?
À 52-year-old woman suffering from obesity, complains of bloody discharges from sexual paths during 4 days. Last normal menses were 2 years ago. Histological investigation of biopsy of the endometrium has revealed adenomatous hyperplasia. What reason from the mentioned below caused the development of disease?
+ Excessive transformation of preandrogens from adipose tissues
- Hypersecretion of estrogens by tissues of the organism.
- Poor aromatization of preandrogens due to hypothyroidism
- The increased contents of follicle-stimulating hormone
- Supersecretion of androgens by the cortex of paranephroses.
?
À 40-year-old woman complains of colic pains in the lower part of abdomen and abundant bloody discharges from genital tract. Last 2 years she had menses for 15-16 days, abundant, with clots, painful. Had 2 medical abortions. In bimanual investigation: from the canal of the cervix uteri – fibromatous node, 3 cm in diameter, on the thin stem. Discharges are bloody, moderate.Choose the correct tactics.
+ Operation: untwisting of born node
- Hormonal hemostasis
- Phase by phase vitamin therapy
- Supravaginal ablation of the uterus without ovaries
- Hysterectomy without ovaries
?
À 40-year-old woman complains of yellow color discharges from the vagina. Bimanual examination: no pathological changes. Smear test: Trichomonas vaginalis and mixed flora. Colposcopy: two hazy fields on the front labium, with negative Iodum probing. What is your tactics?
+ Treatment of specific colpitis with the subsequent biopsy
- Diathermocoagulation of the cervix uteri
- Specific treatment of Trichomonas colpitis
- Cervix ectomy
- Cryolysis of cervix uteri
?
À 32 y.o. woman consulted +gynecologist about having abundant long menses within 3 months. Bimanual investigation: the body of the uterus is enlarged according to about 12 weeks of pregnancy, distorted, tuberous, of dense consistence. Appendages are not palpated. Histological test of the uterus body mucosa: adenocystous hyperplasi+of endometrium. Optimal medical tactics:
+ Surgical treatment
- Hormonetherapy
- Phytotherapy
- Radial therapy
- Phase by phase vitamin therapy
?
À woman complains of having slight dark bloody discharges and mild pains in the lower part of abdomen for several days. Last menses were 7 weeks ago. The pregnancy test is positive. Bimanual investigation: the body of the uterus indicates for about 5-6 weeks of pregnancy, it is soft, painless. In the left appendage there is +retort-like formation, 7õ5 cm large, mobile, painless. What examination is necessary for detection of fetus localization?
+ Ultrasound
- Hysteroscopy
- Hromohydrotubation
- Colposcopy
- Cystoscopy
?

À woman was hospitalised with full-term pregnancy. Examination: the uterus is tender, the abdomen is tense, cardiac tones of the fetus are not auscultated. What is the most probable complication of pregnancy?
+ Premature detachment of normally posed placent +
- Premature labor
- Back occipital presentation
- Acute hypoxi+of +fetus
- Hydramnion
?
By the end of the 1st period of physiological labor clear amniotic fluid came off. Contractions lasted 35-40 sec every 4-5min. Heartbeat of the fetus was 100 bpm. The BP was 140/90 mm Hg. What is the most probable diagnosis?
+ Acute hypoxi+of the fetus
- Premature labor
- Premature detachment of normally posed placenta
- Back occipital presentation
- Hydramnion
?
À pregnant woman in her 40th week of pregnancy undergoes obstetric examination: the cervix of uterus is undeveloped. The oxytocin test is negative. Examination at 32 weeks revealed: AP 140/90 mm Hg, proteinuri+1 g/l, peripheral edemata. Reflexes are normal. Choose the most correct tactics:
+ Labour stimulation after preparation
- Absolute bed rest for 1 month
- Complex therapy of gestosis for 2 days
- Caesarian section immediately
- Complex therapy of gestosis for 7 days
?
Which gestational age gives the most accurate estimation of weeks of pregnancy by uterine size?
+ Less that 12 weeks
- Between 12 and 20 weeks
- Between 21 and 30 weeks
- Between 31 and 40 weeks
- Over 40 weeks
?
À 26 year old woman had the second labour within the last 2 years with oxytocin application. The child's weight is 4080 g. After the placent birth there were massive bleeding, signs of hemorrhagic shock. Despite the injection of contractive agents, good contraction of the uterus and absence of any cervical and vaginal disorders, the bleeding proceeds. Choose the most probable cause of bleeding:
+ Atony of the uterus
- Injury of cervix of the uterus
- Hysterorrhexis
- Delay of the part of placenta
- Hypotonia of the uterus
?
À woman is admitted to maternity home with discontinued labor activity and slight bloody discharges from vagina. The condition is severe, the skin is pale, consciousness is confused. BP is 80/40 mm Hg. Heartbeat of the fetus is not heard. There was a Cesarian section +year ago. Could you please determine the diagnosis?
+ Hysterorrhesis
- Cord presentation
- Placental presentation
- Expulsion of the mucous plug from cervix uteri
- Premature expulsion of amniotic fluid
?

