

Тестовые задания по гинекологии для студентов 5 курса ФИУ 2019/2020 уч. г.

1. Which one of the following are external genital organ:

- 1) labia majora;
- 2) labia minora;
- 3) bartholin glands;
- 4) clitoris;
- 5) **all answers are correct.**

2. Bartholin glands are located:

- 1) in thick back parts of labia minora;
- 2) on anterior wall of vagina;
- 3) in the most anterior part of the vulva;
- 4) **in the superficial perineal pouch.**

3. The upper one-third of the anterior vaginal wall contacts with:

- 1) urethra;
- 2) **bladder;**
- 3) ureter;
- 4) all are wrong.

4. The lower two-thirds of the anterior vaginal wall contacts with:

- 1) urethra;
- 2) bladder;
- 3) **ureter;**
- 4) all are wrong.

5. The upper one-third of posterior wall of vagina contacts with:

- 1) rectum;
- 2) **Douglas pouch;**
- 3) cervix of the urinary bladder;
- 4) urethra;
- 5) all are wrong.

6. The middle third of posterior wall of vagina contacts with:

- 1) Douglas pouch;
- 2) cervix of the bladder;
- 3) **rectum;**
- 4) urethra;
- 5) all are wrong.

7. Length of fallopian tube during reproductive age of woman is:

- 1) 4-5 cm;
- 2) 5-8 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 which extend from the viscera to the pelvic walls on either side:

- 1) uterus ligament;
- 2) **cardinal (transverse cervical) ligament;**
- 3) **uterosacral ligament;**
- 4) **pubo-cervical ligament;**
- 5) posterior 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 with:

- 1) round ligament;
- 2) cardinal ligament;
- 3) **infundibulo-pelvic ligament;**
- 4) lateral ligament;
- 5) uterosacral 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 broad ligament;
- 2) situated at the uterine cervix;
- 3) situated generally in the ground of broad ligament;
- 4) provides mild connection between peritoneum and uterus;
- 5) **all answers are correct.**

15. Ovaries are blood supplied through:

- 1) posterior uterine artery;
- 2) inferior ovarian artery;
- 3) superior vesical artery;
- 4) both uterine and ovarian arteries;**
- 5) both internal genital and ovarian arteries.

16. The basic anatomic feature of ovarian arteries:

- 1) have anastomoses with ramus ovarian and uterine artery;
- 2) depart hardly below the renal arteries;
- 3) are located between leaves of wide uterine ligament along its free edge;
- 4) depart from the anterior surface of the abdominal aorta;
- 5) all are correct.**

17. Uterine artery is the branche of:

- 1) aorta;
- 2) common iliac artery;
- 3) external iliac artery;
- 4) internal iliac artery;**
- 5) renal artery.

18. Topographic anatomy of the uterine artery has all the characters excluding:

- 1) is divided on ascending and descending branches;
- 2) on the first crossing with urether is located behind urether;
- 3) its vaginal branche anastomoses with renal artery;**
- 4) its vaginal branche goes on the anterior-lateral wall of vagina on both sides.

19. Which disease is not accompanied by hypermenorrhoea.

- 1) ovarian cyst;**
- 2) endometrial polyposis;
- 3) myoma of uterus;
- 4) disorder of blood coagulation;
- 5) uterine aplasia.

20. Oligomenorrhoea is:

- 1) rare and heavy menstruation;
- 2) rare and painfull menstruation;
- 3) infrequent or very light menstruation;**
- 4) intermenstrual bloody allocation;
- 5) short menstruation cycle.

21. Menorrhagia is:

- 1) uterine bleeding at irregular intervals;
- 2) heavy or prolonged bleeding during period;**
- 3) painfull and short menstruation;
- 4) intermenstrual bloody allocation;
- 5) short period of menstruation cycle.

22. Metrorrhagia:

- 1) changes in menstruation rhythm;
- 2) increased amount of the blood loss during menstruation cycle;
- 3) increased duration of menstruation cycle;
- 4) **uterine bleeding at irregular intervals;**
- 5) heavy or prolonged bleeding during period.

23. 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 estrogen in blood circulation;**
- 4) **growth of ovarian follicle;**
- 5) development of corpus luteum in ovary.

24. All are correct about primary follicle except:

- 1) **it is formed with sexual maturity;**
- 2) contains primary oocyte;
- 3) follicular cells are of the cylindrical form;
- 4) theca interna is formed around the follicle;
- 5) follicular cells synthesise estrogen.

25. Secretion phase of endometrium can be completed if :

- 1) phase of proliferation is completed;
- 2) ovulation is occurred;
- 3) corpus luteum functions full of value;
- 4) **all answers are correct.**

26. Morphological picture of endometrium at the time of implantation.

- 1) proliferation;
- 2) regeneration;
- 3) decidualisation;
- 4) **desquamation.**

27. The luteal phase of the menstruation cycle is not characterised by:

- 1) secretory transformation of the endometrium;
- 2) continues about 13 days;
- 3) **the level of estrogen in blood is increasing;**
- 4) corpus luteum is present in ovary.

28. Desquamation of functional layer of endometrium occurs owing to:

- 1) peak output of luteinizing hormone;
- 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 follicle-stimulating hormone .

29. Signs of ovulation are all following excluding:

- 1) rise of basal temperature;
- 2) pregnancy;

- 3) premenstrual syndrome;
- 4) endometrium is in the secretion phase;
- 5) **endometrium is in the proliferative phase.**

30. Anovulation can be detected by the following methods excluding:

- 1) measurement of basal temperature of the body;
- 2) biopsy of endometrium and histological investigation;
- 3) measurements of the progesterone concentration in blood plasma;
- 4) ultrasound scan before menstruation;
- 5) **ultrasound scan after menstruation.**

31. Hypothalamus secretes the following hormones:

- 1) gonadotropine;
- 2) estrogen;
- 3) luteinizing hormone;
- 4) **releasing-hormone;**
- 5) prolactin.

32. Hypothalamus secretes the following hormones excluding:

- 1) **corticotropin;**
- 2) thyrotropin-releasing hormone;
- 3) growth hormone-releasing hormone;
- 4) gonadotropin-releasing hormone;
- 5) all answers are correct.

33. Pituitary gland secretes the following hormone:

- 1) **prolactin;**
- 2) estrogens;
- 3) gestagens;
- 4) gonadotropin-releasing hormones.

34. FSH stimulates:

- 1) **growth of follicles in ovary;**
- 2) production of prolactin;
- 3) production of TTH in thyroid gland;
- 4) all answers are correct.

35. Interaction of hypothalamus, pituitary gland and ovary regulate menstruation cycle by following:

- 1) one (upper) part stimulates function of the other (lower) part;
- 2) the lower part inhibits or modulates the other part;
- 3) function of both parts is synchronous;
- 4) switching-off one part impairs all the system as a whole;
- 5) **all answers are correct.**

36. Low level of estrogen :

- 1) **stimulates production of FSH;**
- 2) suppresses the release of FSH;
- 3) increases production of LH;

4) suppresses the release of LH.

37. Action of greater doses of exogenic estrogen on ovary:

- 1) increase action of ovarian estrogen;
- 2) increase action of ovarian progesterone;
- 3) **cause atrophy of ovarian tissue;**
- 4) all are wrong.

38. 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.**

39. Which estrogen secretes in higher amount during reproductive age of woman:

- 1) estrogen;
- 2) **estradiol;**
- 3) diethylstilbesterol;
- 4) estriol;
- 5) all are wrong.

40. Which hormone provides lactation process:

- 1) estrogen;
- 2) cortisol;
- 3) insulin;
- 4) **prolactin;**
- 5) all are correct.

41. 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.

42. 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.**

43. 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.

44. The target-tissues for sex hormones include:

- 1) uterus;
- 2) ovary;
- 3) liver;
- 4) fallopian tube;
- 5) mucous membrane of vagina;
- 6) all are incorrect;
- 7) **all are correct.**

45. Which disease can lead to hyperprolactinemia :

- 1) **hypophyseal adenoma;**
- 2) ovarian polycystic syndrome;
- 3) external genital endometriosis;
- 4) myoma of uterus;
- 5) pre-menstrual syndrome.

46. 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.**

47. 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.

48. 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.

49. The test for measurement of basal temperature is based on hyperthermal effect of:

- 1) estradiol;
- 2) prostaglandin;
- 3) **progesterone;**
- 4) LTH;
- 5) FH.

50. Caryopyknotic index is a percentage of:

- 1) eosinophilic superficial cells of vaginal epithelium to the total number of cells present in the swab;
- 2) **superficial cells of vaginal epithelium with pyknotic nuclei to the total number of cells present in the swab;**

- 3) basal and parabasal cells in vaginal epithelium to the total number of cells present in swab;
- 4) superficial cells of vaginal epithelium with pyknotic nuclei to eosinophilic superficial cells;
- 5) all are incorrect.

51. The basal temperature test is based:

1. on influence of estrogens on hypothalamus;
2. on influence of prostaglandins on hypothalamus;
3. **on influence of progesterone on thermoregulatory centre of the hypothalamus;**
4. none of the above.

