Theme 6. “Pregnancy and labor in extragenital diseases”

1. Gravida 1, 19 years of age, term of gestation – 11 weeks. Patient complains of palpitation, irritability, whine, loss of body weight. Objectively: skin and visible mucous membranes of usual color. Arterial pressure – 120/70 mm Hg., pulse rate – 108 beats/min, does not change during sleep, systolic murmur is heard. Heart borders without changes. ECG readings: vertical position of electric axe of the heart, sinus tachycardia, insignificant hypertrophy of the left ventricle. No pathologic changes in clinical analyses of blood and urine. Define the most probable cause of patient’s state.
   A. Disease of the thyroid gland
   B. Congenital heart defect
   D. Active phase of rheumatic process
   D. Adaptation to pregnancy
   E. Developed heart defect

2. Gravida, term of gestation – 31 weeks. Patient complains of pain in the lower abdomen, mostly – in the right, appeared at 05 a.m., nausea, single vomiting, arterial pressure – 125/80 mm Hg., pulse rate – 76 beats/min, rhythmic. On palpation of the anterior abdominal wall pains in the right side, mostly – in the iliac area. Symptom of peritoneal irritation is positive. Uterine body is enlarged to 19 weeks of gestation, on palpation – in the normal tonus. Vaginal discharge is mucous, moderate. Blood analysis: leucocytes -16x10⁹ g/l, stab neutrophils – 15%. Urine analysis – without changes. What is the initial diagnosis?
   A. Threat of pregnancy interruption
   B. Renal colic during pregnancy
   C. Cholecystitis during pregnancy
   D. Appendicitis during pregnancy
   E. Abdominal form of preeclampsia

3. Gravida with bronchial asthma, term of gestation – 30 weeks, after stress situation suddenly developed attack of suffocation. Loud wheezing respiration, cyanosis of the face. On auscultation: respiration is weakened, a lot of dry wheezing rales. On percussion: bandbox resonance. After the attack a small amount of viscous sputum appeared. What is the initial diagnosis?
   A. Thromboembolism of the pulmonary artery
   B. Lung abscess
   C. Obstructive bronchitis
   D. Acute pneumonia
   E. Attack of bronchial asthma

4. Primigravida, 24 years old was admitted to the maternity hospital. Course of pregnancy – without any complications. Pelvic sizes: 26-28-30-20. Cephalic presentation, fetal head is pressed to pelvis inlet. Fetal heart sounds are rhythmic, 136/ beats/min. First period of term labor. A year and a half before patient underwent heart surgery – mitral commissurotomy with positive result. What is further tactics of labor management?
   A. To exclude II period of labor
   B. Cesarian section
   C. Labor management through natural maternal passages
   D. Early amniotomy
   E. Vacuum-extraction of the fetus
5. Primigravida, 27 years old suffers from pyelonephritis of the single kidney. Referred to prenatal care clinic complaining of menstruation delay during 2.5 months. On examination: 11 weeks of gestation was revealed. Clinical analysis of urine: protein – 3.3g/l, leucocytes cover the whole field of vision. What is your tactics of pregnancy management in such a case?
A. Interruption of pregnancy
B. Interruption of pregnancy after normalization of urine findings
C. Prolongation of pregnancy till 36 weeks term
D. Interruption of pregnancy in the term of 24-25 weeks
E. Prolongation of pregnancy to full-term one

6. Secundipara, 32 years old complains of episodic loss of consciousness, spontaneous synapses, which disappear in changing of body posture. Syncope may be followed by bradycardia, passes quickly. Other systems and organs – without deviations. To your opinion, what is the most probable cause of such a state?
A. Psycho-somatic disorders
B. Elevation of pressure in the veins of upper extremities
C. Decrease of pressure in the veins of upper extremities
D. Vegetative-vascular dystonia by cardiac type
E. Syndrome of compression of inferior vena cava

7. Pregnant woman with regular labor activity was delivered to maternity hospital by ambulance. Term of gestation – 35-36 weeks. Longitudinal fetal position, cephalic presentation, fetal head is pressed to the pelvic inlet. Probable fetal mass – 3500.0 +200.0gr. Heart sounds are rhythmic, 136 beats /min. On examination: glucose content in the blood – 11 mmol/l. On internal obstetric examination: uterine cervix is shortened up to 1.0cm, cervical canal passes 1.5 t.f. (3.0 cm). Bag of waters is intact. What is labor management?
A. Amniotomy
B. Tocolytic therapy
C. Labor management through natural maternal passages
D. Cesarian section
E. Stimulation of labor activity

