Ministry of Higher Education of the Republic of Uzbekistan

Department of Obstetrics and Gynecology
Bukhara State Medical Institute named after Abu Ali Ibn Sina

Registered by Education Department
№_____
_____2019 y

«Approved»
Vice-rector of academic and educational work PhD
____JarilkasinovaG.J.
“_____”_____2019 y

Teaching aid
on the subject of gynecology
for students 5-year medical and medico-pedagogical faculty

Bukhara -2019 year

Ministry of Higher Education of the Republic of Uzbekistan

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Field of knowledge :700000-health and humanitarian support.
Education system: 720000 - Health.
Fields of study: Medicine-5510100.

Item Name: Obstetrics

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Abstract

This guide presents all aspects of gynecology modern methods of diagnosis, treatment and prevention of gynecological diseases. The authors summarized the latest achievements in this field on the basis of foreign and domestic research. In the section on menstrual disorders particular atten ¬ attention is devoted to releasing systems that for certain categories of women ¬ communities can become alternative methods, and the use of various hormones in the treatment and prevention pro ¬ gynecological diseases, menstrual disorders, inflammatory diseases and benign tumors of the uterus and ovaries.

The guide also presents particular contraceptive ¬ nye different periods of a woman's life and in some endocrine diseases. A separate chapter is devoted to the issues of infertility. Readers' attention drawn to the particular examination and follow up and pro ¬ treatment process, as well as the methodology and organization of counseling patients. The book presents the latest WHO recommendations (2012) copper ¬ Qing eligibility criteria methods of diagnosis and treatment.

The guide is intended for students, residents clinics, Magisterium, obstetricians, Endocrinol ¬ beef, as well as other physicians interested in these pro ¬ lems.

ЎЗБЕКИСТОН РЕСПУБЛИКАСИ
ОЛИЙ ВА ЎРТА МАХСУС ТАЪЛИМ ВАЗИРЛИГИ

Рўйхатга олинди

№ Б5510100-4.05

2013 йил "13" мая

Ўзбекистон Республикаси Олий ва ўрта махсус таълим вазирлигининг 2013 йил "13" майдаги "82"-сонли буйруғи билан тасдиқланган

АКУШЕРЛИК ВА ГИНЕКОЛОГИЯ (4-5 курс)
фанининг

ЎҚУВ ДАСТУРИ

Билим соҳаси:	500000	– Соғлиқни сақлаш ва ижтимоий таъминот
Таълим соҳаси:	510000	– Согликни сақлаш
Таълим йўналиши:	5510100	– Даволаш иши
	5111000	– Касбий таълим (5510100 – Даволаш иши)
	5510400	– Стоматология
	5510300	– Тиббий – профилактика иши

Тошкент -2013

Schedule lecture on the subject of gynecology for students 5-year Medical Faculty

number	Topic	summary	hours
1. .	One of her normal menstrual cycle regulation	Propedeutics gynecological patients. Her normal menstrual cycle regulation. Propedeutics gynecological patients	2
2	Disruption of the menstrual cycle. Classification. Amenorea. Dysfunctional uterine bleeding.	Disruption of the menstrual cycle. Classificatiom. Amenorea. The etiology and pathogenesis. Diagnosis. The principles of treatment and prevention. Dysfunctional uterine bleeding. Survey methods, principles of treatment. Prevention	2
3	Inflammatory diseases of the female genital organs	The etiology and transmission. Classification. Often there are inflammatory diseases of the female genital organs, clinical course, diagnosis, principles of treatment and prevention. Sexually transmitted diseases (STDs) concept , prevention	.. 2.
4	Bleeding and half of pregnancy.	Bleeding and half of pregnancy, the causes of bleeding. Ectopic pregnancy. Molar pregnancy. Etiology, pathogenesis, species. Abortion Ectopic pregnancy. The clinic, ¬ stick diagnosis, treatment principles. Complications of ectopic pregnancy and prevention	2
5	Benign disease of the uterus ovary. Uterine fibroids. Etiology,	Clinical signs are placed extragenital endometriosis.	2

	pathogenesis, classification, clinic, diagnostics. Methods of treatment and prevention guidelines. Endometriosis. Classification. Etiology, pathogenesis pas ¬ tumors of the ovary. Classification. Symptomatology , diagnosis, treatment principles . The role of preventive examinations , ultrasound (U.S.) .	Diagnosis. Treatment and prevention principles. Benign tumors of the ovary. The incidence, etiology, pathogenesis , classification. Retention ovarian tumor . Malignant	
6.	Abnormality of the situation and female sexual organs	Abnormality of the situation and female sexual organs. The incidence , etiology , pathogenesis , classification , treatment , and prevention	.. 2
7.	Background , premalignant and malignant diseases of the uterus, the cervix	Background, precancer and cancer of the uterus, cervix. Etiology, pathogenesis, classification, clinic. Diagnosis. Methods obslodovany women with precancerous diseases.	2
8.	Sterile marriage.	Female and male infertility. Classification of female infertility, tubal infertility and endocrine. Immunological bsplodie. Methods of examination diagnosis, treatment principles.	2
9.	Modern methods of contraception.	Types of contraception. The principles of consultation	2
Total : 18 hours			

schedule practical training on the subject of gynecology for students 5-year Medical Faculty

1..	The role of family history. Methods of examination gynecological patients. Scheme history. Supervision of patients	The role of history in the diagnosis of gynecological zabolevaniy.Razbor shape history. Curation of gynecological patients. Modern methods of succession in gynecological practice. Clinical anatomy of the female genital organs	6
2	Normal menstrual cycle and its regulation . Disruption of the menstrual function. Amenorhea. Hypomenstrual syndrome	The concept of a normal menstrual cycle. Adjusting the menstrual cycle. Relationship between the state of the hypothalamic- pituitary- ovarian system. Tests of functional diagnostics. Disruption of the menstrual cycle. Diagnosis	.. 6
3.	Dysfunctional uterine krovoticheniya	Defining the concept, the etiology of dysfunctional disorders cycle razlichnyeperiody woman's life. The principles of treatment.	6.
4	Ectopic pregnancy, molar pregnancy, Haryono epithelioma. Abortions.	Classification of abortion, abortion faktorysamoproizvolnyh etiological, clinical picture, depending on the stage of abortion. Diagnosis and principles of management of pregnant women in various stages of abortion. Prevention of abortion. Ectopic pregnancy. Causes. Types of ectopic pregnancy. The clinical picture of ectopic pregnancy (a progressive disorder) . Trophoblastic disease. Molar pregnancy, chorionepithelioma. Etiopathogenesis, clinical diagnostics, examination methods	. 6
5	Inflammatory diseases of female genital nonspecific and specific etiology.	The incidence and etiology of inflammatory zavbolevany female organs. Pathways and the spread of infection. Kilinicheskoe for major forms of inflammatory diseases and principles of treatment depending on the etiological factor. Prevention	6
6	Uterine Fibroids . endometriosis Classification of uterine fibroids .	Symptomatology . Dddiagnostika . Complications . The principles of conservative and surgical treatment. Kkklassifikatsiya endometriosis. The way various forms. Diagnosis .	6
7	Benign and malignant tumors of the ovary.	Cyst and cyst . Classification of cysts. Diagnosis . Simptomatika.metody treatment and prevention. Ovarian	6

		cancer , the stage of distribution. The principles of treatment . Prevention .	
8.	Incorrect position and abnormal development of the female genital organs.	Suspensory and support apparatmatki . Causes and classification of incorrect positions. Diagnosis . The principles of treatment and prevention. Types of developmental abnormalities diagnosis , complications of the reproductive period	6
9	Background and precancerous disease. Cervical and uterine body ..	Background and precancer . Classification , diagnostic techniques, treatment principles . Cancer of the cervix. Diffusion stage . Complications	6
10	sterile marriage . Methods of contraception.	The causes of male and female infertility. Diagnosis of male and female infertility. Survey methods . The principles of treatment of various forms of infertility. Types of contraception.	5
	Total : 59hours		

Independend works

N	**Topic**	**hours**	**Independendent work assigments**
1	Anatomy and physiology of the female genital organs. Tests of functional diagnostics . Additional tests (UTT , laparoscopy, hysteroscopy, laboratory tests) . Early pregnancy diagonostik	5	Prepare the abstract, seminar , multimedia , a report from the Internet data
2	Regulation of the menstrual cycle. Uterine and ovarian cycle . Tests of functional diagnostics	. 5	Prepare the abstract, seminar , multimedia , a report from the Internet dat
3	TORC infection . Screening .	5	Prepare the abstract, seminar , multimedia , a report from the Internet data
4	Benign and malignant diseases ZHPO .	5	Prepare the abstract, seminar , multimedia , a report from the Internet data
5	Urogeniatalnaya infection . Methods for determination . Patients included in the high risk group . Viral infection .	5	Prepare the abstract, seminar , multimedia , a report from the Internet data
6	Polycystic Ovarian Syndrome	4	. Prepare the abstract, seminar , multimedia , a report from the Internet data
7	Endoskopik methods of diagnosis and treatment in gynecology. Hormonal methods of diagnosis	4	. Prepare the abstract, seminar , multimedia , a report from the Internet data

8	The role of the thyroid gland in the menstrual function.	4	Prepare the abstract, seminar , multimedia , a report from the Internet data
		Total : 37 hours	

Title number of teaching work order number udostvereny copyright guidelines Full name Authors

1 Pregnancy and childbirth in patients with acquired mitral valvular disease. Tashkent. Guidelines for practitioners and gynecologists, resuscitators, medical students. 1992 Page. 36 D.F.Karimova, V.E.Avakov,
M.N.Negmatullaeva
A.A.Ibragimov

2 OPG - gestoses. (Modern diagnostic techniques, tactics of pregnancy and childbirth, intensive therapy extreme states - eclampsia eclamptic coma). Tashkent. Toolkit. 1993 Page. 48 D.F.Karimova, V.E.Avakov,
M.N.Negmatullaeva, R.B.Narmuhamedova, E.H.Hodzhaev

3 Yuқori havf bilan tuғish Bukhara w. Usluby tavsiyanoma. 1998 yil. 17 bet.
M.N.Negmatullaeva, R.A.Pўlatova,
M.G.Gulyamova,
Sh.M.Isametdinov

4 Childbirth at high risk. Bukhara. Guidelines for obstetrician - gynecologists and medical students. 1998. Pp. 11 M.N.Negmatullaeva, M.G.Gulyamova,
Sh.M.Isametdinov

5 Pregnancy and childbirth with acquired heart defects. Tashkent. Guide for Physicians SVP, obstetrician - gynecologists, resuscitators, therapists.
1999. Pp. 62 D.F.Karimova,
V.E.Avakov, M.N.Negmatullaeva, A.A.Alyavi

6 Muddatidan Olding tugrukni Oliba Borish Bukhara w. TIBBIYOT Institute TALABALAR Uchun usluby kullanma 2000 yil. Bet 10 M.N.Negmatullaeva, R.A.Pulatova

7 Kontratseptsiyaning Zamonaviy usullari Bukhara w. Student Islands subordinatorlar Uchun usluby kullanma. 2000 yil. Bet 15 M.N.Negmatullaeva, R.A.Pўlatova

8 Bachadon miomasi. (Etiopathogenesis, diagnosis. Davolash) Bukhara w. TIBBIYOT Institute 5 - course davolash Islands 4-course dentistry fakultetlari Uchun usluby kullanma. 2004 yil. Bet 16 M.N.Negmatullaeva, G.A.Ihtiyarova, A.A.Ibragimov

9 Bleeding in the first half of pregnancy. Bukhara. Guidelines for medical students. 2004. Pp. 12 M.N.Negmatullaeva, G.A.Ihtiyarova, L.V.Sarkisova, A.A.Ibragimov

Endometriosis 10. Bukhara. Guidelines for medical students. 2004. Pp. 22 M.N.Negmatullaeva, G.A.Ihtiyarova, D.I.Tuksanova, N.N.Karimova

11 Iron deficiency anemia pregnant Bukhara. Guidelines for students and practitioners of medical students. 2006. Pp. 24 M.N.Negmatullaeva, M.A.Ahmedova,
G.A.Ihtiyarova, N.N.Karimova, A.A.Ibragimov

12 Homilador aellarda Temir tanқisligi anemiyasi Bukhara w. TIBBIYOT Institute TALABALAR Uchun usluby қўllanma. 2006 yil. Bet 20 M.N.Negmatullaeva, M.A.Ahmedova, G.A.Ihtiyarova, N.N.Karimova, Sh.S.Nasullaeva

13 Homiladorlik davridagi Islands tugrukdan keyingi bўyrak kasalliklari Bukhara w. TIBBIYOT Institute TALABALAR Uchun usluby қўllanma. 2006 yil. Bet 20 M.N.Negmatullaeva, M.A.Ahmedova,
G.A.Ihtiyarova, N.N.Karimova, Sh.S.Nasullaeva

14 Pre-eclampsia and hypertensive disorders in pregnancy. Bukhara. Guidelines for students and practitioners of medical students. 2006. Pp. 36 M.N.Negmatullaeva, M.A.Ahmedova, G.A.Ihtiyarova, N.N.Karimova, Sh.S.Nasullaeva
15 Ektopik homiladorlik. Bukhara w. TIBBIYOT Institute TALABALAR Uchun usluby κўllanma. 2006 yil. Bet 20 M.N.Negmatullaeva, M.A.Ahmedova, G.A.Ihtiyarova, L.V.Sarkisova, Sh.S.Nasullaeva
16 Kidney disease in pregnant and postpartum women. Bukhara. Guidelines for students and practitioners of medical students. 2006. Pp. 24 M.N.Negmatullaeva, M.A.Ahmedova, G.A.Ihtiyarova, N.N.Karimova, A.A.Ibragimov
17 Modern aspects of infusion therapy in pregnant and postpartum women with severe preeclampsia. Bukhara. Guidelines for students and practitioners of medical students. 2006. Pp. 16 M.N.Negmatullaeva, G.A.Ihtiyarova, D.I.Tuksanova, L.V.Sarkisova
18 Diagnosis and treatment of ectopic pregnancy Bukhara. Guidelines for students and practitioners of medical students. 2006. Pp. 16 M.N.Negmatullaeva, M.A.Ahmedova, G.A.Ihtiyarova, L.V.Sarkisova, Sh.S.Nasullaeva

Technology Education

for study and practical lectures

Head of Department professor Ihtiyarova G.A.
MD Junior teacher Narzulloyeva N.S.
MD Junior teacher Dustova N.G.

Practical exercises

1 topic: The role of history. Methods of examination gynecological patients. Scheme history. Curation of patients.

1.1 Anatomy of the genital organs. .

1.2 Methods of examination of gynecological patients.

1.3 Structure, properties and innervation of the uterus.

2-topic: normal menstrual cycle and its regulation. Disruption of the menstrual function. Amenorrhea. Hypomenstrual syndrome

1.1Normalny menstrual cycle.

1.2 Violation of the menstrual cycle.

3 theme: Dysfunctional uterine bleeding

1.1 Causes, Diagnosis, Treatment.

4-topic: I Bleed half of pregnancy

1.1 Abortion, classification, causes, complications. Ectopic pregnancy, hydatidiform mole, horionepitelioma.

1.1 Types and causes complications.

5 theme: Inflammatory diseases of female genitals nonspecific and specific etiology.

1.1 Types and causes complications. .

1.2 modern methods of treatment ..

6 theme: Uterine fibroids. Endometriosis.

1.1. Classification, clinical manifestations, diagnosis, causes, frequency.

7 theme: Benign and malignant ovarian tumors.

1.1. Classification, clinical manifestations, diagnosis, causes, frequency.

8 theme: Incorrect position and malformations of female genitalia.

1.1. Classification, clinical manifestations, diagnosis, causes, frequency.

9 theme: background and precancerous diseases. Cervical and uterine body.

1.1. Classification, clinical manifestations, diagnosis, causes, frequency.

10-topic: sterile marriage. About contraception. Intermediate control.

1.1. Classification, clinical manifestations, diagnosis, causes, frequency.

MINISTRY OF HEALTH OF THE REPUBLIC OF UZBEKISTAN

Bukhara State Medical Institute named after Abu Ali Ibn Sina

Department of Obstetrics and Gynecology

TERMS OF
RATING SYSTEM MONITORING AND EVALUATION OF KNOWLEDGE OF STUDENTS

Bukhara 2019

Provision on
rating system, monitoring and evaluation of students' knowledge

This provision approved by the Ministry of Higher and Secondary Special Education of the Republic of Uzbekistan of 07-year-August 2009 under number 276 on "The introduction of the Regulation on the evaluation rating system and control of students' knowledge." In assessing students 'knowledge and control of infectious diseases, tuberculosis and skin - venereal diseases recognized as the major regulatory document "Regulations on evaluation rating system and controlling the knowledge of students in institutions of higher learning" position developed a rating system for assessing and monitoring the students' knowledge of the Bukhara State Medical Institute Abu Ali Ibn Sino rebooked in the State Register under № 1981-1 of August 26, 2010 in the Ministry of Justice of the Republic of Uzbekistan are also included amendments to the Regulations with Order 333 of August 25, 2010 approved by the Ministry of Higher and Secondary Special Education of the Republic of Uzbekistan " Situation assessment rating system and controlling students' knowledge in medical schools "is recommended by the Council of Rectors of medical schools.

I. General rules

1) The purpose of the evaluation rating system and control of students 'knowledge is the identification and elimination of possible labels for performance objects, monitoring of students' knowledge and training of personnel capable of competitively through quality management education.
2) The main objectives of the rating system:
a) forming the students a range of knowledge and skills according to the requirements of the state program of the republic.
b) the principles of evaluation of knowledge skills and abilities of pupils according to the criteria listed below rated:
Grounds for the requirements of the state program of the republic, accuracy, correctness in a convenient form
c) promote the assimilation of subjects students systematically and in a certain time
d) the development of practical skills and ensuring the use of information resources.
d) ensure the correct evaluation of students' knowledge and during their voice.
e) evaluation of continuous and comprehensive readiness of students' knowledge in each semester
f) provide a computerization of the educational process
3. Assessment of the students in the subjects during the semester schedule is based on the rating control and criteria
count.

II. Types of control and order of execution

4. Types of control, order execution, and discusses criteria and
agreed on the recommendations of the head. Chair in training workshops and indicated in the educational program of work for each subject, along with practices.
5. Schedule rating control, types, shapes and number of control, maximum balls allocated for each control, as well as information on current screening points and intermediate control sounded students on the first class of the object.
6. To ensure that the level of knowledge and digestibility of students to state standards are meant to carry out the following types of control: Current control - Identify and evaluate the knowledge and skills of the student in each subject of the subject. Monitoring can be carried out in the form

of oral questioning, testing and the conversation, control work, checking homework and in other ways.

Independent work of the student in terms of learning the subject for learning is an integral part of the learning process, and it shall be provided methodological and information technology its execution is controlled by the rating system.

Intermediate control is to assess the knowledge on certain chapters, its amount shall not exceed 2 times per semester form different oral, written, testing, etc., it is determined by the Department based on the amounts of total hours.

Final control - a method of estimating the theoretical and practical skills of students in a certain subject. It is based on fundamental concepts and phrases as "control work" or as OSKZ (objective structured clinical classification).

7. Process for intermediate control periodically studied commission headed by the head. department and in violation of the orders of their results canceled. In such cases, it is carried out repeatedly. By order of the Leadership Institute department of internal inspection and monitoring, headed by Commission compiled periodically examines the processes of final examinations in the case of violation of their results annulled and held final control again.

9. After the end of the school year based on the results of the rating control in a certain order decision for transfer students for the next course evaluation rating system.

III. Evaluation criteria and procedures

10. Knowledge and skills of the student in a subject is determined based on the rating control digestibility expressed in points.

11.Stepen digestibility student in each subject during the semester measured at 100 point system. These 100 points by the method of control is distributed by the following:

Monitoring -45 points
Intermediate control points -20
Independent work -5 points
Final score -30 points

Given the uniqueness of teaching students in medical school ranking system uses the following ratio:

Types of control
The maximum score
factor
Passing score

TC
Score 45 0.45 24.75
CDS
5 score 0.05 2.75
PC
Score 20 0.2 11.0
IR
Score 30 0.3 16.5
Total score 100 1 55.0

If subjects which are taught in the system cycle - the training unit is less than 72 hours of intermediate control is not carried out and 100 point system is as follows:

TK-45 points;
CDS-5 points;
IR-50 points;

13. In assessing student performance digestibility on the subject
recommended the following exemplary criteria:
a) 86-100 points for the degree of knowledge the student must comply
the following parameters:
-Make their own conclusions and solutions;
And creative thinking;
Self-discussion;
-Taking skills into practice;
-To understand the essence of the theme to know and tell;
-Have an idea.
b) For the 71-85 points level of knowledge a student must meet the following criteria:
Self-talk
-Taking skills into practice;
-Understand the nature of the theme, and knows to tell;
-Have an idea.
c) For 55-70 points level of knowledge of the student must meet the following criteria:
-To understand the essence of the theme knows and tell;
-Have an idea.
d) In the following cases, the degree of knowledge of the student can be assessed 0-54 points:
-Not to have bright ideas
-Knows.
14. Exemplary criteria in the department of infectious diseases, tuberculosis skin and venereal diseases agreed and discussed with the manager. department and they are periodically announced to students. At the department phthisiology skin-venereal diseases on the basis of model parameters developed precise criteria for assessing the current and intermediate controls, approved by the manager. Chair and the results are announced periodically students. In the current control registers to assess the knowledge and skills of the student. For each topic, the subject and practical skills carried out while practicing. Taken into account when assessing the level of student knowledge, assimilation theory of knowledge his participation in discussions and interactive methodological studies, and also takes into account theoretical, practical and analytical approach to the studied material.
Missed and not digestible and practical lectures mandatory retake. When retake workshops used 0.8 factor for missed lectures in evaluating theoretical knowledge 10 percent.
Independent student work is organized on the basis of order of the Ministry of Higher and Secondary Special Education of the Republic of Uzbekistan under the number 34 from 21.02.2005 years and is estimated at 100 point system monitoring and determined at all stages of the assessment of student knowledge. In the department of the student's independent work carried out on the topic specified in the curriculum. Independent work of the student is taken on the basis of teachers 'Plan to receive students' independent work on the subject, "which is designed and approved by the dean of the department of medical and pedagogical faculty. Part of the independent work of the student takes account of the history of the disease in the hospital vigil, visit Information Resource Center (IRC), as well as classes online classes with the institute. At the end of the cycle (semester) students take cooked their medical history, referatnye reports and compilation algorithms differential diagnosis of the disease. To assess the independent work of the student in class daily journal notes from teachers in order.
Estimated at an intermediate control theoretical knowledge on several topics and determined the student's ability to solve the problem of self-acceptance particular order of obstetrics and gynecology students of 5-4 courses and 4-fifth year medical-Pedagogical faculty orally in clinical epidemiology, second course also intermediate rent controls twice orally.
For second-year students of ESP and the third course in the subject of infectious diseases as well as a fourth-year Faculty of Dentistry on the subject Obstetrics and Gynecology conducted orally

due to the fact that learning is not performed on the system unit.
When the final control is calculated and assessed the student's knowledge, practices general subject matter. The final control is made at the end of the semester.
Because of the nature of the subject IR produced in Obstetrics and Gynecology, 4 - the fifth year of the medical faculty, four of the course of dentistry, and the test is carried out in an objective structured clinical scoring form.
If digestibility student above 55% OSKZ allowed. IR in writing in the rating control implemented final stage to assess the student's knowledge.
16. In assessing students 'knowledge develops students' independent work, the results of current, intermediate, and final exams.
17. Rating of the student in a subject determined by the following formula:
R1 = V * O/100
where V-the total number of hours allocated per semester.
O-level achievement in the subject.
20. Interim and final examinations are conducted in accordance the approved calendar and thematic plan based on the league table compiled by the dean's office, the final audit work is conducted at the end of cycle
21. Student does not score enough points or missing for a good cause during the interim period for the control is given to resit the last current and intermediate control to total control. Students who do not pass the current, intermediate and final test before the deadline due to illness, the term given for 2 weeks with the permission of the dean of the faculty.
22. At the end of the semester the student is not collected qualifying score on the current, interim control or CDS, is considered academic debtor.
Academic debtors is given a period of one month on the advice of the Dean for repetition of the material and the subsequent delivery.
23. If the student is dissatisfied with the results of examinations, he estimates after the announcement for one day should make an application to the dean of the faculty. In this case, after the resolution of the Dean of the Faculty, on the basis of order of the rector organized appeal committee consisting of not less than 3 members. On the same day the appeal commission shall consider the application and displays the results of the student.
24. Conduct evaluation and registration of students monitored dean, head. Chair, Education Department, Department of Internal
Control and Monitoring Department
V. Registration rules results rankings.
25. Results of examinations of students recorded in the rating book in one piece figures. In rating the book in a certain column for the selected hours of the curriculum is written on the subject of the number of hours per semester. A count of the object in the graph are graded on 100 point system. A score below the pass mark will not be recorded in the rating book.
26. Results of examinations in the subjects also recorded in the training log, and announced to students on the same day
27. Teachers of the results of the final control determines the ranking of students and records in a particular graph rating book.
28. Rating points students declared at the end of each semester and academic years.
29. Results of current, intermediate and final control are discussed at the meeting of the department and found the relevant decisions of the meeting.
Position considered by the faculty meeting protocol number from
"___" _____ 2013goda
Head department_____ Ikhtiyarova.G.A

MINISTRY OF HEALTH OF THE REPUBLIC OF UZBEKISTAN
Bukhara State Medical Institute named after Abu Ali Ibn Sina

REGULATIONS ON

Organization and supervision of independent work of students at the Department of Obstetrics and ginekologii

General rules

One of the main objectives of the national program of training is to prepare a professional doctor, having a deep theoretical and practical knowledge, able to quickly adapt themselves to increase their knowledge, skills and experience to walk umeyushy outputs of different situations.
Research has proven that if a student has been independently working on a, a continuous, it will absorb deeper knowledge, skills and experience that may interest you.
Independent work of students (CDS) - a constant, systematic work of students on a specific part of educational knowledge and skills specified in the curriculum on the subject, The suggested recommended or teacher.
Position on the volume and form of independent work requires students to take the following into consideration:
- Phase of training;
- Features of the subject and the level of complexity of the subject for learning-level theoretical and practical training as well as the student's ability (fundamentalnye knowledge);
- The level of information sources.
- The level of skills in working with information sources.
Form and level of complexity of individual works must change with the transition from semester to semester. That is, you must gradually complicate level samostoyatelnyh student works in the exercise classes requires that the student approached creatively and systematically.
In organizing the CPC at the department of pathological and normal physiology urven usvaeniya considering the student's ability and can be used sleduyushy.
• Self-mastering some items using the literature and other sources.
• Come to class prepared.
• Prepare the essay on a specific topic.
• Prepare banners and posters to draw temperature curves with the manifestations of the disease and labarotornymi data.
• a history of the patient.
• Develop tests, questions and solve situational problems voznikayushie in practice.
• Preparing reports on conferences;
• find solutions unconventional situational problems on practice and approach it creatively.
• Use theoretically knowledge into practice.
• Podgotvitsya to the home occupation.
Self-absorption of topics.
Students are given topics for self-study curriculum to the properties of the object, and the level of learning, the student's ability. It is necessary to draw attention to issues and obosnovyvayushie raskryvayushie sushnost theme.

Students at vypolnenii jobs isspolzuya tutorials outline, find the meaning of terms, reveal the essence and answer questions on the topic. Ready independently studied topic is protected by the department.

Preparing the abstract. Students are given the order to prepare any abstract view of its ability, knowledge, its capabilities and given the complexity of the topic. Thus the student using the basic literature also draws attention to the additional (monographs, articles and online training data, e-libraries, etc.) literature and will collect his materials design, brings a certain system relating to the extent possible poses more information. After finishing with the participation of members of the department defends his work.
Preparation of visual aids. Student charged with a better understanding and learning prepare visual aids (tables, drawings, diagrams, charts, posters, banners, and close the slides.). Oprdeliv theme for the student is given a certain direction and plan. Preparing visual aids, provide a written recommendation and protects them by the department.
Preparation of test questionnaires and case studies by subject. Student entrusted with specific topics to prepare tests, different levels of complexity, situational problems, interesting questions vyzyvayushih mental operations.
Prepared tests, case studies, a compilation of charged cases involving members of the department student defends his work.
Preparing speeches at the conference. The student can take the report prepared on behalf of the topic (or selected by him), and to prepare an abstract. Thus the student using the basic literature also draws attention to the additional (monograph, scientific and educational articles, online data, e-libraries, etc.) literature and will collect materials for its design, makes a specific system on the topic, as presents opportunities more information.
Ability to solve practical problems and unconventional approaches this issue creatively. Also possible assignments for students on the same topic or section to prepare non-standard tasks trebuyushih induvidualny approach imeyushih practical significance of the model, models, preparation of recommendations. Entrusted practical tasks should be focused on finding the best options for addressing these issues.
Given the ability and interests of the student entrusted to the scientific nature of articles and reports, together with the teacher to prepare for publication.

Effective organization of independent work of students:
• A systematic approach to the subject;
• safely and effectiveness of all stages of the work;
• Strict control over the execution of the work;
• Usoverschenstvovat mechanisms of control over the organization and promotion work.
For the effective conclusion of the work necessary to meet the following requirements:
• Clearly justify goals (reinforcement of knowledge. To acquire new knowledge, enhance creativity, to generate practical skills);
• Mark clearly and job assignments;
• Awareness of students of different algorithms and methods for the implementation of tasks;
• the right advice and other pomoshi (give direction, as well as to explain the essence of the theme, ways to solve problems, to solve some situational momentyi etc.);
• Correctly noted the report form and evaluation;
• It is necessary to note the correct type and form of control during checkout.

Independent work of the student conditionally separated into two parts:
CPC running in the audience. Execution of orders on rassshireniyu, imprisonment passed theme; while preparing essays, tests, answer questions, etc. these can perform all the tasks in the classroom
• CDS vneauditorii running. Some of the topics of the training program run on their own, prepare

homework, come prepared for the practical exercises, etc. At the same time prepare visual aids, draw temperature curves with the manifestations of the disease and labarotornymi data.
In - the first level of the students is checked settling practical and theoretical knowledge, practical preparedness exercises, labs and homework in this case are such konrolnye as answers to questions and disputes relating to disskusii Tekushev control practice session.
Secondly outside the classroom student must independently seek information from non-traditional sources, outlining, sushnost disclose information to be creative execution of these works. During these works quality control is conducted in specially marked advisory hours.
Rating CDS students. Rating is based on the CDS "The Situation" on the control of knowledge and evaluation of students.

Head. Department of Obstetrics and Gynecology MD G.A.Ihtiyarova
MD Junior teacher Narzulloyeva N.S.
MD Junior teacher Dustova N.G.