52. The range of "caryopyknotic" index during the ovulation period:

1. 20 - 40 %;
- 2) **80 - 88 %;**
- 3) 50 - 70 %;
- 4) 25 - 30 %;
- 5) 40 - 60 %.

53. What functional diagnostics test points out on hyperestrogeny:

- 1) length of extension of cervical mucosa to 2-3 cm;
- 2) basal temperature of the body at 37°C;
- 3) **caryopyknotic index at 50-60% and more;**
- 4) atrophic endometrium.

54. Anovulatory menstrual cycle with persisting mature follicle is characterized by:

- 1) symptom "pupillus" (+ + +);
- 2) single-phase basal temperature;
- 3) the late proliferative phase is observed in the endometrium at the second phase of the cycle;
- 4) **all of the above;**
- 5) none of the above.

55. The main criterion of the two-phase menstrual cycle is:

- 1) correct (regular) rhythm of menstruations;
- 2) beginning of the first menstruation;
- 3) particularity in the formation of menstrual functions at puberty;
- 4) **ovulation.**

56. Monotonous hypothermic curve of basal temperature is typical:

- 1) for two-phase menstrual cycle;
- 2) for two-phase menstrual cycle with short leuteinising phase upto 5 days;
- 3) **for anovulatory menstrual cycle;**
- 4) none of the above;
- 5) all of the above.

57. The second degree of cleanliness of vaginal smear is characterized by the following:

- 1) large amount of epithelial cells in the smear;
- 2) acidic reaction of the vaginal contents;

- 3) presence of vaginal bacillus in the smear;
- 4) about 10-12 leukocytes in sight;
- 5) **all answers are correct.**

58. In patient with amenorrhoea, the absence of menstrual reaction after the hormonal test with estrogens & gestagens (negative result) indicates to the presence of:

- 1) amenorrhoea of central genesis;
- 2) ovarian form of amenorrhoea;
- 3) **uterine form of amenorrhoea;**
- 4) "sclerocystic" syndrome of the ovary;
- 5) none of the above.

59. Negative dexamethasone test (slight decrease of excretion of 17-OKS and 17-KS) indicates to the presence of:

- 1) **tumor of the cortex of adrenal gland;**
- 2) adrenogenital syndrome (AGS);
- 3) neuro-endocrine metabolic syndrome;
- 4) sclerocystic ovarian syndrome.

60. Rare than others, the reasons for pathological secretion (white) is:

- 1) **tubular leucorrhoea (hydrosalpings);**
- 2) uterine leucorrhoea;
- 3) cervical leucorrhoea;
- 4) vaginal leucorrhoea.

61. The main indication to colposcopy:

- 1) sterility;
- 2) suspicion on defect of genital development;
- 3) **suspicion on precancerous disease and cancer of the cervix of the uterus;**
- 4) **biopsy of the cervix of the uterus in its pathology;**
- 5) uterine bleeding;
- 6) all answers are wrong.

62. At colposcopy it's found:

- 1) relief to surfaces of the mucous membrane of the vaginal part of the uterine cervix;
- 2) border between flat & cylindric epithelium of the uterine cervix;
- 3) particularities of vascular picture of the uterine;
- 4) **all of the above;**
- 5) none of the above.

63. Use 3% solution of the acetic acid under extended colposcopy allows to determine all listed below, except:

- 1) distinguish the pathological area from the unchanged mucous membrane in the uterine cervix;
- 2) differentiate benign changes in the mucous membrane of the uterine cervix from atypical changes;
- 3) **diagnose the cancer of the uterine cervix;**
- 4) to prevent unnecessary biopsy;
- 5) all answers are wrong.

64. When undertaking the morphological study, the following data will help to suspect the cancer of the uterine cervix:

- 1) polymorphism of cells & their nuclei;
- 2) hyperchromatosis of the nucleus of the cell;
- 3) dysfunction of the epithelial layer;
- 4) none of the above;
- 5) **all of the above.**

65. Intrauterine cyanosis is diagnosed by means of:

- 1) **USG of the organs of the lower pelvis;**
- 2) **metrosalpingography;**
- 3) laparoscopy;
- 4) colposcopy;
- 5) **hysteroscopy**

66. The most exact method for the diagnosis of the reason of the uterine bleeding:

- 1) colposcopy;
- 2) laparoscopy;
- 3) USG;
- 4) **hysteroscopy;**
- 5) cystoscopy.

67. 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.**

68. 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.

69. 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.

70. 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.

71. The indications to hysteroscopy are the following, except:

- 1) dysfunctional uterine bleedings;
- 2) bleeding in postmenopause period;
- 3) **indication to ectopic pregnancy;**
- 4) sterility.

72. The indications to diagnostic hysteroscopy

- 1) recidiving uterine bleedings in reproductive period;
- 2) bleeding in postmenstrual period;
- 3) placental polyp;
- 4) abnormalities in the development of the uterus;
- 5) **all of the above.**

73. The methods of the diagnosis for genital endometriose:

- 1) **USG of the genitals;**
- 2) **laparoscopy, hysteroscopy;**
- 3) **endometrial biopsy;**
- 4) bacteriological study of the vaginal contents;
- 5) smear analysis for atypical cells.

74. The day of the menstrual cycle for hysteroscopic diagnosis of adenomyosis:

- 1) **6 – 7;**
- 2) 12 - 13;
- 3) 16 - 17;
- 4) 21 - 23;
- 5) 27 - 28.

75. The day of the menstrual cycle for hysteroscopic diagnostic of the reason of sterility:

- 1) 6 - 7;
- 2) 12 - 13;
- 3) 16 - 17;
- 4) **21 - 23;**
- 5) 27 – 28.

76. The most exact method for the diagnosis of pathology in uterine bleeding:

- 1) colposcopy;
- 2) laparoscopy;
- 3) USG;
- 4) **hysteroscopy.**

77. 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.**

78. Young woman addressed for the first time in female consultation with complaint on delay of menstruations, nausea, vomiting, loss of weight by 2 kg. What should be undertaken?

- 1) consultation of gastroenterologist;
- 2) radiologic study of the stomach;
- 3) **examination on the cause of pregnancy;**
- 4) define blood glucose level.

79. Diagnostic value of laparoscopy in gynecology is particularly high under all enumerated conditions, except:

- 1) ectopic pregnancy;
- 2) **uterine pregnancy;**
- 3) tumors of the ovaries;
- 4) myoma of the uterus;
- 5) all of the above.

80. Woman with three-day delay of menstruations addresses with complaint of pain in the lower region of the abdomen. On examination, the uterus is painful, on the left side at the area of adnex a formation is found. For the reason of protection from pregnancy the woman uses intrauterine device. The nearest tactics of conduct must include all enumerated, except:

- 1) test on pregnancy;
- 2) **laparoscopy;**
- 3) USG of organs of the lower pelvis;
- 4) antibacterial therapy;
- 5) removal of IUD.

81. The contraindication to catheterisation of the uterus, as a rule, is:

- 1) **acute inflammatory process in the genitals;**
- 2) suspicion on the presence of submucoseus myomatic node;
- 3) polyp of the uterine cervix;
- 4) suspicion on atresion of the cervical channel.

82. 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.

83. Methods of the diagnostics of the endometrial cancer are the following, except:

- 1) **laparoscopy;**
- 2) separate diagnostic currettage ofr the mucous membrane from the uterine cervix & its body;
- 3) **tests for functional diagnosis;**
- 4) USG;
- 5) hysteroscopy.

84. 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.

85. 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.

86. 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.

87. During biphasic menstrual cycle, symptom of arborization of cervical mucous (+ - -) corresponds to:

- 1) 4 days of the menstrual cycle;
- 2) **7 days of the menstrual cycle;**
- 3) 10 days of the menstrual cycle;
- 4) 13 days of the menstrual cycle;
- 5) 16 days of the menstrual cycle.

88. The phenomenon of “pupillus” (+++), the opening of the cervical channel to 0,3 in diameter corresponds to:

- 1) 5-6 days of the menstrual cycle;
- 2) 7-8 days of the menstrual cycle;
- 3) 9-10 days of the menstrual cycle;
- 4) 11-12 days of the menstrual cycle;
- 5) **13-14 days of the menstrual cycle.**

89. Positive symptom of “pupillus” during the whole menstrual cycle indicates:

- 1) presence of hyperandrogeny;
- 2) speeding up of II phases of the cycle;
- 3) **presence of anovulatory cycle;**
- 4) all of the above;
- 5) none of the above.

90. Symptom of elongation of cervical mucosa by 8-10 cm under normal menstrual cycle corresponds to:

- 1) 1-5 days of the menstrual cycle;
- 2) 6-10 days of the menstrual cycle;
- 3) **12-14 days of the menstrual cycle;**
- 4) 16-20 days of the menstrual cycle;
- 5) 22-24 days of the menstrual cycle.

91. 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.

