

МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ
КЫРГЫЗСКОЙ РЕСПУБЛИКИ
ОШСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ
Международный медицинский ФАКУЛЬТЕТ

Примечание [21]:

«Согласовано»

Директор Департамента аккредитации и
качества образования *ОшГУ*,
к.п.н, проф. _____
" ____ " _____ 2025-г.

«Утверждено»

Проректор по учебной работе ОшГУ,
_____ Р.?.Арапчаев
" ____ " _____ 2025-г.

Программа

**итоговой государственной аттестации выпускников на 2024-2025 учебный год по направлению подготовки
__шифр.и название ООП__560001- ____ тесты**

Квалификация – лечебное дело

№	РО ОО П	Компетенции	Вопросы и задания	Дисциплины
1	РО-7	ПК-13	<p>A 36-year-old female patient was admitted to the hospital with complaints of severe lower abdominal pain and fever up to 39.5°C.</p> <p>Medical history: 8th day of the menstrual cycle. An intrauterine device (IUD) was inserted 3 days ago.</p> <p>Objective findings: Pulse – 120 bpm, BP – 110/70 mmHg. The abdomen is distended, markedly tender in all areas, and exhibits a sharply positive Blumberg sign.</p> <p>Bimanual examination: The uterus is enlarged and painful on palpation. The adnexa are not enlarged. Discharge is purulent.</p> <p>What is the most likely diagnosis?</p> <p>A. Acute endometritis due to IUD use B. Acute bilateral salpingitis C. Perforation of a tubo-ovarian abscess D. Uterine fibroid with necrosis of one of the nodes E. Exacerbation of chronic endometritis</p>	Акушерство и гинекология
2	РО-8	ПК-17,18	<p>A female patient has been taking antibiotics for an extended period to treat acute pyelonephritis. She has developed a burning sensation in the vagina, itching, and profuse discharge. What complication has occurred?</p> <p>A. Acute endometritis B. Ectopic pregnancy C. Inflammation of the uterine adnexa D. Candidal colpitis E. Cervical erosion</p>	Акушерство и гинекология

3	PO-8	ПК-14,15,16	<p>What condition should be suspected if vaginal yeast infections are recurrent?</p> <p>A. Anemia B. Diabetes mellitus C. Systemic lupus erythematosus D. Genital endometriosis E. Congenital adrenal hyperplasia</p>	Акушерство и гинекология
4	PO-8	ПК-14,15,16	<p>A 16-year-old girl presents with vaginal bleeding for 8 days following a two-month delay in menstruation. She denies sexual activity. Rectoabdominal examination and ultrasound findings are normal. What is the most likely cause of this condition?</p> <p>A. Ovarian tumor B. Uterine fibroid C. Thrombocytopathy D. Juvenile uterine bleeding E. Endometrial polyp</p>	Акушерство и гинекология
5	PO-8	ПК-14,15,16	<p>What is the most common mechanism of dysfunctional uterine bleeding in the juvenile period?</p> <p>A. Follicular atresia B. Prolonged follicular persistence C. Short-term follicular persistence D. Luteal insufficiency E. Corpus luteum persistence</p>	Акушерство и гинекология

6	PO-7	ПК-11	<p>What is the most effective early diagnostic method for postmenopausal osteoporosis?</p> <p>A. Spinal radiography B. Mono- and biphoton absorptiometry C. Computed tomography D. Hand radiography E. Joint ultrasound</p>	Акушерство и гинекология
7	PO-8	ПК-14,15,16	<p>What is the most effective treatment for postmenopausal osteoporosis?</p> <p>A. Diet therapy B. Physiotherapy and therapeutic exercise C. Hormone therapy D. Vitamin therapy E. Antibiotic therapy</p>	Акушерство и гинекология
8	PO-8	ПК-14,15,16	<p>What is the appropriate management strategy for a juvenile patient with dysfunctional uterine bleeding?</p> <p>A. Hemostatic and anti-anemic therapy B. Hormonal hemostasis with progesterone C. Hormonal hemostasis with estrogen-progestin drugs D. Therapeutic and diagnostic endometrial curettage E. Uterotonic therapy</p>	Акушерство и гинекология

9	PO-8	ПК-14,15,16	<p>What is the main method for stopping dysfunctional uterine bleeding in the premenopausal period?</p> <p>A. Administration of hemostatic and uterotonic agents B. Separate curettage of the uterine cavity and cervical canal C. Use of estrogen-progestin drugs D. Supravaginal amputation of the uterus E. Continuous administration of 17-hydroxyprogesterone caproate</p>	Акушерство и гинекология
10	PO-8	ПК-14,15,16	<p>A 32-year-old female presents to the primary care center with complaints of severe headaches, dizziness, nausea, vomiting, eyelid and facial edema, and irritability occurring one week before menstruation. Menstrual history: Menarche at 12 years old, regular 28-day cycles lasting 5–6 days, moderate flow, painful on the first day. Gynecological examination: Cervix is clean; the uterus is not enlarged, firm, mobile, and painless; adnexa are not enlarged or tender; vaginal fornices are deep. What is the most likely diagnosis?</p> <p>A. Dysmenorrhea B. Chronic adnexitis C. Pelvic adhesive disease D. Premenstrual syndrome E. Adenomyosis</p>	Акушерство и гинекология
			<p>Which hormonal medications are used to treat premenstrual syndrome?</p> <p>A. Combined oral contraceptives B. Pure progestins C. Levonorgestrel-containing IUD D. Androgens</p>	

			E. Anti-estrogens	
11	PO-7	ПК-11	<p>A 49-year-old female complains of hot flashes to the face and neck (up to 15 times a day), palpitations, irritability, tearfulness, and sleep disturbances. Medical history: Irregular menstrual cycles over the past year. Last menstruation was 3 months ago. What is the most likely diagnosis?</p> <p>A. Premenstrual syndrome B. Ovarian depletion syndrome C. Resistant ovary syndrome D. Ovarian hyperinhibition syndrome E. Climacteric syndrome</p>	Акушерство и гинекология
12	PO-7	ПК-11	<p>A 55-year-old female complains of vaginal dryness and dyspareunia. Medical history: Menopause for 4 years. Gynecological examination: Vaginal mucosa is thin and atrophic, discharge is scant and mucous. Bimanual examination: Uterus and adnexa are unremarkable. What is the cause of this condition?</p> <p>A. Ovarian depletion syndrome B. Resistant ovary syndrome C. Climacteric syndrome D. Ovarian hyperinhibition syndrome E. Chiari-Frommel syndrome</p>	Акушерство и гинекология

13	PO-8	ПК-14,15,16	<p>A 65-year-old female complains of vaginal dryness and dyspareunia. Medical history: Menopause for 14 years. Gynecological examination: Vaginal mucosa is thin with microcracks, yellow foul-smelling discharge. What is your diagnosis?</p> <p>A. Bacterial vaginosis B. Nonspecific vulvovaginitis C. Nonspecific colpitis D. Atrophic colpitis E. Candidal colpitis</p>	Акушерство и гинекология
14	PO-8	ПК-14,15,16	<p>Endometriosis of the Vaginal Portion of the Cervix</p> <p>A. Belongs to internal endometriosis B. Manifests with intense pain before and during menstruation C. Rarely causes menstrual irregularities D. Diagnosed using colposcopy E. Responds well to conservative therapy</p>	Акушерство и гинекология
15	PO-8	ПК-14,15,16	<p>A 28-year-old female presents to a gynecologist with complaints of general weakness, fatigue, hot flashes to the face and neck, and excessive sweating. Medical history: Two months ago, she underwent bilateral adnexectomy for pelvic peritonitis. What is the cause of these symptoms?</p> <p>A. Neuroendocrine syndrome B. Post-castration syndrome C. Ovarian depletion syndrome D. Resistant ovary syndrome E. Ovarian hyperinhibition syndrome</p>	Акушерство и гинекология
16	PO-7	ПК-11	<p>The physiological course of the climacteric period is usually characterized by:</p> <p>A. Absence of involution of the reproductive organs B. Cessation of menstrual function C. Preservation of reproductive function</p>	Акушерство и гинекология

			<p>D. Continuation of menstrual function E. Cessation of reproductive function</p>	
17	PO-8	ПК-17,18	<p>The main phases of the climacteric period include:</p> <p>A. Premenopause, menopause B. Premenopause, menopause, postmenopause C. Perimenopause D. Premenopause, postmenopause E. Menarche, menstruation</p>	
18	PO-8	ПК-17,18	<p>A 65-year-old female complains of vaginal dryness and dyspareunia. Medical history: Menopause for 14 years. Gynecological examination: Vaginal mucosa is thin with microcracks and bleeds when inserting the speculum. Bacterioscopic smear: No specific flora detected. What vaginal suppositories should be prescribed for local treatment of atrophic colpitis?</p> <p>A. Estrogen-containing suppositories B. Metronidazole-containing suppositories C. Clotrimazole-containing suppositories D. Antibiotic-containing suppositories E. Eubiotic-containing suppositories</p>	

19	PO-8	ПК-14,15,16	<p>Juvenile uterine bleeding is most often caused by:</p> <p>A. Disrupted rhythmic production of ovarian hormones B. Organic diseases of the reproductive system C. Diseases of various body systems D. Vaginal developmental anomalies E. Congenital anomalies of the reproductive organs</p>	Акушерство и гинекология
20	PO-8	ПК-14,15,16	<p>Pseudoerosion (Ectopia) of the Cervix</p> <p>A. Never occurs in girls B. During pregnancy, it is usually a consequence of the healing of true erosion C. May result from endocervicitis D. Characterized by a disruption of the stratification of the squamous epithelium of the ectocervix E. If detected in the first trimester of pregnancy, it is an indication for conservative treatment</p>	
21	PO-8	ПК-14,15,16	<p>Internal Endometriosis</p> <p>A. Diagnosed using colposcopy B. Rarely occurs C. Develops from the basal layer of the endometrium D. Responds well to hormone therapy E. Not detected by hysteroscopy</p>	Акушерство и гинекология
22	PO-8	ПК-17,18	<p>23. Retrocervical Endometriosis</p> <p>A. May present with pain, bloating, and constipation before and during menstruation B. Cannot be diagnosed by bimanual examination C. Diagnosed using hystero-graphy D. Diagnosed using pneumopelviography E. Treated only surgically</p>	Акушерство и гинекология

23	PO-8	ПК-17,18	<p>Name the main method for diagnosing dysplasia and preinvasive vulvar cancer:</p> <p>A. Biopsy with subsequent histological examination B. Vulvoscopy C. Radioisotope study D. Cytological examination of smear-imprints E. Colposcopy</p>	Акушерство и гинекология
24	PO-7	ПК-13	<p>Name the most effective screening test for the early diagnosis of cervical dysplasia:</p> <p>A. Simple colposcopy B. Bimanual rectovaginal examination C. Cytological examination of smears D. Ultrasound of the pelvic organs E. Detection of tumor markers</p>	Акушерство и гинекология
25	PO-8	ПК-17,18	<p>What is the most informative method for diagnosing cervical dysplasia?</p> <p>A. Extended colposcopy B. Histological examination of cervical biopsy C. Cytological examination of smear-imprints D. Detection of tumor markers E. Ultrasound of the pelvic organ</p>	
26	PO-8	ПК-17,18	<p>A woman in labor, 26 years old, is in the delivery room in the second stage of labor. Complaints about attempts, fatigue. Obstetric status: attempts after 3 minutes for 35 seconds. The fetal head is on the pelvic floor, the fetal heart rate is 160 beats per minute. The second stage of labor lasts 3 hours. Choose further tactics of labor management:</p> <p>A. intravenous drip of oxytocin B. performing a caesarean section C. application of obstetric forceps D. treatment of intrauterine fetal hypoxia</p>	Акушерство и гинекология

			E. carrying out a fruit-destroying operation	
27	PO-8	ПК-17,18	<p>. By the end of pregnancy, the hemostasiogram shows:</p> <p>a) increase in fibrinogen, prothrombin index, fibrinogen degradation products</p> <p>b) decrease in fibrinogen, prothrombin index, fibrinogen degradation products</p> <p>c) decrease in fibrinogen, prothrombin index, increase in fibrinogen degradation products</p> <p>d) increase in fibrinogen, prothrombin index, decrease in fibrinogen degradation products</p> <p>e) indicators are within the normal range</p>	
28	PO-8	ПК-17,18	<p>During pregnancy, the following hormones are produced in the fetoplacental system:</p> <p>a) estrogens, progesterone, placental lactogen, embryonic α-fetoprotein</p> <p>b) progesterone, placental lactogen, embryonic α-fetoprotein</p> <p>c) placental lactogen, embryonic α-fetoprotein</p> <p>d) embryonic α-fetoprotein, estrogens, androgens</p> <p>e) androgens, estrogens, progesterone</p>	

29	PO-8	ПК-17,18	<p>A woman in labor, 32 years old, is in the delivery room. Complaints of severe pain during labor, a feeling of fear. Objective status: the woman in labor is restless. Obstetric status: uterine contractions follow one after another, there is no pause between them, the tone of the uterus is increased. What is the reason for the clinic of this condition?</p> <p>A. active cervical dystocia B. uneven contraction of the right and left halves of the uterus C. tetany of the uterus D. passive cervical dystocia E. hypertonicity of the lower uterine segment</p>	Акушерство и гинекология
30	PO-8	ПК-17,18	<p>For adrenal hyperandrogenism during a test with dexamethasone, the following change in the level of 17-ketosteroids in the daily amount of urine is characteristic:</p> <p>a) an increase of 50% or more B) increase by 10-20% C) decrease by 10-20% D) reduction of 50% or more E) level does not change</p>	
31	PO-8	ПК-17,18	<p>A pregnant woman at 36 weeks developed pain in the pubic joints when walking, "duck" gait.</p> <p>A. Make a diagnosis:</p> <p>a) Threatening preterm birth</p>	

			b) Phlebitis c) Radiculitis d) Symphysis e) Divergence of the pubic joint	
32	PO-8	ПК-17,18	Woman in labor, 24 years old, is in the delivery room. Diagnosed with secondary weakness of labor. Complaints about weak contractions, fatigue. Objectively: the woman in labor is tired, the fetus does not suffer, the insertion is correct. Choose further tactics of conducting: A. caesarean section B. medication sleep C. labor stimulation D. obstetric forceps E. fruiting operation	Акушерство и гинекология
33	PO-8	ПК-17,18	The morphological picture in atypical endometrial hyperplasia is most similar to: A)with highly differentiated cancer B)with glandular cystic hyperplasia C) with endometrial polyp D)with metroendometritis E)with low-grade cancer	

