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## Assessment tools for midterm assessment “Gynecology”

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

### Control work № 1

#### Analysis of a clinical case (9 term)

#### Section 1.

The student is given a medical history for self-analysis. The student should make a report of a clinical case according to the scheme, prepare a literature reference on the nosology being analyzed.

Main stages of clinical case analysis:

Title page (separate page)

1. Passport part.
2. Complaints: the main ones and those found during the survey on organ systems.
3. Anamnesis of the main and concomitant diseases.
4. Anamnesis of life.
5. Data from an objective study of the patient (with comments).
6. Justification of the preliminary diagnosis and its formulation (with comments).
7. Survey plan. (with comments).
8. Data from laboratory and instrumental studies, conclusions of consultants. (with comments).
9. Final clinical diagnosis (justification and wording).
10. Differential diagnosis. (with comments).
11. Treatment of the patient and its justification in the form of a table. (with comments).
12. Epicrisis. (with comments).
13. Literary reference.
14. List of references.

#### Section 2.

**Topic "Supervision of gynecological patients."**

***Task 1 Points for oral quiz.***

Survey of gynecological patients.  
General inspection.  
Special gynecological examination.

***Task 2 Practical skills assessment::***

1. Conducting a vaginal-peritoneal study on a dummy. Execution technique, interpretation of results.
2. Method of examination of the cervix using mirrors.

**Topic " Genital endometriosis."**

***Task 1 Points for oral quiz.***

1. Modern concepts of endometriosis.
2. Epidemiology, etiology, and pathogenesis of endometriosis.
3. Classification of endometriosis.
4. External endometriosis.
5. Internal endometriosis.
6. Clinical picture of adenomyosis.
7. Clinical picture of endometrial ovarian cysts.
8. Diagnosis of endometriosis (transvaginal echography, hysteroscopy, laparoscopy).
9. Infertility and endometriosis.
10. Principles of surgical treatment of internal and external endometriosis.

***Task 2 Practical skills assessment::***

1. Conducting a vaginal-peritoneal study on a dummy. Execution technique, interpretation of results.
2. Method of examination of the cervix using mirrors.

***Task 3 Sample tests (with keys) for formative assessment.***

**1. Endometriosis**

- A. develops due to insufficiency of estrogens.
- B. occurs only in females and has not been described in males
- Ovarian cancer is an indication for conservative treatment
- D. it is characterized by significant changes in the state of the immunological system
- E. It is accompanied by impaired liver, pancreatic or thyroid function

**2. Echographic signs of internal endometriosis are:**

- A. Echonegative cystic inclusions in the myometrium;
- B. Increase in the anterior-posterior size of the uterine body;
- C. Asymmetry of the thickness of the anterior and posterior walls of the uterus;
- D. Hyperechoic rim around cystic inclusions in the myometrium;
- E. Everything is correct.

**3. Adenomyosis**

- A. It can be combined with uterine fibroids.
- B. rarely accompanied by a violation of the menstrual cycle;
- C. it is detected by histological examination of endometrial scrapings.
- D. it is diagnosed by means of hysteroscopy and hystero-graphy.
- A. lends itself well to conservative therapy.

**1. For conservative treatment of endometriosis, all but:**

- A. Synthetic progestins;
  - B. Danazol preparations;
  - C. Estrogens;
  - D. Androgens.
- 2. It is advisable to use hysterosalpingography for the diagnosis of internal endometriosis:**
- A. Immediately after menstruation;
  - B. Before menstruation;
  - C. On the 14th-15th day of the menstrual cycle;
  - D. On the 22-23 day of the menstrual cycle.

**Key to test tasks**

#	Answer
1	D, E
2	E
3	A, D
4	C
5	A

**Topic "Urgent conditions in gynecological practice."**

***Task 1 Points for oral quiz.***

1. "Acute abdomen" in gynecological practice.
3. Management tactics of patients with torsion of the cyst leg or ovarian tumor.
5. Indications, conditions and contraindications for emergency laparoscopic and laparotomic operations.
6. Failure of nutrition of the uterine fibroids node;
7. Рождающийся Emerging myomatous node;
8. Opening of an ovarian cyst;
9. Differential diagnosis of acute abdominal syndrome in gynecology.
10. Emergency care for malnutrition of uterine fibroids.
11. Emergency conditions caused by ovarian pathology. The concept of ovarian apoplexy, a form of apoplexy. Treatment.
12. Opening of the pyosalpinx, piovarum, tuboovarian abscess.
13. Pulvioperitonitis and diffuse peritonitis.

***Task 2 Practical skills assessment:***

1. Conducting a vaginal-peritoneal study on a dummy. Execution technique, interpretation of results.
2. Method of examination of the cervix using mirrors.
3. Culdocentesis.

***Task 3 Example of a situational problem with a standard response.***

**SITUATIONAL TASK 1**

Patient K. 36 years old was taken to the emergency department of the city hospital by an ambulance team.

Complaints of cramping pains in the lower abdomen for 3 days; profuse spotting from the genital tract for 5 days; general weakness; dizziness.

From the anamnesis: Menstruation from the age of 14, 5-6 days, after 26-27 days, moderate, painless. For the last 4 years, he notes that menstruation has become plentiful and prolonged for up

to 10-12 days. Last year I have been worried about cramping pains during menstruation. My last period started 5 days ago.

There are 1 births, –3 abortions, and no miscarriages.

Gynecological diseases: cervical erosion – DEK, postabortem endometritis.

