

**1** A 24-year-old primipara was hospitalised with complaints of 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 opening is closed, light amniotic waters are discharged. Point out the correct component of the diagnosis:

- A. \*Antenatal discharge of the amniotic waters
- B. Early discharge of the amniotic waters
- C. The beginning of the 1st stage of labour
- D. The end of the 1st stage of labour
- E. Pathological preterm labour

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

- F. \*Droperidolum of 0,25% - 2,0 ml
- G. Dibazolum (Bendazole hydrochloride) of 1% - 6,0 ml
- H. Papaverine hydrochloride of 2% - 4,0 ml
- I. Hexenalum of 1% - 2,0 ml
- J. Pentaminum of 5% - 4,0 ml

**3** A 59-year-old female patient attended a maternity welfare clinic with complains of bloody discharge 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 discharge came from the cervical canal. Uterus is of normal size, uterine appendages are unpalpable. Fornices were deep and painless. What method should be applied for the diagnosis specification?

- K. \*Separated diagnostic curettage
- L. Laparoscopy
- M. Puncture of abdominal cavity through posterior vaginal fornix
- N. Extensive colposcopy
- O. Culdoscopy

**4** 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 breastfeeds the child, menstruation is absent. She has not applied any contraceptives. What method should be applied in order to specify her diagnosis?

- P. \*Ultrasonic examination
- Q. X-ray of small pelvis
- R. Palpation of mammary glands and pressing out of colostrum
- S. Bimanual vaginal examination
- T. Speculum examination

**5** A 28-year-old woman has bursting pain in the lower abdomen during menstruation; chocolate-like discharges from vagina are observed. 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?

- U. \*Endometrioid cyst of the left ovary
- V. Follicular cyst of the left ovary
- W. Fibromatous node
- X. Exacerbation of chronic adnexitis
- Y. Tumour of sigmoid colon

**6** A 30-year-old parturient woman was delivered to a maternity hospital with full-term pregnancy. She complains of severe lancinating pain in the uterus that started 1 hour ago, nausea, vomiting, cold sweat. Anamnesis states cesarean section 2 years ago. Uterine contractions stopped. Skin and mucous membranes are pale. Heart rate is 100/min, BP is 90/60 mm Hg. Uterus has no clear margins, is sharply painful. No heartbeat can be auscultated in the fetus. Moderate bloody discharge from the uterus can be observed. Uterus cervix is 4 cm open. Presenting part is not visible. The most likely diagnosis is:

- Z. \*Uterine rupture
- AA. Initial uterine rupture
- BB. Threatened uterine rupture
- CC. Premature detachment of normally positioned placenta
- DD. Compression of inferior pudendal vein

**7** A 26-year-old woman has attended maternity center complaining of her inability to become pregnant despite 3 years of regular sex life. Examination revealed the following: increased body weight; male-type pubic hair; excessive pilosis of thighs; ovaries are dense and enlarged; basal body temperature is monophasic. The most likely diagnosis is:

- EE. \*Ovaries sclerocystosis
- FF. Inflammation of uterine appendages
- GG. Adrenogenital syndrome
- HH. Premenstrual syndrome
- II. Gonadal dysgenesis

**8** 28-year-old woman complains of increased 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. X-ray of skull base showed that sellar region was dilated. What is the most probable diagnosis?

- JJ. \* Stein-Leventhal syndrome (Polycystic ovary syndrome)
- KK. Algodismenorrhea
- LL. Sheehan's syndrome

MM. Premenstrual syndrome  
NN. Morgagni-Stewart syndrome

**9** A woman consulted a therapist about fatigability, significant weight loss, weakness, loss of appetite. She has been having 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?

OO. \* Sheehan's syndrome  
PP. Stein-Leventhal syndrome  
QQ. Shereshevsky-Turner's syndrome  
RR. Homological blood syndrome  
SS. Vegetovascular dystonia

**10** A parturient woman is 27 year old, it was her second labour, delivery was at full-term, normal course. On the 3rd day of postpartum period body temperature is 36,8°C, heart rate - 72/min, BP - 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?

TT. \*Physiological course of postpartum period  
UU. Subinvolution of uterus  
VV. Postpartum metroendometritis  
WW. Remnants of placental tissue after labour  
XX. Lactostasis

**11** A 37-year-old woman complains of sharp pains in her external genitalia, edema of the vulvar lips, pain when walking. Objectively: body temperature is 38,7°C, heart rate is 98/min. Inside the right vulvar lip there is a dense, painful, tumor-like growth 5,0x4,5 cm in size; skin and mucosa of the external genitalia are hyperemic, copious foul-smelling discharge is observed. The most likely diagnosis is:

YY. \*Acute Bartholinitis  
ZZ. Furuncle of outer labia  
AAA. Acute vulvovaginitis  
BBB. Bartholin's cyst  
CCC. Carcinoma of vulva

**12** 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 the following actions:

DDD. \* Antibacterial therapy  
EEE. Instrumental revision of uterine cavity  
FFF. Haemostatic therapy  
GGG. Contracting agents  
HHH. Intrauterine instillation of dioxine

**13** A 22-year-old patient complains of 8-months-long delay of menstruation. Anamnesis: menarche since the age of 12,5. Since the age of 18 menstruations are irregular. No pregnancies. Mammary glands have normal development; when the nipples are pressed, milk drops are discharged. On gynecological examination: moderate uterus hypoplasia. On hormonal examination: prolactin level exceeds the norm two times. On computed tomogram of the sellar region: a space-occupying lesion 4 mm in diameter is detected. The most likely diagnosis is:

III. \*Pituitary tumor

JJJ. Lactation amenorrhea

KKK. Stein–Leventhal syndrome (Polycystic ovary syndrome)

LLL. Sheehan’s syndrome

MMM. Cushing’s disease

**14** On the 10th day postpartum a puerperant woman complains of pain and heaviness in the left mammary gland. Body temperature is 38, 8oC, 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 doctor’s further tactics?