34	PO-8	ПК-17,18	<p>Woman in labor, 20 years old, is in the delivery room. Complaints about labor, general weakness. The 1st stage of labor lasts 16 hours. Vaginal examination data: the opening of the uterine pharynx is 5-6 cm, the edges are thick, dense, the head is presented with a small segment at the entrance to the small pelvis. Choose further tactics of conducting:</p> <p>A. performing a caesarean section B. application of obstetric forceps C. intravenous injection of prostaglandins D. vacuum extractor imposition E. carrying out a fruit-destroying operation</p>	Акушерство и гинекология
35	PO-8	ПК-17,18	<p>Pregnant, 26 years old, was admitted to the maternity ward with a Diagnosis: Pregnancy 32 weeks. Pregnancy - 2, childbirth -1, Complaints upon admission: edema, headache, dizziness, blurred vision, nausea, vomiting, stomach pain and pain in the heart, contractions every 15 minutes, for 20-25 seconds, BP160 / 110, 150 100mm Hg and pulse 88 times per minute. Palpation determined: the back of the fetus is determined on the right side and in front. Bimanual examination: opening the cervix by 3 cm. The fetal head is to be exposed. The sagittal suture of the fetal head is found on the right oblique size, a small fontanel on the right and front. Laboratory: proteinuria more than 1 g / l in urine What is your therapeutic tactic? Choose delivery methods?</p> <p>A. Immediate delivery by caesarean section B. To postpone delivery until stabilization C. Delivery through the natural birth canal D. Delivery by caesarean section within 12 hours E. Routine delivery by C-section</p>	Акушерство и гинекология
36	PO-8	ПК-17,18	<p>A primigravida with a period of 35-36 weeks turned to the antenatal clinic with complaints of a decrease in the motor activity of the fetus. The fetal heartbeat is muffled, rhythmic, 136 beats per minute.</p>	

			<p>A. What research method is the most informative in this situation:</p> <p>a) amnioscopy</p> <p>b) cardiotachography using functional tests</p> <p>c) method of external obstetric examination</p> <p>d) ultrasound</p> <p>e) Fetal ECG</p>	
37	PO-8	ПК-17,18	<p>A 50-year-old patient was delivered to the gynecological department with complaints of pain in the lower abdomen, weakness, fever in the evenings, and a tendency to constipation. A year ago, she refused the proposed operation for an ovarian cyst. When viewed in the abdominal cavity, the presence of free fluid is determined. Vaginal examination: in the small pelvis, the formation of an uneven consistency is determined, motionless, 15x12x14 cm in size, painful, in the posterior fornix "spur". Diagnosis:</p> <p>A)stomach cancer</p> <p>B)tubo-ovarian formation</p> <p>C) ovarian cyst</p> <p>D)ovarian cancer, ascites</p> <p>E) bowel cancer</p>	

38	PO-7	ПК-13	<p>Multiparous entered the maternity hospital. An obstetrician-gynecologist, the doctor conducted an external examination of the woman in labor and used the Leopald method. Determine from the</p> <div data-bbox="801 533 1249 871" data-label="Image"> </div> <p>figure which method is used?</p> <p>A. 1- reception B. 2-reception \ C.3 - reception D. 4- reception E. 5 reception</p> <p>Pregnant, 24 years old, was admitted to the maternity ward with a Diagnosis: Pregnancy 32 weeks. Pregnancy - 1, childbirth -1, Complaints upon admission: edema, headache, dizziness, blurred vision, nausea, vomiting, stomach pain and pain in the heart, contractions every 15 minutes, for 20-25 seconds, BP160 / 110, 150 100mm Hg and pulse 88 times per minute. Palpation determined: the back of the fetus is determined on the right side and in front. Bimanual examination: opening the cervix by 3 cm. The fetal head is to be exposed. The sagittal suture of the fetal head is found on the right oblique size, a small fontanel on the right and front. Laboratory: proteinuria more than 1 g / l in urine What is your therapeutic tactic? A. Intravenous administration of magnesium sulfate 25% -5 ml</p>	Акушерство и гинекология

			<p>B. Intravenous administration of magnesium sulfate 25% -10 ml C. Intravenous administration of magnesium sulfate 25% -15 ml D. Intravenous administration of magnesium sulfate 25% -20 ml E. Intravenous administration of magnesium sulfate 25% -25 ml</p>	
40	PO-8	ПК-17,18	<p>A pregnant woman of 30 years, with a period of 32 weeks, turned to a maternity hospital with an increased BP of 160/110 mm Hg, after the administration of a loading and against the background of a maintenance dose of magnesium sulfate, convulsions began. What dose and for how long should a doctor administer magnesium sulfate 25% intravenously?</p> <ul style="list-style-type: none"> • A. -5.0 in saline for 3 minutes • B. -8.0 in saline for 5 minutes • C-10.0 in saline for 10 minutes • D. -15.0 in saline for 15 minutes • E. -20.0 in saline for 20 minutes 	Акушерство и гинекология
41	PO-8	ПК-17,18	<p>The dimensions of the pelvis are 25-28-31-21. The position of the fetus is longitudinal, the back is on the left, the head is present, pressed against the entrance to the small pelvis. Fetal heartbeat 136 beats per minute, clear, rhythmic. Contractions after 5-6 minutes to 40-45 seconds, good strength.</p> <p>R.V. The cervix is smoothed, the opening of the uterine os is 4 cm, the fetal bladder is intact. The head is presented, pressed against the entrance to the small pelvis. Arrow-shaped seam in the left oblique size, small fontanel on the right front. The cape is not reachable.</p> <p>Make a diagnosis and determine the type, position, presentation of the fetus:</p> <p>a) Pregnancy at full term. Longitudinal position, I position, front view, cephalic presentation. Preliminary period</p>	

			<p>b) Pregnancy full-term. I stage of labor, I position, anterior view, cephalic presentation</p> <p>c) full-term pregnancy. I period of childbirth. Weak labor activity</p> <p>d) full-term pregnancy. Longitudinal position, I position, anterior view, cephalic presentation</p> <p>e) Pregnancy at full term. Longitudinal position, I position, anterior view, cephalic presentation, harbingers of labor</p>	
43	PO-7	ПК-11	<p>Pregnant, 31 years old, was admitted to the maternity ward with a Diagnosis: Pregnancy 32 weeks. Pregnancy - 4, childbirth -2, Complaints upon admission: edema, headache, dizziness, blurred vision, nausea, vomiting, stomach pain and pain in the heart, contractions every 15 minutes, for 20-25 seconds, BP160 / 110, 150 100mm Hg and pulse 88 times per minute. Palpation determined: the back of the fetus is determined on the right side and in front. Bimanual examination: opening the cervix by 3 cm. The fetal head is to be exposed. The sagittal suture of the fetal head is found on the right oblique size, a small fontanel on the right and front. Laboratory: proteinuria more than 1 g / l in urine Determine the phase of labor?</p> <p>A. active phase of the 1st period</p> <p>B. latent phase of the 1st period</p> <p>C. latent phase of the 2nd period</p> <p>D. active phase of the 2nd period</p> <p>E. The erased phase of the 1st period</p>	Акушерство и гинекология
44	PO-7	ПК-11	<p>Pregnant, 29 years old, was admitted to the maternity ward with a Diagnosis: Pregnancy 32 weeks. Pregnancy - 2, childbirth -2, Complaints upon admission: edema, headache, dizziness, blurred vision, nausea, vomiting, stomach pain and pain in the heart, contractions every 15 minutes, for 20-25 seconds, BP160 / 110, 150 100mm Hg and pulse 88 times per minute. Palpation determined: the back of the fetus is determined on the right side and in front. Bimanual examination: opening the cervix by 3 cm. The fetal head is to be exposed. The sagittal suture of the fetal head is found on the right oblique size, a small fontanel on the right and front. Laboratory: proteinuria more than 1 g / l in urine. What is your preliminary diagnosis?</p> <p>A. Mild eclampsia</p> <p>B. Preeclampsia of moderate severity</p>	Акушерство и гинекология

			<p>C. Severe preeclampsia D. Preeclampsia moderate E. Mild preeclampsia</p>	
45	PO-8	ПК-17,18	<p>Pregnant, 27, years old, was admitted to the maternity ward with a Diagnosis: Pregnancy 32 weeks. Pregnancy - 1, childbirth -1, Complaints upon admission: edema, headache, dizziness, blurred vision, nausea, vomiting, stomach pain and pain in the heart, contractions every 15 minutes, for 20-25 seconds, BP160 / 110, 150 100mm Hg and pulse 88 times per minute. Palpation determined: the back of the fetus is determined on the right side and in front. Bimanual examination: opening the cervix by 3 cm. The fetal head is to be exposed. The sagittal suture of the fetal head is found on the right oblique size, a small fontanel on the right and front. Laboratory: proteinuria more than 4 g / l in urine. What biochemical analyzes need to be carried out the first stage, which is used diagnostic criteria used?</p> <p>A. protein and protein fractions B. creatinine S. bilirubin D. blood glucose E. Urea</p>	Акушерство и гинекология
46	PO-8	ПК-17,18	<p>A pregnant woman of 28 years, with a gestational age of 34 weeks for admission to the maternity hospital with complaints: headache, dizziness and dizziness, impaired vision, nausea, vomiting, stomach pain and pain in the heart and swelling and cramping abdominal pain. Pregnancy - 4, childbirth - 3, the second pregnancy with complications (hypertension during childbirth), the last two years 3 - the pregnancy ended the termination of pregnancy, without complications. The obstetric status of the contractions is every 4-5 minutes, for 30-35 seconds, the position of the fetus is longitudinal, there is a head, fetal heartbeat 165 times per minute. BP-170 / 110, 160 100 mmHg and heart rate 86 times per minute. Suddenly, convulsions began. What is your tactic right now?</p> <p>A. give a smell of ammonia B. Give oxygen, connect ventilator C. Lay on its side so that it does not fall D. do indirect heart massage E. Intravenously administer a dose of magnesium sulfate</p>	Акушерство и гинекология

47	PO-7	ПК-11	<p>A pregnant woman of 28 years, with a gestational age of 34 weeks for admission to the maternity hospital with complaints: headache, dizziness and dizziness, impaired vision, nausea, vomiting, stomach pain and pain in the heart and swelling and cramping abdominal pain. Pregnancy - 4, childbirth - 3, the second pregnancy with complications (hypertension during childbirth), the last two years 3 - the pregnancy ended the termination of pregnancy, without complications. The obstetric status of the contractions is every 4-5 minutes, for 30-35 seconds, the position of the fetus is longitudinal, there is a head, fetal heartbeat 165 times per minute. Objectively: The skin and visible mucous membranes are pale BP-170 / 110, 160 100 mmHg and heart rate 86 times per minute.</p> <p>The obstetric status of the contractions is every 4-5 minutes, for 30-35 seconds, the position of the fetus is longitudinal, there is a head, the fetal heartbeat is 165 times per minute. Assigned to take a general blood test. And what do you think, what blood tests in this situation will be, is changing?</p> <p>A. red blood cells, white blood cells B. Platelets, red blood cells C. Hemoglobin, white blood cells D. hemoglobin, red blood cells E. platelets, hemoglobin</p>	Акушерство и гинекология
48	PO-8	ПК-17,18	<p>A pregnant woman of 28 years, with a gestational age of 34 weeks for admission to the maternity hospital with complaints: headache, dizziness and dizziness, impaired vision, nausea, vomiting, stomach pain and pain in the heart and swelling and cramping abdominal pain. Pregnancy - 4, childbirth - 3, the second pregnancy with complications (hypertension during childbirth), the last two years 3 - the pregnancy ended the termination of pregnancy, without complications. Objectively: Skin integuments and visible mucous pale BP 170/110, 160 100 mmHg and heart rate 86 times per minute.</p> <p>Obstetric</p> <p>The obstetric status of the contractions is every 4-5 minutes, for 30-35 seconds, the position of the fetus is longitudinal, there is a head, the fetal heartbeat is 165 times per minute. What is the purpose of antihypertensive therapy for severe preeclampsia ?:</p> <p>A. to achieve a decrease in blood pressure to 100 / 60-70 mm Hg B. achieve a decrease in blood pressure to 120/70 -80 mm Hg C. achieve a decrease in blood pressure to 140/80 -90 mm Hg D. achieve a decrease in blood pressure of less than 150 / 80-100 mm Hg E to achieve a decrease in blood pressure of less than 155 / 85-100 mm Hg</p>	Акушерство и гинекология

49	PO-8	ПК-17,18	<p>After separation of the placenta, puerperas began to bleed profusely from the genital tract, during massage of the uterus - soft, flabby, the bottom of the uterus is above the navel, the placenta stood out with all lobules, whole, blood pressure 100 / 70mm Hg. pulse 80 beats per min. The skin is warm, dry. BH - 20 times min. The volume of blood loss is about 600 ml. How much saline and what dose of oxytocin to be administered intravenously in this situation?</p> <p>A. 0.9% -400.0 + 5ED B. 0.9% -500.0 + 10 ED C. 0.9% -600.0 + 15ED D. 0.9% -1800.0 + 20ED E. 0.9% -2000.0 +2 5 ED</p>	Акушерство и гинекология
50	PO-8	ПК-17,18	<p>After separation of the placenta, puerperas began to bleed profusely from the genital tract, during massage of the uterus - soft, flabby, the bottom of the uterus is above the navel, the placenta stood out with all the lobules, whole, BP 100 / 60mm Hg. pulse 80 beats per min. The skin is warm, dry. BH - 20 times min. The volume of blood loss is about 650 ml. Diuresis is independent. The weight at the puerperal is 56 kg. How many percent was blood loss in this situation?</p> <p>A. 5% AT 10% S. 15% D. 20% E. 25%</p>	Акушерство и гинекология
51	PO-7	ПК-11	<p>After separation of the placenta, puerperas began to bleed profusely from the genital tract, during massage of the uterus - soft, flabby, the bottom of the uterus is above the navel, the placenta stood out with all the lobules, whole, BP 100 / 60mm Hg. pulse 80 beats per min. The skin is warm, dry. BH - 20 times min. The volume of blood loss is about 650 ml. Diuresis is independent. The weight at the puerperal is 56 kg. What protocol is used for this blood loss ?:</p> <p>A. standard B. zero C. Basic D. full E. simple</p>	Акушерство и гинекология

52	PO-7	ПК-11	<p>The puerperal began to bleed profusely from the genital tract, an hour after birth, during massage of the uterus - soft, flabby, the bottom of the uterus is above the navel, the placenta stood out with all the lobules, whole, blood pressure 90/60 mm Hg. pulse 100 beats per min. Objectively: pale gray skin, slight cold clammy sweat. BH - 25 times min. The volume of blood loss is about 1000 ml. Diuresis is within an hour -25ml. The weight at the puerperal is 60 kg. How many percent was blood loss in this situation?</p> <p>A. 5% B. 11% S. 15% D. 17% E. 21%</p>	Акушерство и гинекология
53	PO-8	ПК-17,18	<p>The puerperal began to bleed profusely from the genital tract, an hour after birth, during massage of the uterus - soft, flabby, the bottom of the uterus is above the navel, the placenta stood out with all the lobules, whole, blood pressure 90/60 mm Hg. pulse 100 beats per min. Objectively: pale gray skin, slight cold clammy sweat. BH - 25 times min. The volume of blood loss is about 1000 ml. Diuresis is within an hour -25ml. The weight at the puerperal is 60 kg. Determine the degree of hemorrhagic shock:</p> <p>A. 0 degrees B. I degree S. II degree D.III degree E. IV degree</p>	Акушерство и гинекология
54	PO-8	ПК-17,18	<p>In the absence of signs of placenta separation within 30 minutes, it is necessary:</p> <p>A. to perform manual removal of the placenta and allocation of the placenta B. highlight the afterbirth according to Crede - Lazarevich C. highlight the afterbirth according to Abuladze D. make an external massage of the uterus E. Intravenous methylergometrine</p>	Акушерство и гинекология

