

ANATOMY & DISORDERS OF MENSTRUATION

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1. ANATOMY

1. In patient with bicornuate uterus when getting pregnant can get all these complications, except:

- Polyhydramnios
- Abortion
- Preterm labor
- Abnormal fetal lie
- Retained placenta

2. Which of the following pubertal events would occur even in the absence of estrogen production?

- Thelarche
- Menarche
- Puberche
- Skeletal growth
- Vaginal cornification

3. The function of round ligament is:

- Vestigial with no apparent function
- To prevent retrodisplacement of the uterus
- To prevent uterine prolapse
- To provide nerve supply of the upper vagina
- None of the above

4. A forty year old, para 6 came to outpatient department with complaints of urinary incontinence & pressure perineum. O/E, she has big cystocele with stress incontinence. The weakness of which of the following ligment is responsible for her urinary symptoms?

- Pubourethral ligament

- Uterosacral ligament
- Round ligament
- Pubo-cervical ligament
- Cardinal ligament

5. Which of the following describes the correct anatomic characteristics of the vessels in the infundibular pelvic ligament leading to the ovary?

- Right ovarian artery arises from the abdominal aorta
- Right ovarian artery arises from the right renal artery
- Right ovarian vein drains into the right renal vein
- Left ovarian artery arises from the left renal artery
- Left ovarian vein drains into the vena cava

6. With gonadal dysgenesis, which of the following is usually elevated?

- FSH level
- Estrogen level
- Progesterone level
- Prolactin level
- Thyroxine level

7. Female genital system originated from which of the following structures?

- Paramesonephric ducts
- Mesonephric ducts
- Nephrogenic ducts
- Gubernaculum of ovary
- Trophoblastic tissue

8. Regarding embryological development of the reproductive system

- Chromosomal sex is determined at the time of fertilisation

ANATOMY AND DISORDERS OF MENSTRUATION

- b. Chromosomal sex is determined at 5-6 weeks gestation
- c. Gonadal sex results from differentiation of undifferentiated gonads
- d. In XY individuals medulla of the primitive gonad differentiates into testes.
- e. In XX individuals cortex of the primitive gonad differentiates into ovary
- 9. All of the following statements are regarding ovarian anatomy are correct except:**
- a. Size and appearance of the ovaries depend on age & stage of the menstrual cycle
- b. In young adults they are almond shaped, solid and white in color
- c. Ovary is attached to the cornu of the uterus by ovarian ligament
- d. Ovary is the only intra-abdominal organ to be covered in peritoneum
- e. Ovaries are lying vertically in the pelvis of nulliparous women
- 10. With gonad dysgenesis, which of the following usually is elevated?**
- a. FSH levels
- b. Estrogen Levels
- c. Progesterone Levels
- d. Prolactin levels
- e. Thyroxine levels
- 11. Normal endometrial thickness in the premenstrual phase is:**
- a. 6mm
- b. 10mm
- c. 15mm
- d. 20mm
- e. 25mm
- 12. While evaluating a 30 years old woman for infertility, you diagnosed a bicornuate uterus. You explained that additional testing is necessary**
- because of the woman's increased risk of congenital anomalies in which system?
- a. Central nervous
- b. Hematopoietic
- c. Renal system
- d. Skeletal
- e. Tracheo-oesophageal
- 13. Which of the following investigations provide the least information about the fallopian tubes anatomical integrity?**
- a. Cludoscopy & chromopertubation
- b. Hysterosalpingography with oil soluble contrast medium
- c. Hysteroingography with water soluble contrast medium
- d. Laparoscopy & chromopertubation
- e. Rubin's test (uterotubal insufflations)
- 14. A 19 year old girl has primary amenorrhea with normal secondary sexual character. On ultrasound there is no uterus with normal ovaries. What is the most probable diagnosis?**
- a. Androgen Insensitivity
- b. Cryptomenorrhea
- c. Kallman's syndrome
- d. Mullerian agenesis (MURK syndrome)
- e. Turner's Syndrome
- 15. The vulva is supplied by:**
- a. Internal pudendal artery
- b. A branch from femoral artery
- c. Superficial hypogastric artery
- d. A branch from vaginal artery
- e. All of the above
- 16. The uterine artery is a branch of:**
- a. Internal iliac artery
- b. External iliac artery
- c. Obturator artery
- d. Vesical artery
- e. None of the above

17. Gonadotropin releasing factor (GnRH) reaches the anterior pituitary gland via:

- a. Portal veins
- b. Lymphatics
- c. Along the nerve
- d. Portal Arteries
- e. None of the above

18. Which of the following statements is wrong?

Hyperprolactinaemia is caused by:

- a. Pituitary adenoma
- b. Hypothyroidism
- c. Drugs
- d. Ovarian tumour
- e. Hyperthyroidism

19. Intravenous pyelography (IVP) is required in which of the following conditions?

- a. Bladder fistula
- b. Ureteric fistula
- c. Carcinoma of the cervix
- d. Congenital tract malformations
- e. All of the above

20. Cytoscopy is needed in all the following except one:

- a. Bladder fistula
- b. Carcinoma of cervix
- c. Ureteric fistula
- d. Endometrial cancer of the uterus
- e. None

21. Turner syndrome is characterised by all except:

- a. Streak ovaries
- b. Primary amenorrhoea
- c. Well developed secondary sexual characters
- d. Short stature
- e. None

2. MENSTRUAL DISORDERS

1. An 18 year old with primary amenorrhea complains of severe abdominal pain every 4-8 weeks which is now getting worse. On exam: lower abdominal mass is felt. What is the probable diagnosis?

- a. Ectopic pregnancy
- b. Ovarian carcinoma
- c. Hematometrium
- d. Biliary colic
- e. Renal carcinoma

2. A 16-year-old girl came to the sexual clinic. She complains of painful and heavy bleeding. She says she doesn't have a regular cycle. What is the most appropriate management?

- a. Mini Pill
- b. Combined Pill
- c. Intrauterine System
- d. Anti-prostaglandins
- e. Anti-fibrinolytics

3. A 26-year-old lady presented with secondary amenorrhea and FSH and LH are found to be high, your diagnosis will be?

- a. Sheehan Syndrome
- b. Asherman syndrome
- c. Premature ovarian failure
- d. Imperforated hymen
- e. Pituitary adenoma

4. The presentation of Asherman's Syndrome typically involves:

- a. Hypomenorrhea and amenorrhea
- b. Galactorrhea
- c. Menorrhagia
- d. Metrorrhagia
- e. Dysmenorrhea

5. A 48-year woman who had two normal pregnancies 13 and 15 years ago presents with complaint of anorrhea for 7 months. She expresses the desire to become pregnant again. After exclusion of pregnancy, which of the following tests is next indicate in the evaluation of this patient's amenorrhea?

- Hysterosalpingogram
- Endometrial biopsy
- Thyroid function test
- Testosterone and DHAS levels
- LH and FSH levels

6. A 59 year old lady has vasomotor symptoms and a backache. Her last menstrual period was 5 years ago. She is moderately obese. Pelvic examination reveals atrophic vaginal mucosa. All of the following statements about her are correct EXCEPT:

- Her obesity gives her some protection against the development of osteoporosis
- Her principal estrogen is estrone which is derived from adrenal glands.
- In women there is relative androgen excess after menopause
- The best test is to establish the existence of menopause is a serum estradiol assay.
- Osteoporosis accelerates after menopause as the estrogen mediated block to bone absorption is decreased.

7. A 25 year old woman presents with a 6-month history of amenorrhea. Her pregnancy test is negative. Which of the following is consistent with polycystic ovarian syndrome?

- Estrogen deficiency and vaginal atrophy
- Osteoporosis
- Endometrial hyperplasia
- Hypoglycemia
- A history of regular monthly menses until 6 months ago

8. Delayed puberty is defined as having no secondary sexual characteristics in which of the following ages?

- 10 years
- 12 years
- 14 years
- 16 years
- 18 years

9. A 19 year old non-pregnant woman who is a marathon runner presents with amenorrhea. What is the most likely diagnosis among the following options?

- Gonadotropin receptor insensitivity
- Pituitary dysfunction
- Ovarian Failure
- Ovarian cortical atrophy syndrome
- Hypothalamic dysfunction

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- Osteoporosis
- Endometrial hyperplasia
- Hypoglycemia
- A history of regular monthly menses until months ago

11. Delayed puberty is defined as no secondary sexual characteristics by which one of the following ages?

- 10 years
- 12 years
- 14 years
- 16 years
- 18 years

12. Normal endometrial thickness in the premenstrual phase is:

- 6mm
- 10mm
- 15mm
- 20mm
- 25mm

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13. Pubertal menorrhagia is due to all the following

except:

- a. Hypothyroidism
- b. Tubercular endometritis
- c. Ovarian Tumour
- d. Pituitary dysfunction
- e. Mayer-Rokitansky-Kuster-Hauser syndrome

14. 19 year old non-pregnant woman marathon runner presents with amenorrhea. What is the most likely diagnosis among the following options?

- a. Gonadotropin receptor insensitivity
- b. Pituitary dysfunction
- c. Ovarian failure
- d. Ovarian cortical atrophy syndrome
- e. Hypothalamic dysfunction

15. A 30 year old lady is being treated for fertility in IVF centre. She received injection FSH and injection LH as per routine of IVF cycle. When ovulation is expected to occur?

- a. Immediately after LH surge
- b. After last injection of FSH
- c. After follicles ripened in the ovary
- d. 36 hours after LH surge
- e. 6-8 years after LH surge

16. A 48 year old woman who had two normal pregnancies with the complaint of amenorrhea for 7 months. She expresses the desire to become pregnant again. After exclusion of pregnancy, which of the following tests is next indicated in the evaluation of this patient's amenorrhea?

- a. Endometrial biopsy
- b. Hysterosalpingogram
- c. LH and FSH levels
- d. Testosterone and DHAS levels
- e. Thyroid function test

17. A 26 year old patient presented with secondary amenorrhea, and her FSH and LH levels were high. Your most likely diagnosis is:

- a. Ovarian cyst
- b. Polycystic ovarian syndrome
- c. Pregnancy
- d. Premature ovarian failure
- e. None of the above

18. Which of the following statements regarding precocious puberty is least correct?

- a. Is a recognised feature of the McCune Albright syndrome
- b. Is due to an ovarian neoplasia in about 50% of cases
- c. Is most commonly constitutional
- d. Is successfully treated with LHRH analogues
- e. Results in short stature

19. For each agent used to induce ovulation, the given primary site of action is selected correctly. Which combination is not correct?

- a. Bromocriptine (parlodel)-----uterus and adrenal glands
- b. Clomiphenic citrate-----hypothalamus
- c. Estradiol denzoate-----pituitary
- d. Gonadotropin releasing factor (GnRh)-----Pituitary
- e. Human menopausal gonadotropins (hMG)-----Ovary

20. Which of the following statements provide the most definite diagnostic information about the Intrauterine adhesion?

- a. Amenorrhea
- b. Failure to bleed after progestogen withdrawal
- c. History of curettage after pregnancy
- d. Hysterosalpinogographic demonstration of filling defects
- e. Hysteroscopic observation of scarring & obliteration

21. Two days before ovulation LH surge rises to

- a. 1-5 fold
- b. 4-6 fold
- c. 6-10 fold
- d. 20-30 fold
- e. None of the above

22. Patient presented on 18th day of menstrual cycle her normal cycle is such that she ovulates on day 14 which phase will be in:

- a. Follicular
- b. Ovulatory
- c. Pre-menstrual
- d. Proliferative
- e. Secretory

23. A patient presents with secondary amenorrhea. One year back she has history of P.P.H for that she received 6 pints of blood. What is the most probable cause of her menstrual problem?

- a. Pituitary tumor
- b. Sheehan's syndrome
- c. Addison's disease
- d. Adrenal Cortex Adenoma
- e. Psychological problem

24. A 40 year old lady suffering from amenorrhea. A gynaecologist has advised her some investigations and told her that she has developed ovarian failure. Ovarian failure is diagnosed by:

- a. Decreased FSH and decreased estrogens
- b. Decreased FSH and decreased LH
- c. Increased FSH and decreased estrogens
- d. Proliferative endometrium
- e. Secretory endometrium

25. A 22 year old lady, who is married 06 months, wants to conceive. She has regular menstrual cycle & wants to know about various methods to predict ovulation. Which of the following is the best method to predict the occurrence of ovulation?

- a. Thermogenic shift in basal body temperature
- b. LH surge
- c. Endometrial decidualization
- d. Profuse, thin, acellular cervical mucous
- e. Mittelschmerz

26. Which of the following is most common mechanism where by catamenial leads to maternal mortality?

- a. Intra cranial haemorrhage
- b. By mycobacterial infection
- c. Aspiration
- d. Electrolyte imbalance
- e. Hepatic infarction

27. A 43 year old lecturer comes to you with history of heavy and regular menstrual bleeding. There is no anatomical reason for her heavy flow. The most effective remedy in reducing her menstrual flow is:

- a. Depo medroxy progesterone acetate
- b. Tranexamic acid
- c. Dilatation and curettage
- d. Misoprotol
- e. Syntocinon

28. Serum prolactin levels are highest in which of the following condition?

- a. Menopause
- b. Ovulation
- c. Parturition
- d. Sleep
- e. Anxiety

29. A 19 year old girl presenting with primary amenorrhoea. On examination, 1.37 metres tall, lacks breasts and pubic hair development. There is webbing of her neck and clitoris vagina. The most likely diagnosis:

- a. Testicular feminization
- b. Klinefelter syndrome
- c. Turner syndrome
- d. None of the above
- e. Congenital adrenal hyperplasia

30. A 28 years old patient complains of amenorrhoea after having dilatation and curettage. The most likely diagnosis is:

- a. Kallman's syndrome
- b. Turner's syndrome
- c. Asherman's syndrome
- d. Pelvic inflammatory disease
- e. Perforation of uterus

31. An 18 year old old PG with 4 months amenorrhea & bleeding P/V with passage of few grape like structures. Her ultrasound report shows "snow storm" appearance. After suction & curettage, while sending her home, what follow up advices will you give her except?

