

“Затверджено“

на методичній нараді кафедри акушерства,
гінекології та планування сім'ї
медичного інституту СумДУ
протокол № _____
від “ _____ “ _____ 2021р.

Methodical development

independent work of a student in the discipline "Obstetrics"

Topic: Early gestosis. Hypertensive disorders during pregnancy. Preeclampsia. Eclampsia.

Number of hours - 3.

Objective: to know the definition of "early preeclampsia", classification of early preeclampsia, modern views on the etiology and pathogenesis of early preeclampsia, the clinic of early preeclampsia, methods of diagnosis of early preeclampsia. differential diagnosis of early preeclampsia with extragenital diseases, basic principles and methods of treatment of early preeclampsia, prevention of complications and rehabilitation of early preeclampsia, terminology, classification of preeclampsia, etiology, pathogenesis of preeclampsia, risk factors for preeclampsia , complications of preeclampsia, methods of diagnosis of preeclampsia, methods of assessing the severity of preeclampsia, methods of treatment of various forms of preeclampsia, obstetric tactics at different degrees of severity of preeclampsia, clinic, diagnosis, treatment, obstetric tactics for eclampsia, methods of preeclampsia prevention.

The student should: assess the risk factors for preeclampsia, diagnose late preeclampsia, determine the severity of preeclampsia, develop an optimal plan for dynamic monitoring of pregnant women at risk of preeclampsia, prescribe treatment to pregnant women with late preeclampsia of varying severity, including eczema to prevent the development of preeclampsia, to conduct medical rehabilitation of women who have suffered from preeclampsia.

Class organization:

I. Testing: 20 tests.

II. Key issues:

1. What is the definition of "early preeclampsia"?
2. What is the classification of early preeclampsia?
3. What are the modern views on the etiology and pathogenesis of early preeclampsia?
4. What is the clinic of vomiting of pregnant women?
5. What methods of examination are indicated for vomiting of pregnant women?
6. What are the principles and methods of treatment of vomiting in pregnant women of varying severity?
7. What is the clinic, examination and treatment of salivation in pregnant women?
8. What are the clinic, examination and treatment of dermatoses of pregnant women?
9. What are the clinic, examination and treatment of cholestatic hepatitis of pregnant women?

10. What are the clinic, examination and treatment of acute fatty hepatitis of pregnant women?
11. What are the clinic, examination and treatment of chorea of pregnant women?
12. What is the differential diagnosis of different forms of early preeclampsia with extragenital diseases?
13. What is the prevention of early preeclampsia?
14. What is the modern terminology, definition of "preeclampsia"?
15. What is the classification of preeclampsia?
16. As the main theories of etiology, pathogenesis of pre-eclampsia?
17. What are the risk factors for preeclampsia?
18. What is the clinic of preeclampsia of varying severity, including HELLP-syndrome?
19. What are the methods of diagnosing preeclampsia?
20. What are the methods for assessing the severity of preeclampsia?
21. What are the tactics of the doctor and methods of treatment of mild preeclampsia?
22. What are the doctor's tactics and methods of treatment of moderate preeclampsia?
23. What are the doctor's tactics and methods of treatment of severe preeclampsia?
24. What are the tactics of the doctor and methods of treatment of preeclampsia in the postpartum period?
25. What is the clinic and diagnosis of eclampsia?
26. What is the first aid in the development of an eclampsia attack?
27. What are obstetric tactics and treatment of eclampsia?
28. What is the observation of women who have undergone preeclampsia / eclampsia after discharge from the hospital?
29. What are the methods of prevention of preeclampsia?

III. Practical experience:

1. Provide assistance in early preeclampsia.
2. Be able to determine the clinical form of vomiting in pregnant women and its severity.
3. Be able to prescribe a plan for examination and treatment of vomiting in pregnant women.
4. Provide emergency care for severe preeclampsia and eclampsia.
5. Be able to determine the clinical form of preeclampsia and its severity.
6. Be able to appoint a plan of examination for preeclampsia.
7. Prescribe magnesium therapy for eclampsia

IV. Solving situational problems.

Tasks for self-training and self-correction of the initial level of skills

1. A 28-year-old woman complains of headache, visual disturbances, and retardation when she is admitted to the maternity hospital. Objectively: blood pressure - 200/110 mm Hg, severe swelling of the legs, anterior abdominal wall. Fetal heartbeat is clear, rhythmic - 190 / min. At internal examination: the opening of the cervix is complete, the head of the fetus in the pelvic cavity. What are the further tactics of childbirth?

