

**MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE**  
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**MEDICAL FACULTY**  
**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

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**Topic: Encyclopedia of multiple choice questions. Full version.**  
**Obstetrics and gynecology (KROK II).**

*Tutorial for practical lessons of obstetrics and gynecology for students of the 4<sup>th</sup>, 5<sup>th</sup>  
course of medical faculty*

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## PREFACE

The system of licensed integrated exams is a complex of methods of standardized diagnostic of the level of professional competence. The aim of the licensed integrated exam is to establish whether the level of professional competence of graduates (boarding) is appropriate to the minimum required level in accordance with the requirements of higher education.

"KROK II" is an exam on professional-oriented subjects that correspond to the content of education training program for professionals. "KROK II" is part of state certification of students and is taken on the graduation year of study.

All students who pass the exam "KROK II" are not allowed to pass state graduation exams. These students do not receive the license certificate examinations are considered as not passed state certification, without receiving a diploma of graduation and can retake the exam license no earlier than one year. Beginning from the 2015/2016 educational year, the minimum criteria of passing the licensed integrated exams are for KROK I and KROK II – 60,5%.

The mcqs in the tutorial are from the booklets of KROK II form 2005-2015 years. All the answers are "A".

## MCQs module I

#

1. At term of a gestation of 40 weeks height of standing of a uterine fundus is less than assumed for the given term. The woman has given birth to the child in weight of 2500 g, a length of a body 53 cm, with an assessment on a scale of Apgar of 4-6 points. Labor was fast. The cause of such state of the child were:

- A. Chronic fetoplacental insufficiency
- B. Delay of an intra-uterine fetation
- C. Placental detachment
- D. Infection of a fetus
- E. Prematurity

#

2. A woman, primagravida, consults a gynecologist on 05.03.2002. A week ago she felt the fetus movements for the first time. Last menstruation was on 10.01.2002. When should she be given maternity leave?

- A. 8 August
- B. 25 July
- C. 22 August
- D. 11 July
- E. 5 September

#

3. A 30 y.o. primipara has intensive labor pushings with an interval of 1-2 min and of 50 sec duration. There is a appearing of the fetus head. Perineum is of 4 cm height, has turned pale. What should be done in this case?

- A. Episiotomy
- B. Perineum protection

C. Perineotomy

D. Vacuum extraction of the fetus

E. Observation

#

4. A primipara 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?

- A. Caesarean section
- B. Vacuum extraction of the fetus
- C. Obstetrical forceps
- D. Conservative tactics of labor
- E. Stimulation of the labor activity

#

5. A 30 y.o. woman has second labor which lasts for 14 hours. The fetus heartbeat is muffled, arrhythmic, 100 bpm.

On vaginal examination: complete cervix

dilatation, fetus head is in the area of small pelvis outlet. Sagittal suture is in the direct size. The small fontanelle is at the symphysis. What is the further tactics of the labor?

- A. Application of obstetrical forceps
- B. Stimulation of the labor activity with oxytocine
- C. Caesarian section
- D. Application of craniodermal forceps by Ivanov's
- E. Application of obstetrical cavity forceps

#

**6.** A woman in labor, on vaginal inspection: cervix dilation is up to 2 cm, fetal bladder is intact. Sacral cavity is free, sacral promontory is reachable only with a bent finger, the inner surface of the sacrococcygeal joint is accessible for inspection. The head of the fetus presents. Sagittal suture occupies the transverse diameter of pelvic inlet, the small fontanel to the left, on the side. What labor stage is this?

- A.** Cervix dilation stage
- B.** Preliminary stage
- C.** Prodromal stage
- D.** Expulsion of fetus stage
- E.** Placental stage

#

**7.** After delivery and revision of placenta there was found the defect of placental lobe. General condition of woman is normal, uterine is firm, there is moderate bloody discharge. Inspection of birth canal with mirrors shows absence of lacerations. What is the following necessary action?

- A.** Manual exploration of the uterine cavity
- B.** External massage of uterus
- C.** Use of uterine contracting agents
- D.** Urine drainage, cold at lower abdomen
- E.** Use of hemostatic medications

#

**8.** Condition of a 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 a deep breath or she is being pressed over the symphysis with the verge of hand, the umbilical cord draws into the vagina. Bloody discharges from the sexual tracts are absent. What is the doctor's further tactics?

- A.** To do manual removal of afterbirth
- B.** To apply Abduladze method
- C.** To apply Crede's method
- D.** To do curettage of uterine cavity
- E.** To introduct oxitocine intravenously

#

**9.** Examination of a just born placenta reveals defect 2x3 cm large. Hemorrhage is absent. What tactic is the most reasonable?

- A.** Manual uterine cavity revision
- B.** Prescription of uterotonic medicines
- C.** External uterus massage
- D.** Parturient supervision
- E.** Instrumental uterus cavity revision

#

**10.** A pregnant woman was registered in a 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?

- A.** Exchange card
- B.** Appointment card for hospitalization

**C.** Individual prenatal record

**D.** Medical certificate

**E.** Sanitary certificate

#

**11.** By the end of the 1st period of physiological labour the clear amniotic waters were given vent. Contractions lasted 35-40 sec every 4-5 min. Palpitation of the fetus is 100 bpm. The AP is 140/90 mm Hg. Diagnosis:

**A.** Acute hypoxia of the fetus

**B.** Labors before term

**C.** Premature detachment of normally posed placenta

**D.** Back occipital presentation

**E.** Hydramnion

#

**12.** Which gestational age gives the most accurate estimation of weeks of pregnancy by uterine size?

**A.** Less than 12 weeks

**B.** Between 12 and 20 weeks

**C.** Between 21 and 30 weeks

**D.** Between 31 and 40 weeks

**E.** Over 40 weeks

#

**13.** A woman in her 39-th week of pregnancy, the second labor, has regular birth activity. Uterine contractions take place every 3 minutes. What criteria describe the beginning of the II labor stage the most precisely?

**A.** Cervical dilatation no less than 4 cm

**B.** Cervical smoothing over 90%

**C.** Duration of uterine contractions more than 30 seconds

**D.** Presenting part is in the lower region of small pelvis

**E.** Rupture of membranes

#

**14.** The highest risk of congenital anomalies

probably occurs when human embryos or fetuses are exposed to ionizing radiation.

During which part of gestational period does it occur?

**A.** 18-45 days after conception

**B.** The first 7 days

**C.** 10-14 days after conception

**D.** 90-120 days after conception

**E.** The third trimester

#

**15.** A 24 years old primipara 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 a correct component of the diagnosis:

**A.** Antenatal discharge of the amniotic waters

**B.** Early discharge of the amniotic waters

**C.** The beginning of the 1st stage of labour

**D.** The end of the 1st stage of labour

**E.** Pathological preterm labour

#

**16.** A woman born a child. It was her fifth pregnancy but the first delivery. Mother's blood group is A(II)Rh-, newborn's -

*A(II)Rh+*. The level of indirect bilirubin in umbilical blood was 58 micromole/l, hemoglobin - 140 g/l, RBC- 3, 8·10<sup>12</sup>/l. In 2 hours the level of indirect bilirubin turned 82 micromole/l. The hemolytic disease of newborn (icteric-anemic type, Rhincompatibility) was diagnosed. Choose the therapeutic tactics:

- A.** Replacement blood transfusion (conservative therapy)
- B.** Conservative therapy
- C.** Blood transfusion (conservative therapy)
- D.** Symptomatic therapy
- E.** Antibiotics

#

**17.** A 28 year old woman had the second labour and born a 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?

- A.** Rhesus incompatibility
- B.** Antigen A incompatibility
- C.** Antigen B incompatibility
- D.** Antigen AB incompatibility
- E.** Intrauterine infection

#

**18.** Internal obstetric examination of a 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 part of the fetus?

- A.** Plane of pelvic outlet
- B.** Wide pelvic plane
- C.** Narrow pelvic plane
- D.** Plane of pelvic inlet
- E.** Over the pelvic inlet

#

**19.** A parturient woman is 27 year old, it was her second labour, delivery was at term, normal course. On the 3rd day of postpartum period body temperature is 36, 8°C, Ps - 72/min, AP - 120/80 mm Hg. Mammary glands are moderately swollen, nipples are clean. Abdomen is soft and painless. Fundus of uterus is 3 fingers below the umbilicus. Lochia are bloody, moderate. What is the most probable diagnosis?

- A.** Physiological course of postpartum period
- B.** Subinvolution of uterus
- C.** Postpartum metroendometritis
- D.** Remnants of placental tissue after labour
- E.** Lactostasis

#

**20.** A 32-year-old gravida complains about episodes of unconsciousness, spontaneous syncope that are quickly over after a change of body position. A syncope can be accompanied by quickly elapsing bradycardia. There are no other complications of gestation. What is the



most likely reason for such condition?

- A.** Postcava compression by the gravid uterus
- B.** Pressure rise in the veins of extremities
- C.** Pressure fall in the veins of extremities
- D.** Vegetative-vascular dystonia (cardial type)
- E.** Psychosomatic disorders

#

**21.** A puerpera is 25 years old, it is her second day of postpartum period. It was her first labour, it took place at full term.

The lochia should be:

- A.** Bloody
- B.** Sanguino-serous
- C.** Mucous
- D.** Purulent
- E.** Serous

#

**22.** A maternity house has admitted a primigravida complaining of irregular, intense labour pains that have been lasting for 36 hours. The woman is tired, failed to fall asleep at night. The fetus is in longitudinal lie, with cephalic presentation. The fetus heartbeat is clear and rhythmic, 145/min. Vaginal examination revealed that the uterine cervix was up to 3 cm long, dense, with retroflexion; the external orifice was closed; the discharges were of mucous nature. What is the most likely diagnosis?

- A.** Pathological preliminary period
- B.** Uterine cervix dystocia
- C.** Primary uterine inertia
- D.** Physiological preliminary period
- E.** Secondary uterine inertia

#

**23.** A primigravida is 22 years old. She has Rh(-), her husband has Rh(+). Anti-Antibodies to Rh weren't found at 32 weeks of pregnancy. Redetermination of antibodies to Rh didn't reveal them at 35 weeks of pregnancy as well. How often should the antibodies be determined hereafter?

- A.** Once a week
- B.** Once in two weeks
- C.** Once in three weeks
- D.** Monthly
- E.** There is no need in further checks

#

**24.** A neonate was born from the 1st gestation on term. The jaundice was revealed on the 2nd day of life, then it became more acute. The adynamia, vomiting and hepatomegaly were observed. Indirect bilirubin level was  $275\mu\text{mol/L}$ , direct bilirubin level -  $5\mu\text{mol/L}$ , Hb - 150 g/l. Mother's blood group - O(I), Rh+, child's blood group - A(II), Rh+. What is the most probable diagnosis?

