

MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE

SUMY STATE UNIVERSITY

MEDICAL INSTITUTE

Methodical Instructions

for practical work on the discipline “Obstetrics and Gynecology”

(Module II “Diseases of the female reproductive system. Family planning”)

for foreign students

of the specialty 7.110101 “Medicine”

of the full-time course of study

Sumy

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Department “Obstetrics and Gynecology”

Навчальне видання

Методичні вказівки

до практичних занять

за темами модуля II « Захворювання органів жіночої репродуктивної системи. Планування сім'ї»

з дисципліни «Акушерство та гінекологія»

для іноземних студентів

спеціальності 7.110101 «Медицина»

денної форми навчання

(англійською мовою)

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THEMATIC PLAN

OF PRACTICAL CLASSES FOR STUDENTS

Module 2. Diseases of the female reproductive system. Family planning

| № | TOPIC | HOUR |
|----------|--|-------------|
| 1. | Clinical anatomy and physiology of the female genital organs. Methods of gynecological examination. Common symptomatology of gynecological diseases. | 4 |
| 2. | Neuroendocrine regulation. Disorders of the menstrual function. | 4 |
| 3. | Neuroendocrine syndromes in gynecology. | 4 |
| 4. | Benign tumors of the female genital organs. Endometriosis. | 4 |
| 5. | Background and precancerous diseases of the female genital organs. Malignant neoplasm of the female genital organs. Trophoblastic disease. | 4 |
| 6. | Inflammatory diseases of the female genital organs. | 4 |
| 7. | “Acute abdomen” in gynecology. | 4 |
| 8. | Infertile marriage. | 4 |
| 9. | Family planning. | 4 |
| 10. | Defense of medical history. Final modular control. | 4 |
| | Total | 40 |

LESSON 1

CLINICAL ANATOMY AND PHYSIOLOGY OF THE FEMALE GENITAL ORGANS. METHODS OF GYNECOLOGICAL EXAMINATION. COMMON SYMPTOMATOLOGY OF GYNECOLOGICAL DISEASES.

Aim: to study the features of the anatomy and physiology of female genital organs in different age periods of a woman's life for understanding pathogenesis of gynecologic diseases, to study the main symptoms of gynecological diseases, to study the main methods of examining gynecological patients for verification of the diagnosis.

LIST OF ISSUES FOR THE PREPARATION OF STUDENTS TO CURRENT AND FINAL MODULAR CONTROL

1. External genital organs: vulva, mons pubic, large pudental lips, small pudental lips, clitoris, vaginal vestibule, urethra, hymen, perineum.
2. Internal genital organs: vagina, uterus, fallopian tubes, ovary.
3. Four degrees of the «self cleaning» of the vaginal secretion.
4. Ligaments of the internal genital organs: suspensor, fixative and supporting apparatus.
5. Blood supply, innervation and lymphatic supply of the genital organs.
6. Age features of anatomy and physiology of the female genital organs: in the embryonic, neonatal, «neutral», prepubertal, puberty, reproductive, climacteric, post climacteric and senile period.
7. Regulation of the ovarian-menstrual cycle.
8. Main symptoms of gynecological disease:
 - painful symptom,
 - abnormal vaginal discharge,
 - itching, menstrual disorders,
 - infertility,
 - impairment of adjacent organs function.
9. Medical history (anamnesis).
10. Basic methods of examination of the gynecological patients:
 - constitutional type,
 - development of adipose tissue,
 - hair-covering of the body,
 - observation of the skin,
 - condition of the internal organs,
 - observe the breasts,
 - examination of the abdomen,
 - sonography,

- computed tomography,
- magnetic resonance imaging,
- diagnostic laparoscopy or laparotomy.

11. Special gynecological research:

- inspection of the external genitalia,
- the speculum examination,
- vaginal examination,
- bimanual examination,
- rectal examination,
- recto-vaginal examination,
- probing of the uterus,
- puncture of the abdominal cavity,
- biopsy,
- Schiller`s test,
- fractional diagnostic curettage,
- aspiration biopsy,
- curettage of the uterine cavity,
- streak-biopsy,
- hysterosalpingography,
- chromosalpingoscopy,
- intrauterine phlebography,
- pneumopelviography,
- craniography,
- lymphography,
- bone densitometry,
- colposcopy,
- cervicscopy,
- hysteroscopy,
- laparoscopy,
- PAP smears,
- cervical index,
- charting of the basal temperature,
- hormonal research,
- genetic research,
- immunological methods of research.

Tests and Assignments for Self-Testing

Choose the correct answer:

1. Ovarian blood supply is accomplished by:

- A. uterine artery
- B. ovarian artery
- C. ilio-lumbar artery
- D. internal pudental and ovarian arteries
- E. uterine and ovarian arteries

2. Uterine artery is a branch of:
 - A. Aorta;
 - B. Common iliac artery;
 - C. External iliac artery;
 - D. Internal iliac artery;
 - E. Ovarian artery.

3. Over the innervation of the uterus and vagina there are:
 - A. Subperitoneal and pudendal nerves;
 - B. Pelvic nerves and subperitoneal;
 - C. Pelvic nerves;
 - D. Pudental and obturator nerves;
 - E. Obturator nerves.

4. Lymph from the body of the uterus and fallopian tubes flows to:
 - A. Lumbar and sacral lymph nodes;
 - B. Paraortal lymph nodes;
 - C. Common iliac lymph nodes;
 - D. Inguinal lymph nodes;
 - E. Internal iliac lymph nodes.

5. Duration of normal menstrual cycle is:
 - A. 28-29 days;
 - B. 28-40 days;
 - C. 3-7 days;
 - D. 21-35 days;
 - E. 14-29 days.

6. What functional diagnostic test indicates biphasic menstrual cycle?
 - A. The «pupil» symptom;
 - B. The karyopyknotic index;
 - C. The basal thermometry;
 - D. Symptom of «ferns»;
 - E. All listed above.

7. Test measurement of the basal temperature based on the hyperthermic effect is:
 - A. Estradiol;
 - B. Prostaglandins;
 - C. Progesterone;

- D. LH;
 - E. FSH.
8. Presence of the ovulation can be indicated by results of the following studies, except:
- A. Analysis of the basal body temperature chart;
 - B. The ultrasonic monitoring of the dominant follicle;
 - C. The histological examination of the endometrium scrape;
 - D. The laparoscopy;
 - E. Determining the concentration of the sex steroid hormones in the blood on the 12 -14 day of the menstrual cycle.
9. The most informative method of diagnosing the ectopic pregnancy:
- A. The transvaginal ultrasound;
 - B. Determination of ChG titer in dynamics;
 - C. The laparoscopy;
 - D. The hysterosalpingography;
 - E. The puncture of the abdominal cavity through the posterior vaginal vault.
10. The main symptom of the unruptured ectopic pregnancy:
- A. Pain in the lower abdomen ;
 - B. Bloody spotting from the genital;
 - C. The positive symptoms of the peritoneal irritation;
 - D. All listed above;
 - E. None listed above.

Answers to the tests:

1- E, 2 – D, 3 - B, 4 – E, 5 – A, 6 – E, 7 – C, 8 – E, 9 – C, 10 – E.

Students should be able to:

1. To take patient's history and to collect a specific gynecological anamnesis.
2. To perform a gynecological examination (bivalve vaginal speculum, bimanual, rectal, rectovaginal).
3. To collect material from the vagina, cervix, cervical canal and urethra for cytological, and bacterioscopic studies.
4. To evaluate the findings of laboratory tests.
5. To evaluate the findings of cytological, histological, virological and bacteriological studies.
6. To evaluate the findings of the ultrasonography of organs of the small pelvis.
7. To evaluate the functional state of the ovaries.

8. To estimate the protocol of the colposcopy of the cervix and vulva, hysteroscopy, cystoscopy, punction of the posterior fornix, laparoscopy.
9. To make a previous diagnosis of a disease.

References:

1. Obstetrics and gynecology: in two volumes. – Vol.2: Gynecology. Textbook / Group of autors, Edided by V. I. Grishchenko, M. O. Shcherbina. – K.: AUS Medicine Publishing, 2018. – 352 p. p. 10 – 46.
2. Gynecology. - Stephan Khmil, Zina Kuchma, Lesya Romanchuk. – Ukrmedknyha. – Ternopil.- 2003. P. 57-120

LESSON 2

NEUROENDOCRINE REGULATION.

DISODERS OF THE MENSTRUAL FUNCTION.

Aim: to know the neurohumoral regulation of menstrual cycle, to study the etiology, pathogenesis, classification, clinical picture, diagnosis, treatment and prevention of menstrual disorders: amenorrhea, dysmenorrhea, dysfunctional (abnormal) uterine bleeding in juvenile, reproductive and climacteric periods.

LIST OF ISSUES FOR THE PREPARATION OF STUDENTS TO CURRENT AND FINAL MODULAR

1. Neurohumoral regulation of menstrual cycle: 5 levels.
2. Characteristics of the normal menstrual cycle.
3. Etiology and classification of menstrual disorders.
4. Amenorrhea: definition, classification.
5. Primary amenorrhea without delay of sexual development (atresia of the hymen, the syndrome of Mayer-Rokitansky-Kustner): clinic, diagnostics, treatment.
6. Primary amenorrhea with delayed sexual development (gonadal dysgenesis, testicular feminization syndrome, pituitary hypogonadotropic hypogonadism, hypothalamic hypogonadotropic hypogonadism, hypothalamic hypopituitarism): clinic, diagnosis, treatment.
7. Secondary hypothalamic amenorrhea (anorexia nervosa, psychogenic amenorrhea, amenorrhea with weight loss, hyperprolactinemia): clinic, diagnosis, treatment.
8. Secondary pituitary amenorrhea (Shihen's syndrome, Simmonds' disease, amenorrhea in Cushing's disease, acromegaly and gigantism, prolactin-secreting pituitary adenoma): clinic, diagnosis, treatment.
9. Secondary amenorrhea ovarian syndrome (resistant ovary syndrome, ovarian failure): clinic, diagnostics, treatment.
10. Secondary uterine amenorrhea: clinic, diagnosis, treatment.
11. Etiology, pathogenesis, clinic, diagnosis and treatment of algodysmenorrhea.
12. Dysfunctional uterine bleeding: definition, classification.
13. Etiology, pathogenesis of AUB.
14. Clinic, diagnosis and differential diagnosis of juvenile bleeding.
15. Clinic, diagnosis of bleeding in reproductive age.
16. Clinic, diagnosis and differential diagnosis of bleeding in menopausal age.
17. Treatment of AUB in different age periods of a woman's life.
18. Types of hemostasis, indications and contraindications.

Tests and Assignments for Self-Testing

Choose the correct answer:

1. The features of a normal menstrual cycle are:

- A. Ovulation;
- B. Formation of a yellow body in the testicle;
- C. Prevalence of progesterone in the second phase of the cycle;
- D. All listed;
- E. None of the above.

2. At which day at 28 day of menstrual cycle ovulation take place?

- A. At 14-15;
- B. At 10-12;
- C. At 12-13;
- D. At 16-17;
- E. at 19-20.

3. What phase of the menstrual cycle occurs during the persistence of the follicle?

- A. Desquamation;
- B. Regeneration;
- C. Proliferation;
- D. Secretion.
- E. None listed above.

4. Which hormone is produced by luteal body?

- A. Progesteron;
- B. Foliculin;
- C. Estriol;
- D. Lutropin;
- E. Prolactin.

5. What factors do not affect the appearance of menstruation?

- A. From the pulsating rhythm of ejection of gonadotrophic hormone;
- B. From the level of gonadotropins;
- C. From the condition of the fallopian tubes;
- D. From the level of steroid hormones of the ovaries;
- E. From the reaction of the endometrium to sex steroid hormones.

