1. Patient 27 years old applied to the reception to complain of pain in the external genitals, fever, clumsiness when walking for 4 days. Associated with the work in the garden. In the history of childbirth 2 and 1 abortion. Objective: in the right labia size is determined by the formation of 4x3 cm, the skin over it hyperemic. palpation fluctuation and sharp pain.

Diagnosis?

Abscess Bartholin gland.

1. Patient 28 years old applied to the reception on the lower abdominal pain, bleeding, appeared in 7 days after the IUD. Menstruation from 14 years to 7 days, 30 days, profuse, last year after a third abortion became painful. In the history of childbirth 2, 3 artificial abortion, follicular pseudo. Objectively: the uterus a few more than normal, sensitive to palpation, the appendages are not changed. Spin-mucous and bloody.

Diagnosis?

Endometritis.

1. The patient, 29 years old, brought with complaints of sharp pain in the abdomen for 6 hours. A month ago, I was diagnosed with a cyst of the right ovary.

Specify the possible complications?

Torsion cyst of the right ovary.

1. The patient, 19 years old, operated on the phenomena of peritonitis. During the operation, we found bilateral piosalpinks with suppuration of ampullar departments.

Specify the amount of the operation?

Rehabilitation of the abdomen, pipes, drainage. It is necessary to remove the source of infection.

1. The patient, 26 years old, in order of emergency is taken to the operating room with a diagnosis of ectopic pregnancy. When the audit found pelvic endometrial cyst of the right ovary with micro.

Specify the amount of the operation?

Ovarian resection or removal of the right appendage.

1. The patient is 36 years old. 4 The history of abortion without complications, delayed menstruation. Acutely ill from lower abdominal pain briefly lost consciousness. Pale, languid, pulse 120 beats per minute, blood pressure of 80 mm and 40 mm Hg. Art. The abdomen was soft, in the lower parts of the disease, the symptom is expressed Shchetkina. When vaginal study offset neck sharply painful. Because of this, it is impossible to accurately palpate the body of the uterus and appendages. Pasty and sharp pain posterior fornix. There is no selection.

Diagnosis?

Ectopic pregnancy and stopped by the type of pipe rupture.

1. Ambulance in the gynecology department brought a woman to 45 years complaints cramping abdominal pain and heavy bleeding from the genital tract. From history: suffering from uterine cancer within 5 years. Menses copious last year, long-term, with clots. On examination, the uterus is a dense, increased to 6-7 weeks of pregnancy. Cervical canal parted from the mother throat tight formation appears bright red. Spotting abundant. Diagnosis?

Nascent submucous node.

1. The patient 19 years, amenorrhea. Secondary sexual characteristics are mild. Increased level of pituitary hormones, ovarian hormones significantly reduced. When two-handed examination of the uterus small appendages on both sides are determined.

The preliminary diagnosis?

Gonadal dysgenesis.

1. The patient was 38 years old, 5 years there is about uterine fibroids (tumors of the value corresponds to 9-10 weeks of pregnancy). Complains abundant prolonged menstruation, the quantity of hemoglobin decreases to 80 g / l. When a fifth day of menstruation copious, pale sick.

Diagnosis?

Uterine fibroids in conjunction with endometriosis.

1. The patient is 16 years old, suffers from juvenile bleeding. At the time of Supervision bleeding there.

Plan of inspection?

Tests of functional diagnostics, ultrasound examination of the genitalia, the study of the hemostatic system, hypothalamic sample.

1. The patient was 30 years old, complains of infertility (married 6 years). Menses regular since 14 years, her husband examined healthy. If the fallopian tubes are passable hysterosalpingography.

The causes of infertility?

Immunological infertility.

1. The patient, 45 years old, came from dysfunctional uterine bleeding. When diagnostic curettage endometrial adenomatous polyps detected.

Enter tactics doctor?

Appointment of 17-OPC 2 times a week for 2 months, followed by re-dilatation and curettage.

1. The patient was 30 years old, suffers from: menstrual irregularities by type hypomenstrual syndrome, disturbed aching pain in the lower abdomen and lower back for many years, infertility (married 6 years). When viewed from malnutrition, pale, small uterus, appendages thickened in Spike sensitive. Spin-mucous.

A presumptive diagnosis?

Tuberculosis genitals.

1. The patient is 46 years old, in recent years, produced three times scraping the endometrium over acyclic bleeding. Histologically glandulocystica endometrial hyperplasia, drug treatment is not carried out. Last scraping 7 months ago. At the time of inspection of small spotting.

Diagnosis?

DUB in menopause.

1. In the history of the patient 32 years, infertility, double-sided adnexitis with frequent exacerbations. When a high fever and chills, pain around the abdomen. Belly distended, tense in all departments, disease, symptomatic Shchetkina around stomach. Language dryish, pulse 120 beats per minute. When vaginal study offset neck sharply painful appendages and uterus can not be determined because of the pain. Rear vaginal vault flattened, painful. Diagnosis?

Diffuse peritonitis.

1. The patient 43 years. Complains of painful heavy and prolonged menstrual period last 5 years. On examination, the cervix is ​​clean, the uterus increased slightly, dense, appendages on either side of normal.

A presumptive diagnosis?

Endometriosis uterine body.

1. In the pelvis to the right of the uterine appendages in tight elastic consistency education 8x6x6 cm limited mobility, pain-free. The two had a history of attacks of pain, the doctor did not address.

Diagnosis?

Cystoma right ovary.

1. Diagnosed ovarian cyst. The patient's abdominal pain and back pain, fever. On palpation of the abdomen in the lower few tense, painful, mild symptoms of peritoneal irritation.

Explain the diagnosis and management plan?

Rupture of ovarian cysts. Laparotomy, removal of cysts.

1. The patient is 20 years old. On the left is determined by the degree tight elastic consistency, mobile, painful but, measuring 8 x 10 cm. The diagnosis?

Cystoma left ovary.

1. The patient 34 years. If you receive complaints about cramping abdominal pain, bleeding from the genital tract (menstrual period ended 3 weeks ago). Acutely ill. In the mirror of the vaginal mucosa clean, neck cyanosis, jaws open, shortened cervix, the channel formation of dark red color with a touch of fibrin and blood clots. When two-handed investigation in the cervical canal dense rounded education that goes into the uterus, the body of the uterus is increased up to 8 weeks of pregnancy, dense, nebulite. Appendages on either side of normal.

Diagnosis?

Nascent myoma node.

1. The patient 27 years after diathermocoagulation on the glandular and muscular hyperplasia newly discovered change in the surface of the vaginal portion of the cervix cover Natco.

Management Plan?

Extended colposcopy with biopsy.

1. The patient 32 years. Complaints about spotting from the genital tract, abdominal pain. In the history of delayed menstruation for 2 weeks, married 5 years, infertility. On examination, the abdomen is painful in the lower divisions, offset cervix painful. The body of the uterus is not enlarged, the right appendages increased to 6 x 4 cm.

The diagnosis?

Ectopic pregnancy and stopped by type of tubal abortion.

1. The patient is 38 years old. Uterine fibroids discovered 2 years ago, a significant increase is not marked. When a worried abdominal pain, leukocytosis 17 000. Positive symptom Shchetkina. When two-handed examination of the uterus increased, respectively 10 weeks of pregnancy, bumpy. Discharge light.

Diagnosis?

Necrosis myoma node.

1. The patient was in menopause for 2 years. 10 years ago found tight elastic consistency of tumor formation in the uterus the size of 5x6 cm. On examination at the moment the size of the tumor earlier, consistency has become a dense surface is uneven, the mobility is limited.

Diagnosis?

Ovarian cancer.

1. The patient 31 years, complaints of pain in the abdomen. The last menstrual period two weeks ago. Pale, pulse 120 per minute snowcock. Blood pressure 90/40 mm Hg. Art. In the lower abdomen is painful with mild expression of symptoms Shchetkina. Hb 90 g / l, leukocytosis 8000, temperature 37.5. In the study: the mucous of the cervix and vagina normal, displacement painful neck. The body of the uterus without features to the left is determined by the degree to 6x4x4 cm, painful posterior fornix hangs painful. Discharge light. Diagnosis?

Ovarian apoplexy.

1. The patient 44 years. After two months of delay menstruation from the genital tract abundant spotting lasts 10 days. When two-handed study of outer jaws closed, the uterus is increased to 5-6 weeks of pregnancy, appendages undetectable.

Diagnosis?

DUB in menopause.

1. The patient is 27 years old, was admitted with complaints of itching, irritation of the external genitals, leucorrhoea. There disorders of fat metabolism, thirst, increased appetite. On examination revealed redness mirrors external genitals, vagina.

Diagnosis?

Acute vulvovaginitis (nonspecific etiology).

1. The patient is 16 years old, irregular menstruation, at long intervals, the last menstrual period 4 months ago. When a pale from the genital tract significant amount of bleeding.

Diagnosis?

DUB juvenile age.

1. The patient is 43 years old, a history of 5 years suffer from inflammatory diseases of the uterus with frequent exacerbations, was treated as an outpatient. When viewed from appendages thickened immobile, sealed, painless.

Diagnosis?

Ovarian cancer. Laparotomy (laparoscopy).

1. The patient is 20 years old, not married, living an irregular sexual life. Received complaints of itching, irritation of the genitals and whites. On examination, the mirrors found hyperemia of the vaginal walls and phenomena endocervicitis. Beli frothy, gray-green color.

A presumptive diagnosis?

Trichomonas colpitis, cervicitis.

1. The patient 43 years, observed in connection with uterine myoma. With regard to bleeding in the district hospital shows scraping oral patches, in which marked submucosal node. After 2 days, the night suddenly started bleeding from the genital tract.

Diagnosis?

Uterine fibroids with submucosal localization of the site.

1. The patient is 38 years old, 5 years there is about uterine fibroids (tumors of the value corresponds to 9-10 weeks of pregnancy). Complains of abundant, long and painful menstruation, in which the amount of hemoglobin is reduced to 80 g / l When you receive the 5th day of menstruation, copious, pale sick.

Diagnosis?

Uterine endometriosis in combination with uterine body.

1. The patient was 16 years old, suffers from juvenile bleeding, pale. At the time of Supervision of bleeding. Expressed neyro-endocrine syndrome. She was treated vikasol, calcium chloride, vitamins.

Tactics of the doctor?

Diagnostic curettage and regulation of ovarian-menstrual cycle.

1. The patient, 10 years old, there is precocious puberty, pain in the lower abdomen, abdominal percussion, cavity free fluid. When rectal examination clearly contoured education in the small pelvis, without germination bowel wall, with hummocky surface of the lower pole.

A presumptive diagnosis?

Estrogen producing ovarian tumor (follikuloma).

1. The patient, 26 years old, a child suffered pleurisy, abdominal pain bothered. Married 3 years, pregnancy does not occur. Menstruation became less abundant and long. On examination of pathology is not defined.

A presumptive diagnosis?

Tuberculosis genitals.

1. The patient, 36 years old, complains of painful periods in the past 2 years and plentiful, with spotting for 4-5 days before and after menstruation. Inspection is carried out 3 days before menstruation: on the front lip of the cervix two point hearth bluish color bleeding. The uterus is slightly more the norm, dense, limited mobility, painful at elevation. Appendages on both sides adhesions are thickened, sensitive. In the space of complex behind the cervix nodose formations sharply painful palpatsion.

Diagnosis?

Endometriosis cervical appendages behind the cervix localization.

1. The patient was 54 years old, went to the doctor the antenatal clinic with complaints of whites and contact spotting appeared 3 months ago.

A possible diagnosis?

Cancer of the cervix.

1. The patient, 29 years old, was admitted to the district hospital complaining of fever, general weakness, pain in the abdomen. In the history of childbirth and abortion, abortion produced last 8 days ago was discharged the next day. The abdomen was soft, somewhat painful above the vagina. Purulent discharge from the vagina.

Diagnosis?

Endometritis after medical abortion.

1. The patient 36 years taken by ambulance to the hospital gynecology. Complaints on admission to sudden abdominal pain, chills, headache. In the history of labor, after the last three abortions, a week ago, abortion was carried out repeated scraping, worried about the pain in the abdomen. On examination, the abdomen is not swollen, painful in the lower divisions, the symptoms of peritoneal irritation were not found. When vaginal study the left and rear of the uterus palpable education, limited in mobility sharply painful, with areas of softening, the size of 4x9 cm, comes to the walls of the pelvis.

A presumptive diagnosis?

Value with suppuration.

1. The patient was 32 years old was admitted to the gynecological clinic complaining of severe abdominal pain, fever, nausea, weakness, fever. At the present time I am not married. Two weeks ago, there has been a casual sexual intercourse. Belly sharp pain in the lower divisions, positive "symptoms of peritoneal irritation-free fluid in the abdomen there. Palpate the uterus and appendages can not be due to the stress and pain in the anterior abdominal wall.

The diagnosis?

Pelvioperitonit unknown etiology.

1. The patient, 31 years old, was admitted to the gynecology department with complaints; the sharp pain in the abdomen, feeling of fever, chills, fatigue, fever to 38.8. In the history of inflammation of the uterus. Skin palely, tongue dry and coated with white bloom. Abdomen moderately swollen, painful on palpation in all departments, pronounced symptoms of peritoneal irritation. The Hb blood-126 g / l, leukocytes 18h10 9 in 1 liter ESR 32mm / hour. When vaginal study: the uterus is not contoured, left and right in the appendages are determined by tumor formation without clear boundaries, consistency tight elastic intimately welded to the uterus, fixed, sharply painful palpation.

Diagnosis?

Acute diffuse peritonitis. Surgical treatment on an emergency basis.

1. The patient was 46 years old, went to the doctor in the antenatal clinic with complaints of bleeding from the genital tract. The last two years the menstrual cycle is broken: the interval between periods of 2-3 months. 11 days ago, after a delay of menstruation began bleeding that continues to this day. On examination revealed no pathology.

Diagnosis?

DUB in menopause.

1. The patient was 29 years old, appealed to the clinic with complaints of irritability, tearfulness, headaches, dizziness, nausea, sometimes vomiting, pain in the heart, breast engorgement, memory loss, flatulence. All these symptoms appear within 6-14 days before menstruation and disappear before her. In the history of the first pregnancy ended in artificial abortion with repeated curettage on the remnants of fetal eggs, two other miscarriages followed by curettage. In a study of anatomical changes in the genital area is not detected by the tests of functional diagnostics ovulatory cycle giperestrogeniey.

Diagnosis?

Premenstrual Syndrome. Appointment of synthetic progestins in contraceptive mode. A diet with restriction of salt and fluid in the II phase of the menstrual cycle.

1. The patient, 48 years old, appealed to the clinic with complaints of general weakness, shortness of breath, cough. In the history of normal deliveries artificial abortion, three months ago there was a miscarriage, followed by curettage of the uterus, and then for 12 weeks continued dark spotting. After 3 months of pregnancy rediscovered 7 weeks and performed curettage, but scraping elements of fetal eggs were detected. A week later, the patient developed cough, dyspnea. When X-ray examination of the chest diagnosed with tuberculosis of both lungs and prescribed treatment. However, the patient's condition continued to deteriorate: cough did not stop worrying abdominal pain, bleeding from the genital tract.

Diagnosis?

Horionepitelioma.

1. The clinic patient appealed 60 years with complaints of pain in the left groin left hip, especially at night, "gnawing" character. Urination also accompanied by pain, difficult defecation, urine and feces in the blood. Sick more than a year, the doctor did not address. In the study of gynecology: the vagina shortened in the dome it in place of the cervix can be seen from the crater necrotic plaque. The walls of the vagina infiltrated, pelvic tumor is determined by a conglomerate of dense consistency, reaching the wall of the pelvis on both sides, motionless. Rectal mucosa motionless, blood on his finger in the study.

Diagnosis?

Cervical cancer IV century.

1. ​The patient, 31 years old, was admitted to the hospital with complaints of sudden cramping abdominal pain radiating to the nature of the sacrum and the meager bleeding from the genital tract. In the history of labor and two artificial abortion, adnexitis. Last menstrual period was used weeks ago. When a pulse of 84 beats per minute. AD110 and 70 mm Hg. Art. The abdomen was soft, painful on the womb, no symptoms of peritoneal irritation. When vaginal study: the uterus a few more than normal, softish, appendages on both sides spikes. Left in the appendages is determined by tumor formation, tight elsatic consistency, size 4x4x6 cm. Spin-blood, poor, smearing.

Diagnosis?

Ectopic pregnancy has been terminated by the type of tubal abortion.

