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**Gynecological diseases.
Task book and dictionary of Latin terms**

Manual

Edited by Irina G. Kutsenko

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with the Federal State Educational Standard of Higher Professional Education
for students trained in the professional undergraduate programs in the
following specialties: General Medicine and Pediatrics

This manual contains 36 cases, Latin and Greek-Latin anatomical and
clinical terms used in classical and modern gynecology.

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Гинекологические заболевания.

Сборник клинических задач
и словарь латинских терминов

Учебное пособие

Под редакцией И.Г. Куценко

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Учебное пособие написано по дисциплине «Акушерство и гинекология» в соответствии с Федеральным государственным образовательным стандартом высшего профессионального образования для студентов, обучающихся по основным профессиональным образовательным программам высшего образования – программам специалитета по специальностям: лечебное дело и педиатрия

Данное пособие содержит 36 клинических ситуационных задач, латинские и греко-латинские анатомические и клинические термины, применяемые в классической и современной гинекологии.

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ABBREVIATIONS

BP	– blood pressure
PID	– pelvic inflammatory disease
IUD	– intrauterine device
HPV	– human papillomavirus
MHT	– menopausal hormone therapy
STD	– sexual transmitted disease
COC	– combine oral contraceptive
CT	– computed tomography
LH	– luteinizing hormone
NSAID	– nonsteroidal anti-inflammatory drug
MRI	– magnetic resonance imaging
PMS	– premenstrual syndrome
PCR	– polymerase chain reaction
ET	– embryo transfer
PET	– positron-emission tomography
ESR	– erythrocyte sedimentation rate
T4	– thyroxine
TSH	– thyroid-stimulating hormone
FSH	– follicle-stimulating hormone
hCG	– human chorionic gonadotropin
CDI	– color Doppler imaging
IVF	– in vitro fertilization
BRCA	– breast cancer
CA-125	– cancer antigen 125
CA-19-9	– cancer antigen 19-9
CRP	– C-reactive protein
E2	– estradiol
HE4	– Human epididymis protein 4
H-SIL	– high grade squamous intraepithelial lesions
L-SIL	– low-grade squamous intraepithelial lesions

PREFACE

This textbook presents 36 therapeutic and diagnostic cases describing the subjective and objective symptoms of various gynecological diseases and initial examination data. The solution of the case requires students to implement theoretical knowledge in a real clinical situation when choosing methods of examination and treatment of a particular patient according to clinical protocols, provides students with an opportunity to independently formulate a diagnosis. Therapeutic and diagnostic cases reflect the sections of Gynecology.

Federal State Educational Standard of Higher Professional Education for students enrolled in the core professional educational programs of higher education – specialty programs in General Medicine and Pediatrics requires students to know Latin. This textbook contains tables of classical Latin and Greek-Latin terms used in gynecology since ancient times (Galen, Hippocrates, Celsus). The terms are grouped according to the sections of Gynecology. Today Latin is once again becoming an international medical language, and knowledge of Latin terminology is becoming an important attribute of higher medical education.

Within the framework of this work book, medical students should apply their skills and abilities to solve various clinical cases, formulate a diagnosis (level III of knowledge grouping), and to master gynecological Latin terminology in accordance with the academic discipline “Gynecology” *Sine nominibus nulla scientia* (there is no knowledge without names).



CASES IN GYNECOLOGY

1. ABNORMAL UTERINE BLEEDING

Case No. 1

A 14-year-old girl and her mother have come to the gynecological hospital. The patient is suffering from massive uterine bleeding had beginning from the 20th day of menstrual cycle. In history: menarche at the age of 13, massive painless bleeding with clots for a year (after 6-8 weeks for 8-10 days). The patient suffers from nasal bleeding since early childhood.

Objective clinical examination: the skin is pale. The pulse is 82 bpm, rhythmic. Arterial pressure is 110/70 mmHg. The abdomen is soft and painless.

Status genitalis: the external genitalia are normal, with pubic hair of female type, and the hymen is intact. Per rectum: the uterus is of normal size, painless; the adnexa on both sides are not enlarged. Vaginal discharge is bloody and profuse.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. DISEASES, IN WHICH THE DESCRIBED CLINICAL PICTURE OF A TEENAGE GIRL CAN BE OBSERVED

- 1) ovulatory dysfunction
- 2) thrombocytopathy
- 3) Werlhof's disease
- 4) Willebrand disease
- 5) endometrial polyp

2. ADDITIONAL EXAMINATION FOR THIS PATIENT

- 1) CBC + platelet count study
- 2) pelvic ultrasound
- 3) coagulogram
- 4) HCG test
- 5) hormonal test

3. METHOD TO STOP BLEEDING IN ADOLESCENT GIRLS, WHICH IS USED IN EXTREME CASES

- 1) NSAIDs
- 2) uterotonic drugs
- 3) hormonal hemostasis
- 4) tranexamic acid administration
- 5) curettage of the uterine cavity

Case No. 2

A 29-year-old female patient was admitted to a gynecological hospital with a complaint of prolonged uterine bleeding within 10 days after the last menstruation was delayed by 3 months. Menarche at the age of 13. The menstrual cycle is 30 days; the duration of menstruation is 5-6 days. Past medical history includes 1 pregnancy, which ended in birth in term. Withdrawal contraception is used.

Examination with speculum and bimanual examination revealed no pathological changes. The HCG test is negative. Pelvic ultrasound without pathology.

D&C was performed under the control of hysteroscopy. Pathology of the uterine cavity was not detected. The bleeding has stopped.

The result of the morphological examination of the endometrium: the phase of late proliferation.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. IN THIS CASE THERE IS A

- 1) myoma uteri submucosum
- 2) endometriosis interna
- 3) abortus spontaneus
- 4) anovulatio
- 5) coagulopatia

2. FOR THE REGULATION OF THE MENSTRUAL CYCLE IT IS ADVISABLE TO USE

- 1) progestins
- 2) estrogens
- 3) COCs
- 4) androgens
- 5) cyclic vitamin therapy

3. POSSIBLE VARIANTS OF OVULATORY DISORDERS

- 1) positive feedback violation
- 2) negative feedback violation
- 3) direct communication violation
- 4) hyperprolactinemia
- 5) insulin resistance

2. PELVIC INFLAMMATORY DISEASE

Case No. 3

A young nulliparous woman became acutely ill on the second day after a surgical abortion. Complaints of malaise, fever up to 39°C, a single-shot chill. The patient took paracetamol, called an ambulance and was taken to the gynecological hospital on duty. The examination revealed pallor of the skin, tachycardia. The abdomen is of a normal shape, soft, painful on palpation above the womb. An increase in the number of leukocytes to 13.6×10^9 , CRP ++, ESR 35 mm per hour.

Status genitalis: the cervix is not visually changed; the discharge is low, bloody, and odorless. The uterus is slightly larger than normal, of soft consistency, mobile, painful, the adnexa are not enlarged, painless. The parametrium is not infiltrated, the external os is closed.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. THE COMPLICATIONS IN THE FOLLOW-UP PERIOD OF THIS PATIENT INCLUDE

- 1) parametritis
- 2) abscessus tubaria
- 3) pelvioperitonitis
- 4) endometritis acuta
- 5) salpingoophoritis acuta

2. WHAT IS MOST IMPORTANT IN THE COMPLEX TREATMENT OF THE PATIENT?

- 1) infusion therapy
- 2) uterotonic drugs
- 3) antipyretic drugs
- 4) broad-spectrum antibiotics
- 5) D&C

3. LONG-TERM EFFECTS OF POST-ABORTION INFLAMMATORY PROCESS INCLUDE

- 1) sterilitas
- 2) algos
- 3) abortus habitualis
- 4) dysmenorrhea
- 5) pyometra

Case No. 4

A 23-year-old female patient was delivered to the hospital on duty by an ambulance with complaints of acute pain in the lower abdomen, nausea, itching and burning during urination, purulent bloody discharge from the genital tract. The patient fell ill acutely during the last menstruation. The woman is not married, withdrawal contraception is used. On admission, the condition was of moderate severity. Body temperature is 39°C, BP is 110/70 mmHg, pulse is 110 beats per minute, hemoglobin is 110 g/l, and leukocyte count is 25.0×10^9 , CRP ++.

The abdomen is moderately bloated; there is tension in the muscles of the anterior abdominal wall, positive Blumberg's sign in the lower sections.

Status genitalis: the external os of the urethra is hyperemic, the mucous of the vagina and cervix is hyperemic, edematous, purulent discharge with an admixture of blood are released from the cervical canal. On bimanual examination it is not possible to determine the uterus and adnexa due to severe pain and tension in the abdominal muscles.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. ADDITIONAL EXAMINATION OF THE PATIENT SHOULD INCLUDE

- 1) microscopic examination of smears from the vagina and cervical canal
- 2) pelvic ultrasound
- 3) culdocentesis
- 4) bacteriology test of smear from cervical canal
- 5) hCG test

2. CONSERVATIVE TREATMENT OF THE DISEASE IS

- 1) non-steroidal anti-inflammatory drugs
- 2) bed-rest regime
- 3) infusion therapy
- 4) broad-spectrum antibiotics
- 5) physiotherapy

3. THE INDICATION FOR SURGICAL TREATMENT INCLUDES

- 1) endometritis
- 2) pyoovarium
- 3) abscessus tuboovarialis
- 4) pyosalpinx
- 5) salpingitis purulentus

Case No. 5

A single 25-year-old woman has come to the women's health clinic with complaints of purulent vaginal discharge and pain during urination lasting for 5 days. The patient did not notice body temperature increase. The patient does not have a sexual intercourse regularly, a permanent sexual partner, and does not use contraception. The menstrual cycle is regular. The abdomen is of normal shape and soft during palpation.

Status genitalis: the external os of the urethra is hyperemic, the mucous of the vagina and cervix is hyperemic, edematous, purulent discharge with an admixture of blood are released from the cervical canal. The uterus and adnexa are painless and not enlarged. The parametrium is not infiltrated.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. THE DISEASE IN THIS CASE IS

- 1) vaginitis
- 2) cervicitis
- 3) urethritis
- 4) endometritis
- 5) salpingitis

2. THERAPY FOR A GIVEN PATIENT INCLUDES

- 1) hospitalization
- 2) antimicrobial agents
- 3) infusion therapy
- 4) treatment of sexual partner
- 5) combined anti-inflammatory vaginal drugs

3. POSSIBLE CONSEQUENCES OF THE DISEASE INCLUDE

- 1) sterilitas
- 2) cervicitis chronica
- 3) urethritis chronica
- 4) dysmenorrhea
- 5) algos

Case No. 6

A 26-year-old woman went to the antenatal clinic complaining of aching pain in the lower abdominal region over the past year. The pain appeared after treating infertility at a southern resort. In history: rare and scarce menstruation since the age of 17, every 60-80 days; primary infertility for 5 years. She lived in the apartment with her grandfather had pulmonary tuberculosis. Objective clinical examination: the skin is pale, body temperature is 37.2 °C, pulse is 78 bpm, rhythmic. The abdomen is soft and painless.

Status genitalis: the cervix is normal. The discharge is crudum, clear and in a moderate amount. The uterus is reduced in size, with limited mobility, painless. The adnexa are painful, slightly enlarged and of a dense consistency on both sides. The parametrium is not infiltrated.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS A VARIANT OF MENSTRUAL DYSFUNCTION IN THIS PATIENT?
 - 1) menorrhagia
 - 2) metrorrhagia
 - 3) oligomenorrhoea
 - 4) amenorrhoea
 - 5) dysmenorrhoea
2. TO CLARIFY THE DIAGNOSIS, IT IS ADVISABLE TO USE
 - 1) Chest X-ray
 - 2) PCR-test
 - 3) laparoscopy
 - 4) diaskintest
 - 5) hysteroscopy
3. POSSIBLE CAUSES OF REPRODUCTIVE DYSFUNCTION IN THIS PATIENT INCLUDE
 - 1) synechia uterina
 - 2) anovulatio
 - 3) obliteration salpings bilateralis
 - 4) endocervicitis
 - 5) endometritis

Case No. 7

A mother with a 4-year-old girl consulted a pediatric gynecologist with complaints of itching and redness in the vulva, purulent discharge from the genital tract. These symptoms occur periodically throughout the year; the hygiene of the genitals is adhered to. The child is observed by an allergist in connection with atopic dermatitis (skin rash on the bends of elbows and the face).

Objective examination: the general and sexual development of the child corresponds to the age. On the back of the neck, in the inguinal folds, in the popliteal pits and external genitalia, clearly defined foci of hyperemia with signs of lichenization are noted. The vulva is hyperemic, mucopurulent discharge from the vulvar cleft, moderate profusion.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT MAY BE THE CAUSE OF VULVOVAGINITIS IN GIRLS?

- 1) androgen deficiency
- 2) helminthic invasion
- 3) violation of hygiene
- 4) foreign body of the vagina
- 5) estrogen deficiency

2. WHAT PLAYS THE MAIN ROLE IN THE DEVELOPMENT OF VULVOVAGINITIS IN GIRLS UNDER 8 YEARS OF AGE?

- 1) irrational nutrition
- 2) non-compliance with hygiene measures
- 3) the presence of chronic foci of infection
- 4) estrogen deficiency
- 5) androgen deficiency

3. TREATMENT OF VULVOVAGINITIS IN GIRLS INCLUDES

- 1) compliance with a hypoallergenic diet
- 2) local antiseptics
- 3) the use of antihistamines
- 4) combined local anti-inflammatory drugs with antibiotics
- 5) systemic use of antibacterial drugs

Case No. 8

A 30-year-old patient went to a woman's health clinic with complaints of intermittent aching pains in the lower abdomen, unrelated to the menstrual cycle, and heavy menstruation that appeared 4 months ago after the introduction of an intrauterine device (IUD) as a means of contraception. The pain began to bother the woman 2 days after the introduction of the IUD. In history the patient has 2 births and 3 artificial abortions by surgical method.

Examination: the general condition of the patient is satisfactory, the ability to work is not impaired. Temperature is normal.

