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## 1. COMMUNITY MEDICINE

### PAPER WMC

1. A water sample was taken from a source that was supplying Nathigalia. On analysis it was declared unfit for human consumption on account of raised concentration of a chemical. The likely chemical which has resulted in making this water unfit?

- Iodine
- Calcium
- Zinc
- Chlorides
- Nitrites

2. A dentist pointed in basic health unit reports an increased incidence of dental caries in the children of that area. The important preventive measure that he should suggest to the health authorities is:

- Fluoridation of water
- Chlorination of water
- Filtration of water
- Boiling of water
- Use of aquatabs in water

3. A well in a rural area was contaminated with an unhygienic source nearby. The disease more likely to be transmitted through this well water:

- Trachoma
- Leishmaniasis
- Typhoid
- Dental fluorosis
- Goitre

4. A family having four members in a village were using coal fire. One day they were brought to the hospital with memory loss, breathing difficulty and unconsciousness. What is the most probable diagnosis?

- CO<sub>2</sub> poisoning
- Nitrogen dioxide poisoning
- CO poisoning
- Sulphur dioxide poisoning
- Nitrous oxide poisoning

5. Disposal of waste in a proper manner is essential in preventing a large number of diseases. Which one of the following is a hygienic way of disposing solid waste and is more suitable if the waste contains more hazardous material and organic content?

- Composting
- Incineration
- Oxidation
- Sub grading
- Dumping

6. Waste disposal includes as well as sewage. Sullage consists of:

- Solid vegetable waste matter
- Waste containing human excreta
- Inorganic waste
- Waste water from kitchen
- Organic waste

18. A 35 years old women who has completed her family visited a family planning center asking for permanent family planning method. Which of the following is the method of choice for this purpose

- a. Combined OCP
- b. Progesterone Only pills
- c. Intra-dermal implant
- d. Tubal ligation
- e. IUCD

19. Recently massive floods across the country have caused tremendous loss of human life and infrastructure. Which of the following terminology best suits disasters due to floods?

- a. Metrological
- b. Telluric
- c. Tectonic
- d. Topological
- e. Technological

20. A 45-year-old known diabetic patient comes to the outpatient department of tertiary care hospital He is having all the symptoms of the condition. Which of the following is the most appropriate test for checking mean plasma glucose concentration over the previous 8-10 weeks

- a. Fasting plasma glucose concentration
- b. Fructosamine test
- c. Haemoglobin a1c
- d. Oral glucose tolerance test (OGTT)
- e. Random blood sugar test

## 2. GYNAECOLOGY

### PAPER WMC

1. A 30 year old woman had symptoms of vaginal itching and discharge. On examination she had white chesy discharge adherant to walls of vagina with vaginal inflammation . The most likely causative organism is :

- a. Candida albicans
- b. Treponema pallidum
- c. Trichomonas vaginalis
- d. HIV infection
- e. Neisseria gonorrhoea

2. Amena, gravida 2 with gestation visited OPD for routine checkup, her BP was found to be 170/95 mm Hg .What advise did the doctor give her to report immediately if she has :

- a. Tinnitus
- b. Backache
- c. Lower abdominal pain
- d. Vomiting
- e. Swelling of feet

3. A 28 years old lady having two kids wants to plan her family. On examination she has found to be anemic. She also gives history of ectopic pregnancy last year. Which is the best method of contraception for her ?

- a. Progestasert
- b. Lippe's loop
- c. Multi-load
- d. Copper T
- e. Injectable contraceptives

4. A papsmear of 65 years old nulliparous lady reveals cells that are consistent with squamous cell carcinoma . Which one of the following conditions most likely contribute to this malignancy ?

- a. Endometrial hyperplasia
- b. Chronic endometritis
- c. Adenosis
- d. Use of contraceptive pills
- e. Human papilloma virus

5. Metastatic signet ring cell carcinoma in ovaries is called ?

- a. Krukenberg tumor
- b. Dysgerminoma
- c. Brenner tumor
- d. Teratoma
- e. Yolk sac tumor

6. In addition to personal or family history of breast or ovarian cancer, which of the following is a risk factor for endometrial cancer?

- a. Use of birth control pills
- b. Obesity
- c. History of STDs
- d. Nulliparity
- e. Polycystic ovaries

**7. Which of the following characteristics of developed countries may correlate with their higher incidence endometrial cancer?**

- a. Use of oral contraceptives
- b. Higher levels of air pollution
- c. High-fat diets
- d. Lack of condom use
- e. Sedentary life style

**8. Which of the following procedures is done if a woman with uterine fibroids wants to keep her uterus or become pregnant?**

- a. Cryotherapy
- b. Myomectomy
- c. Magnetic resonance-guided focused ultrasound surgery
- d. Radiofrequency ablation
- e. Uterine artery embolization

**9. Which of the following are etiologies of uterovaginal prolapse?**

- a. Aging
- b. Estrogen deprivation
- c. Intrinsic collagen abnormalities
- d. Acute and chronic trauma of vaginal delivery
- e. All of above

**10. All of the following are supports of the uterus except:**

- a. Mackenrod's ligaments
- b. Uterosacral ligaments
- c. Broad ligaments
- d. Pubocervical fascial
- e. Retrovaginal fascial

**11. All of the following are complications associated with pessary except:**

- a. B.vaginitis, ulceration of vaginal wall
- b. Cervicitis
- c. Carcinoma of vaginal wall
- d. Impaction of pessary
- e. Reduction of prolapsed

**12. Which sonographic parameter (s) is /are induced in the ultrasound criteria of PCOs (polycystic ovarian syndrome)?**

- a. Follicle number per ovary (FNPO)
- b. Cortex volume of the ovary
- c. Stromal echogenicity
- d. Stromal volume
- e. Stromal blood flow

**13. In polycystic ovary syndrome estrogen levels are elevated, increasing the risk of which of the following?**

- a. Metabolic syndrome
- b. Endometrial cancer
- c. Hirsutism
- d. Hypertension
- e. Ovarian cancer

