

Doctor 2019

OBGYN final collection

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Physiological changes in pregnancy (1)

Which of the following is true about physiological changes in pregnancy?

- A) Increased systemic vascular resistance
- B) Progressive increase in blood pressure after the first trimester
- C) Increased cardiac output during pregnancy
- D) Decreased tidal volume
- E) Increased respiratory rate

Answer: C

Obstetrics ultrasound scan (1)

What is the best predictor for the gestational age in the third trimester?

- A) Femur length
- B) Head circumference
- C) Biparietal diameter
- D) CRL
- E) Mean sac diameter measurement

Answer: A/B

Premenstrual Syndrome & Dysmenorrhea (2)

All the following are causes of secondary dysmenorrhea, except?

- A) Fibroids
- B) Adenomyosis
- C) Endometriosis
- D) Pelvic inflammatory disease
- E) Combined oral contraceptives

Answer: E

What is the true sentence about primary dysmenorrhea?

- A) Starts at age 35
- B) Constant pain during the whole cycle
- C) Relieved by pregnancy and childbirth
- D) Unaffected by ovulatory cycles
- E) Caused by pelvic pathology

Answer: C

Subfertility (3)

A 24 years old female came to your clinic with her husband due to failure of conceive for 18 months. What is not done in basic investigations?

- A) Early follicular phase FSH
- B) Diagnostic laparoscopy
- C) Semen fluid analysis

- D) Thyroid function test
- E) Menstruation calendar

Answer: B

A patient came to the infertility clinic with a hysterosalpingogram result of bilateral tube obstruction. What is the best treatment?

- A) IVF
- B) Intrauterine insemination
- C) ICSI
- D) Tuboplasty
- E) Laparoscopic hysteroscopy

Answer: E

A patient with difficulty in conceiving came to your clinic. Her menstrual cycle is regular every 30 days. She asked you about the best day of the cycle for intercourse to achieve a high chance for pregnancy. What is the best answer?

- A) Day 21
- B) Day 24
- C) Day 14
- D) Day 16
- E) Day 12

Answer: D

PCOS (1)

What is the first line to treat infertility in a PCOS patient?

- A) Ovulation induction using Letrozole
- B) Weight loss
- C) Gonadotropin
- D) Oophorectomy

Answer: B, A

Gestational trophoblastic diseases (2)

What is the wrong about GTD?

- A) complete molar pregnancy treated with evacuation curettage
- B) The classical symptoms of GTD is irregular vaginal bleeding, hyperemesis, uterine enlargement
- C) Anti-D is not indicated after suction curettage of molar pregnancy
- D) Persistent bleeding after delivery is concerning sign for gestational trophoblastic neoplasm
- E) Respiratory distress and seizure are very rare

Answer: C

What is the most common sign for molar pregnancy?

- A) Hyperemesis
- B) Uterine enlargement
- C) Thyrotoxicosis
- D) Seizure
- E) Vaginal bleeding

Answer: E

Gestational HTN (5)

A female patient, G2P1, at 30 weeks GA presented to the delivery room with history of generalised tonic clonic seizure. She was stabilised with IV fluids and MgSo4. Her airway was protected also. The ultrasound revealed normal amniotic fluid and normal growth of the fetus. What is the most appropriate next step?

- A) Admit to the ICU
- B) Induction of labor
- C) Plan for elective C-S after 37 weeks gestation
- D) Immediate C-S delivery after stabilization

Answer: B, D

Obstetric management ^{[2][18]}

- Eclampsia is an indication for immediate delivery regardless of gestational age. ^{[2][33]}
^[18]

What is the wrong statement about PET?

- A) its pathogenesis include abnormal invasion of trophoblast into maternal vessels
- B) It is hypertension and proteinuria after week 20 of gestation
- C) HELLP can occur without hypertension or proteinuria
- D) ACEi should be avoided
- E) Blood pressure of 150/90 and +1 dipstick proteinuria is considered severe PET

Answer: E

What is the most common cause of death due to eclampsia?

- A) Cerebrovascular stroke and hemorrhage
- B) Acute kidney failure
- C) Multiorgan failure
- D) DIC

Answer: A

What is the earliest sign of MgSo₄ toxicity?