Status genitalis: the cervix is not visually altered; the threads of the IUD are visible. Mucosal secretions, in small amounts. The uterus and adnexa are not enlarged, moderately painful on palpation. The parametrium is not infiltrated.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. PRESCRIPTIONS THAT ARE APPROPRIATE IN THIS SITUATION INCLUDE

- 1) removal of the IUD
- 2) anti-inflammatory drugs
- 3) choosing another method of contraception
- 4) it is possible to preserve the IUD in the uterine cavity
- 5) D&C

2. RISK FACTORS FOR PELVIC INFLAMMATORY DISEASES IN WOMEN INCLUDE

- 1) sexually transmitted infections
- 2) obstetric and gynecological surgery, intrauterine diagnostic manipulations
- 3) introduction of an intrauterine contraceptive
- 4) Body mass index more than 30 kg/m²
- 5) Smoking more than 20 cigarettes a day

3. THE BENEFICIAL EFFECTS OF COC PILLS INCLUDE

- 1) decrease of blood loss during menstruation
- 2) decrease the frequency of PID
- 3) decrease the frequency of ovarian cancer
- 4) decrease the frequency of endometrial cancer
- 5) decrease the frequency of cervical cancer

3. NEUROENDOCRINE SYNDROMES

Case No. 9

A 20-year-old patient came to woman's health clinic with a complaint about the primary absence of menstruation. In history: tuberculous iridocyclitis. The phenotype is typically female with well-developed secondary sexual characteristics. Gynecological examination revealed no malformations of the genital area. The test with progesterone is negative.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. ACCORDING TO THE ALGORITHM, A PROVOCATIVE TEST, WHICH IS ADVISABLE TO CONDUCT AFTER A NEGATIVE PROGESTERONE TEST IS...

- 1) clomiphene challenge test
- 2) estrogens and progesterone challenge test
- 3) gonadotropin challenge test
- 4) dexamethasone little challenge test
- 5) dexamethasone large challenge test

2. A NEGATIVE ESTROGEN-PROGESTOGENIC TEST INDICATES

- 1) amenorrhea of central genesis
- 2) uterine amenorrhea
- 3) ovarian amenorrhea
- 4) pituitary amenorrhea
- 5) hypothalamic amenorrhea

3. MOST OFTEN THE FEMALE GENITAL ORGANS INVOLVED IN THE TUBERCULOUS PROCESS INCLUDE:

- 1) tubae uterinae
- 2) uterus
- 3) ovarii
- 4) cervix uteri
- 5) vagina

Case No. 10

A 34-year-old woman turned to the doctor of a woman's health clinic with complaints about the absence of menstruation for 1 year, weight gain, constant headaches. BP is 85/60 mmHg. The patient has not taken any medications lately. The results of hormonal examination are as follows:

Prolactin – 55 ng/ml (norm 2-25)

TSH – 40 mcU/ml (norm 0.1-4.5)

T4 – 1.8 mcg/dcl (norm 4.5-12)

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS THE MOST LIKELY CAUSE OF AMENORRHEA IN THIS PATIENT?
 - 1) hyperprolactinemia with pituitary tumor
 - 2) hyperprolactinemia without pituitary tumor
 - 3) TSH-secreting pituitary tumor
 - 4) hypothyroidism
 - 5) hyperthyroidism
2. WHAT IS ADVISABLE TO PRESCRIBE FOR THIS PATIENT?
 - 1) dopamine agonists
 - 2) homeopathic drug
 - 3) antiestrogens
 - 4) thyroxine
 - 5) gonadotropins
3. MANIFEST PRIMARY HYPOTHYROIDISM IS CHARACTERIZED BY
 - 1) increased TSH content
 - 2) reduced T4 content
 - 3) a common cause is autoimmune thyroiditis
 - 4) taking thyroxine induces menstruation
 - 5) increased T4

Case No. 11

A young woman came to a woman's health clinic due to the fact that six years ago (at the age of 19) menstruation stopped for no apparent reason, there was not a single pregnancy. Recently, she has been noticing a visual deterioration. The phenotype is typically female.

Results of hormonal research:

FSH – 0.3 IU/ml (normal value 2.8-11.3).

LH – 0.1 IU/ml (normal value 1.1-11.6).

prolactin – 305 mME/l (252-504 mME/l).

The test with ovarian hormones is negative.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS THE FORM OF AMENORRHEA THAT IS MOST LIKELY IN THIS CASE ACCORDING TO THE WHO CLASSIFICATION?
 - 1) secondary hypothalamic amenorrhea
 - 2) ovarian amenorrhea
 - 3) uterine amenorrhea
 - 4) amenorrhea caused by pituitary disorders
 - 5) amenorrhea caused by disorders of other endocrine glands
2. WHAT EXAMINATIONS NEED TO BE DONE FIRST OF ALL?
 - 1) hysteroscopy
 - 2) ophthalmic fundus and fields of vision examination
 - 3) kymographic pertubation
 - 4) brain MRI with contrast
 - 5) laparoscopy
3. WHO WILL DETERMINE FURTHER TACTICS IN CASE OF SUSPECTED PITUITARY ADENOMA?
 - 1) ophthalmologist
 - 2) neurologist
 - 3) gynecologist
 - 4) neurosurgeon
 - 5) endocrinologist

Case No. 12

An 18-year-old young woman did not have a single period. When examined by the doctor of a woman's health clinic, the following was noted: height is 140 cm; the mammary glands are not developed.

Status genitalis: the external genital organs are formed according to the female type; hypoplasia of the labia minora and labia majora is noted, with no pubic hair. The uterus is small, mobile, and painless. The adnexa are not enlarged. The cervix is not examined (virgo!).

The results of the hormonal examination are as follows:

Serum estradiol – 8 pg/ml (normal value 23–45)

FSH – 120 mIU/ml (normal value 2-20)

LH – 80 mIU/ml (normal value 2-15)

Prolactin – 250 mIU/ml (252-504 mIU/ml)

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS THE MOST LIKELY CAUSE OF AMENORRHEA IN THIS CASE?

- 1) hyperprolactinemia
- 2) hypothalamic-pituitary insufficiency
- 3) hypothalamic-pituitary dysfunction
- 4) ovarian failure
- 5) thyroid failure

2. WHAT EXAMINATION SHOULD BE ASSIGNED IN THIS CASE ACCORDING TO THE ALGORITHM?

- 1) progestogen challenge test
- 2) clomiphene citrate challenge test
- 3) Brain MRI
- 4) karyotyping
- 5) ovarian biopsy

3. WHAT IS THE TREATMENT FOR A PATIENT WITH A 45 X KARYOTYPE?

- 1) no interference
- 2) stimulate the growth of a girl for 2-3 years
- 3) prescribe drugs containing gonadotropins
- 4) cyclic hormone therapy with estrogens and progestogens
- 5) glucocorticoids hormone therapy

Case No. 13

A 26-year-old patient consulted to a woman's health clinic. The patient complains of deterioration of the condition 5 days before menstruation: swelling of the face, lower leg, fingers, weight gain, breast tenderness, and headache. With the onset of the next menstruation, these symptoms disappear. Gynecological examination revealed no pathological changes.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS THE MOST LIKELY DISEASE IN THIS CASE?
 - 1) crisis form PMS
 - 2) atypical form PMS
 - 3) neuropsychic form PMS
 - 4) edematous form PMS

2. WHAT DOES PREVENTION OF PMS INCLUDE?
 - 1) active lifestyle
 - 2) water treatments
 - 3) compliance with the work and rest regime
 - 4) diet compliance
 - 5) vitamin supplementation

3. WHAT MEDICATIONS CAN BE RECOMMENDED TO THIS PATIENT?
 - 1) aGnRH
 - 2) dopamine receptor agonists
 - 3) progestine
 - 4) COC with drospirenone
 - 5) COC high dose

4. UTERINE FIBROIDS

Case No. 14

A 38-year-old woman was referred to a woman's health clinic for examination due to the presence of symptoms of chronic abnormal uterine bleeding and secondary anemia (hemoglobin 80 g/l, serum iron 7 μ mol/l, ferritin 8 mcg/l).

In history she has 1 birth in term and 2 spontaneous miscarriages. The patient uses barrier contraception.

Status genitalis: the uterus is of spherical shape, enlarged corresponding to the 10-week of pregnancy, of dense consistency. The adnexa are not enlarged. The cervix is of normal size, not visually changed, and not dilated. The patient does not want to undergo surgery to remove the uterus.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT ARE ADDITIONAL METHODS OF EXAMINATION?

- 1) Pap test
- 2) Pelvic ultrasound
- 3) hysteroscopy
- 4) D&C
- 5) morphological examination of the endometrium

2. WHERE IS THE NODE, IN WHICH ESPECIALLY ABNORMAL BLEEDING IS OBSERVED?

- 1) myoma uteri subserosum
- 2) myoma uteri interstitiale
- 3) myoma uteri intraligamentare
- 4) myoma uteri submucosum
- 5) myoma uteri cervicalis

3. IN WHAT CASE IS HYSTERORESECTOMYOMECTIONY POSSIBLE?

- 1) the benign result of the morphological examination of the endometrium and endocervix
- 2) node type 0 according to FIGO
- 3) node type I according to FIGO
- 4) appropriate equipment of the operating room
- 5) informed voluntary consent of the patient

Case No. 15

A 51-year-old woman is preparing for planned surgical treatment for multiple uterine fibroids. The size of the uterus corresponds to 24 weeks of pregnancy. Comorbidity: old lacerations of the cervix and ectropion; endometrial hyperplasia (according to ultrasound data).

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS THE EXAMINATION BEFORE MAKING THE DECISION CONCERNING THE EXTENT OF OPERATION?
 - 1) Pap test
 - 2) colposcopy
 - 3) hysteroscopy and D&C
 - 4) PCR HPV
 - 5) targeted biopsy of the cervix
2. WHAT ARE SURGICAL TREATMENT OPTIONS, PREFERRED IN THIS CASE?
 - 1) defundatio uteri
 - 2) hysterectomy totalis
 - 3) enucleatio noduli myomatosi uteri
 - 4) hysterectomy subtotalis
 - 5) amputatio uteri alta
3. WHAT ARE SURGICAL COMPLICATIONS DURING HYSTERECTOMY OF BIG SIZE?
 - 1) bladder injury
 - 2) bleeding
 - 3) ligation of the ureter
 - 4) intersection of the ureter
 - 5) trauma of intestines

Case No. 16

A 46-year-old woman consulted a woman's health clinic with complaints of heavy and prolonged menstruation, weakness, and work decrement. The patient considers herself sick for 6 months. On examination: pale skin, pulse 78 beats per minute, regular. BP is 125/80 mmHg, hemoglobin level 80 g/l, serum iron 8 $\mu\text{mol/l}$, ferritin 7 mcg/l).

Status genitalis: the cervix is unchanged; the discharge from the genital tract is mucous. The body of the uterus is enlarged to the size corresponding to 6 weeks of pregnancy, has tight-elastic consistency, mobile, painless on palpation, spherical shape. The adnexa on both sides are not enlarged; the parametrium is not infiltrated.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT GYNECOLOGICAL DISEASES IS THIS CLINICAL PICTURE CHARACTERISTIC OF?
 - 1) myoma uteri submucosum
 - 2) adenomyosis
 - 3) endometritis chronica
 - 4) hyperplasia endometrii
 - 5) polypus endometrii
2. WHAT ADDITIONAL EXAMINATION IS NEEDED TO CLARIFY THE DIAGNOSIS IN THIS CASE?
 - 1) sonography
 - 2) hysteroscopy
 - 3) D & C
 - 4) laparoscopy
 - 5) morphological study of the endometrium
3. WHAT MORPHOLOGICAL CHANGES OF THE ENDOMETRIUM ARE POSSIBLE IN THIS SITUATION?
 - 1) endometrial hyperplasia without atypia
 - 2) atypical endometrial hyperplasia
 - 3) endometrial polyp
 - 4) adenocarcinoma
 - 5) chronic endometritis

Case No. 17

A 38-year-old female patient suddenly developed an attack of acute pain in the lower abdomen at work. Menstrual cycle is unchanged, last menstruation was 3 weeks ago. In history: 2 childbirths. The patient uses barrier contraception. For 7 years, the patient has been under regular medical check-ups for intramural uterine fibroids. Upon admission to the gynecological hospital on duty: BP is 120/80 mmHg, pulse is 90 beats per minute, of satisfactory volume. Palpation of the abdomen determines the painful upper pole of a dense tumor emanating from the pelvis. Peritoneal symptoms are negative.

Status genitalis: the cervix is without pathological changes. The uterus has tight-elastic consistency, enlarged corresponding to 16 weeks of pregnancy, tuberous due to many nodes; one of them is 10×7×8 cm in front is sharply painful on palpation. The parietal tissue of the small pelvis is not infiltrated.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT DOES THE INITIATION OF THE TREATMENT INVOLVE?
 - 1) application of something cold on the lower abdomen
 - 2) antibiotics
 - 3) antispasmodics
 - 4) antiplatelet agents
 - 5) NSAIDs
2. WHAT ADDITIONAL EXAMINATION CAN BE USED?
 - 1) D&C
 - 2) ultrasonography
 - 3) culdocentesis
 - 4) hysterosalpingography
 - 5) Doppler ultrasonography
3. WHEN IS EMERGENCY SURGERY REQUIRED?
 - 1) if the patient is in a stable condition
 - 2) with an unclear diagnosis
 - 3) when laboratory parameters are normalized
 - 4) in the absence of improvement after 24 hours of conservative treatment
 - 5) with signs of peritonitis

5. ENDOMETRIOSIS

Case No. 18

A 32-year-old female patient went to a woman's health clinic with complaints of heavy menstruation, smearing dark bloody discharge from the genital tract before and after menstruation. Menstruation is after 28 days, 7-8 days each, profuse in the first two days, painful since menarche. The pain has recently been bothering 10 days before menstruation. The patient takes non-narcotic analgesics, antispasmodics. In history: one birth in term. The patient uses barrier contraception.

Status genitalis on the 26th day of the cycle: the cervix is without pathological changes. The uterus is of spherical shape, slightly enlarged, dense, mobile, and painful. The adnexa are not enlarged, painless on palpation. The pelvic tissue is not infiltrated.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS USED FOR THE SPECIFICATION OF THE DIAGNOSIS IN A FEMALE PATIENT WITH DYSMENORRHEA?
 - 1) hysteroscopy
 - 2) pelvic ultrasound
 - 3) laparoscopy
 - 4) MRI
 - 5) CA-125 test

2. WHAT DRUGS CAN BE USED IN THE TREATMENT OF DYSMENORRHEA?
 - 1) LNG-IUD
 - 2) analgesics
 - 3) NSAIDs
 - 4) antispasmodics
 - 5) progestins

3. WHAT HORMONE DRUGS CAN HAVE A POSITIVE EFFECT IN THE CONSERVATIVE TREATMENT OF THIS PATIENT?
 - 1) GnRH agonists
 - 2) LNG-IUD
 - 3) estrogens
 - 4) Combined Oral Contraceptives (COCs)
 - 5) progestins

Case No. 19

A 26-year-old young nulliparous woman went to an outpatient gynecological department with complaints of pulling pains in the lower abdomen and lower back, intensifying before and during menstruation for 2 years, weakly relieved by taking NSAIDs, the absence of pregnancy for 3 years with regular sexual life without contraception. The menarche from the age of 13, the menstrual cycle is 28-30 days, the menstruation – 5-6 days, moderate, painful. Four years ago, an emergency laparotomy and ovarian resection were performed for the right ovary endometrioid cyst rupture.

