Obstetrics

1. The patient, 22 years old, has appealed to the female consultation clinic with complaints of delayed menstruation for 2 months, the desire to eat spicy food, nausea, sleepiness, aversion to tobacco smell. At bimanual examination: the uterus is in hyperantheflexio, enlarged in size, in region of the left angle there is a protrusion (asymmetry). What are the probable signs of pregnancy?
1. Delay of menses, hyperantheflexio and asymmetry of uterus
2. The desire to eat spicy food
3. Nausea and aversion to tobacco smell
4. Sleepiness and hyperantheflexio of uterus
5. Aversion to tobacco smell

2. Information on the functional status of the child at birth: heart rate – 136 beats per minute, breathing is weak, irregular, without the first cry, the skin of face and body is pink, but extremities are blue (acrocyanosis). Reflex irritability – cry on stimulation, tone – flexed arms and legs. Evaluate condition of the newborn with Apgar' scale.
1. 8 points
2. 5 points
3. 10 points
4. 6 points
5. 9 points

3. Newborn infant has dolichocephalic head shape. On an occipital part of the head is determined the caput succidanum with the centre in region of small fontanel. In what type of cephalic presentation this newborn infant has been born?
1. Occipital-posterior presentation
2. Vertex presentation
3. Occipital-anterior presentation
4. Face presentation
5. Brow presentation

4. The patient, 20 years old, has appealed to the female consultation clinic for pregnancy confirmation. She does not remember the date of last menstrual period. Last 2 months has not protected from pregnancy. Within 10 days – nausea, aversion to meat appeared. At speculum examination: cyanosis of the vaginal mucosa and cervix. At bimanual examination: uterus in hyperantheflexio, slightly enlarged, spherical, softened, appendages are not defined. What subjective (tentative) signs indicate pregnancy?
1. Nausea, aversion to meat appeared
2. Cyanosis of vagina and cervix mucous
3. Hyperantheflexio of uterus
4. Increase and softening of the uterus
5. Absence of menses

5. Where is the height of the uterine fundus on the third day after a normal delivery?
1. 10-11 cm above the symphysis
2. 12-14 cm above the symphysis
3. At the level of the symphysis
4. 7-9 cm above the symphysis
5. 14-16 cm above the symphysis

6. At measuring a pelvis of the pregnant woman the doctor has established the external conjugate is 19 sm. The Solovjev's coefficient is 15 sm. How long is the true conjugate of this woman?
1. 13 cm.
2. 9 cm.
3. 11 cm.
4. 12 cm.
5. 10 cm.

7. Newborn infant has dolichocephalic head shape. On an occipital part of the head is determined the caput succidanum with the centre in region between anterior and posterior fontanel. In what type of cephalic presentation this newborn infant has been born?
1. Occipital-posterior presentation
2. Vertex presentation
3. Occipital-anterior presentation
4. Face presentation
5. Brow presentation

8. During check-up the pregnant woman in the female consultation clinic, the doctor has found the uterus enlarged up to 5-6 weeks of pregnancy, asymmetric, in the left part of uterus the protrusion is palpated. The consistency of the uterus is soft, but at the time of inspection there is an increase of uterine tone. After the end of palpation uterus becomes soft again. What signs of pregnancy has found the doctor?
1. Piscatchec's and Snegirev's signs
2. Snegirev's and Gauss's signs
3. Piscachec's and Gorvits's signs
4. Genter's the I and Genter's the II signs
5. Genter's and Gauss's signs

9. At measuring a pelvis of the pregnant woman the doctor has established, that the external conjugate is 18 sm. The Solovjev's coefficient is 12 sm. How long is the true conjugate of this woman?
1. 12 cm
2. 9 cm
3. 11 cm
4. 10 cm
5. 13 cm

10. When in case of normal delivery mast happen discharge of amniotic fluid?
1. In the active phase of the first stage of labor
2. During the early phase of the second stage of labor
3. After the childbirth
4. In the latent phase of the first stage of labor
5. During the late phase of the second stage of labor

11. The parturient woman 33 years old is in active stage of the second labor. The dimensions of pelvis: 25-28-31-20 cm. The abdominal circumference is 105 cm, height of uterine fundus is 40 cm. The birth pains are sharply painful, through 1,5-2 minutes to 1 minute. The lower segment is also painful, edema of the external genitalia, the contraction ring is at the level of a navel. A Genkel-Vasten's symptom is positive. What is the estimated fetal weight?
1. 3500
2. 4000
3. 4200

4. 4500
5. 4800

12. The parturient woman 29 years old is in active stage of the first labor. The dimensions of pelvis: 25-28-31-20 cm. The abdominal circumference is 102 cm, height of uterine fundus is 41 cm. The birth pains are sharply painful, through 1,5-2 minutes to 1 minute. The lower segment is also painful, edema of the external genitalia, the contraction ring is at the level of a navel. A Genkel-Vasten's symptom is positive. Describe the pelvis of this woman:
1. Justo minor pelvis I degree
2. Justo minor pelvis II degree
3. Anatomically normal, functionally contracted
4. Flat pelvis
5. Anatomically and functionally contracted

13. A 41-year-old woman delivered a baby with Down syndrome 10 years ago. She is anxious to know the chromosome status of her fetus in her current pregnancy. Which of the following tests has the fastest lab processing time for karyotype?
1. Culdocenthesis
2. Maternal serum screen
3. Chorionic villus sampling
4. Doppler flow velosimetry
5. Transvaginal ultrasound

14. A 24-year-old primigravida with twins visits for routine ultrasonography at 20 weeks gestation. Based on the ultrasound findings, the patient is diagnosed with dizygotic twins. Which of the following is true regarding the membranes and placentas of dizygotic twins?
1. They are dichorionic and monoamniotic only if the fetuses are of the same sex
2. They are dichorionic and monoamniotic regardless of the sex of the fetuses
3. They are monochorionic and monoamniotic if they are conjoined twins
4. They are dichorionic and diamniotic regardless of the sex of the twins
5. They are monochorionic and diamniotic if they are of the same sex

15. The clinical pelvimetry is performed to the G1P0 20-year-old woman. She has an oval-shaped pelvis with the anteroposterior diameter at the pelvic inlet greater than the transverse diameter. The baby has occipital posterior presentation. Describe the pelvis of this woman.
1. A gynecoid pelvis
2. An android pelvis
3. An anthropoid pelvis
4. A platypelloid pelvis
5. An androgenous pelvis

16. On pelvic examination of a patient in labor at 34 weeks, the cervix is 8 cm dilated, completely effaced with the fetus nose and mouth palpable. The chin is pointing toward the maternal left hip. This is an example of which of the following?
1. Transverse lie
2. Face presentation
3. Occipital presentation
4. Brow presentation
5. Vertex presentation

17. A patient visits a gynaecologist with last menstrual period 4 weeks ago. She denies any symptoms such as nausea, fatigue, urinary frequency or breast tenderness. She thinks that she

may be pregnant because she has not gotten her period yet and is very anxious to find out because she has a history of a previous ectopic pregnancy and wants to be sure to get early prenatal care. Which of the following evaluation methods is the most sensitive in diagnosing pregnancy?
1. No evaluation to determine pregnancy is needed because the patient is asymptomatic and therefore cannot be pregnant
2. Determination HCG level in blood
3. Detection of fetal heart tones by Doppler equipment
4. Abdominal ultrasound
5. Bimanual exam to assess uterine size

18. A patient presents for her first initial visit after performing at home pregnancy test and has her last menstrual period about 8 weeks ago. She says she is not entirely sure of her dates, however, because she has a long history of irregular menses. Which of the following is the most accurate way of dating the pregnancy?
1. Determination of uterine size on pelvic examination
2. Quantitative serum HCG level
3. Crown-rump length on abdominal or vaginal ultrasound
4. Determination of progesterone level along with serum HCG level
5. Determination of estrogen level along with serum HCG level

19. A healthy 20-year-old G1P0 presents for her first visit at 10 weeks gestational age. She denies any significant medical history both personally and in her family. Which of the following tests is not part of the recommended first trimester blood testing for this patient?
1. Complete blood count
2. Screening for human immunodeficiency virus
3. Hepatitis B surface antigen
4. Blood type and screen
5. Test for glucose tolerance

20. A 19-year-old G1P0 presents to the obstetrician's office for a visit at 34 weeks gestation. Her pregnancy has been complicated by gestational diabetes requiring insulin for control. She has been noncompliant with diet and insulin therapy. She has had two prior normal ultrasound examinations at 20 and 28 weeks gestation. She has no other significant past medical or surgical history. During the visit the fundal height measures 38 cm. Which of the following is the most likely explanation for the disproportion between the fundal height and the gestational age?
1. Fetal hydrocephaly
2. Uterine fibroids
3. Polyhydramnios
4. Breech presentation
5. Undiagnosed twin gestation

21. A healthy 23-year-old G1P0 has an uncomplicated pregnancy to date, 40 weeks gestational age. The patient reports about good fetal movements and reports that the baby moves about eight times in hour on average. On physical exam, her cervix is firm, posteriorly, 50% effaced, and 1 cm dilated, and the vertex is at a 1 station. Which of the following should you recommend to the patient?
1. She should be admitted for an immediate cesarean section
2. She should be admitted for oxytocin induction
3. Cesarean section after 1 week if spontaneous labor will not start
4. She should continue to monitor fetal movements and return to doctor after 1 week to reassess the situation

5. She should be admitted for amniotomy

22. A 29-year-old G1P0 presents to the obstetrician's office at 41 weeks of gestation. On physical exam, her cervix is 1cm dilated, 0% effaced, firm and posterior in position. The vertex is presenting at −3 station. Which of the following is the best next step in management of this patient?
1. Send the patient to the hospital for induction of labor since she has a favourable Bishop score
2. Teach the patient to measure fetal kick counts and deliver her if at any time there are less than 20 perceived fetal movements in 3 hours
3. Biophysical profile testing for the same or next day and start preparing the cervix for labor
4. Induction of labor at 42 weeks of gestation
5. Cesarean delivery for the following day since it is unlikely that the patient will go into labor

23. You are seeing a patient in the hospital for decreased fetal movement at 36 weeks gestation. She is healthy and has no prenatal complications. You order a biophysical profile. The patient receives a score of 8 on the test. Two points were deducted for lack of fetal breathing movements. How should you counsel the patient regarding the results of the biophysical profile?
1. The results are equivocal, and she should have a repeat BPP within 24 hours
2. The results are abnormal, and she should be induced
3. The results are normal, and she can go home
4. The results are abnormal, and she should undergo emergent cesarean section
5. The results are abnormal, and she should undergo umbilical artery Doppler velosimetry

24. An 18-year-old G2P1001 with the first day of her last menstrual period 7th of May presents for her first visit at 10 weeks. What is this patient's estimated date of delivery?
1. 10th of February of the next year
2. 14th of February of the next year
3. 10th of December of the same year
4. 14th of December of the same year
5. 10th of October of the same year

25. The shortest distance between the sacral promontory and the lower margin of symphysis pubis is called?
1. Interspinous diameter
2. True conjugate
3. Diagonal conjugate
4. Obstetric conjugate
5. Biparietal diameter

26. A 24-year-old woman presents at 30 weeks with a fundal height 42 cm. Which of the following statements concerning polyhydramnios is true?
1. Acute polyhydramnios always leads to preterm labour to 28 weeks
2. The incidence of associated malformations is approximately 3%
3. Maternal edema, especially of the lower extremities and vulva, is rare
4. Esophageal atresia is accompanied by polyhydramnios in nearly 10% of cases
5. Complications include placental abruption, uterine dysfunction and postpartum haemorrhage

27. During routine ultrasound surveillance of a twin pregnancy, twin A weighs 1200 g and twin B weighs 750 g. Hydramnios is noted around twin A, while twin B has oligohydramnios. Which statement concerning the ultrasound findings in this twin pregnancy is true?
1. The donor twin develops hydramnios more often than does the recipient twin
2. Gross differences may be observed between donor and recipient baby

3. The donor twin usually suffers from a hemolytic anemia
4. The donor twin is more likely to develop widespread thromboses
5. The donor twin often develops polycythemia

28. Fetal death at 15 weeks gestation without expulsion of any fetal or maternal tissue for at least 8 weeks is named:
1. Complete abortion
2. Incomplete abortion
3. Threatened abortion
4. Missed abortion
5. Infected abortion

29. Expulsion of all fetal and placental tissue from the uterine cavity at 10 weeks gestation is named:
1. Complete abortion
2. Incomplete abortion
3. Threatened abortion
4. Missed abortion
5. Inevitable abortion

30. Which of the following statements regarding the use of betamethasone (a corticosteroid) in the treatment for respiratoric distress syndrome in case of preterm labor is correct?
1. Betamethasone enhances the tocolytic effect of magnesium sulfate and decreases the risk of preterm delivery
2. Betamethasone has been shown to decrease intraamniotic infections
3. Betamethasone promotes fetal lung maturity and decreases the risk of respiratoric distress syndrome
4. The antiinflammatory effect of betamethasone decreases the risk of GBS sepsis in the newborn
5. Betamethasone is the only corticosteroid proven to cross the placenta

31. A 38-year-old G4P3 at 33 weeks gestation is noted to have a fundal height 29 cm on routine obstetrical visit. An ultrasound is performed. The estimated fetal weight has been determined in the fifth percentile for the estimated gestational age. The biparietal diameter and abdominal circumference are concordant in size. Which of the following is associated with assymmetric growth restriction?
1. Nutritional deficiencies
2. Chromosome abnormalities
3. Hypertension
4. Uteroplacental insufficiency
5. Patient age

32. A 37-year-old G4P2 presents to doctor for visit at 8 weeks. In a previous pregnancy, the fetus had multiple congenital anomalies consistent with trisomy 18, and the baby died shortly after birth. The mother is worried that the current pregnancy will end the same way, and she wants testing performed to see whether this baby is affected. Which of the following can be used for chromosome analysis of the fetus?
1. Biophysical profile
2. Chorionic villus sampling
3. Fetal umbilical Doppler velocimetry
4. Maternal serum screen
5. Nuchal translucency

33. A 23-year-old G3P1011 at 6 weeks presents for routine prenatal care. She had a cesarean delivery 3 years ago for breech presentation after a failed external cephalic version. Her daughter is Rh negative. She also had an elective termination of pregnancy 1 year ago. She is Rh-negative and is found to have a positive anti-D titre of 1:8 on routine prenatal labs. When the mother's sensitization has happened?
1. After elective termination of pregnancy
2. At the time of cesarean delivery
3. At the time of external cephalic version
4. Within 3 days of delivering an Rh-negative fetus
5. During current pregnancy

34. A 27-year-old G2P1 at 29 weeks gestational age who is being followed for Rh isoimmunisation presents for her OB visit. The fundal height is noted to be 33 sm. An ultrasound reveals fetal a sites and a pericardial effusion. Which of the following can be another finding in fetal hydrops?
1. Oligohydramnios
2. Hydrocephaleus
3. Hydronephrosis
4. Subcutaneous edema
5. Polyhydramnios

35. A 20-year-old G1 at 38 weeks gestation presents with regular painful contractions every 3 to 4 min lasting 60 seconds. On pelvic exam she is 3 cm dilated and 90% effaced; an amniotomy is performed and clear fluid is noted. The patient receives epidural analgesia for pain management. The fetal heart rate tracing is reactive. Two hours later on repeat exam her cervix is 5 cm dilated and 100% effaced. Which of the following is the best next step in her management?
1. To start pushing
2. Initiate oxytocin augmentation for protracted labor
3. No intervention; labor is progressing normally
4. Perform cesarean delivery for inadequate cervical effacement
5. Stop epidural infusion to enhance contractions and cervical change

36. A 24-year-old woman, G3P2, is at 36 weeks gestation. The fetus is in the transverse position. Select the most appropriate procedure for this clinical situation.
1. External cephalic version
2. Internal version
3. Expectant management
4. Low transverse cesarean section
5. Classic cesarean section

37. A 23-year-old G1 at 40 weeks gestation presents to the hospital with the complaint of contractions. She states they are occurring every 4 to 8 minutes and each lasts approximately 1 minute. At night the patient was sleeping. She reports good fetal movement and denies any leakage of fluid or vaginal bleeding. The uterine contractions are mild to palpation, every 2 to 10 minutes. On exam the cervix is 2 cm dilated, 50% effaced, and the vertex is at −1 station. The patient had the same cervical exam in your office last week. The fetal heart rate tracing is 140 beats per minute. Which of the following stages of labor is this patient in?
1. Stage 1 of labor, active phase
2. False labor
3. Stage 1 of labor, latent phase
4. Stage 2 of labor

5. Pathological preliminary period

38. A 25-year-old G1 at 37 weeks presents to labor with gross rupture of membranes. The amniotic fluid is clear and the patient has regular painful contractions every 2 to 3 minutes lasting for 60 seconds. The fetal heart rate tracing is reactive. The cervix is 4 cm dilated, 90% effaced with the presenting part at −3 station. The presenting part is soft and felt to be the fetal buttock. An ultrasound examination reveals a breech presentation with both hips flexed and knees extended. What type of breech presentation is described?
1. Frank breech presentation
2. Incomplete, single footling presentation
3. Complete breech presentation
4. Double footling presentation
5. Kneeling breech presentation

39. A 38-year-old G3P3 begins to breast-feed her 5-day-old infant. The baby latches on appropriately and begins to suckle. In the mother, which of the following is a response to suckling?
1. Decrease of oxytocin
2. Increase of prolactin-inhibiting factor
3. Increase of hypothalamic dopamine
4. Increase of hypothalamic prolactin
5. Increase of luteinizing hormone–releasing factor

40. A 40-year-old G4P5 at 34 weeks gestation has progressed rapidly in labor. She has an uncomplicated pregnancy. The second stage of labor, after 15 minutes of pushing starts to demonstrate deep variable heart rate accelerations. You suspect that she may have a fetus with a nuchal cord. You expediently deliver the baby by low-outlet forceps. As soon as the baby is handed off to the pediatric team, it lets out a strong spontaneous cry. The infant is pink with slightly blue extremities that are actively moving and kicking. The heart rate is noted to be 110 on auscultation. What Apgar score should the paediatricians assign to this baby at 1 minute of life?
1. 10
2. 9
3. 8
4. 7
5. 6

