МИНИСТЕРСТВО НАУКИ И ВЫСШЕГО ОБРАЗОВАНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ,
МИНИСТЕРСТВО НАУКИ, ВЫСШЕГО ОБРАЗОВАНИЯ И ИННОВАЦИЙ
КЫРГЫЗСКОЙ РЕСПУБЛИКИ

МОО ВО Кыргызско-Российский Славянский университет
имени первого Президента Российской Федерации Б.Н. Ельцина

УТВЕРЖДАЮ
декан факультета
АБИЛОВА С.С.

ПРОФЕССИОНАЛЬНЫЙ ЦИКЛ
Гинекология

рабочая программа дисциплины (модуля)

Закреплена за кафедрой **Акушерства и гинекологии**

Учебный план 310501_23_3 лд ин.plx
Специальность 560001 – КР Лечебное дело (Для иностранных студентов)

Квалификация **врач**

Форма обучения **очная**

Программу составил(и): к.м.н., зав. кафедрой акушерства и гинекологии, Сарымсакова Т.А.;
к.м.н., доцент, Долгая Г.В.

Распределение часов дисциплины по семестрам

Семестр (<Курс>.<Семестр на курсе>)	7 (4.1)		8 (4.2)		Итого	
Недель	18		18			
Вид занятий	УП	РП	УП	РП	УП	РП
Лекции	16	16	16	16	32	32
Практические	16	16	32	32	48	48
Контактная работа в период теоретического обучения	0,3	0,3	0,3	0,3	0,6	0,6
В том числе инт.	3	3	4	4	7	7
Итого ауд.	32	32	48	48	80	80
Контактная работа	32,3	32,3	48,3	48,3	80,6	80,6
Сам. работа	39,7	39,7	23,7	23,7	63,4	63,4
Итого	72	72	72	72	144	144

MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC

Government-run Educational Institution of Higher Professional Education
Interstate Educational Organization of Higher Education
Kyrgyz-Russian Slavic University named after the First President
The Russian Federation of Boris Yeltsin

«ENDORSED» BY
Vice-rector

_____

GYNECOLOGY
Course Outline (Module)

Assigned to
Academic Curriculum

Qualification **Specialist**
Mode of Study **Intramural**
Total Credit Value 4 **credit points**

Course Hours 144
including:
in-class learning 80
individual work 63.4

Scope of Testing Semesters:
credits 7
credit with assessment 8

Course Hours Scheduling (per semester)						
Semester Academic Year	**7 (4.1)**		**8 (4.2)**		Total	
Weeks	18		18			
Type of Traning	AC	CO	AC	CO	AC	CO
Lectures	16	16	16	16	32	32
Practical Session	16	16	32	32	48	48
Contact work during theoretical education	0.3	0.3	0.3	0.3	0.6	0.6
Including Interactive Session	3	3	4	4	7	7
Total In-class Session	32	32	48	48	80	80
Contact work	32.3	32.3	48.3	48.3	80.6	80.6
Individual Work	39.7	39.7	23.7	23.7	63.4	63.4
Total	72	72	72	72	144	144

The Course outline developed by:
Candidate of medical science, ass.prof., head of the obstetrics and gynecology department Sarymsakova T.A., candidate of medical science, ass.prof. Dolgaya G.V., candidate of medical science, ass.prof. Umarbaeva D.A., ass. Potylitsyna N.V.

Reviewers:
Candidate of medical science, ass.prof. of the obstetrics and gynecology department KRSU named after B.N.Eltzin Imankazieva F.I.

Candidate of medical science, ass.prof. of the obstetrics and gynecology department KSMA named after I.K. Akhunbaev Nasridinova J.M.

The Course Outline
_ **of gynecology**

in accordance with Academic Curriculum:
_31.05.01 Medical matter
confirmed by KRSU Board of Academics in 29.06.2021 y. record №10

The Course Outline endorsed by obstetrics and gynecology Department Meeting

Record of 24.10.2025y. № 3
Valid for: 2024 – 2029 academic year
The Head of Department , phd, ass.prof. Sarymsakova T.A.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
__ _____ 2026

The course outline has been revised, considered and endorsed for implementation in 2026-2027 Academic Year at the Staff Meeting of obstetrics and gynecology department

Record of _____2026 г. № __
The Head of Department: candidate of medical science, ass.prof. Sarymsakova T.A.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
__ _____ 2027

The course outline has been revised, considered and endorsed for implementation in 2027-2028 Academic Year at the Staff Meeting of obstetrics and gynecology department

Record of __ _____ 2027г. № __
The Head of Department: candidate of medical science, ass.prof. Sarymsakova T.A.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
__ _____ 2028

The course outline has been revised, considered and endorsed for implementation in 2028-2029 Academic Year at the Staff Meeting of obstetrics and gynecology department

Record of __ _____ 2028 г. № __
The Head of Department: candidate of medical science, ass.prof. Sarymsakova T.A.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
__ _____ 2029

The course outline has been revised, considered and endorsed for implementation in 2029-2030 Academic Year at the Staff Meeting of obstetrics and gynecology department

Record of __ _____ 2029 г. № __
The Head of Department: candidate of medical science, ass.prof. Sarymsakova T.A.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
__ _____ 2030

The course outline has been revised, considered and endorsed for implementation in 2030-2031 Academic Year at the Staff Meeting of obstetrics and gynecology department

Record of __ _____ 2030 г. № __
The Head of Department: candidate of medical science, ass.prof. Sarymsakova T.A.

1. COURSE OUTLINE OBJECTIVES
1.1 Training of the specialist doctor capable to give help at obstetric aid and to be guided in clinical symptoms of obstetric and gynecologic diseases for the timely direction of the patient with purpose of rendering specialized medical care.

2. PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAM	
Educational Program Units:	B1.B
2.1	**Students' Preliminary Training Requirements:**
2.1.1	Normal physiology
2.1.2	Clinical pharmacology
2.1.3	Endocrinology
2.1.4	Pathological anatomy
2.1.5	Pathophysiology, clinical pathophysiology
2.1.6	Propaedeutics of internal diseases
2.1.7	Pharmacology
2.1.8	Topographical anatomy and operational surgery
2.1.9	Histology, embryology, cytology
2.1.10	Immunology
2.1.11	Anatomy
2.1.12	Biology
2.1.13	Biochemistry
2.1.14	Urology
2.2	**Course Units and Practical Sessions imposing the prior Proficiency**
2.2.1	Clinical internship
2.2.2	Clinical practice (Medical assistant)
2.2.3	Clinical practice (Medical assistant of out-patient and polyclinic establishment)
2.2.4	Preparation for delivery and delivery of state exam

3. STUDENTS' COMPETENCIES RESULTING FROM THE COURCE UNIT (MODULE)
a a) universal:
- General scientific competencies (GS):
GS-3 - is able and ready to collect, process and interpret with the use of modern information technologies the data necessary to form judgments on relevant social, scientific and ethical issues;
GS-4 – is able and ready to work in a team, tolerant to perceive social, ethnic, religious and cultural differences.
- Instrumental competencies (IC):
IC-1- is capable and ready to work with computer equipment and software for system and application purposes to solve professional tasks;
IC–2 - is capable and ready to use information, bibliographic resources and information and communication technologies, taking into account the basic requirements of information security;
IC-3 - is capable and ready for written and oral communication in the state language and official languages, is able to master one of the foreign languages to solve professional tasks;
- Socio-personal and General cultural competencies (SPC):
SPC-1 - is capable and ready to implement ethical, deontological and bioethical principles in professional activity;
SPC-2 - is capable and ready to master the techniques of professional communication; to build interpersonal relationships, work in a group, constructively resolve conflict situations, to perceive social, ethnic, confessional and cultural differences with tolerance;
SPC-3 - is capable and ready for continuous professional development, self-knowledge, self-development, self-actualization; manage your time, plan and organize your activities, build a strategy for personal and professional development and training;
SPC-4 - is capable and ready to carry out its activities taking into account the moral and legal norms accepted in society, comply with laws and regulations on working with confidential information, bear social and ethical responsibility for the decisions taken;
SPC-5 - is capable and ready for logical and reasoned analysis, for public speech, discussion and polemics, for the implementation of educational and educational activities, for cooperation.

b) professional:

- general professional competencies (PC):

PC-1 – is able and willing to comply with the rules of medical ethics, laws and regulations on working with confidential information, to maintain medical secrecy ;

PC-2 - is capable and ready to analyze the results of its own activities to prevent medical errors, while being aware of disciplinary, administrative, civil, criminal liability;

PC-3 - is able and ready to analyze socially significant problems and processes, use methods of economic relations in the healthcare system;

PC-4 - is capable and ready to conduct pathophysiological analysis of clinical syndromes, to justify pathogenetically justified methods (principles) of diagnosis, treatment, rehabilitation and prevention among the population, taking into account age and gender groups;

PC-5 - is capable and ready to conduct and interpret a survey, physical examination, clinical examination, the results of modern laboratory and instrumental studies, write a medical record of an outpatient and inpatient patient of an adult and a child;

PC-6 - is capable and ready to apply methods of asepsis and antiseptics, to use medical instruments, to master the technique of patient care;

PC-7 - is capable and ready to work with medical and technical equipment used in working with patients, to use the capabilities of modern information technologies to solve professional tasks;

PC-8 - is able and ready to apply up-to-date information on the health indicators of the population at the health care facility level;

PC-9 - is able and ready to know the basic issues and to conduct an examination of working capacity (temporary) and prevention of disability among adults and children;

- preventive activities:

PC 10 - is capable and ready to carry out preventive measures to prevent infectious, parasitic and non-communicable diseases,

PC-11 - is capable and ready to carry out sanitary and educational work among the population to eliminate modified risk factors for the development of diseases, to give recommendations on healthy nutrition;

- diagnostic activity:

PC-14 - is capable and ready to make a diagnosis based on the results of biochemical and clinical studies, taking into account the course of pathology in organs, systems and the body as a whole;

PC-15 - is able and ready to analyze the patterns of functioning of individual organs and systems, use knowledge of anatomical and physiological features, basic methods of clinical and laboratory examination and assessment of the functional state of the body of an adult and children, for timely diagnosis of diseases and pathological processes;

PC-16 - is capable and ready to use the algorithm of diagnosis (main, concomitant, complications) taking into account the ICD, perform basic diagnostic measures to identify urgent and life-threatening conditions;

- medical activity:

PC-17 - is capable and ready to perform basic therapeutic measures for the most common diseases and conditions in adults and children in outpatient and hospital settings;

PC-18 - is capable and ready to provide medical care for acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care;

PC-19 - is capable and ready to provide first aid in case of emergency and life-threatening conditions, to send patients to hospital on a planned and emergency basis;

PC-21 - is capable and ready to conduct physiological pregnancy, delivery;

- rehabilitation activities:

PC-22 - is capable and ready to apply rehabilitation measures (medical, social and professional) among the population with the most common pathological conditions and injuries of the body;

PC-23 - is able and ready to give recommendations on the choice of regimen, to determine indications and contraindications for the appointment of physical therapy, physiotherapy, non-drug therapy, to use the main resort factors in the treatment of adults and children;

- educational activities:

PC-25 - is capable and ready to teach the population basic hygiene measures and educational activities for the formation of healthy lifestyle skills;

- organizational and managerial activities:

PC-26 - is capable and ready to use the regulatory documentation adopted in the healthcare of the Kyrgyz Republic, as well as used in international practical medicine;

PC-27 - is able and ready to use the knowledge of the structure of healthcare organizations, the referral and redirection system;

- research activities:

PC-31 - is capable and ready to analyze and publicly present medical information based on evidence-based medicine.

Final Students' Competences

3.1	**Knowledge:**
3.1.1	- pregnancy diagnostics methods, clinical manifestations of pregnancy by means of laboratory and tool methods of research;
3.1.2	- ways of determination of terms of pregnancy, date of childbirth, prenatal holiday;
3.1.3	- determination of critical terms of pregnancy, stages of development of an embryo/fetus;
3.1.4	- about the changes happening in the woman's organism during pregnancy;
3.1.5	-about the complicated course of pregnancy (early toxicosis, gipertenzive violations of pregnant women, anemia, infections);
3.1.6	- determination of level of need for adjacent experts during pregnancy;
3.1.7	- about features of a course of somatic diseases during pregnancy;
3.1.8	- about the factors influencing somatic health of women during pregnancy;
3.1.9	- about change of the general and local immunity at pregnant women at the gipertenzive violations pregnant women and influence on the somatic status of the woman and condition of a fetus;
3.1.10	- about change of a mineral exchange during pregnancy and influence on a condition of bone system of a fetus;
3.1.11	- about nature of the damaging effect of medicines in the antenatal period;
3.1.12	- about methods of application of local anesthetics, the general anesthesia at pregnancy;
3.1.13	- about volumes of surgical interventions in various terms of pregnancy;
3.1.14	- an etiology, pathogenesis and measures of prevention of the most often found gynecologic diseases;
3.1.15	- modern classification of gynecologic diseases;
3.1.16	- a clinical picture, features of a current and possible complications at women;
3.1.17	- modern methods of clinical, laboratory and tool inspection of women;
3.1.18	- basic principles of diagnosis of gynecological diseases of women;
3.1.19	- methods of treatment and the indication to their application;
3.1.20	- bases of the organization of the out-patient and polyclinic help to women;
3.1.21	- bases of surgical treatment of gynecologic diseases;
3.1.22	- principles of medical examination and rehabilitation of patients;
3.1.32	- ethical and deontological aspects in obstetrics and gynecology.
3.2	**Skills:**
3.2.1	- to direct pregnant women on carrying out preventive procedures;
3.2.2	- correctly and in due time to carry out prevention, diagnostics and treatment of obstetric complications at pregnant women and the feeding women;
3.2.3	- to consider factors of an adverse effect of surgical interventions on a condition of mother and a fetus;
3.2.4	- to collect the full medical (obstetric and gynecologic) anamnesis of the patient, to conduct survey of women, them relatives (biological, medical, psychological and social information);
3.2.5	- to conduct objective examination of the patient (survey, a palpation, an auscultation, measurement the blood pressure, definition characteristics of pulse, breath frequency, etc.) to direct it on laboratory and tool inspection, on consultation to experts;
3.2.6	- to keep medical documentation;
3.2.7	- to form groups of risk among women taking into account a hormonal background;
3.2.8	- to make recommendations about food of pregnant women and the feeding women taking into account change of a mineral exchange in time of pregnancy and during breastfeeding;
3.2.9	- to give emergency aid at childbirth;
3.2.10	- to carry out promotion of breastfeeding for the purpose of the general favorable impact on growth and development newborn.
3.2.11	- to collect the anamnesis, to conduct examination, to interpret results of researches (laboratory, radiological, tool) gynecological of patients;
3.2.12	- to formulate the preliminary diagnosis;
3.2.13	- to formulate indications to the chosen method of treatment;
3.2.14	- to apply prevention methods;
3.2.15	- to fill in the clinical record
3.3	**Expertise:**
3.3.1	- by methods of rendering the first pre-hospital aid at medical emergencies at pregnant women (a preeklampsy, bleeding);
3.3.2	- by assistance methods in emergency situations the pregnant and gynecological patient;
3.3.3	- by assistance methods at childbirth and in the postnatal period, maintaining a partogramma;
3.3.4	- by methods of training of patients in rules of medical behavior and personal hygiene;
3.3.5	- by various methods of treatment of gynecological diseases;
3.3.6	- in the ways of surgical treatment at gynecological diseases.

4. COURSE (MODULE) STRUCTURE AND CONTENT							
Class Code	**Subject Name /Type of Class/**	**Semester / Academic Year**	**Hours**	**Competencies**	**Literature**	**Interactive Sessions**	**Notes**
	Module 1. Gynecology. Gynecologycal endocrinology						
1.1	Anatomy and physiology of the female reproductive organs in different periods of live. Puberty. Perimenoause. The menstrual cycle. Endocrinology. /L/	7	4	IC-3, PC-1, PC-2, PC-3, PC-8, PC-9, PC-25, PC-26, PC-27	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		
1.2	The menstrual cycle. Regulation of menstrual function. Cyclical changes in the reproductive system. Hypothalamic-pituitary-ovarian relationships. Levels of gonadotropic and gonadal hormones in plasma during the menstrual cycle. Morphological changes in the ovaries, endometrium and vaginal opening. Ovarian and uterine cycle. Tests of functional diagnostics. Laboratory diagnostic methods bacteriological, bacterioscopic, PCR, immunochromotogrophic express tests, enzyme-specific, serological, cytological diagnostics, PAP test, hormonal examination, TFD, functional hormonal tests, hormonal colpocytology, diagnosis of ectopic pregnancy-determination of HCG, genetic studies, ultrasound, amniocentesis, cordiocentesis, puncture of the posterior arch, colposcopy, aspiration biopsy of the endometrium, gesteroscopy, doppler examination, ECHO histrosalpingography, ECHO mammography, HSG, CT, MRI, X-ray examination of the skull. /P/	7	6	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2, SPC-4, PC-8, PC-9, PC-25, PC-26, PC-27	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		
1.3	Laboratory diagnostic methods bacteriological, bacterioscopic, PCR, immunochromotogrophic express tests, enzyme-specific, serological, cytological diagnostics, PAP test, hormonal examination, TFD, functional hormonal tests, hormonal colpocytology, diagnosis of ectopic pregnancy-determination of HCG, genetic studies, ultrasound, amniocentesis, cordiocentesis, puncture of the posterior arch, colposcopy, aspiration biopsy of the endometrium, gesteroscopy, doppler examination, ECHO histrosalpingography, ECHO mammography, HSG, CT, MRI, X-ray examination of the skull./SW/	7	6	GS-3, IC-1, IC-2, SPC-3, PC-25, PC-26, PC-27	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		Drawing up scheme of straight lines and feedback of levels of reproductive system. To write down a biological role of FSG, LG, Prolactinum. To make algorithm of a steroid genesis. To write down a biological role of an estradiol, a progesterone. To write down tests of functional diagnostics. To write down phases of a uterine cycle.
1.4	Amenorrhea. Definition. Classification. Primary amenorrhea with a delay of sexual development. Primary amenorrhea without delay	7	6	IC-3, PC-1, PC-2, PC-3	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		

	of sexual development. Secondary amenorrhea. /L/						
1.5	Primary, Secondary amenorrheas (intrauterine pathology, functional violations of hipotalamo-hypophysial system, organic violations of hipotalamo-hypophysial system, ovarial forms).with a delay of sexual development. Müllerian anomalies and disorders of sexual development. Operation of a metroplasty at a bicornuate uterus. Operation of creation of a neovagina (colpopoesis). /P/	7	9	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2, SPC-4, SPC-5, PC-4, PC-5, PC-14, PC-15, PC-16, PC-31	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		
1.6	Primary, Secondary amenorrheas (intrauterine pathology, functional violations of hipotalamo-hypophysial system, organic violations of hipotalamo-hypophysial system, ovarial forms).with a delay of sexual development. Müllerian anomalies and disorders of sexual development. Operation of a metroplasty at a bicornuate uterus. Operation of creation of a neovagina (colpopoesis). /SW/	7	6	GS-3, IC-1, IC-2, SPC-3	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		• To write down classifications of primary and secondary amenorea; • To write down classification дисгенезиигонад; • To describe methods of inspection of patients from the amenorey; • To make the table of differential and diagnostic criteria of a secondary amenorea.
	Module 2. Gynecology. AUB.						
2.1	Abnormal uterine bleeding (AUB): Dysfunctional uterine bleeding (DUB), PALM, COEIN/ /L/	7	2	IC-3, PC-1, PC-2, PC-3	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		
2.2	The classification of disorders of menstrual function. Dysfunctional uterine bleeding. Anovulatory and ovulatory dysfunctional uterine bleeding. Juvenile uterine hemorrhage. Climacteric bleeding. Etiology, pathogenesis, clinical picture, diagnosis, treatment. /P/	7	3	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2, SPC-4, PC-4, PC-5, PC-10, PC-14, PC-15, PC-16, PC-17, PC-18, PC-19, PC-31	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		
2.3	The classification of disorders of menstrual function. Dysfunctional uterine bleeding. Anovulatory and ovulatory dysfunctional uterine bleeding. Juvenile uterine hemorrhage. Climacteric bleeding. Etiology, pathogenesis, clinical picture, diagnosis, treatment. /SW/	7	2	GS-3, IC-1, IC-2, SPC-3	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		• Drawing up classification of DUB • Algorithm of inspection of women with DUB • Treatment methods.
2.4	Endometrial hyperplasia. Definition. Classification: histologic, ICD-10; WHO 2002.Etiology and pathogenesis. Pathological anatomy. Diagnostics. Laboratory and instrumental researches /L/	7	2	IC-3, PC-1, PC-2, PC-3	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		
2.5	Endometrial hyperplasia. Definition. Classification: histologic, ICD-10; WHO 2002.	7	3	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2,	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6,		