Status genitalis: during the speculum examination the cervix without pathological changes, the discharge is mucous. The body of the uterus in the retroflexio position, limited mobility, normal size, painless; to the right of the uterus, a 5×6 cm volumetric formation is palpated, of a tight elastic consistency, sedentary, moderately painful; the left adnexa are not enlarged. The parametrium is not infiltrated.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS "GOLD STANDARD" FOR THE DIAGNOSIS OF EXTERNAL ENDOMETRIOSIS?

- 1) MRI
- 2) hysterosalpingography
- 3) laparoscopy
- 4) pelvic ultrasound
- 5) computerized axial tomography

2. WHAT ARE GOALS OF TREATMENT FOR EXTERNAL ENDOMETRIOSIS?

- 1) removal of the endometriosis focus
- 2) pain reduction
- 3) prevention of progression
- 4) infertility treatment
- 5) prevention of recurrent

3. WHAT IS THE PERIOD OF THE MENSTRUAL CYCLE IN WHICH IT IS MOST APPROPRIATE TO PERFORM SURGICAL INTERVENTIONS FOR EXTERNAL ENDOMETRIOSIS?

- 1) 2nd – 4th day of the menstrual cycle
- 2) 5th – 12th day of the menstrual cycle
- 3) 13th – 21st day of the menstrual cycle
- 4) from day 21 of the current menstrual cycle to day 1 of the next menstrual cycle
- 5) 3rd – 9th day of the menstrual cycle

6. ACUTE ABDOMEN IN GYNECOLOGY

Case No. 20

A married 20-year-old woman has come to a woman's health clinic to register as she considers herself pregnant (with menstruation delay of 10 days). Physical examination: the condition is satisfactory, the abdomen is soft and painless, BP is 120/80 mmHg, pulse is 72 bpm.

Status genitalis: the cervix is not visually altered; the pupil symptom is negative. The uterus of normal size, anteflexion-versio, mobility, painless. The adnexa on the right is enlarged, painless, the adnexa on the left is not palpate. During the pelvic ultrasound gestation sac is not visualization, corpus luteum is in the right ovary.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS THE CORRECT TACTICS OF A DOCTOR IN THE WOMAN'S HEALTH CLINIC?
 - 1) to perfume urine hCG test
 - 2) to issue a sick leave certificate and refer the patient to determine the hCG titer in the blood
 - 3) to appoint a second visit to the well-woman clinic
 - 4) to perform culdocentesis
 - 5) to urgently hospitalize the patient

2. WHAT IS CHARACTERISTIC OF PROGRESSIVE ECTOPIC PREGNANCY?
 - 1) algos
 - 2) metrorrhagia
 - 3) defans musculorum
 - 4) amenorrhea
 - 5) ptyalism

3. IDENTIFY THE EXTENT OF PROGRESSING ECTOPIC PREGNANCY SURGERY
 - 1) salpingokelyphoectomy
 - 2) punctio fornicis posterior
 - 3) salpingotomia et kelyphoectomy
 - 4) abrasio cavi uteri probatoria
 - 5) adnexectomy

Case No. 21

A 26-year-old female patient was admitted to the gynecological hospital on duty with complaints of abdominal pain on the right for 2 days, weakness, dizziness, dark spotting from the genital tract. The pains irradiate to the rectum. Last menstruation was 1.5 months ago. The patient is sexually active since 23 years, had one pregnancy, which ended in miscarriage. Interrupted intercourse is used as a method of contraception. On examination: the condition is satisfactory, skin is pale, temperature is 37.2°C, and pulse is 84 beats per minute. BP is 110/70, 105/70 mmHg. The abdomen is soft, painful on palpation in the lower parts, more on the right.

Status genitalis: the uterus is slightly enlarged; cervix displacement causes sharp pain. On the left, adnexa are not determined. To the right of the uterus, a tumor-like formation of a pasty consistency with indistinct boundaries is palpable. Discharge is scarce, dark brown. The content of hCG in blood serum is 500 IU/ml.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test case

Select one or more correct answers.

1. WHAT IS THE MOST LIKELY CASE?

- 1) appendicitis acuta
- 2) pelvioperitonitis acuta
- 3) apoplexia ovarii
- 4) torus tubarius
- 5) abortus spontaneus

2. WHAT ARE TREATMENT TACTICS?

- 1) conservative treatment
- 2) planned operation
- 3) dynamic observation
- 4) emergency operation
- 5) culdocentesis

3. WHAT SURGICAL INTERVENTION IS POSSIBLE IN THIS CASE?

- 1) resection tubae uterinae
- 2) salpingokelyphoectomy
- 3) adnexectomy dextra
- 4) salpingotomy et kelyphoectomy
- 5) amputatio uteri

Case No. 22

A 31-year-old female patient was admitted to the gynecological department for emergency care. Infusion therapy with crystalloids was started at the prehospital stage. The patient has complaints of abdominal pain, weakness, dizziness, nausea; fell ill suddenly at work. There is a delay in menstruation by 10 days. She had 3 pregnancies: birth in term and two artificial abortions. On examination: general condition is of moderate severity, with moderate pallor, sluggishness answers questions with difficulty. BP is 70/55, 65/50 mmHg, pulse is 120 beats per minute, filiform, easily squeezed. The frequency of respiratory movements is 22 per minute. Temperature is 36.6°C. The tongue is moist. On palpation of the abdomen, a Kulenkampff's symptom was noted.

Status genitalis: vaginal and cervical mucous is pale, discharge from the uterus is dark, bloody, and scarce. Palpation of the uterus and adnexa is difficult due to sharp pain, the symptom of a "floating uterus" is determined. The posterior vaginal fornix is overhangs.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS THE DIFFERENTIAL DIAGNOSIS IN THIS CASE?

- 1) perforated stomach ulcer
- 2) ovarian apoplexy
- 3) spleen rupture
- 4) ectopic pregnancy
- 5) intestinal obstruction

2. WHAT EXAMINATION METHOD ALLOWS TO DETERMINE THE NATURE OF FLUID IN THE ABDOMINAL CAVITY?

- 1) pelvic ultrasound
- 2) palpation of the abdomen
- 3) rectal examination
- 4) culdocentesis
- 5) plane radiograph of abdominal organs

3. WHAT IS PERFORMED IN CASE OF DETECTION OF BLOOD IN THE ABDOMINAL CAVITY AND UNSTABLE HEMODYNAMICS?

- 1) laparoscopy
- 2) laparotomy
- 3) salpingotomia et kelyphoectomia
- 4) salpingokelyphoectomia
- 5) using methotrexate

Case No. 23

An ambulance delivered a 25-year-old female patient to the gynecological hospital with a complaint of severe weakness and dizziness after an attack of acute abdominal pain, with a short-term loss of consciousness at home. The last menstruation came as expected, 2 weeks ago. The patient is unmarried, sexually active with a constant partner, uses a barrier method of contraception. Infusion therapy with crystalloids was started at the prehospital stage.

On examination: the patient is restless; the skin is pale, moist; BP is 80/50 mmHg. Pulse is 119 beats per minute. The frequency of respiratory movements is 22 per minute. When examining the abdomen, a positive Kulenkampff's symptom is noted (a positive Blumberg's sign with an absolutely soft abdomen).

Status genitalis: vaginal and cervical mucous is pale. The posterior vaginal fornix is overhangs. Whites is light, muculent. The uterus is not enlarged. Palpation of the uterus and adnexa is difficult due to sharp pain, the symptom of a "floating uterus" is determined. The right adnexa is painful, the left adnexa is not determined by palpation, painless.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test case

Select one or more correct answers.

1. WHAT ADDITIONAL EXAMINATION METHODS ARE REQUIRED IN THIS CASE?

- 1) urine test for HCG
- 2) pelvic ultrasound
- 3) culdocentesis
- 4) blood pressure monitoring
- 5) coagulogram

2. WHAT DO URGENT MEASURES INCLUDE?

- 1) call the resuscitation team
- 2) determination of blood type and Rh factor
- 3) plane radiograph of abdominal organs
- 4) continuation of infusion therapy taking into account blood loss
- 5) transportation to the operating room

3. WHAT IS PERFORMED IN CONDITIONS OF UNSTABLE HEMODYNAMICS?

- 1) anti-shock measures
- 2) laparoscopy
- 3) laparotomy
- 4) hysteroscopy
- 5) adnexectomy

7. NON-INFLAMMATORY DISEASES, PRECANCEROUS AND CERVICAL CANCER

Case No. 24

A 35-year-old female patient consulted a woman's health clinic with a complaint of mucopurulent discharge from the genital tract during 1 year. Menstrual function is not impaired. Two births in time and two artificial abortions were in past history.

On speculum examination: cervicitis was detected against the background of cervical ectropion. Bimanual examination did not reveal any abnormalities.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test case

Select one or more correct answers.

1. NON - INFLAMMATORY DISEASES OF THE CERVIX INCLUDE

- 1) polypus canalis cervicalis
- 2) leucoplakia
- 3) ectropion
- 4) L-Sil
- 5) H-Sil

2. THE EXAMINATION ALGORITHM

- 1) bacterioscopy of the vaginal and cervical smear
- 2) cytological examination of endocervix and ectocervix scrub
- 3) PCR diagnosis of STIs
- 4) colposcopy
- 5) cervical biopsy (sighting, excision)

3. POSSIBLE OPTIONS FOR HISTOLOGICAL CONCLUSION OF A CERVICAL BIOPSY IN THIS CASE

- 1) Endocervicitis
- 2) Squamous intraepithelial lesion low grade (L-Sil)
- 3) Squamous intraepithelial lesion high grade (H-SiL)
- 4) Squamous cell carcinomacervicis uteri
- 5) Adenocarcinoma cervicis uteri

Case No. 25

A 32-year-old female patient went to a woman's health clinic with a complaint of irregular bleeding from the genital tract. History revealed that during the last 4 years the patient occasionally has undergone treatment for cervical erosion in the form of pharmacocoagulation with Solcogil and the use of vaginal suppositories.

Status genitalis: an enlarged, dense, lumpy cervix is determined. The uterus size is normal. The adnexa are not enlarged, painless. The parametrium is not infiltrated. On examination: on the cervix of the uterus, formation in the form resembling "cauliflower" with a diameter of up to 3 cm is determined; there is bleeding after examination.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS THE EXAMINATION ALGORITHM ACCORDING CLINICAL PRACTICE GUIDELINE INCLUDE?
 - 1) bacterioscopy of the vaginal and cervical smear
 - 2) cytological examination of endocervix and ectocervix scrub
 - 3) PCR HPV
 - 4) colposcopy
 - 5) cervical biopsy (sighting, excision)
2. WHAT CYTOLOGICAL CONCLUSIONS ARE PROBABLE?
 - 1) NILM
 - 2) ASC-H
 - 3) L-Sil
 - 4) H-Sil
 - 5) ASCUS
3. WHAT IS SURGICAL TREATMENT OF CERVICAL CANCER II a G1 AT A YOUNG REPRODUCTIVE AGE?
 - 1) high and wide diathermoelectroconization
 - 2) knife amputation
 - 3) trachelectomy
 - 4) extrafascial total hysterectomy without adnexa
 - 5) extended total hysterectomy with adnexa, pelvic lymphadenectomy

Case No. 26

A 54-year-old patient was admitted to an outpatient oncology center. In the woman's health clinic, the patient underwent a targeted biopsy of the iodine-negative area of the cervix due to postcoital bleeding. The histology results are as follows: moderately differentiated squamous cell cancer, invasion depth 6 mm. The diameter of the lesion in the maximum dimension is 3 cm.

Status genitalis: the uterus and adnexa are normal, mobile and painless. The parametrium is not infiltrated. The cervix is slightly enlarged; the mucous membrane is with a defect in the area of the biopsy performed.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test case

Select one or more correct answers.

1. WHAT IS CLINICAL (PRELIMINARY) STAGING IN THIS CASE?

- 1) 0
- 2) IA₁
- 3) IA₂
- 4) IB₁
- 5) IB₂

2. WHAT DOES ADEQUATE TREATMENT IN THIS CASE INVOLVE?

- 1) extended total hysterectomy with adnexa, pelvic lymphadenectomy
- 2) adjuvant chemotherapy
- 3) remote gamma therapy
- 4) intracavitary brachytherapy
- 5) hormone therapy

3. WHAT IS THE MOST UNFAVORABLE PROGNOSIS?

- 1) Squamous cell carcinoma cervicis uteri G 1
- 2) Squamous cell carcinoma cervicis uteri G 2
- 3) Squamous cell carcinoma cervicis uteri G 3
- 4) Squamous cell basaloid cancer cervicis uteri
- 5) Adenocarcinoma cervicis uteri

8. BENIGN OVARIAN TUMORS AND OVARIAN CANCER

Case No. 27

During a regular examination, a 36-year-old woman was found to have a tumor of the left ovary, mobile, smooth, dense and elastic consistency, with the size of 8×8 cm. In history: one childbirth and two abortions. The menstrual cycle is regular. CA-125 level in blood serum is 20 U/ml, HE4 33.8 pmol/L. The pelvic ultrasound was performed with the following results: the capsule is 2.5 mm thick, the inner and outer surfaces are smooth, the blood flow is peripheral, there is no fluid in the Douglas.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT OVARIAN TUMORS ARE MOST CHARACTERISTIC OF CHILDBEARING AGE?
 - 1) cystis dermoidea
 - 2) cystadenoma ovarii serosum
 - 3) fibroma ovarii
 - 4) cystadenoma ovarii mucinosum
 - 5) folliculoma

2. WHAT IS THE DIAGNOSTIC ALGORITHM FOR OVARIAN FORMATIONS?
 - 1) complex ultrasound (transabdominal, transvaginal, CDI)
 - 2) determination of the concentration of tumor markers
 - 3) determination of BRCA 1/2 gene mutation
 - 4) esophagogastroduodenoscopy
 - 5) hysterosalpingography

3. WHAT IS THE TREATMENT OF BENIGN SEROUS OVARIAN TUMORS IN REPRODUCTIVE AGE AND ABSENCE OF GENETIC INSTABILITY?
 - 1) cystectomy
 - 2) ovariectomy
 - 3) subtotal hysterectomy with adnexa
 - 4) total hysterectomy with adnexa
 - 5) transvaginal puncture of the tumor with evacuation of the contents

Case No. 28

A 50-year-old female patient was admitted to the gynecological department with complaints of pain in the lower abdomen for 2 years, dyspepsia, and an increase in the volume of the abdomen. The patient was treated by a gastroenterologist for colitis. In history: 3 childbirths, 4 artificial abortions. The patient last went to the gynecologist 3 years ago. On examination: the abdomen is enlarged, painful in the lower regions; percussion determines the presence of fluid in the abdominal cavity.

