ODESSA NATIONAL MEDICAL UNIVERSITY

Faculty of international

Department of Obstetrics and Gynecology

APPROVED

Vice-rector for scientific and pedagogical work

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"29" August 2024

METHODICAL DEVELOPMENT FOR PRACTICAL LESSONS

FROM EDUCATIONAL DISCIPLINE

Faculty of international, course IV

Educational discipline "Obstetrics and gynecology"

Practical lesson № 7. Topic: «INFLAMMATORY DISEASES OF FEMALE GENITAL ORGANS»

Approved:
Meeting of the Department of Obstetrics and Gynecology of Odesa National Medical University

Protocol №1 dated August 29, 2024.

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Practical class №7.
«INFLAMMATORY DISEASES OF FEMALE GENITAL ORGANS»

LEARNING OBJECTIVE Inflammatory diseases of the female genitals with a specific etiology are the most widespread infectious diseases. By statistics, they affect more than 5% of the population, more than 20% of teenagers and 20% of women of the reproductive age. The frequency of tuberculosis of the genitals is 8-20% in the general structure of inflammatory diseases of the female genitals.

BASIC CONCEPTS:

1. General symptomatics of gynecological pathology.
2. Definition of vaginal microbiocenosis.
3. Bacterial vaginosis: etiology, clinics, diagnostics, treatment.
4. Inflammatory diseases of female genitalia: classification, etiology, pathogenesis. Age peculiarities of processes.
5. Inflammation of external genitals and vagina (vulvitis, bartholinitis, vaginitis): clinics, diagnostics, treatment.
6. Inflammation of internal genitals (endocervicitis, endometritis, adnexitis, parametritis, pelvioperitonitis): clinics, diagnostics, treatment, tactics of GP.
7. Treatment of patients with purulent tuboovarian mass, tactics of GP.
8. Indications to surgical treatment of inflammatory diseases of female genitals.
9. Sexually transmitted diseases (trichmoniasis, gonorrhea, ureaplasmosis, micoplasmosis, chlamidiosis, viral diseases): tactics of GP upon reveal of STDs.
10. Genital candidosis: clinics, diagnostics, treatment.
11. Genital herpes: clinics, diagnostics, treatment.
12. Trichomonosis: clinics, diagnostics, treatment.
13. Ureaplasmosis: clinics, diagnostics, treatment.
14. Chlamidiosis: clinics, diagnostics, treatment.
15. Rehabilitation of patients after inflammatory diseases of female genitals.

EQUIPMENT

- Multimedia equipment (computer, projector, screen), TV.
- Obstetric models and obstetric instruments (pelvimeter, obstetric stethoscope, centimeter tape).
- Professional algorithms, structural-logical schemes, tables, videos.
- Results of laboratory and instrumental researches, situational tasks, patients, medical histories.

ORGANIZATIONAL STAGE

- Greetings,
- checking attendees,

- defining of educational goals,
- providing of positive motivation.

The rate of inflammatory diseases is over 60% of all gynecologic diseases and about 30% patients of female hospitals have the inflammatory processes of genital organs.Especially the quantity of the inflammatory diseases has enlarged because of the increased sexual activity at the young age, permissive sexual attitude, prostitution. Those at the highest risk are young unmarried women with multiple sex partners. Primarily inflammatory diseases affect human fertility because of infections of the female upper genital tract and their sequel. Women with persistent virus infection are at particular risk for cervical dysplasia and intrauterine fetal death.

CONTROL OF BASIC KNOWLEDGE (written work, written testing, online testing, face-to-face interview, etc.)

2.1. Requirements for the theoretical readiness of students to perform practical classes.

Knowledge requirements:

- Communication and clinical examination skills.
- Ability to determine the list of required clinical, laboratory and instrumental studies and evaluate their results.
- Ability to make a preliminary and clinical diagnosis of the disease
- Ability to perform medical manipulations
- Ability to keep medical records.

List of didactic units:

- Pelvis from anatomical point of view.
- Videos from laparoscopic surgeries
- TVS-scans
- Measurement and evaluation of the pelvis.

2.2. Questions (test tasks, tasks, clinical situations) to test basic knowledge on the topic of the class.

Questions:

1. Identify symptoms of inflammatory diseases of female genital system;
2. Determine examination plan using modern methods of diagnostics, analyze data of laboratory and instrumental examination in inflammatory diseases of female genitals system and state preliminary diagnosis;
3. Conduct differential diagnostics of urgent states in gynecological patients;

4. Determine management tactics in inflammatory diseases of female genital system and acute gynecological pathology;

5. Perform necessary medical manipulations.

Test tasks

Direction: For each of the multiple-choice questions select the lettered answer that is the one best response in each case.

1. The posterior rectus fascia (sheath) ends at the
(A) insertion of the rectus muscles
(B) insertion of the anterior rectus sheath
(C) arcuate line (semicircular line, linea semicircularis, line of Douglas)
(D) area approximately 3-4 cm below the umbilicus
(E) area approximately 2-3 cm above the pubic symphysis

2. Sacrospinous ligament
(A) a thick band of fibers filling the angle created by the pubic rami
(B) passes from the anterior superior iliac spine to the pubic tubercle
(C) triangular and extends from the lateral border of the sacrum to the ischial spine
(D) attaches to the crest of the ilium and the posterior iliac spines superiorly with an inferior attachment to the ischial tuberosity
(E) passes over the anterior surface of the sacrum

3. Sacrotuberous ligament
(A) a thick band of fibers filling the angle created by the pubic rami
(B) passes from the anterior superior iliac spine to the pubic tubercle
(C) triangular and extends from the lateral border of the sacrum to the ischial spine
(D) attaches to the crest of the ilium and the posterior iliac spines superiorly with an inferior attachment to the ischial tuberosity
(E) passes over the anterior surface of the sacrum

4. Ilioinguinal ligament
(A) a thick band of fibers filling the angle created by the pubic rami
(B) passes from the anterior superior iliac spine to the pubic tubercle
(C) triangular and extends from the lateral border of the sacrum to the ischial spine
(D) attaches to the crest of the ilium and the posterior iliac spines superiorly with an inferior attachment to the ischial tuberosity
(E) passes over the anterior surface of the sacrum

5. Arcuate ligament
(A) a thick band of fibers filling the angle created by the pubic rami

(B) passes from the anterior superior iliac spine to the pubic tubercle
(C) triangular and extends from the lateral border of the sacrum to the ischial spine
(D) attaches to the crest of the ilium and the posterior iliac spines superiorly with an inferior attachment to the ischial tuberosity
(E) passes over the anterior surface of the sacrum