- A.** Hemolytic disease of the neonate (ABO incompatibility), icteric type
- B.** Jaundice due to conjugation disorder
- C.** Hepatitis
- D.** Physiological jaundice
- E.** Hemolytic disease of the neonate (Rh - incompatibility)

#

**25.** 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?

- A. 3 kg 500 g
- B. 4 kg
- C. 2 kg 500 g
- D. 3 kg
- E. 4 kg 500 g

#

**26.** Examination of a Rh-negative pregnant woman at 32 weeks of gestation revealed a four-time rise of Rh-antibody titer within 2 weeks, the titer was 1:64. In the first two pregnancies the patient had experienced antenatal fetal death due to hemolytic disease. What is the optimal tactics of pregnancy management?

- A. Early delivery
- B. Delivery at 37 weeks of gestation
- C. Screening for Rh-antibodies 2 weeks later and early delivery in case of further titer rise
- D. Introduction of anti-Rh (D) immunoglobulin
- E. Ultrasound for signs of hemolytic disease of the fetus

#

**27.** 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:

- A. Posterior vertex presentation
- B. Anterior vertex presentation
- C. Presentation of the bregma
- D. Brow presentation
- E. Face presentation

#

**29.** During the dynamic observation over a parturient woman in the second stage of labor it was registered that the fetal heart rate fell down to 90-100/min and didn't come to normal after contractions. Vaginal examination revealed the complete cervical dilatation, the fetal head filling the entire posterior surface of the pubic symphysis and sacral hollow; the sagittal suture lied in the anteroposterior diameter of the pelvic outlet, the posterior fontanelle was in front under the pubic arch. What plan for further labour management should be recommended?

- A. Application of forceps minor
- B. Caesarean section
- C. Episiotomy
- D. Application of cavity forceps
- E. Stimulation of labour activity by intravenous injection of oxytocin

#

**30.** A 34-year-old woman with 10-week pregnancy (the second pregnancy) has consulted

gynaecologist to make a record in patient chart. There was a hydramnion previous pregnancy, the birth weight of a child was 4086 g. What tests are necessary first of all?

- A. The test for tolerance to glucose
- B. Determination of the contents of  $\alpha$  fetoprotein
- C. Bacteriological test of discharge from the vagina
- D. Fetus cardiophonography
- E. Ultrasound of the fetus

#

**31.** In 10 min after childbirth by a 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 constituted 300 ml. What amount of blood loss is permissible for this woman?

- A. 400 ml
- B. 1000 ml
- C. 500 ml
- D. 650 ml
- E. 300 ml

#

**32.** A parturient woman is 23 years old. Vaginal obstetric examination reveals full cervical dilatation. There is no fetal bladder. Fetal head is in the plane of pelvic outlet. Sagittal suture is in mesatipellic pelvis, anterior fontanel is closer to pubes. The fetal head diameter in such presentation will be:

- A. Suboccipito-bregmaticus
- B. Fronto-occipitalis rectus
- C. Biparietal
- D. Suboccipitio-frontalis
- E. Mento-occipitalis

#

**33.** A 23-year-old primigravida at 39 weeks gestation has been admitted to the maternity ward with irregular contractions. The intensity of uterine contractions is not changing, the intervals between them stay long. Bimanual examination reveals that the cervix is centered, soft, up to 1,5 cm long. There is no cervical dilatation. What diagnosis should be made?

- A. Pregnancy I, 39 weeks, preliminary period
- B. Pregnancy I, 39 weeks, labor I, 1 period, the latent phase
- C. Pregnancy I, 39 weeks, labor I, period 1, the active phase
- D. Pregnancy I, 39 weeks, birth I, 1 period, the acceleration phase
- E. Pregnancy I, 39 weeks, pathological preliminary period

## MCQs module II

#

1. A 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 bpm, 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

- A. Caesarean section
- B. Amniotomy, labour stimulation, fetal hypoxia treatment
- C. Fetal hypoxia treatment, in the II period  
- forceps delivery
- D. Fetal hypoxia treatment, conservative delivery
- E. Medication sleep, amniotomy, labour Stimulation

#

2. 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?

- A. Uterine extirpation
- B. Supravaginal uterine amputation
- C. Uterine vessels ligation
- D. Inner glomal artery ligation
- E. Putting clamps on the uterine cervix

#

3. A 26 y.o. woman complains of a 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?

- A. Inevitable abortion
- B. Incipient abortion
- C. Incomplete abortion
- D. Complete abortion
- E. Disfunctional bleeding

#

4. A 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. A soft formation was defined through the anterior fornix of the vagina.

What is the probable diagnosis?

- A.** Placental presentation
- B.** Premature placental separation
- C.** Uterine rupture
- D.** Threatened premature labor
- E.** Incipient abortion

#

**5.** Examination of placenta, which has just been born, reveals defect 2x3 cm in size. There is no bleeding. What tactics is the most reasonable?

- A.** Manual uterus cavity revision
- B.** Administration of uterotonic medicines
- C.** External uterus massage
- D.** Parturient supervision
- E.** Instrumental uterus cavity revision

#

**6.** A gravida with 7 weeks of gestation is referred for the artificial abortion. On operation while dilating cervical canal with

Hegar dilator №8 a doctor suspected uterus perforation. What is immediate doctors tactics to confirm the diagnosis?

- A.** Probing of uterus cavity
- B.** Bimanual examination
- C.** Ultrasound examination
- D.** Laparoscopy
- E.** Metrosalpingography

#

**7.** A 28 y.o. primagravida, pregnancy is 15-16 weeks 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 finger tip. Uterus body

is enlarged according to the pregnancy term. Genital discharges are mucous, mild.

What is the diagnosis?

- A.** Threatened spontaneous abortion
- B.** Spontaneous abortion which has begun
- C.** Stopped pregnancy
- D.** Hydatid molar pregnancy
- E.** Placenta presentation

#

**8.** 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?

- A.** Caesarean section
- B.** Vacuum extraction of the fetus
- C.** Obstetrical forceps
- D.** Conservative tactics of labor
- E.** Stimulation of the labor activity

#

**9.** A 30 y.o. woman has second labor which lasts for 14 hours. The fetus heartbeat is muffled, arrhythmic, 100 bpm.

On vaginal examination: complete cervix

dilatation, fetus head is in the area of small pelvis outlet. Sagittal suture is in the

direct size. The small fontanelle is at the

symphysis. What is the further tactics of the labor?

- A.** Application of obstetrical forceps
- B.** Stimulation of the labor activity with  
oxitocyne
- C.** Ceasarian section
- D.** Application of craniodermal forceps by  
Ivanov's
- E.** Application of obstetrical cavity  
forceps

#

**10.** A 27 y.o. woman suffers from pyelonephritis of the only kidney. She presents to the maternity welfare centre because of suppression of menses for 2,5 months. On examination pregnancy 11 weeks of gestation was revealed. In urine:

albumine 3,3 g/L, leucocytes cover the field of vision. What is doctor's tactics in this case?

**A.** Immediate pregnancy interruption

**B.** Pregnancy interruption after urine normalization

**C.** Maintenance of pregnancy till 36 weeks

**D.** Pregnancy interruption at 24-25 weeks

**E.** Maintenance of pregnancy till delivery

Term

#

**11.** After delivery and revision of placenta there was found the defect of placental lobe. General condition of woman is normal, uterine is firm, there is

moderate bloody discharge. Inspection of birth canal with mirrors shows absence of lacerations. What is the following necessary action?

**A.** Manual exploration of the uterine cavity

**B.** External massage of uterus

**C.** Use of uterine contracting agents

**D.** Urine drainage, cold at lower abdomen

**E.** Use of hemostatic medications

#

**12.** A woman is admitted to the maternity hospital with stopped birth activity and mild bloody discharges from the vagina.

The condition is serious, the skin is pale, consciousness is confused. AP- 80/40 mm

Hg. The palpitation of the fetus is not determined. In medical history there was

a Cesarean section a year ago. Make a diagnosis:

**A.** Hysterorrhesis

**B.** Presentation of the cord

**C.** Placental presentation

**D.** Abjointing of the mucous fuse from cervix of the uterus

**E.** Premature expulsion of the amniotic Waters

#

**13.** A 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 a period of 28-32 weeks there was noted the onset of hemorrhage and USD showed a 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?

- A.** To perform a delivery by means of Cesarean section
  - B.** To perform the hemotransfusion and to prolong the pregnancy
  - C.** To introduct the drugs to increase the blood coagulation and continue observation
  - D.** Stimulate the delivery by intravenous introduction of oxytocin
  - E.** To keep the intensity of hemorrhage under observation and after the bleeding is controlled to prolong the pregnancy
- #

**14.** Condition of a 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 a 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?

- A.** To do manual removal of afterbirth
  - B.** To apply Abduladze method
  - C.** To apply Crede's method
  - D.** To do curettage of uterine cavity
  - E.** To introduct oxitocine intravenously
- #

**15.** A 37 y.o. primigravida 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?

- A.** Primary uterine inertia
  - B.** Secondary uterine inertia
  - C.** Normal labor activity
  - D.** Discoordinated labor activity
  - E.** Pathological preliminary period
- #

**16.** A woman consulted a doctor on the 14th day after labor about sudden pain, hyperemy and induration of the left mammary gland, body temperature rise up to 39.0°, headache, indisposition. Objectively: fissure of nipple, enlargement of the left mammary gland, pain on palpation. What pathology would you think about in this case?

- A.** Lactational mastitis
  - B.** Lacteal cyst with suppuration
  - C.** Fibrous adenoma of the left mammary gland
  - D.** Breast cancer
  - E.** Phlegmon of mammary gland
- #

**17.** A 30 y.o. woman is in her second labor that has been lasting for 14 hours. Fetal heartbeats are muffled, arrhythmic, 100/min. Vaginal examination results: cervical dilatation is complete, fetal head is close to the exit of small pelvis. Sagittal suture has the direct diameter, small crown is close to the pubis. What is the further tactics of labor management?

- A.** Use of obstetrical forceps
- B.** Labor stimulation by means of oxytocine
- C.** Cesarean section
- D.** Craniodermal forceps
- E.** Use of cavity forceps

#

**18.** A 25 y.o. patient complains of body temperature rise up to 37.0°, pain at the bottom of her abdomen and vaginal discharges.

Three days ago, when she was in her 11th week of pregnancy, she had an artificial abortion. Objectively: cervix

of uterus is clean, uterus is a little bit enlarged in size, painful. Appendages cannot be determined. Fornixes are deep, painless. Vaginal discharges are sanguinopurulent.