**14. Acanthosis nigricans (areas of thickened, darkened skin), a symptom of polycystic ovary syndrome, is caused by which of the following?**

- a. Increased serum estrogen levels
- b. Increased serum progesterone
- c. Insulin resistance
- d. Obesity
- e. Prolactin level

**15. In woman of reproductive age, which of the constituents of normal vaginal flora keeps the vaginal pH in the normal range and prevents overgrowth of pathogens?**

- a. Lactobacillus species
- b. Micrococcus species
- c. Helicobacter species
- d. Bacteroides species
- e. Gonococcus species

**16. A middle aged woman presented with fishy odour vaginal discharge shows clue cells in a wet preparation. She probably has?**

- a. Bacterial vaginosis
- b. Chlamydia trachomatis

- c. Nesseria gonorrhoeae
- d. Trichomonas e.HPV

**17. Clue cells are seen in:**

- a. Bacterial vaginosis
- b. Vaginal candidiasis
- c. Chamydial vaginosis
- d. Trichomoniasis
- e. Gonorrhoea

**18. Infertility is defined when couple is unable to conceive after?**

- a. 4 years of unprotected sex
- b. 3 years of unprotected sex
- c. 2 years of unprotected sex
- d. 1 year of unprotected sex
- e. 6 years of unprotected sex

**19. The condition impaired the fertility is :**

- a. PCOD b. Fibriode
- c. Endometriosis d. Hydrosalphix
- e. All of above

**20. Procedures used to treat infertility are except:**

- a. ICSI (Intracytoplasmic sperm injection)
- b. IVF (In-vitro fertilization)
- c. IUI (Intrauterine insemination)
- d. HSG (Hystero-splango-graphy)
- e. All of above

**21. A P4 lady with all SVD presented with history of involuntary loss of urine during coughing and sneezing. What is most appropriate diagnosis?**

- a. Urge incontinence
- b. Stress incontinence
- c. Mixed incontinence
- d. Detrusor overactivity
- e. None of above

**22. Cause of stress incontinence:**

- a. Difficult vaginal delivery
- b. Prolonged 2nd stage
- c. Instrumental delivery

- d. All of above
- e. None of above

**23. A past-menopausal woman presented with urgency and urge incontinence which treatment is best st line treatment of her sympta?**

- a. Solifanacin (M3 receptor antagonist)
- b. TCA (Tricyclic anti depresment)
- c. Antiduretic drug
- d. Intra-vesicle therapy
- e. Dulozatine

**24. Other than HPV what is the risk factor for cervical carcinoma?**

- a. Smoking
- b. Weak immune system
- c. Family history of cervical cancer
- d. All of above
- e. None of above

**25. In general population, Who should be second for cervical cancer?**

- a. All teen age girl
- b. All woman between 21-65 years of agd
- c. Woman of 60 years
- d. Woman with vaginal bleeding
- e. After 1st intercourse

**26. How cervical cancer can be prevented?**

- a. Cancer
- b. Losing weight
- c. Healthy diet
- d. HPV vaccine
- e. Pap smear

**27. Which of the following symptom is uncommon presentation of ovarian cancer?**

- a. Abdominal pain
- b. Chest pain
- c. Weight loss
- d. Abdominal distention
- e. Back pain

**28. The risk factor for ovarian cancer include which of following?**

- a. Young age
- b. Nulli parity
- c. Muli parity
- d. Prolonged use of OCP
- e. Use of progesterone only pills

**29. In stage Ia ovarian cancer the which is true?**

- a. Cancer involve both ovaries
- b. Cancer involve one ovary
- c. Cancer involve both ovaries and surface of ovaries
- d. Cancer cell are also in fluid of abdomen
- e. Cancer cell in gut

**30. Which of the following hormonal contraception can not be used during lactation?**

- a. Mini pill
- b. Novplant
- c. DMPA
- d. Combined oral contraceptive pill
- e. Estrogen only pills

**31. The following condition are aggravated by combined oral contraceptive pill?**

- a. Hrsitism
- b. Endometriosis
- c. Dysmenorhoae
- d. Pre-menstrual syndrome
- e. Gential fungal infectia

**32. Mechanism of OCP include of following except?**

- a. Ovulation suppression
- b. Enhanced ovarian androgen production
- c. Altered cervical mucus
- d. Altered endometrium
- e. Altered tubal motility

**33. The main symptom of menopause is :**

- a. Hot flashes
- b. Night and sweats
- c. Vaginal dryness
- d. Sleep disturbances
- e. All of above

**34. The contraindication for use of hormonal replacement therapy (HRT) are:**

- a. Smoking
- b. Unexplained vaginal bleeding
- c. Coronary artery disease
- d. Breast cancer
- e. All of above

**35. The mean age for menopause:**

- a. 45 years
- b. 40 years
- c. 51 years
- d. 60 years
- e. 60 years

**36. Obesity increases the risk of endometrial cancer. Which hormone is thought to mediate this effect?**

- a. Teststerone
- b. Estrogen
- c. Insulin like growth factor I
- d. Thyroxine
- e. Growth hormone

**37. Choice adjective treatment for endometrial carcinoma stage1 grade 1v**

- a. Radiotherapy
- b. Chemotherapy
- c. Chemotherapy+radiotherapy
- d. No treatment
- e. Methdraxate only

**38. What is the term for no visible fetus in gestational sac?**

- a. Blighted ovarian
- b. Missed miscarriage
- c. Septic abortion
- d. Polar body
- e. Threatened miscarriage

**39. What is the approximate rate of recurrent misscariages?**

- a.1%
- b.10%
- c.50%
- d.90%
- e.40%

**40. At what level of S.BHCG can intrauterine gestational be detected with 50% sensitivity using vaginal sonography?**

- a. 100 miu/ml
- b. 500miu/ml
- c. 1000-1500miu/ml
- d. 3000miu/ml
- e. 5000miu/ml