Objectively: General condition of moderate severity. The skin and visible mucous membranes are pale and clean. The tongue is moist and clean. In the lungs, breathing is vesicular, there is no wheezing. The heart sounds are muted, rhythmic. Blood pressure 100/60 mmHg, Ps 90 beats / min satisfactory filling and tension. T-36.7 s. The abdomen is soft, moderately painful on deep palpation above the womb. Active peristalsis. Symptoms of peritoneal irritation are negative. Healthy bladder and bowel habits.

Gynecological examination: The external genitalia are formed correctly. Female-type hair loss.

In mirrors: The vaginal mucosa is pale pink, not eroded. In the vagina, a rounded formation of bright red color with a diameter of up to 5 cm is determined, in places with areas of hemorrhage and a yellow coating. The discharge is bloody and copious.

PV Vagina of the woman who gave birth. In the vagina, a rounded formation of a dense consistency with a diameter of up to 5 cm is determined. The cervix is smoothed, the external pharynx passes 4 cm. The body of the uterus is slightly enlarged in size, dense consistency, limited mobility, painful on palpation. The appendage area is intact on both sides.

UAC Hb-68 g / L, er- 2,1\*10<sup>12</sup>/l, Ht – 28 %, l- 9,6\*10<sup>9</sup>/l, tr-180\*10<sup>9</sup>/l.

### ***Questions:***

1. Make a preliminary diagnosis.
2. What additional examination methods should be performed to clarify the diagnosis?
3. Therapeutic tactics.

### ***Standard of the problem response.***

1. Emerging submucous myomatous node.
2. Ultrasound, Doppler Imaging, And Hysteroscopy.
3. Pain relief. Infusion therapy. Antianemic therapy. Removal of the myomatous node born through the vagina.

## SITUATIONAL TASK 2

Patient K., 24 years old, was admitted to the gynecological department with complaints of pain in the lower abdomen for 3 days, more on the right, radiating to the right hip; body temperature increased to 38°C. From the anamnesis: menstrual function is not impaired. Sexual activity from the age of 17, with frequent changes of sexual partners. In the anamnesis of the second pregnancy, both ended with medical examinations. After the second medical abortion, the complication is endometritis. Currently, the IUD is used as contraception. Gynecological diseases: chronic inflammation of the uterine appendages, post-abortion endometritis. On examination: skin and mucous membranes of physiological color, clean. In the lungs, breathing is vesicular, there is no wheezing. Heart tones are clear and rhythmic. Blood pressure 110/70 mm Hg, pulse 102 beats / min, rhythmic, body temperature 38.2°C. The abdomen is normally shaped, not swollen. Palpation of the abdomen shows local soreness in the right iliac region and above the womb, local protective tension of the rectus abdominis muscles. Weakly positive symptoms of peritoneal irritation in this area. Intestinal motility is heard in all departments.

During ultrasound, on the right, in the projection of the appendages, a 5.0x3.5 cm sausage-shaped formation is visualized. The contents are homogeneous, hypoechoic. The right ovary is visualized near the formation. Dimensions: 3.6 x 3.0 x 2.5 cm. No free fluid was detected in the post-uterine space.

**Questions:**

1. Preliminary diagnosis.
2. What diseases should be differentially diagnosed?
3. Your tactics.

**Standard of the problem response.**

1. Exacerbation of chronic endometritis on the background of IUD. Pyosalpinx on the right.
2. Acute appendicitis, torsion of the leg of the ovarian tumor.
3. Removal of the IUD. Broad-spectrum antibacterial therapy, anti-inflammatory therapy, infusion therapy. Transvaginal puncture of the formation of the right appendages under the control of ultrasound scanning, aspiration of the contents, if necessary drainage.

**Topic " Endometrial hyperplastic processes. Endometrial cancer."**

**Task 1 Points for oral quiz.**

1. Classification of endometrial hyperplastic processes.
2. Basic theories of the development of endometrial hyperplastic processes. The role of the inflammatory process in the development of endometrial polyps.
3. Modern methods of diagnostics of hyperplastic processes and endometrial cancer.
4. The role of endoscopic methods in the diagnosis and treatment of endometrial hyperplastic processes.
5. Principles of hormone therapy for endometrial hyperplastic processes.
6. Various types of energy (electric, laser, ultrasound) used in the treatment of endometrial hyperplastic processes.
7. Monitoring the effectiveness of treatment of endometrial hyperplastic processes.
8. Pathogenesis of endometrial cancer.
9. Indications for conservative and surgical treatment of endometrial cancer.

**Task 2 Practical skills assessment::**

1. Conducting a vaginal-peritoneal study on a dummy. Execution technique, interpretation of results.
2. Method of examination of the cervix using mirrors.
3. Hysteroscopy.

**Task 3 Example of a situational task with a standard response.**

**SITUATIONAL TASK 1**

Patient M., 42 years old, complained of heavy and painful menstruation for 8 months. The vaginal examination revealed no pathology. Ultrasound scans show that the uterine body is 51 x 33 x 24 mm, and the myometrium is uniform in structure. M-echo with a thickness of 19 mm, in the upper third of the uterine cavity, a hyperechoic formation of 5.3 x 4.5 mm is determined.

**Question:**

Diagnosis? Management tactics?

**Standard of the problem response**

Diagnosis: Endometrial polyp. Tactics – operation hysteroscopy with separate diagnostic curettage. Further tactics will depend on the results of the histological examination.

