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УО «ВИТЕБСКИЙ ГОСУДАРСТВЕННЫЙ ОРДЕНА ДРУЖБЫ
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Кафедра акушерства и гинекологии



**СБОРНИК ТЕСТОВЫХ ЗАДАНИЙ
ПО ГИНЕКОЛОГИИ
ДЛЯ СПЕЦИАЛЬНОСТИ 1-79 01 01 «ЛЕЧЕБНОЕ ДЕЛО»**

**MULTIPLE CHOICE QUESTIONNAIRE
ON GYNECOLOGY
FOR THE SPECIALTY 1-79 01 01 "GENERAL PRACTICE"**

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Для преподавателей и студентов медицинских вузов.

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QUESTIONS

Anatomical and physiological characteristics of the female reproductive system. Methods of examination in gynaecology.

1. Which age group benefits most from an active screening program utilizing the Pap smear:
 - A. 30-40 years
 - B. 40-50 years
 - C. 50-60 years
 - D. 60-70 years
 - E. all groups
2. What is the upper limit of normal menstrual blood loss during a menstrual period?
 - A. 15 mL
 - B. 40 mL
 - C. 80 mL
 - D. 150 mL
3. Which of the following symptoms is likely to be a symptom associated with endometriosis but not premenstrual syndrome:
 - A. irritability
 - B. breast tenderness
 - C. depression
 - D. dysmenorrhea
4. For which of the following women would it NOT be an appropriate time for their *first* pelvic exam:
 - A. a 15-year-old with severe dysmenorrhea
 - B. a 16-year-old who has recently become sexually active
 - C. an asymptomatic 13-year-old
 - D. an asymptomatic 20-year-old
5. Which of the following statements is *true* regarding testosterone in women?
 - A. It is the most potent androgen.
 - B. Direct ovarian contribution of testosterone is approximately 50% in normal adult women.
 - C. Direct adrenal contribution of testosterone is approximately 50%.
 - D. Testosterone levels show significant diurnal variation.
 - E. One percent of testosterone circulates as free (unbound).

6. The external genital organs in female include:
- A. large labia
 - B. small labia
 - C. large glands of the vestibule
 - D. clitoris
 - E. vagina
7. The internal genital organs include:
- A. uterus
 - B. the fallopian tubes
 - C. ovaries
 - D. vagina
 - E. small labia
8. The karyopycnotic index is the percentage of:
- A. eosinophilic surface cells of the vaginal epithelium to the total number of cells in the smear
 - B. surface cells of the vaginal epithelium with pycnotic nuclei to the total number of cells in the smear
 - C. basal and parabasal cells of the vaginal epithelium to the total number of cells in the smear
 - D. surface cells of the vaginal epithelium with pycnotic nuclei to eosinophilic surface cells
9. The monotonic hypothermic basal temperature curve is typical for:
- A. two-phase menstrual cycle
 - B. two-phase menstrual cycle with a shortening of the luteal phase to 5 days
 - C. anovulatory menstrual cycle
10. A positive symptom of pupil during the entire menstrual cycle indicates:
- A. the presence of hyperandrogenism
 - B. the shortening of the II phase of the cycle
 - C. the presence of anovulatory cycle
 - D. about all of the above
 - E. none of the above
11. Contraindications to diagnostic laparoscopy in gynecology is:
- A. acute inflammation in the pelvis
 - B. threatened abortion
 - C. progressive tubal pregnancy
 - D. none of the above

12. Negative dexamethasone test (a slight decrease in excretion of 17-ACS and 17-CS) indicates the presence of:
- A. tumors of the cortical layer of the adrenal glands
 - B. adrenoblastoma of the ovaries
 - C. syndrome of polycystic ovaries
 - D. adrenogenital syndrome (ACS)
13. Optimum term of diagnostic curettage of the uterus infertility is:
- A. period of menstruation
 - B. ovulation period
 - C. a week before the expected menstruation
 - D. immediately after menstruation
 - E. the day of peak LG
14. 17-beta-estradiol stimulates growth of:
- A. The vagina
 - B. Myometrium
 - C. Endometrium
 - D. Ovary
 - E. Fallopian tubes
15. The functional test with dexamethasone is used for:
- A. to establish the extent of estrogen deficiency
 - B. to establish the source of hyperandrogenism
 - C. to exclude uterine form of amenorrhea
 - D. to determine the degree of progesterone deficiency
 - E. none of the above
16. Which of the estrogen fractions has the greatest activity?
- A. 16Alpha-hydroxyestrone
 - B. estriol
 - C. estradiol
 - D. estrone
17. What is the indication for abdominal puncture through the posterior vaginal fornix?
- A. suspicion of a malignant tumor of the ovary
 - B. submucous myoma
 - C. peritonitis
 - D. abnormal ectopic pregnancy
 - E. pyosalpinx

18. effects of filling on metrosalpingografii can be determined in:
- A. submucous myoma
 - B. an endometrial polyp
 - C. intrauterine synechia
 - D. foci of endometriosis
19. What does hysteroscopy reveal?
- A. endometrial hyperplasia
 - B. polyps of the endometrium
 - C. endometrial cancer
 - D. subserous myoma
 - E. intrauterine synechia
20. Which of the following conditions is indicated for a separate diagnostic curettage?
- A. with adnexitis
 - B. in the polyp of the cervical canal
 - C. with dysfunctional uterine bleeding
 - D. rapid growth of uterine fibroids
 - E. acyclic bleeding from the uterus in the pre-menopausal period
21. Conservative treatment methods are indicated in:
- A. the initial stages of ovulation of the vagina and uterus
 - B. presence of contraindications to surgical intervention
 - C. preparation of patients for surgical treatment
 - D. incomplete uterine prolapse
22. Curettage of the endometrium should be performed when:
- A. dysfunctional uterine bleeding
 - B. suspected endometrial cancer
 - C. endometrial hyperplasia
 - D. suspected endometritis
23. The following results of functional diagnostic tests indicate hyperestrogenemia:
- A. karyopycnotic index 50-60% and more
 - B. length of cervical mucus extension 7-8 cm and more
 - C. stretching length of cervical mucus 2-3 cm
24. The hypothalamus produces the following hormones:
- A. gonadotropins
 - B. estrogens

- C. gestagens
- D. releasing factors

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

- A. prolactin
- B. oxytocin
- C. vasopressin
- D. estriol
- E. estrone

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

- A. suspected intraabdominal bleeding
- B. suspected ovarian apoplexy with internal bleeding
- C. suspicion of a disturbed ectopic pregnancy
- D. suspicion of undisturbed tubal pregnancy

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

- A. Ph, equal to 4.5
- B. Lactobacillus
- C. E. coli
- D. lactic acid

28. What cells are found in smears for colpocytology:

- A. superficial
- B. keratinizing
- C. intermediate
- D. parabasal
- E. basal

29. Contraindications to perform metrosalpingography are:

- A. infectious diseases
- B. inflammatory diseases of female sex organs
- C. presence of pregnancy
- D. 1st degree of purity of the vagina
- E. None of the overexposed

30. FSH stimulates:

- A. growth of follicles in the ovary
- B. production of corticosteroids

- C. production of TTG in the thyroid gland
 - D. all of the above
 - E. function of the yellow body
31. Contraindications to probe the uterus are:
- A. Acute inflammatory process of genital organs
 - B. suspicion of uterine pregnancy
 - C. suspicion of submucous fibroid
 - D. presence of intrauterine synechia
32. Which of these are necessary to perform puncture of the abdominal cavity through the posterior vaginal fornix?
- A. spoon-like speculum
 - B. vaginal elevator
 - C. dilators Heggar
 - D. bullet forceps
 - E. long needle and syringe
33. The appearance of the "fern leaf" symptom is caused by the action of:
- A. progesterone
 - B. androstenedione
 - C. prolactin
 - D. estrogens
 - E. FSG
34. For the diagnosis of which diseases can we use colposcopy?
- A. erosion
 - B. dysplasia
 - C. leukoplakia
 - D. adenomyosis
 - E. erythroplakia
35. Functional Diagnostic Tests (FDT) can determine
- A. biphasic menstrual cycle
 - B. the level of estrogen saturation of the body
 - C. ovulation
 - D. the usefulness of the luteal phase of the cycle
 - E. all of the above
36. What is the magnitude of hematocrit in a healthy woman?
- A. 35-40%
 - B. 40-45%

C. 46-50%

37. The following features of microflora are noted in inflammatory diseases of female genital organs

- A. prevalence of microorganism associations
- B. an increase in the number of anaerobes and viruses
- C. presence of chlamydia and mycoplasma
- D. All of the above is true
- E. nothing is right from the above

38. What kind of complaints can a patient present at descentment of internal genital organs?

- A. difficulty in emptying the bladder
- B. stress urinary incontinence
- C. difficulties with defecation
- D. feeling that something is falling out
- E. on mucous discharge from the vagina

39. What tests indicate the estrogen saturation of the body?

- A. basal temperature
- B. symptom of "pupil"
- C. R-grams of the Turkish saddle
- D. hormonal colpocytology
- E. the level of 17-OH progesterone in the blood

