



# Obstetrics And Gynecology

---

## Collected Past papers

categorized by lectures topics

Physiological changes .....	3
Obsterics ultrasound scan .....	13
Premenstrual syndrom & Dysmenorrhea .....	25
Preterm labor .....	31
Subfertility .....	40
PCOS .....	51
Gestational trophoblastic diseases .....	57
Gestational HTN .....	66
Labor .....	80
Ectopic pregnancy .....	123
Urinary incontinence .....	131
Antepartum hemorrhage .....	136
Dysfunctional uterine bleeding .....	145
Benign & malignant conditions of the vulva & vagina .....	152
Contraception .....	158
Pelvic inflammatory Diseases .....	170
Puberty .....	174
Menopause .....	179
Multiple pregnancy .....	185
Fibroids .....	189
Lower genital infection .....	194
Gestational Diabetes Mellitus .....	204
Endometriosis .....	211
Endometrial cancer .....	219
Cervical cancer .....	231
Miscarriages .....	240
Fetal compromise .....	247
Rh isimmunization .....	257
Thyroid disorders in pregnancy .....	264
Polyhydramnios and oligohydramnios .....	267
Amenorrhea .....	270
Intrapartum fetal monitoring .....	282
Anemia & hyperemesis gravidarum .....	293
Ovarian tumors .....	297
Assisted vaginal delivery .....	313
Epilepsy in pregnancy .....	323
Heart disease in pregnancy .....	325
Miscellaneous .....	327
Cesarean section .....	352
Postpartum Hemorrhage and maternal injury .....	362
Pelvic organ prolapse .....	367

## Physiological changes

Metabolism in pregnancy, all are true except:

- A) Relative insulin resistance is normal in late gestation
- B) High-density lipoprotein (HDL) cholesterol is elevated in pregnancy
- C) Total body water increases by about 3L
- D) Average gestational weight gain is 12.5 kg
- E) Calcium absorption is increased

Ans. C

Normal cardiovascular findings in pregnancy include all except:

- A) Ectopic beats
- B) Ejection systolic murmur
- C) Third heart sound
- D) Loud first heart sound
- E) Diastolic murmur

Ans. E

Skin changes during normal pregnancy include:

- A) Hypopigmentation
- B) Increased bruising
- C) Silver-colored striae gravidarum
- D) Increased hirsutism
- E) Decreased acne

Ans. D

Wrong about physiological changes in pregnancy:

- A) Cardiac changes begin in early second trimester
- B) PVR decreases
- C) Contractility and stroke volume increase
- D) Cardiac output increases by 40%
- E) Blood pressure decreases in the first trimester

Ans. A

All of the following are normal physiological changes in pregnancy Except:

- A) Increased heart rate
- B) Increased cardiac volume
- C) Increased pulse volume
- D) Increased peripheral resistance
- E) Increased blood volume

Ans. D

All of the following coagulation factors increase during pregnancy except:

- A) Factor II
- B) Factor V
- C) Factor IX
- D) Factor XI
- E) Factor XII

Ans. D

All of the following could be considered physiological changes during pregnancy except:

- A) Accelerate the starvation state especially during the first few weeks of pregnancy
- B) Increased insulin resistance during pregnancy
- C) Increased ketone production and clearance
- D) Increased protein and sugar clearance
- E) Recurrent attacks of early morning hypoglycemia

Ans. A

As normal pregnancy progresses, one of the following hematological changes occurs:

- A) Plasma volume increases, and red cell volume remains constant
- B) Plasma volume increases proportionately less than the increase in red cell volume
- C) Red cell volume decreases, and plasma volume remains constant
- D) Neither plasma volume nor red cell volume changes
- E) Plasma volume increases, and red blood cell mass increases

Ans. E

Glomerular filtration rate (GFR) increases during pregnancy. This increase can be as high as:

- A) 10%
- B) 15%

- C) 50%
- D) 80%
- E) 100%

Ans. C

Intra-hepatic cholestasis in pregnancy is associated with one of the following:

- A) Elevated serum concentration of direct bilirubin
- B) Elevated serum acid phosphatase activity
- C) Normal serum gamma glutamyl transpeptidase
- D) Normal levels of bile salts
- E) Normal or slightly increased alkaline phosphatase

Ans. A

Wrong about physiological changes during pregnancy:

- A) Renal dilation is more prominent on the right side
- B) Renal blood flow decreases in the 1st trimester then begins to increase
- C) Plasma levels of creatinine and BUN decrease
- D) Urinary glucose excretion increases
- E) GFR increases by 50%

Ans. B

Which statement about the renal system in pregnancy is INCORRECT?

- A) Pelvicalyceal system and ureters dilate more on the left due to uterine dextrorotation
- B) Increased GFR
- C) Kidneys increase in size
- D) Increased susceptibility to UTIs
- E) Increased renal blood flow

Ans. A

During normal pregnancy there is an increase in the plasma level of:

- A) TSH
- B) Albumin
- C) Growth hormone
- D) Melanocyte-stimulating hormone
- E) Catecholamine

Ans. D

In normal pregnancy:

- A) Blood pressure falls in the second trimester
- B) Plasma volume decreases throughout gestation
- C) There is a 50 per cent reduction in erythrocyte production
- D) 80 per cent of women have a transient diastolic murmur
- E) There is an increase in platelet count

Ans. A

Gastrointestinal changes in pregnancy include all of the following except:

- A) Increased transit time
- B) Increased incidence of dental caries
- C) Decreased esophageal sphincter tone
- D) Decreased albumin production by the liver
- E) Increased gastric acidity

Ans. D

During pregnancy, the uterus generally:

- Rotates to the left because of the sigmoid colon
- Exhibits no rotation
- Rotates to the right because of the rectosigmoid
- Rotates to the left because of the sacral promontory
- Rotates to the right because of the sacral promontory

Ans. C

Trace glucosuria in a healthy pregnant woman at 23 weeks is MOST likely due to:

- A) The patient has diabetes
- B) The patient has a urinary tract infection

- C) The patient's urinalysis is consistent with normal pregnancy
- D) The patient's urine sample is contaminated
- E) The patient has kidney disease

Ans. C

Serum concentration of the following hormones increases during pregnancy except:

- A) Sex hormone-binding globulin
- B) Prolactin
- C) Total thyroxine
- D) FSH
- E) 17-alpha hydroxyprogesterone

Ans. D

Which of the following applies to normal pregnancy:

- A) Blood pressure increases above prepregnancy levels in the third trimester
- B) Plasma volume decreases throughout gestation
- C) There is a 50 percent reduction in erythrocyte production
- D) 80 percent of women have a transient diastolic murmur
- E) There is an increase in polymorphonuclear leukocytes

Ans. E

All are true regarding calcium metabolism in pregnancy except:

- A) Maternal calcium levels decline
- B) Calcitonin levels rise
- C) Serum ionized calcium stays stable
- D) PTH levels rise
- E) Calcium actively transports across placenta

Ans. C

What is incorrect about normal pregnancy physiology?

- A) Increased cardiac output
- B) Increased plasma volume
- C) Decreased peripheral vascular resistance
- D) Decreased blood flow to the skin
- E) Increased tidal volume

Ans. D

The following renal changes are typical of normal pregnancy except:

- Increased glomerular filtration rate
- Increased excretion of urate
- Decreased excretion of folate
- Increased excretion of glucose
- Ureteric dilatation

Ans. C

Which hepatic change does not occur during pregnancy?

- A) Common palmar erythema and spider veins
- B) Normal AST/ALT levels
- C) Cholesterol level elevated 4x
- D) Alkaline phosphatase 2-4x higher
- E) Increased protein

Ans. C

All occur during normal pregnancy except:

- A) Increased synthesis of binding globulins
- B) Biliary cholesterol saturation is increased
- C) Calcium is actively transported across the placenta
- D) Renal blood flow increases by 50%
- E) Activated protein C increase

Ans. E

Regarding platelet levels in pregnancy, which statement is INCORRECT?

- A) At term, the level is approximately 10% less than the pre-pregnancy one
- B) Seventy-five percent (75%) of cases of thrombocytopenia are due to a benign process of gestational thrombocytopenia (BGT)
- C) Immune process (ITP) causes 3-4% of cases of thrombocytopenia
- D) Severe thrombocytopenia is found in 50% of patients with PET
- E) Thrombocytopenia caused by antiphospholipid (APS) syndrome is usually mild and immune-mediated

Ans. D

Which of the following does NOT increase during pregnancy?

- A) Total iron-binding capacity (TIBC)
- B) Plasma osmolality
- C) Minute ventilation
- D) Cardiac output
- E) Blood volume

Ans. B

The following factors influence fetal birth weight EXCEPT:

- A) The parity of the mother

- B) Maternal weight
- C) The ethnicity of the mother
- D) The sex of the fetus
- E) Maternal folate supplementation

Ans. E

All of the following are physiological changes in pregnancy EXCEPT:

- A) 50% increase in plasma volume
- B) 20-30% increase in red cell mass by the end of pregnancy
- C) An increase in cardiac preload
- D) Up to 20% increase in cardiac output
- E) The vital capacity remains unchanged

Ans. D

The average weight gain during pregnancy is:

- A) 5-10 kg
- B) 10-15 kg
- C) 15-20 kg
- D) 20-25 kg
- E) More than 25 kg

Ans. B

Regarding pulmonary changes during pregnancy, all the following are true except:

- A) Tidal volume increases 30-40%
- B) B) Respiratory rate remains unchanged
- C) Residual volume decreases 20%
- D) Total lung capacity increases 10%

E) The arteriovenous oxygen difference is decreased

Ans. D

Regarding physiological changes in pregnancy, which of the following is NOT true?

- A) Iron requirements increase
- B) WBC count increases
- C) Platelet count increases
- D) Blood volume starts to expand at 6-8 weeks
- E) Hematocrit decreases

Ans. C

Progesterone does all the following except:

- A) Hyperemesis gravidarum
- B) Lower esophageal sphincter relaxation
- C) Fallopian tube muscle relaxation
- D) Constipation
- E) Delay gastric emptying

Ans. A

The most noticeable fluid retention in pregnancy occurs in the:

- A) Extracellular compartment
- B) Intracellular compartment
- C) Lower limbs
- D) Lungs
- E) Uterus

Ans. A

During normal pregnancy, there is an increase in all the following except:

- A) Aldosterone
- B) Estriol
- C) Melanocyte-stimulating hormone
- D) Human placental lactogen
- E) Albumin

Ans. E

One of the following is not a normal ECG change in pregnancy:

- A) Q wave in lead III
- B) ST segment elevation
- C) Inverted T in lead III
- D) Premature atrial beats
- E) Slight deviation of the axis to the left

Ans. B

The nadir of blood pressure in normal pregnancy occurs at:

- A) 8 weeks gestation
- B) 12 weeks gestation
- C) 20 weeks gestation
- D) 30 weeks gestation
- E) 37 weeks gestation

Ans. C

Maternal effects on kidney physiology include:

- A) There is a 40 per cent increase in renal blood flow

- B) There is a reduction in glomerular filtration rate (GFR)
- C) The urea and creatinine are higher than in the non-pregnant state
- D) Glycosuria indicates likely development of diabetes
- E) The kidneys increase in size

Ans. E

Which of the following is a physiological change in pregnancy?

- A) Decreased tidal volume
- B) Increased total peripheral resistance
- C) Increased fibrinogen
- D) Increased respiratory rate
- E) Decreased blood volume

Ans. C

One of the following is not a ventilatory change that occurs in pregnancy:

- A) Decreased residual volume
- B) Decreased tidal volume
- C) Decreased functional residual capacity
- D) Respiratory rate unchanged
- E) Increased minute ventilation

Ans. B

## Obsterics ultrasound scan

Regarding first trimester screening, which statement is INCORRECT?

- A) First trimester screening is typically done between 11 and 13+6 weeks of pregnancy
- B) Crown-rump length should be between 45-84 mm
- C) Free  $\beta$ -hCG is low in mothers with trisomy 21
- D) Smoking decreases levels of  $\beta$ -hCG and PAPP-A, and then increases the screen-positive tests
- E) Diabetes mellitus decreases the level of  $\beta$ -hCG and PAPP-A, and then increases the screen-positive tests

Ans. C

The triple screening test is used to screen for:

- A) Specific for Down syndrome
- B) Down syndrome and Edward syndrome
- C) Anencephaly
- D) Neural tube defect
- E) Congenital heart disease

Ans. B

What is the most accurate test for Down syndrome in an advanced maternal age pregnancy?

- A) Amniocentesis
- B) Non-invasive prenatal testing (NIPT)
- C) Chorionic villus sampling (CVS)
- D) Ultrasound nuchal translucency
- E) Maternal serum screening

Ans. C

A 37-year-old woman attends for a routine dating scan. She asks you in detail what information will be obtained from the scan. Which of the following will NOT be possible?

- A) Accurate dating of the pregnancy

- B) The detection of placenta praevia
- C) The early detection of twin pregnancies
- D) The detection of a failed pregnancy
- E) The detection of uterine abnormalities

Ans. B

All the following are first-trimester screening tests EXCEPT:

- A) CBC (Complete blood count)
- B) TSH (Thyroid-stimulating hormone)
- C) GTT (Glucose tolerance test)
- D) Hepatitis screen
- E) Rh grouping (Blood type)

Ans. C

Antenatal screening is offered for the following conditions EXCEPT:

- A) Down's syndrome
- B) Hepatitis C
- C) Rubella
- D) Cystic fibrosis
- E) HIV

Ans. D

Which statement is correct regarding calculating the expected date of delivery (EDD)?

- A) Pregnancy is dated from conception
- B) The last menstrual period (LMP) is reliable if the cycles are irregular
- C) The average length of pregnancy is 280 days

D) LMP-defined dates are more accurate than those calculated from ultrasound

E) Head circumference may be used to date a pregnancy until 25 weeks

Ans. C

We can detect the fetal heartbeat by Sonography (Transvaginal) at:

A) 6 weeks

B) 5 weeks

C) 7 weeks

D) 8 weeks

E) 9 weeks

Ans. A

Fetal abnormality screening test by all except:

A) Serum triple testing

B) Karyotyping

C) Free cell DNA

D) Nuchal translucency

E) Amniotic fluid bilirubin levels

Ans. E

Early amniocentesis is typically performed at:

A) 6-8 weeks

B) 10-12 weeks

C) 14-16 weeks

D) 20-22 weeks

E) 30 weeks

Ans. C

Which of the following is NOT typically done at a booking visit?

- A) Liver function tests (LFT)
- B) Complete blood count (CBC)
- C) Blood group testing
- D) Rubella titer
- E) Urinalysis

Ans. A

Wrong about fetal ultrasound

- A) Increased nuchal translucency at week 20 means the baby is trisomy 21
- B) Nasal bridge bone can be seen in the first trimester
- C) Ultrasound detects structural anomalies in the second trimester
- D) Doppler ultrasound assesses fetal blood flow
- E) Fetal heart rate can be measured as early as 6 weeks

Ans. A

Rubella infection in the first trimester is associated with a subsequent increase in the risk of the following except:

- A) Microcephaly
- B) Congenital cataract
- C) Intra-cranial calcification
- D) Congenital heart disease
- E) Congenital deafness

Ans. C

The purpose of palpating the pregnant abdomen is to assess all EXCEPT:

- A) The number of fetuses
- B) The size of the fetus
- C) The station of the presenting part
- D) The presentation
- E) Whether the fetus is engaged

Ans. C

A 42-year-old lady, 18 weeks pregnant, her antenatal screening showed a high risk for Down syndrome. She was advised for amniocentesis. One of the following statements is true regarding amniocentesis done at this gestational age except:

- A) Is associated with an increased risk of respiratory distress syndrome
- B) Is not associated with fetal postural deformities
- C) Can be used to diagnose fetal infection with toxoplasmosis
- D) Can help to diagnose Turner syndrome
- E) Can help to diagnose Edward syndrome

Ans. A

The ultrasound score in evaluating malignancy possibility for an adnexal mass depends on the following parameters except:

- A) Multilocular cyst
- B) Solid areas
- C) Endometrial thickness
- D) Bilateral lesions
- E) Ascites

Ans. C

Which of the following is NOT used to determine gestational age via ultrasound?

- A) Crown-rump length
- B) Biparietal diameter
- C) Abdominal circumference
- D) Head circumference
- E) Sac size

Ans. E

Which of the following statements is false regarding first-trimester screening?

- A) Knowing that the patient has hypertension is not helpful
- B) Screening includes ultrasound for nuchal translucency
- C) First-trimester screening assesses risk for chromosomal abnormalities
- D) Blood tests such as free beta-hCG are used in screening
- E) First-trimester screening can provide early insight into potential complications

Ans. A

True about ultrasound (U/S)

- A) Women should be in a recumbent position
- B) Transvaginal U/S detects BHCG levels at 850 IU/L
- C) Transabdominal U/S uses 2-5 MHz probes
- D) U/S uses waves around 20 MHz
- E) Higher Hertz increases imaging depth

Ans. C

Which of the following statements is false about ultrasound usage in the third trimester?

- A) Assess position and presentation of fetus
- B) Amniotic fluid assessment for oligo- and polyhydramnios
- C) Reliable assessment of lung maturity
- D) Uterine artery Doppler
- E) Fetal growth assessment

Ans. C

Which of the following cannot be evaluated by bimanual pelvic examination?

- A) Uterine size
- B) Size of normal adnexae
- C) Uterine masses
- D) Cervical excitation sign
- E) Uterine direction

Ans. B

All of the following are part of routine booking investigations EXCEPT:

- A) Urine analysis
- B) Rubella IgG and IgM levels
- C) Thyroid function test
- D) Random blood sugar
- E) Direct Coombs test

Ans. E

Which of the following is NOT a marker for aneuploidy in first trimester screening?

- A) Increased nuchal translucency
- B) Absent nasal bone
- C) Absent intracranial translucency
- D) Reverse flow in ductus venosus
- E) The presence of tricuspid regurgitation

Ans. C

All the following ultrasound findings are associated with increased chromosomal abnormality, except:

- A) Facial clefts
- B) Nuchal translucency >3mm at 12 weeks gestation
- C) Jejunal atresia
- D) Diaphragmatic hernia
- E) Tracheoesophageal fistula

Ans. C

Regarding Antenatal care, the optimum time for the booking visit is:

- A) 4-6 weeks gestation
- B) 8-10 weeks gestation
- C) 11-14 weeks gestation
- D) 18-22 weeks gestation
- E) Once pregnancy test is positive

Ans. C

Regarding symphysis–fundal height (SFH) measurement, all are true EXCEPT:

- A) Symphysis–fundal height should be measured and recorded at each antenatal appointment from 24 weeks' gestation
- B) Feel carefully for the top of the fundus and for the upper border of the symphysis pubis
- C) Place the tape measure on the symphysis pubis and measure to the top of the fundus
- D) The mean fundal height measures approximately 20 cm at 20 weeks
- E) At 36 weeks the fundal height should be approximately 40 cm

Ans. E

The measurement of choice to determine the gestational age at 9 weeks by dates is:

- A) Mean gestational sac diameter
- B) Crown-rump length
- C) Biparietal diameter
- D) Head circumference
- E) Femur length

Ans. B

The best measurement for dating is:

- A) First trimester
- B) Second trimester
- C) Third trimester
- D) All of the followings are equal in accuracy
- E) The measurements at level II scan

Ans. A

For the last menstrual period (LMP) to be a reliable reference for gestational age calculation, it must:

- A) Be regular for at least 3 cycles prior to conception
- B) Last for 6 days each cycle
- C) Be of reasonable pain
- D) Be free of blood clots
- E) Be associated with unilateral pelvic pain

Ans. A

All of the following are routinely done at the 28 weeks visit except:

- A) Urine for protein
- B) Urine for sugar level
- C) Maternal BP
- D) Fetal heart auscultation
- E) Fetal presentation

Ans. E

Which of the following is NOT routinely performed in low-risk antenatal care?

- A) Urine dipstick testing
- B) Assessment of fetal presentation
- C) Blood pressure measurement
- D) Fetal heart rate monitoring
- E) Routine blood testing

Ans. B

A woman reports that her last menstrual period started on May 26th, 2014, ended on May 29th, 2014; the expected date of delivery would be:

- A) February 2nd, 2015
- B) February 5th, 2015
- C) February 26th, 2015
- D) March 2nd, 2015
- E) March 7th, 2015

Ans. D

Regarding the Symphysis–fundal height (SFH) measurement, all of the following are true except:

- A) A large SFH raises the possibility of renal agenesis
- B) Rupture of the membranes can explain a measurement of 20 cm at 24 weeks gestation
- C) Polyhydramnios is associated with a measurement that is larger than expected
- D) A small SFH raises the possibility of growth restriction
- E) In twin pregnancy, SFH can still be increased even with oligohydramnios around one of the twins

Ans. A

Which of the following statements is incorrect about first-trimester ultrasound?

- A) It helps differentiate between intrauterine and ectopic pregnancies
- B) Transabdominal ultrasound is preferred over transvaginal ultrasound for clearer images in
- C) It can diagnose multiple pregnancies
- D) Gestational age is measured by crown-rump length (CRL)
- E) First-trimester ultrasound is used to assess fetal viability

Ans. B

The most common invasive prenatal diagnostic procedure is:

- A) Chorionic villus sampling
- B) Percutaneous umbilical blood sampling
- C) Doppler sonography
- D) Three-dimensional (3D) ultrasonography
- E) Amniocentesis

Ans. E

The shortest distance between the sacral promontory and the symphysis pubis is called which of the following?

- A) Interspinous Diameter
- B) True Conjugate
- C) Diagonal Conjugate
- D) Obstetric Conjugate
- E) Biparietal Diameter

Ans. D

Wrong about fetal anomalies

- A) Triple test in 1st trimester
- B) 4D scan is an accurate name for fetal anomalies
- C) Nuchal translucency measures risk for chromosomal abnormalities
- D) Major structural abnormalities can be detected at 20-week anomaly scan
- E) Ultrasound is the primary diagnostic tool for anomalies

Ans. B

**Premenstrual syndrome& Dysmenorrhea**

When taking gynecological history, all of the following are relevant except:

- A) The regularity of the cycle
- B) History of dysmenorrhea
- C) History of premenstrual spotting
- D) The amount of menstrual bleeding
- E) How many times the patient has been pregnant

Ans. E

A 25-year-old lady presents with mid-cycle pain on a regular monthly basis. She is sexually active and does not take any contraception. The pain resolves after 24 hours. She has a regular 28-day cycle. The likely cause of the pain is:

- A) PID
- B) Endometriosis
- C) Mittelschmerz syndrome
- D) Adenomyosis
- E) Polycystic ovaries

Ans. C

Management of premenstrual syndrome includes all the following, except:

- A) Dietary supplement as Vitamin B6 and Vitamin E
- B) Advising cessation of smoking and caffeine reduction
- C) GnRH agonist as the best first-line treatment
- D) SSRIs for moderate to severe cases
- E) Multidisciplinary approach for severe cases

Ans. C

Which of the following is not a characteristic of primary dysmenorrhea:

- A) Likely to improve with analgesics of mild to moderate strength
- B) Generally associated with a normal pelvic examination result
- C) Symptoms start 3 to 4 days before menses
- D) Major cause of school absences
- E) May be associated with bowel disturbances

Ans. C

Which statement is incorrect regarding dysmenorrhea?

- A) Primary dysmenorrhea is related to prostaglandins.
- B) Pain in primary dysmenorrhea peaks during menstruation.
- C) Secondary dysmenorrhea is often caused by endometriosis.
- D) Primary dysmenorrhea is more common in younger women.
- E) Dysmenorrhea improves with age or after childbirth.

Ans. B

Which of the following is NOT a cause of secondary dysmenorrhea?

- A) Fibroids
- B) Adenomyosis
- C) Oral contraceptive pills (OCPs)
- D) Pelvic inflammatory disease (PID)
- E) Endometriosis

Ans. C

Secondary dysmenorrhea can be caused by all of the following except:

- A) Fibroid

- B) Adenomyosis
- C) Pelvic congestion
- D) Genital prolapse
- E) Pelvic inflammatory disease

Ans. D

Regarding primary dysmenorrhea, all the following are true except:

- A) Associated with increased prostaglandin E<sub>2</sub> in menstrual flow
- B) Pain usually begins with the onset of bleeding
- C) Relieved with NSAIDs
- D) Symptoms usually begin 1-2 years after menarche
- E) Caused by uterine fibroids

Ans. E

Regarding primary dysmenorrhea, one is true:

- A) It is usually seen in the third decade of female life
- B) It occurs all through the cycle
- C) It is spasmodic pain
- D) There is no underlying cause
- E) It is relieved after marriage

Ans. C

For a 22-year-old single woman with dysmenorrhea, all of the following are important history points except:

- A) The age of menarche
- B) Relation of pain to menstrual cycle days
- C) Regularity of her cycle

- D) If she is on regular exercise
- E) Duration of dysmenorrhea

Ans. D

A 40-year-old single woman with regular cycles presents with dysmenorrhea. Which of the following is LEAST relevant in history-taking?

- A) The presence of dyspareunia
- B) Relation of this pain to the days of the menstrual cycle
- C) Regularity of her cycle
- D) If she is on hormonal replacement therapy
- E) The duration of this dysmenorrhea

Ans. D

The risk factors for primary dysmenorrhea include one of the following:

- A) Late menarche
- B) Multiparity
- C) Higher consumption of fish, eggs, and fruits
- D) Sedentary life
- E) Late marriage

Ans. D

Which of the following are true regarding diagnosing a lady with premenstrual syndrome

- A) Symptoms omit just when menses begin
- B) Can be an exacerbation of a primary psychotic disorder

- C) Should affect daily life activity
- D) She should monitor the regularity of her cycle for the following 3 months
- E) Symptoms are independent of menstrual cycles

Ans. C

All the following parameters are components of premenstrual syndrome

- A) Breast tenderness
- B) Vaginal spotting
- C) Mood swings
- D) Bloating and abdominal cramps
- E) Headaches

Ans. B

True about primary dysmenorrhea

- A) Common in old
- B) More in multiparous
- C) Psychological state intensifies the symptoms
- D) Caused by structural abnormalities
- E) More common in the first trimester of pregnancy

Ans. C

The first logical diagnostic test for acute excessive bleeding in women of reproductive age is::

- A)Pregnancy test
- B)Pelvic ultrasonography
- C)Endometrial biopsy
- D)Complete blood count

E)Coagulation tests (PT, PTT, and INR)

Ans. A

Regarding primary dysmenorrhea, one is true:

A) Usually due to underlying pathology

B) It occurs a few days before the cycle and is relieved by the onset of the cycle

C) It is dull aching pain in nature

D) Can be relieved by contraceptive pills

E) It is relieved after marriage

Ans. D

Primary dysmenorrhea is associated with all of the following symptoms except:

A)Nausea and vomiting

B)Fatigue

C)Constipation

D)Lower backache

E)Headache

Ans. C

## **Preterm labor**

Regarding tocolytic drugs in preterm labor, which statement is FALSE?

A) Use of multiple tocolytic agents should be avoided

- B) Compared with beta-agonists, Nifedipine is associated with an improvement in neonatal outcome
- C) Tocolysis should not be used in the presence of intrauterine infection
- D) Mild antepartum hemorrhage due to placenta previa is a relative contraindication to the use of tocolytic drugs
- E) Nifedipine has a higher frequency of adverse effects than beta-agonists

Ans. E

A 30-year-old pregnant lady at 36 weeks gestation presents to the emergency room with labor pains. Her vaginal exam shows 3 cm dilation, 70% effacement, and the presenting part is at -1 station. She is found to have a breech presentation. The next step in management:

- A) Reassure her and bring her to the clinic the next day
- B) Do a non-stress test; if reactive, discharge the patient
- C) Suppress labor using a tocolytic agent
- D) Admit the patient and observe; if she progresses in labor, perform a C-section
- E) Augment labor with oxytocin infusion

Ans. D

Spontaneous preterm labor is associated with all the following except:

- A) Multiple pregnancy
- B) Placenta previa
- C) Uterine abnormalities
- D) Cervical incompetence
- E) Low socioeconomic status

Ans. E According to chatgpt ans. B

Among the primary causes of preterm birth, the least common cause for this obstetric emergency is:

- A) Multiple gestations
- B) Pregnancy-associated hypertension
- C) Antepartum hemorrhage
- D) Preterm premature rupture of membranes
- E) Cervical incompetence/uterine anomalies

Ans.C Chatgpt ans. E

In a population at risk of preterm labor, which of the following tests may help predict labor onset?