## **Topic "Background and precancerous diseases, cervical cancer."**

### ***Task 1 Points for oral quiz.***

1. Etiological causes of background and precancerous diseases of the cervix.
2. Two directions of ectopia development. The role of reserve cells.
3. Classification of cervical diseases. The concept of background and precancerous cervix.
4. The concept of dysplasia. Distinctive features of dysplasia depending on the form (mild, moderate, severe).
5. Methods for diagnosing cervical diseases. The concept of simple, extended colposcopy, chromocolposcopy, colpomicroscopy.
6. Methods of treatment of background and precancerous processes of the cervix.
7. Treatment of cervical cancer depending on the stage of the lesion and the age of the patient.
8. Epidemiology. Risk groups for developing cervical cancer. The role of viral and chlamydial infection in the development of cervical cancer.
9. Pathogenesis of cervical cancer.
10. Classification of cervical cancer by stages.
11. Diagnosis and clinical and anatomical forms of cervical cancer.
12. Additional diagnostic methods (cytological method, colposcopy-simple and extended, histological examination, targeted biopsy, separate diagnostic curettage, cone amputation of the cervix, cervicoscopy).
13. Principles and methods of treatment of cervical cancer (choice of treatment method-combined radiation therapy, combined treatment method, surgical method).
14. Cervical cancer and pregnancy. Cervical cancer.
15. Prevention of cervical cancer.

### ***Task 2 Practical skills assessment::***

1. Conducting a vaginal-peritoneal study on a dummy. Execution technique, interpretation of results.
2. Methods of examination of the cervix using mirrors.
3. Taking smears for oncocytology. Indications, tools, execution technique, interpretation.
1. Taking smears for colpopycytological examination. Indications, tools, execution technique, interpretation of results.

### ***Task 3 Sample tests (with keys) for formative assessment.***

#### **1. Determine the volume of emergency care for bleeding caused by infiltrative cervical cancer:**

A. Separate therapeutic and diagnostic curettage of the uterine mucosa and the cervical canal;

B. Tight vaginal tamponade;

C. Gluttony, uterine extirpation;

D. Circular application of clamps to the cervix;

E. Ventriloquism, ligation of internal iliac arteries;

#### **2. The diagnosis of intraepithelial cervical cancer can only be established based on the results of:**

A. Cervicoscopy;

B. Hysteroscopy;

C. Histological examination of the cervical biopsy and endocervical scraping;

D. Advanced colposcopy;

E. Cytological examination of smears-prints from the surface of the vaginal part of the cervix;

#### **3. For the treatment of cervical dysplasia, all the methods listed below are used, except:**

- A. Diathermocoagulation;
  - B. Electroconization;
  - C. Laser therapy;
  - D. Cone-shaped amputation of the cervix according to Sturmdorf;
  - E. High amputation of the cervix;
- 4. Background diseases of the cervix include all of the following, except:**
- A. Simple leukoplakia;
  - B. Dysplasia;
  - C. Erythroplakia;
  - D. Ectropion;
  - E. Recurrent polyp of the cervical canal.
- 5. Indicate precancerous changes in the vaginal part of the cervix:**
- A. Recurrent polyp of the cervical canal;
  - B. True erosion.
  - C. Dysplasia
  - D. Ectropion;
  - E. Endometriosis.

**Key to test tasks**

<b>№</b>	<b>Answer</b>
1	B
2	C
3	A
4	B
5	C

**Topic " Benign tumors and tumoroid formations of the ovaries. Ovarian cancer."**

***Task 1 Points for oral quiz.***

1. Benign ovarian tumors
2. The concept of borderline ovarian tumors, features depending on age, state of the reproductive system, choice of the scope of surgery, indications for polychemotherapy (in general terms).
3. Clinical and anatomical characteristics of ovarian cancer.
4. Ways of spreading the malignant process in ovarian cancer.
5. Classification of ovarian cancer.
6. Principles of complex treatment of ovarian cancer, scope of radical surgical treatment for ovarian cancer.
7. Features of the clinical course of ovarian cancer, prognosis.
8. Prevention of ovarian cancer.

***Task 2 Practical skills assessment::***

1. Conducting a vaginal-peritoneal study on a dummy. Execution technique, interpretation of results.

***Task 3 Sample tests (with keys) for formative assessment.***

**1. True ovarian cancer of epithelial origin includes:**

1. Simple serous cystadenoma;
2. Mucinous cystadenoma;

- 3. Fibroepithelioma;
- 4. Dermoid cyst with malignancy.

A. Answers 1, 2, and 3 are correct.

B. Answers 1 and 3 are correct.

C. Answers 2 and 4 are correct.

D. Only answer 4 is correct.

E. All answers are correct.

**2. The ovary is supported in the abdominal cavity by:**

A. A round bundle.

B. The cardinal bundle.

C. Funnel-pelvic ligament;

D. Sacro-uterine ligament;

E. The broad ligament of the uterus.

**3. Blood supply to the ovaries is provided by:**

A. The uterine artery.

B. Ovarian artery.

C. The iliopsoas artery.

D. Internal genital and ovarian arteries;

E. Uterine and ovarian arteries.

**4. One of the leading etiological causes of ovarian tumors is:**

A. Diseases of viral etiology in the anamnesis;

B. Inflammatory diseases of the appendages;

C. Neuroendocrine disorders;

D. Hereditary factors.

**5. Anatomic leg of an ovarian tumor includes all but**

A. wide ligament of the uterus;

B. own ovarian ligament;

C. a ligament suspending the ovary.

**Key to test tasks**

<b>№</b>	<b>Answer</b>
1	A
2	C
3	E
4	C
5	A

***Task 4 Example of a situational problem with a standard response.***

**SITUATIONAL TASK 1**

A 52-year-old patient was admitted to the gynecological department due to complaints of weakness, pulling pains in the lower abdomen. Post-menopause 1.5 years. In the anamnesis of one birth and two abortions, chronic inflammation of the uterine appendages.

On examination, there is an increase in the size of the abdomen, blunting of percussion sound in the side trim.

