

Station 4 "Emergency conditions in obstetrics and gynecology."

Questions for each task:

1. Set an emergency.
2. Necessary examination methods for this pathology.
3. What diseases should be used for differential diagnosis?
4. Determine the tactics of emergency care.
5. Indicate the dose and frequency of use of necessary medications.

1. A woman was admitted to a gynecological hospital with complaints of sudden sharp pain in the lower abdomen. Body temperature 38 C, pulse 100/min, BP - 120/80 mm. Hg. A 1 year ago, upon examination, she was diagnosed with a tumor of the right ovary. She refused the operation. During the examination: the abdomen is moderately swollen, painful on palpation in the lower sections, the symptoms of peritoneal irritation are positive. In a bimanual examination, the uterus is of normal size, painless, the mass of up to 8 cm was determined on the right side, sharply painful, dense, with clear contours. In the clinical analysis of blood - leukocytes $12 \times 10^9 / l$, stab neutrophils 15%, ESR 18 mm / hour.

2. She went to the gynecologist a 24 years old woman complaining of lower abdominal pain, which is bothering her for two months, gradually growing, now also a weakness. Menstruation is regular, but the last two months are very scarce. A pregnancy test is slightly positive. The abdomen on palpation is soft, painful more in the right iliac region, where the weakly positive Shchetkin-Blumberg symptom manifests itself. During a gynecological examination, it was found that the uterus is soft, slightly enlarged; a tumor-like formation of a test-like consistency is palpated in the right area of the uterine appendages, painful during the investigation. In the ultrasound: the thickness of the endometrium of 19 mm, a small amount of free liquid in Cul-de-sac, right side to the uterus fetal sac visualized.

3. A pregnant woman of 30 years old with swelling of the lower extremities, complaints of sharp abdominal pain, and bleeding from the vagina, which began 2 hours ago during the morning toilet, was delivered to the hospital. The pregnancy is 34 weeks. The last two weeks noted an increase in blood pressure and swelling of the legs, was not treated. The condition of the woman is dangerous. BP 70/20 mm Hg, pulse 120 / min. Impaired consciousness. The uterus is in hypertonicity; the fetus is not clearly defined due to uterine tension; the fetal heartbeat is not heard. In the vaginal examination, the cervical canal passes the finger along the entire length; the amniotic membrane is tense. Vaginal discharge is dark blood with clots.

4. A 22-year-old woman in labor at a gestational age of 37 weeks was received 2 hours after the onset of labor. Complaints of pain in the epigastric region, vomiting, blurred vision. BP 180/130 and 170/120 mm Hg. Severe swelling of the legs, feet, anterior abdominal wall, fibrillar twitching of facial muscles of the face. Contraction of the uterus every after 4 minutes for 30-35 seconds. The fetal head is pressed to the inlet to the pelvis. The fetal heart rate is clear, rhythmic, 136 beats per minute. Proteinuria 3 g / 24 hours. A vaginal examination: the cervix is smoothed, the dilatation to 3 cm. The amniotic membrane is intact.

5. At the 36th week of pregnancy, the first pregnant woman was delivered to the maternity ward in serious condition with complaints of dizziness, weakness, severe abdominal pain, uterine tension, which started 2 hours ago. BP 60/40 mm Hg, pulse 110 in 1 min. The uterus corresponds to the period of pregnancy; according to hypertonicity, it is sharply painful in the place where the protrusion is noticeable. Faint fetal heartbeat 80 beats per 1 minute. Ultrasound revealed a retroplacental hematoma with a volume of about 1 liter. A vaginal examination: cervix 2.5 cm long, closed.

6. The first pregnant woman, 19 years old, was delivered by an ambulance group to the unconscious perinatal center with a venous catheter. It is known from the exchange card that the gestational age is 37 weeks, was observed irregularly in the antenatal clinic, blood pressure and proteinuria periodically increased from 28 weeks to 1 g / l. According to a friend during a walk, the pregnant woman suddenly fell unconscious. An ambulance doctor recorded clonic seizures of limbs, a bite of the tongue, blood pressure of 200/120 mm Hg. The uterus is soft, not tense. The fetal heartbeat is dull, rhythmic 70 beats in 1 minute.

