**Management of obstetrics & gynaecological aid. Anatomical and physiological characteristics of the female reproductive system. The main symptoms of gynecological diseases. Methods of examination in gynaecology.**

1. The external genital organs in female include:

+1.large labia

+2.small labia

+3.large glands of the vestibule

+4.clitoris

-5.vagina

2. The internal genital organs include:

+1.uterus

+2.the fallopian tubes

+3.ovaries

+4.vagina

-5.small labia

3. The karyopycnotic index is the percentage

-1. eosinophilic surface cells of the vaginal epithelium to the total number of cells in the smear

+2. surface cells of the vaginal epithelium with pycnotic nuclei to the total number of cells in the smear

-3. basal and parabasal cells of the vaginal epithelium to the total number of cells in the smear

-4. surface cells of the vaginal epithelium with pycnotic nuclei to eosinophilic surface cells

4. The monotonic hypothermic basal temperature curve is typical:

-1. for a two-phase menstrual cycle

-2. for a two-phase menstrual cycle with a shortening of the luteal phase to 5 days

+3. for anovulatory menstrual cycle

5. A positive symptom of the pupil during the entire menstrual cycle indicates:

-1. the presence of hyperandrogenism

-2. the shortening of the II phase of the cycle

+3. the presence of anovulatory cycle

-4. about all of the above

-5. none of the above

6. Contraindications to diagnostic laparoscopy in gynecology is:

+1. acute inflammation in the pelvis

-3. aborted pregnancy pregnancy

-4. progressive tubal pregnancy

-5. none of the above

7. Negative dexamethasone test (a slight decrease in excretion of 17-ACS and 17-CS) indicates the presence of:

+1.tumors of the cortical layer of the adrenal glands

-2.adrenoblastoma of the ovaries

-3.syndrome of sclerocystic ovaries

-4.adrenogenital syndrome (ACS)

8. Optimum terms of diagnostic curettage of the uterus infertility:

-1.period of menstruation

-2.ovulation period

+3.a week before the expected menstruation

-4.immediately after menstruation

-5.the day of peak LG

9. 17Beta-estradiol stimulates growth:

+1.The vagina

+2.Myometrium

+3.Endometrium

-4.Ovary

+5.Fallopian tubes

10. The functional test with dexamethasone used for:

-1.to establish the extent of estrogen deficiency

+2.to establish the source of hyperandrogenism

-3.to exclude uterine form of amenorrhea

-4.to determine the degree of progesterone deficiency

-5.none of the above

11. Which of the estrogen fractions has the greatest activity?

-1.16Alpha-hydroxyestrone

-2.estriol

+3.esradiol

-4.estrone

12. What is the indication for abdominal puncture through the posterior vaginal fornix?

+1.suspicion of a malignant tumor of the ovary

-2.submucous myoma

-3.peritonitis

+4.abnormal ectopic pregnancy

+5.pyosalpinx

13. Defects of filling on metrosalpingografii can be determined in:

+1.submucous myoma

+2.an endometrial polyp

+3.intrauterine synechia

-4.foci of endometriosis

14. What does hysteroscopy reveal?

+1.endometrial hyperplasia

+2.polyps of the endometrium

+3.endometrial cancer

-4.subserous myoma

+5.intrauterine synechia

15. Which of the following conditions is indicated for a separate diagnostic curettage?

-1.with adnexitis

+2.in the polyp of the cervical canal

+3.with dysfunctional uterine bleeding

+4.rapid growth of uterine fibroids

+5.acyclic bleeding from the uterus in the pre-menopausal period

16. Conservative treatment methods are indicated in:

+1.the initial stages of ovulation of the vagina and uterus

+2.presence of contraindications to surgical intervention

+3.preparation of patients for surgical treatment

-4.incomplete uterine prolapse

17. Curettage of the endometrium should be performed when:

+1.dysfunctional uterine bleeding

+2.suspected endometrial cancer

+3.endometrial hyperplasia

-4.suspected endometritis

18. The following results of functional diagnostic tests indicate hyperestrogenemia:

+1.karyopycnotic index 50-60% and more

+2.length of cervical mucus extension 7-8 cm and more

-3.stretching length of cervical mucus 2-3 cm

19. The hypothalamus produces the following hormones:

-1.gonadotropins

-2.estrogens

-3.gestagens

+4.releasing factors

20. What hormones are produced in the posterior lobe of the pituitary (neurohypophysis):

-1.prolactin

+2.oxytocin

-3.vasopressin

-4.estriol

-5.estrone

21. Puncture of the abdominal cavity through the posterior vaginal fornix should be performed when:

+1.suspected intraabdominal bleeding

+2.suspected ovarian apoplexy with internal bleeding

+3.suspicion of a disturbed ectopic pregnancy

-4.suspicion of undisturbed tubal pregnancy

22. The normal environment of the vagina is supported by the following listed factors:

+1.Ph, equal to 4.5

+2.Lactobacillus

-3.E. coli

+4.lactic acid

23. What cells are found in smears for colpocytology:

+1.superficial

+2.keratinizing

+3.intermediate

+4.parabasal

+5.basal

24. Contraindications to perform metrosalpingography are:

+1.infectious diseases

+2.inflammatory diseases of female sex organs

+3.presence of pregnancy

+4.1st degree of purity of the vagina

-5.None of the overexposed

25. FSH stimulates:

+1.growth of follicles in the ovary

-2.production of corticosteroids

-3.production of TTG in the thyroid gland

-4.all of the above

-5.function of the yellow body

26. Contraindications to probe the uterus are:

+1.Acute inflammatory process of genital organs

+2.suspicion of uterine pregnancy

-3.suspicion of submucosal uterus

-4.presence of intrauterine fusion

27. For perfoming of puncture of the abdominal cavity through the posterior vaginal fornix are necessary?

+1.spoon-like mirror

+2.elevator

-3.expander Geghar

+4.bullet forceps

+5.long needle and syringe

28. The appearance of the "fern leaf" symptom is caused by the action:

-1.progesterone

-2.androstenedione

-3.prolactin

+4.estrogens

-5.FSG

29. For the diagnosis of which diseases can we use colposcopy?

+1.erosion

+2.dysplasia

+3.leukoplakia

-4.adenomyosis

+5.erythroplakia

30. Functional Diagnostic Tests (FDT) can determine

-1.biphasic menstruation

-2.the level of estrogen saturation of the body

-3.ovulation

-4.the usefulness of the luteal phase of the cycle

+5.all of the above

31. What is the magnitude of hematocrit in a healthy woman?

+1.35-40%

-2.40-45%

-3.46-50%

32. At present the following features of microflora are noted in inflammatory diseases of female genital organs

-1.prevalence of microorganism associations

-2.an increase in the number of anaerobes and viruses

-3.presence of chlamydia and mycoplasma

+4.All of the above is true

-5.nothing is right from the above

33. What kind of complaints can a patient present at descendment of internal genital organs?

+1.difficulty in emptying the bladder

+2.stress urinary incontinence

+3.difficulties with defecation

+4.feeling that something is falling out

-5.on mucous discharge from the vagina

34. Based on what tests are judged about the estrogen saturation of the body?

+1.basal temperature

+2.symptom of "pupil"

-3.R-grams of the Turkish saddle

+4.hormonal colpocytology

-5.the level of 17-OH progesterone in the blood

35. The woman's vagina during the menopause has all of the following features, except:

-1.pale dry epithelium

-2.reduce the size of the upper part of the vagina

+3.increase in the number of surface cells

-4.reduce the tone of the vagina

36. Cervical endoscopy has the following varieties

+1.simple colposcopy

+2.enlarged colposcopy

+3.colpomicroscopy

+4.Colpocercviscoscopy

37. A test with dexamethasone is considered positive if, in response to the use of dexamethasone, the following change in the level of 17-ketosteroids is observed in the daily amount of urine

-1.increase by 50% or more

-2.an increase of 10-20%

-3.decrease by 10-20%

+4.decrease by 50% or more

38. Which age group benefits most from an active screening program utilizing the Pap smear:

-1. 30-40 years

-2. 40-50 years

-3. 50-60 years

-4. 60-70 years

+5. all groups

39. What is the upper limit of normal menstrual blood loss during a menstrual period?

-1. 15 mL

-2. 40 mL

+3 80 mL

-4. 150 mL

40. Which of the following symptoms is likely to be a symptom associated with endometriosis but not premenstrual syndrome:

-1. irritability

-2. breast tenderness

-3. depression

+4. dysmenorrhea

41. For which of the following women would it NOT be an appropriate time for their first pelvic exam:

-1. a 15-year-old with severe dysmenorrhea

-2. a 16-year-old who has recently become sexually active

+3. an asymptomatic 13-year-old

-4. an asymptomatic 20-year-old

42. Which of the following statements is true regarding testosterone in women?

-1. It is the most potent androgen.

-2. Direct ovarian contribution of testosterone is approximately 50% in normal adult women.

-3 Direct adrenal contribution of testosterone is approximately 50%.

-4. Testosterone levels show significant diurnal variation.

+5. One percent of testosterone circulates as free (unbound).

43. All of the following are characteristic of polycystic ovarian syndrome EXCEPT

-1. amenorrhea

-2. infertility

-3. anovulation

+4. pituitary adenoma

Menstrual function and its disorders (amenorrhea, dismenorrhea, abnormal uterine bleeding).

1. Uterine curettage is performed in the girl:

-1.with algomenorrhea

-2.with amenorrhea

-3.at anovulatory menstrual cycles

+4.with profuse bleeding and no effect of conservative therapy

2. If a patient with amenorrhea has a negative result (absence of menstrual reaction) after the hormonal test with estrogens and progesterone, it means:

-1. Presence amenorrhea of central genesis

-2. Presence ovarian form of amenorrhea

+3. Presence uterine form of amenorrhea

-4. presence polycystic ovary syndrome

-5.none of the above

3. Amenorrhea in a 16-year-old girl can be the result of all the conditions listed, except:

-1.pelvic inflammatory disease

-2.Turner syndrome

-3.polycystic ovary

+4.granulosa cell tumor

4. Sheehan's syndrome is caused by:

-1. a pituitary tumor

+2. insufficient function of the pituitary gland

-3.increased function of the pituitary gland

5. What is the cause of Chiari-Frommel syndrome?

-1.a pituitary tumor

+2.a violation of prolactin production by the pituitary gland

-3.a tumor of the thyroid gland

6. Abnormal uterine bleeding (AUB) in women of reproductive age should be differentiated with:

+1. Miscarriage

+2.ectopic pregnancy

+3.submucous myoma

+4.inflammatory diseases of the genital organs

-5.thrombocytopathy

7. Abnormal uterine bleeding (AUB) in women of reproductive age should be differentiated with:

+1.cancer of the uterus

+2.submucous fibroid

+3.early pregnancy disturbances

+4.hormone-producing ovarian tumor

8. What is the morphological characteristic of the endometrium in follicular persistence?

-1.endometrial atrophy

-2.endometrium, corresponding to the phase of the menstrual cycle

+3.endometrial glandular hyperplasia

-4.secretory transformation of the endometrium

-5 None of the above

9. What is atresia of the follicle?

-1.prolonged existence of mature follicle

+2. reverse development of immature follicle

-3.all of the above

10. What is the follicular persistence?

+1.prolonged existence of mature follicle

-2.reverse development of immature follicles

-3.all of the above

11. Varieties of amenorrhea according to the level of the defect:

+1.hypothalamic-pituitary

+2.ovarian

+3.adrenal

+4.uterine

-5.none of the above

12. What phase of the menstrual cycle does not occur with follicle persistence?

-1.desquamation

-2.regeneration

-3.proliferation

+4.secretion

-5.none of the above

13. The features of a normal menstrual cycle are

-1.ovulation

-2.presence of corpus luteum in the ovary

-3.prevalence of progesterone in the second phase of the cycle

+4.all listed

-5.none of the above

14. The most common characteristics of juvenile uterine bleeding are

-1.ovulatory

+2.anovulatory, acyclic

-3.and those, and others

-4.neither those nor others

15. What statements about amenorrhea are true?

+1.Amenorrhea can be true or false

+2.Amenorrhea can be hyper- and hypogonadotropic

+3.Amenorrhea can be primary and secondary

-4.Amenorrhea due to gonadal dysgenesis is always secondary

14. What could be the cause of hyperprolactinemia?

+1.tumor in the hypothalamic-pituitary region

+2.functional disorders of the hypothalamic-pituitary region

-3.none of the above

15. What changes are observed in the proliferative phase of the menstrual cycle

-1.In the ovary follicle ripens

-2.in the blood increases the content of estrogens

-3.epithelial cells of the glands of the basal layer form the epithelial lining

-4.new uterine glands appear

+5.all answers are correct

16. The phases of the uterine cycle are:

+1.desquamation

+2.regeneration

+3.proliferation

+4.secretions

-5.follicular

17. Premenopausal abnormal uterine bleeding develops most often on a background of:

+1.hyperestrogenia

-2.extragenital pathology

-3.abnormal position of the uterus

18. Treatment of abnormal uterine bleeding in women of climacteric age should start with

-1.symptomatic therapy

-2.hormone therapy

-3.physical and mental rest

+4.curettage of the uterine mucosa

19. Algomenorrhea is:

-1.bleeding

-2.irregular menstruation

+3.painful menstruation

-4.copious menses

20. What statements about Shihan's syndrome are true?

+1.can develop after acute bleeding in childbirth

+2.pathology is caused by adenohypophysis necrosis

+3.characterized by a violation of lactation, amenorrhea, atrophy of the mammary glands and genital organs

-4.a general condition disorder is associated with hyperthyroidism

21. A 29-year-old woman with secondary amenorrhea has a negative test for cyclic hormone therapy with estrogen and progesterone. What is the form of amenorrhea?

-1.hypothalamic amenorrhea

-2.pituitary amenorrhea

-3.ovarian amenorrhea

+4.uterine amenorrhea

-5.psychogenic amenorrhea

22. Choose the most accurate method for determining the cause of pathological bleeding in women aged 40-50:

-1.basal temperature measurement

-2.determination of the concentration of estrogens and progesterone

+3.diagnostic curettage of the uterus

-4.Ultrasound

23. What is characteristic of juvenile bleeding?

+1.appear during the formation of menstrual function

+2.this is anovulatory bleeding

+3.this bleeding is often due to atresia of the follicles

-4.this bleeding, due to insufficiency of the luteal phase

-5.this is ovulatory bleeding

25. Is it possible to use hormonal hemostasis in abnormal uterine bleeding (AUB) in adolescents?

+1.Yes

-2.No

-3.only after curettage of the uterus

26. What is hypomenorrhea?

-1.it is plentiful and long monthly with a regular cycle

-2.this intermenstrual acyclic bleeding

-3.this is a uterine bleeding that began on days of menstruation and lasts 10 or more days

-4.this shortening of the interval between menstruations

+5. this extremely light menstrual blood flow

27. What is a menorrhagia?

+1.it is plentiful and long menstrual bleeding with a regular cycle

-2.this intermenstrual acyclic bleeding

+3.this is uterine bleeding that began on days of menstruation and lasts 10 or more days

-4.this shortening of the interval between menstruations

-5.this meagre menstruation

28. What is oligomenorrhea?

-1.it is plentiful and long menstruation with a regular cycle

-2.this intermenstrual acyclic bleeding

-3.this is a uterine bleeding that began on days of menstruation and lasts 10 or more days