Status genitalis: in the area of the adnexa, dense tumors are palpable, not mobile, moderately painful, the uterus is not separately determined. The parametrium is not infiltrated. The cervix is unchanged; the discharge is light mucous.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT DOES THE DIAGNOSTIC ALGORITHM FOR SUSPECTED OVARIAN CANCER INCLUDE?

- 1) determination of tumor markers in blood serum
- 2) pelvic ultrasound, MRI
- 3) fibrogastroscopy, colonoscopy
- 4) CT of the abdominal cavity, retroperitoneal space and chest
- 5) PET-CT for suspected distant metastases

2. WHAT DOES COMBINED TREATMENT OF OVARIAN CANCER INVOLVE?

- 1) complete cytoreduction
- 2) optimal cytoreduction
- 3) adjuvant chemotherapy
- 4) neoadjuvant chemotherapy
- 5) radiation therapy

3. WHAT IS THE EXTENT OF OPERATION IN MALIGNANT DAMAGE OF THE OVARIES?

- 1) ovariectomy unilateral
- 2) ovariectomy bilateral
- 3) hysterectomy totalis cum adnexis bilateralis et resectio omenti major (as well as all visible manifestations of the tumor process without macroscopically determined residual tumor masses).
- 4) hysterectomy totalis cum adnexis bilateralis et resection omenti major, manifestations of the tumor process with macroscopically determined residual nodes, of which at least one is more than 10 mm in diameter.

5) hysterectomy totalis cum adnexis bilateralis et resectio omenti major (as well as visible manifestations of the tumor process with macroscopically determined residual tumor nodes, each of which has a diameter of no more than 10 mm).

Case No. 29

A 39-year-old female patient consulted a woman's health clinic with complaints of aching pains in the lower abdomen and in the lumbar region for 6 months. The menstrual cycle is regular. The patient is not under regular medical check-ups in the district polyclinic for stomach ulcers.

Status genitalis: the uterus is not enlarged, of a dense consistency. In the area of the adnexa, mobile dense tumors up to 10 cm in diameter are determined on both sides. Behind the cervix, an infiltrate in the form of a "rooster's crest" is determined in the parametrium. The parametrium is not infiltrated. The cervix is unchanged.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT METHODS OF EXAMINATION ALLOW TO CLARIFY THE REFERENCE DIAGNOSIS?

- 1) complex ultrasound (transvaginal, transabdominal, CDI)
- 2) the concentration of tumor markers in the blood serum
- 3) culdocentesis with cytological examination of punctate
- 4) esophagogastroduodenoscopy, colonoscopy
- 5) diagnostic laparoscopy with tumor biopsy

2. WHAT IS CHARACTERISTIC OF KRUKENBERG TUMOR?

- 1) unilateral damage to the ovaries
- 2) the presence of ascites
- 3) macrotuberous, solid structure
- 4) liquid structure
- 5) non-aggressive clinical course

3. WHAT ARE THE FEATURES OF THE MICROSCOPIC STRUCTURE OF KRUKENBERG TUMOR?

- 1) solid or scyrrhous structure
- 2) cricoid cell form
- 3) extensive necrosis
- 4) foci of hormone-producing folliculocytes
- 5) the presence of Sertoli and Leydig cells

9. ENDOMETRIAL CANCER

Case No. 30

A 52-year-old patient who suffered from obesity, diabetes and arterial hypertension during postmenopause (3 years) developed bloody discharge from the genital tract. In the gynecological hospital, the patient underwent hysteroscopy and separate diagnostic curettage of the uterine cavity and the cervical canal. The histology of endometrium was performed with the following results: high differentiated adenocarcinoma.

Status genitalis: the uterus of normal size, mobile, painless and rounded. The adnexa are not enlarged. The parametrium is not infiltrated. The cervix is normal. There is a small amount of bloody uterine discharge.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT ARE ENDOMETRIAL CANCER RISK FACTORS?

- 1) diabetes
- 2) obesity
- 3) arterial hypertension
- 4) infertility due to chronic anovulation
- 5) delivery parity of more than 3

2. WHAT DOES CLINICAL (PRELIMINARY) STATION OF ENDOMETRIAL CANCER INCLUDE?

- 1) Pelvic ultrasound, CDI
- 2) chest X-ray
- 3) Pelvic MRI
- 4) PET + CT
- 5) excretory urography

3. WHAT REFERS TO STAGE I ENDOMETRIAL CANCER?

- 1) tumor within the endometrium
- 2) no or less than half myometrial invasion
- 3) invasion equal to or more than half of the myometrium
- 4) tumor invades cervical stroma, but does not extend beyond the uterus
- 5) single metastases in the iliac lymph nodes

10. FEMALE INFERTILITY

Case No. 31

A 28-year-old woman went to a woman's health clinic with a complaint of the absence of pregnancy with a regular sexual intercourse in marriage without contraception for 4 years. Medical history revealed an artificial abortion at 8 weeks, complicated by endometritis and salpingitis. The menstrual cycle is regular: menstruation is after 28-30 days, lasts 4-5 days, and is regular, painless, in moderation. The husband's spermogram meets the criteria for normozoospermia.

Status genitalis: the vagina is of a nulliparous woman, the uterus is of normal size, in the anteflexio versio position, mobile, painless. The adnexa are dense on both sides, limited in mobility, moderately painful. The cervix is without pathological changes, the discharge is mucous, transparent.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT INFERTILITY FACTOR IS MOST LIKELY IN THIS CASE?
 - 1) anovulation
 - 2) sterilitas tubaria
 - 3) uterus septus
 - 4) endocervicitis
 - 5) endometritis

2. WHAT IS THE MOST INFORMATIVE WAY TO EXAMINE THE PATENCY OF THE FALLOPIAN TUBES?
 - 1) laparoscopy
 - 2) pertubatio
 - 3) hydrotubatio
 - 4) hysterosalpingographia
 - 5) hysteroscopy

3. WHAT ARE THE METHODS OF TREATMENT OF FEMALE INFERTILITY OF TUBAL ORIGIN?
 - 1) reconstructive plastic surgery on the fallopian tubes
 - 2) physical therapy
 - 3) in vitro fertilization and embryo transfer into the uterine cavity
 - 4) hormonal treatment
 - 5) acupuncture

Case No. 32

A 38-year-old woman consulted to a reproductive doctor with a complaint about the absence of pregnancy in a second marriage with regular sexual activity without contraception for 3 years. The husband is examined; the sperm is fertile. Menarche began at the age of 13; menstruation is regular, 4-5 days, moderate, painless; menstrual cycle is 28 days. In the first marriage, one normal childbirth and one artificial abortion.

The speculum and bimanual examination are without pathology. Hysterosalpingography: tubal patency is normal. Pelvic ultrasound performed in the II phase of the menstrual cycle: an unchanged yellow body of 13 mm is determined on the right, the count of antral follicles on the left is 2, on the right is 4. Hormonal examination performed on the 3rd day of the menstrual cycle: AMH 0.94 ng/mg, FSH 9.6 mIU/ml, LH 5.4 mIU/ml, estradiol 94 pmol/l, prolactin 235 mIU/l, TSH 1.9 mIU/l, T4 free 13.8 pmol/L.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT CAUSE OF INFERTILITY IS MOST LIKELY IN THIS CASE?

- 1) female infertility associated with ovulatory disorders (anovulatio)
- 2) tubal female infertility (sterilitas tubaria)
- 3) female infertility associated with male factors
- 4) other forms of female infertility
- 5) female infertility, unspecified.

2. WHAT IS THE METHOD TO CHOOSE THE TACTICS OF IMPAIRED REPRODUCTIVE FUNCTION IN THIS CASE?

- 1) waiting for spontaneous pregnancy for 6 months (wait-and-see tactics)
- 2) ovarian stimulation with antiestrogens (clomiphene) during 2 menstrual cycles
- 3) artificial insemination with her husband's sperm (IUI) during 2 menstrual cycles
- 4) in vitro fertilization (IVF)
- 5) spa treatment

3. WHAT ARE THE INDICATIONS FOR THE USE OF OOCYTE DONATION?

- 1) absence of oocytes due to natural menopause
- 2) a single attempt at embryo transfer with insufficient ovarian response to stimulation
- 3) repeated receipt of low-quality embryos, the transfer of which does not lead to pregnancy
- 4) obtaining embryos of morphologically good quality, the transfer of which does not lead to pregnancy
- 5) gametopathy

Case No. 33

Patient A., 24 years old, went to the gynecologist at a woman's health clinic. The patient complains of the absence of pregnancy with regular sexual intercourse without contraception in marriage for 2 years. Menarche began at the age of 11. The menstrual cycle is irregular with menarche, menstruation is painless, after 30-45 days, 3-5 days, from moderate to heavy. It is patient's second marriage. The first husband has two children in his second marriage. The patient does not visit gynecologist on a regular basis. To regulate the menstrual cycle, she periodically takes monophasic combined oral contraceptives (Marvelon, Microginone, Midiana) on her own.

Examination: oily skin, seborrhea, dark pigment spots on the skin, excessive hair growth on the face and trunk, the presence of striae on the skin of the abdomen and thighs, abdominal obesity, BMI 31.5. There is no galactorrhea.

The speculum examination: the vaginal and cervical mucous are clean. Bimanual examination: the cervix is conical in shape, the uterus is reduced in size, mobile, painless, in the anteflexioversio position. The adnexa on both sides are not enlarged, their area is sensitive to palpation. Discharge from the genital tract is mucoid, moderate.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT INFERTILITY FACTOR IS THE MOST LIKELY ONE IN THIS CASE?

- 1) female infertility associated with the ovulatory dysfunction (anovulation)
- 2) tubal female infertility (sterilitas tubaria)
- 3) female infertility associated with male factors
- 4) other forms of female infertility

2. WHAT ARE CRITERIA FOR POLYCYSTIC OVARY SYNDROME?

- 1) clinical or biochemical symptoms of excessive activity or excessive secretion of androgens
- 2) oligo- or anovulation
- 3) the presence of 12 or more follicles with a diameter of 2-9 mm in each ovary and/or an increase in ovarian volume of more than 10 ml (in the absence of a dominant follicle)
- 4) disorder of the menstrual cycle by the type of meno- and/ or metrorrhagia

3. WHAT ARE FIRST-LINE DRUGS FOR THE TREATMENT OF ANOVULATORY INFERTILITY IN POLYCYSTIC OVARY SYNDROME?

- 1) cyproterone acetate
- 2) ethinyl estradiol
- 3) metformin
- 4) clomiphene citrate

11. CONTRACEPTION

Case No. 34

A 25-year-old patient went to a doctor of a woman's health clinic (ref by a general practitioner). The patient complains of headaches while taking monophasic oral contraceptives for two months. BP increased to 145/95 mmHg with repeated measurement. There is no family history of hypertension. Objective research without features.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS THE MOST PROBABLE CAUSE OF ARTERIAL HYPERTENSION IN THIS PATIENT?

- 1) essential hypertension
- 2) hypertension of renal genesis
- 3) iatrogenic origin
- 4) pheochromocytoma
- 5) Cushing's syndrome

2. WHAT EXAMINATION IS ADVISABLE IN THIS CASE?

- 1) kidney function
- 2) ophthalmic fundus examination
- 3) BP in dynamics
- 4) Ultrasound of the adrenal glands
- 5) Ultrasound of the thyroid gland

3. DUE TO WHAT EFFECT CAN COC CAUSE HYPERTENSION?

- 1) increase the production of renin precursors by the liver
- 2) reduce the concentration of FSH
- 3) reduce the concentration of E2
- 4) increase the concentration of TSH
- 5) reduce the concentration of LH

Case No. 35

A 19-year-old woman who has started a sexual life is interested in ways of reliable contraception. The doctor of a woman's health clinic did not find any pathology during the collection of anamnesis and standard examination. Menstruation is regular, the cycle is 30 days, menstruation lasts 5 days, moderate, painless.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT METHOD OF CONTRACEPTION HAS THE LOWEST PEARL INDEX?

- 1) spermicides
- 2) COC
- 3) IUD
- 4) rhythm method
- 5) barrier method

2. WHAT DOES SCREENING OF WOMEN WHO WANT TO USE COC ALLOW?

- 1) identify somatic disorders
- 2) determine the category of acceptability of the COC
- 3) identify contraindications
- 4) plan further examination
- 5) assess the risk of thrombosis

3. WHAT DOES ADDITIONAL EXAMINATION INCLUDE IN THE FIRST CATEGORY OF COC ACCEPTABILITY?

- 1) screening for precancerous and cervical cancer
- 2) measurement of blood pressure
- 3) breast examination
- 4) body mass index calculation
- 5) pelvic ultrasound

Case No. 36

A young 20-year-old nulliparous woman went to a woman's health clinic complaining of the absence of menstruation for 12 months. It was found out from the anamnesis that for 2 years she used low-dose COCs. After the drug was discontinued, amenorrhea occurred.

Status genitalis: the uterus is of normal size, in the correct position, well mobile, painless. Adnexa are not enlarged, painless. The cervix is of conical shape; the cervical mucus is cloudy in small amounts.

- 1) Make a diagnosis
- 2) Determine the tactics of examination and treatment

Test

Select one or more correct answers.