41. The greatest risk of herpes simplex virus (HSV) transmission to a newborn infant who is delivered vaginally occurs with:
1. An active recurrent (secondary) HSV exacerbation at the time of delivery
2. A history of a primary HSV exacerbation early in pregnancy without active disease at the time of delivery
3. An active primary HSV exacerbation at the time of delivery
4. A secondary HSV exacerbation at 30 week of pregnancy
5. A history of a primary HSV exacerbation happened before pregnancy

42. The parameter of fetal heart monitoring that is most predictive for fetal compromise is:
1. Baseline fetal tachycardia
2. Minimal or absent fetal heart rate variability
3. Variable decelerations
4. Low accelerations
5. Early decelerations

43. Pregnant G3P2 with blood group B (III) Rh (-) at 24 weeks of pregnancy found Rh antibodies titre of 1:8. The first pregnancy ended antenatal fetal death due to Rh conflict. The general condition of the pregnant is normal. The uterus has a normal tone. Longitudinal position of the fetus, cephalic presentation, fetal heart rate 146 beats per minute. No edema. Tactics?
1. Assign consultation immunologist
2. Termination of pregnancy
3. Assign counselling therapist
4. Refer to the hospital for treatment of Rh-conflict
5. Dynamic observation in antenatal clinic

44. A 25-year-old G0P0 complains of absence of menses during 3 months, nausea. On vaginal examination: vulval and vaginal mucosa is bluish, uterus is enlarged, fundus is on the level of symphysis pubis. Uterus is soft, and becomes dense upon palpation. Adnexa are not identified. Discharge is mucous. What is the most likely diagnosis?
1. 12-week pregnancy
2. Amenorrhea
3. Disorder of menstrual cycle
4. Chorionepithelioma
5. Symptomatic leiomyoma

45. In 15 minutes after childbirth by a 25-year-old G1P0, the placenta was spontaneously delivered and 100 ml blood has come out. Woman weight - 60 kg, infant weight - 4200 g, length - 52 cm. The uterus was contracted. After 10 minutes the hemorrhage has renewed and the amount of bloody discharges is 300 ml. What amount of blood loss is permissible for this woman?
1. 100 ml
2. 200 ml
3. 300 ml
4. 400 ml
5. 500 ml

46. The first full-term delivery, II period. The fetal position is longitudinal, I position, a frontal view. The heart beat is clear, rhythmical, 140 b/min. The head presents, but it can't be determined by the external maneuver. Out flowed water is clear. In time of an internal inspection: the cervix is effaced, dilatation is complete, and membranes are absent. The vertex presents, sagittate suture is in an anterioposterior size, a small fontanel is under the pubis. The head of the fetus is disposed below the lower edge of the pubis, a coccyx and ischial tubers. In the time of labor the fetal head appears from a pudendal fissure. What plane of pelvis occupies a fetal head?
1. An anatomical outlet
2. The head is engaged into pelvic inlet
3. A pelvic inlet
4. A plane of cavity
5. A plane of obstetrical outlet

47. The patient, 20-year-old, has applied to women's dispensary to confirm pregnancy. She does not remember the date of last menses. Last 2 months has not protected from pregnancy. Last 10 days nausea and emotional lability has appeared. At examination with speculum pay attention cyanosis of vagina and cervix mucous. At bimanual examination: the uterus is in hyperantheflexio, slightly enlarged, spherical, is softened, the appendages are not determined. What tentative (subjective) attributes confirm the pregnancy?
1. Absence of menses

2. Nausea and emotional lability
3. Cyanosis of mucous of vagina and cervix
4. Hyperantheflexio of uterus
5. Enlargement and softening of uterus

48. The patient, 28 years old, has applied to the women's dispensary with complaints of delay of menses within 7 weeks, appearing the nausea, sleepiness, and emotional lability. At bimanual examination: the uterus is in hyperantheflexio, enlarged, in region of the left angle there is an asymmetry. What are the probable (objective) attributes of pregnancy?
1. Sleepiness
2. Nausea
3. Emotional lability
4. Delay of menses, enlargement, hyperantheflexio and asymmetry of uterus
5. Delay of menses

49. The 33-year-old G2P1with the pelvis is 24-26-29-18. Her abdominal circumference is 102 cm, height of a uterine fundus is 41 cm. The birth pains are sharply morbid; continue 1 minute with intervals 1,5 minutes. The inferior segment is also morbid, have appeared labors at the appressed head, present edema of external genitals, the contraction ring is at the level of a navel. Vasten's symptom is positive. What is the optimal tactics of doctor?
1. Cesarean section
2. Spasmolytics
3. To prolong the observation
4. Prophylaxis for hypoxia of the fetus
5. Epidural anesthesia

50. A woman with twins had her first child in cephalic presentation, infant weighing 2.5 kg at 39 weeks gestation. During vaginal examination membranes is bulging through a fully dilated cervix, and doctor feel a small part presenting in the sac. A fetal heart is auscultated at 140 beats per minute. Select the most appropriate procedure for this clinical description.
1. External version of the fetus
2. Vacuum extraction of the fetus
3. Classic podalic version after amniotomy
4. Low transverse cesarean section
5. Corporal cesarean section

51. A 24-year-old woman (gravida 3, para 2) is at 36 weeks gestation. The fetus is in the transverse lie presentation. Select the most appropriate procedure for this clinical situation:
1. External version
2. Internal version
3. Expectant management
4. Low transverse cesarean section
5. Classic cesarean section

52. A 23-year-old G1 at 40 weeks gestation presents to the hospital with the complaint of contractions. She states they are occurring every 4 to 8 minutes and each lasts approximately 1 minute. At night the patient was sleeping. She reports good fetal movement and denies any leakage of fluid or vaginal bleeding. The uterine contractions are mild to palpation, every 2 to 10 minutes. On exam the cervix is 2 cm dilated, 50% effaced, and the vertex is at −1 station. The patient had the same cervical exam in your office last week. The fetal heart rate tracing is 140 beats per minute. Which of the following stages of labor is this patient in?
1. Stage 1 of labor, active phase

2. False labor
3. Stage 1 of labor, latent phase
4. Stage 2 of labor
5. Pathological preliminary period

53. A 25-year-old G1 at 37 weeks presents to labor with gross rupture of membranes. The fluid is noted to be clear and the patient is noted to have regular painful contractions every 2 to 3 minutes lasting for 60 seconds each. The fetal heart rate tracing is reactive. On cervical exam she is noted to be 4 cm dilated, 90% effaced with the presenting part a −3 station. The presenting part is soft and felt to be the fetal feet. A quick bed side ultrasound reveals a breech presentation with both hips flexed and knees flexed. What type of breech presentation is described?
1. Frank breech presentation
2. Incomplete, single footling presentation
3. Complete breech presentation
4. Double footling presentation
5. Kneeling breech presentation

54. A 40-year-old G4P5 at 34 weeks gestation has progressed rapidly in labor. The second stage of labor, after 15 minutes of pushing starts to demonstrate deep variable heart rate accelerations. As soon as the baby is handed off to the pediatric team, it lets out a strong spontaneous cry. The infant is pink with slightly blue extremities that are actively moving and kicking. The heart rate is noted to be 110 on auscultation. What Apgar score should the pediatricians assign to this baby at 1 minute of life?
1. 10
2. 9
3. 8
4. 7
5. 6

55. At the woman, 26 years old, 10 months before have taken place in-time, normal labor. Has applied to women's dispensary with complains of the menses absence. She has been nursing the child. At vaginal examination: the uterus has usual dimensions, dense consistence, and mobile, painless. The appendages are not determined. What is the most probable diagnosis?
1. Physiologycal amenorrhea
2. Shichan's syndrome
3. Pseudo-amenorrhea
4. Asherman's syndrome
5. Pregnancy

56. On the next acceptance to the doctor of women's dispensary 05.03.2019 has come the primigravida. The week ago she noticed the appearance of fetus moving. Last menses 10.01.2019. What is the suspected delivery day?
1. August 8
2. July 25
3. August 22
4. October 17
5. September 5

57. The patient, 22 years old , has applied to the women's dispensary with complaints of delay of menses within 2 months, appearing the traction to acute nutrition, nausea, sleepiness, disgust for tobacco smoke. At bimanual examination: the uterus is in hyperantheflexio, enlarged up to the

dimensions of an ancerine ovum, in region of the left angle there is a diverticulum (asymmetry). What are the probable attributes of pregnancy?
1. Delay of menses, hyperantheflexio and asymmetry of uterus
2. Traction to acute nutrition
3. Nausea
4. Sleepiness
5. Disgust for tobacco smoke

58. Information of functional state of the child at birth: palpitation is clear, 136 st/min., respiration is self-sufficient, but without the first cry, skin of the face and body is pink, extremities are dark blue, locomotions are active, at the boring of soles the child has withdrawed his foot, has appeared the grimace on the face and he began to cry aloud. Estimate a state of newborn on the Apgar scale.
1. 8 points
2. 5 points
3. 10 points
4. 6 points
5. 9 points

59. On an occipital part of the newborn's head have dolichocephalic form, the birth tumour with the center in region of small fontanel is determined. At what presentation of the head of fetus were labors?
1. Anterior type of occipital presentation
2. Anterior-parietal presentation
3. Pocterior view of occipital presentation
4. Face presentation
5. Brow presentation

60. The patient, 20 years old, has applied to women's dispensary for determin the pregnancy. Within 10 days the nausea, the disgust for meat has appeared. At speculum examination - cyanosis mucous of vagina and cervix. At bimanual examination: the uterus is in hyperantheflexio, slightly enlarged, spherical, is emolliated, the appendages are not determined. What tentative (subjective) attributes indicate presence of pregnancy?
1. Nausea, disgust for meat nutrition
2. Cyanosis of mucous of vagina and cervix
3. Hyperantheflexio of uterus
4. Augmentation and emolliation of uterus
5. Absence of menses

61. The woman, 32 years old, a year before has taken place in-time, normal labor. Has applied to women's dispensary with complains of the menses absence. She has been nursing the child. At vaginal examination: the uterus has usual dimensions, dense consistence, and mobile, painless. The appendages are not determined. What is the most probable diagnosis?
1. Pregnancy
2. Shichan's syndrome
3. Pseudo-amenorrhea
4. Asherman's syndrome
5. Physiologycal amenorrhea

62. The beginning of labor is determined by:
1. Appearance of regular birth pains
2. By pouring out waters

3. By mucus from vagina
4. By decrease of uterine fundus
5. By parenthesizing of the presenting part in pelvic inlet

63. The labor finishes with:
1. Expulsion the afterbirth
2. Discharging waters
3. Complete cervical dilation
4. Birth of the fetus
5. Separation of the placenta

64. From what term of gestation palpitation of fetus begin to be auscultatable?
1. 25 weeks
2. 18 weeks
3. 20 weeks
4. 22 weeks
5. 30 weeks

65. Atwhat term of gestation fetus movements the first time is usually noted in primigravida?
1. 15 weeks
2. 20 weeks
3. 22 weeks
4. 18 weeks
5. 25 weeks

66. Atwhat term of gestation fetus movements the first time is usually noted in multigravida?
1. 15 weeks
2. 20 weeks
3. 22 weeks
4. 18 weeks
5. 25 weeks

67. The woman after normal labor can stand up and walk:
1. After 6-8 hours
2. After 24 hours
3. After 2 days
4. After 3 days
5. Just after labor

68. The doctor of female consultation clinic measures a pelvis of the pregnant woman, in particular - distance between the most remote points of iliac crests which amount at this pregnant woman is 28 sm. What dimension measures the doctor?
1. Distantia cristarum
2. Distantia spinarum
3. Distantia trochanterica
4. Conjugata externa
5. Conjugata vera

69. The count the doctor of female consultation clinic measures a pelvis of the pregnant woman, in particular - distance between the right and left superior anterior iliac spines, which amount at this pregnant woman is 25 sm. What dimension measures the doctor?
1. Distantia cristarum

2. Distantia spinarum
3. Distantia trochanterica
4. Conjugata externa
5. Conjugata vera

70. The doctor of female consultation clinic measures a pelvis of the pregnant woman, in particular - distance between the right and left greater trochanters, which amount at this pregnant woman is 31 sm. What dimension measures the doctor?
1. Distantia cristarum
2. Distantia spinarum
3. Distantia trochanterica
4. Conjugata externa
5. Conjugata vera

71. The doctor of female consultation clinic measures a pelvis of the pregnant woman, in particular - distance between the L5S1 and a middle superior margin of pubic symphysis, which amount at this pregnant woman is 20 sm. What dimension measure the doctor?
1. Distantia cristarum
2. Distantia spinarum
3. Distantia trochanterica
4. Conjugata externa
5. Conjugata vera

72. The doctor of female consultation clinic measures a pelvis of the pregnant woman, in particular - distance between the most remote points of iliac crests which amount at this pregnant woman is 28 sm. How long is this dimension normally?
1. 25-26 cm
2. 28-29 cm
3. 31-32 cm
4. 29-32 cm
5. 20-21 cm

73. The doctor of female consultation clinic measures a pelvis of the pregnant woman, in particular - distance between the right and left superior anterior iliac spines which amount at this pregnant woman is 24 sm. How long is this dimension normally?
1. 25-26 cm
2. 28-29 cm
3. 31-32 cm
4. 29-32 cm
5. 20-21 cm

74. The doctor of female consultation clinic measures a pelvis of the pregnant woman, in particular - distance between the trochanters major which amount at this pregnant woman is 29 sm. How long is this dimension normally?
1. 25-26 cm
2. 28-29 cm
3. 31-32 cm
4. 29-32 cm
5. 20-21 cm

75. The doctor of female consultation clinic measures a pelvis of the pregnant woman, in particular - distance between the upper middle of symphysis and L5S1 which amount at this pregnant woman is 19 sm. How long is this dimension normally?
1. 25-26 cm
2. 28-29 cm
3. 31-32 cm
4. 29-32 cm
5. 20-21 cm

76. At measuring a pelvis of the pregnant woman doctor measures a diagonal conjugate. What is this distance?
1. A distance between inferior margin of symphysis and promontorium
2. A distance between superior margin of symphysis and promontorium
3. A distance between the middle of internal surface of symphysis and promontorium
4. A distance between inferior margin of symphysis and the tip of coccyx
5. A distance between inferior margin of symphysis and sacrococcygeal joint

77. At measuring a pelvis of the pregnant woman doctor measures an external conjugate. What is this distance?
1. A distance between inferior margin of symphysis and promontorium
2. A distance between superior margin of symphysis and promontorium
3. A distance between the middle of upper margin of symphysis and L5S1
4. A distance between inferior margin of symphysis and the tip of coccyx
5. A distance between inferior margin of symphysis and sacrococcygeal joint

78. At measuring a pelvis of the pregnant woman doctor has established, that the external conjugate is 19 cm. The Solovjev's coefficient - 15 cm. How long is the true conjugate of this woman?
1. 10 cm
2. 9 cm
3. 11 cm
4. 12 cm
5. 13 cm

79. At measuring a pelvis of the pregnant woman doctor has established, that the external conjugate is 18 cm. The Solovjev's coefficient - 14 cm. How long is the true conjugate of this woman?
1. 10 cm
2. 9 cm
3. 11 cm
4. 12 cm
5. 13 cm

80. At measuring a pelvis of the pregnant woman doctor has established, that the external conjugate is 19 cm. The Solovjev's coefficient - 13 cm. How long is the true conjugate of this woman?
1. 10 cm
2. 9 cm
3. 11 cm
4. 12 cm
5. 13 cm

81. At measuring a pelvis of the pregnant woman doctor has established, that the external conjugate is 18 cm. The Solovjev's coefficient - 12 cm. How long is the true conjugate of this woman?
1. 10 cm
2. 9 cm
3. 11 cm
4. 12 cm
5. 13 cm

82. What is the normal speed of the cervix dilatation in the active phase of first period?
1. 1 cm per hour
2. 2 cm per hour
3. 3 cm per hour
4. 4 cm per hour
5. 5 cm per hour

83. After what term of pregnancy longitudinal position of fetus mast be constant?
1. after 30 weeks
2. after 32 weeks
3. after 35 weeks
4. after 36 weeks
5. after 38 weeks
Answer: 2

84. What is the normal speed of the cervix dilatation in the latent phase of first period?
1. 1 cm per hour
2. 0.35 cm per hour
3. 0.5 cm per hour
4. 2 cm per hour
5. 3 cm per hour

85. The woman, 24 years old, 7 months before - physiological labor. She visits a women's dispensary with complains of the menses absence. Has been nursing the child. At vaginal examination: the uterus has usual dimensions, dense consistence, mobile, painless. The appendages are not determined. What is the most probable diagnosis?
1. Lactation amenorrhea
2. Shichan's syndrome
3. Hypothyroidism
4. Asherman's syndrome
5. Pregnancy

86. A 28-year-old woman with normal pelvic size and a full-term pregnancy, the first stage of labor lasted 10 hours, the second 30 minutes. 15 minutes after the birth of the fetus, signs of separation of the placenta appeared. Blood loss is 250 ml. What should be the medical tactics?
1. Expectant Tactics
2. Manual separation of the placenta
3. External techniques for separation of the placenta
4. Uterotonics
5. Tocolytics

87. A 22-year-old pregnant woman, G3P0, enters the gynecological department with complains of dull pain in the lower abdomen and lower back, spotting from the genital tract. The last

menstruation was about three months ago. At vaginal examination: the cervix is 1 cm long, the external os is slightly opened, the internal os is closed. The uterus is enlarged equal to 11-12 weeks of pregnancy, in hypertonicity. Discharges from the genital tract are bloody, poor. Diagnosis?
1. Threatening spontaneous abortion
2. Spontaneous abortion in progress
3. Hydatidiform mole
4. Inevitable pregnancy
5. Placenta previa

88. The girl was born at a gestational age of 35 weeks with the weight 2300 g, body length 45 cm. What is the degree of prematurity of this child?
1. 1 degree
2. Full-term baby
3. 2 degree
4. 3 degree
5. 4 degree

89. At the external obstetrical examination of the woman in labor with a full-term pregnancy, it was diagnosed the longitudinal position of fetus, cephalic presentation. At the vaginal examination: the cervix is effaced, 8 cm dilated, sagittal suture is in the left oblique size, anterior fontanel is on the right. What is the position of the fetus?
1. 1 position, posterior type, vertex presentation
2. 1 position, posterior type, occipital presentation
3. 2 position, anterior type, occipital presentation
4. 1 position, posterior type, brow presentation
5. 1 position, posterior type, face presentation

90. A 30-year-old has given birth to alive, full-term girl with an Apgar score 8 points. The vessels of the umbilical cord do not pulsate, the cord is crossed. There is no bleeding from the vagina. In what obstetrical period is the woman?
1. Placental stage
2. Fetus expulsion stage
3. Cervical dilation stage
4. Puerperal stage
5. Preliminary stage

91. A patient, 25 years old, G4P0, complains of dull pain in the lower abdomen and lower back. This pregnancy is 18 weeks. General condition is satisfactory. Vaginally: the cervix is shortened to 1.5 cm, the cervical canal freely passes 1 finger, and the fetal bladder does not prolapse. What is the optimal tactics for the patient?
1. Circlage
2. Tocolytics
3. Magnesoum sulphate
4. Progesterone replacement therapy
5. Pregnancy interruption

92. The postpartum period 3 days. Childbirth proceeded without complications. General condition is satisfactory. Body temperature is 36.6ºC. Pulse - 78, rhythmic. The mammary glands are in a state of engorgement. The bottom of the uterus is 2 cm below the navel. The uterus is painless. Lochia is bloody, moderate. What treatment should be prescribed?
1. Uterotonic drugs

2. Analgesics
3. Antibiotics
4. Estrogen hormones
5. Progestogen hormones

93. On the second day after the baby born, the baby appeared icteric of the skin and mucous membranes. Indirect bilirubin is 136 μmol / L. The mother's blood type is 0 [I] Rh-, and the child's blood type A [II] Rh +. What is the mechanism of jaundice?
1. Hemolysis of red blood cells.
2. Cholestasis.
3. Hepatitis.
4. Violations of the outflow of bile.
5. Disorders of bilirubin metabolism.