92. Amenorrhoea is the absence of menstruations during:

- 1) 4 months;
- 2) 5 months;
- 3) **6 months;**
- 4) 1 year;
- 5) none of the above.

93. 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.**

94. Which amenorrhoea is regarded to be not physiological?

- 1) before menarchy;
- 2) after menopause;
- 3) during pregnancy;
- 4) **at reproductive age;**
- 5) during lactation.

95. 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.**

96. 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.

97. 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.

98. Physiological amenorrhoea is typical for:

- 1) childhood period;
- 2) postmenopause;
- 3) period of lactation;
- 4) to pregnancy;
- 5) **all answers are correct.**

99. 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.**

100. 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.

101. Associated syndromes with hypergonadotropic amenorrhoea are:

- 1) ovary depletion syndrome;
- 2) resistant ovary syndrome;
- 3) shereshevski-Turner syndrome;
- 4) **all of the above.**

102. Karyotype for Shereshevski-Turner's syndrome:

- 1) **45 X0;**
- 2) 46 XX;
- 3) 46 XY
- 4) 45 X/ 46 XX;
- 5) none of the above.

103. All these diseases cause uterine bleeding except:

- 1) thrombocytopenia;
- 2) endometrial polyps;
- 3) cystic mole;
- 4) polycystosis of ovary;
- 5) **leucemia.**

104. Long and severe uterine bleeding in association with regular cycle is named:

- 1) metrorrhagia;
- 2) oligomenorrhoea;
- 3) polymenorrhoea;
- 4) **hyperpolymenorrhoea;**
- 5) menorrhagia.

105. Which of the following factors does not worsen the severity of algomenorrhoea:

- 1) **taking spasmolytic drugs;**
- 2) **hormonal contraceptives;**
- 3) intrauterine contraception;
- 4) acute inflammatory process of the genitals;
- 5) intrauterine manipulations.

106. Causes of primary algomenorrhoea:

- 1) infantilism;
- 2) retrodeviation of uterus;
- 3) high production of prostaglandins;
- 4) **all the above factors.**

107. 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.

108. Which of these is not common for ovarian polycystic syndrome:

- 1) amenorrhoea;
- 2) hirsutism;
- 3) **ovulatory menstrual cycles;**
- 4) obesity;
- 5) infertility.

109. 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.

110. 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.

111. 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.

112. Which of the following in pathologic climax can be called early symptoms:

- 1) urogenital, cardiovascular;
- 2) **vasomotor reactions, emotional-psychological;**
- 3) vasomotor reactions, osteoporosis;
- 4) cardiovascular, osteoporosis;
- 5) all the above.

113. 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.

114. Under influence of which hormone do fever surges in post-menopause occur:

- 1) estrogens;
- 2) FSH;
- 3) progesterone;
- 4) **LH;**
- 5) none of the above.

115. Name the the most typical clinical characteristics of postmenopausal osteoporosis:

- 1) pain in the spine;
- 2) decrease in height and change of posture;
- 3) decrease in body weight;
- 4) progressive limitations in mobility of spinal column;
- 5) **all the above.**

116. In clinical practice, monotherapy with natural estrogens is used:

- 1) **in absence of uterus and fallopian tubes;**
- 2) in presence of uterus and fallopian tubes;
- 3) in absence of fallopian tubes;
- 4) in presence of uterus;
- 5) none of the above.

117. Contraindications for estrogen therapy are all the below except:

- 1) acute diseases of liver;
- 2) chronic disturbances of liver function;
- 3) **chronic pneumonia;**
- 4) acute thrombosis of vessels;
- 5) neuroophthalmologic vascular diseases.

118. Patient K., 52 yrs, suffers from depression and insomnia. Menopause in the last 2 yrs. Estrogen therapy offered by doctor has to result in the positive effects for all symptoms except:

- 1) prevention of osteoporosis;
- 2) **prevention of hyperplasia of endometrium;**
- 3) normalization of urination;
- 4) prevention of cardiovascular diseases;

5) preservation of skin turgor.

119. All the enumerated assertions concerning osteoporosis in menopause are true except:

- 1) sponge bones lose calcium at high amounts;
- 2) after bilateral ovariectomy, the loss of calcium speeds up;
- 3) estrogen therapy may slow down osteoporosis process;
- 4) **osteoporosis often occurs in afro-americans;**
- 5) in one-third old women there is an increased predisposition towards fracture of femur.

120. All the below is recommended for treatment of osteoporosis except:

- 1) estrogens;
- 2) **progestins;**
- 3) physical exercises;
- 4) calcium;
- 5) vitamin D.

121. All the given below are contraindications to the replacement therapy by estrogens in postmenopause except:

- 1) hypertension;
- 2) acute disorders of the liver;
- 3) **diabetes mellitus;**
- 4) hereditary hyperlipoproteinemia;
- 5) mastectomy due to cancer of the mammary glands carried out before menopause.

122. 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.**

123. Causative agents of nonspecific inflammatory diseases of the female genital organs are:

- 1) **staphylococcus;**
- 2) chlamydiae;
- 3) gonococcus;
- 4) gardenella;
- 5) all the above.

124. 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.

125. 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.

126. 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.

127. 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.

128. Infection with which microorganisms causing colpitis demands the treatment of both partners:

- 1) trichomonads;**
- 2) candidas;
- 3) streptococci;
- 4) staphylococci;
- 5) enterococci.

129. 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.

130. 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.

131. 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) dyspareunia;
- 5) hydrosalpinx.

132. In girls at young age (from 2-8 yrs) may be commonly seen:

- 1) tumors of the ovary;
- 2) dysfunctional bleeding;
- 3) congenital anomaly of genital organs;
- 4) **vulvovaginitis;**
- 5) salpingoophoritis.

133. Complications commonly arising in implantations of the IUD (intrauterine device) are:

- 1) isthmico-cervical insufficiency;
- 2) ectopic pregnancy;
- 3) habitual abortion;
- 4) **acute infections;**
- 5) thrombosis of pelvic veins.

134. Factors which play a role in the pathogenesis of inflammatory diseases of the internal genital organs are all except:

- 1) the use of IUD;
- 2) sexual intercourse;
- 3) menstruation;
- 4) **uterus myoma.**

135. Pathological changes of the cervical mucous may be the result of all the below except:

- 1) infection of the uterine cervix by cytotoxic microorganisms;
- 2) **displacement of the uterus backward;**
- 3) chronic inflammatory process of the uterine cervix;
- 4) preceding to the electrocoagulation of any process of the uterine cervix;
- 5) inflammation of vagina.

136. Main pathology of the urinary tract in diseases of the genitals in young women:

- 1) urolithiasis;

- 2) **urethritis;**
- 3) pyelonephritis;
- 4) diverticulum of urethra.

137. Patient has taken antibiotics for a long time due to acute pyelonephritis. She has a burning sensation in the area of vagina, itching and great amount of secretions. What is the complication:

- 1) acute endometritis;
- 2) ectopic pregnancy;
- 3) inflammation of the fallopian tubes;
- 4) **candidosis colpitis;**
- 5) erosion of the uterine cervix.

138. In an 18 yr old woman, after a delay of menstruation for 10 days, symptoms of acute pain in the lower abdomen occurred, increase in temperature to 37.4 degrees, leucocytosis (12.4). In palpation, pain spreads to the upper part of abdomen on the right. Differential diagnosis should be done with all the following except:

- 1) ectopic pregnancy;
- 2) appendicitis;
- 3) acute salpingitis;
- 4) **colpitis;**
- 5) torsion of the leg of ovary tumor.

139. 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.

140. The factors which do not predispose to candida vaginosis are:

- 1) oral contraceptives;
- 2) pregnancy and diabetes mellitus;
- 3) antidepressants;
- 4) **hypotensive drugs.**

141. 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.

142. 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.

143. 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.**

144. 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.

145. 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.

146. In patients with Chlamydia infection (not in pregnancy) better to use the following except:

- 1) doxycycline;
- 2) erythromycin;
- 3) “Sumamed”;
- 4) **ampicilline;**
- 5) tetracycline;

147. 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.**

148. 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.**

149. 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.

150. Main way of dissemination (generalization) of gonorrhoea infection is:

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

151. In 2% patient of gonorrhoea, disseminated gonococcus infection is observed. Which of these manifestations can be seen?

- 1) molecular rashes (wrist, joints);
- 2) fever;
- 3) migrating polyarthralgia, arthritis;
- 4) endocarditis & meningitis;
- 5) septicemia;
- 6) **all the above.**

152. Indicate the criteria of recovery from gonorrhoea:

- 1) absence of complains;
- 2) absence gonococci in smears after the ending of specific therapy;
- 3) absence of anatomic changes in the uterine appendages;
- 4) **absence of gonococci in smears on the menstrual days, during 3 menstrual cycle after completion of therapy & conduction of provocation;**
- 5) none of the above.

153. Criteria of recovery from gonorrhoea are settled in patients after duration of treatment:

- 1) 1 months;
- 2) 2 months;
- 3) **3 months;**
- 4) 4 months;
- 5) 5 months.

