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

FACULTY OF TREATMENT AND PREVENTION

Appraisal Fund

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, PK-12

Code and name competence	Indicators of Competency Achievement
general professional (GPC):	
OPK-4 Capable apply copper-Qing products, provided for the procedure for providing medical By-power, and Also conduct examination treatment of the patient with the purpose of establishing diagnosis.	ID 1 Knows how to use medical devices during diagnostic studies provided for in the procedures for providing medical care. ID 2 Can apply diagnostic methods, including the use of instrumental methods, when examining a patient in order to establish a diagnosis.
OPK-7 Capable prescribe treatment and implement control of its effect efficiency and security.	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 prescribing regimens for safe combinations of drugs in accordance with clinical recommendations.
professional (PC)	
PK-3 Purpose treatment and con-troll him effective activity and without danger.	**Labor actions.** ID 1 Development of a treatment plan for a disease or condition, taking into account 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 2 Prescription of medications, medical devices diseases and therapeutic nutrition, taking into account the diagnosis, age and clinical picture of the disease. ID 3 Prescription of non-drug treatment taking into account the diagnosis, age and clinical picture of the disease. ID 4 Assessing the effectiveness and safety of the use of drugs, medical devices, medical nutrition and other treatment methods. ID 5 Providing palliative medical care in collaboration with medical specialists and other medical workers. ID 6 Organization of personalized treatment for patients, including pregnant women, elderly and senile patients, assessment of the effectiveness and safety of treatment. **Required skills.** ID 7 Draw 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

	standards of medical care. ID 8 Prescribe medications, medical devices and medical nutrition, taking into account the diagnosis, age and clinical picture of the disease. ID 9 Prescribe non-drug treatment taking into account the diagnosis, age and clinical picture of the disease. ID 10 Assess the effectiveness and safety of the use of drugs, medical devices and medical nutrition. **Required knowledge.** ID 11 Modern methods of using drugs, 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) on 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 12 Modern 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 13 Procedure for providing palliative medical care.
PC - 12 Readiness to be taken into account physio-logical take-minorities, reception childbirth	ID 1 Conduct a questioning of the patient and/or relatives/ accompanying persons in order to collect anamnesis (history of the present disease, life history, obstetric and gynecological history). ID 2 Master the methods of general and special obstetric examination for the purpose of diagnosis and differential diagnosis of the main obstetric pathology, management of physiological pregnancy and childbirth. ID 3 Examine the patient (general and special obstetric examination). ID 4 Know the algorithm for laboratory, instrumental, morphological and hardware examinations and interpret their results in physiological pregnancy and suspected obstetric pathology. ID 5 Draw up a plan for laboratory and instrumental studies and interpret their results. ID 6 Conduct physiological pregnancy and childbirth, suspect pregnancy complications and concomitant pathologies.

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

Name competencies	**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, supplementary tasks	75 with sample answers
PK-3	Closed tasks	25 with sample answers
	Open type tasks: situational tasks, interview questions assignments for additions	75 with sample answers
PC-12	Closed tasks	25 with sample answers
	Open type tasks: situational tasks, interview questions assignments for additions	75 with sample answers

OPK-4:
Closed tasks

Tests

1). Reliable signs of pregnancy are:

1. cessation of menstruation,
2. fetal heart sounds,
3. motor activity of the fetus,
4. detection of the fetus,
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 iliac bones.

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. determination of 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. Koand AK (cytogram),
5. bacteriological examination.

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. Bandaging the lower extremities
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 ligamentous apparatus of the pelvis
3. shape and size of the pelvis
4. cheese-like lubrication of the fetus
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 empty
3. The rectum must be emptied
4. the doctor is to the right of the pregnant woman
5. carried out in a standing position
6. the doctor is on the left

Sample answer: 1, 2, 3, 4

eleven). 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 appearance of a desire to push in the woman in labor
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. disturbance of sleep and wakefulness

Sample answer: 1, 2

15). Listening to the fetal heartbeat during dilatation (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 minutes

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. height of the uterine fundus over 39 cm
3. reducing the vertical size of the lumbosacral rhombus
4. The uterus has a spherical 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:

. discrepancy between the size of the uterus and the gestational age in the first months of pregnancy
2. indications to the pregnant woman of frequent fetal movements
3. detection during external obstetric examination of the 3 largest parts of the fetus

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. measuring the distance of the crystarum
3. Diagonal conjugate measurement
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. two-phase menstrual cycle
2. level of estrogen saturation of the body
3. presence of ovulation
4. usefulness 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. submucous 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). For the diagnosis of trophoblastic disease<u>most effectively</u> definition:

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

Problem 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 Hg. Art. Body temperature 38.2o WITH.

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 38oC, 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. General condition is satisfactory, pulse 88 beats/min, blood pressure 110/70 mm Hg, body temperature 37.6oC. 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, went to the antenatal clinic with complaints of heavy

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 small organs

pelvis, smear from "V", "Ur" on the 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 after a skull injury he appeared

the above symptoms occurred. 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 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, ultrasound of the pelvic organs, smear from “V”, “C”, “Ur” naflora.

Problem 9

Patient I., 38 years old, came to the antenatal clinic about the absence of menstruation in

within 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, ultrasound of the pelvic organs, smear from "V", "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 bothering me.

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 outbetweenthe beginning of 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. Pain

Nikli 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.
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 38oC, nausea, 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 a tumor conglomerate of dense consistency is detected, 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, cheesy discharge, local signs of inflammation, the presence of spores or mycelium in smears.

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. The amino test is positive, the pH of the vaginal discharge is more 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 cervical canal, and 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 uterine body 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 in reproductive age: those 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: full opening, head on the third plane, sagittal suture in the right oblique dimension, small fontanelle 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 of occipital presentation.

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; The 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 to 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.

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 labor for 5 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 becomes denser, there is no amniotic sac, light amniotic fluid leaks; head on 1st plane, sagittal suture in the transverse dimension of the entrance to the small 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 small 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 the 3rd plane, 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 of gestation with profuse bloody discharge 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; The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Blood tests: Hb=120 g/l, blood pressure=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 profuse 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 - the external genitalia are unremarkable; 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 water 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, the opening is 5 cm, the head is on the 2nd plane, the sagittal suture is in the right oblique size, the small fontanel is anterior.

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. The fetal head is 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? ACTIVITIES REQUIRED TO CLARIFY 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,

placed 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 gynecology department with bloody discharge from the genital tract. Menopause 3 years. In the last 3 months, moderate bleeding has been noted from the vagina periodically (2-3 times a month). Objectively: general condition is satisfactory. Increased nutrition. Blood pressure 160/90 mm Hg. A gynecological examination revealed no 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 state 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:
These are 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) nicks)?
Sample answer:

Typical complaints are: menstrual irregularities, hirsutism, infertility, obesity.