Schedule lecture on the subject of gynecology for students 5-year Medical Faculty

number	Topic	summary	hours
1.	One of her normal menstrual cycle regulation	.. Propedeutics gynecological patients. Her normal menstrual cycle regulation . Propedeutics gynecological patients	2
2	Disruption of the menstrual cycle. Klassifikatsiya.Amenoreya . Dysfunctional uterine bleeding.	Disruption of the menstrual cycle. Klassifikatsiya.Amenoreya . The etiology and pathogenesis. Diagnosis . The principles of treatment and prevention. Dysfunctional uterine bleeding. Survey methods , principles of treatment . Prevention	2
3	Inflammatory diseases of the female genital organs	The etiology and transmission . Classification . Often there are inflammatory diseases of the female genital organs, clinical course , diagnosis , principles of treatment and prevention. Sexually transmitted diseases (STDs) concept , prevention	.. 2.
4	. Bleeding And half of pregnancy .	Bleeding And half of pregnancy , the causes of bleeding. Ectopic pregnancy . Molar pregnancy . Etiology, pathogenesis, species. Abortion Ectopic pregnancy. The clinic, ¬ stick diagnosis , treatment principles . Complications of ectopic pregnancy and prevention	2
5	. Benign disease of the	. Clinical signs are placed	2

	uterus ovary. Uterine fibroids . Etiology, pathogenesis, classification, clinic , diagnostics. Methods of treatment and prevention guidelines . Endometriosis . Classification . Etiology, pathogenesis pas ¬ tumors of the ovary. Classification . Symptomatology , diagnosis, treatment principles . The role of preventive examinations , ultrasound (U.S.) .	extragenital endometriosis . Diagnosis . Treatment and prevention principles . Benign tumors of the ovary. The incidence , etiology , pathogenesis , classification. Retention ovarian tumor . Malignant	
6.	Abnormality of the situation and female sexual organs	Abnormality of the situation and female sexual organs. The incidence , etiology , pathogenesis , classification , treatment , and prevention	.. 2
7.	Background , premalignant and malignant diseases of the uterus , the cervix	. Background , precancer and cancer of the uterus , cervix matki.Etiologiya , pathogenesis, classification , clinic . Diagnosis . Methods obslodovany women with precancerous diseases.	2
8.	Sterile marriage .	Female and male infertility. Classification of female infertility , tubal infertility and endocrine . Immunological bsplodie . Methods of examination diagnosis, treatment principles .	2
9.	Modern methods of contraception..	Types of contraception. The principles of consultation	2
Total : 18 hours			

Schedule practical training on the subject of gynecology for students 5-year Medical Faculty

1..	The role of family history. Methods of examination gynecological patients. Scheme history. Supervision of patients	The role of history in the diagnosis of gynecological zabolevaniy.Razbor shape history. Curation of gynecological patients. Modern methods of succession in gynecological practice. Clinical anatomy of the female genital organs	6

2	normal menstrual cycle and its regulation . Disruption of the menstrual function. Amenorrhea . Hypomenstrual syndrome	The concept of a normal menstrual cycle. Adjusting the menstrual cycle. Relationship between the state of the hypothalamic- pituitary- ovarian system . Tests of functional diagnostics . Disruption of the menstrual cycle. Diagnosis	.. 6
3.	Dysfunctional uterine krovoticheniya	Defining the concept , the etiology of dysfunctional disorders cycle razlichnyeperiody woman's life. The principles of treatment .	6.
4	ectopic pregnancy, molar pregnancy , Haryono epithelioma . Abortions.	Classification of abortion, abortion faktorysamoproizvolnyh etiological , clinical picture , depending on the stage of abortion. Diagnosis and principles of management of pregnant women in various stages of abortion. Prevention of abortion. Ectopic pregnancy . Causes. Types of ectopic pregnancy. The clinical picture of ectopic pregnancy (a progressive disorder) . Trophoblastic disease. Molar pregnancy , chorionepithelioma . Etiopathogenesis , clinical diagnostics, examination methods	. 6
5	Inflammatory diseases of female genital nonspecific and specific etiology.	The incidence and etiology of inflammatory zavbolevany female organs . Pathways and the spread of infection . Kilinicheskoe for major forms of inflammatory diseases and principles of treatment depending on the etiological factor. Prevention	6
6	Uterine Fibroids . endometriosis Classification of uterine fibroids .	Symptomatology . Dddiagnostika . Complications . The principles of conservative and surgical treatment. Kkklassifikatsiya endometriosis. The way various forms. Diagnosis .	6
7	Benign and malignant tumors of the ovary.	Cyst and cyst . Classification of cysts. Diagnosis . Simptomatika.metody treatment and prevention. Ovarian cancer , the stage of distribution. The principles of treatment . Prevention .	6
8.	Incorrect position and abnormal development of the female genital organs.	Suspensory and support apparatmatki . Causes and classification of incorrect positions. Diagnosis . The principles of treatment and prevention. Types of developmental abnormalities diagnosis ,	6

		complications of the reproductive period	
9	Background and precancerous disease. Cervical and uterine body ..	Background and precancer . Classification , diagnostic techniques, treatment principles . Cancer of the cervix. Diffusion stage . Complications	6
10	sterile marriage . Methods of contraception.	The causes of male and female infertility. Diagnosis of male and female infertility. Survey methods . The principles of treatment of various forms of infertility. Types of contraception.	5
	Total : 59hours		

Independend works

N	Topic	hours	Independendent work assigments
1	Anatomy and physiology of the female genital organs. Tests of functional diagnostics . Additional tests (UTT , laparoscopy, hysteroscopy, laboratory tests) . Early pregnancy diagonostik	5	Prepare the abstract, seminar , multimedia , a report from the Internet data
2	Regulation of the menstrual cycle. Uterine and ovarian cycle . Tests of functional diagnostics	. 5	Prepare the abstract, seminar , multimedia , a report from the Internet dat
3	TORC infection . Screening .	5	Prepare the abstract, seminar , multimedia , a report from the Internet data
4	Benign and malignant diseases ZHPO .	5	Prepare the abstract, seminar , multimedia , a report from the Internet data
5	Urogeniatalnaya infection . Methods for determination . Patients included in the high risk group . Viral infection .	5	Prepare the abstract, seminar , multimedia , a report from the Internet data
6	Polycystic Ovarian Syndrome	4	. Prepare the abstract, seminar , multimedia , a report from the Internet data
7	Endoskopik methods of diagnosis and treatment in gynecology. Hormonal methods of diagnosis	4	. Prepare the abstract, seminar , multimedia , a report from the Internet data
8	The role of the thyroid gland in the menstrual function.	4	Prepare the abstract, seminar , multimedia , a report from the Internet data
Total : 37 hours			

Title number of teaching work order number udostvereny copyright guidelines Full name Authors

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Practical exercises№1

The role of family history. Methods of examination gynecological patients. Scheme history. Supervision of patients

Technological model of lesson:

Time-5h	Number of students - 10
Form of Teaching practice sessions	Practical exercises
Plan:	**Gynecology** (from Greek . Gune - woman , logos - word, teaching) special branch of medicine dealing with the normal activity of the female body , diseases associated with its anatomical - physiological characteristics , in all periods of a woman's life , as well as prevention and treatment of these diseases. Study of the structure and functions of female genital mutilation is a foundation as obstetrics and gynecology
Presents to the students the basic questions theme	
Methods and techniques of teaching	Teaching practice, blitz - poll Learning Tools, whiteboard, video
Conditions of Learning Auditorium	equipped with apparatus for video presentation

Flow chart of practical classes

Steps, **time** .	Teacher Introductory remarks on sterile marriage. About contraception	Student Announces theme classes, goal, study Questions, expected results lessons listen, write
	Actively involved in learning basic questions	Gives questions for self-study

Stage 1: Introduction - 10 min	submitted threads outlines the main issues	students on the subject and topic of the next lesson
Stage 2: Main - (70 min.). . .	In order to attract the attention of students and assess their level of knowledge suits quiz on the Presents to the students the basic questions theme 1.Nazovite causes of female infertility. 2. What are the causes of male infertility. 3.Klassifikatsiya infertility. 4.Vedenie women with primary infertility. 5.Diagnostika female infertility. 6.Lechenie infertilitymajor issues of the theme	Actively involved in the quiz on the major issues of the theme
Step 3: Final - (10 min.) practical training.	Clarifies ambiguities. Summarize prakticheskogogo zanyatiya.napominaet key questions that dealt in practice. Responds to issues of interest to students. Encourages the active participation of students in	Writes job for the following classes

Chronological map classes

№	**Stages classes**	**Forms classes**	**Duration sequences in (Minutes)**
1	Introductory word teacher (justification themes)		5
2	Discussion of the topic of practical classes, baseline assessment of students' knowledge with the use of new educational technologies (small groups, case studies, business games, slides, videos, etc.)	Poll explanation	120
3	Summarizing the discussion		10
4	Giving students tasks to perform the practical part of the lesson. Cottage explanations and notes for the task. Self Supervision		30
5	Mastering practical skills of students with teacher (Supervision thematic patient)	medical history, business games clinical case studies	45
6	Analysis of the results of laboratory and instrumental studies thematic patient, differential diagnosis, treatment plan and	Work with clinical laboratory instruments	30

	recovery, prescribing medications, etc.		
7	Discussion of the extent to which target classes in the developed theoretical knowledge and practical results of student work, and taking into account this evaluation of the	group recitation, quiz, debate, discussion of the results of practical work	50
8	Conclusion teacher in this occupation. Assessment of students' knowledge on 100 point system and its announcement. Dacha job to the next class (set of questions).	Information, questions for self-training	10

Interactive methods
Method "Web"
Steps:
1.Predvaritelno students are given time to prepare questions on the passed occupation.
2.Uchastniki sit in a circle.
3.Odnomu participant is given a skein of yarn and he asks his prepared question (which itself needs to know the full answer), hold the thread end, and shifting skein of any student.
4.Student, received a skein, answers the question (the party who asked him reply comments) and passes the baton to the issue further. Participants continue to ask questions and answer them, until everything will be in the web.
5.How Once all the students have finished asking questions, the student, holding a coil, returns to a participant, from whom he received the question, while asking a question, etc., to complete "unwinding" of the coil.

Note: Caution students that should be attentive to each answer, because they do not know who to throw skein.

The method of "Handle middle of the table"

Steps:
1.Predvaritelno teacher prepares questions by category (minimum of 2-3 questions for each student).
2. Participants sit in a circle.
3. Placed on the middle of the table handle.
4. One of the participants of the rotary knob.
5. Once the pen stop party on whom shows pen, answers the question of the teacher, and the remaining members may supplement.
6. After the party answers the question, it also rotates the handle for the next game.
7. Thus, the game lasts as long as the participants did not answer all the questions.

Practical skills
Bimanual examination gynecological patients

Objective: To study the method is considered a major gynecological patients to diagnose disease

Indications: a survey of all gynecological patients

Insturment: chair, gloves

1. explain to the woman about the upcoming procedure ineteresuyuschie answer her questions.
2. the woman is on the gynecological chair legs bent at the knee and hip joints.
3. manipulation performed under sterile gloves.
4. thumb and forefinger of his left hand pushing the labia majora.
5. right hand middle finger inserted into the back wall down vlagalischeottyagivayut then introduced the index finger of the same hand.
6. left hand palm porverhnostyu, placed on the anterior abdominal wall above the vagina and palpate deeper, poschupyvayut body of the uterus.
7. right hand fingers (index and middle) determine the shape, texture and length of the cervix, the state of its external os. Then fingers introduced into the front arch and between the inner and outer arms define the body of the uterus.
8. determine the position, size, tenderness, consistency, mobility of the body of the uterus.
9.pristupayut palpation appendages. Outer and inner fingers hands gradually moved away from the corners of the uterus to the side walls of the pelvis, appendages normally not palpable
10. determine the status of the parameter
11. determine the depth, tenderness, vaginal vault

Tests:

Diagnostic approach Cervical incompetence ...
* Hystero salpingography
Functional diagnostic tests
U.S.
vaginoscopy
Place location Bartolinnovyh glands
* inside the labia majora
inside the labia minora
sheaths at the entrance of the
the clitoris
Does not diagnose hysterosalpingography
* Hypovarianism
Lack of development of the uterus
endometriosis
Closure of the uterine tube
Pudendal artery - no shelter supplies
* cervix
vagina
External genitalia
the middle
vagina covered
* multicellular squamous epithelium
glandular columnar epithelium
cuboidal epithelium
bokaloobraznye epithelial cells
Normal topographic anatomy of the uterus (wrong answer)
* Uterus is at an obtuse angle from the cervix
The uterus is bent forward
directed to the uterus up the symphysis
the outer part of the cervix posteriorly directed vagina wall
Which test is used to determine the endocrine function of the ovary
* Test estrogen- progesterone

progesterone test
Held adrenocorticotropic hormone
chorion gonodotropin
FSH test
The liquid portion of the vaginal discharge
* Produced from transudate blood and lymph vessels
Formed by the secretion of glands
By merging the secretion of the cervix
Formed due to moisture in douching
How to diagnose ovarian hormonal function
* Pap smear vaginal control
culdoscopy
hysterosalpingography
research bimanual
What is not included in the suspensory apparatus of the uterus
* suspensory ligament of the ovary
Round ligament of the uterus
broad ligament of the uterus
Diagnostic method are evaluating the state of the ovaries
* Selection of endometrial cytology
hysterosalpingography
PCG
Ultrasound of the uterus and uterine appendages
What is needed for diagnostic ultrasound of the uterus and appendages
* bladder fullness
1-2 purity vaginal flora
Exemption rectum
What hormones cause proliferation of endometrial
* estrogens
FSH
progesterone
LTG
Do not take the definition of the conductivity method tubal
* colposcopy
pertubatsiya
gisterosalpinografiya
hromogidrotubatsiya
Uterine artery began
* internal iliac artery
Artery of the kidney
Artery of the abdomen
Of ovarian artery
prohibited hysteroscopy
* Pregnancy
Defining the purpose submikoznoe uterine
Definitions purpose endometrial polyps
In the entire test the effect of the treatment measures
What is a menstrual cycle ?
* beginning of cyclic processes
What is Menarche?
* Primary menstruation
The onset of menstruation after childbirth

Beginning of puberty
First appearance of breasts
Which part is the cortical center of the menstrual cycle?
* Temporal part
Frontal part
Jens kismida
Tepa kismida
STG produced
* Acidophilic cells
Basophilic cells
Chromophilic cells
All answers are correct
That occur under the influence of FSH?
* Maturing follicles in the ovaries
With the help of the corpus luteum produces progesterone
Identify phase uterine secretion
Ovulation
That occur under the influence of LH?
* With the help of the corpus luteum produces progesterone
maturation of follicles in the ovaries
Identify phase uterine secretion
Ovulation
That occur when exposed to LTG?
With the help of the corpus luteum produces progesterone
maturation of follicles in the ovaries
Identify phase uterine secretion
Ovulation
That accumulates in the posterior pituitary? a) FSH b) LH) vasopressin d) oxytocin d) ACTH
* C, d
a, b
d, d
a, d
Function of the womb ... choose the wrong answer.
* Involved in the sexual act
involved in the menstrual cycle
as the birth canal
as fetal containers
What is the first reaction of the vaginal smear?
* Basal cells and leukocytes
Basal cells and leukocytes intermediate
Squamous cell
intermediate cells

Gynecology (from Greek . Gune - woman , logos - word, teaching) ¬ special branch of medicine dealing with the normal activity of the female body , diseases associated with its anatomical - physiological characteristics , in all periods of a woman's life , as well as prevention and treatment of these diseases.

Study of the structure and functions of female genital mutilation is a foundation as obstetrics and gynecology. Without a clear understanding of the physiological functions of the female genitals can not be a correct judgment on the causes of origin, pathogenesis , prevention and treatment of gynecological diseases and related common disorders. Therefore, the presentation of the course is preceded by a brief description of gynecology basic questions physiology of the reproductive

system of women. It must be emphasized other organs and systems and are subject to age-related changes . Razpoznavanie gynecological diseases is based on the history and objective research . Study gynecological patients on a fixed system that helps to identify the main facts and take into account all the details that contribute to proper recognition of the disease. System survey gynecological patients aims consistent study of the anatomical features and functions of the reproductive system of women.

Woman's genitals associated with all organs and systems, and their functions are interdependent . Genital diseases also affect the function of other organs and systems , and the state of the whole organism. Therefore, a mandatory component of examination of patients suffering from gynecological diseases , is the use of well-known research methods circulatory, respiratory , nervous system , the use of laboratory and other ancillary radiographic techniques.

used in gynecological practice :

1. Conventional medicine research methods: inspection , palpation , percussion, auscultation , etc.

2 . Specific methods of investigation , internal and bimanual examination , the study using mirrors sensing trial scraping , etc.

3 . Laboratory Methods .

Inspection , palpation , percussion and auscultation .

In many gynecological diseases inspection provides valuable information to facilitate diagnosis . Pallor of the skin and visible mucous membranes suggests (diseases associated with blood loss (fibroids , menstrual disorders , etc.). Depletion , pale and sallow complexion characteristic of advanced forms of malignancy . Rachitic skeletal deformities may be the cause of traumatic injuries after childbirth (fistulas, cervical laceration and perineum) . diseases result from exposure to adverse environmental conditions , the importance of which increases in the presence of certain constitutional factors.

Existing classifications of constitution types attract attention gynecologists constitutional features associated with impaired sexual character development and differentiation . These include infantile or hypoplastic , type of which is associated with underdevelopment of the body (stop at an earlier stage) , and intersexual type characterized by a lack of differentiation of sex characteristics.

Infantile type is characterized by the following special features : small (or average , less high) growth, reduced pelvis , breast hypoplasia , external and internal genital organs , etc , If infantilism frequent menstrual and fertility .

Intersexual different type of the incomplete differentiation of sexual characteristics , which affects the appearance and functions of the female genital organs. Intersex women , generally have a fairly high growth, massive skeleton , wide shoulder girdle , pelvis , coming in the form of the male , nesmykayuschiesya calf hair on the genitals developed strongly , hair growth is directed to the navel on the white line (male pattern) . A lot of hair on his legs, around zadnege passage. Women frequently observed type of intersex genital hypoplasia , menstrual dysfunction , infertility , sexual indifference .

Sometimes there is a combination of features and infantilzma intersexuality .

Antiseptic type is characterized , as we know, the predominance of the longitudinal dimensions , ponizhaniem Tones muscle and connective tissue .

SURVEY SYSTEM (HISTORY)

gynecological patients

The study begins with gynecological patients survey aiming at :

a) clarify the subjective symptoms of the disease (complaints)

b) to obtain information about the preceding life and medical history (anamnesis vitae)

c) clarify the development of present illness (anamnesis morbi)

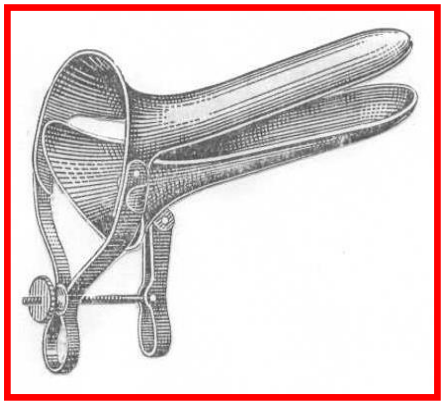
The survey is conducted according to the following plan.

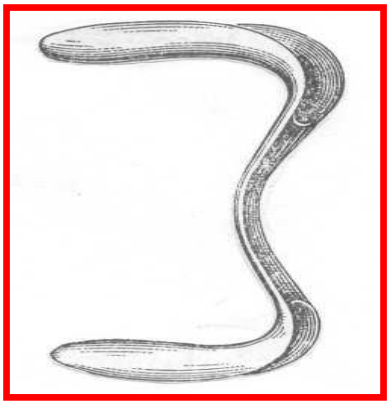
• Nameplate data , among which special attention is paid to

age of the patient .
• Complaints that prompted the patient to see a doctor .
• Heredity transferred disease (Child
age , infectious , cardiovascular , respiratory, digestive , endocrine glands, transferred gynecological diseases) disease husband.
• nature of the functions of the reproductive system :
a) Menstrual b) gender, c) fertility (reproductive ¬ generative)
g) secretion . At the same time clarified the function of the urinary tract and intestines, which are associated with genital organamiv anatomical and functional relationships.
• The presence of pain and its nature.
• Conditions of life and work .
• The development of this disease.
System objective study of gynecological patients .
Research gynecological patients aims recognition diseases of the reproductive system and to determine other organs and systems . Performed a study of all the woman's body , which is very important in identifying the disorder comorbidities functions of the major organs , which may be associated with diseases of the genital organs.
Known methods of research (percussion, auscultation palpation , X-ray , etc.) turns cardio - vascular system, respiratory system , digestive system , etc. It is of great importance neurological examination , which gives an idea of the changes in the functions of the nervous system of the woman .
To clarify the diagnosis and evaluation of the clinical course of gynecological diseases applies haematological, biochemical , histological, bakterialogicheskie and other research methods.
Systems, especially skeletal structure , internal organs of the chest (small heart , narrow aorta , low standing diaphragm , long bryzheykai etc.) is frequently observed omission of internal organs. Women asthenic type often occur excessive mobility of the uterus and its excesses posteriorly . After birth due to the weakness of the ligamentous apparatus and pelvic floor prolapse occurs easily vagina and uterus . Such women are often even in the absence of objectively detectable changes in the sexual sphere complain of pain in the sacrum , heaviness in the abdomen, painful menstruation , constipation, decrease disability . . Inspection of the abdomen may give grounds for assuming the presence of gynecological diseases. Increased abdominal and change its shape observed in large tumors (fibroids cystoma etc.).
Also contributes to an increase in abdominal ascites, often observed in tumors of the ovary.
Palpation of the abdomen is performed after emptying the bladder in a horizontal position when cognutyh feet.
By palpation determine the state of the abdominal wall (tone, muscular defense , the presence of diastasis recti) , painful areas on it , the presence of tumor infiltration . Feeling stomach allows accurate determination of known size, shape , border, texture and tenderness tumor infiltrates emanating from the genitals which are located outside the pelvis.
Percussion belly is a helper method gynecology research . Percussion helps clarify the boundaries and contours of tumors , as well as large infiltrates and exudates produced during inflammatory diseases of the genital organs .
Auscultation of the abdomen is the method of determining the presence of peristaltic indicates enteroplegia observed at peritonitis . Weakening of peristalsis is complex after gynecological surgery due to decrease in motor function of the intestine. Stormy marked with bowel sounds of bowel obstruction (obstructive ileus) . .
Auscultation is promoting the differential diagnosis between tumors of genital organs (fibroids cystoma) and pregnancy.
When pregnancy is more than 5 months, and sometimes earlier auscultation determined movement and fetal heart tones .
11. Specific methods of investigation gynecological patients.
The required research methods include:

• Inspection of the external genitalia
• Research using mirrors
• Vaginal study
3 . study using bullet forceps ;
4 . cytological methods of research ;
5 . trial scraping the mucous membrane of the uterus ;
6. biopsy ;
7. trial protocol (puncture) ;
8. blowing through the fallopian tubes ;
9. radiopaque research methods ;
10 . bladder catheterization ;
11. endoscopic methods of research ;
12. trial laparotomy .
In gynecological practice is also widely used histological bacteriological, serological , biochemical and other methods issledovaniya . According to the testimony used medical genetic research.

Inspection of external genitalia .
On examination of the external genitalia and take into account the harakterazvitiya hair (for male or female type) , the development of small labia majora , perineum state (high, low , trough- pathological processes , inflammation , swelling , ulceration , Conde fistulas , scarring in the perineum after breaks) .
Fingers parted labia , vulva and examine the vagina entrance , taking into account:
• color (pallor, cyanosis)
• The nature of the secret
• the presence of pathological processes (inflammation , cysts, ulcers , etc.)
state of the external opening of the urethra and the withdrawal duct Bartholin glands (redness , discharge) form the hymen or its remnants .
Research by means of a mirror.
Research by means of mirrors is performed immediately after inspection of the external genitalia to the production of vaginal and bimanual examination .
Research by means of mirrors is essential for the diagnosis of diseases of the vagina and cervix.
There are following models vaginal mirrors : A) cylindrical ;
B) wing c) spoon-shaped (plate) .
Cylindrical mirrors used rarely , mostly with intact vaginal wall insulation from drugs , primenyaemyz the treatment of diseases of the cervix.
Samoderzhaschiesya wing mirrors used in outpatient practice , not available esly assistant who can ponabitsya using more convenient spoon-shaped mirrors.
Most convenient for ensuring completeness inspection of the cervix and vaginal walls spoon-shaped mirror.
When the determined mirrors study coloring mucosa of the cervix and vaginal secretions nature , size and shape of cervix and pathological processes in the cervix and pathological processes in the cervix and vagina (inflammation damage, ulceration , tumor fistulas and t .)

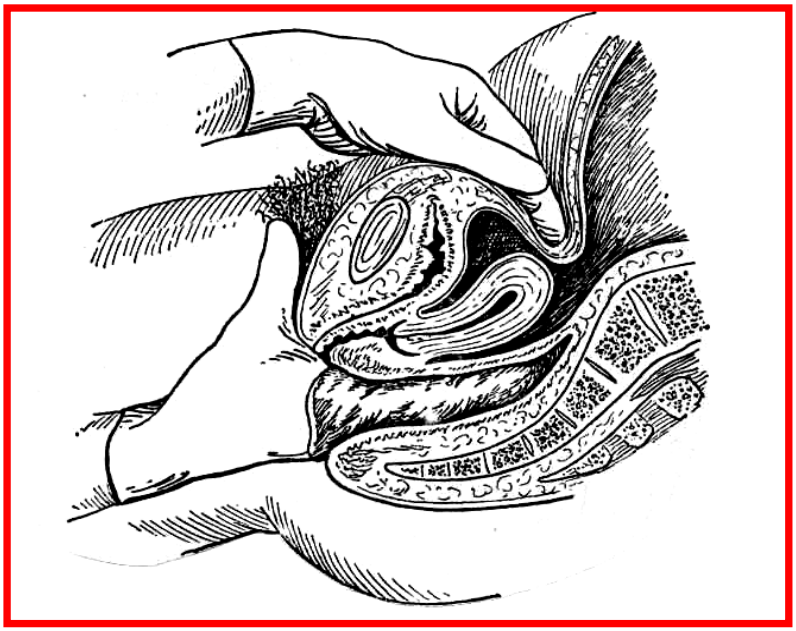




Vaginal (internal) investigation .
Vaginal examination is made with the index and middle fingers, or just forefinger or index finger only one (usually the right) hand. With a narrow vagina (hypoplasia , atrophy age , nulliparous women) in the vagina should be entered only one finger . Before the introduction of the vulva rubbed fingers or sterile cotton swab dipped in a disinfectant solution . Labia bred the thumb and forefinger of his left hand . Index and middle fingers gently inserted into the vagina , the thumb is directed to the symphysis , pinky and ring fingers pressed against the palm and the back side of their main phalanges rests in the crotch .
Vaginal examination .
• Determine the status of the pelvic floor muscles by applying pressure to the perineum from the vagina and feeling (relaxing, wasting or atrophy of muscles);
• thumb and forefinger overtures location area
large vestibular glands (cyst , inflammation, cancer, etc.);
• On the front wall of the vagina overtures urethra (the seal , soreness), and if there are signs of inflammation of her squeezed selection (for research) ;
• determine the state of the vagina : volume, folding , elongation , the presence of pathological processes (infiltrates, scarring, stenosis , tumor , then oki development). Identify features of the vaginal vault depth, mobility , tenderness .
• examines in detail the vaginal part of the cervix : its value (hypertrophy , hypoplasia) , shape (conical , cylindrical deformed scars , tumors , warts) , surface (smooth , bumpy) , consistency (regular , softened during pregnancy , dense cancer , senile sclerosis) , conducted axis position of the pelvis (directed anteriorly , posteriorly , left or right , up, up , or omitted) , the state of the external os (open or closed , form a circular cross slit dehiscence) , cervical mobility (moving excessively during descent and uterine prolapse , fixed or limited mobility in inflammatory processes running cancer) .
Handed vaginal (bimanual , vaginally - abdominal) research .
Handed vaginal (bimanual , vaginally - abdominal) study is the primary method of recognition of diseases of the uterus, adnexa , pelvic peritoneum , and fiber.
First of all, the uterus examined . Both (or one) of the finger is introduced into the inner arms Front vault ; cervix several back down posteriorly . Palmar surface (not ends) outer fingers hands overtures through the abdominal wall of the uterus , if the bottom of it is directed anteriorly .
On palpation of the uterus determined by the following data :
1. Position of the uterus inclination (versio), inflection (flexio), offset
horizontal axis (positio), and the vertical axis (elevatio, descensus
prolapslls) etc.
2 . Quantity. Cancer: normal, reduced (hypoplasia , atrophy)
uvelichina (pregnancy, Meow , etc.).
3 . Shape of the uterus : normal (pear-shaped , flattened) spherical
(pregnancy) wrong (tumors, malformations , etc.)
4 . Consistency: regular softened (pregnancy, fluctuating
hemometra , pyometra) , dense (fibroids) .
5 . Mobility: normal , limited or not available (tumor spike infiltrates) , excessive (relaxation ligament complex with prolapse of the uterus) .
6. Disease: (inflammatory diseases secondary changes in node fibroid , etc.)

Finished palpaiyu uterus begin to study its appendages (fallopian tubes and ovaries) . The fingers of the outer and inner arms is gradually moved away from the corners of the lateral walls of the uterus to the pelvis.
Rectal and rectal - abdomivalnoe study .
Rectal (rectal- abdominalyyue) research is needed in the following cases : a) when the girls atresia or stenosis of the vagina , and b) in addition to the study of vaginally - abdominalnomu with genital tumors , particularly cervical cancer , to clarify the extent of their (transition to

pelvic fiber, intestinal wall , etc.), d) if there is discharge from the rectum (blood , pus) , cracks , scratches , etc. The study produced a finger which is protected by a glove or fingertip , smeared with Vaseline . Finger introduced straining women .



At rectal examination determine whether opuholey , polyps , and other processes of narrowing in the rectum. Next palpate the cervix matki , sacro - uterine ligaments , pelvic tissue. From the outer arm (rektalyno - abdominal study) examined the body of the uterus and appendages , Rectally - vaginal study used in the presence of a pathological process in the wall of the vagina, bowel or rectal vaginal septum . Index finger inserted into the vagina , rectum average . Thus readily determined tumor infiltrates and other changes in the vaginal wall , and colon tissue , disposed therebetween .

Practical exercises №2
normal menstrual cycle and its regulation . Disruption of the menstrual function. Amenorrhea . Hypomenstrual syndrome

Technological model of lesson:

Time-5h	Number of students - 10
Form of Teaching practice sessions	Practical exercises
Plan:	
Presents to the students the basic questions theme	
Methods and techniques of teaching	Teaching practice, blitz - poll Learning Tools, whiteboard, video
Conditions of Learning Auditorium	equipped with apparatus for video presentation

Flow chart of practical classes

Steps, **time** .	Teacher Introductory remarks on sterile marriage. About contraception	Student Announces theme classes, goal, study Questions, expected results lessons listen, write
Stage 1: Introduction - 10 min	Actively involved in learning basic questions submitted threads outlines the main issues	Gives questions for self-study students on the subject and topic of the next lesson
Stage 2: Main - (70 min.). . .	In order to attract the attention of students and assess their level of knowledge suits quiz on the Presents to the students the basic questions theme 1.Nazovite causes of female infertility. 2. What are the causes of male infertility. 3.Klassifikatsiya infertility. 4.Vedenie women with primary infertility. 5.Diagnostika female infertility. 6.Lechenie infertilitymajor issues of the theme	Actively involved in the quiz on the major issues of the theme
Step 3: Final - (10 min.) practical training.	Clarifies ambiguities. Summarize prakticheskogogo zanyatiya.napominaet key questions that dealt in practice. Responds to issues of interest to students. Encourages the active participation of students in	Writes job for the following classes

Chronologycal map classes

№	**Stages classes**	**Forms classes**	**Duration sequences in (Minutes)**
1	Introductory word teacher (justification themes)		5
2	Discussion of the topic of practical classes, baseline assessment of students' knowledge with the use of new educational technologies (small groups, case studies, business games, slides, videos, etc.)	Poll explanation	120
3	Summarizing the discussion		10
4	Giving students tasks to perform the practical part of the lesson. Cottage explanations and notes for the task. Self Supervision		30
5	Mastering practical skills of students	medical history, business	45

	with teacher (Supervision thematic patient)	games clinical case studies	
6	Analysis of the results of laboratory and instrumental studies thematic patient, differential diagnosis, treatment plan and recovery, prescribing medications, etc.	Work with clinical laboratory instruments	30
7	Discussion of the extent to which target classes in the developed theoretical knowledge and practical results of student work, and taking into account this evaluation of the	group recitation, quiz, debate, discussion of the results of practical work	50
8	Conclusion teacher in this occupation. Assessment of students' knowledge on 100 point system and its announcement. Dacha job to the next class (set of questions).	Information, questions for self-training	10

Interactive methods
Method "Web"
Steps:
1.Predvaritelno students are given time to prepare questions on the passed occupation.
2.Uchastniki sit in a circle.
3.Odnomu participant is given a skein of yarn and he asks his prepared question (which itself needs to know the full answer), hold the thread end, and shifting skein of any student.
4.Student, received a skein, answers the question (the party who asked him reply comments) and passes the baton to the issue further. Participants continue to ask questions and answer them, until everything will be in the web.
5.How Once all the students have finished asking questions, the student, holding a coil, returns to a participant, from whom he received the question, while asking a question, etc., to complete "unwinding" of the coil.

Note: Caution students that should be attentive to each answer, because they do not know who to throw skein.

The method of "Handle middle of the table"
Steps:
1.Predvaritelno teacher prepares questions by category (minimum of 2-3 questions for each student).
2. Participants sit in a circle.
3. Placed on the middle of the table handle.
4. One of the participants of the rotary knob.
5. Once the pen stop party on whom shows pen, answers the question of the teacher, and the remaining members may supplement.
6. After the party answers the question, it also rotates the handle for the next game.
7. Thus, the game lasts as long as the participants did not answer all the questions.

Practical skills

Bimanual examination gynecological patients

Objective: To study the method is considered a major gynecological patients to diagnose disease

Indications: a survey of all gynecological patients
Insturment: chair, gloves

1. explain to the woman about the upcoming procedure ineteresuyuschie answer her questions.
2. the woman is on the gynecological chair legs bent at the knee and hip joints.
3. manipulation performed under sterile gloves.
4. thumb and forefinger of his left hand pushing the labia majora.
5. right hand middle finger inserted into the back wall down vlagalischeottyagivayut then introduced the index finger of the same hand.
6. left hand palm porverhnostyu, placed on the anterior abdominal wall above the vagina and palpate deeper, poschupyvayut body of the uterus.
7. right hand fingers (index and middle) determine the shape, texture and length of the cervix, the state of its external os. Then fingers introduced into the front arch and between the inner and outer arms define the body of the uterus.
8. determine the position, size, tenderness, consistency, mobility of the body of the uterus.
9.pristupayut palpation appendages. Outer and inner fingers hands gradually moved away from the corners of the uterus to the side walls of the pelvis, appendages normally not palpable
10. determine the status of the parameter
11. determine the depth, tenderness, vaginal vault

Tests:

When delay sexual development of central origin character menstruation
* skudkie rare
polimenoriya
giperpolimenoriya
algodmenoriya

Specify the nature of the delay menstruation at puberty ovarian origin
* Frequent
abundant
normal
more

What is Turner syndrome Schershevskogo -
* typical form of gonadal dysgenesis
pure form dysgenesis Gonata
deffekt this development caused by inflammation of the gonads

When Turner syndrome Shershevskii with chromosomal analysis revealed that
* narmotip 45 ho
46 or xx 46 xy
Ho 45 46 xy
40 xx

When Turner syndrome Shershevskii noted that neonates
* short neck with wide skin folds
hydro tsefoliya
long neck
short legs

When sidrome Shershevskii Turner kolichestkvo COP 17 Suta urine
* below normal (5-6 mg)

normal
increase
50mg

Characteristic - whether neuroendocrine abnormalities in infantilism
* can otsustsvovat
neurological
expression
typical

In the follicular phase of the ovary which is produced by Harmon
* FSH
progesterone
testesterona
glucocorticoids

What pituitary hormones regulate the menstrual cycle
* gonadotropic
somatotropic hormones
adrenocorticotropic
tirestropnye

In the 28 day cycle, ovulation occurs when
* 14-15
8-11
7-6
20-21

At what age often begins menstruation
* 13-14
10-13
14-17
18-20

What Harmon released from the ovary in the II phase of the cycle
* progesterone
estrogens
somatotropic hormones
luteinizing

Which cycle consists of uterine cycle
and / desquamation phase
b / regeneration phase
in / phase secretion
g / phase proleferatsiya

* abc
abc
Sr
ar

How many degrees will basal temperature in the follicular phase
* 36,5-36,8
37-38
34 below
35

In lyutenivoy phase that occurs as the uterus endrometry
* secretion
regeneration
deskvatsiya
proliferation

How is the function of the ovary garmonalnaya
* cytological study of vaginal smear
methods culdoscopy
hysterosalpingography
bimanual examination

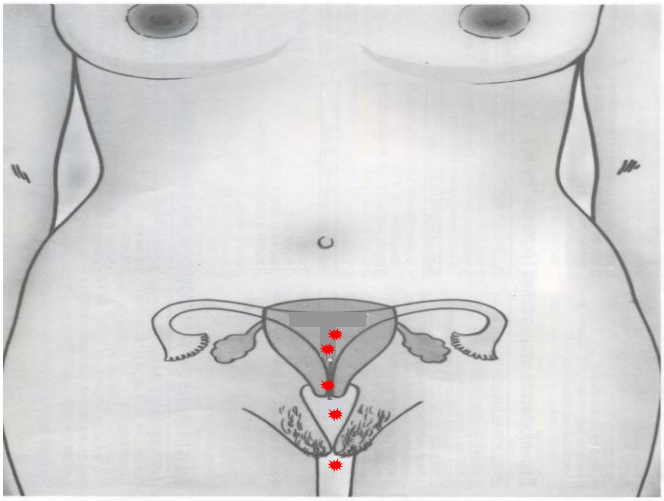
What is amenorrhea
* lack of
painful menstruation
prolonged menstruation
short

How many degrees will basal temperature in the follicular phase
* 36,5-36,8
37-38
34 below
35

In lyutenivoy phase that occurs as the uterus endrometry
* secretion
regeneration
deskvatsiya
proliferation

How is the hormonal function of the ovary
* cytological study of vaginal smear
methods culdoscopy
bimanual examination

Menstruation are women of childbearing during the whole period. Kolichsetvo lost blood composes 5 - 100 ml; she scheechnoy reaction with mucus , without clots , clotting spetseficheskу has bad smell.
In 60% of cases, the menstrual cycle is 28 days , B10 -12 % 30-35 days 28 % - 2 day.
Releasing factors and sex hormones gonadotropic contributes to the normal menstrual cycle . Report secretion of one of these substances can lead to dysfunction of the menstrual cycle. To otsustvii or prolonged menstrual bleeding .
AI Petchenko 1960 proposed the following classification of the anomalies of the menstrual cycle.



- Primary and secondary amenorrhea
- Primary and secondary dysmenorrhea
- Single-phase anovulatory menstruation cycle with symptoms hyperestrogenemia ; phenomena with hypoestrogenism .
- Gynecological bleeding with morphological - anatomical changes : cyclic bleeding: acyclic bleeding, menstruation transition - incremental , intermenstrual .
- Gynecological bleeding without morpho - anatomical changes \ dysfunctional bleeding \ cyclic in two phases and the ovulation cycle.
- Hematopostasis .

Amenorrhea .

Lack of menstruation. It is not always pathogenetic condition , since a certain period a woman's life she is a physiological condition.