+4. menstrual periods occur at intervals of greater than 35 days

-5.this meager menstruation

29. What is metrorrhagia?

-1.it is plentiful and long menstruation with a regular cycle

+2.this uterine acyclic bleeding

-3.this is a uterine bleeding that began on days of menstruation and lasts 10 or more days

-4.this shortening of the interval between menstruations

-5.this meager menstruation

30. What factors do not affect the appearance of menstruation?

-1.the pulsating rhythm of ejection of gonadotrophic hormone

-2.the level of gonadotropins

+3.the condition of the fallopian tubes

-4.the level of steroid hormones of the ovaries

-5.the reaction of the endometrium to sex steroid hormones

31. For hormonal hemostasis in the reproductive period, the most commonly used are:

-1.estrogens

-2.gestagens

-3.androgens

-4.combination of estrogens and androgens

+5. Combined estrogen–progestogen contraceptives

32. What hemostasis is optimal for AUB in the perimenopausal period?

-1. estrogen–progestogen contraceptives

-2.androgens

+3.curettage of the uterus

-4.symptomatic

-5.combination of androgens and progestogens

33. Principles of treatment of AUB are:

-1. Endometrial sampling in women with persistent inter-menstrual bleeding or aged ≥40 years with treatment failure

-2.normalization of menstrual function

-3.switching off menstrual function in premenopause

+4.all listed

-5.none of the above

34. Management of AUB should address:

-1. fertility desire,

-2. impact of pressure symptoms,

-3. co-morbidities, and any other AUB contributors.

-4. Treatment should be individualised.

-5. No one-size-fits-all approaches are available with regard to initial and subsequent treatment options.

+6. all listed

35. Follicular phase of the menstrual cycle is characterized by:

-1.desquamation of the functional layer of the endometrium;

+2.regeneration of the functional layer of the endometrium;

+3.increasing estrogen level in blood;

+4.growth of a new follicle in the ovary;

-5.development of a corpus luteum in the ovary

36. Physiological amenorrhea is the absence of menstruation in:

+1.girls up to 10-12 years old

+2.pregnancy

+3.lactation

+4.menopause

-5.when ovaries are removed

37. What hormone hemostasis is used for juvenile AUB?

+1.estrogenic

-2.androgenic

+3. Combined estrogen–progestogen contraceptives

-4.all of the above types of hemostasis

38. Endometrial sampling can be used to control the results of treatment for endometrial hyperplasia?

+1.Yes

-2.No

-3.Only in menopause

39. Treatment option for Sheehan’s syndrome is:

-1.vitamin therapy;

-2.hemostimulating therapy;

+3.hormone replacement therapy;

-4.Spa treatment.

40. Amenorrhea is the absence of menstruation during

-1.4 months

-2.5 months

+3.6 months

-4.All of the above is true

-5.all of the above is incorrect

41. Indications for surgical haemostasis in juvenile bleeding:

+1.Hb below 80 g / L and hematocrit below 0.25

-2. Hb below 90 g / L and hematocrit below 0.3

+3.no effect of conservative therapy

42. Clinical criteria for assessing the severity of a patient's condition in acute massive blood loss:

-1.heart rate

-2.HA and CVP

-3.hourly diuresis

-4.Skin color and body temperature

+5.all of the above

43. What hemostasis is optimal for AUB in menopause?

-1.estrogen-progestagens medicines

-2.androgens

+3.curettage of the uterus

-4.symptomatic

-5.combination of androgens and gestagens

Abnormal position of the female genital organs. Pelvic organs prolapse.

1. Complete prolapse of the uterus is:

-1.the of uterine fundus is at the level of the plane of entry into the small pelvis

+2.the body of the uterus outside the sex slit, cysto- and rectocele

-3.the internal throat of the uterus is located below the interspinal line, prolapse of the vaginal walls

-4.the cervix is elongated, defined outside the sex slit, cysto- and rectocele

-5.the internal throat of the uterus is located above or at the level of the interspinal line, prolapse of the vaginal walls

2. Clinical symptoms of prolapse of the vagina and uterus:

-1.pain and a feeling of heaviness in the lower abdomen

-2.disorders of the function of pelvic organs

-3.bedsores

-4.urinary tract infection

+5.all of the above

3. The body of the uterus is held anteversio-flexio position by

+1.own mass

+2. lig. Teres uteri

+3.stretching of lig. sacrouterina

+4. lig. Suspensorium ovarii

-5.the position of neighboring organs

4. The supporting apparatus of the uterus is formed by the

+1.muscles of the pelvic floor

-2.lig. Teres uteri

-3. lig. latum uteri

-4. lig.transversum uteri

5. List factors that can lead to a change in the position of the uterus:

+1.infiltrate in the parametrium

+2.ovarian tumor

+3. adhesive process in the pelvis

+4. overfilling of the bladder

6. Possible causes of prolapse of the uterus:

+1.trauma of the perineum in childbirth, incompetence of the pelvic floor muscles

