

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

Laparoscopic ovarian cystectomy

Laparoscopy, total abdominal hysterectomy,BSO, pelvic and para-aortic lymph node sampling, omentectomy and debulking of tumor deposits.

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

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

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

A 28 years old P3 has presented with the complaint of vaginal discharge and post-coital bleeding.

On per speculum examination, her cervix is red and inflamed. She is advised pap smear and cautry cervix. Regarding pap smear who should be screened?

All girls and teenagers

Young women under 21 years

Women aged 21-65 years

Older women > 65 years

Post menopausal women

60 years old, P6 has presented with the complaint of post menopausal bleeding and 8backache. On examination, she looks emaciated and a hard mass in cervix with restricted mobility is identified. Her cervical biopsy confirms the diagnosis of cervical cancer. Regarding the etiology of cervical carcinoma what is the most common cause of cervical carcinoma?

Human papilloma virus

Radiation exposure

Pollution

Intravenous drug abuser

Multiparty

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

IA

IB

IIA

IIB

IIIA

A 30 years old P2 has presented with the complaint of menorrhagia for the last 6 months with 3 cm fibroid in posterior uterine wall. She wants to preserve her fertility. What is the treatment option in this case?

Myomectomy

b) tranexamic acid and nsaid

c) hysterectomy

d) COCP

e) norethisterone

A 55 year old woman presents with first episode of postmenopausal bleeding. What is the most appropriate first line of investigation?

Dilatation & curettage of endometrium

Hysteroscopy

Saline infusion sonography

Pipelle Biopsy

Transvaginal scan

A 51 year old woman visits your opd with complaints of hot flushes. Regarding hormonal changes associated with menopause, which of the following is true?

Serum FSH levels increases as ovarian function declines

testosterone level falls to zero, one year after menopause

Secretion of GnRH increases significantly in late menopause

Progesterone levels are undetectable in perimenopause

High levels of estrogens reduce frequency of hot flushes

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

E.Coli

Klebsiella

Proteus

Pseudomonas

Salmonella

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

MRI pelvis

Cervical Smear

Saline infusion sonography

Endometrial Biopsy

Transabdominal ultrasound

A 28 year old pregnant lady in her third pregnancy at 28 weeks gestation has presented with pain abdomen. On examination she is vitally stable, symphiofundal height is 30cm, Fetal heart sound are audible, she is not in labour or having show or leaking per vagina. Her past record shows 10x 8 cm intramural fibroid. She has no other co-morbid.. Most likely cause of her pain is

Preterm labour

Hyperemesis Gravidarum

Red Degeneration of fibroid

Placenta previa

Peptic ulcer diseases

A 46 year old school teacher ,presents with symptoms of leaking urine on coughing, sneezing and exercise and when she has a urge to pass urine. She is not obese, has no co-morbid. On examination she has moderate cystocele and minimal rectocele. What is the best first line of treatment

Vaginal estrogen creams

Supervised pelvic floor exercises

Anticholinergic medications

Burch Colposuspension

Insertion of mid urethral tape

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

Oxybutynin

Tolterodine

Topical Estrogen creams

Darifenacin

Solifenacin

Urodynamic testing is recommended investigation of choice in the following patients except

All patients presenting with urinary incontinence

Previous continence surgery

Failed conservative measures

Uterovaginal prolapse

Recurrent urinary incontinence symptoms

All of the following are treatment options in patients with stress urinary incontinence except

Burch colposuspension

Transvaginal mesh

Pelvic floor muscle exercises

Urethral bulkating agents

Urinary diversion

A 14-years old girl came to ANE. She stated that she has never had a menstrual period.She experiences severe lower abdominal pain every 28 days. On examination a bluish bulge was seen at introitus. What is the most likely diagnosis:

Asherman's syndrome

Imperforate hymen

Congenital Adrenal hyperplasia

Kallman's syndrome

Transverse vaginal septum

16-years old girl presented to gynae OPD with primary amenorrhea. She has normal secondary sexual characteristics.What is the first line investigation of choice?

X-ray abdomen

Ultrasound abdomen and pelvis

MRI pelvis

CT scan

Serum FSH and LH levels

A 15- years old girl presented to gynae OPD with no menses. Ultrasound confirms blind vaginal vault with absence uterus and cervix. What test would be most useful:

Serum prolactin level

Karyotyping

Serum TSH

Beta HCG

Alpha fetoprotein levels

A 65 years old obese woman presents to gynaecology OPD with postmenopausal bleeding. She has type 2 diabetes. On speculum examination there is bleeding from cervical os and on bimanual pelvic examination there is a bulky uterus. What is the most likely diagnosis?

Cervical Carcinoma

Endometrial Carcinoma

Ovarian Carcinoma

Uterine Prolapse

Vulval Carcinoma

A 72 years old diabetic type 2 woman diagnosed with endometrial cancer. A transvaginal ultrasound measures her endometrial thickness 10mm. What is the most important staging investigation?

CT Scan thorax and abdomen

Chest X-Ray

Hysteroscopy

MRI pelvis

Pipelle

A 60 years old woman is diagnosed with endometrial adenocarcinoma after an endometrial biopsy. Staging from MRI shows stage III which is,

Extension to adjacent organs

Extension to uterine serosa, peritoneal cavity and lymph nodes.