NNN. \*Antibiotic therapy, immobilization and expression of breast milk

OOO. Compress to both mammary glands

PPP. Inhibition of lactation

QQQ. Physiotherapy

RRR. Opening of the abscess and drainage of the mammary gland 180

**15A** 25-year-old patient during selfexamination detected a tumor in the upper external quadrant of the right mammary gland. On palpation: painless, dense, mobile growth 2 cm in diameter is detected in the mammary gland; no changes in the peripheral lymph nodes are observed. On mammary glands US: in the upper external quadrant of the right mammary gland there is a space-occupying lesion of increased echogenicity 21x18 mm in size. The most likely diagnosis is:

SSS. \*Fibrous adenoma

TTT. Lacteal cyst

UUU. Diffuse mastopathy

VVV. Breast cancer

WWW. Mastitis

**16A** maternity patient breastfeeding for 1,5 weeks has attended a doctor. She considers the onset of her disease to be when proportional breast engorgement occurred. Mammary glands are painful. Body temperature is 36, 6oC. Expression of breast milk is hindered. The most likely diagnosis is:

XXX. \* Lactostasis

YYY. Infiltrative mastitis

ZZZ. Suppurative mastitis

AAAA. Chronic cystic mastitis

BBBB. Gangrenous mastitis

**17** An Rh-negative woman with 32-weeklong term of pregnancy has been examined. It was observed that Rh-antibodies titer had increased four times within the last 2 weeks and was 1:64. First two pregnancies ended in antenatal death of fetus caused by hemolytic disease. What tactics of pregnancy management should be chosen?

CCCC. \* Preterm delivery

DDDD. Delivery at 37 weeks term

EEEE. Rh-antibody test in 2 weeks; if Rh-antibodies increase in number conduct delivery

FFFF. Introduction of anti-Rh immunoglobulin

GGGG. US examination to determine signs of fetal erythroblastosis

**18** A 30-year-old woman complains of irregular copious painful menstruations, pain irradiates to the rectum. Anamnesis states 10- year-long infertility. On bimanual examination: uterus is of normal size; uterine appendages on the both sides are corded, with restricted mobility, painful; there are dense nodular painful growths detected in the posterior fornix. A doctor suspects endometriosis. What method allows to verify this diagnosis?

HHHH. \*Laparoscopy

IIII. Diagnostic curettage of uterine cavity

JJJJ. Paracentesis of posterior fornix

KKKK. Uterine probing

LLLL. Hysteroscopy

**19** A 48-year-old patient was delivered to a hospital in-patient unit with uterine bleeding that occurred after the 2-week-long delay of menstruation. Anamnesis states single birth. Examination of the uterine cervix with mirrors revealed no pathologies. On bimanual examination: uterus is of normal size, painless, mobile; uterine appendages have no changes. Discharge is bloody and copious. What primary hemostatic measure should be taken in the given case?

MMMM. \*Fractional curettage of uterine cavity

NNNN. Hormonal hemostasis

OOOO. Hemostatics

PPPP. Uterine tamponade

QQQQ. Uterotonics

**20** A 30-year-old woman complains of infertility during her 10-year-long married life. Menstruations occur since she was 14 and are irregular, with delays up to a month and longer. Body mass is excessive. Hirsutism is observed. On bimanual examination: uterine body is decreased in size; ovaries are increased in size, dense, painless, and mobile. The most likely diagnosis is:

RRRR. \*Stein–Leventhal syndrome (Polycystic ovary syndrome)

SSSS. Follicular cyst of ovaries

TTTT. Genital endometriosis

UUUU. Genital tuberculosis

VVVV. Inflammatory tumor of ovaries

**21** A 50-year-old female patient complains of aching pain in the lower abdomen. She has a history of normal menstrual cycle. At the age of 40, the patient underwent a surgery for gastric ulcer. Examination findings: abdomen is soft, in the hypogastrium there is a well-defined nodular tumor of limited mobility. Vaginal examination findings: the cervix is clean, of cylindrical shape. Body of the uterus cannot be palpated separately. On both sides of the uterus palpation reveals tight tumors with an uneven surface. The tumors are immobile and fill the whole pelvic cavity. What is the most likely diagnosis?

- WWWW. \*Krukenberg tumor
- XXXX. Ovarian fibroid
- YYYY. Ovarian granulose cell tumor
- ZZZZ. Bilateral pioovarium
- AAAAA. Subserous metrofibrioma

**22** A 13-year-old girl was admitted to the gynecology department for having a significant bleeding from the genital tract for 10 days. The patient has a history of irregular menstrual cycle since menarche. Menarche occurred at the age of 11. Recto-abdominal examination revealed no pathology. What is the provisional diagnosis?

- BBBBB. \*Juvenile uterine bleeding
- CCCCC. Adenomyosis
- DDDDD. Injury of the external genitalia
- EEEEE. Werlhof's disease
- FFFFF. Endometrial polyp

**23** A 21-year-old female patient consulted a gynecologist about itching, burning, watery vaginal discharges with a fish-like smell. Speculum examination revealed that the cervical and vaginal mucosa was of a normal pink color. Vaginal examination revealed no alterations of the uterus and appendages. Gram-stained smears included clue cells. What is the most likely pathology?