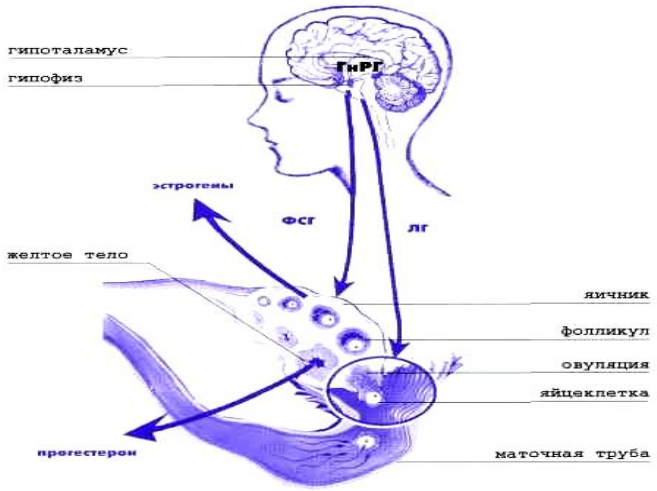
Distinguished: primary amenorrhea - full of menstruation in women over the previous life .

True amenorrhea - lack of cyclic processes ovary , uterus , pituitary gland in the system - the hypothalamus .

Cryptomenorrhea - lack of regular menses in the presence of cyclic processes uterus , ovaries. It was observed at anobalicheskih genital malformations in atresia or absence of vaginal overgrowth of the uterine mouth when solid hymen .

Treatment of false amenorrhea - hirurgichsekoe .

Etiological factor for amenorrhea is true physiological and pathological .



Physiologic amenorrhea - occurs in childhood , during pregnancy, during lactation in old age . 75% of women, nursing your baby, says " Lactational " amenorrhea dlischayasya from 5 months to 2 years . Nervnoreflektorny mechanism in the stimulation of receptors breast nerve impulses come to the pituitary gland , stimiliruya LTG , increasing the secretory function of the mammary glands and depressing pituitary gonadotrophic function - comes amenorrhea . Sometimes occur

in lactating women anovulatory cycles .
In old age external and internal genital organs of women and sex glands atrophy nonfunctioning , inhibited release of gonadotropic hormones .
Primary amenorrhea is more common pathogenetic with hypoplasia or aplasia sharp uterus and ovaries background obshego infantilism. Cause of infantilism may be severe diseases as tuberculosis, malaria , malnutrition in childhood , hypo or hyper function of the pituitary gland. In the etiology of amenorrhea may occupy a large place is a violation of the adrenal gland, the hypothalamus , thyroid and other endocrine glands , as well as chromosomal abnormalities .
It can cause secondary amenorrhea , both local and general factors .
The local include: chronic morphine poisoning , mercury, lead , acute infectious diseases , chronic diseases , anemia , malnutrition , impaired function of the endocrine glands especially lowering the pituitary gland resulting in inflammation , tumors, pathological postpartum period.
Distinguish hypothalamic amenorrhea with lesions can occur in childhood and after puberty. In the latter case, a primary amenorrhea , combined with hypogonadism and often obesity. The most private forms gipotalamichsekogo amenorrhea - adipozo - Dystrophy Syndrome Chiari - Frommelya , persistiruriyuschaya lactation amenorrhea combined and gonads of malnutrition .

Syndrome - Chiari Fromelia.
This syndrome is characterized by persistent galactorrhea , amenorrhea and progressive malnutrition genitals. Etiology and pathogenesis of the syndrome has not yet been clarified.
Disease is based on damage to centers of the hypothalamus - regulating biosynthesis prolaktintormozyaschego releasing hormone ATG - LH, resulting in increased secretion of LTG . In turn, the sustained release products LTG inhibits FSH , resulting in a reduction of ovarian estrogen secretion and amenorrhea . Often disorders of carbohydrate and lipid metabolism , obesity instability A \ D , mental rastrojstva .
Diagnosis of the disease is usually easy . Garmonalnye studies show a sharp decrease in urinary FSH and estrogen hormones in normal excretion of 17 - ketosteriodov .
When malignancy shown hirurgichsekoe rengenologicheskoe or treatment. In other cases, therapy should be directed at the suppression of lactation garmonalnymi drugs.
FSH preparations - gonadotropin serum 60 IU for 10 -20 days.
Endonasal electrophoresis for 30 days.
Hypofunction of the anterior pituitary gland may manifest in the form of pituitary dwarfism characterized by growth retardation , congenital and often easily diagnosed . In this STG deficit prevails , although other products hormones of the anterior lobe is sharply reduced. Crease pituitary dwarfism are specialist endocrinologist, and should be aimed primarily at increasing the growth of the patient , rather than the creation of the menstrual cycle.

Sheehan's syndrome
This syndrome develops after birth or abortion, complicated by massive hemorrhage . The immediate cause of the disease is thrombosis, embolism or spasms of the pituitary portal vessels with subsequent necrosis.
When necrosis 2 \ 3zhelezy arises clinical syndrome Sheehan . Depending on which part of the pituitary tissue necrotic symptoms of the disease may be explicit or erased . Early sign of the disease is the lack of early lactation or her disappearance of the amenorrhea . Slayuost growing weakness weight loss . A few months later gipotrofocheskie marked changes in the sexual organs, hair loss in the armpits and pubic hair , and sometimes on the head. Sharply reduced excretion of estrogen , LH and FSH . In a later phase of the disease identified violations of other internal secretion of pituitary -dependent stimulation. Adrenal thyroid .
When Sheehan syndrome obliterated all the described features pronounced weakness.
Sheehan's syndrome treatment follow holds since the first signs of the disease , combining garmonalnuyu substitution therapy with nutritious meals containing adequate amounts of vitamins and salt . To restore gonadal function is recommended one of the circuits cyclic

estrogen and progestogen therapy drugs.
When adrenal insufficiency prescribe corticosteroid hormones (cortisone 12.5 - 20 mg daily for 20 days), with gipotirioze - simultaneously with cortisone tiroidin to 0,015 g, 2 times a day with gradual increase to 0.05 g 2 times a day .
Amenorrhea due to the overproduction of one of the anterior pituitary hormones may be in acromegaly and gigantism , which is associated with the overproduction of growth hormone . The disease occurs when the anterior pituitary tumor less inflammatory processes or injuries. Amenorrhea explained by antagonism between growth hormone and gonadotropic harmony , as well as reducing the excretion of estrogenic hormones 17 - KS , with chronically ill women in a smear with plenty of basal cells .
Treatment is carried out in hospitals endocrinology . Garmonalnaya therapy includes estrogen preparations (20-30 mg \ day for 5-6 weeks \ that stop growth). More rational cyclical therapy for quater for 8-10 cycles.
When illness Itsengo - Kushenga ACTH overproduction caused the defeat of the hypothalamic - pituitary region and induced hypercortisolism as well as celebrated amenorrhea . Occurs between the ages of 20-40 years often after childbirth pathological . Accompanied by significant obesity (mainly the face and trunk) , secondary amenorrhea , as well as hypertension , headache, often - hypertrichosis , in laboratory studies establish the normal level 17 and COP esterogenov . Samples with ACTH or dexamethasone (predniholonom) is positive.
TREATMENT: held stationary in endocrinology using rentgenoblucheniya hypothalamic - pituitary region . Garmonalnyh of drugs can be recommended synthetic progestins 1 table. within 21 days from 7 days pererivami stretch 405 months. Garmonalnuyu with diet therapy aimed at reducing obesity.
To amenorrhea peripheral genesis primarily include ovarian , which occurs in half of all cases . Ovarian amenorrhea .
Amenorrhea occurs when otsustvii garmonalnoy ovarian function , while the function of the pituitary and hypothalamus characterized saved.
In congenital damage the ovaries, often genetically caused , as well as before the teenage period, primary amenorrhea , ovarian dysfunction in older age cause secondary amenorrhea .
Somatic cells of the female body contains two half chromosomes XX and XY male .
When otsustvii one of the sex chromosomes (CW) , as well as the presence of accessory sex chromosomes (XXX) or when mozatsinnem when some cells contain a normal set of them, and part of the pathological , there are disturbances of sexual development and primary amenorrhea . By the number of glands X chromatin in smears of the oral mucosa can be judged on the number of X - chromosomes by X - chromosome is always one more than the number of sex chromatin bodies .
Gonadal dysgenesis is most often seen in the form of Turner syndrome Shereshevsky , at least in pure and mixed form.
Pirznaki sachto disease manifest from birth children observed a small body weight gain , they barrel chest , short and schirokaya neck , ptosis , high , upper palate , low-lying ears. Height does not exceed 140 cm sharply expressed signs of sexual infantilism - secondary sexual characteristics and mammary glands places , the vagina and the uterus is not developed .
In laboratory research methods ustanokleny otsustvie sex chromatin , very low excretion of estrogen and atrophic type of vaginal smear with a predominance of basal cells , and a significant povsheniya in urine gonadotropic hormones .
Treatment with gonadal dysgenesis predstavvlyaetsya a difficult task and depends on the age of the patient and the disease forms . Before puberty in therapy must point to the increasing growth of the patient , in adults for the development of secondary sexual characteristics , which recommended estrogenic hormones (mikrofollin to 0.05 mg per day 20 days 10 daytime prerivami : treatment 6-8 months) after appearance of menstrual bleeding lift excess periodically allocated cyclical therapy for quater.
Disgarmonalnaya ovarian amenorrhea (not related to genetic abnormalities) may be caused by

damage to the ovarian tissue in childhood or even in utero (chronic intoxication mother , infectious diseases of childhood) . Uterus in such patients hypoplastic , vagina narrow , large and small labia stunted.
In laboratory studies revealed low levels of estrogenic hormones and high gonadotropin , which is due to the inhibitory effect of estrogen without the pituitary gland . Garmonalnaya FSH test with negative , positive with estrogen .
Pathology of the ovaries , which appeared after puberty may develop as a result of an illness or chronic intoxication, ovarian tumors , sclerogangliac degeneration.
In these cases is secondary amenorrhea , and menstrual function fades away gradually. Arising garmonalnaya failure depends on the extent of damage to ovarian tissue . Typically, these patients developed secondary sexual characteristics normally, external genitalia as normal or with mild gipotrofichnoy . However, during prolonged ovarian hypofunction showing signs of malnutrition and genital hypoplasia of the mammary glands. In severe cases, the uterus atrophies.
When gipogarmonalnoy amenorrhea developed in childhood, age , treatment follow naschinat to finishing the period of puberty. Recommending in such cases estrogenic hormones, which stimulates the development of mammary glands genitals .
Spend at least 3-4 cycles of estrogen therapy by 10 thousand units . estrone and estradiol daily for 20 days followed by a 10 - day prerivami . After conform control , increasing the size of the uterus and mammary glands can assign tsiklichekuyu therapy of estrogen and progesterone on the quater.
Treatment continues for 1-2 years courses for 2-3 months . pererivami between courses with 4-6 month.
In cases where the disease has developed after puberty and is more easy-going , a cyclic garmonalnoy therapy can proceed without prior estrogen preparation.
Gipergarmonalnaya ovarian amenorrhea is rare and is associated with long-term persistence of the follicle , and desquamation of the endometrium does not occur. When laboratory examination revealed a high amount of estrogen , constantly expressed phenomenon pupil (+ + +) and fern predominance superficialis cells in the smear with high performance KPI and eosinophilia . In this form of amenorrhea progesterone administered 5-10 mg in 3-5 days per month.

DYSMENORRHOEA.

Dysmenorrhea - menstrual disorders it. She sravnietlno are frequent disorders of menstrual function. It manifests itself differently. Usually the pain occurs before the onset of menstruation and continued for the first day or the first days of her. Rarely pain begins with the appearance of menstruation and continue until it ends. Pain may be tupim dragging or very severe convulsive. Often joined by nausea, vomiting, increased secretion of glands elephants, sweating, spastic constipation, headaches.
Distinguished: primary and secondary amenorrhea.
Initial algomenoreya svyazanys not what or organic diseases of genitals, nerozhavschih observed in women.
Secondary algomenoreya is due to gynecological disorders (endometriosis, tumor sklerokiztoznye, ovaries).
Etiology: - Functional disorders of the nervous system. Often seen in women with labile, unbalanced nervous system due to the fact that they have the pain threshold nonizhen.
Mechanical obstruction to the discharge of blood from the uterus. (Narrow channel conical uterus kink uterine scar contraction of the internal cervical os). Tapered neck and the acute antifleksiya uterus associated with primary and infantilism.
1. Secondary algomenoreya may arise in connection with inflammatory diseases, endometriosis, tumors, abnormalities provisions genitals.
2. In rare cases, the functional layer of the endometrium during menstruation is separated by a solid membrane without undergoing enzymatic melt, as is the case with normal menstruation.

This desquamation process violations associated with a kind of violation of the ovaries. Isolation of the uterus is not molten layer yunktsionalnogo accompanied by severe pain.
TREATMENT: It must be aimed at eliminating the underlying causes of the occurrence of pain. This approach is relatively rare in the secondary algomenorrhea feasible. The success of therapy depends on whether wakes cured inflammatory disease, endometriosis and other diseases of the genital organs, which is a symptom algomenoreya.
In primary importance algomenoree imeyutvse means promoting settlement functions TS.NS correct lifestyle, a balanced diet, moderate sports, eliminate all conditions that adversely impact on the psyche. When infantilism except restorative treatment, you can appoint gryazolecheniya, vaginally - abdominal diathermy, small doses of estrogen in the first phase of the cycle. It is now widely used antispasmodics: Nospanum, atropine, lidocaine, lidol, tranquilizers, triokaszin, andaksin. Since this luteum. (5 mg progesterone daily \ m for 5-7 days before menstruation). If hypoplastic uterus, cyclic treatment is carried out in folikulin Pervan phase, a total dose of 100 - 200 thousand units, a second progesterone 5-10 mg for 8-10 days. It is recommended for oral administration of diethylstilbestrol 1 mg daily for the first half of the menstrual cycle, for 3-4 cycles. Estrogens inhibit the gonadotropic pituitary function (of feedback) and anovulatory bleeding occurs painless.
Premenstrual syndrome.
Some women in the normal (ovulyattornom menstrual cycle) in the premenstrual cycle observed the following violations: uhudscheniya samochuvtviya, irritability, decreased ability to work, sharp engorgement and breast tenderness, swelling of the vocal cords pastoznost face. These are the symptoms disappear after menstruation. Passage of premenstrual cycle (syndrome) is associated with a decrease in the function of the corpus luteum, the excessive production of antidiuretic harmony with the instability of the nervous system.
TREATMENT: to reduce the use of restorative activities (sports, exercise, hydrotherapy), sedatives (valerian, andaksin etc.), progesterone (5-10 mg for 6-8 days in the second half of the cycle), diuretics (ammonium chloride).

C & K L & W E S K & H E A R Y W E N Ya
Hypomenstrual SYNDROME.
The immediate cause of the weak, short and sparse \ 6-8 weeks \ menstruation is hypovarianism. Reduced production of sex hormones causes insufficient krovosnabzhnie uterus and inferiority cyclic transformation of the endometrium. These features define the type of menstruation. Weaknesses - gipomenoreya; short - oligomenorrhea; delay and rare menstruation - opsomenoreya.
To slableniyu about menstruation and deceleration are all adverse conditions, lowering of ovarian function.
Etiology: - infantilism, malformation, acute and chronic infections, intoxication, impaired function of the internal glands.
Hypomenstrual syndrome often occurs during puberty and menopause. Are: - Primary (early appearance of menstruation).
- (Secondary) weakening and slowing ukorechenie previously normal menstruation.
The primary nature of the anomalies observed in the menstrual function infantilism.
Secondary - attenuation (slowing) menstruation arises from disorders of the endocrine organs function, infectious and other diseases, disorders conditions among other reasons. Recognition of primary and secondary cause weakness menstruation based on careful clinical research body.
TREATMENT: the absence of other disorders (infertility, painful menstruation, etc.).
Recommend only restorative measures: good nutrition, light sport praivlnoe alternation of work and rest.
In secondary weakening menstruation provide treatment aimed at eliminating the causes of reason caused by decreased ovarian function.
If insufficient effect strengthening therapy can apply the collar Shcherbakov, diyaterapiya, etc.

gryazolechenie increases blood flow to the pelvic organs. In the appropriate phase of the menstrual cycle prescribed small doses of sex hormones. In phase I administered estrogens on 1000 - 5000 IU daily for 10-12 days during Phase II progesterone 5-10 mg daily for 6-8 days. When hypomenstrual cycle, hormones associated with tuberculosis is not primenyutsya, a special treatment.

Practical exercises №3

Dysfunctional uterine bleeding (DUB)

Technological model of lesson:

Time-5h	Number of students - 10
Form of Teaching practice sessions	Practical exercises
Plan:	
Presents to the students the basic questions theme	
Methods and techniques of teaching	Teaching practice, blitz - poll Learning Tools, whiteboard, video
Conditions of Learning Auditorium	equipped with apparatus for video presentation

Flow chart of practical classes

Steps, **time** .	Teacher Introductory remarks on sterile marriage. About contraception	Student Announces theme classes, goal, study Questions, expected results lessons listen, write
Stage 1: Introduction - 10 min	Actively involved in learning basic questions submitted threads outlines the main issues	Gives questions for self-study students on the subject and topic of the next lesson
Stage 2: Main - (70 min.). . .	In order to attract the attention of students and assess their level of knowledge suits quiz on the Presents to the students the basic questions theme 1.Nazovite causes of female infertility. 2. What are the causes of male infertility. 3.Klassifikatsiya infertility. 4.Vedenie women with primary infertility. 5.Diagnostika female infertility. 6.Lechenie infertilitymajor issues of the theme	Actively involved in the quiz on the major issues of the theme

Step 3: Final - (10 min.) practical training.	Clarifies ambiguities. Summarize prakticheskogogo zanyatiya.napominaet key questions that dealt in practice. Responds to issues of interest to students. Encourages the active participation of students in	Writes job for the following classes

Chronologycal map classes

№	Stages classes	Forms classes	Duration sequences in (Minutes)
1	Introductory word teacher (justification themes)		5
2	Discussion of the topic of practical classes, baseline assessment of students' knowledge with the use of new educational technologies (small groups, case studies, business games, slides, videos, etc.)	Poll explanation	120
3	Summarizing the discussion		10
4	Giving students tasks to perform the practical part of the lesson. Cottage explanations and notes for the task. Self Supervision		30
5	Mastering practical skills of students with teacher (Supervision thematic patient)	medical history, business games clinical case studies	45
6	Analysis of the results of laboratory and instrumental studies thematic patient, differential diagnosis, treatment plan and recovery, prescribing medications, etc.	Work with clinical laboratory instruments	30
7	Discussion of the extent to which target classes in the developed theoretical knowledge and practical results of student work, and taking into account this evaluation of the	group recitation, quiz, debate, discussion of the results of practical work	50
8	Conclusion teacher in this occupation. Assessment of students' knowledge on 100 point system and its announcement. Dacha job to the next class (set of questions).	Information, questions for self-training	10

Interactive methods
Method "Web"
Steps:
1.Predvaritelno students are given time to prepare questions on the passed occupation.
2.Uchastniki sit in a circle.
3.Odnomu participant is given a skein of yarn and he asks his prepared question (which itself needs to know the full answer), hold the thread end, and shifting skein of any student.
4.Student, received a skein, answers the question (the party who asked him reply comments) and passes the baton to the issue further. Participants continue to ask questions and answer them, until everything will be in the web.
5.How Once all the students have finished asking questions, the student, holding a coil, returns to a participant, from whom he received the question, while asking a question, etc., to complete "unwinding" of the coil.

Note: Caution students that should be attentive to each answer, because they do not know who to throw skein.

The method of "Handle middle of the table"

Steps:
1.Predvaritelno teacher prepares questions by category (minimum of 2-3 questions for each student).
2. Participants sit in a circle.
3. Placed on the middle of the table handle.
4. One of the participants of the rotary knob.
5. Once the pen stop party on whom shows pen, answers the question of the teacher, and the remaining members may supplement.
6. After the party answers the question, it also rotates the handle for the next game.
7. Thus, the game lasts as long as the participants did not answer all the questions.

Practical skills

Bimanual examination gynecological patients

Objective: To study the method is considered a major gynecological patients to diagnose disease

Indications: a survey of all gynecological patients

Insturment: chair, gloves

1. explain to the woman about the upcoming procedure ineteresuyuschie answer her questions.
2. the woman is on the gynecological chair legs bent at the knee and hip joints.
3. manipulation performed under sterile gloves.
4. thumb and forefinger of his left hand pushing the labia majora.
5. right hand middle finger inserted into the back wall down vlagalischeottyagivayut then introduced the index finger of the same hand.
6. left hand palm porverhnostyu, placed on the anterior abdominal wall above the vagina and palpate deeper, poschupyvayut body of the uterus.
7. right hand fingers (index and middle) determine the shape, texture and length of the cervix, the state of its external os. Then fingers introduced into the front arch and between the inner and outer arms define the body of the uterus.
8. determine the position, size, tenderness, consistency, mobility of the body of the uterus.
9.pristupayut palpation appendages. Outer and inner fingers hands gradually moved away from

the corners of the uterus to the side walls of the pelvis, appendages normally not palpable
10. determine the status of the parameter
11. determine the depth, tenderness, vaginal vault

Dysfunctional uterine bleeding (DUB) is abnormal bleeding from the vagina that is due to changes in hormone levels.

Every woman's menstrual cycle, or period, is different. On average, a woman's period occurs every 28 days. Most women have cycles between 24 and 34 days apart. It usually lasts 4 - 7 days.

Young girls may get their periods anywhere from 21 to 45 days or more apart. Women in their 40s will often notice their period occurring less often.

About every month, the levels of female hormones in a woman's body rise and fall. Estrogen and progesterone are two very important hormones. These hormones play an important role in ovulation, the time when the ovaries release an egg.

Dysfunctional uterine bleeding (DUB) most commonly occurs when the ovaries do not release an egg. Changes in hormone levels cause your period to be later or earlier and sometimes heavier than normal.

Hormones aren't the only cause of abnormal bleeding. So a doctor will want to rule out other health problems before deciding on a diagnosis of DUB. Sometimes, what may seem like DUB can be a clue that a girl has another health condition. For example, doctors sometimes find out that a girl with heavy periods has a bleeding disorder like von Willebrand disease.

To diagnose DUB, doctors will ask questions about things like periods and other bleeding problems. Expect your doctor to ask for the date of your last period.

A doctor also might ask questions that don't seem connected to bleeding — like about recent weight changes or if a girl has ever had sex. That's because conditions like polycystic ovary syndrome and some STDs can cause abnormal bleeding. If they're not treated, they may lead to more serious health issues, like infertility.

Girls who have had sex and miss a period need to see the doctor. Missed periods could be a sign of pregnancy as well as a sign of DUB. If you have heavy bleeding or bleeding between periods, it could be DUB, but an STD or a problem related to pregnancy also could be the cause. For example, an ectopic pregnancy (when a pregnancy implants someplace other than the uterus) can cause bleeding, and can be life threatening.

When DUB is suspected, the doctor probably will do a physical exam and possibly a pelvic exam. Sometimes doctors order blood tests or ultrasound exams to help find the cause of the symptoms. Blood tests also can indicate if a girl has anemia (fewer red blood cells than normal

Symptoms

Symptoms of dysfunctional uterine bleeding may include:

- Bleeding or spotting from the vagina between periods
- Periods that occur less than 28 days apart (more common) or more than 35 days apart
- Time between periods changes each month
- Heavier bleeding (such as passing large clots, needing to change protection during the night, soaking through a sanitary pad or tampon every hour for 2 - 3 hours in a row)
- Bleeding lasts for more days than normal or for more than 7 days

Other symptoms caused by changes in hormone levels may include:

- Excessive growth of body hair in a male pattern (hirsutism)
- Hot flashes
- Mood swings
- Tenderness and dryness of the vagina

A woman may feel tired or have fatigue if she is loses too much blood over time. This is a symptom of anemia.

Exams and Tests

The health care provider will do a pelvic examination and may perform a Pap smear. Tests that may be done include:

- Complete blood count (CBC)
- Blood clotting profile
- Hormone tests
    - FSH
    - LH
    - Male hormone (androgen) levels
    - Prolactin
    - Progesterone
- Pregnancy test
- Thyroid function tests
- Pap smear and culture to look for infection

Your health care provider may recommend the following:

- Biopsy to look for infection, precancer, or cancer, or to help decide on hormone treatment
- Hysteroscopy, performed in the doctor's office, to look into the uterus through the vagina.
- Transvaginal ultrasound to look for problems in the uterus or pelvis

Young women within a few years of their first period are often not treated unless symptoms are very severe, such as heavy blood loss causing anemia.

In other women, the goal of treatment is to control the menstrual cycle. Treatment may include:

- Birth control pills or progesterone only pills
- Intrauterine device (IUD) that releases the hormone progestin

- Ibuprofen or naproxen taken just before the period starts

The health care provider may recommend iron supplements for women with anemia.

If you want to get pregnant, you may be given medication to stimulate ovulation.

Women with severe symptoms that do not get better with other treatments may consider the following procedures if they no longer want to have children:

- Endometrial ablation or resection to destroy or remove the lning of the uterus
- Hysterectomy to remove the uterus
- D and C to remove polyps and diagnose certain conditions

Outlook (Prognosis)

Hormone therapy usually relieves symptoms. Treatment may not be needed if you do not develop anemia due to blood loss.

Possible Complications

- Infertility (inability to get pregnant)
- Severe anemia due to a lot of blood loss over time
- Increased risk for endometrial cancer

Figure 2

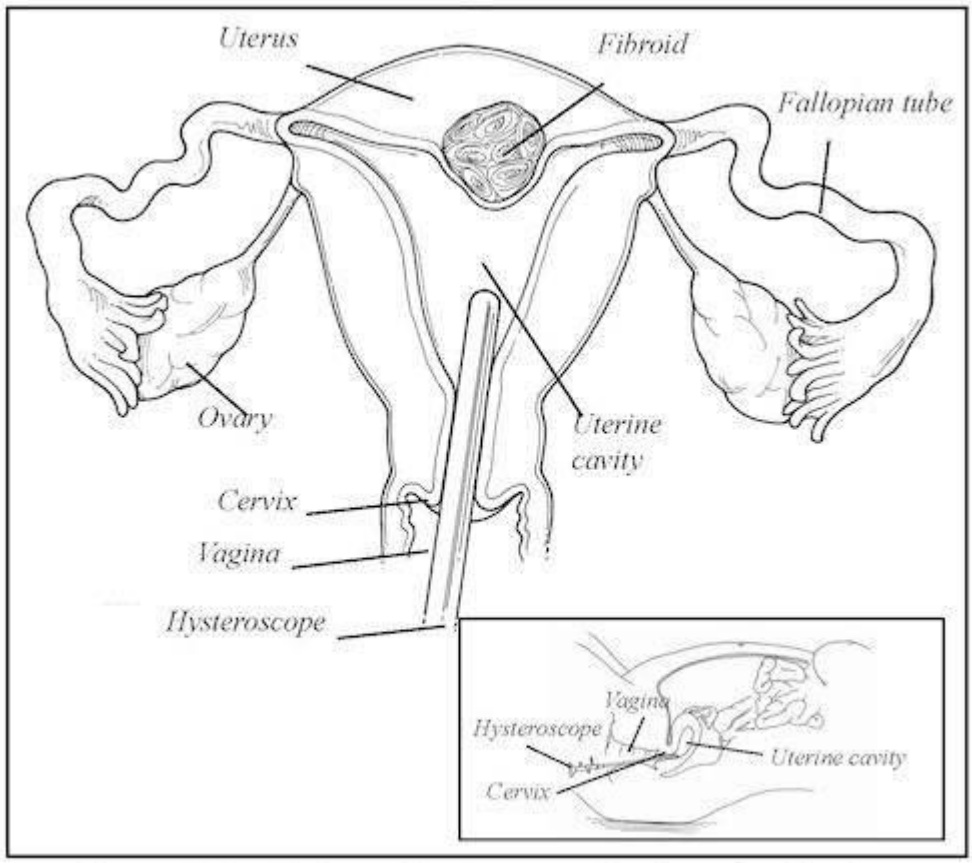


Figure 2. Frontal view of hysteroscopy. See inset for side view.

Laboratory Studies

Laboratory studies also aid in diagnosing abnormal uterine bleeding. A pregnancy test is always performed because abnormal bleeding in the reproductive years is commonly due to abnormalities associated with pregnancy. Often a blood test will be obtained to check for anemia (low blood count) or a blood clotting disorder. When structural disturbances of the reproductive tract have been ruled out, a blood test to measure pituitary hormones, such as prolactin, FSH, and thyroid hormones, may be performed. If there is evidence of abnormal hair growth on the face or down the middle of the body, the cause may be polycystic ovary syndrome (PCOS). PCOS often is associated with irregular or heavy menstruation. For more information on PCOS, refer to the ASRM patient information booklet titled Hirsutism and Polycystic Ovary Syndrome. Increased body hair may lead the physician to measure the androgens (hormones) testosterone and dehydroepiandrosterone sulfate (DHEAS). Additional tests of the liver, kidney, pancreas, and other major organs may be useful, depending upon each woman's medical history. Laboratory studies for abnormal uterine bleeding will be based on the physician's clinical judgment as to the underlying cause of the bleeding.

Treatment

The individual therapy recommended to you by your doctor will be tailored to the specific cause of abnormal bleeding. Structural abnormalities of the reproductive tract such as fibroids, polyps, or scar tissue often can be treated during hysteroscopy. Surgical instruments can be inserted through the hysteroscope to remove or correct structural abnormalities within the uterine cavity. Generally, patients can return to normal activities within 24 hours after hysteroscopy. Serious complications are rare.

Women who have adequate levels of estrogen but who do not ovulate can be effectively treated with synthetic progestins such as medroxyprogesterone acetate using dosages of 5 to 10 mg each day orally for more than 10 days. Other progestins, including natural progesterone, are available as oral capsules, vaginal suppositories, or intramuscular injections and also are effective in promoting complete shedding of the endometrial lining. In many instances, patients can be treated with low-dose combination oral contraceptives (OCs), which provide both estrogen and progestins and promote regular menstruation. This may be a particularly useful choice for individuals who also desire birth control.

For women with menorrhagia (excessively prolonged or heavy menstruation), the administration of an estrogen may be recommended to temporarily stop the bleeding and stabilize the endometrial lining. Often the physician will recommend an endometrial biopsy under such circumstances. Estrogens can be administered orally, such as conjugated estrogens, using dosages of 1.25 to 5 mg every six hours for a 12- to 24-hour period. Alternatively, intravenous estrogens at dosages of 20 to 25 mg can be administered every four to six hours to control heavy bleeding. After several days of estrogen therapy, progestins should be administered orally for 12 days to try to achieve a controlled bleeding episode.

Heavy uterine bleeding may be controlled with the use of low-dose OCs. A combination OC formulation may be administered as two to four tablets per day for up to seven days to control severe menorrhagia. Thereafter, an interruption of OC use for five to seven days may be recommended, and a controlled withdrawal flow generally follows. Subsequently, low dose OCs may be used in a standard fashion to facilitate orderly menstrual bleeding. If OC therapy is used in women over the age of 40, reproductive tract abnormalities, malignancies, and medical conditions which may prevent the use of these medications should first be excluded. For more information on the use of OCs to control bleeding, refer to the

Ectopic pregnancy, molar pregnancy , Haryono epithelioma . Abortions

Molar pregnancy is an abnormal form of pregnancy in which a non-viable fertilized egg implants in the uterus and converts a normal pregnancy into an abnormal one (which will fail to come to term). A molar pregnancy is a gestational trophoblastic disease[1] that grows into a mass in the uterus that has swollen chorionic villi. These villi grow in clusters that resemble grapes.[2] A molar pregnancy can develop when an egg that is missing its nucleus is fertilized and that may or may not contain fetal tissue. It is characterized by the presence of a **hydatidiform mole** (or **hydatid mole**, **mola hydatidosa**).[3] Molar pregnancies are categorized into partial and complete moles. Mole as used here simply indicates clump of growing tissue, or a 'growth'.

A **complete mole** is caused by a single (90%) or two (10%) sperm combining with an egg which has lost its DNA (the sperm then reduplicates forming a "complete" 46 chromosome set) [4] The genotype is typically 46,XX (diploid) due to subsequent mitosis of the fertilizing sperm, but can also be 46,XY (diploid).[4] 46,YY (diploid) is not observed. In contrast, a **partial mole** occurs when an egg is fertilized by two sperm or by one sperm which reduplicates itself yielding the genotypes of 69,XXY (triploid) or 92,XXXY (tetraploid).[4] Complete hydatidiform moles have a higher risk of developing into choriocarcinoma — a malignant tumor of trophoblast cells — than do partial moles.

The etymology is derived from *hydatisia* (Greek "a drop of water"), referring to the watery contents of the cysts, and *mole* (from Latin *mola* = millstone/false conception).[5] The term, however, comes from the similar appearance of the cyst to a hydatid cyst in an Echinococcosis.[6]

A hydatidiform mole conception may be categorized in medical terms as one type of non-induced (natural) "missed abortion"[7] - referred to colloquially as a "missed miscarriage", because the pregnancy has become non-viable (miscarried) but was not immediately expelled (therefore was "missed").

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- 1 Natural history
  - 1.1 Parental origin
- 2 Clinical presentation and diagnosis
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Natural history[edit]

A hydatidiform mole is a pregnancy/conceptus in which the placenta contains grapelike vesicles (small sacs) that are usually visible with the naked eye. The vesicles arise by distention of the chorionic villi by fluid. When inspected in the microscope, hyperplasia of the trophoblastic tissue is noted. If left untreated, a hydatidiform mole will almost always end as a spontaneous abortion (miscarriage).

Based on morphology, hydatidiform moles can be divided into two types: in *complete moles*, all the chorionic villi are vesicular, and no sign of embryonic or fetal development is present. In *partial moles* some villi are vesicular, whereas others appear more normal, and embryonic/fetal development may be seen but the fetus is always malformed and is never viable.

Hydatidiform moles are a common complication of pregnancy, occurring once in every 1000 pregnancies in the US, with much higher rates in Asia (e.g. up to one in 100 pregnancies in Indonesia).[8]

In rare cases a hydatidiform mole co-exists in the uterus with a normal, viable fetus. These cases are due to twinning. The uterus contains two conceptuses: one with an abnormal placenta and no viable fetus (the mole), and one with a normal placenta and a viable fetus. Under careful surveillance it is often possible for the woman to give birth to the normal child and to be cured of the mole.[9]

The etiology of this condition is not completely understood. Potential risk factors may include defects in the egg, abnormalities within the uterus, or nutritional deficiencies. Women under 20 or over 40 years of age have a higher risk. Other risk factors include diets low in protein, folic acid, and carotene.[10] The diploid set of sperm-only DNA means that all chromosomes have sperm-patterned methylation suppression of genes. This leads to overgrowth of the syncytiotrophoblast whereas dual egg-patterned methylation leads to a devotion of resources to the embryo, with an underdeveloped syncytiotrophoblast. This is considered to be the result of evolutionary competition with male genes driving for high investment into the fetus versus female genes driving for resource restriction to maximise the number of children.[11]

Parental origin[edit]

In most complete moles, all nuclear genes are inherited from the father only (androgenesis). In approximately 80% of these androgenetic moles, the most probable mechanism is that an empty egg is fertilized by a single sperm, followed by a duplication of all chromosomes/genes (a process called "endoreduplication"). In approximately 20% of complete moles, the most probable mechanism is that an empty egg is fertilised by two sperm. In both cases, the moles are diploid (i.e. there are two copies of every chromosome). In all these cases, the mitochondrial genes are inherited from the mother, as usual.

Most partial moles are triploid (three chromosome sets). The nucleus contains one maternal set of genes and two paternal sets. The mechanism is usually the reduplication of the paternal haploid set from a single sperm, but may also be the consequence of dispermic (two sperm) fertilization of the egg.[12]

In rare cases, hydatidiform moles are tetraploid (four chromosome sets) or have other chromosome abnormalities.

