

An ambulance delivered a woman with uterine bleeding and complaints of lower abdominal pain. Blood discharge from the genital tract lasts two days. The last menstruation was 3 months ago. A friend's pregnancy is desirable. She is registered in a women's consultation regarding this pregnancy. A vaginal examination revealed that the uterus is the size of a man's fist. The eye of the cervix freely passes a finger. Vaginal discharge is bloody, moderate.

1. *Name the main complaints of the patient.*
2. *What is the previous diagnosis? (on the basis of complaints and data taken in the condition of the task.)*
3. *What laboratory methods of examination should be carried out ?*
4. *What instrumental research methods should be used ?*
5. *What is the final diagnosis ?*
6. *What are the patient management tactics?*
7. *What complications are possible?*
8. *What are the methods of prevention of this pathology?*
9. *What is the prognosis for the patient's life and reproductive function?*

Childbirth A., the third day of the postpartum period. Childbirth is the first, timely. In connection with the occurrence during childbirth of a clinical discrepancy between the fetal head and the mother's pelvis, a cesarean section was performed. A fetus with a mass of 4200 g and a length of 56 cm was obtained. During the examination of the woman: the tongue is dry, the pulse is 120 beats / min , rhythmic, the pressure is 100/70 mm Hg . Art., temperature 38.5 °C, abdomen is swollen, painful on palpation. Symptoms of peritoneal irritation are present. Vomiting, vomiting masses of green color. Gas does not go away, discharge from the vagina is purulent, with an unpleasant smell.

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to the gynecological department with complaints of delayed menstruation for two months, nausea. Bloody discharge from the vagina appeared several hours ago. In the history of 3 artificial abortions. On examination: the cervix is cyanotic, barrel-shaped and expanded to 7-8 cm in diameter. The outer eye is slit-like and moderate bloody secretions come out of it. The body of the uterus is slightly larger than normal. During the examination, the bleeding did not increase. Cervical pregnancy was diagnosed.

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9. *What is the prognosis for the patient's life and reproductive function?*

Pregnant S., 33 years old, was admitted due to significant uterine bleeding that appeared 3 hours ago. Pregnancy IV, full term. Before the onset of bleeding, she noted spasm-like pains in the lower abdomen and lower back. Slight bleeding was observed for several days. Pale, pulse 108 bpm, blood pressure 100/60 mm Hg. Art. Uterus in increased tone with clear contours. The position of the fetus is longitudinal, the head of the fetus is movable above the entrance to the small pelvis. The fetal heartbeat is muffled and rhythmic, 160 beats /min. During the internal examination: the cervix is shortened, the opening of the uterine cavity is 3 cm, soft tissue is determined behind the internal cavity, the membranes are not determined. After the examination, the bleeding increased.

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A 36-year-old patient complains of sharp pains in the lower abdomen, more on the left side, an increase in body temperature to 38 °C, general weakness, headache. She is married, has given birth to two women, had 3 abortions, and had 1 miscarriage, which was complicated by repeated scraping of the uterine cavity and inflammation of the appendages. He has been sick for 6 years. She was periodically treated in a hospital and on an outpatient basis. She received antibiotics, sulfonamides, nitrofurans. Objectively: the abdomen is soft, painful, in the lower parts - tension of the front abdominal wall, more on the left. In the mirrors: the cervix is cylindrical, the eye is slit-like, the discharge from the cervical canal is muco-purulent, moderate. During a bimanual examination, the displacement of the cervix is sharply painful, the uterus and the right appendages are clearly not palpable. To the left of the uterus, a tumor-like formation measuring 6×7 cm is palpable, without clear contours, limited in movements, painful on palpation. The left vault is shortened.

