

**МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ**  
**УЧРЕЖДЕНИЕ ОБРАЗОВАНИЯ**  
**«ГОМЕЛЬСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ»**

**Кафедра акушерства и гинекологии**

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# **ТЕСТОВЫЕ ЗАДАНИЯ ПО АКУШЕРСТВУ И ГИНЕКОЛОГИИ**

**Учебно-методическое пособие  
для студентов 5 и 6 курсов факультета по подготовке  
специалистов для зарубежных стран медицинских вузов**

## **TEST TASKS ON OBSTETRICS AND GYNECOLOGY**

**The educational-methodical work  
for 5<sup>th</sup> and 6<sup>th</sup> year students  
of the Faculty of preparation of experts for foreign countries  
of medical higher educational institutions**

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## QUESTIONS ON OBSTETRICS

Specify a correct variant of the answer

**1. A woman is hospitalized for oligohydramnios. Gestational age is 34 weeks. Membranes are unruptured. What do you suggest?**

- a) labor induction;
- b) Cesarean section;
- c) treatment for placental insufficiency;
- d) diuretics.

**2. What should be done for a woman 31 week gestation with twin pregnancy and one fetus dead?**

- a) prophylactic heparin for DIC prevention;
- b) delivery;
- c) treatment for placental insufficiency;
- d) tocolytics to prevent preterm delivery.

**3. What should be done for a diabetic woman 28 years old in gestational age of 42 weeks and estimated fetal weight of 4600 gr?**

- a) Cesarean section;
- b) USG twice a week;
- c) CTG daily;
- d) PG gel to ripen cervix.

**4. What is the FIRST SURGICAL STEP in a case of retractable uterine atony?**

- a) ligation of uterine artery;
- b) ligation of hypogastric arteries;
- c) subtotal hysterectomy;
- d) uterine artery embolization.

**5. A multiparous pregnant woman with gestational age of 38 weeks has the chief complaint of vaginal spotting. There is no sign of placental abruption or placenta previa by ultrasound. What is the best management?**

- a) observation;
- b) delivery;
- c) discharge;
- d) referring patient to another center.

**6. Which is the most common reason of DIC in Obstetrics?**

- a) intrauterine fetal death;
- b) abruption of a placenta;
- c) amniotic fluid embolism;
- d) septic shock.

**7. A woman 35 years old G4L3 presents with Couvelaire uterus in Cesarean section. When is hysterectomy indicated?**

- a) presence of hematoma in the broad ligament;
- b) presence of hematoma in mesosalpinx;
- c) uterine atony retractable to treatment;
- d) presence of blood in abdominal cavity.

**8. What is the most common complication of eclampsia?**

- a) placental abruption;
- b) aspiration pneumonia;
- c) pulmonary edema;
- d) direct maternal mortality.

**9. Which is NOT a contraindication to lactation?**

- a) drug abusers;
- b) HIV infection;
- c) HBV patients whose infants have taken immunization against this virus;
- d) active tuberculosis.

**10. Which is true about puerpural changes?**

- a) total number of uterine muscular cells is not reduced;
- b) vaginal rugae occur in the third month from delivery;
- c) uterine connective tissue won't change;
- d) uterine is re-epithelialized totally in the first week.

**11. G2P1 28 years female comes to the clinic with the chief complaint of reduced fetal movement. Her gestational age is uncertain and medical records are unavailable. In ultrasound amniotic fluid index is normal and the fetus is reported as term. What should be done for her?**

- a) Doppler velocimetry;
- b) labor induction;
- c) immediate Cesarean section;
- d) USG twice weekly.

**12. Non-stress test (NST) of a 37 weeks fetus in cephalic presentation shows prolonged 2-min decelerations. Woman has a history of 2 intrauterine fetal deaths. What is the best management?**

- a) daily USG and observation;
- b) Cesarean section;
- c) repeat of NST 24 hours later;
- d) vaginal exam with continuous fetal monitoring.

**13. In the second stage of labor, you notice a persistent fetal heart rate bradycardia of 110 bpm. What is your management?**

- a) left lateral position, nasal oxygen, plasma transfusion, fetal monitoring;
- b) detecting fetal blood PH;
- c) forceps;
- d) it is a normal event in this stage. No further step is needed.

**14. The 17th day postpartum. A woman has high fever for five days, chills, and weakness. Breast is hyperemic, edematous, with a dense infiltration of 6 to 5-cm fluctuations. What is the diagnosis?**

- a) pneumonia;
- b) mastitis;
- c) endometritis;
- d) septic shock.

**15. In parturient at 12 days the body temperature rise to 38° C. She complains about the chills, pain in the lower abdomen. Speculum examination shows bloody-purulent vaginal discharge with an unpleasant odor. What is the diagnosis?**

- a) vaginitis;
- b) cystitis;
- c) endometritis;
- d) bacterial vaginosis.

**16. 7 days after Cesarean section. The body temperature is of 38 °C, Ps is 98/min. Tongue is dry, coated with white bloom. The abdomen is swollen, painful on palpation, symptoms of peritoneal irritation are positive. Fundus uteri is at the level of symphysis, dense. Breasts are soft, nipples are clean. Urination is free. There were no gas and defecation in patient. What is the most possible diagnosis?**

- a) peritonitis;
- b) endometritis;
- c) typhoid;
- d) appendicitis.

**17. Primipara 35 years old is in labor for 10 hours. Contractions are spasmodic in 7–8 min. for 25–30 seconds, the uterus between contractions is slightly tense. At vaginal examination: cervix effaced, swelling, dilatation is 5 cm. Fetal membranes are unruptured. Head engaged. The diagnosis is:**

- a) uterine rupture;
- b) uterine inertia;
- c) incoordinate uterine action;
- d) normal I period of labor.

**18. Multigravida, primipara has term gestation. Uterine contractions are rare, short, weak, had began 14 hours ago. Cervical dilatation is 6 cm. The uterus relaxes between contractions. The diagnosis is:**

- a) dystocia;
- b) uterine inertia;
- c) incoordinate uterine action;
- d) normal I period of labor.

**19. Multipara 39 weeks of pregnancy complaints on lower abdominal pain for 2 hours. Uterine contractions are rhythmic with the duration is 45-50 seconds and intervals of 3–4 minutes. At vaginal examination: cervical dilatation is 7 cm, fetal membranes are intact. The diagnosis?**

- a) dystocia;
- b) uterine inertia;
- c) hypertonic uterine dysfunction;
- d) normal I period of labor.

**20. Unexamined multigravida patient without medical records and with full term pregnancy has vaginal bleeding for 2 hours and a tender uterus. Next step of management is:**

- a) sedation and blood transfusion;
- b) forceps;
- c) vaginal examination in operation room with arm;
- d) observation.

**21. A secondgravida woman presents 35 weeks of pregnancy with central placenta previa and regular uterine contractions with bleeding for 4 hours. What is the tactics of choice?**

- a) bed rest and sedation;
- b) dexametasone and tocolytics;
- c) labor induction;
- d) Cesarean section.

**22. A primigravida presents at 32 weeks of gestation with acute pain in abdomen for 2 hours, vaginal bleeding and decreased fetal movement. She should be managed by:**

- a) immediate cesarean section;
- b) immediate induction of labor;
- c) tocolytics therapy and blood transfusion;
- d) magnesium sulphate therapy and dexametasone.

**23. A 24 years old woman with 36 weeks of pregnancy suddenly complain of headache and blurring of vision. Her BP is 170/110-170/100 mm Hg, urinary albumin is 4,5 g/l. Fetal heart rate is 114/min. Further management is:**

- a) antihypertensive treatment;

- b) anticonvulsive treatment;
- c) labor induction;
- d) Caesarean section.

**24. A 25-years primigravida presents with hypertension 150/100 mm Hg at 32 weeks of gestation. She doesn't have any other symptoms or complications. Medication of first choice for her is:**

- a) antihypertensive therapy;
- b) diuretics;
- c) magnesium sulfate;
- d) anticoagulants.

