

1. Main support of uterus is from - ligament :

a) Cardinal

b) Broad

c) Round

d) Pubocervical

Correct Answer - A
Cardinal

2. Best gas used for creating pneumoperitonium at laparoscopy is :

a) N₂

b) O₂

c) CO₂

d) N₂O Goniometer is used

Correct Answer - C

CO₂

CO₂ is the gas used to create pneumoperitoneum during laparoscopy.

Other option is - N₂O : But it is expensive, less soluble in blood and supports combustion.

Also know :

- Instrument used for creating pneumoperitoneum is veress needle.
Flow Rate of CO₂, for creating pneumoperitoneum **200 - 2000 ml/min**
& pressure between **15 - 25 mm of Hg.**

3. Gonococci has affinity for :

a) Columnar epithelium

b) Glandular epithelium

c) Stratified sqamous epithelium

d) Squamous epithelium

Correct Answer - A
Columnar epithelium

4. In a case of Dysgerminoma of ovary one of the following tumor markers is likely to be raised :

a) Serum HCG

b) Serum alphafetoprotein

c) Serum lactic dehydrogenase

d) Serum inhibin

Correct Answer - C

Ans. is c i.e. Serum lactic dehydrogenase

however placental alkaline phosphate and lactate dehydrogenase are commonly produced by dysgerminomas and may be useful in monitoring the disease."

5. Which of the following ovarian tumor is most prone to undergo torsion during pregnancy :

a) Serous cystadenoma

b) Mucinous cystadenoma

c) Dermoid cyst

d) Theca lutein cyst

Correct Answer - C

Ans. is c i.e. Dermoid cyst

*"A benign cystic teratoma is the most common neoplasm to undergo torsion, **and** it is the M/C benign tumor diagnosed during pregnancy."*

A benign cystic teratoma is synonymous to dermoid cyst.

Remember :

- Most common ovarian tumour in pregnancy is serous cystadenoma but mostly remains undiagnosed.
- Incidence of dermoid cyst is increased two fold during pregnancy and it is the most common neoplasm diagnosed during pregnancy.
- Hingorani sign seen : - In ovarian tumor during pregnancy. Trendelenburg's position can elicit the groove between two separate swelling. Used to distinguish between ovarian tumour and fibroid.

6. Which of the following has LEAST pregnancy failure rate :

a) OCP

b) IUCD

c) Diaphragm

d) Condom

Correct Answer - A
OCP

7. Which of the following is true regarding precocious puberty :

a) Sexual maturity is attained early

b) Mental function is increased

c) No reproductive function

d) Body proportions are enlarged

Correct Answer - A

Ans. is a i.e. Sexual maturity is attained early

Precocious puberty is the appearance of appropriate secondary sexual characters before the age of 8 years and occurrence of menstruation before 10 years of chronological age.

Also know : *Delayed puberty* : is considered delayed when the secondary sexual characters do not appear by the age of 14, and menarche is not established by 16 years of age.

8. Cause of unilateral dysmenorrhea :

a) One horn of malformed uterus

b) Endometriosis with unilateral distribution

c) Small fibroid at the utero tubal junction

d) All of the above

Correct Answer - D

All of the above

- Causes of unilateral dysmenorrhea :
One horn of malformed uterus
Endometriosis with unilateral distribution
Small fibroid at the utero - tubal junction.
Ovarian dysmenorrhea
Right ovarian vein syndrome
Colonic or caecal spasm.

9. Progesterone of choice in emergency contraception is?

a) Norethisterone

b) Medroxyprogesterone

c) Oxytocin

d) Levonorgestrel

Correct Answer - D

Unprotected intercourse without regard to the time of the month carries an 8% incidence of pregnancy, an incidence that can be reduced to 2% by the use of emergency contraceptives within 72 hours of unprotected intercourse.

0.75 mg levonorgestrel are now approved for postcoital contraception and are available over the counter for women aged >17 years. Levonorgestrel is more effective and is associated with fewer side effects than the combination estrogen-progestin regimens. Basically the methods used interfere with the physiological events before implantation, for e.g. inhibition or delaying of ovulation or interference with postovulatory events necessary for implantation & longevity of the blastocyst.

Ref: Hall J.E. (2012). Chapter 347. The Female Reproductive System, Infertility, and Contraception. In D.L. Longo, A.S. Fauci, D.L. Kasper, S.L. Hauser, J.L. Jameson, J. Loscalzo (Eds), Harrison's Principles of Internal Medicine, 18e.

10. Which among the following is an absolute contraindication of Hormone replacement therapy ?

a) Endometriosis

b) Osteoarthritis

c) Heart disease

d) Breast carcinoma

Correct Answer - D

Absolute contraindications of hormone replacement therapy (HRT):
Undiagnosed vaginal bleeding Estrogen dependent cancer in the body Severe liver disease Pregnancy Venous thrombosis Well-differentiated and early endometrial cancer (once treatment for the malignancy is complete, is no longer an absolute contraindication.)

11. A 40 year old woman presents with abnormal cervical cytology on PAP smear suggestive of CIN III (HSIL). The next best step in management is:

a) Hysterectomy

b) Colposcopy and LEEP

c) Colposcopy and Cryotherapy

d) Conization

Correct Answer - B

According to FIGO classification, cervical intraepithelial neoplasia 3 (CIN 3) belong to stage 0.

Loop electrocautery excision procedure done under colposcopic visualization is the mode of treatment for CIN II and CIN III lesions.

Ref: Novak's, 14th Edition, Page 582, 583; William's Gynaecology, 1st Edition, Page 635; COGDT, 10th Edition, Pages 841, 837; Dewhurst's, 6th Edition, Pages 575, 574.

**12. Chlamydia trachomatis infection
commonly causes:
*March 2004***

a) Infertility

b) Post coital bleeding

c) Amenorrhoea

d) Malignancy

Correct Answer - A
Ans. A i.e. Infertility

13. Main difference between anorexia nervosa and bulimia nervosa lies in:
March 2013

a) Symptomatology

b) Weight

c) Gender

d) Age

Correct Answer - B

Ans. B i.e. Weight

Anorexia nervosa and bulimia

- Both anorexia nervosa and bulimia are characterized by an overvalued drive for thinness and a disturbance in eating behavior.
- The main difference between diagnoses is that anorexia nervosa is a syndrome of self-starvation involving significant weight loss of 15 percent or more of ideal body weight, whereas patients with bulimia nervosa are, by definition, at normal weight or above.
- Bulimia is characterized by a cycle of dieting, binge-eating and compensatory purging behavior to prevent weight gain.
- Purging behavior includes vomiting, diuretic or laxative abuse.
- Excessive exercise aimed at weight loss or at preventing weight gain is common in both anorexia nervosa and in bulimia.

14. Not seen in anorexia nervosa: *September 2009*

a) Osteoporosis

b) Refusal to feeds

c) Weight loss

d) Menorrhagia

Correct Answer - D

Ans. D: Menorrhagia

Physical Signs of anorexia nervosa

- * Excessive weight loss
- * Scanty or absent menstrual periods
- * Thinning hair
- Dry skin
- * Cold or swollen hands and feet

Bloated or upset stomach

- * Downy hair covering the body
- Low blood pressure
- * Fatigue
- * Abnormal heart rhythms
- * Osteoporosis

Psychological and Behavioral Signs in anorexia nervosa

- * Distorted perception of self (insisting they are overweight when they are thin)
- * Being preoccupied with food
- Refusing to eat
- * Inability to remember things
- * Refusing to acknowledge the seriousness of the illness

Obsessive-compulsive behavior

- * Depression

15. First polar body is formed after ?

a) Mitosis

b) First meiosis

c) Second meiosis

d) Fertilization

Correct Answer - B

Ans. is 'b' i.e., First meiosis

Oogenesis

Oogenesis refers to the process of formation of ova from the primitive germ cells. Unlike fetal testis (in which spermatogenesis begins at puberty), the fetal ovary begins oogenesis by 10 weeks of gestation. The sequence of events in oogenesis are :

- i) The primitive germ cells undergo mitotic divisions to form *oogonia* (*diploid Oogonium is unique in that it is the only female cell in which both 'X' chromosomes are active.*
- ii) The oogonia proliferate by mitosis to form primary oocytes (diploid cells).
- iii) Primary oocytes formed from the oogonia enter a prolonged prophase (diplotene stage) of the first meiotic division and remain in this stage until ovulation occurs after puberty.
- iv) Primary oocytes *completes the first meiotic division* at puberty just before ovulation to form secondary oocyte (haploid cell) and 1st polar body.
- v) Secondary oocyte immediately begins *second meiotic division* but this division stops at metaphase and is completed only if the mature ovum (ootid) is fertilized with sperm. At that time second polar body (polocyte) is extruded and the fertilized ovum proceeds to form a new individual. *Fertilization normally occurs in the ampulla of*

fallopian tube.

16. Conceptus enters uterine cavity in which cell stage ?

a) 4 cells

b) 8 cells

c) 16 cells

d) 32 cells

Correct Answer - C

Ans. is 'c' i.e., 16 cells

Fertilization and implantation

Fertilization refers to fusion of male and female gametes (i.e. spermatozoon and ovum). *It takes place in the middle segment (ampulla) of fallopian tube.* Before fertilization, the ovum and sperms reach the ampulla for fertilization. Fusion of spermatocyte and ovum leads to formation of zygote. First week of development begins immediately after fertilization and includes :?

i) Cleavage of zygote : Zygote (fertilized ovum) starts dividing immediately and large zygote is subdivided into smaller daughter cells called blastomeres. Blastomeres are still surrounded by zona pellucida. Cleavage occurs in fallopian tube (uterine tube).

ii) Formation of morula : At about 16 cells stage the blastomeres tightly align by the process of compaction to form a compact ball of cells called morula (mulberry). This process of compaction leads to segregation of cells into two groups (i) *inner cells (inner cell mass)*, and (ii) *outer cells (outer cell mass)*. Morula enters uterine cavity 4 days after fertilization.

iii) Formation of blastocyst : As the morula enters the uterine cavity, uterine fluid diffuses through zona pellucida and fills small intercellular gaps between blastomeres, and morula is converted to

blastocyst. Blastocyst consists of :?

- a) *Zona pellucida* : Outer covering.
- b) *Embryoblast* : A group of centrally located cells of inner cell mass and later give rise to tissues of embryo proper.
- c) *Trophoblast* : A thin outer layer of cells formed from outer cells mass and later give rise *extraembryonic tissues*.
- d) *Blastocele* : Cavity of blastocyst :

The region of blastocyst containing embryoblast is known as *embryonic pole* and the opposite pole, the *abembryonic pole*. The trophoblasts overlying the embryoblast at embryonic pole is called polar trophoblast and that occupying the rest of wall called mural trophoblast. Between 5-6 days after fertilization, blastocyst hatches from zona pellucida, and this naked blastocyst is ready for implantation

17. Implantation occurs on which menstrual cycle day ?

a) 5-7 days

b) 20-22 days

c) 14-18 days

d) 26-28 days

Correct Answer - B

Ans. is 'b' i.e., 20-22 days

- Implantation occurs at 6-7 days after fertilization.
- Ovulation occurs at 14th day of menstrual cycle and fertilization occur within 24 hours after ovulation.
- Thus, implantation will correspond to 20-22 days of menstrual cycle.

18. Blastocyte comes out on which day after fertilization ?

a) 4-7 days

b) 10-12 days

c) 12-15 days

d) 15-20 days

Correct Answer - A

Ans. is 'a' i.e., 4-7 days

Free floating unimplanted blastocyst is seen on 4-5 days.

19. DMPA is given once in -

a) 3 months

b) 6 months

c) 9 months

d) 45 days

Correct Answer - A

Ans. is 'a' i.e., 3 months

HORMONAL CONTRACEPTIVES

These are hormonal preparations used for reversible suppression of fertility.

Types of methods

A. Oral

- Combined pill (monophasic pills)
- It contains an estrogen and a progestin.
- *This is the most effective and popular method.*
- Efficacy is 98-99%

Preparation are -

- Ethinyl estradiol 30 µg (•03 mg) + Norgestrel 0.3 mg
- Ethinyl estradiol 50 µg (•05 mg) + Levonorgestrel 0.25 mg
- Ethinyl estradiol 30 µg (•03 mg) + Desogestrel 0.15 mg
- *One tablet (containing estrogen and progesterone) is taken daily for 21 days starting on 5th day of menstruation.*

Phased regimens

- The estrogen dose is kept constant (or varied slightly between 30-40 µg), while the amount of progestin is low in first phase and progressively higher in the second and third phases.

Preparations are

Biphasic pills

- Day 1-10 → Ethinyl estradiol 35 mg + Norethindrone 0.5 mg
- Day 11-21 → Ethinyl estradiol 35 mg + Norethindrone 1 mg.

Triphasic pills

- Day 1-7 → Ethinyl estradiol 35 mg + Norethindrone 0.5 mg
- Day 8-14 → Ethinyl estradiol 35 mg + Norethindrone 0.75 mg
- Day 15-21 → Ethinyl estradiol 35 mg + Norethindrone 1 mg
- Minipill (progestin only pill)
- A low dose progestin pill is taken daily without any gap.
- Preparations → Norethindrone (0.35 mg) or Norgestrel 75 mg.
- Postcoital (emergency) pills.

a) Levonorgestrel 0.5 mg + ethinyl estradiol 0.1 mg → within 72 hours of unprotected intercourse and repeated after 12 hours - *Yuzpe method*.

b) Levonorgestrel alone 0.75 mg taken twice with 12 hour gap within 72 hours of unprotected intercourse → *method of choice for emergency contraception*.

c) Mifepristone 600 mg single dose within 72 hours of unprotected intercourse.

B. Injectable

They are given i.m. as oily solution

1. Long acting progestin alone

a) Depot medroxy progesterone acetate (DMPA) 150 mg at 3 month intervals. or

b) Norethindrone (norethisterone) enanthate (NEE) 200 mg at 2 months intervals.

c) *The most important undesirable property is complete disruption of menstrual bleeding pattern and total amenorrhoea (more common with DMPA).*

2. Long acting progestin + long acting estrogen - once a month.

20. Patient of juvenile myoclonic epilepsy on valproate comes to you at 5 months of pregnancy with level H scan normal what will you advise?

a) Change the drug

b) Continue the drug in same dose

c) Decrease the dose of drug

d) Increase the dose of drug

Correct Answer - B

Ans. is 'b' i.e., Continue the drug in same dose

Valproic acid has the risk of fetal malformations during the first trimester of pregnancy.

This patient has normal level II scan at 5 months of pregnancy so the risk period of valproate is already over and valproate is the drug of choice in juvenile myoclonic epilepsy.

Thus the drug should be continued in the same doses.

21. Gestational Trophoblastic neoplasm does not include-

a) Choriocarcinoma

b) Placental site trophoblastic tumour

c) Invasive mole

d) Partial mole

Correct Answer - D

Ans. D. Partial Mole

The main types of gestational trophoblastic diseases are:

- Hydatidiform mole (complete or partial)
- Invasive mole
- Choriocarcinoma
- Placental-site trophoblastic tumor
- Epithelioid trophoblastic tumor

Note: In the given best option best answer can be partial as partial hydatidiform mole is not completely mentioned in it.

22. Which vaccine is contraindicated in pregnancy:

a) Chicken pox

b) Rabies

c) Tet toxoid

d) Hepatitis B

Correct Answer - A

Ans. A. Chicken pox

As a rule of thumb the vaccination with live viral or bacterial vaccine is contraindicated in pregnancy.

The important ones are : –

- Measles
- Mumps
- Poliomyelitis
- Rubella
- Yellow fever
- Varicella
- BCG

23. 45 years female with 3 months menorrhagia. USG showing 2 cm submucosal fibroid. Treatment options.

a) Ocp for 3 months

b) Progesterone for 3 months

c) Endometrial sampling

d) Hysterectomy

Correct Answer - D

Ans. D. Hysterectomy

YOUNG WOMEN

Contraception desired
 Contraception not desirable

- Combined OCPs
- Progestogens and other hormones
- Mirena

Progestogens
 Ethamsylate,
 NSAIDs
 Estrogen
 Tranexamic for
 3–4 months
 GnRH 3–4
 months

Effective
 Minimal
 invasive
 Continue surgery
 for 6–9
 months
 Hysterectomy
 with
 conservation
 of ovaries

OLDER WOMEN

Rule out cancer & uterine pathology

Normal uterus (DUB)
 Uterine pathology
 Progestogens and others
 ?No response
 Hysterectomy with removal of ovaries after 50 years
 Surgery

- Removal of an intrauterine contraceptive device if medical therapy fails.
- Myomectomy/hysterectomy for uterine fibroids.

- Wedge resection/hysterectomy for adenomyosis of the uterus.
- Dilatation and curettage with blood transfusion is the primary treatment of puberty menorrhagia with low Hb%
- Multipara, hypertensive woman with menorrhagia should be treated with MIRENA
- Hysterectomy with or without removal of the adnexa according to the age and the individual needs of the patient.

24. In low ovarian reserve, anti mullerian hormone level will be:

a) <1

b) 1-4

c) >7

d) >10

Correct Answer - A

Ans. A. <1

AMH and ovarian reserve

- AMH of 1.0 has very poor ovarian reserve
- The central concept for the measurement of blood levels of AMH to determine ovarian reserve is this: women with lower AMH levels have a lower ovarian reserve than women with high AMH levels. AMH is currently being used by fertility specialists to help predict women who may respond poorly to fertility medications and in general, couples who are less likely to be successful with fertility treatment.

25. Presenting diameter of full flexed head:

a) Suboccipito-bregmatic diameter

b) Suboccipito-frontal diameter

c) Occipito-frontal diameter

d) Occipito-posterior position

Correct Answer - A

Ans. A. Suboccipito-bregmatic diameter

Suboccipito-bregmatic diameter :

- The diameter is from suboccipital region to centre of the bregma.
- Diameter = 9.5 cm
- Fetal head circumference is smallest (32 cm)
- Head well flexed
- Flexed vertex presentation

Suboccipito-frontal diameter :

- Diameter calculated from prominence at mid frontal bone to the under-surface of the occipital bone where it joins neck
- The diameter is 10.5 cm
- Vertex is partially deflexed.
- Results in occipito-posterior position.

Occipito-frontal diameter :

- Diameter extends from the prominent point of mid-frontal bone to the most prominent point of occipital bone
- The diameter = 11.5 cm
- Fetal head circumference ~ 34.5 cm
- Vertex is deflexed
- Associated with Direct occipito- posterior position.

Occipito-posterior position :

- It is a vertex presentation in which the occiput is placed posteriorly .



Vertex

Suboccipitobregmatic



Sinciput

Suboccipitofrontal



Brow

Mentovertical



Face

Submentobregmatic

26. What is the dose of ulipristal acetate?

a) 300mg

b) 30mg

c) 300 μ g

d) 30 μ g

Correct Answer - B

Ans. B. 30 mg

- Ulipristal (Ella) is a progesterone agonist/antagonist marketed for emergency contraception. It is available by prescription only. Its mechanism of action varies based on time of administration. When taken before ovulation, ulipristal delays or inhibits ovulation.
- Administration in the early luteal phase may decrease endometrial thickness and affect implantation of a fertilized egg.
- Ulipristal is labeled for use as an emergency contraceptive following unprotected sexual intercourse or contraceptive failure.
- One tablet(30-mg tablet) taken as soon as possible, within 120 hours (five days) of unprotected sexual intercourse or contraceptive failure.

27. Premature ejaculation is a part of which phase of sexual disorders?

a) Excitement phase

b) Plateau phase

c) Orgasm phase

d) Refractory phase

Correct Answer - C

Ans. C. Orgasm phase

- The male sexual response is described as a sequence of phases including 4 stages: sexual desire, arousal, orgasm (ejaculation) and resolution.

The male sexual dysfunction usually occurs in one or more of the three first stages of the sexual response cycle, including:

- Dysfunctions of sexual desire (e.g. hypoactive sexual desire)
- Arousal (e.g. erectile dysfunction)
- Orgasm/ejaculation (e.g. premature ejaculation, retarded ejaculation or inability to ejaculate).
- Premature ejaculation occurs due to the rapid evolution of the two first stages of the sexual response cycle and is not necessarily related to strong sexual arousal or changes in erection.
- Premature Ejaculation seems to be a neurobiological problem that is related to low serotonin levels in those regions of the central nervous system that regulate ejaculation (brain and spinal cord).