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3. *What laboratory methods of examination should be carried out ?*
4. *What instrumental research methods should be used ?*
5. *What is the final diagnosis ?*
6. *What are the tactics of managing the patient?*
7. *What complications are possible?*
8. *What are the methods of prevention of this pathology?*
9. *What is the prognosis for the patient's life and reproductive function?*

Patient N., 29 years old, was brought to the gynecology department by ambulance with complaints of general weakness and pain in the lower abdomen. There were 4 pregnancies: the first - ended in an emergency delivery without complications, the others - in artificial abortions. He is periodically treated on an outpatient basis for chronic inflammation of the uterine appendages. Menstruation did not occur in the expected period. The patient felt nausea and swelling of the mammary glands. After 2 weeks, on the day of admission to the hospital, sharp pains in the hypogastrium appeared, which were accompanied by dizziness, short-term loss of consciousness, nausea and vomiting. Pain radiated to the anus. The patient was immediately hospitalized.

On admission: general condition of moderate severity. The skin and visible mucous membranes are sharply pale. The patient is inhibited, complains of sudden weakness and dizziness. Pulse 112 bpm, blood

pressure 80/55 mm Hg . Art. The lower part of the abdomen is painful, the symptoms of peritoneal irritation are positive. Dullness is determined by percussion in the lower abdomen. When moving the patient to the side, the border of dullness shifts to the same side. Vaginal examination: the cervix is slightly cyanotic , dark bloody discharge from the cervical canal. The posterior arch is smoothed, sharply painful on palpation. The uterus is tilted forward , somewhat enlarged, soft in consistency, painful when displaced. On the right, in the area of the appendages, an oval- shaped formation of a pasty consistency without clear contours is determined , which is sharply painful during examination.

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2. *What is the previous diagnosis? (on the basis of complaints and data taken in the condition of the task.)*
3. *What laboratory methods of examination should be carried out ?*
4. *What instrumental research methods should be used ?*
5. *What is the final diagnosis ?*
6. *What are the tactics of managing the patient?*
7. *What complications are possible?*
8. *What are the methods of prevention of this pathology?*
9. *What is the prognosis for the patient's life and reproductive function?*

A 40-year-old patient complained of severe pain in the lower abdomen, nausea, vomiting, temperature rise to 39°C. There are two normal births and five artificial abortions in the history. For the purpose of contraception, an IUD was inserted 6 years ago .

She fell ill two weeks ago, was treated alone - without effect . For the last ones two days of illness worsened . During examination : blood pressure 120/80 mm Hg. Art. , Ps 120 ud . / min . Tongue dry , coated , stomach inflated , painful in all departments , a positive symptom of Shchyotkin -Blumberg , with percussion is defined free liquid in the sidewalls . It's in the air delay gases and solids . With vaginal research : there is a large erosion on the cervix , IUD threads are present . Uterus and appendages are not defined separately . It is palpated fast painful immovable conglomerate measuring 10×12×16 cm, rear vault sheath overhanging , sharply painful , discharge pus- like Installed diagnosis : endometritis on the background of IUD, perforation tuboovarian abscess , spilled peritonitis

1. *Name the main complaints of the patient.*
2. *What is the previous diagnosis?*
3. *What laboratory methods of examination should be carried out ?*
4. *What instrumental research methods should be used ?*
5. *What is the final diagnosis ?*
6. *Define medical tactics .*
7. *What is the scope of surgery?*
8. *What complications are possible in this clinical case ?*
9. *What are the methods of prevention of this pathology?*

Patient N., 45 years old, turned to the hospital with complaints of constant mucous purulent and contact bloody discharge from the vagina. Menstrual the function is not broken. In the anamnesis, there are 2 births and 5 artificial ones abortions In the first deliveries, a vacuum extractor was used , in the second - obstetrics forceps , delivery complicated rupture of the cervix and vagina , which were sewn up . Half a year later gave birth diagnosed cervicitis and erosions cervix , in connection with which diathermocoagulation was performed . During vaginal examination established: the cervix is hypertrophied , deformed scars , external eye gapes Uterus and appendages without pathologists changes Parameters and vaults are free There is a large erosion on the cervix a surface that bleeds when touched . Allocation from the cervical canal muco-purulent with impurities blood Schiller 's test was positive.

