

TASK 1

A young, nulliparous woman fell ill on the second day after a medical abortion. Complaints of malaise, fever to 39 ° C, a single chill. The patient took an aspirin tablet, called an "ambulance" and was taken to the gynecological hospital on duty. The examination indicated tachycardia, paleness of the skin, increase in the number of leukocytes to 10.0 G / L, ESR 35 mm per hour. The abdomen is of regular shape, soft, painful when palpated above the bosom. In bimanual examination, the uterus is somewhat larger than normal size, soft in texture, mobile and moderately painful, and the pharynx is closed. Allocations are meager, bloody, odorless.

- **Make a diagnosis**
- **Your tactics**
- **Answer the questions**

(one or more correct answers):

I. What is the complication in the postabortion period in this patient?

- 1. Parameter.**
- 2. Appendicitis.**
- 3. Pelvioperitonitis.**
- 4. Acute endometritis.**

II. In the complex treatment of the patient the leading role is played by:

1. Non-steroidal anti-inflammatory drugs;
- 2. Uterotonic drugs;**
3. Antipyretics;
4. Antibiotics.

III. The long-term consequences of the postabortion inflammatory process:

1. Infertility;
2. Pelvic pain;
3. Incompetence;
4. Dysmenorrhea.

TASK 2

To the on-duty hospital, the ambulance crew was delivered a 23-year-old patient with complaints of abdominal pain, nausea, purulent bleeding from the genital tract, frequent urination. She got sick acutely during the next menstruation. A woman is not married. At admission, the condition is of moderate severity. Body temperature 39 ° C, blood pressure 110/70 mm Hg. art., pulse 110 strokes per minute, hemoglobin 110 g / l, number of leukocytes 12.0 g / l. The abdomen is moderately swollen, there is a tension in the muscles of the anterior abdominal wall, a positive symptom of Shchetkin-Blumberg in the lower parts. In a bimanual examination, the uterus and its appendages can not be determined due to the sharp pain and tension of the muscles. The cervical canal is closed, purulent with blood admixture.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. Additional examination of the patient includes:

1. Microscopic examination of smears from the urethra and the cervical canal;
2. Ultrasound of the pelvic organs;
3. Kuldocentesis;
4. Dynamic monitoring of the patient's condition.

II. Conservative treatment of the disease involves:

1. Bed rest;
2. Anesthetics;
3. Infusion therapy;
4. Antibiotics.

III. Indication for surgical treatment:

1. Pain syndrome;
2. Temperature rise up to 39.5 ° C;
3. Leukocytosis;
4. Suspicion of the perforation of the purulent tumor.

TASK 3

An unmarried twenty-five-year-old woman has been complaining about purulent discharge from the genital tract and pain during urination for 5 days. The body temperature did not increase. She lives sexual life irregularly, has no permanent partner. The menstrual cycle is not broken. The abdomen is of normal shape, with palpation soft. In a bimanual study: the uterus and uterine appendages are not enlarged, painless on palpation. In the mirrors: the mucous membrane of the vagina and the cervix are hyperemic, abundant purulent-mucous leucorrhoea have a form of "purulent tape"

- **Put the diagnose**
- **your actions**
- **Answer the questions**

(one or several true answers):

What disease occurs in this case?

1. The Colpitis.
2. Purulent endocervicitis.
3. Acute urethritis.
4. Uncomplicated course of STD.

II. What kind of treatment is needed for this patient?

1. Hospitalization.
2. Antimicrobial agents.
3. Infusion therapy.

4. Treatment of the sexual partner.

III. What are the risk factors for STIs:

1. Young age;
2. A large number of sexual partners (promiscuity);
3. Rare use of barrier methods of contraception;
4. All of the above

TASK 4

A 26-year-old woman complained of aching pain in the abdomen. The pains appeared after treatment at the southern resort and are troubled for a year. From an anamnesis it is found out: menstruation from 17 years, rare, poor; primary infertility for 5 years. The patient's grandfather was ill with pulmonary tuberculosis. On examination: the skin is pale, body temperature 37 ° C, pulse 78 in 1 min, rhythmic. The abdomen is soft, painless.

