

Station №3 “Standartized patient. Gynecology”

1. Interpretation of objective / laboratory data.
2. Diagnosis / Differential diagnosis of this pathology.
3. Appointment of additional methods of examination to confirm the diagnosis.
4. Determining treatment tactics.

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 – 88 bpm, temperature - 37°C. On bimanual examination: uterine body is mobile, not increased, on the right and front, 6 x 6 cm elastic mass is palpated, which is painful on palpation; adnexa on the left are not felt; mucous discharge.

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.

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 – 102 bpm, temperature - 36,6°C, AP - 90/60mmHg. The abdomen is tense, slightly painful in the lower abdomen, sign of irritation of the peritoneum is weak(+).

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.

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.

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.

A patient, 29 years old complained of severe abdominal pain, vomiting. Objective examination: BP - 120/80mmHg, pulse – 108 bpm. 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, elastic consistency, sharply painful is palpated. Left adnexa are not felt.

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.

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.

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.

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.

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 occurred 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 cervix is prolapsed.

13/. 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.

14. 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 – 90 g/l.

16. 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 – 99 bpm., temperature – 36.6 C, BP – 100/60 mmHg. Abdomen tense in the lower parts, the symptoms of irritation of the peritoneum are slightly positive.

17. The 52-years old woman suffering from obesity, complains of bloody discharge from sexual paths during 4 days. Last normal menses were 2 years ago. Histological investigation of biopsy of the endometrium has revealed adenomatous hyperplasia.

17. The woman complains of slight dark bloody discharge and mild pains in the bottom of abdomen for several days. Last menses were 7 weeks ago. The test for pregnancy is positive. Bimanual investigation: the body of the uterus is about 5-6 weeks of pregnancy, has softish consistence, painless. On the left side in range of appendages there is a retortlike formation, with dimensions 7x5 cm, mobile, painless.

18. The 24-years old woman, earlier not pregnant, terminated to accept oral contraceptives. After last reception of a drug she had one menses, and then within 6 months the amenorrhea was observed.

19. 26 years old woman has addressed in female consultation with complaints of mucopurulent excretions from sexual paths, blunt periodic pains in the bottom of a gaste, frequent, painful urination. At survey of the uterine neck in mirrors the hyperemia around of outside fauces, puffiness mucosa, and also abundant mucopurulent excretions are defined.

20. In a gynecologic hospital the patient of 33 years old with complaints of sharp pains in the inferior regions of a gaste, a fervescence up to 38 C, excretions from a vagina of purulent character has arrived. There were not labors and abortions in an anamnesis. Sexual life is random. At bimanual research neck of the uterus of the conic form, fauces it is closed. The uterus is not enlarged, morbid at a palpation. Appendages are enlarged, morbid from both sides. Vaults of the vagina are painless.

22. The 24-years woman after labors has addressed to the doctor with complaints on absence of a menses within 6 months. The first pregnancy was finished with a caesarian section under indications: premature exfoliation of a normally posed placenta, an intra-uterine asphyxia of a fetus. The hemorrhage has made 2000 ml.

22. Woman of 30 years old complains of the absence of menses during 2 years after labors. Labors have become complicated by a massive bleeding. After labors

the patient has noted abaissements of a hair, a lose of weight. At bimanual research the body of the uterus diminished, vulvar lips are hypoplastic.

23. A patient complains of an irregular menstrual cycle, substantial growth of mass of a body, a hirsutism, barrenness. At bimanual research the uterus is a little bit less than normal, dense from both sides, mobile ovaries in the dimensions 4x5x4 sm.

24. The patient of 40 years old shows complaints on excretions from a vagina of yellow colour; in an anamnesis - 1 labors and 2 abortions. At survey in mirrors: mucosa is hyperhaemic, on a back labium of neck of the uterus there are hazy fields with legible contours. Bimanual research: a body of the uterus and appendages are without pathological changes. The excretions are white, foamy, in unguentum – vaginal trichomonades and blended flora.

25. The 23-years old woman has addressed with complaints of serous-purulent discharges from a vagina, a pain in the bottom of a stomach, a fervescence at the end of a menses.

26. At the 18-years old woman never before was in labors 6 months ago the gonorrhoea was revealed. She received ampicillin per os. Within last month she also received ampicillin concerning inflammatory process of organs of a small pelvis. At a palpation the expressed morbidity in the inferior departments of a stomach is marked. Concentration of the Gonadotropinum is normal.

27. At a gynecologic hospital the woman with complaints of sharp pains in the inferior departments of a stomach, a fever up to 38 C, the purulent excretions from a vagina is delivered. Sexual life is random. At bimanual research the morbid appendages of an uterus, and purulent excretions are defined.

28. At the women of 28 years who did not become pregnant earlier, in the period of a menses have appeared pains in the bottom of a venter whining, arching character. At the bimanual examination the uterus tumorous formation is determined in the size 8x7x7 sm, the nonuniform consistence, morbid at shift, mobile circumscribed.

