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## EVALUATION MATERIALS FOR INTERIM CERTIFICATION FOR THE DISCIPLINE

### *ONCOGYNECOLOGY*

Code, direction of training	31.05.01 General Medicine
Orientation (profile)	General Medicine
Form of education	full-time
Developing department	Obstetrics, gynecology and perinatology
Graduating department	Internal Medicine

# TYPICAL TASKS FOR CONTROL WORK

## Sample tasks and tests

### Stage I: Formative assessment.

#### 1.1 Points for oral quiz. Topics 1-7.

##### **Topic 1. Introduction to Oncogynecology. Organization of oncological service in Russia.**

###### Points for oral quiz:

1. Epidemiology of genital carcinoma, structure of cancer incidence of the female reproductive organs.
2. Risk groups for the development of malignant tumors of the female genital organs.
3. Clinical groups of patients with cancer.
4. The organization of anti-cancer control.
5. Cancer prevention - primary, secondary.
6. Order of the Russian Federation Health Ministry from December 3, 2009 N 944n "On approval of the procedure for medical care for people with cancer."
7. Order of the Russian Federation Health Ministry from December 23, 1996 N 420 "On the establishment of the State Cancer Register".
8. Order of the Russian Federation Health Ministry from April 19, 1999 N 135 "On improving the system of the State Cancer Registry".

##### **Topic 2. Radiation methods and biological markers for diagnosing cancer of the reproductive system. Principles of treatment and rehabilitation of oncologic patients.**

###### Points for oral quiz:

1. Ultrasound diagnosis of the pelvic organs of oncological patients. The main ultrasound signs of tumors of the female genital organs with using transabdominal and transvaginal techniques, Color Doppler Imaging.
2. Hysterosalpingography, characteristic of the method, indications, contraindications, methods of conducting, evaluation of results.
3. Principles of computer tomography, nuclear magnetic resonance imaging, positron emission tomography, information content, advantages and disadvantages.
4. Informativeness of radiological diagnostic methods.
5. The main x-ray symptoms of tumors of the female genital organs.
6. The value of tumor markers in the diagnosis of cancer of the mammary glands, external and internal genital organs.

##### **Topic 3. Principles of treatment and rehabilitation of oncologic patients.**

###### Points for oral quiz:

1. Order of the Russian Federation Health Ministry from September 12, 1997 No. 270 "On measures to improve the organization of oncological assistance to the population of the Russian Federation".
2. Medico-social examination of cancer patients, disability groups.
3. The main directions in the treatment of cancer patients: the method of combined radiation therapy, combined treatment, hormonal therapy, chemotherapy, surgical treatment, complex treatment.
4. The concepts of palliative and radical treatment.
5. Rehabilitation of cancer patients, prevention of late complications.
6. Clinical examination of cancer patients, cancer prevention.

#### **Topic 4. Benign tumors and ovarian tumor formation.**

##### Points for oral quiz:

1. Epidemiology of ovarian tumors, structure of oncological morbidity.
2. Instrumental and laboratory methods for diagnosing tumor processes of the ovary. Tumor markers of ovarian tumors.
3. Standard examination during clinical examination of patients with ovarian neoplasms.
4. Histological classification of ovarian tumors.
5. Instrumental and laboratory methods for diagnosing tumor processes of the ovary. Tumor markers of ovarian tumors.