**41. What is mean doubling time for BHCG levels in early pregnancy?**

- a. .24 hrs
- b. 48 hrs
- c. 72 hrs
- d. 96 hrs
- e. 100 hrs

**42. What is the most common ectopic tubal implantation ?**

- a. Fimbrine
- b. Ampulla
- c. Isthma
- d. Corina
- e. None of the above

**43. Complete molar pregnancy most commonly have which of the following genetic composition?**

- a.45x0
- b.45xy
- c.46xx
- d.47xxy
- e.69xyy

**44. The hallmark sign of GTN is which of the following?**

- a. Fever
- b. Seizurs
- c. Uterine bleeding
- d. Uterine discharge
- e. Pelvic vein thrombolism

**45. Primary treatment of molar pregnancy is which of the following?**

- a. Hysterectomy
- b. Suction curettage
- c. Oxytocin induction
- d. Misoprostal induction
- e. Antibiotics

**GMC 2023**

**1. A 28-year-old female patient with history of primary infertility, dysmenorrhea, painful stool defecation and abnormal bleeding. Laparoscopic findings show ectopic endometrial tissue with red hemorrhagic spots at the site outside the uterus. What will be the most likely diagnosis?**

- a. Adenomyosis
- b. Endometriosis
- c. Molar pregnancy
- d. Oophoritis
- e. Salpingitis

**2. DIRECT Microscopy smear examination of purulent discharge from genital tract can give definitely diagnosis of Neisseria gonorrhoea in?**

- a. Diabetes
- b. Children
- c. Man
- d. Pelvic inflammatory disease patient
- e. Woman

**3. Fibroid uterus may present with all of the following except?**

- a. Amenorrhea
- b. Irregular menstrual cycle
- c. Infertility
- d. Pelvic mass
- e. Poly menorrhoea

**4. Hysteroscopy is a technique used to**

- a. Remove ureteric stone
- b. Look inside uterus for abnormalities
- c. Remove testicular masses
- d. To see bowl for polyps
- e. Examine oesophagus

**5. Chocolate cyst a complication of endometriosis occurs in ?**

- a. Kidney
- b. Urethra
- c. Vagina
- d. Ovary
- e. Pouch of Douglas

**6. 48 years female under goes laparotomy because of a pelvic mass intraoperative it was unilateral ovarian mass a complete by omental involvement on frozen section serouscystadeno Carcinoma was found most appropriate action will be**

- a. Bilateral salpingoophorectomy + omentectomy
- b. Total abdominal hysterectomy+ bilateral salpingoophorectomy
- c. Ovarian cystectomy and omentectomy
- d. Unilateral oophorectomy+ omental resection
- e. Peritoneal washing+ Total abdominal hysterectomy+ Bilateral salpingoophorectomy+ Omental resection

**7. A 58 years female complaint of pain abdomen on workup there is 4 cm bilateral ovarian mass with septations were present on ultrasound, next step of management is**

- a. OCPS and anti-inflammatory
- b. Send tumor markers and decide accordingly
- c. Surgery
- d. Ultrasound guided aspiration
- e. Wait for three months and decide on follow up

**8. A G2P1 34 years at 29 weeks came to emergency department with sudden acute abdominal pain on workup there is 5.6 cm right ovarian mass. What is the most common ovarian tumor pregnancy?**

- a. Brenner's tumor
- b. Dermoid cyst
- c. Dysgerminoma
- d. Serouscystadenoma
- e. Krukenberg tumor

**9. An adolescent girl with complaint of lower abdominal fullness , on and of pain came to OPD on ultrasound 10.8 cm ovarian mass was found. Serum LDH is raised. What preferred mode of treatment you still suggest?**

- a. Cytectomy with radiotherapy
- b. Oophorectomy+ radiotherapy
- c. Surgery with preservation of uterus and normal ovary followed by chemotherapy
- d. Ultrasound aspiration followed by chemotherapy
- e. Total abdominal hysterectomy+ bilateral salpingectomy

**10. A 32 years old patient came to OPD with ultrasound report which shows bilateral ovarian masses with increased vascularity, and septations. She also gives history of weight loss and bloating there is family history of ovarian cancer on her maternal side . What is the percentage of malignant ovarian tumors having genetic predisposition?**

- a. 5-10% if only one 1st degree relative .....UpTo 10% risk

- b. 10-15% if two 1st degree relative..... upto 40% risk
- c. 22-25 %
- d. 40-50%
- e. 1-2%

**11. There are different treatment mobilities for cervical malignancy the decision is based on staging of CX cervix,we can proceed towards radical surgery before chemo and radio. Which of the following stage?**

- a. Stage 1a and Stage 1b
- b. Stage 2a
- c. Stage 3a
- d. Stage 3b
- e. Stage 2 b

**12. To prevent cervical cancer cervical screening program had been started. All women should be screened at the following age group**

- a. 12-50 years
- b. 15-60 years
- c. 25-64 years
- d. 18-60 years
- e. 20-64 years

**13. You are sitting in gynae clinic a patient para 6 has visited you with the report of cervical screening which showed moderate dyskaryosis with positive HPV testing. What will you do next?**

- a. Counsel patient & call for routine follow up visit
- b. Advise hysterectomy
- c. Repeat smear testing
- d. Referral for colposcopy
- e. Give symptomatic treatment only

**14. 56 years old para 7 presented with the complaint of post -menopausal spotting along with foul smelling discharge and also complaining of dysuria and urinary hesitancy along with lower abdominal pain , patient husband has been in gulf country for many years. On per speculum examination patient she has marked pallor and she is quite anxious. What is most probable diagnosis?**

- a. Menopause symptoms
- b. Pelvic inflammatory disease
- c. Cervical malignancy
- d. Cervical polyp
- e. Fibroid uterus

**15. A 47 years old para 5 presented to OPD with postcoital bleeding, intermenstrual bleeding and dysuria on per speculum examination there is flashy growth that is involving the cervix biopsy was taken and histopathology came out to be cervical malignancy. How will you proceed further to stage the disease?**