	Etiology and pathogenesis. Pathological anatomy. Diagnostics. Laboratory and instrumental researches./P/			SPC-4, PC-4, PC-5, PC-14, PC-15, PC-16, PC-17, PC-18, PC-19, PC-31	L3.3		
2.6	Endometrial hyperplasia. Definition. Classification: histologic, ICD-10; WHO 2002. Etiology and pathogenesis. Pathological anatomy. Diagnostics. Laboratory and instrumental researches./SW/	7	2	GS-3, IC-1, IC-2, SPC-3	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		• To write down classification of hyper plastic processes an endometriya. • To write down algorithm of inspection of patients with a giperplaziya an endometriya. • To write down the principles of treatment. • To define indications to surgical treatment.
2.7	Uterine leyomyoma. Etiopathogenesis, clinic, diagnostics, classification, tactics. Treatment conservative and quick./L/	7	4	IC-3, PC-1, PC-2, PC-3	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		
2.8	Etiology, pathogenesis. Clinico-patogenic options of growth and development of myoma of a uterus. Topography. Symptomatology and clinical current. Diagnosis of myoma of a uterus. Groups of risk on oncological vigilance. Conservative treatment. Indications to surgical treatment of myoma. Preoperative preparation and postoperative leaving. Types of surgeries at myoma. Myoma of a uterus and pregnancy. Forecast./P/	7	6	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2, SPC-4, PC-4, PC-5, PC-7, PC-7, PC-14, PC-15, PC-16, PC-17, PC-18, PC-19, PC-31	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		
2.9	Etiology, pathogenesis. Clinico-patogenic options of growth and development of myoma of a uterus. Topography. Symptomatology and clinical current. Diagnosis of myoma of a uterus. Groups of risk on oncological vigilance. Conservative treatment. Indications to surgical treatment of myoma. Preoperative preparation and postoperative leaving. Types of surgeries at myoma. Myoma of a uterus and pregnancy. Forecast. /SW/	7	4	GS-3, IC-1, IC-2, SPC-3	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		• To write methods of inspection of patients with uterus myoma. • To write down treatment methods. • To write down indications to surgical treatment of myomas of a uterus. • To give the forecast of pregnancy at patients with uterus myoma.
	Credit						
	Module 3. Gynecology. The uterine adnexa's disorders.						
3.1	Endometriosis. Etiopathogenesis, classification, clinic, diagnostics. Tactics, treatment, indications to expeditious treatment./L/	8	2	IC-3, PC-1, PC-2, PC-3	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		
3.2	Endometriosis.. Epidemiology, etiology, pathogenesis, morphological and clinical classification, diagnostics methods,	8	2	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2, SPC-4, PC-4,	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		

	treatment /P/			PC-5, PC-7, PC-14, PC-15, PC-16, PC-17, PC-18, PC-19, PC-31			
3.3	Endometriosis. Epidemiology, etiology, pathogenesis, morphological and clinical classification, diagnostics methods, treatment. /SW/	8	2	GS-3, IC-1, IC-2, SPC-3	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		To write down classification of an endometriosis. • To write down the major pathogenetic factors of an endometrioidny illness. • To write down factors of violation of reproductive function at an endometrioidny illness. To write down the main methods of treatment.
3.4	Tumors of ovaries. Epidemiology, etiology, pathogenesis, morphological and clinical classification, diagnostics methods, treatment./L/	8	4	IC-3, PC-1, PC-2, PC-3	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		
3.5	Tumors of ovaries. Terminology and classification. Etiology and pathogenesis. Clinical manifestations of an endometriosis. Violation reproductive functions at patients with endometriosis. Violation of menstrual function. Diagnosis of endometriosis. Differential diagnosis. Treatment of patients with an endometriosis. Rehabilitation./P/	8	4	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2, SPC-4, SPC-5, PC-4, PC-5, PC-7, PC-14, PC-15, PC-16, PC-17, PC-18, PC-19, PC-31	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		
3.6	Tumors of ovaries. Terminology and classification. Etiology and pathogenesis. Clinical manifestations of an endometriosis. Violation reproductive functions at patients with endometriosis. Violation of menstrual function. Diagnosis of endometriosis. Differential diagnosis. Treatment of patients with an endometriosis. Rehabilitation./SW/	8	3	GS-3, IC-1, IC-2, SPC-3	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		• To write down risk factors of development of tumors of an ovary. • To write down morphological classification of tumors of ovaries. • To make the plan of inspection. • To write down indications to surgical treatment.
3.7.	Extrauterine pregnancy. Types of extrauterine pregnancy. Symptomatology and clinical current. Diagnostics. Laboratory and instrumental researches Conservative treatment. Indications to surgical treatment of extrauterine pregnancy. Complications and their prevention. /L/	8	2	IC-3, PC-1, PC-2, PC-3	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		
3.8	Extrauterine pregnancy. Types of extrauterine pregnancy. Symptomatology and clinical current. Diagnostics. Laboratory and instrumental researches Conservative treatment. Indications to surgical treatment of	8	2	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2, SPC-4, PC-4, PC-5, PC-6, PC-7, PC-14, PC-15,	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		

	extrauterine pregnancy. Complications and their prevention. /P/			PC-16, PC-31			
3.9	Extrauterine pregnancy. Types of extrauterine pregnancy. Symptomatology and clinical current. Diagnostics. Laboratory and instrumental researches Conservative treatment. Indications to surgical treatment of extrauterine pregnancy. Complications and their prevention. /SW/	8	2	GS-3, IC-1, IC-2, SPC-3	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		
	Module 4. Gynecology.						
4.1	Inflammatory diseases of external genitals, vaginas and cervix of a uterus, the oviducts, the ovaries and portions of the parietal peritoneum. /L/	8	4	IC-3, PC-1, PC-2, PC-3	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		
4.2	Inflammatory diseases. Etiology. Clinical picture and principles of diagnostics. Principles of treatment Treatment in out-patient conditions and in the conditions of a hospital. Syndromes of infectious and inflammatory diseases in obstetric and gynecologic practice: fever, bleach, an itch of genitals. Vulvitis. Bacterial vaginosis. Atrophic vaginitis. Nonspecific vaginitis (colpitis), vulvitis. Bartolinitis. Endometritis. Clinic, diagnostics, treatment. Salpingitis, oophoritis. Parametritis. Pelvioperitonit. Peritonitis. Infectious and toxic shock. /P/	8	6	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2, SPC-4, SPC-5, PC-10, PC-14, PC-15, PC-16, PC-17, PC-18, PC-19, PC-31	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		
4.3	Early syphilis. Gonorrhea. Clamidiosis. Trichomoniasis. Genital herpes. Candidiasis (thrush) of a vulva and vagina. /SW/	8	4	GS-3, IC-1, IC-2, SPC-3	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		• To write personal report by one of diseases
4.4	Complex inspection and medical tactics at cervical pathology. Classification of cervical diseases. Benign processes of a cervical and endotservical. Precancer states (epithelium displasy). Preclinical cancer of CIN I, II, III. L-SIL, H-SIL Clinically expressed cancer with an assessment of degree of prevalence of process, on TNM. Colposcopy pictures. Medical tactics at pathological processes of a neck of a uterus. /L/	8	4	IC-3, PC-1, PC-2, PC-3, PC-14, PC-15, PC-16	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		
4.5	Classification of cervical diseases. Benign processes of a cervical and endotservical. Precancer states (epithelium displasy). Preclinical cancer of CIN I, II, III. Clinically expressed cancer with an assessment of degree of prevalence of process, on TNM. Colposcopy pictures. Medical tactics at pathological processes of a neck of a uterus. /P/	8	2	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2, SPC-4, PC-10, PC-31	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		
4.6	Cervical anatomical and	8	2	GS-3, IC-1,	L1.2, L1.3,		

	histological structure of cervics. /SW/			IC-2, SPC-3	L1.4, L2.4, L2.6, L3.3		
4.7	Acute and chronic pelvic pain. Classification. Diagnostics. Differential diagnose. Tactics. Management and treatment. Indications to surgical treatment. /L/	8	2	IC-3, PC-1, PC-2, PC-3	L1.2, L1.3, L1.4, L2.4, L2.5, L2.6, L3.3		
4.8	Acute and chronic pelvic pain. Classification. Diagnostics. Differential diagnose. Tactics. Management and treatment. Indications to surgical treatment. /P/	8	2	GS-4, IC-1, IC-2, IC-3, SPC-1, SPC-2, SPC-4, SPC-5, PC-6, PC-7, PC-14, PC-15, PC-16, PC-17, PC-18, PC-19, PC-31	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3	2	
4.9	Acute and chronic pelvic pain. Classification. Diagnostics. Differential diagnose. Tactics. Management and treatment. Indications to surgical treatment. /SW/	8	2	GS-3, IC-1, IC-2, SPC-3	L1.2, L1.3, L1.4, L2.4, L2.6, L3.3		To write diagnostic criterias of different surgical diseases
	Credit	8					

5. ASSESSMENT FUND

5.1. Advancement Questions and Assignments

Questions for check of level of proficiency the NOBILITY:

Gynecology.

59. Methods of anesthesia of abortions, medical and diagnostic manipulations and gynecologic operations.
60. Methods of artificial interruption of pregnancy in early and late terms – indications (basis), conditions, contraindications, choice of a method and technology of performance.
61. Nonspecific inflammatory diseases of bodies of a small pelvis, a pelvic peritoneum and cellulose – epidemiology, etiologic structure of activators, factors of infection and way of distribution of an infection, pathogenesis, clinical forms. Principles of treatment. Rehabilitation, complications and outcomes.
62. Specific inflammatory diseases of bodies of a small pelvis, a pelvic peritoneum and cellulose – epidemiology, ways of infection (transmissible), problems, special pathogenic characteristics of activators, features of a current and clinical manifestations of an infection, diagnostics, principles of treatment, criteria of cured, measure prevention.
63. Herpes - a viral infection (VPG-1,2; TsMV) and pregnancy – factors and degree of risk of infection of a fetus, ways of infection, nature of infectious defeats, therapeutic tactics at detection of viral infections at women during pregnancy.
64. The tumor formations of ovaries (deprived of an epithelial lining) and hyperplasia of ovaries. Pathogenesis, clinic, diagnostics, treatment. Surgical tactics at detection of the tumor formations. Organ-preserving operations.
65. Tumors of ovaries – a histogenesis, the histologic WHO classification.
66. Benign tumors of ovaries – an etiology, a histogenesis, clinic, the differential diagnosis. Complications. Surgical treatment, forecast. Dispensary supervision.
67. Background processes of a neck of a uterus – definition, pathogenesis, clinic, diagnostics. Treatment. Dispensary supervision.
68. Epithelial dysplasia and a morphological precancer of a neck of a uterus – definition, pathogenesis, risk factors, morphology, classification of a dysplasia. Diagnostics. Treatment. Dispensary supervision.
69. A uterus neck cancer – epidemiology, background processes, options of growth and a metastasis, clinical manifestations and visual signs, diagnostics methods, classification. Treatment, the recommended operation volume. Forecast.
70. Endometrial hyperplasia – morphological classification, clinic-morphological definition of a precancer endometry, etiology, pathogenesis, and diagnostics. Treatment methods (the general hormonal, surgical) and dispensary supervision in age aspect.
71. A uterus body cancer (adenocartcinoma of endometrium) – clinic-morphological options, clinical manifestations. Methods of diagnostics, classification. Treatment methods, the recommended operation volume.
72. Trophoblastic diseases – definition of concepts, an etiology, pathogenetic forms, diagnostics, treatment, dispensary supervision (terms, problem of repeated pregnancy).
73. A cancer of ovaries – epidemiology, risk factors, pathogenic forms, ways of distribution. Classification. Clinic, features of diagnostics. Methods of the combined treatment. The recommended volume surgery.
74. Uterus myoma. Definition, concept. Epidemiology. Etiology. Classification. Clinical symptoms. Diagnostics. Surgical methods of treatment. Indications. Conditions. Organ-preserving volumes operations. Equipment.
75. Not operational methods of treatment of patients with uterus myoma. Small forms of myomas. Pathogenetic justification the recommended means and methods of treatment. Choice and order of purpose of preparations of hormonal therapy.
76. Endometriosis. Definition, concept. Epidemiology. Etiopathogenesis. Classification. Clinical forms. Diagnostics methods.
77. Modern methods of treatment of genital endometriosis. Pathogenetic justification of the combined applications of methods of surgical and drug treatment. Laparoscopic volumes of interventions. Choice and purposes of various hormonal preparations.
78. Pelvic inflammatory disease (PID). Symptomocomplex. Reasons. Diagnostics. Differential diagnosis. Tactics maintaining.

Volume of surgeries. Prevention.
79. Physiology of reproductive system. Regulation levels. Folliculogenesis in ovaries. Process of an ovulation. Biosynthesis of steroids in ovaries. Bodies and fabrics – targets of sexual steroids.
80. Criteria of a normal menstrual cycle. Methods of definition of the maintenance of hormones of an ovary, gonadotropin-releasing hormones. Pregnancy endocrinology. Standards of the maintenance of hormones in blood plasma. Tests functional diagnostics.
81. DUB. Etiopathogenesis. Classification. Therapy. Juvenile violations of a menstrual cycle. Treatment. Indications to a hormonal hemostasis. Prevention.
82. Premenstrual syndrome. Pathogenetic concepts. Clinical forms. Diagnostics. Treatment. Forecast. A premenstrual syndrome in a premenopaus. Diagnostics. Treatment. SHT in a perimenopaus.
83. Hyperandrogenism. The bodies producing androgens. Clinical action. An adrenal gland – functional zones. Regulation mechanisms. Biosynthesis of androgens in adrenal glands. Diagnostics. Tests.
84. Adrenogenital syndrome (AGS). Pathogenesis. Clinical forms. Classification. Congenital (classical) form. Diagnostics. Hormonal tests. Maintaining tactics.
85. Pubertal, AGS postpubertal form. Pathogenesis. Clinical manifestations. Diagnostics.
86. Syndrome of polycystous ovaries (PCOS or MCOS). Etiopathogenesis. Biosynthesis of an estrogen and PCO. Forms. Clinic. Diagnostics. Hormonal tests.
87. Treatment of MCOS. Hormonal methods of stimulation of an ovulation. Indications, volumes of the surgical interventions.
88. Prolactin. Prolactin secretion regulation. Physiological secretion. Hyperprolactinemia. Classification. Clinic. Pathogenesis of violation of reproductive function.
89. Algorithm of inspection of women from the amenorrhea. Interpretation of data.
90. Amenorrhea. Classification. Principles of inspection. Primary amenorrhea. (with a delay of sexual development and without DSD). Secondary amenorrhea.
91. Uterine form of an amenorrhea. Malformations of a uterus and vagina. Aplasia of a uterus (syndrome of Rokitanskogo-Kyustnera). Pathogenesis. Clinical manifestations. Ashirman's syndrome.
92. Ovarial form of an amenorrhea. Organic reasons of a disgenesis of gonads. Syndrome of exhaustion of ovaries. Syndrome resistant ovaries. Hypofunction of ovaries of various genesis. Etiological concepts. Clinic. Diagnostics. Treatment.
93. Hypophysial forms of an amenorrhea. Functional gipogonadotropny amenorrhea. Functional/hypothalamic syndrome. "Empty" Turkish saddle. Hypergonadotropic amenorrha. Diagnostics. Treatment.
94. Central forms of an amenorrhea. Hypothalamic, cortical amenorrhea. Amenorrhea after loss of body weight. Simans, Shikhan's syndrome.
95. Sterile marriage. Definition, types. Factors. Algorithm of inspection of a married couple. Interpretation data.
96. Endocrine factors of infertility. Levels of violations of generative function. Algorithm of inspection. Hormonal tests. Pathogenetic hormonal correction.
97. A syndrome of hyper stimulation of ovaries – iatrogenic factors. Pathogenesis. Clinic. Diagnostics. Complications. Treatment.
98. Climacteric. Terminology. Phases of climacteric. Menopause. Endocrinology of climacteric. Follikulogenesis. Postmenopause.
99. Pathological climax. Classification of climacteric frustration.
100. Hormonal therapy of climacteric frustration in a perimenopaus. Prevention.
101. Substitution hormonal therapy. The basic principles and indications to purpose of the substitution hormonal therapy. The preparations used for SHT. Ways of introduction.
102. Concept of reproductive health and planning of a family. Consultation of patients concerning PS. Integration of services in questions family planning, STD, oncopathology. Classification of methods of contraception. Classes of WHO.
103. Contraception methods: method of lactation amenorrhea, intrauterine device (IUD), barrier, implants, COC, voluntary surgical sterilization of women and men. Selection of patients. Advantages, shortcomings. Side effects.
104. Hormonal methods of contraception. Types. Selection of patients. Not contraceptive properties. Maintaining side effects.
105. Preoperative training of pregnant women (general laboratory, special methods of inspection). Indications, preoperative preparation. Postoperative leaving. Prevention of complications.
106. "Small" gynecologic operations (removal of cysts of external genitals, vaginas, opening abscess, uterus neck biopsy, puncture of the back arch). Indications. Abortion. Types depending on pregnancy term.
107. Anesthesia in obstetrics and gynecology. Labor pain relief. Anesthesia at obstetric and gynecologic operations. Types of anesthesia. Application of analgesic preparations at intravenous administration.
108. Preoperative inspection, preparation and postoperative maintaining patients taking into account features and volume of gynecologic operations.
109. Anatomo-topographical relationship of internal genitals and bodies of the urinary systems of the woman. The techniques during performance of gynecologic operations excluding damages ureter and bladder. Diagnostics of complications.
110. Operation. A separate medical and diagnostic scraping of walls of the cervical channel and a cavity of a uterus – indications, conditions, tools. Technology of performance and protocol of operation.
111. Operation of puncture of an abdominal cavity through the back arch of a vagina - indications, conditions, tools. Equipment performance and protocol of operation.
112. Perforation of a wall of a uterus during abortion operation – the reasons, diagnostics, surgical tactics. Volume and technology of performance of operation, rehabilitation postoperative.
113. Surgical anatomy, volume and technology of performance of operation at overwind legs of a cyst (cistoma) ovary. Prevention of possible complications.
114. Methods of female surgical sterilization by tube occlusion. Opportunities laparoscopic technology of voluntary sterilization. Technology of performance of operation on Mandler's method.
115. Normal position of a uterus in a small basin. The Anatomo-phisiologycal factors defining this situation. Medical terminology, norms and options of anomalies of position of a uterus. Surgical methods of their correction.
116. Conservative and plastic organ-preserving uterus myoma operations – indications, conditions, a choice method and

technology of performance of typical operations. Possibilities of use of modern tool methods operations.
117. Surgical anatomy and technology of performance of operation of supravaginal amputation of a uterus. Possible intraoperative complications.
118. An abdominal extirpation of a uterus – surgical anatomy, degree of risk of intraoperative complications, receptions of safe technology of performance of operations, maintaining the postoperative period. Diagnostics of complications.
119. Uterine bleedings at reproductive age (dysfunctional). Etiology, pathogenesis, clinic, differential diagnosis, treatment. Prevention of recurrence of bleeding. Surgical tactics.
120. Uterine bleedings in the perimenopaus period (dysfunctional) - an etiology, pathogenesis, clinic, differential diagnosis. Treatment (feature of application of hormones). Prevention of recurrence, indications to expeditious treatment.
121. Bloody allocations from sexual ways of the woman in a postmenopaus – the reasons, the differential diagnosis (exception of oncological risk). Treatment (special conditions of application of hormones).
122. Operations on uterus appendages (a tubectomy, plastic surgeries on pipes, sterilization, salpingolysis, salpingotomy, removal and resection of an ovary).
123. A uterus operations – transabdominal (a conservative myomectomy, supravaginal amputation of a uterus, extirpation) indications, contraindications
124. Transvaginal a uterus operations (an extirpation - an assistention), a forward, back colpoperineorrhaphy, levatoroplastiy, perineoplastiy
125. Reconstructive plastic surgeries at anomalies of position of a uterus and walls of a vagina. Indications, preparation, conditions, technology of performance of operations, postoperative maintaining.
126. Operations for malignant diseases. Basic principles. Types of oncological operations, (to have idea).