- A) Serial serum progesterone levels
- B) Serial estrogen/progesterone ratio
- C) Serial oxytocin levels
- D) Fetal breathing movements
- E) Cervical swabs for bacterial pathogens

Ans. E

A 30-year-old woman at 28 weeks gestation with watery discharge is concerned about preterm delivery risks, including all except:

- A) Risk of chorioamnionitis
- B) Risk of RDS at this gestation
- C) Contraindication to steroid use
- D) Risk of intracranial hemorrhage in preterm babies
- E) Increased risk due to previous preterm delivery

Ans. C

Which of the following is an oxytocin antagonist?

- A) Atropine
- B) Misoprostol
- C) Ritodrine
- D) Atosiban
- E) Nifedipine

Ans. D

Regarding chorioamnionitis, which statement is CORRECT?

- A) She should receive benzyl penicillin in labor
- B) Chorioamnionitis never occurs with intact membranes
- C) She needs delivery by cesarean section
- D) Chorioamnionitis is a rare complication of pregnancy
- E) The key diagnostic criteria can be clinical, microbiological, or histopathological

Ans. E

The most reliable method for diagnosing cervical incompetence in second-trimester pregnancy loss is:

- A) Hegar dilator test (non-pregnant)
- B) Hysterosalpingogram after cycle
- C) CT scan of the cervix
- D) Clinical assessment of the cervix in the index pregnancy
- E) Vaginal ultrasound by experienced personnel in the index pregnancy

Ans. E

Regarding management of preterm labor, all are correct EXCEPT

- A) A course of dexamethasone is indicated
- B) Tocolytic drugs for up to 48 hours to delay delivery
- C) Antibiotics for GBS chemoprophylaxis even without documented infection
- D) Appropriate antibiotics to women with positive urine culture
- E) Digital vaginal examination is indicated

Ans. C

Which infection can cause prematurity?

- A) Urinary tract infection (UTI)
- B) HIV
- C) Syphilis
- D) Tuberculosis
- E) Severe herpes with cervical erosions

Ans. A

In preterm labor for a woman with hypotension, it is safest to avoid which tocolytic?

- A) Beta-adrenergic receptor agonists
- B) Magnesium sulfate
- C) Calcium channel blockers
- D) Oxytocin receptor antagonists
- E) Cyclo-oxygenase inhibitors

Ans. C Chat gpt A

Concerning Preterm labor, one is True:

- A) It is easy to diagnose conclusively
- B) The main cause of perinatal morbidity is sepsis
- C) Preterm labor affects 10-20% of all pregnancies
- D) A urinary tract infection is a major risk factor for preterm labor
- E) The main cause of perinatal morbidity and mortality are pulmonary immaturity and intraventricular hemorrhage

Ans. E

Regarding cervical incompetence, one of the following statements is incorrect:

- A) Can be suspected by ultrasound
- B) Can be caused by multiple pregnancy
- C) Best treated in the 2nd trimester of pregnancy
- D) Can be caused by cone biopsy of the cervix
- E) Is a cause of preterm delivery

Ans. B

Regarding fetal fibronectin testing, one of the following is Incorrect:

- A) It is a glycoprotein
- B) Considered abnormal if detected before 20 weeks
- C) Positive fibronectin testing predicts 40% of patients at risk of preterm labor
- D) Normally present in amniotic fluid
- E) Negative testing reduces the risk of preterm labor to less than 1%

Ans. B

All of the following are absolute contraindications for delaying preterm delivery except:

- A) Congenital anomaly incompatible with life
- B) Preeclampsia without severe features
- C) Chorioamnionitis
- D) Fetal death
- E) Indications for immediate delivery due to fetal distress

Ans. B

The most common single known cause for preterm labor is:

- A) Multiple pregnancy
- B) Genital tract infection
- C) Polyhydramnios
- D) Cervical incompetence
- E) Iatrogenic

Ans. B

Which of the following is NOT a cause of spontaneous preterm delivery?

- A) Uterine anomalies
- B) Multiple fetal anomalies
- C) Multiple gestation
- D) Preeclampsia
- E) Intrauterine infection

Ans. D

The ideal time to assess risk factors for premature labor and preterm birth is:

- A) Once pregnancy viability is confirmed
- B) At 13 weeks gestation (end of first trimester)
- C) Between 16 to 18 weeks gestation
- D) Before conception
- E) At the gestational age of viability (20 weeks)

Ans. D

What is the initial test for diagnosis of PROM (premature rupture of membranes)?

- A) Nitrazine test
- B) Ultrasound to detect oligohydramnios
- C) Test the vaginal fluid for PAMG1
- D) Speculum exam
- E) Amniotic fluid index (AFI)

Ans. D

To suppress labor, we can use those agents except:

- A) Calcium channel blockers
- B)  $\beta$  Adrenergic antagonist
- C) Prostaglandin synthetase inhibitors
- D) Magnesium sulfate
- E) Oxytocin inhibitors

Ans. B

Which is the least important factor in management decision of a patient with preterm rupture of membranes?

- A) Gestational week
- B) Estimated fetal weight
- C) Cervical status
- D) Amount of amniotic fluid lost
- E) Previous obstetric history

Ans. D

A patient with prolonged PROM at 32 weeks gestation is being evaluated. Which of the following is NOT part of the management?

- A) Check her temperature
- B) Give DEXA
- C) Amniocentesis
- D) Check ESR
- E) Check HR

Ans. C

PPROM, what is wrong?

- A) Do PV
- B) Give prophylactic antibiotics
- C) Do WBC count twice a week
- D) Must observe closely
- E) Monitor fetal heart rate

Ans. A Chatgpt c

Pathways thought to cause preterm labor include all of the following except:

- A) Infection (cervical, vaginal, urinary)
- B) Intrauterine growth restriction; oligohydramnios
- C) Placental-vascular issues

- D) Psychosocial stress and work strain (fatigue)
- E) Uterine stretch; multiple gestations

Ans. B

## Subfertility

The day after ovulation, all of the following occur except:

- A) The basal temperature rises
- B) The endometrium undergoes secretory changes
- C) Plasma progesterone concentration falls
- D) Cervical mucus becomes more viscous and scanty
- E) The corpus luteum begins to function

Ans. C

A 6-year-old girl presented with features suggestive of Turner's syndrome. Which of the following tests has the greatest importance in the diagnosis?

- A) The assessment of the appearance of the patient (phenotype)
- B) Karyotyping
- C) Measurement of estrogen and gonadotropin levels
- D) Macro- and microscopic examination of the gonads
- E) Measurement of corticosteroid levels

Ans. B

While evaluating a 32-year-old woman for infertility, a bicornuate uterus is diagnosed by HSG. What other system should be screened for congenital anomalies?

- A) Skeletal
- B) Hematopoietic
- C) Urinary
- D) Central nervous
- E) Tracheoesophageal

Ans.C

Q210: The least cause for development of premature ovarian failure among the following is:

- A)Exposure to chemotherapy drugs
- B)Using fertility drugs
- C)Exposure to radiation
- D)Autoimmune disorder
- E)Bilateral oophorectomy

Ans. B

The rudimentary streak gonads are typical karyotyping findings in:

- A)Turner syndrome (45 XO)
- B)Rokitansky-Kuster-Hauser syndrome (46 XX)
- C)Müllerian agenesis
- D)Testicular feminization syndrome
- E)Super female syndrome (47 XXX)

Ans. A

All of the followings can be used to diagnose ovulation except:

- A) Endometrial thickness of 6.0 mm just before the cycle
- B) Clinical diagnosis (symptoms)
- C) Follicular tracing

- D) Alterations of basal body temperature
- E) Endometrial biopsy few days before menses

Ans. A

A post-coital test in an infertile woman shows viscous cervical mucus with few non-motile sperm. The next step in management is:

- A) Perform immunological tests for sperm antibodies
- B) Medications for ovulation induction and in vitro fertilization
- C) Artificial insemination (IUI)
- D) Repeat the test
- E) Prescribe estrogen to improve cervical mucus

Ans. C

Which of the following is wrong about ovarian hyperstimulation syndrome?

- A) Increased risk for its development in women with lower ovarian reserve compared to normal or higher reserve
- B) Intravascular hypovolemia should be corrected
- C) Do paracentesis if ascites develops despite adequate fluid correction
- D) Should be treated by multidisciplinary team
- E) Give thromboprophylaxis

Ans. A

All of the following may cause hyperprolactinemia except:

- A) Androgens

- B) Phenothiazine
- C) Alpha-methyldopa
- D) Reserpine
- E) High doses of estrogen

Ans. A

A 32-year-old woman presents with galactorrhea but is not pregnant or lactating. All of the following could explain her condition EXCEPT:

- A) Suprasellar mass
- B) Pituitary adenoma
- C) Bromocriptine
- D) Phenothiazides
- E) Oral contraceptive pill

Ans. C

A specimen is taken from the endometrium during the premenstrual period, on day 23 of the cycle for histology. Which of the following changes suggests the occurrence of ovulation?

- A) Proliferation
- B) Secretory phase
- C) Atypical proliferation
- D) Cystic and adenomatous endometrial hyperplasia
- E) Atrophy

Ans. B

With regard to infertility, all are true except:

- A) Anovulation contributes to almost one-quarter of cases
- B) Polycystic ovary syndrome (PCOS) accounts for 80-90% of all causes of anovulatory infertility

- C) Guidelines recommend measurement of the woman's mid-luteal serum progesterone level as part of the initial assessment
- D) Ovulation induction is the first-line treatment in women with amenorrhea and anorexia nervosa
- E) Idiopathic hypogonadotropic hypogonadism is treated with gonadotrophins

Ans. D

The presence of a uterus and fallopian tubes in an otherwise phenotypically normal male is due to:

- A) Lack of Mullerian-inhibiting factor
- B) Lack of testosterone
- C) Increased levels of estrogens
- D) 46, XX karyotype
- E) Presence of ovarian tissue early in embryonic development

Ans. E

A bicornuate uterus results from failure of which process?

- A) Absorption of the uterine septum
- B) Fusion of the Müllerian ducts
- C) Regression of the Wolffian ducts
- D) Canalization of the uterine cavity
- E) Development of the ovaries

Ans. B

Ambiguous genitalia is a feature of one of the following conditions:

- A) Androgen insensitivity syndrome
- B) Pure gonadal dysgenesis
- C) Swyer's syndrome
- D) Mixed gonadal dysgenesis

E) Structural abnormalities of the X chromosome

Ans. D

All the following are normal parameters in seminal fluid analysis except:

A) Low pH is accompanied by low volume of semen or low sperm counts

B) Semen should liquefy within 20 to 30 minutes of ejaculation

C) Semen includes fluid from the testes, the seminal vesicles, and the prostate gland

D) Azoospermia means no sperms in the seminal fluid

E) The ideal result includes 60% sperm viability, 60% of normal shape, and 60% of motility

Ans. C

A 24-year-old lady's hysterosalpingogram showed blockage of both tubes at the cornua. The next step should be:

A) Antibiotics

B) Laparoscopy & Hysteroscopy

C) Hydrotubation

D) IVF

E) Tuboplasty

Ans. B

Which of the following is a normal parameter in seminal fluid analysis?

- A) Progressive motility 25%
- B) pH 7.2
- C) Normal morphology 3%
- D) Concentration 11 million/mL
- E) Volume 0.5 mL

Ans. C

Regarding male factor infertility, all the following statements are correct except:

- A) In the presence of normal semen analysis, there is little to gain from examination of the male
- B) Oligospermia means the total number of sperms is less than 5 million per ejaculate
- C) There is a considerable variability in sperm quality when assessed in the same person over time
- D) There should be an increase in the pregnancy rates after varicocele treatment compared to no treatment
- E) Retrograde ejaculation is common in diabetic patients

Ans. B

With reference to human fertility, the following definitions are correct except:

- A) The natural fecundity rate is the chance per cycle of becoming pregnant
- B) The normal fecundity rate is about 20 percent
- C) Infertility is defined as failure to conceive after 1 year of unprotected intercourse
- D) Sperm count of  $>20 \times 10^6/\text{mL}$  is normal
- E) Normal semen analysis shows a sperm motility of more than 30 percent

Ans. A

A 35-year-old woman has bilateral tubal blockage on hysterosalpingogram for primary infertility. Most likely associated pathogen:

- A) Gonorrhea
- B) Chlamydia
- C) Trichomonas
- D) Candida
- E) Klebsiella

Ans. B

A lady attends the gynecology clinic to enquire about optimal time for conception. She usually has a 26-day cycle. You would advise her that she would have the best chance to conceive if intercourse occurred around:

- A) Day 12
- B) Day 14
- C) Day 18
- D) Day 8
- E) Day 10

Ans. A

The blood test which best evaluates the ovarian reserve is:

- A) Anti-mullerian hormone
- B) Luteinizing hormone
- C) Prolactin hormone
- D) Estradiol
- E) Progesterone

Ans. A

A 22-year-old woman was counseled about basal body temperature (BBT) charting. Temperature elevation after ovulation is caused by:

- A) Thermogenic effect of FSH
- B) Thermogenic effect of estrogen
- C) Thermogenic effect of progesterone
- D) Sympathetic neural response of the ovum
- E) Effect of LH surge

Ans. C

A 30-year-old woman with primary infertility and hyperprolactinemia is found to have a pituitary macro-adenoma, all are true except:

- A) The pituitary tumor is >10mm in diameter
- B) There is a 15-30% risk of symptomatic enlargement of the adenoma in pregnancy
- C) Trans-sphenoidal surgery is the recommended first-line treatment
- D) ACTH levels may be low
- E) TSH levels may be low

Ans. C

Luteal phase insufficiency may be caused by all except:

- A) Asynchronous FSH stimulation during follicular phase
- B) Hyperprolactinemia

- C) Excessive follicular development
- D) Inadequate or asynchronous FSH stimulation
- E) Defective endometrial receptors

Ans. C

All of the following are causes of ovulatory infertility EXCEPT:

- A) Chronic liver disease
- B) Ovarian cystadenoma
- C) Turner syndrome
- D) Kallmann syndrome
- E) Anorexia nervosa

Ans. B

Normal semen fluid analysis according to WHO:

- A) Volume 0.5 ml
- B) Count 10 million/ml
- C) Morphology 4%
- D) Motility 20% progressive
- E) pH 6.5

Ans. C

You were called to examine a newborn by the midwife who couldn't determine the sex. You found ambiguous genitalia. What is the most common cause of this condition?

- A) Chromosomal non-disjunction
- B) Abnormal gonadal development
- C) Adrenal hyperplasia
- D) Mosaicism
- E) Testicular feminization

Ans. C

One of the following is not a symptom of ovarian hyperstimulation syndrome:

- A) Abdominal bloating and pain
- B) Nausea and vomiting
- C) Diarrhea
- D) Vulval swelling
- E) Reduced urine output

Ans. D

When does ovulation occur after the LH surge?

- A) 6 hours
- B) 12 hours
- C) 24 hours
- D) 36 hours
- E) 48 hours

Ans. B

The treatment of choice to induce ovulation in a patient with hypogonadotropic hypogonadism is:

- A) Low-dose estrogen therapy
- B) FSH and LH therapy
- C) Bromocriptine
- D) Cyclic progesterone
- E) Clomiphene citrate

Ans. B

A 25-year-old female presents with galactorrhea and elevated prolactin levels. All of the following can be causes except:

- A) Hypothalamic tumors
- B) Empty sella syndrome
- C) Renal failure
- D) Estrogen treatment
- E) Previous pelvic surgery

Ans. E

Hysterosalpingogram showed fallopian tube obstruction bilaterally, what is wrong

- A) Pseudo-obstruction may be caused by mucus
- B) IVF is Tx of choice for fertility
- C) Abdominal non-gynae surgeries have no effect on the tubes
- D) Should be confirmed by laparotomy and dye injection
- E) Bilateral tubal block is a significant cause of infertility

Ans. C

## PCOS

Hormones with anti-androgen action include the following except:

- A) Spironolactone
- B) Cyproterone acetate
- C) Cimetidine
- D) Flutamide
- E) Tamoxifen

Ans. E

All the following are possible causes of anovulation except:

- A) High body mass index
- B) Anorexia nervosa
- C) Polycystic ovarian syndrome
- D) Premature ovarian failure
- E) Sick cell trait

Ans. E

Which of the following is NOT a long-term complication of PCOS?

- A) Osteoporosis
- B) Dyslipidemia
- C) Type 2 diabetes
- D) Cardiovascular disease (CVD)
- E) Endometrial hyperplasia

Ans. A

In PCOS, which of the following is not an increased risk?

- A) Sleep apnea
- B) Type 1 diabetes
- C) Impaired glucose tolerance
- D) Hypertension
- E) Dyslipidemia

Ans. B

Available anti-androgens for the treatment of hirsutism include all of the following except:

- A) Spironolactone; it competes with dihydrotestosterone for binding to the androgen receptor
- B) Cyproterone acetate; it competes with dihydrotestosterone for binding to the androgen receptor
- C) Finasteride; it inhibits type (2), 5-alpha-reductase, the enzyme that converts testosterone
- D) Flutamide; it is a nonsteroidal androgen receptor antagonist
- E) Drospirenone; it is a very weak anti-androgen

Ans. C

All are true regarding polycystic ovarian syndrome (PCOS) EXCEPT:

- A) Smooth ovarian surfaces
- B) Secondary amenorrhea
- C) Infertility
- D) Obesity
- E) Hypothyroidism in 10% of cases

Ans. A

According to the Rotterdam Consensus, which is NOT a diagnostic criterion for PCOS?

- A) At least 12 follicles per ovary
- B) Increased ovarian volume  $>10 \text{ cm}^3$
- C) Body mass index  $>30 \text{ kg/m}^2$
- D) Oligo/anovulation

E) Clinical or biochemical hyperandrogenism

Ans. C

A 21-year-old single female patient presents with secondary amenorrhea, increasing facial hair growth, and weight gain (BMI = 31 kg/m<sup>2</sup>). Ultrasound reveals a normal uterus with a thick endometrium and ovaries with a "string of pearl" appearance. You shouldn't counsel her regarding one of the following points:

- A) She is at increased risk of endometrial hyperplasia
- B) She is at increased risk of breast cancer
- C) She is at increased risk of sleep apnea
- D) Weight reduction may improve symptoms of hyperandrogenemia
- E) She should undergo a glucose tolerance test

Ans. B

Regarding polycystic ovarian syndrome (PCOS), all are true except:

- A) Bilateral enlargement with sclerosis & smooth surface of ovaries
- B) Can cause secondary amenorrhea
- C) May lead to infertility
- D) Hirsutism is found in 50% of patients
- E) Can cause endometrial thinning

Ans. E

Best indicator of ovulation

- A) LH
- B) Progesterone

- C) Inhibin
- D) AMH
- E) FSH

Ans. B

A 17-year-old student presents with irregular cycles, hirsutism, central obesity, and fasting blood sugar of 120 mg/dL. What is the most likely diagnosis?

- A) Ovarian tumor
- B) Precocious puberty
- C) Endometriosis
- D) Stein-Leventhal syndrome (PCOS)
- E) Premature ovarian failure

Ans. D

In polycystic ovary syndrome, all are true except:

- A) The patient usually has a BMI more than 21
- B) The patient may present with hirsutism
- C) Raised LH/FSH is necessary for diagnosis
- D) Increased risk of endometrial cancer
- E) Increased risk of diabetes mellitus

Ans. C

True about metformin in PCOS

- A) Most common cause for non-compliance is the side effects

- B) Does not contribute to regulation of menstrual cycle
- C) Cannot be used as an adjunct to COCP
- D) Causes weight loss
- E) Is a first-line fertility treatment

Ans. A

Serum endocrinology of polycystic ovary syndrome includes all of the following except:

- A) Raised fasting insulin
- B) Increased sex hormone-binding globulin
- C) Normal FSH level
- D) Raised estrone
- E) Raised or normal luteinizing hormone

Ans. B

Side effects of clomiphene citrate (Clomid) include all of the following EXCEPT:

- A) Severe mood changes
- B) Hot flushes
- C) Visual changes
- D) Risk of multiple births
- E) Heavy period

Ans. E

What is the cornerstone of management in polycystic ovary syndrome (PCOS)?

- A) Oral contraceptive pills
- B) Weight loss
- C) Insulin-sensitizing agents
- D) Metformin
- E) Clomiphene

Ans. B

A woman presents with hirsutism, acne, and amenorrhea. After lifestyle modification, what is the best management?

- A) GnRH agonist
- B) Danazol
- C) Oral contraceptive pills (OCPs)
- D) Letrozole
- E) Metformin

Ans. C

## **Gestational trophoblastic diseases**

A 30-year-old lady G4P3+1 gave history of recent successful treatment of molar pregnancy, requesting your advice about future pregnancy. One of the following data given to the patient was incorrect, which is:

- A) There is an increased risk of spontaneous abortion
- B) There is an increased risk of repeated molar gestation
- C) There is an increased risk of congenital malformations
- D) There is an increased incidence of placenta accreta
- E) There is an increased incidence of postpartum hemorrhage

Ans. C

One of the following is incorrect concerning gravidity and parity:

- A) G3P3 means the mother has delivered 3 times
- B) G5P4+1ab, means the mother has been pregnant 5 times
- C) Molar pregnancy is calculated with abortion
- D) G5P5 (one twin) and all are well, means the mother has 6 children
- E) G1P1 (triplet), means the mother delivered 3 babies

Ans. C

The most common karyotype of a complete mole pregnancy is:

- A)46 XX, all paternal origin
- B)46 XX, all maternal origin
- C)69 XXX
- D)69 XXY
- E)Not specific

Ans. A

Regarding gestational trophoblastic neoplasia (GTN), all the following are true except:

- A) Approximately 25 percent of cases of GTN arise from term or preterm pregnancy
- B) Following a nonmolar pregnancy, choriocarcinoma is the most common type of GTN
- C) The lungs and vagina are the most common sites of metastases of invasive moles
- E) Placental site trophoblastic tumor is malignant and develops from cytotrophoblast

Ans. A

Which of the following statements about gestational trophoblastic disease (GTD) is NOT correct?

- A) Complete mole can be diagnosed by ultrasound showing signs of delayed miscarriage or
- B) Irregular vaginal bleeding is a typical symptom
- C) Suction curettage is the mainstay of treatment
- D) Placental site trophoblastic tumor is chemosensitive
- E) Monitoring beta-hCG levels post-treatment is essential

Ans. D

After treating a hydatidiform mole with methotrexate, how long should conception be avoided?

- A) 3 months
- B) 6 months
- C) 1 year
- D) 18 months
- E) No restriction

Ans. C

A 21-year-old nulliparous woman presents to the clinic with a history of 7 weeks of amenorrhea, severe nausea and vomiting, and vaginal spotting. Ultrasound reveals a large for date uterus with a snowstorm appearance in the endometrial cavity. The most likely diagnosis is:

- A) Hyperemesis gravidarum
- B) Incomplete miscarriage
- C) Molar pregnancy
- D) Ectopic pregnancy

E)Twin pregnancy

Ans. C

Regarding management of gestational trophoblastic neoplasia (GTN), all the following are true except:

- A) "Snowstorm" ultrasonographic pattern is diagnostic
- B) The standard therapy for hydatidiform mole is suction evacuation
- C) Serum  $\beta$ -hCG is a sensitive marker for treatment response
- D) Chemotherapy is indicated if there is a plateau in serum  $\beta$ -hCG for 3 consecutive weekly readings after evacuation
- E) Methotrexate is the treatment for patients with low-risk malignant GTN

Ans. A

Regarding complete moles, which statement is INCORRECT?

- A) They are diploid and androgenic in origin
- B) They have no evidence of fetal tissue
- C) About 75-80% arise as a consequence of duplication of a single sperm following fertilization of an 'empty' ovum
- D) About 20-25% can arise after dispermic fertilization of an 'empty' ovum
- E) In most cases, definitive diagnosis is made by transvaginal ultrasound (TVU) scan

Ans. E

All are true about partial mole except:

- A) The karyotype is triploid, 69 XXY or 69 XXX
- B) There is focal trophoblastic hyperplasia

- C) There is focal swelling of chorionic villi
- D) There is embryonic tissue
- E) The uterine size is large

Ans. E

The following may suggest a hydatidiform mole in pregnancy, but the least likely symptom is:

- A) Bleeding in the first half of pregnancy
- B) Lower abdominal pain
- C) Toxemia before 24 weeks gestation
- D) Hyperemesis gravidarum
- E) Nervousness, anorexia, and tremors

Ans. E

The most common feature of gestational trophoblastic tumor is:

- A) Anemia
- B) Vaginal bleeding
- C) Abdominal mass
- D) Lower abdominal pain
- E) Hyperemesis gravidarum

Ans. B

Wrong about incomplete molar pregnancy

- A) Less malignancy transformation than complete mole
- B) Diagnosed later than complete mole
- C) Presents with abnormal cytogenetics

- D) Associated with trophoblastic hyperplasia
- E) Associated with high hCG levels

Ans. E

You are expecting a good prognosis in patients with metastatic gestational trophoblastic tumor in all the following clinical situations except:

- A) Short duration of symptoms; less than one year
- B) Low  $\beta$ -hCG level; less than 40,000 mIU/ml serum
- C) No antecedent pregnancy
- D) No prior chemotherapy
- E) No metastases to the liver or brain

Ans. A

A 30-year-old woman, pregnant 10 weeks with recurrent episodes of vaginal bleeding, her pulse rate 108 bpm, BP: 150/85 mmHg. Transabdominal pelvic ultrasound showed 14 weeks size uterus with snowstorm appearance. The  $\beta$ -hCG level was 230,000 IU/L. Which endocrine gland is most likely to be affected by the  $\beta$ -hCG?

- A) Adrenal cortex
- B) Hypothalamus
- C) Thyroid
- D) Pituitary
- E) Parathyroid

Ans. C

Regarding hydatidiform (vesicular) mole, one is correct:

- A) In the complete mole, half of the chromosomes are paternally derived.
- B) The complete mole arises from fertilization of an empty ovum.
- C) The commonest chromosome pattern in the complete mole is 45XY.
- D) 15-20% of the complete moles will progress to choriocarcinoma.
- E) There is 15-20% malignant potential in the partial mole.