Pelvic or para-aortic lymph nodes involved

Tumor limited to uterine body and cervix

Tumor limited to uterine body

A 17 years old thin lean girl has not started menarche. On complete workup no cause found. What is the condition known as?

Menopause

Hysterectomy

Constitutional delay

Premature ovarian failure

Hermaphrodite

A 45 years old multiparous obese woman complains of abnormal vaginal bleeding of 7 months duration. Pelvic examination demonstrates a small anteverted uterus and a normal appearing cervix. No adnexal masses are present. A serum pregnancy test is negative and pap smear is normal. Prolactin and thyroid stimulating hormone levels are normal. Which of the following is the most efficient next step in the management of this patient?

Dilation and curettage

Pipelle biopsy

Endometrial cytology

Transvaginal ultrasound

Hysteroscopy

A 28 years old female presented with severe lower abdominal pain and vaginal bleeding. She reports missed periods and positive pregnancy test. On physical examination, there is tenderness in right iliac fossa. What is most likely diagnosis

Acute appendicitis

Ectopic pregnancy

Urinary tract infection

Normal intrauterine pregnancy

PID

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

Serum progesterone

Complete blood count CBC

Serum beta hCG

Blood type and Rh factor

Transvaginal ultrasound

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

Surgical removal of ectopic pregnancy

Bed rest and painkillers

Hormonal therapy

No treatment, it resolves on its own

Trans vaginal ultrasound

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

B HCG

CBC

Ct scan

Hormonal profile

Transvaginal ultrasound

A 27 years old woman came to opd with 3months amenorrhea, now complaining of pv bleeding from last 4 hrs and cramping abdominal pain . She is vitally stable afebrile. On pv exam uterus is 6 weeks size, os is open and mild pv bleeding seen. What is the likely diagnosis?

Inevitable miscarriage

Missed miscarriage

Incomplete miscarriage

Threatened miscarriage

Septic miscarriage

In a couple initial workup for infertility is.

Husband semen analysis, Chest X ray, ovulation test

Semen analysis, tubal patency test, ovulation test

Hormonal profile, ovulation test, Ultrasound

Ultrasound, testicular biopsy, hormonal profile

Husband semen analysis, ultrasound, hormonal profile

An infertile woman has done hysterosalpingography, report shows the absence of dye shadow on both sides of the tubes. She is having regular menstrual cycle and her husband's semen analysis is normal. The next step in her management is...

Invitro fertilization

Hysteroscopy

Laparoscopy

Repeat Hysterosalpingography

Tuboplasty

A 25 years old women G3P2 with 11+2 weeks period of gestation by recent scan came to opd with complain of mild spotting and period like pain from last 2 days , she is vitally stable. Her last period was 4 months back. Per abdomen exam, soft non tender. Per vaginal exam os was closed with no bleed. Her ultrasound report shows of a single intrauterine fetus with absent cardiac activity. Other findings were unremarkable. What will be possible diagnosis.?

A. Complete miscarriage

B. Inevitable miscarriage

C. Incomplete miscarriage

D. Missed miscarriage

E. Threatened miscarriage

A 20 years old woman was referred by her GP to gynae opd with facial hair growth and acne. She first noticed the problem when she was 18 years old, there is no significant medical history. Her BMI is 29. Her cycle is 30 to 35 days in duration. Her periods are not painful and there is no intermenstrual bleeding or discharge. Her hormonal profile is normal. The most probable diagnosis is

Polycystic ovarian syndrome

Premature ovarian failure

Premenstrual syndrome

Hypothyroidism

Hypoandrogenism

Tranexamic acid and NSAID

Hysterectomy

COCP

Norethisterone

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

Hypothyroidism

Immature HPO axis

Thrombocytopenia

Hypopituitarism

Ovarian cyst

A 40 years old P5 has presented with excessive menstrual bleeding for the last 3 years. Clinically she is anaemic with Hb of 8gm/dl. You did pelvic ultrasound which shows fibroid 5x8 cm in posterior uterine wall. Regarding menorrhagia it is defined as blood loss of:

More than 60 ml

More than 5 ml

More than 80 ml

More than 300 ml

More than 150 ml

30 years old P3 has presented with the complaint of gestational amenorrhea of 6 months with excessive vomiting and vaginal bleeding. Ultrasound examination shows snow storm appearance. Her fundal height is 28 weeks. What is the most appropriate treatment modality in this patient?

Hysterotomy

Dilatation and curettage

Misoprostol

Prostaglandin E2

Suction curettage

20 years old primigravida has presented at 2 months of gestational amenorrhea with the complaint of excessive nausea and vomiting, palpitations and restlessness. Her ultrasound shows complete hydatidiform mole with Bhcg of 100,000. The endocrinological condition associated with H mole is:

Diabetesmellitus

Hyperthyroidism

Hypothyroidism

Hyperprolactinemia

Shehansyndrome

25 years old P2 +1 has presented with recurrent episodes of heavy vaginal bleeding 2 months after Suction evacuation for Hydatidiform mole. Her Bhcg is 20,000. Ultrasound examination shows 4cm mass in posterior uterine wall with blood flow on Doppler. What is the diagnosis?

Choriocarcinoma

Retained products of conception

Fibroid

Invasive mole

incomplete mole