- A) Absent patellar reflexes
- B) Respiratory failure
- C) Pulmonary edema
- D) Cardiac arrhythmia
- E) Cardio-respiratory arrest

Answer: A

A female patient, at 33 weeks GA presented with a blood pressure of 150/90 with no proteinuria. She denied any symptoms of blurry vision or RUQ pain. She's worried about her delivery. Next step

- A) Give steroids and do c-section at 34 weeks
- B) Reassure, observe and offer to deliver at 37 weeks
- C) Induction of labor
- D) Immediate c-section

Answer: B

Postpartum hemorrhage & maternal injuries (5)

What is the complication of median episiotomy compared to mediolateral one?

- A) Postoperative pain
- B) More blood loss
- C) Difficult to repair
- D) Third and fourth degree vaginal laceration

Answer: D

All the following used in PPH management , except?

- A) PGE₁
- B) PGE₂
- C) PGF₂ alpha
- D) Tranexamic acid
- E) Ergometrine

Answer: B

Which of the following is wrong about oxytocin?

- A) Consists of 9 amino acid
- B) Used in treating PPH
- C) Cause hypertension and hypernatremia
- D) Cause nausea and vomiting
- E) Produced in hypothalamus and released from posterior pituitary

Answer: C

A pregnant patient presented with mild suprapubic pain with bleeding. CTG showed bradycardia. Which of the following is not a cause?

- A) Placental abruption
- B) Scar rupture
- C) Scar dehiscence
- D) Overstimulation by oxytocin
- E) Major placenta previa

Answer: C

Which of the following is the most consistent sign or symptom for uterine rupture?

- A) Abdominal pain radiates to the tip of shoulder
- B) Abnormal CTG
- C) Acute pain at the site of scar
- D) Vaginal bleeding
- E) Maternal tachycardia

Answer: B

Pelvic organ prolapse (1)

What is the most significant cause of pelvic organ prolapse?

- A) Multiparity
- B) Instrumental delivery
- C) Constipation
- D) COPD
- E) Pelvic surgery

Answer: A

Postpartum care (2)

A female presents at the sixth day postpartum with fever (38.5C), flank pain, purulent lochia and uterine tenderness. Urinalysis revealed positive Leukocyte esterase and nitrite. What is the best next step?

- A) Oral antibiotic and outpatient monitoring
- B) Renal US before treating
- C) IV fluid and IV antibiotics with immediate admission
- D) IM analgesia and reevaluate in 48 hours

Answer: C

Which of the following is not seen in chorioamnionitis?

- A) Maternal fever
- B) Fetal tachycardia
- C) Decreased fetal movement

- D) Foul smelling vaginal odor
- E) Uterine tenderness

Answer: C

Labour (11)

What is wrong about labor stages?

- A) Stage one starts with regular uterine contraction
- B) The second stage ends by the delivery of the fetus
- C) The third stage ends by separation and expulsion of the placenta
- D) The fourth stage is up to 6 to 12 h monitoring
- E) Active phase at stage one start at 6 CM cervical dilatation

Answer: A , D, E(it is correct based on sources but wrong based on slides)

- Latent first stage of labor is the presence of irregular contractions

Fourth stage: 1- 2 hours after delivery (observational)

- A woman is considered to be in active or established labor when there is regular contractions and progressive dilation beyond 4 cm.

From the components of the bishop score, what one is most predicting for successful vaginal delivery?

- A) Cervical Effacement
- B) Cervical dilatation
- C) Head stage
- D) Cervix position
- E) Cervical consistency

Answer: B

What is the head diameter for a fetus with head presentation, deflexed occipito-posterior position

- A) Occipito-frontal
- B) Suboccipito-bregmatic
- C) Submento-bregmatic
- D) Mento-vertical
- E) Mento-occipital

Answer: A

What is the term to describe the longitudinal axis of the fetus in relation to the mother?

- A) Station
- B) Lie
- C) Presentation
- D) Position
- E) Attitude

Answer: B

What is the denominator in face presentation?

- A) Mentum
- B) Bregma
- C) Occiput
- D) Leg
- E) Vertex

Answer: A

Which of the following is true about the classical cesarean section?

- A) It only includes vertical skin incision
- B) It is indicated when the lower uterine segment can't be accessed or not developed
- C) Future pregnancies can be delivered vaginally
- D) Better healing

Answer: B

Which of the following is the anatomical landmark for station (0)?

- A) Uterine introitus
- B) Ischial spine
- C) Ischial tuberosity
- D) Pelvic inlet

Answer: B

What is the most pelvic type favorable for normal delivery?

- A) Android
- B) Gynaecoid
- C) Anthropoid
- D) Platypelloid

Answer: B

All of the following are risk factors for breech presentation except?