28. 60 year woman comes with 3rd degree uterine prolapse. What will be the management?

a) Vaginal hysterectomy with pelvic floor repair

b) Pelvic floor repair

c) Sacrospinous fixation

d) Pessary

Correct Answer - A

Ans. A. Vaginal hysterectomy with pelvic floor repair

Uterine prolapse surgery is performed to remove the uterus and repair the weak tissue. Uterine prolapse frequently occurs in postmenopausal women who've had one or more vaginal deliveries.

Sagging of the pelvic muscles which leads to uterine prolapse can occur:

- If supportive tissues are damaged during pregnancy and delivery
- Due to estrogen loss
- As a result of straining repeatedly over the years (chronic cough, constipation etc.)
- Due to gravitational effects
- Depending on factors like age of the woman, desire for becoming pregnant and the overall state of a woman's health, the treatment plan is decided.
- Here the woman is of old age (non gestational) and have 3rd degree of prolapse. So best management of choice will be Vaginal hysterectomy with pelvic floor repair.

29. Day 20 of menstrual cycle falls under which phase?

a) Menstrual phase

b) Follicular phase

c) Ovulation phase

d) Luteal phase

Correct Answer - D

Ans. D. Luteal phase

The entire duration of a Menstrual cycle can be divided into four main phases:

1. Menstrual phase (From day 1 to 5)
2. Follicular phase (From day 1 to 13)
3. Ovulation phase (Day 14)
4. Luteal phase (From day 15 to 28)

30. Chromosome number of partial hydatidiform mole is-

a) 46 XX

b) 45 XO

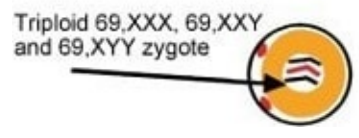
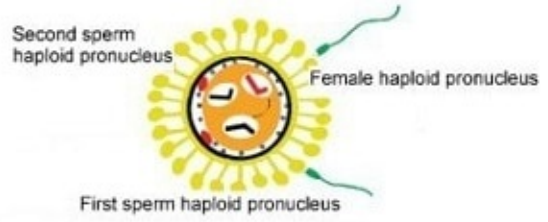
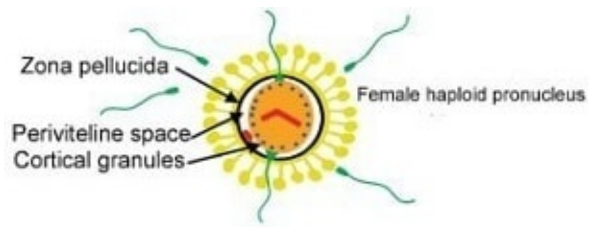
c) 46 XXY

d) 69 XXX

Correct Answer - D

Ans. D. 69XX

- A partial hydatidiform mole is a triploid pregnancy with 69 instead of 46 chromosomes and another strange complication of the reproductive process.
- Partial hydatidiform mole can be identified by ultrasound showing placenta tissue, some hygromatous cysts, some fetal oddities, but no clear fetus structure.
- Ultrasound is strictly an indicator. After spontaneous abortion or dilation and curettage, tissue needs to be examined by pathology and cytogenetics needs to be determined.
- If a triploid karyotype is determined as 69, XXX, 69XXY, or 69 XYY [6], then a partial mole can be confirmed.



31. Vulvar atrophy and itching are treated by-

a) Estrogen ointment

b) Antihistamines

c) Tamoxifen

d) None

Correct Answer - A

Ans. A. Estrogens ointment

- Atrophic vaginitis, the medical term for this condition, occurs as a result of deterioration of the vaginal tissue.
- It's a common condition in postmenopausal women because as estrogen levels drop, the tissue that lines the vagina becomes thinner and more easily damaged.
- Women with atrophic vaginitis may also experience vaginal itching, burning, frequent urination, or vaginal discharge.
- Women can treat this condition topically with estrogen creams, tablets (Vagifem), or an estrogen-releasing ring placed in the vagina (Estring).
- Oral estrogen, available with a doctor's prescription, will also restore vaginal tissue.
- Vaginal lubricants offer an alternative for women wary of using estrogen.
- Moisturizers such as Replens, Astroglide, and Lubrin can reduce symptoms and make sexual intercourse more comfortable.

32. PGF2 alpha maximum dose in PPH is-

a) 2000 µg

b) 200 µg

c) 2 mg

d) 20 mg

Correct Answer - C

Ans. C. 2mg

Drug doses for management of PPH:

15-Methyl prostaglandin F2a:

- Dose and route:IM: 0.25 mg
- Continuing dose:0.25 mg every 15 minutes
- Maximum dose:8 doses (Total 2 mg)
- Precautions/ contraindications:Asthma

33. Which of the following is false as physiological change in pregnancy?

a) Increase cardiac output

b) Increase total protein

c) Increase residual volume

d) Increase GFR

Correct Answer - C

Ans. C. Increase residual volume

- The respiratory rate is essentially unchanged, but tidal volume and resting minute ventilation increase significantly as pregnancy advances.
- The functional residual capacity and the residual volume are decreased as a consequence of the elevated diaphragm.

34. Overt gestational diabetes is defined as blood glucose more than_?

a) >200 mg/dl

b) >126 mg/dl

c) >100 mg/dl

d) >180 mg/dl

Correct Answer - B

Ans. B. >126 mg/dl

If fasting is 92-125 mg/dl it is diagnosed as GDM and if it is = 126 mg/dl it is designated as overt Diabetes

35. MgSO₄ have no role in prevention of-

a) Seizures in severe pre-eclampsia

b) Recurrent seizures in eclampsia

c) RDS in premature baby

d) Bradycardia

Correct Answer - C

Ans. C. RDS in premature baby

- Indicated to prevent seizures associated with pre-eclampsia, and for control of seizures with eclampsia.
- Magnesium sulfate (MgSO₄) is commonly used as an anticonvulsant for toxemia and as a tocolytic agent for premature labor during the last half of pregnancy.
- Toxicity of I/V magnesium sulfate includes cardiac arrhythmias, muscular paralysis, respiratory depression and CNS depression in mother as well as the neonate.

36. Green frothy vaginal discharge is produced by –

a) Herpes simplex

b) Candida albicans

c) Trichomonas vaginalis

d) Normal vaginal flora

Correct Answer - C

Ans. C. Trichomonas vaginalis

Trichomoniasis –

- It is a sexually transmitted disease
- It is almost entirely a disease of child-bearing age
- The vaginal discharge is frothy, slightly green in colour and profuse.
- There are multiple punctate strawberry spots on the vaginal vault and portio vaginalis of cervix. Diagnosis : Culture is 98% reliable

**37. Which of the following is an absolute
CONTRAINDICATION to OCP use:**

a) Chronic renal disease

b) DVT

c) Diabetes mellitus

d) History of amenorrhea

Correct Answer - B

Ans. B. DVT

Contraindications to combined oral contraceptives

- They are generally accepted to be contraindicated in women with pre-existing cardiovascular disease, in women who have a familial tendency to form blood clots/ thrombosis (such as familial factor V Leiden), women with severe obesity and/or hypercholesterolemia (high cholesterol level), and in smokers over age 40.
- COCP are also contraindicated for women with liver tumors, hepatic adenoma or severe cirrhosis of the liver, and for those with known or suspected breast cancer.

38. Which of the following statement is correct about acute fatty liver of pregnancy?

a) Occurs in 1 in 1000 pregnancy

b) Mostly seen in last trimester

c) Common if female fetus is present

d) May be associated with decreased uric acid

Correct Answer - B

Ans. B. Mostly seen in last trimester

- Acute fatty liver of pregnancy is usually seen in obese woman.
- It is more commonly seen in woman carrying a male foetus.
- The neonate is at risk of fatty infiltration of liver.
- It More commonly occurs in 3rd trimester.
- It May be associated with ?uric acid.

39. Female with 41 wk gestation confirmed by radiological investigation, very sure of her LMP, no uterine contractions, no effacement and no dilatation. What should not be done?

a) Intracervical foley's

b) PGE1 tab

c) PGE2 gel

d) PGF2alpha

Correct Answer - D

Ans. D. PGF2alpha

PgF2 alpha is a uterine relaxant so it can't be used in induction of labour.

40. Double decidua sign is seen during-

a) 1st trimester

b) 2nd early trimester

c) 2nd late trimester

d) 3rd trimester

Correct Answer - A

Ans. A. 1st trimester

- The double decidual sac sign (DDSS) is a useful feature on early pregnancy ultrasound to confirm an early intrauterine pregnancy (IUP) when the yolk sac or embryo is still not visualized.
- The “Double Decidual Sign”, first described by Nyberg and co-workers consists of two echogenic rings surrounding the hypoechoic gestational sac.
- The inner ring represents the chorion, embryonic disc and decidua capsularis.
- The outer ring represents the decidua parietalis.

41. In Medical termination of pregnancy, according to FDA, Misoprostol is given after how many hours of Mifepristone?

a) 24 hours

b) 48 hours

c) 72 hours

d) 96 hours

Correct Answer - B

Ans. is 'b' i.e., 48 hours

FDA approved protocol - (Original protocol)

- 600 mg of mifepristone (i.e., 3 tablets) given orally on day 1 followed 2 days (48 hours) later by oral misoprostol 400 µg (2 tablets) on day 3.
- The treatment should be started no more than 48 days from the start of the last menstrual period.

But according to the recent protocol

- 200 mg of mifepristone (it is as effective as 600 mg of mifepristone) is given orally on Day 1 followed 2 days (48 hours) later by vaginal misoprostol 800 µg.
- This regime provides highest efficacy within 63 days of amenorrhea.

42. First symptom invulval cancer is-

a) Pain

b) Pruritis

c) Ulcer

d) Blood discharge

Correct Answer - B

Ans. B.Pruritis

- Women with WN and yulvar cancer commonly present with pruritus and a visible lesion.
- However, pain, bleeding, and ulceration may also be initial complaints'

43. Which is increased in premature ovarian failure :

a) Sr. Inhibin

b) Sr. FSH

c) Sr. Estradiol

d) Both A and B

Correct Answer - B

Answer- B. Sr. FSH

In premature ovarian failure :-

1. FSH level increased (40 mIU/ml or more).
2. Estrogen is decreased (E2 Level 20 pg/ml or less)
3. Inhibin B is decreased.

[Ref Shaw's Gynaecology 10h/e p. 74; Speroffs Clinical Gynaecologic Endocrinology and Infertility 5th/e p. 463]

44. All of the following are markers of ovarian reserve except -

a) Inhibin A

b) Estradiol concentration

c) Inhibin B

d) Ovarian volume

Correct Answer - A

Answer- A. Inhibin A

Basal FSH and Estradiol concentration

Clomiphene Citrate Challenge Test

Inhibin B

Antimullerian hormone

Antral follicle count

Ovarian volume

45. Most common site involved in genital TB

-

a) Fallopian tubes

b) Endometrium

c) Ovaries

d) Vulvo - vaginal part

Correct Answer - A

Answer- A. Fallopian tubes

Fallopian Tubes → 90 - 100

**46. Which is not a side effect of POP
[Progestin only pill]**

a) Ovarian cysts

b) Venous thromboembolism

c) Increased risk of diabetes mellitus

d) Ectopic pregnancy

Correct Answer - B

Answer- B. Venous thromboembolism

Adverse effects of progestin only pill (minipill)

- Menstrual irregularities
- Headache, nausea, dizziness
- Bloating or weight gain
- Increased risk of INDDM
- Ovarian cysts
- Breast tenderness
- Acne
- Ectopic pregnancy

47. Maternal age is not associated with -

a) Preterm labour

b) Post maturity

c) Aneuploidy

d) Hydatidiform mole

Correct Answer - A

Answer- A. Preterm labour

Recent evidence however suggests lowest incidence of preterm labor between 18 and 35 years of age and higher risk in lower and higher age groups.

48. What is to be done if 2 OCP is missed on day 17 - 18 of the cycle -

a) Take 2 pills on the next 2 days

b) Use back up contraceptive

c) Both a and b

d) Continue taking single pill per day

Correct Answer - B

Answer- B. Use back up contraceptive

Missing pills while on OCP - Management :

- Missing one pill (late upto 24 hours) -take the missed pill at once and continue the same regimen.
- Missing two pills in the first week (days 1 - 7) - take two pills on each of the next two days and then continue the schedule. Extra - precaution (back up) - alternative contraception
- Missing two pills in the third week (days 15 - 21) or if more than two pills are missed at any time - another form of contraception. Start the next pack without a break.
- Missing any of the 7 inactive pills - throw away the missed pills. Start the new pack as usual.

49. Most common complication of dermoid cyst is -

a) Cyst Rupture

b) Torsion

c) Malignant degeneration

d) None of the above

Correct Answer - B

Answer- B. Torsion

Torsion is the most common complication occurring in Dermoid cyst. Because of the fat content of the cyst, it is lighter than other ovarian tumors and therefore easily torsioned. Almost 15% of dermoid cysts undergo torsion.

50. Management of tubal ectopic pregnancy of 2.5 x 3 cm is -

a) Medical management

b) Salpingectomy

c) According to presence of fetal cardiac activity

d) Observation

Correct Answer - C

Answer- C. According to presence of fetal cardiac activity

Conservative management

Medical management :

- 1. Hemodynamically stable
- 2. Serum hCG level < 3000IU/L
- 3. Tubal diameter < 4 cm without any fetal cardiac activity
- 4. No intraabdominal haemorrhage

Surgical management :

- 1. Hemodynamic instability
- 2. Serum hCG level > 3000 IU/L
- 3. Tubal diameter > 4 cm
- 4. Presence of fetal cardiac activity

51. Dose of dexamethasone for fetal lung maturity is -

a) 6 mg

b) 12 mg

c) 18 mg

d) 24 mg

Correct Answer - A

Answer- A. 6 mg

Betamethasone - 12 mg i.m. 24 hours apart for 2 doses

Dexamethasone - 6 mg i.m. 12 hours apart for 4 doses.

Betamethasone - Steroid of choice.

52. Management of a patient with complete placenta previa at 38 weeks gestation without any vaginal bleeding is -

a) Expectant management

b) Macafee and Johnson regimen

c) Elective caesarean section

d) Emergency caesarean section

Correct Answer - C

Answer- C. Elective caesarean section

As this patient is more than 37 weeks gestation, active interference is mandatory.

But as this patient is not actively bleeding therefore elective caesarean section can be planned.

53. True about nabothian cyst is all except -❖

a) Squamous epithelium occludes the mouth of the glands

b) It is seen in chronic irritation and inflammation

c) It is a pathology of the cervix

d) It is pre - malignant

Correct Answer - D

Answer- D.❖It is pre - malignant

Seen in chronic inflammation of cervix.

It is the result of blockage of mouth of the glands of the cervix.

During the process of healing, the squamous epithelium replaces the columnar epithelium.

The blocked glands become distended with secretion and form small cysts which can be seen with the naked eye, the so-called nabothian follicles.

The condition is neither malignant nor pre-malignant.

54. Most common cause of pelvic inflammatory disease is -

a) Sexually transmitted disease

b) IUCD

c) Pelvic peritonitis

d) Puerperal sepsis

Correct Answer - A

Answer- A. Sexually transmitted disease

Sexually transmitted disease is the most common cause.

Gonococcal and chlamydial infections are the most common cause.

Postabortal or puerperal sepsis.

IUCD

Tuberculosis

Pelvic peritonitis, due to appendicitis and diverticulitis.

55. There is overlapping of skull sutures which can be reduced with gentral pressure. What is the grade of moulding ?

a) Grade 1

b) Grade 2

c) Grade 3

d) Grade 4

Correct Answer - B

Answer- B. Grade 2

There are three gradings of moulding :

- Grade 1 - the bones touching but not overlapping
- Grade 2 - overlapping but easily separated
- Grade 3 - fixed overlapping.

56. Risk factor for cervical carcinoma is -

a) Smoking

b) Human papilloma virus

c) Low socioeconomic status

d) All of the above

Correct Answer - D

Answer- D. All of the above

HPV infection.

Coitus before 18 years.

Multiple sexual partners.

Delivery of the first baby before the age of 20 years.

Multiparity with poor birth spacing between pregnancies.

Poor personal hygiene.

Poor socioeconomic status.

Smoking.

Immunosuppressive disease.

57. 45 yrs female with G5P4A0L4 with LMP 25.8.15, gestational age will be how many weeks on date 11.5.15?

a) 32 weeks

b) 35 weeks

c) 36 weeks

d) 40 weeks

Correct Answer - C

Answer- C. 36 weeks

if the patient's LMP is 25.8.15 then EDD would be 3.6.16.

On 11.5.15, patient would be 23 days left would for EDD, that is 3 weeks and 2 days. Subtracting this from 40 weeks, the patients gestational age would be 36 weeks and 5 days.

58. Which of the following about abdominal pregnancy is true?

a) Primary abdominal pregnancy is more common

b) If placenta is densely adhered, it should be separated along with the organ it overlies

c) Around 50% of the fetus reach full term and survive

d) If placenta is left behind, infection can occur

Correct Answer - D

Answer- D. If placenta is left behind, infection can occur

Abdominal Pregnancy

A) Primary Abdominal Pregnancy

- Criteria to diagnose primary abdominal pregnancy by Studiford :
 1. Both the tubes and ovaries are normal without evidence of recent injury
 2. Absence of uteroplacental fistula
 3. Presence of a pregnancy related exclusively to the peritoneal surface and young enough to eliminate the possibility of secondary implantation following primary nidation in the tube

B) Secondary

- Almost always secondary, the primary sites being tube, ovary or even the uterus - the conceptus escapes out through the rent in the uterine scar.

59. Oxygen consumption increases in pregnancy by

a) 10%

b) 20%

c) 30%

d) 40%

Correct Answer - B

Answer- B. 20%

Oxygen consumption increases approximately 20% during pregnancy, and it is approximately 10% higher in multifetal gestation.

During labour, oxygen consumption increases 40 - 60%.

60. Stroke volume increases in pregnancy by

a) 20%

b) 25%

c) 40%

d) 45%

Correct Answer - B

Answer- B. 25%

Hemodynamic changes during pregnancy

	Non - pregnant	Pregnancy near term	Change
Cardiac output (lit/m1)	4.5	6.26	+40%
Stroke volume (ml)	65	75	+27%
Heart rate (per minute)	70	85	+ 17%
Blood pressure	Unaffected or mid pregnancy drop of diastolic pressure by 5 - 10 mmHg		
Venous pressure	8 - 10 cm (femoral)	20 cm	+100%
Colloid oncotic pressure (mmHg)	20	18	- 14%
Systemic vascular resistance			- 21%
Pulmonary vascular rests			- 34%

61. Cardiac output in pregnancy increases from which week of gestation

a) 5 weeks

b) 15 weeks

c) 25 weeks

d) 35 weeks

Correct Answer - A

Answer- A. 5 weeks

Cardiac output starts to increase from the 5th week of gestation, reaches its peak 40 - 50% at 30 - 34 weeks.

62. What is the stage of carcinoma cervix involving body of uterus -

a) Stage I

b) Stage II

c) Stage III

d) Stage IV

Correct Answer - A

Answer- A. Stage I

Cervical Cancer - FIGO Staging

Stage 0	Carcinoma in situ
Stage I	Intraepithelial carcinoma confined to the cervix
Stage IA	Diagnosed only by microscopy
Stage IA1	Microinvasive carcinoma with stromal invasion < 3 mm in depth & < 7 mm in wide.
Stage IA2	Microinvasive carcinoma not exceeding 5 mm in depth / 7 mm in width.
Stage IB	Clinically visible or microscopic lesion > IA2.
Stage IB1	Clinical lesion not exceeding 4cm in diameter.
Stage IB2	Clinical lesion more then 4 cm in diameter.
Stage II	Extension beyond the cervix but not to the pelvic wall.
Stage	Involvement of vagina but not the lower third

IIA	involvement of vagina but not the lower third.
Stage IIA1	Clinically visible lesion more than 4 cm.
Stage IIA2	Clinically visible lesion more than 4 cm.
Stage IIB	Parametrial involvement not reaching the pelvic side wall.