Level of proficiency to be ABLE and OWN is checked by the solution of situational tasks. The list of standard tasks in APPENDIX NO. 4.

5.2. Course Papers Themes

Course papers aren't provided.

5.3. Assessment Fund

THEORETICAL TASK:
The list of theoretical questions from item 5.1. according to subject.

KURATION OF THE PATIENT:
1. Each student receives for a curation of one patient.
2. On the example of the supervised patient the student has to do the following:
1) To examine subject;
2) To come into confidential contact;
3) To make collecting complaints. The complaints relating to a disease are described;
4) To collect the anamnesis of a disease of the patient (the beginning of a disease, the course of process, treatment in the past, the reasons, on which the patient connects the disease, the hospitalization reasons);
5) To collect the anamnesis of life (the disease postponed in the past, the family anamnesis);
6) To make survey and inspection of the patient;
7) To describe the clinical status;
8) To analyze laboratory and tool these researches;
9) To make the preliminary diagnosis;
10) To carry out the differential diagnosis;
11) To make the clinical diagnosis;
12) To define tactics of alleged treatment;
13) To write diaries of a landmark or summary epicures in the educational clinical record;
14) Briefly to summarize an etiology, pathogenesis, clinic and treatment.

CLINICAL RECORD:
The student fills in the clinical record according to the scheme below:
1. General information about the patient;
2. Complaints.
3. Anamnesis of an illness (anamnesis morbi).
4. Anamnesis of life (anamnesis vitae).
5. Objective research.
6. Laboratory, tool and additional methods of research.
7. Clinical diagnosis.
8. Justification of a clinical diagnosis.
9. Differential diagnosis.
10. Etiology. pathogenesis.
11. Treatment.
Diary.
The used literature.
Methodical recommendations about filling of the clinical record in the APPENDIX No. 2.

THE REPORT WITH PRESENTATION:
The student independently chooses a report subject according to a section subject.
Subject of reports on gynecology:
1. Levels of regulation of menstrual and reproductive function.

2. Endoscopic methods of inspection in gynecology.
3. Congenital dysfunction of bark of adrenal glands.
4. Steroidogenesis in ovaries.
5. Hyper menstrual syndrome.
6. Syndrome of polycystous ovaries.
7. Hyperprolactinemia.
8. Metabolic syndrome.
9. Premenstrual syndrome.
10. Climacteric syndrome.
11. Hypomenstrual syndrome.
12. Sexual transmitted infections

TESTS:
The list of test questions according to subject of the section in the APPENDIX No. 3.

CLASSES/SITUATIONAL TASKS:
I distributed the list of situational tasks in the APPENDIX No. 4 according to subject.
Intermediate certification (OFFSET, OFFSET WITH the ASSESSMENT, EXAMINATION):
The list of questions in the APPENDIX No. 5.

5.4. List of Assessment Tools

1. Theoretical task.
2. Kuration of the patient.
3. Clinical record.
4. The report with presentation.
5. Tests.
6. Situational tasks.
Estimation scales by types of estimated means in the APPENDIX No. 6.

6. COURSE (MODULE) METHODOLOGICAL AND INFORMATIONAL SUPPORT

6.1 Recommended Reading

6.1.1 Required Reading List

	Authors, Compliers	Title	Book publisher, Year
L1.1	D.C. Dutta (edited by H. Konar)	Text Book of Obstetrics	2004
L1.2	Elmar P. Sacala	Obstetrics and Gynecology	2004
L1.3	V.G. Padubidri, Shirish N. Daftary	Shaw`s Textbook of Gynecology	2009
L1.4	D.C. Dutta (edited by H. Konar)	Text Book of Gynecology	2004

6.1.2 Advanced Reading

	Authors, Compliers	Title	Book publisher, Year
L2.1	Barbara R.Stright, Lee-Olive Harrison	Maternal-Newborn Nursing	1996
L2.2	James E. Dimmick, Dagmar K. Kalousek	Developmental Pathology of the Embryo and Fetus	1992
L2.3	John P. Cloherty, Ann R. Stark	Manual of Neonatal Care	1997
L2.4	Jonathan Carter	An Atlas of Transvaginal Sonography	1994
L2.5	Richard Jaffe, Roger A. Pierson, Jacques S. Abramowicz	Imaging in Infertility and Reproductive Endocrinology	1994
L2.6	Elmar P. Sacala	Obstetrics and gynecology	1997

6.1.3 Guidance Papers

	Authors, Compliers	Title	Book publisher,Year
L3.1	Dolgaya G.V., Umarbaeva D.A., Potylitsyna N.V., Asymbekova A.S.	Textbook for practical training in obstetrics	2022
L3.2	Umarbaeva D.A.	Course of lectures on obstetrics. Textbook	2022
L3.3	Dolgaya G.V.	Course of lectures on gynecology. Textbook	2022

6.2 Online Resources

E1	Publishing group "GEOTAR-Media"	www.geotar.ru
E2	Female Health Internet magazine	www.womanill.ru
E3	Vebmedioinfo	www.webMedInfo.ru
E4	Medical Internet magazine	www.medlinks.ru
E5	Electronic Library KRSU	www.lib.krsu.edu.kg
E6	Electronic Library System Znanium	www.znanium.com

6.3. List of Information and Education Technologies

6.3.1 Competence-based Educational Technologies

6.3.1.1	Traditional educational technologies: lectures, the practical training focused on the message of the knowledge and ways of the actions taught to students in finished form and intended for assimilation. Lecturing provides use of the multimedia equipment. Carrying out a practical training with application of tables and visual aids. Occupations begin with

	introduction lecture in which it is necessary to explain the purposes and problems of this discipline; to declare requirements to performance of the current and total control of knowledge; to point to types of the given classes (lecture and practical), including carried out in an interactive form.
6.3.1.2	
6.3.1.3	Innovative educational technologies - occupations which form system thinking and ability to generate ideas at the solution of various situational tasks.
6.3.1.4	The following types of occupations are assumed:
6.3.1.5	- survey lectures in an interactive form (with use of the computer PowerPoint program);
6.3.1.6	- role-playing games;
6.3.1.7	- Case-study - the analysis of concrete practical situations;
6.3.1.8	- discussion;
6.3.1.9	- working in small groups.
6.3.1.10	
6.3.1.11	Information educational technology: independent use by students of the computer equipment and Internet resources for performance of practical tasks and independent work. And also for acquaintance with Internet sources, photo video records on appropriate section. Preparation by the teacher of lectures presentations.
6.3.2 List of Information Reference Systems and Software	
6.3.2.1	Publishing group "GEOTAR-Media" (www.geotar.ru)
6.3.2.2	Female Health Internet magazine (www.womanill.ru)
6.3.2.3	Vebmedioinfo (www.WebMedInfo.ru)
6.3.2.4	Medical Internet magazine (www.medlinks.ru)
6.3.2.5	Electronic KRSU library (www.lib.krsu.edu.kg)
6.3.2.6	Electronic and library «Znanium» system (www .znanium.com)

7. COURSE (MODULE) LOGISTICS	
7.1	1. Theoretical preparation of studying of the program in obstetrics and gynecology is carried out on bases of town clinical maternity hospital No. 2, clinic of the prof. Asymbekova G .U. , the city perinatal center, Chuy regional maternity hospital in lecture halls.
7.2	2. The Simulation center (Alamedin-1 case) equipped with the interactive and medical equipment (an anatomic table), the robotized dummies simulators, the modern resuscitation equipment, phantoms, exercise machines, tools and an expendable material.
7.3	1. Lecture hall "Clinic of the prof. Asymbekova G .U." on 100 seats. In a set: interactive board, multimedia equipment (projector, DVD, TV), whiteboard marker, video movies of obstetric and gynecologic operations.
7.4	2. Base of Clinic of the prof. Asymbekova G .U. Educational room No. 1. Audience for carrying out practical (seminar) training. In a set: computer, model: a basin, a doll,
7.5	Training tables, the training material for carrying out interactive occupations, a training material for carrying out a practical training.
7.6	Video movies of obstetric and gynecologic operations.
7.7	3. Base of Clinic of the prof. Asymbekova G .U. Educational room No. 2. Audience for carrying out practical (seminar) training. In a set: computer, board cretaceous, model: the basin, a doll training tables, the training material for carrying out interactive occupations, a training material for carrying out a practical training, obstetric and gynecologic tools, visual aids on planning of a family and methods of contraception, video movies of obstetric and gynecologic operations a dummy - a gynecologic simulator.
7.8	4. Base of Clinic of the prof. Asymbekova G .u. Educational room No. 3. Audience for carrying out practical (seminar) training. In a set: laptop, model: a basin, a doll, a board cretaceous, the training tables, the training material for carrying out interactive occupations, a training material for carrying out a practical training, video movies of obstetric and gynecologic operations, a dummy for reanimation of the newborn.
7.9	5. GPTs base / City perinatal center.
7.10	Educational room No. 1. Audience for carrying out practical (seminar) training. In a set: computer, board cretaceous, model: the basin, a doll training tables, the training material for carrying out interactive occupations, a training material for carrying out a practical training, obstetric and gynecologic tools, video movies of obstetric and gynecologic operations.
7.11	6. GPTs base. Educational room No. 2. Audience for carrying out practical (seminar) training. In a set: Board cretaceous, model: the basin, doll training tables, the training material for carrying out interactive occupations, a training material for carrying out a practical training, obstetric and gynecologic tools, video movies of obstetric and gynecologic operations.
7.12	7. CMH №2 base. Educational room No. 1. Audience for carrying out practical (seminar) training. In a set: netbook, board cretaceous, model: the basin, a doll training table the training material for carrying out interactive occupations, a training material for carrying out a practical training, obstetric and gynecologic tools, video movies of obstetric and gynecologic operations.
7.13	8. ChuyMH base Educational room No. 1. Audience for carrying out practical (seminar) training. In a set: board cretaceous,a doll training table the training material for carrying out interactive occupations, a training material for carrying out a practical training, obstetric and gynecologic tools, video movies of obstetric and gynecologic operations.

8. COURSE (MODULE) PROFICIENCY METHODICAL GLUIDELINES (FOR STUDENT)

Flow charts of discipline in the APPENDIX No. 1.

METHODICAL INSTRUCTIONS ON the ORGANIZATION of STUDYING of DISCIPLINE:
Training consists of classroom occupations (342 h.), including a lecture course and a practical training, and independent work (144 h.). The main school hours are allocated for practical work on certain diseases. The curation of patients, clinical analyses and development of practical skills of work with women in labor and gynecologic patients is widely used. A practical training is given in the form of work at a bed of the patient, demonstration of the thematic video record and other visual aids, the solution of situational tasks, test tasks, analysis of clinical examples. Work of the student in group forms feelings of a collectivism, a personal responsibility and skill to communicate. It is necessary to pay attention to formation of skills of communication with the patient. Work with patients promotes formation of deontological behavior, accuracy, discipline.

At analysis of nosological forms on certain diseases it is recommended to adhere to the following sequence:
- definition;
- relevance of the studied nosological form and history of the studied question;
- etiology;
- pathogenesis, including genetic factors in development of a disease, existence of the accompanying pathology, a pathomorphology;
- clinical picture;
- criteria of an assessment of severity of a current during the different periods of an illness;
- complications;
- possible outcomes, criteria of recovery, development of a chronic current, reason of lethal outcomes;
- laboratory and tool diagnostics;
- criteria of statement of the diagnosis during the different periods of a disease;
- differential diagnosis;
- treatment: etiological, pathogenetic, symptomatic taking into account age and weight of a course of a disease, rendering the emergency medical care at medical emergencies, treatment of heavy forms of diseases, treatment and prevention of possible complications, treatment in the conditions of a hospital and in out-patient conditions;
- medical examination, rehabilitation;
- prevention.

According to requirements of FGOS IN wide use in educational process of active and interactive forms of carrying out occupations (business role-playing games, analysis of concrete clinical situations, performance of tasks of search and research character is necessary with the help the Internet – resources, etc.). Specific weight of the classes given in interactive forms has to make not less than 10% of classroom occupations.

MODULAR CONTROL ON DISCIPLINE INCLUDES:
1. Current control: assimilation of a training material on classroom occupations (lectures, practical, including visit and activity is considered) and performance of obligatory tasks for independent work.
2. Border control: check of completeness of knowledge and abilities on module material in general. Performance of modular control tasks is carried out in writing and is obligatory component of modular control.
3. Intermediate control - the complete documented part of a subject matter – set of the test modules which are closely connected among themselves.

MAIN REQUIREMENTS TO THE CURRENT CONTROL:
At creation of practical occupation teachers hold to the following general indicative plan:
1. An organizational stage of occupation (time - to 2%);
1) muster;
2) task for the house of the following subject;
3) motivation of a subject of this practical occupation;
4) acquaintance of students with the purposes and plan of occupation;
2. Control and correction of initial level of knowledge (time - to 20%):
1) theoretical poll on the current subject;
2) correction by the teacher of theoretical knowledge of students;
3) a stage of demonstration by the teacher of practical skills (time - to 15%)
4) a stage of demonstration of independent work of students (protection of the report with presentation) (time - to 45%)
5) the final stage of occupation (time - to 18%):
a) total final control of the created theoretical knowledge and abilities by means of the solution of situational tasks;
b) summing up practical occupation (characteristic teacher of performance by students of all purposes of occupation and individual assessment of knowledge and skills).

INDEPENDENT WORK OF STUDENTS
means preparation for a practical training and includes studying of special literature on a subject (the recommended textbooks, methodical grants, acquaintance with the materials published in monographs, specialized magazines on the recommended medical sites); performance of tasks of search and research character by means of Internet resources; preparation of abstracts, performances at a seminar, papers, multimedia presentations; carrying out business games. Independent work is considered as a type of study on discipline and carried out within the hours which are taken away on SRS. Each trained is provided with access to educational methodically office of chair and library stocks of HIGHER EDUCATION INSTITUTION. According to each section on chair methodical recommendations for students, and also methodical instructions for teachers are developed.
Recommendations about planning and organization of time necessary for studying of discipline.

1.It is recommended to organize as follows time necessary for studying of discipline: Studying of the abstract of lecture on the same day, after lecture – 10-15 minutes.
Studying of the abstract of lecture in a day before the following lecture – 10-15 minutes. Studying of theoretical material according to the textbook and the abstract – 1 hour per week. Preparation for practical occupation – the 2nd hour.
In total in a week – 3 hours 30 minutes.
2. Description of sequence of actions of the student:
For understanding of material and its high-quality assimilation such sequence of actions is recommended: After listening of lecture and the termination of studies, by preparation for occupations of the next day, it is necessary to see and consider at first the text of the lecture listened today (10-15 minutes).
By preparation for lecture of the next day, it is necessary to see the text of the previous lecture, to think of what can be a subject of the following lecture (10-15 minutes).
Within a week to choose time (1 hour) for work with the recommended literature in library.
By preparation for a practical training of the next day, it is necessary to read at first the basic concepts and approaches on a homework subject. When performing exercise or a task it is necessary to understand at first that is required in a task, what theoretical material it is necessary to use, draw up the plan of the solution of a task.
3. Recommendations about use of materials of an educational and methodical complex. It is recommended to use methodical instructions at a course and the text of lectures of the teacher.
4. Recommendations about work with literature:
Theoretical material of a course becomes more understandable when in addition to listening of lecture and studying of the abstract, also books are studied. It is easier to master a course, adhering to one textbook and the abstract. It is recommended to achieve, except material "learning", a condition of understanding of the studied discipline subject. It is for this purpose recommended to execute after studying of the next paragraph some simple exercises on this subject. Besides, it is very useful mentally to ask itself the following questions (and to try to answer them): about what this paragraph?, what new concepts are entered, what their sense?, what it will give in practice?.
5. Councils for preparation for border and intermediate control:
In addition to studying of abstracts of lecture it is necessary to use the textbook. Except material "learning", it is very important to achieve a condition of understanding studied by that disciplines. It is for this purpose recommended to execute after studying of the next paragraph some exercises on this subject. Besides, it is very useful for to ask mentally the following questions (and to try to answer them): about what this paragraph?, what new concepts are entered, what their sense?, what it will give in practice?. By preparation for intermediate control it is necessary to study the theory: definitions of all concepts and approaches to estimation to a condition of understanding of material and independently to solve some standard problems from each subject. At the solution of tasks it is always necessary to be able to interpret a decision result qualitatively.
6. Instructions on the organization of work on performance of homeworks. When performing homeworks it is necessary to read at first the basic concepts and approaches on a task subject. When performing exercise or a task it is necessary to understand at first that is required in a task, what theoretical material it is necessary to use, draw up the plan of the solution of a task, and then to start calculations and to draw a qualitative conclusion.
7. By preparation for intermediate and border control it is necessary to study the theory: definitions of all concepts and approaches to estimation to a condition of understanding of material and independently to perform some standard tasks.
8. Working off of the skipped classes:
Control over digestion of material of the training program of discipline by students is exercised systematically by the teacher of chair and reflected in the magazine of the teacher and in points. The student who received an unsatisfactory assessment on the current material is obliged to prepare this section and to answer on it to the teacher on individual interview.
The lecture missed without valid excuse has to be fulfilled by method of oral poll by the lecturer or preparation of the paper on materials of the missed lecture within a month from the date of the admission. Also other methods of working off of the missed lectures are possible (poll on practical, test control, etc.). Working off of a practical training.
- Each class skipped by the student without good reason is fulfilled without fail. Working off are carried out according to the schedule of chair coordinated with dean's office.
- The skipped classes have to be fulfilled within 10 days from the date of the admission. The seminar classes skipped by the student without good reason are fulfilled no more than one occupation in day. The skipped classes for a good reason (due to illness, admissions with the permission of dean's office) are fulfilled on thematic material without hours.
- The student who didn't work the admission in established periods is allowed to the next occupations only in the presence of permission of the dean or his deputy in writing. Elimination from the next seminar occupation of the students who are poorly prepared for these occupations isn't allowed.
- For the students who skipped seminar classes because of a long illness, working off has to be carried out after permission of dean's office according to the individual schedule coordinated with chair.
- In exceptional cases (participation in interuniversity conferences, competitions, the Olympic Games, watch, etc.) the dean and his deputy in coordination with chair can exempt students from working off of some skipped classes.