- a. Staging is done mainly radiologically
- b. CX cervix is staged surgically
- c. Staging is done clinically
- d. Staging is done histopathologically
- e. None of the above

**16. 52 years old lady had her last menstrual period 12 months back , presented in out-patient department with a complaint of hot flushes, abdomen and irritability. Which one of the following hormones is responsible for these Vasomotor changes?**

- a. Decreased levels of LH
- b. Decreased levels of progesterone
- c. Increased level of FSH
- d. Increased level of prolactin
- e. Reduced estrogen level

**17. A 50 years old para 6 has experienced a complaint of mood changes , hot flushes, irritability and loss of libido. She is very anxious about her symptoms and wants to get them treated. Which one of the following is an absolute contraindication to hormone replacement therapy (HRT)?**

- a. Chronic Liver disease
- b. Increased bone mineral density
- c. Previous history of benign breast disease
- d. Uncontrolled hypertension
- e. Uterine fibroid

**18. 55 years old women who has gone through her menopause, is very concerned that she may develop bone fractures. What is the most effective way of preventing pathological fractures in post - menopausal women?**

- a. Clonidine
- b. Combined oral estrogen and progesterone pills
- c. Phytoestrogen
- d. Selective serotonin reuptake inhibitor
- e. Vaginal estrogen

**19. 49 years old lady who is amenorrheic for the last 12 months, is complaining of increased sweating at night, hot flushes and disturb sleep patterns? She went to her GP where her laboratory tests were done in which she had raised FSH levels. Which one of the following is most appropriate for the diagnosis of menopause?**

- a. Absent menstruation for 1 year at this age.
- b. Bloating and irritability
- c. Changes in sleep pattern
- d. History of night sweats
- e. Raised level of FSH

**20. A 22 years old girl has a secondary amenorrhea of 12 months. She is being diagnosed with premature ovarian insufficiency. Which one of the following is responsible for this condition?**

- a. Increased estradiol level
- b. LH reduced and FSH increased
- c. Low FSH , Raised LH
- d. Raised FSH , low estradiol level
- e. Raised Gonadotrophins

**21. A 20 years old patient presents in outpatient department with a history of 2 months amenorrhea and vaginal bleeding. Her ultrasound report shows 8 weeks single viable intrauterine pregnancy. Per speculum examination shows close cervical Os with no active bleeding. What is your management in this case?**

- a. Oral antibiotics
- b. Oral misoprostol
- c. Oral mifeprstone
- d. Oral tranxamic acid
- e. Supportive treatment



**22. A 25 years old patient is presented in outpatient department with history of irregular menstrual bleeding. Her urine pregnancy test is positive and her ultrasound report shows 7 weeks intrauterine pregnancy with absent cardiac activity. What is your diagnosis?**

- a. Ectopic pregnancy
- b. Incomplete abortion
- c. Inevitable abortion
- d. Missed abortion
- e. Threatened abortion

**23. A 28 years old patient in emergency with a complaint of amenorrhea of 2 months, lower abdominal pain and heavy vaginal bleeding. Her urine pregnancy test is positive. Her blood pressure is 80/60 mmHg, pulse is feeble and speculum examination shows open cervical os with a passage of clots and fleshy protruding through the cervical os. What is your management?**

- a. Bed rest and reassurance
- b. Immediate evacuation and curettage
- c. Intravenous antibiotics
- d. Intravenous tranxamic acid
- e. Oral misoprostol

**24. A 22 years old nulliparous patient presents in outpatient department with a history of complete miscarriages at 8 weeks gestation. What is the most common aetiological factors for first trimester miscarriage?**

- a. Chromosomal abnormalities
- b. Drugs/ Chemical
- c. Medical disorder
- d. Perinatal infections
- e. Uterine abnormalities

**25. A 26 years old patient with vaginal bleeding and positive pregnancy test. Her ultrasound report shows a 8 weeks intrauterine pregnancy. What would it be reasonable to offer her, choose single best answer?**

- a. Laparoscopy
- b. Methotrexate
- c. Misoprostol
- d. Progesterone
- e. Serum HCG measurements

**26. A 55 year old woman with a history of obesity and hypertension visits her gynaecologist for a routine check up. She reports having irregular vaginal bleeding for the past two months. She is not taking any medications and has no family history of cancer. The gynaecologist suspects that she may have endometrial cancer and order a biopsy of her endometrium. What type of endometrial cancer is most likely in this case?**

- a. Adenoacanthoma
- b. Adenoacanthoma with squamous differentiation
- c. Clear cell carcinoma
- d. Endometrioid adenocarcinoma
- e. Uterine serous carcinoma

**27. A 60 year old woman presents to her gynaecologist with postmenopausal bleeding. She has no history of hormone replacement therapy. What is the most common clinical feature of endometrial carcinoma?**

- a. Abdominal pain
- b. Dyspareunia
- c. Postmenopausal bleeding
- d. Urinary incontinence
- e. Vaginal discharge

**28. A 52 year old woman with a history of obesity and diabetes is diagnosed with stage I endometrioid adenocarcinoma after experiencing abnormal uterine bleeding. She undergoes a total hysterectomy with bilateral salpingoophorectomy. The pathology report shows a grade 1 Tumor with no myometrial invasion. No cervical or ovarian involvement is seen. What is the most appropriate adjuvant therapy for her case?**

- a. Chemotherapy
- b. Combined chemotherapy and radiotherapy
- c. External beam pelvic radiotherapy

- d. No adjuvant therapy is required
- e. Vaginal brachytherapy

**29. A 45 year old woman with a history of breast cancer is prescribed tamoxifen , a selective estrogen receptor modulator (SERM), as part of her adjuvant therapy. She is aware that tamoxifen can reduce the risk of breast cancer recurrence , but also increase the risk of endometrial cancer. She asks her oncologist what she can do to prevent endometrial cancer while taking tamoxifen . What is the best advice that the oncologist can give her?**

- a. Avoid consuming alcohol
- b. Maintain a healthy weight and exercise regularly
- c. Stop taking tamoxifen & switch to another medication
- d. Should take a low dose aspirin daily
- e. Undergo regular endometrial biopsies to detect