- GGGGG. \*Bacterial vaginosis (gardnerellosis)
- HHHHH. Chlamydiosis
- IIII. Gonorrhea
- JJJJJ. Trichomoniasis
- KKKKK. Candidiasis

**24** 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?

- LLLLL. \*Early amniorrhea
- MMMMM. Primary uterine inertia
- NNNNN. Secondary uterine inertia
- OOOOO. Discoordinated labor
- PPPPP. Clinically narrow pelvis

**25** A 39-year-old female patient complains of dyspnea when walking, palpitation, edemata in the evening. The patient's height is 164 cm, weight - 104 kg. Objectively: overnutrition. Heart sounds are weak, and tachycardia is present. The menstrual cycle is not broken. Blood sugar is 5,6 mmol/l, ACTH-response tests revealed no alterations. X-ray of the Turkish saddle revealed no pathology. What disease is it?

QQQQQ. \*Alimentary obesity

RRRRR. Climax

SSSSS. Pituitary obesity

TTTTT. Diabetes mellitus

UUUUU. Cushing's syndrome (primary hypercortisolism)

**26** A 28-year-old female patient has been admitted to the gynecology department for abdominal pain, spotting before and after menstruation for 5 days. The disease is associated with the abortion which she had 2 years ago. Anti-inflammatory treatment had no effect. Bimanual examination findings: the uterus is enlarged, tight, painful, smooth. Hysteroscopy reveals dark red holes in the fundus with dark blood coming out of them. What diagnosis can be made on the grounds of these clinical presentations?

VVVVV. \*Inner endometriosis

WWWWW. Polymenorrhea

XXXXX. Hypermenorrhea

YYYYY. Submucous fibromatous node

ZZZZZ. Dysfunctional uterine bleeding

**27** A woman at 30 weeks pregnant has had an attack of eclampsia at home. On admission to the maternity ward AP- 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?

AAAAAA. \*Delivery by cesarean section

BBBBBB. Continue therapy and prolong pregnancy for 1-2 weeks

CCCCCC. Continue therapy and prolong pregnancy for 3-4 weeks

DDDDDD. Labor induction by intravenous oxytocin or prostaglandins

EEEEEE. Treat preeclampsia and achieve the delivery by way of conservative management

**28** 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?

FFFFFF. \*Instrumental extraction of fetal tissue

GGGGGG. Surveillance

HHHHHH. Administration of hormones

IIIIII. Hemostatic and antianemic therapy

JJJJJJ. Therapy for the maintenance of pregnancy

**29** 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 external orifice disclosed up to 0,5 cm. Urine hCG test was positive. What is the most likely diagnosis?

- KKKKKK. \*Cervical pregnancy
- LLLLLL. Uterogestation
- MMMMMM. Abortion in progress
- NNNNNN. Threatened miscarriage
- OOOOOO. Ectopic pregnancy

**30** An 18-year-old girl complains of breast pain and engorgement, headaches, irritability, swelling of the lower extremities. These symptoms have been observed since menarche and occur 3-4 days before the regular menstruation. Gynecological examination revealed no pathology. Make a diagnosis:

- PPPPPP. \*Premenstrual syndrome
- QQQQQQ. Neurasthenia
- RRRRRR. Renal disease
- SSSSSS. Mastopathy
- TTTTTT. Cardiovascular disorder

**31** A 25-year-old female presented to a women's welfare clinic and reported the inability to get pregnant within 3 years of regular sexual activity. Examination revealed increased body weight, male pattern of pubic hair growth, excessive pilosity of thighs, dense enlarged ovaries, monophasic basal temperature. What is the most likely diagnosis?

- UUUUUU. \*Polycystic ovarian syndrome
- VVVVVV. Adnexitis
- WWWWWW. Adrenogenital syndrome
- XXXXXX. Premenstrual syndrome
- YYYYYY. Gonadal dysgenesis

**32** A 23-year-old female consulted a gynecologist on the 20th day postpartum period about pain in the left breast, purulent discharge from the nipple. Objectively: Ps-120/min, t - 39 C. The left breast is painful, larger than the right one, hyperemic. In the upper quadrant there is an infiltrate sized 10x15 cm with a softening inside. Blood test results: ESR- 50 mm/h, WBC- 15, 0 10<sup>9</sup>/l. What is the tactics of choice?

- ZZZZZZ. \*Refer to the surgical department for operative treatment
- AAAAAA. Refer to the gynecology department
- BBBBBB. Refer to the postpartum department
- CCCCCC. Refer to a polyclinic surgeon for conservative treatment
- DDDDDD. Lance the breast abscess in the women's health clinic

**33** A puerperant is 28 years old. It's the 3rd day post-partum after a second, normal, term delivery. The body temperature is of 36, 80 C , Ps- 72/min, AP- 120/80 mm Hg. Mammary glands are moderately engorged, the nipples are clean. Abdomen is soft, painless. The fundus is 3 fingers' breadth below the navel. Moderate bloody lochia are present. What di-agnosis can be made?