1. The patient was 52 years old. Menopause 2 years. Complaints about the bleeding from the genital tract for week. Genera - 4, -3 artificial abortion. Gynecological examination: the genitals are developed correctly. Sheika Natko without disrupting epithelium. Discharge bloody, moderate. The uterus is not enlarged, firm, mobile, painless. Right appendages unremarkable. Left in the appendages is determined by the dense mobile, painless formation of the size 6x6 cm. Deep vaginal vault. The parameter is not infiltrated. The results of morphological examination of the endometrium - glandular-cystic hyperplasia.

The preliminary diagnosis?

Estrogen producing tumor of the left ovary.

1. The patient 29 years with the Navy for 7 years after 2 normal delivery, abdominal pain and backache, fever to 39.0, with a fever, vomiting. Pripalpatsii in the lower abdomen a few tense, painful, positive symptom Shchetkina-Blumberg. Diagnosed education in the uterus without clear contours the size of 8x6 cm, painful limited mobility. From the pharynx muco-purulent discharge, visible mustache Navy.

Diagnosis?

Right Tubovarialny abscess, perforation of the threat.

1. The patient 22 years in the front arch of the right is determined, the mobile education tight elsatic consistency, painless size of 7x7 cm. Menstruation 3 weeks ago. In the history of late miscarriage after influenza. A presumptive diagnosis?

Dermoid ovarian cyst on the right.

1. The patient 10 years there has been precocious puberty, a slight increase in the abdomen. When rectal examination clearly contoured formation in the abdominal cavity.

A presumptive diagnosis?

Estrogen producing ovarian tumor.

1. The patient 42 years in the past 2 years have stopped menstruating, appeared abnormal body hair on the chest, around the nipples of mammary glands, the front line of the abdomen, in the field external genitals, thighs and legs, loss of hair, deepening of voice. At gynecological examination the uterus is small size, dense, painless. In the area of ​​appendages to the right there is a tumor of dense consistency, mobile, painless, size 8x7 cm. On the left appendages undetectable.

The preliminary diagnosis?

Androblastoma ovary.

1. The patient is 29 years old, suffers from primary infertility. In the history of the operation: the removal of the uterus on the right side of the inflammatory education 3 years ago. 1 month ago on US found walled retention degree in the left ovary the size of 4x5 cm.

The preliminary diagnosis?

Ovarian tumors on the left.

1. Ambulance in the gynecology department delivered a woman 35 years old complaining of sharp pains in the abdomen, a single vomiting, fever to 37.8. From history: suffering from chronic bilateral adnexitis with frequent exacerbations. 8 pregnancies, births 3, 4 abortions, miscarriage 1. Abdomen painful in the lower symptom Shchetkina doubtful. Lives sexuality had unprotected sex casual communication denies. When viewed from the uterus a few more than the norm, right and left appendages palpable in the form of conglomerates 4x5x5 cm and 5x6x6 cm in the spikes sharply painful on palpation. Discharge bloody, moderate (2 day monthly).

A presumptive diagnosis?

Endometriosis appendages.

1. The antenatal clinic asked a woman 30 years with complaints of poor spotting (rust-colored) for 5 days before and 7 days after menstruation. No pain. From anamnesis: 2 births and 3 artificial abortion. Eroded ectropion uterus. Diatermoelektrokoagulyatsiya cervical 4 months ago (made after the next menstruation). On examination, the cervix at 9 and 12 o'clock in terms of red-burgundy color. Without features uterus and appendages.

Diagnosis?

Endometriosis cervix.

1. Machine "first aid" in the gynecology department delivered a woman 40 years with complaints of excessive bleeding from the genital tract, weakness, dizziness. 5 days ago has begun regular menstruation, which acquired profuse character. On examination, pale skin, tachycardia of 90 beats / min. Uterus hilly, big up 7-8 weeks, moderately painful on palpation. The appendages are not defined. Discharge bloody, copious.

Diagnosis?

Uterine fibroids.

1. A woman of 36 years was admitted to the hospital complaining of cramping abdominal pain, dark bloody discharge from the genital tract. Delayed menstruation to 14days. Signs of pregnancy are not noted. In the history of inflammation of the uterus. The vagina is a free, cyanotic mucosa, the cervix is ​​a cylindrical shape, the outer jaws closed. Uterus increased to 6-7 weeks of pregnancy, soft. At the ltft in the field of education is determined by the appendages retortability form soft, painful. Selections dark spotting.

Diagnosis?

Ectopic pregnancy and stopped by type of tubal abortion.

1. The patient was 26 years old asked about spotting from the genital tract, and pain in the abdomen, appeared on the 6th day after mini-abortion, produced at a delay menstruation for 15 days. The urine was found human chorionic gonadotropin (1200ED) temperature of 37.4.

Diagnosis?

Ectopic pregnancy and stopped by type of tubal abortion.

1. The patient is 26 years old. In the history of a chronic inflammation of the uterus, infertility for 4 years. Delay monthly for 4 weeks. No complaints there. Displacement of the uterus painless, her body somewhat increased soft consistency in the right appendages education 8x4x3sm, soft consistency, limited mobility, sensitive. Vaults free. Discharge light. Survey results: found in urine human chorionic gonadotropin. The tube has a section ampullar retorto diamond thickening with heterogeneous structure.

Diagnosis?

Ectopic pregnancy.

1. The patient is 26 years old. Produced by scraping the mucosa about spotting from the genital tract, appeared after a delay menstruation for 3 weeks. In response scrapings found decidua and chorionic villi.

A presumptive diagnosis?

Launch of spontaneous miscarriage.

1. A girl of 16 years complained of no regular menstruation at age 12, turning into prolonged menstrual bleeding. Per rectum: uterus is less than the normal value, the appendages are not defined. Selections moderate bleeding. Diagnosis?

DUB in Juvenile age.

1. Received a woman 28 years prof. inspection. The general condition is satisfactory. Pulse ud.v 78 minutes. rhythmic A/D 120-70 mm. Hg. Art. From history: pregnancy was 3, including 1 childbirth, abortion 2. Inspection in the mirror: a vagina giving birth. Cervical conical shaped slit-like jaws. On the front lip of the cervix plot size 2 x 1 cm. Bright red edges smooth contact bleeding.

Diagnosis?

Erosion of the cervix.

1. Pregnancy 10 weeks. Today there was a spontaneous miscarriage. Delivered fertilized egg to the whole look. Cervix misses 1 finger. Uterus increased to 7 weeks of pregnancy. Small spotting.

The probable diagnosis?

Pregnancy 7 weeks. Incomplete abortion.

1. The Department of Gynecology received a woman 29 years with complaints of weakness, dizziness, abdominal pain, which appeared after 2 hours after intercourse. From history: 3 pregnancies, births 2, abortion 1. At the last inspection found gynecologist left ovarian cyst. Last menstrual period 15 days ago. Abdominal palpation painful. Symptom Shchetkina-Blumberg weakly positive. Vaginal examination: because of the tension anterior abdominal wall of the uterus and appendages are clearly palpable. Vaults hang.

The diagnosis of a doctor?

Torsion legs cyst.

1. Patient 49 years old came to the doctor of female consultation with an extract from the gynecological department. From the statement it implies that about uterine bleeding was made scraping the walls of the uterus. Histological examination of scrapings: glandulocystica endometrial hyperplasia. From history: the last 4-5 months began to come menstruation delayed for 2-3 weeks and accompanied by bleeding. R.V: cervix is ​​cylindrical. Zev is closed. Uterus 4-5 weeks, mobile, increased evenly. The appendages are not defined. The vaults deep. Selections milk.

Diagnosis?

DUB in menopause.

1. The patient 67 years complains of shortness of breath, weakness, aversion to meat diet, vomiting after eating, weight loss in the past few months, the increase in the abdomen, the patient is exhausted. Objectively: a stomach frog form, above the vagina and sloping field marked blunting percussion sound, abdominal circumference of 103 cm. PV: The uterus is small, in the rectovaginal space defined by the spikes, parametrium infiltration of fiber. Area appendages infiltrated, sensitive in the study, with both sides determined education without clear contours value 10h10h12 see. Discharge light.

Diagnosis?

Ovarian tumors.

1. The patient was 16 years old seeking antenatal care. With 14 years of age experiencing severe pain every month nature cramping in the lower abdomen. I have repeatedly appealed to the doctors, but other than pain medication treatment is not administered. On examination: the vulva developed accordingly age hymen blue-purple color, a thick-walled, bulging, there is no hole in it. When viewed through the rectum is an impression that the vagina is a blind pouch filled with some weight. The cervix is ​​not determined separately.

Diagnosis?

Hematocolpos (imperforate hymen).

1. Family clinic she turned 18 years old. From history: sex life is living with 16 years, is not constant, there is no regular sexual partner, pregnancy was not. Which contraceptive method is best suited for this girl?

Barer methods of contraception. A male or female condom.

1. The patient 59 years complains of bleeding from the genital tract in the form of menstruation, which occurred after 5 years of menopause, with pink mucous vaginal examination, not atrophic. The uterus is a normal size. Right in the appendages palpated education ovoid shape 10x12 cm dence consistency, mobile, painless. Left appendages are not defined. Selections ichor dark.

Diagnosis?

Hormone producing tumor of the ovary.

1. The patient was 28 years old the first time turned to the gynecologist complaining of sharp pains in the abdomen on the left, which intensified after the cycling, the temperature rose to 37.8 C. At vaginal examination the uterus is not enlarged, the right appendages are not detected in the left appendages It is determined by the formation of a man's fist, tight elastic consistency, limited mobility, pain during the study. Vaults ovoid shape. Diagnosis?

The tumor of the left ovary with signs of torsion.

1. When the gynecological examination of patients 36 years found: cervix cylindrical net. The body of the uterus is not increased, mobile, painless. Right appendages not palpable to the left of the uterus is determined by tumor size of 6-7 cm, with a smooth surface, tight elastic y consistency, mobile, painless. The vaults deep. Spin-mucous.

To diagnose?

Ovarian cysts.

1. The patient 36 years complains of heavy, painful and prolonged menstrual period last 2 years. In the mirror: the cervix is ​​cylindrical at 12 o'clock, "pea" blue. When two-handed study: the uterus a few more than normal, dense, limited mobility, painful. Appendages on both sides adhesions are thickened, sensitive. Infiltrated tissue behind the cervix.

A presumptive diagnosis?

Endometriosis servical.

1. The patient addressed to the doctor with complaints of thick white vaginal discharge and intense itching of the vulva. It takes antibiotics due to pyelonephritis.

Diagnosis?

Yeast colpitis.

1. 40-year-old woman in the history of 5 genera and tubal ligation. Last menstrual period was 14 weeks ago. A woman complains of bleeding from the vagina. The bottom of the uterus at the level of the navel. The titer of 100,000 mIU HCG / ml.

Your presumptive diagnosis?

Horionepetelioma.

1. A woman of 36 years with routine inspection revealed bilateral education in the uterus, the size of 6h8h8 cm 6h6h6 see tugo tight elastic consistency sensitive to palpation, mobile. The uterus is normal size in antefleksioverzio. No complaints the patient does not show.

Diagnosis?

Ovarian tumors.

1. The patient was 48 years old enrolled in the therapeutic department with complaints of general weakness, malaise, weight loss, nausea, heartburn, recurrent epigastric pain. In consultation gynecologist pelvic found two tumors on both sides of the uterus intact, rough, mobile, painless.

Diagnosis?

Ovarian tumors.

1. The 18-year-old girl sent to the gynecology department for treatment. No complaints. In the study through the rectum: uterus small, movable, painful, left appendages are not changed, the right and in front of the uterus palpable tumor formation uneven texture, moving, sensitive in the study, the size of 6x8x8 see.

The diagnosis?

Ovarian cyst on the right.

1. The patient was 48 years old was admitted to the gynecology department with complaints of bleeding acyclic. When gynecological examination found: bleeding from the cervical canal. Regarding the acyclic spotting produced separate diagnostic curettage. The result of histological examination: atypical endometrial proliferation.

Diagnosis?

Cancer of the endometrium.

1. The girl of 4 years from the genital tract periodically appear spotting. The general condition is satisfactory. On examination draws attention to increasing and breast engorgement. Abdomen soft, painless. When rekto-abdominal study in the pelvis is palpated dence 6x5x8sm education, limited mobility, pain-free.

Diagnosis?

Hormone producing tumor of the ovary.

1. When pregnancy is 12 weeks for no apparent reason had pains in the abdomen and minor ichor selection. In the study: the cervix is ​​retained, the outer jaws closed. The body of the uterus increased, respectively, by then pregnant.

Diagnosis?

Threatened spontaneous miscarriage.

1. The girl of 16 years were bleeding from the genital tract, continuing for 8 days, after a 2-month delay. The first menstruation appeared 4 months ago for 4 days at 28 days. Moderate, painless. Sexually denied proper development, physical well built. When recto-abdominal pathology study revealed. 80 g Hb / l.

The probable diagnosis?

DUB Juvenile age.

1. The patient was 52 years old addressed to the gynecologist with complaints of hot flashes up to 10 times a day, the pain in the heart, transient increase in blood pressure to 150/90 mm. Hg. Art. 2.5 years postmenopause. At gynecological examination: the vulva and vagina are able to age involution, the uterus is reduced in size, appendages are not palpable.

Diagnosis?

Climacteric Syndrome.

1. Ms. B. 20 years. She came to the medical center two days ago with irregular vaginal bleeding, pain in the abdomen. It was established early pregnancy, which was confirmed by a pregnancy test. She now returned to the medical center at the continuing irregular vaginal bleeding and acute abdominal pain that started 2 hours ago. Pulse 130 beats. per minute, weak, blood pressure 85/60 mmHg, BH 20 breaths per min., the temperature of 36.8 C. The skin is pale and moist.

Diagnosis?

Violations of ectopic pregnancy.

1. To Ms. A. 28 years. She was 12 weeks pregnant when applied to the medical center complaining of a slight vaginal bleeding. This pregnancy is the first pregnancy of Mrs. A. She had mild pain, contractions in the abdomen, slight vaginal bleeding. The size of the uterus commensurate with gestational age, the cervix is ​​painless motion, closed.

Diagnosis?

Pregnancy 12 weeks of threatening abortion .

1. Family clinic asked a woman 26 years with complaints of delay menstruation for 2 months, a small nagging pains in the abdomen. When vaginal study determined the uterus, extended to 12 weeks of pregnancy, the cervical canal is closed, appendages unremarkable.

The probable diagnosis?

Pregnancy 12 weeks. Threatened spontaneous abortion.

1. Patient A., 24 years old, complaining of sharp pains in the abdomen, which arose suddenly after physical exertion. Notes nausea, vomiting, dry mouth. Pulse - 120 beats / min, blood pressure 110/70 mm Hg. In the study: the uterus firm, painless, not increased. The left set of deep appendages are not determined, the right set of shortened to the right of the uterus is determined by the formation of a rounded shape elastic consistency, limited mobility, sharply painful on palpation, sizes 7h8h6 see. In the analysis of blood Hb 120 g / L -12,300 leukocytes, ESR -30

Diagnosis?

Torsion legs ovarian tumor.

1. The patient was 55 years old addressed to the gynecologist with complaints of permanent nagging abdominal pain, difficulty urinari. In the history of some genera large fruit, complicating perineal II degree. 4 years postmenopause. Gynecological status: there is a discrepancy leg muscles, lift the tail acsses straining outside the vulvar ring-definition lyayutsya body of the uterus, elongation and hypertrophied cervix; front and rear walls of the vagina are omitted.

The preliminary diagnosis?

Full uterine prolapse, the failure of the pelvic floor muscles, elongation of the cervix cystocele and rectocele.

1. The patient was 24 years old taken to hospital emergency brigade Pomo-soup in connection with complaints of cramping abdominal pain, profuse, clotted bleeding from the genital tract, weakness. BP 100/60 mm Hg. v., pulse 90 in 1 min, temperature bodies 37 ° C. Last normal menstruation 2 months ago. When vaginal study: the cervix is ​​not eroded, cyanotic, outer mouth passes finger. The uterus is enlarged to 6 weeks of pregnancy, painless. Appendages on either side-gated separated. The vaults deep, painless.

What is the most likely diagnosis?

Incomplete abortion.