Gynecological status: the uterus is reduced in size, limited mobile, painless. Uterine appendages on both sides painful, somewhat enlarged, of dense consistency.

- **Make a diagnosis**
- **Your tactics**
- **Answer the questions**

(one correct answer)

I. What variant of menstrual dysfunction occurs in this patient?

- A. Menorrhagia.
- B. Metrorrhagia.
- B. Hypo-oligomenorrhea.
- G. Amenorrhea.

II. To clarify the diagnosis, it is advisable to use

- A. Radiography of the lungs;
- B. Ultrasound of the pelvic organs;
- B. Laparoscopy;
- G. All of the above.

III. Indicate possible causes of reproductive harm in this patient:

- A. Intrauterine synechia;
- B. Chronic anovulation;

B. Infringement of patency of fallopian tubes;

D. Any of the listed

TASK 5

On reception to the children's gynecologist the mother with the girl of 4 years has addressed, at which there is an itch and reddening in the field of external genitals, purulent discharge from the genital tract. These symptoms occur periodically throughout the year, the hygiene of the genitals is observed. The child is observed by an allergist in connection with atopic dermatitis (skin rashes on the elbows and on the face).

• **Make a diagnosis**

• **Your tactics**

• **Answer the questions**

(one or more correct answers):

I. The cause of vulvovaginitis in girls can be:

1. Allergic disease;
2. Enterobiosis;
3. Gonorrhea;
4. Foreign body of the vagina.

II. In the development of vulvovaginitis in girls up to 8 years the leading role is played by:

1. Irrational nutrition;
2. Non-compliance with hygiene measures;

3. Deficiency of progesterone;
4. Estrogen deficiency.

III. Treatment of allergic vulvovaginitis in girls includes:

1. Hypoallergenic diet;
2. Immunomodulators;
3. Antihistamines;
4. Preparations with estrogens for topical application.

TASK 6

A 14-year-old girl has abundant, with clots, irregular menstruation in 6-8 weeks for 8-10 days, painless. Complains of weakness, dizziness. A history of nasal bleeding from early childhood. Menarche at the age of 13. It was examined on the 7th day of uterine bleeding. On examination: the skin is pale, the pulse of 82 beats per minute, rhythmic, blood pressure 110/70 mm Hg, hemoglobin 90 g / l. The abdomen is soft, painless. Gynecologic status: the external genitalia are developed correctly, the female hair type, the hymen are intact. With recto-abdominal examination: uterus of normal size, painless; appendages of the uterus on both sides are not enlarged, discharge from the genital tract is bloody, abundant.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. At what diseases can the described clinical picture of a teenage girl be observed?

1. Dysfunctional uterine bleeding.
2. Thrombocytopathy.

3. Illness of Verlhof.
4. Von Willebrand's disease.

II. What additional research is needed to conduct this patient?

1. Study of the number of platelets.
2. Ultrasound of the pelvic organs.
3. Study of the state of the hemostasis system
4. The test for hCG

III. Specify a method of stopping bleeding in adolescent girls, which is used as a last resort:

1. Electrostimulation of the cervix;
2. Hormonal hemostasis;
3. Reception of tranexamic or aminocaproic acid;
4. Scraping the uterine cavity.

TASK 7

A 29-year-old woman complained of a prolonged uterine bleeding after delaying another menstruation for 3 months. The test for hCG is negative. With bimanual examination and examination with the help of the vaginal mirror, no pathological changes were detected. Treatment-diagnostic curettage of the uterine cavity under the control of hysteroscopy was carried out. The result of the morphological study of the endometrium: the proliferation phase.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. What is the situation in this case?

1. Myoma of the uterus.
2. Endometriosis.
3. Disrupted pregnancy.
4. Dysfunctional uterine bleeding.

II. For the regulation of the menstrual cycle, it is advisable to use:

1. The gestagens;
2. Estrogens;
3. Estrogen-gestagens;
4. Androgens.

III. What options for ovarian dysfunction are possible with DUB:

1. Persistence of the follicle;
2. Multiple follicular atresia;
3. Persistence of the yellow body;
4. The insufficiency of the yellow body.

