

# Gyne

## MULTIPLE CHOICE QUESTIONS

1.Descent of the upper two third of anterior vaginal wall is called:

- A.Rectocele
- B.Cystocele
- C.Vault prolapse
- D.Urethrocele

2. “The process of conception occurring in fallopian tube is carried out in laboratory and fertilized ovum is then placed in uterine cavity”.This procedure is:

- A.Gamete Intrafallopian Transfer
- B.Intrauterine insemination
- C.Zygote Intrafallopian Transfer
- D.In Vitro Fertilization

3.“Bleeding of any amount which is acyclical and occurs irregularly and continuously”

- A.Menorrhagia
- B.Polymenorrhea
- C.Polymenorrhagia
- D.Metrorrhagia

**4. 5.Which of the following is the risk factor for uterovaginal prolapse:**

**A.Multiparity**

**B.Menopause**

**C.Raised intra-abdominal pressure**

**D.Congenital weakness of pelvic floor**

**E.All of the above**

**5. Uterus sparing procedure in which cervix is amputated at the level of internal os and cardinal ligaments are tied to each other is called:**

**A.Vaginal hystectomy**

**B.Cesarean section**

**C.Manchester repair**

**D.Sacrocolpopexy**

**6. Indication for colposcopy is:**

**A. Abnormal Pap smear**

**B. Suspicious looking cervix**

**C. Prior to ablative/excisional treatment of cervix for CIN**

**D. All of the above**

**7. While prescribing danazol to a patient, she should be counselled regarding its:**

**A. Gastrointestinal side effects**

**B. Renal side effects**

**C. Androgenic side effects**

**D. Ocular side effects**

**8. A 24 year old G2P1 had her last menstrual period 9 weeks ago. She presents with heavy bleeding and passage of fetal tissues per vaginum. BP is 90/50mmHg, Pulse is 120/min, Resp rate is 22/minute. The patient collapsed. What will you do**

**A. Manage the patient on outpatient basis**

**B. Start misoprostol regimen**

**C. Immediately resuscitate the patient and shift for surgical evacuation**

**9. Syphilis is a common systemic sexually transmitted infection caused by:**

**A.A fungus**

**B.The spirochete**

**C.A helminth**

**D.A virus**

**10.Treatment of cervical carcinoma stage IIb-IV is:**

**A.Cervical conization**

**B.Hysterectomy**

**C.Radiotherapy**

**D.None of the above**

**11. What is the best way of termination of pregnancy in a bicornuate uterus with a 14 weeks missed miscarriage?**

**a.Dilatation and currettege under ultrasound guidance**

**b.Uterotonic drugs**

**c.Dilatation and currettege under laproscopy**

**d.Hysterotomy**

**12. Rokitansky syndrome is:**

- A. agenesis or hypoplasia of left kidney**
- B. agenesis or hypoplasia of vagina and uterus**
- C. agenesis or hypoplasia of cervix**
- D. agenesis or hypoplasia of ureters**

**13. Which is the main stay of treatment for choriocarcinoma:**

- A.Radiotherapy**
- B.Surgery**
- C.Chemotherapy**
- D.Conservative management**

**14.Second degree uterovaginal prolapse is characterized by:**

- A.Complete protrusion of uterus outside introitus**

- B.Descent of uterus within vagina**
- C.Descent of uterus upto introitus**
- D.Descent of cervix below the ischial spines**

**15. Which of the following is NOT a cause of secondary dysmenorrhea:**

- A.Imperforate hymen**
- B.Endometrial polyp**
- C.Adenomyosis**
- D.Gartner's duct cyst**

**16.Complete lack of Mullerian duct fusion leading to double uterus,double cervix and double vagina.This condition is called:**

- A.Unicornuate uterus**
- B.Uterus didelphys**
- C.Mullerian agenesis**
- D.Septate uterus**

**17. An STD for which there is an approved, effective vaccine is:**

- A. Herpes**
- B. Hepatitis B**
- C. Candida**
- D. Chlamydia**

**18. Azoospermia refers to:**

- A. Sperm concentration is  $<10$  million/ml**
- B. Motility of sperm is  $<50\%$**
- C. Morphology of sperm is abnormal**
- D. Report having zero sperm count**

**19. A main cause of adolescent menorrhagia is:**

**A. Coagulopathy**

**B. Endometrial carcinoma**

**C. Leiomyoma**

**D. Cervical erosion**

**20. Majority of vaginal cancers are:**

**A. Squamous cell carcinomas**

**B. Adenocarcinomas**

**C. Paget's disease**

**D. Clear cell**

#### **KEY OF MULTIPLE CHOICE QUESTIONS**

**1.B**



2.D

3.D

4.E

5.C

6.D

7.C

8.C

9.B

10.C

11.B

12.B

13.C

14.C

15.D

16.B

17.B

18.D

19.A

20.A.