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

Question 8. What are reserve cells in the area of the junction of cylindrical and multilayer 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 it 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. In what type of cephalic presentation is vaginal delivery paths are 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 to be _____ **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_____ **Sample 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 slit 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_____ **Sample answer: "**puerpera, puerpera

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:

Tests

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. caesarean 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 listed 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 listed 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 release of the placenta

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. improvement of 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. the condition of the woman in labor
2. the degree of damage to the uterus when it ruptures
3. fetal condition
4. obstetric history burdened by 5 all of
the listed factors **Sample answer: 5**

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

1. dilatation of the cervix up to 4 cm
2. weakness of labor
3. painful contractions
4. 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

eleven). 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 up to the navel
3. birth of the fetus to the lower angle of the shoulder blades
4. eruption of the buttocks
5.birth of the shoulder girdle

Sample answer: 4

12).*Set the sequence*uh*Steps of the operation of applying obstetric forceps:*

1. insertion of spoons
2. anesthesia care
3. internal research
4. Closing the forceps
5. actual traction
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 found in the uterus in a 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. 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 volume 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 the 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. 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 – desquamation 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 malignant lesion of the ovary is suspected in a 55-year-old patient, the following is indicated:

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 induced 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 that appeared during the last menstruation, an increase in body temperature to 38oS. Menarche from the age of 13, established immediately, sexual activity from the age of 17, without contraception, there were no pregnancies, for which she did not consult a gynecologist.

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. In patient T.,21 years old complains of a delay in menstruation by 2 weeks, engorgement of the mammary glands, 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 uterine body 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), B vitaminsI, IN6, IN12. If there are signs of intra-abdominal bleeding, laparoscopy and coagulation of bleeding vessels are performed.

Task 5. Patient A.,A 64-year-old woman 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 is gaping, 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: 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 seemed to “fall” into the abdominal cavity; its upper end was 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 with a gestational age of 11–12 weeks? 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 can be performed if a viable fetus is present.

Task 9.

A 24-year-old patient was brought to 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 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, 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 with an admixture of 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, along with antibacterial and anti-inflammatory therapy, followed by recommendations for routine surgical treatment for 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. He 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 issue 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). Endometrial ablation 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? FURTHER INVESTIGATION PLAN? THERAPEUTIC 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 a hCG content 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. PatientA 20-year-old woman went to an 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 THIS CASE

Sample answer:
Microdosed COCs are shown - 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 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 intraligamentary 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 V

min. 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.girlA 13.5-year-old boy has been experiencing periodic pain in the lower half of his 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? 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. The last menstruation began 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 the abdominal organs, stopping bleeding, removal of the 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 old, 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 microdosed 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, it is necessary to offer her an examination to exclude hidden latent diabetes mellitus, as well as various hypothalamo-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 supple,

cover 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; The 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 outlet of the small 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 – is 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 the 4th plane, 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 condition of the mother in labor is satisfactory. BP=115/70, heart rate=72 beats per minute. There is no bleeding. Küstner's sign -

Chukalov 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.

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 birth of the child, the woman's condition is 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 the TAA, it is possible that there is a 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 admitted at 34 weeks' gestation. 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, 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 on the left, posteriorly. 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 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; conduct labor 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. Suffering from diabetes mellitus 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. Complaints of 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

Purpose - 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 for 24 hours. Nb - 85 g/l. Menstrual function without any peculiarities. There is 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, profuse. 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:

Self-abortion or abortion that has begun is common during 6 weeks of pregnancy. Pathology of development of the genital organs (2 uteri).

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 OPK).

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, parovarian and endometrioid.

Question 6. How is ICI (isthmic-cervical insufficiency) treated? accuracy) as the causes of self-abortions? **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 leading according to the protocol in the treatment of threatening and the beginning of 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 are the treatment options for progressive tubal pregnancy before pregnancy? currently in use? **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-sparing (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 withRh(-) blood after childbirth, in 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 forSecond 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) is possible.

Addition tasks

Exercise 1.*Instructions. Instead of a dash, enter2 words.*
Antibiotic therapy for any reason may be complicated by exacerbation _____ _____
Sample answer:genital candidiasis.

Task 2.*Instructions. Instead of a dash, enter2 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, enter2 words*.
Stable - regression methods of treating fibroids are _____ **Sample answer:**embolization, fusablation.

Task 4.*Instructions. Instead of a dash, enter2 words*.
In Shershevsky-Turner syndrome, there is no _____ in the ovaries
Sample answer:ovarian tissue.

Task 5.*Instructions. Instead of a dash, enter1 word.*
If conservative and surgical treatment of tubal-peritoneal infertility is unsuccessful, the method of choice is _____
Sample answer:ECO

Task 6.*Instructions. Instead of a dash, enter2 words.*

According to the protocol, during the expulsion period with a pure breech presentation, allowance _____

Sample answer:according to Tsovyanov

Task 7.*Instructions. Instead of a dash, enter2 words.*

Delivery with a transverse position of the fetus is carried out by _____ _____

Sample answer:caesarean section.

Task 8.*Instructions. Instead of a dash, enter1 word.*

Management of the subsequent (III) period of labor is carried out by _____

Sample answer:expectantly.

Task 9.*Instructions. Instead of a dash, enter2 words.*

The postpartum period continues _____

Sample answer:42 days.

Task 10.*Instructions. Instead of a dash, enter1 word.*

Full lactation begins on the _____ day of the postpartum period. **Sample answer:**third

PC – 3:

Closed tasks

Tests

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. save,
4. all answers are incorrect,
5. The issue of the possibility of prolongation is decided after consultation with a rehabilitation specialist.

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 cesarean 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. true 1, 2, 3
5. true 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. true 1, 2, 3
5. true 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. drainage of the abdominal cavity,
2. danger of injury to the intestines and bladder,
3. technical difficulties in performing an operation of the required volume,
4. 1 and 3 are correct
5. true 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 true

5. removal of ovarian dermoid cyst.

Sample answer: 5

eleven). 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. true 1, 2, 3
5. true 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. age of the pregnant woman
2. obstetric history

3 scar on the uterus

4. localization of the placenta

5. sex of the fetus

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. engorgement of the mammary glands
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 anhydrous interval

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. the source of infection in the body of the postpartum mother
3. violation of sanitary epidemiology. mode
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. abscess
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. surgical treatment
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 naphthalan
2. electrophoresis of potassium iodide
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. infection of the abdominal cavity after surgery

3. necrosis of the stump tissue distal to the ligature (for large stumps)
4. insufficiently thorough hemostasis
5. duration of operation 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 38.2o WITH.

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 38oC, 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. General condition is satisfactory, pulse 88 beats/min, blood pressure 110/70 mm Hg, body temperature 37.6oC. 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 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.
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 effect: 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 in

within 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 bothering me.

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 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 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, displaced 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:

When torsion of the pedicle of an ovarian cystoma, management tactics–laparotomy, revision of the abdominal organs, unilateral removal of 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 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. 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, dominant follicle

there is no kula.

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: full opening, head on the third plane, sagittal suture in the right oblique dimension, small fontanelle 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 OF THE FOLLOW-UP PERIOD OCCURRED? CONTROL TACTICS?

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.

Problem 16. 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 APPEARED IN THE FOLLOW-UP PERIOD? CONTROL TACTICS?

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; The 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 to 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 labor for 5 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 becomes denser, there is no amniotic sac, light amniotic fluid leaks; head on 1st plane, sagittal suture in the transverse dimension of the entrance to the small 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 small 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 the 3rd plane, 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 the provision of classic manual assistance is indicated.

Problem 22.

A 26-year-old primigravida was admitted at 30 weeks of gestation with profuse bloody discharge 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. Necessary urgent C-section.

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, blood pressure=110/70, ultrasound - complete placenta previa.

WHAT COMPLICATION OCCURRED 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 hemostatic agents (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 caesarean section.

Problem 27.

