
1. Woman, aged 41 years was admitted to in-patient department complaining of cramp-like pains in the lower abdomen and blood-tinged discharge from vagina. In the past history: labor -1, 2 therapeutic abortions. Objectively: skin integuments are pale, on vaginal examination: myoma of the uterus up to 8 weeks of pregnancy. On ultrasonic investigation: deformation of the uterine cavity with submucous node, coming from bottom of the uterine. What treatment should be administered?
   A. Treatment with androgens.
   B. Treatment with estrogens.
   C. Surgical intervention.
   D. Symptomatic treatment.
   E. Treatment with gestagens.

2. On examination of a patient, aged 46 years diagnosis was made: cancer of the left mammary gland T2N2MO class, II group. What is the plan of treatment management?
   A. Radial therapy+surgical intervention+chemotherapy.
   B. Surgical intervention only.
   C. Surgical intervention + radial therapy.
   D. Radial therapy only.
   E. Chemotherapy only.

3. Woman aged 30 years came to prenatal clinic for prophylactic examination. Menstrual function is not disturbed. No labor, no abortions in anamnesis. Two year age she carried an acute inflammation of the uterine appendages. On vaginal examination: uterine cervix is without epithelium defect, uterine is enlarged to 6-7 weeks of pregnancy, solid, painless. Appendages from both sides are not determined. On ultrasonic examination: diagnosis of uterine leiomyoma was confirmed. What is doctor’s tactics?
   A. Treatment with androgens.
   B. Conservative treatment with estrogens.
   C. Supra-vaginal amputation of the uterus without appendages.
   D. Dispensary follow-up and conservative treatment.
   E. Extirpation of the uterus.

4. Patient, aged 68 years complains of tumor presence in the left mammary gland. On examination in the upper external quadrant of the left mammary gland there is formation, diameter of 2,5 cm, solid, tuberous, painless on palpation. Regional lymphatic glands are enlarged. Patient’s sister is followed-up by oncologist-mammologist. What diagnosis should be made?
   A. Lipoma.
   B. Cyst.
   C. Fibro-adenoma.
   D. Mastopathy.
   E. Cancer.

5. Patient, aged 40 years during 1-year period notes profuse menstruations, accompanied with cramp-like pains in the lower abdomen. On bimanual examination during menstruation: in the uterine cervical canal formation of 5 cm in diameter, solid consistency is determined. Uterine is
enlarged to 5-6 weeks of pregnancy, general consistency, movable, painful. Appendages are not determined. Discharge is profuse, blood-tinged. What diagnosis should be supposed?
A. Developing submucous fibromatous node.
B. Abortion in progress.
C. Cancer of the uterine cervix.
D. Myoma of the uterine cervix.
E. Algodismenorrhea.

6. Patient, aged 30 years has been suffering from infertility during 10 years, complains of profuse, prolonged menstruations, accompanied with cramp-like pains. On bimanual examination: uterus is enlarged according to 8-week pregnancy period, appendages are not determined. On uterine probing deformation of the uterine is revealed. What is the most probable diagnosis?
A. Chronic endometritis.
B. Submucous liomyoma of the uterus.
C. Metrorrhagia.
D. Algodismenorrhea.
E. Uterine pregnancy.

7. Woman, aged 38 years was admitted to the hospital with profuse uterine bleeding, intensive pain in the lower abdomen. On examination: in the cervical canal node, pedicle of which comes from uterine cavity was determined, uterine is of ball-shaped form, sizes of 5 week pregnancy, appendages are not palpable. What is treatment management plan?
A. Amputation of uterine cervix together with the node.
B. Biopsy of the node.
C. Extirpation of the uterine.
D. Supra-vaginal amputation of the uterus.
E. Removal of the node, its subsequent histologic examination.

8. Patient, aged 15 years complains of periodic pains in the lower abdomen, more in the right side. Menstrual function is not disturbed. Does not lead sexual life. Ecto-abdominal examination: uterus is not changed, appendages in the left side are not palpable, in the right side – formation of ovoid form is determined, sizes of 10-11 cm with smooth surface, of tight elastic consistency, movable, painless. What is the most probable diagnosis?
A. Tumor of the left ovary.
B. Chronic salpingoophoritis.
C. Pyo-ovarium in the left.
D. Ovarian cancer.
E. Appendicitis.