94. Physiological "locks" according to Doderlein are:
1. Mucous plug of the cervical canal
2. Closed pudendal cleft
3. Acidic environment of the vagina
4. All of the above
5. None of the above

95. The Suspensory apparatus of the uterus and its appendages consists of:
1. Round uterine ligaments
2. Broad uterine ligaments
3. Suspensory ovarian ligaments
4. Proper ovarian ligaments
5. All of the above

96. What tissues include the rectal-vaginal septum?
1. Superficial sphincter any
2. Lavatory any muscle
3. Ischio-cavernous muscle
4. All of the above
5. None of the above

97. What muscles belong to the first floor of the pelvic floor muscles?
1. Musculus transversus perinei superficialis
2. Musculus sphincter uretrae externus
3. Musculus transversus perinei profundus
4. All of the above
5. None of the above

98. What ligaments belong to the uterus fixative apparatus?
1. Sacro-uterine ligaments
2. Broad uterine ligaments
3. Suspensory ovarian ligament
4. All of the above
5. None of the above

99. A sign of which of these pathologies is an increase in the optical density of amniotic fluid?
1. Anemia in mother
2. Rhesus conflict

3. Overmaturity
4. Multifetation
5. All of the above

100. Indicate a reliable sign of fetal hypoxia in childbirth according to cardiotocography:
1. Acceleration
2. Variable deceleration
3. Early deceleration
4. Late deceleration
5. None of the above

101. Woman G., 33 years old (second delivery): the dimensions of pelvis: 25-28-31-20 cm. The abdominal circumference is 101 cm, height of uterine fundus is 40 sm. The birth pains are sharply painful, continue 1,5-2 minutes. The lower segment is also painful, edema of the external genitalia, the contraction ring is at the level of navel. A Genkel-Vasten's symptom is positive. What is the tactics of the doctor?
1. General anaesthesia, cesarean section
2. Spasmolytics
3. To prolong the observation
4. To use the prophylaxis for a hypoxia of fetus
5. To use the medicament dream-rest

102. During a routine visit, an 18-year-old G1P0 patient at 23 weeks gestation pass general urine test. The urine strip-test done by the nurse indicates the presence of traces of glucose. All other parameters of the urine test are normal. Which of the following is the most probable etiology of the glucose detected in the urine?
1. The patient has diabetes
2. The patient has a urine infection
3. The patient’s urinalysis is consistent with normal pregnancy
4. The patient’s urine sample is contaminated
5. The patient has kidney disease

103. A 33-year-old G2P1 is undergoing an elective repeated cesarean section. The newborn infant is delivered without any difficulties, but the placenta cannot be removed easily because a clear plane between the placenta and uterine wall cannot be identified. The placenta is removed in pieces. This is followed by uterine atony and hemorrhage. What type of placenta is described?
1. Fenestrated placenta
2. Succenturiate placenta
3. Vasa previa
4. Placenta previa
5. Placenta accrete

104. The pregnant woman at 34 weeks gestation with active labor pains and cervical dilation 6 cm, enter a maternity home. During the vaginal examination it was revealed the fetal nose and mouth are palpable. The chin is pointing toward the maternal left hip. What type of presentation was diagnosed?
1. Transverse lie
2. Face presentation
3. Occiput transverse position
4. Brow presentation
5. Vertex presentation

105. A patient - 24-year-old woman G2P1 at 36 weeks gestation. She delivered her first baby at 41 weeks gestation by cesarean section due to fetal distress that occurred during an induction of labor for moderate preeclampsia. She would like to know if she can have a trial of vaginal labor with this pregnancy. Which of the following is the best response to this patient?
1. No, she will never had a vaginal delivery
2. Yes, but only if she had a low transverse cesarean section
3. No, because once she has had a cesarean section she must deliver all of her subsequent children by cesarean section
4. Yes, but only if her uterine incision was made in the uterine fundus
5. Yes, but only if she had a classical cesarean section

106. A 26-year-old G1P0 patient at 34 weeks gestation is being evaluated with Doppler ultrasound studies of the fetal umbilical arteries. The patient is a smoker. Her fetus has shown evidence of intrauterine growth restriction on previous ultrasound examinations. The Doppler studies currently show that the systolic to diastolic ratio (S/D) in the umbilical arteries is much higher than it was on her last ultrasound three weeks ago and there is now reverse diastolic flow. Which of the following is correct information to inform the patient?
1. The Doppler studies indicate that the fetus is healthy
2. With advancing gestational age the S/D ratio is supposed to rise
3. These Doppler findings are normal in someone who smokes
4. Reverse diastolic flow is normal as a patient approaches full term
5. The Doppler studies are worrisome and indicate that the fetal status is deteriorating

107. A patient comes to doctor with last menstrual period 4 weeks ago. She denies any symptoms such as nausea, fatigue, urinary frequency or breast tenderness. She thinks that she may be pregnant because she has not gotten her period yet and is very anxious to find out because she has a history of a previous ectopic pregnancy and wants to be sure to get early prenatal care. Which of the following evaluation methods is the most sensitive in diagnosing pregnancy?
1. No evaluation to determine pregnancy is needed because the patient is asymptomatic and therefore cannot be pregnant
2. Serum pregnancy test
3. Detection of fetal heart tones by Doppler equipment
4. Abdominal ultrasound examination
5. Bimanual exam to assess uterine size

108. A patient presents for her first initial visit after performing at home pregnancy test and has her last menstrual period about 8 weeks ago. She says she is not entirely sure of her dates, however, because she has a long history of irregular menses. Which of the following is the most accurate way of dating the pregnancy?
1. Determination of uterine size on pelvic examination
2. Quantitative serum HCG level
3. Crown-rump length on abdominal or vaginal ultrasound
4. Determination of progesterone level along with serum HCG level
5. Determination of estrogen level along with serum HCG level

109. A healthy 25-year-old G1P0 presents for her first visit at 10 weeks gestational age. She denies any significant medical history both personally and in her family. Which of the following tests is not part of the recommended first trimester blood testing for this patient?
1. Complete blood count
2. Screening for HIV
3. Hepatitis B surface antigen

4. Test for glucose tolerance
5. All of the above

110. A 19-year-old G1P0 presents to the obstetrician's office for a visit at 34 weeks gestation. Her pregnancy has been complicated by gestational diabetes requiring insulin for control. She has been noncompliant with diet and insulin therapy. She has had two prior normal ultrasound examinations at 20 and 28 weeks gestation. She has no other significant past medical or surgical history. During the visit the fundal height measures 38 cm. Which of the following is the most likely explanation for the disproportion between the fundal height and the gestational age?
1. Fetal hydrocephaly
2. Uterine fibroids
3. Polyhydramnios
4. Breech presentation
5. Undiagnosed twin gestation

111. A healthy 23-year-old G1P0 has an uncomplicated pregnancy to date, 40 weeks gestational age. The patient reports about good fetal movements and reports that the baby moves about eight times in hour on average. On physical exam, her cervix is firm, posteriorly, 50% effaced, and 1 cm dilated, and the vertex is at a −1 station. Which of the following should you recommend to the patient?
1. She should be admitted for an immediate cesarean section
2. She should be admitted for oxytocin induction
3. Cesarean section after 1 week if spontaneous labor will not start
4. She should continue to monitor fetal movements and return to doctor after 1 week to re-evaluates the situation
5. She should be admitted for amniotomy

112. A 29-year-old G1P0 presents to the obstetrician's office at 41 weeks of gestation. On physical exam, her cervix is 1cm dilated, 0% effaced, firm and posterior in position. The vertex is presenting at −3 station. Which of the following is the best next step in management of this patient?
1. Send the patient to the hospital for induction of labor since she has a favourable Bishop score
2. Teach the patient to measure fetal kick counts and deliver her if at any time there are less than 20 perceived fetal movements in 3 hours
3. Biophysical profile testing for the same or next day and start preparing the cervix for labor
4. Induction of labor at 42 weeks of gestation
5. Cesarean delivery for the following day since it is unlikely that the patient will go into labor

113. A healthy 30-year-old, G1P0, 41 weeks, hospitalized with complaints of fetal movements activity decrease over the last 12 hours. She denies any complications during the pregnancy, rupture of membranes or vaginal bleeding. On admission to hospital her blood pressure is initially 140/90, but decreases with rest to 120/75 (baseline blood pressure – 120/70). On an external fetal monitor the fetal heart rate is 180 bpm with absent variability. There are uterine contractions every 3 min accompanied by late fetal heart rate decelerations. PV – cervix is long, closed. Which of the following is the appropriate plan of management for this patient?
1. Urgent cesarean section
2. Administer intravenous MgSO4 and induce labor with oxytocin
3. Ripen cervix overnight with prostaglandin E2 and labor induction by oxytocin in the morning
4. Cesarean section in the morning of next day
5. Induce labor with misoprostol

114. You are examining a patient in the hospital for decreased fetal movement at 36 weeks

gestation. She is healthy and has no prenatal complications. You order a biophysical profile. The patient receives a score of 8 on the test. Two points were deducted for lack of fetal breathing movements. How should you counsel the patient regarding the results of the biophysical profile?
1. The results are equivocal, and she should have a repeat BPP within 24 hours
2. The results are abnormal, and she should be induced
3. The results are normal, and she can go home
4. The results are abnormal, and she should undergo emergent cesarean section
5. The results are abnormal, and she should undergo umbilical artery Doppler velosimetry

115. A 16-year-old primigravida visits a doctor at 35 weeks gestation. Her blood pressure is 170/110 and she has 4+ proteinuria on a clean catch specimen of urine. She has significant swelling of her face and extremities. She denies having contractions. Her cervix is closed. The baby is breech by bedside ultrasonography. She says the baby's movements have decreased in the last 24 hours. Which of the following is the best for this patient?
1. To send her to do a biophysical profile
2. To send her home with instructions to have a bed rest until her swelling and blood pressure improve
3. To send her to the hospital for diuretic therapy to improve her swelling and blood pressure
4. To send to the hospital for induction of labor
5. To send her to the hospital for urgent cesarean delivery

116. A 32-year-old G2P1 at 28 weeks gestation is hospitalised for labor with the complains of vaginal bleeding. She denies any uterine contraction and states that the baby is moving normally. On ultrasound the placenta is anteriorly located and completely covers the internal cervical os. Which of the following would increase her risk for hysterectomy?
1. Desire for sterilization
2. Development of disseminated intravascular coagulopathy
3. Placenta accrete
4. Prior vaginal delivery
5. Smoking

117. A 22-year-old G1P0 at 32 weeks gestation is hospitalised for labor with complains of vaginal bleeding. She denies any uterine contraction and says her baby is moving normally. On ultrasound examination the placenta is anteriorly located and completely covered the internal cervical os is revealed. What pathology is diagnosed?
1. Complete placenta previa
2. Partial placenta previa
3. Placenta accrete
4. Placental abruption
5. Placenta percrete

118. A 25-year-old G2P1 at 34 weeks gestation is hospitalised for labor with complains of vaginal bleeding. She denies any uterine contraction and says her baby is moving normally. On ultrasound examination the placenta is anteriorly located and completely covered the internal cervical os is revealed. What is the optimal obstetrical tactics?
1. Urgent caesarean section
2. Cesarean section after 2 days prophylaxis of respiratory distress
3. Vaginal labor after the amniotomy
4. Vaginal labor with i/v oxytocin infusion
5. Vaginal labor

119. A 24-year-old woman presents at 30 weeks with the fundal height 42 cm. Which of the

following statements concerning polyhydramnios is true?
1. Acute polyhydramnios always leads to preterm labour to 28 weeks
2. The incidence of associated malformations is approximately 3%
3. Maternal edema, especially of the lower extremities and vulva, is rare
4. Esophageal atresia is accompanied by polyhydramnios in nearly 10% of cases
5. Complications include placental abruption, uterine dysfunction and postpartum haemorrhage

120. A 20-year-old gravid 1 at 32 weeks presents for her routine visit. Blood pressure is 150/96, and urine shows 2+ protein. She complains of a constant headache and vision changes that are not corrected with rest. The patient is sent to the hospital for further management. At the hospital her blood pressure is 158/98 and she is noted to have tonic-clonic seizure. Which of the following is indicated for the management of this patient?
1. Low-dose aspirin
2. Phenytoin
3. Antihypertensive therapy
4. Magnesium sulphate
5. Cesarean delivery

121. A 29-year-old gravid 1 at 34 weeks visits the obstetrician. Blood pressure is 150/96, and urine shows 2+ protein. She complains of a constant headache and vision changes that are not corrected with rest. The patient is sent to the hospital for further management. At the hospital her blood pressure is 158/98 and she is noted to have tonic-clonic seizure. What primary dose of magnesium sulphate should be injected first of all?
1. 5 g
2. 1g
3. 2g
4. 7g
5. 8g

122. A 34-year-old G2P1 at 31 weeks gestation with a known placenta previa presents to the hospital with vaginal bleeding. On assessment, she has normal vital signs and the fetal heart rate is 140 beats per minute with accelerations and no decelerations. No uterine contractions. Profuse vaginal bleeding is noted, loss of blood is 400 ml. Which of the following is the best next step in the management of this patient?
1. Antihemorrhagic treatment
2. Tocolytics
3. Uterotonics
4. Cesarean delivery
5. Forceps delivery

123. A 20-year-old G1P0 at 30 weeks gestation with a known placenta previa was delivered by cesarean section with general anesthesia because of vaginal bleeding. The baby is easily delivered, but the placenta is adherent to the uterus and cannot be completely removed, and profuse uterine bleeding is noted. Which of the following is the best next step in the management of this patient?
1. Methylergomethrin intramuscularly
2. Misoprostol rectally
3. Oxytocin intramuscularly
4. Hysterectomy
5. Close the uterine incision and perform curettage

124. A 27-year-old G2P1 at 29 weeks gestation was diagnosed with the Rh isoimmunisation. The

fundal height is 33 sm. An ultrasound examination reveals fetal ascites and a pericardial effusion. Which of the following can be another ultrasound finding in case of fetal hydrops?
1. Oligohydramnios
2. Hydrocephaleus
3. Hydronephrosis
4. Subcutaneous edema
5. Polyhydramnios

125. A 29-year-old G2P1 at 28 weeks gestation was diagnosed with the Rh isoimmunisation. The fundal height is 34 sm. Fetal heart rate is 90 per minute. An ultrasound examination reveals fetal ascites and a pericardial effusion. What is the diagnosis of the fetus?
1. Fetal anemia
2. Fetal hydrops
3. Kernicterus
4. Placental insufficiency
5. Fetal condition is normal

126. A 39-year-old G1P0 at 35 weeks gestation enter the maternity home because of a blood pressure 150/100 revealed at a routine visit. Her baseline blood pressure before the pregnancy was 120/70. The patient denies any headache, visual changes, nausea, vomiting, or abdominal pain. The fetal heart rate – 140 beats per minute. Haematocrit is 34%, platelets are 160000 and urinalysis is negative for protein. What is the most probable diagnosis?
1. Preeclampsia
2. Chronic hypertension
3. Chronic hypertension with superimposed preeclampsia
4. Eclampsia
5. Gestational hypertension

127. A 29-year-old G2P1 at 36 weeks gestation is being monitored for preeclampsia because of severe headache. During the visit the patient has started a tonic-clonic seizure. The patient's blood pressure is 180/120 – 200/140. Which of the following medications is recommended for the prevention of a recurrent eclamptic seizure?
1. Hydralzine
2. Magnesium sulphate
3. Labetalol
4. Oxytocin
5. Nifedipine

128. Patient 22-year-old G1P1 has a vaginal delivery at 36 weeks after an induction because of severe preeclampsia. During labor she receives nifedepine to control blood pressures. She receives a magnesium sulphate also for seizure prophylaxis. Her vital signs are blood pressure 154/98, pulse 93, respiratory rate 13. She has an adequate diuresis > 40 ml/h. At examination, she is oriented in time and place, but she is somnolent and her speech is slurred. She has good movement and strength of her extremities, but her deep tendon reflexes are absent. Which of the following is the most probable cause of the symptoms?
1. Adverse reaction to hydralazine
2. Hypertensive stroke
3. Magnesium toxicity
4. Sinus venous thrombosis
5. Transient ischemic attack

129. A 22-year-old G1P0 at 14 weeks gestation visits a doctor with a history of recent exposure

to her 3-year-old nephew who has a rubella infection. In which time period does maternal infection with rubella virus provides the greatest risk for congenital rubella syndrome for the fetus?
1. Preconception
2. First trimester
3. Second trimester
4. Third trimester
5. Postpartum period