A. Operation of obstetric forceps

B. Dynamic monitoring of the pregnant woman and the fetus

C. Fetus-destroying operation

D. Conservative delivery with episiotomy

E. Stimulation of labor

2. Primary pregnancy of 23 years with a term of 37-38 weeks. The condition is serious. An eclampsia attack occurred at home. Objectively: blood pressure - 180/100 mm Hg, Ps - 98 / min, generalized edema, dizziness. Determine the tactics of pregnant:

A. Urgent delivery by cesarean section on the background of intensive care

B. Prolongation of pregnancy on the background of intensive care

C. Intensive care for 2-3 days followed by delivery

D. Applying obstetric forceps

E. Early amniotomy

3. Pregnant Z., 29 years old, had nausea, vomiting, flickering "flies" in front of her eyes in the waiting room. Blood pressure on both arms 170/100 mm Hg, generalized edema is determined. Establish the correct diagnosis.

A. Severe preeclampsia

B. Eclampsia

C. Retinal detachment

D. Threat of cerebral hemorrhage

E. Mild preeclampsia

4. The first-born woman was hospitalized with complaints of headaches. I did not visit the women's clinic. The gestation period is 35-36 weeks. AT-180/120 mm Hg right, 140/90 mm Hg on the left, edema of the lower and upper extremities. In urine: protein 3.97 g / l, hyaline and granular cylinders. What is the most likely diagnosis?

A. Severe preeclampsia

B. HELLP syndrome

- C. Moderate preeclampsia
- D. Mild preeclampsia
- E. Combined NPG gestosis

5. A pregnant woman with a gestational age of 7 weeks was hospitalized in a maternity hospital in serious condition with complaints of vomiting up to 20 times a day, weakness, dizziness, and immediately before eating. During pregnancy, the weight decreased by 10 kg. Ps- 105 / min., Rhythmic, blood pressure - 90/60 mm Hg, body temperature 37, 9o C. In blood: Hb- 154 g / l, in urine acetone (++++). Complex therapy is ineffective. What are the obstetric tactics?

A. Abortion

- B. Continue conservative therapy of preeclampsia
- C. Plasmapheresis should be used in the treatment of patients
- D. Transfer the patient to the gastroenterology department
- E. Continue treatment for 1 week, then decide on the possibility of prolonging the pregnancy

6. The first pregnant woman was admitted to the maternity hospital with complaints of headache, epigastric pain, drowsiness, swelling in the legs. Blood pressure - 180/120 mm Hg OZh-90 cm, VDM - 38 cm, longitudinal position of the fetus, main presentation, fetal heartbeat - 130 beats / min, rhythmic. In urine protein of 3,3 g / l. Which diagnosis is most likely?

A. Severe preeclampsia

- B. Mild preeclampsia
- C. Eclampsia
- D. Hypertensive crisis
- E. Swelling of pregnant women

7. A 28-year-old woman complains of nausea and vomiting up to 10 times a day. Notes a decrease in body weight, dry skin. Heart rate up to 100 / min. Body temperature 37, 2 ° C. Decreased diuresis. After the ultrasound examination, the pregnancy was detected within 5-6 weeks. What is the most likely diagnosis?

A. Vomiting of moderate pregnant women

- B. Mild vomiting of pregnant women
- C. Grade 1 preeclampsia
- D. Premature termination of pregnancy
- E. Food poisoning

8. A 28-year-old woman complains of headache, visual disturbances, and retardation upon admission to the maternity hospital. Objectively: blood pressure - 200/110 mm Hg, severe swelling of the legs, anterior abdominal wall. Fetal heartbeat is clear, rhythmic - 190 / min. At

internal research: opening of a neck of a uterus is full, a head of a fruit in the plane of an exit of a small pelvis. What are the further tactics of childbirth?