ORDER of CARRYING OUT CURATION BOLNY.
1. Theoretical preparation for the patient's curation (acquaintance with subject of the patient).
2. Distribution of patients among students.
3. Establishment of confidential contact with the patient.
5. Collecting complaints and anamnesis of an illness and patient's life.
6. Survey and inspection of the patient on systems of internals.
7. Survey and description of the clinical status.
8. Statement of the preliminary diagnosis.
9. Collecting laboratory data of research of the patient.
10. Carrying out the differential diagnosis.
11. Statement of the clinical diagnosis.

12. Definition of tactics of alleged treatment.
13. Writing of diaries, a landmark or clinical summary in in educational history of the patient.
14. The short summary on an etiology, pathogenesis, clinic and treatment according to modern data of references.
15. Discussion of the educational clinical record in group among students and with the teacher of chair.

CLINICAL RECORD.
The student fills in the clinical record according to the specified scheme:
1. General information about the patient;
2. Complaints.
3. Anamnesis of an illness (anamnesis morbi).
4. Anamnesis of life (anamnesis vitae).
5. Objective research.
6. Traumatological (orthopedic) status.
7. The preliminary diagnosis with justification.
8. Laboratory, tool and additional methods of research.
9. Clinical diagnosis.
10. Justification of the clinical diagnosis.
11. Treatment.
12. Diary.
13. Epicrisis.
14. The used literature.

The REPORT WITH PRESENTATION. Rules of preparation and writing:
Oral performance - the report has to represent not retelling of foreign thoughts, but attempt of an independent problematization and conceptualization of a certain, rather narrow and concrete subject. All footnotes which are available in work carefully are verified and supplied with "addresses". Is inadmissible to put into the operation excerpts from works of other authors without instruction on it, to retell others work closely to the text without sending to it, to use foreign ideas without indication of the primary source. It concerns also the sources found in the Internet. It is necessary to specify the full address of the site. All cases of plagiarism have to be excluded. At the end of work the exhaustive list of all used sources is given.
Preparation of the report for occupation.
Main stages of preparation of the report:
• subject choice;
• consultation of the teacher;
• preparation of the plan of the report;
• work with sources and literature, collecting material;
• writing of the text of the report;
• registration of the manuscript and granting it to the teacher prior to the beginning of the report that defines readiness of the student for performance;
• performance with the report, answers to questions.
The subject of the report is offered by the teacher in FOS.
Multimedia presentations are a type of independent work of students on creation of the visual information aids executed by means of the multimedia computer PowerPoint program. This type of work demands coordination of skills of the student on collecting, systematization, processing of information, its registration in the form of a selection of the materials briefly reflecting the main questions of the studied subject in electronic form. That is creation of materials presentation expands methods and means of processing and submission of educational information, forms at students skills of work on the computer.
Materials presentations prepare the student in the form of slides with use of the Microsoft PowerPoint program. The requirement to students on preparation of presentation and its protection on occupations in the form of the report.
1. The subject of presentation gets out the student of the offered FOS list and has to be coordinated with the teacher and correspond to an occupation subject.
2. Stages of preparation of presentation Scheduling of presentation (problem definition; the purposes of this work)
Premeditation of each slide (at the beginning it can be done manually on paper), thus is important to answer questions:
- how the idea of this slide opens the main idea of all presentation?
- what will be on a slide?
- what will be told?
- how transition to the next slide will be made?
3. Production of presentation by means of MS PowerPoint:
- It makes sense to be accurate. Carelessly made slides (a disparate in fonts and spaces, typographical errors, typographical mistakes) cause suspicion, as the student - the speaker approached substantial questions carelessly.
- The title page is necessary to present to audience you and a subject of your report.
- Quantity of slides no more than 30.
- Optimum number of lines on a slide — from 6 to 11.
- The widespread mistake — to read a slide literally. It is best of all if on a slide detailed information is written, and words will tell their substantial sense. Information on a slide can be more formal and strictly stated, than in the speech.
- Optimum speed of switching — one slide in 1–2 minutes.
- It is welcomed in presentation to use more drawings, pictures, formulas, schedules, tables. It is possible to use effects of animation.
- At an explanation of tables it is necessary to speak to that there correspond lines and to that — columns. - You enter only those designations and concepts without which the understanding of the main ideas of the report is impossible.
- In short performance it is impossible to repeat the same thought even if in other words — time is expensive.

- The last slide with conclusions in short presentations shouldn't be pronounced.
- The body type in the text and formulas is recommended to be changed to Arial or to it similar; the Times font badly looks from far away. Surely establish in MathType the main font size equal to the main font size in the text.
4. The student is obliged to prepare and make the report in strictly allowed time the teacher, and in time.
5. Instruction to speakers.
- to give new information;
- to use technical means;
- the nobility and it is good to be guided in a subject of all presentation;
- to be able to discuss and quickly to answer questions;
- accurately to carry out the established regulations: the speaker - 10 min.; discussion - 5 min.;
It is necessary to remember that performance consists of three parts: introduction, main part and conclusion. The introduction helps to provide success of performance on any subject. The introduction has to contain:
- name of presentation;
- message of the main idea;
- modern assessment of a subject of a statement;
- short transfer of cases in point;
- live interesting form of a statement;
The Main part in which the acting has to open deeply an essence of the touched subject, usually is under construction by the principle of the report. A problem of the main part - to submit enough data in order that listeners both became interested in a subject and wanted to examine materials. Thus logical structure of the theoretical block shouldn't be given without visual aids, audio - visual and visual materials. The conclusion is a clear accurate generalization and short conclusions for which listeners always wait.
MAIN REQUIREMENTS TO WRITING of TESTS:
1. In one test task of 100 closed questions.
2. To questions ready answers to a choice, one of which correct and other wrong are given.
3. For each correct answer – 1 point.
4. The general assessment is defined as the sum of the gained percent.
5. The gathered number of percent is transferred to points.

REFERENCE VERSION of the TEST:
At a fruit and stimulation of oxidizing reactions of a cycle of Krebs apply to normalization of exchange processes:
1. glucose (5-10%) solution with insulin
2. tocolytic
3. spasmolytic
4. sedative preparations
5. all listed.

SITUATIONAL TASK IN OBSTETRICS. REFERENCE VERSION of the ANSWER.
CONDITION: The maternity hospital received the primipara, 24 years old. Within several days - a headache, feeling sick. Before emergence of complaints I felt the healthy. At survey: hypostases of the lower extremities and forward belly wall. At urine boiling - a big flaked deposit. Arterial pressure is 180/100 mm Hg. External research: pelvic presentation, fights in 4-5 minutes, hurdles a fruit at the left, above a navel, 140 уд. in a minute. Basin sizes: 25-28-31-20 см. Vaginal research: opening full, the fetal bubble is whole, at the left and the left leg is in front probed. The back surface of a bosom and a sacral hollow are free. When carrying out vaginal research there were spasms proceeding 3-4 min. with loss of consciousness.
1) Estimate a condition of the woman in labor at receipt.
2) Define the period of childbirth.
3) To what existence of a fetal bubble at the moment of childbirth testifies?
4) The reason which provoked spasms?
5) What tactics of the doctor?
ANSWERS:
1) Eclampsia.
2) II period of childbirth.
3) About a physiological current of the I period of childbirth.
4) Vaginal research without inhalation anesthesia.
5) Cesarean section.

SITUATIONAL TASK IN GYNECOLOGY. REFERENCE VERSION of the ANSWER.
CONDITION: The patient 45 years old, came to gynecologic office on May 12 with complaints to pains on all stomach, nausea, vomiting, a liquid chair. Objectively: integuments pale, cold sweat. Pulse - 100 уд. in a min. HELL - 70/30mm.rt.st. Language dry, is laid over. The stomach is blown moderately up, sharply painful in all departments, Shchetkin-Blyumberg's Symptom positive in all departments. Blood test: leukocytes - 560, Hb-89g/l. Vaginal research: uterus neck not an eroded, body of a uterus of the normal sizes, movably. In the field of appendages at the left education to 6sm. without accurate contours, sharply painful, the arches are condensed.
1) Your diagnosis.
2) Estimate a condition of hemodynamics.
3) Estimate blood test and interpret it.
4) What methods of research are necessary in this case?
5) Make the plan of treatment of the patient.
ANSWERS:

1) Poured purulent peritonitis against perforation of abscess of the left appendages.
2) Bacterial shock.
3) Lack of a leukocytosis, perhaps, at the expense of exhaustion of immune system. Anemia of average weight. 4) The general blood test, a blood type, Rh-a factor, the curtailing system of blood.
5) Expeditious treatment in the emergency order, removal of the left appendages, broad drainage, an unleavened wheat cake, complex anti-inflammatory therapy.

Initial level of knowledge of students is defined by testing and obligatory oral interview, the current control of assimilation of a subject is defined by oral poll during a practical training during clinical analyses, at the solution of standard situational tasks and modules.
At the end of a cycle carrying out test control on all passable subjects in combination with oral interview is provided. Total control includes:
- interview on theoretical questions;
- control of practical skills;
- solution of situational tasks.

The MAIN REQUIREMENTS TO INTERMEDIATE CONTROL
At an appearance on the differentiated offset or examination students are obliged to have at themselves record books which they show to the examiner at the beginning of examination.
On intermediate control the student has to answer truly theoretical questions of the ticket and perform situational tasks.
Students can use technical means, help and standard literature, visual aids, training programs.
Assessment of intermediate control:
- min of 20 points - Questions for check of level of proficiency the NOBILITY (in case at answers to the asked questions the student correctly formulates the basic concepts)
- 20-25 points – Tasks for check of level of proficiency to be ABLE and OWN (in case the student correctly formulates essence of the problem set in the ticket and makes recommendations about its decision)
- 25-30 points - Tasks for check of level of proficiency to be ABLE and OWN (in case of full implementation of a control task).
Questions on obstetrics and gynecology are included in Total state certification of graduates.

APPENDIX 1

FLOW CHART OF DISCIPLINE
"OBSTETRICS AND GYNECOLOGY»
Course 4, 7 semester, 2 Credit points.

Name of modules disciplines according to WPD	**Control**	**Control form**	**Minimum credit**	**Maximum credit**	**Schedule of control**	
					1 cycle	**2 cycle**
Module 1						
Module 1. Gynecologycal endocrinology	the current control	Theoretical survey; Clinical case; Check of SWS. Protection of presentation. Activity: ***- For active participation on practical occupation 0,5 points are added.*** ***- For active participation at research work of students – 3 points.*** Attendance: ***For each skipped and not fulfilled lecture and practical class 0,5 points are removed.***	17	30	5 week	14 week
	border control	Oral survey Solution of situational tasks	3	5		
Module 2						
Module 2. Gynecology. AUB.	the current control	Theoretical survey; Clinical case; Check of SWS. Protection of presentation. Activity: ***- For active participation on practical occupation 0,5 points are added.*** ***- For active participation at research work of students – 3 points.*** Attendance: ***For each skipped and not fulfilled lecture and practical class 0,5 points are removed.***	17	30	9 week	18 week
	border control	Oral survey Solution of situational tasks	3	5		
IN TOTAL for a semester					9 week	18 week
Intermediate control (credit)	Oral survey Solution of situational tasks			30		
Semestrial rating on discipline						

"OBSTETRICS AND GYNECOLOGY»
Course 4, 8 semester, 2 Credit points, Reporting-exam.

Name of modules disciplines according to WPD	**Control**	**Control form**	**Minimum credit**	**Maximum credit**	**Schedule of control**	
					1 cycle	**2 cycle**
Module 3						
Module 3. Gynecology. The uterine adnexa's disorders.	the current control	Theoretical survey; Clinical case; Check of SWS. Protection of presentation. Activity: ***- For active participation on practical occupation 0,5 points are added.*** ***- For active participation at research work of students – 3 points.*** Attendance: ***For each skipped and not fulfilled lecture and practical class 0,5 points are removed.***	17	30	28 week	38 week

	border control	Oral survey Solution of situational tasks	3	5		
Module 4						
Module 4. Gynecology.	the current control	Theoretical survey; Clinical case; Check of SWS. Protection of presentation. Activity: ***- For active participation on practical occupation 0,5 points are added.*** ***- For active participation at research work of students –3 points.*** Attendance: ***For each skipped and not fulfilled lecture and practical class 0,5 points are removed.***	17	30	32 week	42 week
	border control	Oral survey Solution of situational tasks	3	5		
IN TOTAL for a semester					32 week	42 week
Intermediate control (credit)	Oral survey Solution of situational tasks			30		
Semestrial rating on discipline						

APPENDIX 6

SCALE of ESTIMATION of THEORETICAL POLL (current control)

№	Name of an indicator	Mark (in %)
1.	Persuasiveness of the answer	0-10
2.	Understanding of a perspective	0-30
3.	Reasonable attraction of medical terminology (relevance and reliability of data)	0-30
4.	Keywords: their importance for the declared subject, the competent use, quantity.	0-15
5.	Logicality and sequence of the oral statement.	0-10
	In total points	Score

SCALE OF ESTIMATION OF THE SITUATIONAL TASK (rubezhny control)

№	Name of an indicator	Mark (in %)
1.	Correctness of statement of the diagnosis	0-30
2.	Correctness of a choice of algorithm of actions	0-20
3.	Correctness of a choice of additional methods of diagnostics.	0-20
4.	Correctness of purpose of tactics of treatment.	0-30
	In total points	Score

SCALE OF ESTIMATION OF THE REPORT WITH PRESENTATION (the current control)

№	Name of an indicator	Mark (in %)
		70
1.	The title page with heading	0-4
2.	Design of slides and use of additional effects (change of slides, sound, drawings)	0-10
3.	The text of presentation is written shortly, well and the created ideas clearly are stated and structured.	0-40
4.	Slides are presented in logical sequence.	0-10
5.	Slides are unpacked.	0-6
REPORT		30
1.	Correctness and accuracy of the speech during protection	0-12

2.	Breadth of vision (answers to questions)	0-10
3.	Implementation of regulations	0-8
	In total points	Score

SCALE of ESTIMATION of KURATION BOLNY (the current control) in %.

№	Name of an indicator	Mark (in %)
1.	Observance ethic deonto;ogical principles and an individual approach to the patient.	0-5
2.	Correct performance of a technique of survey of the patient. Correct description of the obstetric or gynecologic status.	0-20
3.	Correct interpretation of complaints, anamnesis of an illness and patient's life.	0-10
4.	Correctness of statement of the preliminary diagnosis.	0-10
5.	Correctness of interpretation of ultrasonography, external obstetric research, vaginal research, KTG, dopplerometriy.	0-20
6.	Correctness of reading of results of laboratory researches.	0-5
7.	Correctness of statement of the clinical diagnosis.	0-10
8.	Correct definition of tactics of alleged treatment	0-20
	In total points	Score

SCALE OF ESTIMATION OF INTERMEDIATE CONTROL:

SCALE of ESTIMATION of the CLINICAL RECORD: (intermediate control) in %.

№	Name of an indicator	Mark (in %)
1.	General information about the woman in labor or the gynecologic patient.	0-5
2.	Complaints (all complaints of the patient are briefly and accurately listed now)	0-5
3.	Anamnesis of an illness	0-5
4.	Anamnesis of life	0-5
5.	Objective research.	0-10
6.	Preliminary diagnosis	0-15
7.	Laboratory, additional methods of research.	0-10
8.	Clinical diagnosis and justification of the clinical diagnosis.	0-15
9.	Etiology, pathogenesis	0-5
10.	Treatment	0-10
11.	Diary	0-5
12.	Epikriz and forecast	0-5
13.	Use of modern these references.	0-5
	In total points	Score

SCALE OF ESTIMATION OF DOUGH:
1. In one test task of 100 closed questions.
2. To questions ready answers to a choice, one of which correct and the others are given the wrong.
3. For each correct answer – 1 point.
4. The general assessment is defined as the sum of the gained percent.
5. The gathered number of percent is transferred to points.
0-60% - (0-60 correct answers);
61-70% - (60-74 correct answers);
71-89% - (75-84 correct answers);
90-100% - (85-100 correct answers).

SCALE of ESTIMATION of DIFZACHET, EXAMINATION (intermediate control):

№	Name of an indicator	Mark
1.	Question 1.	0-100
2.	Question 2.	0-100
3.	Situational task	0-100
	In total points	Average the arithmetic (score/3)

At an assessment of the ORAL RESPONSE to check of level of proficiency the NOBILITY the following criteria are considered:
1. Knowledge of the main processes of the studied subject domain, depth and completeness of disclosure of a question.
2. Ability to explain essence of the phenomena, events of processes. To draw conclusions and generalizations, to give the reasoned answers.
3. Possession of terms framework and its use at the answer.
3. Possession of the monological speech, logicality and sequence of the answer, ability to answer the questions posed, to express the opinion on the discussed problem.

The mark of 85-100% **(16-20 points)** estimates the answer which shows strong knowledge of the following questions: etiology, pathogenesis of women in labor.
etiology, pathogenesis and measures of prevention of the most often found gynecologic diseases;
biomechanisms of childbirth;
modern classification of gynecologic diseases;
clinical picture, features of a current and possible complications in obstetrics or gynecologic diseases at women of various age groups;
the basic principles of diagnostics in obstetrics or gynecology;
modern methods of clinical, laboratory, tool inspection of patients;
methods of treatment and the indication to their application;
bases of the organization of the out-patient and polyclinic help to the population;
principles of medical examination and rehabilitation of patients;
ethical and deontologichesky aspects in obstetrics and gynecology.
The student showed logicality and sequence of the answer.