**25. Multipara woman G6P4A1 has 35 weeks pregnancy and complaints on intensive skin itch and nausea. Objectively her skin is yellowish, BP is 145/100 mm Hg, Ps is 100/min. Blood test showed Hb=98 g/l, WBC=9,8x10<sup>9</sup>/l, PLT=34x10<sup>9</sup>/l, ESR=25/h. Blood biochemistry results AST=160 IU/l, ALT=320 IU/l, LDH=600 IU/L. The most likely diagnosis is:**

- a) hepatosis of pregnancy;
- b) viral hepatitis;
- c) HELLP-syndrome;
- d) Gilbert's syndrome.

**26. A G2P1 diabetic mother presents at 32 weeks of pregnancy. She has a history of full term fetal death in her previous pregnancy. Her sugar now is controlled by insulin administration and the child is stable. What is the best tactics?**

- a) immediate delivery;
- b) await spontaneous delivery;
- c) induce at 40 weeks;
- d) Cesarean section in 37 weeks.

**27. Multipara 10 weeks gestation woman has BP 160/110 – 150/100 mm Hg. She has not any complaints. Her previous pregnancy was complicated with severe preeclampsia. Urine protein test is negative. Her lower extremities are little bit edematous. She has mild systolic murmur over the apex of the heart. The most likely diagnosis is:**

- a) severe preeclampsia;
- b) congenital heart disease;
- c) somatoformic dysfunction;
- d) arterial hypertension.

**28. Pregnant at 30 weeks of gestation represents acute appendicitis without peritonitis. Fetal wellbeing is normal. Surgery is:**

- a) appendectomy;
- b) appendectomy+drainage;

- c) appendectomy+cesarean section;
- d) appendectomy+cesarean section+hysterectomy.

**29. A 25 years old female reports amenorrhea for 3 months, lower abdominal pain and bleeding from vagina. On speculum examination bleeding is found to come from cervical canal. On bimanual examination uterus is of 12 weeks size, soft and external os admits one finger. The most likely diagnosis is:**

- a) threatened abortion;
- b) missed abortion;
- c) incomplete abortion;
- d) uterine tumor.

**30. Multipara in 32 weeks of gestation complains of lower abdomen pains and waterish discharge from vagina for one day. On vaginal examination cervical canal admits 2 fingers; the presenting head is directly palpated. Diagnosis is:**

- a) threatened preterm labor;
- b) beginning preterm labor, premature rupture of fetal membranes;
- c) I stage of labor, early rupture of membranes;
- d) placenta previa.

**31. Primipara in 28 weeks of gestation complains for intensive pain in the lower abdomen for 8 hours. Palpation of the uterus shows regular contractions. Vaginal examination shows cervical dilatation 8 cm, membranes are unruptured. What is the diagnosis?**

- a) uterine rupture;
- b) I stage of preterm labor;
- c) placental abruption;
- d) septic abortion.

**32. Oxytocin is primarily involved in labor and lactation. Which statement about oxytocin is false?**

- a) oxytocin stimulates myometrial contractions in labor;
- b) oxytocin is involved in milk letdown;
- c) oxytocin is used to manage obstetrical hemorrhage;
- d) oxytocin single initiates labor.

**33. G1P0 woman at 37 weeks of gestation is admitted to the hospital with the diagnosis of gestosis. Which drug regimens is one of choice?**

- a) magnesium sulfate+clonidine+intravenous fluids+spasmolytics;
- b) magnesium sulfate+spasmolytics+tocolytics;
- c) magnesium sulfate+ clonidine+diuretics;
- d) clonidine+spasmolytics+tocolytics.



**34. The truth about gestosis is:**

- a) it usually appears anytime during the pregnancy;
- b) it's similar to cardio-vascular disease;
- c) it's complication of early pregnancy;
- d) it's complication of late pregnancy.

**35. After several hours of  $MgSO_4$  intravenous administration to patient, she should be observed for clinical manifestations of:**

- a) oliguria;
- b) thrombocytopenia;
- c) hypermagnesemia;
- d) hypercapnia.

**36. Which of the following is prodromal symptom of seizures associated with pre-eclampsia?**

- a) anasarca;
- b) loss of consciousness;
- c) tachycardia;
- d) epigastric pain.

**37. Which of the following may happen if the uterus becomes over stimulated by oxytocin during induction of labor?**

- a) weak contractions prolonged to more than 70 sec;
- b) titanic contractions prolonged for more than 90 sec;
- c) increased pain with bright red vaginal bleeding;
- d) increased restlessness.

**38. To determine the patients' gestational age, which day of the menstrual period will you ask?**

- a) first;
- b) second;
- c) third;
- d) last.

**39. If last menses in woman is May 10, 2010, using the Naegle's rule what is her date of labor?**

- a) February 17, 2011;
- b) August 17, 2011;
- c) February 3, 2011;
- d) August 3, 2011.

**40. Pregnant woman was admitted to the hospital with signs and symptoms of nephropathy. Because of the possibility of convulsive seizures, which of the following should be available at the client's bed side?**

- a) oxygen and nasopharyngeal suction;

- b) leather restraints;
- c) cardiac monitor;
- d) venous cutdown set.

**41. *Cervix lacerations occur during the:***

- a) first stage;
- b) second stage;
- c) third stage;
- d) puerperium.

**42. *The most important muscle of the pelvic floor is the:***

- a) levator ani muscle;
- b) ischiocavernosus;
- c) bulbocavernosus;
- d) pubococcygeus.

**43. *Which pelvis has no chance for vaginal delivery?***

- a) conjugate diagonalis is 8 cm;
- b) distantia spinarum is 24 cm;
- c) conjugate vera is 9 cm;
- d) conjugate external is 20 cm.

**44. *Because of the position of the fetus, an episiotomy has to be performed to enlarge the birth canal. Which of the following is FALSE?***

- a) it is more difficult to repair episiotomy than laceration;
- b) episiotomy is more painful than laceration;
- c) episiotomy causes bigger volume of blood loss than laceration;
- d) laceration heals faster than episiotomy.

**45. *Supporting the perineum at the time of crowning will facilitate:***

- a) flexion of the fetal head;
- b) external rotation;
- c) extension of the fetal head;
- d) expulsion.

**46. *The first moment of biomechanism of labor in antero-occipital presentation:***

- a) rotation;
- b) engagement;
- c) flexion;
- d) extension.

**47. *Sudden gush of blood or lengthening of the cord after the delivery of infant may be symptom of:***

- a) placenta accreta;

- b) placental separation;
- c) placental retention;
- d) abruption of a placenta.

**48. Which of the following is NOT true regarding the third stage of labor?**

- a) it starts from the delivery of a placenta;
- b) signs of placental separation, lengthening of the cord, sudden gush of blood and sudden change in shape of the uterus take place;
- c) it lasts about 5–15 minutes;
- d) it is the shortest stage of labor.

**49. A 38 year old multipara is admitted with a tentative diagnosis of femoral thrombophlebitis. The patient must be assessed with:**

- a) burning on urination;
- b) leg pain;
- c) abdominal pain;
- d) body temperature.

**50. Fever, purulent lochial discharge and subinvolution of the uterus are signs of:**

- a) puerperal psychosis;
- b) puerperal infection;
- c) postpartum hemorrhage;
- d) SARS.

**51. A diabetic woman at 36 weeks of gestation is scheduled for biophysical profile in order to:**

- a) ascertain correct gestational age;
- b) determine fetal lung maturity;
- c) determine fetal well being;
- d) determine fetal size and congenital anomaly.

**52. The definitive sign that a woman is in labor is**

- a) increasing uterine tone;
- b) presence of regular contractions;
- c) progressive cervical dilatation;
- d) vomiting.

**53. Uterine dysfunction may be caused by:**

- a) incorrect oxytocin administration;
- b) exhausted mother;
- c) overdistention of the uterus;
- d) all of the above.

**54. Pregnant woman is diagnosed with placenta previa. The main difference between the bleeding in placenta previa and abruption of a placenta is that placenta previa has:**

- a) painful bleeding;
- b) rigid abdomen;
- c) bright-red blood;
- d) blood filled with clots.

**55. In patient with placenta previa you should AVOID:**

- a) USG;
- b) CTG;
- c) vaginal examination;
- d) all of the above.

**56. To distinguish the bleeding because of placenta previa or abruption of a placenta what should you ask the woman?**

- a) whether there was accompanying pain;
- b) what has she done for bleeding;
- c) volume of blood loss;
- d) all of the above.