1. *Which one previous diagnosis you can to establish according to the data examinations ?*
2. *How is Schiller's test performed and its interpretation ?*
3. *What laboratory methods Is it necessary to conduct an examination ?*
4. *What instrumental methods of research must be performed?*
5. *On the basis of which research methods can a final diagnosis be established?*

6. *What are the doctor's tactics in this clinical case?*
7. *Name the scope of surgical intervention for this pathology.*
8. *What is the prognosis for the patient's health?*
9. *What are the methods of prevention of this pathology?*

A pregnant woman, a 22-year-old housewife with a first pregnancy of 20-21 weeks, turned to the family doctor. Complaints about an increase in body temperature up to 38 ° C during the last day, general weakness, minor pulling pains in the right lumbar region. In the morning, 12 hours after the onset of symptoms, the pain intensified and the woman's condition worsened. During the examination: the general condition of the pregnant woman is satisfactory, blood pressure is 120/70 mm Hg . art., pulse - 88 beats per minute. The uterus is normal , the abdomen is soft, painless. Pasternacki's symptom is positive on the right side. In the anamnesis: the woman had no somatic pathology before pregnancy.

Laboratory studies :

	Indicator	Actual indicator	Reference indicator
ZAK	Hemoglobin	100 g/l	110-140 g/l
	Erythrocytes	$3.2 \times 10^{12} / l$	$3.5-5.5 \times 10^{12} / l$
	Leukocytes	$14, 2 \times 10^9 / l$	$4.5-11.0 \times 10^9 / l$
	Rod nuclear	10%	3-5%
	Lymphocytes	28%	25-33%
	SZE	28 mm/h	2-15 mm/h
	Platelets	$220 \times 10^9 / l$,	$180-320 \times 10^9 / l$
Biochemistry	Urea	6.3 mmol / l	2.5-8.3 mmol / l
	Creatinine n	55 μ mol / l	53-106 μ mol / l
ZAS	When r	yellow	yellow
	Transparency	cloudy	transparent
	Specific weight	1032	1010-1025
	White	0.66	there is no
	Sugar	there is no	there is no
	Erythrocytes	0-1 in p / z	0-1 in p / z
	Leukocytes	30-40 in p / z	1-5 in p / z
	Epic itelius	in a large quantity	1-10 in p / z
	Bacteria	GR (+)	there is no

Ultrasound of the kidneys - signs of right-sided pyeloectasia .

1. *Name the patient's main complaints.*
2. *What is the preliminary diagnosis (on the basis of complaints and data specified in the condition of the problem)?*
3. *Evaluate laboratory parameters.*
4. *Make a plan for examination and treatment of the pregnant woman.*
5. *What is the final diagnosis?*
6. *Name the main principles of treatment of this pathology.*
7. *What are the tactics of pregnancy management?*
8. *What are the possible complications for the mother and fetus?*
9. *What are the methods of prevention of this pathology in pregnant women?*

Pregnant A., 28 years old, came to the family doctor with a diagnosis: I'm 36 weeks pregnant. Focal tuberculosis of the lungs in the infiltration phase. Complaints about general weakness, fatigue.

He has been sick for 8 years and is registered in a tube dispensary . IN term 17 weeks of pregnancy after a severe flu took place activation tuberculosis process . After treatment antituberculosis drugs, with negative results of the examination for BC in sputum , pregnant in satisfactory condition condition was discharged with permission for prolongation pregnancy Heredity is not burdened . Transferred disease : in childhood - flu , sore throat . Married for 5 years . Sexual life with 2 3 years , male to healthy. On the region in women's consultations is from 8 weeks old pregnancy

Upon inspection: overall condition is satisfactory . Skin ordinary coloring Body temperature is 36.5° C, pulse 74 beats . / min . , blood pressure 110/60 mm Hg. Art. Heart without pathology . In the lungs are listened to single moist wheezing