A small percentage of hydatidiform moles have biparental diploid genomes, as in normal living persons; they have two sets of chromosomes, one inherited from each biological parent. Some of these moles occur in women who carry mutations in the gene *NLRP7*, predisposing them towards molar pregnancy. These rare variants of hydatidiform mole may be complete or partial.[13][14][15]

Clinical presentation and diagnosis[edit]

Molar pregnancies usually present with painless vaginal bleeding in the fourth to fifth month of pregnancy.[3] The uterus may be larger than expected, or the ovaries may be enlarged. There may

also be more vomiting than would be expected (hyperemesis). Sometimes there is an increase in blood pressure along with protein in the urine. Blood tests will show very high levels of human chorionic gonadotropin (hCG).[16]

The diagnosis is strongly suggested by ultrasound (sonogram), but definitive diagnosis requires histopathological examination. On ultrasound, the mole resembles a bunch of grapes ("cluster of grapes" or "honeycombed uterus" or "snow-storm"[17]). There is increased trophoblast proliferation and enlarging of the chorionic villi.[18] Angiogenesis in the trophoblasts is impaired as well.[18]

Sometimes symptoms of hyperthyroidism are seen, due to the extremely high levels of hCG, which can mimic the normal Thyroid-stimulating hormone (TSH).[16]

Treatment[edit]

Hydatidiform moles should be treated by evacuating the uterus by uterine suction or by surgical curettage as soon as possible after diagnosis, in order to avoid the risks of choriocarcinoma.[19] Patients are followed up until their serum human chorionic gonadotrophin (hCG) level has fallen to an undetectable level. Invasive or metastatic moles (cancer) may require chemotherapy and often respond well to methotrexate. As they contain paternal antigens, the response to treatment is nearly 100%. Patients are advised not to conceive for one year after a molar pregnancy. The chances of having another molar pregnancy are approximately 1%.

Anesthesia Management: The uterine curettage is generally done under the effect of anesthesia, preferably spinal anesthesia in hemodynamically stable patients. The advantages of spinal anesthesia over general anesthesia include ease of technique, favorable effects on the pulmonary system, safety in patients with hyperthyroidism and non-tocolytic pharmacological properties. Additionally, by maintaining patient's consciousness one can diagnose the complications like uterine perforation, cardiopulmonary distress and thyroid storm at an earlier stage than when the patient is sedated or is under general anesthesia. [20]

Management is more complicated when the mole occurs together with one or more normal fetuses.

Carboprost (PGF2α) medication may be used to contract the uterus.

Prognosis[edit]

More than 80% of hydatidiform moles are benign. The outcome after treatment is usually excellent. Close follow-up is essential. Highly effective means of contraception are recommended to avoid pregnancy for at least 6 to 12 months.

In 10 to 15% of cases, hydatidiform moles may develop into invasive moles. This condition is named *persistent trophoblastic disease* (PTD). The moles may intrude so far into the uterine wall that hemorrhage or other complications develop. It is for this reason that a post-operative full abdominal and chest x-ray will often be requested.

In 2 to 3% of cases, hydatidiform moles may develop into choriocarcinoma, which is a malignant, rapidly-growing, and metastatic (spreading) form of cancer. Despite these factors which normally indicate a poor prognosis, the rate of cure after treatment with chemotherapy is high.

Over 90% of women with malignant, non-spreading cancer are able to survive and retain their ability to conceive and bear children. In those with metastatic (spreading) cancer, remission remains at 75 to 85%, although their childbearing ability is usually lost.

The prognosis of hydatidiform moles can be estimated by scoring systems such as the *Modified WHO Prognostic Scoring System*, wherein scores between 1 and 4 from various parameters are summed together:[21]

Abortions

Abortion is the termination of pregnancy by the removal or expulsion from the uterus of a fetus or embryo prior to viability.[note 1] An abortion can occur spontaneously, in which case it is usually called a miscarriage, or it can be purposely induced. The term *abortion* most commonly refers to the induced abortion of a human pregnancy.

Abortion, when induced in the developed world in accordance with local law, is among the safest procedures in medicine.[1] However, unsafe abortions result in approximately 70,000 maternal deaths and 5 million hospital admissions per year globally.[2] An estimated 44 million abortions are performed globally each year, with slightly under half of those performed unsafely.[3] The incidence of abortion has stabilized in recent years,[3] having previously spent decades declining as access to family planning education and contraceptive services increased.[4] Forty percent of the world's women have access to legal induced abortions (within gestational limits).[5]

Induced abortion has a long history and has been performed by various methods, including herbal abortifacients, the use of sharpened tools, physical trauma, and other traditional methods. Contemporary medicine utilizes medications and surgical procedures. The legality, prevalence, cultural and religious status of abortion vary substantially around the world. Its legality can depend on specific conditions, such as incest, rape, fetal defects, a high risk of disability, socioeconomic factors or the mother's health being at risk. In many parts of the world there is prominent and divisive public controversy over the moral, ethical, and legal issues of abortion. Those who are against abortion generally posit that an embryo or fetus is a human with the right to life and may equate abortion with homicide, while proponents of abortion rights emphasize a woman's right to decide about matters concerning her own body.

Approximately 205 million pregnancies occur each year worldwide. Over a third are unintended and about a fifth end in induced abortion.[3][6] Most abortions result from unintended pregnancies.[7][8] A pregnancy can be intentionally aborted in several ways. The manner selected often depends upon the gestational age of the embryo or fetus, which increases in size as the pregnancy progresses.[9][10] Specific procedures may also be selected due to legality, regional availability, and doctor or patient preference.

Reasons for procuring induced abortions are typically characterized as either therapeutic or elective. An abortion is medically referred to as a therapeutic abortion when it is performed to save the life of the pregnant woman; prevent harm to the woman's physical or mental health; terminate a pregnancy where indications are that the child will have a significantly increased chance of premature morbidity or mortality or be otherwise disabled; or to selectively reduce the number of fetuses to lessen health risks associated with multiple pregnancy.[11][12] An abortion is referred to as an elective or voluntary abortion when it is performed at the request of the woman for non-medical reasons.[12] Confusion sometimes arises over the term "elective" because "elective surgery" generally refers to all scheduled surgery, whether medically necessary or not.[13]

Spontaneous

Main article: Miscarriage

Spontaneous abortion, also known as miscarriage, is the unintentional expulsion of an embryo or fetus before the 24th week of gestation.[14] A pregnancy that ends before 37 weeks of gestation resulting in a live-born infant is known as a "premature birth" or a "preterm birth".[15] When a fetus dies in utero after viability, or during delivery, it is usually termed "stillborn".[16] Premature births and stillbirths are generally not considered to be miscarriages although usage of these terms can sometimes overlap.[17]

Only 30% to 50% of conceptions progress past the first trimester.[18] The vast majority of those that do not progress are lost before the woman is aware of the conception,[12] and many pregnancies are lost before medical practitioners can detect an embryo.[19] Between 15% and 30% of known pregnancies end in clinically apparent miscarriage, depending upon the age and health of the pregnant woman.[20]

The most common cause of spontaneous abortion during the first trimester is chromosomal abnormalities of the embryo or fetus,[12][21] accounting for at least 50% of sampled early pregnancy losses.[22] Other causes include vascular disease (such as lupus), diabetes, other hormonal problems, infection, and abnormalities of the uterus.[21] Advancing maternal age and a patient history of previous spontaneous abortions are the two leading factors associated with a greater risk of spontaneous abortion.[22] A spontaneous abortion can also be caused by accidental trauma; intentional trauma or stress to cause miscarriage is considered induced abortion or feticide.[23]

Medical

Main article: Medical abortion

Medical abortions are those induced by abortifacient pharmaceuticals. Medical abortion became an alternative method of abortion with the availability of prostaglandin analogs in the 1970s and the antiprogestogen mifepristone in the 1980s.[24][25][26]

The most common early first-trimester medical abortion regimens use mifepristone in combination with a prostaglandin analog (misoprostol or gemeprost) up to 9 weeks gestational

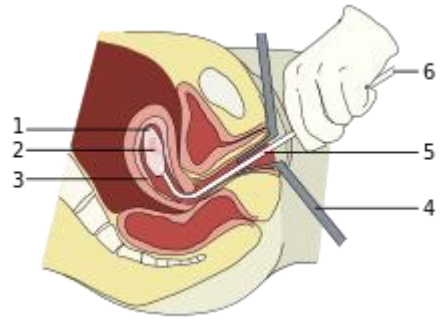
age, methotrexate in combination with a prostaglandin analog up to 7 weeks gestation, or a prostaglandin analog alone.[24] Mifepristone–misoprostol combination regimens work faster and are more effective at later gestational ages than methotrexate–misoprostol combination regimens, and combination regimens are more effective than misoprostol alone.[25] This regime is effective in the second trimester.[27]

In very early abortions, up to 7 weeks gestation, medical abortion using a mifepristone–misoprostol combination regimen is considered to be more effective than surgical abortion (vacuum aspiration), especially when clinical practice does not include detailed inspection of aspirated tissue.[28] Early medical abortion regimens using mifepristone, followed 24–48 hours later by buccal or vaginal misoprostol are 98% effective up to 9 weeks gestational age.[29] If medical abortion fails, surgical abortion must be used to complete the procedure.[30]

Early medical abortions account for the majority of abortions before 9 weeks gestation in Britain,[31][32] France,[33] Switzerland,[34] and the Nordic countries.[35] In the United States, the percentage of early medical abortions is far lower.[36][37]

Medical abortion regimens using mifepristone in combination with a prostaglandin analog are the most common methods used for second-trimester abortions in Canada, most of Europe, China and India,[26] in contrast to the United States where 96% of second-trimester abortions are performed surgically by dilation and evacuation.[38]

Surgical



A vacuum aspiration abortion at eight weeks gestational age (six weeks after fertilization).
1: Amniotic sac
2: Embryo
3: Uterine lining
4: Speculum
5: Vacurette
6: Attached to a suction pump

Up to 15 weeks' gestation, suction-aspiration or vacuum aspiration are the most common surgical methods of induced abortion.[39] *Manual vacuum aspiration* (MVA) consists of removing the fetus or embryo, placenta, and membranes by suction using a manual syringe, while *electric vacuum aspiration* (EVA) uses an electric pump. These techniques differ in the mechanism used to apply suction, in how early in pregnancy they can be used, and in whether cervical dilation is necessary.

MVA, also known as "mini-suction" and "menstrual extraction", can be used in very early pregnancy, and does not require cervical dilation. Dilation and curettage (D&C), the second most common method of surgical abortion, is a standard gynecological procedure performed for a variety of reasons, including examination of the uterine lining for possible malignancy,

investigation of abnormal bleeding, and abortion. Curettage refers to cleaning the walls of the uterus with a curette. The World Health Organization recommends this procedure, also called *sharp curettage*, only when MVA is unavailable.[40]

From the 15th week of gestation until approximately the 26th, other techniques must be used. Dilation and evacuation (D&E) consists of opening the cervix of the uterus and emptying it using surgical instruments and suction. Premature labor and delivery can be induced with prostaglandin; this can be coupled with injecting the amniotic fluid with hypertonic solutions containing saline or urea. After the 16th week of gestation, abortions can also be induced by intact dilation and extraction (IDX) (also called intrauterine cranial decompression), which requires surgical decompression of the fetus's head before evacuation. IDX is sometimes called "partial-birth abortion," which has been federally banned in the United States.

In the third trimester of pregnancy, abortion may be performed by IDX as described above, induction of labor, or by hysterotomy. Hysterotomy abortion is a procedure similar to a caesarean section and is performed under general anesthesia. It requires a smaller incision than a caesarean section and is used during later stages of pregnancy.[41]

First-trimester procedures can generally be performed using local anesthesia, while second-trimester methods may require deep sedation or general anesthesia.[37]

Other methods

Historically, a number of herbs reputed to possess abortifacient properties have been used in folk medicine: tansy, pennyroyal, black cohosh, and the now-extinct silphium (see history of abortion).[42] The use of herbs in such a manner can cause serious—even lethal—side effects, such as multiple organ failure, and is not recommended by physicians.[43]

Abortion is sometimes attempted by causing trauma to the abdomen. The degree of force, if severe, can cause serious internal injuries without necessarily succeeding in inducing miscarriage.[44] In Southeast Asia, there is an ancient tradition of attempting abortion through forceful abdominal massage.[45] One of the bas reliefs decorating the temple of Angkor Wat in Cambodia depicts a demon performing such an abortion upon a woman who has been sent to the underworld.[45]

Reported methods of unsafe, self-induced abortion include misuse of misoprostol, and insertion of non-surgical implements such as knitting needles and clothes hangers into the uterus. These methods are rarely seen in developed countries where surgical abortion is legal and available.[46]

The health risks of abortion depend on whether the procedure is performed safely or unsafely. The World Health Organization defines unsafe abortions as those performed by unskilled individuals, with hazardous equipment, or in unsanitary facilities.[47] Legal abortions performed in the developed world are among the safest procedures in medicine.[1][48] In the US, the risk of maternal death from abortion is 0.6 per 100,000 procedures, making abortion about 14 times safer than childbirth (8.8 maternal deaths per 100,000 live births).[49][50] The risk of abortion-related mortality increases with gestational age, but remains lower than that of childbirth through at least 21 weeks' gestation.[51][52][53]

Vacuum aspiration in the first trimester is the safest method of surgical abortion, and can be performed in a primary care office, abortion clinic, or hospital. Complications are rare and can include uterine perforation, pelvic infection, and retained products of conception requiring a second procedure to evacuate.[54] Preventive antibiotics (such as doxycycline or metronidazole)

are typically given before elective abortion,[55] as they are believed to substantially reduce the risk of postoperative uterine infection.[37][56] Complications after second-trimester abortion are similar to those after first-trimester abortion, and depend somewhat on the method chosen.

There is little difference in terms of safety and efficacy between medical abortion using a combined regimen of mifepristone and misoprostol and surgical abortion (vacuum aspiration) in early first trimester abortions up to 9 weeks gestation.[28] Medical abortion using the prostaglandin analog misoprostol alone is less effective and more painful than medical abortion using a combined regimen of mifepristone and misoprostol or surgical abortion.[57][58]

Some purported risks of abortion are promoted primarily by anti-abortion groups, but lack scientific support.[59] For example, the question of a link between induced abortion and breast cancer has been investigated extensively. Major medical and scientific bodies (including the World Health Organization, the US National Cancer Institute, the American Cancer Society, the Royal College of Obstetricians and Gynaecologists and the American Congress of Obstetricians and Gynecologists) have concluded that abortion does not cause breast cancer,[60] although such a link continues to be promoted by anti-abortion groups.[59]

Similarly, current scientific evidence indicates that induced abortion does not cause mental-health problems.[61][62] The American Psychological Association has concluded that a single abortion is not a threat to women's mental health, and that women are no more likely to have mental-health problems after a first-trimester abortion than after carrying an unwanted pregnancy to term.[63][64] Abortions performed after the first trimester because of fetal abnormalities are not thought to cause mental-health problems.[65] Some proposed negative psychological effects of abortion have been referred to by anti-abortion advocates as a separate condition called "post-abortion syndrome", which is not recognized by any medical or psychological organization.[66]

Practical exercises№5

Inflammatory diseases of female genital nonspecific and specific etiology.

Technological model of lesson:

Time-5h	Number of students - 10
Form of Teaching practice sessions	Practical exercises
Plan:	
Presents to the students the basic questions theme	
Methods and techniques of teaching	Teaching practice, blitz - poll Learning Tools, whiteboard, video
Conditions of Learning Auditorium	equipped with apparatus for video presentation

Flow chart of practical classes

Steps, **time** .	Teacher Introductory remarks on sterile marriage. About contraception	Student Announces theme classes, goal, study Questions, expected results lessons listen, write
Stage 1: Introduction - 10 min	Actively involved in learning basic questions submitted threads outlines the main issues	Gives questions for self-study students on the subject and topic of the next lesson
Stage 2: Main - (70 min.). . .	In order to attract the attention of students and assess their level of knowledge suits quiz on the Presents to the students the basic questions theme 1.Nazovite causes of female infertility. 2. What are the causes of male infertility. 3.Klassifikatsiya infertility. 4.Vedenie women with primary infertility. 5.Diagnostika female infertility. 6.Lechenie infertilitymajor issues of the theme	Actively involved in the quiz on the major issues of the theme
Step 3: Final - (10 min.) practical training.	Clarifies ambiguities. Summarize prakticheskogogo zanyatiya.napominaet key questions that dealt in practice. Responds to issues of interest to students. Encourages the active participation of students in	Writes job for the following classes

Chronologycal map classes

№	**Stages classes**	**Forms classes**	**Duration sequences in (Minutes)**
1	Introductory word teacher (justification themes)		5
2	Discussion of the topic of practical classes, baseline assessment of students' knowledge with the use of new educational technologies (small groups, case studies, business games, slides, videos, etc.)	Poll explanation	120
3	Summarizing the discussion		10

4	Giving students tasks to perform the practical part of the lesson. Cottage explanations and notes for the task. Self Supervision		30
5	Mastering practical skills of students with teacher (Supervision thematic patient)	medical history, business games clinical case studies	45
6	Analysis of the results of laboratory and instrumental studies thematic patient, differential diagnosis, treatment plan and recovery, prescribing medications, etc.	Work with clinical laboratory instruments	30
7	Discussion of the extent to which target classes in the developed theoretical knowledge and practical results of student work, and taking into account this evaluation of the	group recitation, quiz, debate, discussion of the results of practical work	50
8	Conclusion teacher in this occupation. Assessment of students' knowledge on 100 point system and its announcement. Dacha job to the next class (set of questions).	Information, questions for self-training	10

Interactive methods

Method "Web"

Steps:

1.Predvaritelno students are given time to prepare questions on the passed occupation.

2.Uchastniki sit in a circle.

3.Odnomu participant is given a skein of yarn and he asks his prepared question (which itself needs to know the full answer), hold the thread end, and shifting skein of any student.

4.Student, received a skein, answers the question (the party who asked him reply comments) and passes the baton to the issue further. Participants continue to ask questions and answer them, until everything will be in the web.

5.How Once all the students have finished asking questions, the student, holding a coil, returns to a participant, from whom he received the question, while asking a question, etc., to complete "unwinding" of the coil.

Note: Caution students that should be attentive to each answer, because they do not know who to throw skein.

The method of "Handle middle of the table"

Steps:

1.Predvaritelno teacher prepares questions by category (minimum of 2-3 questions for each student).

2. Participants sit in a circle.

3. Placed on the middle of the table handle.

4. One of the participants of the rotary knob.

5. Once the pen stop party on whom shows pen, answers the question of the teacher, and the remaining members may supplement.

6. After the party answers the question, it also rotates the handle for the next game.

7. Thus, the game lasts as long as the participants did not answer all the questions.

Practical skills

Bimanual examination gynecological patients

Objective: To study the method is considered a major gynecological patients to diagnose disease

Indications: a survey of all gynecological patients

Insturment: chair, gloves

1. explain to the woman about the upcoming procedure ineteresuyuschie answer her questions.
2. the woman is on the gynecological chair legs bent at the knee and hip joints.
3. manipulation performed under sterile gloves.
4. thumb and forefinger of his left hand pushing the labia majora.
5. right hand middle finger inserted into the back wall down vlagalischeottyagivayut then introduced the index finger of the same hand.
6. left hand palm porverhnostyu, placed on the anterior abdominal wall above the vagina and palpate deeper, poschupyvayut body of the uterus.
7. right hand fingers (index and middle) determine the shape, texture and length of the cervix, the state of its external os. Then fingers introduced into the front arch and between the inner and outer arms define the body of the uterus.
8. determine the position, size, tenderness, consistency, mobility of the body of the uterus.
9.pristupayut palpation appendages. Outer and inner fingers hands gradually moved away from the corners of the uterus to the side walls of the pelvis, appendages normally not palpable
10. determine the status of the parameter
11. determine the depth, tenderness, vaginal vault

Questions relating to

1.Etiologiya inflammatory diseases.
2.Puti penetration infections.
3.Klinicheskie ZHPO signs of inflammatory diseases.
4. Diagnosis of inflammatory diseases.
5.Dif. diagnosis of inflammatory diseases.
6.Lechenie inflammatory diseases.
7. Prevention of inflammatory diseases.

Tests

1.How much trichomoniasis species you know?
a) 3
b) 1
c) 4
d) 2
e) 5

2.What is the causative agent in yeast coleitis?
a) Trichomonas
b) streptococci
c) Candida albicans
d) gonococci
e) the filtering virus

3.What is the causative agent of genital warts?
a) Staphylococci
b) candidates albikanz
c) pale trikonesha
d) Chlamydia

4.Chem candidiasis treated?
a) Tetracycline
b) gonovaktsina
c) levorin, fluconazole
d) penicillin
e) Trichopolum

5.Chem trichomoniasis treated?
a) Nystatin
b) metronizalol
c) Erythromycin
d) tetracycline
e) Penicillin

6.What biological agents spend provocation
a) Liapis
b) gonovaktsina
c) UHF
d) sinestrol
e) Lugol solution

7.Nazovite main clinical symptoms of trichomoniasis

a) burning
b) lower abdominal pain
c) allocation tvorizhestye
d) frothy
e) NMC

8.Chto refers to special methods of examination for inflammatory diseases ZHPS
a) blood
b) Analysis of urine
c) ultrasound
d) Hysteroscopy
e) tank crop smear

9.Nazovite main clinical symptoms of chronic endometritis
a) lower abdominal pain

b) an increase in temperature
c) beli
d) chills
e) metrorrhagia

10.C what diseases must be differentiated salpingoofarit
a) ectopic pregnancy
b) endometritis
c) pelvioperetonit
d) Ovarian Cysts

11.Kem opened gonorrhea?
a) Neisseria
b) Koch
c) Davidovskiy
d) Manevichesky
e) Guédon

12. How many types of trichomoniasis you know?
3 *
1
4
2
5

13.to is the causative agent in drozhevom coleitis?

Trichomonas $
$ streptococci
Candida albikanz #
$ gonokokki
$ filtiruyuschy virus

14.Chto is the causative agent of genital warts?

Staphylococci $
kondida albikaiz #
$ filtiruyuschy virus
pale trikonesha $
Chlamydia $

15. Kondidomikoz than treated?

Tetracycline #
$ gonovaktsina
levorin #
penicillin $
$ Trichopolum

16. What is trichomoniasis treated?

Nystatin $
metronizalol #
$ erythromycin
tetracycline $
penicillin $
17. What preparations carried out biological provocation

Lapis $
gonovaktsina #
UHF $
$ Sinestrol
Lugol solution $

18. What are the main clinical symptoms of trichomoniasis

and / burning
b / abdominal pain
in / tvorzhestye allocation
g / foam vedeleniya
d / NMC

and g #
b g $
Used in $
in $ d
and d $

19. That refers to special methods of examination at inflamed
ial diseases ZHPS

blood $
urinalysis $
U.S. $
Hysteroscopy $
tank pasev smear #

20. What are the main clinical symptoms of endometritis hranicheskogo

a.boli abdomen
b.povyshenie temperature
Belov
g.oznob
d.metroragiya

and d $
a b c #
c d $
b in d $
a b c d $

Inflammatory diseases of female genital mutilation (VZZHPO) took first place in the structure of gynecological morbidity . Patients VZZHPO constitute 60-65 % of gynecological patients seeking antenatal care , and 30% of seeking treatment in hospital. These statistics need to be clarified in relation to the fact that often exist VZZHPO obliterated and patients do not always go to the doctor or disease not adequately recognized.

Marked in many countries is a consequence of growth VZZHPO increasing migration , urbanization, changing sexual behavior in youth prostitution.

Microorganisms are constantly present in the genital tract , may under certain conditions become virulent and participate in the development VZZHPO . Obstacle to their activation and involvement in inflammation are physiological defense mechanisms :

1) physiological desquamation cytolysis and superficial cells in the vaginal epithelium , due to the influence of ovarian hormones ;

2) non-specific antimicrobial mechanisms at the cellular level : phagocytosis, nonspecific humoral factors , plasma protein (trantssferrin iron -binding) , opsonins , enhancing the phagocytic activity of cells, lysozyme, have antimicrobial activity ; lysine releasing platelets in inflammation

3) immune defense mechanism against fungal , viral infection intracellular bacterial parasites. They include T- lymphocytes , immunoglobulins, complement system .

Mucus accumulates in the cervical canal , is a kind of barrier between the lower and upper genital tract

In the uterus protective function carries endometrium , which prevents the penetration of microorganisms periodic rejection of a functional layer during menstruation

Factors contributing to the infection of the upper genital organs and the emergence of pelvic inflammatory disease .

Penetration of infection into the upper genital tract contributes to intrauterine procedures (intubation, hysterosalpingography , hysteroscopy , perturbation , gidroturbatsiya operations on the genitals) , termination of pregnancy . Inflammation is the most common complication of childbirth and abortion . The risk of inflammation of the appendages in women - Navy carriers increased by 4 times. Particularly high risk for nulliparous women .

VZZHPO pathogens can be divided into specific and nonspecific . By nonspecific include staphylococcus , E. coli , Chlamydia, mycoplasma, viruses, etc. , to specific - gonococci and tubercle bacillus .

Distinguishes acute, subacute and chronic diseases of the genital organs.

X S T O M O N & O SW

Of inflammatory diseases of the lower genital trichomoniasis is the most common (trichomoniasis) . Infection occurs , usually through sexual intercourse.

Trichomoniasis diagnosed in 40 - 80% of patients suffering from gynecological diseases , especially trichomoniasis often occurs in patients with gonorrhea (90%) due to common modes of transmission . Moreover, there is phagocytosis of gonococci Trichomonas . In 86% of women defeat localized in the lower urinary organs (of which 98.9 % had developed vulvovaginitis) , bottom-up process is available to 14%.

By Karlin and h e i s a i to t and p and n a. Distinguish fresh disease acute, subacute and torpid (oligosymptomatic) over , chronic trichomoniasis (disease duration of more than 2 months .) And asymptomatic trichomoniasis (persistent and transient trihomonadonositelstvo incubation period ranges from 3 days to 3-4 weeks , with an average of 10-14 days .

Trichomonas and vulva vestibulitis is more common in girls. In acute inflammation, patients complain of a burning sensation in the vulva , copious purulent frothy , itchy , sometimes frequent urge to urinate. When patients complain of chronic process the occasional itching, small allocation .

Trichomonas urethritis . In 30% of patients with the disease occurs even in the acute stage of

subjective symptoms, others complain of stinging , painful urination
(especially at the end of it). In chronic patients during no complaints .
Trichomonas vaginitis (vaginitis) - the most common form trihomonaza . Acute and subacute coleitis patients complained of heavy cables often corrosive nature and malodorous sharp itching, burning , pain during intercourse. Beli abundant , thin, purulent, frothy, sometimes mixed with blood .

When patients complain of chronic process the occasional itching and discharge.
Trichomonas endocervicitis (cervicitis) . Cervix when viewed edematous , with diffuse (acute process) or focal (chronic) hyperemia , with the formation of true erosion (usually on the back of the lip) . Purulent , liquid , foam .
Diagnosis: put on the basis of patients' complaints , anamnesis, clinical disease and must be mentioned detection of Trichomonas microscopy pathological material
(Separation of the vagina, cervix , urine, rectal swabs , etc.), at least in crops on Artificial nutrient media.
Treatment: The treatment is required for all patients who have found trichomonads , regardless of the presence or lack of inflammatory manifestations . Local treatment trihomonaza lost its meaning and is held only in case of intolerance of the drug (metronidazole) or contraindications to, or within mixed with persistent infections (gonorrhea , chlamydia) during immunotherapy with metronidazole. Apply different treatment regimens : 1) 0.25 g of 2 times a day for 10 days , and 2) 0.5 g of 2 times a day for 5 days , and 3) 4 0.25 g of the day , 3 times a day 4 days later by 0.25 g of 2 times a day for the first day to 0.5 g of 2 times during the second 0.25 g of 3 times and the days of 0.25 g of 2 -fold. The latter technique is considered to be more effective. Pregnant women treated with metronidazole should only be performed in the last trimester .

K A N D O W & D

Candida (candidiasis) - second frequency disease of the lower genital tract . Candidiasis - a disease of the vaginal mucosa , extending to the cervix and the vulva is often on . Causative agent - yeast-like fungi .

Yeast-like fungi get into the genital tract of women from the gut , by direct contact with exogenous sources of infection (patients , media) , through contaminated objects . Infection is possible during sexual intercourse. Candida vaginitis occurs in 3-10 % of women of reproductive age , the frequency of this disease is higher (15%) in patients with gynecological and neurological hospitals.
By Karlin and h e i s a i to t and p and n a. Clinical manifestations of genital candidiasis mostly limited to complaints of whites and itching. Beli may be liquid , profuse , with a dash of cheesy - friability inclusions. Allocation are thick , greasy , greenish - white. Candidiasis is a common symptom of itching , especially strong in lesions of the vulva. Itching can be a constant or worried in the afternoon , evening and night.

Effective treatments are antifungal antibiotics levorin and nystatin . Clotrimazole can be used topically as a 1% cream (lubricating mucous membranes) , and intravaginal tablets containing 0.1 g .

When pregnancy is not indicated levorin and clotrimazole . Treatments include the use of synthetic vitamins and foods rich in vitamins. According to the testimony used bracing means and antisense drugs (diphenhydramine , etc.).

X L A M D & G NW

Chlamydia - special microorganisms differing ability to obligate intracellular parasitism . Chlamydia affect all departments of the genital tract . Chlamydia is very high frequency . Women who applied with inflammatory diseases of the pelvic organs and lower genital tract , reaches 50%. Chlamydia is allocated 40% of patients with gonorrhea and 40% of patients trihomoniozom . The disease is transmitted through sexual contact.

By Karlin and h e i s a i to t and p and n a. The incubation period lasts 20 - 30 days. The disease is characterized by long duration , lack of clarity characteristics, tendency to relapse .

The acute stage is characterized by purulent chlamydial endocervicitis (sero - purulent discharge from the cervical canal and hyperemia around the external os , often marked swelling of the vaginal part of the cervix. During the chronic stage of allocation of muco - puruloid on cervical erosion is often observed (pseudo) is clinically characterized by erosions , which contributed to the emergence of other pathogens .

Signs of acute inflammation of the urethra are observed only in 4-5 % of patients with urogenital chlamydiosis . Vaginitis and inflammation of the ductless glands large vestibule (Bartholinitis) also do not have symptoms, typical only for chlamydia. The clinical picture of salpingitis caused by chlamydia , has no specific symptoms . It can occur with some characteristics of acute and chronic inflammation of the fallopian tubes . Diagnosis of chlamydial salpingitis possible at a special study material obtained during laparoscopy . Treatment. Basic principles of treatment : early diagnosis and prompt initiation of treatment , examination and treatment at the same time her husband , cease sexual activity until complete extraction , a total ban on alcohol , spicy foods , excessive physical and mental exertion .

Need simultaneous prevention of candidiasis , which is to apply nystatin or levorin a daily dose of 2 million units or Nizoral 0.02 g 2 times a day for the duration of treatment of chlamydia .

Causal treatment of chlamydial infection is the use of drugs tetracycline antibiotics - macrolides and rifampicin . In acute inflammation, lower genital organs used tetracycline 500 mg 6 h for 7 days , dose rate in '14

In acute ascending infection and chronic process directional dose was increased to 28 g, duration of treatment 14 days. Metatsiklin (rondomitsin) in fresh acute and subacute forms prescribed 600 mg for the first reception , followed by 300 mg every 8 hours for 7 days, treatment of 6.6 g in complicated forms of treatment extend to 10 days.

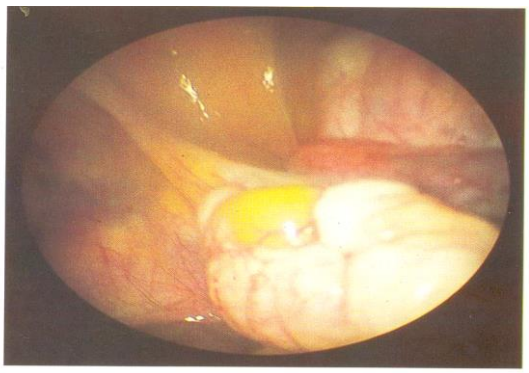
Antibiotics - macrolides , erythromycin in acute disease appoint 0.5 g every 6 hours for 7 days. The combination of rifampicin and erythromycin : 1st day - rifampicin 900 mg once daily , 2- 3rd day - 150 mg four times a day , a course of treatment , the three simultaneously take erythromycin 0.5 g 4 times a day, course '12

For the treatment of mixed chlamydial - gonorrhea is recommended to use doxycycline ; first reception - 0.3 g, followed by 0.1 g in 12 h 2 times, followed by a reception to 0.1 g in 12 hours , the course of treatment is 8-12 days.

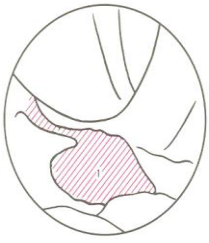
ENDOMETRITIS

Nospetsificheskogo cause bacterial endometritis are pathogenic and / or conditionally - pathogenic microorganisms .

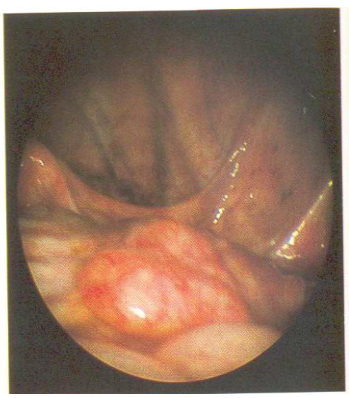
When infection inside of the uterus is affected basal layer of the endometrium. Most often occurs after acute endometritis abortion , childbirth or dilatation and curettage of the uterus. The presence of blood , decidual tissue residues , ovum promotes microbial flora . The inflammatory process can capture the myometrium adjacent to the endometrium .



Нормальный яичник с желтым телом.
1 — собственная связка яичника; 2 — яичник, 3 — желтое тело.



Острый катаральный сальпингит.
1 — маточная труба.



By Karlin and h e i s a i to t and p and n and acute endometritis appears , usually 3-4 days after of infection . Marked rise in temperature, increased heart rate, chilling , blood - leukocytosis, leukocyte left shift , accelerated erythrocyte sedimentation rate . Moderately enlarged uterus is sensitive to palpation , especially in sideways (along the major lymphatic vessels) . Allocation sero - pus-like , often sukrovichnye (long time) , due to the delayed regeneration of the mucosa. Acute endometritis stage lasts 8-10 days , with proper treatment, the process ends , rarely goes into subacute and shape. Dysmenorrhea can be mild or abortive form, especially when the use of antibiotics .

Endometritis treatment in the acute stage is the appointment of antibiotics in view of the sensitivity of the pathogen to them . usually begin semisynthetic penicillins , kanamycin , gentamicin and others . Dose and duration of antibiotic determined disease severity. In connection with the merger rate of anaerobes is recommended to apply the Additional metronidazole. If necessary, lead infusion , desensitizing strengthening therapy .

Treatment of chronic endometritis complex , including treatment of opportunistic diseases , obsheukreplyayuschie funds , according to testimony sdativnye , antisense drugs , vitamins.

Physiotherapy has fundamental place in the treatment of chronic endometritis , it is performed differently according to the duration of the process , the patient's age , ovarian function.