Patient T., 47 years old, consulted a doctor with complaints of contact bloody

vaginal discharge. 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 that appeared during the last menstruation, an increase in body temperature to 38oS. Menarche from the age of 13, established immediately, sexual activity from the age of 17, without contraception, there were no pregnancies, for which she did not consult a gynecologist.
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 determined.
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 uterine body 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), B vitamins I, IN6, IN12. 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 area.

vaginal tightness, 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 is gaping, 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 induced 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 the 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 seemed to “fall” into the abdominal cavity; its upper end was 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 examination 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, increased to 11–12 weeks

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 with a gestational age of 11–12 weeks?

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.

Problem 35.

A 24-year-old patient was brought to 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 ovum, 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, 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 with an admixture of 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, the uterus is emptied 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 divisions. 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. He 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 issue 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). Ablation of the endometrium under hysteroscopy control is also allowed.

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 intraligamentary 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: girls

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 is very traumatic for the fetus.

Problem 46.

30 minutes have passed since the birth of the newborn, the condition of the mother in labor is satisfactory. BP=115/70, heart rate=72 beats per minute. There is no bleeding. The Küstner-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 birth of the child, the woman's condition is 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 the TAA, it is possible that there is a 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 OCCURRED DURING FULL-TERM PREGNANCY? WHAT IS THE DOCTOR'S TICK?

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 admitted at 34 weeks' gestation. 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, VDM 40 cm. Moisture-

Personal examination - the neck is centered, diffusely softened; the channel is up to 1 cm, 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 tion 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:**
This is placing 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 female reproductive system is affected by the tuberculosis process? catfish most often and why? **Sample answer:**

Due to hematogenous insemination, the fallopian tubes are most often affected; due to 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 unfounded) Scraping 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. What is the difference between this group of methods for radical hardware treatment of patho- cervical pathologies such as laser vaporization, cryodestruction and argon ablation from radio-, electro- and surgical conization of the cervix?
Sample answer:
These two groups of treatment measures differ in that in the 1st group we do not receive material for histoanalysis, but in the 2nd group 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 hair loss at this time is of the vaginal walls?
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 maternal isoserological incompatibility? and the fetus according to the Rh factor before pregnancy? **Sample answer:**

Before pregnancy 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 is the prevention of hemolytic disease of the newborn? 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? do you have 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 chronic 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? effective and which ones 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 by _____
Sample answer:synechiae.

Task 2.*Instructions. Instead of a dash, enter3 words.*
Asymptomatic uterine fibroids are subject to surgical treatment in the case of _____
_____
Sample answer:achieving large sizes.

Task 3.*Instructions. Instead of a dash, enter3 words.*
The most severe, complicated forms of gonorrhea in the female body are
_____
Sample answer:pelveoperitonitis, gonorrheal sepsis.

Task 4.*Instructions. Instead of a dash, enter2 words*.

The tuberculosis bacillus enters the woman's genital tract through _____.
Sample answer:hematogenous, lymphogenous.

Task 5.*Instructions. Instead of a dash, enter2 words.*

When performing ART – ZIFT (movement of the zygote into the fallopian tubes) and GIFT (movement of the gamete into the fallopian tubes), a complication in the form of _____ is possible. **Sample answer:**tubal pregnancy

Task 6.*Instructions. Instead of a dash, enter1 word.*

_____ type of structure of the placenta, 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, enter2 words.*

The most effective and common contraception at present is _____

Sample answer:hormonal contraceptives.

Task 8.*Instructions. Instead of a dash, enter1 word.*

_____ form of hemolytic disease of the fetus and newborn is incurable and incompatible with life.
Sample answer:edematous.

Exercise**9.***Instructions. Instead of a dash, enter2 words.*

The most unfavorable birth outcome for a breech fetus is _____

Sample answer:full leg

Task 10.*Instructions. Instead of a dash, enter1 word.*

The most severe form of late gestosis is _____ **Sample answer:**eclampsia.

PC-12:
Closed tasks

Tests

1). The fetal length of 9 cm corresponds to the gestational age

1. 3 months
2. 4 months
3. 5 months
4. 6 months

Sample answer: 1

2). The length of the fetus, starting from 24 weeks, is calculated by multiplying the number of months

1.on5
2. by 4
3. by 3
4. by 2

Sample answer: 1

3). At 28 weeks of gestational age, the length of the fetus is

1. 35 cm
2. 30 cm
3. 24 cm
4. 18 cm **Sample answer: 1**

4). At 36 weeks of gestational age, the length of the fetus is

1. 48 cm
2. 45 cm
3. 43 cm
4. 40 cm
5. 35 cm

Sample answer: 2

5). At 40 weeks of pregnancy, the average length of the fetus is usually

1. 55 cm
2. 53 cm
3. 50 cm
4. 45 cm
5. 40 cm

Sample answer: 3

6). The peak increase in circulating blood volume during normal pregnancy occurs during

1. 16-20 weeks
2. 22-24 weeks
3. 26-36 weeks
4. 38-40 weeks

Sample answer: 3

7). The following changes occur in the digestive system during pregnancy:

1. hypochlorhydria
2. strengthening the motor function of the stomach
3. increased intestinal motility
4. increased pepsin secretion

Sample answer: 1

8). During the period of physiologically developing pregnancy, the following changes occur in the hemostatic system

1. hypercoagulation
2. hypocoagulation
3. consumption coagulopathy
4. activation of only the vascular-platelet unit
5. activation of only the plasma link

Sample answer: 1

9). The most common complications in the first trimester of pregnancy are all of the following, except

1. threats of miscarriage
2. early toxicosis
3. anemia
4. hypotension
5. nephropathy

Sample answer: 5

10). At 28 weeks of pregnancy the fetus has a body weight

1. 500 g
2. 800 g
3. 1000 g
4. 1400 g
5. 1800 g

Sample answer: 3

eleven). Differentiation of the external genitalia of the fetus occurs at gestational age

1. 13-20 weeks
2. 21-26 weeks
3. 27-34 weeks
4. 35-40 weeks

Sample answer: 1

12). The genotype matches the phenotype

1. always
2. not always
3. only in the early stages of development
4. only after birth

Sample answer: 2

13). The maximum stretching of the uterus occurs during pregnancy

1. 20-26 weeks
2. 27-30 weeks
3. 31-36 weeks
4. 37-39 weeks
5. 40 weeks

Sample answer: 3

14). The height of the uterine fundus at 32 weeks of pregnancy is

1. 25 cm
2. 30 cm
3. 35 cm
4. 40 cm

Sample answer: 2

15). The scoring of the degree of "maturity" of the cervix involves the assessment of all the following signs, except

1. "pupil" symptom
2. consistency of the vaginal part of the cervix
3. neck length
4. patency of the cervical canal

Sample answer: 1

16). All of the following are characteristic of a "mature" cervix, except

1. softening the cervix
2. opening of the cervical canal by 2-3 cm
3. location of the external pharynx at the level of the spinal lines
4. density of the internal throat

Sample answer: 4

17). Delayed maturation of the placenta can lead to

1. to post-term pregnancy
2. to premature placental abruption
3. to fetal immaturity
4. 1 and 2
5. 3 and 4

Sample answer: 1

18). Visual signs of complete separation of the placenta during childbirth are all of the following, except

1. changes in the contours and displacement of the uterine fundus
2. lowering the umbilical cord section
3. absence of retraction of the umbilical cord when the woman in labor takes a deep breath

4. stopping the pulsation of the umbilical cord
5. increased bleeding from the genital tract

