1. Which one of the following are external genital organ:
   1) major labia;
   2) minor labia;
   3) Bartholin glands;
   4) clitoris;
   5) all answers are correct.

2. Bartholin gland of vagina are located:
   1) in the basis of minor labia;
   2) in thickness of mid-layers of major labia;
   3) in a groove between the bottom thirds of minor and major labia;
   4) in thick back parts of major labia.

3. The upper border of the frontal vaginal wall contacts with:
   1) urethra;
   2) urethral bladder;
   3) ureter;
   4) all are wrong.

4. The lower border of the frontal vaginal wall contacts with:
   1) urethra;
   2) urethral bladder;
   3) ureter;
   4) all are wrong.

5. The upper border of back wall of vagina consists of:
   1) rectum;
   2) douglas pouch;
   3) cervix of the urinary bladder;
   4) urethra;
   5) all are wrong.

6. The normal border of the outer and inner sex organs (genitals) usually is:
   1) outer uterine os;
   2) inner uterine os;
   3) hymen;
4) minor labia;
5) no answer is correct.

7. **Length of fallopian tube during reproductive age of woman is:**
   1) 7-8 cm;
   2) 9-10 cm;
   3) 10-12 cm;
   4) 15-18 cm;
   5) 19-20 cm.

8. **Length of non fertile uterus is:**
   1) 4-6 cm;
   2) 6-7 cm;
   3) 8-9 cm;
   4) 9-10 cm;
   5) 11-12 cm.

9. **The internal genital organs are represented by the following organs except for:**
   1) uterus;
   2) fallopian tube;
   3) ovary;
   4) Bartholin gland;
   5) vagina.

10. **Which are the ligaments of paramount importance to support the uterus in normal position:**
    1) ovarian ligament;
    2) wide ligament;
    3) round ligament;
    4) creasta-uterine ligament;
    5) cardiac ligament.

11. **What is the position of the uterus in small pelvis:**
    1) body and cervix of the uterus making angle with each other;
    2) body of the uterus is situated in the narrow part of the small pelvis;
    3) vaginal part of the cervix uteri and external uterine os are located below ischial spines;
    4) all answers are correct.
12. Ovary is supported in the abdominal cavity by the help of:
   1) round ligament;
   2) cardinal ligament;
   3) pelvico-infundibulum ligament;
   4) cresto-uterine ligament.

13. Which are the actual position of the ovary:
   1) size of the ovary is 4.5 cm-4cm-3cm;
   2) ovaries are covered with perithoneum;
   3) ovaries are located on a forward leaf of wide ligament;
   4) ovaries are located on backward leaf of wide ligament;
   5) size of the ovary is 3.5cm-2cm-1.5cm.

14. Parametrium:
   1) situated between the leaves of wide uterine ligament;
   2) situated at the uterine cervix;
   3) situated generally in the ground of wide uterine ligament;
   4) provides mild connection between perithoneum and uterus;
   5) all answers are correct.

15. Ovaries are vasculated by:
   1) uterine artery;
   2) ovarian artery;
   3) illolumbar artery;
   4) both uterine and ovarian artery;
   5) both internal genital and ovarian artery.

16. Oligomenorrhoea is:
   1) rare and poor menstruation;
   2) rare and painfull menstruation;
   3) decreased amount of the blood loss during menstruation;
   4) intermenstrual bloody allocation;
   5) short menstruation cycle.

17. Menorrhagia is:
   1) acyclic uterine bleeding;
   2) cyclic uterine bleeding in connection with menstruation cycle;
   3) painfull and abundant menstruation;
4) pre- & post menstruation bloody allocation;
5) short period of menstruation cycle.

18. **Metrorrhagia:**
   1) changes in menstruation rhythm;
   2) increased amount of the blood loss during menstruation cycle;
   3) increased duration of menstruation cycle;
   4) acyclic uterine bleeding.

19. **Follicular phase of menstruation cycle is characterised by:**
   1) desquamation of functional layer of endometrium;
   2) regeneration of endometrial functional layer;
   3) the increase of endrogen in blood circulation;
   4) growth of ovarian follicle;
   5) development of yellow body in ovary.

20. **For the luteinising phase of the menstruation cycle is not characteristic:**
   1) secretory transformation of the endometrium;
   2) continues about 13 days;
   3) the level of estrogen in blood is increasing;
   4) corpus leuteum is present in ovarium.

21. **Desquamation of functional layer of endometrium occurs owing to:**
   1) peak output of luteotropine;
   2) decreased amount of estrogen and progesterone in the blood;
   3) decreased amount of prolactin in the blood;
   4) increased amount of estradiol in the blood;
   5) peak output of follitropine.

22. **Hypothalamus secretes the following hormones:**
   1) gonadotropine;
   2) estrogen;
   3) gestagen;
   4) releasing-hormone.

23. **Hypothalamus secretes the following hormones excluding:**
   1) gonadotropine;
   2) releasing factor FSH;
3) releasing factor LH;
4) no one is correct;
5) all are correct.

24. Action of estrogen on the organism:
   1) blocks receptor of uterus;
   2) weaken proliferative process of endometrium;
   3) causes secretory transformation of endometrium;
   4) all answers are correct;
   5) all are wrong.

25. Which hormone provides lactation process:
   1) estrogen;
   2) cortizol;
   3) insulin;
   4) prolactin;
   5) all are correct.

26. Estrogen possess the following action:
   1) promotes peristalsis in uterus and tube;
   2) promotes processes of ossification;
   3) stimulates activity of cellular immunity;
   4) all answers are correct;
   5) all are wrong.