130. A 20-year-old G1 at 38 weeks gestation presents with regular painful contractions every 3 to 4 min lasting 60 seconds. On pelvic exam she is 3 cm dilated and 90% effaced. The patient receives epidural analgesia for pain management. The fetal heart rate is rhythmic, clear, 140 per minute. Two hours later on repeat exam her cervix is 5 cm dilated and 100% effaced. Which of the following is the best next step in her management?
1. Begin pushing
2. Oxytocin augmentation for protracted labor
3. No intervention; labor is progressing normally
4. Cesarean delivery because of inadequate cervical effacement
5. Stop epidural infusion to enhance contractions and cervical change

131. A 30-year-old G2P0 at 39 weeks is admitted with active labor pains and spontaneous rupture of membranes occurring 2 h prior to admission. The patient noted clear fluid discharge at the time. On exam her cervix is 4 cm dilated and completely effaced. The fetal head is at 0 station and the fetal heart rate tracing is reactive. Two hours later on repeat exam her cervix is 5 cm dilated and the fetal head is at +1 station. Early decelerations are noted on the fetal heart rate tracing. Which of the following is the best next step in her labor management?
1. Administer terbutaline
2. Initiate amnioinfusion
3. Initiate oxytocin augmentation
4. Perform cesarean delivery
5. No intervention; labor is progressing normally

132. A 23-year-old G2P1 at 37 weeks gestation presents an active labor pains and 8 cm dilation of cervix with ruptured membranes. On cervical exam the fetal nose, eyes and lips can be palpated, chin towards the mother's pubic symphysis. The fetal heart rate tracing is 140 beats per minute with accelerations and no decelerations. The patient's pelvis is normal. Which of the following is the most appropriate management for this patient?
1. Immediate cesarean section without labor
2. Spontaneous labor with vaginal delivery
3. Forceps rotation in the second stage to convert mentum posterior to mentum anterior and vaginal delivery
4. Internal podalic version with breech extraction
5. Manual conversion from the face to vertex in the second stage of labor

133. A 28-year-old G1P0 at 40 weeks gestation presents an active labor pains and 6 cm dilation of cervix with ruptured membranes. On cervical exam the fetal nose, eyes and lips can be palpated, chin towards the mother's sacral promontory. The fetal heart rate tracing is 140 beats per minute with accelerations and no decelerations. The patient's pelvis is normal. Which of the following is the most appropriate management for this patient?
1. Immediate cesarean section without labor
2. Spontaneous labor with vaginal delivery

3. Forceps rotation in the second stage to convert mentum posterior to mentum anterior and vaginal delivery
4. Internal podalic version with breech extraction
5. Manual conversion from the face to vertex in the second stage of labor

134. A 32-year-old G3P2 at 39 weeks gestation enters the hospital with ruptured membranes and 4 cm dilated cervix. She has a history of two prior vaginal deliveries, with her largest child weighing 3800 g at birth. Over the next 2 hours she progresses to 7 cm dilated cervix. Two hours later she remains 7 cm dilated. The estimated fetal weight by ultrasound is 3200 g. Which of the following labor abnormalities the best describes this patient?
1. Primary uterine inertia
2. Cervical dystocia
3. Secondary uterine inertia
4. Prolonged latent phase
5. Hypertonic dysfunction

135. A 27-year-old G3P2 at 37 weeks gestation complains of sudden severe back pain that now has persisted for 1 hour after taken up her 2-year-old child. Approximately 30 minutes ago she noted red clotted bloody discharge from vagina. At the hospital the uterus is in hypertonicity. By abdominal palpation, the presenting part of the fetus is not engaged. Fetal heart rate is 90 per minute. The fundus is 38 cm above the symphysis. Which of the following is the most appropriate management in this case?
1. Stabilizing maternal circulation
2. Attaching a fetal cardiomonitor
3. Appointment of oxytocin
4. Expectant management
5. Preparing for cesarean section

136. A 27-year-old G3P2 at 37 weeks gestation enter the maternity home with complains of sudden severe abdominal pain and red clotted bloody discharge from vagina. The uterus is in hypertonicity. By abdominal palpation, the presenting part of the fetus is not engaged. Fetal heart rate is 60 per minute. The fundus is 38 cm above the symphysis. Which of the following is the most appropriate management in this case?
1. Placental abruption
2. Complete placenta previa
3. Partial placenta previa
4. Hysterorrhexis
5. Hypocoagulation

137. A 24-year-old woman G1P0, 40 weeks gestation, active birth pains during 12 hours and 9 cm cervical dilation. The fetal head is in the right occiput posterior position, at +1 station, and moulded. There have been late decelerations for the last 30 minutes. Twenty minutes ago the fetal scalp blood pH was 7.27; now it is 7.15. What is the optimal tactics?
1. External cephalic version
2. Vacuum extraction of the fetus
3. Obstetrical forceps
4. Low transverse cesarean section
5. Corporal cesarean section

138. A woman with twins, 39 weeks gestation, her first child was born in cephalic presentation, infant weight is 2.5 kg. During vaginal examination a second sac is bulging through a fully

dilated cervix and doctor feel a small part presenting in the sac. A fetal heart is auscultated 140 beats per minute. What is the optimal tactics?
1. External cephalic version
2. Vacuum extraction of the fetus
3. Classic podalic version after amniotomy
4. Low transverse cesarean section
5. Corporal cesarean section

139. A 24-year-old woman G3P2, 36 weeks gestation. The fetus is in the transverse position. What is the optimal tactics?
1. External cephalic version
2. Internal version
3. Expectant management
4. Low transverse cesarean section
5. Classic cesarean section

140. A 22-year-old woman G2P1 at 39 weeks with active labor pains and cervical dilation 6 cm. She is given an epidural anesthesia for pain management. Three hours later the patient's cervical exam is unchanged. Her contractions are now every 2 to 3 min, lasting 60 seconds. The fetal heart rate tracing is 100 beats per minute with accelerations and early decelerations. What is the optimal tactics?
1. Place a fetal scalp electrode
2. Rebolus the patient's epidural
3. Place an intrauterine pressure catheter
4. Prepare for cesarean section
5. Administer oxytocin for augmentation of labor

141. A 25-year-old G1P0 patient at 41 weeks presents to labor complaining of rupture of membranes and uterine contractions every 2 to 3 minutes. On digital exam, her cervix is 3 cm dilated and completely effaced with fetal feet palpable through the cervix. The estimated weight of the fetus is about 3,8 kg, and the fetal heart rate tracing is reactive. What is the optimal tactics?
1. Deliver the fetus vaginally by breech extraction
2. Deliver the baby vaginally after external cephalic version
3. Perform an urgent cesarean section
4. Perform an internal podalic version
5. Allow spontaneous vaginal delivery in breech presentation

142. On postoperative day 3 after an uncomplicated cesarean delivery the patient develops a fever 38,8°C. She has no complains, except for some fullness in her breasts. On exam she appears in no distress. Her breast exam reveals full, firm breasts bilaterally slightly tender with no erythema or masses. She is not breast-feeding. The abdomen is soft with firm, non-tender fundus near the umbilicus. The lochia appears normal. Urinalysis and white blood cell count are normal. Which of the following is a characteristic of the cause of her puerperal fever?
1. Appears in less than 5% of postpartum women
2. Appears 3 to 4 days after the development of lacteal secretion
3. Is almost always painless
4. This is a normal condition
5. Is less severe if lactation is suppressed

143. On postoperative day 4 after an uncomplicated cesarean delivery the patient develops a fever 38,8°C. She has no complains, except for some fullness in her breasts. On exam she

appears in no distress. Her breast exam reveals full, firm breasts bilaterally slightly tender with no erythema or masses. She is not breast-feeding. The abdomen is soft with firm, non-tender fundus near the umbilicus. The lochia appears normal. Urinalysis and white blood cell count are normal. What is the most probable cause of her puerperal fever?
1. Milk fever
2. Lactation mastitis
3. Pyelonephritis
4. Puerperal endometritis
5. Puerperal sepsis

144. A 35-year-old G3P3 presents to hospital 3 weeks after an uncomplicated vaginal delivery with complains of left breast pain, chill and fever 39,0°C. She is breast-feed, denies any sick contacts. Head, ear, throat, lung, cardiac, abdominal and pelvic exams are without pathology. A triangular area of erythema is located in the upper outer quadrant of the left breast. The area is tender to palpation. No axillary lymphadenopathy and no masses are felt is noted. Which of the following is the best option for treatment of this patient?
1. Admission to the hospital for intravenous antibiotics
2. Antipyretic for symptomatic relief
3. Incision and drainage
4. Oral medications of penicillin for 7 to 10 days
5. Oral erythromycin for 7 to 10 days

145. A 30-year-old G2P2 presents to hospital 4 weeks after an uncomplicated vaginal delivery with complains of left breast pain, chill and fever 39,0°C. She is breast-feed, denies any sick contacts. Head, ear, throat, lung, cardiac, abdominal and pelvic exams are without pathology. A triangular area of erythema is located in the upper outer quadrant of the left breast. The area is tender to palpation. No axillary lymphadenopathy and no masses are felt is noted. Which of the following is the best option for treatment of this patient?
1. Milk fever
2. Lactation mastitis
3. Pyelonephritis
4. Puerperal endometritis
5. Puerperal sepsis

146. 15 minutes after the childbirth at a 25-year-old G1P0, the placenta was spontaneously delivered and 200 ml blood has come out. Woman weights 60 kg, infant weights 4200 g, length - 52 cm. The uterus was contracted. After 10 minutes the hemorrhage has renewed and the amount of bloody discharges is 400 ml. What amount of blood loss is permissible for this woman?
1. 100 ml
2. 200 ml
3. 300 ml
4. 400 ml
5. 500 ml

147. 10 minutes after the childbirth at a 25-year-old G1P0, the placenta was spontaneously deliveredwithout defects and 200 ml blood has come out. Woman weights 60 kg, infant weights 4400 g, length - 55 cm. The uterus used to be well contracted, but after 5 minutes it relaxes and the hemorrhage has renewed, and the amount of bloody discharges is 400 ml. What is the most probable couse of the uterine bleeding?
1. Uterine rupture
2. Uterine hypotony
3. Placenta accrete

4. Cervical laceration
5. Placenta percrete

148. The 33-year-old G2P1 with the pelvis sizes 24-26-29-18. Abdominal circumference is 102 cm, height of the uterine fundus is 41 cm. The birth pains are sharply morbid; continue 1 minute with intervals 1 minute. The inferior segment is also morbid, present edema of external genitalia, the contraction ring is at the level of a navel. Vasten's symptom is positive. What is the optimal tactics of doctor?
1. Cesarean section
2. Spasmolytics
3. To prolong observation
4. Prophylaxis for hypoxia of the fetus
5. Epidural anesthesia

149. The 30-year-old G1P0 with the pelvis sizes 24-26-29-18. Abdominal circumference is 102 cm, height of the uterine fundus is 41 cm. The birth pains are sharply morbid; continue 1 minute with intervals 1 minute. The inferior segment is also morbid, present edema of external genitalia, the contraction ring is at the level of a navel. Vasten's symptom is positive. What is the most probable diagnosis?
1. The threat of uterine rupture
2. Uterine rupture happened
3. Physiological labor
4. Hypertonic uterine dysfunction
5. Hypotonic uterine dysfunction

150. The 20-year-old patient, G1P0, with moderate edema at term 35 weeks gestation having total premature detachment of placenta, and fetus was lost. During cesarean delivery the uteroplacental apoplexy (Kuveler' uterus) were estimated. What is optimal tactics of the doctor?
1. Hysterectomy without tubes and ovaries
2. Hysterectomy with tubes and ovaries
3. Hysterectomy with tubes
4. Hysterectomy with ovaries
5. Uterus resection

151. The 28-year-old G2P2 woman, the second stage of labor, presented the fetal heart rate retardation to 90-100. At vaginal examination: cervix dilatation is complete, the head of fetus occupies all back surface of pubic symphysis, sacrum cavity; sagittal suture is in the anterioposterior diameter, small fontanel is near the symphysis, under the pubis. What is the optimal tactics?
1. Episiotomy
2. Perineotomy
3. Cesarean section
4. Fetus vacuum-extraction
5. Labor stimulation with Oxytocin

152. The 28-year-old G2P2 woman, the second stage of labor, presented the fetal heart rate retardation to 90-100. At vaginal examination: cervix dilatation is complete, the head of fetus occupies all back surface of pubic symphysis, sacrum cavity; sagittal suture is in the anterioposterior diameter, small fontanel is near the symphysis, under the pubis. What is the most probable diagnose?
1. Intranatal fetal distress
2. Normal condition of the fetus

3. Intranatal fetal death
4. Antenatal fetal distress
5. Chronic fetal distress

153. The patient 26-year-old, G2P2, is in the early postpartum stage. During the examination of the placenta which was just expulsed, the defect 2x3 cm was estimated. Hemorrhage is absent. What is the optimal tactics?
1. Manual revision of the uterine cavity
2. External massage of the uterus
3. Curettage of the uterine cavity
4. Oxytocin 10 U i/m
5. Control of the main hemodynamic criteria

154. The patient 26-year-old, G2P2, is in the early postpartum stage. During the examination of the placenta which was just expulsed, the defect 2x3 cm was estimated. Hemorrhage is absent. What complication of this state is the most probable?
1. Hypotonic uterine bleeding
2. Uteroplacental apoplexy
3. Uterine rupture
4. Puerperal endometritis
5. There are no complications possible

155. The 25-year-old woman, G2P2, enters the gynecology department with complains of menstruation absence 2 months and profuse bloody vaginal discharges. At gynecological examination: in speculum - cervix is "barrel", uterus is in anteflexio, and corpus of uterus is small, not morbid. The cervix is enlarged like a female fist, painless, cervical canal pass one finger. The appendages are not palpated. Discharges are bloody, profuse. What is the most probable diagnosis?
1. Cervical pregnancy
2. Abortion in progress
3. Cancer of cervix
4. Erosion of cervix
5. Polyp of cervix

156. The 25-year-old woman, G2P2, enters the gynecology department with complains of menstruation absence 2 months and profuse bloody vaginal discharges. At gynecological examination: in speculum - cervix is "barrel", uterus is in anteflexio, and corpus of uterus is small, not morbid. The cervix is enlarged like a female fist, painless, cervical canal pass one finger. The appendages are not palpated. Discharges are bloody, profuse. What is the optimal doctor's tactics?
1. Hysterectomy
2. Dilation and curettage
3. Expectant tactics
4. Hemostatic drugs
5. Progesterone supplementation

157. The diagnosis is: The first term labor. The first stage of the laber. Frank breech presentation. Preterm rupture of amniotic membranes. Umbilical cord prolapse. What is the optimal obstetrical tactics?
1. Perineotomy
2. Breech extraction
3. Cesarean section

4. Obstetrical forceps
5. Classical podalic version

158. What is the most common delivery method for breech presentation with the fetus weighing more than 3500 g?
1. Cesarean section
2. Breech extraction
3. Vaginal labor
4. Classical podalic version
5. External cephalic version

159. Differential diagnosis between placenta accrete and placenta increte:
1. Is based on degree of blood loss
2. Is performed using external methods of the afterbirth evacuation
3. Is performed using the operation manual separation of placenta
4. All of the above
5. None of the above

160. What is the most common cause of early postpartum hemorrhage?
1. Total placenta previa
2. Partial placenta previa
3. Hypotonic uterus
4. Placenta accrete
5. Uterine rupture

161. What are the optimal methods of delivery in the transverse position of the fetus and full-term pregnancy?
1. Classical podalic version
2. External cephalic version
3. Planned cesarean section
4. Urgent cesarean section
5. Forceps labor

162. What is the most probable cause of early postpartum bleeding after giving birth to a large fetus?
1. Uterine rupture
2. Cervical laceration
3. Placenta accrete
4. Placenta previa
5. Hypotonic uterus

163. What is the optimal tactics of managing pregnant women with progressive placenta abruption and antenatal fetal death?
1. Labor induction
2. Urgent cesarean section
3. Hemostatic therapy
4. Forceps labor
5. Embryotomy

164. Which of the following is characteristic of lactostasis?
1. Moderate breast engorgement
2. Fever with chill

3. Free milk excretion
4. Significant regular breast engorgement
5. Absence of lactation

165. What is the basis for the diagnosis of the fetus transverse position?
1. Abdominal visual examination data
2. The result of Leopold – Levitsky' maneuvers
3. Data of vaginal examination
4. Data of ultrasound examination
5. All of the above

166. At what gestational term is recommended hospitalization into the maternity home in case of transverse position of the fetus:
1. 28–30 weeks
2. 31–32 weeks
3. 33–35 weeks
4. 36–37 weeks
5. 40-41 weeks

167. Which of the following must not do a doctor at an antenatal clinic if suspect placenta previa?
1. Medical history
2. External obstetric examination
3. Vaginal examination
4. Ultrasound examination
5. Speculum examination

168. What is the leading natural mechanism for stopping bleeding immediately after childbirth?
1. Uterine hypertonicity
2. Uterine vein thrombosis
3. Pelvic vein thrombosis
4. Myometrial distraction
5. Vasoconstriction

169. What is the doctor's optimal tactics if reveal the Kuveler's uterus during an urgent caesarean section?
1. To make uterine vessels ligation
2. Hysterectomy
3. Uterotonics
4. Curettage the walls of the uterine cavity
5. Hemostatic drugs

170. At what term of gestation is recommended the first planned hospitalization of a pregnant woman with a disease of the cardiovascular system?
1. Before 12 weeks
2. In case of exacerbation of the general condition
3. In case of obstetrical pathology
4. In case of signs of circulatory failure
5. Hospitalization is not recommended

171. Which of the following statements is true for disseminated intravascular coagulation syndrome?

1. Happens with amniotic fluid embolism
2. May develop with severe preeclampsia
3. The first stage is manifested by hypercoagulation associated with thromboplastin
4. The second stage is manifested by hypocoagulation without systemic activation of fibrinolysis
5. All of the above

172. Which of the following statements is true for pregnancy and childbirth in women with mitral stenosis or combined mitral disease with a predominance of stenosis?
1. Often accompanied by the appearance of atrial fibrillation, leading to severe circulatory disorders
2. Rarely accompanied by decompensation of cardiac function
3. Have more often a good prognosis
4. Often accompanied by decompensation of cardiac function according to the left ventricular type
5. None of the above