Sample answer: 5

19). The optimal duration of labor for a primigravida is usually

1. 2-4 hours
2. 5-7 hours
3. 8-10 hours
4. 12-14 hours
5. true 1

Sample answer: 3

20). The optimal duration of labor for a multiparous woman is usually

1. 3-5 hours
2. 5-7 hours
3. 6-8 hours
4. 10-12 hours
5. true 1

Sample answer: 3

21). When the contractile activity of the uterus is disrupted during childbirth, myometrial blood flow

1. increases
2. decreases
3. does not change
4. temporarily stopped
5. increases in some parts of the uterus, decreases in others

Sample answer: 2

22). The normal preparatory period is characterized by all of the following except

1. soreness
2. formation of the dominant of labor in the central nervous system
3. increasing the level of estrogens (estriol), ensuring the biological readiness of the body for childbirth
4. increasing the tone of the sympathetic-adrenal system
5. increasing the amplitude of uterine contractions

Sample answer: 1

23). Physiological blood loss during childbirth is considered to be blood loss

1. up to 400 ml
2. up to 500 ml
3. up to 600 ml
4. up to 800 ml

Sample answer: 1

24). The readiness of the fetoplacental system for childbirth is

1. increased production of cortisol by the fetal adrenal glands
2. in increasing the production of thyroid-stimulating hormone in the fetus
3. in reducing the production of progesterone by placental tissues
4. in enhanced histamine production by placental tissues
5. 2 and 3 are correct

Sample answer: 1

25). Fetal body weight in the third trimester of pregnancy is characterized by the following pattern

1. doubles every 4 weeks

2. doubles every 6 weeks
3. triples every 5 weeks
4. true 1
5. true 3

Sample answer: 2

Open type tasks

Situational tasks

Task 1.

A multipregnant woman at 25-26 weeks of pregnancy came to the antenatal clinic with complaints of bloody discharge from the genital tract that appeared in the morning after sleep. The patient has a history of one childbirth and two medical abortions. During an external examination, it was established that the size of the uterus corresponds to the period of pregnancy, the uterus is not excitable upon palpation. The fetus is in a breech position, the fetal heartbeat is clear and rhythmic. Bloody discharge from the genital tract is scanty.

DIAGNOSIS? TACTICS OF A WOMEN'S CONSULTATION DOCTOR? TREATMENT?

Standard answer.

Pregnancy 25-26 weeks. Placenta previa?

Hospitalization to the department of pathology of pregnant women, where the cervix will be examined using mirrors. Ultrasound.

Treatment is tocolytic, hemostatic, antianemic.

Task 2.

A woman in labor with a full-term pregnancy was admitted to the maternity hospital. Regular labor for 3 hours. Complains of bloody discharge from the genital tract. Blood loss is about 150 ml. The fetal head is pressed against the entrance to the pelvis. Fetal heart rate is 140-150 beats/min. In a fully operational operating room, a vaginal examination was performed: the cervix is smoothed, the edges are thin, the opening of the uterine pharynx is 4-5 cm. The amniotic sac is intact, the fetal head is pressed to the entrance to the pelvis, the lower edge of the placenta is palpated on the right and in front, the discharge is moderate. DIAGNOSIS? CONTROL TACTICS?

Sample answer:

Pregnancy 40 weeks. First stage of labor. Lateral placenta previa. Bleeding.

Amniotomy. When bleeding stops, labor should be carried out conservatively, under control of the condition of the fetus and the nature of blood discharge from the genital tract. If bleeding continues - transection, caesarean section.

Task 3.

Primipara, 26 years old. She was admitted to the maternity hospital with a full-term pregnancy due to moderate bleeding from the genital tract. Contractions are weak and short. The pelvic end of the fetus is determined above the entrance to the small pelvis. During vaginal examination: the cervix is shortened, softened, the cervical canal freely allows one finger to pass through; Placental tissue is determined behind the internal os.

DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

Pregnancy 40 weeks. Complete placenta previa.

Ablation. C-section.

Task 4.

A woman in labor with a gestational age of 36 weeks, with a completely effaced cervix, a dilation of 4 cm and an intact amniotic sac, began to have moderate bleeding. On the left, at the edge of the uterine pharynx, placental tissue is identified. The amniotic sac “fills” into

contraction time. The fetal head is pressed to the entrance to the pelvis, the fetal heartbeat is clear, rhythmic, 136 beats per minute.
DIAGNOSIS? WHICH OPTION FOR PLACENTA LOCATION TAKES PLACE? MANAGEMENT PLAN?

Sample answer:

Pregnancy 36 weeks, first stage of labor, marginal placenta previa. Amniotomy. Childbirth is carried out through the natural birth canal under control of the condition of the fetus and the nature of discharge from the genital tract; if bleeding increases, a cesarean section is performed.

Task 5.

A 26-year-old primigravida was admitted at 30 weeks of gestation with profuse bloody discharge 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? TACTICS?

Sample answer:

Bpregnancy 30 weeks. Complete placenta previa. Heavy bleeding Emergency surgical delivery.

Task 6.

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, blood pressure=110/70, ultrasound - complete placenta previa.
WHAT COMPLICATION OCCURRED WITH COMPLETE PLACENTA PREVIA AT 32 WEEKS? CONTROL TACTICS?

Sample answer:

Minor bleeding.
It is possible to prolong pregnancy on a pathology bed and prescribe hemostatic agents (tranexam).

Problem 7

A 26-year-old primigravida was admitted at 30 weeks of gestation with profuse bloody discharge from the genital tract; longitudinal position of the fetus, 1st position, anterior view, head high above the entrance to the pelvis; fetal heart rate up to 130 beats per minute. During a vaginal examination with a deployed operating room, the pharynx is closed; upon palpation through the fornix, there is spongy tissue.
PROBABLE DIAGNOSIS? DOCTOR'S ACTIONS?

Sample answer:

Complete placenta previa.
After confirming the diagnosis by ultrasound, an emergency cesarean section is indicated.

Problem 8

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 test: Hb=120 g/l, blood pressure=110/70, ultrasound shows complete placenta previa.
WHAT ARE THE DOCTOR'S TACTICS WITH THIS DIAGNOSIS?

Sample answer:

Due to premature pregnancy and minor bleeding, prolongation of pregnancy is possible. Careful monitoring of the condition of the fetus, control of blood tests, hemodynamics of the pregnant woman, discharge from the genital tract, and hemostatic therapy are indicated.

Task 9.

Postpartum woman V., 27 years old, gave birth 15 minutes ago to a healthy full-term boy, weighing 3450 g. History of 2 medical abortions. Somatically healthy. There are no signs of separation of the placenta, moderate bleeding from the genital tract. Blood loss 180 ml. A/D 115/75, 115/70 mmHg, pulse 76 beats per minute. After 15 minutes, bleeding continues at the same rate. There are no signs of separation of the placenta. Blood loss 320 ml.

DIAGNOSIS? TACTICS?

Sample answer:

1st term birth, 3rd stage of labor. Tight attachment of the placenta.

Manual control of the uterine cavity. Manual separation of the placenta and release of the placenta.

Problem 10.

Postpartum mother O. is in her 1st labor. History of metroendometritis after medical abortion. After the birth of a healthy full-term girl, there were no signs of placenta separation within 30 minutes. The doctor tried to manually separate the placenta and established a close connection of part of the placenta with the wall of the uterus, as a result of which the bleeding increased, the blood loss amounted to 480 ml. A/D 100/60, 110/70 mm Hg, pulse 98 beats per minute. DIAGNOSIS? TACTICS?