63. Therapeutic use of folic acid is

a) Previous pregnancy with child having neural tube defect

b) Megaloblastic anaemia

c) Hemoglobinopathies

d) All of the above

Correct Answer - B

Answer- B. Megaloblastic anaemia

Folic acid is given in all the given conditions. But answer here is option b.

This question is tricky :-

- Examiner is asking about therapeutic uses of folic acid (not preventive)
- In megaloblastic anemia, folic is given for treatment —> therapeutic uses
- In pregnancy it is given for prevention of neural tube defect —> prophylactic use (preventive use)

64. Most common cause of death in cervical cancer is -

a) Renal failure

b) Infection

c) Haemorrhage

d) Metastasis to vital organs

Correct Answer - A

Answer- A. Renal failure

Renal failure is the most common cause of death in cervical cancer. Renal failure in cervical cancer occurs due to involvement of ureters in Stage 1IIB. It can also occur due to direct involvement of kidney as in stage IV B.

65. During pregnancy increased size of pituitary is caused by increased size of cells which secrete ?

a) Growth hormone

b) Prolactin

c) ACTH

d) TSH

Correct Answer - B

Answer- B. Prolactin

Prolactin levels rise gradually throughout pregnancy, preparing the breast for lactation.

This lactotroph hyperplasia has important implications for the patient with a prolactinoma who desires pregnancy.

66. Treatment options for CIN III include all of the following except -

a) LLETZ

b) Conization

c) Hysterectomy

d) Wertheim's hysterectomy

Correct Answer - D

Answer- D. Wertheim's hysterectomy

Treatment options of (IN III

1. Conservative ablation : coagulation, cryosurgery, laser ablation
 2. Local excision : conization, laser conization, LLETZ, LEEP, NETZ
 3. Radical excision : Trachelectomy, hysterectomy (with or without removal of vaginal cuff).
- Wertheim's hysterectomy is generally not done in cases of CIN III if vagina or lymph nodes are not involved.

67. What size of the hegar's dilator if passed through the internal os can be labeled as cervical incompetence?

a) 4

b) 6

c) 8

d) 10

Correct Answer - C

Answer- C. 8

Passage without resistance and pain of No. 8 Hegar's dilator is a screening test for cervical incompetence.

68. Propulsive stage in labour in multipara

a) 10 minutes

b) 20 minutes

c) 40 minutes

d) 1 hour

Correct Answer - B

Answer- B. 20 minutes

Second stage of labour has two phases :

- 1. Propulsive phase: from full dilatation of cervix until head touches pelvic floor.
- 2. Expulsive phase : Since the time there is irresistible maternal desire to bear down until the body is delivered.
- Mean duration of second stage is 50 minutes for nullipara and 20 minutes in multipara.

69. Funneling in cervicogram is seen in -

a) In labour

b) Cervical incompetence

c) Cervical ectopic

d) During TVS

Correct Answer - B

Answer- B. Cervical incompetence

Cervicogram is done for diagnosis of cervical incompetence. In other conditions, cervicogram is not done.

70. In cervical incompetence diameter of internal os of cervix is -

a) 1 cm

b) 1.5 cm

c) 2 cm

d) 2.5 cm

Correct Answer - A

Answer- A. 1 cm

Cervical sonography :

- Funelling of the cervix with changes in the form of Y, V, U.
- Cervical length < 2.5 cm.
- Funneling of the internal os > 1 cm
- Speculum examination : Detection of dilatation of internal os with herniation of the membranes.
- Cervical index = (Funnel length + 1) / (endocervical length).
- The "+1" allows an index to be calculated when funelling is absent.

Predictors of preterm birth :

- Cervical index > 0.52.
- Cervical length < 18 mm
- Funnel length > 9 mm.
- Funnel width > 6 mm.

71. Occipitoanterior position

- a) Anterior fontanalle is posterior
- b) Sagittal suture is along the Transverse plane of the maternal pelvis
- c) Coronal suture is along the antero - posterior plane of the maternal pelvis
- d) All of the above

Correct Answer - A

Answer- A. Anterior fontanalle is posterior

In direct occipito anterior position, the sagittal suture of the fetus will be along the antero - posterior plane of the maternal pelvis and the coronal suture along the transverse diameter.

72. Method not used for shoulder dystocia

a) McRobert's maneuver

b) Hegar's maneuver

c) Zanavelli maneuver

d) Wood's maneuver

Correct Answer - B

Answer- B. Hegar's maneuver

McRobert's, Zanavelli and Wood's maneuvers' are maneuvers in the management of shoulder dystocia.

73. Vasa previa is associated with -

a) Marginal placenta

b) Velamentous placenta

c) Battledore

d) Placenta previa

Correct Answer - B

Answer- B. Velamentous placenta

If a leash of blood vessels happen to traverse through the membranes overlying the internal os, in front of the presenting part, the condition is called as vasa praevia.

It is associated with velamentous placenta.

The unsupported umbilical vessels in velamentous placenta, lie below the presenting part and run across the cervical os.

Rupture of membranes involving the overlying vessels leads to vaginal bleeding.

As it is entirely fetal blood, this may result in fetal exsanguination and even death.

[Ref Dutta's Obstetrics 8th/e p. 301]

74. Which is not a risk factor for gestational hypertension

a) Obesity

b) Smoking

c) Primigravida

d) Factor V Leiden mutation

Correct Answer - B

Answer- B. Smoking

Primigravida : Young or elderly (first time exposure to villi)

Family history (hypertension, pre - eclampsia)

Placental ischemia

Obesity

Thrombophilia (antiphospholipid syndrome), protein C and S deficiency, factor V Leiden mutation)

Molar pregnancy (early onset pre - eclampsia)

75. Most common breech position is

a) Complete breech

b) Frank breech

c) Footling breech

d) Knee presentation

Correct Answer - B

Answer- B. Frank breech

Frank breech (Breech with extended legs) is the most common breech presentation.

Breech with extended legs (Frank breech) : Thighs are flexed at hip and legs are extended at knee. It is commonly seen in primigravidae (70%).

It is the most common type of breech.

76. When fetus is at station +2 & fetal skull reaches pelvic floor, which of the following is true

a) Forceps can be applied

b) Best time to give episiotomy

c) Called as crowning

d) May lead to deep transverse arrest

Correct Answer - A

Answer- A. Forceps can be applied

When the fetal skull has reached the level of pelvic floor and station of head is at + 2 or more, outlet forceps can be applied.

However, crowning is defined as stretching of the vulva' outlet by the maximum diameter of the fetal head (biparietal diameter) without any recession. Thus the station is + 5.

Best time to give episiotomy is at the time of crowning of head.

[Ref Dutta's Obstetrics 81h/e p. 651]

77. Contracted pelvis is defined as shortening of one or more planes by -

a) 0.5 cm

b) 1 cm

c) 1.25 cm

d) 1.5 cm

Correct Answer - A

Answer- A. 0.5 cm

Anatomically, contracted pelvis is defined as shortening of one or more planes by 0.5 cm.

78. Common misdiagnosis of partial mole is

a) Threatened abortion

b) Choriocarcinoma

c) Complete mole

d) Ectopic pregnancy

Correct Answer - A

Answer- A. Threatened abortion

The clinical picture of partial mole is confused with threatened abortion or missed abortion due to pain and bleeding alongwith a fetus (usually dead) in utero.

79. Prolonged second stage of labour may occur due to

a) Uterine inertia

b) Epidural analgesia

c) Cephalopelvic disproportion

d) All of the above

Correct Answer - D

Answer- D. All of the above

Prolongation of second stage of labour can occur due to any of the following reasons :

1) Fault in the power

- Uterine inertia
- Inability to bear down
- Epidural analgesia
- Constriction ring

2) Fault in the passage

- Cephalopelvic disproportion, android pelvis, contracted pelvis
- Undue resistance of the pelvic floor or perineum due to spasm or old scarring
- Soft tissue pelvic tumor.

3) Fault in the passenger

- Malposition (occipito - posterior)
- Malpresentation
- Big baby
- Congenital malformation of the baby

80. Most common type of conjoint twin is -

a) Thoracopagus

b) Omphalopagus

c) Craniopagus

d) Rachipagus

Correct Answer - A

Answer- A. Thoracopagus

Four types of fusion may occur :

- Thorapagus - Most common
- Pyopagus (posterior fusion)
- Craniopagus (cephalic)
- Ischiopagus (caudal)

81. Crowning is

- a) Biparietal diameter at the inlet of pelvis
- b) Biparietal diameter at the ischial spine
- c) Biparietal diameter at the vulval outlet
- d) Biparietal diameter just outside the vulval outlet Answer-

Correct Answer - C

Answer- C. Biparietal diameter at the vulval outlet

Crowning : After internal rotation of the head, further descent occurs until the subocciput lies underneath the pubic arch. At this stage, the maximum diameter of the head (biparietal diameter) stretches the vulval outlet without any recession of the head even after the contraction is over - called "crowning of the head".

82. Uterine height is greater than gestational age of the patient in a case of all except -

a) Fibroid uterus

b) IUGR

c) Wrong dates

d) Polyhydramnios

Correct Answer - B

Answer- B. IUGR

Uterine height greater than gestational age in case of :

- Wrong dates
- Polyhydramnios
- Pregnancy with fibroid uterus
- Multiple pregnancy

83. True about placental site trophoblastic disease is

a) Highly Malignant behavior

b) Hysterectomy followed by chemoradiation is the treatment of choice

c) Secretes human placental lactogen

d) Contains syncytiotrophoblasts mainly

Correct Answer - C

Answer- C. Secretes human placental lactogen

Placental Site Trophoblastic Tumour

- Arises from the placental bed trophoblasts and invades the myometrium.
- Follows a full - term normal delivery.
- Tumor contains mainly cytotrophoblasts with few or no syncytiotrophoblasts.
- Most of these tumors run a benign course, malignancy is rare.
[Ref Shaw's Gynae 1e/e p. 313; Dutta's Obs 8thie p. 231]

84. Quickening in multiparae is felt at what weeks of gestation?

a) 14 weeks

b) 16 weeks

c) 18 weeks

d) 20 weeks

Correct Answer - B

Answer- B. 16 weeks

Quickening is feeling of life. It denotes perception of active fetal movements by the women. It is usually felt about the 18th week, about 2 weeks earlier in multiparae. Its appearance is an useful guide to calculate the expected date of delivery with reasonable accuracy.

85. Pregnancy is contraindicated in which cardiac disease -

a) Mitral stenosis

b) Primary pulmonary hypertension

c) VSD

d) Mitral regurgitation

Correct Answer - B

Answer- B. Primary pulmonary hypertension

Place of therapeutic termination in case of following heart diseases.

Considering high maternal deaths, absolute indications are :

- Primary pulmonary hypertension
- Eisenmenger's syndrome
- Pulmonary veno - occlusive disease.

86. Malodorous vaginal discharge is due to

a) Bacterial vaginosis

b) Chlamydia trachomatis

c) Trichomonas vaginalis

d) Neisseria gonorrhoea

Correct Answer - A

Answer- A. Bacterial vaginosis

Bacterial vaginosis is an alteration of the normal vaginal flora with consequent overgrowth of pathogenic bacteria.

There is fall in the absolute number of hydrogen peroxide - producing lactobacilli, leading to a rise in pH and increase in the absolute number of *G. vaginalis*, anaerobic gram - negative rods, *Mobiluncus* spp. and *Mycoplasma hominis*.

87. Following delivery, tear involves perineum, external anal sphincter with intact mucosa, grade of tear is -

a) First degree

b) Second degree

c) Third degree

d) Fourth degree

Correct Answer - C

Answer- C. Third degree

Third degree : Injury to perineum, involving the anal sphincter complex (both the external and internal).

- 3a : if half thickness external anal sphincter involved.
- 3b : if full thickness external anal sphincter involved.
- 3c : if internal anal sphincter involved.

88. Amsel criteria is for

a) Bacterial vaginosis

b) Antiphospholipid antibody syndrome

c) Ovarian ectopic pregnancy

d) HELLP Syndrome

Correct Answer - A

Answer- A. Bacterial vaginosis

Amsel criteria : Three out of four of the following should be present

- A white / gray homogenous discharge
- A vaginal discharge pH of > 4.5
- A positive amine test (drop of 10% potassium hydroxide added to drop of discharge on a slide produces fishy odour), also known as Whiff test.
- Microscopy demonstrates clue cells.

89. Plane of cleavage during placental separation runs through

- a) Between compact and spongy layer of decidua basalis
- b) Between decidua basalis and chorion frondosum
- c) Through deep spongy layer of decidua basalis
- d) Between layers of chorion frondosum

Correct Answer - C

Answer- C. Through deep spongy layer of decidua basalis

Marked retraction reduces effectively the surface area at the placental site to about its half. But as the placenta is inelastic, it cannot keep pace with such an extent of diminution resulting in its buckling. A shearing force is instituted between the placenta and the placental site which brings about its ultimate separation.

90. Not a cause of oligohydramnios -

a) IUGR

b) Renal agenesis

c) Amnion nodosum

d) Chorioangioma

Correct Answer - D

Answer- D. Chorioangioma

Fetal,

- Chromosomal or structural anomalies
- Renal agenesis
- Obstructive uropathy
- Spontaneous rupture of membrane
- Intrauterine infection
- Drugs: PG inhibitors, ACE inhibitors
- Postmaturity
- IUGR
- Amnion nodosum
- Maternal
- Hypertensive disorders
- Uteroplacental insufficiency
- Dehydration
- Idiopathic

91. Which of the following is true about ovarian ectopic pregnancy?

- a) Studdiford criteria is used for diagnosis
- b) There should be no rent on the ovary or tube
- c) Absence of evidence of pregnancy at any other site than ovarian
- d) Conservative surgery can be done if diagnosed early

Correct Answer - D

Answer- D. Conservative surgery can be done if diagnosed early

Ovarian ectopic is a rare entity that is difficult to diagnose clinically. It usually does not proceed past the first four weeks of pregnancy.

Spiegelberg's criteria is used for diagnosis of ovarian pregnancy. It includes :

1. Tube on the affected side must be intact.
2. The gestation sac must be in the position of the ovary.
3. The gestation sac is connected to the uterus by the ovarian ligament.
4. The ovarian tissue must be found on its wall on histological examination.

92. False about chorionic vinous sampling -

- a) Is used for prenatal genetic diagnosis
- b) Is performed only in second trimester of pregnancy
- c) Villi collected from chorion frondosum
- d) Can cause limb deformities

Correct Answer - B

Answer- B. Is performed only in second trimester of pregnancy

Is used for prenatal genetic diagnosis.

Performed transcervically through 10-12 weeks (first trimester) and transabdominally from 10 weeks to term. (Advantage over amniocentesis which is performed in second trimester of pregnancy)

Villi are collected from chorion frondosum.

Can cause oromandibular limb deformities or limb reduction defects if performed before 10 weeks of gestation.

93. Bacteria responsible for ectopic pregnancy is

a) Staphylococcus

b) Chlamydia

c) Peptostreptococcus

d) Trichomonas vaginalis

Correct Answer - B

Answer- B. Chlamydia

Salpingitis and PID (Pelvic Inflammatory Disease) is the most important risk factor for ectopic pregnancy. Chlamydia trachomatis infection is the most common risk factor for PID and salpingitis.

[Ref Dutta's Obstetrics 8th/e p.. 207]

94. A 28 year old primigravida with 32 weeks of gestation comes with complain of thin, frothy, profuse discharge through the vagina since yesterday. She was advised USG which showed Single live intrauterine gestational sac with FL and AC corresponding to the weeks of gestation and AFI as adequate. What is the diagnosis?

a) PPRM

b) Trichomoniasis

c) Normal finding

d) Candidiasis

Correct Answer - B

Answer- B. Trichomoniasis

Patients infected with *Trichomonas vaginalis* complain of a typical discharge, which is thin, profuse, frothy, irritating, creamy or slight green in colour.

Slight green colour of the discharge is often not complained by the patient but spotted by the physician.

95. Le Fort repair is done for

a) Uterovaginal descent

b) Vault prolapse

c) VVF

d) RVF

Correct Answer - A

Answer- A. Uterovaginal descent

Le Forte's repair

- Very elderly menopausal women
 - Advanced prolapse
 - Unfit for any major surgical procedure
- [Ref Shaw's Gynaecology 16th/e p. 360]

96. Leydig cells of fetus testis secretes

a) hCG

b) LH

c) Testosterone

d) Mullerian inhibiting substance

Correct Answer - C

Answer- C. Testosterone

Leydig cells in fetal testis are the cellular site of testosterone synthesis.

Fetal testis also secretes mullerian inhibiting substance produced by sertoli cells which acts locally as a paracrine factor to cause mullerian duct regression. Mullerian duct regression completes by 9 to 10 weeks' gestation, which is much before testosterone secretion has commenced.

97. Risk factors for molar gestation are all of the following except -

a) Oriental countries

b) Disturbed maternal immune mechanism

c) Higher ratio of maternal/paternal chromosomes

d) Faulty nutrition

Correct Answer - C

Answer- C. Higher ratio of maternal/paternal chromosomes

Risk factors for H. mole :

1. Oriental countries, highest incidence in Philippines.
 2. Teenage pregnancies or > 35 years.
 3. Faulty nutrition.
 4. Disturbed maternal immune mechanism.
 5. Higher ratio of paternal/maternal chromosomes (not maternal/paternal)
- Higher the ratio, greater the molar change. Complete moles show 2:0 paternal/maternal ratio whereas partial mole shows 2 : 1 ratio.

98. Embryo gets implanted at what stage of development?

a) Two cell stage

b) Four cell stage

c) Morula

d) Blastocyst

Correct Answer - D

Answer- D. Blastocyst

After the zygote formation, typical mitotic division of the nucleus occurs producing two blastomeres.

Two cell stage is reached approximately 30 hours after fertilization. The blastomeres continue to divide by binary division through 4, 8, 16 cell stage until a cluster of cells is formed and is called morula, resembling a mulberry.

Morula after spending about 3 days in the uterine tube enters the uterine cavity through the narrow uterine ostium (1mm) on the 4th day in the 16 - 64 cell stage.

Implantation occurs on the 6th day which corresponds to the 20th day of regular menstrual cycle.

Implantation occurs through 4 stages : apposition, adhesion, penetration and invasion.

99. Poor prognostic factor for hydatidiform mole is -

a) Prior molar pregnancy

b) Metastasis to lung

c) No prior chemotherapy

d) WHO score > 8

Correct Answer - D

Answer- D. WHO score > 8

High Risk (Poor Prognosis) :

- Long duration of disease (> 4 months)
- Initial serum hCG level > 40,000 mIU/ml
- Brain or liver metastasis
- Failure of prior chemotherapy
- Following term pregnancy
- WHO score > 8

100. Drugs used in endometriosis is

a) Combined oral contraceptives

b) Letrozole

c) Mifepristone

d) All of the above

Correct Answer - D

Answer- D. All of the above

Combined oral contraceptives - Administered intermittently or continuously, oral contraceptives may alleviate the disease.

Oral progestogens - Exert anti - estrogenic effect and their continuous administration causes decidualization and endometrial atrophy.

Danazol - inhibits pituitary gonadotropins

GnRH analogues - Downregulate and suppress pituitary gonadotropins.

Aromatase inhibitors (letrozole) : Anti - estrogenic action

Anti - progestin (mifepristone)

101. Risk of scar rupture in lower segment of previous scar present is ?

a) 05 - 1.5 %

b) 15 - 25 %

c) 2.5 - 3.5 %

d) 3.5 - 4.5 %

Correct Answer - A

Ans. A. 05 - 1.5 %

102. Not true in complete hydatidiform mole ?

a) Triploid

b) Absence of fetal parts

c) Diffuse trophoblastic hyperplasia

d) Beta HCG > 50,000

Correct Answer - A

Ans, A. Triploid

Triploidy and diploidy are seen in partial mole. Complete mole has 46 XX karyotype.