On the first day after labour +woman had the rise of temperature up to 39oC. Rupture of fetal membranes took place 36 hours before labour. Examination of the bacterial flor+of cervix of the uterus revealed hemocatheretic streptococcus of +group. The uterus body is soft, tender. Discharges are bloody, with admixtures of pus. Specify the most probable postnatal complication:
+ Metroendometritis
- Thrombophlebitis of veins of the pelvis
- Infectious hematom+
- Infective contamination of the urinary system
- Apostasis of sutures after the episiotomy
?
Rise in temperature up to 39 0Ñ was registered the next day after +woman had labor. Fetal membranes rupture took place 36 hours prior to labors. The examination of the bacterial flora of cervix uteri revealed the following: haemolytic streptococcus of group A. The uterus tissue is soft, tender. Discharges are bloody, with mixing of pus. Establish the most probable postnatal complication.
+ Metroendometritis
- Thrombophlebitis of veins of the pelvis
- Infected hematoma
- Infective contamination of the urinary system
- Apostatis of stitches after the episiotomy
?
À woman of +high-risk group (chronic pyelonephritis in anamnesis) had vaginal delivery. The day after labour she complained of fever and loin pains, frequent urodynia. Specify the most probable complication:
+Infectious contamination of the urinary system
- Thrombophlebitis of veins of the pelvis
- Infectious hematom+
- Endometritis
- Apostasis of sutures after episiotomy
?
13 months after the first labor +24-year-old patient complained of amenorrhea. Pregnancy ended in Caesarian section because of premature detachment of normally positioned placent+ which resulted in blood loss at the rate of 2000 ml owing to disturbance of blood clotting. Choose the most suitable investigation:
+ Estimation of gonadotropin rate
- USI of small pelvis organs
- Progesteron assay
- Computer tomography of head
- Estimation of testosteron rate in blood serum
?
In 13 months after the first labor +24-year-old woman complains of amenorrhea. Cesarian section was conducted as +result of premature detachment of normally posed placenta. Hemorrhage has made low fidelity of 2000 ml due to breakdown of coagulation of blood. Choose the most suitable investigation.
+ Determination of the level of gonadotropin
- Ultrasound of organs of a small pelvis
- Progesteron test
- Computer tomography of the head
- Determination of the contents of testosteron-depotum in blood serum.
?
In the woman of 24 years about earlier normal menstrual function, cycles became irregular, according to tests of function diagnostics - anovulatory. The contents of prolactin in blood is boosted. Choose the most suitable investigation:
+ Computer tomography of the head

- Determination of the level of gonadotropins
- USI of organs of small pelvis
- Progesterone assay
- Determination of the contents of testosteron-depotum in blood serum

?

À woman in her 39th week of pregnancy, the second labour, has regular birth activity. Uterine contractions take place every 3 minutes. What criteri+describe the beginning of the II labor stage the most precisely?

+ Cervical dilatation by no less than 4 cm
- Cervical smoothing over 90%
- Duration of uterine contractions over 30 seconds
- Presenting part is in the lower region of small pelvis
- Rupture of fetal bladder

?

À 20-year-old woman is having timed labor continued for 4 hours. Light amniotic fluid came off. The fetus head is pressed to the orifice in the small pelvis. The anticipated fetus mass is 4000,0 g\pm 200,0 g. Heartbeat of the fetus is normal. Intrinsic examination: cervix is absent, disclosure – 2 cm, the fetal membranes are not present. The head is in 1-st plane of the pelvis, +sagittal suture is in the left slanting dimension. What is the purpose of glucose-calcium-hormone + vitaminized background conduction?

- Prophylaxes of weakness of labor activity
- Labor stimulation
- Fetus hypoxia prophylaxes
- Antenatal preparation
- Treatment of weakness of labor activity.

?

À 24 years old primipar+was hospitalised with complaints about discharge of the amniotic waters. The uterus is tonic on palpation. The position of the fetus is longitudinal, it is pressed with the head to pelvic outlet. Palpitation of the fetus is rhythmical, 140 bpm, auscultated on the left below the navel. Internal examination: cervix of the uterus is 2,5 cm long, dense, the external os is closed, light amniotic waters out of it. Point +correct component of the diagnosis:

+ Antenatal discharge of the amniotic waters
- Early discharge of the amniotic waters
- The beginning of the 1st stage of labour
- The end of the 1st stage of labour
- Pathological preterm labour

?

À 34 y.o. woman in her 29-th week of pregnancy, that is her 4-th labor to come, was admitted to the obstetric department with complaints of sudden and painful bloody discharges from vagina that appeared 2 hours ago. The discharges are profuse and contain grumes. Cardiac funnction of the fetus is rhytmic, 150 strokes in the minute, uterus tone is normal. The most probable provisional diagnosis will be:

+ Placental presentation
- Detachment of normally located placenta
- Vasaprevia
- Bloody discharges
- Disseminated intravascular coagulation syndrome

?

À 29 year old patient underwent surgical treatment because of the benign serous epithelial tumour of an ovary. The postoperative period has elapsed without complications. What is it necessary to prescribe for the rehabilitational period:

+Hormonotherapy and proteolytic enzymes
- Antibacterial therapy and adaptogens
- Lasertherapy and enzymotherapy
- Magnitotherapy and vitamin therapy

- The patient does not require further care
?
À 34-year-old woman with 10-week pregnancy (the second pregnancy) has consulted
gynaecologist to make +record in patient chart. There was hydramnion previous pregnancy, the birth weight of +child was 4086 g. What tests are necessary first of all?
+ The test for tolerance to glucose
- Determination of the contents of α fetoprotein
- Bacteriological test of discharge from the vagina
- Fetus cardiophonography
- Ultrasound of the fetus
?
À 26 y.o. woman complains of sudden pains in the bottom of abdomen irradiating to the anus, nausea, giddiness, bloody dark discharges from sexual tracts for one week, the delay of menses for 4 weeks. Signs of the peritoneum irritation are positive. Bimanual examination: borders of the uterus body and its appendages are not determined because of sharp painfullness. The diverticulum and painfullness of the back and dextral fornixes of the vagin+are evident. What is the most probable diagnosis?
+ Broken tubal pregnancy
- Apoplexy of the ovary
- Acute right-side adnexitis
- Torsion of the crus of the ovary tumour
- Acute appendicitis
?
At the gynaecological department there is +patient of 32 years with the diagnosis: "acute bartholinitis".Body temperature is 38,20C, leucocytes count 10,4x109/L$, the ESR is 24 mm/hour. In the are+of big gland of the vestibulum - the dermahemia, the sign of the fluctuation, sharp tenderness (pain). What is the most correct tactics of the doctor?
+ Surgical dissecting, a drainage of an abscess of the gland, antibiotics
- Antibiotics, Sulfanilamidums
- Surgical dissection, drainage of the abscess of the gland
- Antibiotic therapy
- Antibiotics, detoxication and biostimulants.
?
À primagravid+with pregnancy of 37-38 weeks complains of headache, nausea, pain in epigastrium. Objective: the skin is acyanotic. Face is hydropic, there is short fibrillar twitching of blepharons, muscles of the face and the inferior extremities. The look is fixed. AP- 200/110 mm Hg; sphygmus of 92 bpm, intense. Respiration rate is 32/min. Heart activity is rhythmical. Appreciable edemata of the inferior extremities are present. Urine is cloudy. What medication should be administered?
+ Droperidolum of 0,25% - 2,0 ml
- Dibazolum of 1% - 6,0 ml
- Papaverine hydrochloride of 2% - 4,0 ml
- Hexenalum of 1% - 2,0 ml
- Pentaminum of 5% - 4,0 ml
?
An onset of severe preeclampsia at 16 weeks gestation might be caused by:
+ Hydatidiform mole
- Anencephaly
- Twin gestation
- Maternal renal disease
- Interventricular defect of the fetus
?
À woman had the rise of temperature up to 390Ñ on the first day after labour. The rupture of fetal membranes took place 36 hours before labour. The investigation of the bacterial flor+of cervix of the uterus revealed hemocatheretic streptococcus of group A. The uterus body is soft, tender.

