

OBGYN 5th year 2022

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(~50% of questions were pastpapers)

1. Which of the following is not included in bishop score:
 - a. Dilatation
 - b. Effacement
 - c. Station
 - d. Cervical consistency
 - e. Position of presenting part

Answer: E

2. GFR normally increases during pregnancy up to:
 - a. 20%
 - b. 50%
 - c. 60%
 - d. 75%
 - e. 100%

Answer: B

3. Reinke crystals can be seen in:
 - a. Arrhenoblastoma
 - b. hilus cell tumor
 - c. Granulosa
 - d. Malignant teratoma
 - e. Dysgerminoma

Answer: ?

4. Most accurate measurement of fetal age is:
 - a. Biparietal length
 - b. Crown rump length
 - c. Abdominal Circumference

Answer: B

5. Best time to scan for structural anomalies at:
 - a. 11-14 weeks

- b. 14-16 weeks
- c. 18-22 weeks
- d. 24-26 weeks
- e. 28-32 weeks

Answer: C

6. Which of the following regarding multiple gestation is true:
- a. Same gender gestations exclude dizygotic
 - b. T sign indicates monochorionic
 - c. Monochorionic occurs before 8 days of gestation
 - d. It is best seen after 20 weeks

Answer: B

7. B-hcg level abdominal ultrasound for detectable:
- a. 1000-1500
 - b. 2000-2500
 - c. 3000-3500
 - d. 4000-4500
 - e. 5000-5500
 - f. 6000-6500

8. *Answer: F*

9. Main causative factor for glucose intolerance in pregnancy is:
- a. HPL
 - b. Bhcg
 - c. Steroid
 - d. glucagon

Answer: A

10. OCPs mechanism:
- a. inhibit ovulation by suppressing FSH
 - b. inflammatory process
 - c. mucus thick
 - d. thinning endometrium

Answer: A

11. Menopause definition:

- a. 1 year since last menstruation with no presence of other factor
- b. Low levels of FSH
- c. 3 months without menses

Answer: A

12. Which of the following is incorrect about CTG:

- a. Late deceleration is caused by cord compression
- b. Normal rate is 110-160
- c. Normal variability is 5-15

Answer: A

13. Not a normal ECG finding in pregnancy:

- a. Left ventricular hypertrophy
- b. Inverted T-waves in lead III
- c. Q-waves in lead III
- d. ST-elevation

Answer: D

14. Best method to deliver placenta:

- a. Applying abdominal pressure
- b. Controlled cord traction
- c. Cord clamping immediately after birth
- d. Cord pulling
- e. Manually pull it by hand

Answer: B

15. Pressure of uterine contraction is highest in:

- a. Second stage of labor
- b. Third stage of labor

Answer: B

16. All of the following are true regarding mucinous cystadenoma, except:

- a. Unilocular
- b. Contain mucin
- c. Become large in size
- d. Lined by epithelium similar to endocervix
- e. If ruptured can lead to pseudomyxoma peritonei

17. Routine prenatal visit except:

- a. KFT
- b. TSH
- c. Blood pressure
- d. Rh Group
- e. Urine routine

18. Answer: A

19. Which of the following is the denominator of breech presentation:um, sacrum, coccyx

- a. Umbilicus
- b. Sacrum
- c. Coccyx
- d. Anterior fontanelle
- e. Jaw

Answer: B

20. What is the presenting diameter of face presentation:

- a. Suboccipitobregmatic
- b. Submentobregmatic

Answer: B

21. Endometriosis histology will show:

- a. Endometrial gland and stroma
- b. Myometrium

Answer: A

22. Vaginal discharge containing clue cell indicates with of the following organisms:

- a. Trichomonas vaginalis
- b. Gardnerella Vaginalis
- c. Lactobacillus crispatus

Answer: B

23. 5 years old girl presents with vaginal discharge, what is the most likely causes:

- a. Foreign body
- b. Bacterial vaginosis
- c. STD

24. Answer: A

25. 16 hour after delivery, fundus is 4 cm above umbilicus, all are possible causes except:

- a. Multiparity
- b. Multiple gestation
- c. Fibroid uterus
- d. C/S
- e. Full bladder

Answer: E

26. Which of the following is not an STD:

- a. Syphilis
- b. Gonorrhea
- c. Bacterial vaginosis
- d. HPV
- e. Chlamydia

Answer: C

27. All of the following are normal physiological changes in pregnancy except:

- a. Increased minute ventilation
- b. Unchanged respiratory rate
- c. Decreased FRC
- d. Decreased RC
- e. Decreased tidal volume

Answer: E

28. All of the following are normal physiological changes in pregnancy except:

- a. Decreased alkaline phosphatase amount
- b. Decreased albumin concentration
- c. Decreased ALT and AST concentration
- d. Increased platelet production

Answer: A

29. Which of the following is a cause of fetal blood loss:

- a. Cord prolapse
- b. Placenta previa

- c. Placenta accreta
- d. Placental abruption
- e. Vasa previa

Answer: E

30. Which of the following is a contraindication for vaginal birth after c-section:

- a. Gestational DM
- b. Twins
- c. Polyhydramnios
- d. Oligohydramnios

Answer: B

31. Which of the following positions explains fetal heart beat being heard 4cm above the umbilicus:

- a. Transverse lie with back downwards
- b. Vertex
- c. Breech

Answer: C

32. Tubal + abdomen adhesion infertility, management:

- a. IVF
- b. intrauterine sperminization

Answer: A

33. Contraindication for vacuum use: 31 week fetus in distress

34. Most common complication in premature RDS

35. Cervical cancer 1A2 management: radical hysterectomy with pelvic lymphadenectomy

36. Not risk factor for premature menopause: PCOS, pernicious anemia, radiotherapy, family history

37. complete abortion (closed cervix, no tissue)