1. WHAT IS ADVISABLE IN THIS CASE?

- 1) perform hCG test
- 2) pelvic ultrasound
- 3) breast examination
- 4) study of the level of gonadotropins and prolactin
- 5) pituitary MRI

2. WHAT ARE POSSIBLE CAUSES OF AMENORRHEA ASSOCIATED WITH TAKING COCs?

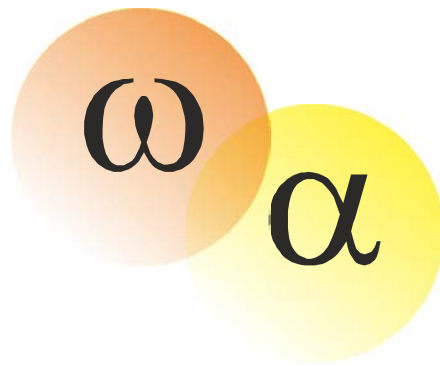
- 1) increased prolactin concentration
- 2) endometrial atrophy
- 3) suppression of gonadotropins
- 4) other reasons not related to taking COC
- 5) hypothyroidism

3. WHAT DOES THE DIAGNOSTIC ALGORITHM FOR AMENORRHEA INCLUDE?

- 1) progestogen challenge test
- 2) estrogen-progestogens challenge test
- 3) clomiphene challenge test
- 4) HCG test
- 5) determination of the level of gonadotropins

In via est in medicina via sine lingua Latina

(There is no way into medicine without the Latin language)



Latin terminology in gynecology

1. Female age period

Neonatoritas	Newborn	Новорожденность
Infantilitas	Childhood	Детство
Pubertas	Puberty	Половое созревание
Maturitas sexualis	Sexual maturity	Половая зрелость
Climacterium, climax	Climax (change of life)	Климактерий, климакс
Menopausa	Menopause	Менопауза
Praesenium	Presenile age	Предстарческий возраст
Senium	Old age (senile)	Старость

2. Inflammatory diseases of the female genital organs (infections of the lower female reproductive tract and pelvic inflammatory disease)

Abscessus Bartholini	Bartholin's duct gland abscess	Гнойник бартолиновой железы
Bartholinitis	Bartholin's duct inflammation	Воспаление бартолиновой железы
Candidosis vaginalis	Vaginal candidiasis	Кандидоз вагинальный
Cervicitis	Cervicitis	Воспаление шейки матки
Chlamidiosis urogenitalis	Genitourinary chlamydia infection	Хламидиоз урогенитальный
Colpitis bacterialis	Bacterial colpitis	Бактериальный кольпит
Colpitis gonorrhoeica	Gonococcal vaginitis	Гонорейный кольпит
Colpitis granulosa	Granulosa vaginitis	Гранулезный кольпит
Colpitis senilis	Senile colpitis	Старческий кольпит
Colpitis seu vaginitis	Vaginitis	Воспаление слизистой оболочки влагалища
Colpitis simplex	Simple vaginitis	Простой кольпит
Colpitis trichomonadica	Trichomonas vaginitis	Трихомонадный кольпит
Condylomata acuminata	Condyloma acuminata	Остроконечные кондиломы
Cysta ductus Gartneri	Gartner duct cyst	Киста Гартнера хода
Cysta glandulae vestibularis majoris	Bartholin's duct gland cyst	Киста большой железы преддверия влагалища
Cysta paraurethralis	Skene's (paraurethral) gland cyst	Парауретральная киста
Douglas-abscessus, abscessus rectouterinus,	Douglas abscess	Дуглас-абсцесс, скопление гноя в прямокишечно-маточном углублении
Endocervicitis	Endocervicitis	Воспаление слизистой канала шейки матки

Endometritis	Endometritis	Воспаление слизистой оболочки матки
Endometritis post abortum	Postabortal endometritis	Эндометрит после аборта
Gonorrhoea	Gonorrhea	Гонорея
Haematosalpinx	Hematosalpinx	Мешотчатое образование маточной трубы с кровянистым содержимым
Herpes genitalis	Genital herpes	Генитальный герпес
Hydrosalpinx	Hydrosalpinx	Мешотчатое образование маточной трубы с серозным содержимым
Metritis	Metritis	Воспаление матки
Metroendometritis	Metroendometritis (endometrial and myometrial inflammation)	Метроэндометрит, воспаление слизистой оболочки и мышечного слоя матки
Molluscum contagiosum	Molluscum contagiosum	Моллюск контагиозный
Mycoplasmosis urogenitalis	Urogenital mycoplasmosis	Микоплазмоз урогенитальный
Oophoritis	Oophoritis	Воспаление яичников
Parametritis	Parametritis	Воспаление околоматочной клетчатки
Parametritis anterior, posterior	Anterior, posterior parametritis	Передний, задний параметрит
Parametritis lateralis dextra seu sinistra	Lateralis parametritis to the right and left of the uterus	Боковой параметрит справа или слева от матки
Parametritis purulenta	Parametrial purulent inflammation	Гнойное воспаление околоматочной клетчатки
Paraurethroadenitis	Skene's (paraurethral) gland inflammation	Воспаление парауретральных желёз
Pelviocellulitis	Pelvic cellular tissue inflammation	Воспаление клетчатки малого таза
Pelvioperitonitis	Pelvic peritonitis	Воспаление брюшины малого таза
Pelvioperitonitis adhaesiva	Adhesive pelvic peritonitis	Слипчивый пельвиоперитонит
Pelvioperitonitis exudativa	Exudative pelvic peritonitis	Экссудативный пельвиоперитонит
Perimetritis	Perimetritis (uteroperitonitis)	Воспаление брюшины, покрывающей матку
Peritonitis purulenta diffusa	General purulent peritonitis	Разлитой гнойный перитонит

Pruritis vulvae	Vaginal itching	Зуд вульвы
Pseudoabscessus glandulae vestibularis majoris	Bartholin's duct gland pseudoabscess	Ложный абсцесс большой железы преддверия влагалища
Pyometra	Pyometra	Скопление гноя в полости матки
Pyosalpinx	Pyosalpinx	Мешотчатое образование маточной трубы с гнойным содержимым
Pyovarium	Pyo-ovarium	Абсцесс яичника
Restitutio ad integrum	Complete reverse development of the pathological process, restoration of the previous condition	Полное обратное развитие патологического процесса, восстановление прежнего состояния
Sactosalpinx	Sactosalpinx	Мешотчатое образование маточной трубы
Salpingitis	Salpingitis	Воспаление маточной трубы
Salpingitis acuta	Acute salpingitis	Острое воспаление маточной трубы
Salpingitis chronica	Chronic salpingitis	Хроническое воспаление маточной трубы
Salpingitis subacuta	Subacute salpingitis	Подострое воспаление маточной трубы
Salpingoophoritis, adnexitis	Salpingoophoritis, adnexitis	Воспаление придатков матки
Trichomoniasis urogenitalis	Urogenital trichomoniasis	Трихомониаз уrogenитальный
Tuberculosis genitalis	Genital tuberculosis	Генитальный туберкулез
Tumor tuboovarialis, adnextumor	Tubo-ovarian abscess	Конгломерат воспаленных тканей яичника и маточной трубы
Vaginosis bacterialis	Bacterial vaginosis	Влагалищный дисбактериоз
Vestibulitis	Vestibulitis	Воспаление преддверия влагалища
Vulvitis	Vulvitis	Воспалительный процесс наружных половых органов
Vulvitis acuta	Acute vulvitis	Острый вульвит
Vulvitis chronica	Chronic vulvitis	Хронический вульвит

3. Abnormalities of the menstrual cycle

Algodysmenorrhoea	Dysmenorrhea	Болезненные менструации
Amenorrhoea	Amenorrhea	Отсутствие менструаций
Amenorrhoea patologica	Pathological amenorrhea	Патологическая аменорея
Amenorrhoea physiologica	Physiological amenorrhea	Физиологическая аменорея
Amenorrhoea primaria	Primary amenorrhea (absence of menarche by age 16)	Отсутствие первой менструации в 16 лет и старше
Amenorrhoea secundaria	Secondary amenorrhea (absence of menses in women who have previously have normal menstruation)	Отсутствие менструаций у ранее менструирующей женщины
Amenorrhoea vera	True amenorrhea	Истинная аменорея
Atresia folliculi	Follicular atresia	Атрезия фолликула
Corpus luteum persistens	Persistence of corpus luteum	Персистенция жёлтого тела
Cryptomenorrhoea	Cryptomenorrhea	Ложная аменорея
Folliculus persistens	Follicular persistence	Персистенция фолликула
Hypermenorrhoea	Hypermenorrhea	Длительные менструации
Hyperpolymenorrhoea	Hyperpolymenorrhea	Обильные и длительные менструации
Menorrhagia	Menorrhagia	Циклические маточные кровотечения
Menstruatio vicaria	Replacement menstruation	Заменяющая, замещающая менструация
Metrorrhagia	Metrorrhagia	Ациклическое маточное кровотечение
Metrorrhagia climacterica	Climacteric metrorrhagia	Климактерическое маточное кровотечение
Metrorrhagia dysfunctionalis	Dysfunctional uterine bleeding	Дисфункциональное маточное кровотечение
Metrorrhagia juvenilis	Juvenile metrorrhagia	Ювенильное маточное кровотечение
Molimina menstrualia	Symptoms of malaise accompanying menstruation (premenstrual dysphoric disorder)	Симптомы недомогания, сопутствующие менструациям
Oligomenorrhoea, opsomenorrhoea	Oligomenorrhea, opsomenorrhea	Редкие менструации

Polymenorrhoea	Polymenorrhoea	Обильные менструации
Proiomenorrhoea	Proiomenorrhoea	Укорочение менструального цикла

4. Uterine fibroids (leiomyoma)

Degeneratio nodi myomatosi cystica	Myomatous nodule cystic degeneration	Кистозное перерождение миоматозного узла
Degeneratio nodi myomatosi rubra	Myomatous nodule red degeneration	Красная дегенерация миоматозного узла
Dystrophia nodi myomatosi hyalinosis	Myomatous nodule glassy degeneration	Гиалиновая дистрофия миоматозного узла
Fibromyoma uteri	Uterine fibroids (benign uterine tumor consisting of muscle and connective tissue elements)	Доброкачественная опухоль матки, состоящая из мышечных и соединительно-тканых элементов
Intumescencia mucoides nodi myomatosi	Myomatous nodule mucoid degeneration	Мукоидное набухание миоматозного узла
Myoma (leiomyoma) uteri	Uterine leiomyoma (benign uterine tumor consisting of smooth muscle cells)	Доброкачественная опухоль матки, происходящая из гладких мышечных волокон
Myoma cervicis	Cervical myoma	Миома шейки матки
Myoma corpus uteri	Uterus body myoma	Миома тела матки
Myoma isthmi uteri	Isthmus myoma	Перешеечная миома матки
Myoma ligamenti teretis uteri	Uterus round ligament myoma	Миома круглой маточной связки
Myoma uteri interstitiale seu intramurale	Intramural myoma	Межмышечная миома
Myoma uteri intraligamentare	Intraligamentary myoma	Межсвязочная миома матки связок
Myoma uteri multiplex	Multiple fibroid	Множественная миома матки
Myoma uteri submucosum	Submucosal fibroid	Подслизистая миома матки
Myoma uteri subserosum	Subserosal fibroid	Подбрюшинная миома матки
Necrosis nodi myomatosi	Myomatous nodule necrosis	Некроз миоматозного узла
Nodus myomatosum nascens	Emerging myomatous nodule	Рождющийся миоматозный узел

5. Endometriosis

Endometriosis	Endometriosis	Эндометриозидная гетеротопия
Endometriosis cervicis uteri	Cervical endometriosis	Эндометриоз шейки матки
Endometriosis cicatricis postoperativae	(Surgical) scar endometriosis	Эндометриоз послеоперационного рубца
Endometriosis divisionis interstitialis salpingis	Endometriosis of intramural segment of the Fallopian tubes	Эндометриоз интерстициального отдела маточных труб
Endometriosis extragenitalis	Extragenital endometriosis	Экстрагенитальный эндометриоз
Endometriosis genitalis	Genital endometriosis	Эндометриоз половых органов
Endometriosis genitalis externa	Endometriosis genitalis externa	Наружный генитальный эндометриоз
Endometriosis interna, adenomyosis	Endometriosis interna, adenomyosis	Эндометриозидная гетеротопия в миометрии
Endometriosis isthmi uteri	Uterine isthmus endometriosis	Эндометриоз перешейки матки
Endometriosis ligamentorum latorum uteri	Uterine broad ligament endometriosis	Эндометриоз широких маточных связок
Endometriosis ligamentorum propriorum ovariorum	Uterine ovarian ligament endometriosis	Эндометриоз собственных связок яичников
Endometriosis ligamentorum sacrouterinorum	Uterosacral ligament endometriosis	Эндометриоз крестцово-маточных связок
Endometriosis ligamentorum teretorum uteri	Uterine round ligament endometriosis	Эндометриоз круглых маточных связок
Endometriosis ovarii	Ovarian endometriosis	Эндометриоз яичника
Endometriosis peritonealis pelvis minoris	Pelvic peritoneal endometriosis	Эндометриоз брюшины малого таза
Endometriosis peritonei spatii Douglas	Peritoneal endometriosis of Douglas	Эндометриоз брюшины

		дугласова пространства
Endometriosis peritonei spatii vesicouterinae	Peritoneal endometriosis of the vesicouterine space	Эндометриоз брюшины пузырно-маточного пространства
Endometriosis retrocervicalis	Retrocervical endometriosis	Позадишеечный эндометриоз
Endometriosis tubae uterinae	Fallopian tube endometriosis	Эндометриоз маточных труб
Endometriosis vaginae	Vaginal endometriosis	Эндометриоз влагалища
Formae endometriosis minoris	Mild forms of endometriosis	«Малые» формы эндометриоза

6. Ectopic pregnancy

Abortus tubarius	Tubal abortion	Трубный аборт
Graviditas abdominalis	Abdominal pregnancy	Брюшная беременность
Graviditas ectopica seu extrauterina	Ectopic pregnancy	Эктопическая или внематочная беременность
Graviditas fimbrica	Fimbrial ectopic pregnancy	Бахромковая беременность
Graviditas in cornu rudimentario	Pregnancy in a rudimentary horn of the uterus	Беременность в рудиментарном роге матки
Graviditas infundibularis	Pregnancy in the infundibulum of the uterine tube	Беременность в воронковом отделе маточной трубы
Graviditas ovarica	Ovarian pregnancy	Яичниковая беременность
Graviditas tubaria	Tubal pregnancy	Трубная беременность
Graviditas tubaria ampullaris	Pregnancy in the ampulla of the fallopian tube	Беременность в ампулярном отделе маточной трубы
Graviditas tubaria interstitialis	Pregnancy in the interstitial portion of the fallopian tube (intramural ectopic pregnancy)	Беременность в интерстициальном отделе маточной трубы
Graviditas tubaria	Pregnancy in the isthmus of	Беременность в

isthmica	the fallopian tube	перешейке маточной трубы
Graviditas tubaria progressiva	Progressive tubal pregnancy	Прогрессирующая трубная беременность
Haematoma ligamenti lati	Hematoma of the broad uterine ligament	Гематома широкой маточной связки
Haematoma peritubarium	Circumtubular hematoma	Околотрубная гематома
Haematoma retrouterinum	Retrouterine hematoma	Заматочная гематома
Lithopaedion	Coprolite	Окаменелый плод
Ruptura tubae gravidae	Tubal rupture	Разрыв беременной трубы