154. 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.**

155. 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.

156. 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.

157. 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.

158. In tuberculosis of genital tract, primary lesion is generally localized in:

- 1) **lungs;**
- 2) bones;
- 3) urinary system;
- 4) lymphatic nodes;
- 5) on peritoneum.

159. 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.

160. In which period of age, tuberculosis of internal genital organs is most often revealed?

- 1) in childhood period;
- 2) in puberty period;

- 3) **in reproductive period;**
- 4) in perimenopausal period;
- 5) same in all periods.

161. Which of the following are not the causes of tuboovarian abscess:

- 1) **hepatitis;**
- 2) endometritis;
- 3) salpingitis;
- 4) cervicitis;
- 5) **pleuritis.**

162. Step of pathogenesis of tuboovarian abscess may be:

- 1) perihepatitis;
- 2) endometritis;
- 3) **endosalpingitis;**
- 4) cervicitis;
- 5) myometritis.

163. 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.

164. 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

165. The factors that can further to the development of postoperative peritonitis:

- 1) incompetent suture;
- 2) contamination of peritoneal cavity during operation;
- 3) necrosis of stump (cult) distal to ligature;
- 4) insufficient hemostasis;
- 5) **all the above.**

166. Causes of development of postoperative peritonitis:

- 1) contamination of peritoneal cavity during operation;
- 2) failure of sutures;
- 3) development of necrosis of tissue distal to the ligature left with big stump (cult);
- 4) foreign body left in peritoneal cavity;
- 5) **all the above.**

167. 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.

168. 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.

169. Indication of operative treatment in patient with inflammatory diseases of internal genitals do not include:

- 1) pyosalpinx & pyo-ovarium;
- 2) inflammatory process associated with tumour of inner genital organs;
- 3) chronic salpingooforitis with small cysts degeneration of ovary;**
- 4) tuboovarian conglomerate, non curable by conservative therapy.

170. In gynecological consultation, which patient must be under dispanserization:

- 1) after surgical treatment of ectopic pregnancy;
- 2) with disturbances of menstrual cycle;
- 3) with myoma of uterus, dimentions of which corresponds to pregnancy time less than 12 week.
- 4) with chronic inflammation of uterine appendages;
- 5) all the above.**

171. Optimal method for anesthesia of diagnostic laparoscopy in gynecology:

- 1) endotracheal narcosis;**
- 2) intravenous anesthesia;
- 3) peridural anesthesia;
- 4) local infiltrative anesthesia;
- 5) choice of a method of anaesthesia depends on the volume of endoscopic intervention and condition of a patient.

172. 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.

173. Planned gynecological operation should undergo:

- 1) on days of menstruation;
- 2) first week after menstruation;**

- 3) on expected day of menstruation;
- 4) day before menstruation;
- 5) meaningless.

174. Absolute indication to gynecological operation does not include:

- 1) intraperitoneal bleeding;
- 2) peritonitis;
- 3) pelvioperitonitis in gonorrhoea;**
- 4) danger of the perforation of tuboovarian abscess.

175. Absolute indication of gynecological operation includes :

- 1) intraperitoneal bleeding;
- 2) peritonitis;
- 3) danger of the perforation of tuboovarian abscess;
- 4) pelvioperitonitis;
- 5) all the above;**
- 6) none of the above.

176. Conservative treatment in perforation of the uterus by probe is possible:

- 1) in the absence of bleeding;
- 2) in the absence of peritoneal irritation;
- 3) in normal pulse rate;
- 4) satisfactory conditions of women;
- 5) all the above.**

177. Which of the following are contraindications for induced abortion:

- 1) vaginal discharge of 3-4 degree;**
- 2) acute respiratory viral infection;**
- 3) pregnancy more than 12 weeks;**
- 4) congenital dislocation of femur;
- 5) none of the above.

178. In which stage of self induced abortion pregnancy can be saved & continue:

- 1) threatening;**
- 2) initial;**
- 3) terminal;
- 4) incomplete;
- 5) complete;

179. Method of abortion of uterine pregnancy at early stage can be:

- 1) vacuum aspiration;**
- 2) use of prostaglandins;
- 3) curettage after dilation of cervix;
- 4) use of cytostatic drugs;**
- 5) all the above.

180. What are the possible complications of medical abortion:

- 1) acute inflammation of uterus & its appendages;
- 2) rupture of cervix uteri;
- 3) perforation of uterus;
- 4) placental polyp;
- 5) all the above;**
- 6) none of the above.

181. Sanatorium treatment is contraindicated in:

- 1) acute inflammation of uterus & its appendages;**
- 2) interstitial myoma of uterus, which size corresponds to pregnancy time of 7 weeks;
- 3) benign tumors of ovaries;**
- 4) tuberculosis of genital organ;
- 5) none of the above.

182. Laparotomy, in uterine perforation while artificial abortion, is not indicated:

- 1) incomplete nonhospital abortion;
- 2) uterine perforation with probe and absence of pain reaction and bleeding;**
- 3) detection of uterine perforation after insertion of curette;
- 4) on finding out of extraction from cervix uteri the intestinal loop and omentum.

183. Risk factor for uterine perforation in curettage:

- 1) multiple abortion in anamnesis;
- 2) endometritis;
- 3) cystic mole;
- 4) all the above;**
- 5) none of the above.

184. In minor perforative defect of uterus is not indicated:

- 1) excision of edges of perforated aperture ;
- 2) supravaginal amputation of uterus;**
- 3) inspection of organs of small pelvis;
- 4) suture of perforated opening;
- 5) inspection of intestine adjacent to uterus.

185. Injury of urinary bladder on peritoneal operation arise mostly:

- 1) by opening of peritoneum;
- 2) on separation of urinary bladder from cervix uteri;
- 3) by changes of anatomical correlation to the organs of small pelvis;
- 4) by inflammatory changes in small pelvis;
- 5) all the above.**

186. List the risk factor of the development of thromboembolic complications in early postoperative period:

- 1) varicose dilatation of lower extremity;
- 2) posthemorrhagic anemia;
- 3) obesity;
- 4) elderly age;
- 5) all are right.**

187. Determine the extent of urgent medical help at recently occurred trauma on vagina and perineum:

- 1) **suture of vaginal ruptures, reconstruction intact perineum;**
- 2) adequate infusion-transfusion therapy;
- 3) cold on perineum;
- 4) initial wound preprocessing, vaginal tight tamponade;
- 5) none of the above.

188. What are the indications to surgical treatment of tumor of uterus?

- 1) greater size of tumors;
- 2) compression of the neighboring organs by the tumor;
- 3) uterine bleeding with anemization of the women;
- 4) necrosis and festering of myomatose node;
- 5) **all the above.**

189. What of the following is not indication to laparoscopy?

- 1) suspicion on ectopic pregnancy;
- 2) suspicion on torsion of ovary pedicle;
- 3) **developing uterine pregnancy;**
- 4) infertility;
- 5) tumor of ovary.

190. Radical operative intervention of hysteromyoma is:

- 1) **supravaginal amputation of uterus (subtotal hysterectomy);**
- 2) **hysterectomy (complete hysterectomy);**
- 3) myomectomy;
- 4) all the above.

191. 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.

192. In composition of surgical pedicle of ovary is not included:

- 1) ligamentm infundibulopelvic;
- 2) ligamentum ovarii proprium;
- 3) mesovarium;
- 4) tube;
- 5) **round ligament.**

193. 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.**

194. Torsion of pedicle of ovarian tumor may be:

- 1) **complete;**
- 2) **incomplete;**
- 3) repeated;
- 4) all the above;
- 5) none of the above.

195. Anatomical pedicle of ovarian tumor consists of:

- 1) **ligamentum ovarii proprium;**
- 2) loop of intestine and omentum;
- 3) **ligamentm infundibulopelvic;**
- 4) fallopian tube;
- 5) none of the above.

196. 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;
- 2) make hysterectomy with appendages;
- 3) removal of both ovaries;
- 4) **none of the above.**

197. 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.

198. Possible cause of ptosis and prolapse of uterus:

- 1) perineum trauma in child birth;
- 2) prolonged increase of intrauterine pressure on heavy physical exertion;
- 3) weight loss;
- 4) tissue atrophy in old age;
- 5) **all the above.**

199. Main method of treatment of vaginal and hysterical prolapse:

- 1) curative gymnastics;
- 2) stimulation of metabolism;
- 3) application of physical factor;
- 4) **surgically, vaginal & abdominal approach;**
- 5) surgical, abdominal approach.

200. 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.

201. Complications of medical abortion is not:

- 1) infertility;
- 2) **disturbance of ovarian function;**
- 3) endometritis;
- 4) uterine perforation;
- 5) cystitis.

202. 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.**

203. Which method of diagnosing ectopic pregnancy is most accurate?

- 1) culdocentesis;
- 2) endometrial biopsy;
- 3) **laparoscopy;**
- 4) serial determination of CHT;
- 5) USG of pelvic organs.

204. 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.**

205. 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.

