

1. A 52-year-old woman suffering from obesity, complains of bloody discharges from sexual paths during 4 days. Last normal menses were 2 years ago. Histological investigation of biopsy of the endometrium has revealed adenomatous hyperplasia. What reason from the mentioned below caused the development of disease?

- a. The increased contents of follicle-stimulating hormone
- b. Supersecretion of androgens by the cortex of paranephroses
- c. Hypersecretion of estrogens by tissues of the organism
- d. Poor aromatization of preandrogens due to hypothyroidism
- e. Excessive transformation of preandrogens from adipose tissues

2. A 40-year-old woman complains of colic pains in the lower part of abdomen and abundant bloody discharges from genital tract. Last 2 years she had menses for 15-16 days, abundant, with clots, painful. Had 2 medical abortions. In bimanual investigation: from the canal of the cervix uteri - a fibromatous node, 3 cm in diameter, on the thin stem. Discharges are bloody, moderate. Choose the correct tactics

- a. Hysterectomy without ovaries
- b. Operation: untwisting of born node
- c. Phase by phase vitamin therapy
- d. Hormonal hemostasis
- e. Supravaginal ablation of the uterus without ovaries

3. A 40-year-old woman complains of yellow color discharges from the vagina. Bimanual examination: no pathological changes. Smear test: Trichomonas vaginalis and mixed flora. Colposcopy: two hazy fields on the front labium, with a negative Iodum probing. What is your tactics?

- a. Diathermocoagulation of the cervix uteri
- b. Cervix ectomy
- c. Cryolysis of cervix uteri
- d. Treatment of specific colpitis with the subsequent biopsy
- e. Specific treatment of Trichomonas colpitis

4. A 32 y.o. woman consulted a gynecologist about having abundant long menses. Bimanual investigation: the body of the uterus is enlarged according to about 12 weeks of pregnancy, distorted, tuberous, of dense consistence. Appendages are not palpated. Histological test of the uterus body mucosa: adenocystous hyperplasia of endometrium. Optimal medical tactics:

- a. Radial therapy
- b. Phase by phase vitamin therapy
- c. Hormonotherapy
- d. Phytotherapy
- e. Surgical treatment

5. A woman complains of having slight dark bloody discharges and mild pains in the lower part of abdomen for several days. Last menses were 7 weeks ago. The pregnancy test is positive. Bimanual investigation: the body of the uterus indicates for about 5-6 weeks of pregnancy, it is soft, painless. In the left appendage there is a retort-like formation, 7x5 cm large, mobile, painless. What examination is necessary for detection of fetus localization?

- a. Hromohydrotubation
- b. Hysteroscopy
- c. Ultrasound
- d. Colposcopy
- e. Cystoscopy

6. A woman was hospitalised with full-term pregnancy. Examination: the uterus is tender, the abdomen is tense, cardiac tones of the fetus are not auscultated. What is the most probable complication of pregnancy?

- a. Hydramnion
- b. Premature detachment of normally posed placenta
- c. Back occipital presentation

- d. Premature labor
- e. Acute hypoxia of a fetus

7. By the end of the 1st period of physiological labor clear amniotic fluid came off. Contractions lasted 35-40 sec every 4-5min. Heartbeat of the fetus was 100 bpm. The BP was 140/90 mm Hg. What is the most probable diagnosis?

a. Acute hypoxia of the fetus

- b. Premature detachment of normally posed placenta
- c. Hydramnion
- d. Back occipital presentation
- e. Premature labor

8. A pregnant woman in her 40th week of pregnancy undergoes obstetric examination: the cervix of uterus is undeveloped. The oxytocin test is negative. Examination at 32 weeks revealed: AP 140/90 mm Hg, proteinuria 1 g/l, peripheral edemata. Reflexes are normal. Choose the most correct tactics:

a. Labour stimulation after preparation

- b. Complex therapy of gestosis for 2 days
- c. Complex therapy of gestosis for 7 days
- d. Caesarian section immediately
- e. Absolute bed rest for 1 month

9. A 26 year old woman had the second labour within the last 2 years with oxytocin application. The child's weight is 4080 g. After the placenta birth there were massive bleeding, signs of hemorrhagic shock. Despite the injection of contractive agents, good contraction of the uterus and absence of any cervical and vaginal disorders, the bleeding proceeds. Choose the most probable cause of bleeding:

- a. Hypotonia of the uterus

b. Atony of the uterus

- c. Hysterorrhesis
- d. Injury of cervix of the uterus
- e. Delay of the part of placenta

10. Which gestational age gives the most accurate estimation of weeks of pregnancy by uterine size?

- a. Between 12 and 20 weeks
- b. Between 31 and 40 weeks
- c. Over 40 weeks

d. Less than 12 weeks

- e. Between 21 and 30 weeks

11. A woman is admitted to maternity home with discontinued labor activity and slight bloody discharges from vagina. The condition is severe, the skin is pale, consciousness is confused. BP is 80/40 mm Hg. Heartbeat of the fetus is not heard. There was a Cesarian section a year ago. Could you please determine the diagnosis?

- a. Cord presentation
- b. Expulsion of the mucous plug from cervix uteri
- c. Premature expulsion of amniotic fluid

d. Hysterorrhesis

- e. Placental presentation

12. On the first day after labour a woman had the rise of temperature up to 39°C. Rupture of fetal membranes took place 36 hours before labour. Examination of the bacterial flora of cervix of the uterus revealed hemocatheretic streptococcus of A group. The uterus body is soft, tender. Discharges are bloody, with admixtures of pus. Specify the most probable postnatal complication:

- a. Infective contamination of the urinary system
- b. Apostasis of sutures after the episiotomy
- c. Thrombophlebitis of veins of the pelvis
- d. Infectious hematoma

e. Metroendometritis

13. Rise in temperature up to 390C was registered the next day after a woman had labor. Fetal membranes rupture took place 36 hours prior to labors. The examination of the bacterial flora of cervix uteri revealed the following: haemolytic streptococcus of group A. The uterus tissue is soft, tender. Discharges are bloody, with mixing of pus. Establish the most probable postnatal complication

- a. Infected hematoma
- b. Thrombophlebitis of veins of the pelvis
- c. Metroendometritis**
- d. Infective contamination of the urinary system
- e. Apostasis of stitches after the episiotomy

14. A woman of a high-risk group (chronic pyelonephritis in anamnesis) had vaginal delivery. The day after labour she complained of fever and loin pains, frequent urodynia. Specify the most probable complication:

- a. Thrombophlebitis of veins of the pelvis
- b. Endometritis
- c. Apostasis of sutures after episiotomy
- d. Infectious contamination of the urinary system**
- e. Infectious hematoma

15. 13 months after the first labor a 24-year-old patient complained of amenorrhea. Pregnancy ended in Caesarian section because of premature detachment of normally positioned placenta which resulted in blood loss at the rate of 2000 ml owing to disturbance of blood clotting. Choose the most suitable investigation:

- a. USI of small pelvis organs
- b. Computer tomography of head
- c. Estimation of testosteron rate in blood serum
- d. Estimation of gonadotropin rate**
- e. Progesteron assay

16. In 13 months after the first labor a 24-year-old woman complains of amenorrhea. Cesarian section was conducted as a result of premature detachment of normally posed placenta. Hemorrhage has made low fidelity of 2000 ml due to breakdown of coagulation of blood. Choose the most suitable investigation

- a. Ultrasound of organs of a small pelvis
- b. Computer tomography of the head
- c. Determination of the contents of testosteron-depotum in blood serum
- d. Determination of the level of gonadotropin**
- e. Progesteron test

17. In the woman of 24 years about earlier normal menstrual function, cycles became irregular, according to tests of function diagnostics - anovulatory. The contents of prolactin in blood is boosted. Choose the most suitable investigation:

- a. Determination of the contents of testosteron-depotum in blood serum
- b. Computer tomography of the head**
- c. USI of organs of small pelvis
- d. Determination of the level of gonadotropins
- e. Progesterone assay

18. A woman in her 39-th week of pregnancy, the second labor, has regular birth activity. Uterine contractions take place every 3 minutes. What criteria describe the beginning of the II labor stage the most precisely?

- a. Rupture of membranes
- b. Cervical dilatation no less than 4 cm**
- c. Duration of uterine contractions more than 30 seconds
- d. Cervical smoothing over 90%
- e. Presenting part is in the lower region of small pelvis

19. A 20-year-old woman is having timed labor continued for 4 hours. Light amniotic fluid came off.

The fetus head is pressed to the orifice in the small pelvis. The anticipated fetus mass is 4000,0 g/pmm 200,0 g. Heartbeat of the fetus is normal. Intrinsic examination: cervix is absent, disclosure - 2 cm, the fetal membranes are not present. The head is in 1-st plane of the pelvis, a sagittal suture is in the left slanting dimension. What is the purpose of glucose-calcium-hormone - vitaminized background conduction?

- a. Treatment of weakness of labor activity
- b. Prophylaxes of weakness of labor activity**

c. Fetus hypoxia prophylaxes

d. Labor stimulation

e. Antenatal preparation

20. A woman in her 39th week of pregnancy, the second labour, has regular birth activity. Uterine contractions take place every 3 minutes. What criteria describe the beginning of the II labor stage the most precisely?

- a. Cervical smoothing over 90%
- b. Presenting part is in the lower region of small pelvis
- c. Rupture of fetal bladder
- d. Cervical dilatation by no less than 4 cm**
- e. Duration of uterine contractions over 30 seconds

21. A 24 years old primipara was hospitalised with complaints about discharge of the amniotic waters. The uterus is tonic on palpation. The position of the fetus is longitudinal, it is pressed with the head to pelvic outlet. Palpitation of the fetus is rhythmical, 140 bpm, auscultated on the left below the navel. Internal examination: cervix of the uterus is 2,5 cm long, dense, the external os is closed, light amniotic waters out of it. Point a correct component of the diagnosis:

- a. Early discharge of the amniotic waters
- b. The end of the 1st stage of labour
- c. Pathological preterm labour
- d. Antenatal discharge of the amniotic waters**
- e. The beginning of the 1st stage of labour

22. A 34 y.o. woman in her 29-th week of pregnancy, that is her 4-th labor to come, was admitted to the obstetric department with complaints of sudden and painful bloody discharges from vagina that appeared 2 hours ago. The discharges are profuse and contain grumes. Cardiac function of the fetus is rhythmic, 150 strokes in the minute, uterus tone is normal. The most probable provisional diagnosis will be:

- a. Vasa previa
- b. Detachment of normally located placenta
- c. Placental presentation**
- d. Bloody discharges
- e. Disseminated intravascular coagulation syndrome

23. A 29 year old patient underwent surgical treatment because of the benign serous epithelial tumour of an ovary. The postoperative period has elapsed without complications. What is it necessary to prescribe for the rehabilitational period:

- a. Lasertherapy and enzymotherapy
- b. Antibacterial therapy and adaptogens
- c. Hormonotherapy and proteolytic enzymes**
- d. Magnitotherapy and vitamin therapy
- e. The patient does not require further care

24. A 34-year-old woman with 10-week pregnancy (the second pregnancy) has consulted gynaecologist to make a record in patient chart. There was a hydramnion previous pregnancy, the birth weight of a child was 4086 g. What tests are necessary first of all?

- a. Bacteriological test of discharge from the vagina
- b. Determination of the contents of alpha fetoprotein
- c. The test for tolerance to glucose**

- d. Fetus cardiophonography
- e. Ultrasound of the fetus

25. A 26 y.o. woman complains of sudden pains in the bottom of abdomen irradiating to the anus, nausea, giddiness, bloody dark discharges from sexual tracts for one week, the delay of menses for 4 weeks. Signs of the peritoneum irritation are positive. Bimanual examination: borders of the uterus body and its appendages are not determined because of sharp painfullness. The diverticulum and painfullness of the back and dextral fornixes of the vagina are evident. What is the most probable diagnosis?

- a. Torsion of the crus of the ovary tumour
- b. Acute appendicitis
- c. Apoplexy of the ovary
- d. Acute right-side adnexitis

e. Broken tubal pregnancy

26. At the gynaecological department there is a patient of 32 years with the diagnosis: "acute bartholinitis". Body temperature is 38,2°C, leucocytes count 10,4109/L, the ESR is 24 mm/hour. In the area of big gland of the vestibulum - the dermahemia, the sign of the fluctuation, sharp tenderness (pain). What is the most correct tactics of the doctor?

- a. Surgical dissection, drainage of the abscess of the gland
- b. Antibiotics, Sulfanilamidums
- c. Surgical dissecting, a drainage of an abscess of the gland, antibiotics**
- d. Antibiotic therapy
- e. Antibiotics, detoxication and biostimulants

27. A primagravida with pregnancy of 37-38 weeks complains of headache, nausea, pain in epigastrium. Objective: the skin is acyanotic. Face is hydropic, there is short fibrillar twitching of blepharons, muscles of the face and the inferior extremities. The look is fixed. AP- 200/110 mm Hg; sphygmus of 92 bpm, intense. Respiration rate is 32/min. Heart activity is rhythmical. Appreciable edemata of the inferior extremities are present. Urine is cloudy. What medication should be administered?

- a. Hexenalum of 1% - 2,0 ml
- b. Pentaminum of 5% - 4,0 ml
- c. Dibazolum of 1% - 6,0 ml
- d. Papaverine hydrochloride of 2% - 4,0 ml

e. Droperidol of 0,25% - 2,0 ml

28. An onset of severe preeclampsia at 16 weeks gestation might be caused by:

- a. Twin gestation
- b. Anencephaly
- c. Hydatidiform mole**
- d. Maternal renal disease
- e. Interventricular defect of the fetus

29. A woman had the rise of temperature up to 390C on the first day after labour. The rupture of fetal membranes took place 36 hours before labour. The investigation of the bacterial flora of cervix of the uterus revealed hemocatheretic streptococcus of group A. The uterus body is soft, tender. Discharges are bloody, mixed with pus. Specify the most probable postnatal complication:

- a. Thrombophlebitis of pelvic veins
- b. Infection of the urinary system
- c. Apostasis of junctures after the episiotomy

d. Metroendometritis

- e. Infected hematoma

30. A 24 y.o. patient 13 months after the first labour consulted a doctor about amenorrhea. Pregnancy has concluded by a Cesarean section concerning to a premature detachment of normally posed placenta hemorrhage has made low fidelity 2000 ml owing to breakdown of coagulability of blood. Choose the most suitable investigation:

- a. Progesteron assay
- b. USI of organs of a small pelvis
- c. Determination of the level of Gonadotropins**
- d. Computer tomography of the head
- e. Determination of the contents of Testosteron-Depotum in Serum of blood

31. A 34 year old woman in the 10th week of gestation (the second pregnancy) consulted a doctor of antenatal clinic in order to be registered there. In the previous pregnancy hydramnion was observed, the child's birth weight was 4086 g. What examination method should be applied in the first place?

- a. US of fetus
- b. The test for tolerance to glucose**
- c. Bacteriological examination of discharges from vagina
- d. Determination of the contents of fetoprotein
- e. A cardiophonography of fetus

32. A 10 y.o. boy was ill with angina 2 weeks ago, has complaints of joint pain and stiffness of his left knee and right elbow. There was fever (38.5°C) and ankle dysfunction, enlargement of cardiac dullness by 2 cm, tachycardia, weakness of the 1st sound, gallop rhythm, weak systolic murmur near apex. What diagnosis corresponds with such symptoms?

- a. Juvenile rheumatoid arthritis
- b. Systemic lupus erythematosus
- c. Acute rheumatic fever**
- d. Reiters disease
- e. Reactive arthritis

33. The disease began acutely. The frequent watery stool developed 6 hours ago. The body's temperature is normal. Then the vomiting was joined. On examination: his voice is hoarse, eyes are deeply sunken in the orbits. The pulse is frequent. Blood pressure is low. There is no urine. What is the preliminary diagnosis?

- a. Salmonellosis
- b. Toxic food-borne infection
- c. Cholera**
- d. Dysentery
- e. Typhoid fever

34. At term of a gestation of 40 weeks height of standing of a uterine fundus is less than assumed for the given term. The woman has given birth to the child in weight of 2500 g, a length of a body 53 cm, with an assessment on a scale of Apgar of 4-6 points. Labor were fast. The cause of such state of the child were:

- a. Infection of a fetus
- b. Prematurity
- c. Delay of an intra-uterine fetation
- d. Placental detachment
- e. Chronic fetoplacental insufficiency**

35. A pregnant woman may be diagnosed with hepatitis if it is confirmed by the presence of elevated:

- a. WBCs
- b. Sedimentation rates
- c. SGOT (ALT)**
- d. Alkaline phosphatase
- e. BUN

36. A woman, aged 40, primigravida, with infertility in the medical history, on the 42-43 week of pregnancy. Labour activity is weak. Longitudinal presentation of the fetus, I position, anterior position. The head of the fetus is engaged to pelvic inlet. Fetus heart rate is 140 bpm, rhythmic, muffled. Cervix dilation is 4 cm. On amnioscopy: greenish colour of amniotic fluid and fetal membranes. Cranial bones are dense, cranial sutures and small fontanel are diminished. What should be tactics of delivery?

- a. Amniotomy, labour stimulation, fetal hypoxia treatment
- b. Fetal hypoxia treatment, conservative delivery
- c. Medication sleep, amniotomy, labour stimulation

d. Caesarean section

- e. Fetal hypoxia treatment, in the II period - forceps delivery

37. An endometrial adenocarcinoma that has extended to the uterine serosa would be classified as stage:

- a. IIIA**
- b. IIA
- c. IVAB
- d. IIB
- e. IC

38. Which of the methods of examination is the most informative in the diagnostics of a tube infertility?

- a. Perturbation
- b. Transvaginal echography
- c. Bicontrast pelviography
- d. Laparoscopy with chromosalpingoscopy**
- e. Hysterosalpingography

39. A pregnant woman (35 weeks), aged 25, was admitted to the hospital because of bloody discharges. In her medical history there were two artificial abortions. In a period of 28-32 weeks there was noted the onset of hemorrhage and USD showed a placental presentation. The uterus is in normotonus, the fetus position is transversal (Ist position). The heartbeats is clear, rhythmical, 140 bpm. What is the further tactics of the pregnant woman care?

- a. To introduce the drugs to increase the blood coagulation and continue observation
- b. To perform the hemotransfusion and to prolong the pregnancy

c. To perform a delivery by means of Cesarean section

- d. Stimulate the delivery by intravenous introduction of oxytocin
- e. To keep the intensity of hemorrhage under observation and after the bleeding is controlled to prolong the pregnancy

40. A woman, primagravida, consults a gynecologist on 05.03.2002. A week ago she felt the fetus movements for the first time. Last menstruation was on 10.01.2002. When should she be given maternity leave?

- a. 5 September
- b. 8 August**
- c. 22 August
- d. 25 July
- e. 11 July

41. Condition of a parturient woman has been good for 2 hours after live birth: uterus is thick, globe-shaped, its bottom is at the level of umbilicus, bleeding is absent. The clamp put on the umbilical cord remains at the same level, when the woman takes a deep breath or she is being pressed over the symphysis with the verge of hand, the umbilical cord drows into the vagina. Bloody discharges from the sexual tracts are absent. What is the doctors further tactics?

- a. To do manual removal of afterbirth**
- b. To apply Credes method
- c. To introduce oxytocine intravenously
- d. To do curettage of uterine cavity
- e. To apply Abduladze method

42. The woman who has delivered twins has early postnatal hypotonic uterine bleeding reached 1,5% of her bodyweight. The bleeding is going on. Conservative methods to arrest the bleeding have been found ineffective. The conditions of patient are pale skin, acrocyanosis, oliguria. The woman is confused. The pulse is 130 bpm, BP- 75/50 mm Hg. What is the further treatment?

a. Putting clamps on the uterine cervix

b. Uterine extirpation

c. Uterine vessels ligation

d. Supravaginal uterine amputation

e. Inner glomai artery ligation

43. A 26 y.o. woman complains of a mild bloody discharge from the vagina and pain in the lower abdomen. She has had the last menstruation 3,5 months ago. The pulse is 80 bpm. The blood pressure (BP) is 110/60 mm Hg and body temperature is 36,6°C. The abdomen is tender in the lower parts. The uterus is enlarged up to 12 weeks of gestation. What is your diagnosis?

a. Incomplete abortion

b. Incipient abortion

c. Inevitable abortion

d. Complete abortion

e. Disfunctional bleeding

44. 18 y.o. woman complains of pain in the lower abdomen. Some minutes before she has suddenly appeared unconscious at home. The patient had no menses within last 3 months. On examination: pale skin, the pulse- 110 bpm, BP- 80/60 mm Hg. The Schyotkins sign is positive. Hb- 76 g/L. The vaginal examination: the uterus is a little bit enlarged, its displacement is painful. There is also any lateral swelling of indistinct size. The posterior fornix of the vagina is tendern and overhangs inside. What is the most probable diagnosis?

a. Impaired extrauterine pregnancy

b. Twist of cystoma of right uterine adnexa

c. Acute appendicitis

d. Acute salpingoophoritis

e. Ovarian apoplexy

45. A 20 y.o. pregnant woman with 36 weeks of gestation was admitted to the obstetrical hospital with complains of pain in the lower abdomen and bloody vaginal discharge. The general condition of the patient is good. Her blood pressure is 120/80 mm Hg. The heart rate of the fetus is 140 bpm, rhythmic. Vaginal examination: the cervix of the uterus is formed and closed. The discharge from vagina is bloody up to 200 ml per day. The head of the fetus is located high above the minor pelvis entry. A soft formation was defined through the anterior fornix of the vagina. What is the probable diagnosis?

a. Placental presentation

b. Uterine rupture

c. Incipient abortion

d. Threatened premature labor

e. Premature placental separation

46. In the gynecologic office a 28 y.o. woman complains of sterility within three years. The menstrual function is not impaired. There were one artificial abortion and chronic salpingo-oophoritis in her case history. Oral contraceptives were not used. Her husbands analysis of semen is without pathology.

What diagnostic method will you start from the workup in this case of sterility?

a. Hormone investigation

b. Diagnostic scraping out of the uterine cavity

c. Hysteroscopia

d. Hysterosalpingography

e. Ultra sound investigation

47. A 28-year-old patient underwent endometrectomy as a result of incomplete abortion. Blood loss was at the rate of 900 ml. It was necessary to start hemotransfusion. After transfusion of 60 ml of erythrocytic mass the patient presented with lumbar pain and fever which resulted in hemotransfusion stoppage. 20 minutes later the patients condition got worse: she developed adynamia, apparent skin pallor, acrocyanosis, profuse perspiration. t°38,5oC, Ps- 110/min, AP- 70/40 mm Hg. What is the most likely diagnosis?

- a. DIC syndrome
- b. Hemotransfusion shock**
- c. Septic shock
- d. Hemorrhagic shock
- e. Anaphylactic shock

48. The results of a separate diagnostic curettage of the mucous of the uterus cervix and body made up in connection with bleeding in a postmenopausal period: the scrape of the mucous of the cervical canal revealed no pathology, in endometrium - the highly differentiated adenocarcinoma was found. Metastases are not found. What method of treatment is the most correct?

- a. -
- b. Surgical treatment and hormonotherapy**
- c. Surgical treatment and radial therapy
- d. Surgical treatment + chemotherapy
- e. Radial therapy

49. A 27 y.o. woman complains of having the disorders of menstrual function for 3 months, irregular pains in abdomen. On bimanual examination: in the dextral appendage range of uterus there is an elastic spherical formation, painless, 7 cm in diameter. USI: in the right ovary - a fluid formation, 4 cm in diameter, unicameral, smooth. What method of treatment is the most preferable?

- a. Operative treatment
- b. Anti-inflammatory therapy
- c. Chemotherapeutic treatment
- d. Prescription of an estrogen-gestogen complex for 3 months with repeated examination**
- e. Dispensary observation of the patient

50. A 40 year old patient complains of yellowish discharges from the vagina. Bimanual examination revealed no pathological changes. The smear contains Trichomonas vaginalis and blended flora. Colposcopy revealed two hazy fields on the frontal labium, with a negative Iodine test. Your tactics:

- a. Specific treatment of Trichomonas colpitis
- b. Diathermocoagulation of the cervix of the uterus
- c. Treatment of specific colpitis and subsequent biopsy**
- d. Cervix ectomy
- e. Cryolysis of cervix of the uterus

51. A 28-year-old parturient complains about headache, vision impairment, psychic inhibition. Objectively: AP- 200/110 mm Hg, evident edemata of legs and anterior abdominal wall. Fetus head is in the area of small pelvis. Fetal heartbeats is clear, rhythmic, 190/min. Internal examination revealed complete cervical dilatation, fetus head was in the area of small pelvis. What tactics of labor management should be chosen?

- a. Embryotomy
- b. Cesarean
- c. Forceps operation**
- d. Conservative labor management with episiotomy
- e. Stimulation of labor activity

52. A 28 year old woman had the second labour and born a girl with manifestations of anemia and progressing jaundice. The childs weight was 3 400 g, the length was 52 cm. The womans blood group is B (III) Rh-, the fathers blood group is A (III) Rh+, the childs blood group is B (III) Rh+. What is the cause of anemia?

- a. Antigen A incompatibility
- b. Antigen AB incompatibility
- c. Intrauterine infection
- d. Rhesus incompatibility**
- e. Antigen B incompatibility

53. A 48 year old female patient complains about contact haemorrhage. Speculum examination revealed hypertrophy of uterus cervix. It resembles of cauliflower, it is dense and can be easily

injured. Bimanual examination revealed that fornices were shortened, uterine body was nonmobile. What is the most probable diagnosis?

- a. Cervical pregnancy
- b. Cervical papillomatosis
- c. Metrofibroma
- d. Endometriosis
- e. Cervical carcinoma**

54. A 37 y.o. primigravida woman has been having labor activity for 10 hours. Labor pains last for 20-25 seconds every 6-7 minutes. The fetus lies in longitude, presentation is cephalic, head is pressed upon the entrance to the small pelvis. Vaginal examination results: cervix of uterus is up to 1 cm long, lets 2 transverse fingers in. Fetal bladder is absent. What is the most probable diagnosis?

- a. Normal labor activity
- b. Secondary uterine inertia
- c. Primary uterine inertia**
- d. Disordinated labor activity
- e. Pathological preliminary period

55. Laparotomy was performed to a 54 y.o. woman on account of big formation in pelvis that turned out to be one-sided ovarian tumor along with considerable omental metastases. The most appropriate intraoperative tactics involves:

- a. Biopsy of omentum
- b. Ablation of an ovary and omental metastases
- c. Ablation of omentum and both ovaries with tubes
- d. Ablation of omentum, uterus and both ovaries with tubes**
- e. Biopsy of an ovary

56. A parturient complains about pain in the mammary gland. Palpation revealed a 3x4 cm large infiltration, soft in the centre. Body temperature is 38,5°C. What is the most probable diagnosis?

- a. Pleuritis
- b. Pneumonia
- c. Acute purulent mastitis**
- d. Retention of milk
- e. Birth trauma

57. A 43 y.o. patient complains of formation and pain in the right mammary gland, rise of temperature up to 37,2°C during the last 3 months. Condition worsens before the menstruation. On examination: edema of the right breast, hyperemia, retracted nipple. Unclear painful infiltration is palpated in the lower quadrants. What is the most probable diagnosis?

- a. Tuberculosis of the right mammary gland
- b. Cancer of the right mammary gland**
- c. Right-side chronic mastitis
- d. Right-side acute mastitis
- e. Premenstrual syndrome

58. A 14 year old girl complains of profuse bloody discharges from genital tracts during 10 days after suppression of menses for 1,5 month. Similar bleedings recur since 12 years on the background of disordered menstrual cycle. On rectal examination: no pathology of the internal genitalia. In blood: Hb - 70 g/l, RBC- 2,31012/l, Ht - 20. What is the most probable diagnosis?

- a. Juvenile bleeding, posthemorrhagic anemia**
- b. Polycyst ovarian syndrome
- c. Incomplete spontaneous abortion
- d. Hormonoproducing ovary tumor
- e. Werlhof's disease

59. A 33-year-old woman was urgently brought to clinic with complaints of the pain in the lower part of the abdomen, mostly on the right, irradiating to rectum, she also felt dizzy. The above mentioned complaints developed acutely at night. Last menses were 2 weeks ago. On physical exam: the skin is

pale, Ps - 92 bpm, t- 36,6°C, BP- 100/60 mm Hg. The abdomen is tense, slightly tender in lower parts, peritoneal symptoms are slightly positive. Hb- 98 g/L. What is the most probable diagnosis?

a. Intestinal obstruction

b. Acute appendicitis

c. **Apoplexy of the ovary**

d. Abdominal pregnancy

e. Renal colic

60. Examination of a just born placenta reveals defect 2x3 cm large. Hemorrhage is absent. What tactic is the most reasonable?

a. Prescription of uterotonic medicines

b. Parturient supervision

c. Instrumental uterus cavity revision

d. **Manual uterus cavity revision**

e. External uterus massage

61. A 27 y.o. gravida with 17 weeks of gestation was admitted to the hospital. There was a history of 2 spontaneous miscarriages. On bimanual examination: uterus is enlarged to 17 weeks of gestation, uterus cervix is shortened, isthmus allows to pass the finger tip. The diagnosis is isthmico-cervical insufficiency. What is the doctors tactics?

a. To administer tocolytic therapy

b. To administer hormonal treatment

c. To perform amniocentesis

d. **To place suture on the uterus cervix**

e. To interrupt pregnancy

62. A 27 y.o. woman turns to the maternity welfare centre because of infertility. She has had sexual life in marriage for 4 years, doesn't use contraceptives. She didn't get pregnant. On examination: genital development is without pathology, uterus tubes are passable, basal (rectal) temperature is one-phase during last 3 menstrual cycles. What is the infertility cause?

a. Genital endometriosis

b. **Anovular menstrual cycle**

c. Abnormalities in genital development

d. Chronic adnexitis

e. Immunologic infertility

63. A 43 y.o. woman complains of contact hemorrhages during the last 6 months. Bimanual examination: cervix of the uterus is enlarged, its mobility is reduced. Mirrors showed the following: cervix of the uterus is in the form of cauliflower. Chrobak and Schiller tests are positive. What is the most probable diagnosis?

a. Polypus of the cervix of the uterus

b. Nascent fibroid

c. Leukoplakia

d. **Cancer of cervix of the uterus**

e. Cervical pregnancy

64. A 26-year-old woman gave birth to a child 6 months ago. She applied to gynecologist complaining of menstruation absence. The child is breast-fed. Vagina exam: uterus is of normal form, dense consistency. What is the most probable diagnosis?

a. **Physiological amenorrhea**

b. Gestation

c. Sheehans syndrome

d. Ashermans syndrome

e. Pseudoamenorrhea

65. A primagravida in her 20th week of gestation complains about pain in her lower abdomen, blood smears from the genital tracts. The uterus has an increased tonus, the patient feels the fetus movements. Bimanual examination revealed that the uterus size corresponded the term of gestation,

the uterine cervix was contracted down to 0,5 cm, the external orifice was open by 2 cm. The discharges were bloody and smears. What is the most likely diagnosis?