- B HCG Fortnightly
- If B HCG falls more slowly, monitoring can stop at 6 months after the first normal value
- If B-HCG falls to normal (<5IU/L) within 8 weeks of evacuation, the monitoring can be stopped at 6 months post evacuation.
- She should use oral contraceptive pill to avoid pregnancy
- The average time to achieve the first normal HCG level after evacuation is about 8 weeks

32. A 42 year old para 6, came to OPD with complaints of an irregular cycle. She has short periods of amenorrhea followed by prolonged heavy cycle. Her U/S shows a normal sized uterus with no adnexal pathology. She has no systemic disorder.

The most probable diagnosis is:

- Metropathia Haemorrhagia
- Metrorrhagia
- Oligomenorrhagia
- Poly Menorrhagia
- Polymenorrhoe

33. You are sent 5 symptomatic menopausal patient in clinic. Each patient has a medical condition listed below. All of the patients wish to begin HRT today. The patient with which one of the following medical conditions may be started on HRT at the time of visit?

- Mild essential HTN
- Chronic liver disease due to hepatitis B
- H/O breast cancer
- Undergranousal genital tract bleeding
- H/O pulmonary embolism

34. A 25 year old lady, G3P2 with 4 months amenorrhea was brought to emergency with incomplete miscarriage and shock. Her extensive evacuation & curettage was done. She had very irregular scanty menses since her evacuation. She was diagnosed to have Asherman syndrome on hysteron salpingogram done to investigate her secondary infertility. The best treatment option for her is:

- Breakdown of intrauterine adhesion with uterine sound
- Hysteroscopic ADH esiolysis
- Hysteroscopic adhesiolysis with OCP
- Insertion of IUCD
- Prescription of OCP

35. You are sent 5 symptomatic menopausal patient in clinic. Each patient has a medical condition listed below. All of them want to start HRT today. The patient with which one of the following medical conditions may be started on HRT at the time of visit?

- Mild essential HTN
- Chronic liver disease due to hepatitis B
- H/O breast cancer
- Undergranousal genital tract bleeding
- H/O pulmonary embolism

36. Major vascular changes associated with menstruation are seen in:

- Uterine artery
- Myometrial vessels
- Basal arteries
- Spiral arteries in the compact zone of the endometrium
- None

37. Peak oestrogen level occurs in:

- 1st week of menstrual cycle
- 2 days before ovulation
- At ovulation
- 4 days after ovulation
- 1 week after ovulation

3. ECTOPIC PREGNANCY

1. A 23 year old non-pregnant primigravida with abdominal pain, syncope and vaginal spotting. Assessment reveals that she has an ectopic pregnancy. The most common site of ectopic pregnancy is:

- a. Ampulla of the fallopian tube
- b. Isthmus
- c. Fimbrial end
- d. Cervix of the uterus
- e. Hypothalamic dysfunction

2. Source of estrogen and progesterone in last trimester is

- a. Chorionic villas
- b. Placenta
- c. Ovary
- d. Adenohypophysis
- e. Corpus Leutum

3. Worldwide, which of the following is the most common problem during pregnancy?

- a. Diabetes
- b. Preeclampsia
- c. Iron deficiency anemia
- d. Heart disease
- e. Urinary tract infection

4. What is the maximum normal time for the 2nd stage of labour in primigravida without analgesia?

- a. 20 minues
- b. 60 minutes
- c. 120 minutes
- d. 240 minutes
- e. No normal maximum

5. Which of the following statement about choronic villous sampling is/are correct?

- a. CVS maybe performed between 9 and 12 weeks gestation
- b. CVS done in the 9th to 10th weeks range has a very small association with link deformities.
- c. Chorionic villous sampling can provide complete chromosomal analysis
- d. All of the above

4. MENOPAUSE

1. In menopausal ladies, increased risk of osteoporosis is associated with:

- a. Bromocriptine use
- b. Excess steroid use
- c. Early Menarche
- d. Excess protein intake
- e. High intake of dairy products

2. A 50 years old para9, presented to OPD with history of something coming out of vagina. On examination, she was found to have 3rd degree uterovaginal prolapse. What important structure preventing uterine prolapse is:

- a. Broad ligament
- b. Infundibulopelvic ligament
- c. Round ligament
- d. Cardinal Ligament
- e. Uterosacral ligament

ANSWER KEYS

1. ANATOMY

- | | | | | | | |
|------|------|------|------|------|-----|-----|
| 1.A | 2.C | 3.B | 4.D | 5.A | 6.A | 7.A |
| 8.D | 9.D | 10.A | 11.B | 12.C | | |
| 13.E | 14.D | 15.A | 16.A | 17.A | | |
| 18.D | 19.E | 20.D | 21.C | | | |

2. MENSTRUAL DISORDERS

- | | | | | | |
|------|------|------|------|------|------|
| 1.C | 2.B | 3.C | 4.A | 5.E | 6.D |
| 7.C | 8.C | 9.E | 10.D | 11.C | 12.B |
| 13.B | 14.E | 15.D | 16.C | 17.D | 18.B |
| 19.A | 20.E | 21.C | 22.E | 23.B | 24.C |
| 25.B | 26.A | 27.B | 28.C | 29.C | 30.C |
| 31.D | 32.A | 33.A | 34.C | 35.A | 36.D |
| 37.B | | | | | |

3. ECTOPIC PREGNANCY

- | | | | | |
|-----|-----|-----|-----|-----|
| 1.A | 2.B | 3.C | 4.C | 5.D |
|-----|-----|-----|-----|-----|

4. MENOPAUSE

- | | |
|------|------|
| 1. A | 2. D |
|------|------|

ABORTIONS . INFERTILITY AND HIRSUTISM

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1. ABORTION AND MISCARRIAGE

1. 14 weeks pregnant woman had abortion and she was told that it is a complete abortion. This is true regarding complete abortion:

- Uterus is usually bigger than date
- Cervical OS is opened with tissue inside the cervix
- Need to have evacuation of the uterus
- Ater complete abortion there is minimal or no pain and minimal or no bleeding
- Follow up with β -hCG for one year

2. The most common etiology for spontaneous abortion of a recognised first trimester gestation:

- Chromosomal anomaly in 50%-60% of gestations
- Chromosomal anomaly in 20%-30% of gestations
- Maternal hypothyroidism
- Maternal Diabetes
- Progesterone deficiency

3. A 30 year old lady presents to the gynaecology clinic with a scan report showing missed miscarriage at 8 weeks of gestation. Which of the following statement is correct in her case.

- Can be prevented by injection of HCG
- Can be prevented by progesterone pessaries
- Does not occur if a live fetus is seen in previous scans
- Is often due to chromosomal abnormalities during conception
- Is often due to cervical incompetence

4. A 32 year old woman presented to the delivery suite. She was 28 weeks pregnant in her second pregnancy. An ultrasound scan at 12 weeks had confirmed twin pregnancy. She was admitted complaining of bleeding P/V. Blood was bright red in colour and painless. Most likely diagnosis is:-

- Ectopic pregnancy
- Threatened miscarriage
- Placenta previa
- Cervicitis
- Vasa previa

5. Presence of pyometra in post menopausal females strongly suggests:-

- Diabetes mellitus
- Degenerating myoma
- Senile endometritis
- Malignancy
- Sexual promiscuity

6. The most common cause of early miscarriage is:

- Abnormality of placenta
- Maternal disease
- Fetal abnormality
- Viral disease
- Other infections

7. A 20 years old G2 P2 woman at 12 weeks gestation has had no problems with this pregnancy. No fetal heart tones are heard on Doppler, ultrasound reveals an embryo of 10-week size and no fetal cardiac activity. What is the most likely diagnosis?

- Threatened abortion
- Incomplete abortion
- Complete abortion
- Missed abortion
- Antepartum bleeding

ABORTIONS . INFERTILITY AND HIRSUTISM

8. A 57-year old postmenopausal woman with hypertension, diabetes, and a history of polycystic ovarian syndrome complains of vaginal bleeding for 2 weeks. The endometrial sampling shows a few fragments of atrophic endometrium. Estrogen replacement therapy is on. The patient continues to have several episodes of vaginal bleeding 3 months later. Which of the following is the best next step?

- a. Continued observation and reassurance
- b. Unopposed estrogen replacement therapy
- c. Hysteroscopic examination
- d. Endometrial ablation
- e. Serum cancer antigen CA-125 ????

9. Management of threatened abortion include all of the following, except:

- a. Ultrasound
- b. Physical examination
- c. Complete blood count
- d. Immediate dilation and curettage
- e. Reassurance

10. A 19 year old G1 P0 woman at 18 weeks gestation, who had a prior cervical conization procedure, stated that she has felt no abdominal cramping. She has cervix dilation of 3cm and effacement of 90%. What is the most likely diagnosis?

- a. Threatened abortion
- b. Incomplete abortion
- c. Complete abortion
- d. Missed abortion
- e. Antepartum bleeding

11. A 33 year old woman at 10 weeks gestation complains of vaginal bleeding and passage of whitish substance along with something meat like. She continues to have cramping and her cervix is 2cm dilated. What is the most likely diagnosis?

- a. Threatened abortion
- b. Incomplete abortion
- c. Complete abortion
- d. Missed abortion

e. Antepartum bleeding

12. A 20 year old G2 P1 woman at 12 weeks gestation has had no problems with this pregnancy. NO fetal heart tones are heard on Doppler, and an ultrasound reveals an embryo of 10 week size and no fetal cardiac activity. What is the most likely diagnosis?

- a. Threatened abortion
- b. Incomplete abortion
- c. Complete abortion
- d. Missed Abortion
- e. Inevitable abortion

13. Gravida 3 para 0 with two early miscarriages came to you for consultation. Now she has 7 weeks pregnancy and is worried about this pregnancy. She wants to know the causes for miscarriages. Which of the following is associated with early miscarriages?

- a. Abnormality of placenta
- b. Fetal chromosomal abnormality
- c. Maternal disease
- d. Maternal viral infection
- e. None of the above

14. A 30 year old lady, G3P2, was brought to emergency with incomplete miscarriage & shock. Her external evacuation & curettage was done. She also developed severe post abortion pelvic infection. Now she is complaining of irregular cycle with secondary amenorrhoea since 2 months. Her husband is abroad. The most probable diagnosis in this case is:

- a. Asherman's syndrome
- b. Pregnancy
- c. Premature ovarian failure
- d. Sheehan's syndrome
- e. Tubal blockage due to PID

15. A 25 year old primigravida presents with 8 weeks amenorrhoea and lower abdominal pain. What is not the probable cause?

- a. Missed abortion
- b. Ectopic pregnancy
- c. Red degeneration in a fibroid
- d. Inevitable abortion
- e. None

ECTOPIC PREGNANCY

1. Acceptable management of ruptured ectopic pregnancy:

- a. Observation followed by Methotrexate
- b. Diagnostic laparoscopy followed by observation
- c. Repeat Ultrasound next 24 hours to confirm diagnosis
- d. Exploratory laparotomy and salpingectomy
- e. Dilatation and curettage

2. The most common cause of ectopic pregnancy is:

- a. History of pelvic inflammatory disease
- b. Congenital anomalies of the tube
- c. Endometriosis
- d. Tubal surgery
- e. Previous sterilization

3. All of the following are true about PCO except:

- a. To diagnose PCO hormonal analysis can be done at any time of the cycle
- b. It is associated with reversed FSH:LH ratio
- c. It is associated with increase resistance to insulin
- d. Can be associated with increased prolactin level
- e. The ovaries have characteristic appearance by the ultrasound

4. You have access to limited techniques for termination of pregnancy. 5 clinical problems along with the best technique are given below. Which clinical problem is paired with wrong technique?

- a. Elective termination at 9 weeks of gestation is best done intra venous oxytocin.
- b. Elective termination at 06 weeks of gestation is best done by dilation & curettage
- c. Molar pregnancy with uterus at 20 week's size is best done by suction curettage.
- d. Missed abortion at 12 weeks of gestation, is best done by suction curettage
- e. Ultrasound detected anencephaly at 21 weeks of gestation by intravenous Oxytocin

5. A 32 years old woman is diagnosed with an ectopic pregnancy based on hCG levels that plateaued in the range of 1400 mIU/mL and no chorionic villi found on uterine curettage. She is given 50 mg/mL methotrexate rate are normal. Her abdomen shows some tenderness in the lower quadrants without guarding or rebound. Which of the following is the best course action?

- a. Immediate laparotomy
- b. Repeat dose of methotrexate
- c. Observation
- d. Folic acid rescue
- e. Epidural analgesia

6. An 18-years-old woman who is brought to the emergency room complains of vaginal spotting and lower abdominal pain. Her abdominal and pelvic examination are normal. The hCG levels 700 mIU/mL and transvaginal sonogram shows no intrauterine gestational sac and no adnexal masses. Which of the following statements is most accurate regarding this patient's situation?

- a. She has an un-ruptured ectopic pregnancy.
- b. She has a viable intrauterine pregnancy that just too early to assess by ultrasound.
- c. She has nonviable intrauterine pregnancy.
- d. There is no insufficient information to draw a conclusion about the viability of this pregnancy
- e. Magnetic resonance imaging scan would be useful in further assessing the possibility of an ectopic pregnancy.

