standard answer: 3, 4

10). The mode of behavior of a woman in labor during childbirth depends on:

1. fetal presentation
2. integrity of the amniotic sac
3. conditions of the woman in labor
4. wishes of the woman in labor
5. wishes of the medical staff

Sample answer: 1, 2, 3

11). Providing manual assistance according to Tsovyanov with a purely breech presentation begins from the moment:

1. cutting into the buttocks
2. birth of the fetus to the navel
3. birth of the fetus to the lower angle of the shoulder blades
4. teething buttocks
5. birth of the shoulder girdle

Sample answer: 4

12). Establish the sequence of stages of the operation of applying obstetric forceps:

1. insertion of spoons
2. anesthesia care
3. internal research
4. closing the forceps
5. traction itself
6. test traction
7. removing the forceps
8. perineotomy

Sample answer: 3, 2, 1, 4, 6, 8, 5, 7

13). After the birth of the first fetus, a second fetus was discovered in the uterus in the longitudinal

position Set the sequence of actions:

1. determine the condition of the fetus
2. determine the position and presenting part of the second fetus using external techniques
3. open the amniotic sac of the second fetus
4. tie the umbilical cord of the first fetus
5. management of pushing activity
6. birth delivery

Sample answer: 4, 2, 1, 3, 5, 6

14). Establish the sequence of manual examination of the uterine cavity:

1. free the uterine cavity from clots and retained parts of the placenta
2. prepare the surgical field, intravenous anesthesia
3. determine the integrity of the uterine walls and its tone
4. assess the amount of blood loss and general condition
5. administer uterotonics intravenously
6. examine the soft birth canal
7. insert your hand into the vagina and then into the uterine cavity

Sample answer: 2, 7, 1, 3, 5, 6, 4

15). Sequence of treatment measures for chronic forms of gonorrhea of the female genital organs (according to the protocol):

1. Spa treatment,
2. local,
3. physiotherapy,
4. antibacterial therapy,
5. immunoadjuvant therapy,
6. resorption therapy.

Sample answer: 5, 4, 2, 6, 3, 1

16). Sequence of actions for postpartum hypotonic bleeding (according to the protocol):

1. ballooning;
2. hemostatic sutures on the uterus,
3. ligation of the iliac vessels,
4. manual control of the uterine cavity and fist massage,
5. uterotonics,
6. ligation of uterine vessels,
7. revision of the birth canal.

Standard answer: 4, 5, 7, 1, 6, 2, 3.

17). In patients with endocrine infertility, clomiphene is used if:

1. basal temperature increased to 37°C
2. KPI within 10 – 20%
3. there is a good estrogen level
4. all of the above

Sample answer: 3

18). The principles of treatment of postpartum inflammatory diseases are:

1. in the choice of antibiotic, taking into account the form and location of the disease
2. in local impact on the source of infection
3. in increasing nonspecific activity of the body
4. in all of the above
5. none of the above

Sample answer: 4

19). Hospital infection is most often caused by:

1. Staphylococcus aureus
2. gram-negative flora
3. anaerobes
4. association of microorganisms
5. none of the above

Sample answer: 4

20). For the treatment of candidal colpitis in pregnant women in the third trimester, the following is used:

1. antibiotics
2. Klion-D
3. calendula infusion
4. all of the above
5. none of the above

Sample answer: 2

21). The most common complication when using an IUD:

1. isthmic-cervical insufficiency
2. ectopic pregnancy
3. recurrent miscarriage
4. acute pelvic infection
5. pelvic vein thrombosis

Sample answer: 4

22). Patients with a Bartholin gland cyst are recommended to:

1. Ural Federal District
2. treatment only in the stage of exacerbation of the inflammatory process
3. surgical treatment – enucleation of a Bartholin gland cyst in remission
4. correct answers 1 and 2
5. all answers are correct

Sample answer: 3

23). Radical surgical intervention for uterine fibroids is:

1. supravaginal amputation of the uterus
2. hysterectomy
3. myomectomy
4. correct 1 and 2
5. all answers are correct

Sample answer: 4

24). If a patient is suspected of having a malignant ovarian lesion55 years old shown:

1. removal of the uterine appendages on the affected side
2. extirpation of the uterus with appendages and resection of the greater omentum
3. extirpation of the uterus with appendages
4. removal of the uterus with appendages on both sides
5. supravaginal amputation of the uterus with appendages

Sample answer: 2

25). For minor bleeding from the ovary detected laparoscopically, the following is performed:

1. laparotomy and suturing of the ovaries
2. diathermocoagulation of the ovary
3. laparotomy and ovarian resection

4. laparotomy and removal of appendages on the affected side

Sample answer: 2

Open type tasks

Situational tasks

Task 1.

A 25-year-old patient was brought in urgently with complaints of severe cramping pain in the lower abdomen. The pain appeared 5 hours after a medical abortion performed in a day hospital at a gestational age of 8 weeks. Previously there were 2 births and 2 artificial
ny abortions. Denies gynecological diseases. Objectively: condition is satisfactory, pulse 80 per minute, A/D – 120/80 mm Hg. The tongue is moist and clean. The abdomen is soft, painful on palpation above the pubis. There were no symptoms of peritoneal irritation.
In the speculum: The vaginal part of the cervix is cylindrical in shape, the external os is closed, the discharge is bloody and spotting. Bimanual: The vaginal vaults are free. The uterus is enlarged up to 12 weeks of pregnancy, round, painful on palpation, mobile. The appendages on both sides are not identified, their area is painless.
SUGGESTED DIAGNOSIS? SURVEY PLAN? TREATMENT PLAN?

Sample answer:

Hematometra. Subacute metroendometritis after medical abortion?

General clinical and laboratory examination with mandatory ultrasound examination of the pelvic organs.

Bougienage of the cervical canal under the intraoperative administration of broad-spectrum antibiotics, followed by antibacterial, anti-inflammatory, uterine contraction therapy, and antispasmodics.

Task 2.

Patient K., 34 years old, was admitted with complaints of pain in the lower abdomen, which appeared during the last menstruation, and an increase in body temperature to 38°C. Menarche from the age of 13, established immediately, sexual activity from the age of 17, without contraception, no pregnancies,
I didn't contact a gynecologist about this.
Vaginal examination: the cervix is conical in shape, pus is discharged from the cervical canal, the body of the uterus is not clearly contoured due to severe pain. To the right and left of the uterus, formations of 12x8 cm are determined, dense, tightly elastic consistency with areas of softening.
DIAGNOSIS? SURVEY PLAN? TREATMENT?

Sample answer:

Inflammatory tumors of the uterine appendages, metritis. Pelvioperitonitis?

OAK, OAM, biochemical studies, ultrasound of the pelvic organs, smear from "V", "C", "Ur" for flora, culture of secretions from "C" for flora and sensitivity to antibiotics.Puncture of the posterior vaginal fornix under IV anesthesia.

In the presence of encysted purulent formation of the uterine appendages, the basic component that determines the outcome of the disease is surgical treatment in the amount of: revision of the abdominal organs, sanitation of foci of infection. Antibacterial therapy (3rd generation cephalosporins + fluoroquinolones), drugs of the imidazole group, detoxification, infusion therapy.

Task 3. Patient T., 21 years old, complains of a 2-week delay in menstruation, engorgement of the mammary glands, and a positive pregnancy test. Ultrasound: the fertilized egg is not detected in the uterine cavity; in the projection of the right appendages, a round echo-negative formation with a diameter of 26 mm is detected.

DIAGNOSIS? TREATMENT?

Sample answer:

Progressive right-sided tubal pregnancy. It is necessary to conduct a blood test for hCG and diagnostic laparoscopy.

If the diagnosis of "progressive tubal pregnancy" is confirmed, it is necessary to remove the fertilized egg while preserving the fallopian tube (if possible); conservative therapy with metatrexate is possible.

Task 4.

Patient M., 24 years old, was taken to the gynecology department with complaints of pain in the lower abdomen that appeared after sexual intercourse. The patient's condition is satisfactory, pulse 82 per minute, blood pressure 110/70 mmHg, abdomen is soft, moderately painful in the lower parts, the symptom of peritoneal irritation is negative. Menarche since age 12, last menstruation ended two weeks ago.

Vaginal examination: the body of the uterus is of normal size, dense, mobile, painless. On the right, the appendages are slightly enlarged in size, moderately painful, on the left they are not defined, the fornix is free, the discharge is mucous.

DIAGNOSIS? TREATMENT?

Sample answer:

Apoplexy of the right ovary, painful form. To confirm the diagnosis, it is necessary to conduct an ultrasound of the pelvic organs, a blood test for hCG, and a pregnancy test.

Conservative therapy includes: rest, cold on the lower abdomen (promoting vasospasm), hemostatic drugs (etamzilate, tranexam), vitamins Bl, B6, B12. If there are signs of intra-abdominal bleeding, laparoscopy and coagulation of bleeding vessels are performed.

Task5. Patient A., 64 years old, consulted a gynecologist with complaints of discomfort in the vaginal area and difficulty urinating. Menopause 12 years. There is a history of childbirth with a large fetus, complicated by a 2nd degree perineal rupture. The somatic anamnesis is not burdened.

Gynecological status: the genital fissure gapes, when straining outside the vulvar ring, the body of the uterus, an elongated and hypertrophied cervix are determined. The body of the uterus is not enlarged, the appendages are not identified.

SUGGESTED DIAGNOSIS? TREATMENT TACTICS FOR THE PATIENT?

Sample answer:

Uterine prolapse 3rd degree.

Surgical treatment involving transvaginal hysterectomy.

Task 6.

Patient L., 32 years old, complained of lack of menstruation, secondary infertility, headaches, periodic increases in blood pressure, and increased appetite. Menarche at 13 years of age, the menstrual cycle is unstable until 18 years of age, after 21–45 days, 3–5 days at a time. Sexual life in marriage from the age of 22. Pregnancy occurred 2.5 years later and was complicated by gestosis with an increase in blood pressure to 150/100 mm Hg. Art. Within a year after giving birth, she gained 22 kg, and a year after that, secondary amenorrhea developed. Hirsutism and obesity progressed, and purple stretch marks appeared on the skin of the abdomen, thighs, and mammary glands.

DIAGNOSIS?

Sample answer:

Diagnosis:postpartum metabolic syndrome. Secondary PCOS?

Task 7.

A 25-year-old patient was admitted to a day hospital for artificial termination of pregnancy. Menstruation from the age of 14, regular. The last menstruation was 2 months ago. Sexual life since 20 years of marriage. She had 2 pregnancies - childbirth and an induced abortion at 10 weeks, complicated by metroendometritis. In the speculum: the vaginal part of the cervix is cyanotic, the discharge is light. Bimanual: Uterus enlarged up to 8 weeks

pregnancy, a little soft,mobile The appendages are not identified, their area is painless. The operation was started under intravenous anesthesia. When probing the uterus, the probe seems to "fell" into the abdominal cavity, its upper end is determined at the level of the pregnant woman's navel.
DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
Perforation of the uterus.
For the purpose of diagnosis and treatment, laparoscopy is indicated, during which the surgeon examines the pelvic and abdominal organs to assess the condition of the internal organs. Scope of surgery: suturing the edges of the wound and washing the abdominal cavity. Carrying out an instrumental examination of the macular cavity and removal of the fertilized egg under laparoscopic control. In case of damage to the abdominal organs, consultation with a surgeon and/or urologist is indicated, depending on the location of the damage.

Task 8.
A 41-year-old patient was admitted with complaints of moderate bleeding. Menstruation began at the age of 14, established immediately, 3-4 days every 28 days, painless, moderate. The last one was 3 months ago. Sexual life since 20 years of marriage. Had 9 pregnancies: P-3, M/A-6, without complications. Objectively: condition is satisfactory, pulse – 72 per minute, blood pressure – 110/70 mm Hg. The skin and visible mucous membranes are of normal color. The abdomen is soft and painless. In the speculum: The vaginal part of the cervix is cylindrical in shape, without erosions. Cyanosis of mucous membranes. The discharge is dark and bloody. Bimanual: The body of the uterus is soft, mobile, painless and enlarged until 11–12 weeks of pregnancy. The external pharynx allows the tip of the finger to pass through. The appendages on both sides are not palpable, their area is painless.
DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
Threatened self-abortion during pregnancy 11–12 weeks? Non-developing pregnancy at 11–12 weeks gestational age? To clarify the diagnosis, it is necessary to conduct a clinical and laboratory examination with mandatory ultrasound examination of the pelvis and blood for hCG.
If the diagnosis of threatening self-abortion is confirmed, treatment tactics will be determined by the patient's wishes. If pregnancy is desired, pregnancy-preserving therapy may be performed if a viable fetus is present.

