

Krok 2 – Gynecology Base

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. Excessive transformation of preandrogens from adipose tissues
B. The increased contents of follicle-stimulating hormone
C. Supersecretion of androgens by the cortex of paranephroses.
D. Hypersecretion of estrogens by tissues of the organism.
E. Poor aromatization of preandrogens due to hypothyroidism

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. 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

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. Treatment of specific colpitis with the subsequent biopsy
B. Cervix ectomy
C. Cryolysis of cervix uteri
D. Diathermocoagulation of the cervix uteri
E. Specific treatment of Trichomonas colpitis

4. 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, tuberos, 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. Radial therapy
C. Phase by phase vitamin therapy

- D. Hormonotherapy
- E. Phytotherapy

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. **Ultrasound**
- B. Colposcopy
- C. Cystoscopy
- D. Hysteroscopy
- E. Hromohydrotubation

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. **Premature detachment of normally posed placenta**
- B. Premature labor
- C. Acute hypoxia of a fetus
- D. Hydramnion
- E. Back occipital presentation

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 labor
- C. Back occipital presentation
- D. Hydramnion
- E. Premature detachment of normally posed placenta

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. Absolute bed rest for 1 month
- D. Caesarian section immediately
- E. Complex therapy of gestosis for 7 days

9. Which gestational age gives the most accurate estimation of weeks of pregnancy by uterine size?
- Less than 12 weeks**
 - Between 21 and 30 weeks
 - Between 12 and 20 weeks
 - Between 31 and 40 weeks
 - Over 40 weeks
10. 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 placental birth there were massive bleeding, signs of hemorrhagic shock. Despite the injection of contractile agents, good contraction of the uterus and absence of any cervical and vaginal disorders, the bleeding proceeds. Choose the most probable cause of bleeding:
- Atony of the uterus**
 - Hypotonia of the uterus
 - Hysterorrhexis
 - Injury of cervix of the uterus
 - Delay of the part of placenta
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 Caesarian section a year ago. Could you please determine the diagnosis?
- Hysterorrhexis**
 - Cord presentation
 - Expulsion of the mucous plug from cervix uteri
 - Premature expulsion of amniotic fluid
 - 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 hemolytic streptococcus of A group. The uterus body is soft, tender. Discharges are bloody, with admixtures of pus. Specify the most probable postnatal complication:
- Metroendometritis**
 - Infective contamination of the urinary system
 - Apothesis of sutures after the episiotomy
 - Thrombophlebitis of veins of the pelvis
 - Infectious hematoma

13. 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. Infective contamination of the urinary system
- C. Apoptosis of stitches after the episiotomy
- D. Thrombophlebitis of veins of the pelvis
- E. Infected hematoma

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. Infectious contamination of the urinary system

- B. Infectious hematoma
- C. Apoptosis of sutures after episiotomy
- D. Endometritis
- E. Thrombophlebitis of veins of the pelvis

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. Estimation of gonadotropin rate

- B. Progesteron assay
- C. USI of small pelvis organs
- D. Computer tomography of head
- E. Estimation of testosterone rate in blood serum

16. In 13 months after the first labor a 24-year-old woman complains of amenorrhea. Caesarian 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. Determination of the level of gonadotropin

- B. Progesteron test
- C. Determination of the contents of testosterone-depotum in blood serum.
- D. Computer tomography of the head
- E. Ultrasound of organs of a small pelvis

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. Computer tomography of the head

- B. USI of organs of small pelvis
- C. Determination of the contents of testosterone-depotum in blood serum
- D. Progesterone assay
- E. Determination of the level of gonadotropins

18. 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. Cervical smoothing over 90%
- C. Presenting part is in the lower region of small pelvis
- D. Rupture of fetal bladder
- E. Duration of uterine contractions over 30 seconds

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 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. Prophylaxes of weakness of labor activity

- B. Fetus hypoxia prophylaxes
- C. Treatment of weakness of labor activity.
- D. Antenatal preparation
- E. Labor stimulation

20. 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. Antenatal discharge of the amniotic waters

- B. Early discharge of the amniotic waters
- C. The end of the 1st stage of labour

- D. Pathological preterm labour
- E. The beginning of the 1st stage of labour

21. 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. **Placental presentation**
- B. Disseminated intravascular coagulation syndrome
- C. Vasa previa
- D. Detachment of normally located placenta
- E. Bloody discharges

22. 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. **Hormonotherapy and proteolytic enzymes**
- B. Magnitotherapy and vitamin therapy
- C. The patient does not require further care
- D. Antibacterial therapy and adaptogens
- E. Lasertherapy and enzymotherapy

23. 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. Fetus cardiophonography
- C. Ultrasound of the fetus
- D. Determination of the contents of alpha fetoprotein
- E. Bacteriological test of discharge from the vagina

24. 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 painfulness. The diverticulum and painfulness of the back and dextral fornixes of the vagina are evident. What is the most probable diagnosis?