SALPINGOOFARIT

Salpingoofarit (CO) is among the most frequent localizations PID . Development is not determined by CO gonoreynyh pathogenic and conditionally - pathogenic microorganisms : staphylococcus (more golden) , streptococci (B - hemolytic , group B) , Escherichia , enterococci , epidermal staphylococcus , chlamydia .

Acute salpingoofarit (CCA) clinical picture ; fever, deterioration of general condition , severe abdominal pain , fever with suppurative nature of the process , and dizuricheskie dyspeptic manifestations . In the early days of the disease stomach tense, painful on palpation , can manifest phenomenon of muscle protection. Gynecological examination intensifies the pain , the contours of the appendages not clearly defined (swelling, perifocal processes) , they increased, impasto , their mobility is limited. In the picture there is a shift of blood leukocyte counts toward young forms , etc. , in proteinogram dominated globulin fraction , accelerated ESR, elevated blood levels of C - reactive protein . There are changes in the neural and vascular system, particularly in severe intoxication. Clinical signs of the CCA are expressed more or less significant depending on the degree of severity of pathogenic microbes and inflammatory reaction and its nature (serous, purulent) .

P A R A M E S T T

Options - parauterine fiber inflammation (inflammation of the entire fiber pelvic - pelviotsellyulit) caused by pathogenic (less conditionally - pathogenic) micro-organisms (staphylococcus , streptococci , enterococci , etc.). Polymicrobial or associations. Parametritis occurs most often after pathological births, abortions , operations on the genitals. Serous exudate is usually relatively rarely happens it fester.

By Karlin and h e i s a i to t and p and n and a typical inflammatory process : in the acute stage - fever, increased heart rate, deterioration of health (the state did not dramatically violated) , a dull ache in the abdomen, especially in the side of the affected parameter. Changes in the blood (erythrocyte sedimentation rate, leukocytosis , etc) are characteristic of the inflammatory process , no signs of peritoneal irritation .

At gynecological examination determined resistance side (or process) the vaginal vault , a little later - infiltrate the side of the uterus (sometimes slightly behind or in front of it) . Maloboleznenny infiltrate extends from the lateral surface of the uterus to the pelvic wall . Consistency infiltrate in early myagkovataya , then dense.

A h e n e includes the use of antimicrobials , desensitizing , bracing and other substances in accordance with the characteristics of the disease.

Pelvioperitonit , Peritonitis

Pelvioperitonit and peritonitis may occur on the background and develop PID primary. Onset of the disease is often associated with menstruation , abortion , intrauterine manipulations hypothermia . For clinicians, the most acceptable classification spread inflammation inflammatory peritoneal proposals VS Pendulum and VD Fedorov (1966), which was isolated ;

- Limited local process: tubo-ovarian abscess, pioovar , piosalpinks ;
- Unlimited local pelvioperitonit process ;
- Common diffuse purulent peritonitis (inflammation takes 2 to 5 anatomic regions of the abdominal cavity) ;
- Common pyoperitonitis spilled (inflammatory process takes more than 5 regions of the abdominal cavity) .

This classification describes the localization and stages of the inflammatory process . Diseases are caused by staphylococcus , Escherichia coli , gonococci , anaerobes , chlamydia , viruses , and often mixed flora (the process is more severe) .

Clinical management of patients pelvioperitonitom . Antimicrobials are selected in accordance with the sensitivity of the pathogen to them . Intensive antibiotic therapy must be mentioned is carried out within 48 hours after cessation of fever , pain, of intoxication : a full course of antibiotic treatment should not be less than 10 days.

Laparoscopy is recommended : 1) immediately after receipt at doubt in the diagnosis , 2) after 48 h in the absence of the effect of intensive antibacterial and detoxification : the presence of tubo-ovarian education - to remove its contents and cavity drainage basin and / or summarizing antibiotics , to address the issue Prompt treatment. The volume of surgery in women of reproductive age : hysterectomy and appendages (one - or two-sided , depending on their purulent lesions) shown in inflammatory processes after abortion or on the background of the CPA; supravaginal amputation with removal of appendages on one or both sides - in inflammatory processes , not associated with abortion and IUD.

SPECIFIC inflammatory diseases.

G O N O R E I

Etiology, pathogenesis . The disease is caused by gonococcus , is transmitted primarily through sexual contact ; household route of infection is very rare (mostly girls) . Important znachenieimeet phagocytosis gonorrhea trihomonadami that perpetuate the infection. Vaginal mucosa , covered by stratified squamous epithelium , utoychiva to gonorrhea . Only when the changes associated with pregnancy and age, when the mucous membrane has a character -row epithelium may cause vaginitis gonorrhea etiology. Gonococci can penetrate into the blood, which helps network krovenotnyh plentiful and lymph vessels in the genitourinary organs. The following forms of gonorrhea ; fresh (disease duration up to 2 months) and chronic. Fresh gonorrhea in turn divided into acute, subacute and torpid .

By Localization distinguish gonorrhea : a) lower genital tract organs and mochevodyaschih b) the upper section of the reproductive system (rising gonorrhea) .

Gonorrhea bottom of urinary organs . The most commonly affected urethra (71 - 96%) and cervical mucosa (85 - 98%). The majority of patients (60 - 62.8 %) developed a lot of focal disease .

Gonorrheal urethritis . Clinical manifestations of urethritis usually little pronounced even in the acute stage of the disease (fresh acute gonorrhea) . Briefly marked discomfort pain and cramps in the beginning of urination.

Gonorrheal endocervicitis . Inflammatory changes with gonorrheal Endocervicitis develop in the coating epithelium and the stroma of the mucous membrane of the cervix , as well as in the cervical glands. In the glands violated the integrity of the basement membrane , develop micro abscesses and Delay secret - cyst.

Gonorrheal bartholinitis . Defeat large vestibular glands (Bartholin) observed in 8 - 20 % of

patients with gonorrhea , develops 2-3 weeks after infection . With the defeat of the excretory ducts of the glands , usually bilateral (kanalikulit) determined congestion around the outer duct openings (gonococcal spots) , minor muco - purulent discharge , soreness and reporting duct palpation .
Gonorrheal coleitis and vulvovaginitis can occur in childhood, during pregnancy and menopause . The clinical picture of gonococcal vaginitis is no different from other manifestations of vaginitis etiology. Patients complain of a profuse discharge , burning and itching .
Gonorrheal proctitis observed at 30 - 47 % of women with gonorrhea . Proceeds largely unnoticed. Gonococcal proctitis usually combined with urinary organs and lesions develop secondarily as a result of pus flowing from the genital tract .
Gonorrhea top of the genitals. The most serious is gonorrhea process spread over the area of the internal cervical os (the defeat of the endometrium of the uterus , pelvic peritoneum) . Rising gonorrhea in the present time quite often.
Gonorrheal endometritis . Morphological changes in the endometrium depend on the phase of the menstrual cycle , which had seen the introduction of gonococci : usually affects the basal layer of the endometrium (after menstruation , childbirth , abortion), less penetration of gonococci occurs during proliferation and secretory changes in the endometrium .
Gonorrheal salpingoofarit usually bilateral (unlike septic) . In the acute stage there redness , swelling folds of mucous membrane tubes , leukocyte infiltration of the stroma, and expression of epithelial desquamation , causing sticking folds formed purulent or serous - purulent exudate .
Gonorrheal pelvioperitonit observed in 16.4 % of patients and fresh 2.2% - chronic gonorrhea. The process usually begins with peritoneal cover tubal applies to parameters pelvic peritoneum (pelvioperitonit) and peritoneum (peritonitis - in 4.4% of acute gonorrhea upward flow) , is characterized by a tendency to form adhesions and adhesions .
Diagnosis of gonorrhea is based on anamnesis (the appearance of the disease in 3-4 days after the onset of sexual activity , casual sex) available urethritis bartholinitis , endocervicitis , changes in menstrual function (intermenstrual of bleeding , premature or delayed onset of menstruation) , bilateral inflammation of the uterus in primary infertile woman in the presence of urethritis , endocervicitis , bartholinitis ; objective research data .

Practical exercises №6

Uterine Fibroids . endometriosis
Classification of uterine fibroids .

Technological model of lesson:

Time-5h	Number of students - 10
Form of Teaching practice sessions	Practical exercises
Plan:	
Presents to the students the basic questions theme	
Methods and techniques of teaching	Teaching practice, blitz - poll Learning Tools, whiteboard, video

Conditions of Learning Auditorium	equipped with apparatus for video presentation

Flow chart of practical classes

Steps, **time** .	Teacher Introductory remarks on sterile marriage. About contraception	Student Announces theme classes, goal, study Questions, expected results lessons listen, write
Stage 1: Introduction - 10 min	Actively involved in learning basic questions submitted threads outlines the main issues	Gives questions for self-study students on the subject and topic of the next lesson
Stage 2: Main - (70 min.). . .	In order to attract the attention of students and assess their level of knowledge suits quiz on the Presents to the students the basic questions theme 1.Nazovite causes of female infertility. 2. What are the causes of male infertility. 3.Klassifikatsiya infertility. 4.Vedenie women with primary infertility. 5.Diagnostika female infertility. 6.Lechenie infertilitymajor issues of the theme	Actively involved in the quiz on the major issues of the theme
Step 3: Final - (10 min.) practical training.	Clarifies ambiguities. Summarize prakticheskogogo zanyatiya.napominaet key questions that dealt in practice. Responds to issues of interest to students. Encourages the active participation of students in	Writes job for the following classes

chronologycal map classes

№	**Stages classes**	**Forms classes**	**Duration sequences in (Minutes)**
1	Introductory word teacher (justification themes)		5
2	Discussion of the topic of practical classes, baseline assessment of students' knowledge with the use of new educational technologies (small groups, case studies, business games, slides,	Poll explanation	120

	videos, etc.)		
3	Summarizing the discussion		10
4	Giving students tasks to perform the practical part of the lesson. Cottage explanations and notes for the task. Self Supervision		30
5	Mastering practical skills of students with teacher (Supervision thematic patient)	medical history, business games clinical case studies	45
6	Analysis of the results of laboratory and instrumental studies thematic patient, differential diagnosis, treatment plan and recovery, prescribing medications, etc.	Work with clinical laboratory instruments	30
7	Discussion of the extent to which target classes in the developed theoretical knowledge and practical results of student work, and taking into account this evaluation of the	group recitation, quiz, debate, discussion of the results of practical work	50
8	Conclusion teacher in this occupation. Assessment of students' knowledge on 100 point system and its announcement. Dacha job to the next class (set of questions).	Information, questions for self-training	10

Interactive methods

Method "Web"

Steps:

1.Predvaritelno students are given time to prepare questions on the passed occupation.

2.Uchastniki sit in a circle.

3.Odnomu participant is given a skein of yarn and he asks his prepared question (which itself needs to know the full answer), hold the thread end, and shifting skein of any student.

4.Student, received a skein, answers the question (the party who asked him reply comments) and passes the baton to the issue further. Participants continue to ask questions and answer them, until everything will be in the web.

5.How Once all the students have finished asking questions, the student, holding a coil, returns to a participant, from whom he received the question, while asking a question, etc., to complete "unwinding" of the coil.

Note: Caution students that should be attentive to each answer, because they do not know who to throw skein.

The method of "Handle middle of the table"

Steps:

1.Predvaritelno teacher prepares questions by category (minimum of 2-3 questions for each student).

2. Participants sit in a circle.

3. Placed on the middle of the table handle.

4. One of the participants of the rotary knob.
5. Once the pen stop party on whom shows pen, answers the question of the teacher, and the remaining members may supplement.
6. After the party answers the question, it also rotates the handle for the next game.
7. Thus, the game lasts as long as the participants did not answer all the questions.

Practical skills

Bimanual examination gynecological patients

Objective: To study the method is considered a major gynecological patients to diagnose disease

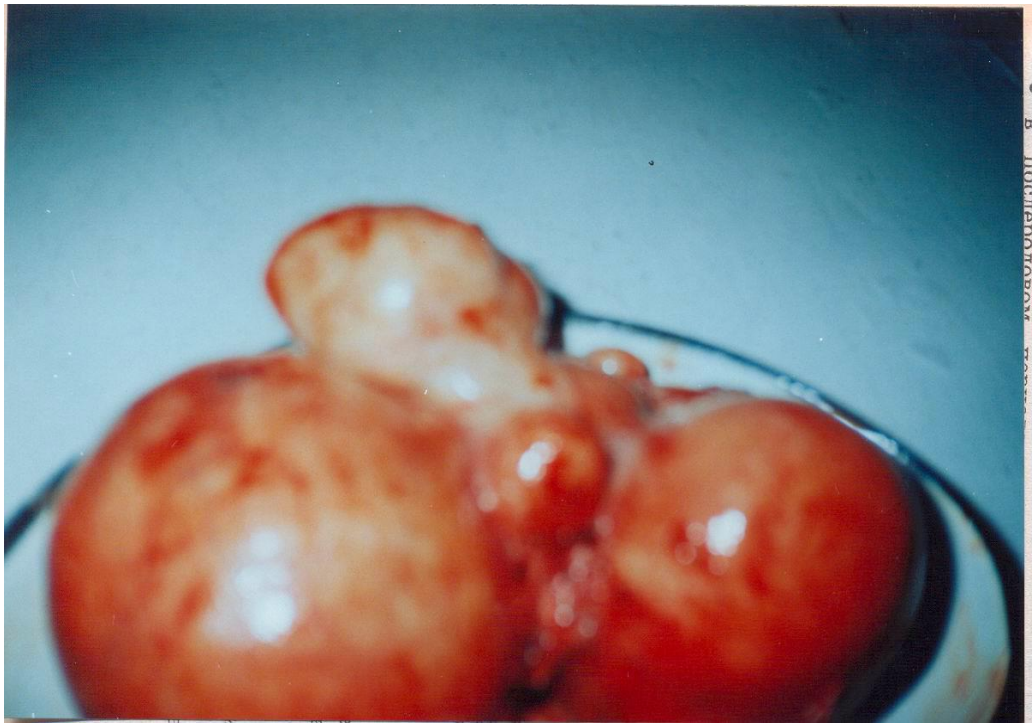
Indications: a survey of all gynecological patients

Insturment: chair, gloves

1. explain to the woman about the upcoming procedure ineteresuyuschie answer her questions.
2. the woman is on the gynecological chair legs bent at the knee and hip joints.
3. manipulation performed under sterile gloves.
4. thumb and forefinger of his left hand pushing the labia majora.
5. right hand middle finger inserted into the back wall down vlagalischeottyagivayut then introduced the index finger of the same hand.
6. left hand palm porverhnostyu, placed on the anterior abdominal wall above the vagina and palpate deeper, poschupyvayut body of the uterus.
7. right hand fingers (index and middle) determine the shape, texture and length of the cervix, the state of its external os. Then fingers introduced into the front arch and between the inner and outer arms define the body of the uterus.
8. determine the position, size, tenderness, consistency, mobility of the body of the uterus.
9.pristupayut palpation appendages. Outer and inner fingers hands gradually moved away from the corners of the uterus to the side walls of the pelvis, appendages normally not palpable
10. determine the status of the parameter
11. determine the depth, tenderness, vaginal vault

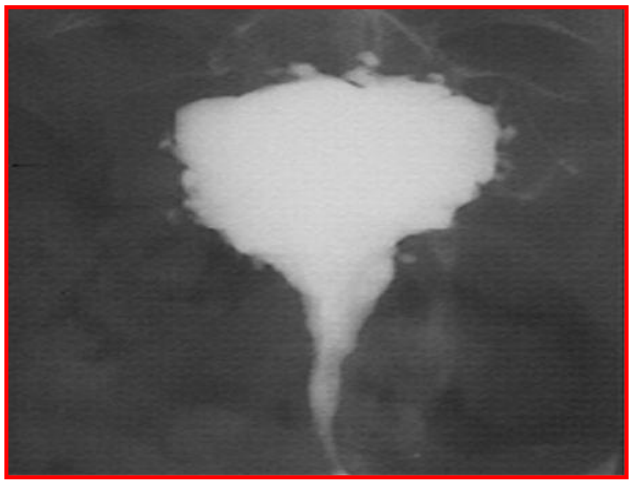
Questions relating to
1.Etiologiya uterine fibroids.
2.Patogenez of uterine fibroids.
3.Klinicheskie signs by type of uterine fibroids.
4.Lechenie uterine fibroids
5. The etiology of endometriosis uterus.
6. The pathogenesis of endometriosis uterus.
7.Klinicheskie signs by type of endometriosis uterus.
8.Lechenie endometriosis uterus

Uterine Fibroids - benign tumor arising from muscle tissue . More likely to occur in the reproductive period , after 30 years, which composes 15-17%. Uterine Fibroids represents nodes encapsulated , their magnitude is different.



pathogenesis
Currently shaken existed opinion hyperestrogenemia leading role in the etiology and pathogenesis of uterine fibroids.
Elevated levels of estrogen and progesterone in the blood deficit condition is not a constant factor in the development of fibroids.
In the pathogenesis of uterine fibroids are essential not only a metabolic disorder , and the ratio of synthesis of sex hormones , but also the state of the receptor apparatus of the myometrium , higher activity of estrogen receptors compared with progestogen receptors.
Increasing the level of estrogen hormones in the blood vascular bed sex hormones (local gipergormonemiya) , local changes of cholinergic innervation.

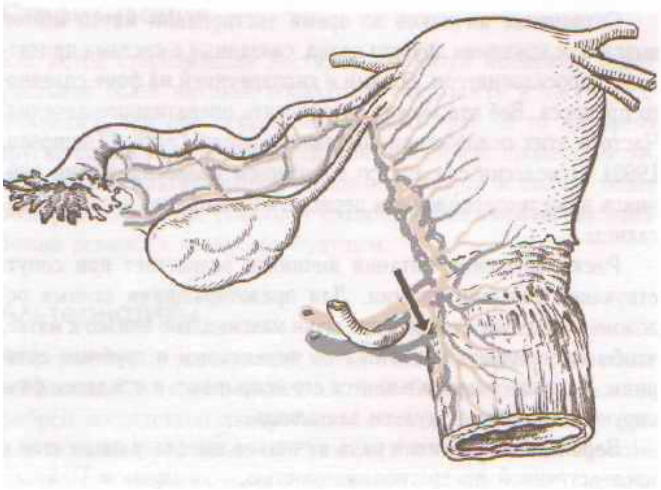
Classification of uterine fibroids.
Depending on where sprawl fibromatous node , the following types of fibroids .
1. Subserous (podbryushinnye) nodes , ie tumor growth in the direction of serous layer of the uterus are found in 16, 8 % of the fibroids .
2 . Interstitial (intramural) nodes , ie the growth of myoma node in the uterine wall thickness up to 43%.
3 . Submucous (submucosal) nodes , ie the growth node in the uterus are found in 20% of cases of fibroids .
4 . Atypical forms of nodes - pozadisheechnaya fibroids .
5 . Nadbryushinnaya fibroids
- Mezhsvyazochnaya (fibroids)
- Cervical fibroids

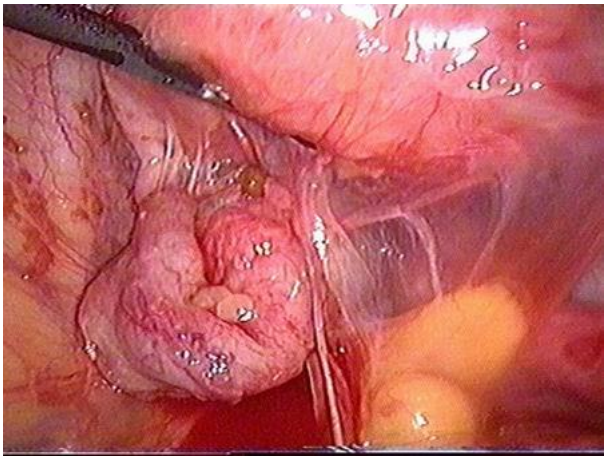


Complaints and symptoms
Complaints of patients depend on many factors : the location and size of the tumor , secondary changes in myoma nodes , disease duration , presence of existing changes in diet , etc.
Basic and early symptom of uterine fibroids is menstrual dysfunction , uterine bleeding as Meno and metrorrhagias scarce and prolonged spotting .
Bleeding more often cyclical , they are extended and amplified , can be long , their background may be secondary anemia .
Pain arising from compression of nerve endings , tumor necrosis .
Malaise⎫
Reduced performance.⎪
General weakness⎭
clinic:
⎫ Symptomatic
⎪ asymptomatic
⎭ Clinical manifestations of the disease depend on the location of myoma node .
Fibroids are located :
In the body of the⎫ uterus - 95 %
⎭In the cervix - 5 %
Diagnostics .
bimanual examination⎫
Hysterosalpingography ,⎭ hysteroscopy
Sounding⎫ the uterus
ultrasound⎭ diagnostics .

Differential diagnosis .
With cancer or uterine sarcoma
With ovarian tumors

With pregnancy
treatment:
Conservative -⎫ (symptomatic hormone)
⎭ Operational
Indications for conservative treatment .
1. Uterine dimensions not more than 12 weeks of pregnancy.
2 . If fibroids are not squeezing okruzhayushie bodies .
3.If there is no excessive bleeding , which leads to anemizatsii sick.
Indications for surgical treatment .
Menorrhagia , leading to anemia , rapid growth , large size fibroids (more than 14 weeks of gestation) . Pronounced pain syndrome. Suspicion of malignant degeneration .
Submucous fibroids Severe disruption of adjacent organs .
Operations are divided into:
1. Radical (supravaginal amputation of uterus , hysterectomy)
2 . Conservative (husking fibroids to maintain menstrual and fertility functions).





ENDOMETRIOSIS

In recent years, the problem of endometriosis acquired particular urgency because of the increasing frequency of this pathology. Genital endometriosis in the structure of gynecological pathology occupies third place (after inflammatory diseases of the internal genitalia and uterine corpus uteri) , meeting in 8-15 % of women. (Adamian AV 1998) , of whom 68 - 85 % have sexual dysfunction .

The importance of the problem is defined as a frequent occurrence in women with endometriosis and other disorders of the generative functions , and in addition, the possibility of developing cancer of endometriosis.

Currently under endometriosis understand endometriopodobnye sprawl, developing beyond the normal localization of the endometrium.

Pointing out the similarity of their structure and the structure of the mucous membrane of the uterine body .

The main parts are endometriosis endometrial epithelium and stroma cytogenous . Endometriosis , in which there is no glandular tissue , called stromal or interstitial . The vast majority of researchers consider them as endometrioid heterotopias . One should bear in mind the possibility of malignant transformation of endometriosis. In conjunction with the outbreak endometriopodobnym epithelium grows as connective tissue . Frequency of endometriosis in women of reproductive age hesitation from 7 to 50 %, but the true incidence of endometriosis is unknown. It is determined based on either the total number of gynecological patients , under - vergshihsya laparotomy , or the number of laparoscopies produced gynecologist. According V.P.Baskakova endometriosis is found in 27.6% of gynecological patients , plunged laparotomy , and in 17 % of the operated women who produced histological examination of the removed material .

According R Kistner (1984) and T Jeffcoate (1985), in English and U.S. incidence of endometriosis in relation to the total number of gynecologic patients under vergshihsya operation ranges from 10 to 25 %. According to the literature of recent years , the frequency of the internal uterine endometriosis , including focal and diffuse adenomyosis of 2.92 % gynecological operations and 11.06% total hysterectomy . However, there are indications that the frequency of uterine adenomyosis relative to the total number of hysterectomies is 25-40 %. Frequency of endometriosis in relation to the number of women who performed a diagnostic laparoscopy , ranging from 12 % to 22 - 26.2% . According to modern concepts , endometriosis is one of the main causes of infertility . Among women with endometriosis preservation of reproductive function occurs in 6 - 7 % of patients , and among patients with infertility 20 - 47, 8%.

In Russia, endometriosis as a cause of infertility is second only to inflammatory diseases of the uterus and appendages . In this regard, restoration of reproductive function in patients with infertility caused by endometriosis is relevant . Various aspects of endometriosis has been widely discussed domestic and foreign scholars . However , despite numerous studies , endometriosis remains disease etiology and pathogenesis is largely unclear. V.P.Baskakov considers

endometriosis as " Dishormonal immune diseases characterized by a benign growth of tissue similar in morphological structure and function with the endometrium, but located outside the uterine cavity ."

With regard to the etiology and pathogenesis of this disease, none of the proposed concepts can not fully explain neither cause nor the variety of localization of endometriosis . The concept of fetal origin of endometriosis proposed F. Reclinghausen in 1896 , has been confirmed in clinical observations . Thus, VP Baskakov indicates the possibility of embryonic origin of endometriosis based on the detection of endometriosis in girls 11 - 12 years , ie, in the first years after the onset of menstruation , as well as combinations of endometriosis with malformations of sexual organs and the urinary system .

Many researchers are of the implant concept of endometriosis proposed J. A. Sampson. In accordance with this theory viable endometrial cells entering the pelvic cavity during casting retrograde menstrual blood can vatsya implanted on the peritoneum , which is confirmed by anatomical distribution of endometriosis in the pelvis . There is also the concept of meta plastic origin of endometriosis (coelomic metaplasia) proposed by NS Ivanov and developed R Meyer, who suggested that the cellular elements located between the mature cells of serous cover pelvic floor can be transformed in the utero-tubal epithelium type. In other words, endometriosis may arise from multipotent cells in the mesothelium of the peritoneum.

Currently some importance in the pathogenesis of endometriosis attached constitutionally - hereditary factors . In particular , indicated by family history of the disease . According to L. Malinak et al. , The prevalence of endometriosis is installed in 62 % of patients in the presence of endometriosis in the family and only 23 % of women in his absence . In recent years, much attention is paid to changes in the immune status of patients with endometriosis (a decrease of T -cell immunity , increased activity of B- lymphocyte system with increasing amounts of IgG and IgA, appearance of autoantibodies in endometriotic lesions substrates) , which indicates the dependence of immunological diseases . Not in doubt available for endometriosis dysfunction of the hypothalamic -pituitary -ovarian target organs . Even for small shapes marked endometriosis insufficient luteinizing hormone (LH) in the blood in the pre-ovulatory period, and a reduced concentration of LH in the follicular fluid. This, according to some authors , leads to lower fertility. At the same time in the blood plasma of patients with endometrioid ovarian cysts has been a sharp increase in the content of follicle-stimulating hormone (FSH) , and basal LH concentrations often increased throughout the menstrual cycle. In this group of patients there is not only a significant (2 - 10 times) increase in concentration of estradiol (E 2) , and disruption of normal but the concentration of this hormone dynamics .

Ovulation in women with infertility and external genital endometriosis not observed in all menstrual cycles . This is confirmed by a study conducted in our center : ovulatory hole (stigma) was found in the ovary but in 19.2 % of patients , whereas in the control group (patients with peritoneal forms of infertility) - in 91.3 % of patients . Lack of functional activity of the corpus luteum is celebrated in almost all women suffering from infertility caused by endometriosis.

Thus, at the present level of knowledge is quite reasonable position according to which endometriosis different localization occurs on a background of functional inferiority of hypothalamus - pituitary-ovarian axis . Triggering factor of its development may be the one of the above reasons . In recent years, many scientists studied the role of growth factors in the pathogenesis of endometriosis - cellular proteins able to stimulate or inhibit cell growth , as well as bait to alter the function of cells.

It is shown that in the development of endometriosis play an important role vascular endothelial , epidermal , insulin-like growth factor , basic fibroblast .βgrowth factor , transforming growth factor - The study of cellular proteins formed the basis for the development of new alternative treatments for endometriosis and infertility .

Endometriosis (endometrioid heterotopia) represents a pathological process in which the myometrium or in other organs of the reproductive system , and appear outside the switch (foci)

, whose structure is characterized by epithelial and stromal elements inherent in the endometrium . In endometriosis tissue occur more or less pronounced changes in the menstrual cycle phases , respectively .

Endometriosis of cervix uteri .

Endometriosis of the cervix is considered an extremely rare disease , macroscopic endometriosis vaginal part of the cervix often represent areas having the form of strips , "eyes ", " mulberry ", " Nabothian cysts ." They are polygonal and round shape point type . When viewed with the naked eye endometrioid geteratopy have pale - pink or reddish color. They most clearly revealed in the luteal phase of the cycle, which is due to a change in their size and color, sinebogrovye education act boldly on the surface of the cervix . Their size varies from microscopic to the size of a cherry. Sometimes they are large , occasionally hit almost all of the vaginal part of the cervix. Hallmark of primary cervical endometriosis is superficial location not only on the vaginal part of the cervix, but also in the distal mucosa of the cervical canal , so under appropriate manifestations of the disease (pre-and postmenstrual spotting) clinical diagnosis is with sufficient reliability .

Definitive diagnosis is established by histological examination of cervical tissue obtained by excision and curettage of the mucous membrane of the cervical canal with suspected endometriosis cervical tissue endometriosis lesions , fragile and excision may be destroyed . This fact has a certain degree may also be a diagnostic criterion.

Typical clinical manifestations of cervical endometriosis are bleeding from the genital tract in the menstrual period. Most often they celebrated before menstruation , 1/3 , some time after its completion. Endometriosis often occurs after cervical diathermocoagulation , childbirth involving injury after surgery , the development of endometriosis in this usually occurs during the first six months after exposure to a provoking factor.

According to the macro - and colposcopic studies with lesions of the cervix vaginal endometriosis can distinguish between the following options :

1. Endometriotic foci of different shapes and sizes which are located at both the front and rear lips of the cervix and around the external uterine os .

2 . Endometriosis vaginal part of the cervix, which has the form of pseudo- closed with the presence of glands filled with hemorrhagic content .

3 . Endometriosis vaginal part of the cervix that has the appearance of chronic endocervicitis . Endometriosis as a rounded shape plots corresponding affixing bullet forceps.

For more in-depth study of the state of the cervix for diagnostic purposes is widely used as a simple and extended colposcopy .

Colposcopic feature paintings endometriosis cervix reduced discoloration and volume plots endometrial tissue depending on the phases of the menstrual cycle. The most pronounced changes were observed in the luteal phase of the cycle , during the premenstrual spotting : from pale - pink flat areas (in the phase of growth and maturation of the follicle) they turn into blue - purple education.

Thus macro and colposcopic pattern endometriosis cervix in conjunction with the above symptoms of the disease may serve as criteria for establishing the clinical diagnosis .

Functional - morphological features of endometriosis cervix in most patients depend on the phase of the menstrual cycle . The results of the morphological and histochemical studies cervix endometriosis when compared with tests of functional and histological diagnosis of endometrial scrapes indicate that the various phases of the menstrual cycle observed in endometrial tissue structural and histochemical changes similar to those in body mucosa of the uterus. (Zheleznev BI, Prokhorov LM 1971) .

Internal uterine endometriosis .

Clinical manifestations of internal endometriosis uterine body are in direct dissemination of

the pathological process.

By extending its depth in the myometrium , it divides into inner uterine endometriosis 1 degree (germination mucosa to a depth of one field of view at low magnification) , 2 degrees of internal endometriosis (endometrial tissue spread to about the middle of the thickness of the uterine wall) and internal endometriosis grade 3 (in the pathological process involved the entire thickness of the uterine wall) .

Patients with internal endometriosis 1 degree and a part of their internal endometriosis 2 degree increase in uterine express often not marked , and if detected , but its value does not exceed 5 - 6 weeks of pregnancy .

Most patients with internal endometriosis 2 degrees and in all patients of internal endometriosis observed grade 3 uterine enlargement and thickening of its walls - a diffuse form of adenomyosis .

Focal nodular form and adenomyosis observed somewhat less diffuse . With these forms of reproductive age women and in premenopausal always revealed hyperplasia of muscle tissue surrounding the heterotopic endometrial lesions .

Thus, for the macroscopic picture is characterized by increased uterine adenomyosis , the uneven spread in focal internal endometriosis , uterine wall thickening due to hyperplasia of muscle tissue and cellular structure of the uterine wall on the cut.

Indoor uterine endometriosis may be associated with uterine cancer , the combination is found in 9 % of cases. Indoor endometriosis most often associated with endometriosis and endometrioid ovarian cysts .

According to most researchers , internal endometriosis usually occurs in the reproductive period , it rarely detected in 3.2% of postmenopausal women .

In women of reproductive age and premenopausal at interior uterine endometriosis 1 degree menstrual cycle more often biphasic . With premenstrual spotting for 2 - 4 days. Menstruation is often abundant . Changes in uterine size , depending on the phases of the menstrual cycle is not observed. With 2 degrees of endometriosis observed pre - and post menstrual bleeding , menstruation , usually abundant , sometimes assume the character of menorrhagia . Every fourth patient observed failure of the luteal phase . In the second phase of the cycle is increased uterus . Every second patient noted hypochromic anemia . If grade 3 endometriosis observed before - and postmenstrual spotting for 5 - 7 days, abundant menstruation . Uterus is enlarged , sharply painful and softened . All patients have the hemorrhagic anemia with marked poikilocytosis , anisocytosis and hypochromia of erythrocytes.

Patients internal uterine endometriosis grade 3 and localization of endometriotic lesions in isthmic - the cervix is always observed severe pain .

The severity of pain is in direct proportion to the prevalence of internal endometriosis . With the increase of its power , especially with involvement of the entire uterine wall until the middle cover the pain intensifies , there is a progressive algomenoreya .

On the eve of menstruation in women with adenomyosis appears a feeling of heaviness in the abdomen, which is often combined with the urge to urinate . Typically, after menstruation these symptoms disappear.

When external endometriosis most often affects the ovaries , at what sided localization occurs about twice as often than bilateral . Main role in the pathogenesis of this disease has endometrial implantation of particles as a result of introduction of the retrograde blood from the uterus .

Endometrial cysts often violated the integrity and its contents into the abdominal cavity , resulting in formation of adhesions and adhesions , which are accompanied by infiltration of the walls of adjacent organs .

Outcome integrity violations cyst wall (flow) in addition to the formation of adhesions and srasheny is retrotservikalnogo occurrence of endometriosis. Ovarian endometriosis can be combined with various tumors of the body. Often, one ovary , along with " chocolate " cysts , dermoid observed , papillary or other cystoma ovary.

The vast majority of patients with endometriosis or ovarian note nagging nagging pain in the lower abdomen or lumbar - sacral region , before and during the menstrual cycle significantly enhanced. 65% of patients have dysmenorrhea . Some patients have no pain , just before and during menstruation there is heaviness in the abdomen, constipation and flatulence . Pain symptom and constipation are more common and more pronounced when the adhesive process involved in the rectum and develops retrotservikalnoy endometriosis .

In the course of the disease may experience periods of comparative prosperity, and then suddenly comes aggravation, usually before or during regulation that explains the " flow " of the cyst.

The clinical picture of "chocolate" cysts , when significant, the number of flagged content cysts abdomen resembles peritonitis symptoms of peritoneal irritation .

Retrotservikalnoy endometriosis frequency in third place after the defeat of the uterus and ovaries .

Retrotservikalnoy endometriosis are more likely than other sites of endometriosis , exposed malignancy. Typically, patients complain of aching pain in the abdomen , lower back, sacrum. There are patients with both a pronounced pain syndrome , and asymptomatic forms , depending on the extent of endometriosis. Pain occurring on the eve of amplified and defecation , passing flatus , movement , etc. dysmenorrhea progresses. Most patients complain of pain during sexual intercourse , one of the symptoms are constipation before and during regulation .

Retrotservikalnoy endometriosis can grow into the posterior vaginal fornix , the rectum can cause compression of the ureter. Feature lower abdominal pain when retrotservikalnoy endometriosis is their " shooting " in nature and irradiation to the rectum.

When rektomonoskopii found hyperemia and edema of the mucosa of the intestinal wall bulging inward at what before and during these changes are amplified controller .