Ans. B

Complete hydatidiform moles are more likely than partial moles to demonstrate all of the following EXCEPT:

- A) Require chemotherapy after evacuation
- B) Present with a uterus large for date
- C) Present with theca lutein cysts
- D) Have focal rather than diffuse trophoblastic proliferation
- E) Present with hyperthyroidism

Ans. D

A 21-year-old nulliparous woman presents with a history of 7 weeks of amenorrhea. She complains of severe nausea and vomiting and has noticed some vaginal spotting over the last 4 days. Ultrasound reveals a large-for-dates uterus with a snowstorm appearance in the endometrial cavity.  $\beta$ -hCG level is 150,000. The most appropriate treatment is:

- A) Suction evacuation
- B) Medical termination of pregnancy
- C) Methotrexate
- D) Admission and IV hydration

E) Reassurance and outpatient follow-up

Ans. A

All of the following are associated with poor prognosis in gestational trophoblastic neoplasia except:

A) Age younger than 39 years

B)  $\beta$ -hCG levels higher than 100,000

C) Occurrence after a normal delivery compared to a miscarriage

D) Previous chemotherapy treatment

E) Longer duration since the last pregnancy

Ans. A

All of the following regarding molar pregnancy are true except:

A) Enlargement of the uterus is disproportionate to duration of gestation

B) Characteristic features on ultrasound scan

C) Symptoms of Pre-eclampsia in the early second trimester

D) Cystic enlargement of the ovaries

E) 50% of the cases will require chemotherapy for persistent disease

Ans. E

Choriocarcinoma is most likely to develop after:

A) Normal pregnancy

B) Partial mole

C) Complete hydatidiform mole

D) Blighted ovum

E) Ectopic pregnancy

Ans. C

The least common feature of a hydatidiform mole is:

- A) Pelvic pressure or pain
- B) Enlarged uterus
- C) Morning sickness
- D) Hyperemesis gravidarum
- E) Vaginal bleeding

Ans. A

Before suction evacuation for a molar pregnancy, which of the following investigations is NOT necessary?

- A) Chest X-ray
- B) Urine analysis
- C) Liver function tests (LFTs)
- D) Pregnancy test
- E) Coagulation profile

Ans. D

Regarding trophoblastic disease, only one of the following is correct:

- A) The most common chromosomal pattern of a complete mole is 46 XY
- B) Lungs are the most common sites of metastasis
- C) Embryonic tissue is often present in complete moles
- D) The chromosomal pattern with a partial mole is diploid
- E) Partial mole is diagnosed by ultrasound

Ans. B

Regarding gestational trophoblastic neoplasia (GTN), all the following are true except:

- A) Approximately 25 percent of cases of GTN arise from term or preterm pregnancy
- B) Following a nonmolar pregnancy, choriocarcinoma is the most common type of GTN
- C) The lungs and vagina are the most common sites of metastases of invasive moles
- D) Choriocarcinoma is the most aggressive histologic type of GTN
- E) Placental site trophoblastic tumor is malignant and develops from cytotrophoblast

Ans. A

## Gestational HTN

Regarding the use of MgSO<sub>4</sub> in severe preeclampsia, which statement is FALSE?

- A) It is a contraindication for regional anesthesia
- B) It reduces the risk of eclampsia by half
- C) It should only be administered if the decision to deliver has been made
- D) It reduces the risk of maternal death
- E) The loading dose is 4 grams

Ans. C

Which of the following is a symptom that indicates severity in a serious disease occurring late in pregnancy?

- A) Edema
- B) Constipation

- C) Heartburn
- D) Blurred vision
- E) Increased urination

Ans. D

Which of the following is false about magnesium sulfate?

- A) It acts as a sedative
- B) It is secreted by the liver
- C) Toxicity is assessed by monitoring reflexes
- D) Respiratory rate should be assessed
- E) Urine output should be continuously monitored

Ans. B

One of the following events is most commonly associated with maternal death in patients with HELLP Syndrome:

- Disseminated intravascular coagulation
- Cerebral hemorrhage
- Hepatic hemorrhage
- Adult respiratory distress syndrome
- Renal failure

Ans. C

A 29-year-old woman has an uneventful first pregnancy to 31 weeks. She is then admitted as an emergency with severe epigastric pain. During the first 3 hours, her BP rises from 150/100 to 170/119 mmHg. She is found to have 3+ proteinuria. CTG is reassuring. What is the most appropriate immediate action?

- A) Emergency caesarean section
- B) Induction of labor
- C) Magnesium sulfate
- D) IV antihypertensives
- E) Close monitoring on the antenatal ward

Ans. D

True about PET

- A) Magnesium sulfate is therapeutic for seizures
- B) Earlier PET is associated with more IUGR
- C) Development of visual disturbances are an indication to continue expectant management
- D) Deliver by C/S immediately regardless of gestation
- E) Hypertension control can be achieved by labetalol only

Ans. B

A hypertensive patient taking enalapril becomes pregnant. What is the most appropriate management?

- A) Continue enalapril
- B) Switch to methyldopa
- C) Add aspirin to the regimen
- D) Switch to losartan
- E) Prescribe atenolol

Ans. B

Which of the following is a sign of severe pre-eclampsia?

- A) Blood pressure elevation 140/90 mmHg

- B)Edema
- C)Proteinuria 200 mg/24 hours
- D)Thrombocytopenia
- E)Dizziness

Ans. D

The main mechanism of action of Nifedipine is:

- A)It is an alpha-adrenergic receptor blocker
- B)It is a beta-adrenergic receptor blocker
- C)Direct arterial vasodilatation
- D)It is a calcium channel blocker
- E)It is a selective beta-blocker

Ans. D

Blurry vision is a symptom of severe preeclampsia (PET). The organ affected during PET to express this symptom is:

- A) Retina
- B) Optic nerve
- C) Brain
- D) Blood pressure
- E) Disseminated intravascular coagulation

Ans. C

Regarding hypotensive agents in pre-eclampsia, one of the following is true:

- A) No adverse effects on kidney perfusion
- B) Improves placental function
- C) Enhances intervillous perfusion
- D) Protects from brain and cardiac complications
- E) Improves neonatal outcome

Ans. D

A sign of severe pre-eclampsia is:

- A) BP elevation to 140/90 mmHg
- B) Edema
- C) Proteinuria of 200 mg/24 hours
- D) Thrombocytopenia
- E) Dizziness

Ans. D

Steps in the management of eclampsia include all the following except:

- A) Termination of pregnancy
- B) Antihypertensive agents
- C) Monitoring of kidney functions
- D) Sedation
- E) Correction of hemoconcentration

Ans. E

Which statement about pre-eclampsia is INCORRECT?

- A) Pre-eclampsia is more common in primigravida women
- B) Booking diastolic blood pressure of 80 mmHg or more is a risk factor
- C) Nifedipine is a calcium-channel blocker with a delayed onset of action
- D) Pre-existing diabetes is a risk factor
- E) HELLP syndrome is a particularly severe form of pre-eclampsia

Ans. C

Which of the following is false about gestational hypertension?

- A) Phenytoin and lorazepam are first-line treatments for eclampsia
- B) HELLP syndrome can present without hypertension and proteinuria
- C) Magnesium sulfate is used to prevent seizures in severe cases
- D) Blood pressure should be closely monitored to prevent complications
- E) Gestational hypertension is diagnosed after 20 weeks of pregnancy

Ans. A

Risk factors for pre-eclampsia include all of the following except:

- A) Primigravida
- B) Multiple pregnancy
- C) Positive family history of hypertension
- D) History of pre-eclampsia in previous pregnancies
- E) History of macrosomic baby

Ans. E

Which of the following is false about preeclampsia?

- A) Neurological signs of preeclampsia include hyperreflexia and clonus
- B) Strict adherence to guidelines for admission and antihypertensive treatment is essential
- C) Treatment focuses on fetal well-being and reducing perinatal morbidity
- D) Labetalol is an alpha and beta blocker with a long history of safety and can be given
- E) Epigastric pain is a concerning sign

Ans. C

Best definition for chronic hypertension during pregnancy is:

- A) When pregnant women have a blood pressure higher than 140/90 on at least two occasions four to six hours apart after 20 weeks of gestation
- B) When pregnant women have a blood pressure higher than 140/90 on at least two occasions four to six hours apart before 20 weeks of gestation
- C) The presence of high blood pressure reading and proteinuria of more than 300 mg/24hr urine collection
- D) The presence of high blood pressure reading in the last trimester of pregnancy with the presence of signs and symptoms of elevated blood pressure
- E) Persistent elevation of the blood pressure a few days postpartum

Ans. B

A 29-year-old primigravida at 30 weeks with a BP of 165/105, nausea, vomiting, right upper quadrant pain, and +3 proteinuria should have all of the following treatments except:

- A) Delivery by induction of labor

- B) Betamethasone administration
- C) Caesarean section when stabilized
- D) Anti-hypertensive medication
- E) IV magnesium sulfate

Ans. A

The drug of choice for primary and secondary prophylaxis in eclampsia associated with pre-eclampsia is:

- A) Magnesium sulfate
- B) Diazepam
- C) Hydralazine
- D) Labetalol
- E) Verapamil

Ans. A

Pre-eclampsia is not associated with an increased risk of one of the following:

- A) Postpartum hemorrhage
- B) Intrauterine growth restriction (IUGR)
- C) Antepartum hemorrhage
- D) Venous thromboembolism
- E) Polyhydramnios

Ans. E

In superimposed pre-eclampsia on hypertension, the least life-threatening complication is:

- A) Consumptive coagulopathy
- B) Eclamptic seizures
- C) Intracerebral hemorrhage
- D) Pulmonary edema
- E) Acute renal failure

Ans. E

Regarding hypertension in pregnancy, which of the following is INCORRECT?

- A) Hydralazine, labetalol, or nifedipine can be used to lower blood pressure
- B) It can be asymptomatic or associated with headache and restlessness
- C) 50% of patients with gestational hypertension will develop pre-eclampsia
- D) Young age and nulliparity are risk factors
- E) 80% of cases of HELLP syndrome are associated with pre-eclampsia

Ans. C

All of the following are risk factors for pre-eclampsia EXCEPT:

- A) Chronic hypertension
- B) Smoking
- C) Diabetes mellitus
- D) Previous history of pre-eclampsia
- E) Nulliparity

Ans. B

A 32-year-old G4P3 at 32 weeks gestation presents to the ER with headache and visual disturbances. One of the following is not an appropriate management step:

- A) Admission
- B) Kidney and liver function tests
- C) Urinary protein
- D) Fetal ultrasound
- E) D-Dimers

Ans. E

A woman with preeclampsia in her first pregnancy asks about her risk in the current pregnancy. What advice should she receive?

- A) She has no increased risk.
- B) The risk is lower in subsequent pregnancies.
- C) She has a higher risk and should take aspirin.
- D) She should deliver early to prevent preeclampsia.
- E) She does not need additional precautions.

Ans. C

Which of the following pregnancy complications is not associated with chronic hypertension?

- A) Superimposed preeclampsia
- B) Abruptio placentae
- C) Placenta previa
- D) Intrauterine growth restriction
- E) Preterm delivery

Ans. C

Indications of excessive magnesium sulfate dosage include all except:

- A) Hyperreflexia
- B) Loss of patellar reflexes
- C) Respiratory depression
- D) Somnolence
- E) Slurred speech

Ans. A

Severe manifestations of pre-eclampsia requiring delivery before 37 weeks include all except:

- A) Grand mal seizure
- B) Retinal hemorrhage or papilledema
- C) Platelet count  $>100,000/\text{microliter}$
- D) Severe hypertension
- E) Pulmonary edema

Ans. C

All of the following antihypertensives can be used in pregnancy EXCEPT:

- A) Nifedipine
- B) Labetalol
- C) Hydralazine
- D) Methyl-dopa
- E) Enalapril

Ans. E

Magnesium sulfate is given to pregnant women with severe pre-eclampsia to:

- Stop convulsions
- Prevent convulsions
- Decrease blood pressure
- Sedate the patient
- Facilitate delivery

Ans. B

Early clinical evidence of magnesium sulfate toxicity would show:

- A) Flushing
- B) Tachypnea
- C) Decreased oxygen saturation
- D) Loss of deep tendon reflexes
- E) Decreased urine output

Ans. D

Risk factors for the development of pre-eclampsia include all the following except:

- A) Multi-fetal gestation
- B) Anti-phospholipid antibody syndrome
- C) Inherited thrombophilia
- D) Gestational trophoblastic disease
- E) Previous polycystic ovary syndrome

Ans. E

What is the primary clinical indicator of magnesium sulfate (MgSO<sub>4</sub>) toxicity?

- A) Hypotension
- B) Decreased respiratory rate
- C) Muscle cramps
- D) Altered mental status
- E) Increased deep tendon reflexes

Ans. B

Which one of the following is NOT a risk factor for pre-eclampsia?

- A) Advanced maternal age
- B) Nulliparity
- C) Personal history of disorders characterized by microvascular disease
- D) Multiple pregnancy
- E) Sex of the baby

Ans. E

The management of pre-eclampsia includes all of the following EXCEPT:

- A) Labetalol
- B) Magnesium sulfate
- C) Hospital assessment
- D) Early delivery
- E) Furosemide

Ans. E

Which of the following statements is false about gestational hypertension?

- A) A characteristic lesion is 'glomeruloendotheliosis'
- B) There is complete or partial failure of trophoblastic invasion of the myometrial segments
- C) Increased plasma oncotic pressure is observed
- D) Proteinuria is often associated with severe cases
- E) It can lead to complications like preeclampsia

Ans. C

Eclampsia is MOST likely to occur during:

- A) First trimester
- B) Second trimester
- C) Third trimester
- D) Immediately postpartum
- E) Postpartum period between 48 hours and 4 weeks

Ans. C

A patient with preeclampsia presents to the ER. What is the appropriate management?

- A) IV labetalol and MgSO<sub>4</sub>
- B) Oral nifedipine and aspirin
- C) Subcutaneous heparin and bed rest
- D) Methyldopa and magnesium sulfate
- E) Amiodarone and IV fluids

Ans. A

All of the following are considered indications to deliver a pregnant lady with uncontrolled high blood pressure except:

- A) Platelet count of less than 50,000 cells/mm<sup>3</sup>
- B) Blood pressure reading of 140/90 mmHg
- C) Persistent headache
- D) Oliguria
- E) Presence of fetal distress

Ans. B

## Labor

A fetus with flexed hips and extended knees is in which presentation?

- A) Complete breech
- B) Frank breech
- C) Footling breech
- D) Vertex
- E) Transverse lie

Ans. B

The fetal head is delivered by:

- A) Flexion
- B) Descent
- C) Internal rotation
- D) Engagement
- E) Extension

Ans. E

By PV you feel the nose and chin of the baby, the chin is posterior.  
What is the mode of delivery?

- A) Cesarean section
- B) Rotational forceps
- C) Kielland forceps
- D) Vacuum
- E) Expectant management

Ans. A

Which of the following presentations is incompatible with spontaneous delivery at term?

- A) Occiput left posterior
- B) Mentum posterior
- C) Mentum anterior
- D) Occiput anterior
- E) Sacrum posterior

Ans. B

Side effects of oxytocin include all except:

- A) Fetal distress
- B) Amniotic fluid embolism
- C) Uterine rupture
- D) Water intoxication
- E) Hyponatremia

Ans. E

All of the following are associated with breech presentation Except:

- A) Twin gestation
- B) Prematurity
- C) Hydrocephalus
- D) Previous uterine myomectomy
- E) Short umbilical cord

Ans. D

Which of the following clinical conditions is not an indication for induction of labor?

- A) Intrauterine fetal demise
- B) Severe pre-eclampsia at 36 weeks
- C) Complete placenta previa
- D) Chorioamnionitis
- E) Post-term pregnancy

Ans. C

For a delivery to be nominated as a normal vaginal delivery, it should fulfill the following criteria except:

- A) Delivery of a singleton baby
- B) The fetus must be in longitudinal lie
- C) The baby must be an outcome of term pregnancy
- D) Delivery may be assisted by episiotomy
- E) Labor may start spontaneously or be induced

Ans. E

Which of the following is contraindicated for artificial rupture of membranes?

- A) Occipitoposterior position
- B) Polyhydramnios
- C) Accidental hemorrhage
- D) Twins
- E) Genital active herpes infection

Ans. E

All of the following are contraindications for labor induction except:

- A) Active genital herpes infection
- B) Placenta previa grade II posterior
- C) Oblique fetal lie
- D) Transverse fetal lie
- E) Umbilical cord presentation

Ans. C

A 30-year-old woman at 41 weeks with a posterior cervix, 50% effacement, 2 cm dilation, and head at -2 station should proceed with:

- A) Five units syntocinon in 500 ml ringer lactate
- B) Amniotomy and observation
- C) Prostaglandin E2 vaginal gel 2 mg
- D) Amniotomy and 10 units syntocinon in 500 ml saline
- E) Five units syntocinon in saline followed by amniotomy

Ans. C

Regarding the fetal skull, which of the following is INCORRECT?

- A) The longitudinal diameter in vertex presentation is the suboccipito-bregmatic diameter
- B) The longitudinal diameter in the OP position is the suboccipito-frontal diameter
- C) The occipitofrontal diameter is measured from the root of the nose to the posterior fontanelle and is 11.5 cm
- D) The mento-vertex diameter is taken from the chin to the furthest point of the vertex
- E) The submento-bregmatic diameter is measured from below the chin to the anterior fontanelle and is 13 cm

Ans. E

Engagement in obstetrics refers to the fetal head passing through which pelvic structure?

- A) Pelvic outlet
- B) Pelvic cavity
- C) Pelvic inlet
- D) Ischial spine
- E) Sacral promontory

Ans. C

All the following are criteria of Braxton-Hicks contractions except:

- A) They are irregular and painful
- B) Resolve with ambulation
- C) Do not increase in frequency
- D) Cause prolongation of the second stage of labor
- E) May start at the 20th week of gestation

Ans. D

The major factor predisposing to breech presentation is:

- A) Uterine anomalies
- B) Multiple gestations
- C) Placenta previa
- D) Fetal structural anomalies
- E) Prematurity

Ans. E

All of the following are maternal factors in fetal malpresentation except:

- A) Multiparity
- B) Pelvic masses
- C) Pelvic contracture
- D) Multiple gestation
- E) Uterine malformation

Ans. D

Which of the following is a contraindication for induction or augmentation of labor?

- A) Preeclampsia
- B) Intrauterine growth restriction
- C) Abnormal presentation
- D) Fetal abnormality
- E) Chorioamnionitis

Ans. C

During the routine examination of the umbilical cord and placenta after a spontaneous vaginal delivery, you notice that the baby had only one umbilical artery. Which of the following is true regarding the finding of a single umbilical artery?

- A) It is a very common finding and is insignificant
- B) It is a rare finding in singleton pregnancies and is therefore not significant
- C) It is an indicator of an increased incidence of congenital anomalies of the fetus
- D) It is equally common in newborns of diabetic and non-diabetic mothers
- E) It is present in 5% of all births

Ans. C

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

- A) Large for gestational age
- B) Lower uterine segment fibroid
- C) Bicornuate uterus
- D) Polyhydramnios
- E) Oligohydramnios

Ans. A

The practical method of assessing the shape and dimensions of the bony pelvis in labor is:

- A) Clinical pelvimetry
- B) X-ray pelvimetry
- C) Computerized scan pelvimetry
- D) Magnetic resonance imaging pelvimetry
- E) Ultrasound pelvimetry

Ans. A

The narrowest transverse diameter of the maternal pelvis is at the level of:

- A) Pelvic inlet
- B) Sacral 1 vertebra
- C) Sacral 2 vertebra
- D) Ischial spine
- E) Ischial tuberosities

Ans. D

One of the following can be delivered vaginally:

- A) Persistent brow
- B) Major placenta previa
- C) Mentoanterior face
- D) Mentoposterior face
- E) Transverse lie

Ans. C

An abnormal attitude is illustrated by:

- A) Breech presentation
- B) Face presentation
- C) Transverse position
- D) Occiput posterior position
- E) Breech presentation: Incorrect. Breech refers to fetal presentation, not attitude.

Ans . B

Difference between male and female pelvis:

- A) Male pubic arch is less acute
- B) The anteroposterior diameter of the pelvic inlet of the male pelvis is greater than that of the female pelvis
- C) The anteroposterior diameter of the pelvic outlet of male pelvis is larger than the same of female pelvis
- D) The transverse diameter of the pelvic outlet of the male pelvis is smaller than that of the female pelvis
- E) The male pelvic cavity is cone-shaped while the female pelvic cavity is funnel-shaped

Ans . D

Asynclitism is best defined as:

- A) Flexion of the descending fetal head from pelvic floor resistance
- B) Failure of the sagittal suture to lie exactly midway between the symphysis and sacral promontory
- C) Failure of the descent because of inadequate uterine contractions
- D) Inability of the fetal head to pass through the pelvic inlet
- E) Inability of internal rotation after the fetal head has reached the ischial spines

Ans . B

Wrong about ischial spine

- A) Can be assessed vaginally
- B) Ischial spines are in pelvic cavity
- C) Used for fetal position
- D) Pudendal nerve inferior and posterior
- E) Palpable during a pelvic exam

Ans . D

Primigravida in labor, her vaginal exam revealed: 7 cm dilatation, -1 station, anterior fontanelle palpable with orbital ridges, and nasal bridge felt anteriorly. What is the engagement diameter of the fetus?

- A) Mentovertebral
- B) Occipitofrontal
- C) Submentobregmatic
- D) Suboccipitobregmatic
- E) Suboccipitofrontal

Ans . A

Sitting in a squat position” is the typical presentation in:

- A) Complete breech
- B) Incomplete breech
- C) Frank breech
- D) Footling breech
- E) Brow presentation

Ans . A

During the third stage of labor, one of the following is contraindicated:

- A) Gentle traction of the cord
- B) Check for the completeness of placenta after delivery
- C) Wait until signs of separation
- D) Pull the cord immediately after delivery of the baby
- E) Uterine massage

Ans . D

Which of the following is not assessed by a pelvic examination (PV)?

- A) Cervical dilation
- B) Station
- C) Attitude
- D) Effacement
- E) Position

Ans . C

The plane of least pelvic dimensions in the pelvis is:

- A) Pelvic floor
- B) Pelvic outlet
- C) Midpelvis
- D) Pelvic inlet
- E) The plane at promontory of sacrum

Ans . B

All the following are pharmacological methods for cervical ripening except:,

- A) Oxytocin
- B) Prostaglandin E1
- C) Prostaglandin E2
- D) Laminaria tent
- E) Relaxin

Ans . A

The denominator of face presentation is:

- A) Occiput
- B) Chin
- C) Glabella
- D) Anterior fontanelle
- E) Nasal bridge

Ans . B

All the following are predisposing factors for face presentation except:

- A) Anencephaly
- B) Contracted pelvis

- C) Cord around the neck
- D) Cystic hygroma of the neck
- E) Hydrocephaly

Ans . C

Which of the following is false about vaginal exams?

- A) Routine digital exam for a 33-week pregnant woman to assess cervical dilation
- B) Assess fetal presenting part
- C) Assess the condition of the membrane
- D) Assess station of the presenting part
- E) Assess cervical consistency

Ans . A

Which of the following factors tends to increase the average duration of labor:

- A) Increased parity
- B) Increased age of the mother
- C) Decreased baby size
- D) Occipito-posterior position
- E) Ambulation

Ans . D

Risk factors for cord prolapse include all of the following except:

- A) Multiparity

- B) Footling breech
- C) Post-maturity
- D) Anencephaly
- E) Cephalo-pelvic disproportion

Ans . C

Which of the following cannot be reliably confirmed on abdominal examination alone?

- A) Vertex presentation
- B) Breech presentation
- C) Transverse lie
- D) Oblique lie
- E) None engaged head

Ans . A

Choose the option that is the greatest contraindication to epidural anesthesia:

- A) Previous treatment with anticoagulants
- B) Multiple pregnancy
- C) Patients receiving narcotics
- D) Hypertension in pregnancy
- E) Hypovolemia

Ans . E

The changes in skull bones that occur during labor to permit accommodation of the fetal head to the maternal pelvis is referred to as:

- A) Caput
- B) Yielding
- C) Moulding
- D) Flexion
- E) Engagement

Ans . C

A 22-year-old primigravida is found to have a high head at 40 weeks. This could be due to all of the following except:

- A)Wrong dates
- B)Placenta previa
- C)An occipito-posterior position
- D)Cephalo-pelvic disproportion
- E)Placental abruption

Ans . E

Concerning the denominator, all the followings are true except:

- A) The occiput in a flexed cephalic presentation
- B) The chin in face presentation
- C) The sacrum in breech presentation
- D) The shoulder in transverse lie
- E) Is the fetal part mostly related to symphysis pubis

Ans . E

A 20-year-old primigravida was admitted to the delivery room in normal labor. The optimal frequency of uterine contractions during the 1st stage of labor is:

- A) 0-1 contraction/10 minutes
- B) 3-4 contractions/10 minutes
- C) 6-8 contractions/10 minutes
- D) 10-12 contractions/10 minutes
- E) 15-20 contractions/10 minutes

Ans . B

Cord prolapse is associated with all of the following except:

- A) Multiparity
- B) Footling breech
- C) Post-maturity
- D) Anencephaly
- E) Cephalo-pelvic disproportion

Ans . C

The least important factor significantly associated with prolonged second stage of labor is:

- A) Chorioamnionitis
- B) Induced labor
- C) Old maternal age
- D) Parity  $\geq 5$
- E) Polyhydramnios

Ans . E

A 39-year-old with transverse lie at 36 weeks has all associated risk factors except:

- A) More common in grand multipara
- B) Seen in women with contracted pelvis
- C) Common in patients with placenta previa
- D) Common in patients with congenital uterine abnormalities
- E) Less risk of cord prolapse

Ans . E

The components of the Apgar score include all except:

- A) Appearance
- B) Pulse rate
- C) Good eye opening
- D) Activity
- E) Respiratory effort

Ans . C

One of the following is not an absolute contraindication to regional anesthesia:

- A) Hypovolemia
- B) Pseudotumor cerebri
- C) Skin infection over the site of needle placement
- D) Increased intracranial pressure
- E) Patient refusal

Ans . B

Brow presentation, what is the presenting diameter?

- A) Mento-bragmatic
- B) Mento-occipital
- C) Submento-bregmatic
- D) Occipitofrontal
- E) Suboccipito-bregmatic

Ans . B

The denominator in breech presentation is:

- A) Symphysis pubis
- B) Sacrum
- C) Coccyx
- D) Iliac crest
- E) Buttocks

Ans . B

The following parameters differ in progression of spontaneous labor between nulliparous and multiparous except:

- A) Duration of the first stage
- B) Duration of the second stage
- C) Duration of the third stage
- D) Duration of the latent phase
- E) Rate of maximal dilation

Ans . C

Regarding inspection during obstetric examination, all of the following are true except:

- A) Assess the shape of the abdomen and note any asymmetry
- B) Assess the lie of the fetus
- C) Look for fetal movements
- D) Note any signs of pregnancy such as striae gravidarum
- E) Look for scars; the most significant scar is the supra-pubic transverse incision, as it signifies obstetric/gynecological surgery

Ans . B

A primigravida with a fully dilated cervix for 30 minutes and head station at -1 with molding and caput can be safely delivered by:

- A)Caesarean section
- B)Forceps delivery
- C)Vacuum extraction
- D)Internal podalic version then breech extraction
- E)Fundal compression with deep episiotomy

Ans . A

Which type of pelvis is similar to the male pelvis?

- A) Android
- B) Triangular
- C) Platypelloid
- D) Anthropoid
- E) Gynecoid

Ans . A

Which of the following is not a component of the Bishop Score?

- A) Station
- B) Position of the presenting part
- C) Length of the cervix
- D) Dilatation of the cervix
- E) Consistency of the cervix

Ans . B

All the following statements about prolapse of the umbilical cord are true except:

- A) It occurs in about 0.5% of patients.
- B) It occurs more frequently in patients with high parity.
- C) It is more frequent in twins and polyhydramnios.
- D) It is associated with increased perinatal mortality.
- E) Manual replacement of the cord is indicated when the presenting part is not engaged.

Ans . E

Wrong about the second stage of labor:

- A) Begins with complete dilatation of the cervix
- B) If progression of labor is good and fetus is stable, allow one hour of passive management
- C) During the passive hour of labor, contractions should be suppressed, and oxytocin stopped
- D) Maternal efforts are encouraged after passive management
- E) Ends with the delivery of the fetus

Ans . C

The relation of the fetal parts to one another determines which of the following?