6. Formed by the superior and inferior pubic rami and covered by a central membrane through which a nerve, artery, and vein pass
(A) obturator foramen
(B) greater sciatic foramen
(C) lesser sciatic foramen
(D) sacrospinous ligament
(E) sacral foramina

7. The internal pudendal vessels and pudendal nerve exit the pelvis but then reenter through this structure
(A) obturator foramen
(B) greater sciatic foramen
(C) lesser sciatic foramen
(D) sacrospinous ligament
(E) sacral foramina

8. Divides and demarcates the greater and lesser sciatic foramen
(A) obturator foramen
(B) greater sciatic foramen
(C) lesser sciatic foramen
(D) sacrospinous ligament
(E) sacral foramina

9. The piriformis muscle, gluteal vessels, and posterior femoral cutaneous nerves pass through this structure
(A) obturator foramen
(B) greater sciatic foramen
(C) lesser sciatic foramen
(D) sacrospinous ligament
(E) sacral foramina

10. Four anterior and four posterior openings through which pass small nerves
(A) obturator foramen
(B) greater sciatic foramen
(C) lesser sciatic foramen
(D) sacrospinous ligament

(E) sacral foramina

11. Which of the following statements is FALSE?
(A) The ischium has a body and two rami
(B) The internal surface of the body of the ischium provides attachments for the levator ani muscle and coccygeus muscle
(C) The superior ramus is located cephalad to the inferior ramus in the standing position
(D) The superior ramus forms the dorsolateral portion of the obturator canal
(E) The ischial tuberosity is the lowest portion of the pelvis in the erect or sitting posture and bears the weight of the human frame in the sitting position

12. Regarding the pubis, which of the following statements is FALSE?
(A) The pubis has a body and two rami
(B) The superior edge of the body of the pubis, lateral to the midline, has a raised area called the anterior iliac crest a common landmark
(C) The inferior ramus is the attachment of the adductor magnus and brevis, and obturator internus muscles
(D) The inferior rami form the lower portion of the pubic arch
(E) Inferiorly, the pubic bone is the attachment for the urogenital diaphragm

13. The sacrum
(A) is formed from 11 or 12 small fused vertebrae
(B) has an uppermost anterior portion called the obstetrical conjugate
(C) in women has a concave pelvic surface
(D) is separated from the vertebrae that make up the coccyx by the sacrococcygeal joint
(E) most often is the limiting factor in determining the size of the pelvic outlet

14. Which of the following is a muscle of the external genitalia?
(A) the gluteus
(B) the sartorius
(C) the superficial transverse perineal
(D) the deep transverse perineal
(E) the levator ani

15. The term pudenda includes the
(A) mons pubis
(B) vulva
(C) labia
(D) external genitalia
(E) all the above

16.The term perineum describes
(A) the entire area between the thighs from the symphysis to the coccyx, bounded inferiorly by the skin and superiorly by the levator muscles of the pelvic diaphragm
(B) the anus and perianal area
(C) the superficial skin layer of the vulva
(D) the tendon joining the muscles deep to the external genitalia
(E) bulbocavernosus, ischiocavernosus, and transverse perineal muscles as a complex

17. The clitoris
(A) consists of a single crurum, a short body, and the glans clitoris, with overlying skin called the prepuce
(B) is attached to the pubic bone by a suspensory ligament
(C) contains within the shaft the corpora cavernosa, a collection of dense connective tissue that serves as support for the anterior-inferior portion of the vagina
(D) is supplied very sparsely with nerves originating primarily from the terminal branch of the ilioinguinal nerve in most women
(E) plays a secondary role in erotic stimulation in most women when compared to the role of the vagina

18. Which of the following statements regarding the muscles of the external genitalia is TRUE?
(A) The bulbocavernosus muscle surrounds the distal vagina and vestibule on each side as a single continuous strip of muscle, much like other sphincters
(B) The ischiocavernosus muscle takes origin from the ischial tuberosity and inferior ischial ramus and inserts upon the inferior pubic ramus on each side of the pelvis
(C) The superficial transverse perineal muscle arises from the ischial tuberosity and inferior ischial ramus and inserts between the posterior vagina and anterior rectum
(D) The perineal body serves as a central connection for all the superficial muscles of the external genitalia except the transverse perineal muscle which inserts directly on the external anal sphincter
(E) The muscles of the external genitalia are usually spared at the time of episiotomy when the levator ani muscle is routinely divided

19. Which of the following statements about the vagina is FALSE?
(A) The vagina is a 7-10 cm canal connecting the internal and external genitalia from the vestibule to the uterine cervix
(B) It is a hollow, distensible, fibromuscular tube with the apex (vault) having an H-shaped lumen and the external opening being flattened in the dorsal-ventral dimension
(C) The body of the vaginal tube is flattened in its normal resting state

(D) The mid-portion of the vaginal axis is nearly perpendicular to the lower sacrum in the adult human female in a standing position
(E) The posterior fornix (back wall of the vagina) is approximately 2 cm longer than the front wall and is directly connected to the peritoneal pouch (posterior cul de sac, retrouterine space, or pouch of Douglas) directly behind the uterus

20. When the infantile uterus is examined, one finds that
(A) the cervix is larger than the corpus (body of the uterus)
(B) the position is always anteflexed
(C) the cervix is the same size as the corpus
(D) the body is larger than the cervix
(E) it is as large as the adult organ in the immediate newborn period

I. FORMATION OF PROFESSIONAL SKILLS (mastering skills, conducting curation, determining the treatment regimen, conducting a laboratory study, etc.).

3.1. Content of tasks (tasks, clinical situations, etc.).

Interactive task:

Students of the group are divided into 3 subgroups of 3-4 people each. They work in the classroom, reception department of the gynecological hospital/department

Tasks:

- Subgroup I - to perform an encounter (anamnesis taking, etc.) with standardized patient
- Subgroup II - to perform specific gynec.exam
- Subgroup III – to assess answers of subgroups I and II and makes adjustments.

Tests:

Direction: For each of the multiple- choice questions select the lettered answer that is the one best response in each case.

1. Patient '18 addressed with complaints of itching in the vagina, increasing emissions. Sick 3 days. On the eve suffered anhynu, treated with antibiotics. OBJECTIVE: peredvirrya vagina, small and large labia swollen, congested. The mucosa is congested, swollen, covered with white bloom that is easily removed. Whites in large numbers, white, thick "syrkopodibnoho character." The uterus and appendages normal. Possible diagnosis?

A. Trihomonadnyy vaginitis
B. Acute gonorrhea
+ C. Kandidamikoz
D. Genital Herpes
Chlamydia E.

2. Male 35, not married, turned to the gynecologist with complaints to the emergence discharge hnoyevydnoho nature, frequent urination, pain during urination and itching in the urethra that appeared on day 5 after casual sex. OBJECTIVE: swelling urethral sponge hyperemic, discharge from the urethra hnoyevydnoho character. What is the preliminary diagnosis?