Discharges are bloody, mixed with pus. Specify the most probable postnatal complication:
+ Metroendometritis
- Thrombophlebitis of pelvic veins
- Infected hematoma
- Infection of the urinary system
- Apostatis of junctures after the episiotomy
?
24 y.o. patient 13 months after the first labour consulted +doctor about menorrhea. Pregnancy has concluded by +Cesarean section concerning to +premature detachment of normally posed placenta hemorrhage has made low fidelity 2000 ml owing to breakdown of coagulability of blood. Choose the most suitable investigation:
+ Determination of the level of Gonadotropins
- USI of organs of +small pelvis
- Progesteron assay
- Computer tomography of the head
- Determination of the contents of Testosteron-Depotum in Serum of blood
?
34 year old woman in the 10th week of gestation (the second pregnancy) consulted doctor of antenatal clinic in order to be registered there. In the previous pregnancy hydramnion was observed, the child's birth weight was 4086 g. What examination method should be applied in the first place?
+ The test for tolerance to glucose
- Determination of the contents of fetoproteinum
- Bacteriological examination of discharges from vaginà
- cardiophonography of fetus
- US of fetus
?
20 y.o. boy was ill with angin+2 weeks ago, has complaints of joint pain and stiffness of his left knee and right elbow. There was fever (38,50) and ankle disfunction, enlargement of cardiac dullness by 2 cm, tachycardia, weakness of the 1st sound, gallop rhythm, weak systolic murmur near apex. What diagnosis corresponds with such symptoms?
+ Acute rheumatic fever
- Systemic lupus erythematosis
- Juvenile rheumatoid arthritis
- Reiter's disease
- Reactive arthritis
?
The disease began acutely. The frequent watery stool developed 6 hours ago. The body's temperature is normal. Then the vomiting was joined. On examination: his voice is hoarse, eyes are deeply sunken in the orbits. The pulse is frequent. Blood pressure is low. There is no urine. What is the preliminary diagnosis?
+ Cholera
- Toxic food-borne infection
- Salmonellosis
- Dysentery
- Typhoid fever
?
At term of +gestation of 40 weeks height of standing of +uterine fundus is less then assumed for the given term. The woman has given birth to the child in weight of 2500 g, +length of +body 53 cm, with an assessment on +scale of Apgar of 4-6 points. Labor were fast. The cause of such state of the child were:
+ Chronic fetoplacental insufficiency
- Delay of an intra-uterine fetation
- Placental detachment
- Infection of +fetus

- Prematurity
?
Pregnant woman may be diagnosed with hepatitis if it is confirmed by the presence of elevated:
+ SGOT (ALT)
- Sedimentation rates
- WBCs
- Alkaline phosphatase
- BUN
?
Woman, aged 40, primigravida, with infertility in the medical history, on the 42-43 week of pregnancy. Labour activity is weak. Longitudinal presentation of the fetus, I position, anterior position. The head of the fetus is engaged to pelvic inlet. Fetus heart rate is 140 bmp, rhythmic, muffled. Cervix dilation is 4 cm. On amnioscopy: greenish colour of amniotic fluid and fetal membranes. Cranial bones are dense, cranial sutures and small fontanel are diminished. What should be tactics of delivery?
+Caesarean section
- Amniotomy, labour stimulation, fetal hypoxia treatment
- Fetal hypoxia treatment, in the ^{22} period - forceps delivery
- Fetal hypoxia treatment, conservative delivery
- Medication sleep, amniotomy, labour stimulation
?
An endometrial adenocarcinom+that has extended to the uterine seros+would be classified as stage:
+IIIA
- IC
- IIA
- IIB
- IVAB
?
Which of the methods of examination is the most informative in the diagnostics of +tube infertility?
+ Laparoscopy with chromosalpingoscopy
- Pertubation
- Hysterosalpingography
- Transvaginal echography
- Bicontrast pelviography
?
Pregnant woman (35 weeks), aged 25, was admitted to the hospital because of bloody
discharges. In her medical history there were two artificial abortions. In +period of 28-32 weeks there was noted the onset of hemorrhage and USD showed +placental presentation. The uterus is in normotonus, the fetus position is transversal (Ist position). The heartbeats is clear, rhythmical, 140 bpm. What is the further tactics of the pregnant woman care?
+ To perform +delivery by means of Cesarean section
-To perform the hemotransfusion and to prolong the pregnancy
-To introduct the drugs to increase the blood coagulation and continue observation
-Stimulate the delivery by intravenous introduction of oxytocin
-To keep the intensity of hemorrhage under observation and after the bleeding is controlled to prolong the pregnancy
?
Woman, primagravida, consults +gynecologist on 05.03.2012. +week ago she felt the fetus movements for the first time. Last menstruation was on 10.01.2012. When should she be given maternity leave?
+ 8 August
- 25 July