The mark of 75-84% **(10-15 points)** estimates the answer finding strong knowledge of the following questions:
etiology, pathogenesis of women in labor. an etiology, pathogenesis and measures of prevention of the most often found gynecologic diseases;
modern classification of gynecologic diseases;
clinical picture, features of a current and possible complications in obstetrics or gynecologic diseases at women of various age groups;
the basic principles of diagnostics in obstetrics or gynecologic diseases;
modern methods of clinical, laboratory, tool inspection of patients;
methods of treatment and the indication to their application;
bases of the organization of the out-patient and polyclinic help to the population;
principles of medical examination and rehabilitation of patients;
ethical and deontologichesky aspects in obstetrics and gynecology.
The student shows logicality and sequence of the answer, however one is allowed - two inaccuracies in the answer.

The mark of 60-74% **(5-10 points)** estimates the answer testifying generally to knowledge of the following questions:
etiology, pathogenesis of women in labor. an etiology, pathogenesis and measures of prevention of the most often found gynecologic diseases;
modern classification of gynecologic diseases;
clinical picture, features of a current and possible complications in obstetrics or gynecologic diseases at women of various age groups;
the basic principles of diagnostics in obstetrics or gynecologic diseases;
modern methods of clinical, laboratory, tool inspection of patients;
methods of treatment and the indication to their application;
bases of the organization of the out-patient and polyclinic help to the population;
principles of medical examination and rehabilitation of patients; ethical and deontologichesky aspects in obstetrics and gynecology.
Some mistakes in contents of the answer are made.

The mark of 0-59% **(1-4 points)** estimates the answer finding ignorance of the theory practically on all subjects, inability to give the reasoned answers, weak possession of the monological speech, lack of logicality and sequence. *Serious mistakes in contents of the answer are made*.

SCALE of ESTIMATION of PRACTICAL TASKS (intermediate control – "To be ABLE and OWN")
At an assessment of responses to check of level of proficiency to be ABLE and OWN the following criteria are considered:

The mark of 85-100% **(8-10 points)** estimates the answer, at which student:
owns medical terminology, skills of the analysis of various medical facts;
quickly finds and accepts solutions on collecting the anamnesis at the woman in labor and the patient with gynecologic pathology; conducts independently inspection of obstetric and gynecologic patients; is able to interpret results of researches (laboratory, ultrasonography, KTG, tool);
competently formulates the clinical diagnosis of the indication to the chosen method of treatment;
correctly applies methods of prevention and will organize transportation of obstetric and gynecologic patients;
correct filling of clinical records.
Shows full understanding of a problem. Professionally owns various methods of survey and inspection of obstetric and gynecologic patients.
Professionally owns various methods of treatment. All requirements imposed to a task are executed completely.

The mark of 75-84% **(4-7 points)** estimates the answer, at which student:
- is able to put statement of a problem own words;
- insufficiently well owns medical terminology, skills of the analysis of various medical facts;
- not really quickly finds and accepts solutions on collecting the anamnesis at the woman in labor or at the patient with gynecologic pathology;
- not quite professionally conducts independent examination of obstetric and gynecologic patients;
- poorly interprets results of researches (laboratory, ultrasonography, KTG, tool) and formulates the clinical diagnosis of the indication to the chosen method of treatment;
- not absolutely correctly applies methods of prevention and will organize transportation of obstetric and gynecologic patients;
- thus earlier fully and correctly I filled in the clinical record.
Shows considerable understanding of a problem. Allows the insignificant mistakes in methods of survey and inspection of obstetric and gynecologic patients. In the general owns various methods of treatment. The majority of requirements imposed to a task are executed.

The mark of 60-74% **(1-3 points)** estimates the answer, at which student:
doesn't put statement of a problem own words and doesn't estimate alternative solutions;
not rather well owns medical terminology, doesn't own skills of the analysis of various medical facts;
slowly finds and accepts solutions on collecting the anamnesis at obstetric gynecologic patients;
insufficiently well conducts independently inspection of obstetric gynecologic patients;
very poorly interprets results of researches (laboratory, ultrasonography, KTG, tool) and doesn't formulate the clinical diagnosis of the indication to the chosen method of treatment;
- not absolutely correctly applies methods of prevention and will organize transportation of obstetric and gynecologic patients; earlier not rather fully and correctly I filled in the clinical record.
Shows partial or small understanding of a problem. Poorly owns methods of treatment of obstetric and gynecologic patients.
Many requirements imposed to a task aren't executed.

The mark of 0-59% **(0 points)** estimates the answer at which the student shows misunderstanding of a problem or not the answer and there was even no attempt to solve a problem. Earlier badly I filled in the clinical record.

APPENDIX 7

EXAMPLE OF INTERACTIVE OCCUPATIONS.

WORK IN SMALL GROUPS

Process of preventive training needs to be built with orientation to the trained. The most effective in this situation is work in groups. In this case the teacher provides diagnostics and monitoring, will organize the educational environment, carries out support (gives advice, explanations) when available there are no other resources. Such form of work is applied when it is necessary to show similarity or distinctions of certain phenomena to develop strategy or to develop the plan, to find out the relation of various groups of participants to the same question. What gives introduction of the interactive mode to group as to the subject of educational process?

It, first of all:

• Development of skills of communication and interaction in group.

• Formation of valuable and orientation unity of group.

• Encouragement to flexible change of social roles depending on a situation.

ROLE-PLAYING GAME

The role-playing game is a playing by participants of group of a sketch with in advance distributed roles in interests of mastering a certain behavioural or emotional party of life situations.

The role-playing game is held in small groups (3-5 participants). Participants receive a task on cards (on a board, sheets of paper, etc.), cast, beat a situation and represent (show) to all group. The teacher can cast itself taking into account characters of students. Advantage of this method that each of participants can present himself in the offered situation feel these or those states more really, to feel consequences of these or those actions and to make the decision. This form of work is applied to modeling of behavior and emotional reactions of people in these or those situations by designing of a game situation in which such behavior is predetermined by the set conditions.

The list of sections and topics of training programs, the practical implementation of which should be carried out at the Center for Integrative and Practical Training (CIPT)

Theme	Program section	Type of simulator, mannikins	
3d year Obstetrics. **5th semester 5-6 / 14-15 weeks of the calendar plan**	Methods of external obstetric examination according to Leopold (4 grIps) Auscultation of fetal heart tones	• Simulator for practicing the skills of examination of a pregnant woman • Dummy of the cervix (5 pcs.) • Multifunctional mannequin imitation of childbirth (woman in labor and newborn) VIII Noelle Noelle. • Moulage simulator of a woman in labor for practicing obstetric, gynecological, neonatological skills, as well as emergency care skills in childbirth and newborns Advanced Childbirth Simulator Advanced Child-birth Simulator S500 • Moulage of a newborn	**3-6 hours per 1 group**
	Vaginal examination with an assessment of the cervix on the Bishop scale, the location of the sutures and fontanelles of the fetal head		
	Management of physiological childbirth with occipito-anterior l presentation		
	Assessment of the newborn on the Apgar scale. The primary toilet of a newborn.		
	Prevention of early postpartum bleeding		
4th year Gynecology **8th semester 30-31 / 40-41 weeks of the calendar plan**	Vaginal examination with interpretation of data	Gynecological simulator ZOE	**2-4 hours per 1 group**
	Examination of the cervix with speculum with interpretation of data		
	Taking smears on the vaginal flora of UGI, cytology		
	Probing of the uterine cavity Installation and removal of an IUD		
	Examination and palpation of the mammary glands	Moulage of a female torso with replaceable models of glands in normal and pathological conditions	
TOTAL hour: 5-10 hours per 1 group			

TESTS

Gynecology:

1. Which one of the following are external genital organ:
1) major labia;
2) minior labia;
3) bartholin glands;
4) clitoris;
5) all answers are correct.

2. Bartholin gland of vagina are located:
1) in the basis of minor labia;
2) in thickness of mid- layers of major labia;
3) in a groove between the bottom thirds of minor and major labia;
4) in thick back parts of major labia.

3. The upper border of the frontal vaginal wall contacts with:
1) urethra;
2) urenary bladder;
3) ureter;
4) all are wrong.

4. The lower border of the frontal vaginal wall contacts with:
1) urethra;
2) urenary bladder;
3) ureter;
4) all are wrong.

5. The upper border of back wall of vagina consists of:
1) rectum;
2) douglus pouch;
3) cervix of the urinary bladder;
4) urethra;
5) all are wrong.

6. The normal border of the outer and inner sex organs (genitals) usually is:
1) outer uterine os;
2) inner uterine os;
3) hymen;
4) minor labia;
5) no answer is correct.

7. Length of fallopian tube during reproductive age of woman is:
1) 7-8 cm;
2) 9-10 cm;
3) 10-12 cm;
4) 15-18 cm;
5) 19-20 cm.

8. Length of non fertile uterus is:
1) 4-6 cm;
2) 6-7 cm;
3) 8-9 cm;
4) 9-10 cm;
5) 11-12 cm.

9. The internal genital organs are represented by the following organs except for:
1) uterus;
2) fallopian tube;
3) ovary;

4) bartholin gland;
5) vagina.

10. Which are the ligaments of paramount importance to support the uterus in normal position:
1) ovarian ligament;
2) wide ligament;
3) round ligament;
4) creasta-uterine ligament;
5) cardiac ligament.

11. What is the position of the uterus in small pelvis:
1) body and cervix of the uterus making angle with each other;
2) body of the uterus is situated in the narrow part of the small pelvis;
3) vaginal part of the cervic uteri and external uterine os are located below ischial spines;
4) all answers are correct.

12. Ovary is supported in the abdominal cavity by the help of:
1) round ligament;
2) cardinal ligament;
3) pelvico-infundibulum ligament;
4) cresto-uterine ligament.

13. Which are the actual position of the ovary:
1) size of the ovary is 4.5 cm-4cm-3cm;
2) ovaries are covered with perithoneum;
3) ovaries are located on a forward leaf of wide ligament;
4) ovaries are located on backward leaf of wide ligament;
5) size of the ovary is 3.5cm-2cm-1.5cm.

14. Parametrium:
1) situated between the leaves of wide uterine ligament;
2) situated at the uterine cervix;
3) situated generally in the ground of wide uterine ligament;
4) provides mild connection between perithoneum and uterus;
5) all answers are correct.

15. Ovaries are vasculated by:
1) uterine artery;
2) ovarian artery;
3) illolumbar artery;
4) both uterine and ovarian artery;
5) both internal genital and ovarian artery.

16. Oligomenorrhoea is:
1) rare and poor menstruation;
2) rare and painfull menstruation;
3) decreased amount of the blood loss during menstruation;
4) intermenstrual bloody allocation;
5) short menstruation cycle.

17. Menorrhagia is:
1) acyclic uterine bleeding;
2) cyclic uterine bleeding in connection with menstruation cycle;
3) painfull and abundant menstruation;
4) pre- & post menstruation bloody allocation;
5) short period of menstruation cycle.

18. Metrorrhagia:
1) changes in menstruation rhythm;
2) increased amount of the blood loss during menstruation cycle;

3) increased duration of menstruation cycle;
4) acyclic uterine bleeding.

19. Follicular phase of menstruation cycle is characterised by:
1) desquamation of functional layer of endometrium;
2) regeneration of endometrial functional layer;
3) the increase of endrogen in blood circulation;
4) growth of ovarian follicle;
5) development of yellow body in ovary.

20. For the luteinising phase of the menstruation cycle is not characteristic:
1) secretory transformation of the endometrium;
2) continues about 13 days;
3) the level of estrogen in blood is increasing;
4) corpus leuteum is present in ovarium.

21. Desquamation of functional layer of endometrium occurs owing to:
1) peak output of luteotropine;
2) decreased amount of estrogen and progesterone in the blood;
3) decreased amount of prolactin in the blood;
4) increased amount of estradiol in the blood;
5) peak output of follitropine.

22. Hypothalamus secretes the following hormones:
1) gonadotropine;
2) estrogen;
3) gestagen;
4) releasing-hormone.

23. Hypothalamus secretes the following hormones excluding:
1) gonadotropine;
2) releasing factor FSH;
3) releasing factor LH;
4) no one is correct;
5) all are correct.

24. Action of estrogen on the organism:
1) blocks receptor of uterus;
2) weaken proliferative process of endrometrium;
3) causes secretory transformation of endometrium;
4) all answers are correct;
5) all are wrong.

25. Which hormone provides lactation process:
1) estrogen;
2) cortizol;
3) insulin;
4) prolactin;
5) all are correct.

26. Estrogen possess the following action:
1) promotes peristalsis in uterus and tube;
2) promotes processes of ossification;
3) stimulates activity of cellular immunity;
4) all answers are correct;
5) all are wrong.

27. Gestagens possess the following action:
1) decrease amount of cholesterole in the blood;
2) determine development of primary and secondary sex characters;
3) increase uterine contractility;

4) all answers are correct;
5) all are wrong.

28. Androgen is secreted:
1) in ovary (intersticial cell, stroma, internal theca);
2) reticular zone of adrenal cortex;
3) both are true;
4) both are incorrect.

29. Tests of functional diagnostics allow to detect:
1) two-phase nature of menstrual cycle;
2) level of estrogen saturation of an organism;
3) presence of ovulation;
4) full value of luteinising cycle;
5) all are correct.

30. Tests of functional diagnostics include:
1) investigation of cervical mucous layer;
2) changes of basal temperature;
3) colpocytology;
4) all answers are correct;
5) all are incorrect.

31. Tests of functional diagnostics allow to detect the following except:
1) cario-picnotic index;
2) symtom “pupillus”;
3) measurement of basal temperature;
4) gestagen testing;
5) fern symptom.

32. The test for measurement of basal temperature is based on hyperthermal effect of:
1) estradiol;
2) prostaglandin;
3) progesterone;
4) LTH;
5) FH.

33. The most exact method for the diagnosis of the reason of the uterine bleeding:
1) colposcopy
2) laparoscopy
3) USG
4) hysteroscopy
5) cystoscopy

34. The indication for hysterosalpingography is:
1) suspicion on fallopian tube sterility;
2) suspicion on internal endometriosis;
3) presence of intrauterine pathology;
4) suspicion on fallopian tube pregnancy;
5) all answers are correct.

35. Which method of diagnosis is not obligatory for confirmation myoma of the uterus:
1) USG of the organs of lower pelvis;
2) pelviography;
3) separate diagnostic currettage of the mucous membrane from the uterus & its cervix;
4) hysteroscopy;
5) laparoscopy.

36. At appearance of acyclic hemorrhagic discharges, the following is conducted:
1) hysterosalphyngography;

2) determination of LH;
3) USG;
4) diagnostic currettage;
5) all of the above.

37. Choose the most exact method for determination of pathological reason for uterine bleeding in women from 30-40 years:
1) measurement of the basal temperature of the body;
2) diagnostic currettage of the mucous membrane of the uterus;
3) hysteroscopy;
4) measurement of the concentration of estrogens and progesterone in the blood serum.

38. The most exact method for the diagnosis of pathology in uterine bleeding:
1) colposcopy;
2) laparoscopy;
3) USG;
4) hysteroscopy.

39. The women with dysfunctional uterine bleeding form the risk group:
1) on spontaneous abortion or preterm delivery;
2) on development of birth abnormalities;
3) on development of the genital tumors;
4) on development of the tumors of the mammary glands;
5) all answers are correct.

40. Diagnostic value of laparoscopy in gynecology is particularly high under all enumerated conditions, except:
1) ectopic pregnancy;
2) uterine pregnancy;
1) tumors of the ovaries;
3) myoma of the uterus;
4) all of the above.

41. Which of the following is not used for the diagnosis of reasons of uterine bleeding:
1) colposcopy;
2) laparoscopy;
3) USG;
4) separate currettage of the mucous membrane of the uterus & its cervix;
5) hysteroscopy.

42. Methods of the diagnostics of the endometrial cancer are the following, except:
1) laparoscopy;
2) separate diagnostic currettage ofr the mucous membrane from the uterine cervix & its body;
3) tests for functional diagnosis;
4) USG;
5) Hysteroscopy.

43. The main method for the diagnosis of the cancer of the uterine body:
1) hystologic study of the endometrium;
2) cytological study of the aspirate from the uterine cavity;
3) transvaginal echography;
4) hysteroscopy;
5) radiologically monitored hysterosalphingography.

44. At suspicion on endometrial cancer, hysteroscopy allows to diagnose (define) all enumerated, except:
1) presence of any pathological process;
2) superficial spreading of process;
3) the depth of invasion;
4) result of biopsy.

45. For anovulatory menstrual cycle are characteristic the following features:

1) cyclic changes in organism;
2) elongated follicular persistancy;
3) prevalence of gestogens in the second phase of the cycle;
4) prevalence of gestogens in the first phase of the cycle.

46. Which of the following enumerated reasons are the most probable for dysfunctional uterine bleeding?
1) anovulation;
2) organic diseases;
3) chronic endometritis;
4) malignant diseases of the uterine cervix.

47. Amenorrhoea is the absence of menstruations during:
1) 4 months;
2) 5 months;
3) 6 months;
4) 1 year;
5) none of the above.

48. Physiological amenorrhoea is the absence of menstruations:
1) in girls of 10-12 years;
2) during pregnancy;
3) during period of lactation;
4) at senile age;
5) all of the above.

49. Which amenorrhoea is regarded to be not physiological?
1) before menarchy;
2) after menopause;
3) during pregnancy;
4) at reproductive age;
5) during lactation.

50. Amenorrhoea in girls of 16 years can be result of all enumerated conditions, except:
1) closure (atresia) of hymen;
2) syndrome of insensitivity to androgens;
3) polycystosis of ovaries;
4) granulosocellular tumor.

51. False amenorrhoea can be caused by:
1) atresia of the uterine cervical channel;
2) atresia of the body of the uterus;
3) atresia of the vagina;
4) dysgenesis of gonads;
5) all of the above.

52. True (pathological) amenorrhoea can result from all specified below diseases, except:
1) hypothyroidism;
2) neurogenic anorexia;
3) syndrome of testicular feminisation;
4) atresia of hymen;
5) micro- and makroadenoma of the hypophysis.

53. Physiological amenorrhoea is typical for:
1) childhood period;
2) postmenopause;
3) period of lactation;
4) to pregnancy;
5) all answers are correct.

54. Secondary amenorrhoea can result from:

1) psychic stress;
2) massive blood loss during labour;
3) expressed deficiency of the body mass;
4) genital tuberculosis;
5) all of the above.

55. During treatment of the patient with any form of dysgenesis of gonads, as a rule, what is not recovered:
1) menstrual function;
2) sexual functions;
3) reproductive function;
4) all of the above;
5) none of the above.

56. Associated syndromes with hypergonadotropic amenoroea are:
1) ovary depletion syndrome;
2) resistant ovary syndrome;
3) Shereshevski-Turner syndrome;
4) all of the above.

57. Long and severe uterine bleeding in assosiation with regular cycle is named:
1) metrorrhagia;
2) oligomenorrhoea;
3) polymenorrhoea;
4) hyperpolymenorrhoea;
5) menorrhagia.

58. Causes of primary algomenorrhoea:
1) infantilism;
2) retrodeviation of uterus;
3) high production of prostaglandins;
4) all the above factors.

59. Which of the following does not belong to clinics of premenstrual syndrome:
1) heaviness of lactate glands;
2) increase in body weight;
3) migraine;
4) amenorrhoea;
5) depression.

