

1 INITIAL CLINICAL SCENARIOS FOR OSKE ON OBSTETRICS AND GYNECOLOGY (SECTION OBSTETRICS)

The maximum number of points is 100, the minimum is 60.

A pregnant woman came to the family doctor with complaints of weakness, fatigue, headache, flickering flies in front of her eyes, taste perversion, brittle nails, hair loss, dizziness and suffocation during exercise. On examination, pallor of the skin and mucous membranes was noted. The skin is dry, the lips are jammed. Pulse 90 beats per minute. Blood pressure 100/60 mm. Respiratory rate 20 per minute. Body temperature 36.7 ° C.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Determine the color indicator, the average volume of the red blood cell (MCV), indicating the characteristics of the red blood cell indices.
3. With what diseases it is necessary to conduct differential diagnosis.
4. What other additional examination methods are needed?
5. Define treatment tactics.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



Pregnant K., 30 years old, turned to a family doctor, gestational age 30 weeks. Complains of fever, pain in muscles and joints, runny nose, sore throat. In the morning, vomiting appeared (up to 4 times), diarrhea (up to 3 times), hemorrhagic rash on the skin. BP 100/60 mm, pulse 74 beats / min

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Develop a treatment strategy.
3. What are the indications for hospitalization of a pregnant woman.
4. Identify possible complications of the described disease.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A 28-year-old woman who did not give birth, turned to the doctor of antenatal care at 31 weeks and 6 days of pregnancy with cramping pains in the lower abdomen that appeared 6 hours ago. BP 110/60 mm, pulse 84 beats / min
Fetal heart rate - 130 beats / min, rhythmic.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis.
2. Assess the condition of the woman.
3. Define a plan for further examination of the patient
4. Develop a treatment strategy.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A 42-year-old woman (II pregnancy, II childbirth) went to the doctor of the antenatal clinic during the gestation period: 38 weeks + 4 days, with complaints of swelling of the lower extremities, hands. The fetal movements feel good. General condition is satisfactory. Swelling of the legs, feet, and her fingers were swollen so

that she could not remove her rings. The height of the bottom of the uterus is 36 cm. The position of the fetus is longitudinal, the underlying part is the head. Fetal heart rate - 140 beats / min, rhythmic. Two days ago, she came to the doctor's office for subsequent appointments; her blood pressure was 148/101 mm Hg.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman.
3. Identify the main laboratory syndromes
4. Build a plan for further examination of the patient
5. Develop a treatment strategy.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A 24-year-old woman in labor (I pregnancy, I childbirth) consulted a female doctor with complaints of general weakness, fever, and vaginal discharge with an unpleasant odor. After cesarean section (CS), 8 days have passed, indications for CS - weakness of labor. During the examination, the temperature is 38.8 ° C, the heart rate (HR) is 100 beats per minute, blood pressure (BP) is 110/70 mm Hg. Art., respiratory rate (BH) 22 per minute.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman.
3. What are the most likely risk factors for the identified pathology?

4. Build a plan for further examination of the patient
5. Develop a treatment strategy.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A pregnant woman, a 22-year-old housewife with a gestational age of 20-21 weeks, turned to the family doctor. Complaints of an increase in body temperature to 38 ° C over the past day, general weakness, minor pulling pains in the right lumbar region. In the morning, 12 hours after the onset of symptoms, the pain intensified and the woman's condition worsened. When examining a woman, her general condition is satisfactory. BP 120/70 mm. Hg, pulse 88 beats per minute. The uterus is in normotone. The abdomen is soft, painless. Pasternatsky's symptom is positive on the right side.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman.
3. Identify the main laboratory syndromes
4. Build a plan for further examination of the patient
5. Develop a treatment strategy.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



The pregnant woman contacted you within 26 weeks complaining of a dry cough, general malaise, body temperature of 37.3-37.4 ° C (periods of 37.7 ° C) during the last week, she contacted the family doctor who recommended home bed

rest on the phone ; warm teas with raspberries / viburnum and lemon, paracetamol. The patient's condition improved: body temperature decreased to 37.3 ° C, appetite improved. But after three days from the moment of the disease, a sore throat appeared, a dry nasal cough, which continues. When examined by a general practitioner of a female consultation: the skin and visible mucous membranes are pale pink, pulse 88 beats / min., Blood pressure - 110 / 60-111 / 70 mm. Hg, BH - 26 / min., The tongue is clean and moist, the pharynx is somewhat hyperemic.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman.
3. Identify the main laboratory syndromes
4. Build a plan for further examination of the patient
5. Develop a treatment strategy.
6. What complications can the indicated pathology cause?