**57. Fetal lungs are mature at:**

- a) 35 weeks;
- b) 16 weeks;
- c) 22 weeks;
- d) 28 weeks.

**58. Physiological blood loss at vaginal delivery is:**

- a) 0,1 % body weight;
- b) 0,2 % body weight;
- c) 0,5 % body weight;
- d) 1,0 % body weight.

**59. The most common cause of early postpartum hemorrhage is:**

- a) DIC;
- b) uterine cancer;
- c) uterine hypotony;
- d) cervical laceration.

**60. Which of the following is the most reliable way to make a diagnosis of incompetent cervix:**

- a) history of painless premature dilatation of the cervix before 20 weeks' gestation;
- b) biopsy of the cervix;
- c) colposcopy;
- d) hysterosalpingography.

**61. Treatment of threatened abortion is:**

- a) estrogen, progesterone, naloxone;
- b) bed rest, progesterone, spasmolytics;
- c) tocolysis, sedative;
- d) sedative, laxative.

**62. Doppler ultrasound is used to measure:**

- a) placental weight;
- b) blood flow velocity;
- c) fetal movement;
- d) fetal size.

**63. Beta-mimetic drugs do which of the following:**

- a) inhibit uterine activity by cyclic-AMP stimulation;
- b) increase cervical dilatation;
- c) increase uterine contractions by oxytocin receptors;
- d) loosen the fetal membranes.

**64. The tocolytic agent with the most fetal risk at 34 weeks gestation is:**

- a) Magnesium sulfate;
- b) calcium channel blocker;
- c) Ritodrine;
- d) Indomethacine.

**65. Complications of premature rupture of fetal membranes include all EXCEPT:**

- a) fetal infection;
- b) placenta accreta;
- c) uterine activity;
- d) prolapsed cord.

**66. The patient with premature rupture of membranes needs all of the following exams EXCEPT:**

- a) complete blood count / C-reactive protein test;
- b) body temperature;
- c) vaginal culture;
- d) hormonal study.

**67. Patients with chorioamnionitis need all of the following EXCEPT:**

- a) intravenous antibiotics;
- b) discharge from the clinic;
- c) intravenous fluids;
- d) fetal biophysical profile.

**68. Problems related to the mother who can predispose the fetus to intra-uterine growth restriction include all of the following EXCEPT:**

- a) Rh-negative;
- b) smoking;
- c) congenital heart disease;
- d) heroin addiction.

**69. Infant risk from postdate pregnancy includes:**

- a) congenital abnormalities;
- b) hypoxia;
- c) intra-uterine growth restriction;
- d) anemia.

**70. The diagnosis of twins:**

- a) can generally be made clinically;
- b) is made with ultrasound examination;
- c) is made with elevated estriol levels;
- d) is made with low glucose levels.

**71. Twin pregnancies cause increased risk of the following EXCEPT:**

- a) diabetes mellitus;
- b) premature birth;
- c) postpartum hemorrhage;
- d) hypertensive disorder.

**72. The least common finding in the HELLP-syndrom is:**

- a) low hemoglobin level;
- b) increased AST level;
- c) glucosuria;
- d) low platelets count.

**73. Which of the following classes of antihypertensive drugs is absolutely contraindicated during pregnancy?**

- a) non-specific beta-adrenergic blockers;
- b) post-synaptic alpha-adrenergic blockers;
- c) calcium channel blockers;
- d) angiotensin-converting enzyme inhibitors.

**74. The highest risk for obstetrical thromboembolic complications is in the:**

- a) first trimester;
- b) second trimester;
- c) third trimester;
- d) early puerperium.

**75. The leading cause of acute renal failure in obstetric patients is:**

- a) preeclampsia / eclampsia;
- b) portpartum hemorrhage;
- c) abruption of a placenta;
- d) chronic pyelonephritis.

**76. The maternal factor interconnected with placental abruption is:**

- a) hypertension;
- b) alcohol abuse;
- c) maternal parity;
- d) chronic endometritis.

**77. Choose the correct statement about the diagnosis of placental abruption:**

- a) hypotension and anemia is present in 90 % cases;
- b) it is accompanied by a transverse fetal position;
- c) external or internal bleeding, accompanied by pain and acute fetal hypoxia;
- d) more common in women with genital abnormalities.

**78. The cesarean birth delivery rate best to be approximately:**

- a) 5 %;
- b) 10 %;
- c) 15 %;
- d) 50 %.

**79. Average duration of labors at primipara is:**

- a) 5–6 h;
- b) 7–8 h;
- c) 10–12 h;
- d) 18–20 h.

**80. The third moment of the biomechanism of labors at a occipito-posterior presentation is:**

- a) head flexion;
- b) additional head flexion;
- c) internal rotation of the head;
- d) head extension.

**81. The risk of intrauterine infection increases if rupture of membranes occurred more than:**

- a) 6 h;
- b) 8 h;
- c) 10 h;
- d) 12 h.

**82. Duration of the third period of labors is:**

- a) 10 min;
- b) 15 min;

- c) 30 min;
- d) 1 h.

**83. Pathological blood loss in delivery is:**

- a) 0,5 % of a body weight;
- b) > 0,7 % of a body weight;
- c) < 0,7 % of a body weight;
- d) 150–200 ml.

**84. At absence of signs of a placental separation in 30 minutes after a birth of a fetus tactics will be:**

- a) waiting for 30 min. more;
- b) curettage of a uterus;
- c) manual removal of a placenta;
- d) amputation of the uterus.

**85. Early postpartum period lasts:**

- a) 1 h;
- b) 2 h;
- c) 5–6 h;
- d) 5–6 days.

**86. What definition of miscarriage is correct:**

- a) termination of pregnancy from the moment of conception up to 37 weeks;
- b) termination of pregnancy up to 12 weeks;
- c) termination of pregnancy from 12 weeks up to 22 weeks;
- d) termination of pregnancy from 22 up to 37 weeks.

**87. Surgical treatment of cervical incompetence is contra-indicated at:**

- a) prolapsed bag of waters;
- b) I–II degrees of cleanliness of a vagina;
- c) twins;
- d) organic cervical incompetence.

**88. At postnatal endometritis:**

- a) the temperature usually remains normal;
- b) subinvolution of the uterus is observed;
- c) lochia become serous;
- d) proteinuria occurs.

**89. The first scheduled hospitalization of the pregnant woman with disease of cardio-vascular system it is indicated:**

- a) before 12 weeks of gestation;
- b) in 22 weeks of pregnancy;
- c) with obstetrical complications;
- d) in heart failure.



**90. With the help of the third maneuver of Leopold is defined...**

- a) attitude of a fetus;
- b) position of a fetus;
- c) presentation of a fetus;
- d) height of a fundus of a uterus.

**91. Abuladze method is used at:**

- a) absent signs of placental separation within 30 minutes;
- b) bleedings and absence of signs of placental separation;
- c) positive signs of placental separation for delivery of placenta;
- d) uterine atony.

**92. The most common reason of a bleeding in the first trimester of pregnancy is:**

- a) cervical cancer;
- b) placenta previa;
- c) spontaneous abortion;
- d) rupture of a uterus.

**93. If within 30 minutes there are no signs of placental separation, follows:**

- a) manual removal of a placenta;
- b) USG;
- c) uterine curettage;
- d) external massage of a uterus.

**94. At maternal-fetal disproportion and alive fetus are indications for:**

- a) uterotonic administration;
- b) forceps;
- c) Cesarean section;
- d) Embryotomy.

**95. The beginning of labors is:**

- a) rupture of amniotic membrane;
- b) uterine contractions with periodicity of 30 minutes;
- c) vaginal bleeding;
- d) the regular contractions resulting in structural changes in cervix of a uterus.

**96. At presence of classical Tsangemeister's triad pre-eclampsia can be diagnosed with:**

- a) seizures;
- b) proteinuria more than 5 g/l;
- c) epigastric pain;
- d) skin itch.

**97. Tactics for pregnant women with progressing placental abruption and fetal death will be:**

- a) labor induction;

- b) immediate delivery by Cesarean section;
- c) blood transfusion;
- d) vaginal delivery.