7. Pregnant 21 years old at home suddenly fell unconscious, skin is cyanotic, convulsions. A few minutes later she came up; she did not remember the seizure. Before the ambulance arrived, there were two more such attacks. Pregnancy is 30 weeks. The antenatal clinic was not observed. BP 180/120 mm Hg, urine excreted by a catheter in an amount of 40 ml of a dark yellow color. The uterus is in good shape. The position of the fetus is longitudinal. Fetal heartbeat deaf rhythmic 100 beats in 1 minute.

8. The delivery on time in a woman with preeclampsia. Ancestral labor began. Suddenly, convulsions of the face and upper limbs appeared. BP 200/130 mm Hg The fetal heartbeat is muffled, rhythmic 100 beats in 1 minute. In vaginal examination: the cervix is fully delated, the amniotic sac is absent. Presented is the fetal head in the narrow part of the small pelvis. The sagittal suture in right oblique size, small fontanel on the left at the symphysis.

9. In a woman in labor weighing 78 kg after the birth of the placenta, uterine bleeding began. When examining the placenta, a defect of 3 x 4 cm found on the maternal surface. Blood loss was 800 ml.

10. Delivery is urgent, quick. A newborn is weighing 3800.0 g with a growth of 54 cm. After the birth of the placenta, the bleeding began. The uterus is soft, the fundus of uterus is at the level of the navel. The use of oxytocin did not give the desired effect. Bleeding continues. Blood loss amounted to 1200 ml.

11. Postpartum woman 40 years old. History: two births, there were no abortions. The woman's weight is 70 kg, height 174 cm. The third physiological vaginal delivery stops on time at the birth of a healthy baby weighing 3600.0 g, height 52 cm. 1 hour after birth, uterine bleeding intensified, blood loss was 500 ml. The uterus is soft, during the massage it contracts, it becomes dense, the fundus of the uterus is at the level of the navel.

12. The second pregnancy at 42 weeks—unsuccessful attempt to induce labor. During the cesarean section, after removing the child and the placenta, uterine bleeding began. In a laboratory study: Lee-White coagulation time-5 min., Spontaneous clot lysis - no, APTT - 28 sec., Platelets- $210 * 10^9 / l$, prothrombin time - 8 sec, thrombin time - 22 sec, fibrinogen - 4,5 g / l.

13. The third birth carried out with the stimulation of labor, ended with the imposition of output obstetric forceps. A baby was born weighing 3600.0 g, height 51 cm, with an Apgar score of 7-9 points. After the birth of the child, uterine bleeding began. Conservative methods of stopping bleeding have been performed. In a laboratory study: blood coagulation time according to Lee-White - 7 min., Spontaneous lysis of a clot - no, APTT -27 sec., Platelets - $150 * 10^9 / l$, prothrombin time - 12 sec., Thrombin time - 65 sec., Fibrinogen - 3 g / l.

14. After the second stage delay in delivery, the woman began to bleed. The placenta stood out whole. The uterus is dense, the bottom of the uterus is two transverse fingers below the navel. The birth canal examined - no damage was found. Blood loss is gradually increasing. In laboratory studies: Lee-White coagulation time - 15 min, spontaneous clot lysis - quickly, APTT - 70 s, platelets - $65 * 10^9 / l$, prothrombin time - 16 s, thrombin time - 120 s, fibrinogen - 1.2 g / l.

15. A woman in labor in the early postpartum period developed hypotonic uterine bleeding. Conservative measures did not give the desired effect, bleeding continues. In a laboratory study: the coagulation time, according to Lee-White, is 65 min, the clot does not form, APTT - 85 sec, platelets - $40 * 10^9 / l$, prothrombin time - 22 sec, thrombin time - 200 sec, fibrinogen is not determined.

16. The woman in labor on the third day after cesarean section, the indications of which were premature rupture of the amniotic membranes and ineffective induction

of labor, developed the following menacing symptoms: fever up to 39.5 °C, heart rate-100 beats in 1 minute., RR -25 in 1 minute. Laboratory: platelets - $80 \times 10^9 / l$, elevated C-reactive protein, procalcitonin - 8 ng / ml, circulating microorganisms in the blood culture, test for endotoxin-positive.