- A) Presentation of the fetus
- B) Lie of the fetus
- C) Attitude of the fetus
- D) Position of the fetus
- E) Rotation of the fetus

Ans . C

Recognized unwanted effects of prostaglandin E include all of the following except:

- A) Water retention
- B) Increased uterine contractility
- C) Increased small bowel peristalsis
- D) Flushing of skin
- E) Vomiting

Ans . A

Progress in labor is measured by:

- A) The length of time since rupture of membranes
- B) The frequency of uterine contractions
- C) The force of uterine contractions
- D) Interspinus diameter

E) Descent of the presenting part

Ans . E

Maternal and fetal spine alignment is referred to as?

A) Lie

B) Position

C) Presentation

D) Engagement

E) Attitude

Ans . A

What is the best independent predictor of successful induction of labor?

A) Cervical position

B) Cervical effacement

C) Cervical consistency

D) Station of the head

E) Cervical dilation

Ans . E

In labor, which parameter shows no difference between primipara and multipara?

A) The time of cervical effacement

B) Duration of first stage

- C) Rate of cervical dilation during the active phase
- D) Duration of second stage
- E) Duration of third stage

Ans . E

Regarding the pelvic inlet boundaries, which of the following is INCORRECT?

- A) Sacrospinous ligament
- B) Symphysis pubis
- C) Upper margin of the pubic bone
- D) Ileopectineal line
- E) Promontory of the sacrum

Ans . A

A 30-year-old G2P1 presents at 39 weeks gestation with a history of spontaneous rupture of membranes 5 hours ago. This is confirmed by sterile speculum examination. The fetus is cephalic and the cervix is effaced and 3 cm dilated. The patient is not contracting regularly. Syntocinon is started. Three hours later, the patient is contracting 7:10 with no good recovery to resting tone, and the fetal heart rate drops to 90 bpm with contractions. She is found to be 9 cm dilated, DOA, +1 station. The appropriate action to take in managing this patient is:

- A) Deliver by caesarean section
- B) Deliver with vacuum
- C) Stop Syntocinon
- D) Give terbutaline
- E) IV hydration

Ans . C

A 30-year-old woman pregnant at 41 weeks, admitted for labor. Assessment of the cervix revealed: soft, anterior, 75% effaced, 3 cm dilated cervix, and the head at -1 station. The best method for delivery of this patient will be:

- A) Start the 5 units syntocinon protocol in 500 ml Ringer lactate
- B) Amniotomy and to observe over the next few hours
- C) Prostaglandin E2 vaginal suppository 2 mg
- D) Amniotomy and 10 units syntocinon in 500 ml normal saline
- E) Surgical delivery (CS)

Ans . B

All of the following can be assessed by a digital vaginal exam except?

- A) Cervical dilatation and consistency
- B) Presenting part of the fetus
- C) Fetal size and weight assessment
- D) Condition of the membrane
- E) Station of the presenting part

Ans . C

All the following conditions may predispose to a breech presentation except:

- A) Hydrocephalus
- B) Anencephaly
- C) Placenta previa
- D) Prematurity

E) Septate uterus

Ans . A

In Modified Bishop Score evaluation for induction of labor, all the following score parameters list given 2 points except:

- A) Cervical dilatation of 5 cm
- B) Cervical effacement of 60 to 70%
- C) Soft cervical consistency
- D) Cervical length 1-2 cm
- E) Station of the presenting part zero to minus 1

Ans . A

All are true about labor except:

- A) The latent phase is affected by epidural analgesia
- B) Moderate uterine contractions last for 30 seconds
- C) Food should be withheld during active labor
- D) The normal laboring woman does not need to be confined to bed early in labor
- E) Bladder distension should be avoided

Ans . C

When an unbooked woman presents in labor at 38 weeks with a face presentation, the first thing to rule out is:

- A) Anencephalic fetus
- B) Occipito-posterior position
- C) Umbilical cord prolapse

- D) Umbilical cord presentation
- E) Twin pregnancy

Ans. A

In normal circumstances, after vaginal delivery of the baby, the ideal and beneficial time for clamping the cord is:

- A) More than 2 minutes
- B) Immediately
- C) After 30 seconds
- D) After one minute
- E) After 90 seconds

Ans . D

An abnormal attitude is illustrated by:

- A) Breech presentation
- B) Face presentation
- C) Transverse lie
- D) Occipito-posterior position
- E) Occipito-anterior position

Ans . B

Which of the following is an indication for induction of labor?

- A) Placenta previa
- B) Post-term gestation
- C) Cord presentation
- D) Prior classical cesarean section

E) Active genital herpes

Ans. B

The delivery of the placenta occurs during:

A) The latent first stage of labor

B) The active first stage of labor

C) The third stage of labor

D) The passive second stage of labor

E) After the complete delivery of the membranes

Ans . C

The following terms are appropriate except:

A) Lie: longitudinal

B) Position: flexed

C) Station: at the level of the spines

D) Engagement: two-fifths

E) Presenting part: shoulder

Ans . B

The most favorable position of the cephalic presentation for vaginal delivery is:

A) Deflexed Occipitoanterior

B) Right occipitotransverse

C) Well flexed occipitoposterior

D) Well flexed occipitoanterior

E) Left deeply engaged occipitotransverse

Ans. D

On pelvic examination of a patient in labor at 34 weeks, the patient is noted to have a 6 cm dilated cervix, completely effaced, with the fetal nose and mouth palpable. The chin is pointing toward the maternal left hip. This is called:

- A) Transverse lie
- B) Mentotransverse position
- C) Occiputotransverse position
- D) Brow presentation
- E) Vertex presentation

Ans. B

Considering the fetal skull, all are true except:

- A) The anterior fontanelle is diamond-shaped
- B) The sutures of the vault are ossified
- C) The vertex presentation longitudinal diameter is sub-occipito-bregmatic diameter
- D) The occipito-mental diameter is normally too large to pass through the maternal pelvis
- E) Molding of the fetal skull is a normal physiological process

Ans. B

Most common cause of occiput posterior (OP) position?

- A) Android pelvis

- B) Gynecoid pelvis
- C) Deflexion of head
- D) Fibroids
- E) Shortened umbilical cord

Ans . A

The most common type of female pelvic inlet is:

- A) Android
- B) Platypelloid
- C) Anthropoid
- D) Gynecoid
- E) Triangular

Ans. D

During labor, hyperflexion of maternal legs on the maternal abdomen that results in flattening of the lumbar spine and ventral rotation of the maternal pelvis and symphysis is used in case of:

- A) Delivery of the aftercoming head in breech presentation
- B) Delayed delivery of retained placenta
- C) Shoulder dystocia
- D) Precipitated labor
- E) Delivery of the second twin

Ans. C

Regarding labor movements, which statement is INCORRECT?

- A) Flexion occurs before extension during labor

- B) Descent happens only at the start of the labor process
- C) The anterior shoulder delivers first and then the posterior shoulder follows
- D) Engagement occurs when the largest diameter of the head enters the pelvis
- E) Extension leads to delivery of the head

Ans. B

Cephalopelvic disproportion (CPD) in the absence of gross pelvic abnormality can be diagnosed by:

- A) X-ray pelvimetry
- B) Ultrasound
- C) Pelvic examination
- D) Maternal stature less than 158 cm
- E) Trial of labor

Ans. E

In normal labor, the pressure produced by uterine contractions is greatest at which of the following times?

- A) Latent phase
- B) Active phase
- C) Second stage
- D) Third stage
- E) Braxton Hicks contractions

Ans. C

A primigravida admitted with rhythmic uterine contractions every 5 minutes and passage of show, cervix was 2 cm dilated and 1 cm long. She is in:

- A) In latent phase of labour
- B) Active phase of labour
- C) Second stage of labour
- D) Not in labour
- E) Late first stage of labour

Ans. A

Trial of labor may be considered in breech presentation in all the following conditions except:

- A) Frank breech
- B) Availability of fetal monitoring
- C) Preterm labor situation
- D) Estimated fetal weight between 2000-3800 grams
- E) The circumstances allow for rapid Caesarean section delivery if needed

Ans. C

A 30-year-old woman, pregnant at 41 weeks, admitted for induction of labor. Vaginal examination showed the cervix to be directed posteriorly, firm, 50% effaced, and 2 cm dilated. The head was at -2 station. The Bishop score for this patient will be:

- A) 1
- B) 3
- C) 6
- D) 7
- E) 8

Ans. B

During clinical pelvimetry, which of the following is routinely measured?

- A) True conjugate
- B) Transverse diameter of the inlet
- C) Shape of the pubic arch
- D) The iliac crests
- E) Elasticity of the levator muscles

Ans. C

Regarding the anatomy of the maternal pelvis, all are true EXCEPT:

- A) The pudendal nerve passes behind and above the ischial spine
- B) The anterior-posterior (AP) diameter of the pelvic inlet is 11 cm
- C) The anterior-posterior diameter of the pelvic outlet is 13.5 cm
- D) The levator ani muscles form the pelvic floor
- E) The pelvic inlet is wider transversely than anterior-posteriorly

Ans. A

Characteristics of labor pains include all of the following except:

- A) Painful lower abdominal pain
- B) Regular and rhythmic
- C) Classified as mild, moderate, or severe
- D) Associated with cervical changes
- E) Can start spontaneously or by medications

Ans. C

Causes of perinatal mortality in term frank breech vaginal delivery include all the following except:

- A) Intracranial hemorrhage
- B) Prolapse of umbilical cord
- C) Delay in delivery of head
- D) Fetal abnormalities
- E) Presence of meconium

Ans. E

For women admitted in labor, which is NOT essential?

- A) A hematocrit or hemoglobin measurement
- B) Blood sample at the blood bank held for cross-match
- C) Hepatitis B status of the mother
- D) Voided urine specimen for protein and glucose
- E) Blood sugar level

Ans. E

All of the following are parts of the female pelvis except?

- A) Ischial bone
- B) Iliac bone
- C) Pubic bone
- D) Head of femur
- E) Sacrum and coccyx

Ans. D

One of the following is not a cause of obstructed labor:

- A) A cystocele or rectocele
- B) A distended urinary bladder
- C) Ectopic or pelvic kidney
- D) Ovarian tumors
- E) Uterine fibroids

Ans. A

Which of the following is NOT an advantage of delayed cord clamping?

- A) Improved survival from malaria in endemic regions
- B) Decreased risk of neonatal jaundice
- C) Lower circulating lead levels in areas with high air pollution
- D) Improved serum ferritin during the first year
- E) Improved total body iron stores at one year of age

Ans. B

All of the following items are parameters evaluated in Bishop's score except:

- A) Cervical consistency
- B) Station of the presenting part
- C) Pelvic capacity
- D) Cervical position
- E) Degree of effacement

Ans. C

Duration of the second stage of labor can be affected by all the following factors except:

- A) Maternal position
- B) Epidural analgesia
- C) Nulliparity
- D) The presentation
- E) Large birth weight babies

Ans. A

The relationship between the fetal presenting part and the maternal pelvis is the definition of fetal:

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

Ans. D

The denominator with a face presentation is:

- A) Sinciput
- B) Occiput
- C) Vertex
- D) Mentum
- E) Malar eminence

Ans. D

Contraindications to the induction of labor include all the following except:

- A) Macrosomia
- B) Previous classical Caesarean section
- C) Placenta previa
- D) Fetal renal anomaly
- E) Hydrocephaly

Ans. D

A 25-year-old G2 Para 1 woman at 41 weeks' gestation is noted to change her cervix from 6 to 9 cm over 2 hours. Which of the following is the most likely diagnosis?

- A) Protracted active phase
- B) Arrest of active phase
- C) Normal labor
- D) Prolonged latent phase
- E) Arrest of descent

Multiparity has a recognized association with:

- A) Pregnancy-induced hypertension
- B) Fetal malpresentation
- C) Sudden infant death
- D) Chronic renal disease
- E) Abnormal menstruation

Ans. B

Wrong about antenatal care

- A) Must do CTG and check heart rate every 15 minutes (or continuously)
- B) Must check contractions every 30 minutes
- C) Must monitor the pulse every hour
- D) Must measure heart rate and blood pressure every 4 hours
- E) Must do PV every 1 hour

Ans. E

Regarding epidural analgesia, which statement is CORRECT?

- A) Contraindicated in suspected IUGR
- B) Should not be administered during the second stage of labor
- C) Resulting hypotension can cause fetal heart changes
- D) Contraindicated in women with a past history of DVT
- E) Associated with an increase in the rate of cesarean delivery

Ans. C

All of the following are criteria for normal vaginal delivery except:

- A) The baby is in cephalic presentation
- B) The head is in the occipito-anterior position
- C) The attitude of the baby is in flexion
- D) The outcome must be alive
- E) There may be an episiotomy

Ans. C

Which of the following is incorrect about fetal lie, presentation, and engagement?

- A) Ischial bone is the landmark of station and it is 0 station
- B) Hand beside head is called complex presentation
- C) Position is the relation between fetal presenting part and maternal pelvis
- D) Engagement refers to the descent of the presenting part into the pelvis
- E) Fetal lie describes the long axis alignment of the

Ans. B

All of the following factors increase the chance of success of external cephalic version in breech presentation except:

- A) Multiparity
- B) Adequate liquor
- C) Breech is mobile above the pelvic brim
- D) Trendelenburg position
- E) Frank breech

Ans. E

What is the commonest cause of non-engagement at term in primigravidae?

- A) Cephalopelvic disproportion
- B) Brow presentation
- C) Hydraminous

- D) Breech presentation
- E) Placenta previa

Ans. A

In the fetal skull at term, the following diameters are correct except:

- A) Suboccipitobregmatic 9.5 cm
- B) Mentovertical 11.5 cm
- C) Occipitofrontal 11.5 cm
- D) Submentobregmatic 9.5 cm
- E) Biparietal 9.5 cm

Ans. B

Which of the following statements is false about fetal position?

- A) Posterior mento-bregmatic position means that the fetal chin is facing the maternal
- B) Anterior mento-vertex is a brow position facing the maternal pubis
- C) Occipito-anterior is a favorable position for delivery
- D) Occipito-posterior positions are associated with a longer labor duration
- E) Transverse position is ideal for vaginal delivery

Ans. A

All the following are absolutely contraindicated for induction of labor except:

- A) Active genital herpes infection
- B) Placenta previa grade II posterior
- C) Bishop score of 5
- D) Transverse fetal lie
- E) Oblique fetal lie

Ans. C

False about true labor pain?

- A) Regular rhythmic contractions
- B) Increase in intensity
- C) Decreased time between contractions
- D) Pain is relieved by sedation
- E) Pain can be felt in the back

Ans. D

For a 37-week pregnant woman with breech presentation offered external cephalic version, all of the following are true except:

- A) Should not be performed if breech presentation is footling
- B) May lead to fetal bradycardia
- C) Requires general anesthesia
- D) Is a recognized cause of transplacental hemorrhage
- E) Should not be performed before 34 weeks

Ans. C

The following list includes the hazards of induction of labor except:

- A)Increases the risk of postpartum hemorrhage
- B)Increases the risk of infection for both mother and baby
- C)Increases the risk of the umbilical cord accidents
- D)Increases the risk of uterine rupture
- E)Increases the risk of premature rupture of membranes

Ans. E

All of the following are usual causes of non-engagement of the head except:

- A)Cephalo-pelvic disproportion
- B)Intrauterine growth retardation
- C)Placenta previa
- D)Prematurity
- E)Malposition

Ans. B

After delivery of the head, it rotates to become perpendicular to the shoulders' axis. This movement is called:

- A)Internal rotation
- B)External rotation
- C)Restitution
- D)Extension
- E)Descent

Ans. C

The fetal head is considered engaged when the vertex is at the level of the:

- A) Ischial spines
- B) Obstetrical conjugate
- C) Diagonal conjugate
- D) Sacroiliac ligament
- E) Symphysis pubis

Ans. A

A 27-year-old multiparous woman with a breech presentation at 36 weeks' gestation presents for a routine visit. Otherwise, her antenatal course was normal. The most appropriate action is:

- A) Perform external cephalic version
- B) Admit for elective cesarean section
- C) Clinic visit in 1 week
- D) X-ray pelvimetry to determine mode of delivery
- E) Abdominal X-ray to rule out fetal head extension

Ans. C

Predisposing factors for transverse lies include all except:

- A) Prematurity
- B) Placenta previa
- C) Hydramnios
- D) Uterine anomalies
- E) Abruptio placenta

Ans. E

The pudendal nerve can be easily blocked by local anesthetics. The neurologic effect of the pudendal nerve is:

- A) Motor to levator ani muscle
- B) Motor to obturator internus muscle
- C) Sensory to the uterus
- D) Motor to the bladder
- E) Sensory to the perineum

Ans. E

Regarding the mid cavity of the pelvis, all are true EXCEPT

- A) Bounded in front by the middle of the symphysis pubis
- B) Bounded on each side by the pubic bone
- C) Bounded on each side by the obturator fascia and the inner aspect of the ischial bone and spines
- D) Bounded posteriorly by the junction of L4-S1 vertebrae
- E) The cavity is almost round, as the transverse and anterior diameters are similar at 12 cm

Ans. D

The arrangement of the mechanism of labor for successful normal vaginal delivery after engagement in sequence is:

- A) Flexion, Extension, Internal Rotation, External Rotation, Expulsion
- B) Descent, Internal Rotation, External Rotation, Flexion, Extension
- C) Descent, Flexion, Internal Rotation, Extension, External Rotation
- D) Flexion, Extension, External Rotation, Internal Rotation, Descent

E) Descent, Flexion, External Rotation, Internal Rotation, Extension

Ans. C

### **Ectopic pregnancy**

Symptoms of a ruptured fallopian tube ectopic pregnancy include all except:

- A) Sudden, severe, sharp pain
- B) Feeling faint and dizzy
- C) Nausea and vomiting
- D) Diarrhea
- E) Shoulder tip pain

Ans. D

What is the single most important sonographic finding for excluding ectopic pregnancy?

- A) Identification of an intrauterine pregnancy
- B) Free fluid in the cul-de-sac
- C) Empty uterus
- D) Complex adnexal mass
- E) Thickness of the endometrium

Ans. A

A 28-year-old G4P2+1 with an empty uterus, left adnexal mass, and  $\beta$ -hCG of 7500 IU/L. Suitable treatment is:

- A) Laparotomy salpingectomy
- B) Laparotomy salpingostomy

- C) Laparoscopic salpingectomy
- D) Laparoscopic salpingostomy
- E) Methotrexate

Ans. D

The most common site of ectopic pregnancy is:

- A) Ampullary part of the tube
- B) Ovary
- C) Isthmic part of the tube
- D) Abdominal ectopic pregnancy
- E) Cervix

Ans. A

Ectopic, which of the following is NOT an indication for methotrexate?

- A) Minimal fetal heart activity
- B) 4 cm sac gestational sac
- C) No presence of ascites
- D) Medically free patient
- E)  $\beta$ -hCG > 5000 IU/L

Ans. E

The most common cause of death related to ectopic pregnancy:

- A) Sepsis
- B) Hypovolemia

- C) DIC
- D) Anaphylaxis
- E) Air embolism

Ans. B

The endometrial change of ectopic pregnancy is:

- A) Glandular cystic hyperplasia
- B) Decidual transformation
- C) Secretory changes with chorial cell
- D) Atypical hyperplasia
- E) Proliferation endometrium

Ans. B

A 19-year-old girl is admitted with pelvic pain, a positive pregnancy test, and a 3 cm viable ectopic pregnancy seen in the right fallopian tube on ultrasound. She previously had a left salpingectomy for an ectopic. The best management would be:

- A) Laparoscopic salpingectomy
- B) Laparoscopic salpingostomy
- C) Conservative management with serial  $\beta$ -hCGs
- D) Laparotomy
- E) Methotrexate

Ans. B

All of the following are risk factors for ectopic pregnancy except:

- A) History of pelvic inflammatory disease

- B) History of pelvic surgery
- C) Use of fertility drugs
- D) Smoking
- E) Combined oral contraceptive pills

Ans. E

Which of the following is NOT an indication for surgical treatment of ectopic pregnancy in patients on medical therapy?

- A) Elevated beta hCG after 3 days of therapy
- B) Acute abdomen
- C) Fetal heart activity
- D) Intraperitoneal bleeding
- E) Hypovolemic shock

Ans. A

What is the strongest risk factor for ectopic pregnancy?

- A) Previous ectopic pregnancy
- B) Assisted reproductive technology (ART)
- C) History of STDs
- D) Multiple sexual partners
- E) Chronic salpingitis

Ans. A

A 32-year-old woman (parity 2) is admitted with 6 weeks of amenorrhea and abdominal pain. Ultrasound shows a 5 cm intact ectopic pregnancy. Which of the following surgical procedures is NOT an option?

- A) Salpingo-oophorectomy
- B) Milking of the unruptured pregnancy from the tube
- C) Salpingectomy
- D) Salpingotomy
- E) Salpingostomy

Ans. B

The correct diagnosis of ectopic pregnancy is strongly related to all the following except:

- A) Physician experience in Ultrasonography
- B) Accuracy in performing  $\beta$ -hCG
- C) Endoscopic evaluation
- D) High index of suspicion by treating physician
- E) Good clinical exam

Ans. C

Early recognition of a cervical pregnancy is usually made utilizing which one of the following?

- A) Colposcopy
- B) Careful digital palpations
- C) Ultrasound
- D) Serial serum  $\beta$ -hCG determination
- E) MRI

Ans. C

Which of the following does NOT increase the risk of ectopic pregnancy?

- A) Fibroids
- B) Uterine anomalies
- C) History of infertility
- D) History of C-section
- E) Smoking

Ans . A

A 20-year-old pregnant lady, G2P1, lactating with a missed period of 6 weeks, presents with minimal vaginal bleeding and abdominal pain,  $\beta$ -hCG (630 mIU/ml). She has stable vital signs, and vaginal scanning showed a thickened endometrium. The suitable treatment is:

- A) Repeat  $\beta$ -hCG after 48 hours
- B) Diagnostic laparoscopy
- C) Laparotomy
- D) Methotrexate
- E) See the mother in one week time

Ans . A

What is the most common symptom of an ectopic pregnancy?

- A) Vaginal bleeding
- B) Pelvic pain
- C) Amenorrhea
- D) Syncope
- E) Nausea

Ans . C

A 30-year-old para 2, was admitted with 6 weeks of amenorrhea and abdominal pain. Ultrasound report indicates a 5 cm unruptured ectopic pregnancy. Which of the following is not an option for treatment?

- A) Salpingectomy
- B) Salpingo-oophorectomy
- C) Salpingotomy
- D) Salpingostomy
- E) Milking of the unruptured pregnancy from the tube

Ans. E

Concerning ectopic pregnancy, one is correct:

- A) The incidence has increased in the last decade
- B) Exposure to diethylstilbestrol (DES) is not a risk factor
- C) Most pregnancies occur in the fimbrial end of the tube
- D) At presentation, patients are usually mildly febrile
- E) Methotrexate is useful in the treatment of ectopic pregnancy due to its interference with RNA synthesis

Ans . A

Medical treatment of ectopic pregnancy is contraindicated in one of the following conditions:

- A) Serum  $\beta$ -hCG is less than 3000 mIU/mL
- B) No fetal heart motion in transvaginal ultrasound
- C) Patient is hemodynamically stable
- D) Ectopic sac is more than 4 cm in diameter
- E) The ectopic pregnancy is not disturbed

Ans . D

Which of the following is a contraindication to medical management of ectopic pregnancy?

- A) Small ectopic size
- B) Low beta-hCG levels
- C) Absence of fetal heart activity
- D) Presence of fetal heart activity
- E) Stable vital signs

Ans . D

Q88: The least likely differential diagnosis for pain-producing problems early in pregnancy resembling ectopic pregnancy is:

- A) Threatened or incomplete abortion
- B) Ruptured corpus luteal cyst
- C) Acute pelvic inflammatory disease
- D) Adnexal torsion
- E) Degenerating leiomyoma

Ans . C

A 26-year-old woman with a missed period for 4 days and minimal vaginal spotting, with a history of ectopic pregnancy managed by laparoscopic salpingostomy, has a  $\beta$ -hCG level of 800 IU/L. A quick transabdominal ultrasound in the ER was unremarkable. The next best step in management is:

- A) Official transabdominal pelvic ultrasound
- B) Official transvaginal pelvic ultrasound
- C) Methotrexate 75 mg IM
- D) Repeat serum  $\beta$ -hCG after 48 hours
- E) Urgent laparoscopic salpingectomy

Ans . B

## Urinary incontinence

One of the following is correct concerning a 50-year-old woman presented with urinary incontinence:

- A) Is most likely to have a vesico-vaginal fistula
- B) Should have an anterior vaginal repair as the first step in management
- C) Is likely to have ureteric reflux
- D) Should have urodynamic studies carried out
- E) Will almost always have more than three children

Ans . D

True about urinary incontinence

- A) Stress incontinence results from detrusor muscle dysfunction
- B) Urge incontinence arises from internal sphincter relaxation
- C) Stress incontinence causes large bladder leaks with sudden desire
- D) Urge incontinence involves leakage during minimal exertion
- E) Giggle incontinence causes complete leakage from minimal pressure such as laughing or giggling

Ans . E

A 65-year-old woman with urgency and frequency is diagnosed with overactive bladder and prescribed an anticholinergic. It is contraindicated in all of the following EXCEPT:

- A) Ulcerative colitis
- B) Closed-angle glaucoma
- C) Myasthenia gravis
- D) Thrombophiliias
- E) Urine retention

Ans . D

The most important risk factor for stress incontinence is:

- A) Obesity
- B) Smoking and chronic cough
- C) Chronic constipation
- D) Forceps use during delivery
- E) Previous pelvic surgery

Ans . D

One of the following events causes urine to be expelled from the bladder:

- A) Increases in the tone of the external sphincter
- B) Relaxation of the detrusor muscle
- C) Relaxation of the bladder neck
- D) Contraction of the detrusor smooth muscle
- E) Alpha-adrenergic stimulation to the internal sphincter

Ans . D

Why are anticholinergics not used in stress incontinence?

- A) They worsen bladder emptying
- B) They increase urethral pressure
- C) They relax the bladder
- D) They have no effect on the urethral sphincter
- E) They are only used for urgency incontinence

Ans . E

The most common cause of detrusor overactivity is:

- A) Low estrogen levels
- B) Incontinence surgery
- C) Upper motor neuron lesion
- D) Idiopathic
- E) Recurrent infections

Ans . D

With regards to urinary incontinence:

- A) Genuine Stress Incontinence can be diagnosed on history alone
- B) Detrusor instability can be treated with anticholinergic medication
- C) Tension free vaginal tape (TVT) is an ideal treatment for detrusor instability
- D) Urodynamics is only required if surgery fails
- E) A TVT can only be done under general anesthetic

Ans . B

Urinary frequency in early pregnancy is most commonly due to:

- A) Increased GFR
- B) Decreased renal tubular reabsorption of water
- C) Urinary tract infection
- D) Dilation of renal pelvis and ureters
- E) Mechanical pressure of the gravid uterus

Ans . B

A 68-year-old lady complains of leakage of urine on coughing and sneezing. The most likely explanation is:

- A) Normal in postmenopausal females
- B) Bladder outflow obstruction
- C) Sensory urgency
- D) Bladder diverticulum
- E) Stress incontinence

Ans . E

All of the following are symptoms of painful bladder syndrome (PBS) except:

- A) Bladder pain
- B) Frequency and urgency

- C) Dysuria
- D) Urine retention
- E) Dyspareunia

Ans . D

Stress incontinence is caused by laxity of which ligament?

- A) Cardinal ligament
- B) Round ligament
- C) Uterosacral ligament
- D) Pubourethral ligament
- E) Sacrospinous ligament

Ans . D

Which of the following is NOT a contraindication for anticholinergics?