#### **Topic 5. Ovarian cancer.**

##### Points for oral quiz:

1. Order of the Ministry of Health and Social Development of the Russian Federation from March 28, 2006 N 205 "On the approval of the standard of medical care for patients with a malignant ovarian tumor, testicle"
2. Order of the Ministry of Health and Social Development of the Russian Federation from November 20, 2006 N 776 "On approval of the standard of medical care for patients with a malignant ovarian neoplasm (when providing specialized care)"
3. Order of the Ministry of Health and Social Development of the Russian Federation from December 1, 2005 N 741 "On approval of the standard of medical care for patients with a malignant ovarian neoplasm"
4. Histological classification of ovarian tumors
5. International Clinical Classification of Ovarian Cancer by System TNM и FIGO

#### **Topic 6. Precancer and cervical cancer; reproductive health of women. Endometrial hyperplastic processes. Endometrial cancer.**

##### Points for oral quiz:

1. Normal cervical histology.
2. The concept of background and precancerous diseases of the cervix. Etiology. Pathogenesis of development. Examination methods.
3. Colposcopic picture of cervical disease.
4. The value of cytological and histological methods.
5. Cervical cancer. Classification. Principles of early diagnosis. Methods of conservative and surgical treatment.

6. Cervical pathology during pregnancy. Tactics of reference.
7. Prevention and early detection of precancerous conditions; prevention of cervical cancer.
8. Histology of uterine mucosa. Characteristics of the endometrium as a hormone-dependent organ.
9. Etiology, pathogenesis of endometrial hyperplastic processes. The role of hyperestrogenic and growth factors. Risk groups for the development of hyperplastic processes and endometrial cancer. Classification.
10. Pre-cancerous conditions and endometrial cancer. Cancer alertness in the management of risk groups. Pathogenetic variants of cancer.
11. Modern methods of diagnosis and treatment of endometrial cancer.
12. Methods of rehabilitation of patients and measures to preserve the reproductive abilities of women for the purpose of social and psychological rehabilitation.

### **Topic 7. Trophoblastic disease. Malignant neoplasms and pregnancy.**

#### Points for oral quiz:

1. Epidemiology. Classification of trophoblastic disease. Etiology, pathogenesis.
2. Features of the course of the disease, the management of patients. Clinical picture. Differential diagnosis. Principles of treatment.
3. Rehabilitation. Chorionic carcinoma. Clinic, diagnosis, ways of metastasis. Treatment.
4. The frequency of malignant tumors during pregnancy. The effect of cancer on the course of pregnancy and the effect of pregnancy on the course of the malignant process of the reproductive organs.
5. Cervical cancer and pregnancy. Ovarian tumors and pregnancy. Diagnostics. Management tactics for pregnant women.
6. Breast cancer.
7. Pregnancy after treatment of malignant tumors.

### **1.2. Topics for Essay requirements. Topics 1, 2, 6, 7.**

#### topic № 1:

1. Organization of anticancer control in Russia.
2. Methods of primary and secondary prevention of malignant tumors of the female reproductive organs.
3. Legislative initiatives of the state in preserving the reproductive potential of Russia.

#### topic № 2:

1. Modern methods of diagnosis of malignant tumors of the female reproductive organs.
2. Biological markers of cancer in gynecology.
3. Methods of treatment and rehabilitation of cancer patients.
4. Deontology in gynecological oncology.

#### topic № 6:

1. Precancer, cervical cancer and reproductive health.

topic № 7:

1. Malignant neoplasms and pregnancy.
2. Trophoblastic disease, the cause of occurrence, classification, methods of examination, treatment and clinical examination. Indications for the appointment of chemotherapy.

