Case № 1

A 23 year old female in her second pregnancy consults a gynecologist. Her menstruation has been absent for 5 months and has felt fetal movements in the past 2 weeks. History: As a child, she had childhood infections. In adulthood, she's had ARVI, tonsillitis, often suffers from herpes infections and has had chronic pyelonephritis for 7 years.

Started menstruation at the age of 13, it usually lasts for 3-4 days, occurs after every 29 days, moderate and painful.

She started sexual life at age 20 and is married. It's her second pregnancy and is wanted.

The first pregnancy which was 2 years ago was aborted within 8 weeks, by curettage and there were no complications. No further examination or treatment was performed.

This second pregnancy was complicated by threatened abortion in the period of 8-10 weeks, which she treated herself, with No-Spa. At 6 and 14 weeks she had ARVI with herpetic sores on her lips, which she treated at home (using viburnum shrubs, raspberry, and lemon). She's had no previous consultation about the pregnancy.

She used to work in Russia and has now returned home. Objective status: Condition is satisfactory, skin is pale pink.

BP: 110 \ 70mmHg, 115 \ 75mmHg; Ps – 82/ min; No edema. No pathology of the internal organs was found. Pelvic dimensions: 25-28-31-20cm; uterus enlarged to 18-19 weeks of pregnancy and of normal tonus. Fetal heartbeat is heard. Vaginal examination: the external genital organs are well formed. Speculum examination: the epithelium of the cervix is unchanged with moderate white discharge

Per vaginum*:* the cervix is 3cm long, dense, 1 fingertip passes through the external os, the fetal head lies and moves in the inlet of the smaller pelvis. The promontory is not reached**.** No exostoses were seen in the small pelvis.

Laboratory Methods:

Common blood count: Hb - 105g/l, RBC. - 2,9 x 10^{12}/L, WBC. - 9,7 x 10^{9}/l, ESR - 30mm/hr. Urinanalysis: colour-dark; specific gravity – 1.020g/ml, no protein, 2-3 cells of flat epithelium/High power field,WBC - 1-3/High power field. Smears from the urethra, cervix, vagina: leukocytes-5-10/High power field, epithelium - single cells/High power field, gonococci and Trichomonas were found.

Ultrasound examination: In the uterus, single fetus, longitudinal position, cephalic presentation, II position, anterior. Rhythmic heartbeat, pulse rate of 150/min, fetal movements (+).Biparietal Diameter-50mm. The heart is 4-chambered with dimensions 19x17mm. The size of the cervical folds is 5mm. The length of the femur is 34mm. The average diameter of the abdomen: 47mm. The average diameter of the thorax: 42mm. Amount of amniotic fluid was normal. Localization of the placenta: anterior. Maturity of the placenta: 0-I. The thickness of the placenta is 21mm. Pathological inclusions in the placenta: none. Number of umbilical vessels: three. In the left hemisphere at the site of vascular plexus, neoplasm of irregular structure was seen as increased echogenicity (31 x 27mm). Conclusion from Ultrasound: 20 weeks gestation. Brain tumor, which probably comes from the choroid plexus.

Answer:

1. A woman burdened by history and systemic infection (chronic pyelonephritis, herpes and ARVI during pregnancy), pelvic (algomenorrhea), obstetric (missed st pregnancy, II - a real threat of interruption of pregnancy, twice postponed ARVI with herpes.
2. Anemia I degree (Hb - 105g/l).
Urine - no abnormalities.

Analysis of the precipitates on the microflora - normal.
SPL: congenital abnormality of the fetus (brain tumor).
3. The diagnosis of primary: Pregnancy II, 20 weeks. Longitudinal position of the fetus, II position, front view, cephalic presentation.
Complications: Congenital abnormality of fetal development (brain tumor).
Companion: Anemia st century. Chronic pyelonephritis in remission. Chronic herpes infection.
4. Blood group, Rh factor, RW, coagulation, prothrombin, clotting time, duration of bleeding, blood chemistry (total protein, bilirubin, ALT, AST, urea, creatinine), blood sugar, urine sugar.
5. Direction in the gynecology department. Termination of pregnancy before 22 weeks of pregnancy due to congenital disorders of fetal development that is incompatible with life - a brain tumor. The method of termination of pregnancy: transvaginal intraamnialnoe introduction enzaprosta 8-10ml. Iron preparations: Sorbifer to 1 m. x 2 times a day, tardiferon (80mg iron), 1 m. x 2 times a day, etc. - 2-3 months, then to 1 ton per day for 3 months. Multivitamins: pregnakompleks to 1 ton per day, pregnavit to 1 ton per day.
6. Mode - fixed, table number 15, a diet rich in iron and protein: 120-200 g of meat, 150-250 g fish, 1 egg, 1 kg of dairy products (cottage cheese, yogurt, milk), 80-100 g fat, 800 g vegetables and fruits, some of them raw (carrots, cabbage, apples).
7. Clinical supervision in the center of family planning. Contraception barrier methods for assessment and treatment of identified infections. Preparing for a future pregnancy in 2-3 years. Necessary examination of the couple to: 1) infection TORCH-complex, especially herpes viruses and cytomegalovirus bacteriological methods, ELISA and PCR in serum, cervical mucus, 2) medical-genetic counseling with the definition of karyotype.

Case number 2

On 17th, November during rounds in the Obstetrics department, pregnant, D., 35 years complained of a decreased fetal movements in the last days. She was admitted the previous day.

Anamnesis: Has a family history of hypertensive disease, has been suffering from hypertension since age 22. Menarche was at 13, lasts 3-4 days, occurs after 28 days, moderate and painless. Started sexual life at 33 years, married. First pregnancy, wanted, complicated by the threatened abortion at weeks 11-12, which was treated effectively in hospital for 2 weeks. At 23 weeks, she suffered from ARVI and was treated as an outpatient. Blood pressure during pregnancy, 140\90 - 150/100mmHg

Status praesens: condition is satisfactory. Skin is pale pink. BP 150\95mmHg; Ps – 82/min. No edema.
Obstetrics status: Symphysiofundal height (SFH) - 36cm, Abdominal girth (AG) - 100cm; pelvic dimensions: 26-28-31-20cm, On palpation, the uterus is ovoid in shape, normal tonus, fetal lie is longitudinal, cephalic presentation, position I, anterior. Fetal heartbeat is muffled, rhythmic and 150bpm.

LMP: 11-15, March, started prenatal leave with pay on 6th, October.

Vaginal examination: the vulva is well developed. Speculum examination: the epithelium of the cervix is unchanged with moderate milky discharge.

Manual examination: cervix length of about 2cm, thick, sacral position, the external os is closed. The fetal head is felt moving over the inlet of the smaller pelvis. Intact amniotic

membrane. Promontory is not reached. No Exostoses.

Laboratory Methods:
Common blood: Hb - 115g/l, RBC - 3,2 x 10^{12}/L, Ht - 30%, Thrombocytes - 220 x 10^{9}/l, WBC - 7,8 x 10^{9}/l, ESR - 40mm/hr.

Urinalysis: Urine is light, specific gravity – 1.020g/ml, no protein, white blood cells - 4-5/ High power field.

Smears from the urethra, cervix, vagina: leukocytes 5-10/High power field, gonococci and Trichomonas were not identified.

Additional methods of examination:

Cardiotocogramm - in response to the movement of the fetus, basal heart rate was 150-160 bpm. Deceleration of fetal heart beat from 150bpm to 110bpm in 10 seconds. Fischer's score: 7 points.

Answers:
1. Older primipara. Pregnant pre-existing hypertension esentsialnaya (AT 150 \ 100 - 145 / 95mmHg). Pregnancy complicated by the threat of miscarriage at 11-12 weeks, ARVI within 23 weeks of intrauterine fetal hypoxia (reduced fetal movements, auscultation: a muffled heartbeat, tachycardia).
2. Blood test - N.
Urinalysis - N.
Smears on the microflora - N.
Cardiotocogram - detseleratsii to 110 bpm. in response to movement of the fetus, the basal tachycardia of 150-160 bpm., evaluation Fischer 7 points, which indicates that intrauterine hypoxia mild.
3. The diagnosis of primary: Pregnancy 36 weeks. Longitudinal fetal position, I position, front view, cephalic presentation.
Complication: intrauterine hypoxia mild.
Companion: Arterial hypertension (hypertension), old (age) primipara.
4. 1) Laboratory tests: blood group, Rh factor; RW; blood chemistry (total protein, protein function, total bilirubin, ALT, AST, urea, creatinine, residual nitrogen); koagulograma; clotting time, bleeding time, blood electrolytes , blood sugar, sugar urine sample Zemnitsky; sample Nechiporenko. 2) Consulting physician, ophthalmologist, nephrologist. 3) ultrasound and fetal biophysical profile. 4) dopplerographic examination, determination of the resistance index of uterine, umbilical and middle cerebral arteries. 5) Excretion estriola.
5. 1) If confirmed by instrumental methods mild intrauterine hypoxia, conducted comprehensive treatment, after which repeat CTG, biophysical profile fetal magnesium, 25% of 5ml / m to 4 times a day; dopegid (methyldopa) 1 ton (250mg) evening under the control of AT; infusion therapy: reopoliglyukin 200ml or 500ml Refortan; w / 5% glucose 200ml + 8ml of dipyridamole or / 0,9% sodium chloride 200ml + 2ml Actovegin, hyperbaric oxygen or inhalation uvlazhennym oxygen - dexamethasone 12mg daily for 3 days or Mucosolvan 1000mg daily for 3 days. 2) When the deterioration of the fetus - Cesarean section.
6. Mode - conservative (with the exception of significant psychological stress, two-hour rest day, lying on the left side). Diet - table number 10 with a high content of protein and polyunsaturated fatty acids, restriction of animal fats, cholesterol, foods that cause thirst.
7.1) careful monitoring of mother and fetus, an instrumental methods in dynamics. 2) If the

effect of treatment prolongation of pregnancy to term births. 3) Before birth re-CTG, ultrasound, Doppler and biophysical profile of the fetus. If hypoxia is not detected, sufficient biological readiness to leave the body, positive oksitotsinovy test and no fetal distress - possible birth vaginally to monitor the supervision of the state in / fetus. 4) When saving / uterine hypoxia or lack of willingness of the birth canal for delivery - caesarean section. Display: in / uterine fetal hypoxia, confirmed by instrumental methods, older primipara.

Case № 3

Pregnant, T., 25 years old, admitted to the maternity ward on the 10.25.2005 at 9.00am complaining of cramping pain in the abdomen, which occurred the evening of 10.24.2005 at 8:00pm. Fetal movements were felt. No discharge of amniotic fluid. She had not slept the night before and was exhausted.

Anamnesis: No known hereditary condition. As a child, she suffered from chicken pox. First menstruation was at age 13, established promptly, lasts for 3 days, every 28 days, regular, moderate, painless. Married, second pregnancy, first was in 2000 and was aborted within 8 weeks.

During this pregnancy, she was hospitalized in the department of pathology of pregnancy for preeclampsia during weeks 34 to 36. She's had I-II degree iron deficiency anemia throughout pregnancy and has been treated with iron as an outpatient.

Objective status: Condition is satisfactory. Height- 170cm; weight - 81kg; pelvic dimensions: 26-28-30-20cm; Symphysiofundal height (SFH) - 40cm, Abdominal girth (AG) - 100cm

No pathology of the internal organs was found. Fetal lie is longitudinal, cephalic presentation, position I, anterior, the fetal head is felt moving over the inlet of the smaller pelvis. Fetal heartbeat: clear, rhythmic, 136bpm. The uterus is hypertonic. BP - 120/80, 115/75mmHg; Ps - 72bpm, satisfactory, no edema.

Vaginal examination: the external genital organs are developed properly and correspond to that of a nulliparous woman. The cervix is shortened to 2cm, in the centre of the small pelvis (central position), a fingertip passes through the external os; internally, the cervix is closed, tight, and painful. On palpation, the head of the fetus is felt moving in the inlet to the smaller pelvis. The promontory is not reachable.

Patient's card: last menstrual period - 17.01 - 19.01.2005, registered on 22.03.2005 at gestation age of 8 weeks. The first movement was felt on 30/05/2005.

Laboratory tests: Clinical Blood analysis - Hb - 112g/l, RBC - 3,18 x 10^{12}/l, WBC - 6,2 x 10^{9}/l, ESR - 20mm/hr.

Urinalysis: Quantity-100ml, color - light yellow, specific gravity – 1.012g/ml, WBC - 1-3/High power field.

Smear: I - 7-8 /High power field; II - 20-25/High power field; III - 35-40/High power field, rod-shaped flora.

Answer:

1. Irregular cramping pain above the stomach, water is not leaking, the movement of the fetus feels the night awake, tired, hypertonicity in the uterus, cervix shortened, outer jaws missing fingertip, the inner closed, the edges of dense, painful.
2. A blood test Clinical. Anemia of pregnancy mild.

Urinalysis Clinical. - Without features.

Analysis of the precipitates on the microflora - Calpe.

Calculation of prescribed date of birth - 1) for OM - 01/11/2005 city, 2) Observer - 02/11/2005 city, and 3) to perturbations - 11/02/2005 city, estimated fetal weight - 4000,0 ± 200 gr.
3. Pregnancy II, 39 weeks. Pathological preliminary period. Large fruit. Mild anemia. TAA. Coleitis.
4. Analysis of the precipitates on leakage of amniotic fluid. SPL. **Cardiotocogram**.
5. Factors for pathological preliminary period include: 1) hormonal disturbances, and 2) the complicated course of pregnancy (gestosis II half of pregnancy, threatened miscarriage, fetoplacental insufficiency, polyhydramnios, multiple pregnancy, large fruit, prolongation of pregnancy), 3) extragenital pathology.
In our case, there are some factors: 1) during pregnancy complicated by preeclampsia, and 2) anemia during pregnancy, and 3) large fruit.
6. Mode - bed; diet - table number 7.
7. Sedatives, sedatives (diazepam 30mg per day at iv administration, 1ml of 2% solution promedola);
- Provided ineffective use of tocolytic therapy β2 - adrenomiomimetiki (ginipral 25mg 15ml) was diluted to 500ml of isotonic sodium chloride solution and placed in the I / O, drip, slowly - 10-15 cap. for 1 min., combined with mioptinom 40mg per or.

Case № 4

Pregnant K., 28 years, is in the antenatal ward in a maternity hospital for 12 hours on 22/11/2005, entered with the start of labor; feels good; water not leaking. Fetal movements felt.

History: No known hereditary condition. As a child, she suffered from childhood infectious diseases. Menstruation began at age 14, irregular, lasts 3-5 days, occurs after 25-50 days, painful, mild. Before pregnancy, she was treated for menstrual disorders (Combined oral Contraceptives, COC) and became pregnant after withdrawal.

It's her first pregnancy. During pregnancy, she was hospitalized for threatened abortion.

Objective: General condition is satisfactory. No pathology of the internal organs was found. Height - 168cm, weight - 78kg, the dimensions of the pelvis: 26-28-30-20cm, Symphysiofundal height (SFH) - 38cm, Abdominal Girth (AG) – 96cm. BP - 115/70mmHg on both hands. Ps - 72bpm, satisfactory. Contractions: up to 25, at intervals of 7-8mins, regular and weak. Longitudinal lie of the fetus, the back of the fetus is on the right, anterior, the fetal head is slightly pressed against the inlet of the pelvis. Fetal heartbeat clear, rhythmic, and 138bpm.

Vaginal examination: the external genital organs are developed properly and correspond to that of a primipara. The cervix is flattened, is in the centre of the small pelvis (central position), dilation of the os to 3,0cm, the edges are soft. The amniotic membrane functions well. The head of the fetus lies and moves in the inlet of the smaller pelvis. The promontory is not reachable**.**

Patient's card: the last menstrual period – 01/02/2005 - 03/02/2005, registered on 18/04/2005, (gestation age of 8 weeks). Felt the first movements on 03.07.2005 .
By ultrasound (04/04/2005) - uterine pregnancy of 6 weeks.

Laboratory: Clinical blood: Hb - 122g/l, RBC - 3,24 x 10^{12}/l, WBC - 6,2 x 10^{9}/l, ESR - 22mm/hr. Clinical urinalysis: Quantity: 400ml, color - yellow, specific gravity – 1.012g/ml, WBC- 1-3/High power field. Analysis of smear: I - WBC - 1-3 /High power field; II - WBC - 10-

1 /High power field; III - WBC - 40-45/High power field, mucus - large amount, Rod-shaped flora, yeast**.**

Answer:
1. Struggles for over 12 hours, weak at 25 ", 7-8 ', the structural changes of the cervix: a smoothed, opening the throat of the mother up to 3,0cm, the edges are soft, the fetal head is slightly pressed against the inlet of the pelvis; of history - a violation menstrual cycle.
2. Analysis of blood Clinical - N
Urinalysis Clinical. - N
Analysis of discharge on flora - yeast coleitis.
Prediction of fetal weight - 3180 ± 200 gr.
Stipulated period of delivery: 1) OM - not defined; 2) Observation - 11/28/2005 city, and 3) to U.S. - 28/11/2005 city
3. Pregnancy I, 39 weeks. Genera I express in the front view of occipital previa, II position, front view. I stage of labor, latent phase. The primary weakness of labor. Yeast coleitis. RSA.
4. Cardiotocogram.
5. Factors weak labor activity include: 1) hormonal disturbances, and 2) the complicated course of pregnancy (gestosis II half of pregnancy, threatened miscarriage, fetoplacental insufficiency, polyhydramnios, multiple pregnancy, large fruit, prolongation of pregnancy), 3) extragenital pathology.
In our case, a woman has a hormonal imbalance that caused the violation of the uterine contractions.
6.1) Mode - active, walk more if conditions require IV administration, and because the woman would lie in our case on the right side, which coincides with the position of the fetus. This will enhance the generic activities;
2) At this stage the woman to refrain from eating, because if necessary cesarean section, is a contraindication to anesthesia.
7. Perform early amniotomy. Expectant management for 2 hours. If tribal activities are not developed, shall appoint / drip 5ED oxytocin in saline 400.0 (or glucose 5% 400.0) starting at 8 kap .. for 1 min., with a further increase to 40 kap. for 1 min. If the observed positive effect tokomotorny and show no signs of fetal hypoxia, it continues to drip for 4-6 hours. Parallel conducting prevention of fetal hypoxia every 4 hours (w / Piracetam 25% 5,0,cmC 50mg 40% glucose 20.0, vitamin C 5%, 4,0).