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

- A. pale dry epithelium
- B. reduce the size of the upper part of the vagina
- C. increase in the number of surface cells
- D. reduce the tone of the vagina

41. Cervical endoscopy has the following varieties

- A. simple colposcopy
- B. enlarged colposcopy
- C. colpomicroscopy
- D. Colpocercviscopy

42. 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

- A. increase by 50% or more

- B. an increase of 10-20%
- C. decrease by 10-20%
- D. decrease by 50% or more

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

1. During a normal menstrual cycle angiogenesis in the functional layer of the endometrium proceeds under the influence of

- A. 17- β estradiol
- B. arachidonic acid
- C. plasminogen
- D. progesterone

2. Primary amenorrhea secondary to hypothalamic dysfunction and characterized by low gonadotropins is consistent with each of the following EXCEPT

- A. Prader-Willi syndrome
- B. Mayer-Rokitansky-Kuster-Hauser syndrome
- C. Laurence-Moon-Biedl syndrome
- D. Kallmann's syndrome

3. Hyperprolactinemia resulting in amenorrhea may be caused by all of the following EXCEPT

- A. pituitary adenoma
- B. psychomimetic drugs
- C. hypothalamic tumor
- D. oral contraceptive pills

4. In women with hypergonadotropic hypogonadism

- A. a karyotype should be obtained if they present prior to the age of 30
- B. a normal pregnancy never occurs
- C. a progestin challenge uniformly fails to incite withdrawal bleeding
- D. associated endocrine dysfunction is rare

5. All of the following may result in hypergonadotropic hypogonadism EXCEPT

- A. monosomy X
- B. Swyer's syndrome
- C. hypothalamic destructive lesions
- D. chemotherapy

6. The appropriate evaluation of abnormal uterine bleeding includes
- A. an office endometrial biopsy and a hysteroscopy
 - B. colposcopy
 - C. a progestin challenge test
 - D. a serum prolactin level
7. The following are all true of the endometrial ablation procedure EXCEPT
- A. either the Nd:YAG laser or the resectoscope may be used
 - B. the procedure can be performed as an outpatient
 - C. amenorrhea occurs in greater than 90% of cases
 - D. endometrial suppression with Danocrine or GnRH agonist should be used preoperatively
8. Uterine curettage is performed in the girl:
- A. with algomenorrhea
 - B. with amenorrhea
 - C. at anovulatory menstrual cycles
 - D. with profuse bleeding and no effect of conservative therapy
9. If a patient with amenorrhea has a negative result (absence of menstrual reaction) after the hormonal test with estrogens and progesterone, it means:
- A. Presence amenorrhea of central genesis
 - B. Presence ovarian form of amenorrhea
 - C. Presence uterine form of amenorrhea
 - D. presence polycystic ovary syndrome
 - E. none of the above
10. Amenorrhea in a 16-year-old girl can be the result of all the conditions listed, except:
- A. pelvic inflammatory disease
 - B. Turner syndrome
 - C. polycystic ovary
 - D. granulosa cell tumor
11. Sheehan's syndrome is caused by:
- A. a pituitary tumor
 - B. insufficient function of the pituitary gland
 - C. increased function of the pituitary gland
12. What is the cause of Chiari-Frommel syndrome?
- A. a pituitary tumor

- B. a violation of prolactin production by the pituitary gland
- C. a tumor of the thyroid gland

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

- A. Miscarriage
- B. ectopic pregnancy
- C. submucous myoma
- D. inflammatory diseases of the genital organs
- E. thrombocytopathy

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

- A. cancer of the uterus
- B. submucous fibroid
- C. early pregnancy disturbances
- D. hormone-producing ovarian tumor

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

- A. endometrial atrophy
- B. endometrium, corresponding to the phase of the menstrual cycle
- C. endometrial glandular hyperplasia
- D. secretory transformation of the endometrium
- E. None of the above

16. What is atresia of the follicle?

- A. prolonged existence of mature follicle
- B. reverse development of immature follicle
- C. all of the above

17. What is the follicular persistence?

- A. prolonged existence of mature follicle
- B. reverse development of immature follicles
- C. all of the above

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

- A. hypothalamic-pituitary
- B. ovarian
- C. adrenal
- D. uterine
- E. none of the above

19. What phase of the menstrual cycle does not occur with follicle persistence?
- A. desquamation
 - B. regeneration
 - C. proliferation
 - D. secretion
 - E. none of the above
20. The features of a normal menstrual cycle are
- A. ovulation
 - B. presence of corpus luteum in the ovary
 - C. prevalence of progesterone in the second phase of the cycle
 - D. all listed
 - E. none of the above
21. The most common characteristics of juvenile uterine bleeding are
- A. ovulatory
 - B. anovulatory, acyclic
 - C. and those, and others
 - D. neither those nor others
22. What statements about amenorrhea are true?
- A. Amenorrhea can be true or false
 - B. Amenorrhea can be hyper- and hypogonadotropic
 - C. Mild amenorrhea is not associated with a violation of cyclic processes in the hypothalamus, pituitary, ovaries and uterus
 - D. Amenorrhea due to gonadal dysgenesis is always secondary
23. What could be the cause of hyperprolactinemia?
- A. tumor in the hypothalamic-pituitary region
 - B. functional disorders of the hypothalamic-pituitary region
 - C. none of the above
24. What changes are observed in the proliferative phase of the menstrual cycle
- A. In the ovary follicle ripens
 - B. in the blood increases the content of estrogens
 - C. epithelial cells of the glands of the basal layer form the epithelial lining
 - D. new uterine glands appear
 - E. all answers are correct

25. The phases of the uterine cycle are:
- A. desquamation
 - B. regeneration
 - C. proliferation
 - D. secretions
 - E. follicular
26. Premenopausal abnormal uterine bleeding develops most often on a background of:
- A. hyperestrogenia
 - B. extragenital pathology
 - C. abnormal position of the uterus
27. Treatment of abnormal uterine bleeding in women of climacteric age should start with
- A. symptomatic therapy
 - B. hormone therapy
 - C. physical and mental rest
 - D. curettage of the uterine mucosa
28. Algomenorrhea is:
- A. bleeding
 - B. irregular menstruation
 - C. painful menstruation
 - D. copious menses
29. What statements about Shihan's syndrome are true?
- A. can develop after acute bleeding in childbirth
 - B. pathology is caused by adenohipophysis necrosis
 - C. characterized by a violation of lactation, amenorrhea, atrophy of the mammary glands and genital organs
 - D. a general condition disorder is associated with hyperthyroidism
30. 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?
- A. hypothalamic amenorrhea
 - B. pituitary amenorrhea
 - C. ovarian amenorrhea
 - D. uterine amenorrhea
 - E. psychogenic amenorrhea

31. Choose the most accurate method for determining the cause of pathological bleeding in women aged 40-50:
- A. basal temperature measurement
 - B. determination of the concentration of estrogens and progesterone
 - C. diagnostic curettage of the uterus
 - D. Ultrasound
32. What is characteristic of juvenile bleeding?
- A. appear during the formation of menstrual function
 - B. this is anovulatory bleeding
 - C. this bleeding is often due to atresia of the follicles
 - D. this bleeding, due to insufficiency of the luteal phase
 - E. this is ovulatory bleeding
33. Is it possible to use hormonal hemostasis in abnormal uterine bleeding (AUB) in adolescents?
- A. Yes
 - B. No
 - C. only after curettage of the uterus
34. What is hypomenorrhea?
- A. it is plentiful and long monthly with a regular cycle
 - B. this intermenstrual acyclic bleeding
 - C. this is a uterine bleeding that began on days of menstruation and lasts 10 or more days
 - D. this shortening of the interval between menstruations
 - E. this extremely light menstrual blood flow
35. What is a menorrhagia?
- A. it is plentiful and long menstrual bleeding with a regular cycle
 - B. this intermenstrual acyclic bleeding
 - C. this is uterine bleeding that began on days of menstruation and lasts 10 or more days
 - D. this shortening of the interval between menstruations
 - E. this meagre menstruation
36. What is oligomenorrhea?
- A. it is plentiful and long menstruation with a regular cycle
 - B. this intermenstrual acyclic bleeding
 - C. this is a uterine bleeding that began on days of menstruation and lasts 10 or more days

- D. menstrual periods occur at intervals of greater than 35 days
 - E. this meager menstruation
37. What is metrorrhagia?
- A. it is plentiful and long menstruation with a regular cycle
 - B. this uterine acyclic bleeding
 - C. this is a uterine bleeding that began on days of menstruation and lasts 10 or more days
 - D. this shortening of the interval between menstruations
 - E. this meager menstruation
38. What factors do not affect the appearance of menstruation?
- A. the pulsating rhythm of ejection of gonadotrophic hormone
 - B. the level of gonadotropins
 - C. the condition of the fallopian tubes
 - D. the level of steroid hormones of the ovaries
 - E. the reaction of the endometrium to sex steroid hormones
39. For hormonal hemostasis in the reproductive period, the most commonly used are:
- A. estrogens
 - B. gestagens
 - C. androgens
 - D. combination of estrogens and androgens
 - E. Combined estrogen–progestogen contraceptives
40. What hemostasis is optimal for AUB in the perimenopausal period?
- A. estrogen–progestogen contraceptives
 - B. androgens
 - C. curettage of the uterus
 - D. symptomatic
 - E. combination of androgens and progestogens
41. Principles of treatment of AUB are:
- A. Endometrial sampling in women with persistent inter-menstrual bleeding or aged ≥ 40 years with treatment failure
 - B. normalization of menstrual function
 - C. switching off menstrual function in premenopause
 - D. all listed
 - E. none of the above