What is the most probable diagnosis?

- A.** Postabortion endometritis
- B.** Hematometra
- C.** Pelvic peritonitis
- D.** Postabortion uterus perforation
- E.** Parametritis

#

**19.** A 25 y.o. pregnant woman in her 34th week was taken to the maternity house in grave condition. She complains of headache, visual impairment, nausea.

Objectively: solid edemata, AP-170/130

mm Hg. Suddenly there appeared fibrillary

tremor of face muscles, tonic and clonic convulsions, breathing came to a stop. After 1.5 minute the breathing recovered, there appeared some bloody spume from her mouth. In urine: protein

- 3.5 g/L. What is the most probable diagnosis?

- A.** Eclampsia
- B.** Epilepsy
- C.** Cerebral hemorrhage
- D.** Cerebral edema
- E.** Stomach ulcer

#

**20.** A woman was hospitalised with fullterm pregnancy. In survey: the uterus is morbid, the abdomen is tense, heart sounds of the fetus are not auscultated. What is the most probable complication of pregnancy?

- A.** Premature detachment of the normally posed placenta
- B.** Preterm labour
- C.** Back occipital presentation
- D.** Acute hypoxia of a fetus
- E.** Hydramnion

#

**21.** By the end of the 1st period of physiological labour the clear amniotic waters were given vent. Contractions lasted 35-40 sec every 4-5 min. Palpitation of the fetus is 100 bpm. The AP is 140/90 mm Hg. Diagnosis:

- A.** Acute hypoxia of the fetus
- B.** Labors before term
- C.** Premature detachment of normally posed placenta
- D.** Back occipital presentation
- E.** Hydramnion

#

**22.** A 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 function of the fetus is rhythmic, 150 strokes in the minute, uterus tone is normal. The most probable provisional diagnosis will be:

- A. Placental presentation
- B. Detachment of normally located placenta
- C. Vasa previa
- D. Bloody discharges
- E. Disseminated intravascular coagulation Syndrome

#

**23.** A woman had the rise of temperature up to 39.0° on the first day after labour. The rupture of fetal membranes took place 36 hours before labour. The investigation of the bacterial flora of cervix of the uterus revealed hemolytic streptococcus of group A. The uterus body is soft, tender. Discharges are bloody, mixed with pus. Specify the most probable postnatal complication:

- A. Metroendometritis
- B. Thrombophlebitis of pelvic veins
- C. Infected hematoma
- D. Infection of the urinary system
- E. Aphasia of junctures after the episiotomy

#

**24.** A 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?

- A. Episiotomy
- B. Perineum protection
- C. Perineotomy
- D. Vacuum extraction of fetus
- E. Expectant management

#

**25.** A 30 y.o. parturient woman was taken to the maternity house with complaints of having acute, regular labour pains that last 25-30 seconds every 1.5-2 minutes. Labour activity began 6 hours ago. Uterus is in higher tone, head of the fetus is above the opening into the small pelvis. Fetal heartbeat is 136/min. P.V: cervical dilatation is 4 cm, uterine fauces is spasming at a height of paroxysm. Head is level with opening into the small pelvis, it is being pushed off. What is the most probable diagnosis?

- A. Disordinated labour activity
- B. Secondary powerless labour activity
- C. Pathological preliminary period
- D. Primary powerless labour activity
- E. Normal labour activity

#

**26.** A primigravida woman appealed to the antenatal clinic on the 22.03.03 with complaints of boring pain in the lower part of abdomen. Anamnesis registered

that her last menstruation was on the 4.01.03. Bimanual examination revealed that uterine servix is intact, external fauces is closed, uterus is enlarged up to the 9-th week of pregnancy, movable, painless. What complication can be suspected?

- A. Risk of abortion in the 9-th week of pregnancy
- B. Abortion that started in the 9-th week of pregnancy
- C. Hysteromyoma
- D. Vesicular mole
- E. –

#

27. A 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, proteinuria 1 g/l, peripheral edemata. Reflexes are normal. Choose the most correct tactics:

- A. Labour stimulation after preparation
- B. Absolute bed rest for 1 month
- C. Complex therapy of gestosis for 2 days
- D. Caesarian section immediately
- E. Complex therapy of gestosis for 7 days

#

28. A 26 year old woman had the second labour within the last 2 years with oxytocin application. The child's weight is 4080 gr. After the placental birth

there were massive bleeding, signs of hemorrhagic shock. Despite the introduction 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:

- A. Atony of the uterus
- B. Injury of cervix of the uterus
- C. Hysterorrhexis
- D. Delay of the part of placenta
- E. Hypotonia of the uterus

#

29. On the first day after labour a woman had the rise of temperature up to 39°C. Rupture of fetal membranes took place 36 hours before labour. Examination of the bacterial flora of cervix of the uterus revealed hemocatheteric streptococcus of A group. The uterus body is soft, tender. Discharges are bloody, with admixtures of pus. Specify the most probable postnatal complication:

- A. Metroendometritis
- B. Thrombophlebitis of veins of the pelvis
- C. Infectious hematoma
- D. Infective contamination of the urinary system
- E. Apostasis of sutures after the episiotomy

#

30. A woman of a 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

**A.** Infectious contamination of the urinary system

**B.** Thrombophlebitis of veins of the pelvis

**C.** Infectious hematoma

**D.** Endometritis

**E.** Apostasis of sutures after episiotomy

#

**31.** A 28 year old parturient complains about headache, vision impairment, psychic inhibition. Objectively: AP-200/110 mm Hg, evident edemata of legs and anterior abdominal wall. Fetus head is in the area of small pelvis. Fetal heartbeats is clear, rhythmic, 190/min. Internal investigation revealed complete cervical dilatation, fetus head was in the area of small pelvis. What tactics of labor management should be chosen?

**A.** Forceps operation

**B.** Cesarean

**C.** Embryotomy

**D.** Conservative labor management with episiotomy

**E.** Stimulation of labor activity

#

**32.** A parturient complains about pain in the mammary gland. Palpation revealed a 3x4 cm large infiltration, soft in the centre. Body temperature is 38, 5°C. What is the most probable diagnosis?

**A.** Acute purulent mastitis

**B.** Pneumonia

**C.** Pleuritis

**D.** Retention of milk

**E.** Birth trauma

#

**33.** Immediately after delivery a woman had haemorrhage, blood loss exceeded postpartum haemorrhage rate and was progressing. There were no symptoms of placenta detachment. What tactics should be chosen?

**A.** Manual removal of placenta and afterbirth

**B.** Uterus tamponade

**C.** Instrumental revision of uterine cavity walls

**D.** Removal of afterbirth by Crede's method

**E.** Intravenous injection of methylergometrine with glucose

#

**34.** An 18 year old primigravida in her 27-28 week of pregnancy underwent an operation on account of acute phlegmonous appendicitis. In the postoperative period it is necessary to take measures for prevention of the following pregnancy complication

**A.** Noncarrying of pregnancy

**B.** Intestinal obstruction

**C.** Fetus hypotrophy

**D.** Premature placenta detachment

**E.** Late gestosis

#

**35.** A woman is 34 years old, it is her tenth labor at full term. It is known from the anamnesis that the labor started 11 hours ago, labor was active, painful contractions started after discharge of waters and became continuous. Suddenly the parturient got knife-like pain in the lower abdomen and labor activity

stopped. Examination revealed positive symptoms of peritoneum irritation, illdefined uterus outlines. Fetus was easily palpable, movable. Fetal heartbeats wasn't auscultable. What is the most probable diagnosis?

- A.** Rupture of uterus
- B.** Uterine inertia
- C.** Discoordinated labor activity
- D.** Risk of uterus rupture
- E.** II labor period

#

**36.** 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 examinationrevealed 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?

- A.** Incipient abortion
- B.** Risk of abortion
- C.** Abortion in progress
- D.** Incomplete abortion
- E.** Missed miscarriage

#

**37.** A 30-year-old gravida consulted a 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 for the diagnosis specification?

**A.** In the operating room prepared for the operation

**B.** In the examination room of antenatal clinic

**C.** In the admission ward of maternity hospital

**D.** In the delivery room keeping to all the

aseptics regulations

**E.** The examination is not to be conducted

because of risk of profuse haemorrhage

#

**38.** A 32-year-old gravida complaicomplains about episodes of unconsciousness, spontaneous syncope that are quickly over after a change of body position. A syncope can be accompanied byquickly elapsing bradycardia. There are no other complications of gestation. What is the most likely reason for such condition?

**A.** Postcava compresseion by the gravid uterus

**B.** Pressure rise in the veins of extremities

**C.** Pressure fall in the veins of extremities

**D.** Vegetative-vascular dystonia (cardial type)

**E.** Psychosomatic disorders

#

**39.** Examination of placenta revealed a defect. An obstetrician performed manual investigation of uterine cavity, uterine massage. Prophylaxis of endometritis in the postpartum period should involve following actions:

- A.** Antibacterial therapy
- B.** Instrumental revision of uterine cavity
- C.** Haemostatic therapy
- D.** Contracting agents
- E.** Intrauterine instillation of dioxine

**#**  
**40.** A maternity house has admitted a primagravida complaining of irregular, intense labour pains that have been lasting for 36 hours. The woman is tired, failed to fall asleep at night. The fetus is in longitudinal lie, with cephalic presentation. The fetus heartbeat is clear and rhythmic, 145/min. Vaginal examination revealed that the uterine cervix was up to 3 cm long, dense, with retroflexion; the external orifice was closed; the discharges were of mucous nature. What is the most likely diagnosis?

- A.** Pathological preliminary period
- B.** Uterine cervix dystocia
- C.** Primary uterine inertia
- D.** Physiological preliminary period
- E.** Secondary uterine inertia

**#**  
**41.** A secundipara has regular birth activity. Three years ago she had cesarean section for the reason of acute intrauterine hypoxia. During parodynia 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?

- A.** Cesarean section
- B.** Augmentation of labour
- C.** Obstetrical forceps
- D.** Waiting tactics of labor management
- E.** Vaginal delivery

**#**  
**42.** A 28-years-old woman complains of nausea and vomiting about 10 times per day. She has been found to have body weight loss and xeroderma. The pulse is 100 bpm. Body temperature is 37, 2°C. Diuresis is low. USI shows 5-6 weeks of pregnancy. What is the most likely diagnosis?