**1.3. Sample tests (with keys). Topics 4-6.**

**Topic 4,5. Benign tumors and ovarian tumor formation. Ovarian cancer.**

1. Estimated volume of operation for suspected malignant ovarian tumor of a 65-year-old patient (one correct answer):
  - a) removal of the uterus on the affected side and resection of the greater omentum;
  - b) extirpation of the uterus with appendages and resection of the greater omentum;
  - c) supravaginal amputation of the uterus with appendages and resection of greater omentum;
  - d) removal of the uterus appendages on both sides;
  - e) supravaginal amputation of the uterus with appendages.
2. The circle of differential diagnostic search for the detection of a tumor-like formation in the area of uterine appendages must be included (one correct answer):
  - a) tubo-ovarian formation of inflammatory origin;
  - b) intestinal tumor;
  - c) ovarian tumor;
  - d) uterine myoma with a subperitoneal or ligamentous lump;
  - e) dystopic kidney;
  - f) All answers are correct.
3. During surgery of ovarian tumor (cystoma), visually signs indicating its possible malignancy are (several correct answers):
  - a) hemorrhagic content in the formation;
  - b) giant sizes;
  - c) papillary fragile growths on the inner or outer surface of the capsule;
  - d) thin-walled formation with a smooth capsule;
  - e) transparent serous contents.
4. The volume of radical surgery for ovarian cancer stage II-III (one correct answer):
  - a) radical hysterectomy;
  - b) panhysterectomy;
  - c) supravaginal amputation of the uterus with appendages;
  - d) extirpation of the uterus with appendages with simultaneous resection or extirpation of the greater omentum;
  - e) bilateral adnexectomy with simultaneous extirpation of the greater omentum.
5. The hormonally active ovarian tumors are (several correct answers):
  - a) granule cell tumor;
  - b) a theca cell tumor;
  - c) disgerminoma
  - d) androblastoma;
  - e) lipoid cell tumor.

**Answers**

№	Answers
1	B
2	F
3	A,B,C
4	D
5	A,B,D,E

**Topic 6. Precursors, cervical cancer and women's reproductive health. Endometrial hyperplastic processes. Endometrial cancer.**

1. The following diagnostic methods allow to suspect the endometrial hyperplastic process at the prehospital examination stage (one correct answer):

- a) transvaginal echography;
- b) Pap test (examination of smears from the vaginal part of the cervix on atypical cells);
- c) cytological examination of the aspirate from the uterus;
- d) bimanual research;
- e) echography of the uterus with color Doppler mapping.
- f) right a, c, d
- g) all the answers are correct

2. The first pathogenetic variant of endometrial cancer (according to Y.V. Bokhman's classification) has the following features (several correct answers):

- a) a high degree of differentiation of the tumor;
- b) slow progression;
- c) lack of sensitivity of the tumor to progestogens;
- d) a high incidence of synchronous tumors in the ovary, dairy lesions, colon;
- e) high frequency of hyperplastic processes in the ovaries.

3. Cervical cancer in young women is more often localized (one correct answer):

- a) on the vaginal portion of the cervix
- b) in the lower third of the cervical canal
- c) in the middle third of the cervical canal
- d) in the upper third of the cervical canal
- e) equally often

4. In case of cancer of the body of the uterus stage II, the volume of surgical intervention should be (one correct answer):

- a) supravaginal amputation of the uterus without appendages;
- b) supravaginal amputation of the uterus with appendages;
- c) extirpation of the uterus with appendages and resection of the greater omentum;
- d) extended hysterectomy with appendages;
- e) hysterectomy without appendages.

5. The most informative method for diagnosing endometrial precancer (one correct answer):

- a) hysterosalpingography;
- b) hysteroscopy followed by histological examination of endometry scraping;

- c) radioisotope research;
- d) aspiration-cytological method;
- e) ultrasound.

6. Indications for extirpation of the uterus with appendages (several correct answers):

- a) endometrial cancer stage I;
- b) cervical cancer Ia stage;
- c) choriocarcinoma;
- d) endometrial cancer III B stage;
- e) cervical cancer IIIB stage.