The dimensions of the pelvis in: 26–28–32–21 cm, OЖ - 90 cm, VDM - 34 cm. The position of the fetus is longitudinal , the main presentation . The fetal heartbeat is clear , rhythmic , 144 beats . / min . At p research discovered : the cervix is formed, 3 cm long , the cervical canal closed

1. Name it preliminary diagnosis .
2. What is the next course of action ? driving are you pregnant
3. What are the features of the examination and preparation of pregnant women with tuberculosis for childbirth?
4. What are the principles treatment pregnant women from the pathology indicated above?
5. What are the features of pregnancy, childbirth and the postpartum period in women with tuberculosis ?
6. What are the contraindications to breastfeeding in the presence of pathology ?
7. What is the rehabilitation of women in labor with tuberculosis in the postpartum period?
8. Name the contraindications to carrying a pregnancy in patients with tuberculosis.
9. What is the role of women's consultation in the prevention of complications during pregnancy and childbirth in women with tuberculosis?

A 26-week pregnant woman with complaints of a persistent dry cough, general weakness, body temperature of 37.3-37.4 °C (periods up to 37.7 °C) during the last week, contacted the family doctor by phone, who recommended home bed rest; warm teas with raspberry/viburnum and lemon; paracetamol . The patient's condition improved: body temperature dropped to 37.3 °C, appetite improved. But three days after the onset of the disease , a sore throat appeared, a dry persistent cough, and the sense of smell and taste disappeared.

History: 10 days ago, a pregnant woman developed a runny nose and nasal congestion . The next day, the body temperature rose to 38 °C, pain in the joints and headache appeared, and the appetite decreased. And a day later, the body temperature rose to 38.3 °C.

Previously, during the examination, the obstetrician-gynecologist established: the uterus is normotonous , corresponds to the term of pregnancy, the heartbeat of the fetus can be heard. During the examination by the therapist, it was found that the skin and visible mucous membranes were pale pink, the pulse was 88 bpm , the blood pressure was 110/60-115/70 mm. RT st., BH - 26/min., the tongue is clean and moist, the pharynx is somewhat hyperemic . Auscultatively : vesicular breathing in the lungs, the right in the lower parts is weakened, single small bubbling and crepitant rales. SpO₂ - 94%.

The patient was sent to a hospital. An examination and consultation were conducted in the hospital pulmonologist . X-ray of OGK: an area of intense darkening in the lower parts with unclear contours.

Laboratory studies :

Indicator	Actual index	Reference index
Hemoglobin	102 g/l	110-140 g/l
Erythrocytes	3.2×10 ¹² /l	3.5-5.5×10 ¹² /l
Leukocytes	3.2 x 10 ⁹ /l	4.5-11.0×10 ⁹ /l
Rod nuclear	10%	3-5%
Lymphocytes	15%	25-33%
Platelets	190×10 ⁹ /l	180-320 × 10 ⁹ /l
Urea	6.3 mmol /l	2.5-8.3 mmol /l
Creatini n	55 μmol /l	53-106 μmol /l
White Irubin	19.5 μmol /l	up to 21.0 μmol /l
Fibrinogen	3.5 g/l	3-5 g/l
SRP	9	less than 3
AlAT	42 units/l	up to 40 units/l
JSC	34 units/l	up to 40 units/l

1. What is the previous diagnosis?
2. Evaluate laboratory parameters.

3. *Which additional methods examination assoc appoint ?*
4. *What diseases are differentially diagnosed with ?*
5. *What are the tactics of pregnancy management in this clinical situation?*
6. *Name the main principles of treatment of this pathology.*
7. *What are the possible complications for the mother and the fetus with given pathology ?*
8. *What are the delivery tactics?*
9. *Name the contraindications to carrying a pregnancy in the case of respiratory diseases.?*

The patient, 23 years old, turned to the gynecologist with complaints of rare, insignificant menstruation, weight gain, hair loss.

From the anamnesis: menarche at the age of 12 . Menstruation for 3–4 days , after 45–60 days , insignificant . My mother has type II diabetes, obesity.