103. Components of Mala D are all except ?

a) 0.03 mg Ethinyl estradiol

b) 0.15mg desogestrel

c) 0.15 mg levenogestrel

d) Iron tablets

Correct Answer - B

Ans, B. 0.15mg desogestrel

104. Mechanism of action of IUCD is all except ?

a) Inhibit ovulation

b) Induce biochemical changes in endometrium

c) Increase tubal motility

d) Inflammatory response in endometrium

Correct Answer - A

Ans, A. Inhibit ovulation

Act predominantly in the uterine cavity and do not inhibit ovulation.

105. Most common infection in long term IUCD use -

a) Actinomyosis

b) Mucormycosis

c) Aspergillosis

d) Candidiasis

Correct Answer - A

Ans. A. Actinomyosis

Actinomycosis is an infection common in patients using inert IUCDs.

106. Absolute contraindication of OC pills are all except?

a) Suspicious vaginal bleeding

b) Cervical cancer

c) Uterine anomaly

d) Old STD

Correct Answer - D

Ans. D. Old STD

Current STD is an absolute contraindication (not past STDs).

107. Copper IUCD as a contraceptive measure can be used maximum till what time after contact ?

a) 2 days

b) 3 days

c) 4 days

d) 5 days

Correct Answer - D

Ans. D. 5 days

Introduction of Copper IUD within a maximum period of 5 days can prevent conception following accidental unprotected exposure.

108. Clomiphene citrate is used for ?

a) Anovulation

b) Endometriosis

c) Puberty menorrhagia

d) Hormone replacement therapy

Correct Answer - A
Ans A. Anovulation

109. First line treatment of infertility in PCOS is ?

a) Clomiphene

b) FSH

c) GnRH

d) Assisted reproductive techniques

Correct Answer - A

Ans. A. Clomiphene

Clomiphene citrate is the first line of treatment of infertility in a PCOS woman.

110. Drug commonly used in treatment of endometriosis is?

a) LH

b) GnRH

c) MPA

d) FSH

Correct Answer - B

Ans. B. GnRH

111. Investigation of choice in endometriosis ?

a) Laparoscopy

b) Hysteroscopy

c) CT scan

d) MRI

Correct Answer - A

Ans. A. Laparoscopy

Laparoscopy is considered as gold standard investigation for diagnosis of endometriosis.

It is diagnostic as well as therapeutic,

112. Carcinoma endometrium with involvement of the vaginal wall is included in which stage ?

a) IIIA

b) IIIB

c) IIIC

d) IVA

Correct Answer - B

Ans. B. IIIB

113. Meigs syndrome is associated with which tumor ?

a) Fibroma

b) Cystadenoma

c) Dysgerminoma

d) Teratoma

Correct Answer - A

Ans. A. Fibroma

Meigs syndrome combination of fibroma with ascites and hydrothorax, usually rightsided.

Seen in 1- 5% patients.

114. Sentinel lymph node biopsy is used to map the lymph node status of which cancers?

a) Breast

b) Melanoma

c) Vulva

d) All the above

Correct Answer - D

Ans, D. All the above

Lymphatic mapping and sentinel lymph node biopsy
Technique use to know the local lymph node status in cancers of
breast, vulva and melanoma

115. Most common type of fibroid is ?

a) Intramural

b) Subserosal

c) Cervical

d) Submucosal

Correct Answer - A

Ans. A. Intramural

116. Most common cancer in pregnancy ?

a) Melanoma

b) Breast carcinoma

c) Gastric carcinoma

d) Thyroid carcinoma

Correct Answer - B

Ans. B. Breast carcinoma

Breast carcinoma is the most common cancer in pregnancy constituting 46% (1:3000 to 10,000) of the cases followed by hematological malignancies constituting 18 - 25% of the cases,

117. Most common cause of vulval carcinoma is ?

a) HPV infection

b) EBV infection

c) Herpes genitalis infection

d) Syphilis infection

Correct Answer - A

Ans. A. HPV infection

HPV infection is a common risk factor for the development of invasive vulval carcinoma.

118. Following the criteria for conservative surgery in patients with ovarian carcinoma except ?

a) FIGO stage II disease

b) Young patient with no or few children

c) Well differentiated serous tumor

d) No infiltration of capsule, lymphatics or mesoovarium

Correct Answer - A

Ans. A. FIGO stage II disease

Requirements for conservative surgery in patients with ovarian Cancer are:

- FIGO stage IA disease
- Well differentiated serous, mucinous, endometrioid or clear cell tumor
- Young patient with no or few children
- No other pelvic pathology precluding pregnancy

119. Most common ovarian cyst to undergo torsion is ?

a) Dysgerminoma

b) Benign cystic teratoma

c) Ovarian fibroma

d) Brenner's tumor

Correct Answer - B

Ans, B. Benign cystic teratoma

Benign cystic teratoma is the most common ovarian neoplasm to undergo torsion.

120. Most common malignant ovarian tumor is ?

a) Serous cystadenocarcinoma

b) Mucinous cysadenocarcinoma

c) Malignant teratoma

d) Sarcoma

Correct Answer - A

Ans, A. Serous cystadenocarcinoma

121. Which of the following is the most common malignant germ cell tumor of ovary?

a) Yolk sac tumor

b) Dysgerminoma

c) Polyembryoma

d) Choriocarcinoma

Correct Answer - B

Ans, B. Dysgerminoma

122. Most common germ cell tumor of ovary is ?

a) Dysgerminoma

b) Serous cystadenoma

c) Yolk sac tumor

d) Dermoid cyst

Correct Answer - D
Ans. D. Dermoid cyst

123. Call Exner bodies seen in ?

a) Granulosa cell tumors

b) Serous cystadenomas

c) Dysgerminoma

d) Krukenberg tumor

Correct Answer - A

Ans. A. Granulosa cell tumors

The formation of Call - Exner bodies is a distinct feature of granulosa cells and can be readily recognized in certain types of granulosa cell tumours.

124. Inhibin is a tumor marker for ?

a) Granulosa cell tumor

b) Dysgerminoma

c) Serous cystadenoma

d) Krukenberg tumor

Correct Answer - A

Ans. A. Granulosa cell tumor

125. Management of Stage IIA carcinoma cervix in third trimester of pregnancy is ?

a) Radical hysterectomy, pelvic lymphadenectomy after classic caesarian delivery

b) Periodic cytology and evaluation

c) Cone biopsy

d) Chemotherapy and brachytherapy

Correct Answer - A

Ans. A. Radical hysterectomy, pelvic lymphadenectomy after classic caesarian delivery

126. Treatment of IBI ca cervix ?

a) Wertheim's hysterectomy

b) Radiotherapy

c) Chemotherapy

d) Chemoradiotherapy

Correct Answer - A

Ans. A. Wertheim's hysterectomy

127. What is the next step in investigating a 45 yrs old female with post coital bleeding and visible cervical mass on speculum examination ?

a) Dilatation and curettage

b) Conisation

c) Colposcopy

d) Hysteroscopy

Correct Answer - C
Ans. C. Colposcopy

128. Most common mode of spread for genital tuberculosis is?

a) Hematogenous

b) Lymphatic

c) Direct

d) Ascending

Correct Answer - A

Ans. A. Hematogenous

From any of the primary sites, the pelvic organs involved by hematogenous spread in about 90% of the cases.

129. Estimation of fetal hemoglobin is done by ?

a) Gerhard test

b) Kleihauer-Betke Acid Elution Test

c) Grinders test

d) Simpsons test

Correct Answer - B

Ans. B. Kleihauer-Betke Acid Elution Test

Modified Keihauser-Betke Acid Elution test: it k used to note the number fetal red cells per 0 low power fields.

If there are 80 fetal erythrocyte in 50 low power fields in maternal peripheralblood films, it presents the transplacental hemorrhage of 4 ml of fetal blood.

130. Most common breech presentation in primigravida is ?

a) Flexed breech

b) Frank breech

c) Footling presentation

d) Incomplete

Correct Answer - B

Ans, B. Frank breech

Breech with extended legs/Frank breech

131. Transverse lie is caused by all except ?

a) Multiparity

b) Prematurity

c) Anencephaly

d) Placenta previa

Correct Answer - C

Ans, C. Anencephaly

Etiology transverse lie:

- Multiparity
- Twins
- Contracted pelvis
- Pelvic tumors
- Intrauterine death
- Prematurity
- Hydramnios
- Placentaprevia

Congenital malformation of uterus - arcuate, subseptate

132. 20 year old female with primary amenorrhoea with normal presentation of everything except no axillary or pubic hair. What is the diagnosis?

a) Testicular feminization syndrome

b) Kallman syndrome

c) Turners syndrome

d) Klienfelters syndrome

Correct Answer - A

Ans, A. Testicular feminization syndrome

Phenotypically normal females with absence of axillary and pubic hair with primary amenorrhoea have two differential diagnosis:

- Testicular feminizing syndrome and
- Mullerian agenesis.

133. In PID due to neisseria gonorrhoea, tubal damage is?

a) Peritubal

b) Endotubal

c) Extratubal

d) Juxtatubal

Correct Answer - B

Ans. B. Endotubal

Gonococcal infection involves the mucosa and mainly remains an endoluminal pathology while the other bacterial PID tend to involve deeper tissues and can also involve extratubal tissues. So the most probable answer is endotubal.

134. Condition where there is ingrowth of the endometrium, both glandular and stromal component in myometrium is ?

a) Adenomyosis

b) Courvelaire uterus

c) Placenta accreta

d) Uterine fibroid

Correct Answer - A

Ans, A. Adenomyosis

Adenomyosis is a condition where there is ingrowth of the endometrium, both the glandular and stromal components, directly into the myometrium.

135. Couvelaire uterus is seen in ?

a) Placenta previa

b) Abruptio placentae

c) Placenta accrete

d) Velamentous placenta

Correct Answer - B

Ans. B. Abruptio placentae

Couvelaire uterus

- Also called uteroplacental apoplexy.
- It is seen in association with severe forms of "concealed abruptio placen "

136. Swiss cheese pattern is seen in ?

a) Metropathica hemorrhagica

b) Serous cystadenoma

c) Mucinous cystadenoma

d) Dermoid

Correct Answer - A

Ans. A. Metropathica hemorrhagica

Microscopic appearance of endometrium shows: Glandular hyperplasia with cystic dilation of few glands of variable sizes giving it a swiss cheese appearance.

137. Upper age limit to diagnose a patient as having primary amenorrhoea is ?

a) 13 years

b) 14 years

c) 15 years

d) 16 years

Correct Answer - D

Ans. D. 16 years

A young girl who has not yet menstruated by her 16 years of age has primary amenorrhoea rather than delayed menarche.

Delayed puberty is defined as failure of development of signs of sexual development by the age of 14 years in boy.

In girls delayed puberty is defined as failure of breast budding by 13 years or absence of menarche by 15 year or lack of secondary sexual characters by 17 years.

138. Lileys zone 3 at 35 weeks gestation management is?

a) Follow up

b) Intrauterine infusion

c) Preterm termination of pregnancy

d) Cordocentesis

Correct Answer - C

Ans, C. Preterm termination of pregnancy

A chart that uses the spectrographic measurement of amniotic fluid bilirubin levels plotted against gestational age to estimate the severity of fetal hemolysis resulting from Rh isoimmunization.

139. How much time after reduced movement fetal heart stops?

a) 1 hr

b) 2 hrs

c) 6 hrs

d) 12 hrs

Correct Answer - D

Ans, D, 12 hrs

On an average fetal heart stops after 12 - 48 hours of diseased fetal movements in intrauterine fetal death.

140. Red cell volume is increased by what percentage in pregnancy?

a) 10 - 20%

b) 20 - 30%

c) 30 - 40%

d) 40 - 50%

Correct Answer - B

Ans. B. 20 - 30%

141. Following are the causes of oligohydramnios except?

a) IUGR

b) Postmaturity

c) Maternal dehydration

d) Labetolol

Correct Answer - D
Ans, D. Labetolol

142. Not a risk for ectopic pregnancy ?

a) Use of condom

b) OCP

c) PID

d) Previous ectopic pregnancy

Correct Answer - A

Ans. A. Use of condom

143. Risk factors for the ectopic pregnancy are ?

a) IUCD

b) History of infertility

c) Tubal endometriosis

d) All the above

Correct Answer - D

Ans, D, All the above

144. 34 weeks pregnancy with low lying placenta previa, floating head, Hb - 11 gm%. What should be the further line of management?

a) Expectant management

b) Induction of labour

c) Caesarian section

d) Blood transfusion

Correct Answer - A

Ans. A. Expectant management

145. Which of the following is an absolute indication for caesarian section?

a) Central placenta previa

b) Breech presentation

c) Bad obstetric history

d) Previous caesarian delivery

Correct Answer - A

Ans, A. Central placenta previa

Absolute indications for caesarian section-

- Central placenta previa
- Contracted pelvis or cephalopelvic disproportion (absolute)
- Pelvic mass causing obstruction (cervical or broad ligament fibroid)

146. What is used to aid identification of areas of dysplasia in colposcopy?

a) 3 - 5% acetic acid

b) Acetocarmine red

c) 1 % formic acid

d) 1 % alcohol

Correct Answer - A

Ans. A. 3 - 5% acetic acid

Colposcopy is the mainstay in the diagnosis of cervical dysplasia and precancerous lesions.

147. Following are the ultrasound doppler parameters used in the diagnosis of intrauterine growth restriction except?

a) Abdominal circumference

b) Doppler velocimetry

c) Increased diastolic velocity in middle cerebral artery

d) Ponderal index

Correct Answer - A

Ans, A. Abdominal circumference

148. Most common cause of early abortion -

a) Genetic

b) Maternal

c) Immunologic

d) Anatomic abnormalities

Correct Answer - A

Ans. A. Genetic

149. Following are the indications of hysterosalpingography except

a) Fallopian tube patency in infertility

b) Study uterine anomaly

c) Detect uterine synechiae

d) Detect endometriosis

Correct Answer - D

Ans, D. Detect endometriosis

Indications of Hysterosalpingography

- To study the patency of fallopian tubes in infertility and postoperative tuboplasty
- To assess the feasibility of tuboplasty by studying the extent of tubal pathology.
- To study the uterine anomaly such as septate and cornuate uterus
- To detect uterine synechiae
- To detect uterine polyp
- To study the incompetence of internal OS

150. Sarcoma botryoides all are true except ?

a) Also called embryonalrhabdomyosarcoma

b) Commonly arises from vagina

c) It presents with blood stained watery vaginal discharge

d) It can be treated with VAC regime

Correct Answer - B

Ans B. Commonly arises from vagina

Sarcoma botryoides (Embryonalrhabdomyosarcoma)

Special type of mixed mesodermal tumour commonly arising from cervix, rarely from vagina & uterus.

151. Monzygotic twin with one healthy baby born at term and one dead mummified fetus suggestive of ?

a) Fetus acardiacus

b) Fetus papyraceous

c) Hydatidiform mole

d) Vanishing twin

Correct Answer - B

Ans. B. Fetus papyraceous

Fetus Paoyraceous or compressus-

- Is a state which occurs in case of twins when one of the fetuses dies early.
- The dead fetus is flattened mummified and compressed between the membranes of living fetus and uterine wall.
- It may occur in both varieties of twins but is more common in monozygotic twins and is discovered at delivery or earlier by sonography.

152. Mediolateral episiotomy is preferred because ?

a) Reduces damage to anal sphincter and anal canal

b) Less blood loss

c) Easy to suture

d) Easy technique

Correct Answer - A

Ans, A. Reduces damage to anal sphincter and anal canal

Mediolateral episiotomy reduces the risk of damage to anal sphincter and anal canal though it may slightly increase the bleeding.

153.

Which is not a part of basic essential obstetric care?

a) Blood transfusion

b) Parenteral antibiotics

c) Parenteral oxytocic drugs

d) Parenteral sedatives for eclampsia

Correct Answer - A

Ans. A. Blood transfusion

Basic essential obstetric care services at the health center level should include at least the following:

- Parenteral antibiotics
- Parenteral oxytocic drugs
- Parenteral sedatives for eclampsia
- Manual removal of placenta
- Manual removal of retained products

154. Vasa previa is seen in which type of placenta ?

a) Central

b) Vilamentous

c) Peripheral

d) None of the above

Correct Answer - B

Ans. B. Vilamentous

Vasa previa

- If a leash of blood vessels happen to traverse through the membranes overlying the internal os, in front of presenting part, the condition is called vasa previa.
- These are the unsupported umbilical vessels in vilamentous placenta.

155. Duration of second stage of labor depends upon -

a) Size of fetus

b) Mother's build

c) Parity

d) Lie of fetus

Correct Answer - C

Ans, C, Parity

The duration of the normal second stage is usually very much shorter than the normal first stage of labour.

As with the first stage the duration of the second stage will mainly depend on whether it is the first labour or the woman has previously given birth to a viable infant i. e. it depends on the parity status of the mother,

156. Simultaneous administration of estrogen and progesterone in hormone replacement therapy increases risk of ?

a) Ovarian cancer

b) Breast cancer

c) Cervical cancer

d) Both a and b

Correct Answer - D

Ans D. Both a and b

Risk due to both estrogen and progesterone in HRT:-

- Breast cancer
- Ovarian cancer
- Risk due to only estrogen in HRT:-
- Endometrial carcinoma

157. LEEP stands for ?

a) Loop electrosurgical excision procedure

b) Loop electromagnetic excision procedure

c) Loop electrodiagnostic excision procedure

d) Loop electrochemical excision procedure

Correct Answer - A

Ans, A, Loop electrosurgical excision procedure

LEEP

- Stands for Loop Electrosurgical diagnostic procedure.
- It is also known as large loop excision of the transformation zone (LLETZ).

158. Definitive treatment for a case of severe pre eclampsia is -

a) MgSO₄,

b) Delivery of baby

c) Antihypertensive drugs

d) Rest

Correct Answer - B

Ans, B. Delivery of baby

For all types of PIH, irrespective of severity, definitive management is termination of pregnancy"

159. Another name for Manchester operation for uterine prolapse is ?

a) Fothergill

b) Mercy

c) McDonald

d) Purandare

Correct Answer - A

Ans, A, Fothergill

Manchester operation also called Fothergill's operation.

160. What is the risk of recurrence of anencephaly in subsequent pregnancy?

a) 1%

b) 2%

c) 3%

d) 4%

Correct Answer - B

Ans, B. 2%

The risk of recurrence of anencephaly in subsequent pregnancy is 2%.

161. Following is true about tamoxifene except ?

a) It is a selective estrogen receptor modulator

b) It is a competitive inhibitor of estrogen at receptor site

c) It decreases risk of venous thromboembolism

d) It can be used for induction of ovulation

Correct Answer - C

Ans, C, It decreases risk of venous thromboembolism

162. Following is true regarding the management of intrauterine fetal death except ?

a) In 50% of cases spontaneous expulsion occurs in 2 weeks

b) Fibrinogen levels should be checked weekly

c) Delivery by medical induction is preferred if spontaneous expulsion does not occur

d) Caesarian section has limited place in management of intrauterine fetal death

Correct Answer - A

Ans, A, In 50% of cases spontaneous expulsion occurs in 2 weeks

163. Sequence of lochia ?

a) Rubra - Serosa - Alba

b) Serosa - Alba - Rubra

c) Alba - Rubra - Serosa

d) Alba - Serosa - Rubra

Correct Answer - A

Ans, A, Rubra - Serosa - Alba

Lochia

- It is the vaginal discharge for the first fortnight during puerperium. The discharge originates from the uterine body, cervix and vagina.

164. Amenorrhoea following hyperprolactinoma is caused by ?

a) Inhibition of GnRH pulse secretion

b) Inhibition of adrenal steroidogenesis

c) It causes hypergonadotropic hypogonadism

d) It leads to formation of ovarian cysts

Correct Answer - A

Ans, A. Inhibition of GnRH pulse secretion

Prolactin inhibits GnRH pulse secretion and suppresses gonadotropin levels.

Hyperprolactinemia causes amenorrhea, anovulation and Hypogonadism.