17. A woman in labor (37 weeks) with preeclampsia in the 1st stage of labor experienced an attack of seizures. BP 200 / 120 mm Hg. Fetal heartbeat rhythmic deaf 90 beats in 1 minute. During internal obstetric examination - the cervix is smoothed, the opening of the uterine cervix is 6 cm, the amniotic sac is intact, the head of the fetus is presentation, pressed to the entrance to the small pelvis.

18. A woman in labor (38 weeks) with preeclampsia in the 2nd stage of labor had convulsions, loss of consciousness. BP 160/110 mm Hg, Pulse 96 in 1 minute. The fetal head in the pelvic cavity. Fetal heartbeat rhythmic muffled 100 beats in 1 minute.

19. A pregnant woman with regular labor for 8 hours and vaginal bleeding, which began 1 hour ago, admitted to the maternity ward. Regarding pregnancy, the doctor not observed and was not examined. Objectively: the skin is pale, BP 90/50 mm Hg, Ps - 102 in 1 min. Contraction after 3-4 minutes for 25-30 seconds. The fetal heart rate of 100 beats / min., deaf. During a vaginal examination of the woman in labor (39 weeks): opening the uterine cervix by 4 cm, the amniotic membrane is not damaged, the spongy tissue is palpated through the uterine cervix—allocations of bright red color with clots of 500 ml.

20. Childbirth at 42 weeks of gestation ended with the use of low forceps for fetal distress. Five minutes after the delivery of the placenta, the woman started to have chills, she was agitated, there was a sudden pallor of the skin, sharp chest pain, and noisy breathing. Blood pressure 80/50 mm Hg, heart rate 120 beats per 1 min, body T 38.6° C, SpO2 85%.

21. During an urgent cesarean section due to premature detachment of a typically located placenta after removal of the fetus and placenta, the woman's saturation suddenly decreased to 75%, a sharp pale skin, heart tachycardia 110 beats per 1 min, chills. After a short period, bleeding from the uterus and laparotomy wound began.

22. The maternity ward received a pregnant woman at 37 weeks of gestation with complaints of lack of fetal movement within 3 days. As for pregnancy, the doctor was not observed. Ultrasound is diagnosed with complete placenta previa and antenatal fetal death. During cesarean section, uterine bleeding and a postoperative wound bleeding occurred. Lee-White coagulation time is more than 12 s, spontaneous clot lysis is fast, APTT is 80 sec, platelets are $80 \times 10^9 / l$, prothrombin time is 18 sec, thrombin time is 140 sec, fibrinogen is 1.5 g / l.

23. A woman in labor has placenta retention in the uterus; manual removal of the placenta was performed. After this operation, the woman suddenly started anxiety, coughing, sharp chest pains, shortness of breath, chills. The skin is pale, blood pressure 85/50 mm Hg, pulse - 112 in 1 min.

24. A pregnant woman (gestational age 34 weeks) admitted to the department of pregnancy pathology due to premature detachment of a typically located placenta. Ultrasound revealed a small retro placental hematoma. The woman complained of sharp chest pain, chills, a sense of fear. Objectively: the skin is pale, noisy breathing, blood pressure 95/50 mm Hg, pulse - 116 in 1 min.

25. A pregnant woman delivered to the perinatal center with partial placenta previa. Gestational age 35 weeks. From relatives, it knew that blood loss is about 1.2 liters (1.5% of body weight). Bleeding continues. The woman is weak. The skin is pale. BP 90/50 mm Hg, pulse - 112 in 1 min.

26. Maternal hypotension in the uterus occurred in the early postpartum period. Blood loss was 1.5 L (1.8% of body weight). The uterus periodically relaxes, and bleeding resumes. Blood secreted from the birth canal does not clot. The skin is pale. BP 90/40 mm Hg, pulse - 120 in 1 min.