TASK 8

A female gynecologist was approached by a 26-year-old patient complaining of a primary lack of menstruation and pregnancy. In the anamnesis - tuberculous uveitis. The phenotype is typically feminine with well-developed secondary sexual characteristics. When gynecological examination of the developmental defects of the genital sphere was not found. A sample with progesterone negative (gestagen test).

- Make a diagnosis
- Your tactics
- Answer the questions

(one correct answer):

I. What kind of test should be performed after a negative gestagen-gene test in pathological amenorrhea (according to the algorithm)?

- A. Sample with clomiphene.
- B. Test with estrogen.
- B. Test with gonadotropin.
- G. Sample with dexamethasone.

II. Forecast with a negative estrogen test in this case:

- A. Relative infertility;
- B. Absolute infertility;
- B. Pregnancy after spa treatment;
- D. Pregnancy after hormonal treatment.

III. At what age is the genital tract of a woman most vulnerable to metastasis of Koch's wand?

- A. 10 years.

B. 18 years.

V. 25 years.

G. 30 years.

TASK 9

A 34-year-old woman went to the doctor with complaints of persistent headaches, secondary amenorrhea for 1 year and an increase in body weight.

BP 85/60 mm of mercury. I have not taken any medicines recently. The results of the examination are as follows: prolactin-55 ng / ml (norm 2-25), TTG-40 μ E / ml (norm 0.1-4.5), T4- 1.8 μ g / dL (norm 4.5-12)

- Diagnose
- Your tactics
- Answer the questions

(one or more correct answers):

I. What is the most likely cause of amenorrhea in this patient, according to the who classification:

1. Hyperprolactinemia with pituitary tumors.
2. Hyperprolactinemia without pituitary tumors.
3. Pituitary adenoma.
4. Primary hypothyroidism.

II. For this patient it is advisable to appoint in the first place:

1. The dopamine agonists;

2. Homeopathic remedies;
3. Antiestrogens;
4. Thyroxine.

III. In primary hypothyroidism:

1. Increased TSH;
2. A reduced level of T4;
3. Common cause is autoimmune thyroiditis;
4. Taking thyroxin induces menstruation in amenorrhea..

TASK 10

A young woman six years ago (at age 19) for no apparent reason stopped menstruating, there was no pregnancy. The feminine phenotype. Recently, the deterioration of vision. Concentration of FSH in the blood serum 0.3 mIU / ml (normal 2-20), prolactin - 16 ng / ml (norm 2-25). The test with gestagens and estrogens is negative.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. What form of amenorrhea is most likely in this case?

1. The masterbatch.

2. Ovary.
3. Stressful.
4. Pituitary.

II. What research should be done first?

1. Hysterography.
2. Investigation of the fundus and visual fields.
3. Kimopertubation.
4. MRI of the brain.

III. If there are pathological changes in the MRI of the brain, which specialist will determine the further tactics?

1. The oculist.
2. Neuropathologist.
3. The gynecologist.
4. Neurosurgeon.

Task 11

18-year-old girls don't have any menstruation. Height 140 cm, undeveloped Breasts, small uterus, hypoplasia of external genitalia, no sexual body hair.

The results of hormonal studies are the following:

Estradiol serum – 8 PG/ml (the norm 23-45);

LG – 105 Miu/ml (normal 2-15);

FSH – 120 Miu/ml (normal 2-20);

Prolactin – 12нг/ml (norm 2-25)

- Make a diagnose
- Your tactics
- Answer the questions

(one or more correct answers):

I. What is the most likely cause of amenorrhea in this case?

1. Hyperprolactinemia.
2. Hypothalamic-pituitary failure;
3. Hypothalamic-pituitary dysfunction;
4. Ovarian failure.

II. What research should be appointed in this case for the algorithm?

1. The gestagen test.
2. Clomiphene test.
3. MRI of the brain.
4. Karyotyping.

III. Treatment tactics for the patient with the karyotype 45KH:

1. Nothing to do;
2. To stimulate the growth of girls 2-3 years;
3. To appoint preparations containing gonadotropins;

4. Hormonal therapy with estrogens in 2-3 years.

Task 12

Three months after the introduction of the IUD, a patient of 30 years turned to a gynecologist with complaints of unstable aching pain in the lower abdomen and profuse menstruation. For the first time the pain symptom appeared 2 days after the introduction of the IUD. Bimanual examination and examination with a vaginal mirror: the uterus and uterine appendages are not enlarged, moderately painful on palpation. Cervix without erosion, visible strands of the IUD. Allocations mucous, in a small amount.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. What appointments are appropriate in this situation:

1. Removing the IUD;
2. Anti-inflammatory drugs;
3. Choosing another method of contraception;
4. Removing the IUD does not make sense.