7. A 19-years-old G1 P0 woman at 18 weeks gestation, who had a prior cervical conization procedure, states that she had no abdominal cramping. She has cervical dilation of 3cm and effacement of 90%. What is the most likely diagnosis.

- a. Threatened abortion
- b. Incomplete abortion
- c. Complete abortion
- d. Missed abortion
- e. Antepartum bleeding

ABORTIONS, INFERTILITY AND HIRSUTISM

8. A 33-years-old G2 P1 woman at 10 weeks gestation complains of vaginal bleeding and passage of whitish substance along with something "meat-like". She continues to have cramping & her cervix is 2cm dilated. What is the most likely diagnosis?

- a. Threatened abortion
- b. Incomplete abortion
- c. Complete abortion
- d. Missed abortion
- e. Antepartum bleeding

9. A 35 year old G4P3, with 06 weeks amenorrhoea was diagnosed on transvaginal scan as having left sided ectopic pregnancy. She opted medical treatment as management option. After one week of being treated medically she developed mouth ulcers with sore tongue. There was rash and itching all over her body. Which of the following drug is responsible for her complaints?

- a. Cisplatinum
- b. Cyclophosphamide
- c. Methotrexate
- d. Mifepristone
- e. Prostaglandins

10. Which of the following is a risk factor for the development of an ectopic pregnancy?

- a. Prior chlamydia cervica infection
- b. History of a tubal ligation
- c. Prior molar pregnancy
- d. Prior miscarriage
- e. Combination oral contraceptive pill use

11. A 32 year old woman is diagnosed with an ectopic pregnancy based on hCG levels that plateaued in the range of 1400 mIU/mL and no chorionic villi found on uterine curettage. She is given 50 mg/ mL methotrexate intramuscularly. 5 days later, she complains of increased abdominal pain. Her Blood pressure and heart rate are normal. Her abdomen shows some tenderness in the lower quadrants without guarding or rebound. Which of the following is the best course of action?

- a. Immediate laparotomy
- b. Repeat dose of methotrexate
- c. Observation
- d. Folic acid rescue
- e. Epidural analgesia

12. A 22 year old woman is diagnosed with an ectopic pregnancy based on hCG levels, which have plateaued at 2900 mIU/mL, and an endometrial biopsy showing no chorionic villi. In reviewing the therapy options with the patients, the physician explains the mechanisms of action methotrexate. Which of the following statements about methotrexate is correct?

- a. It interferes with mitosis phase of the cell cycle
- b. It is obtained from the bark of the Pacific Yew tree
- c. It servers DNA strands between particular base pairs
- d. It interferes with folate synthesis and DNA synthesis
- e. It causes pulmonary fibrosis in approximately 5% of patients

13. A woman presenting with a mulice of gute with abdominal pain & syneapul attralus oh ush. No ???? uterer carvily pregon test positive. What is the most likely diagnosis?

- a. Threatuml absortion
- b. Incomplete aboclina
- c. Melan pregnancy
- d. Missed abalina
- e. Ectopic pregnancy

14. Medical treatment of ectopic pregnancy includes the following drug:

- a. Miso prostol
- b. Cisplatin
- c. PGF2
- d. Methotrexate
- e. Methy cobalamin

15. The most likely cause of abdominal uterine bleeding in a 13 year old girls is:

- a. Uterine cancer
- b. Ectopic pregnancy
- c. Anovulation
- d. Thromboplulilia
- e. Fibroid uterns

16. A woman with bilateral proximal tubal blockage which was diagnosed by Hysterosalpingogram and her husband have normal semen analysis. Their best chance to have a pregnancy is by:

- Doing laproscopic opening of the tube and then expectant management
- Doing controlled ovarian hyperstimulation and IUI.
- Doing IVF of the couple
- End to end anastomosis and than clomid
- Giving the woman clomide for 6 months and expectant man

17. A 20 year old nullipara complains of 6 weeks of amenorrhoea and abdominal pain, with slight bleeding. Ultrasound shows an empty uterus, and free fluid in the pouch of Douglas. What is the probable diagnosis?

- Missed abortion
- Ectopic pregnancy
- Dysfunctional uterine bleeding
- All of the above
- None

3. INFERTILITY AND OCP

1. All of the following possible causes of infertility, except:

- Previous laparotomy for any reason
- Smoking
- High body mass index
- PCO
- Uterine subserous fibroids

2. All of the following are possible causes of anovulation, except:

- High body mass index
- Anorexia nervosa
- Polycystic ovarian syndrome
- Premature ovarian failure
- Sickle cell trait

3. Characteristic of normal semen analysis all true EXCEPT:

- Volume > 2ml
- pH of 7.2-7.8
- Sperm count > 20 million / ml

- Sperm motility > 50%
- Normal sperm morphology

4. A couple presented in OPD with H/O Infertility for the last 2 years. Husband's semen analysis was advised. What is WHO criterion for minimum sperm count in normal semen?

- 20 million per ml
- 20 million per ejaculation
- 40 million per ml
- 30 million per ml
- 30 million per ejaculation

5. Which is the best management option in case of male factor infertility?

- IVF
- Intracytoplasmic sperm injection
- Intrauterine insemination
- Gamete intrafallopian transfer
- Zygote intrafallopian transfer

6. An infertility patient consistently demonstrates thick, tenacious, cellular cervical mucus at midcycle. Possible causes includes all of the following EXCEPT:

- Chronic endocervicitis
- Cervical erosion
- Endocervical cells relatively unresponsive to estrogen
- Poorly developed endocervical canal
- None of the above

7. Which of the following values of semen analysis indicated abnormal semen quality?

- Volume less than 2ml
- Sperm count 40 million /ml
- Motility 60%
- Normal sperm morphology > 20%
- Liquefaction time 30 minutes

8. Initial evaluation of infertile couple should include which of the following investigations:

- Ovarian biopsy
- Semen analysis
- D & C
- Laparoscopy
- Hysterectomy

ABORTIONS, INFERTILITY AND HIRSUTISM

9. All of the following are possible causes of subfertility except:

- a. Previous laparotomy for any reason
- b. Smoking
- c. Polycystic ovarian syndrome
- d. Subserous uterine fibroids
- e. Endometriosis

10. Which of the following values of semen analysis indicates abnormal semen quality?

- a. Volume less than 2ml
- b. Sperm count 40 million / ml
- c. Motility 60%
- d. Normal sperm morphology
- e. Liquefaction time 30 minutes

11. A 28 year old G1 P1 woman complains of painful menses and pain with intercourse. She has menses every month and denies a history of STDs. Which of the following tests would most likely identify the etiology of the infertility?

- a. Semen analysis
- b. Laparoscopy
- c. Basal body temperature chart
- d. Hysterosalpingogram
- e. Progesterone assay

12. A 29 year old woman is noted to have persistently elevated RPR titer of 1:32 despite treatment with benzathine penicillin 2.4 million units each week for a total of 3 weeks. She complains of slight dizziness and a clumsy gait of 6 month's duration. Which of the following is the best test for diagnosing neurosyphilis?

- a. Plain x-ray films of the skull
- b. Electroencephalograph
- c. Computed tomographic scan of the head
- d. Lumbar Puncture
- e. Psychiatric evaluation

13. A 33 year old woman presents to you with the history of primary infertility for the last 4 years. Which of the following factors is least likely to contribute to her infertility?

- a. Controlled diabetes mellitus in a woman
- b. History of oligospermia in the male partner
- c. Oligomenorrhoea
- d. Presence of varicocele in the male partner
- e. Her age

14. A 25 year old para 3 wants to start contraceptive injection for birth spacing. She has heard following problems with depo-provera, which of these are correct?

- a. It increases the risk of ectopic pregnancy
- b. It leads to permanent subfertility in 10% of cases
- c. It inhibits lactation
- d. It does not increase risk of osteoporosis
- e. It is associated with a pregnancy rate of more than 2/100 women years

15. While evaluating a 30 years old lady for infertility you diagnose a bicornuate uterus. You explain that testing is necessary because of woman increase risk of congenital anomalies in which organ system?

- a. Skeletal
- b. Hematopoietic
- c. Urinary
- d. CNS
- e. Trachea esophageal

16. A 15 year old girl is brought in emergency with complaints of cyclical pain lower abdomen. On examination she has normal secondary sexual characteristics & is tender in lower abdomen. Her menstrual cycle is not established yet. Her ultrasound report shows dilated uterine cavity & lower genital tract with no other pelvic pathology. The most likely diagnosis in this case is:

- a. Absent vagina and functioning uterus
- b. Androgen insensitivity syndrome
- c. Imperforate hymen
- d. polycystic ovaries
- e. Retained products of conception

17. While evaluating an infertile female patient, which of the following is suggestive of ovulation?

- a. Basal body temperature drop at least 0.5 C in the 2nd half of the cycle
- b. Day 21 estrogen level is elevated
- c. Oligomenorrhoea
- d. Progesterone level on day 10 of the cycle is elevated
- e. Regular cycle with dysmenorrhea

18. A 28 year old male shows oligospermia. FSH level is low. The cause of oligospermia is:

- a. Pituitary dysfunction
- b. Primary testicular failure
- c. Blockage in the vas
- d. Adrenal
- e. None

19. A young normal looking male 25 year old with infertility shows sperm count of 5 million/ ml. FSH level is 100 IU/ml. The cause of infertility is:

- a. Hypothalamic pituitary failure
- b. Testicular dysfunction
- c. Klinefelter syndrome
- d. Obstructive oligospermia
- e. None

20. The entire spermatogenesis takes:

- a. 10 days
- b. 35 days
- c. 74 days
- d. 100
- e. None of the above

21. Infertility in endometriosis is due to which of the following:

- a. Anovulation
- b. Increased prostaglandin secretion
- c. Increased macrophages in the peritoneal fluid
- d. All of the above
- e. None

22. A young girl of 16 years presents with primary amenorrhoea. Her sex chromosome is XX and FSH is normal. The probable diagnosis is:

- a. Turner syndrome
- b. Savage syndrome
- c. Testicular feminising syndrome

d. Klinefelter e. None of the above

23. Which of the following contraceptives cause menorrhagia?

- a. Combined oral pills
- b. IUCD
- c. Progesterone
- d. Mirana
- e. Estrogen

4. CERVICAL INCOMPETENCE

1. A 28 year old presents to the gynaecology clinic with history of previous two second trimester miscarriages starting with painless contractions leading to expulsion of the fetus. Which of the following is the cause of miscarriage?

- a. Bacterial vaginosis
- b. Cervical incompetence
- c. Chromosomal abnormalities
- d. Urinary tract abnormalities
- e. Urinary tract infections

2. Regarding cervical incompetence, all of the following are true except:

- a. Typically causes painful abortions
- b. Typically causes mid-trimester abortions
- c. Is treated by cervical cerclage which is best performed early in the 2nd trimester
- d. May lead to premature rupture of the membrane
- e. Can occur in patient with history of cone biopsy

5. PCOD

1. Clinical findings of Polycystic Ovarian Disease (PCOD) includes all except:

- a. Obesity
- b. Oligomenorrhoea
- c. Infertility
- d. Tall stature
- e. Hirsutism

2. Which of the following option is correct for polycystic ovarian syndrome?

- a. All the patients are obese
- b. Can be familial
- c. Has a thick walled capsule with normal number of follicles
- d. Is excluded if there is normal LH level
- e. These patients are at low risk of endometrial carcinoma

ABORTIONS . INFERTILITY AND HIRSUTISM

3. An 18 years old girl came to outpatient department with complaints of hirsutism, acne, and menstrual irregularity. Her BMI is 30. Her U/S report shows polycystic ovaries. She is worried for acne, hirsutism and wants to know the basic mechanism for her symptoms. The hyper secretion and raised levels of androgens in Polycystic ovaries is caused by all of the following EXCEPT:

- Hyperinsulinemia
- Hypersecretion of LH by the pituitary
- Reduced synthesis of sex-hormone binding globulin
- The granulosa cells of the polycystic ovary
- The stromal theca cells of the polycystic ovary

4. In polycystic ovarian disease all of the following can be seen except

- High Body Mass Index
- Streak ovaries
- Insulin resistance
- Hirsutism
- Acanthosis nigricans

5. A 30 year old lady presented to gynae OPD with history of infertility for 8 years, her cycles are infrequent and have hirsutism and weight gain also.

She should be evaluated for:

- Pelvic inflammatory disease
- Congenital adrenal hyperplasia
- Polycystic ovarian disease
- Genital tract tuberculosis
- Primary ovarian failure

6. Polycystic ovarian disease (PCOD) is treated by:

- Laparoscopic drilling of the cysts
- Clomiphene citrate
- Cyproterone acetate
- Oral combined Pill
- All of the above

7. Which of the following drugs is not meant for hirsutism?

- Cyproterone acetate
- Spironolactone
- Flutamide
- Danazol
- None

6.ENDOMETRIOSIS AND FIBROIDS

1. A 30 years old woman has the history of primary infertility & secondary dysmenorrhea for the last one year. She was diagnosed to have endometriosis. Which of the following statements about endometriosis is true in her case?

- It has a familial inheritance pattern.
- In a woman of reproductive age, the presence of an immobile, retroverted uterus is sufficient evidence to make the diagnosis
- It first appears in the anterior aspect of the pelvis
- Pelvic adhesions are the usual cause of the infertility
- The degree of pain correlated with the severity of the disease.