- A.** Moderate vomiting of pregnancy
- B.** Mild vomiting of pregnancy
- C.** I degree preeclampsia
- D.** Premature abortion
- E.** Food poisoning

**#**  
**43.** An ambulance delivered a 21-year-old woman to the gynaecological department with complaints of colicky abdominal pain and bloody discharges from the genital tracts. Bimanual examination revealed that uterus was soft, enlarged to the size of 6 weeks of gestation, a gestational sac was palpated in the cervical canal. Uterine appendages weren't palpable. Fornices are free, deep and painless. Discharges from the genital tracts are bloody and profuse. What is the most likely diagnosis?

- A.** Abortion in progress

- B.** Cervical pregnancy
- C.** Threat of abortion
- D.** Incipient abortion
- E.** Interrupted fallopian pregnancy

#

**44.** During the dynamic observation over a parturient woman in the second stage of labor it was registered that the fetal heart rate fell down to 90-100/min and didn't come to normal after contractions. Vaginal examination revealed the complete cervical dilatation, the fetal head filling the entire posterior surface of the pubic symphysis and sacral hollow; the sagittal suture lied in the anteroposterior diameter of the pelvic outlet, the posterior fontanelle was in front under the pubic arch. What plan for further labour management should be recommended?

- A.** Application of forceps minor
- B.** Caesarean section
- C.** Episiotomy
- D.** Application of cavity forceps
- E.** Stimulation of labour activity by intravenous injection of oxytocin

#

**45.** All the joints on the left elbow of a newborn are extended, the whole arm hangs vertically along the trunk with the forearm pronated. Active movements in the elbow joint are absent but present in the shoulder joint. The hand is flattened, atrophied, cold to the touch, hangs

passively. Grasp reflex and hand-mouth reflex on the affected side are missing. Haemogram values are normal. What is the most likely diagnosis?

- A.** Inferior distal obstetrical paralysis
- B.** Osteomyelitis
- C.** Proximal obstetrical paralysis
- D.** Complete obstetrical paralysis
- E.** Hypoxic-ischemic encephalopathy

#

**46.** On the 10th day postpartum a puerperant woman complains of pain and heaviness in the left mammary gland. Body temperature is 38, 8°C, Ps- 94 bpm. The left mammary gland is edematic, the supero-external quadrant of skin is hyperemic. Fluctuation symptom is absent. The nipples discharge drops of milk when pressed. What is a doctor's further tactics?

- A.** Antibiotic therapy, immobilization and expression of breast milk
- B.** Compress to both mammary glands
- C.** Inhibition of lactation
- D.** Physiotherapy
- E.** Opening of the abscess and drainage of the mammary gland

#

**47.** A 30-year-old multigravida has been in labour for 18 hours. 2 hours ago the pushing stage began. Fetal heart rate is clear, rhythmic, 136/min. Vaginal examination reveals the complete cervical dilatation, the fetal head in the pelvic outlet plane. Sagittal suture in line with obstetric

conjugate, the occipital fontanel is near the pubis. The patient has been diagnosed with primary uterine inertia. What is the further tactics of labour management?

- A. Outlet forceps
- B. Labour stimulation
- C. Cesarean section
- D. Skin-head Ivanov's forceps
- E. Vacuum extraction of the fetus

#

**48.** A baby was born by a young smoker. The labour was complicated by uterine

inertia, difficult delivery of the baby's head and shoulders. The baby's Apgarscore was 4. Which of the following is a risk factor for a spinal cord injury?

- A. Difficult delivery of the head and shoulders
- B. Young age of the mother
- C. Pernicious habits
- D. Uterine inertia
- E. Chronic hypoxia

#

**49.** A baby born after fast labour has palsy of hand muscles. Grasp reflex is absent, as well as hand-to-mouth reflex. Hand sensitivity is absent. What is the most likely diagnosis?

- A. Dejerine-Klumpke palsy
- B. Duchenne-Erb's palsy
- C. Total lesion of the brachial plexus
- D. Muscle paresis
- E. Bernard-Horner syndrome

#

**50.** 2 weeks after labour a parturient woman developed breast pain being observed for 3 days. Examination

revealed body temperature at the rate of  $39^{\circ}\text{C}$ , chills, weakness, hyperaemia, enlargement, pain and deformity of the mammary gland. On palpation the infiltrate was found to have an area of softening and fluctuation. What is the most likely diagnosis?

- A. Infiltrative-purulent mastitis
- B. Phlegmonous mastitis
- C. Lactostasis
- D. Serous mastitis
- E. Mastopathy

#

**51.** A puerpera breastfeeding for 1,5 weeks consulted a doctor about uniform breast engorgement. Breasts are painful. The body temperature is of  $36,6^{\circ}\text{C}$ . Milk expressing is difficult. What is the most likely diagnosis?

- A. Lactostasis
- B. Infiltrative mastitis
- C. Purulent mastitis
- D. Fibrocystic mastopathy
- E. Gangrenous mastitis

#

**52.** A primagravida 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?

- A. Droperidolum of 0,25\% - 2,0 ml
- B. Dibazolium of 1\% - 6,0 ml
- C. Papaverine hydrochloride of 2\% - 4,0 ml
- D. Hexenalum of 1\% - 2,0 ml
- E. Pentaminum of 5\% - 4,0 ml

#

**53.** An onset of severe preeclampsia at 16 weeks gestation might be caused by:

- A. Hydatidiform mole
- B. Anencephaly
- C. Twin gestation
- D. Maternal renal disease
- E. Interventricular defect of the fetus

#

**54.** A pregnant woman may be diagnosed with hepatitis if it is confirmed by the presence of elevated:

- A. SGOT (ALT)
- B. Sedimentation rates
- C. WBCs
- D. Alkaline phosphatase
- E. BUN

#

**55.** 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 childhood. 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)?

- A. 8-12 weeks, 28-32 weeks, 37 weeks
- B. 6-7 weeks, 16 weeks, 38 weeks
- C. 16 weeks, 34 weeks, 39-40 weeks
- D. 10-12 weeks, 24 weeks, 37-38 weeks
- E. 12-16 weeks, 27-28 weeks, 37-38 weeks

**56.** A 26-year-old secundipara 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 a 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?

- A. Early amniorrhea
- B. Primary uterine inertia
- C. Secondary uterine inertia
- D. Discoordinated labor
- E. Clinically narrow pelvis

#

**57.** A woman at 30 weeks pregnant has had

an attack of eclampsia at home. On admission

to the maternity ward AP- 150/100 mm Hg. Predicted fetal weight is 1500 g.

There

is face and shin pastosity. Urine protein is

0,660/00. Parturient canal is not ready for delivery.

An intensive complex therapy has been started. What is the correct tactics of this case management?

- A. Delivery by cesarean section
- B. Continue therapy and prolong pregnancy



for 1-2 weeks

**C.** Continue therapy and prolong pregnancy

for 3-4 weeks

**D.** Labor induction by intravenous oxytocin or prostaglandins

**E.** Treat preeclampsia and achieve the delivery

by way of conservative management #

**58.** A puerperant is 32 years old, it's her first childbirth, term precipitate labor, the III period

is unremarkable, the uterus is contracted,

tight. Examination of the birth canal revealed

a rupture in the left posterior vaginal wall that

was closed with catgut. Two hours later, the

patient complained of a feeling of pressure on

the anus, pain in the perineum, minor vaginal

discharges, edema of the vulva. These clinical

presentations are indicative most likely of:

**A.** Vaginal hematoma

**B.** Hysteroecorrhoea

**C.** Hemorrhoids

**D.** Hysterorrhexis

**E.** Hypotonic bleeding

#

**59.** A 19-year-old primiparous woman with

a body weight of 54,5 kg gave birth at 38 weeks gestation to a full-term live girl

after a normal vaginal delivery. The girl's weight

was 2180,0 g, body length - 48 cm. It is known from history that the woman has been

a smoker for 8 years, and kept smoking during

pregnancy. Pregnancy was complicated by

moderate vomiting of pregnancy from 9 to 12

weeks pregnant, edema of pregnancy from

32 to 38 weeks. What is the most likely cause

of low birth weight?

**A.** Fetoplacental insufficiency

**B.** Low weight of the woman

**C.** Woman's age

**D.** First trimester preeclampsia

**E.** Third trimester preeclampsia

#

**60.** A 30-year-old parturient woman was delivered

to a maternity hospital with full-term pregnancy. She complains of severe lancinating

pain in the uterus that started 1 hour ago,

nausea, vomiting, cold sweat.

Anamnesis states

cesarean section 2 years ago. Uterine contractions

stopped. Skin and mucous membranes are

pale. Heart rate is 100/min, BP is 90/60 mm Hg.

Uterus has no clear margins, is sharply painful.

No heartbeat can be auscultated in the fetus.

Moderate bloody discharge from the uterus

can be observed. Uterus cervix is 4 cm open.

Presenting part is not visible. The most likely

diagnosis is:

- A.** Uterine rupture
- B.** Initial uterine rupture
- C.** Threatened uterine rupture
- D.** Premature detachment of normally positioned placenta
- E.** Compression of inferior pudendal vein

#

**61.** A baby was born by a young smoker. The labour was complicated by uterine inertia, difficult delivery of the baby's head and shoulders. The baby's Apgar score was 4. Which of the following is a risk factor for a spinal cord injury?

- A.** Difficult delivery of the head and shoulders
- B.** Young age of the mother
- C.** Pernicious habits
- D.** Uterine inertia
- E.** Chronic hypoxia

## MCQs module II

#

1. In the gynecologic office a 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. From what diagnostic method will you start the workup in this case of sterility?

- A. Hysterosalpingography
- B. Hormone investigation
- C. Ultra sound investigation
- D. Diagnostic scraping out of the uterine cavity
- E. Hysteroscopia

#

2. A 14 y.o. girl complains of profuse bloody genital discharges during 10 days after suppression of menses for 1,5 months. Similiar bleedings recur since 12 years on the background of disordered menstrual cycle. On rectal examination: no pathology on the internal genitalia. In

blood: Hb— 70 g/L, RBC- 2, 3 \* 10<sup>12</sup>/L, Ht—

20. What is the most probable diagnosis?

- A. Juvenile bleeding, posthemorrhagic

anemia

B. Werlhof's disease

C. Polycyst ovarian syndrome

D. Hormonoproduktive ovary tumor

E. Noncomplete spontaneous abortion

#

3. A 27 y.o. woman turns to the maternity welfare centre because of infertility. She has had sexual life in marriage for 4 years, doesn't use contraceptives. She didn't get pregnant. On examination: genital development is without pathology, uterus tubes are passable, basal (rectal) temperature is one-phase during last 3 menstrual cycles. What is the infertility cause?