Task 9.
A 24-year-old patient was deliveredto the hospital by an ambulance team with complaints of cramping pain in the lower abdomen, profuse bleeding from the genital tract with clots, and weakness. Blood pressure 100/60 mm Hg, pulse 90 per minute, temperature 37°C. Last normal menstruation 2 months ago.
Gynecological status: the vaginal part of the cervix is cyanotic, the external pharynx allows a finger to pass through. The uterus is enlarged up to 6 weeks of pregnancy, painful. Appendages on both sides are not identified. The arches are deep and painless.
DIAGNOSIS? RATIONALE? URGENT CARE?
Sample answer:
Self-abortion is common at 8 weeks of pregnancy. Possible signs of pregnancy: cyanosis of the vaginal part of the cervix, delay of menstruation by 2 months, increase in the size of the uterus. To confirm the diagnosis, an ultrasound scan of the pelvic organs is necessary.
Instrumental removal of the ovum, preventive anti-inflammatory and antibacterial therapy. The operation should be performed under general anesthesia.

Problem 10.
A 17-year-old patient was admitted to the gynecological department with complaints of increased

temperatures up to 38°C, chills, slight pain in the lower abdomen and minor bleeding from the genital tract. Considers himself sick for 3 days. Last normal menstruation 4 months ago. The general condition is moderate. Pulse – 100 per minute, rhythmic
ny, satisfactory filling. Blood pressure – 120/80 mm Hg. The abdomen is soft and painless. Gynecological status: the cervix is shortened, the cervical canal is passable for 1 finger to the internal os. The uterus is enlarged up to 10 weeks of pregnancy, soft, sharply painful upon examination. Appendages are not identified. The discharge is bloody mixed with pus.
SUGGESTED DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

Infected self-abortion according to the type of non-developing pregnancy.

Systemic antibiotics are prescribed. The choice of drug is determined by the spectrum of suspected pathogens and their sensitivity to the antimicrobial drug. Considering the polymicrobial etymology of the disease, combination antibacterial therapy is more often used, for example, a combination of cephalosporins of the III–IV generation and metronidazole, lincosamides and aminoglycosides of the II–III generation. As monotherapy, inhibitor-protected amino-penicillins (amoxicillin / clavulonic acid, etc.) and carbapenems (imipenem / cilastatin, meropenem) can be used. If a chlamydial infection is suspected, patients are additionally prescribed doxycycline or macrolides.

Problem 11. 36

The multipregnant woman is 29 years old, according to her data. K. Pregnancy must be 18 weeks. Over the past 2 months, the uterus not only has not increased, but has also decreased - corresponding to 10 weeks.
Bimanual: the cervical canal is closed. There are no allocations. The health and general condition of the pregnant woman is satisfactory.
DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

Non-developing pregnancy 10 weeks (gestational age 18 weeks). To confirm the diagnosis, an ultrasound scan of the pelvic organs is necessary.

If the diagnosis is confirmed, hospitalization, a full clinical and laboratory examination, and instrumental removal of parts of the ovum in a full-scale operating room are required. Prevention of DIC syndrome, infectious-toxic shock.

Problem 12.

B-naya, 45 years old, complains of aching pain in the lower abdomen, more on the left. 14 years ago she was diagnosed with uterine fibroids (about 6 weeks of pregnancy). Over the past two years, the uterus has increased to 10 weeks, menstruation has become heavy and painful. The last menses are on time, lasting 5 days. Sexual life since the age of 30, outside of marriage, there were two pregnancies that ended in induced abortions, after which she suffered from secondary infertility.
Objectively: condition is satisfactory, pulse – 76 per minute. The skin and visible mucous membranes are pink. The abdomen is soft and painless. The upper pole of a dense formation is palpated 6 cm above the pubis. Urination without any peculiarities. In the speculum: the vaginal part of the cervix is cylindrical in shape, without erosions. The discharge is mucous and moderate. Bimanual: the uterus is enlarged up to 16 weeks of pregnancy, lumpy, dense, painless, mobile. The appendages on both sides are slightly enlarged,
dense, painful on palpation.
DIAGNOSIS? TREATMENT?

Sample answer:

Multiple large uterine fibroids, secondary changes in the nodes?A complete clinical and laboratory examination is required,

antibacterial, anti-inflammatorytherapy, with subsequent recommendations for surgical treatment as planned in the scope of supravaginal amputation of the uterus.

Problem 13.

B-naya, 52 years old, was admitted with complaints of acyclic bleeding for 2 years, for which she had not previously consulted a gynecologist. Height 155 cm, weight 112 kg. Suffers from diabetes and hypertension. In the speculum: the mucous membrane of the vagina and cervix without pronounced changes, bloody discharge with clots from the cervical canal. Bimanual: the uterus is not clearly contoured, the appendages are not identified. A separate diagnostic curettage was performed - histology: atypical endometrial hyperplasia.

TREATMENT PLAN?

Sample answer:

In pre- and postmenopausal women in the presence of endometrial hyperplasia with atypia, radical surgical intervention (hysterectomy) remains preferable. The question of removing the ovaries is decided individually each time; this is determined by the age-related state of the ovaries, as well as the woman's attitude towards their removal, and the severity of extragenital pathology. In the presence of severe concomitant pathology (as in this case - arterial hypertension, obesity, diabetes mellitus), conservative treatment is possible. Three groups of drugs are used: gestagens (oxyprogesterone capronate, medroxyprogesterone), antigonadotropins (danazol, gestrinone), GnR agonists (goserelin, triptorelin, buserelin). Ablation of the endometrium under hysteroscopy control is also allowed.

Problem 14.

Patient 55 years old. Postmenopause 3 years. She has not been seen by a gynecologist for the last 5 years. She complained of an enlarged abdomen, weight loss, lack of appetite, and general weakness. Objectively: the abdomen is enlarged and has a dome-shaped shape. Upon palpation, a tumor is determined that comes from the small pelvis and reaches the navel with its upper pole.

In the speculum: the mucous membrane of the vagina and cervix without visible changes. Bimanually: a conglomerate of tight-elastic, sometimes uneven consistency is palpated, painless, inactive. The value corresponds to 22 – 24 weeks. pregnancy. The uterus and appendages are not palpable separately. The walls of the pelvis are free.

DIAGNOSIS? SURVEY PLAN? TREATMENT PLAN?

Sample answer:

Giant ovarian cyst? Ovarian cancer?

A complete clinical and laboratory examination is required with a mandatory blood test for tumor markers, consultation with a gynecological oncologist, followed by surgical treatment.

Problem 15.

A 28-year-old woman with a 4-week delay in menstruation in the gynecology department underwent curettage of the uterine cavity in order to terminate the pregnancy at the request of the patient. A histological examination of the scraping revealed a decidual reaction without chorionic villi. After curettage, the patient's condition remained satisfactory, the pulse was 76 beats. per minute, blood pressure – 110/60 mm Hg, temperature – 36.8°C. Bloody discharge from the genital tract continues.

PRELIMINARY DIAGNOSIS?PLAN FURTHER EXAMINATION?

TREATMENT MEASURES?

Sample answer:

Progressive tubal pregnancy?

It is necessary to conduct a transvaginal ultrasound and determine the level of hCG in the blood serum. An ectopic pregnancy is characterized by hCG levels that are slightly lower than during an intrauterine pregnancy of the same period; in the area of the appendages, a painful tumor-like formation with a pasty consistency is palpated.

Reliable diagnostic signs: ultrasound (determining the fertilized egg in the tube or its absence in the uterus) and laparoscopy.In modern conditions, the main treatment for progressive tubal pregnancy is organ-sparing surgery using endoscopic access or conservative therapy (metatrexate).

Problem 16.A 20-year-old patient came to the antenatal clinic to prevent a currently unwanted pregnancy. From the anamnesis: the menstrual cycle is regular, stable, menstruation for 3-4 days is moderate, painful. Sexual life from the age of 18 is regular, in marriage. Prevention from pregnancy: interrupted sexual intercourse. Pregnancy 1 was terminated by induced abortion without complications 3 months ago.
SUGGEST THE MOST RATIONAL METHODS OF CONTRACEPTION IN
IN THIS CASE

Sample answer:
ShownCrodosed KOK - Mercilon, Novinet, Logest, Lindinet; ring Nova-Ring.

Problem 17.
A 28-year-old married woman with one sexual partner approached the antenatal clinic with a request to choose a method of contraception. Sex life is regular. Menstrual function is not impaired. Has one child. Denies gynecological diseases. He is registered for chronic thrombophlebitis of the lower extremities. Gynecological status without features.
WHAT CONTRACEPTION IS BETTER TO USE FOR THIS PATIENT? JUSTIFY THE PURPOSE.
Sample answer:
Considering the presence of thrombophlebitis of the lower extremities in the patient, the presence of 1 birth in the anamnesis, as well as the presence of one sexual partner, we can recommend an IUD.

Problem 18.
WHAT CONTRACEPTION CAN BE RECOMMENDED TO A 40 YEAR OLD MARRIED WOMAN A WOMAN WITH 3 CHILDREN? Sex life is regular. Menstrual function is not impaired. Somatically and gynecologically healthy.
Sample answer:
In this case, various methods of contraception can be recommended: surgical sterilization, the use of an IUD, and COCs. As for COCs, they should be low-dose.

Problem 19.
A 38-year-old patient was operated on for multiple uterine fibroids with an intraligamentous location of the myomatous node. Extirpation of the uterus with right appendages was performed. By the end of the first day after the operation, she began to complain of pain in the lumbar region on the right, the intensity of the pain was increasing. Moderate condition. Pulse – 96 per minute. Blood pressure 120/80 mm Hg. Temperature 39°C. The tongue is dry, covered with a white coating. The abdomen is moderately swollen and is involved in breathing. On palpation, severe pain is noted in the hypogastric region, more so on the right, where symptoms of peritoneal irritation are noted. Peristalsis is sluggish. Pasternatsky's sm is positive on the right. Diuresis 400 ml. Concentrated urine.
SUGGESTED DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
Ureteral injury.
A consultation with a urologist is necessary; if the diagnosis is confirmed, relaparotomy, revision of the abdominal organs, and restoration of urine passage are required.

Problem 20.A 13.5-year-old girl has been bothered by periodic pain in the lower half of her life for 5 months. Secondary sexual characteristics are developed correctly. Sexual formula: A3P3Ma3Me0. Palpation of the abdomen reveals a tight-elastic formation, the upper

the pole of which is 2 fingers above the pubis. When examining the external genitalia: the hymen bulges and is bluish-purple in color. On rectal examination: a tight-elastic formation is detected in the pelvis.
SUGGESTED DIAGNOSIS? SURVEY? TREATMENT TACTICS?
Sample answer:
Infection of the hymen.
A clinical and laboratory examination is required, with mandatory ultrasound examination, followed by surgical treatment (cruciform dissection of the hymen) to eliminate hematocolpos and hematometra.

Problem 21.
A 20-year-old patient complains of a 10-day delay in her next menstruation. Menstrual dysfunction is noted for the first time. Sexual life is regular and is not protected from pregnancy. On examination: condition is satisfactory, blood pressure 120/80 mm Hg. Art., pulse 72 per minute, stomach soft, painless.
Gynecological status: the cervix is somewhat cyanotic, the discharge is mucous. The uterus is slightly larger than normal, smooth, painless, and mobile. A fusiform formation is palpated to the right of the uterus, slightly painful on palpation. On the left there are no features.
SUGGESTED DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
Progressive right-sided tubal pregnancy. Characteristic changes: cyanosis of the cervix, enlargement of the uterine body, delayed menstruation. Reliable diagnostic signs: ultrasound (absence of fertilized egg in the uterus), the presence of elevated hCG and laparoscopy.
In modern conditions, the main treatment for progressive tubal pregnancy is organ-sparing surgery using endoscopic access, conservative therapy with metatrexate

Problem 22.
A 32-year-old patient was taken to the gynecological department by ambulance. She became acutely ill, developed severe pain in the lower abdomen, and suddenly lost consciousness. My last menstrual period started 8 weeks ago. Objectively: condition of moderate severity, pale, lethargic, cold sweat. Pulse 115 per minute, blood pressure – 80/40 mm Hg. Art. The abdomen is somewhat swollen and does not participate in the act of breathing. On palpation, it is sharply painful in the lower parts, where pronounced symptoms of peritoneal irritation are detected. On percussion there is dullness in sloping areas, percussion is painful.
In the speculum: the vaginal part of the cervix is cylindrical, the mucous membrane is cyanotic, there is spotting from the external pharynx. Examination in mirrors is painful. The vaults overhang. Bimanual: it is not possible to clearly palpate the body of the uterus and appendages due to severe pain. Palpation of the arches is painful, the arches are shortened.
SUGGESTED DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
An ectopic pregnancy that was terminated due to a ruptured tube. Intra-abdominal bleeding. Hemorrhagic shock II degree.
Emergency surgical treatment including laparotomy, revision of abdominal organs, stopping bleeding, removal of a tube on the affected side; anti-shock measures.

Problem 23.
A 17-year-old girl turned to a antenatal clinic doctor with a request to find her a reliable method of birth control. She is not married and has a regular sexual partner. Menarche from 12.5 years, established immediately, 4–5 days after 28 days,moderate, painless. Height 168 cm, body weight 57 kg.Somatically healthy,
gynecological status is within normal limits.
WHAT CONTRACEPTION IS BETTER TO USE FOR THIS PATIENT?

