Theme 15. “Acute abdomen” in gynecology. Diagnostics, differential diagnostics, treatment and prophylaxis of emergency states in gynecology, basic principles and methods of surgical interventions”

1. Woman I., aged 38 years was admitted to gynecologic department with complaints on cramp-like pains in the lower abdomen and moderate blood-tinged discharge from vagina. In past-history: labor 1, medical abortions – 2. Patient notes delay of menstruation, instantaneous loss of consciousness. Objectively: skin integuments are pale, covered with cold perspiration. Arterial pressure – 90/50 mm Hg., pulse rate – 120 beats/min. On vaginal examination: somewhat enlarged uterine, in the right – movable formation of ovoid form, soft consistency is palpable. What treatment should be carried out?
   A. Surgical intervention.
   B. Treatment with estrogens.
   C. Treatment with androgens.
   D. Symptomatic treatment.
   E. Treatment with gestagens.

2. Patient, aged 32 years was admitted to gynecologic department with complaints on sharp pain in the lower abdomen. Menses were 2 weeks ago, timely. On bimanual vaginal examination: vagina and uterine cervix are without peculiarities. Examination of the uterine body and appendages is impossible to perform due to tenderness and tension of the anterior abdominal wall. Posterior fornix overhangs, painful. Apoplexy of the ovary is suspected. What should be done to precise diagnosis?
   A. To perform bimanual examination again under narcosis.
   B. Paracentesis of the abdominal cavity through posterior fornix of vagina.
   C. Ultrasonic investigation.
   D.
   E. Hysteroscopic examination.

3. Woman, aged 22 years was admitted to gynecologic department with complaints on pains in the lower abdomen, elevation of body temperature to 39.5*C. Objectively: heart beat rate – 108 beats/min, arterial pressure – 120/180 mm Hg., abdomen is bloated moderately, sharply painful in the hypogastric area. Schyotkin’s symptom is positive in the hypogastric area. Vaginal examination: uterus and appendages are not palpable due to tension of the anterior abdominal wall, posterior fornix overhangs, sharply painful. What is the most probable diagnosis?
   A. Ovarian apoplexy.
   B. Acute salpingoophoritis.
   C. Acute endometritis.
   D. Extrauterine pregnancy.
   E. Pelvio-peritonitis.

4. Urgent admission of a patient with complaints on pain in the lower abdomen with irradiation to the rectum, blood-tinged discharge from genital passages, dizziness. Complaints appeared suddenly. Last menses was 2 weeks ago. Skin integuments are pale, pulse – 102 beats/min., arterial pressure – 90/60 mm Hg. Abdomen is tense, somewhat painful in the lower areas, symptoms of irritation of the peritoneum are slightly positive. What is the most probable diagnosis?
A. Intestinal obstruction.
B. Fibroid, which is being born.
C. Ovarian apoplexy.
D. Extrauterine pregnancy.
E. Setting out abortion.

5. Woman, aged 26 years was admitted to admission department with complaints on sudden pain in the lower abdomen, malaise, loss of consciousness at home. Previous menses was absent. Hb – 106 g/l, pulse rate – 120 beats/min, arterial pressure – 80-50 mm Hg., tenderness and symptoms of peritoneal irritation are in the bottom in the right side.
What diagnosis is the most probable?
A. Disturbed uterine pregnancy.
B. Acute appendicitis.
C. Right-sided acute salpingoophoritis
D. Torsion of the ovarian pedicle.

6. Patient, aged 22 years complains of delay of menses during 2 months. Taste qualities changed. Nullipara, no abortions in the past history. Vaginal examination: mucous membrane and uterine cervix are cyanotic, uterus of ovoid form, enlarged to 7-8 weeks of pregnancy, soften consistency. Appendages are without peculiarities. Isthmus of the uterus is softened. Crypts of the vagina are free.
What diagnosis is the most probable?
A. Uterine pregnancy.
B. Uterine leiomyoma.
C. Disorder of ovarian-menstrual cycle.
D. Hydatid mole.
E. Choryonepithelioma.

7. Patient, aged 20 years was admitted to gynecologic unit with complaints on acute sudden pain in the lower abdomen in the lumbar area, moderate blood-tinged discharge from reproductive ways. Delay of menses – 2 weeks. On bimanual examination: uterine cervix is of 3,5 cm length, soft, cyanotic, through external fauces tip of the fingers passes. Uterine body is of ovoid form, large one, of softened consistency. In the left a soft formation, movable, painful on palpation is palpable. Discharge is blood-tinged, insignificant. Arterial pressure – 95/60 mm Hg., pulse rate – 100 beats/min.
What diagnosis is the most probable?
A. Incipient abortion.
B. Threatened abortion.
C. Abortion in progress.
D. Uterine body leiomyoma.
E. Extrauterine pregnancy.