EEEEEEE. \*Physiological course of the postpartum period

FFFFFFF. Subinvolution of uterus

GGGGGGG. Postpartum metroendometritis

HHHHHHH. Remains of placental tissue after childbirth

IIIIII. Lactostasis

**34** A puerperant is 32 years old, it's her first childbirth, term precipitate labor, the III peri-od is unremarkable, the uterus is contracted, tight. Examination of the birth canal revealed a rupture in the left posterior vaginal wall that was closed with catgut. Two hours later, the patient complained of a feeling of pressure on the anus, pain in the perineum, minor vaginal discharges, edema of the vulva. These clinical presentations are indicative most likely of:

JJJJJJ. \*Vaginal hematoma

KKKKKKK. Hystercervicorrhexis

LLLLLLL. Hemorrhoids

MMMMMMM. Hysterorrhexis

NNNNNNN. Hypotonic bleeding

**35** A 31-year-old female patient complai-ns of infertility, amenorrhea for 2 years after the artificial abortion that was complicated by endometritis. Objectively: examination of the external genitalia revals no pathology, there is female pattern of hair distribution. According to the functional tests, the patient has biphasic ovulatory cycle. What form of infertility is the case?

OOOOOOO. \*Uterine

PPPPPPP. Ovarian

QQQQQQQ. Pituitary

RRRRRRR. Hypothalamic

SSSSSSS. Immunological

**36** 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 visuali-zed. The patient's husband is healthy. What tactics will be most effective?

TTTTTTT. \*In-vitro fertilization

UUUUUUU. Insemination with husband's sperm

VVVVVVV. ICSI within in-vitro fertilization program

WWWWWWW. Hydrotubation

XXXXXXX. Laparoscopic tubal plasty

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

YYYYYYY. \* Fetoplacental insufficiency

ZZZZZZZ. Low weight of the woman

AAAAAAAAA. Woman's age

BBBBBBBBB. First trimester preeclampsia

CCCCCCCC. Third trimester preeclampsia

**38** 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. Bi-manual examination reveals that the cervix is centered, soft, up to 1,5 cm long. There is no cervical dilatation. What diagnosis should be made?

DDDDDDDD. \*Pregnancy I, 39 weeks, preliminary period

EEEEEEEE. Pregnancy I, 39 weeks, labor I, 1 period, the latent phase

FFFFFFFF. Pregnancy I, 39 weeks, labor I, period 1, the active phase

GGGGGGGG. Pregnancy I, 39 weeks, birth I, 1 period, the acceleration phase

HHHHHHHH. Pregnancy I, 39 weeks, pathological preliminary period

**39** On the 10th day postpartum a puerperant woman complains of pain and heaviness in the left breast. Body temperature is 38, 80 C , Ps- 94 bpm. The left breast is edematous, the supero-external quadrant of skin is hyperemic. Fluctuation symptom is absent. The nipples discharge drops of milk when pressed. What is a doctor's further tactics?

IIIIIII. \*Antibiotic therapy, immobilization and expression of breast milk

JJJJJJJ. Compress to both breasts

KKKKKKKK. Inhibition of lactation

LLLLLLLL. Physiotherapy

MMMMMMMM. Opening of the abscess and drainage of the breast

**40** During the breast self-exam a 37-year-old female patient revealed a lump in the lower inner quadrant of her left breast. Palpation confirms presence of a mobile well-defined neoplasm up to 2 cm large. Peripheral lymph nodes are not changed. What is the way of further management?

NNNNNNNN. \*Ultrasound examination of management mammography, fine-needle aspiration biopsy

OOOOOOOO. Anti-inflammatory therapy, physiotherapy

PPPPPPP. Radical mastectomy

QQQQQQQQ. Ultrasound monitoring of genitals during the entire course of antiestrogens therapy, systemic enzyme therapy, phytotherapy

RRRRRRRR. Case follow-up

**41** 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?

- SSSSSSSS. \*Fibroadenoma
- TTTTTTTT. Lactocele
- UUUUUUUU. Diffuse mastopathy
- VVVVVVVV. Mammary cancer
- WWWWWWW. Mastitis

**42** 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?

- XXXXXXXX. \*Menopausal syndrome
- YYYYYYYY. Cystitis
- ZZZZZZZZ. Trichomonas colpitis
- AAAAAAAA. Vulvitis
- BBBBBBBB. Bacterial vaginosis

**43** On admission a 35-year-old female reports acute abdominal pain, fever up to 38, 80 C, mucopurulent discharges. The patient is nulliparous, has a history of 2 artificial abortions. The patient is unmarried, has sexual contacts. Gynecological examination reveals no uterus changes. Appendages are enlarged, bilaterally painful. There is profuse purulent vaginal discharge. What study is required to confirm the diagnosis?

- CCCCCCCC. \*Bacteriologic and bacteriologic studies
- DDDDDDDD. Hysteroscopy
- EEEEEEEE. Curettage of uterine cavity
- FFFFFFFF. Vaginoscopy
- GGGGGGGG. Laparoscopy

**44** 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?

- HHHHHHHH. \*Secondary amenorrhea
- IIIIIII. Primary amenorrhea
- JJJJJJJ. Algomenorrhea
- KKKKKKKK. Spanomenorrhea
- LLLLLLLL. Cryptomenorrhea

**45** 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?

MMMMMMMMMM. \*Hystero carcinoma

NNNNNNNNNN. Cervical cancer

OOOOOOOOOO. Metrofibroma

PPPPPPPPP. Colon cancer

QQQQQQQQQ. Chorionepithelioma

**46** 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 would you make?

RRRRRRRRR. \*Isthmico-cervical insufficiency, habitual noncarrying of pregnancy

SSSSSSSSS. Threatened spontaneous abortion

TTTTTTTTT. Incipient abortion, habitual noncarrying of pregnancy

UUUUUUUUU. Cervical hysteromyoma, habitual noncarrying of pregnancy

VVVVVVVVV. Cervical pregnancy, 12 weeks

**47** A 26-year-old secundipara at 40 weeks of gestation arrived at a maternity ward after the beginning of labor activity. The bursting of waters occurred 2 hours prior. 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 the childbirth?