- A) Prematurity
- B) Hydrocephalus
- C) Twin pregnancy
- D) Previous myomectomy
- E) Placenta previa

Answer: D

A female G2P1 38 weeks GA present with high fetal head. All of the following are potential cause except:

- A) Placenta previa
- B) Wrong date
- C) Post-dated
- D) Placental abruption

Answer: C

All of the following are associated with repeated cesarean delivery except?

- A) Bowel and bladder injury
- B) Pelvic inflammatory diseases
- C) Placenta previa
- D) Placenta accreta spectrum
- E) Risk for uterine rupture

Answer: B

Not a complication of obstructed labor?

- A) Typical rate of maternal and fetal infection
- B)

Answer: A

Ectopic pregnancy (2)

A female patient faced difficulty in conceiving for 18 months, treated by IVF, presented to the hospital with vaginal bleeding. The gestational age is 6 weeks and the beta hCG was 2000. Reassessment of the beta hCG at 48 and 96 h was 2150 and 2265 respectively. TVUS shows no intrauterine gestational sac and clear adnexa. What is the best next step?

- A) Laparoscopic salpingectomy
- B) Expectant management
- C) Repeat b-hCG after 48 hours
- D) Methotrexate

Answer: D

All the following are prerequisites for using methotrexate in treatment methotrexate except?

- A) Hemodynamic stability
- B) Persistent abdominal pain and rigidity
- C) Normal liver and kidney function test
- D) Patient is compliant with frequent follow-up visits
- E) Evidence of tubal rupture

Answer: E

Urinary incontinence (3)

What is the most important symptom of overactive bladder?

- A) Increased frequency
- B) Nocturia
- C) Urge urinary incontinence
- D) Urgency
- E) Dysuria

Answer: D

What drug is used for stress urinary incontinence?

- A) Darifenacin
- B) Oxybutynin
- C) Solifenacin
- D) Tolterodine
- E) Duloxetine

Answer: E

What is the receptor for detrusor muscle contractility?

- A) M1
- B) M2
- C) M3
- D) M4
- E) B3

Answer: C

Antepartum hemorrhage (1)

Which of the following is most predicted for abruptio placentae?

- A) Uterine trauma
- B) Smoking
- C) Cocaine
- D) Advanced maternal age
- E) Previous history of abruption

Answer: E

Dysfunctional uterine bleeding (1)

All the following can cause abnormal uterine bleeding, except?

- A) Fibroids
- B) Endometrial polyps
- C) OCPs
- D) Hypothyroidism
- E) Von Willbrand disease

Answer: C

Benign & malignant conditions of the vulva (1)

Patient presents with severe pain, itching and bleeding. Upon exam you found a unilateral ulcerating lesion on the labia minora. It was with rolled border and pigmentation. What is the most appropriate diagnosis if you know that you have to do biopsy to differentiate it from vulvar squamous cell ca?

- A) Lichen simplex chronicus
- B) Vestibulitis
- C) Melanoma
- D) Chronic candidiasis

Answer: C

Contraception (2)

What is the main mechanism of action of Intrauterine Contraceptive Device (IUCD)?

- A) Increase tubal peristalsis
- B) Tubal blockage
- C) Cervical mucus prevent sperm entry
- D) Inhibit ovulation
- E) Induce inflammation to the endometrium

Answer: E

A female came to your clinic for emergency contraception. She had unprotected sex 6 days ago. Her cycle is regular for 30 days and she is on the 16th day. What is the best next step?

- A) too late for emergency contraception
- B) Ulipristal
- C) Levonorgestrel pill
- D) Copper IUD
- E) Mirena

Answer: A

Pelvic Inflammatory Diseases

Puberty (3)

What is the most common cause for irregular menstruation in adolescents?

- A) Imperforate hymen
- B) Anovulatory cycle
- C) PCOS

Answer: B

7 years female came with her mother to your clinic. She has breast enlargement and pubic/axillary hair, one of the following isn't a part of her workup?

- A) FSH/LH
- B) Hand and wrist x-ray
- C) Free Androgen index
- D) CNS radiography
- E) Pelvic Radiography

Answer: C

Girl present with precocious puberty with pelvic mass on US, which of the following is wrong?

- A) Increased gonadotropin
- B) Treated by surgery
- C) Estrogen secreting tumour

Answer: A

Menopause (3)

What is the most specific statement about primary ovarian failure?

- A) Negative progestin challenge test
- B) Serum FSH higher than 40
- C) 12 months of amenorrhea

Answer: B

49 year-old female presented to your clinic after undergoing total hysterectomy with bilateral salpingo-oophorectomy due to endometrial cancer. She has night sweat with hot flushes.