1. Patient I8 years complained of abdominal pain, fever up to 37,5 ° C, purulent discharge from the genital tract, cramps while urinating. Sex life to 17 years, out of wedlock. Acutely ill, on the 7th day menstrual cycle, when the above symptoms. Gynecological status: infiltraty urethra, cervix hyperemic, edematous, with extensive eroziey from the cervical canal abundant muco-purulent discharge. The uterus is not enlarged, painful on palpation, appendages on both sides thickened, painful, deep vaults. When bakterioskopiy smears from urethra and cervical canal found diplokokki, located outside - and intracellularly.

Your diagnosis?

Fresh sharp rising gonorrhea.

1. Patient 38 years old applied to the antenatal clinic with complaints of on-recurrent abdominal pain, but on the left. Patients with chronic inflammation of the uterus, it was treated as an outpatient.

Diagnosis?

Cystoma left ovary.

1. The patient 20 years complains of a delay the next menstrual period for 10 days. Blood pressure of 120/80 mm Hg. Art., pulse 72 in 1 min. With transvaginal ultrasound suspect progressing tubal pregnancy.

Correct tactics physician joint venture?

Extra hospitalized patients for further diagnosis and decide on treatment strategy.

1. The patient was 24 years old hospitalized in gynecology department for examination for primary infertility. From history: married 3 years, examined the husband is healthy. Mentruale regular, scanty, painful. Biphasic basal body temperature. When vaginal study: the uterus in antefleksii not increased, limited mobility; appendages on both sides thickened, sensitive to palpation; vaults deep.

What is the most likely cause of infertility in this patient?

Violations of tubal patency.

1. The patient 45 years complains of heavy painful periods, "smearing" bleeding from the genital tract before and after menstruation. In the study: the uterus in retrofleksiy, increased to the amount corresponding to 8-9 weeks of pregnancy, dense, limited mobility; appendages on both sides are determined, the parameters are free stltction slimy, bright.

What is the most likely diagnosis?

Internal endometriosis, uterine body.

1. The patient was 15 years old was admitted to hospital in connection with complaints of bleeding from the genital tract, which appeared after a delay of the next menstruation for 3 months and continues within 12 days. When rekto-abdominal research: uterus normal size, firm, painless; appendages on both sides are not enlarged, from the genital tract bleeding, moderate.

At what disease may occur described the clinical picture?

Dysfunctional uterine bleeding juvenile period.

1. The 30 year-old woman went to the doctor because of heavy bleeding from the vagina and pain in the iliac region. Last menstrual period 8 weeks ago. If bimanual examination: uterus is enlarged to the size of 7-8 weeks gestation dense. Secretions profuse bleeding. Ultrasound in the uterine cavity is defined by the ovum.

Your diagnosis?

Pregnancy 7-8 weeks, abortion in progress.

1. The patient was 34 years old applied to the antenatal clinic with complaints of on-primary infertility for 7 years. Menstrual regular age of 13, after 27-28 days, 5-6 days, moderate, painless. With basal thermometry set alternate single- and two-phase cycles shortened to 4-5 days of the second phase. According to the results of hysterosalpingography, fallopian tubes run con-contrast medium to ampullar departments, its exit into the abdominal cavity is not marked. In the study of semen and her husband found asteno oligozoospermia of II degree. After treatment, her husband saved androlog asthenozoospermia II degree.

Specify the possible causes of infertility?

Violations of the Fallopian tubes, subfertility husband's sperm.

1. The 30 year-old woman went to the doctor because of heavy bleeding from the vagina and pain in the iliac region. Last menstrual period 8 weeks ago. If bimanual examination: uterus is enlarged to the size of 7-8 weeks gestation dense. Secretions profuse bleeding.

Ultrasound in the uterine cavity is defined by the ovum. Your diagnosis?

Pregnancy 7-8 weeks, abortion in progress.

1. The 35-year-old woman went to the doctor for acute pain in the left iliac region, weakness, nausea. Last menstrual period was 6 weeks ago. If bimanual examination: uterus increased slightly, soft, painless, in the formation of a painful left appendages 3x4 cm. On palpation of the posterior fornix of the vagina painful uterine displacement. According to the US of the ovum in the uterus is not.

Your diagnosis?

Interrupted ectopic pregnancy.

1. The patient was 25 years old went to the doctor about sudden pain in the vulva, labia swelling, pain when walking. The temperature of 38.5, pulse 100 beats / min. When viewed in the right labia tumor formation is determined by the size of 3x4 cm, sharply painful, tight. The skin in the vulva sharply hyperemic. Vaginal examination is difficult because of sharp pain.

Diagnosis?

Abscess bartolin glande.

1. The patient 36 years complains of heavy bleeding during menstruation for 6-8 days. Objectively: the uterus up to 14 weeks of pregnancy, dense, round, mobile, painless. The appendages are not palpable. Your diagnosis? What research methods should be used to confirm the diagnosis?

Uterine fibroids.

1. Patient 37 years complained of severe pain in the abdomen on the left, came suddenly. Objectively: the uterus up to 12-13 weeks. gestational age, dense, hilly. One of the corners of the left moving sharply painful. The appendages are not palpable.

Your diagnosis?

Torsion feet subserous node.

1. The patient 20 years old was admitted to hospital complaining of sharp pains in the abdomen, radiating to the rectum, chills, nausea, single vomiting, fever up to 38,5 ° C, up to Z diarrhea every day. Irregular sexual life, with frequent change sexy partners. Acutely ill on the 5th day of the menstrual cycle, when the above symptoms. Status moderate heart rate 110-112 in 1 min, blood pressure 125/70 mm Hg Abdomen moderately swollen, sharply painful in hypogastric region, which is determined by the positive symptom Shchetkina-Blumberg. The cervix with symptoms endocervicitis; the body of the uterus and appendages palpatio fails due to a sharp muscle tension anterior abdominal wall; the posterior vaginal fornix hangs dramatically painful.

Diagnosis?

Acute inflammation of the uterus, pelveoperitonit.

1. Patient 46 years old applied to the antenatal clinic with complaints of on-abundant prolonged menstruation, weakness, loss of working capacity. Believes yourself sick for 6 months, the doctor did not addressed. Pulse 78 I min, rhythmic, blood pressure 125/80 mm Hg, the level Hb 80 g/l. When vaginal study: the cervix is ​​not eroded, the body of the uterus is increased to a size appropriate 6-7 weeks of pregnancy, round, moving, painless; appendages on both sides are determined, their range of painless; arches pronounced; the Loose; vyde-ment of reproductive tract mucus.

Your diagnosis?

Uterine fibroids. Anemia III century.

1. The patient 45 years complains of heavy painful periods, "smearing" bleeding from the genital tract before and after menstruation. In the study: the uterus in retrofleksiy, increased to the amount corresponding to 8-9 weeks of pregnancy, dense, limited mobility; appendages on both sides are determined, the parameters are free selection slimy, bright.

Your diagnosis?

Internal endometriosis, uterine body.

1. Patient 40 years turned into a joint venture with the constant complaints mucopurulent leucorrhea and contact bleeding discharge from the genital tract. Second birth operational overlay obstetrical forseps complicated by rupture of the cervix. After birth, diagnosed cervicitis, cervical erosion, about what made diathermocoagulation. When reseorch: cervix is ​​eroded, hypertrophied, deformation due to postpartum ruptures, the outer mouth gaping, uterus and appendages without pathological changes, the parameters are free. When the extended colposcopy revealed a vast area of ​​transformation with more open and clossed glands, ectopic site on the front lip, leykoplakiy 12 hours.

What further examination is required of the patient?

A biopsy of the cervix with separate scraping the mucous membrane of the cervical canal and the wall of the uterus.

1. A woman of 32 years of the second pregnancy ended in artificial interruption during a period of 12 weeks in connection with the molar pregnancy.

How it should be organized follow-up of the patient?

Definition of the level of HG in urine or β-subunit of HG in the blood every 2 months; systematic ultrasound.

1. Patient 58 years old applied to the joint venture with complaints to bleeding from the genital tract. Postmenopauzae 8 years. When vaginal study: vulva and vagina organy with symptoms of age involution; mucoza shell easily vulnerable vagina, the cervix is ​​not eroded, a symptom of "pupil" negative endocervical scant spotting; the uterus of normal size; appendages are not defined; pyrometry free.

Your diagnosis?

Uterine cancer.

1. Patient 25 years turned into a joint venture with complaints, scanty menstruation, absence of pregnancy for 5 years, malaise. Menstruation from 17 years, irregularr, with delays up to 20-25 days, meager. The history of frequent acute respiratory viral infections, repeated pneumonia, pleural effusion. On examination: the patient reduced power, pale skin, body temperature of 37°C, vaginal examination: uterus is reduced in size, limited mobility, painless; on either side of the uterus are determined by the formation of dense consistency wrong shape measuring 5x6 and 7x5 cm, sensitive to palpation; vaults deep free.

Your diagnosis?

Tuberculosis genitals.

1. During abortion uterine perforation made curette.

Your tactics?

Emergency laparotomy, suture holes perforatsion, revision of the abdominal cavity.

1. The patient 52 years old was admitted to the gynecology department in connection with complaints of weakness, dragging pain in the abdomen. Postmenopauza 1.5 years. When viewed notes increase the size of the stomach, dullness in the lateral parts. When vaginal study: the small size of the uterus is shifted to the right; left and backwards from her palpable nodular, painless, lack of formation of a dense consistency up to 10-12 cm. Your diagnosis?

Ovarian cancer.

1. The patient 26 years old was admitted to the hospital with complaints of weakness, dizziness, suddenly appeared sharp pain in the lower abdomen, radiating to rectum, scant bleeding from the vagina. From history we know: last menstrual period was five weeks ago. When two-handed investigation right of the uterus palpable education 5x5 cm, sharply painful, slow-moving, dough consistency. There soreness and rear overhang of the vaginal vault. Diagnosis?

Ectopic pregnancy is interrupted by type of tubal abortion.

1. A patient of 54 years went to the doctor with complaints of dragging pain in the lower abdomen, but on the left, which periodically disturbed patients within 3 months. 2 years postmenopause. When two-handed study found: the body of the uterus is not enlarged, left and posterior to the uterus is determined by the mass lesion 6x7 cm in diameter, ovoid shape, dough elastic consistency, slow-moving, sensitive to palpation. According to the ultrasound: the uterus is rendered to the left of the formation of a multi-chamber hypoechoic with partitions sizes 6x7 cm.

The diagnosis?

Cystadenoma ovary (mucinous multi-chamber).

1. The patient 20 years entered the department with complaints of sharp pain in the lower abdomen, caused a sudden after heavy lifting, weakness, nausea. From history: last menstrual period two weeks ago. The abdomen was soft, moderately swollen, painful in the lower divisions, but on the left. In the left iliac region expressed Defense anterior abdominal wall muscles. Peritoneal symptoms are not detected. The sloping field marked dullness.

A presumptive diagnosis?

Ovarian apoplexy.

1. The patient 74 years old was admitted to the hospital with complaints of dragging pain in the lower abdomen, malaise. From history we know: postmenopause 22 years old. For 20 years, the gynecologist was not observed. Over the last year noted a weight loss of 15 kg, occasionally disturbing lethargy, weakness, loss of appetite. When two-handed vaginal-abdominal study on both sides of the uterus irregular shape defined by education, "rocky" density, still with bumpy surface welded to the surrounding tissues, painful on palpation.

Diagnosis?

Ovarian cancer or metastasis Kryukenberga.

1. Patient 39 years old applied to the gynecologist with complaints of bleeding from the genital tract occurring after sexual intercourse. From history it revealed that 10 years ago, the patient was observed at the gynecologist about the erosion of the cervix associated with human papillomavirus infection (type 16). From the proposed treatment of the patient refused. When viewed in the mirror: the cervix is ​​cylindrical outer mouth slit-shaped. The rear lip determined by crater-groove 0.5 x 0.7 cm with jagged edges, which at the time of inspection enters the blood in small amounts.

Diagnosis?

Cervical cancer, II stage.

1. The patient 23 years complains of cramping pain in the right iliac region, minor bleeding from the vagina. Last normal menstrual period - 6 weeks ago. From history: a child patient underwent appendectomy, complicated by peritonitis. When viewed in the mirror revealed: the cervix is ​​cylindrical in shape, cyanotic, the outer jaws closed, from the cervical canal - dark blood. When two-handed investigation: the body of the uterus above the norm, the right of education is determined dough consistency, 4x5 cm, painful on palpation. The area left appendages unremarkable.

A presumptive diagnosis?

Right-sided tubal pregnancy.

1. Patient 29 years old applied to the gynecologist with complaints about the meager, irregular menstruation. From history: menarche at age 12. The 14-year-old patient suffered measles complicated by meningoencephalitis. After the disease has become irregular menstrual cycles, weight gain was observed in the last two years there has been excessive hairiness of the upper lip and inner thighs. Pregnancy was not.

A presumptive diagnosis?

Violations of the menstrual cycle secondary hypomenstrual syndrome (secondary polycystic)

1. The patient in '31 addressed to the gynecologist with complaints of lack of pregnancy for 5 years. In the history of the patient 1, childbirth, abortion 4. 6 years ago, the patient was treated in the gynecological hospital for acute bilateral salpingoophoritis to form tubovarial inflammatory tumors on both sides, pelvioperitonitis. According basal thermometers - biphasic menstrual cycle. A study of the hormonal profile of the patient without pathology. The semen of her husband within the normative values.

Diagnosis?

Secondary infertility, tubal-peritoneal factor.

1. The patient in '21 came to the emergency department complaining of cramping in the lower abdomen, heavy bleeding from the vagina. Last menstrual period 8 weeks ago. Inspection by means of mirrors: the cervix is ​​cylindrical outer mouth open, in the cervical canal is determined by a large number of blood clots with areas of spongy tissue dark purple color. When two-handed investigation body of the uterus is increased up to 8 weeks of pregnancy, sogtish, painful on palpation excitable. Appendages on both sides are determined. Vaults free, deep.

Diagnosis?

Abortion in vogue. Treatment SDC (separate diagnostic curettage)

1. Patient 42 years old applied to the gynecologist with complaints of bleeding from the genital tract. Last menstruation 3 weeks ago. 5 days ago reappeared of bleeding, which gradually intensified. Within 7 years, patients have about uterine fibroids. When two-handed study found: the body of the uterus is increased to 8-9 weeks of pregnancy, a dense, hilly, painless. The appendages are not defined. Vaults free, deep.

Diagnosis?

Multiple submucosal fibroids, metrorrhagia.

1. A patient of 53 years complained of dragging pain in the lower abdomen, a tendency to constipation. 4 years postmenopause. For 15 years, the patient was observed at the gynecologist about uterine fibroids. Last visit to the doctor - 3 years ago. When two-handed investigation determined the body of the uterus, increased to 17-18 weeks of pregnancy, a dense, hilly, painless. Area appendages on either side of normal.

Diagnosis?

Uterine fibroids growth in menopause can be malignancy (sarcoma).

1. When preventive ultrasound in a patient 39 years old revealed: the body of the uterus is located mid, not increased, with clear, smooth contours, M-echo corresponds to the day of the menstrual cycle, 21h19h16mm right ovary with follicle size of 3-6 mm. Left ovary contains mono gipoehogennym form 35 x 38 mm, with a thickened capsule, on the inner surfaces of which are rendered single papillary growths size 4-7 mm. Diagnosis?

Papillary serous ovarian adenoma.

1. The patient 33 years marked a painful, heavy menstruation, accompanied by "smearing" bloody discharge before menstruation. The patient noted an increase of pain before menstruation, and especially in its first day. When two-handed study found: the body of the uterus is increased to 5-6 weeks of pregnancy, a dense, smooth surface, mobile, sensitive to palpation. Appendages on both sides are determined. An ultrasound scan revealed the expression "heterogeneity", the "cellular" structure of the myometrium, alternating hyper- and hypoechoic areas, especially on the back.

Diagnosis?

Adenomyosis.

1. The patient 30 years complains of nagging pains in the lower abdomen, appearing before menstruation and disappear in the first days of the cycle. In the history of the patient underwent resection of the left ovary about endometrial cysts. When two-handed study revealed: the left and behind the uterus palpable mass lesion rounded, douth elastic consistency, 5x6 cm in diameter, sensitive in the study. With transvaginal ultrasound to the left of the uterus is determined rounded education 5h6sm single chamber, the contents - a fine suspension, slips when light percussion sensor. Diagnosis and tactics?