WWWWWWWWW. \*Early amniorrhea

XXXXXXXXXX. Primary uterine inertia

YYYYYYYYY. Secondary uterine inertia

ZZZZZZZZZ. Discoordinated labor

AAAAAAAAAAA. Clinically narrow pelvis

**48** An infant has been born at the 41st week of gestation. The pregnancy was complicated with severe gestosis of the second semester. The weight of the baby is 2400 g, the height is 50 cm. Objectively: the skin is flabby, the layer of subcutaneous fat is thin, hypomyotonia, neonatal reflexes are weak. The internal organs are without pathologic changes. This newborn can be estimated as a:

BBBBBBBBBB. \*Full-term infant with prenatal growth retardation

CCCCCCCCCC. Premature infant

DDDDDDDDDD. Immature infant

EEEEEEEEEE. Postmature infant  
FFFFFFFFFF. Full-term infant with normal body weight

**49** A full term baby born from the 1st noncomplicated pregnancy with complicated labor was diagnosed with cephalohematoma. On the 2nd day of life the child developed jaundice; on the 3rd day of life there appeared neurological changes: nystagmus, Graefe syndrome. Urine is yellow, feces are golden-yellow. The mother's blood group is A (II) Rh<sup>-</sup>, the child's - A (II) Rh<sup>+</sup>. On the 3rd day the results of the child's blood test are as follows: Hb- 200 g/l, erythrocytes - 6, 1 10<sup>12</sup>/l, blood bilirubin - 58 μmol/l due to the presence of its unconjugated fraction, Ht- 0,57. In this case the jaundice is caused by:

GGGGGGGGGG. \*Craniocerebral birth injury  
HHHHHHHHHH. Physiologic jaundice  
IIIIIIII. Hemolytic disease of newborn  
JJJJJJJJ. Atresia of bile passages  
KKKKKKKKKK. Fetal hepatitis

**50** A 26-year-old woman, who gave birth 7 months ago, has been suffering from nausea, morning sickness, somnolence for the last 2 weeks. The patient breastfeeds; no menstruation. She has been using no means of contraception. What method would be most efficient in clarification of the diagnosis?

LLLLLLLLLLL. \*Ultrasound  
MMMMMMMMMMM. Small pelvis radiography  
NNNNNNNNNN. Palpation of mammary glands and squeezing out colostrum  
OOOOOOOOOO. Bimanual abdominovaginal examination  
PPPPPPPPPP. Mirror examination

**51** A 30-year-old parturient woman was delivered to a maternity hospital with full-term pregnancy. She complains of severe lancinating pain in the uterus that started 1 hour ago, nausea, vomiting, cold sweat. Anamnesis states cesarean section 2 years ago. Uterine contractions stopped. Skin and mucous membranes are pale. Heart rate is 100/min., BP is 90/60 mm Hg. Uterus has no clear margins, is sharply painful. No heartbeat can be auscultated in the fetus. Moderate bloody discharge from the uterus can be observed. Uterus cervix is 4 cm open. Presenting part is not visible. The most likely diagnosis is:

QQQQQQQQQQ. \* Uterine rupture  
RRRRRRRRRR. Initial uterine rupture  
SSSSSSSSSS. Threatened uterine rupture  
TTTTTTTTTT. Premature detachment of normally positioned placenta  
UUUUUUUUUU. Compression of inferior pudendal vein

**52** A parturient woman is 23 years old. Internal obstetric examination shows the uterine cervix to be completely open. Fetal bladder is absent. Cephalic presentation is observed in the plane of the small pelvic outlet. Sagittal suture is at the longitudinal section of the small pelvic outlet, small fontanel is situated closer to the uterus. What cephalic position will the newborn have during birth in this case?

VVVVVVVVVV. \* Minor oblique lie

WWWWWWWWW. Longitudinal lie  
XXXXXXXXXXX. Transverse lie  
YYYYYYYYYYY. Medium oblique lie  
ZZZZZZZZZZ. Major oblique lie

**53** During the dynamic observation of a parturient woman in the second stage of labor it was registered that the fetal heart rate decreased to 90-100/min. and did not normali-ze 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 was in the anteroposteri-or diameter of the pelvic outlet, the posterior fontanelle was in front under the pubic arch. What plan for further labour management should be recommended?

AAAAAAAAAAA. \*Application of forceps minor  
BBBBBBBBBBB. Caesarean section  
CCCCCCCCCCC. Episiotomy  
DDDDDDDDDDD. Application of cavity forceps  
EEEEEEEEEEEE. Stimulation of labour activity through intravenous injection of oxytocin

**54** 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?

FFFFFFFFFFFF. \*Testicular feminization syndrome  
GGGGGGGGGGG. Mayer- Rokitansky- Kuster-Hauser syndrome  
HHHHHHHHHHH. Cushing's syndrome  
IIIIIIIIII. Sheehan syndrome  
JJJJJJJJJJ. Cushing's disease

**55** A 27-year-old sexually active woman complains of numerous vesicles on the right sex lip, itch and burning. Eruptions regularly appear before menstruation and disappear 8-10 days later. What is the most likely di-agnosis?

KKKKKKKKKKK. \*Herpes simplex virus  
LLLLLLLLLLLLL. Bartholinitis  
MMMMMMMMMMM. Primary syphilis  
NNNNNNNNNNN. Cytomegalovirus infection  
OOOOOOOOOOO. Genital condylomata

**56** A 35-year-old woman addressed a gynecological in-patient department with complaints of regular pains in her lower abdomen, which increase during menstruati-on, and dark-brown sticky discharge from the genital tracts. On bimanual examinati-on: the uterine body is slightly enlarged, the appendages are not palpated. Mirror exami-nation of the uterine cervix reveals bluish spots. What diagnosis is most likely?