+2.a prolonged increase of the intra-abdominal pressure in severe physical work

+3.abrupt weight loss

+4.tissue atrophy in old age

-5.presence of colpitis, endocervicitis

7. Etiological factors of retrodeviation of the uterus:

+1.relaxation of the ligament apparatus and pelvic floor muscles

+2.inflammatory diseases

+3.external endometriosis

+4.tumors of the anterior surface of the uterus

-5.cervical pseudo-erosion

8. Name the wrong bends and inclinations of the uterus:

+1.hyperanteflexion

+2.retroversion

+3.retroflection

+4.dextroversion

+5.synostroversion

9. What determines the type of surgery for anomalies in the position of female genital organs?

-1.degree of uterine prolapse and vagina

-2.concomitant pathology of genital organs

-3.the age of the patient

-4.presence of extragenital diseases

+5.all of the above

10. Conservative methods of treatment are shown in:

+1. initial stages of vaginal and uterine prolapse

+2. there are contraindications to surgery

+3. preparation of patients for surgical treatment

-4. incomplete prolapse of the uterus

Background, precancerous and benign diseases of the female genitalia.

1. If there is a suspicion for endometrial cancer, hysteroscopy makes it possible to establish:

+1.pathological process

+2.surface prevalence of the process

-3.depth of invasion

-4.spread to adjacent organs

2. The non-neoplastic enlargements of the ovary include:

+1.follicular cyst

+2.corpus luteum cyst

+3.endometrial cyst

-4.dermoid cyst

3. In the premenopausal period, uterine bleeding can be caused by:

+1.endometrial hyperplasia

+2.endometrial adenomatosis

+3.adenocarcinoma

+4.submucosal myoma

-5.none of the above

4. Differential diagnosis of hyperplastic processes and endometrial cancer should be carried out

-1.with submucous node of myoma

-2.with glandular fibrous polyp of the endometrium

-3.with a hormone-active tumor of the ovary

+4.with all of the above

5. Contents of serous cystoma

+1.a straw colored liquid

-2.fibrous tissue

-3.fat, hair

7. Hormone producing ovarian tumors include all except:

-1.granulosa cell tumor

-2.anthroblastoma

-3. thecoma

+4.fibroma

8. Tactics after the detection of a granulosa cell tumor of the ovary:

-1.dynamic observation

-2.treatment with estrogen-progestational medications

-3.treatment with antiestrogens

-4.treatment with gestagens

+5.radical operation

9. Which of the following tumors produces androgens?

-1. follicular cyst

-2.dysgerminoma

+3.androblastoma

-4.teratoma

10. What statements about endometrial adenocarcinoma are true?

+1.is combined with obesity, hypertension, diabetes mellitus

-2.is associated with the use of intrauterine contraceptives

+3.is associated with hyperestrogenism

+4.it develops against the background of endometrial adenomatosis

+5.the number of cases continues to increase

11. For persistent hydatidiform mole, the following are characteristics are true:

+1.incompatibility of uterine size with gestational age

+2.the appearance of bloody discharge from the genital tract in the first half of pregnancy

-3.low levels of chorionic gonadotropin

+4.the formation of luteal cysts in the ovaries

12. The level of human chorionic gonadotropin can increase in:

-1.dysgerminoma

-2.adenocarcinoma

+3.pregnancy twins

+4.choriocarcinoma

+5.hydatidiform mole

13. The most common types of endometrial hyperplasia are:

+1.glandular hyperplasia

+2.glandular cystic hyperplasia

-3.adenomatous hyperplasia

-4.adenomatous polyps of the endometrium

14. What of the following ovarian enlargements is not removed?

-1.mucinous cystadenoma

-2.simple serous tumor

-3.benign teratoma (dermoid cyst)

+4.teca-luteal cyst

-5.tekoma

15. What is typical for serous cystadenoma?

+1.occurs from the superficial epithelium of the ovary

+2.often one-sided

+3.lined with an epithelium similar to the mucous membranes of the fallopian tubes

+4.has no specific symptoms

-5.none of the above

16. After what clinical situations may develop chorion carcinoma?

+1.hydatidiform mole

+2.ectopic pregnancy

+3.spontaneous abortion

+4.normal pregnancy

-5.AUB

17. A possible source of bleeding from the ovary can be:

-1.luteum corpus

-2.follicular cyst

-3.corpus luteum cyst

+4.all of the above

18. In an operation for a parovarial cyst,

+1.cyst excisio

-2.removal of appendages on the affected side

-3.removal of ovary on the affected side

-4.ovarian resection on the affected side

19. Background diseases of the endometrium, according to the WHO classification, are

+1.glandular hyperplasia

+2.endometrial polyp

+3.glandular cystic hyperplasia

-4.atypical hyperplasia

20. What is the conditions of the cervix are pre-cancerous?

+1.leukoplakia with atypia

+2.dysplasia

-3.papilloma

-4.retention cysts

21. Endometrial hyperplasia develops as a result of:

-1.hyperprogesteronemia

+2.hyperestrogenemia

-3.hyperprolactinaemia

-4.using of combined estrogen-progestogen

-5.genetically determined proliferation of endometrial basal cells

22.Risk factors for the onset of hyperplastic processes and endometrial cancer are:

-1.impaired fat metabolism

-2.absence of a birth in the anamnesis

-3.menstrual disorder

+4.all of the above

23. Prophylaxis of the development of endometrial cancer include:

-1.the elimination of ovulation disorders

-2. the timely treatment of diabetes, obesity and hypertension

-3.the use of hormonal contraception

+4.all of the above

24. Severe dysplasia of the epithelium of the cervix is

+1.precancerous

-2.the initial form of cancer

-3.background process

-4.dyshormonal hyperplasia

25. The screening method for detecting the pathology of the cervix is:

-1.visual inspection

-2.colposcopy

-3.radionuclide method

+4.cytological examination of smears (PAP-test)

26. The choice of tactics in a patient with a malignant lesion of the ovary is depend on:

-1.stage of the disease

-2.tumor histology

-3.the age of the patient

+4.all listed

27. Methods of treatment of patients with malignant lesion of the ovaries are:

-1.surgical

-2.ray

-3.chemotherapy

-4.hormone therapy

+5.all listed

28. Precancerous condition of the vulvar is:

-1.dystrophic processes

-2.epithelial hyperplasia

-3.sclerotic lichen

+4.dysplasia

29. Craurosis, leukoplakia and vulvar cancer are diagnosed by:

+1.visual inspection

+2.cytological examination of scrapings and prints from the surface of the vulva

+3.morphological study of the biopsy

-4.ultrasound examination

30. Hyperplastic processes and endometrial cancer develop most often in the background:

-1.anovulation

-2.obesity

-3.diabetes mellitus

-4.hypertension

+5.all of the above

31. Treatment of cervical polyps is:

+1.surgica

-2.conservative

32. List the variants for cervical dysplasia:

+1.mild

-2.complicated

+3.moderate

+4.severe

33. Patients with polyps of the cervical canal have the following complain:

-1.pains

-2.frequent urination

+3.contact bleeding

34. Pathogenetic therapy of endometrial hyperplastic processes in women of reproductive age consists of the application of

+1.estrogen-progesterone drugs

+2.progesterone

-3.androgen

-4.thyroidin

35. The presence of the hyperplastic process and endometrial cancer can be defined on the basis of:

+1.cytological examination of aspirates from the uterus

+2.hysterosalpingography

+3.hysteroscopy

+4.separate diagnostic curettage of the uterus

-5.data from the vaginal examination

36. Methods of treatment of endometrial cancer patients

+1.combined

+2.surgical

+3.radiation

+4.hormone

-5.anti-inflammatory therapy

37. The main clinical symptom of uterine tube cancer is

-1.abdominal enlargement in volume

-2.constipation

-3.difficulty urinating

+4.discharge from the genital tract

38. The background processes of the surface epithelium of the cervix are

+1.pseudoerosion

+2.true erosion

+3.leukoplakia without atypia

+4.polyp

-5.dysplasia

39. The most common complications after diathermocoagulation of the cervix are:

+1.bleeding after separation of the eschar

+2.endometriosis of the vaginal cervix

+3.cervical infection

+4.postcoagulable syndrome

40. For craurosis of the vulva, all of the listed clinical symptoms are typical, except

-1.wrinkling of large and small labia

-2.itching in the clitoris

-3.dryness of the mucocutaneous vulva

-4.narrowing of the entrance to the vagina

+5.edema of the vulva

41. Emergency operations in benign ovarian enlargements are performed in the following situations:

+1.torsion of the pedicle of an ovarian enlargement

+2.when the tumor capsule is ruptured

-3.at large tumor sizes

-4.with liquid tumor content

42. What is the leading clinical symptom of cervical cancer:

-1.pelvic pain

-2.mucopurulent leucorrhoea

+3.contact bleeding

-4.acyclic uterine bleeding

43. The main clinical symptom of uterine cancer?

-1.chronic pelvic pain

-2.contact bleeding

+3.acyclic bleeding

44. Choriocarcinoma is malignant neoplasm of the:

-1.decidua

-2.myometrium

+3.trophoblast

-4.theca tissue

-5.endometrium

45. Cervical cancer most often develops:

-1.in the cervical canal

-2.on the front lip of the cervix

-3.on the border with the vaginal arches

+4.in the "transition zone", at the junction of multilayered planar and cylindrical epithelium

46. In intraepithelial cancer of the cervix in young patients should perform:

-1.extirpation of the uterus with appendages

-2.extirpation of the uterus without appendages

-3.cryodestruction

+4.electroconization

47. In intraepithelial cancer of the cervix after 50 years should perform:

+1.extirpation of the uterus with appendages

-2.extirpation of the uterus without appendages

-3.cryodestruction

-4.Electroconic

48. The cause of genital warts?

+1.virus

-2.staphylococcus aureus

-3.Mycoplasma

-4.mixed infection

49. Genital warts are characterized by the following:

+1.have a pink and cauliflower-form

+2.often localization in the vulva, vagina, cervix

-3.their base is always wide, infiltrated

50. The methods of treatment in uterine choriocarcinoma:

+1.chemotherapy

+2.extirpation of the uterus with appendages

-3.enlarged hysterectomy

-4.supravaginal amputation of the uterus

51. The optimal period of the menstrual cycle for performing diathermocoagulation in "erosion" of the cervix is:

-1.during menstruation

-2.immediately after menstruation

-3.in the period of ovulation

+4.2-3 days before menstruation

52. The primary treatment in stage II of ovarian cancer is:

-1.immunotherapy

-2.remote irradiation

-3.chemotherapy

-4.hormonal therapy

+5.surgical method

53. Atrophic vaginitis does not occur on the background:

-1.postmenopause

+2.lactation

+3.reception of oral contraceptives

-4.surgical castration of a young woman

**Non-specific pelvic inflammatory diseases. Urgent gynaecological diseases (pyosalpinx, tubo-ovarian, pelvic abscess).**