8. Patient P., aged 37 years appealed to gynecologic unit complaining of pain in the lower abdomen, which becomes worse during 24 day period, nausea, elevation of body temperature to 38,5*C. Patient fell ill 15 days ago after surgery for artificial abortion. Objectively: T- 38,5*C, pulse rate – 100 beats/min. Tongue is dry, abdomen is tense in the lower portions, Shyotkin’s symptom is positive. On bimanual examination: sharp pain develops in replacement of uterine body, contours of the uterus and appendage are not defined clearly because of tension of the anterior abdominal wall.
In the right side through the crypt, pole of formation of ovoid form is determined, painful on palpation. Vaginal discharge is pus-like.

What diagnosis is the most probable?
A. Pelvio-peritonitis.
B. Acute salpingoophoritis.
C. Acute appendicitis.
D. Parametritis.
E. Gonorrhoe pelvio-peritonitis.

9. Patient was admitted to gynecologic unit complaining of menstruation delay during 2 weeks, staining blood-tinged discharge from reproductive passages, pain in the lower abdomen more expressed in the left side, nausea, vomiting, weakness. In the past history: chronic adnexitis. On bimanual examination: uterus body is slightly enlarged in sizes, softened, appendages in the left are enlarged, painful on palpation, uterine cervix is conical in shape, external fauces is closed. Posterior crypt hangs over, very painful. Reaction to chorionic gonadotropin is positive, On ultrasonic examination: in the uterine cavity a fetal ovum is not determined.

What diagnosis is the most probable?
A. Secondary amenorrhoe.
B. Exacerbation of chronic salpingoophoritis.
C. Shtein-Leventhal’s syndrome.
D. Extrauterine pregnancy.
E. Endometriosis.

10. Patient, aged 20 years was admitted to the hospital with sharp pains in the lower abdomen in the left. The last normal menstruation was 2 weeks ago, in time. Arterial pressure – 100/70 mm Hg., pulse rate – 90 beats/min., body temperature is 36,9*C, patient is pale. Abdomen is painful in the lower portions. Blumberg-Schytokin’s symptom is slightly positive. On vaginal examination: uterine cervix is of conical shape, external fauces is closed. Uterine is not enlarged, sensitive. Appendages in the left (слева) are not palpable. In the (слева?????) somewhat painful appendages are palpable. Crypts hang over, painful ones.

What diagnosis is the most probable?
A. Uterine leiomyoma.
B. Apoplexy of the ovary.
C. Extrauterine pregnancy.
D. Inflammation of the uterine appendages.
E. Acute appendicitis.

11. Patient, aged 28 years was admitted to the in-patient unit complaining of sharp pains in the lower abdomen which developed 2 hours ago and of blood-tinged staining discharge from reproductive ways. Last menstruation began 2 months ago. On bimanual examination: uterine body is somewhat enlarged. Displacement along the uterine cervix is sharply painful. Uterine appendages in the left are enlarged, painful. In the blood: Hb – 102 g/l, ESR – 32, leucocytes – 6,5x10⁹/l, diastase – 8g/hour l. Schytokin-Blumberg’s symptom is positive.

What is the most probable diagnosis?
A. Uterine leiomyoma.
B. Disturbed uterine pregnancy.
C. Acute appendicitis.
D. Progressive extrauterine pregnancy.
E. Abortion in progress.
12. Patient B., 22 years of age complains of aching pains in the right iliac area, lasting during a week, nausea in the morning, gustatory changes. In the past history: menstruation delay – 3 weeks. Objectively: arterial pressure: 110/70 mm Hg., pulse rate – 78 beats/min., body temperature – 37°C. On bimanual examination: uterine is slightly enlarged, softened, movable, painless. Appendages: in the left side a painful formation of 3x4 cm, dense-elastic consistency, limitedly movable is palpable. What diagnosis should be made?
A. Cyst of the right ovary.
B. Disturbed uterine pregnancy.
C. Progressive uterine pregnancy.
D. Uterine pregnancy.
E. Acute appendicitis.

13. Ambulance delivered a patient complaining of short-term loss of consciousness, dizziness, sharp pain in the right lower abdomen, last menstruation was 2 weeks ago. Skin integuments are pale. Pulse rate – 110 beats/min., pulse is thread, Hb - 76 g/l, body temperature – 36,8°C, blood pressure – 80/60 mm Hg., abdomen falls behind on respiration in the lower portions, palpation of the abdomen on the bottom is painful. On examination: uterine cervix is within the norm, cervical canal is closed. Uterine body is not enlarged, on palpation insignificant tenderness is noted. Appendages in the right side on palpation are painful, ovary is enlarged. Posterior fornix of theagina hangs over. What is the most probable diagnosis?
A. Disturbed extrauterine pregnancy.
B. Acute appendicitis.
C. Apoplexy of the ovary.
D. Acute salpingoophoritis.
E. Torsion of the cystoma of the right uterine appendages.