Endometrial cysts, recurrent. Treatment: surgery (resection with preservation of ovarian tissue)

1. The patient 17 years appealed to the gynecologist with complaints of dragging pain in the lower abdomen, but on the left. Menstruation at age 12, established within 6 months, 28 days, 5 days, moderate, painless. The patient denied having sex. Produced by transabdominal ultrasonography, in which revealed: 35h21h17mm body of the uterus, with clear smooth contours, homogeneous myometrium ehostruktury, M-echo corresponds to the day of the menstrual cycle. The right ovary was normal. In the projection of the left ovary is defined as single chamber rounded education 35 x 36 mm anehogennoe ehostruktury, with a thin wall.

Your diagnosis?

Follicular cyst.

1. Patient 78 years old applied to a gynecologist clinic with complaints of bleeding from the genital tract. From history: 27 years postmenopause, during which the patient was not observed at the gynecologist. Gynecological diseases denies. When two-handed investigation revealed no pathology. With transvaginal scanning is set: the body of the uterus 56h35h24mm, with clear contours. M-echo 16 mm, heterogeneous structure, the boundary between the endometrium and myometrium of the front wall of fuzzy with scalloped edges.

A presumptive diagnosis?

Cancer of the endometrium.

1. The patient 37 years marks the changing nature of the menstrual cycle during the last 6 months: menstruation became more plentiful, painful. When two-handed investigation revealed no pathology. Ultrasound scan: The body of the uterus 51x31x24mm, myometrium homogeneous structure. M-echo thickness of 18 mm, the upper third of the uterus is defined hyperechoic education 5x4mm.

Diagnosis?

Endometrial polyps.

1. The patient 25 years fell ill acutely, on the 5th day of the menstrual cycle, when the nagging pain in the lower abdomen, vaginal discharge with an unpleasant odor. During the last 2 days it was observed rise in temperature to 37,5-38,0ºS. When viewed in a mirror from the cervical canal pus-like discharge in moderation. When two-handed investigation body of the uterus is not enlarged, firm, mobile, painless. Appendages on both sides increased, painful in the study. Vaults free, deep.

Diagnosis?

Bilateral adnexitis.

1. A patient of 22 years complained of dragging pain in the lower abdomen, bleeding from the genital tract. Last menstruation 6 weeks ago. The condition is satisfactory, the skin of normal color, moist tongue. BP 120/75 mm Hg Pulse 78 beats per min., Rhythmic. Abdomen soft, not inflated, no peritoneal signs. Inspection by means of mirrors neck cylindrical cyanotic, the outer jaws closed, from the cervical canal scant of bleeding. When two-handed investigation body of the uterus increased to 6 weeks of pregnancy, soft, moving, sensitive to palpation. Appendages on both sides are determined, the area of ​​their painless. Vaults free, deep.

Diagnosis?

Pregnancy 6 weeks, the threat of termination of pregnancy.

1. The patient 30 years appealed to the gynecologist with complaints about the absence of pregnancy. Menstruation from 13 years old, irregular, 30-45 days, mild, painless. In the anamnesis pregnancies were not. At gynecological examination and ultrasound examination revealed no pathology. According to the tests of functional diagnostics - a monophasic curve type (temperature does not exceed 36,4-36,8ºS).

Diagnosis?

Primary infertility endocrine genesis.

1. The patient 47 years old was admitted to hospital complaining of intense pain in the lower abdomen, caused when lifting weights. Last menstruation 3 weeks ago. The skin of normal color, abdomen is soft, somewhat swollen, painful in the lower divisions. Inspection is difficult because of the protective muscle tension anterior abdominal wall. When you study two-handed: the right of the uterine volume formation 12x14sm in diameter, ovoid shape, slow-moving, sharp pain in the study. From history we know that the patient is observed at the gynecologist about cystadenoma of the right ovary.

Diagnosis?

Torsion cystadenoma. Treatment-adnexectomy

1. Patient 36 years old applied to the gynecologist with complaints of delay menstruation for 7 days. Last menstruation 5 weeks ago. The test for HGH at home is positive. When viewed in a satisfactory condition. Hemodynamic parameters within normal limits. Abdomen soft, painless, no peritoneal signs. When two-handed investigation body of the uterus above the norm, the right of the uterus palpable education 3x4 cm, slightly sensitive, moving, ovoid shape, soft elastic consistency. Vaults free deep. With transvaginal ultrasound echo-M 18 mm thick, fertilized egg in the uterus is not defined. Diagnosis?

Tubal pregnancy (a week could be the mother, fertilized egg moves into the uterus). Dynamic observation, ultrasound.

1. The patient 34 years old was admitted to the gynecological hospital with complaints of dragging pain in the lower abdomen, the rise in temperature to 38,2ºS, profuse vaginal discharge with an unpleasant smell. In history we know that 10 years ago the patient was installed WMC. Inspection by means of mirrors: the cervix is ​​cylindrical, originate from the cervical canal "threads" ICH are indicated abundant pus-like discharge. When two-handed investigation: the body of the uterus increased to 6 weeks of pregnancy, soft, sedentary, unhealthy. Appendages on both sides increased, painful. Vaults free, deep.

Diagnosis?

Endomyometritis against the backdrop of the IUD, bilateral acute adnexitis, pelvioperitonit.

1. The patient 37 years, observed at the gynecologist about uterine fibroids, within 2 weeks of continued bleeding from the genital tract. Menstruation after 30 days, 8 days, copious, clotted, painless. During the last 6 months, the patient marks malaise, weakness. An objective examination observed pallor. Abdomen soft, painless. Hb 91 g/l, erythrocytes 2,4x106.

Diagnosis?

Uterine fibroids, menometrorrhagia, secondary anemia.

1. The patient 24 years on preventive gynecological examination around the external os of the cervix identified land bright red 0,5h0,7 mm with precise contours, which does not bleed on contact. When two-handed investigation revealed no pathology.

A presumptive diagnosis?

Erosion of the cervix.

1. The patient, age 33, when viewed in the mirrors on the front lip of the cervix revealed whitish land with equal precise contours, rising above the surface of a healthy cervix.

A presumptive diagnosis?

leukoplakia cervical precancer.

1. The patient 28 years old was admitted complaining of sharp pains in the abdomen, radiating to rectum, lightheadedness, dizziness, weakness. The skin is pale, blood pressure 90/65 mm Hg Pulse is 110 beats per min., Rhythmic. Abdomen soft, swollen, painful in the lower divisions, especially in the left iliac region. When percussion dullness observed in the lateral abdomen. Last normal menstruation 3 weeks ago. From history we know that two months ago, the patient revealed the corpus luteum cyst of the left ovary, about which it is observed at the gynecologist.

Diagnosis?

Break the corpus luteum cyst.

1. Patient 49 years old applied to a gynecologist about disturbing periodically pulling pain in the lower abdomen. For the first time the pain came a year ago. The menstrual cycle is not broken. Last menstruation 3 weeks ago. An ultrasound scan of the uterus to the right of education is determined by the volume hypoechoic ehostruktury, single chamber, ovoid form 6h7sm in diameter, wall thickness 3mm. The inner smooth surface of the capsule.

Diagnosis?

Cystadenoma (serous) or the corpus luteum cyst.

1. The patient 48 years old was admitted with complaints of cramping in the lower abdomen, profuse bleeding from the genital tract. Within 5 years there has been a gynecologist about uterine fibroids. Last menstrual period started seven days ago. When viewed in the mirrors of the cervix is ​​a cylindrical, outer mouth open, in the cervical canal is defined by rounded education 1,5h2 see smooth, purple-cyanotic color on a thin stalk. When two-handed investigation body of the uterus is increased up to 8 weeks of pregnancy, sharply painful, dense, with a bumpy surface.

The diagnosis and management plan?

Nascent submucous node. Treatment hysteroscopy, SDC (separate diagnostic curettage)

1. The patient 30 years old was admitted to the hospital with complaints of dragging pain in the lower abdomen, pus-like discharge from the genital tract, fever up to 38,0ºS. A week ago, the patient was made medical abortion at 7 weeks gestation. When two-handed investigation body of the uterus is increased up to 8 weeks of pregnancy, sedentary, tenderness, soft consistency. Appendages unremarkable. Vaults free, deep.

Diagnosis?

Endometrits

1. The patient 45 years old was admitted to the emergency department complaining of a sharp pain in the lower abdomen, dry mouth, nausea. Last menstruation 3 weeks ago. For 10 years there has been a gynecologist for multiple uterine fibroids. Acutely ill when suddenly after exercise any pain, malaise. Seen from the body of the uterus is increased to 12 weeks of pregnancy, the uterus comes out of the bottom rounded education with clear contours, sizes 6h7sm, sharp pain on reseorch.

To assume diagnosis?

Uterine fibroids, subserous node.

1. The patient 25 years with screening ultrasound examination revealed: the body of the uterus and appendages right unremarkable. The left ovary the size of 66x57x58mm from the lower pole of education is based on a rounded shape 44 x 47 mm inhomogeneous ehostruktury containing inclusion hypo - and hyperechoic density. On the inner wall of education is determined by hyperechoic structure 12x14mm, resembling the hump.

Diagnosis?

Cystadenoma ovary.

1. An ultrasound scan in a patient 22 years, revealed: the body of the uterus is not enlarged, the thickness and echogenicity of M-echo corresponds to the day of the menstrual cycle. 28x21x16mm right ovary, left ovary 22x18x13mm. Medially, between the body of the uterus and left ovary is defined as single chamber forming a rounded shape with smooth contours anehogennoe 20h24mm structure.

Diagnosis?

Follicular cyst or paraovarialnaya cystadenoma.

1. The patient was 65 years in preventive ultrasound revealed: the body of the uterus 41h25h18 mm, with clear smooth contours, homogeneous myometrium ehostruktury. M-echo 9mm heterogeneous structure. The border between the M-echo and myometrium smooth, thin all over. The patient no complaints. 15 years postmenopause.

Diagnosis?

Endometrial hyperplasia.

1. Patient 36 years complained of the absence of menstruation for 6 months, increased hair growth on the upper lip, deepening of voice. At gynecological examination revealed no pathology. Produced by ultrasound, in which revealed: uterine body sizes 42x25x21 mm myometrium homogeneous structure, with clear contours. The left ovary 24x21x16 mm with a single follicle diameter of not more than 5 mm. Right ovary 46x42x30 mm, in the structure - rounded education a solid structure, increased echogenicity of 25 x 27 mm.

A presumptive diagnosis?

Androgen-producing tumor of the ovary.

1. The patient 30 years appealed to the gynecologist with complaints of dragging pain in the lower abdomen, fever up to 39,5ºS, fever, pus-like discharge from the genital ways. Last menstruation - 2 weeks ago, and then there were minor aching pain in the lower abdomen independently treated with antibiotics - a temporary positive effect. In gynecological examination body of the uterus is not enlarged, painless, dense, moving. Right and left of the uterus are determined by the dimensions of space-occupying lesions of 6 x 8 cm, still, rounded, painful on palpation.

Diagnosis?

Bilateraly adnexitis, tubo-ovarian education.

1. Patient 38 years throughout the year marks the long, heavy menstruation, often - with clots. Within 3 years there has been a gynecologist about uterine fibroids. An ultrasound on cycle day 7 revealed the following: uterine body is increased to eight weeks of pregnancy, with sharp jagged contours, in the structure of the myometrium visualized multiple fibroids, one of which is located on the rear wall, the dimensions 15h18mm deforms the uterine cavity. M-echo 14 mm heterogeneous structure. The right and left ovaries without pathology.

Diagnosis?

Multiple uterine fibroids 8 weeks with tsentripetaly node (node ​​that distorts the uterine cavity), in the direction of the cavity. Menorrhagia.

1. The patient 32 years complains of lack of pregnancy for 5 years. The menstrual cycle is not broken. According to the gynecological examination, study of hormonal status and ultrasound scan revealed no pathology. Examination of functional diagnostics tests revealed a biphasic menstrual cycle. The semen of her husband within the normative values. At diagnostic laparoscopy in the peritoneum of Douglas space and the fallopian tubes are revealed isolated foci round shape cyanotic no larger than 4-7 mm. Diagnosis?

Primary infertility, endometriosis peritoneum.

1. Patient 27 years old applied to the gynecologist with complaints of bleeding from the genital tract, continuing for 5 days. Last menstruation 3 weeks ago. When two-handed investigation body of the uterus is not enlarged, firm, mobile, painless, appendages on both sides are not palpable, the area of ​​their painless. Vaults free, deep. An ultrasound scan of the uterus body with clear smooth contours, 46x24x19mm. Ovaries - without pathology.

Diagnosis?

Dysfunctional uterine bleeding.

1. The patient, 24 years old, complained of whites and contact of bleeding. Heredity is not burdened. Menstrual function is not impaired. The sexual life from 23 years of marriage without protection. Pregnancy within 8 months was not. Gynecological diseases denies. Ill 3 months ago, when the whites and contact discharge. The general condition is satisfactory. On bodies without features. On examination of the cervix using a mirror - the mucosal surface around the external os bright red, granular, covered puruloid mucous secretions, the size of 2x2 cm. Vaginal examination - palpatory cervix is ​​normal consistency, the outer jaws closed. Uterus and appendages - without features. Discharge - whites mixed with blood.

Diagnosis?

Ectopic cervical endocervicitis.

1. The patient, 29 years old, was admitted with complaints of fever, general weakness, pain in the abdomen. 8 days ago made abortion, was discharged the next day after the abortion. The examination: condition is satisfactory, pulse 80 beats per minute, the temperature 38,20S. Language moist, coated whitish bloom. The abdomen was soft, painful on palpation in the lower divisions. No symptoms of peritoneal irritation. At gynecological examination: cervix hyperemia of the cervical canal - abundant pus-like discharge. On palpation - the cervix is ​​normal consistency, the outer jaws closed, the body of the uterus a few more than normal, soft consistency, tenderness and bias. The appendages are not defined. The vaults deep. Diagnosis?

Acute metroendometritis.

1. The patient, 26 years old, was taken by ambulance with complaints of sudden abdominal pain, chills, fever. From the notes of gynecological diseases chronic salpingo for 6 years with frequent exacerbations, about which repeatedly treated in a hospital. Ill a few days ago after hypothermia. On admission: condition is satisfactory, pulse 88 beats per minute, temperature 37.6. Language moist, lightly coated whitish bloom. Belly swollen, is involved in the act of breathing. On palpation painful in the lower divisions, no signs of peritoneal irritation. Gynecology - displacement of the cervix dramatically painful uterine body is of normal size, restricted to the mobile, sensitive to palpation. Right appendages are not defined. On the left and somewhat posterior palpated education restricted to the mobile, sharply painful, dense consistency, with patches of softening the size 4x9sm, vaginal vault flattened.

Diagnosis?

Exacerbation of chronic salpingoophoritis. Tubo-ovarian education.

1. The patient, 37 years old, was admitted with complaints of abdominal pain, frequent urination, high temperature. Menstrual function is not impaired. Last menstrual period - 2 days ago. Ill sharply after casual sex. There were abdominal pain, chills, a temperature of 39 C. Abdominal palpation sharp pain in the lower divisions, positive symptoms of irritation of the peritoneum. When vaginal examination of the uterus and appendages clearly konturiruyutsya due to sharp pain and tension in the muscles of the abdomen. Copious, puruloid.

Diagnosis?

Acute salpingo clinically specific (gonorrhea) etiology complicated pelvioperitonit.

1. Patient 23 years. Complaints abundant whites, itching, burning. 5 sick days ago after sexual intercourse. The menstrual cycle is not broken. Normal temperature, pulse 76 beats per minute, blood pressure of 120/80 mm Hg. Art. When viewed in the mirror - the mucous vagina sharply hyperemic, copious, yellow-green, foaming. When vaginal study: movement painful cervix, uterus and appendages normal.

Diagnosis?

Colpitis (trichomoniasis).

1. The patient, 31 years old, hospitalized in the gynecology department with complaints of abdominal pain, fever. Menstruation from 14 years of irregular, heavy, painful. Sex life 20 years without protection. Vaginal examination: uterus is painful when traction, normal-sized, dense. Appendages on both sides thickened, painful on palpation. Parameters are condensed and shortened. Fallopian tubes are shortened and thickened, on their surface - calcification of the peritoneum - millet rash.

Diagnosis?

The aggravation Mts. salpingoophoritis specific (gonorrhea) etiology. Pelvioperitonit. Primary infertility.

1. The patient, 25 years old, appealed to the gynecology department for infertility. Menstruation from 13 years of irregular, scanty. The sexual life from 20 years without contraception, not pregnant. At 21, he suffered a tubercular pleurisy. Hysterosalpingography performed to determine tubal patency. On MSG: segmented fallopian tubes as a "pearl necklace" with diverticula and inhomogeneous shadow in the distal.