Case № 5

The patient, 42 years old was admitted to the gynecological ward complaining of heavy menstruation for 2 years.

History: As a child, she had childhood infections, said she had juvenile uterine bleeding. As an adult, she's had ARVI and herpes. She's been suffering from chronic calculous cholecystitis for 3 years. Menstruation began at age 12, lasts for 3-4 days and occurs every 28 days. She started sexual life at age 19. She's given birth once and had 6 abortions. For pregnancy control, she's had protected intercourse, and during the "infertile" days of the menstrual cycle. She's not been pregnant in the last 4 years. She consulted her local gynecologist twice for heavy menstruation, for which she received symptomatic hemostatic therapy. She's not registered with any gynecologist.

Objective status: Her general condition is relatively satisfactory. Skin is pale. BP:115\70 and

120\80mmHg; Ps – 85bpm. No edema. The internal organs: at abdominal palpation, mild tenderness over the region of the gallbladder. No other pathology was revealed.

Vaginal examination: the external genital organs are formed properly.
Speculum examination: the epithelium of the cervix is unchanged. The cervix is deformed with old scars.
Bimanual: the body of the uterus is increased up to 8-9 weeks of pregnancy, dense with individual subserous nodules mobile. Adnexa of the uterus is not palpable.

Laboratory Methods:

Common blood: Hb - 92g/l, RBC - 2,8 x 10^{12}/l, WBC - 8,7 x 10^{9}/l, ESR - 18mm/hr.

Urinalysis: urine is of light color, specific gravity – 1.018g/ml, no protein, epithelial cells:2-3/High power field, WBC:1-3/High power field.

Smear from the urethra, cervix, vagina: leukocytes 3-5/High power field, the epithelium - the individual cells/High power field, gonococci and Trichomonas were not identified.

Ultrasound examination: In the uterus, intramural nodes of sizes 2x3cm and 3x4cm and 2 subserous nodes, 1,5 x 2cm in size were seen. Ovaries: left – 3.2 x3cm, 5x2.9cm, right - 3,6 x3cm, 8x3,2cm with signs of polycystic degeneration. Thickness of the endometrium on the 24th day of menstrual cycle- 21mm**.** On sampling: glandular hyperplasia of the endometrium is seen.

Answer:
1. The main symptoms of the disease, which occurred in our patient - menstrual bleeding.
2. I grade anemia (Hb - 105g/l).
Urine - no abnormalities.
Analysis of the precipitates on the microflora - normal.
Ultrasound: the presence of uterine fibroids are medium in size.
The histological study: glandular hyperplasia of the uterus.
3. Preliminary diagnosis of the disease: "uterine fibroids. Uterine bleeding during menstruation. Secondary anemia. Calculous cholecystitis with infrequent exacerbations.
4. The plan included doobsledovaniya scraping the cavity with subsequent histological examination.
5. Curettage of the cavities of the uterus. Preparations: Oksiprogesteron kapronat 1ml of 12,5% at 14, 17, 21-day menstrual cycle Narkolut 5-10mg 14 to 25 day cycle (up to 6 months); intrauterine system "Mirena" (5-7 years); Depo-Provera for 14 and 21-day cycle (200-400mg / m, up to 6 months).
6. Mode - outpatient; table number 5 during acute calculous cholecystitis. At another time (when remission cholecystitis) table number 15.
7. At the dispensary will stand up to the menopause. In the process of dispensary examination of this group of patients using ultrasound diagnosis. According to the testimony re-scraping the uterus with subsequent histological examination of scrapings. Histological examination of the aspirate emptiness of the uterus - every year.

Case № 6

Patient, 38 yrs complains of cramping abdominal pain for 10 days and pain accompanied by mild bleeding from the vagina.

History: At age 5, she had appendectomy. Menarche was at age 13, lasts for 4-5 days, occurs every 30 days and established promptly without significant features. Started sexual life at 21

years old, married. Birth – 3; children alive - 3, abortions - 2. Used intrauterine devices (IUDs) for contraception for 8yrs. She notes that during the use of IUDs, her menstruation, especially the first 4-6 months were more abundant. She visits the obstetrician regularly. She's not registered with any antenatal clinic.

Objective status: Her general condition is relatively satisfactory. Skin and mucous membranes are pale. BP: 120\80mmHg; Ps–78bpm. No edema. No pathology of the internal organs was found.

Vaginal examination: the external genital organs are well formed.
Speculum examination: vagina spotting and node with turgor and elastic consistency, which is not fixed with the walls of the vagina is seen. The cervix is reached by passing one finger beyond the node. The node which is located in the vagina prevents speculum examination of the cervix. The uterus is enlarged up to 6-7 weeks of pregnancy. Adnexa of the uterus is not palpable.

Laboratory Methods:

Common blood: Hb - 98g/l, RBC - 3,1 x 10^{12}/l, WBC- 9,2 x 10^{9}/l, ESR - 15mm/hr.

Urinalysis: urine of light color, specific gravity – 1.020g/ml, no protein, WBC- 1-3/high power field.

Smear from the urethra: leukocytes 10-12/High power field; vagina- white blood cells at ½ the /high power field, RBC. - ¼ /high power field; epithelium - single cells/ High power field, gonococci and Trichomonas were not identified.

U/S examination: Uterus slightly enlarged, enlarged uterus filled with an amorphous substrate. Ovary size: 2,9 x2cm, 6x1, 9cm with signs of polycystic degeneration. Endometrial thickness is not visualized.

Answer:
1. The main symptoms of the disease, which occurred in our patient is cramping abdominal pain and bloody discharge from the vagina.
2. The result of vaginal examination, ultrasound examination, urinalysis, blood indicate fibromatous node cancer on the leg, which is born. Anemia.
3. Preliminary diagnosis of the disease: "fibromatous node cancer, which is born. Secondary anemia. "
4. In terms of doobsledovaniya - histology of the node that is deleted and the scraping of the uterine cavity.
5. Removing fibromatous site by vaginal and medical-diagnostic curettage of the uterus.
6. Mode - fixed (2-3 days). Table № 15.
7. At the dispensary will be on throughout the year. Ultrasound screening. Conduct bimanual examination on the testimony after ultrasonic examination. Examination of aspirate from the uterus.

Case № 7

G, 34 years complained of abdominal pain before menstruation, which have sharply intensified during menstruation, spotting from the genital tract before and after menstruation.

Anamnesis: feels sick for the past 2 years. Didn't feel the need to seek help. She's had chronic adnexitis for 5 years, and has repeatedly been treated as an outpatient. Menarche was at age 13, lasts for 5 days, moderate, painless. Started sexual life at age 18, married. G-3, P-1, A-2.

Objective: external genitalia developed properly. Large vagina, cervix is cylindrical, clean. There is bleeding from the external os of the uterus and dark spotting.

Bimanual examination: the size of the uterus is like that of 7 weeks pregnancy, round, deflected backwards and slightly movable.

U/S examination: spongy structure of the myometrium with cystic structures is seen. Border of mucosal and muscular layers of the uterus is uneven. At hysterosalpingography: a contrast agent is located outside the contour of the uterine cavity, heterotopias are in the form of tubules.

Laboratory: Common Blood Analysis: Hb - 102g/l, RBC-3,18 x 10^{12}/l, WBC-6,2 x 10^{9}/l, ESR-20mm/hr. Clinical urinalysis: Quantity:100ml, the color is light yellow, specific gravity – 1.012g/ml, WBC- 1-3/high power field. Analysis of smear: U - 7-8/high power field; C-20-25/High power field; V - 35-40/High power field, rod-shaped flora**.**

Answer:
1) - Complaint of pain in the abdomen before menstruation, which have sharply intensified during menstruation, spotting from the genital tract before and after menstruation;
- From the external os dark spotting. On bimanual examination: the uterus is increased to 7 weeks of pregnancy, round, deflected posteriorly, sedentary.
2) CBC: Anemia 1 degree.
Urinalysis Clinical.: No features.
Analysis of the precipitates on the microflora: coleitis.
3) uterine leiomyoma with menstrual irregularities. Adenomyosis.
4) Uz-study, hysterosalpingography.
5) The factors of this pathology include: abortion-2, birth-1, chronic adnexitis for 5 years.
6) Mode-general, diet-table number 15
7) danozol 400mg * 2 p / day, 3.6mg zaladeks 1 time in 28 days, esentsiale a cap * 2 p / day, transnasal electrophoresis with vit. B1.

Case № 8

Patient, 42 years complained of abdominal pain before menstruation, which intensified during menstruation and spotting from the genital tract before menstruation.

Anamnesis: she's felt sick for 3 years but didn't seek help. Has had chronic adnexites which disturbs the menstrual cycle for 4 years and has repeatedly been hospitalized with several dilatation and curettage. Menstruation started at 14, lasts for 4-5 days, is moderate and painful. She started sexual life at 17 years, and is marriage. G-2, P-1, A-1.

OBJECTIVE: external genitalia developed properly. Large vagina, cervix is cylindrical, clean. There is bleeding from the os of the uterus and dark spotting.
Bimanual examination: the size of the uterus is like that of 5-6 weeks pregnancy, round, deflected backwards and slightly movable.

U/S study: spongy structure of the myometrium, with the presence of cystic structures is seen. Border of mucosal and muscular layers of the uterus is uneven. At hysterosalpingography: a contrast agent is located outside the contour of the uterine cavity, heterotopias are in the form of tubules.

Laboratory tests: Clinical blood: Hb - 92g/l, RBC. - 2,88 x 10^{12}/l, WBC-6,2 x 10^{9}/l, ESR-24mm/hr. Urinalysis: Quantity: 100ml, color-light yellow, specific gravity – 1.020g/ml, WBC-2-3/high power field. Analysis of discharge on flora: U - 7-8/high power field; C-2-5/high power field ; V - 3-4/high power field rod-shaped flora**.**

Answer:

1) - Complaint of pain in the abdomen before menstruation, which have sharply intensified during menstruation, spotting from the genital tract before menstruation;
-From the external uterine os spotting, dark, bloody discharge. On bimanual examination: the uterus is increased up to 5-6 weeks of pregnancy, round, rejected backwards, inactive.
2) CBC: Anemia 1 degree.
Urinalysis Clinical.: No features.
Analysis of the precipitates on the microflora: coleitis.
3) uterine leiomyoma with menstrual irregularities. Adenomyosis.
4) Uz-study, hysterosalpingography.
5) The factors of this pathology include: abortion-2, birth-1, chronic adnexitis for 5 years.
6) Mode-general, diet-table number 15.
7) danozol 400mg * 2 p / day, 3.6mg zaladeks 1 time in 28 days, esentsiale a cap * 2 p / day, transnasal electrophoresis with vit. B1.

Case № 9

A pregnant, primigravida, 17 years was admitted to the department of pathology of pregnancy in the antenatal clinic on the 15th of September. She had no complaints.

Anamnesis: growth and development corresponds to her age. She had childhood infections, colds. Started menstruation since 14 years, lasts 3 days, comes every 30 days and is moderate. LMP 13-16th of May.

She attended the antenatal clinic regularly in the early period of pregnancy. In the period 5-6 weeks, the pregnancy was complicated by mild vomiting. Outpatient treatment of early preeclampsia was administered, and it was effective.

Status praesens: general condition is satisfactory, the skin and visible mucous membranes of the physiological color, moderately moist.
Ps-80bpm, BP: 120/80- 115/75mmHg
No pathology of the internal organs was found. No edema. The average weight gain per week in the last month is 480-520g; McClure-Aldrich's test- 25mins. Pelvic dimensions: 24-26-28-19cm

The Abdomen was increased in volume due to the pregnant uterus. The uterus is of normal tone, Abdominal Girth (AG) - 89cm**,** Symphysiofundal Height (SFH) - 35cm**.** The pelvic end of the fetus is palpated in the fundus of the uterus and the lower segment of the uterus is rounded, dense, with clear margins - the head, and it moves over the inlet of the pelvis. Fetal heart sound is clear, rises up to 150bpm and is heard on the right below the navel.

Vaginal examination: the vulva is well developed. Hairiness is of feminine character. The cervix is of cylindrical shape, clean, with closed external os and moderate cervical discharge.

Per vaginum: vagina free and clear on examination. The cervix is well formed; 3cm long, dense, deflected posterior to the axis of the pelvis, the external os is closed. During the vaginal examination, a dense, round, distinct outline of the fetus, is felt moving over the inlet to the pelvis. The promontory is not reachable.

Laboratory methods of examination: complete blood count – RBC: 3,5 x 10^{12}/l; Hb:135g/l; Ht 42%; Colour index-0.9; Thrombocytes-190 x 10^{9}/l; ESR-40mm/hr.
Clinical urinalysis: Yellow, clear, specific gravity – 1.010g/ml, acidic reaction, WBC 1-2/high power field , flat epithelium 1-2/High power field.
Zimnitsky's test: daily urine output: 800ml; 300ml during the day, 500.0ml at night; specific gravity-1.010-1.015g/ml.

Answer:
1. Pregnant woman admitted to the hospital in the term of 35 weeks of pregnancy, with no complaints. When collecting anamnestic data draws attention to the following symptoms - abnormal increase in all of 480-520 grams per week (normally up to 350 g per week), and positive test McClure Aldrich, 25 min, which indicates the presence of hidden edema gipostenuriya-(N 1025-1020).
2. Clin. blood in the normal range in urine-gipostenuriya.
3. The diagnosis of primary: I 35 weeks of pregnancy. Longitudinal position of the fetus, II position, front view, cephalic presentation.
Complications of mild preeclampsia.
Companion: young primipara ODPT Ist.
4.Plan doobsledovaniya pregnant: RW, blood group, Rh factor, complete blood deployed, blood sugar, coagulation, blood chemistry, urinalysis for sugar, a clinical analysis of urine in the dynamics, the analysis of urine Nechiporenko, a smear from the vaginal microflora , ultrasound fetal doplerometriey uterine and umbilical arteries, fetal CTG, medical consultation, blood pressure control and weight over time.
5.Lechenie carried out in conditions of separation of pathological pregnancy.
BP control, assign the infusion of magnesium sulfate 25% w / drip, followed by transfer to a / m the introduction, Actovegin / m, multivitamins, renal collecting, antispasmodics / m (baralgin, no-spa, papaverine hydrochloride).
At the time of childbirth with the start of the regular labor birth to a conservative, vaginally, with the functional assessment of the pelvis. Carried out in childbirth prevention of intrauterine fetal hypoxia, haemorrhage during delivery and postpartum periods, under the strict control of blood pressure. Births to lead with an anesthesiologist, neonatologist. In case of deviation from the normal course of labor, management plan review toward operative delivery.
6. Polupostelny mode, table number 15. Once a week, arrange fasting days (cottage cheese, vegetables, fruit). Weight control on a daily basis.
7. After birth, recommended dispensary observation of nephrologist, urologist, general practitioner during the year. Preparing for a future pregnancy in 2-3 years.

Case № 10

A pregnant woman, 30 years, was admitted to the hospital on 04/06/2005**.**

She complains of leg edema during the last week.

History: Growth and development was adequate. She had bilateral pneumonia. During the past 4 years, she's been suffering from neurocirculatory dystonia, hypertensive type.
Menstruation began at age 14, lasts 4 days, comes every 30 days and is moderate. LMP: 20-24th of October.
II Pregnancy, childbirth - II. First pregnancy was 3 years ago and ended in term delivery of male child, weighing 3,500.0g and height of 50cm.
First pregnancy and childbirth succeeded despite her hypertension.
During the second half of that pregnancy, she had a BP of 145/90mmHg with constant swelling of the legs.
Since week 7 of the current pregnancy she has been observed on a regular basis.
The first half of the pregnancy progressed without complications. From 30 weeks, there has been an average weight gain of 500g per week with swelling legs. Her general condition is

satisfactory. Skin and visible mucous membranes are pale, moderately moist. Ps is 80bpm, BP 140/90-150/90mmHg. No pathology of the internal organs was found. Edema of the leg and anterior abdominal wall were seen. The dimensions of the pelvis: 27-30-32-21cm. Abdomen enlarged with pregnant uterus. Uterus of normal tone. Symphysiofundal Height (SFH) in the middle between the umbilicus and xiphoid process. Abdominal Girth (AG) - 85cm; Symphysiofundal Height (SFH) - 30cm. The head lies and moves over the inlet to the pelvis. The heartbeat is clear, rises to 136bpm, heard to the right below the umbilicus.