A 55 year old woman presents with first episode of postmenopausal bleeding. Which of the following is diagnostic investigation?

A

Dilatation & curettage of endometrium

B

Hysteroscopy

A 55 year old woman presents with first episode of postmenopausal bleeding. Which of the following is diagnostic investigation

- A Dilatation & curettage of endometrium
- B Hysteroscopy
- C Saline infusion sonography
  
- D Pipelle Biopsy
- E **Transvaginal scan**

A 25 year old lady presents in 3rd trimester of pregnancy with burning micturition and increased urinary frequency. Which one of the following is most difficult to treat organism for UTI

- A **E.Coli**
- B N. gonorrhoea
- C Staph. Aureus
- D Pseudomonas
  
- E Klebsiella

An obese diabetic 46 year old woman presents with heavy, and prolonged menstrual bleeding. Which of the following investigations will help us most in her management?

- A MRI pelvis
- B Cervical Smear
- C Saline infusion sonography
  
- D ~~Transvaginal scan~~ **endometrial biopsy**
- E Transabdominal ultrasound

---

A 28 year old pregnant lady in her third pregnancy at 28 weeks gestation has presented with pain in lower abdomen. On examination she is vitally stable, and Fetal heart sound are audible, she is not in labour or having show or leaking per vagina. Her past record shows fibroids. She has no other co-morbidities. What can be the most likely cause of her pain?

- A Preterm labour
  
- B UTI
- C **Red Degeneration of fibroid**

- D Placenta previa
- E Peptic ulcer diseases

---

A 46 year old school teacher presents with symptoms of leaking urine on coughing, sneezing and while exercising. She is not obese, has no co-morbidities. On examination she has moderate cystocele and minimal rectocele. What is the best non-pharmacological management?

- A avoidance of weight lifting
- B **Supervised pelvic floor exercises**
- C weight loss
- D Burch Colposuspension
- E Insertion of mid urethral tape

---

A 48 year old woman presents with worsening frequency, urgency and nocturia despite limiting caffeine intake, bladder re-training and quitting smoking. Which of the following drugs can be used as 1st line of management?

- A Oxybutynin
- B Tolterodine
- C **Topical Estrogen creams**
- D Darifenacin
- E Solifenacin

---

Urodynamic testing is recommended investigation of choice in which of the following patients?

- A ~~vesicovaginal fistula~~ **all patients presenting with urinary incontinence**
- B urinary Bladder stones
- C polycystic kidney disease
- D urethral strictures

E Recurrent urinary incontinence symptoms

---

A 50 years old morbidly obese diabetic lady with chronic urinary symptoms presented to a gynaecologist. Which of the following is not an options for the management of stress urinary incontinence in this patient

Burch colposuspension

A

B Transvaginal mesh

C Pelvic floor muscle exercises

D Urethral bulking agents

E Urinary diversion

---

A 14-years old girl at the age of menarche, presented to a gynaecologist with the complaints of periodic lower abdominal pain for the last 1 year. Her ultrasound was unremarkable. What is the most likely diagnosis?

A recurrent appendicitis

B Imperforate hymen

C H. Mole

D ovarian cyst

E Transverse vaginal septum

---

A 16-years old girl presented to gynae OPD with primary amenorrhea. She has normal secondary sexual characteristics. Which of the following investigations will suggest the diagnosis of Primary ovarian failure?

A high Serum FSH and LH levels and high estrogens

B chromosome karyotyping

C Normal Testosterone

D low Serum FSH and LH levels and high estrogens

E high Serum FSH and LH levels and low estrogens

---

A 15- years old girl presented to gynae OPD with primary ammenorrhea. An Ultrasound confirms absence uterus and cervix. Which of the following will exclude the diagnosis of hypogonadotrphic hypognoadism?