Objectively: height 160 cm, weight 85 кг, blood pressure 140/100 mm Hg . Art., waist circumference - 88 cm, oily skin, acne on the face, growth of single terminal hairs on the chin, above the upper lip.

During vaginal examination it is established: the body of the uterus is somewhat reduced in size , mobile , painless . In the area to taxes on the right and on the left are palpated creations 4×4 cm in size , tight elastic consistency , mobile , painless . Vault deep Allocation from the vagina are light , insignificant .

The results of laboratory tests: glycated hemoglobin (HbA1 c) – 5.7 (ref. value – 4-6); TSH - 1.76 μIU / ml (0.4-4); prolactin - 21.5 ng / ml (1.9-25); 25-hydroxyvitamin D 13.22 ng / ml (20.0-100); DHEA - 388.9 (148.0-407); SZH – 20.21 nmol / l (32.4 – 128.0); free androgen index – 7.37% (0.297-5.62).

1. *Give an estimate of a woman's menstrual cycle.*
2. *Determine the body mass index (BMI).*
3. *Which one previous diagnosis?*
4. *What are the instrumental research methods necessary for making a diagnosis?*
5. *What are the ultrasound criteria for this pathology?*
6. *Evaluate the results of laboratory studies.*
7. *What is the final diagnosis (with determination of the phenotype)?*
8. *What are the management tactics of this patient?*
9. *What are the basic principles of hormone therapy?*
10. *What are the possible early, mid-term and late complications of this pathology?*

Pregnant S., 33 years old, was admitted with significant uterine bleeding that appeared 3 hours ago. Pregnancy IV, full term. Before the onset of bleeding, she noted spasm-like pains in the lower abdomen and lower back. Slight bleeding was observed for several days. The pregnant woman is pale, blood pressure 90/60 mm Hg . st., pulse 110 beats /min. Uterus in increased tone with clear contours. The position of the fetus is longitudinal, the head of the fetus is movable above the entrance to the small pelvis. The fetal heartbeat is muffled, rhythmic, 170 beats /min. During the internal obstetric examination, it was established: the cervix is shortened, the opening of the uterine cavity is 3 cm, soft tissue is determined behind the internal cavity, the membranes are not defined. After the examination, the bleeding increased.

1. *What is the preliminary diagnosis when a pregnant woman is admitted?*
2. *What was the complication?*
3. *What are the doctor's tactics regarding the delivery of this patient?*
4. *Name the possible causes of this complication?*
5. *How to determine the Algover index , what is it equal to in this case and what does it indicate?*
6. *What laboratory methods of examination must be carried out to make a final diagnosis ?*
7. *What methods should be used to diagnose the state of the fetus?*
8. *What conditions must be met during an internal obstetric examination of a pregnant woman if she is admitted with bleeding?*
9. *Which ones are possible complications for the mother and the fetus given pathology ?*
10. *What amount of blood loss during pregnancy requires urgent delivery?*

In the hospital, on the 6th day after the caesarean section, the temperature suddenly rose sharply to 39.6 °C, the blood pressure dropped to 80/40 mm Hg . st., the skin is pale, covered with cold sweat. The lower extremities are cold, the nails are cyanotic , the skin on the lower legs resembles a marble pattern. Pulse - 126 beats /min., filiform, BH - 28/min. The patient is apathetic.

Diagnosis before surgery : And emergency delivery at 41 weeks of pregnancy. Clinically narrow pelvis. Premature rupture of fruit membranes. Big fruit.

It is known from the anamnesis: the pregnancy was complicated by mild anemia; aerobic colpitis was observed (sanitation was not carried out).

An increase in temperature in the woman in labor was observed from the fourth day of the postoperative period to 37.5°C - 38°C, the patient noted pain in the lower abdomen, general weakness. The doctor on duty examined the woman in labor, diagnosed postpartum endometritis and prescribed treatment.