- A. **Broken tubal pregnancy**

- B. Acute right-side adnexitis
- C. Apoplexy of the ovary
- D. Torsion of the crus of the ovary tumour
- E. Acute appendicitis

25. 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. **Surgical dissecting, a drainage of an abscess of the gland, antibiotics**
- B. Antibiotics, Sulfanilamidums
- C. Antibiotic therapy
- D. Antibiotics, detoxication and biostimulants.
- E. Surgical dissection, drainage of the abscess of the gland

26. 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. **Droperidolum of 0,25% - 2,0 ml**
- B. Dibazolum of 1% - 6,0 ml
- C. Hexenalum of 1% - 2,0 ml
- D. Pentaminum of 5% - 4,0 ml
- E. Papaverine hydrochloride of 2% - 4,0 ml

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

- A. **Hydatidiform mole**
- B. Anencephaly
- C. Maternal renal disease
- D. Interventricular defect of the fetus
- E. Twin gestation

28. 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. **Metroendometritis**
- B. Infection of the urinary system
- C. Apostatis of junctures after the episiotomy
- D. Thrombophlebitis of pelvic veins
- E. Infected hematoma

29. 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. **Determination of the level of Gonadotropins**
- B. Progesteron assay
- C. USI of organs of a small pelvis
- D. Computer tomography of the head
- E. Determination of the contents of Testosteron-Depotum in Serum of blood

30. 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. **The test for tolerance to glucose**
- B. US of fetus
- C. Bacteriological examination of discharges from vagina
- D. Determination of the contents of fetoproteinum
- E. A cardiophonography of fetus

31. 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 disfunction, 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. **Acute rheumatic fever**
- B. Reiters disease
- C. Reactive arthritis
- D. Systemic lupus erythematosus
- E. Juvenile rheumatoid arthritis

32. 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. Typhoid fever
- C. Salmonellosis
- D. Toxic food-borne infection
- E. Dysentery

33. 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. Delay of an intra-uterine fetation
- C. Infection of a fetus
- D. Prematurity
- E. Placental detachment

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

- A. **SGOT (ALT)**
- B. WBCs
- C. Sedimentation rates
- D. Alkaline phosphatase
- E. BUN

35. 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. Medication sleep, amniotomy, labour stimulation
- C. Fetal hypoxia treatment, in the II period - forceps delivery
- D. Amniotomy, labour stimulation, fetal hypoxia treatment
- E. Fetal hypoxia treatment, conservative delivery

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

- A. **IIIA**
- B. IIA

- C. IC
- D. IIB
- E. IVAB

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

- A. Laparoscopy with chromosalpingoscopy**
- B. Hysterosalpingography
- C. Pertubation
- D. Transvaginal echography
- E. Bicontrast pelviography

38. 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

39. 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. 8 August**
- B. 22 August
- C. 5 September
- D. 11 July
- E. 25 July

40. 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 draws 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 do curettage of uterine cavity
- C. To introduct oxitocine intravenously
- D. To apply Abduladze method
- E. To apply Credes method

41. 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 glomal artery ligation
- E. Supravaginal uterine amputation

42. 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. Inevitable abortion

- B. Incomplete abortion
- C. Disfunctional bleeding
- D. Complete abortion
- E. Incipient abortion

43. 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. Acute appendicitis
- C. Twist of cystoma of right uterine adnexa
- D. Ovarian apoplexy
- E. Acute salpingoophoritis

44. 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. Premature placental separation
- C. Threatened premature labor
- D. Incipient abortion
- E. Uterine rupture

45. 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. Hysteroscopia
- D. Diagnostic scraping out of the uterine cavity
- E. Hormone investigation

46. 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. Hemotransfusion shock

- B. DIC syndrome
- C. Septic shock
- D. Hemorrhagic shock
- E. Anaphylactic shock

47. 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. Cervical carcinoma
- C. Granulosa cell tumor of ovary
- D. Atrophic colpitis
- E. Abnormalities of menstrual cycle of climacteric nature