Sample answer:

1st term birth, 3rd stage of labor. Partial rotation of the placenta.

Laparotomy. Removal of the placenta, metroplasty against the background of a tourniquet or ligation of blood vessels (uterine, ovarian, possibly ileal).

Problem 11.

A 30-year-old woman is registered for pregnancy with a history of 2 births, which ended in a cesarean section. At the next visit to the antenatal clinic, an ultrasound was performed, which revealed rotation of the placenta into the scar after CS in the lower segment of the uterus with the formation of a “uterine aneurysm” along the entire length of the scar, the gestational age was 34 weeks.

DIAGNOSIS? TACTICS?

Sample answer:

Pregnancy 3rd, 34 weeks. Scar on the uterus. Complete rotation of the placenta. Planned hospitalization at 36-37 weeks; laparotomy, bottom caesarean section; excision of uterine aneurysm, removal of the placenta, metroplasty of the lower segment of the uterus (against the background of vascular ligation); if vascular occlusion and metroplasty are not possible, it is necessary to perform a hysterectomy.

Problem 12.

At 29-30 weeks of pregnancy, the pregnant woman experienced bleeding from the genital tract. Ultrasound and MRI revealed placenta percreta. History of 3 caesarean sections without complications.

WHAT ARE THE DOCTOR'S TACTICS FOR THIS PATHOLOGY?

Sample answer:

Hospitalization to a level 3 hospital, clinical and laboratory examination, and determination of the condition of the fetus are indicated. Resolving the issue of timing and place of surgical delivery, including a vascular surgeon and urologist in the operating team, along with the obstetrician-gynecologist. Using the Cell Saver autotransfusion device.

Problem 13.

After the birth of the newborn, 10 minutes passed, 700 ml of blood with clots were immediately released, and the mother’s condition sharply worsened. Skin and visible

mucous membranes are pale. BP=80/40 mm Hg. art., heart rate = 100 beats per minute. The bleeding continues. Signs of separated placenta are negative.
DIAGNOSIS? TACTICS?

Sample answer:

This is partial intimate insertion of the placenta or partial rotation of the placenta. At the same time - replenish the bcc with crystalloids and colloids, anesthesia, manual separation of the placenta and release of the placenta, uterotonics, hemostatic therapy. If it is impossible to separate the placenta (rotation), stop the manipulation, take a blood test, hemostasis indicators, and transfer to the operating room. After laparotomy and ligation of vessels or application of a tourniquet, perform metroplasty.

Problem 14.

An ambulance brought a pregnant woman to the maternity hospital with complaints of headache and pain in the epigastric region. Pulse 100 beats per minute, swelling of the face, abdomen, legs. The size of the uterus corresponds to the period of full-term pregnancy, the uterus is in constant tone, painful, the fetal heartbeat is dull.
DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

Pregnancy 39-40 weeks. Preeclampsia. Premature placental abruption. Acute fetal hypoxia.

Mechanical ventilation, emergency delivery by cesarean section. Intensive therapy of gestosis: infusion, antihypertensive therapy.

Problem 15.

The woman in labor continues for about 10 hours. The amniotic fluid does not flow out. Suddenly the patient turned pale, severe bursting pain appeared in the abdomen, and the uterus was in constant tone. Fetal heart rate is 100-110 beats/min. During vaginal examination: the opening of the uterine pharynx is complete, the amniotic sac is intact, tense, the presenting head is in the narrow part of the pelvic cavity.
DIAGNOSIS? TACTICS?

Sample answer:

Pregnancy 39-40 weeks. Head presentation. P period of childbirth. Premature placental abruption. Acute fetal hypoxia.

Opening of the amniotic sac. Application of abdominal obstetric forceps.

Problem 16.

A pregnant woman was brought to the maternity hospital with complaints of abdominal pain and bloody discharge from the genital tract. Gestation period is 35-36 weeks. The pregnancy proceeded with symptoms of gestosis.
The general condition is moderate, pulse 90 beats/min, blood pressure 130/90 - 140/90 mm Hg. Art. The uterus is enlarged according to the stage of pregnancy and is tense. The fetal heartbeat is 160-170 beats/min, dull. On vaginal examination: the cervix is preserved, there is moderate bleeding from the genital tract, the fetal head is slightly pressed to the entrance to the pelvis.
DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

Pregnancy 35-36 weeks. Head presentation. Preeclampsia. Premature placental abruption. Acute fetal hypoxia.

Emergency delivery by cesarean section.

Problem 17.

In a primigravida due to edema, blood pressure is 140/90 mm. Hg, during pushing, abdominal pain, weakness, dizziness, and bloody discharge from the genital tract appeared. The pulse increased to 100 beats per minute, blood pressure 100/60 mm. Hg The uterus is tense, painful on palpation, more on the right, and does not relax between attempts. The fetal head in the pelvic cavity. The fetal heart rate is about 100 beats per minute. Vaginal examination: the opening of the cervix is complete, fetal

There is no bubble, the fetal head is in a narrow part of the pelvis. The small fontanel is on the left, in front and below the large one.
DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

Pregnancy 40 weeks. Occipital insert. First position. Front view. Second stage of labor. Preeclampsia. Premature abruption of a normally located placenta.

The operation of applying abdominal obstetric forceps, manual separation and release of the placenta.

Problem 18.

First pregnancy, full term delivery. Regular labor lasts 3 hours. The pelvis is normal. Symptoms of gestosis. Abdominal pain, fainting, and a drop in blood pressure suddenly appeared. The uterus is dense and does not relax. There is sharp pain in the uterus along the right rib. The fetal heartbeat stopped. During vaginal examination: the cervix allows one finger to pass through, the amniotic sac is intact. The fetal head is a small segment at the entrance to the pelvis, slight bleeding.
DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

Pregnancy 40 weeks. Head presentation. 1st stage of labor. Preeclampsia. Abruption of a normally located placenta. Intrapartum fetal death.

Ablation. C-section. Infusion-transfusion therapy.

Problem 19.

First term birth, large fetus (weight 4300.0).
The third stage of labor lasts 10 minutes. There are no signs of placental separation. Blood loss has reached 250 ml, bleeding continues.
DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

III period of the first urgent birth of a large fetus. Partial tight attachment of the placenta. Bleeding.

Manual separation of the placenta and release of the placenta.

Problem 20.

Urgent birth. She has a history of four induced abortions, the last one was complicated by metro-endometritis, and was treated in a hospital. A full-term girl was born weighing 4100.0, length 53 cm. Urine was isolated by a catheter. 10 minutes after the birth of the fetus, bleeding from the genital tract began. There are no signs of placental separation. 250 ml of blood has been released, bleeding continues.
DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

III period of the first urgent birth of a large fetus. Partial tight attachment of the placenta. Bleeding.

Manual separation and release of placenta, infusion therapy, uterotonic therapy.

Problem 21.

Childbirth III, on time. The patient has a history of diathermocoagulation for cervical ectopia, two induced abortions, without complications, chronic inflammation of the uterine appendages. General condition is satisfactory. Blood pressure 120/80, pulse 80 per minute, rhythmic. The uterus is dense, at the level of the navel. Immediately after the birth of the fetus, blood discharge appeared from the genital tract. Blood loss has reached 300 ml, bleeding continues. There are no signs of placental separation. Lee-White sample 5'10".
DIAGNOSIS? WHAT CONDITIONS SHOULD BE DIFFERENTIATED WITH? WHICH ARE EVENTS NECESSARY? **Sample answer:**

III stage of labor. Partial tight attachment of the placenta. Bleeding.