42. Management of AUB should address:
- A. fertility desire,
 - B. impact of pressure symptoms,
 - C. co-morbidities, and any other AUB contributors.
 - D. Treatment should be individualised.
 - E. No one-size-fits-all approaches are available with regard to initial and subsequent treatment options.
 - F. all listed
43. Follicular phase of the menstrual cycle is characterized by:
- A. desquamation of the functional layer of the endometrium;
 - B. regeneration of the functional layer of the endometrium;
 - C. increasing estrogen level in blood;
 - D. growth of a new follicle in the ovary;
 - E. development of a corpus luteum in the ovary
44. Physiological amenorrhea is the absence of menstruation in:
- A. girls up to 10-12 years old
 - B. pregnancy
 - C. lactation
 - D. menopause
 - E. when ovaries are removed
45. What hormone hemostasis is used for juvenile AUB?
- A. estrogenic
 - B. androgenic
 - C. Combined estrogen–progestogen contraceptives
 - D. all of the above types of hemostasis
46. Endometrial sampling can be used to control the results of treatment for endometrial hyperplasia?
- A. Yes
 - B. No
 - C. Only in menopause
47. Treatment option for Sheehan's syndrome is:
- A. vitamin therapy;
 - B. hemostimulating therapy;
 - C. hormone replacement therapy;
 - D. Spa treatment.

48. Amenorrhea is the absence of menstruation during
- A. 4 months
 - B. 5 months
 - C. 6 months
 - D. All of the above is true
 - E. all of the above is incorrect
49. Indications for surgical haemostasis in juvenile bleeding:
- A. Hb below 80 g / L and hematocrit below 0.25
 - B. Hb below 90 g / L and hematocrit below 0.3
 - C. no effect of conservative therapy
50. Clinical criteria for assessing the severity of a patient's condition in acute massive blood loss:
- A. heart rate
 - B. HA and CVP
 - C. hourly diuresis
 - D. Skin color and body temperature
 - E. all of the above
51. What hemostasis is optimal for AUB in menopause?
- A. estrogen-progestagens medicines
 - B. androgens
 - C. curettage of the uterus
 - D. symptomatic
 - E. combination of androgens and gestagens

Neuroendocrinological syndroms in gynaecology.

1. Androgen excess is a pathologic state in women manifested primarily by masculine somatic changes. Which of the following findings is most commonly associated with androgen excess:
- A. acne
 - B. hirsutism
 - C. anovulation
 - D. infertility
 - E. virilization
2. Which of the following is the most androgenic steroid:
- A. testosterone
 - B. androstenedione

- C. dihydrotestosterone
 - D. DHEA
 - E. A⁵-diol
3. Sex steroid binding globulin is produced by the
- A. ovary
 - B. adrenal
 - C. skin
 - D. liver
 - E. pituitary
4. The most common cause of androgen excess in women is
- A. adrenal hydroxylation defects
 - B. Cushing's syndrome
 - C. polycystic ovarian syndrome
 - D. ovarian neoplasms
 - E. hyperthecosis
5. All of the following are characteristic of polycystic ovarian syndrome EXCEPT
- A. amenorrhea
 - B. infertility
 - C. anovulation
 - D. pituitary adenoma
6. Cushing's disease is
- A. usually the result of an ACTH-secreting pituitary tumor
 - B. the result of a cortisol-secreting adenoma or carcinoma of the adrenal 1%-2%ofthetime.
 - C. clinically suspected with alopecia
 - D. best diagnosed by a baseline serum Cortisol
 - E. can be effectively treated with gonadotropin agonists
7. Treatment of hirsutism is based upon all of the following EXCEPT
- A. cause and source of androgen excess
 - B. suppression of the LH drive of ovarian androgens (oral contraceptives)
 - C. topical progesterone may be useful by competing with testosterone for 5a reductase
 - D. adrenal sources are best treated with glucocorticoid suppression
 - E. spironolactone suppresses gonadotropin production

Climacteric

1. Reproductive endocrine changes in the climacteric woman include all of the following EXCEPT:
 - A. The follicular phase is prolonged.
 - B. FSH levels are higher.
 - C. Estradiol levels are the same as younger women.
 - D. LH levels are equivalent to those of younger women.
 - E. Progesterone secretion decreases.

2. Which of the following statements about vasomotor hot flashes in climacteric women is *true*?
 - A. Fifty to sixty percent of women experience hot flashes.
 - B. Vasomotor symptoms are most common in late menopause.
 - C. Approximately 25% of untreated women have hot flashes for more than 5 years.
 - D. FSH levels are higher in postmenopausal women who have significant hot flashes.
 - E. Hot flashes show a classic diurnal rhythm.

3. All of the following statements are true about urogenital atrophy in postmenopausal women EXCEPT:
 - A. The vulva, although not of mullerian origin, also undergoes accelerated atrophy with estrogen deprivation.
 - B. The most common vulvar symptom of the menopause is pruritus. Estrogen replacement usually relieves this.
 - C. Estrogen deprivation appears to be a primary causal factor in vulvar dystrophies.
 - D. Estrogen deficiency is associated with conversion of vaginal pH from acidic to basic.
 - E. Postmenopausally, the three cervical lesions of erosion, ectropion, and ulcer become more common.

4. All of the following statements about postmenopausal osteoporosis are true EXCEPT:
 - A. The most common sites of rapid bone loss are the vertebrae and long bones.
 - B. It is estimated that one woman in eight will have a senile osteoporotic fracture.
 - C. In both sexes, maximal skeletal mass is obtained by age 35.
 - D. After bilateral oophorectomy bone loss averages 4% per year for the first 5 years after surgery.

E. Premature menopause is an extreme factor for developing osteoporosis.

5. Which of the following regimens has been proven to protect the endometrium from estrogen-induced hyperplasia-neoplasia:

- A. continuous estrogen and progestin (each daily)
- B. continuous estrogen, bimonthly cyclic progestin
- C. continuous estrogen, week-end progestin
- D. transvaginal estrogen
- E. cyclic estrogen only

6. All of the following are true about estrogen pharmacology EXCEPT:

- A. More than 90% of circulating estrogen is bound to transport protein.
- B. Sex hormone-binding globulin is produced by the liver.
- C. Free estrogen is the biologically active form of the hormone.
- D. Use of vaginal estrogen can cause endometrial stimulation.
- E. Estradiol appears to be therapeutically superior in preventing osteoporosis and cardiovascular disease.

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

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

- A. pain with vaginal entry
- B. localized erythema
- C. burning pain
- D. excessive discharge

2. The following are risk factors for salpingitis:

- A. a partner with a urethral discharge
- B. an intrauterine device
- C. oral contraceptive use
- D. prior salpingitis
- E. diaphragm use

3. Which of the following are *true* about an infertile woman who has occluded fallopian tubes without any other abnormal pelvic findings discovered at laparoscopy?

- A. The patient has had gonorrhoea.
- B. The patient has had active endometriosis.
- C. The patient is likely to have had unrecognized (asymptomatic) salpingitis.

- D. The patient has had a high chance of tuberculosis.
 - E. The patient has a 10% rate of an ectopic pregnancy if she became pregnant.
4. The following conditions are frequently confused with salpingitis
- A. pyelonephritis
 - B. appendicitis
 - C. ectopic pregnancy
 - D. acute urethral syndrome
 - E. ovarian cysts

Specific pelvic inflammatory diseases (Sexually transmitted infections).

1. Most patients with genital herpes have never had a recognized clinical infection. A patient presents with one small vesicle on the labia typical of a secondary herpetic infection. Which of the following would you expect:
- A. fever
 - B. resolution in 3-7 days
 - C. profuse cervical leukorrhea
 - D. inguinal lymphadenopathy
 - E. headache, stiffness of the neck
2. Which of the following characteristics are typical among patients with bacterial vaginosis:
- A. yellow-colored vaginal discharge
 - B. pH > 4.5 of vaginal discharge
 - C. fishy smelling vaginal odor
 - D. clue cells on microscopy
 - E. white blood cells on microscopy
3. A pregnant patient is found to have a positive Venereal Disease Research Laboratory (VDRL) serologic test. Which of the following findings would dictate antibiotic treatment for active syphilis:
- A. a VDRL titer of 1:2 and a negative fluorescent treponemal antibody test
 - B. a weakly reactive VDRL titer and documented prior antibiotic treatment
 - C. a genital ulcer with a positive darkfield test
 - D. a leukocytosis in cerebrospinal fluid
 - E. condylomata lata

4. Which of the following microorganisms are associated with the yellow cervical discharge typical of cervicitis?

- A. *Neisseria gonorrhoeae*
- B. human papillomavirus
- C. *Gardnerella vaginalis*
- D. *Chlamydia trachomatis*
- E. group B streptococci

5. Which of the following statements are true regarding *Chlamydia trachomatis*'?

- A. It causes lymphogranuloma venereum.
- B. It is a virus capable of inhibition by antibiotics.
- C. It is 3-5 times more common than gonorrhea.
- D. It can be effectively treated with cephalosporins.
- E. It causes neonatal pneumonia.