- A. Anovular menstrual cycle
- B. Chronic adnexitis
- C. Abnormalities in genital development
- D. Immunologic infertility
- E. Genital endometriosis

#

4. A girl, aged 13, consults 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?

- A. Menarche
- B. Juvenile haemorrhage
- C. Haemophilia
- D. Endometrium cancer
- E. Werlhof's disease

#

5. A patient was admitted to the hospital with complaints of occasional pains at the bottom of abdomen that get worse during menses, weakness, indisposition,

nervousness, some dark bloody discharges from vagina on the day before and the day after menses. Bimanual examination results: body of womb is enlarged, appendages cannot be determined, posterior fornix has tuberos surface  
Laparoscopy results: ovaries, peritoneum of rectouterine pouches and pararectal fat are covered with "cyanotic spots". What is the most probable diagnosis?

- A. Widespread form of endometriosis
- B. Polycystic ovaries
- C. Chronic salpingitis
- D. Genital organs tuberculosis
- E. Ovarian cystoma

#

6. An 18 y.o. patient complains of painfulness and swelling of mammary glands, headaches, irritability, edemata of lower extremities. These symptoms have been present since the begin of menarche, appear 3-4 days before regular menstruation. Gynecological examination revealed no pathology. What is the most probable diagnosis?

- A. Premenstrual syndrome
- B. Neurasthenia
- C. Renal disease
- D. Mastopathy
- E. Disease of cardiovascular system

#

7. A 51 y.o. patient complains of having intensive bloody discharges from vagina for 15 days after delay of menstruation for 2,5 months. In anamnesis: disorders of menstrual function during a year, at

the same time she felt extreme irritability and had sleep disorders. US examination results: uterus corresponds with age norms, appendages have no peculiarities, endometrium is 14 mm thick. What is the doctor's tactics?

- A. Diagnostic curettage of uterine cavity
- B. Conservative treatment of bleeding
- C. Hysterectomy
- D. Supravaginal amputation of uterus without appendages
- E. TORCH-infection test

#

8. A 24 y.o. patient 13 months after the first labour consulted a doctor about amenorrhea. Pregnancy has concluded by a Cesarean section concerning to a 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:

- A. Determination of the level of Gonadotropins
- B. USI of organs of a small pelvis
- C. Progesteron assay
- D. Computer tomography of the head
- E. Determination of the contents of Testosteron-Depotum in Serum of blood

#

9. A 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 a retort-like formation, 7 x 5 cm large, mobile, painless. What examination is necessary for detection of fetus localization?

- A. Ultrasound**
- B. Hysteroscopy**
- C. Hromohydrotubation**
- D. Colposcopy**
- E. Cystoscopy**

#

**10.** A 26 year old woman who delivered a 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?

- A. Ultrasonic examination**
- B. Roentgenography of small pelvis organs**
- C. Palpation of mammary glands and pressing-out of colostrum**
- D. Bimanual vaginal examination**
- E. Speculum examination**

#

**11.** A woman consulted a therapist about fatigability, significant weight loss, weakness, loss of appetite. She has been having amenorrhea for 8 months. A year ago she born a full-term child. Haemorrhage during labour made up 2

1. She got blood and blood substitute transfusions. What is the most probable diagnosis?

- A. Sheehan's syndrome**
- B. Stein-Leventhal syndrome**
- C. Shereshevsky-Turner's syndrome**
- D. Homological blood syndrome**
- E. Vegetovascular dystonia**

#

**12.** A 30 year old patient complains about inability to become pregnant over 3 years of married life. The patient is of supernutrition type, she has hair along the median abdominal line, on the internal thigh surface and in the peripapillary area. Menses started at the age of 16, they are infrequent and non-profuse. US revealed that the uterus was of normal size, ovaries were 4x5x5 cm large and had a lot of cystic inclusions. What is the most probable diagnosis?

- A. Polycystic ovaries**
- B. Ovarian cystoma**
- C. Chronic oophoritis**
- D. Menstrual irregularity**
- E. Bilateral ovarian tumours**

#

**13.** Which of the methods of examination is the most informative in the diagnostics of a tube infertility?

- A. Laparoscopy with chromosalpingoscopy**
- B. Pertubation**
- C. Hysterosalpingography**
- D. Transvaginal echography**

**E. Bicontrast pelviography**

#

**14.** A 59 year old female patient applied

to a 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?

**A. Separated diagnostic curettage**

**B. Laparoscopy**

**C. Puncture of abdominal cavity through**

posterior vaginal fornix

**D. Extensive colposcopy**

**E. Culdoscopy**

#

**15.** A 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 a tumour-like formation of heterogenous consistency 7x7 cm large to the left from the uterus. The formation

is restrictedly movable, painful when moved. What is the most probable diagnosis?

**A. Endometrioid cyst of the left ovary**

**B. Follicular cyst of the left ovary**

**C. Fibromatous node**

**D. Exacerbation of chronic adnexitis**

**E. Tumour of sigmoid colon**

#

**16.** A 25 year old woman applied to a maternity welfare clinic and complained

about being unable to conceive within 3

years of regular sexual life.

Examination

revealed weight gain, male pattern of hair distribution on the pubis, excessive pilosis of thighs. Ovaries were dense and enlarged, basal temperature was monophasic. What is the most probable diagnosis?

**A. Sclerocystosis of ovaries**

**B. Tubo-ovaritis**

**C. Adrenogenital syndrome**

**D. Premenstrual syndrome**

**E. Gonadal dysgenesis**

#

**17.** A 26 year old woman complains about edemata, swelling and painfulness

of mammary glands, headache, tearfulness, irritability. These signs turn up 5 days before menstruation and disappear

after its start. What clinical syndrome is it

**A. Premenstrual syndrome**

**B. Postcastration syndrome**

**C. Adrenogenital syndrome**

**D. Climacteric syndrome**

**E. Stein-Leventhal syndrome**

#

**18.** A 42-year-old woman has had hyperpolymenorrhea and progressing algodysmenorrhea for the last 10 years. Gynecological examination revealed no changes of uterine cervix; discharges are

moderate, of chocolate colour, uterus is

slightly enlarged and painful, appendages are not palpable, the fornices are deep and painless. What is the most likely diagnosis?

- A. Uterine endometriosis
- B. Uterine carcinoma
- C. Subserous uterine fibromyoma
- D. Endomyometritis
- E. Adnexal endometriosis

#

**19.** A 49-year-old woman complains about headache, head and neck going hot, increased perspiration, palpitation, arterial pressure rise up to 170/100 mm Hg, irritability, insomnia, tearfulness, memory impairment, rare and scarce menses, body weight increase by 5 kg over the last half a year. What is the most likely diagnosis?

- A. Climacteric syndrome
- B. Premenstrual syndrome
- C. Vegetative-vascular dystonia
- D. Arterial hypertension
- E. Postcastration syndrome

#

**20.** A 32-year-old patient consulted a doctor about being unable to get pregnant for 5-6 years. 5 ago the primipregnancy ended in artificial abortion. After the vaginal examination and USI the patient was diagnosed with endometrioid cyst of the right ovary. What is the optimal treatment method?

- A. Surgical laparoscopy

B. Anti-inflammatory therapy

C. Conservative therapy with estrogengestagenic drugs

D. Hormonal therapy with androgenic hormones

E. Sanatorium-and-spa treatment

#

**21.** A 54-year-old female patient consulted a gynaecologist about bloody discharges from the vagina for 1 month.

Last menstruation was 5 years ago.

Gynaecological examination revealed no

pathological changes. What is the

tactics

of choice?

A. Diagnostic fractional curettage of uterine

cavity

B. Colposcopy

C. USI

D. Cytosmear

E. Symptomatic therapy

#

**22.** A 25-year-old female patient complains about having amenorrhea for 3 years. She associates it with difficult

labour complicated by massive

hemorrhage. She also complains of loss of weight, hair fragility and loss, lack of

appetite and depression. Objective examination

reveals no pathological changes of uterus and its appendages. What is the disease pathogenesis?

A. Hypoproduction of gonadotropin

B. Hyperproduction of estrogens

C. Hyperproduction of androgens

D. Hypoproduction of progesterone

E. Hyperproduction of prolactin

#

**23.** A 30-year-old female patient has

been delivered to the gynaecological department with complaints of acute pain in the lower abdomen and body temperature 38, 80C. In history: sexual life

out of wedlock and two artificial abortions.

Gynaecological examination reveals no changes of uterine. The appendages are enlarged and painful on both sides. Vaginal discharges are purulent and profuse. What study is required to confirm a diagnosis?

**A.** Bacteriological and bacterioscopic analysis

**B.** Hysteroscopy

**C.** Curettage of uterine cavity

**D.** Colposcopy

**E.** Laparoscopy

#

**24.** A 14-year-old girl complains of pain in vaginal area and lower abdomen that last for 3-4 days and have been observed for 3 months about the same time. Each time pain is getting worse. Objectively: mammary glands are developed, hairiness corresponds to the age. The vaginal membrane is intact, cyanotic and protruded. She has never had menstruation. She has been diagnosed with primary amenorrhea. What is the reason of amenorrhea?

**A.** Hymen atresia

**B.** Turner's syndrome

**C.** Babinski-Frohlich syndrome

**D.** Pregnancy

**E.** Sexual development delay

#

**25.** A 51-year-old patient complains of having intensive bloody discharges

from vagina for 15 days after delay of menstruation for 2,5 months. In anamnesis: disorders of menstrual function

during a year, at the same time she felt extreme irritability and had sleep disorders.

US examination results: uterus corresponds with age norms, appendages have no peculiarities, endometrium is 14 mm thick. What is the doctor's tactics?

**A.** Diagnostic curettage of uterine cavity

**B.** Conservative treatment of bleeding

**C.** Hysterectomy

**D.** Supravaginal amputation of uterus without appendages

**E.** TORCH-infection test

#

**26.** A 27-year-old patient complains of irritability, tearfulness, depression, and sometimes aggressiveness, headache, nausea, vomiting, swelling of the mammary glands. The mentioned problems arise 5-6 days before menstruation and gradually progress until menstruation, 3 days after it the problems disappear. What is the most likely diagnosis?

**A.** Premenstrual syndrome

**B.** Premature pathological climacterium

**C.** Secondary psychogenic amenorrhea

**D.** Preclimacterium syndrome

**E.** Algomenorrhea

#

**27.** A 13-year-old girl was admitted to the gynecological department with heavy



bleeding, which appeared after a long delay of menstruation. Shortly before, the girl suffered a serious psychotrauma.

Her menarche occurred at the age of 11, she has a 30-day cycle with 5 to 6 days of moderate, painless bleeding. The patient is somatically healthy, of normosthenic constitution with height of 160 cm, weight of 42 kg. The patient is pale. Rectoabdominal examination revealed that the uterus was of normal size and consistency, anteflexio-versio, the appendages were not changed. What is the most likely diagnosis?