7. Diathermocoagulation of the cervix can be performed (one correct answer):

- a) in the background process;
- b) with mild dysplasia;
- c) in severe dysplasia;
- d) with intraepithelial cancer;
- e) the correct answers a) and b)

8. Staging of metastasis is characteristic of all listed malignant tumors, except tumors (one correct answer):

- a) ovary
- b) cervix
- c) the body of the uterus
- d) vulva

9. For the treatment of severe dysplasia of the vaginal portion of the cervix of a 30-year-old woman, it is advisable to use (one correct answer):

- a) electrocoagulation;
- b) cervical amputation;
- c) conization of the cervix;
- d) the extirpation of the uterus with appendages

10. Hormonal treatment of endometrial hyperplastic processes is carried out taking into account (one correct answer):

- a) age;
- b) contraindications for hormonal treatment;
- c) severity of the pathological process;
- d) the presence of neuro-endocrine disorders;
- e) all of the above

### Answers

№	Answers
1	F
2	A

3	A
4	D
5	B
6	D,E
7	E
8	A
9	C
10	E

#### **1.4. List of Case-study. Topics № 4-6.**

##### **№1**

The patient, 52 years old, was admitted to the gynecological department with complaints of weakness, nagging pain in the lower abdomen. Postmenopause 1.5 years. In past medical history: one childbirth and two abortions, chronic inflammation of the uterus.

During the examination it was found that the abdomen was increased in size, and a dull percussion sound in the side trim was noted. During vaginal examination: the cervix has a cylindrical shape, not changed. The body of the uterus is not enlarged, shifted to the right; on the left and posterior to the uterus, a lumpy, painful, sedentary formation of a dense consistency up to 10-12 cm in size is palpable. Make a probable diagnosis. What additional research methods should be used to clarify the diagnosis? What is the rational treatment of the patient?

Answer

1. Cancer of the left ovary. Ascites
2. Ultrasound, MRI of the pelvis. Blood testing for the level of CA-125 tumor marker.
3. Laparotomy, extended hysterectomy with appendages and resection of the greater omentum. Chemotherapy.

##### **№2**

1. Patient N., 68 years old, postmenopause 18 years, was taken into hospital with complaints of bleeding from the genital tract. Objective examination: examination is satisfactory. BP - 180/110-160/100 mm Hg Body weight 88 kg, height 158 cm. The abdomen is soft, palpation is painless. Stool and urination are not affected. When viewed with the help of mirrors: the cervix is cylindrical, "juicy".

Canal - slight bloody discharge. Bimanual examination: the cervix is not changed, the body of the uterus is increased to 5-6 weeks of pregnancy, dense, painless during palpation, appendages are not defined, parameters free, bleeding, moderate. Rectal examination: tumors and infiltrates in the pelvis are not defined. Hysteroscopy and separate diagnostic curettage of the uterus with histological examination of scrapings were performed: mucus and small blood clots were found in the scraping from the cervical canal, and focal proliferation of the endometrium with all signs of malignancy was found in the scraping from the uterus. The patient underwent surgery - extirpation of the uterus with appendages. Histological examination of operative material: the tumor is limited to the endometrium. What is the diagnosis?

Answer

According to the classification of TNM-T1a; According to the classification of FIGO-IA.



### **№3**

Patient C, 33 years old, was taken into the hospital with complaints of bleeding from the genital tract. Anamnesis: considers herself being ill for 2 days, when, for the first time after a delay in menstruation (8 weeks), aching pains in the lower abdomen and bleeding from the genital tract appeared. Objectively: the state is satisfactory; on the part of organs and systems, pathology was not detected. Examination of the cervix with the help of mirrors: cervix is cylindrical, clean; outer mouth closed; vaginal examination: the external genitalia are developed correctly, the moisture of the woman who has given birth, the uterus is rounded, dense, painful during palpation, increased to the 11-12th week of pregnancy; appendages on both sides are enlarged, painful during palpation, bleeding, moderate, deep, painless vaults. What is the preliminary diagnosis? What will be the survey plan? What is the final diagnosis? How should the treatment be carried out?

Answer

1. Trophoblastic disease. Bubble skid.
2. Blood on hCG. Ultrasound scan of OMT. Radiography of the lungs, endometrial biopsy.
3. Vacuum aspiration of the uterus, curettage, histological examination.
4. In case of proliferating blistering - registration with the oncogynecologist, prophylactic chemotherapy. Hormonal contraception.