8. Gravida, 22 years old was admitted to urologic department with diagnosis: 33-th week of gestation, cephalic presentation, abscess of the right kidney with purulent fusion of renal parenchyma. Marked signs of bacterio-toxic shock. Nephrostomy performed earlier was not effective. Pregnant has to undergo nephrectomy. What condition of the kidney is an indication to nephrectomy?
A. Pyelonephritis with hypertension and azotemia
B. Primary acute gestation pyelonephritis
C. Secondary chronic recurrent pyelonephritis
D. Purulent-destructive pyelonephritis of the solitary kidney
E. Abscess of the kidney

9. Secundigravida, 25 years of age was admitted to gynecologic unit with diagnosis: 8 weeks of gestation, active phase of rheumatism, combined mitral defect with prevalence of mitral stenosis with insufficient blood circulation II A stage. First gestation was interrupted due to the heart disease. During the last year – 4 rheumatic attacks, unstable compensation and insignificant effect despite treatment in the in-patient department. What is necessary to do for the prophylaxis of unfavorable course of pregnancy?
A. Target therapy of the basic disease with hospitalization on prophylactic bed at 12 weeks, 26-32 weeks and a week or two before labor
B. Treatment of blood circulation insufficiency, prolongation of pregnancy and cesarian section at 38 weeks of gestation
C. Treatment of blood circulation insufficiency, prolongation of pregnancy and labor at 36-37 weeks of gestation.
D. Therapeutic abortion and treat the basic disease
E. Treatment of insufficiency of blood circulation, prolongation of pregnancy, during labor – episiotomy, midwifery forceps

10. Gravida, 24 years old, term of gestation – 28 weeks, arterial pressure – 130/90 mm Hg. Edemas of the lower extremities are determined. In clinical blood analysis: protein – 0,66%, leucocytes – 20-25 in the field of vision, bacteriuria. From the past history: before pregnancy patient was treated for pyelonephritis several times. What complication of pregnancy may cause pyelonephritis?
A. Preeclampsia
B. True fused placentia
C. Amniotic fluid embolism
D. Uterine hypotonia
E. Anemia of pregnancy

11. Gravida, 36 weeks of gestation was ill with rubella in the first months of pregnancy. What anomaly of development may be in the fetus?
A. Anomaly of eyes, heart
B. Anomaly of kidney, urinary bladder
C. Anomaly of the liver, stomach
D. Brain, neural tube
E. Anomaly of the lungs

12. Gravida, 28 weeks of gestation 2 weeks after angina developed headache, pains in the loin, edemas, elevation of body temperature to 37,8* C, insignificant breathlessness. Objectively: edemas of the lower extremities and face are determined, mostly expressed in the morning, arterial pressure – 140/90 mm Hg., Pasternatsky’s symptom is positive on both sides; clinical blood analysis: leucocytes – 2-3 in the field of vision, erythrocytes – 10-15 in the field of vision, protein – 6,0 g/l, hyaline cylinders. What is the most probable diagnosis?
A. Urolithiasis
B. Pyelonephritis of pregnant
C. Mild preeclampsia
D. Hypertension
E. Glomerulonephritis of pregnant

13. Gravida, 22 years of age is at the maternity hospital with diagnosis: 36 weeks of gestation, diabetes mellitus, insulin-dependent type, complicated with neuroretinopathy. On next physical examination pregnant complained of worsening of vision, mist before eyes, headache. On ophthalmologic examination: eye fundus with past hemorrhages, degenerative changes, cords of connective tissue along the vessels of retina. What is the labor management in the given case?
A. Treatment of the basic disease before development of spontaneous labor activity
B. Urgent cesarian section
C. Preparation of maternal passages during 2-3 days, stimulation of labor activity with oxytocin
D. Amniotomy with subsequent intravenous drop by drop infusion of enzaprost and oxytocin
E. Planned cesarian section