**98. Determine the sizes of a normal false pelvis:**

- a) 22-24-25-20 cm;
- b) 26-28-30-21 cm;
- c) 28-32-34-18 cm;
- d) 23-25-28-17 cm.

**99. Pathogenetic mechanisms of gestosis are:**

- a) hypovolemia, interstitial leakage;
- b) chronic disseminative intravascular coagulation of blood;
- c) vasculo-endothelial dysfunction;
- d) all listed above.

**100. The attack of eclampsia can occur:**

- a) during labor;
- b) during pregnancy;
- c) in early postpartum period;
- d) in any of the listed above periods.

**101. Chose optimal tactics at eclampsia during pregnancy:**

- a) complex intensive therapy in intensive care unit;
- b) complex intensive therapy with the subsequent labor induction;
- c) emergent Cesarean section;
- d) labor induction and vaginal delivery.

**102. That distinguishes pre-eclampsia from severe nephropathy:**

- a) level of a hypertension;
- b) expressiveness of edema;
- c) degree of proteinuria;
- d) onset of cerebral symptoms.

**103. The risk group for gestational diabetes consists from listed below groups EXCEPT:**

- a) pregnant women with glucouria;
- b) macrosomia of fetus in the anamnesis;
- c) pregnant with gestosis;
- d) women with obesity.

**104. Name the most often complication at diabetes in pregnant:**

- a) fetal growth restriction;
- b) miscarriage;
- c) placenta previa;
- d) macrosomia of fetus.

**105. The indication to Cesarean section at diabetes is:**

- a) labile diabetes with ketoacidosis;
- b) fetal distress;
- c) preeclampsia;
- d) all listed above.

**106. The basic clinical symptom of cholestatic hepatitis is:**

- a) loss of appetite;
- b) jaundice;
- c) skin itch;
- d) dyspepsia.

**107. Choose possible pathogenetic mechanisms of antenatal infection in a fetus:**

- a) transplacental;
- b) ascending;
- c) transmural;
- d) all listed above.

**108. Teratogenic effect at infection in early terms of pregnancy has:**

- a) Cytomegalovirus;
- b) Herpes simplex virus;
- c) Varicella-zoster virus;
- d) all the listed above viruses.

**109. Indications to perineotomy:**

- a) threatened perineal rupture;
- b) premature birth;
- c) acute fetal hypoxia;
- d) all listed above.

**110. What symptom is the leader in diagnostics of maternal-fetal disproportion:**

- a) positive Vasten sign;
- b) weak uterine contractions;
- c) fetal hypoxia;
- d) abdominal pain.

**111. What technique of Cesarean sections is the most widespread:**

- a) classical Cesarean section;
- b) Cesarean section in the lower uterine segment;
- c) extraperitoneal Cesarean section;
- d) vaginal Cesarean section.

***112. At threatened rupture of a uterus all operations are contra-indicated, EXCEPT:***

- a) vacuum extraction;
- b) embryotomy;
- c) Cesarean sections;
- d) Perineotomy.

***113. Forceps are contra-indicated at:***

- a) preterm birth;
- b) macrosomia of fetus;
- c) breech presentation;
- d) all listed above clinical situations.

***114. Placental abruption most frequently occurs at:***

- a) nephropathy;
- b) chronic endometritis;
- c) systemic vasculitis;
- d) immunological conflict between mother and a fetus.

***115. Clinical signs of the placental abruption:***

- a) pain syndrome;
- b) acute fetal hypoxia;
- c) disseminative intravascular coagulation syndrome;
- d) all listed above.

***116. The most typical clinical symptom of placenta previa is:***

- a) fetal growth restriction;
- b) hypercoagulation;
- c) recurrent uterine bleeding;
- d) pain syndrome.

***117. Which organism is THE LEAST responsible in puerperal infection?***

- a) Peptostreptococcus;
- b) Enterococcus;
- c) Staphylococcus;
- d) Mycoplasma.

***118. What is the accepted screening test for diagnosis of pregnancy-induced hypertension?***

- a) roll-over test;
- b) Holter monitoring;
- c) eye fundus examination;
- d) echocardiography.

***119. The combination of antiretroviral therapy with Cesarean delivery and replacement feeding of a baby had been shown to reduce perinatal transmission of HIV to:***

- a) 25 percent;
- b) 1.5 percent;
- c) 5 percent;
- d) 11.5 percent.

***120. The type of twinning which places the woman at highest risk for perinatal and pregnancy complications is:***

- a) dizygotic, dichorial;
- b) monochorionic, monoamnionic;
- c) monochorionic, diamnionic;
- d) dichorionic, diamnionic.

***121. To help in the delivery of the aftercoming head for a successful partial breech extraction, what particular maneuver should be performed?***

- a) Tsangemeister maneuver;
- b) Leopold maneuver;
- c) Mauriceau maneuver;
- d) Abulaze maneuver.

***122. Which of the following is a surgical induction method used to augment labor?***

- a) Oxytocin infusion;
- b) stripping of the membranes;
- c) amniotomy;
- d) Misoprostol administered vaginally.

***123. Outcomes of postterm pregnancies include the following, EXCEPT:***

- a) meconium aspiration;
- b) polyhydramnios;
- c) fetal macrosomia;
- d) shoulder dystocia.

***124. Maternal blood volume during pregnancy:***

- a) is increased as a result of an increase in plasma;
- b) is increased as a result of an increase in erythrocytes;
- c) is increased as a result of both increase in plasma & erythrocytes;
- d) remains the same as that in non-pregnant state.

## QUESTIONS ON GYNECOLOGY

Specify a correct variant of the answer

**125. Narrowest part of the fallopian tube is the:**

- a) interstitial portion;
- b) infundibulum;
- c) isthmus;
- d) ampulla.

**126. The epithelial lining of cervical canal is:**

- a) transitional;
- b) stratified squamous;
- c) columnar;
- d) ciliated.

**127. The mucosal lining of the vagina is composed of cells:**

- a) ciliated columnar;
- b) pseudostratified columnar;
- c) stratified squamous non keratinized;
- d) transitional.

**128. In multiparous women external os is:**

- a) circular;
- b) longitudinal;
- c) transverse;
- d) septate.

**129. The ratio of length of cervix and that of corpus of uterus in adult women is:**

- a) 2:1;
- b) 1:2;
- c) 1:3;
- d) 3:1.

**130. FSH is secreted by:**

- a) ovary;
- b) hypothalamus;
- c) anterior pituitary;
- d) posterior pituitary.

**131. The ovulatory period corresponds to:**

- a) 14 days before menstruation;
- b) the day of menstruation;
- c) increase in basal temperature;
- d) 14 days after menstruation.

**132. Estrogens are secreted by:**

- a) ovary;
- b) hypothalamus;
- c) anterior pituitary;
- d) posterior pituitary.

**133. GnRH is secreted by:**

- a) ovary;
- b) hypothalamus;
- c) anterior pituitary;
- d) posterior pituitary.

**134. In the absence of fertilization and implantation the corpus luteum persists for:**

- a) 2–3 days;
- b) 12–14 days;
- c) 6–8 days;
- d) 28–30 days.

**135. The investigation of choice in a 55 year old women with postmenopausal bleeding is:**

- a) Pap smear;
- b) fractional curettage;
- c) transvaginal ultrasound;
- d) CA-125 analysis.

**136. To diagnose uterus didelphus procedure of choice is:**

- a) laparoscopy;
- b) hysterosalpingography;
- c) ultrasonography;
- d) vaginal investigation.

**137. The feature of vaginal trichomoniasis is:**

- a) vaginal bleeding;
- b) yellowish green discharge with itching;
- c) white discharge without itching;
- d) mucous discharge.

**138. Vaginal trichomoniasis is treated with:**

- a) Nystatin;
- b) sulfonamides;
- c) Penicillin;
- d) Metronidazole.

**139. *Mycotic vaginitis is usually due to:***

- a) Candida;
- b) Cryptococcus;
- c) Aspergillus;
- d) Pseudomonas.

**140. *Protective bacteria in normal vagina is:***

- a) Peptostreptococcus;
- b) *Gardnerella vaginalis*;
- c) Lactobacillus;
- d) *Escherichia coli*.