A. Hardnerelez

B. Chronic gonorrheal urethritis

Chlamydia C.

+ D. acute gonorrheal urethritis

E. ureaplasmosis

3. Female 18 years appealed to the gynecologist with a desire screened for chlamydia. What is a "gold standard" in the diagnosis of urinary chlamydia?

A. ELISA.

B. PCR.

C. Tsytolohychnyy.

D. Serological.

+ E. The culture.

4. Male '28 complained of watery vaginal discharge with a foul fishy smell. Microscopy discharge from the genital tract has found the key cells. Amine test positive. Your diagnosis?

+ A. bacterial vaginosis.

B. trichomoniasis.

C. Gonorrhea.

D. Candidiasis.

E. Chlamydia.

5. Male 27, who lives a sexually active life, complaining about the presence of numerous vesicles on the right sexual lip, itching and burning. The rash occasionally appear before menstruation and disappear in 8-10 days. The likely diagnosis?

A. Genital kondylomatoz.

B. Bartolini.

C. Primary syphilis.

D. Cytomegalovirus infection.

+ E. Herpes simplex virus.

6. Patient '23 appealed to prenatal doctor with complaints of copious frothy vaginal discharge with an unpleasant odor, burning and itching of the vulva. Leads promiscuous. At gynecological examination, vaginal mucosa hyperemic, with dotorkuvanni bleeding profuse white, green, frothy.

What is the most likely diagnosis?

+ A. Trihomonadnyy vaginitis
B. Chlamydia
S. bacterial vaginosis
D. Candidiasis
E. Gonorrhea of the lower genital tract

7. The patient complains nesterpymu itching and burning in the vagina, aggravated at night. On examination revealed sharp hyperemia of the vulva, vagina and vaginal mucous of the cervix. Bold, liquid, abundant, frothy with a greenish tinge. On examination of the uterus and appendages diseases have been identified.

What disease should be suspected doctor?
A. Urogenital herpes.
VA Gonococcal infection.
C. Bacterial vaginosis.
D. Urogenital candidiasis.
+ E. urogenital trichomoniasis.

8. Female 27 years appealed to the antenatal clinic with complaints of growths in the vulva. When viewed in the vulva found some grow in size from 2 to 5 mm internal sex organs without pathology. He was put diagnosed genital warts. What is the most likely cause of this disease?

+ A. HPV infection
B. Herpetic infection
Chlamydia C.
D. Mycoplasmosis
E. Syphilis

9. Patient '20 addressed to the gynecologist with complaints about the appearance of growths in the genital area. Examining the patient, the doctor found a large and labia lips papillary growths resembling cauliflower, soft consistency, painless, neerozovani. The patient is directed to consult a dermatologist.

Estimated diagnosis:
A. granulomatous candidiasis.
B. kraurosis vulva.
+ C. papillomatosis of the vulva.
D. genital herpes.
E. vegetating pemphigus.

10. Female 28 years appealed to the gynecologist with complaints about the appearance of discharge and itching in the genital area. Isolation and pruritus were about a week ago. From history we know that some woman had sex with different men in the last 3 months. OBJECTIVE: slight redness of the mucous labia minora

and vagina, discharge watery nature sirkopodibnoho color with "fish smell". The preliminary diagnosis?

A. Candidiasis
B. trichomoniasis
+ C. Hardnerelez
D. Chlamydia
E. ureaplasmosis

3.2. Educational materials, recommendations (instructions) for performing tasks

Definition of vaginal microbiocenosis.

Microbiocenosis - a sustainable community of microorganisms in a particular habitat. The existence microbiocenosis in the vagina, as well as in the gut, is set for a long time. However, the study of this issue is still relevant - the conditions of existence, composition microbiocenosis are the subject of scientific and medical research. What causes disturbances microbiocenosis how to maintain or restore the disturbed microbiocenosis - these are the questions that affect human health in many ways.

Vaginal microflora includes microorganisms like forming normal microflora have accidentally listed bacteria from the environment (transient microorganisms). Transient bacteria are not able to stay long in the genital tract and usually do not cause disease states as long as the natural resistance factors and immune mechanisms ensure the barrier function and prevent excessive reproduction of these microorganisms.

Female genital tract represent an ecological niche that includes flat vaginal epithelium, columnar epithelium of the cervix and vaginal secretions.

The vaginal epithelium is a squamous multilayered epithelium in which the basal layer cells divide and mature toward the lumen, and then exfoliated into the vaginal lumen. Normal epithelial maturation, thickness of surface layer peeling and under the control of ovarian hormones. In the follicular or proliferative phase of the menstrual cycle vaginal epithelium is exposed to estrogens (mainly estradiol) and a luteal or secretory phase - progesterone. Estrogens induce the accumulation of glycogen in the vaginal epithelium, which is a substrate for the growth of lactobacilli. Lactobacilli cleave glycogen to produce lactic acid, which maintains the vagina low pH (4.4-4.6). In addition, the female sex hormones stimulate the formation of receptors for lactobacilli to vaginal epithelial cells.

At birth, the newborn girl vagina is sterile, but in the first 24 hours colonized by aerobic and facultative anaerobic microorganisms. Later, after a few days, the vaginal microflora of the newborn predominate lactobacilli. This is due to the presence of estrogen produced transplatsentarno child from the mother. The dominance of lactobacilli and limited the rest of the flora species of acid to make the composition of the microflora of the vagina like a newborn girl on the composition of the microflora of the vagina of adult women.

By the end of the neonatal transplacentally derived estrogens metabolized, there is a decrease in glycogen stores epithelial cells and as a consequence, the elimination of lactic acid bacteria, the medium becomes less acidic, begin to dominate microflora anaerobes.

At puberty, with the start of ovarian function, there are endogenous estrogens, under whose influence in the cells of the vaginal epithelium glycogen builds up again ("estrogen-stimulated epithelium") and increases the number of receptors on the cells of the vaginal epithelium for lactobacilli. Since that time, lactobacilli are beginning to occupy a dominant position in the vagina and subsequently maintain this position throughout the reproductive period in women.

In healthy women of childbearing age vaginal microflora composition (see. The next section) can be changed in various phases of the menstrual cycle, as on changing levels of estrogen cycle and, consequently, the glycogen in epithelial cells.

During pregnancy, the concentration of glycogen in the vagina in women increases, which provides favorable conditions for the life of lactobacilli and improve their level in pregnant women. The maximum number of lactobacilli reached in the III trimester of pregnancy. The dominance of lactobacilli in pregnant women reduces the risk of contamination of the membranes and the developing fetus, as well as the pathological process of colonization as it passes through the birth canal.