6. Which of the following antibiotics are recommended to treat gonorrhea:

- A. penicillin
- B. ceftriaxone
- C. cefixime
- D. spectinomycin
- E. clindamycin

7. The most acceptable treatment for diffuse vaginal condylomatosis is

- A. podophyllin
- B. 5-fluorouracil cream
- C. laser vaporization of the vaginal mucosa
- D. interferon

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

1. Which of the following factors is most important to the development of uterine prolapse:

- A. weight of the uterus
- B. the force of abdominal pressure exerted on the pelvic floor
- C. uterine retroversion
- D. integrity of the round ligaments
- E. dilatation of the vagina at the time of birth

2. Which of the following statements about the symptoms of prolapse is *true*?
- Women with rectocele are constipated because of decreased colonic motility.
 - Estrogens have no effect on the lower urinary tract.
 - Ulcers, perineal moisture, and pelvic pressure are symptoms limited to patients with uterine prolapse.
 - Prolapse symptoms resolve when patients are supine.
 - Patients with cystourethrocele have stress incontinence.
3. Complete prolapse of the uterus is:
- the of uterine fundus is at the level of the plane of entry into the small pelvis
 - the body of the uterus outside the sex slit, cysto- and rectocele
 - the internal throat of the uterus is located below the interspinal line, prolapse of the vaginal walls
 - the cervix is elongated, defined outside the sex slit, cysto- and rectocele
 - the internal throat of the uterus is located above or at the level of the interspinal line, prolapse of the vaginal walls
4. Clinical symptoms of prolapse of the vagina and uterus:
- pain and a feeling of heaviness in the lower abdomen
 - disorders of the function of pelvic organs
 - bedsores
 - urinary tract infection
 - all of the above
5. The body of the uterus is held anteversio-flexio position by
- own mass
 - lig. Teres uteri
 - stretching of lig. sacrouterina
 - lig. Suspensorium ovarii
 - the position of neighboring organs
6. The supporting apparatus of the uterus is formed by the
- muscles of the pelvic floor
 - lig. teres uteri
 - lig. latum uteri
 - lig. transversum uteri
7. List factors that can lead to a change in the position of the uterus:
- infiltrate in the parametrium

- B. ovarian tumor
 - C. adhesive process in the pelvis
 - D. overfilling of the bladder
8. Possible causes of prolapse of the uterus:
- A. trauma of the perineum in childbirth, incompetence of the pelvic floor muscles
 - B. a prolonged increase of the intra-abdominal pressure in severe physical work
 - C. abrupt weight loss
 - D. tissue atrophy in old age
 - E. presence of colpitis, endocervicitis
9. Etiological factors of retrodeviation of the uterus:
- A. relaxation of the ligament apparatus and pelvic floor muscles
 - B. inflammatory diseases
 - C. external endometriosis
 - D. tumors of the anterior surface of the uterus
 - E. cervical pseudo-erosion
10. Name the wrong bends and inclinations of the uterus:
- A. hyperanteflexion
 - B. retroversion
 - C. retroflexion
 - D. dextroversion
 - E. synostroversion
11. What determines the type of surgery for anomalies in the position of female genital organs?
- A. degree of uterine prolapse and vagina
 - B. concomitant pathology of genital organs
 - C. the age of the patient
 - D. presence of extragenital diseases
 - E. all of the above
12. Conservative methods of treatment are shown in:
- A. initial stages of vaginal and uterine prolapse
 - B. there are contraindications to surgery
 - C. preparation of patients for surgical treatment
 - D. incomplete prolapse of the uterus

Background, precancerous and benign diseases of the female genitalia.

1. Which of the following pigmented lesions is most likely to become malignant:
 - A. intradermal nevus
 - B. junctional nevus
 - C. compound nevus
 - D. lentigo

2. The most common androgen-producing ovarian neoplasm is
 - A. Sertoli-Leydig cell
 - B. hilus cell
 - C. lipid cell
 - D. gonadoblastoma
 - E. dysgerminoma

3. The best management of extramammary Paget disease of the vulva is
 - A. topical 5-fluorouracil cream
 - B. wide local excision
 - C. localized radiation to the vulvar skin
 - D. radical vulvectomy

4. All of the following are forms of vulvar dystrophy EXCEPT
 - A. lichen sclerosus
 - B. hyperplastic epithelial changes
 - C. hyperplasia with atypia
 - D. vitiligo

5. Which of the following HPV subtypes is NOT associated with lesions of the human genital tract:
 - A. HPV 6
 - B. HPV 10 C HPV 11
 - D. HPV 16
 - E. HPV 18

6. Which of the following would be optimal therapy for intraepithelial neoplasia of the cervix diagnosed by colposcopically directed biopsy in early pregnancy:
 - A. cryotherapy
 - B. laser ablation of the lesion
 - C. wide local excision
 - D. no further therapy until postpartum

- E. shallow conization of the cervix
7. Which of the following colposcopic findings is most often associated with invasive disease:
- A. white epithelium
 - B. mosaic pattern
 - C. punctation pattern
 - D. atypical vessels
 - E. hyperkeratosis
8. Endometrial hyperplasia is associated with all of the following EXCEPT
- A. anovulation
 - B. granulosa cell tumors
 - C. obesity
 - D. multiparity
 - E. unopposed estrogen replacement therapy
9. The most common lesions of the broad ligament are
- A. lymphangiomas
 - B. leiomyomas
 - C. hydatids
 - D. dermoid cysts
10. All of the following are characteristic of the clinical presentation of hilarcell tumor EXCEPT
- A. hirsutism
 - B. amenorrhea
 - C. hyperpigmentation
 - D. clitoral enlargement
11. Benign cystic teratoma is found to be bilateral in what percent of patients?
- A. <5%
 - B. 10%-15%
 - C. 30%-40%
 - D. 75%
12. The best therapy for a postmenopausal woman with a 3-cm unilocular adnexal cyst is
- A. surgical removal at laparotomy
 - B. laparoscopic excision
 - C. close monitoring

- D. radiation therapy to the lesion
13. The incidence of ovarian cancer increases with all of the following EXCEPT
- A. age
 - B. positive family history
 - C. black race
 - D. nulliparity
14. Which of the following neoplasms is most commonly associated with late recurrence:
- A. granulosa cell tumor
 - B. serous cystadenoma carcinoma
 - C. endodermal sinus tumor
 - D. dysgerminoma
15. Which of the following is a reasonable initial management plan for a postmenopausal woman with a nonpalpable 2-cm anechoic ovarian cyst identified exclusively by ultrasound imaging and not associated with an elevated serum CA 125:
- A. immediate exploration and abdominal hysterectomy with bilateral salpingo-oophorectomy
 - B. immediate exploration with unilateral oophorectomy
 - C. ovarian suppression for 1 month and exploration if the cyst is still present
 - D. reevaluation in 4-6 weeks with an ultrasound examination and CA 125 and continue to follow if there is no change
 - E. no further evaluation is needed
16. The largest benign neoplasms of the ovary have which of the following histology:
- A. serous cystadenomas
 - B. mucinous cystadenomas
 - C. teratoma
 - D. fibrothecoma
17. Brenner tumors of the ovary coexist occasionally with which of the following neoplasms:
- A. teratoma
 - B. granulosa cell tumor
 - C. mucinous cystadenomas
 - D. fibrothecoma

18. What percentage of patients with epithelial ovarian cancer have elevated serum CA 125 levels?
- A. 50%
 - B. 55%
 - C. 80%
 - D. 95%
 - E. 100%
19. Which patient is the best candidate for laparoscopically assisted vaginal hysterectomy?
- A. 45-year-old woman with Stage II ovarian cancer
 - B. 50-year-old woman with uterine descensus and symptomatic rectocele
 - C. 40-year-old woman 18 weeks' gestational size, irregular fibroid uterus
 - D. 40-year-old woman with menometrorrhagia, dysmenorrhea, possible endometriosis and minimal uterine descent
 - E. 35-year-old woman with menorrhagia due to severe autoimmune thrombocytopenia
20. Which patient is the best candidate for endometrial ablation:
- A. a 41-year-old previously sterilized woman with menorrhagia and anemia unresponsive to a D & C and progesterone therapy
 - B. a 23-year-old nulligravida with menometrorrhagia
 - C. a 39-year-old with menorrhagia and a fibroid uterus 16 weeks' gestational size
 - D. a 55-year-old with adenomatous hyperplasia with atypia who does not want a hysterectomy
 - E. a 35-year-old with dysmenorrhea and normal menstrual periods
21. The most common side effect after endometrial ablation is
- A. uterine cramping for several weeks
 - B. serosanguinous vaginal discharge for 4—6 weeks
 - C. postoperative bleeding
 - D. endometritis
 - E. pelvic inflammatory disease
22. The chance of uterine perforation during hysteroscopy is greatest with which of the following:
- A. roller ball endometrial ablation for menorrhagia
 - B. laser endometrial ablation for menorrhagia
 - C. resectoscopic removal of submucous myomas
 - D. transection of dense uterine synechiae
 - E. removal of "lost IUD"