9. Patient Z, aged 29 years with cystoma in the past history, which was revealed during prophylactic examination, complains of sharp pains in the lower abdomen, which developed suddenly after physical loading, nausea, vomiting, dryness in the mouth. On examination: uterine is of usual sizes, painless. Left fornix of vagina is deep, appendages are not palpable, right fornix is flattened, formation of a round form, of tight elastic consistency is determined, it is limitedly movable, sharply painful. Blood analysis: leukocytes – 13x10^9/l, pulse rate – 118 beats/min. On ultrasonic examination: in the right side two-chamber formation, sizes – 9x7x6 cm is visualized. What diagnosis is the most probable in this case?
A. Follicular cyst.
B. Extra-uterine pregnancy.
C. Torsion of the cystoma pedicle of the right appendages.
D. Necrosis of fibromatous node of the uterine.
10. Patient Z, aged 49 years is at the dispensary follow-up due to leiomyoma of the uterine body. During the past year neoplasm of the uterine enlarged to 20 weeks of pregnancy. What is the most rational method of treatment?
A. Amputation of the uterus without appendages.
B. Hormonal therapy.
C. Further follow-up.
D. Extirpation of the uterus with appendages.
E. Treatment with prostaglandin inhibitors.

11. Girl, aged 7 years has been complaining of insignificant blood-tinged discharge from the reproductive pathways during 3 days. Over the period of the last three months on the pubis sharp hirsutism developed (R 1), enlargement of mammary glands (Ma 2). On rectal and ultrasonic examination: neoplasm of the right ovary, painless, sizes – 12x10x10 cm, was revealed. Choose the necessary method of treatment.
A. Surgical intervention.
B. Uterine contracting agents.
C. Hormonal therapy.
D. Anti-anemia therapy.
E. Radial therapy.

12. Benign neoplasm of the ovary was revealed in the girl, aged 15 years. What is doctor's tactics?
A. Conservative management.
B. Dispensary follow-up observation.
C. Chemotherapy.
D. Surgical intervention.
E. Therapy with estrogen-gestagen agents.

13. Patient, aged 42 years appealed for doctor’s advice with complaints on dull pain in the lower abdomen, malaise, prolonged profuse menstruation. General state is satisfactory. On bimanual examination: enlargement of the uterus to 10 weeks of pregnancy was revealed, uterine is dense, painless with irregular contours. What is the most probable diagnosis?
A. Uterine body cancer.
B. Dysfunctional uterine bleeding.
C. Ovarian cystoma.
D. Leiomyoma of the uterus.
E. Uterine pregnancy.

14. In patient aged 32 years bimanual examination revealed tumor formation in the left, of dense elastic consistency, diameter up to 10 cm, movable, painless. Uterine and appendages in the right are without peculiarities. Menstrual and child-bearing functions are not disturbed. Somatically is healthy. What is the probable diagnosis?
A. Left ovary cystoma.
B. Cyst of the left ovary.
C. Dermoid cyst of the left ovary.
D. Ovarian cancer.
E. Extra-uterine pregnancy.

15. Patient, aged 50 years was admitted to gynecologic department for the treatment of uterine myoma with hemorrhagic syndrome, cervical-isthmus location of the node, sizes – 14x12x10
What is optimal extent of surgical intervention?
A. Conservative myomectomy.
B. Supra-vaginal amputation of the uterine.
C. Exirpation of the uterine.
D. Hysteroresection
E. Surgical intervention is not indicated.

16. Patient, aged 45 years complains of moderate blood discharge from the vagina, cramp-like pain during the last month, general weakness, dizziness. The patient has been at dispensary follow-up because leiomyoma of the uterus. Uterine sizes correspond to 7 week period of gestation. Blood analysis: Hb. – 65 g/l.
What diagnosis is the most probable one judging from data of anamnesis?
A. Uterine polyp which bleeds.
B. Cervical cancer.
C. Cervical erosion which bleeds.
D. Leiomyomatous node, which develops.
E. Endometriosis of uterine cervix.

17. Patient, aged 30 years was admitted to gynecologic unit for the planned surgical intervention with tumor-like formation in the area of right appendages, sizes – 9x8 cm., of dense elastic consistency, movable, painless. A thin-walled formation with a long pedicle which contains hair and teeth was removed.
What diagnosis should be made?
A. Pyoovary.
B. Fibromyoma of the uterus.
C. Ovarian cancer.
D. Hydrosalpinx.
E. Dermoid cyst of the ovaries.

18. Patient C., aged 41 years appealed for medical advice to prenatal care center complaining of periodic pains in the lower abdomen, painful profuse menstruation. On bimanual examination: uterine Is enlarged to 9 weeks of gestation, along the posterior uterine wall a node sixes of 3x3 cm. is palpable, uterine body is movable, painful. Appendages are without peculiarities.
What disease may be thought of?
A. Symptomatic uterine myoma.
B. Adenomyosis.
C. Uterine pregnancy.
D. Chronic endometritis.
E. Ovarian tumor.