- A normal Serum prolactin level
  - B Chromosome Karyotyping
  - C normal LH and FSH
  - D Beta HCG
  - E normal testosterone levels
- 

a bulky uterus with mennorrhagia in a 55 years woman with Diabetes and delayed menopause will suggest the possibility of which if the following condition?

Cervical Carcinoma

- A
  - B Endometrial Carcinoma
  - C Ovarian Carcinoma
  - D Uterine Prolapse
  - E Vulval Carcinoma
- 

Which of the following is the most improtant investigations ia a 60 years old lady with endometrial carcinoma to stage the disease with an increased endometrial thickness?

CT Scan thorax and abdomen

- A
  - B culposcopy
  - C Hysteroscopy
  - D MRI pelvis
  - E Pipelle
- 

A 17 years old thin lean girl has delayed menarche and is asymptomatic. All the relevant investigations are normal. What can the the cause of this condition?

- A turner syndrome
  - B imperforate hymen
  - C Constitutional delay
  - D Premature ovarian failure
  - E Klinefelter syndrome
-

---

A 20 years old married female presented with severe lower abdominal pain and vaginal bleeding. She gives history of amenorrhea for the last 4 months. On physical examination, there is tenderness in right iliac fossa. On examination she is having a BP of 70/40 and is pale. what is the most likely diagnosis?

Acute appendicitis

- A
- B **Ectopic pregnancy**
- C ovarian cyst rupture
- D Pelvic inflammatory disease
- E Urinary tract infection

---

A 23 years old female, primary gravida with 8 weeks POG presents with a sharp right lower quadrant pain and vaginal spotting. Her vital signs are stable. On examination, she has mild abdominal tenderness on right side. Which investigation should be performed for diagnosing ectopic pregnancy?

Blood type and Rh factor

- A
- B Complete blood count CBC
- C Serum beta hCG
- D Serum progesterone
- E Transvaginal ultrasound

---

A 30 years old woman with history Of pelvic inflammatory disease presented to the emergency department with sudden onset right lower quadrant pain with nausea and vomiting. On examination, her abdomen is tender and bp 90/60, pulse 102, ultrasound shows right sided complex adnexal mass and fluid in pouch of Douglas suspected to have Ectopic ruptures pregnancy. What is primary treatment for this patient?

- A hysteroscopy
- B Bed rest and symptomatic treatment

- C mefirostone therapy
  - D laparotomy
  - E evacuation and curritage
- 

A 25 years old women came to opd with 2 months amenorrhea with slight spotting since 1 day with no abdominal cramps or pain. Her Urine pregnancy test is positive. On bimanual exam uterus is 8 weeks size and on per vaginal examination os is closed. What do you do next to confirm the diagnosis?

- A B HCG
  - B CBC
  - C Ct scan
  - D Hormonal profile
  - E Transvaginal ultrasound
- 

An infertile woman underwent phalopian tube patency test and was found to have blocked tubes. What is the next step in the management of this patient?

- A culposcopy
- B cervical biopsy

- C Laparoscopy
- D Repeat Hysterosalpingography

E surgical reconstruction of tubes

---

A 25 years old women G3P2 with 12 weeks period of gestation came to opd with complain of mild spotting and period like pain from last 2 days , she is vitally stable. Her last period was 4 months back. Per abdomen exam, soft non tender. Per vaginal exam os was closed with no bleed. Her ultrasound report shows of a single intrauterine fetus with absent cardiac activity. Other findings were unremarkable. What will be the possible diagnosis.?

- A. Complete miscarriage
- B. Inevitable miscarriage
- C. Incomplete miscarriage
- D. Missed miscarriage
- E. Threatened miscarriage

---

A 25 years old woman was referred by her GP to gynae opd with facial hair growth and acne. She first noticed the problem when she was 18 years old. her medical history shows borderline hypertension. Her BMI was 29. Her cycle is 30 to 35 days in duration. she has oligomenorrhea and there was no intermenstrual bleeding or discharge. Her hormonal profile is normal. what is the most likely diagnosis?