What is not treatment for her?

- A) SSRI

- B) Alpha adrenergic agonist
- C) Beta blocker
- D) Continuous combined oestrogen and progesterone pills
- E) Primrose Oil

Answer: D

Which of the following is wrong about normal menopause?

- A) Cessation of the menstruation for more than 12 months with no pathological cause
- B) Associated with loss of basal cell layer of endometrium
- C) Ovarian artery sclerosis
- D) Increased FSH

Answer: B, C

Multiple pregnancy (4)

All of the following are causes or risk factors for twin pregnancy, except?

- A) IVF
- B) Advanced maternal age
- C) Family history of twin pregnancy
- D) Omega 3 supplement

Answer: D

After facing difficulty to conceive, female did IVF and got pregnant with triplet. One of them died in the first trimester. What is the correct statement ?

- A) Increased maternal risk of infection
- B) No consequence on the remaining fetus if the loss happened in the first trimester
- C) Increase the risk of neurodevelopmental morbidity in the remaining fetuses
- D) Cause IUGR in the remaining fetuses

Answer: B

Which of the following is not associated with multiple pregnancy?

- A) Maternal anemia
- B) Increase risk of chromosomal anomalies
- C) Preterm delivery
- D) Peptic ulcer disease

Answer: D

Which of the following is wrong about twin pregnancy?

- A) Dizygotic twin always be dichorionic diamniotic
- B) Monochorionic monoamniotic is always same sex

- C) Monozygotic twin can be di or mono- chorionic depending on the time of cleavage
- D) Dichorionic diamniotic is always monozygotic

Answer: D

Fibroids (1)

All the following are indications for surgical treatment of fibroids. Except?

- A) Severe menorrhagia causing anemia
- B) Red degeneration of fibroid in pregnancy
- C) Pelvic pain and bloating
- D) Urinary frequency
- E) Infertility

Answer: B

Lower Genital infection (1)

What is the most common presentation of vaginal candidiasis?

- A) White cheese like thick drainage with itching
- B) Dysmenorrhea
- C) Foul smelling discharge
- D) Wart like lesion

Answer: A

GDM (1)

What is true about hyperglycemia during pregnancy?

- A) Not cause neonatal hypoglycemia
- B) Not associated with fetal adiposity
- C) Linear relationship between hyperglycemia and macrosomia
- D) Not associated with congenital anomalies

Answer: C

Endometriosis and adenomyosis (3)

What is the first line treatment for a patient with adenomyosis taking into consideration that she desires fertility?

- A) Hysterectomy
- B) Endometrial ablation
- C) GnRH agonist
- D) Uterine artery embolization
- E) Oophorectomy

Answer: C

What is the definite treatment of a woman with symptomatic adenomyosis? She has children and does not desire more.

- A) Hysterectomy
- B) Uterine artery embolization
- C) Endometrial ablation
- D) OCPs

Answer: A

What is the first line treatment for endometriosis

- A) COCP
- B) GnRH agonists
- C) Hysterectomy
- D) Uterine artery embolisation

Answer: A

Endometrial ca (3)

All of the followings are considered characteristics of low risk patient of endometrial ca

- A) Grade 1 or 2 tumors limited to the endometrium or invade less than 50% of the myometrium
- B) Endometrioid tumours or non gastrointestinal mucinous cancer
- C) Well differentiated serous papillary carcinoma confined to the endometrium

Answer: C

Regarding fertility preserving treatment of endometrial cancer, all of the followings are prerequisites except?

- A) patient is in childbearing age and desire fertility
- B) There is an absolute contraindication of hormonal treatment
- C) Patient know that it is nonstandard treatment and there is a risk for cancer recurrence and persistence
- D) Endometrial hyperplasia grade 1 proven with hysteroscopy and biopsy
- E) Absent or low lymphovascular metastasis (<5 vessels) proven by MRI and PET

Answer: B

All of the following are used in diagnosis of endometrial cancer except ?

- A) Fractional dilation and curettage
- B) Hysteroscopy
- C) Pap smear
- D) Vaginal probe US

E) Endometrial biopsy

Answer: B

Cervical Ca (1)

All the following are advantages of using surgery over radiotherapy in treating cervical cancer except

- A) preserving ovarian function and sexual function
- B) Preserving fertility if needed
- C) Cause multiple types of cancers
- D) Accurate assessment of lymph node status
- E) Permits surgical staging

Answer: C

Miscarriage (2)

All of the following are true about threatened miscarriages except?