206. 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.

207. 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.**

208. 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.

209. 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.

210. What is cut between clamps in the removal of the tube during the tubal pregnancy:

- 1) **the end of uterine tube;**
- 2) mesentery tube [mesosalphynx];
- 3) **ligamentum ovarium proprium;**
- 4) round ligament of uterus;
- 5) all of the above is true;
- 6) all of the above is incorrect.

211. The patient is diagnosed the advanced extrauterine pregnancy. What is indicated for?

- 1) conservative anti-inflammatory treatment;
- 2) **operation;**
- 3) hemotransfusion;
- 4) all of the above.

212. In diagnostic laparoscopy, progressive tube pregnancy was revealed. The state of the patient is satisfactory. Tactics of the physician:

- 1) **immediate surgery;**
- 2) operation can be performed routinely in a few days;
- 3) possible conservative treatment of patient;
- 4) all of the above is true.

213. Disturbance of an ectopic pregnancy by type of tubal abortion have the following symptoms:

- 1) the allocation of scarce blood of the reproductive tract;
- 2) pain in the lower abdomen and iliac area;
- 3) in vaginal examination, the enlargement and morbidity of appendages;
- 4) **all of the above is true.**

214. 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.

215. 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.

216. 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.

217. The most expedient sequence of measures in diagnostics of the disrupted extra-uterine pregnancy:

- 1) hemotransfusion, operation;
- 2) the consultation of therapist, anesthesiologist, operation;
- 3) an USG examination, hemotransfusion, operation;
- 4) **operation, hemotransfusion;**
- 5) the use of a hemostatic therapy, hemotransfusion, operation.

218. In vaginal examination of a patient with the suspicion for the extra-uterine pregnancy it was revealed: the external os is slightly open; scarlet bloody discharges from the cervical channel; womb is increased to 8 weeks of pregnancy; appendages are not determined; the vaginal arches are free. Diagnosis:

- 1) tube abortion;
- 2) **the disrupted uterine pregnancy;**
- 3) apoplexy of ovaries;
- 4) the aggravation (exacerbation) of the inflammatory process of the appendages of womb;
- 5) nothing from that enumerated.

219. 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.

220. The termination of tube pregnancy according to the type of tube abortion occurs more frequently within the period of the pregnancy:

- 1) 11-12 weeks;

- 2) 9-10 weeks;
- 3) 7-8 weeks;
- 4) 4-6 weeks;**
- 5) all the enumerated are wrong.

221. The rehabilitation of patients, operated for extra-uterine pregnancy, includes:

- 1) the electrophoresis of medicines;
- 2) ultrasonic therapy;
- 3) hormonal therapy;
- 4) all the enumerated are correct;**
- 5) all the enumerated are wrong.

222. Disturbance of extrauterine pregnancy as tubal abortion proceeds with following symptoms:

- 1) poor blood smear from genital tract;
- 2) pains in iliac and inguinal areas and in the bottom of abdomen;
- 3) on vaginal examination, enlargement and morbidity of appendages;
- 4) all listed is incorrect;
- 5) all listed is true.**

223. Disturbances of extrauterine pregnancy as rupture of uterine tube proceeds, as a rule, with following symptoms:

- 1) a sudden attack like pain in one of the ileal areas;
- 2) irradiation of pain in shoulders;
- 3) a nausea, vomiting;
- 4) all listed is incorrect;
- 5) all is true.**

224. The most expedient sequence of measures with the diagnosed disrupted extra-uterine pregnancy:

- 1) blood transfusion, operation;
- 2) the consultation of therapist, anesthesiologist, operation;
- 3) USG test, blood transfusion, operation;
- 4) operation, blood transfusion;**
- 5) the use of cardiac drugs, blood transfusion, operation.

225. Young woman addressed to the doctor of female consultation with the complaints of scant bloody discharges from the vagina, which began two weeks after the delay of menses, the paroxysmal pains at the bottom of the abdomen. What should be the tactics of the doctor?

- 1) to prescribe analgesics;
- 2) to prescribe anti-inflammatory therapy;
- 3) to hospitalize in the gynaecological hospital;**
- 4) to recommend the inspection of urologist.

226. A woman is discharged from the hospital on 3rd day after abortion with insignificant bloody smears. The bleeding became abundant at her house, appeared abdominal pains. How should the doctor called at her place must act?

- 1) to recommend the use of cold to the bottom of abdomen;

- 2) to prescribe antibacterial therapy;
- 3) to prescribe the means reducing womb;
- 4) **to hospitalize into the gynaecological department of the clinic.**

227. Woman, found in the hospital for the initial abortion of short period, the scraping out of endometrium was produced. The scrape is scant; in histological study the decidual tissue was found. Which of the diagnoses can be excluded?

- 1) the disrupted extrauterine pregnancy;
- 2) the dysfunction of ovaries;
- 3) the disrupted uterine pregnancy of early period;
- 4) **apoplexy of ovary.**

228. During a gynaecological study in woman, who visited the doctor in connection with the delay of menses, the collapse developed. The palpation of posterior arch of vagina and the displacement of womb are sharply painful. The body of womb and appendages cannot be clearly contoured because of the sharp painfulness and the protective tension of front abdominal wall. Which is diagnosis?

- 1) incomplete abortion with the uterine pregnancy of short period;
- 2) the rupture of the cyst of ovary;
- 3) **the disrupted tubal pregnancy;**
- 4) acute appendicitis.

229. Patient K., 35 years, is delivered into the hospital in severe condition. The pulse is 120 beats per minute, AD 80/40 mm Hg. The date of last menses does not remember. In anamnesis there is one birth and extra-hospital abortion. She does not consider herself pregnant. Three hours ago suddenly appeared the severe pains at the lower region of the abdomen with the irradiation into anus, twice lost consciousness. What is the presumable diagnosis?

- 1) incomplete abortion with the uterine pregnancy of short period;
- 2) **the disrupted tubal pregnancy;**
- 3) algodysmenorrhea;
- 4) renal colic.

230. 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.

231. 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.

232. 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.

233. 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.

234. In patient with the clinical diagnosis of apoplexy of ovary the indication to the operation is:

- 1) the presence of the inflammation of appendages in anamnesis;
- 2) the disfunction of ovaries in anamnesis;
- 3) pain syndrome;
- 4) **intraperitoneal hemorrhage.**

235. Clinical criteria for the evaluation of gravity at the state of patient with the massive blood loss:

- 1) the heartbeat rate;
- 2) arterial and central venous pressure;
- 3) hourly diuresis;
- 4) the color of the skin and the temperature of body;
- 5) **all mentioned above.**

236. 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.**

237. Hysterosalpingography in diagnostics of internal endometriosis of uterus is most informative:

- 1) 1 -2 days prior to the beginning of menses;
- 2) **immediately after menses;**
- 3) on 12-14 days after menses;
- 4) on 16-18 day after menses;
- 5) on 20-28 day.

238. With what pathology is internal endometriosis is most frequently combined:

- 1) the syndrome of polycystic ovaries;
- 2) **infertility;**
- 3) cancer of endometrium;
- 4) **the disorder of menstrual cycle;**
- 5) the hormone-producing tumor of ovaries.

239. 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.

240. Term adenomyosis is used:

- 1) in all cases of revealing of endometriosis independent of localization;
- 2) only in the focal growths of endometrioid tissue in the inner layer of uterus;
- 3) in endometriosis, which is accompanied by the formation of cysts;
- 4) **only when the germination of myometrium is accompanied by hyperplasia of muscular tissue;**
- 5) only in the retrocervical endometriosis.

241. Which of the preparations are not use in the complex treatment of patients with genitalia endometriosis?

- 1) zoladex;
- 2) dekapeptil-depot;
- 3) danoval;
- 4) gestrion;
- 5) **klomifen;**
- 6) **oxytocin.**

242. For diagnostics of internal endometriosis of the body of uterus by the method of hysterosalpingography most favorable are the following days of menstrual cycle:

- 1) 1-2 days prior to the beginning of menses;
- 2) **immediately after the end of menses;**
- 3) on 12-14 days;
- 4) on 16-18 day;
- 5) on 20-22 days.

243. Basic clinical signs of external endometriosis;

- 1) **an increase in the dimensions of endometrioid locus during the second phase of menstrual cycle;**
- 2) **an increase in the temperature of body on the eve of the menses;**
- 3) **algomenorrhea;**
- 4) hypermenorrhea;
- 5) all above mentioned signs;
- 6) none of the above mentioned signs.

244. The manifestation of algodysmenorrhea in the internal endomeose of uterus depends on:

- 1) the age of woman;
- 2) **from the spread of endometriosis;**
- 3) from the presence of extragenital pathology;
- 4) all mentioned above;
- 5) nothing from mentioned above.

245. Sterility with the endometriosis is caused by all below mentioned reasons, except:

- 1) **insignificant spread of process;**
- 2) the local secretion of prostaglandins;
- 3) the disturbance of the function of uterine tubes;
- 4) the disturbance of the synthesis of steroid hormones;
- 5) the low content of progesterone in the lutein phase.