PPPPPPPPPPP. \*Cervical endometriosis  
QQQQQQQQQQQ. Cervical erosion  
RRRRRRRRRRR. Cervical polyp  
SSSSSSSSSSS. Cervical cancer

TTTTTTTTTTTT. Cervical fibroid

**57** A baby was born by a young smoker. The labour was complicated by uterine inertia, difficult delivery of the baby's head and shoulders. The baby's Apgar score was 4. Which of the following is a risk factor for a spinal cord injury?

- UUUUUUUUUUU. \*Difficult delivery of the head and shoulders
- VVVVVVVVVVV. Young age of the mother
- WWWWWWWWWWW. Pernicious habits
- XXXXXXXXXXXXX. Uterine inertia
- YYYYYYYYYYYYY. Chronic hypoxia

**58** A 25-year-old woman complains of menstruation retention lasting for 3 years. The patient explains it by a difficult childbirth complicated with profuse hemorrhage, weight loss, brittleness and loss of hair, loss of appetite, depression. Objective examination reveals no pathologic changes of uterus and uterine appendages. What pathogenesis is characteristic of this disorder?

- ZZZZZZZZZZZ. \*Decreased production of gonadotropin
- AAAAAAAAAAAAA. Hyperproduction of estrogen
- BBBBBBBBBBBBB. Hyperproduction of androgen
- CCCCCCCCCCCCC. Decreased production of progesterone
- DDDDDDDDDDDD. Hyperproduction of prolactin

**59** A 26-year-old woman has attended maternity center complaining of her inability to become pregnant despite 3 years of regular sex life. Examination revealed the following: increased body weight; male-type pubic hair; excessive pilosis of thighs; ovaries are dense and enlarged; basal body temperature is monophasic. The most likely diagnosis is:

- EEEEEEEEEEEEEE. \*Ovaries sclerocystosis
- FFFFFFFFFFFFFFF. Inflammation of uterine appendages
- GGGGGGGGGGGGG. Adrenogenital syndrome
- HHHHHHHHHHHHH. Premenstrual syndrome
- IIIIIIIIII. Gonadal dysgenesis

**60** A woman addressed a gynecologist on the 20th day of puerperal period with complaints of pain in the left mammary gland, purulent discharge from the nipple. Objectively: Ps- 120/min., body temperature is 39°C. The left mammary gland is painful, larger than the right one, the skin there is hyperemic; in the upper quadrant there is an infiltrate 10x15 cm in size with soft center. Blood test: ESR-50 mm/hour, leukocytes -  $15,0 \cdot 10^9/l$ . What would be the treatment tactics?

- JJJJJJJJJJJ. \*Transfer to a surgical department for surgical treatment
- KKKKKKKKKKKKK. Refer to a gynecology department
- LLLLLLLLLLLLL. Refer to a postnatal department
- MMMMMMMMMMMMM. Refer to a surgeon for conservative treatment
- NNNNNNNNNNNNN. Lance the mammary gland abscess in a maternity department

**61** 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 developed after a case of URTI. 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?

- OOOOOOOOOOOO. \*Curettage of the uterus
- PPPPPPPPPPPP. Pregnancy maintenance therapy
- QQQQQQQQQQQQ. Expectant management, surveillance
- RRRRRRRRRRRR. Hysterectomy
- SSSSSSSSSSSS. Antiviral therapy

**62** 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?

- TTTTTTTTTTTT. \*Urgent surgery (laparotomy)
- UUUUUUUUUUUU. Surveillance and spasmolytic therapy
- VVVVVVVVVVVVVV. Fractional diagnostic curettage of the uterine cavity
- WWWWWWWWWWWW. Surgical laparoscopy
- XXXXXXXXXXXXXX. Surveillance and antibacterial therapy

**63** An 18-year-old woman complains of pains in her lower abdomen, purulent discharge from the vagina, temperature rise up to 37, 8°C. Anamnesis states that she had random sexual contact the day before the signs appeared. She was diagnosed with acute bilateral adnexitis. On additional examination: leukocytes in the all field of vision, bacteria, diplococci with intracellular and extracellular position. What agent is most likely in the given case?

- YYYYYYYYYYYYYY. \*Gonococcus
- ZZZZZZZZZZZZ. Colibacillus
- AAAAAAAAAAAAAA. Chlamydia
- BBBBBBBBBBBBBB. Trichomonad
- CCCCCCCCCCCC. Staphylococcus

**64** A 32-year-old woman addressed a maternity clinic with complaints of infertility that has been lasting for 7 years. Her menstrual cycle occurs in two phases. Hysterosalpingography reveals obstruction of the uterine tubes in the ampullar areas, an adhesive process in the small pelvis can be observed. What treatment is most advisable in this case?