27. Pregnant delivery by cesarean section for fetal distress against gestational pyelonephritis. The postoperative period complicated by endometritis. Objectively: blood pressure 80/50 mm Hg, pulse - 120 in 1 min., BH 25 in 1 min, diuresis 30 ml / h, petechial rash on the skin. Clinical blood test: Hb 75 g / l, white blood cells - $15 \cdot 10^9 / l$, stab neutrophils - 25%, platelets - $150 \cdot 10^9 / l$.

28. A 40-year-old pregnant woman has a stomach ulcer. In the gestational age of 11 weeks, she developed a clinic of acute gastrointestinal bleeding. In shock, a pregnant woman hospitalized in the surgical department.

29. Pregnant 30 years old, second full-term pregnancy hospitalized in the perinatal center with active labor and complaints of suffocation, palpitations, rapid fatigue. For anamnesis: frequent tonsillitis, acute respiratory viral infections, from 16 years old rheumatism in the inactive phase, mitral stenosis of the II degree, circulatory failure II A degree. Contractions in 1-2 minutes for 35-40 seconds. Fetal heartbeat rhythmic 154 beats in 1 min. In vaginal examination: the cervix is fully dilated, the amniotic membrane is intact, the fetal head presented with a large segment at the entrance to the small pelvis, the of the sacropromontory is not reached.

30. A 24-year-old woman admitted to the gynecological department for artificial abortion of pregnancy in term of 7 weeks. A history of one birth, four abortions, the latter ended in acute endometritis. During the instrumental abortion, the curette

penetrated the uterine cavity to a depth of more than 12 cm, bleeding increased, and removal of the fetal egg not completed.

31. In a 36-year-old woman, profuse blood spotting from the vagina observed for two weeks. Such a violation of the menstrual cycle arose for the first time. A history: polycystic ovarian syndrome, infertility, IVF, and one pregnancy, which ended in childbirth. Objectively: BMI 35, blood pressure 130/90 mm Hg, Ps 78 in 1 min, Hb 120 g / l. During a gynecological examination: the cervix is cylindrical, the blood is plentiful, the uterus is normal size, the appendages of the uterus on both sides are slightly enlarged painless.

32. A 22-year-old woman admitted to the gynecological department with complaints of pain in the lower abdomen, which arose suddenly during classes in a fitness club. From the anamnesis: last menstruation two weeks ago, there were no pregnancies. She denies gynecological diseases. The skin is pale pink, blood pressure 120/80 mm Hg, pulse 80 in 1 min, body T 36.7 C. The abdomen on palpation is painful, a negative symptom of Shchetkin-Blumberg. In the vaginal examination: the uterus and right appendages are not enlarged, sharply painful appendages on the left. The vaginal fornix is deep.

33. A 27-year-old woman who was in the gynecological department with suspected ectopic pregnancy suddenly lost consciousness. In the anamnesis: the menstrual cycle is regular, one childbirth, suffered acute gonorrhoeal salpingitis, does not use contraceptives. Objectively: the skin is pale, moist, blood pressure 80/50 mm Hg, pulse 120 in 1 min, the abdomen is tense, painful on palpation in the lower parts, there is also a positive symptom of Shchetkin-Blumberg. A gynecological examination is difficult due to muscle tension in the anterior abdominal wall; the posterior vaginal fornix is sharply painful, bulging.

34. A 37-year-old woman has abundant bleeding for two weeks, which began seven days earlier than the next menstrual period. The patient associates this with the stress suffered the day before. Two months ago, in the same situation, she underwent a diagnostic curettage of the walls of the uterine cavity. The result of the histological examination is a simple atypical endometrial hyperplasia. Somatically healthy. She is Para 2; there were no abortions. Gynecological diseases denied. BP 120/80 mm Hg, pulse 76 in 1 min, BMI - 25, Hb 115 g / l. Has no bad habits.

35. A teenager of 14 years with abundant blood flow was admitted to the gynecological department for two weeks during the next menstruation. Menarche at 13 years old; the menstrual cycle is irregular. They were repeatedly treated on this occasion and moderate anemia. Objectively: the skin is pale pink, moist, blood pressure 120/70 mm Hg, Ps 82 per 1 min, the abdomen is soft, painless, menstrual flow abundant, Hb 110 g / l. Ultrasound of the uterus and appendages of the

pathology was not detected. Conducted symptomatic therapy is ineffective, bleeding continues.