173. At 36 weeks gestational age, a patient with type I diabetes mellitus showed a worsening of fetal movements and CTG signs of fetal distress. What is the optimal obstetrical tactics?
1. Pregnancy prolongation until full-term
2. Amniotomy
3. Labor induction
4. Expectant tactics
5. Cesarean section

174. What is not included in the symptom complex of amniotic fluid embolism?
1. Arterial hypertension
2. Chill
3. Fever
4. Cyanosis of the upper half of the body
5. Dyspnea

175. What is a characteristic of total placenta accrete?
1. Absence of signs of separation the placenta
2. Pain in the lower abdomen
3. Bleeding
4. The uterine fundus is above the navel after the birth of fetus
5. The uterine fundus is below the navel after the birth of fetus

176. Which of the following can complicate premature detachment of a normally located placenta (placenta abruption)?
1. The formation of the uterus of Kuveller
2. The intranatal fetal death
3. Development of the DIC-syndrome
4. All of the above
5. None of the above

177. A woman is in labor during 10 hours. The amniotic membranes are not ruptured. Suddenly, the woman turned pale, there was vomiting, severe abdominal pain, and the uterus took on an asymmetric shape, a dense, deaf fetal heartbeat. With vaginal examination: the dilation of the cervix is complete, the fetal bladder is whole, tense, the fetal head is in the pelvic cavity. What is your tactics?
1. Urgent cesarean section

2. Amniotomy and forceps delivery
3. Amniotomy
4. To treat acute fetal hypoxia
5. Expectant tactics

178. A woman is in labor during 10 hours. The amniotic membranes are not ruptured. Suddenly, the woman turned pale, there was vomiting, severe abdominal pain, and the uterus took on an asymmetric shape, a dense, deaf fetal heartbeat. With vaginal examination: the dilation of the cervix is complete, the fetal bladder is whole, tense, the fetal head is in the pelvic cavity. After amniotomy amniotic fluid with blood has poured out. What is the most probable diagnosis?
1. Placenta abruption
2. Placenta previa
3. Acute fetal distress
4. Cervical laceration
5. Vaginal laceration

179. Which of the following medicines are not used in the complex treatment for postpartum endometritis?
1. Antibiotics
2. Uterine cavity aspiration
3. Infusion therapy
4. Antipyretics
5. Estrogen-progestogen drugs

180. Which of the following is an indication for extraperitoneal caesarean section?
1. Transverse position of the fetus
2. Oblique position of the fetus
3. Preterm rupture of amniotic membranes
4. Low transverse position of the sagittal suture
5. Fever during the labor

181. In a 32-year-old puerpera, on the 4-th day of the postpartum period, a fever 39C with chill was noted. The breast engorgement is present. The uterus is 2 fingers above the navel, soft, painful on palpation; lochia is bloody-purulent, moderate. What is the most probable diagnosis?
1. Lactostasis
2. Endometritis
3. Lohiometra
4. Incipient mastitis
5. Pelvic peritonitis

182. Первобеременная 26 лет поступила в роддом с отошедшими околоплодными водами и первичной слабостью родовой деятельности, по поводу чего проводилась стимуляция окситоцином. Через 10 минут от начала потуг изменилось сердцебиение плода, оно стало редким (100-90 ул./мии), глухим и аритмичным. При осмотре: открытие шейки полное, головка плода в узкой части полости малого таза. Стреловидный шов в правом косом размере, малый родничок кпереди. Ваша тактика:
1.* Forceps delivery
2. Cesarean section
3. To prevent the fetal asphyxia
4. Embryotomy
5. Expectant tactics

183. What is a cervical dystocia?
1. Cervical tissues rigidness to scarring traumatic changes
2. Cervical tissues rigidness to scarring inflammatory changes
3. Impaired blood and lymph circulation in cervix due to uncoordinated uterine contractions
4. All of the above
5. None of the above

184. Which of the following is a major factor in the birth of a large fetus?
1. Diabetes mellitus
2. Preeclampsia
3. Arterial hypertension
4. Rhesus-sensitization
5. Late age of the pregnant woman

185. In what sequence is it correct to stitch a tear of perineum 3 degree?
1. The vaginal mucosa, perineal muscles, sphincter of the rectum, perineal muscles, perineal skin
2. The vaginal wall, the rectal wall, the sphincter of the rectum, perineal muscles, perineal skin
3. The rectal wall, rectal sphincter, perineal muscles, vaginal mucosa, perineal skin
4. The rectal wall, rectal sphincter, vaginal mucosa, perineal muscles, perineal skin
5. Vaginal mucosa, perineal muscles, rectal wall, rectal sphincter, perineal skin

186. What are the critical gestational periods for rheumatism exacerbation?
1. 14-16 weeks
2. 20-28 weeks
3. 12-14 weeks
4. 32-36 weeks
5. 28-32 weeks

187. Is lactation allowed with active rheumatism?
1. Allowed
2. Not allowed
3. Individually decided
4. Irrelevant
5. At the mother’s request

188. Which of the following is common in pregnant women with arterial hypotension?
1. Cardiac failure
2. Renal failure
3. Placental insufficiency
4. None of the above
5. All of the above

189. Infectious fetopathy is the inflectional alteration of the fetus during pregnancy at:
1. 6-11 weeks
2. 12- 17 weeks
3. 18- 27 weeks
4. 28- 32 weeks
5. 33- 36 weeks

190. In which period of gestation is the most severe viral hepatitis in pregnant women?
1. In I trimester
2. In II trimester

3. In III trimester
4. During all pregnancy
5. In I and II trimesters

191. A woman is in the 3 stage of labor, a baby weighing 3500 was born 8 minutes ago. Suddenly, bloody discharge from the genital tract intensified, blood loss reached 200 ml. What is your tactics?
1. Uterotonic drugs
2. Manual separation of the placenta
3. To control symptoms of the placenta separation
4. To use exterlal methods for afterbirth evacuation
5. Expectant tactics

192. The woman is in the third stage of labor, a boy weighing 3,700 was born 10 minutes ago. The simptom of Kustner is positive. There is a moderate bleeding by the dark clotting blood from the vagina. What is your tactics?
1. To inject methylergometrine intramuscularly
2. Expectant tactics
3. Hemostatic drugs
4. Manual separation of the placenta
5. To use exterlal methods for afterbirth evacuation

193. Multiparous woman enters the maternity ward for urgent delivery. There is a breech presentation, labor pains are active. During the vaginal examination, amniotic fluid was poured out; the fetal heartbeat became rare, up to 90 per minute. At vaginal examination: the cervical dilation is complete, there is no fetal bladder, the fetal leg, and the umbilical cord and the buttocks of the fetus in the pelvic opening are palpated. What is the optimal doctor's tactics?
1. To tuck the umbilical cord up
2. To prevent the fetal hypoxia
3. Expectant tactics
4. Urgent cesarean section
5. Breech extraction (single leg extraction)

194. Multigravida with gestation 32 weeks enters the department of pathology of pregnancy with complains of dull pain in the lower abdomen. The transverse position of the fetus was diagnosed. The uterus is excitable. The fetal heartbeat is clear, rhythmic, up to 140 beats per min. At vaginal examination: the cervix is slightly shortened, the cervical canal passes the tip of the finger, the presented part is not determined. What is the obstetric tactics?
1. Urgent cesarean section
2. External cephalic version
3. Treatment for the threat of preterm birth
4. Classical podalic version
5. Dexamethasone for prophylaxis of respiratory distress syndrome

195. Multigravida with gestation 32 weeks enters the department of pathology of pregnancy with complains of dull pain in the lower abdomen. The uterus is excitable. The fetal heartbeat is clear, rhythmic; up to 140 beats per min. discharge is mucous, poor. At vaginal examination: the cervix is slightly shortened, the cervical canal passes the tip of the finger, the presented part is fetal head, above the pelvic inlet, and the amniotic sac is whole. What is the most probable diagnosis?
1. The preterm labor
2. The placenta abruption
3. The threat of preterm labor

4. There is no obstetrical pathology
5. None of the above

196. What is the most common cause of placenta abruption?
1. Preeclampsia
2. Abdominal trauma
3. Post-term pregnancy
4. Olygoamnios
5. Polyhydramnios

197. A 26-year-old woman visits the antenatal clinic with complaints of 2 months menstruation delay, dull pain in the lower abdomen. At vaginal examination: the uterus is enlarged up to 8 weeks of pregnancy, the cervical canal is closed, appendages without features, the discharge is mucous. What is the most probable diagnosis?
1. Pregnancy 8 weeks, threat of abortion
2. Inevitable pregnancy
3. Ectopic pregnancy
4. Uterine fibroid
5. Abortion in progress

198. The 26-year-old woman, G2P1, enters the maternity home with active labor pains, and complains of poor bloody discharge from the vagina. The first pregnancy has finished with the urgent delivery, in the postpartum period there was endometritis. At external examination: the presented fetal head is above the pelvic inlet. Fetal heart rate is clear, rhythmical, 140 per minute. At vaginal examination (done gently in the prepared operating room) was revealed that behind the internal os, the edge of placenta is located. The fetal bladder is intact. Discharge is bloody, poor. What is the optimal doctor's tactics?
1. Urgent cesarean section
2. To conduct a vaginal birth
3. Hemostatic drugs
4. Embriotomy
5. To make an amniotomy and stimulate labor by intravenous infusion of oxytocin

199. The 26-year-old woman, G2P1, enters the maternity home with active labor pains, and complains of poor bloody discharge from the vagina. The first pregnancy has finished with the urgent delivery, in the postpartum period there was endometritis. At external examination: the presented fetal head is above the pelvic inlet. Fetal heart rate is clear, rhythmical, 140 per minute. At vaginal examination (done gently in the prepared operating room) was revealed that behind the internal os, the edge of placenta is located. The fetal bladder is intact. Discharge is bloody, poor. What is the most probable diagnosis?
1. Physiological labor
2. Central placenta previa
3. Marginal placenta previa
4. Lateral placenta previa
5. Vasa previa

200. Primipara 34 years is in the second stage of labor. Buttocks of the fetus are in the pelvic cavity. The birth pains and pushing are 40-45 seconds with intervals 2-3 minutes, moderate. Estimated fetal weight is 3500 g, fetal heart rate is 150 per minute. The high obstetrical perineum is revealed. What should be included in the management plan for the delivery?
1. Episiotomy
2. Perineotomy

3. Tsovyanov's manual assistance
4. All of the above
5. None of the above

Gynecology

1. Which endocrine gland produces gonadotropic hormones?
1. *Pituitary gland
2. Hypothalamus
3. Ovary
4. Adrenal glands
5. Pancreas

2. A 21-year-old patient suffers from infertility. A decrease in the content of progesterone, estrogen, single-phase basal temperature was revealed. What factor of infertility do you suppose?
1. Cervical
2. Uterine
3. Ovarian
4. Tubal
5. Coital

3. Which hormone stimulates the synthesis of progesterone in the corpus luteum?
1. Luteinizing hormone
2. Estriol
3. Prolactin
4. Adrenocorticotropic hormone
5. Follicle-stimulating hormone

4. The endoscopic research method is not:
1. Colposcopy
2. Cervicoscopy
3. Laparoscopy
4. Hysteroscopy
5. Ultrasound examination.

5. The endoscopic research method is:
1. Colposcopy
2. Culdoscopy
3. Laparoscopy
4. Hysteroscopy
5. All of the above.

6. In a healthy woman, on the 15th day of the menstrual cycle, with a colpocytological study, it was found that the maturation index is 0/12/88, the karyopiknotic index is 80%. What do such indicators testify to?
1. About the proliferation phase
2. About the phase of secretory transformation
3. About the desquamation phase
4. About ovulation
5. About the anovulatory cycle

7. During ovulation, when evaluating the test for cervical mucus tension, the length is normally:

1. 8-10 cm
2. 15-20 cm
3. 3-5 cm
4. 1-2 cm
5. Not Stretchable.

8. Measurement of basal body temperature is carried out:
1. At any time for 10 minutes
2. Only in the morning in the oral cavity 10 min.
3. After a period of rest, every day at the same time for 10 minutes in the inguinal fold.
4. At 18 hours for 5 minutes in the inguinal fold.
5. After a period of night sleep in the rectum or vagina every day during 10 minutes.

9. What endocrine glands produce sex steroid hormones?
1. Thyroid gland
2. Pituitary gland
3. Ovaries
4. Adrenal glands
5. Ovaries and adrenal glands.

10. The percentage of superficial cells with pyknotic nuclei to total number of cells in a smear – it is:
1. Maturation index
2. Karyopiknotic index
3. Eosinophilic index
4. Crowding Index
5. Folding Index.

11. A 54-year-old woman complains of blood spotting from the vagina and dyspareunia. Menopause during 3 years. An ultrasound examination has revealed the atrophy of endometrium. An examination with speculum reveals the mucous membrane of the vagina is pale, dry, with micro ulcers. What is the tactics of doctor in this situation?
A. Fractional diagnostic curettage of the uterine cavity
B. Use of estrogen cream
C. Use of androgens
D. Estrogen and progesterone therapy
E. Endometrial biopsy

12. A 21-year-old patient complains of poor, irregular menstruation that appeared at 16. Last menstruation was 6 months ago. In the study: the cervix is conical, clean, the body of the uterus is small, hypoplastic, mobile, painless. The fornixes are free, the uterine appendages are not determined, the parametriums are free. Colpocytologic study: maturation index - 70/30/0, cariopyknotic index - 40 \%; rectal temperature is monotonous, below 37 ° C. What is the most possible diagnosis?
A. Secondary amenorrhea on the background of genital infantilism
B. Primary amenorrhea
C. Secondary amenorrhea on the background of anovulatory syndrome.
D. Pregnancy
E. Sheehan syndrome

13. A 47-year-old woman complains of vaginal bleeding for 2 weeks, which appeared after a 3-month delay in menstruation. Menarche is at 13 years old. Menstruation last year was irregular.

Blood test: Hb - 90 g/l, red blood cells - $2.0x10^{12}$/l, white blood cells - $5.6x10^{9}$/l. During vaginal examination: the uterus is normal in size, the appendages are not palpable. What is the most probable diagnosis?
A. Menopausal abnormal uterine bleeding
B. Endometrial polyp
C. Coagulation disorders
D. Endometrial cancer
E. Incomplete abortion

14. A 54-year-old woman came to the gynecologist with complaints of bloody discharge from the vagina for 1 month. Last menstruation was 5 years ago. A gynecological examination revealed no pathology. What is the doctor's tactics?
A. Fractional diagnostic curettage of the uterine cavity
B. Colposcopy
C. Ultrasound examination
D. Colpocytological examination
E. Symptomatic therapy

15. A 14-year-old girl complains of pain in the vagina and lower abdomen, which lasts 3-4 days, has been disturbed over the past 3 months at about the same time and intensified each time. Objectively: the mammary glands are developed, sexual pilosis is age-appropriate. Hymen is without opening, cyanotic, bulges. Menstruation has never been. The doctor diagnoses primary amenorrhea. What is the cause of amenorrhea?
A. Atresia of hymen (imperforated hymen)
B. Shereshevsky-Turner Syndrome
C. Morris Syndrome
D. Pregnancy
E. Delayed puberty

16. A girl of 13 years old was admitted to the gynecological department with severe bleeding that appeared after a long delay in menstruation. Shortly before, she suffered a severe stress. Mentruations are from 11 years, 5-6 days for a 30-day cycle, moderate, painless. Somatically healthy. Body height is 160 cm, weight is 42 kg. Pale. In recto-abdominal examination: the uterus is of normal size and consistency, in anteflexio-versio, the appendages are not changed. What is the most probable diagnosis?
A. Pubertal abnormal uterine bleeding
B. Ovarian cyst
C. Hysteromyoma
D. Practically healthly
E. Amenorrhea

17. A 22-year-old patient complained of absence of menstruation for 8 months. From the anamnesis: menarche from 12.5 years. From the age of 18, menstruation is irregular. There were no pregnancies. The mammary glands are developed correctly, the discharge drops of milk from the nipples when pressing. Gynecological examination: moderate uterine hypoplasia. In a hormone test: prolactin level is 2 times higher than normal. When computer tomography in the pituitary gland - a tumor-like formation with a diameter 4 mm. What is the most probable diagnosis?
A. Pituitary tumor
B. Lactation amenorrhea
C. Stein-Leventhal Syndrome
D. Sheehan syndrome

E. Itsenko-Cushing's Disease

18. A 52-year-old woman complains of bloody discharges from the vagina. Menopause during 4 years. An ultrasound examination has revealed the hypertrophy of endometrium. An examination with speculum reveals the mucous membrane of the vagina is pale, dry. What is the optimal doctor's tactics?
A. Hysteroscopy, fractional diagnostic curettage of the uterine cavity
B. Use of estrogen cream
C. Dilation and curettage
D. Menopausal hormonal replacement therapy
E. Endometrial biopsy

19. A 46-year-old patient was taken to the gynecological department by an ambulance with complaints of heavy menstruation over the past 2 days, weakness, dizziness. When conducting a vaginal examination, it turned out that the uterus is dense, painless, increased equal to 9 weeks pregnancy. What is the optimal doctor's tactics?
A. Hysteroscopy, fractional diagnostic curettage of the uterine cavity
B. Hysteroscopy
C. Colposcopy
D. Lapatoscopy
E. Fractional diagnostic curettage of the uterine cavity

20. A 21-year-old patient complains of poor, irregular menstruation that appeared at 16. In the study: the cervix is conical, clean, the body of the uterus is small, hypoplastic, mobile, painless, the uterine appendages are not determined. Colpocytological studies: maturation index - 70/30/0, karyopicnotic index - 40%; rectal temperature is monotonous, below 37ºC. What is the most possible diagnosis?
A. Opsoligomenorrhea on the background of genital infantilism
B. Primary amenorrhea
C. Secondary amenorrhea on the background of anovulatory syndrome.
D. Pregnancy
E. Secondary amenorrhea on the background of genital infantilism

21. A 17-year-old patient visit a gynecologist with complaints of tearfulness, depression, aggressiveness, breast engorgement, which are noted 3-4 days before menstruation and disappear after the onset of menstruation. In the anamnesis: childbirth-0, abortion-0. Menstruation is from 13 years, 4-5 days, cycle 31 days, regular, painless. A vaginal examination revealed no genital pathology. What is the most probable diagnosis?
1. Dysmenorrhea
2. Fibrocystic mastopathy
3. Neuro-psychic form of premenstrual syndrome
4. Cephalgic form of premenstrual syndrome
5. Thyrotoxicosis

