

Gynecological diseases

<u>Inflammatory diseases</u>	
	<p>Sick woman 24 years old complains of discharges and contact bloody discharges from vagina.</p> <p>Examination per speculum: cervical mucous tunic around an external os has bright-red color, grainy, is covered by mucopurulent discharges.</p> <p>What is the diagnosis?</p>
A.	Pseudoerosion of cervix, cervicitis.
B.	Erythroplakya.
C.	Carcinoma of cervix in situ.
D.	II stage of carcinoma of cervix.
E.	Leucoplakya.
	<p>Patient 36 years old. Is troubled by pain in low region of abdomen, fever up to 38,8°C, general weakness, headache. There is frequent sharpening of inflammation of uterine appendages in her anamnesis.</p> <p>General condition of the woman is satisfactory. Ps - 90 per minute, body temperature - 37,6°C. The abdomen is not blown, takes part in respiration. Tension of anterior abdominal wall, more in the right, is present. Symptoms of peritoneum irritation are negative.</p> <p>Per vaginum: movement of cervix is painful. Uterus has normal dimensions. Right appendages are not palpated. In the left-posterior side near uterus painful, dense, restricted in mobility mass has dimensions 4x9 cm is palpated. What is the diagnosis?</p>
A.	Sharpening of chronic double salpingooforitis. Left-side hydrosalpinx.
B.	Cyst in left ovary.
C.	Carcinoma of left ovary.
D.	Left-side ectopic pregnancy.
E.	Left-side pyosalpinx.
	<p>Patient 26 years old. Complains of sharp pain in low region of abdomen, shivering, fever up to 39°C, general weakness, 7 days before spontaneous abortion in 10 weeks of pregnancy has taken place, repeated curettage of uterine cavity was done (parts of embryo were removed).</p> <p>Per vaginum: uterus has normal dimensions, restricted in mobility. Right appendages are not palpated. In the left-posterior side near uterus sharply painful, dense mass with regions of mollification, has sizes 4x10 cm. Discharges have purulent character.</p> <p>Data of ultrasound examination: salpinx has sizes 4x10 cm, not equal echodensity, full of fluid (puss?).</p> <p>What is your tentative diagnosis?</p>
A.	Left-side pyosalpinx.

B.	Left-side ectopic pregnancy.
C.	Left-side carcinoma of ovary.
D.	Left-side hydrosalpinx.
E.	Tuberculosis of left salpinx.
	<p>Patient 29 years old, entered the gynecological department with complains of fever, general weakness, pain in low region of abdomen. 8 days before an artificial abortion was done.</p> <p>Per vaginum: body of uterus is bigger than standard, has soft consistency, painful in palpation and moving. Both side appendages are not palpated, discharges are purulent.</p> <p>Data of ultrasound examination: uterine cavity is like echo-linear signal.</p> <p>What is the diagnosis?</p>
A.	Acute endometritis.
B.	Carcinoma of endometrium.
C.	Hydatidiform mole.
D.	Chorioepithelioma.
E.	Placental polyp.
	<p>Patient 32 years old. Complains of severe pain in low region of abdomen, shivering, nausea, weakness, fever up to 39,5°C, dry mouth.</p> <p>Objectively: general condition is moderate degree of severity. Ps -120 per minute, AP— 120/80 mm.hg., body temperature 39,3°C. Skin is pale.</p> <p>Tongue is coated by white incrustation. Abdomen is painful in palpation in low region of abdomen, tension of rectus muscles of abdomen and positive signs of peritoneum irritation are present.</p> <p>Per speculum: purulent discharges from cervical canal.</p> <p>PV: movement of cervix is painful, fornix of vagina are deep. Uterus and appendages are not palpated due to tension and painfulness of anterior abdominal wall.</p> <p>General blood test: Le — 16,8x10⁹/л, left shift of leukocytal formula, ESR— 30 mm/hour. There are intra- and extracellular gram-negative diplococcus — gonococcus.</p> <p>What is the diagnosis?</p>
A.	Acute pelviperitonitis.
B.	Acute parametritis.
C.	Generalized peritonitis.
D.	Acute perimetritis.
E.	Acute adnexitis.
	<p>Patient 24 years old. Complains of pain in low region of abdomen, fever up to 38,9°C. There is frequent sharpening of inflammation of uterine appendages in her anamnesis.</p> <p>General condition of the woman is satisfactory. Ps - 78 per minute, body</p>