II. What methods of contraception should be recommended after removal of the IUD:

1. Re-introduction of the IUD;
- 2 Combined oral contraceptives;
3. Vaginal douching.

4 Condom

III. Name the useful effects of COCs:

1. Reduction of blood loss during menstruation;
2. Reduction of the frequency of the EGC;
3. Reducing the incidence of ovarian cancer;
4. Decreased incidence of endometrial cancer.

TASK 13

A 38-year-old woman is referred to a clinic for examination because of the symptoms of hyperpolymenorrhea and secondary anemia (hemoglobin 80 g / l). An objective examination revealed an increase in the uterus, corresponding to an 8-week gestation period. The cervix is of normal size, the pharynx is closed. In the mirrors: the cervix is pale in color, without erosion. The patient does not want to undergo surgical intervention with the removal of the uterus.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. What additional survey methods will allow to discuss the issue of treatment?

1. Oncocytology of the cervix.
2. Ultrasound of the pelvic organs with dopplerometry.
- 3 Hysteroscopy

4. Separate diagnostic curettage of the uterine cavity and cervical canal.

II. At what location of the myomatous node there are especially abundant bleedings?

1. Subsurface.

2. Intramural.

3. Pelvis.

4. Submucous.

III. In what case is it possible to perform intrauterine surgery:

1. Benign character of morphological research of endometrium and endocervix;

2. Detection of the submucous node 0 or type 1;

3. Appropriate equipment of the operating room;

4. All is true

Task 15

The 46-year-old woman has addressed in female consultation with complaints to plentiful long menstruations, delicacy, decrease in working capacity. She considers herself to be sick for 6 months. On examination: skin is pale, pulse is 78 beats per minute, rhythmic. Blood pressure 125/80 mm Hg, hemoglobin level 80 g / l. With bimanual examination and examination with the help of the vaginal mirror: the uterus is enlarged to the size corresponding to 6-7 weeks of pregnancy, mobile, painless. The adherents of the uterus on both sides are not enlarged, the peritoneal tissue is not infiltrated. The cervix of the uterus is not altered, the discharge from the genital tract is mucous.

- Make a diagnosis
- Your tactics

- Answer the questions

(one or more correct answers):

I. What kind of gynecological diseases is characterized by the clinical picture described in the problem:

1. Myoma of the uterus with a submucosal arrangement of the node.
2. Adenomyosis.
3. Chronic endometritis.
4. Dysfunctional uterine bleeding.

II. What additional research methods should be planned to clarify the diagnosis in this case, except:

1. Ultrasound of the pelvic organs;
2. Hysteroscopy;
3. Separate diagnostic curettage of the cervical canal and uterine cavity;
4. Laparoscopy.

III. What morphological changes in the endometrium are possible in this situation?

1. A simple typical endometrial hyperplasia.
2. Complex typical endometrial hyperplasia.
3. Atypical hyperplasia of the endometrium
4. Adenocarcinoma.

TASK 14

A 48-year-old woman is referred to a clinic for surgical treatment for multiple uterine fibroids. The size of the uterus corresponds to 24 weeks of pregnancy. When examined with the help of a vaginal mirror, old cervical ruptures and ectropion were found.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. What examination of the cervix is necessary before the resolution of the question of the scope of the operation

