

Документ подписан простой электронной подписью  
 Информация о владельце:  
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**Test task for diagnostic testing in the discipline:**

**PERINATOLOGY, SEMESTER 11**

Code, direction of training	31.05.01 Medicine
Orientation (profile)	Medicine
Form of education	full-time
Developing department	Obstetrics, gynecology and perinatology
Graduating department	Internal Medicine

Compete ncy tested	Task	Answer options	Question difficulty type
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 1. CLINICAL MANIFESTATIONS OF HYPOPLASTIC VARIANT FGR IS EVERYTHING EXCEPT:	1. uniform lag in body weight, length and head circumference 2. the edges of the sutures and fontanelles are soft, the cranial sutures are not closed 3. there is no ossification point in the femoral head 4. stigmas of disembryogenesis 5. in small quantities 6. congenital malformations	low
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 2. WITH A SYMMETRICAL FORM OF FGR, THE PROGNOSIS FOR A NEWBORN IS RASTER:	1. favorable 2. unfavorable	low
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 3.HABITUAL MARRIAGE IS:	1. two or more spontaneous miscarriages in history; 2. miscarriages due to malformations of the uterus; 3. miscarriages without identifying the reasons; 4. miscarriages as a result of Rh conflict;	low
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 4. ECHOGRAPHIC SIGNS OF ISTHMIKO-CERVICAL INSUFFICIENCY	1. thickening of the walls of the uterus in the lower segment; 2. funnel-shaped expansion of the internal os of the cervix; 3. narrowing of the internal os of the cervix; 4. lengthening of the cervix; 5. uneven contours of the fertilized egg.	low

PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate one correct answer</i> 5. ULTRASONIC SIGNS OF POST TERM PREGNANCY:	<ol style="list-style-type: none"> <li>1. oligohydramnios, calcifications in the placenta, Beclair's nucleus more than 6 mm;</li> <li>2. polyhydramnios;</li> <li>3. shortening of the cervix;</li> <li>4. 2 tbsp. maturity of the placenta;</li> <li>5. thickening of the placenta.</li> </ol>	low
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 6. ULTRASONIC SIGNS OF THREATENED TERMINATION	<ol style="list-style-type: none"> <li>1. oligohydramnios;</li> <li>2. hypertonicity of the myometrium;</li> <li>3. suspension in amniotic fluid;</li> <li>4. polyhydramnios;</li> <li>5. expansion of the internal pharynx more than 5 mm.</li> </ol>	medium
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 7. WHICH OF THE LISTED DRUGS ACCELERATES THE MATURATION OF THE FETAL LUNGS	<ol style="list-style-type: none"> <li>1. partusisten;</li> <li>2. dexamethasone;</li> <li>3. isoptin;</li> <li>4. parlodel;</li> <li>5. betamethasone</li> </ol>	medium
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 8. THERAPY FOR NEWBORNS WITH FGR INCLUDES:	<ol style="list-style-type: none"> <li>1. breastfeeding correction</li> <li>2. correction of electrolyte metabolism</li> <li>3. correction of cardiovascular activity</li> <li>4. correction of gastrointestinal tract functions</li> <li>5. antibiotics</li> <li>6. insulin therapy</li> </ol>	medium
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 9. CHILDREN WITH FETAL GROWTH RESTRAINT INDRIOME ARE OFTEN OBSERVED	<ol style="list-style-type: none"> <li>1. hypoglycemia with hypocalcemia</li> <li>2. respiratory distress syndrome</li> <li>3. polycythemia</li> <li>4. hyperkalemia and hypernatremia</li> <li>5. Vitamin K deficiency</li> </ol>	medium
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 10. CLINICAL MANIFESTATIONS OF FGR INCLUDE:	<ol style="list-style-type: none"> <li>1. low birth weight and normal body length and head circumference</li> <li>2. reduction of abdominal circumference</li> <li>3. deficiency of body weight, decrease in subcutaneous fat, weakening of turgor fabrics</li> <li>4. respiratory distress syndrome</li> <li>5. presence of congenital malformations.</li> </ol>	medium
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 11. DOPPLER SIGNS of GDN 1A ST.	<ol style="list-style-type: none"> <li>1. increased SDO and IR in the umbilical cord arteries;</li> <li>2. increased SDO and IR in the right uterine artery;</li> <li>3. increased SDO and IR in the middle cerebral artery;</li> <li>4. increased SDO and IR in both uterine arteries;</li> </ol>	medium

		5. increased SDO and IR in the fetal aorta.	
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 12. ECHOGRAPHIC SIGNS CHARACTERISTIC FOR FETAL CONTRACT - DIAPHRAGMAL HERNIA	1. the presence of free fluid in the abdominal cavity of the fetus; 2. absence of a bladder; 3. displacement of the heart to the right or left; 4. the presence of free fluid in the fetal chest cavity; 5. the presence of cystic formations in the chest cavity.	medium
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 13. IN THE FIRST TRIMESTER OF PREGNANCY, IT IS NECESSARY TO CONDUCT	1. genetic examination of a married couple; 2. examination of a woman for viral infections; 3. clinical examination; 4. correction of hormonal disorders; 5. terminate the pregnancy; 6. Ovulation tests.	medium
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 14. A CONTRAINDICATION TO CORDOCENTESIS IS:	1. severe hemostasis disorders in the mother; 2. gestation period 22-36 weeks; 3. antibody titer more than 1:16; 4. threat of miscarriage.	medium
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 15. SECONDARY PLACENTAL INSUFFICIENCY:	1. develops against the background of an already formed placenta 2. occurs during the formation of the placenta 3. observed in the second half of pregnancy 4. is a common cause of miscarriage in the first half of pregnancy 5. is a complication of primary placental insufficiency	medium
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Enter the correct answer</i> 16. AT 28 WEEKS THE FETUS HAS A BODY WEIGHT OF APPROXIMATELY		high
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 17. INDICATE THE CRITICAL PERIODS OF FETAL DEVELOPMENT:	1. The first 7-10 days after fertilization 2. 4 – 8 weeks of pregnancy 3. 12 - 14 weeks of pregnancy 4. 15 - 16 weeks of pregnancy 5. 22 – 22 weeks of pregnancy	high
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 18. CARDIOTOCOGRAPHIC SIGNS OF FETAL SUFFERING ARE:	1. presence of sporadic accelerations 2. silent type of oscillations 3. presence of decelerations 4. no decelerations 5. fetal heart rate 170 beats per minute	high
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-	<i>Write down the correct answer</i> 19. FETAL BRADYCARDIA, CONTINUING MORE THAN		high

3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	30 SECONDS AFTER CONTRACT, IS A SIGN OF:		
PC-1.1 PC- 1.2 PC-3.1 PC-3.2 PC- 3.3 PC-3.4 PC-5.1 PC- 5.2 PC-5.4 PC-8.2	<i>Please indicate all correct answers</i> 20. ACCORDING TO THE CRITERIA OF THE WORLD HEALTH ORGANIZATION, VITAL FETS ARE HAVING:	1. body weight 2350 g, length 41 cm 2. body weight 500 g, length 25 cm 3. body weight 490 g, length 22 cm 4. body weight 1000 g, length 35 cm 5. weight 450 g, length 20 cm	high