38. Not risk factor related to HPV cervical cancer (oral ocp, multipartners, early pregnancy, multiparity)

39. Linea alba (chloasma, melasma, stria, axilla hyperpig)

40. Bleeding vulvar ulcer: biopsy

41. Cancerous vulvar lesions: lichen sclerosus, lichen planus, squamous cell metaplasia

42. what is wrong in labor: increase 3x, 60 seconds

43. normal period time 2-7
44. True about precocious puberty in girls (they look similar to their mothers, deal with them as they look not as their age, usually tall, can be caused by head tumor)
45. Short stature, primary amenorrhea, high FSH+LH, Turner
46. Amenorrhea, has breast but no pubic hair, blind vagina next step? Abdominal scan, mri of spine?, Gonadotropin level, karyotyping
47. teen with dysmenorrhea - give nsaids
48. 53 yo with menorrhagia mirena, ocp,,
49. Not a test before suction evacuation of molar pregnancy: urinalysis, lft, chest x ray
50. gestational diabetes? the test include admission
51. 5cm ovary cyst in teen: observe
52. Tamoxifen drug class: SERM
53. right ovarian vein drains into the inferior vena cava
54. Uterine body in vagina, uterine sth outside, what is false, type 3 prolapse, look for large abdomen tumor before treatment, treatment with hysterectomy+repair, sth tape are option in this case, menopause is a risk factor)
55. not to give in toxemia Atosiban, anti HTN, mg sulfate,
56. wolffian duct all males except vagina
57. Not an absolute contraindication for induction: placenta previa with demise, abruption
58. Not in antenatal care ? weight since 28 week, folic acid for 12 weeks
59. Indirect coombs
60. Stress incontinence
61. Urge incontinence
62. Idiopathic cause of incontinence
63. Always dichorionic diamniotic
64. Prolapse reaches hymen Grade 2
65. Due date : 22 Feb 2022
66. Postcoital bleeding ? Pap smear
67. 34 weeks ga came in with vaginal bleeding, mother and fetus both stable with grade 4 placenta previa, next step in management is? Hospitalization Urgent caesarian Dexa
68. About pelvic anatomy (prominent ischial spine =adequate, ischial spine part of mid cavity, mid cavity has dimensions equal, oblique larger than transverse in inlet)
69. true about primary dysmenorrhea? PGE1 cause ischemia, persists whole cycle, emotionally dependent +over protective girila are more prone, go with marriage)
70. Sheehan syndrome first sign (no lactation)
71. Which breech presentation type easiest to deliver? frank
72. Fetal heart rate 80, all except: csection or vaginal examination ** (repeat)
73. Previous hospitalization??
74. Causes of second trimester miscarriage (uterina anomaly, previous cervix dilation, D&C, cervical trauma during previous birth, previous miscarriage)???

75. Presenting sign of endometriosis infertility, back+pelvic pain, congestive dysmenorrhea
76. Doesn't cause menorrhagia hormonal IUCD
77. Causes dysmenorrhea and dyspareunia fibroids? Polyps? endo endometriosis
78. Primary PPH, what to do first massage
79. Not a cause of primary maternal mortality (pregnancy induced HTN, preeclampsia, maternal cardiac disease,
80. Contraception not given in DVT coc
81. Pre-comp??
82. WMost common site of endometriosis ovary
83. Management of molar: suction evacuation
84. What turns into choriocarcinoma (complete, partial)
85. Forecaps not indicated in: prolonged second stage, head at least 0 station??, maternal congenital heart disease, gestational DM
86. Most likely cause of postpartum fever (retained placenta, maternal exhaustion, episiotomy, iron deficiency)
87. Reason to do mediolateral episiotomy (sphincter dysfunction pain, bleed, heal)
88. Which if the following is least to test ovarian reserve early of the menstrual cycle (FSH,inhibin, amh, estradiol, Antral follicle count.)
89. 60 yo ovarian cyst (send tumor marker, start ocp for 3 months, admit for urgent lapro, pap smear, watch)
90. Something about dysfunctional uterine bleed: (in women between menopause and menarche, ...)
91. a complication in twin all of the following except : polycythemia, polyhydramnios, pph,placenta abruption,preeclampsia
92. Sperm analysis normal (concentration 15×10^5 , volume 1ml count 20million,motility 30%)
93. tachy in baby: Matern anxiety VS anemia VS maternal exhaustion??
94. Androgen insensitivity true no uterus, has breast
95. Partogram contains all except (pt info, opioid type, amniotic fluid, position?)
96. Wrong about polyhydro (idiopathic, >25cm, ... congenital anomalies? Position???)
97. Mullirian tube?
98. False about twins (Incidence 1/80, Increase with increasing parityIncrease with increasing maternal age, Not common in black race
99. Young lady pregnant 31 week came with labor pain, you saw 2 cm dilated cervix, no labor contractions, baby is healthy ctg is nml, what is next (discharge+back to clinic, cross match+observe, tocolytic, cross match+ dexta) ** (repeat)
100. Tx of infertility in pcos (weight loss, danazol)
101. Spontaneous rupture of membrane? Not to do (o2 mask, vaginal exam) ** (repeat)
102. all are a possible causes of menorrhagia except PID (warfarin