55	PO-7	ПК-11	<p>Immediately after childbirth, with the birth of the fetus, the puerpera suddenly became ill:</p> <p>moderate bleeding from the genital tract, pressure 90 / 60mm Hg, pulse 100, the skin is warm and dry, with uterine massage it is dense, the height of the bottom is at the navel, the placenta is all lobules intact, examination of the birth canal without damage. From the anamnesis there were unhealed former tears of the cervix. What is your intended diagnosis? A. uterine rupture in the lower segment</p> <ul style="list-style-type: none"> • B. uterine rupture along the rib • C. uterine rupture at the bottom of the uterus • D. uterine body rupture • E. uterine rupture on an old scar 	Акушерство и гинекология
56	PO-7	ПК-11	<p>A 37-year-old pregnant woman was brought from the village to the maternity hospital, 40 weeks gestation, gestational period, labor, strong contractions, violent, painful, not convulsive, the uterus is elongated, its bottom is tilted away from the midline, round ligaments tense, painful, the contraction ring is located high above the bosom, at the level of the navel, and the oblique, uterus</p>	Акушерство и гинекология

			<p>is the shape of an hourglass. The fetal heart rate is 160 beats per minute. What is your intended diagnosis?</p> <p>A. Complete uterine rupture</p> <p>B. Threatening uterine rupture</p> <p>C. The onset of uterine rupture</p> <p>D. Incomplete uterine rupture</p> <p>E. Complete uterine rupture</p>	
57	PO-8	ПК-17,18	<p>A pregnant woman of 28 years, with a gestational age of 34 weeks for admission to the maternity hospital with complaints: headache, dizziness and dizziness, impaired vision, nausea, vomiting, stomach pain and pain in the heart and swelling and cramping abdominal pain. Pregnancy - 4, childbirth - 3, the second pregnancy with complications (hypertension during childbirth), the last two years 3 - the pregnancy ended the termination of pregnancy, without complications. Objectively: Skin integuments and visible mucous pale BP 170/110, 160 100 mmHg and heart rate 86 times per minute.</p> <p>Obstetric</p> <p>The obstetric status of the contractions is every 4-5 minutes, for 30-35 seconds, the position of the fetus is longitudinal, there is a head, the fetal heartbeat is 165 times per minute. What is the purpose of antihypertensive therapy for severe preeclampsia ?:</p> <p>A. to achieve a decrease in blood pressure to 100 / 60-70 mm Hg</p> <p>B. achieve a decrease in blood pressure to 120/70 -80 mm Hg</p> <p>C. achieve a decrease in blood pressure to 140/80 -90 mm Hg</p> <p>D. achieve a decrease in blood pressure of less than 150 / 80-100 mm Hg</p> <p>E to achieve a decrease in blood pressure of less than 155 / 85-100 mm Hg</p>	Акушерство и гинекология

58	PO-8	ПК-17,18	<p>A pregnant woman of 28 years, with a gestational age of 34 weeks for admission to the maternity hospital with complaints: headache, dizziness and dizziness, impaired vision, nausea, vomiting, stomach pain and pain in the heart and swelling and cramping abdominal pain. Pregnancy - 4, childbirth - 3, the second pregnancy with complications (hypertension during childbirth), the last two years 3 - the pregnancy ended the termination of pregnancy, without complications. Objectively: Skin integuments and visible mucous pale BP 170/110, 160 100 mmHg and heart rate 86 times per minute. Obstetric</p> <p>The obstetric status of the contractions is every 4-5 minutes, for 30-35 seconds, the position of the fetus is longitudinal, there is a head, the fetal heartbeat is 165 times per minute.</p> <p>Specify first-line drugs and antihypertensive therapy regimens:</p> <p>A. . hydralazine 5-10 mg 3 times a day; maximum daily dose30-40g</p> <p>B. amlodipine 5-10 mg 3 times a day; maximum daily dose of 30-40g</p> <p>C. labetalol 5-10 mg 3 times a day; maximum daily dose30-40g</p> <p>D. Divevalol 5-10 mg 3 times a day; maximum daily dose30-40 g</p> <p>E methyldopa 250 mg 2-3 times a day; maximum daily dose of 2.0 g</p>	Акушерство и гинекология
59	PO-8	ПК-17,18	<p>A woman in labor was admitted to the obstetric hospital with a diagnosis of: - Birth I urgent; -</p> <p>The second period of childbirth; - premature detachment of a normally located placenta;</p> <p>intrapartum fetal death. Should be undertaken:</p>	Акушерство и гинекология

			<p>A. delivery by cesarean section</p> <p>B. fruit-destroying operation</p> <p>C. administration of rhodostimulating therapy</p> <p>D. Delivery by fetal vacuum extraction</p> <p>E. delivery by obstetric forceps operation</p>	
60	PO-8	ПК-17,18	<p>After separation of the placenta, puerperas began to bleed profusely from the genital tract, during massage of the uterus - soft, flabby, the bottom of the uterus is above the navel, the placenta stood out with all lobules, whole, blood pressure 100 / 70mm Hg. pulse 80 beats per min. The skin is warm, dry. BH - 20 times min. The volume of blood loss is about 700 ml. How much saline and what dose of oxytocin to be administered intravenously in this situation?</p> <p>A. 0.9% -400.0 + 5ED</p> <p>B. 0.9% -500.0 + 10 ED</p> <p>C. 0.9% -600.0 + 15ED</p>	Акушерство и гинекология

			<p>D. 0.9% -1800.0 + 18ED</p> <p>E. 0.9% -2100.0 +2 0 ED</p>	
61	PO-7	ПК-11	<p>The puerperal began to bleed profusely from the genital tract, an hour after birth, during massage of the uterus - soft, flabby, the bottom of the uterus is above the navel, the placenta stood out with all the lobules, whole, blood pressure 90/60 mm Hg. pulse 100 beats per min. Objectively: pale gray skin, slight cold clammy sweat. BH - 25 times min. The volume of blood loss is about 1000 ml. Diuresis is within an hour -25ml. The weight at the puerperal is 60 kg. Determine the degree of hemorrhagic shock:</p> <p>A. 0 degrees</p> <p>B. I degree</p> <p>S. II degree</p> <p>D.III degree</p> <p>E. IV degree</p>	Акушерство и гинекология

62	PO-7	ПК-11	<p>The puerperal began to bleed profusely from the genital tract, an hour after birth, during massage of the uterus - soft, flabby, the bottom of the uterus is above the navel, the placenta stood out with all the lobules, whole, blood pressure 90/60 mm Hg. pulse 100 beats per min. Objectively: pale gray skin, slight cold clammy sweat. BH - 25 times min. The volume of blood loss is about 1200 ml. Diuresis is within an hour -25ml. The weight at the puerperal is 60 kg. What protocol is used for this blood loss ?:</p> <p>A. standard</p> <p>B. zero</p> <p>C. Basic</p> <p>D. full</p> <p>E. simple</p>	Акушерство и гинекология
63	PO-7	ПК-11	<p>After separation of the placenta, the postpartum immediately began to bleed profusely from the genital tract, during massage of the uterus - soft, flabby, the bottom of the uterus is above the navel, the placenta stood out with all the lobules, the birth canal is intact, Objectively: the mind is</p>	Акушерство и гинекология

			<p>slightly inhibited, the skin is pale, with an earthy tint of blood pressure 80 / 50mm Hg pulse 120 beats per min. BH - 30-35 times min. The volume of blood loss is about 2000 ml. Determine the degree of hemorrhagic shock:</p> <p>A. 0 degrees</p> <p>B. I degree</p> <p>C. II degree</p> <p>D.III degree</p> <p>E. IV degree</p>	
64	PO-7	ПК-11	<p>. After separation of the placenta, at the time of the ceser section, the testimony was premature detachment of the normally spread placenta, immediately the puerperal began to bleed profusely from the genital tract, and the surgical wound, palpatory: the uterus is soft, sagging, the placenta stood out with all the lobules, the birth canal is intact, Objectively: consciousness is absent, the skin is pale, with an earthy tint of blood pressure 60 / 40mm Hg. heart rate 140 bpm BH-> 40 times min. The volume of blood loss is 2300 ml. Urination - absent. Determine the degree of</p>	Акушерство и гинекология

			<p>hemorrhagic shock:</p> <p>A. 0 degrees</p> <p>B. I degree</p> <p>C. II degree</p> <p>D.III degree</p> <p>E. IV degree</p>	
65	PO-7	ПК-13	<p>After separation of the placenta, at the time of the ceser section, the testimony was premature detachment of the normally spread placenta, immediately the puerperal began to bleed profusely from the genital tract, and the surgical wound, palpatory: the uterus is soft, sagging, the placenta stood out with all the lobules, the birth canal is intact, Objectively: consciousness is absent, the skin is pale, with an earthy tint of blood pressure 60 / 40mm Hg. heart rate 140 bpm BH-> 40 times min. The volume of blood loss is 2300 ml. Urination - absent. What percentage of blood volume did a woman lose ?:</p> <p>A. 30%</p> <p>B. 35%</p> <p>S. 40%</p> <p>D. 45%</p> <p>E. 50%</p>	Акушерство и гинекология
66	PO-7	ПК-11	<p>After separation of the placenta, at the time of the ceser section, the testimony was premature detachment of the normally spread placenta, immediately the puerperal began to bleed profusely from the genital tract, and the surgical wound, palpatory: the uterus is soft, sagging, the placenta</p>	Акушерство и гинекология

			<p>stood out with all the lobules, the birth canal is intact, Objectively: consciousness is absent, the skin is pale, with an earthy tint of blood pressure 60 / 40mm Hg. heart rate 140 bpm BH-> 40 times min. The volume of blood loss is 2300 ml. Urination - absent. What should be the ratio when replenishing the blood of colloids: erythrocyte mass: freshly frozen plasma ?:</p> <p>A. 2: 1</p> <p>B. 3: 2</p> <p>S. 4: 2</p> <p>D. 5: 2</p> <p>E. 6: 3</p>	
67	PO-8	ПК-14,15,16	<p>After separation of the placenta, at the time of the caeser section, the indication was premature detachment of the normally spread placenta, immediately the puerperal began to bleed profusely from the genital tract, and the surgical wound, there was an absorbed area on the uterine wall 8X6 cm in size, palpation: the uterus is soft, flabby, the placenta stood out with all lobules, the birth</p>	Акушерство и гинекология

			<p>canal is intact, Objectively: consciousness is absent, the skin is pale, with an earthy tint of blood pressure 60 / 40mm Hg. heart rate 140 bpm BH-> 40 times min. The volume of blood loss is 2300 ml. Urination - absent. Time according to Lee-White - a loose clot, does not collapse. Your operational tactics in this situation:</p> <p>A. Extirpation of the uterus with appendages</p> <p>B. Extirpation of the uterus without appendages</p> <p>C. Subvaginal amputation of the uterus with appendages</p> <p>D. Subvaginal uterine amputation without appendages</p> <p>E. Ligation of the uterine vessels</p>	
68	PO-7	ПК-11,12	<p>After separation of the placenta, at the time of the caeser section, the indication was premature detachment of the normally spread placenta, immediately the puerperal began to bleed profusely from the genital tract, and the surgical wound, there was an absorbed area on the uterine wall 8X6 cm in size, palpation: the uterus is soft, flabby, the placenta stood out with all lobules, the birth canal is intact, Objectively: consciousness is absent, the skin is pale, with an earthy tint of blood pressure 60 / 40mm Hg. heart rate 140 bpm BH-> 40 times min. The volume of blood loss is 2300</p>	Акушерство и гинекология

			<p>ml. Urination - absent. Time according to Lee-White - a loose clot, does not coagulation. Your diagnosis:</p> <p>A. Hemorrhagic shock of 1 degree, ICE</p> <p>B. Hemorrhagic shock of 2 degrees, ICE</p> <p>C. Hemorrhagic shock of 3 degrees, ICE</p> <p>D. Hemorrhagic shock of 4 degrees, ICE</p> <p>E Hemorrhagic shock of 0 degree, ICE</p>	
69	PO-7	ПК-11,12	<p>A pregnant woman arrived at the hospital with complaints: for contractions every 5-6 minutes, 30 seconds each. Pregnancy -4, childbirth 3. The size of the large pelvis is 24-26-28-18cm. The abdominal circumference is 100 cm, the standing height of the fundus is 38 cm, the back of the fetus is determined from the left and front. RV: Opening of the uterine throat up to 6 cm, the texture is soft. The fetal head is presented, a large fontanel is determined - at the entrance to the small pelvis. The fetal bladder is intact. What is your preliminary diagnosis?</p> <p>A. Occipital head presentation</p>	Акушерство и гинекология

			<p>B. Forehead presentation</p> <p>C. Frontal presentation</p> <p>D. Front view of facial presentation</p> <p>E. Rear view of facial presentation</p>	
70	PO-7	ПК-11,12	<p>A pregnant woman arrived at the hospital with complaints: for contractions every 5-6 minutes, for 30 seconds. Pregnancy -4, childbirth 3. The size of the large pelvis is 24-26-28-18cm. The abdominal circumference is 100 cm, the standing height of the fundus is 38 cm, the back of the fetus is determined from the left and front. Fetal heart rate -140 beats per minute. RV: Opening of the uterine throat up to 6 cm, the texture is soft. The fetal head is presented, a large fontanel is determined - at the entrance to the small pelvis. What do you think is the size of a large pelvis, at the moment which pelvis?</p> <p>A. simple flat basin</p> <p>B. Flat-rickety pelvis</p> <p>C. Transverse - narrowed pelvis</p> <p>D. Uniform pelvis</p> <p>E. Pelvic pelvis</p>	Акушерство и гинекология
71	PO-7	ПК-11,12	<p>A pregnant woman arrived at the hospital with complaints: for contractions every 5-6 minutes, for 30 seconds. Pregnancy -4, childbirth 3. The size of the large pelvis is 24-26-28-18cm. The abdominal circumference is 100 cm, the standing height of the fundus is 38 cm, the back of the fetus is determined on the left and front side. RV: Opening of the uterine throat up to 6 cm, the texture is soft. The fetal head is presented, a large fontanel is determined - at the entrance to the</p>	Акушерство и гинекология

			<p>small pelvis. The fetal bladder is intact. What method do you choose for delivery at the moment?</p> <p>A. emergency C- section</p> <p>B. planned C- section</p> <p>C. Through the natural birth canal</p> <p>D. impose a vaakum extractor</p> <p>E. impose obstetric forceps</p>	
72	PO-7	ПК-11,12	<p>A pregnant woman arrived at the hospital with complaints: for contractions every 5-6 minutes, 30 seconds. Pregnancy -4, childbirth 3. The size of the large pelvis is 24-26-28-18cm. The abdominal circumference is 100 cm, the standing height of the fundus is 38 cm, the back of the fetus is determined on the left and front side. RV: Opening of the uterine throat up to 6 cm, the texture is soft. The fetal head is presented, a large fontanel is determined - at the entrance to the small pelvis. Determine the type and position of the fetus.</p> <p>A. front view, 2- position</p> <p>B. Rear view, 2-position</p> <p>C. front view, 1- position</p> <p>D. Rear view, 1-position</p>	Акушерство и гинекология