29. The patient 28 years with complaints to pains in the bottom of a venter, intensified on the eve and during a menses, barrenness during 5 years. In an anamnesis a resection of a dextral ovary concerning a breakage of a cyst. A uterus in anteflexio, circumscribed mobile, the normal size, painless; on the right and to the back from a uterus tumorous formation in the size 8x8 sm., elastic consistence, inactive, connected with posterior-lateral face of a uterus, moderately morbid is palpated; the left-hand appendages are not enlarged.

30. The patient 45 years shows complaints to an abundant morbid menses, hemal discharges from sexual routes before and after a menses. The uterus in a

retroflexio, enlarged up to the size conforming of 8-9 week pregnancies, the dense, circumscribed mobile; appendages from both sides are not determined, parametrium is free, discharges mucous, light.

31. A 30-year-old woman complained to her doctor about the absence of menstruation for 2 years after the second birth, which was complicated by massive hypotonic bleeding. After childbirth, the patient notes hair loss, weight loss. Objective: asthenic. At gynecological examination: the external genitalia are hypoplastic, the cervix is cylindrical, the body of the uterus is small, painless, the appendages of the uterus are not palpable.

32. The 29-year-old woman went to a gynecologist with complaints of irritability, tearfulness, headache, nausea, sometimes vomiting, heart pain, tachycardia, memory loss, and flatulence. These complaints occur 6 days before menstruation and disappear on the eve or in the first two days. At gynecologic research of pathological changes from female genitals it is not revealed.

33. A 45-year-old woman complains of intermittent pain and heaviness in the lower abdomen, low-grade fever, and has lost 5 kg in the last 6 months. Menses are regular, painless, moderate. In the anamnesis of 2 physiological childbirths. At the general inspection: the lowered food, a pale skin, pulse – 76 for 1 min, Blood pressure 120/70 mm.Hg At gynecological examination: the cervix and body of the uterus without pathological changes, on both sides of the uterus are palpated appendages of the uterus measuring 7 x 8 cm are not mobile, fill the entire pelvis. The posterior arch is bulged by these tumors. In the general analysis of blood Hb – 85 g/l, er – $2,3 \times 10^{12}/l$, leukocytes - $4,0 \times 10^9/l$, leukoformula: eosinophils - 7%,

rod-nuclear - 5%, segment-nuclear - 56%, lymphocytes - 15%, monocytes - 6%.
ESR – 60 mm/h.

34. A 43-year-old patient complains of bloody discharge from the genitals after sexual intercourse, lifting heavy things. These bloody discharges are not related to the menstrual cycle. Somatically healthy. History of 1 medical abortion. The menstrual cycle is regular. When examined in mirrors: the cervix is cylindrical, the outer eye is closed, on the front lip is determined by a large number of papillary growths that bleed when touched. At bimanual research: a body of a uterus and appendages from both parties without pathology. Parameters are free.

35. A 47-year-old woman complains of vaginal bleeding within 2 weeks, which appeared after a delay of menstruation for 3 months. Menarche at 13 years old. Menstruation last year is irregular. In the clinical analysis of blood: Hb - 90 g/l, er. - $2,0 \times 10^{12}/l$, leukocytes - $5,6 \times 10^9/l$, ESR - 11 mm/h. Vaginal examination: uterus of normal size, appendages are not palpable, bloody discharge is abundant.

36. A 28-year-old woman applied to the women's clinic with complaints of no pregnancy. Married, married for 4 years. Sex is regular, does not use contraceptives. There were no pregnancies. Menarche at 13 years old. Menses are regular, moderate. At inspection of the woman it is established: a condition of genitals without deviations from norm. Uterine tubes are passable. Basal temperature during 3 menstrual cycles 36.7-36.9. Spermogram is normal.

37. A 35-year-old patient was admitted to the gynecological department of the oncology dispensary with complaints of bloody discharge after sexual intercourse. Gynecological examination: on the cervix near the outer eye revealed a defect of the epithelium 1 x 0.5 cm Schiller test in this area is negative Uterus, appendages and parameters without pathological changes. The result of the PAP test type 4.

38 A 62-year-old woman went to a gynecologist with complaints of moderate genital bleeding within one day after working in the backyard. Suffers from hypertension, diabetes. Menopause 4 years. There were no pregnancies. Gynecological diseases denied. On gynecological examination, the cervix is conical, the outer os is closed, and there is little bloody discharge from the cervical canal. The body of the uterus is normal in size, the appendages of the uterus are not enlarged.

39. A 26-year-old woman went to a women's clinic with complaints of lower abdominal pain, which worsens during menstruation, smearing brownish-red discharge before menstruation. These symptoms began 2 years ago after "cauterization" of the cervix due to erosion and gradually worsened. Examination in mirrors: on the cervix 2 dark red inclusions measuring 3 x 5 mm.