	<p>temperature - 38,6°C. The abdomen is not blown, takes part in respiration. Tension of anterior abdominal wall, more in the right, is present. Symptoms of peritoneum irritation are negative.</p> <p>Per vaginum: movement of cervix is moderately painful. Uterus has normal dimensions. Left appendages are not palpated. In the right side near uterus enlarged painful hard appendages are palpated.</p> <p>What is the diagnosis?</p>
	Sharpening of chronic right side adnexitis.
	Acute right side adnexitis.
	Acute appendicitis.
	Right ectopic pregnancy.
	Right-side urolithiasis.
	<p>Patient 29 years old. Complains of constant pain in low region of abdomen with irradiation to sacrum and anus, more in the right, fever up to 39°C. Woman relates her disease with supercooling. Last menstruation has taken place in time.</p> <p>Objectively: extragenital pathology was not revealed.</p> <p>Per vaginum: corpus uteri is enlarged up to 8 weeks of gestation, bended to the left, sharply painful in palpation and displacement. In the right-posterior side near uterus sharply painful, dense mass is palpated. Appendages are not palpated. Discharges are mucous, moderate.</p> <p>What is the diagnosis</p>
A.	Right-side acute parametritis.
B.	Right-side hydrosalpinx.
C.	Right-side pyosalpinx.
D.	Right-side ectopic pregnancy.
E.	Carcinoma of right ovary.
	<u>Disorders of menstrual cycle.</u>
	<p>Patient 15 years old complains of profuse bloody discharges from genital tracts, weakness, giddiness. Menstruation was absent during two months. General condition is satisfactory, Ps – 90 per minute, AP - 95/50 mm.hg. Skin and mucous tunics are pale. There are the I degree of anemia in general blood test.</p> <p>Examination of external genitals: hymen is not broken, adult woman pattern of hair distribution. Per rectum: uterus is dense, has normal dimensions, in anteflexio. Both side appendages are not palpated.</p> <p>What is the diagnosis?</p>
A.	Juvenile uterine bleeding.
B.	Abortion in progress.
C.	Incipient abortion.
D.	Carcinoma of endometrium.

E.	Acute endometritis.
	<p>Patient 46 years old. Complains of bleeding from genital tracts. Anamnesis: menstrual cycle is disturbed last two years. Interval between menstruations is 2—3 months. Bleeding has been starting 15 days before and it continues to present day.</p> <p>Per speculum: bloody discharges from cervical canal. Per vaginum: an external cervical os is closed. Uterine body is in anteflexio, not enlarged, painless in palpation. Appendages are not palpated. Fornicis of vagina are deep, parametrium is free. Discharges are bloody, profuse.</p> <p>Curettage of uterine cavity was done. In histological study of endometrium - hyperplasia glandulocystica.</p> <p>What is the diagnosis?</p>
A.	Dysfunctional uterine bleeding.
B.	Uterine pregnancy.
C.	Ectopic pregnancy.
D.	Myoma of uterus with hemorrhagic syndrome.
E.	Polyposis of endometrium.
	<p>A patient, 12 years old, complained of excessive (profuse) bloody discharge from genital tracts. She's had menstruations since she was 11 years old, irregular; there is delay of menstruation for 2-3 weeks whereupon bleeding is observed. She denies sexual life.</p> <p>General state is satisfactory, P- 80 strokes/minute, skin is pale.</p> <p>Arterial blood pressure (ABP) – 100/60 mm of mercury.</p> <p>External inspection: external genitals are hypoplastic, adult woman pattern of hair distribution. Hymen is intact.</p> <p>Through rectum: body of womb is small, mobile and painless. Appendages are not palpated. Discharge is bloody and profuse.</p> <p>What is the diagnosis?</p>
A.	Juvenile uterine bleeding.
B.	Laceration of genital tracts.
C.	Carcinoma of endometrium.
D.	Ovarian apoplexy.
E.	Ectopic pregnancy.
	<u>Infertility.</u>
	<p>Patient 28 years old. Complains of infrequent menstruations, in 2-3 months, sterility during 6 years.</p> <p>Objectively: height - 164 cm, body weight - 90 kg, hirsutism.</p> <p>Per speculum: cervix is without pathology, discharges are mucous. Per vaginum: uterus is not enlarged, painless. Both side appendages are enlarged, dense, painless. Results of examination: basal temperature is</p>