27. Gestagens possess the following action:
   1) decrease amount of cholesterol in the blood;
   2) determine development of primary and secondary sex characters;
   3) increase uterine contractility;
   4) all answers are correct;
   5) all are wrong.

28. Androgen is secreted:
   1) in ovary (interstitial cell, stroma, internal theca);
   2) reticular zone of adrenal cortex;
   3) both are true;
   4) both are incorrect.

29. Tests of functional diagnostics allow to detect:
1) two-phase nature of menstrual cycle;
2) level of estrogen saturation of an organism;
3) presence of ovulation;
4) full value of luteinising cycle;
5) all are correct.

30. Tests of functional diagnostics include:
   1) investigation of cervical mucous layer;
   2) changes of basal temperature;
   3) colpocytoLOGY;
   4) all answers are correct;
   5) all are incorrect.

31. Tests of functional diagnostics allow to detect the following except:
   1) cario-picnotic index;
   2) symtom “pupillus”;
   3) measurement of basal temperature;
   4) gestagen testing;
   5) fern symptom.

32. The test for measurement of basal temperature is based on hyperthermal effect of:
   1) estradiol;
   2) prostaglandin;
   3) progesterone;
   4) LTH;
   5) FH.

33. The most exact method for the diagnosis of the reason of the uterine bleeding:
   1) colposcopy
   2) laparoscopy
   3) USG
   4) hysteroscopy
   5) cystoscopy

34. The indication for hysterosalpingography is:
   1) suspicion on fallopian tube sterility;
   2) suspicion on internal endometriosis;
3) presence of intrauterine pathology;
4) suspicion on fallopian tube pregnancy;
5) all answers are correct.

35. Which method of diagnosis is not obligatory for confirmation myoma of the uterus:
   1) USG of the organs of lower pelvis;
   2) pelviography;
   3) separate diagnostic curretage of the mucous membrane from the uterus & its cervix;
   4) hysteroscopy;
   5) laparoscopy.

36. At appearance of acyclic hemorrhagic discharges, the following is conducted:
   1) hysterosalphynography;
   2) determination of LH;
   3) USG;
   4) diagnostic currettage;
   5) all of the above.

37. Choose the most exact method for determination of pathological reason for uterine bleeding in women from 30-40 years:
   1) measurement of the basal temperature of the body;
   2) diagnostic currettage of the mucous membrane of the uterus;
   3) hysteroscopy;
   4) measurement of the concentration of estrogens and progesterone in the blood serum.

38. The most exact method for the diagnosis of pathology in uterine bleeding:
   1) colposcopy;
   2) laparoscopy;
   3) USG;
   4) hysteroscopy.

39. The women with dysfunctional uterine bleeding form the risk group:
   1) on spontaneous abortion or preterm delivery;
   2) on development of birth abnormalities;
3) on development of the genital tumors;
4) on development of the tumors of the mammary glands;
5) all answers are correct.

40. Diagnostic value of laparoscopy in gynecology is particularly high under all enumerated conditions, except:
   1) ectopic pregnancy;
   2) uterine pregnancy;
   1) tumors of the ovaries;
   3) myoma of the uterus;
   4) all of the above.

41. Which of the following is not used for the diagnosis of reasons of uterine bleeding:
   1) colposcopy;
   2) laparoscopy;
   3) USG;
   4) separate currettage of the mucous membrane of the uterus & its cervix;
   5) hysteroscopy.

42. Methods of the diagnostics of the endometrial cancer are the following, except:
   1) laparoscopy;
   2) separate diagnostic currettage of the mucous membrane from the uterine cervix & its body;
   3) tests for functional diagnosis;
   4) USG;
   5) Hysteroscopy.

43. The main method for the diagnosis of the cancer of the uterine body:
   1) hystologic study of the endometrium;
   2) cytological study of the aspirate from the uterine cavity;
   3) transvaginal echography;
   4) hysteroscopy;
   5) radiologically monitored hysterosalpingography.

44. At suspicion on endometrial cancer, hysteroscopy allows to diagnose (define) all enumerated, except:
1) presence of any pathological process;
2) superficial spreading of process;
3) the depth of invasion;
4) result of biopsy.

45. For anovulatory menstrual cycle are characteristic the following features:
   1) cyclic changes in organism;
   2) elongated follicular persistancy;
   3) prevalence of gestogens in the second phase of the cycle;
   4) prevalence of gestogens in the first phase of the cycle.

46. Which of the following enumerated reasons are the most probable for dysfunctional uterine bleeding?
   1) anovulation;
   2) organic diseases;
   3) chronic endometritis;
   4) malignant diseases of the uterine cervix.

47. Amenorrhoea is the absence of menstruations during:
   1) 4 months;
   2) 5 months;
   3) 6 months;
   4) 1 year;
   5) none of the above.

48. Physiological amenorrhoea is the absence of menstruations:
   1) in girls of 10-12 years;
   2) during pregnancy;
   3) during period of lactation;
   4) at senile age;
   5) all of the above.

49. Which amenorrhoea is regarded to be not physiological?
   1) before menarche;
   2) after menopause;
   3) during pregnancy;
   4) at reproductive age;
   5) during lactation.
50. **Amenorrhoea in girls of 16 years can be result of all enumerated conditions, except:**
   1) closure (atresia) of hymen;
   2) syndrome of insensitivity to androgens;
   3) polycystosis of ovaries;
   4) granulosocellular tumor.

51. **False amenorrhoea can be caused by:**
   1) atresia of the uterine cervical channel;
   2) atresia of the body of the uterus;
   3) atresia of the vagina;
   4) dysgenesis of gonads;
   5) all of the above.

