1. A woman aged 48 complains of bleeding after contacts. Speculum examination shows uterine cervix hypertrophy. Uterine cervix is dense, cyanotic, covered with dark impregnations. Bimanual examination shows that uterine body motion is limited, it is tuberosic, vaginal vaults are shortened. What is the probable diagnosis?
   A. Uterine cervix cancer
   B. Uterine leukomyoma
   C. Endometriosis
   D. Cervical pregnancy
   E. Uterine cervix papillomatosis

2. A patient was admitted to hospital. She complains of periodical low abdominal pain which becomes severe during menstruation. She also complains of weakness, fatigue, irritation, bloody vaginal discharge before and after menstruation. Bimanual investigation reveals that uterine body is enlarged, adnexa are not palpated. The surface of posterior vault is tuberosic. Laparoscopy shows “cyanotic eyes” on ovaries, on rectouterine pouch’s fat, on pararectal fat. What is the probable diagnosis?
   A. General endometriosis
   B. Ovarian polycystosis
   C. Chronic salpengitis
   D. Genital tuberculosis
   E. Ovarian cystoma

3. A woman aged 28 has bursting low abdominal pain during menstruation. Vaginal discharge is of chocolate color. Anamnesis reveals chronic adnexitis. Bimanual investigation shows a 7x7 cm tumor to the left of uterus. The tumor is limited in motion, painful, its consistence is irregular. What is the probable diagnosis?
   A. Follicular cyst of left ovary
   B. Endometrial cyst of left ovary
   C. Fibromatous node
   D. Exacerbation of chronic adnexitis
   E. Tumor of sigmoid colon

4. A woman aged 36 addressed to a female dispensary complaining of excessive painful menstruation. Vaginal discharge is of chocolate color before and after menstruation. Anamnesis reveals 4 abortions. External genitals are of regular form. Uterine cervix and vagina are not changed. Uterine body is 9x7x8 cm, it is limited in motion and near retroflection. Adnexa are not changed, vaginal vaults are free. What is the diagnosis?
   A. Dysfunctional bleeding
   B. Uterine leukomyoma
   C. Endometrium cancer
   D. Uterine endometriosis
5. A woman aged 62 complains of dysuria and defecation trouble, a diverticulum from genitals which prevents walking. Gynecological investigation shows that there is a tumor from genitals with an opening in the bottom. Tumor walls are dull, dry, there are some ulcers on it. Part of the uterus is palpated inside the tumor. Uterus is outside the genital split. What is the diagnosis?
A. Prolapse of the posterior vaginal wall.
B. Ptosis of the anterior vaginal wall
C. Incomplete prolapse of uterus with ulcers on uterine cervix
D. Prolapse of uterine cervix with decubitus
E. Complete prolapse of uterus with decubital ulcer

6. A woman aged 42 has had hyperpolymenorrhea and progressive algodesmenorrhea during menstruation for ten years. Gynecological examination shows that uterine cervix is not changed, vaginal discharge is of chocolate color. Uterus is enlarged a little, painful. Adnexa are not palpated. Vaginal vaults are deep, painless. What is the probable diagnosis?
A. Uterine cancer
B. Uterine endometriosis
C. Subserous uterine fibromyoma
D. Endometriosis
E. Endometriosis of adnexa

7. A patient complains of low abdominal pain which becomes stronger during menstruation and sexual contacts. Pain transmits to vagina. Two years ago endometriosis was suspected. Vaginal investigation shows some dense, nodosal, painful tumors behind uterus. What is the probable diagnosis?
A. Retrocervical endometriosis
B. Adenomyosis
C. Perimetritis
D. Chronic inflammation of the adnexa
E. Parametritis

8. A woman aged 22 complains of low abdominal aching pain especially before and during menstruation. Bimanual examination shows that uterus is enlarged, painful, dense. Adnexa are not changed on both sides. What is the probable diagnosis?
A. Metroendometritis
B. Uterine leukomyoma
C. Internal endometriosis
D. Uterine cervix
E. Extraterine pregnancy