- A) Urinary retention
- B) Liver disease
- C) Ulcerative colitis
- D) Closed-angle glaucoma
- E) Myasthenia gravis

Ans . B

Wrong about bladder diary in incontinence

- A) It is an objective measure of volume and incontinence
- B) Measures food and fluid intake and output
- C) For at least 24 hours (typically 3 days)
- D) Record any incidents of leaked urine
- E) Requires hourly documentation of weight

Ans . E

Which is NOT a complication of transvaginal tape (TVT) used for stress incontinence treatment?

- A) Postoperative voiding problems
- B) Retropubic bleeding or hematoma
- C) Ureteric injury
- D) Urinary bladder perforation
- E) Vaginal erosion at the mid-urethral region

Ans . C

Which of the following is NOT an anti-muscarinic medication?

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

Ans. D

Which of the following is NOT seen in overactive bladder syndrome?

- A) Urgency
- B) Nocturia
- C) Frequency
- D) Urgency incontinence
- E) Overflow incontinence

Ans . E

One of the following is not a complication of transvaginal tape used in the treatment of stress incontinence:

- A) Postoperative voiding problems
- B) Retropubic bleeding or hematoma
- C) Ureteric injury

- D) Urinary bladder perforation
- E) Vaginal erosion at the mid-urethral region

Ana . C

A 50-year-old multiparous woman presents with urinary complaints. Which one of the following is characteristic of overactive bladder syndrome?

- A) Frequency and nocturia
- B) Frequency and straining to void
- C) Urgency and frequency
- D) Incomplete bladder voiding
- E) Slow stream and nocturia

Ans . C

### Antepartum hemorrhage

Which of the following conditions is less likely to be associated with placenta previa?

- A) Large placenta
- B) Previous cesarean section scar
- C) Primigravida
- D) Previous placenta previa
- E) Multigravida

Ans. C

A 31-year-old G4P3 at 37 weeks gestation with a history of painless vaginal bleeding soaking three pads that has now stopped. She has stable vital signs, and her hematocrit is 42%. The next step is:

- A) Reassure her and discharge her to await spontaneous labor
- B) Perform vaginal and speculum examination to determine cause of bleeding

- C) Perform cesarean section immediately
- D) Admit for induction of labor
- E) Perform ultrasound examination

Ans . E

In most cases, placenta accreta is treated by:

- A)Cutting the cord and using oxytocin
- B)Observation
- C)Hysterectomy
- D)Hypogastric artery ligation
- E)Uterine packing

Ans. D

The most common significant reason for vaginal bleeding after 20 weeks gestation is:

- A) Succenturiate lobe
- B) Placenta previa
- C) Cervical polyp
- D) Vasa previa
- E) Trauma

Ans. B

The commonest cause of blood clotting defects in pregnancy is:

- A) Amniotic fluid embolism
- B) Placental abruption
- C) Placenta previa
- D) Thrombocytopenia
- E) Fetal death in utero

Ans. B

A 27-year-old woman, G3P1+1, at 35 weeks gestation, presents to the emergency room with mild painless vaginal bleeding, a blood

pressure of 110/60, and +1 protein in a urine dipstick. The most likely diagnosis is:

- A) PROM
- B) Placenta previa
- C) Abruptio placenta
- D) Polyhydramnios
- E) Preterm labor

Ans. B

As regards placenta previa, all the following are true except:

- A) It is manifested by painless recurrent vaginal bleeding
- B) The initial hemorrhage is usually severe
- C) It may predispose to postpartum hemorrhage
- D) Its incidence is affected by parity
- E) The placental site can be located by ultrasound

Ans. C

Placental abruption most commonly peaks at:

- A) 24-26 weeks
- B) 28-30 weeks
- C) 30-32 weeks
- D) 32-34 weeks
- E) 34-36 weeks

Ans . C

Regarding placenta previa, which of the following is NOT true?

- A) Bleeding is usually painless
- B) Patients with major placenta previa can be managed as outpatients until 38 weeks
- C) It is usually diagnosed by ultrasound
- D) Bleeding patients with low-lying placenta should be admitted for at least 24 hours
- E) It may be associated with low back pain

Ans . B

Wrong about antepartum hemorrhage (APH):

- A) Presence of abdominal tenderness rules out placenta previa
- B) It increases maternal and fetal mortality
- C) APH can result in preterm labor
- D) Placental abruption can cause APH
- E) It requires immediate evaluation and management

Ans . A

Regarding potential maternal complications of abruptio placenta, the least likely to develop is:

- A) Hemorrhagic shock
- B) Uterine rupture
- C) Renal failure
- D) Ischemic necrosis of distal organs
- E) Coagulopathy/disseminated intravascular coagulation

Ans . B

In placenta accreta, which statement is CORRECT?

- A) The optimum management is cesarean hysterectomy
- B) It's a normal attachment of the placenta through the uterine myometrium
- C) Is rarely associated with placenta previa
- D) Is associated with diabetes in over 50 percent of cases
- E) It's an avoidable situation if diagnosed at the beginning of the third trimester

Ans . A

Is placental abruption an absolute indication for cesarean section (CS)?

- A) Yes, in all cases
- B) No, vaginal delivery may be possible
- C) Only if the fetus is preterm

- D) Only if the patient is unstable
- E) Only if the placenta previa is involved

Ans. B

During continuous fetal monitoring, a sinusoidal trace is most likely associated with:

- A) Severe uteroplacental insufficiency
- B) Vasa previa
- C) Placental abruption
- D) Cord prolapse
- E) Congenital heart block

Ans. B

What should be done if the placenta is low-lying in the second trimester?

- A) Immediate cesarean section
- B) Regular follow-up with ultrasound
- C) Induce labor early
- D) Prescribe bed rest
- E) No further monitoring is needed

Ans. B

A 35-year-old lady G3P0+3, at 32 weeks gestation, came to the emergency room with vaginal bleeding and abdominal pain, her blood pressure was 130/80, with +1 protein in urine dipstick. The most likely diagnosis is:

- A) PROM
- B) Placenta previa
- C) Abruption placenta
- D) Heavy show
- E) Preterm labour

Ans . C

A 32-year-old woman (G4P3) presents at 30 weeks gestation with heavy vaginal bleeding but no abdominal pain. Ultrasound shows a placenta completely covering the cervix and a viable fetus. What is the next step?

- A) Stabilize and perform an emergency CS immediately
- B) Admit the patient and induce labor
- C) Admit the patient and observe the bleeding
- D) Discharge the patient and review after 1 week
- E) Plan for delivery at 34 weeks

Ans . A

The following are predisposing factors for placenta previa except:

- A) Repeated induced abortion
- B) Multifetal gestation
- C) IVF
- D) Malposition
- E) Congenital anomalies of the uterus

Ans. D

One of the following is not a risk factor for placental abruption:

- A) Twin pregnancy
- B) Maternal thrombophilias (Heterozygous factor V)
- C) Pregnancy following in-vitro fertilization (IVF)
- D) Low body mass index
- E) Intrauterine infections

Ans. B

Which of the following is NOT a cause of placenta previa?

- A) Previous cesarean section

- B) Previous placenta previa
- C) Uterine artery embolization
- D) Fibroids
- E) Multiple gestation

Ans . C

The primary cause of placental abruption is:

- A)Hypofibrinogenemia
- B)Hypertension
- C)Acute toxemia
- D)Trauma
- E)Unknown

Ans . E

A 25-year-old woman at 34 weeks' gestation with a placenta previa has bluish tissue adherent between the uterus and bladder. The most likely diagnosis is:

- A) Placenta accreta
- B) Placenta increta
- C) Placenta percreta
- D) Placenta abruption
- E) Placental hemangioma

Ans . C

When a placenta is found low at 20 weeks, the best advice is:

- A)The placenta will be low all through pregnancy
- B)This lady will deliver by cesarean section
- C)This lady should not get pregnant again
- D)Most of these placentas will migrate up during pregnancy
- E)This lady should have complete bed rest

Ans. D

Concerning placenta previa, one is correct:

- A) Nulliparity is a risk factor
- B) Complicates approximately 1 in 400 pregnancies
- C) Is associated with intrauterine growth restriction
- D) Is commonly encountered in those who have previously been delivered by C-section
- E) Four cesarean section scars increase the risk by more than 50 percent

Ans . C

A 32-year-old woman at 36 weeks gestation presents in shock, with vaginal bleeding and a rigid uterus. The fetus is dead, and the cervix is uneffaced and 2 cm dilated. The next step after resuscitation is:

- A) Perform forewater amniotomy
- B) Proceed immediately to Caesarean section
- C) Start clexane therapy for DIC
- D) Stabilize, perform a full workup, and manage accordingly
- E) Induce labor with prostaglandin suppositories and syntocinon drip

Ans . A

All are recognized risk factors for placental abruption except:

- A) Increasing parity
- B) Cocaine use
- C) Preterm premature rupture of membranes
- D) Cigarette smoking
- E) Maternal anxiety

Ans . E

Regarding antepartum hemorrhage (APH), all the following are correct except:

- A) It is vaginal bleeding after the age of viability.
- B) Passage of show is a possible cause
- C) Associated with increased perinatal morbidity and mortality
- D) Patients with APH should be delivered by cesarean section
- E) May be due to fetal bleeding

Ans. D

In evaluating fluid replacement for obstetric hemorrhage, which parameter best indicates adequate volume?

- A) Blood pressure
- B) Respiratory rate
- C) Pulse rate
- D) Urine output
- E) Pulse pressure

Ans. D

The most predictive factor in abruption is:

- A) An abruption in a previous pregnancy
- B) Pre-eclampsia
- C) Polyhydramnios
- D) Advanced maternal age
- E) Multiparity

Ans . A

Which of the following would suggest placental abruption in a 23-year-old primigravida at 36 weeks of gestation?

- A) Fetal lie often abnormal with a high presenting part
- B) Abdominal tenderness
- C) Profuse vaginal bleeding
- D) Low placenta
- E) No pain

Ans. B

APH chose the wrong option

- A) Unexplained is classified as high risk
- B) Succinate placenta is a cause
- C) Placenta previa always causes severe abdominal tenderness
- D) Associated with increased maternal mortality
- E) May require emergent delivery

Ans . C

### **Dysfunctional uterine bleeding**

One of the following is not used in the treatment of menorrhagia:

- A) Combined contraceptive pills
- B) Mefenamic acid
- C) Progestogen-only pills
- D) Tranexamic acid
- E) Endometrial ablation

Ans . C

All of the following are associated with menstrual disorders  
EXCEPT:

- A) Endometrial polyp
- B) Endometrial simple hyperplasia
- C) Pelvic inflammatory disease
- D) Thyroid disease
- E) Diabetes

Ans . E

The normal average volume of menstrual blood loss is:

- A) 5 to 10 ml
- B) 10 to 15 ml
- C) 25 to 50 ml
- D) 150 to 200 ml
- E) 250 to 300 ml

Ans . C

Which treatment for dysfunctional uterine bleeding reduces prostaglandin E2 production?

- A) Mirena IUS
- B) Mefenamic acid
- C) Tranexamic acid
- D) Norethisterone
- E) Danazol

Ans . B

All of the following can be used in the treatment of menorrhagia except:

- A) Combined contraceptive pills
- B) Mefenamic acid
- C) Nova-T IUCD
- D) Tranexamic acid
- E) Endometrial ablation

Ans . C

I am “heavy uterine bleeding in the amount or duration or both that occur at irregular intervals during reproductive years.” My name is:

- A) Menorrhagia
- B) Metrorrhagia
- C) Menometrorrhagia
- D) Metromenorrhagia
- E) Hypomenorrhea

Ans . C

A 35-year-old female, presented with infrequent periods. All of the followings could be the cause except:

- A) Hyperprolactinemia
- B) Idiopathic hirsutism
- C) Polycystic ovary syndrome
- D) Premature ovarian failure
- E) Autoimmune oophoritis

Ans . B

All cause regular heavy periods except:

- A) Endometrial polyp
- B) Cervical cancer
- C) Hypothyroidism
- D) Fibroids
- E) Adenomyosis

Ans . A

Regarding post-menopausal bleeding, all of the following are correct except:

- A) May be caused by endometrial carcinoma
- B) May be caused by cervical carcinoma
- C) Can usually be ignored on the first occasion
- D) Is commonly caused by atrophic vaginitis
- E) Cervical erosions are a very uncommon cause

Ans . C

A 56-year-old woman presents with postmenopausal dark brown staining. What is the next best step?

- A) Dilatation and curettage
- B) Outpatient hysteroscopy

- C) Pipelle biopsy
- D) Transvaginal ultrasound
- E) Repeat pap smear

Ans . D

A 60-year-old woman presents with vaginal bleeding. Examination reveals thin, pale vaginal mucosa with contact bleeding, and TV ultrasound shows an endometrial thickness of 1 mm. What is the management?

- A) Vaginal biopsy
- B) Endometrial biopsy
- C) Topical estrogen
- D) Hysterectomy
- E) Cervical smear

Ans . C

13-year-old girl with abnormal uterine bleeding, most common cause:

- A) Trauma
- B) Cervical cancer
- C) Systemic disease
- D) Anovulation
- E) Coagulopathy

Ans . D

Regarding dysfunctional uterine bleeding (DUB), all are true except:

- A) The essential defect is in the secretion of estrogen and progesterone by the ovary
- B) In pubertal DUB, the primary fault is usually in pituitary function
- C) In premenopausal DUB, the primary fault is in the ovary
- D) Diagnosis depends on hormonal profile
- E) Is associated with hypothyroidism

Ans . D

Regarding irregular ripening of the endometrium, all of the following are true except:

- A) Due to a functional defect of the corpus luteum
- B) May result from an irregular response of the endometrium to hormonal influence
- C) Biopsy shows a patchy progestational appearance in the endometrium, which should be proliferative
- D) Presents clinically with premenstrual spotting for several days
- E) Best treated with progestogens

Ans . C

A 65-year-old woman presents with postmenopausal bleeding. The most likely diagnosis is:

- A) Endometrial cancer
- B) Cervical polyp
- C) Endometrial hyperplasia
- D) Vaginal atrophy
- E) Ovarian cancer

Ans . D

The most suitable treatment for a 40-year-old woman with regular, heavy periods, a BMI of 40, who smokes 20 cigarettes a day, and has a normal-sized uterus on ultrasound is:

- A) Total abdominal hysterectomy (TAH)
- B) TAH/BSO
- C) Endometrial resection
- D) Combined oral contraceptive pill
- E) Mirena

Ans . E

A 40-year-old woman presents with abnormal uterine bleeding. One of the following is incorrect:

- A) If the cause is an endometrial polyp, she will have intermenstrual bleeding
- B) If the cause is an endometrial polyp, she may have heavy menstrual bleeding
- C) If it is due to ovulatory dysfunction, she will have a combination of irregularity of bleeding with the same bleeding volume
- D) If she has endometritis, she may present with heavy menstrual bleeding and/or intermenstrual bleeding
- E) Cervical Pap smear is important in these women

Ans . C

A 37-year-old woman presents with painful, heavy, regular menstruation for the past 8 months. The first differential diagnosis is:

- A) Primary dysmenorrhea
- B) Dyspareunia
- C) Secondary dysmenorrhea
- D) Endometriosis
- E) Acute pelvic inflammatory disease

Ans . C

Heavy regular periods are seen in all of the following except:

- A) Fibroids
- B) Myxedema
- C) Endometrial polyp
- D) Ovulatory dysfunctional uterine bleeding
- E) Cervical carcinoma

Ans . E

In the PALM-COEIN classification, what does "E" stand for?

- A) Endometrial causes
- B) Endocervical lesions
- C) Ectopic pregnancy
- D) Endometriosis
- E) Embryonic abnormalities

Ans . A

One of the following definitions is correct:

- A) Polymenorrhea is defined as prolonged increased menstrual flow
- B) Oligomenorrhea is defined as menses occurring at a less than 21-day interval
- C) Hypermenorrhea is defined as excessive regular menstrual loss
- D) Amenorrhea is defined as the absence of menstruation for more than 3 months
- E) Menorrhagia is defined as menses at an interval of more than 35 days

Ans . C

One of the following is not a cause of menorrhagia:

- A) Fibroids
- B) Pelvic inflammatory disease
- C) Warfarin therapy
- D) Hyperprolactinemia
- E) Von Willebrand's disease

Ans . D

Regarding dysfunctional uterine bleeding, all of the following are correct except:

- A) May be caused by adenomyosis
- B) Is common at perimenopausal age
- C) Can be due to endometrial dysfunction

- D) Is commonly treated with progestogens
- E) Can be due to bleeding tendency

Ans . A

The most common symptom of uterine polyps is:

- A)Unpredictable menstrual periods
- B)Heavy flow during menstrual periods
- C)Bleeding or spotting between periods
- D)Vaginal spotting or bleeding after menopause
- E.)Infertility

Ans . C

45-year-old female with abnormal uterine bleeding, what is wrong?

- A) Do endometrial ablation
- B) Biopsy is indicated
- C) Consider gynecology referral
- D) Prescribe oral contraceptive pills
- E) Perform hysteroscopy immediately

Ans . A

All of the following are true regarding postmenopausal bleeding EXCEPT:

- A) Trauma should be ruled out
- B) Cervical polyp is one of the causes
- C) Endometrial cancer must be excluded
- D) Hysteroscopy is mandatory
- E) Transvaginal ultrasound scan is mandatory

Ans . D

**Benign & malignant conditions of the vulva & vagina**

The main blood supply of the vulva is:

- A) Pudendal artery
- B) Inferior hemorrhoidal artery
- C) Ilioinguinal artery
- D) Femoral artery
- E) Inferior hypogastric artery

Ans. A

A 45-year-old lady presents with a 3 cm solid lesion at the middle of the right labia majora. A biopsy reveals a moderate degree of differentiation of squamous cell carcinoma, and imaging shows no further metastasis. The proper next step is:

- A) Radical vulvectomy
- B) Wide local excision
- C) Radical vulvectomy with ipsilateral inguino-femoral lymphadenectomy
- D) Neoadjuvant radiotherapy followed by radical vulvectomy
- E) Radical vulvectomy with bilateral inguino-femoral lymphadenectomy

Ans.C

Modification of the standard en bloc radical vulvectomy with bilateral groin and pelvic node dissection for vulvar cancer is influenced by all of the following factors except:

- A)Minimizing the need for postoperative radiotherapy
- B)The disease now affects younger women with smaller tumors
- C)Increased awareness of psychosexual consequences
- D)Concerns about postoperative morbidity
- E)Long-term hospitalization

Ans. A

A 50-year-old woman with a 3x2 cm vulvar lesion on the right labia majora involving 1 cm of the vagina and no lymph node involvement is likely at which stage?

- A) Stage IB
- B) Stage II
- C) Stage IA
- D) Stage IIIA
- E) Stage IIIB

Ans . B

Regarding lichen sclerosis, all of the following are true except:

- A) The most common presentation is pruritus vulvae
- B) May affect children and adults
- C) Surgical excision is the main treatment
- D) Ultrapotent steroids may alleviate the symptoms
- E) Affected women are at increased risks of vulval cancer

Ans . C

Wrong about vaginal cancer:

- A) Unknown exact cause
- B) HPV is a risk factor
- C) Surgery is the main treatment
- D) Diagnosed at late stage
- E) Local disease progression

Ans . E

The most common presenting symptom in cases of vulvar carcinoma is:

- A) Vulvar bleeding
- B) Dysuria
- C) Vulvar discharge

- D) Dyspareunia
- E) Pruritus

Ans . E

Regarding the anatomy of the vulva, one of the following is incorrect:

- A) Mons Veneris is the pad of fatty tissue that covers the pubic bone
- B) Labia Majora are pads of fatty tissue that are usually covered with pubic hair
- C) Labia Minora contain numerous sweat glands
- D) Clitoris is a small body of spongy tissue that is highly sexually sensitive
- E) Hymen is a membrane that partially covers the opening

Ans . C

What condition is characterized by itchy white plaques not responsive to antifungal treatment?

- A) Candidiasis
- B) Psoriasis
- C) Lichen sclerosus
- D) Contact dermatitis
- E) Lichen planus

Ans . C

Where do the Bartholin gland ducts open?

- A) Into the midline of the posterior fourchette
- B) Bilaterally beneath the urethra
- C) Bilaterally on the inner surface of the labia majora
- D) Bilaterally into the posterior vaginal vestibule
- E) Bilaterally, approximately one cm lateral to the clitoris

Ans . D

Regarding vaginal intraepithelial neoplasia (VAIN), all are true except:

- A) It is an uncommon disease
- B) Usually coexists with cervical intraepithelial neoplasia (CIN)
- C) Risk factors are the same as CIN
- D) In-utero exposure to Diethylstilbestrol (DES) increases the risks of VAIN III
- E) HPV infection plays a minor role in the pathogenesis

Ans . E

Concerning cervical erosion, all the followings are true except:

- A) Often asymptomatic
- B) May be a cause of post-coital bleeding
- C) Are covered by squamous epithelium
- D) Are benign condition
- E) Can be treated by cryosurgery

Ans . C

Not an ulcerating lesion on the vulva:

- A) Lichen sclerosus
- B) Smallpox vaccination site
- C) Herpes simplex virus (HSV) infection
- D) Syphilis
- E) Trauma

Ans . A

The most effective treatment of vulvar pruritus associated with atrophic vulvitis is:

- A) Antihistamines
- B) Hydrocortisone

- C) Alcohol injection
- D) Topical estrogen therapy
- E) Flurouracil

Ans . D

The most common gynecological cancer with bimodal age distribution is:

- A) Squamous cell carcinoma of the vulva
- B) Endometrioid adenocarcinoma of the endometrium
- C) Squamous cell carcinoma of the cervix
- D) Papillary serous carcinoma of the ovary
- E) Papillary serous carcinoma of the uterus

Ans . A

Which of the following statements is false about Bowen's disease?

- A) The mean age of onset is 40 years
- B) Lesions can be elevated, white, red, pink, brown, or gray
- C) Skinning vulvectomy may be performed for extensive lesions
- D) The most common symptom is itching
- E) Bowen's disease is an early form of squamous cell carcinoma in situ

Ans . A

Risk factors for vulvar cancer include all EXCEPT:

- A) Smoking
- B) B) Lichen sclerosis
- C) Human papillomavirus
- D) Cervical cancer
- E) Molluscum contagiosum

Ans . E

## Contraception

All of the following are side effects to the use of progestogen-only contraceptives except:

- A) Absent menstrual cycle
- B) Functional ovarian cyst
- C) Breast tenderness
- D) Acne
- E) Inhibit lactation

Ans . E

The combined oral contraceptive pill (COCP) interacts with the following drug:

- A) Barbiturates
- B) Paracetamol
- C) Aspirin
- D) Chloroquine
- E) Insulin

Ans . A

A 32-year-old lady, wearing an intrauterine device (IUCD) for the last 6 months, presented to the clinic for a checkup. The thread was not visualized during the speculum examination. What is your next step?

- A) Admit the patient for urgent laparoscopy and possible laparotomy
- B) Reassure the patient and recheck after one month
- C) Anteroposterior and lateral pelvic x-ray
- D) Pelvic ultrasound
- E) Rebook the patient for another IUCD insertion after the next cycle

Ans . D

One of the following is not a contraindication to the intrauterine contraceptive device (IUCD):

- A) A history of ectopic pregnancy
- B) A history of rheumatic heart disease
- C) A history of valvular heart disease
- D) Active pelvic inflammatory disease (PID)
- E) Undiagnosed vaginal bleeding

Ans . A

The intrauterine system (IUS, Mirena) contains which progestogen?

- A) Desogestrel
- B) Levonorgestrel
- C) 17 OH progesterone
- D) Medroxyprogesterone
- E) Norethisterone

Ans . B

Which is NOT a relevant contraindication for oral contraceptive pills (OCPs)?

- A) Benign liver tumor
- B) Diabetes with vascular disease
- C) History of breast cancer with no recurrence in more than 5 years
- D) Active venous thromboembolism
- E) Severe hypertension

Ans . C

One of the following statements concerning the intrauterine contraceptive device (IUD) is true:

- A) The copper-containing devices are less likely to cause secondary infertility compared to the inert types
- B) The chemical changes in the endometrium associated with the copper devices may lead to abortion in the subsequent pregnancy

- C) Nulliparous women wearing inert devices are more likely to develop pelvic infections
- D) In parous women, who discontinued using the device after 18 months of use, the pregnancy rate is about 45%
- E) Pregnancies on top of IUD containing copper are associated with a higher incidence of fetal anomalies

Ans . A

Discontinuing of Intrauterine Contraceptive Device (IUCD) is mostly due to:

- A) Excessive uterine cramps during menstruation
- B) Fear of pelvic infection
- C) Development of abnormal uterine bleeding
- D) Displacement of the device
- E) High failure rate

Ans . C

With reference to contraceptive failure, the Pearl Index is:

- A) Number of pregnancies in a year
- B) Number of pregnancies per 10 women-years
- C) Number of pregnancies per 100 women-years
- D) Number of pregnancies per 100 years
- E) Number of pregnancies per 1000 women-years

Ans . C

Contraindications to the use of oral progestin-only pills include all the following except:

- A) Depression
- B) Unexplained uterine bleeding
- C) Migraine headaches
- D) Mild hypertension
- E) Acne

Ans . D

Regarding the combined oral contraceptive pill (COCP), one is true:

- A) It is relatively safe to continue up to the age of 40 in a woman who smokes
- B) 20-30 percent of women in their 40s use the COCP
- C) Contains 0.2-0.5 mg of ethinyl estradiol
- D) Ovulation is prevented by the progestogen
- E) May be more effective in patients with epilepsy on medication

Ans . D

The use of oral contraceptive pills (OCs) may increase the risk of which of the following conditions?

- A) Fibrocystic breast disease
- B) Hepatic adenoma
- C) Salpingitis
- D) Ovarian cancer
- E) Endometrial cancer

Ans . B

Which of the following is an advantage of using the progesterone-only pill?

- A) Can be given to breastfeeding women
- B) Decreases the risk of osteoporosis
- C) Reduces the risk of irregular cycles and breakthrough bleeding
- D) Provides immediate contraception after administration
- E) Can be used as emergency contraception

Ans . A

All of the following are common side effects of combined oral contraceptives EXCEPT:

- A) Loss of libido
- B) Venous thromboembolism
- C) Arterial disease (M.I.)
- D) Irregular bleeding
- E) Depression

Ans . C

A 39-year-old healthy woman (G4P4) asks about contraception. Her sister had DVT during pregnancy. Which of the following methods is NOT suitable for her?

- A) Bilateral tubal ligation
- B) Nova ring
- C) Depo-Provera injections
- D) Implanon
- E) Copper IUCD

Ans . B

Progesterone-only pills work as contraceptives by:

- A) Suppressing ovulation
- B) Altering the cervical mucus
- C) Producing endometrial hyperplasia
- D) Reducing libido
- E) Acting as a spermicide

Ans . B

Which of the following is NOT a contraindication to combined oral contraceptive pills?

- A) Ovarian cancer
- B) Hepatic adenoma
- C) Coronary artery disease (CAD)
- D) Undiagnosed vaginal bleeding
- E) Cholestatic jaundice

Ans . A

Which contraceptive method is associated with a delay in fertility after discontinuation?