Diagnosis?

Tuberculosis extragenital. Secondary tuberculosis of the uterus.

1. The patient 48 years old was admitted to the gynecology department with complaints of acyclic, vaginal bleeding. Height 155 cm, weight 112 kg, suffering from diabetes for 7 years. BP 180/110 mm Hg. Art. Gynecology found: bleeding from the cervical canal. Regarding the acyclic spotting, lasting 20 days and emerged after a 2-month delay menstruation. Menstruation from 17 years. Without features. At gynecological examination on the part of the genital organs is in order. The patient made a separate diagnostic curettage of the mucous cervix and uterus. Histological examination: glandulocystica endometrial hyperplasia.

Diagnosis?

Dysfunctional uterine bleeding premenopausal period. Endometrial hyperplasia. 3 GD extent . Type 2 diabetes. Obesity grade 3.

1. The patient 56 years old was admitted to the hospital with complaints of bleeding from the genital tract. Postmenopausal period of 6 years. In the anamnesis hysteromyoma small dimensions. Last visit to a gynecologist 5 years ago.

A presumptive diagnosis?

Uterine fibroids. Suspicion of endometrial cancer?

1. Patient 47 years complained of bleeding from the genital tract, continued 20 days and emerged after a 2-month delay menstruation. Menstruation from 17 years. Without features. At gynecological examination on the part of the genital organs is in order. The patient made a separate diagnostic curettage of the mucous cervix and uterus. Histological examination: glandulocystica endometrial hyperplasia.

Diagnosis?

DUB premenopausal period. Endometrial hyperplasia.

1. The patient 50 years old was admitted to the gynecology department with complaints of bleeding from the genital tract. Last normal menstruation 2 years ago. Over the past two years, suffered bleeding after a delay menstruation for 2-3 months. Conservative treatment is not carried out due to intolerance hormones. Gynecology found to increase up to 9 weeks of pregnancy dense, bumpy uterus, appendages on both sides are determined. From mild cervical, vaginal bleeding. Produced separate diagnostic curettage. Histological examination revealed glandulocystica endometrial hyperplasia with atypia cell sites.

Diagnosis?

DUB perimenopausal period. Atypical adenomatous hyperplasia of the endometrium. Uterine fibroids.

1. The patient 45 years complains of acyclic, vaginal bleeding. According to the US of endometrial hyperplasia.

A presumptive diagnosis?

DUB premenopausal period. Endometrial hyperplasia.

1. Patient 45 years. Complaints about the bleeding from the vagina, harassing patients within 3 weeks, which arose after a 1.5 month delay menstruation. Sometimes hot flashes bother. Somatically not burdened. Menstruation at age 12, established after 1 year, 4 days, 28 days moderate, b / painful. During the last 8 months there are delays menstruation and then heavy and prolonged menstrual period. To the doctor did not address. Gynecology organic changes have been found.

Diagnosis?

DUB premenopausal period. Endometrial hyperplasia? Climacteric syndrome.

1. Patient 15 years old, brought to the hospital machine "SP" on March 22 with a diagnosis of subacute, salpingo-sided and complaints of pain in the left iliac region with irradiation in the rectum. Pain arose sharply in the morning March 22 in the left iliac region, and then above the vagina. Nausea, vomiting was not. Last normal menstrual period from 28 February to 6 March. Objectively: the condition is satisfactory, the skin and the mucous membranes of normal color, blood pressure 110/70 mm Hg. Art. Abdomen not distended, soft, moderately painful in the left iliac region. Peritoneal no symptoms. When two-handed recto - abdominal examination of the uterus is not enlarged, firm, painless. Appendages on the right are not enlarged, painless. Left epididymis increased, without clear contours, the area of ​​their palpation painful. Vaults free, deep. The rear and left side of a set of moderately painful.

Diagnosis?

Ovarian apoplexy.

1. The patient, 16 years old, entered the hospital March 19 in the direction of a joint venture with the doctor complaining of pain in the right iliac region, dizziness, nausea, loss of a single consciousness that appeared suddenly. Last menstrual period from 10 to 17 March with a delay of 6 days. On examination: the abdomen is soft, painful in the lower, more on the right. Peritoneal no symptoms, blood pressure 100 170 mm Hg., The pulse 100 beats per minute. When two-handed, vaginal, abdominal examination of the uterus is not enlarged, firm, painless. To the right is determined by several enlarged, painless ovary. Left appendages painful area. Vaults loose, deep and painful.

Diagnosis?

Ovarian apoplexy? Ectopic pregnancy?

1. Patient 36 years. 4 The history of abortion without complications at the time of receipt of a missed period of 4 weeks. Acutely ill: there were cramping abdominal pain, suddenly fainted. The abdomen was soft, painful in the lower divisions. Symptoms of peritoneal irritation positive in hypogastric region. Dullness in sloping areas. When two-handed vaginal-abdominal study bias cervical sharply painful, clearly palpated the body of the uterus and appendages can not because of the tension in the muscles of the anterior abdominal wall, sharp pain posterior fornix, discharge from the genital tract is not.

Diagnosis?

Ectopic pregnancy. Interruption of the type of rupture of the fallopian tube.

1. Patient 26 years. Delayed menstruation for 3 weeks. Without additional methods of examination was carried out at the request of abortion patients. After scraping the blood from the genital tract continued. Histological examination of scrapings found in decidua reaction without chorionic villi. A presumptive diagnosis?

Status after med.aborta. Progressive ectopic pregnancy?

1. The patient 27 years old was admitted to the gynecology department with complaints about the meager, bleeding from the genital tract within 10 days after a missed period is 12 days. In the history of secondary infertility 7 years. The general condition is satisfactory, pulse 74 beats per minute, blood pressure of 120/70 mm Hg., The abdomen is soft on palpation painless in all departments. At gynecological examination the uterus a few more than normal, painless to palpation, the left and rear of the uterus is determined by the formation of fuzzy 4x5 cm soft consistency, painful in the study, the right appendages somewhat thickened, painless to palpation, vaults available.

Diagnosis?

Ectopic pregnancy. Start abortion by type of tubal abortion.

1. The patient, 33 years, complaints of cramping pain in the left iliac region, dizziness, delay menstruation for 2 weeks. Yesterday, suddenly appeared sharp pain in the abdomen, accompanied by a brief loss of consciousness. When OC Motria results: skin pale, pulse 120 beats per minute, blood pressure 80/50 mm Hg., Painful abdomen in the lower abdomen, there is muscle tension anterior abdominal wall and positive symptom Shchetkin-Blumberg. At gynecological examination the uterus and appendages clearly can not be determined because of the severe pain and muscle tension anterior abdominal wall, the posterior fornix is ​​flattened, bloody discharge, scanty, dark color.

Diagnosis?

Termination of ectopic pregnancy by type of rupture of the fallopian tube.

1. Patient 29 years. Primary infertility (married 4 years). Delayed menstruation for 4 weeks. No complaints there. In manual vaiginal-obdominale study offset painless cervical, uterine body slightly enlarged soft right thickened soft appendages vaults are free, painless, bright selection. Presumptive diagnosis?

Pregnancy ectopic (tubal presumably).

1. The patient, 26 years old, was taken to hospital ambulance on April 1 with a diagnosis of acute abdomen. Complaints about sharp pains in the lower abdomen, general weakness, dizziness. From history: 6 months ago diagnosed with a cyst of the left ovary. Within 2 months of taking oral contraceptives. Last menstrual period from 15 to 20 March. Skin and mucous membranes pale, the temperature of 37.0 C. The abdomen is tense, sharply painful on palpation in the lower divisions. There are positive signs of peritoneal irritation. Discharge from the genital tract is not. When two-handed vaginal-abdominal study: the uterus is not enlarged, dense, painful on palpation, easily dislodged. Status appendages on both sides can not be evaluated because of a sharp pain in the study. Vaginal vault overhang, their palpation sharply painful.

Diagnosis?

Ovarian apoplexy, hemorrhagic form, hemorrhagic shock 1.

1. The patient, 21 years old, taken to the hospital machine "joint venture" with the diagnosis of exacerbation of chronic salpingooforitis, pelvioperitonit. From history: suffering from inflammation of the appendages 17 years. Contraception: postinor. Sick with acute after school in the gym, when the pain in the left iliac region, which gradually increased with irradiation at rectum. Notes nausea, single vomiting. Consciousness is not lost. Last normal menstruation 2 weeks ago. Abdominal palpation is soft, painful in the lower divisions, but on the left. Symptoms of peritoneal irritation slightly positive in the lower abdomen. When two-handed vaginal-abdominal study: the uterus is not enlarged, firm, painless. Appendages on both sides majesty right sensitive, left - painful in the study. Vaginal vault deep left a painful arch.

Diagnosis?

Ovarian apoplexy.

1. The patient 38 years old with a history of 2 genera and 3 abortions. Contraception IUDs 5 years. Menstrual function is not impaired. Within 10 days after the end of the next menstruation were abdominal pain and copious purulent from the genital tract, and therefore went to the doctor. The general condition is satisfactory, the skin and mucous normal color. The temperature of 37.7. On examination: abdomen soft, painless, peritonale no symptoms. The cervix is ​​a cylindrical mirror of c / a visualized monitoring thread Navy and moderate muco-purulent discharge. When two-handed examination of the cervix without features, the uterus somewhat more normal size, soft-elastic consistency, mobile, moderately painful, vaults deep discharge mucopurulent.

Diagnosis?

Acute metroendometritis against the backdrop of the Navy.

1. Patient 54 years old, 4 years postmenopause. The last 4-5 months, noted an increase in the abdomen. Abdomen soft, slightly increased in volume, palpation of the vagina, more on the right, is determined by the formation of douth elastic consistency with a smooth surface, limited mobility, pain-free, up to 10 cm in diameter. When ultrasound - revealed a rounded education, coming from the right appendages, with smooth edges, anechoic content, without any inclusions. Uterus and left appendages unremarkable. Handed study vulva and vagina are unremarkable, the cervix without pathological changes, jaws closed, queen-sized, dense, somewhat to the left, painless, appendages Left unchanged, the right in the appendages is determined by tumor formation rounded, with a smooth surface, limited mobility, pain-free, up to 9-10 cm in diameter, codes available, discharge from the genital tract mucous.

What is the preliminary diagnosis?

The swelling of the right ovary. (Serous cystadenoma?).

1. The patient 25 years old with a history of childbirth 1 and 2 medaborta. The last 3 years the IUD contraception. The last 2 months the menstrual irregularities by type of long, up to 8-10 days of heavy, clotted menses. Abdomen soft, painless. In the mirror: the cervix is ​​cylindrical, jaws closed, the external os of the rendered control thread Navy discharge blood, moderate (8 th day of menstruation). When two-handed study: the vagina and cervix was normal, the uterus is a normal size, firm, mobile, painless, free vaults. The appendages are not palpable.

Diagnosis?

DUB reproductive period on the background of the Navy. IDA. Adenomyosis?

1. The patient 48 years old, will have surgery for multiple uterine fibroids 18 weeks of pregnancy. He complains of weakness. Last 6 months copious notes and prolonged menstruation. Skin, visible mucous membranes pale, pulse 84 beats per minute. BP 110/60 mm Hg. Hemoglobin - 76 g / l. Diagnosis?

Multiple uterine fibroids. Menorrhagia. Anemia.

1. A patient of 25 years, menstrual function is not impaired. I cook on laparoscopic surgery for a cyst of the right ovary, 5 months ago diagnosed by ultrasound. Delivered to the "fast" complaining of sharp pains in the abdomen, more on the right, which arose suddenly when climbing out of bed. The temperature is normal, when the two-handed investigation of the vagina, the cervix is ​​unremarkable in the right appendages determined rounded education, douth elastic consistency, sharp pain in the study, limited mobility, up to 8 cm in diameter, the vaults are free, mucous discharge.

Diagnosis?

The swelling of the right ovary. Torsion legs surround the formation of the ovary?

1. Patient 49 years. Complaints about frequent hot flushes to the head and neck (more than 20 times a day), sweating, palpitations, irritability, nervousness, insomnia, loss of efficiency. From accompanying diseases: chronic cholecystitis, chronic colitis, obesity. The last 7 years was suffering from premenstrual syndrome. Last menstrual period: 8 months ago. Diagnosis?

Climacteric Syndrome.

1. Patient 32 years old, he complained of dragging pain in the abdomen, more on the right. Pain concerned within 3 months. From history: 15 years of menstruation, for 4-5 days, painful. Last 6 months observes irregular menstruation. The sexual life from 18 years, one birth, two artificial honey. abortion. Repeatedly treated permanently on the inflammation of the uterus. When two-handed investigation: the body of the uterus and left appendages unremarkable. In the field of education is determined by the right-wing appendages rounded shape up to 6 cm in diameter, painfull palpation, mobile. The ultrasound study: in the projection of the right ovary - the formation of single chamber, with a thin capsule with a homogeneous content.

Diagnosis?

Cyst of the right ovary? Serous cystadenoma?

1. Patient 34 years old, he complained of pain in the abdomen aching. From history: 14 years of menstruation, for 4-5 days in the past 2 years - painful, moderate, regular. During the year concerned aching pain in the abdomen, worse before and during menstruation. When two-handed investigation: the body of the uterus and appendages right unremarkable. To the left and behind the uterus to determine the production of up to 5 cm in diameter, douth elastic consistency still soldered to surrounding tissues, painful on palpation. When viewed over time there has been some increase in the size of education on the eve of menstruation. The ultrasound study: in the left ovary formation with indistinct contours, thicker shell, one-part, up to 5-6 cm in diameter.

Diagnosis?

Endometriod left ovarian cyst.

1. Patient 28 years complained of abdominal pain over left aching. From history: 2 months ago medical abortion in term of 9-10 weeks, complicated by post-abortion endometritis. Within a month, concerned about pain in the abdomen aching. When two-handed investigation: the body of the uterus and right appendages are not changed. In the field of education is determined by the leftist appendages rounded, soft elastic consistency to 5-6 cm in diameter, painless on palpation. The ultrasound study: in the left ovary - single chamber formation, with a dense capsule with a suspension of up to 5 cm in diameter.

Diagnosis?

The tumor of the left ovary. Endomerioid cyst?

1. Patient 35 years. Complaints of abdominal pain, more on the right, pulling character. From history: 15 years of menstruation, established 1.5 years, heavy and painful. Because of an illness marks a chronic inflammation of the uterus. Pain concerned for 3 years, 6 months. - Intensified. When two-handed study: the uterus and left appendages unremarkable. In the right appendages determined rounded education, soft elastic consistency to 8-9 cm in diameter, painless on palpation. The ultrasound: the uterus and left ovary was normal, right ovary is defined as a separate anatomical education, next to him - is determined by the formation of a thin-walled liquid homogeneous contents, round up to 8 cm in diameter.

Diagnosis?

Parovarian cyst on the right.

1. Patient 51 years. Complaints about the hot flashes and redness of the head and the upper body up to 10 times a day, increased sweating, insomnia, irritability, tearfulness, episodic rises in blood pressure. From history: comorbidities: obesity 2 tbsp, Chronic cholecystitis. Last menstrual period 1.5 years ago. Gynecological diseases were not. The above complaints appeared a year ago, have intensified in recent months.

Diagnosis?

Climacteric sindrome, Obesity II.

1. Patient 57 years. Complaints of itching in the vagina, dryness and burning in the vagina, pain during intercourse, frequent urination. Last menstrual period of 7 years ago. Inspection by means of mirrors - the walls of the vagina and cervix are dry, with petechiae, bleed easily when touched. When two-handed vaginal-abdominal study the body of the uterus and appendages normal.

Diagnosis?

Climacteric with th. Senile colpitis.

1. Patient 49 years old, she complained of bleeding from the genital tract after sexual intercourse. In the history of pregnancies 5: 2 and 2 birth abortion. 2nd births complicated fractures cervical stitches. Abortion without complications. Gynecologist attended regularly. The last time was 6 years ago. Gynecological status external genitalia are developed correctly. Inspection by means of mirrors: the walls of the vagina clean. The cervix is ​​enlarged, deformed scar. On the front lip of the cervix has a hummocky tumor as "cauliflower», 2x2 cm, bleeds when touched. When two-handed vaginal rectal examination of abdominal body of the uterus of normal size, area of ​​appendages painless ulcer ampoule is free, mobile mucosa, infiltrates and tumor formation in the pelvis there.