During vaginal examination: the cervix is cylindrical in shape, not changed. The body of the uterus is not enlarged, shifted to the right; to the left and posteriorly from the uterus, a lumpy, painful, sedentary formation of a dense consistency up to 10-12cm in size is palpated.

**Questions:**

*Make a probable diagnosis? What additional research methods should be used to clarify the diagnosis? What is the rational tactics of patient management?*

**Topic "Organization of cancer care. Trophoblastic diseases. Breast cancer."**

**Task 1 Points for oral quiz.**

1. Basic information about the signs of the tumor process
2. Clinical groups of patients.
3. The concept of metastasis and metastasis pathways.
4. The role of an obstetrician-gynecologist in the detection of cancer pathology.
5. Trophoblastic disease.
6. Epidemiology. Etiology. Diagnosis and treatment of cystic drift. Possible complications.
7. Chorioncarcinoma. Clinic, diagnosis, and pathways of metastasis. Treatment. Medical examination.
8. Diseases of the mammary glands. Epidemiology and pathogenesis. Risk groups. Classification. Clinic, modern methods of diagnosis and treatment, prevention.

**Task 2 Practical skills assessment::**

1. Conducting a vaginal-peritoneal study on a dummy. Execution technique, interpretation of results.

**Topic "Preoperative preparation and management of the postoperative period in gynecological patients."**

**Task 1 Points for oral quiz.**

1. Indications for sparing surgical methods of treatment of purulent inflammatory diseases of the uterine appendages: drainage, laparoscopy (indications, conditions, techniques, contraindications).
2. Antibiotic prevention.
3. Postoperative management of gynecological patients.

**Task 2 Practical skills assessment::**

1. Performing vaginal procedures: irrigation, baths, administration of ointments, tampons.
2. Assess the condition of postoperative sutures, postoperative wound treatment, dressing, suture removal.

**Topic " Minimally invasive surgery in gynecology."**

**Task 1 Points for oral quiz.**

1. Diagnostic and therapeutic laparoscopy (indications, conditions, contraindications).
2. Hysteroscopy (indications, conditions, contraindications).
3. Hysteroscopic resection (indications, conditions, contraindications).
4. Minilaparotomy (indications, conditions, contraindications).
5. " Ultrasound surgery "(indications, conditions, contraindications).

**Topic "Women's consultation. Methods of rehabilitation of gynecological patients. Pre-gravidar training."**

***Task 1 Points for oral quiz.***

1. The role of women's counseling in prenatal fetal care
2. Methods of examination and management of pregnant women in a women's consultation, risk groups.
3. Indications, mechanism of action, side effects, contraindications and individual selection of different methods of contraception.

***Task 2 Practical skills assessment::***

1. Technique of intrauterine contraceptive administration. Contraindications, indications, complications, and tools.
2. Conducting a vaginal-peritoneal study on a dummy. Execution technique, interpretation of results.

**Topic "Practical skills test session"**

***Task 1 Points for oral quiz.***

1. Interpretation of functional diagnostic tests in the dynamics of the menstrual cycle.
2. Taking smears for oncocytology. Indications, tools, execution technique, interpretation.
3. Taking smears for colpocytological examination. Indications, tools, execution technique, interpretation of results.
4. Taking swabs for the degree of cleanliness of the vagina. Indications, tools, execution technique, interpretation of results.
5. Technique of intrauterine contraceptive administration. Contraindications, indications, complications, and tools.
6. Conducting a vaginal-peritoneal study on a dummy. Execution technique, interpretation of results.
7. Palpation of the mammary glands. Execution technique, interpretation of results.
8. Topography of the pelvic floor muscles (dummy).
9. Blood supply and innervation of the pelvic organs (dummy).
10. Hysteroscopy. Indications, contraindications, and diagnostic capabilities.
11. Ultrasound method of research in gynecology.

***Task 2 Sample tests (with keys) for formative assessment.***

**1. More informative for ultrasound diagnostics in gynecological practice:**

- A. Transvaginal access;
- B. Transabdominal access.

**2. Hypergonadotropic amenorrhea includes:**

- A. Ovarian depletion syndrome;
- B. Resistant ovarian syndrome;
- C. Ovarian dysgenesis syndrome;
- D. true A and B;
- E. All of the above.

**3. Indications for hormone replacement therapy with female sex hormones are:**

- A. Ovarian hypofunction;

- B. False male hermaphroditism in a female civilian patient;
- C. Shereshevsky-Turner syndrome;
- D. Pituitary nanism;
- E. All of the above;

**4. Sclerocystic ovary syndrome is characterized by:**

- A. Hirsutism;
- B. Oligomenorrhea;
- C. Infertility;
- D. Bilateral ovarian enlargement;
- E. All of the above;

**5. The clinical manifestations of a typical form of menopausal syndrome are most characteristic of:**

- A. Dryness of the mucous membranes;
- B. Pain in the heart area;
- C. Laryngitis;
- D. All of the above;
- E. None of the above.

**6. Clinical manifestations of premenstrual syndrome**

- A. Headache, dizziness;
- B. Depression, sometimes aggressive.
- C. Painful swelling of the mammary glands;
- D. Weight gain of 1-2 kg;
- E. All of the above;

**7. True ovarian cancer of epithelial origin includes:**

- 1. Serous adenocarcinoma;
- 2. Mucinous adenocarcinoma;
- 3. Endometrioid adenocarcinoma;
- 4. Dermoid cyst with malignancy.

- A. Answers 1, 2, and 3 are correct.
- B. Answers 1 and 3 are correct.
- C. Answers 2 and 4 are correct.
- D. Only answer 4 is correct.
- E. All answers are correct.