52. **True (pathological) amenorrhoea can result from all specified below diseases, except:**
   1) hypothyroidism;
   2) neurogenic anorexia;
   3) syndrome of testicular feminisation;
   4) atresia of hymen;
   5) micro- and makroadenoma of the hypophysis.

53. **Physiological amenorrhoea is typical for:**
   1) childhood period;
   2) postmenopause;
   3) period of lactation;
   4) to pregnancy;
   5) all answers are correct.

54. **Secondary amenorrhoea can result from:**
   1) psychic stress;
   2) massive blood loss during labour;
   3) expressed deficiency of the body mass;
   4) genital tuberculosis;
   5) all of the above.

55. **During treatment of the patient with any form of dysgenesis of gonads, as a rule, what is not recovered:**
1) menstrual function;
2) sexual functions;
3) reproductive function;
4) all of the above;
5) none of the above.

56. Associated syndromes with hypergonadotropic amenorrhea are:
   1) ovary depletion syndrome;
   2) resistant ovary syndrome;
   3) Shereshevski-Turner syndrome;
   4) all of the above.

57. Long and severe uterine bleeding in association with regular cycle is named:
   1) metrorrhagia;
   2) oligomenorrhoea;
   3) polymenorrhoea;
   4) hyperpolymenorrhoea;
   5) menorrhagia.

58. Causes of primary algomenorrhoea:
   1) infantilism;
   2) retrodeviation of uterus;
   3) high production of prostaglandins;
   4) all the above factors.

59. Which of the following does not belong to clinics of premenstrual syndrome:
   1) heaviness of lactate glands;
   2) increase in body weight;
   3) migraine;
   4) amenorrhoea;
   5) depression.

60. Which of these is not common for ovarian polycystic syndrome:
   1) amenorrhoea;
   2) hirsutism;
   3) ovulatory menstrual cycles;
   4) obesity;
5) infertility.

61. **Characteristic changes in menstrual cycle during lactation after labour:**
   1) hyperpolymenorrhoea;
   2) amenorrhoea due to high prolactin levels;
   3) amenorrhoea due to decreased estrogens;
   4) metrorrhagia;
   5) none of the above.

62. **Which is not characteristic for climacteric syndrome:**
   1) neurovegetative disturbances;
   2) metabolic-endocrinic disturbances;
   3) ovarian hyperstimulation syndrome;
   4) psycho-emotional disturbances;
   5) extragenital diseases.

63. **In climacteric syndrome in women during premenopause the symptoms noticed are:**
   1) vegetative-vascular;
   2) metabolic-endocrinic;
   3) neuro-psychological;
   4) all the above.
   5) none of the above.

64. **Physiological course of climacteric period is usually characterized by:**
   1) absence of involution of genitals;
   2) stopping of menstrual function;
   3) presence of reproductive function;
   4) preservation of menstrual function.

65. **Which pathological changes of the endometrium can occur in patients with recurrent anovulatory ovarian bleeding:**
   1) glandular-cystic hyperplasy;
   2) atypical hyperplasy;
   3) endometrial polyps;
   4) adenocarcinoma;
   5) all are correct.
66. Causative agents of nonspecific inflammatory diseases of the female genital organs are:
   1) staphylococcus;
   2) chlamydiae;
   3) gonococcus;
   4) gardenella;
   5) all the above.

67. All the below factors increase risk of inflammatory diseases of genitals except:
   1) beginning of sexual activities at the age of 15;
   2) medical abortion;
   3) taking oral contraceptives;
   4) hysterosalpingography;
   5) use of IUD.

68. Which of the following factors does not increase risk of inflammatory diseases of genitals:
   1) beginning of sexual activities at the age of 15;
   2) medical abortion;
   3) taking oral contraceptives;
   4) hysterosalpingography;
   5) use of IUD.

69. What among the following may be the reason of inflammatory process of the internal genitals:
   1) medical abortion;
   2) dilation of the cervical canal and currettage;
   3) implantation of IUD;
   4) hysterosalpingography;
   5) all the above;
   6) none of the above.

70. Complaints characteristic for inflammatory diseases of genitals are the following except:
   1) pain in the lower part of the abdomen;
   2) fever;
   3) stinking-odour secretions from the vagina;
4) increased concentration of bilirubin in the blood;
5) increased erythrocyte sedimentation rate and increased leucocytosis.

71. **Infection with which microorganisms causing colpitis demands the treatment of both partners:**
   1) trichomonads;
   2) candidas;
   3) streptococci;
   4) staphylococci;
   5) enterococci;

72. **Which of the following methods is better for diagnosis of inflammatory fallopian tubes:**
   1) increased count of leucocytes;
   2) gram stain smear of mucous from the cervix;
   3) colpocentesis;
   4) laparoscopy;
   5) USG of small pelvis.

73. **All the below methods may help in diagnosis inflammatory diseases of lower pelvis except:**
   1) laproscopy;
   2) USG;
   3) colpocentesis;
   4) urine analysis by Zimnitski;
   5) rectal examination.

74. **Main complications of inflammatory diseases in the organs of the lower pelvis are all expect:**
   1) endometriosis;
   2) ectopic pregnancy;
   3) scars in the region of the lower pelvis;
   4) disparaueunia;
   5) hydrosalphinx.

75. **Which factors further candidosis vulvovaginitis:**
   1) obesity;
   2) syringing with soda solution;
   3) diabetes mellitus;
4) rare sexual intercourse;
5) frequent use of antibacterial drugs;
6) all the above are false.

76. **The factors which do not predispose to candida vaginosis are:**
   1) oral contraceptives;
   2) pregnancy and diabetes mellitus;
   3) antidepressants;
   4) hypotensive drugs.