			E. middle view, 2- position	
73	PO-7	ПК-11,12	<p>A pregnant woman arrived at the maternity hospital with complaints: contractions every 7 minutes, 25 seconds each. Pregnancy -5, childbirth 5. The circumference of the abdomen is 98 cm, the height of the bottom of the uterus is 38 cm. The back of the fetus is determined in the front and right sides. PV: openings of the uterine throat up to 4 cm, soft texture. The fetal head is present, the nose, eye and mouth are determined at the entrance to the pelvis, the lower jaw is facing the sacrum of the pelvis. The fetal bladder is intact. Determine the position and type of fetus:</p> <p>A. flexion head presentation, rear view, 1-position</p> <p>B. extensor head presentation, anterior view, 2 position</p> <p>C. extensor head presentation, rear view, 2 position</p> <p>D. flexion cephalic presentation, anterior view, 1-position</p> <p>E deflexion cephalic presentation, anterior view, 1-position</p>	Акушерство и гинекология

74	PO-7	ПК-11,12	<p>. A pregnant woman arrived at the maternity hospital with complaints: contractions every 7 minutes, 25 seconds each. Pregnancy -5, childbirth 5. The circumference of the abdomen is 98 cm, the height of the fundus of the uterus is 38 cm. The back of the fetus is determined in the front and right sides. PV: openings of the uterine throat up to 4 cm, soft texture. The fetal head is present, the nose, eye and mouth are determined at the entrance to the pelvis, the lower jaw is facing the sacrum of the pelvis. The fetal bladder is intact. Identify the pre-existing part of the fetus</p> <p>A. frontal frontal</p> <p>B. Front facial</p> <p>C. Rear anterior head</p> <p>D. posterior occipital</p> <p>E. anterior occipital</p>	Акушерство и гинекология
75	PO-8	ПК-17,18	<p>. A pregnant woman arrived at the maternity hospital with complaints: contractions every 7 minutes, 25 seconds each. Pregnancy -5, childbirth 5. The circumference of the abdomen is 98 cm, the height of the bottom of the uterus is 38 cm. The back of the fetus is determined in the front and right sides. PV: openings of the uterine throat up to 4 cm, soft texture. The fetal head is present, the nose, eye and mouth are determined at the entrance to the pelvis, the lower jaw is facing the sacrum of the pelvis. The fetal bladder</p>	Акушерство и гинекология

			<p>is intact. What delivery method do you choose?</p> <p>A. delivery by cesarean section</p> <p>B. fruit-destroying operation</p> <p>C. administration of labor stimulating therapy</p> <p>D. Delivery by fetal vacuum extraction</p> <p>E. delivery by obstetric forceps operation</p>	
76	PO-8	ПК-17,18	<p>. A pregnant woman arrived at the maternity hospital with complaints: contractions every 2 minutes, for 45 seconds. Pregnancy -5, childbirth 3. The circumference of the abdomen is 98 cm, the height of the bottom of the uterus is 39 cm. The back of the fetus is determined in the rear and left sides. PV: opening of the uterine pharynx complete. The fetal head is presented, the nose, eye and mouth are determined in the pelvic cavity, the lower jaw is facing the bosom of the small pelvis. The fetal bladder is intact.</p> <p>What delivery method do you choose?</p> <p>A. delivery by cesarean section</p> <p>B. fruit-destroying operation</p> <p>C. Vaginal delivery</p>	Акушерство и гинекология

			<p>D. Delivery by fetal vacuum extraction</p> <p>E. delivery by obstetric forceps operation</p>	
77	PO-7	ПК-13	<p>The pregnant woman arrived at the maternity hospital with complaints: contractions every 2 minutes, for 45 seconds. Pregnancy -5, childbirth 3. The circumference of the abdomen is 98 cm, the height of the bottom of the uterus is 39 cm. The back of the fetus is determined in the rear and left sides. PV: opening of the uterine pharynx complete.</p> <p>The fetal head is presented, the nose, eye and mouth are determined in the pelvic cavity, the lower jaw is facing the bosom of the small pelvis. The fetal bladder is intact.</p> <p>Determine the position and type of fetus:</p> <p>A. flexion head presentation, rear view, 1-position</p> <p>B. extensor head presentation, anterior view, 2 position</p> <p>C. extensor head presentation, rear view, 1 position</p> <p>D. flexion cephalic presentation, anterior view, 1-position</p> <p>E. flexion head presentation, rear view, 2 position</p>	Акушерство и гинекология

78	PO-8	ПК-14,15,16	<p>The pregnant woman arrived at the maternity hospital with complaints: contractions of a convulsive nature, the behavior of the woman in labor are restless, covered with cold, sticky sweat. Pregnancy -5, childbirth 3. BP 80 / 50mm.rт Art. pulse 120 beats per minute The abdominal circumference is 113 cm, the height of the fundus of the uterus is 39 cm. The back of the fetus is defined in the posterior and left sides. Vasten's symptom is positive. The fetal heartbeat is muffled, 170 beats per min. PV: opening of the uterine pharynx complete. The head of the fetus is to be placed, the nose, ophthalmic and oral parts in the inlet of the small pelvis are determined, the lower jaw is facing the bosom of the small pelvis. There is no fetal bladder, spotting from the genital tract. What delivery method do you choose?</p> <p>A. delivery by cesarean section</p> <p>B. fruit-destroying operation</p> <p>C. Vaginal delivery</p> <p>D. Delivery by fetal vacuum extraction</p> <p>E. delivery by obstetric forceps operation</p>	Акушерство и гинекология
----	------	-------------	--	--------------------------

79	PO-7	ПК-11,12	<p>The pregnant woman arrived at the maternity hospital with symptoms: convulsions of a convulsive nature, the behavior of the woman in labor are restless, covered with cold, sticky sweat. Pregnancy -5, childbirth 3. BP 80 / 50mm.rt Art. pulse 120 beats per minute The abdominal circumference is 113 cm, the height of the fundus of the uterus is 39 cm. The back of the fetus is defined in the posterior and left sides. Vasten's symptom is positive. The fetal heartbeat is muffled, 170 beats per min. PV: opening of the uterine pharynx complete. The head of the fetus is to be placed, the nose, ophthalmic and oral parts in the inlet of the small pelvis are determined, the lower jaw is facing the bosom of the small pelvis. There is no fetal bladder, spotting from the genital tract. What is your expected diagnosis?</p> <p>A. advanced uterine rupture</p> <p>B. Threatening uterine rupture</p> <p>C. The onset of uterine rupture</p> <p>D. Incomplete uterine rupture</p> <p>E. Complete uterine rupture</p>	Акушерство и гинекология
----	------	----------	---	--------------------------

80	PO-8	ПК-17,18	<p>The pregnant woman arrived at the maternity hospital with complaints: contractions of a convulsive nature, the behavior of the woman in labor are restless, covered with cold, sticky sweat. Pregnancy -5, childbirth 3.HELL 80 / 50mm.rt Art. pulse 120 beats per minute The abdominal circumference is 113 cm, the height of the fundus of the uterus is 39 cm. The back of the fetus is defined in the posterior and left sides. Vasten's symptom is positive. The fetal heartbeat is muffled, 170 beats per min. PV: opening of the uterine pharynx complete. The head of the fetus is to be placed, the nose, ophthalmic and oral parts in the inlet of the small pelvis are determined, the lower jaw is facing the bosom of the small pelvis. There is no fetal bladder, spotting from the genital tract. Your operational tactics in this situation:</p> <p>A. Extirpation of the uterus with appendages</p> <p>B. Extirpation of the uterus without appendages</p> <p>C. Subvaginal amputation of the uterus with appendages</p>	Акушерство и гинекология

			<p>D. Subvaginal uterine amputation without appendages</p> <p>E. Ligation of the uterine vessels</p>	
81	PO-7	ПК-11,12	<p>The pregnant woman arrived at the maternity hospital with complaints: contractions of a convulsive nature, the behavior of the woman in labor are restless, covered with cold, sticky sweat. Pregnancy -5, childbirth 3. BP 80 / 50mm.rt Art. pulse 120 beats per minute The abdominal circumference is 113 cm, the height of the fundus of the uterus is 39 cm. The back of the fetus is defined in the posterior and left sides. Vasten's symptom is positive. The fetal heartbeat is muffled, 170 beats per min. PV: opening of the uterine pharynx complete. The head of the fetus is to be placed, the nose, ophthalmic and oral parts in the inlet of the small pelvis are determined, the lower jaw is facing the bosom of the small pelvis. There is no fetal bladder, spotting from the genital tract. What is your intended diagnosis?</p> <p>A. Anatomical narrow pelvis</p> <p>B. Clinical narrow pelvis</p> <p>C. Simple flat basin</p>	Акушерство и гинекология

			<p>D. Flat rachitic pelvis</p> <p>E. Transverse narrowed pelvis</p>	
82	PO-8	ПК-17,18	<p>The pregnant woman arrived at the maternity hospital with complaints: contractions of a convulsive nature, the behavior of the woman in labor are restless, covered with cold, sticky sweat. Pregnancy -5, childbirth 3. BP -80 / 50mm.rt Art. pulse 120 beats per minute The abdominal circumference is 113 cm, the height of the fundus of the uterus is 39 cm. The back of the fetus is defined in the posterior and left sides. Vasten's symptom is positive. The fetal heartbeat is muffled, 170 beats per min. PV: opening of the uterine pharynx complete. The head of the fetus is to be placed, the nose, ophthalmic and oral parts in the inlet of the small pelvis are determined, the lower jaw is facing the bosom of the small pelvis. There is no fetal bladder, spotting from the genital tract. What is the shock index equal to?</p> <p>A. 0,8</p> <p>B. 1,0</p> <p>C. 1,5</p> <p>Д. 1,7</p> <p>E. 2,0</p>	Акушерство и гинекология

83	PO-7	ПК-11,12	<p>The pregnant woman arrived at the maternity hospital with complaints: contractions of a convulsive nature, the behavior of the woman in labor are restless, covered with cold, sticky sweat. Pregnancy -5, childbirth 3 BP-80 / 50mm.rt Art. pulse 120 beats per minute The abdominal circumference is 113 cm, the height of the fundus of the uterus is 39 cm. The back of the fetus is defined in the posterior and left sides. Vasten's symptom is positive. The fetal heartbeat is muffled, 170 beats per min. PV: opening of the uterine pharynx complete. The head of the fetus is to be placed, the nose, ophthalmic and oral parts in the inlet of the small pelvis are determined, the lower jaw is facing the bosom of the small pelvis. There is no fetal bladder, spotting from the genital tract. Determine the degree of blood loss by the shock index?</p> <p>A. 15% of the VCB</p> <p>B.20% of VCB</p> <p>S.30% of VCB</p> <p>D.35% of the VCB</p> <p>E. 40% of the VCB</p>	Акушерство и гинекология
----	------	----------	---	--------------------------

84	PO-7	ПК-11,12	<p>The pregnant woman arrived at the maternity hospital with complaints: contractions of a convulsive nature, the behavior of the woman in labor are restless, covered with cold, sticky sweat. Pregnancy -5, childbirth 3.BP- 80 / 50mm.rt Art. pulse 120 beats per minute The abdominal circumference is 113 cm, the height of the fundus of the uterus is 39 cm. The back of the fetus is defined in the posterior and left sides. Vasten's symptom is positive. The fetal heartbeat is muffled, 170 beats per min. PV: opening of the uterine pharynx complete. The head of the fetus is to be placed, the nose, ophthalmic and oral parts in the inlet of the small pelvis are determined, the lower jaw is facing the bosom of the small pelvis. There is no fetal bladder, spotting from the genital tract. If the shock index is 40%, then the amount of blood loss is approximately how much ?</p> <p>A. 1000ml B. 1200ml C. 1500ml Д. 1700ml E.2000ml</p>	Акушерство и гинекология
85	PO-7	ПК-13	<p>The pregnant woman arrived at the maternity hospital with complaints: contractions of a convulsive nature, the behavior of the woman in labor are restless, covered with cold,</p>	Акушерство и гинекология

			<p>sticky sweat. Pregnancy -5, childbirth 3.HELL 80 / 50mm.rt Art. pulse 120 beats per minute The abdominal circumference is 113 cm, the height of the fundus of the uterus is 39 cm. The back of the fetus is defined in the posterior and left sides. Vasten's symptom is positive. The fetal heartbeat is muffled, 170 beats per min. PV: opening of the uterine pharynx complete. The head of the fetus is to be placed, the nose, ophthalmic and oral parts in the inlet of the small pelvis are determined, the lower jaw is facing the bosom of the small pelvis. There is no fetal bladder, spotting from the genital tract. Determine the ratio of colloids (erythrocyte mass: Determine the ratio of colloids (erythrocyte mass: freshly frozen plasma) when replenishing bcc with 2l blood loss</p> <p>A. 2:1 B. 3:1 C. 4:2 Д. 5:1 E.5:2</p>	
86	PO-7	ПК-11,12	<p>A pregnant woman arrived at the maternity hospital accompanied by an ambulance with complaints from relatives: the contractions began yesterday, 15 minutes ago she lost consciousness. Pregnancy -5, childbirth 3. Consciousness is absent, the skin is an earthy tint,</p>	Акушерство и гинекология

			<p>covered with cold clammy sweat, blood pressure 50/00 mm Hg. pulse 140 beats per min.</p> <p>Palpation: The abdomen is enlarged, the contour of the uterus, the fetus is not determined, labor is stopped, symptoms of peritoneal irritation are positive. . The fetal heartbeat is not heard. PV: opening of the uterine pharynx complete, bloody, plentiful discharge. What is your intended diagnosis?</p> <p>A. advanced uterine rupture</p> <p>B. Threatening uterine rupture</p> <p>C. The onset of uterine rupture</p> <p>D. Incomplete uterine rupture</p> <p>E. Complete uterine rupture</p>	
87	PO-8	ПК-17,18	<p>A pregnant woman arrived at the maternity hospital accompanied by an ambulance with complaints from relatives: the contractions began yesterday, 15 minutes ago she lost consciousness. Pregnancy -5, childbirth 3. Consciousness is absent, the skin is an earthy tint, covered with cold clammy sweat, blood pressure 50/00 mm Hg. pulse 140 beats per min. Palpation: The abdomen is enlarged, the contour of the uterus, the fetus is not determined, labor is stopped, symptoms of peritoneal irritation are positive. . The fetal heartbeat is not heard. PV: opening of the uterine pharynx complete, bloody, plentiful discharge.</p> <p>A. Extirpation of the uterus with appendages</p>	Акушерство и гинекология

			<p>B. Extirpation of the uterus without appendages C. Subvaginal amputation of the uterus with appendages D. Subvaginal uterine amputation without appendages E. Ligation of the uterine vessels</p>	
88	PO-7	ПК-11,12	<p>A pregnant woman arrived at the maternity hospital accompanied by an ambulance with complaints from relatives: the contractions began yesterday, 15 minutes ago she lost consciousness. Pregnancy -5, childbirth 3. Consciousness is absent, the skin is an earthy tint, covered with cold clammy sweat, blood pressure 50/00 mm Hg. pulse 140 beats per min.</p> <p>Palpation: The abdomen is enlarged, the contour of the uterus, the fetus is not determined, labor is stopped, symptoms of peritoneal irritation are positive. . The fetal heartbeat is not heard. PV: opening of the uterine pharynx complete, bloody, plentiful discharge. What is the shock index equal to?</p> <p>A. 0,8 B. 1,0 C. 1,5 Д. 1,7 E. 2,8</p>	Акушерство и гинекология