Endometriosis postoperative scar anterior abdominal wall is rare.

Practical exercises №7

Benign and malignant tumors of the ovary.

Technological model of lesson:

Time-5h	Number of students - 10
Form of Teaching practice sessions	Practical exercises
Plan:	
Presents to the students the basic questions theme	
Methods and techniques of teaching	Teaching practice, blitz - poll Learning Tools, whiteboard, video
Conditions of Learning Auditorium	equipped with apparatus for video presentation

Flow chart of practical classes

Steps, **time** .	Teacher Introductory remarks on sterile marriage. About contraception	Student Announces theme classes, goal, study Questions,

		expected results lessons listen, write
Stage 1: Introduction - 10 min	Actively involved in learning basic questions submitted threads outlines the main issues	Gives questions for self-study students on the subject and topic of the next lesson
Stage 2: Main - (70 min.). . .	In order to attract the attention of students and assess their level of knowledge suits quiz on the Presents to the students the basic questions theme 1.Nazovite causes of female infertility. 2. What are the causes of male infertility. 3.Klassifikatsiya infertility. 4.Vedenie women with primary infertility. 5.Diagnostika female infertility. 6.Lechenie infertilitymajor issues of the theme	Actively involved in the quiz on the major issues of the theme
Step 3: Final - (10 min.) practical training.	Clarifies ambiguities. Summarize prakticheskogogo zanyatiya.napominaet key questions that dealt in practice. Responds to issues of interest to students. Encourages the active participation of students in	Writes job for the following classes

Chronologycal map classes

№	Stages classes	Forms classes	Duration sequences in (Minutes)
1	Introductory word teacher (justification themes)		5
2	Discussion of the topic of practical classes, baseline assessment of students' knowledge with the use of new educational technologies (small groups, case studies, business games, slides, videos, etc.)	Poll explanation	120
3	Summarizing the discussion		10
4	Giving students tasks to perform the practical part of the lesson. Cottage explanations and notes for the task. Self Supervision		30

5	Mastering practical skills of students with teacher (Supervision thematic patient)	medical history, business games clinical case studies	45
6	Analysis of the results of laboratory and instrumental studies thematic patient, differential diagnosis, treatment plan and recovery, prescribing medications, etc.	Work with clinical laboratory instruments	30
7	Discussion of the extent to which target classes in the developed theoretical knowledge and practical results of student work, and taking into account this evaluation of the	group recitation, quiz, debate, discussion of the results of practical work	50
8	Conclusion teacher in this occupation. Assessment of students' knowledge on 100 point system and its announcement. Dacha job to the next class (set of questions).	Information, questions for self-training	10

Interactive methods
Method "Web"
Steps:
1.Predvaritelno students are given time to prepare questions on the passed occupation.
2.Uchastniki sit in a circle.
3.Odnomu participant is given a skein of yarn and he asks his prepared question (which itself needs to know the full answer), hold the thread end, and shifting skein of any student.
4.Student, received a skein, answers the question (the party who asked him reply comments) and passes the baton to the issue further. Participants continue to ask questions and answer them, until everything will be in the web.
5.How Once all the students have finished asking questions, the student, holding a coil, returns to a participant, from whom he received the question, while asking a question, etc., to complete "unwinding" of the coil.

Note: Caution students that should be attentive to each answer, because they do not know who to throw skein.

The method of "Handle middle of the table"

Steps:
1.Predvaritelno teacher prepares questions by category (minimum of 2-3 questions for each student).
2. Participants sit in a circle.
3. Placed on the middle of the table handle.
4. One of the participants of the rotary knob.
5. Once the pen stop party on whom shows pen, answers the question of the teacher, and the remaining members may supplement.
6. After the party answers the question, it also rotates the handle for the next game.
7. Thus, the game lasts as long as the participants did not answer all the questions.

Practical skills

Bimanual examination gynecological patients

Objective: To study the method is considered a major gynecological patients to diagnose disease

Indications: a survey of all gynecological patients

Insturment: chair, gloves

1. explain to the woman about the upcoming procedure ineteresuyuschie answer her questions.
2. the woman is on the gynecological chair legs bent at the knee and hip joints.
3. manipulation performed under sterile gloves.
4. thumb and forefinger of his left hand pushing the labia majora.
5. right hand middle finger inserted into the back wall down vlagalischeottyagivayut then introduced the index finger of the same hand.
6. left hand palm porverhnostyu, placed on the anterior abdominal wall above the vagina and palpate deeper, poschupyvayut body of the uterus.
7. right hand fingers (index and middle) determine the shape, texture and length of the cervix, the state of its external os. Then fingers introduced into the front arch and between the inner and outer arms define the body of the uterus.
8. determine the position, size, tenderness, consistency, mobility of the body of the uterus.
9.pristupayut palpation appendages. Outer and inner fingers hands gradually moved away from the corners of the uterus to the side walls of the pelvis, appendages normally not palpable
10. determine the status of the parameter
11. determine the depth, tenderness, vaginal vault

Questions relating to

1.Etiologiya ovarian cysts .
2.Patogenez development of ovarian cysts .
3.Klinicheskie signs by type of ovarian cysts .
4.Lechenie ovarian cysts .
5 . The etiology of ovarian cysts.
6. The pathogenesis of ovarian cysts.
7.Klinicheskie signs by type of ovarian cyst.
8.Lechenie ovarian cysts.

tests

31. At what age are more common cervical polyps

40 years and over #
25 years and younger $
30 years $
U20 $
$ 35

32. At what age is more common uterine cancer

U20 $
30-35 years $
21-29 years $
up to 40 years $
50 years and over #

33. At what age is more common ovarian cancer

up to 30 years $
40 years and over #
20-25 years $
$ 70
U20 $
34. How many forms of cervical cancer , there

$ 4
# 3
$ 7
$ 1
$ 2

35. How many stages of cervical cancer you know

5
$ 3
$ 7
$ 4
$ 2

36. What cyst refers to tumor garmonoprodutsiruyuschy

Dermoidnamokista #
$ Follikuloma
ovarian fibroma $
ovarian endometriosis $
cirrhotic cystoma $

37. To what stage cervical cancer include tumor infiltrating
vagina with the transition to the lower third

$ 0
# 3
$ 2
$ 5
$ 4
38. What is the main diagnostic method for podverzhdeniya di
agnosia endometrial cancer

cytological study #
$ hysterosalpingography
$ histological examination
hysteroscopy $

$ bimanual examination

39. What tactics in Article 4 of cervical cancer

radiotherapy $
$ radiotherapy
$ surgery
symptomatic treatment $
chemotherapy #

40. How is the endometrial hyperplasia after treatment

U.S. $
cytological treatment $
$ hysterosalpingography
blood tests $
repeated histological examination #
41. The main clinical symptom of endometrial hyperplasia

abdominal pain $
$ menopause
$ watery pain
metrorrhagias #
contact bleeding $

42. What are the most serious complication of benign tumors of the ovary

tumor torsion legs #
festering tumor $
capsule rupture $
fusion with neighboring organs $
malignancy tumor $

43. What tactics in 2 tablespoons of endometrial cancer

chemotherapy $
symptomatic treatment $
combination treatment #
radiotherapy $
$ garmonoterapiya

44. How is atypical hyperplasia in premenopausal

Progestenomi #
$ Esterogenami
symptomatic treatment $
$ hysterectomy
radiotherapy $

45 . That contains uncomplicated dermoid cyst

$ slimy contents

blood $
hair, bones, teeth #
pus $
cirrhosis of the contents of $

46. Which of the ovarian tumor is feminizing

Ovarian $ cystoma
ovarian endometriosis $
ovarian fibroma $
dermoid cyst $
tekablastoma #

47. What Harmon produces follikuloma

estrogens #
androgens $
$ Drogestiny
N $
LTG $
48. What is an ovarian cyst is characteristic for trophoblastic disease

$ Follikuloma
follicular cyst $
theca lutein cysts #
Tecoma $
Ovarian Brenner $

49. What are the main symptom of vulvar kraurosis

pain $
itching #
$ beli
$ edema
hyperemia $

50 . What tactics in ectropion

$ diathermocoagulation
ointment tampons $
cryosurgical method $
$ thermocoagulation
surgical method #

51. What disease of the cervix refers to dyskeratosis

erosion w / m $
polyp w / m $
ectropion $
leukoplakia #
cervicitis $

52. What tactics in papillary ovarian cystoma

hysterectomy with appendages $
amputation of uterus with appendages $
resection of ovarian $
$ physiotherapy
oophorectomy #

53. What goals prisleduet garmonalnaya therapy hyperplastic processes in women under 40 years

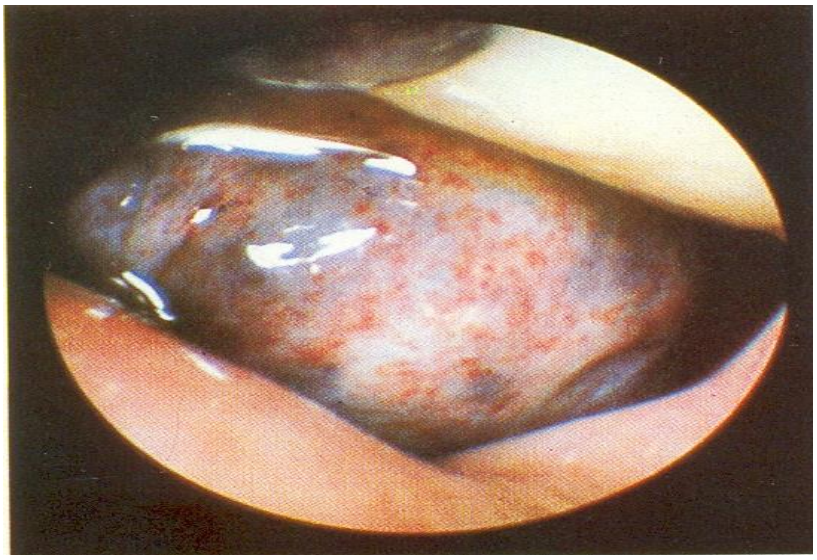
a / the bleeding
b / stop bleeding
in / reproductive function
g / formation of a normal menstrual cycle
d / menopause
and $
c d $
b g #
in $ d
and d $

54. Which drug is most effective in women with endo hyperplasia metry at age 50

estrone $
$ progesterone
$ pregnin
metiltestesteron #
$ Ovidon

55 . What tactics in the theca lutein cysts

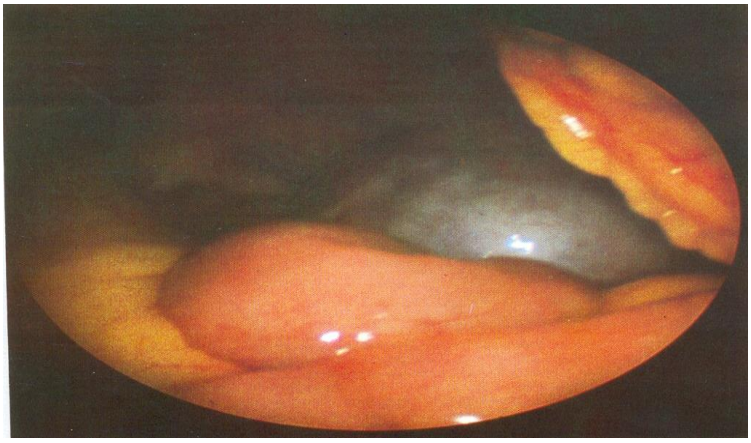
$ oophorectomy
amputation of uterus with appendages $
$ tubovarioektomiya
conservative therapy $
observation #
Cyst - pathological cavity made any content voznikschaya the delay or excessive fluid secretion.
Classification
Pfanshtilya⎫
Mayer⎫
Kivshi⎫
Valdera⎫
Schroeder⎫



Frequency
Tumor formation are found in 34%, the true ovarian tumors - 66% of cases.
Simple cysts are formed by the accumulation of fluid in the preceding cavity. In the cortical layer of ovarian follicular cysts occur, the corpus luteum cyst, and in the medulla - cysts from embryonic remnants of brain tissue, and tubules.
Follicular cyst - a fundamental practical importance occurs relatively often, about 30% of all tumors and tumor-like formations. This formation: small in size, one-sided, often single-chamber, thin-walled. Formed from maturing follicles in any stage of development or atresia (5-6 cm in diameter.)
Pathogenesis
Perhaps associated with decreased ovarian estrogen, which leads to high levels of gonadotropins, the change in the ratio between LH and FSH upward. Follicular cysts grow slowly. Filling liquid is due to transfusion.

Clinic
Anovulation
Period of persistent follicle. Uncomplicated follicular
cyst of small size, usually asymptomatic and detected during gynecological examination. Withbimanual study right or left in the uterus are education tugoplasticheskoy consistency, with a smooth surface, a relatively small size, painless on palpation and displacement. Complaints are associated with twisting legs cysts or compression of adjacent organs. Then patients report increased pain in the lumbar region, a feeling of heaviness in the abdomen, dizuricheskie phenomenon of genital function is not compromised.
Diagnostics
Based on the data:
bimanual examination⎫
Laparoscopy⎫
Sonography⎫
Sonography⎫
Treatment - surgical. Operation is husking cyst sohraniniem healthy ovarian tissue, which is especially important in females of reproductive age.
With the trend towards growth or torsion (7-8%) - ovarian wedge resection.
Corpus luteum cyst
Frequency:
Rare from 2 to 5%.

Dimensions:
magnitude more of a chicken egg.



Etiopathogenesis.
⎫ Pregnancy
Frequent inflammation⎭
⎫ Pathogenesis
Their development is related to the fact that the cavity of the follicle after ovulation does not subside and is not populated entirely luteal cells, as it happens in normal and remains there stretched serous fluid. Cyst wall is composed of several cells. According to its structure, these cells do not differ from lutein cells of the corpus luteum. As growth occurs atrophy luteal cyst cells and cystic inner wall elements. Corpus luteum cyst hormone -
inactive.
Clinic and diagnostics
Corpus luteum cyst rarely exceed 3.4 cm in diameter, it has a smooth surface and elastic consistency. Complaints patients are usually not predevlyayut and cyst found in gynecological ossmotre.
Dif. diagnostics
Differentiate cyst corpus luteum should be the true ovarian tumor - cystoma. When differential. diagnosis in favor of the corpus luteum cyst shows the small size of education, the emergence or increase of cysts in the second phase of the menstrual cycle.

Treatment
If you suspect a corpus luteum cyst should not rush to surgery, so the patient should dispensary observation: inspections should be repeated every 11-12 months. If there is no regression of the cyst or a tendency to increase it, shows the operation - resection of the ovary in a cyst.
Forecast: favorable.
Tekalyuteinovye cysts
Typical for trophoblastic disease - hydatidiform mole and chorionepithelioma.
Cystic formation formed in both the ovaries under the influence of the stimulating action of human chorionic gonadotropin, containing a large amount of luteinizing hormone, follicle on tekatkan.
Treatment
Surgical treatment can not be, as in 1-3 months regress.
Parovarialnaya cyst
Epididymal cysts nadyaichnikovogo (parovarialnye cysts) develop from residues paroophoron (Wolffian duct), which is a slepozakanchivayuschiesya tubules are placed between the fallopian tubes and ovaries in sheets mezosalpingsa. Content parovarialnoy cysts transparent, liquid, poor protein contains mutsina.Kisty may be different in terms of - from a few inches to the size of the head of the newborn. The shape of these cysts:
Spherical or⎫
ovoidnuyu⎭

Clinic
At small sizes parovarialnaya cyst practically does not manifest itself. Patients do not make complaints. Menstrual function is not compromised.

With significant amounts cyst symptoms associated with compression of the adjacent organs, especially the often-dizuricheskie phenomenon.
Diagnostics
Withbimanual study cystic formation are limited, due to moving intraligamentnogo located tion. On the lower pole cyst palpable dense formation (ovary).
Treatment
Operational - cyst removal⟩
Forecast: favorable

Ovarian tumors. Epithelial
benign ovarian tumors

The largest group of benign epithelial ovarian tumors constitute cystoma.
Cystoma - a true tumor of the ovary, which is the hallmark of rapid growth.
Cystoma ovaries are divided into two large groups:
1. Serous
2. Mucinous
Serous cystoma (tsilioepitelialnye cystoma).
A distinctive feature is cystoma serous lining epithelium. By the structure of the epithelium serocyst
reminds pipe or ovarian surface epithelium. Almost always possible to detect cells of the ciliated epithelium. Cystoma more often one-sided and single-chamber.
Their size varies from a few centimeters to 30 cm or more in diameter.
Content cystoma is straw-colored serous fluid.

Simple serous cystoma
Clinic
Setserniruyuschaya serous cystoma often detected at age 45.
Often marked pain in the lower abdomen and lower back.
Hormonal activity of the tumor does not have the menstrual cycle is not broken.
At relatively large sizes or mezhsvyazochno located tumors arise dizuricheskie phenomenon, sometimes ascites.
Proliferative serous cystoma often found in the age of 48. Cystoma often bilateral and accompanied by ascites. These cystoma WHO classification, referred to as borderline between benign and malignant ovarian tumors. On microscopic examination, pay attention to the salient features of epithelial proliferation, which manifests its multiphase. These cystoma also referred to as precancerous diseases of the ovary. Malignant prevrasheniya proliferiruyushih serocyst observed every second patient.
Mucinous cystoma
Mucinous cystoma - dobrokachesgvennaya epithelial ovarian tumor, which is more common serous cystoma. This kind of character is different cystoma lining epithelium, which resembles the epithelium of the cervical canal, - (high) cylindrical. This kind cystoma found in all age periods a woman's life, but mostly in 50 years.
Pseudomucinous cystoma
Multi-compartment education round or oval, with knotty surface as a result of budding child cystic cavities, elastic consistency, usually unilateral. Growth of this tumor occurs evertiruyushemu type (tsengrifugalno). These tumors grow rapidly and can reach large sizes.
Content tumor - slizeobraznoe thick, part of which are glyukoproteidy.
Clinic and diagnostics
Patients with pseudomucinous cystoma when it reaches a considerable size, usually feel heaviness in the abdomen;
Withbimanual study in the field of education of the uterus are oval-shaped, elastic consistency-

tion, a significant size. Ascites voznikaeg rare.
Proliferative pseudomucinous cystoma
Can be regarded as precancerous process. Multi-chamber tumor, its outer surface is smooth on the inside there are papillary growths. The clinical course of the disease in this type of cyst is little different from the usual manifestations pseudomucinous cyst. Zpokachestvennoe conversion pseudomucinous cyst observed every third patient.
Structure:
Distinguish:
1. Anatomical
2. Surgical tumor legs.
Clinic
The clinical picture is largely due to the partial or complete arisen torsion leg tumor. At full torsion legs cystoma (over 180 º) dramatically disrupts the blood supply and nutrition of the tumor.
Clinically it is manifested picture of acute abdomen:
sharp pains⎫
nausea⎪
vomiting⎪
temperature rise⎬
⎪ increased heart rate
voltage abdominal muscles,⎭ positive symptom Shchetkina - Blumberg.
Diagnostics
At gynecological examination adnexal tumor is determined, painful with movement. In case of partial torsion legs ovarian tumor clinical picture is less pronounced.
Treatment:
When partial or complete tumor torsion legs need urgent surgical intervention.
Delaying surgery can lead to:
For tumor necrosis, hemorrhage in the tumor capsule, suppuration, peritonitis, rupture of the capsule cystoma. In the presence of ovarian tumors may be a number of complications:
torsion leg tumor⎫
⎪ capsule rupture
fester⎪
breakthrough content tumor in⎭ the bladder, the rectum.
Most often occurs due to torsion legs cystoma sudden movements, lifting, etc., often a complication occurs in young women and girls.
Ovarian fibroma - benign tumor that develops from its stroma.
The structure of the tumor:
Swelling round or oval, thick-sided, with nodular or smooth surface. Color white tumor, necrosis in brown-red.
Tumor size: range from education to microscopically determined adult head.
The tumor has a leg that creates the conditions for its twisting.
Clinic:
Ovarian fibroma usually occurs in women aged 40-50 years. Most characteristic for this group of tumors appearance of ascites. Sometimes ovarian fibroma with ascites simultaneously observed hydrothorax, anemia (Meigs triad).
Treatment:
Operative treatment - removal of the tumor. After surgery, a relatively fast disappearing ascites and hydrothorax.
Sex cord stromal tumors. This group includes the tumor consisting of cells that arise from the sex cord mesenchymal or embryonic gonads. They contain granulosa cells, tekakletki, Sertoli-Leydig. They are hormonally active tumors of the ovary.

Forecast: Due to the nature of benign tumor prediction favorable. After removal of the tumor above symptoms disappear.
To hormonally active ovarian tumors include:
folliculoma⎫
Tekakletochnye tumor⎫
⎫ arrhenoblastoma
⎫ Brenner tumor.
Frequency:
Hormonally active tumors is on average 8.9% of the total number of true ovarian tumors.
Granuleznokletochnaya tumor (follikuloma).
Arises from the granulosa cells in the follicle or residues of differentiating sex cords.
The tumor is hormonally active and produces estrogen. The tumor has a yellow coloration. On a section of solid or cellular structure.
Tumor sizes range from microscopic inclusions in the ovary of 40 cm in diameter.
Tecoma (cell tumor)
Tekatkani arises from the ovary and refers to estrogenprodutsiruyuschim neoplasms.
Frequency: Tecom up 3.8% of all ovarian neoplasms.

Clinic:
Course of the disease is not much different from the manifestation of granulosa cell tumors. Tecom occur in the elderly (60 years and older). Basically tumors are unilateral. Their sizes range from small to the head of the newborn. Tumor shape is rounded or oval, dense consistency. Characteristic of this tumor is ascites, which may arise as in benign and malignant disease course. Malignant course Tecom often observed at a young age.
Diagnosis:
Urgent morphological study during surgery allows you to identify the nature of the tumor in most patients and decide on the volume of transactions.
Treatment:
When the benign nature of the tumor was removed tekakletochnoy appendages on the affected side. When a malignant tumor made tekakletochnoy complete hysterectomy with appendages. In some patients, radiation therapy in the postoperative period significantly reduces the number of relapses.
Brenner tumor
Rare, often one-sided. Magnitude different - head to adult. Fibrous structure as fibroma, whitish - gray, sometimes with yellowish tinge.
Clinic.
At a young age - the menstrual cycle. The old - metrorrhagias and hirsutism in all ages.
Treatment:
Surgery - removal of the tumor, as it refers to benign tumors.

Germ cell tumors.
Ovarian teratomas.
Dermoid ovarian cyst refers to a mature teratoma and of ovarian tumors found in 8% of patients. Dermoid cyst - a unilateral, rarely bilateral education grayish-whitish color with a smooth surface has high mobility due to the long legs, which creates favorable conditions for its torsion. Etiology and pathogenesis of dermoid cysts has not yet been elucidated.
Clinic:
Tumor occurs most frequently between the ages of 20 - 40 years. General condition of the patient is rarely disturbed. Sometimes there is pain or a feeling of heaviness in the lower abdomen that occur when large amounts of tumor.
Diagnosis:
Slow growth of cysts, usually it does not reach large sizes.

On palpation determined portions of elastic consistency, which alternate with the more dense.
Dermoid cyst contents are:
Salo⎫
Hair⎫
The⎫ rudiments of eyes.
The inner surface is smooth, in one of the spots detected protrusion-parenchymal tubercle, which are often mature tissue and vestigial organs: teeth, bones, etc.
Consists of a dense, sometimes hyalinized connective tissue.
The inner surface of the cyst epithelium or has not, or is covered with a single layer of cylindrical ciliated epithelium.
Head mound covered in leather with hair and sebaceous glands.
Under the skin is a layer of fatty tissue and dense connective tissue with various inclusions.
Immature teratoma is characterized by the presence of elements with lower differentiation than mature. They represent a transitional stage to teratoblastomam. This form of tumor is most exposed to the malignant transformation.
Diagnosis:
Mobile detection of ovarian cysts, located anterior to the uterus, usually suggests the possibility of a dermoid cyst.
Treatment:
Surgery.
The young age of the patient, a rare recurrence and malignant transformation of dermoid cyst of the ovary allow resection with maximum preservation of microscopically normal tissues.
Weather. Favorable.
Malignant transformation occurs in 0.4 - 1.7% of patients.
Teratoblastoma ovary
Occurs in childhood and adolescence, accounting for 2 - 2.5% of all malignant ovarian tumors.
Teratoblastomy rich in blood vessels, and therefore are often marked by bleeding under the capsule and into the interior of the tumor.
Clinic:
Teratoblastomy more common in girls with asthenic constitution.
Patients do not make complaints, the main feature of the disease is the detection of tumor formation rolling in the pelvis.
Often leg tumor undergoes torsion, may break the capsule.
Structure: Teratoblastoma has a dense texture uneven, knobby surface.
Ascites appears in the advanced stage of the disease.
Treatment:
Operational - nadvlagalishnaya amputation of uterus with appendages, resection of the greater omentum.
Weather. Unfavorable

Practical exercises №8

Incorrect position and abnormal development of the female genital organs

Technological model of lesson:

Time-5h	Number of students - 10
Form of Teaching practice sessions	Practical exercises
Plan:	

Presents to the students the basic questions theme	
Methods and techniques of teaching	Teaching practice, blitz - poll Learning Tools, whiteboard, video
Conditions of Learning Auditorium	equipped with apparatus for video presentation

Flow chart of practical classes

Steps, **time** .	Teacher Introductory remarks on sterile marriage. About contraception	Student Announces theme classes, goal, study Questions, expected results lessons listen, write
Stage 1: Introduction - 10 min	Actively involved in learning basic questions submitted threads outlines the main issues	Gives questions for self-study students on the subject and topic of the next lesson
Stage 2: Main - (70 min.). . .	In order to attract the attention of students and assess their level of knowledge suits quiz on the Presents to the students the basic questions theme 1.Nazovite causes of female infertility. 2. What are the causes of male infertility. 3.Klassifikatsiya infertility. 4.Vedenie women with primary infertility. 5.Diagnostika female infertility. 6.Lechenie infertilitymajor issues of the theme	Actively involved in the quiz on the major issues of the theme
Step 3: Final - (10 min.) practical training.	Clarifies ambiguities. Summarize prakticheskogogo zanyatiya.napominaet key questions that dealt in practice. Responds to issues of interest to students. Encourages the active participation of students in	Writes job for the following classes

Chronologycal map classes

№	Stages classes	Forms classes	Duration sequences in (Minutes)
1	Introductory word teacher (justification themes)		5
2	Discussion of the topic of practical classes, baseline assessment of students' knowledge with the use of new educational technologies (small groups, case studies, business games, slides, videos, etc.)	Poll explanation	120
3	Summarizing the discussion		10
4	Giving students tasks to perform the practical part of the lesson. Cottage explanations and notes for the task. Self Supervision		30
5	Mastering practical skills of students with teacher (Supervision thematic patient)	medical history, business games clinical case studies	45
6	Analysis of the results of laboratory and instrumental studies thematic patient, differential diagnosis, treatment plan and recovery, prescribing medications, etc.	Work with clinical laboratory instruments	30
7	Discussion of the extent to which target classes in the developed theoretical knowledge and practical results of student work, and taking into account this evaluation of the	group recitation, quiz, debate, discussion of the results of practical work	50
8	Conclusion teacher in this occupation. Assessment of students' knowledge on 100 point system and its announcement. Dacha job to the next class (set of questions).	Information, questions for self-training	10

Interactive methods

Method "Web"

Steps:

1.Predvaritelno students are given time to prepare questions on the passed occupation.

2.Uchastniki sit in a circle.

3.Odnomu participant is given a skein of yarn and he asks his prepared question (which itself needs to know the full answer), hold the thread end, and shifting skein of any student.

4.Student, received a skein, answers the question (the party who asked him reply comments) and passes the baton to the issue further. Participants continue to ask questions and answer them,

until everything will be in the web.
5.How Once all the students have finished asking questions, the student, holding a coil, returns to a participant, from whom he received the question, while asking a question, etc., to complete "unwinding" of the coil.

Note: Caution students that should be attentive to each answer, because they do not know who to throw skein.

The method of "Handle middle of the table"

Steps:
1.Predvaritelno teacher prepares questions by category (minimum of 2-3 questions for each student).
2. Participants sit in a circle.
3. Placed on the middle of the table handle.
4. One of the participants of the rotary knob.
5. Once the pen stop party on whom shows pen, answers the question of the teacher, and the remaining members may supplement.
6. After the party answers the question, it also rotates the handle for the next game.
7. Thus, the game lasts as long as the participants did not answer all the questions.

Practical skills

Bimanual examination gynecological patients

Objective: To study the method is considered a major gynecological patients to diagnose disease

Indications: a survey of all gynecological patients

Insturment: chair, gloves

1. explain to the woman about the upcoming procedure ineteresuyuschie answer her questions.
2. the woman is on the gynecological chair legs bent at the knee and hip joints.
3. manipulation performed under sterile gloves.
4. thumb and forefinger of his left hand pushing the labia majora.
5. right hand middle finger inserted into the back wall down vlagalischeottyagivayut then introduced the index finger of the same hand.
6. left hand palm porverhnostyu, placed on the anterior abdominal wall above the vagina and palpate deeper, poschupyvayut body of the uterus.
7. right hand fingers (index and middle) determine the shape, texture and length of the cervix, the state of its external os. Then fingers introduced into the front arch and between the inner and outer arms define the body of the uterus.
8. determine the position, size, tenderness, consistency, mobility of the body of the uterus.
9.pristupayut palpation appendages. Outer and inner fingers hands gradually moved away from the corners of the uterus to the side walls of the pelvis, appendages normally not palpable
10. determine the status of the parameter
11. determine the depth, tenderness, vaginal vault

Questions relating to

1 .. Anatomy of the external genitalia.
2. Anatomy of internal genital organs

3.Klassifikatsiya anomalies location FGO
4. Classification of developmental abnormalities FGO
5.Svyazochny uterine device. FGO
6.Diagnostika anomalies FGO
7. Treatment of anomalies FGO
8.Rekonstruktivnye surgery for malformations FGO

Interactive methods

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TESTS:

34. Specify the main factor leading to the disruption of the reproductive system
hereditary factor *
injury
operation
extragenital diseases
professional

35. Utero vagina begins to form when
8 weeks inside the uterine period *
1 week

4 weeks
6 weeks
15-16 weeks

36. Sexual infantilism often when installed
At the age of 15 years *
1 years *
5 years of age
30 years
during childbirth

37. Infantilnye girls usually what
low growth *
thin-walled
high growth
normostenichennaya

38. Specify the correct ratio of N / V long neck of the uterus and body
1:3 *
1:1
3:3
3:1
2:2

39. Specify the ratio M / Y body and neck of the uterus with infantile uterus 1 degree
3:1
3:3
2:3
1:1
1:2 *

40. Specify the primary therapy for genital infantilism
Garmonoterapiya *
surgery
antebakterialnoe treatment
restorative treatment
otstovanie eliminate the cause of genital organs

41. When delay sexual development of central origin character menstruation
skudkie rare *
polimenoriya
giperpolimenoriya
algodmenoriya
regular, normal
42. Specify the nature of the delay menstruation at puberty ovarian origin
Frequent *
Abundant
Normal
Rare
More

43. What is Turner syndrome Schershevskogo-
typical form of gonadal dysgenesis *
pure form dysgenesis Gonata
a mixed form
deffekt this development caused by inflammation of the gonads
this development deffekt gonads caused injury

44. When Turner syndrome Shershevskii with chromosomal analysis revealed that
narmotip 45 ho *
46 or xx 46 xy
Ho 45 46 xy
40 xx
30 xy

45. When Turner syndrome Shershevskii noted that neonates
short neck with wide skin folds *
hydro tsefoliya
long neck
short legs
dlinnymverhnie limb

46. When sidrome Shershevskii Turner kolichestkvo COP 17 Suta urine
below normal (5-6 mg) *
normal
increase
20 mg
50mg

47. Characteristic - whether neuroendocrine abnormalities in infantilism
can otsustsvovat *
neurological
expression
typical
less expression

48. How many degrees of prolapse of the vaginal walls know
3 tbsp *
4 tbsp
Article 5
Article 10
Article 12

49. What surgery is indicated in women of reproductive age in op
uschenii uterus and vagina II-IIIst
Front and rear plastic sheath of a ventrosuspension *
laparotomy hysterectomy
vaginal hysterectomy
average kolporafiya
lamarotopiya amputation of uterus

50. Retroversion that?
otklonenietelo uterus posteriorly, the vaginal part of the cervix to before *

body of the uterus to the front of the neck to Zadie
body of the uterus to the right to the front of the neck
body of the uterus to the left posterior cervical
body of the uterus in the right posterior neck

51. What kind of treatment in women aged 35 years carried out at half-
Mr. uterine prolapse
front and rear with kolporafiyaa ventrosuspension *
orthopedic method
extirpation
amputation of uterus
physiotherapy
52. Congenital en
53.
54. omalii genitals found
0,23-0,9% in women *
1-2% of women
10% of women
12-13% of women
20% of women

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hereditary factor *
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front and rear with kolporafiyaa ventrosuspension *
orthopedic method
extirpation
amputation of uterus
physiotherapy

Violations development of the reproductive system are: 1) abnormalities of sexual development without disrupting sexual differentiation (precocious puberty , delayed puberty);
2) abnormalities of sexual development , accompanied by a disturbance of sexual differentiation (congenital adrenogenital syndrome - ATS, gonadal dysgenesis , malformations of the uterus and vagina) .
The frequency of abnormal development of the reproductive system is about 2.5 %.
Chromosomal and genetic pathology is responsible for approximately 30 % of violations of sexual development . Plays a role genetic predisposition , which is manifested by the action of

damaging environmental factors. These damaging factors include: physical (ionizing radiation , hypoxia , extreme thermal and mechanical stress) , chemical (alcohol, drugs , a number of chemical compounds which depress enzyme systems , protein synthesis and other processes); biological - bacteria, viruses (rubella , CMV etc.), some drugs , especially when taking them unsuitable doses in early pregnancy . The experiment shows the role of vitamin deficiency and other metabolic disorders in the occurrence of this disease .

Clinical observations indicate a higher percentage of developmental abnormalities of the reproductive system in the offspring of parents of patients (alcoholism, endocrine disease , etc.) as compared with those in the population. Elderly parents of children with birth abnormalities observed were significantly more likely than younger ones .

As is known , the tab genitals occurs in the first weeks of pregnancy, and their intensive development noted in 8-12 weeks. In accordance with this malformation genitals are formed on the dates of intrauterine life . So , malformations of the uterus formed on 8- 10th week of pregnancy , when the merging middle third paramezonefralnyh (Müllerian) ducts; vaginal malformations formed later as a result of violations of mergers and divisions lower paramezonefralnyh sewage ducts.

Very rare complete absence (aplasia) of certain sexual organs. Often there is a doubling of the internal genital organs such as the uterus and vagina . It applies anomalies stop development of the emerging body at an early stage , which determines its structure rudimentary (rudimentary uterus, rudimentary uterine horn) . Genital malformations often accompanied by dysfunction of the reproductive system : the nature of violation of menstruation (oligomenorrhea , tuberculosis , amenorrhea) , reproductive function (infertility , miscarriage) , sexual function (obstacles to sexual intercourse , etc.). Genital malformations often associated with abnormalities of the urinary system , which can be explained by common basic stages of their development during early embryogenesis and anatomic proximity bookmarks genital and urinary organs.

Malformations of the urinary system are observed in 30-58 % of women . genital anomalies of the structure (eg , taped closed rudimentary vagina and aplasia of the kidney on the same side) . Since malformations of the uterus and vagina are treated promptly , in this manual , they will not be considered .