6. Where the prostaglandins are synthesized?

- A. In all tissues of organism;
- B. In pituitary gland;
- C. In ovaries;
- D. In adrenal glands ;
- E. In pancreas.

7. Which of the following change in puberty is influenced by the estrogen:

- A. All of the above;
- B. Growth of the buds of the breast;
- C. Piphyseal fusion;

- D. Proliferative phase;
- E. None of the above.

8. What hormones are produced in the posterior lobe of the pituitary (neurohypophysis):

- A. Prolactin;
- B. Oxytocin;
- C. Vasopressin;
- D. Estriol;
- E. Estrone.

9. What changes are observed in the proliferative phase of the menstrual cycle:

- A. In the ovary another follicle ripens;
- B. In the blood increases the content of estrogens;
- C. Epithelial cells of the glands of the basal layer form the epithelial lining;
- D. New uterine glands appear;
- E. All answers are correct.

10. The luteal phase of the menstrual cycle is associated with:

- A. High progesterone levels;
- B. High luteinizing hormone level;
- C. High prolactin level;
- D. Low basal body temperature;
- E. Proliferative changes in the endometrium.

Answers to the tests:

1- D, 2 – A, 3 - D, 4 – A, 5 – C, 6 – A, 7 – A, 8 – B, 9 – D, 10 – A

Students should be able to:

1. To describe the proposed changes in organs of women during menstrual cycle.
2. Collect special gynecological history in patient with reproductive system dysfunction.
3. Gynecological examination in violation of the functions of the reproductive system.
4. To evaluate proposed by instructor menstrual cycle, amount of blood loss during normal and pathologic menstrual cycle (anovulatory cycle, luteine phase insufficiency).
5. Evaluate tests of functional diagnostic of ovaries.
6. Evaluate the results of colpocytology research.
7. Evaluate the results of the ultrasound examination of the reproductive system.
8. To suggest tactics of management of patients with hormonal imbalance of female reproductive system.

9. To classify menstrual disorders.
10. To interpret the results of laboratory and instrumental examinations of the cervix, endometrium, ovaries, depending with phases of MC, the clinical and biochemical, hormonal studies of blood, results of colposcycological examination.
11. To draw a diagram scheme of menstrual cycle and chart of basal temperature
12. To make up the models of clinical cases with various hormonal pathology in women of reproductive and premenopausal age.
13. Make a plan examination and treatment of abnormal uterine bleeding.
14. Make a plan survey during amenorrhea.

References:

1. Obstetrics and gynecology: in two volumes. – Vol.2: Gynecology. Textbook / Group of authors, Edited by V. I. Grishchenko, M. O. Shcherbina. – K.: AUS Medicine Publishing, 2018. – 352 p. p. 69-81.
2. Gynecology. - Stephan Khmil, Zina Kuchma, Lesya Romanchuk. – Ukrmedknyha. – Ternopil.- 2003. P. 122-145.

LESSON 3

NEUROENDOCRINE SYNDROMES IN GYNECOLOGY.

Aim: to know the etiology, pathogenesis, classification, clinical manifestations of neuroendocrine syndromes, to study the diagnostic methods and modern principles of neuroendocrine syndromes therapy: premenstrual, post-castration, climacteric, adrenogenital syndromes; hirsutism and virilization; the syndrome and disease of polycystic ovaries.

LIST OF ISSUES FOR THE PREPARATION OF STUDENTS TO CURRENT AND FINAL MODULAR CONTROL

1. Neurometabolic-Endocrine syndrome: pathogenesis, clinical presentation, diagnosis and treatment.
2. Adrenogenital syndrome: classification, etiology, pathogenesis, clinic, diagnosis, treatment.
3. Polycystic ovarian syndrome: classification, etiology, pathogenesis, clinical forms, diagnosis, therapeutic tactics.
4. Premenstrual syndrome: etiology, pathogenesis, classification, diagnosis and treatment.
5. Climacteric syndrome: etiology, pathogenesis, classification, clinical manifestations, diagnosis, principles of treatment, indications and contraindications to hormone replacement therapy.
6. Post-castration syndrome: clinic, diagnosis, treatment.

Tests and Assignments for Self-Testing

Choose the correct answer:

1. The woman's vagina during the menopause has all of the following features, except:
 - A. Pale dry epithelium;
 - B. Reduce the size of the upper part of the vagina;
 - C. Increase in the number of surface cells;
 - D. Reduce the tone of the vagina.
 - E. Reduce circulation and blood supply.
2. Tests of functional diagnostics allow to detect the following except:
 - A. Cario-picnotic index;
 - B. Gestagen testing;
 - C. Symptom "pupillus" ;
 - D. Measurement of basal temperature;
 - E. Fern symptom.

3. Negative dexamethasone test (a slight decrease in excretion of 17-OCS and 17-CS) indicates the presence of:

- A. Tumors of the cortical layer of the adrenal glands;
- B. Adrenoblastoma of the ovaries;
- C. Syndrome of sclerocystic ovaries;
- D. Adrenogenital syndrome (AGS).
- E. E. None of the above.

4. Stein - Leventhal syndrome is characterized by:

- A. Uterine amenorrhea;
- B. Hypothalamic amenorrhea;
- C. Ovarian amenorrhea;
- D. Cryptomenorrhea;
- E. None of the above.

5. The test of the basal temperature measurement is based on the hyperthermic effect of:

- A. Estradiol;
- B. Prostaglandins;
- C. Progesterone;
- D. LH;
- E. FSH.

6. Postcastration syndrome develops when there is removal of:

- A. Single ovary;
- B. Uterus;
- C. Both ovaries;
- D. Cervix.
- E. Vagina.

7. What changes develop in the organism of patients after removing of ovaries?

- A. Osteoporosis;
- B. Hirsutism;
- C. Prolaps uterus;
- D. Inflammatory diseases;
- E. Obesity.

8. How the acyclic, not connected with menstrual cycle uterine bleeding are named?

- A. Polymenorrhea;
- B. Bradimenorrhea;
- C. Metrorrhagia;
- D. Menorrhagia;
- E. Metropatia.

9. Physiology amenorrhea is caused by such states of organism, except for:

- A. Lactation;
- B. Pregnancy;
- C. Menopause;
- D. Endocrine disease;
- E. Puberty age.

10. Symptoms of Stein-Leventhal syndrome:

- A. Obesity;
- B. Irregular or no menstruation;
- C. Acne;
- D. Excess hair growth;
- E. All of the above.

Answers to the tests:

1- C, 2 – B, 3 - A, 4 – C, 5 – C, 6 – C, 7 – A, 8 – C, 9 – D, 10 – E

Student should be able:

1. Collect special gynecological history in patient with reproductive system dysfunction.
2. To perform gynecological examination in violation of the functions of the reproductive system.
3. To evaluate proposed by instructor menstrual cycle, amount of blood loss during normal and pathologic menstrual cycle (anovulatory cycle, luteine phase insufficiency).
4. Evaluate tests of functional diagnostic of ovaries.
5. Evaluate the results of colpocytology research.
6. Evaluate the results of the ultrasound examination of the reproductive system.
7. To suggest tactics of management of patients with hormonal imbalance of female reproductive system.
8. To classify neuroendocrine syndromes.
9. To interpret the results of laboratory and instrumental examinations of the cervix, endometrium, ovaries, depending with fazes of MC, the clinical and biochemical, hormonal studies of blood, results of colpocytological examination.
10. To draw a diagram scheme of menstrual cycle and chart of basal temperature.
11. To make up the models of clinical cases with various hormonal pathology in women of reproductive and premenopausal age.

12. Chart a survey and treatment plan for patient with neuroendocrine syndrome.
13. Make a differential diagnosis between different neuroendocrine syndromes.

References:

1. Obstetrics and gynecology: in two volumes. – Vol.2: Gynecology. Textbook / Group of authors, Edited by V. I. Grishchenko, M. O. Shcherbina. – K.: AUS Medicine Publishing, 2018. – 352 p. p. 83-96.
2. Gynecology. - Stephan Khmil, Zina Kuchma, Lesya Romanchuk. – Ukrmedknyha. – Ternopil.- 2003. P. 145 -158.

LESSON 4

BENIGN TUMORS OR FEMALE GENITAL ORGANS. ENDOMETRIOSIS.

Aim: to know the etiology and pathogenesis of benign diseases of the female reproductive system (myoma, endometriosis), to study modern theories of the pathogenesis, classification, diagnostics, clinical signs of uterine myoma, to know tactics of managing patients with myoma uteri: conservative therapy, indications and extent of operative intervention in myoma uteri, to study modern theories of the pathogenesis, classification, diagnostics, clinical manifestations of endometriosis, to know tactics of managing patients with endometriosis, depending on the pathological process localization, to study principles of therapy of patients with endometriosis, indications for conservative therapy and operative treatment, prevention, rehabilitation.

LIST OF ISSUES FOR THE PREPARATION OF STUDENTS TO CURRENT AND FINAL MODULAR CONTROL

1. Benign tumors of external genital organs: fibroma, myoma, lipoma, myxoma, hemangioma, lymphangioma, papilloma, hidradenoma.
2. Hysteromyoma: etiology, pathogenesis, risk groups of pathology, classification of myoma according localization.
3. Clinical signs of the uterine myoma. Methods of diagnosis of myoma.
4. Principles of conservative treatment of myoma. Indications for surgical treatment of myoma.
5. Cysts of the ovaries.
6. Histological classification of the benign tumors of the ovary.
7. Serous and papillary cystadenoma.
8. Fibroma of the ovaries.
9. Differentiated Teratoma of the ovaries.
10. Sex Cord-Stromal Tumors.
11. Masculine Tumors of the Ovaries.
12. Benign tumors of the fallopian tubes.
13. Endometriosis: definition, etiology and pathogenesis.
14. Theories and concepts of the endometriosis development.
15. Classification of endometriosis.
16. Clinical signs of endometriosis according the localization of endometrioid heterotopias.
17. Adenomyosis.
18. Endometriosis of the cervix.
19. Endometriosis of the fallopian tubes.
20. Endometriosis of the ovaries.
21. Retrocervical endometriosis.
22. Vaginal endometriosis.

23. Endometriosis of the uterine ligaments and the peritoneum of the utero-rectal cavity.
24. Endometriosis of the interstines.
25. Principles of therapy of patients with endometriosis. Indications for conservative therapy and surgical treatment patients with endometriosis.

Tests and Assignments for Self-Testing

Choose the correct answer:

1. What complications are typical for the subserous form of uterine myoma on the tail?
 - A. Malignant tumor degeneration;
 - B. Twisting of the tumor;
 - C. Eversion of the uterus;
 - D. Posthemorrhagic anemia.
 - E. None of the above.

2. For the diagnosis of retrocervical endometriosis it is necessary to carry out research all except:
 - A. Colposcopy;
 - B. Sigmoidoscopy;
 - C. Cytological examination of punctate hearth;
 - D. Separate diagnostic curettage of the cervical canal and uterine cavity.
 - E. Laparoscopy.

3. Subserouse fibromyoma node is localizes in:
 - A. Under peritoneum;
 - B. Under uterine mucous layer;
 - C. In myometrium;
 - D. Behind cervix;
 - E. Between broad ligament layers.

4. What sign is not typical for proliferative myoma?
 - A. Plenty of plasmatic cells;
 - B. Plenty of lymphoid cells;
 - C. Atypical growth;
 - D. Fast growth;
 - E. Increased mitotic activity.

5. Submucous myoma node is localized:
 - A. Under peritoneum;
 - B. In myometrium;

- C. Under uterine mucous layer;
- D. Behind cervix;
- E. Between broad ligament layers.