**8. Benign ovarian tumors include all but:**

- 1. Serous cystadenoma;
- 2. An unclassified tumor.
- 3. Brenner's tumors;
- 4. Proliferating mucinous cystadenoma.

- A. Answers 1, 2, and 3 are correct.
- B. Answers 1 and 3 are correct.
- C. Answers 2 and 4 are correct.
- D. Only answer 4 is correct.
- E. All answers are correct.

**9. A dermoid cyst is a tumor:**

- 1. Disembryonic origin;
- 2. Often embittered;
- 3. Contains adipose tissue, hair, teeth rudiments, etc.
- 4. occurs at any age.

- A. Answers 1, 2, and 3 are correct.
- B. Answers 1 and 3 are correct.
- C. Answers 2 and 4 are correct.
- D. Only answer 4 is correct.

E. All answers are correct.

**10. Endometrial hyperplasia during ultrasound examination is characterized by:**

- A. Thickening of the M-echo.
- B. Inhomogeneous structure of the M-echo;
- C. An intermittent M-echo loop.
- D. Everything is correct.

**11. Laparoscopic examination allows you to make a diagnosis**

- A. adhesions in the small pelvis
- B. patency of the fallopian tubes
- C. external genital endometriosis
- D. benign formations of the uterus and appendages.
- E. all of the above

**12. According to the results of hysterosalpingography, you can judge everything except:**

- A. The size of the uterine body,
- B. Forms of the uterine cavity,
- C. The size of the uterine cavity,
- D. Presence of filling defects in the uterine cavity,
- E. Patency of the fallopian tubes.

**13. To reduce the size of uterine fibroids in the plan of preoperative preparation can be used:**

- A. conjugated estrogens;
- B. производные danazol derivatives;
- C. oestrogen-progestogenic contraceptives.
- D. агонисты gonadoliberin agonists.

**14. The advantages of laparoscopy (compared to laparotomy) for external endometriosis include:**

- A. less spike formation in the postoperative period;
- B. less traumatic intervention;
- C. reduction of hospital stay time;
- D. better visualization of heterotopias due to magnification.

**15. A reliable echographic sign of ectopic pregnancy is:**

- A. An increase in the size of the uterus;
- B. False fetal egg;
- C. Free fluid in the post-adipose space;
- D. A fetal egg with an embryo outside the uterine cavity;
- E. Thickening of the M-echo.

**16. Malformations of internal genital organs most often combined with malformations:**

- A. of the large intestine
- B. neural tube derivatives
- C. kidney and urinary tract problems
- D. bones
- E. small intestine

**17. The development of background diseases of the cervix may be associated with:**

- 1. A viral infection.
  - 2. Long-term use of hormonal contraceptives;
  - 3. Damage to the cervix;
  - 4. Neoplasms of the uterine appendages.
- A. Answers 1, 2, and 3 are correct.
  - B. Answers 1 and 3 are correct.
  - C. Answers 2 and 4 are correct.
  - D. Only answer 4 is correct.
  - E. All answers are correct.

**18. Preinvasive cervical cancer (Carcinoma Carcinomainsitu) is characterized by:**

1. Violation of the normal location of the layers of the cervical epithelium (loss of stratification);
  2. Nuclear and cytoplasmic atypia of all layers of the cervical epithelium;
  3. Acanthosis;
  4. Invasion of the tumor into the underlying stroma.
- A. Answers 1, 2, and 3 are correct.  
B. Answers 1 and 3 are correct.  
C. Answers 2 and 4 are correct.  
D. Only answer 4 is correct.  
E. All answers are correct.

**19. The main diagnostic method for dysplasia and preinvasive vulvar cancer is:**

- A. Biopsy followed by histological examination;  
B. Vulvoscopy;  
C. Radioisotope research;  
D. Cytological examination of smears-fingerprints;  
E. Fluorescence microscopy of the vulva.

**20. Echographic signs of internal endometriosis are:**

- A. Echonegative cystic inclusions in the myometrium;  
B. Increase in the anterior-posterior size of the uterine body;  
C. Asymmetry of the thickness of the anterior and posterior walls of the uterus;  
D. Hyperechoic rim around cystic inclusions in the myometrium;  
E. Everything is correct.

**Key to test task**

1	A
2	E
3	E
4	E
5	A
6	E
7	A
8	A
9	B
10	D
11	E
12	A
13	D
14	A,B,C
15	D
16	C
17	A
18	A
19	A
20	E

**Topic “Final lesson”.**

***Task 1 Points for oral quiz.***

1. Congenital hyperplasia of the adrenal cortex (Adrenogenital syndrome). Etiology. Pathogenesis. Clinic. Diagnostics. Application of hormone tests. Treatment. Forecast.