Physiological process of sexual development occurs in certain genetically encoded sequence , starting at the beginning of the second decade of life and ending with 16-17 years. Physiology of sexual development is described in Chapter 2 . It may be due to violations of organic and functional changes in the central nervous system , the numerical and structural sex chromosome abnormalities , anatomical and functional pathology of the endocrine glands (adrenal glands and ovaries) . Violations of sexual development can not only be a sign of pathology structure and function of the reproductive system , but also a symptom of threatening the health and lives of women.

Violations include puberty precocious sexual development (CPD) , delayed puberty (CRA) , the lack of sexual development and androgyny - disorders of sexual differentiation of the mismatch of the structure of external, internal genitalia and gonads.

Abnormalities of the uterus .

Uterus didelfus - a doubling of the uterus and vagina in their isolated location , both genital apparatus are transverse fold of peritoneum . This pathology occurs in the absence of the merger properly developed paramezonefralnyh ducts , and on each side there is only one ovary . Both uterine function well and with the onset of puberty pregnancy can occur alternately in one or the other .

Uterus duplex et vagina duplex- anomaly of development , similar to the previous one, but on a certain stretch both parts of the reproductive system more closely in contact with each other, often with the help fibroznomyshechnoy partitions . One of the queens often inferior to the other in magnitude and in functional terms , and on the side of underdevelopment can be observed atresia hymen or internal uterine os .

Uterus bicornis bicollis - is a consequence of the lack of a less pronounced merger

paramezonefralnyh ducts. Here are the total vagina and split uterine body and cervix .
Uterus bicornis unicollis - anomaly of development at which the merger paramezonefralnyh ducts extending to the upper part of the middle parts .
Uterus bicornis with rudimentary horn caused significant delays in development of one of paramezonefralnyh ducts. If rudimentary horn has a cavity , practically important , whether it communicates with the cavity of the uterus. Functioning rudimentary horn is accompanied by complications such as polimenoreya , tuberculosis , infection . In rudimentary horn pregnancy can occur .
Uterus unicornis - a rare abnormality that occurs when one of the deep lesions paramezonefralnyh ducts. If this anomaly is usually missing one kidney and one ovary .
Uterus bicornis rudimentarius solidus - anomaly of development , known as the "syndrome of the Mayer- Rokitansky - Kuster - Hauser Mueller ." This pathology vagina and uterus are represented by thin connective rudiments .
Diagnostics . Anomaly Detection genitals occurs at birth, puberty and during the reproductive life of women. Leading , and sometimes the only symptom is genital anomalies menstrual dysfunction in the form of amenorrhea or polimenorei .
Primary amenorrhea - the most frequent sign of genital malformations . In many cases, amenorrhea is false in nature and related to the impossibility due to the outflow of menstrual blood atresia (underdevelopment) or aplasia (absence of part of the body) in any part of the reproductive system located below the internal uterine os . Much rarer secondary amenorrhea .
Another common symptom is the appearance in puberty abdominal pain , escalating monthly , sometimes accompanied by loss of consciousness. In such cases, sometimes even undertaken laparotomy .
Inspection vaginal speculum allows doubling set cervical vaginal septum and some other anomalies . Hysterosalpingography shows suspected antlered uterus , the presence of baffles in it , as well as rudimentary horn if its lumen communicates with the cavity of the uterus.
One of the main research methods pelvic ultrasound .
Pelvigrafiya gas used in a suspected case of rudimentary uterine horn .
Bikontrastnaya genikografiya is of great diagnostic value in all types of developmental abnormalities of the internal genitals .
Definite value in the diagnosis of genital malformations have endoscopic methods: culdoscopy , laparoscopy , cystoscopy and sigmoidoscopy .
Treatment. Under certain types of pathology (saddle uterus, horned uterus , etc.) do not require any treatment. However, the knowledge necessary to form abnormal development in the future for the proper management of pregnancy , childbirth, and to perform a variety of intrauterine manipulation. When bicornuate uterus , surgical intervention. When Rokitansky - Kuster syndrome treatment is ineffective . It basically boils down to providing sexual function (creation of artificial vagina before marriage) . Rudimentary , or extension , uterine horn removed during laparotomy .

PRACTICAL EXERCISES№9

Background and precancerous disease. Cervical and uterine body ..
Technological model of lesson:

Time-5h	Number of students - 10
Form of Teaching practice sessions	Practical exercises
Plan:	

Presents to the students the basic questions theme	
Methods and techniques of teaching	Teaching practice, blitz - poll Learning Tools, whiteboard, video
Conditions of Learning Auditorium	equipped with apparatus for video presentation

Flow chart of practical classes

Steps, **time** .	Teacher Introductory remarks on sterile marriage. About contraception	Student Announces theme classes, goal, study Questions, expected results lessons listen, write
Stage 1: Introduction - 10 min	Actively involved in learning basic questions submitted threads outlines the main issues	Gives questions for self-study students on the subject and topic of the next lesson
Stage 2: Main - (70 min.). . .	In order to attract the attention of students and assess their level of knowledge suits quiz on the Presents to the students the basic questions theme 1.Nazovite causes of female infertility. 2. What are the causes of male infertility. 3.Klassifikatsiya infertility. 4.Vedenie women with primary infertility. 5.Diagnostika female infertility. 6.Lechenie infertilitymajor issues of the theme	Actively involved in the quiz on the major issues of the theme
Step 3: Final - (10 min.) practical training.	Clarifies ambiguities. Summarize prakticheskogogo zanyatiya.napominaet key questions that dealt in practice. Responds to issues of interest to students. Encourages the active participation of students in	Writes job for the following classes

chronologycal map classes

№	**Stages classes**	**Forms classes**	**Duration sequences in**

			(Minutes)
1	Introductory word teacher (justification themes)		5
2	Discussion of the topic of practical classes, baseline assessment of students' knowledge with the use of new educational technologies (small groups, case studies, business games, slides, videos, etc.)	Poll explanation	120
3	Summarizing the discussion		10
4	Giving students tasks to perform the practical part of the lesson. Cottage explanations and notes for the task. Self Supervision		30
5	Mastering practical skills of students with teacher (Supervision thematic patient)	medical history, business games clinical case studies	45
6	Analysis of the results of laboratory and instrumental studies thematic patient, differential diagnosis, treatment plan and recovery, prescribing medications, etc.	Work with clinical laboratory instruments	30
7	Discussion of the extent to which target classes in the developed theoretical knowledge and practical results of student work, and taking into account this evaluation of the	group recitation, quiz, debate, discussion of the results of practical work	50
8	Conclusion teacher in this occupation. Assessment of students' knowledge on 100 point system and its announcement. Dacha job to the next class (set of questions).	Information, questions for self-training	10

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Objective: To study the method is considered a major gynecological patients to diagnose disease

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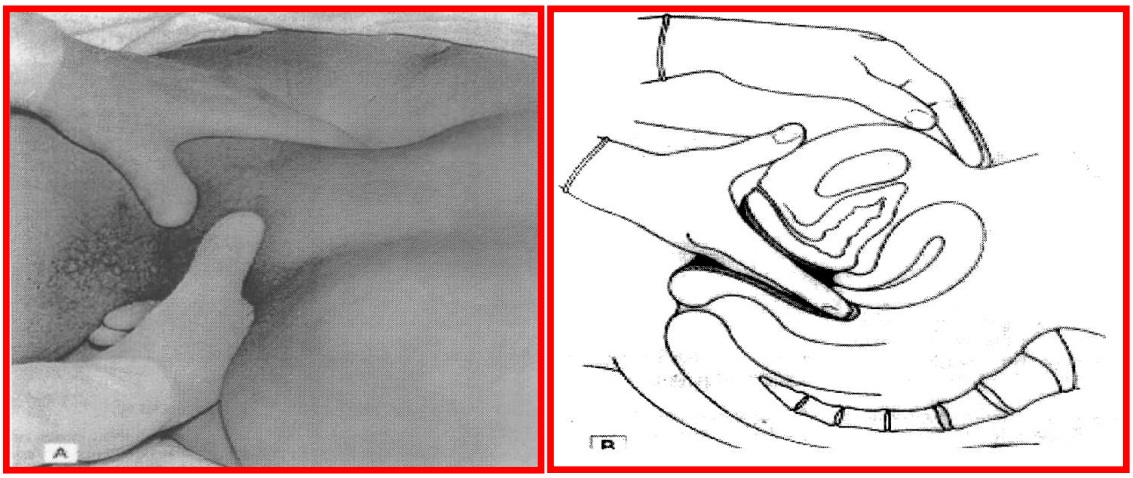
10. determine the status of the parameter
11. determine the depth, tenderness, vaginal vault

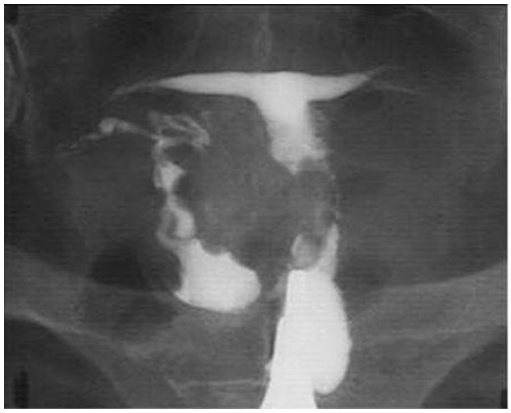
Questions relating to
1.Nazovite background diseases and cervical cancer.
2.Etiologiya background and pathogenesis of diseases of the cervix and uterus.
3.Diagnostika background diseases and cervical cancer.
4.Dif. diagnosis of cervical disease background and uterus.
5.Lechenie background cervical disease and cancer.
6. Name the background diseases and cervical cancer.
7.Etiologiya and pathogenesis of cervical cancer and uterine cancer.
8.Diagnostika cancer and cervical cancer.

9.Dif. diagnosis of cancer and cervical cancer.
10.Lechenie and prognosis of cancer and uterine cervical disease

The concept of " Precancer " includes a set of clinical and morphological features. Clinical signs include long-term (chronic) dystrophic process and the so-called benign tumors when they have a certain tendency to malignancy and morphological signs of precancer : atypical epithelium , focal proliferates (but without invasion) , cellular atypia . Recently suggested that typical early precancer more or less prolonged phase of non-proliferative changes , which is still poorly understood . Question about the biochemical features of tissues and cells in precancerous not sufficiently lit.



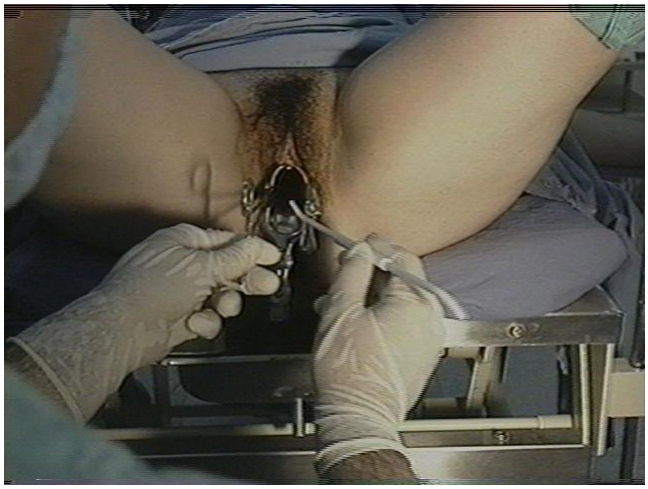
It is important to emphasize that not everyone goes to precancer cancer, ie transition from the stage of precancer (in the clinical sense) in cancer is not inevitable , and not always accomplished . This situation has not only theoretical , but also of great practical importance for the development of measures for prevention and treatment of malignant tumors, and especially cancer. Modern medicine has two ways for effective prevention of malignant opuheley :
1) prevent the development of precancerous process;
2) the treatment of precancerous process.



Against a number of malignancies female sexual apparatus (primarily cervical cancer) preminenie timely preventive measures is quite affordable and highly effective. Details will be covered in the relevant sections.
Leukoplakia , epithelial dysplasia .
To precancer are leukoplakia (some forms of epithelium), (dysplasia) basal hyperactivity cervix. Potentially dangerous against cancer should be referred only leukoplakia proliferative basal layer cells and epithelial atypia . They can be combined with pre-invasive cancer and

invazimnym .
Clinical symptoms such leukoplakia are nothing characteristic . The diagnosis is established by histological examination of the drug , resulting in targeted biopsy after kolpomikroskopi . Therapy is diatermokonizatsii cervix followed by observation. When vyyaalenii invasive cancer shown extended hysterectomy with appendages and radiotherapy .
Epithelial dysplasia of the cervix occurs in patients 32 ¬ -38 years , during pregnancy at an early age , in periodemenopauzy - rare. Young women dysplasia develops mainly in the epithelium of the vaginal portion of the cervix at an older age pathological process goes into the cervical canal . In these cases, we can talk about rezervnyhkletok dysplasia . This term refers to the epithelial cells of the small species, are often under prismatic mucosal epithelium of the cervical canal and gonads , as well as a low transition zone pseudostratified epithelium . At the heart of dysplasia are anaplasia and proliferation of basal cells , passing then to the upper layers , involved in this process and parabasal cells . For dysplasia characterized polymorphism cells, especially their nuclei , increased nuclear size , but without evidence of polymorphism , sometimes vascularization , large (up to 90 %) by mitosis and pathological mitoses (up 29%). Distinguish unsharp and pronounced form of dysplasia . The first HSE cases where proliferiruschy epithelium is half epitealnogo layer. When pronounced form of pathologically changed most of epitealnogo layer and also found changes in the epithelium with pronounced polymorphism and a significant number of mitoses in the deeper layers of the epithelium.
C and m p t o m a t o l o g and i . When dysplasia of the cervix is observed characteristic symptoms . Often determined by the corresponding changes in the cervix : pseudo (up 85%), endocervicitis , leukoplakia , preinvasive and invasive cervical cancer . A number of patients missing are any manifestations .
And D and g n o s t and a. Suspicion of cervical dysplasia may occur when kolpomikroskopii and cytological examination , diagnosis proves to be true by histological examination .

- Study using the mirror .
- cytology.
- Histological examination .
- Colposcopic biopsy .

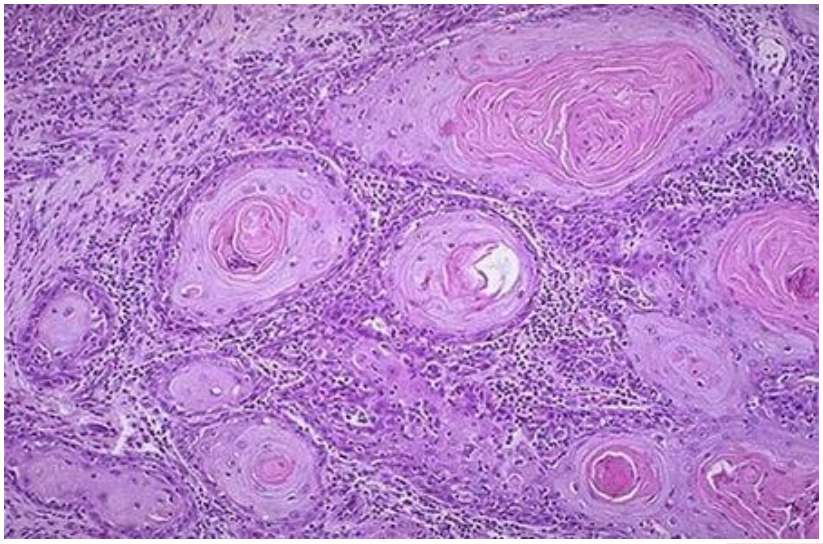


P ro g n o s . Depends on timely diagnosis and rational therapy . In these cases, it can be considered favorable.
Polyps cervical mucosa .
Usually it mucocele . On the question of whether the mucous polyps true tumor , the result of inflammation or hormonal disorders of ovarian function , there is no consensus . However, in favor of the latter view is the fact that the mucous cervical polyps are more common in women over 40 than in younger age.
The role of inflammation in the development of a polyp now firmly established. Malignant transformation of polyps cervical mucous is not observed.
Macroscopically such formation is in the form of nodes of different sizes from a few millimeters to 6.5 cm, growing in the form of elongated shape on a stalk of a polyp . In particular , the relatively rare cases and adenocarcinoma of the uterine cervix is in the shape of a polyp .

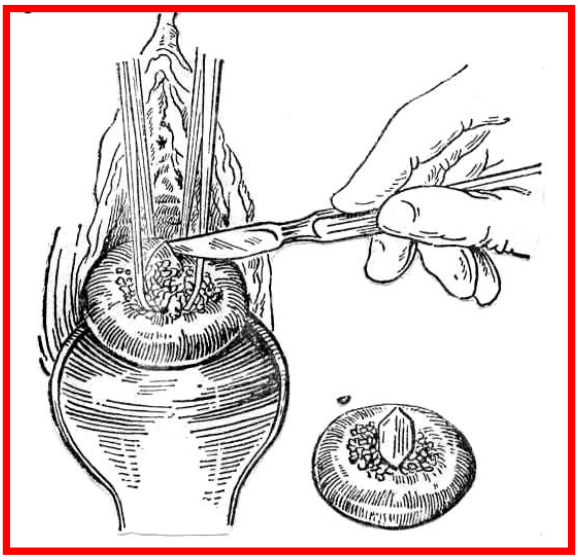
C and m p t o m a t o l o g and i . Osnavnaya symptoms of cervical polyps is beli (slimy, bloody), sometimes contact bleeding. Occasionally observed necrosis and infection of the polyp.
A e h e n e When a polyp of the cervix shows its removal and histological examination . Polyp on a thin stalk removed by unscrewing . When thick stalk must be sanctioned by her ligature followed by dissection . If the presence of bleeding polyp acyclic shown scraping the mucous membrane of the cervix .
Precancerous diseases of the endometrium.
These diseases include : atypical hyperplasia , focal adenomatous polyps and adenomatiznye . Macroscopically scraping endometrial precancerous changes it has no specific features; mucosa is thickened , sometimes polypoid type . Macroscopically atypical hyperplasia and adenomatous polyps endometrial glands and characterized by proliferation zheleztogo epithelium. Glandular epithelium often multilane sometimes differs polymorphism. Iron core rod- epithelium , ovoid or rounded shape . When atypical hyperplasia observed mitosis . Precancerous changes may be focal or capture the entire endometrium , in which case they are often detected on the background of glandular - ¬ cystic hyperplasia .
Development of precancerous changes in the endometrium contribute estrogens (long their introduction) , estrogenprodutsiruyuschie tumor scleroganglіac ovaries .
C and m p t o m a t o l o g and i . The main symptom in young women are anovulatory bleeding in elderly ¬ bleeding in menopause.
By Karlin and h e i s o f t h e e n e precancerous endometrial changes may regress , long exist without changes. Transition to cancer (especially postmenopausal) available (according to various authors) 2 - 45 % of cases.
And D and g n o s t and a. Diagnosis is based on histological data scraping the endometrium. Must uchitovat that adenomatous polyps are often localized at the bottom of the uterus and in the corners of the tube .
P ro g n o s . Depends on the timely recognition postayanno observation and rational therapy . In these circumstances, it is favorable.
A e h e n is the young age for hormonal therapy to restore normal menstrual cycle. Used for this purpose (5 - th day after curettage) synthetic progestins 17 - oksiprogesteronkapronat 5.12 and 19 - day cycle from 125 - 250 mg intramuscularly and ethinylestradiol 1 tablet (0.05 g) in 5 to 25 - day cycle or infekundin with a 5 - to 25 - day cycle 1 tablet for 3-4 cycles.
Must uchitovat contraindications: thrombophlebitis, liver disease. When pronounced atypical hyperplasia, adenomatosis and success of hormone therapy shows repeated histological examination of scrapings, endometrial, ovarian. When scleroganglіac shows resection of the ovaries, ovarian tumors at gormonoproduktsiruyuschey - delete it. In women over 50 years shows amputation or hysterectomy (depending on the state of the cervix).
Uterine cancer and cervical cancer.
Cervical cancer. Common in women aged 40 - 50 years and older. Distinguish exophytic, endophytic and mixed form of cervical cancer.
Exophytic form. Macroscopically tumor appears as a cauliflower. Proliferation processes prevail over the processes of decay.
Endophytic. Cancerous tumor grows into the interior of the cervix when it is dominated by the processes of decay.
Cervix takes the form of drums, formed by the decay of node extensive ulcer crater appear acyclic bleeding.
The histological distinction squamous and adenocarcinoma of the cervix. The spread of cancer occurs mainly in the lymphatic.
Microscopic examination

Clinic:
Cervical cancer is first on the general condition of patients is not reflected. The first symptoms are watery signal cables and contact bleeding. In the latter stages join pain, symptoms of the

adjacent organs (dysuria, constipation).
Common symptoms: malaise, pain, anemizatsiya, loss of appetite, sleep disturbance, cachexia, fever, generalized sepsis, peritonitis, pyonephrosis

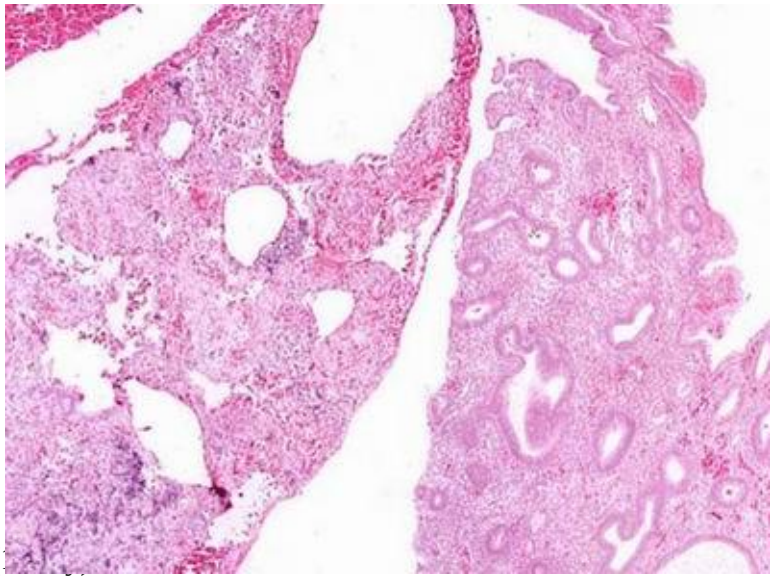


Diagnosis:



Research by means of mirrors;¬
Vaginal and rectal study;¬
cytological examination;¬
¬ colposcopy;
biopsy;¬
Histological examination;¬
¬ Schiller;
Urology study.¬
Inspection using mirrors¬
bimanual vaginitis - abdominal¬ study

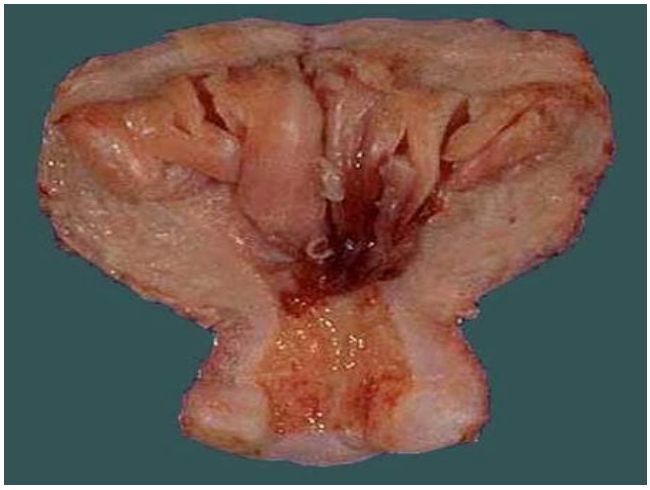
Dif. Diagnosis:
• Cervical erosion;
• Izyazvivshiysya ectropion;
• Tuberculosis;
• Syphilis;
• Chancroid;
• Uterine prolapse.



World TNM classification of cervical cancer (
T-primary tumor.
Tis - preinvasive cancer (Ca in situ).

T1-uterine cancer.
T1a - microinvasive cancer (mm 3).
T1b - invasive carcinoma.
T2-cancer, released beyond the cervix.
T2a - cancer, infiltrated into the vagina.
T2b - cancer infiltrated the parameter.
T3 - cancer, infiltrated in the third part of the vagina.
T3a - carcinoma third of the vagina.
T3b-carcinoma, spread to the pelvic area.
T4 - cancer that has spread beyond the pelvic area.

World TNM classification of cervical cancer (1985y)
N - Regional lymph nodes in the pelvis.
N0 - no metastases.
N1 - the presence of metastases.
N2 - palpiruyumye metastases.
Nx - definition impossible lymph nodes.
M - distant metastases.
M1 - the presence of distant metastases.
Mx - impossible their definition
Clinical - anatomical classification
Stage 0 - Tis
Stage I a - T1aN0M0
Stage I b - T1bN0M0
Stage II a - T2aN0M0
Stage II b - T2bN0M0
Stage III - T3N0M0; T1-3N1M0
Stage IV - T4M1
Treatment:
Stage I - combined treatment - operative and radiation therapy.
Surgical treatment - hysterectomy with peripheral and regional lymph nodes (iliakalnymi, hypogastric), small iliac fiber and third upper vagina. II - III stage-extra Radijnye roentgen radiation therapy.
Stage IV-symptomatic treatment.
Indications for radiotherapy:
Dissemination of the cancer¬ process.
Purulent processes in the¬ pelvic cavity.
generalized infection.¬
Changes in the blood¬ (leucopenia).
Severe liver damage.¬
The results of treatment of cervical cancer:
I stage-healthy for 5 years or more - 78.1%;
Stage II - healthy for 5 years or more - 57%;
Stage III - 31%;
Stage IV - 7.8%;
All steps of - 55%.
Hysterocarcinoma
Observed in women older than 50 years. Occurs 10 times less than cervical cancer.
Are 2 types of endometrial cancer:
restricted;⎫
Diffuse.⎭



Practical exercises №10

sterile marriage . Methods of contraception

Technological model of lesson:

Time-5h	Number of students - 10
Form of Teaching practice sessions	Practical exercises
Plan:	
Presents to the students the basic questions theme	
Methods and techniques of teaching	Teaching practice, blitz - poll Learning Tools, whiteboard, video
Conditions of Learning Auditorium	equipped with apparatus for video presentation

Flow chart of practical classes

Steps, **time** .	Teacher Introductory remarks on sterile marriage. About contraception	Student Announces theme classes, goal, study Questions, expected results lessons listen, write
Stage 1: Introduction - 10 min	Actively involved in learning basic questions submitted threads outlines the main issues	Gives questions for self-study students on the subject and topic of the next lesson
Stage 2: Main - (70 min.).	In order to attract the attention of students and assess their level of knowledge suits quiz on	Actively involved in the quiz on the major issues of the theme

. .	the Presents to the students the basic questions theme 1.Nazovite causes of female infertility. 2. What are the causes of male infertility. 3.Klassifikatsiya infertility. 4.Vedenie women with primary infertility. 5.Diagnostika female infertility. 6.Lechenie infertilitymajor issues of the theme	
Step 3: Final - (10 min.) practical training.	Clarifies ambiguities. Summarize prakticheskogogo zanyatiya.napominaet key questions that dealt in practice. Responds to issues of interest to students. Encourages the active participation of students in	Writes job for the following classes

Chronologycal map classes

№	Stages classes	Forms classes	Duration sequences in (Minutes)
1	Introductory word teacher (justification themes)		5
2	Discussion of the topic of practical classes, baseline assessment of students' knowledge with the use of new educational technologies (small groups, case studies, business games, slides, videos, etc.)	Poll explanation	120
3	Summarizing the discussion		10
4	Giving students tasks to perform the practical part of the lesson. Cottage explanations and notes for the task. Self Supervision		30
5	Mastering practical skills of students with teacher (Supervision thematic patient)	medical history, business games clinical case studies	45
6	Analysis of the results of laboratory and instrumental studies thematic patient, differential diagnosis, treatment plan and recovery, prescribing medications, etc.	Work with clinical laboratory instruments	30
7	Discussion of the extent to which target classes in the developed theoretical knowledge and practical results of	group recitation, quiz, debate, discussion of the results of practical work	50

	student work, and taking into account this evaluation of the		
8	Conclusion teacher in this occupation. Assessment of students' knowledge on 100 point system and its announcement. Dacha job to the next class (set of questions).	Information, questions for self-training	10

Interactive methods
Method "Web"
Steps:
1.Predvaritelno students are given time to prepare questions on the passed occupation.
2.Uchastniki sit in a circle.
3.Odnomu participant is given a skein of yarn and he asks his prepared question (which itself needs to know the full answer), hold the thread end, and shifting skein of any student.
4.Student, received a skein, answers the question (the party who asked him reply comments) and passes the baton to the issue further. Participants continue to ask questions and answer them, until everything will be in the web.
5.How Once all the students have finished asking questions, the student, holding a coil, returns to a participant, from whom he received the question, while asking a question, etc., to complete "unwinding" of the coil.

Note: Caution students that should be attentive to each answer, because they do not know who to throw skein.

The method of "Handle middle of the table"

Steps:
1.Predvaritelno teacher prepares questions by category (minimum of 2-3 questions for each student).
2. Participants sit in a circle.
3. Placed on the middle of the table handle.
4. One of the participants of the rotary knob.
5. Once the pen stop party on whom shows pen, answers the question of the teacher, and the remaining members may supplement.
6. After the party answers the question, it also rotates the handle for the next game.
7. Thus, the game lasts as long as the participants did not answer all the questions.

Practical skills

Bimanual examination gynecological patients

Objective: To study the method is considered a major gynecological patients to diagnose disease

Indications: a survey of all gynecological patients

Insturment: chair, gloves

1. explain to the woman about the upcoming procedure ineteresuyuschie answer her questions.
2. the woman is on the gynecological chair legs bent at the knee and hip joints.
3. manipulation performed under sterile gloves.

4. thumb and forefinger of his left hand pushing the labia majora.
5. right hand middle finger inserted into the back wall down vlagalischeottyagivayut then introduced the index finger of the same hand.
6. left hand palm porverhnostyu, placed on the anterior abdominal wall above the vagina and palpate deeper, poschupyvayut body of the uterus.
7. right hand fingers (index and middle) determine the shape, texture and length of the cervix, the state of its external os. Then fingers introduced into the front arch and between the inner and outer arms define the body of the uterus.
8. determine the position, size, tenderness, consistency, mobility of the body of the uterus.
9.pristupayut palpation appendages. Outer and inner fingers hands gradually moved away from the corners of the uterus to the side walls of the pelvis, appendages normally not palpable
10. determine the status of the parameter
11. determine the depth, tenderness, vaginal vault

Questions relating to

1.Nazovite causes of female infertility.
2. What are the causes of male infertility.
3.Klassifikatsiya infertility.
4.Vedenie women with primary infertility.
5.Diagnostika female infertility.
6.Lechenie infertility.

Tests

1. In a 28-day cycle, ovulation occurs when
a) 13-14
b) 8-11
c) 7-6
d) 20-21
e) 11-13

2. At what age often begin to menstruate
a) 8-9
b) 10-13
c) 14-17
d) 18-20
e) 13-14

3. What hormone is released from the ovary in the II phase of the cycle
a) estrogens
b) growth hormone
c) Luteinizing
d) Progesterone
e) FSH

4. Which consists of cycles uterine cycle
a) phase desquamation
b) follicular phase
c) phase secretion
d) phase of proliferation
e) phase of ovulation

f) luteal phase
g) regeneration phase

5. How many degrees will basal temperature in the follicular phase
a) 36,5-36,8
b) 37-38
c) 34 below
d) 35
e) differently

6. During the luteal phase that occurs in the endometrium of the uterus
a) Regeneration
b) Secretion
c) desquamation
d) proliferation
e) proliferation and regeneration
7. How is the hormonal function of the ovary
a) methods culdoscopy
b) the cytological study of vaginal smear
c) hysterosalpingography
d) bimanual examination
e) methods of biochemical blood tests
8.How pathology detected by TPD (Tests of functional diagnostics)

a) anemia of pregnant women
b) pyelonephritis pregnant
c) cardiovascular failure
d) the threat of termination of pregnancy
e) disruption of the menstrual cycle
9.How survey to evaluate the functional state of the ovary
workers

a) hysterosalpingography
b) endometrial biopsy
c) ECG
d) PCG
e) ultrasound of the uterus and appendages
10.How survey conducted to determine the assessment of the functional state of the adrenal cortex

a) cytology smear vlagalishnogo
b) the state of cervical mucus of the cervix
c) ferning
d) endometrial biopsy
e) Identification of 17 ketosteroids prednandiola testosterone

11.Ukazhite type cytologic picture with amenorrhea
a) I type reaction
b) II type reaction
c) II-III type reaction
d) IY type reaction

e) Y type reaction

12.How methods used in the diagnosis of intrauterine pregnancy
a). progestrennovaya trial
b) Ultrasound diagnosis
c) prednizalonovaya trial
d) vaginal examination
e) culdoscopy

13.How day of menstruation "symptom pupil" dramatically positive
a) 1-5 day
b) 6-8 day
c) 10-11 days
d) 12-14 days
e) 18-20 day
1.Kakovo efficiency Navy
a) 50-55%
b) 60-65%
c) 40-45%
d) 90-95%
e) 100%

Duration of use of non-pharmacological 2.Kakovo Navy
a) 1 year
b) 2-year
c) 3 years
d) 4 years
e) 5-6 years

3.With what necessary medication produces hormonal IUD
a) vikasol
b) kardiamin
c) eufilin
d) diphenhydramine
e) levonorgestrol

4. What a compulsory medical examination before IUD insertion is necessary?
a) analysis of blood sugar
b) Analysis of smear cytology
c) analysis of urine Zimnitskiy
d) analysis of feces on worm egg
e) analysis of cervical smear flora
5.Nazovite absolute contraindication to IUD
a) might be pregnant
b) acute inflammatory diseases of the internal and external genitalia, body cancer and cervical cancer
c) chronic inflammatory diseases of the internal and external genitalia in remission
d) iron deficiency anemia second degree
e) cardiovascular disease in the compensation stage
f) venereal disease to transfer 5 years ago

Infertility - the lack of pregnancy after 12 months of regular sexual intercourse without contraception. Frequency of infertile marriages Ranges from 10 to 20%. At a frequency of greater than 15%, infertility is one of the factors determining the demographic situation in the region. Distinguish between primary and secondary infertility. The definition of "primary" and "secondary" infertility relate only to the woman. If a woman has never been pregnant - is primary infertility. If she had at least one pregnancy, no matter what it ended (childbirth, abortion, miscarriage, ectopic pregnancy), the following is considered a secondary infertility. Causes of female infertility. Lack of ovulation 15-20% Diseases of the uterus 20-30% various gynecological diseases 15-25% Immunological infertility 3-4% Endocrine infertility.