36. A 38-year-old woman complains of severe cramping pains in the lower abdomen, profuse blood discharge from the genital tract. In the anamnesis: the menstrual cycle is regular 28 days, during one year of menstruation, plentiful for seven days, the last menstruation three weeks ago. Childbirth 2, spontaneous abortion - 1, she does not use contraception, she was not pregnancy. On speculum examination, it found that pink tissue with a diameter of 3 cm visualized in the external os. The body of the uterus is not enlarged, dense, painful. Uterine appendages are not enlarged, painless. The vaginal vault is deep.

37. A woman came to the gynecological department complaining of a delay in menstruation for two weeks, small blood discharge from the genitals, pain in the lower abdomen, more on the left, vomiting, weakness. In anamnesis: chronic salpingitis. In a bimanual examination: the uterus is slightly enlarged, softened, the appendages on the left are enlarged, painful on palpation. The posterior vaginal fornix is bulging. The reaction to chorionic gonadotropin is positive. An ultrasound examination: of the fetal sac in the uterus was not found. The left fallopian tube is enlarged, the contents in the cavity are inhomogeneous. Free fluid in the cul-de-sac.

38. A 38-year-old patient delivered urgently, with complaints of weakness and pain in the lower abdomen, which radiates to the rectum. Complaints appeared suddenly after intercourse. The last menstrual period two months ago. The skin is pale, pulse - 102 in 1 min., Body temperature 36.9 0 C, blood pressure - 90 \ 60 mm Hg. The abdomen is tense, painful in the lower parts; the symptoms of peritoneal irritation are positive. During vaginal examination: the uterus is slightly enlarged, appendages on the right are sausage-shaped 3x6 cm, painful on palpation, the posterior vaginal fornix bulge. The uterine appendices on the left are unchanged.

39. A 47-year-old woman referred to the doctor of the women's consultation. She has complaints of pain in the lower abdomen, which bothered her for 15 days. Within five days, the patient took no-spa, diclofenac, amoxicillin. There was no improvement. History: medium-sized nodular uterine leiomyoma, cervical ectropion. Objectively: body temperature 37.8⁰ C, blood pressure 120/80 mm Hg, Ps 88 in 1 min. The abdomen is painful upon palpation in the lower abdomen; the symptoms of peritoneal irritation are positive in the iliac regions. A gynecological examination revealed that the uterine body enlarged as in an 8-week pregnancy, tuberous due to myomatous nodes, sharply painful in the area of one of them. Uterine appendages not enlarged. In the clinical analysis of blood Hb 110 g / l, white blood cells $11 \times 10^9 / l$, ESR 20 mm / hour.

40. A 29-year-old woman was hospitalized in the gynecological department complaining of severe pain in the lower abdomen, which arose suddenly, nausea,

vomiting, chills. There was no history of pregnancy, chronic salpingo-oophoritis with frequent exacerbations. Objectively: the general state of moderate severity, body temperature 38.50 C, abdomen sharply painful in all departments, positive symptoms of peritoneal irritation. Gynecological examination to the left of the uterus revealed a tumor-like formation with fuzzy contours due to adhesions with adjacent organs. The posterior vaginal vault is overhanging. Vaginal discharge purulent. Clinical blood test: hemoglobin 110 g / l, white blood cells 16×10^9 / l, stab neutrophils 25%, ESR 30 mm / hour.

41. A 29-year-old patient complains of acute pain in the lower abdomen, nausea, and vomiting. Objectively: blood pressure - 120 \ 80 mm Hg, pulse - 108 in 1 min., body temperature 38⁰ C. The tongue is densely lined with white coating, the abdomen is evenly swollen, sharply painful in the lower sections. Symptom Shchetkina-Blyumberg positive. Vaginal examination: the body of the uterus is not enlarged, mobile, painless. To the right of the uterus, a formation of 7 x 7 cm is palpated, of a tight-elastic consistency, sharply painful. Left appendages are not detected.