23. One disadvantage of endometrial ablation as compared with hysterectomy is
- A. higher cost
 - B. longer operating time
 - C. longer hospitalization
 - D. lower cure rate
 - E. higher complication rate
24. If there is a suspicion for endometrial cancer, hysteroscopy makes it possible to establish:
- A. pathological process
 - B. surface prevalence of the process
 - C. depth of invasion
 - D. spread to adjacent organs
25. The non-neoplastic enlargements of the ovary include:
- A. follicular cyst
 - B. corpus luteum cyst
 - C. endometrial cyst
 - D. dermoid cystoma
26. In the premenopausal period, uterine bleeding can be caused by:
- A. endometrial hyperplasia
 - B. endometrial adenomatosis
 - C. adenocarcinoma
 - D. submucous myoma
 - E. none of the above
27. Differential diagnosis of hyperplastic processes and endometrial cancer should be carried out
- A. with submucous myoma
 - B. with glandular fibrous polyp of the endometrium
 - C. with a hormone-active tumor of the ovary
 - D. with all of the above
28. Contents of serous cystoma
- A. a straw colored liquid
 - B. fibrous tissue
 - C. fat, hair
29. Hormone producing ovarian tumors include all except:
- A. granulosa cell tumor

- B. anthroblastoma
 - C. thecoma
 - D. fibroma
30. Tactics after the detection of a granulosa cell tumor of the ovary:
- A. dynamic observation
 - B. treatment with estrogen-progestational medications
 - C. treatment with antiestrogens
 - D. treatment with gestagens
 - E. radical operation
31. Which of the following tumors produces androgens?
- A. follicular cyst
 - B. dysgerminoma
 - C. androblastoma
 - D. teratoma
32. What statements about endometrial adenocarcinoma are true?
- A. is combined with obesity, hypertension, diabetes mellitus
 - B. is associated with the use of intrauterine contraceptives
 - C. is associated with hyperestrogenism
 - D. it develops against the background of endometrial adenomatosis
 - E. the number of cases continues to increase
33. For persistent hydatidiform mole, the following characteristics are true:
- A. incompatibility of uterine size with gestational age
 - B. the appearance of bloody discharge from the genital tract in the first half of pregnancy
 - C. low levels of chorionic gonadotropin
 - D. the formation of luteal cysts in the ovaries
34. The level of human chorionic gonadotropin can increase in:
- A. dysgerminoma
 - B. adenocarcinoma
 - C. pregnancy twins
 - D. choriocarcinoma
 - E. hydatidiform mole
35. The most common types of endometrial hyperplasia are:
- A. simple hyperplasia
 - B. complex hyperplasia

- C. atypical hyperplasia
 - D. adenomatous polyps of the endometrium
36. What of the following ovarian enlargements is not removed?
- A. mucinous cystadenoma
 - B. simple serous tumor
 - C. benign teratoma (dermoid cyst)
 - D. teca-luteal cyst
 - E. tekoma
37. What is typical for serous cystadenoma?
- A. occurs from the superficial epithelium of the ovary
 - B. often one-sided
 - C. lined with an epithelium similar to the mucous membranes of the fallopian tubes
 - D. has no specific symptoms
 - E. none of the above
38. After what clinical situations may develop chorioncarcinoma?
- A. hydatidiform mole
 - B. ectopic pregnancy
 - C. spontaneous abortion
 - D. normal pregnancy
 - E. AUB
39. A possible source of bleeding from the ovary can be:
- A. luteum corpus
 - B. follicular cyst
 - C. corpus luteum cyst
 - D. all of the above
40. In an operation for a paraovarial cyst,
- A. cyst excision
 - B. removal of appendages on the affected side
 - C. removal of ovary on the affected side
 - D. ovarian resection on the affected side
41. Background diseases of the endometrium, according to the WHO classification, are
- A. glandular hyperplasia
 - B. endometrial polyp
 - C. glandular cystic hyperplasia

- D. atypical hyperplasia
42. What are the conditions of the cervix which are pre-cancerous?
- A. leukoplakia with atypia
 - B. dysplasia
 - C. papilloma
 - D. retention cysts
43. Endometrial hyperplasia develops as a result of:
- A. hyperprogesteronemia
 - B. hyperestrogenemia
 - C. hyperprolactinaemia
 - D. using of combined estrogen-progestogen
 - E. genetically determined proliferation of endometrial basal cells
44. Risk factors for the onset of hyperplastic processes and endometrial cancer are:
- A. impaired fat metabolism
 - B. absence of a birth in the anamnesis
 - C. menstrual disorder
 - D. all of the above
45. Prophylaxis of the development of endometrial cancer include:
- A. the elimination of ovulation disorders
 - B. the timely treatment of diabetes, obesity and hypertension
 - C. the use of hormonal contraception
 - D. all of the above
46. Severe dysplasia of the epithelium of the cervix is
- A. precancerous
 - B. the initial form of cancer
 - C. background process
 - D. dyshormonal hyperplasia
47. The screening method for detecting the pathology of the cervix is:
- A. visual inspection
 - B. colposcopy
 - C. radionuclide method
 - D. cytological examination of smears (PAP-test)

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

- A. stage of the disease
- B. tumor histology
- C. the age of the patient
- D. all listed

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

- A. surgical
- B. ray
- C. chemotherapy
- D. hormone therapy
- E. all listed

50. Precancerous condition of the vulvar is:

- A. dystrophic processes
- B. epithelial hyperplasia
- C. sclerotic lichen
- D. dysplasia

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

- A. visual inspection
- B. cytological examination of scrapings and prints from the surface of the vulva
- C. morphological study of the biopsy
- D. ultrasound examination

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

- A. anovulation
- B. obesity
- C. diabetes mellitus
- D. hypertension
- E. all of the above

53. Treatment of cervical polyps is:

- A. surgical
- B. conservative

54. List the variants for cervical dysplasia:

- A. mild

- B. complicated
 - C. moderate
 - D. severe
55. Patients with polyps of the cervical canal have the following complain:
- A. pains
 - B. frequent urination
 - C. contact bleeding
56. Pathogenetic therapy of endometrial hyperplastic processes in women of reproductive age consists of the application of
- A. estrogenprogesterone drugs
 - B. progesterone
 - C. androgen
 - D. thyroidin
57. The presence of the hyperplastic process and endometrial cancer can be defined on the basis of:
- A. cytological examination of aspirates from the uterus
 - B. hysterosalpingography
 - C. hysteroscopy
 - D. separate diagnostic curettage of the uterus
 - E. data from the vaginal examination
58. Methods of treatment of endometrial cancer patients
- A. combined
 - B. surgical
 - C. radiation
 - D. hormone
 - E. anti-inflammatory therapy
59. The main clinical symptom of uterine tube cancer is
- A. abdominal enlargement in volume
 - B. constipation
 - C. difficulty urinating
 - D. discharge from the genital tract
60. The background processes of the surface epithelium of the cervix are
- A. pseudoerosion
 - B. true erosion
 - C. leukoplakia without atypia
 - D. polyp

- E. dysplasia
61. Related to stage II endometrial cancer:
- A. The cancer is in the endometrium
 - B. It has spread to nearby lymph nodes or to distant sites
 - C. The cancer has spread from the body of the uterus and is growing into the cervix
 - D. cancer of the uterus body with germination into the bladder
 - E. cancer of the uterus with distant metastases
62. For carcinoma of the vulva, all of the listed clinical symptoms are typical, except
- A. wrinkling of large and small labia
 - B. itching in the clitoris
 - C. dryness of the mucocutaneous vulva
 - D. narrowing of the entrance to the vagina
 - E. edema of the vulva
63. Emergency operations in benign ovarian enlargements are performed in the following situations:
- A. torsion of the pedicle of an ovarian enlargement
 - B. when the tumor capsule is ruptured
 - C. at large tumor sizes
 - D. with liquid tumor content
64. What is the leading clinical symptom of cervical cancer:
- A. pelvic pain
 - B. mucopurulent leucorrhoea
 - C. contact bleeding
 - D. acyclic uterine bleeding
65. The main clinical symptom of uterine cancer?
- A. chronic pelvic pain
 - B. contact bleeding
 - C. acyclic bleeding
66. Choriocarcinoma is malignant neoplasm of the:
- A. decidua
 - B. myometrium
 - C. trophoblast
 - D. theca tissue
 - E. endometrium