- A. Juvenile bleeding
- B. Ovarian cyst
- C. Hysteromyoma
- D. Girl is healthy
- E. Amenorrhea

#

**28.** A 22-year-old patient complains of amenorrhea for 8 months. Menarche occurred at the age of 12,5. Since the age of 18 the patient has a history of irregular menstruation. The patient is nulligravida.

The mammary glands are developed properly, nipples discharge drops of milk when pressed. Gynecological study results: prolactin level is 2 times higher than normal. CT reveals a bulky formation with a diameter of 4 mm in the region of sella. What is the most likely diagnosis?

- A. Pituitary tumour
- B. Lactational amenorrhea
- C. Stein-Leventhal syndrome
- D. Sheehan's syndrome
- E. Pituitary basophilia

#

**29.** A 28-year-old patient complains of profuse, painful and prolonged menstruation. Before and after the menstrual period there is spotting lasting for 4-6 days. Vaginal examination reveals that the uterus is enlarged corresponding to 5-6 weeks of pregnancy, has limited mobility, is painful. Appendages are not palpable. On the 15th day of the menstrual cycle, the uterus was of normal size, painless.

On account of stated problems and objective examination the patient has been diagnosed with internal endometriosis.

Which drug should be used for the effective treatment of this patient?

- A. Duphaston
- B. Synoestrolum
- C. Parlodel
- D. Ovidon
- E. –

#

**30.** A 55-year-old patient whose menstruation stopped 5 years ago complains of vaginal dryness, frequent and painful urination. Gynecologist revealed signs of atrophic colpitis.

Urine

analysis revealed no peculiarities.

Which

locally acting product will provide the proper therapeutic effect?

- A. Vaginal suppositories "Ovestin"
- B. Vaginal tablets "Tergynan"
- C. Vaginal cream "Meratin Combi"
- D. Vaginal gel "Metronidazole"

**E. Vaginal cream "Dalacin"**

#

**31.** 18 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 a 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?

- A.** Impaired extrauterine pregnancy
- B.** Ovarian apoplexy
- C.** Twist of cystoma of right uterine adnexa
- D.** Acute salpingoophoritis
- E.** Acute appendicitis

#

**32.** A 43 y.o. patient complains of mass and, pain in the right breast, elevation of temperature to 37, 20C during 3 last months. Condition worsens before the menstruation. On examination: edema of the right breast, hyperemia, retracted nipple. Unclear painful infiltration is palpated in the lower quadrants. What is the most probable diagnosis?

- A.** Cancer of right mammary gland
- B.** Right side acute mastitis
- C.** Right side chronic mastitis

**D. Premenstrual syndrome**

**E. Tuberculosis of right mammary gland**

#

**33.** A 43 y.o. woman complains of contact hemorrhages during the last 6 months. Bimanual exam: cervix of the uterus is enlarged, restricted in mobility. 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?

- A.** Cancer of cervix of the uterus
- B.** Polypus of the cervix of the uterus
- C.** Cervical pregnancy
- D.** Nascent fibroid
- E.** Leukoplakia

#

**34.** A 25 y.o. woman complains of profuse foamy vaginal discharges, foul, burning and itching in genitalia region. She has been ill for a week. Extramarital sexual life. On examination: hyperemia of vaginal mucous, bleeding on touching, foamy leucorrhea in the urethral area. What is the most probable diagnosis?

- A.** Trichomonas colpitic
- B.** Gonorrhea
- C.** Chlamydiosis
- D.** Vagina candidomycosis
- E.** Bacterial vaginosis

#

**35.** A 18 y.o. woman consulted a gynecologist with complaints of the pain in the lower part of the abdomen, fever up to 37, 50C, considerable mucopurulent discharges from the genital tract, colic

during urinating. After mirror and vagina examination the results are the following:  
the urethra is infiltrated, cervix of the uterus is hyperemic, erosive. The uterus is painful, ovaries are painful, thickened,  
free. Bacterioscopy test showed diplococcus. What diagnosis is the most probable?

- A.** Recent acute ascending gonorrhea
- B.** Trichomoniasis
- C.** Candidomycosis
- D.** Chronic gonorrhea
- E.** Chlamydiosis

#

**36.** A 45 y.o. woman complains of contact bleedings during 5 months. On speculum examination: hyperemia of uterus cervix, looks like cauliflower, bleeds on probing.  
On bimanual examination: cervix is of denser consistency, uterus body isn't enlarged, mobile, nonpalpable adnexa, parametrium is free, deep fornices. What is the most likely diagnosis?

- A.** Cancer of cervix of uterus
- B.** Cancer of body of uterus
- C.** Fibromatous node which is being born
- D.** Cervical pregnancy
- E.** Polypose of cervix of uterus
- E.** Use of hemostatic medications

#

**37.** A 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 painfulness.

The diverticulum and painfulness of the back and dextral fornices of the vagina are evident. What is the most probable diagnosis?

- A.** Broken tubal pregnancy
- B.** Apoplexy of the ovary
- C.** Acute right-side adnexitis
- D.** Torsion of the crus of the ovary
- E.** Acute appendicitis

#

**38.** The results of a separate diagnostic curettage of the mucous of the uterus' cervix and body made up in connection with bleeding in a 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?

- A.** Surgical treatment and hormonotherapy
- B.** Surgical treatment + chemotherapy
- C.** Surgical treatment and radial therapy
- D.** Radial therapy
- E.** –

#

**39.** A 27 y.o. woman complains of having the disorders 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 - a fluid formation, 4 cm in diameter, unicameral, smooth. What method of treatment is the most preferable?

- A. Prescription of an estrogen-gestogen complex for 3 months with repeated examination
- B. Operative treatment
- C. Dispensary observation of the patient
- D. Anti-inflammatory therapy
- E. Chemotherapeutic treatment

#

**40.** A 40 y.o. patient complains of yellowish discharges from the vagina. Bimanual examination: no pathological changes. The smear contains *Trichomonas vaginalis* and blended flora. Colposcopy: two hazy fields on the front labium, with a negative Iodum test. Your tactics:

- A. Treatment of specific colpitis and with the subsequent biopsy
  - B. Diathermocoagulation of the cervix of the uterus
  - C. Specific treatment of *Trichomonas* colpitis
  - D. Cervix ectomy
  - E. Cryolysis of cervix of the uterus
- 41.** A 25 y.o. patient complains of body temperature rise up to 37.0°, pain at the bottom of her abdomen and vaginal discharges. Three days ago, when she was in her 11th week of pregnancy, she had

an artificial abortion. Objectively: cervix of uterus is clean, uterus is a little bit enlarged in size, painful. Appendages cannot be determined. Fornixes are deep, painless. Vaginal discharges are sanguinopurulent. What is the most probable diagnosis?

- A. Postabortion endometritis
- B. Hematometra
- C. Pelvic peritonitis
- D. Postabortion uterus perforation
- E. Parametritis

#

**42.** A 32 y.o. woman consulted a 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, tuberos, of dense consistence. Appendages are not palpated. Histological test of the uterus body mucosa: adenocystous hyperplasia of endometrium. Optimal medical tactics:

- A. Surgical treatment
- B. Hormonotherapy
- C. Phytotherapy
- D. Radial therapy
- E. Phase by phase vitamin therapy

#

**43.** Laparotomy was performed to a 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:

- A.** Ablation of omentum, uterus and both ovaries with tubes
- B.** Biopsy of omentum
- C.** Biopsy of an ovary
- D.** Ablation of an ovary and omental metastases
- E.** Ablation of omentum and both ovaries with tubes

#

**44.** A 22 y.o. patient complains of having boring pain in the right iliac region for one week, morning sickness, taste change. Delay of menstruation is 3 weeks. Objectively: AP- 110/70 mm Hg, Ps- 78/min,  $t_{0-37}$ , 00\_. Bimanual examination revealed that uterus is a little enlarged, soft, movable, painless. Appendages palpation: a painful formation 3x4 cm large on the right, it is dense and elastic, moderately movable. What is the most probable diagnosis?

- A.** Progressing tubal pregnancy
- B.** Interrupted tubal pregnancy
- C.** Cyst of the right ovary
- D.** Uterine pregnancy
- E.** Acute appendicitis

#

**45.** A 33 y.o. woman survived two operations on account of extrauterine pregnancy, both uterine tubes were removed. She consulted a doctor with a question about possibility of having a child. What can be advised in this case?

- A.** Extracorporal fertilization
- B.** Insemination with her husband's semen
- C.** Substitutional maternity
- D.** Artificial fertilization with donor's

semen

- E.** Induction of ovulation

#

**46.** A 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 a retort-like formation, 7 x 5 cm large, mobile, painless. What examination is necessary for detection of fetus localization?

- A.** Ultrasound
- B.** Hysteroscopy
- C.** Hromohydrotubation
- D.** Colposcopy
- E.** Cystoscopy

#

**47.** A 40 year old woman has changes of mammary gland. What are the most often symptoms that precede the malignization?

- A.** Skin induration with inverted nipple
- B.** Painful movable induration
- C.** Painless movable induration
- D.** Bloody discharges from the nipple
- E.** Pure discharges from the nipple

#

**48.** A 40 year old woman has a selfdetected hard breastmass. The procedure of choice for confirming the diagnosis is:

- A. Excision biopsy
- B. Mammography
- C. Thermography
- D. Ultrasonography
- E. Aspiration biopsy with cytology

#

**49.** A 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?

- A. Cervical carcinoma
- B. Metrofibroma
- C. Endometriosis
- D. Cervical pregnancy
- E. Cervical papillomatosis

#

**50.** A 40 year old female patient has been observing excessive menstruation accompanied by spasmodic pain in the lower abdomen for a year. Bimanual examination performed during menstruation revealed a 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 probable diagnosis?

- A. Nascent submucous fibromatous node
- B. Abortion in progress
- C. Cervical carcinoma

- D. Cervical myoma
- E. Algodismenorrhea

#

**51.** A 68-year-old patient consulted a doctor about a tumour in her left breast. Objectively: in the upper internal quadrant of the left breast there is a 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?

- A. Cancer
- B. Cyst
- C. Fibroadenoma
- D. Mastopathy
- E. Lipoma

#

**52.** A 26-year-old woman complains of having bloody discharges from the genitals for the last 14 days, abdominal pain, general fatigability, weakness, weight loss, body temperature rise, chest pain, obstructed respiration. 5 weeks ago she underwent induced abortion in the 6-7 week of gestation. Objectively: the patient is pale and inert. Bimanual examination revealed that the uterus was enlarges up to 8-9 weeks of gestation. In blood: Hb- 72 g/l. Urine test for chorionic gonadotropin gave the positive result. What is the most likely diagnosis?