14. Woman, aged 28 years appealed for doctor’s advice complaining of acute pain in the left iliac area, no menstruation delay. By the data of ultrasonic examination 2 months ago ovarian cyst in the left was revealed. Patient refused from hospitalization. On vaginal examination: in the left side tumor-like formation, sizes of 5x7 cm., painful one, very movable is determined. What is the most probable diagnosis?
A. Extrauterine pregnancy.
B. Apoplexy of the ovaries.
C. Threatening abortion.
D. Torsion of the ovarian cyst.
E. Hydatid mole.

15. Patient K. aged 19 years, 3 hours ago after physical culture lesson developed pain in the lower abdomen in the left, dryness in the mouth. Menstruation was 2 weeks ago. Pulse rate – 92 beats/min., rhythmic one. Arterial pressure – 95/55mm Hg. Tongue is dry and coated. Abdomen “breathes”, but painful in the right iliac area and suprapubic junction, doubtful symptoms of peritoneal irritation are noted. What diagnosis should be made?
A. Apoplexy of the ovary.
B. Acute appendicitis.
C. Acute salpingoophoritis.
D. Disturbed uterine pregnancy.
E. Renal colic in the left.
16. Patient S., aged 41 years appealed for doctor’s advice complaining of periodic pains in the lower abdomen, painful profuse, prolonged menstruation. On bimanual examination: uterine was enlarged to 9 weeks of pregnancy, along the posterior wall a node, sizes 3x3 cm is palpable, uterine body is movable, painful, appendages are without peculiarities. What disease should be thought of?
A. Ovarian tumor.
B. Adenomyosis.
C. Uterine pregnancy.
D. Chronic endometritis.
E. Ischemia of fibromatous node.

17. Woman, aged 30 years was admitted to gynecologic unit for planned surgical intervention because of tumor-like formation in the area of the right appendages, sizes 9x8 cm., of dense-elastic consistency, movable, painless. While performing physical work, severe pain developed, woman lost consciousness. During surgical intervention a thin-walled formation on the long pedicle, containing hair and teeth was removed. What diagnosis should be made?
A. Torsion of the dermoid ovarian cyst.
B. Uterine leiomyoma.
C. Ovarian cancer.
D. Hydrosalpinx.
E. Pyo-ovarium.

18. Patient, aged 28 years complains of pain in the lower abdomen, loss of consciousness developed at home. Menstruation is in time. Skin is pale, pulse rate – 110 beats/min., Hb. – 76 g/l., arterial pressure is 80/60. Schyotkin’s symptom is positive. On vaginal examination: uterine body is not enlarged, painful on ectopia, appendages are not palpable. Posterior fornix of the vagina hangs over, painful. On abdominal paracentesis through the posterior crypt, bright blood, which coagulates was obtained. What is the most probable diagnosis?
A. Disturbed extrauterine pregnancy.
B. Ovarian apoplexy.
C. Torsion of the cystoma of the right uterine appendages.
D. Acute salpingoophoritis.
E. Acute appendicitis.

19. Patient, aged 23 years, married. Menstruation has been since 16 years, regular one. Last menstruation was 7 weeks ago. Regular sexual life. Patient does not use means of contraception. In the past history: chronic adnexitis, patient is followed up at the prenatal center, received treatment several times due to exacerbation of the inflammatory process of the small pelvis organs. By the data of ultrasonic examination, a formation, sizes - 7x3x4 cm in the area of the right appendages was revealed. Diagnosis of hydrosalpinx was made. On her way to work patient experienced sharp pain in the lower abdomen, lost consciousness. She was delivered to gynecologic unit by an ambulance in a severe state. Skin and mucous membranes are pale, arterial pressure – 75/40 mm Hg. Pulse rate is 116 beats/min., body temperature – 38°C, symptom of irritation of the peritoneum is positive. What is the most probable diagnosis?
A. Disturbed extrauterine pregnancy.
B. Abortion in progress.
C. Rupture of the ovarian cyst.
D. Pelvioperitonitis.
E. Perforating gastric ulcer.
20. Patient with uterine fibromyoma (first revealed 4 years ago). During observation uterine sizes are stable (correspond to 8-9 weeks of pregnancy. Patient appealed for doctor’s advice, complaining of sharp pains in the lower abdomen. On examination: sharply positive symptoms of irritation of the peritoneum, high leucocytosis. On vaginal examination: uterine is enlarged to 9 weeks of pregnancy term at the expense of fibromatous nodes, one of them is movable, sharply painful. Appendages are not palpable. Discharge is mucous, moderate one. What is treatment tactics?
A. Urgent surgical intervention (laparotomy).
B. Observation and spasmolytic therapy.
C. Fractional diagnostic curettage of uterine walls.
D. Surgical laparoscopy.
E. Observation and therapy with antibiotics.