77. **Which disease should be kept in mind if vaginal candida infection frequently arises:**
   1) anemia;
   2) diabetes mellitus;
   3) systemic lupus;
   4) endometriosis of the genitals;
   5) congenital hyperplasy of adrenal glands.

78. **Factors for the resistance of mucous membrane of vagina to infections:**
   1) high levels of estrogens;
   2) low levels of estrogens;
   3) acidic medium;
   4) absence of “Doderlein’s” bacilli;
   5) high levels of progesterone.

79. **For bacterial vaginosis are characteristic all except:**
   1) increase in pH of vaginal secretion;
   2) low pH of vaginal secretion;
   3) presence of leucorrhea in pungent smell;
   4) presence of “key” cells in smears;
   5) finding vaginal bacilli.

80. **Bacterial vaginosis is characterized by all the following except:**
   1) pH 5.0;
   2) “key” cells;
   3) increased inflammatory process;
   4) positive test with caustic potassium (KOH);
   5) good effect with metronidazole treatment.
81. Name the main clinical symptom of bacterial vaginosis:
   1) itching of external genital;
   2) dyspareunia;
   3) great amount of white secretion with unpleasant smell;
   4) dysuria;
   5) pelvic pain.

82. In patients with Chlamydia infection (not in pregnancy) better to use the following except:
   1) doxycycline;
   2) erythromycin;
   3) “Sumamed”
   4) ampicilline;
   5) tetracycline;

83. In the development of gardnerellosis the most important is:
   1) hypoestrogenia;
   2) pH of vaginal secretion shifts to basic;
   3) death of lactobacilli;
   4) growth of anaerobs;
   5) all of the above.

84. Etiology of gonorrhea in the inflammatory process at the region of fallopian tubes may be suggested:
   1) in the presence of bilateral salpingoophoritis at a primarily infertile woman;
   2) in combination of bilateral salpingoophoritis with endocervitis (at a woman who did not have partus or abortions);
   3) in combination bilateral salpingoophoritis with urethritis, bartolinitis;
   4) all the above.

85. What is involved into the process in the ascending gonorrhea:
   1) canal of the cervix of uterus;
   2) fallopian tubes;
   3) paraurethral glands;
   4) urethra.
86. **Main way of dissemination (generalization) of gonorrhea infection is:**

1) lymphogenic;
2) hematogenic;
3) perineural;
4) contact;
5) intracanalicular.

87. **Endometritis is:**

1) inflammation of fallopian tube;
2) inflammation of muscles of uterus;
3) inflammation of peritoneum;
4) inflammation of parametrium;
5) inflammation of mucous layer of uterus.

88. **Parametritis is:**

1) inflammation of ovaries;
2) inflammation of caecum;
3) inflammation of fallopian tube;
4) inflammation of surrounding structure of uterus;
5) inflammation of omentum.

89. **The composition of the solution for hydrotubation usually includes:**

1) antibiotic;
2) lidase;
3) hydrocortisone;
4) vitamins of group B;
5) none of the above.

90. **In tuberculosis of genital tract, which of the following organ is affected in 90-100 %?**

1) ovaries;
2) uterus;
3) fallopian tube;
4) cervix uteri;
5) vagina.
91. In tuberculosis of genital tract, primary lesion is generally localized in:
   1) lungs;
   2) bones;
   3) urinary system;
   4) lymphatic nodes;
   5) on peritoneum.

92. Which parts of genital system in a women are generally affected in tuberculosis?
   1) fallopian tube;
   2) ovaries;
   3) uterus;
   4) external genital organs;
   5) vagina.

93. Which of the following are not the causes of tuboovarian abscess:
   1) hepatitis;
   2) endometritis;
   3) salpingitis;
   4) cervicitis;
   5) pleuritis.

94. Step of pathogenesis of tuboovarian abscess may be:
   1) perihepatitis;
   2) endometritis;
   3) endosalpingitis;
   4) cervicitis;
   5) myometritis.

95. Pleuroperitonitis is:
   1) inflammation of peritoneum of small pelvis;
   2) inflammation of adipose tissue of small pelvis;
   3) inflammation of serous membrane of uterus;
   4) all of the above;
   5) none of the above.

96. The most typical clinical symptoms of peritonitis:
1) vomiting, dry tongue;
2) constipation & meteorism;
3) abdominal distension & bloating;
4) symptom of irritation of peritoneum;
5) all of the above;
6) none of the above.

97. To a group at high risk to get AIDS pertain:
   1) homosexual individuals;
   2) narcomaniac;
   3) hemophiliacs;
   4) people having haotic sexual life;
   5) all the above;
   6) none of the above.

98. Which of the following is not related to HIV-infection?
   1) HIV-infection increases risk of developing cancer of uterine cervix;
   2) sexual intercourse is the only way of infection;
   3) this virus causes condyloma;
   4) often combines with hepatitis B.

99. The complex preoperative preparation to cavitary gynaecological operation as a rule includes:
   1) siphon enema for 3-4 day every night till operation;
   2) vegetable oil 1 tablespoon 3 times a day before food for 10 days till operation;
   3) cleansing [purgetive] enema the night before operation;
   4) all the above.

100. Radical operative intervention of hysteromyoma is:
    1) Supravaginal amputation of uterus (subtotal hysterectomy);
    2) hysterectomy (complete hysterectomy);
    3) myomectomy;
    4) all the above.

101. Composition of surgical pedicle of ovary is:
    1) ligamentum ovarii proprium;
    2) ligamentm infundibulopelvic;
3) mesosalpinx;
4) fallopian tube;
5) all the above;
6) all are incorrect.