1. All of the following are characteristic of vestibular adenitis, EXCEPT

-1. pain with vaginal entry

-2. localized erythema

-3. burning pain

+4. excessive discharge

2. The most effective treatment for diffuse vaginal condylomatosis is

-1. podophyllin

+2. 5-fluorouracil cream

-3. laser vaporization of the vaginal mucosa

-4. submucosal interferon

3. The most common androgen-producing ovarian neoplasm is

+1. Sertoli-Leydig cell

-2. hilus cell

-3. lipid cell

-4. gonadoblastoma

-5. dysgerminoma

4. Which of the following is a reasonable initial management plan for a post-menopausal woman with a nonpalpable 2-cm anechoic ovarian cyst identified exclusively by ultrasound imaging and not associated with an elevated serum CA 125:

-1. immediate exploration and abdominal hysterectomy with bilateral salpingo-oophorectomy

-2. immediate exploration with unilateral oophorectomy

-3. ovarian suppression for 1 month and exploration if the cyst is still present

+4. reevaluation in 4-6 weeks with an ultrasound examination and CA 125 and continue to follow if there is no change

-5. no further evaluation is needed

**Endometriosis**

1. The patient is a 32-year-old woman with chronic pelvic pain. On examination you appreciate a 4-cm mass, and you suspect endometriosis. The best method for con¬firmation is

-1. an elevated CA-125

+2. laparoscopic visualization

-3. an ultrasound showing an echogenic 4-cm ovarian mass

-4. history and physical exam alone

**Gynecological diseases, requiring emergency treatment**.

1. Which of the following statements is true regarding tubal factor and ectopic preg¬nancy?

-1. Normal transport of a zygote toward the uterus depends upon muscular con¬traction of the fallopian tube.

+2. A history of prior salpingitis is obtained in 30%-50% of women operated on for ectopics.

-3. Salpingitis isthmica nodosa is rarely associated with ectopic pregnancy.

-4. Tubal surgery may be associated with ectopic pregnancy through devascular-ization.

-5. The occurrence of one prior ectopic pregnancy increases the recurrence risk to 50%.

2. Which of the following statements about the etiology of ectopic pregnancy is NOT true?

-1. When a patient conceives following elective tubal sterilization the ectopic risk can approach 60%.

-2. Intraperitoneal fistulae have been reported in approximately 10% of women after tubal sterilization.

+3. Pregnancy occurring in a woman wearing an IUD has a very great likelihood (>30%) of being ectopic.

-4. When high estrogen-containing "morning after pills" fail to interrupt preg¬nancy, a 10-fold increase of ectopic pregnancy has been reported.

-5. Patients exposed to DES in utero have a higher rate of ectopic gestation.

3. Early recognition of a cervical pregnancy is usually best made utilizing which of the following:

-1. colposcope

-2. careful digital palpation

+3. ultrasound

-4. serial serum BHCG determination

-5. MRI

4. Which of the following statements is not true regarding the location of ectopic pregnancy?

-1. Of all tubal pregnancies, 85% are in the distal half of the tube.

-2. Heterotopic, or combined, pregnancy occurs as often as 1/4,000 pregnan-cies.

+3. Isthmic pregnancies are the most amenable to conservative approaches.

-4. Abdominal ectopic pregnancy occurs in 10/1,000 ectopic pregnancies.

-5. Cervical pregnancy is among the rarest of ectopic pregnancies.

5. Which of the following cannot be said of signs and symptoms of ectopic preg¬nancy?

-A. Signs and symptoms may include amenorrhea or irregular vaginal bleeding.

-B. Signs and symptoms may include palpation of an adnexal mass 50% of the time—20% of these occurences are on the side opposite the ectopic preg¬nancy.

-C. Signs and symptoms may be confused with those of threatened or incom-plete abortion.

+D. Signs and symptoms are very helpful and correct in almost every patient.

-E. Signs and symptoms may include pain on abdominal or pelvic exam—the most common physical finding.

6. Which of the following statements is true regarding hCG and ectopic pregnancy?

-1. Using sensitive assays, approximately 75% of patients with ectopic pregnan¬cies can have a positive pregnancy test.

+2. In general, serum hCG values are lower in women with ectopic pregnancy than those with a normal intrauterine pregnancy.

-3. A single hCG value is quite useful in discerning ectopic pregnancy.

-4. The doubling time for hCG in normal pregnancy is approximately 6 days.

-5. The hCG produced by ectopic gestations appears different when compared with that produced in normal gestations.

7. Which of the following statements about ultrasound and ectopic pregnancy is NOT true?

-1. High-resolution, transvaginal ultrasound has greatly aided the diagnosis of ectopic pregnancy.