14. Gravida, 30 weeks of gestation was admitted to the maternity hospital. Patient complains of stomachaches, abdominal distension, nausea, vomiting, breathlessness. Body temperature – 37,8°C, pulse rate – 110 beats/min, arterial pressure – 120/80. Tongue is dry. On palpation of the abdomen: defensive tension of the abdominal muscles, not sharply expressed positive Blumberg’s guarding symptom in the right abdomen. Clinical blood analysis: Hb. – 130 g/l, leucocytes 14x10⁹/l, ESR – 60mm/hour. Uterine is in normotonus. Fetal heart beat – 136 beats/min. What aid is necessary to be given first?
A. Cesarian section
B. Introduction of tocolytics
C. Appendectomy
D. Antibiotic therapy
E. Introduction of spasmolytics

15. Patient, 25 years old was hospitalized into gynecologic department, term of gestation – 11 weeks. Patient complains of pain in the lower abdomen. In past history: 3 weeks ago he had had rubella in a severe form. On bimanual examination: uterine cervix is formed, outer fauces is closed. Uterine body is enlarged to 11 weeks of gestation, of pastry consistency, painless. Region of uterine appendages is without peculiarities. What treatment tactics is the most expedient?
A. Minor cesarian section
B. Prolongation of pregnancy
C. Artificial abortion
D. Introduction of spasmmolytics
E. Introduction of uretotonics

16. In secundigravida 25 years of age with severe form of insulin-dependent diabetes mellitus at term of 32 weeks of gestation total premature normally located placenta separation began. During cesarian section surgery, local outpouching along left uterine rib was determined. Uterine is of marble appearance, cyanotic-purple color. In the abdominal cavity there 200 ml of hemorrhagic fluid. What complication developed after premature normally located placenta separation?
A. DIS-syndrome
B. Couvelaire uterus (uteroplacental apoplexy)
C. Hemorrhagic shock
D. Amniotic fluid embolism
E. Uterus hypotonia

17. Parturient is delivered to the maternity hospital by ambulance in the severe state. Active labor. Skin integuments and visible mucous membranes are cyanotic. Edemas of the lower extremities. On auscultation: presystolic murmur, flapping first heart sound on the apex, left and upper cardiac borders are changed. Cough developed. On vaginal examination: full opening of the uterus, fetal head is in the pelvic cavity, saggital suture is in the direct size of the outlet. Fetal heart sounds is rhythmic, to 142 beats/min. What is the plan of labor management?
A. Management of labor through natural maternal passages
B. Urgent cesarian section
C. To start complex infusion therapy
D. To exclude II period of labor by forceps delivery. Treatment of insufficiency of blood circulation.
E. To accelerate delivery by intravenous introduction of oxytocin
18. Primigravida, 30 years of age was referred to department of pathology of pregnancy by the physician of prenatal care clinic, term of gestation – 34 weeks, increased arterial pressure up to 160/100 mm Hg. Patient states that arterial pressure was increased before onset of pregnancy, did not undergo treatment. On admission: general state is satisfactory, no edemas. Fundal height of the uterus over the pubic – 32 cm., fetal position is longitudinal, fetal head is movable above inlet into the small pelvis. Fetal heart sounds are rhythmic, 148 beats/min. On examination of kidneys state no deviations were revealed. On the eye fundus – arterial spasm and focal changes of the retina. On ultrasonic examination symmetric hypotrophy of the fetus is revealed. State the most probable diagnosis.
A. Preeclampsia of a moderate degree of severity.
B. Chronic glomerulonephritis.
C. Hypertension.
D. Vegetative-vascular dystonia by hypertonic type.
E. Syndrome of development delay of the fetus.

19. Primigravida, 20 years old. On examination at prenatal care clinic at the term of 20 weeks gestation clinical urine analysis revealed sugar (1,5 g/l in diuresis of 2,0 l.). Clinical blood analysis for an empty stomach revealed glucose – 5,3 mmol/l. 2 hours after glucose load (50 gr. Of glucose dissolved in 200 ml of water) in clinical blood analysis 6,2 mmol/l of glucose is determined. What is the initial diagnosis?
A. Diabetes mellitus of the pregnant.
B. Diabetes mellitus I type.
C. Glycosuria of pregnant.
D. Disorder of glucose tolerance.
E. Gestational diabetes mellitus.

20. Gravida, 36 years of age was referred by the physician of prenatal care clinic to the department of pathology of pregnancy because of vaginal bleeding at the gestation term of 26 weeks. First pregnancy, during 7 year period was treated for infertility. On examination: uterine cervical cancer1a was revealed. Define the most rational tactics of pregnancy management.
A. To prolong pregnancy to term labor.
B. To prolong pregnancy to the term of 28 weeks with preterm delivery through natural maternal passages.
C. Cesarian section in mature pregnancy with hysterectomy and upper third part of the vagina.
D. To interrupt pregnancy with intra-amniotic introduction of gramicidin with subsequent treatment.
E. To prolong pregnancy to fetal vitality, pre-term cesarian section delivery and radical extirpation of the uterus with appendages.