9. A woman aged 53 complains of low abdominal aching pain, weakness. She suffers from disordered menstrual cycle. Anamnesis reveals 5 labors, 7 abortions, 1 cesarean section. Gynecological examination shows that uterine cervix is clean, uterus is enlarged, painful, limited in motion. Uterine body is tuberosic, dense. What is probable diagnosis?
A. Ovarian cancer
B. Uterine leukomyoma
C. Tubo-ovarian tumor
D. Wandering kidney
10. A woman aged 30 has suffered from sterility for three years. There is hairiness in the area of abdominal midline, inner femoral area, peripapillary area. Menstruation cycle started when she was 16. Menstruation is scanty and rare. USI shows that uterus has normal size, ovaries are 6x7x6 cm with a lot of cysts. Endometrial cysts were found and extirpated during operation. What is the probable diagnosis?
A. Ovarian endometriosis
B. Ovarian cystoma
C. Chronic salpingo-oophoritis
D. Dismenorrhea
E. Bilateral ovarian tumor

11. A patient aged 16 complains of painful menstruation accompanied by headache, nausea, momentary loss of consciousness. Pain starts some hours before menstruation onset and lasts for 2-3 days. Taking aspirin or ibuprofen relieves pain. The patient has asthenic constitution. Secondary genitals are weak, virgo. Per rectum: uterus is small, painless, movable, anteflexio. Adnexa are not palpated. What is the probable diagnosis?
A. Primary algodysmenorrhea
B. Secondary algodysmenorrhea
C. Anomaly of uterine developing
D. Anomaly of uterine position
E. Endometriosis

12. A patient aged 17 complains of lack of menstruation. Examination shows that external genitals are developed, hypoplastic. Entrance to the vagina is ending blindly. There is no pathology in urethra opening. Rectal examination shows that uterine body isn’t palpated, ovaries are enlarged to 5x5 cm. Ovaries are dense, painless. What pathology is it?
A. Vaginal arthresia
B. Uterine tumor
C. Anomaly of uterine developing
D. Vaginal synechia
E. Endometriosis

13. A patient aged 50 addressed to a gynecologist complaining of encontinence of urine and vaginal walls falling during cough attack. Anamnesis reveals labor finished by application of obstetric forceps. Examination reveals incompetence of perineum muscles. Uterine cervix falls to genital opening during efforts. Uterine cervix is deformed, there are anterior and posterior genital walls falling. What is the probable diagnosis?
A. Anomaly of uterine developing
B. Proctocele
C. Cystocele
D. Uterine injury
E. Uterine prolapse, proctocele, cystocele

14. A patient aged 64 was admitted to hospital complaining of aching low abdominal pain and pollakiuria. She has had four labors and two abortions. Two labors finished by application of obstetric forceps after episiotomy. Uterine cervix is fully seen during examination. What is the probable diagnosis?
A. Complete uterine prolapse
B. Incomplete uterine prolapse
C. Partial uterine prolapse
D. Uterine descent

15. A patient aged 70 was admitted to hospital complaining of constant aching low abdominal pain and complete uterine prolapsed. During effort a tumor appears in genital opening. A tumor is light pink, elastic. Uterine cervix and body are under genital opening. What is the probable diagnosis?
A. Incomplete uterine prolapse
B. Uterine prolapse
C. Vaginal walls falling
D. Complete uterine prolapse
E. Partial uterine prolapsed

16. A patient aged 39 complains of excessive, painful, long menstruation. Anamnesis reveals two labors and five abortions. Uterine cervix erosion cauterization was performed. After operation there was inflammation of adnexa. Vaginal examination shows that uterine cervix has cylindrical form. There are signs of excisia. Vaginal discharge is muddy, dark red. Uterus is enlarged to 7-8 weeks, dense, painless. Uterine body is tuberosic. What is the diagnosis?
A. 7-8 weeks of pregnancy
B. Threaten of abortion
C. Internal genital inflammation
D. Disturbance of ovarian-menstrual cycle
E. External-internal endometriosis