**30. A 15 years old unmarried girl presented with marked anemia and haemoglobin of 5 gm/dl . She gave history of heavy irregular cycle since menarche, her Blood clotting profile is normal with normal platelet count. The most probable diagnosis is?**

- a. Chronic anemia
- b. Hemophilia
- c. Pubertal menorrhagia
- d. Vwb factor deficiency
- e. Worm infection

**31. A 35 years old women presented with heavy irregular menses she has experienced spontaneous miscarriages over past 5 years , her pelvic examination demonstrates an enlarged irregular uterus. Her haemoglobin is 8gm/dl . Her urine pregnancy test is negative. What is the most likely diagnosis in this case?**

- a. Adenaxal torsion
- b. Ovarian teratoma
- c. Endometriosis
- d. Pregnancy
- e. Fibroid uterus

**32. A 20 years old obese unmarried girl presented with amenorrhea for two months, she give history of infrequent menses with scanty flow. She developed facial hairs and temporal baldness. On ultrasound her uterus is normal with enlarged polycystic ovaries. What the diagnosis?**

- a. Cushing syndrome
- b. Ovarian cysts
- c. Polycystic ovarian syndrome
- d. Pregnancy
- e. Miscarriage

**33. A 34 years old female para 4 had contraceptive injection one month ago she presented with continuous per vaginal spotting there is no bleed free days she is very worried what could be the possible treatment?**

- a. Tab primulut N
- b. Tab Panadol
- c. Reassure and cap transamin
- d. No treatment
- e. Admit patient give iv antibiotics

**34. A 46 years old patient para 5 presented with irregular bleeding her family is completed and she wants cure for her disease . She had history of blood transfusion twice. She had multiple fibroids on ultrasound. Wants the treatment?**

- a. No treatment
- b. Myomectomy
- c. Hysterectomy
- d. Dnc
- e. Cap transamin

**35. Fibroid uterus is a**

- a. Benign tumor of smooth muscle of uterus
- b. Malignant tumor of smooth muscle of uterus
- c. Benign tumor of ovaries
- d. Malignant tumor of ovaries
- e. None of the above

**36. The most common benign gynecological of women's of reproductive age is**

- a. Cervical intraepithelial neoplasia
- b. Follicular ovarian cyst
- c. Leiomyoma
- d. Endometrial carcinoma
- e. None of the above

**37. Fibroids uterus are usually**

- a. Asymptomatic
- b. Symptomatic
- c. Lethal
- d. Aggressive in nature
- e. None of the above

**38. Growth of fibroid is dependent on;**

- a. Estrogen
- b. Progesterone
- c. Cortisol
- d. Estrogen and progesterone
- e. None of the above

**39. What is diagnostic test used for fibroids?**

- a. Ultrasound PELVIS
- b. MRI
- c. X-ray
- d. CT SCAN
- e. None of the above

**40. A 28 years old women trying to conceive for the last 8 years is having a history of irregular cycles. Now has presented to you with some vaginal spotting and severe pain in the right lower quadrant of abdomen . On her initial ultrasound scan in ER there is empty uterus with some collection in pouch of Douglas is reported. The most likely diagnosis in her case is.**

- a. Ruptured appendix
- b. Acute cholecystitis
- c. Ruptured ectopic pregnancy
- d. Mesenteric lymphadenitis
- e. Cecal perforation

**41. A 26 year old P1 who had a vaginal delivery 14 months back has been brought to emergency department with history of sudden fainting in kitchen. She is looking pale on examination with pulse rate of 120 beats per minutes, BP 80/60 mmHg. Per abdomen examination there is fullness in lower abdomen. On vaginal examination, cervical movements are very tender. The most appropriate management option for her would be.**

- a. Conservative management with blood transfusion
- b. Preparation for urgent laparotomy
- c. Dilatation and curemetage
- d. I/V Antibiotics
- e. Diagnostic laparoscopy

**42. A 34 year old woman who was under investigation for primary infertility presented with history of amenorrhea for 14 days and urine pregnancy test is positive. Her ultrasound scan reports empty uterine cavity but presence of right sided adnexal mass about 4x4 cm with increased vascularity. There is no free fluid in pouch of Douglas. The most appropriate treatment option in her would be.**

- a. I/M methotrexate with serial hCG
- b. Posterior colpotomy
- c. Diagnostic laparoscopy
- d. Exploratory laparotomy
- e. Serum progesterone levels

**43. A 36 year old patient has received an IM Methotrexate injection as medical line of management for her right sided ectopic pregnancy 8 days ago . She has now come for follow up with fresh hCG level reports . What levels of beta-hCG would be considered as satisfactory response of IM Methotrexate?**

- a. Half the initial level
- b. 2/3rd the initial level
- c. 25x or more below initial level
- d. 5% or below the initial level
- e. Rise of 10% at this stage of insignificant

**44. A 45 years old G3P2 has presented for her ante-natal check up at 16 weeks period of gestation. Her scan report shows an empty uterine cavity but presence of an alive intra-abdominal fetus . What is the most commonly used approach in this case?**

- Intra amniotic sac Methotrexate
- Expectant management until patient is hemodynamically stable
- Umbilical artery embolization then await fetal and placental response
- Laparotomy with delivery of fetus and placenta
- Fetal intracardiac KCL

**45. Bilqees is 38 year old women. She presented in OPD with complaint of profuse per vaginal bleeding. She also gives history of miscarriage 4 months ago . On examination uterus is soft & bulky, both ovaries appear enlarged and cystic. Pregnancy test is positive. The most likely diagnosis in above scenario is?**

- Abnormal uterine bleeding due to hormonal imbalance
- Fibroid uterus
- Incomplete miscarriage
- Persistent trophoblastic disease
- Threatened miscarriage

**46. Hameeda is 34 years old women diagnosed case of molar pregnancy. On examination her uterine size is about 26 weeks. What is the most appropriate method of treatment in this case?**