- a. Abortion in progress
- b. Risk of abortion
- c. Incipient abortion
- d. Incomplete abortion
- e. Missed miscarriage

66. A patient was admitted to the hospital with complaints of periodical pain in the lower part of abdomen that gets worse during menses, weakness, malaise, nervousness, dark bloody smears from vagina directly before and after menses. Bimanual examination revealed that uterus body is enlarged, appendages cannot be palpated, posterior fornix has tuberous surface. Laparoscopy revealed: ovaries, peritoneum of rectouterine pouch and pararectal fat have "cyanotic eyes". What is the most probable diagnosis?

- a. Tuberculosis of genital organs
- b. Ovarian cystoma
- c. Polycystic ovaries
- d. Chronic salpingitis

e. Disseminated form of endometriosis

67. A gravida with 7 weeks of gestation is referred for the artificial abortion. On operation while dilating cervical canal with Hegar dilator №8 a doctor suspected uterus perforation. What is immediate doctors tactics to confirm the diagnosis?

- a. Bimanual examination
- b. Laparoscopy
- c. Metrosalpingography
- d. Probing of uterus cavity
- e. Ultrasound examination

68. A pregnant woman in her 8th week was admitted to the hospital for artificial abortion. In course of operation during dilatation of cervical canal of uterus by means of Hegars dilator № 8 the doctor suspected uterus perforation. What is the immediate tactics for confirmation of this diagnosis?

- a. Uterine probing
- b. US examination
- c. Metrosalpingography
- d. Laparoscopy
- e. Bimanual examination

69. A 59 year old female patient applied to a maternity welfare clinic and complained about bloody discharges from the genital tracts. Postmenopause is 12 years. Vaginal examination revealed that external genital organs had signs of age involution, uterus cervix was not erosive, small amount of bloody discharges came from the cervical canal. Uterus was of normal size, uterine appendages were unpalpable. Fornices were deep and painless. What method should be applied for the diagnosis specification?

- a. Extensive colposcopy
- b. Culdoscopy
- c. Laparoscopy
- d. Puncture of abdominal cavity through posterior vaginal fornix
- e. Separated diagnostic curettage

70. A 25 y.o. woman complains of profuse foamy vaginal discharges, foul, burning and itching in genitalia region. She has been ill for a week. Extramarital sexual life. On examination: hyperemia of vaginal mucous, bleeding on touching, foamy leucorrhea in the urethral area. What is the most probable diagnosis?

- a. Chlamydiosis
- b. Gonorrhea
- c. Trichomonas colpitis

- d. Vagina candidomycosis
- e. Bacterial vaginosis

71. A 26 year old woman who delivered a child 7 months ago has been suffering from nausea, morning vomiting, sleepiness for the last 2 weeks. She suckles the child, menstruation is absent. She hasn't applied any contraceptives. What method should be applied in order to specify her diagnosis?

- a. Palpation of mammary glands and pressing-out of colostrum
- b. Roentgenography of small pelvis organs

c. Ultrasonic examination

- d. Bimanual vaginal examination
- e. Speculum examination

72. A newborn's head is of dolichocephalic shape, that is front-to-back elongated. Examination of the occipital region of head revealed a labour tumour located in the middle between the prefontanel and posterior fontanel. The delivery took place with the following type of fetus head presentation:

- a. Presentation of the bregma
- b. Anterior vertex presentation
- c. Posterior vertex presentation**
- d. Brow presentation
- e. Face presentation

73. A woman consulted a doctor on the 14th day after labour about sudden pain, hyperemia and induration of the left mammary gland, body temperature rise up to 39°C, headache, indisposition. Objectively: fissure of nipple, enlargement of the left mammary gland, pain on palpation. What pathology would you think about in this case?

- a. Fibrous adenoma of the left mammary gland
- b. Lacteal cyst with suppuration
- c. Lactational mastitis**
- d. Breast cancer
- e. Phlegmon of mammary gland

74. A young woman applied to gynecologist due to her pregnancy of 4-5 weeks. The pregnancy is desirable. Anamnesis stated that she had rheumatism in the childhood. Now she has combined mitral heart disease with the priority of mitral valve deficiency. When will she need the inpatient treatment (what periods of pregnancy)?

- a. 10-12 weeks, 24 weeks, 37-38 weeks
- b. 12-16 weeks, 27-28 weeks, 37-38 weeks
- c. 6-7 weeks, 16 weeks, 38 weeks
- d. 16 weeks, 34 weeks, 39-40 weeks
- e. 8-12 weeks, 28-32 weeks, 37 weeks**

75. A woman in the first half of pregnancy was brought to clinic by an ambulance. Term of pregnancy is 36 weeks. She complains of intensive pain in the epigastrium, had vomiting for 2 times. Pain started after the patient had eaten vinaigrette. Swelling of lower extremities. BP - 140/100 mm Hg. Urine became curd after boiling. What is the most probable diagnosis?

- a. Food toxicoinfection
- b. Nephropathy of the 3rd degree
- c. Preeclampsia**
- d. Dropsy of pregnant women
- e. Exacerbation of pyelonephritis

76. A 13 year old girl consulted the school doctor on account of moderate bloody discharge from the genital tracts, which appeared 2 days ago. Secondary sexual characters are developed. What is the most probable cause of bloody discharge?

- a. Endometrium cancer
- b. Werlhof's disease
- c. Juvenile hemorrhage
- d. Haemophilia

e. Menarche

77. In 10 min after childbirth by a 22-year-old woman, the placenta was spontaneously delivered and 100 ml of blood came out. Woman weight - 80 kg, infant weight - 4100 g, length - 53 cm. The uterus contracted. In 10 minutes the hemorrhage renewed and the amount of blood constituted 300 ml. What amount of blood loss is permissible for this woman?

- a. 650 ml
- b. 300 ml
- c. 1000 ml
- d. 500 ml
- e. 400 ml**

78. A pregnant woman was registered in a maternity welfare clinic in her 11th week of pregnancy. She was being under observation during the whole term, the pregnancy course was normal. What document must the doctor give the pregnant woman to authorize her hospitalization in maternity hospital?

- a. Sanitary certificate
- b. Exchange card**
- c. Individual prenatal record
- d. Appointment card for hospitalization
- e. Medical certificate

79. After examination a 46-year-old patient was diagnosed with left breast cancer T2N2M0, cl. gr. II-a. What will be the treatment plan for this patient?

- a. Radiation therapy only
- b. Chemotherapy only
- c. Operation only
- d. Operation + radiation therapy
- e. Radiation therapy + operation + chemotherapy**

80. Immediately after delivery a woman had haemorrhage, blood loss exceeded postpartum haemorrhage rate and was progressing. There were no symptoms of placenta detachment. What tactics should be chosen?

- a. Intravenous injection of methylergometrine with glucose
- b. Manual removal of placenta and afterbirth**
- c. Instrumental revision of uterine cavity walls
- d. Uterus tamponade
- e. Removal of afterbirth by Credes method

81. A 30 y.o. primigravida woman has got intensive labor pain every 1-2 minutes that lasts 50 seconds. The disengagement has started. The perineum with the height of 4 cm has grown pale. What actions are necessary in this situation?

- a. Perineum protection
- b. Vacuum extraction of fetus
- c. Expectant management
- d. Episiotomy**
- e. Perineotomy

82. A 30-year-old gravida consulted a gynecologist about bright red bloody discharges from the vagina in the 32 week of gestation. She was hospitalized with suspicion of placental presentation. Under what conditions is it rational to conduct the internal examination for the diagnosis specification?

- a. In the delivery room keeping to all the aseptics regulations
- b. The examination is not to be conducted because of risk of profuse haemorrhage
- c. In the examination room of antenatal clinic
- d. In the admission ward of maternity hospital
- e. In the operating room prepared for the operation**

83. A 28 y.o. primagravida, pregnancy is 15-16 weeks of gestation, presents to the maternity clinics with dull pain in the lower part of the abdomen and in lumbar area. On vaginal examination: uterus cervix is 2,5 cm, external isthmus allows to pass the finger tip. Uterus body is enlarged according to the pregnancy term. Genital discharges are mucous, mild. What is the diagnosis?

a. Threatened spontaneous abortion

b. Stopped pregnancy

c. Placenta presentation

d. Hydatid molar pregnancy

e. Spontaneous abortion which has begun

84. A primapara with pelvis size 25-28-31-20 cm has active labor activity. Waters poured out, clear. Fetus weight is 4500 g, the head is engaged to the small pelvis inlet. Vastens sign as positive. Cervix of uterus is fully dilated. Amniotic sac is absent. The fetus heartbeat is clear, rhythmic, 136 bpm.

What is the labor tactics?

a. Vacuum extraction of the fetus

b. Conservative tactics of labor

c. Stimulation of the labor activity

d. Caesarean section

e. Obstetrical forceps

85. Internal obstetric examination of a parturient woman revealed that the sacrum hollow was totally occupied with fetus head, ischiadic spines couldnt be detected. Sagittal suture is in the straight diameter, occipital fontanel is directed towards symphysis. In what plane of small pelvis is the presenting part of the fetus?

a. Wide pelvic plane

b. Plane of pelvic inlet

c. Over the pelvic inlet

d. Plane of pelvic outlet

e. Narrow pelvic plane

86. A 30 y.o. woman has the 2-nd labour that has been lasting for 14 hours. Hearbeat of fetus is muffled, arrhythmic, 100/min. Vaginal examination: cervix of uterus is completely opened, fetus head is level with outlet from small pelvis. Saggital suture is in the straight diameter, small crown is near symphysis. What is the further tactics of handling the delivery?

a. Cranio-cutaneous (Ivanovs) forceps

b. Use of cavity forceps

c. Stimulation of labour activity by oxytocin

d. Cesarean section

e. Use of obstetrical forceps

87. During examination of a patient, masses in the form of condyloma on a broad basis are found in the area of the perineum. What is the tactics of the doctor?

a. To send a woman into dermatological and venerological centre

b. Surgical ablation of condyloms

c. Antiviral treatment

d. Chemical coagulator treatment

e. Cryodestruction of condyloms

88. A 28 year old woman has bursting pain in the lower abdomen during menstruation; chocolate-like discharges from vagina. It is known from the anamnesis that the patient suffers from chronic adnexitis. Bimanual examination revealed a tumour-like formation of heterogenous consistency 7x7 cm large to the left from the uterus. The formation is restrictedly movable, painful when moved. What is the most probable diagnosis?

a. Exacerbation of chronic adnexitis

b. Tumour of sigmoid colon

c. Follicular cyst of the left ovary

d. Fibromatous node

e. Endometrioid cyst of the left ovary

89. Vaginal inspection of a parturient woman revealed: cervix dilation is up to 2 cm, fetal bladder is intact. Sacral cavity is free, sacral promontory is reachable only with a bent finger, the inner surface of the sacrococcygeal joint is accessible for examination. The fetus has cephalic presentation. Sagittal suture occupies the transverse diameter of pelvic inlet, the small fontanel to the left, on the side.

What labor stage is this?

- a. Placental stage
- b. Cervix dilatation stage**
- c. Prodromal stage
- d. Preliminary stage
- e. Stage of fetus expulsion

90. A 68-year-old patient consulted a doctor about a tumour in her left breast. Objectively: in the upper internal quadrant of the left breast there is a neoplasm up to 2,5 cm in diameter, dense, uneven, painless on palpation. Regional lymph nodes are not enlarged. What is the most likely diagnosis?

- a. Fibroadenoma
- b. Cyst
- c. Cancer**
- d. Mastopathy
- e. Lipoma

91. A 40-year-old female patient has been observing profuse menses accompanied by spasmodic pain in the lower abdomen for a year. Bimanual examination performed during menstruation revealed a dense formation up to 5 cm in diameter in the cervical canal. Uterus is enlarged up to 5-6 weeks of pregnancy, movable, painful, of normal consistency. Appendages are not palpable. Bloody discharges are profuse. What is the most likely diagnosis?

- a. Cervical myoma
- b. Algodismenorrhea
- c. Abortion in progress
- d. Cervical carcinoma
- e. Nascent submucous fibromatous node**

92. A 29-year-old patient complains of sterility. Sexual life is for 4 years being married, does not use contraception. There was no pregnancy before. On physical examination, genitals are developed normally. Uterine tubes are passable. Rectal temperature during three menstrual cycles is monophasic. What is the most probable reason for sterility?

- a. Anomalies of genitals development
- b. Chronic adnexitis
- c. Anovulatory menstrual cycle**
- d. Immunologic sterility
- e. Genital endometriosis

93. A 45 y.o. woman complains of contact bleedings during 5 months. On speculum examination: hyperemia of uterus cervix, looks like cauliflower, bleeds on probing. On bimanual examination: cervix is of densed consistensy, uterus body isn't enlarged, mobile, nonpalpable adnexa, parametrium is free, deep fornices. What is the most likely diagnosis?

- a. Fibromatous node which is being born
- b. Cancer of body of uterus
- c. Cancer of cervix of uterus**
- d. Cervical pregnancy
- e. Polypose of cervix of uterus

94. On the 5th day after labor body temperature of a 24-year-old parturient suddenly rose up to 38,7oC. She complains about weakness, headache, abdominal pain, irritability. Objectively: AP-120/70 mm Hg, Ps- 92 bpm, t°38,7oC. Bimanual examination revealed that the uterus was enlarged up to 12 weeks of pregnancy, it was dense, slightly painful on palpation. Cervical canal lets in 2

transverse fingers, discharges are moderate, turbid, with foul smell. In blood: skeocytosis, lymphopenia, ESR - 30 mm/h. What is the most likely diagnosis?

a. Lochiometra

b. Endometritis

c. Pelviperitonitis

d. Parametritis

e. Metrophlebitis

95. A 20 y.o. patient complains of amenorrhea. Objectively: hirsutism, obesity with fat tissue prevailing on the face, neck, upper part of body. On the face there are acne vulgaris, on the skin - striae cutis distense. Psychological and intellectual development is normal. Gynecological condition: external genitals are moderately hairy, acute vaginal and uterine hypoplasia. What diagnosis is the most probable?

a. Stein-Leventals syndrome

b. Turners syndrome

c. Itsenko-Cushing syndrome

d. Shichans syndrome

e. Babinski-Froehlich syndrome

96. A 27 y.o. woman suffers from pyelonephritis of the only kidney. She presents to the maternity welfare centre because of suppression of menses for 2,5 months. On examination pregnancy 11 weeks of gestation was revealed. In urine: albumine 3,3 g/L, leucocytes cover the field of vision. What is doctors tactics in this case?

a. Maintenance of pregnancy till 36 weeks

b. Pregnancy interruption after urine normalization

c. Immediate pregnancy interruption

d. Pregnancy interruption at 24-25 weeks

e. Maintenance of pregnancy till delivery term

97. An 18-year-old primigravida in her 27-28 week of gestation underwent an operation on account of acute phlegmonous appendicitis. In the postoperative period it is necessary to take measures for prevention of the following pregnancy complication:

a. Late gestosis

b. Noncarrying of pregnancy

c. Fetus hypotrophy

d. Intestinal obstruction

e. Premature placenta detachment

98. A 42-year-old woman has had hyperpolymenorrhea and progressing algodismenorrhea for the last 10 years. Gynecological examination revealed no changes of uterine cervix; discharges are moderate, of chocolate colour, uterus is slightly enlarged and painful, appendages are not palpable, the fornices are deep and painless. What is the most likely diagnosis?

a. Subserous uterine fibromyoma

b. Uterine carcinoma

c. Uterine endometriosis

d. Endomyometritis

e. Adnexal endometriosis

99. On the tenth day after discharge from the maternity house a 2-year-old patient consulted a doctor about body temperature rise up to 39°C, pain in the right breast. Objectively: the mammary gland is enlarged, there is a hyperemized area in the upper external quadrant, in the same place there is an ill-defined induration, lactostasis, fluctuation is absent. Lymph nodes of the right axillary region are enlarged and painful. What is the most likely diagnosis?

a. Dermatitis

b. Tumour

c. Abscess

d. Erysipelas

e. Lactational mastitis

100. A 26-year-old woman complains of having bloody discharges from the genitals for the last 14 days, abdominal pain, general fatiguability, weakness, weight loss, body temperature rise, chest pain, obstructed respiration. 5 weeks ago she underwent induced abortion in the 6-7 week of gestation. Objectively: the patient is pale and inert. Bimanual examination revealed that the uterus was enlarged up to 8-9 weeks of gestation. In blood: Hb- 72 g/l. Urine test for chorionic gonadotropin gave the positive result. What is the most likely diagnosis?

- a. Uterine carcinoma
- b. Chorioepithelioma**
- c. Uterus perforation
- d. Metroendometritis
- e. Uterine fibromyoma

101. After delivery and revision of placenta there was found the defect of placental lobule. General condition of woman is normal, uterus is firm, there is moderate bloody discharge. Speculum inspection of birth canal shows absence of lacerations and raptures. What action is necessary?

- a. External massage of uterus
- b. Urine drainage, cold on the lower abdomen
- c. Introduction of hemostatic medications
- d. Manual exploration of the uterine cavity**
- e. Introduction of uterine contracting agents

102. A 25 y.o. patient complains of body temperature rise up to 370C, pain at the bottom of her abdomen and vaginal discharges. Three days ago, when she was in her 11th week of pregnancy, she had an artificial abortion. Objectively: cervix of uterus is clean, uterus is a little bit enlarged in size, painful. Appendages cannot be determined. Fornices are deep, painless. Vaginal discharges are sanguinopurulent. What is the most probable diagnosis?

- a. Parametritis
- b. Postabortion endometritis**
- c. Pelvic peritonitis
- d. Hematometra
- e. Postabortion uterus perforation

103. A 25 y.o. pregnant woman in her 34th week was taken to the maternity house in grave condition. She complains of headache, visual impairment, nausea. Objectively: solid edema, AP- 170/130 mm Hg. Suddenly there appeared fibrillary tremor of face muscles, tonic and clonic convulsions, breathing came to a stop. After 1,5 minute the breathing recovered, there appeared some bloody spume from her mouth. In urine: protein - 3,5 g/L. What is the most probable diagnosis?

- a. Eclampsia**
- b. Cerebral hemorrhage
- c. Stomach ulcer
- d. Cerebral edema
- e. Epilepsy

104. A 51 y.o. patient complains of having intensive bloody discharges from vagina for 15 days after delay of menstruation for 2,5 months. In anamnesis: disorders of menstrual function during a year, at the same time she felt extreme irritability and had sleep disorders. US examination results: uterus corresponds with age norms, appendages have no peculiarities, endometrium is 14 mm thick. What is the doctors tactics?

- a. Supravaginal amputation of uterus without appendages
- b. TORCH-infection test
- c. Conservative treatment of bleeding
- d. Hysterectomy
- e. Diagnostic curettage of uterine cavity**

105. An 18 y.o. patient complains of painfulness and swelling of mammary glands, headaches, irritability, edema of lower extremities. These symptoms have been present since the begin of

menarche, appear 3-4 days before regular menstruation. Gynecological examination revealed no pathology. What is the most probable diagnosis?

- a. Premenstrual syndrome
- b. Renal disease
- c. Disease of cardiovascular system
- d. Mastopathy
- e. Neurasthenia

106. A 22 y.o. patient complains of having boring pain in the right iliac region for one week, morning sickness, taste change. Delay of menstruation is 3 weeks. Objectively: AP- 110/70 mm Hg, Ps- 78/min, t°- 37,00C. Bimanual examination revealed that uterus is a little enlarged, soft, movable, painless. Appendages palpation: a painful formation 3x4 cm large on the right, it is dense and elastic, moderately movable. What is the most probable diagnosis?

- a. Acute appendicitis

b. Progressing tubal pregnancy

- c. Cyst of the right ovary
- d. Interrupted tubal pregnancy
- e. Uterine pregnancy

107. A 30 y.o. parturient woman was taken to the maternity house with complaints of having acute, regular labour pains that last 25-30 seconds every 1,5-2 minutes. Labour activity began 6 hours ago. Uterus is in higher tonus, head of the fetus is above the opening into the small pelvis. Fetal heartbeat is 136/min. P.V: cervical dilatation is 4 cm, uterine fauces is spasming at a height of parodynamia. Head is on level with opening into the small pelvis, it is being pushed off. What is the most probable diagnosis?

- a. Normal labour activity

b. Discoordinated labour activity

- c. Pathological preliminary period
- d. Secondary powerless labour activity
- e. Primary powerless labour activity

108. A primigravida woman appealed to the antenatal clinic on the 22.03.03 with complaints of boring pain in the lower part of abdomen. Anamnesis registered that her last menstruation was on the 4.01.03. Bimanual examination revealed that uterine servix is intact, external fauces is closed, uterus is enlarged up to the 9-th week of pregnancy, movable, painless. What complication can be suspected?

- a. Vesicular mole
- b. -
- c. Abortion that started in the 9-th week of pregnancy
- d. Hysteromyoma

e. Risk of abortion in the 9-th week of pregnancy

109. A 30-year-old patient consulted a doctor about menstruation absence for 2 years after labour, loss of hair, body weight loss. The labour was complicated by a haemorrhage caused by uterus hypotonia. Objectively: the patient is asthenic, external genitals are hypoplastic, the uterus body is small and painless. The appendages are not palpable. What is the most likely diagnosis?

- a. Turners syndrome
- b. Ovarian amenorrhea
- c. Sheehans syndrome**
- d. Exhausted ovary syndrome
- e. Galactorrhea-amenorrhea syndrome

110. A 28-year-old patient has been admitted to the gynecological department three days after a casual coitus. She complains about pain in her lower abdomen and during urination, profuse purulent discharges from the vagina, body temperature rise up to 37,8oC. The patient was diagnosed with acute bilateral adnexitis. Supplemental examination revealed: the 4th degree of purity of the vaginal secretion, leukocytes within the whole visual field, diplococcal bacteria located both intra- and

extracellularly. What is the etiology of acute adnexitis in this patient?

- a. Colibacterial
- b. Trichomonadal
- c. Staphylococcal
- d. Gonorrhreal**
- e. Chlamydial

111. A 25-year-old woman came to a maternity welfare clinic and complained about being unable to conceive within 3 years of regular sexual life. Examination revealed weight gain, male pattern of hair distribution on the pubis, excessive pilosis of thighs. Ovaries were dense and enlarged, basal temperature was monophasic. What is the most likely diagnosis?

- a. Premenstrual syndrome
- b. Gonadal dysgenesis
- c. Tubo-ovaritis
- d. Adrenogenital syndrome
- e. Sclerocystosis of ovaries**

112. A 28 year old patient complained about prolongation of intermenstrual periods up to 2 months, hirsutism. Gynaecological examination revealed that the ovaries were enlarged, painless, compact, uterus had no peculiarities. Pelvic ultrasound revealed that the ovaries were 4-5 cm in diameter and had multiple enlarged follicles on periphery. Roentgenography of skull base showed that sellar region was dilated. What is the most probable diagnosis?

- a. Algodismenorrhea
- b. Premenstrual syndrome
- c. Morgagni-Stewart syndrome
- d. Stein-Leventhal syndrome**
- e. Sheehans syndrome

113. A 32-year-old gravida complains about episodes of unconsciousness, spontaneous syncopes that are quickly over after a change of body position. A syncope can be accompanied by quickly lapsing bradycardia. There are no other complications of gestation. What is the most likely reason for such condition?

- a. Psychosomatic disorders
- b. Postcava compression by the gravid uterus**
- c. Pressure fall in the veins of extremities
- d. Pressure rise in the veins of extremities
- e. Vegetative-vascular dystonia (cardiac type)

114. A woman consulted a therapist about fatigability, significant weight loss, weakness, loss of appetite. She has had amenorrhea for 8 months. A year ago she bore a full-term child. Haemorrhage during labour made up 2 l. She got blood and blood substitute transfusions. What is the most probable diagnosis?

- a. Stein-Leventhal syndrome
- b. Homologous blood syndrome
- c. Vegetative-vascular dystonia
- d. Sheehans syndrome**
- e. Shereshevsky-Turners syndrome

115. A 33 y.o. woman survived two operations on account of extrauterine pregnancy, both uterine tubes were removed. She consulted a doctor with a question about possibility of having a child. What can be advised in this case?

- a. Insemination with her husband's semen
- b. Artificial fertilization with donors semen
- c. Induction of ovulation
- d. Extracorporeal fertilization**
- e. Substitutional maternity

116. A 26 year old woman complains about edema, swelling and painlessness of mammary glands,

headache, tearfulness, irritability. These signs turn up 5 days before menstruation and disappear after its start. What clinical syndrome is it?

- a. Premenstrual syndrome
- b. Adrenogenital syndrome
- c. Stein-Leventhal syndrome
- d. Climacteric syndrome
- e. Postcastration syndrome

117. A 49-year-old woman complains about headache, head and neck going hot, increased perspiration, palpitation, arterial pressure rise up to 170/100 mm Hg, irritability, insomnia, tearfulness, memory impairment, rare and scarce menses, body weight increase by 5 kg over the last half a year. What is the most likely diagnosis?

- a. Premenstrual syndrome
- b. Arterial hypertension
- c. Postcastration syndrome
- d. Climacteric syndrome**
- e. Vegetative-vascular dystonia

118. A parturient woman is 27 year old, it was her second labour, delivery was at term, normal course. On the 3rd day of postpartum period body temperature is 36,8oC, Ps - 72/min, AP - 120/80 mm Hg. Mammary glands are moderately swollen, nipples are clean. Abdomen is soft and painless. Fundus of uterus is 3 fingers below the umbilicus. Lochia are bloody, moderate. What is the most probable diagnosis?

- a. Subinvolution of uterus
- b. Remnants of placental tissue after labour
- c. Lactostasis
- d. Physiological course of postpartum period**
- e. Postpartum metroendometritis

119. A puerpera is 25 years old, it is her second day of postpartum period. It was her first labour, it took place at full term. The lochia should be:

- a. Mucous
- b. Sanguino-serous
- c. Bloody**
- d. Purulent
- e. Serous

120. A 32-year-old patient consulted a doctor about being unable to get pregnant for 5-6 years. 5 ago the primipregnancy ended in artificial abortion. After the vaginal examination and USI the patient was diagnosed with endometrioid cyst of the right ovary. What is the optimal treatment method?

- a. Sanatorium-and-spa treatment
- b. Surgical laparoscopy**
- c. Conservative therapy with estrogen-gestagenic drugs
- d. Anti-inflammatory therapy
- e. Hormonal therapy with androgenic hormones

121. A woman is 34 years old, it is her tenth labor at full term. It is known from the anamnesis that the labor started 11 hours ago, labor was active, painful contractions started after discharge of waters and became continuous. Suddenly the parturient got knife-like pain in the lower abdomen and labor activity stopped. Examination revealed positive symptoms of peritoneum irritation, ill-defined uterus outlines. Fetus was easily palpable, movable. Fetal heartbeats wasnt auscultable. What is the most probable diagnosis?

- a. Discoordinated labor activity
- b. Uterine inertia
- c. Rupture of uterus**
- d. Risk of uterus rupture
- e. II labor period

122. Examination of placenta revealed a defect. An obstetrician performed manual investigation of uterine cavity, uterine massage. Prophylaxis of endometritis in the postpartum period should involve following actions:

- a. Antibacterial therapy
- b. Haemostatic therapy
- c. Intrauterine instillation of dioxine
- d. Contracting agents
- e. Instrumental revision of uterine cavity

123. A 30 year old patient complains about inability to become pregnant over 3 years of married life. The patient is of supernutrition type, she has hair along the median abdominal line, on the internal thigh surface and in the peripapillary area. Menses started at the age of 16, they are infrequent and non-profuse. US revealed that the uterus was of normal size, ovaries were 4x5x5 cm large and had a lot of cystic inclusions. What is the most probable diagnosis?

- a. Menstrual irregularity
- b. Bilateral ovarian tumours
- c. Ovarian cystoma
- d. Chronic oophoritis
- e. Polycystic ovaries

124. A 49-year-old patient undergoes regular medical check-up for uterine fibromyoma. Within the last year the uterus has enlarged up to 20 weeks of gestation. What is the rational way of treatment?

- a. Further surveillance
- b. Hormonal therapy
- c. Surgical treatment
- d. Embolization of uterine arteries
- e. Treatment with prostaglandin inhibitors

125. A maternity house has admitted a primagravida complaining of irregular, intense labour pains that have been lasting for 36 hours. The woman is tired, failed to fall asleep at night. The fetus is in longitudinal lie, with cephalic presentation. The fetus heartbeat is clear and rhythmic, 145/min. Vaginal examination revealed that the uterine cervix was up to 3 cm long, dense, with retroflexion; the external orifice was closed; the discharges were of mucous nature. What is the most likely diagnosis?

- a. Physiological preliminary period
- b. Secondary uterine inertia
- c. Uterine cervix dystocia
- d. Primary uterine inertia
- e. Pathological preliminary period

126. A 52-year-old woman suffering from obesity, complains of bloody discharges from sexual paths during 4 days. Last normal menses were 2 years ago. Histological investigation of biopsy of the endometrium has revealed adenomatous hyperplasia. What reason from the mentioned below caused the development of disease?

- a. Hypersecretion of estrogens by tissues of the organism
- b. The increased contents of follicle-stimulating hormone
- c. Supersecretion of androgens by the cortex of paranephroses
- d. Excessive transformation of preandrogens from adipose tissues
- e. Poor aromatization of preandrogens due to hypothyroidism

127. A 40-year-old woman complains of colic pains in the lower part of abdomen and abundant bloody discharges from genital tract. Last 2 years she had menses for 15-16 days, abundant, with clots, painful. Had 2 medical abortions. In bimanual investigation: from the canal of the cervix uteri - a fibromatous node, 3 cm in diameter, on the thin stem. Discharges are bloody, moderate. Choose the correct tactics

- a. Operation: untwisting of born node
- b. Phase by phase vitamin therapy

- c. Hysterectomy without ovaries
- d. Supravaginal ablation of the uterus without ovaries
- e. Hormonal hemostasis

128. A 40-year-old woman complains of yellow color discharges from the vagina. Bimanual examination: no pathological changes. Smear test: Trichomonas vaginalis and mixed flora. Colposcopy: two hazy fields on the front labium, with a negative Iodum probing. What is your tactics?

- a. Cryolysis of cervix uteri
- b. Treatment of specific colpitis with the subsequent biopsy**
- c. Specific treatment of Trichomonas colpitis
- d. Diathermocoagulation of the cervix uteri
- e. Cervix ectomy

129. A 32 y.o. woman consulted a gynecologist about having abundant long menses within 3 months. Bimanual investigation: the body of the uterus is enlarged according to about 12 weeks of pregnancy, distorted, tuberous, of dense consistence. Appendages are not palpated. Histological test of the uterus body mucosa: adenocystous hyperplasia of endometrium. Optimal medical tactics:

- a. Surgical treatment**
- b. Phytotherapy
- c. Phase by phase vitamin therapy
- d. Radial therapy
- e. Hormonotherapy

130. By the end of the 1st period of physiological labor clear amniotic fluid came off. Contractions lasted 35-40 sec every 4-5min. Heartbeat of the fetus was 100 bpm. The BP was 140/90 mm Hg. What is the most probable diagnosis?