6. Intramural myoma node is localized:

- A. In myometrium;
- B. Under peritoneum;
- C. Under uterine mucous layer;
- D. Behind cervix;
- E. Between broad ligament layers.

7. Interstitial myoma node is localized:

- A. Under peritoneum;
- B. In myometrium ;
- C. Under uterine mucous layer;
- D. Behind cervix;
- E. Between broad ligament layers.

8. Intraligamentary myoma node is localized:

- A. Between broad ligament layers;
- B. Under peritoneum;
- C. Under uterine mucous layer ;
- D. In myometrium;
- E. Behind cervix.

9. The most informative methods of diagnosis of the endometriosis are:

- A. Ultrasound;
- B. MRT;
- C. Determining the level of the tumor marker CA-125;
- D. Laparoscopy;
- E. Biopsy of heterotopias.

10. The main clinical symptom of the endometriosis of the cervix is:

- A. Algodysmenorrhea;
- B. Menometrorrhagia;
- C. Premenstrual and postmenstrual spotting;
- D. Infertility;
- E. None listed above.

Answers to the tests:

1-B, 2 – D, 3 - A, 4 – C, 5 – C, 6 – A, 7 – B, 8 – A, 9 – D, 10 – C.

Students should be able:

1. Collect general and specific gynecologic anamnesis.
2. Speculum examination of the uterine cervix.
3. Take smears for the cytological examination.
4. Bimanual gynecological examination.
5. Technique of uterine curettage
6. Diagnose benign tumors of the external genitals, uterine and adnexa.
7. Make up a proper plan of examination to diagnose benign uterine tumors.
8. Make up a proper plan of examination to diagnose benign ovarian tumors.
9. Prepare a set of instruments to perform diagnostic scrapping of the uterine wall.
10. Make a target biopsy of the uterine cervix.
11. Perform speculum examination, vaginal examination, make the initial diagnostics.
12. Make up an individual plan of treatment of uterine myoma.
13. Make up a plan of examination patient with endometriosis.
14. Make up a proper plan of examination to diagnose endometriosis.
15. Make up an individual plan of treatment of endometriosis

References:

1. Obstetrics and gynecology: in two volumes. – Vol.2: Gynecology. Textbook / Group of authors, Edited by V. I. Grishchenko, M. O. Shcherbina. – K.: AUS Medicine Publishing, 2018. – 352 p. 96-128.
2. Gynecology. - Stephan Khmil, Zina Kuchma, Lesya Romanchuk. – Ukrmedknyha. – Ternopil.- 2003. P.235-239, 251-266.

LESSON 5

BACKGROUND AND PRECANCEROUS DISEASES OF FEMALE GENITAL ORGANS. MALIGNANT NEOPLASM OF FEMALE GENITAL ORGANS. TROPHOBLASTIC DISEASE.

Aim: to analyze the main etiological and pathogenetic factors of the background, precancerous diseases of the cervix, endometrium, vulva, the malignant neoplasms of genital organs and throphoblastic diseases, to classify the background and precancerous diseases of the cervix, endometrium, vulva and the malignant neoplasms and throphoblastic diseases, to interpret data of laboratory and instrumental examinations in the background, precancerous diseases of the cervix, endometrium, vulva and the malignant diseases, to make the analysis of the methods of differential diagnosis, to study principles of surgery, conservative treatment, rehabilitation measures, to make up the models of clinical cases with various precancerous pathology and malignant gynecological pathology in women of reproductive and premenopausal age.

LIST OF ISSUES FOR THE PREPARATION OF STUDENTS TO CURRENT AND FINAL MODULAR

1. Premalignant lesions of the external genital organs: leukoplakia, kraurosis, illness of Bouen and Peglet.
2. Premalignant lesions of the vagina.
3. Cervical ectopia.
4. Polyps of the cervix.
5. Dysplasia of the cervix.
6. Hyperplastic endometrial processes: etiology, pathogenesis.
7. Hyperplastic endometrial processes: classification.
8. Hyperplastic endometrial processes: clinic, diagnostics, treatment.
9. Polyps of the endometrium: pathogenesis, clinical presentation, diagnosis, treatment.
10. Vulvar cancer: classification, clinic, diagnostics, tactics and principles of treatment.
11. Vaginal cancer: classification, clinic, diagnostics, tactics and principles of treatment.
12. Cervical cancer: classification, clinic, diagnostics, tactics and principles of treatment.
13. Endometrial cancer: classification, clinic, diagnostics, tactics and principles of treatment.

14. Uterine sarcoma: classification, clinic, diagnostics, tactics and principles of treatment.
15. Trophoblastic disease: classification, clinic, diagnostics, maintenance and principles of treatment.
16. Ovarian cancer: classification, clinic, diagnostics, maintenance and principles of treatment.
17. Cancer of the fallopian tubes: classification, clinic, diagnostics, maintenance and principles of treatment.

Tests and Assignments for Self-Testing

Choose the correct answer:

1. The basic method of diagnostics of the precancer of the vulva is:
 - A. The biopsy with the following histological research;
 - B. The vulvoscopy;
 - C. The radioisotope research;
 - D. The cytological research of the strokes-imprints;
 - E. The fluorescent microscopy of the vulva.

2. The most informative method of diagnostics of the cervical dysplasia is:
 - A. The broadened colposcopy;
 - B. The histological research of the biopsy material of the cervix;
 - C. The cytological research of the strokes-imprints from the surface of the vaginal part of the cervix.
 - D. All listed above.
 - E. None listed above.

3. The cytological equivalent of the term 'the cervical dysplasia' is:
 - A. Acanthosis;
 - B. Dyskeratosis;
 - C. Hyperkeratinization;
 - D. Karyolysis;
 - E. All listed above.

4. For the treatment of the cervical dysplasia they apply all methods listed below, except of:
 - A. Diathermocoagulations;
 - B. Electroconization;
 - C. The photoradiotherapy;
 - D. The conic amputation of the cervix by Shturmdorf;
 - E. The high amputation of the cervix.

5. Indication for using of the diagnostic hysteroscopy:
- A. The recrudescence of uterine bleeding of the reproductive period;
 - B. Bleeding in the period of the postmenopause;
 - C. The placental polyps;
 - D. Maldevelopment of the uterus;
 - E. All listed above.
6. The operation of Wertheim is made in:
- A. The uterine sarcoma;
 - B. The ovarian cancer;
 - C. The chorioncarcinoma;
 - D. The cervical cancer;
 - E. The myoma.
7. The most valuable method of research for taking the diagnosis of cervical cancer is:
- A. Observe the cervix speculums;
 - B. Colposcopy;
 - C. Cytologic research;
 - D. Biopsy;
 - E. Ultrasound.
8. Name the earliest symptoms of the trophoblastic disease:
- A. Pain;
 - B. White discharges;
 - C. Bleeding;
 - D. Dysfunction of the contiguous organs;
 - E. Evaluate body temperature.
9. Name the most specific sign of the chorioncarcinoma:
- A. It appears in the reproductive period;
 - B. There are bilateral lutein cysts;
 - C. There are no metastases;
 - D. There are metastases in the lungs;
 - E. None listed above.
10. The malignant tumor, which takes its origin from the muscular tissues is:
- A. The leiomyoma;
 - B. The carcinoma;
 - C. The osteosarcoma;
 - D. The myosarcoma.

Answers to the tests:

1-A, 2 – B, 3 - B, 4 – A, 5 – E, 6 – D, 7 – D, 8 – C, 9 – C, 10 – D.

Students should be able:

1. To perform gynecological examination (bivalve vaginal speculum, bimanual, rectal, rectovaginal).
2. To collect a specific gynecological anamnesis, to evaluate the findings of laboratory tests.
3. To collect material from the vagina, cervix, cervical canal and urethra for cytological, and bacterioscopic studies.
4. To evaluate the findings of cytological, histological, virological and bacteriological studies.
5. To evaluate the findings of the ultrasonography of organs of the small pelvis.
6. To estimate the protocol of the colposcopy of the cervix and vulva.
7. To make a plan of examination of a patient in various nosological forms of background and precancerous pathology.
8. To make a plan of examination of a patient in various nosological forms of malignant pathology.
9. To diagnose and classify it according to the TNM and FIGO.

References:

1. Obstetrics and gynecology: in two volumes. – Vol.2: Gynecology. Textbook / Group of authors, Edited by V. I. Grishchenko, M. O. Shcherbina. – K.: AUS Medicine Publishing, 2018. – 352 p. p. 128-164.
2. Gynecology. - Stephan Khmil, Zina Kuchma, Lesya Romanchuk. – Ukrmedknyha. – Ternopil.- 2003. p. 284-316.

LESSON 6

INFLAMMATORY DISEASES OF THE FEMALE GENITAL ORGANS

Aim: to know the etiology, pathogenesis, classification, diagnostics and the clinical course of inflammatory diseases of specific etiology: gonorrhoea, trichomoniasis, tuberculosis, bacterial vaginosis, candidiasis, Chlamydia infection, mycoplasmosis, genital herpes, human papillomavirus (HPV) infection, to study principles of treatment and prevention of specific etiology inflammatory diseases, rehabilitation of women after the diseases suffered.

LIST OF ISSUES FOR THE PREPARATION OF STUDENTS TO CURRENT AND FINAL MODULAR

1. Ways of spreading of infection and the sense of organism reactivity in developing of inflammatory processes of women sex organs.
2. Features of inflammation.
3. Physiological barriers, which prevent spreading of the inflammatory disease in women.
4. Classification of genital inflammatory diseases.
5. Vulvitis – etiology, clinics, diagnostics, treatment.
5. Bartolinitis – etiology, clinics, diagnostics, treatment.
6. Colpitis – etiology, clinics, diagnostics, treatment.
7. Bacterial vaginosis - etiology, clinics, diagnostics, treatment.
8. Cervicitis, endocervicitis – etiology, clinics, diagnostics, treatment.
9. Endometritis – etiology, clinics, diagnostics, treatment.
10. Salpingoophoritis – etiology, clinics, diagnostics, treatment.
11. Pelvioperitonitis – etiology, clinics, diagnostics, treatment.
12. Parametritis – etiology, clinics, diagnostics, treatment.
13. Differential diagnostics of acute adnexitis and acute appendicitis.
14. Differential diagnostics of piosalphinx, parametritis and the abscess of Douglass's pouch.
15. Principles of treating of acute genital inflammatory process.
16. Principles of treating subacute inflammatory processes in women.
17. Symptomatology of chronic inflammatory diseases of uterine adnexa.
18. Characteristics of pathogens of specific inflammatory processes of female sexual organs.
19. Gonorrhoea: clinics, methods of diagnostics, treatment.
20. Candidiasis: clinics, methods of diagnostics, treatment.
21. Trichomoniasis: etiology, clinic, diagnostics, treatment.
22. Ureaplasmosis. Mycoplasmal infection. Clinics, diagnostics and treatment.
23. Genital herpes: etiology, clinic, diagnosis, treatment.
24. Human papillomavirus (HPV) infection: etiology, clinic,

diagnosis, treatment, complications.

25. Tuberculosis of women sex organs. Classification, clinics, methods of diagnostics and treatment.

Tests and Assignments for Self-Testing

Choose the correct answer:

1. Chlamydial infection in adults extends mainly:
 - A. Airborne;
 - B. Through the blood during the injection;
 - C. Sexual;
 - D. All listed ways.
 - E. None listed ways.

2. The vaginal trichomonas is associated with:
 - A. Protozoa;
 - B. Bacteria;
 - C. Viruses;
 - D. Parasites;
 - E. Mushrooms.

3. The criterion of cure in patients with gonorrhoea is established after treatment for:
 - A. 1 month;
 - B. 2 months;
 - C. 3 months;
 - D. 4 months;
 - E. 5 months.