2. A 20 year old lady pregnant in 1st trimester came complaining of lower abdominal pain, on examination a mass continued with the uterus was found. What is the most probable diagnosis:

- Ectopic pregnancy
- Placenta previa
- Red degeneration of fibroid
- Rupture placenta
- Uterine rupture

ANSWER KEYS

1. ABORTION AND MISCARRIAGE

- | | | | | |
|------|------|------|------|------|
| 1.D | 2.A | 3.D | 4.C | 5.D |
| 6.C | 7.D | 8.C | 9.D | 10.E |
| 11.C | 12.D | 13.B | 14.S | 15.S |

2. ECTOPIC PREGNANCY

- | | | | | | |
|------|------|------|------|------|------|
| 1.D | 2.A | 3.A | 4.A | 5.C | 6.D |
| 7.E | 8.C | 9.C | 10.A | 11.C | 12.D |
| 13.E | 14.D | 15.C | 16.C | 17.B | |

3. INFERTILITY AND OCP

- | | | | | | |
|------|------|------|------|------|------|
| 1.E | 2.E | 3.E | 4.A | 5.B | 6.B |
| 7.A | 8.B | 9.D | 10.A | 11.B | 12.D |
| 13.A | 14.A | 15.C | 16.C | 17.E | 18.A |
| 19.B | 20.C | 21.D | 22.B | 23.B | |

4. CERVICAL INCORTINENCE

- | | |
|-----|-----|
| 1.B | 2.A |
|-----|-----|

5. PCOD

- | | | | |
|-----|-----|-----|-----|
| 1.D | 2.D | 3.D | 4.B |
| 5.C | 6.E | 7.D | |

6. ENDOMETROSIS AND FIBROIDS

- | | |
|-----|-----|
| 1.D | 2.C |
|-----|-----|

INFECTIONS OF GENITAL, URINARY PROBLEMS & CONTRACEPTION

1. INFECTIONS

1. What is the most appropriate antibiotic to treat uncomplicated chlamydia infection in a 21 year old female who isn't pregnant?

- a. Erythromycin
- b. Ciprofloxacin
- c. Metronidazole
- d. Cefixime
- e. Doxycycline

2. The treatment choice for gardenerella vaginosis is:

- a. Ampicillin
- b. Metronidazole
- c. Clindamycin
- d. Gentamycin
- e. Vancomycin

3. The differential diagnosis of vulva swelling includes all the followings EXCEPT:

- a. Bartholin's cyst
- b. Hematoma
- c. Condyloma
- d. Nabothian cyst
- e. Papilloma

4. A 38 year old woman is seen for the evaluation of a swelling in her right vulva. She has also noted pain in this area when walking and during coitus. On examination a mildly tender fluctuant mass was noticed just outside the introitus in the right vulva. What is the most likely diagnosis?

- a. Bartholin's abscess
- b. Lymphogranuloma venerum
- c. Chancroid
- d. Vulva Carcinoma
- e. Herpes infection

5. A 59 year old woman presents with post-coital bleeding following her first episode of sexual intercourse in 10 years. What is the single most likely cause that has led to post-coital bleeding?

- a. Endometrial carcinoma
- b. Atrophic vaginitis
- c. Endometrial polyp
- d. Cervical carcinoma
- e. Cervical Ectropion

6. 25 year old woman presents with urinary frequency, dysuria and fever. Urine microscopy shows 20-50 RBC and 10-20 WBS in each field. What is the most probable diagnosis?

- a. Schistosomiasis
- b. Kidney trauma
- c. Ureteric calculus
- d. Bladder calculi
- e. Cystitis

7. A 29 year old lady admitted with history of repeated UTI now developed hematuria with lower pain. What is the most probable diagnosis?

- a. Acute pyelonephritis
- b. Chronic pyelonephritis
- c. UTI
- d. Bladder stone
- e. Kidney trauma

8. Sub Urethral diverticula may occur as a sequelae to infection of:

- a. Bartholin's gland
- b. Skene's gland
- c. Clitoral Gland
- d. Vulvovaginal gland
- e. Urethral gland

9. A young patient has come to the gynae OPD with complaints of vaginal itching and discharge. She has family history of diabetes. Which of the following infections is likely to occur in her case?

- Candidiasis
- Gonococcal infection
- Herpes genitalis
- Trichomoniasis
- Bacterial vaginosis

10. A 12 year old girl comes to a physician because of a vaginal discharge. The discharge started about 2 months ago and is whitish in colour. There is no odor. The patient has no complaints of itching, burning or pain. The patient started breast development at 9 years of age and her pubertal development has proceeded normally at this point. She has not had her first menses and she is not sexually active. She has no medical problems.

Examination is normal. Microscopic examination of the discharge shows no evidence of pseudophase, cilia cells or trichomonas. Which of the following is the most likely diagnosis?

- Bacterial vaginosis
- Candida vulvovaginitis
- Physiologic leucorrhoea
- Primary amenorrhoea
- Trichomoniasis

11. A 48 years old para 6 has come to OPD with recurrent vulvovaginitis. O/E, she has curdy discharge with soreness of external genitalia. She is known diabetic having poor compliance with medication. The most probable cause of her recurrent vulvovaginitis is?

- Bacterial vaginosis
- Candida albicans
- Herpes zoster
- Herpes simplex
- Trichomonas vaginalis

12. Which of the following statements about Toxic Shock Syndrome is TRUE?

- The symptoms are largely caused by an endotoxin
- Intravenous penicillin is the initial antibiotic of choice
- Tampon use is a predisposing factor
- Staphylococcus aureus typically is cultured from the blood
- The uterus is a common site of infection

13. Which of the following is a typical manifestation of Toxic Shock Syndrome?

- Hypertension
- Increased glomerular filtration rate
- Elevated serum bilirubin level
- Painless ulcer of the mouth
- Thrombophilia

14. A 33 year old woman with an intrauterine contraceptive device develops symptoms of acute salpingitis. On laparoscopy, sulfur granules appear at the fimbria of the tube. Which of the following is the most likely organism?

- Chlamydia trachomatis
- Nocardia species
- Neisseria gonorrhoeae
- Treponema pallidum
- Actinomyces species

15. Which of the following is the common cause of an infectious vulvar ulcer disease?

- Syphilis
- Herpes simplex virus
- Chancroid
- Lymphogranuloma venereum
- Bartholin gland abscess

16. A 27 year old woman has been diagnosed with HIV infection based on a positive ELISA test and confirmed by western blot analysis. Which of the following is the most likely mode of infection?

- a. Exposure to infected blood via splash contamination
- b. Heterosexual intercourse
- c. Homosexual intercourse
- d. Intravenous drug use
- e. Renal dialysis

17. A 26 year old G0 P0 woman has regular menses every 28 days. Semen analysis of husband is normal. The patients husband had a post coital test revealing mobile sperm and patient had stretchy, watery cervical mucus. She has been treated for chlamydial infection in the past. Which of the following is the most likely etiology of her infertility?

- a. Peritoneal factor
- b. Male factor
- c. Uterine factor
- d. Tubal factor
- e. Ovulatory factor

18. A 48 year old para 6 has come to OPD with recurrent vulvovaginitis. O/E she has curdy discharge with soreness of extenal genitalia. She is known diabetic with poor compliance with medication. The most probable cause of her recuurent vulvovaginitis is:

- a. Bacterial vaginosis
- b. Candida albicans
- c. Herpes zoster
- d. Herpes simplex
- e. Trichomonas vaginalis

19. Which of the followiing maintains the normal pH of vagina?

- a. Acetic acid
- b. Lactic acid
- c. Acetoacetic acid
- d. Glucuronic acid
- e. All of them

20. Which of the following is the most likely diagnosis in a 70 year old patient with pyometra?

- a. Malignancy
- b. Tuberculosis
- c. Staphylococcal infection
- d. Sepsis
- e. Sexually Transmitted Disease

21. Mrs Asghar came to outpatient department with complaints of fol smelling discharge which is often frothy with brown or green colour. She has severe prutitis vulvae. On examination she has swelling and redness of external genitalia with "STRAWBERRY CERVIX" on per speculum examination. The most probable cause for her symptoms is:

- a. Bacterial viginosis
- b. Candidiasis
- c. Chlamydia trichomatis
- d. Niessleria gonorrhoea
- e. Trichomonas vaginalis

22. What complications occurs with chlamydial infection?

- a. Miscarriage
- b. Septic shock
- c. Encephalitis
- d. Congenital cataract
- e. Perhepatitis: Fitz-hugh-curtis syndrome

23. On bimanual examination, bilateral adnexal masses were palpated. A transvaginal scan showed bilateral rubo-ovarian abscesses. What is the most appropriate next step in her management?

- a. Admit the patient for emergency laporoscopic drainage
- b. Admit the patient and give her IV antibiotics
- c. Treat with multiple oral antibiotics as an outpatient
- d. Call interventional radiotherapy to perform CT guided aspiration
- e. Perform emergency laparotomy and remove both ovaries

24. Which of the following is a common manisfestation of upper urinary tract infection rather than simple cystitis?

- a. Fever
- b. Urgency
- c. Hesitancy
- d. Dysuria
- e. All of the above

25. Which is least suggestive of a urinary tract infection?

- a. Urine showing presence of leukocytes esterase
- b. Urine microscopy showing leukocytes
- c. Urine microscopy showing crystals
- d. Urine microscopy showing bacteria
- e. Urine microscopy showing the presence of nitrites

26. An 18 year old woman undergoes laparoscopy for an acute abdomen. Erythematous fallopian tubes are noted. Cultures of the purulent drainage most likely would reveal which of the following?

- a. Multiple organisms
- b. Neisseria gonorrhoea
- c. Chlamydia trachomatis
- d. Peptostreptococcus species
- e. Treponema pallidum

27. Chronic endometritis and pyometra develops due to

- a. Senile endometritis
- b. Tubercular endometritis
- c. Following radiotherapy
- d. Myomatous fibroid polyp
- e. All of the above

28. A 60 year old woman is diagnosed with endometrial cancer. Which of the following is a risk factor for endometrial cancer?

- a. Multiparity
- b. Herpes Simplex infection
- c. Diabetes mellitus
- d. Oral contraceptive use
- e. Smoking

29. Erosion of the cervix can be mistaken for which of the following:

- a. Decubitis ulcer
- b. Syphilitic ulcer
- c. Tubercular ulcer
- d. Cancer cervix
- e. All of the above

30. A 30 year old lady complaining of vaginal discharge, itching and discomfort. On per sepeculum examination there is strawberry colour appearance of vagina. The most likely infection:

- a. Candidiasis
- b. Trichomoniasis
- c. Chlamydia Infection
- d. Granuloma inguinale
- e. Herpes simplex Infection

31. Woman complaining of milky whitish discharge with fishy odour. No history of itching. Most likely diagnosis is

- a. Bacterial Vaginosis
- b. Trichomoniasis
- c. Candidiasis
- d. Urinary Tract Infection
- e. Lichen Plans

32. A 39 year old woman, Gravida 4, Para 3, comes to the physician for a prenatal visit. Her menstrual period was 8 weeks ago. She has had no abdominal pain or vaginal bleeding. She has no medical problems. Examination is remarkable except for an 8-week sized, non-tender uterus. Prenatal labs are sent. The VDRL and rapid plasma reagin (RPR) tests come back as positive. Which of the following is the most appropriate diagnosis?

- a. Bacterial vaginosis
- b. Rubella
- c. Syphilis
- d. Toxoplasmosis
- e. Trichomonas

33. A 30 year old woman gravida 4 para 3, comes to the OPD for a prenatal visit. Her last menstrual period was 8 weeks ago. She has single painless ulcer on external genitalia with bilateral non tender inguinal lymphadenopathy. The rapid plasma reagin (RPR) test comes back as positive and a confirmatory microhemagglutination assay for antibodies to treponema pallidum (MHA-TP) test also comes back positive. Which of the following is the most appropriate pharmacotherapy?

- a. Erythromycin
- b. Levofloxacin

GYNAE-- INFECTIONS OF GENITAL, URINARY PROBLEMS & CONTRACEPTION

- c. Metronidazole
- d. Penicillin
- e. Tetracycline

34. The most common site of genital tuberculosis is:

- a. Ovary
- b. Fallopian tube
- c. Uterus
- d. Cervix
- e. None

35. The commonest cause of Bartholin'sitis is:

- a. Gonococcal infection
- b. Staphylococcal infection
- c. E. coli
- d. Chlamydial infection
- e. None

36. The most common symptom of herpes is:

- a. Fever
- b. Vulval pain
- c. Vaginal discharge
- d. Vulval bleeding
- e. All of the above

37. The characteristic features of leukoplakia vulva are:

- a. White patches over the skin
- b. Affects mainly the labia majora
- c. It appears as thick, indurated skin.
- d. All of the above
- e. None

38. Treatment of choice for granuloma inguinale is:

- a. Sulfas
- b. Penicillin
- c. Tetracycline
- d. Gentamicin
- e. Macrolides

39. Soft sore (chancre) is caused by:

- a. Chlamydia Trachomatis
- b. Gardnerella
- c. Ducrey bacillus
- d. Klebsiella
- e. None of the above

40. High karyopyknotic index in vaginal cytology is seen in:

- a. Early proliferative phase of menstrual cycle
- b. Late proliferative phase
- c. Secretory phase
- d. During pregnancy
- e. Old age

41. A 5 year old child is brought with a history of blood stained discharge. What is the possible diagnosis?

- a. A foreign body in the vagina
- b. Gonococcal infection
- c. Sarcoma of the vagina
- d. Imperforated hymen
- e. All of the above

2. CONTRACEPTIVE & INFERTILITY

1. A 35 year old lady who has been using IUCD for one year is complaining of pelvic pain and heavy painful period. Select the most likely cause leading to her symptoms:

- a. PID
- b. Endometriosis
- c. Adenomyosis
- d. Fibroids
- e. Asherman's Syndrome

2. A 20 year old young lady comes to the lady doctor for advice regarding cervical carcinoma. She is worried as her mother passed away because of this. She would like to know what is the best method of contraception in her case?