102. In composition of surgical pedicle of ovary is not included:
1) ligamentum infundibulopelvic;
2) ligamentum ovarii proprium;
3) mesovarium;
4) tube;
5) round ligament.

103. For torsion of pedicle of ovarian tumor is characteristic:
1) severe pain underneath the stomach, arising after physical exertion;
2) determination of immovable, severely painful tumors on bimanual investigation of small pelvis;
3) positive symptom of irritative peritoneum on the side of tumor;
4) all the above.

104. Torsion of pedicle of ovarian tumor may be:
1) complete;
2) incomplete;
3) repeated;
4) all the above;
5) none of the above.

105. Anatomical pedicle of ovarian tumor consists of:
1) ligamentum ovarii proprium;
2) loop of intestine and omentum;
3) ligamentum infundibulopelvic;
4) fallopian tube;
5) none of the above.

106. What should be done during the operation on the torsion of pedicle of dermoid ovarian cyst:
1) overwound pedicle of ovarian tumor should be unwound to clear up the anatomy; make hysterectomy with appendages;
2) removal of both ovaries;
3) none of the above.

107. **Clinical symptoms of torsion of pedicle of ovarian cystoma:**
1) sharp pain in lower region of abdomen;
2) positive Blumberg's symptom;
3) anemia;
4) temperature rise;
5) enlargement of uterus.

108. **Operation of hysterectomy (total hysterectomy) differs from supravaginal amputation of uterus (subtotal hysterectomy) by removing:**
1) upper third of vagina;
2) cervix uteri;
3) parametral tissues;
4) iliac lymphatic nodes;
5) greater omentum.

109. **Complications of medical abortion is not:**
1) infertility;
2) disturbance of ovarian function;
3) endometritis;
4) uterine perforation;
5) cystitis.

110. **Risk factors for ectopic pregnancy:**
1) uterine hypoplasia;
2) oral contraception
3) deferred inflammatory diseases of the genitals;
4) history of Caesarean section;
5) endometriosis.

111. **Which method of diagnosing ectopic pregnancy is most accurate?**
1) culpocentesis;
2) endometrial biopsy;
3) laparoscopy;
4) serial determination of CHG;
5) USG of pelvic organs.
112. The main clinical manifestations of progressive ectopic pregnancy:
   1) paroxysmal pain at the lower regions of abdomen;
   2) smearing discharges of blood from the vagina;
   3) weakly positive symptoms of irritation of peritoneum;
   4) all of the above;
   5) none of the above symptoms.

113. In progressive tubular pregnancy is indicated to do:
   1) curettage of the uterus;
   2) emergency surgery;
   3) conservative treatment;
   4) hysteroscopy;
   5) all listed above.

114. Not informative features for the differentiation of uterine pregnancy and tube pregnancy are:
   1) USG of pelvic organs;
   2) the level of chorionic gonadotropin in the blood;
   3) bimanual examination of small pelvis organs;
   4) smears for colpocytopathy;
   5) uterine curettage.

115. Ectopic pregnancy can be located in all the following organs except:
   1) cervix;
   2) rudimentary horn of uterus;
   3) ovary;
   4) abdominal cavity;
   5) vagina.

116. What is the most frequent place of implantation of fetal egg in ectopic pregnancy?
   1) on the peritoneum;
   2) in ampullary part of fallopian tube;
   3) the ovary;
   4) in isthmus part of fallopian tube;
   5) in interstitial part of fallopian tube.
117. In damaged ectopic pregnancy with marked anemia the patient is done the section:
   1) transverse suprapubic anchor;
   2) according to Pfannenshtil;
   3) vertical incision from loin to navel;
   4) all listed above.

118. These symptoms are associated with disturbance of tubal pregnancy except:
   1) unilateral pain in lower abdomen;
   2) vaginal bleeding or smearing discharge;
   3) rectal bleeding;
   4) pain in the subscapular area.

119. With progressive ectopic pregnancy is used:
   1) conservative anti-inflammatory treatment;
   2) operation;
   3) hemotransfusion;
   4) all of the above;
   5) none of the above.

120. In the tube abortion it is possible to observe:
   1) the formation of retrouterinal hematoma;
   2) the formation of peritubar hematoma;
   3) the formation of hematosalpinx;
   4) massive hemorrhage into the abdominal cavity;
   5) all mentioned above;
   6) none of the above mentioned.

121. The operations predominantly performed in the tube ectopic pregnancy:
   1) salpingectomy
   2) salpingoovarioectomy;
   3) longitudinal salpingostomy;
   4) the resection of the segment of fallopian tube which contains fertile egg, plastics.

122. The operation recommended in ectopic pregnancy, besides:
   1) salpingoectomy;
2) salpingoovariectomy;
3) longitudinal salpingostomy;
4) the resection of the segment of tube, which contains fertile egg, plastic.

123. Apoplexy of ovary more frequently begins:
   1) in the period of ovulation;
   2) in the stage of the vascularization of the corpus luteum;
   3) in the period of maturation of Graafian follicle;
   4) in the period of atresia of follicles.

124. For apoplexy of ovary is characteristic everything, except:
   1) pain below abdomen;
   2) internal hemorrhage;
   3) negative biological reactions to the pregnancy;
   4) increased leukocytosis;
   5) the symptoms of the irritation of peritoneum.

125. In case of the significant hemorrhage into the abdominal cavity in patient with apoplexy of ovary, it is indicated;
   1) abdominal incision, the resection of ovary;
   2) abdominal incision, the removal of ovary;
   3) the observation of on-duty doctor for the dynamics of symptoms, by indication - blood transfusion;
   4) the conservative therapy: rest, cold to the bottom of abdomen, fortifying therapy.