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. **Surgical treatment and hormonotherapy**
- B. Surgical treatment and radial therapy
- C. Surgical treatment + chemotherapy
- D. 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. **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

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. **Treatment of specific colpitis and subsequent biopsy**
- B. Cervix ectomy
- C. Cryolysis of cervix of the uterus
- D. Diathermocoagulation of the cervix of the uterus
- E. Specific treatment of Trichomonas colpitis

51. 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. **Early amniorrhea**
- B. Secondary uterine inertia
- C. Clinically narrow pelvis
- D. Discoordinated labor
- E. Primary uterine inertia

52. 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. **Forceps operation**
- B. Cesarean
- C. Conservative labor management with episiotomy
- D. Stimulation of labor activity
- E. Embryotomy

53. 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 3400 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. **Rhesus incompatibility**
- B. Antigen A incompatibility
- C. Antigen AB incompatibility
- D. Intrauterine infection
- E. Antigen B incompatibility

54. 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. Metrofibroma
- C. Cervical pregnancy
- D. Cervical papillomatosis
- E. Endometriosis

55. 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. **Primary uterine inertia**
- B. Discoordinated labor activity
- C. Pathological preliminary period
- D. Secondary uterine inertia
- E. Normal labor activity

56. 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 omentum
- C. Ablation of an ovary and omental metastases
- D. Ablation of omentum and both ovaries with tubes
- E. Biopsy of an ovary

57. A parturient complains about pain in the mammary gland. Palpation revealed a 3×4 cm large infiltration, soft in the centre. Body temperature is 38,5°C. What is the most probable diagnosis?

- A. **Acute purulent mastitis**
- B. Pleuritis
- C. Birth trauma
- D. Retention of milk
- E. Pneumonia

58. 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. **Cancer of the right mammary gland**
- B. Tuberculosis of the right mammary gland
- C. Right-side chronic mastitis
- D. Right-side acute mastitis
- E. Premenstrual syndrome

59. 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- $2,3 \times 10^{12}/l$, Ht - 20. What is the most probable diagnosis?

A. Juvenile bleeding, posthemorrhagic anemia

- B. Polycyst ovarian syndrome
- C. Werlhof's disease
- D. Hormonoproduktive ovary tumor
- E. Incomplete spontaneous abortion

60. 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- $36,6^{\circ}\text{C}$, 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. Renal colic
- C. Intestinal obstruction
- D. Acute appendicitis
- E. Abdominal pregnancy

61. A secundipara has regular birth activity. Three years ago she had cesarean section for the reason of acute intrauterine hypoxia. During paroxysm 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. Augmentation of labour
- D. Waiting tactics of labor management
- E. Vaginal delivery

62. 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. Fractional biopsy of lining of uterus and uterine mucous membranes

- B. Contracting drugs
- C. Hysterectomy
- D. Estrogenic haemostasia
- E. Styptic drugs

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

- A. **Manual uretus cavity revision**
- B. Prescription of uterotonic medicines
- C. Parturient supervision
- D. Instrumental uterus cavity revision
- E. External uterus massage

64. 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 place suture on the uterus cervix**
- B. To perform amniocentesis
- C. To interrupt pregnancy
- D. To administer tocolytic therapy
- E. To administer hormonal treatment

65. 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 get 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. Chronic adnexitis
- D. Immunologic infertility
- E. Genital endometriosis

66. 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

67. 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. **Physiological amenorrhea**
- B. Sheehans syndrome
- C. Gestation
- D. Pseudoamenorrhea
- E. Ashermans syndrome

68. 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 smeary. What is the most likely diagnosis?

- A. **Incipient abortion**
- B. Abortion in progress
- C. Missed miscarriage
- D. Incomplete abortion
- E. Risk of abortion

69. 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. **3 kg 500 g**
- B. 4 kg
- C. 3 kg
- D. 4 kg 500 g
- E. 2 kg 500 g

70. 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 tuberos surface. Laparoscopy revealed: ovaries, peritoneum of rectouterine pouch and pararectal fat have "cyanotic eyes". What is the most probable diagnosis?