246. "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.

247. 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.

248. 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.

249. 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**

250. 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.

251. The most frequent reason of female infertility:

- 1) ovarian cyst;
- 2) uterus myoma;
- 3) **fallopian tube obstruction;**
- 4) anovulatory cycles.

252. What is the most authentic for specification of the reason of fallopian tube

obstruction?

- 1) culpocentesis;
- 2) colposcopy;
- 3) **hysterosalpingography;**
- 4) hysteroscopy;
- 5) USG.

253. Percent of pregnancy in healthy newly-married couple in the first year of a life:

- 1) 45 – 50 %;
- 2) 55 – 60 %;
- 3) 65 – 70 %;
- 4) 75 – 80 %;
- 5) **85 – 90 %.**

254. In what percent of cases there will be a spontaneous abortion if three previous pregnancies at the woman have ended with spontaneous abortion?

- 1) 20 - 25 %;
- 2) 30 - 35 %;
- 3) 40 - 45 %;
- 4) 50 - 55 %;
- 5) **80 - 85 %.**

255. At inspection of infertile pair first of all it is indicated:

- 1) hysterosalpingography;
- 2) cytology of vaginal dab;
- 3) measurement of basal temperature;
- 4) biopsy of endometrium;
- 5) **sperm examination.**

256. The term primary infertility means that:

- 1) **there was no pregnancy;**
- 2) it has not been born live children;
- 3) all pregnancies are interrupted under medical indications;
- 4) the woman does not have internal genitals.

257. Unsatisfactory postcoital test can be a consequence of all except:

- 1) **obstruction of fallopian tube;**
- 2) the lowered quantity of sperm;
- 3) bad mobility of spermatozoa;
- 4) changes of structure of cervical mucous;
- 5) the wrong technics of sexual intercourse.

258. The most serious reason of infertility found out after postcoital test is:

- 1) **azoospermia;**
- 2) pathological change of cervical mucous;
- 3) dysfunction of fallopian tube;

- 4) the inadequate technics of sexual intercourse;
- 5) dysfunction of corpus luteum.

259. Treatment for the purpose of correction of cervical factor of infertility includes all the following except:

- 1) intrauterine insemination;
- 2) administration of a low dose of estrogen;
- 3) antibiotics;
- 4) injections of chorionic gonadotropin hormone;**
- 5) extracorporal fertilisation and embryo transplantation.

260. Action of estrogen/gestagen preparations at reception under the contraceptive scheme:

- 1) change of viscosity of cervical mucous;
- 2) suppress secretory changes in the endometrium;
- 3) inhibit process of ovulation;
- 4) provide contraceptive action;
- 5) all listed above.**

261. Oral contraceptives can be applied to the cancer prophylaxis of:

- 1) vagina;
- 2) fallopian tube;
- 3) endometrium;**
- 4) uterine cervix;
- 5) colon.

262. What method is most effective for treatment of hirsutism at the young woman with irregular menstrual cycles?

- 1) chemical epilation;
- 2) pull out of hair;
- 3) electrolysis;
- 4) oral contraceptives;**
- 5) decolouration.

263. The monophasic combined estrogen/gestagen preparations include:

- 1) femoden;
- 2) marvelon;
- 3) non-ovlon;
- 4) all listed above;**
- 5) none of the above.

264. Application of the combined oral contraceptives can be recommended to all women listed, except:

- 1) who have genetical predisposition of ovarian cancer;
- 2) wishing not to get pregnant right after abortion;
- 3) those with a history of extrauterine pregnancy or ceasarean delivery;
- 4) patients with arterial hypertension;**

5) patients with algodismenorrhea.

265. Appointment of the combined estrogen/gestagen preparations (oral contraceptives) is contraindicated in:

- 1) liver function failure;
- 2) epilepsies;
- 3) thrombophlebitic syndrome;
- 4) obesity III-IV degree;
- 5) **all diseases listed above.**

266. The most effective method for contraception:

- 1) condom;
- 2) IUD;
- 3) spermatocidal ointment;
- 4) **oral contraceptives;**
- 5) **surgical sterilization of fallopian tubes.**

267. Anatomic features of a uterus at the newborn girl:

- 1) uterus body small, the uterine cervix is almost not formed;
- 2) the uterus is small, length of a cervix uteri is almost 3 times as much as the length of the uterine body;
- 3) **the uterus has the two-horned form;**
- 4) the uterus body is almost 2 times as much as the cervix uteri;
- 5) none.

268. Puberty period is:

- 1) the period that there is a function of activation of ovaries in an organism;
- 2) the period that there is a fast somatic and sexual development of the girl;
- 3) age in which certain sites of a body become covered by hair;
- 4) **all listed.**

269. At the puberty period there are the following basic changes in an organism:

- 1) suppression of gonadotrophic function of hypophysis;
- 2) **activation of hormonal function of the ovaries;**
- 3) the rhythm of secretion of FSH is not established;
- 4) regular "peaks" of LH excretion are established;
- 5) anything from the listed.

270. Pigmentation of nipples and increase in mammary glands usually occur:

- 1) at 8-9 years;
- 2) at 10-11 years;
- 3) **at 12-13 years;**
- 4) at 14-15 years;
- 5) at 16-18 years.

271. Anatomico-physiological features of genitals at girls are the following:

- 1) superfluous layering of the mucous;
- 2) low estrogen saturation;
- 3) insufficient synthesis of glycogen;

- 4) thinning and slowed down proliferation;
- 5) **all listed.**

272. All below-mentioned statements, concerning the sexual crimes made over children, are correct, except:

- 1) they are seldom declared;
- 2) occur in any family;
- 3) occur in all social and economic groups;
- 4) **the majority of victims not familiar with the tyrant;**
- 5) frequency does not depend on the age of children.

273. Juvenile uterine 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.

274. Principal causes of a delay of sexual development of central genesis are:

- 1) impairment of regulating function of hypothalamus;
- 2) hereditary insufficiency of hypothalamus and hypophysis;
- 3) infectious and toxic diseases (chronic tonsillitis; rheumatism, a virus hepatitis, flu);
- 4) stressful situations;
- 5) **all listed above.**

275. Treatment of dysfunctional uterine bleedings at youthful age includes:

- 1) physiotherapeutic treatment;
- 2) vitamins;
- 3) contractive preparations;
- 4) hemostatics;
- 5) **all listed.**

276. 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.**

277. Principal causes of premature puberty of isosexual type are:

- 1) cerebral pathology of functional character;
- 2) cerebral pathology of organic character;
- 3) consequence of the experienced perinatal hypoxia;
- 4) consequence of experienced trauma during delivery;
- 5) **all listed.**

278. The major clinical signs of true premature puberty of central genesis is all listed, except:

- 1) neurological symptomatics;

- 2) intracranial hypertension;
- 3) emotional impairments (vicious mood, aggression, sharp change of mood);
- 4) **absence of menstruation till 15-16 years.**

279. The major clinical signs of premature puberty of isosexual type of organic character:

- 1) delay of intellectual development;
- 2) emotional instability;
- 3) stagnant changes of the fundus of the eye;
- 4) premature occurrence of secondary sexual signs;
- 5) **all listed.**

280. False premature puberty of heterosexual type is more often caused by:

- 1) **development of androgen secreting tumours of the ovary;**
- 2) **congenital hypertrophy of adrenal cortex;**
- 3) perinatal reasons (hypoxia, a perinatal trauma);
- 4) prenatal infection;
- 5) all listed is true.

281. Features of a constitution of girls with congenital adrenogenital syndrome:

- 1) narrow shoulders;
- 2) wide pelvis;
- 3) long extremities;
- 4) tall growth;
- 5) **nothing from the listed.**

282. Feature of premature puberty of heterosexual type:

- 1) the puberty period begins at age of 10-11 years;
- 2) **there are male secondary sexual signs (increase clitoris, low timbre of voice);**
- 3) the expressed and fast increase of mammary glands;
- 4) presence of menstruation.

283. 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.**

284. Indications for the direction of a girl to the consultation with gynaecologist:

- 1) pains in the abdomen at any age;
- 2) occurrence of signs of sexual development at the age of 8 years;
- 3) absence of menstruation at the age of 15 years;
- 4) tuberculosis;
- 5) **all listed.**

285. 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.**

286. 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.

287. 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.

288. At patients with testicular feminization the symptoms take place:

- 1) primary amenorrhea;
- 2) normal development of mammary glands;
- 3) absence of uterus;
- 4) false male hermaphroditism;
- 5) **all listed.**

289. Atresia of hymen is:

- 1) **continuous hymen, not having an orifice;**
- 2) continuous hymen with a small orifice;
- 3) entirely absence of hymen.

290. 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.

291. 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.

292. 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.

293. 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.

294. In bloody discharges from genital tract at girls before 9 years old it is necessary:

- 1) hormonal hemostasis;
- 2) supervision;
- 3) administration of coagulants and drugs for uterine contraction;
- 4) **exception of the local "organic" reason of bleeding;**
- 5) surgical hemostasis.