40. A 25-year-old pregnant woman complains of aching pain in her lower abdomen and lower back. This pregnancy is III at 18 weeks. History of 1 medical abortion, 1 miscarriage 24 weeks a year ago. The general condition is not disturbed. Vaginal examination: the cervix is shortened to 1.5 cm, the cervical canal passes 1 transverse finger, the amniotic sac does not prolapse.

41. A 38-year-old patient complains of pulling pain in the lower abdomen and lower back throughout the month, which worsens on the eve of menstruation; premenstrual dark bloody discharge, profuse menstrual bleeding. In the anamnesis of 4 artificial abortions, 1 childbirth. At gynecological examination: the cervix and vagina without pathological changes, the body of the uterus is spherical slightly enlarged before menstruation, sensitive to palpation, the uterine appendages are not changed. Ultrasound revealed individual foci of increased echogenicity in the myometrium, an increase in anterior-posterior size of the uterus, the presence of rounded hypoechoic inclusions with a diameter of 2 mm.

42. A 33-year-old woman has been complaining of no pregnancy for 5 years. The menstrual cycle is regular. In the anamnesis - before marriage treated chlamydia infection. The man is healthy, the spermogram is fertile. A complete clinical examination of the woman was performed: hormonal function is not impaired, urogenital infections are absent, on hysterosalpingography – the fallopian tubes on both sides are partially filled with contrast to the ampullary department, contrast is not visualized in the abdominal cavity.

43. The 55-year-old patient complains of sleep disturbances, up to 10 "hot flashes" per day, blood pressure fluctuations, tachycardia attacks. Treatment by a neurologist and cardiologist did not give the desired effect. Last menstruation 2 years ago. At gynecologic inspection pathological changes of a uterus and appendages are not revealed. At ultrasound examination: uterus 54x47x34 mm, M-echo 3 mm, ovaries 29x20x15 mm follicular apparatus is not expressed. High levels of FSH and LH in the blood, low estrogen content.

44. A 32-year-old woman went to the doctor with complaints of heavy and prolonged menstruation, which has been going on for 6 months, general weakness, dizziness. The skin and visible mucous membranes are pale. Vaginal examination revealed: the uterus is enlarged to 9-10 weeks of pregnancy, the correct shape, painless, mobile, the appendages on both sides are not palpable, no infiltrates in the pelvis, the vaults are free.

45. A 45-year-old woman complains of intermittent pain and heaviness in the lower abdomen, low-grade fever. Menses are normal. History of 2 births. Pulse -76 bpm. BP 120/70 mmHg Vaginal: palpable bilateral tumors of the uterine appendages, larger than the fist; tumors are not mobile, fill the entire pelvis. The posterior arch is protruding. ESR- 60 mm/h blood test, moderate lymphopenia, eosinophilia.

46. A 26-year-old woman complains of delayed menstruation for 3 weeks, nausea, mostly in the morning. The pregnancy test is positive. The menstrual cycle is regular. There were no pregnancies. Examination revealed: cyanotic mucous

membranes of the cervix and vagina, soft body of the uterus, slightly enlarged. On the left palpated tumor, painful on palpation. Ultrasound of the embryo in the uterine cavity was not detected.

47. Patient B., 38 years old, 5 years old, is observed for uterine fibroids (tumor size - up to 10 weeks of pregnancy), complains of heavy prolonged menstruation, in which the amount of hemoglobin is reduced to 80 g/l. 5th day of menstruation, profuse discharge, the patient is pale.

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48. The patient is 34 years old. Uterine fibroids were discovered 2 years ago. There is no rapid growth. Complains of lower abdominal pain. Leukocytosis $17 \times 10^9/l$. Symptoms of peritoneal irritation are positive. At vaginal research the uterus is increased to 10 weeks of pregnancy, hilly, one of knots is mobile, painful.

49. A 43-year-old patient complains of bloody discharge from the genitals after sexual intercourse, lifting weights. Blood secretions are not associated with the menstrual cycle. When examined in mirrors: the neck is cylindrical, the eye is closed, on the front lip is determined by a large number of papillary growths that bleed when touched. The body of the uterus and appendages on both sides without pathology. Parameters are free.

50. The patient is 29 years old, complains of sharp pains in the lower abdomen. The pain came on suddenly. The last period was 10 days ago, on time. Childbirth - 2, abortion - 2. Half a year ago, an ovarian tumor was found. Pulse - 100 beats per minute, rhythmic, breaths 22 per minute. The tongue is dry, not coated. The abdomen is bloated, tense, sharply painful, especially on the left. The body of the

uterus is not clearly defined due to the tension of the anterior abdominal wall. Right appendages are not defined. In the area of the left appendages, the tumor is palpated with a tight elastic consistency, limited mobility, painful. Parameters are free.