22. A patient, 30 years old, visit a gynecologist with complaints of rare, poor menstruation, and the absence of pregnancy for 6 years. Menstruations are from 17 years, irregular, with delays from 40 to 70 days. On examination, male-type hair growth and overweight are noted. With vaginal examination: the uterus is of normal size, painless. Ovaries on both sides are enlarged, dense consistency. On ultrasound, the ovaries are cystically changed, sizes 6.0x4.5 and 5.5x4.5 with a dense capsule. Basal temperature is monophasic. What is the most probable diagnosis?
1. Ovarian cancer
2. Follicular cysts

3. Bilateral adnexitis
4. Corpus luteum cysts
5. Polycystic Ovary Syndrome

23. A 56-year-old woman with menopause has attacks that are characterized by severe headache, an increase in blood pressure to 180/100 mm Hg, tachycardia, shortness of breath, and general tremor. The duration of the attack is 30-40 minutes. The attack ends with urination. What kind of crises can these attacks be?
1. Sympatho-adrenal crisis
2. Vago-insular crisis
3. Hypotonic crisis
4. Hypertensive crisis
5. Epileptic attacks

24. A 23-year-old patient turned to the antenatal clinic with complaints of tearfulness, increased emotionality, depression, aggressiveness, engorgement and tenderness of the mammary glands, which she noted 2-3 days before menstruation and disappear 1-2 days after the onset of menstruation. In the anamnesis: childbirth-0, abortion-0. Menses from 14 years, after 27 days, 5-6 days, regular, painless. A vaginal examination revealed no genital pathology. What is the most probable diagnosis?
1. Cephalgic form of premenstrual syndrome
2. Fibrocystic mastopathy
3. Dysmenorrhea
4. Adenosis, a neuropsychic form of premenstrual syndrome
5. Thyrotoxicosis

25. The patient complains of swelling of the lower extremities, brittle nails, dry skin, decreased memory, weakness. Menstruation is absent from the time of birth. Objectively: the hypotrophy of genitals and mammary glands. From the anamnesis: 2 years ago during childbirth there was massive bleeding more than 2000 ml. What is the most probable diagnosis?
1. Sheehan Syndrome
2. Hypothyroidism
3. Infantilism
4. Cardiovascular Failure
5. Postpartum Obesity

26. A woman, 25 years old, visits a gynecologist because of the absence of pregnancy during 3 years of regular sexual activity. When examining, it was found: increased body weight, pubic hair growth according to the male type, increased hair growth of the hips, ovaries are dense, enlarged, basal temperature monophasic. What is the most probable diagnosis?
1. Polycystic ovary syndrome
2. Inflammation of the uterus and appendages
3. Adrenogenital Syndrome
4. Premenstrual syndrome
5. Dysgenesis of gonads

27. A 29-year-old patient complains of the absence of menstruation during the year, the expiration of milk from the nipples with pressure, loss of lateral fields of vision. On the radiograph - the area of cella Turcica is expanded and deformed. What is the most probable cause of this condition?
1. Functional disorders of the hypothalamic-pituitary-ovarian system
2. Breast tumor

3. Pituitary tumor
4. Ovarian tumor
5. Pregnancy

28. A 27-year-old patient complains of irritability, tearfulness, depression, sometimes aggressiveness, headache, nausea, vomiting, edema of the mammary glands. The above complaints arise 5-6 days before menstruation and gradually increase with the onset of menstruation, 3 days after the onset of which these complaints disappear. What is the most probable diagnosis?
1. Premenstrual syndrome
2. Early pathological menopause
3. Secondary psychogenic amenorrhea
4. Menopausal syndrome
5. Dysmenorrhea

29. A 30-year-old patient complained of milk excretion from the mammary glands, the absence of menstruation for 5 months. Childbirth - alone, physiological, four years ago. Objectively: the development of the mammary glands is normal. A bimanual study revealed a decrease in the uterus and normal ovarian size. On MRI: no brain pathology detected. Thyroid-stimulating hormone is normal. Serum prolactin level is increased. What is the most probable diagnosis?
1. Hypothyroidism
2. Hyperprolactinemia
3. Polycystic Ovary Syndrome
4. Pituitary adenoma
5. Sheehan Syndrome

30. A patient 23 years after a pathological birth that occurred 3 years ago and was accompanied by massive blood loss, does not have menstruation, is worried about weakness, weight loss, and pubic hair loss. On examination: the external genitalia are hypoplastic, the internal genital organs are unchanged. Rectal temperature is monotonous, “Pupil” and “fern” signs are negative in dynamics, I-II type of cytological picture of vaginal smear. What is the most probable diagnosis?
1. Sheehan Syndrome.
2. Polycystic ovary syndrome.
3. Galactorrhea and amenorrhea syndrome.
4. Menopause syndrome.
5. Asherman's Syndrome.

31. The patient, 28, visits a gynecologist with complains of pain in the lower abdomen, more on the right, which intensified during menstruation. There is blood spotting before and after menstruation. Infertility during 10 years. In the study, the uterus is normal in size, dense, painless. To the right of the uterus, a painful formation 7x8x6 cm is palpated, limited in mobility. The fornixes are free. Mucous discharge. Diagnosis?
1. Endometrioid cyst on the right
2. Cystoma of the right ovary
3. Right-sided adnexitis
4. Cancer of the right ovary
5. Intestinal tumor

32. A 10-year-old child has irregular spotting from the vagina; swelling and darkening of the nipples; breast enlargement, slight pubic and axillary hair, vulvar cyanosis. Rectally: uterus is increased in the size, a tumor-like formation is near the uterus. The estrogen content is similar to an adult woman, and gonadotropins are low. There is no acceleration of somatic development.

Diagnosis?
1. Feminizing ovarian tumor
2. Adrenogenital Syndrome
3. Precocus puberty of central origin
4. Babinsky-Fröhlich Syndrome
5. Lawrence-Moon-Beadle Syndrome

33. A patient, 40 years old, visit a gynecologist with complaints of periodic pain in the lower abdomen, more on the left. Anamnesis: 2 births and 3 abortions, after which she was treated for the inflammatory processes of the appendages. In a bimanual study: the body of the uterus is normal in size, dense, mobile, painless; on the right uterine appendages are without features; a tumor-like formation 10x12 cm, elastic in consistency, mobile, painless is determined on the left; fornixes are free. What is the most probable diagnosis?
1. Cyst of the left ovary
2. Uterine leiomyoma
3. Tubo-ovarian tumor on the left
4. Ovarian Cancer
5. "Chocolate" Cyst

34. Changes in the mammary gland were found in a 32-year-old woman: macromastia, increased density during palpation in the outer-upper quadrants without clear boundaries, colostrum discharge from the mammary glands, skin and nipple were not visually changed. What additional examination methods should be prescribed to establish a final diagnosis?
1. Breast ultrasound
2. Mammography
3. Blood prolactin levels
4. Computed tomography of the skull
5. All of the above

35. In conservative therapy for mastopathy are used:
1. Gestagens
2. Antiestrogens
3. Antiprolactin preparations
4. Iodine preparations
5. All of the above

36. A 36-year-old woman complained of pain in the right mammary gland, which intensifies before menstruation, increased density during palpation in the outer-upper quadrant, and skin hyperesthesia. Mammography and ultrasound examination reveal fibrocystic mastopathy. Doctor's tactics?
1. Expectant tactics, progestogens locally.
2. Multivitamins.
3. Antihyperprolactinemic therapy.
4. Anesthetics.
5. Surgical tactics (mastectomy).

37. What tumor of ovary is the most frequent in occurrence?
1. Serous adenoma
2. Fibroma
3. Mucinous cyst
4. Thecoma
5. Teratoma

38. What histological types of ovary tumors never maligniz?
1. Granulocellular tumour
2. Dysgerminoma
3. Immature teratoma
4. Mature teratoma
5. Androblastoma

39. The most frequent complication of benign tumors of ovaries is:
1. Haemorrhage inside the tumor
2. Break of cyst
3. Torsion of tumor pedicle
4. Outflow of contents
5. Compression of the neighbor organs

40. What tumor of the ovary is characterized by the clinical picture of Meigs syndrome?
1. Granulocellular tumours
2. Dysgerminoma
3. Fibroma
4. Mucinous cyst
5. Mature teratoma.

41. A 32-year-old woman visits a doctor with complaints of blood spotting that lasted 6 months, general weakness, and fainting. The skin and visible mucous membranes are pale. Vaginal examination reveal: the uterus is enlarged equal to 9-10 weeks pregnancy, painless, mobile, the appendages on both sides are not palpable, there are no infiltrates in the pelvis, and fornixes are free. A diagnosis was made: hysteromyoma, post hemorrhagic anemia. Choose the most appropriate tactics?
1. Diagnostic curettage of the uterus
2. Myomectomy
3. Hysterectomy
4. Prescription of hormonal drugs
5. Prescription of iron preparations

42. A 46-year-old patient was transported to gynecological department by an ambulance with complaints of profuse menstruation over the last 2 days, weakness, and dizziness. Vaginal examination reveals the uterus is dense, painless, is increased equal to 9 weeks pregnancy. Diagnos was made: uterine fibroids with hemorrhagic syndrome. Doctor's tactics?
1. Diagnostic curettage of the uterus
2. Colposcopy
3. Hysteroscopy
4. Laparoscopy
5. Pelvic radiography

43. A 36-year-old patient complains of pain in the lower abdomen on the left, which arose suddenly. Objectively: the external genitalia are without pathology, the cervix is cylindrical, clean. The body of uterus is enlarged equal to 10-11 weeks of pregnancy, limited mobile, dense, tuberous. One of the nodes on the left near the bottom is sharply painful. The fornixes are free. Appendages are not determined, painless. Discharge is serous. Blood test: Hemoglobin - 120 g/l, white blood cells - $12x10^9$/l, stabs - 10%. What is the most possible diagnosis?
1. Necrosis of fibromatous node
2. Spontaneous rupture of a pregnant uterus

3. Chorioncarcinoma
4. Interrupted ectopic pregnancy
5. The destructive hydatidiform mole

44. The patient 40 years old complains of colic pains in the lower abdomen and bloody discharge. Last 2 years she had menses 15-16 days, profuse, with clots, painful. In anamnesis there are 2 medical abortions. In bimanual examination: from the cervical canal a pedunculated fibromatous node, 3 sm in diameter, has expulsed. Discharges are bloody, moderate. Doctor's tactics?
1. Surgical (untwisting) removal thr pedunculated fibromatous node, curettage
2. Cyclic vitamin therapy
3. Supravaginal ampitation of the uterus without appendages
4. Hormonal hemostasis
5. Hysterectomy without appendages

45. The patient 40 years old complains of colic pains in the lower abdomen and bloody discharge. Last 2 years she had menses 15-16 days, profuse, with clots, painful. In anamnesis there are 2 medical abortions. In bimanual examination: from the cervical canal a pedunculated fibromatous node, 3 sm in diameter, has expulsed. Discharges are bloody, moderate. What is the most probable diagnosis?
1. Expultion of the pedunculated fibromatous node
2. Cancer of the cervix
3. Cancer of the uterus
4. Cervical fibroid
5. Abortion in progress

46. 18-years old woman visit a gynecological department for treatment. She has no complains. Per rectum: uterus is small, mobile, painless, left appendages are not changed, in the right-anterior side of uterus tumor-like mass heterogeneous in consistence with dimensions 6×8×8 cm, mobile, painful is palpated. What is the diagnosis?
1. Cyst of right ovary
2. Right-side ectopic pregnancy
3. Carcinoma of right ovary
4. Shtein-levental's syndrome
5. Right-side pyosalpinx

47. At the 40-year's woman with complains of the intensive colicky pains during menstruations accompanying with an excessive hemorrhage. For what diseases is it typical?
1. Subserous myoma
2. Retentional tumour of an ovary
3. Trofoblastic disease
4. Cancer of ovary
5. Submucous myoma

48. At the 11-year girl during the routine gynaecological examination in the posterior wall of the low third of a vagina a tumor-like formation 2 cm in diameter with thin capsule and transparent fluid inside was revealed. The hymen is intact. Vaginal mucous around the formation is without pathology. The girl's mother says this tumor-like formation persists many years, last year starts to increase. What is the most probable diagnosis?
1. Cyst of Bartolin's gland
2. Cyst of vagina
3. Vaginal sarcoma

4. Cancer of vagina
5. Expulsed submucous myoma

49. A 39-year-old patient complains of painful profuse menstruations, continuing 10-14 days, feeling of heaviness in the stomach, anemia. Objectively: the external genitalia are without pathology, the cervix is cylindrical, clean. The body of uterus is enlarged equal to 12-13 weeks of pregnancy, limited mobile, dense, tuberous. The fornixes are free. Appendages are not determined, painless. Discharge is serous. What is the most optimal treatment for the patient?
1. Hysterectomy
2. Supravaginal amputation of the uterus
3. Myomectomy
4. Hemostatic therapy
5. Hormonal therapy

50. A 39-year-old patient complains of painful profuse menstruations, continuing 10-14 days, feeling of heaviness in the stomach, anemia. Objectively: the external genitalia are without pathology, the cervix is cylindrical, clean. The body of uterus is enlarged equal to 14-15 weeks of pregnancy, limited mobile, dense, and tuberous. The fornixes are free. Appendages are not determined, painless. Discharge is serous. What is the most probable diagnose?
1. Cancer of uterus
2. Uterine sarcoma
3. Hysteromyoma
4. Ovarian cyst
5. Ovarian cancer

51. Patient 27 years old, visits a gynecologist with complains of pain in the lower abdomen that appear a few days before menstruation, and with its onset decreases. With ultrasound in the middle of the menstrual cycle, pathology was not detected. With a preliminary diagnosis of "adenomyosis", the woman was hospitalized into the gynecological department. What examination needs to be done to confirm the diagnosis?
1. Hysteroscopy
2. Fractional diagnostic curettage of the uterine cavity
3. Radiography of the pelvic and abdominal organs
4. Colposcopy
5. Biopsy

52. A 32-year-old woman visits a gynecologist with complains of dysmenorrhea, dyspareunia, rectal pain, premenstrual hemoptysis, back pain during menstruation. In vaginal examination: the sacro-uterine ligaments are sensitive, their compaction and nodularity are noted. The uterus is normal in size, fixed, dense. Appendages are not palpable. With laparoscopy, violet formations are observed on the peritoneal surface outside the uterine space. What is the most possible diagnosis?
1. Internal genital endometriosis
2. External genital endometriosis
3. Adenocarcinoma
4. Chronic adnexitis
5. Ectopic pregnancy

53. A 26-year-old patient visits a gynecologist with complaints of pain in the lower abdomen, which intensifies during menstruation, smearing spotting after menstruation. The disease is associated with artificial abortion. In speculum: on the cervix 5 dark red inclusions. What is the most probable diagnosis?

1. External endometriosis
2. Cervical polyposis
3. Cervical Cancer
4. Cervical erosion
5. Cervical dysplasia

54. A 29-year-old patient was admitted to the gynecological department with complaints of pain in the lower abdomen, spotting before and after menstruation for 5 days. The disease is associated with an abortion 2 years ago. In a bimanual study: the uterus is enlarged, dense, painful, and smooth. With hysteroscopy, dark red holes are visible in the uterine fundus, from which dark blood is released. What is the most probable diagnosis?
1. Dysmenorrhea
2. Internal genital endometriosis
3. Hypermenorrhea
4. Submucous fibromatous node
5. Dysfunctional uterine bleeding

55. Woman 42 years old, during last 10 years menses proceeded as hiperpolymenorrhea and progressive dysmenorrhea. At vaginal examination: the cervix is clean, discharges are moderate, have "chocolate" colour, uterus is a little enlarged, tuberous, a little morbid, the appendages are not palpated, fornixes are free, painless. What is the most probable diagnosis?
1. Adenomyosis
2. Cancer of uterus
3. Submucous hysterofibromyoma
4. Endometritis
5. Endometriosis of appendages

56. Sick woman 32 years old complains of dull pain in the lower abdomen, before and during menses, brown spotting discharges before the menses. At bimanual examination the uterus is a little enlarged, morbid, spherical. Appendages from both parts are without changes. Adenomyosis was diagnosed. What treatment is recommended?
1. Both-side adnexectomy
2. High dosage combined hormonal contraceptive pills
3. Progestin-only pills orally
4. Hysterectomy
5. Vitamin therapy

57. The patient complains of the pain in the lower abdomen intensifyed during menses, sexual contacts, irradiated into the vagina. From anamnesis - 2 years ago there were suspicion of endometriosis. At vaginal examination - behind the uterus the dense, nodular, morbid formations are founded. What is the probable diagnosis?
1. Parametritis
2. Endometriosis of cervix
3. Adenomyosis
4. Chronic inflammation of appendages of uterus
5. Rethrocervical endometriosis

58. Woman 38 years old, G3P3, during last 5 years menses proceeded as hiperpolymenorrhea and progressive dysmenorrhea. At vaginal examination: the cervix is clean, discharges are moderate, have "chocolate" colour, uterus is a little enlarged, tuberous, a little morbid, the appendages are not palpated, fornixes are free, painless. What is the most optimal treatment?
1. Painkillers, hemostatic drugs

2. Hormonal intrauterine contraceptive device
3. High dosage combined hormonal contraceptive pills
4. Hysterectomy
5. Vitamin therapy

59. Sick woman 30 years old complains of dull pain in the bottom of abdomen, before and during menses, spotting brown discharges before the menses. At bimanual examination the uterus is a little enlarged, tender at palpation, spherical. The both side appendages are without pathological changes. The preliminary diagnosis - adenomyosis. What examination needs to be done to confirm the diagnosis?
1. Hysterosalpingography
2. Laparoscopy
3. Colposcopy
4. Culdoscopy
5. Bimanual examination

60. The 32-year-old patient complains of the pain in the lower abdomen on the left, intensified during menses, sexual contacts, irradiated into vagina and left hip. From anamnesis - 2 years ago there were suspicion of endometriosis. At vaginal examination - behind the uterus on the right the tumor-like morbid formation 6 cm in diameter is revealed. What is the most probable diagnosis?
1. Endometrioid ovarian cyst on the left
2. Cancer of the left ovary
3. Adenomyosis
4. Left-side tuboovarian cyst
5. Left-side parametritis

61. A 58-year-old woman complains of poor spotting from the vagina and dyspareunia. Menopause during 6 years. An ultrasound examination revealed atrophy of the endometrium. In speculum - mucous membrane of the vagina is pale, dry, with ulcers. Choose the most appropriate treatment.
1. Estriol cream
2. Medroxyprogesterone Acetate
3. Estrogen and Progesterone Therapy
4. Endometrial biopsy
5. Diagnostic curettage of the uterine cavity

62. A gynecological examination in patient K., aged 28, revealed cervical erosion, which bleeds easily when touched. From the anamnesis, the presence of contact bleeding was established. What examination is necessary?
1. Colposcopy and target biopsy
2. Simple colposcopy
3. Cytological examination of the secretion of the cervical canal
4. Rectovaginal and rectoabdominal studies
5. X-ray examination of the pelvic organs

63. At 70-year-old patient in the postmenopausal period developed bleeding from the genital tract. During a gynecological examination - spotting from the cervical canal was revealed. Uterus and appendages are without features. What examination method is optimal for the diagnosis?
A. Fractional diagnostic curettage of the uterus with histological examination
B. Colposcopy
C. X-ray examination of the pelvic organs

D. Cytological examination
E. Ultrasound examination of the pelvic organs

64. At the woman 32 years old hyperemia of the cervical canal and vaginal part of cervix is revealed during the examination in speculum. With the help of what method it is possible to establish the pathology of cervix?
1. Colposcopy with biopsy and histological examination
2. Culdoscopy
3. Colpocitological examination
4. Diagnostic currettage of uterus and cervix
5. Ultrasound examination

65. At the 30-year's woman on cervix the area with pathologically altered mucosa, dimensions up to 1 cm, is not painted by Lugol's solution is founded, at touch does not bleed. With the help of what method it is possible to establish the pathology of cervix?
1. Biopsy
2. The examination is not necessary
3. The examination is possible only after the delivery
4. Diagnostic excision of cervix
5. Colposcopy

66. From what age of women the speculum examination of cervix should be done regularly?
1. At all women from the beginning of sexual life.
2. After 40-50 years
3. After 20 years
4. After 40 years
5. At the women with diseases of cervix of uterus.