4. Which localization of pain is typical for the inflammatory diseases of adnexa?
 - A. In lateral quadrants of lower part of abdomen;
 - B. In lower part of abdomen above a pubis;
 - C. In a right hypogastric area;
 - D. In epigastrium;
 - E. In sacrum and lumbal region.

5. Aim of bacterioscopic examination?
 - A. For the revealing atypical cells;
 - B. For the analysis the microbial flora;
 - C. For determination of correlation of cells with a different stage of development;
 - D. For determination of correlation of cells on different types of ripening;
 - E. For determination of vaginal Ph.

6. Which form of Chlamydia provides transmission?

- A. Elementary bodies;
- B. Reticular body;
- C. Vegetative body;
- D. L – form;
- E. Key cell.

7. The causative genital warts are:

- A. Herpes virus;
- B. Denovirus;
- C. Papillomavirus;
- D. Cytomegalovirus;
- E. Kondilovirus.

8. Which microorganism cause non-specific inflammatory diseases of the female genitalia?

- A. Chlamydia;
- B. Mycoplasma;
- C. Gonococcus;
- D. Staphylococcus;
- E. Trichomonads.

9. Complications of the acute salpingoophoritis can be:

- A. Transition into the chronic form;
- B. Pelvioperitonitis;
- C. Ovarian tumors;
- D. Chronic pelvic pain;
- E. All listed above.

10. Patients with large abscess of the greater vestibular gland should be encouraged to:

- A. Physical therapy;
- B. Antibiotic therapy;
- C. Use of local conservative therapy;
- D. Surgery;
- E. None listed above.

Answers to the tests:

1-C, 2 – A, 3 - C, 4 – A, 5 – B, 6 – A, 7 – C, 8 – C, 9 – E, 10 – D.

Students should be able:

1. Collect special gynecological history, assess the results of laboratory studies (general and biochemical analyzes of blood, urine, blood coagulation system, etc.).
2. Gynecological studies in inflammatory diseases of female genital mutilation.
3. Taking material from the vagina, urethra and cervix.
4. Evaluate the results of bacteriological and serological study.
5. Evaluate the results of ultrasonography in inflammatory diseases of female genitals.
6. Make a plan examination and treatment of inflammatory diseases of the pelvic organs (Bartolinitis, vaginitis, salpingitis and ooforitis, Metro endometritis, pelvioperitonitis)

References:

1. Obstetrics and gynecology: in two volumes. – Vol.2: Gynecology. Textbook / Group of authors, Edited by V. I. Grishchenko, M. O. Shcherbina. – K.: AUS Medicine Publishing, 2018. – 352 p. p. 49-69.
2. Gynecology. - Stephan Khmil, Zina Kuchma, Lesya Romanchuk. – Ukrmedknyha. – Ternopil.- 2003. p. 319-355.

LESSON 7

“ACUTE ABDOMEN” IN GYNECOLOGY.

Aim: to be able to recognize the main disease caused the symptoms of “acute abdomen”, to make the correct diagnosis, to learn the methods of treatment and surgical correction of this pathology.

LIST OF ISSUES FOR THE PREPARATION OF STUDENTS TO CURRENT AND FINAL MODULAR CONTROL

1. Ectopic pregnancy: classification, etiology, pathogenesis.
2. Ectopic pregnancy: clinical presentation and diagnosis.
3. The progressive ectopic pregnancy.
4. The impaired ectopic pregnancy.
5. Making diagnosis of ectopic pregnancy.
6. Algorithm for differential diagnosis of tubal abortion and incomplete uterine abortion.
7. Algorithm for differential diagnosis of tubal abortion and acute inflammation of appendage.
8. Algorithm for differential diagnosis of tubal abortion and acute appendicitis.
9. Surgical treatment of ectopic pregnancy.
10. Ovarian, cervical, abdominal pregnancy. Pregnancy in rudimentary horn.
11. Ovarian apoplexy. Etiology, clinical symptoms, diagnosis, treatment.
12. Torsion of ovarian tumor crus. Clinical symptoms, algorithm of diagnostics, surgical treatment.
13. Urgent states in the leiomyoma of the uterus.
14. Pyosalpinx and pyovar. Clinical symptoms, algorithm of diagnostics, surgical treatment.

Tests and Assignments for Self-Testing

Choose the correct answer:

1. What is the commonest site of ectopic pregnancy:
A. Ovarian pregnancy;
B. Cervical pregnancy;
C. Abdominal pregnancy;
D. Tubal pregnancy;
E. Pregnancy in rudimentary horn.
2. What are the symptoms of ectopic pregnancy?
A. Morning sickness;
B. Pain;

- C. Short amenorrhea;
- D. Vaginal bleeding.
- E. None listed above.

3. What is the most important sign of ectopic pregnancy on ultrasonography investigation?

- A. An empty uterine cavity and a gestation sac on the side of the body of the uterus;
- B. Gestation sac in uterine cavity;
- C. Thickened endometrium;
- D. Enlarged adnexa.
- E. None listed above.

4. What are the clinical signs of torsion of the tumor' pedicle?

- A. Hypomenstrual syndrome;
- B. Pain;
- C. Hypermenorrhea;
- D. Great deal of follicular cysts in ovaries.
- E. None listed above.

5. Which instruments you don't need in the performing of culdocentesis?

- A. Sim's speculum;
- B. Forceps;
- C. Tenaculum;
- D. Long puncture needle;
- E. Curette .

6. Culdocentesis should confirm all the states EXCEPT:

- A. Ectopic pregnancy;
- B. Endometritis;
- C. Ovarian apoplexy;
- D. Pelvioperitonitis;
- E. Initial abortion.

7. Shoulder pain during ectopic pregnancy indicates:

- A. Tubal abortion
- B. Development of tubal mole
- C. Severe internal bleeding
- D. Development of broad ligament haematoma
- E. Nothing above

8. Ectopic pregnancy should be suspected in the women who present with all the following complaints EXCEPT:

- A. Acute pelvic pain;
- B. Lower abdominal pain.
- C. Acute nausea and vomiting.
- D. Vaginal bleeding.
- E. None listed above.

9. The most characteristic changes of the endometrium in the ectopic pregnancy include:

- A. Atrophy;
- B. Proliferation;
- C. The glandular-cystic hyperplasia;
- D. Decidual transformation;
- E. The endometrium polyp.

10. The main clinical symptoms of the ectopic pregnancy include:

- A. The cramping pain in lower abdomen;
- B. The spotting bleeding from the genital organs;
- C. The weakly positive symptoms of the peritoneal irrigation;
- D. All listed above;
- E. None listed above.

Answers to the tests:

1 – D; 2 – A; 3 – A; 4 – B; 5 – E; 6 – B, 7 -C, 8 – C, 9- D, 10 - D

Students should be able to:

1. Collect special gynecological history, assess the results of laboratory studies (general and biochemical analyzes of blood, urine, blood coagulation system, etc.).
2. Gynecological studies (mirror, bimanual, rectal, rectovaginal) in emergency conditions in gynecology.
3. Puncture the abdominal cavity through the rear arch (phantom).
4. Evaluate the results of ultrasound in emergency conditions in gynecology.
5. To make a table in the differential diagnosis of ectopic pregnancy, ovarian apoplexy, torsion leg tumor necrosis myoma node.
6. Principles of laparoscopy in emergency conditions in gynecology.
7. Preoperative preparation and postoperative gynecological patients their driving.

References:

1. Obstetrics and gynecology: in two volumes. – Vol.2: Gynecology. Textbook / Group of authors, Edited by V. I. Grishchenko, M. O. Shcherbina. – K.: AUS Medicine Publishing, 2018. – 352 p. p. 266-281.

2. Gynecology. - Stephan Khmil, Zina Kuchma, Lesya Romanchuk. – Ukrmedknyha. – Ternopil.- 2003. p. 213-233.

LESSON 8

INFERTILE MARRIAGE.

Aim: to know organization of medical and psychosocial care to a married couple, to study methods of diagnostics of female and male infertility, to study methods of conservative and surgical treatment of female infertility, to study methods of assisted reproductive technologies sterility.

LIST OF ISSUES FOR THE PREPARATION OF STUDENTS TO CURRENT AND FINAL MODULAR

1. Etiology and pathogenesis of women sterility, as a symptom of general diseases or sex organs diseases.
2. What marriage is considered to be sterile?
3. What is:
 - tube factor of infertility ?
 - peritoneal factor of infertility ?
 - endocrinal factor of infertility ?
 - uterine factor of infertility ?
 - cervical factor of infertility ?
 - immunological factor of infertility ?
4. What examination are conducted at sterile marriage on the 1 and 2 stages ?
5. Principles of conservative treatment of women sterility.
6. Principles of surgical treatment of women sterility.
7. Male infertility.
8. Prophylactics of women sterility.

Tests and Assignments for Self-Testing

Choose the correct answer:

1. Which of the methods of examination is the most informative in the diagnostics of a tube infertility?
 - A. Perturbation;
 - B. Laparoscopy with chromosalpingoscopy;
 - C. Hysterosalpingography;
 - D. Transvaginal echography;
 - E. Bicontrast pelviography.
2. Which of the following tests used to diagnose the basis of infertility is done during the luteal or secretory phase of the menstrual cycle?
 - A. Laparoscopy;
 - B. Hysterosalpingogram;

- C. Endometrial biopsy;
- D. Follicle-stimulating hormone (FSH) level;
- E. LH hormone level.

3. You ask a patient to call your office during her next menstrual cycle to schedule a hysterosalpingogram as part of her infertility evaluation. Which day of the menstrual cycle is best for performing the hysterosalpingogram?

- A. Day 8;
- B. Day 3;
- C. Day 14;
- D. Day 21;
- E. Day 26.

4. You have recommended a postcoital test for your patient as part of her evaluation for infertility. She and her spouse should have sexual intercourse on which day of her menstrual cycle as part of postcoital testing?

- A. Day 3;
- B. Day 14;
- C. Day 8;
- D. Day 21;
- E. Day 26.

5. You suspect that your infertility patient has an inadequate luteal phase. She should undergo an endometrial biopsy on which day of her menstrual cycle?

- A. Day 26;
- B. Day 3;
- C. Day 8;
- D. Day 14;
- E. Day 21.

6. The term «primary infertility» means:

- A. There were no any pregnancies;
- B. There were no alive born children;
- C. All pregnancies were interrupted for the medical reasons;
- D. The woman has not the female genital organs;
- E. All listed above.

7. The endocrine infertility can be caused by all of these factors, except

- A. The prolactin-synthesized pituitary tumors;
- B. The adrenogenital syndrome;
- C. The dysgerminoma;
- D. The thecoma of the ovary;
- E. The hypothalamo-pituitary dysfunction.

8. The function disorders of the contractive activity of the fallopian tubes may be due to:
- A. The emotion reason;
 - B. The ovarian reason;
 - C. The hyperprostaglandinemia;
 - D. The hyperandrogenism;
 - E. All listed above.
9. For the treatment of the functional tubal infertility are used all means and methods listed below, except:
- A. The medical hydrotubation;
 - B. Sedation;
 - C. The nonsteroidal anti-inflammatory drugs;
 - D. The physio- and balneotherapy;
 - E. The antispasmodics.
10. Violation of the tubal patency may be due to:
- A. The genital chlamydia;
 - B. The external endometriosis;
 - C. The surgical interventions on the pelvic and abdominal cavity;
 - D. The gonorrheal salpingitis;
 - E. All listed above.

Answers to the tests:

1-B, 2 – C, 3 - A, 4 – B, 5 – A, 6 – A, 7 – C, 8 – E, 9 – A, 10 – E.