- a. POP
- b. Barrier Method
- c. IUCD
- d. COCP
- e. Intrauterine

3. Which of the following contraceptive methods should not be used by a patient with coronary heart disease?

- Combines oral contraceptive pills
- Male condom
- Female condom
- Diaphragm
- Spermicidal agent

4. A 30 year old P3 was using contraceptive pills. She forgot to take the pill last night. Her family is complete and she wants to avoid pregnancy. The best advice to her is:

- IUCD insertion
- Start new pack
- Take the missed pill immediately
- Use barrier method
- Use emergency contraceptive

5. A 30 year old P1 lady has irregular bleeding for the last 7 months. She is not giving any history of vaginal discharge. Investigations exclude pelvic inflammatory disease. What is the best option regarding her management?

- Antifibrinolytics
- Hormonal treatment
- Hysterectomy
- Non-steroidal anti-inflammatory drugs
- Endometrial ablation

6. A 32 year P6 came to OPD and want to discuss different methods of contraception. On examination Bp 100/60 mmHg, pulse is 80. The doctor asked for history to assess her suitability for oral contraceptive pills. Which of the following is contraindication for OCPs?

- More than 25 years of age
- History of anemia
- Normotensive women
- History of thromboembolism
- History of PID

7. Intrauterine pregnancy occurs in a woman using an Intrauterine contraceptive device (IUCD). The IUCD threads are visible. What is the reason to recommend removal of the device out of the following options?

- To prevent septic abortion and preterm labour
- To prevent post partum hemorrhage
- To prevent perforation
- To prevent congenital abnormality
- To prevent fetal demise

8. A couple came to OPD and husband gave history of vasectomy 6 months ago but her wife is 16 weeks pregnant. What is the most likely cause of failure method?

- Failure of operative procedure
- Pregnancy antedating vasectomy
- Recanalisation of vas deference
- Failure to use additional contraception in the postoperative period
- Idiopathic

9. A 29 year old woman desired for a reversible method of contraception. After reviewing the various options, she chooses depot medroxyprogesterone acetate. Which of the following is the most common side effect she will have?

- Irregular bleeding
- Raised blood sugar levels
- Raised serum creatinine
- Pelvic pain
- Gall stones

10. A couple presented in OPD with H/O infertility for the last 2 years. Husband's semen analysis was advised. What is WHO criterion for minimum sperm count in normal semen?

- 20 million per ml
- 20 million per ejaculation
- 40 million per ml
- 30 million per ml
- 30 million per ejaculation

GYANE-- INFECTIONS OF GENITAL, URINARY PROBLEMS & CONTRACEPTION

11. 32 year old female comes to the infertility clinic with history of previous 2 ectopic pregnancies and two salpingectomies done for her condition. What is the best option for conception?

- a. Hysterosalpingography
- b. In Vitro Fertilization
- c. Intrauterine insemination
- d. Ovulation induction
- e. Conservative management

12. Which is the best management option in case for male factor infertility?

- a. IVF
- b. Intracytoplasmic sperm injection
- c. Intra-uterine insemination
- d. Gamete intrafallopian transfer
- e. Zygote intrafallopian transfer

13. Presence of pyometra in post menopausal females strongly suggests:

- a. Diabetes mellitus
- b. Degenerating myoma
- c. Senile endometritis
- d. Malignancy
- e. Sexual promiscuity

14. Clinical findings of Polycystic Ovarian (PCOD) includes all except:

- a. Obesity
- b. Oligomenorrhoea
- c. infertility
- d. Tall stature
- e. Hirsutism

15. Which of the following is used as an emergency contraceptive?

- a. Combines oral contraceptive pills
- b. Progesterone only
- c. Levonorgestrel (EM-Kit)
- d. Primary Amenorrhoea
- e. Trichomoniasis

16. A 28 year old G1 P1 woman complains of painful menses and pain during intercourse. She has menses every month and denies a history of sexually transmitted diseases. Which of the following tests would most likely identify the etiology of the infertility?

- a. Semen analysis
- b. Laparoscopy
- c. Basal body temperature chart
- d. Hysterosalpingogram
- e. Progesterone assay

17. 30 years old woman is using oral contraceptive pills for the last 2 years consecutively. She has stopped taking them 6 months ago & has not yet had a menstrual period. All of the following facts are correct in the subsequent management of this patient EXCEPT:

- a. A progesterone challenge test induces withdrawal bleeding in almost all of such patients
- b. If she was oligomenorrhoeic before using the pills, her pretreatment menstrual pattern is likely to return after discontinuation
- c. Most women resume regular menses within 6 months after discontinuation of the oral contraceptives
- d. Post pill amenorrhoea occurs approximately with the same incidence as spontaneous amenorrhoea in the general population
- e. The development of amenorrhoea correlates directly with the progesterone content of the oral contraceptive

18. Which of the following procedures describes washing the sperm and injecting them into the uterine cavity?

- a. Embryo splitting
- b. Transvaginal ovum retrieval
- c. Intrauterine insemination
- d. Cytoplasmic transfer
- e. Assisted zona hatching

19. Which of the following can be used as an emergency contraceptive pill upto 72 hours after intercourse?

- a. Levonorgestrel
- b. Medroxyprogesterone
- c. Depo-provera
- d. Estrogen-only pill
- e. Micronor

20. The mechanism of action of oral contraceptive pills includes all of the following except:

- a. Enhances androgen production
- b. Alter cervical mucus
- c. Alter the endometrium
- d. Ovulation suppression
- e. Alters tubul motility

21. Which of the following statements about TSS is true?

- a. The symptoms are largely caused by an endotoxin
- b. Intravenous penicillin is the initial antibiotic of choice
- c. Tampon use is a predisposing factor
- d. Staphylococcus aureus typically is cultured from the blood
- e. The uterus is a common site of infection

22. Which of the following describes the usual sequence of skin changes in TSS?

- a. Sunburn rash to desquamation to maculopapular rash
- b. Maculopapular rash to sunburn rash to desquamation
- c. Sunburn rash to maculopapular rash to desquamation
- d. Hypotension to sunburn rash
- e. None of the above

23. The following is an absolute contraindications to be combined oral contraceptive pills:

- a. Age above 35 years
- b. Diabetes mellitus

- c. Previous history of viral hepatitis
- d. Prosthetic heart valve
- e. Varicose veins

24. A 22 year old G0 P0 woman complains of irregular menses every 30-65 days. Semen analysis is normal. The hysterosalpingogram is normal. Which of the following is the most appropriate treatment for this patient?

- a. Laparoscopy
- b. Intrauterine insemination
- c. IVF
- d. Clomiphene citrate
- e. None of the above

25. A nulli para married since 3 years came with the complaints of galactorrhea and inability to conceive. On investigations prolactin level is moderately raised. She is worried about the cause and management of this condition. Which of the following is not true regarding hyperprolactinemia?

- a. Can be drug induced
- b. Can cause infertility
- c. Dopamine agonist is the treatment of the choice
- d. In case of pituitary adenoma surgical removal is the best choice
- e. Stres can play role

26. Nonoxynol-9 which of the following is true?

- a. It is a new oral contraceptive pill
- b. It is a postcoital pill
- c. Spermicidal agent
- d. A + B
- e. None

27. Which of the following investigations are required in suspected case of persistent trophoblastic disease?

- a. Ultrasound
- b. Curettage
- c. Beta-hCG level in the serum
- d. CT lungs, brain
- e. All of the above

GYANE-- INFECTIONS OF GENITAL, URINARY PROBLEMS & CONTRACEPTION

28. Premenstrual tension syndrome with mastalgia

is treated with any of the following except:

- a. Danazol
- b. Bromocriptine
- c. GnRH
- d. Oestrogen
- e. None

29. Which of the following is a typical manifestation of TSS:

- a. Hypertension
- b. Increased glomerular filtration rate
- c. Elevated serum bilirubin level
- d. Painless ulcer of the mouth
- e. Thrombophilia

30. A 22 years old lady who is married 06 months, wants to conceive. She has regular menstrual cycle & wants to know about various methods to predict ovulation. Which of the following is the best method to predict the occurrence of ovulation?

- a. Thermogenic shift in basal body temperature
- b. LH surge
- c. Endometrial decidualization
- d. Profuse, thin, acellular cervical mucus
- e. Mittelschmerz

31. A 30 year old woman had diagnostic laparoscopy for infertility work up & was found to have moderate endometriosis (stage 2) with implants on the surface of right ovary. Which of the following statements about this patient is not true?

- a. Administration of Danazol for 6 months is an appropriate treatment
- b. Daily dose of 400mg, 600mg, or 800mg of danazol will be expected to yield similar results
- c. Endometriosis should be considered as a cause of infertility
- d. Increased peritoneal fluid prostaglandin concentrations have been reported in endometriosis
- e. Prognosis for pregnancy in this patient is less than 20%

32. Absolute contraindications of oral combined contraceptive pills include all of the following EXCEPT

- a. Active liver disease
- b. Current breast cancer
- c. Inherited thrombophilia
- d. Poorly controlled diabetes
- e. Soon after 10 weeks miscarriage

33. A 30 year old para 3 presented with history Intrauterine contraceptive device inserted 2 months ago. She is unable to feel thread and developed lower abdominal pain of dull nature all the time. The earliest diagnosis of misplaced IUCD is by:

- a. Hysteroscopy
- b. Uterine sound
- c. Laparotomy
- d. Ultrasound
- e. Laparoscopy

34. A 25 years old married young lady has endometriosis. Which drug can be given to treat her disease?

- a. Medroxyprogesterone
- b. Ethynyl estradiol
- c. Diane-35
- d. Danazole
- e. Diclofenac sodium

35. What percentage of couples will conceive within 1 year regular unprotected intercourse?

- a. 50%
- b. 60%
- c. 70%
- d. 80%
- e. 90%

36. A 35 year old P5 had accidental condom rupture during coitus at 12th day of menstrual cycle. Her family is complete & she wants to avoid pregnancy. The best immediate contraception for her is:

- a. INJ Mifepristone
- b. Tablet misoprostal
- c. Progesterone containing IUCD
- d. Tablet Levonorgestrel
- e. Yuzpep Regimen

1. PROLAPSE AND INCONTINENCE

1. Which of the following factors predispose to genital prolapsed?

- Repeated LSCS
- Multiparity
- Pelvic Inflammatory disease
- Endometriosis
- Repeated candidiasis

2. A 38 year old multigravida woman complains of the painless loss of urine, beginning immediately after coughing, laughing, lifting, or straining. Immediate cessation of the activity stops the urine loss. This history is most suggestive of:

- Fistula
- Stress incontinence
- Urge incontinence
- Urethral incontinence
- UTI

3. Which of the following regarding the barrier contraceptive is wrong?

- It is effective in 95%
- It prevents STI
- It prevents cervix 1 cancer
- It prevents transmission of HIV infection
- None

4. A 50 year old lady came to OPD with complaints of urinary urgency, frequency and urge incontinence, not responding to medical treatment. She has cystometry report which shows early first sensation to void with reduced bladder capacity and detrusor pressure <15 cm of water during filling phase. The most likely diagnosis for her complaints is:

- Detrusor instability
- Genuine stress incontinence
- Overflow incontinence
- Urinary tract infection
- Vesico vaginal fistula

5. A 42 year old woman has a long standing diabetes mellitus and complains of small amounts of constant dribbling or urine loss with coughing or lifting. What is the best therapy?

- Placement of ureteral stents
- Surgical repair
- Propranolol
- Placement of an artificial urethral sphincter
- Intermittent self-catheterization

6. The most appropriate treatment for detrusor over activity is:

- Pelvic floor exercise
- Transvaginal tape procedure
- Bladder retraining and anti cholinergic medication
- Weight reduction
- Lifestyle modification

7. The most common cause of prolapse is?

- Menopausal changes in the supporting structures
- Repeated caesarean deliveries
- Cervical laceration during labour,
- All of the above
- None

8. A young woman complains of 3 months amenorrhoea and retention of urine. The probable diagnosis is all except:

- Retroverted gravid uterus
- Ectopic pregnancy
- Pregnancy with a fibroid
- Hydatidiform mole
- None

9. URGE INCONTINENCE:

- Is due to pelvic anatomic defect
- Patent inflammatory disease
- Can be treated medically
- Can be treated surgically with sling
- TVT is the treatment of choice

10. Which of the following tests is not required in the diagnosis of stress incontinence?

- a. Bonny pessary test
- b. Micturition cystourethrogram
- c. Uroflowmetry
- d. Methylene Blue test
- e. None

11. Colonic implantation of the ureter can cause all of the following complications except:

- a. Ascending infection
- b. Hydronephrosis
- c. Hyperchloraemic acidosis
- d. Rectal fistula
- e. None of the above

12. A 50 year old lady, came to OPD with complaints of urinary urgency, frequency & urge incontinence, not responding to medical treatment. She has cystometry report which shows early first sensation to void with reduced bladder capacity and detrusor pressure > 15 cm of water during filling phase. The most likely diagnosis for her urinary complaints is:

- a. Detrusor instability
- b. Genuine stress incontinence
- c. Overflow incontinence
- d. UTI
- e. Vesico vaginal fistula

13. Vaginal tear is the most common cause of third degree perineal tear?

- a. Kielland forceps
- b. Ventouse extraction
- c. Face delivery
- d. Evisceration
- e. None

14. Ureteric fistula is managed by

- a. Uteric implantations into the bladder
- b. Colonic implantation
- c. Ileal bladder
- d. Ureteroureteric anastomosis
- e. All of the above