295. For the purpose of regulation of menstrual cycle at girls during puberty it is necessary to use:

- 1) cyclic vitamin therapy;
- 2) physical factors and acupuncture;
- 3) cyclic hormonal therapy;
- 4) the combined estrogen-gestagen preparations;
- 5) **all listed is true.**

296. 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;

297. All the following statements concerning myomas of the uterus are true except:

- 1) malignization occurs less than in 1 % of cases of myomas;
- 2) myomas can be found out in fallopian tubes and vagina;
- 3) myomas seldom arise and grow after menopause;
- 4) **the myoma transforms to cancer;**
- 5) the myoma has no real capsule though it seems encapsulated.

298. 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) **nothing from the listed.**

299. 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.

300. 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.**

301. 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.

302. The dependency of the condition of the uterine myomas on the contents of estrogens in the blood are confirmed by all the following symptoms except:

- 1) growing myoma stops after menopause;
- 2) myoma grows quickly during pregnancy;
- 3) development of the myoma is associated with impairment of luteinic phase;**
- 4) myomas do not develop till menarchy;
- 5) myoma does not match with hyperplasia of the endometium.

303. 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.**

304. 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.

305. 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 uretus & its cervix;
- 4) hysteroscopy;
- 5) laparoscopy.

306. 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.

307. Most informative method for the diagnosis of sumucous myomatic node is:

- 1) checkup of the uterine cervix with mirror and subcequent bimanual investigation;
- 2) laparoscopy;
- 3) **hysteroscopy;**
- 4) colposcopy;
- 5) X-ray pelviography.

308. 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.**

309. 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.

310. The methods for pharmaceutical treatments of uterine myoma in reproductive age:

- 1) **gestogens;**
- 2) estrogens;
- 3) androgens;
- 4) progesterone with low hormone content.

311. The indications for surgical treatment of uterine myoma include all enumerated except

- 1) hypermenorrhoea with anemia;
- 2) **sterility for one year;**
- 3) the increase of uterine size till 18-week period of pregnancy;
- 4) myomas of quick growth.

312. The method of the surgical treatment of uterine mioma at reproductive age:

- 1) extirpation of uterus with appendages;
- 2) **amputation or extirpation of uterus without appendages;**

- 3) **myomectomy;**
- 4) curettage of endometrium;
- 5) removal of ovaries.

313. The optimum extent of surgical treatment at presence of uterine myoma with location of the node in the uterine cervix:

- 1) supravaginal amputation of the uterus;
- 2) conservative myomectomy with the use of vaginal access;
- 3) **extirpation of uterus;**
- 4) surgical treatment of uterine mioma of such localization is not conducted.

314. The complication to the nascent submucous uterine myoma can be all enumerated except:

- 1) **formation of decubital ulcer;**
- 2) infective node;
- 3) profuse uterine bleeding;
- 4) acute anemia;
- 5) eversion of the uterus.

315. For craurosis of vulva all clinical symptoms are typical except:

- 1) corrugation of the labio major & minor;
- 2) itching in the field of clitoris;
- 3) **oedema of the vulvar tissues;**
- 4) narrowing the entry of the vagina;
- 5) dryness of skin-mucous covering of the vulva.

316. 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.**

317. To precancer of vulva pertains the following

- 1) dystrophic processes;
- 2) **dysplasia;**
- 3) hyperplasia of the epithelium;
- 4) sclerotic shingles.

318. In surgical treatment of patients with craurosis and leucoplacia of vulva, what is carried out:

- 1) ovarioectomy;
- 2) extended vulvioectomy;
- 3) **vulvioectomy;**
- 4) lymphadenoectomy.

319. Vulval cancer is mostly found in woman at:

- 1) reproductive age;
- 2) premenopause;
- 3) **postmenopause;**

4) regardless of age.

320. 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.**

321. 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.

322. Contributing factors for the development of cervical uterine cancer include all listed, except for:

- 1) early marriage;
- 2) promiscuity (unprotected sexual relations);
- 3) infection of cervix;
- 4) **use of oral contraceptives;**
- 5) smoking of cigarettes.

323. Borderline process of the epithelium of cervix:

- 1) pseudoerosion;
- 2) true erosion;
- 3) leucoplakia without atypia;
- 4) polyps;
- 5) **all are correct.**

324. Screening-method for revealing a pathology of uterine cervix at present is:

- 1) visual examination;
- 2) colposcopy;
- 3) radionuclid method;
- 4) **cytologic examination of smear.**

325. The most frequent localisation of malignant process of female genitals is:

- 1) **cervix of uterus;**
- 2) ovary;
- 3) **endometrium;**
- 4) vulva;
- 5) fallopian tube.

326. Background diseases of uterine cervix are all listed below, except for:

- 1) simple leucoplakia;
- 2) **dysplasia;**
- 3) erythroplakia;
- 4) ectropion;

5) recidivous polyp in cervical canal of uterus.

327. 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.**

328. 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.

329. 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.**

330. Prophylaxis of cancer of the uterine cervix consist of:

- 1) prophylactic medical examinations of patients with application cytologic and colposcycological 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.**

331. After colposcopy of a woman at age of 40, the results of biopsy of mucous membrane of uterine cervical have appeared to be without pathological changes; at the same time in the scrapping (scrape) from of cervical canal, atypical cells are revealed. What action should be undertaken?

- 1) to repeat smear in 3 months;
- 2) **to repeat coposcopic examination in 3 months;**
- 3) to make conic biopsy of the uterine cervix;
- 4) to make vaginal hysterectomy;
- 5) it is not required the further supervision.

332. Distinctive feature of intraepithelial cancer of the uterine cervix is all listed, except for:

- 1) absence of invasion towards interior stroma;
- 2) preservation of vaginal membrane;
- 3) cellular atypia in all layer of epithelium;
- 4) **focal penetrations of group of cells into stroma.**

333. In the intraepithelial cancer of the uterine cervix at young patients, it is indicated:

- 1) extirpation of uterus with appendages;
- 2) extirpation of uterus without appendages;
- 3) cryodestruction;
- 4) **electroconisation;**
- 5) all are right .

334. 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.

335. 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.

336. Diagnosis of cervical cancer is made with the help of:

- 1) gynecological examination;
- 2) cytological examination of scrape from the uiterine cervix and cervical canal;
- 3) colposcopy;
- 4) hystological examination of a piece of the uterine cervix;
- 5) **all answers are correct.**

337. In intra-epithelium cancer of the uterine cervix after 50 yrs, are carried out:

- 1) **extirpation of uterus with appendages;**
- 2) extirpation of uterus without appendages;
- 3) cryodestruction;
- 4) electroconisation;
- 5) all are right.

338. Which one is not pertain to the background disorders of endometrium according to classification of WHO:

- 1) glandular hyperplasia;
- 2) endometrial polyps;
- 3) glandular and cystic hyperplasia;
- 4) **atypical hyperplasia.**

339. Precancer of endometrium includes:

- 1) **adenomatic polyp;**
- 2) recidivous glandular hyperplasia at climacteric period;
- 3) atrophic endometrium;
- 4) all answers are correct.

340. Risk factors of precancer of endometrium are the following, excluding:

- 1) anovulatory menstruation cycle;
- 2) obesity;
- 3) **ovular menstruation cycle;**
- 4) diabetes mellitus.

341. 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.**

342. 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.**

343. Gonadotropins which play role in the pathogenesis of hyperplastic processes and cancer of endometrium are secreted by:

- 1) adrenal glands;
- 2) hypothalamus;
- 3) **anterior lobe of hypophysis;**
- 4) ovaries.

344. The level of estrogens and progesterone in the hyperplastic processes of the endometrium is the same as at:

- 1) postmenopause;
- 2) the second phase of menstrual cycle;
- 3) is always various;
- 4) **the first phase of menstrual cycle.**

345. Atypical hyperplasia of endometrium can be transformed into cancer at:

- 1) reproductive age;
- 2) **any age;**
- 3) climacteric period;
- 4) period of postmenopause;
- 5) prepubertate period.

346. What from that mentioned below is not included into the concept of the factors of the risk of cancer of endometrium?

- 1) obesity;
- 2) chronic anovulation or polycystosis of ovaries;
- 3) granulocellular tumors of ovaries;
- 4) **chronic iron-deficiency anemia;**
- 5) exogenous estrogens.

347. 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.**

348. 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.

349. 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.

350. 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.

351. Major way of metastatic propagation of cancer of the endometrium:

- 1) hematogenic;
- 2) **lymphogenic;**
- 3) implantation;
- 4) contact;
- 5) all mentioned above.

352. 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.

353. 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.**

354. 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.

355. That it is not characteristic for the vesical drift:

- 1) expressed edema and an increase od villi;
- 2) the disappearance of the blood vessels of villi;
- 3) the absence of parts of the fetus;
- 4) the presence of heart beats of the fetus;**
- 5) an increase in the dimensions of uterus in advance of the period of pregnancy.