126. Basic clinical symptoms of the hemorrhagic shock:
   1) arterial pressure; (high or low?)
   2) oliguria and anuria;
   3) frequent thready pulse;
   4) acrocyanosis;
   5) all symptoms mentioned above.

127. Predisposing factors for development of endometriosis of genitalia, except:
   1) multiply labours and abortions
   2) scar on the uterus after cesarean section or myomectomy;
   3) retrodeviation of uterus
4) contraception by progestins;
5) frequent catarrhal diseases.

128. “Infertility marriage” means:
   1) absence of capability for bearing in the woman;
   2) absence of capability for conception during 1 year in the husbands;
   3) the absence of the pregnancy of 0,5 years;
   4) none of the above mentioned.

129. Marriage is infertile if pregnancy does not begin even with the sexual life without the application of contraceptives for:
   1) 0,5 years;
   2) 1 year;
   3) 2,5 years;
   4) 3 years;
   5) 5 years.

130. Marriage is considered to be infertile if pregnancy does not begin even with the presence of regular sexual life without the application of contraceptives during:
   1) 0,5 years;
   2) 1 year;
   3) 2,5 years;
   4) 5 years.

131. Reasons of the infertility of married women are:
   1) the inflammatory diseases of sex organs;
   2) infantilism and the hypoplasia of sex organs;
   3) the general wasting diseases and intoxications;
   4) all reasons are false;
   5) all reasons are true.

132. The most frequent reasons for tubal infertility are:
   1) the unspecific recurrent inflammatory diseases of the appendages of womb;
   2) the specific inflammatory diseases of the appendages of womb;
   3) the endometriosis of uterine tubes;
   4) anomalies of the development of uterine tubes;
   5) all mentioned reasons.
133. The most frequent reason of female infertility:
   1) ovarian cyst;
   2) uterus myoma;
   3) fallopian tube obstruction;
   4) anovulatory cycles.

134. What is the most authentic for specification of the reason of fallopian tube obstruction?
   1) culpocentesis;
   2) colposcopy;
   3) hysterosalpingography;
   4) hysteroscopy;
   5) USG.

135. Oral contraceptives can be applied to the cancer prophylaxis of:
   1) vagina;
   2) fallopian tube;
   3) endometrium;
   4) uterine cervix;
   5) colon.

136. Juvinile uteral bleedings are caused more often:
   1) impairment of rhythmic production of hormones from the ovaries;
   2) organic diseases of the reproductive system;
   3) disease of various systems of an organism;
   4) all listed;
   5) none of the listed.

137. Treatment of dysfunctional uterine bleedings at youthful age includes:
   1) physiotherapeutic treatment;
   2) vitamins;
   3) contractive preparations;
   4) hemostatics;
   5) all listed.

138. Characteristic features of the development of the secondary sex signs at girls in comparison with boys is all listed, except:
1) development of subcutaneous fat;
2) changes between pelvic and humeral belts towards relative increase in a circle of the last.

139. The sign of Shereshevsky-Terner’s syndrome is:
   1) female phenotype;
   2) primary amenorrhea;
   3) underdevelopment of uterus;
   4) aplasia or hypoplasia of gonads;
   5) all listed is true.

140. Atresia is:
   1) secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;
   2) absence of a part of organ;
   3) absence of organ;
   4) obliteration in places of anatomic narrowing of a sexual tract.

141. Agnesia is:
   1) secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;
   2) absence of a part of organ;
   3) absence of organ;
   4) obliteration in places of anatomic narrowing of a sexual tract.

142. Aplasia is:
   1) secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;
   2) absence of a part of organ;
   3) absence of organ;
   4) obliteration in places of anatomic narrowing of a sexual tract.

143. Atresia of hymen is:
   1) continuous hymen, not having an orifice;
   2) continuous hymen with a small orifice;
   3) entirely absence of hymen.

144. Agnesia of vagina is:
1) primary absence of a part of vagina;
2) full or partial obliteration of vagina due to inflammatory process at ante- and postnatal period;
3) primary full absence of vagina;
4) full septum in vagina.

145. **Aplasia of vagina is:**
1) primary absence of a part of vagina;
2) full or partial obliteration of vagina due to inflammatory process at ante- and postnatal period;
3) primary full absence of vagina;
4) full septum in vagina.

146. **Atresia of vagina is:**
1) primary absence of a part of vagina;
2) full or partial obliteration of vagina due to inflammatory process at ante- and postnatal period;
3) primary full absence of vagina;
4) full septum in vagina.

147. **Deficiency of body weight is one of the reson for:**
1) delay in menarche;
2) long formation of menstrual functions;
3) development or aggravation of impairment of menstrual functions;
4) all listed;
5) none.

148. **Name the most frequent sign characteristic for uterus myoma:**
1) hyperpolymenorrhea;
2) infertility;
3) impairment of function of a bladder and rectum;
4) pain in the lower part of the abdomen.

149. **Which symptom is typical for myoma of the uterus, corresponding to the size of the uterus at a term of pregnancy 6-7 weeks:**
1) acute spastic pain;
2) frequent micturation;
3) constipation;
4) arrest in micturation;
5) all the above.

150. **Submucous myomas can be accompanied by all listed symptoms, except:**
   1) pathological bleedings;
   2) anemia;
   3) infertility;
   4) impairment in micturation;
   5) spasmatic pains in the bottom of the abdomen.