89	PO-7	ПК-11,12	<p>A pregnant woman arrived at the maternity hospital accompanied by an ambulance with complaints from relatives: the contractions began yesterday, 15 minutes ago she lost consciousness. Pregnancy -5, childbirth 3. Consciousness is absent, the skin is an earthy tint, covered with cold clammy sweat, blood pressure 50/00 mm Hg. pulse 140 beats per min.</p> <p>Palpation: The abdomen is enlarged, the contour of the uterus, the fetus is not determined, labor is stopped, symptoms of peritoneal irritation are positive. . The fetal heartbeat is not heard. PV: opening of the uterine pharynx complete, bloody, plentiful discharge. PV: opening of the uterine pharynx complete, bloody, plentiful discharge. An analysis of Hb was taken at -60 g / l, erythrocytes 2.5 X10 12 degrees. Determine the amount of blood loss?</p> <p>A. 1000ml B. 1200ml C. 1500ml Д. 1700ml E.2250ml</p>	Акушерство и гинекология
90	PO-7	ПК-11,12	<p>A pregnant woman arrived at the maternity hospital accompanied by an ambulance with complaints from relatives: the contractions began yesterday, 15 minutes ago she lost consciousness. Pregnancy -5, childbirth 3. Consciousness is absent, the skin is an earthy tint,</p>	Акушерство и гинекология

			<p>covered with cold clammy sweat, blood pressure 50/00 mm Hg. pulse 140 beats per min.</p> <p>Palpation: The abdomen is enlarged, the contour of the uterus, the fetus is not determined, labor is stopped, symptoms of peritoneal irritation are positive. . The fetal heartbeat is not heard. PV: opening of the uterine pharynx complete, bloody, plentiful discharge. PV: opening of the uterine pharynx complete, bloody, plentiful discharge. An analysis of Hb was taken at -60 g / l, erythrocytes 2.5×10^{12} degrees.</p> <p>Determine the ratio of colloids (erythrocyte mass: freshly frozen plasma) when replenishing VCB?</p> <p>A. 2:1 B. 3:1 C. 4:2 Д. 5:2 E.5:4</p>	
91	PO-7	ПК-11,12	<p>A pregnant woman arrived at the maternity hospital accompanied by an ambulance with complaints from relatives: the contractions began yesterday, 15 minutes ago she lost consciousness. Pregnancy -5, childbirth 3. The weight of the woman in labor is 76 kg, Hb -105g / l, the size of the large pelvis is 25-28 -30 20cm, according to the individual map of pregnant</p>	Акушерство и гинекология

women at 38 weeks. There was a history of conservative myomectomy last year. Consciousness is absent, the skin is earthy, covered with cold, sticky sweat, blood pressure is 50/00 mm Hg. pulse 140 beats per min. Palpation: The abdomen is enlarged, the contour of the uterus, the fetus is not determined, labor is stopped, the symptoms of peritoneal irritation are positive. The fetal heartbeat is not heard. PV: opening of the uterine pharynx complete. bloody, plentiful discharge. An analysis of Hb was taken at -60 g / l, erythrocytes 2.5×10^{12} degrees. What do you think is the cause of uterine rupture?

- A. Anatomical narrow pelvis
- B. Clinical narrow pelvis
- C. Inflammatory changes in the endometrium
- D. Cicatricial changes in the myometrium**
- E. Transverse narrowed pelvis

92	PO-8	ПК-17,18	<p>After separation of the placenta, the puerperal immediately began to bleed profusely from the genital tract, with uterine massage it was dense, the bottom of the uterus was at the navel level, the placenta stood out with all the lobules, Objectively: the consciousness is clear, the skin is pale, and the skin has a warm, warm blood pressure of 100/70 mm Hg. Art. pulse 80 beats per min. BH - 16 times min. The volume of blood loss is about 600 ml. What is your treatment tactic?</p> <p>A. Uterus massage</p> <p>B. Bimanual compression of the uterus</p> <p>C. Compression of the abdominal aorta</p> <p>D. examination of the cervix in the mirrors</p> <p>E. Introducing guided balloon tompannades</p>	Акушерство и гинекология
93	PO-7	ПК-11,12	<p>. After separation of the placenta, the birthing immediately began to cause heavy bleeding from the genital tract, with uterine massage it was dense, the bottom of the uterus was at the level of the navel, the placenta stood out with all the lobules, the birth canal was examined in the mirrors, a rupture of the cervix with passage to the uterine</p>	Акушерство и гинекология

			<p>body was detected. Objectively: the consciousness is slightly inhibited, the skin is pale, with an earthy shade of blood pressure 80 / 50mm Hg. pulse 110 beats per min. BH - 25-30 times min. The volume of blood loss is about 1800ml. Determine the degree of hemorrhagic shock.</p> <p>A. 15% of the VCB</p> <p>B.20% of VCB</p> <p>S.30% of VCB</p> <p>D.35% of the VCB</p> <p>E. 38% of the VCB</p>	
94	PO-8	ПК-17,18	<p>After separation of the placenta, the birthing immediately began to cause heavy bleeding from the genital tract, with uterine massage it was dense, the bottom of the uterus was at the level of the navel, the placenta stood out with all the lobules, the birth canal was examined in the mirrors, a rupture of the cervix with passage to the uterine body was detected. Objectively: the consciousness is slightly inhibited, the skin is pale, with an earthy shade of blood pressure 80 / 50mm Hg. pulse 110 beats per min. BH - 25-30 times min. The volume of blood loss is about 1800ml. Your operational tactics in this situation:</p> <p>A. Extirpation of the uterus with appendages</p> <p>B. Extirpation of the uterus without appendages</p>	Акушерство и гинекология

			<p>C. Subvaginal amputation of the uterus with appendages</p> <p>D. Subvaginal uterine amputation without appendages</p> <p>E. Ligation of the uterine vessels</p>	
95	PO-7	ПК-11,12	<p>After separation of the placenta, the birthing immediately began to cause heavy bleeding from the genital tract, with uterine massage it was dense, the bottom of the uterus was at the level of the navel, the placenta stood out with all the lobules, the birth canal was examined in the mirrors, a rupture of the cervix with passage to the uterine body was detected. Objectively: the consciousness is slightly inhibited, the skin is pale, with an earthy shade of blood pressure 80 / 50mm Hg. pulse 110 beats per min. BH - 25-30 times min. The volume of blood loss is about 1800ml. . What is the shock index equal to?</p> <p>A. 0,8</p> <p>B. 1,2</p> <p>C. 1,5</p> <p>Д. 1,7</p> <p>E. 2,8</p>	Акушерство и гинекология

96	PO-8	ПК-17,18	<p>Pregnant woman, 37 years old, was admitted to maternity hospital №4 with complaints of cramping pains in the lower abdomen and lower back for 12 hours. The gestational age is 38 weeks. With an external obstetric examination of a pregnant woman, the abdominal circumference is 110 cm, the height of the fundus of the uterus is 42 cm, the size of the pelvis is 25-28-31-20. Labor activity - contractions of a forced character after 2-3 minutes for 40-45 seconds. The position of the fetus is longitudinal, presented by the head of the fetus, pressed against the entrance to the small pelvis. Vasten's symptom is positive, Zangemeister's reception is 21. The fetal heart rate is 138 beats / min. At vaginal examination, the disclosure of the uterine pharynx is complete. The fetal bladder is intact, the fetal head is pressed against the entrance to the small pelvis. Choose a doctor's tactics?</p> <p>A. Perform the operation of applying obstetric forceps B. Perform a caesarean section as planned C. Perform an emergency caesarean section D. Carry out the operation of applying vacuum extraction to the fetal head E. Carry out labor stimulation</p> <p>What is the definition of Colpoporexis</p> <p>A. rupture of the cervix with a length of 3 cm B. rupture of the cervix with a length of 2 cm C. separation of the uterus from the vaginal vaults D. rupture not passing to the internal uterine pharynx E. rupture not extending to the internal uterine pharynx</p>	Акушерство и гинекология
97	PO-7	ПК-13	<p>A 23-year-old woman in labor is in the delivery room. Complaints about attempts. Vaginal examination data: presented with a head in 4 planes, a sagittal suture in a straight size, a small fontanel anterior, large unattainable. What moment of the biomechanism of labor ended?</p> <p>A. lowering and flexing the head</p>	Акушерство и гинекология

			<p>B. internal head rotation C. additional flexion of the head D. head extension E. internal rotation and extension of the fetal head</p>	
98	PO-7	ПК-13	<p>The head is cut in vertical size when presenting: A. anterior occipital B. anteroparietal C. frontnom D. facial E. posterior occipital</p>	Акушерство и гинекология
99	PO-7	ПК-13	<p>The head is cut by a large oblique size in presentation: A. posterior occipital B. anteroparietal C. frontal D. facial E. anterior occipital</p>	Акушерство и гинекология
100	PO-8	ПК-17,18	<p>A 46-year-old patient was admitted with complaints of pain in the lower abdomen, frequent urination, profuse bleeding during menstruation. For 3 years she has been registered for uterine fibroids. 3 months ago, curettage of the uterine cavity was performed. The result of histological examination - glandular cystic hyperplasia of the endometrium. On the mirrors: the cervix is hypertrophied, eroded. The discharge is</p>	Акушерство и гинекология

bloody and profuse. PV: the cervix is hypertrophied, of normal consistency. The uterus is turned into a tumor up to 14-15 weeks, bumpy, immobile, painless. The area of appendages without pathology. Your diagnosis:

A) uterine fibroids, cervical erosion

B) symptomatic uterine fibroids

C) multiple symptomatic large uterine fibroids, cervical erosion

D) uterine fibroids, ovarian cyst

E) uterine fibroids, endometrial cancer

. A 36-year-old female patient consulted a gynecologist with complaints of hot flashes, sweating, and frequent urination. Symptoms appeared after surgery for rapidly growing uterine fibroids and endometriosis in both ovaries. Examination revealed no somatic diseases. Mammary glands without pathology. On the mirrors: the vaginal mucosa is clean. PV: vaginal stump without pathology. There are no infiltrates in the small pelvis.

A) condition after hysterectomy. climacteric syndrome

B) condition after hysterectomy. post-castration

			<p>syndrome</p> <p>C) vegetovascular dystonia</p> <p>D) vegetovascular dystonia, cystitis</p> <p>E) none of the above</p>	
102	PO-7	ПК-13	<p>In case of genital tuberculosis, where is the primary focus most often localized?</p> <p>A. In the lungs</p> <p>B. In bones</p> <p>C. In the urinary system</p> <p>D. In the lymph nodes</p> <p>E. In the kidneys</p>	Акушерство и гинекология
103	PO-7	ПК-13	<p>What parts of the female reproductive system are most often affected by tuberculosis?</p> <p>A. Fallopian tubes</p> <p>B. Ovaries</p> <p>C. Uterus</p> <p>D. External genital organs</p> <p>E. Urethra</p>	Акушерство и гинекология
104	PO-7	ПК-13	<p>48 years old complains of hot flashes to the head up to 8-10 times a day, sweating. These symptoms have been observed during the last year. Menstruation in 2-3 months, scanty - 1-2 days. In history - operated on for calculous cholecystitis. Childbirth - 3, abortion -2. Gynecological examination</p>	Акушерство и гинекология

			<p>revealed no pathology. Your diagnosis:</p> <p>A) menstrual irregularity</p> <p>B) menopause</p> <p>C) premenstrual syndrome</p> <p>D) climacteric syndrome</p> <p>E) vegetative-vascular dystonia</p>	
105	PO-7	ПК-13	<p>25 years old complains of bloating, pain in the mammary glands, swelling of the hands and feet. All symptoms begin a week before menstruation and disappear after they stop. The patient suffers from frequent colds. Gynecological examination revealed no pathology, mammary glands without pathology. Make a diagnosis:</p> <p>A) premenstrual syndrome, crisis form</p> <p>B) gynecologically healthy</p> <p>C) premenstrual syndrome, edematous form</p> <p>D) premenstrual syndrome</p> <p>E) none of the above</p>	Акушерство и гинекология

106	PO-7	ПК-13	<p>34 years old complains of rapidly progressing hirsutism, cessation of menstruation. He considers himself ill for 6 months, when menstruation delays first began to be noted, facial hair growth appeared (beard, mustache). Last period 3 months ago. On examination: height - 152 cm, weight 57 kg. Marked hirsutism. The mammary glands are atrophic. There is no discharge from the nipples. PV: the cervix is cylindrical, the pharynx is closed. The uterus is not enlarged. The area of the left appendages without features. On the right, in the region of the appendages, a dense formation 5.5x4.5x5.0 cm in size is palpated. Make the correct diagnosis:</p> <p>A) adrenogenital syndrome B) adrenal tumor C) polycystic ovary syndrome D) hormone-producing ovarian tumor E) Itsenko-Cushing's disease</p>	Акушерство и гинекология
107	PO-8	ПК-14,15,16	<p>Patient G., 28 years old, complains of rare menstruation and lack of pregnancy. From the anamnesis: in childhood she suffered - measles, mumps, frequent tonsillitis. Menarche</p>	Акушерство и гинекология

from the age of 13, has not yet been established, occurs irregularly - after 30-45-65 days, duration 1-2 days, scanty, painless. Married for 4 years, regular sex life. The husband is examined - healthy. Objectively - 160 cm, body weight - 70 kg, there is hair growth on the chin, around the nipples, along the white line of the abdomen. The external genitalia are formed correctly. On the mirrors: the mucous membrane of the vagina and cervix are clean. PV: the cervix is conical, the external os is closed. The body of the uterus is in the correct position, small. In the region of the appendages, dense formations 5.0x3.5x3.5 and 4.5x2.0x2.0 cm in size are determined on both sides. Make a diagnosis:

- A) **polycystic ovaries**
- B) bilateral ovarian cysts
- C) menstrual irregularity
- D) chronic salpingo-oophoritis, subacute course
- E) no correct diagnosis

108	PO-7	ПК-13	<p>25 years old, she turned to a gynecologist with complaints about the absence of menstruation, general weakness. A year ago she gave birth to a child, in the postpartum period there was massive bleeding, she received intensive treatment, blood transfusion was performed. After childbirth, she noted a meager amount of milk, soon, despite medical measures, lactation completely stopped. Objectively: the woman is underweight, the mammary glands are flabby, hairiness in the armpits and on the pubis is poor. The external genitalia are atrophic, depigmented.</p> <p>PV: the vagina is capacious, the cervix is shortened, the body of the uterus is smaller than normal, the area of the appendages is without features. Choose the correct diagnosis:</p> <ul style="list-style-type: none">A) Shereshevsky-Turner syndromeB) Babinski-Feilich syndromeC) Morris syndrome (testicular feminization)D) sheehan syndromeE) no correct answer	Акушерство и гинекология
-----	------	-------	--	--------------------------