- A) Oral contraceptive pills
- B) Depot medroxyprogesterone acetate (DMPA)
- C) Intrauterine devices (IUDs)
- D) Vaginal ring
- E) Barrier methods

Ans . B

All are absolute contraindications for the use of COCPs except:

- A) Complicated valvular heart disease
- B) Active viral hepatitis
- C) Migraine with aura
- D) Current breast cancer
- E) Medically treated gallbladder disease

Ans . E

Indications for discontinuing combined oral contraceptive pills include all EXCEPT:

- A) Hypertension
- B) Development of focal migraine
- C) Diagnosis of breast cancer in a first-degree relative
- D) Jaundice
- E) Increased moodiness during early months of using the pills

Ans . C

Absolute contraindications to Intrauterine Contraceptive Device (IUCD) include:

- A) Diabetes mellitus
- B) Hypertension
- C) Smoking
- D) Seizures and headache

E) Suspected pregnancy and pelvic inflammatory disease

Ans . E

The Mirena intrauterine device contains one of the following:

A) Desogestrel

B) Norethindrone

C) Levonorgestrel

D) Mestranol

E) Ethynodiol diacetate

Ans . C

The major cause of unplanned pregnancies in women using oral contraceptive pills is:

A) Breakthrough ovulation at midcycle

B) High frequency of intercourse

C) Incorrect use of oral contraceptive

D) Gastrointestinal malabsorption

E) Development of antibodies

Ans . C

A contraceptive method with a 5 per 100 woman-years failure rate means five pregnancies will occur in:

A) 100 cycles

B) 100 women

C) 500 cycles

D) 1200 cycles

E) 5000 cycles

Ans . D

Combined hormonal contraception is associated with an increased risk of the following except:

- A) Multiple sclerosis
- B) Breast cancer
- C) Cervical cancer
- D) Venous thromboembolism
- E) Hemorrhagic stroke

Ans . E

Which is NOT a favorable outcome associated with IUDs?

- A) Effective contraception
- B) Reduced menstrual bleeding with hormonal IUDs
- C) Increased risk of perforation
- D) Long-term reversible contraception
- E) Minimal daily maintenance

Ans . C

Regarding the levonorgestrel-releasing intrauterine system (MIRENA), all are correct except:

- A) Is associated with risk of ectopic pregnancy
- B) Is associated with a lower risk of functional ovarian cysts
- C) Can be used in the treatment of DUB (dysfunctional uterine bleeding)
- D) Can be used as an intrauterine contraceptive device for 5 years
- E) Is associated with an increased risk of amenorrhoea compared to copper IUDs

Ans . B

Which of the following is true about IUDs?

- A) They decrease the risk of ectopic pregnancy
- B) They increase the risk of ectopic pregnancy
- C) They increase fertility
- D) They require daily compliance
- E) They are contraindicated in nulliparous women

Ans . B

All of the following are side effects of combined contraceptive pills  
Except:

- A) Functional ovarian cyst
- B) Headache
- C) Fluid retention
- D) Loss of libido
- E) Weight gain

Ans . A

Recognized side effect of combined oral contraceptive pills is:

- A) Ovarian cancer
- B) Endometrial cancer
- C) Pelvic inflammatory disease
- D) Venous thrombosis
- E) Ectopic pregnancy

Ans . D

Disadvantages of injectable progestin contraceptives include all the  
following except:

- A) Periods of amenorrhea
- B) Irregular bleeding
- C) Weight gain
- D) Delayed ovulation after discontinuation
- E) Flare-up of endometriosis

Ans . C

All of the followings are contraindications to use oral contraceptive  
pills except:

- A) Undiagnosed abnormal genital bleeding

- B) Cholestatic jaundice of pregnancy or jaundice with prior pill use
- C) Hepatic adenomas or carcinomas
- D) History of treated ovarian cancer especially granulosa cell tumors
- E) Cerebrovascular or coronary artery disease

Ans . D

A 30-year-old woman on combined oral contraceptive pills presents with a 9 cm mobile ovarian mass. The best management is:

- A) Stop combined pills and observe for two weeks
- B) Review after two months
- C) Laparotomy as soon as possible
- D) Ultrasound-guided biopsy of the mass
- E) Reassure and review after six months

Ans . C

One of the following methods of contraception is associated with the lowest incidence of pelvic inflammatory disease:

- A) Condom
- B) Intrauterine contraceptive device
- C) Oral contraceptive pills
- D) Vaginal foam
- E) Norplant (progesterone implant)

Ans . A

With regards to the combined oral contraceptive pill, all are true except:

- A) Should be started 3 weeks after delivery at term in a woman who is not breastfeeding
- B) If started on the first or second day of the cycle, additional contraceptive measures are not required
- C) Should not be given to lactating women postpartum
- D) Should not be given to ladies with thrombophilia
- E) Is commonly associated with a delay in return of normal fertility after it is discontinued

Ans . E

Regarding side effects of combined oral contraceptive pills, all the following are related to estrogen except:

- A) Vestibulodynia
- B) Constipation
- C) Nausea/vomiting
- D) Fluid retention
- E) Melasma

Ans . B

Combined oral contraceptive pills do not reduce one of the following:

- A) Benign breast disease
- B) Colorectal cancer
- C) Salpingitis
- D) Incidence or severity of premenstrual syndrome
- E) Cervical cancer

Ans . E

Which of the following statements is incorrect?

- A) Barrier methods protect against STDs and conception
- B) Vasectomy provides immediate protection
- C) Intrauterine contraceptive device (IUCD) is a long-term method
- D) Condoms must be used consistently for effectiveness
- E) Female sterilization is a permanent method

Ans . B

All of the following are estrogen-related side effects of combined hormonal contraception except:

- A) Liver adenoma
- B) Nausea and vomiting

- C) Migraine
- D) Hirsutism
- E) Breast tenderness

Ans . C

Regarding failure rate of different methods of contraception (per 100 woman-years), one is not correct:

- A) Combined contraceptive pills 0.1-1
- B) Copper IUCD 1-2
- C) Mirena 3
- D) Diaphragm 1-15
- E) Vasectomy 0.02

Ans . C

The main mode of action of oral contraceptive pills is:

- A) Prevention of embryo implantation
- B) Inhibition of LH surge
- C) Thinning of cervical mucus
- D) Alteration of sperm motility
- E) Prevention of oocyte movement to the tube

Ans . B

A lady usually takes her COC pill at 7 PM. One day she forgot to take the pill at 7 PM and took it at 11 PM of the same day. What do you advise her to do?

- A) Take the pill as soon as possible and continue normally
- B) Double the dose for the next 10 days
- C) Restart the regimen
- D) Skip the pill for that day and continue the next day
- E) Use emergency contraception

Ans . A

## Pelvic Inflammatory Diseases

The acute management of PID is primarily aimed at preventing:

- A) Infertility
- B) Tubo-ovarian abscess
- C) Endometrial scarring
- D) Pelvic adhesions
- E) Ectopic pregnancy

Ans . B

Regarding PID, indications for hospitalization include all of the following EXCEPT:

- A) Pregnancy
- B) Uterine tenderness on bimanual examination
- C) Nausea and vomiting
- D) Fevers, chills, and severe abdominal pain
- E) Suspected pelvic abscess

Ans . B

Which of the following pathogens is a major cause of pelvic inflammatory disease:

- A) Escherichia coli
- B) Bacteroides fragilis
- C) Group B streptococci
- D) Campylobacter spp.
- E) Chlamydia trachomatis

Ans . E

Regarding Pelvic Inflammatory Disease (PID), all are true EXCEPT:

- A) Refers to acute and subclinical infection of the upper genital tract in women
- B) It involves the uterine body, fallopian tubes, and ovaries

- C) This is often accompanied by involvement of the neighboring pelvic organs
- D) It results in endometritis, salpingitis, oophoritis, peritonitis, perihepatitis, and/or tubo-ovarian abscess
- E) Less than 15% of acute PID cases are sexually transmitted

Ans . E

All of the following conditions are differential diagnoses when suspecting PID except:

- A) Ectopic pregnancy
- B) Ovarian cyst torsion
- C) Endometriosis
- D) Hepatitis
- E) Appendicitis

Ans . D

Symptoms of chronic pelvic infections include all the following except:

- A) Deep dyspareunia
- B) Pelvic pain
- C) Infertility
- D) Oligomenorrhea
- E) Dysmenorrhea

Ans . D

Which of the following is NOT a criterion of pelvic inflammatory disease?

- A) Temperature  $> 38^{\circ}\text{C}$
- B) WBC count of 15000
- C) ESR 10 mm/hr
- D) Tenderness on movement of the cervix
- E) Bilateral lower abdominal pain

Ans . C

Wrong about PID

- A) Include acute and subclinical infection of the whole genital tract
- B) Includes STD and bacterial vaginosis
- C) May be associated with inflammation of adjacent structures
- D) Outpatient treatment for clinical PID should include ceftriaxone, doxycycline, and metronidazole
- E) It results in endometritis, salpingitis, oophoritis, peritonitis, perihepatitis, and/or tuboovarian abscess

Ans . A

All of the following are gynecologic causes of chronic pelvic pain except:

- A)Ovarian remnant syndrome
- B)Pelvic congestion syndrome
- C)Adenomyosis
- D)Salpingo-oophoritis (pelvic inflammatory disease)
- E)Ovarian torsion

Ans . E

One of the following is not used in the management of acute pelvic inflammatory disease (PID):

- A) Oral doxycycline
- B) Removal of IUCD
- C) Clindamycin
- D) Laparoscopy
- E) Dilatation and curettage (D&C)

Ans . E

Regarding pelvic inflammatory disease, one of the following is true:

- A) Vaginal discharge is common

- B) Perihepatic adhesions on laparoscopy indicate active infection
- C) Bacterial cultures are necessary for the treatment
- D) Bimanual examination is the most important examination
- E) Does not occur in pregnancy

Ans . D

Regarding treatment of PID, all are true EXCEPT:

- A) In severe cases, second-generation cephalosporin is given intravenously
- B) Doxycycline is given in severe and moderate cases only
- C) Metronidazole is given for those with a history of gynecological instrumentation in the preceding two to three weeks
- D) Patients receiving outpatient therapy should be carefully evaluated for clinical improvement after 72 hours
- E) Male sex partners with recent sexual contact should be examined and treated

Ans . B

Common causes of pelvic pain include all the following conditions except:

- A) Chronic pelvic infection
- B) Irritable bowel syndrome
- C) Uterine retroversion
- D) Endometriosis
- E) Pelvic adhesions

Ans . C

A 54-year-old woman presents with chronic pelvic pain. What's the least likely differential diagnosis?

- A) Interstitial cystitis
- B) Pelvic inflammatory disease (PID)
- C) Inflammatory bowel disease (IBD)

- D) Ectopic pregnancy
- E) Herniated disc

Ans . D

## Puberty

Girl came with facial hair and clitoromegaly. All of the following can cause this except

- A) Ovarian tumor
- B) Adrenal tumor
- C) Exogenous androgen
- D) Hyperthyroidism
- E) Congenital adrenal hyperplasia (CAH)

Ans . D

A 7-year-old girl presents with breast enlargement and pubic/axillary hair. Which of the following is NOT part of her workup?

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

Ans . C

All of the following are true in a case of premature thelarche except:

- A) It occurs before the age of 8 years
- B) It may affect one or both breasts
- C) The bone age is usually not advanced
- D) Surgical biopsy of the breast is indicated
- E) The somatic growth pattern is not accelerated

Ans . D

First sign of puberty:

- A) Budding of breasts
- B) Pubic hair
- C) Menstruation
- D) Growth changes
- E) Changes in voice

Ans . A

Regarding puberty, one is true:

- A) The first sign is the onset of menstruation
- B) Pubertal changes are completed faster in girls than in boys
- C) Growth as measured by height stops at menarche
- D) McCune-Albright syndrome involves delayed pubertal changes
- E) Gonadotrophin-releasing hormone analogues are the mainstay of treatment for peripheral precocious puberty

Ans . B

In normal situations, the median age of menarche varies between:

- A) 10-12 years
- B) 13-16 years
- C) 10-14 years
- D) 14-16 years
- E) 15-17 years

Ans . C

The most common cause of menstrual irregularities in adolescent girls is:

- A) Polycystic ovary syndrome
- B) Hyperprolactinemia
- C) Anovulatory cycles

- D) Eating disorders
- E) Ovarian cysts

Ans . C

An 8-year-old girl with vaginal bleeding, telarche at 7 years, and pubarche at 6 years most likely has which condition?

- A) Idiopathic precocious puberty
- B) Brain tumor
- C) Congenital adrenal hyperplasia
- D) Ovarian tumor
- E) Hypothyroidism

Ans . A

Each menstrual cycle represents interaction between the following structures except:

- A) Hypothalamus
- B) Pituitary gland
- C) Thyroid gland
- D) Ovaries
- E) Endometrium

Ans . C

Maximum growth velocity during puberty occurs during Tanner stage:

- A) 1
- B) 2
- C) 3
- D) 4
- E) 5

Ans . C

All of the following apply to precocious puberty due to a hormone-secreting ovarian tumor except:

- A) Onset of pubertal changes before the age of 8 years
- B) Elevated levels of estrogen
- C) Elevated levels of gonadotropins
- D) Presence of a pelvic mass
- E) Best treated surgically

Ans . C

The following are true regarding imperforate hymen except:

- A) Patients present typically at 14-16 years
- B) It is associated with a normal karyotype
- C) Associated with primary amenorrhea
- D) It may be associated with urinary retention
- E) Secondary sexual development is usually absent

Ans . E

Regarding precocious puberty, all of the following are true except:

- A) May be caused by meningitis
- B) Patients are usually infertile
- C) Patients usually have short stature
- D) GnRH analogues are an effective therapy
- E) May be due to pituitary adenoma

Ans . B

Regarding imperforate hymen in a 16-year-old patient, all the following are correct except:

- A) Can present as acute urine retention
- B) Secondary sexual characteristics are normally developed
- C) Hirsutism is a clinical finding
- D) Cyclical abdominal pain is common
- E) Surgery is the mainstay of treatment

Ans . C

A girl presents with secondary sexual characteristics at 8 years old. The goal of delaying puberty in precocious puberty includes all EXCEPT

- A) Treating the underlying cause
- B) Allowing for psychological maturity
- C) Improving cognitive function
- D) Decreasing social stigma
- E) Maximizing eventual adult height

Ans . C

Which of the following is true about the prepubertal state?;

- A) High levels of GnRH secreted in a continuous manner
- B) GnRH is secreted in a pulsatile manner
- C) Inactive hypothalamic-pituitary-ovarian (HPO) axis
- D) GnRH is opposed by high gonadal sex steroids
- E) GnRH stimulates gonadal steroid production continuously

Ans . C

A 10-year-old girl presents with an 8-month history of regular menstruation and well-developed secondary sexual characteristics; her sisters attained menarche at the ages of 13 and 14 years. Investigations did not demonstrate any abnormal hormonal profile. What is the best management?

- A) Gonadotropin-releasing hormone agonist
- B) Aromatase inhibitor
- C) Reassurance
- D) Combined oral contraceptive pills
- E) Danazol

Ans . C

Regarding anorexia nervosa, which statement is INCORRECT?

- A) It is frequently associated with antisocial behavior
- B) It may be associated with binge eating

- C) It can occur before puberty
- D) It seldom occurs in married women
- E) It typically affects those in higher socio-economic groups

Ans . A

## Menopause

The predominant estrogen in post-menopause is:

- A) Estrone
- B) Estradiol
- C) Estradiol valerate
- D) Mestranol
- E) Norethindrone

Ans . A

Which of the following is NOT a classical symptom of menopause?

- A) Hot flushes
- B) Insomnia
- C) Visual changes
- D) Vaginal atrophy
- E) Night sweats

Ans . C

Which of the following is NOT seen in menopause?

- A) Vasomotor symptoms
- B) Vaginal dryness
- C) Hair loss
- D) Weight loss
- E) Decreased libido

Ans . D

Pathophysiology of menopause includes all EXCEPT:

- A) Increasing gonadotrophin levels
- B) Decrease in ovarian oestradiol production
- C) Increase in ovarian inhibin production
- D) Increased oocyte resistance to FSH
- E) Decrease in ovarian androgen production

Ans . C

A lady underwent total hysterectomy with bilateral oophorectomy and now she is experiencing hot flushes and menopause symptoms. All are possible treatments EXCEPT:

- A) SSRI
- B) Beta blockers
- C) Alpha adrenergic agonist
- D) Combined OCP
- E) Evening primrose oil

Ans . D

The diagnosis of menopause is made:

- A) Based on the presence of vasomotor symptoms
- B) Only after confirmation by elevated FSH levels
- C) As soon as menstruation ceases
- D) One year after the cessation of menstruation in the absence of other causes for amenorrhea
- E) If the patient has had a hysterectomy

Ans . D

A 55-year-old woman with postmenopausal symptoms seeks relief. She has no significant past medical history. One of the following is not an appropriate management option:

- A) Combined continuous oral HRT

- B) Topical estrogen for vaginal dryness
- C) Estrogen tablets
- D) Estrogen patches with Mirena IUD
- E) Combined sequential oral HRT

Ans . C

Risk factors for osteoporosis don't include one of the following:

- A) A family history of osteoporosis
- B) Hormonal replacement therapy
- C) Slender body composition
- D) Alcohol consumption and cigarette smoking
- E) Use of corticosteroid or anticonvulsant medications

Ans . B

The main current indication to give hormone replacement therapy (HRT) for postmenopausal women:

- A) Prevent and treat osteoporosis
- B) Decrease the risk for cardiovascular disease
- C) Symptomatic relief of hot flushes
- D) HRT has no role in current management of postmenopausal women
- E) To decrease the risk of venous thromboembolic disease

Ans . C

Regarding natural menopause, all are true except:

- A) It is due to the loss of the basal cell layer of the endometrium
- B) It is diagnosed after 12 months of amenorrhea with no other obvious cause
- C) Characterized by cessation of ovarian follicular activity
- D) FSH levels are significantly increased
- E) Ovarian vessel sclerosis occurs, leading to decreased metabolism of the ovary

Ans . A

The following are absolute contraindications for hormone replacement therapy except:

- A) Undiagnosed vaginal bleeding
- B) Well-differentiated endometrioid uterine carcinoma
- C) Pregnancy
- D) Coronary artery disease
- E) Venous thrombosis

Ans . C

The most distressing symptom during the menopausal years among the following is:

- A) Hot flushes (flashes)
- B) Insomnia
- C) Irritability
- D) Mood disturbances
- E) Osteoporosis

Ans . A

A 48-year-old lady complaining of dyspareunia. What will be the most likely cause?

- A) Ovarian tumor
- B) Endometriosis
- C) Leiomyoma
- D) Prolapse of the uterus
- E) Menopause

Ans . E

Premature menopause is associated with all of the following except:

- A) Pernicious anemia
- B) Chromosomal abnormalities
- C) Radiotherapy
- D) Positive family history
- E) Polycystic ovarian syndrome

Ans . E

Which of the following statements about menopause is incorrect?

- A) Hormone replacement therapy (HRT) improves vasomotor symptoms.
- B) HRT increases the risk of thromboembolism.
- C) HRT is very dangerous and should never be used.
- D) Menopause is associated with decreased bone density.
- E) Menopause is defined by 12 months of amenorrhea.

Ans . C

All of the following increase the risk of developing osteoporosis except:

- A)Menopause
- B)Turner's syndrome
- C)Obesity
- D)Hypothalamic amenorrhea
- E)Long-term corticosteroid therapy

Ans . C

During the last 4-5 years of reproductive life, all the following are true except:

- A)Fertility declines rapidly.
- B)Anovulatory cycles increase
- C)There is decreased estrogen and absent progesterone production
- D)FSH and LH secretion decrease
- E)The failure of follicular development is gradual and progressive

Ans . A

According to the WHI study, hormone replacement therapy is associated with an increased risk of all of the following except:

- A) Myocardial infarct
- B) Stroke
- C) Pulmonary embolism
- D) Invasive breast cancer
- E) Bowel cancer

Ans . E

Regarding menopause, one of the following is incorrect:

- A) Smoking induces early menopause
- B) Average age is 55
- C) There is an increased risk of osteoporosis
- D) Hot flashes are an early symptom
- E) Delayed menopause increases the risk of endometrial cancer

Ans . B

All of the following are indications for hormone replacement therapy except:

- A) Hot flushes
- B) Vaginal dryness
- C) Night sweats
- D) Bone and joint pains
- E) Perimenopausal cycle irregularities

Ans . D

All of the following are indications for HRT treatment initiation except:

- A) Bilateral oophorectomy at the age of 38
- B) Intractable hot flushes in a postmenopausal woman
- C) Dyspareunia and vaginal dryness 15 months post-menopause

- D) Strong family history of osteoporosis in a menopausal woman
- E) Premature menopause at the age of 32

Ans . D

### Multiple pregnancy

In twin pregnancy, when the time interval between ovulation and cleavage of the egg was 9-12 days, the type of twins in this situation is:

- A) Monoamniotic, monochorionic
- B) Diamniotic, dichorionic
- C) Diamniotic, monochorionic
- D) Dichorionic, monoamniotic
- E) Dizygotic

Ans . A

A 32-year-old lady, G3P2 with twin gestation, worried about delivery, one is false:

- A) Preterm labor is common
- B) Monitored by CTG during labor
- C) Always delivered by cesarean section
- D) Second twin can be delivered by vacuum
- E) PPH can occur in the second stage

Ans . C

Multifetal pregnancy, all are true about intrapartum monitoring EXCEPT:

- A) Proper equipment and experienced team are essential
- B) Epidural anesthesia is recommended
- C) Prepare two CTG for both fetuses
- D) Must insert two intravenous cannulas

E) The second baby is delivered within 10 minutes

Ans . E

Monochorionic twin sign on ultrasound:

- A) T sign
- B) Lambda sign
- C) Mercedes-Benz sign
- D) Crescent sign
- E) Starry sky sign

Ans . A

Morbidity in surviving twins in monochorionic pregnancies is related to:

- A) DIC from dead twin's thromboplastin
- B) Blood loss into dead twin
- C) CNS defects
- D) Growth restriction
- E) Renal failure

Ans . B

Regarding twins, which one of the following is not correct:

- A) All monochorionic diamniotic twins are monozygotic
- B) All dizygotic twins are dichorionic diamniotic
- C) All dichorionic diamniotic twins are dizygotic
- D) Monochorionic monoamniotic twins are always of the same sex
- E) Dichorionic diamniotic twins are more common than monoamniotic monochorionic twins

Ans . C

Antenatal diagnosis of twin-to-twin transfusion syndrome includes all except:

- A) Same sex fetuses
- B) Intertwin birth-weight difference greater than 20%
- C) Polyhydramnios in the smaller twin
- D) Hemoglobin difference greater than 5 g/dl
- E) Large bladder in the recipient twin

Ans . C

Regarding the multiple pregnancy conditions, one of the following statements is incorrect:

- A) Dizygotic twins develop when 2 ova are fertilized
- B) Approximately 70% of monozygotic twins are monochorionic/monoamniotic
- C) The placentas in dizygotic twins usually fuse to form one large placenta
- D) Twin-to-twin transfusion syndrome is more common in dichorionic/diamniotic twins
- E) The mean gestational age at delivery for twins is approximately 35 weeks

Ans . D

Regarding twin pregnancy, all the following are true except:

- A) Monozygotic twins usually have a single placenta
- B) Dizygotic twins have a familial trait
- C) Monozygotic twin rates are influenced by paternal factors
- D) Pregnancy-induced hypertension is more common in twin pregnancy
- E) Cephalic-cephalic twin presentation is the most common presentation

Ans . C

Which best describes the reproductive history of a woman at 12 weeks with a previous twin delivery and a stillbirth at 27 weeks?

- A) G3P2

- B) G3P3
- C) G4P4
- D) G4P3
- E) G4P2

Ans . A

After diagnosing multifetal pregnancy, the most important next step is to:

- A) Determination of zygosity
- B) Calculation of the gestational age
- C) Diagnosis of possible anomalies
- D) Localization of the placenta
- E) Rule out twin-twin transfusion syndrome

Ans . A

All the following are true about twin-to-twin transfusion syndrome except:

- A) Oligohydramnios in the donor twin
- B) Occurs in diamniotic dichorionic twins
- C) Twins have the same sex
- D) Complicates 15-20% of identical twins
- E) Laser ablation can be used as a management option

Ans . B

Which of the following is not an increased risk in multiple pregnancy?

- A) Placenta previa
- B) Diabetes mellitus
- C) Pre-eclampsia
- D) Malpresentation
- E) Intrauterine growth restriction (IUGR)

Ans . B

Which of the following statements about multiple gestations is incorrect?

- A) Dizygotic twins can be of different genders
- B) Cord entanglement is a complication of monochorionic diamniotic twins
- C) Exaggerated pregnancy symptoms are common in multiple gestations
- D) Anomalies are more frequent in multiple pregnancies
- E) Monochorionic monoamniotic twins are at higher risk of complications than dichorionic

Ans . B

## **Fibroids**

Fibroids can result in all of the following except:

- A) Menorrhagia in all cases
- B) Polycythemia
- C) Constipation
- D) Acute urinary retention
- E) Infertility due to impaired implantation

Ans . C

The most common symptom of intramural fibroids:

- A) Intermenstrual bleeding
- B) Postcoital bleeding
- C) Postmenopausal bleeding
- D) Deep dyspareunia
- E) Heavy menstrual bleeding

Ans . E

A 40-year-old woman complains of increasingly heavy menstrual loss. Her uterus is irregularly enlarged to the size of 8 weeks gestation with fibroids. Her cervical smear is normal, and hemoglobin is 14.0 g/dl. Your first step in management should be:

- A) Uterine curettage
- B) Total hysterectomy
- C) Progesterone premenstrually
- D) Anti-prostaglandin drugs
- E) Myomectomy

Ans . D

What's the most common type of fibroid degeneration?

- A) Hyaline
- B) Red
- C) Calcific
- D) Fatty
- E) Necrotic

Ans . A

Treatment of uterine fibroids with GnRH analogues results in:

- A) Decreases size of the myoma 10% maximum
- B) Shrinkage achieved in 6 weeks of treatment
- C) Amenorrhea and hypoestrogenic side effects unlikely to occur
- D) Osteoporosis if treatment lasts more than 6 weeks
- E) Easier dissection with a clear line between myoma and its capsule

Ans . B

Regarding uterine fibroids, all are true except:

- A) 20% of women over the age of 30 years have fibroids

- B) They are derived from smooth muscle tissue
- C) 75% of women with fibroids are infertile
- D) Infection may affect submucous fibroid polyps
- E) Necrosis is due to impairment of blood supply in pedunculated fibroids

Ans . C

All the following about uterine fibroids are correct except:

- A) They originate from the smooth muscle
- B) They cause oligomenorrhea
- C) They contain muscle and connective tissues
- D) They are usually multiple
- E) They are uncommon in the cervix

Ans . B

A 39-year-old lady with uterine fibroids presents at 30 weeks gestation with severe abdominal pain at the site of the fibroid. What is the management of choice?

- A) Immediate delivery and myomectomy
- B) Myomectomy after term delivery
- C) Myomectomy and continue with pregnancy
- D) Conservative management with IV hydration and analgesia
- E) Cesarean hysterectomy

Ans . D

Fibroid location most commonly associated with abnormal uterine bleeding:

- A) Submucosal
- B) Intramural
- C) Subserosal
- D) Parasitic
- E) Pedunculated

Ans . A

In regards to uterine fibroids, which one is correct:

- A) Affect 1:10 women
- B) Less common in black population
- C) Are true encapsulated tumors
- D) May protrude through the cervix
- E) Are associated with sarcomatous change in 10% of cases

Ans . D

Which of the following is not a complication of fibroids in pregnancy?