1. Oncocytology;
2. Extended colposcopy and targeted biopsy;
3. Definition of human papillomavirus;
4. All of the above.

II. What surgical options are the method of choice in this case?

1. Deflation of the uterus.
2. Total hysterectomy
3. Enucleation of myomatous nodes.
4. Subtotal hysterectomy

III. What surgical complications can occur during removal of the uterus of large sizes?

1. Injury of the bladder.

2. Bleeding.
3. Dressing of the ureter.
4. Any of the listed.

TASK 16

The 38-year-old patient suddenly felt the attack of sharp pains in the bottom departments of a stomach. Menstrual cycle without changes, in the anamnesis of 2 genera. Within 3 years the patient is on a dispensary observation about intramural uterine myoma. At admission to the hospital: AD 120/80 mm of mercury, pulse 90 beats per minute. satisfactory filling. The abdomen is painful in the lower parts, the upper pole of the dense tumor emanating from the small pelvis is probed above the womb. Bimanual examination: the uterus is increased to 14-15 weeks of pregnancy, tuberous due to a number of nodes, one of them in front is $10 \times 7 \times 8$ cm, sharply painful on palpation. Fiber of the small pelvis is not infiltrated. Cervix of the uterus without pathological changes.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. The beginning of treatment provides:

1. Cold on the bottom of the abdomen;
2. Antibiotics;
3. Spasmolytics;
4. Antiaggregants.

II. Name the methods of preobsledovaniya patient:

1. Diagnostic curettage of the uterine cavity;
2. Ultrasound of pelvic organs with dopplerometry;
3. Kuldocentesis;
4. General analysis of blood in the dynamics.

III. In what cases is the question of urgent surgical intervention addressed?

1. Deterioration of the patient's condition;
2. Unclear diagnosis;
3. Pathological ultrasound symptoms;
4. Lack of improvement after 24 hours

TASK 17

A 32-year-old patient turned to a gynecologist with a complaint of pain in the abdomen, which appear 5 days before menstruation and intensify on the 1st day of menstruation. Sick after some time after diathermocoagulation of the cervix, performed 2 years ago about pseudo-erosion (ectopia). Bimanual examination: the uterus is spherical, somewhat enlarged, of a dense consistency. Uterine appendages not enlarged, painless on palpation. Fiber is soft. Cervix of the uterus without pathological changes.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. To clarify the diagnosis in a patient with dysmenorrhea apply:

1. Hysteroscopy;

2. Ultrasound of the pelvic organs;
3. Laparoscopy;
4. MRI of the pelvic organs.

II. What are the medicament agents that can bring benefits in the treatment of dysmenorrhea:

1. Spasmolytics;
2. Analgesics;
3. Non-steroidal anti-inflammatory drugs;
4. All of the above.

III. Hormonal remedy, which can give a positive effect in the conservative treatment of this patient:

1. Gonadoliberin agonists;
2. Antigonadotropins;
3. Gestagens or COCs;
4. Any of the listed.

TASK 18

A married woman of 20 years turned to a women's consultation for registration, considers herself pregnant (delay of menstruation 10 days). On examination: the condition is satisfactory, the abdomen is soft, painless, the blood pressure is 120/80 mm Hg, the pulse is 72 beats per minute. Bimanual examination and examination with a vaginal mirror: uterus of normal size, an increase in uterine appendages to the right, cyanosis of the vaginal mucosa. With ultrasound examination of pelvic organs, a progressive tubal pregnancy is suspected.

- Make a diagnosis
- Your tactics

•Answer the questions

(one correct answer):

I. Correct tactics of the doctor of female consultation:

- A. Emergency hospitalization of a patient;
- B. Issue a sick list and send the patient to determine the HCG titer in the blood;
- B. To appoint a repeated appearance in the women's consultation;
- D. To produce a culdocentesis.

II. What symptom of the above can confirm the suspicion of a progressive ectopic pregnancy?

- A. Paroxysmal pains in the lower abdomen.
- B. "Spotting" spotting from the genital tract.
- C. Symptoms of irritation of the peritoneum.
- D. The content of hCG in the blood serum is less than that prescribed by the gestation period.

III. What surgical intervention is expedient to perform with a progressive ectopic pregnancy?

- A. Medical-diagnostic laparoscopy.
- B. Laparotomy.
- V. Kuldocentesis.
- D. Diagnostic curettage of the uterine cavity.