### **1.5. Guidelines for the case history**

Examination is carried out in order to control students' learning of a lecture course, assessing knowledge and skills acquired during practical exercises, as well as to test the ability to solve various kinds of tasks that develop professional skills in accordance with the requirements of the qualification characteristics of a specialist. Verification work is carried out on a schedule during the hours of training in the amount provided for by the work program for the discipline and the teaching load of the teacher. The time to prepare for the test work is one hour of independent work and should not exceed 4 hours. Examination is marked as differentiated assessment. In the case of an unsatisfactory result, a new term for writing an essay during extra-curricular time is appointed. (Surgut State University Quality Management System SMK SurGU STO-2.12.5-15 Organization of current monitoring of progress and interim certification of students Edition number 2 page 7 of 21)

#### **Writing a clinical history**

The student chooses the nosological form independently, develops and presents the case history according to the proposed scheme (Appendix No. 2 Chart of the case history)

The main stages of writing a clinical record:

Title page (separate page)

1. Passport part.
2. Complaints: the main and found in the survey of organ systems.
3. Anamnesis of the main and associated diseases.
4. Anamnesis of the patient's life.
5. Data from an objective examination of the patient.
6. Justification of the preliminary diagnosis and its formulation.
7. Examination plan.
8. Data of laboratory and instrumental studies, the opinion of consultants.
9. Final clinical diagnosis (rationale and formulation).

10. Differential diagnosis.
11. Treatment of the patient and their rationale.
12. Prognosis.
13. Prevention (primary and secondary).
14. Epicrisis.
15. Diary of Curation.
16. List of references.

## **STANDARD QUESTIONS FOR ASSESSMENT**

**(CREDIT). 10 terms.**

Midterm assessment is carried out in the form of credit. Tasks for the credit include one question for **oral quiz** and one case-problem.

<b>Tasks for competence assessment «Knowledge»</b>
<p><b>Points for oral quiz:</b></p> <ol style="list-style-type: none"> <li>1. Cervical dysplasia. Diagnosis and treatment depending on the stage.</li> <li>2. Cervical cancer: etiology, risk factors, precancerous diseases, classification, clinic, diagnosis.</li> <li>3. Cervical cancer: treatment methods. Prevention.</li> <li>4. Precancerous diseases of the uterus. Diagnostics. Treatment methods for women of different age groups.</li> <li>5. Cancer of the body of the uterus: risk factors, classification, clinic, diagnosis.</li> <li>6. Cancer of the body of the uterus: methods of treatment.</li> <li>7. Endometrial cancer: classification, clinical course, diagnosis.</li> <li>8. Endometrial cancer: treatment, prevention.</li> <li>9. Clinical and histological classification of ovarian tumors.</li> <li>10. Metastatic tumors of the ovaries: diagnosis and treatment.</li> <li>11. Ovarian cancer. Risk factors, classification, clinic, diagnosis.</li> <li>12. Ovarian cancer: treatment methods depending on the stage.</li> <li>13. Trophoblastic tumors. Bubble skid: clinic, diagnosis, treatment methods. Clinical examination.</li> <li>14. Choriocarcinoma: clinical presentation, diagnosis, treatment methods.</li> <li>15. Malignant hormone-producing tumors of the ovaries: clinical presentation, diagnosis, treatment.</li> </ol>
<b>Tasks for competence assessment «Abilities»</b>
<p><b>List of Case-studies:</b></p> <p><b>№1</b></p> <p>A 56-year-old patient appealed to the women's health clinic with complaints about bleeding from the genital tract. Menopause is for 4 years. During vaginal examination, the cervix is eroded, bleeds when touched. Colposcopy was performed, followed by cervical biopsy. Histological examination of biopsy specimens of squamous non-squamous cancer. Depth of invasion is 5mm.</p> <p>I. Specify the stage of the disease.</p> <ol style="list-style-type: none"> <li>A. 0.</li> <li>B. Ia.</li> <li>V. Ib.</li> <li>G. II.</li> <li>D. III.</li> </ol>

II. Which screening test is the most informative in the diagnosis of cervical cancer?

- A. Bimanual rectal-vaginal examination.
- B. Cytological examination of smears from the surface of the cervix and the cervical canal.
- B. Vacuum curettage of the cervical canal.
- G. Cytological examination of the endometrial aspirate.
- D. Simple colposcopy.