- A. **Disseminated form of endometriosis**
- B. Chronic salpingitis
- C. Ovarian cystoma

- D. Tuberculosis of genital organs
- E. Polycystic ovaries

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

- A. **Probing of uterus cavity**
- B. Ultrasound examination
- C. Bimanual examination
- D. Laparoscopy
- E. Metrosalpingography

72. 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 No.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

73. 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 curetage**
- B. Culdoscopy
- C. Puncture of abdominal cavity through posterior vaginal fornix
- D. Laparoscopy
- E. Extensive colposcopy

74. 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. **Trichomonas colpitic**
- B. Bacterial vaginosis

- C. Chlamydiosis
- D. Gonorrhea
- E. Vagina candidomycosis

75. 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 has not applied any contraceptives. What method should be applied in order to specify her diagnosis?

A. Ultrasonic examination

- B. Speculum examination
- C. Palpation of mammary glands and pressing-out of colostrum
- D. Roentgenography of small pelvis organs
- E. Bimanual vaginal examination

76. 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 prefontanel 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

77. 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. Phlegmon of mammary gland
- C. Fibrous adenoma of the left mammary gland
- D. Lacteal cyst with suppuration
- E. Breast cancer

78. 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. 8-12 weeks, 28-32 weeks, 37 weeks

- B. 12-16 weeks, 27-28 weeks, 37-38 weeks
- C. 16 weeks, 34 weeks, 39-40 weeks

- D. 6-7weeks, 16 weeks, 38 weeks
- E. 10-12 weeks, 24 weeks, 37-38 weeks

79. 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. **Preeclampsia**
- B. Food toxicoinfection
- C. Exacerbation of pyelonephritis
- D. Dropsy of pregnant women
- E. Nephropathy of the 3rd degree

80. 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. Werlhofs disease
- C. Haemophilia
- D. Juvenile hemorrhage
- E. Endometrium cancer

81. 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. 650 ml
- C. 300 ml
- D. 1000 ml
- E. 500 ml

82. 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. Medical certificate
- C. Sanitary certificate
- D. Appointment card for hospitalization

E. Individual prenatal record

83. 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 + operation + chemotherapy

B. Operation only

C. Radiation therapy only

D. Chemotherapy only

E. Operation + radiation therapy

84. 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. Manual removal of placenta and afterbirth

B. Instrumental revision of uterine cavity walls

C. Intravenous injection of methylergometrine with glucose

D. Removal of afterbirth by Credes method

E. Uterus tamponade

85. 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. Episiotomy

B. Expectant management

C. Perineotomy

D. Perineum protection

E. Vacuum extraction of fetus

86. 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 operating room prepared for the operation

B. In the admission ward of maternity hospital

C. The examination is not to be conducted because of risk of profuse haemorrhage

D. In the delivery room keeping to all the aseptics regulations

E. In the examination room of antenatal clinic

87. 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. Hydatid molar pregnancy
- C. Placenta presentation
- D. Spontaneous abortion which has begun
- E. Stopped pregnancy

88. A primipara 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. Vacuum extraction of the fetus
- D. Conservative tactics of labor
- E. Stimulation of the labor activity

89. 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 outlet

- B. Wide pelvic plane
- C. Plane of pelvic inlet
- D. Over the pelvic inlet
- E. Narrow pelvic plane

90. 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. Sagittal suture is in the straight diameter, small crown is near symphysis. What is the further tactics of handling the delivery?

A. Use of obstetrical forceps

- B. Use of cavity forceps
- C. Cesarean section
- D. Stimulation of labour activity by oxytocin
- E. Cranio-cutaneous (Ivanovs) forceps

91. 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. Cryodestruction of condyloms
- C. Chemical coagulator treatment
- D. Antiviral treatment
- E. Surgical ablation of condyloms

92. 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 protein 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. Delivery by cesarean section

- B. Continue therapy and prolong pregnancy for 3-4 weeks
- C. Treat preeclampsia and achieve the delivery by way of conservative management
- D. Labor induction by intravenous oxytocin or prostaglandins
- E. Continue therapy and prolong pregnancy for 1-2 weeks

93. 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 7*7 cm large to the left from the uterus. The formation is restrictedly movable, painful when moved. What is the most probable diagnosis?