Vaginal examination: the vulva is properly developed; hairiness is of feminine character. The cervix is to 3cm long, the external os is closed. There is mucous discharge.

Laboratory methods of investigation: Urinalysis: color – yellow; specific gravity – 1.010g/ml; reaction is acidic, protein 0.033g/l, WBC 1-2/high power field; transitional epithelium-0-1/High power field, flat -2-4/high power field.

Common blood: RBC- 4,0 x 10^{12}/l; Hb 130g/l; Ht 42%; thrombocyte-190 x 10^{9}/l; WBC-6 x 10^{9}/l; ESR - 25mm/hr.

Additional methods of examination. Tocogram: basal tone of the uterus 10mmHg, no labor.

Answer:

1. Pregnant woman presented with complaints of swelling in the legs during the last week. During the past 4 years suffers neyrodiskulyatornoy dystonia in hypertensive type. Previous pregnancy also been accompanied by a high BP. From 30 weeks indicated abnormal increase in all (500 g per week). BP 140/90-150/90mmHg
2. CBC - within normal limits.
Urine-protein in the urine of 0.033 grams per liter.
3. The diagnosis of major: II Pregnancy 32 weeks. Longitudinal position of the fetus, II position, front view, cephalic presentation.
Complication: Combination of mild preeclampsia against NCD in hypertensive type.
4.Plan doobsledovaniya pregnant: RW, blood group is Rh factor, complete blood deployed, blood sugar, coagulation, blood chemistry, urinalysis for sugar, a clinical analysis of urine in the dynamics, the analysis of urine Nechiporenko, urinalysis for Zimnitsky, smear on the microflora of the vagina, ultrasound fetal doplerometriey uterine and umbilical arteries, blood pressure control and weight in the dynamics, expert advice: the therapist, urologist, nephrologist. Conduct biophysical profile of the fetus.
5.Lechenie conducted under department of pathology of pregnancy, under the control of blood pressure, magnesium sulfate infusion to appoint 25% / drip, followed by transfer to a / m the introduction, Actovegin / m, multivitamins, renal collecting, antispasmodics / m (baralgin , no-spa, papaverine hydrochloride).
At the time of childbirth, with the start of the regular labor birth to a conservative, vaginally, with the functional assessment of the pelvis. Carried out in childbirth prevention of intrauterine fetal hypoxia, haemorrhage during delivery and postpartum periods, under the strict control of blood pressure. Births to lead with an anesthesiologist, neonatologist. In case of deviation from the normal course of labor, management plan review toward operative delivery.
6. Polupostelny mode, table number 15. Once a week, arrange fasting days (cottage cheese, vegetables, fruit). Weight control on a daily basis.
7. After birth, recommended dispensary observation of nephrologist, urologist, general

practitioner during the year. Preparing for a future pregnancy in 2-3 years.

Case № 11

A pregnant 25-year old lady, in emergency, was brought in an ambulance to the maternity hospital on the 1st of March.

Complaints: severe headache, “flashing lights”(photopsia), pain in the epigastric region.

Anamnesis: Had childhood diseases, ARVI. Menstruation from the age of 13, lasts for 5 days, occurs every 26 days, moderate. Last menstruation was 6-11/06/05

She is primigravid. She’s been visiting the antenatal clinic since 14 weeks, irregular.

In the last month, the average weight gain per week is 750.0g. Two weeks ago, she had edema of the leg, proteinuria 0,033-0,09g/l but refused hospitalization.

Status praesens: general condition is severe. Skin and mucous membranes are pale, moderately moist. T - 37,0°C, Ps - 85bpm; BP: 180/100 - 190/110mmHg; generalized edema. The dimensions of the pelvis: 26-29-31-20cm, abdomen enlarged with pregnant uterus. Uterus is of normal tonus. Symphysiofundal Height (SFH) 40cm, Abdominal Girth (AG) – 98cm**,** the fetal heart sounds are muffled, rhythmic, up to 135bpm and is heard on the left below the navel.

External genitalia are developed properly; hairiness is of feminine character. The cervix is cylindrical, shortened to 2cm, soft, slightly deflected posteriorly from the pelvic axis. The head lies and moves over the inlet to the pelvis. The promontory is not reachable.

Laboratory and additional methods of investigation: Urine: colour- dark yellow, turbid, specific gravity – 1.010g/ml, acidic reaction, protein-1.0g/l, glucose-0; WBC-1-2/high power field, flat epithelium 2-3/High power field. Retinal fundoscopy: angiopathy, stage I B.

Ultrasound: Single homogenous 35mm thick placenta located on the posterior wall, III stage of maturity. Fetal lungs II stage of maturity. Estimated fetal weight - 3200,0 ± 200,0g**.**

Answers:

1. Pregnant delivered Brigade ambulance in serious condition with complaints of severe headache, flashing "flies in front of the eyes, generalized edema in the last 14 days. Early from hospital refused, a women's clinic there was no regularly defined abnormal weight gain (750 g per week) for a week). BP 180/100 - 190/110mmHg
2. Urine (cito) urine is dark yellow, cloudy, sp. weight 1010, acidic reaction, protein 1.0g/l, L 1-2 in the field of vision, the epithelium is flat and the transition 2-3/High power field.
3. The diagnosis of primary: I Pregnancy 38 weeks. Longitudinal position of the fetus, II position, front view, cephalic presentation.

Complications: severe preeclampsia severity. Chronic intrauterine hypoxia mild.

4.Plan doobsledovaniya pregnant: RW, blood group is Rh factor, complete blood deployed, blood sugar, koagulogrammma, blood biochemical analysis, anal incontinence in sugar, a clinical analysis of urine in the dynamics, the analysis of urine Nechiporenko, urinalysis for Zimnitsky, smear on the microflora of the vagina, ultrasound of the fetus. doplerometriey with uterine and umbilical arteries, blood pressure control, 4 times a day, expert advice: the therapist, urologist, nephrologist, ophthalmologist. Conduct biophysical profile of the fetus.

5.Taktika treatment. Shown with immediate hospitalization and emergency department and intensive care.

a) Medical-conservative mode. Neyroleptanalgeziya (fentanyl, droperidol, promedol)

b) Controlled hypervolemic hemodilution giperonkoticheskimi solutions with simultaneously controlled hypotension. Reopoliglyukin, Refortan, stabizol, plasma glucose 40%. The volume of

infusion therapy 800-1200ml. Control pulse. Blood pressure, central venous pressure, hourly urine output. Infusion rate, the rate of decline in AD.
c) The antispasmodic: aminophylline, no-spa. papaverine.
i) antiplatelet agents: chimes, trental.
e) membranoprotektory6 antioxidants and vitamins A, E, C, R.
e) Treatment of fetal hypoxia, metabolic therapy
g) The introduction of endocervical prepidil gel to prepare the cervix for delivery.
h) oxygen therapy. Hyperbaric Oxygen Therapy.
6.Rezhim strict bed rest, to limit the variety of auditory and auditory stimuli.
7. After delivery is recommended dispantsernoe observation of nephrologist, urologist, internist, ophthalmologist during the year. Preparing to buduyuschey pregnancy in 2-3 years.

Case № 12

On the 10th of Nov, an ambulance brought a woman, D., 25 years to the Perinatal Center, because of onset of labor.

Complaints: cramping abdominal pain, profuse, slimy discharge from the genital tract.

From history: last menstrual period: 18-22 March; third pregnancy; visits antenatal clinic regularly. Pregnancy was complicated by mild anemia, for which she took Sorbifer(1tab/day) which was effective.
The first and second pregnancies ended in therapeutic abortion; post-abortion period was complicated with metroendometritis; received inpatient treatment for 2 weeks.

Status praesens: Her condition is satisfactory; temperature-36,8°C. Ps - 92bpm, BP-110\70mmHg on both hands. No edema.

Status obstetricus: Abdominal Girth (AG) - 80cm, Symphysiofundal Height (SFH) - 30cm; size of the pelvis: 26-28-30-20cm.
Palpation: contractions are regular, intensive, lasts 30sec, and occur after every 5-6 minutes. Presenting part is dense, rounded form, and is pressed against the inlet to the pelvis. The back is on the left. Fetal heart is clear, rhythmic, and 138bpm.
Vaginal examination: external genitalia are well formed; hairiness is of feminine character.

Per vaginum: cervix is cyanosed, soft, shortened to 1cm, along the vertical axis of the pelvis, the external os is dilated to 4cm, amniotic membrane is prolapsed with slight leakage of amniotic fluid.

The head is pressed against the inlet of the pelvis. Soft skull bones, joints and fontanelles are felt. The sagittal suture is in the right oblique plane, while the small fontanel on the anterior left. The promontory is not reachable, No exostoses in the small pelvis.
Laboratory Methods: CBC: Hb - 102g/l, RBC-2.3 x 10^{12}/l; WBC-9,7 x 10^{9}/l, ESR-30mm/hr.
Urine: Urine is light, specific gravity – 1.018g/ml, acidic reaction, protein - 0, flat epithelium-1-2 /high power field, transitional epithelium-0-1/High power field, mucus - a little bit.
Smear: WBC-5-10/high power field; epithelium - single/High power field; Rod-shaped flora; gonococci, Trichomonas - not detected.
Estimated fetal weight by Volsky's formula: 80 x 30 = 2400g
Additional methods of examination: Cardiotocogram - Fisher's score- 6 points; tocogram - basal tone of 10mmHg, Strenght of contractions- 30mmHg, every 60 secs and last for 10secs; 4-contractions.

Answers:

1. The woman was admitted to the I period of active labor. Pregnant TAA (2 medical abortion in history, one of which was complicated by metroendometritom) amniotic membrane .. absent. Light leaking amniotic fluid.
2. CBC - anemia st century. (Hb-102g/l). Urine, vaginal swab microflora - without pathology.
3. The diagnosis of primary: Pregnancy III, 34-35 weeks. Longitudinal position of the fetus, the I position, front view of cephalic presentation. Early rupture of amniotic fluid.
Complications: mild fetal hypoxia.
Companion: Anemia of I degree, TAA.
4. Blood group, Rh factor; RW; coagulation; PTI, duration, clotting bleeding blood chemistry (total protein, bilirubin, LRA, ALG, urea, creatinine), blood sugar, sugar in the urine ..
5. Given the gestational age. data vaginal examination, delivery to vaginal delivery, as premature.
At birth, the following complications:
- Untimely amniorrhea;
- Fetal hypoxia;
- Anomalies of labor activity;
- Bleeding in the III and the early postpartum period;
Treatment: drugs improve uteroplacental blood flow (dipyridamole, aminophylline, Actovegin, Sygethin, antihypoxants piracetam) in the I stage of labor
- Kardiomonitornoe surveillance for timely diagnosis of fetal hypoxia and abnormalities of labor;
- In the II period pudendalnaya anesthesia, episiotomy and perineotomiya not carried out;
- Delivery lead with neonatologist, anesthesiologist;
- Child to take in the warm diapers;
- Be prepared for newborn resuscitation;
- III stage of labor to carry on with a needle in a vein, prophylactic uterotonic enter in order to prevent bleeding during the first minutes after birth (10 IU oxytocin)
6. Mode - steady and active. A diet rich in iron and protein (cheese, yogurt, eggs, fish, veal).
7. Necessary to examine the woman and her husband on TORCH infection, ELISA and PCR in serum, cervical mucus.
Hormonal contraception or barrier methods during the investigation and treatment of identified infections.
Preparing for a future pregnancy in 2-3 years.

Case № 13

Pregnant lady, R, 25 yrs old, was admitted to the hospital on May 5 into the antenatal clinic. Complaints: nagging pains in the abdomen and lower back.

History: Menstruation began at age 16, became regular two years later, lasts 3-5 days, occurs after 25-28 days, scanty, painless. Last menstrual period: from 4-8, November. She visits the antenatal clinic on a regular basis with a 6-week period. Pregnancy was complicated by a threatened abortion at 8-9 weeks, received treatment: Duphaston, antispasmodics, vitamins with positive effect.
Ultrasound of the uterus revealed isthmico-cervical insufficiency (internal os is dilated to 1cm)**.**
At 16 weeks of gestation, a McDonald's lavsan purse string suture was done on cervix in the department of pathology of pregnancy of the perinatal centre.
In the 22nd week, she was tested for TORCH infections, HSV (herpes simplex virus), cytomegalovirus (CMV), toxoplasmosis, chlamydia. Titer of Ig antibodies detected: HSV-1:800,

CMV-1:800, Chlamydia Ig-1:400, toxoplasmosis negative**.**
Pregnancy – second; first pregnancy ended in fetal death at 9 weeks, she sustained abrasio cavi uteri. Her hormonal status before pregnancy shows a low estradiol and progesterone and an increased testosterone and dehydroepianstrosterone. Consulted an endocrinologist and was diagnosed with adrenogenital syndrome, puberty form.

Status praesens. Her condition is satisfactory, malnourished, asthenic physique; Height-172cm, weight-65kg, physiological skin color, marked hirsutism, mammary glands hypoplastic. Ps-76bpm; BP-110\70 and 110\70mmhg

Status obstetricus: Abdominal Girth (AG)-84cm, Symphysiofundal Height (SFH)-25cm; size of the pelvis: 26-28-30-20cm, the uterus on palpation is hypertonus. Presenting part of the fetus is dense and round. Fetal heart sound is clear, rhythmic, 140bpm.
Vaginal examination: external genitalia are formed properly, there is hypoplasia of the labia majora, excessive body hair on the inner part of the thighs and along the median line from the vulva to the umbilicus (body hair of masculine-type). Internally, the vagina is narrow and long. The cervix is clean and cone-shaped, the os is round with moderate mucous discharge.
Per vaginum: cervix is formed, 3cm long, dense, deflected posteriorly. The promontory is not reachable. External os is closed, with no discharge.
Laboratory Methods:
CBC: Hb-94g/l, RBC-2.3x 10^{12}/l; WBC-9,7 x 10^{9}/l, ESR – 30mm/hr.
Urinalysis: Urine is light, specific gravity – 1.018g/ml, acidic reaction, protein -0, flat epithelium- 1-2/high power field, transitional-0-1/High power field, mucus-a little bit.
Smear: WBC-12-15/High power field; epithelium-single/High power field; Rod-shaped flora; gonococci, Trichomonas-not detected.

Answers:
1. Complaints about the nagging pains in the abdomen and lumbar region (typical for threatened abortion). In pregnant TAA (isthmic-cervical insufficiency, with sutures). Mother-fruit infection (herpes simplex virus is detected,cm, chlamydia). Previous pregnancies ended in stasis fruit. Reduced hormone levels in women diagnosed with adrenogenital syndrome (as evidenced by the growth of body hair in male pattern), hypoplasia of the labia majora.
2. Urine - N.
CBC - anemia Ist.
Smear of the vaginal microflora - N.
RW № 11 otr.A B / IVI Rh (+) blood type.
3. The diagnosis of primary: Pregnancy II, 26 weeks. OAGA. Longitudinal position of the fetus, the I position, front view of cephalic presentation.
Complications: Risk of miscarriage.
Companion: adrenogenital syndrome. Isthmic-cervical insufficiency (stitch in the cervix by McDonald). Mother-fruit infection (HSV,cm, chlamydia). Anemia Ist.
4. Coagulation, blood chemistry, HIV, hormonal profile (estriol, placental lactogen, progesterone, testosterone, 17-KS in urine. Ultrasound fetal Doppler uterine and umbilical arteries. CTG in the dynamics.
5. Treatment Plan: Mode - bed, the elevated pelvic end, preserving therapy.mgSO4 25% \ in the physiological solution, and papaverine hydrochloride 2% - 2.0 in \ r; candles viburkol - into the rectum; Duphaston 10mg (1 ton), 2 times per day, Table, Engistol and 1 table. 3 times a day, viferon-2 (500,000 IU / 1 suppository rectally at 2 times a day, multivitamins and 1 is 1 per day;

electrosleep number 10. Tardiferon on 1tabl. 2 times a day. In term of 37-38 weeks - remove the stitches from the cervix. Births to vaginal delivery.
6. Mode - bed, table number 15. A diet rich in proteins.
7. The reason for threatening a miscarriage in this case is: AGS - adrenogenital syndrome, ITSN, IIP. When AGS - progesterone level drops, the concentration of LH increased, FSH - is reduced. In 1 / 3 of patients with this disease are diagnosed giperprolaktiemiya. Need to know what the cause of miscarriage is mostly erased nonclassical form giperadrogenii, often detected only at loads (tests) or during pregnancy. Pregnant woman should be observed in conjunction with an endocrinologist.

Case № 14

A pregnant woman, 35 years with discharge of amniotic fluid was brought in an ambulance to the maternity hospital on July 22nd.

Complaints: continuous leakage of amniotic fluid in the last hour, increased fetal movements within the last 2-3 days.

History: began menstruation at age 16, irregular, scanty, painful. Last period: 25-29, September, last year. She started her sexual life at age 24. First marriage, and husband healthy. She uses rhythm method of birth control. First pregnancy, wanted. She's regularly been visiting the antenatal clinic since week 6, after Ultrasound confirmed that she was 6 weeks pregnant. Fetal heartbeat(+).

The first half was complicated by early toxemia, received inpatient treatment, with positive effect. Felt the first movements on February, 14. She's had chronic primary compensated placental insufficiency from week 16, which she received inpatient treatment, and it was effective.

Status praesens: Her condition is satisfactory, the skin and mucous membranes are clean, pink. The body temperature is 36.8^0C. Ps-92bpm, BP-110\70mmHg on both hands. No edema. No pathology of the internal organs was found.