Sample answer:
The most acceptable method of contraception for the patient is microdose COCs and the hormone-containing vaginal contraceptive ring NuvaRing.

Problem 24.
An 18-year-old girl turned to a gynecologist with a request to find her a reliable method of birth control. Menarche from 16 years of age, 7–9 days, abundant, after 26–45 days. There is a history of one pregnancy, which ended in M/A at the request of the patient. Height 168 cm, body weight 103 kg. Gynecological status is within normal limits, sometimes headaches bother me. Somatically she considers herself healthy.
WHAT CONTRACEPTION IS BETTER TO USE FOR THIS PATIENT? JUSTIFY THE PURPOSE.
Sample answer:
Taking into account the medical history and the patient's body weight, she needs to be offered an examination to rule out latent latent diabetes mellitus, as well as various hypothalamic-diencephalic syndromes, SUD. For contraception, low-dose COCs with gestagens with an antiandrogenic effect (Diane, Zhanin, Yarina) are optimal, which will be accompanied by the effect of "nurturing the cycle."

Problem 25.
A 42-year-old patient was admitted to the gynecological department with complaints of pain in the lower abdomen and a rise in temperature to 39°C. Menarche since the age of 12, menstruation has recently become long, 8-10 days, and heavy, the last menstruation ended 2 days ago. She became ill 3 days ago, aching pains appeared in the lower abdomen, chills, and the temperature began to rise. General condition is satisfactory, leukocytosis in the blood
17.2x109/l, ESR 42 mm/hour. Bimanual examination: the uterus is enlarged up to 12–13 weeks of pregnancy, lumpy, painful, especially along the left rib of the uterus. The appendages are not identified, the vaults are free, there are no infiltrates in the pelvic cavity. The discharge is mucous, the cervix in the speculum is clean.
DIAGNOSIS? MANAGEMENT PLAN FOR THE PATIENT?
Sample answer:
Large uterine fibroids with secondary changes in the nodes. Phlebitis of the uterine vessels?
A complete clinical and laboratory examination, antibacterial, infusion, anti-inflammatory therapy is required, followed by surgical treatment in the scope of supravaginal amputation of the uterus.

Problem 26.
A multiparous woman was admitted with contractions for 5 hours, the pregnancy was full-term, contractions lasted 35-40 seconds every 4-5 minutes, her water broke 2 hours ago. Abdominal circumference - 105 cm, IMD 41 cm. The position of the fetus is longitudinal, back to front, to the left; the pelvic end is presented; the head is determined at the fundus of the uterus; the heartbeat is clear, rhythmic on the left above the navel. Vaginal examination - the cervix is shortened, the edges are pliable, the opening is 6 cm; the presenting part is the buttocks on the 1st plane, the trochanterica line in the right oblique dimension, the coccyx on the left.
DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
2nd term birth, first stage of labor, pure breech presentation, large fetus. The operation indicated is a caesarean section.

Problem 27.
A multiparous woman was admitted with a full-term pregnancy in the pushing period, regular pushing every 1-2 minutes for 45-50 seconds; The position of the fetus is longitudinal, the back is posterior. Presenting part in the pelvic cavity; fetal heartbeat is clear, rhythmic up to 140

beats per minute. Vaginal examination - full opening, head on the 4th plane, sagittal suture at the direct exit from the pelvis, small fontanel posteriorly.
DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
2nd term birth, second stage of labor, posterior view of occipital presentation. Continue labor conservatively.

Problem 28.
A primigravida was admitted with a full-term pregnancy. Contractions are regular, 35 seconds every 5 minutes. The position of the fetus is longitudinal. The presenting head is pressed against the entrance to the pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 5 cm, there is no amniotic sac; the head is on the 1st plane, the frontal suture and brow ridges are defined.
DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
1st term birth, first stage of labor, cephalic presentation, frontal insertion. Cesarean section operation, childbirth is impossible.

Problem 29.
A multiparous woman was admitted with a full-term pregnancy in the pushing period, pushing regularly every 1-2 minutes for 45-50 seconds; The position of the fetus is longitudinal, the back is anterior, the presenting part - the pelvic end - in the pelvic cavity. The head is identified in the fundus of the uterus. The heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - full opening, presenting part - buttocks on 4 planes, line trochanterica in the direct size of the pelvic outlet.
DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
2nd term birth, second stage of labor, pure breech presentation. Provide assistance for Tsovyanov.

Problem 30.
A primigravida was admitted with a full-term pregnancy with contractions lasting 5 hours, with water breaking 2 hours ago. The position of the fetus is longitudinal, the back is on the left. The presenting head is pressed against the entrance to the pelvis; the heartbeat is clear, rhythmic up to 130 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 6 cm; there is no amniotic sac; the root of the nose, brow ridges, and chin are determined; the facial line is in the right oblique direction, the chin is anterior.
DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
1st term birth, first stage of labor; facial insert, anterior view. Surgical tactics, caesarean section.

Problem 31.
30 minutes have passed since the birth of the newborn; the mother’s condition is satisfactory. BP=115/70, heart rate=72 beats per minute. There is no bleeding. The Kustner-Chukalov sign is negative.
DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:
Third stage of labor. Complete intimate attachment of the placenta.
The placenta is manually separated and the placenta is removed (with anesthesia).

Problem 32.
multiparous woman with a full-term pregnancy was admitted in the pushing period. The patient has a history of three births (all ended with manual separation of the placenta), two abortions complicated by endometritis. 30 minutes have passed since the baby was born, the condition

women satisfactory; no complaints, no bleeding. The Kustner-Chukalov sign is negative.
DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

Succession period, complete intimate attachment of the placenta. Considering OAA, there may be true placenta accreta.

It is necessary to attempt manual separation of the placenta while the operating room is deployed.

Problem 33.

A pregnant woman was admitted with complaints of aching pain in the lower abdomen and lumbar region. There is no regular labor activity. Gestation period is 39-40 weeks. The position of the fetus is longitudinal, back to the left, anterior. The presenting head is pressed against the entrance to the pelvis. The heartbeat is clear, rhythmic up to 140 beats per minute, on the left, below the navel. Vaginal examination - the cervix is deviated posteriorly, dense; the cervical canal is up to 2.5 cm, the pharynx is closed, the head is above the 1st plane.
DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

Pregnancy 39-40 weeks. Immature cervix, harbingers of childbirth.

Start preparing the cervix for childbirth and relieve pain.

Problem 34.

A primigravida was admitted with a full-term pregnancy, without regular labor, with the rupture of amniotic fluid 6 hours ago. The position of the fetus is longitudinal, back to the right, anterior; the presenting part is the head, pressed against the entrance to the pelvis. The heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is centered, soft, up to 1 cm, freely passable for a finger; there is no amniotic sac. Head above 1st plane.
DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

Pregnancy 40 weeks. Prenatal rupture of amniotic fluid, mature cervix. Divorce the membranes and begin labor induction with oxytocin.

Problem 35.

A primigravida was admittedwith a gestational age of 34 weeks. Complaints of headaches, spots flashing before the eyes, pain in the epigastric region; there is pronounced swelling on the legs. BP=160/100, 170/120. The fetal heartbeat is clear, rhythmic up to 150 beats per minute. Vaginal examination - the cervix is deviated posteriorly, dense; the canal is up to 2 cm, the pharynx is closed, the head is above the 1st plane of the pelvis.
DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

Bpregnancy 34 weeks. Severe preeclampsia.

Immediate delivery by cesarean section with continued treatment of late gestosis.

Problem 36.

A multiparous woman was admitted with contractions for 5 hours, her water broke 2 hours ago. Contractions last 35-40 seconds every 4 minutes. The position of the fetus is longitudinal, the back is to the right, posterior. The presenting part - the head - is a small segment at the entrance to the pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is shortened, pliable, opening 6 cm; head on the 2nd plane, sagittal suture in the right oblique size, small fontanel on the right, posteriorly.
DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

Rodes 2nd at term, first stage of labor, posterior view of occipital presentation, 2nd position.

Continue childbirth through the natural birth canal.

Problem 37.

A pregnant woman was admitted for prenatal hospitalization. Gestation period is 39-40 weeks, pelvic dimensions are 24-26-28-18, Solovyov index is 16 cm. The position of the fetus is longitudinal, the back is on the right, anteriorly; the head is presented, pressed to the entrance to the pelvis, the fetal heartbeat is clear, rhythmic up to 140 beats per minute. Abdominal circumference 102 cm, IMD 40 cm. Vaginal examination - the cervix is centered, diffusely softened; the channel is up to 1 cm, it allows a finger to pass through. The presenting head is above the 1st plane. The amniotic sac is intact. Con.diagonal 9 cm.

DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

BPregnancy 39-40 weeks, uniformly contracted pelvis of the 1st degree, large fetus. A planned cesarean section is indicated.

Problem 38.

A multiparous woman was admitted with a full-term pregnancy. The contractions started 7 hours ago, the water did not break. Contractions for 25 seconds every 7 minutes. The position of the fetus is longitudinal, the back is to the left, posterior. The presenting head is pressed against the entrance to the pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination

- the neck is shortened, the edges are moderately pliable, the opening is 3 cm. The amniotic sac is intact and flat. The presenting part of the head is on the 1st plane, the sagittal suture is in the left oblique dimension, the small fontanel is on the left, posteriorly.

DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

R2nd labor at term, first stage of labor, primary weakness of labor.

Flat amniotic sac. Posterior view of occipital presentation, 1st position.

Perform an amniotomy and begin stimulating labor with oxytocin; labor is carried out conservatively.

Problem 39.

A primigravida with a full-term pregnancy was admitted with contractions for 4 hours, with water breaking 2 hours ago, contractions of 20 seconds every 5 minutes. The position of the fetus is longitudinal, back to front, to the left. Abdominal circumference 99 cm. VDM-39 cm. The presenting part is the pelvic end, adjacent to the entrance to the pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 4 cm; There is no amniotic sac, the fetal legs are present.

DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

R1st birth at term, first stage of labor, leg presentation, large fetus. A cesarean section is indicated.

Problem 40.

A 48-year-old patient was admitted to the gynecological department with complaints of acyclic bleeding. Height - 155 cm, weight - 112 kg. He has been suffering from diabetes for 7 years, as well as hypertension. Blood pressure 180/110 mm Hg. A gynecological examination revealed blood discharge from the cervical canal. For acyclic bleeding, separate diagnostic curettage was performed. The result of histological examination: atypical proliferation of the endometrium.

DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

Atypical endometrial proliferation is an obligate precancer of the endometrium.

Subject to surgical treatment to the extent of extirapation of the uterus and appendages. Further treatment (chemotherapy, radiation therapy) is at the discretion of the oncologist based on the results of histoanalysis. Due to concomitant pathology, endometrial ablation is possible during hysteroscopy.

Problem 41.

15 minutes after the birth of the placenta, heavy bleeding appeared from the genital tract, blood loss immediately reached 500.0 ml and continues. During external massage, the uterus is flabby, weak, pale in the parturient woman. Pulse 100 beats per minute. Blood pressure 90/60 mm Hg.
DIAGNOSIS? EMERGENCY MEASURES?

Sample answer:

Atonic bleeding in the early postpartum period.

At stage I: manual control of the uterine cavity with external-internal massage, intravenous administration of uterotonics, HES and prostaglandins per rectum.

Problem 42.

The first timely birth lasts 6 hours. Phenomena of late gestosis 1st century. Contractions of good strength after 4-5 minutes for 35-40 seconds, painful. The head is a small segment at the entrance to the small pelvis. The fetal heartbeat is clear and rhythmic. No water came out. Cervical opening 3 cm.
DIAGNOSIS? MANAGEMENT
PLAN?

Sample answer:

Childbirth 1st, on term, 1st stage of labor, late gestosis of the first degree.

Childbirth should be carried out conservatively, through the natural birth canal against the background of antihypertensive therapy. At the moment - amniotomy (as a prevention of labor weakness, placental abruption, protracted labor).

Problem 43.

30 minutes have passed since the birth of the fetus. There are no signs of placental separation or bleeding. The mother's condition is satisfactory.
DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

ANDintimate attachment or true placenta accreta.

Manual separation of the placenta and release of the placenta. If true rotation of the placenta is detected, laparotomy and metroplasty after ligation of the iliac vessels or application of a tourniquet, or removal of the uterus.

Problem 44.

The patient is 51 years old. Complaintsfor hot flashes and redness of the head and upper torso up to 10 times a day, increased sweating, sleep disturbance, irritability, tearfulness, occasional rises in blood pressure. From the anamnesis: concomitant diseases: obesity 2, chronic cholecystitis. Last menstruation 1.5 years ago. There were no gynecological diseases. The above complaints appeared a year ago and have intensified in recent months.
DIAGNOSIS? METHODS OF ADDITIONAL EXAMINATION? MANAGEMENT PLAN?

Sample answer:

Postmenopause, perimenopausal syndrome.

Determination of blood hormones (FSH, AMH), densitometry. Menopausal hormone therapy without cycle restoration is indicated: these are Livial, Ovestin and their analogues. Before the appointment - mammography, ultrasound of the genitals, colposcopy, coagulogram, liver tests.