165. Old complete perineal tear is repaired at ?

a) Immediately

b) 3 - 6 months

c) 6 - 9 months

d) 9 - 12 months

Correct Answer - B

Ans, B. 3 - 6 months

The definitive surgery for complete perineal tear k repair of the anal sphincter complex (sphinaeroptasty) with restoration of the perineal body (perineoraphy).

For the fresh injuries the best time of repair is within 24 hours afire injury,

For old perineal tears this should preferable be done 3 - 6 months following injury.

166. Which of the following has maximum diabetogenic potency in pregnancy ?

a) Estrogen

b) Progesterone

c) Cortisol

d) Prolactin

Correct Answer - C
Ans, C, Cortisol

167. Role of ergometrine to stop post partum hemorrhage is due to ?

a) Increased uterine muscle tone

b) Vasoconstriction

c) Increased platelet aggregation

d) Increased coagulation

Correct Answer - A

Ans. A. Increased uterine muscle tone

Ergometrine acts directly on myometrium and excites uterine contractions, which closes blood vessels in between thus helps in controlling PPH.

Vasoconstrictive action of ergometrine does not control bleeding but may cause rise in B.P. gangrene of toe, PreciPitate bronchospasm.

Option (c) & (d), are not the action of ergometrine.

168. Contenance & incontinence of urine is seen in ?

a) VVF

b) Vesicoperitoneal

c) Ureterovaginal

d) Uretrovaginal

Correct Answer - C

Ans. C. Ureterovaginal

Contenance and incontinence of urine is seen in ureterovaginal fistula.

169. Type of suture used in complete perineal tear is -

a) Catgut

b) Silk

c) Vicryl

d) Vicryl and catgut

Correct Answer - D

Ans. D. Vicryl and catgut

Rectum is dissected to clear of scar tissue & freshening of cut edges.

Cut edges of rectum and anus are sutured with vicryl.

Deep muscle of perineal body and levator ani are identified and sutured with No 1-catgut.

Superficial muscle is sutured with vicryl-catgut sutures.

170. Uterine rupture is most common in -

a) Ant lower segment

b) Classical C.S

c) Placenta previa

d) Normal labour

Correct Answer - B

Ans. B. Classical C.S

171. Chances of uterine rupture are least in -

a) LSCS

b) Classic

c) Inverted

d) Low vertical

Correct Answer - A

Ans. A. LSCS

172. Age of metropathic hemorrhagica is ?

a) 20-25

b) 50-55

c) 60-65

d) 40-45

Correct Answer - D

Ans, D. 40-45

Metropathiahemorrhagica

- Specialized form of DUB.
- Mostly seen in premenopausal women.
- Maximum age incidence: Between ages 40-45 years.
- Patient complains of prolonged amenorrhea (of 6-8 weeks) followed by excessive painless bleeding (anovular bleeding).

173. Management of eclampsia in 34 weeks of pregnancy is -

- a) Continue of convulsion and wait for 37 wk to complete
- b) Wait for spontaneous labours
- c) BP continueu
- d) Anti hypertensive, anticonvulsant and termination of pregnancy

Correct Answer - D

Ans. D. Anti hypertensive, anticonvulsant and termination of pregnancy

174. Hematuria in previous LSCS patient indicates -

a) Urinary tract infection

b) Placenta previa

c) Rupture uterus

d) None

Correct Answer - C

Ans. C. Rupture uterus

175. Battle door insertion of placenta ?

a) Cord attached to the margin of placenta

b) Placenta attached to the margin

c) Cord attached to the membranes

d) Placenta attached to the centre

Correct Answer - C

Ans. C. Cord attached to the membranes

Change in fetal heart rate (tachycardia/loss of beat to beat variability/decelerations) is earliest sign of impending scar dehiscence, followed by maternal tachycardia.

**176. All are true about constriction ring
except ?**

a) Also called Schroeder's ring

b) Can be caused by injudicious oxytocin use

c) Ring can be palpated per abdomen

d) Inhalation of amyl nitrate relaxes the ring

Correct Answer - C

Ans, C. Ring can be palpated per abdomen

177. 21yr college girl with mild endometriosis treatment-

a) Cyclical OC pill

b) Continuous Oc pill

c) Progesterone only pill

d) Danazole

Correct Answer - A
Ans, A. Cyclical OC pill

178. Not seen in endometriosis ?

a) Vaginal discharge

b) Dyspareunia

c) Infertility

d) Chronic pelvic pain

Correct Answer - A

Ans. A. Vaginal discharge

Clinical features of Endometriosis

- Pain
- Infertility
- Dysmenonhea
- Dyspareunia(deep)

179. Metrorrhagia is produced by the following except?

a) Polyp

b) CA endometrium

c) IUD

d) Intramural fibroid

Correct Answer - D

Ans, D. Intramural fibroid

180. Bonney's test is used determine ?

a) Uterine prolapsed

b) Stress urinary incontinence

c) Vesicovaginal fistula

d) Uteric fistula

Correct Answer - B

Ans. B. Stress urinary incontinence

181. Red degeneration of fibroid is seen in ?

a) Early pregnancy

b) Mid pregnancy

c) Puperium

d) Nulliparous women

Correct Answer - B

Ans. B. Mid pregnancy

182. Radical hysterectomy in stage Ib ca cervix better than radiotherapy all are true except ?

a) Chance of survival more

b) Chance of recurrence less

c) Ovary function can be preserved

d) Less complicated

Correct Answer - A

Ans, A. Chance of survival more

183. Bilateral ovarian carcinoma + capsule + ascitis+ paraaortic LN. Which stage ?

a) 1C

b) 2C

c) 3C

d) 4C

Correct Answer - A

Ans. A. 1C

184. Radiation to point A in cervix is ?

a) 8000 rad

b) 6000 rad

c) 10000 rad

d) 4000 rad

Correct Answer - A

Ans. A. 8000 rad

185. Most common presentation of cervical cancer is -

a) Deep pelvic pain

b) Rectal pain

c) Bleeding per vaginum

d) Weight loss

Correct Answer - C

Ans, C. Bleeding per vaginum

186. Treatment of simple hyperplasia of endometrium is ?

a) Progesterone

b) Estrogen

c) Hysterectomy

d) Cryosurgery

Correct Answer - A
Ans, A. Progesterone

187. Most common presenting feature of complete mole is ?

a) Vomiting

b) Amenorrhoea

c) Amenorrhoea

d) Bleeding per vaginum

Correct Answer - D

Ans, D. Bleeding per vaginum

Clinical features of complete mole

- Vaginal bleeding is the most common symptom causing patient to seek treatment for complete mole pregnancy.
- Abnormal uterine bleeding usually during the first trimester is the most common presenting symptom occurring in more than 90% of patients with molar pregnancies.

188. Androgenic XX chromosome is ?

a) Partial mole

b) Complete mole

c) Turner's syndrome

d) Stein leventhal syndrome

Correct Answer - B

Ans, B. Complete mole

Characteristics of complete Mole

Complete H. mole shows no evidence of fetal tissue at all.

Complete hydatiform moles exhibit characteristic swelling and trophoblastic hyperplasia.

Most common karyotype is 46XX.

The molar chromosomes are entirely of paternal origin, although mitochondrial DNA is of maternal origin.

The complete mole arises from an ovum that has been fertilized by a haploid sperm, which then duplicates its own chromosomes called Anilrogenesis.

The ovum nucleus may be either absent or inactivated.

189. High chance of rupture in tubal pregnancy are seen *in* which ?

a) Ampulla

b) Isthmus

c) Interstitial

d) Fimbrial

Correct Answer - B

Ans. B. Isthmus

M.C.siteoftubal rupture = Isthmus

190. Most common site of ectopic pregnancy is -

a) Tubal

b) Abdominal

c) Ovarian

d) Uterine

Correct Answer - A

Ans, A. Tubal

Most common site of ectopic pregnancy is fallopian tube.

In tubal pregnancy M.C. site is ampulla followed by Isthmus.

191. % of ectopic pregnancy seen in fallopian tube is?

a) 75%

b) 90%

c) 80%

d) 67%

Correct Answer - B

Ans, B. 90%

M.C. site of ectopic pregnancy = Fallopian tube (97%).

192. Drugs used in ectopic pregnancy ?

a) PGE₂

b) PGI

c) PGF₂

d) None

Correct Answer - C
Ans. C. PGF₂

193. Most common congenital uterine anomaly is ?

a) Bicornuate uterus

b) Septate uterus

c) Unicornuate uterus

d) Arcuate uterus

Correct Answer - B

Ans. B. Septate uterus

194. When is copper T inserted ?

- a) 3 days after periods are over
- b) Within 10 days of start of menstrual cycle
- c) PID just before menstruation
- d) Just after menstruation

Correct Answer - B

Ans, B. Within 10 days of start of menstrual cycle

Ideal time for insertion of Cu-T is within 10 days of the start of the menstrual cycle

It has the advantage that cervical canal is dilated, uterus is relaxed and chances of pregnancy are remote.

Post Partum insertion within 48 hours of delivery or 6 weeks after delivery.

Post-MTP insertion immediately following D & E (in early pregnancy)

195. Most common cause of annular cervix is ?

a) Obstructive labor

b) Prepitate labor

c) Primary cervical dystocia

d) Iatrogenic

Correct Answer - C

Ans, C. Primary cervical dystocia

- Annular cervix is detachment of the cervix following prolonged labour in primary cervical dystocia.

196. Intrauterine adhesions best seen by?

a) USG

b) CT

c) Hysteroscopy

d) MRI

Correct Answer - C

Ans. C. Hysteroscopy

Hysteroscopy is the endoscopic technique of visualizing the interior of uterus directly,

It is both diagnostic and therapeutic.

197. Insulin resistance in pregnancy is due to ?

a) Estrogen

b) Progesterone

c) HPL

d) GH

Correct Answer - A:C

Ans. C>A. HPL>Estrogen

- During Pregnancy insulin levels are increased because of increased insulin secretion as well as increase in insulin resistance due to a number of contra insulin factors but the most important hormone causing insulin resistance is Human placental lactogen.

198. Gestational diabetes mellitus ?

- a) Is first recognized during pregnancy
- b) Previous history of IUGR
- c) There is no recurrence of GDM in future pregnancy
- d) No risk of overt diabetes

Correct Answer - A

Ans. A. Is first recognized during pregnancy

Gestational diabetes mellitus is defined as carbohydrate intolerance of variable severity with onset or first recognition during Pregnancy. Pregnancy is a form of stress that can cause latent diabetes to manifest just as do surgical operations or acute infections. In most of the cases the carbohydrate intolerance reverts by the end of puerperium but this manifestation may be the first indication of diabetes yet to come.

More than half the women with gestational diabetes will develop frank diabetes within the next 20 years.

However in some of these carbohydrate intolerance may persist beyond the puerperium and these are in reality cases of pre-gestational diabetes which have become overt during pregnancy.

199. True about gestational diabetes is ?

a) These are increased chances of congenital malformation

b) Only 2% of women present with overt diabetes

c) There is chance of macrosomia

d) Usually diagnosed in early pregnancy

Correct Answer - C

Ans. C. There is chance of macrosomia

200. Most common presenting symptom of TB endometritis is -

a) Abdominal pain

b) Infertility

c) Amenorrhoea

d) Vaginal discharge

Correct Answer - B

Ans, B. Infertility

Most common symptom of Genital TB is:-

- Infertility (35-60%) is either due to blockage of fallopian tube or due to loss of tubal function even if tubes are patent.

201. PID after insertion of IUD is seen in how many weeks?

a) 3

b) 5

c) 7

d) 14

Correct Answer - A

Ans, A. 3

The risk of developing PID is 2-10 times greater among the IUD users.

The risk is more in the first 3 weeks.

Infection with chlamydia and actinomycosis most common.

202. Acute PID, most common route of spread ?

a) Descending

b) Ascending infection

c) Lymphatics

d) Hematogenous

Correct Answer - B

Ans, B, Ascending infection

M/c route of spread of PID is:-

Ascending infection along with sperms.

All PIDs are sexually transmitted except TB.

203. Best way to look at endometrial activity is by -

a) HSG

b) Biopsy

c) USG

d) Colposcopy

Correct Answer - B

Ans, B. Biopsy

Endometrial sampling or curettage or biopsy is the best method to assess endometrial activity.

204. Block given in forceps delivery ?

a) Pudendal

b) Ilio inguinal

c) Genitofemoral

d) Posterior femoral

Correct Answer - A

Ans, A. Pudendal

For forceps operation pudendal block is given supplemented by perineal and labial infiltration.

205. Cause of big baby ?

a) Hyperglycemia

b) Hyperinsulinemia

c) Multiparity

d) Post maturity

Correct Answer - A:B:C:D

Ans, All of the above A, B, C, D

206. Decubitus ulcer is ?

a) Due to trauma

b) Due to venous congestion

c) Due to friction created by thighs

d) Due to

Correct Answer - B

Ans, B. Due to venous congestion

Decubitus ulcer is a trophic ulcer always found at the dependent part of the prolapsed mass (in prolapsed uterus).

It is due to decreased circulation due to narrowing of uterine vessels by stretching effect with additional keratinizations, cracks.

207. Patient with history of vaginal prolapse with ulcer on it. Diagnosis ?

a) Carcinoma

b) Pressure erosion

c) Syphilis

d) Decubitus ulcer

Correct Answer - D

Ans, D. Decubitus ulcer

208. SERMs are ?

a) Agonist on estrogen receptor

b) Antagonist on estrogen receptor

c) Some are agonist some antagonist on estrogen receptor

d) Used due to reduced chances of hot flushes, thromboembolism

Correct Answer - C

Ans, C, Some are agonist some antagonist on estrogen receptor

SERM's are selective estrogen receptor modulators called SERMs blocks the effects of estrogen in the breast tissue.

They block the effect of estrogen by acting on estrogen receptors.

**209. Female with hirsutism with
ammenorrhoea and obesity. Diagnosis ?**

a) PCOD

b) Ovarian tumor

c) Androgen insensitivity syndrome

d) Turner syndrome

Correct Answer - A

Ans, A. PCOD

The clinical and laboratory features of the patient described in the question match with those of PCOS as depicted in the table.
So the most appropriate answer is PCOD.

210. HAIRAN syndrome is seen in ?

a) PCOD

b) Endometriosis

c) CA ovary

d) Adrenal tumours

Correct Answer - A

Ans, A. PCOD

PCOD is also known as HAIRAN SYNDROME

211. Regarding PCOD all are true except ?

a) High FSH/LH

b) High DHEA

c) Raised LH

d) T Estrogen

Correct Answer - A

Ans, A. High FSH/LH

PCOD is also known as HAIRAN SyNDROME

212. Which hormone increases in PCOD ?

a) LH

b) FSH

c) Estrogen

d) TSH

Correct Answer - A

Ans, A, LH

Stein leventhal syndrome is also called 'Polycystic Ovarian Syndrome'

213. Stein Levinthal syndrome what hormone is raised?

a) LH

b) FSH

c) GnRH

d) Progesterone

Correct Answer - A
Ans, A. LH

214. What should not be done during delivery of Rh negative?

a) IV Fluids

b) External version

c) Manual removal of placenta should be done gently

d) Ergometire to be withheld at delivery of ant. shoulder

Correct Answer - A
Ans, A. IV Fluids

215. History of yellow green watery discharge and pruritus?

a) Trichomonas vaginalis

b) Candida

c) Bacterial vaginosis

d) Chlamydia trachomatis

Correct Answer - B

Ans. B. Candida

During Rh Pregnancy steps should be taken to prevent fetal maternal bleeding; -

- Precautions during caesarian section to prevent blood spilling into peritoneal cavity
- Prophylactic ergometrine with delivery of ant shoulder to be withheld.
- Amniocentesis should be done after sonographic. Localization of placenta to prevent placental injury.
- Forcible attempt for external version should not be done.
- Manual removal of placenta should be done gently.
- To refrain from abdominal palpation in abruption placenta.

216. Most common genital infection in pregnancy is ?

a) Candida

b) Gonorrhoea

c) Trachoma

d) Cytomegalovirus

Correct Answer - A

Ans, A. Candida

Seventy per cent show typical discharge, which is profuse, thin, creamy or slightly green in colour, irritating and frothy.

The vaginal walls are tender, angry looking and the discharge causes pruritus and inflammation of the vulva.

217. Decreased fetal heart sound is due to which drug -

a) Oxytocin

b) Sodium bicarbonate

c) IV fluids

d) Iron

Correct Answer - A

Ans, A, Oxytocin

Vaginitis due to candida is more common than trichomonas and is more prevalent in Diabetic pregnancy.

Treatment is miconazole vaginal cream for 7 days.

218. Dose of mifepristone in MTP is ?

a) 10mg

b) 20 mg

c) 100mg

d) 200mg

Correct Answer - A

Ans, A. 10mg

Decreased fetal heart rate or fetal distress is due to fetal hypoxia.

219. A young sexually active female has intensive pruritus and watery discharge, smear shows ?

a) *Trichomonas vaginalis*

b) *Candida vaginitis*

c) *Gardenlla vaginalis*

d) HIV

Correct Answer - D

Ans, D. HIV

220. Treatment for trichomonas vaginalis is ?

a) Metronidazole

b) Azithromycin

c) Ciprofloxacin

d) None

Correct Answer - A

Ans. A. Metronidazole

The drug of choice for Trichomonasvaginits is Metronidazole.

221. Which organism causes puerperal sepsis ?

a) CMV

b) Toxoplasma gondii

c) Group A beta hemolytic streptococci

d) Group B beta hemolytic streptococci

Correct Answer - C

Ans, C. Group A beta hemolytic streptococci

Most common cause of puerperal sepsis is Group A streptococcus. Other organisms that are implicated are: Streptococcus group B, C and G, staphylococcus aureus, E. coli, Enterobacter species and chlamydia trachomatis.

222. The prostaglandin most commonly used at term for induction of labor is ?

a) PGI₂

b) PGE₁

c) PGE₂

d) PGF_{2a}

Correct Answer - C

Ans. C. PGE₂

PGE₂ is most commonly used at term for induction of labor.

223. HCG levels at which Expectant management of Ectopic pregnancy can be done :

a) 10000 IU/L

b) 1000 IU/L

c) 2500 IU/L

d) 5000 IU/L

Correct Answer - B

Ans. B. 1000 IU/L

Initial HCG levels < 1000 IU/l & subsequent levels are falling.

224. MC cause of Primary Amenorrhea is ?

a) Constitutional/idiopathic

b) RMKH syndrome

c) Ovarian dysgenesis

d) None of the above

Correct Answer - C

Ans, C. Ovarian dysgenesis

MC cause of primary amenorrhea is ovarian dysgenesis/Turner syndrome.

225. An infertile woman has bilateral tubal block at cornua diagnosed on hysterosalpingography. Next treatment of choice is ?

a) IVF

b) Laparoscopy and hysteroscopy

c) Tuboplasty

d) Hydrotubation

Correct Answer - B

Ans. B. Laparoscopy and hysteroscopy

Laparoscopy (with chromopertubation with methylene blue dye):

- Best investigation for tubal patency, as tubal patency can be confirmed under vision, and besides, any pathology can simultaneously be corrected with operative laparoscopy.

**226. Fetal karyotyping can be done by all,
EXCEPT?**

a) Cordocentesis

b) Amniocentesis

c) CVS

d) Fetal skin biopsy

Correct Answer - D

Ans. D. Fetal skin biopsy

Percutaneous umbilical blood sampling (PUBS) is also known as cordocentesis performed after 16 weeks' gestation' under USG guidance a needle is inserted into umbilical vein. This technique apart from karyotyping is also useful for evaluating fetal metabolism and hematologic abnormalities.

227. 55 year old lady complaints of mass in the vagina, which is reducible & increases on defecation. The diagnosis is?

a) Rectal prolapse

b) Uterine prolapse

c) Cervical fibroid

d) Vaginal cancer

Correct Answer - B

Ans. B. Uterine prolapse

Prolapse is defined as the displacement of an organ from its normal anatomical position.

Genital prolapse occurs due to weakness of the supports.

228. Moschowit's surgery is done for -

a) Cervical cancer

b) Fundal fibroids

c) Uterine prolapse

d) Enterocele prevention

Correct Answer - D

Ans. D. Enterocele prevention

Enteroceleformatiol can be prevented by Moschowit's or Halban's surgeries, in both the POD is obliterated.