356. If the diagnosis of vesicular drift was put at a time of 11 weeks of pregnancy one should undertake:

- 1) further continuation of observation over the pregnant female;
- 2) the supravaginal amputation of uterus;
- 3) the removal of vesicular drift via scraping out of contents of the cavity of uterus;**
- 4) the designation of chemotherapy;
- 5) the extirpation of uterus.

357. 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.

358. Most frequently chorionepitelioma appears after:

- 1) abortions;
- 2) normal labour;
- 3) vesicular drift;**
- 4) premature labour;
- 5) all mentioned above.

359. Trophoblastic tumors secrete:

- 1) chorionic gonadotropin;**
- 2) chorionic somatotropin;
- 3) chorionic thyreotropin;
- 4) glucocorticoids.

360. For diagnostics of trophoblastic disease, the most effective is the measurement of:

- 1) chorionic gonadotropin;**
- 2) chorionic somatotropin;
- 3) prolactin;
- 4) progesterone.

361. Presence of luteinic cysts in patients with choreocarcinoma of the uterus influences the prognosis:

- 1) favorably;
- 2) **adversely;**
- 3) does not influence.

362. The localization of metastases of choreoepithelioma is most often observed in:

- 1) **the vagina;**
- 2) the ovaries;
- 3) the parametrium;
- 4) the liver;
- 5) the rens.

363. The major method for treatment of choreocarcinoma:

- 1) surgical;
- 2) distance radiotherapy;
- 3) **mono- or polychemotherapy;**
- 4) hormonal therapy;
- 5) symptomatic therapy.

364. The major diagnostic method for the assessment of the efficiency of treatment of trophoblastic disease is:

- 1) dynamic transvaginal echography;
- 2) computer tomography;
- 3) **measurement of titre of chorionic gonadotropin in the blood serum and urine in dynamics;**
- 4) hysteroscopy with separate diagnostic curettage;
- 5) laparoscopy.

365. What is not included into the list of examination of the woman at suspicion on chorionepithelioma of the uterus?

- 1) measurement of levels of chorionic gonadotropin;
- 2) the roentgenogram of organs of thorax;
- 3) computer tomography of the liver;
- 4) **measurement of levels of 17-ketosteroids in the blood;**
- 5) USG of organs of small pelvis.

366. Modern methods of treatment of patients with trophoblastic disease:

- 1) **the surgical**
- 2) **the chemiotherapeutic;**
- 3) radiotherapy;
- 4) the hormonal.

367. Postoperative supervision over patients with simple vesicle drift includes all listed, except:

- 1) measurement of levels of chorionic gonadotropin;
- 2) examination of organs of small pelvis;

- 3) contraception;
- 4) roentgenography of thorax;
- 5) **chemiotherapy.**

368. The method of treatment of chorionepithelioma is not:

- 1) **antibacterial therapy;**
- 2) extirpation of uterus and fallopian tubes;
- 3) cytostatic therapy;
- 4) **physiotherapy.**

369. What is not specific for complications of chemotherapy in treatment of chorionepithelioma?

- 1) thrombocytopenia;
- 2) leucopenia;
- 3) ulceration of the mucous membrane of the oral cavity or GIT;
- 4) **the tncrease of hemoglobin of blood;**
- 5) fever.

370. 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.**

371. What kind of cancer of ovaries does not occur:

- 1) **the mixed;**
- 2) the secondary;
- 3) the metastatic;
- 4) the primary.

372. What percent occupies a primary cancer of ovaries among all cancer diseases of ovaries?

- 1) 40 %;
- 2) 20 %;
- 3) 60 %;
- 4) **5 %;**
- 5) 80 %.

373. What of the listed tumours is most sensitive to radiotherapy?

- 1) serous cystadenocarcinoma;
- 2) cancer of endometroid origin;
- 3) gonadoblastoma;
- 4) arrenoblastoma;
- 5) **dysgerminoma.**

374. Benign tumours of the ovaries do not concern:

- 1) serous cystadenoma;

- 2) mucinous cystadenoma;
- 3) light-cell tumour;**
- 4) endometroid cystadenoma.

375. To tumourous processes in ovaries concern:

- 1) follicular cyst;
- 2) cysts of corpus luteum;
- 3) endometriosis;
- 4) all listed;**
- 5) none from the listed.

376. 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.

377. 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.

378. 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.

379. 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.**

380. 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.

381. 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.

382. In suspicion on the malignant process in ovaries at a patient of 55 years, it is recommended:

- 1) removal of the appendages of the uterus on the side involved in the process;
- 2) extirpation of the uterus and appendages and resection of the greater omentum;**
- 3) amputation of the uterus with appendages on the side involved in the process;
- 4) removal of appendages from both sides;
- 5) all listed.

383. 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.**

384. Krukenberg's tumour:

- 1) is a metastasis of a cancer of the gastrointestinal tract;
- 2) is a rule, affects both the ovaries;
- 3) has a solid structure;
- 4) all answers are true;**
- 5) all answers are wrong.

385. What of the ovarian tumours is most often exposed to malignancy?

- 1) fibroma;
- 2) mucinous cystadenoma;
- 3) serous cystadenoma;**
- 4) tekoma;
- 5) teratoma.

386. 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.**

387. 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.

388. Variants of complications in benign tumours of the ovary (giving an acute clinical picture):

- 1) torsion of tumour;
- 2) rupture of capsule;
- 3) hemorrhage into a capsule;
- 4) tumour suppuration;
- 5) **all listed complications.**

389. Treatment of patients with benign tumours of the ovaries:

- 1) radiotherapy;
- 2) hormonal;
- 3) antibacterial;
- 4) supervision;
- 5) all listed;
- 6) **none from the listed.**

390. Volume of surgical treatment in benign tumours of the ovaries in young women:

- 1) removal of appendages;
- 2) **resection of the ovaries with maximal preservation of healthy tissues of the organ;**
- 3) supravaginal amputation of the uterus with appendages on the affected side;
- 4) removal of the ovary on the affected side.

391. The symbol «1» in clinical classification of tumours of ovaries (FIGO) means:

- 1) **the capsule is intact;**
- 2) invasion of the capsule by a tumour takes place;
- 3) there is a capsule rupture;
- 4) none from the listed.

392. The symbol “2” in the clinical classification of tumours of the ovaries (FIGO) means:

- 1) **there is an invasion of a capsule by a tumour;**
- 2) there are bilateral tumours;
- 3) the capsule is intact;
- 4) there is a unilateral tumour.

393. Volume of surgical treatment in malignant tumours of the ovaries:

- 1) bilateral adnexectomy;
- 2) Wertheim's operation;
- 3) **extirpation of the uterus with the appendages and resection of the greater omentum;**
- 4) vaginal extirpation of the uterus with appendages.

394. Risk factors of the development of cancer of the mammary gland are the following, except:

- 1) late menopause;
- 2) infertility;
- 3) replacement estrogen therapy in women with benign diseases of the mammary gland;
- 4) mammary gland cancer in the family anamnesis;
- 5) **history of pyelonephritis in the past.**

395. What from the listed is not considered to be self-inspection of the mammary glands?

- 1) inspection in front of a mirror;
- 2) assessment of skin condition (concavity or protrusion of sites);
- 3) nipple condition (concavity of the nipples or shortening of areola radius);
- 4) **palpation of mammary glands in position on one side;**
- 5) change of the form and the size of mammary glands;
- 6) presence or absence of secretion from nipples or pathological changes on nipples (crusts).

396. The most exact method for the early diagnosis of tumours of mammary gland:

- 1) physical examination;
- 2) rentgenography of the thorax;
- 3) **mammography;**
- 4) roentgenoscopy of the thorax;
- 5) USG of mammary gland.

397. Prognostic factors for the mammary gland cancer are all listed below, except:

- 1) condition of the estrogen receptors;
- 2) **presence of pre- or postmenopause;**
- 3) the size of a primary tumour;
- 4) presence of metastases in axillary lymph nodes.

398. The role of gynecologic offices (sick inspection room) of polyclinics includes:

- 1) prophylactic medical examination of gynecologic patients;
- 2) inspection and supervision of pregnant women;
- 3) carrying out of periodic medical inspections;
- 4) **coverage by routine inspections of nonworking women.**

399. Work of the doctor of the obstretrician-gynecologist of medicine part is constructed, as a rule:

- 1) depending on character of manufacture of the enterprise;
- 2) by a territorial principle;
- 3) by a principle of district;
- 4) **by a shop principle.**

400. The organization of rooms of personal hygiene at the enterprises is usually is carried out taking into accout:

- 1) quantity of shops at the enterprise;
- 2) tumber of employee at the enterprise;

- 3) number of the gynecologic patients revealed on visits;
- 4) **number of working women at the enterprise.**

Зав кафедрой
акушерства и гинекологии,

д.м.н., профессор



Л.В.Гутикова

Ответы к тестам по гинекологии 5 ФИУ

1	5	51	3	101	4	151	6
2	4	52	2	102	1	152	4
3	2	53	3	103	5	153	3
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