67. The woman with complains of hyperpolymenorrhea and infertility visits a gynecologist. The basic signs are: the obesity, hirsutism, acantosis nigrans. After the complete examination the diagnose – polycystic ovary syndrome – is confirmed. At ultrasound examination of uterus the hyperplasia of endometrium (18 mm) is determined. What is the most probable cause of endometrial hyperplasia?
1. Inflammatory processes in endometrium
2. Persistence of the follicle
3. Hypothyroidism
4. Human papillomavirus
5. Chronic anovulation

68. Morphological changes in vulva lichen sclerosis are more pronounced:
1. In the epithelium of the vulva
2. In the vessels of the vulva
3. In the entire thickness of the vulva
4. In the connective tissue of the vulva
5. In the nervs of the vulva

69. For lichen sclerosis of the vulva all the listed clinical symptoms are character, except:
1. Puckering of the labia majora and minora
2. Itching in the region of the clitoris
3. Dryness of the skin and mucous membranes of the vulva
4. Narrowing of the entrance to the vagina
5. Edema of the vulva tissues

70. Macroscopic changes in the lichen sclerosis of the vulva are all listed except:
1. "White spots"
2. "Pearl" skin tone
3. Telangiectasia
4. Focal pigmentation
5. Atrophy of the external genitals

71. A 55-year-old patient enter the gynecological department with complaints of sub febrile body temperature, general weakness, fatigue, discomfort in the lower abdomen, and abdominal pain. Menopause 5 years. On examination, the stomach has the shape of a “frog”, ascites. In a bimanual examination: the uterus is small in size, shifted to the right. On the left, a limited, mobile, dense tuberous mass with a diameter of up to 15 cm is palpated, painful. What is the most probable diagnosis?
1. Ovarian cancer
2. Cyst of the left ovary
3. Subserous uterine leiomyoma
4. Tubo-ovarian tumor
5. Ovarian cyst

72. A patient, 47 years old, enter the gynecological department with complaints of bloody-watery discharge, leucorrhoea, which appear 2 months ago. Menopause 1 year. Anamnesis: 6 pregnancies, 2 births and 4 induced abortions. Gynecological examination: the cervix is barrel-swollen, dense; it has an ulcer with irregular pitted edges. The bottom of the ulcer is covered with a “dirty-gray” coating. The body of the uterus is normal in size and consistency, mobile, painless, the uterine appendages are not determined. The discharge is profuse, in type of "meat slops." What is the most probable diagnosis?
1. Cervical cancer
2. Cervical erosion
3. Internal endometriosis
4. Cervical pregnancy
5. Soft chancre

73. A 54-year-old patient passes a cervical biopsy. In the histological examination of the material, there is a picture of squamous non-keratinized cancer. The depth of invasion is 5 mm. What treatment is optimal for the patient?
1. Extended hysterectomy followed by radiation therapy
2. Electroconisation of the cervix followed by remote radiation therapy
3. Extirpation of the uterus without appendages followed by chemotherapy
4. Extirpation of the uterus with appendages followed by hormonal therapy
5. Symptomatic treatment

74. At the pregnant woman during the first examination in term 28 weeks the cancer of cervix II degree was diagnosed. What is the optimal tactic of the doctor?
1. Surgical treatment: panhysterectomy (Verthaim’s operation) after the cesarian section
2. Radiation therapy
3. Chemotherapy
4. To prolong the pregnancy up to term of labor
5. Urgent delivery through natural birth canal

75. At the patient 70 years old many years has been complaining of the itch of vulva, on major vulvar lip there is the ulcer with dense edges and necrotic floor. Simptom of Chervj is positive. What is the primary diagnosis?
1. Cancer of vulva
2. Lichen sclerosis
3. Syphilis
4. Leukoplakia
5. Tuberculoma

76. Volume of an operative measure at cancer of ovaries II - III degree consists of:
1. Hysterectomy with uterine appendages and resection of omentum major
2. Expanded hysterectomy (Wertheim's operation)
3. Supravaginal amputation of uterus with uterine appendages
4. Both-sided ovariectomy
5. Panhysterectomy

77. The patient, 65 years old, has complaints of bloody discharges from genital tract during last 2 weeks, dull pain in the lower abdomen. Menopause 12 years. The pain start about 4 months ago, was gone of appetite, sick began to lose weight. During last 8 months poor watery discharges was present. At examination the cervix is free of pathology, external os is closed. Bimanually – the cervix is cylindrical, usual in density. The uterus is slightly enlarged, dense in consistence, inactive, painless at palpation. Appendages are without features. The discharges are bloody, poor. The infiltrates in pelvis are not present. What is the probable diagnosis?
1. The cancer of uterus
2. The abnormal uterine bleeding
3. The erosion of cervix
4. The cancer of cervix
5. The cancer of ovaries

78. Wertheim's Operation differs from simple hysterectomy by removal together with the uterus:
1. Ligaments of the uterus
2. Parametriums
3. Iliac lymph nodes
4. The upper third of the vagina and the entire lymphatic collector surrounding the uterus
5. All of the above

79. The most common histological type of cancer of the vulva is:
1. Ferrous
2. Light-cell
3. Low-grade
4. Squamous cell
5. Basal cell

80. The main way for metastasis of endometrial cancer is:
1. Hematogenic
2. Lymphogenic
3. Implantation
4. Contact
5. Distant

81. A 58-year-old woman complains of poor spotting from the vagina and dyspareunia. Menopause during 6 years. An ultrasound examination revealed atrophy of the endometrium. In

speculum - mucous membrane of the vagina is pale, dry, with ulcers. Choose the most appropriate treatment.
1. Estriol cream
2. Medroxyprogesterone Acetate
3. Estrogen and Progesterone Therapy
4. Endometrial biopsy
5. Diagnostic curettage of the uterine cavity

82. A gynecological examination in patient K., aged 28, revealed cervical erosion, which bleeds easily when touched. From the anamnesis, the presence of contact bleeding was established. What examination is necessary?
1. Colposcopy and target biopsy
2. Simple colposcopy
3. Cytological examination of the secretion of the cervical canal
4. Rectovaginal and rectoabdominal studies
5. X-ray examination of the pelvic organs

83. At 70-year-old patient in the postmenopausal period developed bleeding from the genital tract. During a gynecological examination - spotting from the cervical canal was revealed. Uterus and appendages are without features. What examination method is optimal for the diagnosis?
A. Fractional diagnostic curettage of the uterus with histological examination
B. Colposcopy
C. X-ray examination of the pelvic organs
D. Cytological examination
E. Ultrasound examination of the pelvic organs

84. At the woman 32 years old hyperemia of the cervical canal and vaginal part of cervix is revealed during the examination in speculum. With the help of what method it is possible to establish the pathology of cervix?
1. Colposcopy with biopsy and histological examination
2. Culdoscopy
3. Colpocitological examination
4. Diagnostic currettage of uterus and cervix
5. Ultrasound examination

85. At the 30-year's woman on cervix the area with pathologically altered mucosa, dimensions up to 1 cm, is not painted by Lugol’s solution is founded, at touch does not bleed. With the help of what method it is possible to establish the pathology of cervix?
1. Biopsy
2. The examination is not necessary
3. The examination is possible only after the delivery
4. Diagnostic excision of cervix
5. Colposcopy

86. From what age of women the speculum examination of cervix should be done regularly?
1. At all women from the beginning of sexual life.
2. After 40-50 years
3. After 20 years
4. After 40 years
5. At the women with diseases of cervix of uterus.

87. The woman with complains of hyperpolymenorrhea and infertility visits a gynecologist. The basic signs are: the obesity, hirsutism, acantosis nigrans. After the complete examination the diagnose – polycystic ovary syndrome – is confirmed. At ultrasound examination of uterus the hyperplasia of endometrium (18 mm) is determined. What is the most probable cause of endometrial hyperplasia?
1. Inflammatory processes in endometrium
2. Persistence of the follicle
3. Hypothyroidism
4. Human papillomavirus
5. Chronic anovulation

88. Morphological changes in vulva lichen sclerosis are more pronounced:
1. In the epithelium of the vulva
2. In the vessels of the vulva
3. In the entire thickness of the vulva
4. In the connective tissue of the vulva
5. In the nervs of the vulva

89. For lichen sclerosis of the vulva all the listed clinical symptoms are character, except:
1. Puckering of the labia majora and minora
2. Itching in the region of the clitoris
3. Dryness of the skin and mucous membranes of the vulva
4. Narrowing of the entrance to the vagina
5. Edema of the vulva tissues

90. Macroscopic changes in the lichen sclerosis of the vulva are all listed except:
1. "White spots"
2. "Pearl" skin tone
3. Telangiectasia
4. Focal pigmentation
5. Atrophy of the external genitals

91. The patient, 35 years old, complains of moderate bloody discharges with clots, expulsion of small fragments of vesicular tissue. Menstruation is delayed for 4 weeks. Anamnesis: 2 births, 5 abortions. Vaginally: the uterus is enlarged equal to 9-10 weeks pregnancy, the cervical canal is dilated 2 cm. The fetal tissues are determined in the canal, with the presence of multiple “vesicles”. Discharge is bloody, profuse, with clots. What is the optimal doctor’s tactics?
1. Curettage of the uterus + uterotonics + antibiotics, the removed tissue should be sent for pathohistological examination
2. Tocolytis drugs
3. Hemostatic drugs
4. Blood transfusion
5. Chemotherapy

92. Patient, 28 years old, after surgical removal of hydatidiform mole, the amount of human chorionic gonadotropin in the blood returned to normal level. After 2 weeks, HCG is threefold increased. The patient was examined, no metastases were found. What is the optimal doctor’s tactics?
1. Chemotherapy course: methotrexate + folic acid
2. Extirpation of the uterus with appendages without chemotherapy
3. Observation for 5 years after chemotherapy
4. Supravaginal uterine amputation

5. Hormonal therapy

93. The patient, 28 years old, 3 months after a normal birth, appeared bleeding from the genital tract, then stopped spontaneously, after 2 months bleeding has resumed, pains appeared in the lower abdomen, cough with a blood. Gynecological examination: the cervix is clean, cyanosis of the vaginal mucosa and cervix; the body of the uterus is increased, equal to 7-8 weeks pregnancy, tuberous, immobile. Appendages are without features, fornixes are free. Discharge is bloody, moderate. The level of HCG in the blood serum is 75,000 units. What is the most probable diagnosis?
1. Chorionic carcinoma of uterus with the lungs metastases
2. Cervical pregnancy
3. Endometritis
4. Abortion in progress
5. Uterine pregnancy

94. The patient, 35 years old, complains of moderate bloody discharges with clots, expulsion of small fragments of vesicular tissue. Menstruation is delayed for 4 weeks. Anamnesis: 2 births, 5 abortions. Vaginally: the uterus is enlarged equal to 9-10 weeks pregnancy, the cervical canal is dilated 2 cm. The fetal tissues are determined in the canal, with the presence of multiple "vesicles". Discharge is bloody, profuse, with clots. What is the most probable diagnosis?
1. Hydatidiform mole
2. Abortion in progress
3. Incomplete abortion
4. Complete abortion
5. Missed abortion

95. For the diagnosis of trophoblastic disease, the most effective definition is:
1. Human chorionic gonadotropin
2. Trophoblastic b-globulin
3. Human chorionic somatotropin
4. true 1 and 2
5. All of the above

96. Most often, choriocarcinoma occurs after:
1. Abortions
2. Molar pregnancy
3. Normal childbirth
4. Premature birth
5. Postterm birth

97. Pathogenetic variants of choriocarcinoma are:
1. Chorioncarcinoma after normal pregnancy
2. Chorioncarcinoma after pathological pregnancy
3. Chorioncarcinoma in postmenopausal women
4. True 1 and 2
5. All of the above is true

98. The presence of luteal cysts in patients with uterine choriocarcinoma affects the prognosis:
1. Positively
2. Negatively
3. No influence
4. Unknown

5. Differently

99. Chemotherapy for patients after removal of molar pregnancy is:
1. Not recommended
2. Definitely
3. Depends on the morphological picture
4. At the discretion of the doctor, depending on clinical and laboratory data
5. Recommended

100. Patients with chorioncarcinoma, depending on the prevalence of the process, is advisable to be conducted with:
1. Monochemotherapy
2. Polychemotherapy
3. Anti-inflammatory therapy
4. True a) and b)
5. All of the above

101. Patient, 21 years old, complains of abnormal discharge from the genital tract and itching of the external genital organs, which appeared after sexual intercourse. Not married. On examination, hyperemia of the vaginal fornix and cervix is revealed. In the area of the posterior vaginal fornix, there is an accumulation of purulent, grayish-yellow, foamy discharge. What is the suspected diagnosis?
1. Acute trichomoniasis
2. Acute gonorrhea
3. Urogenital Chlamydia
4. Mycoplasmosis
5. Ureaplasmosis

102. A 23-year-old patient complains of itching, burning, watery vaginal discharge with a “fishy” smell. In speculum: mucous membrane of the cervix and the walls of vagina is usual pink color. Vaginal examination: the body of uterus and appendages are not changed. Gram stained microscopy of smears reveal key cells. What is the most probable diagnosis?
1. Bacterial vaginosis
2. Chlamydiosis
3. Gonorrhea
4. Trichomoniasis
5. Candidiasis

103. Patient A., 30 years old, enter a gynecological department with complaints of pain in the lower abdomen, fever up to 37.8ºC, abnormal smelly discharge from the genital tract. Complaints appeared after sexual intercourse. On examination, the uterus is normal in size, tender, the appendages on both sides are enlarged, painful on palpation. What is the most probable diagnosis?
A. Acute gonorrhea
B. Acute trichomoniasis
C. Acute salpingoophoritis
D. Endometritis
E. Vulvovaginitis

104. Sick woman, 18 years old, visit a gynecologist with complaints of warty eminences in region of introitus. At examination of external genitalia on major and minor vulvar lips the papillary vegetations, mild in consistency, painless are determined. At special gynecological

examination the pathology of internal genitalia is not revealed. What is the most probable diagnosis?
1. Pointed condyloma
2. Flat condyloma.
3. Papillomatosis
4. Vegetans pemphigus.
5. Cancer of vulva.

105. Sick woman, 18 years old, visit a gynecologist with complaints of warty eminences in region of introitus. At examination of external genitalia on major and minor vulvar lips the papillary vegetations, mild in consistency, painless are determined. At special gynecological examination the pathology of internal genitalia is not revealed. What pathogen the most probable causes this disease?
1. Human papillomavirus
2. Herpes virus
3. Candida albicans
4. Trichomonas vaginalis
5. Chlamidia trachomatis

106. The woman 35 years old, not married, visits the gynecologist with complaints of purulent discharges, frequent painful urination, and itch in region of the urethra. These symptoms have appeared 5 days after casual sexual contact. Objective: the labia of urethra are hyperemic, pasty, discharge from urethra is purulent. Discharge from the genital tract is purulent. What is the most probable diagnosis?
1. Acute gonorrheal urethritis
2. Chronic gonorrheal urethritis
3. Chlamydiosis
4. Gardnerellesis
5. Ureaplasmosis

107. The woman, 28 years old, visit the gynecologist with complaints of discharges and itch in genitals appearance. Discharges and itching have appeared about one week ago. From anamnesis it is known, that the woman had some sexual contacts with the different men last 3 months. Objective: discharges have watery character, greyish colour with "fish" odour. What is the most probable diagnosis?
1. Gardnerellesis
2. Trichomoniasis
3. Candidiasis
4. Chlamydiosis
5. Ureoplasmosis

108. The young family visit the family consultation centre because the woman during two years could not conceive. Two previous pregnancies finished by spontaneous abortions in early terms of gestation. From anamnesis it is known and husband and wife were repeatedly treated for urolithiasis. What genital infection can result in infertility and urolithiasis?
1. Ureaplasmosis
2. Trichomoniasis
3. Gardnerellesis
4. Chlamydiosis
5. Candidiasis

109. The most reliable method of diagnostics chlamydiosis is:

1. The polymerase chain reaction.
2. The method of electron microscopy.
3. Method of cells culture.
4. Method of an immunofluorescence.
5. Method of discharges microscopy.