229. Which of the following is used in quantifying hirsutism?

a) Bishop score

b) Rotterdam criteria

c) Ferriman-Gallwey score

d) All of the above

Correct Answer - C

Ans. C. Ferriman-Gallwey score

The Ferriman-Gallwey score is a method of evaluating and quantifying hirsutism in women. The method was originally published in 1961 by D. Ferriman and J.D. Gallwey in the Journal of Clinical Endocrinology.

230. MC heart disease in pregnancy is ?

a) MS

b) AS

c) MR

d) WPW syndrome

Correct Answer - A

Ans. A. MS

Mitral stenosis is the MC valvular heart disease in pregnancy.

231. Rate of cervical dilatation in primigravida is ?

a) 0.8 cm/hour

b) 1.2 cm/hour

c) 1.5 cm/hour

d) 2 cm/hour

Correct Answer - A

Ans. A. 0.8 cm/hour

The normal rate of cervical dilatation in active phase is 1.2 cm/hour in primigravidae and 1.5 cm/hour in multiparae.

232. Complications of pre eclampsia are all except ?

a) Post datism

b) DIC

c) Blindness

d) None of the above

Correct Answer - A
Ans. A. Post datism

233. What is monitored in a patient of pre eclampsia ?

a) Uric acid

b) Platelet count

c) LFT

d) All of the above

Correct Answer - D

Ans. D. All of the above

234. Not an absolute contraindication for methylergometrine use is ?

a) Eclampsia

b) Heart disease

c) Rh incompatibility

d) After delivery of first baby in twin pregnancy

Correct Answer - C

Ans. C. Rh incompatibility

Methylergometrine (Methergin) can be used in the prevention and treatment of PPH. Absolute contraindications to the use of Methergin are:

1. Chronic hypertension/preeclampsia/eclampsia
2. Heart disease in pregnancy
3. After the delivery of the first baby of the twins.

235. A lady with 35 weeks of pregnancy is admitted in view of first episode of painless bout of bleeding yesterday. On examination Hb 10g%, BP 120/70 mmHg, uterus relaxed, and cephalic floating. FHS regular. Next line of management is ?

a) Cesarean section

b) Induction of labor

c) Wait and watch

d) Blood transfusion

Correct Answer - C

Ans. C. Wait and watch

This is a case of placenta previa (painless bleeding, relaxed uterus, and floating head all point to placenta previa).

In this case, all the criteria for conservative management are fulfilled and therefore the answer is wait and watch for fetal lung maturity.

236. G3P2L2 with previous 2 LSCS with anterior placenta previa has got a very high risk of which complication?

a) Placenta accreta

b) Vasa previa

c) Abruptio

d) None of the above

Correct Answer - A

Ans. A. Placenta accreta

The term placenta accreta is used to describe any placental implantation in which there is abnormally firm adherence to the uterine wall.

The incidence of placenta accreta, increta, and percreta has increased, most likely because of the increased cesarean delivery rate.

237. B-Lynch suture is applied on ?

a) Cervix

b) Uterus

c) Fallopian tubes

d) Ovaries

Correct Answer - B

Ans. B. Uterus

Described first by Christopher, B-Lynch is a compression suture placed on uterus in the management of atonic PPH when the medical methods fail.

238. A 28-year-old primigravida with 33 weeks of pregnancy suddenly complains of headache, oliguria, and blurred vision. Her BP is 180/110 and urine albumin is +3. The line of further management is ?

a) Wait and watch

b) LSCS

c) Induction of labor

d) Anticonvulsant + antihypertensive therapy

Correct Answer - D

Ans. D. Anticonvulsant + antihypertensive therapy

The patient is a case of severe preeclampsia, with impending eclampsia.

Magnesium sulfate is the drug of choice for eclampsia and also for impending eclampsia.

239. Which of the following statements concerning abdominal pregnancy is correct?

a) Gastrointestinal symptoms are quite often very severe

b) Fetal survival is approximately 80%

c) Aggressive attempts should be made to remove the placenta at the time of initial surgery

d) Placenta can be left in situ at the time of surgery

Correct Answer - D

Ans. D. Placenta can be left in situ at the time of surgery

Although leaving the placenta in the abdomen following surgical delivery predisposes to risks of postoperative infections, the risk is much less severe than the hemorrhage associated with attempts of removal of placenta at the time of primary surgery.

**240. Complete vesicular mole is associated
Theca leutin csyts in what percentage of
cases ?**

a) <5

b) 5-15

c) 20-40

d) 60-70

Correct Answer - C

Ans. C. 20-40

Theca-lutein cysts: In many cases of hydatidiform mole, the ovaries contain multiple theca-lutein cysts.

241. Patient with 3 months amenorrhoea, c/o hyperemesis and vaginal bleeding since one month. O/E=uterus 16 weeks with absent fetal heart sound. The diagnosis is ?

a) Vesicular mole

b) Ectopic pregnancy

c) IUFD

d) Abruptio placentae

Correct Answer - A

Ans. A. Vesicular mole

Vesicular mole is an abnormal condition of placenta where there is hydropic degeneration and proliferative changes in the young chorionic villi. It is a benign condition with malignant potential.

Uterine bleeding is almost universal and may vary from spotting to profuse hemorrhage.

It is the MC presenting feature.

The discharge has 'white currant in red currant juice' appearance.

242. Patient with choriocarcinoma & jaundice, treatment of choice is ?

a) Methotrexate

b) Actinomycin D

c) Suction evacuation

d) Combination of all

Correct Answer - B

Ans. B. Actinomycin D

243. EMACO regime is for ?

a) Ca cervix

b) Ca endometrium

c) Ca ovary

d) Chorio carcinoma

Correct Answer - D

Ans. D. Chorio carcinoma

244. Stage Ib cervical cancer is diagnosed in a young woman. Assuming that the cancer is confirmed to the cervix and that intraoperative biopsies are negative, which of the following structure would not be removed during the radical hysterectomy?

a) Uterosacral and uterovesical ligaments

b) Pelvic nodes

c) The entire parametrium on both sides of the cervix

d) Both ovaries

Correct Answer - D

Ans. D. Both ovaries

Preservation of the ovaries is generally acceptable, particularly in younger women.

245. In vaginal hysterectomy, the first clamp includes:

a) Uterine artery

b) Fallopian tube & round ligament

c) Uterosacral ligament

d) None of the above

Correct Answer - C

Ans. C. Uterosacral ligament

Vaginal hysterectomy with pelvic floor repair is done for vaginouterine prolapse in peri/post menopausal women.

- First clamp includes uterosacral & Macenrodt's ligament.
- Second clamp includes uterine artery.
- Third clamp includes cornual structures.

246. Therapeutic conization is indicated in?

- a) Microinvasive carcinoma cervix stage Ia1
- b) CIN III
- c) Unsatisfactory colposcopy with cervical dysplasia
- d) Cervical metaplasia

Correct Answer - A

Ans. A. Microinvasive carcinoma cervix stage Ia1

In stage 1A1, there is no lymph node involvement.

Therapeutic conization is the surgery of choice for stage 1A1 in young patients who are desirous of future childbearing

247. Cervical cancer III B treatment is ?

a) Wertheim's operation

b) Radiotherapy

c) Chemotherapy

d) Chemoradiation

Correct Answer - D

Ans. D. Chemoradiation

Cisplatin is given before RT as a radiosensitizer, hence the preferred terminology is CTRT (concurrent chemo and radiotherapy also known as chemoradiation).

248. Wertheim's hysterectomy is done for ?

a) 1A1 cervical cancer

b) IB cervical cancer

c) Germ cell ovarian cancer

d) All of the above

Correct Answer - B

Ans. B. IB cervical cancer

Stages of Ca cervix that are operable (radical/Wertheim's hysterectomy) are 1A2, IB, and IIA.

**249. Radio isotope used in Ca cervix
Brachytherapy ?**

a) Cobalt

b) Iridium

c) Cesium

d) All of the above

Correct Answer - D

Ans. D. All of the above

250. Ca vulva spreads to all except ?

a) Urethra

b) Deep inguinal nodes

c) Superficial inguinal nodes

d) Paraaortic nodes

Correct Answer - D

Ans. D. Paraaortic nodes

Modes of spread of ca. vulva

1. Direct: Urethra, Vagina, Rectum, pelvic bones
2. Lymphatic: MC route of spread.
3. Lymphatics of labia to superficial, then deep inguinal nodes & then pelvic nodes
4. Hematogenous route rare & may occur in advanced cases

251. Which ovarian tumour can present with menorrhagia ?

a) Dermoid cyst

b) Epithelial ovarian cancer

c) Granulosa cell tumour

d) Yolk sac tumour

Correct Answer - C

Ans. C. Granulosa cell tumour

Granulosa cell tumours (or granulosa-theca cell tumours) are tumours that arise from granulosa cells. These tumours are part of the sex cord gonadal stromal tumour or non-epithelial group of tumours.

252. All are risk factors for ectopic pregnancy except ?

a) Past history

b) Tubal ligation failure

c) IVF

d) LNG IUCD

Correct Answer - D

Ans. D. LNG IUCD

IUCD: The modern copper IUD does not increase the risk of ectopic pregnancy. However, there is a relative increase in tubal pregnancy (7 times more) should pregnancy occur with IUCD in situ.

Studies have demonstrated that up to 1% of pregnancies achieved through IVF or GIFT can result in a heterotopic gestation.

253. A 21-year-old female presents to emergency ward with 2 months of amenorrhea with pain in abdomen and shock. BP 90/60 mmHg and Hb 6 gm%. Urine pregnancy test is found positive. Next immediate line of treatment is ?

a) Laparotomy

b) IV fluids & cross match

c) Medical management

d) Laparoscopy

Correct Answer - B

Ans. B. IV fluids & cross match

This is a case of ruptured ectopic pregnancy. Positive Urine Pregnancy Test indicates that the amenorrhea is due to pregnancy. Pain and shock in early pregnancy are mostly always due to ruptured ectopic.

254. DOC for medical management of ectopic pregnancy ?

a) Actinomycin D

b) Intramuscular Methotrexate

c) Intramuscular Methotrexate

d) PGf2 alpha

Correct Answer - B

Ans. B. Intramuscular Methotrexate

255. What is not used in PCOS ?

a) OC pills

b) Cyclical progesterones

c) Myoinositol

d) Danazol

Correct Answer - D

Ans. D. Danazol

Insulin sensitizers are also used to tackle insulin resistance.
Danazol has no role in PCOS.

256. Pearl necklace appearance is characteristic of ?

a) Ectopic pregnancy

b) PCOS

c) Endometriosis

d) PID

Correct Answer - B

Ans. B. PCOS

USG features of polycystic ovarian syndrome (PCOS)

- Greater than 12 follicles measuring between 2 mm and 9 mm in diameter located peripherally, resulting in a pearl necklace appearance.
- Increased echogenicity of ovarian stroma and /or ovarian volume greater than 10 ml.

257. Violin string adhesion [violent string sign] is seen in ?

a) PCOS

b) Endometriosis

c) Fitz - high -curtis syndrome

d) Ruptured ectopic pregnancy

Correct Answer - C

Ans. C. Fitz - high -curtis syndrome

Laparoscopy is performed, the liver capsule will appear inflamed, with classic violin string adhesions in the perietal peritoneum beneath the diaphragm.

Five percent to 10% of women with acute PID develop symptoms of perihepatic inflammation, the Fitz-High-Curtis syndrome.

258. Dysgerminoma spreads mainly via ?

a) Hematogenous route

b) Lymphatic route

c) Direct spread

d) Does not spread

Correct Answer - B

Ans. B. Lymphatic route

Dysgerminomas are the most common malignant germ cell tumors, accounting for about 30% to 40% of all ovarian cancers of germ cell origin.

In the 25% of patients who present with metastatic disease, the tumor most commonly spreads via the lymphatics.

259. Triad of symptoms of endometriosis are all except ?

a) Infertility

b) Dysmenorrhea

c) Dyspareunia

d) Cyclical hematuria

Correct Answer - D

Ans. D. Cyclical hematuria

Endometriosis is defined as the presence of normal functional endometrial mucosa (glands and stroma) abnormally implanted in locations other than the uterine cavity. It was first described by Von Rokitansky About one third of women with endometriosis remain asymptomatic.

260. Complication of Benign Ovarian Cysts is ?

a) Torsion

b) Intracystic hemorrhage

c) Pseudomyxoma peritonei

d) All of the above

Correct Answer - D

Ans. D. All of the above

261. Level 1 support of uterus & vagina is ?

a) levator ani

b) Perineal body

c) Uterosacral ligaments

d) All of the above

Correct Answer - C

Ans. C. Uterosacral ligaments

Delancey's three levels of pelvic (uterus, vagina) support=

- Level 1: The uterosacral-cardinal ligament complex provides attachment of the uterus and vaginal vault to the sacrum. Uterine prolapse occurs when this ligament complex breaks or is attenuated.

262. MC presenting symptom of fibroid is ?

a) Menorrhagia

b) Infertility

c) Lump

d) Compression

Correct Answer - A

Ans. A. Menorrhagia

263. Medical management of fibroids is with all except -

a) Progesterone

b) Mifepristone

c) Ulipristal acetate

d) Misoprostol

Correct Answer - D
Ans. D. Misoprostol

264. Endometriosis is ?

a) Endometrium within the myometrium

b) Functional endometrium outside the uterus

c) Myometrium within the endometrium

d) Rare squamous variety of CA endometrium

Correct Answer - B

Ans. B. Functional endometrium outside the uterus

Endometriosis

- Definition: Presence of functional endometrium at places other than uterus (ectopic endometrial tissue)

265. Samson's theory for Development of Endometriosis is ?

a) Celomic metaplasia

b) Hematogenous spread

c) Lymphatic spread

d) Retrograde menstruation

Correct Answer - D

Ans. D. Retrograde menstruation

Theories for Development of Endometriosis

1. Samson's theory of retrograde menstruation: the most accepted theory
2. Ivanoff and Meyer: Celomic metaplasia
3. Hematogenous spread
4. Lymphatic spread (Halban's theory)
5. Direct implantation.

266. Examination of a 26 years old obese infertile female reveals. Fixed retroverted uterus & Nodularity of the uterosacral ligaments. The most likely diagnosis is ?

a) PCOS

b) Endometriosis

c) Adenomyosis

d) TB

Correct Answer - B

Ans. B. Endometriosis

Pelvic examination of endometriosis: May be normal or may reveal the following:

- Fixed retroverted uterus
- Pelvic tenderness
- Nodules in the POD
- Nodularity of the uterosacral ligaments
- Unilateral or bilateral adnexal mass
- Speculum examination may reveal bluish nodules in posterior fornix.

**267. Investigation of choice for endometriosis
?**

a) USG

b) CA 125

c) MRI

d) Laparoscopy

Correct Answer - D

Ans. D. Laparoscopy

Laparoscopy is the Investigation ofChoice.

268. Powder burnt lesion seen in ?

a) PID

b) PCOS

c) Endometriosis

d) All of the above

Correct Answer - C

Ans. C. Endometriosis

Laparoscopy findings in endometriosis are:

- Chocolate cysts
- Blueberry lesion
- Red/flame lesion
- Powder burn sPots
- Red/purple raspberry lesion
- Subovarian adhesions
- Matchstick burnt sPots
- White lesion.

269. Treatment of choice in patient with infertility & endometriosis ?

a) IUI

b) Surgery

c) Danazol

d) Ovulation induction

Correct Answer - B

Ans. B. Surgery

Surgical Management

1. Patients with infertility: laparoscopic ovarian cystectomy, adhesiolysis, and electrocoagulation of endometriotic implants.
2. If the family is complete and the patient has severe pain or menstrual complaints: hysterectomy with bilateral salpingoophorectomy. Generally combined approach is adopted where laparoscopic surgery is followed by GnRHa.

270. Surgery of choice in 42 year old P3L3 with diffuse endometriosis is ?

a) Ovarian cystectomy & adhesiolysis

b) Hysterectomy

c) Hysterectomy with BSO with resection of endometrial implants

d) Ovarian cystectomy & adhesiolysis & resection of implants

Correct Answer - C

Ans. C. Hysterectomy with BSO with resection of endometrial implants

If the family is complete and the patient has severe pain or menstrual complaints: Hysterectomy with bilateral salpingo-oophorectomy with resection of all endometriotic implants.

271. The most common Mullerian anomaly is?

a) Mullerian agenesis (RMKH)

b) Unicornuate uterus

c) Bicornuate uterus

d) Septate uterus

Correct Answer - D

Ans. D. Septate uterus

Septate uterus is the MC Mullerian anomaly.

272. SEAM used in DUB is ?

a) Clomiphene

b) Raloxifene

c) Ormiloxifene

d) Mifepristone

Correct Answer - C

Ans., C. Ormiloxifene

Ormeloxifene is a third generation benzopyran SERM which blocks the cytosol receptors by its competitive binding and selectively acts on estrogen receptors as agonist and antagonist in different reproductive tissues.

273. Choice of adjuvant treatment for endometrial carcinoma stage IA, grade I is?

a) Radiotherapy

b) Chemotherapy

c) Chemotherapy plus radiotherapy

d) No treatment

Correct Answer - D

Ans. D. No treatment

Management of Ca endometrium

A) Stage I=1:

- Surgery (total abdominal hysterectomy with bilateral salpingo-oophorectomy with lymph node sampling), followed by radiotherapy.
- Only patients with stage 1A, grades 1 and 2 do not require postoperative radiotherapy.

B) Stage 2:

- Modified radical hysterectomy, bilateral salpingo-oophorectomy with lymph node dissection, followed by radiotherapy.

C) Stages 3 and 4:

- Debulking surgery followed by radiotherapy.

274. A 46-year-old P3L3 complains of menorrhagia since 3 months. Next line of management is ?

a) D & C

b) Progesterone x 6 months

c) OC pills x 6 months

d) Hysterectomy

Correct Answer - A

Ans. A. D & C

In Patients with menorrhagia in perimenopausal age group (40+), always make the diagnosis first before proceeding with any treatment.

It is necessary to rule out endometrial hyperplasia and cancer in this age group. Hence, histopathological examination of endometrium is required, and therefore D & C should be done first.

275. Simple hyperplasia with atypia will progress to ca endometrium in % of cases ?

a) 1-2

b) 3-4

c) 8-9

d) 20

Correct Answer - C

Ans. C. 8-9

276. Grade 1 Ca endometrium, there is presence of % non squamous growth ?

a) <5

b) 6-25

c) 25-50

d) >50

Correct Answer - A

Ans. A. <5

FIGO Grading of Endometrial Carcinoma

Histopathologic degree of differentiation:

- G1: < 5% nonsquamous or nonmorular growth pattern.

277. Definitive treatment of adenomyosis is ?

a) OC pills

b) NSAIDS

c) Endometrial ablation

d) Hysterectomy

Correct Answer - D

Ans, D. Hysterectomy

Hysterectomy

- The only way to completely cure this condition is to have a hysterectomy.

278. MC cause for hysterectomy is ?

a) Prolapse

b) Fibroids

c) Ca endometrium

d) Acute PID

Correct Answer - B

Ans. B. Fibroids

A hysterectomy is an operation to remove the uterus.

A woman may have a hysterectomy for different reasons, including:

- Uterine fibroids that cause pain, bleeding, or other problems.

279. Prolonged surgery time of vaginal hysterectomy would lead to damage to which nerve ?

a) Obturator

b) Pudendal

c) Peroneal

d) Sural

Correct Answer - C

Ans. C. Peroneal

Most commonly injured lower extremity nerve in patients undergoing surgery in lithotomy position is the common peroneal nerve(L4-S2).

280.

Which of the following is not a part of PID -

a) Endometritis

b) Cervicitis

c) Tuboovarian abscess

d) Peritonitis

Correct Answer - B

Ans. B. Cervicitis

PID is a spectrum of infection & inflammation of upper genital tract organs involving uterus, fallopian tubes, ovaries, pelvic peritoneum¶metrium.

Cervicitis is not included.