- A. Chorionepithelioma
- B. Metroendometritis
- C. Uterus perforation

**D. Uterine fibromyoma**

**E. Uterine carcinoma**

#

**53.** A 28-year-old patient has been admitted to the gynecological department three days after a casual coitus. She complains about pain in her lower abdomen and during urination, profuse purulent discharges from the vagina, body temperature rise up to 37, 8°C. The patient was diagnosed with acute bilateral adnexitis. Supplemental examination revealed: the 4th degree of purity of the vaginal secretion, leukocytes within the whole visual field, diplococcal bacteria located both intra- and extracellularly. What is the etiology of acute adnexitis in this patient?

**A. Gonorrheal**

**B. Colibacterial**

**C. Chlamydial**

**D. Trichomonadal**

**E. Staphylococcal**

#

**54.** A 49-year-old patient undergoes regular medical check-up for uterine fibromyoma. Within the last year the uterus has enlarged up to 20 weeks of gestation. What is the rational way of treatment?

**A. Surgical treatment**

**B. Hormonal therapy**

**C. Further surveillance**

**D. Embolization of uterine arteries**

**E. Treatment with prostaglandin inhibitors**

#

**55.** A 58-year-old female patient came

to the antenatal clinic with complaints of bloody light-red discharges from the genital tracts. Menopause is 12 years. Gynaecological examination found externalia and vagina to have age involution; uterine cervix was unchanged, there were scant bloody discharges from uterine cervix, uterus was of normal size; uterine appendages were not palpable; parametria were free. What is the most likely diagnosis?

**A. Uterine carcinoma**

**B. Atrophic colpitis**

**C. Abnormalities of menstrual cycle with climacteric character**

**D. Cervical carcinoma**

**E. Granulosa cell tumor of ovary**

#

**56.** A 24-year-old female patient complains of acute pain in the lower abdomen that turned up after a physical stress. She presents with nausea, vomiting, dry mouth and body temperature 36, 6°C. She has a right ovarian cyst in history. Bimanual examination reveals that uterus is dense, painless, of normal size. The left fornix is deep, uterine appendages aren't palpable, the right fornix is contracted. There is a painful formation on the right of uterus. It's round, elastic and mobile. It is 7x8 cm large. In blood: leukocytosis with the left shift. What is the most likely diagnosis?

- A.** Ovarian cyst with pedicle torsion
- B.** Right-sided pyosalpinx
- C.** Subserous fibromyoma of uterus
- D.** Acute metritis
- E.** Extrauterine pregnancy

#

**57.** On the fifth day after a casual sexual contact a 25-year-old female patient consulted a doctor about purulent discharges from the genital tracts and itch. Vaginal examination showed that vaginal part of uterine cervix was hyperemic and edematic. There was an erosive area around the external orifice of uterus. There were mucopurulent profuse discharges from the cervical canal, uterine body and appendages exhibited no changes. Bacterioscopic examination revealed bean-shaped diplococci that became red after Gram's staining. What is the most likely diagnosis?

- A.** Acute gonorrheal endocervicitis
- B.** Trichomonal colpitis
- C.** Candidal vulvovaginitis
- D.** Chlamydial endocervicitis
- E.** Bacterial vaginism

#

**58.** A 30-year-old female patient has been delivered to the gynaecological department with complaints of acute pain in the lower abdomen and body temperature 38, 80C. In history: sexual life out of wedlock and two artificial abortions. Gynaecological examination reveals no changes of uterine. The appendages are enlarged and painful on both sides. Vaginal discharges are purulent and

profuse. What study is required to confirm a diagnosis?

- A.** Bacteriological and bacterioscopic analysis
- B.** Hysteroscopy
- C.** Curettage of uterine cavity
- D.** Colposcopy
- E.** Laparoscopy
- E.** Sanatorium-and-spa treatment

#

**59.** A pregnant woman was delivered to the gynecological unit with complaints of pain in the lower abdomen and insignificant bloody discharges from the genital tracts for 3 hours. Last menstruation was 3 months ago. Vaginal examination showed that body of womb was in the 10th week of gestation, a fingertip could be inserted into the external orifice of uterus, bloody discharges were insignificant. USI showed small vesicles in the uterine cavity. What is the most likely diagnosis?

- A.** Grape mole
- B.** Abortion in progress
- C.** Incipient abortion
- D.** Threat of spontaneous abortion
- E.** Incomplete abortion

#

**60.** A 25-year-old woman complains of profuse foamy vaginal discharges, foul, burning and itching in genitalia region. She has been ill for a week. Extramarital sexual life. On examination: hyperemia



of vaginal mucous, bleeding on touching,  
foamy leucorrhea in the urethral area.  
What is the most probable diagnosis?

- A. Trichomonas colpitic
- B. Gonorrhea
- C. Chlamydiosis
- D. Vagina candidomycosis
- E. Bacterial vaginosis

#

**61.** A 28-year-old patient complains of discomfort,  
acute pain in the lower third of the left labia majora. The disease began suddenly after menstruation.  
Objectively:  
body temperature is 38.0°C. The left labia majora has a formation to 3 cm diameter,  
with hyperemic surface, extremely painful to the touch, with symptoms of fluctuation.  
What is the most likely diagnosis?

- A. Acute Bartholinitis
- B. Vulvar cancer
- C. Vulvar fibroid
- D. Bartholin gland cyst
- E. Hypertrophy of the labia

#

**62.** A 28-year-old female patient complains of having haemorrhage from the genital tracts for 1 month. 6 months ago she had natural delivery and gave birth to a girl weighing 3100 g. Objectively: the uterus is enlarged to 9-10 weeks, mobile, painless, of heterogeneous consistency. Examination reveals vaginal cyanosis, anaemia and body temperature rise up to 37.8°C. There is a significant increase

in hCG concentration in the urine.  
What is your provisional diagnosis?

- A. Uterine chorionepithelioma
- B. Pregnancy
- C. Hydatidiform mole
- D. Endometritis
- E. Uterine fibromyoma

#

**63.** A patient with uterine fibromyoma sized up to 8-9 weeks of pregnancy consulted a gynaecologist about acute pain in the lower abdomen.  
Examination revealed pronounced positive symptoms of peritoneal irritation, high leukocytosis.  
Vaginal examination revealed that the uterus was enlarged up to 9 weeks of pregnancy due to the fibromatous nodes, one of which was mobile and extremely painful. Appendages were not palpable. Discharges were mucous, coming in moderate amounts. What is the treatment tactics?

- A. Urgent surgery (laparotomy)
- B. Surveillance and spasmolytic therapy
- C. Fractional diagnostic curettage of the uterine cavity
- D. Surgical laparoscopy
- E. Surveillance and antibacterial therapy

#

**64.** During self-examination a 22-year-old patient revealed a mammary tumour.

Palpation revealed a firm, painless, freely mobile formation up to 2 cm, peripheral lymph nodes were not changed. USI results: in the superior external quadrant of the right mammary gland there was a big formation of increased echogenicity, sized 18x17 mm. The patient was provisionally diagnosed with fibroadenoma. What is a doctor's further tactics?

- A. Surgical removal of the tumour prior to pregnancy
- B. Dynamic follow-up
- C. Surgical treatment after pregnancy
- D. Radical mastectomy
- E. Nonsteroid anti-inflammatory drugs, oral contraceptives

**65.** Preventive examination of a 50-year-old woman revealed a dense tumour of the right mammary gland up to 5 cm in diameter without distinct outlines. The skin over the tumour looked like lemon peel. Palpation revealed a lymph node in the axillary region. What is the most likely diagnosis?

- A. Breast cancer
- B. Lactocele
- C. Diffuse mastopathy
- D. Mastitis
- E. Breast lipoma

#

**66** A 28-year-old patient has been taken to a hospital for acute pain in the lower

abdomen. There was a brief syncope. The delay of menstruation is 2 months. Objectively: the patient has pale skin, AP- 90/50 mm Hg, Ps- 110/min. Lower abdomen is extremely painful. Vaginal examination reveals uterus enlargement. There is positive Promtov's sign. Right appendages are enlarged and very painful. Posterior vault hangs over. What is the most likely diagnosis?

- A. Right-sided tubal pregnancy
- B. Right ovary apoplexy
- C. Acute right-sided salpingoophoritis
- D. Pelvioperitonitis
- E. Incipient abortion

#

**67.** A patient complains of being unable to get pregnant for 5 years. A complete clinical examination gave the following results: hormonal function is not impaired, urogenital infection hasn't been found, on hysterosalpingography both tubes were filled with the contrast medium up to the isthmus segment, abdominal contrast was not visualized. The patient's husband is healthy. What tactics will be most effective?

- A. In-vitro fertilization
- B. Insemination with husband's sperm
- C. ICSI within in-vitro fertilization program
- D. Hydrotubation
- E. Laparoscopic tubal plasty

#

**68.** A 10 week pregnant woman was admitted to a hospital for recurrent pain

in the lower abdomen, bloody discharges from the genital tracts. The problems turned up after ARVI. The woman was registered for antenatal care. Speculum examination revealed cyanosis of vaginal mucosa, clean cervix, open cervical canal discharging blood and blood clots; the lower pole of the gestational sac was visible. What tactics should be chosen?

- A. Curettage of the uterus
- B. Pregnancy maintenance therapy
- C. Expectant management, surveillance
- D. Hysterectomy
- E. Antiviral therapy

#

**69.** A 49-year-old patient complains of itching, burning in the external genitals, frequent urination. The symptoms have been present for the last 7 months. The patient has irregular menstruation, once every 3-4 months. Over the last 2 years she presents with hot flashes, sweating, sleep disturbance. Examination revealed no pathological changes of the internal reproductive organs. Complete blood count and urinalysis showed no pathological changes. Vaginal smear contained 20-25 leukocytes in the field of vision, mixed flora. What is the most likely diagnosis?

- A. Menopausal syndrome
- B. Cystitis
- C. Trichomonas colpitis
- D. Vulvitis
- E. Bacterial vaginosis

#

**70.** A 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?

- A. Excessive transformation of preandrogens from adipose tissues
- B. Hypersecretion of estrogens by tissues of the organism.
- C. Poor aromatization of preandrogens due to hypothyroidism
- D. The increased contents of follicle-stimulating hormone
- E. Supersecretion of androgens by the cortex of paranephroses.

#

**71.** A 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 - a fibromatous node, 3 cm in diameter, on the thin stem. Discharges are bloody, moderate. Choose the correct tactics.