- Hysterotomy
- Hysterectomy
- Medical induction with prostaglandin
- Methotrexate intramuscular
- Suction and evacuation

**47. A 70 year old woman is being treated with raloxifene for osteoporosis. Which of the following is a concern with this case?**

- Breast cancer
- Endometrial cancer

- Venous thrombosis
- Hypercholesterolemia
- Hypocholesterolemia

**48. P7 , post-menupausal for 3 years , presented in OPD with heavy P/V bleeding \_on TVS, endometrial thickness is 10 mm e- normal pelvic structure. What will be the next investigation to proceed for diagnosis?**

- Hysteroscopy
- Pap smear
- Colposcopy
- Hysteroscopy direct biopsy
- Cone biopsy

#### KGMC 2023

**1. Emergency contraceptive pills are effective if administered after unprotected intercourse within**

a.12 hours	b. 24 hours	c.. 48 hours
d. 72 hours	e. 120 hours	

**2. The combined oral contraceptive pills contain two types of synthetic forms of hormones which are**

- Dopamine and Serotonin
- Estrogen and Progesterone
- Estrogen and testosterone
- Estrogen and Bromocriptine
- Prolactin and oxytocin

**3. Vaginitis can be seen most oftenly after menopause, the reason behind it is**

- increased chances of getting diabetes
- Increased frequency of urinary tract infections C. Decreases estrogen level in body
- Reduced immunity of body
- Reduced sexual activity

**4. Reproductive tract infections are common and a great burden for developing countries, RTD that is not completely curable is**

- |                   |                   |
|-------------------|-------------------|
| a.Candidiasis     | b. Genital herpes |
| c. Syphilis       | d. Trichomoniasis |
| e. Vulvovaginitis |                   |

**5. A 24-year-old male patient visits his GP complaining of pain in his left knee. On further questioning he also describes a burning sensation on urination and he has noticeable conjunctival inflammation, he has had several sexual partners and has not always used protection.**

- a. Chlamydia trachomatis
- b. Neisseria gonorrhoea
- c. Mycoplasma genitalium
- d. Treponema pallidum
- e. Trichomonas vaginalis

**6. Secondary amenorrhea is feature of:**

- a. Imperforated hymen
- b. Testicular feminization syndrome
- c. Pregnancy
- d. Sickle cell disease
- e. Mullerian agenesis

**7. Regarding PCOS which is not true:**

- a. Estradiol levels are high
- b. Increased sensitivity to insulin
- c. Chances of conception with ovulation induction are high
- d. Androstenedione levels are high
- e. Sex-hormone binding globulin are high

**8. The commonest cause of Subfertility is:**

- a. Tubal obstruction
- b. Male factor
- c. Chronic anovulation
- d. Hyperandrogenemia
- e. Hypothyroidism

**9. Hirsutism can be found in all of the following conditions except:**

- a. Polycystic ovarian syndrome
- b. Danazol therapy
- c. Adrenal hyperplasia
- d. Oral contraceptive pills
- e. Androgen secreting ovarian tumor

**10. The most common mass associated with amenorrhea in a reproductive age women is:**

- a. Follicular cyst
- b. Corpus luteal cyst.
- c. Benign cystic teratoma.
- d. Leiomyoma.
- e. Pregnancy

**11. In Sheehan's syndrome, changes that take place include all of the following except:**

- a. Complete lactation failure
- b. Feeling of lethargy
- c. Genital atrophy
- d. Amenorrhea.
- e. Increased basal metabolic rate

**12. A 45 years old female Para 2 is presented with secondary amenorrhea of seven months. She expresses the desire to conceive again. After exclusion of pregnancy, which of the following tests is indicated next?**

- a. Hysterosalpingogram
- b. Endometrial biopsy
- c. Thyroid function tests
- d. Testosterone and DHEA level
- e. FSH and LH

**13. The commonest cause for infertility**

- a. Tubal obstruction
- b. Male factor
- c. Chronic anovulation
- d. Hyper Androgens
- e. Hypothyroidism

**14. Polycystic ovarian diseases, all of the following can be seen, EXCEPT:**

- a. Acne
- b. Streak ovaries
- c. Insulin resistance
- d. Hirsutism Galactorrhea
- e. Galactorrhea

**15. Urge incontinence:**

- a. is due to pelvic anatomic defect.
- b. Patient loses small amount of urine.
- c. Can be diagnosed with stress test.
- d. Can be treated medically.
- e. Can be treated surgically with sling

**16. the most likely cause of abnormal uterine bleeding in 13yrs old girl**

- a. uterine cancer
- b. Trauma
- c. Anovulation
- d. Systemic bleeding diatheses
- e. Pregnancy

**17. A 61 year old lady becomes Incontinent Immediately after a transvaginal repair of grade 3 cystocele.**

**This is most likely due to**

- a. Detrusor instability
- b. Partial bladder denervation
- c. Underlying urethral deficiency
- d. Latrogenic urethral damage
- e. Latrogenic bladder neck injury

**18. A 60 year old woman develops urinary leakage of urine and is found to have a ureterovaginal fistula 5 days after TAH after complete evaluation.**

**Attempts to pass antegrade and retrograde stent is unsuccessful. The most appropriate management is.**

- a. Observation
- b. Ureteroneocystostomy
- c. Ureteroureterostomy
- d. Percutaneous nephrostomy (PCN)

**NWSM 2023**

**1. A 18 years Nulliparous obese girl came to Gynae OPD with complaining of Oligomenorrhea, scanty flow, you advise ultrasound. On ultrasound multiple cyst present in ovary , she is also complaining of hirsutism . What would be the cause of oligomenorrhea in this patient?**

- a. Polycystic ovarian syndrome

- b. Adrenarche
- c. Physiological cause
- d. Obesity
- e. Hirsutism

**2. A study of patients with with post menopausal uterine bleeding reveal that some of them have malignant neoplasms that arise from prior atypical hyper plastic lesions. The peak incidence is between 55\_65 years of age in women who have obesity, hypertension and/ or diabetes mellitus. These tumors have mutation of PTEN gene and tend to remain localized for years. Which of the following neoplasms is most likely to have these characteristics?**