Student should be able:

1. Collect special gynecological history; assess the results of laboratory research at married infertility.
2. Gynecological infertility research at married.
3. To diagnose the presence of inflammation process and menstrual function disturbance.
4. Evaluate the functional state of diagnostic tests in the ovarian endocrine causes infertility.
5. Evaluate the results of X-ray female genital mutilation.
6. Evaluate the results of ultrasound in infertility status (monitoring of follicle).
7. Make a plan survey with infertility.

References:

1. Obstetrics and gynecology: in two volumes. – Vol.2: Gynecology. Textbook / Group of authors, Edited by V. I. Grishchenko, M. O. Shcherbina. – K.: AUS Medicine Publishing, 2018. – 352 p. p. 209-248.

2. Gynecology. - Stephan Khmil, Zina Kuchma, Lesya Romanchuk. – Ukrmedknyha. – Ternopil.- 2003. P. 195-214.

LESSON 9

FAMILY PLANNING.

Aim: to be able to recognize the main indication and contraindication for the all contraceptive methods, to made recommend of the correct method of contraception, to learn the methods of contraception.

LIST OF ISSUES FOR THE PREPARATION OF STUDENTS TO CURRENT AND FINAL MODULAR

1. Natural methods of family planning – rhythm method, basal body temperature, cervical mucus, symptothermal, lactational amenorrhea method.
2. Barrier Methods of Contraception – male and female condoms, vaginal diaphragms and contraceptive sponges, cervix caps, vaginal spermicides.
3. Intrauterine Contraception.
4. Hormonal Contraception – classification.
5. Combined Oral Contraceptives.
6. Transdermal Hormonal Contraception.
7. Contraceptive Vaginal Ring.
8. Progestine Only Contraceptives.
9. Emergency Contraception.
10. Surgical Contraception.
11. Medical Eligibility Criteria for Contraceptive Use.

Tests and Assignments for Self-Testing

Choose the correct answer:

1. Surgical contraception is indicated for:
 - A. Young women;
 - B. Women with reproductive age;
 - C. Women with medical contraindications;
 - D. Women in menopausal age;
 - E. None listed above.

2. Which of the following is not mono-phase oral contraceptive?
 - A. Triquilar;
 - B. Mersilon;
 - C. Femoden;

- D. Microgynon;
- E. None listed above.

3. Intrauterine device is contraindicated for:

- A. Patients with isthmico-cervical insufficiency;
- B. Patients with active sexual life;
- C. Multiparae patients;
- D. Patients with extragenital diseases.

4. The medicated device carries enough levonorgestrel for:

- A. 2 to 3 years of use;
- B. 3 to 4 years of use;
- C. 4 to 5 years;
- D. 5 to 6 years;
- E. 1 to 2 years of use.

5. Which of the effects below are produced by combined hormonal contraceptives?

- A. Decreasing menstrual blood loss;
- B. Elimination or relieving dysmenorrhea;
- C. Reducing the rate of PID rephase;
- D. Therapeutic effect at PMS;
- E. All the above.

6. What is type of contraception produced by vaginal and skin patch

- A. Combined Hormonal Contraceptive;
- B. Emergency Contraception;
- C. Progestin only Contraceptives;
- D. None of the above;
- E. All of the above.

7. Which birth control methods are irreversible:

- A. Mirena intrauterine device;
- B. COC;
- C. Voluntary surgical sterilization;
- D. Progestin only Contraceptives;
- E. All of the above.

8. What birth control methods can be used for the purpose of the emergency contraception:

- A. Mirena intrauterine device;
- B. COC;
- C. Voluntary surgical sterilization;

- D. Contraceptive patch;
- E. None of the above.

9. What birth control methods are most appropriate for a teenage girl who has regular intercourse with a steady partner

- A. Mirena intrauterine device;
- B. COC;
- C. Voluntary surgical sterilization;
- E. None of the above.

10. What birth control can be recommended at a late childbirth age:

- A. Mirena intrauterine device;
- B. Voluntary surgical sterilization;
- C. Progestin only contraceptives;
- D. All of the above;
- E. None of the above.

Answers to the tests:

1-C, 2 – A, 3 - B, 4 –C, 5 – E, 6 – A, 7 – C, 8 – B, 9 – B, 10 – D.

Student should be able:

1. Collect special gynecological history.
2. Make a plan for inspection before making a decision on the use of hormonal and intrauterine contraception.
3. Choose a individual method of contraception for the patient depending on the age, concomitant extragenital pathology.
4. Technology IUD insertion into the uterus.

References:

1. Obstetrics and gynecology: in two volumes. – Vol.2: Gynecology. Textbook / Group of autors, Edided by V. I. Grishchenko, M. O. Shcherbina. – K.: AUS Medicine Publishing, 2018. – 352 p. p. 230-248.
2. Khmil S.V., Kuchma Z.M., Romanchuk L.I. Gynecology. – Ternopil, Ukrmedknyha, 2003. - P. 401-404.

LESSON 10

DEFENSE OF THE FEMALE CASE HISTORY. FINAL MODULAR CONTROL

Aim: to learn the main methods of examination, diagnostics and treatment of patients with similar disease.

Students' Independent Study Program

To know etiology, pathogenesis, clinical feature and treatment of patient disease and be ready to perform differential diagnose with similar disease.

THE MINISTRY OF THE FORMATION AND SCIENCES OF UKRAINE

THE MINISTRY OF PUBLIC HEALTH OF UKRAINE

THE SUMY STATE UNIVERSITY

MEDICAL INSTITUTE

Department of obstetrics and gynecology

Head of the department Professor V. I.Boyko

THE SCHEME

of a gynecologic patient's case history

Surname of the student _____

Faculty _____

Grade _____

Group _____

Period of curation _____

1. PATIENT'S IDENTIFICATION DATA

Surname, name, patronymic

Age

Occupation

Place of work

Address

2. ADMISSION DATE

(date and time of admission), way of transporting the patient, who the patient was accompanied by, who the patient was referred by, diagnosis.

3. PATIENT'S COMPLAINTS

General and local complaints on the day of admission

3. PRESENT HISTORY

When the disease first developed, its onset (acute or gradual), what it was associated with, early signs of the disease and their development by the date of examination, administered treatment (whether ambulatory or institutional) and its effect, frequency of recurrence of disease.

4. DISEASES IN PAST HISTORY

The age of each disease starting from early childhood, its duration and severity of its course. Any systemic diseases (rheumatism, etc). Ask detailed questions about past diseases, about STD, hepatitis, etc.

5. MENSTRUAL FUNCTION:

age of the first menstruation,

when menstruation became regular;

type of menstruation: periodicity,

duration

nature of menstruation:

amount of blood (profuse, moderate, scarce),

painful or painless,

ask if menstruation has changed after the beginning of sexual life, after

delivery or abortion, what were the changes

date of the last normal menstruation (its beginning and end).

7. SECRETORY FUNCTION (discharge)

d) Nature of the discharge - its colour (white, yellow, green, blood-tinged), odour (odourless, with pungent odour), whether it irritates the surrounding tissue, its consistency (fluid, thick, caseous)

8. SEXUAL FUNCTION

- a) beginning of sexual life,
- b) age when the patient got married.
- c) Is the sexual life regular?
- d) Is there sexual promiscuity?
- e) Is the sexual drive (libido) pronounced?
- g) Were there pains during intercourse?
- h) Was there blood after intercourse?
- i) Contraception: its methods and means.

9. REPRODUCTIVE FUNCTION

When the patient first got pregnant after withholding contraception. Enumerate all pregnancies in chronological order and their outcomes. State the type of delivery: normal or abnormal, obstetric surgery, duration of postpartum period, if the baby was living. If there were any abortions, state if they were spontaneous or induced, at what age of gestation. If the abortion was spontaneous or criminal, state if curettage of uterine walls was performed. Find out and note down if there were any complications during the abortion. The course of post-abortion period.

10. GYNECOLOGICAL DISEASES

- a) what diseases,
- b) when they occurred,
- c) administered treatment.

11. FUNCTION OF URINARY BLADDER AND INTESTINE

Was there painfulness during urination, when, what is it associated with. Diseases of the gastrointestinal tract, digestive glands - liver, pancreas -in past history; the condition of the teeth, stomach, large and small intestine. Nature of defecation.

12. OBJECTIVE FINDINGS

a) Examination: the general state of the patient, her build, skin colour, temperature of mucous membranes, skin turgor, varicose diseases, edema, lymph nodes, amount of subcutaneous fat, state of muscles, bones, and joints,

b) Examination of mammary glands (shape, size in cm, consistency, painfulness) and nipples (prominent or retracted), nature of mammary gland secretion (foremilk, milk, ichorous fluid),

c) Nervous system and sense organs (consciousness, mood, intellect, sleep, smell, taste, speech, vision, dizziness, headaches, reflexes of 12 pairs of cranial nerves),

d) Respiratory organs. Shape of the chest, type of respiration, amount of respirations per minute. Findings of percussion and auscultation of lungs,

e) Circulatory organs. Pulse, arterial pressure, heart borders, state of peripheral blood vessels (thickened or elastic).

f) Abdomen and digestive organs.

Shape of abdomen (flat, distended), participation of abdominal wall in respiration, palpatory determination of liver and spleen borders, tense or soft abdominal wall, signs of irritated peritoneum (Schotkin-Blumberg symptom), percussion findings, presence of ascytic fluid in the abdominal cavity).

13. GYNECOLOGICAL EXAMINATION

a) condition of the external genitals.

Examination of the vestibule of vagina, external urethral opening, excretory ducts of Barthohn's of the vagina and cervix with and paraurethral glands,

b) examination a mucosa, nature of speculum (coloration of cervical and vaginal discharge, size and shape of uterine cervix, presence of pathological processes - inflammation, lesion, fistula) ulceration, tumour,

c) bimanual (rectal) examination: condition of pelvic floor, greater vestibular glands, urethra, and vagina (the volume, folds, presence of pathological processes, depth, mobility and painfulness of vaginal fornix), vaginal part of uterine cervix (consistency, position in relation to axis of pelvis, mobility, condition of external opening), position of the uterus, its size, shape, consistency, mobility, painfulness, relation of uterine cervix to uterine body. Condition of uterine appendages and parametral regions. If tumour-like formations are felt, their size (in cm), consistency, painfulness is established.

14. SPECIAL METHODS OF GYNECOLOGICAL EXAMINATION

Investigations necessary to specify the diagnosis: hysteroscopy, puncture through the posterior vaginal fornix, biopsy, diagnostic curettage, colposcopy, metrosalpingography, phlebography, bicontrast radiography, ultrasound scanning, etc.

15. LABORATORY INVESTIGATION

Blood and urine tests, investigation of vaginal flora, cervical canal and urethra, cytological findings of vaginal smear, blood for Wassermann's reaction, HIV-infection, coagulogram, liver function test, radiography of the chest, ECG, pathohistological investigation, etc. Colpocytology, cervical test, pupil phenomenon, ferning.

16. CONCLUSION OF CONSULTING DOCTORS
(therapist, neuropathologist, etc)

17. DIAGNOSIS

A) **preliminary diagnosis.** State the basic gynecological diagnosis and concomitant diseases

B) **substantiation of the diagnosis** is done for the main disease

C) **differential diagnosis.**

State in detail differential diagnostics of the patient. For instance, if there are clinical presentations of acute abdomen, first of all it should be settled whether it is of genital or extragenital origin. If genital origin is confirmed, differential diagnostics is done for the following gynecological diseases:

- 1) acute internal hemorrhage of internal genitals
- 2) sudden circulation disorders in internal genitals
- 3) acute inflammatory diseases of pelvic organs involving the peritoneum
- 4) diffuse peritonitis originating from inner organs.

Final diagnosis.

18.PLAN OF TREATMENT

The plan is made for the treatment of the present patient rather than for general treatment of a similar case.