281. Triad for clinical diagnosis PID includes all except ?

a) Fever

b) Lower abdominal pain

c) Cervical motion tenderness

d) Bilateral adnexal tenderness

Correct Answer - A

Ans. A. Fever

Diagnosis of PID is often difficult.

The "gold standard" for diagnosis relies on the laparoscopic appearance of Fallopian tube inflammation but cost and limited availability of the technique often preclude its use.

In the absence of laparoscopy, the triad of lower abdominal pain, cervical motion tenderness, and bilateral adnexal tenderness has been advocated as the minimal criterion for clinical diagnosis of PID.

282. Acute salpingitis is most commonly caused by ?

a) N. gonorrhoeae

b) Chlamydia trachomatis

c) Mycoplasma

d) Staphylococcus

Correct Answer - B

Ans, B. Chlamydia trachomatis

Option B is now a days slightly more commoner than option a) & hence the best option to mark

If polymicrobial/mixed infection, is in the option, then that is the answer.

283. Tumor marker for germ cell malignancy are all except?

a) LDH

b) Alkaline phosphatase

c) AFP

d) CA-125

Correct Answer - D

Ans. D. CA-125

284. Acute pelvic pain could be due to ?

a) Ectopic pregnancy

b) PID

c) Corpus luteum hematoma

d) All of the above

Correct Answer - D

Ans. D. All of the above

285. Nugent score includes all except -

a) Lactobacillus

b) Gardnerella

c) Mobiluncus

d) Gonococcus

Correct Answer - D

Ans. D. Gonococcus

Nugent's criteria for diagnosis of bacterial vaginosis

Many use Nugent's criteria to quantify or grade bacteria via Gram stain of vaginal samples.

In brief, Nugent's criteria evaluated 3 types of bacteria via Gram stain: Lactobacillus, Bacteroides/ Gardnerella, and Mobiluncus.

286. Clue cells are seen in?

a) Bacterial vaginosis

b) Candidiasis

c) Chlamydiasis

d) Trichomoniasis

Correct Answer - A

Ans. A. Bacterial vaginosis

Bacterial vaginosis/vagininitis (BV) is a common vaginal infection. Clue cells (vaginal epithelial cells covered with coccobacilli and the cells appear as stippled or granular). Clue cells are diagnostic of BV.

287. HSG findings suggestive of genital koch ?

a) Beaded tubes

b) Honeycomb uterus

c) Golf club tube

d) All of the above

Correct Answer - D

Ans. D. All of the above

In active tuberculosis, HSG is contraindicated.

288. A pregnant lady presents with genital warts. The best management for her is ?

a) Imiquimod

b) Trichloroacetic acid

c) Podophyllin

d) Cryotherapy

Correct Answer - D

Ans,. D. Cryotherapy

For reasons unknown genital warts increase in size and number during pregnancy.

Treatment options during pregnancy include cryotherapy and trichloroacetic acid (TCA).

Out of the two, cryosurgery is more effective than TCA and hence is preferred.

289. 28 year old female complaints of foul smelling yellowish urethral discharge since 4 days. History of burning micturation. History of sexual contact with multiple partners 2 days before the onset of symptoms. Most likely diagnosis is ?

a) Syphilis

b) Chancroid

c) Gonococcal urethritis

d) Non-infective urethritis

Correct Answer - C

Ans. C. Gonococcal urethritis

History of foul smelling mucopurulent discharge , & short incubation period with high risk exposure clinches the diagnosis

290. Twin-peak sign is seen in ?

a) All Monozygotic twins

b) Monochorionic twins

c) Dichorionic twins

d) Siamese twins

Correct Answer - C

Ans. C. Dichorionic twins

291. In ca Cervix treatment, point A receives ?

a) 3000 cGy

b) 5000 cGy

c) 7000 cGy

d) 10,000 cGy

Correct Answer - C

Ans. C. 7000 cGy

Point A and Point B are in relation to radiotherapy for Ca Cervix.

292. Ashermans syndrome is characterized by ?

a) Amenorrhea

b) Menorrhagia

c) Polymenorrhea

d) All of the above

Correct Answer - A

Ans. A. Amenorrhea

Intra-uterine adhesions

- Asherman syndrome was identified in 1948 as uterine synechiae.
- These intra-uterine adhesions (IUA) are often associated with amenorrhea or infertility.

293. GARDASIL vaccine is for -

a) HPV 16,18

b) HSV

c) HPV 6,11,16,18

d) Hepatitis B

Correct Answer - C

Ans. C. HPV 6,11,16,18

294. LNG content of Mirena is -

a) 20 gms

b) 20 mg

c) 52 gms

d) 52 mgs

Correct Answer - D

Ans. D. 52 mgs

Mirena/LNG IUD/LNG 20/levonova/LNG IUS

- Mirena contains a total of 52 mg levonorgestrel (LNG). LNG is released into the uterus at a rate of approximately 20 µg/day.

295. Which of the following decreases the risk of Pelvic Inflammatory Disease ?

a) Cu T

b) Spermicidal agents

c) O.C. pills

d) Today vaginal sponge

Correct Answer - C

Ans. C. O.C. pills

Several studies have shown that regular O.C. pill users are protected from PIDs to the extent of 50%.

296. Patient with 45 XO , what HRT to be given ?

a) Growth hormone + E+P

b) Estrogene

c) No HRT Needed

d) HRT only after 45 years

Correct Answer - A

Ans. A. Growth hormone + E+P

Growth hormone (GH) therapy has become the standard of care for girls with turner syndrome and should be considered as soon as decreased linear growth velocity is apparent.

Initial hormone replacement involves low dose estrogenmonotherapy.

Progestagenreplacement is generally added 1-2 yearsafter starting estrogen or upon breakthrough bleeding.

297. Tamoxifen decreases the risk of which cancer?

a) Breast

b) Endometrium

c) Ovary

d) All of the above

Correct Answer - A

Ans. A. Breast

Tamoxifen has been used for more than 30 years to treat patients with breast cancer.

Tamoxifen works against breast cancer, in part, by interfering with the activity of estrogen, a female hormone that promotes the growth of breast cancer cells.

In October 1998, the U.S. Food and Drug Administration (FDA) approved the use of tamoxifen to reduce the incidence of breast cancer in women at increased risk of the disease.

298. Raloxifene decreases the risk of which cancer?

a) Breast

b) Cervix

c) Ovary

d) All of the above

Correct Answer - A

Ans. A. Breast

After an average of 81 months, raloxifene reduces risk of invasive breast cancer by about 38 percent compared to tamoxifenreducing breast cancer by about 50 percent.

299. Least failure rate ?

a) CuT

b) MIRENA

c) DMPA

d) O.C. PILLS

Correct Answer - B

Ans. B. MIRENA

300. Nuva ring contains ?

a) EE+ etonogestrel

b) LNG + EE

c) LNG

d) EE+ drospirinone

Correct Answer - A

Ans. A. EE+ etonogestrel

Contraceptive rings

- Nuva Ring: It is a soft vaginal ring that releases 15 microgram EE and 120 microgram ENG, etonogestrel, the active metabolite of desogestrel, per day as a controlled delivery system.

301. Which drug used for endometriosis can cause increase in hepatic enzyme & adverse lipid profile -

a) O. C. pills

b) GnRh analogues

c) Both of the above

d) None of the above

Correct Answer - A

Ans. A. O. C. pills

O. C. pills (progesterone component) are a/w increase in LDL & decrease in HDL cholesterol but estrogens have opposite effect. Cholestasis & cholestatic jaundice are occasional side effects of O. C. pills.

302. Norgestimate in OC pills has the following advantage ?

a) Reduces venous thrombosis

b) Is cheaper than standard OC pills

c) Reduces acne and hirsutism

d) Useful in heart disease

Correct Answer - C

Ans. C. Reduces acne and hirsutism

Three newer progestogens, namely desogestrel, gestodene, and norgestimate can decrease the a meanil hirsutism as compared to older progesterones, which actually can cause oily skin and acne.

303. Which of the following is not an ideal candidate for IUCD insertion ?

a) Previous LSCS

b) Lactating mother

c) Acute PID

d) All of the above

Correct Answer - C
Ans. C. Acute PID

304. Betamethasone given to preterm patient for all except ?

a) Fetal lung maturity

b) Decrease intraventricular hemorrhage

c) Prevents periventricular leukomalacia

d) Prevent PPH

Correct Answer - D

Ans. D. Prevent PPH

Steroids (dexamethasone or betamethasone) are given to enhance fetal lung maturity and they also decrease the incidence intraventricular hemorrhage.

305. A 32-year-old female with mild hypertension. Two days after normal delivery, she develop seizures, headache. No proteinuria was there. On imaging she was found to have parasagittal infarction and hematoma 3x2cm.The most probable cause is?

a) Eclampsia

b) Superior sagittal sinus thrombosis

c) Pituitary apoplexy

d) Subarachnoid hemorrhage

Correct Answer - B

Ans. B. Superior sagittal sinus thrombosis

The various etiologies for dural sinus thrombosis are:

- 1.. Thrombophilia (factor V Leiden mutation, prothrombin gene mutation, deficiencies of antithrombin, protein C and protein S, APLA syndrome, hyperhomocysteinemia)
- 2.. Pregnancy
- 3.. Postpartum state

306. Penicillamine use in pregnancy is associated with this fetal complication ?

a) Conradi syndrome

b) Renal anomalies

c) Thymus hypoplasia

d) Cutis laxa

Correct Answer - D

Ans. D. Cutis laxa

Penicillamine interferes with synthesis of collagen & elastin & can cause :elastosis perforans serpiginosa and localized cutis laxa.

307. DOC for malaria in pregnancy ?

a) Chloroquin

b) Quinine

c) Primaquin

d) Artesunate

Correct Answer - A

Ans, A. Chloroquin

Drugs for treatment of malaria in pregnancy-

- Malaria can be life threatening during pregnancy.
- Chloroquin is 1st choice of drug.
- If resistant to chloroquin, quinine should be given under supervision.
- Primaquin (for radical cure) should be withheld until the pregnancy is over.
- Artesunate is the 1st choice in case of complicated malaria.

308. Prophylactic methergin given for ?

a) Induction of labour

b) Induction of abortion

c) To stop excess bleeding from uterus

d) All of the above

Correct Answer - C

Ans, C. To stop excess bleeding from uterus

Methergin (methyl-ergo-novine) is a semisynthetic ergot derivative derived from lysergic acid.

Indications

- Prophylactic:- Active management of 3rd stage of labour to prevent excess bleeding following delivery.
- Therapeutic:- To stop atonic uterine bleeding.

309. 6 year old son of pregnant women is suffering from chicken pox. Which of the following is given to pregnant women ?

a) Acyclovir

b) Acyclovir + immunoglobulin

c) Only immunoglobulin

d) Vaccination

Correct Answer - B

Ans. B. Acyclovir + immunoglobulin

Varicella during pregnancy

- The risk of congenital malformations is nearly absent when maternal infection occurs after 20 weeks.
- Varicella vaccine is not recommended in pregnancy.
- Varicella zoster immunoglobulin (VZIG) should be given to exposed non-immune as it reduces the mortality.
- Oral acyclovir is safe in pregnancy & reduces the duration of illness when given within 24 hrs of rash but it cannot prevent congenital infection.

310. Maximum chance of transmission during delivery?

a) HSV

b) CMV

c) VZV

d) Rubella

Correct Answer - A

Ans. A. HSV

"Transplacental infection by HSV is not usual.

The fetus becomes affected by virus shed from the cervix or lower genital tract during vaginal delivery."

**311. Drug of choice for pneumocystis carinii
in pregnancy?**

a) SMZ/TMP

b) Primaquine

c) Dapsone

d) Pentamidine

Correct Answer - A
Ans, A. SMZ/TMP

312. A pregnant woman in first trimester has four fold rise in IgG against toxoplasmosis. it indicates ?

a) Protective antibodies

b) Acute infection

c) Chronic infection

d) None of the above

Correct Answer - B

Ans, B. Acute infection

Acute infection is detected by detecting IgM specific antibody high titre of IgG antibody & detection of sero-conversion for IgG from negative to positive

313. HRT is given in ?

a) Symptomatic postmenopausal women

b) Following hysterectomy

c) Gonadal dysgenesis

d) All of the above

Correct Answer - D

Ans, D. All of the above

Indications of HRT

1. Symptomatic women suffering from oestrogen deficiency.
2. High risk cases of menopausal complications such as cardiovascular disease, osteoporosis, stroke, Alzheimer disease & colonic cancer (prophylactic).
3. Premature menopause, spontaneous or following surgery (prophylactic).
4. Gonadal dysgenesis in adolescents. (therapeutic)

314. Methergin is given for prophylaxis of ?

a) Anaemia

b) Cardiac disease

c) Renal disease

d) Lung disease

Correct Answer - A

Ans, A. Anaemia

Methergin (methyl-ergo-novine) is a semisynthetic ergot derivative derived from lysergic acid.

Indications

1. Prophylactic : Active management of 3rd stage of labour to prevent excess bleeding following delivery (note-bleeding causes anemia).
2. Therapeutic: To stop atonic uterine bleeding.

315. All of the following occurs because of prostaglandin use except?

a) Excess water retention

b) Flushes

c) Increased motility of bowel

d) Nausea

Correct Answer - A

Ans, A. Excess water retention

Disadvantages & side effects of prostaglandins

1. Cost
2. Nausea, vomiting, diarrhea, pyrexia, bronchospasm, tachycardia & chills
3. Cervical lacerations (PGF-2alpha)
4. Tachysystole (hyperstimulation) of uterus
5. Risk of uterine rupture in case of uterine scar.

316. Definite use for PGE2 is all except ?

a) Contraception

b) Induces labour

c) Therapeutic abortion

d) Keeps patency of PDA

Correct Answer - A

Ans. A. Contraception

317. Which of following most commonly clinically used?

a) Diagonal conjugate

b) Ant post diameter of inlet

c) Transverse diameter of outlet

d) Oblique diameter of pelvis

Correct Answer - A

Ans, A. Diagonal conjugate

Most commonly used clinical conjugate is Diagonal conjugate.

318. Least diameter of inlet of gynecoid pelvis is?

a) Transverse

b) Oblique

c) Diagonal conjugate

d) Obstetric conjugate

Correct Answer - D

Ans, D. Obstetric conjugate

319. Tdap vaccine is give in between which weeks of pregnancy?

a) 10-16 weeks

b) 17-22 weeks

c) 22-26 weeks

d) 27-36 weeks

Correct Answer - D

Ans, D. 27-36 weeks

Women should get adult tetanus, diphtheria and acellular pertussis vaccine (Tdap) during each pregnancy. Ideally, the vaccine should be given between 27 and 36 weeks of pregnancy".

320. If 300 microgram anti D is given to mother , amount of blood it will neutralise ?

a) 30m1

b) 40m1

c) 50m1

d) 60m1

Correct Answer - A

Ans, A. 30m1

321. Maximum success after reversal of tubal ligation?

a) Cauterization

b) Pomeroy's technique

c) Clip method

d) Fimbriectomy

Correct Answer - C

Ans, C. Clip method

The Falope sialistic ring destroys 2-3 cm fallopian tube. The Hulka& Filshie clips destroya smaller segment (3-4mm)' thus preserving the potential of successful reversal of surgery. The failure rate varies between .2 and 15%"

322. Failure rate of Pomeroy's method of tubal ligation is ?

a) 0.2%

b) 0.4%

c) 0.6%

d) 0.8%

Correct Answer - B

Ans, B. 0.4%

The failure rate is 0.4% and it is mainly due to spontaneous canalization".

323. Least failure rate is of ?

a) OC pills

b) IUDs

c) Condom

d) DMPA

Correct Answer - A

Ans. A. OC pills

Oral contraceptive pills have least chances of pregnancy as they have minimum failure rate (evaluated by pearl index).

324. Cholestasis of pregnancy false is ?

a) Bilirubin level >2mg%

b) Most common cause of jaundice in pregnancy

c) Oestrogen is involved

d) Manifestations usually appear in last trimester

Correct Answer - B

Ans. B. Most common cause of jaundice in pregnancy

325. I-pill is used when ?

a) Accidental sexual exposure

b) OCP forgotten

c) Of choice in young

d) All of the above

Correct Answer - A

Ans. A. Accidental sexual exposure

I-pill

- I-pill is an emergency contraceptive Pill containing levonorgestrel.
- A single dose of I pill provides a safe and easy way to prevent an unintended pregnancy, after unprotected sex or contraceptive failure.
- It should be taken as soon as possible, preferably within 12 hours and no later than 72 hours of unprotected intercourse.
- Single dose tablet to be taken orally after a meal.

326. Emergency contraceptive should must be started with in how much time after unprotected intercourse?

a) 24 hrs

b) 48 hrs

c) 72 hrs

d) 96 hrs

Correct Answer - C

Ans, C. 72 hrs

Morning aftn pill : ethinyl-estrediol 2.5 mg, premarin 15 mg, the drug is taken orally twice daily for 5 days.

Beginning soonafter e4tosure but not later than 72 hrs."

**327. 35 year old with history of repeated D&C.
She now has secondary amenorrhea.
What is your diagnosis?**

a) Hypothyroidism

b) Kallman syndrome

c) Sheehan's syndrome

d) Asherman's syndrome

Correct Answer - D

Ans, D. Asherman's syndrome

328. Asherman's syndrome false is ?

a) Associated with menstrual irregularities

b) Progesterone challenge test is positive

c) Synechiae formation in uterus

d) May be secondary to TB

Correct Answer - B

Ans, B. Progesterone challenge test is positive

329. Most common site of endometriosis -

a) Ovary

b) FT

c) Colon

d) LSCS Scar

Correct Answer - A
Ans, A. Ovary

330. Gold standard diagnostic technique for diagnosis of endometriosis?

a) Laproscopy

b) Ca 125 level

c) Ultrasound

d) MRI

Correct Answer - A

Ans, A. Laproscopy

Investigations for endometrioses

Laproscopy is considered as gold standard.

Used as both diagnostic as well as therapeutic technique.

1. CA-f 25 is raised > 35 u/ml
2. Ultrasound
3. CT&MRI
4. Color DoPPler
5. CYstoscoPY

331. TB uterus all is true except?

a) Mostly secondary

b) Increase incidence of ectopic pregnancy

c) Involvement of endosalpinx

d) Most common is ascending infection

Correct Answer - D

Ans, D. Most common is ascending infection

332. Fallopian tube tuberculosis ?

a) Most common type of genital TB

b) Size of the tubes is unchanged

c) Is asymptomatic

d) Primary focus of infection is always in fallopian tubes

Correct Answer - A:C

Ans, A>C. Is asymptomatic > Most common type of genital TB

Most common type of genital TB > Is asymptomatic

333. Initial drug for ovarian cancer ?

a) Cisplatin

b) Doxorubicin

c) Ifosfamide

d) Methotrexate

Correct Answer - A
Ans, A, Cisplatin

334. Diagnosis of adenomyosis is made by ?

a) Histopathology

b) Ultrasound

c) MRI

d) Laparoscopy

Correct Answer - D

Ans, D. Laparoscopy

**335. Endometrial carcinoma involving cervix,
stage is?**

a) 1

b) 2

c) 3

d) 4

Correct Answer - B
Ans, B. 2

336. Hydronephrosis is seen in which stage of Ca cervix?

a) 2a

b) 2b

c) 3a

d) 3b

Correct Answer - D
Ans, D. 3b

337. Bartholin's cyst treatment of choice -

a) Excision

b) Antibiotics

c) Marsupialisation

d) Drainage

Correct Answer - C

Ans. C. Marsupialisation

338. Definitive management of Adenomyosis is?

a) GnRH analogue

b) Danazole

c) LH

d) Hysterectomy

Correct Answer - D

Ans, D. Hysterectomy

Hysterectomy is the treatment of choice.

Local resection can be tried in younger women in whom it is localized.

Medical treatment options are NSAIDs & hormonal therapy, though not much effective

GnRH, danazole, Mirena IUCD for menorrhagea & pain.