- 22 August
- 11 July
- 5 September
?
Condition of +parturient woman has been good for 2 hours after live birth: uterus is thick, globe-shaped, its bottom is at the level of umbilicus, bleeding is absent. The clamp put on the umbilical cord remains at the same level, when the woman takes +deep breath or she is being pressed over the symphysis with the verge of hand, the umbilical cord drows into the vagina. Bloody discharges from the sexual tracts are absent. What is the doctor's further tactics?
+ To do manual removal of afterbirth
- To apply Abduladze method
- To apply Crede's method
- To do curettage of uterine cavity
- To introduct oxitocine intravenously
?
The woman who has delivered twins has early postnatal hypotonic uterine bleeding reached 1,5\% of her bodyweight. The bleeding is going on. Conservative methods to arrest the bleeding have been found ineffective. The conditions of patient are pale skin, acrocyanosis, oliguria. The woman is confused. The pulse is 130 bpm, BP- 75/50 mm Hg. What is the further treatment?
+ Uterine extirpation
- Supravaginal uterine amputation
- Uterine vessels ligation
- Inner glomal artery ligation
- Putting clamps on the uterine cervix
?
26 y.o. woman complains of +mild bloody discharge from the vagina and pain in the lower abdomen. She has had the last menstruation 3,5 months ago. The pulse is 80 bpm. The blood pressure (BP) is 110/60 mm Hg and body temperature is 36,60C. The abdomen is tender in the lower parts. The uterus is enlarged up to 12 weeks of gestation. What is your diagnosis?
+Inevitable abortion
- Incipient abortion
- Incomplete abortion
- Complete abortion
- Disfunctional bleeding
?
18 25 y.o. woman complains of pain in the lower abdomen. Some minutes before she has suddenly appeared unconscious at home. The patient had no menses within last 3 months. On examination: pale skin, the pulse- 110 bpm, BP- 80/60 mm Hg. The Schyotkin's sign is positive. Hb-76 g/L. The vaginal examination: the uterus is +little bit enlarged, its displacement is painful. There is also any lateral swelling of indistinct size. The posterior fornix of the vagina is tendern and overhangs inside. What is the most probable diagnosis?
+Impaired extrauterine pregnancy
- Ovarian apoplexy
- Twist of cystom+of right uterine adnex+
- Acute salpingoophoritis
- Acute appendicitis
?
20 y.o. pregnant woman with 36 weeks of gestation was admitted to the obstetrical hospital with complains of pain in the lower abdomen and bloody vaginal discharge. The general condition of the patient is good. Her blood pressure is 120/80 mm Hg. The heart rate of the fetus is 140 bpm, rhythmic. Vaginal examination: the cervix of the uterus is formed and closed. The discharge from vagina is bloody up to 200 ml per day. The head of the fetus is located high above the minor pelvis entry.

+soft formation was defined through the anterior fornix of the vagina. What is the probable diagnosis?
+Placental presentation
- Premature placental separation
- Uterine rupture
- Threatened premature labor
- Incipient abortion
?
In the gynecologic office +28 y.o. woman complains of sterility within three years. The menstrual function is not impaired. There were one artificial abortion and chronic salpingo-oophoritis in her case history. Oral contraceptives were not used. Her husband's analysis of semen is without pathology. What diagnostic method will you start from the workup in this case of sterility?
+Hysterosalpingography
- Hormone investigation
- Ultr+sound investigation
- Diagnostic scraping out of the uterine cavity
- Hysteroscopia
?
28-year-old patient underwent endometrectomy as +result of incomplete abortion. Blood loss was at the rate of 900 ml. It was necessary to start hemotransfusion. After transfusion of 60 ml of erythrocytic mass the patient presented with lumbar pain and fever which resulted in hemotransfusion stoppage. 20 minutes later the patient's condition got worse: she developed adynamia, apparent skin pallor, acrocyanosis, profuse perspiration. to-38,5oC, Ps-110/min, AP-70/40 mm Hg. What is the most likely diagnosis?
+Hemotransfusion shock
- Hemorrhagic shock
- Septic shock
- Anaphylactic shock
- DIC syndrome
?
58-year-old female patient came to the antenatal clinic complaining of bloody light-red discharges from the genital tracts. Menopause is 12 years. Gynaecological examination revealed age involution of externalia and vagina; uterine cervix was unchanged, there were scant bloody discharges from uterine cervix, uterus was of normal size; uterine appendages were not palpable; parametri+were free. What is the most likely diagnosis?
+Uterine carcinom+
- Atrophic colpitis
- Abnormalities of menstrual cycle of climacteric nature
- Cervical carcinom+
- Granulos+cell tumor of ovary
?
The results of +separate diagnostic curettage of the mucous of the uterus' cervix and body made up in connection with bleeding in +postmenopausal period: the scrape of the mucous of the cervical canal revealed no pathology, in endometrium - the highly differentiated adenocarcinoma was found. Metastases are not found. What method of treatment is the most correct?
+Surgical treatment and hormonotherapy
- Surgical treatment + chemotherapy
- Surgical treatment and radial therapy
- Radial therapy
- Surgical treatment
?
27 y.o. woman complains of having the disoders of menstrual function for 3 months, irregular pains in abdomen. On bimanual examination: in the