- a. Premature detachment of normally posed placenta
- b. Premature labor
- c. Acute hypoxia of the fetus**
- d. Back occipital presentation
- e. Hydramnion

131. A pregnant woman in her 40th week of pregnancy undergoes obstetric examination: the cervix of uterus is undeveloped. The oxytocin test is negative. Examination at 32 weeks revealed: AP 140/90 mm Hg, proteinuria 1 g/l, peripheral edemata. Reflexes are normal. Choose the most correct tactics:

- a. Complex therapy of gestosis for 7 days
- b. Labour stimulation after preparation**
- c. Complex therapy of gestosis for 2 days
- d. Absolute bed rest for 1 month
- e. Caesarian section immediately

132. Which gestational age gives the most accurate estimation of weeks of pregnancy by uterine size?

- a. Between 31 and 40 weeks
- b. Over 40 weeks
- c. Between 12 and 20 weeks
- d. Between 21 and 30 weeks
- e. Less than 12 weeks**

133. Rise in temperature up to 390C was registered the next day after a woman had labor. Fetal membranes rupture took place 36 hours prior to labors. The examination of the bacterial flora of cervix uteri revealed the following: haemolytic streptococcus of group A. The uterus tissue is soft, tender. Discharges are bloody, with mixing of pus. Establish the most probable postnatal complication

- a. Infective contamination of the urinary system
- b. Apostatis of stitches after the episiotomy
- c. Thrombophlebitis of veins of the pelvis
- d. Infected hematoma
- e. Metroendometritis**

134. On the first day after labour a woman had the rise of temperature up to 39°C. Rupture of fetal membranes took place 36 hours before labour. Examination of the bacterial flora of cervix of the uterus revealed hemocatheretic streptococcus of A group. The uterus body is soft, tender. Discharges are bloody, with admixtures of pus. Specify the most probable postnatal complication:

- a. Thrombophlebitis of veins of the pelvis
- b. Infective contamination of the urinary system
- c. Apostasis of sutures after the episiotomy
- d. Metroendometritis**
- e. Infectious hematoma

135. A woman of a high-risk group (chronic pyelonephritis in anamnesis) had vaginal delivery. The day after labour she complained of fever and loin pains, frequent urodynia. Specify the most probable complication:

- a. Infectious hematoma
- b. Thrombophlebitis of veins of the pelvis
- c. Infective contamination of the urinary system**
- d. Endometritis
- e. Apostasis of sutures after episiotomy

136. In 13 months after the first labor a 24-year-old woman complains of amenorrhea. Cesarian section was conducted as a result of premature detachment of normally posed placenta. Hemorrhage has made low fidelity of 2000 ml due to breakdown of coagulation of blood. Choose the most suitable investigation

- a. Computer tomography of the head
- b. Determination of the contents of testosteron-depotum in blood serum
- c. Ultrasound of organs of a small pelvis
- d. Progesteron test
- e. Determination of the level of gonadotropin**

137. 13 months after the first labor a 24-year-old patient complained of amenorrhea. Pregnancy ended in Caesarian section because of premature detachment of normally positioned placenta which resulted in blood loss at the rate of 2000 ml owing to disturbance of blood clotting. Choose the most suitable investigation:

- a. Progesteron assay
- b. USI of small pelvis organs
- c. Estimation of gonadotropin rate**
- d. Computer tomography of head
- e. Estimation of testosteron rate in blood serum

138. In the woman of 24 years about earlier normal menstrual function, cycles became irregular, according to tests of function diagnostics - anovulatory. The contents of prolactin in blood is boosted. Choose the most suitable investigation:

- a. Determination of the level of gonadotropins
- b. Progesterone assay
- c. Determination of the contents of testosteron-depotum in blood serum
- d. Computer tomography of the head**
- e. USI of organs of small pelvis

139. A 20-year-old woman is having timed labor continued for 4 hours. Light amniotic fluid came off. The fetus head is pressed to the orifice in the small pelvis. The anticipated fetus mass is 4000,0 gpm 200,0 g. Heartbeat of the fetus is normal. Intrinsic examination: cervix is absent, disclosure - 2 cm, the fetal membranes are not present. The head is in 1-st plane of the pelvis, a sagittal suture is in the left slanting dimension. What is the purpose of glucose-calcium-hormone - vitaminized background conduction?

- a. Labor stimulation
- b. Antenatal preparation
- c. Treatment of weakness of labor activity

d. Prophylaxes of weakness of labor activity

e. Fetus hypoxia prophylaxes

140. A woman in her 39th week of pregnancy, the second labour, has regular birth activity. Uterine contractions take place every 3 minutes. What criteria describe the beginning of the II labor stage the most precisely?

a. Cervical dilatation by no less than 4 cm

b. Duration of uterine contractions over 30 seconds

c. Rupture of fetal bladder

d. Presenting part is in the lower region of small pelvis

e. Cervical smoothing over 90%

141. A woman in her 39-th week of pregnancy, the second labor, has regular birth activity. Uterine contractions take place every 3 minutes. What criteria describe the beginning of the II labor stage the most precisely?

a. Cervical smoothing over 90%

b. Presenting part is in the lower region of small pelvis

c. Rupture of membranes

d. Cervical dilatation no less than 4 cm

e. Duration of uterine contractions more than 30 seconds

142. A 24 years old primipara was hospitalised with complaints about discharge of the amniotic waters. The uterus is tonic on palpation. The position of the fetus is longitudinal, it is pressed with the head to pelvic outlet. Palpitation of the fetus is rhythmical, 140 bpm, auscultated on the left below the navel. Internal examination: cervix of the uterus is 2,5 cm long, dense, the external os is closed, light amniotic waters out of it. Point a correct component of the diagnosis:

a. The end of the 1st stage of labour

b. Pathological preterm labour

c. Early discharge of the amniotic waters

d. The beginning of the 1st stage of labour

e. Antenatal discharge of the amniotic waters

143. A 34 y.o. woman in her 29-th week of pregnancy, that is her 4-th labor to come, was admitted to the obstetric department with complaints of sudden and painful bloody discharges from vagina that appeared 2 hours ago. The discharges are profuse and contain grumes. Cardiac funnction of the fetus is rhytmic, 150 strokes in the minute, uterus tone is normal. The most probable provisional diagnosis will be:

a. Detachment of normally located placenta

b. Bloody discharges

c. Disseminated intravascular coagulation syndrome

d. Placental presentation

e. Vasa previa

144. A 29 year old patient underwent surgical treatment because of the benign serous epithelial tumour of an ovary. The postoperative period has elapsed without complications. What is it necessary to prescribe for the rehabilitational period:

a. Antibacterial therapy and adaptogens

b. Magnitotherapy and vitamin therapy

c. The patient does not require further care

d. Hormonotherapy and proteolytic enzymes

e. Lasertherapy and enzymotherapy

145. A 34-year-old woman with 10-week pregnancy (the second pregnancy) has consulted gynaecologist to make a record in patient chart. There was a hydramnion previous pregnancy, the birth weight of a child was 4086 g. What tests are necessary first of all?

a. Fetus cardiophonography

b. Ultrasound of the fetus

c. Determination of the contents of alpha fetoprotein

d. Bacteriological test of discharge from the vagina

e. The test for tolerance to glucose

146. A 26 y.o. woman complains of sudden pains in the bottom of abdomen irradiating to the anus, nausea, giddiness, bloody dark discharges from sexual tracts for one week, the delay of menses for 4 weeks. Signs of the peritoneum irritation are positive. Bimanual examination: borders of the uterus body and its appendages are not determined because of sharp painfullness. The diverticulum and painfullness of the back and dextral fornixes of the vagina are evident. What is the most probable diagnosis?

- a. Apoplexy of the ovary
- b. Torsion of the crus of the ovary tumour
- c. Acute appendicitis

d. Broken tubal pregnancy

e. Acute right-side adnexitis

147. At the gynaecological department there is a patient of 32 years with the diagnosis: "acute Bartholinitis". Body temperature is 38,2°C, leucocytes count 10,4109/L, the ESR is 24 mm/hour. In the area of big gland of the vestibulum - the dermahemia, the sign of the fluctuation, sharp tenderness (pain). What is the most correct tactics of the doctor?

- a. Antibiotics, Sulfanilamidums
- b. Antibiotic therapy
- c. Antibiotics, detoxication and biostimulants

d. Surgical dissecting, a drainage of an abscess of the gland, antibiotics

e. Surgical dissection, drainage of the abscess of the gland

148. A primagravida with pregnancy of 37-38 weeks complains of headache, nausea, pain in epigastrium. Objective: the skin is acyanotic. Face is hydropic, there is short fibrillar twitching of blepharons, muscles of the face and the inferior extremities. The look is fixed. AP- 200/110 mm Hg; sphygmus of 92 bpm, intense. Respiration rate is 32/min. Heart activity is rhythmical. Appreciable edemata of the inferior extremities are present. Urine is cloudy. What medication should be administered?

- a. Pentaminium of 5% - 4,0 ml
- b. Droperidolum of 0,25% - 2,0 ml
- c. Papaverine hydrochloride of 2% - 4,0 ml
- d. Dibazolum of 1% - 6,0 ml
- e. Hexenalum of 1% - 2,0 ml

149. An onset of severe preeclampsia at 16 weeks gestation might be caused by:

- a. Interventricular defect of the fetus
- b. Hydatidiform mole
- c. Twin gestation
- d. Anencephaly
- e. Maternal renal disease

150. A woman had the rise of temperature up to 39°C on the first day after labour. The rupture of fetal membranes took place 36 hours before labour. The investigation of the bacterial flora of cervix of the uterus revealed hemocatheretic streptococcus of group A. The uterus body is soft, tender. Discharges are bloody, mixed with pus. Specify the most probable postnatal complication:

- a. Infection of the urinary system
- b. Apostasis of junctures after the episiotomy
- c. Thrombophlebitis of pelvic veins
- d. Infected hematoma

e. Metroendometritis

151. A 24 y.o. patient 13 months after the first labour consulted a doctor about amenorrhea.

Pregnancy has concluded by a Cesarean section concerning to a premature detachment of normally posed placenta hemorrhage has made low fidelity 2000 ml owing to breakdown of coagulability of blood. Choose the most suitable investigation:

- a. Computer tomography of the head
- b. Determination of the contents of Testosteron-Depotum in Serum of blood
- c. USI of organs of a small pelvis
- d. Progesteron assay

e. Determination of the level of Gonadotropins

152. A 34 year old woman in the 10th week of gestation (the second pregnancy) consulted a doctor of antenatal clinic in order to be registered there. In the previous pregnancy hydramnion was observed, the child's birth weight was 4086 g. What examination method should be applied in the first place?

- a. A cardiophonography of fetus
- b. US of fetus
- c. Determination of the contents of fetoprotein
- d. Bacteriological examination of discharges from vagina

e. The test for tolerance to glucose

153. A 10 y.o. boy was ill with angina 2 weeks ago, has complaints of joint pain and stiffness of his left knee and right elbow. There was fever (38,50) and ankle dysfunction, enlargement of cardiac dullness by 2 cm, tachycardia, weakness of the 1st sound, gallop rhythm, weak systolic murmur near apex.

What diagnosis corresponds with such symptoms?

- a. Reactive arthritis
- b. Acute rheumatic fever**
- c. Juvenile rheumatoid arthritis
- d. Systemic lupus erythematosus
- e. Reiters disease

154. The disease began acutely. The frequent watery stool developed 6 hours ago. The body's temperature is normal. Then the vomiting was joined. On examination: his voice is hoarse, eyes are deeply sunken in the orbits. The pulse is frequent. Blood pressure is low. There is no urine. What is the preliminary diagnosis?

- a. Toxic food-borne infection
- b. Dysentery
- c. Typhoid fever
- d. Cholera**
- e. Salmonellosis

155. At term of a gestation of 40 weeks height of standing of a uterine fundus is less than assumed for the given term. The woman has given birth to the child in weight of 2500 g, a length of a body 53 cm, with an assessment on a scale of Apgar of 4-6 points. Labor were fast. The cause of such state of the child were:

- a. Chronic fetoplacental insufficiency**
- b. Placental detachment
- c. Prematurity
- d. Infection of a fetus
- e. Delay of an intra-uterine fertilization

156. A woman, aged 40, primigravida, with infertility in the medical history, on the 42-43 week of pregnancy. Labour activity is weak. Longitudinal presentation of the fetus, I position, anterior position. The head of the fetus is engaged to pelvic inlet. Fetus heart rate is 140 bpm, rhythmic, muffled. Cervix dilation is 4 cm. On amniotomy: greenish colour of amniotic fluid and fetal membranes. Cranial bones are dense, cranial sutures and small fontanel are diminished. What should be tactics of delivery?

- a. Fetal hypoxia treatment, conservative delivery
- b. Medication sleep, amniotomy, labour stimulation
- c. Amniotomy, labour stimulation, fetal hypoxia treatment
- d. Fetal hypoxia treatment, in the II period - forceps delivery
- e. Caesarean section**

157. An endometrial adenocarcinoma that has extended to the uterine serosa would be classified as

stage:

- a. IIA
- b. IC
- c. IIIA**
- d. IIB
- e. IVAB

158. Which of the methods of examination is the most informative in the diagnostics of a tube infertility?

- a. Hysterosalpingography
- b. Perturbation
- c. Laparoscopy with chromosalpingoscopy**
- d. Transvaginal echography
- e. Bicontrast pelviography

159. A pregnant woman (35 weeks), aged 25, was admitted to the hospital because of bloody discharges. In her medical history there were two artificial abortions. In a period of 28-32 weeks there was noted the onset of hemorrhage and USD showed a placental presentation. The uterus is in normotonus, the fetus position is transversal (1st position). The heartbeats is clear, rhythmical, 140 bpm. What is the further tactics of the pregnant woman care?

a. To keep the intensity of hemorrhage under observation and after the bleeding is controlled to prolong the pregnancy

b. To perform a delivery by means of Cesarean section

- c. To introduce the drugs to increase the blood coagulation and continue observation
- d. To perform the hemotransfusion and to prolong the pregnancy
- e. Stimulate the delivery by intravenous introduction of oxytocin

160. A woman, primagravida, consults a gynecologist on 05.03.2002. A week ago she felt the fetus movements for the first time. Last menstruation was on 10.01.2002. When should she be given maternity leave?

a. 8 August

- b. 22 August
- c. 5 September
- d. 11 July
- e. 25 July

161. Condition of a parturient woman has been good for 2 hours after live birth: uterus is thick, globe-shaped, its bottom is at the level of umbilicus, bleeding is absent. The clamp put on the umbilical cord remains at the same level, when the woman takes a deep breath or she is being pressed over the symphysis with the verge of hand, the umbilical cord drows into the vagina. Bloody discharges from the sexual tracts are absent. What is the doctors further tactics?

- a. To apply Abduladze method
- b. To do curettage of uterine cavity
- c. To introduce oxytocine intravenously
- d. To do manual removal of afterbirth**
- e. To apply Credes method

162. The woman who has delivered twins has early postnatal hypotonic uterine bleeding reached 1,5% of her bodyweight. The bleeding is going on. Conservative methods to arrest the bleeding have been found ineffective. The conditions of patient are pale skin, acrocyanosis, oliguria. The woman is confused. The pulse is 130 bpm, BP- 75/50 mm Hg. What is the further treatment?

- a. Uterine extirpation**
- b. Uterine vessels ligation
- c. Putting clamps on the uterine cervix
- d. Inner glomai artery ligation
- e. Supravaginal uterine amputation

163. A 22 y.o. woman complains of a mild bloody discharge from the vagina and pain in the lower

abdomen. She has had the last menstruation 3 months ago. The pulse is 80 bpm. The blood pressure (BP) is 110/60 mm Hg and body temperature is 36,6°C. The abdomen is tender in the lower parts. The uterus is enlarged up to 12 weeks of gestation. What is your diagnosis?

- a. Incipient abortion
- b. Complete abortion
- c. Dysfunctional bleeding
- d. Inevitable abortion**
- e. Incomplete abortion

164. 18 y.o. woman complains of pain in the lower abdomen. Some minutes before she has suddenly appeared unconscious at home. The patient had no menses within last 3 months. On examination: pale skin, the pulse- 110 bpm, BP- 80/60 mm Hg. The Schyotkins sign is positive. Hb- 76 g/L. The vaginal examination: the uterus is a little bit enlarged, its displacement is painful. There is also any lateral swelling of indistinct size. The posterior fornix of the vagina is tender and overhangs inside. What is the most probable diagnosis?

- a. Ovarian apoplexy
- b. Acute salpingoophoritis
- c. Acute appendicitis
- d. Impaired extrauterine pregnancy**
- e. Twist of cystoma of right uterine adnexa

165. A 20 y.o. pregnant woman with 36 weeks of gestation was admitted to the obstetrical hospital with complaints of pain in the lower abdomen and bloody vaginal discharge. The general condition of the patient is good. Her blood pressure is 120/80 mm Hg. The heart rate of the fetus is 140 bpm, rhythmic. Vaginal examination: the cervix of the uterus is formed and closed. The discharge from vagina is bloody up to 200 ml per day. The head of the fetus is located high above the minor pelvis entry. A soft formation was defined through the anterior fornix of the vagina. What is the probable diagnosis?

- a. Premature placental separation
- b. Threatened premature labor
- c. Incipient abortion
- d. Placental presentation**
- e. Uterine rupture

166. A 28-year-old patient underwent endometrectomy as a result of incomplete abortion. Blood loss was at the rate of 900 ml. It was necessary to start hemotransfusion. After transfusion of 60 ml of erythrocytic mass the patient presented with lumbar pain and fever which resulted in hemotransfusion stoppage. 20 minutes later the patients condition got worse: she developed adynamia, apparent skin pallor, acrocyanosis, profuse perspiration. t°- 38,5°C, Ps- 110/min, AP- 70/40 mm Hg. What is the most likely diagnosis?

- a. Septic shock
- b. Hemorrhagic shock
- c. Hemotransfusion shock**
- d. Anaphylactic shock
- e. DIC syndrome

167. A 58-year-old female patient came to the antenatal clinic with complaints of bloody light-red discharges from the genital tracts. Menopause is 12 years. Gynaecological examination found externalia and vagina to have age involution; uterine cervix was unchanged, there were scant bloody discharges from uterine cervix, uterus was of normal size; uterine appendages were not palpable; parametria were free. What is the most likely diagnosis?

- a. Atrophic colpitis
- b. Cervical carcinoma
- c. Granulosa cell tumor of ovary
- d. Uterine carcinoma**
- e. Abnormalities of menstrual cycle with climacteric character

168. The results of a separate diagnostic curettage of the mucous of the uterus cervix and body made up in connection with bleeding in a postmenopausal period: the scrape of the mucous of the cervical canal revealed no pathology, in endometrium - the highly differentiated adenocarcinoma was found. Metastases are not found. What method of treatment is the most correct?

- a. Surgical treatment and radial therapy
- b. Surgical treatment + chemotherapy
- c. Surgical treatment and hormonotherapy**
- d. Radial therapy
- e. -

169. A 27 y.o. woman complains of having the disorders of menstrual function for 3 months, irregular pains in abdomen. On bimanual examination: in the dextral appendage range of uterus there is an elastic spherical formation, painless, 7 cm in diameter. USI: in the right ovary - a fluid formation, 4 cm in diameter, unicameral, smooth. What method of treatment is the most preferable?

- a. Chemotherapeutic treatment
- b. Prescription of an estrogen-gestogen complex for 3 months with repeated examination**
- c. Dispensary observation of the patient
- d. Operative treatment
- e. Anti-inflammatory therapy

170. A 28-year-old parturient complains about headache, vision impairment, psychic inhibition. Objectively: AP- 200/110 mm Hg, evident edema of legs and anterior abdominal wall. Fetus head is in the area of small pelvis. Fetal heartbeats is clear, rhythmic, 190/min. Internal examination revealed complete cervical dilatation, fetus head was in the area of small pelvis. What tactics of labor management should be chosen?

- a. Conservative labor management with episiotomy
- b. Stimulation of labor activity
- c. Cesarean
- d. Embryotomy
- e. Forceps operation**

171. A 28 year old woman had the second labour and born a girl with manifestations of anemia and progressing jaundice. The child's weight was 3 400 g, the length was 52 cm. The woman's blood group is B (III) Rh-, the father's blood group is A (III) Rh+, the child's blood group is B (III) Rh+. What is the cause of anemia?

- a. Antigen AB incompatibility
- b. Intrauterine infection
- c. Antigen A incompatibility
- d. Antigen B incompatibility
- e. Rhesus incompatibility**

172. A 37 y.o. primigravida woman has been having labor activity for 10 hours. Labor pains last for 20-25 seconds every 6-7 minutes. The fetus lies in longitude, presentation is cephalic, head is pressed upon the entrance to the small pelvis. Vaginal examination results: cervix of uterus is up to 1 cm long, lets 2 transverse fingers in. Fetal bladder is absent. What is the most probable diagnosis?

- a. Pathological preliminary period
- b. Primary uterine inertia**
- c. Normal labor activity
- d. Secondary uterine inertia
- e. Disordinated labor activity

173. Laparotomy was performed to a 54 y.o. woman on account of big formation in pelvis that turned out to be one-sided ovarian tumor along with considerable omental metastases. The most appropriate intraoperative tactics involves:

- a. Ablation of omentum, uterus and both ovaries with tubes**
- b. Biopsy of an ovary
- c. Ablation of omentum and both ovaries with tubes

- d. Ablation of an ovary and omental metastases
- e. Biopsy of omentum

174. A parturient complains about pain in the mammary gland. Palpation revealed a 3x4 cm large infiltration, soft in the centre. Body temperature is 38,5°C. What is the most probable diagnosis?

- a. Pneumonia
- b. Retention of milk
- c. Birth trauma
- d. Acute purulent mastitis**
- e. Pleuritis

175. A 43 y.o. patient complains of formation and pain in the right mammary gland, rise of temperature up to 37,2°C during the last 3 months. Condition worsens before the menstruation. On examination: edema of the right breast, hyperemia, retracted nipple. Unclear painful infiltration is palpated in the lower quadrants. What is the most probable diagnosis?

- a. Right-side acute mastitis
- b. Premenstrual syndrome
- c. Tuberculosis of the right mammary gland
- d. Cancer of the right mammary gland**
- e. Right-side chronic mastitis

176. A 14 year old girl complains of profuse bloody discharges from genital tracts during 10 days after suppression of menses for 1,5 month. Similar bleedings recur since 12 years on the background of disordered menstrual cycle. On rectal examination: no pathology of the internal genitalia. In blood: Hb - 70 g/l, RBC- 2,3×1012/l, Ht - 20. What is the most probable diagnosis?

- a. Juvenile bleeding, posthemorrhagic anemia**
- b. Polycyst ovarian syndrome
- c. Incomplete spontaneous abortion
- d. Hormonoproducing ovary tumor
- e. Werlhof's disease

177. A 33-year-old woman was urgently brought to clinic with complaints of the pain in the lower part of the abdomen, mostly on the right, irradiating to rectum, she also felt dizzy. The above mentioned complaints developed acutely at night. Last menses were 2 weeks ago. On physical exam: the skin is pale, Ps - 92 bpm, t- 36,6OC, BP- 100/60 mm Hg. The abdomen is tense, slightly tender in lower parts, peritoneal symptoms are slightly positive. Hb- 98 g/L. What is the most probable diagnosis?

- a. Renal colic
- b. Apoplexy of the ovary**
- c. Intestinal obstruction
- d. Acute appendicitis
- e. Abdominal pregnancy

178. A secundipara has regular birth activity. Three years ago she had cesarean section for the reason of acute intrauterine hypoxia. During paroxysms she complains of extended pain in the area of postsurgical scar. Objectively: fetus pulse is rhythmic - 140 bpm. Vaginal examination shows 5 cm cervical dilatation. Fetal bladder is intact. What is the tactics of choice?

- a. Cesarean section**
- b. Obstetrical forceps
- c. Vaginal delivery
- d. Waiting tactics of labor management
- e. Augmentation of labour

179. A 54-year-old female patient consulted a doctor about bloody discharges from the genital tracts after 2 years of amenorrhea. USI and bimanual examination revealed no genital pathology. What is the tactics of choice?

- a. Contracting drugs
- b. Styptic drugs
- c. Fractional biopsy of lining of uterus and uterine mucous membranes**

- d. Estrogenic haemostasia
- e. Hysterectomy

180. Examination of a just born placenta reveals defect 2x3 cm large. Hemorrhage is absent. What tactic is the most reasonable?

- a. Instrumental uterus cavity revision
- b. Manual uterus cavity revision**
- c. External uterus massage
- d. Prescription of uterotonic medicines
- e. Parturient supervision

181. A 27 y.o. gravida with 17 weeks of gestation was admitted to the hospital. There was a history of 2 spontaneous miscarriages. On bimanual examination: uterus is enlarged to 17 weeks of gestation, uterus cervix is shortened, isthmus allows to pass the finger tip. The diagnosis is isthmico-cervical insufficiency. What is the doctors tactics?

- a. To administer hormonal treatment
- b. To perform amniocentesis
- c. To administer tocolytic therapy
- d. To interrupt pregnancy
- e. To place suture on the uterus cervix**

182. A 27 y.o. woman turns to the maternity welfare centre because of infertility. She has had sexual life in marriage for 4 years, doesn't use contraceptives. She didn't get pregnant. On examination: genital development is without pathology, uterus tubes are passable, basal (rectal) temperature is one-phase during last 3 menstrual cycles. What is the infertility cause?

- a. Anovular menstrual cycle**
- b. Abnormalities in genital development
- c. Genital endometriosis
- d. Immunologic infertility
- e. Chronic adnexitis

183. A 43 y.o. woman complains of contact hemorrhages during the last 6 months. Bimanual examination: cervix of the uterus is enlarged, its mobility is reduced. Mirrors showed the following: cervix of the uterus is in the form of cauliflower. Chrobak and Schiller tests are positive. What is the most probable diagnosis?

- a. Nascent fibroid
- b. Leukoplakia
- c. Polypus of the cervix of the uterus
- d. Cervical pregnancy
- e. Cancer of cervix of the uterus**

184. A gravida with 7 weeks of gestation is referred for the artificial abortion. On operation while dilating cervical canal with Hegar dilator №8 a doctor suspected uterus perforation. What is immediate doctors tactics to confirm the diagnosis?

- a. Probing of uterus cavity**
- b. Ultrasound examination
- c. Metrosalpingography
- d. Laparoscopy
- e. Bimanual examination

185. A pregnant woman in her 8th week was admitted to the hospital for artificial abortion. In course of operation during dilatation of cervical canal of uterus by means of Hegars dilator № 8 the doctor suspected uterus perforation. What is the immediate tactics for confirmation of this diagnosis?

- a. Laparoscopy
- b. Metrosalpingography
- c. Bimanual examination
- d. US examination
- e. Uterine probing**

186. A 25-year-old woman complains of profuse foamy vaginal discharges, foul, burning and itching in genitalia region. She has been ill for a week. Extramarital sexual life. On examination: hyperemia of vaginal mucous, bleeding on touching, foamy leucorrhea in the urethral area. What is the most probable diagnosis?

- a. Bacterial vaginosis
- b. Trichomonas colpitic**
- c. Chlamydiosis
- d. Gonorrhea
- e. Vagina candidomycosis

187. A 26 year old woman who delivered a child 7 months ago has been suffering from nausea, morning vomiting, sleepiness for the last 2 weeks. She suckles the child, menstruation is absent. She hasn't applied any contraceptives. What method should be applied in order to specify her diagnosis?

- a. Speculum examination
- b. Ultrasonic examination**
- c. Palpation of mammary glands and pressing-out of colostrum
- d. Roentgenography of small pelvis organs
- e. Bimanual vaginal examination

188. A newborn's head is of dolichocephalic shape, that is front-to-back elongated. Examination of the occipital region of head revealed a labour tumour located in the middle between the prefontanel and posterior fontanel. The delivery took place with the following type of fetus head presentation:

- a. Brow presentation
- b. Face presentation
- c. Anterior vertex presentation
- d. Presentation of the bregma
- e. Posterior vertex presentation**

189. A woman consulted a doctor on the 14th day after labour about sudden pain, hyperemia and induration of the left mammary gland, body temperature rise up to 39°C, headache, indisposition. Objectively: fissure of nipple, enlargement of the left mammary gland, pain on palpation. What pathology would you think about in this case?

- a. Lacteal cyst with suppuration
- b. Breast cancer
- c. Phlegmon of mammary gland
- d. Lactational mastitis**
- e. Fibrous adenoma of the left mammary gland

190. A woman consulted a doctor on the 14th day after labour about sudden pain, hyperemia and induration of the left mammary gland, body temperature rise up to 39°C, headache, indisposition. Objectively: fissure of nipple, enlargement of the left mammary gland, pain on palpation. What pathology would you think about in this case?

- a. Lactational mastitis**
- b. Fibrous adenoma of the left mammary gland
- c. Phlegmon of mammary gland
- d. Breast cancer
- e. Lacteal cyst with suppuration

191. A young woman applied to gynecologist due to her pregnancy of 4-5 weeks. The pregnancy is desirable. Anamnesis stated that she had rheumatism in the childhood. Now she has combined mitral heart disease with the priority of mitral valve deficiency. When will she need the inpatient treatment (what periods of pregnancy)?

- a. 6-7 weeks, 16 weeks, 38 weeks
- b. 10-12 weeks, 24 weeks, 37-38 weeks
- c. 12-16 weeks, 27-28 weeks, 37-38 weeks
- d. 8-12 weeks, 28-32 weeks, 37 weeks**
- e. 16 weeks, 34 weeks, 39-40 weeks

192. A woman in the first half of pregnancy was brought to clinic by an ambulance. Term of pregnancy is 36 weeks. She complains of intensive pain in the epigastrium, had vomiting for 2 times. Pain started after the patient had eaten vinaigrette. Swelling of lower extremities. BP - 140/100 mm Hg. Urine became curd after boiling. What is the most probable diagnosis?

- a. Exacerbation of pyelonephritis
- b. Preeclampsia**
- c. Food toxicoinfection
- d. Nephropathy of the 3rd degree
- e. Dropsy of pregnant women

193. A 13 year old girl consulted the school doctor on account of moderate bloody discharge from the genital tracts, which appeared 2 days ago. Secondary sexual characters are developed. What is the most probable cause of bloody discharge?

- a. Juvenile hemorrhage
- b. Endometrium cancer
- c. Werlhofs disease
- d. Menarche**
- e. Haemophilia

194. A pregnant woman was registered in a maternity welfare clinic in her 11th week of pregnancy. She was being under observation during the whole term, the pregnancy course was normal. What document must the doctor give the pregnant woman to authorize her hospitalization in maternity hospital?

- a. Medical certificate
- b. Sanitary certificate
- c. Appointment card for hospitalization
- d. Individual prenatal record
- e. Exchange card**

195. After examination a 46-year-old patient was diagnosed with left breast cancer T2N2M0, cl. gr.

II-a. What will be the treatment plan for this patient?

- a. Operation only
- b. Radiation therapy only
- c. Chemotherapy only
- d. Radiation therapy + operation + chemotherapy**
- e. Operation + radiation therapy

196. A 30 y.o. primigravida woman has got intensive labor pain every 1-2 minutes that lasts 50 seconds. The disengagement has started. The perineum with the height of 4 cm has grown pale. What actions are necessary in this situation?