Problem 45.

A 24-year-old patient was taken to the gynecological department by ambulance with

complaints of blood discharge from the genital tract against the background of a 2-week delay in menstruation, nagging pain in the lower abdomen during the day. Nb - 85 g/l. Menstrual function without any peculiarities. There was a history of 2 premature births by cesarean section. Upon examination, it was revealed: there is a complete septum in the vagina, two cervixes without visible pathology. Bloody discharge with clots, copious. The right uterus is slightly larger than normal, with a soft consistency. The left one is not enlarged. The area of the appendages is palpable - without any features.
DIAGNOSIS? CONTROL TACTICS?
Sample answer:

Incipient self-abortion orAbortion is common during 6 weeks of pregnancy. Pathology of development of the genital organs (2 uteruses).

To clarify the diagnosis - a pregnancy test, ultrasound. If the diagnosis is confirmed, instrumental evacuation of the uterine cavity, hematopoiesis stimulants, iron supplements.

Problem 46.
Patient V., 46 years old, was admitted to the gynecological department with complaints of heavy bleeding from the genital tract. For the last 2 years, the interval between menstruation has been 2-3 months. Fifteen days ago the patient after 2 months. Without menstruation, bleeding began, which continues to this day. Denies previous gynecological diseases. On the day of admission, separate diagnostic curettage of the uterus and cervical canal was performed: the length of the uterus along the probe was 8 cm, the walls were smooth, without deformation. An abundant scraping was obtained, the result of its histological examination: simple, without atypia, endometrial hyperplasia.
MAKE A DIAGNOSIS, PRESCRIBE TREATMENT.
Sample answer:

Hyperplastic process of the endometrium.

To prevent relapses with the formation of obligate precancer, therapy is carried out with gestagens (Mirena) or according to a scheme for suppressing the menstrual cycle (Depo-Provera, 17 OPC).

Problem 47.
A 41-year-old patient was admitted with complaints of moderate bleeding. Menstruation began at the age of 14, established immediately, 3-4 days every 28 days, painless, moderate. The last one was 3 months ago. Sexual life since 20 years of marriage. Had 9 pregnancies: P-3, M/A-6, without complications. Objectively: condition is satisfactory, pulse – 72 per minute, blood pressure – 110/70 mm Hg. The skin and visible mucous membranes are of normal color. The abdomen is soft and painless. In the speculum: the vaginal part of the cervix is cylindrical in shape, without erosions. Cyanosis of mucous membranes. The discharge is dark and bloody. Bimanual: the body of the uterus is soft, mobile, painless, enlarged until 11–12 weeks of pregnancy. The external pharynx allows the tip of the finger to pass through. The appendages on both sides are not palpable, their area is painless.
DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:

Self-abortion began during pregnancy 11-12 weeks.

The doctor’s tactics depend on the woman’s reproductive plans: if this is a desired pregnancy and the fetus is alive, then conservation therapy; if not, then curettage of the uterine cavity.

Interview Questions

Question 1. What is the basis for the treatment of atrophic (senile) colpitis?
Sample answer:

After short-term elimination of inflammatory reactions with antibacterial and disinfectant substances, the basic treatment is estrogens (mainly topically, in the form of creams, ointments, suppositories).

Question 2. What does vertical transmission of infection mean in the case of gonorrhea?
Sample answer:
In this case, this is the transmission of gonococcus when the fetus passes the birth canal of the mother; gonococcus does not penetrate through the placenta (in utero) to the fetus.

Question 3. What pathology is Sheehan syndrome a complication of?
Sample answer:
It occurs as a result of bleeding during childbirth and is associated with deep ischemia of the pituitary gland hyperplastic during pregnancy during blood loss.

Question 4. What types of hyperplastic processes exist in the endometrium?
Sample answer:
These are glandular hyperplasia, glandular-cystic, adenomatous (atypical) and glandular, fibrous, mixed (glandular-fibrous) and adenomatous polyps.

Question 5. What ovarian pathology can be attributed to ovarian cysts?
Sample answer:
Cysts are follicular,corpus luteum cyst, parovarian and endometrioid.

Question 6. How is ICI (isthmic-cervical insufficiency) treated as a cause of self-abortion?
Sample answer:
This is the application of sutures to the cervix from 8 to 24 weeks of pregnancy (circular, U-shaped, etc.), or the introduction of an obstetric unloading pessary of the “butterfly” or Arabin type (with contraindications to surgical treatment, refusal of it, in later stages of pregnancy).

Question 7. What drugs are the leading drugs according to the protocol in the treatment of threatening and incipient self-abortion associated with the most common hormonal deficiency?
Sample answer:
The leading drugs in the treatment of the most common insufficiency of the corpus luteum of pregnancy are utrogestan (microdosed progesterone) and duphaston (dydrogesterone).

Question 8. What treatment options for advanced tubal pregnancy are currently preferred?
Sample answer:
There are 2 possible approaches to the treatment of this pathology: conservative therapy with metatrexate (according to the protocol scheme) or laparoscopic organ-preserving (constructive plastic) surgery

Question 9. What complications can be encountered when using metatrexate?
Sample answer:
Possible complications of this cytostatic are leukopenia, ulcerative stomatitis, ulcerative colitis.

Question 10. What disease is a complication of Krukenberg tumor in the ovaries?
Sample answer:
This is a metastatic bilateral tumor in gastric cancer

Question 11. What is the early postpartum period, what complications is it fraught with?

Sample answer:
The early postpartum period is the first 2 hours after the completion of labor, when hypo- and atonic bleeding is most common and requires close attention from a doctor and prevention of bleeding.

Question 12. For what purpose is anti-Rhesus immunoglobulin D administered to women with Rh(-) blood after childbirth, and within what time frame?
Sample answer:
This is carried out within the next 72 hours after birth, in order to prevent Rh conflict in subsequent pregnancies.

Question 13. What external techniques are there to separate the placenta?
Sample answer:
There are no such techniques. Manual separation of the placenta with subsequent release of the placenta is performed only through intrauterine intervention.

Question 14. What causes of bleeding are typical for the second half of pregnancy?
Sample answer:
This period of pregnancy is characterized by bleeding associated with placenta previa and premature abruption of a normally located placenta, which, with heavy blood loss, requires immediate termination of pregnancy by cesarean section.

Question 15. How is delivery carried out for a pregnant woman with an absolutely narrow pelvis?
Sample answer:
With an absolutely narrow pelvis, childbirth through the natural birth canal is impossible even with a reduced size of the fetus (prematurity), therefore, only abdominal delivery (caesarean section).

Addition tasks

Exercise 1.*Instructions. Instead of a dash, enter 2 words.*
Antibiotic therapy for any reason may be complicated by exacerbation_____
_____
Sample answer:genital candidiasis.

Task 2.*Instructions. Instead of a dash, enter 2 words.*
Female infertility of both endocrine, tubo-peritoneal, uterine and immune origin is characteristic of_____
_____
Sample answer:genital endometriosis.

Task 3.*Instructions. Instead of a dash, enter 2 words*.
Stable - regression methods of treating fibroids are_____
Sample answer:embolization, fusablation.

Task 4.*Instructions. Instead of a dash, enter 2 words*.
In Shershevsky-Turner syndrome, there is no_____
Sample answer:ovarian tissue.

Task 5.*Instructions. Instead of a dash, enter 1 word.*
If conservative and surgical treatment of tubal-peritoneal infertility is unsuccessful, the method of choice is_____
Sample answer: IVF

Task 6.*Instructions. Instead of a dash, enter 2 words.*
According to the protocol, during the expulsion period with a pure breech presentation, assistance is provided

_____
Sample answer:according to Tsovyanov

Task 7.*Instructions. Instead of a dash, enter 2 words.*
Delivery with a transverse position of the fetus is carried out by_____

_____
Sample answer:caesarean section.

Task 8.*Instructions. Instead of a dash, enter 1 word.*
Management of the subsequent (III) period of labor is carried out_____
Sample answer:expectantly.

Task 9.*Instructions. Instead of a dash, enter 2 words.*The
postpartum period continues_

_____
Sample answer: 42 days.

Task 10.*Instructions. Instead of a dash, enter 1 word.*
Full lactation begins at_____day of the postpartum period.
Sample answer:third

PC – 3:

Closed tasks

1). If pregnancy occurs in women with an implanted pacemaker, it is necessary to:

1. prolong only depending on the woman's condition,
2. interrupt,
3. keep,
4. all answers are wrong,
5. the question of the possibility of prolongation is decided after consultation with a rehabilitation doctor.

Sample answer: 1

2). In case of heart defects, the use of the following for termination of pregnancy in late stages (more than 12 weeks) is contraindicated:

1. caesarean section,
2. vaginal caesarean section,
3. intraamnial administration of hypertonic sodium chloride solution,
4. correct 1, 2, 3
5. correct 2

Sample answer: 3

3). The absolute indication for termination of pregnancy is a pregnant woman contracting rubella during pregnancy:

1. 8-12 weeks,
2. 12-16 weeks,
3. 16-20 weeks,
4. 20-24 weeks,

5. 1 and 2 are correct.
Sample answer: 5

4). In case of a serious condition of a patient with an interrupted tubal pregnancy, the following is indicated:
1. immediate blood transfusion
2. immediate removal of the source of bleeding (pregnant tube),
3. reliable hemostasis,
4. correct 1, 2, 3
5. correct 2, 3

Sample answer: 4

5). Laparoscopy revealed a progressive tubal pregnancy. The patient's condition is quite satisfactory. Doctor's tactics:
1. immediate surgery
2. the operation can be performed as planned,
3. conservative treatment of the patient is possible,
4. correct 1, 2, 3
5. correct 2, 3

Sample answer: 1

6). The most appropriate sequence of measures when diagnosing a disrupted ectopic pregnancy:
1. blood transfusion, surgery,
2. consultation with a therapist, anesthesiologist, surgery,
3. ultrasound examination, blood transfusion, surgery,
4. surgery, blood transfusion,
5. use of cardiac drugs, blood transfusion, surgery.

Sample answer: 4

7). The doctor’s tactics for a small uterine defect (during a transsection for uterine perforation) include all of the following except:
1. supravaginal amputation of the uterus,
2. excision of the edges of the perforation hole,
3. suturing the perforation hole,
4. revision of the pelvic organs,
5. revision of the intestine adjacent to the uterus.

Sample answer: 1

8). Features of the operation in a patient with a tubo-ovarian formation in the stage of acute inflammation:
1. abdominal drainage,
2. risk of bowel and bladder injury,
3. technical difficulties in performing an operation of the required volume,
4. 1 and 3 are correct
5. correct 1, 2, 3

Sample answer: 5

9). For peritonitis in a gynecological patient, surgery is indicated in the following volume:
1. extirpation of the uterus with appendages,
2. supravaginal amputation of the uterus with appendages,
3. extirpation of the uterus with tubes,
4. supravaginal amputation of the uterus with tubes,
5. bilateral salpingectomy.

Sample answer: 3

10). During surgery for torsion of the pedicle of an ovarian dermoid cyst:

1. the twisted leg of the ovarian tumor must be untwisted in order to understand the anatomy,
2. perform extirpation of the uterus with appendages,
3. Both ovaries are removed.
4. 2 and 3 are correct
5. removal of ovarian dermoid cyst.