A. Endometrioid cyst of the left ovary

- B. Fibromatous node
- C. Tumour of sigmoid colon
- D. Exacerbation of chronic adnexitis
- E. Follicular cyst of the left ovary

94. 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. Cervix dilatation stage

- B. Prodromal stage
- C. Placental stage
- D. Stage of fetus expulsion

E. Preliminary stage

95. 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. **Cancer**

B. Lipoma

C. Fibroadenoma

D. Cyst

E. Mastopathy

96. 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. **Nascent submucous fibromatous node**

B. Cervical myoma

C. Algodismenorrhea

D. Abortion in progress

E. Cervical carcinoma

97. 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. Genital endometriosis

C. Anomalies of genitals development

D. Chronic adnexitis

E. Immunologic sterility

98. 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 denser consistency, uterus body isn't enlarged, mobile, nonpalpable adnexa, parametrium is free, deep fornices. What is the most likely diagnosis?

A. **Cancer of cervix of uterus**

B. Cancer of body of uterus

- C. Cervical pregnancy
- D. Polypose of cervix of uterus
- E. Fibromatous node which is being born

99. 10 minutes after delivery a woman discharged placenta with a tissue defect 5×6 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 make manual examination of uterine cavity**
- B. To administer uterotonics
- C. To introduce an ether-soaked tampon into the posterior fornix
- D. To apply hemostatic forceps upon the uterine cervix
- E. To put an ice pack on the lower abdomen

100. 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. Endometritis**
- B. Metrophlebitis
- C. Lochiometra
- D. Parametritis
- E. Pelviperitonitis

101. 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. Itsenko-Cushing syndrome**
- B. Turners syndrome
- C. Shichans syndrome
- D. Babinski-Froehlich syndrome
- E. Stein-Leventals syndrome

102. 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. **Immediate pregnancy interruption**
- B. Pregnancy interruption at 24-25 weeks
- C. Maintenance of pregnancy till delivery term
- D. Pregnancy interruption after urine normalization
- E. Maintenance of pregnancy till 36 weeks

103. 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. **Noncarrying of pregnancy**
- B. Late gestosis
- C. Fetus hypotrophy
- D. Intestinal obstruction
- E. Premature placenta detachment

104. 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 are palpable, the right fornix is contracted. There is a painful formation on the right of uterus. Its round, elastic and mobile. It is 7×8 cm large. In blood: leukocytosis with the left shift. What is the most likely diagnosis?

- A. **Ovarian cyst with pedicle torsion**
- B. Acute metritis
- C. Extrauterine pregnancy
- D. Right-sided pyosalpinx
- E. Subserous fibromyoma of uterus

105. 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. **Suboccipito-bregmaticus**
- B. Suboccipito-frontalis
- C. Mento-occipitalis

- D. Fronto-occipitalis recta
- E. Biparietal

106. 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. Instrumental extraction of fetal tissue

- B. Therapy for the maintenance of pregnancy
- C. Administration of hormones
- D. Surveillance
- E. Hemostatic and antianemic therapy

107. 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. Uterine carcinoma
- C. Endomyometritis
- D. Adnexal endometriosis
- E. Subserous uterine fibromyoma

108. 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. Abscess
- D. Dermatitis
- E. Tumour

109. 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. Caesarean section
- D. Application of cavity forceps
- E. Stimulation of labour activity by intravenous injection of oxytocin

110. 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. Herpes simplex virus

- B. Primary syphilis
- C. Bartholinitis
- D. Cytomegalovirus infection
- E. Genital condylomata

111. A 36-year-old female presented 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. Cervical pregnancy

- B. Uterogestation
- C. Threatened miscarriage
- D. Ectopic pregnancy
- E. Abortion in progress

112. 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

113. 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. Vulvar cancer
- D. Bartholin gland cyst
- E. Hypertrophy of the labia

114. 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 xerodermia. 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

115. 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 hysterorrhexis**
- B. Attack of eclampsia
- C. Disturbed labour
- D. Mazolysis
- E. Complete hysterorrhexis

116. 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. External massage of uterus
- C. Urine drainage, cold on the lower abdomen
- D. Introduction of hemostatic medications
- E. Introduction of uterine contracting agents

117. 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. **Postabortion endometritis**
- B. Postabortion uterus perforation
- C. Parametritis
- D. Hematometra
- E. Pelvic peritonitis

118. 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 edemata, 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. Epilepsy
- D. Cerebral edema
- E. Stomach ulcer

119. 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. **Diagnostic curettage of uterine cavity**
- B. TORCH-infection test
- C. Hysterectomy
- D. Conservative treatment of bleeding
- E. Supravaginal amputation of uterus without appendages

120. 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. Premenstrual syndrome**
- B. Neurasthenia
- C. Mastopathy
- D. Disease of cardiovascular system
- E. Renal disease

