

Документ подписан простой электронной подписью  
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## Diagnostic Testing

### Discipline “Practical Obstetrics and Gynecology” Term 12

Qualification	31.05.01 General Medicine
Specialty	General Medicine
Form of education	Full-time
Designer Department	Obstetrics, Gynecology and Perinatology
Graduate Department	Internal Diseases

C ompetenc e	Task	Answers	Type of complexity
PC-2, PC-6, PC- 8	<i>Choose one correct answer</i> 1. NAME THE SIGNS OF THE ONSET OF THE FIRST STAGE OF LABOR	1. Appearance of regular contractions 2. Rupture of amniotic membranes 3. Presence of a "ripe" cervix 4. Engagement of the fetal head into the pelvis inlet 5. All of the above	low
PC-2, PC-6, PC-8	<i>Choose one correct answer</i> 2. THE AVERAGE DURATION OF THE FIRST STAGE OF LABOR IN PRIMIPAROUS WOMEN IS	1. 10-14 hours; 2. 3-5 hours; 3. 6-9 hours; 4. 5-18 hours; 5. 19-24 hours.	low
PC-2, PC-6, PC - 8	<i>Choose one correct answer</i> 3. NAME THE SIGNS OF THE ONSET OF THE SECOND STAGE OF LABOR	1. Complete dilation of the cervix 2. Appearance of the urge to push (bearing-down efforts) 3. Rupture of amniotic membranes 4. Engagement of the fetal head 5. All of the above	low
PK-2, PK-6, PK- 8	<i>Choose one correct answer</i> 4. THE AVERAGE DURATION OF THE SECOND STAGE OF LABOR IN PRIMIPAROUS WOMEN IS	1. 1.5-2 hours 2. 0.5 hours 3. 0.5-1 hour 4. 2-3 hours 5. More than 3 hours	low
PC-2, PC-6, PC - 8	<i>Choose one correct answer</i> 5. THE CONCEPT OF THE BIRTH CANALS INCLUDES:	1. Uterus, vagina, pelvic floor muscles 2. Pelvic small cavity 3. Bony pelvis, uterus,	low

		vagina, pelvic floor muscles 4. Body of the uterus, lower segment of the uterus, vagina 5. Uterus, pelvic floor muscles, parietal muscles of the pelvis	
PC-2, PC-6, PC - 8	<i>Select all correct answers</i>  6. DETERMINE THE INDICATIONS FOR MANUAL EXAMINATION OF THE UTERINE CAVITY	1. Uterus, vagina, pelvic floor muscles 2. Pelvic small cavity 3. Bony pelvis, uterus, vagina, pelvic floor muscles 4. Body of the uterus, lower segment of the uterus, vagina 5. Uterus, pelvic floor muscles, parietal muscles of the pelvis	medium
PC-2, PC-6, PC - 8	<i>Choose one correct answer</i>  7. DETERMINE THE INDICATIONS FOR EXAMINATION OF THE BIRTH CANALS	1. Bright bloody discharge from the genital tract with the placenta fully expelled and the uterus well contracted 2. Placental defect with minor bloody discharge and the uterus well contracted 3. Absence of signs of placental separation within 10 minutes when there is minor bloody discharge 4. Signs of placental separation and moderate bloody discharge from the genital tract 5. Torn membranes with a well-contracted uterus and intact placenta in the absence of bleeding	medium
PC-2, PC-6, PC - 8	<i>Choose one correct answer</i>  8. THE QUESTION OF OBSTETRICAL TACTICS IN SEVERE PRE-ECLAMPSIA DURING INTENSIVE THERAPY IS DECIDED	1. Within a few hours 2. Within 1 day 3. Within 3 days 4. Within 7 days 5. All answers are incorrect	medium
PC-2, PC-6, PC - 8	<i>Choose one correct answer</i>  IN COMPREHENSIVE INFUSION THERAPY FOR PRE-ECLAMPSIA,	1. vitamin B group drugs 2. magnesium sulfate 3. crystalloids 4. drugs that improve the	medium