2. Prolapse of the female genital organs. Stress urinary incontinence in women. Reasons. Classification. Diagnostics. Modern methods of correction.
3. Abnormalities in the development of internal genitalia. Etiology. Pathogenesis. Clinic. Diagnostics. Correction methods. Forecast.
4. Ovarian apoplexy. Etiology. Pathogenesis. Features of the clinical picture. Modern diagnostic methods, differential diagnosis. Treatment.
5. Bacterial vaginosis. Etiology. Clinic. Diagnostics. Treatment.
6. A barren marriage. Etiology. Classification. The main stages of examination of a infertile couple. Principles of treatment.
7. Anovulatory (endocrine) infertility. Diagnostics. Stages of treatment. Modern methods of ovulation stimulation.
8. Tubo-peritoneal infertility. Classification. Diagnostics. Modern methods of treatment. Forecast.
9. Ectopic pregnancy. Etiology. Clinic of pipe rupture, diagnostics. Tubal abortion. Clinic. Diagnostics. Differential diagnosis. Methods of surgical treatment.
10. Genital endometriosis. Modern concepts of etiology and pathogenesis. Main symptoms and syndromes of internal endometriosis. Diagnostics. Treatment.
11. External genital endometriosis. Main symptoms and syndromes. Diagnostics. Treatment.
12. Menstrual disorders: primary amenorrhea. Etiology and pathogenesis. Classification. The main nosological forms. Diagnostics. Principles of treatment.
13. Menstrual disorders: secondary amenorrhea, hypomenstrual syndrome. Etiology and pathogenesis. Classification. Diagnostics. Principles of treatment.
14. Hyperplastic processes of the endometrium. Etiology. Pathogenesis. Clinic. Diagnostics. Modern methods of treatment.
15. Benign ovarian tumors. Risk factors. Classification. Clinic. Diagnostic methods. Treatment. Complications.
16. Tumor-like formations of the ovaries. Classification. Clinic. Diagnostic methods. Treatment.
17. Vulvovaginitis of specific etiology. Etiology and pathogenesis. Clinical manifestations. Diagnostic methods. Treatment. Prevention.
18. Vulvovaginitis of non-specific etiology. Etiology and pathogenesis. Clinical manifestations. Diagnostic methods. Treatment. Prevention.
19. Cyst and abscess of the bartholin gland. Etiology and pathogenesis. Clinic. Diagnostic methods. Treatment.
20. Acute and chronic cervicitis. Etiology and pathogenesis. Clinic. Diagnostic methods. Treatment.
21. Acute and chronic endometritis. Etiology. Pathogenesis. Clinic. Diagnostics. Treatment.
22. Acute and chronic salpingoophoritis. Etiology. Pathogenesis. Clinic. Diagnostics. Treatment.
23. Pelvioperitonitis. Etiology. Pathogenesis. Clinic. Diagnostics. Treatment.
24. Uterine fibroids. Etiology and pathogenesis. Classification. The clinical picture depends on the localization of myomatous nodes. Diagnostics. Modern methods of conservative and operative treatment.
25. Complications of uterine fibroids. Diagnostics. Differential diagnosis. Treatment. Prevention. Influence of uterine fibroids on the course of pregnancy and childbirth.
26. Urgent conditions in gynecology: perforation of purulent tubo-ovarian formations. Diagnostics. Differential diagnosis with acute surgical pathology. Treatment.
27. Urgent conditions in gynecology: torsion of the ovarian tumor legs, rupture of the ovarian cyst (tumor). Diagnostics. Differential diagnosis. Treatment.
28. Uterine bleeding at puberty. Etiology and pathogenesis. Clinical picture. Therapeutic tactics. Prevention.
29. Dysfunctional uterine bleeding of the reproductive period. Etiology and pathogenesis. Clinical picture. Therapeutic tactics.

30. Dysfunctional uterine bleeding of the perimenopausal period. Etiology and pathogenesis. Clinical picture. Therapeutic tactics.
31. Perimenopause. Menopausal syndrome. Pathogenesis. Classification. Clinic. Diagnostic methods. Modern principles of treatment of menopausal syndrome.
32. Hormone replacement therapy. Indications for use. Contraindications. Dosage forms and prescribing modes.
33. Premenstrual syndrome. Pathogenesis. Clinical forms. Diagnostics. Treatment.
34. Cervical cancer. Risk groups. Etiology and pathogenesis. Classifications. Clinic. Diagnostics. Forecast. Methods of prevention.
35. Endometrial cancer. Epidemiology. Risk factors. Classification. Clinical and pathogenetic variants. Principles of treatment. Forecast.
36. Ovarian cancer. Risk groups. Classification. Clinic. Diagnostics. Principles of treatment. Forecast. Prevention.
37. Polycystic ovary syndrome. Etiology and pathogenesis. Clinic. Diagnostics. Methods of conservative and operative treatment.
38. Background and precancerous diseases of the cervix. Modern classification. Etiology and pathogenesis. Modern methods of screening and diagnostics of cervical pathology. Methods of treatment and prevention.
39. Trophoblastic disease: cystic drift, chorionic carcinoma. Etiology and pathogenesis. Classification. Modern approaches to diagnosis and treatment.
40. Diseases of the mammary glands: benign dysplasia, benign nodular formations. Etiology. Pathogenesis. Classifications. Modern methods of diagnosis and treatment. Prevention. The role of an obstetrician-gynecologist in detecting breast cancer.

## **Control work № 2**

### **Writing a clinical case history assessment (10 term).**

#### **Writing a clinical case history assessment.**

The student independently chooses the nosological form, develops and protects the case history assessment according to the proposed scheme.

The main stages of writing an academic case history assessment:

Title page (separate page)

15. Passport part.
16. Complaints: the main ones and those found during the survey on organ systems.
17. Anamnesis of the main and concomitant diseases.
18. Anamnesis of life.
19. Data from an objective study of the patient.
20. Justification of the preliminary diagnosis and its formulation.
21. Survey plan.
22. Data from laboratory and instrumental studies, conclusions of consultants.
23. Final clinical diagnosis (justification and wording).
24. Differential diagnosis.
25. Treatment of the patient and its justification.
26. Forecast.
27. Prevention (primary and secondary).
28. Epicrisis.
29. Curation diary.