Childbirth lead to rapid changes in the composition of the vaginal microflora. Reduced levels of lactobacilli and significantly increases the number of Bacteroides, Escherichia. These changes in the microflora associated with a significant decrease in estrogen levels, the trauma of the birth canal, lochia release and contribute to the development of postpartum infectious complications. These violations microbiocenosis temporary, and 6 weeks after delivery composition of microflora returned to normal.

After menopause in the genital tract of declining estrogen levels and glycogen, reduced oxidative capacity, reduces the number of lactobacilli, begin to dominate the obligate anaerobic bacteria, the pH becomes neutral value.

Thus, there are a number of factors of the female body that monitor the composition of the normal microflora. Pronounced hormone physiology changes during a woman's life, as well as monthly cyclic changes lead to changes in the qualitative and quantitative composition of the vaginal microflora.

Inflammatory diseases of unspecific (bartholinitis, vulvitis, vaginitis, endocervicitis, endometritis, adnexitis, parametritis, pelvioperitonitis) and specific etiology.

The prevalence and contamination of sexually transmitted diseases (STD), steadily grows, is various in different regions of the world and represents an actual medical-social problem. The necessity for studying classical venereal diseases is not limited to discomfort and pain, which are caused by the primary infection. These diseases, proceeding sometimes as mixed infections, are the reason for severe system disorders, disorders of the central and peripheral nervous system, eye, internal organs,

mucous membranes and skin. In women, the results of an ascending infection are shown as infertility (55-85%), extrauterine pregnancy, tubo-ovarian tumours, miscarriages, cancer of the cervix uterus (especial for HSV-2, 4, papilloma-viral infections), physical inabilities, death (in second place after the flu with herpetic infections).

Normal vaginal microflora contains: Lactobacillus (70-90%), Staphylococcus epidermalis (30-60%), diphteroids (30-60%), Hemolytic Streptococci (10-20%), nonhaemolytic streptococci (5-30%), Escherichia coli (20-25%), Bacte-roides (5-15%), Peptococcus (10-60%), Peptostreptococcus (10-40%), Clostridium (5-15%).

Presence of pathogenic flora without inflammation isn't a sign of pathologic processes.

Estrogens have a direct effect on the number of organisms and composition of the bacterial flora. The mucosal surface provides protection from invading pathogens. Mucous may act to eliminate a variety of pathogens or antigens. Mucous also serves for attachment of immunoglobulin A, lysozyme, lactoferrin and other biologically active substances. Mucous in the female genital tract is under hormonal control. Any abnormalities with low estrogen secretion and decreasing of estrogen level with age may damage defense mechanisms of the female genital tract. Using of contraceptives, shower can effect into vaginal ecosystem by changing vaginal pH, altering the vaginal fluid by direct dilution.

Bartholinitis

Bartholinitis is an inflammation of Bartholin's gland (large gland of vaginal vestibule). It may be caused by Staphylococcus, E.coli and N. gonorrhea. Any type of the pathogen initiates ductal inflammation and obstruction that can lead to Bartholin's abscess. There can be serous, serous-purulent, or purulent inflammation. Obstruction of the opening of the main duct into the vestibule leads to abscess formation. Infection of Bartholin's glands can lead to secondary infections, abscess or cyst formation. When the gland becomes full and painful, incision and drainage is appropriate. Patients with abscess usually require abscess incision with insertion of the catheter in abscess cavity. Recurrent infection from vaginal flora and mucous cyst formation are common sequelae of bartholinitis. If the infection of gland is caused by N.gonorrhea specific antibacterial treatment is prescribed.

Endocervicitis

Endocervicitis is the inflammation of mucosa layer of the endocervix. Bacteria cause infection of the columnar epithelium. Chlamidia trachomatis, Mycoplasma, Trichomonada vaginalis, N. Gonorrhoeae, viruses, Candida, E.coli, Staphylococci cause endocervicitis. Cervix is constantly exposed to trauma during childbirth, abortion.The abundant mucus secretion of the endocervical glands both with the bacterial ascend from the vagina creates a situation that is advantaging to infection.

The inflammatory process is chiefly confined to the endocervical glands. The squamous epithelium of the exocervix may be involved into the process called acute

exocervicitis. The extent of endocervical involvement as compared with exocervical one appears to have some relation to the infecting agent.

Chronic cervicitis manifestation is cervical erosion. Erosion indicates the presence around the cervical os a zone of infected tissue that has a granular appearance. It implies the loss of superficial layers of the stratified squamous epithelium of the cervix and overgrowth of infected endocervical tissues.

The inflammatory process stimulates a reparative attempt in the form of anupward growth of squamous epithelium, causing some of the ducts of the endocervical glands to be obstructed. Retention of mucus and other fluid within these glands results in the formation of Nabothian cycts. These cysts are endocervical glands filled with infected secretion. Their ducts become secondarily included into the inflammation and reparative processes.

The most important in the diagnosis of chronic cervitis is the exclusion of the malignant process. Before the begining of treatment, examination with colposcope should be carried out. The cervicitis may appear as a reddish granulation raised above the surrounding surface, giving the impression of being papillary. A Papanicolaou smear should be obtained and suspicious areas should undergo biopsy.

Treatment. Acute cervicitis is treated with appropriate antibiotics (it depends on bacterial agent). Local treatment of acute phase is a real danger of dissemination of infection. Laser therapy is used in treatment of acute and chronic cervicitis. Electocautherization is the traditional treatment of chronic cervicitis, especially with erosion, cervical ulcers or ectropion. Nowadays cryosurgery or laser surgery has replaced electrocautherization.

Pelvioperitonitis

Pelvioperitonitis is an inflammation"of pelvic peritoneum.The polymicrobial infection such as Escherichia coli and other aerobic, enteric, gramnegative rods, group of β-hemolytic staphylococci, anaerobic, streptococci, Bacteroides species, staphylococci, mycoplasms cause the process. Pelvioperitonitis occurs secondary. Primary process is in uterine tubes, ovaries, uterus and parametrium. In most cases purulent damage of uterine adnexa lasts with pelvioperitonitis. Infection can be spread by limphogenic or blood vessels, and from uterine tubes in case of salpingitis, especially gonococcial infection.

Clinic characterizes the acute inflammation. High temperature, severe lower abdominal pain, fever or chills, tachycardia are common. There can be nausea and sometimes vomiting. Muscular defence and rebound tenderness are the symptoms of peritoneal irritation. Anterior abdomen wall takes part in breathing act.Tender adnexa are present at bimanual examination. Cervical motion causes pain. Posterior fornix is painfull.