TASK 19

The patient is 26 years old. Complaints of abdominal pain on the right for 2 days, weakness, dizziness. The pain radiates into the rectum. Sexual life from the age of 23, had one pregnancy, which ended in miscarriage. The last menstruation was 1.5 months ago. Objectively: the condition is satisfactory, the skin is pale, the temperature is 37,2 ° C, the pulse is 84 bpm, the blood pressure is 110/70, 105/70 mm Hg. The abdomen is soft, with palpation tenderness in the lower parts, more to the right. Bimanual examination: the uterus is slightly enlarged, its displacement causes a sharp pain. On the left, the appendages of the uterus are not determined. To the right of the uterus palpable tumor formation of a testis consistency with fuzzy contours. Allocation is meager, dark brown. The content of HCG in the blood serum is less than 1000 IU / ml.

- **Make a diagnosis**
- **Your tactics**
- **Answer the questions**

(one or more correct answers):

I. What is the most likely situation in this case?

1. Acute appendicitis.
2. Acute pelvioperitonitis.
3. Apoplexy of the ovary.

4. Interruption of ectopic pregnancy as a tubal abortion.

II. Therapeutic tactics in this case:

1. Conservative treatment;
2. Scheduled operation;
3. Dynamic observation;
4. Emergency operation.

III. Which of the following operations are appropriate in this case?

1. Resection of the uterine tube;
2. Salpingo-cholephoectomy;
3. Removal of uterine appendages;
4. Linear salpingophotomy and kelifectomy.

TASK 20

The gynecological department for emergency care received a patient 31 years. Complaints of abdominal pain, weakness, dizziness, nausea. I got sick suddenly, at work. He notes a delay in menstruation for 10 days. She had 3 pregnancies: urgent labor and two artificial abortions. Objectively: a severe condition, a sharp pallor, a retardation. He answers questions with difficulty. AD 80/40, 85/40 mm Hg, pulse 140 bpm. weak filling. The temperature is 36.6 ° C. The tongue is wet. When palpation of the abdomen marked symptom Kulenkampf (a positive symptom of Shchetkin-Blumberg with an absolutely soft abdomen) Bimanual examination: the vagina gave birth, palpation of the uterus and appendages of the uterus is difficult due to severe soreness. The posterior vaginal arch is hanging, painful. Discharges from the uterus are dark, bloody, meager.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. What diseases should be differentiated in this case?

1. Perforated gastric ulcer.
2. Apoplexy of the ovary.
3. Rupture of the spleen.
4. Ectopic pregnancy.

II. Name the research method that allows you to determine the nature of fluid in the abdominal cavity:

1. Ultrasound of the pelvic organs;
2. Palpation of the abdomen;
3. Rectal examination;
4. Kuldocentesis.

III. What tactic should be applied when blood is detected in the abdominal cavity of this patient?

1. Laparoscopy;
2. Treatment of shock;
3. Diagnostic curettage of the uterine cavity.
4. Emergency laparotomy and salpingo-cholephoectomy

TASK 21.

M., 28 years old, para 2. Full term of pregnancy. Initiation of labor was 8 hours ago. Uterine contractions are every 3 minutes and lasts 35-40 seconds. The membranes ruptured 20 minutes ago. Pelvic sizes: 25,28,31,20. Fetal head rate 132 per minute with satisfactory characteristics. Probable fetal weight is 3000 g. Vaginal results: the cervix is completely dilated. The amniotic sac is absent. Fetal head is in 0 station. Sagittal suture is in the right oblique diameter of pelvic inlet. Anterior fontanel is located to the right side anteriorly and posterior fontanel is near sacral region to the left side. Define is the diagnosis?

- **Define** the second stage of labor.
- **List** the cardinal movements of labor.
- **Identify** the normal fetal heart rate range during labor.

- **Name** the pelvic diameters measured externally.
- **Explain** why this patient is in the second stage of labor.
- **Describe** how vaginal examination findings indicate occiput posterior position.

- **Summarize** the significance of the sagittal suture location.
- **Determine** the fetal position based on the vaginal examination findings.
- **Interpret** the fetal heart rate of 132 bpm.
- **Demonstrate** how you would monitor this patient during the second stage of labor.
- **Select** the appropriate management tactic for this patient

TASK 22.