Sample answer: 5

11). When peritonitis develops after surgery in a gynecological patient, as a rule, the following is noted:

1. recurrence of intestinal paresis
2. insufficient effectiveness of complex anti-inflammatory therapy
3. increasing signs of intoxication
4. correct 1, 2, 3
5. correct 1, 3

Sample answer: 4

12). Obstetric peritonitis most often occurs after:

1. childbirth
2. early spontaneous miscarriage
3. caesarean section
4. induced abortion
5. late spontaneous miscarriage

Sample answer: 3

14). Factors that influence the choice of method of delivery:

1. pregnant woman's age
2. obstetrichistory 3 scar
on the uterus
4. localization of the placenta
5. fetal sex
6. pregnant woman's weight

Sample answer: 1, 2, 3, 4

15). The most common form of postpartum infection is:

1. mastitis
2. thrombophlebitis
3. endometritis
4. septic shock
5. peritonitis

Sample answer: 3

16). It is not typical for postpartum mastitis:

1. increased body temperature with chills
2. breast engorgement
3. limited infiltration
4. free milk separation
5. skin hyperemia in the area of infiltration

Sample answer: 4

16). Obstetric peritonitis most often occurs after:

1. childbirth
2. early spontaneous miscarriage
3. caesarean section
4. induced abortion
5. late spontaneous miscarriage

Sample answer: 3

17). The risk of developing postpartum septic infection is determined by the presence of:

1. urogenital infection
2. extragenital pathology
3. unrecovered blood loss
4. long water-free period
5. all answers are correct

Sample answer: 5

18). The source of infection for postpartum mastitis is:

1. microbial flora of the pharynx and nose of a newborn
2. focus of infection in the mother's body
3. violation of sanitary epidemiology. regime
4. correct answers 2 and 3
5. all answers are correct

Sample answer: 5

19). The most severe form of lactation mastitis is:

1. phlegmonous
2. gangrenous
3. abscessing
4. infiltrative-purulent
5. infiltrative

Sample answer: 2

20). The cure criterion for patients with gonorrhea is established after treatment for:

1. 1 month
2. 2 months
3. 3 months
4. 4 months
5. 5 months

Sample answer: 3

21). When a purulent inflammatory formation of the uterine appendages has formed, the following is indicated:

1. puncture of the formation through the posterior vaginal fornix, emptying the purulent cavity and introducing antibiotics into it
2. surgery
3. pyrogenal therapy
4. gonovaccine therapy
5. zinc electrophoresis using the abdominal-sacral technique

Sample answer: 2

22). During exacerbation of chronic Salpingo-oophoritis as a type of neuralgia of the pelvic nerves is not effective:

1. antibiotic therapy
2. electrophoresis of novocaine
3. diadynamic currents
4. ultraviolet erythema therapy
5. amplipulse therapy

Sample answer: 1

23). In patients with chronic salpingoophoritis and absolute hyperestrogenism, the use of:

1. phonophoresis with naftalan
2. potassium iodide electrophoresis
3. rhodon and iodine-bromine baths
4. low frequency alternating magnetic field
5. ultrasound in pulsed mode

Sample answer: 1

24). Everything contributes to the occurrence of postoperative peritonitis except:

1. insufficient sutures
2. abdominal infection after surgery
3. necrosis of the stump tissue distal to the ligature (for large stumps)
4. insufficient hemostasis
5. The duration of the operation is up to 2.5 – 3 hours

Sample answer: 5

25). At the toxic stage of gynecological peritonitis, everything is noted except:

1. tachycardia (up to 120 bpm)
2. severe shortness of breath
3. absence of pain on palpation of the anterior abdominal wall
4. hypotension
5. oliguria

Sample answer: 3

Open type tasks Situational

tasks

Problem 1.

Patient I., 32 years old, was admitted to the gynecological clinic with complaints of increased body temperature, general weakness, and pain in the lower abdomen. The menstrual cycle is regular, the last menstruation was 3 months before admission to the clinic. Instrumental abortion 8 days ago. General condition is satisfactory, pulse 92 beats/min, blood pressure 120/70mm Hg. Art. Body temperature 38.2°C.

Gynecological examination: the cervix and vaginal mucosa are clean. There is purulent discharge in the vagina and from the cervical canal, the body of the uterus is slightly larger than normal, soft in consistency, painful on palpation and displacement. The vaginal vaults are free and deep. The appendages on both sides are not palpable.

WHAT COMPLICATION APPEARED IN THE PATIENT? PROPOSE A TREATMENT PLAN FOR THE PATIENT.

Sample answer:

Acute metroendometritis after medical abortion. Remains of fertilized egg after honey. abortion?

Non-drug treatment: prescribe bed rest, an easily digestible diet, rich in vitamins and not disrupting intestinal functions; periodically cold in the lower abdomen. Drug treatment: - antibiotics – 3rd generation cephalosporins; drugs of the imidazole group; detoxification, infusion therapy; if the presence of fetal egg remains is confirmed, an instrumental examination of the uterine cavity against the background of antibacterial anti-inflammatory therapy, according to sensitivity to antibiotics.

Task 2.

Patient K., 37 years old, was taken by ambulance to the gynecological hospital. Upon admission, complaints of sharp pain in the lower abdomen, chills, increased body temperature up to 38°C, and general weakness. The last menstruation was 12 days before admission to the hospital. History: S/A-1, complicated by repeated curettage and inflammation of the appendages. The general condition is satisfactory, pulse 88 beats/min, blood pressure 110/70 mm Hg, body temperature 37.6°C. The tongue is moist, slightly coated with a white coating, the abdomen is not swollen, and upon palpation in the lower parts there is a mildly expressed tension in the anterior abdominal wall, more on the left.

Vaginal examination: the cervix is clean, its displacement is sharply painful, the body of the uterus is of normal size, slightly shifted to the right, limited in mobility, sensitive to palpation. The right appendages are not identified, a formation is palpated to the left and somewhat behind the uterus, of limited mobility, sharply painful, dense consistency, with areas of softening, measuring 4x9 cm, the vaginal vault on the left is shortened.

Blood test: leukocytosis, increased ESR, band neutrophils are determined. WHAT COMPLICATION DID THE PATIENT OCCUR? PROPOSE A TREATMENT PLAN FOR THE PATIENT.

Sample answer:

There is an encysted purulent formation of the uterine appendages. The basic component that determines the outcome of the disease is surgical treatment in the amount of: revision of the abdominal organs, removal of infection. Antibacterial therapy (III generation cephalosporins + fluoroquinolones), drugs of the imidazole group, detoxification, infusion therapy.

Task 3.

Patient Z., 52 years old, was admitted to the gynecological clinic with complaints of bleeding from the genital tract. Menopause 2 years. Fifteen days ago the patient began bleeding, which continues to this day.

Vaginal examination: the vagina of a woman who has given birth, the cervix of the uterus is cylindrical in shape, the body of the uterus is of normal size, painless on palpation, appendages on both sides are not identified. The vaults are loose, the discharge is bloody and profuse. PATIENT MANAGEMENT TACTICS.

Sample answer:

In case of bleeding in menopause, at the first stage of treatment it is necessary to carry out hemostasis and first conduct a minimal examination of the patient. Hemostasis is carried out by carrying out separate therapeutic and diagnostic curettage of the uterine cavity, then symptomatic therapy until the results of histological analysis are obtained. Stage II of treatment will be carried out after receiving the results of a histological examination, which will determine the doctor's tactics.

Task 4.

Patient N., 15 years old, was admitted to the gynecology department with complaints of heavy bleeding from the genital tract. Menstruates since the age of 12, is not sexually active. She fell ill 8 days ago when, after a 2-month absence of menstruation, moderate bleeding from the genital tract appeared. In the following days, the intensity of bleeding

increased, weakness and dizziness appeared. Blood test:
hemoglobin 65 g/l, red blood cells – 2.7.
Rectal examination: upon examination of the external genitalia, hypoplasia of the labia majora and minora and female-type pubic hair growth are noted. The hymen is not broken. The body of the uterus is dense, less than normal size, painless, mobile, the ratio between the cervix and the body of the uterus is 1:1, the appendages on both sides are not visible.
TREATMENT PLAN FOR THE PATIENT.

Sample answer:

Treatment of juvenile uterine bleeding is carried out in several stages.
Stage I – stopping bleeding, which in this case (anemia IIIIV degree, Hb 65 g/l) is achieved through separate therapeutic and diagnostic curettage of the uterine cavity and the "C" canal. To avoid rupture of the hymen, it should be injected with a 0.25% solution of novocaine with 64 units of lidase.
Stage II – active anti-anemic therapy: oral iron preparations (sorbifer durules, ferroplex), intramuscular (ferrum-lek); vitamins (B 12 200 mcg per day with folic acid, B6 in tablets 0.005 g per day or IM 1 mg of a 5% solution once a day; IM 1 ml of a 5% solution of vitamin C once a day, vitamin R 0.02 g 3 times a day.

Task 5.

Patient G., 29 years old, consulted a gynecologist with complaints of irritability, tearfulness, headache, dizziness, attacks of tachycardia, and engorgement of the mammary glands. These symptoms appear 6-14 days before menstruation and disappear on the eve or in the first days of it. Considers himself sick for 3 years when the above symptoms appeared after a skull injury. The patient has the correct physique and increased nutrition. There is no pathology from the internal organs.
Vaginal examination: the external genitalia are developed correctly, the cervix is conical, clean, the body of the uterus
normal size, mobile, painless, in the correct position. The appendages on both sides are not identified, the vaginal vaults are deep.
DETERMINE TREATMENT TACTICS

Sample answer:

Treatment tactics for premenstrual syndrome:
1. General somatic effects: work and rest schedule, diet with limited coffee, tea, table salt, liquid, especially in the second half of the cycle.
2. Psychological impact – psychotherapy and autotogenic training.
3. Electrosleep or electroanalgesia.
4. Hormonal therapy: gestagens - duphaston from the 11th to the 25th day of the cycle, 10 mg 2 times, COCs.

Task 6.

Patient S., 32 years old, was admitted to the gynecology department with complaints of moderate amount of blood discharge from the genital tract. The last normal menstruation was 2 months ago. She has been sexually active since the age of 20, had 9 pregnancies, including P-2, M/A-7, without complications. Denies previous gynecological diseases. The patient's objective condition is satisfactory, pulse 78/min, blood pressure 110/70 mmHg.
Vaginal examination: the cervix is clean, cylindrical in shape, the external os is closed, there is cyanosis of the cervix. The body of the uterus is soft, mobile, painless,

round in shape, increased in size until 8-9 weeks of pregnancy. The appendages on both sides are not identified, their area is painless. The discharge is dark, bloody, moderate.
DOCTOR'S TACTICS.

Sample answer:

In case of threatening self-abortion, the protocol allows for conservation therapy: bed rest (physical and sexual rest), utrogestan or duphaston, antispasmodic drugs (drotaverine hydrochloride, rectal suppositories with papaverine hydrochloride, magnesium preparations), herbal sedative drugs (decoction motherwort, valerian), hemostatics (sodium etamsylate, tranexam). The condition for maintaining pregnancy is the woman's interest in pregnancy and the presence of a living fetus.

Task 7.

Patient I., 38 years old, came to the antenatal clinic about the absence of menstruation for 8 weeks. The menstrual cycle is normal, menstruation began immediately; I had 6 pregnancies, of which P-1, M/A – 5.
Vaginal examination: The cervix is clean, cicatricially deformed, cyanotic. On palpation, the uterus is round in shape, tense, painful in all parts, enlarged until 15-16 weeks of pregnancy, enlarged, painless ovaries are palpated on both sides, mucous discharge. It was found that hCG = 330,000 μM/ml.
PATIENT MANAGEMENT PLAN.

Sample answer:

For hydatidiform mole, the only treatment option is separate therapeutic and diagnostic curettage of the uterine cavity and cervical canal. Methotrexate.

Task 8.

Patient B., 57 years old, was admitted to the gynecological clinic with complaints of moderate bloody discharge from the genital tract. Menopause 4 years. There were 4 pregnancies, of which P - 2, M/A - 2. In the last 3 months, moderate bleeding from the genital tract has been bothersome.
Histoanalysis: multiple endometrial polyps, without signs of atypia. The scraping from the cervical canal is scanty, it reveals blood clots and scraps of mucous membrane.
TREATMENT PLAN FOR THE PATIENT.

Sample answer:

In case of uterine polyposis, it is necessary to carry out antibacterial, anti-inflammatory treatment, according to the study of secretions for flora and sensitivity to antibiotics. The second stage is anti-relapse therapy with gestagens, preferably with prolonged action (Depo-Provera, OPC) or RH agonists-antagonists; The third stage is monitoring the effectiveness by ultrasound and, if necessary, control hysteroscopy with separate therapeutic and diagnostic curettage after 6 months.

Task 9.

Patient A., 28 years old, was admitted to the hospital with complaints of sudden cramping pain in the lower abdomen, a delay of menstruation by 2-3 weeks, and moderate bloody discharge from the genital tract.
Vaginal examination: the cervix is cyanotic, deformed by old ruptures -

mi, moderate dark discharge from the cervical canal. On palpation, displacements behind the cervix are painful. The body of the uterus is slightly larger than normal, somewhat soft, slightly painful on examination. The appendages are in adhesions on both sides, a tumor-like formation is palpated in the area of the appendages on the left, of limited mobility, of a tight-elastic consistency, measuring 4-4.5 cm. The discharge is bloody, moderate.
CONTROL TACTICS.

Sample answer:

If tubal abortion is suspected, management tactics: strip test, ultrasound, laparoscopy, revision of the abdominal organs, dissection of adhesions, removal of the left fallopian tube.

Problem 10.

Patient V., 52 years old, was admitted to the hospital with complaints of aching pain in the left iliac region, which radiates to the lower back, and painful urination. The pain arose 8 hours ago, after physical activity, I took painkillers at home, without effect. Menopause 6 years.
Vaginal examination: the cervix is cylindrical, clean, displacement behind the cervix is painless. The body of the uterus is smaller than normal, painless, mobile. The appendages on the right are not identified. To the left and posterior to the uterus in the area of the appendages, a tumor-like formation measuring 10-12-12 cm, soft consistency, with a smooth surface, painful, is palpated; a sharply painful stalk of the neoplasm is detected between the uterus and the tumor. No infiltrates were found in the pelvis. The vaginal vaults are free. CONTROL TACTICS.

Sample answer:

In case of torsion of the pedicle of an ovarian cyst, the management tactics are laparotomy, revision of the abdominal organs, unilateral removal of the appendages without untwisting the torsion (surgical pedicle).

Problem 11.