151. **Uterine bleedings caused by myoma, are characterised by:**
   1) gradual strengthening of bleedings;
   2) considerable lengthening of menstrual bleedings;
   3) profound bleeding at normal duration of menstruation;
   4) development of anemia;
   5) irregularity of menstrual cycle with hypermenorrhea.

152. **Myoma of the uterus is accompanied by clinical conditions mentioned below except:**
   1) anemia;
   2) polyuria;
   3) impairment of defication;
   4) amenorrhea;
   5) pains at the lower part of abdomen.

153. **The presence of submucous uterine mioma may be proved by the examinations enumerated below except:**
   1) transvaginal echography;
   2) X-ray hysterosaphingography;
   3) hysteroscopy;
   4) probing (sondage) of the uterine cavity;
   5) laparoscopy.

154. **Which of the following is not used for diagnostics of uterine myoma?**
   1) abdominal palpation;
   2) bimanual investigation;
   3) X-ray investigation of the thorax;
4) USG of organs of the lower pelvis;  
5) laparoscopy.

155. Which method of investigations is not necessary for confirmation of the diagnosis of uterine mioma?  
1) USG examination of organs of the lower pelvis;  
2) pelviography;  
3) separate diagnostic currettage of mucous of the uretus & its cervix;  
4) hysteroscopy;  
5) laparoscopy.

156. Most informative method for the diagnostics of the nascent myomatic node is:  
1) transvaginal echography;  
2) investigation of the uterine cervix with mirror and bimanual checkup;  
3) X-ray hysteroscalphyngography;  
4) hysteroscopy;  
5) laparoscopy.

157. Most informative method for the diagnosis of sumucous myomatic node is:  
1) checkup of the uterine cervix with mirror and subsequent bimanual investigation;  
2) laparoscopy;  
3) hysteroscopy;  
4) colposcopy;  
5) X-ray pelviography.

158. Conservative myomectomy is conducted usually:  
1) at patients of young age;  
2) in subperitoneal location of the myomatic node on the pedicle;  
3) for preservation of the menstrual function;  
4) for preservation of generative functions;  
5) all of the above.

159. The indication for extirpation of uterus in myoma:  
1) low localizing of nodes;  
2) precancerous diseases of the uterus;  
3) secondary changes to submucous myomatic node;
4) combination of myoma with ovarian cyst.

160. Displasia of vulva is characterized by all enumerated, except:
   1) atypia in all layers of multilaminated flat epithelium, except the superficial layer;
   2) impairment of layering of the epithelium;
   3) preservation of the basal membrane;
   4) destruction of the cells.

161. Vulval cancer is mostly found in woman at:
   1) reproductive age;
   2) premenopause;
   3) postmenopause;
   4) regardless of age.

162. Symptoms of vulval cancer:
   1) presence of tumor;
   2) bleeding of tissues;
   3) purulent discharges from ulcerous surface;
   4) itching;
   5) all of the above.

163. What is not a method for treatment of vulval cancer:
   1) normal vulvectomy;
   2) removal of tumor;
   3) radilogical treatment;
   4) chemiotherapy;
   5) combine therapy.

164. The most frequent localisation of malignant process of female genitals is:
   1) cervix of uterus;
   2) ovary;
   3) endometrium;
   4) vulva;
   5) fallopian tube.

165. Precancer diseases and cancer of uterine cervix mostly often develop:
1. in the cervical canal;
2. on the frontal labia of the uterine cervix;
3. on the border with vaginal arch;
4. on the transitive zone on the border of multilayer squamous and cylindrical epithelium.

166. Severe dyplasia of cervical epithelium is:
1) beginning (initial) form of cancer;
2) precancer;
3) background process;
4) dyshormonal hyperplasia;
5) all answers are correct.

167. Severe dysplasia of the uterine cervix is characterized by morphological changes in epithelium in:
1) all layer;
2) only on superficial layer;
3) only in separate cells;
4) in all layers except for superficial.

168. Prophylaxis of cancer of the uterine cervix consist of:
1) prophylactic medical examinations of patients with application cytologic and colpocytological methods of diagnostics;
2) regular routine inspections of women with cytologic examination of smear;
3) improvement of work of examination rooms;
4) to constant study of the staff;
5) all answers are correct.

169. Find the precancer changes on vaginal part of the uterine cervix:
1) recidivous polyps of cervical canal;
2) true erosion;
3) dysplasia;
4) ectropion;
5) endometrosis.

170. The most informative screening test for the early diagnosis of cervical cancer of uterus:
1) simple colposcropy;
2) bimanual and rectal examination;
3) cytological examination of smear from the canal of uterine cervix and surface of uterine cervix;
4) vacuum-currettage of cervical canal.

171. **Diagnosis of cervical cancer is made with the help of:**
1) gynecological examination;
2) cytological examination of scrape from the uterine cervix and cervical canal;
3) colposcopy;
4) hystological examination of a piece of the uterine cervix;
5) all answers are correct.

172. **Risk factors of precancer of endometrium are the following, excluding:**
1) anovululary menstruation cycle;
2) obesity;
3) ovular menstruation cycle;
4) diabetus mellitus.

173. **Risk factor for the appearance of hyperplastic processes and cancer of the endometrium:**
1) the disorder of lipid metabolism;
2) stress situations;
3) the disorder of menstrual cycle;
4) all mentioned above.

174. **Hyperplastic processes and cancer of endometrium are developed most frequently during:**
1) anovulation;
2) obesity;
3) diabetes mellitus;
4) arterial hypertension;
5) all mentioned above.

175. **The factors of the risk for the development of precancerous diseases and cancer of endometrium include:**
1) steady anovulation;
2) obesity and arterial hypertensia;
3) prolonged use of intrauterine contraceptives;
4) the sterility of endocrine origin;
5) all mentioned above are correct.