339. Most common degeneration of fibroids ?

a) Calcareous

b) Hyaline

c) Red

d) Cystic

Correct Answer - B

Ans B. Hyaline

Most common degeneration overall _ hyaline

340. Which of the following cannot be treated by laparoscopy-

a) Ectopic pregnancy

b) Sterilization

c) Non descent of uterus

d) Genital prolapsed

Correct Answer - C

Ans, C. Non descent of uterus

341. Which is least injured in gynaecological procedures?

a) Ureter at pelvic brim

b) Renal pelvis

c) Urinary bladder

d) Ureter at infundibulopelvic ligament

Correct Answer - B

Ans. B. Renal pelvis

Urinary bladder & pelvic ureter are vulnerable to injury during gynecological surgery.

342. Definitive treatment for preeclampsia?

a) Delivery of baby

b) Antihypertensive drugs

c) Rest

d) Diet

Correct Answer - A

Ans, A. Delivery of baby

343. Best to diagnose unruptured ectopic pregnancy ?

a) Scopy

b) UPT

c) USG

d) Culdocentesis

Correct Answer - A
Ans, A. Scopy

344. Most of ectopic pregnancies are at ampulla as?

a) It is the narrowest part

b) Tubal movements are least here

c) Salpingitis produces least crypts here

d) Plicae are most numerous here

Correct Answer - D

Ans, D. Plicae are most numerous here

345. Prolapsed of uterus in nulliparous women, treatment is?

a) Sling used involving rectus sheath

b) Anterior colporrhaphy

c) Posterior colporrhaphy

d) Manchester operation

Correct Answer - A

Ans., A. Sling used involving rectus sheath

346. Exclusively Fetal blood loss occurs in ?

a) Vasa previa

b) Placenta praevia

c) Polyhydramnios

d) Oligohydramnios

Correct Answer - A

Ans. A. Vasa previa

347. Placenta previa, false is ?

a) Most common cause of APH

b) Painful vaginal bleeding

c) Usg is the investigation of choice

d) Increased maternal age is a risk factor

Correct Answer - A

Ans. A. Most common cause of APH

348. 45 yr old female patient underwent hysterectomy, on 7th post op day complaints about continuous dribbling of urine and fever. Micturition was not voluntary, what diagnosis?

a) Vesico vaginal fistula

b) Uretero vaginal fistula

c) Vesico uterine fistula

d) Urethra vaginal fistula

Correct Answer - C

Ans, C. Vesico uterine fistula

Fetal complications of vacuum delivery

- SuPerficial scalloP abrasions
- Sub-aPoneurotic haemorrhage
- Retinal haemorrhage

349. Vacuum delivery produces?

a) Chignon

b) Cephalhematoma

c) Both

d) None

Correct Answer - C
Ans, C. Both

350. HT indicated in menopausal women

a) Hot flash

b) Ca breast

c) Endometriosis

d) Uterine bleeding

Correct Answer - A

Ans. A. Hot flash

Hormone Therapy (HT) is one of the government-approved treatments for relief of menopausal symptoms.

These symptoms, caused by lower levels of estrogen at menopause, include :

- Hot flashes,
- Sleep disturbances, and
- Vaginal dryness.
- HT is also approved for the prevention of osteoporosis.

351. In Uterine prolapse how to know if ring is in place?

a) If not expelled after increased abdominal pressure

b) If Bleeding does not occur

c) If patient feels discomfort

d) None

Correct Answer - A

Ans. A.If not expelled after increased abdominal pressure

A vaginal pessary is a removable device placed into the vagina.

It is designed to support areas of pelvic organ prolapse.

A variety of pessaries are available, including the ring pessaries

If not expelled after increased abdominal pressure ring pessary is supposed to be placed in place

352. Drug that is used for fetal lung maturity is:

a) Dexamethasone

b) Folic acid

c) Beclomethasone

d) None

Correct Answer - A

Ans. A. Dexamethasone

Betamethasone and dexamethasone are corticosteroids, also called glucocorticoids, that are given before birth (antenatally) to speed up a preterm fetuses lung development.

Either is used when a mother is in preterm labor and birth may occur in 24 to 48 hours.

353. Best time to do quadruple test

a) 8-12 weeks

b) 11-15 weeks

c) 15-20 weeks

d) 18-22 weeks

Correct Answer - C

Ans. C.15-20 weeks

The quad screen is done in the second trimester, usually between 15 and 20 weeks of pregnancy.

Ideally, the test should be performed in conjunction with first-trimester screening tests.

354. Which One of the following is not a cause of secondary Postpartum Haemorrhage?

a) Placenta previa

b) Retained bits of placenta

c) Endometritis

d) Polyp

Correct Answer - A

Ans. A.Placenta previa

Causes of secondary Postpartum Haemorrhage are:

- Retained bits of placenta
- Postpartum infection
- Infection of Cervical and Vaginal Tears
- Puerperal Inversion of Uterus
- Uterine Polyp or Fibroid:
- Undiagnosed carcinoma of cervix
- Chorion-epithelioma

355. RDA of iodine in lactation in microgram-

a) 150

b) 220

c) 100

d) 250

Correct Answer - D

Ans. D. 250

To accommodate increased iodine needs during pregnancy and lactation, the iodine RDA is 220 mcg/day for pregnant women and 250 mcg/day for lactating women

356. Paget's is associated with which other cancer:

a) Vulva

b) Vagina

c) Cervix

d) Uterus

Correct Answer - A

Ans. A. Vulva

Extramammary Paget's disease (EMPD), also extramammary Paget disease, is a rare, slow-growing, usually noninvasive intraepithelial (in the skin) adenocarcinoma outside the mammary gland and includes Paget's disease of the vulva and the extremely rare Paget's disease of the penis.

357. Fimbriectomy procedure is known as-

a) Uchida method

b) Irving method

c) Madlener technique

d) Kroener method

Correct Answer - D

Ans. D. Kroener method

Uchida technique—A saline solution is injected subserosal in the mid portion of the tube to create a bleb.

Irving method — The tube is ligated on either side and mid portion of the tube (between the ties) is excised.

Madlener technique -It is the easiest method. The loop of the tube is crushed with an artery forceps.

Kroener method of fimbriectomy is not a common procedure

358. Establishment of fetoplacental circulation seen at-

a) 11 to 13 days

b) 20 to 22 days

c) 7 days

d) 25 to 26 days

Correct Answer - B

Ans. B.20 to 22 days

Important Events Following Fertilization

0' hour	Fertilization (day-15 from LMP)
30 hours	2 cell stage (blastomeres)
40–50 hours	4 cell stage
72 hours	12 cell stage
96 hours	16 cell stage. Morula enters the uterine cavity
5th day	Blastocyst
4–5th day	Zona pellucida disappears
5–6th day	Blastocyst attachment to endometrial surface
6–7th day	Differentiation of cyto and syncytiotrophoblast layers
10th day	Synthesis of hCG by syncytiotrophoblast
9–10th day	Lacunar network forms
10–11th day	<ul style="list-style-type: none"> • Trophoblasts invade endometrial sinusoids establishing uteroplacental circulation • Interstitial implantation completed with entire decidual coverage
13th day	Primary villi
16th day	Secondary villi

Primary villi	Secondary villi
21st day	Tertiary villi
21st–22nd day	Fetal heart. Fetoplacental circulation

359. Dilatation & curettage (D&C) is contraindicated in-

a) Pelvic inflammatory disease (PID)

b) Endometriosis

c) Ectopic pregnancy

d) None

Correct Answer - A

Ans. A. Pelvic inflammatory disease (PID)

Predisposing risk factors for PID are:

- Sexual contact
- History of STI

Procedures involving the upper female genital tract including:

- Dilatation & curettage (D&C)
- Recent intrauterine device (IUD) insertion
- Therapeutic abortion (T/A)

360. Anteversion of uterus is maintained by?

a) Cardinal ligament

b) Uterosacral ligament

c) Pubocervical ligament

d) Round ligament

Correct Answer - D

Ans. D. Round ligament

In most women, the **uterus** is anteverted and anteflexed. The function of the round ligament is maintenance of the **anteversion** of the **uterus**(a position where the fundus of the **uterus** is turned forward at the junction of cervix and vagina) during pregnancy. Normally, the cardinal ligament is what supports the **uterine** angle (angle of **anteversion**).

361. What is the effect of Progesterone only pills?

a) Completely suppresses ovulation

b) Thin lining of uterus

c) Thick cervical mucus

d) All of the above

Correct Answer - D

Answer: D. All of the above

Progestogen-only pills / Progestin-only Pills (POP) / Morning after pills -

Contraceptive pills

Contain only synthetic progestins & doesn't contain estrogen.

Mechanism:

- Mucus thickening in the neck of the womb:
- Penetration of sperm to reach egg and womb becomes difficult.
- Prevents ovulation:
- The lining of the uterus becomes thin
- Fertilized egg implantation is prevented

Advantages:

- Doesn't interfere with breastfeeding
- Also helps in premenstrual symptoms and painful periods

362. Long-standing pelvic inflammation may lead to which of the following conditions?

a) Pyometra

b) Uterine polyposis

c) Pseudopregnancy

d) Cystic endometrial hyperplasia

Correct Answer - A

Ans. A. Pyometra

Pyometra is collection of pus due to obstruction of flow in the uterine cavity.

It may be due to Long-standing PID or secondary to cervical stenosis.

363. Meiosis occurs in

a) Adult ovary

b) Prepubertal testis

c) At birth in ovary

d) All

Correct Answer - A

Ans. is. A. Adult ovary

Meiosis 1 is completed at puberty hence answer is adult ovary

Total number of oocytes at 20 weeks of intrauterine life is about 6–7 million. At birth, the total number of primordial follicles is estimated to be about 2 million. The primary oocytes do not finish the first meiotic division until puberty is reached.

Spermatogenesis occurs at puberty so it cannot happen in prepubertal testis .

364. Prolactin secreted maximum at-

a) 24 hrs after delivery

b) REM

c) 2 hrs running

d) 24 hour after Ovulation

Correct Answer - A

Ans. A.24 hrs after delivery

Prolactin is maximum 24 hrs after delivery.

Prolactin secretion also increases during strenuous exercise and sleep(NREM).

24 hrs after ovulation estrogen has a negative feedback effect on prolactin which decreases the level of prolactin.

365. A sexually active female with the profuse frothy foul-smelling discharge with intense itching. Strawberry cervix revealed on examination. What will be the diagnosis?

a) Trichomonas vaginalis

b) Bacterial vaginosis

c) Candidiasis

d) None

Correct Answer - A

Answer: a. Trichomonas vaginalis

Trichomonas vaginitis:

Clinical Features:

- There is sudden profuse and offensive vaginal discharge often dating from the last menstruation.
- Irritation and itching of varying degrees within and around the introitus are common.
- There is the presence of urinary symptoms such as dysuria and frequency of micturition.
- There may be history of previous similar attacks

On Examination:

- There is thin, greenish-yellow and frothy offensive discharge per vaginum.
 - The vulva is inflamed with evidences of pruritus.
- Vaginal examination may be painful. The vaginal walls become red and inflamed with multiple punctate hemorrhagic spots. Similar spots

are also found over the mucosa of the portio vaginalis part of the cervix on speculum examination giving the appearance of 'strawberry'

Ref: Dutta Gynaecology 6th edition Page no.163-164

**366. 18-year-old girl presents with 6 months of amenorrhea with h/o low-grade fever, weight loss, pain abdomen, generalized weaknesses. On PR examination, palpable left-sided pelvic mass felt...
Diagnosis is**

a) Fibroid with degeneration

b) TB pelvis with Tubo ovarian mass

c) Ectopic pregnancy

d) Granulosa cell tumour

Correct Answer - B

Ans.B.TB pelvis with Tubo ovarian mass

The tubercles burst to pour the caseous material inside the lumen producing tubercular pyosalpinx, which may adhere to the ovaries and the surrounding structures.

Often the infection spreads outwards producing peri salpingitis with exudation, causing dense adhesions with the surrounding structures tubercular tubo-ovarian mass.

Clinical diagnostic features:

- Weakness, low-grade fever, anorexia, anemia or night sweats may be present.
- Infertility: It may be primary or secondary
- Chronic pelvic pain
- Vaginal discharge— postcoital bleeding or a blood-stained discharge.
- Constitutional symptoms such as loss of weight, malaise, anorexia,

pyrexia, and anemia are present in the acute phase of the disease.

- Menstrual abnormality: In about 50 percent, the menstrual function is normal.
- Presence of pelvic mass with nodules in the pouch of Douglas palpable

Ref. Gynaecology Dutta ed. 6th Page no. 139-142

367. A pregnant female had Meconium stained liquor and underwent emergency LSCS. A few days later her condition deteriorated. USG showed edematous bowels. What's the cause?

a) Meconium peritonitis

b) Paralytic ileus

c) Adhesive intestinal obstruction

d) Intra-abdominal abscess

Correct Answer - B

Ans.B. Paralytic ileus

POSTOPERATIVE COMPLICATIONS OF LSCS:

Intestinal obstruction: The obstruction may be mechanical due to adhesions or bands, or paralytic ileus following peritonitis.

Paralytic ileus is an adynamic obstruction in which there is a failure of transmission of peristaltic waves

Clinical features :

The resultant stasis leads to the following:

- Accumulation of fluid and gas in the bowel
- With associated distension: marked and tympanitic
- Vomiting (effortless)
- Absence of bowel sounds
- Absolute constipation

Dutta obstetrics ed. 8th Page no. 678

Bailey & Love's Short Practice of Surgery - 27th Edition (Page no 1297)

368. Best treatment option for septate uterus-

a) Tompkins Metroplasty

b) Jones metroplasty

c) Strassmann metroplasty

d) Transcervical hysteroscopic resection of the septum

Correct Answer - D

Ans. D. Transcervical hysteroscopic resection of the septum

Hysteroscopic metroplasty is more commonly done.

Resection of the septum can be done either by a resectoscope or by laser.

Advantages are:

1. High success rate (80–89%),
2. Short hospital stay
3. Reduced postoperative morbidity (infection or adhesions)
4. Subsequent chance of vaginal delivery is high compared to abdominal metroplasty where the cesarean section is mandatory.

Other methods:

Abdominal metroplasty could be done either by excising the septum (Strassman, Jones, and Jones) or by incising the septum (Tompkins).

Ref. Dutta Gynaecology ed. 6th page no. 47

369. Distension media used for hysteroscopy with bipolar cautery?

a) Glycine

b) NS

c) Co2

d) Dextran 70

Correct Answer - B

Ans. B. NS

The distending media commonly used in hysteroscopy is normal saline

—The uterine cavity is distended with a media to separate the uterine walls and to have a panoramic view. The media used could be either a gas or a liquid.

Carbon dioxide (CO₂)—is commonly used for diagnostic purposes. It is soluble in blood and is safe.

Hysteroflator provides a gas flow rate of a maximum of 100 mL per minute and a maximum pressure of 100 mm Hg.

Liquid media is used for operative procedures.

Normal saline can be used is suitable for bipolar cautery but not suitable for monopolar electrosurgery. Constant flow is to be maintained to flush the operative area.

Ref. Dutta Gynaecology ed. 6th page no. 620, 624

370. Most common site for Fertilization is-

a) Ampulla

b) Isthmus

c) Intramural

d) Fimbriae

Correct Answer - A

Ans. A. Ampulla

Fertilization is the process of fusion of the spermatozoon with the mature ovum.

It begins with sperm egg collision and ends with the production of a mononucleated single cell called the zygote.

Its objectives are:

- To initiate the embryonic development of the egg and
- To restore the chromosome number of the species.

Almost always, fertilization occurs in the ampullary part of the uterine tube.

Reference: Dutta Obstetrics ed. 8th Page no 23

371. A 22-year-old primigravida visits ANC OPD with 20 weeks POG. On examination uterine height reveals a 16-week size. USG shows reduced liquor. What will be the diagnosis?

a) Renal agenesis

b) Fetal anemia

c) Barter's syndrome

d) Liddle syndrome

Correct Answer - A

Ans. A. Renal agenesis

The question states reduced liquor that means oligohydramnios is seen.

Oligohydramnios is defined as an amniotic fluid index of 5 cm or less.

It is almost always present when there is either obstruction of the fetal urinary tract or renal agenesis.

Williams Obstetrics ed 24th page 237

372. Which of the following is not an estrogen-dependent pubertal change?

a) Hair growth

b) Menstruation

c) Vaginal Cornification

d) Cervical mucus

Correct Answer - B

Ans. B. Menstruation

Pubarche or development of axillary and pubic hair is due to testosterone (in both the sexes).

Puberty in females :

- Involves the beginning of menstrual cycles (menarche), breast development (thelarche), and an increase in adrenal androgen secretion (adrenarche).
- Estradiol induces the development of secondary sex characteristics, including the breasts and reproductive tract, and increased fat in the hips.
- Estrogens also regulate the growth spurt at puberty, vaginal cornification, and cervical mucus production, induce closure of the epiphyses, have a positive effect in maintaining bone formation, and can antagonize the degrading actions of parathyroid hormone on bone.

Reference: Rhoades and Tanner's Medical Physiology, 2nd edition (Page no: 680)

373. A mother brought her 16-year-old daughter to Gynaecology OPD with a complaint of not attending menarche. She gives H/O cyclic abdominal pain. On further examination midline, abdominal swelling seen. Per rectal examination reveals a bulging mass in the vagina. Which of the following can be most commonly seen?

a) Imperforate hymen

b) Transvaginal septum

c) Vaginal agenesis

d) MRKH

Correct Answer - A

Ans. A. Imperforate hymen

According to the clinical case, patients suffer from primary amenorrhea and cryptomenorrhea(cyclic abdominal pain).

The girl is aged about 14–16 years.

- The chief complaints are periodic lower abdominal pain, which may be continuous, primary amenorrhea and urinary symptoms, such as frequency, dysuria or even retention of urine.
- In fact, in significant cases, the presenting feature may be the retention of urine. The cause of retention is due to the elongation of the urethra.
- An abdominal examination reveals a suprapubic swelling, which may

be uterine or full bladder. Prior catheterization reveals the true state.

- Vulval inspection reveals a tense bulging membrane of bluish coloration

Ref. Dutta Gynaecology ed. 6th page no. 42

374. 13 yr old child visit gynaecology OPD with a complaint of not attaining menarche with karyotype 46XX. On examination, clitoromegaly is seen. Which enzyme is most likely to be deficient in the above condition?

a) 21 alpha-hydroxylase

b) 11 beta-hydroxylase

c) 17 alpha-hydroxylase

d) 3 beta-hydroxysteroid dehydrogenase

Correct Answer - A

Ans. A. 21 alpha-hydroxylase

The condition described above represents the Congenital adrenal hyperplasia.

"More than 90% of CAH cases are caused by 21-hydroxylase deficiency"

Congenital adrenal hyperplasia:

It is due to an inborn error of adrenal steroid metabolism, commonly due to 21-hydroxylase (95%) and rarely due to 11-hydroxylase or 3 β hydroxysteroid dehydrogenase deficiency.

Clinical presentation

- An ambiguity of sex at birth
- Hirsutism and amenorrhea may be the presenting features around puberty in a milder form.

The karyotype is 46, XX.

Ref. Dutta Gynaecology ed. 6th page no. 440

375. In early pregnancy clinical signs of feeling the cervix and the body of bulky uterus separated because of softened isthmus at 6 - 8 weeks of gestation :

a) Goodell's sign

b) Chadwick's sign

c) Piskacek's sign

d) Hegar's sign

Correct Answer - D

Correct Ans: D. Hegar's sign

At 6 to 8 weeks menstrual age, the firm cervix contrasts with the now softer fundus and the compressible interposed softened isthmus

—*Hegar sign*

376. Misoprostol used in the induction of labour is an analogue of which of the following type of prostaglandin?

a) PG E1

b) PG E2

c) PG I2

d) PG F2alpha

Correct Answer - A

Correct Ans: A. PG E1

Misoprostol is a methyl ester of PGE1.

Indications of Misoprostol:

- It is used for cervical ripening.
- Transvaginally it is used for induction of labour.

Uses of Prostaglandins in Obstetrics:

- Induction of abortion
- Termination of molar pregnancy
- Induction of labour
- Cervical ripening prior to induction of labour
- Acceleration of labour
- Management of atonic postpartum hemorrhage
- Medical management of tubal ectopic pregnancy