dextral appendage range of uterus there is an elastic spherical formation, painless, 7 cm in diameter. USI: in the right ovary - +fluid
formation, 4 cm in diameter, unicameral, smooth. What method of treatment is the most preferable?
+Prescription of an estrogen-gestogen complex for 3 months with repeated examination
- Operative treatment
- Dispensary observation of the patient
- Anti-inflammatory therapy
- Chemotherapeutic treatment
?
40 year old patient complains of yellowish discharges from the vagina. Bimanual examination revealed no pathological changes. The smear contains Trichomonas vaginalis and blended flora. Colposcopy revealed two hazy fields on the frontal labium, with +negative Iodine test. Yourtactics:
+Treatment of specific colpitis and subsequent biopsy
- Diathermocoagulation of the cervix of the uterus
- Specific treatment of Trichomonas colpitis
- Cervix ectomy
- Cryolysis of cervix of the uterus
?
26-year-old secundipar+at 40 weeks of gestation arrived at the maternity ward after the beginning of labor activity. 2 hours before, bursting of waters occurred. The fetus was in + longitudinal lie with cephalic presentation. Abdominal circumference was 100 cm, fundal height-42 cm. Contractions occurred every 4-5 minutes and lasted 25 seconds each. Internal obstetric examination revealed cervical effacement, opening by 4 cm. Fetal bladder was absent. Fetal
head was pressed against the pelvic inlet. What complication arose in childbirth?
+Early amniorrhea
- Primary uterine inertia
- Secondary uterine inertia
- Discoordinated labor
- Clinically narrow pelvis
?
28-year-old parturient complains about headache, vision impairment, psychic inhibition. Objectively: AP- 200/110 mm Hg, evident edemat+of legs and anterior abdominal wall. Fetus head is in the area of small pelvis. Fetal heartbeats is clear, rhythmic, 190/min. Internal examination revealed complete cervical dilatation, fetus head was in the area of small pelvis. What tactics of labor management should be chosen?
+Forceps operation
- Cesarean
- Embryotomy
- Conservative labor management with episiotomy
- Stimulation of labor activity
?
28 year old woman had the second labour and born +girl with manifestations of anemia and progressing jaundice. The child's weight was 3 400 g, the length was 52 cm. The woman's blood group is B (III) Rh-, the father's blood group is A(III) Rh+, the child's blood group is B (III) Rh+. What is the cause of anemia?
+Rhesus incompatibility
- Antigen +incompatibility
- Antigen B incompatibility
- Antigen AB incompatibility
- Intrauterine infection
?
48 year old female patient complains about contact haemorrhage. Speculum examination revealed hypertrophy of uterus cervix. It resembles of

cauliflower, it is dense and can be easily injured. Bimanual examination revealed that fornices were shortened, uterine body was nonmobile. What is the most probable diagnosis?
+Cervical carcinoma
- Metrofibroma
- Endometriosis
- Cervical pregnancy
- Cervical papillomatosis
?
A 37 y.o. primigravid+woman has been having labor activity for 10 hours. Labor pains last for 20-25 seconds every 6-7 minutes. The fetus lies in longitude, presentation is cephalic, head is pressed upon the entrance to the small pelvis. Vaginal examination results: cervix of uterus is up to 1 cm long, lets 2 transverse fingers in. Fetal bladder is absent. What is the most probable diagnosis?
+ Primary uterine inertia
- Secondary uterine inertia
- Normal labor activity
- Discoordinated labor activity
- Pathological preliminary period
?
Laparotomy was performed to 54 y.o. woman on account of big formation in pelvis that turned out to be one-sided ovarian tumor along with considerable omental metastases. The most appropriate intraoperative tactics involves:
+Ablation of omentum, uterus and both ovaries with tubes
- Biopsy of omentum
- Biopsy of an ovary
- Ablation of an ovary and omental metastases
- Ablation of omentum and both ovaries with tubes
?
Aparturient complains about pain in the mammary gland. Palpation revealed +3õ4 cm large infiltration, soft in the centre. Body temperature is 38,5oC. What is the most probable diagnosis?
+Acute purulent mastitis
- Pneumonia
- Pleuritis
- Retention of milk
- Birth trauma
?
58. A 43 y.o. patient complains of formation and pain in the right mammary gland, rise of temperature up to 37,20C during the last 3 months. Condition worsens before the menstruation. On examination: edem+of the right breast, hyperemia, retracted nipple. Unclear painful infiltration is palpated in the lower quadrants. What is the most probable diagnosis?
+Cancer of the right mammary gland
- Right-side acute mastitis
- Right-side chronic mastitis
- Premenstrual syndrome
- Tuberculosis of the right mammary gland
?
A 14 year old girl complains of profuse bloody discharges from genital tracts during 10 days after suppresion of menses for 1,5 month. Similiar bleedings recur since 12 years on the background of disordered menstrual cycle. On rectal examination: no pathology of the internal genitalia. In blood: Íb - 70 g/l, RBC- 2,3x1012/l, Ht - 20. What is the most probable diagnosis?
+ Juvenile bleeding, posthemorrhagic anemia
- Werlholf's disease
- Polycyst ovarian syndrome