ZAK in dynamics, 4th day: Hb - 92 g/l; E – 2.8×10^{12} /l; L – 11.8×10^9 /l (n- 8; c- 72; l- 16; m- 4; e-0; b-0); platelets - 130×10^9 /l; 5th day: Hb – 84 g/l; E – 2.2×10^{12} /l; L – 15.4×10^9 /l (n- 12; c- 72; l- 14; m- 2; e-0; b-0); platelets - 94×10^9 /l.

1. Give an assessment of laboratory indicators in dynamics.
2. What complication occurred in the postoperative period?
3. What additional laboratory tests should be performed?
4. What instrumental methods of research should be conducted?
5. What are the main causes of obstetric septic complications?
6. Name the diagnostic criteria for septic shock.
7. Describe the likely route of spread of infection in this case.
8. Name the risk factors for the development of puerperal septic complications.
9. Name the main principles of intensive therapy for septic shock.
10. What is the scope of surgery for septic shock ?

More fertile . Childbirth lasts 28 hours. The position of the fetus is transverse . The heartbeat of the fetus cannot be heard . The amniotic fluid broke 7 hours ago. Takeovers accepted tetanic character Through the vulvar ring a handle and a non-pulsating loop of the umbilical cord fell out . When internal obstetric research established : vagina the pen is occupied , the cervix is smoothed , opening eye full The shoulder of the fetus was stuck in the entrance to the small pelvis .

1. What is the period of childbirth ?
2. Which ones complication did it arise in childbirth?
3. Formulate full diagnosis .
4. Define the concept of "fetal position".
- 5 . What are the possible causes of the incorrect position of the fetus ?
6. What type of labor analgesia is used in this clinical situation?
7. What are the birth tactics in this case ?
8. Make a plan for the treatment of the woman in labor in the postpartum period period
9. Which ones methods contraception can be offered women in labor ?

Patient L, 25 years old, is registered in the women's consultation regarding the first pregnancy, term 29-30 weeks. She turned to the family doctor with complaints of an increase in body temperature to 39.5C, a sore throat, a dry cough, and copious discharge from the nose. These symptoms are observed for 3 days. She was treated independently, without effect. The onset of the disease is associated with contact with a sick man, who has been confirmed to have Covid-19 by the polymerase chain reaction method.

Objectively: moderate condition, temperature 39.1, Ps-120/ min , SpO2 -93%. The skin is pale. Mucous membrane of the oropharynx hyperemic , granular. Shortness of breath of a mixed nature, BH -23/min. Hard breathing in the lungs, weakened in the left lower parts. Tones are clear, rhythmic, tachycardia.

The family doctor made a diagnosis: Covid-19, course of medium severity. Laryngotracheitis. Inpatient treatment was recommended, which the patient refused. After 5 days, the patient was admitted to the reception department of the regional hospital with complaints of significant bleeding, the volume of about 300 ml , a decrease in the feeling of fetal movements. Pale, Ps-130/ min , blood pressure -90/60 mmHg . An urgent caesarean section was performed, a live premature girl was born, weighing 1200 g, length 42 cm. Apgar 3/5/6 b. The child was transported to the neonatal intensive care unit .

1. What is the previous diagnosis of the pregnant woman?
2. What additional studies should be conducted?
3. Did the pregnant woman require hospitalization at the first visit to the family doctor?
4. What additional examinations should be prescribed at the first visit?
5. Has prevention of RDS of the fetus been indicated?
6. What examinations should be performed on a newborn?
7. What is the rehabilitation of women with COVID-19 in the postpartum period?
8. What is the reproductive prognosis for this patient?
9. What preventive measures should a pregnant woman take to avoid the disease of Covid-19?
10. Which vaccines against Covid-19 are allowed for pregnant women?

Patient K., 16 years old, came to the family doctor, accompanied by her mother, with complaints of general weakness, rapid fatigue, and shortness of breath during physical exertion for the past 3-4 months. Objectively : height 164 cm, body weight 48 kg; skin and visible mucous membranes are pale, clean. Blood pressure 90/60 mm Hg . on both hands, heart rate 90 bpm , respiratory rate 20-22 per 1 min. The tongue is moist, clean; the stomach is soft , not painful.