III. Specify the leading clinical symptom of cervical cancer.

- A. Purulent mucous leukorrhoea.
- B. Dyspareunia.
- B. Acyclic uterine bleeding.
- G. Pelvic pain.
- D. Contact bleeding.

IV. Specify the path of the first stage of lymphogenous metastasis in cervical cancer:

- A. Common iliac lymph nodes.
- B. External and internal iliac as well as obturator lymph nodes.
- B. Parastatic lymph nodes.
- G. Upper and lower gluteus, as well as lateral sacral lymph nodes.
- D. Lumbar lymph nodes.

V. What is the probable emergency medical care for bleeding if the patient has infiltrative cervical cancer:

- A. vaginal tight tamponade
- B. laparotomy, uterus extirpation.
- B. Separate therapeutic and diagnostic curettage of the mucous membrane of the uterus and cervical canal.
- G. laparotomy, ligation of the internal iliac arteries.

VI. Your treatment tactics for this patient and the extent of surgical treatment.

- A. Wertheim operation followed by hormone therapy.
- B. Extirpation of the uterus without appendages followed by polychemotherapy.
- B. Electrocoagulation of the cervix with subsequent radiotherapy.
- G. Symptomatic treatment.
- D. Wertheim operation followed by radiotherapy.

VII. Damage is possible during extended extirpation in:

- A. Rectum.
- B. Ureters.
- B. Bladder.
- G. Iliac vessels.

VIII. Specify the form of intraepithelial cancer with a lack of stroma and a preserved basement membrane:

- A. Low-grade adenocarcinoma.
- B. Modular cancer.
- B. Cancer in place (Cr in situ).
- G. non-keratinizing squamous cell carcinoma

IX. The signs of tissue atypism include:

- A. Violation of the ratio of parenchyma and stroma.
- B. Violation of the shape and size of epithelial structures.

- B. Absence of basement membrane in epithelial complexes.
- G. All of the above.
- D. None of the above.

#### **Answers**

I - c, II - b, III - e, IV - b, V - A, VI - e, VII - b, VIII - c, IX - d.

#### **№2**

A 50-year-old patient was taken into the gynecological department with complaints about bleeding from the genital tract. The last normal menstruation was 2 years ago. During the last two years, she was suffering from bleeding after a menstruation delay for 2-3 months. Conservative treatment was not conducted due to intolerance to hormonal drugs. A gynecological examination revealed a dense, lumpy uterus, increased to 9 weeks of pregnancy, appendages on both sides are not determined. There is moderate blood discharge from the cervical canal. Produced separate diagnostic curettage. Histological examination revealed glandular cystic hyperplasia of the endometrium with areas of cell atypia.

What is the diagnosis? What is the treatment?

#### **The answer**

Diagnosis: Abnormal uterine bleeding of perimenopausal period. Atypical adenomatous hyperplasia of the endometrium. Uterine fibroids. Treatment - extirpation of the uterus with appendages, due to atypia of cells, uterine fibroids of large sizes, in addition, the patient does not tolerate hormone therapy.

#### **№3**

A 60-year-old patient was taken into the hospital with complaints about bleeding from the genital tract. Discharges have disturbed the patient impermanently for the last 3 months. She did not go to the doctor and did not get any treatment. Postmenopause is 10 years.