Laboratory tests reveal increasing of white blood cell count and erythrocyte sedimentation rate. C-reactive protein levels may appear. Generall blood test should be done 4-5 times per day to diagnose transformation of pelvioperitonitis to peritonitis.

Treatment. All the patients should be hospitalized. Ideally, the antibiotic should be selected according to the organism present in the fallopian tube or uterus, but in most cases empiric therapy must be used. Treatment includes intravenous doxycycline and either cefoxitin or cefotetan or intravenous clindamycin and gentamicin for at least 4 days followed by oral clindamicin or tetracyclin for 10-14 days. Hospitalized patients who have peritonitis but do not have adnexal abscess usually respond rapidly to the regimens. In the presence of an adnexal abscess, even if the systemic manifestations are mild, antibiotics which eliminate B.fragilis should be selected because most pelvic abscesses contain this organism. Clindamycin, Metronidazol, Cefoxitin, or Impinem should be used to treat pelvic abscess. If there is an intrauterine device it should be removed as soon as therapy is started. Surgery is indicated in the case of ruptured pyosalpinx or ovarian abscess. Colpotomy drainage usually is preferable when unruptured midline cul-de-sac abscess is present. Laparotomy is required for such problems as unresolved abscess or adnexal mass that does not subside, surgery should be limited to the most conservative procedures that will be effective. Unilateral abscess respond to unilateral salpingoophorectomy.

Sexually transmitted diseases (gonorrhea, trichmoniasis, ureaplasmosis, micoplasmosis, chlamidiosis, candidosis, viral diseases)

Gonorrhea.

Gonorrhea - venereal disease caused by the gonococcus. Among the specific pelvic inflammatory disease gonorrhea occurs in 5-25% of patients taking second place after trichomoniasis. The main route of infection with gonorrhea and sexual in a very small percentage of cases it occurs asexually (via various household items - clothes, sponge, towel). Gonorrhoea is characterized by a primary lesion of the mucous membranes of the urogenital organs.

The clinical course distinguish, fresh and chronic gonorrhea. Fresh gonorrhea, in turn, is divided into acute, subacute and torpid. For gonorrhea typical multifocal lesions. There are two ways to spread gonorrhea: upward - the urethra, cervix, endometrium, tubes, peritoneum and hematogenous - penetration of gonococci into the bloodstream. Most often the infection spreads through the first, especially during menstruation.

Diagnostics. Based on the clinical manifestations of the disease and detection of gonococci in smears taken from the urethra, cervix, or other foci of infection. gonorrhea diagnosis with certainty can only be made upon detection of Neisseria gonorrhoeae, so laboratory methods in the diagnosis of this disease is of paramount importance.

Treatment should be complex. It includes antibacterial, immunostimulant and a local anti-inflammatory therapy. By resorting to surgery if piosalpinks, piovara and tubo-ovarian structures.

Trichomoniasis.

Trichomoniasis - an infectious disease caused by Trichomonas vaginalis. Trichomoniasis is sexually transmitted. Inflammation that occurs under the influence of Trichomonas should be regarded as protozoal, bacterial, because along with Trichomonas it involves cocci, fungi, that should be considered in treatment. The most frequently hit Trichomonas vagina, at least - the urethra, bladder, excretory ducts of the glands large vestibule, the very threshold, the mucous membrane of the cervical canal, the epididymis. For trichomoniasis, as well as for gonorrhea, characterized by multifocal lesions.

The main manifestations of the disease are abundant foamy liquid bleach gray-yellow in color, which cause itching and burning in the vulva. Diagnosis is based on clinical manifestations of the disease and the detection of Trichomonas.

Treatment. At the same time we treat the wife and husband. In addition to specific therapy appointed agents affecting the accompanying flora. The main, most effective means of treatment of trichomoniasis is metronidazole (Trichopolum, flags). Control of cure is carried out within 2-3 menstrual cycles after treatment. Swabs taken on 1-3y day after menstruation.

Chlamydia, ureo- and mycoplasmosis.

Mycoplasma - the smallest micro-organisms that live in the mucous membranes of the mouth, respiratory tract, the lower parts of the urogenital tract. In inflammatory diseases of the genital organs of women, these microorganisms affect the vagina, cervix, endometrium, fallopian tubes. Mycoplasma is spread through sexual contact and is frequently found in patients with gonorrhea, trichomoniasis, as the accompanying flora.

Picture disease female urogenital organs, caused by mycoplasma, a little different from the manifestations of salpingitis, obesity, cervicitis of different etiology. The main laboratory diagnostic methods are mycoplasmoses isolation of a pure culture of mycoplasmas in the culture media and the establishment of their kind.

Clinic. Usually there are meager discharge from the urethra or vagina, itching in the urethra, in the external genitals, pain in the groin, perineum, lower back. Smear the study should be subjected to discharge lacunar ducts. Treatment. Tetracycline or erythromycin prescribe a daily dose of 1-1.2 for 7-14 days.

Treatment. The most effective antibiotics: tetracycline, monomitsin, kanamycin, chloramphenicol, lincomycin. Diseases of the reproductive system caused by chlamydia, often recur, and often take a chronic course. In women, this pathology is sometimes leads to the primary and secondary infertility.

Genital candidiasis.

Candidiasis - a disease caused by yeast fungi. Appearance it may be due to:

1) exogenous factors that contribute to the penetration of fungal flora in the body and reduces the overall reactivity of the female body;

2) endogenous factors leading to the reduction of body resistance (long ongoing disease);

3) pathogenic fungi that cause goiter, which in turn is the result of long-term antibiotic therapy.

There are candidiasis of the vulva, vagina, uterus and uterine appendages.

Candida vulvitis. This disease is characterized by redness of the skin and mucosa of vulva vestibule. On the skin of the vulva occur vesicles, erosions and then merging with each other and covered with a crust that is accompanied by itching and burning.

Candida coleitis. Currently, the most common. There burning, itching, pain in the vagina, leukorrhea. On examination of the vaginal walls reveal hyperemia, vaginal mucosa swelling, attacks white cheesy nature; when removing the plaque exposed eroded areas. Diagnostics. Based on the detection of pathogens in swabs taken from infected areas.

Treatment. Local therapy combined with the appointment of enteral or levorin nystatin (500 000 units. 3-4 times a day for 3 weeks.). At the same time appointed antihistamines, multivitamins, restorative therapy.

Genital herpes.

The causative agent of herpetic diseases of the genital organs is the herpes simplex virus (HSV). Genital herpes is transmitted sexually, and can be a source of infection not only patients with clinically severe symptoms, but carriers of herpes simplex virus.