110. Sick woman, 18 years old, complaints of itch in vagina, abnormal discharges. She is sick during three days, when was treated by antibiotics. Objective: the vulva and the introitus are swollen, hyperemic. In speculum: the vagina is hyperemic, swollen, is coated with the discharges, white colour, profuse, "cheesy". The uterus and appendages are without features. What is the most probable diagnosis?
1. Candidiasis
2. Nonspecific colpitis
3. Genital herpes
4. Chlamydiosis
5. Acute gonorrhea

111. A 25-year-old woman came to the gynecological department with complaints of fever up to 38.6 ° C, pain in the lower abdomen, dysuria. She is sick during 3 days, when after an artificial abortion these complaints appeared. Gynecological examination: the cervix is cylindrical, the os is closed. The body of uterus is slightly enlarged, painful, soft. Uterine appendages are not palpable. Discharge is purulent-bloody. In a blood test, leukocytosis with a left shift, accelerated ESR. What is the most probable diagnosis?
1. Acute endometritis
2. Acute endocervicitis
3. Acute salpingo-oophoritis
4. Acute cystitis
5. Piosalpinx

112. A 27-year-old patient complains of pain in the lower abdomen, painful urination, and fever up to 37.4 ° C. She is married for 4 years and has a history of two miscarriages in the first trimester. During bimanual examination, the discharge is serous-purulent, the uterus is painful on palpation, and the appendages on both sides are enlarged, painful. The last year is marked by infertility. What is the probable cause of infertility?
1. Inflammation of the genitals, obstruction of the fallopian tubes, bilateral specific adnexitis
2. Disturbance of the menstrual cycle
3. Endocervicitis
4. Endometritis
5. Nonspecific inflammation of the appendages

113. A 18-year-old patient enter the gynecological department, complains a day after an accidental sexual intercourse began to disturb the pain in the lower abdomen and during urination, abnormal purulent discharge from vagina, and fewer up to 37.8 ° C. The acute bilateral adnexitis was diagnosed. The microscopy revealed total leukocytosis, and diplococcus bacteria located intra- and extracellular in vaginal discharge. What is the etiology of acute adnexitis in a patient?
A. Gonorrhea.
B. Colibacillar.
C. Chlamydia.
D. Trichomonas.
E. Staphylococcus.

114. Sick woman, 25 years old, with complaints of the urodynia, discharge, fewer up to 37.9ºC, pain in the lower abdomen. The beginning of disease was acute, after the sexual intercourse 5 days ago. The cervix is conical; the external os is closed with purulent discharges from the cervical canal. Bimanual examination: the displacement of cervix is sharply painful. The uterus and the appendages are not determined because of abdominal wall morbidity. What is the most probable diagnosis?
1. Acute salpingo-oophoritis (gonorrheal etiology)
2. Acute adnexitis
3. Tubercular adnexitis
4. Mycotic colpitis
5. Acute inflammation of uterine appendages (trichomonas etiology)

115. Features of the course of inflammatory diseases female genitalsia non-specific etiology are all of the above, except:
1. Increase in the number of patients under the age of 18 and over 55 years
2. Increasing the number of tubo-ovarian formations
3. Absence in the majority of patients clearly expressed clinical picture of the disease
4. Significantly more frequent detection of parametritis
5. Tendency of inflammatory diseases to a long-term chronic course with frequent exacerbations

116. Features of the clinical course of pelvioperitonitis gonorrhea etiology in contrast to pelvioperitonitis non-specific etiology:
1. Tendency to adhesions
2. More frequent separation of the process
3. The presence of symptoms of irritation peritoneum in the lower abdomen
4. True 1 and 2
5. All of the above is true

117. Gonorrheal etiology of the inflammatory process in the area of appendages we can assume (with a high probability):
1. In the presence of bilateral salpingooforitis in an infertile woman
2. In presence combination of bilateral salpingoophoritis with endocervicitis (for women who have not had a birth, abortion, invasive medical and diagnostic procedures)
3. In combination bilateral salpingoophoritis with urethritis, bartholinitis
4. True 2 and 3
5. All of the above

118. Patients with chronic endometritis usually have a bloody discharge from the genital tract:
1. Premenstrual
2. Postmenstrual
3. Intermenstrual (ovulatory)
4. True 1 and 2
5. All of the above is true

119. After the antibiotic therapy in patients with exacerbation of chronic salpingoophoritis should be noted:
1. Normalization of body temperature
2. Improvement of the subjective state
3. Deepening of immunodeficiency
4. True 1 and 2
5. All of the above

120. In patients with the toxic stage of gynecological peritonitis all of the above is noted, except:
1. Tachycardia (up to 120 per minute)
2. Severe shortness of breath
3. Absence of pain during palpation of the anterior abdominal wall
4. Hypotension
5. Oliguria

121. The patient is 34 years old, enter the gynecological department with complains of pain in the lower abdomen. 2 years ago, uterine fibroids were diagnosed. Leukocytosis $17x10^9$/l. Symptoms of peritoneal irritation are positive. During vaginal examination, the uterus is enlarged to 10 weeks of pregnancy, painful, one of the myomatous nodes is mobile, sharply painful. What is the most probable diagnosis?
1. Torsion of pedunculated myomatous node
2. Ovarian cyst
3. Exacerbation of bilateral adnexitis
4. Rupture of the pyosalpinx
5. Acute appendicitis

122. A 36-year-old patient complains of pain in the lower abdomen on the left that arose suddenly. Objectively: the Blumberg's symptom is possible in the lower abdominal regions; the external genitalia are without pathology, the cervix is cylindrical, clean. The body of uterus is enlarged equal to 12-13 weeks of pregnancy, limited mobile, dense, and tuberous. One of the nodes on the left near the fundus is sharply painful. The fornixes are free. Appendages are not determined, their area is painless. Discharge is serous. Blood test: Hemoglobin - 120 g/l, white blood cells - $12x10^9$/l, stabs - 10%. What is the most probable diagnosis?
1. Necrosis of fibromatous node
2. Spontaneous rupture of a pregnant uterus
3. Chorionic carcinoma
4. Interrupted tubal pregnancy
5. destructive forms of hydatidiform mole

123. Patient, 26 years old, married, complains of pain in the lower abdomen, blood spotting from the genital tract. Menstrual cycle is regular, now menstruation is delayed for 2 weeks. The pregnancy test is positive. Objectively: the Blumberg's symptom is possible in the lower abdominal regions. Vaginal examinations: sharp pain with cervical displacement. The uterus is slightly enlarged. In the area of the right appendages, - an elongated soft formation, painful on palpation is determined; spotting from the genital tract. What is the most probable diagnosis?
1. Interrupted tubal pregnancy
2. Uterine pregnancy
3. Ovarian apoplexy
4. Acute appendicitis
5. Acute adnexitis

124. Girl 12 years old complains of colicky pains in the lower abdomen on the right have appeared suddenly during the physical exercises, nausea, there was a vomiting, fever up to 38ºC. At a palpation of her abdomen - Blumberg's symptom is positive in right iliac region. What examination is the most informative for establishment of the diagnosis?
1. Ultrasound examination
2. General analysis of a blood
3. General analysis of urine
4. Rectal examination
5. X-ray examination of the abdominal cavity

125. Girl 12 years old complains of colicky pains in the lower abdomen on the right have appeared suddenly during the physical exercises, nausea, there was a vomiting, fever up to 38ºC. At a palpation of her abdomen - Blumberg's symptom is positive in right iliac region. Rectal examination: the uterus is normal in size, left appendages are not determined, painless, right appendages are enlarged up to 4*5 cm, sharply painful at palpation. Fornixes are free. What is the most probable diagnosis?
1. Ovarian cyst torsion
2. Interrupted tubal pregnancy
3. Ovarian apoplexy
4. Acute appendicitis
5. Acute adnexitis

126. Sick woman, 28 years old, enter the gynecological department with complains of the sharp pain in the lower abdomen on the right has arisen after the weight lifting. Last menses were 10 days before, in time. At examination in speculum: vagina and cervix are without pathology. At the vaginal examination: the uterus and the appendages are not accessible for palpation because of sharp pain and protective muscle tension of the anterior abdominal wall. Back fornix is protruded, sharply painful. What is it necessary to do to improve the diagnosis?
1. Culdocenthesis
2. Colposcopy
3. Culdoscopy
4. To determine the chorionic gonadotropin
5. Hysteroscopy

127. During the instrumental abortion abortion in term 8-9 weeks, the perforation of uterus was made. What should be a prophylaxis of this complication?
1. Prophylaxis of abortions (contraception).
2. Therapeutic abortions in earlier terms.
3. Antibacterial therapy before the instrumental abortion.
4. Surgical sterilization.
5. Medico genetic consultation.

128. Into the hospital the 38-year's woman with profuse uterine bleeding, spastic pain in the lower abdomen has arrived. At examination: in the cervical canal the tumorous node is located, the peduncle of it comes from the uterine cavity, the uterus is ball-shaped, has dimensions equal to 5-week pregnancy, the appendages are not palpated. What is the plan of treatment?
1. Removal of the node, curettage with histological examination
2. Biopsy of the node
3. Hysterectomy
4. Supravaginal amputation of uterus
5. Amputation of cervix with the node

129. Into the hospital the 38-year's woman with profuse uterine bleeding, spastic pain in the lower abdomen has arrived. At examination: in the cervical canal the tumorous node is located, the peduncle of it comes from the uterine cavity, the uterus is ball-shaped, has dimensions equal to 5-week pregnancy, the appendages are not palpated. What the most probable diagnosis?
1. The birth (expulsion) of pedunculated submucous myomatous node
2. Necrosis of myomatous node
3. Abortion in progress
4. Cancer of cervix
5. Incomplete abortion

130. The most frequent complication of benign ovarian tumors is:
1. Ovarian cyst torsion
2. Rupture of ovarian cyst
3. Infection of ovarian cyst
4. Malignisation of ovarian cyst
5. Compression of the neighbour organs

131. A girl, 16 years old, complains of an absence of menstruation. Periodically (1 time per month) notes pain in the lower abdomen during the last 2 years. Secondary sexual features are fully developed. At examination of the external genitalia, the hymen is not perforated, there is a continuous septum at the entrance to the vagina, which is slightly bulging and has a bluish-purple color. What is the most probable diagnosis?
1. Atresia of hymen
2. Primary amenorrhea
3. Genital infantilism
4. Pituitary tumor
5. Ovarian dysfunction

132. A 60-year-old patient in the postmenopausal period has appeared poor smelly bloody discharge from the genital tract. At gynecological examination: the uterus is normal in size, located immediately after the entrance to the vagina. What examination method helps to prove the diagnosis?
1. Examination of the vagina and cervix with speculum
2. Colposcopy
3. X-ray examination of the pelvic organs
4. Cytological examination
5. Ultrasound examination of the pelvic organs

133. A 54-year-old woman complains of poor spotting from the vagina and dyspareunia. Menopause during 3 years. An ultrasound reveal atrophy of the endometrium. The speculum examination reveal the mucous membrane of vagina is pale, dry, with ulcers. What is the most optimal treatment?
1. Estrogen cream
2. Androgens
3. Combined estrogen and progesterone therapy
4. Endometrial biopsy
5. Diagnostic curettage of the uterine cavity

134. A girl, 16 years old, complains of an absence of menstruation. Periodically (1 time per month) notes pain in the lower abdomen during the last 2 years. Secondary sexual features are fully developed. At examination of the external genitalia, the hymen is not perforated, there is a continuous septum at the entrance to the vagina, which is slightly bulging and has a bluish-purple color. What is the optimal doctor's tactics?
1. Hymenotomy
2. Cyclic hormonal therapy
3. Cyclic vitamin therapy
4. Hysterectomy
5. Ovaryectomy

135. A 60-year-old patient in the postmenopausal period has appeared poor smelly bloody discharge from the genital tract. At gynecological examination: the uterus is normal in size,

located immediately after the entrance to the vagina. What is the most probable diagnosis?
1. Prolaps of uterus
2. Cancer of uterus
3. Cancer of cervix
4. Cystocele
5. Rectocele

136. The woman 64 years old with 2 births, weight 4500 and 4800, heavy physical work in anamnesis, complains of frequent urination, dull pain in the lower abdomen, in a loin. At an exercise stress from the pudendal cleft appears the tumorous formation, which is easily moves inside. It is impossible to connect the fingers above the perineum near the vagina. What is the most probable diagnosis?
1. Incomplete prolapse of uterus, cystocele
2. Complete prolapse of uterus
3. Cyst of the Garthner's canal
4. Expulsion of the fibromatose node
5. Cyst of the Bartolin's gland

137. The woman 58 years old with 2 births, weight 4200 and 4400, heavy physical work in anamnesis, complains of constipations, discomfort in the lower abdomen, in a loin. At an exercise stress the posterior wall of vagina appears from the pudendal cleft, easily moves inside after relaxation. What is the most probable diagnosis?
1. Rectocele
2. Cancer of vagina
3. Cancer of cervix
4. Cystocele
5. Prolaps of uterus

138. At the girl 14 years old with dismenorrhea on the base of results of the ultrasound examination the accessorial functional horn of uterus with outflow disorder was diagnosed. What is the most optimal treatment?
1. Laparotomy. Removal of accessorial horn of uterus
2. Treatment by gestagens
3. Treatment by estrogens
4. Hysterectomy
5. Removal of accessorial horn of uterus with ovary

139. At the woman 45 years old, office worker, 3 births, 2 abortions, regular medical examination reveal the ptosis of vagina walls II degree. What is the most probable cause of disease?
1. Birth trauma
2. Hard physical work
3. Cancer of vagina
4. Erosion of cervix
5. Disturbance of menstrual function

140. A woman, 32 years old, enters the gynecological department with uterine bleeding. Speculum examination and bimanual examination revealed no pathological changes in the genitals. From the anamnesis it is known that uterine bleeding was twice observed during the year, about which curettage of the uterus was performed twice. The histological conclusion: glandular endometrial hyperplasia. What therapy should be prescribed to prevent repeated bleeding and prevent pregnancy?

1. Combined estrogen-progestogen therapy
2. Androgens
3. Gestagens
4. Hemostatic agents
5. Vitamin Therapy

141. What method of contraception should be recommended to an 18-year-old girl who does not have a constant sexual partner?
1. Barrier contraception
2. Spermicides
3. Intrauterine contraception
4. Combined hormonal contraception with high-dose COCs
5. Contraceptive implant

142. What method of contraception is recommended for a 46-year-old woman having two children, who has regular sex with one regular partner (husband), and with asymptomatic small sizes uterine fibroids?
A. Hormonal intrauterine contraceptive system
B. Combined hormonal contraception
C. Mini-pill
D. Calendar method
E. Coitus interruptus

143. What method of contraception should be recommended to a 22-year-old nulliparous woman who has one constant sexual partner?
1. Barrier contraception
2. Spermicides
3. Intrauterine contraception
4. Combined hormonal contraception with low-dose COCs
5. Contraceptive implant

144. The 23 years old patient. Menses is from 13 years, 5-6 days, cycle 28 days, moderate, painless. The last menstruation has finished 5 days ago. Married for three years, suffers from infertility. What examination should be done first of all?
1. Vaginal examination and smears from three points
2. Smears for colpocytology
3. A spermogram of a husband
4. Ultrasound examination
5. Determine the sex hormones level dynamically

145. A 28-year-old patient visit the gynecologist with complains of infertility. She is married 4 years, do not use contraception. There were no pregnancies. At examination: condition of the genitalia is without pathology. The fallopian tubes are passable. Basal temperature during 3 menstrual cycles is monophasic. What is the most possible cause of infertility?
1. Anovulatory menstrual cycle
2. Immunological infertility
3. Genital endometriosis
4. Chronic salpingoophoritis
5. Menstrual irregularities

146. A 27-year-old patient complains of pain in the lower abdomen, painful urination, and fever up to 37.9°C. She is married 4 years and has a history of two miscarriages in the first trimester.

At bimanual examination: the discharge is serous-purulent, the uterus is painful on palpation, and the appendages both sides are enlarged, painful. The last year is fixed infertility. What is the most probable cause of infertility?
1. Inflammation of the genitals, obstruction of the fallopian tubes, bilateral specific adnexitis.
2. Violation of the menstrual cycle.
3. Endocervicitis.
4. Endometritis.
5. Nonspecific inflammation of the appendages.

147. The mother of a sick child, 5 years old, visits a gynecologist with complains of severe itching and a burning in the vagina. A week ago the girl took antibiotics to treat bronchitis. On examination, vulva is edematous. The discharge is yellowish, chees-like. What is the preliminary diagnosis?
1. Candidiasis
2. Gonorrhea
3. Urogenital Chlamydia
4. Mycoplasmosis
5. Ureaplasmosis

148. A 10-year-old girl has irregular blood spotting from the vagina; swelling and darkening of the nipples; breast enlargement, slight pubic hair, under the armpits; vulvar cyanosis. Rectally: an increase in the size uterus, a tumor-like formation near the uterus on the right. The estrogen content is similar to that of an adult woman, and gonadotropins are low. There is no acceleration of somatic development. What is the most probable diagnosis?
1. Feminizing ovarian tumor
2. Adrenogenital Syndrome
3. Precocious puberty central origin
4. Babinsky-Fröhlich Syndrome
5. Lawrence-Moon-Beadle Syndrome

149. A mother with a girl 6 years old visit the gynecologist with complaints of a purulent discharge that appeared in the girl, irritating the skin of the genitalia and hips. The girl is often sick, suffers from chronic tonsillitis. Physical development corresponds to the age. On examination: the external genitalia are hyperemic, swollen. There is an expressed hyperemia of the introitus and hymen. The discharge from the pudendal cleft is profuse, mucopurulent. What is the most probable diagnosis?
1. Vulvovaginitis
2. Diabetes mellitus
3. Vaginal diphtheria
4. Trichomonas colpitis
5. Cystitis

150. The girl 16 years old complains of moderate bloody discharges from genitalia have appeared after taking a hot bath and has prolonged for 2 weeks already. At vaginal examination: the cervix is pure, uterus is not enlarged, mobile, painless, the appendages are not palpated, fornixes are free, painless. What is the most probable diagnosis?
1. Pubertal AUB
2. Adenomyosis
3. Hysterocarcinoma
4. The abortion in progress
5. Submucous fibromyoma