- A Hypoandrogenism
- B Hypothyroidism
- C Polycystic ovarian syndrome
- D Premature ovarian failure
- E Premenstrual syndrome

A 34-year-old woman G3 P2 presents to emergency with heavy vaginal bleeding. She is afebrile, bp is 90/50, pulse is 100. She gave a history of positive urine pregnancy test about 10 days back. Pelvic exam reveals active bleeding with open cervical os. Ultrasound report shows partial retention of fetal products. What will be the diagnosis?

- A Complete miscarriage
- B Incomplete miscarriage
- C Missed miscarriage



D Inevitable miscarriage

E Septic miscarriage

---

Which of the following are suggestive of kissing' ovarian cysts in the pouch of Douglas, both of which contain diffuse, low-level echoes giving a solid 'ground-glass' appearance in a patient with severe dysmenorrhea and dyspareunia in a 30 years old female?

A Dermoid cysts

**B** Endometriomas

C Hemorrhagic functional ovarian cysts

D Tubo-ovarian abscesses

E Serous cystadenomas

---

A 60-year-old woman presents with a large pelviabdominal mass extending to the level of the xiphisternum. It has a heterogenous appearance on scan with solid and cystic components. The rest of the pelvis and abdomen appears normal and there is no free fluid. The ca 125 level is 430 units. She is asymptomatic. How would you manage this patient? Choose the single best answer.

A Laparoscopic ovarian cystectomy

**B** Laparoscopy, total abdominal hysterectomy, Bilateral salphingo-ophorectomy, pelvic and para-aortic lymph node sampling, omentectomy and debulking of tumor deposits.

C Repeat scan and Ca125 in 3 months to check for interval change.

D Six cycles of neoadjuvant carboplatin and paclitaxel-based chemotherapy followed by restaging CT scan at 3 months

E Ultrasound-guided transcutaneous aspiration of of ovarian cyst fluid and cytological assessment.

---

which of the following age indication is true Regarding cervical screening via pap smear?

A 15 to 20 years girls

B Young women under 21 years

**C** Women aged 21-65 years

D Older women > 65 years

E Post menopausal women

---

which of the following is the most common cause of cervical carcinoma?

Human papilloma virus

A

B Radiation exposure

C Pollution

D Intravenous drug abuser

E smoking

---

A 45 years old patient has a negative metastatic workup for carcinoma cervix. Her local examination shows a growth in the cervix extending beyond the cervix and involving the vagina (but not lower third) and infiltrating the parametrium but not reaching the pelvic side walls. Her preliminary clinical stage is which of the following?

A IA

B IB

C IIA

D IIB

E IIIA

---

A 28 years old P1 has presented with the complaint of menorrhagia for the last 12 months with 5 cm fibroid in posterior uterine wall. What is the treatment option in this case as She wants to preserve her fertility.?

A COCP

B Hysterectomy

C Myomectomy

D Norethisterone

E Tranexamic acid and NSAID

---

A 13 years old girl is brought in Gynae OPD by her mother with the complaint of irregular heavy menstrual bleeding. On examination, she looks pale. Her full blood count shows a Hb of 8gm/dl with normal platelet count. Her pelvic ultrasound is normal. What is the most likely cause of her condition?

A primary ovarian failure

B Hypothyroidism

C immature hypothalamopituitary ovarian axis

D Ovarian cyst

E Thrombocytopenia

What is the most appropriate treatment modality in this patient in a patient who is P3 and 30 years old and has gestation of 30 weeks with severe vomiting and vaginal bleeding, and has ultrasound findings of snow storm appearance?

- A Dilatation and curettage
- B Hysterotomy
- C Misoprostol
- D Prostaglandin E2

**E** Suction curettage

---

A 20 years old primigravida presented at 2 months of gestational amenorrhea with the complaint of excessive nausea and vomiting, palpitations and restlessness. Her ultrasound shows complete hydatidiform mole with bHCG of 100,000. Which of the following may be associated with this patient?

- A Diabetes mellitus
- B** Hyperthyroidism
- C Hypothyroidism
- D Hyperprolactinemia

**E** Sheehan syndrome

---

which of the following can be the explanation in a 25 years old P2 +1 who underwent E&C for H. Mole 2 months ago and now presented with recurrent episodes of heavy vaginal bleeding . Her Bhcg is 20,000. Ultrasound examination shows 4cm mass in posterior uterine wall with blood flow on Doppler?

- A Choriocarcinoma
- B Fibroid
- C incomplete mole
- D** Invasive mole
- E Retained products of conception