Status obstetricus. Abdominal Girth (AG) 112cm, Symphysiofundal Height (SFH) 38cm, size of the pelvis: 25-27-30-20cm. The uterus is soft on palpation. The height of the fetus in the uterus when using a pelvimeter is 30cm. The head lies over the inlet to the pelvis. Back is turned to the right. Fetal heartbeat is heard below the navel, muffled, rhythmic, 125 beats/min.

Vaginal examination: On examination, the labia are hypoplastic. Pubic hair is poorly expressed. Vagina is narrow, free and clear on examination. The cervix is clean and cone-shaped, the os is round. Leaking muddy green, dense amniotic fluid in small amounts is seen. It contains vellus hair and vernix caseosa.

Per vaginum: cervix shortened to 2cm, soft and deflected posteriorly, the external os allows a fingertip through. A dense presenting part - head is felt. The promontory is not reachable. No exostoses is felt in the small pelvis.

Additional methods of examination, laboratory research methods:
CBC: Hb-100g/l, RBC-2.0 x 10^{12}/l; WBC-9,7 x 10^9/l, ESR-40mm/hr.
Urinalysis: Urine is light, specific gravity – 1.018g/ml, acidic reaction, protein -0, flat epithelium- 1-2/high power field, transitional epithelium-0-1/High power field, mucus-a little bit.
Smear: WBC-20-30/High power field; epithelium -insignificant/High power field; mixed flora; gonococci, Trichomonas - not detected.
CTG: Fisher's score- 4-5 points.
Ultrasound of the fetus: fetal weight 4100 ± 200g, placenta in the posterior wall, cystic changes,

stage III.
Doppler: uterine blood flow is reduced. Umbilical blood flow, critically reduced.

Answers:
1. Complaints about the leakage of amniotic fluid in one hour, in pregnancy 42 weeks gestation. Pregnancy was complicated: early toxicosis, primary chronic FPI was twice hospitalized.
2. Urine - N.
CBC - anemia Ist
Smear of the vaginal microflora - coleitis
RW № 98 neg. AII Rh (+) blood type.
3. The diagnosis of primary: Pregnancy I, 42 weeks. Longitudinal fetal position, position II, the front view of cephalic presentation.
Complications: chronic fetoplacental insufficiency, primary, subkompensirovannya intrauterine hypoxia of moderate severity. Preterm rupture of membranes. Large fruit.
Companion: Age primipara. Infantilism.
4.Koagulogramma, blood chemistry, HIV, CBC deployed. Kardiomonitornoe monitor the fetus.
5. Treatment Plan:
Given the gestational age 42 weeks, changes in amniotic fluid, placental signs of aging, suffering a large fetus - gipoksiiyu moderate severity, lack of readiness of the organism to leave, decided rodorazreshit by cesarean section on the sum of the relative indications.
6. Mode - bed, in the postoperative period in the first day. Over 2 days active mode. Table 0, with the gradual enlargement of the menu.
7. Cause of prolongation in this case, probably is infantilism, which manifested itself within the onset of menses (16 years), their painful and scanty nature, hypoplasia of the labia majora and scanty pubic hairiness.

Case № 15

A 27 yr primigravid who used to work with "Khimprom" until her maternity leave began, visited the antenatal clinic about her pregnancy. The doctor noticed that for 3 weeks since her previous visit, Symphysiofundal Height (SFH) and Abdominal Girth (AG) have not increased. Gestation age is 33 weeks; movement of the fetus is felt; Weight gain during pregnancy-4 kg.

Anamnesis: No known hereditary conditions. As a child, she was sick with measles and mumps; adult - ARVI, tonsillitis. Began Menstruation at the age of 16, lasts for 6-7 days, and is irregular; married and started sexual life at 20 years. She was treated for infertility, and this pregnancy induced using Clostilbegyt (Clomiphene). In the early stages she had threatened miscarriage and was treated as an inpatient and then outpatient. Gynecological diseases: uterine leiomyoma with growth of subserous and interstitial nodes.

Objective status: her general condition is satisfactory; height-168cm, weight-61 kg. Skin is pale. BP-120\80mmHg on both hands; Ps-78bpm. No pathology of the internal organs was found. Abdomen is round and enlarged with a pregnant uterus; Symphysiofundal Height (SFH) - 30cm, Abdominal Girth (AG) - 82cm; fetal lie is longitudinal, the back is felt on the left and the presentation is pelvic. Fetal heartbeat is clear, rhythmic and at a rate of 130bpm.

Laboratory research methods:

CBC: Hb-88g/l, RBC-2,6 x 10^{12}/l, WBC-9,8 x 10^{9}/l, ESR-27mm/hr.

Urinalysis: Urine is light-coloured, clear, specific gravity – 1.022g/ml, no protein, white blood cells-6-8/high power field.

Swabs from the urethra, cervix, vagina: leukocytes-8.6/High power field, clue cells-67%, gonococci and Trichomonas were not identified.

U/S- in the uterus is a single fetus in longitudinal lie, position I and breech presentation. FHR-132bpm; movements (+); placenta on the anterior wall of the uterus, II-III stage of development, thinned, non-homogenous echostructure through bones with hyperechoic inclusions; normal amount of waters. By fetometry: 30 weeks. Premature development of the placenta**.**

Blood group A (II), Rh-negative. Antibodies were not detected.

Responses:

1. The woman pathology of puberty (late menarche, menstrual disorders - irregular, uterine leiomyoma, infertility, endocrine origin (leiomyoma, anovulation), induced by pregnancy that was complicated by the threat of termination of pregnancy, anemia (pale skin), reduced weight, no weight gain and size of the uterus. Works in the workplace.
2. Clinical analysis of blood - decrease in Hb (88g/l) er. - 2,6 x 1012 / l, anemia II Art.
Urinalysis Clinical - N.
Smears on the microflora - bacterial vaginosis (cocci, clue cells).
Rh negative blood type.
U.S. - behind the development of the fetus at 3 weeks (according to the LC 33 weeks, the photometry for 30 weeks), premature maturation of the placenta (thinned, pathological inclusions).
3. The diagnosis of primary: Pregnancy I, 33 weeks. The provisions of the fruit lengthwise, the I position, front view, breech.
Complications: Intrauterine growth II Art.
Companion: Anemia second degree. Bacterial vaginosis. Rh-negative blood type. Uterine leiomyoma. Burdened obstetric and gynecological diseases. Age primipara.
4. 1) Hormonal methods: determination in blood serum of pregnant women in dynamics of placental lactogenic, estriola. 2) Definition (-fetoprotein (-glycoprotein. 3) Biophysical profile of the fetus. 4) Cardiotocography.
5. 1) Hospitalization of the department of pathology of pregnancy. 2) Treatment: a) anemia (tardiferon, totem Sorbifer), b) Vaginal (candle "Terzhinan", "Meratin combi"), and c) placental insufficiency and IUGR fetus: a course of 7-10 days - Refortan 500ml / in (reopoliglyukin) - trental 5ml solution of 2% glucose + 5% 200ml IV or Kurantil 4ml of 0.5% solution + 5% glucose 200ml / in - partusisten 5mg 4 times per day (or ginipral) + izoptin (fenoptin) and 1 table. 4 times a day - utrozhestan (Duphaston) 5mg 2 times a day - solkoseril 10ml + 5% glucose 500ml / in (mildronate, Actovegin) - Orotate Potassium 0,5 g 3 times a day; - Vitamin E 0.1 g per day.
6. Mode - fixed. Fresh air. Daytime sleep-rest. Diet - table number 10 enriched with vitamins,

with a high content of protein and polyunsaturated fatty acids, restriction of animal fats, cholesterol, foods that cause thirst.

7. 1) Provide comprehensive treatment for 12-14 days, then repeat with Doppler ultrasonography of fetal biophysical profile, CTG, determine the level of estriol (a decrease of 50% indicates a high risk of adverse perinatal), placental lactogen, if the data show the progression of placental insufficiency, to cesarean delivery. Indications: 1) progressive FPI, which is not amenable to drug therapy, and 2) pelvic peredlezhanie fetus, and 3) prolonged infertility induced by pregnancy.

2) If the dynamic observation showed positive effects after treatment, the pregnancy is prolonged.

Case № 16

A pregnant lady, M., 25 years old was referred to the department of pathology of pregnancy by the antenatal clinic doctor in her 34th week of pregnancy. She's admitted for prevention and observation.

From history: Menarche at age 12, regular, lasts 5 days, occurs every 28 days. The first pregnancy ended in premature stillbirth. This pregnancy is her second, during which she's been attending the antenatal clinic regularly with a 6-week period. The pregnancy was complicated by threatened abortion in its 12th week, for which she was treated in the hospital. Blood group A (II) Rh (-); blood from the child's father: B (III), Rh (+). In the monthly blood analysis, antibody titer of 1:2 and 1:4 from 32 weeks was detected.

Status praesens: Her general condition is satisfactory; normosthenic, weight-78kg; BP-120/80mmHg on both hands; Pulse rate-80bpm. Skin is pale and clean. No pathology of the internal organs was revealed. No edema.

Status obstetricus: Uterus of normal tonus; longitudinal lie of the fetus, the back is felt on the right to the front, and a dense round part of the fetus, moving over the inlet to the pelvis is felt. Fetal heartbeat is clear, rhythmic, and at 146bpm. Abdominal Girth (AG) of 100cm, Symphysiofundal Height (SFH)- 36cm, size of the pelvis 26-29-31-20cm.

Vaginal examination: external genitalia are formed correctly.

Speculum examination: The cervix is a cylindrical shape, covered with intact epithelium.

Manual examination: The cervix is well developed, 3cm long, dense, sacral position, the external os closed. A dense round part of the fetus moving over the inlet to the pelvis is palpated through the vagina. Promontory not reached. There are no exostoses in the small pelvis**.**

Additional methods:

Blood test for antibodies: antibody titer-1:16.

Clinical analysis of blood: Hb-98g/l, RBC-2,8 x 10^{12}/l, WBC-7,8 x 10^{9}/l, ESR-17mm/hr.

Cardiotocogram: Fisher's score-6 points.

Doppler: reduced uterine blood flow.

Ultrasound of the fetus: a double contour of the fetal head, the thickness of the placenta 54mm. Edematous placenta. The height of the column of amniotic fluid 96mm.

Answers:

1 A woman's Rh-negative blood type, and the father of the child Rh-positive. Burdened obstetrical history first premature birth and stillbirth, second, this pregnancy was complicated by the threat of an abortion at 12 weeks, izoserologicheskoy blood incompatibility of mother and fetus in Rh-factor, chronic intrauterine fetal hypoxia, edematous form of hemolytic disease of the fetus and polyhydramnios. Larger sizes and stomach motility presenting part of fetus showed a large fetus (100h36 = 3600 at 34 weeks), and polyhydramnios. Pregnant anemia.

2. In a blood test for antibody titers: a high antibody titer indicates izoserologicheskoy blood incompatibility of mother and fetus of Rh factor.

In the clinical analysis of blood: a reduced level of Hb and red blood cells, which indicates anemia in pregnant women of 1 degree.

Cardiotocogram: impaired score on Fischer to 6 points indicates a pathological condition of the fetus and intrauterine hypoxia, which require further careful observation of the fruit, and treatment.

Doppler: reduction of uterine blood flow confirms the placental insufficiency.

U.S.: changes in the placenta - a thickening and swelling of her evidence of placental insufficiency, a double contour of the fetal head on the edema syndrome of the fetus, a tall column of amniotic fluid - the polyhydramnios.

3. The diagnosis of primary: Pregnancy 34 weeks. Longitudinal fetal position, 2 position, front view, cephalic presentation.

Complications: Izoserologicheskaya blood incompatibility of mother and fetus of Rh factor. Large fruit. Chronic placental insufficiency, subcompensated. Polyhydramnios. Chronic intrauterine fetal hypoxia. Edematous form of hemolytic disease of the fetus.

Companion: Anemia in pregnancy 1 degree. Burdened obstetrical history.

4. Blood tests: on the RW, coagulation, biochemistry (total protein, protein fractions, total bilirubin, liver function tests, creatinine, urea nitrogen test) for sugar, prothrombin index, the duration of bleeding, the coagulation time.

Urine tests for sugar and clinical.

Smears on the microflora of vagina, urethra, cervical canal.

Medical consultation.

Cordocentesis: definition of bilirubin, hemoglobin.

5. Showing an early termination of pregnancy, preparation for birth vaginally, treat placental insufficiency, treatment of anemia in pregnant women.

The indications for early termination of pregnancy is a severe form of hemolytic disease of the fetus - edematous.

To prepare to leave for 3-5 days to appoint a glucose-vitamin-hormone-calcium background (intravenously 20ml of 40% glucose solution, 5ml of 5% ascorbic acid solution, 10ml 10% solution, subcutaneously vitamin B1 1ml) intramuscularly 1ml of 0.1% folikulin 2 times a day or prostaglandin - prepidil-gel endocervical 1 per day once or repeated on the following days to

maturity of the cervix.

For the treatment of placental insufficiency: Refortan 500ml / in (reopoliglyukin) - trental 5ml solution of 2% glucose + 5% 200ml IV or Kurantil 4ml 0.5% solution of glucose + 5% 200ml IV; solkoseril 10ml + 5% glucose 500ml / in (mildronate, Actovegin) kokarboksilazu intravenous injection of 100mg.

Treatment of anemia in pregnant women - "Totem" for 1 vial 2 times per day (tardiferon, Sorbifer).

At maturity of the cervix childbirth programmable induced prostaglandin (enzaprost), possibly early amniotomy (gently, slowly releasing the amniotic fluid that do not fall out the loop of umbilical cord). In the delivery of treatment fetal hypoxia, to conduct surveillance monitor fruit and labor - writing kardiotokogramm. Neonatologist, and anesthesiologist to be prepared for resuscitation and replacement blood transfusions for infants. Immediately after giving birth to early clamping and cutting of umbilical cord blood taken from umbilical vessels in bilirubin, blood group, Rh factor, complete blood count, coagulation.

6. Mode - conservative (prevention of premature a discharge of amniotic fluid, lying with a raised pelvic end). Diet - table number 10 with a high content of protein and polyunsaturated fatty acids, restriction of animal fats, cholesterol, foods that cause thirst.

7. Prophylaxis after a birth at the birth Rh-positive child: within 72 hours by intramuscular injection introduces a dose (300 micrograms) of anti-Rh immunoglobulin.

Prophylaxis during pregnancy in the absence of immunization of pregnant women conducted by the introduction of intramuscular administration of 1 dose (300 mcg), anti-Rh immunoglobulin.

Case № 17

24/11/2005, a woman, V, 32 years has been in labor for 12 hours. She was brought to the maternity hospital in active labor, which began 6 hours ago. On admission: cervix flattened, dilated to 4cm, the edges are soft. The amniotic membrane is intact. The fetal head is pressed against the inlet of the pelvis.

History: No known hereditary condition. As a child, she suffered from childhood infectious diseases. Menarche was at age 13, regular, lasts 5 days, 30 days, painful, are moderate. She'd been trying to get pregnant for 5 years, was diagnosed and treated for infertility of endocrine genesis at the center of family planning.

This is the first pregnancy - induced. During pregnancy was hospitalized for threatened abortion from 3 weeks to 12 weeks and 22-26 weeks.

Objective: The general condition is satisfactory. The internal organs revealed no pathology. Height - 166cm, weight - 72kg, the dimensions of the pelvis: 25-28-30-20cm, Symphysiofundal Height (SFH) - 37cm, Abdominal Girth (AG) - 96cm; blood pressure - 120/80, 115/75mmHg; Ps-72bpm., satisfactory. Contractions last 30 seconds, occur every 7-8 minutes and are weak. Lie of the fetus is longitudinal, and the back of the fetus is to the left, the fetal head lies over the inlet

to the pelvis with a small segment. Fetal heart sound is clear, rhythmic, 136bpm.

Vaginal examination: the external genital organs developed properly. Her vagina is like that of a nulliparous woman. The cervix is flattened, dilated to 7cm, its edges are soft and supple. During inspection, the amniotic membrane ruptured with bright amniotic fluid, 200ml. The fetal head lies over the inlet to the pelvis with a small segment, the sagittal suture in the right oblique plane, the small fontanel is on the left and slightly to the front. The promontory is not reachable.

Laboratory research: CBC- Hb-118g/l, RBC-3,08 x 10^{12}/l, WBC-6,4 x 10^{9}/l, ESR-12mm/hr. Urinalysis- Quantity:100ml, color-light yellow, specific gravity – 1.014g/ml, WBC-1-3/high power field. Smear: I - WBC-1-3/high power field; II - WBC- 5-7/high power field; III - WBC - 15-20/High power field, Rod-shaped flora.

Patient's card: last menstrual period - 21/02/2005 - 25/02/2005, on the record as 04/11/2005, the period of pregnancy 6-7 weeks. The first movement were felt on 7/20/2005; U/S (31/03/2005) - 5 weeks of pregnancy.