**141. *FALSE about bacterial vaginosis:***

- a) itching;
- b) fishy odor discharge;
- c) clue cells found;
- d) caused by *Gardnerella vaginalis*.

**142. *Gardnerella vaginalis infection is diagnosed by all EXCEPT for:***

- a) pH<4,5;
- b) clue cells;
- c) fishy odor;
- d) positive Whiff test.

**143. *Which of the following does Chlamydia trachomatis commonly cause?***

- a) malignancy;
- b) vaginal bleeding;
- c) amenorrhoea;
- d) infertility.

**144. *Asymptomatic gonorrhea in females is due to infection of:***

- a) vagina;
- b) urethra;
- c) uterus;
- d) endocervix.

**145. *An infertile woman underwent hysterosalpingography. It showed beaded bilateral tubes with enlargement at ampulla. The organism responsible is:***

- a) Chlamydia;
- b) Mycobacterium;
- c) Mycoplasma;
- d) *Gardnerella*.



**146. TRUE about vaginal candidiasis:**

- a) risk is not increased in pregnancy;
- b) rare in diabetic women;
- c) "cottage-cheese" discharge occurs;
- d) most commonly caused by *Candida glabrata*.

**147. Acute PID is NOT treated with:**

- a) intravenous antibiotics;
- b) pelvic drainage;
- c) hysterectomy;
- d) laparoscopic exploration.

**148. Commonest site of genital tuberculosis is:**

- a) tubes;
- b) cervix;
- c) uterus;
- d) vagina.

**149. Stress urinary incontinence is a common symptom in:**

- a) prolapsed uterus;
- b) adenomyosis;
- c) fibroid;
- d) adrenogenital syndrome.

**150. Cervical mucus shows palm leaf pattern due to:**

- a) progesterone;
- b) estrogens;
- c) LH;
- d) hCG.

**151. Best investigation to identify tubal patency is:**

- a) hysterosalpingography;
- b) ultrasonography;
- c) laparoscopy and chromotubation;
- d) laparotomy.

**152. Sonosalpingography is done for:**

- a) measuring basal temperature;
- b) detection of pregnancy;
- c) determination anovulatory cycle;
- d) testing tubal patency.

**153. Best contraceptive for a young married female is:**

- a) oral pills;
- b) diaphragm;

- c) IUCD;
- d) vaginal pessary.

**154. Contraception of choice for unmarried women with HIV is:**

- a) IUDC;
- b) rhythmical method;
- c) condoms;
- d) hormonal pills.

**155. Contraception of choice for 37 years old married multiparous healthy women is:**

- a) combined oral contraceptives;
- b) IUCD;
- c) condoms;
- d) rhythmical method.

**156. Copper T is:**

- a) condom;
- b) diaphragm;
- c) IUCD;
- d) mini pills.

**157. Norplant is:**

- a) condom;
- b) sub-dermal hormonal implant;
- c) IUCD;
- d) mini pills.

**158. Postinor is:**

- a) condom;
- b) IUCD;
- c) mini pills;
- d) emergency hormonal contraception.

**159. All of the following are absolute contraindications for IUCD insertion EXCEPT for:**

- a) acute pelvic infection;
- b) pregnancy;
- c) undiagnosed abnormal vaginal bleeding;
- d) valvular heart disease.

**160. Depot-provera is:**

- a) oral pills;
- b) hormonal injections;

- c) IUCD;
- d) mini pills.

**161. Vasectomy is:**

- a) condom;
- b) diaphragm;
- c) IUCD;
- d) sterilization in men.

**162. Which of the following is the contraception method of choice for commercial sex workers?**

- a) oral contraceptives;
- b) tubectomy;
- c) IUCD;
- d) barrier method.

**163. Which one of the following is HAS NO contraceptive effect?**

- a) Danazol pills;
- b) estrogen-progesterone combined pills;
- c) Metronidazole pills;
- d) progestin only pills.

**164. Contraception CONTRAINDICATED in AIDS is:**

- a) sterilization;
- b) condoms;
- c) IUCD;
- d) None.

**165. Reversible methods of contraception are all EXCEPT for:**

- a) IUCD;
- b) depot injections;
- c) sub-dermal implants;
- d) sterilization.

**166. Spermicidal agent is:**

- a) Metronidazole;
- b) Danazol;
- c) Nonoxynol;
- d) Gestrinon.

**167. Earliest menopausal symptom is:**

- a) hot flash;
- b) vaginal discharge;
- c) osteoporosis;
- d) vaginal bleeding.

**168. Late menopausal symptom is:**

- a) hot flash;
- b) vaginal discharge;
- c) osteoporosis;
- d) vaginal bleeding.

**169. The sexual development is considered precocious if there is breast and pubic hair growth before:**

- a) 12 years;
- b) 10 years;
- c) 8 years;
- d) 6 years.

**170. The amount of blood loss during each menstruation is about:**

- a) 10 ml;
- b) 25 ml;
- c) 50 ml;
- d) 100 ml.

**171. Physiological amenorrhoea is present in all EXCEPT for:**

- a) pregnancy;
- b) pre-puberty;
- c) lactation;
- d) post-puberty.

**172. In a case of dysfunctional uterine bleeding the hormone which is usually deficient is:**

- a) estrogen;
- b) progesterone;
- c) thyroxin;
- d) cortisol.

**173. First investigation to be done for postmenopausal bleeding:**

- a) ultrasonography;
- b) fractional curettage;
- c) hysterosalpingography;
- d) laparoscopy.

**174. A 45 years old woman with the diagnosis of atypical adenomatous hyperplasia of the endometrium and uterine fibroid up to 7 weeks of gestation should be treated by:**

- a) Progesterone;
- b) Danazol;
- c) hysteroscopic resection of endometrium;
- d) hysterectomy.

**175. Which of the following is the primary treatment for puberty menorrhagia in 14 years old girl?**

- a) dilatation and curettage;
- b) a combination of estrogen and progestogen;
- c) blood transfusion;
- d) Danazol.

**176. A 39 years old woman has the absence of menses for the last 6 months. A pregnancy test is negative. Serum FSH and LH are elevated, serum estradiol is low. These findings suggest:**

- a) ovarian cancer;
- b) polycystic ovarian disease;
- c) fibroid of the uterus;
- d) premature menopause.

**177. A 42 years old nulliparous female presents polymenorrhoea for the last 8 months. Hers management is:**

- a) hysterectomy;
- b) fractional curettage;
- c) progesterone administration;
- d) blood transfusion.

**178. Most frequent site of metastasis in a case of choriocarcinoma is:**

- a) vagina;
- b) liver;
- c) brain;
- d) lungs.

**179. NOT a complication of prolapsed uterus is:**

- a) carcinoma of the cervix;
- b) elongation of the cervix;
- c) cystocele;
- d) decubitus ulcer.

**180. Commonest type of myoma is:**

- a) intramural;
- b) submucous;
- c) subserous;
- d) cervical.

**181. Surgical treatment for asymptomatic uterine myoma is indicated if:**

- a) tumor is larger than 12 weeks pregnancy;
- b) it is combined with adenomyosis;
- c) it is subserous;
- d) all of the above.

**182. Submucous fibroid is diagnosed by:**

- a) hysteroscopy;
- b) hysterosalpingography;
- c) ultrasonography;
- d) all the above.

**183. Drug that DOES NOT reduce the size of myoma is:**

- a) Danazol;
- b) RU-486;
- c) Estrogen;
- d) Progesterone.

**184. Carcinoma of the cervix is caused by:**

- a) Herpes simplex virus;
- b) Epstein-Barr virus;
- c) Human papilloma virus;
- d) Adeno virus.

**185. The best method to confirm the diagnosis of carcinoma cervix is:**

- a) physical examination;
- b) cervical biopsy;
- c) Pap smear;
- d) Curettage.

**186. Best method for cancer cervix screening is:**

- a) Pap smear;
- b) biopsy;
- c) colposcopy;
- d) ultrasonography.

**187. HPV which is strongly associated with carcinoma cervix is:**

- a) type 6;
- b) type 11;
- c) type 16;
- d) type 32.