- DDDDDDDDDDDD. \*Laparoscopy
- EEEEEEEEEEEEEE. Laparotomy
- FFFFFFFFFFFFFF. Tubectomy
- GGGGGGGGGGGG. Adnexectomy
- HHHHHHHHHHHH. Hydrotubation

**65** A 6-year-old girl attended a general practitioner with her mother. The child complains of burning pain and itching in her external genitalia. The girl was taking antibiotics the day before due to her suffering from acute bronchitis. On examination: external genitalia are swollen, hyperemic, there is white deposit accumulated in the folds. The most likely diagnosis is:

- IIIIIIIIII. \*Candidal vulvovaginitis
- JJJJJJJJJJ. Trichomoniasis
- KKKKKKKKKKKKKK. Nonspecific vulvitis
- LLLLLLLLLLLLLL. Helminthic invasion
- MMMMMMMMMMMMMM. Herpes vulvitis

**66** A 22-year-old patient complains of 8-month delay of menstruation. Anamnesis: menarche since the age of 12,5. Since the age of 18 menstruations are irregular. No pregnancies. Mammary glands have normal development; when the nipples are pressed, milk drops are discharged. On gynecological examination: moderate uterus hypoplasia. On hormonal examination: prolactin level exceeds the norm two times. On computed tomogram of the sellar region: a space-occupying lesion 4 mm in diameter is detected. The most likely diagnosis is:

- NNNNNNNNNNNNNN. \*Pituitary tumor
- OOOOOOOOOOOOOO. Lactation amenorrhea
- PPPPPPPPPPPP. Stein-Leventhal syndrome
- QQQQQQQQQQQQQQ. Sheehan's syndrome
- RRRRRRRRRRRRRR. Cushing's disease

**67** A 25-year-old patient during self-examination detected a tumor in the upper external quadrant of the right mammary gland. On palpation: painless, dense, mobile growth 2 cm in diameter is detected in the mammary gland; no changes in the peripheral lymph nodes are observed. On mammary glands US: in the upper external quadrant of the right mammary gland there is a space-occupying lesion of increased echogenicity 21x18 mm in size. The most likely diagnosis is:

- SSSSSSSSSSSSSS. \*Fibrous adenoma
- TTTTTTTTTTTTTT. Lacteal cyst
- UUUUUUUUUUUUUU. Diffuse mastopathy
- VVVVVVVVVVVVVV. Breast cancer
- WWWWWWWWWWWW. Mastitis

**68** 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?

- XXXXXXXXXXXXXXXX. \*Infiltrative-purulent mastitis
- YYYYYYYYYYYYYYY. Phlegmonous mastitis
- ZZZZZZZZZZZZZZ. Lactostasis
- AAAAAAAAAAAAAAAA. Serous mastitis
- BBBBBBBBBBBBBBBB. Mastopathy

**69** During a regular check-up of a 50-year-old woman a tumor was detected in her right mammary gland. The tumor is 5 cm in diameter, dense, without clear margins. The skin over the tumor resembles lemon rind, the nipple is inverted. The lymph node can be palpated in the axillary region. What diagnosis is most likely?

- CCCCCCCCCCCCCCC. \*Breast cancer
- DDDDDDDDDDDDDDDD. Lacteal cyst
- EEEEEEEEEEEEEEEE. Diffuse mastopathy
- FFFFFFFFFFFFFFFF. Mastitis
- GGGGGGGGGGGGGGG. Breast lipoma

**70** A maternity patient breastfeeding for 1,5 weeks has attended a doctor. She considers the onset of her disease to be when proportional breast engorgement occurred. Mammary glands are painful. Body temperature is 36, 6oC . Expression of breast milk is hindered. The most likely diagnosis is:

- HHHHHHHHHHHHHHH. \*Lactostasis
- IIIIIIIIIIII. Infiltrative mastitis
- JJJJJJJJJJJJ. Suppurative mastitis
- KKKKKKKKKKKKKKK. Chronic cystic mastitis
- LLLLLLLLLLLLLLLL. Gangrenous mastitis

**71** An 18-year-old woman complains of mammary glands swelling, headaches, tearfulness, abdominal distension occurring the day before menstruation. The symptoms disappear with the beginning of menstruation. Menstruations are regular, last for 5-6 days with interval of 28 days in between. Gynecological examination revealed no changes of internal genitals. What is your diagnosis?

- MMMMMMMMMMMMMMM. \*Premenstrual syndrome
- NNNNNNNNNNNNNNN. Sheehan syndrome
- OOOOOOOOOOOOOOO. Stein-Leventhal syndrome
- PPPPPPPPPPPPPP. Asherman's syndrome
- QQQQQQQQQQQQQQQ. Adrenogenital syndrome

**72** Examination of a Rh-negative pregnant woman at 32 weeks of gestation revealed a four-time rise of Rh-antibody titer within 2 weeks, the titer was 1:64. In the first two pregnancies the patient had experienced antenatal fetal death due to hemolytic disease. What is the optimal tactics of pregnancy management?

- RRRRRRRRRRRRRRR. \*Early delivery
- SSSSSSSSSSSSSS. Delivery at 37 weeks of gestation
- TTTTTTTTTTTTTTT. Screening for Rh-antibodies 2 weeks later and early delivery in case of further titer rise
- UUUUUUUUUUUUUUU. Introduction of anti-Rh (D) immunoglobulin
- VVVVVVVVVVVVVVV. Ultrasound for signs of hemolytic disease of the fetus

**73** On the 9th day after childbirth the obstetric patient developed high fever up to 38°C. She complains of pain in the right mammary gland. The examination revealed the following: a sharply painful infiltrate can be palpated in the right mammary gland, the skin over the infiltrate is red, subareolar area and nipple are swollen and painful. What is your diagnosis?

WWWWWWWWWWWWWW. \*Abscess of the right mammary gland

XXXXXXXXXXXXXXXXXX. Mastopathy

YYYYYYYYYYYYYYYYY. Cancer of the right mammary gland

ZZZZZZZZZZZZZZZZ. Serous mastitis

AAAAAAAAAAAAAAAAAAA. Fibrous cystic degeneration of the right mammary gland

**74** A 28-year-old patient complains of infertility. The patient has been married for 4 years, has regular sexual life and does not use contraceptives but has never got pregnant. Examination revealed normal state of the genitals, tubal patency. Basal body temperature recorded over the course of 3 consecutive menstrual cycles appeared to have a single phase. What is the most likely cause of infertility?