67. Cervical cancer most often develops:
- A. in the cervical canal
 - B. on the front lip of the cervix
 - C. on the border with the vaginal arches
 - D. in the "transition zone", at the junction of multilayered planar and cylindrical epithelium
68. In intraepithelial cancer of the cervix in young patients should perform:
- A. extirpation of the uterus with appendages
 - B. extirpation of the uterus without appendages
 - C. cryodestruction
 - D. electroconization
69. In intraepithelial cancer of the cervix after 50 years should perform:
- A. extirpation of the uterus with appendages
 - B. extirpation of the uterus without appendages
 - C. cryodestruction
 - D. Electroconic
70. The cause of genital warts?
- A. virus
 - B. staphylococcus aureus
 - C. Mycoplasma
 - D. mixed infection
71. Genital warts are characterized by the following:
- A. have a pink and cauliflower-form
 - B. often localization in the vulva, vagina, cervix
 - C. their base is always wide, infiltrated
72. The methods of treatment in uterine choriocarcinoma:
- A. chemotherapy
 - B. extirpation of the uterus with appendages
 - C. enlarged hysterectomy
 - D. supravaginal amputation of the uterus
73. The primary treatment in stage II of ovarian cancer is:
- A. immunotherapy
 - B. remote irradiation
 - C. chemotherapy
 - D. hormonal therapy
 - E. surgical method

74. Atrophic vaginitis does not occur on the background:

- A. postmenopause
- B. lactation
- C. reception of oral contraceptives
- D. surgical castration of a young woman

Endometriosis

1. The most common age for the presentation of endometriosis is
 - A. childhood
 - B. infancy
 - C. reproductive age
 - D. postmenopausal women on hormonal replacement therapy

2. The prevalence of endometriosis is difficult to assess since there are probably many undiagnosed cases. The approximate prevalence is
 - A. 20%
 - B. 10%
 - C. 5%
 - D. 1%

3. The most accepted explanation for the pathogenesis of endometriosis is
 - A. retrograde menstruation
 - B. mullerianosis
 - C. celomic metaplasia
 - D. trauma

4. 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 confirmation is
 - A. an elevated CA-125
 - B. laparoscopic visualization
 - C. an ultrasound showing an echogenic 4-cm ovarian mass
 - D. history and physical exam alone

5. A mechanism by which endometriosis is known to cause infertility is
 - A. abnormal cervical mucous
 - B. pelvic adhesions
 - C. a luteal phase defect
 - D. anovulation

6. Which of the following would NOT be a reasonable option for a 27-year-old female with chronic pelvic pain recently diagnosed with moderate endometriosis:
- A. low-dose oral contraceptives
 - B. Danazol
 - C. progestational agents
 - D. GnRH
 - E. testosterone
7. Side effects of progestational agents include
- A. deepened voice
 - B. alopecia
 - C. hot flashes
 - D. irregular bleeding
8. Which of the following statements concerning surgical correction for prolapse is *true*?
- A. Corrective surgery should be recommended for patients in whom the uterus is in the lower one third of the vagina.
 - B. Patient whose symptoms are not relieved by a pessary should receive surgical therapy.
 - C. Recurrent urinary tract infections are a contraindication to surgery.
 - D. Patients with prolapse and back pain will have their symptoms relieved by surgery.
 - E. Patients with symptomatic uterine prolapse but no ureteral obstruction deserve surgical treatment.

Gynecological diseases, requiring emergency treatment

1. Which of the following statements is *true* regarding tubal factor and ectopic pregnancy?
- A. Normal transport of a zygote toward the uterus depends upon muscular contraction of the fallopian tube.
 - B. A history of prior salpingitis is obtained in 30%-50% of women operated on for ectopics.
 - C. Salpingitis isthmica nodosa is rarely associated with ectopic pregnancy.
 - D. Tubal surgery may be associated with ectopic pregnancy through devascular-ization.
 - E. The occurrence of one prior ectopic pregnancy increases the recurrence risk to 50%.

2. What is the most accurate method of diagnosing an ectopic pregnancy?
- A. Culdocentesis
 - B. Endometrial biopsy
 - C. Laparoscopy
 - D. Serial measurement of human chorionic gonadotropin
 - E. Pelvic ultrasound
3. Early recognition of a cervical pregnancy is usually best made utilizing which of the following:
- A. colposcope
 - B. careful digital palpation
 - C. ultrasound
 - D. serial serum HCG determination
 - E. Magnetic Resonance Imaging
4. Which of the following statements is not *true* regarding the location of ectopic pregnancy?
- A. Of all tubal pregnancies, 85% are in the distal half of the tube.
 - B. Heterotopic, or combined, pregnancy occurs as often as 1/4,000 pregnancies.
 - C. Isthmic pregnancies are the most amenable to conservative approaches.
 - D. Abdominal ectopic pregnancy occurs in 10/1,000 ectopic pregnancies.
 - E. Cervical pregnancy is among the rarest of ectopic pregnancies.
5. Which of the following cannot be said of signs and symptoms of ectopic pregnancy?
- 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 occurrences are on the side opposite the ectopic pregnancy.
 - C. Signs and symptoms may be confused with those of threatened or incomplete 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?
- A. Using sensitive assays, approximately 75% of patients with ectopic pregnancies can have a positive pregnancy test.

- B. In general, serum hCG values are lower in women with ectopic pregnancy than those with a normal intrauterine pregnancy.
- C. A single hCG value is quite useful in discerning ectopic pregnancy.
- D. The doubling time for hCG in normal pregnancy is approximately 6 days.
- E. 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*?

- A. High-resolution, transvaginal ultrasound has greatly aided the diagnosis of ectopic pregnancy.
- B. A comparison between the two standards for hCG (for use in timing ultrasound) is approximately 2x2 Int. std—1st Int. Ref Prep.
- C. Using abdominal scanning, the discriminatory zone for detection of a gestational sac in the uterus is 6000 mIU/mL hCG using the IRP.
- D. Using transvaginal scanning most authors suggest that the discriminatory zone for an intrauterine gestation is approximately 1000-2000 mIU/mL hCG (using IRP).
- E. Using transvaginal ultrasound, a fetal pole should be identifiable when hCG equals approximately 2000 mIU/mL (using IRP) in ectopic gestation.

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

- A. Removal of the ovary at the time of unilateral salpingectomy confers no advantage with regard to subsequent intrauterine or ectopic rates.
- B. Salpingotomy is usually preferable to salpingectomy for ectopic pregnancy.
- C. The salpingotomy should be sutured closed upon completion of evacuation of ectopic pregnancy.
- D. Laparoscopy is replacing laparotomy for many patients with ectopic pregnancy.
- E. 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:

- A. serum progesterone <10 ng/mL
- B. involved tubal diameter of <3-4 centimeters
- C. serum hCG of less than or equal to 5000
- D. evidence of intraperitoneal bleeding

E. formed fetal elements on ultrasound

Pediatric and adolescent gynecology

1. Hymenal anomalies are usually associated with
 - A. renal anomalies
 - B. uterine anomalies
 - C. no other anomalies
 - D. patent ductus arteriosus
 - E. urethral anomalies

2. A typical sign of a longitudinal vaginal septum is
 - A. severe dysmenorrhea
 - B. external bleeding with a tampon in place
 - C. premenstrual syndrome
 - D. amenorrhea
 - E. pain lasting beyond the end of menses

3. In children, vaginitis due to poor hygiene is frequently due to
 - A. chlamydia
 - B. fungus
 - C. coliform bacteria
 - D. anaerobic bacteria
 - E. trichomonads

4. Precocious puberty is NOT associated with
 - A. primary hypothyroidism
 - B. encephalitis
 - C. head trauma
 - D. hyperprolactinemia
 - E. 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
 - A. prolactin
 - B. TSH
 - C. karyotype
 - D. radiographic evaluation of the sella turcica
 - E. height and weight

6. GnRH agonists are the best treatment for precocity secondary to
- A. McCune-Albright syndrome
 - B. a functional ovarian tumor
 - C. hypothyroidism
 - D. true precocious puberty
 - E. a craniopharyngioma
7. The major determinant of pubic hair growth is
- A. ovarian androgens
 - B. adrenal androgens
 - C. adrenal estrogens
 - D. adrenal glucocorticoids
 - E. ovarian estrogens
8. The first sign of puberty is usually
- A. menstruation
 - B. the growth spurt
 - C. appearance of pubic hair
 - D. labial enlargement
 - E. breast development
9. The pubertal growth spurt requires
- A. prolactin
 - B. progesterone
 - C. estrogen
 - D. LH
 - E. FSH
10. Compared with the adult reproductive tract, in a child
- A. the posterior fornix is lengthened
 - B. the uterine cervix ratio is lower
 - C. the cul-de-sac is deeper
 - D. the vaginal mucosa is usually much darker
 - E. the labia majora are more pronounced

The Infertile couple

1. Ovulatory disorders are associated with all of the following EXCEPT
- A. hypothyroidism
 - B. hyperprolactinemia
 - C. hyperandrogenism
 - D. hypergonadotropism