- A) Usually cause mild vaginal bleeding
- B) Closed cervix
- C) Cause severe cramping and dilated cervix
- D) Need reassurance and psychiatric support

Answer: C

Which of the following is not part of management of threatened miscarriage?

- A) Admission and bed rest
- B) Ultrasound assessment
- C) Vit-D supplement
- D) Psychological support
- E) Analysis of chromosomal anomalies in the first trimester

Answer: C

Fetal compromise

Rh (1)

All of the following are wrong about comparing ABO incompatibility to Rh alloimmunization in the pregnancy, except?

- A) ABO incompatibility only happens if the mother is A or B and the fetus is O
- B) Positive direct coombs test is only for Rh alloimmunization and not for ABO incompatibility

- C) Rh alloimmunization require previous sensitization and often not happen in the first pregnancy
- D) ABO incompatibility cause more severe hemolysis and hydrops than Rh

Answer: C

Thyroid in pregnancy (1)

Which of the following is not true regarding thyroid in pregnancy?

- A) Maternal thyroxine can cross the placenta before 12 weeks of gestation
- B) Decrease in total thyroid hormones in pregnancy
- C) Extending the half life of thyroid binding proteins from 15 mins to 3 days during the pregnancy
- D) Maternal hypothyroidism (low fT4, high TSH, symptomatic) should be treated by thyroxine immediately
- E) Increase iodine demands in the pregnancy

Answer: B

Poly and oligo (3)

All of the following are true about polyhydramnios except?

- A) Increase the risk of PPH due to overdistended uterus and atony
- B) Inability to feel fetal parts or presentation
- C) The only cause is idiopathic
- D) AFI is more than 24.0
- E) Deepest pocket length is more than 8 CM

Answer: C

All of the following cause oligohydramnios except

- A) Fetal cystic kidney disease
- B) Anencephaly
- C) Ruptured membrane
- D) Maternal hypertension
- E) Indomethacin

Answer: B

All of the following cause polyhydramnios except

- A) Trisomy 18
- B) Maternal diabetes
- C) Anencephaly
- D) Fetal kidney disease

Answer: D

Amenorrhea

Fetal and maternal monitoring (5)

What is the cause of late deceleration?

- A) Head compression
- B) Uteroplacental insufficiency
- C) Maternal morphine uptake
- D) Cord compression

Answer: B

All of the following can cause minimal variability except?

- A) Head compression
- B) Maternal MgSo4 intake
- C) Fetal sleep
- D) Chorioamnionitis
- E) Fetal hypoxia and acidemia

Answer: A

Which one of the following causes sinusoidal pattern in CTG?

- A) Severe fetal anemia
- B) Maternal infection
- C) Maternal anemia
- D)

Answer: A

Which of the following is not reassuring in CTG?

- A) Baseline of 150 bpm
- B) Variability of 5-15
- C) Acceleration
- D) Early deceleration
- E) Recurrent variable deceleration with minimal variability

Answer: E

What is not routinely monitored during the labor?

- A) Fetal heart
- B) Cervical dilation
- C) Head station
- D) Uterine pressure catheter

Answer: D

Anemia (1)

A woman with a history of heavy menstruation was referred to your outpatient clinic after a pipelle biopsy with negative results. Her blood test was significant for hemoglobin of 7. Best next step?

- A) Urgent hysteroscopy and biopsy
- B) Correction of anemia
- C) Uterine artery ligation
- D) Hysterectomy

Answer: B

Ovarian diseases (3)

All the following are acceptable mechanisms of malignant ascites in ovarian cancer, except?

- A) Increase fluid secretion in the intra abdominal cavity
- B) Increase VEGF hormone
- C) Increase vascular permeability- fluid and proteins shift from vessels to tissues
- D) Tumor growth can block lymphatic and venous vessels
- E) Secondary response to nausea, vomiting and decreased appetite

Answer: E

All the following are protective factors against ovarian cancer, except?

- A) Pregnancy and Multiparity
- B) Cigarettes smoking
- C) Physical activity and exercise
- D) OCPs
- E) Bilateral salpingectomy

Answer: B

All of the following are true about the functional ovarian cysts. Except?