A presumptive diagnosis?

Cancer of the cervix. Exophytic form.

1. Patient 32 years, appealed to the antenatal clinic with complaints of dark bloody discharge from the genital tract for 3-5 days before menstruation, and pain in the lower abdomen during menstruation. These symptoms appeared in her last year. Sex life 22 years. 3. 1 pregnancies ended in normal delivery, 2 other pregnancy abortion on request. From gynecological diseases marks the erosion of the cervix, after giving birth, was treated diathermocoagulation. Gynecological status when viewed with the help of mirrors on the cervix, and a few traces of coagulation "eyes" blue purple color. When two-handed study - the cervix is ​​normal density, the uterus spherical, painless, slightly more than the norm. The appendages are not palpable.

A presumptive diagnosis?

Internal endometriosis (uterine). Endometriosis cervix.

1. Patient 25 years, brought by ambulance to the gynecology department complaining of severe cramping in the lower abdomen. Menstruation from 13 years, 4 days after 21 days of regular, painless, moderate. Last normal menstrual period was 3 months ago. Sex life to 20 years. Pregnancies 5: 2 births and 3 at the request of abortion without complications. Gynecological diseases denies. A month ago, the patient made abortion in term of 8 weeks in the hospital. The patient was discharged on the second day in a satisfactory condition. As alleged menstrual period were aching pain in the abdomen, which intensified, turned into a cramping. When two-handed examination of abdominal vaginal vagina giving birth, jaws closed, the cervix normal density. The body of the uterus is increased to 12 weeks of pregnancy, soft elastic consistency painful. The appendages are not palpable. The vaults are free.

Diagnosis?

Molar pregnancy? Pregnancy 12 weeks, the threat of a miscarriage?

1. The hospital received a woman 68 years old with complaints of bleeding from the genital tract. Selections disturb a woman for the past 8 months, but the doctor did not apply, because at first they were scarce and brief. But three days ago isolation reappeared and were abundant, with clots. From history we know that the menstrual period was 14 years, for 4-5 days, after 30 days, mild, painless. The last normal menstrual period at age 50. Postmenopausal period is less than 18 years. Sexual life lived to 32 years, there were no pregnancies. He suffers from hypertension and obesity. When viewed with the help of mirrors found small, clean cervix. Because cervical scant of bleeding. The walls of the vagina "juicy". When two-handed investigation of the vagina narrower, nulliparous women, the cervix - cone-shaped movement cervix painless. The uterus is slightly more the norm, normal consistency. The appendages are not palpable. The vaults are free. When rectal-abdominal study infiltrates in the pelvis there.

Diagnosis?

Cancer of the endometrium.

1. Patient 32 years old taken to hospital complaining of sharp pains in the abdomen cramping in nature. The pain came after the act of defecation in the morning, accompanied by faint and dizzy, dizziness, vomiting. From history we found that menstruation for 3-4 days, after 28 days, painless, regular, not abundant. Sexual life during the past 3 years. Pregnancy 1 2 years ago ended in normal delivery. Last menstrual period came in the expected time, but is accompanied by pain and a sense of "nausea", and within 2 weeks of bleeding does not stop, lean, dark spotting. Belly distended, tense, sharp pain in the lower divisions, with percussion - dulling the sound in the lower divisions. When viewed with the help of mirrors - the walls of the vagina and cervix cyanotic. Because cervical scant of bleeding. When two-handed vaginal-abdominal study vagina giving birth, movement neck sharply painful. The uterus is enlarged up to 5 weeks of pregnancy, soft. In the right appendages "dough" leftist appendages unremarkable. Rear arch bulges. Diagnosis?

Termination of ectopic pregnancy by type of pipe rupture.

1. Patient 60 years, was admitted with complaints of bleeding from the genital tract. Selections worried sick not constant over the last 3 months. To the doctor did not apply and no treated. In history - ISM at the age of 50 years postmenopause 10 years. 2 pregnancies were ended urgent delivery without complications. The 30-year-old was treated on the inflammation of the uterus. Because of objective data noteworthy overweight (100 kg with height 160 cm), increased blood sugar up to 8 mmol/l, arterial hypertension 150/70 mmHg. Art. At gynecological examination revealed no pathology.

A presumptive diagnosis?

DUB postmenopausal. C-r of the endometrium? Obesity 3 tbsp. Type 2 diabetes.

1. Patient 32 years old taken to hospital in a grave condition with complaints of abdominal pain, vomiting, urinary retention and gas. Pain cutting nature, began the night was brief loss of consciousness. From anamnesis regular menstruation, painless. ISM 2 weeks ago, I came in time. Pregnancy - 2, ended urgent delivery. Through the abdominal wall is palpated tumor with unclear contours in the left half of the abdomen during the inspection of the external genitalia and cervix using mirrors and walls of the vagina revealed no pathology. When two-handed vaginal-abdominal study found that giving birth the vagina, cervix thick cylindrical jaws closed, the uterus in anterversio-flexio, increased slightly, limited mobility, sharply painful on palpation. Through the left side is defined by a set of lower pole of the tumor, 10x12 cm, tugoelasticheskoy consistency, sharp pain when moving. The vaults are free.

Diagnosis?

Ovarian tumors (cystadenoma?). Torsion leg tumor?

1. Patient 45 years old, was admitted to the gynecology department with complaints of bleeding from the genital tract. Menstruation from 14 years for 4-5 days in 28 days, mild, painless. ISM was 2 years ago. Sex life 22 years. Pregnancies 4: 2 resulted in normal births, 2 abortions on request without complications. These gynecological diseases denies. The patient feels for 2 years, when the episodes of the delay menstruation for 2-3 months, followed by bleeding. On bodies without pathology. In the analysis of the blood hemoglobin of 80 g / l. At gynecological examination revealed no pathology, but discharge from cervical blood, abundant.

A presumptive diagnosis?

DUB reproductive period. Anemea.

1. Patient 45 years, appealed to the urologist with complaints of frequent urination. Recommended consulting gynecologist. Menstruation from 11 years, once established, for 3 days, 30 days, mild, painless. The last 2 years of menstruation became abundant within 7 days. Sex life to 18 years. 2-1 pregnancies childbirth, 1 abortion without complications. From gynecological diseases noted postpartum endometritis, he was treated in a hospital, and an increase in the uterus to 6 weeks. At gynecological examination with the help of mirrors revealed scar deformation of the cervix obstetric tears, ectropion, cervical increase in volume. When two-handed vagina to the uterus abdominal survey increased to 14 weeks of pregnancy with multiple nodes on the front wall of different diameter, one of the nodes in D-8 cm. Appendages palpable. The vaults are free. Spin-mucous. Diagnosis?

Multiple uterine fibroids with symptoms of compression of the pelvic organs (bladder). Ektoropion cervix.

1. Gynecology department delivered a sick 60 years, complaining of pain in the left groin and left thigh, especially at night. The pains are "biting" character. Urination is accompanied by pain. The act of defecation difficult. The urine and feces blood is present. Sick for over a year. To the doctor did not address. The patient is exhausted .. through the abdominal wall into the hypogastric region palpated dense formation without clear contours, motionless. Gynecological examination: inspection using mirrors, shortened vagina. The dome of it in place of the cervix can be seen from the crater necrotic plaque. Vaginal discharge has a color "meat slops" in the two-handed abdominal vaginal-rectal examination: the vagina is narrowed, infiltrated the walls, on the site of the neck of the crater with black edges. The pelvis is determined conglomerate tumor dense consistency, reaching to the wall of the pelvis on both sides, still sensitive. In the parameters of the two sides infiltrates reaching the walls of the pelvis.

Diagnosis?

Cancer of the cervix.

1. Patient 47y.o. He received gynecology department with complaints of bleeding from the genital tract, disturbing patients within 3 weeks. Bleeding occurred after 1.5 month delay menstruation. Sometimes hot flashes bother. Somatically not burdened. Menstruation at age 12 established a year later, on 4-5 days in 28 days, mild, painless. During the past 10 months there has been a delay of menstruation, and then profuse and prolonged. Bleeding. To the doctor did not address. Examined: the right physique. Inspection by means of mirrors: the walls of the vagina and cervix clean separation blood in small amounts. When two-handed investigation neck cylindrical shape. The uterus is not enlarged, the outer jaws closed. Appendages unremarkable. A presumptive diagnosis?

DUB perimenopausal period. Climacteric with th. Anemea.

1. Patient 36 years old, went to the doctor the antenatal clinic with complaints of heavy menstruation. Menstruation from 10 years, established at once (for 5 days, the cycle is 21 days), mild, painless. Last year at 7-10 days of menstruation, heavy. There were 2 of pregnancy: two induced abortions ended without complications. First, six years ago, it was found hysteromyoma 6-7 weeks. It is registered at the gynecologist. In the last year it became the deteriorating state of health, weakness after menstruation. Six months ago fibroids corresponded 9 weeks of pregnancy. Gynecological examination: external genitalia are developed correctly. Inspection by means of mirrors: the walls of the vagina and cervix are clean, with two-handed examination of the uterus until 12-13 weeks of pregnancy, nodular, painless. The appendages are not increased. Discharge bloody, moderate.

Diagnosis?

Uterine fibroids. IDA.

1. The patient 50 years old was admitted to the gynecology department with complaints of bleeding from the genital tract. With 45 years marks the increased blood pressure to 170/100, the sugar found in the blood of 7 mmol / L. weight - 95 kg, height 158 ​​cm. Menstruation from 15 years, established a year later, on 5 - B days (cycle of 28 days), moderate, painful. The last normal menstrual period two years ago, in recent years, suffering from menstrual bleeding after a delay of 2-3 months. Gynecology found to increase up to 9 weeks of pregnancy dense nodular uterine appendages on both sides are determined. Because cervical moderate spotting. The hospital performed the hysteroscopy and separate diagnostic curettage. Scrapings were sent for histological examination for which there was glandulocystica endometrial hyperplasia with atypia areas.

Diagnosis?

DUB menopause. Atypical endometrial hyperplasia. Multiple uterine fibroids. Type 2 diabetes. GD II. Obesity III st.

1. The patient 47 years old was admitted to hospital complaining of cramping abdominal pain and bleeding from the genital tract. In the last year of menstruation for 7 - 10 days, heavy with clots, painful. There were 3 of pregnancy: the first two ended in induced abortions without complications, and the third - an operation on the right-tubal pregnancy (surgery: laparotomy for Pfannenstiel, right-tubektomiya) .On the neck on the front lip of flushing up to 3 cm, when touched does not bleed. Two-Handed abdominally-vaginal examination: vaginal nulliparous women. Cervix conical neck movement painless. Uterus increased to 6-7 weeks of pregnancy, non-uniform consistency. Appendages to the right is not defined, the left tight, sensitive to palpation. Discharge bloody. Moderate.

The preliminary diagnosis?

DUB premenopausal period. Submucosal fibroids. Ectopic cervix. Chr. left-sided salpingo.

1. Patient 37 years, turned into a joint venture with complaints of weakness, dizziness, dragging pain in the abdomen, decreased ability to work, minor bleeding from the genital tract. Menstruation from 13 years, once established (3-4 day cycle of 28-30 days), moderate, painful. Sex life 23 years. It pregnancies 6: 2 of them ended urgent delivery, 4 - induced abortions. During the last 2 years, the patient changed menstrual cycle, duration of 7-8 days there was tenderness. After menstruation appears weakness, dizziness. Inspection by means of mirrors: the walls of the vagina and cervix clean, allocation bloody, two-handed minor under investigation vagina - women giving birth. The neck is cylindrical in shape, movement sensitive neck. The uterus 10-11 weeks of pregnancy, dense, hilly painless. Appendages unremarkable. The vaults deep.

The preliminary diagnosis?

Multiple uterine fibroids. Submucous node? IDA.

1. The patient 38 years old with a history of childbirth, abortion without complications. He admitted to the hospital with complaints of delay menstruation for 6 weeks, aching pain in the abdomen, bleeding from the genital tract for 2 days. The condition is satisfactory, pulse 96 beats per minute, rhythmic, blood pressure 110/60 mm Hg, the abdomen is soft, somewhat painful in the lower divisions. At gynecological examination vaginal mucosa and cervix cyanotic from the cervical canal small amount of bleeding, the displacement of the cervix painful uterine body corresponds to 5 weeks of pregnancy, soft, outer mouth passes fingertip. Left epididymis unremarkable right thickened, swollen, painful, vaults available. The temperature of 36.7, leukocytes 7.0 x! 0 l hemoglobin 100 g/ L.

A presumptive diagnosis?

Ectopic pregnancy. Interrupt type of tubal abortion. Anemia.

1. A woman 28 years old, with chronic bilateral salpingo history, was carried in a hospital abortion on request during pregnancy 6 weeks, received scant scraping, which found decidual tissue without chorionic villi. On the 7th day after the abortion were cramping the right lower abdomen radiating to the rectum, increased bleeding from the genital tract. The general condition is satisfactory, pulse 74 beats. per minute, blood pressure 110/60 mm Hg., the temperature of 36.8. while two-handed vaginal - examination of abdominal body of the uterus a few more than the norm, in the right appendages is determined by education without clear contours, doth consistency, sensitivity in a study of cervical moderate amount of bleeding dark, vaults available.

A presumptive diagnosis?

Ectopic pregnancy. Interrupt type of tubal abortion.

1. Patient 24 years old, brought to the gynecological department of the ambulance with complaints of bleeding from the genital tract on the background of a 2-week delay menstruation, dragging pain in the abdomen during the day. Hb 85 g|l. Menstrual function without singularities. 2 In the history of preterm birth by caesarean section. On examination revealed: the vagina there is a complete partition, two of the cervix without apparent pathology. Selections blood with clots, abundant. Right uterus somewhat overweight, myagkovata consistency. Left uterus is not enlarged. Area appendages palpation without singularities.

Your diagnosis?

Forked uterus. Uterine pregnancy in the right uterus. Which began in a small term abortion. Moderate anemia.

1. Gynecological hospital patient received 54 complaints of irregular bleeding from the genital tract within 1 year. In history - 14 years of menstruation, regular, for 3-4 days, after 30 days. ISM - 4 years ago at the age of 50 years. Menstrual irregularities not previously noted. 2 years ago it was bleeding, which produced over separate diagnostic curettage. The scrapings histologically found glandulocystica endometrial polyps. During the 4 months treated with hormones – OPK 17 12.5% ​​250 ml 2 times a week, in / m. During treatment and up to now there was no spotting. Now again disturb the meager nature of bleeding. When two-handed examination of the uterus is small, mobile, painless.

Diagnosis?

Recurrent endometrial hyperplasia.

1. Patient 37 years old, I went to the doctor complaining of pain in the postoperative scar and bleeding from it, especially before and after menstruation. In addition, it bothered abdominal pain, more on the right. The patient noted that the last 4 years of menstruation became more plentiful, sharply painful and prolonged (7-8 days, the cycle is stored) sexual life from 22 years old, I had 5 pregnancies, including 2 of timely delivery, 3 artificial abortion. I have repeatedly appealed to the doctor with complaints of pain in the postoperative scar and bleeding from it before and during menstruation. In this regard, it conducted anti-inflammatory treatment, appoints the heat on the scar. Improvement does not occur. According to the patient the pain intensified after physiotherapy. In the interior of postoperative scar dense painful nodules. The scar and the skin over them bluish color. Gynecological examination: cervix clean, mucous discharge. The uterus is a dense, increased. To the right and rear of the formation of painful uterine 8x8 cm, limited mobility.

Diagnosis?

Adenomyosis. Endometriosis postoperative scar. Endometrioid cyst of the right ovary.

1. Patient M., 24 years old, went to the doctor the antenatal clinic with complaints of whites and contact spotting. 3 months ago, there were whites and contact bleeding selection. In the mirror: the cervix subkonical form. The surface of the mucosa around the external os bright red, granular, mucous-covered puruloid selection, 2x2 cm, bleed easily when touched. Palpable cervix is ​​normal consistency, the outer jaws closed. Selections bleach mixed with blood.

Diagnose?

Pseudo cervical endocervicitis.

1. Patient A., 29 years old, was admitted to the gynecological clinic with complaints of fever, general weakness, pain in the abdomen. There were 4 of abortion. Last abortion prodused 8 days ago. The patient was discharged from the hospital the day after the abortion. In the mirror: the cervix and vagina mucozae clean. In the vagina puruloid whites. From servicale channel depart abundant pus. PV: the vagina birth women. The cervix is ​​a cylindrical form, usually konsistentsiy, the outer jaws closed. The body of the uterus a few more than normal, soft consistency, tenderness and bias-NII. Free vaginal vault, deep. Appendages on either side of the "e palpable. Diagnose?