109	PO-7	ПК-13	<p>What discharge from the genital tract is characteristic of candidal colpitis?</p> <p>A. cheesy B. with an unpleasant odor, C. mucopurulent D. unpleasant "fishy" smell, E. frothy discharge,</p>	Акушерство и гинекология
110	PO-7	ПК-13	<p>What form of genital inflammation most often occurs in girls?</p> <p>A. vulvovaginitis; B. endocervicitis; C. endometritis; D. salpingo-oophoritis; E. salpingitis.</p>	Акушерство и гинекология
111	PO-7	ПК-13	<p>26 years after medical abortion with subsequent transformation, no menstruation for 4 months. On the days of the expected menstruation, there are pains in the lower abdomen. PV: the uterus is enlarged up to 6-7 weeks of pregnancy, soft consistency. The area of appendages without features. Choose the correct diagnosis:</p> <p>A) endometritis B) uterine form of amenorrhea, atresia of the cervical canal C) uterine pregnancy, threatened early miscarriage</p>	Акушерство и гинекология

			<p>D) amenorrhea of central origin</p> <p>C) ovarian amenorrhea</p>	
112	PO-7	ПК-13	<p>For 32 years, she was in a gynecological hospital due to exacerbation of chronic inflammation of the uterine appendages. Before discharge, the patient asked the gynecologist to advise on the method of contraception. The woman is married and has 2 children. Over the past 3 years, she was twice treated by a gynecologist for an exacerbation of the inflammatory process of the uterine appendages. Which method of contraception should be advised to the patient:</p> <p>A) IUD</p> <p>B) pure gestagens</p> <p>C) COCс</p> <p>D) spermicides</p> <p>E) rhythmic method</p>	Акушерство и гинекология
113	PO-7	ПК-13	<p>What signs are characteristic of trichomoniasis?</p> <p>A. yellow-green foamy discharge</p> <p>B. cheesy discharge</p> <p>C. with an unpleasant "fishy" smell</p> <p>D. white, creamy discharge</p>	Акушерство и гинекология

			E. spotting	
114	PO-7	ПК-13	<p>Patient R., 28 years old, was delivered by an ambulance doctor to a hospital with complaints of a rise in body temperature up to 40°C, chills, vomiting, muscle pain, jaundice with a bronze tint, decreased diuresis, urine the color of meat slops, bloody-purulent discharge. She went to the doctor 7 days after the introduction of a soap solution into the uterine cavity through the catheter in order to terminate the pregnancy at 17-18 weeks. On the mirrors: necrotic plaque on the cervix, ichorous discharge. PV: the cervix is smoothed, the opening of the uterine os is 4 cm, the body of the uterus is not clearly contoured, enlarged up to 12-13 weeks, sharply painful, heterogeneous consistency. Hourly diuresis - 25 ml / hour. Laboratory data: Hb-52 g/l erythrocytes-$2.4 \times 10^{12}/l$, leukocytes-$3.4 \times 10^9/l$, ESR-60 mm/hour, bilirubin-230 mmol/l. Your diagnosis:</p> <p>A) hemorrhagic shock B) septic shock</p>	Акушерство и гинекология

			<p>C) anaerobic sepsis D)peritonitis E)pelvioperitonitis</p>	
115	PO-7	ПК-13	<p>Patient V., aged 25, was admitted with complaints of bloody discharge from the genital tract, pain in the lower abdomen, a rise in body temperature up to 38.5°C. She fell ill on the 2nd day after the introduction of the catheter into the uterine cavity in order to terminate the pregnancy in the period of 13-14 weeks. On the mirrors: the cervix is clean, the discharge is bloody, moderate, the cervical canal is passable for 2 p / n fingers, the uterus is enlarged up to 12-13 weeks of pregnancy, soft consistency, sensitive to palpation. The area of appendages on both sides without features. Choose the correct diagnosis:</p> <p>A) incipient complicated infected abortion B) incomplete complicated abortion C) uncomplicated infected abortion in progress D)incomplete uncomplicated infected abortion E) uncomplicated infected abortion</p>	Акушерство и гинекология

116	PO-8	ПК-17,18	<p>Determine the indications for surgical treatment for inflammatory processes of the female genital organs:</p> <p>A. acute salpingo-oophoritis,</p> <p>B. perforation of purulent tubo-ovarian formation;</p> <p>C. frequent exacerbations of the chronic inflammatory process of the uterine appendages;</p> <p>D. frequent exacerbations of chronic endometritis;</p> <p>E. pelvioperitonitis of gonorrheal etiology</p>	Акушерство и гинекология
117	PO-8	ПК-17,18	<p>What is the treatment tactics in case of the formed purulent inflammatory formation of the uterine appendages?</p> <p>A. emptying the purulent cavity and injecting antibiotics into it</p> <p>B. surgical treatment</p> <p>C. pyrogenal therapy</p> <p>D. gonovaccine therapy</p> <p>E. Abdominal-sacral zinc electrophoresis</p>	Акушерство и гинекология
118	PO-8	ПК-17,18	<p>Patient V., 30 years old, was taken to the gynecological department with complaints of fever up to 380C, pain in the lower abdomen, purulent-sanitary discharge from the genital tract, general weakness, and malaise. I fell ill 2 days ago after a medical abortion in the period of 8-9 weeks. Objectively: the pulse is 96 beats. in 1 minute. BP 120/70 mm Hg, no peritoneal symptoms. On the mirrors: the cervix is clean, the discharge is purulent-sanitary. PV: the cervix is cylindrical,</p>	Акушерство и гинекология

			<p>the external os is closed, the uterus is somewhat larger than normal, painful on palpation, the appendages are not defined, their area is painless. Make a diagnosis:</p> <p>A) metroendometritis B) salpingoophoritis C) parametritis D) pelvioperitonitis E) perimetritis</p>	
119	PO-8	ПК-17,18	<p>A 42-year-old patient was admitted with complaints of cramping pains in the lower abdomen, heavy menstruation. On the mirrors: the cervix is shortened, in the cervical canal - the formation of a purple color. The bleeding is profuse. PV: the cervix is shortened, in the pharynx there is a formation 5x5 cm in size of a softish consistency. The uterus is enlarged up to 8-9 weeks of pregnancy, with a smooth surface. The area of appendages without features. Your diagnosis:</p> <p>A) cervical myoma B) abortion in progress</p>	Акушерство и гинекология

			<p>C) cervical pregnancy D) cervical cancer E) uterine fibroids, nascent submucosal node</p>	
120	PO-7	ПК-13	<p>A 34-year-old patient came to the antenatal clinic. Married 1 year. Delay of menstruation for 12 weeks, during the day pains in the lower abdomen on the right side, scanty spotting. On palpation of the abdomen in the lower sections, the formation is determined, the upper border is 4 p / p above the womb, the lower pole goes into the small pelvis. On the mirrors: the neck is clean, the discharge is bloody. PV: the cervix is cylindrical, the cervical canal is passable for 1 p / p finger. The uterus turned into a tuberos tumor, the total value of 17-18 weeks. Appendages are not defined. Choose the correct diagnosis:</p> <p>A) hydatidiform mole B) ovarian cyst C) chorionepithelioma D) pregnancy and uterine fibroids, abortion that has begun</p>	Акушерство и гинекология

			E) uterine fibroids, necrosis of the myomatous node	
121	PO-7	ПК-13	<p>What are the criteria for the cure of gonorrhoea?</p> <p>A. Negative smear taken during the next period</p> <p>B. Negative result after treatment of the urethra and cervical canal with Lugol's solution</p> <p>C. Negative result after intramuscular injection of 500 million microns. bodies of gonovaccine</p> <p>D. Negative result at control examinations within 3 months</p> <p>E. Negative result after alimentary provocation</p>	Акушерство и гинекология
122	PO-7	ПК-13	<p>. Name the complication of chronic salpingo-ophritis:</p> <p>A. thrombophlebitis of the veins of the small pelvis</p> <p>B. eroded ectropion</p> <p>C. endocervicitis</p> <p>D. adhesions in the small pelvis</p> <p>E. endometrial hyperplasia</p>	Акушерство и гинекология
107	PO-7	ПК-13	<p>Specify the possible complications of acute salpingo-oophoritis:</p> <p>A. generalization of infection with the development of local or diffuse peritonitis</p> <p>B. abscess formation</p> <p>C. the formation of chronic pelvic pain syndrome</p> <p>D. Chronization of the process with the formation of hydrosalpinx</p> <p>E. menstrual irregularities</p>	Акушерство и гинекология

123	PO-8	ПК-17,18	<p>What drug is used to treat atrophic vaginitis:</p> <p>A. Pharmatex B. polygynax C. vagotil D. terginan E. ovestin</p>	Акушерство и гинекология
124	PO-8	ПК-17,18	<p>Name what is the starting point for septic shock:</p> <p>A. angiospasm B. action of exo- and endotoxins C. hypoxia of the brain D. bleeding E. acute renal failure</p>	Акушерство и гинекология
125	PO-7	ПК-13	<p>What epithelium is lined with the parts of the genitourinary system affected by the gonococcus?</p> <p>A. Cubic B. Cylindrical C. multilayer flat non-keratinizing D. multilayered flat keratinizing E. transitional epithelium.</p>	Акушерство и гинекология
126	PO-7	ПК-13	<p>Patient O., 34 years old, was hospitalized on an emergency basis in the gynecological department due to torsion of the leg of the myomatous subserous node. During the operation to open the abdominal cavity, it was found: The uterus is</p>	Акушерство и гинекология

			<p>tuberous, turned into a multiple myomatous tumor, up to 13 weeks of pregnancy. On the front wall - the leg of the subserous myomatous node is twisted, the node is 4x4 cm in size, purple. Appendages on both sides without visible pathology. What volume of operation is shown in this case:</p> <p>A) node enucleation B) conservative myomectomy C) supravaginal amputation of the uterus without appendages D) defundation of the uterus E) hysterectomy with fallopian tubes</p>	
127	PO-7	ПК-11,12	<p>A 36-year-old patient was delivered to the gynecological department with complaints of pain in the lower abdomen, vomiting, and a rise in body temperature up to 380C. Consists of a dispensary for uterine fibroids, primary infertility for 3 years. Objectively: the state of moderate severity, body temperature 380C. Positive symptom of peritoneal irritation. When viewed on the mirrors: the cervix is clean, discharge of leucorrhoea. PV: the uterus is enlarged</p>	Акушерство и гинекология

			<p>up to 5-6 weeks, at the right corner of the uterus there is a painful dense formation 5x6 cm in size. The area of the appendages is without features. Your diagnosis:</p> <p>A) tubo-ovarian perforation B) ectopic pregnancy C) pregnancy, threatened early miscarriage D) torsion of the ovarian cyst E) torsion of the pedicle of the myomatous node</p>	
128	PO-8	ПК-17,18	<p>Name the drug for the treatment of chlamydial infection:</p> <p>A. doxycycline B. penicillin C. ceftriaxone D. amoxicillin E. metronidazole</p>	Акушерство и гинекология
129	PO-8	ПК-17,18	<p>What drug is used to treat genital herpes?</p> <p>A. dalacin C B. polygynax C. acyclovir D. zoladex E. azithromycin</p> <p>Name the drug for the treatment of vaginal candidiasis:</p> <p>A. Doxycycline B. Nolitsin</p>	Акушерство и гинекология

			<p>C. Pimafucin D. Clindamycin E. Metronidazole</p>	
130	PO-8	ПК-17,18	<p>Patient A., aged 24, was admitted with complaints of pain in the lower abdomen and bloody discharge from the genital tract with a delay in menstruation for 2 weeks. BP 100/60 mm Hg, pulse 90 beats/min. On the mirrors: cyanosis of the mucous membrane of the cervix, bloody discharge, dark. PV: the uterus is slightly enlarged, mobile, on the right in the area of the appendages there is a formation, painful, doughy consistency. The posterior fornix is flattened, painful. Your diagnosis:</p> <p>A) endometriosis B) incomplete abortion C) ectopic pregnancy D) uterine fibroids E) DUB</p>	Акушерство и гинекология

131	PO-8	ПК-17,18	<p>A 36-year-old female patient was admitted to the hospital with complaints of severe pain in the lower abdomen, fever up to 39.5 ° C. Anamnesis: 8th day of the menstrual cycle. The IUD was delivered 3 days ago. Objectively: pulse 120 in 1 minute, BP 110/70 mm Hg. Art. The abdomen is swollen, sharply painful in all parts, the symptom of Shchetkin-Blumberg is sharply positive. Bimanual examination: the uterus is enlarged, painful on palpation. The appendages are not enlarged. Discharge - pus-like. What is the most likely diagnosis?</p> <p>A. Acute endometritis during the use of IUD B. Acute bilateral salpingitis C. Perforation of tubo-ovarian abscess D. Uterine fibroids with necrosis of one of the nodes E. Exacerbation of chronic endometritis</p> <p>The patient takes antibiotics for a long time for acute pyelonephritis. She developed a burning sensation in the vagina, itching, profuse discharge. What is the complication?</p> <p>A. acute endometritis B. ectopic pregnancy C. inflammation of the uterine appendages D. candidal colpitis E. erosion of the cervix</p>	Акушерство и гинекология
132	PO-8	ПК-17,18	<p>What disease should be suspected if vaginal yeast infection recurs frequently?</p> <p>A. anemia B. diabetes mellitus C. systemic lupus erythematosus D. endometriosis of the genitals E. congenital adrenal hyperplasia</p>	Акушерство и гинекология

133	PO-7	ПК-13	<p>A 16-year-old girl developed bloody discharge from the genital tract within 8 days after a 2 month delay. Denies sex life. With recto-abdominal examination and ultrasound data, there is no pathology. What is the reason for the clinic of this condition?</p> <p>A. Ovarian tumor B. Myoma of the uterus C. Thrombocytopathy D. Juvenile uterine bleeding E. Endometrial polypoma</p>	Акушерство и гинекология
134	PO-7	ПК-13	<p>What is your therapeutic tactics in case of uterine bleeding in a woman of reproductive age:</p> <p>A. Colposcopy B. Laparoscopy C. Culdocentesis D. Vacuum aspiration of the uterine cavity E. ultrasound of the pelvic organs</p>	Акушерство и гинекология
135	PO-8	ПК-17,18	<p>Amenorrhea is the absence of menstruation during:</p> <p>A. 3 months B. 4 months C. 5 months D. 6 months E. 12 months</p>	Акушерство и гинекология

136	PO-7	ПК-13	<p>Delayed sexual development is when there are no secondary sexual characteristics:</p> <p>A. by 10 years, and menstruation by 15 g.</p> <p>B. by 12 years, and menstruation by 16.</p> <p>C. by the age of 14, and menstruation by the age of 16.</p> <p>D. by age 14, and menstruation by age 18.</p> <p>E. by 16 years, and menstruation by 19</p>	Акушерство и гинекология
137	PO-7	ПК-13	<p>What syndromes should be differentiated "ovarian wasting syndrome"</p> <p>A. With resistant ovary syndrome</p> <p>B. With premenstrual syndrome</p> <p>C. With climacteric syndrome</p> <p>D. With Sheehan's syndrome</p> <p>E. With Chiari-Frommel syndrome</p>	Акушерство и гинекология
138	PO-7	ПК-13	<p>What is characteristic of oligodysmenorrhea:</p> <p>A. Infrequent and scanty menstruation</p> <p>B. Infrequent and painful periods</p> <p>C. Reduction of blood loss during menstruation</p> <p>D. Intermenstrual scanty spotting</p> <p>E. Painful periods</p>	Акушерство и гинекология