**188. The commonest malignancy of the body of the uterus is:**

- a) adenocarcinoma;
- b) sarcoma;
- c) adenoacantoma;
- d) cystadenoma.

**189. Tumor marker for epithelial carcinoma of ovary is:**

- a) AFP;
- b) CA-125;

- c) HCG;
- d) PL.

***190. The commonest type of ovarian tumor is:***

- a) dermoid;
- b) cystadenoma;
- c) fibroma;
- d) myoma.

***191. Danazol is used in the treatment of:***

- a) cervical carcinoma;
- b) endometrial cancer;
- c) endometriosis;
- d) vulval cancer.

***192. GbRH analogues are useful in all EXCEPT for:***

- a) endometriosis;
- b) hyperprolactinemia;
- c) precocious puberty;
- d) myoma of the uterus.

***193. Most common chronic symptom of pelvic inflammatory disease:***

- a) backache;
- b) fever;
- c) dysuria;
- d) discharge.

***194. During laparoscopy the preferred site for obtaining cultures in a patient with acute pelvic inflammatory disease is:***

- a) endocervix;
- b) endometrium;
- c) pouch of Douglas;
- d) Fallopian tubes.

***195. The commonest manifestation of endometriosis is:***

- a) infertility;
- b) pain;
- c) bleeding;
- d) leucorrhoea.

***196. Symptoms of adenomyosis are all EXCEPT for:***

- a) menorrhagia;
- b) algomenorrhoea;
- c) dysmenorrhoea;
- d) fever.

**197. The best method to diagnose chocolate cyst of ovary is:**

- a) laparoscopy;
- b) MRI;
- c) USG;
- d) CA-125.

**198. Ectopic pregnancy is associated with all EXCEPT:**

- a) salpingitis;
- b) IUCD;
- c) plastic operation on the tube;
- d) Clomiphene citrate therapy.

**199. Unruptured tubal pregnancy is best diagnosed by:**

- a) ultrasonography;
- b) serum HCG;
- c) aspiration through posterior fornix;
- d) vaginal examination.

**200. Best investigation to diagnose tubal abortion is:**

- a) urine HCG;
- b) laparoscopy;
- c) ultrasonography;
- d) hysteroscopy.

**201. Medical treatment for ectopic pregnancy is:**

- a) Misoprostol;
- b) Methotrexate;
- c) Mefegin;
- d) Mebendazole.

**202. A 25 years old nulliparous women was diagnosed with choriocarcinoma. Management is:**

- a) chemotherapy;
- b) radiotherapy;
- c) hysterectomy;
- d) hysterectomy+radiotherapy.

**203. The advantages of preserving the ovaries at time of hysterectomy for benign disease include all of the following EXCEPT for:**

- a) reduces the risk of ovarian cancer;
- b) reduces the risk of coronary artery disease;
- c) reduces the risk of breast cancer;
- d) prevention of climacteric symptoms.



**204. The minimum diagnostic criteria for pelvic inflammatory disease include all of the following EXCEPT for:**

- a) cervical motion tenderness;
- b) fever;
- c) pelvic pain;
- d) adnexal tenderness.

**205. What is NOT neuroendocrine syndrome?**

- a) congenital adrenal hyperplasia;
- b) Stein-Leventhal syndrome;
- c) Sheehan's syndrome;
- d) Dubin–Johnson syndrome.

**206. Types of adrenogenital syndromes do NOT include:**

- a) congenital type;
- b) premenopausal type;
- c) pubertal type;
- d) postpubertal type.

**207. What is NOT true about polycystic ovarian syndrome?**

- a) increased ratio of LH/FSH;
- b) increased testosterone;
- c) increased DHEA, DHEA-C;
- d) decreased estrogen.

**208. Level of which listed below hormones is decreased in adrenogenital syndrome?**

- a) DHEA, DHEA-S;
- b) androgens;
- c) FSH;
- d) Estrogenes.

**209. Early symptoms of climacteric syndrome include:**

- a) «hot flashes»;
- b) vaginal atrophy;
- c) urinary incontinence;
- d) osteoporosis.

**210. Middle time symptoms of climacteric syndrome include:**

- a) «hot flashes»;
- b) cardiovascular diseases;
- c) urinary incontinence;
- d) osteoporosis.

**211. Late symptoms of climacteric syndrome include:**

- a) night sweats;
- b) cardiovascular diseases;
- c) urinary incontinence;
- d) itching.

**212. In postcastration syndrome the level of FSH and LH is:**

- a) increased;
- b) decreases;
- c) not changed;
- d) increased proportionally to testosterone.

**213. In postcastration syndrome the level of estrogens is:**

- a) increased;
- b) decreases;
- c) not changed;
- d) increased proportionally to testosterone.

**214. What is NOT the type of premenstrual syndrome?**

- a) crisis;
- b) edematous;
- c) cephalgic;
- d) salt-waisting.

**215. Physiological hyperprolactinemia includes:**

- a) pregnancy;
- b) lactation;
- c) sleeping;
- d) all listed above.

**216. Prolactin level is inhibited by:**

- a) thyroliberin;
- b) morphine and endogenous opiates;
- c) estrogens;
- d) dopamine.

**217. RU-486 cannot attach to:**

- a) progesterone receptor;
- b) androgen receptor;
- c) glucocorticosteroid receptor;
- d) estrogen receptor.

**218. During a sharp curettage of an incomplete abortion uterine is perforated. What is the first step of management?**

- a) curettage should be completed and patient should remain under observation;

b) laparotomy;  
c) curettage should be stopped and patient should remain under observation;  
d) if there is no hemorrhage in the first 24 hours after operation, the patient can be discharged.

**219. A woman has undergone elective abortion one week ago. Now she comes to the clinic: cervix is closed, uterine is contracted with no tenderness. Her temperature is normal. What is the best treatment?**

- a) Doxycyclin 100 mg bid for two weeks;
- b) Clindamycin+Gentamycin;
- c) observation and check of full blood analysis;
- d) hormone therapy.

**220. What is the most likely cause of abortion in a 27 year old woman with the past history of two abortions in 10 wks and one in 15 wks with normal karyotype conceptus?**

- a) endocrine;
- b) immunological;
- c) anatomic;
- d) infectious.

**221. A 30 year old woman has become pregnant after 5 years of infertility with ovulation induction and a history of ectopic pregnancy in the right tube 2 years ago. She has undergone laparotomy for ruptured right fallopian tube. What is the best technique for this surgery?**

- a) adnexectomy;
- b) linear salpingectomy;
- c) right tube salpingectomy;
- d) segmental excision and delayed anastomosis.

**222. Which is a predisposing factor for ectopic pregnancy?**

- a) dysmenorrhoea;
- b) diabetes mellitus;
- c) contraceptive pills;
- d) present intrauterine device.

**223. The starting moment at a septic shock is:**

- a) angiospasmus;
- b) exo- and endotoxins;
- c) brain hypoxia;
- d) acute renal insufficiency.

**224. The mechanism of contraceptive action of hormonal contraception:**

- a) suppression of maturation of a follicle;
- b) interfere with penetration of sperm in oocyte;

- c) suppress impellent activity of sperm;
- d) interfere with break of the ripened follicle.

**225. *What concerns to virilizing syndrome?***

- a) polycystic ovary syndrome;
- b) premenstrual syndrome;
- c) postcastration syndrome;
- d) climacteric syndrome.

**226. *Hormonal treatment of a climacteric syndrome carries out as a rule:***

- a) natural estrogens;
- b) glucocorticoids;
- c) thyroidin;
- d) oral contraceptives.

**227. *A heavy degree of premenstrual syndrome:***

- a) 5–10 symptoms, from them are expressed 10–14 days prior to periods;
- b) 3–5 symptoms 3 days prior to periods;
- c) 5–7 symptoms 7 days prior to periods;
- d) 2–3 symptoms during periods.

**228. *Progressing ectopic pregnancy can be diagnosed with:***

- a) biopsy of endometrium;
- b) laparoscopy;
- c) curettage of a uterus;
- d) culdocentesis.

**229. *Chlamydial infection:***

- a) can cause infertility;
- b) diagnose at bacterioscopy of vaginal swabs;
- c) diagnose on detection of a level of hormones;
- d) cause vaginal itching.