Answer:

1. At the time of receipt of active labor, the opening of the cervix up to 4cm, no response for 6 hours (open to 1cm). Anamnesis - infertility induced by pregnancy.
2. Analysis of blood Clinical - anemia st century.
Urinalysis Clinical. - N
Analysis of discharge on flora - N
Estimated fetal weight - 3100 ± 200 gr.
Estimated date of birth - 1) for OM - 11/28/2005 city, 2) Observer - 12/01/2005 city, and 3) to U.S. - 01/12/2005 city
3. Pregnancy I, 39 weeks. Births in front of I term as the occipital cephalic presentation, the I position. St stage of labor, the active phase. Early discharge of amniotic fluid. A secondary weakness of labor. Anemia st century. RSA.
4. Cardiotocogram.
5. Factors weak labor activity include: 1) hormonal disturbances, and 2) the complicated course of pregnancy (gestosis II half of pregnancy, threatened miscarriage, fetoplacental insufficiency, polyhydramnios, multiple pregnancy, large fruit, prolongation of pregnancy), 3) extragenital pathology.
In our case, hormonal disorders.
6.1) Mode - active, walk more if conditions require IV administration, and because the woman would lie in our case on the right side, which coincides with the position of the fetus, which would increase labor activity;

2) At this stage the woman to refrain from food, as in the case of the needs of cesarean section, it is contra to the anesthetic.
7. B / drip oxytocin 5ED in saline 400.0 (or glucose 5% 400.0) starting at 8 kap. for 1 min., with a further increase to 40 kap. for 1 min. If the observed positive effect tokomotorny and show no signs of fetal hypoxia, it continues to drip for 4-6 hours. Parallel conducting prevention of fetal

hypoxia every 4 hours (w / Piracetam 25% 5,0,cmC 50mg 40% glucose 20.0, vit. With 5%, 4,0).

Case № 18

A woman in labour, age 30, 24/11/2005 was brought to a maternity hospital in an ambulance with a full-term pregnancy, 3 hours from the onset of contractions, bright amniotic fluid was discharged (in her words).

History: She's not been ill. Menstruation began at age 12, regular, lasts 3-4 days, occurs after 28 days, painless, moderate.

It's her third pregnancy: the first pregnancy was in 2000 – delivery was on time and without features, the second pregnancy was in 2002-delivery was on time and fast, taking 4 hours.

Objective examination: Her general condition is satisfactory. Skin and visible mucous membranes pale pink. BP-110/70, 115/70mmHg; Ps-76bpm; satisfactory. No pathology of the internal organs was found. The dimensions of the pelvis: 26-29-31-21cm; Symphysiofundal height-34cm, Abdominal Girth (AG) - 98cm, longitudinal lie of the fetus, the fetal head lies over the inlet to the pelvis with a large segment, the back of the fetus is felt on the left. Fetal heart is clear, rhythmic, 140bpm. Contractions last for 45-50secs, after1-2mins, rhythmic and strong.

Vaginal examination: the vulva developed properly; vagina corresponds to that of a multipara. The cervix is smooth, dilation up to 6cm, the edges are soft and supple. The amniotic membrane is ruptured. The fetal head lies over the inlet to the pelvis with a large segment, sagittal suture in the right oblique plane of the pelvis, small fontanelle to the right is below the umbilicus. The promontory is reached. No deformities of the pelvis.

Lab. investigations: CBC- Hb-110g/l, RBC-3.02 x 10^{12}/l, WBC-6,2 x 10^{9}/l, ESR-20mm/hr. Urinalysis: Quantity-100ml, color - yellow, specific gravity – 1.016g/ml, WBC-1-3/high power field, protein - 0. Smear: I - WBC-1-2/high power field; II -WBC- 1-3/high power field; III - WBC-1-3/high power field, coccal flora, clue cells-40%.

Specialist's conclusion: thyroid hyperplasia, stage II; Hyperthyroidism.

Last menstrual period - 22/02/2005 - 24/02/2005, registered on 14.04.2005, with pregnancy of 7 weeks. Ultrasound (31/03/2005) - 5 weeks of pregnancy.

Answer:

1. Very fast during the I stage of labor (3 hours before the opening of the cervix 6cm), very strong bout 45-50, 1-2 ', previous generations have ended fast delivery, hyperthyroidism - promotes abnormally fast delivery.
2. Analysis of blood Clinical - anemia st century.
Urinalysis Clinical. - N
Analysis of discharge on flora - Bacterial vaginosis.
Estimated fetal weight - 3300 ± 200 gr.
Estimated date of birth - 1) for PM - 11/29/2005 city, 2) Observer - 12/01/2005 city, and 3) on fetal movements - 1/12/2005 city
3. Pregnancy III, 40 weeks. Births in period III, the fast in front as the occipital cephalic

presentation, the I position, front view. St stage of labor. Early rupture of amniotic fluid. Anemia st century. Hyperplasia of the thyroid gland. Hyperthyroidism. Bacterial vaginosis.
4. Cardiotocography.
5. Factors contributing to the rapid flow of labor: 1) extragenital pathology, 2) dishormonal state (gipertiroz, Grave's disease, etc.) 3) violation of the expulsion of the fetus (narrow pelvis, abnormal fetal presentation, clinical mismatch size of the fetus and mother's pelvis), 4) violation of cortico-visceral regulation, which leads to increased formation of substances tonomotornogo action.

In our case, hyperthyroidism is a factor of anomalies of labor activity.
6.1), bed rest, lying on the right side (opposite position of the fruit);
2) food should be light and enough high-calorie, diet number 7.

7. For the prevention of anomalies in labor all pregnant women at higher risk of this disease should be from 36 weeks gestation to receive multivitamins, folic acid is 400 micrograms per day, included in the daily diet of unsalted varieties of fish, vegetable oil, vegetables, fruit.

At 38-39 weeks of patient hospitalization in prenatal preparation. Where to spend doobsledovanie, spasmolytic and metabolic therapy under the supervision of the state of the cervix. Pregnant women with extragenital pathology treated during pregnancy.

Case № 19

Patient, 53 years (9 years of menopause) was admitted to the gynecology department with complaints of bloody discharge from the vagina for a month. We also know that she received HRT (hormone replacement therapy) due to a severe course of climacteric syndrome.

From history: As a child she had childhood infections, ARVI, often had tonsillitis. Menstruation began at age 12 and without features. She began sexual life at 20 years. Birth - 2, abortion - 4. She did not use any contraceptives. She’s not been pregnant since age 40, and didn’t use any contraceptives**.** She was registered with the Antenatal Clinic because of uterine fibromyoma from age 43. The clinical course of the fibromyoma is mild with the uterine size up to 10 weeks of pregnancy.

Menopause was at age 49. At 52, she left the Antenatal Clinic as the uterus size had reduced to 5 weeks of pregnancy. She’s been suffering from severe climacteric disorders (emotional and mental forms, as well as periodic fever) for 4 years, for which she receives HRT and regularly visits her gynecologist. During the last visit a month ago the uterus was seen to have increased to 9 weeks of pregnancy. The size of the uterus was confirmed on ultrasound. Blood spotting began from the uterus began during the last month.

Objective status: Her general condition is relatively satisfactory. Skin and mucous membranes are pale. BP-160\80mmHg; Ps-85bpm. No edema. Internal organs: on abdominal palpation no pathology was revealed; in the lungs- vesicular breathing; Heart-muted tones, accent of the II sound over the aorta.

Vaginal examination: the external genital organs are well formed; vagina corresponds to that of a mulitipara, with no signs of atrophy; the cervix is 2cm long, cylindrical shape. The uterus is

increased to 9 weeks of pregnancy; blood spotting is seen from the cervical canal. Adnexa of the uterus not palpable.

Laboratory Methods:

Common blood: Hb-108g/l, RBC-3,2 x 10^{12}/l, WBC-7,5 x 10^{9}/l, ESR-12mm/hr.

Urinalysis: urine of light straw color, specific gravity – 1.020g/ml, no protein, no glucose, WBC - 2-3/high power field.

Smear from the urethra, cervix and vagina: leukocytes- 3-5/High power field; Gonococci and Trichomonas were not identified.

Ultrasound examination: The uterus is diffusely enlarged to 9 weeks of pregnancy. Atrophic ovaries size: 1,2 x1, 4x0, 9cm; follicles are not found. Endometrial thickness-8-9mm.

Fasting blood sugar: 8.5mmol/liter.

Answer:

1. Main symptoms: irritability, hot flashes, uterine bleeding after 9 years of menopause, the growth of uterine fibroids in postmenopausal hormone replacement therapy on the background.
2. The result of vaginal examination, ultrasound examination, urinalysis, blood showed an increase in uterine fibroids in patients receiving HRT, as well as glandular hyperplasia of the endometrium. The examination also revealed diabetes mellitus type II, which requires correction of diet and possible saharoponizhayuschimi means.
3. Preliminary diagnosis of the disease: Climacteric syndrome (CS). Uterine fibroids. Increased uterine bleeding in menopause and HRT on the background. Hypertensive heart disease II, Art. I degree obesity. Diabetes type II.
4. In terms of doobsledovaniya - fractional curettage of the uterus with subsequent histological examination of scrapings. Consultation endocrinologist, internist.
5. The principle of treatment - removal of HRT. If the condition of the patient would be difficult, because the climacteric syndrome, to remove the uterus and adnexa and continue HRT.
6. Mode - fixed. Free diet of refined sugars, limiting the total kallorazha.
7. Tactics medical check-up:

a) Should the issue of radical surgical treatment of uterine fibroids (hysterectomy with Adnexa), in the absence of malignant change, "D" monitoring throughout the year.

b) if the matter will be decided on the abolition of hormone replacement therapy, surveillance continue to reduce the uterus to the initial size. Ultrasound study (Endometrial thickness <5mm. Benign aspirate from the uterus.

Case № 20

Patient, 47 years old was admitted to the gynecological ward complaining of thick menstruation for 2 years. Received symptomatic therapy, curettage of the uterus was not done. Last menstrual period ended 10 days ago.

Anamnesis: As a child, she had childhood infections, ARVI, tonsillitis. Menstruation began at age 13, lasts for 5-6 days, coming every 32 days. Started sexual life at age 22 years. Birth - 2,

abortion - 3. She's not had any pregnancy since 40 even though she didn't prevent it.

Objective status: Her general condition is relatively satisfactory. Skin and mucous membranes are pale. Internal organs: on abdominal palpation no pathology was revealed.

Vaginal examination: the external genital organs are well formed. The epithelium of the vagina and cervix are unchanged. The cervix is 5cm long, enlarged in diameter. The uterus by bimanual examination is increased to 14-15 weeks of pregnancy, turgo-elastic and mobile. The adnexa of the uterus are not palpable.

Laboratory Methods:

Common blood: Hb-82g/l, RBC-2,6 x 10^{12}/l, WBC-6,4 x 10^{9}/l, ESR-12mm/hr.

Urinalysis: urine is of light straw color, specific gravity – 1.020g/ml, no protein, no glucose, WBC - 2-3/high power field.

Smear from the urethra, cervix and vagina: Gonococci and Trichomonas were not identified.

Ultrasound examination: The uterus size is like that of 14-15 weeks of pregnancy. Ovary size: right - 4,2 x3, 8x3, 5cm with signs of polycystic degeneration. Left - 4,2 x3, 8x3, 5cm, follicles are not found. Endometrial thickness-9mm.

Fasting blood sugar: 4.6mmol/l

Answers:

1. Main symptoms: menoragiya, general weakness, anemia.
2. The result of vaginal examination, ultrasound examination, urinalysis, blood evidence of anemia, large uterus, enlarged to changes in the ovaries, hypertrophy of the cervix.
3. Preliminary diagnosis of the disease: symptomatic uterine fibroids larger, hypertrophy of the cervix. Secondary anemia.
4. The plan doobsledovaniya - fractional curettage of the uterus with subsequent histological examination of scrapings.
5. Treatment operative in the amount of hysterectomy with Adnexa. In the postoperative period to conduct analgesic, antibacterial, transfusion therapy and prevention of thromboembolic complications.
6. Mode during surgery and the postoperative period is stationary. Diet is a common table.
7. After radical surgery on the 'D' registered to stand for a year.

PART II

During the second part, a team of examiners evaluates each student's practical skills especially in accordance with the following:

1. Obstetric propaedeutics (size of the bone of the pelvis, pregnancy, maternity leave, Estimated date of delivery, estimated fetal weight, measurement of uterine size, Leopold's maneuvers, vaginal examination during labor, etc.).

1. Determine the estimated fetal weight using Skulski's formula if the Symphysiofundal Height (SFH) is 40cm and the Abdominal Girth (AG) 98cm

Answer: 3920.0g (SFH x Abdominal Girth (AG)).

2. What is the normal increase in body weight (Kg) of a woman during pregnancy?
Answer: 10-12kg.
3. If the first day of a pregnant woman's last menstrual period was on March 7, when is she likely to give birth?
Answer: December 14. (The date of the first day of last menstrual period + 7 days - 3 months).
4. A primipara felt the first movements of the fetus on January 20. Determine the Estimated Date of Delivery(EDD).

Answer: primipara woman feels fetal movements from 20 weeks of pregnancy.

Jan. 20 + 20 weeks = June 9

5. If the first visit to the antenatal clinic was on 25, February with a pregnancy of 6 weeks, determine the Estimated Date of Delivery(EDD).

Reply: 21 October (February 25 + 34 weeks).

6. During bimanual examination of a pregnant woman, an obstetrician-gynecologist found that her uterus was increased up to the size of the head of a newborn. What gestation age does this correspond to?

Answer: 12 weeks.

7. At what gestation age of pregnancy is the fundus of the uterus over the pubic symphysis?

Answer: 12 weeks.

8. If the fundus of the uterus is felt at the level of the umbilicus, what is the gestation age?

Answer: 24 weeks.

9. Vaginal examination during labour revealed a presenting head of the fetus; sagittal suture in the right oblique plane of the small pelvic inlet, a large fontanel is to the left of the pubic symphisis, small – to the right of the sacrum. Define the position and view position of the fetus.

Answer: the I position, a rear view of the occipital presentation.

10. Vaginal examination of a woman with regular contractions: cervix flattened, cervix dilation of 6cm, discharge of amniotic fluid. At what stage of labor is she?

Answer: in the first. Early rupture of amniotic fluid.

11. Vaginal examination during labour revealed a presenting head of the fetus; sagittal suture in the left oblique plane of the small pelvic inlet, a small fontanel is to the left of the umbilicus. With what diameter of the head was the child born?

Answer: The small oblique size, 9.5cm

12. A child was born with face presentation. What is the presenting diameter?

Answer: vertical, 9.5cm

13. Vaginal examination revealed that the fetal head is on 2/3rd of the sacrum and half of the inner surface of the pubic symphisis. In what part of the pelvic cavity is the head of the fetus?

Answer: The narrow part of the pelvis.

14. On vaginal examination of a multigravida with regular contractions, it was found that the cervix is shortened to 0.5cm and 1 finger (2cm) passes through the cervical canal. What phase of cervical dilation is it?

Answer: The latent phase of cervical dilatation.

15. What is form and degree of narrowing of the bones of the pelvis with dimensions of 25,5-27,0-30,2-20,5cm?

Answer: The normal female pelvis.

16. What is form and degree of narrowing of the bones of the pelvis with dimensions of 23-24-29-19cm?

Answer: I degree reduced pelvis.

17. What is form and degree of narrowing of the bones of the pelvis with dimensions of 25-27-29-17cm?

Answer: The simple flat pelvis second degree.

18. How do you determine the obstetric conjugate (conjugata vera) if the pelvis has the size: 23-25-27-17cm, conjugata diagonalis is 12cm?

Reply: 17 - 9 = 8cm

12 - 3 = 9cm

19. What will be the conjugata vera, if the Solovyov's index = 15cm, c. externa = 20cm?

Answer: 11cm

20. A women in active labor was admitted to the maternity hospital. The dimensions of the pelvis: 23-26-29-18cm, Solovyov's index-15cm; diagonal conjugate - 12cm. What's the form and degree of narrowing.

Answer: I degree reduced pelvis.

2. **Emergency care and intensive therapy (DIC, obstetrical and gynecological hemorrhage, apoplexy ovary, ectopic pregnancy, etc.).**

1. A woman in postpartum period has lost 400-600ml of blood. Determine the amount of infusion-transfusion therapy?

Answer: 100% crystalloids (Ringer-Locke, saline NaCl)

2. A woman in postpartum period has lost 600-750ml of blood. Determine the amount of infusion-transfusion therapy?

Answer: 1/3-colloid: fresh frozen plasma, cryoprecipitate, derived Hydroxyethyl starch (Refortan, stabizol), gelatin, dextrin and 2/3- crystalloids .

3. A woman in postpartum period has lost 750-1500ml of blood. Determine the amount of infusion-transfusion therapy?

Answer: 1 / 4 eritromassa

1/2-kolloidy: fresh frozen plasma, cryoprecipitate, derived hydroxyethyl starch (Refortan, stabizol), gelatin, dextrin.

1 / 4 kristaloidy

4. A woman in postpartum period has lost more than 1500ml of blood. Determine the amount of infusion-transfusion therapy?

Answer: 2 / 3 of whole blood

1/3-kristaloidy; Colloids: fresh frozen plasma, cryoprecipitate, derived hydroxyethyl starc (Refortan, stabizol), gelatin, dextrin.

1/3 kristaloidy.