60. Which of these is not common for ovarian polycystic syndrome:
1) amenorrhoea;
2) hirsutism;
3) ovulatory menstrual cycles;
4) obesity;
5) infertility.

61. Characteristic changes in menstrual cycle during lactation after labour:
1) hyperpolymenorrhoea;
2) amenorrhoea due to high prolactin levels;
3) amenorrhoea due to decreased estrogens;
4) metrorrhagia;
5) none of the above.

62. Which is not characteristic for climacteric syndrome:
1) neurovegetative disturbances;
2) metabolic-endocrinic disturbances;
3) ovarian hyperstimulation syndrome;
4) psycho-emotional disturbances;
5) extragenital diseases.

63. In climacteric syndrome in women during premenopause the symptoms noticed are:
1) vegetative-vascular;
2) metabolic-endocrinic;
3) neuro-psychological;
4) all the above.
5) none of the above.

64. Physiological course of climacteric period is usually characterized by:
1) absence of involution of genitals;
2) stopping of mentrual function;
3) presence of reproductive function;
4) peservation of menstrual function.

65. Which pathological changes of the endometrium can occur in patients with recurrent anovulatory ovarian bleeding:
1) glandular-cystic hyperplasy;
2) atypical hyperplasy;
3) endometrial polyps;
4) adenocarcinoma;
5) all are correct.

66. Causative agents of nonspecific inflammatory diseases of the female genital organs are:
1) staphylococcus;
2) chlamydiae;
3) gonococcus;
4) gardenella;
5) all the above.

67. All the below factors increase risk of inflammatory diseases of genitals except:
1) beginning of sexual activities at the age of 15;
2) medical abortion;
3) taking oral contraceptives;
4) hysterosalpingography;
5) use of IUD.

68. Which of the following factors does not increase risk of inflammatory diseases of genitals:
1) beginning of sexual activities at the age of 15;
2) medical abortion;
3) taking oral contraceptives;
4) hysterosalpingography;
5) use of IUD.

69. What among the following may be the reason of inflammatory process of the internal genitals:
1) medical abortion;
2) dilation of the cervical canal and currettage;
3) implantation of IUD;
4) hysterosalpingography;
5) all the above;
6) none of the above.

70. Complaints characteristic for inflammatory diseases of genitals are the following except:
1) pain in the lower part of the abdomen;
2) fever;
3) stinking-odour secretions from the vagina;
4) increased concentration of bilirubin in the blood;
5) increased erythrocyte sedimentation rate and increased leucocytosis.

71. Infection with which microorganisms causing colpitis demands the treatment of both partners:
1) trichomonads;
2) candidas;
3) streptococci;

4) staphylococci;
5) enterococci;

72. Which of the following methods is better for diagnosis of inflammatory fallopian tubes:
1) increased count of leucocytes;
2) gram stain smear of mucous from the cervix;
3) colpocentesis;
4) laparoscopy;
5) USG of small pelvis.

73. All the below methods may help in diagnosis inflammatory diseases of lower pelvis except:
1) laproscopy;
2) USG;
3) colpocentesis;
4) urine analysis by Zimnitski;
5) rectal examination.

74. Main complications of inflammatory diseases in the organs of the lower pelvis are all expect:
1) endometriosis;
2) ectopic pregnancy;
3) scars in the region of the lower pelvis;
4) disparaeunia;
5) hydrosalphinx.

75. Which factors further candidosis vulvovaginitis:
1) obesity;
2) syringing with soda solution;
3) diabetes mellitus;
4) rare sexual intercourse;
5) frequent use of antibacterial drugs;
6) all the above are false.

76. The factors which do not predispose to candida vaginosis are:
1) oral contraceptives;
2) pregnancy and diabetes mellitus;
3) antidepressants;
4) hypotensive drugs.

77. Which disease should be kept in mind if vaginal candida infection frequently arises:
1) anemia;
2) diabetes mellitus;
3) systemic lupus;
4) endometriosis of the genitals;
5) congenital hyperplasy of adrenal glands.

78. Factors for the resistance of mucous membrane of vagina to infections:
1) high levels of estrogens;
2) low levels of estrogens;
3) acidic medium;
4) absence of “Doderlein’s” bacilli;
5) high levels of progesterone.

79. For bacterial vaginosis are characteristic all except:
1) increase in pH of vaginal secretion;
2) low pH of vaginal secretion;
3) presence of leucorrhea in pungent smell;
4) presence of “key” cells in smears;
5) finding vaginal bacilli.

80. Bacterial vaginosis is characterized by all the following except:

1) pH 5.0;
2) “key” cells;
3) increased inflammatory process;
4) positive test with caustic potassium (KOH);
5) good effect with metronidazole treatment.

81. Name the main clinical symptom of bacterial vaginosis:
1) itching of external genital;
2) dyspareunia;
3) great amount of white secretion with unpleasant smell;
4) dysuria;
5) pelvic pain.

82. In patients with Chlamydia infection (not in pregnancy) better to use the following except:
1) doxycycline;
2) erythromycin;
3) “Sumamed”
4) ampicilline;
5) tetracycline;

83. In the development of gardnerellosis the most important is:
1) hypoestrogenia;
2) pH of vaginal secretion shifts to basic;
3) death of lactobacilli;
4) growth of anaerobs;
5) all of the above.

84. Etiology of gonorrhea in the inflammatory process at the region of fallopian tubes may be suggested:
1) in the presence of bilateral salpingoophoritis at a primarily infertile woman;
2) in combination of bilateral salpingoophoritis with endocervititis (at a woman who did not have partus or abortions);
3) in combination bilateral salpingoophoritis with urethritis, bartolinitis;
4) all the above.

85. What is involved into the process in the ascending gonorrhea:
1) canal of the cervix of uterus;
2) fallopian tubes;
3) paraurethral glands;
4) urethra.

86. Main way of dissemination (generalization) of gonorrhea infection is:
1) lymphogenic;
2) hematogenic;
3) perineural;
4) contact;
5) intracanalicular.

87. Endometritis is:
1) inflammation of fallopian tube;
2) inflammation of muscles of uterus;
3) inflammation of peritoneum;
4) inflammation of parametrium;
5) inflammation of mucous layer of uterus.

88. Parametritis is :
1) inflammation of ovaries;
2) inflammation of caecum;
3) inflammation of fallopian tube;
4) inflammation of surrounding structure of uterus;
5) inflammation of omentum.

89.The composition of the solution for hydrotubation usually includes:
1) antibiotic;
2) lidase;
3) hydrocortisone;
4) vitamins of group B;
5) none of the above.

90. In tuberculosis of genital tract, which of the following organ is affected in 90-100 %?
1) ovaries;
2) uterus;
3) fallopian tube;
4) cervix uteri;
5) vagina.

91. In tuberculosis of genital tract, primary lesion is generally localized in:
1) lungs;
2) bones;
3) urinary system;
4) lymphatic nodes;
5) on peritoneum.

92. Which parts of genital system in a women are generally affected in tuberculosis?
1) fallopian tube;
2) ovaries;
3) uterus;
4) external genital organs;
5) vagina.

93. Which of the following are not the causes of tuboovarian abscess:
1) hepatitis;
2) endometritis;
3) salpingitis;
4) cervicitis;
5) pleuritis.

94. Step of pathogenesis of tuboovarian abscess may be:
1) perihepatitis;
2) endometritis;
3) endosalpingitis;
4) cervicitis;
5) myometritis.

95. Pleuroperitonitis is:
1) inflammation of peritoneum of small pelvis;
2) inflammation of adipose tissue of small pelvis;
3) inflammation of serous membrane of uterus;
4) all of the above;
5) none of the above.

96. The most typical clinical symptoms of peritonitis:
1) vomiting, dry tongue;
2) constipation & meteorism;
3) abdominal distension & bloating;
4) symptom of irritation of peritoneum;
5) all of the above;
6) none of the above.

97. To a group at high risk to get AIDS pertain:
1) homosexual individuals;
2) narcomaniac;

3) hemophiliacs;
4) people having haotic sexual life;
5) all the above;
6) none of the above.

98. Which of the following is not related to HIV-infection?
1) HIV-infection increases risk of developing cancer of uterine cervix;
2) sexual intercourse is the only way of infection;
3) this virus causes condyloma;
4) often combines with hepatitis B.

99. The complex preoperative preparation to cavitary gynaecological operation as a rule includes:
1) siphon enema for 3-4 day every night till operation;
2) vegetable oil 1 tablespoon 3 times a day before food for 10 days till
operation;
3) cleansing [purgetive] enema the night before operation ;
4) all the above.

100. Radical operative intervention of hysteromyoma is:
1) Supravaginal amputation of uterus (subtotal hysterectomy);
2) hysterectomy (complete hysterectomy);
3) myomectomy;
4) all the above.

101. Composition of surgical pedicle of ovary is:
1) ligamentum ovarii proprium;
2) ligamentm infundibulopelvic;
3) mesosalpinx;
4) fallopian tube;
5) all the above;
6) all are incorrect.

102. In composition of surgical pedicle of ovary is not included:
1) ligamentm infundibulopelvic;
2) ligamentum ovarii proprium;
3) mesovarium;
4) tube;
5) round ligament.

103. For torsion of pedicle of ovarian tumor is characteristic:
1) severe pain underneath the stomach, arising after physical exertion;
2) determination of immovable, severely painful tumors on bimanual investigation of small pelvis;
3) positive symptom of irritative peritoneum on the side of tumor;
4) all the above.

104. Torsion of pedicle of ovarian tumor may be:
1) complete;
2) incomplete;
3) repeated;
4) all the above;
5) none of the above.

105. Anatomical pedicle of ovarian tumor consists of:
1) ligamentum ovarii proprium;
2) loop of intestine and omentum;
3) ligamentm infundibulopelvic;
4) fallopian tube;
5) none of the above.

106. What should be done during the operation on the torsion of pedicle of dermoid ovarian cyst:

1) overwound pedicle of ovarian tumor should be unwound to clear up
the anatomy; make hysterectomy with appendages;
2) removal of both ovaries;
3) none of the above.

107. Clinical symptoms of torsion of pedicle of ovarian cystoma:
1) sharp pain in lower region of abdomen;
2) positive Blumberg's symptom;
3) anemia;
4) temperature rise;
5) enlargement of uterus.

108. Operation of hysterectomy (total hysterectomy) differs from supravaginal amputation of uterus (subtotal hysterectomy) by removing:
1) upper third of vagina;
2) cervix uteri;
3) parametral tissues;
4) iliac lymphatic nodes;
5) greater omentum.

109. Complications of medical abortion is not:
1) infertility;
2) disturbance of ovarian function;
3) endometritis;
4) uterine perforation;
5) cystitis.

110. Risk factors for ectopic pregnancy:
1) uterine hypoplasia;
2) oral contraception
3) deferred inflammatory diseases of the genitals;
4) history of Caesarean section;
5) endometriosis.

111. Which method of diagnosing ectopic pregnancy is most accurate?
1) culpocentesis;
2) endometrial biopsy;
3) laparoscopy;
4) serial determination of CHG;
5) USG of pelvic organs.

112. The main clinical manifestations of progressive ectopic pregnancy:
1) paroxysmal pain at the lower regions of abdomen;
2) smearing discharges of blood from the vagina;
3) weakly positive symptoms of irritation of peritoneum;
4) all of the above;
5) none of the above symptoms.

113. In progressive tubular pregnancy is indicated to do:
1) currettage of the uterus;
2) emergency surgery;
3) conservative treatment;
4) hysteroscopy;
5) all listed above.

114. Not informative features for the differentiation of uterine pregnancy and tube pregnancy are:
1) USG of pelvic organs;
2) the level of chorionic gonadotropin in the blood;
3) bimanual examination of small pelvis organs;
4) smears for colpocytology;

5) uterine currettage.

115. Ectopic pregnancy can be located in all the following organs except:
1) cervix;
2) rudimentary horn of uterus;
3) ovary;
4) abdominal cavity;
5) vagina.

116. What is the most frequent place of implantation of fetal egg in ectopic pregnancy?
1) on the peritoneum;
2) in ampullary part of fallopian tube;
3) the ovary;
4) in isthmus part of fallopian tube;
5) in interstitial part of fallopian tube.

117. In damaged ectopic pregnancy with marked anemia the patient is done the section:
1) transverse suprapubic anchor;
2) according to Pfannenshtil;
3) vertical incision from loin to navel;
4) all listed above.

118. These symptoms are associated with disturbance of tubal pregnancy except:
1) unilateral pain in lower abdomen;
2) vaginal bleeding or smearing discharge;
3) rectal bleeding;
4) pain in the subscapular area.

119. With progressive ectopic pregnancy is used:
1) conservative anti-inflammatory treatment;
2) operation;
3) hemotransfusion;
4) all of the above;
5) none of the above.

120. In the tube abortion it is possible to observe:
1) the formation of retrouterinal hematoma;
2) the formation of peritubar hematoma;
3) the formation of hematosalpynx;
4) massive hemorrhage into the abdominal cavity;
5) all mentioned above;
6) none of the above mentioned.

121. The operations predominantly performed in the tube ectopic pregnancy:
1) salpingectomy
2) salpingoovarioectomy;
3) longitudinal salpingostomy;
4) the resection of the segment of fallopian tube which contains fertile egg, plastics.

122.The operation recommended in ectopic pregnancy, besides:
1) salpingoectomy;
2) salpingoovariectomy;
3) longitudinal salpingostomy;
4) the resection of the segment of tube, which contains fertile egg, plastic.

123. Apoplexy of ovary more frequently begins:
1) in the period of ovulation;
2) in the stage of the vascularization of the corpus luteum;
3) in the period of maturation of Graafian follicle;
4) in the period of atresia of follicles.

124. For apoplexy of ovary is characteristic everything, except:
1) pain below abdomen;
2) internal hemorrhage;
3) negative biological reactions to the pregnancy;
4) increased leukocytosis;
5) the symptoms of the irritation of peritoneum.

125. In case of the significant hemorrhage into the abdominal cavity in
patient with apoplexy of ovary, it is indicated;
1) abdominal incision, the resection of ovary;
2) abdominal incision, the removal of ovary;
3) the observation of on-duty doctor for the dynamics of symptoms, by indication - blood transfusion;
4) the conservative therapy: rest, cold to the bottom of abdomen, fortifying therapy.

126. Basic clinical symptoms of the hemorrhagic shock:
1) arterial pressure; (high or low?)
2) oliguria and anuria;
3) frequent thready pulse;
4) acrocyanosis;
5) all symptoms mentioned above.

127. Predisposing factors for development of endometriosis of genitalia, except:
1) multiply labours and abortions
2) scar on the uterus after cesarean section or myomectomy;
3) retrodeviation of uterus
4) contraception by progestins;
5) frequent catarrhal diseases.

128. "Infertility marriage" means:
1) absence of capability for bearing in the woman ;
2) absence of capability for conception during 1 year in the husbands;
3) the absence of the pregnancy of 0,5 years;
4) none of the above mentioned.

129. Marriage is infertile if pregnancy does not begin even with the sexual life without the application of contraceptives for:
1) 0,5 years;
2) 1 year;
3) 2,5 years;
4) 3 years;
5) 5 years.

130. Marriage is considered to be infertile if pregnancy does not begin even with the presence of regular sexual life without the application of contraceptives during:
1) 0,5 years;
2) 1 year;
3) 2,5 years;
4) 5 years.

131. Reasons of the infertility of married women are:
1) the inflammatory diseases of sex organs;
2) infantilism and the hypoplasia of sex organs;
3) the general wasting diseases and intoxications;
4) all reasons are false;
5) all reasons are true.

132. The most frequent reasons for tubal infertility are:
1) the unspecific recurrent inflammatory diseases of the appendages of womb;
2) the specific inflammatory diseases of the appendages of womb;

3) the endometriosis of uterine tubes;
4) anomalies of the development of uterine tubes;
5) all mentioned reasons.

133. The most frequent reason of female infertility:
1) ovarian cyst;
2) uterus myoma;
3) fallopian tube obstruction;
4) anovulatory cycles.

134. What is the most authentic for specification of the reason of 1) culpocentesis;
2) colposcopy;
3) hysterosalpingography;
4) hysteroscopy;
5) USG.

135. Oral contraceptives can be applied to the cancer prophylaxis of:
1) vagina;
2) fallopian tube;
3) endometrium;
4) uterine cervix;
5) colon.

136. Juvinile uteral bleedings are caused more often:
1) impairment of rhythmic production of hormones from the ovaries;
2) organic diseases of the reproductive system;
3) disease of various systems of an organism;
4) all listed;
5) none of the listed.

137. Treatment of dysfunctional uterine bleedings at youthful age includes:
1) physiotherapeutic treatment;
2) vitamins;
3) contractive preparations;
4) hemostatics;
5) all listed.

138. Characteristic features of the development of the secondary sex signs at girls in comparison with boys is all listed, except:
1) development of subcutaneous fat;
2) changes between pelvic and humeral belts towards relative increase in a circle of the last.

139. The sign of Shereshevsky-Terner's syndrome is:
1) female phenotype;
2) primary amenorrhea;
3) underdevelopment of uterus;
4) aplasia or hypoplasia of gonads;
5) all listed is true.

140. Atresia is:
1) secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;
2) absence of a part of organ;
3) absence of organ;
4) obliteration in places of anatomic narrowing of a sexual tract.

141. Agnesia is:
1) secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;
2) absence of a part of organ;
3) absence of organ;
4) obliteration in places of anatomic narrowing of a sexual tract.

142. Aplasia is:
1) secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;
2) absence of a part of organ;
3) absence of organ;
4) obliteration in places of anatomic narrowing of a sexual tract.

143. Atresia of hymen is:
1) continuous hymen, not having an orifice;
2) continuous hymen with a small orifice;
3) entirely absence of hymen.

144. Agnesia of vagina is:
1) primary absence of a part of vagina;
2) full or partial obliteration of vagina due to inflammatory process at
ante- and postnatal period;
3) primary full absence of vagina;
4) full septum in vagina.

145. Aplasia of vagina is:
1) primary absence of a part of vagina;
2) full or partial obliteration of vagina due to inflammatory process at ante- and postnatal period;
3) primary full absence of vagina;
4) full septum in vagina.

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1) primary absence of a part of vagina;
2) full or partial obliteration of vagina due to inflammatory process at ante- and postnatal period;
3) primary full absence of vagina;
4) full septum in vagina.

147. Deficiency of body weight is one of the reson for:
1) delay in menarche;
2) long formation of menstrual functions;
3) development or aggravation of impairment of menstrual functions;
4) all listed;
5) none.

148. Name the most frequent sign characteristic for uterus myoma:
1) hyperpolymenorrhea;
2) infertility;
3) impairment of function of a bladder and rectum;
4) pain in the lower part of the abdomen.

149. Which symptom is typical for myoma of the uterus, corresponding to the size of the uterus at a term of pregnancy 6-7 weeks:
1) acute spastic pain;
2) frequent micturation;
3) constipation;
4) arrest in micturation;
5) all the above.

150. Submucous myomas can be accompanied by all listed symptoms, except:
1) pathological bleedings;
2) anemia;
3) infertility;
4) impairment in micturation;
5) spasmatic pains in the bottom of the abdomen.