Patient U., 56 years old, was admitted to the gynecology clinic with complaints of heavy bleeding from the genital tract, which appeared suddenly 3 days ago. From the anamnesis: menopause for 3 years. A year ago, a hysteroscopy was performed regarding uterine bleeding, and a glandular fibrous polyp was removed. On examination: the uterus is of normal size, the appendages are not visible, the discharge is bloody and profuse.
TREATMENT.

Sample answer:

Due to the possibility of recurrence of polyposis, to stop bleeding, it is necessary to conduct separate therapeutic and diagnostic curettage of the cervical canal and the uterine cavity under hysteroscopy control. Subsequently, anti-relapse treatment with prolonged gestagens (Depo-Provera, OPC), agonists and antagonists of releasing hormones.

Problem 12.

Patient K., 46 years old, consulted a gynecologist with complaints of heavy menstruation, weakness, and dizziness. He notes that over the past 8 years, menstruation has become longer, more abundant, and nagging pain has appeared in the lower abdomen.
Vaginal examination: the external genitalia are developed correctly, the vagina of the woman giving birth, the cervix is sharply deformed, deviated to the right. The uterus is

rami as in a 24-week pregnancy, inactive, moderately painful, with a bumpy surface, appendages are not defined, the fornix is free, the discharge is mucous. TREATMENT PLAN.

Sample answer:

For large uterine fibroids, complicated by pain and bleeding, with concomitant deformation of the cervix, surgical treatment involving hysterectomy should be recommended.

Problem 13.

Patient Ts., 25 years old, complained of erratic uterine bleeding, the interval between which was 1.5-2 months, periodic decrease in hemoglobin, weakness, fatigue. Menarche at the age of 12, from the age of 13 juvenile uterine bleeding, for which she was treated by a pediatric gynecologist. She had been sexually active since the age of 17, was not interested in pregnancy, took Novinet as a contraceptive regimen, which she decided to stop taking due to marriage. Three days after stopping the drug, acyclic bleeding from the genital tract began. Ultrasound: uterus 50x32x49 mm, endometrium 7 mm, with unclear contours, the uterine cavity is slightly dilated. Ovaries: right
– 35x26x32 mm, left – 36x25x30 mm, follicles 5–7 mm in diameter, no dominant follicle. TREATMENT TACTICS.

Sample answer:

Treatment of patients with DUB during the reproductive period includes several stages. Stage I – stopping bleeding by performing separate curettage of the uterine cavity. Stage II – restoration of the rhythm of menstruation and stimulation of ovulation. If the function of the corpus luteum is insufficient, gestagens are used for replacement purposes: utrogestan 200–300 mg per day from 16 to 25 days of the cycle; Duphaston 1–2 t. from 16 to 25 days of the cycle.

Problem 14.

The woman in labor was transferred to the delivery room while pushing. The attempts are regular, 50 seconds every 2 minutes. After the last attempt, the fetal heartbeat is muffled, arrhythmic up to 100 beats per minute. The position of the fetus is longitudinal. The head is in the pelvic cavity. In order to clarify the obstetric situation, a vaginal examination was performed: the opening is complete, the head is on the third plane, the sagittal suture is in the right oblique size, the small fontanelle is on the left, anteriorly.

WHAT COMPLICATION APPEARED DURING CHILDREN? CONTROL TACTICS?

Sample answer:

Intrauterine fetal hypoxia (tachyarrhythmia) occurred. To quickly complete
labor - labor stimulation.

Problem 15.

The succession period, 10 minutes after the birth of the fetus, bloody discharge from the uterus appeared in sufficient quantities. The Kustner-Chukalin sign is negative.

WHAT COMPLICATION DID ARISE IN THE FOLLOW-UP PERIOD?
TACTICSLEADING?

Sample answer:

Partial intimate attachment of the placenta.

Manual separation of the placenta, release of the placenta, and control of the uterine cavity (with mandatory anesthesia) are indicated.

Task16. 28.

The pushing period lasts 30 minutes; rhythmic attempts, 50 seconds every 1-2 minutes. After the last attempt, the fetal heartbeat became arrhythmic, muffled, up to 90 beats per minute. The position of the fetus is longitudinal, the head is in the pelvic cavity. Vaginal examination - full opening, sagittal suture in the direct size of the exit, small fontanel posteriorly.

WHAT COMPLICATION APPEARED DURING THE POWER PERIOD? CONTROL TACTICS?

Sample answer:

Intrapartum fetal hypoxia, posterior view of occipital presentation, head on the pelvic floor.

In order to quickly complete labor - labor stimulation.

Problem 17

The succession period, after 10 minutes, bloody discharge appeared from the birth canal. The Küstner-Chukalov sign is positive.

WHAT COMPLICATION OCCURRED IN THE SUBSEQUENT PERIOD?

TACTICSLEADING?

Sample answer:

Retention of the separated placenta in the uterine cavity.

It is necessary to isolate the placenta externally (Abuladze, Crede).

Problem 18.

A 38-year-old primigravida was admitted with contractions that began 7 hours ago; my water broke 3 hours ago. Contractions for 25 seconds every 7 minutes. The position of the fetus is longitudinal, 1st position, anterior view. The head is presented, pressed against the entrance to the pelvis. The fetal heartbeat is clear, rhythmic, up to 136 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 3 cm. There is no amniotic sac, light water is leaking. Head over 1 plane.

WHAT COMPLICATION APPEARED IN THE FIRST PERIOD OF LABOR? CONTROL TACTICS?

Sample answer:

Untimely rupture of amniotic fluid, primary weakness of labor.

Rhodostimulation is indicated.

Problem 19.

Primipara, 23 years old, in labor5 hours, contractions are regular, painful for 35 seconds every 4-5 minutes; the position of the fetus is longitudinal; the head is presented, pressed against the entrance to the pelvis; The fetal heartbeat is clear, rhythmic up to 130 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 4 cm; during contractions, the cervix thickens, there is no amniotic sac, light amniotic fluid leaks; head on 1st plane, sagittal suture in the transverse dimension of the entrance to the pelvis, small fontanel on the left, anteriorly.

WHAT COMPLICATION APPEARED IN THE FIRST PERIOD OF LABOR? CONTROL TACTICS?

Sample answer:

Discoordinated labor activity. Adequate pain relief and

antispasmodics are indicated.

Problem 20

The pushing period lasts 40 minutes, regular pushing for 50 seconds every 2 minutes; the head does not move forward, is pressed against the entrance to the pelvis; The fetal heartbeat is clear, rhythmic up to 140 beats per minute. In order to clarify the obstetric situation, a vaginal examination was performed - the opening is complete, the head is on the 1st plane, the sagittal suture is closer to the pubic symphysis, the posterior parietal bone is lower than the anterior one.

WHAT COMPLICATION APPEARED AT THE BEGINNING OF THE SECOND STAGE OF LABOR? CONTROL TACTICS?

Sample answer:

Clinically narrow pelvis, posterior asynclitism.

Childbirth with posterior asynclitism is impossible. Caesarean section is indicated.

Problem 21.

Primipara 25 years old in the pushing period, regular pushing for 50 seconds every 1-2 minutes; the position of the fetus is longitudinal; presenting part - pelvic end; The fetal heartbeat is muffled up to 110 beats per minute. Vaginal examination - full opening, presenting part - buttocks on 3 planes, line trochanterica in the direct size of the pelvic outlet.

WHAT COMPLICATION APPEARED IN THE SECOND STAGE OF LABOR WITH PURE breech presentation? CONTROL TACTICS?

Sample answer:

Intrapartum fetal hypoxia occurred.

Extraction of the fetus by the pelvic end with classical manual assistance is indicated.

Problem 22.

A 26-year-old primigravida was admitted at 30 weeks' gestation with profuse bleeding from the genital tract; longitudinal position of the fetus, 1st position, anterior view; fetal heart rate up to 130 beats per minute; Ultrasound shows complete placenta previa.

WHAT COMPLICATION OCCURRED WITH COMPLETE PLACENTA PREVIA? CONTROL TACTICS?

Sample answer:

There was heavy bleeding. An urgent caesarean section is required.

Problem 23.

A 28-year-old multiparous woman was admitted at 32 weeks' gestation with minor bleeding from the genital tract. The position of the fetus is longitudinal, 2nd position, anterior view. The presenting part is the head, above the entrance to the pelvis; The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Blood tests: Hb=120 g/l, BP=110/70, ultrasound - complete placenta previa.

WHAT A COMPLICATIONOCCURRED WITH COMPLETE PLACENTA PREVIA AT 32 WEEKS? CONTROL TACTICS?

Sample answer:

There was minor bleeding.

It is possible to prolong pregnancy on a pathology bed and prescribe hemostatics (tranexam).

Problem 24.

A pregnant woman was admitted with complaints of aching pain in the lower abdomen and lumbar region. Last menstruation 2 months ago. Satisfactory condition. BP=115/70, HR=76 beats per minute. Vaginal examination - the external genitalia are unremarkable, the uterus is enlarged up to 8 weeks of pregnancy. Horwitz-Hegar and Peskacek signs are positive. The throat is closed. There is no discharge from the genital tract.

WHAT COMPLICATION OCCURRED IN THE FIRST TRIMESTER OF PREGNANCY? CONTROL TACTICS?

Sample answer:

Threatened spontaneous abortion.

It is possible to maintain pregnancy if there is a viable fetus and the woman is interested in pregnancy.

Problem 25.

A pregnant woman was admitted with cramping pain in the lower abdomen and profuse bleeding. Last menstruation 3 months ago. The condition is moderate, blood pressure = 100/60, heart rate = 90 beats per minute. Vaginal examination - the external genitalia are unremarkable, the uterus is soft, enlarged to 11-12 weeks of pregnancy; the pharynx gapes, part of the fertilized egg is identified in the pharynx area. Copious bleeding.

WHAT COMPLICATION APPEARED DURING PREGNANCY? CONTROL TACTICS?

Sample answer:

Abortion is in progress.

It is no longer possible to maintain the pregnancy; instrumental evacuation of the uterus is necessary.

Problem 26.

A first-time mother was admitted with contractions for 4 hours, with full waters. During the last 2 days he has not heard fetal movements. Pelvic dimensions: 20-22-24-12cm. The position of the fetus is longitudinal, anterior view, 1st position. The presenting head is above the pelvic inlet. There is no fetal heartbeat. Vaginal examination - the cervix is smoothed, the opening is 4 cm, the amniotic sac is intact, the head is above the 1st plane. C.diagonale 8 cm.

WHAT COMPLICATION IS THERE? CONTROL TACTICS?

Sample answer:

Antenatal fetal death with an absolutely narrow pelvis.

Despite the antenatal death of the fetus, delivery is possible only by cesarean section.

Problem 27.

Patient T., 47 years old, consulted a doctor with complaints of contact bleeding from the vagina. 5 years ago she was treated conservatively for cervical erosion. I have not been examined by a gynecologist for the last 2 years. When examined in the speculum: the cervix is a papillary growth of the “cauliflower” type, and bleeds on contact. On bimanual examination: the uterine body is of normal size, the fornix and parametria are free.

TREATMENT TACTICS?

Sample answer:

It is necessary to be referred to an oncology hospital and take a tissue biopsy to confirm the cancer process and clarify its histological characteristics. Based on the results, the choice of treatment method is determined.

Problem 28.

Patient K., 34 years old, was admitted with complaints of pain in the lower abdomen, which appeared during the last menstruation, and an increase in body temperature to 38°C. Menarche from the age of 13, established immediately, sexual activity from the age of 17, without contraception, no pregnancies,

I didn’t contact a gynecologist about this.

Vaginal examination: the cervix is conical in shape, pus is discharged from the cervical canal, the body of the uterus is not clearly contoured due to severe pain. To the right and left of the uterus, formations of 12x8 cm are determined, dense, tightly elastic consistency with areas of softening.

TREATMENT?

Sample answer:

In the presence of encysted purulent formation of the uterine appendages, the basic component that determines the outcome of the disease is surgical treatment in the amount of: revision of the abdominal organs, sanitation of foci of infection. Antibacterial therapy (3rd generation cephalosporins + fluoroquinolones), drugs of the imidazole group, detoxification, infusion therapy.

Problem 29.
Patient T., 21 years old, complains of a 2-week delay in menstruation, engorgement of the mammary glands, and a positive pregnancy test. Ultrasound: the fertilized egg is not detected in the uterine cavity; in the projection of the right appendages, a round echo-negative formation with a diameter of 26 mm is detected.
TREATMENT?
Sample answer:
If the diagnosis of "progressive tubal pregnancy" is confirmed, it is necessary to remove the fertilized egg while preserving the fallopian tube (if possible); conservative therapy with metatrexate is possible.

Problem 30.
Patient M., 24 years old, was taken to the gynecology department with complaints of pain in the lower abdomen that appeared after sexual intercourse. The patient's condition is satisfactory, pulse 82 per minute, blood pressure 110/70 mmHg, abdomen is soft, moderately painful in the lower parts, the symptom of peritoneal irritation is negative. Menarche since age 12, last menstruation ended two weeks ago.
Vaginal examination: the body of the uterus is of normal size, dense, mobile, painless. On the right, the appendages are slightly enlarged in size, moderately painful, on the left they are not defined, the fornix is free, the discharge is mucous.
TREATMENT?
Sample answer:
Conservative therapy for ovarian apoplexy includes: rest, cold on the lower abdomen (promoting vasospasm), hemostatic drugs (etamzilate, tranexam), vitamins Bl, B6, B12. If there are signs of intra-abdominal bleeding, laparoscopy and coagulation of bleeding vessels are performed.