The 26-year old woman had these second for the last 2 years labor with oxytocin application. The child's weight - 4080 g. After the placental birth there was a severe bleeding, signs of hemorrhagic shock. Despite the introduction of contractive agents, and absence of any uterus cervix and the vagina injuries, the bleeding proceeds. Choose the most probable cause of bleeding.

- **Define** postpartum hemorrhage.
- **List** the main causes of primary postpartum hemorrhage (4 Ts).
- **State** the normal amount of blood loss after vaginal delivery.
- **Explain** why fetal macrosomia increases the risk of postpartum hemorrhage.
- **Describe** the mechanism of uterine atony.
- **Summarize** why bleeding continues despite uterotonic administration in this case.
- **Determine** the most probable cause of bleeding in this patient.
- **Select** the immediate management steps for this condition.
- **Demonstrate** how you would assess uterine tone after delivery.

TASK 23

A 36 yr old G1P0 at 35 weeks gest presents with several days H/O generalised malaise, anorexia, nausea and emesis and abd. discomfort. She has loss of appetite and loss of several pounds wt in 1 week. Fetal movements are good. There is no headache, visual changes, no vaginal bleeding, no regular uterine contractions or rupture of membranes. She is on prenatal vitamins. No other medical problem. On exam she is mild jaundiced and little confused. Her temp is 100 degree F, PR- 70, BP- 100/62, no significant edema, appears dehydrated. FHR is 160 and is nonreactive but with good variability. Her WBC- 25000, Hct- 42.0, platelets- 51000,

SGOT/SGPT- 287/ 350, GLUCOSE-43, Creatinine- 2.0, fibrinogen- 135, PT/PTT- 16/50, S. Ammonia level- 90 micromol/L. Urine is 3+ Proteins with large amount of ketones. What is the the recommened treatment for this patient.

- **Define** acute fatty liver of pregnancy.
- **List** the typical laboratory findings in acute fatty liver of pregnancy.
- **State** the normal range for platelet count in pregnancy.
- **Name** the causes of liver dysfunction in the third trimester.

- **Explain** why hypoglycemia occurs in acute fatty liver of pregnancy.
- **Describe** the mechanism of coagulopathy in this condition.
- **Summarize** why confusion develops in this patient.
- **Discuss** why fetal tachycardia may be present.

TASK 24

A 34-year-old woman complains of heavy prolonged menstruation for 1 year, pelvic pressure, and infertility for 3 years. Hemoglobin – 92 g/L. On bimanual exam, the uterus is enlarged to 10 weeks of pregnancy, irregular, dense, mobile, painless. Adnexa are normal.

- Make a diagnosis
- Your tactics
- Answer the questions:

I. What is the most likely diagnosis?

1. Adenomyosis
2. Subserous uterine fibroid
3. Intramural uterine fibroid
4. Endometrial polyp

II. What additional diagnostic method is most informative?

1. Pelvic ultrasound with Doppler
2. Colposcopy
3. Laparoscopy
4. Endometrial biopsy

III. Organ-preserving surgery is possible in:

1. Single intramural node
2. Desire for fertility preservation
3. Benign histology
4. All of the above

TASK 25

A 55-year-old postmenopausal woman presents with vaginal spotting for 2 months. Menopause occurred 6 years ago. On exam, uterus normal size, painless. No adnexal masses.

- Make a diagnosis
- Your tactics
- Answer the questions:

I. What must be excluded first?

1. Endometrial hyperplasia
2. Cervical ectropion
3. Endometrial carcinoma
4. Ovarian cyst

II. What is the first-line investigation?

1. Pap smear

2. Transvaginal ultrasound
3. MRI pelvis
4. Laparoscopy

III. Endometrial thickness >5 mm in menopause requires:

1. Observation
2. Hormonal therapy
3. Endometrial biopsy
4. Hysterectomy immediately

TASK 26

A 30-year-old G2P1 at 33 weeks presents with painless bright red vaginal bleeding. No abdominal pain. Fetal heart rate normal. Uterus soft, non-tender.