**230. *Adenomyosis is diagnosed at:***

- a) fractional curettage;
- b) colposcopy;
- c) hysteroigraphy after menstruation;
- d) hysteroscopy.

**231. *Duration of normal menstrual cycle is:***

- a) 28–29 days;
- b) 28–40 days;
- c) 3–7 days;
- d) 21–35 days.

**232. Duration of normal mensis:**

- a) 1–3 days;
- b) 3–5 days;
- c) 3–7 days;
- d) 5 days.

**233. Desquamation of functional layer of endometrium occurs owing to:**

- a) «peak» emission of LH;
- b) decrease of estrogen and progesterone level in blood;
- c) decrease of prolactine level in blood;
- d) increases of estrogen level in blood.

**234. The basic criterion of biphasic menstrual cycle is:**

- a) regular rhythm of menstruation;
- b) time of menarche;
- c) beginning of menstrual functions during puberty;
- d) ovulation.

**235. The basal temperatures test is based on hyperthermal effect of:**

- a) estradiol;
- b) prostaglandins;
- c) progesterone;
- d) luteotrophic hormone.

**236. Oligomenorrhoea is:**

- a) seldom and scanty periods;
- b) seldom and painful periods;
- c) profuse bleeding;
- d) intermenstrual bleeding.

**237. Menorrhagia is:**

- a) acyclic uterine bleedings;
- b) cycling uterine bleedings (during mensis);
- c) painful menstruations;
- d) pre- and postmenstrual bloody discharge.

**238. Metrorrhagia is:**

- a) seldom and painful menstruations;
- b) painful menstruations;
- c) cycling uterine bleedings (during mensis);
- d) acyclic uterine bleedings.

**239. To the monophasic estrogen-gestagen drug refer:**

- a) Femoden;
- b) Regulon;

- c) Marvelon;
- d) all listed above.

**240. For contraception estrogen-gestagen drug must be taken:**

- a) during ovulation;
- b) before menstruation;
- c) from the 1-st day of menstrual cycle;
- d) irrespective of menstrual cycle.

**241. Atrophic vaginitis be treated with:**

- a) Pharmatex;
- b) Polygynax;
- c) Vagotil;
- d) Ovestin.

**242. For hormone replacement therapy in the climacteric period use all listed below EXCEPT for:**

- a) Klimen;
- b) Livial;
- c) Danazol;
- d) Regulon.

**243. At a polycystic ovarian syndrome all listed below symptoms are observed, EXCEPT for:**

- a) bilateral ovary enlargement;
- b) hypertrichosis;
- c) reduction of a body weight;
- d) primary infertility.

**244. Name possible complications of progestagenes:**

- a) intermenstrual bleeding;
- b) nausea, vomiting;
- c) increase of a body weight;
- d) all listed above complications.

**245. Dexamethasone suppression test is used for diagnosis of:**

- a) hyperestrogenemia;
- b) anovulation;
- c) hyperandrogenia;
- d) climacteric syndrome.

**246. Anovulatory cyclic uterine bleedings are normal in:**

- a) pubertate period;
- b) perimenopausal period;
- c) period of lactation;
- d) all listed cases.

**247. The most common reason vaginal bleeding in postmenopause is:**

- a) cervical cancer;
- b) cancer of endometrium;
- c) submucous myoma of a uterus;
- d) ovarian cancer.

**248. Treatment of mycotic vaginitis includes:**

- a) Polygynax;
- b) Clotrimasolum;
- c) Pimafulcin;
- d) all listed above.

**249. For a viral infection of genitalia there are typical all listed below, EXCEPT for:**

- a) high contagious;
- b) sexual way of transmission;
- c) localization in uterine tubes;
- d) recurrent course.

**250. Treatment of genital herpes includes:**

- a) Dalacin;
- b) Polygynax;
- c) Zovirax;
- d) Zoladex.

**251. What method is most informative in diagnosis of tubal-peritoneal infertility?**

- a) abdominal ultrasonography;
- b) metrosalpingography;
- c) transvaginal echography;
- d) laparoscopy with chromosalpingoscopy.

**252. An ascending gonorrhoea is in:**

- a) cervical channel;
- b) uterine tubes;
- c) parauretral glands;
- d) urethra.

**253. The most effective method of Gonococcus identification:**

- a) serologic;
- b) cultural;
- c) bacterioscopy;
- d) ELISA.

**254. Specify possible complications of acute inflammation of adnexa of uterus:**

- a) generalization of infection with development of peritonitis;
- b) abscess formation;
- c) formation of a chronic pelvic pain syndrome;
- d) all listed above.

**255. Characteristic clinical signs of nonspecific vulvovaginitis are everything listed EXCEPT:**

- a) discharge;
- b) itch of perineum and vagina;
- c) dyspareunia;
- d) acyclic uterine bleedings.

**256. Specify the tests for bacterial vaginosis:**

- a) detection of clue cells;
- b) increase pH of vaginal secret;
- c) positive aminotest and profuse discharge;
- d) all listed above.

**257. Primary infertility is:**

- a) no any pregnancy;
- b) not been given birth alive children;
- c) all of pregnancy are interrupted under medical indications;
- d) women without internal genitalia.

**258. Functional infringements of contractive activity uterine tubes can be consequence:**

- a) ovary hypofunction;
- b) hyperprostaglandinemia;
- c) hyperandrogenia;
- d) all listed above.

**259. Infringement of uterine tubes patency can be consequence of:**

- a) external genital endometriosis;
- b) operative interventions on internal organs of pelvis and abdominal cavity;
- c) gonorrheal salpingitis;
- d) all listed above.

**260. The basic method for diagnosis of dysplasia and preinvasive cancer of vulva is:**

- a) biopsy with histology;
- b) vulvoscopy;
- c) radioisotopic examination;
- d) Pap smear.



**261. Vaginal part of cervix uteri is covered with:**

- a) columnar epithelium;
- b) single-layered multirowed epithelium;
- c) glandular epithelium;
- d) stratified non-keratinizing epithelium.

**262. Treatment of cervical dysplasia CAN NOT be done with:**

- a) diathermo-coagulation;
- b) electroconisation;
- c) laser therapies;
- d) cone-shaped amputations cervix uteri.

**263. The diagnosis of CIN can be established only on the basis of results:**

- a) colposcopy;
- b) bimanual and recto-vaginal examination;
- c) Pap smear;
- d) histologic examination of cervical biopsy and endometrial scrape.

**264. Name leading clinical symptom of a cervical cancer:**

- a) pelvic pain;
- b) mucopurulent discharge;
- c) contact bleedings;
- d) acyclic uterine bleedings.

**265. Prominent features of leiomyomas:**

- a) it is a hormon-dependent tumor;
- b) origins from striated muscle;
- c) most frequently meets in puberty and early reproductive period;
- d) inclined to malignisation.

**266. The most informative diagnostic method for intermuscular myoma of uterus is:**

- a) vaginal examination;
- b) ultrasonography;
- c) metrosalpingography;
- d) hysteroscopy.

**267. The basic clinical symptom of submucous myoma:**

- a) chronic pelvic pain;
- b) dysmenorrhoea;
- c) menorrhagia;
- d) secondary infertility.

**268. Submucous myoma of a uterus can be diagnosed by all listed methods EXCEPT for:**

- a) transvaginal ultrasonography;
- b) metrosalpingography;
- c) hysteroscopy;
- d) laparoscopy.

**269. Surgery for cervical myoma is:**

- a) amputation of a uterus;
- b) conservative myomectomy;
- c) hysteroresectoscopy;
- d) hysterectomy.

**270. Radiological sign of an adenomiosis is:**

- a) boundary (contour) shadows;
- b) roughness of contours of a cavity of a uterus;
- c) expansion of an isthmus of a uterus, round contour of corners;
- d) all listed above.

**271. To external genital endometriosis belong all listed below forms, EXCEPT for:**

- a) ovary;
- b) corpus uterus;
- c) cervix;
- d) retrouterine spaces.

**272. The basic clinical symptom of cervical endometriosis is:**

- a) dysmenorrhoea;
- b) menorrhagia;
- c) pre and postmenstrual bleedings;
- d) infertility.