Acute metroendometritis.

1. The patient, 36 years old, brought the machine "emergency" in the Gynecological hospital. Complaints on admission to sudden abdominal pain, chills, fever up to 38-38,8°C, general weakness, headache bol. Was 4 abortion, complicated by repeated Last cuyretaje (removed the remains of the ovum) and inflammation at-Datca. A few days ago after hypothermia had constant abdominal pain, fever with sweating, increased body temperature to 38 ° .In the mirror: the cervix and vaginal mucosa clean. In the vagina - whites puruloid nature in a small amount.

Diagnose?

Adneksita aggravation of left-hand drive.

1. The patient, 38 years old, was admitted to the hospital with complaints of constant pain in the abdomen, radiating to the back, incraese temperatures up to 38 °C. A few months after the onset of sexual activity he suffered inflammation of the uterus, about which treatment hospital. In the future, an inflammation of appendages are often exacerbated with each relapse treatment sick in the hospital, where she twice made puncture the posterior vaginal fornix (in punctate contained pus), introduced antibiotikal. Last aggravation began shortly after menstruation: appeared persistent abdominal pain radiating to the back, with chills, sweating, increased body temperature to 38 °, headache. When vaginal study found, the right and posterior to the uterus is determined by the formation of sizes 12x7 cm, dense, rough, sharply limited in mobility, painful.

Diagnose?

Adnekstumor right.

1. Patient P., 32 years old, was admitted to the gynecology department complaining of severe abdominal pain, fever, nausea, weakness. Two weeks ago, there has been a casual sexual intercourse. Acutely ill, there were abdominal pain, fever, profuse sweating, the temperature rose to 39,5°C. In the mirror: the cervix cylindricale shaped net, slit-shaped jaws, vaginal mucosa pale pink, moving away from the cervical canal pus-like discharge. PV: external genitalia are developed correctly. Cervix elastic consistency, the outer jaws closed, the displacement of the cervix painful vaginal vault deep. Palpate the uterus and appendages can not be due to the stress and pain in the anterior abdominal wall.

Diagnose?

Acute bilateral inflammation of the appendages, pelvioperitonit.

1. Patient S., 31 years old, was admitted to the gynecology department complaining of sharp pains in the abdomen, feeling of fever, chills, weakness. Periodically bothered whites puruloid nature, and therefore used vagaynae balls and douching disinfectants. When PV: the right and left in its appendages are determined by tumor formation without clear boundaries, tight-elastic consistency, intimately welded to the uterus, fixed sharply painful on palpation. With the opening of the abdominal cavity revealed: turbid effusions, flushing of the parietal and visceral peritoneum, normal size uterus, ovaries conventional kind. Fallopian tubes are represented piosalpinks perforated, ampullar ends were welded to the rear surface of the uterus.

What diagnosis would you set up and during the operation?

Break piosalpinks. Peritonitis.

1. Patient A., 30 years old, was admitted to the gynecology department complaining of aching abdominal pain radiating to the back, increase in body temperature up to 37,8 °, leucorrhea yellow green. He considers himself a patient for a week. In the mirror: the vaginal mucosa pale pink, the cervix is ​​a cylindrical mouth of slit-shaped, there is swelling and redness around the external cervical os of the cervical canal depart puruloid whites. PV: The appendages on both sides increased, spikes, painful on palpation. Vaginal vault deep painful, puruloid selection.

Diagnose?

The aggravation of bilateral adnexitis specific etiology.

1. Patient S., 25 years old, went to the doctor complaining of a joint venture with abundant foamy whites with an unpleasant odor, burning, itching of the external genitals and a feeling of heaviness in the vagina. Sick for a week. Two weeks ago, I had a casual sexual intercourse. In the mirror: there is a sharp giperemiye vaginal mucosa, bright red blotch in the upper part, as well as severe maceration of the epithelium. Posterior vaginal vault has a cluster of yellow pus greenish liquid consistency, foam type. Such discharge is defined in the outer throat of the cervix and the outer part urinari channel.

Diagnose?

Trichomonas colpitis.

1. Patient P., 27 years old, went to the doctor complaining of a joint venture with discomfort in the vagina, a burning sensation, itching, leucorrhoea. He considers himself a patient for 5 days. Postponed gynecological diseases denies. In the mirror: the vaginal mucosa and cervix sharply hyperemic, edematous. Against this background, there are whitish coating, which can be easily removed with a gauze ball, and the allocation of cheesy kind. In the study of vaginal smears found fungus genus Candida.

Diagnose?

Vulvovaginal candidiasis.

1. Patient K., 29 years old, was admitted to the gynecology department with complaints of infertility for 4 years, general weakness, sweating, temporary increase in body temperature up to 37,2-37,5 °, periodically notes pains in the abdomen aching. Menstruation from 13 years, established immediately (5-6 days, the cycle of 28 days), abundant, painful. In the last 3 years menstruation steel sometimes delayed for 5-10 days. 2 years after the onset of sexual activity made hysterosalpingography infertility. Pipes were impassable, view them on the radiograph beaded. In the mirror: the vaginal mucosa pink, the cervix is ​​conical in shape, clean, shed dot. Discharge light. PV: Uterus, sizes smaller than normal, thick, mobile and painless, it is in the correct position. In the appendages on both sides are determined seal (knotted) areas.

Diagnose?

Chronic bilaterale adnexitis. Primary infertility.

1. Patient I., 46 years old, was admitted to the gynecology department with complain bleeding from the genital tract. Menstruation from 14 years, established immediately (4-5 days, the cycle of 28 days), mild, painless. The last 2 years menstruale cycle is broken: the interval between periods of 2-3 months. Fifteen days ago the patient after two months of absence of menstruation began bleeding that lasts until this time. In the mirror: the vaginal mucosa and cervix clean outer mouth slit-shaped. Selections blood, obilnye.

Diagnosis?

DUB menopause.

1. Patient N., 15 years old, was admitted to the gynecology department with complaints of heavy bleeding from the genital tract, weakness, dizziness. Menstruation from 15 years, the first 4 months of regular (3-4 day cycle of 28 days), mild, painless. Ill 8 days ago when, after a 2-month absence of menstruation appeared moderate shdedennya blood from the genital tract. In the following days, the amount of bleeding was growing, there were weakness, dizziness. On examination of the external genitalia is marked hypoplasia of the large and small labia, pubic body hair on the female type. The hymen is not broken.

Diagnose?

DUB juvenile age.

1. Patient G., 29, turned to the gynecologist with complaints of irritability, tearfulness, headaches, dizziness, nausea, sometimes vomiting, pain in the heart, seizures thahicardio, breast engorgement, memory loss, flatulence. All these symptoms appear within 6-14 days before menstruation and desappear before or during the first days of her. Menstruation from 14 years, once established (3-4 day cycle of 28 days), mild, painless. Considers that sick for 3 years when, after a head injury appeared above symptoms. Intensity of them in the last 6 months has increased dramatically. The patient in these days of disability.

Diagnose?

Premenstrual Syndrome.

1. Patient A., 30 years old, went to the doctor for a joint venture health certificate for the trip to Turkey. No complaints. Menstruation from 11 years, established at once (for 7 days, the cycle is 30 days), mild, painless. Sexual life is 20 years. Pregnancy has not been (pregnancy birth control). From gynecological disease he suffered an acute inflammation of the appendages, was treated in hospitale: conducted anti-inflammatory therapy (receiving antibiotics). PV: external genitalia are developed correctly. Vagina nulliparous women. The cervix forms subkonic net. The uterus is enlarged to 6 weeks of pregnancy, thick, mobile, painless. On both sides of the dense palpable epididymis. Spin-mucous, moderate.

Diagnose?

Uterine fibroids. Chronic 2 sided adnexitis.

1. Patient B., 36 years old, went to the doctor complaining of a joint venture with heavy menstruation. For the first time uterine fibroids was discovered six years ago, the uterus was increased to 6 weeks of pregnancy. All this time the patient was registered at the gynecologist. In the last year it has become a mark heavy menstruation, she complains of feeling unwell, weakness. Last time at the gynecologist was six months ago (the value corresponds to fibroids 9 weeks of pregnancy). Ten days ago, I started menstruating, which continues to presentle time. PV: The uterus is increased to 10 weeks of pregnancy, thick, mobile, painless. Selections blood, abundant.

Diagnose?

Symptomatic uterine fibroids.

1. The patient, 46 years old, appealed to the urologist with complaints of frequent urination. Was examined, pathology of the urinary tract was found. Recommended consulting gynecologist. Menstruation from 10 years, established at once (for 3 days, the cycle is 30 days), mild, painless. The last years of menstruation to 7 days abundant. Underwent gynecological disease: postpartum endometritis, myoma. PV: The uterus is increased to 14 weeks of pregnancy, with many fibroids from the uterine wall frontal node comes up to 8 cm in diameter. Spin-mucous, moderate.

What is the diagnosis of the doctor put the joint venture?

Nodosum uterine fibroids.

1. Patient G., 47 years old, was admitted to hospital complaining of cramping abdominal pain and bleeding from the sexy ways. Last year, menstruation became more plentiful, according to the patient, to 2 times a month, painful. Notes weakness, malaise after menstruation. Menstruation from 10 years, established at once (for 7 days, the cycle is 21 days), mild, painless. In the last year menstruale 7-10 days. PV: The uterus is increased to 6-7 weeks of pregnancy, non-uniform consistency. Discharge bloody, moderate.

Place a preliminary diagnosis?

Symptomatic uterine fibroids.

1. Patient D., 50 years old, went to the doctor the antenatal clinic complaining of aching pain in the abdomen, but on the left. On routine inspection discovered 14 years ago, uterine fibroids (up to 6 weeks of pregnancy). The patient was under supervision gynecologist, but the last 2 years did not apply to the doctor; 2 years ago uterine fibroids increased to 10 weeks of pregnancy. During the same two years has been to celebrate the nagging pain in the abdomen. Menstruation from 11 years established at once (for 7 days, the cycle is 28 days), mild, painless. In recent years, menstruale become more abundant and painful, last menstrual period occurred in "period. PV: The uterus is increased to 14 weeks of pregnancy, with multiple myoma nodes, dense, lively, slightly painful on the left edge. Spin-mucous, moderate.

What is the diagnosis of the doctor put the joint venture?

Nodosum uterine fibroids.

1. Patient J., 52, delivered a machine "emergency" in guineas-nvironmental hospital with heavy bleeding. Uterine cancer was discovered six years ago, in line with the increase in the uterus 10 weeks of pregnancy. The patient was put on the register. After 2 years at the next turnout in the joint venture uterine fibroids corresponded pregnanse 14 weeks. The doctor suggested that the joint venture patient surgery, which she flatly refused. During the last 6 years of menstruation became longer and more abundant, there were nagging ache in the lower abdomen. Abdomen soft, painless. Through the front wall abdominal palpable uterus myoma with multiple nodes, dense, painless. The increase corresponds to the uterus 32 weeks of pregnancy. Frequent urination, without cramps; symptom Pasternatskiy negative on both sides. The patient was the lack of chairs for 3-4 days. PV: Uterus myoma with multiple nodes corresponds to 32 weeks of pregnancy, mobile painless. Discharge from the genital tract blood, abundant.

Place a preliminary diagnosis?

Symptomatic uterine fibroids.

1. The patient, 40 years old, was admitted to the gynecology department of the hospital with complaints of pain in the lower abdominal cramping and profuse discharge from the genital ways. Believes yourself sick for 4 years when the mark has become heavy menstruation with blood clots, cramping bottom stomach. The last 2 years through 15-16 days, profuse, clotted blood, painful. After menstruation marks weakness, malaise, flashing "flies" in front of his eyes. Sexual activity is 35 years old, not married. PV: Vagina-nulliparous women. Of the cervical canal comes node fibroids 3 cm in diameter on a thin stalk. The uterus is the size of a little more than normal, dense, painless. Appendages on both sides are determined, the area of ​​their painless. Discharge bloody, copious.

Place the diagnosis?

Nascent submucous myoma node.

1. Patient S., 32 years old, went to the doctor complaining of SPS dark bleeding from the genital ways day before menstruation. Menstruation at age 12, once established (3-4 day cycle of 29 days), mild, painless. Sexual life is 26 years. PV: The vagina of women giving birth. The cervix has a cylindrical shape is not deformed. The outer jaws closed. On the cervix visible nodules, little kistozae Education purple-blue. Of the individual tumor depart dark, bloody, meager selection. Uterus spherical shape, larger than the norm, painless on palpation. The appendages are not defined. Zone of painless.

Place a preliminary diagnosis?

Adenomyosis of the uterus.

1. Patient N., 37 years old, went to the doctor complaining of a joint venture with pain in the postoperative scar and bleeding from it, especially before and after menstruation. In addition, it bothered abdominal pain, more on the right. Menstruation from 13 years, once established (3-4 day cycle of 28-30 days), mild, painless. The woman said that the last 4 years of menstruation became more plentiful, painful sharply and long (6-7 days, the cycle is the same. In the interior of postoperative scar palpated dense, painful nodules. The scar and the skin over them cyanotic. PV: Uterus normal size, firm, painless. On the left appendages are not determined, the right rear of the uterus palpable painful education 7h8h6sm sizes, limited mobility. vaginal vault deep. Discharge from the genital tract mucous.

Diagnose?

Endometroidnaya ovarian cyst. Endometriosis postoperative scar.

1. Patient M., 38 years old, appealed to the JV complaint weakness, dizziness, dragging pain in the abdomen, decreased ability to work, minor selektion blood from the genital tract. She considers herself a patient in the last 1.5 years, when appeared painful, heavy and time-consuming menstruale. To the doctor did not address. Menstruation with. 13 years, once established (3-4 day cycle of 30 days), moderate painful.V over the past 1.5 years, the patient changed menstruale cycle. The duration of menstruation increased to 7-8 days, after 28-30 days, they have a sharp pain in the first days abundant. After menstruation, the patient has a feeling of weakness, dizziness. PV: The body of the uterus is increased to 10-11 weeks of gestation due to multiple fibroids. Uterine palpation painful. The appendages are not defined, the zone of their painless. You are a bloody division, smearing.

Place a preliminary diagnosis?

Uterine fibroids. Adenomyosis of the uterus.

1. Patient B., 25 years old, was admitted to the gynecology department for abortion. Menstruation from 14 years, established immediately (4-5 days, the cycle of 28 days), painless, moderate. Last normal menstruation was 2 months ago. Sexual life is 20 years. There were two pregnancies: first over the normal fixed-term birth (the baby weight 3500 g), the second induced abortion (10 weeks period). After abortion within 3 days kept the temperature of 37,5 °, sick underbelly. Regarding the exchange rate of endometritis patient received penicillin, intramuscular injections of calcium gluconate and oxytocin. PV: The uterus is positioned correctly, soft consistency, mobile, painful, increased to 10-11 weeks of pregnancy. Of the uterus on both sides are determined, the area of ​​their painless. Vyde-ment slimy, bright.

Diagnose?

Pregnancy 10-11 weeks.

1. Patient I., 25, delivered the night machine "emergency" in the gynecology department complaining of severe abdominal pain bout brezny. Menstruation from 13 years, established immediately (4-5 days, the cycle of 21 days), painless, moderate. Regular cycle. Last normal menstrual period was 3 months ago. Sexual life is 20 years. Married. There were five pregnancies. Last abortion was performed 1 month ago (8 weeks gestational age). The patient was discharged on the 2nd day after the operation in satisfactory condition. Feel good, temperache body was normal. In the period of the alleged absent menstrual vaginal bleeding, but there were aching pain in the abdomen, which intensified during the night, began cramping. The patient has caused "first aid" and was hospitalized. PV: The uterus is located in the center of a small basin, rounded, douth elastic consistency sharply painful on palpation, increased to 12-13 weeks of pregnancy, mobile. Appendages on both sides are determined, the area of ​​their painless. Vaginal mucous and bright.

Place the diagnosis?

Cervical atresia, hemometra.