151. Uterine bleedings caused by myoma, are characterised by:

1) gradual strengthening of bleedings;
2) considerable lengthening of menstrual bleedings;
3) profound bleeding at normal duration of menstruation;
4) development of anemia;
5) irregularity of menstrual cycle with hypermenorrhea.

152. Myoma of the uterus is accompanied by clinical conditions mentioned below except:
1) anemia;
2) polyuria;
3) impairment of defication;
4) amenorrhea;
5) pains at the lower part of abdomen.

153. The presence of submucous uterine mioma may be proved by the examinations enumerated below except:
1) тransvaginal echography;
2) X-ray hysterosaphingography;
3) hysteroscopy;
4) probing (sondage) of the uterine cavity;
5) laparoscopy.

154. Which of the following is not used for diagnostics of uterine myoma?
1) abdominal palpation;
2) bimanual investigation;
3) X-ray investigation of the thorax;
4) USG of organs of the lower pelvis;
5) laparoscopy.

155. Which method of investigations is not necessary for confirmation of the diagnosis of uterine mioma?
1) USG examination of organs of the lower pelvis;
2) pelviography;
3) separate diagnostic currettage of mucous of the uretus & its cervix;
4) hysteroscopy;
5) laparoscopy.

156. Most informative method for the diagnostics of the nascent myomatic node is:
1) transvaginal echography;
2) investigation of the uterine cervix with mirror and bimanual checkup;
3) X-ray hysteroscalphyngography;
4) hysteroscopy;
5) laparoscopy.

157. Most informative method for the diagnosis of sumucous myomatic node is:
1) checkup of the uterine cervix with mirror and subcequent bimanual investigation;
2) laparoscopy;
3) hysteroscopy;
4) colposcopy;
5) X-ray pelviography.

158. Conservative myomectomy is conducted usually:
1) at patients of young age;
2) in subperitoneal location of the myomatic node on the pedicle;
3) for preservation of the menstrual function;
4) for preservation of generative functions;
5) all of the above.

159. The indication for extirpation of uterus in myoma:
1) low localizing of nodes;
2) precancerous diseases of the uterus;
3) secondary changes to submucous myomatic node;
4) combination of myoma with ovarian cyst.

160. Displasia of vulva is characterized by all enumerated, except :
1) atypia in all layers of multilaminated flat epithelium, except the
superficial layer;
2) impairment of layering of the epithelium;
3) preservation of the basal membrane;
4) destruction of the cells.

161. Vulval cancer is mostly found in woman at:
1) reproductive age;
2) premenopause;
3) postmenopause;
4) regardless of age.

162. Symptoms of vulval cancer:
1) presence of tumor;
2) bleeding of tissues;
3) purulent discharges from ulcerous surface;
4) itching;
5) all of the above.

163. What is not a method for treatment of vulval cancer:
1) normal vulvectomia;
2) removal of tumor;
3) radilogical treatment;
4) chemiotherapy;
5) combine therapy.

164. The most frequent localisation of malignant process of female genitals is:
1) cervix of uterus;
2) ovary;
3) endometrium;
4) vulva;
5) fallopian tube.

165. Precancer diseases and cancer of uterine cervix mostly often develop:
1. in the cervical canal;
2. on the frontal labia of the uterine cervix;
3. on the border with vaginal arch;
4. on the transitive zone on the border of multilayer squamous and cylindrical epithelium.

166. Severe dyplasia of cervical epithelium is:
1) beginning (initial) form of cancer;
2) precancer;
3) background process;
4) dyshormonal hyperplasia;
5) all answers are correct.

167. Severe dysplasia of the uterine cervix is charactirized by morphological changes in epithelium in:
1) all layer;
2) only on superficial layer;
3) only in separate cells;
4) in all layers except for superficial.

168. Prophylaxis of cancer of the uterine cervix consist of:
1) prophylactic medical examinations of patients with application
cytologic and colpocytological methods of diagnostics;
2) regular routine inspections of women with cytologic examination of smear;
3) improvement of work of examination rooms;
4) to constant study of the staff;

5) all answers are correct.

169. Find the precancer changes on vaginal part of the uterine cervix:
1) recidivous polyps of cervical canal;
2) true erosion;
3) dysplasia;
4) ectropion;
5) endometrosis.

170. The most informative screening test for the early diagnosis of cervical cancer of uterus:
1) simple colposcopy;
2) bimanual and rectal examination;
3) cytological examination of smear from the canal of uterine cervix and surface of uterine cervix;
4) vacuum-currettage of cervical canal.

171. Diagnosis of cervical cancer is made with the help of:
1) gynecological examination;
2) cytological examination of scrape from the uiterine cervix and cervical canal;
3) colposcopy;
4) hystological examination of a piece of the uterine cervix;
5) all answers are correct.

172. Risk factors of precancer of endometrium are the following, excluding:
1) anovulary menstruation cycle;
2) obesity;
3) ovular menstruation cycle;
4) diabetus mellitus.

173. Risk factor for the appearance of hyperplastic processes and cancer of the endometrium:
1) the disorder of lipid metabolism;
2) stress situations;
3) the disorder of menstrual cycle;
4) all mentioned above.

174. Hyperplastic processes and cancer of endometrium are developed most frequently during:
1) anovulation;
2) obesity;
3) diabetes mellitus;
4) arterial hypertension;
5) all mentioned above.

175. The factors of the risk for the development of precancerous diseases and cancer of endometrium include:
1) steady anovulation;
2) obesity and arterial hypertensia;
3) prolonged use of intrauterine contraceptives;
4) the sterility of endocrine origin;
5) all mentioned above are correct.

176. What states of endometrium are considered to be precancerous:
1) glandular and cystic hyperplasia;
2) glandular polyp of endometrium;
3) atrophy of endometrium;
4) atypical hyperplasia;
5) all mentioned above are true.

177. Major method for diagnosis of cancer of the uterine body:
1) histological study of the scrape of endometrium;
2) cytological study;
3) trans-vaginal echography;
4) hysterography;

5) X-ray and television hysterosalpingography.

178. Major clinical symptom of cancer of the uterine body:
1) chronic pelvic pain;
2) contact hemorrhages;
3) acyclic hemorrhages;
4) disturbance of the function of adjacent organs;
5) sterility.

179. Major way of metastastic propagation of cancer of the endometrium:
1) hematogenic;
2) lymphogenic;
3) implantation;
4) contact;
5) all mentioned above.

180. The first stage of cancer of the endometrium is divided into versions (A, B, C) depending on:
1) degree of the propagation of tumor beyond the limits of uterus;
2) degree of the invasion of tumor into the myometrium;
3) size of the lumen of uterus;
4) dimensions of uterus.

181. Wertheim's operation differs from the simple extirpation of uterus in terms of the removal:
1) parametric adipose tissue;
2) iliac lymph nodes;
3) upper third of vagina and entire lymphatic collector, which surrounds
4) all mentioned above.

182. Trophoblastic disease is:
1) the sarcoma of uterus;
2) myoma of uterus;
3) the cystoma of ovary;
4) chorionepithelioma;
5) cancer of the body of utreus.

183. Chorio-carcinoma is most frequently developed after:
1) extra-uterine pregnancy;
2) labour;
3) the artificial termination of pregnancy;
4) vesicular drift;
5) the late induced abortion.

184. Most frequently chorionepitelioma appears after:
1) abortions;
2) normal labour;
3) vesicular drift;
4) premature labour;
5) all mentioned above.

185. The most often cancer of ovaries is found out at a stage of :
1) 1 stage;
2) 2 stage;
3) 3 stage;
4) 4 stage.

186. What kind of cancer of ovaries does not occur:
1) the mixed;
2) the secondary;
3) the metastatic;
4) the primary.

187. What percent occupies a primary cancer of ovaries among all cancer diseases of ovaries?
1) 40 %;
2) 20 %;
3) 60 %
4) 5 %;
5) 80 %.

188. Benign tumours of the ovaries do not concern:
1) serous cystadenoma;
2) mucinous cystadenoma;
3) light-cell tumour;
4) endometroid cystadenoma.

189. To tumourous processes in ovaries concern:
1) follicular cyst;
2) cysts of corpus luteum;
3) endometriosis;
4) all listed;
5) none from the listed.

190. What cysts are more often subject to remission without operative treatment?
1) the serous;
2) benign teratoma;
3) cysts ofcorpus luteum;
4) mucinous;
5) endometroid.

191. Treatment of paraovarian cysts in young women.
1) removal of cysts;
2) removal of ovary with cysts;
3) puncture of cysts;
4) taking of sex hormones;
5) taking gestogens.

192. What from listed is not a risk factor of the development of cancer of the ovaries?
1) absence of deliveries in the anamnesis;
2) abortions or a significant amount of pregnancies in the anamnesis;
3) cancer of ovaries in close relatives;
4) chronic pyelonephritis;
5) endocrine diseases in the anamnesis.

193. For diagnosis of tumours of ovaries, the following diagnostic methods are used:
1) the cytologic;
2) the endoscopic;
3) the ultrasonic;
4) the histologic;
5) all listed methods.

194. The age period at which it is most often found out ovarian carcinoma:
1) 45 – 55 years;
2) 7 – 17 years;
3) 30 – 40 years;
4) 60 – 70 years.

195. What volume of operative intervention it is necessary to consider as the radical for the cancer of ovaries at 2 and 3 stages?
1) expanded extirpation of the uterus (Vertheim's operation);
2) extirpation of the uterus with appendages and with simultaneous resection or extirpation of the omentum major;
3) supravaginal amputation of the uterus and appendages;

4) any of the listed above volumes of operative intervention.

196. Metastatic affection of the ovary is possible in:
1) mammary gland cancer;
2) carcinoma of the body of uterus;
3) malignant affection of one of the ovaries;
4) cancer of the GIT;
5) in all cases listed above.

197. Krukenberg's tumour:
1) is a metastasis of a cancer of the GIT;
2) is a rule, affects both the ovaries;
3) has a solid structure;
4) all answers are true;
5) all answers are wrong.

198. What of the ovarian tumours is most often exposed to malignancy?
1) fibroma;
2) mucinous cystadenoma;
3) serous cystadenoma;
4) tekoma;
5) teratoma.

199. Cancer of the ovary concerns:
1) all the malignant tumours of the ovaries;
2) only germinogenous tumours;
3) only stromal tumours;
4) only tumours of epithelial origin.

200. The basic method for the treatment of follicular cyst of ovaries:
1) surgical removal of the cysts;
2) hormonal therapy;
3) antibacterial therapy;
4) surgical removal of the cysts with the ovary;
5) chemotherapy.

CLINICAL CASES

A woman has just delivered her second baby on the labour ward. She is 37 years old and had a previous premature delivery at 34 weeks. In this pregnancy she went into spontaneous labour at 38 weeks after an uncomplicated pregnancy. The symphysiofundal height was consistent with dates until 37 weeks when the midwife measured it as 41 cm. However, before an ultrasound scan for growth and liquor volume could be arranged the woman went into spontaneous labour. At the time of admission she was 5 cm dilated and spontaneous rupture of membranes occurred soon after. The baby was delivered 30 min later in the direct occipitoanterior position.The placenta was delivered by controlled cord traction, after which the midwife noticed a perineal tear. The tear extended from the introitus in the midline and she could see torn muscle fibres suggestive of the torn ends of the external anal sphincter. She has called you to review the patient.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 39-year-old woman, gravida 2, para 1, at 36 and 4/7th weeks of gestation with a history of prior cesarean section in the setting of placental abruption presents with abdominal pain and vaginal bleeding. Her vital signs are significant for T 37,7C, HR 120, BP 170/100. Fetal heart rate baseline is in the 160s with minimal variability and repetitive late decelerations. Her bloodcount is significant for a hemoglobin of 75g/l , platelets of 110,000, and a fibrinogen level of 250 mg/dL.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 33-year-old woman, gravida 7, para 2-1-3, presents at 28 weeks with complaints of vaginal bleeding. She denies abdominal or back pain. She has had no prenatal care. She reports recent intercourse. On presentation, she has light vaginal bleeding and fetal heart tones are reassuring. Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 32-year-old woman, gravida 5, para 2-0-2, at 36 weeks of gestation with placenta previa presents to labor and delivery with vaginal bleeding. After evaluation, decision to proceed with a cesarean delivery was made. She has a history of two previous low transverse cesarean sections. Delivery by low transverse cesarean section is complicated by placenta accreta. Estimated blood loss was 3.7 L.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 20-year-old woman, gravida 1, para 0, at 33 weeks of gestation arrives to labor and delivery reporting profuse vaginal bleeding and abdominal pain. Her vitals are as follows: T- 36.8C, BP 78/40, HR 78. Her abdomen is firm and tender to touch. Fetal heart tones are in the 160s with minimal variability and late decelerations. Tocometer demonstrates contractions every 1 to 2 minutes. Ultrasound demonstrates a cephalic fetus, placenta is fundal and free of the os without a retroplacental clot. Cervical examination is 3cm opening.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 34-year-old woman, gravida 5, para 4-0-0, at 30 and 2/7th weeks of gestation presents to labor and delivery reporting vaginal bleeding. She reports vague back pain. Her blood pressure is 110/78 and her pulse is 106. She has slow, continuous bleeding from her vagina. Her cervix appears long and closed on speculum examination. Fetal monitoring reveals one uterine contraction every 30 minutes, and the fetal heart rate is reassuring. Transabdominal ultrasound demonstrates a complete placenta previa.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 26-year-old woman, gravida 2, para 1, at 20 weeks of gestation, sees you in the office for prenatal care. Her fundus measures 18 cm and you are unable to hear fetal heart tone by Doppler. You perform an ultrasound and confirm lack of fetal heart activity and lack of fetal movement. She has had no bleeding or cramping.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

You are monitoring the progress of a woman gravida 2, para 0-1 who has been in labor for the past 24 hours; her membranes have been ruptured for 17 hours. Three hours ago, her cervix was 10 cm dilated and 100% effaced. The fetal vertex had reached the pelvic floor and was in the left occiput anterior position. She has an epidural. The fetal heart rate tracing was reassuring, and she began pushing. Now, the fetal vertex has reached - 2 station though the fetal vertex feels asynclitic.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 32-year-old woman is brought into the delivery suite by ambulance 6 days following a vaginal delivery at 39 weeks' gestation. The pregnancy and labour had been unremarkable and the placenta was delivered by controlled cord traction. Following delivery the woman had been discharged home after 6 h. She reported that the lochia had been heavy for the first 2 days but that it had then settled to less than a period. However today she had suddenly felt crampy abdominal pain and felt a gush of fluid, followed by very heavy bleeding. The blood has soaked through clothes and she had passed large clots, which she describes as the size of her fist. She feels dizzy when she stands up and is nauseated.
She is pale with cool and clammy extremities. She is also drowsy. Her blood pressure is 105/50 mmHg and heart rate is 112/min. On abdominal palpation there is minimal tenderness but the uterus is palpable approximately 6 cm above the symphysis pubis. Speculum examination reveals large clots of blood in the vagina.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 36-year-old female has been in labor for over 12 hours. She has been pushing for 2 hours and on examination the fetal head in determined to be occiput anterior with a cervical examination of complete dilatation, 100% effaced and 2 station. The fetal tracing is becoming less reassuring.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 39-year-old woman in her first pregnancy delivered twin sons 2 h ago. A vaginal delivery was planned and she went into spontaneous labour at 38 weeks and 4 days. The midwife recorded both placentae as appearing complete. The lochia has been heavy since delivery but the woman is now bleeding very heavily and passing large clots of blood. On arrival in the room you find that the sheets are soaked with blood and there is also approximately 500 mL of blood clot in a kidney dish on the bed. The woman is conscious but drowsy and pale. The temperature is 35.9°C, blood pressure 120/70 mmHg and heart rate 112/min. The peripheries feel cool. The uterus is palpable to the umbilicus and feels soft. The abdomen is otherwise soft and non-tender. The midwife sent blood tests 30 min ago because she was concerned about the blood loss at the time.
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• What factors predispose to this condition?
• How would you manage this patient?

A 34-year-old woman, gravida 5, para 4-0-0, at 30 and 2/7th weeks of gestation presents to labor and delivery reporting vaginal bleeding. She reports vague back pain. Her blood pressure is 110/78 and her pulse is 106. She has slow, continuous bleeding from her vagina. Her cervix appears long and closed on speculum examination. Fetal monitoring reveals one uterine contraction every 30 minutes, and the fetal heart rate is reassuring. Transabdominal ultrasound demonstrates a complete placenta previa.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 26-year-old woman, gravida 2, para 1, at 20 weeks of gestation, sees you in the office for prenatal care. Her fundus measures 18 cm and you are unable to hear fetal heart tone by Doppler. You perform an ultrasound and confirm lack of fetal heart activity and lack of fetal movement. She has had no bleeding or cramping.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

You are monitoring the progress of a woman gravida 2, para 0-1 who has been in labor for the past 24 hours; her membranes have been ruptured for 17 hours. Three hours ago, her cervix was 10 cm dilated and 100% effaced. The fetal vertex had reached the pelvic floor and was in the left occiput anterior position. She has an epidural. The fetal heart rate tracing was reassuring, and she began pushing. Now, the fetal vertex has reached - 2 station though the fetal vertex feels asynclitic.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 32-year-old woman is brought into the delivery suite by ambulance 6 days following a vaginal delivery at 39 weeks' gestation. The pregnancy and labour had been unremarkable and the placenta was delivered by controlled cord traction. Following delivery the woman had been discharged home after 6 h. She reported that the lochia had been heavy for the first 2 days but that it had then settled to less than a period. However today she had suddenly felt crampy abdominal pain and felt a gush of fluid, followed by very heavy bleeding. The blood has soaked through clothes and she had passed large clots, which she describes as the size of her fist. She feels dizzy when she stands up and is nauseated.
She is pale with cool and clammy extremities. She is also drowsy. Her blood pressure is 105/50 mmHg and heart rate is 112/min. On abdominal palpation there is minimal tenderness but the uterus is palpable approximately 6 cm above the symphysis pubis. Speculum examination reveals large clots of blood in the vagina.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 36-year-old female has been in labor for over 12 hours. She has been pushing for 2 hours and on examination the fetal head in determined to be occiput anterior with a cervical examination of complete dilatation, 100% effaced and 2 station. The fetal tracing is becoming less reassuring.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 39-year-old woman in her first pregnancy delivered twin sons 2 h ago. A vaginal delivery was planned and she went into spontaneous labour at 38 weeks and 4 days. The midwife recorded both placentae as appearing complete. The lochia has been heavy since delivery but the woman is now bleeding very heavily and passing large clots of blood. On arrival in the room you find that the sheets are soaked with blood and there is also approximately 500 mL of blood clot in a kidney dish on the bed. The woman is conscious but drowsy and pale. The temperature is 35.9°C, blood pressure 120/70 mmHg and heart rate 112/min. The peripheries feel cool. The uterus is palpable to the umbilicus and feels soft. The abdomen is otherwise soft and non-tender. The midwife sent blood tests 30 min ago because she was concerned about the blood loss at the time.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 26-year-old G1P0 woman at 39 weeks' gestation is admitted to the hospital in labor. She is noted to have uterine contractions every 2 to 3 minutes. Her antepartum history is significant for a nonimmune rubella status. On examination, her blood pressure (BP) is 110/70 mm Hg and heart rate (HR) is 80 beats per minute (bpm). The estimated fetal weight is 3000 gr. On pelvic examination, she has been noted to have a change in cervical examinations from 4-cm dilation to 5-cm over the last 2 hours. The pelvis is assessed to be adequate on digital examination.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 26-year-old G2-P1 woman underwent a normal vaginal delivery. A viable 3800 gr male infant was delivered. The placenta delivered spontaneously. The obstetrician noted significant blood loss from the vagina, totaling approximately 700 mL. The uterine fundus appeared to be well contracted.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 29-year-old G5-P4 woman at 39 weeks' gestation with preeclampsia delivers vaginally. Her prenatal course has been uncomplicated except for asymptomatic bacteriuria caused by Escherichia coli in the first trimester treated with oral cephalexin. She denies a family history of bleeding diathesis. After the placenta is delivered, there is appreciable vaginal bleeding estimated at 1000 cc.