- Hormonoproductive ovary tumor
- Incomplete spontaneous abortion
?
A 33-year-old woman was urgently brought to clinic with complaints of the pain in the lower part of the abdomen, mostly on the right, irradiating to rectum, she also felt dizzy. The above mentioned complaints developed acutely at night. Last menses were 2 weeks ago. On physical exam: the skin is pale, Ps-92 bpm, t-36,6oC, BP-100/60 mm Hg. The abdomen is tense, slightly tender in lower parts, peritoneal symptoms are slightly positive. Hb-98 g/L. What is the most probable diagnosis?
+Apoplexy of the ovary
- Acute appendicitis
- Intestinal obstruction
- Abdominal pregnancy
- Renal colic
?
Asecundipara has regular birth activity. Three years ago she had cesarean section for the reason of acute intrauterine hypoxia. During parodynina she complains of extended pain in the area of postsurgical scar. Objectively: fetus pulse is rhythmic - 140 bpm. Vaginal examination shows 5 cm cervical dilatation. Fetal bladder is intact. What is the tactics of choice?
+Cesarean section
- Augmentation of labour
- Obstetrical forceps
- Waiting tactics of labor management
- Vaginal delivery
?
A 54-year-old female patient consulted +doctor about bloody discharges from the genital tracts after 2 years of amenorrhea. USI and bimanual examination revealed no genital pathology. What is the tactics of choice?
+Fractional biopsy of lining of uterus and uterine mucous membranes
- Styptic drugs
- Contracting drugs
- Estrogenic haemostasia
- Hysterectomy
?
Examination of ajust born placenta reveals defect 2x3 cm large. Hemorrhage is absent. What tactic is the most reasonable?
+Manual uretus cavity revision
- Prescription of uterotonic medicines
- External uterus massage
- Parturient supervision
- Instrumental uterus cavity revision
?
A 27 y.o. gravid+with 17 weeks of gestation was admitted to the hospital. There was +history of 2 spontaneous miscarriages. On bimanual examination: uterus is enlarged to 17 weeks of gestation, uterus cervix is shortened, isthmus allows to - pass the fingertip. The diagnosis is isthmico-cervical insufficiency. What is the doctor's tactics?
+To place suture on the uterus cervix
- To administer tocolytic therapy
- To interrupt pregnancy
- To administer hormonal treatment
- To perform amniocentesis
?
A 27-year-old woman presents at the maternity welfare centre because of infertility. She has had sexual life in marriage for 4 years, doesn't use contraceptives. She hasn't get pregnant. On examination: genital development is without pathology, uterine tubes are passable, basal

(rectal) temperature is one-phase during last 3 menstrual cycles. What is the infertility cause?
+Anovular menstrual cycle
- Chronic adnexitis
- Abnormalities in genital development
- Immunologic infertility
- Genital endometriosis
?
A 43 y.o. woman complains of contact hemorrhages during the last 6 months. Bimanual
examination: cervix of the uterus is enlarged, its mobility is reduced. Mirrors showed the following: cervix of the uterus is in the form of cauliflower. Chrobak and Schiller tests are positive. What is the most probable diagnosis?
+Cancer of cervix of the uterus
- Polypus of the cervix of the uterus
- Cervical pregnancy
- Nascent fibroid
- Leukoplakia
?
A 26-year-old woman gave birth to +child 6 months ago. She applied to gynecologist
complaining of menstruation absence. The child is breast-fed. Vagina exam: uterus is of normal form, dense consistence. What is the most probable diagnosis?
+ Physiological amenorrhea
- Pseudoamenorrhea
- Gestation
- Asherman's syndrome
- Sheehan's syndrome
?
A primagravida in her 20th week of gestation complains about pain in her lower abdomen, blood smears from the genital tracts. The uterus has an increased tonus, the patient feels the fetus movements. Bimanual examination revealed that the uterus size corresponded the term of gestation, the uterine cervix was contracted down to 0,5 cm, the external orifice was open by 2 cm. The discharges were bloody and smeary. What is the most likely diagnosis?
+ Incipient abortion
- Risk of abortion
- Abortion in progress
- Incomplete abortion
- Missed miscarriage
?
Full-term pregnancy. Body weight of the pregnant woman is 62 kg. The fetus has the longitudinal position, the fetal head is pressed against the pelvic inlet. Abdominal circumference is 100 cm. Fundal height is 35 cm. What is the approximate weight of the fetus?
+ 3 kg 500 g
- 4 kg
- 2 kg 500 g
- 3 kg
- 4 kg 500 g
?
Patient was admitted to the hospital with complaints of periodical pain in the lower part of abdomen that gets worse during menses, weakness, malaise, nervousness, dark bloody smears from vagina directly before and after menses. Bimanual examination revealed that uterus body is enlarged, appendages cannot be palpated, posterior fornix has tuberous surface. Laparoscopy revealed: ovaries, peritoneum of rectouterine pouch and pararectal fat have

"cyanotic eyes". What is the most probable diagnosis?
+ Disseminated form of endometriosis
- Polycystic ovaries
- Chronic salpingitis
- Tuberculosis of genital organs
- Ovarian cystoma
?
71. Agravida with 7 weeks of gestation is referred for the artificial abortion. On operation while dilating cervical canal with Hegar dilator ¹8 +doctor suspected uterus perforation. What is immediate doctors tactics to confirm the diagnosis?
+ Probing of uterus cavity
- Bimanual examination
- Ultrasound examination
- Laparoscopy
- Metrosalpingography
?
A pregnant woman in her 8th week was admitted to the hospital for artificial abortion. In course of operation during dilatation of cervical canal of uterus by means of Hegar's dilator ¹ 8 the doctor suspected uterus perforation. What is the immediate tactics for confirmation of this diagnosis?
+ Uterine probing
- Bimanual examination
- US examination
- Laparoscopy
- Metrosalpingography
?
59 year old female patient applied to +maternity welfare clinic and complained about bloody discharges from the genital tracts. Postmenopause is 12 years. Vaginal examination revealed that external genital organs had signs of age involution, uterus cervix was not erosive, small amount of bloody discharges came from the cervical canal. Uterus was of normal size, uterine appendages were unpalpable. Fornices were deep and painless. What method should be applied for the diagnosis specification?
+Separated diagnosic curretage
- Laparoscopy
- Puncture of abdominal cavity through posterior vaginal fornix
- Extensive colposcopy
- Culdoscopy
?
A 25-year-old woman complains of profuse foamy vaginal discharges, foul, burning and itching in genitali+region. She has been ill for +week. Extramarital sexual life. On examination: hyperemia of vaginal mucous, bleeding on touching, foamy leucorrhe+in the urethral area. What is the most probable diagnosis?
+ Trichomonas colpitic
- Gonorrhea
- Chlamydiosis
- Vagin+candidomicosis
- Bacterial vaginosis
?
A 26 year old woman who delivered +child 7 months ago has been suffering from nausea, morning vomiting, sleepiness for the last 2 weeks. She suckles the child, menstruation is absent. She hasn't applied any contraceptives. What method should be applied in order to specify her diagnosis?
+ Ultrasonic examination
- Roentgenography of small pelvis organs
- Palpation of mammary glands and pressing-out of colostrum