30. List of references.

**Credit with a mark (9 term).**

**Points for oral test:**

1. Congenital hyperplasia of the adrenal cortex (Adrenogenital syndrome). Etiology. Pathogenesis. Clinic. Diagnostics. Application of hormone tests. Treatment. Forecast.
2. Prolapse of the female genital organs. Stress urinary incontinence in women. Reasons. Classification. Diagnostics. Modern methods of correction.
3. Abnormalities in the development of internal genitalia. Etiology. Pathogenesis. Clinic. Diagnostics. Correction methods. Forecast.
4. Bacterial vaginosis. Etiology. Clinic. Diagnostics. Treatment.
5. A barren marriage. Etiology. Classification. The main stages of examination of a infertile couple. Principles of treatment.
6. Anovulatory (endocrine) infertility. Diagnostics. Stages of treatment. Modern methods of ovulation stimulation.
7. Tubo-peritoneal infertility. Classification. Diagnostics. Modern methods of treatment. Forecast.
8. Menstrual disorders: primary amenorrhea. Etiology and pathogenesis. Classification. The main nosological forms. Diagnostics. Principles of treatment.
9. Menstrual disorders: secondary amenorrhea, hypomenstrual syndrome. Etiology and pathogenesis. Classification. Diagnostics. Principles of treatment.
10. Vulvovaginitis of specific etiology. Etiology and pathogenesis. Clinical manifestations. Diagnostic methods. Treatment. Prevention.
11. Vulvovaginitis of non-specific etiology. Etiology and pathogenesis. Clinical manifestations. Diagnostic methods. Treatment. Prevention.
12. Cyst and abscess of the bartholin gland. Etiology and pathogenesis. Clinic. Diagnostic methods. Treatment.
13. Acute and chronic cervicitis. Etiology and pathogenesis. Clinic. Diagnostic methods. Treatment.
14. Acute and chronic endometritis. Etiology. Pathogenesis. Clinic. Diagnostics. Treatment.
15. Acute and chronic salpingoophoritis. Etiology. Pathogenesis. Clinic. Diagnostics. Treatment.
16. Pelvioperitonitis. Etiology. Pathogenesis. Clinic. Diagnostics. Treatment.
17. Uterine fibroids. Etiology and pathogenesis. Classification. The clinical picture depends on the localization of myomatous nodes. Diagnostics. Modern methods of conservative and operative treatment.
18. Perimenopause. Menopausal syndrome. Pathogenesis. Classification. Clinic. Diagnostic methods. Modern principles of treatment of menopausal syndrome.
19. Hormone replacement therapy. Indications for use. Contraindications. Dosage forms and prescribing modes.
20. Premenstrual syndrome. Pathogenesis. Clinical forms. Diagnostics. Treatment.
21. Polycystic ovary syndrome. Etiology and pathogenesis. Clinic. Diagnostics. Methods of conservative and operative treatment.

**Practical skills assessment:**

1. Bacteriological and bacterioscopic research methods in obstetric and gynecological practice. Indications, technique of execution.
2. Examination of women using vaginal mirrors. Bimanual vaginal-peritoneal, rectal-

- peritoneal research. Indications. Conditions. Execution technique. Evaluation of results.
3. Vaginoscopy. Features of examination of girls using a vaginoscope, vaginal mirrors. Indications. Conditions. Execution technique. Evaluation of results.
  4. Introduction of an intrauterine contraceptive. Contraindications, conditions, technique, and complications.
  5. Methods for assessing the patency of the fallopian tubes. Indications, technique, evaluation of results, complications.
  6. Diagnostic curettage of the uterus. Indications, contraindications, conditions, technique, complications.
  7. Tests of functional diagnostics in the assessment of the ovarian-menstrual cycle: basal temperature, study of cervical mucus. Execution technique. Interpretation of results.
  8. Colpocytological research. Indications, technique of execution, evaluation of results.
  9. Determination of the degree of cleanliness of the vagina. Indications. Execution technique. Interpretation of results.
  10. Examination and palpation of the mammary glands, technique of execution. Evaluation of results.
  11. Cytological method of research in gynecological practice. Indications, technique of execution. Interpretation of results.
  12. Female pelvis, muscles and fascia, their role.

**Credit with a mark (10 term).**

**Points for oral test:**

1. Ovarian apoplexy. Etiology. Pathogenesis. Features of the clinical picture. Modern diagnostic methods, differential diagnosis. Treatment.
2. Ectopic pregnancy. Etiology. Clinic of pipe rupture, diagnostics. Tubal abortion. Clinic. Diagnostics. Differential diagnosis. Methods of surgical treatment.
3. Genital endometriosis. Modern concepts of etiology and pathogenesis. The main symptoms and syndromes of internal endometriosis. Diagnostics. Treatment.
4. External genital endometriosis. Main symptoms and syndromes. Diagnostics. Treatment.
5. Hyperplastic processes of the endometrium. Etiology. Pathogenesis. Clinic. Diagnostics. Modern methods of treatment.
6. Benign ovarian tumors. Risk factors. Classification. Clinic. Diagnostic methods. Treatment. Complications.
7. Tumor-like formations of the ovaries. Classification. Clinic. Diagnostic methods. Treatment.
8. Urgent conditions in gynecology: perforation of purulent tubo-ovarian formations. Diagnostics. Differential diagnosis with acute surgical pathology. Treatment.
9. Urgent conditions in gynecology: torsion of the ovarian tumor legs, rupture of the ovarian cyst (tumor). Diagnostics. Differential diagnosis. Treatment.
10. Cervical cancer. Risk groups. Etiology and pathogenesis. Classifications. Clinic. Diagnostics. Forecast. Methods of prevention.
11. Endometrial cancer. Epidemiology. Risk factors. Classification. Clinical and pathogenetic variants. Principles of treatment. Forecast.
12. Ovarian cancer. Risk groups. Classification. Clinic. Diagnostics. Principles of treatment. Forecast. Prevention.
13. Background and precancerous diseases of the cervix. Modern classification. Etiology and pathogenesis. Modern methods of screening and diagnostics of cervical pathology. Methods of treatment and prevention.