139	PO-7	ПК-13	<p>Give a definition of the term Menorrhagia:</p> <p>A. Acyclic uterine bleeding</p> <p>B. Cyclic uterine bleeding</p> <p>C. Painful and heavy menstruation</p> <p>D. Pre- and postmenstrual bleeding</p> <p>E. E. Intermenstrual scanty spotting</p>	Акушерство и гинекология
140	PO-7	ПК-13	<p>Which of the following signs are characteristic of metrorrhagia?</p> <p>A. Intermenstrual spotting</p> <p>B. Increased blood loss during menstruation</p> <p>C. Increased duration of menstruation</p> <p>D. Uterine bleeding not associated with the menstrual cycle</p> <p>E. Painful periods</p>	Акушерство и гинекология
141	PO-7	ПК-13	<p>What is the most frequent mechanism for the development of dysfunctional uterine bleeding in the juvenile period</p> <p>A. Follicular atresia</p> <p>B. Long-term persistence of the follicle</p> <p>C. Short-term persistence of the follicle</p> <p>D. Insufficiency of the corpus luteum</p> <p>E. Persistence of the corpus luteum</p>	Акушерство и гинекология
142	PO-7	ПК-13	<p>What is the most effective method for early diagnosis of postmenopausal osteoporosis:</p> <p>A. X-ray of the spine</p> <p>B. Mono- and biphoton absorptiometry</p> <p>C. Computed tomography</p> <p>D. Radiography of the hand</p>	Акушерство и гинекология

			E. Ultrasound of joints	
143	PO-8	ПК-17,18	<p>What is the most effective treatment for postmenopausal osteoporosis?</p> <p>A. Diet therapy</p> <p>B. Physiotherapy and exercise therapy</p> <p>C. Hormone therapy</p> <p>D. Vitamin therapy</p> <p>E. Antibiotic therapy</p>	Акушерство и гинекология
144	PO-8	ПК-17,18	<p>What is the tactics of managing a patient with DMK of juvenile age:</p> <p>A. Hemostatic and antianemic therapy;</p> <p>B. Hormonal hemostasis by progesterone;</p> <p>C. Hormonal hemostasis with estrogen-progestogen drugs</p> <p>D. Therapeutic and diagnostic curettage of the endometrium;</p> <p>E. Uterotonic therapy;</p>	Акушерство и гинекология
145	PO-8	ПК-17,18	<p>What is the indication for the surgical treatment of uterine fibroids?</p> <p>A. Uterine fibroids in postmenopausal women</p> <p>B. Rapid tumor growth</p> <p>C. Menstrual irregularities</p> <p>D. Long-term existence of fibroids</p> <p>E. Subserous uterine myoma</p>	Акушерство и гинекология

146	PO-8	ПК-14,15,16	Name what drugs are used to treat endometrial hyperplastic processes: A. Estrogens; B. Gestagens ; C. Androgens; D. Thyroid stimulating hormones E. Glucocorticoids;	Акушерство и гинекология
147	PO-7	ПК-13	What is the source of hyperandrogenism with a positive test with dexamethasone (small test). A. ovaries B. adrenal glands C. pituitary adenoma D. pathology of the hypothalamus E. pathology of the thyroid gland	Акушерство и гинекология
148	PO-7	ПК-13	What is the effect of dexamethasone in hyperandrogenism: A. Suppression of ovarian function B. Suppression of adrenal function C. Suppression of ACTH production D. Acceleration of androgen inactivation E. Suppression of estrogens function	Акушерство и гинекология
149	PO-7	ПК-13	Patient A, 38 years old, called an ambulance for high fever. He fell ill acutely. 2 days ago, the body temperature rose to 39.1 ° C. A dry cough appeared. He did not seek medical help, he independently stopped the fever with paracetamol and ibuprofen, and began to take ACC. The next day, the symptoms persisted. On the third day of illness, there was a feeling of lack of air, a feeling of constriction. In the chest, the body temperature is 38.9 °	Акушерство и гинекология

			<p>C. I contacted a relative who came from an epidemiologically unfavorable region. Which of the following diagnoses matches this symptomatology?</p> <ol style="list-style-type: none"> 1. Influenza 2. Rhinovirus infection 3. COViD-19 4. Hemorrhagic fever 5. Adenovirus infection 	
150	PO-7	ПК-13	<p>To patient A. 26 years old, caused by EMS on the 2nd day of illness. He fell ill acutely, body temperature rose to 40 C, severe headache, weakness, nausea, single vomiting appeared. The next day, he continued to have a fever, his weakness increased sharply, he noticed a profuse rash on the skin. From epidemiological history: recently returned from Europe. On examination: the patient is conscious, but adynamic, lethargic. The skin is pale, on the skin of the lower extremities is stellate, with uneven edges hemorrhagic rash. In the lungs, breathing is weakened, wheezing is not audible, shortness of breath -36 per minute. What diagnostic measures are necessary to confirm the diagnosis.</p> <ol style="list-style-type: none"> 1. PCR for hemorrhagic fever 2. ELISA - for COVID-19 3. RPGA on COViD-19 4. RNGA for bacterial meningitis 5. RIF for parainfluenza 	Акушерство и гинекология

151	PO-7	ПК-13	<p>Patient S., 28 years old, came to the clinic with complaints of high body temperature (40.5 ° C), body aches, sore throat, dry cough. From the anamnesis it was found that the disease began acutely, about 3 days ago, with a loss of smell. Objectively: hard breathing is heard in all fields of the lungs, no wheezing, heart sounds are muffled, the rhythm is correct, the pulse is 110 beats per minute, the blood pressure is 120/80 mm Hg. Which of the following genera belongs to the causative agent of the above described clinic.</p> <p>A) Alphacoronavirus B) Gammacoronavirus C) Deltacoronavirus D) Betacoronavirus E) Omegacoronavirus</p>	Акушерство и гинекология
152	PO-7	ПК-13	<p>Patient A, 30 years old, arrived at the clinic with complaints of fever, weakness, malaise. From the anamnesis, the disease began about a week ago, there was a rare dry cough, runny nose; subsequently, the temperature rose to 39.1 ° C, which lasted for several days. Objectively: The skin is pale, the skin of the trunk is stellate, with uneven edges hemorrhagic rash. In the lungs, breathing is weakened, moist rales are heard. 110 beats per minute, RR = 27 per 1 min. Saturation 94%. On radiography: 25% of the lung damage. What degree of COVID-19 damage does this clinic correspond to?</p> <p>A) Medium B) Easy degree C) Severe degree D) low degree D) high degree</p>	Акушерство и гинекология

		ПК-13	<p>Name the main method for stopping dysfunctional bleeding in the premenopausal period:</p> <p>A. Introduction of hemostatic and uterine-reducing agents; B. Separate scraping of the uterine cavity and cervical canal; C. The use of estrogen-progestin drugs; D. Supravaginal amputation of the uterus; E. The use of 17-hydroxyprogesterone capronate in a continuous mode;</p>	
154	PO-7	ПК-13	<p>Patient A., 41 years old, turned to a doctor for help with complaints of cough, general weakness, headache, impaired taste and smell, diarrhea. From the anamnesis, I recently contacted an acquaintance who had recently recovered from COVID-19. Objectively: the skin is clean, without pathological changes, weakened breathing, hyperemia of the pharynx. HR = 70 beats / min, RR = 20, SaO2 = 96%. X-ray examination shows no pathological changes. What therapy is needed for this pathology?</p> <p>A) etiotropic therapy B) symptomatic therapy C) surgical therapy D) physiotherapy E) pathogenetic therapy</p>	Акушерство и гинекология
155	PO-8	ПК-17,18	<p>A 13-year-old girl consulted a pediatrician due to an enlarged abdomen and periodic, regular abdominal pain. The degree of sexual development corresponds to age, menstruation was not. On palpation, the abdomen is asymmetric, the formation</p>	Акушерство и гинекология

			<p>of a tight-elastic consistency is determined, protruding 3 transverse fingers above the bosom. On rectal examination, the formation deforms the capsule of the rectum.</p> <p>Diagnosis:</p> <p>A)coprostasis</p> <p>B) malformation of the vagina with a delay in the outflow of menstrual blood</p> <p>C) acute appendicitis</p> <p>D)biliary dyskinesia</p>	
156	PO-8	ПК-17,18	<p>A mother with a 14-year-old girl turned to a gynecologist due to the absence of secondary sexual characteristics and menstruation. The examination revealed sharply elevated levels of pituitary hormones responsible for ovarian function.</p> <p>Diagnosis:</p> <p>a) uterine form of amenorrhea</p> <p>B) ovarian form</p> <p>C) pituitary form</p> <p>D) hypothalamic form</p> <p>E) hyperprolactinemia.</p>	Акушерство и гинекология

157	PO-8	ПК-17,18	<p>A 26-year-old patient consulted a gynecologist with complaints of pain in the area of the left labia. Notes the rise in body temperature to 37.80C. Examination of the external genitalia revealed swelling and hyperemia of the left labia. On palpation, a formation in the thickness of the left labia is determined with a size of 5x4 cm with a softening area in the center. Choose the correct diagnosis:</p> <p>A) acute vulvitis B) Bartholin's cyst C) gutner duct cyst D) bartholin gland abscess E) no correct diagnosis</p>	Акушерство и гинекология
158	PO-8	ПК-17,18	<p>A 34-year-old woman was delivered by ambulance to the gynecological department with complaints of a rise in body temperature up to 38.4°C, pain in the lower abdomen. He considers himself ill for 1 day, when for the first time, on the 7th day of the menstrual cycle, the above complaints appeared. Objectively: a state of moderate severity. Pulse 104 beats per 1 minute, t - 38.40C. The abdomen is soft on palpation, painful in the lower sections. The symptom of</p>	Акушерство и гинекология

			<p>peritoneal irritation on the left is positive. Gynecological examination: on the mirrors - the mucous membrane of the vagina and cervix is hyperemic, the discharge is purulent. PV: The cervix is cylindrical, the os is closed. The uterus is in the correct position, normal size. In the area of the uterine appendages on both sides painful formations are determined, oblong in shape. Make a diagnosis:</p> <p>A) acute bilateral adnexitis B) pelvioperitonitis C) parametritis D) metroendometritis E) left-sided salpingitis</p>	
159	PO-7	ПК-13	<p>A 24-year-old primigravida was admitted with complaints of cramping pains in the lower abdomen, spotting from the genital tract. Last menstruation 2.5 months ago.</p> <p>Vaginal examination: the cervix is 3 cm long, the external os is closed, the uterus is enlarged up to 8-9 weeks of pregnancy. Appendages are not defined. Discharge from the genital tract is bloody, moderate.</p> <p>Make a diagnosis:</p> <p>a) Pregnancy 8-9 weeks. Threatened spontaneous miscarriage</p>	Акушерство и гинекология

			<p>b) Pregnancy 8-9 weeks. Started spontaneous miscarriage</p> <p>c) Pregnancy 8-9 weeks. Incomplete spontaneous miscarriage</p> <p>d) Pregnancy 8-9 weeks. Abortion in progress</p> <p>e) Pregnancy 8-9 weeks. Failed spontaneous</p>	
160	PO-8	ПК-17,18	<p>Pregnant N., 24 years old, went to the antenatal clinic at a gestational age of 6-7 weeks. This pregnancy - the 3rd, the first two - ended in spontaneous miscarriages at 12-13 and 15-16 weeks with curettage of the uterine cavity. From the anamnesis it was found out that in childhood she often had a sore throat, menarche from the age of 15, irregular periods, every 40-45 days, 3-4 days each. Last menses 2.5 months ago. Objectively: height - 168 cm, weight - 60 kg, hair growth on the upper lip, in the area of the nipples, along the white line of the abdomen.</p> <p>Your diagnosis:</p> <p>a) Pregnancy 6-7 weeks. Threatened spontaneous miscarriage</p> <p>b) Pregnancy 6-7 weeks. Habitual miscarriage. Hirsutism.</p> <p>c) Pregnancy 6-7 weeks. Abortion is on the way. Burdened obstetric history</p> <p>d) Pregnancy 6-7 weeks. Threatened spontaneous miscarriage</p> <p>e) Pregnancy 6-7 weeks. Started spontaneous miscarriage</p>	Акушерство и гинекология

161	PO-8	ПК-14,15,16	<p>A 36-year-old pregnant woman was admitted with complaints of arching pains in the abdomen, scanty spotting. Objectively, the state of moderate severity. The skin and visible mucous membranes are pale. BP 90/50 mmHg Pulse 100 beats / min. Edema in the lower extremities, protein in the urine - 1.5 g/l, the uterus is enlarged, respectively, 35-36 weeks of pregnancy, tense, parts of the fetus are not palpable, the fetal heartbeat is not audible.</p> <p>Make a diagnosis:</p> <p>a) Pregnancy 35-36 weeks. Mild preeclampsia</p> <p>b) Pregnancy 35-36 weeks. placenta previa</p> <p>c) Pregnancy 35-36 weeks. Moderate preeclampsia. Premature detachment of a normally located placenta. Antenatal fetal death Hemorrhagic shock II stage.</p> <p>d) Pregnancy 35-36 weeks. Polyhydramnios. Antenatal fetal death.</p> <p>e) Pregnancy 35-36 weeks. Severe preeclampsia.</p> <p style="padding-left: 40px;">Antenatal fetal death.</p>	Акушерство и гинекология
162	PO-8	ПК-14,15,16	<p>Woman in labor, 28 years old, third day of the postpartum period. The body temperature is 38.2 ° C, the postpartum woman complains of pain in the mammary glands. The pulse is 86 per minute, the mammary glands are significantly and evenly coarse, sensitive to palpation, when pressed, droplets of milk are released from the nipples. Your tactics:</p> <p>A. limit drinking</p>	Акушерство и гинекология

			<p>B. immobilize the breast C. empty the breast by expressing D. prescribe a laxative to the postpartum woman E. compress on the mammary glands</p>	
163	PO-8	ПК-14,15,16	<p>Patient T., aged 29, first applied to the antenatal clinic at a gestational age of 29-30 weeks. Complains of thirst, itching, increased urination. This pregnancy is the second, the first - ended in premature birth with a dead fetus at a period of 29-30 weeks 2 years ago. Objectively: height 159 cm, weight 71 kg, blood pressure 110/70 mm Hg. Art., coolant - 96 cm, VDM - 29 cm. The position of the fetus is longitudinal, the head is presented, above the entrance to the small pelvis. The fetal heartbeat is clear, rhythmic, 136 beats per minute.</p> <p>Make a diagnosis:</p> <p>a) Pregnancy 29-30 weeks. Burdened obstetric history b) Pregnancy 29-30 weeks. Obesity. Large fruit. Burdened obstetric history c) Pregnancy 29-30 weeks. Diabetes. Obesity. Burdened obstetric history d) Pregnancy 29-30 weeks. Obesity. Burdened obstetric history e) Pregnancy 29-30 weeks. Burdened obstetric history</p>	Акушерство и гинекология