	<p>monophase, LG – 14.5 MU/l, FSH – 4.6 MU/l, PRL – 423 MMU/l. Data of ultrasound examination: uterus is 4.7×3.2×4.5 cm, ovaries: right – 4.3×3.3 cm, Left – 4.8×3.1 cm; stroma of ovary is hyperechoic, cystous follicles 6-8 mm in diameter are visualized under capsule.</p> <p>What is the hypothetical diagnosis?</p>
A.	Shtein-Levental's syndrome.
B.	Subacute adnexitis.
C.	Ectopic pregnancy.
D.	Carcinoma of ovary.
E.	Pyo-ovarium.
	<p>Patient K, 29 years old. Complains of sterility during 4 years, weakness, general sweating, sometimes – fever up to 37,2-37,5°C, periodic aching pain in low region of abdomen.</p> <p>Anamnesis: she has contact with tubercular patient at work. Last three years – 5-10 days delay of menstruations. Sexual life is from 25 years, did not conceive, did not use contraception.</p> <p>Per vaginum: thickened nodose areas are determined on the regions of both-side appendages.</p> <p>Metrosalpingography was done – tubes are impassable, have beaded view on the rontgenogram.</p> <p>Pirquet's reaction is positive, Mantoux test is negative.</p> <p>In three from four menstrual blood inoculation for mycobacteria reveal positive result was received.</p> <p>What is the diagnosis?</p>
A.	Chronic bilateral tuberculous salpingitis.
B.	Chronic bilateral adnexitis.
C.	Ectopic pregnancy.
D.	Bilateral hydrosalpinx.
E.	Bilateral pyosalpinx.
	<u>Endometriosis.</u>
	<p>Patient 37 years old. Complains of pain in region of postoperative scar and bloody discharges from it, especially before and after menstruation, pain in low region of abdomen, more in the right.</p> <p>Anamnesis: last 4 years menstruations are profuse, painful and prolonged (in 6-7 days, cycle is the same). At examination dense and painful nodules are palpated in the thickness of postoperative scar. Scar and skin on it have cyanotic color. Abdomen is soft, moderately painful in low regions, more in the right.</p> <p>Per vaginum: uterus has normal dimensions, dense, painless. Left-side appendages are not palpated, in the right-posterior side near uterus painful mass has dimensions 7×8×6 cm, restrictedly mobile is palpated. Discharges</p>