There were 2 pregnancies; they ended in urgent childbirth without complications. At age 30, she received treatment for inflammation of the uterus. Of the objective data, overweight (100 kg with height 160 cm), an increase in the blood glucose level up to 8 mmol / l, arterial hypertension - 150/70 millimeter of mercury. Gynecological examination revealed no pathology.

What is the probable diagnosis?

What examinations will help to confirm the diagnosis?

#### **The answer**

Abnormal uterine bleeding of postmenopausal period. C-r endometrium? Obesity 3. Type 2 diabetes. AH

The patient has a characteristic background for the occurrence of precancer and endometrial cancer (a violation of the hypothalamic-pituitary system) - "triad": hypertension, obesity, diabetes.

Treatment - full examination: general tests, SA-125, ultrasound of the pelvic organs and abdominal cavity, chest X-ray, hysteroscopy, RFD with histological examination, endometrial biopsy.

#### **№4**

Patient B., 34 years old, appealed to the women's health clinic on 03/18/04 with complaints about blood discharges from the genital tract for two days. The anamnesis: Menstruation started at the age of 13, with the duration up to 4-5 days, moderate, painless. She has been

living in the north of the country for 6 months, originally from the Semipalatinsk region. Last menstruation was on 01/18/04

Births - 2, abortions - 4, miscarriages - 0. Gynecological diseases: post-abortion endometritis in 2001, treatment in GO (antibacterial therapy).

Objectively: The general condition is satisfactory. Skin and visible mucous membranes of physiological color. The tongue is wet, clean. Vesicular breathing in the lungs, no wheezing. The heart sounds are muffled, rhythmic. BP 110/60 mm. Hg St, Ps 78 beats / min, T-36.6 C. The abdomen is soft, painless. Peristalsis is active. Symptoms of peritoneal irritation are negative. Physiological functions are normal.

Gynecological examination: External genitals formed correctly. Female hair growth.

In mirrors: Vaginal mucosa and cervix are cyanotic, not eroded. Discharges is sanioserous.

PV: The cervix is of the cylindrical shape. External is closed. There is bleeding from the cervical canal. Uterus softened consistency, with a clear smooth contour, mobile, sensitive to palpation, increased to 14-15 weeks of pregnancy. The appendages on both sides are not enlarged, elastic consistency, painless on palpation. The arches are free, painless.

Ultrasound: Uterus has clear even contours. Dimensions: 16.3-16.8-16 cm. The structure of the myometrium is homogeneous, the thickness of the walls of the myometrium is the same throughout, thinned to 0.8 cm. The uterine cavity is expanded to 10 cm, due to round anechoic formations with a diameter of 0.8 cm; looks like a "snowstorm".

Ovaries: Right 30-28-24 mm, in the structure around the periphery of the follicles from 5.0 to 8.0 mm. Left: 32-30-28 mm, peripheral follicles from 7.0 to 15 mm. The structure is determined by the yellow body with a diameter of 20 mm.

There is no free fluid in the pelvis.

CBC. Hb-120 g / l, erythrocytes -  $4.6 \times 10^{12}$ , Ht - 32%, leukocytes -  $9.7 \times 10^9 / l$ , ESR - 20 mm / h, platelets -  $105 \times 10^9 / l$

clinical urine analysis the reaction is acidic, beats weight - 1020, protein - den, sugar -0, 1-2 , pl. ep.- small quantity.

Coagulogram: PTI 120%, fib A 6.8 g / l, fib B +, ethanol test ++.

HCG - 15360 IU / l.

- Questions:
1. Set a preliminary diagnosis.
  2. Additional diagnostic methods.
  3. Treatment
  4. Rehabilitation.

#### Answers

1. Trophoblastic disease, grape mole.
2. Radiography of the lungs, endometrial biopsy.
3. Vacuum aspiration of the uterus, curettage, histological examination.
4. In case of proliferating blistering - registration with the oncogynecologist, prophylactic chemotherapy. Hormonal contraception.