14. Trophoblastic disease: cystic drift, chorionic carcinoma. Etiology and pathogenesis. Classification. Modern approaches to diagnosis and treatment.

15. Diseases of the mammary glands: benign dysplasia, benign nodular formations. Etiology. Pathogenesis. Classifications. Modern methods of diagnosis and treatment. Prevention. The role of an obstetrician-gynecologist in detecting breast cancer.

### **Examples of situational tasks.**

#### ***Situational task 1***

A 38-year-old patient went to a women's consultation complaining of recurrent pain in the lower abdomen, more to the left. Menstrual function is not impaired. She has a history of two emergency deliveries and two medical abortions without complications. The patient has chronic inflammation of the uterine appendages, was treated on an outpatient basis. Gynecological status: the vagina is without features, the cervix is not eroded, the external pharynx is slit-shaped, the uterus in anteflexia is not enlarged, painless; the appendages are not detected on the right, the ovoid is palpated on the left forms the formation is 10x12cm in size with a smooth surface, tight-elastic consistency, mobile, painless; the arches are deep; the discharge is mucous.

#### ***Questions:***

- 1. What is the most likely diagnosis?*
- 2. What additional examination should be performed on an outpatient basis?*
- 3. Tactics of the antenatal clinic doctor?*

#### ***Situational task 2***

A 15-year-old patient was admitted to the hospital with complaints of spotting from the genital tract, which appeared after the delay of the next menstruation for 3 months. And continue for 12 days. From the anamnesis: she has chronic tonsillitis, notes frequent nosebleeds. On examination: pale skin, pulse 82 in 1 min., rhythmic, blood pressure 110/70 mm Hg, peripheral blood hemoglobin level 90 g / l, hematocrit 28%. The abdomen is soft, painless, the results of a gynecological examination: the external genitalia are developed correctly, the hair is of the female type, the hymen is intact. During recto abdominal examination: the uterus is of normal size, dense, painless; appendages on both sides are not enlarged, discharge from the genital tract is bloody, moderate.

#### ***Questions:***

- 1. In what disease can the described clinical picture be observed?*
- 2. What additional research does the patient need to conduct in order to clarify the diagnosis?*
- 3. What condition of the endometrium is possible in this patient?*

#### ***Situational task 3***

A 32-year-old patient developed cramping pains in the lower abdomen, spotting from the genital tract, and her body temperature rose to 38°C on the 3rd day after artificial termination of pregnancy. During vaginal examination: the cervix is shortened, the cervical canal is passable for 1.5 cm; the uterus is enlarged to 8-9 weeks of pregnancy, painful on palpation and displacement; appendages on both sides are not determined.

#### ***Question:***

- 1. What is the patient management strategy?*

#### ***Situational task 4***

A 23-year-old patient underwent hysterosalpingography for primary infertility. On the X-ray: the uterine cavity is T-shaped, the fallopian tubes are shortened, rigid, with club-shaped extensions in the ampullary sections; the release of contrast agent into the abdominal cavity is not observed.

**Questions:**

1. Which disease is most characterized by such changes?
2. What additional research methods are needed in this case?
3. What treatment method do you suggest for restoring reproductive function in this patient?

**Situational task 5**

Patient N., 24 years old, went to the gynecologist with complaints of copious blood discharge from the genital tract, which continued for 10 days. Last menstruation 3 weeks ago. During vaginal examination, the body of the uterus is not enlarged, dense, mobile, painless, appendages on both sides are not palpable, their area is painless. The arches are free and deep. When ultrasound scanning, the body of the uterus with clear, even contours, 44.5 x 22.8 x 19.7 mm. M-echo 3.5 mm, uniform. Ovaries – without pathology. The content of the  $\beta$  - subunit of HCG in the blood = 0 units.

**Questions:**

1. What is diagnosis?
2. What is business plan?

**Practical skills assessment:**

1. Bacteriological and bacterioscopic research methods in obstetric and gynecological practice. Indications, technique of execution.
2. Examination of women using vaginal mirrors. Bimanual vaginal-peritoneal, rectal-peritoneal research. Indications. Conditions. Execution technique. Evaluation of results.
3. Hysteroscopy and hysteroscopy. Endometrial biopsy. Indications, contraindications, conditions, technique, complications.
4. Vaginoscopy. Features of examination of girls using a vaginoscope, vaginal mirrors. Indications. Conditions. Execution technique. Evaluation of results.
5. Introduction of an intrauterine contraceptive. Contraindications, conditions, technique, and complications.
6. Methods for assessing the patency of the fallopian tubes. Indications, technique, evaluation of results, complications.
7. Diagnostic curettage of the uterus. Indications, contraindications, conditions, technique, complications.
8. Colposcopy. Cervical biopsy. Indications, technique of execution.
9. Tests of functional diagnostics in the assessment of the ovarian-menstrual cycle: basal temperature, study of cervical mucus. Execution technique. Interpretation of results.
10. Colpocytological research. Indications, technique of execution, evaluation of results.
11. Determination of the degree of cleanliness of the vagina. Indications. Execution technique. Interpretation of results.
12. Examination and palpation of the mammary glands, technique of execution. Evaluation of results.
13. Puncture of the posterior vaginal arch. Indications and contraindications. Execution technique. Complications.
14. Artificial termination of pregnancy by curettage and vacuum aspiration. Conditions, contraindications, technique, and complications.

15. Cytological method of research in gynecological practice. Indications, technique of execution. Interpretation of results.