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



An 18-year-old pregnant woman (I pregnancy, 7 weeks (on the first day of the last month)) consulted a female doctor with complaints of drawing pains in the lower abdomen and vaginal spotting for two days. During the examination: blood pressure (BP) is 130/60 mm, heart rate (HR) is 70 beats per minute, and the temperature is 37.2 ° C. Heart sounds are rhythmic. Breathing is vesicular on both sides. The abdomen is soft, painless on palpation.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman.
3. Build a plan for further examination of the patient
4. Develop a treatment strategy.
5. What complications can the indicated pathology cause?

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A pregnant patient D., 34 years old with a gestational age of 10 weeks, turned to the family doctor. A history of 2 births and 3 abortions. Chronic hypertension for 10 years. A woman takes valsartan at 80 mg per day. Objective research data: Ps 84 beats per minute. BP 150/95 mm Hg (working blood pressure 150/100 mm Hg). The borders of the heart are extended to the left. Accent II tone over the aorta.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman.
3. Build a plan for further examination of the patient
4. Develop a treatment strategy.
5. Prescribe drugs for the prevention of hypertensive complications during pregnancy

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



Pregnant K., 20 years old (I pregnancy, 7-8 weeks), turned to the family doctor with complaints of vomiting up to 10 times a day. Objectively: the physique is correct, the appetite is sharply reduced. Weight 50 kg, height 162 cm. The skin is dry, the tongue is moist, covered with a whitish coating, lips are dry. Heart sounds are slightly muffled. In the lungs - vesicular breathing. The abdomen is mild tenderness on palpation in the epigastrium. Urination is rare, in small portions.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman.
3. Identify the main laboratory syndromes
4. Perform differential diagnostics
5. Build a plan for further examination of the patient
6. Develop treatment tactics.
7. What are the possible complications of this pathology?

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A pregnant woman turned to a family doctor at 41 weeks of pregnancy with complaints of a lack of contractions and discomfort in the pubic joint. Her blood pressure is 126/72 mm Hg. The abdomen is soft, painless. The uterus is dense. The height of the uterine fundus is 40 cm, the position of the fetus is longitudinal, the previa is occipital, the head is palpated above the entrance to the small pelvis. Fetal heart rate - 140-150 beats / min, rhythmic. Subjectively, the amniotic fluid volume feels normal. The fetal movement feels good. Discharge mucous.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman.
3. Build a plan for further examination of the patient
4. Develop a treatment strategy.
5. Identify medications and non-medications for delivery of a pregnant

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A 29-year-old woman in labor contacted a antenatal clinic with complaints of fever and fever. Its temperature is 38.6 ° C. Blood pressure is 120/64 mm Hg, and the heart rate is 106 beats / min. The breath is clear, vesicular, the tones are normal. Over the past 24 hours, she noticed that the left mammary gland began to hurt and turned red.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman
3. Perform differential diagnostics
4. Build a plan for further examination of the patient
5. Develop a treatment strategy.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



The pregnant woman turned to the antenatal clinic after the previous cesarean section with the question - how to give birth now. BP - 110/60 mm Hg,

pulse -80 beats / min, BH - 16 / min. The abdomen is enlarged according to the gestational age. The area of the writing of the surgical scar without features. The uterus is palpated in the middle between the pubic symphysis and the navel. The fetal heartbeat is heard using a manual Doppler apparatus, 150 beats / min, rhythmic.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Assess the condition of the woman
2. Advise the patient how to give birth to her
3. Describe the strengths and weaknesses of each of the options for delivery
4. What are the further tactics of patient management?
5. What surveys still need to be done?

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A pregnant woman came to the antenatal clinic with complaints of malaise, a slight increase in body temperature to 37.3 ° C and discomfort in the genital area. Works as a stripper in the club. Blood pressure 110/60 mm Hg, pulse -80 beats / min, the abdomen is soft, painless, the uterus is dense, fundal height measures up to the duration of the menstrual cycle. The position of the fetus is unstable. Fetal heart rate - 130 bpm, rhythmic. Excretion of mucous membranes, moderate.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman
3. Perform differential diagnostics

4. Build a plan for further examination of the patient
5. Develop a treatment strategy.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