21. Patient, aged 28 years was admitted to the gynecologic unit complaining of sharp pain in the lower portions of the abdomen, pain developed suddenly on the 4-th week of menstruation delay. Skin integuments are pale, pulse rate – 110 beats/min., arterial pressure – 90/60. Abdomen is sharply painful on palpation in the lower portions, positive symptom of irritation of the peritoneum. On vaginal examination: uterine is enlarged, deviated to the right, in the left – oblong formation, painful on palpation is revealed, posterior fornix is sharply painful, hangs over. What is the most informative method of investigation?
A. Diagnostic laparoscopy.
B. Paracentesis of the posterior fornix.
C. Test for chorionic gonadotropin.
D. Ultrasonic investigation.
E. Dynamics of total blood analysis.

22. Patient, aged 43 years complains of constant dull pains in the lower abdomen, mostly in the left side, elevation of body temperature up to 38°C. During the last 5 years patient is followed up due to subserous uterine fibromyoma. On bimanual examination: uterine is enlarged to 10 weeks of gestation term, solid, tuberous one. In the left side of the uterine, formation coming out of the uterine, size 6x8 cm., of elastic consistency, sharply painful on palpation is observed. What is the most probable diagnosis?
A. Pyosalpinx.
B. Extraterine pregnancy.
C. Necrosis of myomatous node.
D. Cyst of the left ovary, which became suppurated.
E. Uterine sarcoma.

23. Patient, aged 37 years was admitted to the gynecologic unit complaining of intensive cramp-like pains in the lower abdomen, bleeding from reproductive passages. Over the period of the last 4 years patient experienced profuse menstruation, sometimes transitory into bleeding. Patient was not followed up at gynecologist’. On bimanual examination: uterine cervix is smoothened, external fauces is opened up to 4 cm., in the cervical canal a dense tumor-like formation is palpable. Uterine is enlarged, dense. What is the most probable diagnosis?
A. Necrosis of fibromatous node.
B. Abortion in progress.
C. Hydatid mole.
D. Developing fibroid.
E. Uterine cancer.
24. Patient, aged 23 years was admitted to the gynecologic unit complaining of pain in the lower abdomen, general weakness, collaptoid state, blood-tinged discharge from the reproductive passages. In the past history: patient had chronic adnexitis; last 2 months – no menstruation, sometimes bloody discharge was noted. Objectively: skin and mucous membranes are pale. Arterial pressure – 90/60, pulse rate – 100 beats/min. Abdomen is swelled a little, painful in the lower portions. Schyotkin’s symptom is positive. Vaginal examination: uterine is enlarged up to 5-6 weeks, soft, painful one on palpation. Appendages are not palpable clearly due to a sharp tension of the anterior abdominal wall. Posterior fornix hangs over, painful one. Dark blood-tinged discharge continues. What method of investigation is the most informative?
A. Hysteroscopy.
B. Laparoscopy.
C. Ultrasonic investigation.
D. Abdominal paracentesis.
E. Dopplerometry.

25. Patient, aged 25 years complains of pain in the lower abdomen, weakness, poor general state, nausea, blood-tinged discharge from the reproductive passages. After physical exertion general state became worse, loss of consciousness was noted. In the past history: last 3 months – absence of menstruation, sometimes stained discharge from reproductive ways appears. Skin integuments are pale, arterial pressure – 100/60 mm Hg., pulse rate – 98 beats/min. Vaginal examination: uterus is enlarged up to 5-6 weeks, sensitive on palpation, slightly movable. Appendages are not palpable clearly. Posterior fornix hangs over, sensitive on palpation. Discharge is dark blood-tinged, in small amount. What is the preliminary diagnosis?
A. Apoplexy of the ovary.
B. Progressive uterine pregnancy.
C. Induced uterine pregnancy.
Тема 15

1. A
2. B
3. E
4. C
5. A
6. A
7. E
8. A
9. D
10. B
11. B
12. C
13. A
14. D
15. A
16. E
17. A
18. B
19. A
20. D
21. B
22. C
23. D
24. D
25. C