21. First delivery at term in parturient with mitral stenosis lasts 08.hours 08 min. Parturient is in sitting position in the bed, leaning against bed edges. Patient breathes with open mouth, face and upper part of the body is covered with sweat drops. At a distance rales are heard, from the mouth foamy, blood-tinged sputum is discharged. Pulse rate – 130-150 beats/min. What complication developed during delivery?
A. Paroxysmal tachycardia.
B. Bronchial asthma attack.
C. Acute cardio-vascular insufficiency, lung edema.
D. Cardiac fibrillation.
E. Chronic heart insufficiency.
22. Gravida, 27 years of age, term of gestation 30 weeks, was admitted to the department of pathology of pregnancy, complaining of weakness, headaches, drowsiness, nausea, feeling of thirsty, polyuria. Patient has been ill with diabetes mellitus I type. On examination: uterus on palpation is in normotonus, fundal height of the uterus above the pubic is 33 cm, size of the largest vertical recessus is 12 cm. Fetal heart beat sounds are dull, rhythmic, 150 beats/min. Skin is dry, edemas of the legs and anterior abdomen. Arterial blood pressure – 160/100. Acetone odor from the mouth. Laboratory examination: clinical blood analysis – glucose 20 mmol/l, clinical urine analysis – sugar – 40g/l, urine acetone – 3++. What complications developed in pregnant?
A. Hydraamnion, big fetus.
B. Ketoacidosis, hydraamnion, preeclampsia of moderate degree of severity.
C. Diabetic ketonemic coma, preeclampsia of moderate degree of severity.
D. Hypoglicemic hydraamnion.
E. Diabetic angiopathy, lactate-acidosis.

23. Gravida of 24 years of age, was admitted to the department of pathology of pregnant, complaining of general weakness, breathlessness, heart beats on physical loading, dizziness. Past history: 2 labors, this gestation is the 3-d one, term of gestation – 36 weeks. On physical examination: skin integuments are pale, arterial pressure – 100/60 mm Hg., pulse rate – 86 beats/min., rhythmic, slight systolic murmur is heard at the apex, liver and spleen are not determined. Laboratory examinations: Hb – 80 g/l, erythrocytes – 2,6x10¹²/l, reticulocytes – 5%, color index – 0,8, hematocrit (PCV) – 0,3, poikilocytosis, anisocytosis, serum iron – 9mkmol/l. What is the most probable diagnosis?
A. Hemoglobinopathias/
B. Hemolytic anemia.
C. Iron-deficiency anemia*.
D. Mitral valve insufficiency.
E. Vegetative-vascular dystonia, hypotonic type.

24. Gravida, 23 years of age complains of enlargement of the thyroid gland. Gestation term – 12 weeks. Objectively: pulse rate – 72 beats/min., arterial pressure – 110/70 mm Hg. Thyroid gland is enlarged at the expense of all portions, on palpation: painless, movable. What examinations should be made to assess function of the thyroid gland?
A. Defining of TTH, T3 T4 levels, antibodies to thyreoperoxidase.
B. Defining of TTH, T3 T4 levels.
C. Absorption of ¹³¹I by thyroid gland.
D. Ultrasonic investigation of thyroid gland.
E. Scintigraphy of the thyroid gland.

25. Patient appealed for doctor’s advice to prenatal care clinic because of pregnancy, 4-5 weeks gestation. Gestation is desirable. In past history: rheumatism in the childhood, combined mitral defect of the heart with prevalence of mitral valve insufficiency. At what periods of gestation in-patient treatment is recommended?
A. 16 weeks, 34 weeks, 39-40 weeks.
B. 6-7 weeks, 16 weeks, 38 weeks.
C. 10-12 weeks, 24 weeks, 37-38 weeks.
D. 8-12 weeks, 28-32 weeks, 37 weeks.
E. 12-16 weeks, 27-28 weeks, 37-38 weeks.
Tema 6

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3. E
4. A.
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9. D
10. A.
11. A.
12. E.
13. B.
14. C.
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18. C.
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21. C.
22. B.
23. C.
24. A.
25. D.