121. 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. Progressing fallopian pregnancy**
- B. Right ovarian cyst
- C. Acute appendicitis
- D. Uterogestation
- E. Interrupted fallopian pregnancy

122. 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. Discoordinated labour activity**
- B. Pathological preliminary period
- C. Normal labour activity
- D. Primary powerless labour activity
- E. Secondary powerless labour activity

123. 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. Risk of abortion in the 9-th week of pregnancy**
- B. Hysteromyoma
- C. Vesicular mole
- D. Abortion that started in the 9-th week of pregnancy

124. 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 estrogens
- C. Hypoproduction of progesterone
- D. Hyperproduction of prolactin
- E. Hyperproduction of androgens

125. 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

126. 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. Gonorrheal

- B. Chlamydial
- C. Staphylococcal
- D. Trichomonadal
- E. Colibacterial

127. 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. Sclerocystosis of ovaries

- B. Adrenogenital syndrome
- C. Gonadal dysgenesis
- D. Premenstrual syndrome
- E. Tubo-ovaritis

128. 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. Stein-Leventhal syndrome

- B. Sheehans syndrome
- C. Morgagni-Stewart syndrome
- D. Premenstrual syndrome
- E. Algodismenorrhea

129. A 32-year-old gravida complains of episodes of unconsciousness, spontaneous syncope 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. Vegetative-vascular dystonia (cardiac type)
- C. Psychosomatic disorders
- D. Pressure rise in the veins of extremities
- E. Pressure fall in the veins of extremities

130. 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. Sheehans syndrome

- B. Shereshevsky-Turners syndrome
- C. Vegetovascular dystonia
- D. Homological blood syndrome
- E. Stein-Leventhal syndrome

131. 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. **Diagnostic fractional curettage of uterine cavity**
- B. USI
- C. Colposcopy
- D. Cytosmear
- E. Symptomatic therapy

132. 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. Endometritis
- C. Uterine fibromyoma
- D. Pregnancy
- E. Hydatidiform mole

133. 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. **Abortion in progress**
- B. Interrupted fallopian pregnancy
- C. Threat of abortion
- D. Cervical pregnancy
- E. Incipient abortion

134. 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. **Extracorporal fertilization**
- B. Induction of ovulation
- C. Substitutional maternity
- D. Insemination with her husband's semen
- E. Artificial fertilization with donor's semen

135. 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 edematic. 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 gonorrheal endocervicitis**

- B. Candidal vulvovaginitis
- C. Bacterial vaginism
- D. Chlamydial endocervicitis
- E. Trichomonal colpitis

136. A 26 year old woman complains about edemata, swelling and painfulness 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. Stein-Leventhal syndrome
- C. Adrenogenital syndrome
- D. Postcastration syndrome
- E. Climacteric syndrome

137. 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. **Climacteric syndrome**

- B. Arterial hypertension
- C. Postcastration syndrome
- D. Premenstrual syndrome
- E. Vegetative-vascular dystonia

138. 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. Colposcopy
- C. Laparoscopy

- D. Hysteroscopy
- E. Curettage of uterine cavity

139. 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. **Physiological course of postpartum period**
- B. Lactostasis
- C. Postpartum metroendometritis
- D. Subinvolution of uterus
- E. Remnants of placental tissue after labour

140. 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. Sanguino-serous
- D. Purulent
- E. Serous

141. 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. **Surgical laparoscopy**
- B. Conservative therapy with estrogen-gestagenic drugs
- C. Sanatorium-and-spa treatment
- D. Hormonal therapy with androgenic hormones
- E. Anti-inflammatory therapy

142. 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. **Rupture of uterus**
- B. II labor period
- C. Discoordinated labor activity

- D. Uterine inertia
- E. Risk of uterus rupture

143. 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. Contracting agents
- C. Intrauterine instillation of dioxine
- D. Instrumental revision of uterine cavity
- E. Haemostatic therapy

144. 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. Pregnancy maintenance therapy
- D. Hysterectomy
- E. Antiviral therapy

145. 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 4?5?5 cm large and had a lot of cystic inclusions. What is the most probable diagnosis?