19.PREOPERATIVE CONCLUSION

(It is written for patients facing surgical treatment. State the patient's name, patronymic, surname, age, diagnosis of the main disease and of concomitant diseases. Indications for surgery, the planned extent of surgical intervention. Type of anesthesia. Risk of thrombosis. Indications for blood or plasma transfusion, if planned. Blood group and Rhesus factor. Was there corticosteroid hormone therapy in past history, allergic reactions to drugs? In which phase of menstrual cycle is the patient to be operated. The patient's written consent to surgery. The expected outcome of surgery.)

20. DESCRIPTION OF SURGERY

Describe in detail the course of surgery, the course of anesthesia, blood transfusion.

Protocol of operation

Macropreparatum

21. DIARY

For 2-3 days the patient's condition is described in detail with specific administrations for treatment and care for each day, drug prescriptions.

22. EPICRISIS

State in brief the diagnosis, its substantiation, the administered treatment, its outcome (recovery, improvement, no change).

23. PROGNOSIS

State comprehensively the prognosis of life, work, restoration of the menstrual, sexual and reproductive function, with substantiation.

24. RECOMMENDATIONS FOR THE PATIENT UPON DISCHARGE

State the plan of treatment and follow-up check-ups at a gynecological clinic, rehabilitation at a health resort, follow-up observation.

Date _____ Curator sign _____

Literature that was used

LIST OF QUESTIONS TO PREPARE STUDENTS FOR CURRENT AND FINAL CONTROL MODULE

1. General and special methods of examination gynecological patients.
2. Bimanual, vaginal, examination through the rectum. Examination using vaginal mirror.
3. Methods of functional diagnostics of the condition of the ovaries.
4. Etiology, pathogenesis, classification of inflammatory diseases of the female genital organs. Peculiarities in different age periods.
5. Regulation of the menstrual cycle.
6. Secondary amenorrhea. Stein-Leventhal syndrome, pathogenesis, clinical manifestations, diagnosis and treatment.
7. Secondary amenorrhea. Sheehan's Syndrome, Symonds, pathogenesis, clinical manifestations, diagnosis and treatment.
9. Genital candidosis. Symptoms, diagnosis and treatment.
10. Genital herpes. Symptoms, diagnosis and treatment.
11. Bacterial vaginosis. Etiology, clinical manifestations, diagnosis and treatment.
12. Tuberculosis of female genitals.
13. Classification of disorders of menstrual function, primary amenorrhea.
14. The uterine forms of amenorrhea. Asherman syndrome, symptoms, diagnosis, treatment.
15. Adenomyosis. Etiology, pathogenesis, clinical manifestations, diagnosis and treatment.
16. Juvenile uterine bleeding. Etiology, clinical manifestations, diagnosis and treatment.
17. Menopausal bleeding. Etiology, clinical manifestations, diagnosis and treatment.
18. Dysmenorrhea. Etiology, classification, clinical features and treatment.
19. Vulvitis. Symptoms, diagnosis, treatment.
20. Causes of female and male infertility. Forms of female infertility.
21. Examination of couple infertility in marriage.
22. Modern principles and methods for treating female infertility.
23. Contraceptives. Classification, mechanism of action and effectiveness of modern contraceptives.
24. Endometriosis. Etiology, pathogenesis, classification, clinical picture, diagnosis and modern treatment methods.
25. Endocervicitis. Symptoms, diagnosis, treatment.
26. Acute endometritis. Etiology, pathogenesis, clinical manifestations, diagnosis, treatment.
27. Chronic endometritis. Etiology, pathogenesis, clinical manifestations, diagnosis, treatment.

28. The concept of the cyst and ovarian cysts. Classification of ovarian tumors. Symptoms, diagnosis and treatment.
29. Acute salpingitis. Etiology, pathogenesis, clinical manifestations, diagnosis, treatment.
30. Methods of conservative and surgical treatment of uterine fibroids. Indications for surgical treatment.
31. Cancer of the vulva. Classification, clinical manifestations, diagnosis and treatment.
32. Cancer of the vagina. Classification, clinical manifestations, diagnosis and treatment.
33. Cervical Cancer. Classification, clinical manifestations, diagnosis and treatment.
34. Uterine cancer. Classification, clinical manifestations, diagnosis and treatment.
35. Sarcoma of the uterus. Classification, clinical manifestations, diagnosis and treatment.
36. Ovarian cancer. Classification, clinical manifestations, diagnosis and treatment.
37. Cancer of the uterine tube. Classification, clinical manifestations, diagnosis and treatment.
38. Trophoblastic disease. Diagnosis and treatment.
39. Ovarian apoplexy. Differential diagnosis of surgical pathology.
41. Rupture of the capsule of the tumor of the ovary.
42. Purulent tumor. Differential diagnosis of surgical pathology.
43. Traumatic injuries of the genital organs. Differential diagnosis of surgical pathology.
44. Chronic salpingitis. Etiology, pathogenesis, clinical manifestations, diagnosis, treatment.
45. Ovarian masses. Etiology, pathogenesis, clinical manifestations, diagnosis, treatment.
46. Parametritis. Etiology, pathogenesis, clinical manifestations, diagnosis, treatment.
47. Pelvioperitonitis. Etiology, pathogenesis, clinical manifestations, diagnosis, treatment.
48. Gonorrhoea. Classification, clinical manifestations, diagnosis, treatment, provocation methods.
49. Chlamydia. Symptoms, diagnosis, treatment.
50. Ureaplasmosis. Symptoms, diagnosis, treatment.
53. Ovarian cysts. Etiology, pathogenesis, clinical manifestations, diagnosis and treatment.
54. Cystomas. Etiology, pathogenesis, clinical manifestations, diagnosis and treatment.
55. Leiomyomas. Classification, etiology, pathogenesis, clinical features, diagnostic methods.

56. Craurosis of vulva. Etiology, pathogenesis, clinical manifestations, diagnosis, treatment.
57. Cervical dysplasia. Classification and diagnosis, doctor's tactics.
58. Polyps and hyperplasia of the cervical canal. The clinic, diagnostics, medical tactic.
59. Polyps and endometrial hyperplasia. The clinic, diagnostics, medical tactic.
60. Cervical erosion. Etiology, pathogenesis, types of erosion.
61. True and false cervical erosion. Symptoms, diagnosis, treatment.
62. Ectopic pregnancy. Etiology, pathogenesis, classification.
63. Progressive ectopic pregnancy. Etiology, clinical manifestations, diagnosis and treatment.
64. Interrupted by type of ectopic pregnancy rupture. Symptoms, diagnosis, treatment.
65. Interrupted ectopic pregnancy by type of tubal abortion. Symptoms, diagnosis, treatment.
66. Differential diagnosis of ectopic pregnancy with acute abdominal pathology.
67. Perforation of the uterus. Tactics doctor.
68. Gynecologic aspects of breast cancer.
69. Ages of women. Hormones women.
70. Instrumental methods gynecological examination of women.
71. Endoscopic methods gynecological examination of women.
72. Regulation of the menstrual cycle. Ovarian cycle.
73. Regulation of the menstrual cycle. Uterine cycle.
74. Gonadal dysgenesis, adreno-genital syndrome. Symptoms, diagnosis and treatment.
75. Leiomyomas of the uterus and pregnancy.
76. Conservative treatment leyomiom shows to conservative treatment.
77. Operative treatment leyomiom, indications for surgical treatment.
- 78.. Cysts and ovarian cystoma, classification, etiology and pathogenesis.
79. Dermoid cysts. Etiology, clinical manifestations, diagnosis and treatment.
80. Ovarian tumors. Symptoms, diagnosis and treatment.
81. Epithelial cyst. Symptoms, diagnosis and treatment.
82. Epithelial cystomas. Symptoms, diagnosis and treatment.
83. Endometriomas. Etiology, pathogenesis, clinical manifestations, diagnosis

PRACTICAL SKILLS DISEASES OF FEMALE REPRODUCTIVE SYSTEM.

1. Gynaecological research (bimanual, rectal, rektovagial).
2. Examination cervix in the mirrors.
3. To collect the special gynaecological anamnesis, estimate the results of laboratory research (global and biochemical analyses of blood, urine, coagulation the system of blood and other).
4. Taking the material from vagina, urethra and cervical canal.
5. Collection of material for cytomorphological research (Pap -test).
6. To estimate the results of Colpotcytological research.
7. To estimate the results of Colposkopic research.
8. To estimate the tests of diagnostics of the functional state of ovaries.
9. To estimate the results of cytological, histological, bacteriological researches.
10. To estimate the results of roentgenological researches of womanish privy parts.
11. To estimate the results of USD.
12. To work out a plan of inspection of sick at different kinds gynecological pathology.
13. The method of puncture the abdominal cavity through the rear vaginal fornix.
14. Introduction of the intrauterine device to the uterine cavity.
15. Methodology of sampling of material for morphological pre-investigation by biopsy method.
16. Breast examination methodology.
17. The method of curettage of the uterine cavity.
18. Method of salpingectomy in violation of tubar pregnancy.

FINAL TEST

1. Woman 30 years, came to the gynecologist on the medical examination. No complaints. In anamnesis delivery - 1, abortion - 1. Menstruation is regular. Objectively: the cervix is cylindrical, uterus body of normal size, firm, mobile, painless. On both sides of the uterus palpable tumor (8 x 10 cm on the left, 10 x 12 cm on the right) tight elastic consistency, with a smooth surface, mobile, painless. The fluid in the abdominal cavity has not defined. What is the most likely diagnosis?

- A. Ovarian Endometriosis
- B. Bilateral cysts
- C. Krukenberg' Canser
- D. Abdominal pregnancy
- E. Leyomyoma

2. Patient 60years old was admitted to the gynecology department with complaints of a slight bloody discharge from the genital tract, which appeared after 4 years of menopause. During bimanual examination: cervix cylindrical epithelium non injured. Uterus in anteflexioversio, slightly increased in size, mobile. Adnexes are not define. After diagnostic curettage of the uterus,has received scraping. What is the most likely diagnosis?

- A. Menopausal bleeding
- B. Hysterocarcinoma
- C. Leyomyoma
- D. Ovarian dysfunction
- E. Adenomyosis of the uterus

3. Patient 56, complains of general weakness, dull abdominal pain, increased abdomen. Menopause for 5 years. On examination, marked ascites. During bimanual examination: size of the uterus is small , shifted to the right, left and posteriorly is palpable firm, nodular, nonmoveable tumor formation, 10 x 12 cm in size. Wich is the most likely diagnosis?

- A. Colon tumor
- B. Subserous hysteroomyoma
- C. Ovarian canser
- D. Tubovarian abscess
- E. Genital endometriosis

4. Patient 45 years old complains of contact bleeding during past 5 months. In the speculum: cervix enlarged, looks like cauliflower, bleeds when touched by the probe. In bimanual examination uterus has thick consistency. The body of the uterus is not enlarged, reduced mobility. Appendages are not palpable, the parameters of free. The vaults are deep. What is the most likely diagnosis?

- A. Polyposis of the cervix

- B. Hystero carcinoma
- C. Birth of fibromatous node
- D. Cervical pregnancy
- E. Cervical cancer

5. Patient age 47 suffer from uterine cancer 8 years, not being treated over the past year, the tumor grew to the size of 15-week pregnancy. What is the plan of surgical treatment?

- A. Total hysterectomy with appendages
- B. Enucleation of myoma nodes
- C. Supra-vaginal hysterectomy without appendages
- D. Supravaginal hysterectomy with appendages
- E. Hysterectomy without appendages

6. The patient 58 years after 10 years of menopause had heavy uterine bleeding. Bimanual and speculum examination cause heavy bleeding, other pathologies haven't been identified. A possible diagnosis?