ANSWER KEYS

1. INFECTIONS

1.E	2.B	3.D	4.A	5.B	6.E
7.A	8.B	9.A	10.C	11.B	12.C
13.C	14.E	15.B	16.B	17.D	18.B
19.B	20.E	21.E	22.E	23.B	24.A
25.C	26.A	27.e	28.C	29.E	30.B
31.A	32.C	33.A	34.B	35.A	36.B
37.D	38.C	39.C	40.B	41.A	42.E

2. CONTRACEPTIVES AND INFERTILITY

1.A	2.B	3.A	4.C	5.B	6.D
7.A	8.D	9.A	10.A	11.B	12.B
13.D	14.D	15.C	16.B	17.D	18.C
19.A	20.A	21.C	22.C	23.D	24.D
25.D	26.C	27.E	28.D	29.C	30.B
31.E	32.E	33.D	34.D	35.E	36.D

3. PROLAPSE AND INCONTINENCE

1.B	2.B	3.A	4.A	5.B
6.C	7.A	8.B	9.C	10.D
11.E	12.A	13.E	14.E	15.D

BENIGN AND MALIGNANCIES OF GT

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1. UTERUS

- The commonest uterine fibroid to cause excessive bleeding is
 - Submucous fibroid
 - Subserous fibroid
 - Intramural fibroid
 - Cervical fibroid
 - Broad ligament fibroid
- The following are true about Leiomyomas except
 - Usually multiple
 - Usually malignant
 - Usually discrete
 - Usually spherical or irregular lobulated
 - Usually easy enucleated from the surrounding myometrium
- A 20 year old lady pregnant in 1st trimester came complaining of lower abdominal pain. On examination a mass continued with the uterus is found. What is the likely diagnosis?
 - Red degeneration of fibroid
 - Ectopic pregnancy
 - Uterine rupture
 - Rupture placenta
 - Placenta previa
- A 23- year old woman is being followed up 6 weeks after a surgical procedure to evacuate the uterus following a miscarriage. The histology has shown changes consistent with a hydatidiform
 - Abdominal US
 - Maternal karyotype
 - Paternal blood group
 - Serum Beta HCG
 - Transvaginal US
- Endometrial adenomyocarcinoma is most often preceded by:
 - Cystic hyperplasia
 - Endometrial hyperplasia
 - Endometrial hyperplasia with cytological atypia
 - Arias- Stella phenomena
 - Microcytic glandular hyperplasia
- An increased incidence of endometrial hyperplasia & endometrial carcinoma has been described in patients with which of the following?
 - Multiparty
 - Chron's disease
 - Delayed menarche
 - Exogenous of estrogen
 - Combined OCP
- Definitive initial therapy for Hydatidiform mole is most commonly
 - Evacuation
 - Abdominal hysterectomy
 - Evacuation followed by Methotrexate therapy
 - Evacuation followed by hysterectomy
 - Radiation
- A 63 years old obese women presents with a 3 months history of continuous scanty bleeding. After adequate history and physical examination what is your recommendation?
 - Cervical cone biopsy
 - D & C
 - Cycling with progestin
 - Laparoscopy
 - Official visit every 6 months for the evaluation

9. A woman develops "red degeneration of fibroid" at 13 weeks of pregnancy. Which of the following is the most appropriate treatment?

- a. Conservative management
- b. Caesarian delivery at term
- c. Immediate myomectomy
- d. Immediate termination of pregnancy
- e. Immediate myomectomy plus termination of pregnancy

10. An outpatient procedure that destroys the endometrium and fibroids up to 4 cm in diameter is called

- a. Microwave ablation
- b. Transcervical resection
- c. Myomectomy
- d. Mirena
- e. Endometrial curettage

11. Which of the following types of uterine fibroids would most likely lead to recurrent abortion?

- a. Mucosal
- b. Intramural
- c. Sub serosal
- d. Parasitic
- e. Pedunculated

12. A 45 years old lady is being diagnosed as having carcinoma breast and is currently on Tamoxifen treatment. Tamoxifen increases the risk of which of the following carcinoma?

- a. Cervical carcinoma
- b. Endometrial carcinoma
- c. Ovarian carcinoma
- d. Tubal carcinoma
- e. Vulval carcinoma

13. A 24 years old lady presents in gyna clinic with the history of 9 weeks gestation & bright red vaginal bleeding +uterine cramps. Pelvic examination was not diagnostic. The most appropriate next step in the patient's management is to

- a. Advise complete bed rest
- b. Begin progesterone treatment

- c. Obtain a pelvic ultrasound scan
- d. Obtain a quantitative serum beta hCG level
- e. Perform colposcopy

14. A 50 years old lady came to OPD with foul smelling dirty vaginal discharge and post coital bleeding. She is also complaining of pain in left renal area since one month. On pelvic examination, there is an irregular friable growth arising from cervix and involving lower third of vagina. Her abdomino-pelvic U/S shows enlarged uterus with thick endometrium & left sided hydronephrosis. You are suspecting cervical carcinoma and will stage her as:

- a. Stage II b
- b. Stage III
- c. Stage III a
- d. Stage III b
- e. Stage IV

15. A 35 years old para 6, came to OPD for irregular bleeding P/V since her last evacuation of molar pregnancy, 06 months back. She had all normal vaginal deliveries. Her beta hCG is 100,000IU/L. On U/S abdomen she has 5 metastatic lesions of about 3-5 cm in her liver. She has no prior chemotherapy received. Keeping in view the above case scenario, her total score for classification is:

- a. 06
- b. 08
- c. 10
- d. 12
- e. 14

16. Which of the following is the most important therapeutic measure in the treatment of stage I (confined to the uterus) endometrial cancer?

- a. Radiation therapy
- b. Chemotherapy
- c. Immunostimulation therapy
- d. Progestin therapy
- e. Surgical therapy

17. Which of the following types of uterine fibroids would most likely lead to recurrent abortion?

- a. Submucosal
- b. Intramural
- c. Subserous
- d. Parasitic
- e. Pedunculated

18. Hysterosalpingography can be used to diagnose all of the following except:
- Endometrial polyps
 - Submucous fibroids
 - Ovarian cyst
 - Blocked tubes
 - Asheman's syndrome
19. A 28 years old G3P2 has presented with complaints of brownish vaginal discharge, passage of vesicles and excessive vomiting. Ultrasound scan shows snow storm appearance with no fetus. The most likely diagnosis is
- Septic induced abortion
 - Twin pregnancy
 - Gestational trophoblastic disease
 - Ectopic pregnancy
 - Fibroid uterus
20. In a patient with missed miscarriage at 10 weeks, all of the following are the treatment options except
- Misoprostol
 - Dilatation & curettage
 - Manual vacuum aspiration
 - Intramuscular methotrexate at a dose of 50mg/m²
 - Suction & curettage
21. Acceptable treatment of fibroid includes all of the following except
- No treatment at all
 - Myomectomy during pregnancy if red degeneration occurs
 - Hysterectomy
 - Myomectomy
 - Uterine artery embolization
22. Laparoscopy is used for the diagnosis of the following except
- Ectopic pregnancy
 - Ovarian cyst
 - Subserous fibroid
 - Endometriosis
 - Submucous fibroids
23. A 16 years old girl presented with a mass in the pelvis. All of the following investigations can be done except
- CT scan
 - Pap smear
 - MRI
 - Laparoscopy
 - Ultrasound scan
24. Which of the following tumors is least likely to be harmonically active?
- Sertoli Leydig cell tumor
 - Granulosa cell tumor
 - Thecoma
 - Fibroma
 - Androgen secreting tumor of the ovary
25. Endometrial adenocarcinoma is most often preceded by
- Cystic hyperplasia
 - Endometrial hyperplasia without atypia
 - Endometrial hyperplasia with cytological atypia
 - Arias-Stella phenomena
 - Dyskeratosis on Pap smear
26. A 25 years old lady with multiple fibroids is planned to have myomectomy. What is an important point for the pre-operative discussion during consent process?
- Small but a significant risk at uncontrolled life threatening bleeding during myomectomy leading to hysterectomy
 - Risk of deep vein thrombosis
 - Risk of recurrence of fibroids
 - Infertility
 - Need of blood transfusion
27. Pipelle biopsy should be performed in women with
- For unusual vaginal discharge
 - In women over 40 years with irregular or intermenstrual bleeding
 - For detection of cervical intraepithelial neoplasia
 - For intense vulval itching

28. Which of the following is the most therapeutic measure in the treatment of stage I (confined to the uterus) endometrial cancer?

- a. Radiation therapy
- b. Chemotherapy
- c. Immuno- stimulation therapy
- d. Progestin therapy
- e. Surgical therapy

29. Which of the following types of uterine fibroids would most likely lead to recurrent abortion?

- a. Submucosal
- b. Intramural
- c. Subserous
- d. Parasitic
- e. Pedunculated

30. A 65 year old woman is noted to have suspected uterine fibroids on physical examination. Over the course of 1 year, she is noted to have enlargement of her uterus from approximately 12 weeks size to 20 weeks size. Which of the following is the best management?

- a. Continued careful observation
- b. Monitoring with ultrasound examinations
- c. Exploratory laparotomy with hysterectomy
- d. Gonadotropin-releasing hormone agonist (GnRH)
- e. Progestin therapy

31. Which of the following is the most common clinical presentation of uterine leiomyomata?

- a. Infertility
- b. Menorrhagia
- c. Ureteral obstruction
- d. Pelvic pain
- e. Recurrent abortion

32. Myomectomy is indicated in which of the following?

- a. Woman under 40 years
- b. Woman over 40 years
- c. During pregnancy
- d. During caesarean section
- e. All of the above

33. An obese 63 years old woman present with a 3 month history of continuous scanty bleeding. Adequate history and physical examination what is your recommendation?

- a. Cervical cone biopsy
- b. Cycling with progestin
- c. Endometrial biopsy
- d. Laparoscopy
- e. Official visit every 6 months for the evaluation

34. The best treatment for Hydatiform mole is

- a. Dilatation and curettage
- b. Suction curettage
- c. Fractional curettage
- d. Diagnostic curettage
- e. Hysterectomy

35. If you find that a 25 year old patient with amenorrhea of 18 weeks duration had an elevated serum hCG, and absent fetal heart & movement and uterine size 28 weeks which of the following would be the most likely diagnosis:

- a. Hydatidiform mole
- b. Missed abortion
- c. Normal pregnancy
- d. Ovarian carcinoma (primary)
- e. Twin pregnancy

36. A 20 years old lady in her 2nd pregnancy developed H Mole. She had evacuation and advised to have weekly beta hCG. After the beta hCG titer becomes undetectable, the patient should be followed with monthly titers for a period of:

- a. 1 year
- b. 2 years
- c. 3 months
- d. 5 years
- e. 6 months

37. A 40 years old P6 woman complains of menometrorrhagia and dysmenorrhea that progressed gradually, the most likely diagnosis is:

- a. Adenomyosis
- b. Cervical cancer
- c. Endometrial cancer
- d. Endometrial polyps
- e. Ovarian cyst

38. Hydatidiform mole (H.mole) is a
- Echinococcal cystic disease of the uterus
 - Cystic degeneration of the chorionic villi
 - Malignant disease of the chorionic tissue
 - Carcinoma mole
 - None

39. Fibromyoma most commonly occurs in
- Adolescent girls
 - Childbearing age
 - Peri menopausal age
 - Any time
 - None

40. Normal endometrial thickness in a menopausal woman should not exceed
- 1 mm
 - 2 mm
 - 4 mm
 - 8 mm
 - 10 mm

2. OVARIES AND FALLOPIAN TUBE

1. A 14-year old girl is clinically obese. She has not started her periods yet and has severe ache. Among her investigations, a high insulin level is found. What is the most probable diagnosis?

- Cushing's syndrome
- Grave's disease
- Acquired hypothyroidism
- Polycystic ovary syndrome (PCOS)
- Addison's disease

2. A 63 years old lady presents with abdominal mass and weight loss. She was diagnosed as having an ovarian tumor. The most common ovarian tumor in this woman would be:

- Germ cell tumor
- Epithelial tumor
- Stromal tumor
- Sex cord tumor
- Trophoblastic tumor

3. Which of the following is a germ cell tumor?

- Granulosa cell tumor
- Thecoma
- Sertoli Leydig cell tumor
- Teratoma
- Fibroma

4. What is the best management for dermoid cyst found in 18 years of Nullipara?

- Total abdominal hysterectomy
- Unilateral salpingo-oophorectomy
- Ovarian cystectomy
- Observation
- Oral contraceptives

5. Pseudo myxoma peritonei may occur as a consequence of rupture of which ovarian cyst?

- Dermoid
- Struma ovarii
- Serous cystadenoma
- Mucinous cystadenoma
- Cystadenofibroma

6. All are epithelial ovarian tumors except:

- Brenner
- Mucinous adenocarcinoma
- Endometrioid tumor
- Teratoma
- Serous adenocarcinoma

7. Which of the following is the most common clinical presentation of uterine leiomyomata?

- Infertility
- Menorrhagia
- Ureteral obstruction
- Pelvic pain
- Recurrent abortion

8. Suggestive ultrasound features of ovarian malignancy are the following except

- Bilateral cysts
- Presence of ascites
- Solid components
- Unilocular
- Multilocular

9. Ovarian cancer is more likely to occur in all of the following except

- Nulliparous women
- Women who have breast cancer
- Patients with history of prolonged use of oral contraceptive pills
- Women with family history of ovarian cancers
- Postmenopausal women

10. Ovarian neoplasia most commonly arises from
 a. Ovarian epithelium
 b. Ovarian stroma
 c. Ovarian germ cells
 d. Metastatic disease
 e. Ovarian sex cord/ stroma

11. Which of the following is the early symptom of ovarian cancer?
 a. Pelvic pain b. Bloating c. Dysuria
 d. It is usually asymptomatic in early stages
 e. Difficulty in passing stools