- Make a diagnosis
- Your tactics
- Answer the questions:

I. The most likely diagnosis:

1. Placental abruption
2. Placenta previa
3. Uterine rupture
4. Vasa previa

II. Vaginal examination should be:

1. Performed immediately
2. Avoided until ultrasound confirmation

3. Done under anesthesia
4. Done after oxytocin

III. Definitive management at term:

1. Induction of labor
2. Cesarean section
3. Forceps delivery
4. Vacuum extractio

TASK 27

A 29-year-old primigravida at 37 weeks complains of headache and visual disturbances. BP 170/110 mmHg. Proteinuria 3+. Platelets 110,000.

- Make a diagnosis
- Your tactics
- Answer the questions:

I. Diagnosis:

1. Gestational hypertension
2. Severe preeclampsia
3. Chronic hypertension
4. Eclampsia

II. Immediate management includes:

1. Magnesium sulfate
2. Antihypertensive therapy
3. Immediate delivery
4. All of the above

III. The most dangerous complication:

1. Preterm labor
2. Eclampsia
3. Polyhydramnios
4. Placenta accreta

TASK 28

A 27-year-old woman presents with sudden severe lower abdominal pain, nausea, and vomiting. Ultrasound shows enlarged ovary with decreased blood flow.

- Make a diagnosis
- Your tactics
- Answer the questions:

I. Most likely diagnosis:

1. Ruptured ovarian cyst
2. Ovarian torsion
3. Appendicitis
4. Ectopic pregnancy

II. Best management:

1. Observation
2. Antibiotics
3. Emergency laparoscopy
4. Hormonal therapy

TASK 29

A 32-year-old patient turned to a gynecologist with a complaint of pain in the abdomen, which appear 5 days before menstruation and intensify on the 1st day of menstruation. Sick after some time after diathermocoagulation of the cervix, performed 2 years ago about pseudo-erosion (ectopia). Bimanual examination: the uterus is spherical, somewhat enlarged, of a dense consistency. Uterine appendages not enlarged, painless on palpation. Fiber is soft. Cervix of the uterus without pathological changes.

- Make a diagnosis
- Your tactics
- Answer the questions

(one or more correct answers):

I. To clarify the diagnosis in a patient with dysmenorrhea apply:

1. Hysteroscopy;
2. Ultrasound of the pelvic organs;
3. Laparoscopy;
4. MRI of the pelvic organs.

II. What are the medicament agents that can bring benefits in the treatment of dysmenorrhea:

1. Spasmolytics;
2. Analgesics;
3. Non-steroidal anti-inflammatory drugs;
4. All of the above.

III. Hormonal remedy, which can give a positive effect in the conservative treatment of this patient:

1. Gonadoliberin agonists;

2. Antigonadotropins;
3. Gestagens or COCs;
4. Any of the listed.

TASK 30

A married woman of 20 years turned to a women's consultation for registration, considers herself pregnant (delay of menstruation 10 days). On examination: the condition is satisfactory, the abdomen is soft, painless, the blood pressure is 120/80 mm Hg, the pulse is 72 beats per minute. Bimanual examination and examination with a vaginal mirror: uterus of normal size, an increase in uterine appendages to the right, cyanosis of the vaginal mucosa. With ultrasound examination of pelvic organs, a progressive tubal pregnancy is suspected.

- Make a diagnosis
- Your tactics
- Answer the questions

(one correct answer):

I. Correct tactics of the doctor of female consultation:

- A. Emergency hospitalization of a patient;
- B. Issue a sick list and send the patient to determine the HCG titer in the blood;
- B. To appoint a repeated appearance in the women's consultation;
- D. To produce a culdocentesis.

II. What symptom of the above can confirm the suspicion of a progressive ectopic pregnancy?

- A. Paroxysmal pains in the lower abdomen.
- B. "Spotting" spotting from the genital tract.

C. Symptoms of irritation of the peritoneum.

D. The content of hCG in the blood serum is less than that prescribed by the gestation period.

III. What surgical intervention is expedient to perform with a progressive ectopic pregnancy?

A. Medical-diagnostic laparoscopy.

B. Laparotomy.

V. Kuldocentesis.

D. Diagnostic curettage of the uterine cavity.

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