The pregnant woman turned to the antenatal clinic for recommendations regarding the further course of pregnancy. Pregnancy 4, childbirth 2. Blood type: 0 (I) Rh factor is negative. Anti-D antibodies are present (titer 9 IU / ml). Blood pressure 120/80 mm Hg, pulse - 75 beats / min, the abdomen is soft, painless, the uterus is dense, fundal height measures up to the duration of the menstrual cycle. The position of the fetus is unstable. FHB 140 beats / min, rhythmic. Excretion of mucous membranes, moderate.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman
3. What are the potential complications of this problem?
4. Build a plan for further examination of the patient
5. Develop patient management tactics.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A pregnant woman applied to the antenatal clinic. The last ultrasound 3 days ago indicated a pelvic presentation of the fetus. Blood pressure 135/80 mm Hg, pulse - 85 beats / min, the abdomen is soft, painless, the uterus is dense, fundal height measures up to the duration of the menstrual cycle. The position of the fetus is longitudinal, pelvic. Slit

buttocks above the entrance to the m / pelvis. FHB 140 beats / min, rhythmic. Excretion of mucous membranes, moderate.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. What are the causes and risk factors for pelvic presentation?
3. What is the diagnosis of pelvic presentation?
4. What pregnancy management would you recommend in this case?
5. What delivery options are available to women?
6. Describe each of the options for gratification.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



The 36-year-old pregnant turned to the antenatal clinic with complaints of weakness and low-grade fever. Blood pressure 100/60 mm Hg, pulse -70 beats / min, the abdomen is soft, painless, the uterus is dense, fundal height measures up to the duration of the menstrual cycle. Discharge mucous, moderate. A quick test to detect HIV antibodies 1/2 is positive.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman
3. Perform differential diagnostics
4. Build a plan for further examination of the patient
5. Develop a treatment strategy.
6. Identify possible complications.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A 27-year-old pregnant woman turned to a family doctor with complaints of lethargy, decreased mood, severe fatigue, drowsiness, dry skin, hair loss, slow speech, swelling of the face, fingers and toes, constipation, decreased memory, coldness, hoarseness, depressed mood . The woman is lethargic with a depressed mood. General and periorbital puffiness, puffy face of a pale icteric shade, scanty facial expressions are noted. Her blood pressure is 115/68 mm Hg, and her heart rate is 58 beats / min. Tendon reflexes are blunted. On examination, the abdomen is soft, painless, the uterus is dense, fundal height is palpated 2 cm below the navel.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman
3. Perform differential diagnostics
4. Build a plan for further examination of the patient
5. Develop a treatment strategy.
6. Identify possible complications.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



The 36-year-old woman went to the family doctor with complaints of itchy skin. She is currently in the 34th week of pregnancy. She looks good. Her blood pressure is 118/76 mm Hg, and her pulse 82 / min. On the face, trunk, limbs, arms or legs, rashes are not visible, with the exception of peeling in several places. The height of the bottom of the

uterus is 34.5 cm, and the uterus is dense. The fetal position is longitudinal, occipital, 4/5 palpated through the abdomen. Rhythmic heartbeat, 135 beats / min.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman
3. Perform differential diagnostics
4. Build a plan for further examination of the patient
5. Develop a treatment strategy.
6. Identify possible complications.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.



A pregnant woman at 34 weeks of gestation consulted a family doctor complaining of weakness, headache, heaviness in the epigastric region, right hypochondrium, dull, aching pain in the right hypochondrium, bloating, nausea, bitterness in the mouth, impaired stool, loss of appetite. The fetal movement feels good. Upon receipt, the general condition is satisfactory. Consciousness is clear. The position is active. The skin is physiological in color. The vesicular breathing, no wheezing. The breathing rate - 18 per minute. Heart sounds are muffled, rhythmic, blood pressure 110/70 mm Hg, pulse - 79 beats per minute. The tongue is wet. On palpation, the abdomen is soft, painful in the right hypochondrium and epigastric region. The liver does not protrude from the edge of the costal arch. Symptoms of Levine, Mayo-Robson, Ortner positive. Symptoms of peritoneal irritation are negative. Active peristalsis. The symptom of concussion is negative on both sides, there is no swelling. The uterus is in normotone. The position of the

fetus is longitudinal, head. The head is located above the entrance to the pelvis. The fetal heartbeat is rhythmic, 140-146 beats / min.

More detailed information can be obtained from the primary documentation and during the survey of the patient (up to 10 minutes).

Tasks:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis
2. Assess the condition of the woman
3. Perform differential diagnostics
4. Build a plan for further examination of the patient
5. Develop a treatment strategy.

When answering the teacher (up to 5 minutes), you can use the survey protocol, which will be issued to you before the exam.