- A) Obstructed labor
- B) Abdominal pain relieved with conservative management
- C) Postpartum hemorrhage
- D) Placenta previa
- E) Preterm labor

Ans . D

A 49-year-old woman with heavy vaginal bleeding for 10 days has a 10x10 cm intramural fibroid. She is not using contraception, and her pregnancy test is negative. The next appropriate step is:

- A) Myomectomy
- B) Total abdominal hysterectomy
- C) Dilatation and curettage
- D) Progestogen to arrest the bleeding
- E) Combined oral contraceptive pills

Ans . A

Best option to manage a lady with submucosal fibroid who seeks pregnancy:

- A) Hysterectomy
- B) Resection with hysteroscopy
- C) Myomectomy
- D) Uterine artery embolization
- E) Expectant management

Ans . B

Which is true regarding uterine leiomyomas:

- A) They are not common in women until after menopause
- B) They are more common in multiparous women
- C) May cause hydronephrosis
- D) Treatment with Gonadotrophin-releasing hormone analogues has long-lasting effects
- E) Always require surgical removal

Ans . C

Regarding fibroids, one is true:

- A) Have the highest incidence in the seventh decade of life
- B) Grow in response to the combined oral contraceptive pill
- C) 20 percent of fibroids contain malignant tissue
- D) Parasitic fibroids are pedunculated fibroids that lose uterine attachment and gain a secondary blood supply
- E) Fibroids found at Caesarean section should be removed

Ans . D

Concerning uterine fibroids, all are true except:

- A) The commonest tumor found in the uterus
- B) Estrogen may play a role in the etiology
- C) May be associated with polycythemia
- D) Uterine artery embolization is the treatment of choice
- E) Often increase in size during pregnancy

Ans . B

Fibroids can cause all of the following except

- A) PET (Pre-eclampsia)
- B) Placenta previa
- C) Placental abruption
- D) Malpresentation
- E) Oligohydramnios

Ans . E

Regarding a fibroid during pregnancy, which statement is true?

- A) Elective cesarean and myomectomy at term is recommended
- B) Delivery should be before 38 weeks gestation
- C) The fibroid typically softens as pregnancy progresses
- D) Elective cesarean section is recommended but the fibroid should be left alone
- E) Surgical removal is advised once diagnosed

Ans . B

Which of the following is NOT a treatment option for fibroids?

- A) Myomectomy
- B) Uterine artery embolization
- C) Estrogen therapy
- D) GnRH agonists
- E) Hysterectomy

Ans . C

## Lower genital infection

The most common Candida species to result in candidiasis is:

- A) C. albicans

- B) *C. tropicalis*
- C) *C. parapsilosis*
- D) *C. glabrata*
- E) *C. guilliermondii*

Ans . A

Regarding group B streptococcal infection, all are correct except:

- A) Common cause of non-iatrogenic sepsis
- B) 20-25% of women are carriers
- C) Neonatal mortality rate is 20%
- D) Screening at 28 weeks eliminates infection risk
- E) Intrapartum antibiotic prophylaxis reduces the risk of neonatal GBS infection

Ans . D

A 26-year-old woman complains of a vaginal discharge associated with itching and burning. The pH of the discharge is 5.5. Which of the following is the most likely diagnosis?

- A) *Chlamydia cervicitis*
- B) *Gonorrhea cervicitis*
- C) Yeast vaginitis
- D) *Trichomonas vaginitis*
- E) Bacterial vaginosis

Ans . E

A patient 10 days postpartum presents with mild vaginal bleeding, foul-smelling discharge, and retained products on ultrasound. What is the recommended action?

- A) IV antibiotics followed by evacuation
- B) Immediate evacuation followed by antibiotics
- C) Antibiotics for 5 days and review later

- D) Wait for high vaginal swab (HVS) culture results before starting antibiotics
- E) Immediate evacuation and send products for culture and sensitivity

Ans . A

The treatment of choice for bacterial vaginosis is:

- A) Tetracycline
- B) Erythromycin
- C) Metronidazole
- D) Amikacin
- E) Ampicillin

Ans . C

A 25-year-old patient with frothy vaginal discharge and a strawberry cervix is best treated with:

- A) Metronidazole
- B) Fluconazole
- C) Cefixime
- D) Azithromycin
- E) Systemic steroids

Ans . A

A middle-aged woman with vaginal discharge, and microscopy shows hyphae and pseudohyphae. All are true EXCEPT:

- A) It is the commonest infection during pregnancy
- B) More common in diabetic obese women
- C) Is more common during the proliferative phase of the menstrual cycle
- D) Inadequate therapy is the most likely cause of chronic infections
- E) Is more common in women using oral contraceptive pills

Ans . C

A 19-year-old married female complains of vaginal discharge, odor, and itching. Speculum examination reveals a homogeneous yellow discharge, vulvar and vaginal erythema, and a “strawberry” cervix. The most likely diagnosis is:

- A) Candidal vaginitis
- B) Bacterial vaginosis
- C) Trichomonal vaginitis
- D) Chlamydial infection
- E) Herpes simplex type 2

Ans . C

The least known risk factor for vaginal Candida infection is:

- A) Diabetes mellitus
- B) Broad spectrum antibiotics
- C) Corticosteroids
- D) Intrauterine contraceptive device
- E) Oral contraceptive pills

Ans . D

A 26-year-old woman presents with florid vaginitis and profuse, yellow, irritating, frothy, and offensive discharge. The most appropriate next step is:

- A) Give the patient an imidazole cream, such as clotrimazole
- B) Culture for gonorrhea and chlamydia
- C) Culture for candida and trichomonas
- D) Perform (KOH) smear and wet smear with normal saline of vaginal discharge
- E) Perform a Pap smear and give a course of clindamycin therapy

Ans . D

Bacterial Vaginosis:

- A) Is rare vaginal infection
- B) Is always symptomatic
- C) Is usually associated with profound inflammatory reaction
- D) Causes fishy discharge which results from bacterial amine production
- E) Is treated with Clotrimazole

Ans . D

The natural defense mechanism of the vagina to infection includes all the following except:

- A) The acidic vaginal pH
- B) The presence of Doderlein's bacilli
- C) The physical apposition of the pudental cleft and the vaginal walls
- D) The bacteriostatic secretions of vaginal glands
- E) The vaginal stratified squamous epithelium

Ans . C

Trichomoniasis is characterized by:

- A) Associated with cytological findings in PAP smear
- B) Associated with pregnancy & diabetes mellitus
- C) Is a sexually transmitted parasite that causes pruritic discharge
- D) May cause overt warts
- E) Is diagnosed on a wet smear that reveals clue cells

Ans . C

One of the followings is true regarding asymptomatic bacteriuria:

- A) Is associated with a colony count of 100,000 per ml of urine
- B) Is usually due to multiple organisms
- C) Is often due to anaerobic organisms
- D) Is always accompanied by pyuria

E)Occurs in 15 percent of all women of reproductive age

Ans . B

Regarding tuberculosis of the female genital tract, all the following statements are true except:

A)Most commonly affects the fallopian tubes

B)Is usually sexually transmitted

C)May cause ascites

D)Causes infertility

E)The highest incidence is found in Asians

Ans . C

Regarding Candida albicans, all are true except:

A)It is a protozoal infection

B)Genital infection is characterized by white, curd-like collections in the vagina

C)Common during pregnancy

D)Vaginal acidity is usually increased

E)Can be treated with fluconazole

Ans . A

With respect to the mode of delivery in HIV-positive women, one is true:

A) Elective caesarean section significantly reduces the risk of vertical transmission in women on HAART with undetectable viral loads

B) Caesarean section should be recommended if the membranes have been ruptured for more than 4 hours

C) Clamping of the cord should be delayed

D) If the woman is taking HAART, the risk of vertical transmission is doubled if the membranes are ruptured for >4 hours before delivery

E) Elective C/S should be recommended in women not taking HAART

Ans . E

A 12-year-old girl has slight odorless clear vaginal discharge for the past 2 months. She has no itching, burning, or pain. She started breast development at 9 years, and her pubertal development has been normal. She has not attained menarche and is not sexually active. What is the most likely diagnosis?

- A) Bacterial vaginosis
- B) Candida vulvovaginitis
- C) Physiologic discharge
- D) Syphilis
- E) Trichomoniasis

Ans . C

Pruritus vulvae may be caused by all the following conditions except:

- A) Trichomonas vaginalis
- B) Neisseria gonorrhoeae
- C) Candida albicans
- D) Vulvar intraepithelial neoplasia
- E) Lichen sclerosis

Ans . B

The main adverse outcome associated with urinary tract infection in pregnancy is:

- A) Preterm labor
- B) Septicemia
- C) Intrauterine fetal death
- D) Intrauterine growth restriction
- E) Anemia

Ans . A

Regarding *Trichomonas vaginalis*, one is incorrect:

- A) Causes yellow, frothy vaginal discharge
- B) No vulvovaginal irritation
- C) Vaginal pH > 4.5
- D) Wet mount shows motile flagellated microorganism
- E) Male partner should be treated

Ans . B

Asymptomatic bacteriuria is:

- A) Associated with a colony count of 100,000/mL of urine
- B) Usually due to multiple organisms
- C) Often caused by anaerobic organisms
- D) Always accompanied by pyuria
- E) Occurs in 15% of reproductive-age women

Ans . A

All the following about bacterial vaginosis are true except:

- A) The discharge is scanty and usually odorless
- B) The discharge usually does not cause considerable itching
- C) Cure can be achieved by oral metronidazole
- D) It is nonspecific type of bacterial infection
- E) Clue cells are characteristic

Ans . A

A 5-year-old girl presents with foul-smelling vaginal discharge. The most likely cause is:

- A) Foreign body
- B) Candidiasis

- C) Trichomoniasis
- D) Vesicovaginal fistula
- E) Bacterial vaginosis

Ans . A

Regarding genital warts during pregnancy, all the following are true except:

- A) Are due to herpes simplex virus infection
- B) May be treated with diathermy
- C) Caesarean section may be needed to prevent neonatal infection
- D) Is sexually transmitted
- E) Are not an indication for more frequent cervical smear testing

Ans . A

The following are true regarding acute pyelonephritis except:

- A) It is one of the common medical complications of pregnancy
- B) Predisposes to preterm labor
- C) Treatment is with oral antibiotics
- D) Common organism involved is E. coli
- E) Patient needs to be hospitalized

Ans . E

Wrong about vaginal discharge:

- A) Trichomonas is green and treated with metronidazole
- B) Bacterial vaginosis has a smelly odor and gray color
- C) Physiological discharge is white, watery, and needs estrogen treatment
- D) Ectropion of the cervix produces white discharge
- E) Candida discharge is thick and curd-like

Ans . C

Wrong about bacterial vaginosis:

- A) It causes ulceration
- B) Wet smear reveals clue cells
- C) Caused by *Gardnerella vaginalis*
- D) Associated with fishy gray discharge
- E) Reduced lactobacillus

Ans . A

Regarding pyelonephritis in pregnancy, which statement is INCORRECT?

- A) It affects approximately 1-2% of patients
- B) Pyelonephritis during pregnancy is a leading cause of preterm labor
- C) Symptoms include anorexia, nausea and vomiting, high fever, and chills
- D) *Escherichia coli* is the predominant causative microorganism
- E) The infection first develops in the upper urinary tract

Ans . E

A woman presents with frothy vaginal discharge and clue cells on a wet mount. Clue cells represent:

- A) WBCs with phagocytized bacteria
- B) Epithelial squamous cells covered with bacteria
- C) Epithelial columnar cells covered with bacteria
- D) WBCs containing gram-negative paired cocci
- E) Squamous epithelium containing macrophages

Ans . B

A 35-year-old woman presents with greenish-yellow discharge and motile flagellated organisms. Which statement is INCORRECT?

- A) It's a sexually transmitted disease (STD)
- B) Oral metronidazole is the drug of choice

- C) Vaginal pH is usually less than 2.5
- D) Even her sexual partner needs to be treated
- E) Whiff test is positive

Ans . C

A 22-year-old woman presents with symptoms of dysuria. She has a new sex partner. The physical examination reveals some mucopurulent discharge of the cervix. Urinalysis shows some pyuria but no hematuria. Urinary cultures are negative. The most likely diagnosis is:

- A) Cystitis with false negative culture
- B) Ureterolithiasis and pyelitis
- C) Urethritis associated with chlamydia
- D) Vulvovaginitis caused by fungi
- E) Vaginitis caused by trichomonas

Ans . C

### **Gestational Diabetes Mellitus**

Antenatal testing in a 29-year-old pregnant woman with type 2 diabetes at 34 weeks aims to prevent:

- A) Preterm labor
- B) Preeclampsia
- C) Macrosomia
- D) Shoulder dystocia
- E) Stillbirth

Ans . E

All of the following should be considered during pre-pregnancy counseling in diabetic mothers except:

- A) Folic acid supplementation of 5 mg/day
- B) HbA1c should be within normal levels before conception
- C) Treat retinopathy before conception if present
- D) Stop smoking
- E) Modification of medications should be delayed until the beginning of the pregnancy

Ans . E

A 35-year-old diabetic woman delivers vaginally. Her baby is at risk for all of the following EXCEPT:

- A) Polycythemia
- B) Hypoglycemia
- C) Neonatal jaundice
- D) Hypercalcemia
- E) Traumatic delivery

Ans . D

The most specific congenital anomaly associated with overt maternal diabetes is:

- A) Cardiovascular abnormalities
- B) Caudal regression syndrome
- C) CNS abnormalities
- D) Skeletal abnormalities
- E) Abdominal wall defects

Ans . B

A pregnant woman with gestational diabetes mellitus (GDM) asks about risks to her fetus. Which of the following is NOT a risk?

- A) Neonatal jaundice
- B) Polycythemia
- C) Traumatic delivery
- D) Hypermagnesemia

E) Hypoglycemia

Ans . D

Wrong about antenatal care

A) Urine analysis every trimester

B) Fetal heart monitoring every visit starting from after 13 weeks

C) Start monitoring fetal weight beginning on the 24th week

D) CBC and Rh group are screening tests

E) Screening for gestational diabetes at 30 weeks

Ans . E

Effects of diabetes mellitus on pregnancy and delivery include all the following except:

A) Increased risk of shoulder dystocia in vaginal deliveries

B) Increased incidence of perinatal death

C) Increased insulin requirements during pregnancy

D) Increased Caesarean section rate

E) Increased insulin requirements during the puerperium

Ans . E

Best method to assess fetal damage in a diabetic mother during the first trimester:

A) Blood sugar estimation

B) Urine ketone assay

C) Amniocentesis to see level of sugar in amniotic fluid

D) Glycosylated Hb

E) Maternal serum  $\alpha$ -fetoprotein

Ans . D

In pregnancy complicated by maternal Insulin Dependent Diabetes Mellitus, one of the following is incorrect:

- A) There is an increased risk of neural tube defect
- B) Insulin requirements fall after delivery
- C) Insulin crosses the placenta and causes fetal hyperinsulinemia
- D) There is no increase in the incidence of Down's syndrome
- E) Increased risks of cesarean section

Ans . C

A newborn of a diabetic mother is at risk of all of the following except:

- A) Shoulder dystocia
- B) Polycythemia
- C) Neonatal anemia
- D) Hypoglycemia
- E) Neonatal hypothermia

Ans . C

A diabetic woman planning to conceive should do all of the following except:

- A) Prescribe folic acid
- B) Dietary consultation and stop smoking
- C) Treat retinopathy before conception if present
- D) Ensure HbA1C is within normal levels before pregnancy
- E) Delay modification of medications until the beginning of pregnancy

Ans . E

For universal screening and diagnosis of gestational diabetes mellitus (GDM), the first step involves screening at:

- A) Gestational age 10-12 weeks
- B) Gestational age 14-16 weeks

- C) Gestational age 20-24 weeks
- D) Gestational age 24-28 weeks
- E) Gestational age 18-22 weeks

Ans . D

Which of the following statements is true about diabetes in pregnancy?

- A) Gestational diabetes increases fetal cardiac anomalies
- B) Hyperglycemia is the main cause of complications in pregnancy
- C) Screening for gestational diabetes should be done during the first trimester
- D) Glycemic control is only necessary in the third trimester
- E) Insulin is contraindicated during pregnancy

Ans . B

A 30-year-old woman with type 1 diabetes is seeking preconception counseling. During counseling, which of the following should NOT be mentioned as an increased risk for her or her fetus during pregnancy?

- A) Preeclampsia
- B) Congenital anomalies
- C) Breech presentation
- D) Cesarean section
- E) Fetal macrosomia

Ans . C

Predisposing factors for gestational diabetes mellitus (GDM) include all the following except:

- A) Advanced maternal age
- B) Polycystic ovarian syndrome
- C) Family history of type 1 diabetes

- D) Previous delivery of a large-for-gestational-age baby
- E) High BMI at booking

Ans . C

Pregnancy is a diabetogenic state. The main factor responsible for this state is:

- A) Placental insulinase enzyme
- B) Human placental lactogen
- C) Human chorionic gonadotropin
- D) Cortisol
- E) Estrogen and progesterone

Ans . B

Which of the following is an indication for elective C/S in shoulder dystocia?

- A) All women with suspected macrosomia
- B) Women with GDM and suspected macrosomia
- C) Vacuum use due to fetal distress
- D) Previous C/S
- E) Maternal exhaustion

Ans . B

Polyhydramnios is associated with GDM

- A) True
- B) False
- C) Only if poorly controlled
- D) Rare in diabetic pregnancies
- E) Occurs after 34 weeks of gestation

Ans . A

With regards to gestational diabetes, one of the following is true:

- A) Maternal islet cell damage is a causal factor
- B) Congenital anomalies are more common
- C) Maternal insulin requirements increase after delivery
- D) No increased risks of miscarriages
- E) Neonatal hyperglycemia is common

Ans . B

A 37-year-old woman, G6P4+1, twin pregnancy at 30 weeks, complicated with gestational diabetes controlled with diet and Metformin 500 mg x2. She presents with random blood sugar of 12.5 mmol/L after receiving 12 mg Dexamethasone twice and Nifedipine 30 mg twice daily for preterm labor. The most probable cause of the uncontrolled blood sugar is:

- A) Preterm labor
- B) Multiple gestations
- C) Gestational age
- D) Dexamethasone
- E) Nifedipine

Ans . D

Which one of the following is not a complication of diabetes mellitus in the pregnant patient?

- A) Increased risk of oligohydramnios
- B) Greater risk of fetal death in the third trimester
- C) Retinopathy and retinal detachment happen more frequently
- D) Increased risk of pre-eclampsia
- E) Fetal distress during labor and delivery is increased

Ans . A

Once the diagnosis of gestational diabetes is made, the next step in the management is to:

- A) Begin a low-fat diet
- B) Exercise three times daily
- C) Have blood sugar checks four times daily
- D) Begin insulin
- E) Begin glyburide

Ans . C

The best predictor for development of GDM

- A) Previous GDM
- B) BMI
- C) Family history of DM
- D) History of LGA more than 4.5 kg
- E) Maternal age >35

Ans . A

Gestational diabetes: what is wrong?

- A) HPL and cortisol participate in high glucose
- B) Fasting glucose increases
- C) Pregnancy doubles their insulin secretion
- D) Progression through pregnancy increases insulin resistance
- E) Higher risk of macrosomia

Ans . B

## Endometriosis

Factors believed to contribute to the initiation and spread of endometriosis include all the following except:

- A) Genetic predisposition
- B) The monthly rupture of ovarian follicles
- C) Retrograde menstruation
- D) Müllerian metaplasia

E)Lymphatic spread

Ans . B

Pain associated with endometriosis is likely to occur at all times except:

A)During intercourse

B)Premenstrually

C)Menstrually

D)Postcoitally

E)Midcycle

Ans . D

The triad of dysmenorrhea, dyspareunia, and, less frequently, dyschezia, typically suggests:

A)Pelvic inflammatory disease

B)Ectopic pregnancy

C)Torsion ovarian cyst

D)Adenomyosis

E)Endometriosis

Ans . E

The following physical findings are consistent with a clinical diagnosis of pelvic endometriosis except:

A) Fixed retroversion of the uterus

B) Tender pelvic masses

C) Adnexal enlargement

D) Cul-de-sac nodules

E) Uterovaginal prolapse

Ans . E

Endometriosis characteristically occurs in women who are:

- A) In lower socio-economic group
- B) Perimenopausal
- C) Nulliparous
- D) Using IUCD
- E) Using Oral contraceptives

Ans . A

The definitive treatment for adenomyosis is:

- A) Hysterectomy
- B) Oophorectomy
- C) Pelvic clearance
- D) Combined oral contraceptives
- E) Gonadotrophin-releasing hormone analogues

Ans . A

All of the following are true regarding endometriosis except:

- A) May be asymptomatic
- B) More common in multiparous women
- C) The most common site is the ovaries
- D) A cause of deep dyspareunia
- E) Commonly associated with pelvic adhesions

Ans . B

All of the following are mechanisms causing infertility in endometriosis EXCEPT:

- A) The presence of luteinized unruptured follicle (LUF) syndrome
- B) The main effect of endometriosis on fertility is by altering sperm function
- C) Women with endometriosis have increased peritoneal fluid with a high concentration of activated macrophages
- D) Alteration of tubal motility by PG (prostaglandin) F2 and pelvic adhesions

E) The presence of ovum capture inhibitor (OCI) in endometriosis peritoneal fluid

Ans . B

Regarding endometriosis, all the following are true except:

- A) Serum CA125 is useful as a screening test
- B) Pain results from inflammatory mediator release
- C) Endometriomas develop from ovarian endometriosis
- D) Endometriomas on the uterovesical fold may affect the bladder
- E) Combined oral contraceptives are suitable for long-term use

Ans . A

Which of the following is most likely a symptom of adenomyosis:

- A) Intermenstrual bleeding
- B) Midcycle pain
- C) Dysmenorrhea
- D) Postmenopausal bleeding
- E) Postcoital bleeding

Ans . C

When should add-back therapy be considered during the course of GnRH agonist treatment?

- A) At 1 month
- B) At 6 months
- C) Not necessary
- D) At initiation of therapy
- E) At 2 years

Ans . B

Which of the following is NOT a mechanism by which endometriosis causes infertility?

- A) Adhesions
- B) Decrease in ovarian reserve
- C) Anovulation
- D) Failure of implantation
- E) Distortion of pelvic anatomy

Ans . C

In endometriosis, one is correct:

- A) Usually affects 5% of women
- B) It is progesterone dependent
- C) Could be associated with heavy menstrual loss
- D) GnRH agonist is not considered a treatment option
- E) Tubal motility is usually not altered

Ans . C

Concerning endometriosis, one is true:

- A) It is an inflammatory condition
- B) 20% of patients are infertile
- C) The commonest symptom is excessive menstrual loss
- D) Biopsy is a must for diagnosis
- E) The commonest site is the pelvic peritoneum

Ans . A

All of the following are correct with regard to infertility secondary to endometriosis except:

- A) Surgical treatment of moderate to severe endometriosis improves spontaneous pregnancy rates
- B) Any endometriomas should be surgically removed prior to IVF treatment
- C) Surgical treatment can lead to reduction of ovarian reserve

- D) In vitro fertilization is the treatment of choice if assisted reproduction is required for this patient category
- E) Confirmation of tubal patency during laparoscopy does not exclude fertility problems in the endometriosis patient

Ans . B

Histologic features that are diagnostic of endometriosis include the presence of all the following except:

- A)Endometrial glands
- B)Evidence of old hemorrhage
- C)Evidence of recent hemorrhage
- D)Endometrial stroma
- E)Decidual reaction in the surrounding tissue

Ans . C

All of the following are possible mechanisms causing infertility in a patient with endometriosis except:

- A)Luteinized unruptured follicle (LUF)
- B)Low concentration of macrophages in the peritoneal cavity
- C)Altered gonadotropin mid-cycle surge
- D)Altered tubal motility by PGF2
- E)Oocyte maturation defect

Ans . B

Endometriosis: what is true?

- A) Abdominal scars are a cause involved
- B) Retrograde menses is the cause in all cases
- C) Lymphatic spread is a cause in pelvic endometriosis
- D) It occurs only in the reproductive years
- E) It does not affect fertility

Ans . C

Which of the following is NOT a theory of endometriosis?

- A) Retrograde menstruation
- B) Autoimmune
- C) Lymphatic spread
- D) Hematogenous spread
- E) Metaplasia of stem cells

Ans . B

Concerning adenomyosis, which statement is TRUE?

- A) The majority are symptomatic
- B) The commonest presentation is pelvic pain
- C) Infertility occurs in 40% of cases
- D) The definitive treatment is hysterectomy
- E) The uterus is usually more than 16 weeks in size

Ans . D

Which of the following is NOT a treatment modality for endometriosis?

- A) Depot Provera (medroxyprogesterone acetate)
- B) GnRH analogues
- C) Estrogen skin patches
- D) Oral contraceptive pills
- E) Danazol

Ans . C

Women seeking immediate fertility and who suffer from Endometriosis would MOST likely benefit from which of the following treatments?

- A) Danazole
- B) Aromatase inhibitor
- C) Laparoscopic ablation of the lesion
- D) Gonadotropin-releasing hormone agonist

E) Laparoscopic staging of the lesion

Ans . C

Regarding LHRH analogue, only one of the following statements is true:

A) LHRH is a steroid

B) LHRH analogue alone is useful in the treatment of infertility

C) LHRH analogue is administered nasally only

D) LHRH analogue is useful in the treatment of endometriosis

E) LHRH analogue is useful in the treatment of ascites

Ans . D

What is the most common site of endometriosis?

A) Ovary

B) Vagina

C) Oviduct

D) Rectum

E) Uterosacral ligament

Ans . A

The most likely diagnosis for a woman with secondary dysmenorrhea, heavy menstrual bleeding, and deep-thrust dyspareunia is:

A) Ectopic pregnancy

B) Endometriosis

C) Endometrial cancer

D) Uterine fibroids

E) Adenomyosis

Ans . E

Regarding treatment of endometriosis, which statement is FALSE?

- A) Suppression of ovarian function reduces endometriosis-associated pain
- B) The Mirena IUD reduces endometriosis-associated pain
- C) Laparoscopic uterine nerve ablation reduces endometriosis-associated pain
- D) Surgery is usually required to treat deeply infiltrating endometriosis
- E) A therapeutic trial of hormonal treatment is appropriate in the absence of a confirmed diagnosis

Ans . C

Of the following, the least common symptom associated with endometriosis involving the gastrointestinal tract is:

- A) Abdominal cramping
- B) Lower abdominal pain
- C) Pain with defecation
- D) Constipation
- E) Intermittent rectal bleeding

Ans . E

The most common symptom of endometriosis is:

- A) Premenstrual spotting
- B) Pain that gets worse during the menstrual period
- C) Heavy periods
- D) Infertility
- E) Pain during sexual activity

Ans . B

## **Endometrial cancer**

The least important tool in managing endometrial cancer is:

- A) Hysteroscopy
- B) Endometrial biopsy
- C) Magnetic resonance imaging (MRI)
- D) Transvaginal ultrasound
- E) Computed tomography (CT) scanning

Ans . E

Endometrial carcinoma: which of the following statements is NOT TRUE?

- A) It often presents with postmenopausal bleeding
- B) Women taking estrogen-only HRT are at increased risk
- C) May be screened for using CA125 and TV scanning
- D) Commonly develops from leiomyomas
- E) Polycystic ovarian disease is a recognized risk factor

Ans . D

Surgical staging for endometrial cancer is recommended in all the following conditions except:

- A) Grade 3 lesions
- B) Grade 2 tumors >2 cm
- C) Clear cell or papillary serous carcinoma
- D) Proved ovarian metastasis
- E) Greater than 50% myometrial invasion

Ans . D

A patient who has been taking tamoxifen to prevent breast cancer for the past 6 months presents complaining of irregular vaginal bleeding. An endometrial biopsy is performed that demonstrates atypical hyperplasia. Which of the following is the most appropriate next step in management?