- A. **Polycystic ovaries**
- B. Ovarian cystoma
- C. Menstrual irregularity
- D. Bilateral ovarian tumours
- E. Chronic oophoritis

146. 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. Pregnancy

- C. Functional disorder of the hypothalamic-pituitary-ovarian system
- D. Mammary tumour
- E. Ovarian tumor

147. 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 spasmolytic therapy
- D. Surgical laparoscopy
- E. Surveillance and antibacterial therapy

148. 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. Grape mole**
- B. Abortion in progress
- C. Threat of spontaneous abortion
- D. Incomplete abortion
- E. Incipient abortion

149. 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. Surgical treatment**
- B. Treatment with prostaglandin inhibitors
- C. Further surveillance
- D. Hormonal therapy
- E. Embolization of uterine arteries

150. 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 hasnt been found, on

hysterosalpingography both tubes were filled with the contrast medium up to the isthmic segment, abdominal contrast was not visualized. The patients husband is healthy. What tactics will be most effective?

- A. **In-vitro fertilization**
- B. Laparoscopic tubal plasty
- C. ICSI within in-vitro fertilization program
- D. Insemination with husbands sperm
- E. Hydrotubation

151. 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 girls 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, edemata of pregnancy from 32 to 38 weeks. What is the most likely cause of low birth weight?

- A. **Fetoplacental insufficiency**
- B. Third trimester preeclampsia
- C. Womans age
- D. Low weight of the woman
- E. First trimester preeclampsia

152. 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. **Once a week**
- B. Once in three weeks
- C. Once in two weeks
- D. Montly
- E. There is no need in further checks

153. 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. Physiological preliminary period
- C. Secondary uterine inertia
- D. Uterine cervix dystocia
- E. Primary uterine inertia

154. 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 vaginal 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. Sexual development delay
- C. Babinski-Frohlich syndrome
- D. Turners syndrome
- E. Pregnancy

155. 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. **Premature delivery**
- B. Plasmapheresis
- C. Administration of anti-Rh gamma globulin
- D. Repeated (after 2 weeks) USI
- E. Course of desensitizing therapy

156. 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. **Juvenile bleeding**
- B. Hysteromyoma
- C. Amenorrhea
- D. Girl is healthy
- E. Ovarian cyst

157. 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. Post-castration syndrome

- B. Premenstrual syndrome
- C. Secondary psychogenic amenorrhea
- D. Physiological premenopause
- E. Early pathological menopause

158. 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. Premenstrual syndrome

- B. Secondary psychogenic amenorrhea
- C. Premature pathological climacterium
- D. Preclimacterium syndrome
- E. Algomenorrhea

159. 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, preliminary period

- B. Pregnancy I, 39 weeks, labor I, period 1, the active phase
- C. Pregnancy I, 39 weeks, pathological preliminary period
- D. Pregnancy I, 39 weeks, birth I, 1 period, the acceleration phase
- E. Pregnancy I, 39 weeks, labor I, 1 period, the latent phase

160. 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. Further follow-up

- B. Appointment antipyretic
- C. Expression of breast
- D. Manual examination of the uterine cavity
- E. Antibiotic therapy

161. 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. Physiotherapy
- C. Opening of the abscess and drainage of the breast
- D. Compress to both breasts
- E. Inhibition of lactation

162. 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. Antibiotic therapy, immobilization and expression of breast milk

- B. Physiotherapy
- C. Opening of the abscess and drainage of the mammary gland
- D. Compress to both mammary glands
- E. Inhibition of lactation

163. 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. Hyperprolactinemia

- B. Hypothyroidism
- C. Pituitary adenoma
- D. Sheehan syndrome
- E. Polycystic ovary syndrome

164. 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. Surgical removal of the tumour prior to pregnancy

- B. Dynamic follow-up
- C. Radical mastectomy
- D. Nonsteroid anti-inflammatory drugs, oral contraceptives
- E. Surgical treatment after pregnancy

165. 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. **Fibroadenoma**
- B. Diffuse mastopathy
- C. Mastitis
- D. Mammary cancer
- E. Lactocele

166. 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. Cystitis
- D. Vulvitis
- E. Bacterial vaginosis

167. 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. **Infiltrative-purulent mastitis**
- B. Phlegmonous mastitis
- C. Serous mastitis
- D. Mastopathy
- E. Lactostasis

168. 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 cancer**
- B. Mastitis
- C. Breast lipoma

- D. Lactocele
- E. Diffuse mastopathy

169. 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. Spanomenorrhea
- C. Cryptomenorrhea
- D. Primary amenorrhea
- E. Algomenorrhea

170. 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. **Hystero carcinoma**
- B. Colon cancer
- C. Chorionepithelioma
- D. Cervical cancer
- E. Metrofibroma