5. At vaginal examination of a parturient (39 weeks) in the first stage of labor: there is dilation of the uterine os of 3cm and a discharge of bright red blood. a)Your diagnosis.
Answer: abruptio placenta.
b) What is the tactics of the III stage of labor?
Answer: The active-expectant
6. A puerperal in the postpartum period is diagnosed with ruptured pyosalpinx, with subsequent development of peritonitis. What form of surgical intervention is necessary?
Answer: laparotomy, hysterectomy with uterine tubes.
7. A woman, 33 years is diagnosed with ruptured pyosalpinx, with subsequent development of peritonitis. What form of surgical intervention is necessary?
Answer: laporotomiya, removing piosalpingsa.
8. A little girl who was brought to the clinic is diagnosed with 1st degree rupture of the perineum. What form of surgical intervention is necessary?
Answer: The closure of the gap under local anesthesia
9. A 23 year lady in the gynecology department was diagnosed with ovarian apoplexy, painful form. What is your approach?
Answer: The observation, the appointment of analgesics, sedatives
10. A 27 year lady in the gynecology department was diagnosed with ovarian apoplexy, anemic form. What is your approach?
Answer: Instant laporotomiya.
11. A patient, 54 in the gynecological department has been diagnosed with torsion of the right ovarian cyst. What is your approach?
Reply laporotomiya, supracervical amputation of uterus with right Adnexa.
12. A patient, 24 in the gynecological department has been diagnosed with torsion of the right ovarian cyst. What is your approach?
Answer: laporotomiya, right-sided ovariectomy.
13. During medical abortion, uterine perforation was diagnosed. What is your approach?
Answer: nizhneseredinnaya laporotomiya, revision of the abdominal cavity, closure of the perforation holes,
14. During dilation and curettage, uterine perforation was diagnosed. What is your approach?
Answer: nizhneseredinnaya laporotomiya, revision of the abdominal cavity, closure of the perforation holes.
15. A woman of reproductive age has had heavy bleeding within the last 2 weeks. What is your approach?
Answer: The need to perform surgical hemostasis by dilatation and curettage of the uterine cavity
16. A woman, 48 has had heavy bleeding within the last 2 weeks. What is your approach?
Answer: The need to perform surgical hemostasis by dilatation and curettage of the uterine cavity
17. A girl, 15 years has had heavy bleeding within the last 2 weeks. Laboratory analysis depicts

2nd degree anemia. What is your approach?
Answer: The need to perform surgical hemostasis by dilatation and curettage of the uterine cavity
18. A girl, 15 years has had heavy bleeding within the last 2 weeks. Laboratory analysis depicts 1st degree anemia. What is your approach?
Answer: The conservative tactics, including the appointment of a contract, hemostatic means.
19. An 18 year old girl was diagnosed with gonorrheal pelviperitonitis. What is your approach?
Answer: The conservative tactics, which in itself includes antibacterial terapiyu gonorrhea.
20. A patient, 44 years with uterine leiomyoma has signs of necrosis of subserous nodules. What is your approach?
Answer: laporotomiya, supracervical amputation of the uterus.

3. Obstetrics phantom (forceps, biomechanisms of delivery in different types of fetal presentations and anatomically narrow pelvis, Leopold's maneuvers etc.).

1. External obstetric examination (Leopold's maneuvers).
2. Biomechanism of delivery in occipito-anterior presentation.
3. Obstetric care occipito-anterior presentation and descent of the fetal head (hand care to protect the perineum).
4. Biomechanism of delivery in occipito-posterior presentation and descent of the fetal head.
5. Biomechanism of delivery in anterior vertex presentation and descent of the fetal head.
6. Biomechanism of delivery in brow presentation and descent of the fetal head.
7. Biomechanism of delivery in face presentation and descent of the fetal head.
8. Biomechanism of delivery in ***anthropoid*** pelvis.
9. Biomechanism of delivery in platypelloid pelvis.
10. Biomechanism of delivery in ***contracted*** pelvis.
11. Technique of outlet forceps delivery in occipito-anterior presentation.
12. Technique of outlet forceps delivery in occipito-posterior presentation.
13. Technique of cavity forceps delivery in occipito-anterior presentation, 1^{st} position.
14. Technique of cavity forceps delivery in occipito-posterior presentation, 2^{nd} position.
15. Biomechanism of delivery in pelvic presentation (frank breech).
16. Manual assistance in frank breech (incomplete) presentation using N.A. Tsovyanov's method.
17. Management of labor in leg presentation using N.A. Tsovyanov's method.
18. Classic method of manual assistance in pelvic presentation.
19. Extraction of the fetus in breech presentation (with a finger).
20. Obstetrical rotation in transverse fetal position (1^{st} anterior position).
21. Obstetrical rotation in transverse position of the fetus (2^{nd} anterior position).
22. Obstetrical rotation in transverse fetal position (1^{st} posterior position).
23. Obstetrical rotation in transverse position of the fetus (2nd posterior position).
24. Collect a set of instruments for abortion.

25. Collect a set of instruments for exploring the birth canal and demonstrate it.
26. Collect a set of instruments for postpartum uterine curettage, demonstrate it.
27. Conduct manual examination of postpartum uterus.
28. Collect a set of instruments and demonstrate the puncture of the abdominal cavity through the posterior vaginal fornix.
29. Perform pelvimetry.
30. Collect a set of instruments for fetus-destroying operation.
31. Measure the Symphysiofundal Height (SFH) and the Abdominal Girth (AG) of a pregnant woman.
32. Select the instrument for the inspection of the cervix and taking smears for hormonal colpocytology and demonstrate it.
33. Select the instrument for the inspection of the cervix and taking smears for microfloral research and demonstrate it.
34. Select the instrument for the inspection of the cervix and taking smears for atypical cells and demonstrate it.
35. Determine blood group.
36. Conduct individual blood group compatibility test.

4. The choice of surgical intervention for gynecological diseases.

Case № 1

A woman, aged 47, has come to the O & G clinic with complaints of a significant increase in the duration of menses.
Gynecologic history: 6 years ago, on routine inspection, an uterine leiomyoma, the size of a 6 weeks pregnancy was discovered. However, she didn't go for further observation or treatment. Menarche was at age 13 last for 3-4 days, occurs after 21-22 days, moderate and painless. She started her sexual life at 20 yrs. Birth-2; Abortion - 2.
Somatic history: had Botkin's disease 15 years ago.
Objective examination: examination of the internal organs revealed no pathology.
Vaginal examination: The external genitals are developed properly. Female type of hairiness. Speculum examination: her vagina corresponds to that of a multipara; mucos membrane is pink. The cervix is cylindrical with the external os slit. Mucus discharge is seen from the cervical canal. The body of the uterus is enlarged to 10 weeks of pregnancy, dense, mobile, painless. Adnexa on both sides are not palpable.
Question. What kind and extent of surgical intervention is necessary?
Answer: Fractional diagnostic curettage of the uterus. Supracervical amputation of uterus with Adnexa.

Case № 2

A woman, aged 25, visited a gynecologist in order to baseline medical examination. No complaints.
She's had no gynecological diseases. Menstruation began at age 14, lasts for 3-4 days, occurs

after 21 days. Sexual life began at age 18.
P-1 and A-2. She's had no somatic illnesses from her history. Examination of her internal organs revealed no pathology.
OBJECTIVE: The examination of external genitalia developed properly. Female type of hairiness.
Speculum examination: her vagina corresponds to that of a multipara. The cervix is cylindrical and deformed, the anterior and posterior lips with defective mucosa of 1x1.5mm. The body of the uterus is in anteflexion, anteversion, not enlarged, and painless on palpation. Adnexa of the uterus on both sides are not anatomically altered. Vaginal fornix is deep.

Question. What kind and extent of surgical intervention is necessary?

Answer: The ectropion of the cervix. Diatermoekstsiziya cervix.

Case № 3

Patient P., 51, complains of pain in the abdomen, with bloody serous foul-smelling discharge, fatigue and weight loss. The disease occurred without any real or known causes; she just began to notice serous-bloody discharge from her vagina and general fatigue. She didn't go for medical help and last visited her gynecologist 3 years ago. Then, no gynecological diseases were detected. Menopause was at 47. She's had 1 pregnancy, which resulted in delivery at term with the rupture of the cervix of the 1st degree. No pathology of the internal organs were found during the initial examination.
External genitals are developed properly, hairiness of female type. The inlet to the vagina is free. The cervix is barrel-shaped, has crater-like deepening, its density is "wood-hard", bluish-purple color. The External os is laterally displaced. Serous-bloody discharge. The uterus is pear-shaped with restricted movements. Adnexa are not palpable. Infiltration of the parametrium was palpated.
Question. What kind and extent of surgical intervention is necessary?

Answer: Cancer of the cervix. Wertheim operation.

Case № 4

Patient, V. T, 51yrs, complains of pain in the abdomen, bloody-serous foul-smelling discharge that smells like "meat slops", weight loss and weakness. The disease occurred without any real or known causes, she just began to notice serous-bloody discharge from her vagina and general fatigue. She didn't go for medical help and last visited her gynecologist 3 years ago. Then, no gynecological diseases were detected. Menopause was at 47. She's had 2 pregnancies, which resulted in normal births. No pathology of the internal organs was found during the initial examination. External genitals are developed properly, hairiness of female type. The inlet to the vagina is free. Her vagina corresponds to that of a multipara. The cervix is cylindrical, with a slit external orifice. On the posterior lip of the cervix, there is a formed tissue, 1cm in diameter that resembles a cauliflower. Serous-bloody discharge, uterus is pear-shaped, mobile, painless. Adnexa are not palpable. Parametrium and posterior fornix is normal.

Question. What kind and extent of surgical intervention is necessary?

Answer: Cancer of the cervix. Wertheim operation (chemotherapy).

Case № 5

Patient S., aged 30, complained of serous discharge from the vagina. Menstruation since age 13

years, lasts 4 days, occurs after 21 days, moderate, painless. There were 2 pregnancies: one ended in the first abortion at 10 weeks, without complications, 2 - delivery at term with the rupture of the cervix of the 1st degree. No pathology of the internal organs were found during the initial examination. External genitals are developed properly, hairiness of female type. Her vagina corresponds to that of a multipara. The cervix is cylindrical, with a slit external orifice. The cervix is deformed, with scars after injury. In the area of the anterior and posterior lips of the cervix, the mucosa is red with edema. Its surface partially covered with mucous secretions. The changes disappear if you bring together the anterior and posterior lips of the cervix. Cervical discharge: serous, moderate. The uterus is pear-shaped, in anteversio-flexio, mobile, painless. Adnexa are not palpable. The Parametrium and posterior fornix is normal.

Question. What kind and extent of surgical intervention is necessary?

Answer: The ectropion of the cervix. Diatermokonizatsiya cervix.

Case № 6

A patient, 29 years was brought in an ambulance to the hospital complaining of severe abdominal pain, vomiting; frequent urination. On examination: abdomen uniformly distended, Schotkin-Blumberg's sign-positive, pulse - 88bpm, temperature-37°C. On bimanual examination: uterine body is mobile, not increased, on the right and front, 6 x 6cm turgo-elastic mass is palpated, which is painful on palpation; adnexa on the left are not felt; mucous discharge.

Question. What kind and extent of surgical intervention is necessary?

Response. Torsion stem tumors of the ovary. Removal of the right Adnexa.

Case № 7

A patient, 57 years old was hospitalized in the gynecology department for surgical treatment of submucous uterine fibroids, I degree anemia. Vaginal examination: cervix is eroded, the body of the uterus was increased to 8-9 weeks of pregnancy, mobile, not painful, Adnexa on both sides are unchanged, mucous discharge.

Question. What kind and extent of surgical intervention is necessary?

Response. Hysterectomy with Adnexa.

Case № 8

Patient, 38 years was urgently brought in with complaints of pelvic pain radiating to the rectum, bleeding from the genitals, collapsed. Complaints appeared suddenly. Last menstruation was 2 weeks ago. Skin is pale, pulse - 102bpm, temperature-36,6°C, BP -90\60mmHg. The abdomen is tense, slightly painful in the lower abdomen, sign of irritation of the peritoneum is weak(+).

Question. What kind and extent of surgical intervention is necessary?

Response. Ovarian apoplexy. Salpingo - unilateral.

Case № 9

A patient, 57 years old visited the O and G clinic with complaints of nagging pain of the lower abdomen, general weakness, poor appetite, significant weight loss over the past four months. Menstrual function is not disturbed. On bimanual examination: cervix and uterine body showed no pathological changes. On both sides of the uterus, masses are found, limited in mobility, without clear contours, with rough surface, about the size of a fist. Discharge from the vagina – white.

Question. What kind and extent of surgical intervention is necessary?
Response. Ovarian cancer. Hysterectomy with Adnexa.

Case № 10

A patient, 23 years was urgently brought in with complaints of abdominal pain, more on the right, radiating to the rectum. It came suddenly at night. LMP - 2 weeks ago. Objective examination: skin pale; Pulse- 99 bpm, temperature-36,6°C, BP -100\60mmHg; Abdomen tense in the lower parts, sign of irritation of the peritoneum is weakly expressed.

Question. What kind and extent of surgical intervention is necessary?
Response. Ovarian apoplexy. Removal of the Adnexa.

Case № 11

A woman in the gynecology ward, complains of delay of menstruation for 2 weeks, spotting of the genitals, pain in the lower abdomen, more on the left, vomiting, weakness. In history - chronic adnexitis. On bimanual examination: the uterus is slightly increased in size, softened, Adnexa on the left are enlarged, painful on palpation. Posterior vaginal fornix overhangs. The human chorionic gonadotropin test is positive. Ultrasound: embryo was not detected in the uterus.

Question. What kind and extent of surgical intervention is necessary?
Response. Ectopic pregnancy. Removal of the left fallopian tube.

Case № 12

A patient, 29 years old complained of severe abdominal pain, vomiting. Objective examination: BP - 120/80mmHg, pulse - 108bpm. Abdomen uniformly distended, sharply painful in the lower part. Schotkin-Blumberg's symptom is positive. Vaginal examination: the body of the uterus is not enlarged, movable, painless. On the right of the uterus, a mass, 7 x 7cm, turgo-elastic consistency, sharply painful is palpated. Left adnexa are not felt.

Question. What kind and extent of surgical intervention is necessary?
Response. Torsion legs cysts right ovary. Removal of the right Adnexa.

Case № 13

A patient, 28 years old was admitted with complaints of sharp pain in the abdomen and momentary loss of consciousness. Last menstrual period was 12 days ago. Vaginal examination: the uterus is of normal shape, not painful, left adnexa slightly increased, painful on palpation. Posterior fornix overhangs, tense, sharply painful.

Question. What kind and extent of surgical intervention is necessary?
Response. Ovarian apoplexy.

Case № 14

Patient, 24 years old, complained of sharp pain in the abdomen, which occurred abruptly after physical exertion. Notes nausea, vomiting and dry mouth. In history: a cyst of the right ovary. On bimanual examination: the uterus is dense, painless, not increased. Left adnexa are set deep and not felt, the vault of the right is shortened. A sharply painful 7 x 8cm mass, round

shape, elastic consistency and with limited mobility is found on the right of the uterus. Blood analysis shows leukocytosis with a shift to the left.

Question. What kind and extent of surgical intervention is necessary?

Response. Cyst of right ovary with torsion of legs. Removal of the right Adnexa.

Case № 15

A girl, 14 year came to the doctor with complaints of pain in the lower abdomen, amenorrhea, dysuria. On examination the external genitalia is determined by the outward protrusion of the conus, there is a dark bloody discharge through the intact hymen**.**

Question. What kind and extent of surgical intervention is necessary?

Response. Hematocolpos. Vaginotomy.

Case № 16

A patient, 28 years old has had 3 months of nagging pain in the right iliac region, menstruation became prolonged and heavy. Bimanual examination in the dynamics (both before and after a month) showed the formation of mass, size 7 x 9cm, painful before menstruation and decreases slightly afterwards.

Question. What kind and extent of surgical intervention is necessary?

Response. Endometriosis. Resection of the ovary.

Case № 17

A patient, 36 years old, was brought in an ambulance to the gynecology department. Complaints: sharp abdominal pain, chills, fever up to 38-39°C, general weakness, malaise, headache. She considers herself ill for the past 6 years, since she had a miscarriage, after which she developed an acute inflammation of the uterus. Adnexitis occured every year. On bimanual examination, the body of the uterus was found to be of normal size, slightly shifted to the right, limited mobility, tender. The adnexa on the right is not palpated. On the left and slightly posterior to the uterus a mass is palpated, limited in mobility, sharply painful, thick consistency, with few soft areas. Posterior fornix is prolapsed.

Question: What kind and extent of surgical intervention is necessary?

Response. Sinistral piosalpinks. Removal of the left fallopian tube.

Case № 18

A patient, 43 years, complains of post-contact bleeding for 6 months. Bimanual examination: cervix is increased in size, limited in mobility. Speculum examination: the cervix as a "cauliflower". Schiller's test- is positive.

Question. What kind and extent of surgical intervention is necessary?

Response. Cervical cancer. Wertheim operation.

Case № 19

A woman, 32 in the O & G clinic complains of heavy menses for 6 months, pulling pains in the abdomen, weakness. Gynecological examination: the body of the uterus is enlarged to 11-12 weeks of pregnancy, mobile, painless. In the blood: Hb - 90g/l.

Question. What kind and extent of surgical intervention is necessary?

Response. Uterine fibroids, bleeding anemia. Supracervical amputation of the uterus without Adnexa.

Case № 20

Patient, 23 years was brought in urgently, complains of pain in the abdomen, more on the right down into the rectum. The symptoms suddenly emerged at night. LMP was 2 weeks ago. Objective examination: skin pale. Pulse - 99bpm., temperature-36.6^{0}C, BP-100\60mmHg. Abdomen tense in the lower parts, the symptoms of irritation of the peritoneum are slightly positive.

Question. What kind and extent of surgical intervention is necessary?

Response. Ovarian apoplexy. Removal of the Adnexa.