1. Patient I., 32 years old, applied to the joint venture with complaints about the meager amount of bleeding after abortion within 1 month. Menstruation from 14 years, established immediately (4-5 days, the cycle of 21 days), mild, painless. Last normal menstruatsion was 3 months ago. Sexual life is 20 years. There were five pregnancies, two of which resulted in normal births; three induced abortions without complications. After the last abortion (term pregnance 8 weeks), which did not give complications, was discharged from the hospital within 1 day in satisfactory condition, with normal body temperature bleeding and vaginal discharge. After discharge bleeding meager allocation continues to present time intermittently. PV: The body of the uterus is correctly positioned, movable, painless, the size of a few more than normal. Of the uterus are not defined, the scope of their painless. Free vaginal vault. Selections bleeding, lean, dark, during the investigation intensified.

Diagnose?

Placental polyp state after abortion.

1. Patient S., 41 years old, was admitted to the gynecology department with complaints of bleeding from the genital tract in moderate amount. Menstruation from 14 years, established immediately (4-5 days, the cycle of 28 days), painless, moderate. Last normal menstruatsion was 2 months ago. Sexual life is 20 years, is married. Had nine pregnancies, three of them are over the normal fixed-term delivery without complications, six induced abortions in ran¬nie time without complications. Postponed gynecological diseases denies. After a 5-week delay menstruation began scant bleeding from the genital tract of dark color. Lower abdominal pain was not. I have addressed to the gynecologist clinic and was immediately hospitalized in a gynecological hospital. PV: The body of the uterus is soft, movable, painless, round, up to 10-11 weeks pregnance. Selections dark, blood, scarce.

Diagnose?

Pregnancy 10-11 weeks. Start of miscarriage.

1. Patient I., aged 38, appealed to the SP on the absence of menstruation for 8 weeks. Menstruation from 14 years, established immediately (4-5 days, the cycle of 28 days), mild, painless. Sexual life is 24 years. Married. I had four pregnancies, two of which ended in the normal fixed-term birth, and two induced abortions in the early stages without complications. After the first delivery of the cervix found "erosion." Due to the inefficiency of conservative methods treatment after a biopsy of the cervix did diatermoelektrokoagulyatsiyu ectopia. Other deferred gynecological diseases patient denies. In the last week the patient noted persistent aching pain in the abdomen. PV: the uterus is increased to 6-7 weeks of pregnancy dith elastic consistency. Bleeding from the vagina was not.

Diagnose?

Molar pregnancy pregnancy 6-7 weeks.

1. Patient S., 27 years old, applied to the joint venture with complaints of general weakness, shortness of breath, palpitations, cough n dark blood discharge from the vagina for 1 week. Menstruation from 14 years, once established (3-4 day cycle of 21 days), painless, moderate. Last normal menstruatsion was 5 months ago. Three months ago, there was a miscarriage of pregnancy 6-7 weeks, there have been scraping the uterine cavity, after which for 2 weeks lasted a scant dark wood selection. To the doctor did not address. Then after a 2-week delay menstruation addressed in the joint venture, which was diagnosed uterine pregnancy term of 7 weeks. Prodused curettage. The scraping elements of the ovum was found. After 1 week after scraping the wall of the uterus, the patient developed cough and shortness of breath. PV: In the area of ​​the vagina, on the right, in the thickness of its wall, in the subcutaneous tissue, the tumor was located node sizes 4x6x4 cm bilgest cyanotic, and necrotic ulceration of the surface coating. The thicker middle third of the vagina at rectovaginal study determenet second node tumor diameter and 3 cm. See cervix due to tumor sites failed. The uterus was increased to 14 weeks of pregnancy, had a soft texture, uneven surface. Discharge from the uterus dark, bloody, moderate.

What is the preliminary diagnosis?

Trophoblastic disease. Horionepitelioma.

1. Patient M., 40 years old, was admitted to the gynecology department in the direction of a physician joint venture. Patient complains of vaginal discharge is yellow. There were three pregnancies, one of which ended normal birth, while the other two - induced abortions (dates 8 and 10 weeks) without complications. In the mirror: the vagina - the laboring woman. Vaginal mucosa hyperemia. On the back lip of the cervix are whitish areas with clear contours. PV: The cervix is ​​a cylindrical shape. The body of the uterus of normal size, movable. Area appendages free painless. Vaginal discharge yellow foam.

Diagnose?

Leukoplakia servical uterus

1. Patient B., 45 years old, applied to the joint venture with complaints about the appearance of blood discharge from the vagina after koitus. Bylo five pregnancies, two of which resulted in normal births; Three induced abortions without complications. Fifth pregnancy occurred in 38 years. Last time on the examination, the gynecologist was 6 years ago. In the mirror: a vagina of women giving birth. Hypertrophied cervix. On the front it has a hummocky lip swelling in the form of a "cauliflower" size 2x2 cm, bleeding when touched up her instrument. PV: The cervix is ​​hypertrophied, dence, mobile. The body of the uterus of normal size. Area appendages free. Diagnose?

Cervical cancer 1degree

1. Patient K., 37 years old, brought to the gynecology department with moderate bleeding from the vagina. There were four pregnancies, two of which ended in childbirth and two induced abortions. Last abortions performed 3 years ago (8-week period), did not give complications. Regular menstruation. In the past 6 months, began to withdraw from the vagina serous liquid-yellow discharge with an unpleasant odor, sometimes mixed with blood. To the doctor did not address. Two hours ago, after the lifting of gravity suddenly appeared out of the vagina significant amount of bleeding. In mirrors: cervix gipertrofiy shape its barrel-shaped, dark purple in color, with a network of capillaries severe, motionless. Of the cervical canal depart of bleeding. PV: The cervix is ​​very dense, barrel shoped extended stationary. The body of the uterus of normal size. Per rectum: supravaginal portion of the cervix greatly exaggerated, dense. The parameters of the two sides are dense infiltrates, reaching to the wall of the pelvis.

Diagnose?

Cervical cancer stage III

1. The patient P., 40 years, with routine inspection on the front lip of the cervix revealed the formation of 2x2 cm, whitish-yellow in color, with dense papillomatous formations on the surface, rough contours, but the sharp edges with a healthy cervical mucus. PV: The cervix is ​​a cylindrical shape, dense, somewhat deformed due to old fractures in childbirth. The body of the uterus of normal size, mobile, painless. Area appendages free. Per rectum: supravaginal of the cervix normal consistency. Settings area, on both sides free. On the left wall of the pelvis in the region of the iliac vessels revealed dense, still, painless tumor 3x3 cm.

Diagnose?

Squamous cervical cancer stage III.

1. In the gynecology department delivered the patient B., 60 years old, complaining of pain in the left groin and left thigh, especially at night. The pains are "biting" character. Urination also accompanied by pain. The act of defecation difficult. The urine and feces blood is present. Sick for over a year. To the doctor did not tumoras. Cherez the anterior abdominal wall in the area palpated plognoe gipogastralnoy education without clear contours, immobile. In the mirror: a vagina shortened. The dome of it in place of the cervix can be seen from the crater necrotic plaque. Vaginal discharge has a color "meat slops". PV: in situ of the cervix is ​​a crater with black edges. The walls of the vagina to range 2/s it infiltrated. The pelvis is determined conglomerate tumor dense consistency, reaching the wall of the pelvis on both sides, still painful. Per rectum: rectal mucosa is fixed. The parameters of the two sides marked infiltrates reaching the walls of the pelvis. On the fingers that held research remains blood.

Diagnose?

Cervical cancer stage IV with the involvement of neighboring organs

1. In the gynecology department delivered the patient N., 43 years old, with heavy bleeding from the vagina. Menstruation from 13 years, once established (3-4 day cycle of 28 days), moderately painful. Sexual life is 20 years. There were three pregnancies, one of which ended in urgent delivery, and the other two artifisiale abortion (terms 8-10 weeks) without complications. The third pregnancy was 5 years ago. In . Last year menstruation became irregular in 1.5-2 months. After a 2-month latense menstruation started 2 days before entering the office, rich, clotted blood. In the mirror: the cervix silindric form. On the left there is a semicircle of her old gap 2 cm. From the cervical canal stretches of bleeding with clots. PV: The body of the uterus is in the correct position, increased to 5-6 weeks of pregnancy, dense, mobile, painless. The field of human appendages "free. On the left ovary palpated rounded, enlarged to the size of 5h4h4 cm elastic consistency, mobile, painless.

Diagnose?

Cyst of the left ovary

1. Gynecological clinic patient was admitted B., 53 years old, with bleeding from the vagina. Menopause lasts 3 years. There were four pregnant: three of them ended in childbirth and one induced abortion. Gynecological diseases denies. In the last 3 months from the vagina periodically (2-3 times a mounth) appear moderate amount of bleeding.

Place a preliminary diagnosis?

Endometrial polyposis

1. Patient N., 60 years old, was admitted to the gynecology department with complaints about the occasional selection blood from the vagina. There were two births. At the age of 30 he suffered inflammation of the uterus. During the last 10 years - menopause. During this time, twice it was made diagnostic scraping the mucous membrane of the uterus. Histological examination revealed polyps endometriy no signs of malignancy. 17 received treatment oksiprogesterona kapronat (17-OPK).

Diagnose?

Cancer of the uterine body

1. In the gynecology department received Patient M., 54 years old, with complaints of irregular bleeding from the vagina for 1 year. Menopause lasts 4 years. In '52 it was taken mucous diagnostic curettage of the uterus on the blood smearing secretions. Histological examination revealed isolated glandular endometrial polyps. She was treated oksiprogesteron kapronate 17 (125 mg daily for 6 months). A monitoring diagnostic curettage of the uterus mucosa pathological proliferation was observed. A year later reappeared irregular vaginal bleeding, on which a sick and was admitted to the gynecology department. In the mirror: the cervix is ​​somewhat swollen. Mucous it has a cyanotic hue. Zev is closed. Because cervical depart moderate amount of bleeding.

Diagnose?

Uterine Cancer

1. The woman N., 68 years after menopause for 18 years from the genital tract began to appear small blood selektion. The first time they were awarded 8 months ago (continues 1 day). The second time, 3 months ago (the same contineus). To the doctor did not address. The third time they came 3 days ago (abundant), on which the patient turned to the antenatal clinic and was sent to the gynecological hospital. In the mirror: a cylindrical neck, "juicy", hormonally active. Of the cervical canal depart spotting. Diagnose?

Endometrial cancer

1. Patient L., 53 years old, brought to the gynecology department at the significant bleeding from the vagina. Last normal menstrual period was 1 year ago. During the last year of menstruation irregular (twice a month, continues in the form of spotting for 8-10 days). Addressed to the joint venture. She had been appointed agents, reducing the uterus. Irregular vaginal bleeding doctor regarded as preklimaks. After 2 months, the patient went to the doctor again, as use tools that reduce the uterus, has been ineffective, and was admitted to the gynecology department for examene. In the mirror: the cervix silindric form, swelling of the cervical canal depart of bleeding with small clots. PV: The dimensions of the body of the uterus above the norm. It is dense, mobile, painless. Area appendages free. Tumor and infiltrates in the pelvis can not be determined.

Diagnose?

Cancer stage II uterine body with infiltration of the myometrium

1. Patient B., 75 years old, was in the Oncology Center to the city of 25.XII.2015 10.XII.2013 city and received a combined radiotherapy treatment for endometrial cancer stage III bilateral parametrial options. After receiving the 1/2 doses developed leucopenia (leucocytes 2.5x109b1 L), and therefore the irradiation was interrupted. Appointed hemostimulating and obsecrate therapy. 01.20.2016 city were cramping in the lower abdomen. Temperature body rose to 38 °.

PV: The cervix is ​​shortened jaws closed. The body of the uterus is increased to 12 weeks of pregnancy, still, painful. Per rectum: in the parameters on both sides palpable dense infiltrates, reaching to the wall of the pelvis. Diagnose?

Uterine body cancer stage II bilateral parametrial option

1. In the gynecology department admitted patient N., 65 years old, complaining of pain in his left hip, especially at night. When defecation in urine and feces blood is present. The first time went to the doctor three months ago. After touring the oncologist-gynecologist was scheduled only symptomatic treatment. In the mirror: the cervix using a mirror to inspect fails because of the narrow vaginal cancer tissue and infiltration of the front and back of its walls. Per rectum: the vaginal wall and infiltrated direct colon cancer tissue, dense. The body of the uterus is increased to 11 weeks of pregnancy, a dense, hilly. In the para-meters on both sides palpable infiltration, reaching to the wall of the pelvis.

Diagnose?

Cancer stage IV uterine body with the transition to the bladder and rectum

1. Patient B., 25 years old, admitted to hospital with complaints of abdominal pain, more on the right, nausea. The only pregnancy patient induced abortion over 5 years ago, the postoperative period was complicated endometritis, about which it was treated in hospital for 2 weeks (antibacterial received, reducing the uterus means). Suffering secondary infertility. Acutely ill 8 hours ago there were abdominal pain, vomiting (1 time), chills, diarrhea, body temperature rose to 37,6. Abdominal pain gradually increased, became more pronounced in the right inguinal-iliac region. It was caused by the machine "emergency", with suspected acute appendicitis or acute adnexitis patient taken to hospital. PV: The cervix is ​​a cylindrical shape at the external os at the front and rear lips of the cervix is ​​visible pseudo bright red, not bleeding when reflected. Research Institute. From the external os depart pyo-spotting. Uterine tenderness, soft not increased appendages on both sides spikes also painful. For this reason, and also because of muscle tension anterior abdominal wall (more right) appendages difficult to palpate. Free vaginal vault.

Diagnose?

Exacerbation of chronic adnexitis

1. Patient B., 54 years old, was admitted to the hospital complaining of aching pain in the left iliac region, which radiates to the left thigh, rapid, painless urination. From gynecological diseases suffered adnexitis (treatment patient), at the next routine inspection two weeks ago there was a tumor of the left ovary the size of 9h8h6 cm, uneven consistency, mobile, painful, with a smooth surface, after which the patient was asked to surgery. Six hours ago, after exercise any abdominal pain left, nausea, vomiting (1 time). In order anestezia took analgin. However, the pain gradually intensified, steel radiate to the left thigh, there was a rapid uinari. PV: the left and behind the uterus in an egg-shaped appendages palpable tumor shape, size 12h10h10sm, soft consistency, limited mobility, with a smooth surface, sharply painful on palpation. The upper pole tumors are not clearly detectable due to the stress and painful more harmful abdominal wall. Between the uterus and the tumor revealed sharply painful, soft stem tumors. Discharge from a meager mucous.

Place a clinical diagnosis?

Torsion feet cystoma left ovary.

1. Patient D., 31, was admitted to the hospital with complaints of sudden cramping abdominal pain radiating to the nature of the sacrum and the scant bleeding from the genital tract. Immediately after the pain appeared nausea. Menstruation (4-5 days, the cycle of 30 days), moderate painless. Last normal menstrual period was 6 weeks ago. PV: The cervix is ​​lightly cyanotic, deformed by old scars postpartum not eroded from the cervical canal depart smearing of bleeding. On palpation of the cervix is ​​normal consistency, offset its painful. Outside the shed to pass the tip of the finger length of the cervix is ​​3 cm. The body of the uterus is in a normal position, a few more than normal, soft slightly painful in the study. Appendages on both sides in the spikes on the right are not increased, more painful on palpation, in the left adnexal tumor mass is determined, inmobile moving, painful, douth consistency ovate shapes, sizes 4h4h5 cm. Deep vaginal vault. Discharge from his blood, poor, smearing.

Place a preliminary diagnosis?

Left-sided pipe pregnance by type of tubal abortion

1. Patient 24 years old taken to hospital emergency brigade Pomo-soup in connection with complaints of cramping abdominal pain, profuse, clotted bleeding from the genital tract, weakness. BP 100/60 mm Hg. v., pulse 90 in 1 min, temperature bodies 37°C. Last normal menstruation 2 months ago. When vaginal study: the cervix is ​​not eroded, cyanotic, outer mouth passes finger. The uterus is enlarged to 6 weeks of pregnancy, painless. Appendages on either side determined. The vaults deep, painless.

What is the most likely diagnosis?

Incomplete abortion.

1. The patient 20 years complains of a delay the next menstrual period for 10 days. Blood pressure of 120/80 mm Hg. Art., pulse 72 in 1 min. With transvaginal ultrasound hunch progressing tubal pregnancy.

Correct tactics physician joint venture?

Extra hospitalized patients for further diagnosis and decide on treatment strategy.

1. The patient 21 in a hospital gynecological conditions diagnosis tubal pregnancy. The patient's condition Satisfactory tory, no complaints. Pulse 72 in 1 min, BP 120/80 mm Hg, the level of hemoglobin in the blood of 130 g/l.

What are the treatments for ectopic pregnancy possible in this case?

Laparoscopy, removal of the fallopian tube.