- Bimanual vaginal examination
- Speculum examination
?
A newborn's head is of dolichocephalic shape, that is front-to-back elongated. Examination of the occipital region revealed a labour tumour located in the middle between the prefontanel and posterior fontanel. Specify the type of fetal presentation:
+ Posterior vertex presentation
- Anterior vertex presentation
- Presentation of the bregma
- Brow presentation
- Face presentation
?
Woman consulted +doctor on the 14th day after labour about sudden pain, hyperemy and induration of the left mammary gland, body temperature rise up to 39oC, headache, indisposition. Objectively: fissure of nipple, enlargement of the left mammary gland, pain on palpation. What pathology would you think about in this case?
+ Lactational mastitis
B Lacteal cyst with suppuration
C Fibrous adenom+of the left mammary gland
D Breast cancer
E Phlegmon of mammary gland
?
A young woman applied to gynecologist due to her pregnancy of 4-5 weeks. The pregnancy is desirable. Anamnesis stated that she had rheumatism in the hildhood. Now she has combined mitral heart disease with the priority of mitral valve deficiency. When will she need the inpatient treatment (what periods of pregnancy)?
+8-12 weeks, 28-32 weeks, 37 weeks
- 6-7weeks, 16 weeks, 38 weeks
- 16 weeks, 34 weeks, 39-40 weeks
- 10-12 weeks, 24 weeks, 37-38 weeks
- 12-16 weeks, 27-28 weeks, 37-38 weeks
?
Woman in the first half of pregnancy was brought to clinic by an ambulance. Term of pregnancy is 36 weeks. She complains of intensive pain in the epigastrium, had vomiting for 2 times. Pain started after the patient had eaten vinaigrette. welling of lower extremities. BP - 140/100 mm Hg. Urine became curd after boiling. What is the most probable diagnosis?
+ Preeclampsia
- Nephropathy of the 3rd degree
- Food toxicoinfection
- Dropsy of pregnant women
- Exacerbation of pyelonephritis
?
13 year old girl consulted the school doctor on account of moderate bloody discharge from the genital tracts, which appeared 2 days ago. Secondary sexual characters are developed. What is the most probable cause of bloody discharge?
+Menarche
- Juvenile hemorrhage
- Haemophilia
- Endometrium cancer
- Werlhof's disease
?
In 10 min after childbirth by +22-year-old woman, the placenta was spontaneously delivered and 100 ml of blood came out. Woman weight - 80 kg, infant weight - 4100 g, length - 53 cm. The uterus contracted. In

10 minutes the hemorrhage renewed and the amount of blood constitued 300 ml. What amount of blood loss is permissible for this woman?
+400 ml
- 1000 ml
- 500 ml
- 650 ml
- 300 ml
?
A pregnant woman was registered in +maternity welfare clinic in her 11th week of pregnancy. She was being under observation during the whole term, the pregnancy course was normal. What document must the doctor give the pregnant woman to authorize her hospitalization in maternity hospital?
+ Exchange card
- Appointment card for hospitalization
- Individual prenatal record
- Medical certificate
- Sanitary certificate
?
After examination +46-year-old patient was diagnosed with left breast cancer T2N2M0, cl. gr. II-a. What will be the treatment plan for this patient?
+ Radiation therapy a operation a chemotherapy
- Operation only
- Operation + radiation therapy
- Radiation therapy only
- Chemotherapy only
?
Immediately after delivery +woman had haemorrhage, blood loss exceeded postpartum
haemorrhage rate and was progressing. There were no symptoms of placenta detachment. What tactics should be chosen?
+ Manual removal of placenta and afterbirth
- Uterus tamponade
- Instrumental revision of uterine cavity walls
- Removal of afterbirth by Crede's method
- Intravenous injection of methylergometrine with glucose
?
30 y.o. primigravida woman has got intensive labor pain every 1-2 minutes that lasts 50 seconds. The disengagement has started. The perineum with the height of 4 cm has grown pale. What actions are necessary in this situation?
+Episiotomy
- Perineum protection
- Perineotomy
- Vacuum extraction of fetus
- Expectant management
?
30-year-old gravida consulted +gynecologist about bright red bloody discharges from the vagina in the 32 week of gestation. She was hospitalized with +suspicion of placental presentation. Under what conditions is it rational to conduct the internal examination in order to make a diagnosis?
+In the operating room prepared for the operation
- In the examination room of antenatal clinic
- In the admission ward of maternity hospital
- In the delivery room keeping to all the aseptics regulations
- The examination is not to be conducted because of risk of profuse haemorrhage
?
A 28 y.o. primagravida, pregnancy is 15-16 weaks of gestation, presents to the maternity clinics with dull pain in the lower part of the abdomen