- a. Clear cell carcinoma
- b. Endometrioid carcinoma
- c. Leiomyocarcoma
- d. Malignant mixed mullerian tumor
- e. Serous carcinoma

**3. A 42-year-old woman has a pap smear as a part of routine health maintenance examination. There are no remarkable findings on physical examination. The pap smear shows cells consistent with a high grade squamous intra epithelial lesion (HSIL) with human papillomavirus subtype 18 . Cervical biopsy specimens are obtained , and microscopic examination confirms the presence of extensive moderate dysplasia (CIN II) along with intense chronic inflammation with squamous metaplasia in the endocervical canal . What is the most likely explanation for proceeding with cervical conization for this patient?**

- a. She is at risk for invasive carcinoma
- b. Human papillomavirus infection cannot be treated
- c. She is Peri menopausal
- d. She has chronic cervicitis
- e. Her reproductive years are over

**4. A 32-years-old lady presented to OPD with the complaint of chronic vaginal discharge. Her pap smear was taken and the result came out to be inadequate cervical cytology. What is the further management of this patient?**

- a. Repeat cervical cytology in 3 months
- b. Repeat cervical cytology in 6 months
- c. Repeat cervical cytology in 1 year
- d. No action needed
- e. Cervical biopsy

**5. A 28-years-old woman complains of regular but heavy menstrual cycle and abdominal discomfort. Her abdominal examination reveals 14 week size irregular uterus. Her pap smear is normal. The best next step in her management would be?**

- a. Continued observation
- b. Endometrial biopsy
- c. Hysterectomy
- d. Laparoscopy
- e. Pelvic ultrasonography

**6. A 49 year old perimenopausal woman has had menometrorrhagia for the past 3 months. On physical examination, there are no remarkable findings. The microscopic examination of the endometrial biopsy specimen shows simple cystic hyperplasia. The patient undergoes dilation and curettage and the bleeding stops with no further problems. Which of the following conditions is most likely to produce these problems?**

- a. Chronic endometritis
- b. Ovarian mature cystic teratoma
- c. Pregnancy with missed abortion
- d. Repeated failure of ovulation
- e. Use of oral contraceptives

**7. A 23 years old lady presented to you in the gynae clinic with complaints of burning micturation and increased urinary frequency. What is the most common organism causing urinary tract infection?**

- a. Proteus mirabilis
- b. Pseudomonas

- c. E.coli
- d. Klebsiella
- e. Streptococcus

**8. A 29 years old woman who has never been pregnant presents after 2 years of inability to conceive. She has a history of asthma, frequent urinary tract infections and an appendectomy for a ruptured appendix. Her cycles are regular every 30 days. Her husband has two children from first wife. What is most likely cause of their infertility?**

- a. Anovulation
- b. Endometriosis
- c. Fallopian tubal occlusion
- d. Fibroid uterus
- e. Male factor infertility

**9. What is the approximate incubation period for primary syphilis after exposure to the causative agent?**

- a. 1-3 days
- b. 1-3 weeks
- c. 1-3 months
- d. 1-3 years
- e. 1-3 decades

**10. A 37 yrs old nulligravida presents with her 39 yrs old partner with sub fertility of 7 yrs..during history the female partner complains of severe pain during menstrual cycles which is not relieved by oral painkillers and she has stated using injectable painkiller, she also complains of heavy flow..she also complains of dysmenorrhea..one examination revealed uterus with restricted mobility and tender on examination...ultrasound scan shows bilateral adnexal masses with small fundal intramural fibroid...what could be the cause of her subfertility?**

- a. Adenomyosis
- b. Fibroid uterus
- c. Endometriosis
- d. Ovarian masses
- e. Pelvic Adhesion

**11. A patient is trying to prevent pregnancy by using rhythm method. At which time during woman's cycle is the most fertile?**

- a. Days 1-5
- b. Days 9-16
- c. Days 17-21
- d. Days 22-28
- e. Days 24-28

**12. A P5 patient with 38 years age came to OPD with complaining of heavy menstrual bleeding from last one year, on ultrasound her uterus is normal in size and shape no pathology present, endometrial thickness is 5mm, patient wants treatment for heavy menstrual bleeding also wants contraception. Her last baby born is 2 years. What is the most suitable option for this patient?**

- a. Cu T intrauterine device
- b. Mirena
- c. OCPS
- d. Implant
- e. Emergency contraceptive pills

**13. A woman 26 years old, para 1, last baby 24 months of age is interested in contraception. She has normal BMI. She wants some long acting method of contraception which should not disturb her BMI as she is weight-conscious. a) condoms b) oral pills c) copper containing contraceptive device d) medroxy progesterone injections e) emergency contraceptive pill**

- a. condom
- b. copper containing IUCD
- c. medroxy progesterone injection
- d. oral pills
- e. Emergency contraceptive pill

**14. What is a reversible contraceptive method that involves injecting hormones every three months to prevent pregnancy?**

- a. Depo-Provera shot
- b. OIUD
- c. Vasectomy
- d. Female condom

**15. A 31 yrs old G2 p1 presents to delivery suite with history of 6 weeks amenorrhoea and severe abdominal pain along with nausea and vomiting and vaginal spotting. Her hCG is 7000 IU/ml and ultrasound shows about 5\*5 cm complex mass in left tubal region with moderate amount of free fluids. Her BP is 90/60 pulse 100/min RR 12/min what will be management plan?**

- a. Inj Methotrexate 50 mg/kg
- b. Laparoscopic salpingostomy
- c. Laparotomy and salpingectomy
- d. Laparoscopic salpingectomy
- e. Total abdominal hysterectomy

**16. The three delays model proposes that pregnancy related mortality is overwhelming due to various reasons of delay in seeking appropriate medical intervention for an obstetric emergency. Which of the following is the most common cause of maternal death in developing nations?**

- a. Getting adequate nutrition
- b. Receiving health education
- c. Getting appropriate transport
- d. Getting adequate food supplements
- e. Receiving adequate & timely health care at health facility

**17. Syphilis is a sexually transmitted infection caused by which specific bacterium, known for its spiral shaped appearance under a microscope?**

- a. Neisseria gonorrhoeae
- b. Treponema pallidum
- c. Chlamydia trachomatis
- d. Mycobacterium tuberculosis
- e. Streptococcus pyogenes



## KMC 2023

1. A 32 year old pregnant female presents with burning micturation, frequent urination and urgency for 2 days. On examination there is suprapubic tenderness, urine R/E shows leukocytes positive nitrates and leukocyte esterase. A drug that causes sequential blockade of enzymes in bacterial folate synthesis, is to be avoided in this patient for which off the following adverse effects in the fetus?