- a. Vacuum extraction of fetus
- b. Expectant management
- c. Perineum protection
- d. Perineotomy
- e. Episiotomy**

197. A 30-year-old gravida consulted a gynecologist about bright red bloody discharges from the vagina in the 32 week of gestation. She was hospitalized with a suspicion of placental presentation. Under what conditions is it rational to conduct the internal examination in order to make a diagnosis?

- a. In the delivery room keeping to all the aseptics regulations
- b. The examination is not to be conducted because of risk of profuse hemorrhage
- c. In the examination room of antenatal clinic
- d. In the admission ward of maternity hospital
- e. In the operating room prepared for the operation**

198. A 28 y.o. primagravida, pregnancy is 15-16 weeks of gestation, presents to the maternity clinics with dull pain in the lower part of the abdomen and in lumbar area. On vaginal examination: uterus cervix is 2,5 cm, external isthmus allows to pass the finger tip. Uterus body is enlarged according to

the pregnancy term. Genital discharges are mucous, mild. What is the diagnosis?

- a. Hydatid molar pregnancy
- b. Placenta presentation
- c. Spontaneous abortion which has begun
- d. Stopped pregnancy
- e. Threatened spontaneous abortion

199. A primapara with pelvis size 25-28-31-20 cm has active labor activity. Waters poured out, clear. Fetus weight is 4500 g, the head is engaged to the small pelvis inlet. Vastens sign as positive. Cervix of uterus is fully dilated. Amniotic sac is absent. The fetus heartbeat is clear, rhythmic, 136 bpm.

What is the labor tactics?

- a. Caesarean section
- b. Obstetrical forceps
- c. Stimulation of the labor activity
- d. Conservative tactics of labor
- e. Vacuum extraction of the fetus

200. Internal obstetric examination of a parturient woman revealed that the sacrum hollow was totally occupied with fetus head, ischiadic spines couldnt be detected. Sagittal suture is in the straight diameter, occipital fontanel is directed towards symphysis. In what plane of small pelvis is the presenting part of the fetus?

- a. Plane of pelvic inlet
- b. Over the pelvic inlet
- c. Wide pelvic plane
- d. Narrow pelvic plane

e. Plane of pelvic outlet

201. A 30 y.o. woman has the 2-nd labour that has been lasting for 14 hours. Hearbeat of fetus is muffled, arrhythmic, 100/min. Vaginal examination: cervix of uterus is completely opened, fetus head is level with outlet from small pelvis. Saggital suture is in the straight diameter, small crown is near symphysis. What is the further tactics of handling the delivery?

- a. Cesarean section
- b. Stimulation of labour activity by oxytocin
- c. Use of obstetrical forceps
- d. Cranio-cutaneous (Ivanovs) forceps
- e. Use of cavity forceps

202. A 28 year old woman has bursting pain in the lower abdomen during menstruation; chocolate-like discharges from vagina. It is known from the anamnesis that the patient suffers from chronic adnexitis. Bimanual examination revealed a tumour-like formation of heterogenous consistency 7x7 cm large to the left from the uterus. The formation is restrictedly movable, painful when moved. What is the most probable diagnosis?

- a. Follicular cyst of the left ovary
- b. Exacerbation of chronic adnexitis
- c. Tumour of sigmoid colon
- d. Endometrioid cyst of the left ovary
- e. Fibromatous node

203. Vaginal inspection of a parturient woman revealed: cervix dilation is up to 2 cm, fetal bladder is intact. Sacral cavity is free, sacral promontory is reachable only with a bent finger, the inner surface of the sacrococcygeal joint is accessible for examination. The fetus has cephalic presentation. Sagittal suture occupies the transverse diameter of pelvic inlet, the small fontanel to the left, on the side.

What labor stage is this?

- a. Stage of fetus expulsion
- b. Placental stage
- c. Preliminary stage
- d. Prodromal stage

e. Cervix dilatation stage

204. A 68-year-old patient consulted a doctor about a tumour in her left mammary gland. Objectively: in the upper internal quadrant of the left mammary gland there is a neoplasm up to 2,5 cm in diameter, dense, uneven, painless on palpation. Regional lymph nodes are not enlarged. What is the most likely diagnosis?

- a. Fibroadenoma
- b. Cyst
- c. Cancer**
- d. Mastopathy
- e. Lipoma

205. A 40-year-old female patient has been observing profuse menses accompanied by spasmotic pain in the lower abdomen for a year. Bimanual examination performed during menstruation revealed a dense formation up to 5 cm in diameter in the cervical canal. Uterus is enlarged up to 5-6 weeks of pregnancy, movable, painful, of normal consistency. Appendages are not palpable. Bloody discharges are profuse. What is the most likely diagnosis?

- a. Algodismenorrhea
- b. Nascent submucous fibromatous node**
- c. Cervical carcinoma
- d. Abortion in progress
- e. Cervical myoma

206. A 29-year-old patient complains of sterility. Sexual life is for 4 years being married, does not use contraception. There was no pregnancy before. On physical examination, genitals are developed normally. Uterine tubes are passable. Rectal temperature during three menstrual cycles is monophasic. What is the most probable reason for sterility?

- a. Immunologic sterility
- b. Genital endometriosis
- c. Chronic adnexitis
- d. Anomalies of genital development
- e. Anovulatory menstrual cycle**

207. A 45 y.o. woman complains of contact bleedings during 5 months. On speculum examination: hyperemia of uterus cervix, looks like cauliflower, bleeds on probing. On bimanual examination: cervix is of dense consistency, uterus body isn't enlarged, mobile, nonpalpable adnexa, parametrium is free, deep fornices. What is the most likely diagnosis?

- a. Polypose of cervix of uterus
- b. Cancer of cervix of uterus**
- c. Fibromatous node which is being born
- d. Cancer of body of uterus
- e. Cervical pregnancy

208. 10 minutes after delivery a woman discharged placenta with a tissue defect 5x6 cm large. Discharges from the genital tracts were profuse and bloody. Uterus tonus was low, fundus of uterus was located below the navel. Examination of genital tracts revealed that the uterine cervix, vaginal walls, perineum were intact. There was uterine bleeding with following blood coagulation. Your actions to stop the bleeding:

- a. To introduce an ether-soaked tampon into the posterior fornix
- b. To apply hemostatic forceps upon the uterine cervix
- c. To make manual examination of uterine cavity**
- d. To put an ice pack on the lower abdomen
- e. To administer uterotonicics

209. On the 5th day after labor body temperature of a 24-year-old parturient suddenly rose up to 38,7°C. She complains about weakness, headache, abdominal pain, irritability. Objectively: AP-120/70 mm Hg, Ps- 92 bpm, t°- 38,7°C. Bimanual examination revealed that the uterus was enlarged up to 12 weeks of pregnancy, it was dense, slightly painful on palpation. Cervical canal lets in 2

transverse fingers, discharges are moderate, turbid, with foul smell. In blood: skeocytosis, lymphopenia, ESR - 30 mm/h. What is the most likely diagnosis?

- a. Parametritis
- b. Metrophlebitis
- c. Lochiometra
- d. Endometritis**
- e. Pelviperitonitis

210. A 20 y.o. patient complains of amenorrhea. Objectively: hirsutism, obesity with fat tissue prevailing on the face, neck, upper part of body. On the face there are acne vulgaris, on the skin - striae cutis distense. Psychological and intellectual development is normal. Gynecological condition: external genitals are moderately hairy, acute vaginal and uterine hypoplasia. What diagnosis is the most probable?

- a. Turners syndrome
- b. Shichans syndrome
- c. Babinski-Froehlich syndrome
- d. Itsenko-Cushing syndrome**
- e. Stein-Leventals syndrome

211. A 27 y.o. woman suffers from pyelonephritis of the only kidney. She presents to the maternity welfare centre because of suppression of menses for 2,5 months. On examination pregnancy 11 weeks of gestation was revealed. In urine: albumine 3,3 g/L, leucocytes cover the field of vision. What is doctors tactics in this case?

- a. Pregnancy interruption at 24-25 weeks
- b. Maintenance of pregnancy till delivery term
- c. Pregnancy interruption after urine normalization
- d. Maintenance of pregnancy till 36 weeks
- e. Immediate pregnancy interruption**

212. A 24-year-old female patient complains of acute pain in the lower abdomen that turned up after a physical stress. She presents with nausea, vomiting, dry mouth and body temperature 36,6°C. She has a right ovarian cyst in history. Bimanual examination reveals that uterus is dense, painless, of normal size. The left fornix is deep, uterine appendages arent palpable, the right fornix is contracted. There is a painful formation on the right of uterus. Its round, elastic and mobile. It is 7x8 cm large. In blood: leukocytosis with the left shift. What is the most likely diagnosis?

- a. Acute metritis
- b. Extrauterine pregnancy
- c. Right-sided pyosalpinx
- d. Subserous fibromyoma of uterus
- e. Ovarian cyst with pedicle torsion**

213. A parturient woman is 23 years old. Vaginal obstetric examination reveals full cervical dilatation. There is no fetal bladder. Fetal head is in the plane of pelvic outlet. Sagittal suture is in mesatipelvic pelvis, anterior fontanel is closer to pubes. The fetal head diameter in such presentation will be:

- a. Suboccipitio-frontalis
- b. Mento-occipitalis
- c. Fronto-occipitalis recta
- d. Biparietal
- e. Suboccipito-bregmaticus**

214. A 42-year-old woman has had hyperpolymenorrhea and progressing algodismenorrhea for the last 10 years. Gynaecological examination revealed no changes of uterine cervix; discharges are moderate, of chocolate colour, uterus is slightly enlarged and painful, appendages are not palpable, the fornices are deep and painless. What is the most likely diagnosis?

- a. Endomyometritis
- b. Adnexal endmetriosis
- c. Uterine carcinoma

d. Subserous uterine fibromyoma

e. Uterine endometriosis

215. On the tenth day after discharge from the maternity house a 2-year-old patient consulted a doctor about body temperature rise up to 39°C, pain in the right breast. Objectively: the mammary gland is enlarged, there is a hyperemized area in the upper external quadrant, in the same place there is an ill-defined induration, lactostasis, fluctuation is absent. Lymph nodes of the right axillary region are enlarged and painful. What is the most likely diagnosis?

a. Lactational mastitis

b. Erysipelas

c. Tumour

d. Dermatitis

e. Abscess

216. A 28-years-old woman complains of nausea and vomiting about 10 times per day. She has been found to have body weight loss and xeroderma. The pulse is 100 bpm. Body temperature is 37,2°C. Diuresis is low. USI shows 5-6 weeks of pregnancy. What is the most likely diagnosis?

a. I degree preeclampsia

b. Mild vomiting of pregnancy

c. Moderate vomiting of pregnancy

d. Premature abortion

e. Food poisoning

217. After delivery and revision of placenta there was found the defect of placental lobule. General condition of woman is normal, uterus is firm, there is moderate bloody discharge. Speculum inspection of birth canal shows absence of lacerations and raptures. What action is necessary?

a. Manual exploration of the uterine cavity

b. Introduction of uterine contracting agents

c. Introduction of hemostatic medications

d. Urine drainage, cold on the lower abdomen

e. External massage of uterus

218. A 25 y.o. patient complains of body temperature rise up to 370C, pain at the bottom of her abdomen and vaginal discharges. Three days ago, when she was in her 11th week of pregnancy, she had an artificial abortion. Objectively: cervix of uterus is clean, uterus is a little bit enlarged in size, painful. Appendages cannot be determined. Fornixes are deep, painless. Vaginal discharges are sanguinopurulent. What is the most probable diagnosis?

a. Hematometra

b. Postabortion uterus perforation

c. Parametritis

d. Postabortion endometritis

e. Pelvic peritonitis

219. A 25 y.o. pregnant woman in her 34th week was taken to the maternity house in grave condition. She complains of headache, visual impairment, nausea. Objectively: solid edema, AP-170/130 mm Hg. Suddenly there appeared fibrillary tremor of face muscles, tonic and clonic convulsions, breathing came to a stop. After 1,5 minute the breathing recovered, there appeared some bloody spume from her mouth. In urine: protein - 3,5 g/L. What is the most probable diagnosis?

a. Epilepsy

b. Cerebral edema

c. Stomach ulcer

d. Eclampsia

e. Cerebral hemorrhage

220. A 51-year-old patient complains of having intensive bloody discharges from vagina for 15 days after delay of menstruation for 2,5 months. In anamnesis: disorders of menstrual function during a year, at the same time she felt extreme irritability and had sleep disorders. US examination results: uterus corresponds with age norms, appendages have no peculiarities, endometrium is 14 mm thick.

What is the doctors tactics?

- a. Hysterectomy
- b. Conservative treatment of bleeding
- c. Diagnostic curettage of uterine cavity**
- d. Supravaginal amputation of uterus without appendages
- e. TORCH-infection test

221. An 18 y.o. patient complains of painfulness and swelling of mammary glands, headaches, irritability, edemata of lower extremities. These symptoms have been present since the begin of menarche, appear 3-4 days before regular menstruation. Gynecological examination revealed no pathology. What is the most probable diagnosis?

- a. Neurasthenia
- b. Mastopathy
- c. Disease of cardiovascular system
- d. Premenstrual syndrome**
- e. Renal disease

222. A 22-year-old female patient complains of dull pain in her right iliac area that she has been experiencing for a week, morning sickness and gustatory change. She has a history of menstruation delay for 3 weeks. Objectively: AP- 80/50 mm Hg, pulse is 78 bpm, body temperature is 37°C. Bimanual examination reveals that uterus is enlarged, soft, mobile and painless. Uterine appendages are palpable on the right, there is a dense, elastic and moderately painful formation 3x4 cm large. What is the most likely diagnosis?

- a. Acute appendicitis
- b. Progressing fallopian pregnancy**
- c. Right ovarian cyst
- d. Interrupted fallopian pregnancy
- e. Uterogestation

223. A 22 y.o. patient complains of having boring pain in the right iliac region for one week, morning sickness, taste change. Delay of menstruation is 3 weeks. Objectively: AP- 110/70 mm Hg, Ps- 78/min, t°- 37,00C. Bimanual examination revealed that uterus is a little enlarged, soft, movable, painless. Appendages palpation: a painful formation 3x4 cm large on the right, it is dense and elastic, moderately movable. What is the most probable diagnosis?

- a. Interrupted tubal pregnancy
- b. Uterine pregnancy
- c. Acute appendicitis
- d. Progressing tubal pregnancy**
- e. Cyst of the right ovary

224. A 30 y.o. parturient woman was taken to the maternity house with complaints of having acute, regular labour pains that last 25-30 seconds every 1,5-2 minutes. Labour activity began 6 hours ago. Uterus is in higher tonus, head of the fetus is above the opening into the small pelvis. Fetal heartbeat is 136/min. P.V: cervical dilatation is 4 cm, uterine fauces is spasming at a height of parodynia. Head is level with opening into the small pelvis, it is being pushed off. What is the most probable diagnosis?

- a. Secondary powerless labour activity
- b. Primary powerless labour activity
- c. Normal labour activity
- d. Discoordinated labour activity**
- e. Pathological preliminary period

225. A primigravida woman appealed to the antenatal clinic on the 22.03.03 with complaints of boring pain in the lower part of abdomen. Anamnesis registered that her last menstruation was on the 4.01.03. Bimanual examination revealed that uterine servix is intact, external fauces is closed, uterus is enlarged up to the 9-th week of pregnancy, movable, painless. What complication can be suspected?

- a. Abortion that started in the 9-th week of pregnancy

b. Vesicular mole

c. -

d. Risk of abortion in the 9-th week of pregnancy

e. Hysteromyoma

226. A 25-year-old female patient complains about having amenorrhea for 3 years. She associates it with difficult labour complicated by massive hemorrhage. She also complains of loss of weight, hair fragility and loss, lack of appetite and depression. Objective examination reveals no pathological changes of uterus and its appendages. What is the disease pathogenesis?

a. Hypoproduction of gonadotropin

b. Hyperproduction of androgens

c. Hyperproduction of prolactin

d. Hypoproduction of progesterone

e. Hyperproduction of estrogens

227. A 30-year-old patient consulted a doctor about menstruation absence for 2 years after labour, loss of hair, body weight loss. The labour was complicated by a haemorrhage caused by uterus hypotonia. Objectively: the patient is asthenic, external genitals are hypoplastic, the uterus body is small and painless. The appendages are not palpable. What is the most likely diagnosis?

a. Galactorrhea-amenorrhea syndrome

b. Sheehans syndrome

c. Turners syndrome

d. Ovarian amenorrhea

e. Exhausted ovary syndrome

228. A 28-year-old patient has been admitted to the gynecological department three days after a casual coitus. She complains about pain in her lower abdomen and during urination, profuse purulent discharges from the vagina, body temperature rise up to 37,8°C. The patient was diagnosed with acute bilateral adnexitis. Supplemental examination revealed: the 4th degree of purity of the vaginal secretion, leukocytes within the whole visual field, diplococcal bacteria located both intra- and extracellularly. What is the etiology of acute adnexitis in this patient?

a. Chlamydial

b. Colibacterial

c. Gonorrhreal

d. Trichomonadal

e. Staphylococcal

229. A 25-year-old woman came to a maternity welfare clinic and complained about being unable to conceive within 3 years of regular sexual life. Examination revealed weight gain, male pattern of hair distribution on the pubis, excessive pilosity of thighs. Ovaries were dense and enlarged, basal temperature was monophasic. What is the most likely diagnosis?

a. Adrenogenital syndrome

b. Tubo-ovaritis

c. Sclerocystosis of ovaries

d. Premenstrual syndrome

e. Gonadal dysgenesis

230. A 28 year old patient complained about prolongation of intermenstrual periods up to 2 months, hirsutism. Gynaecological examination revealed that the ovaries were enlarged, painless, compact, uterus had no peculiarities. Pelvic ultrasound revealed that the ovaries were 4-5 cm in diameter and had multiple enlarged follicles on periphery. Roentgenography of skull base showed that sellar region was dilated. What is the most probable diagnosis?

a. Premenstrual syndrome

b. Morgagni-Stewart syndrome

c. Algodismenorhea

d. Sheehans syndrome

e. Stein-Leventhal syndrome

231. A 32-year-old gravida complains of episodes of unconsciousness, spontaneous syncopes that are quickly over after a change of body position. A syncope can be accompanied by quickly elapsing bradycardia. There are no other complications of gestation. What is the most likely reason for such condition?

- a. Pressure fall in the veins of extremities
- b. Pressure rise in the veins of extremities
- c. Postcava compression by the gravid uterus**
- d. Vegetative-vascular dystonia (cardiac type)
- e. Psychosomatic disorders

232. A 32-year-old gravida complains about episodes of unconsciousness, spontaneous syncopes that are quickly over after a change of body position. A syncope can be accompanied by quickly elapsing bradycardia. There are no other complications of gestation. What is the most likely reason for such condition?

- a. Vegetative-vascular dystonia (cardiac type)
- b. Psychosomatic disorders
- c. Pressure rise in the veins of extremities
- d. Pressure fall in the veins of extremities
- e. Postcava compression by the gravid uterus**

233. A woman consulted a therapist about fatigability, significant weight loss, weakness, loss of appetite. She has had amenorrhea for 8 months. A year ago she born a full-term child. Haemorrhage during labour made up 2 l. She got blood and blood substitute transfusions. What is the most probable diagnosis?

- a. Homologous blood syndrome
- b. Vegetovascular dystonia
- c. Stein-Leventhal syndrome
- d. Shereshevsky-Turners syndrome
- e. Sheehan's syndrome**

234. A 54-year-old female patient consulted a gynaecologist about bloody discharges from the vagina for 1 month. Last menstruation was 5 years ago. Gynaecological examination revealed no pathological changes. What is the tactics of choice?

- a. Colposcopy
- b. Cytosmear
- c. Symptomatic therapy
- d. Diagnostic fractional curettage of uterine cavity**
- e. USI

235. An ambulance delivered a 21-year-old woman to the gynaecological department with complaints of colicky abdominal pain and bloody discharges from the genital tracts. Bimanual examination revealed that uterus was soft, enlarged to the size of 6 weeks of gestation, a gestational sac was palpated in the cervical canal. Uterine appendages were not palpable. Fornices are free, deep and painless. Discharges from the genital tracts are bloody and profuse. What is the most likely diagnosis?

- a. Abortion in progress**
- b. Threat of abortion
- c. Interrupted fallopian pregnancy
- d. Incipient abortion
- e. Cervical pregnancy

236. A 33 y.o. woman survived two operations on account of extrauterine pregnancy, both uterine tubes were removed. She consulted a doctor with a question about possibility of having a child. What can be advised in this case?

- a. Artificial fertilization with donor semen
- b. Induction of ovulation
- c. Insemination with her husband's semen
- d. Substitutional maternity

e. Extracorporal fertilization

237. On the fifth day after a casual sexual contact a 25-year-old female patient consulted a doctor about purulent discharges from the genital tracts and itch. Vaginal examination showed that vaginal part of uterine cervix was hyperemic and edematous. There was an erosive area around the external orifice of uterus. There were mucopurulent profuse discharges from the cervical canal, uterine body and appendages exhibited no changes. Bacterioscopic examination revealed bean-shaped diplococci that became red after Grams staining. What is the most likely diagnosis?

a. Acute gonorrhoeal endocervicitis

- b. Candidal vulvovaginitis
- c. Bacterial vaginism
- d. Clamydial endocervicitis
- e. Trichomonal colpitis

238. A 49-year-old woman complains about headache, head and neck going hot, increased perspiration, palpitation, arterial pressure rise up to 170/100 mm Hg, irritability, insomnia, tearfulness, memory impairment, rare and scarce menses, body weight increase by 5 kg over the last half a year. What is the most likely diagnosis?

- a. Arterial hypertension
- b. Postcastration syndrome
- c. Premenstrual syndrome
- d. Vegetative-vascular dystonia
- e. Climacteric syndrome**

239. A 30-year-old female patient has been delivered to the gynaecological department with complaints of acute pain in the lower abdomen and body temperature 38,8°C. In history: sexual life out of wedlock and two artificial abortions. Gynaecological examination reveals no changes of uterine. The appendages are enlarged and painful on both sides. Vaginal discharges are purulent and profuse. What study is required to confirm a diagnosis?

- a. Bacteriological and bacterioscopic analysis**
- b. Curettage of uterine cavity
- c. Laparoscopy
- d. Colposcopy
- e. Hysteroscopy

240. A parturient woman is 27 years old, it was her second labour, delivery was at term, normal course. On the 3rd day of postpartum period body temperature is 36,8°C, Ps - 72/min, AP - 120/80 mm Hg. Mammary glands are moderately swollen, nipples are clean. Abdomen is soft and painless. Fundus of uterus is 3 fingers below the umbilicus. Lochia are bloody, moderate. What is the most probable diagnosis?

- a. Physiological course of postpartum period**
- b. Postpartum metroendometritis
- c. Lactostasis
- d. Remnants of placental tissue after labour
- e. Subinvolution of uterus

241. A parturient woman is 25 years old, it is her second day of postpartum period. It was her first full-term uncomplicated labour. The lochia should be:

- a. Bloody**
- b. Mucous
- c. Serous
- d. Purulent
- e. Sanguino-serous

242. A 32-year-old patient consulted a doctor about being unable to get pregnant for 5-6 years. 5 ago the primipregnancy ended in artificial abortion. After the vaginal examination and USI the patient was diagnosed with endometrioid cyst of the right ovary. What is the optimal treatment method?

- a. Anti-inflammatory therapy

- b. Hormonal therapy with androgenic hormones
- c. Sanatorium-and-spa treatment

d. Surgical laparoscopy

- e. Conservative therapy with estrogen-gestagenic drugs

243. Examination of placenta revealed a defect. An obstetrician performed manual investigation of uterine cavity, uterine massage. Prophylaxis of endometritis in the postpartum period should involve following actions:

- a. Instrumental revision of uterine cavity
- b. Contracting agents
- c. Intrauterine instillation of dioxine

d. Antibacterial therapy

- e. Haemostatic therapy

244. A 30 year old patient complains about inability to become pregnant over 3 years of married life. The patient is of supernutrition type, she has hair along the median abdominal line, on the internal thigh surface and in the peripapillary area. Menses started at the age of 16, they are infrequent and non-profuse. US revealed that the uterus was of normal size, ovaries were 4x5x5 cm large and had a lot of cystic inclusions. What is the most probable diagnosis?

- a. Polycystic ovaries**
- b. Chronic oophoritis
- c. Bilateral ovarian tumours
- d. Menstrual irregularity
- e. Ovarian cystoma

245. A pregnant woman was delivered to the gynecological unit with complaints of pain in the lower abdomen and insignificant bloody discharges from the genital tracts for 3 hours. Last menstruation was 3 months ago. Vaginal examination showed that body of womb was in the 10th week of gestation, a fingertip could be inserted into the external orifice of uterus, bloody discharges were insignificant. USI showed small vesicles in the uterine cavity. What is the most likely diagnosis?

- a. Incipient abortion
- b. Abortion in progress

c. Grape mole

- d. Threat of spontaneous abortion
- e. Incomplete abortion

246. A 49-year-old patient undergoes regular medical check-up for uterine fibromyoma. Within the last year the uterus has enlarged up to 20 weeks of gestation. What is the rational way of treatment?

- a. Embolization of uterine arteries
- b. Treatment with prostaglandin inhibitors
- c. Hormonal therapy
- d. Further surveillance

e. Surgical treatment

247. A primigravida is 22 years old. She has Rh(-), her husband has Rh(+). Antibodies to Rh werent found at 32 weeks of pregnancy. Redetermination of antibodies to Rh didnt reveal them at 35 weeks of pregnancy as well. How often should the antibodies be determined hereafter?

- a. There is no need in further checks

b. Once a week

- c. Once in three weeks
- d. Once in two weeks
- e. Monthly

248. A maternity house has admitted a primagravida complaining of irregular, intense labour pains that have been lasting for 36 hours. The woman is tired, failed to fall asleep at night. The fetus is in longitudinal lie, with cephalic presentation. The fetus heartbeat is clear and rhythmic, 145/min. Vaginal examination revealed that the uterine cervix was up to 3 cm long, dense, with retroflexion; the external orifice was closed; the discharges were of mucous nature. What is the most likely

diagnosis?

a. Pathological preliminary period

b. Primary uterine inertia

c. Secondary uterine inertia

d. Physiological preliminary period

e. Uterine cervix dystocia

249. A 14-year-old girl complains of pain in vaginal area and lower abdomen that last for 3-4 days and have been observed for 3 months about the same time. Each time pain is getting worse. Objectively: mammary glands are developed, hairiness corresponds to the age. The virginal membrane is intact, cyanotic and protruded. She has never had menstruation. She has been diagnosed with primary amenorrhea. What is the reason of amenorrhea?

a. Babinski-Frohlich syndrome

b. Turners syndrome

c. Hymen atresia

d. Pregnancy

e. Sexual development delay

250. A 52-year-old woman suffering from obesity, complains of bloody discharges from sexual paths during 4 days. Last normal menses were 2 years ago. Histological investigation of biopsy of the endometrium has revealed adenomatous hyperplasia. What reason from the mentioned below caused the development of disease?

a. Supersecretion of androgens by the cortex of paranephroses.

b. Excessive transformation of preandrogens from adipose tissues

c. Poor aromatization of preandrogens due to hypothyroidism

d. Hypersecretion of estrogens by tissues of the organism

e. The increased contents of follicle-stimulating hormone

251. A 40-year-old woman complains of colic pains in the lower part of abdomen and abundant bloody discharges from genital tract. Last 2 years she had menses for 15-16 days, abundant, with clots, painful. Had 2 medical abortions. In bimanual investigation: from the canal of the cervix uteri - a fibromatous node, 3 cm in diameter, on the thin stem. Discharges are bloody, moderate. Choose the correct tactics

a. Hormonal hemostasis

b. Supravaginal ablation of the uterus without ovaries

c. Hysterectomy without ovaries

d. Operation: untwisting of born node

e. Phase by phase vitamin therapy

252. A woman complains of having slight dark bloody discharges and mild pains in the lower part of abdomen for several days. Last menses were 7 weeks ago. The pregnancy test is positive. Bimanual investigation: the body of the uterus indicates for about 5-6 weeks of pregnancy, it is soft, painless. In the left appendage there is a retort-like formation, 7x5 cm large, mobile, painless. What examination is necessary for detection of fetus localization?

a. Colposcopy

b. Cystoscopy

c. Hysteroscopy

d. Hromohydrotubation

e. Ultrasound

253. A woman was hospitalised with full-term pregnancy. Examination: the uterus is tender, the abdomen is tense, cardiac tones of the fetus are not auscultated. What is the most probable complication of pregnancy?

a. Back occipital presentation

b. Premature labor

c. Premature detachment of normally posed placenta

d. Acute hypoxia of a fetus

e. Hydramnion

254. A woman is admitted to maternity home with discontinued labor activity and slight bloody discharges from vagina. The condition is severe, the skin is pale, consciousness is confused. BP is 80/40 mm Hg. Heartbeat of the fetus is not heard. There was a Cesarian section a year ago. Could you please determine the diagnosis?

a. Premature expulsion of amniotic fluid

b. Hysterorrhesis

c. Placental presentation

d. Cord presentation

e. Expulsion of the mucous plug from cervix uteri

255. Rise in temperature up to 39°C was registered the next day after a woman had labor. Fetal membranes rupture took place 36 hours prior to labors. The examination of the bacterial flora of cervix uteri revealed the following: haemolytic streptococcus of group A. The uterus tissue is soft, tender. Discharges are bloody, with mixing of pus. Establish the most probable postnatal complication

a. Metroendometritis

b. Infected hematoma

c. Apostasis of stitches after the episiotomy

d. Infective contamination of the urinary system

e. Thrombophlebitis of veins of the pelvis

256. On the first day after labour a woman had the rise of temperature up to 39°C. Rupture of fetal membranes took place 36 hours before labour. Examination of the bacterial flora of cervix of the uterus revealed hemocatheretic streptococcus of A group. The uterus body is soft, tender. Discharges are bloody, with admixtures of pus. Specify the most probable postnatal complication:

a. Metroendometritis

b. Infectious hematoma

c. Apostasis of sutures after the episiotomy

d. Infective contamination of the urinary system

e. Thrombophlebitis of veins of the pelvis

257. A woman of a high-risk group (chronic pyelonephritis in anamnesis) had vaginal delivery. The day after labour she complained of fever and loin pains, frequent urodynia. Specify the most probable complication:

a. Infective contamination of the urinary system

b. Infectious hematoma

c. Apostasis of sutures after episiotomy

d. Endometritis

e. Thrombophlebitis of veins of the pelvis

258. 13 months after the first labor a 24-year-old patient complained of amenorrhea. Pregnancy ended in Cesarian section because of premature detachment of normally positioned placenta which resulted in blood loss at the rate of 2000 ml owing to disturbance of blood clotting. Choose the most suitable investigation:

a. Estimation of gonadotropin rate

b. Progesteron assay

c. Estimation of testosteron rate in blood serum

d. Computer tomography of head

e. USI of small pelvis organs

259. In 13 months after the first labor a 24-year-old woman complains of amenorrhea. Cesarian section was conducted as a result of premature detachment of normally posed placenta. Hemorrhage has made low fidelity of 2000 ml due to breakdown of coagulation of blood. Choose the most suitable investigation

a. Progesteron test

b. Ultrasound of organs of a small pelvis

c. Determination of the level of gonadotropin

- d. Computer tomography of the head
- e. Determination of the contents of testosterone-depotum in blood serum.