A. Operation of obstetric forceps

- B. Cesarean section
- C. Fetus-destroying operation
- D. Conservative delivery with episiotomy
- E. Stimulation of labor

9. A 26-year-old pregnant woman was taken to the emergency department at the 36th week of pregnancy with complaints of intense headache in the frontal area. At physical examination: blood pressure - 170/90 mm Hg, pulse - 85 / min., Respiratory rate - 15 / min., Temperature - 36.9 ° C, edema of the extremities. Fetal heart rate - 159 / min. During the examination, women develop an attack of generalized tonic-clonic seizures. Which drug should the doctor inject first?

A. Magnesium sulfate

- B. Diazepam
- C. Phenytoin
- D. Lamotrigine
- E. Sodium valproate

10. Pregnancy 40 weeks, blood pressure - 180/120 mm Hg. There is no labor. Swelling of the lower extremities, puffiness of the face, headache, blurred vision, at home there was a seizure. Initiated therapy - without effect. What are the further tactics of managing a pregnant woman?

A. Cesarean section

- B. Initiate infusion therapy
- C. Initiate sedation therapy
- D. Stimulate labor
- E. Supervision in the intensive care unit

11. A 27-year-old woman in the 8th week of pregnancy complains to the doctor that for the last 8 days she has noticed prolonged nausea and vomiting after almost all meals. Over the past week, the patient lost 3 kg of weight. Now at a height of 160 cm a woman weighs 46 kg. Pulse - 100 / min., Blood pressure - 90/50 mm Hg. On examination, dryness of the mucous membranes, decreased skin turgor and asthenic physique are noted. Gynecological examination revealed the size of the uterus, which corresponds to the 8th week of pregnancy, without pathological changes. Ultrasound revealed pregnancy with one fetus. The concentration of hemoglobin is 150 g / l. Ketone bodies (++++) were detected in the general analysis of urine. Which of the following is the most appropriate next step in patient management?

A. Intravenous infusion therapy and purpose

- B. Intravenous administration (3-blockers and parenteral nutrition)
- C. Oral antiemetics and anticholinergic drugs
- D. Endoscopic examination and gastric lavage
- E. Bed rest and frequent feeding in small portions

12. An 18-year-old woman was admitted to the maternity ward at the beginning of the second period of childbirth with complaints of severe headache, visual impairment, and epigastric pain. 3 minutes later there was a seizure with loss of consciousness. Examination data: The general condition is serious. The skin is pale gray, swelling of the upper and lower extremities, anterior abdominal wall, face. At - 180/130 mm Hg, 150/110 mm Hg, heart sounds during auscultation are weakened, rhythmic. The position of the fetus is longitudinal, the head of the fetus is presented. The fetal heartbeat is listened to 176 beats. per minute, deaf. Full opening of the cervix. The amniotic sac is absent. Head in the plane of the pelvis. Cape is not reached. It has no exostoses. Tactics?

A. Finish labor by applying obstetric forceps

- B. Make a cesarean section
- C. Assign stimulation of labor
- D. Fetus-destroying operation
- E. Make a perineotomy, vacuum extraction of the fetus

13. A 42-year-old pregnant woman was taken to the maternity hospital in critical condition by ambulance. The gestation period is 37 weeks. Objectively: there is no consciousness. Blood pressure on both arms 180/110 mm Hg, Ps 110 beats / min, generalized edema, protein in the urine 5 g / l. Vaginal examination revealed no structural changes in the cervix. Determine the tactics of childbirth.

A. Cesarean section

- B. Delivery through the natural birth canal
- C. Fetus-destroying operation
- D. Imposition of cavitory obstetric vices
- E. Carry out the operation of vacuum extraction of the fetus

14. Pregnant M., complains of headache, flickering "flies" in front of the eyes. Pregnancy 32 weeks. The edema is generalized. AT - 190/110 mm Hg. When boiling urine - a significant precipitate. According to the ultrasound, the fetus corresponds to 29 weeks. What is the diagnosis of a pregnant woman?

A. Severe preeclampsia

- B. Mild preeclampsia

- C. Hypertension
- D. Eclampsia
- E. Moderate preclampsia

15. Primitive M., appeared in a women's clinic at 37 weeks of pregnancy. No complaints. Over the past 2 weeks I gained 2 kg of weight. Swelling of the legs is determined. Blood pressure - 120/70 mm Hg Protein in the urine - 0.8g / liter. Diagnosed with mild preeclampsia. What are the treatment tactics.