- A. Incomplete abortion
- B. Hemorrhagic metropatiya
- C. Hystero carcinoma
- D. Myoma
- E. Violation of the menstrual cycle, climacteric nature

7. The patient, aged 42, complained of dull abdominal pain, weakness, appetite loss, weight loss for the last 3 months to 18 kg, an increase in the abdomen. Examination revealed: Ascites, on the side of right adnexa palpated dense, nodular, limited mobility of the tumor. In the clinical analysis of blood - increased ESR to 50 mm / h. A possible diagnosis?

- A. Cyst
- B. Ectopic pregnancy
- C. Fibroids of the uterus
- D. Ovarian cancer
- E. Right-hand adnexitis

8. The patient K, 48 years old, came for regular check-up. Which process the type I does reflect in Pap smear test?

- A. Normal epithelium.
- B. Moderate dysplasia.
- C. Cancer.
- D. Inflammation.
- E. Suspicion of malignization.

9. The patient C, 45 years old, complains on dull abdominal pain, weakness, loss of appetite and weight loss for the last 5 months. Which process does the type V reflect in Pap smear test?

- A. Normal epithelium
- B. Moderate dysplasia.
- C. Cancer.
- D. Inflammation.
- E. Suspicion of malignization

10. The patient C, 55 years old, complains on dull abdominal pain, weakness, bloody-serous, such as "meat slops" discharge from the vagina. Which additional diagnostic methods should be applied to refine the diagnosis of cancer of uterine body?

- A. An ultrasound scan.
- B. Biopsy of endometrium.
- C. Colposcopy.
- D. Laparoscopy.
- E. Pap smear test

11. A woman of 54 years complains about the bloody discharges from a vagina and dispareunia. menopause during 3 years. At ultrasonic examination the endometrium atrophy exposed. At a speculum examination – mucosal membrane of vagina pale, dry, ulcers on mucousal membrane are marked. Choose the most suitable medical treatment or procedure.

- A. Application of estrogen cream
- B. Setting of oxyprogesteron-acetate
- C. Successive therapy of estrogens and progesteron
- D. Biopsy of endometrium
- E. Factious diagnostic scraping of cavity of uterus off

12. A woman 32 years appealed to the doctor with complaints about abundant and protracted menstruations, which proceed already during 6 months, general weakness. A skin is pale. At vaginal examination: uterus is enlarged in sizes as to 9-10 weeks of pregnancy, irregular shape, unpainful, mobile, adnexa are not palpated. The diagnosis of uterine myoma was set. What is the best tactic of conducting patient?

- A. Miomectomy
- B. Hysterectomy
- C. Diagnostic curettage of uterine cavity
- D. Setting of hormonal preparations
- E. Setting of preparations of iron

13. The patient complains about infertility. Menstruations started at 16 years, are not regular, 5-6 days after 28-35 days, to marriage - painful. Sexual life during 4

years. Did not use contraceptives, become not pregnant. In childhood was ill on a measles, scarlet fever. Vaginally: the uterus is of normal size, mobile, unpainful, adnexa are not palpated. In speculum: the uterine cervix is normal. Analysis of sperm of husband - 55 mln of spermatozoa in 1 ml, 75% of them are mobile. Shuvarsky test is positive. A basal temperature during 2 cycles is monotonous. Diagnosis?

- A. Infertility I, tubal genesis
- B. Infertility I, tubal-peritoneal genesis
- C. Infertility I, anovulatory cycles
- D. Infertility I, masculine genesis
- E. Infertility I, anomaly of development of privy parts

14. The patient complains about acute pains in lower parts of abdomen, which irradiate in rectum. Pains of cyclic character, acutely increase during defecation, physical activity. In intermenstrual period insignificant, and during menstruation severe. Is ill 2 years. Before the menstruations were normal. There were 2 labors, 1 abortion 5 years ago. The inflammatory diseases of genital organs were not present. Pulse -76 in 1 min, AP 120/80 mm Hg. Abdomen is soft, unpainful. Uterus of normal size, adnexa - without changes. Hard, painful infiltrat with an unequal surface is palpated behind the cervix. Infiltrat growth to posterior fornix, it is exposed at rectal examination. Blood test of ESR-16-16 mm/hr, leucocytes- $8 \times 10^9/\mu$. Diagnosis?

- A. External genital endometriosis, retrocervical localization
- B. Chronic bilateral adnexitis in the stage of acutening
- C. Ectopic pregnancy
- D. The Leyomyoma uterus with untypical localization
- E. Tumor of rectum

15. Patient, 32 years appealed to the gynecologist with complaints about abundant, protracted menstruations during 3 years, aching pain in lumbal area. Did not visit a gynecologist 2 years. The last menstruation 2 a week ago, in time. In anamnesis: menarhe at 13 years, menstruations during 7 days, every 28 days; Labors-0, abortions-3. At vaginal examination: the uterine cervix is clean, the uterus is enlarged to 9 weeks of pregnancy, firm, mobile, not painful, in anteflexio. Adnexa on either side are not enlarged. Excretions are mucous. What is to be carried out the first of all?

- A. diagnostic curettage of the uterine cavity
- B. Surgical medical treatment
- C. Hormonal therapy 17-OPC
- D. Diagnostic laparoscopy
- E. Supervision after sick

16. Patient 43 years appealed to female dispensary with complaints in the presence of cervical erosion which was exposed at routine medical examination by the

midwife. In anamnesis: labors-4, abortions-5. Menarche at 12 years, menstruations every 28 days, during 3 days, are regular, unpainful. Sexual life with 17 years. At colposcopy: on the uterine cervix the area of transformation is found out. The biopsy is carried out and the diagnosis of displasia is confirmed. At cytological examination there is IIIB type of Pap' smear. To define the necessary volume of treatment of the patient:

- A. The diatermocoagulation of the cervix
- B. cervical diatermoconisation
- C. The total hysterectomy without adnexa
- D. The criodestruction of the cervix
- E. Subtotal hysterectomy of cervix

17. The patient 17 years appealed to the gynecologist with complaints about a tearfulness, depressed mood, aggressiveness, pain in the breasts which are marked at her 3-4 days before the menstruation and after the beginning of it disappeared. In anamnesis: labors-0, abortions-0. Menarhe in 13 years, menstruations every 31 days, during 4-5 days, are regular, unpainful, not abundant. At vaginal examination: pathology of genital organs are not exposed. What is the most credible diagnosis:

- A. Fibrous-cystic mastopatia
- B. Algodismenorrea
- C. Premenstrual syndrome
- D. The endometriosis
- E. Thyrotoxicosis

18. Patient In., 27 years, appealed to female dispensary with complaints on pain in lower parts of an abdomen, which appear a few days before the menstruation, and with its beginning some diminish. Passed the course of antiinflammatory therapy and physiotherapy, but medical treatment was without a positive effect. At ultrasonography in the middle of menstrual cycle, pathology is not exposed. With a previous diagnosis – an adenomyosis woman was hospitalized in the gynecological department for confirmation of diagnosis and medical treatment. What investigation needs to be done for confirmation of diagnosis?

- A. Factious diagnostic curettage of uterine cavity
- B. Sciagraphy of organs of small pelvis and abdominal region
- C. Colposcopy
- D. Hysteroscopy
- E. Biopsy

19. The patient 46 years is delivered in the gynecological department with complaints about uterine bleeding during the last 2 days, weakness. At vaginal examination: the uterus is firm, unpainful, enlarged to 9 weeks of pregnancy. What is the doctor tactic?

- A. Curettage of the uterine cavity

- B. Colposcopy
- C. Hysteroscopy
- D. Laparoscopy
- E. Pelvic sciagraphy

20. Patient 23 years is delivered in the gynecological department in the severe condition with complaints about acute permanent pain in the area of right labia pudenda majora, impossibility of movement. Objectively: temperature of body 38,7. At a review: right labia pudenda majora is slightly swollen, skin above it and lower part of vagina is swollen, hyperhemia is present. At palpation the pain become severe. Inguinal lymphatic nodes are enlarged, especially to the right. Laboratory: high leucocytosis, rise ESR to 27 mm\hr. Diagnosis:

- A. False abscess of Bartholin's gland
- B. The true abscess of Bartholin's gland
- C. Cyst of Bartholin's gland
- D. An abscess of steam of urethral glands
- E. Vestibulite

21. Patient 23 years. Menstruations with 13 years, on 5—6 days, in 28 days, moderate, unpainful. The last menstruation ended 5 days ago. Married three years, did not prevent pregnancy, but pregnancy were not present. Appealed for advice. What it is necessary to begin the inspection from?

- A. To take smear for colpocytology
- B. To appoint to the spermogramm of husband
- C. To conduct vaginal examination and take smears for microflora
- D. To Conduct ultrasonography
- E. To define concentration of sexual hormones in a dynamics

22. Patient to a 21 year, complains about that menstruations which appeared in 16 years, there were the irregular, in a few amount, and the last two years are absent. At examination: the uterine cervix is conical, clean, the body of uterus is small, hypoplastic, mobile, not painful. The adnexa of uterus are not determined, parametrium are free. Colpocytological investigation: the maturity index 70/30/0, cariopicnotic index 40%, rectal temperature is monotonous, below a 37o C. What is most reliable diagnosis?

- A. Primary amenorrhea
- B. Secondary amenorrhea on a background anovulatory syndrome.
- C. Pregnancy
- D. Secondary amenorrhea as a result of genital infantilism
- E. Sheehan' syndrome

23. Patient 43 years complains about bloody excretions from genital organs after the sexual contact or weight lifting. Bloody excretions are unconnected with a

menstrual cycle. At a speculum examination: cervix is cylindrical, external os is closed, on a front part of the cervix a lot of the nipple excrescences are visible, cervix is covered by festering excretions and easily bleed at contact. Body of uterus and adnexa on either side without pathology. Parametria are free. What is the most reliable diagnosis?

- A. Cancer of uterine cervix
- B. The true erosion.
- C. Simple pseudo erosion
- D. The endometriosis
- E. papillary pseudo erosion

24. Patient 29 years, delivered by the emergency, complains about acute pains in lower parts of an abdomen. Pains arose up suddenly, at getting up of weight. The last menstruation was 10 days ago, in the term. Labors — 2, abortions — 2. The last time visited gynecologist half-year ago, ovarian cyst was definite. Pulse - 100 in a minute, rhythmic, breathing 22 in a minute. Abdomen is tense, acutely painful, especially on the left. Objectively: the uterine cervix is cylinder, deformed by old post-natal ruptures, clean. The uterine body is not determined due to tension of abdominal wall. Right adnexa not palpated. A tumor without clear contours is palpated in the region of the left adnexa, elastic consistency, the mobile is limited, painful. Parametria are free. What most reliable diagnosis?

- A. The ruptured ectopic pregnancy
- B. Apoplexy of ovary
- C. Rupture the cysts of ovary
- D. Torsion of pedicle of ovarian cyst
- E. Rupture the cysts of ovary

25. The patient 36 years complains on pain in lower parts of abdomen on the left side, which arose up suddenly. Objectively: external genital organs without pathology, the uterine cervix is cylindrical, clean. The body of uterus is enlarged to 12—13 weeks of pregnancy, the mobile is limited. One of fibroids on the left near a fundus acutely painful. Adnexa are not determined, its region is unpainful. Parametria are free. Excretions serous. Blood test: Haemoglobin — 120 g/l, leucocytes — $12 \times 10^9 / \mu$. What is the most reliable diagnosis?

- A. Necrosis of fibroid
- B. Miscarriage
- C. Uterine Chorionepithelioma
- D. The Molar pregnancy
- E. Cancer of body of uterus

26. A woman 39 years after delay menstruation the uterus bleeding started, which lasts 12 days. The uterus and appendages are normal. What should be the tactics of a doctor?