**273. What diagnostic method is most informative for external genital endometriosis?**

- a) laparoscopy with histological investigation of biopsy;
- b) transvaginal ultrasonography;
- c) metrosalpingography;
- d) hysteroscopy.

**274. Adenomyosis is:**

- a) inflammation of a mucous in uterus;
- b) precancer disease of endometrium;
- c) precancer disease of cervix uteri;
- d) severe degree of internal endometriosis in uterus.

**275. The right ovarian artery is a branch of which artery?**

- a) renal;
- b) aorta;
- c) superior mesenteric;
- d) hypogastric.

**276. Puberty is associated with a host of physical changes. The first external manifestation of puberty in girls is usually:**

- a) breast development;
- b) pubic hair development;
- c) weight gain;
- d) menstruation.

**277. Precocious puberty is NOT associated with:**

- a) primary hypothyroidism;
- b) head trauma;
- c) hyperprolactinemia;
- d) encephalitis.

**278. The pubertal growth spurt requires:**

- a) prolactin;
- b) progesterone;
- c) estrogen;
- d) LH.

**279. When the IUCD is compared with combination pills, it is found that the IUCD:**

- a) is more effective;
- b) is associated with less blood loss;
- c) has fewer systemic side effects;
- d) is associated with more congenital anomalies.

**280. For those who take the combination pill, contraceptive efficacy is:**

- a) greater than 99 %;
- b) the same as with barrier methods;
- c) dependent upon the scheme of intake;
- d) the same as with calendar method.

**281. When a patient stops taking the combination pill in order to become pregnant, she should:**

- a) expect her menses 35 days later;
- b) wait for reestablishment of normal cycles;
- c) have an endocrine examination performed;
- d) try to conceive during first cycle.

**282. Which of the following characteristics are NOT typical among patients with bacterial vaginosis:**

- a) pH>4.5 of vaginal discharge;
- b) fishy smelling vaginal odor;
- c) yellow-colored vaginal discharge;
- d) clue cells on microscopy.

**283. Which of the following is NOT TRUE about Chlamydia trachomatis:**

- a) it causes neonatal pneumonia;
- b) it is virus effectively treated with cephalosporins;
- c) it causes infertility;
- d) it takes a lot of antibiotics to treatment.

**284. Which of the following condition is NOT confused with salpingitis:**

- a) pyelonephritis;
- b) appendicitis;
- c) ectopic pregnancy;
- d) ovarian cyst.

**285. Risk factors for salpingoophoritis are all, EXCEPT for:**

- a) partner with urethral discharge;
- b) an intrauterine device;
- c) oral contraceptive use;
- d) prior salpingitis.

**286. Hyperprolactinemia resulting in amenorrhea may be caused all of the following EXCEPT for:**

- a) pituitary adenoma;
- b) psychomimetic drugs;
- c) hypothalamic tumor;
- d) oral contraceptive pills.

**287. Ovulatory disorders are associated with all of the following EXCEPT for:**

- a) hypothyroidism;
- b) hyperprolactinemia;
- c) hyperparathyroidism;
- d) hyperandrogenia.

**288. Endometriosis can cause infertility with all of the following mechanisms EXCEPT for:**

- a) disordered ovulation;
- b) impaired tubal motility;
- c) antibody formation;
- d) prostaglandin production.

**289. The most common age for the presentation of endometriosis is:**

- a) childhood;
- b) infancy;
- c) reproductive age;
- d) postmenopausal.

**290. Which of the following would NOT be a reasonable option for a 27-old female with chronic pelvic pain recently diagnosed with moderate endometriosis:**

- a) low-dose oral contraceptives;
- b) Danazol;
- c) progestagens;
- d) testosterone.

**291. Reproductive endocrine changes in the climacteric woman include all of the following EXCEPT for:**

- a) FSH level is higher;
- b) estradiol level is the same as younger woman;
- c) LH level is equivalent to those of younger woman;
- d) progesterone secretion decreases.

**292. Which of the following statements about vasomotor hot flashes in climacteric women is TRUE?**

- a) 80 % of women experience vasomotor hot flashes in climacteric;
- b) vasomotor symptoms are most common in late menopause;
- c) vasomotor hot flashes are most common in early menopause;
- d) FSH level is higher.

**293. All of the following statements about postmenopausal osteoporosis are true EXCEPT for:**

- a) the most common sites of rapid bone loss are vertebrae and long bones;
- b) after bilateral oophorectomy bone loss averages 4% per year for the first 5 years after surgery;
- c) it is estimated that one woman in two will have a senile osteoporotic fracture;
- d) premature menopause is an extreme factor for developing osteoporosis.

**294. Which of the following factors is most important to the development of uterine prolapsed:**

- a) weight of the uterus;
- b) the force of abdominal pressure exerted on the pelvic floor;
- c) uterine retroversion;
- d) weight of woman.

## ANSWERS

### QUESTIONS ON OBSTETRICS

№ of question	Correct answer	№ of question	Correct answer	№ of question	Correct answer	№ of question	Correct answer	№ of question	Correct answer
1	c	26	d	51	c	76	a	101	c
2	b	27	d	52	c	77	c	102	d
3	a	28	a	53	d	78	c	103	c
4	a	29	a	54	c	79	c	104	d
5	b	30	b	55	c	80	b	105	d
6	b	31	b	56	a	81	d	106	c
7	c	32	d	57	a	82	c	107	d
8	a	33	a	58	c	83	b	108	d
9	c	34	d	59	c	84	c	109	d
10	a	35	c	60	a	85	b	110	a
11	b	36	d	61	b	86	a	111	b
12	b	37	b	62	b	87	a	112	c
13	d	38	a	63	a	88	b	113	d
14	b	39	a	64	d	89	a	114	a
15	c	40	a	65	b	90	c	115	d
16	a	41	a	66	d	91	c	116	c
17	c	42	a	67	b	92	c	117	d
18	b	43	a	68	a	93	a	118	a
19	d	44	d	69	b	94	c	119	b
20	c	45	c	70	b	95	d	120	b
21	d	46	c	71	a	96	c	121	c
22	a	47	b	72	c	97	b	122	c
23	d	48	a	73	d	98	b	123	b
24	a	49	b	74	d	99	d	124	c
25	c	50	b	75	a	100	d		

### QUESTIONS ON GYNECOLOGY

№ of question	Correct answer	№ of question	Correct answer	№ of question	Correct answer	№ of question	Correct answer	№ of question	Correct answer
125	a	138	d	151	c	164	c	177	b
126	c	139	a	152	d	165	d	178	d
127	c	140	c	153	a	166	c	179	a
128	c	141	a	154	c	167	a	180	a
129	c	142	a	155	b	168	c	181	d
130	c	143	d	156	c	169	c	182	d
131	a	144	d	157	b	170	c	183	c
132	a	145	b	158	d	171	d	184	c
133	b	146	c	159	d	172	b	185	b
134	b	147	c	160	b	173	b	186	a
135	b	148	a	161	d	174	d	187	c
136	b	149	a	162	d	175	b	188	a
137	b	150	b	163	c	176	d	189	b

№ of question	Correct answer	№ of question	Correct answer	№ of question	Correct answer	№ of question	Correct answer	№ of question	Correct answer
190	b	211	b	232	c	253	b	274	d
191	c	212	a	233	b	254	d	275	b
192	b	213	b	234	d	255	d	276	a
193	a	214	d	235	c	256	d	277	c
194	d	215	d	236	a	257	a	278	c
195	b	216	d	237	b	258	d	279	c
196	d	217	d	238	d	259	d	280	a
197	a	218	b	239	d	260	a	281	b
198	d	219	d	240	c	261	d	282	c
199	a	220	b	241	d	262	a	283	b
200	b	221	c	242	c	263	d	284	a
201	b	222	d	243	c	264	c	285	c
202	a	223	b	244	d	265	a	286	d
203	d	224	a	245	c	266	b	287	c
204	b	225	a	246	d	267	c	288	c
205	d	226	a	247	b	268	d	289	c
206	b	227	a	248	d	269	d	290	d
207	c	228	b	249	c	270	d	291	b
208	d	229	a	250	c	271	b	292	c
209	a	230	d	251	d	272	c	293	c
210	c	231	d	252	b	273	a	294	b

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