He denies somatic pathology. He does not take medicine. There were no allergic reactions. He denies smoking, alcohol and drug use.

Menarche at 14 years, menstruation in 31-34 days, duration of menstrual bleeding 4-6 days. In the last six months, the patient noted an increase in the duration of menstruation to 10 days.

The family doctor prescribed laboratory tests, based on the results of which he established the diagnosis: iron deficiency anemia of moderate severity. Prescribed iron preparations per os and control of laboratory indicators after a month.

Laboratory studies :

	Indicator	1st visit	2nd visit	Reference indicator
ZAK	Hemoglobin	90 g/l	92 g/l	110-140 g/l
	Erythrocytes	$2.7 \times 10^{12}/l$	$2.8 \times 10^{12}/l$	$3.5-5.5 \times 10^{12}/l$
	Leukocytes	$7.2 \times 10^9/l$	$6.9 \times 10^9/l$	$4.5-11.0 \times 10^9/l$
	Rod nuclear	2	4	3-5%
	Segment nuclear	60	58	52-72%
	Monocytes	7	4	3-10%
	Basophils	1	0	0-1%
	Eosinophils	2	4	2-4%
	Lymphocytes	28	30	25-33%
	SZE	18 mm/h	12mm/hour	2-15 mm/h
	Platelets	$220 \times 10^9/l$,	$240 \times 10^9/l$,	$180-320 \times 10^9/l$
	Non-ferrous indicator	1.0	0.98	0.85-1.05
	Hematocrit	0.33	0.33	0.36-0.42
Biochemistry	Urea	6.3 mmol /l	6.3 mmol /l	2.5-8.3 mmol /l
	Creatinine n	55 μ mol /l	55 μ mol /l	53-106 μ mol /l

1. Name the patient's main complaints.
2. What is the preliminary diagnosis (on the basis of complaints and data specified in the condition of the problem)?

3. *Evaluate laboratory indicators in dynamics.*
4. *Is there an effect from the prescribed treatment?*
5. *What additional research methods should be prescribed?*
6. *What results can you expect?*
7. *What is the final diagnosis?*
8. *Name the main principles of treatment of this pathology.*
9. *To which specialist should the family doctor refer the patient?*

The patient is 36 years old. There are 4 uncomplicated abortions in the anamnesis. Delay of menstruation for 3 weeks. She became acutely ill: she briefly fainted from pain in the lower abdomen. The patient is pale, weak, pulse - 120 beats / min , blood pressure - 80/40 mm Hg . Art. The abdomen is soft, painful in the lower parts, Shttkin's symptom is pronounced . Displacement of the cervix is sharply painful, so it is impossible to clearly palpate the body of the uterus and appendages. Pastosity and sharp pain in the back vault. There are no allocations.

1. *Name the main complaints of the patient.*
2. *What is the previous diagnosis? (on the basis of complaints and data taken in the condition of the task.)*
3. *What laboratory methods of examination must be carried out ?*
4. *What instrumental research methods should be used ?*
5. *What is the final diagnosis ?*
6. *What are the patient management tactics?*
7. *What complications are possible?*
8. *What are the methods of prevention of this pathology?*
9. *What is the prognosis for the patient's life and reproductive function?*

The patient is 42 years old. Upon admission, he complains of pain in the lower abdomen, increased urination, and an increase in body temperature up to 38.7 oC . Prys . During palpation, a positive Shttkin symptom is expressed . During a bimanual examination, it was established that the uterus is not enlarged, mobile, and painless . To the right of the uterus, a tumor-like formation, painful, immobile, 12x14 cm in size is determined.