Endocrine Infertility - Infertility is characterized by disturbance of the ovulation process. Endocrine sterility occurs 4-40% Anovulation - one of the most common causes of infertility. Chronic anovulation - a heterogeneous group of pathological conditions characterized by impaired cyclic processes in the hypothalamic - pituitary - ovarian system. The variety of clinical, biochemical and morphological changes characteristic of this condition. The clinical spectrum is represented MQM oligomenorrhea, amenorrhea, the presence or lack of galactorrhea, hirsutism and virilization in some employees. Blood levels of androgens and LH in anovulation can be both normal and high dostigat digits. Dimensions ovaries also vary widely - from normal to enlarged several times. Treatment of anovulation When giperprolakteneimii Parlodel (1.25-2.5 mg / day / if the content of prolactin in normal, then clomiphene (in the usual way: from the 5th to the 9th day of the cycle, 50 mg, with little effect of the dose can be increased to 100 - 15 - mg \ day), hCG (2000-3000 IU for 2-4-6 day increase in basal temperature) In connection with the disturbances in the hypothalamic-pituitary system (→ anovulation. LT ↓ «gestagen test + (clomiphene, hCG, pergonal) ↓ estrogen progestin able negative test (HCG, or pergonal RGLG) Androgenemiya, are associated with ovarian failure (dexamethasone (0.25 - 0.5 mg \ day) + clomiphene + CG) When ovarian hyperandrogenemia ↑ excretion of estrogen and polycystic ovaries (Progestogens + clomiphene agonist RGLG + CG). Failure of the luteal phase of the menstrual cycle. (NLF) It is a violation of ovarian function characterized by hypofunction of the corpus luteum of the ovary. Insufficient progesterone synthesis leads to inadequate secretory transformation of the endometrium, alter the function of the fallopian tubes, disruption of implantation of a fertilized egg, which clinically manifested infertility or spontaneous abortion in the I trimester of pregnancy. It is known that in the follicular phase of the menstrual cycle, progesterone production remains almost constant at a low level. Increase its concentration begins 1-2 days before ovulation and reaches the highest concentration of 7-8th day luteal phase. Believe that the mechanisms controlling the function of the corpus luteum include factors produced by the corpus luteum, and vneovarialnie factors. These include proteins, peptides, steroids and PG acting independently or in combination. Significant role in regulating the function of the corpus luteum also owns oxytocin, vozopressinu, especially in combination with LH, PRL, estrogen or NG. RGLG influence on the function of the corpus luteum to date is unclear, although there is evidence of its inhibitory action. Reasons NLF: dysfunction of the hypothalamic - pituitary, voznikschaya after physical and mental stress, trauma, neurological infection and etc. Found that when NLF FSH levels are lower than in healthy women. ovarian hyperandrogenism, adrenal or mixed origin. Functional giperprolaktenemiya. LPI can develop as a result of the effects of high concentrations of prolactin secretion and release gonodotropnyh hormones and inhibit steroidogenesis in the ovaries. lingering inflammation in the uterine appendages. Pathology luteum due to biochemical changes in the peritoneal fluid (high content of prostaglandins and their metabolites, macrophages, peroxidase). hypo or hyperthyroidism. Diagnosis NLF. The main symptom of LPI can be sterility or poor spotting for the 4th 5th days before menstruation. At diagnosis, apply the following methods. 1. Traditional methods is the measurement of basal body temperature. When the normal function of the corpus luteum duration of the luteal phase is 11-14 days regardless of the length of the menstrual cycle. LPI is characterized by shortening the second

phase of the cycle, the temperature difference in both phases of the cycle composes less than 0,6 ° C. 2. Assessing the level of progesterone in the blood, determination of pregnanediol excretion in the urine. Begin no earlier study 4-5 - th day of rise in rectal temperature, because the peak of progesterone synthesis accounts for 7-8 days after ovulation. When progesterone levels NLF reduced. The ideal is to determine its level during the second phase of the menstrual cycle 3-5 times. The level of progesterone in the blood plasma of 9-80 nmol \ L and urinary pregnanediol 3 mg \ day udovletvoritelnoy an indicator function of the corpus luteum. 3. When endometrial biopsy carried out for 2-3 days before menstruation, failure is detected secretory transformation of the endometrium. 4. Ultrasound scan follicular growth and endometrial thickness during menstrual cycle suggests NLF. 5. Laparoscopy produced after ovulation, allows us to observe "stigma" on the spot ovulirovavschego follicle, although the presence of ovulation does not mean a complete corpus luteum function. Treatment NLF. solution of progesterone during the second phase of the cycle 10 days before the onset of menstruation. Chorionic gonadotropin preferably administered on day 2-4-6 increasing basal temperature of 1500-2000 IU. Combined estrogen - progestin drugs are prescribed for the purpose reboud - effect for 2-3 courses. Clomiphene in the usual way: from the 5th to the 9th day of the cycle, 50 mg, with little effect of the dose can be increased to 100-150 mg. When hyperprolactinemia treatment recommended by 2.5-7.5 parladelom mg daily for 4-6 cycles. When hyperandrogenism prescribed dexamethasone 0.25-0.5 mg day with clomiphene. Prevention NLF. Is warning those pathological conditions, contribute to the development Cator NLF. Luteal follicle syndrome neovulirovayuschego This premature lyutenizatsiya ovulatory follicle without ovulation, characterized by cyclic changes in progesterone secretion and several delayed secretory transformation of the endometrium, the main clinical symptom is infertility.

Reasons: Not known. Pathogenesis: The follicle is increased to 35 mm but not broken and decreases. Listed giperndrogenemiya and metabolic disorders in the ovaries. Diagnosis: - Ultrasound (plateau effect) - Laporoskopiya (hemorrhagic zone without stigma) Treatment LNP syndrome. Special treatment LNF - syndrome does not exist. Currently, there are five main methods of treatment of anovulation. Stimulation of ovulation in hyperprolactinemia achieved appointment Parlodel 1.25 - 2.5 mg \ day after normalization of prolactin levels prescribed clomiphene, hCG, pregonal. When dysfunction of the hypothalamic-pituitary system with anovulation, low level of LH, a positive test gestogenovym used clomiphene, hCG, pergonal. A roll otdelny functions of the hypothalamic-pituitary system with low estrogen levels, negative gestagenovym testvom spend hCG therapy, Pergonalom: only when the reactivity of the pituitary will attempt to use RGLG. When hyperandrogenemia adrenal genesis requires corticosteroids in combination with clomiphene, hCG or pergonalom. When ovarian giperandroginemii with high excretion of estrogen, LH, and polycystic ovaries Progestogens used with combination with clomiphene or perganalom and hCG and RGLG and its agonists can activate follikolov maturation in the ovaries. Tubal-peritoneal infertility and how often it happens? So called combination tube and peritoneal infertility. Among the causes of female infertility and tubal peritoneal share reaches 70% of infertility. About tubal infertility say when the fallopian tubes are not able to perform its function. Cause of tubal infertility can be: • violation of the fallopian tubes, infantilism (hypoplasia); • organic lesion of the fallopian tubes; • lack of tubal. Decided to allocate two basic forms of tubal infertility: Violation of the fallopian tubes. Organic lesions of the fallopian tubes. The functional disorders include violation of the contractile activity of the fallopian tubes: hypertonicity, hypotonia, incoordination. Organic lesions include tubal obstruction, adhesions, torsion, sterilization, etc. Physiology of the fallopian tubes. Fallopian tubes are complex neurohormonal regulation aimed at obeespechenie transport function in the system of reproduction. Physiological processes occurring in the fallopian tubes, provide reception of sperm and egg, food and transport of gametes and embryos. Peritoneal form of infertility Develops as a consequence of inflammatory diseases of the genitals, after surgery genital organs Mologa pelvis and abdomen. A direct correlation between the extent of adhesions in the pelvis by the number of gidrotubatsy and the role of oil solutions used in the GHA.

Diagnosis of tubal infertility. 1. History 2. Chronic inflammatory diseases of the genital and other organs and systems. 3. Features of current post-abortion, post-partum, post-operative periods. 4. The presence of pelvic pain syndrome, pain during sexual intercourse, tuberculosis. 5. Character preceding contraception and duration of its use. 6. Frequency of sexual intercourse, change partners, inflammatory diseases of the partners, the nature of pain. 7. GHA 8. Laparoscopy Diagnosis of peritoneal form of infertility. Important role played by clinical history, indications migrated inflammatory disease, surgery on the pelvic and abdominal cavity. Particularly noteworthy are frequent invasive procedures: GHA gidrotubatsii and diagnostic curettage. Functional treatment of tubal infertility. Involves the use of psychotherapy, sedatives, tranquilizers, antispasmodic drugs, prostaglandin blockers (Naprosyn, indomethacin) in the ovulatory cycle days, correction of hormonal disorders. Found wide application balneotherapy - hydrogen sulfide baths. Treatment of tubal infertility with organic lesions of the fallopian tubes Apply as conservative and operative treatment. Conservative therapy, used in the treatment of chronic inflammation of the uterus, is not effective enough. With prolonged conservative treatment develop gross anatomical - functional disorders in the pipes: degenerative changes, fusion of mucosal folds, the development of connective tissue in the mucous and muscular layer of broken receptor apparatus, whose sensitivity to hormones already reduced due to chronic inflammation, which causes disturbance of steroidogenesis.

With no effect on the complex conservative treatment of tubal infertility within 1.5-2 years demonstrates the use of surgical, particularly microsurgical treatment.

Treatment of peritoneal form of infertility.

Is optimal anti-inflammatory therapy (prodigiozan, antibacterials, physical factors). Lack of pregnancy within 6-12 months. after treatment is an indication for laparoscopy.

Prevention of tubal infertility.

Provides prevention and timely treatment of inflammatory diseases of the genital organs of the spouses, the rational management of labor and the postpartum period, timely diagnosis and treatment of appendicitis.

Gynecological diseases that lead to infertility

Amenorrhea⎫

Intrauterine synechiae⎫

cervical disease⎫

⎫ Immunological

Psychogenic⎫

Some gynecological diseases as a cause of infertility.

Uterine form of amenorrhea. Amenorrhea causes of this can be repeated diagnostic curettage of the uterine mucosa: postnatal and postoperative complications; impact caustic chemical substances; endometritis different etiologies.

Diagnostics.

Subjective feelings of cyclic⎫ changes in the body with preserved ovarian function.

Survey tests of functional⎫ diagnostics and determination of levels of E 2 and progesterone indicates preservation of ovarian function.

Hormonal tests with⎫ progesterone combined estrogen - progestin preparations cycled negative.

When GHA and ultrasound uterine⎫ mucosa are thinned or intrauterine adhesions.

Hysteroscopy allows you to⎫ specify the location and nature of adhesions.

Treatment

Destruction of adhesions under control hysteroscopy, IUD insertion 2-3 menstrual cycles with the appointment of cyclic hormone. Atrophy of the endometrium, stored or more reduced ovarian function.

Forecast: the uterine form of amenorrhea is quite complicated and depends on the extent and depth of the lesion in the basal layer of the endometrium.

Final control of Gynecology

STATION-1

EMERGENCY SERVICES

ACCOUNT 1

Tell stages of emergency medical care at rupture of ovarian cysts.
ACCOUNT 2

Tell stages of emergency medical care for abortion has begun.
ACCOUNT 3

Tell stages of emergency abortion care to go.
ACCOUNT 4

Tell stages of emergency medical care to patients with incomplete abortion.
ACCOUNT 5

Tell stages of emergency medical care of patients with complete abortion.
ACCOUNT 6

Tell stages of primary care in juvenile bleeding.
ACCOUNT 7

Tell stages of emergency obstetric care for dysfunctional uterine bleeding in the reproductive age.
ACCOUNT 8

Tell stages of emergency obstetric care for dysfunctional uterine bleeding in menopause age.
ACCOUNT 9

Tell stages of primary care at the nascent fibroids.
ACCOUNT 10
Tell stages of emergency medical care in pulmonary edema.
ACCOUNT 11

Tell stages of emergency medical care in amniotic fluid embolism.
ACCOUNT 12

Tell stages of emergency medical care for thromboembolism.
ACCOUNT 13

Tell stages of emergency obstetric care in the expulsion of the Navy.
ACCOUNT 14

Tell stages of emergency obstetric care in case of bleeding in patients with uterine fibroids.
ACCOUNT 15

Tell stages of emergency obstetric care when pelvioperitonit.

ACCOUNT 16

Tell stages of emergency obstetric care in an ectopic pregnancy.
ACCOUNT 17

Tell stages of emergency obstetric care when apoleksii ovary.
ACCOUNT 18

Tell stages of emergency gynecological in septic shock.
ACCOUNT 19

Tell stages of emergency gynecological posthemorrhagic shock.
ACCOUNT 20

Tell stages of emergency medical care at afilakticheskom shock.

STATION-2

Recipes

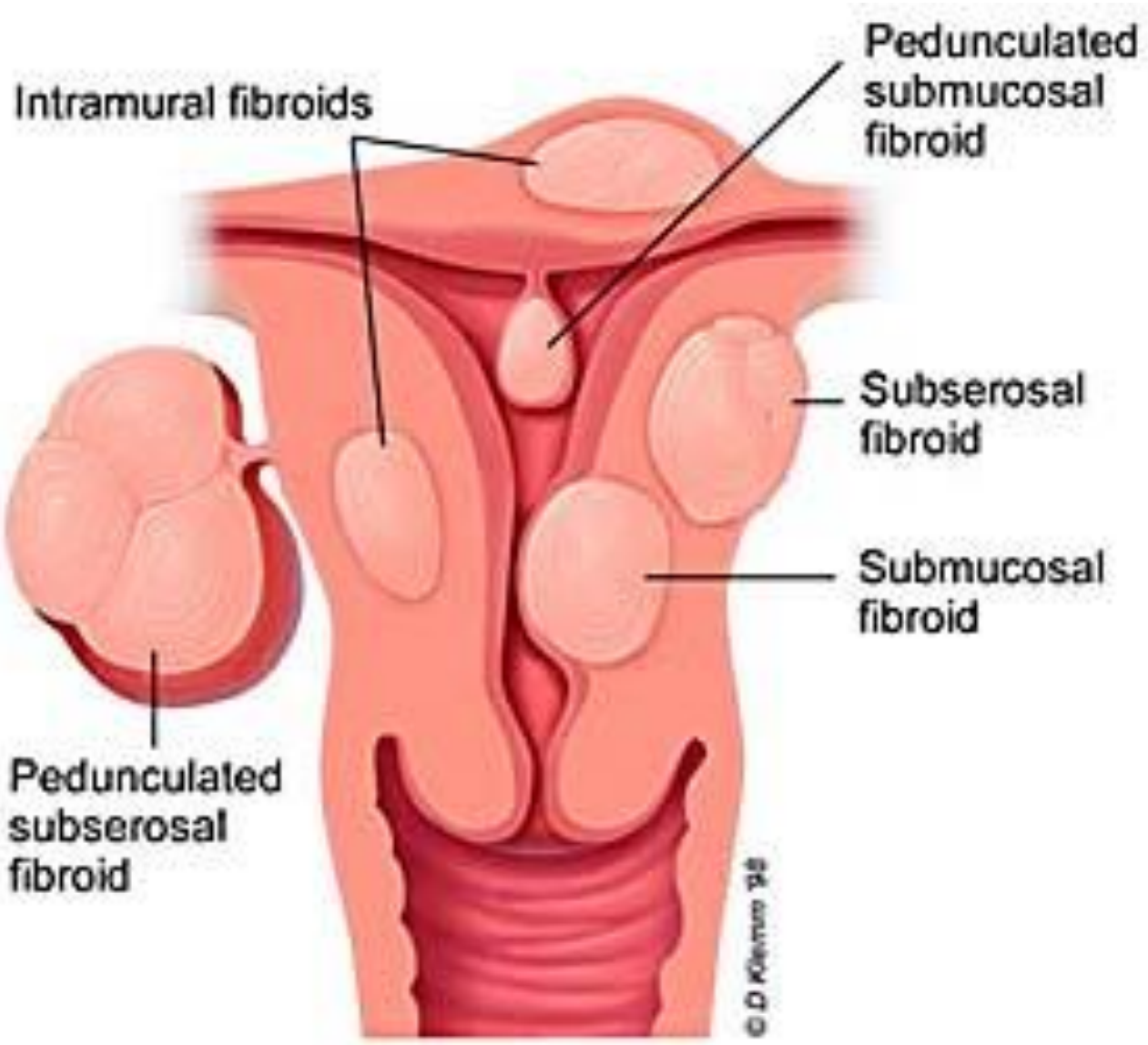
ACCOUNT 1
Write a prescription for oxytocin.
ACCOUNT 2
Write a prescription for tetracycline ointment.
ACCOUNT 3
Write a prescription for ginipral as injections and pills.
ACCOUNT 4
Write a prescription for ditsinon.
ACCOUNT 5
Write a prescription for the drug magnesium.
ACCOUNT 6

Write a prescription for dexamethasone.
ACCOUNT 7
Write a prescription for nifidipin.
ACCOUNT 8
Write a prescription for Refortan.
ACCOUNT 9
Write a prescription for papaverinovye candles.
ACCOUNT 10
Write a prescription for verapamil.
ACCOUNT 11
Write a prescription for methyldopa.
ACCOUNT 12
Write a prescription for labetalol.
ACCOUNT 13
Write a prescription for stabizol.
ACCOUNT 14
Write a prescription for cephalosporins.
ACCOUNT 15
Write a prescription for a cardiac glycoside.
ACCOUNT 16

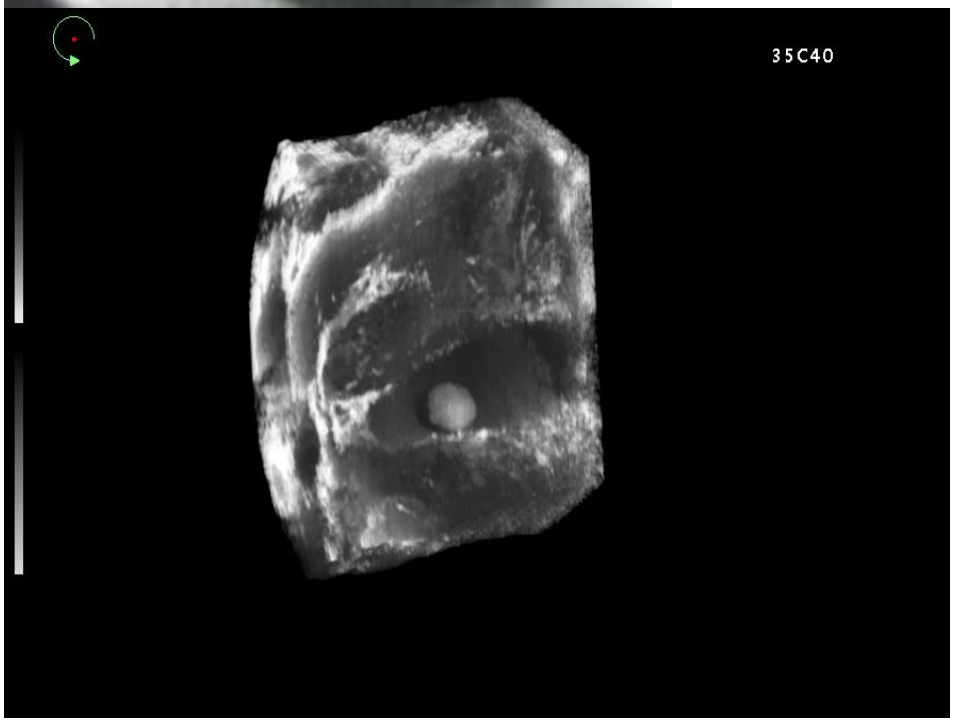
Write a prescription for immunostimulants.
ACCOUNT 17

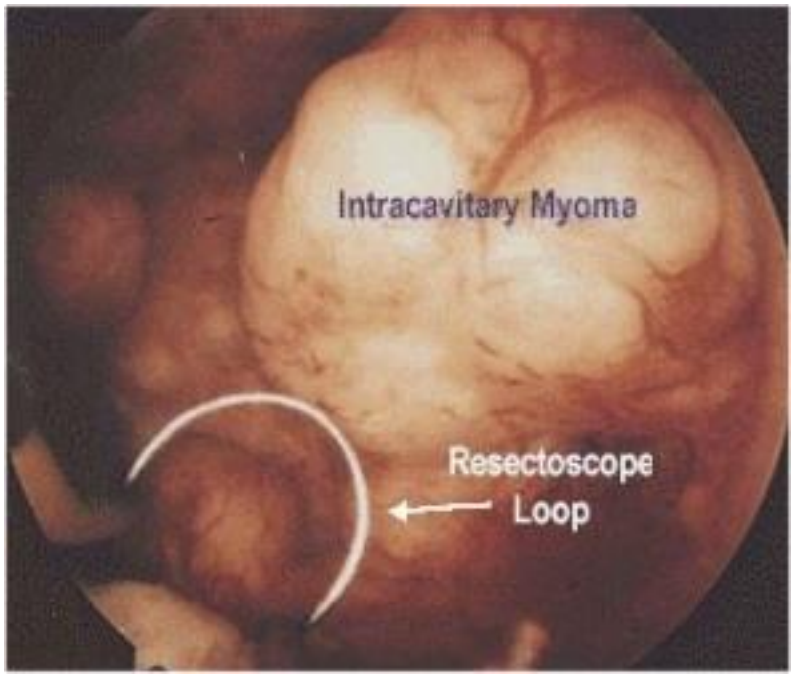
Write a prescription for anti-viral drugs.
ACCOUNT 18
Write a prescription for the drug antianemichesky.
ACCOUNT 19
Write a prescription for a medication containing iodine.
ACCOUNT 20
Write a prescription for promedol.

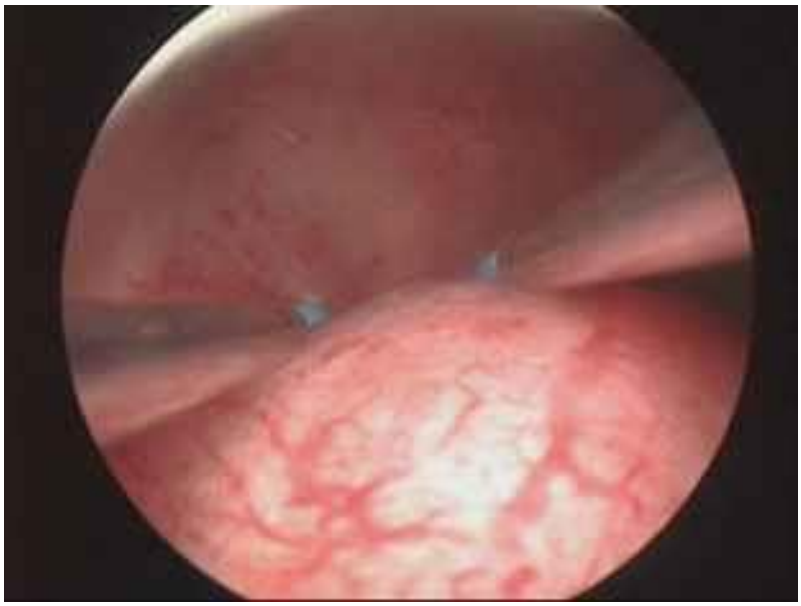
Slayds on the object gynecology:

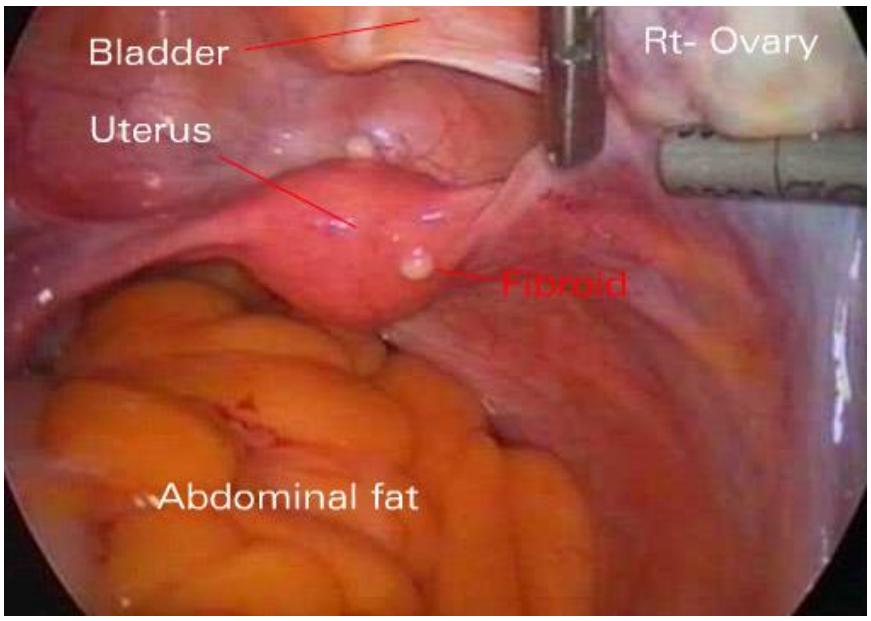

Intramural fibroids
Pedunculated submucosal fibroid
Subserosal fibroid
Submucosal fibroid
Pedunculated subserosal fibroid

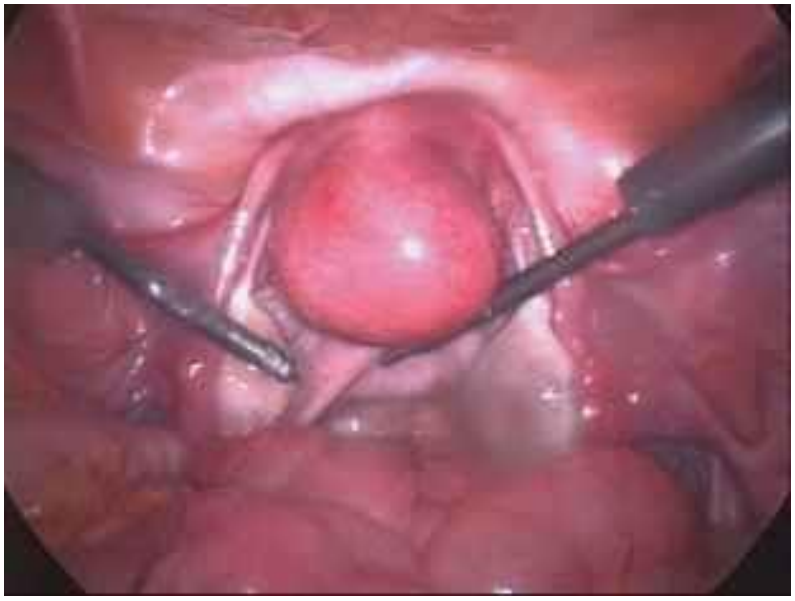

Fibroid

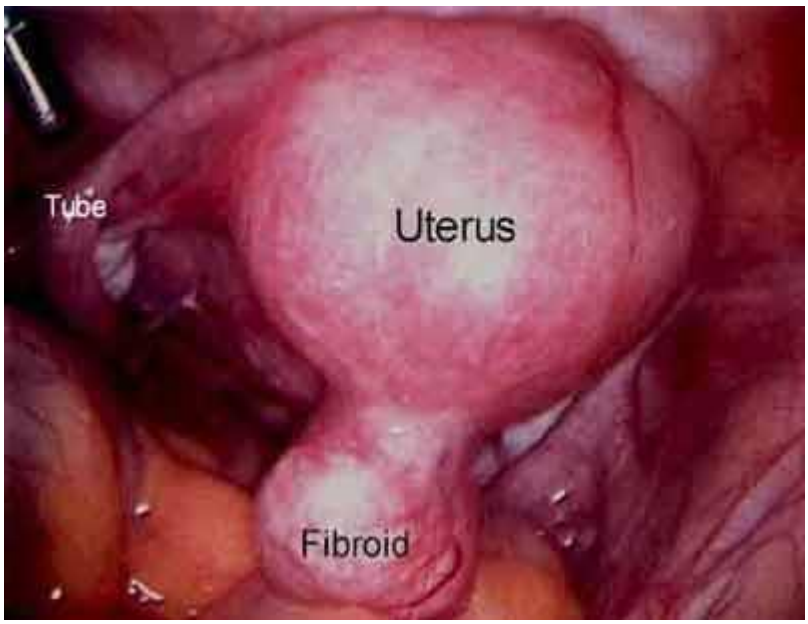

3 5 C 4 0


Intracavitary Myoma
Resectoscope
Loop




Bladder
Rt- Ovary
Uterus
Fibroid
Abdominal fat





DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
BUKHARA STATE MEDICAL INSTITUTE NAMED AFTER ABU ALI IBN SINA

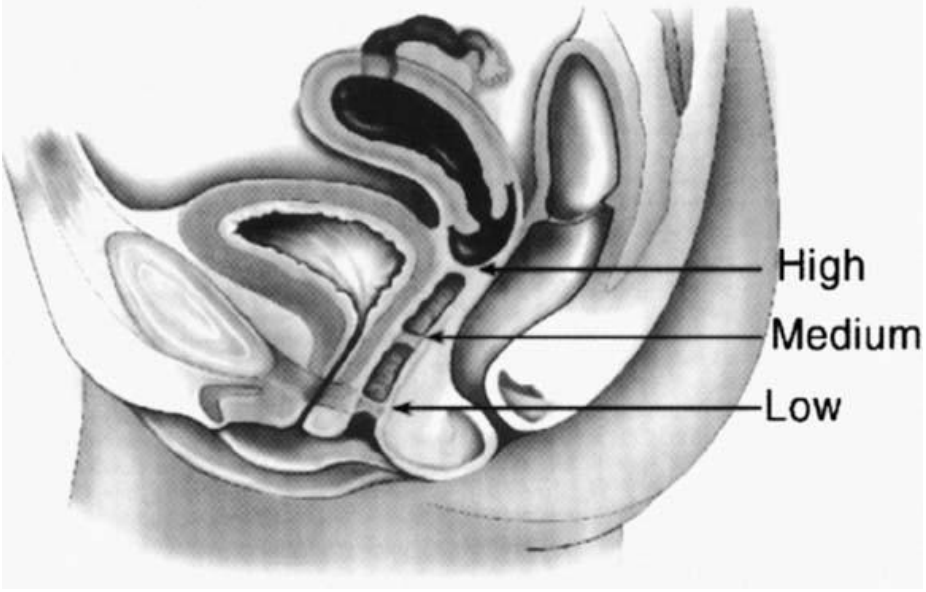
OVARIAN CANCER

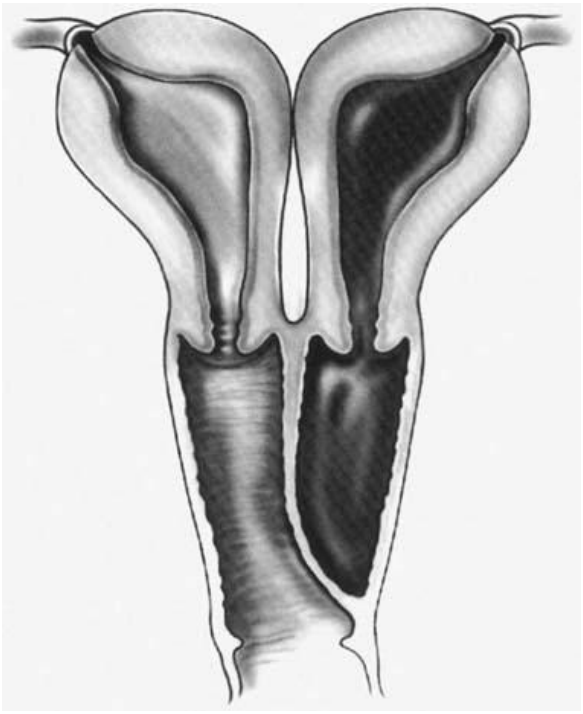
Created : c.m.s. Ikhtiyarova.G.A

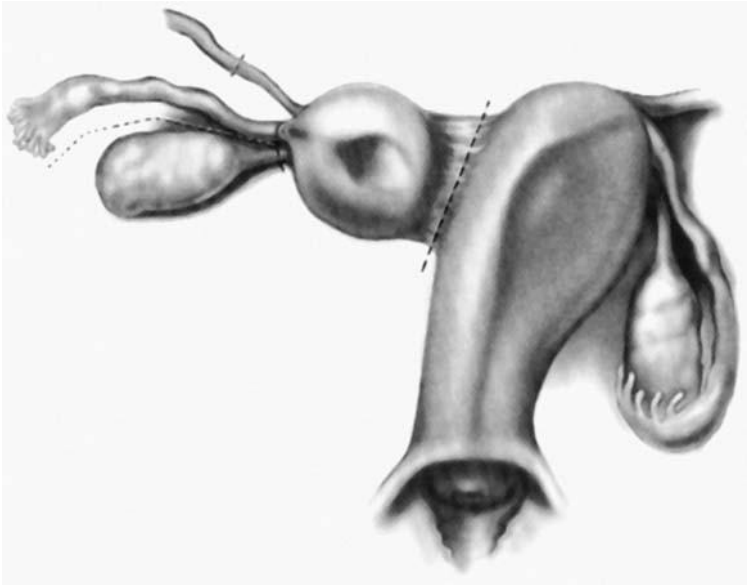
Department of Obstetrics and Gynecology
Bukhara State Medical Institute named after Abu Ali ibn Sina

Normal and Abnormal Embryology of the Female Genital Tract

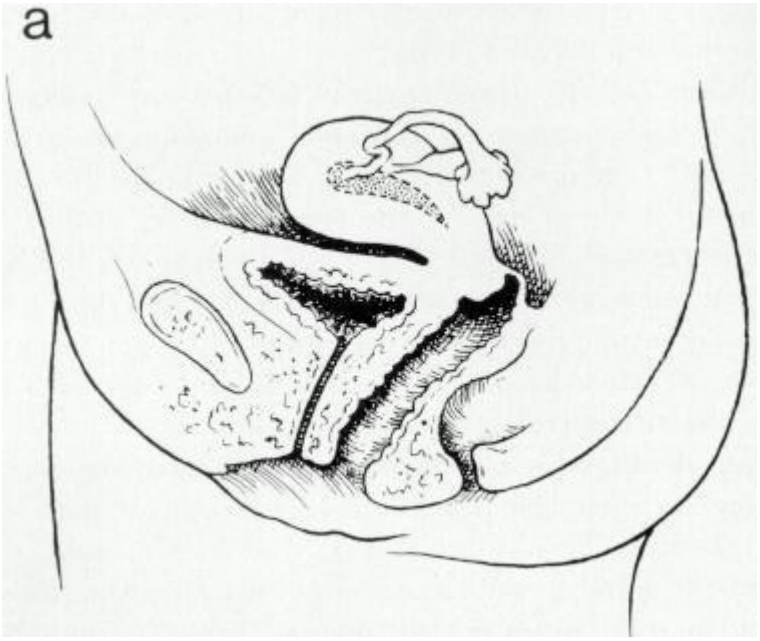
CREATED: Ikhtiyarova G.A



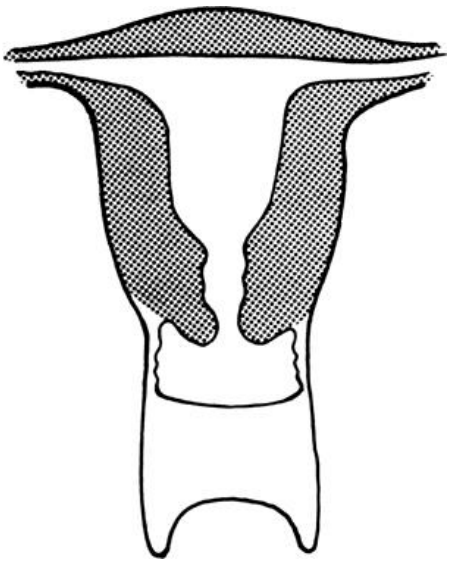




Rudimentary horn attached to the unicornuate uterus with a band of tissue. *Dashed lines* represent the dissection planes.



a, Isolated congenital cervical atresia with normal vaginal development. b, Congenital cervical atresia with complete vaginal agenesis



Vaginal atresia.(From Sarto GE, Simpson JL: Abnormalities of müllerian and wolffian duct systems. Birth Defects: Original Article Series 14(6a):37, 1978.)