7. Non-inflammatory diseases, cervical precancer and cancer

Adenocarcinoma canalis cervicalis	Cervical adenocarcinoma	Железистый рак канала шейки матки
Cancer cervicis uteri	Cervical cancer	Рак шейки матки
Cancer cervicis uteri endoexophytus	Endo/exophytic cervical cancer	Эндоэкзофитный рак шейки матки
Cancer cervicis uteri endophytus	Endophytic cervical cancer	Эндофитный рак шейки матки
Cancer cervicis uteri exophytus	Exophytic cervical cancer	Экзофитный рак шейки матки
Cancer cervicis uteri ulcerosus	Ulcerative (open) cervical cancer	Язвенный рак шейки матки
Cancer in situ cervicis uteri	Intraepithelial cervical cancer	Преинвазивный рак шейки матки
Cancer gradus primarii	Stage 1 cancer	Первая стадия рака
Cancer gradus secundarii	Stage 2 cancer	Вторая стадия рака
Cancer gradus tertii	Stage 3 cancer	Третья стадия рака
Cancer gradus quarti	Stage 4 cancer	Четвертая стадия рака
Dysplasia epithelialis, neoplasia cervicalis intraepithelialis	Cervical dysplasia, cervical intraepithelial neoplasia	Атипия эпителия влагилицной части шейки матки
Ectopia (pseudoerosio)	Cervical ectopy, the presence of a cylindrical epithelium on the ectocervix	Эктопия (псевдоэрозия), наличие цилиндрического

		эпителия на экзоцервиксе
Ectopia cervicis uteri follicularis seu ovula Nabothi	Cervical follicular ectopia. Nabothian cyst	Фолликулярная эктопия шейки матки. Наботова киста
Ectopia cervicis uteri papillaris	Cervical papillary ectopy	Сосочковая эктопия шейки матки
Ectopia congenita	Cervical ectopy	Врожденная эктопия шейки матки
Ectropion cervicis uteri	Cervical ectropion (eversion of the endocervix, exposing the columnar epithelium to the vaginal milieu)	Выворот слизистой шеечного канала
Erosio cervicis uteri	Cervical erosion (an abrasion or a small wound on the mucous membrane)	Дефект эпителия шейки матки
Erythroplakia cervicis uteri	Cervical erythroplakia (atrophy)	Атрофия (истончение) слизистой оболочки шейки матки
Leucoplakia cervicis uteri	Cervical leukoplakia	Гиперкератоз эпителия шейки матки
Polypus canalis cervicalis	Cervical polyp	Полип шеечного канала

8. Benign and malignant ovarian tumor

Adenocarcinoma ovarii papillare	Ovarian papillary adenocarcinoma	Сосочковый рак яичника
Adenofibroma ovarii	Ovarian adenofibroma	Аденофиброма яичника
Androblastoma ovarii	Ovarian androblastomas	Опухоль яичника, продуцирующая андрогены
Cancer ovarii, cystadenocarcinoma	Ovarian cancer, cystadenocarcinoma	Рак яичников, цистаденокарцинома
Cystadenoma seu cystoma ovarii cilioepitheliale (serosum)	Ovarian serous cystadenoma	Цилиоэпителиальная (серозная) цистаденома (кистома) яичника
Cystadenoma seu cystoma ovarii mucinosum	Ovarian mucinous cystadenoma	Муцинозная цистаденома (кистома) яичника

Cystadenoma seu cystoma ovarii papillare	Ovarian papillary cystadenoma	Сосочковая цистаденома (кистома) яичника
Cystis corporis lutei	Corpus luteum cyst	Киста желтого тела
Cystis dermoidea seu teratoma adultum	Ovarian dermoid cyst, mature cystic ovarian teratoma	Дермоидная киста, зрелая тератома
Cystis follicularis ovarii	Ovarian follicular cyst	Фолликулярная киста яичника
Cystis ovarii endometriosis	Ovarian endometrial cyst	Эндометриоидная киста яичника
Cystis paraovarialis	Paraovarian cyst	Параовариальная, околожичниковая киста
Dysgerminoma	Dysgerminoma, malignant ovarian germ cell tumor	Злокачественная опухоль яичника, развивающаяся из недифференцированных половых клеток
Fibroma ovarii	Ovarian fibroma	Фиброма яичника
Gonadoblastoma	Gonadoblastoma, malignant ovarian germ cell tumor, which occurs predominantly in individuals with disorders of sexual development, also known as intersex syndrome	Злокачественная опухоль яичников, развивающаяся у больных с дисгенезией гонад
Krukenbergi tumor	Krukenberg tumor, (metastatic tumor to the ovary)	Опухоль Крукенберга, (метастатический рак яичника)
Ruptura ovarii seu apoplexia	Ovarian rupture	Разрыв яичника
Teratoblastoma	Fetus in fetu and fetiform teratoma	Злокачественная опухоль яичника из эмбриональных элементов
Teratoma ovarii embryonale	Ovarian germ cells (embryonal) teratoma	Опухоль тканей яичника с эмбриональным характером
Thecoma ovarii	Ovarian thecoma	Текаклеточная опухоль

		яичников
Tumor ovarii granulocellularis (folliculoma ovarii)	Ovarian granulosa cell tumor (ovarian folliculoma) producing estrogen	Гранулезоклеточная опухоль яичника (фолликулома яичника), продуцирующая эстрогены

9. Endometrial hyperplasia. Endometrial cancer

Adenocarcinoma endometrii	Endometrial adenocarcinoma	Железистый рак эндометрия
Atrophia endometrii	Endometrial atrophy	Атрофия эндометрия
Cancer uteri	Uterine cancer	Рак матки
Cancer uteri diffusus	Diffuse uterine cancer	Рак матки диффузный
Cancer uteri polyposus	Polyp uterine cancer	Рак матки полипозный
Hyperplasia endometrii	Endometrial hyperplasia	Избыточное образование структурных элементов эндометрия
Hyperplasia endometrii atypica seu adenomatosis	Atypical endometrial hyperplasia, adenomatous	Атипическая гиперплазия эндометрия, аденоматоз
Hyperplasia endometrii composita	Complex endometrial hyperplasia	Сложная гиперплазия эндометрия
Hyperplasia endometrii recidiva	Recurrent endometrial hyperplasia	Рецидивирующая гиперплазия эндометрия
Hyperplasia endometrii simplex	Simple endometrial hyperplasia	Простая гиперплазия эндометрия
Leiomyosarcoma	Leiomyosarcoma	Злокачественная лейомиома
Polyposis endometrii	Endometrial polyp, multiple polyps	Полипоз эндометрия
Polypus endometrii	Endometrial polyp, mass in the inner lining of the uterus	Полип, разрастание отдельных участков эндометрия

10. Gestational trophoblastic disease

Chorioncarcinoma (chorionepithelioma)	Choriocarcinoma	Злокачественная опухоль, исходящая из ворсинок хориона
Chorioncarcinoma cervicis uteri	Cervical choriocarcinoma	Хорионкарцинома шейки матки
Chorioncarcinoma ovarii	Ovarian choriocarcinoma	Хорионкарцинома яичника
Chorioncarcinoma tubae uterinae	Fallopian tube choriocarcinoma	Хорионкарцинома маточной трубы
Chorioncarcinoma uteri	Uterine choriocarcinoma	Хориокарцинома матки
Chorioncarcinoma vaginae	Vaginal choriocarcinoma	Хорионкарцинома влагалища
Mola	Mole	Занос
Mola hydatidosa	Hydatidiform mole	Пузырный занос
Mola hydatidosa destruens	Invasive mole	Разрушающий пузырный занос
Mola hydatidosa partialis	Partial hydatidiform mole	Частичный пузырный занос
Mola hydatidosa totalis	Complete hydatidiform mole	Полный пузырный занос
Mola tubaria	Tubal mole	Трубный занос

11. Infertile marriage

Anovulatio	Anovulation	Ановуляция
Aspermatismus	Aspermatism	Отсутствие эякулята
Aspermia	Aspermia	Аспермия
Asthenozoospermia	Asthenozoospermia	Астенозооспермия
Azoospermia	Azoospermia	Азооспермия
Copulatio oocytum	Fertilization	Оплодотворение ооцитов
Crioconservatio spermatozoidi, embryorum	Gamete and embryo cryopreservation	Консервация сперматозоидов, эмбрионов
Donatio oocytum	Egg donation	Донация ооцитов
Ductiones reproductivae adjuvantes	Assisted reproductive technology	Вспомогательные репродуктивные технологии
Fertilisatio in vitro et	In vitro	ЭКО и ПЭ –

transfusio embryorum	fertilization and embryo transfer	экстракорпоральное оплодотворение и перенос эмбриона
Fertilitas	Fertility	Способность к деторождению
Impotentia generandi	Male infertility	Мужское бесплодие
Injectio spermatozoidi intraplasmatica	Intracytoplasmic sperm injection (ICSI)	Интрацитоплазматическая инъекция сперматозоида (ИКСИ)
Insufficiencia corporis flavi	Corpus luteum insufficiency	Недостаточность жёлтого тела
Modus postcoitus	Postcoital test	Посткоитальный тест
Necrospermia	Necrospermia	Некроспермия, неподвижность сперматозоидов
Obliteratio salpingum bilateralis	Bilateral tubal obstruction	Двухсторонняя непроходимость маточных труб
Oligozoospermia	Oligozoospermia, low sperm count	Уменьшенное количество сперматозоидов в эякуляте
Oligozoospermia gravis	Severe oligozoospermia	Тяжёлая форма олигозооспермии
Potentia concipiendi	Ability to conceive and pregnancy	Способность к зачатию и беременности
Reductio embryorum	Embryo reduction	Редукция эмбрионов
Sterilitas	Infertility	Бесплодие
Sterilitas absoluta	Absolute infertility	Абсолютное бесплодие
Sterilitas endocrinica	Endocrine infertility	Эндокринное бесплодие
Sterilitas feminina	Female infertility	Женское бесплодие
Sterilitas primaria	Primary infertility	Первичное бесплодие
Sterilitas secundaria	Secondary infertility	Вторичное бесплодие
Sterilitas tubaria	Tubal infertility	Трубное бесплодие
Stimulatio ovulationis	Ovulation induction	Стимуляция овуляции
Stimulatio superovulationis	Superovulation induction	Стимуляция суперовуляции
Teratozoospermia	Teratozoospermia	Наличие в эякуляте патологических форм сперматозоидов

12. Neuroendocrine syndrome

Acromegalia	Acromegalia	Акромегалия
Dystrophia adiposogenitalis	Adiposogenital syndrome	Адипозогенитальная дистрофия
Eunochoidismus	Eunuchoidism	Евнухоидизм
Hypergenitalismus	Hypergonadism, a condition where there is a hyperfunction of the gonads	Гипергенитализм, чрезмерное или преждевременное развитие первичных или вторичных половых признаков
Hypogenitalismus	Hypogonadism	Гипогенитализм, недоразвитие и неполноценность функции половых желёз
Infantilismus universalis	Universal infantilism	Общий инфантилизм
Nanismus hypophysarius	Pituitary dwarfism	Гипофизарный нанизм
Pubertas praecox	Precocious puberty	Преждевременное половое созревание
Pubertas tarda	Delayed puberty	Задержка полового созревания
Syndromum adrenogenitale congenitum, pseudohermaphroditismus feminus	Congenital adrenal cortical hyperplasia, female pseudohermaphroditism	Врожденный адреногенитальный синдром, женский псевдогермафродитизм
Syndromum Chiari-Frommel	Chiari-Frommel syndrome, amenorrhea-galactorrhea syndrome	Синдром Киари-Фроммеля, патологическая галакторея
Syndromum climactericum	Climacteric syndrome, menopausal syndrome	Климактерический синдром
Syndromum Icenko-Cushing	Cushing's syndrome	Синдром Иценко-Кушинга
Syndromum Morris, feminisatio testicularis	Testicular feminization, Androgen	Синдром Морриса, тестикулярная феминизация

	insensitivity syndrome	
Syndromum post castrationem	Ovarian remnant syndrome	Посткастрационный синдром
Syndromum praemenstruale	Premenstrual syndrome	Предменструальный синдром
Syndromum Sheehani, hypopituitarismus post partum	Sheehan's syndrome, postpartum hypopituitarism	Синдром Шихана, послеродовой гипопитуитаризм
Syndromum Stein-Leventhal, syndromum ovarium polycysticorum	Stein-Leventhal syndrome, polycystic ovary syndrome	Синдром Штейна-Левенталя, синдром поликистозных яичников
Syndromum Turner-Shereshevsky, dysgenesis gonadum	Turner syndrome, gonadal dysgenesis	Синдром Шерешевского – Тернера, дисгенезия гонад

13. Abnormalities of genital organs

Anteflexio et retroversio uteri	Anteflexion and retroversion of the uterus	Перегиб матки вперед с отклонением назад
Anteflexio uteri	Anteflexion of the uterus	Перегиб матки кпереди
Anteversio uteri	Uterine anteversion	Отклонение матки вперед
Cystocele	Cystocele	Опушение, взбухание стенки мочевого пузыря
Decubitus parietum vaginae	Pressure vaginal ulcer (sores)	Пролежень стенок влагалища
Descensus parietis anterioris vaginae	Anterior vaginal prolapse	Опушение передней стенки влагалища
Descensus parietis posterioris vaginae	Posterior vaginal prolapse	Опушение задней стенки влагалища
Descensus parietum vaginae	Vaginal wall prolapse	Опушение стенок влагалища
Descensus uteri	Uterine prolapse	Опушение матки
Deviatio uteri	Uterine deviation	Отклонение, смещение матки
Elevatio uteri	Uterine elevation	Смещение матки вверх