17. A patient aged 34 complains of excessive, painful menstruation. Before each menstruation there is muddy, bloody discharge which lasts for 3-4 days after menstruation. She has had one labor and six abortions. The last one was complicated by metroendometriosis. She was treated in in-patient department by anti-inflammatory therapy. She hasn’t been preserved and pregnant after the last abortion. PV: uterus is dense, painless. There are small vesicles of 1.5 cm in diameter on anterior wall and fundus of the uterus. Adnexa are not enlarged, vaults are free. What is the diagnosis?
A. Uterine cancer
B. Endometriosis of uterine cervix
C. Metroendometritis
D. Salpingo-oophoritis
E. Internal genital endometriosis

18. A woman aged 37 addressed to a female dispensary complaining of profuse, painful menstruation, muddy, bloody vaginal discharge before and after menstruation. She has had three labors and seven abortions. Vaginal examination shows that external genitals are well-developed. Uterine cervix and vagina are not changed. Uterus is dense, limited in motion, near retroflexion and 10x8x7 cm. Adnexa are not changed. Vaginal vaults are free. What is the probable diagnosis?
A. Uterine leukomyoma
B. Endometrium cancer
C. Dysfunctional bleeding
D. Internal endometriosis
E. Chronic endometritis
19. A woman aged 42 addressed to a gynecological department complaining of low abdominal pain, sterility for 4 years, dark, muddy genital discharge after menstruation. Speculum examination shows that uterus has cylindrical form, there are small cyanotic cysts in the form of eyes on the ostium of the uterus. These cysts have dark bloody discharge under palpation. What is the right method of treatment of this disease?
A. Hemostatic therapy
B. Estragen-gestagen drugs
C. Cryodistuction of uterine cervix
D. Dyatermodistuction of uterine cervix
E. Androgene, corticosteroids

20. A patient aged 40 is in gynecological department complaining of hard low abdominal pain. Anamnesis reveals three labors and seven abortions. She has dysmenorrhea. The diagnosis “bilateral ovarian cysts” was made in in-patient department. The woman was examined and operated. During operation enlarged ovaries with “chocolate” contents were found. What disease is it?
A. Ovarian endometriosis
B. Ovarian benign tumor
C. Tumor of adnexa on both sides
D. Ovarian cancer
E. Ovarian polycystosis

21. A woman aged 41 has had hyperpolymenorrhea and algodysmenorrhea for 9 years. Vaginal examination shows that uterine cervix is clean, vaginal discharge is not excessive but of “chocolate” color. Uterus is enlarged a little, tuberosic, painful. Adnexa are not palpated. Vaginal vaults are deep, painless. What is the probable diagnosis?
A. Endocervicosis
B. Uterine cancer
C. Submucous uterine leukomyoma
D. Endomyometritis
E. Uterine endometriosis

22. A patient N. aged 27 was admitted to a gynecological department complaining of low abdominal pain which becomes stronger during menstruation and sexual contacts. Pain transmits to vagina. Endometriosis was suspected two years ago. Vaginal examination shows a dense, nodal, painful tumor behind uterus. What is the diagnosis?
A. Adenomyosis
B. Parametritis
C. Retrocervical endometriosis
D. Chronic inflammation of adnexa
E. Uterine cervix endometriosis

23. A patient aged 26 addressed to a doctor complaining of prolonged painful menstruation and prolonged pre-menstrual discharge, sterility for five years. Speculum examination shows “eyes” on the uterine cervix. What is the diagnosis?
A. Disturbance of ovarian-menstrual cycle
B. Uterine cervix erosion
C. Uterine cervix endometriosis
D. Uterine cervix cancer
E. Polyp of cervical canal
24. A patient K. came to a female dispensary complaining of secondary sterility for five years, pain in sacrum area and low abdominal pain before and during menstruation. She has had three abortions and no labor. She suffers from hyperpolymerrhea. What disease is it?
A. Endometriosis
B. Endometritis
C. Salpingo-oophoritis
D. Colpitis
E. DMK

25. A patient aged 30 is treated in in-patient department. She has endometriosis. Anamnesis reveals 5 abortions and 2 labors without complication. Vaginal examination shows cyanotic tumors different in size in uterine cervix and mucosa. What type of endometriosis does the patient have?
A. Internal genital
B. External genital
C. Extragential
D. Genital
E. Cavital
Тема 11

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