and in lumbar area. On vaginal examination: uterus cervix is 2,5 cm, external isthmus allows to pass the fingertip. Uterus body is enlarged according to the pregnancy term. Genital discharges are mucous, mild. What is the diagnosis?
+Threatened spontaneous abortion
- Spontaneous abortion which has begun
- Stopped pregnancy
- Hydatid molar pregnancy
- Placenta presentation
?
A primapara with pelvis size 25-28-31-20 cm has active labor activity. Waters poured out, clear. Fetus weight is 4500 g, the head is engaged to the small pelvis inlet. Vasten's sign as positive. Cervix of uterus is fully dilated. Amniotic sac is absent. The fetus heartbeat is clear, rhythmic, 136 bpm. What is the labor tactics?
+Caesarean section
- Vacuum extraction of the fetus
- Obstetrical forseps
- Conservative tactics of labor
- Stimulation of the labor activity
?
Internal obstetric examination of +parturient woman revealed that the sacrum hollow was totally occupied with fetus head, ischiadic spines couldn't be detected. Sagittal suture is in the straight diameter, occipital fontanel is directed towards symphysis. In what plane of small pelvis is the presenting rt of the fetus?
+Plane of pelvic outlet
- Wide pelvic plane
- Narrow pelvic plane
- Plane of pelvic inlet
- Over the pelvic inlet
?
30 y.o. woman has the 2-nd labour that has been lasting for 14 hours. Hearbeat of fetus is muffled, arrhythmic, 100/min. Vaginal examination: cervix of uterus is completely opened, fetus head is level with outlet from small pelvis. Saggital suture is in the straight diameter, small crown is near symphysis. What is the further tactics of handling the delivery?
+Use of obstetrical forceps
- Stimulation of labour activity by oxytocin
- Cesarean section
- Cranio-cutaneous (Ivanov's) forceps
- Use of cavity forceps
?
During examination of +patient, masses in the form of condylom+on +broad basis are found in the are+of the perineum. What is the tactics of the doctor?
+To send +woman into dermatological and venerological centre
- Cryodestruction of condyloms
- Surgical ablation of condyloms
- Chemical coagulator treatment
- Antiviral treatment
?
Woman at 30 weeks pregnant has had an attack of eclampsia at home. On admission to the maternity ward AP is 150/100 mm Hg. Predicted fetal weight is 1500 g. There is face and shin pastosity. Urine potein is 0,66o/oo. Parturient canal is not ready for delivery. An intensive complex therapy has been started. What is the correct tactics of this case management?
+ Delivery by cesarean section
- Continue therapy and prolong pregnancy for 1-2 weeks

- Continue therapy and prolong pregnancy for 3-4 weeks
- Labor induction by intravenous oxytocin or prostaglandins
- Treat preeclampsi+and achieve the delivery by way of conservative management
?
28 year old woman has bursting pain in the lower abdomen during menstruation; chocolate-like discharges from vagina. It is known from the anamnesis that the patient suffers from chronic adnexitis. Bimanual examination revealed +tumour-like formation of heterogenous consistency 7õ7 cm large to the left from the uterus. The formation is restrictedly movable, painful when moved. What is the most probable diagnosis?
+ Endometrioid cyst of the left ovary
- Follicular cyst of the left ovary
- Fibromatous node
- Exacerbation of chronic adnexitis
- Tumour of sigmoid colon
?
Vaginal inspection of +parturient woman revealed: cervix dilation is up to 2 cm, fetal bladder is intact. Sacral cavity is free, sacral promontory is reachable only with +bent finger, the inner surface of the sacrococcygeal joint is accessible for examination. The fetus has cephalic presentation. Sagittal suture occupies the transverse diameter of pelvic inlet, the small fontanel to the left, on the side. What labor stage is this?
+ Cervix dilatation stage
- Preliminary stage
- Prodromal stage
- Stage of fetus expulsion
- Placental stage
?
68-year-old patient consulted +doctor about atumour in her left mammary gland. Objectively: in the upper internal quadrant of the left mammary gland there is +neoplasm up to 2,5 cm in diameter, dense, uneven, painless on palpation. Regional lymph nodes are not enlarged. What is the most likely diagnosis?
+ Cancer
- Cyst
- Fibroadenoma
- Mastopathy
- Lipoma
?
40-year-old female patient has been observing profuse menses accompanied by spasmodic pain in the lower abdomen for +year. Bimanual examination performed during menstruation revealed +dense formation up to 5 cm in diameter in the cervical canal. Uterus is enlarged up to 5-6 weeks of pregnancy, movable, painful, of normal consistency. Appendages are not palpable. Bloody discharges are profuse. What is the most likely diagnosis?
+ Nascent submucous fibromatous node
- Abortion in progress
- Cervical carcinoma
- Cervical myoma
- Algodismenorrhea
?
29-year-old patient complains of sterility. Sexual life is for 4 years being married, does not use contraception. There was no pregnancy before. On physical examination, genitals are developed normally. Uterine tubes are passable. Rectal temperature during three menstrual cycles is monophase. What is the most probable reason for sterility?
+ Anovulatory menstrual cycle
- Chronic adnexitis

- Anomalies of genitals development
- Immunologic sterility
- Genital endometriosis

?
45 y.o. woman complains of contact bleedings during 5 months. On speculum examination: hyperemi+of uterus cervix, looks like cauliflower, bleeds on probing. On bimanual examination: cervix is of densed consistensy, uterus body isn't enlarged, mobile, nonpalpable adnexa, parametrium is free, deep fornixes. What is the most likely diagnosis?
+ Cancer of cervix of uterus
- Cancer of body of uterus
- Fibromatous node which is being born
- Cervical pregnancy
- Polypose of cervix of uterus

?
10 minutes after delivery +woman discharged placent+with +tissue defect 5õ6 cm large. Discharges from the genital tracts were profuse and bloody. Uterus tonus was low, fundus of uterus was located below the navel. Examination of genital tracts revealed that the uterine cervix, vaginal walls, perineum were intact. There was uterine bleeding with following blood coagulation. Your actions to stop the bleeding:
+ To make manual examination of uterine cavity
- To apply hemostatic forceps upon the uterine cervix
- To introduce an ether-soaked tampon into the posterior fornix
- To put an ice pack on the lower abdomen
- To administer uterotonics

?
100. On the 5th day after labor body temperature of +24-year-old parturient suddenly rose up to 38,7oC. She complains about weakness, headache, abdominal pain, irritability. Objectively: AP-120/70 mm Hg, Ps-92 bpm, to-38,7oC. Bimanual examination revealed that the uterus was enlarged up to 12 weeks of pregnancy, it was dense, slightly painful on palpation. Cervical canal lets in 2 transverse fingers, discharges are moderate, turbid, with foul smell. In blood: skeocytosis, lymphopenia, ESR - 30 mm/h. What is the most likely diagnosis?
+ Endometritis
- Parametritis
- Pelviperitonitis
- Metrophlebitis
- Lochiometra