Elongatio cervicis uteri	Cervical elongation	Удлинение шейки матки
Hyperanteflexio uteri	Uterine hyperanteflexion	Перегиб матки кпереди с образованием острого угла между телом и шейкой матки
Lateropositio uteri dextra	Uterine lateral position dexter	Смещение матки вправо
Lateropositio uteri sinistra	Uterine lateral position sinister	Смещение матки влево
Prolapsus parietis anterioris vaginae	Anterior vaginal wall prolapse	Выпадение передней стенки влагалища
Prolapsus parietis posterioris vaginae	Posterior vaginal wall prolapse	Выпадение задней стенки влагалища
Prolapsus parietum vaginae	Vaginal wall prolapse	Выпадение стенок влагалища
Prolapsus parietum vaginae totalis	Complete vaginal wall prolapse	Полное выпадение стенок влагалища
Prolapsus uteri completus	Complete procidentia	Полное выпадение матки
Prolapsus uteri incompletus	Incomplete procidentia	Неполное выпадение матки
Rectocele	Rectocele	Выбухание передней стенки прямой кишки
Retroflexio uteri	Uterine retroflexion	Перегиб матки кзади
Retroversio uteri	Uterine retroversion	Отклонение матки назад
Retroversio-flexio uteri fixata	Fixed uterine retroversion and retroflexion	Фиксированная ретродевиация матки
Retroversio-flexio uteri mobilis	Mobile uterine retroversion and retroflexion	Подвижная ретродевиация матки,
Retroversio-flexio uteri subfixata	Limited uterine retroversion and retroflexion	Ограниченная в подвижности ретродевиация матки

14. Genital malformation

Aplasia, atresia	Aplasia, atresia	Отсутствие органа
Aplasia ovariorum	Ovarian aplasia	Полное отсутствие яичников
Aplasia uteri	Uterine aplasia, hysteratresia	Отсутствие матки
Aplasia vaginae	Vaginal aplasia	Отсутствие влагалища
Atresia cervicalis	Cervical atresia	Заращение в области шейки матки
Atresia hymenalis	Hymen atresia	Заращение в области девственной плевы
Atresia vaginalis	Vaginal atresia	Заращение влагалища
Haematocolpos	Hematocolpos	Скопление крови во влагалище
Haematometra et haematosalpinx	Hematometra and hematosalpinx	Скопление крови в матке и маточной трубе
Hermaphroditismus	Hermaphroditism, intersex	Гермафродитизм, двуполость
Hermaphroditismus verus	True hermaphroditism	Истинный гермафродитизм
Hymen inperforatus	Imperforate hymen	Гимен без отверстия
Pseudohermaphroditismus femininus	Female hermaphroditism, androgyny	Женский ложный гермафродитизм
Pseudohermaphroditismus masculinus	Male hermaphroditism	Мужской ложный гермафродитизм
Uterus arcuatus	Arcuate uterus	Седловидная матка
Uterus bicornis	Bicornuate uterus	Двурогая матка
Uterus bicornis bicervicalis	Uterus didelphys, double uterus with two separate cervixes	Двурогая матка с удвоенной шейкой
Uterus bicornis rudimentalis solidus	Rudimentary bicornis without cavity	Матка в виде двурогого рудимента, лишённого полости
Uterus bicornis unicervicalis	Uterus didelphys (double uterus) with one cervix	Двурогая матка с одной шейкой
Uterus duplex	Uterus didelphys	Двойная матка
Uterus duplex cum vagina duplici	Duplex uterus (didelphys) and vagina duplex (double vagina)	Двойная матка с двойным влагалищем
Uterus foetalis	Pubescent uterus	Детская матка

Uterus hypoplasticus	Uterine hypoplasia	Недоразвитая матка
Uterus infantilis	Infantile uterus	Детский тип матки, инфантильная матка
Uterus septus	Complete septate uterus	Матка с полной перегородкой
Uterus subseptus	Incomplete septate uterus	Матка с неполной перегородкой
Uterus unicornis	Unicornuate uterus	Однорогая матка
Vagina duplex	Vagina duplex, double vagina	Двойное влагалище
Vagina septa	Complete vaginal septum	Полная перегородка влагалища
Vagina subsepta	Incomplete vaginal septum	Неполная перегородка влагалища

15. Gynecological surgery

15.1. Diagnostic and treatment manipulations and pelvic surgery

Cervicographia	Cervicography	Цервикография, рентгенография шейного канала
Cervicoscopia	Cervicoscopy	Цервикоскопия
Chromohydrotubatio	Chromohydrotubation, method for the study of fallopian tube patency	Хромогидротубация, введение окрашенной жидкости в полость матки и трубы
Colposcopia	Colposcopy	Кольпоскопия
Culdocentesis	Culdocentesis	Кульдоцентез
Culdoscopia Pelvioscopia	Culdoscopy, pelviscopy	Кульдоскопия, осмотр внутренних половых органов
Dilatatio canalis cervicalis	Cervical dilatation	Расширение цервикального канала
Endoscopia	Endoscopy	Эндоскопия
Hydrotubatio	Hydrotubation	Гидротубация, введение жидкости в полость матки и трубы
Hysterometria	Uterine sounding	Зондирование полости матки
Hysteroresectoscopia	Hysteroresectoscopy	Гистерорезектоскопия
Hysteroscopia	Hysteroscopy	Гистероскопия

Kymopertubatio	Kymopertubation	Кимопертубация
Laparoscopia	Laparoscopy	Лапароскопия
Laparotomia	Laparotomy	Чревосечение
Laparotomia inferiomediana	Lower midline incision	Нижнесрединная лапаротомия
Laparotomia modo Czerny	Cherney incision	Лапаротомия по методике Черни
Laparotomia suprapubica modo Pfannenstieli	Pfannenstieli incision	Надлобковый разрез по методике Пфанненштиля
Metrosalpingographia seu hysterosalpingographia	Hysterosalpingography, uterosalpingography, is a radiologic procedure to investigate the shape of the uterine cavity and the shape and patency of the fallopian tubes	Метросальпингография или гистеросальпингография, контрастная рентгенография матки и труб
Pertubatio	Pertubation, tubal insufflation	Пертубация, продувание маточных труб
Pneumopelviographia seu gynecographia	Pneumopelviography	Пневмопельвиография, газовая рентгенография малого таза
Pneumoperitoneum	Pneumoperitoneum, pneumatosis (abnormal presence of air or other gas) in the peritoneal cavity	Пневмоперитонеум, воздух в брюшной полости
Punctio fornicis posterior	Puncture of the posterior vaginal fornix	Пункция брюшной полости через задний свод влагалища
Salpingoscopia	Salpingoscopy	Сальпингоскопия
Vaginoscopia	Vaginoscopy	Вагиноскопия

15.2. Vaginal and genital surgery

Ablatio nodi myomatosi	Myomectomy	Удаление рождающегося миоматозного узла
Ablatio polypi fibrosis cavi uteri	Endometrial polypectomy	Удаление фиброзного полипа полости матки
Ablatio polypi fibrosis cervicis	Cervical polypectomy	Удаление фиброзного полипа шейки матки

Amputatio cervicis uteri	Cervicectomy	Удаление шейки матки
Amputatio cervicis uteri aenei-formis modo Schreder	Schroeder's cervical conization	Клиновидная ампутация шейки матки по Шредеру
Amputatio cervicis uteri alta	High cervicectomy, trachelectomy	Высокая ампутация шейки матки
Amputatio cervicis uteri conusoidea modo Sturmdofr	Sturmdorf cervical conization	Конусовидная ампутация шейки матки по методу Штурмдорфа
Amputatio portionis vaginalis aenei-formis	Cervical cuneiform amputation	Клиновидная ампутация влагалищной части шейки матки
Biopsia cervicis uteri Biopsia colli uteri	Cervical biopsy	Биопсия шейки матки
Cervicorrhaphia	Suturing of cervical ruptures	Ушивание разрывов шейки матки
Clitoridectomy	Clitoridectomy, removal of the whole clitoris	Клиторидэктомия, удаление гипертрофированного клитора
Colpohysterotomia	Colpohysterotomy	Кольпогистеротомия
Colpoperineorrhaphia	Colpoperineorrhaphy	Кольпоперинеорафия, пластическая
Colpopoësis	Colpoptoiesis, surgical creation of an artificial vagina	Кольпопоз, образование искусственного влагалища
Colpopoësis per segmentum coli sigmoidei	Colpoptoiesis using part of sigmoid colon	Кольпопоз, образование искусственного влагалища из отрезка сигмовидной кишки
Colporrhaphia anterior	Anterior colporrhaphy, anterior vaginal wall repair	Передняя кольпорафия, сшивание передней стенки влагалища
Colporrhaphia anterior (adincontinentiam urinae relativam) modo Martius-Figurnov	Martius-Figurnov anterior colporrhaphy	Передняя кольпорафия (при относительном недержании мочи) по Марциусу –

		Фигурнову
Colporrhaphia anterior cum suspensione vesicae urinariae modo Figurnovi	Figurnov anterior colporrhaphy with hemming bladder	Передняя кольпорафия с подшиванием мочевого пузыря по Фигурнову
Colporrhaphia mediana modo Neigebauer-Le Fort	Neigebauer-Le Fort medial colporrhaphy (cilpocleisis)	Срединная кольпорафия по методу Нейгебауэра-Лефора
Colporrhaphia posterior	Posterior colporrhaphy, posterior vaginal wall repair	Сшивание задней стенки влагалища
Colporrhaphia posterior cum levatoroplastica	Posterior colporrhaphy	Кольпоперинеорафия, пластическая
Colpotomia posterior	Posterior colpotomy, incision of the posterior vaginal wall	Задняя кольпотомия, разрез задней стенки влагалища
Condylomectomy	Condylectomy, removal of warts	Удаление кондиломы
Cystectomy glandulae vestibularis majoris	Bartholin gland cystectomy	Удаление кисты большой железы преддверия влагалища
Discisio pseudoabscessus glandulae vestibularis majoris	Incision of Bartholin gland pseudoabscess	Рассечение псевдоабсцесса большой железы преддверия влагалища
Discisio septi vaginae	Incision of vaginal septum	Рассечение перегородки влагалища
Discisio synechia labiorum minorum pudenda	Incision of labial fusion	Рассечение сращения малых половых губ
Diathermoconisatio cervicis uteri	Cervical diathermoconisation	Диатермоконизация шейки матки
Diathermoexcisio cervicis uteri	Cervical diathermoexcision	Диатермоэксцизия шейки матки
Enucleatio cystae ductus Gardneri	Gartner's duct cyst enucleation	Энуклеация кисты Гартнера хода
Enucleatio cystis vaginae	Vaginal cyst enucleation	Энуклеация, удаление (вылушивание) кисты влагалища
Enucleatio glandulae vestibularis majoris	Bartholin gland enucleation	Энуклеация кисты бартолиновой железы

Exstirpatio vulvae et nodorum lymphaticorum seu vulvectomy et lymphadectomia	Vulva and lymph nodes extirpation	Оперативное удаление вульвы и лимфатических узлов
Fistulorrhaphia rectovaginalis	Rectovaginal fistulorrhaphy	Ушивание прямокишечно-влагалищного свища
Fistulorrhaphia ureterovaginalis	Ureterovaginal fistulorrhaphy	Ушивание мочеточниково-влагалищного свища
Fistulorrhaphia urethrovaginalis	Ureterovaginal fistulorrhaphy	Ушивание уретровгинального свища
Fistulorrhaphia vesicocervicalis	Vesicocervical fistulorrhaphy	Ушивание пузырно-шеечного свища
Fistulorrhaphia vesicovaginalis	Vesicovaginal fistulorrhaphy	Ушивание пузырно-влагалищного свища
Hymenectomy	Hymenectomy	Иссечение девственной плевы
Hymenorrhaphia	Hymenorrhaphy, hymen reconstruction	Сшивание девственной плевы
Hymenotomia	Hymenotomy, surgical removal or opening of the hymen	Гименотомия, рассечение девственной плевы
Hysterotomia anterior	Anterior hysterotomy	Передняя гистеротомия
Marsupialisatio	Marsupialization	Марсупиализация
Myomectomy vaginae	Vaginal myomectomy	Миомэктомия, удаление миомы влагалища
Polypotomia canalis cervicalis	Cervical polypectomy	Удаление полипа шеечного канала
Vulvectomy seu exstirpatio vulvae	Vulvectomy	Вульвэктомия, экстирпация вульвы

15.3. Adnexal surgery

Adnexectomy bilateralis	Bilateral adnexectomy	Двусторонняя аднексэктомия
Coagulatio ovarii	Ovarian coagulation	Коагуляция яичников
Cystectomy ovarii	Ovarian cystectomy	Удаление кисты яичника
Cystectomy ovariorum intraligamentaris	Intraligamentous ovarian cystectomy	Интралигаментарное удаление кисты яичника
Cystomectomy ovarii	Ovarian cystectomy	Цистомэктомия, удаление кистомы яичника
Decapsulatio ovarii partialis	Partial ovarian decapsulation	Частичная декапсуляция яичника
Enucleatio cystae ovarii	Enucleation ovarian cyst	Вылуцивание кисты яичника
Enucleatio cystae paraovarialis	Enucleation paraovarian cyst	Энуклеация параовариальной кисты
Fimbrioplastica	Fimbrioplasty	Фимбриопластика
Implantatio ovarii in uterum	Ovarian implantation into the uterus	Пересадка яичника в матку
Omentoovariopehia	Omentoovariopehy	Оментоовариопексия
Ovariectomy, ovariectomy monolateralis (dextra, sinistra)	Ovariectomy, ovariectomy (dexter, sinister)	Одностороннее удаление яичника с опухолью (справа, слева)
Paraovaricystectomy	Paraovarial cystectomy	Параоварицистэктомия
Reimplantatio tubae in uterum	Tubal reimplantation into the uterus	Пересадка трубы в матку
Repositio ovarii	Ovarian transposition	Репозиция яичника
Resectio omenti majoris	Omentectomy, for surgical treatment of ovarian tumors	Резекция большого сальника (оментэктомия) как вариант расширения объема операции при опухолях яичников
Resectio ovarii bilateralis	Bilateral ovarian wedge resection	Двусторонняя резекция яичников
Resectio ovarii partialis	Partial ovarian resection	Частичная резекция яичников
Salpingectomy	Salpingectomy	Оперативное удаление маточной трубы