Infection does not always cause clinically significant disease, there are carriers of latent and (often) during the process. The disease occurs in the following clinical forms:

I - acute primary;

II - chronic recurrent;

III - atypical.

A characteristic feature of herpes simplex virus - the emergence of single or multiple vesicles on the background of erythematous, edematous mucosa of the affected area. When expressed manifestations of the disease are often there are complaints of malaise, headache, irritability, sleep disturbances, sometimes there are low-grade fever and an increase in regional lymph nodes. Recognition of genital herpes promote history, complaints and objective research data. Diagnosis of HSV infection based on the detection of herpes simplex virus or antibodies in the blood serum of the patient.

Treatment of genital herpes is a difficult task due to lack of funds, have a direct, specific effect on the herpes simplex virus. In connection with the real threat of secondary infection recommend topical application of antibiotics (tetracycline, sintomitsinovaja ointment), or paste Lassara podsushivayuschee powder of talc, kaolin, zinc oxide; are used as solutions of aniline dyes, and other means.

Diagnostics, treatment and prophylaxis of bacterial vaginosis.

Bacterial vaginosis - a disease with characteristic heavy and prolonged vaginal discharge, often with an unpleasant odor. They do not exhibit gonococci,

trichomonads and fungi. Use of the term "bacterial" due to the fact that the disease caused by the microflora polymicrobial; Vaginosis - because unlike vaginitis are no signs of an inflammatory reaction of the vaginal mucosa.

Causes of bacterial vaginosis

• Hormonal disorders. A number of gynecological and endocrinological diseases accompanied by disturbance of the cyclic change of the concentrations in the blood of female sex hormones. Hormonal disorders leading to changes in the update of the vaginal epithelium, the properties of the vaginal epithelial cells.

• Immunosuppression. Violation of the activity of the immune system leads to a reduced ability of the immune system to influence the composition of microflora is reduced secretory activity of antibody synthesis, the activity of immune cells.

• Violation of the intestinal microflora. Changing the composition of the intestinal bacteria leads to a change in the composition and vaginal microflora. Because intestinal dysbiosis may serve as the main cause of vaginosis.

• Antibiotics - in some cases can lead to a change in quality and size of vaginal mucus. The fact is that antibiotics do not have a selective effect on certain types of bacteria. For example, in the treatment of bronchitis, along with the destruction of bacterial bronchial tree antimicrobial destroys useful microflora of intestines and genital tract.

Symptoms of bacterial vaginosis

Intensity and the list of symptoms can vary widely, depending on the composition of the microflora and the state of the organism.

Abundant or scanty discharge from the genital tract. Most are purulent discharge, white, with unpleasant pungent odor, discharge waste activity after sexual intercourse or during menstruation.

Itching - permanent, may be exacerbated during menstruation.

The soreness in genital sexual contact. This symptom can be caused by changes in mucosal epithelium of the vagina and the aggressive properties of the vaginal microflora.

Adhesion of the labia minora - is associated with the active pus.

Burning sensation when urinating - this symptom rarely occurs, and may be associated with irritation of the external urethra.

Diagnostics of bacterial vaginosis

Diagnostics of bacterial vaginosis based on the symptoms of the disease, symptoms detected by gynecological examination and laboratory analysis of the data.

Gynecological examination

On examination, gynecologist reveals copious purulent discharge their genital tract, in some cases, labia glued to dry out pus. When viewed in the mirrors can be detected on the mucosal surface of the pus.

Laboratory research

Microscopic examination of the vaginal smear with mucous - is the main method in the diagnosis of vaginitis. Smear taken with the rear surface of the vaginal portion of

the cervix during gynecological examination in mirrors. After staining reagents specific smear is examined under a microscope. The majority of known bacteria actively colonize the mucous uterine vaginosis can identify as a result of the survey. The sensitivity of this method is 100%.

Bacteriological examination is not as effective for the diagnosis of the causes of vaginitis. This method, however, in some cases indispensable for diagnosis of infection in companion.

Amino test effective test for rapid diagnosis of vaginitis caused by anaerobic bacteria. The result of the activity of these bacteria in the environment includes such organic materials as putrescine, cadaverine, trimethylamine. These substances create odor "tainted fish"

Definitions pH of vaginal secretion. Identifying a pH above 4.5 is one of the symptoms of vaginosis. As we have said above, low pH value in the acidic environment provides beneficial bacteria (Doderlyayna sticks). Lowering the acidity indicates that their number reduced.

Treatment

Bacterial vaginosis treatment consists of 2 stages: elimination of pathogenic and conditionally pathogenic bacteria (the same gardnerellas) and settlement of the vaginal lactobacilli normal. To combat pathogens using vaginal suppositories and gels with various antibiotics or antiseptics (eg, metronidazole or clindamycin). Selection of the desired spectrum is difficult to do alone, and even more so without analyzes. Sometimes antibiotics are administered in tablets for medical indication.

The choice of specific drugs and dosage forms (tablets, suppositories, solutions, etc.) Carries a gynecologist, according to the manifestations of the disease, the patient's condition and results of analyzes. True to the selection of treatment at this stage, can improve its efficiency, to avoid unnecessary side effects and costs. Keep in mind that not treated a separate infection (such as chlamydia or candidiasis), and recovering the balance of microflora, which is much harder to achieve.

In pregnancy, antibiotics are not used. In the second stage of treatment may be required, or drugs directly into the lactobacilli in the vagina. Traditionally, the recommended diet with Biokefir, yogurt, sauerkraut. Sometimes the treatment of bacterial vaginosis are using drugs that increase immunity. However, the effect of many of these agents has not been proven, and the doctors are guided primarily their own experience or tradition. The feasibility of various methods of treatment of intestinal dysbiosis is being challenged.

The main criteria for cure bacterial vaginosis and bacterial vaginosis are vaginal discharge termination and the normalization of the vaginal smear.

Prophylaxis of bacterial vaginosis

Most important in the prevention of recurrence of bacterial vaginosis is the elimination of predisposing factors:

- Rational use of antibiotics.

- Keeping on the normal intestinal microflora level (prevention of intestinal dysbiosis).
- Normalization of hormonal (hormonal treatment of gynecological diseases).
- Maintaining the protective properties of the body (immune system) at a high level
- In some cases, the use of vaginal hygiene products and contraceptives should be avoided.