- A. \*Anovulatory menstrual cycle
- B. Immunological infertility
- C. Genital endometriosis
- D. Chronic salpingoophoritis
- E. Ovulatory menstrual cycle

**75** A 28-year-old patient has been taken to a hospital for acute pain in the lower abdomen. There was a brief syncope. The delay of menstruation is 2 months. Objectively: the patient has pale skin, AP- 90/50 mm Hg, Ps- 110/min. Lower abdomen is extremely painful. Vaginal examination reveals uterus enlargement. There is positive Promtov's sign. Right appendages are enlarged and very painful. Posterior vault hangs over. What is the most likely diagnosis?.

- A. \*Right – sided tubal pregnancy
- B. Right ovary apoplexy
- C. Acute right-sided salpingoophoritis
- D. Pelvioperitonitis
- E. Incipient abortion

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

**77** 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. \*3kg 500 g
- B. 4 kg
- C. 2 kg 500 g
- D. 3 kg
- E. 4 kg 500 g

**78** 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. Anterior vertex presentation
- C. Presentation of the bregma
- D. Brow presentation
- E. Face presentation

**79** 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 the complete cervical dilatation, the fetal head in the pelvic outlet plane. Sagittal suture 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 labour management?

- A. \* Outlet forceps
- B. Labour stimulation
- C. Cesarean section
- D. Skin- head Ivanov's forceps
- E. Tsovianov method

**80** A 28-year-old patient complains of profuse, painful and prolonged menstruation. Before and after the menstrual period there is spotting lasting for 4-6 days. Vaginal examination reveals that the uterus is enlarged corresponding to 5-6 weeks of pregnancy, has limited mobility, is painful. Appendages are not palpable. On the 15th day of the menstrual cycle, the uterus was of normal size, painless. On account of stated problems and objective examination the patient has been diagnosed with internal endometriosis. Which drug should be used for the effective treatment of this patient?

- A. \* Duphaston
- B. Folliculin
- C. Synoestrolum
- D. Ovidon
- E. Pabal

**81** A baby was born by a young smoker. The labour was complicated by uterine inertia, difficult delivery of the baby's head and shoulders. The baby's Apgar score was 4. Which of the following is a risk factor for a spinal cord injury?

- A. \* Diffiult delivery of the head and shoulders
- B. Young age of the mother
- C. Pernicious habits
- D. Uterine inertia
- E. Chronic hypoxia

**82** 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 fi-bromatous nodes, one of which was mobi-le and extremely painful. Appendages were not palpable. There were moderate mucous discharges. What is the optimal treatment tactics?

- A. \* Urgent surgery (laparatomy)
- B. Surveillance and spasmolytic
- C. Fractional diagnostic curettage of the uterine cavity
- D. Surgical laparoscopy
- E. Surveillance and antibacterial therapy

**83** A patient complains of being unable to get pregnant for 5 years. A complete clinical examination gave 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. \*In-vitro fertilization
- B. Insemination with husband's sperm
- C. ICSI within in-vitro fertilization program
- D. Hydrotubation
- E. Laperascopic tubal plasty

**84** A 55-year-old patient whose menstruation stopped 5 years ago complains of vaginal dryness, frequent and painful urination. Gynecologist revealed signs of atrophic colpitis. Urine analysis revealed no peculiarities. Whi-ch locally acting product will provide the proper therapeutic effect?

- A. \*Vaginal suppositories "Ovestin"
- B. Vaginal tablets "Tergynan"
- C. Vaginal cream "Meratin Combi"
- D. Vaginal gel "Metronidazole"
- E. Vaginal cream "Dalacin"

**85** A 49-year-old patient complains of itching, burning in the external genitals, frequent urination. The symptoms has been present for the last 7 months. The patient has irregular menstruation, once every 3-4 months. Over the last 2 years she presents with 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 in the field of vision, mixed flora. What is the most likely diagnosis?

- A. \* Menopausal syndrome
- B. Cystitis
- C. Trichomonas colpitis
- D. Vulvitis
- E. Bacterial vaginosis

**86** A puerpera breastfeeding for 1,5 weeks consulted a doctor about uniform breast engorgement. Breasts are painful. The body temperature is of 36, 6°C . Milk expressing is difficult. What is the most likely diagnosis?

- A. \* Lactostasis
- B. Infiltrative mastitis
- C. Purulent mastitis
- D. Fibrocystic mastopathy
- E. Gangrenous mastitis

**87** Examination of a Rh-negative pregnant woman at 32 weeks of gestation revealed a four-time rise of Rh-antibody titer within 2 weeks, the titer was 1:64. In the first two pregnancies the patient had experienced antenatal fetal death due to hemolytic disease. What is the optimal tactics of pregnancy management?

- A. \* Early delivery
- B. delivery at 37 weeks of gestation
- C. Screening for Rh-antibodies 2 weeks later and early delivery in case of further titer rise
- D. Introduction of anti-Rh (D) immunoglobulin
- E. Ultrasound for signs of hemolytic disease of the fetus

**88** 3 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 due to disturbance of blood clotting. Choose the most suitable investigation:

- A. \* Estimation of gonadotropin rate
- B. US of small pelvis
- C. Progesteron assay
- D. Computer tomography of head
- E. Estimation of testosterone rate in blood serum