260. A 20-year-old woman is having timed labor continued for 4 hours. Light amniotic fluid came off. The fetus head is pressed to the orifice in the small pelvis. The anticipated fetus mass is 4000,0 gpm 200,0 g. Heartbeat of the fetus is normal. Intrinsic examination: cervix is absent, disclosure - 2 cm, the fetal membranes are not present. The head is in 1-st plane of the pelvis, a sagittal suture is in the left slanting dimension. What is the purpose of glucose-calcium-hormone - vitaminized background conduction?

- a. Labor stimulation
- b. Antenatal preparation
- c. Treatment of weakness of labor activity.
- d. Prophylaxes of weakness of labor activity**
- e. Fetus hypoxia prophylaxes

261. A woman in her 39th week of pregnancy, the second labour, has regular birth activity. Uterine contractions take place every 3 minutes. What criteria describe the beginning of the II labor stage the most precisely?

- a. Presenting part is in the lower region of small pelvis
- b. Rupture of fetal bladder
- c. Cervical smoothing over 90%
- d. Duration of uterine contractions over 30 seconds
- e. Cervical dilatation by no less than 4 cm**

262. A 34 y.o. woman in her 29-th week of pregnancy, that is her 4-th labor to come, was admitted to the obstetric department with complaints of sudden and painful bloody discharges from vagina that appeared 2 hours ago. The discharges are profuse and contain grumes. Cardiac funnction of the fetus is rhytmic, 150 strokes in the minute, uterus tone is normal. The most probable provisional diagnosis will be:

- a. Bloody discharges
- b. Disseminated intravascular coagulation syndrome
- c. Detachment of normally located placenta
- d. Vasa previa
- e. Placental presentation**

263. A 34-year-old woman with 10-week pregnancy (the second pregnancy) has consulted gynaecologist to make a record in patient chart. There was a hydramnion previous pregnancy, the birth weight of a child was 4086 g. What tests are necessary first of all?

- a. The test for tolerance to glucose**
- b. Bacteriological test of discharge from the vagina
- c. Ultrasound of the fetus
- d. Fetus cardiophonography
- e. Determination of the contents of alpha fetoprotein

264. A 26 y.o. woman complains of sudden pains in the bottom of abdomen irradiating to the anus, nausea, giddiness, bloody dark discharges from sexual tracts for one week, the delay of menses for 4 weeks. Signs of the peritoneum irritation are positive. Bimanual examination: borders of the uterus body and its appendages are not determined because of sharp painfullness. The diverticulum and painfullness of the back and dextral fornixes of the vagina are evident. What is the most probable diagnosis?

- a. Acute right-side adnexitis
- b. Apoplexy of the ovary
- c. Broken tubal pregnancy**
- d. Torsion of the crus of the ovary tumour
- e. Acute appendicitis

265. At the gynaecological department there is a patient of 32 years with the diagnosis: "acute bartholinitis". Body temperature is 38,20C, leucocytes count 10,4109/L, the ESR is 24 mm/hour. In the

area of big gland of the vestibulum - the dermahemia, the sign of the fluctuation, sharp tenderness (pain). What is the most correct tactics of the doctor?

- a. Antibiotic therapy
- b. Antibiotics, detoxication and biostimulants.
- c. Antibiotics, Sulfanilamidums
- d. Surgical dissection, drainage of the abscess of the gland
- e. Surgical dissecting, a drainage of an abscess of the gland, antibiotics**

266. A primagravida with pregnancy of 37-38 weeks complains of headache, nausea, pain in epigastrium. Objective: the skin is acyanotic. Face is hydropic, there is short fibrillar twitching of blepharons, muscles of the face and the inferior extremities. The look is fixed. AP- 200/110 mm Hg; sphygmus of 92 bpm, intense. Respiration rate is 32/min. Heart activity is rhythmical. Appreciable edemata of the inferior extremities are present. Urine is cloudy. What medication should be administered?

- a. Droperidol of 0,25% - 2,0 ml**
- b. Papaverine hydrochloride of 2% - 4,0 ml
- c. Pentaminum of 5% - 4,0 ml
- d. Hexenalum of 1% - 2,0 ml
- e. Dibazolum of 1% - 6,0 ml

267. An onset of severe preeclampsia at 16 weeks gestation might be caused by:

- a. Hydatidiform mole**
- b. Twin gestation
- c. Interventricular defect of the fetus
- d. Maternal renal disease
- e. Anencephaly

268. A woman had the rise of temperature up to 39°C on the first day after labour. The rupture of fetal membranes took place 36 hours before labour. The investigation of the bacterial flora of cervix of the uterus revealed hemocatheretic streptococcus of group A. The uterus body is soft, tender. Discharges are bloody, mixed with pus. Specify the most probable postnatal complication:

a. Apostasis of junctures after the episiotomy

- b. Metroendometritis**

- c. Infected hematoma
- d. Thrombophlebitis of pelvic veins
- e. Infection of the urinary system

269. A 24 y.o. patient 13 months after the first labour consulted a doctor about amenorrhea.

Pregnancy has concluded by a Cesarean section concerning to a premature detachment of normally posed placenta hemorrhage has made low fidelity 2000 ml owing to breakdown of coagulability of blood. Choose the most suitable investigation:

- a. USI of organs of a small pelvis
- b. Computer tomography of the head
- c. Determination of the contents of Testosteron-Depotum in Serum of blood
- d. Determination of the level of Gonadotropins**
- e. Progesteron assay

270. A 34 year old woman in the 10th week of gestation (the second pregnancy) consulted a doctor of antenatal clinic in order to be registered there. In the previous pregnancy hydramnion was observed, the childs birth weight was 4086 g. What examination method should be applied in the first place?

- a. Bacteriological examination of discharges from vagina
- b. Determination of the contents of fetoprotein
- c. The test for tolerance to glucose**
- d. A cardiophonography of fetus
- e. US of fetus

271. A 10 y.o. boy was ill with angina 2 weeks ago, has complaints of joint pain and stiffness of his left knee and right elbow. There was fever (38,50) and ankle dysfunction, enlargement of cardiac dullness

by 2 cm, tachycardia, weakness of the 1st sound, gallop rhythm, weak systolic murmur near apex.

What diagnosis corresponds with such symptoms?

- a. Juvenile rheumatoid arthritis
- b. Systemic lupus erythematosus
- c. Acute rheumatic fever
- d. Reiters disease
- e. Reactive arthritis

272. The disease began acutely. The frequent watery stool developed 6 hours ago. The body's temperature is normal. Then the vomiting was joined. On examination: his voice is hoarse, eyes are deeply sunken in the orbits. The pulse is frequent. Blood pressure is low. There is no urine. What is the preliminary diagnosis?

- a. Cholera
- b. Salmonellosis
- c. Typhoid fever
- d. Dysentery
- e. Toxic food-borne infection

273. At term of a gestation of 40 weeks height of standing of a uterine fundus is less than assumed for the given term. The woman has given birth to the child in weight of 2500 g, a length of a body 53 cm, with an assessment on a scale of Apgar of 4-6 points. Labor were fast. The cause of such state of the child were:

- a. Placental detachment
- b. Delay of an intra-uterine fetation
- c. Chronic fetoplacental insufficiency
- d. Infection of a fetus
- e. Prematurity

274. A pregnant woman may be diagnosed with hepatitis if it is confirmed by the presence of elevated:

- a. Alkaline phosphatase
- b. BUN
- c. Sedimentation rates
- d. WBCs
- e. SGOT (ALT)

275. A woman, aged 40, primigravida, with infertility in the medical history, on the 42-43 week of pregnancy. Labour activity is weak. Longitudinal presentation of the fetus, I position, anterior position. The head of the fetus is engaged to pelvic inlet. Fetus heart rate is 140 bpm, rhythmic, muffled. Cervix dilation is 4 cm. On amnioscopy: greenish colour of amniotic fluid and fetal membranes. Cranial bones are dense, cranial sutures and small fontanel are diminished. What should be tactics of delivery?

- a. Caesarean section
- b. Fetal hypoxia treatment, in the II period - forceps delivery
- c. Medication sleep, amniotomy, labour stimulation
- d. Fetal hypoxia treatment, conservative delivery
- e. Amniotomy, labour stimulation, fetal hypoxia treatment

276. A woman, primagravida, consults a gynecologist on 05.03.2012. A week ago she felt the fetus movements for the first time. Last menstruation was on 10.01.2012. When should she be given maternity leave?

- a. 25 July
- b. 11 July
- c. 5 September
- d. 8 August
- e. 22 August

277. Condition of a parturient woman has been good for 2 hours after live birth: uterus is thick,

globe-shaped, its bottom is at the level of umbilicus, bleeding is absent. The clamp put on the umbilical cord remains at the same level, when the woman takes a deep breath or she is being pressed over the symphysis with the verge of hand, the umbilical cord drows into the vagina. Bloody discharges from the sexual tracts are absent. What is the doctors further tactics?

- a. To do curettage of uterine cavity
- b. To introduce oxytocine intravenously
- c. To apply Abduladze method
- d. To apply Credes method

e. To do manual removal of afterbirth

278. A 26 y.o. woman complains of a mild bloody discharge from the vagina and pain in the lower abdomen. She has had the last menstruation 3,5 months ago. The pulse is 80 bpm. The blood pressure (BP) is 110/60 mm Hg and body temperature is 36,60C. The abdomen is tender in the lower parts. The uterus is enlarged up to 12 weeks of gestation. What is your diagnosis?

- a. Inevitable abortion**
- b. Incomplete abortion
- c. Disfunctional bleeding
- d. Complete abortion
- e. Incipient abortion

279. 18 y.o. woman complains of pain in the lower abdomen. Some minutes before she has suddenly appeared unconscious at home. The patient had no menses within last 3 months. On examination: pale skin, the pulse- 110 bpm, BP- 80/60 mm Hg. The Schyotkins sign is positive. Hb- 76 g/L. The vaginal examination: the uterus is a little bit enlarged, its displacement is painful. There is also any lateral swelling of indistinct size. The posterior fornix of the vagina is tendern and overhangs inside. What is the most probable diagnosis?

- a. Acute appendicitis
- b. Impaired extrauterine pregnancy**
- c. Twist of cystoma of right uterine adnexa
- d. Ovarian apoplexy
- e. Acute salpingoophoritis

280. A 20 y.o. pregnant woman with 36 weeks of gestation was admitted to the obstetrical hospital with complains of pain in the lower abdomen and bloody vaginal discharge. The general condition of the patient is good. Her blood pressure is 120/80 mm Hg. The heart rate of the fetus is 140 bpm, rhythmic. Vaginal examination: the cervix of the uterus is formed and closed. The discharge from vagina is bloody up to 200 ml per day. The head of the fetus is located high above the minor pelvis entry. A soft formation was defined through the anterior fornix of the vagina. What is the probable diagnosis?

- a. Incipient abortion
- b. Placental presentation**
- c. Uterine rupture
- d. Premature placental separation
- e. Threatened premature labor

281. In the gynecologic office a 28 y.o. woman complains of sterility within three years. The menstrual function is not impaired. There were one artificial abortion and chronic salpingo-oophoritis in her case history. Oral contraceptives were not used. Her husbands analysis of semen is without pathology. What diagnostic method will you start from the workup in this case of sterility?

- a. Hysterosalpingography**
- b. Ultra sound investigation
- c. Hysteroscopy
- d. Diagnostic scraping out of the uterine cavity
- e. Hormone investigation

282. A 28-year-old patient underwent endometrectomy as a result of incomplete abortion. Blood loss was at the rate of 900 ml. It was necessary to start hemotransfusion. After transfusion of 60 ml of

erythrocytic mass the patient presented with lumbar pain and fever which resulted in hemotransfusion stoppage. 20 minutes later the patients condition got worse: she developed adynamia, apparent skin pallor, acrocyanosis, profuse perspiration. to- 38,5°C, Ps- 110/min, AP- 70/40 mm Hg. What is the most likely diagnosis?

- a. Anaphylactic shock
- b. DIC syndrome
- c. Hemorrhagic shock
- d. Septic shock
- e. Hemotransfusion shock**

283. A 58-year-old female patient came to the antenatal clinic complaining of bloody light-red discharges from the genital tracts. Menopause is 12 years. Gynaecological examination revealed age involution of externalia and vagina; uterine cervix was unchanged, there were scant bloody discharges from uterine cervix, uterus was of normal size; uterine appendages were not palpable; parametria were free. What is the most likely diagnosis?

- a. Granulosa cell tumor of ovary
- b. Uterine carcinoma**
- c. Abnormalities of menstrual cycle of climacteric nature
- d. Atrophic colpitis
- e. Cervical carcinoma

284. The results of a separate diagnostic curettage of the mucous of the uterus cervix and body made up in connection with bleeding in a postmenopausal period: the scrape of the mucous of the cervical canal revealed no pathology, in endometrium - the highly differentiated adenocarcinoma was found. Metastases are not found. What method of treatment is the most correct?

- a. Surgical treatment + chemotherapy
- b. Radial therapy
- c. -
- d. Surgical treatment and hormonotherapy**
- e. Surgical treatment and radial therapy

285. A 27 y.o. woman complains of having the disorders of menstrual function for 3 months, irregular pains in abdomen. On bimanual examination: in the dextral appendage range of uterus there is an elastic spherical formation, painless, 7 cm in diameter. USI: in the right ovary - a fluid formation, 4 cm in diameter, unicameral, smooth. What method of treatment is the most preferable?

- a. Prescription of an estrogen-gestogen complex for 3 months with repeated examination**
- b. Dispensary observation of the patient
- c. Chemotherapeutic treatment
- d. Anti-inflammatory therapy
- e. Operative treatment

286. A 40 year old patient complains of yellowish discharges from the vagina. Bimanual examination revealed no pathological changes. The smear contains Trichomonas vaginalis and blended flora. Colposcopy revealed two hazy fields on the frontal labium, with a negative Iodine test. Your tactics:

- a. Diathermocoagulation of the cervix of the uterus
- b. Cervix ectomy
- c. Cryolysis of cervix of the uterus
- d. Treatment of specific colpitis and subsequent biopsy**
- e. Specific treatment of Trichomonas colpitis

287. A 28-year-old parturient complains about headache, vision impairment, psychic inhibition. Objectively: AP- 200/110 mm Hg, evident edemata of legs and anterior abdominal wall. Fetus head is in the area of small pelvis. Fetal heartbeats is clear, rhythmic, 190/min. Internal examination revealed complete cervical dilatation, fetus head was in the area of small pelvis. What tactics of labor management should be chosen?

- a. Stimulation of labor activity
- b. Forceps operation**

- c. Embryotomy
- d. Cesarean
- e. Conservative labor management with episiotomy

288. A 48 year old female patient complains about contact haemorrhage. Speculum examination revealed hypertrophy of uterus cervix. It resembles of cauliflower, it is dense and can be easily injured. Bimanual examination revealed that fornices were shortened, uterine body was nonmobile. What is the most probable diagnosis?

- a. Cervical carcinoma
- b. Endometriosis
- c. Cervical papillomatosis
- d. Cervical pregnancy
- e. Metrofibroma

289. A 37 y.o. primigravida woman has been having labor activity for 10 hours. Labor pains last for 20-25 seconds every 6-7 minutes. The fetus lies in longitude, presentation is cephalic, head is pressed upon the entrance to the small pelvis. Vaginal examination results: cervix of uterus is up to 1 cm long, lets 2 transverse fingers in. Fetal bladder is absent. What is the most probable diagnosis?

- a. Discoordinated labor activity
- b. Pathological preliminary period
- c. Secondary uterine inertia
- d. Normal labor activity
- e. Primary uterine inertia

290. Laparotomy was performed to a 54 y.o. woman on account of big formation in pelvis that turned out to be one-sided ovarian tumor along with considerable omental metastases. The most appropriate intraoperative tactics involves:

- a. Ablation of omentum and both ovaries with tubes
- b. Ablation of omentum, uterus and both ovaries with tubes
- c. Biopsy of an ovary
- d. Biopsy of omentum
- e. Ablation of an ovary and omental metastases

291. A parturient complains about pain in the mammary gland. Palpation revealed a 3x4 cm large infiltration, soft in the centre. Body temperature is 38,5°C. What is the most probable diagnosis?

- a. Pleuritis
- b. Pneumonia
- c. Acute purulent mastitis
- d. Retention of milk
- e. Birth trauma

292. A 43 y.o. patient complains of formation and pain in the right mammary gland, rise of temperature up to 37,20C during the last 3 months. Condition worsens before the menstruation. On examination: edema of the right breast, hyperemia, retracted nipple. Unclear painful infiltration is palpated in the lower quadrants. What is the most probable diagnosis?

- a. Cancer of the right mammary gland
- b. Right-side chronic mastitis
- c. Tuberculosis of the right mammary gland
- d. Premenstrual syndrome
- e. Right-side acute mastitis

293. A 33-year-old woman was urgently brought to clinic with complaints of the pain in the lower part of the abdomen, mostly on the right, irradiating to rectum, she also felt dizzy. The above mentioned complaints developed acutely at night. Last menses were 2 weeks ago. On physical exam: the skin is pale, Ps - 92 bpm, t- 36,6OC, BP- 100/60 mm Hg. The abdomen is tense, slightly tender in lower parts, peritoneal symptoms are slightly positive. Hb- 98 g/L. What is the most probable diagnosis?

- a. Abdominal pregnancy
- b. Renal colic

- c. Acute appendicitis
- d. Intestinal obstruction
- e. Apoplexy of the ovary**

294. A 54-year-old female patient consulted a doctor about bloody discharges from the genital tracts after 2 years of amenorrhea. USI and bimanual examination revealed no genital pathology. What is the tactics of choice?

- a. Hysterectomy
- b. Fractional biopsy of lining of uterus and uterine mucous membranes**
- c. Contracting drugs
- d. Styptic drugs
- e. Estrogenic haemostasia

295. Examination of a just born placenta reveals defect 2x3 cm large. Hemorrhage is absent. What tactic is the most reasonable?

- a. Manual uterus cavity revision**
- b. External uterus massage
- c. Instrumental uterus cavity revision
- d. Parturient supervision
- e. Prescription of uterotonic medicines

296. A 27-year-old woman presents at the maternity welfare centre because of infertility. She has had sexual life in marriage for 4 years, doesn't use contraceptives. She hasn't got pregnant. On examination: genital development is without pathology, uterine tubes are passable, basal (rectal) temperature is one-phase during last 3 menstrual cycles. What is the infertility cause?

- a. Anovular menstrual cycle**
- b. Abnormalities in genital development
- c. Genital endometriosis
- d. Immunologic infertility
- e. Chronic adnexitis

297. A 43 y.o. woman complains of contact hemorrhages during the last 6 months. Bimanual examination: cervix of the uterus is enlarged, its mobility is reduced. Mirrors showed the following: cervix of the uterus is in the form of cauliflower. Chrobak and Schiller tests are positive. What is the most probable diagnosis?

- a. Cancer of cervix of the uterus**
- b. Cervical pregnancy
- c. Leukoplakia
- d. Nascent fibroid
- e. Polypus of the cervix of the uterus

298. A 26-year-old woman gave birth to a child 6 months ago. She applied to gynecologist complaining of menstruation absence. The child is breast-fed. Vagina exam: uterus is of normal form, dense consistence. What is the most probable diagnosis?

- a. Ashermans syndrome
- b. Sheehans syndrome
- c. Pseudoamenorrhea
- d. Gestation
- e. Physiological amenorrhea**

299. A primagravida in her 20th week of gestation complains about pain in her lower abdomen, blood smears from the genital tracts. The uterus has an increased tonus, the patient feels the fetus movements. Bimanual examination revealed that the uterus size corresponded the term of gestation, the uterine cervix was contracted down to 0,5 cm, the external orifice was open by 2 cm. The discharges were bloody and smelly. What is the most likely diagnosis?

- a. Incipient abortion**
- b. Abortion in progress
- c. Missed miscarriage

- d. Incomplete abortion
- e. Risk of abortion

300. Full-term pregnancy. Body weight of the pregnant woman is 62 kg. The fetus has the longitudinal position, the fetal head is pressed against the pelvic inlet. Abdominal circumference is 100 cm. Fundal height is 35 cm. What is the approximate weight of the fetus?

- a. 2 kg 500 g
- b. 4 kg
- c. 3 kg 500 g
- d. 3 kg
- e. 4 kg 500 g

301. A 59 year old female patient applied to a maternity welfare clinic and complained about bloody discharges from the genital tracts. Postmenopause is 12 years. Vaginal examination revealed that external genital organs had signs of age involution, uterus cervix was not erosive, small amount of bloody discharges came from the cervical canal. Uterus was of normal size, uterine appendages were unpalpable. Fornices were deep and painless. What method should be applied for the diagnosis specification?

- a. Separated diagnostic curettage

- b. Puncture of abdominal cavity through posterior vaginal fornix
- c. Culdoscopy
- d. Extensive colposcopy
- e. Laparoscopy

302. A 25-year-old woman complains of profuse foamy vaginal discharges, foul, burning and itching in genitalia region. She has been ill for a week. Extramarital sexual life. On examination: hyperemia of vaginal mucous, bleeding on touching, foamy leucorrhea in the urethral area. What is the most probable diagnosis?

- a. Gonorrhea
- b. Vagina candidomycosis
- c. Bacterial vaginosis
- d. Trichomonas colpitis
- e. Chlamydiosis

303. A newborn's head is of dolichocephalic shape, that is front-to-back elongated. Examination of the occipital region revealed a labour tumour located in the middle between the prefrontanel and posterior fontanel. Specify the type of fetal presentation:

- a. Posterior vertex presentation
- b. Presentation of the bregma
 - c. Face presentation
 - d. Brow presentation
 - e. Anterior vertex presentation

304. A young woman applied to gynecologist due to her pregnancy of 4-5 weeks. The pregnancy is desirable. Anamnesis stated that she had rheumatism in the childhood. Now she has combined mitral heart disease with the priority of mitral valve deficiency. When will she need the inpatient treatment (what periods of pregnancy)?

- a. 16 weeks, 34 weeks, 39-40 weeks
 - b. 6-7 weeks, 16 weeks, 38 weeks
 - c. 8-12 weeks, 28-32 weeks, 37 weeks
- d. 10-12 weeks, 24 weeks, 37-38 weeks
 - e. 12-16 weeks, 27-28 weeks, 37-38 weeks

305. A 13 year old girl consulted the school doctor on account of moderate bloody discharge from the genital tracts, which appeared 2 days ago. Secondary sexual characters are developed. What is the most probable cause of bloody discharge?

- a. Menarche
- b. Haemophilia

- c. Werlhofs disease
- d. Endometrium cancer
- e. Juvenile hemorrhage

306. In 10 min after childbirth by a 22-year-old woman, the placenta was spontaneously delivered and 100 ml of blood came out. Woman weight - 80 kg, infant weight - 4100 g, length - 53 cm. The uterus contracted. In 10 minutes the hemorrhage renewed and the amount of blood constituted 300 ml. What amount of blood loss is permissible for this woman?

- a. 400 ml
- b. 500 ml
- c. 300 ml
- d. 650 ml
- e. 1000 ml

307. A pregnant woman was registered in a maternity welfare clinic in her 11th week of pregnancy. She was being under observation during the whole term, the pregnancy course was normal. What document must the doctor give the pregnant woman to authorize her hospitalization in maternity hospital?

- a. Exchange card
- b. Individual prenatal record
- c. Sanitary certificate
- d. Medical certificate
- e. Appointment card for hospitalization

308. Immediately after delivery a woman had haemorrhage, blood loss exceeded postpartum haemorrhage rate and was progressing. There were no symptoms of placenta detachment. What tactics should be chosen?

- a. Removal of afterbirth by Credes method
- b. Intravenous injection of methylergometrine with glucose
- c. Uterus tamponade
- d. Instrumental revision of uterine cavity walls
- e. Manual removal of placenta and afterbirth

309. A 30 y.o. primigravida woman has got intensive labor pain every 1-2 minutes that lasts 50 seconds. The disengagement has started. The perineum with the height of 4 cm has grown pale. What actions are necessary in this situation?

- a. Perineotomy
- b. Perineum protection
- c. Episiotomy
- d. Vacuum extraction of fetus
- e. Expectant management

310. A primapara with pelvis size 25-28-31-20 cm has active labor activity. Waters poured out, clear. Fetus weight is 4500 g, the head is engaged to the small pelvis inlet. Vastens sign as positive. Cervix of uterus is fully dilated. Amniotic sac is absent. The fetus heartbeat is clear, rhythmic, 136 bpm.

What is the labor tactics?

- a. Obstetrical forceps
- b. Vacuum extraction of the fetus
- c. Caesarean section
- d. Conservative tactics of labor
- e. Stimulation of the labor activity

311. Internal obstetric examination of a parturient woman revealed that the sacrum hollow was totally occupied with fetus head, ischiadic spines couldnt be detected. Sagittal suture is in the straight diameter, occipital fontanel is directed towards symphysis. In what plane of small pelvis is the presenting part of the fetus?

- a. Narrow pelvic plane
- b. Wide pelvic plane

c. Plane of pelvic outlet

d. Plane of pelvic inlet

e. Over the pelvic inlet

312. A 30 y.o. woman has the 2-nd labour that has been lasting for 14 hours. Heartbeat of fetus is muffled, arrhythmic, 100/min. Vaginal examination: cervix of uterus is completely opened, fetus head is level with outlet from small pelvis. Sagittal suture is in the straight diameter, small crown is near symphysis. What is the further tactics of handling the delivery?

a. Use of cavity forceps

b. Use of obstetrical forceps

c. Cesarean section

d. Stimulation of labour activity by oxytocin

e. Cranio-cutaneous (Ivanovs) forceps

313. A 28 year old woman has bursting pain in the lower abdomen during menstruation; chocolate-like discharges from vagina. It is known from the anamnesis that the patient suffers from chronic adnexitis. Bimanual examination revealed a tumour-like formation of heterogenous consistency 7x7 cm large to the left from the uterus. The formation is restrictedly movable, painful when moved. What is the most probable diagnosis?

a. Fibromatous node

b. Follicular cyst of the left ovary

c. Endometrioid cyst of the left ovary

d. Exacerbation of chronic adnexitis

e. Tumour of sigmoid colon

314. Vaginal inspection of a parturient woman revealed: cervix dilation is up to 2 cm, fetal bladder is intact. Sacral cavity is free, sacral promontory is reachable only with a bent finger, the inner surface of the sacrococcygeal joint is accessible for examination. The fetus has cephalic presentation. Sagittal suture occupies the transverse diameter of pelvic inlet, the small fontanel to the left, on the side.

What labor stage is this?

a. Prodromal stage

b. Preliminary stage

c. Cervix dilatation stage

d. Stage of fetus expulsion

e. Placental stage

315. A 40-year-old female patient has been observing profuse menses accompanied by spasmodic pain in the lower abdomen for a year. Bimanual examination performed during menstruation revealed a dense formation up to 5 cm in diameter in the cervical canal. Uterus is enlarged up to 5-6 weeks of pregnancy, movable, painful, of normal consistency. Appendages are not palpable. Bloody discharges are profuse. What is the most likely diagnosis?

a. Abortion in progress

b. Cervical myoma

c. Algodismenorrhea

d. Nascent submucous fibromatous node

e. Cervical carcinoma

316. A 29-year-old patient complains of sterility. Sexual life is for 4 years being married, does not use contraception. There was no pregnancy before. On physical examination, genitals are developed normally. Uterine tubes are passable. Rectal temperature during three menstrual cycles is monophasic. What is the most probable reason for sterility?

a. Anovulatory menstrual cycle

b. Anomalies of genital development

c. Genital endometriosis

d. Immunologic sterility

e. Chronic adnexitis

317. A 45 y.o. woman complains of contact bleedings during 5 months. On speculum examination:

hyperemia of uterus cervix, looks like cauliflower, bleeds on probing. On bimanual examination: cervix is of densed consistensy, uterus body isnt enlarged, mobile, nonpalpable adnexa, parametrium is free, deep fornixes. What is the most likely diagnosis?

a. Cancer of cervix of uterus

b. Fibromatous node which is being born

c. Polypose of cervix of uterus

d. Cervical pregnancy

e. Cancer of body of uterus

318. 10 minutes after delivery a woman discharged placenta with a tissue defect 5x6 cm large.

Discharges from the genital tracts were profuse and bloody. Uterus tonus was low, fundus of uterus was located below the navel. Examination of genital tracts revealed that the uterine cervix, vaginal walls, perineum were intact. There was uterine bleeding with following blood coagulation. Your actions to stop the bleeding:

a. To put an ice pack on the lower abdomen

b. To administer uterotonic

c. To apply hemostatic forceps upon the uterine cervix

d. To introduce an ether-soaked tampon into the posterior fornix

e. To make manual examination of uterine cavity

319. On the 5th day after labor body temperature of a 24-year-old parturient suddenly rose up to 38,7°C. She complains about weakness, headache, abdominal pain, irritability. Objectively: AP- 120/70 mm Hg, Ps- 92 bpm, to- 38,7°C. Bimanual examination revealed that the uterus was enlarged up to 12 weeks of pregnancy, it was dense, slightly painful on palpation. Cervical canal lets in 2 transverse fingers, discharges are moderate, turbid, with foul smell. In blood: skeocytosis, lymphopenia, ESR - 30 mm/h. What is the most likely diagnosis?

a. Parametritis

b. Metrophlebitis

c. Lochiometra

d. Endometritis

e. Pelviperitonitis

320. A 20 y.o. patient complains of amenorrhea. Objectively: hirsutism, obesity with fat tissue prevailing on the face, neck, upper part of body. On the face there are acne vulgaris, on the skin - striae cutis distense. Psychological and intellectual development is normal. Gynecological condition: external genitals are moderately hairy, acute vaginal and uterine hypoplasia. What diagnosis is the most probable?

a. Shichans syndrome

b. Babinski-Froehlich syndrome

c. Turners syndrome

d. Stein-Leventals syndrome

e. Itsenko-Cushing syndrome

321. A 27 y.o. woman suffers from pyelonephritis of the only kidney. She presents to the maternity welfare centre because of suppression of menses for 2,5 months. On examination pregnancy 11 weeks of gestation was revealed. In urine: albumine 3,3 g/L, leucocytes cover the field of vision. What is doctors tactics in this case?

a. Pregnancy interruption after urine normalization

b. Pregnancy interruption at 24-25 weeks

c. Maintenance of pregnancy till delivery term

d. Immediate pregnancy interruption

e. Maintenance of pregnancy till 36 weeks

322. An 18-year-old primigravida in her 27-28 week of gestation underwent an operation on account of acute phlegmonous appendicitis. In the postoperative period it is necessary to take measures for prevention of the following pregnancy complication:

a. Premature placenta detachment

- b. Late gestosis
- c. Intestinal obstruction
- d. Fetus hypotrophy

e. Noncarrying of pregnancy

323. A 24-year-old female patient complains of acute pain in the lower abdomen that turned up after a physical stress. She presents with nausea, vomiting, dry mouth and body temperature 36.6°C . She has a right ovarian cyst in history. Bimanual examination reveals that uterus is dense, painless, of normal size. The left fornix is deep, uterine appendages aren't palpable, the right fornix is contracted. There is a painful formation on the right of uterus. Its round, elastic and mobile. It is $7\times8\text{ cm}$ large. In blood: leukocytosis with the left shift. What is the most likely diagnosis?