12. A 60 years old lady undergoes total abdominal hysterectomy for stage 1 endometrial carcinoma. What complications may arise in early Post-operative period?
 a. Haemorrhage
 b. Deep vein thrombosis
 c. Wound infection
 d. Vault prolapse
 e. Urinary tract infection

13. A 57 year old postmenopausal woman with hypertension, diabetes, and a history of polycystic ovarian syndrome complains of vaginal bleeding for 2 weeks. The endometrial sampling shows a few fragments of atrophic endometrium. Estrogen replacement therapy is begun. The patient continues to have several episodes of vaginal bleeding 3 months later. Which of the following is the best next step?
 a. Continued observation and reassurance
 b. Unopposed estrogen replacement therapy
 c. Hysteroscopic examination
 d. Endometrial ablation
 e. Serum cancer antigens CA-125 testing

14. A 6 year old girl is noted to have breast development and vaginal spotting. No abnormal hair growth is noted. A 10 cm ovarian mass is palpated on rectal examination. Which of the following is the most likely diagnosis?
 a. Benign cystic tumor
 b. Idiopathic precocious puberty

c. Sertoli-Leydig cell tumor
 d. Congenital adrenal hyperplasia
 e. Granulosa-theca cell tumor

15. A 20 years old unmarried girl presented with mass lower abdomen. On abdomen examination the mass is reaching up to umbilicus, mobile with irregular surface. Ultra sound report shows a multiloculated mass with solid & cystic area. Her tumor marker analysis shows raised beta hCG serum alpha fetoprotein and lactate dehydrogenase. The most probable diagnosis of tumor in this girl is
 a. Chorioncarcinoma
 b. Dysgerminoma
 c. Embryonal cell tumor
 d. Endodermal sinus tumor
 e. Malignant teratoma

16. What treatment will you prescribe to a patient complaining of severe hot flushes and night sweating after TAH+BSO
 a. Combined continuous HRT
 b. Combined sequential HRT
 c. Levonorgestrel intrauterine system
 d. Oral estradiol
 e. Oral progestogens

17. A 35 years old para 5 comes with history of off and on pain of moderate severity in her right iliac fossa. She has history of ovarian cancer in one of her aunt of maternal side. She is very much worried about her risk of carcinoma ovary. She wants to know that her relative risk for a carcinoma ovary is
 a. The relative risk with no affected family member is 2
 b. The relative risk with no affected family member is 3
 c. The relative risk with no affected family member is 4
 d. The relative risk with no affected family member is 5
 e. The relative risk with no affected family member is 6

18. A 28 years old lady para1, comes with history of postnatal 4 months with amenorrhea of 4 months duration. She is very much anxious about the cause as she had pregnancy test done which is negative

- a. Sheehan's syndrome
- b. Asheman's syndrome
- c. Most commonly due to stress
- d. Galactosemia
- e. Hyperprolactenemia

19. A 50 years old lady comes to gynae OPD with history of polymenorrhagia for last one year. Her body mass index is 32 having hypertension from last 10 years. She has developed diabetes in last 5 years. The single most appropriate test for her to undergo is

- a. Ca 125
- b. Hysteroscopy and endometrial sampling
- c. MRI pelvis
- d. BRC, A -1 gene
- e. Histosalpingogram

20. Intra peritoneal metastasis of a primary carcinoma of the ovary extending to the surface of the liver with retro peritoneal positive lymph nodes is consistent with

- a. Stage II b
- b. Stage II c
- c. Stage III a
- d. Stage III c
- e. Stage IV

21. A 54 years old woman is found to have endometrial hyperplasia on endometrial biopsy. A functional ovarian tumour to be suspected is a

- a. Granulosa theca cell tumor
- b. Lipid cell tumor
- c. Mucinous cystadenocarcinoma
- d. Polycystic ovaries
- e. Sertoli leydig tumour

22. After TAH & BSO for stage 1c of endometrial carcinoma, further treatment include

- a. Chemotherapy
- b. Radiotherapy
- c. Hormonal therapy
- d. Second look laparotomy
- e. None of the above

23. CA-125 is a tumor marker of

- a. Ovarian malignancy
- b. Cervical cancer
- c. Vaginal cancer
- d. Lymphoma
- e. Ectopic pregnancy

24. A 21 years old woman presents with left lower quadrant pain. An anterior 7 cm firm adnexal mass is palpated. Ultrasound confirms a complex left adnexal mass with solid components that contains body. What % of these tumors are bilateral?

- a. Less than 1 %
- b. 2 % to 3 %
- c. 10 %
- d. 50 %
- e. Greater than 75 %

25. A 41 years old woman undergoes exploration laparotomy for a persistent adnexal mass. Frozen section diagnosis on serous carcinoma. What is the likelihood that the contralateral ovary is involved in this malignancy

- a. 5 %
- b. 15 %
- c. 33 %
- d. 50 %
- e. 75 %

26. A 50 years old lady had pelvic clearance for Menometrorrhagia. The Histopathology report of the specimen shows involvement of both ovaries by malignancy, abdominal implants of the malignancy of more than 2 cm in diameter with positive inguinal lymph nodes. The correct staging of ovarian carcinoma on this Histopathology report is

- a. Stage IIc
- b. Stage III a
- c. Stage III b
- d. Stage III c
- e. Stage IV

27. The histo-pathology report of a pelvic mass from 22 years old lady, shows brownish greasy material, with features of serum. The mass is lined with epidermis like epithellum & contains skin appendages.

The most likely diagnosis is

- a. Endometrioid cyst adenoma
- b. Epithelial tumor
- c. Granulose cell tumor
- d. Immature teratoma
- e. Mature cystic teratoma

28. A 37 years old lady has come to you with cessation of menses since 04 years & is having hot flushes, anxiety, irritability & severe dyspareunia with dysuria. She had mastectomy done 5 years back for Ca breast & has received chemotherapy & radlotherapy both. The most likely cause of her symptoms is

- a. Cerebral metastasis from breast
- b. Chemotherapy
- c. Pelvic metastasis from breast
- d. Premature ovarian failure
- e. Radlotherapy

29. Which of the following is false about Follicular cyst

- a. Retention cyst
- b. Disappears spontaneously
- c. May cause a short period of amenorrhea
- d. Cause abdominal pain
- e. None

30. Corpus luteal cyst causes which of the following?

- a. Amenorrhea
- b. Disappears spontaneously
- c. Can be mistaken for an ectopic pregnancy
- d. All of the above
- e. None of the above

31. Alpha-fetoprotein is raised in which of the following tumour?

- a. Embryonic cell tumour
- b. Yolk sac tumour
- c. Endodermal sinus tumour
- d. All of the above
- e. None of the above

B. CERVIX

1. The most common benign neoplasm of the cervix & endocervix is a

- a. Polyp
- b. Hematoma
- c. Nabothian cyst
- d. Cervical hood
- e. Gartner's duct cyst

2. Screening is most effective in preventing which of the following cancers?

- a. Vulva
- b. Cervix
- c. Endometrial
- d. Ovary
- e. Fallopian tube

3. A 40 years old, para 5 came to OPD with history of post coital and intermenstrual bleed. On per speculum examination, her cervix is suspicious looking with bleed to touch. All of the following are screening test for cervical neoplasia except:

- a. Colposcopy
- b. Cone biopsy
- c. Liquid based cytology
- d. Pap smear
- e. Visual inspection with lugols iodine

4. A 48 years old female with carcinoma cervix. It is confined to cervix and 3 cm in diameter. She asked about how she has developed those condition. Which of the following is a risk factor for CA cervix?

- a. Null parity
- b. Obesity
- c. Early age of coitus
- d. Family history
- e. Neisseria gonorrhoea

5. On molecular analysis of cervical cancer, which of the following HPV subtypes is most likely to be found in the specimen?

- a. 6 to 11
- b. 16 to 18
- c. 55 to 57
- d. 89 and 86
- e. 78 and 75

6. A 40 years old lady has come to you with history of purulent vaginal discharge. On P/S examination, there is cervical ectropian with a ridge between the vaginal & cervical tissues referred to as collar (cocks comb cervix).

The cocks comb cervix is pathognomic of:

- a. Complication of cone biopsy
- b. Congenital malformation
- c. Impacted vaginal pessary
- d. In utero exposure to Diethylstilbestrol exposure
- e. Vaginal adhesions

7. A 40 years old, para 5 came to outpatient department with history of post coital & intermenstrual bleed. On spectrum examination, her cervix is suspicious looking with bleed to touch. Which of the following is not a screening test for cervical neoplasia:

- a. Colposcopy
- b. Cone biopsy
- c. Liquid based cytology
- d. Pap smear
- e. Visual inspection with lugols iodine

8. The "Pap smear" report of 45 years old, para 5 shows increased nuclear cytoplasmic ratio, increased mitotic figures, Hyperchromasia, Nuclear pleomorphism and variation in size of nuclei, involving two third of cervical thickness. The final diagnostic report in this lady will be:

- a. Carcinoma in situ
- b. Invasive carcinoma
- c. Mild dysplasia
- d. Moderate dysplasia
- e. Severe dysplasia

9. A 33 year old woman has a Pap smear showing moderately severe cervical dysplasia (high grade squamous intraepithelial neoplasia). Which of the following is the best next step?

- a. Repeat Pap smear in 3 months
- b. Conization of the cervix
- c. Colposcopic- directed biopsy
- d. Radical hysterectomy
- e. CT scan of the abdomen and pelvis

10. Screening is most effective in the prevention of which of the following cancers?

- a. Vulva
- b. Cervix
- c. Endometrial
- d. Ovarian
- e. Uterine leiomyosarcoma

11. A 45 year old woman is diagnosed with an early cervical cancer. Which of the following is a risk factor for cervical cancer?

- a. Early age of coitus
- b. Nulliparity
- c. Obesity
- d. Late menopause
- e. Family history of cervical cancer

12. A 33 year old woman has a Pap smear showing moderately severe cervical dysplasia (high grade squamous intraepithelial neoplasia). Which of the following is the best next step?

- a. Repeat Pap smear in 3 months
- b. Conization of the cervix
- c. Colposcopic-directed biopsies
- d. Radical tomographic scan of the abdomen and pelvis
- e. Radical hysterectomy

13. A 26 year old woman taking antibiotics for cystitis complains of itching, burning and a yellowish vaginal discharge. Which of the following is the best therapy?

- a. Metronidazole
- b. Erythromycin
- c. Flucocortisone
- d. Hydrocortisone
- e. Clindamycin

14. A 48 year old postmenopausal woman undergoes Pap smear examination, which reveals atypical glandular cells. Which of the following is the best next step?

- a. Repeat Pap smear in 3 months
- b. Colposcopy, endocervical curettage, endometrial sampling
- c. Hormone replacement therapy
- d. Vaginal sampling
- e. None of the above

15. Micro invasion of carcinoma of the cervix involves a depth below the base of the epithelium of no more than

- a. 1 mm b. 2 mm c. 3 mm
- d. 4 mm e. 5 mm

16. Cervical cancer is one of the most common cancers of female genital tract. It is believed to cause by human papilloma virus infection. Which one of the following facts is correct about cervical cancer.

- a. 80% of cervical cancers patients are diagnosed in developing world
- b. 80% of cervical cancers are due to human papilloma virus
- c. 80% of cervical cancers are diagnosed in late stage not suitable for surgical management
- d. 80% of cervical cancer patients need surgical treatment
- e. 80% of cervical cancer patient have adenosquamous type carcinoma

17. Gynaecological surgical procedure for uterovaginal prolapse involves a variety of procedures but Lothergills operation is particularly performed for

- a. Cervical incompetence
- b. Cervical intraepithelial neoplasia
- c. Cervical elongation
- d. Cervical erosion
- e. Cervical hypertrophy

18. Cervical cancer which has only spread to the corpus uteri with no parametrical or vaginal involvement

- a. Stage 0 b. Stage I c. Stage II
- d. Stage III e. Stage IV

19. A 50 years old woman is diagnosed with cervical cancer. Which lymph node group would be the 1st involved in metastatic spread of this disease beyond the cervix and uterus

- a. Common iliac nodes
- b. Sacral nodes
- c. External iliac nodes
- d. Paracervical nodes
- e. Paraortic nodes

20. A pregnant 35 years old patient is at higher risk for the concurrent development of which of the following malignancies

- a. Cervix b. Ovary c. Breast
- d. Vaginal e. Colon

21. A 31 year old woman comes to the opd for follow-up after an abnormal PAP test and cervical biopsy. The patient's PAP test showed a high grade squamous intraepithelial lesion (HGSIL). This was followed by colposcopy and biopsy of the cervix. The biopsy specimen also demonstrated HGSIL. The patient was counseled to undergo a loop electrosurgical excision procedure (LEEP).

Which of the following represents the potential long term complications from this procedure?

- a. Abscess and chronic pelvic inflammatory disease
- b. Cervical incompetence and cervical stenosis
- c. Constipation and fecal incontinence
- d. Hernia and Intraoperative adhesions
- e. Urinary Incontinence and urinary retention

22. A 28 year old lady P3 presented to the clinic with the history of irregular menstrual cycle for 2 months, no history of post coital bleeding. She had pap smear which showed high grade squamous cell intraepithelial lesion (CIN III).