-2. A comparison between the two standards for hCG (for use in timing ultra¬sound) is approximately 2x2 Int. std—1st Int. Ref Prep.

-3. Using abdominal scanning, the discriminatory zone for detection of a gesta¬tional sac in the uterus is 6000 mlU/mL hCG using the IRP.

-4. Using transvaginal scanning most authors suggest that the discriminatory zone for an intrauterine gestation is approximately 1000-2000 mlU/mL hCG (using IRP).

+5. Using transvaginal ultrasound, a fetal pole should be identifiable when hCG equals approximately 2000 mlU/mL (using IRP) in ectopic gestation.

8. Which of the following statements about surgical therapy of ectopic pregnancy is NOT true?

-1. Removal of the ovary at the time of unilateral salpingectomy confers no advantage with regard to subsequent intrauterine or ectopic rates.

-2. Salpingotomy is usually preferable to salpingectomy for ectopic pregnancy.

+3. The salpingotomy should be sutured closed upon completion of evacuation of ectopic pregnancy.

-4. Laparoscopy is replacing laparotomy for many patients with ectopic preg¬nancy.

-5. Failure to remove all trophoblastic tissue at the time of salpingotomy may result in subsequent tubal rupture.

9. Which of the following is a useful criterion to allow medical treatment of ectopic pregnancy:

-1. serum progesterone <10 ng/mL

+2. involved tubal diameter of <3-4 centimeters

-3. serum hCG of less than or equal to 5000

-4. evidence of intraperitoneal bleeding

-5. formed fetal elements on ultrasound

**Children's (Pediatric) gynecology**.

1. Hymenal anomalies are usually associated with

-1. renal anomalies

-2. uterine anomalies

+3. no other anomalies

-4. patent ductus arteriosus

-5. urethral anomalies

2. A typical sign of a longitudinal vaginal septum is

-1. severe dysmenorrhea

+2. external bleeding with a tampon in place

-3. premenstrual syndrome

-4. amenorrhea

-5. pain lasting beyond the end of menses

3. In children, vaginitis due to poor hygiene is frequently due to

-1. chlamydia

-2. fungus

+3. coliform bacteria

-4. anaerobic bacteria

-5. trichomonads

4. Precocious puberty is NOT associated with

-1. primary hypothyroidism

-2. encephalitis

-3. head trauma

+4. hyperprolactinemia

-5. hypothalamic tumors

5. In an 18-year-old woman with primary amenorrhea who has a uterus and low gonadotropins, appropriate evaluation includes all of the following EXCEPT

-1. prolactin

-2. TSH

+3. karyotype

-4. radiographic evaluation of the sella turcica

-5. height and weight

6. GnRH agonists are the best treatment for precocity secondary to

-1. McCune-Albright syndrome

-2. a functional ovarian tumor

-3. hypothyroidism

+4. true precocious puberty

-5. a craniopharyngioma

7. The major determinant of pubic hair growth is

-1. ovarian androgens

+2. adrenal androgens

-3. adrenal estrogens

-4. adrenal glucocorticoids

-5. ovarian estrogens

8. The first sign of puberty is usually

-1. menstruation

-2. the growth spurt

-3. appearance of pubic hair

-4. labial enlargement

+5. breast development

9. The pubertal growth spurt requires

-1. prolactin

-2. progesterone

+3. estrogen

-4. LH

-5. FSH

10. Compared with the adult reproductive tract, in a child

-1. the posterior fornix is lengthened

+2. the uterinexervix ratio is lower

-3. the cul-de-sac is deeper

-4. the vaginal mucosa is usually much darker

-5. the labia majora are more pronounced

**Barren marriage. Infertility**

1. Ovulatory disorders are associated with all of the following EXCEPT

-1. hypothyroidism

-2. hyperprolactinemia

-3. hyperandrogenism

-4. hypergonadotropism

+5. hyperparathyroidism

2. Endometriosis may cause infertility by all of the following mechanisms EXCEPT

-1. disordered ovulation

-2. impaired tubal motility

-3. prostaglandin production

+4. antibody formation

-5. macrophage activity

**Family planning. Сontraception**

1. When a patient stops taking the combination pill in order to become pregnant, she should

-1. expect her menses 28 days later

-2. try to conceive during the first cycle

+3. wait for the reestablishment of normal cycles

-4. have an endocrine workup performed

-5. avoid conceiving for 6 months

2. In the presence of a normal history and physical examination, which of the fol¬lowing laboratory determinations must be performed in all women before starting the combination pill:

+1. a Pap smear

-2. a fasting plasma cholesterol level

-3. a fasting and 2-hour blood glucose value

-4. a blood bilirubin level

-5. a blood FSH test

3. For those who take the combination pill, contraceptive efficacy is

-1. dependent upon the estrogen/progestogen rate

-2. less when 30- or 35-mcg rather than 50-mcg estrogen pills are taken

-3. lessened with a decrease in estrogen content from 150 to 50 meg/pill

+4. greater than 99%

-5. the same as with barrier methods

4. When the IUD is compared with combination pills, it is found that the IUD

-1. is more effective

-2. is associated with less blood loss

-3. is used by more women

+4. has fewer systemic side effects

-5. is associated with more congenital anomalies in contraceptive failures