Problem 31.
Patient A., 64 years old, consulted a gynecologist with complaints of discomfort in the vaginal area and difficulty urinating. Menopause 12 years. There is a history of childbirth with a large fetus, complicated by a 2nd degree perineal rupture. The somatic anamnesis is not burdened.
Gynecological status: the genital fissure gapes, when straining outside the vulvar ring, the body of the uterus, an elongated and hypertrophied cervix are determined. The body of the uterus is not enlarged, the appendages are not identified.
TREATMENT TACTICS FOR THE PATIENT?
Sample answer:
In case of uterine prolapse of the 3rd degree - surgical treatment in the amount of transvaginal hysterectomy.

Problem 32.
A 25-year-old patient was brought in urgently with complaints of severe cramping pain in the lower abdomen. The pain appeared 5 hours after a medical abortion performed in a day hospital at a gestational age of 8 weeks. Previously there were 2 births and 2 artificial
ny abortions. Denies gynecological diseases. Objectively: condition is satisfactory, pulse 80 per minute, A/D – 120/80 mm Hg. The tongue is moist and clean. The abdomen is soft, painful on palpation above the pubis. There were no symptoms of peritoneal irritation.
In the speculum: The vaginal part of the cervix is cylindrical in shape, the external os is closed, the discharge is bloody and spotting. Bimanual: The vaginal vaults are free. The uterus is enlarged up to 12 weeks of pregnancy, round, painful on palpation, mobile. The appendages on both sides are not identified, their area is painless.
WHAT COMPLICATION APPEARED AFTER THE ABORTION? WHAT IS THE TREATMENT?
Sample answer:
With a hematometer: bougienage of the cervical canal and emptying of the cavity under

intraoperative administration of broad-spectrum antibiotics, followed by antibacterial, anti-inflammatory, uterine contraction therapy, and antispasmodics.

Problem 33.

A 25-year-old patient was admitted to a day hospital for artificial termination of pregnancy. Menstruation from the age of 14, regular. The last menstruation was 2 months ago. Sexual life since 20 years of marriage. She had 2 pregnancies - childbirth and an induced abortion at 10 weeks, complicated by metroendometritis. In the speculum: the vaginal part of the cervix is cyanotic, the discharge is light. Bimanual: The uterus is enlarged up to 8 weeks of pregnancy, soft, mobile. The appendages are not identified, their area is painless. The operation was started under intravenous anesthesia. When probing the uterus, the probe seems to
"fell" into the abdominal cavity, its upper end is determined at the level of the pregnant woman's navel.

WHAT COMPLICATION ARISED? DOCTOR'S TACTICS?

In case of uterine perforation, laparoscopy is indicated for diagnosis and treatment, during which the surgeon performs an inspection of the pelvic and abdominal organs to assess the condition of the internal organs. Scope of surgery: suturing the edges of the wound and washing the abdominal cavity. Carrying out an instrumental examination of the macular cavity and removal of the fertilized egg under laparoscopic control. In case of damage to the abdominal organs, consultation with a surgeon and/or urologist is indicated, depending on the location of the damage.

Problem 34.

A 41-year-old patient was admitted with complaints of moderate bleeding. Menstruation began at the age of 14, established immediately, 3-4 days every 28 days, painless, moderate. The last one was 3 months ago. Sexual life since 20 years of marriage. Had 9 pregnancies: P-3, M/A-6, without complications. Objectively: condition is satisfactory, pulse – 72 per minute, blood pressure – 110/70 mm Hg. The skin and visible mucous membranes are of normal color. The abdomen is soft and painless. In the speculum: The vaginal part of the cervix is cylindrical in shape, without erosions. Cyanosis of mucous membranes. The discharge is dark and bloody. Bimanual: The body of the uterus is soft, mobile, painless and enlarged until 11–12 weeks of pregnancy. The external pharynx allows the tip of the finger to pass through. The appendages on both sides are not palpable, their area is painless.

WHAT COMPLICATION IS THERE? TREATMENT TACTICS?

Sample answer:

Threatened self-abortion during pregnancy 11–12 weeks? Non-developing pregnancy at 11–12 weeks gestational age?

If the diagnosis of threatening self-abortion is confirmed, treatment tactics will be determined by the patient's wishes. If pregnancy is desired, pregnancy-preserving therapy may be possible if a viable fetus is present

Problem 35.

A 24-year-old patient was deliveredto the hospital by an ambulance team with complaints of cramping pain in the lower abdomen, profuse bleeding from the genital tract with clots, and weakness. Blood pressure 100/60 mm Hg, pulse 90 per minute, temperature 37°C. Last normal menstruation 2 months ago.

Gynecological status: the vaginal part of the cervix is cyanotic, the external pharynx allows a finger to pass through. The uterus is enlarged up to 6 weeks of pregnancy, painful. Appendages on both sides are not identified. The arches are deep and painless.

URGENT CARE?

Sample answer:

During abortion, instrumental removal of the fertilized egg, preventive anti-inflammatory and antibacterial therapy are used. The operation should be performed under general anesthesia.

Problem 36.
A 17-year-old patient was admitted to the gynecological department with complaints of fever up to 38°C, chills, slight pain in the lower abdomen and minor bleeding from the genital tract. Considers himself sick for 3 days. Last normal menstruation 4 months ago. The general condition is moderate. Pulse – 100 per minute, rhythmic
ny, satisfactory filling. Blood pressure – 120/80 mm Hg. The abdomen is soft and painless. Gynecological status: the cervix is shortened, the cervical canal is passable for 1 finger to the internal os. The uterus is enlarged up to 10 weeks of pregnancy, soft, sharply painful upon examination. Appendages are not identified. The discharge is bloody mixed with pus.
SUGGESTED COMPLICATION? DOCTOR'S TACTICS?
Sample answer:

In case of infected self-abortion as a non-developing pregnancy, systemic antibiotics are prescribed. The choice of drug is determined by the spectrum of suspected pathogens and their sensitivity to the antimicrobial drug. Considering the polymicrobial etymology of the disease, combination antibacterial therapy is more often used, for example, a combination of cephalosporins of the III–IV generation and metronidazole, lincosamides and aminoglycosides of the II–III generation. As monotherapy, inhibitor-protected amino-penicillins (amoxicillin / clavulonic acid, etc.) and carbapenems (imipenem / cilastatin, meropenem) can be used. If a chlamydial infection is suspected, patients are additionally prescribed doxycycline or macrolides. After stabilization of the condition, emptying the uterus with the prevention of disseminated intravascular coagulation and infectious-toxic shock.

Problem 37.
The multipregnant woman is 29 years old, according to her data. K. pregnancy should
correspond to 18 weeks. Over the past 2 months, the uterus not only has not increased, but has also decreased - corresponding to 10 weeks. Bimanual: the cervical canal is closed. There are no allocations. The health and general condition of the pregnant woman is satisfactory.
DOCTOR'S TACTICS?
Sample answer:

If the diagnosis of a non-developing pregnancy is confirmed, hospitalization, a full clinical and laboratory examination, and instrumental removal of parts of the ovum in a full-scale operating room are required. Prevention of DIC syndrome, infectious-toxic shock.

Problem 38.
B-naya, 52 years old, was admitted with complaints of acyclic bleeding for 2 years, for which she had not previously consulted a gynecologist. Height 155 cm, weight 112 kg. Suffers from diabetes and hypertension. In the speculum: the mucous membrane of the vagina and cervix without pronounced changes, bloody discharge with clots from the cervical canal. Bimanual: the uterus is not clearly contoured, the appendages are not identified. A separate diagnostic curettage was performed - histology: atypical endometrial hyperplasia.
TREATMENT PLAN?
Sample answer:

In pre- and postmenopausal women in the presence of endometrial hyperplasia with atypia, radical surgical intervention (hysterectomy) remains preferable. The question of removing the ovaries is decided individually each time; this is determined by the age-related state of the ovaries, as well as the woman’s attitude towards their removal, and the severity of extragenital pathology. In the presence of severe concomitant pathology (as in this case - arterial hypertension, obesity, diabetes mellitus), conservative treatment is possible. Three groups of drugs are used: gestagens (hydroxyprogesterone capronate, medroxyprogesterone), antigonadotropins (danazol, gestrinone), GnR agonists (goserelin, triptorelin, buserelin). Allowed

also ablation of the endometrium under hysteroscopy control.

Problem 39.
A 28-year-old woman with a 4-week delay in menstruation in the gynecology department underwent curettage of the uterine cavity in order to terminate the pregnancy at the request of the patient. A histological examination of the scraping revealed a decidual reaction without chorionic villi. After curettage, the patient's condition remained satisfactory, the pulse was 76 beats. per minute, blood pressure – 110/60 mm Hg, temperature – 36.8°C. Bloody discharge from the genital tract continues.
TREATMENT MEASURES?
Sample answer:
In modern conditions, the main treatment for progressive tubal pregnancy is organ-sparing surgery using endoscopic access or conservative therapy (metatrexate).

Problem 40.
A 38-year-old patient was operated on for multiple uterine fibroids with an intraligamentous location of the myomatous node. Extirpation of the uterus with right appendages was performed. By the end of the first day after the operation, she began to complain of pain in the lumbar region on the right, the intensity of the pain was increasing. Moderate condition. Pulse – 96 per minute. Blood pressure 120/80 mm Hg. Temperature 39°C. The tongue is dry, covered with a white coating. The abdomen is moderately swollen and is involved in breathing. On palpation, severe pain is noted in the hypogastric region, more so on the right, where symptoms of peritoneal irritation are noted. Peristalsis is sluggish. Pasternatsky's sm is positive on the right. Diuresis 400 ml. Concentrated urine.
WHAT COMPLICATION ARISED? DOCTOR'S TACTICS?
Sample answer:
Ureteral injury.
A consultation with a urologist is necessary; if the diagnosis is confirmed, relaparotomy, revision of the abdominal organs, and restoration of urine passage are required.

Problem 41.
A 13.5-year-old girl has been bothered by periodic pain in the lower half of her life for 5 months. Secondary sexual characteristics are developed correctly. Sexual formula: A3P3Ma3Me0. Palpation of the abdomen reveals a tight-elastic formation, the upper pole of which is 2 fingers above the pubis. When examining the external genitalia: the hymen bulges and is bluish-purple in color. On rectal examination: a tight-elastic formation is detected in the pelvis.
SUGGESTED DIAGNOSIS? TREATMENT TACTICS?
Sample answer:
Infection of the hymen.
Clinical and laboratory examination, with mandatory ultrasound examination, followed by surgical treatment (cruciform dissection of the hymen) to eliminate hematocolpos and hematometra.

Problem 42.
A 20-year-old patient complains of a 10-day delay in her next menstruation. Menstrual dysfunction is noted for the first time. Sexual life is regular and is not protected from pregnancy. On examination: condition is satisfactory, blood pressure 120/80 mm Hg. Art., pulse 72 per minute, stomach soft, painless.
Gynecological status: the cervix is somewhat cyanotic, the discharge is mucous. The uterus is slightly larger than normal, smooth, painless, and mobile. A fusiform formation is palpated to the right of the uterus, slightly painful on palpation. On the left there are no features.
SUGGESTED DIAGNOSIS? DOCTOR'S TACTICS?
Sample answer:

Progressive right-sided tubal pregnancy.

In modern conditions, the main treatment for progressive tubal pregnancy is organ-sparing surgery using endoscopic access, conservative therapy with metatrexate

Problem 43.

A multiparous woman was admitted with contractions for 5 hours, the pregnancy was full-term, contractions lasted 35-40 seconds every 4-5 minutes, her water broke 2 hours ago. Abdominal circumference - 105 cm, VDM 41 cm. The position of the fetus is longitudinal, back to front, to the left; the pelvic end is presented; the head is determined at the fundus of the uterus; the heartbeat is clear, rhythmic on the left above the navel. Vaginal examination - the cervix is shortened, the edges are pliable, the opening is 6 cm; the presenting part is the buttocks on the 1st plane, the trochanterica line in the right oblique dimension, the coccyx on the left.

WHAT COMPLICATION IS THERE? DOCTOR'S TACTICS?

Sample answer:

Pure breech presentation with a large fetus. The
operation indicated is a caesarean section.

Problem 44.

A primigravida was admitted with a full-term pregnancy. Contractions are regular, 35 seconds every 5 minutes. The position of the fetus is longitudinal. The presenting head is pressed against the entrance to the pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 5 cm, there is no amniotic sac; the head is on the 1st plane, the frontal suture and brow ridges are defined.

WHAT COMPLICATION IS THERE? DOCTOR'S TACTICS?

Sample answer:

Head presentation, frontal insertion. Cesarean
section operation, childbirth is impossible.

Problem 45.