164	PO-7	ПК-11	<p>A multi-pregnant woman with a term of 37-38 weeks was admitted 30 minutes after the onset of bleeding from the genital tract, blood loss 300.0. She has a history of 2 medical abortions, the last one was complicated by metroendometritis. The fetal head is movable above the entrance to the small pelvis, the fetal heartbeat is clear, rhythmic up to 140 beats / min. Examined on the mirrors: the cervix is eroded, spotting from the cervical canal.</p> <p>Diagnosis:</p> <p>a) Pregnancy 39-40 weeks. Burdened obstetric history. Abruption of placenta. Bleeding.</p> <p>b) Pregnancy 39-40 weeks. Placenta previa. Bleeding.</p> <p>c) Pregnancy 39-40 weeks. Rupture of the marginal sinus, plevisty attachment of the umbilical cord</p> <p>d) Pregnancy 39-40 weeks. placenta previa</p> <p>e) Pregnancy 39-40 weeks. Burdened obstetric history. Cervical erosion</p>	Акушерство и гинекология
165	PO-8	ПК-14,15,16	<p>A woman in labor, 28 years old, in the delivery room gave birth to a live full-term boy weighing 3900 g, 53 cm long. At birth, the heart rate is 120 per minute, the skin is pink, rhythmic breathing is 16 per minute, reflexes are lively, hypertonicity. Assess the condition of the newborn according to the Apgar scale?</p> <p>A. 2-3 points</p>	Акушерство и гинекология

			<p>B. 4-5 points C. 5-7 points D. 8-9 points E. 9-10 points</p>	
166	PO-8	ПК-14,15,16	<p>To replenish the (CBV) circulating blood volume control is necessary:</p> <p>a) heart rate b) blood pressure c)central venous pressure d)total peripheral resistance e)diuresis</p>	Акушерство и гинекология
167	PO-8	ПК-14,15,16	<p>Re-pregnant 23 years old was admitted to the department of pathology of pregnancy with a gestational age of 32 weeks with complaints of pulling pains in the lower abdomen, amniotic fluid did not leave. The examination revealed the transverse position of the fetus. The uterus is excitable. The fetal heartbeat is clear, rhythmic, up to 140 per minute. On vaginal examination: the cervix is slightly shortened, the cervical canal passes the tip of the finger, the presenting part is not defined. Choose obstetric tactics.</p> <p>A. elective caesarean section B. Labor stimulation by oxytocin C. maintaining pregnancy D. labor arousal E. amniotomy</p>	Акушерство и гинекология

168	PO-8	ПК-14,15,16	<p>The woman in labor is in labor for about 10 hours. No water was poured out. Suddenly the woman in labor turned pale, vomiting appeared, severe bursting pains in the abdomen, the uterus took on an asymmetrical shape, dense, the fetal heartbeat was deaf. On vaginal examination: the neck is completely open, the fetal bladder is intact, tense, the presenting head is in the pelvic cavity. Your tactics:</p> <p>A. urgently proceed with a caesarean section B. open the fetal bladder and apply obstetric forceps C. open the fetal bladder D. to treat acute fetal hypoxia E. to stimulate labor</p>	Акушерство и гинекология
169			<p>The initial dose of magnesium sulfate in the treatment of eclampsia is:</p> <p>a)4 g i / m b)3 g IV for 1 hour then 3 g IM every 3 hours c)5 g intravenously for 15-20 minutes, then 2 g per hour during the day d)8 g IM every 3 hours e)4 g IM after 4 hours</p>	

170	РО-7	ПК-11	<p>Pregnant K., 24 years old, was admitted to the maternity hospital with a period of 39-40 weeks. Height 152 cm, weight - 60 kg. Pelvic dimensions: 23-25-28-17.5 cm, Solovyov's index - 15 cm, OB - 105 cm, VDM - 39 cm. Michaelis rhombus - 10x9 cm. 140 beats / min., Straight head size - 12 cm. Vaginal examination: the cervix is "mature", the head is present, it is mobile above the entrance to the small pelvis. Diagonal conjugate - 11.5 cm.</p> <p>Make a diagnosis:</p> <p>a) Pregnancy 39-40 weeks. General uniformly narrowed pelvis I st</p> <p>b) Pregnancy full-term. simple flat pelvis</p> <p>c) Pregnancy 39-40 weeks. General uniformly narrowed pelvis I st. large fruit</p> <p>d) Pregnancy 39-40 weeks. General uniformly narrowed pelvis 1 tbsp. Polyhydramnios</p> <p>e) Pregnancy 39-40 weeks. large fruit</p>	Акушерство и гинекология
171	РО-7	ПК-11	<p>An unconscious pregnant woman was delivered to the maternity hospital. According to relatives, she suffered from the flu, complained of a headache, edema appeared on her lower extremities. There were cramps in the morning. The patient's condition is severe, unconscious. BP 180/100 mm Hg, 190/100 mm Hg The gestational age is 31-32 weeks. Head presentation</p>	Акушерство и гинекология

			<p>of the fetus. Fetal heart rate up to 140 beats. per minute, urine through the catheter in the amount of 10 ml, cloudy.</p> <p>Make a diagnosis</p> <p>a) Pregnancy 31-32 weeks. Meningitis after influenza</p> <p>b) Pregnancy 31-32 weeks. Mild preeclampsia</p> <p>c) Pregnancy 31-32 weeks. Moderate preeclampsia.</p> <p>d) Pregnancy 31-32 weeks. eclampsia, coma</p> <p>e) Pregnancy 31-32 weeks. Influenza complication</p>	
172	PO-8	ПК-14,15,16	<p>A 29-year-old woman in labor was delivered to the maternity hospital at 38-39 weeks of gestation with complaints of headache, pain in the epigastric region, and a "veil" before her eyes. Soon after admission, attempts began for 30-35 seconds after 3-4 minutes. The fetal heartbeat on the left, below the navel, 134 beats per minute, rhythmic. When trying to perform a vaginal examination, a seizure occurred, accompanied by loss of consciousness. Vaginal examination: the opening of the pharynx is complete, the fetal bladder is absent, the fetal head is on the pelvic floor. Sagittal suture in the straight size of the pelvic outlet. Small fontanelle in front. Choose the best delivery method for your situation.</p> <p>A. emergency caesarean section;</p> <p>B. apply wait and see tactics;</p> <p>C. urgently apply vacuum extraction;</p> <p>D. apply the exit obstetric forceps;</p> <p>E. urgently start labor stimulation with oxytocin;</p>	Акушерство и гинекология

173	PO-8	ПК-14,15,16	<p>A 25-year-old woman in labor was admitted to the maternity hospital with complaints of contractions that lasted 12 hours. Suffering from combined mitral heart disease. The water departed when the cervix was dilated 4 cm. When attempts appeared for 40-45 seconds after 3 minutes, the mother's condition worsened, the pulse increased to 130 beats per minute, shortness of breath, cyanosis appeared. The fetal heartbeat is distinct, rhythmic, 140 beats per minute. Vaginal examination: the opening of the uterine pharynx is complete, there is no fetal bladder, the fetal head is at the bottom of the pelvis. Sagittal suture in the straight size of the pelvic outlet. Small fontanelle in front. How to end labor in this situation?</p> <p>A. emergency caesarean section; B. apply wait and see tactics; C. urgently apply vacuum extraction; D. apply the exit obstetric forceps; E. urgently start labor stimulation with oxytocin</p>	Акушерство и гинекология
174	PO-8	ПК-14,15,16	<p>In a multi-pregnant woman with a 28-week gestation, edema was found on the legs, anterior abdominal wall, blood pressure 160/100 mm Hg, 170/100 mm Hg. Protein in urine - 0.66 hl. Make a diagnosis:</p> <p>a) hypertension b) mild preeclampsia</p>	Акушерство и гинекология

			<p>c) moderate preeclampsia</p> <p>d) severe preeclampsia</p> <p>e) exacerbation of chronic pyelonephritis</p>	
175	PO-7	ПК-11	<p>Repeatedly pregnant 28 years old with a gestation period of 32-33 weeks was admitted to the pathology department with complaints of pressing pains in the lower abdomen and lower back, painful contractions of the uterus every 20 minutes and discharge of amniotic fluid. From the anamnesis it is known that previous pregnancies also ended in premature birth. When viewed on a gynecological chair - fluid flowing from the cervical canal. Arborization symptom is positive. Ultrasound examination revealed oligohydramnios. The fetal heartbeat is clear, rhythmic 124 beats per minute. What childbirth began in this pregnant woman?</p> <p>A. very early childbirth;</p> <p>B. early labor;</p> <p>C. premature birth;</p> <p>D. postmaturity;</p> <p>E. delivery on time;</p>	Акушерство и гинекология
176	PO-8	ПК-17,18	<p>What formula should be used to calculate the maternal mortality rate from obstetric bleeding:</p> <p>a) (number of women who died from obstetric bleeding) / (total number of women who died from all causes) x 1000</p>	

			<p>b) (number of women who died from obstetric bleeding) / (number of live births) x 100,000.</p> <p>c)(number of women who died from obstetric bleeding) / (total number of births) x 10,000</p> <p>d)(number of women who died from obstetric hemorrhages) (number of live births and stillbirths) x 100,000</p> <p>e) (number of women who died from obstetric bleeding) / (total number of women who died from all causes) x 100</p>	
177	PO-8	ПК-17,18	<p>A pregnant woman with a period of 8-9 weeks has vomiting up to 22 times a day, weight loss, hypotension, tachycardia of 110 beats per minute, decreased diuresis, increased residual nitrogen and creatine, the presence of acetone in the urine (4+).</p> <p>Make a diagnosis:</p> <p>a) vomiting of pregnant women, mild form</p> <p>b) renal failure, oliguria, intoxication</p> <p>c) vomiting of pregnant women, moderate severity</p> <p>d) vomiting of pregnant women, severe form</p> <p>d) there is no correct answer</p>	

178	PO-8	ПК-14,15,16	<p>Repeatedly pregnant 28 years old with a gestational age of 32-33 weeks was admitted to the pathology department with complaints of pressing pains in the lower abdomen and lower back, painful contractions of the uterus every 20 minutes and discharge of amniotic fluid. Arborization symptom is positive. Ultrasound examination revealed oligohydramnios. The fetal heartbeat is clear, rhythmic 124 beats per minute. Diagnosed with Threatening early childbirth at 32-33 weeks gestation. Antepartum rupture of amniotic fluid. With prenatal discharge of amniotic fluid for the prevention of chorionamnionitis, erythromycin is prescribed:</p> <p>A. 250 mg every 6 hours; B. 500 mg every 6 hours; C. 750 mg every 6 hours; D. 1000 mg every 6 hours; E. 1250 mg every 6 hours;</p>	Акушерство и гинекология
179	PO-8	ПК-14,15,16	<p>Patient A., aged 24, was admitted with complaints of pain in the lower abdomen and bloody discharge from the genital tract with a delay in menstruation for 2 weeks. BP 100/60 mm Hg, pulse 90 beats/min. On the mirrors: cyanosis of the mucous membrane of the cervix, bloody discharge, dark. PV: the uterus is slightly enlarged, mobile, on the right in the area of the appendages there is a formation, painful, doughy consistency. The posterior fornix is flattened, painful. Your diagnosis:</p> <p>a)endometriosis</p>	

			<p>b)incomplete abortion</p> <p>c) ectopic pregnancy</p> <p>d)uterine fibroids</p> <p>e)DUB</p>	
180	PO-8	ПК-14,15,16	<p>Repeatedly pregnant 28 years old with a gestational age of 32-33 weeks was admitted to the pathology department with complaints of pressing pains in the lower abdomen and lower back, painful contractions of the uterus every 20 minutes and discharge of amniotic fluid. Arborization symptom is positive. Ultrasound examination revealed oligohydramnios. The fetal heartbeat is clear, rhythmic 124 beats per minute. Diagnosed with Threatening early birth at 32-33 weeks gestation. Antepartum rupture of amniotic fluid. To prevent respiratory distress syndrome of the fetus, dexamethasone is prescribed as follows:</p> <p>A. 6 mg every 4 hours; B. 6 mg every 6 hours; C. 6 mg every 8 hours; D. 6 mg every 10 hours; E. 6 mg every 12 hours</p>	Акушерство и гинекология
181	PO-8	ПК-17,18	<p>Repeatedly pregnant 28 years old with a gestational age of 32-33 weeks was admitted to the pathology department with complaints of pressing pains in the lower abdomen and lower back, painful contractions of the uterus every 20 minutes and discharge of amniotic fluid. Arborization symptom is positive. Ultrasound examination revealed oligohydramnios. The fetal</p>	Акушерство и гинекология

			<p>heartbeat is clear, rhythmic 124 beats per minute. Diagnosed with Threatening early birth at 32-33 weeks gestation. Antepartum rupture of amniotic fluid. In what dosage is nifedipine prescribed for an hour for tocolytic therapy?</p> <p>A. every 10 minutes, 10 mg; B. every 15 minutes, 10 mg; C. every 25 minutes, 10 mg; D. every 30 minutes, 10 mg; E. every 35 minutes, 10 mg;</p>	
182	PO-8	ПК-17,18	<p>Primiparous 34 years old was admitted to the hospital with complaints of contractions that lasted for 8 hours. Pregnancy 40 weeks. Contractions after 2-3 minutes for 45-50 seconds, very painful. An hour later, the second stage of labor began. Attempts for 35-40 seconds, after 4-5 minutes which lasted 1 hour and 40 minutes. A male child was born. On examination: the tone is reduced, reflexes are depressed, breathing is rare, the skin is cyanotic, the heart rate is 100 beats per minute. Estimate the condition of the newborn on the Apgar scale in points:</p> <p>A. 2 point; B. 3 points; C. 4 points; D. 5 points; E. 6 points;</p>	Акушерство и гинекология

183	PO-7	ПК-13	<p>Primiparous 26 years old was admitted to the hospital with complaints of contractions, which lasted for 8 hours. Pregnancy 40 weeks. Contractions after 2-3 minutes for 45-50 seconds, very painful. An hour later, the second stage of labor began. Attempts for 35-40 seconds, after 4-5 minutes which lasted 1 hour and 40 minutes. A male child was born. On examination: the tone is reduced, reflexes are depressed, breathing is rare, the skin is cyanotic, the heart rate is 100 beats per minute. Assessment of the condition of the newborn on the Apgar scale - 5 points. What degree of asphyxia can be given to a newborn baby?</p> <p>A. moderate asphyxia of moderate newborn B. mild asphyxia of the newborn C. severe asphyxia of the newborn D. medium asphyxia of the newborn E. extremely severe neonatal asphyxia</p>	Акушерство и гинекология
182	PO-8	ПК-17,18	<p>Changes in the pubic symphysis during physiological pregnancy do not exceed:</p> <p>a) 0.1-0.3 cm b) 0.4 - 0.6 cm c) 0.7-0.9 cm d) 1.0-1.2 cm e) 1.3-1.5cm</p>	

Заведующая кафедрой клинических дисциплин 2, к.м.н., доцент:

Бугубаева М. М.

Руководитель ООП "Лечебное дело " за 2023-2024 у.г. ММФ ОшГУ:

Бугубаева М. М.

Декан ММФ ОшГУ, д.м.н., профессор:

Калматов Р. К.

Составила, к.м.н., доцент:

Субанова Г. А.