42. Thirty-six years old woman, sixth pregnant was admitted. The labor activity lasts since 4 hours ago. The fetus's position is transverse; the fetal head palpated on the left, buttocks - on the right. Five liters of amniotic fluid poured out two hours ago. A fetal arm sticks out of the vagina. The fetal heart rate is not determined. On vaginal examination: the cervix is fully open, the amniotic sac is absent, the fetal shoulder and arm presentation in the pelvic cavity.

43. A 32-year-old pregnant woman was hospitalized in the gynecological department with cramping pains in the lower abdomen and uterine bleeding with a gestational age of 10 weeks. Objectively: the general condition is severe, the skin is pale, heart rate is 100 beats/min, blood pressure is 95/50 mm Hg, body t is 36.0. The abdomen is soft, painful over the bottom. Symptoms of peritoneal irritation are negative. In a vaginal examination: the uterine body is increased to 8 weeks of pregnancy, painful, the cervix admit two fingers. Uterine appendages are not enlarged. The vaginal arches are deep. No infiltrates found in the pelvis. Abundant blood discharge with clots.

44. In the third stage of the fourth urgent birth, no signs of separation of the placenta. The uterus is relaxed—the Krede-Lazarevich method used to remove the placenta. Suddenly, the woman felt a sharp pain in her abdomen, lost consciousness. A soft, bright red formation, on which the placenta is locating, hangs from the vagina.

45. A mother with a mitral valve insufficiency after a cesarean section on day 1 complained of coughing, chest pain, aggravated by breathing. Noteworthy is cyanosis of the skin of the face, rapid and shallow breathing, heart rate of 120

beats/min, blood pressure 95/50 mm Hg, body t 38.0. The abdomen is soft, painless. The wound dressing is dry. The uterus is dense, painless, the uterine fundus 4 cm below the navel—Lochia bloody moderate.

46. In the first period of urgent birth, a woman in labor is excited. Contractions of a convulsive nature, painful, the uterus practically does not relax, is overstretched, painful on palpation. Contraction ring at the navel. The palpation of the fetus is difficult due to uterine tension. Arrhythmic fetal heartbeat clearly 180 beats in 1 minute. Within 2 hours with the full opening of the cervix, the advancement of the fetal head does not occur. Urine excreted with a catheter - with blood. Vaginal discharge bloody moderate.

47. The first period of urgent delivery lasts 10 hours; the amniotic fluid flowed 3 hours ago. The woman in labor was anxious, agitated, complained of sharp abdominal pain. Uterus painful on palpation acquired an asymmetric shape. The fetus is palpated outside the uterus. The fetal heart rate is not heard. Vaginal discharge bloody moderate.

48. On the 2nd day after an emergency cesarean section, a woman presented with the following threatening symptoms: temperature up to 39.3 °C, heart rate - 110 beats per 1 minute, Respiration Rate -26 in 1 minute. Laboratory: platelets - $90 \times 10^9/l$, elevated levels of C-reactive protein, circulating microorganisms in the blood culture, test for endotoxin is positive.

49. The woman in labor is 35 years old. In the history of 1 birth, there were no abortions: weight 80 kg, height 164 cm. The second urgent physiological birth ended in the birth of a healthy baby weighing 3800.0 g, height 54 cm. After the delivery of the placenta, uterine bleeding increased; blood loss was 400 ml and continues. The uterus is soft, shrinks when massaged, becomes dense—the fundus of the uterus - at the level of the navel.

50. Pregnant 36 years old delivered unconscious. Pregnancy 35 weeks, was not registered for pregnancy in the antenatal clinic,. It is known that even before pregnancy, there was a periodic increase in blood pressure, the last week's swelling of the limbs, and face. According to her husband, the pregnant woman suddenly fell unconscious; there were cramps. Objectively: clonic convulsions of the extremities, bitten tongue, blood pressure 200/120 mm Hg The uterus is in good shape. Fetal heart rate deaf rhythmic 70 beats in 1 minute.