Questions

- What is the likely diagnosis?
- What factors predispose to this condition?
- How would you manage this patient?

A 22-year-old G3P2 woman at 40 weeks' gestation complains of strong uterine contractions. She denies leakage of fluid per vagina. She denies medical illnesses. Her antenatal history is unremarkable. On examination, the blood pressure (BP) is 120/80 mm Hg, heart rate (HR) is 85 beats per minute (bpm), and temperature is 98°F (36.6°C). The fetal heart rate is in the 140 to 150 bpm range. The cervix is dilated at 5 cm and the vertex is at –3 station. Upon artificial rupture of membranes, fetal bradycardia to the 70 to 80 bpm range is noted for 3 minutes without recovery.

Questions

- What is the likely diagnosis?
- What factors predispose to this condition?
- How would you manage this patient?

A 30-year-old G5-P4 woman at 32 weeks' gestation complains of significant bright red vaginal bleeding. She denies uterine contractions, leakage of fluid, or trauma. The patient states that 4 weeks previously, after she had engaged in sexual intercourse, she experienced some vaginal spotting. On examination, her blood pressure is 110/60 mm Hg, heart rate (HR) is 80 beats per minute (bpm), and temperature is 37.2°C. The heart and lung examinations are normal. The abdomen is soft and uterus nontender. Fetal heart tones are in the range of 140 to 150 bpm.

Questions

- What is the likely diagnosis?
- What factors predispose to this condition?
- How would you manage this patient?

A woman presents at 20 weeks' gestation reporting vaginal bleeding. The bleeding occurred2 h ago and was bright red. She reported no abdominal pain with the bleeding and she had not had any previous episodes. She had had intercourse the previous evening. Her last cervical smear was normal 2 years ago. This is her first pregnancy and her current obstetric history is unremarkable with normal first-trimester scan and Down's syndrome screening. She reports that her booking blood tests had been normal. She is extremely anxious when seen, concerned that she is going to have a miscarriage. Examination: The blood pressure is 105/65 mmHg and pulse 86/min. Abdominal examination confirms that the uterus reaches to 1 cm below the umbilicus. The uterus is soft and non-tender. The fetal heart is heard with the hand-held fetal Doppler ultrasound probe. Speculum examin ation reveals a reddened area around the external cervical os, with an inflammatory appearance and a small amount of contact bleeding. The os itself is closed.

Questions

- What is the likely diagnosis?
- What factors predispose to this condition?
- How would you manage this patient?

A 22-year-old G2-P1 woman at 35 weeks' gestation complains of abdominal pain. She states that she has been experiencing moderate vaginal bleeding, no leakage of fluid per vagina, and has no history of trauma. On examination, her blood pressure is 150/90 mm Hg, and heart rate (HR) is 110 beats per minute (bpm). The fundus reveals tenderness, and a moderate amount of dark vaginal blood is noted in the vaginal vault. The ultrasound examination shows no placental abnormalities. The cervix is 1 cm dilated. The fetal heart tones are in the range of 160 to 170 bpm. The urine protein to creatinine ratio is 0.1 (normal < 0.3).

Questions

- What is the likely diagnosis?
- What factors predispose to this condition?
- How would you manage this patient?

A woman was admitted from the antenatal clinic two days ago at 38 weeks' gestation. She is 42 years old and this is her second pregnancy. Her first child was born by spontaneous vaginal delivery 13 years ago. She has subsequently remarried. Her booking blood pressure was 138/70 mmHg at 13 weeks. Her booking blood tests were unremarkable. At her 36 week midwife appointment 2 weeks ago, her blood pressure was 140/85 mmHg and the urinalysis was normal. The blood pressure was repeated 2 days later and was 140/82mmHg. Two days ago she saw her midwife for a further appointment and her blood pressure was 148/101 mmHg. Urinalysis showed protein. She feels well in herself except for swollen legs. She denies any headache or blurring of vision.

Examination: She has oedema to the mid calves and her fingers are swollen such that she cannot remove her rings. Abdominal palpation is non-tender and the symphysiofundal height is 39 cm. Reflexes are normal.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 19-year-old G1P0 woman at 29 weeks' gestation arrives to the hospital because of severe dyspnea of 6 hours' duration. Her prenatal course has been unremarkable, and she denies any medical problems. Her blood pressure (BP) is 160/114 mm Hg, heart rate (HR) is 105 beats per minute (bpm), respiratory rate (RR) is 40 breaths per minute and labored, and oxygen saturation is 90%. The fetal heart tones are in the range of 140 bpm. A urine protein to creatinine ratio is 0.6. The serum alanine transaminase (ALT) is 84 IU/L (normal < 35) and aspartate transaminase (AST) is 90 IU/L (normal < 35). The prenatal records show the following:
Gestational Age - BP (mm Hg) - Urine Protein - FHT (bpm) - Fundal Height (cm)
8 weeks - 100/60 - 0 – 140 -*;
12 weeks - 110/70 – 0 – 148 -*;
16 weeks - 100/76 – 0 – 150 -*;
20 weeks - 105/58 – 0 – 138 - 20;
26 weeks - 130/89 - 1+ - 142 – 25.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 17-year-old girl is admitted to the labour ward by ambulance because of a severe headache and reduced fetal movements. This is her first pregnancy. She did not discover she was pregnant until very late and was uncertain of her last menstrual period date so was dated by ultrasound scan at 23 weeks. According to that scan she is now 37 weeks. When she was first booked in the antenatal clinic her blood pressure was 120/68mmHg and urinalysis negative. The blood pressure was last checked 1 week ago and was 132/74 mmHg and urine was negative again. Booking blood tests were all normal. This morning she woke with a frontal headache which has persisted despite paracetamol. She says that her vision is a bit blurred but she cannot be more specific about this. She also reports nausea and epigastric discomfort, but has not vomited. She denies leg or finger swelling.
Examination: The blood pressure is 164/106 mmHg. This is repeated twice at 15 min intervals and is found to be 160/110 mmHg and 164/112 mmHg. She is apyrexial and her heart rate is 83/min. Her face is minimally swollen and fundoscopy is normal. Cardiac and respiratory examinations are normal. Abdominally she is tender in the epigastrium and beneath the right costal margin, but the uterus is soft and non-tender. The fetus is cephalic and 3/5 palpable.
The legs and fingers are mildly oedematous and lower limb reflexes are very brisk, with clonus.
Investigations: Haemoglobin 116 g/L, White cell count 5 x 10^9/L, Platelets 126 x 10^9/L ; Sodium - 141 mmol/L, Potassium - 4.0 mmol/L, Alanine transaminase - 189 IU/L, Alkaline phosphatase - 74 IU/L, Gamma glutamyl transaminase - 34 IU/L, Bilirubin - 12 .mol/L, Albumin - 24 g/L, Urea – 3.8 mmol/L, Creatinine - 92 µmol/L, Urinalysis: ++++ protein. Cardiotocograph (CTG): baseline 140/min, reduced variability (5–10/min). Variable decelerations, occasional accelerations.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A woman was admitted from the antenatal clinic two days ago at 38 weeks' gestation. She is 42 years old and this is her second pregnancy. Her first child was born by spontaneous vaginal delivery 13 years ago. She has subsequently remarried. Her booking blood pressure was 138/70 mmHg at 13 weeks. Her booking blood tests were unremarkable. At her 36 week midwife appointment 2 weeks ago, her blood pressure was 140/85 mmHg and the urinalysis was normal. The blood pressure was repeated 2 days later and was 140/82mmHg. Two days ago she saw her midwife for a further appointment and her blood pressure was 148/101 mmHg. Urinalysis showed protein. She feels well in herself except for swollen legs. She denies any headache or blurring of vision.
Examination:She has oedema to the mid calves and her fingers are swollen such that she cannot remove her rings. Abdominal palpation is non-tender and the symphysiofundal height is 39 cm. Reflexes are normal.
Investigations: Haemoglobin 124 g/L, White cell count 8 x 10^9/L, Platelets 210 x 10^9/L ; Sodium - 137 mmol/L, Potassium – 3,9 mmol/L, Alanine transaminase - 37 IU/L, Alkaline phosphatase - 98 IU/L, Gamma glutamyl transaminase - 32 IU/L, Bilirubin – 10 µmol/L, Urea – 2.5 mmol/L, Creatinine – 80 µmol/L, Gamma glutamyl transaminase - 32 IU/L, Urate - 43 mmol/L. Urinalysis: ++++ protein. 24-h urinary protein collection: volume 1.8 L; total protein 2.16 g; protein per litre 1.2 g.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?

• How would you manage this patient?

An obviously pregnant woman is brought to the emergency department having suffered a seizure in the park 20 min ago. She had been alone at the time but the seizure was witnessed by another woman who said that she had stood up from a bench and then suddenly dropped to the ground. She thought she may have hit her head on the side of the bench with the fall. Her arms and legs had been shaking and then were 'stiff and trembling' for about 40 s. The woman's face had gone dusky and there was some frothing at the mouth. She noticed that the woman's trousers were wet afterwards. When the fit stopped the woman had appeared unconscious for a few minutes and then showed some response to being talked to but seemed confused and drowsy.
Examination: She appears to be about 30 years old and in the third trimester of pregnancy. She is now conscious but still drowsy and her Glasgow Coma Scale is 9/15. Her blood pressure is 140/98 mmHg and heart rate 104/min. Examination shows no obvious cardiac or chest abnormality, and on abdominal palpation there is no apparent ten derness. The uterus feels approximately 30-week size (midway between umbilicus and xiphisternum), and a fetus can be palpated, cephalic with 4/5 palpable. Reflexes are brisk and plantar reflexes are upgoing.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A healthy 19-year-old G1-P0 woman at 29 weeks' gestation presents to the labor and delivery area complaining of intermittent abdominal pain. She denies leakage of fluid or bleeding per vagina. Her antenatal history has been unremarkable. She has been eating and drinking normally. On examination, her blood pressure (BP) is 110/70 mm Hg, heart rate (HR) is 90 beats per minute (bpm), and temperature is 37.2°C. The fetal heart rate tracing reveals a baseline heart rate of 120 bpm and a reactive pattern. Uterine contractions are occurring every 3 to 5 minutes. On pelvic examination, her cervix is 3 cm dilated, 90% effaced, and the fetal vertex is presenting at (–1) station.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 28-year-old woman nulliparous woman is admitted to the labour ward at 31 weeks and 6 days' gestation, with abdominal pain. In this pregnancy she has had chronic low back pain for which she has been under the physiotherapist. She has also been treated for confirmed urinary tract infections on two occasions. She underwent two large-loop excisions of the transformation zone (LLETZ) procedures some years ago. Since then her smears have been normal, the most recent being 10 months ago. Yesterday she noticed an increase in her discharge with some dark vaginal bleeding and abdominal discomfort. She thought the symptoms may have related to something she had eaten but she now feels intermittent abdominal pain every few minutes, with no pain in between episodes. Fetal movements are normal. There is no history of leaking of liquor. She has urinary frequency, though this has not worsened recently. She is always constipated.
Examination: The woman is apyrexial with blood pressure 109/60 mmHg and heart rate 96/min. Symphysiofundal height is 30 cm and moderate contractions are palpated lasting approximately 35 s. The fetus is breech on palpation and the presenting part feels engaged. No liquor is visible on speculum examination. On vaginal examination the cervix is effaced and 3 cm dilated, with the breech felt –2 cm above the ischial spines and membranes intact.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 40-year-old woman presents with a fever and abdominal pain. She is 18 weeks pregnant in her third pregnancy. The pregnancy has been unremarkable so far and she has no significant gynaecological or medical history. She has felt unwell for 10 days but has become worse in the last 48 h. She is nauseated and has vomited several times. She is intermittently hot and cold. Her abdominal pain is generalized and constant with some right-sided loin pain. She denies any dysuria and says that she has frequency which has been present through Out the pregnancy. She has had no recent change in bowel habit. There has been no vaginal bleeding and she has a mild thin vaginal discharge.
Examination: She appears flushed and unwell. Her temperature is 38.2°C, blood pressure 115/68mmHg and pulse 112/min. Cardiac and chest examination is normal. The fundal height is approximately 2 cm below the umbilicus, and the uterus is soft and non-tender. The rest of the abdomen is tender on deep palpation, maximally in the right lower quadrant. There is right renal angle tenderness. The fetal heart is heard at 160/min with hand-held Doppler.
Haemoglobin 111 g/L, White cell count 18.9 x 10^9/L, Neutrophils 16.2 x 10^9/L, Platelets 346 x 10^9/L ; Sodium - 139 mmol/L, Potassium - 4.2 mmol/L, Urea - 8.1 mmol/L, Creatinine - 68 μmol/L, C-reactive protein - 127 mg/L ; Urinalysis: + protein; + blood; ++ leucocytes; + nitrites.
Questions

• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 20-year-old G1P0 woman at 29 weeks' gestation is hospitalized with back pain and high temperature. She has been receiving intravenous (IV) ampicillin and gentamicin for 48 hours. She complains of acute shortness of breath. On examination, her temperature is 99°F, heart rate is 100 beats per minute (bpm), respiratory rate (RR) is 24 bpm and labored, and blood pressure (BP) is 120/70 mmHg. Right costovertebral angle tenderness is elicited. The fetal heart tones are in the range of 140 to 150 bpm. The urine culture reveals Escherichia coli sensitive to ampicillin.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 29-year-old G2P1 woman at 20 weeks' gestation is seen for her second prenatal visit. Her antenatal history is unremarkable except for a urinary tract infection treated with an antibiotic 2 weeks ago. The patient was noted to be anemic on her prenatal screen with a hemoglobin level of 95 g/L and a mean corpuscular volume (MCV) of 70 fL. On examination, her blood pressure (BP) is 100/60 mm Hg, heart rate (HR) 80 beats per minute (bpm), and she is afebrile. The thyroid gland appears normal on palpation. The heart and lung examinations are unremarkable. The fundus is at the umbilicus. The fetal heart tones are in the 140- to 150-bpm range. The evaluation of the anemia includes: ferritin level: 90 mcg/L (normal 30-100); serum iron: 140 mcg/dL (normal 50-150); hemoglobin electrophoresis: Hb A1 of 95% and Hb A2 of 5.5% (normal 2.2%-3.5%).
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 30-year-old G5P4 woman at 32 weeks' gestation complains of significant bright red vaginal bleeding. She denies uterine contractions, leakage of fluid, or trauma. The patient states that 4 weeks previously, after she had engaged in sexual intercourse, she experienced some vaginal spotting. On examination, her blood pressure is 110/60 mm Hg, heart rate (HR) is 80 beats per minute (bpm), and temperature is 99°F (37.2°C). The heart and lung examinations are normal. The abdomen is soft and uterus nontender. Fetal heart tones are in the range of 140 to 150 bpm.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 30-year-old woman is referred from her general practitioner. She is 11 weeks and 2 days gestation and has noticed dark spotting and mild period-like pains for the last 4 days. Her last period was 4 months ago but she has a history of polycystic ovarian syndrome and has an irregular cycle bleeding for 4–7 days every 5–6 weeks. She had a positive home pregnancy test because she noticed breast tenderness, and came for a dating ultrasound scan 4 weeks ago that confirmed a viable single intrauterine pregnancy. Since then she has had a booking visit with the midwife and all routine blood tests are normal. She is gravida 2 para 0. Her last pregnancy 9 months ago ended in a complete miscarriage at 7 weeks. There is no other medical or gynaecological history of significance.
Examination: She is apyrexial with normal heart rate and blood pressure. The abdomen is soft and non tender. Speculum examination shows a small cervical ectropion but this is not bleeding. The cervix is closed and no blood or abnormal discharge is seen. Bimanual examination reveals an 8–10-week-sized anteverted mobile uterus with no cervical excitation, adnexal masses or tenderness.
Transvaginal ultrasound scan report: the uterus contains a gestational sac measuring 36 mm. A single fetus of crown–rump length 47 mm is visible. Fetal heart beat is absent. The uterus is anteverted. Both ovaries appear normal with no adnexal masses visible.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 41-year-old woman is seen in the early pregnancy unit because of vaginal bleeding. She is gravida 4 para 2 having had two previous normal vaginal deliveries followed by a miscarriage. She has a regular 28-day menstrual cycle and her last period started 9 weeks ago. She had slight vaginal bleeding two weeks ago and on ultrasound scan an early intrauterine pregnancy had been visualized with gestational sac of 22mm diameter and a yolk sac visualized of 5 mm. No fetus was visualized. She was given an appointment for a repeat ultrasound. Four days ago her bleeding became very heavy and she passed large clots which she

described as ‘like liver’. She developed severe abdominal pain which lasted for about 4 h, and since then the bleeding has become very light and she is now pain free. She has normal appetite and no nausea or vomiting. She has no urinary or bowel symptoms.
Examination: She appears well and is apyrexial. There are no signs of anaemia. The heart rate is 82/min and blood pressure is 132/78 mmHg. The abdomen is soft and mildly tender suprapubically. Speculum shows the cervix is closed with a small amount of old blood in the vagina. There is slight uterine tenderness on bimanual palpation and the uterus feels normal size, anteverted and mobile, with no adnexal tenderness or cervical excitation.
A transvaginal ultrasound scan is shown longitudinal view of the uterus with a thin homogenous endometrium and no evidence of a gestation sac or retained products of conception.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?

A 23-year-old woman is referred by her general practitioner with vaginal bleeding. She noticed that there was blood on the toilet paper 2 days ago, and following this she has had bright red spotting intermittently. She has no pain and there are no urinary or bowel symptoms. Her last menstrual period started 9 weeks and 6 days ago and she has a regular 31-day cycle. She had a positive home urine pregnancy test 3 weeks ago after she realized she had missed a period and was feeling very tired. This is her first pregnancy. She had been using condoms but with poor compliance, so the pregnancy was unplanned but she is now happy about it. She is generally well, only having been admitted to hospital once in the past for an appendectomy at the age of 17 years. She takes no medication, does not smoke and drinks minimal alcohol. She denies any use of recreational drugs.
Examination: The woman is apyrexial. The blood pressure is 120/65 mmHg and heart rate 78/min. The abdomen is soft and non-tender with no palpable uterus or other masses. Transvaginal ultrasound is shown: The crown–rump length is 25mm (equivalent to around 9 weeks’ gestation) and the fetal heart beat is seen.
Questions
• What is the likely diagnosis?
• What factors predispose to this condition?
• How would you manage this patient?