	from sexual tracts are mucous. What is the diagnose?
A.	Endometriosis of postoperative scar, cyst of right ovary.
B.	Right-side ectopic pregnancy in progress.
C.	Carcinoma of right ovary.
D.	Right-side pyosalpinx.
E.	Right-side hydrosalpinx.
	<p>Patient S. 32 years old. Complains of dark bloody discharges from sexual tracts on the eve of menstruation.</p> <p>Anamnesis: menstrual function is not disordered, there were three pregnancies: 1-st – delivery at term, two pregnancies after – artificial abortions. At objective examination pathology was not revealed.</p> <p>Gynecological examination: per speculum – nodular small cystic purple-blue color masses are founded. Poor dark bloody discharges are poured out from some masses. Per vaginum: uterus has spherical form, bigger than norm, painless. Appendages are not palpated. Discharges are dark, bloody, poor.</p> <p>What is the diagnosis?</p>
A.	Endometriosis of cervix and corpus uteri.
B.	Carcinoma of cervix.
C.	Carcinoma of corpus uteri.
D.	Uterine pregnancy.
E.	Cervico- isthmical pregnancy.
	<u>Malignant tumors of uterus and ovaries.</u>
	<p>Patient 60 years. Complains of excruciating pain in left inguinal region and left hip. Urination is painful. Defecation is disturbed. There is blood in urine and feces. Woman is sick more than a year, did not visit a doctor.</p> <p>Objectively: general condition is moderately severe, Ps – 90 per minute, AP 90/60 mm.hg., temperature – 37,2°C. Patient is cachectic, pale. Dense immobile mass without clear contour are palpated through the anterior abdominal wall in hypogastrium.</p> <p>Per speculum: there is a crater with necrotic incrustation on the place of cervix. Vaginal discharges have color of “beef swill”. Per vaginum: inside the pelvic cavity there is dense immobile painful tumor conglomeration involving both side pelvic walls.</p>
A.	IV stage of carcinoma of cervix.
B.	Carcinoma of corpus uteri.
C.	Carcinoma of cervix.
D.	Ectocervical endometriosis.
E.	Pseudoerosion of cervix.

	<p>Patient V., 45 years old, complains of bloody discharge from vagina after coitus.</p> <p>Anamnesis: Inheritance is not overburdened. There were 5 pregnancies: 2 of them finished with easy delivery, 3 - with medical abortions without any complications</p> <p>Per speculum: cervix is hypertrophied. There is tuberous cauliflower-like tumor on its anterior lip has sizes 2x2 cm, it bleeds when touching.</p> <p>Per vaginum: body of uterus has normal size, appendages are palpated. Per rectum: supravaginal part uterus is dense, there is tumor-like pelvic mass, infiltrates are not detected.</p> <p>What is the diagnosis?</p>
A.	Carcinoma of cervix.
B.	Carcinoma of uterus.
C.	Erosion of cervix.
D.	Endometriosis of cervix and corpus uteri.
E.	Pseudoerosion of cervix.
	<u>Benign tumors of uterus and ovary.</u>
	<p>Patient B., 36 years old. Complains of profuse menstruations, bad general condition, weakness. Anamnesis: myoma of uterus was founded 6 years ago, had dimensions about 6 weeks of gestation. A half of a year ago myoma had dimensions about 9 weeks of gestation. 10 days before has been starting menstruation that continues to present day.</p> <p>Objectively: Skin and visible mucous tunics are pale. Per vaginum: uterus is enlarged at about 10 weeks of gestation, dense, movable, painless. Appendages are not palpated. Discharges are bloody, profuse.</p> <p>Fractional diagnostic curettage of uterine cavity was done. Material from cervical canal is poor, normal mucous tunic of cervical canal is founded, in material from uterine cavity hyperplasia glandulocystica is founded.</p> <p>In general blood test: Hb – 60 g/l, Er. – $1,3 \times 10^{12}/l$, Ht– 26%, Le – $6,2 \times 10^9/l$, ESR – 23 mm/h.</p>
A.	Myoma of uterus.
B.	Carcinoma of uterus.
C.	Intrauterine pregnancy.
D.	Chorionepitelioma.
E.	Endometriosis of uterine body.
	<p>Patient 40 years old. Complains of spastic pain on low region of abdomen and profuse bloody discharges from genital tracts. Woman feels herself sick during 4 years when she starts to have profuse menstruations with gums, spastic pain on low region of abdomen.</p> <p>Anamnesis: has an anemia due to what she was treated in hospital during last 3 years. Per vaginum: myoma 3 cm in diameter with thin pedicle comes</p>