5. Defining tactics of childbirth and methods of delivery in different types of obstetric pathology.

1. A 24 year old lady had uterine bleeding 4 days after delivery, which amounted to 400ml. Overall condition is deteriorating: body temperature 36.7^{0}C, pulse -98 bpm, BP - 90/60mmHg. The uterus is painful at the navel. On vaginal examination: cervix is dilated to 4cm. A soft tissue with thick blood is felt behind the internal os. What should be the doctor's further management?
Answer: The diagnosis - post-partum uterine bleeding caused by the remnants of the placenta. Displaying: 1) scraping the uterine cavity, 2) infusion-transfusion therapy.
2. Multipara, 30 years, in 38 weeks of pregnancy; transverse lie of the fetus; Fetal heartbeat 140bpm. The first pregnancy ended in caesarean section. What is the most correct tactics of the doctor?
Answer: The cross-fetal position. Shown elective caesarean section.
3. Patient, 26 years old, 20 weeks gestation; urinanalysis revealed glucose (1.5% of 2L diuresis). Blood glucose: fasting sugar - 5,2mmol/L, 2 hours after load of 75g, glucose - 6.2mmol/liter. What is the most probable cause of glucosuria?
Answer: The most possible cause of glycosuria - glycosuria of pregnancy. "
4. A multipara, 24, gestation age of 18-19 weeks came into the maternity ward, in connection with isthmic-cervical insufficiency which was diagnosed during ultrasound examination. In history: 2 unauthorized abortions at 12 and 17 weeks. On vaginal examination: cervix is shortened to 1.5cm, cervical canal of a finger's width. Amniotic membrane intact. Uterus is enlarged to 18 weeks of pregnancy. Speculum examination - the cervix is without pathological features. What should be the doctor's further management?

Answer: The diagnosis - SHN. Displaying the imposition of a circular suture on the cervix.
5. Pregnant, 42 years at the 40-41 week of pregnancy was brought to the maternity unit: rupture of membranes 28 hours. No labor activity. Body temperature is normal. A history of infertility for 20 years. At vaginal examination, the cervix is shortened to 1.5cm, softened, dilation of the os to 2cm. No amniotic membranes. Fetal head high above the inlet to the pelvis. Fetal heartbeat 140bpm. What should be the doctor's further management?
Answer: It is shown cesarean delivery with a temporary isolation of the abdominal cavity. Drainage of the uterus, drainage of the abdominal cavity.
6. Parturient woman, 22 years old. Primipara. Active labor, with contractions. Fetal head is pressed against the inlet of the pelvis. Fetal heart is clear, rhythmic, 130bpm. Amniotic membrane ruptured 1 hour ago, Vasten's sign -positive. Body temperature - 36.8^0C, pulse rate - 80bpm. On vaginal examination: full dilation of uterine os. What should be the doctor's further management?
Answer: The diagnosis - a clinically narrow pelvis. Cesarean delivery.
7. Immediately after birth, the fetus has begun a moderate bleeding, blood loss exceeded physiological. No signs of separation of the placenta. What should be the doctor's further management?
Answer: Hand separation of placenta.
8. A parturient woman, behaving restlessly was brought to the clinic. Contractions follow one another without interruption. A Contraction ring is seen at the level of the umbilicus. Fetal heart rate -170bpm. Internal gynecological examination: dilation of the cervix is complete. The head with edema is pressed against the inlet of the pelvis. What is the diagnosis and method of delivery?
Answer: Clinically narrow pelvis. The threat of uterine rupture. Urgent cesarean delivery.
9. A parturient woman, behaving restlessly was brought to the clinic. Contractions follow one another without interruption. A Contraction ring is seen at the level of the umbilicus. Fetal heart is not heard. Internal gynecological examination: dilation of the cervix is complete, head pressed against the inlet of the pelvic cavity. Your diagnosis and what to do?
Answer: Clinically narrow pelvis. The threat of uterine rupture. Antenatal fetal death. Shows a craniotomy.
10. A parturient woman, 23 years old, with a simple flat pelvis, the constriction of the 1st degree, is in the 1st period of urgent delivery. Transverse fetal position, fetal head to the left. On internal examination: cervix flattened, cervix dilation of 8cm, no amniotic membrane, presenting part is missing, for the internal pharynx units of umbilical cord. Diagnosis? What should I do?
Answer: The diagnosis - the first term delivery. Lateral position of the fetus, umbilical cord prolapse of loops. Displaying an urgent cesarean delivery.
11. Pregnant woman, 28 years old, came to the emergency department of the maternity clinic with complaints of significant bleeding of bright color from the vagina at 33 weeks gestation. She was hospitalized. What additional tests should be done? What further management might have to be done in the department of pathology of pregnancy?

Answer: Pregnancy 33 weeks, the first one. Suspected placenta previa. To conduct an ultrasound. Hospitalized. In the absence of bleeding - 38 weeks - repeat ultrasound. When placenta previa - cesarean delivery.

12. A parturient woman, aged 25, on day 4 after cesarean section due to cord prolapse, complained of general weakness, fever up to 39^0C, fever, abdominal distention, delayed gas and bowel movements. She's pale, pulse - 120 bpm, soft. Abdomen swollen and painful all over, Schotkin's sign is positive. The fundus of the uterus at the level of the navel, the uterus is painful, paste-like consistency. Purulent vaginal discharge. Your diagnosis and what to do?

Answer: The diagnosis - obstetrical peritonitis. Relaparotomy, estirpatsiya uterus and fallopian tubes. Transnasal intubation of the small intestine. Drainage of the abdominal cavity.

13. Pregnant, 34 years has come to the maternity hospital. 3rd pregnancy, full-term, Births- 2; second stage. Amniotic fluid was released 2 hours after the onset of labor. Vaginal examination found transverse lie of the fetus and a hanging hand. Fetal heart is not heard. What should be the doctor's further management?

Answer: Pregnancy III. A running cross-fetal position. Shown embryotomy.

14. A parturient woman, 24 years, 1st delivery, full term, first period. Height-153cm, dimensions of the pelvis: 24-26-28-17. Index Solovyov - 16.5cm, weight of the fetus - 4000. Fetal heart is clear, rhythmic - 145bpm. Internal examination: cervix smooth, dilation of the cervix - 5cm, diagonal conjugate – 9cm. What should be the doctor's further management?

Answer: The diagnosis - Genera I. Large fruit. Anatomical narrowing of the pelvis second degree. Clinically narrow pelvis. Cesarean delivery.

15. A pregnant woman, 35-36 weeks is brought in an ambulance with regular contractions. Longitudinal lie of the fetus with head pressed against the inlet of the pelvis. Expected fetal weight 3400 ± 200g. Fetal heart is clear, rhythmic, 140bpm. Tests revealed blood sugar of 14.5mmol/l. Vaginal examination: cervix shortened to 1.5cm, 1 finger passing through the cervical canal. Amniotic membrane intact. What should be the doctor's further management?

Answer: The diagnosis - 35-36 weeks. Start the I-th stage of labor. Diabetes. 1) Conduct a tocolytic therapy. 2) In conjunction with an endocrinologist to correct the blood glucose level. 3) To prevent RDS fetus.

16. Primipara. The dimensions of the pelvis: 25-28-31-20. Active labor. Discharge of clear amniotic fluid. Head pressed against the inlet of the pelvis. Vasten's sign- positive. Dilation of the cervix is complete. Fetal weight-4500g. Promontory is reached. Fetal heart is clear, rhythmic, 136bpm. Diagnosis? What further management of labor is necessary?

Answer: The diagnosis - a clinically narrow pelvis. Cesarean delivery.

17. Primipara. Active labor. The dimensions of the pelvis: 26-26-30-17cm. Expected fetal weight -3900g. Head pressed against the inlet of the pelvis. Light-coloured water is released. Vasten's sign- positive. Your diagnosis? What would you do?

Answer: The diagnosis - an anatomically and clinically narrow pelvis. Cesarean delivery.

18. Primipara. The dimensions of the pelvis: 23-26-29-17cm. Solovyov's index- 16cm, cervical dilatation- 7cm, amniotic membrane intact. Small segment of the fetal head in the inlet to the

pelvis. Promontory is reached. Diagonal conjugate - 10cm, fetal weight-4000g. Diagnosis? What further management should be carried out by the doctor?
Answer: The diagnosis - a clinically and anatomically narrow pelvis. End of I-th stage of labor. Cesarean delivery.
19. A parturient woman, 23 years old was brought to an obstetric hospital with complaints of bleeding from the genital tract, which appeared with the beginning of a regular family activity. Gestational age-38 weeks. Regular contractions for 30-35 seconds, every 3-4 mins. Fetal heartbeat-162bpm. Internal obstetric examination: cervix softened, smooth, the cervical canal is open for 2,5cm, amniotic membrane intact. Head is felt near the margin of the placenta. After amniotomy, bleeding increased and is about 350ml. What should be the doctor's further management?
Answer: The diagnosis - 38 weeks of pregnancy. 1st stage of labor. Marginal placenta previa. Amniotomy. Bleeding increased. Births by Caesarean section to finish.
20. 15 minutes after normal delivery, vaginal bleeding appeared. Blood loss was 350ml. There are no signs of separation of the placenta. What should be done?
Answer: Postpartum hemorrhage. Illustrated manual separation and removal of the placenta.

2.2 Assessment of laboratory and instrumental studies of women in obstetrics and gynecology (two laboratory results, and one instrumental)

Case № 1

Clinical blood test:

Hb - 106g/l; RBC - 3,12 x 10^{12}/l; WBC – 11.8 x 10^{9}/l, ESR - 20mm/hr;
Leukocyte Formula - stab-10, s - 64, M-3, E -1, L - 22.

Clinical urinalysis.

Quantity – 100ml, transparency - cloudy; specific gravity – 1.022g/ml;
protein - 0; leukocytes - 25-30/High power field;
epithelium: Flat - 3-5/high power field;
Transitional - 2-3/high power field.

Hysterogram: Zakalyuzhnaya TS (1 minute).

Response to the Case № 1

Analysis of blood Clinical: An analysis of blood marked reduction in hemoglobin and red blood cells - anemia, mild; leukocytosis with a shift to the left of leukocyte formula, erythrocyte

sedimentation rate acceleration - an acute inflammatory process in inflammatory processes of the pelvic organs.

Urinalysis Clinical: Speaking of the inflammatory process of the urinary system - with pyelonephritis.
Hysterogram: uterine cavity triangular in shape, smooth contours. Right oviduct contrasted only in the proximal peresheechnoy system. The left tube twisted into ampullar parts expanded (hydrosalpinx). Free contrast agent in the abdomen is missing - pelvic adhesions (chronic inflammation), possibly right uterine tube absent.

Case № 2

Clinical blood Analysis:

Hb - 106g/l, RBC - 3,12 x 10^{12}/l; WBC – 10.8 x 10^{9}/l, ESR - 20mm/hr;
Leukocyte Formula - stab-10, s - 64, M-3, E -1, L - 22

Analysis of smear:

I - leukocytes - 15-20/High power field
II - leukocytes - 30-35/High power field
III - leukocytes - 1 / 2 - 3 / 4/High power field
mucus - a significant amount
flora - Rod shaped found, Trichomonas, Gonococcus - no.

Cardiotocogram. № 1

Response to the Case № 2

A blood test Clinical.: In the analysis of blood marked reduction in hemoglobin and red blood cells - anemia is mild, leukocytosis with a shift to the left of leukocyte formula, erythrocyte sedimentation rate acceleration - an acute inflammatory process characteristic of inflammatory pelvic organs.

Analysis of the precipitates on the microflora: celebrated increase in the number of leukocytes in the urethra, vagina and cervical canal were found trichomonads - trichomonazice acute urethritis, coleitis, endocervicitis.

Cardiotocogram: notes on kordiotokogramme moderate fetal tachycardia - heart rate from 130 to 168 beats per 1 minute, the amplitude of the SS undulyuyuschaya. Marked aktseleratsii arising from fetal movements, birth has been no activity - well-being of the fetus.

Case № 3

Clinical blood Analysis:

Hb - 86g/l, RBC – 2.62 x 10^{12}/l; WBC – 10.8 x 10^{9}/l, ESR - 26mm/hr;
Leukocyte Formula - stab-10, s - 64, M-3, E -1, L - 22.

Clinical urinalysis:

Quantity - 100ml; muddy; specific gravity – 1.022g/ml; color - yellow, protein - 0; leukocytes - 45-50/High power field; erythrocytes (dark)- 3-5/High power field; epithelium flat - 3-5/high power field; Transitional - 2-3/high power field.

Hysterogram: Zakalyuzhna TS (7 minutes).

Response **Case №** 3

Analysis of blood Clinical: An analysis of blood is decreasing level of hemoglobin and red blood cells - anemia of moderate severity, leukocytosis with a shift to the left of leukocyte formula, the acceleration of ESR - acute inflammation - analysis characteristic of acute inflammation of pelvic organs and gemorragichnom syndrome.

Urinalysis Clinical: Speaking of the inflammatory process of the urinary system - pyelonephritis. Hysterogram: uterine cavity triangular in shape, smooth contours. Right oviduct contrasted only in the proximal peresheechnoy system. The left tube twisted into ampullar part, expanded in some places the contours of gear. Free contrast agent in abdominal vacuum is determined by the left - pelvic adhesions (chronic inflammation), possibly right uterine tube absent.

Case № 4

Clinical blood Analysis:
Hb - 112g/l, RBC – 3.22 x 10^{12}/l; Colour index - 0,9 WBC – 11.8 x 10^{9}/l, ESR - 26mm/hr;
Leukocyte Formula - metamyelocytes -1, neutrophils: Stab – 11, segments - 62; monocyte-3; eosin -1; lymph - 22.
Platelets - 160 x 10^{9}/l
Clinical urinalysis:
Quantity - 100ml, cloudy, specific gravity – 1.022g/ml, color - yellow, protein - 0; leukocytes - 45-50/High power field, red blood cells – changed to3-5/High power field; epithelium: Flat - 3-5/high power field; transitional - 2-3/high power field .

Cardiotocogram number 2

Response **Case №** 4

Analysis of blood Clinical: marked changes in the three germs of blood formation: reduction of hemoglobin, red blood cells, platelets, leukocytosis with left shift metamyelocytes, the appearance of toxic granulation of neutrophils - in septic processes.

Urinalysis Clinical: increased number of leukocytes, the appearance of modified erythrocytes indicates inflammation - acute pyelonephritis.

Cardiotocogram: notes on kardiotokogramme normokardiya fetus - heart rate from 130 to 160 beats per 1 minute, the amplitude of the SS undulyuyuschaya are recorded single short detseleratsiya which occurred during fetal movements, birth has been no activity, the uterus in hypertonicity - well-being of the fetus.

Case № 5

Clinical blood Analysis:

Hb - 106g/l, RBC - 3,12 x 10^{12}/l; WBC – 9.8 x 10^{9}/l, ESR - 20mm/hr;
Leukocyte Formula - stab -10, s - 64, M-3, E -1, L - 22.

Biochemical analysis of blood.

Total Protein - 58.7g/l
Total bilirubin - 15.2µmol/l
Direct bilirubin - 0µmol/l
Indirect bilirubin - 15.2 µmol/l
Thymol test - 3,2 units.
ASAT - 0.62µmol/l
ALAT - 0.85µmol/l
Urea - 10.2mmol/l
Creatinine - 140µmol/l
Rest - N - 30mmol/l

Hysterogram: Mushtay S.O (1 minute).

Response to the Case № 5

Analysis of blood Clinical: An analysis of blood is decreasing level of hemoglobin and red blood cells - anemia is mild, leukocytosis with a shift to the left of leukocyte formula, the acceleration of SOE - acute inflammation of pelvic organs.

Biochemical analysis of blood: reducing the total amount of protein, increase the amount of urea, creatinine, and the rest - N - kidney failure.

Hysterogram: uterine cavity triangular in shape - a small amount of contrast fluid is determined by the contours of the uterus. Oviducts contrast, are twisted in ampullar part. The left Fallopian tube slightly expanded in the ampullar part. Free contrast fluid in the abdominal cavity is defined by both sides - the remnants of the inflammatory process pelvis.

Case № 6

Clinical urinalysis:

Quantity -100ml, transparent, specific gravity – 1.024g/ml; color - pale yellow, protein - 0; leukocytes - 1-3/high power field; fresh red blood cells - 0; epithelium: Flat - 1-3 /high power field , transitional - 0 - 1/High power field.

Biochemical analysis of blood:

Total Protein - 56.7g/l
Total bilirubin - 15.2µmol/l
Direct bilirubin - 0µmol/l
Indirect bilirubin - 15.2µmol/l
Thymol test - 3,2 units.
ASAT - 0.62µmol/l
ALAT - 0.85µmol/l
Urea - 12.2mmol/l
Creatinine - 160µmol/l
Rest - N - 36mmol/l
Uric acid - 506µmol/l

Cardiotocogram number 3.

Response **Case №** 6

Urinalysis Clinical: Indicators correspond to the norm

Biochemical analysis of blood: reducing the total amount of protein, increase the amount of urea, creatinine, uric acid and the rest - N - acute renal failure - characterized by a large uncompensated blood loss.

Kardiotokogramme: Kardiotokgrafiyu recorded for 30 minutes. At this interval kardiotokogrammy notes normokardiya fetal heart rate from 120 to 150 bpm for 1 minute, marked single spontaneous aktseleratsii and a single short detseleratsiya which arose on the motion of the fetus, the uterus is excited, family activities available - a physiological full-term pregnancy, the fetus is not broken .