19. During prophylactic observation on vaginal examination of a woman, aged 40 years there was determined a movable, painless tumor of tight elastic consistency with smooth surface, sizes 10x12 cm in the left side. Uterus and right appendages are without peculiarities. In anamnesis: labor – 2, abortion – 1. Menstrual cycle is not disturbed. What diagnosis should be made?
A. Ovarian endometriosis.
B. Left-sided apoplexy of the ovary.
C. Left-sided adnexitis.
D. Ovarian cystoma.
E. Ovarian cancer.

20. Patient M., aged 36 years complains of open bursting pains in the lower abdomen before and during menstruation. Patient links the disease with pathologic labors, complicated by bleeding and curettage of the uterine cavity. Anti-inflammatory therapy did not bring any effect. Bimanual
examination: uterine is somewhat enlarged in size, dense, slightly painful. Right appendages present slightly movable formation, size - 8x6x6. On ultrasonic examination: neoplasm with thick liquid content. To confirm diagnosis it is necessary to do the following:
A. Hysteroscopy.
B. Laparoscopy
C. Metro-salpingography.
D. Paracentesis of the abdominal cavity through the posterior fornix.
E. Irrigoscopy.

21. Patient, aged 42 years appeals for doctor’s advice, complaining of prolonged menstruation during 1 year period, decrease of efficiency, general malaise. Objectively: skin integuments are pale, hemoglobin – 80 g/l. On bimanual examination: uterine body is enlarged to 15 weeks of pregnancy, dense, movable. Appendages are not palpable. Fornices of the vagina are deep, painless. Discharge is blood-tinged, moderate. Treatment-diagnostic curettage of the uterine mucosa is performed. Histologic examination of the scrape: glandular-cystic hyperplasia of the endometrium. What is the cause of post-hemorrhagic anemia?
A. Cancer of the uterine body.
B. Acute inflammation of the uterine appendages.
C. Uterine myoma, menorrhagia.
D. Cancer of the uterine body.
E. Extra-uterine pregnancy.

22. In the course of surgical intervention in 50 years old patient there was revealed papillar cystoma with invasion of the capsula. What is the most expedient extent of surgical intervention?
A. Extirpation of the uterus with appendages.
B. Supra-vaginal amputation of the uterus with appendages.
C. Adnexectomy.
D. Removal of the ovarian cystoma.
E. Resection of an ovary in the limits of unchanged tissue.

23. Patient with uterine fibrous myoma (first revealed 4 years ago). During 4 weeks of observation: uterine sizes are stable, correspond to 8-9 weeks of pregnancy. Patient complains of sharp pains in the lower abdomen. On examination: sharply positive symptoms of peritoneal irritation, high leukocytosis. On vaginal examination: uterine is enlarged correspondingly to 9 weeks of pregnancy at the expense of leiomyomatous nodes, one of them is movable, sharply painless. Appendages are not palpable. Discharge is mucous, moderate. What is treatment tactics?
A. Urgent surgical treatment (laparotomy).
B. To be under doctor’s observation, therapy with spasmolytics.
C. Fractional diagnostic curettage of the uterine cavity walls.
D. Surgical laparoscopy.
E. Doctor’s follow-up and anti-bacterial therapy.

24. Patient, aged 23 years has been complaining of painfulness and coarseness of mammary glands in the second phase of menstruation circle during 6 months. Menstrual cycle – 30 days, 4-5 days of duration, painless, moderate, regular. On objective examination: glands are symmetric, on palpation – evenly coarse, painful. What diagnosis should be suggested?
A. Cancer of the mammary gland.
B. Mastitis.
C. Nodular form of fibrous-cystic mastopathy.
D. Diffuse form of fibrous-cystic mastopathy.
E. Paget’s disease.
25. In patient, aged 37 years, during prophylactic gynecologic examination induration in the upper-external quadrant of the left mammary gland was revealed. No complaints. Excessive body mass. Menstrual cycle is not disturbed. Nullipara. What additional method of examination should be administered to this patient?
A. Mammography.
B. Ultrasonic examination.
C. Angiography.
D. Doplerometry.
E. Densitometry.
1. C
2. A
3. D
4. E
5. A
6. B
7. E
8. A
9. C
10. D
11. A
12. D
13. D
14. B
15. B
16. D
17. E
18. A
19. D
20. B
21. C
22. A
23. A
24. D
25. A