The next step will be

- a. Cryotherapy & antibiotic
- b. Examination under anesthesia & (D&C)
- c. Follow-up & repeat Pap smear after 6 months
- d. Laparoscopic assessment & pelvic biopsy
- e. Urgent colposcope and biopsy

23. A 45 years old, P6, came to you with history of post coital bleeding & deep dyspareunia. On per speculum examination, there was obvious lesion of 3 cm with involvement of upper 1/3rd vagina. There is no lymph nodes involvement on U/S but Doppler of pelvic veins shows decreased flow. The correct stage of carcinoma cervix for this lady

- a. Stage Ib b. Stage Ib2
 c. Stage II d. Stage III
 e. Stage III b

24. A 16 years old single girl presented with a mass of 16 weeks size, mass was detected on abdominal examination. While evacuating her all the following investigations can be done except:

- a. CT
 b. Laparoscopy
 c. MRI
 d. Pap smear
 e. USS

25. Which statement is wrong about Cancer of the cervix

- a. Occurs mostly in Nullipora
 b. Women with multiple partners
 c. Woman having sexually transmitted infections
 d. A woman using barrier contraceptive causes it
 e. None

ANSWER KEYS

1. UTERUS

- | | | | | | |
|------|------|------|------|------|------|
| 1.A | 2.B | 3.A | 4.D | 5.C | 6.D |
| 7.A | 8.B | 9.A | 10.A | 11.A | 12.B |
| 13.A | 14.D | 15.B | 16.E | 17.A | 18.B |
| 19.C | 20.D | 21.B | 22.D | 23.C | 24.D |
| 25.C | 26.A | 27.B | 28.E | 29.A | 30.B |
| 31.C | 32.A | 33.C | 34.C | 35.A | 36.E |
| 37.A | 38.B | 39.B | 40.C | | |

2. OVARIES AND FALLOPIAN TUBE

- | | | | | | |
|------|------|------|------|------|------|
| 1.D | 2.B | 3.D | 4.C | 5.D | 6.D |
| 7.C | 8.D | 9.C | 10.A | 11.D | 12.A |
| 13.C | 14.E | 15.B | 16.D | 17.B | 18.E |
| 19.B | 20.D | 21.A | 22.B | 23.A | 24.C |
| 25.C | 26.D | 27.E | 28.D | 29.D | 30.D |
| 31.D | | | | | |

3. CERVIX

- | | | | | | |
|------|------|------|------|------|------|
| 1.A | 2.B | 3.B | 4.C | 5.B | 6.D |
| 7.B | 8.D | 9.C | 10.B | 11.A | 12.C |
| 13.C | 14.B | 15.C | 16.A | 17.D | 18.D |
| 19.D | 20.A | 21.B | 22.E | 23.C | ? |
| 25.D | | | | | |

GYNECOLOGICAL

PROCEDURES, ADENOMYOSIS/ENDOMETRIOSIS

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1. GYNECOLOGICAL PROCEDURES

1. The most important indication for surgical repair of double uterus/septate or bicornuate uterus is:

- a. Habitual Abortion
- b. Dysmenorrhea
- c. Menometrorrhagia
- d. Dyspareunia
- e. Chronic Pelvic pain

2. Indications of D&C include all of the following except:-

- a. Abnormal uterine bleeding
- b. Missed abortion
- c. Septic abortion
- d. Hydatidiform mole
- e. Habitual abortion

3. The treatment for vault prolapse in a frail elderly woman who would not be suitable for surgery is:-

- a. Anterior repair
- b. Ring Pessary
- c. Shelf pessary
- d. Manchester repair
- e. Sacrospinous fixation

4. A 29 year old woman came to emergency in state of shock. She is 6 weeks pregnant. On examination she has significant pallor and has diffused abdominal tenderness. The pelvic examination is difficult to accomplish due to guarding. Her Beta HCG is 1200mIU/ml. Transvaginal ultrasound show no pregnancy in uterus and no adnexal mass but a free

fluid in the peritoneal cavity. Which of the following is the next step of management?

- a. Follow up level of Beta HCG
- b. Institution of methotrexate
- c. Conservative management
- d. Observation in the hospital
- e. Surgical therapy

5. A 55 year old woman who underwent a vaginal hysterectomy for third degree vaginal prolapse one month ago, complains of constant leakage of fluid per vagina of 7 days duration. What is the most likely diagnosis

- a. Vesicovaginal fistula
- b. Ureteral ligation
- c. Ureteral ischemia leading to injury
- d. Ureteral thermal injury
- e. Bladder perforation injury

6. Upon performing laparoscopy for a suspected ovarian torsion in an 18-year-old nulliparous woman, the surgeon sees that the ovarian vascular pedicle has twisted 1 to 1.5 times that the ovary appears somewhat bluish. Which of the following is the best management at this point?

- a. Oophorectomy with excision close to the ovary
- b. Oophorectomy with excision of the vascular pedicle to prevent possible embolization of the thrombosis
- c. Unwind the vascular pedicle to assess the viability of the ovary
- d. Bilateral salpingo-oophorectomy
- e. Intravenous heparin therapy

7. Which of the following is the earliest indicator of hypovolemia in a young healthy patient?
- Tachycardia
 - Hypotension
 - Positive tilt
 - Legarthy and confusion
 - Decreased urine output
8. A 20 year old woman is brought to the emergency room with a blood pressure of 70/40 mmHg, heart rate 130 bpm and a history of heavy vaginal bleeding. Which of the following is the most appropriate first step in treatment?
- Isotonic intravenous fluids
 - Aggressive oral fluids
 - Immediate blood transfusions
 - Immediate uterine curettage
 - Intravenous dobutamine therapy
9. A laparoscopy is carried for all of the following except:
- Ectopic pregnancy
 - Endometriosis
 - Adenomyosis
 - Ovarian cyst
 - Infertility
10. What post-op care should be given to an obese patient following laparotomy to prevent thrombo-embolic event
- Antibiotic cover
 - Low dose Aspirin
 - Early mobilization, hydration, compression stocking
 - Protein Diet
 - Antihypertensive agent
11. First degree uterovaginal prolapse is best described as
- Descent outside the Introitus
 - Descent to the Introitus
 - Descent within the vagina
 - Descent of anterior vaginal wall with bladder
 - Descent of posterior vaginal wall rectum
12. Manchester repair is an operation for elongate cervix with prolapse. What structures are removed using this procedure?
- Cervical amputation with anterior and posterior repair and shortening of cardinal ligament
 - Anterior & posterior repair with cervical amputation
 - Vaginal hysterectomy
 - Anterior & posterior repair
 - Ring Pessary
13. If on pelvic examination the leading point of the prolapse is below the level of ischial spines but >1 above the introitus, it is
- First degree prolapse
 - Second degree prolapse
 - Third degree prolapse
 - Fourth degree prolapse
 - Complete procidentia
14. Upon performing laparoscopy for a suspected ovarian torsion in an 18-year-old multiparous woman, the surgeon sees that the ovarian vascular pedicle has twisted 1 to 1.5 times and that the ovary appears somewhat bluish. Which of the following is the best management at this point?
- Oophorectomy with excision close to the ovary
 - Oophorectomy with excision of the vascular pedicle to prevent possible embolization of the thrombosis
 - Unwind the vascular pedicle to assess the viability of the ovary
 - Bilateral salpingo-oophorectomy
 - Intravenous heparin therapy
15. A 38 year old woman had an abdominal hysterectomy for symptomatic uterine fibroids, namely, menorrhagia that had failed to respond to medical therapy. One week later, she complains of lowgrade fever and lower abdominal pain. On examination, her temperature is 100.8F and the Pfannestiel (low transverse) incision is red.

indurated, and tender. Which of the following is the best therapy for this condition?

- Oral Antibiotic therapy
- Observation
- Opening the incision and draining the infection
- Antibiotic ointment to the affected area
- Interferon therapy

16. A young girl of 25 years went with her husband on honeymoon after one month marriage. She suddenly experienced severe spasmodic pain in her RT iliac fossa and presented in emergency in state of shock. Most probable diagnosis is

- Acute appendicitis
- Renal Colic
- Intestinal obstruction
- Ectopic pregnancy
- Acute cholecystitis

17. The possible benefit of planned prolapsed surgery can be assessed with the help of the following procedures:

- Urodynamic studies
- IVU
- Ring pessary insertion
- Kellys stitch application
- Kiegelel exercises

18. A 38 year old multi gravida women complains of the painless loss of urine, beginning immediately after coughing, laughing, lifting or straining. Immediate cessation of the activity stops the urine loss. This history is most suggestive of:

- Fistula
- Stress incontinence
- Urethral incontinence
- Urge incontinence
- UTI

19. A 50 year old para 8 came to OPD with history of something hanging outside the vagina. O/E there is

prolapse of whole anterior and posterior vaginal wall and fundus of uterus is felt outside vagina.

This lady is suffering from

- Cystocele
- Enterocoele
- First degree of U-V prolapse
- Second degree of U-V prolapse
- Procidention

20. Laparoscopic ovarian surgery includes all the following except

- Drilling in PCOD
- Ovarian cystectomy
- Peeling of chocolate cyst
- Ovariectomy in dysperminoma
- All of the above

2. ADENOMYOSIS

1. Regarding Adenomyosis, the following are true except:-

- Causes dysmenorrhea
- Usually associated with menorrhagia
- The uterine size not affected by the disease
- Hysterectomy is the treatment of choice to cure this condition
- Only confirmed after histopathology

2. You are called to see a 20-year old woman 2 hours post LSCS. She has not passed urine since her surgery. She denied any urinary symptoms preoperatively. On examination: appears unwell, temperature is 37.5 C, BP=94/73 mmHg, Pulse=116bpm, saturation=97%. Her abdomen is distended with tenderness in the left flank and suprapubic region. Bowel sounds are not audible. Choose the most appropriate post C-section complication for this lady?

- Urinary tract infection
- Urinary tract injury
- Pleurisy
- Acute Pyelonephritis
- Paralytic ileus

3. Regarding adenomyosis

- a. Is the presence of endometrial glands & stroma outside the uterus
- b. Can be diagnosed by D&C
- c. Can cause severe dysmenorrhea
- d. Can cause infertility
- e. Can only be treated with Danazol

4. Which of the following symptoms is not seen in Adenomyosis

- a. Menorrhagia
- b. dysmenorrhea
- c. Dyspareunia
- d. Infertility
- e. None

5. Adenomyosis is treated by

- a. Hysterectomy
- b. Enucleation
- c. Shrinkage with Danazol
- d. Shrinkage with GnRH
- e. All of the above

6. The most common cause of pelvic inflammatory disease (PID) is:

- a. STD
- b. Tubercular salpingitis
- c. Endometriosis
- d. IUCD
- e. None

7. The organisms causing PID are all of the following except:

- a. Gonococci
- b. Chlamydia
- c. Tuberculosis
- d. Spirochaetes
- e. None

3. ENDOMETRIOSIS

1. A 32 year old female was brought to gynecology OPD with severe lower abdominal pain & guarding in right iliac fossa. She had an insertion of IUCD at a private clinic 3 days ago. The differential diagnosis include the following except

- a. Uterine perforation
- b. Acute appendicitis
- c. Acute PID
- d. Endometritis
- e. Torsion of ovarian cyst

2. The treatment of endometriosis include all of the following except:-

- a. Birth Control pills
- b. Oral progesterone
- c. Estrogen
- d. Depoprovera
- e. GnRH

3. The leading theories in the pathogenesis of endometriosis include:

- a. Retrograde menstruation with transport of endometrial cells
- b. Metaplasia of colemic epithelium
- c. Hematogenous of endometrial cells
- d. Direct transplantation of endometrial cells
- e. All of the above

4. A 23 year old woman who is having symptomatic endometriosis and wants children but is currently not contemplating pregnancy. What will be your advise to her out of the following?

- a. Transcervical resection of the endometrium
- b. Hydrothermal ablation
- c. Combined oral contraceptive pills
- d. Laser ablation to endometrial deposits
- e. GnRH

5. Woman with post menopausal bleeding need endometrial sampling if endometrium on ultrasound is thicker than

- a. 1mm
- b. 2mm
- c. 5mm
- d. 2.5mm
- e. 3mm

GYANE PROCEDURES

6. Mrs ABC, 28 years old, has been diagnosed to have endometriosis on laparoscopy. She has been advised 'danazol' as medical treatment. All of the following are true about Danazol mechanism of action except:

- a. It competitively blocks androgen estrogen and progesterone receptors
- b. It interferes with estrogen and progesterone synthesis
- c. It suppresses the surge of both LH and FSH
- d. It causes pseudo pregnancy
- e. It causes pseudo menopause

7. Mrs ruqia, 28 years old, has been diagnosed to have endometriosis on laparoscopy. She has been advised 'danazol' as medical treatment. All of the following are true about Danazol mechanism of action except:

- a. It competitively blocks androgen, estrogen and progesterone receptors
- b. It interferes with estrogen & progesterone synthesis
- c. It suppresses the surge of both LH & FSH
- d. It causes pseudo pregnancy
- e. It causes pseudomenopause

8. A 25 year old lady comes to gyna OPD with history of chronic pelvic pain. She is infertile for 5 years and is suspected case of endometriosis. What is investigation of choice to reach diagnosis?

- a. Laparoscopy
- b. MRI
- c. CT scan
- d. Ca 125
- e. Carcinoembryonic antigen

9. The chocolate cyst consists of all of the following except:

- a. It is thick walled
- b. Has dense adhesions
- c. Contains chocolate fluid
- d. Contains endometrial glands and stroma
- e. All of the above

ANSWER KEYS

1. GYNECOLOGICAL PROCEDURES,

1.A	2.E	3.C	4.E	5.A
6.C	7.A	8.C	9.C	10.C
11.C	12.A	13.A	14.C	15.C
16.D	17.C	18.B	19.E	20.D

2. ADENOMYOSIS

1.C	2.B	3.C	4.D
5.A	6.A	7.C	

3. ENDOMETRIOSIS

1.D	2.C	3.E	4.C	5.C
6.D	7.D	8.A	9.D	