- Ebstein anomaly
- Ototoxicity
- Teeth defects
- Neural tube defects
- Limb hypoplasia

2. A female patient presents to the OPD with complaint of vague discomfort in the lower abdomen and abnormal uterine bleeding for the past one year. Ultrasound scan and biopsy of the lesion showed the diagnosis of Mendumetria adenocarcinoma. With regards to the diagnosis, what is the peak incidence of endometrial adenocarcinoma?

- At any age
- Perimenopausal years
- Premenopausal years
- Postmenopausal years
- Reproductive years

3. A couple had given birth to three children after 5 years of their marriage. They planned another baby but at a weeks of pregnancy amniocentesis was done and baby was found out to be born with down syndrome. Now the parents want to terminate the pregnancy. Which type of sterilization is this?

- Contraceptive sterilization
- Compulsory sterilization
- Eugenic sterilization
- Permanent sterilization
- Therapeutic sterilization

4. During workup for fertility, a 34 year old man is found to have a 1x1 cm solid swelling in anterolateral aspect of right testis What is the most probable diagnosis?

- Torsion of the testis
- Epididymo orchitis
- Epididymal cyst
- Lipoma of the cord
- Testicular cancer

5. A 25 years old woman presents with vaginal bleeding and a positive pregnancy test. Her transvaginal ultrasound shows a non-viable Intrauterine pregnancy. What would be reasonable to offer her? Choose the best answer.

- laparoscopy
- Methotrexate
- Misoprostol
- Progesterone
- Serum hcg measurement

6. Uterine prolapse is usually due to weakness of

- Broad lligament
- Ovarian ligament
- Pubocervical ligament
- Transverse cervical ligament
- None of the above

7. A 24 years old gravida 2 para 1 presented with 4 months pregnancy and vaginal bleed since one week. On ultrasound there was show storm appearance of uterus with absent fetal echoes and cardiac activity. Most probable diagnosis is

- Ectopic pregnancy
- Intra uterine death
- Missed abortion
- Molar pregnancy
- Spontaneous abortion

8. A 54 year old women attends the gynaecology department with postmenopausal bleeding. A transvaginal ultrasound measures her endometrial

thickness as 8 mm an endometrial biopsy shows Moderately differentiated adenocarcinoma cells.

**What is the most appropriate staging investigation?**

- a. Chest Xray
- b. CT scan of her thorax, abdomen and pelvis
- c. Hysteroscopy
- d. MRI pelvis
- e. Transabdominal ultrasound

**9. A 32 year old woman has a pelvic ultrasound as part of investigations for primary subfertility. The scan shows bilateral 5cm kissing ovarian cysts in the pouch of Douglas, both of which contain diffuse, low-level echoes Biving a solid ground-glass' appearance. She reports severe dysmenorrhea and dyspareunia. What type of ovarian cysts are these most likely to be?**

- a. Dermaid cysts
- b. Endometnomas
- c. Hemorrhagic functional ovarian cysts
- d. Tubo-ovarian abscesses
- e. Serous cystadenomas

**10. A 25 year old lady presents in 3rd trimester of pregnancy with burning micturition and Increased urinary frequency. The commonest organism for UTI in pregnancy is:**

- a. E. coli
- b. Klebsiella sp
- c. Proteus
- d. Pseudomonas
- e. Salmonella

**11. A 55 years old woman presents with recurrent episodes of postmenopausal bleeding and post coital bleeding Her previous gynaecological history is unremarkable, with a lifetime of normal cervical smears. She is not on any drugs, including HRT. Pelvic ultrasound and endometrial biopsy are normal. Vaginal examination demonstrates vaginal dryness, small petechiae and loss of rugae. What is the most appropriate next step in her management?**

- a. Estrogen containing vaginal pessaries/creams
- b. Flexible cystourethroscopy
- c. Outpatient hysteroscopic asaassessment of the endometrium.
- d. Transdermal continuous combined HRT
- e. Water based vaginal lubricants

**12. In the workup of a patient with cervical cancer, otherwise confined to cervix of normal size an Intravenous pyelogram shows hydronephrosis It indicates which stage**

- a. Stage Ia
- b. Stage IIb
- c. Stage IIIb
- d. Stage IV a
- e. Stage IVb

**13. A young girl 25 years old presented with complaint of menorrhagia, abdominal pain O/E there was a 20 week size mass arising from hypogastrium the most likely diagnosis is**

- a. Pelvic inflammatory disease
- b. Fibroid uterus
- c. Endometriosis
- d. Ovarian cyst
- e. Mesenteric cyst

**14. A 35 year old women presents to infertility clinic with investigations suggesting anovulation. Which drug is used for ovulation induction. BY**

- a. Clonidine
- b. Clomiphene
- c. Estrogen
- d. GnRH analog
- e. Progesterone

**15. A women was advised combined oral contraceptive pills by the women medical officer in a BHU for her family planning purpose after consideration all the parameters. What is the appropriate day of menstrual cycle to take her first tablet?**

- a. 1st day of menstrual cycle
- b. 2nd day of menstrual cycle
- c. 3rd day of menstrual cycle
- d. 4th day of menstrual cycle
- e. 5th day of menstrual cycle.