

## Tests on gynecology for students in English 2012-2013 year

### ***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) urinary bladder;
- 3) ureter;
- 4) all are wrong.

### ***4. The lower border of the frontal vaginal wall contacts with:***

- 1) urethra;
- 2) urinary 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 cervic 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) crest-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 peritoneum;
- 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 peritoneum and uterus;
- 5) all answers are correct.

**15. Ovaries are vasculated by:**

- 1) uterine artery;
- 2) ovarian artery;
- 3) ilio-lumbar 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 painful 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) painful 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) symptom "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 curettage 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) hysterosalphyngography;
- 2) determination of LH;
- 3) USG;
- 4) diagnostic curettage;
- 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 curettage 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 curettage 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 curettage 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) histologic 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 menarchy;
- 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) granulocellular 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 amenorrhoea 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 curettage;
- 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) dispareunia;
- 5) hydrosalpinx.

**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 hyperplasia 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 gonorrhoea 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 endocervicitis ( 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 gonorrhoea:**

- 1) canal of the cervix of uterus;
- 2) fallopian tubes;
- 3) paraurethral glands;
- 4) urethra.

**86. Main way of dissemination (generalization) of gonorrhoea 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 colpocytology;
- 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. Juvenile 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 reasons 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) spasmodic 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 defecation;
- 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 curettage of mucous of the uterus & 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 hysterosalpingography;
- 4) hysteroscopy;
- 5) laparoscopy.

**157. Most informative method for the diagnosis of submucous 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) radiological treatment;
- 4) chemotherapy;
- 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 dysplasia 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 colposcopy;

- 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) anovulatory menstruation cycle;
- 2) obesity;
- 3) ovular menstruation cycle;
- 4) diabetes 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 hypertension;

- 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) hystero-graphy;
- 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 utreus.

**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 chorionepithelioma 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

<b>1</b>	5	<b>42</b>	1,3	<b>83</b>	5	<b>124</b>	4
<b>2</b>	4	<b>43</b>	1	<b>84</b>	4	<b>125</b>	1
<b>3</b>	2	<b>44</b>	3	<b>85</b>	2	<b>126</b>	5
<b>4</b>	3	<b>45</b>	2	<b>86</b>	5	<b>127</b>	4
<b>5</b>	2	<b>46</b>	1	<b>87</b>	5	<b>128</b>	2
<b>6</b>	3	<b>47</b>	3	<b>88</b>	4	<b>129</b>	2
<b>7</b>	3	<b>48</b>	5	<b>89</b>	1,2,3	<b>130</b>	2
<b>8</b>	2	<b>49</b>	4	<b>90</b>	3	<b>131</b>	5
<b>9</b>	4	<b>50</b>	4	<b>91</b>	1	<b>132</b>	1,2
<b>10</b>	2,3,4	<b>51</b>	1,3	<b>92</b>	1	<b>133</b>	3
<b>11</b>	1	<b>52</b>	4	<b>93</b>	1,5	<b>134</b>	3
<b>12</b>	3	<b>53</b>	5	<b>94</b>	3	<b>135</b>	3
<b>13</b>	4,5	<b>54</b>	5	<b>95</b>	1	<b>136</b>	1
<b>14</b>	5	<b>55</b>	3	<b>96</b>	5	<b>137</b>	5
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<b>18</b>	4	<b>59</b>	4	<b>100</b>	1,2	<b>141</b>	3
<b>19</b>	2,3,4	<b>60</b>	3	<b>101</b>	5	<b>142</b>	2
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<b>23</b>	1	<b>64</b>	2	<b>105</b>	1,3	<b>146</b>	2
<b>24</b>	5	<b>65</b>	5	<b>106</b>	4	<b>147</b>	4
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<b>38</b>	4	<b>79</b>	2,5	<b>120</b>	5	<b>161</b>	3
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<b>41</b>	2	<b>82</b>	4	<b>123</b>	1	<b>164</b>	1,3

<b>165</b>	4
<b>166</b>	2
<b>167</b>	4
<b>168</b>	5
<b>169</b>	3
<b>170</b>	3
<b>171</b>	5
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<b>173</b>	4
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<b>190</b>	3
<b>191</b>	1
<b>192</b>	4
<b>193</b>	5
<b>194</b>	1
<b>195</b>	2
<b>196</b>	5
<b>197</b>	4
<b>198</b>	3
<b>199</b>	4
<b>200</b>	1

Head of obstetrics and gynecology chair Gutikova L.V.