- E. hyperparathyroidism
2. Endometriosis may cause infertility by all of the following mechanisms EXCEPT
- A. disordered ovulation
 - B. impaired tubal motility
 - C. prostaglandin production
 - D. antibody formation
 - E. macrophage activity
3. What specialists should be involved in the examination of a patient with infertility?
- A. endocrinologist
 - B. neurologist
 - C. urologist
 - D. sex therapist
 - E. none of the above
4. What is the main cause of female infertility?
- A. congenital anomalies of genital organs
 - B. fibroid of the uterus
 - C. inflammatory diseases of genital organs
 - D. neuro-endocrine Syndromes
5. List the indications for in vitro fertilization:
- A. absolute tubal infertility
 - B. absence of pregnancy in a woman after plastic surgery on the fallopian tubes
 - C. infertility of unclear origin
 - D. polycystic ovary syndrome
6. The postcoital test is used for diagnosis:
- A. endocrine infertility
 - B. tubal infertility
 - C. male infertility
 - D. peritoneal infertility
 - E. immunological factor of infertility
7. To identify obstruction of the fallopian tubes, the following are used:
- A. hysterosalpingography
 - B. pneumopyruvography
 - C. culdoscopy

- D. laparoscopy with chromohydrotububation
- E. echohysteroscopy

8. Functional disorders of the contractile activity of the fallopian tubes may be a consequence of:

- A. psychoemotional stress
- B. ovarian hypofunction
- C. hyperprostaglandinemia
- D. hyperandrogenia
- E. All of the above

9. The number of actively mobile spermatozoa in 1 ml of sperm in norma:

- A. 15%
- B. 40%
- C. 50%

10. The number of normal forms of spermatozoa in 1 ml of sperm in norma:

- A. not less than 30%
- B. not less than 60%
- C. not less than 20%

11. List the indications for artificial insemination with donor sperm:

- A. impotence of the husband
- B. azoospermia in the husband
- C. non-treatable vaginismus
- D. presence of hereditary, genetically determined diseases in the husband's family

12. Indicate the main pathogenetic factors of endocrine infertility:

- A. disruption of the maturation of the follicle with an inferior luteal phase of the menstrual cycle
- B. hyperprolactinaemia
- C. anovulation
- D. hyperandrogenia

13. Ovarian hyperstimulation can be observed:

- A. when using Clomiphene (clostilbegite)
- B. when applying Puregon
- C. when using prolonged combined estrogen-progestogen
- D. when using radon baths

14. Methods that make possible to clarify the diagnosis of immunological infertility are
- A. definition of antisperm antibodies in the blood and cervical mucus
 - B. postcoital test (Shuwarsky-Guner test)
 - C. penetration test outside the body (Kurzrock-Miller test)
 - D. determination of leukocyte count in cervical mucus
15. Indicate the causes of female infertility:
- A. inflammatory diseases of female genital organs
 - B. diseases of endocrine glands
 - C. infantilism and genital hypoplasia
 - D. endometriosis of the uterus, tubes and ovaries
 - E. necrospermia
16. Indicate the causes of female infertility:
- A. inflammatory diseases of the genital organs
 - B. infantilism and genital hypoplasia
 - C. general debilitating diseases and intoxications
 - D. all of the above
 - E. none of the above
17. Indicate the causes of the tubal infertility:
- A. sclerotic changes in the muscular wall of the fallopian tube
 - B. a violation of the retention in the fallopian tube
 - C. infantilism
 - D. intrauterine synechiae
 - E. pathology of the ovaries
18. Spermatozoa after penetration into the uterus and fallopian tubes retains the ability to fertilize for the next time:
- A. 6-12 hours
 - B. 24-48 hours
 - C. 3-5 days
 - D. 10 days
19. When examining a sterile couple, first examination is:
- A. hysterosalpingography
 - B. cytology of the vaginal smear
 - C. basal temperature determination
 - D. endometrial biopsy
 - E. sperm research

20. The term "primary" infertility means:
- A. patient who have never conceived
 - B. patient have previous pregnancy but failure to conceive subsequently
 - C. all pregnancies are interrupted for medical reasons
21. Violation of patency of the fallopian tubes may be a consequence of:
- A. genital chlamydia
 - B. external genital endometriosis
 - C. surgical intervention on the pelvic organs and abdominal cavity
 - D. gonorrheal salpingitis
 - E. all of the above
22. For the diagnosis of tubal peritoneal infertility use:
- A. hysterosalpingography
 - B. laparoscopy with chromohydrobubation
 - C. culdoscopy
 - D. abdominal puncture through posterior arch
 - E. echohysteroscopy
23. Which of the following drugs have the ability to stimulate the growth of the follicle?
- A. clostilbegite
 - B. menopur
 - C. norcolut
 - D. Gonal-F
 - E. danazol
24. The term "infertile marriage" means:
- A. inability of a couple to conceive
 - B. the woman has no ability to bear
 - C. both definitions are correct
 - D. both definitions are incorrect
25. Marriage is infertile, if during sexual life without the use of contraceptives pregnancy does not occur:
- A. 0.5 years
 - B. 1 year
 - C. 2.5 years
 - D. 5 years

26. A young woman do not have pregnancy for 2 years, have complains of milk from the nipples, rare menstruations. The following examination is necessary:
- A. radiography of the skull / MRI of the brain
 - B. to determine the level of prolactin
 - C. explore color fields of view
 - D. to determine the level of TTH in the blood
 - E. determine the level of vasopressin
27. How many spermatozoa should be in 1 ml of ejaculate?
- A. 5 Mln
 - B. 10 Mln
 - C. 15 Mln
 - D. 20 Mln
28. Asthenospermia is:
- A. a large number of pathological forms
 - B. absence of live spermatozoa
 - C. insufficient number of actively mobile spermatozoa
 - D. inadequate number of sperm in ejaculate
 - E. absence of spermatozoa in the presence of cells of spermatogenesis in the ejaculate
29. Necrospermia is:
- A. a large number of pathological forms
 - B. absence of live spermatozoa
 - C. insufficient number of actively mobile spermatozoa
 - D. inadequate number of sperm in ejaculate
 - E. absence of spermatozoa in the presence of cells of spermatogenesis in the ejaculate
30. Teratospermia is:
- A. a large number of pathological forms
 - B. absence of live spermatozoa
 - C. insufficient number of actively mobile spermatozoa
 - D. inadequate number of sperm in ejaculate
 - E. absence of spermatozoa in the presence of cells of spermatogenesis in the ejaculate
31. Indicate the frequency of infertile marriage:
- A. 0.5-1%
 - B. 2-3%

- C. 15-20%
- D. over 30%

Contraception

1. When a patient stops taking the combination pill in order to become pregnant, she should
 - A. expect her menses 28 days later
 - B. try to conceive during the first cycle
 - C. wait for the reestablishment of normal cycles
 - D. have an endocrine workup performed
 - E. avoid conceiving for 6 months

2. In the presence of a normal history and physical examination, which of the following laboratory determinations must be performed in all women before starting the combination pill:
 - A. a Pap smear
 - B. a fasting plasma cholesterol level
 - C. a fasting and 2-hour blood glucose value
 - D. a blood bilirubin level
 - E. a blood FSH test

3. For those who take the combination pill, contraceptive efficacy is
 - A. dependent upon the estrogen/progestogen rate
 - B. less when 30- or 35-mcg rather than 50-mcg estrogen pills are taken
 - C. lessened with a decrease in estrogen content from 150 to 50 mcg/pill
 - D. greater than 99%
 - E. the same as with barrier methods

4. When the IUD is compared with combination pills, it is found that the IUD
 - A. is more effective
 - B. is associated with less blood loss
 - C. is used by more women
 - D. has fewer systemic side effects
 - E. is associated with more congenital anomalies in contraceptive failures

5. To what group of contraceptive drugs does Marvelon belong?
 - A. monophasic oral contraceptives
 - B. biphasic oral contraceptives
 - C. three-phase oral contraceptives
 - D. mini Pilli

- E. injectable drugs
6. The contraceptive effect of the IUD is based on:
- A. disorder of blastocyst implantation
 - B. change in the enzymatic system of the endometrium
 - C. activation of peristalsis of fallopian tubes
 - D. absence of ovulation
7. Which of the statements about the need for contraception after delivery are incorrect?
- A. contraception is not needed until the appearance of the first menstruation
 - B. is not necessary in lactating women
 - C. is necessary immediately for non-lactating women
 - D. not needed after caesarean section
 - E. is not need during the year after childbirth through the natural birth canal
8. The absolute contraindications for the appointment of oral contraceptives include:
- A. thromboembolic disease
 - B. deep vein thrombosis
 - C. coronary and cerebral artery disease
 - D. suspected cancer
 - E. collagenoses
9. The most often complication that occurs after the introduction of the IUD is:
- A. ischemic-cervical insufficiency
 - B. ectopic pregnancy
 - C. habitual miscarriage
 - D. acute infection
 - E. vein thrombosis
10. Family planning is:
- A. optimal age of childbearing 19-35 years
 - B. observance of the interval between births is not less than 2 years
 - C. the use of modern methods of contraception in the intervals between births
11. A divorced woman of 32 years with one child and rare (1-2 in two months) sex with one sexual partner should be recommended for contraception:
- A. marvelon

- B. antheovin
- C. postinor
- D. trikwilar
- E. lindinet

12. What drug for contraception should be recommended for healthy woman of 40 years of age, with 3 children and regular sex:

- A. surgical sterilization
- B. hormonal contraception
- C. intrauterine contraception
- D. postinor
- E. condom

13. What method of contraception should be recommended for woman with a disability (schizophrenia):

- A. surgical sterilization
- B. hormonal contraception
- C. intrauterine contraception
- D. postinor
- E. condom