	from cervical canal. Uterus is a little bigger than norm, dense, painless. Both side appendages are not determined. Discharges are bloody and profuse.
A.	Nascent cubmucous myoma.
B.	Abortion in progress.
C.	Hydatidiform mole.
D.	Chorionepitelioma.
E.	Myoma of uterus.
	18-years old woman is addressed to gynecological department for treatment. Has no complains. There are no deviations from normal development. Per rectum: uterus is small, mobile, painless, left appendages are not changed, in the right-anterior side of uterus tumor-like mass has heterogeneous consistence and dimensions 6×8×8 cm, mobile, painful in palpation is palpated. What is the diagnosis?
A.	Cyst of right ovary.
B.	Right-side ectopic pregnancy.
C.	Carcinoma of right ovary.
D.	Shtein-levental's syndrome.
E.	Right-side pyosalpinx.
	Patient 40 years old complains of profuse menstruations. She is registered by gynecologist because of myoma of uterus during 6 years. Last visit to doctor was years ago, myoma has sizes about 8 weeks of gestation was diagnosed. Per speculum: cervix is without any pathology. Per vaginum: uterus is enlarged up to 12 weeks of pregnancy, nodular, appendages are not palpated. Discharges are mucous. What is the extent of operation in this case?
A.	Supravaginal uterus amputation without appendages.
B.	Supravaginal uterus amputation with appendages.
C.	Supravaginal uterus amputation with tubes.
D.	Uterus extirpation without appendages.
E.	Uterus extirpation with appendages.
	Patient 24 years old complains of dull pain in right iliac region. Pain has appeared after physical activity, has been accompanied by sickness and single vomiting. Per vaginum: uterine body has normal sizes, dense, painless. Left-side appendages are not palpated. In the right-posterior side of uterus tumor has soft consistence and sizes 12×10×10 cm, sharply painful in palpation is palpated. Between uterus and tumor sharply painful tumor pedicle is reviled. What is the diagnosis?
A.	Right-side ovarian cyst torsion.

B.	Right-side ectopic pregnancy.
C.	Necrosis of subserous myoma.
D.	Right-side acute adnexitis.
E.	Acute appendicitis.
	<p>Patient 18 years old complains of sharp pain in low region of abdomen, sickness, vomiting, rapid pulse, general condition deterioration. All symptoms have appeared after dancing. Last menstruation was 2 weeks ago. Virgo!</p> <p>Per rectum: uterus has normal sizes, dense. Right appendages are not palpated. It is impossible to palpate left appendages due to sharp tenderness. Posterior fornix of vagina overhangs and severely painful in palpation (Douglas's cry is present).</p> <p>Puncture of abdominal cavity through the posterior fornix of vagina was done. 70 ml dark-blue fluid blood was received.</p> <p>What is the diagnosis?</p>
A.	Left-side ovarian apoplexy.
B.	Left-side ectopic pregnancy.
C.	Left-side acute salpingitis.
D.	Left-side pyosalpinx.
E.	Acute pelviperitonitis.
	<p>A patient Zh., 53 years old, was taken to gynecological clinic. She complains of bloody discharge from vagina.</p> <p>Anamnesis: Inheritance is not overburdened. Menopause – 3 years. There were 4 pregnancies: 3 of them finished at term, 1 - with artificial abortion without any complications. She denies gynecological disorder (disease). Periodically moderate bloody discharge appears from vagina for the last 3 months.</p> <p>Histological study: multiple polyps of endometrium without signs of malignization.</p> <p>What is the diagnosis?</p>
A.	Polyposis of endometrium.
B.	Hyperplasia of endometrium.
C.	Solitary polyp of endometrium.
D.	Carcinoma of endometrium.
E.	Internal endometriosis.