- a. Extrauterine pregnancy
- b. Ovarian cyst with pedicle torsion**
- c. Subserous fibromyoma of uterus
- d. Right-sided pyosalpinx
- e. Acute metritis

324. A parturient woman is 23 years old. Vaginal obstetric examination reveals full cervical dilatation. There is no fetal bladder. Fetal head is in the plane of pelvic outlet. Sagittal suture is in mesatipellic pelvis, anterior fontanel is closer to pubes. The fetal head diameter in such presentation will be:

- a. Biparietal
- b. Fronto-occipitalis recta
- c. Suboccipito-bregmaticus**
- d. Suboccipitio-frontalis
- e. Mento-occipitalis

325. A 42-year-old woman has had hyperpolymenorrhea and progressing algodismenorrhea for the last 10 years. Gynaecological examination revealed no changes of uterine cervix; discharges are moderate, of chocolate colour, uterus is slightly enlarged and painful, appendages are not palpable, the fornices are deep and painless. What is the most likely diagnosis?

- a. Uterine endometriosis**
- b. Subserous uterine fibromyoma
- c. Adnexal endometriosis
- d. Endomyometritis
- e. Uterine carcinoma

326. On the tenth day after discharge from the maternity house a 2-year-old patient consulted a doctor about body temperature rise up to 39°C , pain in the right breast. Objectively: the mammary gland is enlarged, there is a hyperemized area in the upper external quadrant, in the same place there is an ill-defined induration, lactostasis, fluctuation is absent. Lymph nodes of the right axillary region are enlarged and painful. What is the most likely diagnosis?

- a. Erysipelas
- b. Abscess
- c. Lactational mastitis**
- d. Dermatitis
- e. Tumour

327. During the dynamic observation over a parturient woman in the second stage of labor it was registered that the fetal heart rate fell down to 90-100/min and didn't come to normal after contractions. Vaginal examination revealed the complete cervical dilatation, the fetal head filling the entire posterior surface of the pubic symphysis and sacral hollow; the sagittal suture lied in the anteroposterior diameter of the pelvic outlet, the posterior fontanelle was in front under the pubic arch. What plan for further labour management should be recommended?

- a. Stimulation of labour activity by intravenous injection of oxytocin
- b. Application of forceps minor**
- c. Episiotomy
- d. Caesarean section

e. Application of cavity forceps

328. A 27-year-old sexually active female complains of numerous vesicles on the right sex lip, itch and burning. Eruptions regularly turn up before menstruation and disappear 8-10 days later. What is the most likely diagnosis?

- a. Primary syphilis
- b. Bartholinitis
- c. Herpes simplex virus
- d. Cytomegalovirus infection
- e. Genital condylomata

329. A 26-year-old woman complains of having bloody discharges from the genitals for the last 14 days, abdominal pain, general fatiguability, weakness, weight loss, body temperature rise, chest pain, obstructed respiration. 5 weeks ago she underwent induced abortion in the 6-7 week of gestation. Objectively: the patient is pale and inert. Bimanual examination revealed that the uterus was enlarged up to 8-9 weeks of gestation. In blood: Hb- 72 g/l. Urine test for chorionic gonadotropin gave the positive result. What is the most likely diagnosis?

- a. Uterine fibromyoma
- b. Uterine carcinoma
- c. Metroendometritis
- d. Uterus perforation
- e. Chorioepithelioma

330. A 28-year-old patient complains of discomfort, acute pain in the lower third of the left labia majora. The disease began suddenly after menstruation. Objectively: body temperature is 38°C. The left labia majora has a formation to 3 cm diameter, with hyperemic surface, extremely painful to the touch, with symptoms of fluctuation. What is the most likely diagnosis?

- a. Acute bartholinitis
- b. Vulvar fibroid
- c. Hypertrophy of the labia
- d. Bartholin gland cyst
- e. Vulvar cancer

331. A 28-years-old woman complains of nausea and vomiting about 10 times per day. She has been found to have body weight loss and xeroderma. The pulse is 100 bpm. Body temperature is 37,2°C. Diuresis is low. USI shows 5-6 weeks of pregnancy. What is the most likely diagnosis?

- a. Premature abortion
- b. Food poisoning
- c. Mild vomiting of pregnancy
- d. I degree preeclampsia
- e. Moderate vomiting of pregnancy

332. A 40 week pregnant secundipara is 28 years old. Contractions are very active. Retraction ring is at the level of navel, the uterus is hypertonic, in form of hourglass. On auscultation the fetal heart sounds are dull, heart rate is 100/min. AP of the parturient woman is 130/80 mm Hg. What is the most likely diagnosis?

- a. Mazolysis
- b. Complete hysterorrhesis
- c. Attack of eclampsia
- d. Risk of hysterorrhesis
- e. Disturbed labour

333. A 25 y.o. patient complains of body temperature rise up to 37°C, pain at the bottom of her abdomen and vaginal discharges. Three days ago, when she was in her 11th week of pregnancy, she had an artificial abortion. Objectively: cervix of uterus is clean, uterus is a little bit enlarged in size, painful. Appendages cannot be determined. Fornices are deep, painless. Vaginal discharges are sanguinopurulent. What is the most probable diagnosis?

- a. Postabortion uterus perforation

- b. Parametritis
- c. Hematometra
- d. Pelvic peritonitis

e. Postabortion endometritis

334. A 51-year-old patient complains of having intensive bloody discharges from vagina for 15 days after delay of menstruation for 2,5 months. In anamnesis: disorders of menstrual function during a year, at the same time she felt extreme irritability and had sleep disorders. US examination results: uterus corresponds with age norms, appendages have no peculiarities, endometrium is 14 mm thick. What is the doctors tactics?

- a. Supravaginal amputation of uterus without appendages
- b. TORCH-infection test
- c. Conservative treatment of bleeding
- d. Hysterectomy

e. Diagnostic curettage of uterine cavity

335. A 22-year-old female patient complains of dull pain in her right iliac area that she has been experiencing for a week, morning sickness and gustatory change. She has a history of menstruation delay for 3 weeks. Objectively: AP- 80/50 mm Hg, pulse is 78 bpm, body temperature is 37°C. Bimanual examination reveals that uterus is enlarged, soft, mobile and painless. Uterine appendages are palpable on the right, there is a dense, elastic and moderately painful formation 3x4 cm large. What is the most likely diagnosis?

- a. Interrupted fallopian pregnancy
- b. Uterogestation
- c. Acute appendicitis

d. Progressing fallopian pregnancy

- e. Right ovarian cyst

336. A 30 y.o. parturient woman was taken to the maternity house with complaints of having acute, regular labour pains that last 25-30 seconds every 1,5-2 minutes. Labour activity began 6 hours ago. Uterus is in higher tonus, head of the fetus is above the opening into the small pelvis. Fetal heartbeat is 136/min. P.V: cervical dilatation is 4 cm, uterine fauces is spasming at a height of parodyn. Head is level with opening into the small pelvis, it is being pushed off. What is the most probable diagnosis?

- a. Primary powerless labour activity
- b. Normal labour activity
- c. Secondary powerless labour activity
- d. Pathological preliminary period

e. Discoordinated labour activity

337. A 28-year-old patient has been admitted to the gynecological department three days after a casual coitus. She complains about pain in her lower abdomen and during urination, profuse purulent discharges from the vagina, body temperature rise up to 37,8°C. The patient was diagnosed with acute bilateral adnexitis. Supplemental examination revealed: the 4th degree of purity of the vaginal secretion, leukocytes within the whole visual field, diplococcal bacteria located both intra- and extracellularly. What is the etiology of acute adnexitis in this patient?

- a. Trichomonadal
- b. Staphylococcal
- c. Colibacterial
- d. Chlamydial

e. Gonorrhreal

338. A 32-year-old gravida complains of episodes of unconsciousness, spontaneous syncopes that are quickly over after a change of body position. A syncope can be accompanied by quickly elapsing bradycardia. There are no other complications of gestation. What is the most likely reason for such condition?

- a. Postcava compression by the gravid uterus
- b. Pressure fall in the veins of extremities

- c. Psychosomatic disorders
- d. Vegetative-vascular dystonia (cardiac type)
- e. Pressure rise in the veins of extremities

339. A woman consulted a therapist about fatigability, significant weight loss, weakness, loss of appetite. She has had amenorrhea for 8 months. A year ago she gave birth to a full-term child. Haemorrhage during labour made up 2 l. She got blood and blood substitute transfusions. What is the most probable diagnosis?

- a. Sheehan's syndrome
- b. Shereshevsky-Turner's syndrome
- c. Vegeto-vascular dystonia
- d. Homologous blood syndrome
- e. Stein-Leventhal syndrome

340. A 54-year-old female patient consulted a gynaecologist about bloody discharges from the vagina for 1 month. Last menstruation was 5 years ago. Gynaecological examination revealed no pathological changes. What is the tactics of choice?

- a. USI
- b. Colposcopy
- c. Diagnostic fractional curettage of uterine cavity
- d. Cytosmear
- e. Symptomatic therapy

341. A 28-year-old female patient complains of having haemorrhage from the genital tracts for 1 month. 6 months ago she had natural delivery and gave birth to a girl weighing 3100 g. Objectively: the uterus is enlarged to 9-10 weeks, mobile, painless, of heterogeneous consistency. Examination reveals vaginal cyanosis, anaemia and body temperature rise up to 37.8°C. There is a significant increase in hCG concentration in the urine. What is your provisional diagnosis?

- a. Uterine fibromyoma
- b. Uterine chorionepithelioma
- c. Hydatidiform mole
- d. Pregnancy
- e. Endometritis

342. A 33 y.o. woman survived two operations on account of extrauterine pregnancy, both uterine tubes were removed. She consulted a doctor with a question about possibility of having a child. What can be advised in this case?

- a. Extracorporeal fertilization
- b. Substitutional maternity
- c. Induction of ovulation
- d. Artificial fertilization with donors semen
- e. Insemination with her husband's semen

343. On the fifth day after a casual sexual contact a 25-year-old female patient consulted a doctor about purulent discharges from the genital tracts and itch. Vaginal examination showed that vaginal part of uterine cervix was hyperemic and edematous. There was an erosive area around the external orifice of uterus. There were mucopurulent profuse discharges from the cervical canal, uterine body and appendages exhibited no changes. Bacterioscopic examination revealed bean-shaped diplococci that became red after Gram staining. What is the most likely diagnosis?

- a. Trichomonal colpitis
- b. Clamydial endocervicitis
- c. Bacterial vaginism
- d. Acute gonorrhoeal endocervicitis
- e. Candidal vulvovaginitis

344. A 26 year old woman complains about edema, swelling and painlessness of mammary glands, headache, tearfulness, irritability. These signs turn up 5 days before menstruation and disappear after its start. What clinical syndrome is it?

- a. Adrenogenital syndrome
- b. Postcastration syndrome
- c. Premenstrual syndrome**
- d. Climacteric syndrome
- e. Stein-Leventhal syndrome

345. A 49-year-old woman complains about headache, head and neck going hot, increased perspiration, palpitation, arterial pressure rise up to 170/100 mm Hg, irritability, insomnia, tearfulness, memory impairment, rare and scarce menses, body weight increase by 5 kg over the last half a year. What is the most likely diagnosis?

- a. Vegetative-vascular dystonia
- b. Premenstrual syndrome
- c. Climacteric syndrome**
- d. Arterial hypertension
- e. Postcastration syndrome

346. A 30-year-old female patient has been delivered to the gynaecological department with complaints of acute pain in the lower abdomen and body temperature 38,8°C. In history: sexual life out of wedlock and two artificial abortions. Gynaecological examination reveals no changes of uterus. The appendages are enlarged and painful on both sides. Vaginal discharges are purulent and profuse. What study is required to confirm a diagnosis?

- a. Laparoscopy
- b. Bacteriological and bacterioscopic analysis**
- c. Curettage of uterine cavity
- d. Hysteroscopy
- e. Colposcopy

347. A parturient woman is 27 year old, it was her second labour, delivery was at term, normal course. On the 3rd day of postpartum period body temperature is 36,8°C, Ps - 72/min, AP - 120/80 mm Hg. Mammary glands are moderately swollen, nipples are clean. Abdomen is soft and painless. Fundus of uterus is 3 fingers below the umbilicus. Lochia are bloody, moderate. What is the most probable diagnosis?

- a. Remnants of placental tissue after labour
- b. Lactostasis
- c. Subinvolution of uterus
- d. Postpartum metroendometritis
- e. Physiological course of postpartum period**

348. A parturient woman is 25 years old, it is her second day of postpartum period. It was her first full-term uncomplicated labour. The lochia should be:

- a. Purulent
- b. Serous
- c. Sanguino-serous
- d. Mucous
- e. Bloody**

349. A woman is 34 years old, it is her tenth labor at full term. It is known from the anamnesis that the labor started 11 hours ago, labor was active, painful contractions started after discharge of waters and became continuous. Suddenly the parturient got knife-like pain in the lower abdomen and labor activity stopped. Examination revealed positive symptoms of peritoneum irritation, ill-defined uterus outlines. Fetus was easily palpable, movable. Fetal heartbeats wasnt auscultable. What is the most probable diagnosis?

- a. Uterine inertia
- b. Risk of uterus rupture
- c. II labor period
- d. Rupture of uterus**
- e. Discoordinated labor activity

350. Examination of placenta revealed a defect. An obstetrician performed manual investigation of uterine cavity, uterine massage. Prophylaxis of endometritis in the postpartum period should involve following actions:

- a. Intrauterine instillation of dioxine
- b. Antibacterial therapy**
- c. Haemostatic therapy
- d. Instrumental revision of uterine cavity
- e. Contracting agents

351. A 10 week pregnant woman was admitted to a hospital for recurrent pain in the lower abdomen, bloody discharges from the genital tracts. The problems turned up after ARVI. The woman was registered for antenatal care. Speculum examination revealed cyanosis of vaginal mucosa, clean cervix, open cervical canal discharging blood and blood clots; the lower pole of the gestational sac was visible. What tactics should be chosen?

- a. Curettage of the uterus**
- b. Expectant management, surveillance
- c. Antiviral therapy
- d. Hysterectomy
- e. Pregnancy maintenance therapy

352. A 30 year old patient complains about inability to become pregnant over 3 years of married life. The patient is of supernutrition type, she has hair along the median abdominal line, on the internal thigh surface and in the peripapillary area. Menses started at the age of 16, they are infrequent and non-profuse. US revealed that the uterus was of normal size, ovaries were 4x5x5 cm large and had a lot of cystic inclusions. What is the most probable diagnosis?

- a. Bilateral ovarian tumours
- b. Polycystic ovaries**
- c. Chronic oophoritis
- d. Ovarian cystoma
- e. Menstrual irregularity

353. A 29-year-old patient complains of absent menstruation for a year, milk discharge from the nipples when pressed, loss of lateral visual fields. X-ray shows an expansion of the sella turcica. What is the most likely cause of this condition?

- a. Mammary tumour
- b. Ovarian tumor
- c. Pregnancy
- d. Pituitary tumour**
- e. Functional disorder of the hypothalamic-pituitary-ovarian system

354. A patient with fibromyoma of uterus sized up to 8-9 weeks of pregnancy consulted a gynaecologist about acute pain in the lower abdomen. Examination revealed pronounced positive symptoms of peritoneal irritation, high leukocytosis. Vaginal examination revealed that the uterus was enlarged corresponding to 9 weeks of pregnancy due to the fibromatous nodes, one of which was mobile and extremely painful. Appendages were not palpable. There were moderate mucous discharges. What is the optimal treatment tactics?

- a. Urgent surgery (laparotomy)**
- b. Fractional diagnostic curettage of the uterine cavity
- c. Surveillance and antibacterial therapy
- d. Surgical laparoscopy
- e. Surveillance and spasmolytic therapy

355. A pregnant woman was delivered to the gynecological unit with complaints of pain in the lower abdomen and insignificant bloody discharges from the genital tracts for 3 hours. Last menstruation was 3 months ago. Vaginal examination showed that body of womb was in the 10th week of gestation, a fingertip could be inserted into the external orifice of uterus, bloody discharges were insignificant. USI showed small vesicles in the uterine cavity. What is the most likely diagnosis?

- a. Abortion in progress
- b. Threat of spontaneous abortion
- c. Incomplete abortion
- d. Grape mole**
- e. Incipient abortion

356. A primigravida is 22 years old. She has Rh(-), her husband has Rh(+). Antibodies to Rh weren't found at 32 weeks of pregnancy. Redetermination of antibodies to Rh didn't reveal them at 35 weeks of pregnancy as well. How often should the antibodies be determined hereafter?

- a. Once in two weeks
- b. Monthly
- c. There is no need in further checks
- d. Once a week**
- e. Once in three weeks

357. A maternity house has admitted a primagravida complaining of irregular, intense labour pains that have been lasting for 36 hours. The woman is tired, failed to fall asleep at night. The fetus is in longitudinal lie, with cephalic presentation. The fetus heartbeat is clear and rhythmic, 145/min. Vaginal examination revealed that the uterine cervix was up to 3 cm long, dense, with retroflexion; the external orifice was closed; the discharges were of mucous nature. What is the most likely diagnosis?

- a. Uterine cervix dystocia
- b. Physiological preliminary period
- c. Secondary uterine inertia
- d. Pathological preliminary period**
- e. Primary uterine inertia

358. A 14-year-old girl complains of pain in vaginal area and lower abdomen that last for 3-4 days and have been observed for 3 months about the same time. Each time pain is getting worse. Objectively: mammary glands are developed, hairiness corresponds to the age. The virginal membrane is intact, cyanotic and protruded. She has never had menstruation. She has been diagnosed with primary amenorrhea. What is the reason of amenorrhea?

- a. Hymen atresia**
- b. Babinski-Frohlich syndrome
- c. Sexual development delay
- d. Pregnancy
- e. Turners syndrome

359. A multigravida with Rh-isosensitization was found to have a decrease in anti-Rh titer from 1:32 to 1:8 at 33-34 weeks of gestation. Ultrasound revealed double contour of head, enlargement of fetal liver, placental thickness of 50 mm. The patient has indication for:

- a. Course of desensitizing therapy
- b. Repeated (after 2 weeks) USI
- c. Administration of anti-Rh gamma globulin
- d. Premature delivery**
- e. Plasmapheresis

360. A 13-year-old girl was admitted to the gynecological department with heavy bleeding, which appeared after a long delay of menstruation. Shortly before, the girl suffered a serious psychotrauma. Her menarche occurred at the age of 11, she has a 30-day cycle with 5 to 6 days of moderate, painless bleeding. The patient is somatically healthy, of normosthenic constitution with height of 160 cm, weight of 42 kg. The patient is pale. Rectoabdominal examination revealed that the uterus was of normal size and consistency, anteflexio-versio, the appendages were not changed. What is the most likely diagnosis?

- a. Hysteromyoma
- b. Ovarian cyst
- c. Juvenile bleeding**

- d. Girl is healthy
- e. Amenorrhea

361. A 38-year-old female patient complains about hot flashes and feeling of intense heat arising up to 5 times a day, headaches in the occipital region along with high blood pressure, palpitations, dizziness, fatigue, irritability, memory impairment. 6 months ago the patient underwent extirpation of the uterus with its appendages. What is the most likely diagnosis?

- a. Secondary psychogenic amenorrhea
- b. Physiological premenopause
- c. Premenstrual syndrome
- d. Early pathological menopause

e. Post-castration syndrome

362. A 27-year-old patient complains of irritability, tearfulness, depression, and sometimes aggressiveness, headache, nausea, vomiting, swelling of the mammary glands. The mentioned problems arise 5-6 days before menstruation and gradually progress until menstruation, 3 days after it the problems disappear. What is the most likely diagnosis?

- a. Preclimacterium syndrome
- b. Algomenorrhea
- c. Premature pathological climacterium
- d. Secondary psychogenic amenorrhea

e. Premenstrual syndrome

363. 20 minutes after a normal delivery at 39 weeks a puerpera had a single temperature rise up to 38°C. Objectively: the uterus is dense, located between the navel and the pubis, painless. Lochia are bloody, of small amount. Breasts are moderately soft and painless. What is the optimal tactics?

- a. Appointment antipyretic
- b. Antibiotic therapy
- c. Further follow-up**
- d. Manual examination of the uterine cavity
- e. Expression of breast

364. On the 10th day postpartum a puerperant woman complains of pain and heaviness in the left mammary gland. Body temperature is 38,8°C, Ps- 94 bpm. The left mammary gland is edematic, the supero-external quadrant of skin is hyperemic. Fluctuation symptom is absent. The nipples discharge drops of milk when pressed. What is a doctors further tactics?

- a. Physiotherapy
- b. Opening of the abscess and drainage of the mammary gland
- c. Compress to both mammary glands
- d. Inhibition of lactation

e. Antibiotic therapy, immobilization and expression of breast milk

365. A 30-year-old female patient complains of milk discharge from the mammary glands, 5-month absence of menstruation. She had one physiological labour four years ago. Objectively: mammary glands are normally developed. Bimanual examination reveals that the uterus is decreased in size, the ovaries are of normal size. MRI-scan shows no cerebral pathologies. Concentration of thyroid-stimulating hormone is normal. The serum prolactin level is increased. What is the most likely diagnosis?

- a. Hypothyroidism
- b. Pituitary adenoma
- c. Sheehan syndrome
- d. Hyperprolactinemia**
- e. Polycystic ovary syndrome

366. During self-examination a 22-year-old patient revealed a mammary tumour. Palpation revealed a firm, painless, mobile formation up to 2 cm, peripheral lymph nodes were not changed. USI results: in the superior external quadrant of the right mammary gland there was a big formation of increased echogenicity, sized 18x17 mm. The patient was provisionally diagnosed with fibroadenoma. What is a

doctors further tactics?

- a. Dynamic follow-up
- b. Radical mastectomy
- c. Nonsteroid anti-inflammatory drugs, oral contraceptives
- d. Surgical removal of the tumour prior to pregnancy**
- e. Surgical treatment after pregnancy

367. 2 weeks after labour a parturient woman developed breast pain being observed for 3 days.

Examination revealed body temperature at the rate of 39°C, chills, weakness, hyperaemia, enlargement, pain and deformity of the mammary gland. On palpation the infiltrate was found to have an area of softening and fluctuation. What is the most likely diagnosis?

- a. Lactostasis
- b. Phlegmonous mastitis
- c. Infiltrative-purulent mastitis**
- d. Serous mastitis
- e. Mastopathy

368. Preventive examination of a 50-year-old woman revealed a dense tumour of the right mammary gland up to 5 cm in diameter without distinct outlines. The skin over the tumour looked like lemon peel. Palpation revealed a lymph node in the axillary region. What is the most likely diagnosis?

- a. Breast lipoma
- b. Breast cancer**
- c. Diffuse mastopathy
- d. Lactocele
- e. Mastitis

369. A 52-year-old woman suffering from obesity, complains of bloody discharges from sexual paths during 4 days. Last normal menses were 2 years ago. Histological investigation of biopsy of the endometrium has revealed adenomatous hyperplasia. What reason from the mentioned below caused the development of disease?

- a. Poor aromatization of preandrogens due to hypothyroidism
- b. Hypersecretion of estrogens by tissues of the organism.
- c. Excessive transformation of preandrogens from adipose tissues**
- d. The increased contents of follicle-stimulating hormone
- e. Supersecretion of androgens by the cortex of paraneoplasias.

370. A 40-year-old woman complains of colic pains in the lower part of abdomen and abundant bloody discharges from genital tract. Last 2 years she had menses for 15-16 days, abundant, with clots, painful. Had 2 medical abortions. In bimanual investigation: from the canal of the cervix uteri - a fibromatous node, 3 cm in diameter, on the thin stem. Discharges are bloody, moderate. Choose the correct tactics.

- a. Supravaginal ablation of the uterus without ovaries
- b. Hysterectomy without ovaries
- c. Hormonal hemostasis
- d. Phase by phase vitamin therapy
- e. Operation: untwisting of born node**

371. A 32 y.o. woman consulted a gynecologist about having abundant long menses within 3 months. Bimanual investigation: the body of the uterus is enlarged according to about 12 weeks of pregnancy, distorted, tuberous, of dense consistence. Appendages are not palpated. Histological test of the uterus body mucosa: adenocystous hyperplasia of endometrium. Optimal medical tactics:

- a. Hormonotherapy
- b. Radial therapy
- c. Phase by phase vitamin therapy
- d. Surgical treatment**
- e. Phytotherapy

372. A woman complains of having slight dark bloody discharges and mild pains in the lower part of

abdomen for several days. Last menses were 7 weeks ago. The pregnancy test is positive. Bimanual investigation: the body of the uterus indicates for about 5-6 weeks of pregnancy, it is soft, painless. In the left appendage there is a retort-like formation, 7x5 cm large, mobile, painless. What examination is necessary for detection of fetus localization?

- a. Cystoscopy
- b. Ultrasound**
- c. Hromohydrotubation
- d. Hysteroscopy
- e. Colposcopy

373. A woman was hospitalised with full-term pregnancy. Examination: the uterus is tender, the abdomen is tense, cardiac tones of the fetus are not auscultated. What is the most probable complication of pregnancy?

- a. Acute hypoxia of a fetus
- b. Hydramnion
- c. Premature labor
- d. Back occipital presentation
- e. Premature detachment of normally posed placenta**

374. A pregnant woman in her 40th week of pregnancy undergoes obstetric examination: the cervix of uterus is undeveloped. The oxytocin test is negative. Examination at 32 weeks revealed: AP 140/90 mm Hg, proteinuria 1 g/l, peripheral edemata. Reflexes are normal. Choose the most correct tactics:

- a. Caesarian section immediately
- b. Complex therapy of gestosis for 7 days
- c. Absolute bed rest for 1 month
- d. Complex therapy of gestosis for 2 days
- e. Labour stimulation after preparation**

375. A 26 year old woman had the second labour within the last 2 years with oxytocin application. The childs weight is 4080 g. After the placent birth there were massive bleeding, signs of hemorrhagic shock. Despite the injection of contractive agents, good contraction of the uterus and absence of any cervical and vaginal disorders, the bleeding proceeds. Choose the most probable cause of bleeding:

- a. Hysterorrhesis
- b. Injury of cervix of the uterus
- c. Atony of the uterus**
- d. Delay of the part of placenta
- e. Hypotonia of the uterus

376. A woman is admitted to maternity home with discontinued labor activity and slight bloody discharges from vagina. The condition is severe, the skin is pale, consciousness is confused. BP is 80/40 mm Hg. Heartbeat of the fetus is not heard. There was a Cesarian section a year ago. Could you please determine the diagnosis?

- a. Expulsion of the mucous plug from cervix uteri
- b. Premature expulsion of amniotic fluid
- c. Cord presentation
- d. Placental presentation
- e. Hysterorrhesis**

377. On the first day after labour a woman had the rise of temperature up to 39°C. Rupture of fetal membranes took place 36 hours before labour. Examination of the bacterial flora of cervix of the uterus revealed hemocatheretic streptococcus of A group. The uterus body is soft, tender. Discharges are bloody, with admixtures of pus. Specify the most probable postnatal complication:

- a. Apostasis of sutures after the episiotomy
- b. Metroendometritis**
- c. Infectious hematoma
- d. Thrombophlebitis of veins of the pelvis
- e. Infective contamination of the urinary system

378. Rise in temperature up to 39°C was registered the next day after a woman had labor. Fetal membranes rupture took place 36 hours prior to labors. The examination of the bacterial flora of cervix uteri revealed the following: haemolytic streptococcus of group A. The uterus tissue is soft, tender. Discharges are bloody, with mixing of pus. Establish the most probable postnatal complication.

- a. Apostasis of stitches after the episiotomy
- b. Metroendometritis**
- c. Infected hematoma
- d. Thrombophlebitis of veins of the pelvis
- e. Infective contamination of the urinary system

379. A woman of a high-risk group (chronic pyelonephritis in anamnesis) had vaginal delivery. The day after labour she complained of fever and loin pains, frequent urodynia. Specify the most probable complication:

- a. Apostasis of sutures after episiotomy
- b. Infectious contamination of the urinary system**
- c. Infectious hematoma
- d. Thrombophlebitis of veins of the pelvis
- e. Endometritis

380. 13 months after the first labor a 24-year-old patient complained of amenorrhea. Pregnancy ended in Caesarian section because of premature detachment of normally positioned placenta which resulted in blood loss at the rate of 2000 ml owing to disturbance of blood clotting. Choose the most suitable investigation:

- a. Computer tomography of head
- b. Estimation of testosteron rate in blood serum
- c. USI of small pelvis organs
- d. Progesteron assay
- e. Estimation of gonadotropin rate**

381. In 13 months after the first labor a 24-year-old woman complains of amenorrhea. Cesarian section was conducted as a result of premature detachment of normally posed placenta. Hemorrhage has made low fidelity of 2000 ml due to breakdown of coagulation of blood. Choose the most suitable investigation.

- a. Computer tomography of the head
- b. Determination of the contents of testosteron-depotum in blood serum.
- c. Ultrasound of organs of a small pelvis
- d. Progesteron test
- e. Determination of the level of gonadotropin**

382. In the woman of 24 years about earlier normal menstrual function, cycles became irregular, according to tests of function diagnostics - anovulatory. The contents of prolactin in blood is boosted. Choose the most suitable investigation:

- a. Progesterone assay
- b. Determination of the contents of testosteron-depotum in blood serum
- c. Determination of the level of gonadotropins
- d. USI of organs of small pelvis
- e. Computer tomography of the head**

383. A woman in her 39th week of pregnancy, the second labour, has regular birth activity. Uterine contractions take place every 3 minutes. What criteria describe the beginning of the II labor stage the most precisely?

- a. Duration of uterine contractions over 30 seconds
- b. Cervical smoothing over 90%
- c. Cervical dilatation by no less than 4 cm**
- d. Presenting part is in the lower region of small pelvis
- e. Rupture of fetal bladder

384. A 20-year-old woman is having timed labor continued for 4 hours. Light amniotic fluid came off. The fetus head is pressed to the orifice in the small pelvis. The anticipated fetus mass is 4000,0 gpm 200,0 g. Heartbeat of the fetus is normal. Intrinsic examination: cervix is absent, disclosure - 2 cm, the fetal membranes are not present. The head is in 1-st plane of the pelvis, a sagittal suture is in the left slanting dimension. What is the purpose of glucose-calcium-hormone - vitaminized background conduction?