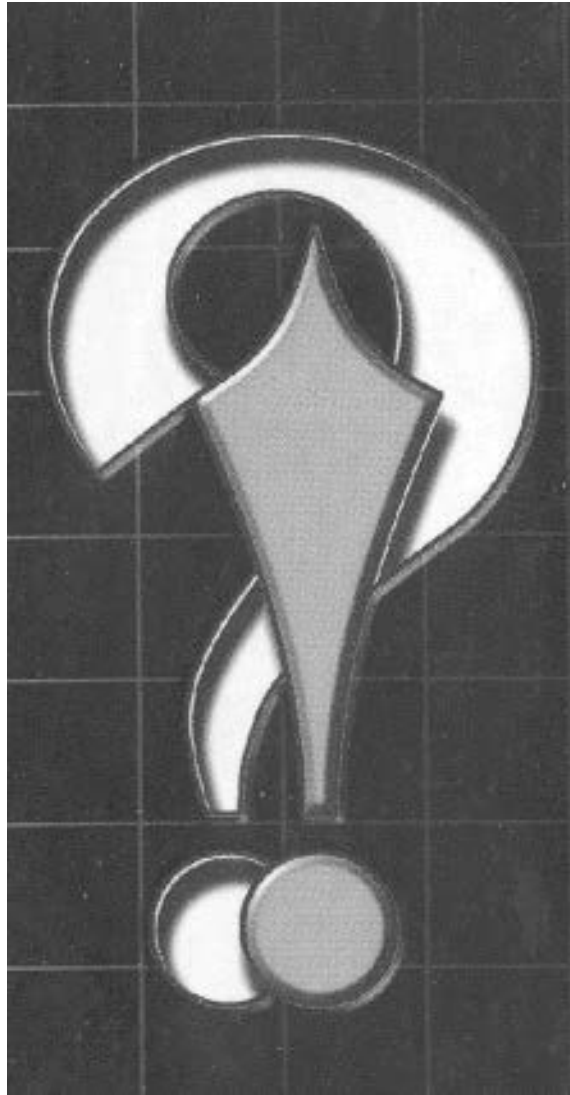
Salpingokelyphoectomy	Salpingokelyphoectomy	Удаление маточной трубы с плодместилищем
Salpingolysis	Salpingolysis	Высвобождение маточной трубы из спаек
Salpingoophorectomia, tuboovarioectomy, adnexectomy	Salpingoovariectomy, adnexectomy	Удаление маточной трубы и яичника
Salpingoovariolysis	Salpingoovariolysis, intervention to restore patency in the fallopian tubes	Высвобождение маточной трубы и яичника из спаек
Salpingostomatoplastica	Salpingostomatoplastic	Сальпингостоматопластика
Salpingostomia	Salpingostomy	Сальпингостомия, рассечение трубы с образованием отверстия
Salpingostomia linearis	Lineal salpingostomy, excision of the tube is longitudinal throughout	Иссечение трубы продольное на всём протяжении
Salpingostomia partialis s. salpingoanastomosis	Part salpingostomy, cutting off a part of the tube with downstream connection of it ends	Отсечение части трубы с последующим соединением концов
Salpingotomia	Salpingotomy	Рассечение трубы
Salpingotomia et kelyphoectomy	Salpingotomy and kelyphoectomy	Рассечение трубы и удаление плодного яйца
Sectio adhaesionum,	Adhesiolysis	Рассечение спаек
Sterilisatio tubaria	Tubal sterilization	Оперативное нарушение проходимости маточных труб
Thermocauterisatio ovariorum	Thermocauterisation of the ovaries	Термокаутеризация яичников

15.4. Uterine and parametrial surgery

Abortus artificialis	Artificial abortion	Искусственный аборт
Abrasio canalis cervicalis et cavi uteri	Dilatation and curettage, curettage of the cervical canal and uterine cavity	Выскабливание цервикального канала и полости матки

Abrasio cavi uteri probatoria	Biopsy of the lining of uterus	Диагностическое выскабливание полости матки
Abrasio probatoria divisa	Dilatation and curettage	Раздельное диагностическое выскабливание
Amputatio uteri alta	High subtotal hysterectomy	Высокая ампутация матки
Autotransplantatio endometrii	Endometrial autotransplantation	Аутотрансплантация эндометрия
Biopsia aspirationalis endometrii	Endometrial aspiration biopsy	Аспирационная биопсия эндометрия
Biopsia endometrii	Endometrial biopsy	Биопсия эндометрия
Colpopexia	Colpopexy, uses mesh to attach the vaginal apex to the sacrum via laparoscopic approach (Burch's technique)	Позадилонная лапароскопическая кольпопексия по методу Берча
Colpopexia aponeuritica	Aponeurotic colpopexy	Апоневротическая кольпопексия
Defundatio uteri	Uterine defundation, removal of the uterine fundus	Удаление дна матки
Embolisatio arteriarum uterinarum	Uterine artery embolisation	Эмболизация маточных артерий
Enucleatio noduli myomatosi uteri	Enucleating of the myoma nodules	Вылущивание миоматозных узлов
Exstirpatio endometriosis retrocervicalis	Retrocervical endometriosis excision	Иссечение ретроцервикального эндометриоза
Exstirpatio uteri totalis per vaginam	Vaginal radical hysterectomy	Полное удаление матки через влагалище
Hysterectomia cum adnexis	Hysterectomy with oophorectomy	Удаление матки с придатками
Hysterectomia sine adnexis	Hysterectomy without oophorectomy	Удаление матки без придатков
Hysterectomia subtotalis, amputatio uteri supravaginalis	Subtotal hysterectomy, removal of the uterus, leaving the cervix in situ	Удаление тела матки

Hysterectomy totalis cum adnexis bilateralis et lymphadenectomy	Radical hysterectomy with oophorectomy and lymph nodes	Полное удаление матки с обоими придатками и лимфатическими узлами
Hysterectomy totalis, exstirpatio uteri	Total hysterectomy, complete removal of the uterus and cervix	Удаление тела и шейки матки
Hysteroresectomyomectomy	Hysteroscopic resection of myoma (removal of the myoma nodes)	Гистерорезектомиомэктомия (удаление миоматозных узлов)
Hysteroresectopolypectomia	Hysteroscopic polypectomy (removal of the endometrial or cervical polyp)	Гистерорезектополипэктомия (удаление полипа эндометрия или полипа цервикального канала)
Hysterorrhaphia	Hysterorrhaphy, uterine suturation	Наложение шва на матку
Hysteroseptotomia	Hysteroseptotomy (uterine septum dissection)	Гистеросептотомия (рассечение внутриматочной перегородки)
Lymphadenectomy iliaca	Iliac lymphadenectomy	Подвздошная лимфаденэктомия
Lymphadenectomy paraortalis	Para-aortic lymphadenectomy	Парааортальная лимфаденэктомия
Metroplastica	Metroplasty	Пластика матки
Myomectomy conservativa	Conservative myomectomy	Консервативная миомэктомия
Operatio modo Wertheim	Wertheim–Meigs operation (radical hysterectomy)	Расширенная тотальная гистерэктомия по методу Вертгейма
Sacrovaginopexia	Sacrovaginopexy	Сакровагинопексия
Synechotomia intrauterina	Intrauterine synechotomy	Рассечение внутриматочных синехий
Thermocauterisatio foci endometriosis	Thermocauterisation of endometriotic lesion	Термокаутеризация очага эндометриоза
Transplantatio endometrii	Endometrial transplantation	Трансплантация, пересадка эндометрия



Answers for test task

Case No.	Test 1	Test 2	Test 3
	Number of answer		
1. Abnormal uterine bleeding			
No. 1. Acute abnormal uterine bleeding in adolescence with a background of chronic abnormal uterine bleeding (Ovulatory dysfunction Coagulopathy?)	1-5	1-5	5
No. 2. Acute abnormal uterine bleeding in reproductive period. Ovulatory dysfunction.	4	1,3	1-5
2. Pelvic inflammatory disease			
No. 3. Acute postabortion endometritis	4	4	1-4
No. 4. Acute pelvic peritonitis	1-5	1-5	2-5
No. 5. Acute vaginitis. Acute cervicitis. Acute urethritis.	1, 2, 3	2, 4, 5	1-5
No. 6. Chronic bilateral adnexitis (salpingo-oophoritis). Chronic pelvic pain syndrome. Suspected genital tuberculosis. Primary infertility. Oligomenorrhea.	3	1-5	1-5
No. 7. Chronic purulent vulvovaginitis in childhood. Atopic dermatitis.	2-5	4	1-5
No. 8. Chronic endometritis, salpingo-oophoritis. Heavy menstrual bleeding with a background of IUD.	1, 2, 3, 5	1-3	1-4
3. Neuroendocrine syndromes			
No. 9. Primary amenorrhea, suspected of genital tuberculosis.	2	2	1
No. 10. Secondary amenorrhea (hypothyreosis, hyperprolactinemia)	4	4	1-4
No. 11. Secondary hypogonadotropic amenorrhea (suspected of pituitary adenoma)	4	2,4	4
No. 12. Primary hypergonadotropic amenorrhea. Turner syndrome?	4	4	2, 4
No. 13. Premenstrual syndrome	4	1, 2, 3, 4	1, 2, 3, 4

4. Uterine fibroids			
No. 14. Uterine fibroids 9-10 weeks of pregnancy. Chronic abnormal uterine bleeding. Posthemorrhagic iron deficiency anemia middle stage.	1-5	4	1-5
No. 15. Multiple uterine fibroids 24 weeks of pregnancy. Endometrial hyperplasia (data of pelvic ultrasound). Cervical ectropion.	1-5	2, 4	1-5
No. 16. Chronic abnormal uterine bleeding (leiomyoma). Posthemorrhagic iron deficiency anemia middle stage.	1-5	1-5	1-5
No. 17. Multiple uterine fibroids 16 weeks of pregnancy Degeneration of myomatous nodule.	1-5	2	2,4,5
5. Endometriosis			
No. 18. Chronic abnormal uterine bleeding. Unspecified dysmenorrhea. Adenomyosis?	1-5	1-3, 5	1, 2, 4, 5
No. 19. External genital endometriosis. Formation of the right ovary (endometrioid cyst?) Primary infertility.	3	1-5	2
6. Acute abdomen in gynecology			
No. 20. Suspected of progressive ectopic (tubal) pregnancy	1, 5	4	1, 3
No. 21. Ectopic tubal pregnancy: tubal abortion.	4	4	2, 4
No. 22. Ectopic tubal pregnancy: uterine tube rupture. Stage III shock. Intra-abdominal bleeding.	1-4	4	2
No. 23. Intra-abdominal bleeding. Hemorrhagic shock 3 degrees. Hemorrhagic ovarian apoplexy.	1, 2, 3, 4	1, 2, 4, 5	1, 3
7. Noninflammatory diseases, precancer and cervical cancer			
No. 24. Cervical ectropion. Chronic cervicitis.	1, 2, 3	1-5	1-5
No. 25. Exophytic cervical cancer.	1, 2, 4, 5	1-5	5
No. 26. Cervical cancer IB2 G2	5	1, 3	1
8. Bening ovarian tumors and ovarian cancer			
No. 27. Formation of the right ovary.	1-5	1-4	1, 2

No. 28. Bilateral ovarian formations. Suspected of ovarian cancer. Ascites.	1-5	1-4	3-5
No. 29. Bilateral ovarian formations. Suspected of metastatic ovarian cancer	1-5	2, 3	1-3
9. Endometrial cancer			
No. 30. High-grade differentiated uterine adenocarcinoma G1	1-4	1-5	1-3
10. Female infertility			
No. 31. Secondary infertility. Tubal factor.	2	1	1, 2, 3
No. 32. Secondary infertility. Female infertility of other origin.	4	4	1, 3
No. 33. Primary female infertility associated with anovulation.	1	1- 3	4
11. Contraception			
No. 34. Arterial hypertension associated with taking COC's.	3	1-4	1
No. 35. Contraception consulting.	2, 3	1-5	1-5
No. 36. Secondary amenorrhea.	1-5	1-4	1-5

Suggested reading

Basic

1. Aylamazyan E. K. Gynecology : studies. for students of medical universities [Electronic resource] / E. K. Aylamazyan. – Moscow : SpetsLit, 2013. – 415 p. – ISBN 978-5-2990-0527-1. – Text : electronic // Online library "Bukap" : [website]. – URL: <http://ezproxy.ssmu.ru:2048/login?url=https://www.books-up.ru/book/ginekologiya-4334494/> (date of access: 10.02.2020). – Access mode: by subscription.
2. Gynecology : National Guidelines / ed. by G.M. Savelyeva, G.T. Sukhikh, V.N. Serov, V.E. Radzinsky, I.B. Manukhin. – 2nd ed., reprint. and add. – Moscow : GEOTAR-Media, 2020. – 1008 p. – ISBN 978-9704-5707-8. – Text : electronic // Online library "Student Consultant" : [website]. URL: <https://ezproxy.ssmu.ru:2877/book/ISBN9785970457078.html> (date of access: 10.02.2020). – Access mode: by subscription.
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4. Gynecology : textbook / ed. by G.M. Savelyeva, V. G. Breusenko. – Moscow : GEOTAR-Media, 2018. – 432 p. – ISBN 978-5-9704-4309-5. – Text : electronic // Online library "Student Consultant" : [website]. – URL : <https://ezproxy.ssmu.ru:2877/book/ISBN9785970443095.html> (date of access: 10.12.2020). – Access mode: by subscription.
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Further reading

Clinical guidelines (treatment protocols)

1. Amenorrhea and oligomenorrhea (2021). Ministry of Healthcare of the Russian Federation. Access mode: <https://www.rosminzdrav.ru>
2. Abnormal uterine bleeding (2021). Ministry of Healthcare of the Russian Federation. Access mode: <https://www.rosminzdrav.ru>
3. Ectopic pregnancy (2021) Ministry of Healthcare of the Russian Federation. Access mode: <https://www.rosminzdrav.ru>
4. Inflammatory diseases of female pelvic organs (2021) Ministry of Healthcare of the Russian Federation. Access mode: <https://www.rosminzdrav.ru>
5. Assisted reproductive technologies and artificial insemination. No. 15-4/I/2-1908 [Electronic resource] / Ministry of Healthcare of the Russian Federation dated 05.03.2019 - Access mode: <https://www.rosminzdrav.ru>
6. Endometrial hyperplasia (2021) Ministry of Health of the Russian Federation. Access mode: <https://www.rosminzdrav.ru>

7. Diagnosis and treatment of benign ovarian neoplasms from the perspective of cancer prevention. Ministry of Healthcare of the Russian Federation of December 4, 2018 Access mode: <https://www.rosminzdrav.ru>
8. Benign and precancerous diseases of the cervix from the perspective of cancer prevention. Ministry of Healthcare of the Russian Federation of November 2 , 2017 Access mode: <https://www.rosminzdrav.ru>
9. Female infertility (modern approaches to diagnosis and treatment) No. 15-4/I/2-1913 [Electronic resource] Ministry of Healthcare of the Russian Federation 05.03.2019 - Access mode: <https://www.rosminzdrav.ru>
10. Clinical guidelines for the management of patients with sexually transmitted infections and urogenital infections (Russian Society of Dermatovenerologists and Cosmetologists, 2016) Access mode: <https://www.rosminzdrav.ru>
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17. Endometriosis (2020). Ministry of Healthcare of the Russian Federation. Access mode: <https://www.rosminzdrav.ru>

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**Gynecological diseases.
Task book and dictionary of Latin terms**

Manual

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