14. Indicate the contraceptive effects of the spermicides:

- A. destruction of sperm
- B. decreased motility of spermatozoa
- C. destruction of the outer membrane of spermatozoa
- D. neutralization of acidic environment of the vagina

15. Injectable contraceptives include:

- A. progestagens with prolonged action
- B. conjugated estrogens
- C. microdoses of progestogens
- D. antiandrogens
- E. antigonadotropins

16. In which day of the menstrual cycle should the patient start using the estrogen-progestin contraceptives:

- A. in the period of ovulation
- B. in the first day of the menstrual cycle
- C. regardless of the menstrual cycle day

17. Contraindications for appointment of estrogen-progesterone contraceptives are?
- A. disorder liver function
 - B. thrombophlebitis syndrome
 - C. obesity
 - D. of all listed above
18. Indicate the three-phase combined estrogen-progesterone drugs:
- A. trizyston
 - B. tri-regol
 - C. trikwilar
 - D. triovite
19. Indicate the complication of the combined estrogen-progesterone drugs requiring the cancellation of the drug:
- A. gain in weight
 - B. breast engorgement
 - C. thrombosis
 - D. nausea
20. What are the most effective methods of contraception?
- A. condom
 - B. IUD
 - C. spermicide
 - D. oral estrogen-progesterone drugs
 - E. voluntary surgical sterilization
21. Modern methods of hormonal contraception include:
- A. postcoital contraception
 - B. oral contraception
 - C. prolonged injecting contraception
 - D. implant
22. Absolute contraindications for the IUD:
- A. acute inflammation of the uterus
 - B. III, IV degree of purity of the vaginal smear
 - C. abnormalities of the development of the uterus
 - D. reproductive age
23. Which complication is the most common among nulliparous women who use the IUD as a contraceptive?
- A. vein thrombophlebitis

- B. ectopic pregnancy
- C. inflammatory diseases of internal genital organs
- D. ischemic-cervical insufficiency
- E. infertility

24. Absolute contraindications for appointment of oral contraceptives include?

- A. thromboembolic diseases
- B. deep vein thrombosis
- C. disease of the coronary and cerebral arteries
- D. suspicion of cancer
- E. all of the above
- F. none of the above

25. Atrophic vaginitis does not occur in the background:

- A. menopause
- B. using of oral contraceptives
- C. surgical castration of a young woman

ANSWERS

Anatomical and physiological characteristics of the female reproductive system. Methods of examination in gynaecology

	<u>Answer</u>	<u>Found on Page</u>
1.	E	4
2.	C	4
3.	D	4
4.	C	4
5.	E	4
6.	A, B, C, D	5
7.	A, B, C, D	5
8.	B	5
9.	C	5
10.	C	5
11.	A	5
12.	A	6
13.	C	6
14.	A, B, C, E	6
15.	B	6
16.	C	6
17.	A, D, E	6
18.	A, B, C	7
19.	A, B, C, E	7
20.	B, C, D, E	7
21.	A, B, C	7
22.	A, B, C	7
23.	A, B	7
24.	D	8
25.	B	8
26.	A, B, C	8
27.	A, B, D	8
28.	A, B, C, D, E	8
29.	A, B, C, D	8
30.	A	8
31.	A, B	9
32.	A, B, D, E	9
33.	D	9
34.	A, B, C, E	9
35.	E	9
36.	A	9

37.	D	10
38.	A, B, C, D	10
39.	A, B, D	10
40.	C	10
41.	A, B, C, D	10
42.	D	10

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

	<u>Answer</u>	<u>Found on Page</u>
1.	D	11
2.	B	11
3.	D	11
4.	A	11
5.	C	11
6.	A	12
7.	C	12
8.	D	12
9.	C	12
10.	D	12
11.	B	12
12.	B	12
13.	A, B, C, D	13
14.	A, B, C, D	13
15.	C	13
16.	B	13
17.	A	13
18.	A, B, C, D	13
19.	D	14
20.	D	14
21.	B	14
22.	A, B, C,	14
23.	A, B	14
24.	E	15
25.	A, B, C, D	15
26.	A	15
27.	D	15
28.	C	15
29.	A, B, C	15
30.	D	16
31.	C	16

32.	A, B, C	16
33.	A	16
34.	E	16
35.	A, C	16
36.	D	16
37.	B	17
38.	C	17
39.	E	17
40.	C	17
41.	D	17
42.	F	18
43.	B, C, D	18
44.	A, B, C, D	18
45.	A, C	18
46.	A	18
47.	C	18
48.	C	19
49.	A, C	19
50.	E	19
51.	C	19

Neuroendocrinological syndroms in gynaecology.

	Answer	Found on Page
1.	B	19
2.	C	19
3.	D	20
4.	C	20
5.	D	20
6.	A	20
7.	E	20

Climacteric

	Answer	Found on Page
1.	C	21
2.	C	21
3.	C, E	21
4.	B	21
5.	A	22
6.	E	22

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

	Answer	Found on Page
1.	D	22
2.	A, B, D	22
3.	C, E	22
4.	B, C, E	23

Specific pelvic inflammatory diseases (Sexually transmitted infections).

	Answer	Found on Page
1.	B	23
2.	B, C, D	23
3.	C, D, E	23
4.	A, D	24
5.	A, C, E	24
6.	B, C, D	24
7.	B	24

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

	Answer	Found on Page
1.	B	24
2.	D	25
3.	B	25
4.	E	25
5.	A, B, C, D	25
6.	A	25
7.	A, B, C, D	25
8.	A, B, C, D	26
9.	A, B, C, D	26
10.	A, B, C, D, E	26
11.	E	26
12.	A, B, C	26

Background, precancerous and benign diseases of the female genitalia.

	Answer	Found on Page
1.	B	27
2.	A	27
3.	B	27
4.	D	27
5.	B	27

6.	D	27
7.	D	28
8.	D	28
9.	C	28
10.	C	28
11.	B, D	28
12.	C	28
13.	C	29
14.	A	29
15.	D	29
16.	B, D	29
17.	C	29
18.	C	30
19.	D	30
20.	A	30
21.	B	30
22.	D	30
23.	D	31
24.	A, B	31
25.	A, B, C	31
26.	A, B, C, D	31
27.	D	31
28.	A	31
29.	D	31
30.	E	32
31.	C	32
32.	A, C, D, E	32
33.	A, B, D	32
34.	C, D, E	32
35.	A, B	32
36.	D	33
37.	A, B, C, D	33
38.	A, B, C, D	33
39.	B, C	33
40.	A	33
41.	A, B, C	33
42.	A, B	34
43.	B	34
44.	D	34
45.	D	34
46.	A	34
47.	D	34

48.	D	35
49.	E	35
50.	D	35
51.	A, B, C	35
52.	E	35
53.	A	35
54.	A, C, D	35
55.	C	36
56.	A, B	36
57.	A, B, C, D	36
58.	A, B, C, D	36
59.	D	36
60.	A, B, C, D	36
61.	C	37
62.	E	37
63.	A, B	37
64.	C	37
65.	C	37
66.	C	37
67.	D	38
68.	D	38
69.	A	38
70.	A	38
71.	A, B	38
72.	A, B	38
73.	E	38
74.	B, C	39

Endometriosis

	Answer	Found on Page
1.	C	39
2.	B	39
3.	A	39
4.	B	39
5.	B	39
6.	E	40
7.	D	40
8.	E	40

Gynecological diseases, requiring emergency treatment.

	Answer	Found on Page
1.	B	40
2.	C	41

3.	C	41
4.	C	41
5.	D	41
6.	B	41
7.	E	42
8.	C	42
9	B	42

Pediatric and adolescent gynecology.

	Answer	Found on Page
1.	C	43
2.	B	43
3.	C	43
4.	D	43
5.	C	43
6.	D	44
7.	B	44
8.	E	44
9	C	44
10.	B	44

The Infertile couple

	Answer	Found on Page
1.	E	44
2.	D	45
3.	A,B, C,D	45
4.	C	45
5.	A, B, C	45
6.	E	45
7.	A, D, E	45
8.	E	46
9.	C	46
10.	B	46
11.	B, D	46
12.	A, B, C, D	46
13.	A, B	46
14.	A, B, C	47
15.	A, B, C, D	47
16.	D	47
17.	A, B, C	47
18.	B	47

19.	E	47
20.	A	48
21.	E	48
22.	A, B, E	48
23.	A, B, D	48
24.	A	48
25.	B	48
26.	A, B, C, D	49
27.	D	49
28.	C	49
29.	B	49
30.	A	49
31.	C	49

Contraception

	Answer	Found on Page
1.	C	50
2.	A	50
3.	D	50
4.	D	50
5.	A	50
6.	A, B, C	51
7.	A, B, D, E	51
8.	A, B, C, D	51
9.	D	51
10.	A, B, C	51
11.	C	51
12.	A	52
13.	A	52
14.	A, B, C	52
15.	A	52
16.	B	52
17.	D	53
18.	A, B, C	53
19.	C	53
20.	B, D, E	53
21.	A, B, C, D	53
22.	A, B, C	53
23.	C	53
24.	E	54
25.	B	54

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