- a. Antenatal preparation
- b. Treatment of weakness of labor activity.
- c. Labor stimulation
- d. Fetus hypoxia prophylaxes
- e. Prophylaxes of weakness of labor activity**

385. A 34 y.o. woman in her 29-th week of pregnancy, that is her 4-th labor to come, was admitted to the obstetric department with complaints of sudden and painful bloody discharges from vagina that appeared 2 hours ago. The discharges are profuse and contain grumes. Cardiac function of the fetus is rhythmic, 150 strokes in the minute, uterus tone is normal. The most probable provisional diagnosis will be:

- a. Disseminated intravascular coagulation syndrome
- b. Placental presentation**
- c. Vasa previa
- d. Detachment of normally located placenta
- e. Bloody discharges

386. At the gynaecological department there is a patient of 32 years with the diagnosis: "acute bartholinitis". Body temperature is 38,2°C, leucocytes count $10,4 \times 10^9/L$, the ESR is 24 mm/hour. In the area of big gland of the vestibulum - the dermahemia, the sign of the fluctuation, sharp tenderness (pain). What is the most correct tactics of the doctor?

- a. Antibiotics, Sulfanilamidums
- b. Antibiotic therapy
- c. Antibiotics, detoxication and biostimulants.
- d. Surgical dissecting, a drainage of an abscess of the gland, antibiotics**
- e. Surgical dissection, drainage of the abscess of the gland

387. A woman had the rise of temperature up to 39°C on the first day after labour. The rupture of fetal membranes took place 36 hours before labour. The investigation of the bacterial flora of cervix of the uterus revealed hemocatheretic streptococcus of group A. The uterus body is soft, tender. Discharges are bloody, mixed with pus. Specify the most probable postnatal complication:

- a. Infected hematoma
- b. Thrombophlebitis of pelvic veins
- c. Metroendometritis**
- d. Infection of the urinary system
- e. Apostasis of junctures after the episiotomy

388. A 10 y.o. boy was ill with angina 2 weeks ago, has complaints of joint pain and stiffness of his left knee and right elbow. There was fever (38,50) and ankle dysfunction, enlargement of cardiac dullness by 2 cm, tachycardia, weakness of the 1st sound, gallop rhythm, weak systolic murmur near apex. What diagnosis corresponds with such symptoms?

- a. Systemic lupus erythematosus
- b. Reiters disease
- c. Reactive arthritis
- d. Acute rheumatic fever**
- e. Juvenile rheumatoid arthritis

389. At term of a gestation of 40 weeks height of standing of a uterine fundus is less than assumed for the given term. The woman has given birth to the child in weight of 2500 g, a length of a body 53 cm, with an assessment on a scale of Apgar of 4-6 points. Labor were fast. The cause of such state of the child were:

a. Delay of an intra-uterine fetation

b. Infection of a fetus

c. Prematurity

d. Chronic fetoplacental insufficiency

e. Placental detachment

390. A pregnant woman may be diagnosed with hepatitis if it is confirmed by the presence of elevated:

a. Sedimentation rates

b. Alkaline phosphatase

c. BUN

d. SGOT (ALT)

e. WBCs

391. A woman, aged 40, primigravida, with infertility in the medical history, on the 42-43 week of pregnancy. Labour activity is weak. Longitudinal presentation of the fetus, I position, anterior position. The head of the fetus is engaged to pelvic inlet. Fetus heart rate is 140 bpm, rhythmic, muffled. Cervix dilation is 4 cm. On amnioscopy: greenish colour of amniotic fluid and fetal membranes. Cranial bones are dense, cranial sutures and small fontanel are diminished. What should be tactics of delivery?

a. Medication sleep, amniotomy, labour stimulation

b. Caesarean section

c. Fetal hypoxia treatment, in the II period - forceps delivery

d. Amniotomy, labour stimulation, fetal hypoxia treatment

e. Fetal hypoxia treatment, conservative delivery

392. An endometrial adenocarcinoma that has extended to the uterine serosa would be classified as stage:

a. IVAB

b. IIIA

c. IIA

d. IC

e. IIB

393. Which of the methods of examination is the most informative in the diagnostics of a tube infertility?

a. Bicontrast pelviography

b. Laparoscopy with chromosalpingoscopy

c. Hysterosalpingography

d. Pertubation

e. Transvaginal echography

394. A pregnant woman (35 weeks), aged 25, was admitted to the hospital because of bloody discharges. In her medical history there were two artificial abortions. In a period of 28-32 weeks there was noted the onset of hemorrhage and USD showed a placental presentation. The uterus is in normotonus, the fetus position is transversal (Ist position). The heartbeats is clear, rhythmical, 140 bpm. What is the further tactics of the pregnant woman care?

a. To perform a delivery by means of Cesarean section

b. To introduce the drugs to increase the blood coagulation and continue observation

c. To keep the intensity of hemorrhage under observation and after the bleeding is controlled to prolong the pregnancy

d. Stimulate the delivery by intravenous introduction of oxytocin

e. To perform the hemotransfusion and to prolong the pregnancy

395. A woman, primagravida, consults a gynecologist on 05.03.2012. A week ago she felt the fetus movements for the first time. Last menstruation was on 10.01.2012. When should she be given maternity leave?

a. 5 September

b. 8 August

c. 22 August

d. 25 July

e. 11 July

396. The woman who has delivered twins has early postnatal hypotonic uterine bleeding reached 1,5% of her bodyweight. The bleeding is going on. Conservative methods to arrest the bleeding have been found ineffective. The conditions of patient are pale skin, acrocyanosis, oliguria. The woman is confused. The pulse is 130 bpm, BP- 75/50 mm Hg. What is the further treatment?

a. Supravaginal uterine amputation

b. Inner glomai artery ligation

c. Putting clamps on the uterine cervix

d. Uterine extirpation

e. Uterine vessels ligation

397. A 26 y.o. woman complains of a mild bloody discharge from the vagina and pain in the lower abdomen. She has had the last menstruation 3,5 months ago. The pulse is 80 bpm. The blood pressure (BP) is 110/60 mm Hg and body temperature is 36,6°C. The abdomen is tender in the lower parts. The uterus is enlarged up to 12 weeks of gestation. What is your diagnosis?

a. Disfunctional bleeding

b. Inevitable abortion

c. Incomplete abortion

d. Incipient abortion

e. Complete abortion

398. In the gynecologic office a 28 y.o. woman complains of sterility within three years. The menstrual function is not impaired. There were one artificial abortion and chronic salpingo-oophoritis in her case history. Oral contraceptives were not used. Her husbands analysis of semen is without pathology. What diagnostic method will you start from the workup in this case of sterility?

a. Hysteroscopy

b. Hysterosalpingography

c. Ultra sound investigation

d. Hormone investigation

e. Diagnostic scraping out of the uterine cavity

399. A 28-year-old patient underwent endometrectomy as a result of incomplete abortion. Blood loss was at the rate of 900 ml. It was necessary to start hemotransfusion. After transfusion of 60 ml of erythrocytic mass the patient presented with lumbar pain and fever which resulted in hemotransfusion stoppage. 20 minutes later the patients condition got worse: she developed adynamia, apparent skin pallor, acrocyanosis, profuse perspiration. to- 38,5°C, Ps- 110/min, AP- 70/40 mm Hg. What is the most likely diagnosis?

a. DIC syndrome

b. Hemotransfusion shock

c. Septic shock

d. Hemorrhagic shock

e. Anaphylactic shock

400. A 58-year-old female patient came to the antenatal clinic complaining of bloody light-red discharges from the genital tracts. Menopause is 12 years. Gynaecological examination revealed age involution of externalia and vagina; uterine cervix was unchanged, there were scant bloody discharges from uterine cervix, uterus was of normal size; uterine appendages were not palpable; parametria were free. What is the most likely diagnosis?

a. Uterine carcinoma

b. Abnormalities of menstrual cycle of climacteric nature

c. Granulosa cell tumor of ovary

d. Cervical carcinoma

e. Atrophic colpitis

401. A 40 year old patient complains of yellowish discharges from the vagina. Bimanual examination revealed no pathological changes. The smear contains Trichomonas vaginalis and blended flora. Colposcopy revealed two hazy fields on the frontal labium, with a negative Iodine test. Your tactics:

a. Treatment of specific colpitis and subsequent biopsy

b. Specific treatment of Trichomonas colpitis

c. Cryolysis of cervix of the uterus

d. Cervix ectomy

e. Diathermocoagulation of the cervix of the uterus

402. A 26-year-old secundipara at 40 weeks of gestation arrived at the maternity ward after the beginning of labor activity. 2 hours before, bursting of waters occurred. The fetus was in a longitudinal lie with cephalic presentation. Abdominal circumference was 100 cm, fundal height - 42 cm. Contractions occurred every 4-5 minutes and lasted 25 seconds each. Internal obstetric examination revealed cervical effacement, opening by 4 cm. Fetal bladder was absent. Fetal head was pressed against the pelvic inlet. What complication arose in childbirth?

a. Secondary uterine inertia

b. Primary uterine inertia

c. Early amniorrhea

d. Discoordinated labor

e. Clinically narrow pelvis

403. A 28 year old woman had the second labour and born a girl with manifestations of anemia and progressing jaundice. The childs weight was 3 400 g, the length was 52 cm. The womans blood group is B (III) Rh-, the fathers blood group is A (III) Rh+, the childs blood group is B (III) Rh+. What is the cause of anemia?

a. Antigen B incompatibility

b. Antigen A incompatibility

c. Rhesus incompatibility

d. Antigen AB incompatibility

e. Intrauterine infection

404. A parturient complains about pain in the mammary gland. Palpation revealed a 3x4 cm large infiltration, soft in the centre. Body temperature is 38,5°C. What is the most probable diagnosis?

a. Birth trauma

b. Acute purulent mastitis

c. Pleuritis

d. Pneumonia

e. Retention of milk

405. A 43 y.o. patient complains of formation and pain in the right mammary gland, rise of temperature up to 37,2°C during the last 3 months. Condition worsens before the menstruation. On examination: edema of the right breast, hyperemia, retracted nipple. Unclear painful infiltration is palpated in the lower quadrants. What is the most probable diagnosis?

a. Right-side chronic mastitis

b. Right-side acute mastitis

c. Cancer of the right mammary gland

d. Premenstrual syndrome

e. Tuberculosis of the right mammary gland

406. A 14 year old girl complains of profuse bloody discharges from genital tracts during 10 days after suppression of menses for 1,5 month. Similar bleedings recur since 12 years on the background of disordered menstrual cycle. On rectal examination: no pathology of the internal genitalia. In blood: Hb - 70 g/l, RBC- 2,3×10¹²/l, Ht - 20. What is the most probable diagnosis?

a. Incomplete spontaneous abortion

b. Juvenile bleeding, posthemorrhagic anemia

c. Polycyst ovarian syndrome

d. Werlhof's disease

e. Hormonoproducing ovary tumor

407. A 33-year-old woman was urgently brought to clinic with complaints of the pain in the lower part of the abdomen, mostly on the right, irradiating to rectum, she also felt dizzy. The above mentioned complaints developed acutely at night. Last menses were 2 weeks ago. On physical exam: the skin is pale, Ps - 92 bpm, t- 36,6°C, BP- 100/60 mm Hg. The abdomen is tense, slightly tender in lower parts, peritoneal symptoms are slightly positive. Hb- 98 g/L. What is the most probable diagnosis?

a. Apoplexy of the ovary

b. Intestinal obstruction

c. Renal colic

d. Abdominal pregnancy

e. Acute appendicitis

408. A 27 y.o. gravida with 17 weeks of gestation was admitted to the hospital. There was a history of 2 spontaneous miscarriages. On bimanual examination: uterus is enlarged to 17 weeks of gestation, uterus cervix is shortened, isthmus allows to pass the finger tip. The diagnosis is isthmico-cervical insufficiency. What is the doctors tactics?

a. To interrupt pregnancy

b. To administer tocolytic therapy

c. To place suture on the uterus cervix

d. To administer hormonal treatment

e. To perform amniocentesis

409. A 27-year-old woman presents at the maternity welfare centre because of infertility. She has had sexual life in marriage for 4 years, doesn't use contraceptives. She hasn't gotten pregnant. On examination: genital development is without pathology, uterine tubes are passable, basal (rectal) temperature is one-phase during last 3 menstrual cycles. What is the infertility cause?

a. Abnormalities in genital development

b. Chronic adnexitis

c. Anovular menstrual cycle

d. Immunologic infertility

e. Genital endometriosis

410. A primagravida in her 20th week of gestation complains about pain in her lower abdomen, blood smears from the genital tracts. The uterus has an increased tonus, the patient feels the fetus movements. Bimanual examination revealed that the uterus size corresponded the term of gestation, the uterine cervix was contracted down to 0,5 cm, the external orifice was open by 2 cm. The discharges were bloody and smearable. What is the most likely diagnosis?

a. Missed miscarriage

b. Incipient abortion

c. Abortion in progress

d. Risk of abortion

e. Incomplete abortion

411. Full-term pregnancy. Body weight of the pregnant woman is 62 kg. The fetus has the longitudinal position, the fetal head is pressed against the pelvic inlet. Abdominal circumference is 100 cm. Fundal height is 35 cm. What is the approximate weight of the fetus?

a. 4 kg 500 g

b. 3 kg 500 g

c. 2 kg 500 g

d. 4 kg

e. 3 kg

412. A patient was admitted to the hospital with complaints of periodical pain in the lower part of abdomen that gets worse during menses, weakness, malaise, nervousness, dark bloody smears from vagina directly before and after menses. Bimanual examination revealed that uterus body is enlarged, appendages cannot be palpated, posterior fornix has tuberous surface. Laparoscopy revealed: ovaries, peritoneum of rectouterine pouch and pararectal fat have "cyanotic eyes". What is

the most probable diagnosis?

- a. Polycystic ovaries
- b. Tuberculosis of genital organs
- c. Ovarian cystoma
- d. Disseminated form of endometriosis**
- e. Chronic salpingitis

413. A pregnant woman in her 8th week was admitted to the hospital for artificial abortion. In course of operation during dilatation of cervical canal of uterus by means of Hegars dilator № 8 the doctor suspected uterus perforation. What is the immediate tactics for confirmation of this diagnosis?

- a. US examination
- b. Bimanual examination
- c. Uterine probing**
- d. Laparoscopy
- e. Metrosalpingography

414. A 25-year-old woman complains of profuse foamy vaginal discharges, foul, burning and itching in genitalia region. She has been ill for a week. Extramarital sexual life. On examination: hyperemia of vaginal mucous, bleeding on touching, foamy leucorrhea in the urethral area. What is the most probable diagnosis?

- a. Chlamydiosis
- b. Gonorrhea
- c. Trichomonas colpitis**
- d. Vagina candidomycosis
- e. Bacterial vaginosis

415. A 26 year old woman who delivered a child 7 months ago has been suffering from nausea, morning vomiting, sleepiness for the last 2 weeks. She suckles the child, menstruation is absent. She hasn't applied any contraceptives. What method should be applied in order to specify her diagnosis?

- a. Roentgenography of small pelvis organs
- b. Bimanual vaginal examination
- c. Speculum examination
- d. Ultrasonic examination**
- e. Palpation of mammary glands and pressing-out of colostrum

416. A newborn's head is of dolichocephalic shape, that is front-to-back elongated. Examination of the occipital region revealed a labour tumour located in the middle between the prefrontanel and posterior fontanel. Specify the type of fetal presentation:

- a. Face presentation
- b. Posterior vertex presentation**
- c. Presentation of the bregma
- d. Anterior vertex presentation
- e. Brow presentation

417. A woman consulted a doctor on the 14th day after labour about sudden pain, hyperemia and induration of the left mammary gland, body temperature rise up to 39°C, headache, indisposition. Objectively: fissure of nipple, enlargement of the left mammary gland, pain on palpation. What pathology would you think about in this case?

- a. Phlegmon of mammary gland
- b. Lactational mastitis**
- c. Fibrous adenoma of the left mammary gland
- d. Lacteal cyst with suppuration
- e. Breast cancer

418. A young woman applied to gynecologist due to her pregnancy of 4-5 weeks. The pregnancy is desirable. Anamnesis stated that she had rheumatism in the childhood. Now she has combined mitral heart disease with the priority of mitral valve deficiency. When will she need the inpatient treatment (what periods of pregnancy)?

a. 12-16 weeks, 27-28 weeks, 37-38 weeks

b. 8-12 weeks, 28-32 weeks, 37 weeks

c. 16 weeks, 34 weeks, 39-40 weeks

d. 6-7 weeks, 16 weeks, 38 weeks

e. 10-12 weeks, 24 weeks, 37-38 weeks

419. After examination a 46-year-old patient was diagnosed with left breast cancer T2N2M0, cl. gr.

II-a. What will be the treatment plan for this patient?

a. Chemotherapy only

b. Radiation therapy + operation + chemotherapy

c. Operation + radiation therapy

d. Operation only

e. Radiation therapy only

420. A 30-year-old gravida consulted a gynecologist about bright red bloody discharges from the vagina in the 32 week of gestation. She was hospitalized with a suspicion of placental presentation.

Under what conditions is it rational to conduct the internal examination in order to make a diagnosis?

a. In the admission ward of maternity hospital

b. In the examination room of antenatal clinic

c. In the operating room prepared for the operation

d. In the delivery room keeping to all the aseptics regulations

e. The examination is not to be conducted because of risk of profuse haemorrhage

421. A 28 y.o. primagravida, pregnancy is 15-16 weeks of gestation, presents to the maternity clinics with dull pain in the lower part of the abdomen and in lumbar area. On vaginal examination: uterus cervix is 2,5 cm, external isthmus allows to pass the finger tip. Uterus body is enlarged according to the pregnancy term. Genital discharges are mucous, mild. What is the diagnosis?

a. Placenta presentation

b. Threatened spontaneous abortion

c. Stopped pregnancy

d. Spontaneous abortion which has begun

e. Hydatid molar pregnancy

422. Internal obstetric examination of a parturient woman revealed that the sacrum hollow was totally occupied with fetus head, ischiadic spines couldnt be detected. Sagittal suture is in the straight diameter, occipital fontanel is directed towards symphysis. In what plane of small pelvis is the presenting part of the fetus?

a. Over the pelvic inlet

b. Plane of pelvic outlet

c. Narrow pelvic plane

d. Wide pelvic plane

e. Plane of pelvic inlet

423. A 30 y.o. woman has the 2-nd labour that has been lasting for 14 hours. Hearbeat of fetus is muffled, arrhythmic, 100/min. Vaginal examination: cervix of uterus is completely opened, fetus head is level with outlet from small pelvis. Saggital suture is in the straight diameter, small crown is near symphysis. What is the further tactics of handling the delivery?

a. Stimulation of labour activity by oxytocin

b. Cranio-cutaneous (Ivanovs) forceps

c. Use of cavity forceps

d. Use of obstetrical forceps

e. Cesarean section

424. A woman at 30 weeks pregnant has had an attack of eclampsia at home. On admission to the maternity ward AP is 150/100 mm Hg. Predicted fetal weight is 1500 g. There is face and shin pastosity. Urine potein is 0,660/oo. Parturient canal is not ready for delivery. An intensive complex therapy has been started. What is the correct tactics of this case management?

a. Treat preeclampsia and achieve the delivery by way of conservative management

b. Delivery by cesarean section

- c. Continue therapy and prolong pregnancy for 3-4 weeks
- d. Continue therapy and prolong pregnancy for 1-2 weeks
- e. Labor induction by intravenous oxytocin or prostaglandins

425. A 68-year-old patient consulted a doctor about a tumour in her left mammary gland. Objectively: in the upper internal quadrant of the left mammary gland there is a neoplasm up to 2,5 cm in diameter, dense, uneven, painless on palpation. Regional lymph nodes are not enlarged. What is the most likely diagnosis?

- a. Cyst
- b. Mastopathy
- c. Lipoma
- d. Cancer**
- e. Fibroadenoma

426. A 40-year-old female patient has been observing profuse menses accompanied by spasmotic pain in the lower abdomen for a year. Bimanual examination performed during menstruation revealed a dense formation up to 5 cm in diameter in the cervical canal. Uterus is enlarged up to 5-6 weeks of pregnancy, movable, painful, of normal consistency. Appendages are not palpable. Bloody discharges are profuse. What is the most likely diagnosis?

- a. Cervical carcinoma
- b. Abortion in progress
- c. Nascent submucous fibromatous node**
- d. Cervical myoma
- e. Algodismenorrhea

427. A 29-year-old patient complains of sterility. Sexual life is for 4 years being married, does not use contraception. There was no pregnancy before. On physical examination, genitals are developed normally. Uterine tubes are passable. Rectal temperature during three menstrual cycles is monophasic. What is the most probable reason for sterility?

- a. Genital endometriosis
- b. Anovulatory menstrual cycle**
- c. Anomalies of genital development
- d. Chronic adnexitis
- e. Immunologic sterility

428. A 45 y.o. woman complains of contact bleedings during 5 months. On speculum examination: hyperemia of uterus cervix, looks like cauliflower, bleeds on probing. On bimanual examination: cervix is of densed consistensy, uterus body isn't enlarged, mobile, nonpalpable adnexa, parametrium is free, deep fornices. What is the most likely diagnosis?

- a. Cervical pregnancy
- b. Polypose of cervix of uterus
- c. Cancer of body of uterus
- d. Fibromatous node which is being born
- e. Cancer of cervix of uterus**

429. 10 minutes after delivery a woman discharged placenta with a tissue defect 5x6 cm large. Discharges from the genital tracts were profuse and bloody. Uterus tonus was low, fundus of uterus was located below the navel. Examination of genital tracts revealed that the uterine cervix, vaginal walls, perineum were intact. There was uterine bleeding with following blood coagulation. Your actions to stop the bleeding:

- a. To apply hemostatic forceps upon the uterine cervix
- b. To put an ice pack on the lower abdomen
- c. To administer uterotonicics
- d. To make manual examination of uterine cavity**
- e. To introduce an ether-soaked tampon into the posterior fornix

430. A 27 y.o. woman suffers from pyelonephritis of the only kidney. She presents to the maternity

welfare centre because of suppression of menses for 2,5 months. On examination pregnancy 11 weeks of gestation was revealed. In urine: albumine 3,3 g/L, leucocytes cover the field of vision. What is doctors tactics in this case?

- a. Maintenance of pregnancy till delivery term
- b. Immediate pregnancy interruption**
- c. Maintenance of pregnancy till 36 weeks
- d. Pregnancy interruption after urine normalization
- e. Pregnancy interruption at 24-25 weeks

431. An 18-year-old primigravida in her 27-28 week of gestation underwent an operation on account of acute phlegmonous appendicitis. In the postoperative period it is necessary to take measures for prevention of the following pregnancy complication:

- a. Fetus hypotrophy
- b. Intestinal obstruction
- c. Noncarrying of pregnancy**
- d. Premature placenta detachment
- e. Late gestosis

432. A parturient woman is 23 years old. Vaginal obstetric examination reveals full cervical dilatation. There is no fetal bladder. Fetal head is in the plane of pelvic outlet. Sagittal suture is in mesatipelvic pelvis, anterior fontanel is closer to pubes. The fetal head diameter in such presentation will be:

- a. Mento-occipitalis
- b. Suboccipito-bregmaticus**
- c. Biparietal
- d. Fronto-occipitalis recta
- e. Suboccipitio-frontalis

433. A pregnant 26-year-old woman was admitted to a hospital for abdominal pain and bleeding from the genital tract. Bimanual examination revealed that uterus was the size of 9 weeks of pregnancy, the cervical canal let a finger through. Fetal tissues could be palpated in the orifice. There was moderate vaginal bleeding. What is the tactics of choice?

- a. Therapy for the maintenance of pregnancy
- b. Instrumental extraction of fetal tissue**
- c. Administration of hormones
- d. Surveillance
- e. Hemostatic and antianemic therapy

434. A 42-year-old woman has had hyperpolymenorrhea and progressing algodismenorrhea for the last 10 years. Gynaecological examination revealed no changes of uterine cervix; discharges are moderate, of chocolate colour, uterus is slightly enlarged and painful, appendages are not palpable, the fornices are deep and painless. What is the most likely diagnosis?

- a. Uterine carcinoma
- b. Endomyometritis
- c. Adnexal endometriosis
- d. Uterine endometriosis**
- e. Subserous uterine fibromyoma

435. On the tenth day after discharge from the maternity house a 2-year-old patient consulted a doctor about body temperature rise up to 39°C, pain in the right breast. Objectively: the mammary gland is enlarged, there is a hyperemized area in the upper external quadrant, in the same place there is an ill-defined induration, lactostasis, fluctuation is absent. Lymph nodes of the right axillary region are enlarged and painful. What is the most likely diagnosis?

- a. Dermatitis
- b. Tumour
- c. Abscess
- d. Erysipelas
- e. Lactational mastitis**

436. During the dynamic observation over a parturient woman in the second stage of labor it was registered that the fetal heart rate fell down to 90-100/min and didnt come to normal after contractions. Vaginal examination revealed the complete cervical dilatation, the fetal head filling the entire posterior surface of the pubic symphysis and sacral hollow; the sagittal suture lied in the anteroposterior diameter of the pelvic outlet, the posterior fontanelle was in front under the pubic arch. What plan for further labour management should be recommended?

- a. Application of forceps minor
- b. Episiotomy
- c. Stimulation of labour activity by intravenous injection of oxytocin
- d. Application of cavity forceps
- e. Caesarean section

437. A 27-year-old sexually active female complains of numerous vesicles on the right sex lip, itch and burning. Eruptions regularly turn up before menstruation and disappear 8-10 days later. What is the most likely diagnosis?

- a. Bartholinitis
- b. Cytomegalovirus infection
- c. Genital condylomata
- d. Herpes simplex virus**
- e. Primary syphilis

438. A 36-year-old female pesented to a gynecological hospital with a significant bleeding from the genital tract and a 1-month delay of menstruation. Bimanual examination revealed soft barrel-shaped cervix. Uterus was of normal size, somewhat softened. Appendages were unremarkable on both sides. Speculum examination revealed that the cervix was cyanotic, enlarged, with the the external orifice disclosed up to 0,5 cm. Urine hCG test was positive. What is the most likely diagnosis?

- a. Uterogestation
- b. Threatened miscarriage
- c. Ectopic pregnancy
- d. Cervical pregnancy**
- e. Abortion in progress

439. A 26-year-old woman complains of having bloody discharges from the genitals for the last 14 days, abdominal pain, general fatiguability, weakness, weight loss, body temperature rise, chest pain, obstructed respiration. 5 weeks ago she underwent induced abortion in the 6-7 week of gestation. Objectively: the patient is pale and inert. Bimanual examination revealed that the uterus was enlarges up to 8-9 weeks of gestation. In blood: Hb- 72 g/l. Urine test for chorionic gonadotropin gave the positive result. What is the most likely diagnosis?

- a. Chorioepithelioma**
- b. Uterus perforation
- c. Uterine carcinoma
- d. Uterine fibromyoma
- e. Metroendometritis

440. A 28-year-old patient complains of discomfort, acute pain in the lower third of the left labia majora. The disease began suddenly after menstruation. Objectively: body temperature is 38°C. The left labia majora has a formation to 3 cm diameter, with hyperemic surface, extremely painful to the touch, with symptoms of fluctuation. What is the most likely diagnosis?

- a. Hypertrophy of the labia
- b. Acute bartholinitis**
- c. Vulvar fibroid
- d. Vulvar cancer
- e. Bartholin gland cyst

441. A 28-years-old woman complains of nausea and vomiting about 10 times per day. She has been found to have body weight loss and xeroderma. The pulse is 100 bpm. Body temperature is 37,2°C. Diuresis is low. USI shows 5-6 weeks of pregnancy. What is the most likely diagnosis?

a. Moderate vomiting of pregnancy

- b. I degree preeclampsia
- c. Food poisoning
- d. Premature abortion
- e. Mild vomiting of pregnancy

442. A 40 week pregnant secundipara is 28 years old. Contractions are very active. Retraction ring is at the level of navel, the uterus is hypertonic, in form of hourglass. On auscultation the fetal heart sounds are dull, heart rate is 100/min. AP of the parturient woman is 130/80 mm Hg. What is the most likely diagnosis?

a. Risk of hysterorrhesis

- b. Disturbed labour
- c. Attack of eclampsia
- d. Complete hysterorrhesis
- e. Mazolysis

443. After delivery and revision of placenta there was found the defect of placental lobule. General condition of woman is normal, uterus is firm, there is moderate bloody discharge. Speculum inspection of birth canal shows absence of lacerations and raptures. What action is necessary?

- a. Introduction of uterine contracting agents
- b. External massage of uterus

c. Manual exploration of the uterine cavity

- d. Urine drainage, cold on the lower abdomen
- e. Introduction of hemostatic medications

444. A 25 y.o. patient complains of body temperature rise up to 37°C, pain at the bottom of her abdomen and vaginal discharges. Three days ago, when she was in her 11th week of pregnancy, she had an artificial abortion. Objectively: cervix of uterus is clean, uterus is a little bit enlarged in size, painful. Appendages cannot be determined. Fornixes are deep, painless. Vaginal discharges are sanguinopurulent. What is the most probable diagnosis?

- a. Pelvic peritonitis
- b. Hematometra

c. Postabortion endometritis

- d. Postabortion uterus perforation
- e. Parametritis

445. A 25 y.o. pregnant woman in her 34th week was taken to the maternity house in grave condition. She complains of headache, visual impairment, nausea. Objectively: solid edema, AP- 170/130 mm Hg. Suddenly there appeared fibrillary tremor of face muscles, tonic and clonic convulsions, breathing came to a stop. After 1,5 minute the breathing recovered, there appeared some bloody spume from her mouth. In urine: protein - 3,5 g/L. What is the most probable diagnosis?

- a. Cerebral hemorrhage
- b. Epilepsy

c. Eclampsia

- d. Cerebral edema
- e. Stomach ulcer

446. A 51-year-old patient complains of having intensive bloody discharges from vagina for 15 days after delay of menstruation for 2,5 months. In anamnesis: disorders of menstrual function during a year, at the same time she felt extreme irritability and had sleep disorders. US examination results: uterus corresponds with age norms, appendages have no peculiarities, endometrium is 14 mm thick. What is the doctors tactics?

- a. Conservative treatment of bleeding
- b. Supravaginal amputation of uterus without appendages
- c. TORCH-infection test

d. Diagnostic curettage of uterine cavity

- e. Hysterectomy

447. An 18 y.o. patient complains of painfulness and swelling of mammary glands, headaches, irritability, edemata of lower extremities. These symptoms have been present since the begin of menarche, appear 3-4 days before regular menstruation. Gynecological examination revealed no pathology. What is the most probable diagnosis?

- a. Renal disease
- b. Neurasthenia
- c. Premenstrual syndrome**
- d. Mastopathy
- e. Disease of cardiovascular system

448. A 22-year-old female patient complains of dull pain in her right iliac area that she has been experiencing for a week, morning sickness and gustatory change. She has a history of menstruation delay for 3 weeks. Objectively: AP- 80/50 mm Hg, pulse is 78 bpm, body temperature is 37°C. Bimanual examination reveals that uterus is enlarged, soft, mobile and painless. Uterine appendages are palpable on the right, there is a dense, elastic and moderately painful formation 3x4 cm large. What is the most likely diagnosis?

- a. Right ovarian cyst
- b. Interrupted fallopian pregnancy
- c. Progressing fallopian pregnancy**
- d. Uterogestation
- e. Acute appendicitis

449. A 25-year-old female patient complains about having amenorrhea for 3 years. She associates it with difficult labour complicated by massive hemorrhage. She also complains of loss of weight, hair fragility and loss, lack of appetite and depression. Objective examination reveals no pathological changes of uterus and its appendages. What is the disease pathogenesis?