- A. Operation: untwisting of born node
- B. Hormonal hemostasis
- C. Phase by phase vitamin therapy
- D. Supravaginal ablation of the uterus without ovaries
- E. Hysterectomy without ovaries

#

**72.** 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:

- A. Computer tomography of the head
- B. Determination of the level of gonadotropins
- C. USI of organs of small pelvis
- D. Progesterone assay
- E. Determination of the contents of testosterone-depotum in blood serum

#

**73.** A 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:

- A. Hormonotherapy and proteolytic enzymes
- B. Antibacterial therapy and adaptogens
- C. Lasertherapy and enzymotherapy
- D. Magnitotherapy and vitamin therapy
- E. The patient does not require further care

#

**74.** At the gynaecological department there is a patient of 32 years with the diagnosis: "acute bartholinitis". Body temperature is  $38,2^{\circ}\text{C}$ , leucocytes count  $10,4 \cdot 10^9/\text{L}$ , the ESR is 24 mm/hour. In the area 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?

- A. Surgical dissecting, a drainage of an abscess of the gland, antibiotics
- B. Antibiotics, Sulfanilamidums
- C. Surgical dissection, drainage of the abscess of the gland
- D. Antibiotic therapy
- E. Antibiotics, detoxication and

biostimulants.

#

**75.** A 28-year-old patient underwent endometrectomy as a 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.  $T^{\circ}\text{C}$  -  $38,5^{\circ}\text{C}$ , Ps - 110/min, AP - 70/40 mm Hg. What is the most likely diagnosis?

- A. Hemotransfusion shock
- B. Hemorrhagic shock
- C. Septic shock
- D. Anaphylactic shock
- E. DIC syndrome

#

**76.** A 20 y.o. patient complains of amenorrhea. Objectively: hirsutism, obesity with fat tissue prevailing on the face, neck, upper part of body. On the face there are acne vulgaris, on the skin - striae cutis distense. Psychological and intellectual development is normal. Gynecological condition: external genitals are moderately hairy, acute vaginal and uterine hypoplasia. What diagnosis is the most probable?

- A. Itsenko-Cushing syndrome
- B. Turner's syndrome
- C. Stein-Levental's syndrome
- D. Shichan's syndrome
- E. Babinski-Froehlich syndrome

#

**77.** A 50-year-old female patient complains of aching pain in the lower abdomen. She has a history of normal menstrual cycle. At the

age of 40, the patient underwent a surgery for gastric ulcer. Examination findings: abdomen is soft, in the hypogastrium there is a welldefined nodular tumor of limited mobility. Vaginal examination findings: the cervix is clean, of cylindrical shape. Body of the uterus cannot be palpated separately. On both sides of the uterus palpation reveals tight tumors with an uneven surface. The tumors are immobile and fill the whole pelvic cavity. What is the most likely diagnosis?

- A. Krukenberg tumor**
- B. Ovarian fibroid**
- C. Ovarian granulosa cell tumor**
- D. Bilateral pioovarium**
- E. Subserous metrofibroma**

#

**78.** A 21-year-old female patient consulted a gynecologist about itching, burning, watery vaginal discharges with a fish-like smell. Speculum examination revealed that the cervical and vaginal mucosa was of a normal pink color. Vaginal examination revealed no alterations of the uterus and appendages. Gram-stained smears included clue cells.

- What is the most likely pathology?
- A. Bacterial vaginosis (gardnerellosis)**
  - B. Chlamydiosis**
  - C. Gonorrhea**
  - D. Trichomoniasis**

**E. Candidiasis**

#

**79.** A 28-year-old female patient has been admitted to the gynecology department for abdominal pain, spotting before and after menstruation for 5 days. The disease is associated with the abortion which she had 2 years ago. Anti-inflammatory treatment had no effect. Bimanual examination findings: the uterus is enlarged, tight, painful, smooth. Hysteroscopy reveals dark red holes in the fundus with dark blood coming out of them.

What diagnosis can be made on the grounds of these clinical presentations?

- A. Inner endometriosis**
- B. Polymenorrhea**
- C. Hypermenorrhea**
- D. Submucous fibromatous node**
- E. Dysfunctional uterine bleeding**

#

**80.** A pregnant 26-year-old woman was admitted to a hospital for abdominal pain and bleeding from the genital tract. Bimanual examination revealed that uterus was the size of 9 weeks of pregnancy, the cervical canal let a finger through. Fetal tissues could be palpated in the orifice. There was moderate vaginal bleeding. What is the tactics of choice?

- A. Instrumental extraction of fetal tissue
- B. Surveillance
- C. Administration of hormones
- D. Hemostatic and antianemic therapy
- E. Therapy for the maintenance of pregnancy

#

**81.** A 36-year-old female presented to a gynecological hospital with a significant bleeding from the genital tract and a 1-month delay of menstruation. Bimanual examination revealed soft barrel-shaped cervix. Uterus was of normal size, somewhat softened. Appendages were unremarkable on both sides. Speculum examination revealed that the cervix was cyanotic, enlarged, with the external orifice disclosed up to 0,5 cm. Urine hCG test was positive. What is the most likely diagnosis?

- A. Cervical pregnancy
- B. Uterogestation
- C. Abortion in progress
- D. Threatened miscarriage
- E. Ectopic pregnancy

#

**82.** A 31-year-old female patient complains of infertility, amenorrhea for 2 years after the artificial abortion that was complicated by endometritis. Objectively: examination of the external genitalia reveals no pathology, there is

female pattern of hair distribution. According to the functional tests, the patient has biphasic ovulatory cycle. What form of infertility is the case?

- A. Uterine
- B. Ovarian
- C. Pituitary
- D. Hypothalamic
- E. Immunological

#

**83.** A 6-year-old girl attended a general practitioner with her mother. The child complains of burning pain and itching in her external genitalia. The girl was taking antibiotics the day before due to her suffering from acute bronchitis. On examination: external genitalia are swollen, hyperemic, there is white deposit accumulated in the folds. The most likely diagnosis is:

- A. Candidal vulvovaginitis
- B. Trichomoniasis
- C. Nonspecific vulvitis
- D. Helminthic invasion
- E. Herpes vulvitis

#

**84.** During the breast self-exam a 37-year-old female patient revealed a lump in the lower inner quadrant of her left breast. Palpation confirms presence of a mobile well-defined neoplasm up to 2 cm large. Peripheral lymph

nodes are not changed. What is the way of further management?

- A. Ultrasound examination of breasts, mammography, fine-needle aspiration biopsy
- B. Anti-inflammatory therapy, physiotherapy
- C. Radical mastectomy
- D. Ultrasound monitoring of genitals during the entire course of antiestrogens therapy, systemic enzyme therapy, phytotherapy
- E. Case follow-up

#

**85.** A 25-year-old female has a self-detected tumor in the upper outer quadrant of her right breast. On palpation there is a painless, firm, mobile lump up to 2 cm in diameter, peripheral lymph nodes are not changed. In the upper outer quadrant of the right breast ultrasound revealed a massive neoplasm with increased echogenicity sized 21x18 mm. What is the most likely diagnosis?

- A. Fibroadenoma
- B. Lactocele
- C. Diffuse mastopathy
- D. Mammary cancer
- E. Mastitis

#

**86.** A 20-year-old female consulted a gynecologist about not having menstrual period for 7 months. History abstracts: early childhood infections and frequent tonsillitis, menarche since 13 years, regular

monthly menstrual cycle of 28 days, painless menstruation lasts 5-6 days. 7 months ago the patient had an emotional stress. Gynecological examination revealed no alterations in the uterus. What is the most likely diagnosis?

- A. Secondary amenorrhea
- B. Primary amenorrhea
- C. Algomenorrhea
- D. Spanomenorrhea
- E. Cryptomenorrhea

#

**87.** 48-year-old female has been admitted to the gynecology department for pain in the lower right abdomen and low back pain, constipations. Bimanual examination findings: the uterus is immobile, the size of a 10-week pregnancy, has uneven surface. Aspirate from the uterine cavity contains atypical cells. What diagnosis can be made?

- A. Hysteroecarcinoma
- B. Cervical cancer
- C. Metrofibroma
- D. Colon cancer
- E. Chorionepithelioma

#

**88.** 13 months after the first labor a 24-year-old patient complained of amenorrhea. Pregnancy ended in Caesarian section because of premature detachment of normally positioned placenta which resulted in blood loss at

the rate of 2000 ml due to disturbance of blood clotting. Choose the most suitable investigation:

- A. Estimation of gonadotropin rate
- B. US of small pelvis
- C. Progesteron assay
- D. Computer tomography of head
- E. Estimation of testosterone rate in blood serum

#

**89.** After examination a 46-year-old patient was diagnosed with left breast cancer T2N2M0, clinical group II-a. What will be the treatment plan for this patient?

- A. Radiation therapy + operation + chemotherapy
- B. Operation only
- C. Operation + radiation therapy
- D. Radiation therapy only
- E. Chemotherapy only

#

**90.** A 30-year-old woman complains of irregular copious painful menstruations, pain irradiates to the rectum. Anamnesis states 10-year-long infertility. On bimanual examination: uterus is of normal size; uterine appendages on the both sides are corded, with restricted mobility, painful; there are dense nodular painful growths detected in the posterior fornix. A doctor suspects endometriosis. What method allows to verify this diagnosis?

- A. Laparoscopy
- B. Diagnostic curettage of uterine cavity
- C. Paracentesis of posterior fornix

D. Uterine probing

E. Hysteroscopy

#

**91.** A 30-year-old woman complains of infertility during her 10-year-long married life. Menstruations occur since she was 14 and are irregular, with delays up to a month and longer.

Body mass is excessive. Hirsutism is observed.

On bimanual examination: uterine body is decreased in size; ovaries are increased in size, dense, painless, and mobile. The most likely diagnosis is:

A. Stein–Leventhal syndrome (Polycystic ovary syndrome)

B. Follicular cyst of ovaries

C. Genital endometriosis

D. Genital tuberculosis

E. Inflammatory tumor of ovaries

#

**92.** A 28-year-old woman complains of increased intermenstrual periods up to 2

months, hirsutism. Gynaecological examination

revealed that the ovaries were enlarged, painless, compact, uterus had no peculiarities.

Pelvic ultrasound revealed that the ovaries

were 4-5 cm in diameter and had multiple

enlarged follicles on periphery. X-ray of skull

base showed that sellar region was dilated.

What is the most probable diagnosis?

A. Stein-Leventhal syndrome (Polycystic ovary



syndrome)

**B.** Algodismenorrhea

**C.** Sheehan's syndrome

**D.** Premenstrual syndrome

**E.** Morgagni-Stewart syndrome