- A) Often spontaneously recur
- B) Mostly in childbearing age
- C) Do not cause ovarian torsion because they are physiological

D) Inner lining with granulosa cells and outer by theca interna cell

Answer: C

Operative vaginal delivery (3)

One of the following is a complication for forceps delivery rather vacuum:

- A) Scalp laceration
- B) Cephalohematoma
- C) Facial nerve injury
- D) Subgaleal hematoma
- E) Retinal hemorrhage

Answer: C

One of the following is a contraindication for vacuum assisted delivery?

- A) Face presentation
- B) 36 weeks of gestational age
- C) Breech presentation
- D) Non reassuring FHR

Answer: A

One of the following is not a complication for forceps delivery.

- A) Third and fourth degree vaginal tear
- B) Rectal sphincter defect
- C) Urinary incontinence
- D) Fistulae
- E) Decrease flow velocity of pudendal nerve

Answer: E

Epilepsy (1)

A female with a history of epilepsy came to your clinic for preconception consultation. What of the following is true about epilepsy risk and treatment in pregnancy?

- A) Epilepsy increase the risk of neural tube defects so she need the high dose of folic acid
- B) She should start taking 0.4 mg folic acid 3 months before conception and continue for the first trimester
- C) Valproic acid is safe during pregnancy. She can continue taking it.
- D) No need for Vit K and D supplements if she already took prenatal supplements
- E) Withdrawal from AED is severe in neonate so she should avoid breastfeeding

Answer: A

OHSS (1)

Which of the following is not true regarding ovarian hyperstimulation syndrome:

- A) Patients with lower ovarian reserve are at higher risk than patients with normal or high ovarian reserve
- B) Thromboprophylaxis is necessary
- C) Dehydration managed by oral route upon thirst
- D) Oligourea that is nonresponsive to hydration with the presence of ascitis is an indication for paracentesis
- E) Treatment is by multidisciplinary team

Answer: A

Miscellaneous (4)

What is the most common cause of maternal death in developing countries ?

- A) Sepsis
- B) Pulmonary embolism
- C) Hemorrhage
- D) Stroke

Answer: C

A female presented to your beautiful clinic 2 weeks after delivery. She has disorganized thought, anxiety, hallucinations and mood lability . What is the most appropriate diagnosis?

- A) Postpartum psychosis
- B) Postpartum blue
- C) Postpartum depression
- D) Normal behaviour

Answer: A

Pregnant lady present to ER with cardiac arrest. Regarding successful chest compression you should do?

- A) place her in right lateral decubitus position
- B) Tilt her 10-15 degree to the left
- C) Do it in lithotomy position
- D) Use only one valve bag mask
- E) Chest compressions should be avoided until the patient is intubated

Answer: B

All of the following are correct about intrahepatic cholestasis in pregnancy ICP except?

- A) Itching on palms and soles
- B) Bile acid > 40
- C) High ALK phosphatase is specific for liver disease in pregnancy
- D) Increase the risk of FGR, preterm birth and death

E) High recurrence rate in future pregnancy

Answer: C

Not part from the investigations ordered for an infection

- A) WBC
- B) ESR
- C) C-RP
- D) D-dimer and fibrinogen
- E) CA-125

Answer: D

VTE (2)

24 years old female G2P1 in 22 weeks GA presented with leg swelling and pain. Diagnosis of DVT is established. What is the best treatment option?

- A) Starting warfarin with monitoring of INR
- B) Reevaluate after 1 weeks
- C) Start LMWH immediately and continue to 6 weeks after delivery
- D) Aspirin and compression stocking

Answer: C

A female presented to your clinic in JUH. She is pregnant (first trimester). She is obese (BMI: 36Kg/m²) with previous history of varicose veins. Her mother had DVT episode at age of 45. She is asymptomatic. What is the best next step?

- A) Nothing since she is asymptomatic
- B) Start LMWH prophylaxis immediately
- C) Delay LMWH to the third trimester
- D) Start LMWH after delivery
- E) Start Compression stocking with aspirin

Answer: B

Considerations for Other Options

- **Option 1: Nothing since she is asymptomatic**

Not recommended. The absence of symptoms does not equate to low risk, especially with multiple predisposing factors.

- **Option 3: Delay LMWH to the third trimester**

Inappropriate. The risk of VTE is present throughout pregnancy, and delaying prophylaxis could expose the patient to unnecessary risk.

- **Option 4: Start LMWH after delivery**

Insufficient. While postpartum prophylaxis is important, antenatal prophylaxis addresses the risk during pregnancy itself.

- **Option 5: Start compression stockings with aspirin**

Not sufficient. While compression stockings may be beneficial, aspirin is not the standard prophylactic agent for VTE in pregnancy. LMWH remains the preferred choice.