A primigravida was admitted with a full-term pregnancy with contractions lasting 5 hours, with water breaking 2 hours ago. The position of the fetus is longitudinal, the back is on the left. The presenting head is pressed against the entrance to the pelvis; the heartbeat is clear, rhythmic up to 130 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 6 cm; there is no amniotic sac; the root of the nose, brow ridges, and chin are determined; the facial line is in the right oblique direction, the chin is anterior.

WHAT IS THE COMPLICATION IN CHILDREN? DOCTOR'S TACTICS?

Sample answer:

Facial insert, anterior view.

Operative tactics, caesarean section. Childbirth through the birth canal is possible, but very traumatic for the fetus.

Problem 46.

30 minutes have passed since the birth of the newborn; the mother’s condition is satisfactory. BP=115/70, heart rate=72 beats per minute. There is no bleeding. The Kustner-Chukalov sign is negative.

WHAT IS THE PATHOLOGY IN THE III PERIOD? DOCTOR'S TACTICS?

Sample answer:

Complete intimate attachment of the placenta.

The placenta is manually separated and the placenta is removed (with anesthesia).

Problem 47.

A multiparous woman with a full-term pregnancy was admitted in the pushing period. The patient has a history of three births (all ended with manual separation of the placenta), two abortions complicated by endometritis. 30 minutes have passed since the baby was born, the condition

women satisfactory; no complaints, no bleeding. The Kustner-Chukalov sign is negative.
WHAT COMPLICATION APPEARED IN THE III PERIOD? DOCTOR'S TACTICS?

Sample answer:

Complete intimate attachment of the placenta. Considering OAA, there may be true placenta accreta.

It is necessary to attempt manual separation of the placenta while the operating room is deployed.

Problem 48.

A pregnant woman was admitted with complaints of aching pain in the lower abdomen and lumbar region. There is no regular labor activity. Gestation period is 39-40 weeks. The position of the fetus is longitudinal, back to the left, anterior. The presenting head is pressed against the entrance to the pelvis. The heartbeat is clear, rhythmic up to 140 beats per minute, on the left, below the navel. Vaginal examination - the cervix is deviated posteriorly, dense; the cervical canal is up to 2.5 cm, the pharynx is closed, the head is above the 1st plane.
WHAT COMPLICATION ARISED FROM PREMATURE PREGNANCY?DOCTOR'S TACTICS?

Sample answer:

Immature cervix during full-term pregnancy, harbingers of labor. Start preparing the cervix for childbirth and relieve pain.

Problem 49.

A primigravida was admittedwith a gestational age of 34 weeks. Complaints of headaches, spots flashing before the eyes, pain in the epigastric region; there is pronounced swelling on the legs. BP=160/100, 170/120. The fetal heartbeat is clear, rhythmic up to 150 beats per minute. Vaginal examination - the cervix is deviated posteriorly, dense; the canal is up to 2 cm, the pharynx is closed, the head is above the 1st plane of the pelvis.
WHAT COMPLICATION APPEARED DURING PREGNANCY? DOCTOR'S TACTICS?

Sample answer:

Severe preeclampsia.

Immediate delivery by cesarean section with continued treatment of late gestosis.

Problem 50.

A pregnant woman was admitted for prenatal hospitalization. Gestation period is 39-40 weeks, pelvic dimensions are 24-26-28-18, Solovyov index is 16 cm. The position of the fetus is longitudinal, the back is on the right, anteriorly; the head is presented, pressed to the entrance to the pelvis, the fetal heartbeat is clear, rhythmic up to 140 beats per minute. Abdominal circumference 102 cm, IMD 40 cm. Vaginal examination - the cervix is centered, diffusely softened; the channel is up to 1 cm, it allows a finger to pass through. The presenting head is above the 1st plane. The amniotic sac is intact. Con.diagonal 9 cm.
WHAT COMPLICATION IS THERE? DOCTOR'S TACTICS?

Sample answer:

Generally uniformly narrowed pelvis of the 1st degree, with a large fetus. A planned cesarean section is indicated.

Questions for an interview.

Question 1. What are the pathogenetic mechanisms that support the formation and development of endometrioid lesions?

Sample answer:

These are hormonal balance (with hyperestrogenism) and disturbances in the immune system (reduction of T-killer cells and suppressive effect on ectopic cells).

Question 2. How is gonoblenorrhea currently prevented?
Sample answer:
ThisPlace 1% tetracycline ointment behind the newborn's eyelids (and into the girl's genital opening) twice, starting from the moment of birth.

Question 3. Which part of the woman's reproductive system is most often affected by tuberculosis and why?
Sample answer:
Due to hematogenous insemination, the fallopian tubes are most often affected; due with the peculiarities of their blood circulation: nutrition by the terminal sections of two vessels (uterine and ovarian arteries), therefore, slow, counter, turbulent blood flow.

Question 4. What is the manifestation and complication of what is Chiari-Frommel syndrome?
Sample answer:
The main manifestations are galactorrhea and amenorrhea, and is associated with childbirth, i.e. is a conditionally distant "postpartum" complication. The same manifestations in nulliparous women are called "amenorrhea-galactorrhea syndrome."

Question 5. What complication can arise with frequent (including unjustified) curettage of the uterine cavity and accompanying endometritis?
Sample answer:
Uterine amenorrhea may occur due to synechiae in the uterine cavity and damage to the basal layer of the endometrium.

Question 6. What assisted reproductive technologies can you name?
Sample answer:
These are insemination, IVF, ICSI, ZIFT, GIFT.

Question 7. What forms of cervical pathology are more severe, precancerous?
Sample answer:
These are cervical dysplasia, adenomatous polyp of the cervix, atypical leukoplakia.

Question 8. How do such a group of methods of radical hardware treatment of cervical pathology such as laser vaporization, cryodestruction and argon ablation differ from radio-, electro- and surgical conization of the cervix?
Sample answer:
These two groupstreatment measures differ in that in group 1 we do not receive material for histoanalysis, but in group 2 we do (which is very important for precancers, older age, and questionable results of a previous biopsy).

Question 9.A typical complication of chorionepithelioma?
Sample answer:
This is the early and rapid formation of distant metastases in the lungs, brain, etc. This tumor is even called a "metastasis tumor."

Question 10. The most effective treatment for prolapse and prolapse of the vaginal walls at the moment?
Sample answer:
Now all over the world, this is the use of mesh prostheses, the next most effective is vaginal hysterectomy.

Question 11. What is the prevention of isoserological incompatibility of mother and fetus according to the Rh factor before pregnancy?

Sample answer:
Before pregnancy - this is the prevention of the first abortion in nulliparous Rh (-) women, maintaining an interval between births of 3-4 years in those who have given birth.

Question 12. What prevention of hemolytic disease of the newborn is carried out during pregnancy in an Rh(-) woman with an Rh(+) father?
Sample answer:
This is the introduction of anti-rhesus immunoglobulin D at 28 and (if necessary, repeated administration) at 32 weeks; condition – the absence of antibodies in the mother's blood on the eve of administration.

Question 13. What complication for the fetus occurs with isoserological incompatibility for the Rh factor?
Sample answer:
This complication is hemolytic disease of the fetus and newborn in anemic, icteric and edematous forms.

Question 14. What complications does pyelonephritis lead to during pregnancy (gestational or exacerbation of chronic)?
Sample answer:
Typical complications are combined gestosis, fetal hypoxia, delayed fetal development, preterm pregnancy and intrauterine infection of the fetus.

Question 15. What methods of correcting incoordination of labor are effective and which are contraindicated?
Sample answer:
Effective treatment of incoordination is antispasmodics and rational pain relief; labor stimulation is contraindicated.

Addition tasks:

Exercise 1.*Instructions. Instead of a dash, enter one word.*
Vulvovaginitis in childhood is often complicated_____
Sample answer:synechiae.

Task 2.*Instructions. Instead of a dash, enter 3 words.*
Asymptomatic uterine fibroids are subject to surgical treatment if_____
_____
Sample answer:achieving large sizes.

Task 3.*Instructions. Instead of a dash, enter 3 words.*
The most severe, complicated forms of the gonorrheal process in the female body are_____
Sample answer:pelveoperitonitis, gonorrheal sepsis.

Task 4.*Instructions. Instead of a dash, enter 2 words.*
The tuberculosis bacillus enters the woman's genital tract_____way.
Sample answer:hematogenous, lymphogenous.

Task 5.*Instructions. Instead of a dash, enter 2 words.*
When performing ART - ZIFT (movement of the zygote into the fallopian tubes) and GIFT(movement of gametes into the fallopian tubes) possible complication in the form

_____.
Sample answer:tubal pregnancy

Task 6.*Instructions. Instead of a dash, enter 1 word.*

_____ the type of placenta structure characteristic of humans leads to inevitable blood loss during childbirth and the possibility of intra- and postnatal bleeding.
Sample answer:hemochorial.

Task 7.*Instructions. Instead of a dash, enter 2 words.*
The most effective and common contraception currently is

_____
Sample answer:hormonal contraceptives.

Task 8.*Instructions. Instead of a dash, enter 1 word.*
_____ form of hemolytic disease of the fetus and newborn incurable, incompatible with life.
Sample answer:edematous.

Task 9. Instructions. Instead of a dash, enter 2 words.
The most unfavorable birth outcome for a breech birth is

_____
Sample answer:full leg

Task 10.*Instructions. Instead of a dash, enter 1 word.*
The most severe form of late gestosis is_____
Sample answer:eclampsia.

Competency assessment criteria and rating scales

Grade "unsatisfactory no"(not accepted) or lack of competence development	Grade "satisfactorily" (passed) or satisfactory (threshold) level of mastery competencies	Grade "good" (passed)or a sufficient level of mastery of competence	Grade "excellent" (passed) or high level of competence development
The learner's inability to demonstrate independentlyknowledge atdecision tasks, taskslack of independenceV applicationskills. Lack of confirmation of the development of competence indicates negative resultsmastering educational disciplines	The student demonstratesindependence in application knowledge,skills and abilities tosolving educational tasks in completeAccording to sample given teacher, by tasks, solution of which there were demonstrated by the teacher, it should be assumed that the competenceformed satisfactory level.	The student demonstrates independentapplication of knowledge, skills and abilities when solving tasks similar tosamples that confirms the presence of a formedcompetencies bo-at a higher levelAvailability com-petitions onsufficient level indicates a firmly established practical skill	The student demonstrates the ability to be completely independent inchoosing a method non-standard solutionstasks in withindisciplines Withusingknowledge, skills and skills acquired both in the course of masteringof this discipline, so related disciplines shouldconsider competenceformed onhigh level.

Test control grading scale:

percentage of correct answers	Marks
91-100	Great
81-90	Fine
70-80	satisfactorily
Less than 70	unsatisfactory

When grading tasks with multiple correct answers, one error is allowed.

Interview assessment criteria:

Mark	**Descriptors**		
	strength of knowledge	**ability to explain(introduce)es sencephenomena, processes, do conclusions**	**logic and consistency of the answer**
Great	strength of knowledge, knowledge of the basic processes of the subject area being studied, the answer is distinguished by the depth and completeness of the topic; mastery of terminology; logic and consistency answer	high ability to explain the essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples	high consistency of response sequence And
Fine	strong knowledge of the basic processes of the subject area being studied, distinguished by the depth and completeness of the topic; mastery of terminology; fluency in monologue speech, but one or two inaccuracies are allowed answer	the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; however, one or two inaccuracies in the answer are allowed	logic and consistency of the answer
will satisfy really	satisfactory process knowledge subject matter being studied areas, answer, different insufficient depth and completeness of the topic; knowledge of basic theoretical issues. Several are allowed errors in content answer	satisfactory ability to give reasoned answers and provide examples; satisfactorily formed analysis skills phenomena, processes. Several are allowed errors in content answer	satisfactory logic and subsequence answer
unsatisfactory	poor knowledge of the subject area being studied, shallow coverage of the topic; poor knowledge of basic theoretical issues, weak skills in analyzing phenomena and processes.	inability to give reasoned answers	lack of logic and consistency in the answer

	There are serious errors in the content answer		

Criteria for assessing situational tasks:

Mark	**Descriptors**			
	understanding Problems	**analysis of the situation**	**skills solutions to the situation**	**professional thinking**
Great	full understanding of the problem. All requirements for the task have been met	high ability to analyze a situation and draw conclusions	high ability to choose a method to solve a problem, confident solution skills situations	high level of professional thinking
Fine	full understanding of the problem. All requirements for the task completed	ability to analyze a situation and draw conclusions	ability to choose a method to solve a problem, confident solving skills situations	sufficient level of professional thinking. One or two inaccuracies in the answer are allowed
will satisfy really	partial understanding Problems. Majority requirements, presented for the task, completed	satisfactory ability analyze situation, draw conclusions	satisfactory skills solutions situations, difficulties with choice of method problem solving	enough level professional thinking. More than two inaccuracies in answeror an error in the sequence solutions
unsatisfactory specifically	misunderstanding Problems. Many requirements, required for task, not completed. No answer. Did not have attempts to solve task	low ability analyze situation	insufficient solution skills situations	absent