Cervical rupture, uterine rupture.

Manual separation of the placenta and release of the placenta. Control manual examination of the walls of the uterine cavity, examination of the cervix and vaginal walls using mirrors.

Problem 22.

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:

Raftnew attachment or true placenta accreta.

An attempt to manually separate the placenta and 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 23.

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. WHAT IS THE COMPLICATION? CONTROL TACTICS?

Sample answer:

Partial tight attachment of the placenta.

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

Problem 24.

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

WHAT COMPLICATION OF THE FOLLOW-UP PERIOD OCCURRED? TACTICS? **Sample answer:**

Retention of the separated placenta in the uterine cavity.

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

Problem 25.

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

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

Sample answer:

Complete tight attachment of the placenta.

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

Problem 26.

A multiparous woman with a full-term pregnancy was admitted in the pushing period. The history includes three births (all ended with manual separation of the placenta), two abortions complicated by endometritis. 30 minutes have passed since the birth of the child, the woman’s condition is satisfactory; no complaints, no bleeding. The Kustner-Chukalov sign is negative. WHAT IS THE PATHOLOGY IN THE III PERIOD? DOCTOR'S TACTICS?

Sample answer:

Complete tight attachment of the placenta. Considering OAA (complicated obstetric history), it is possible that there is true placenta accreta.

It is necessary to attempt manual separation of the placenta while the operating room is in full swing.

Problem 27.

Postpartum period, 10 minutes after the birth of the fetus, the outer segment of the umbilical cord lengthened, and the shape of the uterus changed. There is no external bleeding.

DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

Physiological**T**During labor, the placenta separated. The woman in labor is asked to push for the birth of the placenta.

Problem 28.

30 minutes have passed since the birth of the newborn, the condition of the mother in labor is satisfactory. BP=115/70, heart rate=72 beats per minute. There is no bleeding. Signs of placental separation are negative.

DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

There is complete firm attachment or true rotation of the placenta. The operation is indicated: manual separation of the placenta and release of the placenta, if separation is impossible (rotation) - surgical treatment.

Problem 29.

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 birth of the child, the woman's condition is satisfactory; no complaints, no bleeding. Signs of placental separation (Schroeder, Alfeld, Kustner-Chukalov) are negative.

DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

There is complete firm attachment or true rotation of the placenta. The operation is indicated: manual separation of the placenta and release of the placenta, if separation is impossible (rotation) - surgical treatment.

Problem 30.

The succession period, 10 minutes after the birth of the fetus, bloody discharge from the uterus of 200 ml appeared. The Küstner-Chukalov sign is positive.

DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

There is a delay (infringement) of the separated placenta.

The use of techniques for isolating separated placenta (techniques of Abuladze, Genter, Crede-Lazarevich) is shown.

Problem 31.

The succession period, 10 minutes after the birth of the fetus, the outer segment of the umbilical cord lengthened, and the shape of the uterus changed. There is no external bleeding.

DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

Separation of the placenta as a retroplacental hematoma, without external bleeding. To avoid pinching, the woman in labor is asked to push to deliver the placenta.

Problem 32.

A 25-year-old primigravida was admitted to the maternity hospital at 40 weeks of pregnancy with regular labor. The position of the fetus is longitudinal, cephalic presentation. The fetal heart rate is 132 beats/min, below the navel on the left. The second stage of labor lasted 35 minutes. A live, full-term girl was born, weighing 4300 g. Immediately after the birth of the child, stream bleeding of scarlet blood began. There are signs of placental separation.

DIAGNOSIS? DOCTOR'S TACTICS?

Sample answer:

Childbirth I at 40 weeks. pregnancy, large fetus, afterbirth period. Bleeding in the afterbirth period, retained placenta, injury to the soft tissue of the birth canal?

The use of methods for releasing the placenta and infusion therapy, depending on the degree of blood loss. Inspection of the birth canal using mirrors. Suturing ruptures of soft tissues of the birth canal.

Problem 33.

A 28-year-old woman in labor with premature rupture of water developed persistent weakness of labor. Activation of labor was applied, and intrapartum fetal death occurred. 10 minutes after the birth of the dead fetus, the placenta separated on its own - intact, all membranes. The uterus has contracted, is dense, blood loss within 10 minutes has reached 800 ml, and continues. Measures were taken - manual examination of the walls of the uterine cavity, gentle dosed external-internal massage of the uterus, uterine contracting agents - did not produce any effect, bleeding continues. Blood flowing from the genital tract does not clot.

DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

Diagnosis. Early postpartum period. Disseminated intravascular coagulation syndrome. Bleeding.

Management plan. Administration of plasma, fibrinolysis inhibitors. Ablation. Dressing uterine arteries, internal iliac arteries. Uterus removal?

Problem 34.

A postpartum woman, after delivering a post-term fetus, developed hypotonic bleeding in the early postpartum period. After the measures taken, the bleeding stopped, the uterus was dense, and the total blood loss reached 1000 ml. The condition of the postpartum woman is of moderate severity, the skin is pale, the pulse is 112 beats. per minute, low filling. BP 80/50. Lee-White test 8 min.

DIAGNOSIS? WHAT ARE YOUR FURTHER TACTICS?

Sample answer:

Early postpartum period. Hemorrhagic shock.

Clinical, biochemical blood test, coagulogram. Treatment of shock: infusion-transfusion therapy; continue drip administration of oxytocin.

Problem 35.

Birth of twins, on time. Immediately after the birth of the placenta, heavy bleeding began, oxytocin was administered intravenously, after which the uterus contracts, but then relaxes again. The bleeding continues. Blood loss reached 1000 ml. The mother in labor turned pale. Blood pressure 90/50, pulse 100 beats per minute.

DIAGNOSIS? MANAGEMENT PLAN? COMPOSITION OF INFUSION THERAPY?

Sample answer:

Early postpartum period. Hypotonic bleeding. Hemorrhagic shock. Manual examination of the walls of the uterine cavity. Gentle dosed external-internal massage of the uterus, administration of plasma and fibrinolysis inhibitors, crystalloid and colloid solutions. If there is no effect, transection, ligation of the internal iliac arteries, hemostatic sutures on the uterus; if ineffective - removal of the uterus.

Problem 36.

The woman in labor is 28 years old, she was admitted with the onset of labor, her first full-term birth. After 5 hours, a live full-term boy weighing 3100 g was born, 20 minutes later a second boy weighing 3000 g was born, and at the moment of eruption of the head of the second fetus, oxytocin was administered intravenously. Immediately after the birth of the fetus, urine is released through the catheter.

The placenta came out within 10 minutes, immediately after birth the placenta came out 250 ml. blood, bleeding continues.

DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

First term birth, twins. Early postpartum period. Bleeding.

Uterotonic therapy. Manual examination of the walls of the uterine cavity, examination of the birth canal using mirrors.

Problem 37.

A 32-year-old pregnant woman was admitted to the maternity hospital with a full-term pregnancy and the onset of labor. The fourth birth, the three previous ones ended in the birth of live, full-term children. The third birth was complicated by bleeding in the placenta; manual separation and release of the placenta was performed due to the tight attachment of the placenta. 4 hours after admission, a live baby girl was born weighing 4200 dL. 52 cm. In the third period, bleeding was prevented with oxytocin. After 3 minutes, the placenta separated and the placenta came out, intact. The membranes are all intact, the uterus has contracted well and is dense. Blood loss 250 ml. After 10 minutes, another 150 ml of blood with clots was released from the genital tract. The uterus relaxes. The bleeding continues.

DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

Fourth term birth, large fetus. Early postpartum period. Hypotonic bleeding

Catheterization of the bladder, manual examination of the walls of the uterine cavity, external-internal dosed massage of the uterus. Inspection of the birth canal using mirrors. Intravenous administration of oxytocin. If there is no effect - the surgical stage.

Problem 38.

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 39.

Pregnant, 32 years old, full-term pregnancy. The history includes 1 birth, the baby's weight was 4200, three abortions, the last one was complicated by bleeding and repeated curettage of the walls of the uterine cavity. This is my fourth pregnancy. The abdominal circumference is 110 cm, the height of the uterine fundus is 40 cm. The head is pressed to the entrance to the pelvis.

DIAGNOSIS? WHAT COMPLICATIONS ARE POSSIBLE DURING CHILDREN? WHAT PREVENTIVE MEASURES WILL YOU TAKE?

Sample answer:

Pregnancy 40 weeks. Head presentation Large fetus. Complicated obstetric history.

Possible: clinically narrow pelvis, uterine rupture, bleeding in the afterbirth and early postpartum periods, birth trauma to the fetus.

Management of childbirth with a functional assessment of the pelvis, contractile activity of the uterus, prevention of bleeding in the afterbirth and early postpartum periods. Timely transition to surgical delivery in case of complications.

Problem 40.

Multiparous, 40 years old. The history includes 13 pregnancies, 9 births, 2 induced abortions, 2 spontaneous abortions at 8 and 12 weeks, with curettage. This is the 14th pregnancy, timely birth. At the beginning of the second stage of labor, moderate bleeding from the genital tract appeared, the general condition suddenly worsened, cold sweat appeared, blood pressure was 80/60, pulse was 100 beats per minute. The contours of the uterus are unclear. Parts of the fetus are palpated through the anterior abdominal wall; the fetal heartbeat cannot be heard.

DIAGNOSIS? MANAGEMENT PLAN?

Sample answer:

Pregnancy 40 weeks. P period of childbirth. Complicated obstetric history. Complete uterine rupture. Intrapartum fetal death. Traumatic and hemorrhagic shock.

Anesthesia. Ablation. Extraction of the fetus. Removal or suturing of the uterus. Infusion therapy

Interview Questions

Question 1. What is placenta previa and how common is it?
Sample answer:
Placenta previa is the location of the placenta in the lower uterine segment in the area of the internal os or no higher than 3 cm from it. Occurs in one case in 250 pregnant women.

Question 2. What types of placenta previa exist? **Sample answer:**
According to one of the classifications, this is a complete (or central) presentation, when the internal pharynx is completely blocked or incomplete - the internal pharynx is partially blocked or the placenta touches the pharynx with its edge.

Question 3. What are the causes of placenta previa? **Sample answer:**
These are dystrophic changes in the uterus against the background of inflammatory diseases, abortion, multiple births, uterine scar, endometrial hypotrophy; presence of myomatous nodes.

Question 4. What bleeding is typical for placenta previa during pregnancy? news, before giving birth? What is their frequency? **Sample answer:**

These bleedings are recurring, appearing spontaneously, painless, unprovoked. The amount of blood loss varies depending on the degree of presentation. The blood is scarlet, of maternal origin, there is no retroplacental hematoma. The frequency of such bleeding reaches 80%.

Question 5. What is the leading method for diagnosing placenta previa?
Sample answer:
The leading method is ultrasound (transvaginal and transabdominal).

Question 6. Under what conditions is internal, digital examination permissible? vision of placenta previa? **Sample answer:**

Such manipulation is permissible only when the operating room is deployed and the team is ready, because may be accompanied by a sharp increase in bleeding.

Question 7. Is it possible to deliver through the natural birth canal with a presentation? placenta research?
Sample answer:
This outcome is possible<u>only</u> with slight blood loss (less than 250 ml), incomplete placenta previa and a sufficient degree of opening of the cervix (5-6 cm). which makes it possible to perform an amniotomy.

Question 8. When a caesarean section is performed for placenta previa mandatory?

Sample answer:
The operation is urgently performed in case of massive bleeding, regardless of the duration of pregnancy, type of presentation, condition of the fetus (alive, dead, very premature).

ny) and with complete presentation at the end of pregnancy as planned, regardless of the absence of bleeding.

Question 9. What is placental rotation?
Sample answer:
This is trophoblast invasion into the basal membrane, myometrium, perimetrium, and surrounding organs.

Question 10. Is it possible to suspect placental rotation based on clinical manifestations during pregnancy time?
Sample answer:
Worrying points may include: pelvic pain, blood in the urine and stool, constipation (especially in women who have a scar on the uterus after a previous cesarean section).

Question 11. What is considered informative and rational in dialogue at the present stage? rotation gnostics?
Sample answer:
These are ultrasound of the pelvic organs, color Doppler mapping, MRI - pelveometry and AFP (alpha-fetoprotein) level.

Question 12. What are the main causes of placenta accreta? **Sample answer:**

These are cicatricial changes in the uterine wall (after surgery and invasive manipulations), diseases of the uterus (metroendometritis of various etiologies, Asherman's syndrome, deformation of the cavity by submucosal fibroids), high proteolytic activity of the chorion.

Question 13. What criteria are used to classify placental rotation? **Sample answer:**

The assessment of the variant of this pathology is carried out by the area of abnormal attachment (complete or partial) and by the depth of ingrowth into the uterus (dense attachment, growth into the muscle layer; rotation into the myometrium, growth through the myometrium up to or through the serosa).

Question 14. What is characteristic of partial tight attachment or rotation of the placenta?
Sample answer:
The main symptom is bleeding in the afterbirth period of varying intensity.

Question 15. What is the doctor's tactics for bleeding inIII stage of labor?
Sample answer:
An attempt is made to manually separate the placenta. If the attachment is tight, this is possible and the placenta is released. If there is a true accretion, the attempt at separation fails; it is necessary to proceed to surgical treatment.

Question 16. What are the tactics for antenatal diagnosis of placental rotation?
Sample answer:
During antenatal diagnosis of pathologynatural childbirth is contraindicated, the operation is performed as planned at 37-39 weeks as a bottom caesarean section followed by metroplasty or hysterotomy.

Question 17. Are there organ-preserving interventions for placental rotation? **Sample answer:**
Allows you to save the uterus by performing a bottom cesarean section with subsequent metroplasty. The possibility of metroplasty is ensured by applying a tourniquet; ligation of the uterine, ovarian, iliac vessels or embolization, balloon temporary occlusion of the uterine arteries.

Question 18. When is PONRP diagnosed?

Sample answer:
This is the partial or complete separation of the normally located placenta from the walls of the uterus before the birth of the fetus (during pregnancy or childbirth).

Question 19. What is the classification of PONRP?
Sample answer:
Depending on the area of detachment, it can be partial (progressive or non-progressive) and complete.

Question 20. What types of bleeding are possible with PONRP?
Sample answer:
This is external bleeding (the edge of the placenta peels off); retroplacental bleeding, hidden (between the wall of the uterus and the placenta); mixed bleeding.

Question 21. When is it possible to prolong pregnancy with PONRP?
Sample answer:
In case of premature pregnancy (up to 34-35 weeks), mild abruption, no blood loss**>** 250 ml, no progression, no deterioration in the condition of the fetus, no signs of coagulopathy.