176. **What states of endometrium are considered to be precancerous:**
   1) glandular and cystic hyperplasia;
   2) glandular polyp of endometrium;
   3) atrophy of endometrium;
   4) atypical hyperplasia;
   5) all mentioned above are true.

177. **Major method for diagnosis of cancer of the uterine body:**
   1) histological study of the scrape of endometrium;
   2) cytological study;
   3) trans-vaginal echography;
   4) hysterography;
   5) X-ray and television hysterosalpingography.

178. **Major clinical symptom of cancer of the uterine body:**
   1) chronic pelvic pain;
   2) contact hemorrhages;
   3) acyclic hemorrhages;
   4) disturbance of the function of adjacent organs;
   5) sterility.

179. **Major way of metastastic propagation of cancer of the endometrium:**
   1) hematogenic;
   2) lymphogenic;
   3) implantation;
   4) contact;
   5) all mentioned above.

180. **The first stage of cancer of the endometrium is divided into versions (A, B, C) depending on:**
   1) degree of the propagation of tumor beyond the limits of uterus;
   2) degree of the invasion of tumor into the myometrium;
   3) size of the lumen of uterus;
   4) dimensions of uterus.
181. Wertheim's operation differs from the simple extirpation of uterus in terms of the removal:
   1) parametric adipose tissue;
   2) iliac lymph nodes;
   3) upper third of vagina and entire lymphatic collector, which surrounds uterus;
   4) all mentioned above.

182. Trophoblastic disease is:
   1) the sarcoma of uterus;
   2) myoma of uterus;
   3) the cystoma of ovary;
   4) chorionepithelioma;
   5) cancer of the body of uterus.

183. Chorio-carcinoma is most frequently developed after:
   1) extra-uterine pregnancy;
   2) labour;
   3) the artificial termination of pregnancy;
   4) vesicular drift;
   5) the late induced abortion.

184. Most frequently chorionepitelioma appears after:
   1) abortions;
   2) normal labour;
   3) vesicular drift;
   4) premature labour;
   5) all mentioned above.

185. The most often cancer of ovaries is found out at a stage of:
   1) 1 stage;
   2) 2 stage;
   3) 3 stage;
   4) 4 stage.

186. What kind of cancer of ovaries does not occur:
   1) the mixed;
   2) the secondary;
3) the metastatic;
4) the primary.

187. What percent occupies a primary cancer of ovaries among all cancer diseases of ovaries?
1) 40 %;
2) 20 %;
3) 60 %
4) 5 %;
5) 80 %.

188. Benign tumours of the ovaries do not concern:
1) serous cystadenoma;
2) mucinous cystadenoma;
3) light-cell tumour;
4) endometroid cystadenoma.

189. To tumourous processes in ovaries concern:
1) follicular cyst;
2) cysts of corpus luteum;
3) endometriosis;
4) all listed;
5) none from the listed.

190. What cysts are more often subject to remission without operative treatment?
1) the serous;
2) benign teratoma;
3) cysts of corpus luteum;
4) mucinous;
5) endometroid.

191. Treatment of paraovarian cysts in young women.
1) removal of cysts;
2) removal of ovary with cysts;
3) puncture of cysts;
4) taking of sex hormones;
5) taking gestogens.

192. What from listed is not a risk factor of the development of cancer of the ovaries?
   1) absence of deliveries in the anamnesis;
   2) abortions or a significant amount of pregnancies in the anamnesis;
   3) cancer of ovaries in close relatives;
   4) chronic pyelonephritis;
   5) endocrine diseases in the anamnesis.

193. For diagnosis of tumours of ovaries, the following diagnostic methods are used:
   1) the cytologic;
   2) the endoscopic;
   3) the ultrasonic;
   4) the histologic;
   5) all listed methods.

194. The age period at which it is most often found out ovarian carcinoma:
   1) 45 – 55 years;
   2) 7 – 17 years;
   3) 30 – 40 years;
   4) 60 – 70 years.

195. What volume of operative intervention it is necessary to consider as the radical for the cancer of ovaries at 2 and 3 stages?
   1) expanded extirpation of the uterus (Vertheim’s operation);
   2) extirpation of the uterus with appendages and with simultaneous resection or extirpation of the omentum major;
   3) supravaginal amputation of the uterus and appendages;
   4) any of the listed above volumes of operative intervention.

196. Metastatic affection of the ovary is possible in:
   1) mammary gland cancer;
   2) carcinoma of the body of uterus;
   3) malignant affection of one of the ovaries;
4) cancer of the GIT;
5) in all cases listed above.

197. Krukenberg’s tumour:
1) is a metastasis of a cancer of the GIT;
2) is a rule, affects both the ovaries;
3) has a solid structure;
4) all answers are true;
5) all answers are wrong.

198. What of the ovarian tumours is most often exposed to malignancy?
   1) fibroma;
   2) mucinous cystadenoma;
   3) serous cystadenoma;
   4) tekoma;
   5) teratoma.

199. Cancer of the ovary concerns:
   1) all the malignant tumours of the ovaries;
   2) only germinogenous tumours;
   3) only stromal tumours;
   4) only tumours of epithelial origin.

200. The basic method for the treatment of follicular cyst of ovaries:
   1) surgical removal of the cysts;
   2) hormonal therapy;
   3) antibacterial therapy;
   4) surgical removal of the cysts with the ovary;
   5) chemotherapy.
### Ответы к тестам по гинекологии

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Head of obstetrics and gynecology chair Gutikova L.V.