Case № 7

Analysis of smear:

I - leukocytes - 1-2/high power field
II - leukocytes - 3-5/high power field
III - leukocytes - 7-10/high power field
mucus - a small amount
flora – Rod shaped, Trichomonas, Gonococcus - no

Zimnitsky's test:
I portion - 240ml -1.004g/ml
II portion - 220ml – 1.006g/ml
III portion - 280ml – 1.008g/ml
IV portion - 260ml – 1.006g/ml
V portion - 120ml – 1.010g/ml
VI portion - 200ml – 1.012g/ml
VII portion - 80ml – 1.014g/ml
VIII portion - 100ml – 1.008g/ml

Hysterogram: Mushtay SO (7 minutes).

Response **Case №** 7

Analysis of the precipitates on the microflora: the norm

Sample Zimnitsky: daily urine output of 2 / 3, and night - 1 / 3 of the daily urine output, which corresponds to the norm, the relative density of urine is 1004 - 1014 - gipostenuriya. This result is typical of chronic pyelonephritis.

Hysterogram: uterine cavity is not contrasted, due to the absence of the contrast medium. Oviducts contrast, twists in the ampullar part. The left Fallopian tube slightly expanded in the ampullar part. Free contrast agent in the peritoneal cavity is determined, on both sides of the remnants of chronic vospalitelbnogo of the fallopian tubes.

Case № 8

Analysis of smear:

I - leukocytes - 1-2/high power field
II - leukocytes - 3-5/high power field
III - WBC - 3-5/high power field
mucus - a significant amount
flora - coccus, Trichomonas, Gonococcus - no, clue cells - 45%

Blood coagulation and fibrinolysis test:
Clotting time - 6 min.
Bleeding time - 3 minutes.
Recalcification time of plasma - 80sec.
Prothrombin index - 90%
Fibrinogen - 3g/l

Cardiotocogram № 4

Response to the Case № 8

Analysis of the precipitates on the microflora: leukocytes is not increased, coccal flora and the presence of clue cells indicate bacterial vaginosis.

Of blood coagulation and fibrinolysis: all indicators within normal limits.

Cardiotocogram: notes on kardiotokogramme normokardiya fetus - heart rate from 120 to 148 beats per 1 minute, the amplitude of the SS undulyuyuschaya, low amplitude ostsilyatsy, family activities available - well-being of the fetus.

Case № 9

Analysis of smear:

I - leukocytes - 1-2/high power field
II - leukocytes - 10-15/High power field
III - leukocytes - 35-40/High power field
mucus - a significant amount
flora - Mixed (Rod, coccus) Trichomonas, Gonococcus -no

Clinical blood Analysis:

Hb - 108g/l, RBC - 3,12 x 10^{12}/l; WBC – 12.8 x 10^{9}/l, ESR - 20mm/hr;
Leukocyte Formula - stab -10, s - 64, M-3, E -1, L - 22.

Hysterogram: Mikhailenko, EV (1 minute).

Response to the Case № 9

Analysis of the precipitates on the microflora: in the III is - increasing the number of leukocytes, mucus, mixed flora - nonspecific coleitis.

Analysis of blood Clinical: An analysis of blood is decreasing level of hemoglobin and red blood cells - anemia is mild, leukocytosis with a shift to the left of leukocyte formula, erythrocyte sedimentation rate increase - an acute inflammation of pelvic organs.

Hysterogram: uterine cavity triangular in shape, the contours a little rough. The right oviduct is not contrasted. The left oviduct contrasted throughout, slightly expanded in ampullar part. Free contrast agent in the peritoneal cavity is not defined on both sides - adhesions of pelvic organs, endometrial polyp, infertility, tubal-peritoneal origin (perhaps the lack of the right tube).

Case № 10

Analysis of smear:

I - leukocytes - 1-2/high power field
II - leukocytes - 10-15/High power field
III - leukocytes - 35-40/High power field
mucus - a significant amount
flora - Mixed (Rod, coccus), Trichomonas, Gonococcus -no

Hormone colpocytology of a non-pregnant:
Parabasal cells - isolated in a preparation
Intermediate cells - 81%
Surface cells - 19%
Karyopycnotic Index - 16%; Eosinophilic Index - 11%

Cardiotocogram № 5

Response to the Case № 10

Analysis of the precipitates on the microflora: in the III is - increasing the number of leukocytes, mucus, mixed flora - nonspecific coleitis.
Kolpotsitologiya: kolpotsitologicheskie indicators in the normal menstrual cycle in the early folikulinovoy phase of the menstrual cycle.

Cardiotocogram. Cardiotocography recorded during 30 minutes. At this interval kardiotokogrammy notes normokardiya fetus - heart rate from 120 to 150 beats per 1 minute, the amplitude of the SS undulyuyuschaya, marked periodic aktseleratsii for toning the uterus there was a movement of the fetus, and spontaneous short detseleratsiya that shows a possible intrauterine hypoxia. Kin no activity.

Case № 11

Analysis of smear:

I - leukocytes - 15-20/High power field
II - leukocytes - 30-35/High power field
III - leukocytes - 1/2 – 3/ 4/High power field
mucus - a significant amount
flora – coccal; large number, diplococci-singles, Trichomonas - no

Clinical urinalysis:
Quantity - 100ml, muddy; specific gravity – 1.022g/ml; protein - 0; leukocytes - 45-50/high

power field, fresh red blood cells- 3-5/high power field; epithelium: Flat - 3-5/high power field, transitional - 1 - 3/high power field .

Hysterogram: Mikhailenko, EV (7 minutes).

Response to the Case № 11

Analysis of the precipitates on the microflora: an analysis of characteristic of gonorrhea obesity, endocervicitis and urethritis.
Urinalysis Clinical: marked increase in the number of leukocytes, the emergence of fresh red blood cells, which talks about acute cystitis.
Hysterogram: uterine cavity triangular in shape, the contours a little rough. The right oviduct is not contrasted. The left oviduct contrasted throughout, slightly expanded in the ampullar part. Free contrast agent in the peritoneal cavity is defined by the left - the adhesions of pelvic organs, endometrial polyp, the left Fallopian tube was changed (maybe the lack of the right tube).

Case № 12

Hormone colpocytology of a non-pregnant
Parabasal cells - 0%
Intermediate cells - 16%
Surface cells - 84%
Karyopycnotic Index - 81%; Eosinophilic Index - 76%
Pupil symptom - +++.

Biochemical analysis of blood:
pH - 7.26
Total Protein - 68.7g/l
Total bilirubin - 18.2µmol/l
Direct bilirubin - 0µmol/l
Indirect bilirubin - 18.2µmol/l
Glucose - 2.9mmol/l
Thymol test - 3,2 units.
ASAT - 0.62µmol/l
ALAT - 0.85µmol/l
Urea - 6,2mmol/l
Creatinine - 60µmol/l
Na - 100mmol/l

K - 4,6mmol/l

Hysterogram: Merkulova AA (1 minute).

Response **Case №** 12

Hormone kolpotsitologiya: kolpotsitologicheskie indicators in a normal menstrual cycle, during ovulation.

Biochemical analysis of blood: reducing the level of sodium, glucose, blood pH, increased potassium levels - salt loss syndrome - characterized by severe toxicity of the first half of pregnancy.

Hysterogram: Uterus sharply in the bend, the uterus of a triangular shape, the contours are smooth. Oviducts contrast, twists and greatly expanded in the ampullar part - hydrosalpinx. Free contrast agent in the peritoneal cavity is defined by both sides - the fallopian tubes changed as a result of chronic inflammatory process.

Case № 13

Hormone colpocytology of a non-pregnant on day 8 of the 28-day menstrual cycle:
Parabasal cells - isolated in a preparation
Intermediate cells - 81%
Surface cells - 19%
Karyopycnotic Index - 16%; Eosinophilic Index - 11%

Biochemical analysis of blood:

pH - 7.38
Total Protein - 68.7g/l
Total bilirubin - 18.2µmol/l
Direct bilirubin - 0 µmol/l
Indirect bilirubin - 18.2µmol/l
Glucose - 3.9mmol/l
Thymol test - 3,2 units.
ASAT - 0.62µmol/l
ALAT - 0.85µmol/l
Urea - 12.2mmol/l
Creatinine - 140µmol/l
Na - 100mmol/l
K - 2,6mmol/l
Chloride - 75mmol/l

Hysterogram: Antsibor NV (1 minute).

Response **Case №** 13

Hormone kolpotsitologiya: kolpotsitologicheskie indicators in a normal menstrual cycle in the early folikulinovoy phase of the menstrual cycle.

Biochemical analysis of blood: reducing the level of potassium, sodium, chloride, increased creatinine and urea - dehydration on soledefitsitnomu type - characterized by a severe form of toxicosis of the first half of pregnancy.

Hysterogram: uterine cavity triangular in shape, smooth contours. Oviducts contrast throughout, twisted. The right Fallopian tube tightened up. Free contrast agent in the peritoneal cavity is defined on both sides of the right fallopian tube in a limited number - the result of chronic inflammation in the fallopian tubes, the passage of the right fallopian tube violated.

Case № 14

Hormone colpocytology of a non-pregnant of a woman in the 28-day menstrual cycle.
Parabasal cells - none
Intermediate cells - 61%
Surface cells - 39%
Karyopycnotic Index - 30%; Eosinophilic Index - 25%

Biochemical analysis of blood:

pH - 7.38
Total Protein - 72.7g/l
Total bilirubin - 18.2µmol/l
Direct bilirubin - 0µmol/l
Indirect bilirubin - 18.2 µmol/l
Glucose - 3.9mmol/l
Thymol test - 3,2 units.
ASAT - 0.62µmol/l
ALAT - 0.85µmol/l
Urea - 6,2mmol/l
Creatinine - 80µmol/l
Na - 135mmol/l
K - 4,6mmol/l
Chloride - 105mmol/l

Hysterogram: Musiyenko SI (1 minute).

Response **Case №** 14

Kolpotsitologiya: kolpotsitologicheskie indicators in the normal menstrual cycle in the early luteal phase of the menstrual cycle.

Biochemical analysis of blood: - All figures correspond to the norm.

Hysterogram: the uterus of a triangular shape, the contours are smooth. The left oviduct is not contrasted. The right Fallopian tube torsion in the proximal portion of notes fragmented picture. Free contrast agent in the peritoneal cavity is defined by the right - missing left oviduct, the remnants of the inflammatory process in the right tube.

Case № 15

Tests of the cervical mucus and the cervical index in the 28-day menstrual cycle:
Fern symptom - +
Pupil symptom- +
Mucus stretch symptom- 6cm
Quantity of mucus - little

Clinical urinalysis:
Quantity -100ml, transparency - cloudy, specific gravity – 1.022g/ml, color - dark yellow, protein- 0,33g/l, white blood cells - 45-50/ High power field, red blood cells; change - 15-20/High power field; epithelium: a flat - 3-5/high power field; transitional - 1-3/high power field, hyaline cylinders - 7-9/high power field.

Hysterogram: Musiyenko SI (7 minutes).

Response to the Case № 15

Tests of the cervical mucus and cervical index: An early phase folikulinovaya normal 28-day menstrual cycle (4-9 days).

Urinalysis Clinical.: Cloudy urine, proteinuria, red blood cell changes in large numbers, many leukocytes, cylindruria - acute nephritis with impaired renal function.

Hysterogram:
The uterus of a triangular shape, the contours are smooth. The left oviduct is not kontrastovana. The right Fallopian tube torsion in the proximal portion of notes fragmented picture. Free contrast agent in the peritoneal cavity is defined by the right - missing left oviduct, the remnants of the inflammatory process in the right tube.

Case № 16

Hormone colpocytology of a non-pregnant woman on the 14-15th day of a 28-day menstrual cycle:
Parabasal cells - isolated in a preparation
Intermediate cells - 62%
Surface cells - 36%
Karyopycnotic index - 32%; Eosinophilic Index - 26%
Pupil symptom- +.

Biochemical analysis of blood:

pH - 7.38
Total Protein - 62.7g/l
albumin - 48%
globulins - 52%
Total bilirubin - 18.2µmol/l
Direct bilirubin - 0µmol/l
Indirect bilirubin - 18.2 µmol/l
Glucose - 3.9mmol/l
Thymol test - 3,2 units.
ASAT - 0.62µmol/l
ALAT - 0.85µmol/l

Cardiotocogram № 7

Response **Case №** 16

Kolpotsitologiya: the presence of parabasal cells, a large number of intermediate cells, the low number of surface cells and a small pupil talks about the phenomenon of anovulatory menstrual cycles.

Biochemical analysis of blood: - reduction of total protein, globulin fraction dominates albumin - hypoproteinemia and dysproteinemia - characteristic of gestosis II half of pregnancy.

Cardiotocogram. Cardiotocography recorded during 30 minutes. At this interval kordiotokogrammy notes normokardiya fetus - heart rate from 130 to 140 beats per 1 minute, the amplitude of the SS slightly flattened, marked periodic spontaneous detseleratsii low amplitude, periodic spontaneous aktseleratsii, the queen of hypertonicity, which corresponds to the normal flow of full-term pregnancy.

Case № 17

Hormone colpocytology of a non-pregnant woman with a 28-day menstrual cycle**.**
Fern symptom - + +
Pupil symptom- + +
Mucus stretch symptom - 9cm

Clinical Urinalysis:

Quantity – 100ml, transparency - cloudy, specific gravity – 1.036g/ml, color - "meat slops", protein - 0,33g/l, WBC - 1-3/high power field, red blood cells (dark)- 30-40/High power field, flat epithelium - 3-5 /high power field, transitional - 1-3/high power field, hyaline cylinders - 7-9/high power field.

Hysterogram: Lisnyak AN (1 minute).

Response **Case №** 17

Tests of the cervical mucus and cervical index: late folikulinovaya phase of normal 28-day menstrual cycle (10-13 days).

Urinalysis Clinical.: Increase the proportion of urine color "meat slops", proteinuria, hematuria, cylindruria - these changes are characteristic of acute nephritis.

Hysterogram:
The emptiness of the uterus of a triangular shape, the contours of the cavity a little rough. Fallopian tubes on both sides contrast, extended and twisted in the ampullar part. Free contrast agent in abdominal vacuum is not defined - infertility tubal-peritoneal origin, possibly endometrial polyp, and leiomyoma of the uterus.

Case № 18

Hormone colpocytology of a non-pregnant woman with a 28-day menstrual cycle*:*
Fern symptom **- + + +**
Pupil symptom- + + +
Mucus stretch symptom- 18cm
Mucus - a large quantity

Clinical blood Analysis:
Hb - 108g/l, RBC - 3,12 x 10^{12}/l; WBC – 10.8 x 10^{9}/l, ESR - 20mm/hr;
Leukocyte Formula - stab -10, s - 64, M-3, E -1, L - 22

Hysterogram: Lisnyak AN (7 minutes).

Response to the Case № 18

Tests of the cervical mucus and cervical index: ovulation phase of the normal 28-day menstrual cycle (14-15 days).

Analysis of blood Clinical: An analysis of blood is decreasing level of hemoglobin and red blood cells - anemia is mild, leukocytosis with a shift to the left of leukocyte formula, erythrocyte sedimentation rate increase - an acute inflammation of pelvic organs.

Hysterogram:
The emptiness of the uterus of a triangular shape, the contours of the cavity a little rough. Fallopian tubes on both sides contrast, extended and mangled in the ampullar part. Free contrast agent in the peritoneal cavity is defined by both sides.

Case № 19

Hormone colpocytology of a non-pregnant woman with a 28-day menstrual cycle*:*
Fern symptom - -
Pupil symptom- +
Mucus sttretch symptom- 8cm
Mucus - a small amount

Analysis of smear:

I - leukocytes - 1-2/high power field
II - leukocytes - 3-5/high power field
III - leukocytes - 15-20/High power field
mucus - a small amount
flora – Rod-shaped, Trichomonas, Gonococcus - no

Hysterogram: Filatov SY (1 minute).

Response **Case №** 19
Tests of the cervical mucus and cervical index: early luteal phase of the normal 28-day menstrual cycle (16-20 days).

Analysis of the precipitates on the microflora - the standards.

Hysterogram:
The uterus of a triangular shape, the contours of the cavity a little rough. The right oviduct is not contrasted. The left oviduct contrasted throughout, twisted, enlarged in the ampullar section. Free contrast agent in the peritoneal cavity is defined by the right.

Case № 20

Hormone colpocytology of a non-pregnant woman with a 28-day menstrual cycle*:*
Fern symptom - -
Pupil symptom- +
Mucus stretch symptom- 6cm
Mucus - small

Analysis of smear:

I - leukocytes - 1-2/high power field
II - leukocytes - 30-35/High power field

III - leukocytes - 45-50/High power field
mucus - a significant amount
flora - Rod-shaped, Trichomonas, Gonococcus – no; yeast found.

Hysterogram: Filatov SY (7 minutes).

Response to the Case № 20

Tests of the cervical mucus and cervical index: late luteal phase of normal 28-day menstrual cycle (21-27 days).

Analysis of the precipitates on the microflora - vaginal and cervical mucus increased white blood cell count, a lot of mucus found yeast - yeast endocervicitis and coleitis.

Hysterogram:
The uterus of a triangular shape, the contours of the cavity a little rough. The right oviduct is not contrasted. The left oviduct contrasted throughout, twisted, expanded in the ampullar section. Free contrast agent in the peritoneal cavity is defined by the right in large numbers.