- A. Uterus curettage

- B. Start a transfusion of plasma or other blood products
- C. Hysterectomy
- D. Gestagens therapy
- E. Nothing above

27. A woman 44 years with dysfunctional uterine bleeding, held fractional curettage of the uterus. Anatomical changes in the uterus and appendages are not found. Bleeding appeared for the first time, after a delay of menstruation for 2 months before a normal menstrual cycle. Conclusion of histological examination - endometrial hyperplasia. Which of the following methods most appropriate to use?

- A. Androgens in the cyclic mode
- B. Gestagens therapy
- C. Chorionic gonadotropin therapy
- D. Haemostatic therapy
- E. Hysterectomy

28. To the family doctor came the patient S, 25 years complained of the menstruation absence during last 6 months. The patient had 1 delivery 6 years ago, 2 artificial abortion. The last was complicated because of the bleeding, twice held the uterus curretage. After the second aboriont was endometritis, which was treated in hospital for 15 days. Menstruation after this disappeared. On gynecological examination the uterus and appendages were normal. What is the preliminary diagnosis?

- A. Uterine pregnancy in the early period
- B. Ovarian amenorrhea
- C. Hypothalamic amenorrhea
- D. Chiari – Frommelya Syndrome
- E. Uterine amenorrhea

29. The patient is 48 years with a complaint of violation of the menstrual cycle – menstruation lasts for 7 - 9 days, the excess over the last six months. Notes heat waves, insomnia, irritability, headache. Skin normal colors. Blood pressure 130 / 190 mm., pulse 80 - 90 beats / min, regular. The abdomen was soft and painless. Bimanually: uterus is not enlarged, appendages are not palpable. Fornices are free. What is the most likely diagnosis? Assign treatment.

- A. Climacteric syndrome, treatment is not necessary
- B. Climacteric syndrome, treatment of sedatives, hormone replacement therapy estrogen
- C. Postcastration syndrome, hormone replacement therapy
- D. Sheehan's syndrome, treatment is not necessary
- E. Esentsial hypertension, antihypertensiv drugs

30. A woman 32 years appealed to the doctor with complaints about abundant and protracted menstruations, which proceed already during 6 months, general weakness. A skin is pale. At vaginal examination: uterus is enlarged in sizes as to 9-10 weeks of pregnancy, irregular shape, unpainful, mobile, adnexa are not palpated. The diagnosis of uterine myoma was set. What is the best tactic of conducting patient?

- A. Diagnostic curettage of uterine cavity
- B. Miomectomy
- C. Hysterectomy
- D. Setting of hormonal preparations
- E. Setting of preparations of iron

31. Female 12 years came to doctor complaining of vaginal bleeding from the genital tract, which first appeared 3 days ago. Physically well developed secondary sexual characteristics are expressed. The external genitalia developed properly. What is the cause of bleeding?

- A. Dysfunctional uterine bleeding
- B. Menarche
- C. Endometrial cancer
- D. Hormone-producing tumors of the ovary
- E. Hemophilia

32. Patient 15 years was admitted to the gynecological hospital complaining of vaginal bleeding, which began 10 days ago. The first menstrual period was 3 months ago, then was delayed for 2 - 5 months. Rectal examination revealed reduced uterine body, the relations between the body and cervix of 1:1. The appendages of the uterus is not defined. Koagulogram normal, general blood test - a slight decrease in hemoglobin levels. What is the most likely diagnosis?

- A. Menarche
- B. Juvenile bleeding
- C. Idiopathic thrombocytopenic purpura
- D. Abortion
- E. Hormone-producing tumor

33. Patient 23 years old complains of delay menstruation for 4 months, the last year significantly increased body weight. Objectively : the growth of hair on male pattern. The uterus is normal size. The ovaries are enlarged, dense, not painful at examination. Basal temperature monophasic. What is the most likely diagnosis?

- A. Itsenko - Cushing Syndrome
- B. Polycystic Ovarian Syndrome
- C. Dysgenesis of the gonads
- D. Adrenogenital syndrome
- E. Premenstrual Syndrome

34. A young woman who complains of a delay menstruation 4 months, the physician put a preliminary diagnosis of polycystic ovary syndrome and appointed an additional examination. Which methods are not useful for diagnosis of this disease?

- A. Laparoscopy
- B. Hormonal level
- C. Measurement of basal temperature
- D. Colposcopy
- E. Informative all these methods

35. The patient is 39 years old complains of menstrual bleeding that last usually for 12 - 14 days. Last menstrual period began 3 weeks ago and lasts until that time. Bimanual examination doesn't found changes in the uterus and appendages. What is the pathology?

- A. Polimenoreya
- B. Menorrhagia
- C. Disfunctional uterine bleeding
- D. Metrorrhagia
- E. Gynecologic hemorrhagic syndrome.

36. Patient 23 years is delivered in the gynecological department in the severe condition with complaints about acute permanent pain in the area of right labia pudenda majora, impossibility of movement. Objectively: temperature of body 38,7. At a review: right labia pudenda majora is slightly swollen, skin above it and lower part of vagina is swollen, hyperhemia is present. At palpation the pain become severe. Inguinal lymphatic nodes are enlarged, especially to the right. Laboratory: high leucocytosis, rise ESR to 27 mm\hr. Diagnosis:

- A. The true abscess of bartolin gland
- B. False abscess of bartolin gland
- C. Cyst of bartolin gland
- D. An abscess is steam of ouretralnih glands
- E. Vestibulit

37. Patient 22 years. Complains about pain in a right labia pudenda majora, rise of body temperature to 38.0 °C. At the review of genital organs the considerable increasing of right large sexual lip definites, especially in the lower third.

Erythema, edema, at palpation acutely painful, fluctuation is determined. To conduct vaginal examination due to acute pain is impossible. Blood test: Leucocytes — 10,0 x 10⁹ per cu mm, Rod-nuclear — 10%.What method is main?

- A. The dissection and drainage of abscess
- B. To withdraw a bartolin gland within the limits of healthy tissue
- C. To appoint physical therapy procedures
- D. To appoint compresses with liniment

E. To expect a spontaneous regeneration of abscess

38. Patient A. complains for discharge from vagine, genital itching. Objectives: vaginal mucous is edematous, hyperemic, foamy discharge. Diagnose?

- A. Purulent colpitis
- B. Trichomonal colpitis
- C. Urogenital clamidiosis
- D. Bacterial colpitis
- E. Gonorrheal colpitis

39. Female patient, 33 years old, has IIA type of PAP-smear. When she should visit obstetritian-gynecologist next time?

- A. In 1 year
- B. In 1 month to confirm effectiveness of treatment
- C. Should be directed to the oncological hospital
- D. In 6 months
- E. There is no correct answer

40. Female patient, 35 years old, has IIB type of PAP-smear. When she should visit obstetritian-gynecologist next time?

- A. in 1 year
- B. control assessment (colposcopy, cytological test, bacterioscopy) should be performed after next menstruation
- C. should be directed to the oncological hospital
- D. in 6 months
- E. there is no correct answer

41. Patient 25 years, complains about considerable foamy discharge from the vagina, pain at sexual intercourse, itching in vagina. Menstrual function is normal. There were 1 labor and one abortion. She is ill about a week. At examination: vaginal walls with edema, erythema, discharge are yellow and foamy. What is most reliable diagnosis?

- A. Trichomoniasis.
- B. Acute gonorrhea
- C. Candidosis
- D. Bacterial vaginosis
- E. Chlamidiasis

42. The patient 36 years complains on pain in lower parts of abdomen, rise of body temperature to 37,7 – 38oC, purulent-bloody excretions from a vagina. 3 days ago artificial abortion was done at pregnancy 8-9 weeks. Objectively: external genital organs without pathology, uterine cervix with the signs of endocervicitis. The uterine body is enlarged to 5-6 weeks of pregnancy, the mobile is limited, soft, not

painful. Adnexa are not determined, a region of them is unpainful. Parametrium are free. Excretions festering. Blood test: hemoglobin — 100 g/l, leucocytes — 12×10^9 /l. What agent is the most reliable cause of endometritis?

- A. Gonococcus
- B. Gardnerella
- C. Trichomonas
- D. Fungus flora
- E. Doderleyn' bacilli

43. A married woman aged 35, having one sexual partner, chronic thrombophlebitis of lower extremities. Which method of contraception should be recommended?

- A. Oral contraceptives
- B. Surgical sterilization husband
- C. Mechanical contraception
- D. Intrauterine contraception
- E. Coitus interrupts

44. The woman, suffering from infertility came to the gynecologist with complain of delayed menstruation. Which pregnancy test will be the most reliable in the early stages?

- A. Measurement of human chorionic gonadotropin in the blood
- B. Immune hemagglutination inhibition test.
- C. Reaction Galey Maynini
- D. Measurement of the concentration of estrogen in the blood
- E. Measurement of concentration of progesterone in the blood

45. A female patient, aged 25, suffers endocrine form of infertility for 5 years. What should be included in investigations of this patient?

- A. Ultrasonic monitoring of growth of follicles during the menstrual cycle.
- B. Measuring basal temperature.
- C. Determine the level of hormones in the blood.
- D. Smears on the "hormonal mirror."
- E. All answers are correct.

46. A couple is visiting the clinic because they have been unable to conceive a baby after 3 years of frequent coitus. After discussing the various causes of male infertility, the doctor determines that the male partner needs further instruction when he states which of the following as a cause?

- A. Seminal fluid with an alkaline pH.
- B. Frequent exposure to heat sources.
- C. Abnormal hormonal stimulation.
- D. Immunologic factors.

E. Sexually transmitted diseases.

47. Patient 64 years complains about frequent urination, pains in lower parts of abdomen. In anamnesis: 4 labors, 2 last ended by applying of obstetric forceps with episiotomia. Objectively: the perineum is changed due to old perineal rupture. Tumor-like formation of rose color, elastic consistency appears from a sexual cleft, the uterine cervix goes out from a vagina. On the uterine cervix ulcer is visible. What is the most reliable diagnosis?

- A. Inversion of uterus
- B. Complete uterine prolapse, decubital ulcer
- C. The protruding fibroid
- D. cancer of cervix of uterus
- E. prolapsus of front wall of uterus.

48. The patient 20 years appealed to the doctor of female dispensary with complaints about impossibility of sexual life, absence of menstruations. At an external review: the second sexual signs answer age. External genital organs developed correctly, a vagina is absent. At the rectoabdominal inspection: uterus is not palpated, transversal membrane is palpated in its place. The adnexa of uterus are not changed. At US-examination - uterus is absent, ovaries of normal sizes. Cariotype – 46XX. What is diagnosis?

- A. Aplasia of ovaries
- B. Testicular feminisation
- C. Aplasia of vagina and uterus
- D. Gonad dysgenesis
- E. Atresia of hymen

49. At a gynecological review at patient C. 28 years, the exposed erosion of uterine cervix which easily bleeds at the touch. From anamnesis the presence of the contact bleeding is set. What inspection must be conducted to patient?

- A. Extended colposcopy and taking of biopsy
- B. Cytological examination of secret of cervical canal and uterine cervix
- C. Simple and extended colposcopy
- D. Roentgenologic examination of organs of small pelvis
- E. Rectovaginal and rectoabdominal examination

50. At patient 70 years, bloody excretions from sexual ways appeared in a postmenopausal period. At a gynecological review – bloody discharges from a cervical canal. Uterus and adnexa without features. What method of inspection will allow to specify a diagnosis?

- A. Colposcopy
- B. Diagnostic curettage with the histological inspection
- C. Roentgenological inspection of organs of small pelvis

D. Cytological examination

E. Ultrasonic inspection of organs of small pelvis