Indications to surgical treatment.
1.Nalichie in adnexal tumor formation, are not amenable to conservative therapy. If the pain fades and dissolves tumor formation after conservative therapy, the treatment can be considered successful. However, if after 2-3 months. relapse, which again lends itself to treatment, and again after a short remission relapse, the patient should be operated.
2. The inability to exclude the presence of true ovarian tumor. In the presence of tumor formations to conduct therapy for more than 3 months. Not recommended. Anti-inflammatory therapy can be regarded as a diagnostic test and, if under the influence of education does not decrease healing factors, it is impossible to exclude the true tumor, and operative treatment.
3. Purulent tubovarialnoe education. In these cases, there are symptoms of irritation of the peritoneum, high leukocytosis, fever and leukocyte formula shift to the left.
Surgery Benefit in purulent inflammatory formations of the uterus belongs to the category of the most difficult, as it requires a broad general surgical and urological training. Any operation performed on the inflammation, especially purulent, formations of the uterus, is atypical. This is due to extremely diverse and sometimes unpredictable adhesions and inflammatory infiltrative process. During the operation, should be removed completely inflammatory tumor formation and freely lying necrotic tissue. If necessary, the volume of transactions may be extended to hysterectomy with appendages. Also, be sure to complete emptying of abscesses (if any) in the abdominal cavity and small pelvis. When diffuse peritonitis obshchehirurgicheskogo should act on the rules, namely widely drain the abdominal cavity through the lateral channels and leave mikroirrigatory for introducing antibiotics into the abdominal cavity and perform peritoneal dialysis, if necessary.

Peculiarities of inflammatory diseases in different age periods, management tactics.
Adolescent girls who have not had sexual debut, the incidence of genital disease increases from year to year, among which the leading position occupied by non-specific inflammatory diseases of the genital organs, while somatic pathology is reduced. Stable, highly informative risk factors for reproductive disorders and somatic health is the low cultural level of the family, malformed sanitary installations, lack of medical activity, poor living conditions, diet disorder burdened perinatal history.

Frequency genital pathology and structure varies depending on the age of the child. The older girl, the more inflammation of the vulva and vagina are complicated by the nature of the development of nonspecific cervicitis with little severe clinical manifestations with a tendency to chronic and recurrent course.

Girls with impaired physical health are at risk for the formation of associated non-specific inflammatory disease of the vulva, vagina and cervix with a tendency to chronic process with the prepubertal period.

As the child grows, the number of adverse factors that contribute to the formation of vulvovaginal increases, the importance of risk factors vary in age aspect Highly informative migratory factors include biomedical and relatively stable controlled - social and sanitary.

High-risk groups for the formation of nonspecific inflammatory diseases of lower genital tract are children who live in poor housing and living conditions in families with low sanitary culture, with insufficient hygienic skills, low medical activity with the structural features of the external genitalia, born of mothers with occupational hazards and harmful habits, with complications of pregnancy and childbirth, the risk of anemia, dystrophy and atopic dermatitis, with high infection index somatic burdened history.

Practical recommendations

1. The girls at high risk for the formation of genital disease should be kept under constant medical observation gynecologist
2. Prepubertal girls with chronic pathology naso - and oropharynx, frequent viral diseases, lesions of the gastrointestinal tract and urinary system require a joint dynamic observation JlOP-physician, nephrologist, gastroenterologist, pediatrician and obstetrician-gynecologist.
3. When protracted course of inflammation of the external genitalia and the ineffectiveness of the therapy should be expanded diagnostic search using additional methods of research (Vaginoscopy, pelvic ultrasound) to clarify the nature of the inflammation and the interest of the vaginal part of the cervix.
4. With a view to the early formation of the risk group for the development of inflammatory diseases of the genitals is necessary to conduct routine inspection gynecologist girls in the first year of life.
5. In order to assess the risk of gynecologic pathology is recommended to use in the practice of pediatricians and obstetricians predictive algorithms developed tactics of adolescent girls to risk subgroups.

A feature of intrauterine pathological processes in patients with middle and old age is their predominantly asymptomatic, and the diagnosis can be made on the basis of ultrasound screening.

Anatomic features of the uterus in patients with middle and old age, creating difficulties in the operation, are its small size, atrophic changes of tissues and partial or complete atresia of the cervical canal.

The most common pathology of the endometrium in women elderly are glandular-fibrous polyps of the endometrium, an increased incidence of endometrial adenocarcinomas.

Given the age-related changes of the pelvic organs, presence of concomitant extragenital pathology, often expressed by emotional lability, high risk of complications, it is advisable

1. Carefully adjust comorbidities prehospital.
2. To exclude gastric aspirate greater responsibility to monitor compliance with the food regime.
3. Carry out the operation with the use of sedative premedication to avoid high blood pressure.
4. In view of the high risk of uterine perforation operation should be performed only by highly skilled surgeon.
5. To reduce the risk of cervical trauma hysteroscopic use forceps and scissors to cervical dilatation at full and partial atresia of the latter.
6. It is an important role in maintaining the health of women should be given the continuity clinic-hospital system, as well as dispensary examination of the observed population.

Rehabilitation of patients after inflammatory diseases.

Rehabilitation is a complex of therapeutic and preventive measures that are aimed at restoring the health of the woman, the recovery of all the functions of the female body systems disturbed as a result of the disease. In this chapter we will talk about the female body rehabilitation after inflammatory diseases of the genital organs, which is very important for maintaining or restoring the health of the woman.

Rehabilitation involves the following steps: proper medical rehabilitation or restorative treatment aimed at prevention of chronic disease, occurrence of exacerbations; professional and social rehabilitation - a period of social, labor and consumer devices. At these stages of activities are carried out directly by medical and health institutions, the legislative acts on maternal and child health, the Labour Code, as well as the efforts of the woman. In general medical problem issues of rehabilitation of patients after acute inflammation of the genital organs occupy a special place, since, in addition to rehabilitation of women, great importance is the preservation or restoration of impaired fertility of the female body. It is known that the most common among all causes of infertility in marriage pathology of the fallopian tubes. Approximately 80% of tubal infertility is a consequence of myocardial inflammation of the uterus nonspecific or specific origin. In connection with this intensive treatment of acute inflammatory diseases of the uterus and prevention of their occurrence are of great social importance. Modern methods of treatment carried out in hospital, follow-up care on an outpatient basis antenatal clinic, dispensary observation and spa treatment contribute to the successful rehabilitation of the patients. Reducing follow-up care on an outpatient basis (in the

clinic, in the enterprise, in the sanatorium, the resort) is based on the extensive use of natural factors, physiotherapy, therapeutic exercises, nutrition and others. The result of this treatment is to restore immune function, endocrine, cardiovascular and nervous female body systems. This increases the ability to work, defining the professional and social rehabilitation of women after inflammatory diseases of the genital organs. The first focuses on prevention, early targeted anti-inflammatory treatment (after discharge from the hospital the patient continues treatment in the antenatal clinic, dispensary), as well as clinical observation of women with inflammatory diseases of the genital organs.