- a. Hypoproduction of progesterone
- b. Hyperproduction of prolactin
- c. Hyperproduction of estrogens
- d. Hyperproduction of androgens
- e. Hypoproduction of gonadotropin**

450. A 30-year-old patient consulted a doctor about menstruation absence for 2 years after labour, loss of hair, body weight loss. The labour was complicated by a haemorrhage caused by uterus hypotonia. Objectively: the patient is asthenic, external genitals are hypoplastic, the uterus body is small and painless. The appendages are not palpable. What is the most likely diagnosis?

- a. Sheehans syndrome**
- b. Turners syndrome
- c. Galactorrhea-amenorrhea syndrome
- d. Exhausted ovary syndrome
- e. Ovarian amenorrhea

451. A 28-year-old patient has been admitted to the gynecological department three days after a casual coitus. She complains about pain in her lower abdomen and during urination, profuse purulent discharges from the vagina, body temperature rise up to 37,8°C. The patient was diagnosed with acute bilateral adnexitis. Supplemental examination revealed: the 4th degree of purity of the vaginal secretion, leukocytes within the whole visual field, diplococcal bacteria located both intra- and extracellularly. What is the etiology of acute adnexitis in this patient?

- a. Colibacterial
- b. Trichomonadal
- c. Staphylococcal
- d. Gonorrhreal**
- e. Chlamydial

452. A 25-year-old woman came to a maternity welfare clinic and complained about being unable to conceive within 3 years of regular sexual life. Examination revealed weight gain, male pattern of hair distribution on the pubis, excessive pilosis of thighs. Ovaries were dense and enlarged, basal

temperature was monophasic. What is the most likely diagnosis?

- a. Gonadal dysgenesis
- b. Sclerocystosis of ovaries**
- c. Adrenogenital syndrome
- d. Tubo-ovaritis
- e. Premenstrual syndrome

453. A 28 year old patient complained about prolongation of intermenstrual periods up to 2 months, hirsutism. Gynaecological examination revealed that the ovaries were enlarged, painless, compact, uterus had no peculiarities. Pelvic ultrasound revealed that the ovaries were 4-5 cm in diameter and had multiple enlarged follicles on periphery. Roentgenography of skull base showed that sellar region was dilated. What is the most probable diagnosis?

- a. Morgagni-Stewart syndrome
- b. Stein-Leventhal syndrome**
- c. Sheehans syndrome
- d. Algodismenorhea
- e. Premenstrual syndrome

454. A 32-year-old gravida complains of episodes of unconsciousness, spontaneous syncopes that are quickly over after a change of body position. A syncope can be accompanied by quickly elapsing bradycardia. There are no other complications of gestation. What is the most likely reason for such condition?

- a. Psychosomatic disorders
- b. Postcava compression by the gravid uterus**
- c. Pressure fall in the veins of extremities
- d. Pressure rise in the veins of extremities
- e. Vegetative-vascular dystonia (cardiac type)

455. A woman consulted a therapist about fatigability, significant weight loss, weakness, loss of appetite. She has had amenorrhea for 8 months. A year ago she born a full-term child. Haemorrhage during labour made up 2 l. She got blood and blood substitute transfusions. What is the most probable diagnosis?

- a. Vegetovascular dystonia
- b. Sheehans syndrome**
- c. Shereshevsky-Turners syndrome
- d. Stein-Leventhal syndrome
- e. Homologous blood syndrome

456. A 28-year-old female patient complains of having haemorrhage from the genital tracts for 1 month. 6 months ago she had natural delivery and gave birth to a girl weighing 3100 g. Objectively: the uterus is enlarged to 9-10 weeks, mobile, painless, of heterogenous consistency. Examination reveals vaginal cyanosis, anaemia and body temperature rise up to 37,8°C. There is a significant increase in hCG concentration in the urine. What is your provisional diagnosis?

- a. Uterine chorionepithelioma**
- b. Hydatidiform mole
- c. Uterine fibromyoma
- d. Endometritis
- e. Pregnancy

457. An ambulance delivered a 21-year-old woman to the gynaecological department with complaints of colicky abdominal pain and bloody discharges from the genital tracts. Bimanual examination revealed that uterus was soft, enlarged to the size of 6 weeks of gestation, a gestational sac was palpated in the cervical canal. Uterine appendages weren't palpable. Fornices are free, deep and painless. Discharges from the genital tracts are bloody and profuse. What is the most likely diagnosis?

- a. Incipient abortion
- b. Interrupted fallopian pregnancy
- c. Cervical pregnancy**

d. Threat of abortion

e. Abortion in progress

458. A parturient woman is 27 year old, it was her second labour, delivery was at term, normal course. On the 3rd day of postpartum period body temperature is 36,8°C, Ps - 72/min, AP - 120/80 mm Hg. Mammary glands are moderately swollen, nipples are clean. Abdomen is soft and painless. Fundus of uterus is 3 fingers below the umbilicus. Lochia are bloody, moderate. What is the most probable diagnosis?

a. Lactostasis

b. Physiological course of postpartum period

c. Postpartum metroendometritis

d. Subinvolution of uterus

e. Remnants of placental tissue after labour

459. A parturient woman is 25 years old, it is her second day of postpartum period. It was her first full-term uncomplicated labour. The lochia should be:

a. Serous

b. Bloody

c. Mucous

d. Sanguino-serous

e. Purulent

460. A 32-year-old patient consulted a doctor about being unable to get pregnant for 5-6 years. 5 ago the primipregnancy ended in artificial abortion. After the vaginal examination and USI the patient was diagnosed with endometrioid cyst of the right ovary. What is the optimal treatment method?

a. Hormonal therapy with androgenic hormones

b. Sanatorium-and-spa treatment

c. Anti-inflammatory therapy

d. Conservative therapy with estrogen-gestagenic drugs

e. Surgical laparoscopy

461. A 10 week pregnant woman was admitted to a hospital for recurrent pain in the lower abdomen, bloody discharges from the genital tracts. The problems turned up after ARVI. The woman was registered for antenatal care. Speculum examination revealed cyanosis of vaginal mucosa, clean cervix, open cervical canal discharging blood and blood clots; the lower pole of the gestational sac was visible. What tactics should be chosen?

a. Expectant management, surveillance

b. Pregnancy maintenance therapy

c. Curettage of the uterus

d. Hysterectomy

e. Antiviral therapy

462. A 30 year old patient complains about inability to become pregnant over 3 years of married life. The patient is of supernutrition type, she has hair along the median abdominal line, on the internal thigh surface and in the peripapillary area. Menses started at the age of 16, they are infrequent and non-profuse. US revealed that the uterus was of normal size, ovaries were 4x5x5 cm large and had a lot of cystic inclusions. What is the most probable diagnosis?

a. Chronic oophoritis

b. Ovarian cystoma

c. Polycystic ovaries

d. Menstrual irregularity

e. Bilateral ovarian tumours

463. A 29-year-old patient complains of absent menstruation for a year, milk discharge from the nipples when pressed, loss of lateral visual fields. X-ray shows an expansion of the sella turcica. What is the most likely cause of this condition?

a. Pituitary tumour

b. Functional disorder of the hypothalamic-pituitary-ovarian system

- c. Pregnancy
- d. Ovarian tumor
- e. Mammary tumour

464. A female patient complains of being unable to get pregnant for 5 years. A complete clinical examination brought the following results: hormonal function is not impaired, urogenital infection hasn't been found, on hysterosalpingography both tubes were filled with the contrast medium up to the isthmic segment, abdominal contrast was not visualized. The patient's husband is healthy. What tactics will be most effective?

- a. Hydrotubation
- b. Laparoscopic tubal plasty
- c. Insemination with husband's sperm
- d. ICSI within in-vitro fertilization program
- e. In-vitro fertilization**

465. A 19-year-old primiparous woman with a body weight of 54,5 kg gave birth at 38 weeks gestation to a full-term live girl after a normal vaginal delivery. The girl's weight was 2180,0 g, body length - 48 cm. It is known from history that the woman has been a smoker for 8 years, and kept smoking during pregnancy. Pregnancy was complicated by moderate vomiting of pregnancy from 9 to 12 weeks pregnant, edema of pregnancy from 32 to 38 weeks. What is the most likely cause of low birth weight?

- a. First trimester preeclampsia
- b. Third trimester preeclampsia
- c. Low weight of the woman
- d. Woman's age
- e. Fetal-placental insufficiency**

466. A primigravida is 22 years old. She has Rh(-), her husband has Rh(+). Antibodies to Rh were not found at 32 weeks of pregnancy. Redetermination of antibodies to Rh did not reveal them at 35 weeks of pregnancy as well. How often should the antibodies be determined hereafter?

- a. Once a week**
- b. Once in three weeks
- c. There is no need in further checks
- d. Monthly
- e. Once in two weeks

467. A 14-year-old girl complains of pain in vaginal area and lower abdomen that last for 3-4 days and have been observed for 3 months about the same time. Each time pain is getting worse. Objectively: mammary glands are developed, hairiness corresponds to the age. The virginal membrane is intact, cyanotic and protruded. She has never had menstruation. She has been diagnosed with primary amenorrhea. What is the reason of amenorrhea?

- a. Turner's syndrome
- b. Pregnancy
- c. Sexual development delay
- d. Hymen atresia**
- e. Babinski-Frohlich syndrome

468. A multigravida with Rh-isosensitization was found to have a decrease in anti-Rh titer from 1:32 to 1:8 at 33-34 weeks of gestation. Ultrasound revealed double contour of head, enlargement of fetal liver, placental thickness of 50 mm. The patient has indication for:

- a. Plasmapheresis
- b. Course of desensitizing therapy
- c. Premature delivery**
- d. Repeated (after 2 weeks) USI
- e. Administration of anti-Rh gamma globulin

469. A 13-year-old girl was admitted to the gynecological department with heavy bleeding, which appeared after a long delay of menstruation. Shortly before, the girl suffered a serious psychotrauma.

Her menarche occurred at the age of 11, she has a 30-day cycle with 5 to 6 days of moderate, painless bleeding. The patient is somatically healthy, of normosthenic constitution with height of 160 cm, weight of 42 kg. The patient is pale. Rectoabdominal examination revealed that the uterus was of normal size and consistency, anteflexio-versio, the appendages were not changed. What is the most likely diagnosis?

- a. Ovarian cyst
- b. Girl is healthy
- c. Amenorrhea
- d. Juvenile bleeding**
- e. Hysteromyoma

470. A 38-year-old female patient complains about hot flashes and feeling of intense heat arising up to 5 times a day, headaches in the occipital region along with high blood pressure, palpitations, dizziness, fatigue, irritability, memory impairment. 6 months ago the patient underwent extirpation of the uterus with its appendages. What is the most likely diagnosis?

- a. Premenstrual syndrome
- b. Secondary psychogenic amenorrhea
- c. Physiological premenopause
- d. Post-castration syndrome**
- e. Early pathological menopause

471. A 27-year-old patient complains of irritability, tearfulness, depression, and sometimes aggressiveness, headache, nausea, vomiting, swelling of the mammary glands. The mentioned problems arise 5-6 days before menstruation and gradually progress until menstruation, 3 days after it the problems disappear. What is the most likely diagnosis?

- a. Premature pathological climacterium
- b. Preclimacterium syndrome
- c. Algomenorrhea
- d. Premenstrual syndrome**
- e. Secondary psychogenic amenorrhea

472. A 23-year-old primigravida at 39 weeks gestation has been admitted to the maternity ward with irregular contractions. The intensity of uterine contractions is not changing, the intervals between them stay long. Bimanual examination reveals that the cervix is centered, soft, up to 1,5 cm long. There is no cervical dilatation. What diagnosis should be made?

- a. Pregnancy I, 39 weeks, birth I, 1 period, the acceleration phase
- b. Pregnancy I, 39 weeks, pathological preliminary period
- c. Pregnancy I, 39 weeks, labor I, 1 period, the latent phase
- d. Pregnancy I, 39 weeks, labor I, period 1, the active phase
- e. Pregnancy I, 39 weeks, preliminary period**

473. On the 10th day postpartum a puerperant woman complains of pain and heaviness in the left breast. Body temperature is 38,8°C, Ps - 94 bpm. The left breast is edematic, the supero-external quadrant of skin is hyperemic. Fluctuation symptom is absent. The nipples discharge drops of milk when pressed. What is a doctors further tactics?

- a. Antibiotic therapy, immobilization and expression of breast milk**
- b. Inhibition of lactation
- c. Opening of the abscess and drainage of the breast
- d. Physiotherapy
- e. Compress to both breasts

474. On the 10th day postpartum a puerperant woman complains of pain and heaviness in the left mammary gland. Body temperature is 38,8°C, Ps- 94 bpm. The left mammary gland is edematic, the supero-external quadrant of skin is hyperemic. Fluctuation symptom is absent. The nipples discharge drops of milk when pressed. What is a doctors further tactics?

- a. Inhibition of lactation
- b. Compress to both mammary glands**

c. Antibiotic therapy, immobilization and expression of breast milk

d. Physiotherapy

e. Opening of the abscess and drainage of the mammary gland

475. During self-examination a 22-year-old patient revealed a mammary tumour. Palpation revealed a firm, painless, mobile formation up to 2 cm, peripheral lymph nodes were not changed. USI results: in the superior external quadrant of the right mammary gland there was a big formation of increased echogenicity, sized 18x17 mm. The patient was provisionally diagnosed with fibroadenoma. What is a doctors further tactics?

a. Nonsteroid anti-inflammatory drugs, oral contraceptives

b. Surgical removal of the tumour prior to pregnancy

c. Surgical treatment after pregnancy

d. Dynamic follow-up

e. Radical mastectomy

476. A 25-year-old female has a self-detected tumor in the upper outer quadrant of her right breast. On palpation there is a painless, firm, mobile lump up to 2 cm in diameter, peripheral lymph nodes are not changed. In the upper outer quadrant of the right breast ultrasound revealed a massive neoplasm with increased echogenicity sized 21x18 mm. What is the most likely diagnosis?

a. Mammary cancer

b. Mastitis

c. Lactocele

d. Diffuse mastopathy

e. Fibroadenoma

477. A 49-year-old female patient complains of itching, burning in the external genitals, frequent urination. The symptoms have been present for the last 7 months. The patient has irregular menstruation, once every 3-4 months. Over the last two years she has had hot flashes, sweating, sleep disturbance. Examination revealed no pathological changes of the internal reproductive organs. Complete blood count and urinalysis showed no pathological changes. Vaginal smear contained 20-25 leukocytes per HPF, mixed flora. What is the most likely diagnosis?

a. Menopausal syndrome

b. Trichomonas colpitis

c. Bacterial vaginosis

d. Vulvitis

e. Cystitis

478. 2 weeks after labour a parturient woman developed breast pain being observed for 3 days.

Examination revealed body temperature at the rate of 39°C, chills, weakness, hyperaemia, enlargement, pain and deformity of the mammary gland. On palpation the infiltrate was found to have an area of softening and fluctuation. What is the most likely diagnosis?

a. Mastopathy

b. Infiltrative-purulent mastitis

c. Lactostasis

d. Phlegmonous mastitis

e. Serous mastitis

479. Preventive examination of a 50-year-old woman revealed a dense tumour of the right mammary gland up to 5 cm in diameter without distinct outlines. The skin over the tumour looked like lemon peel. Palpation revealed a lymph node in the axillary region. What is the most likely diagnosis?

a. Lactocele

b. Mastitis

c. Breast lipoma

d. Breast cancer

e. Diffuse mastopathy

480. A 20-year-old female consulted a gynecologist about not having menstrual period for 7 months. History abstracts: early childhood infections and frequent tonsillitis, menarche since 13 years, regular

monthly menstrual cycle of 28 days, painless menstruation lasts 5-6 days. 7 months ago the patient had an emotional stress. Gynecological examination revealed no alterations in the uterus. What is the most likely diagnosis?

a. Secondary amenorrhea

b. Algomenorrhea

c. Cryptomenorrhea

d. Spanomenorrhea

e. Primary amenorrhea

481. A 48-year-old female has been admitted to the gynecology department for pain in the lower right abdomen and low back pain, constipations. Bimanual examination findings: the uterus is immobile, the size of a 10-week pregnancy, has uneven surface. Aspirate from the uterine cavity contains atypical cells. What diagnosis can be made?

a. Cervical cancer

b. Colon cancer

c. Chorionepithelioma

d. Hysterocarcinoma

e. Metrofibroma

482. A pregnant woman is 28 years old. Anamnesis: accelerated labor complicated by the II degree cervical rupture. The following two pregnancies resulted in spontaneous abortions at the terms of 12 and 14 weeks. On mirror examination: the uterine cervix is scarred from previous ruptures at 9 and 3 hours, the cervical canal is gaping. On vaginal examination: the cervix is 2 cm long, the external orifice is open 1 cm wide, the internal orifice is half-open; the uterus is enlarged to the 12th week of pregnancy, soft, mobile, painless, the appendages are without changes. What diagnosis can be made?

a. Cervical pregnancy, 12 weeks

b. Isthmico-cervical insufficiency, habitual noncarrying of pregnancy

c. Incipient abortion, habitual noncarrying of pregnancy

d. Threatened spontaneous abortion

e. Cervical hysteromyoma, habitual noncarrying of pregnancy

483. On the day 4 after the cesarean section a woman developed fever with body temperature up to 39°C and abdominal pain. Pulse - 104/min. She vomited twice. The patient is sluggish, her tongue is dry and has gray coating. The abdomen is distended. Signs of peritoneal irritation are positive in all segments. Peristalsis cannot be auscultated. No passage of gas occurs. Uterine fundus is located at the level of the navel. The uterus is painful on palpation. The discharge is moderate and contains blood and pus. What is the most likely diagnosis?

a. Diffuse peritonitis

b. Progressive thrombophlebitis

c. Parametritis

d. Pelvic peritonitis

e. Metroendometritis

484. A 58-year-old woman came to the gynecological clinic. She complains of bloody discharge from her genital tracts. Menopause is 8 years. Gynecological examination: the uterus is slightly enlarged, dense to touch, with limited mobility; the uterine appendages cannot be detected; parametrium is free. Fractional curettage of the uterine cavity yields a significant amount of medullary substance in the scrape. What is the most likely diagnosis?

a. Uterine cervix cancer

b. Hormone-producing ovarian tumor

c. Adenomyosis

d. Chorioepithelioma

e. Uterine corpus cancer

485. A 48-year-old woman complains of disturbed menstrual cycle: her periods last for 7-9 days and are excessively profuse throughout the last half-year. She notes occasional hot flashes in her head,

insomnia, irritability, and headaches. Her skin is of normal color. Blood pressure - 150/90 mm Hg, pulse - 90/min., rhythmic. The abdomen is soft and painless. Bimanual examination shows no uterine enlargement, the appendages cannot be detected. The vaginal fornices are free. What is the most likely diagnosis?

- a. Adrenogenital syndrome
- b. Premenstrual syndrome
- c. Climacteric syndrome**
- d. Stein-Leventhal syndrome (polycystic ovary syndrome)
- e. Uterine myoma

486. A 30-year-old multigravida has been in labour for 18 hours. 2 hours ago the pushing stage began. Fetal heart rate is clear, rhythmic, 136/min. Vaginal examination reveals complete cervical dilatation, the fetal head in the pelvic outlet plane. Sagittal suture is in line with obstetric conjugate, the occipital fontanel is near the pubis. The patient has been diagnosed with primary uterine inertia. What is the further tactics of labor management?

- a. Vacuum extraction of the fetus
- b. Outlet forceps**
- c. Cesarean section
- d. Labour stimulation
- e. Skin-head Ivanov's forceps

487. A woman is 40 weeks pregnant. The fetus is in the longitudinal lie and cephalic presentation. Pelvic size: 26-29-31- 20. Expected weight of the fetus is 4800 gram. The labor contractions have been lasting for 12 hours, within the last 2 hours they were extremely painful, the parturient woman is anxious. The waters broke 4 hours ago. On external examination the contraction ring is located 2 finger widths above the navel, Henkel-Vasten sign is positive. Fetal heart rate is 160/min., muffled. On internal examination the uterine cervix is fully open, the head is engaged and pressed to the entrance into the lesser pelvis. What is the most likely diagnosis?

- a. Hyperactive uterine contractions
- b. Complete uterine rupture
- c. Threatened uterine rupture**
- d. Abruptio of the normally positioned placenta
- e. Anatomically contracted pelvis

488. A 23-year-old woman came to the gynecological clinic. She complains of pain, itching, and burning in her vulva, general weakness, indisposition, elevated body temperature up to 37.2°C, and headache. On examination in the vulva there are multiple vesicles up to 2-3 mm in diameter with clear contents against the background of hyperemia and mucosal edema. Make the provisional diagnosis:

- a. Genital herpes infection**
- b. Papillomavirus infection
- c. Cytomegalovirus infection
- d. Vulvar cancer
- e. Primary syphilis

489. A woman with the pregnancy term of 8 weeks complains of elevated temperature up to 37.6°C, skin rash that can be characterized as macular exanthema, enlargement of posterior cervical and occipital lymph nodes, small amount of bloody discharge from the genital tracts. She was examined by the infectious diseases specialist and diagnosed with rubella. What tactics should the obstetrician-gynecologist choose?

- a. Prescription of antibacterial therapy
- b. Treatment of incipient abortion
- c. Prescription of hemostatic therapy
- d. Abortion**
- e. Prescription of antiviral therapy

490. A 16-year-old girl has primary amenorrhea, no pubic hair growth, normally developed mammary

glands; her genotype is 46 XY; uterus and vagina are absent. What is your diagnosis?

a. Cushing disease

b. Testicular feminization syndrome

c. Cushing syndrome

d. Mayer-Rokitansky-Kuster-Hauser syndrome

e. Sheehan syndrome

491. A 46-year-old woman came to the maternity clinic with complaints of moderate blood discharge from the vagina, which developed after the menstruation delay of 1.5 months. On vaginal examination: the cervix is clean; the uterus is not enlarged, mobile, painless; appendages without changes. Make the diagnosis:

a. Dysfunctional uterine bleeding

b. Ectopic pregnancy

c. Cancer of the uterine body

d. Submucous uterine myoma

e. Adenomyosis

492. A 25-year-old woman was brought into the gynecological department with profuse bloody discharge from her genital tracts. She is 12 weeks pregnant, the pregnancy is planned. Within the last 3 days she was experiencing pains in her lower abdomen that eventually started resembling cramps, she developed bleeding. Her skin is pale, pulse - 88/min., blood pressure - 100/60 mm Hg, body temperature - 36.8°C. Vaginal examination: the uterus size corresponds with 11 weeks of pregnancy, the cervical canal allows inserting 1 finger and contains fragments of the fertilized ovum, the discharge is bloody and profuse. What is the most likely diagnosis?

a. Disturbed menstrual cycle, hyperpolymenorrhea

b. 12-week pregnancy, threatened spontaneous abortion

c. 12-week pregnancy, spontaneous abortion in progress

d. Disturbed menstrual cycle, amenorrhea

e. Full-term pregnancy, term labor

493. A 30-year-old woman came to the gynecological department. She complains of sharp pain in her lower abdomen and temperature of 38.8°C. She has a history of extramarital sexual activity and 2 artificial abortions. On gynecological examination the uterus is unchanged. The appendages are bilaterally enlarged and painful. Profuse purulent discharge is being produced from the vagina. What examination needs to be conducted to clarify the diagnosis?

a. Bacteriological and bacterioscopic analysis

b. Curettage of the uterine cavity

c. Laparoscopy

d. Colposcopy

e. Hysteroscopy

494. It is the 3rd day after the first normal term labor; the infant is rooming-in with the mother and is on breastfeeding. Objectively: the mother's general condition is satisfactory. Temperature is 36.4°C, heart rate is 80/min., BP is 120/80 mm Hg. Mammary glands are soft and painless; lactation is moderate, unrestricted milk flow. The uterus is dense, the uterine fundus is located 3 finger widths below the navel. Lochia are sanguino-serous, moderate in volume. Assess the dynamics of uterine involution:

a. Pathologic involution

b. Hematometra

c. Subinvolution

d. Lochiometra

e. Physiological involution

495. A 28-year-old woman complaining of irregular menstruations and infertility came to the gynecological clinic. Menstruations occur since the age of 15, irregular, with delays up to 2 months. On examination she presents with marked hirsutism and excessive body weight. On vaginal examination the uterus is reduced in size and painless. The ovaries on the both sides are dense and

enlarged. Ultrasound shows microcystic changes in the ovaries, the ovaries are 5x4 cm and 4.5x4 cm in size with dense ovarian capsule. Basal body temperature is monophasic. What is the most likely diagnosis?

- a. Bilateral adnexitis
- b. Ovarian carcinoma
- c. Krukenberg tumor
- d. Endometrioid cysts
- e. Polycystic ovary syndrome**

496. An 18-year-old girl was brought into the gynecology department with complaints of elevated body temperature up to 37.8°C, sharp pain in her lower abdomen, more intense on the right, and difficult defecation. Vaginal examination detected a painful dense elastic formation 5x6 cm in the area of her right ovary. Pregnancy test is negative. What is the most likely diagnosis?

- a. Appendicitis
- b. Ectopic pregnancy
- c. Torsion of ovarian tumor pedicle**
- d. Ovarian cyst rupture
- e. Ovarian apoplexy

497. A 26-year-old woman presents with amenorrhea. 10 months ago she gave birth for a second time. In her early postpartum period she developed a massive hypotonic hemorrhage. No breastfeeding. Lately she has been presenting with loss of weight, loss of hair, and indisposition. Gynecological examination revealed atrophy of the external genitals, the uterus is abnormally small, no uterine appendages can be detected. What is the most likely diagnosis?

- a. Physiological amenorrhea
- b. Stein-Leventhal syndrome (polycystic ovary syndrome)
- c. Galactorrhea-amenorrhea syndrome
- d. Sheehan syndrome (postpartum pituitary gland necrosis)**
- e. Suspected progressing ectopic pregnancy

498. A 45-year-old woman came to the maternity clinic with complaints of periodical pains in her mammary glands that start 1 day before menstruation and stop after the menstruation begins. Palpation of the mammary glands detects diffuse nodes predominantly in the upper outer quadrants. What is the most likely diagnosis?

- a. Hyperprolactinemia
- b. Breast cyst
- c. Breast cancer
- d. Mastitis
- e. Fibrocystic mastopathy**

499. A 14-year-old girl came to the general practitioner with complaints of weakness, loss of appetite, headache, rapid fatigability. Her last menstruation was profuse and lasted for 14 days after the previous delay of 2 months. Objectively: the skin is pale, heart rate is 90/min., BP is 110/70 mm Hg, Hb is 88 g/L. Rectal examination: the uterus and its appendages are without changes, no discharge from the genital tracts. What complication occurred in the patient?

- a. Gastritis
- b. Dysmenorrhea
- c. Somatoform autonomic dysfunction of hypotonic type
- d. Migraine
- e. Posthemorrhagic anemia**

500. A 22-year-old postparturient woman on the 12th day after the normal childbirth informs of elevated body temperature up to 39°C for the last 3 days and pain in her right mammary gland. The right mammary gland is enlarged, hot to touch, tense, hyperemic, and painful. Palpation reveals there a dense infiltration 8x8 cm with a fluctuation in its center. What is the most likely diagnosis?

- a. Postpartum period, day 12. Right-sided serous mastitis
- b. Postpartum period, day 12. Right-sided phlegmonous mastitis

c. Postpartum period, day 12. Right-sided lactostasis

d. Postpartum period, day 12. Right-sided infiltrative-purulent mastitis

e. Postpartum period, day 12. Right-sided gangrenous mastitis

501. A 35-year-old pregnant woman with degree 1 essential hypertension, developed edemas and headache at the 33 week of her pregnancy. Objectively her general condition is satisfactory, blood pressure - 160/100 mm Hg, normal uterine tone. Fetal heart rate is 140/min., rhythmic. She was diagnosed with daily proteinuria - 4 g/L, daily diuresis - 1100 mL. Creatinine - 80 mcmol/L, urea - 7 mmol/L, platelets - 100×109/L. What complication of pregnancy occurred?

a. Moderate preeclampsia

b. Mild preeclampsia

c. Renal failure

d. Hypertensive crisis

e. Severe preeclampsia

502. A 24-year-old pregnant woman on her 37th week of pregnancy has been brought to the maternity obstetric service with complaints of weak fetal movements. Fetal heartbeats are 95/min. On vaginal examination the uterine cervix is tilted backwards, 2 cm long, external orifice allows inserting a fingertip. Biophysical profile of the fetus equals 4 points. What tactics of pregnancy management should be chosen?

a. Treatment of placental dysfunction and repeated analysis of the fetal biophysical profile on the next day

b. Urgent preparation of the uterine cervix for delivery

c. Treatment of fetal distress; if ineffective, then elective cesarean section on the next day

d. Urgent delivery via a cesarean section

e. Doppler measurement of blood velocity in the umbilical artery

503. During regular preventive gynecological examination a 30-year-old woman was detected to have dark blue punctuated "perforations" on the vaginal portion of the uterine cervix. The doctor suspects endometriosis of the vaginal portion of the uterine cervix. What investigation method would be most informative for diagnosis confirmation?

a. US of the lesser pelvis

b. Curettage of the uterine cavity

c. Hormone testing

d. Colposcopy, target biopsy of the cervix

e. Hysteroscopy

504. A parturient woman is 30 years old, stage I of the labor is ongoing. The fetus is in the cephalic presentation. Auscultation of the fetal heart sounds detects bradycardia. Evaluation of cardiotocogram yielded the following data: decrease of basal heart rate down to 90/min., variability - monotonous (2 and less); late decelerations with amplitude of 50/min. Make the diagnosis and choose the obstetrical tactics necessary in this case:

a. Fetal distress. Vacuum extraction delivery

b. Fetal distress. Stimulation of uterine contractions

c. Fetal distress. Forceps delivery

d. Fetal distress. Urgent cesarean section delivery

e. Normal condition of the fetus. Vaginal birth

505. A 27-year-old woman complains of foul-smelling discharge from her genital tracts, pain in her lower abdomen, and elevated temperature. The complaints arose 2 days ago. She has a history of surgical abortion at the term of 8 weeks one week ago. Mirror examination: the uterine cervix is clear, external orifice produces foulsmelling discharge. Vaginal examination: the uterus lies in anteflexion, is mobile, painful, and slightly enlarged. The appendages are without changes. Make the provisional diagnosis:

a. Enterocolitis

b. Acute respiratory disease

c. Salpingoophoritis

d. Postabortal endometritis

e. Appendicitis

506. A 17-year-old girl has made an appointment with the doctor. She plans to begin her sex life. No signs of gynecological pathology were detected. In the family history the patient's grandmother had cervical cancer. The patient was consulted about the maintenance of her reproductive health. What recommendation will be the most helpful for prevention of invasive cervical cancer?

a. Immunomodulators

b. Vitamins, calcium, omega-3

c. Vaccination against human papillomavirus (HPV)

d. Antiviral and antibacterial drugs

e. Timely treatment of sexually transmitted diseases