	ALL THE LISTED DRUGS ARE USED EXCEPT:	quality of life. microcirculation and rheological properties of blood; 5. spasmolytics	
PC-2, PC-6, PC-8	<i>Choose one correct answer</i>  10. A SEIZURE OF ECLAMPSIA CAN DEVELOP	1. During pregnancy 2. During labor 3. In the early postpartum period 4. In the late postpartum period 5. At any of the above periods	medium
PC-2, PC-6, PC-8	<i>Choose one correct answer</i>  11. THE QUESTION OF OBSTETRICAL TACTICS IN SEVERE PRE-ECLAMPSIA DURING INTENSIVE THERAPY IS DECIDED	1. within a few hours; 2. within 1 day; 3. within 3 days; 4. within 7 days;	medium
PC-2, PC-6, PC-8	<i>Choose one correct answer</i>  12. DETERMINE THE INDICATIONS FOR PLACING CLAMPS ON THE CERVIX ACCORDING TO BAKSHEEV	1. Blood loss over 400-600 ml, no effect from uterine contraction agents and external-internal massage; 2. Ineffectiveness of surgical hemostasis after hysterectomy, increased tissue bleeding; 3. Blood loss exceeding physiological levels, decreased uterine tone, no effect from uterotonics and external massage; 4. Blood loss over 800 ml, uterine atony; 5. Minor bright bloody discharge from the genital tract with a complete placenta and a firm uterus.	medium
PC-2, PC-6, PC-8 1)	<i>Choose one correct answer</i>  13. DETERMINE THE INDICATIONS FOR MANUAL EXAMINATION AND EXTERNAL-INTERNAL MASSAGE OF THE UTERUS:	1. Blood loss over 400-600 ml, no effect from uterine contraction agents and external-internal massage; 2. Blood loss exceeding physiological levels, decreased uterine tone, no effect from uterotonics and external massage; 3. Blood loss over 800 ml,	medium

		uterine atony; 4. Minor bright bloody discharge from the genital tract with a complete placenta and a firm uterus.	
PC-2, PC-6, PC-8	<i>Indicate all correct answers</i>  14. SIGNS OF PROGRESSIVE INTRAUTERINE EARLY PREGNANCY INCLUDE THE COMBINATION OF:	1. Increase in M-echo (gestational sac size) to more than 16 mm; 2. Free fluid in the pouch of Douglas; 3. Presence of the corpus luteum in the ovary; 4. Increase in uterine size; 5. Presence of a fluid-filled formation outside the uterine cavity in the adnexal region.	medium
PC-2, PC-6, PC-8	<i>Indicate all correct answers</i> 15. NORMAL PELVIC DIMENSIONS ARE:	1. 26-29-32-21 cm; 2. 24-27-29-20 cm ; 3. 26-28-32-19 cm ; 4. 25-28-31-20 cm; 5. 26-29-32-18 cm	medium
PC-2, PC-6, PC - 8	<i>Write the correct answer</i> 16. Patient M., 28 years old, was admitted to the hospital with complaints of dark bloody discharge from the genital tract with vesicles. Anamnesis: she considers herself ill for 2 days, with the first symptoms appearing after a delay in menstruation (8 weeks), including dull pain in the lower abdomen and blood discharge from the genital tract. Objectively: the condition is satisfactory; no pathology was found in the organs and systems. Examination of the cervix with mirrors: the cervix is cylindrical, clean; the external os is closed. Vaginal examination: external genitalia are properly developed, the woman is postpartum; the uterus is round, firm, tender on palpation, enlarged to the size of a 13-week pregnancy; the adnexa on both sides are enlarged, tender on palpation, with moderate bloody discharge; deep (posterior) fornices are painless. The level of hCG in the blood is 100,000 mIU/ml. <b>Make a diagnosis.</b>		high
PC-2, PC-6, PC - 8	<i>Choose one correct answer</i> 17. During laparoscopy, the following was observed: the uterus is round in shape; the left fallopian tube is dilated in the isthmic section, purple in color, with an enhanced vascular pattern. This laparoscopic picture	1. progressive ectopic pregnancy on the left; 2. endometriosispelvic peritoneal endometriosis; 3. Pelvic peritoneal endometriosis; 4. Gonadal dysgenesis;	high

	corresponds to:	5. Ovarian cancer; 6. Rupture of the fallopian tube.	
PC-2, PC-6, PC - 8	<i>Specify all correct answers</i>  18. The HELLP syndrome is characterized by:	1. hyperlipidemia; 2. hemolysis; 3. thrombocytopenia; 4. hypoglycemia; 5. increased transaminases	high
PC-2, PC-6, PC - 8	<i>Specify all correct answers</i>  19. Choose the antibiotic drugs for treating pyelonephritis during pregnancy:	1. fluoroquinolones; 2. macrolides; 3. tetracyclines; 4. aminoglycosides; 5. carbapenems; 6. nitrofurans; 7. protected penicillins; 8. cephalosporins	high
PC-2, PC-6, PC-8	<i>Write the correct answer</i> 20. The average daily dose of methyldopa for moderate preeclampsia is:		high