LIST OF PRACTICAL SKILLS

1. Collect special gynecological history, assess the results of laboratory studies (general and biochemical analyzes of blood, urine, blood coagulation system, etc.).
2. Perform gynecological research (mirror, bimanual, rectal).
3. Taking material from the vagina, cervix and urethra for research.
4. Evaluate: urogenital smear microscopy results, onkotsytolohichnoho research colposcopy; Bacteriological results and other methods of detecting pathogens inflammatory diseases of female genital mutilation; the results of ultrasound; results of functional tests.
5. Prepare a plan of inspection sick with various kinds of gynecological diseases.
6.Make a plan with preoperative preparation routine and urgent gynecological operations. Driving postoperative period.

3.3. Requirements for the results of work.

1. Special gynecological history.
2. Evaluate: urogenital smear microscopy results, onkotsytolohichnoho study, colposcopy; Bacteriological results and other methods of detecting pathogens inflammatory diseases of female genital mutilation; the results of ultrasound; results of functional tests.
3. Perform gynecological research (mirror, bimanual, rectal).
4.To carry out the biopsy specimens from the cervix and cervical canal for research.
5. Draw up a plan of examination of patients.

3.4. Control materials for the final stage of the class: tasks, tests, etc.

Tests

1. Patient '18 addressed with complaints of itching in the vagina, increasing emissions. Sick 3 days. On the eve suffered anhynu, treated with antibiotics. OBJECTIVE: peredvirrya vagina, small and large labia swollen, congested. The mucosa is congested, swollen, covered with white bloom that is easily removed. Whites in large numbers, white, thick "syrkopodibnoho character." The uterus and appendages normal. Possible diagnosis?

A. Trihomonadnyy vaginitis

B. Acute gonorrhea
+ C. Kandidamikoz
D. Genital Herpes
Chlamydia E.

2. Male 35, not married, turned to the gynecologist with complaints to the emergence discharge hnoyevydnoho nature, frequent urination, pain during urination and itching in the urethra that appeared on day 5 after casual sex. OBJECTIVE: swelling urethral sponge hyperemic, discharge from the urethra hnoyevydnoho character. What is the preliminary diagnosis?

A. Hardnerelez
B. Chronic gonorrheal urethritis
Chlamydia C.
+ D. acute gonorrheal urethritis
E. ureaplasmosis

3. Female 18 years appealed to the gynecologist with a desire screened for chlamydia. What is a "gold standard" in the diagnosis of urinary
chlamydia?

A. ELISA.
B. PCR.
C. Tsytolohychnyy.
D. Serological.
+ E. The culture.

4. Male '28 complained of watery vaginal discharge with a foul fishy smell. Microscopy discharge from the genital tract has found the key cells. Amine test positive. Your diagnosis?

+ A. bacterial vaginosis.
B. trichomoniasis.
C. Gonorrhea.
D. Candidiasis.
E. Chlamydia.

5. Male 27, who lives a sexually active life, complaining about the presence of numerous vesicles on the right sexual lip, itching and burning. The rash occasionally appear before menstruation and disappear in 8-10 days. The likely diagnosis?

A. Genital kondylomatoz.
B. Bartolini.
C. Primary syphilis.
D. Cytomegalovirus infection.
+ E. Herpes simplex virus.

6. Patient '23 appealed to prenatal doctor with complaints of copious frothy vaginal discharge with an unpleasant odor, burning and itching of the vulva. Leads promiscuous. At gynecological examination, vaginal mucosa hyperemic, with dotorkuvanni bleeding profuse white, green, frothy.

What is the most likely diagnosis?

+ A. Trihomonadnyy vaginitis

B. Chlamydia

S. bacterial vaginosis

D. Candidiasis

E. Gonorrhea of the lower genital tract

7. The patient complains nesterpymu itching and burning in the vagina, aggravated at night. On examination revealed sharp hyperemia of the vulva, vagina and vaginal mucous of the cervix. Bold, liquid, abundant, frothy with a greenish tinge. On examination of the uterus and appendages diseases have been identified.

What disease should be suspected doctor?

A. Urogenital herpes.

VA Gonococcal infection.

C. Bacterial vaginosis.

D. Urogenital candidiasis.

+ E. urogenital trichomoniasis.

8. Female 27 years appealed to the antenatal clinic with complaints of growths in the vulva. When viewed in the vulva found some grow in size from 2 to 5 mm internal sex organs without pathology. He was put diagnosed genital warts. What is the most likely cause of this disease?

+ A. HPV infection

B. Herpetic infection

Chlamydia C.

D. Mycoplasmosis

E. Syphilis

9. Patient '20 addressed to the gynecologist with complaints about the appearance of growths in the genital area. Examining the patient, the doctor found a large and labia lips papillary growths resembling cauliflower, soft consistency, painless, neerozovani. The patient is directed to consult a dermatologist.

Estimated diagnosis:

A. granulomatous candidiasis.

B. kraurosis vulva.

+ C. papillomatosis of the vulva.

D. genital herpes.

E. vegetating pemphigus.

10. Female 28 years appealed to the gynecologist with complaints about the appearance of discharge and itching in the genital area. Isolation and pruritus were about a week ago. From history we know that some woman had sex with different men in the last 3 months. OBJECTIVE: slight redness of the mucous labia minora and vagina, discharge watery nature sirkopodibnoho color with "fish smell". The preliminary diagnosis?

A. Candidiasis

B. trichomoniasis
+ C. Hardnerelez
D. Chlamydia
E. ureaplasmosis

II. SUMMING UP

Current control: oral examination, testing, assessment of practical skills, solving situational clinical problems, assessment of activity in the classroom.

Criteria for current assessment on the practical lesson:

5	The student is fluent in the material, takes an active part in the discussion and solution of situational clinical problems, confidently demonstrates practical skills during the examination of a pregnant and interpretation of clinical, laboratory and instrumental studies, expresses his opinion on the topic, demonstrates clinical thinking.
4	The student is well versed in the material, participates in the discussion and solution of situational clinical problems, demonstrates practical skills during the examination of a pregnant and interpretation of clinical, laboratory and instrumental studies with some errors, expresses his opinion on the topic, demonstrates clinical thinking.
3	The student isn't well versed in material, insecurely participates in the discussion and solution of a situational clinical problem, demonstrates practical skills during the examination of a pregnant and interpretation of clinical, laboratory and instrumental studies with significant errors.
2	The student isn't versed in material at all, does not participate in the discussion and solution of the situational clinical problem, does not demonstrate practical skills during the examination of a pregnant and the interpretation of clinical, laboratory and instrumental studies.

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