Question 22. What is the tactics for detecting Cuweller's uterus during laparotomy?
Sample answer:
If, in the dynamics of the operation and surgical hemostasis (according to indications), the uterus contracts well, the issue of preserving the uterus is decided by a council of doctors. If atony is not amenable to uterotonic therapy, there is no effect of surgical hemostasis, or if bleeding continues, a hysterectomy is performed.

Question 23. Can placental separation and placenta discharge lead to problems? wrong actions of the doctor? **Sample answer:**

Yes, they can, if it is untimely: an attempt to release the placenta, massage of the uterus, pulling on the umbilical cord; administration of large doses of uterotonics.

Question 24. What is the effectiveness of manual separation of the placenta and placenta discharge during different forms of afterbirth bleeding? **Sample answer:**

If the placenta is tightly attached (partial or complete), the placenta is strangulated, all lobes of the placenta can be completely separated and the placenta isolated. With true rotation, it is impossible to separate the placenta without compromising the integrity of the uterine wall.

Question 25. What place does uterine hypotension occupy in the structure of bleeding during childbirth and maternal mortality due to hemorrhage? **Sample answer:**

Uterine hypotension is a leading cause of bleeding and, in some countries, death.

Question 26. What is done surgically before hysterectomy for hypotensive bleeding?

Sample answer:
This is a revision of the uterus (and suturing if necessary); compression sutures on the uterus; ligation of uterine and ovarian vessels; ligation of the internal iliac arteries.

Question 27. What compression stitching technologies are currently used? **Sample answer:**

These are the Pereira seam, the B-lynch seam, the modified B-lynch seam, the vertical seam, the Radzinsky and Rymashevsky seam, and the square seam.

Question 28. What are the benefits of compression sutures on the uterus?
Sample answer:
They are an alternative to hysterectomy, allowing you to preserve the uterus and realize a woman's reproductive plans in the future.

Addition tasks

Addition tasks

Exercise 1.*Instructions. Instead of a dash, enter1 word or number:* The location of the placenta is considered low if its lower edge does not reach the internal os by _____ centimeters.
Sample answer:five (5).

Task 2.*Instructions. Instead of a dash, enter2 words:*
Late gestosis is not a risk factor for the development of _____. **Sample answer:**placenta previa.

Task 3.*Instructions. Instead of a dash, enter1 word:* The PONRP clinic does not involve _____. **Sample answer:**asymptomatic.

Task 4.*Instructions. Instead of a dash, enter1 word or number:* Late postpartum hemorrhage is bleeding that occurs more than _____ hours after birth. **Sample answer:**two (2).

Task 5.*Instructions. Instead of a dash, enter the end of the sentence:* The permissible blood loss during physiological childbirth should not exceed _____. **Sample answer:** 0.5% of body weight.

Task 6.*Instructions. Instead of a dash, enter1 word:* _____ type of placentation creates a particular risk of developing massive obstetric hemorrhage.

Sample answer:hemochorial.

Task 7.*Instructions. Instead of a dash, enter2 words:*
A method for preventing obstetric hemorrhage is not _____. **Sample answer:**operative delivery.

Task 8.*Instructions. Instead of a dash, enter2 words:*
Laboratory indicators _____ and _____ are not indirect methods for assessing the volume of blood loss.
Sample answer:hemoglobin and hematocrit.

Task 9.*Instructions. Instead of a dash, enter2 words:* _____ is not included in the complex of clinical data for determining the amount of blood loss.
Sample answer:duration of labor.

Competency assessment criteria and rating scales

Grade "unsatisfactory" specifically" (not counted) but) or absence formation competencies	Grade "satisfy" specifically" (passed) or satisfactory-ny (threshold) level of development competencies	Grade "good" (passed) or sufficient level the line of mastering computer tendencies	Grade "excellent" (passed) But) or high level of development competencies
failure to student sa- independently pro- demonstrate knowledge at decide- research assignments, from- absence of self- in the vicinity lack of skills. From- presence confirmed waiting availability formation competencies of the talks about the negative re- results of development academic discipline us	student demonstrates independent- ease of application knowledge, skills knowledge and skills to solution of educational tasks in full According to sample given teacher, on assignments, re- sewing which was shown teacher, should be considered what competence formed on satisfactory- nom level.	student daemon- struts self- linen application knowledge, skills and abilities in solving tasks similar samples, what's under- asserts Availability formed com- claims at a higher level level Availability such com- petitions on enough exact level of evidence indicates firmly fixed practical skill	student demonstrates ability To complete independence tel-ness in You- bora fashion re- sewing non-stan- gift tasks within disci- slabs with use calling knowledge, skills and skills kov received as in the course of mastering this dis- ciplines, so and adjacent disci- plin, should count computer tendency form- roved on you- juice 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 (to represent) noun the severity of the phenomena, the pro- processes, draw conclusions	logic and sequence 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; lo-	high ability to explain understand the essence of phenomena, processes, events, draw conclusions and generalizations, give arguments standardized answers, give examples	high logic and successor- number of answers

	genicity and consistency length of response		
Fine	solid knowledge of the basic processes of the studied subject area, is distinguished by the depth and completeness of the topic; mastery of terminology; fluency in monologue speech, but one or two inaccuracies in the answer are allowed	ability to explain things ity, phenomena, processes, events, do conclusions and generalizations, give reasoned new answers, give examples; however, it is permissible repents of one or two inaccuracies in the answer	logic and sequence answer
satisfactory strictly	satisfactory knowledge of the processes of the subject area being studied, an answer characterized by insufficient precise depth and completeness of the topic; knowledge of basic issues theories. Several errors in the content of the answer are allowed	satisfactory ability to give arguments standardized answers and give examples; satisfactorily formed skills ki analysis of phenomena, processes. Several are allowed errors in content answer	satisfactory logic and sequence answer
unsatisfactory emphatically	poor knowledge of the subject area being studied, insufficient coverage of the topic; poor knowledge of basic theoretical issues, poor skills in analyzing phenomena and processes. Allowed serious errors in the content of the answer	inability to give argu-mented answers	lack of logical tions and sequences response time

Criteria for assessing situational tasks:

Mark	**Descriptors**			
	understanding of problems	**situation analysis tions**	**solving skills** understanding of the situation	**professional thinking**
Great	full understanding ie problems. all requirements submitted to aspiration, fulfillment ena	high way - analysis to describe the situation yu, do conclusions	high way - Option to choose solution method problems of confidence scientific skills solutions to the situation II	high level of pro- professional mouse leniya
Fine	full understanding ie problems. all requirements submitted to aspiration, fulfillment ena	benefit analyze situation, de- draw conclusions	ability you- to use the method of re- solving the problem faithful skills and solutions to the situation tions	residual level professional thoughts. Tolerance- there are one or two inaccuracies awn in the answer
satisfactory strictly	astic pony- solution to the problem. majority requirements declared to aspiration, fulfillment	satisfy unique way - analysis to describe the situation yu, do conclusions	satisfactory- skills in re- understanding of the situation, falsity with choice om of the solution method ia tasks	residual level professional thoughts. Tolerance- there are more than two inaccuracies in the answer because the error in the sequence

	ena			decision activity
unsatisfactory emphatically	misunderstanding problems. many requirements yes, present- assigned to the task, not completed. No Tveta. Did not have experiments to solve hello	the best way - analysis change the situation	insufficient solution skills situation	missing