- A. Inpatient treatment**
- B. Outpatient treatment
- C. Urgent delivery
- D. Cesarean section
- E. Prolongation of pregnancy

16. The mother, 24 years old, was admitted to the maternity hospital 4 hours after the start of labor with complaints of headache, blurred vision. Blood pressure - 180/100 mm Hg, significant swelling in the legs. The position of the fetus is longitudinal, the main presentation. Fetal heart rate 130 beats / min. During the internal obstetric examination there was a seizure with loss of consciousness. What complication arose in childbirth?

- A. Eclampsia.**
- B. Mild preeclampsia
- C. Moderate preeclampsia ..
- D. Hypertensive crisis.
- E. Epilepsy.

17. Pregnant, 25 years old, taken to the maternity hospital. According to relatives, there were three court attacks at home. She did not suffer from epilepsy. Objectively: the pregnant woman is unconscious. Blood pressure on the right and left arm 190/120 mm Hg, edema on the lower and upper extremities. The gestation period is 35 weeks. Diagnosis?

- A. Eclampsia.**
- B. Epilepsy.
- C. Diabetic coma.
- D. Acute renal failure.
- E. Hepatic coma.

18. Pregnant at 35 weeks, serious condition. Complains of headache, blurred vision, flickering "flies" in front of the eyes. On examination: general edema, blood pressure -180/120. Sudden onset of fibrillar twitching of the facial muscles, tonic convulsions. Breathing stopped. After 1 minute, breathing resumed. A significant amount of foam from the mouth. Amnesia. In the clinical analysis of urine: protein 7 g / l. Diagnosis?

- A. Eclampsia
- B. Traumatic brain injury
- C. Hypertensive crisis
- D. Severe preeclampsia
- E. Epilepsy

19. Pregnant, 35 years old, within 35 weeks, complains of headache. AT 160/100. Urine analysis is normal. There is no edema. From 16 years he notes an increase in blood pressure. Diagnosis?

- A. Hypertensive disease**
- B. Mild preeclampsia
- C. Moderate preeclampsia
- D. Epilepsy
- E. Astheno-neurotic syndrome

20. A 25-year-old pregnant woman was brought to the maternity hospital in serious condition. The gestation period is 34 weeks. The patient complains of headache, blurred vision, nausea. From the anamnesis it is known that the woman was not ill before. Examination reveals swelling of the legs, blood pressure - 170/130 mm Hg. on both hands. Suddenly, the pregnant woman developed fibrillar twitching of the facial muscles, tonic and clonic convulsions, and breathing stopped. After 1.5 minutes breathing resumed, blood-stained foam appeared from his mouth. The pregnant woman does not remember the attack. In the clinical analysis of urine: protein 3.5 g / l. What is the most likely diagnosis?

- A. Eclampsia**
- B. Epilepsy
- C. Brain edema
- D. Hemorrhage in the brain
- E. Gastric ulcer

Recommended reading:

1. Obstetrics and gynecology: textbook: in 2 books. Book 1 Obstetrics: Obstetrics / BM Ventskivsky, MO Shcherbina, VI Grishchenko [etc.]; - 4th ed., Ed. - K.: Медицина, 2020. – 424 p.

2. Obstetrics and gynecology: textbook: in 2 books. Book 2 Gynecology / VB Ventskivsky, MO Shcherbyna, VI Grishchenko [etc.]; - 3rd ed., Ed. - К.: Медицина, 2020. - 376 p.
3. Workshop on obstetrics / II Bachynska - К .: "Medicine", 2021. - 104 p.
4. Workshop on phantom obstetrics / P. Yavirsky, V. Shatylo, T. Yavirska - К .: "Medicine", 2017 - 144 p.
5. Workshop on gynecology / A.M. Vavilova - К .: "Medicine", 2019. - 96 p.
6. Clinical obstetrics and gynecology / A. Brian, Magovan, Philip Ouden, Andrew Thomson; scientific editor of the translation M. Shcherbyna - К .: "Medicine", 2021. - 512 p.
7. Oxford Textbook of Obstetrics and Gynecology / Sabaratram Arulkumaran, Wiliam Ledger, Lynette Denny, Stergios Doumouchtsis - Oxford University Press, 2020, 928 p.

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