1. *Name the main complaints of the patient.*
2. *What is the previous diagnosis? (on the basis of complaints and data taken in the condition of the task.)*
3. *What laboratory methods of examination should be carried out ?*
4. *What instrumental research methods should be used ?*
5. *What is the final diagnosis ?*
6. *What are the patient management tactics?*
7. *What complications are possible?*
8. *What are the methods of prevention of this pathology?*
9. *What is the prognosis for the patient's life and reproductive function?*

A 25-year-old patient complained of pain in the lower abdomen, delay of menstruation for two weeks, minor bloody discharge from the genital tract. In the history of 2 artificial abortions, chronic bilateral salpingo-oophoritis . Objectively: BP 100/70 mm Hg . Art. Pulse 80 bpm . The abdomen is painful in the lower parts, Shttkin's symptom is a weakly positive case. When examined in mirrors: the cervix is clean, the discharge is slightly bloody. During a bimanual examination: the body of the uterus is of normal size, movements behind the cervix are sharply painful, a painful tumor-like mass with indistinct contours is palpable to the right of the uterus, the posterior vault overhangs, painful. After performing a puncture of the abdominal cavity through the posterior vault of the vagina, liquid blood was obtained that did not coagulate.

1. *Name the main complaints of the patient.*

2. *What is the previous diagnosis? (on the basis of complaints and data taken in the condition of the task.)*
3. *What laboratory methods of examination should be carried out ?*
4. *What instrumental research methods should be used ?*
5. *What is the final diagnosis ?*
6. *What are the patient management tactics?*
7. *What complications are possible?*
8. *What are the methods of prevention of this pathology?*
9. *What is the prognosis for the patient's life and reproductive function?*

Patient, 52 years old. Complaints of sharp pains in the hypogastrium , temperature rise to 38.5 °C, vomiting. Complaints during the last 2 days, the intensity of pain is increasing. For 10 years, the patient has been observed for uterine leiomyoma . She refused the proposed surgical treatment. The tongue is dry, the abdomen in the lower parts is tense, sharply painful on palpation, Shttkin's symptom is positive. Bimanual - the cervix is cylindrical shape, the outer os is closed, the uterus is dense, enlarged to the 12th week of pregnancy, irregularly shaped. During palpation and during movements of the cervix, sharp pains are noted; applications are not defined. Secretions are mucous, insignificant. Laboratory examinations confirmed significant leukocytosis, shift of the blood formula to the left, increased ESR

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A 40-year-old patient complains of bloody discharge from the genital tract for two weeks. Menstruation from the age of 14, 4-5 days every 28 days, regular, moderate, painless . In the last three months, she noted delays in menstruation for 3-5 days. The last menstruation began with a delay of 2 weeks and lasts 14 days until the time of examination. During bimanual examination: the cervix is cylindrical, clean, the os is closed. The body of the uterus is of normal size, movable, painless. Applications are not palpated , parameters are free. The secretions are bloody, in moderate amounts. The conducted pregnancy test showed a negative result.

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Childbirth K., 30 years old. The fourth day of the postpartum period. Labor III, complicated by the premature discharge of amniotic fluid and the duration of the waterless period of 20 hours. He notes weakness, sweating, an increase in body temperature up to 38.2 °C. Pulse 100 beats / min ,

rhythmic. The abdomen is soft, painless . The uterus reaches the level of the navel, is soft, somewhat painful in the lateral areas. Lochia in an increased amount, purulent , with an unpleasant smell.

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A 12-year-old girl has noticed bleeding from the genital tract for the last 2 weeks , after a delay of menstruation for 3 months, weakness, headache, dizziness. Menstruation since 10 years. Objectively: the skin is pale, tachycardia, blood pressure - 100/60 mm Hg . Art. In the blood: Hb - 100 g/l, platelets 200×10^9 /l. Gynecological examination: virgo . During a rectal examination: the body of the uterus and appendages are without pathology

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Pregnant for 23 years, first pregnancy. She was not sick before pregnancy. In the term of 24-25 weeks after eating spicy food, she felt pain in the lower back, shivering , the temperature rose to 39.0 C. In the general blood analysis, leukocytes - 15.5×10^9 /l, ESR - 35 mm/g, in the general analysis of urine - protein 0, 06 g/l, white blood cells cover the field of vision. Other analyses; bacteriuria .

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