- A) Advise total abdominal hysterectomy
- B) Increase the tamoxifen dose

- C) Repeat the endometrial biopsy
- D) Schedule a pelvic ultrasound
- E) Switch the patient to estrogen

Ans . A

After surgery for endometrial malignancy, the most important prognostic factor is:

- A) Histologic type
- B) Histologic grade
- C) Nuclear grade
- D) Vascular space invasion
- E) Stage of the disease

Ans . E

In the pathological development of endometrial cancer, one of the following steps is not correct:

- A) There will be increase in the body fat
- B) Increase in the body fat leads to decrease in the circulating progesterone
- C) Decrease in progesterone leads to decrease in sex hormone binding protein
- D) Decrease in sex hormone binding protein leads to decrease production of endogenous nonprotein-bound estradiol
- E) The end result: endometrial hyperplasia and malignancy

Ans . D

One of the following is not a risk factor for endometrial carcinoma:

- A) Nulliparity
- B) Late menopause
- C) Polycystic ovary syndrome
- D) Diabetes mellitus

E) Women on combined hormonal replacement therapy

Ans . E

Endometrial cancer treatment in early stage (or hyperplasia):

A) Progesterone intrauterine device

B) Progesterone-only pill

C) Hysterectomy

D) Radiation therapy

E) Combined oral contraceptive pill

Ans . C

What is false about endometrial cancer?

A) It is associated with unopposed estrogen exposure.

B) It occurs more commonly in perimenopausal women.

C) It can present with postmenopausal bleeding.

D) It is associated with obesity.

E) It is linked to polycystic ovary syndrome (PCOS).

Ans . B

All of the following are risk factors for endometrial cancer except:

A)Obesity

B)Late menarche and early menopause

C)Unopposed estrogen replacement therapy

D)Tamoxifen therapy

E)Polycystic ovarian syndrome

Ans . B

You are interpreting a histopathology report about a hysterectomy specimen revealing a well-differentiated endometrioid tumor in the uterus and ovaries. Your comment to create hope in the patient is:

- A) She will be lucky if both tumors are primary.
- B) She will be lucky if the primary is ovarian and the uterine is secondary.
- C) She will be lucky if the primary is uterine and the ovarian is secondary.
- D) She will be lucky if both tumors are secondary.
- E) By any means, she is lucky because the tumor pathology is well-differentiated and the same type regardless of the origin.

Ans . E

About screening for endometrial cancer, which is incorrect?

- A) Office endometrial biopsy
- B) Hysteroscopy
- C) History of progesterone only
- D) Family history of endometrial cancer
- E) Transvaginal ultrasound

Ans . C

Radical hysterectomy is the most frequent surgical procedure performed for cancer of the cervix and uterus, involving the resection of:

- A)The uterus, ovaries, tubes, and pelvic lymph nodes
- B)The uterus, ovaries, parametrial and cervical ligaments, and pelvic lymph nodes
- C)The uterus, ovaries, tubes, omentum, upper vagina, and pelvic lymph nodes
- D)The uterus, uterine artery, parametrial and cervical ligaments
- E)The uterus, upper vagina, uterine artery, parametrial and cervical ligaments, and pelvic lymph nodes

Ans . E

In reviewing the risk factors for endometrial carcinoma, the following list is true except:

- A) Increased risk in women who have never married before
- B) Increased risk in women with increasing parity
- C) Increased risk in women with late menopause
- D) Decreased risk with smoking
- E) There is weak evidence of familial tendency

Ans . B

In managing endometrial carcinoma, formal surgical staging is required in all of the following conditions except:

- A) Presence of an adnexal mass
- B) Serous or clear cell carcinoma
- C) Grade 3 histology
- D) Invasion of the outer half of the myometrium
- E) Possible cervical extension

Ans . A

Most common symptom in endometrial hyperplasia

- A) Bleeding
- B) Dyspareunia
- C) Dysmenorrhea
- D) Missed period
- E) Pelvic pain

Ans . A

A 55-year-old woman has hot flushes and irregular vaginal bleeding and requests HRT. What should you do before?

- A) Endometrial biopsy
- B) Prescribe OCP
- C) Cervical biopsy
- D) Refer for ultrasound
- E) Prescribe estrogen cream

Ans . A

60-year-old with endometrial cancer, you should take into consideration all of the following except:

- A) Psychological factors
- B) Fertility preservation
- C) Dissemination of disease
- D) Her medical comorbidities
- E) Tumor grade

Ans . B

A 50-year-old lady presented with heavy menstrual bleeding, underwent total abdominal hysterectomy plus bilateral salpingo-oophorectomy for endometrial cancer. The final histopathological report revealed a well-differentiated endometrioid tumor limited to the endometrium and endocervical glandular region. The next appropriate step will be:

- A) Vault radiotherapy followed by vault smear every three months
- B) Prophylactic doses of neoadjuvant cisplatin-based chemotherapy
- C) Pelvic radiotherapy, then vault smear every three months
- D) Combined external and internal radiotherapy followed by vault smear every three months
- E) Observation only

Ans . E

A 42-year-old with papillary uterine carcinoma following D&C requires:

- A) Total abdominal hysterectomy with bilateral salpingo-oophorectomy
- B) Hysterectomy with lymphadenectomy
- C) Radical debulking
- D) Radical hysterectomy with salpingo-oophorectomy
- E) Modified radical hysterectomy with lymphadenectomy

Ans / B

For type I endometrial cancer, all the following statements are correct except:

- A) Usually begins as hyperplastic changes
- B) Mostly affects perimenopausal women
- C) May arise in a background of atrophic endometrium
- D) More favorable prognosis than type II, with a 5-year survival rate of about 85%
- E) Strong history of exposure to unopposed estrogen

Ans . C

The patient most likely to develop adenomatous hyperplasia is:

- A) A 24-year-old on low-dose oral contraceptive
- B) An obese female with a history of oligoovulation and infertility
- C) A post-menopausal black female with multiple fibroids
- D) A 30-year-old G3P3 female with dysfunctional uterine bleeding
- E) A 23-year-old student with anorexia nervosa

Ans . B

You are reviewing the final histopathology report of a 57-year-old lady who underwent surgery due to endometrial carcinoma. The tumor was 5×6 cm, invading 7 mm out of 22 mm thickness, with focal endocervical involvement, and positive peritoneal washing for malignancy. The stage of the disease is:

- A) IA
- B) IB
- C) II
- D) IIIA
- E) IIIB

Ans . E

Among prognostic factors for endometrial cancer, the most important one is:

- A) Histologic type
- B) Stage of the disease
- C) Histologic grade
- D) Nuclear grade
- E) Vascular space invasion

Ans . B

A 55-year-old single lady presented with post-menopausal bleeding, ultrasound reveals endometrial thickness of 8.0 mm, the proper management is:

- A) Do hysterectomy
- B) Do cervical Pap smear
- C) Review her again after 6 months
- D) Reassurance since she is single
- E) Arrange for fractional dilation and curettage

Ans . E

Regarding endometrial cancer risk factors, the highest incidence of this malignancy is associated with:

- A) Obesity
- B) Nulliparity compared with 1 child
- C) Nulliparity compared with 5 or more children
- D) Late menopause
- E) Diabetes mellitus

Ans . A

A 55-year-old obese woman with post-menopausal vaginal bleeding has an endometrial thickness of 10 mm on ultrasound. The most important differential diagnosis is:

- A) Endometrial atrophy
- B) Endometrial polyp
- C) Uterine fibroid
- D) Hormonal imbalance
- E) Endometrial carcinoma

Ans . E

Adenoacanthoma of the uterus represents:

- A) Malignancy from two sources
- B) Extra-uterine carcinoma extension
- C) Adenocarcinoma with squamous metaplasia
- D) Neoplastic transformation of indifferent cells
- E) Benign tumor

Ans . C

In endometrial cancer, which of the following is NOT a feature of the low-risk group?

- A) Cancer histologic type: serous or endometrioid carcinoma
- B) Histologic grade 1 or 2
- C) Cancer cell type invading less than half of the myometrium
- D) Stage IA endometrioid carcinoma without myometrial invasion
- E) Cancer limited to the endometrium

Ans . A

The most common route of spread for endometrial cancer is:

- A) Spread during surgery
- B) Exfoliation of cells that are shed through the fallopian tubes
- C) Lymphatic dissemination
- D) Hematogenous dissemination
- E) Direct extension

Ans . E

A 48-year-old with well-differentiated endometrioid carcinoma (48 mm tumor, invading 7 mm of 12 mm myometrial thickness, cervical gland involvement) is staged as:

- A)IA1
- B)IA2
- C)IB1
- D)IB2
- E)II

Ans . E

The most common female genital tract malignancy in Jordan is:

- A)Endometrial cancer
- B)Ovarian cancer
- C)Cervical cancer
- D)Vulvar cancer
- E)Choriocarcinoma

Ans . A

For type I endometrial carcinoma, the classic description for this kind of malignancy includes all the following except:

- A) It tends to occur between ages 40-60 years
- B) The patient may have a history of chronic anovulatory status
- C) Most of the tumors are estrogen and progesterone receptor positive
- D) The carcinomas are usually well differentiated and associated with endometrial hyperplasia
- E) Usually present with deep myometrial invasion

Ans . E

Young lady, 27 years with endometrial cancer, what is wrong:

- A) Mostly non-endometrioid type
- B) Ovary U/S should be done
- C) Presents with high differentiation and low stage
- D) Usually associated with Lynch syndrome
- E) May be hormone-driven

Ans . A

Surgery is not the first-line therapy in one of the following malignancies:

- A) Stage I endometrioid carcinoma
- B) Stage I cervical carcinoma
- C) Stage III ovarian carcinoma
- D) Choriocarcinoma
- E) Stage II endometrioid carcinoma

Ans . D

In the management plan of endometrial cancer patients, the most significant prognostic variable is:

- A) The stage of the disease
- B) The age of the patient
- C) The histologic type
- D) The histologic grade
- E) Vascular space invasion

Ans . A

A 42-year-old woman underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy due to uterine cancer. The final histopathology report revealed a poorly differentiated endometrioid adenocarcinoma limited to the inner half of the myometrium. Eight months later, the patient presented with a metastatic omental nodule (2x3 cm), one right-sided pelvic lymph node affected, and

positive peritoneal washings. The stage of the disease for this patient is:

- A) IB
- B) IIIA
- C) IIIB
- D) IIIC
- E) IIB

Ans . D

### **Cervical Cancer**

Which of the following does not affect Pap smear results?

- A) Recent (24h) sexual intercourse
- B) Menstruation and bleeding
- C) Colposcopy with acetic acid
- D) Gravidity and parity
- E) Pregnancy/postpartum/lactation

Ans . D

False about HPV vaccine?

- A) Highly encouraged for adults older than 26 years
- B) Started in children older than 9 years
- C) When given at ages 11-12, administered as 2 doses, 6 months apart
- D) If given after age 15, should be 3 doses
- E) Protective against HPV infection

Ans . A

All the following factors have a direct relationship with the development of cervical cancer except:

- A)Alcohol consumption
- B)Age of starting sexual activity
- C)Multiple sexual partners
- D)Smoking
- E)Promiscuous male partners

Ans . A

The causal relationship between cervical cancer and sexual activity includes all the following except:

- A)Young age at first pregnancy
- B)Sexual partner with multiple sexual partners
- C)The frequency of sexual activity
- D)High parity
- E)Lower socioeconomic status

Ans . C

One of the following is not considered a major prognostic factor for patients having radical hysterectomy and pelvic lymphadenectomy for stages IB to IIA cervical cancers:

- A) Depth of stromal invasion
- B) Status of the vaginal margins
- C) Histological cell type
- D) Status of the lymph nodes
- E) Number of the lymph nodes involved

Ans . E

One of the following is not a risk factor for cervical cancer:

- A) First coitus at a younger age
- B) Multiple sexual partners
- C) Immunocompromised patients
- D) Using Mirena coil
- E) Smoking

Ans . D

Treatment of cervical cancer stage IIA?

- A) Radical hysterectomy and pelvic lymphadenectomy
- B) Radical radiotherapy +/- chemotherapy
- C) Total hysterectomy with BSO
- D) Total hysterectomy
- E) Total Abdominal Hysterectomy with BSO and pelvic lymphadenectomy

Ans . A

Midreproductive age is the predominant age of all the following conditions except:

- A) Nabothian cyst
- B) Cervical eversion
- C) Cervical erosion
- D) Cervical cancer
- E) Cervicitis/Endometritis

Ans . D

Not a risk factor for cervical cancer?

- A) Multiple sexual partners
- B) Sexual partner with multiple partners
- C) Being underweight
- D) History of STDs
- E) Early pregnancy and multiparity

Ans . C

Worldwide, the third most common cancer in women is:

- A) Cervical cancer
- B) Uterine cancer

- C) Ovarian cancer
- D) Vulvar cancer
- E) Trophoblastic cancer

Ans . A

Among the major factors that influence the prognosis of cervical cancer patients, the least important one is:

- A)The stage of the disease
- B)The volume of the tumor
- C)The vascular invasion
- D)The histologic type
- E)The age of the patient

Ans . E

Overgrowth of columnar epithelium over the ectocervix results in one of the following:

- A) Cervical erosion
- B) Cervical eversion
- C) Herpes Simplex cervicitis
- D) Chronic cervicitis
- E) Carcinoma under the surface of the epithelium

Ans . B

Wrong about cervical smear

- A) Pap smear is diagnostic
- B) Indicated starting at the age of 25
- C) It is a screening tool
- D) Recommended every 3 years in low-risk patients
- E) Useful for detecting early cervical changes

Ans . A

The most common cancer diagnosed during pregnancy is:

- A) Choriocarcinoma
- B) Vulvar cancer
- C) Cervical cancer
- D) Uterine cancer
- E) Ovarian cancer

Ans . C

Not done for cervical cancer staging?

- A) Colposcopy
- B) Proctosigmoidoscopy
- C) Endometrial biopsy
- D) Cervical biopsy
- E) Cystoscopy

Ans . C

Which cancer is most likely to occur in younger women and is related to infection?

- A) Endometrioid carcinoma of the uterus
- B) Endometrioid carcinoma of the cervix
- C) Papillary serous carcinoma of the ovary
- D) Squamous carcinoma of the vulva
- E) Endometrioid carcinoma of the ovary

Ans . B

Regarding the direct causal relationship between cervical cancer and sexual activity, there is no proven correlation between this cancer and:

- A) Age of starting sexual activity
- B) Possibility of multiple sexual partners
- C) Promiscuous male partners
- D) Smoking

E)The frequency of sexual intercourse

Ans . E

In managing cervical cancer, the ideal step for a 40-year-old woman, G3P3, diagnosed with stage Ia squamous cell carcinoma is:

- A)Total abdominal hysterectomy plus bilateral salpingo-oophorectomy
- B)Total abdominal hysterectomy plus ovarian transposition
- C)Cervical conization with chemotherapy
- D)Radical hysterectomy plus bilateral salpingo-oophorectomy
- E)Chemoradiation

Ans . B

Among the facts about cervical cancer, the following items are correct except:

- A)Human papilloma virus (HPV) 18 is more frequently associated with adenocarcinoma
- B)There is a positive association between high gravidity and adenocarcinoma
- C)Age of first intercourse is of greater risk for squamous carcinoma than adenocarcinoma
- D)Number of sexual partners is of greater risk for squamous carcinoma than adenocarcinoma
- E)HPV 18 may be more virulent than HPV-16 and may be a prognostic factor

Ans . B

Regarding HPV infection, which statement is INCORRECT?

- A) HPV 16 & 18 are associated with cervical cancer
- B) Sexual intercourse is the only possible means of transmission
- C) The koilocyte (halo cell) is pathognomonic

- D) Genital warts are caused by this virus
- E) Acetowhite lesions can be seen by colposcopy

Ans . B

A 33-year-old woman has a Pap smear showing high-grade squamous intraepithelial lesion (HSIL). What is the next step to be done?

- A) Repeat Pap smear after 3 months
- B) Colposcopic directed biopsy
- C) Conization of the cervix
- D) Radical hysterectomy
- E) CT scan for abdomen and pelvis

Ans . B

Surgery is preferred over radiation in cervical cancer for all of the following except:

- A) Gives the ability to assess lymph node involvement
- B) Reservation of ovulatory function
- C) Reduced incidence of anemia and bleeding
- D) Avoidance of long-term sequelae of radiotherapy
- E) Lower recurrence rate

Ans . C

Concerning post-menopausal bleeding, one of the following is correct:

- A) Is frequently due to genital tract malignancy
- B) Is often due to cervical "erosions"
- C) All patients must have a dilatation and curettage
- D) Initial investigation should include pelvic examination, cervical cytology, and a transvaginal scan
- E) Is more likely in a patient with CIN

Ans . D

Concerning carcinoma of the cervix, one is true:

- A) It has a peak incidence in women aged around 40 years
- B) The histological type adenocarcinoma occurs more frequently in young women
- C) A negative cervical smear excludes the diagnosis
- D) It commonly presents with menorrhagia
- E) It is more common in obese women

Ans . B

The common presentations of carcinoma of the cervix include all the following except:

- A) An asymptomatic abnormal smear
- B) Pelvic pain
- C) Vaginal discharge
- D) Postcoital bleeding
- E) Intermenstrual bleeding

Ans . B

One of the most common sexually transmitted diseases that may lead to cervical carcinoma is caused by which of the following viruses?

- A) Cytomegalovirus
- B) Human Papillomavirus
- C) Epstein-Barr virus
- D) Herpes simplex virus
- E) Adenovirus

Ans . B

The Pap smear test is designed to test for:

- A) Cervical cancer

- B)Cervical pre-cancer conditions
- C)Cervical infection
- D)Cervical polyp
- E)Cervical erosion

Ans . B

In the cervical cancer malignancy population, patients with which stage are universally regarded as being an ideal candidate for radical hysterectomy, and lymphadenectomy with an equal cure rate obtained by primary radiation therapy?

- A) Stage IA1
- B) Stage IA2
- C) Stage IB1
- D) Stage IIA
- E) Stage IIB

Ans . C

All of the following are HPV-related risk factors for cervical cancer EXCEPT:

- A) Immunosuppression
- B) Early onset of sexual activity
- C) Multiple sexual partners
- D) Low socioeconomic status
- E) Early age of first birth

Ans . E

Definite final diagnosis of cervical intraepithelial neoplasia Class III (CIN III) is made by:

- A) Cervical smear
- B) Colposcopy
- C) Histopathology
- D) Tumor markers

E) Schiller iodine stain

Ans . C

Not used in cervical cancer staging

A) Colposcopy

B) Biopsy

C) Cervical scanning

D) Cystoscopy

E) Rectosigmoidoscopy

Ans . C

### **Miscarriages**

In septic miscarriage, the following are causative organisms except:

A)E. coli

B)Staphylococcus

C)Bacteroides

D)Streptococci

E)Clostridium welchii (Perfringens)

Ans . B

A 23-year-old lady, 10 weeks pregnant, presented to the emergency room with heavy vaginal bleeding and abdominal pain. Ultrasound revealed a viable intrauterine pregnancy. Vaginal examination revealed an opened cervical os. The diagnosis is:

A)Incomplete miscarriage

B)Threatened miscarriage

C)Inevitable miscarriage

D)Complete miscarriage

E)Missed miscarriage

Ans . C

Which of the following is a key factor seen in a complete miscarriage?

- A) Closed cervical os with no products of conception on ultrasound
- B) Passage of products of conception
- C) Profuse vaginal bleeding
- D) Persistent low beta hCG levels
- E) Ongoing abdominal pain

Ans . A

All of the following are criteria for incomplete miscarriage except:

- A) The patient presents with vaginal bleeding
- B) The patient has a history of passage of tissues
- C) The patient was proven to be pregnant prior
- D) The scan shows an empty uterus
- E) The patient has abdominal pain

Ans . D

Medical treatment of missed miscarriage at 8-10 weeks is commonly done with:

- A) Misoprostol (Cytotec)
- B) Oxytocin infusion IV
- C) Prostaglandin E2 vaginally
- D) Ergometrin intramuscular
- E) IV prostaglandin F2 alpha

Ans . A

All of the following are considered as risk factors for first-trimester miscarriage except:

- A) Previous large loop excision of the transformation zone of the cervix

- B)Diabetic mothers
- C)Fetal chromosomal abnormalities
- D)Rubella infection
- E)Thrombophilia

Ans . A

A septate uterus is associated with increased risk of:

- A) Recurrent first trimester pregnancy loss
- B) Placental abruption
- C) Second trimester fetal loss
- D) Premature rupture of membranes
- E) Fetal genitourinary anomalies

Ans . A

The commonest cause of development of intrauterine adhesions is:

- A) Endometrial curetting after abortion
- B) Postpartum curettage
- C) After Myomectomy
- D) After insertion of an intrauterine contraceptive device
- E) Evacuation of hydatidiform mole

Ans . A

All the following are causes of recurrent first-trimester loss except:

- A)Oligomenorrhea and PCOS
- B)Thrombophilia
- C)Maternal rejection (immune)
- D)Abnormal karyotype
- E)TORCH infection

Ans . A

The adverse pregnancy outcomes in Antiphospholipid Antibody Syndrome may include all the following except:

- A) IUGR
- B) Early onset pre-eclampsia
- C) Placental abruption
- D) Polyhydramnios
- E) Arterial and venous thrombosis

Ans . D

Passage of decidual casts is characteristic of:

- A) Threatened abortion
- B) Missed abortion
- C) Tubal abortion
- D) Incomplete abortion
- E) Septic abortion

Ans . C

When the pregnancy is not documented by scan where there has been a positive pregnancy test that then becomes negative, this pregnancy loss is called:

- A) Biochemical pregnancy
- B) Pregnancy of unknown location
- C) Complete miscarriage
- D) Missed miscarriage
- E) Ectopic pregnancy

Ans . A

A 25-year-old woman, G3P2+2, with recurrent miscarriages, could be affected by all except:

- A) Thrombophilia
- B) Cervical incompetence
- C) Asherman syndrome
- D) Intramural uterine fibroid
- E) Antiphospholipid syndrome

Ans . D

Which of the following is true about miscarriage management?

- A) Surgical abortion has a higher success rate but more complications than medical
- B) Methotrexate is used to induce uterine contractions
- C) Misoprostol requires hospital admission for administration
- D) Surgical abortion may include dilation and evacuation (D&E)
- E) Medical management is more commonly used than surgical options

Ans . D

Which of the following is the most likely mechanism of septic abortion following an induced abortion?

- A) Skin organism
- B) Instrument contamination
- C) Ascending infection
- D) Urinary tract infection
- E) Hematogenous infection

Ans . C

One of the following provides conclusive evidence of pregnancy in uterine curetting:

- A) Decidua Compacta
- B) Arias-Stella changes in endometrial glands
- C) Spiral arterioles
- D) Plasma cell infiltrate
- E) Chorionic villi

Ans . E

In patients with antiphospholipid antibodies, pregnancy loss is caused by:

- A) Placental thrombosis and infarction
- B) Increased vascularization of the deciduas basalis
- C) Increased prostacyclin release
- D) Protein C activation
- E) Progesterone insufficiency

Ans . A

Regarding the etiology of abortion all are true except:

- A) Abnormal development of the zygote or placenta forms about 50% of cases
- B) Structural abnormalities of chromosomes are more common than numerical abnormalities
- C) Most often, the parents have a normal chromosomal pattern
- D) Aging of the gametes within the genital tract before fertilization increases the rate of abortion
- E) Autosomal trisomy is a common finding

Ans . B

One of the following is not a possible cause of recurrent miscarriage:

- A) Pituitary microadenoma
- B) Polycystic ovarian syndrome
- C) Progesterone deficiency
- D) Cervical incompetence
- E) Antiphospholipid syndrome

Ans . A

Recurrent fetal losses: what is not a risk factor?

- A) Obesity
- B) Maternal age above 30 in pregnancy
- C) Family history
- D) Environmental factors
- E) Male partner age

Ans . E

A 20-year-old nulliparous lady develops vaginal bleeding associated with crampy abdominal pain after a 10-week episode of amenorrhea. Transvaginal ultrasound reveals a fetus with a crown-rump length equivalent to 9 weeks gestation and no fetal heart activity. The most likely cause for this outcome is:

- A) Young maternal age
- B) Chromosomal abnormalities of the conceptus
- C) Exposure to environmental teratogens
- D) Chromosomal disorders of one or both parents
- E) Antiphospholipid syndrome

Ans . B

All of the following instruments are used in miscarriage D&C except

- A) Sound
- B) Sharp curette
- C) Blunt curette
- D) Hegar dilator
- E) Vulsellum

Ans . B

Wrong about antiphospholipid syndrome criteria

- A) Requires 2 abnormal lupus anticoagulant antibody readings separated by 6 weeks
- B) Any arterial vascular thrombosis

- C) Any venous vascular thrombosis
- D)  $\geq 1$  unexplained deaths of a morphologically normal fetus after the 10th week of gestation
- E) A single anticardiolipin antibody reading is enough

Ans . E

Causes of first trimester miscarriage include all the following except:

- A)Fetal abnormalities
- B)Listeria monocytogenes
- C)Ovarian surgery
- D)Incompetent cervix
- E)Autosomal trisomy

Ans . D

### **Fetal compromise**

The first step in the assessment of post-term gestation is:

- A)Ultrasound examination
- B)Determination of the true length of gestation
- C)Measurement of fetal heart rate (FHR)
- D)Determination of amniotic fluid volume
- E)Contraction stress test

Ans . B

The price of accelerated lung maturity in pregnancy may include all the following except:

- A)Loss of brain cells
- B>Intrauterine growth restriction
- C)Decreased postnatal activity in the hypothalamo-pituitary-adrenal axis
- D)Increased neurodevelopmental disability
- E)Programming of postnatal hypertension

Ans . C

The highest-ranking modifiable risk factor for stillbirth during pregnancy is:

- A) Advanced maternal age
- B) Pregnancy-induced hypertension
- C) Multiple gestations
- D) Maternal overweight and obesity
- E) Prolonged pregnancy (>42 weeks)

Ans . D

Features of untreated Turner syndrome (45 XO) include:

- A) Low serum gonadotropin level
- B) High serum estrogen level
- C) Lymphedema
- D) Hot flushes
- E) Increased incidence of malignant gonadal tumor

Ans . C

All of the following can be seen in Doppler ultrasound in IUGR EXCEPT:

- A) Increased diastolic flow in the brain
- B) Increased systolic flow
- C) Reversed diastolic flow
- D) Absent diastolic flow on ultrasound
- E) Inverted flow at ductus venosus

Ans . B

Morphological fetal scan is best performed at gestational age:

- A) 9-12 weeks
- B) 11-14 weeks

- C) 16-19 weeks
- D) 18-23 weeks
- E) 20-25 weeks

Ans . D

Maternal serum AFP screening for Neural Tube Defects (NTDs) is most sensitive at:

- A) 8-10 weeks gestation
- B) 12-13 weeks
- C) 16-18 weeks
- D) 20-22 weeks
- E) After 24 weeks

Ans . C

A 38-year-old grand multipara presents at 32 weeks' gestation with a singleton pregnancy and severe IUGR. Ultrasound revealed normal AFI. The first priority is to exclude:

- A) Preeclampsia
- B) Fetal infection
- C) Chromosomal anomalies
- D) Gestational diabetes and IUGR
- E) Idiopathic placental insufficiency

Ans . C

Treatment of choice in a dead fetus with transverse lie at 36 weeks in active labor is:

- A) Internal version
- B) External version & vaginal delivery
- C) Decapitation or evisceration
- D) Urgent Caesarean section
- E) Elective Caesarean section

Ans . D

Succenturiate placenta could be associated with one of the following:

- A)Antepartum hemorrhage
- B)Postpartum hemorrhage
- C)Preterm delivery
- D)Post-term delivery
- E)Congenital fetal malformations

Ans . D

Post-term pregnancy is associated with all EXCEPT:

- A) Transient tachypnea of the newborn
- B) Oligohydramnios
- C) Fetal demise
- D) Meconium aspiration
- E) Macrosomia

Ans . A

For fetuses clinically suspected of intrauterine growth restriction with normal fetal monitoring at 34 weeks, the next appropriate step is:

- A)No clinical intervention is warranted
- B)Delivery is indicated
- C)Bed rest
- D)Amniocentesis for lung maturity
- E)Three-week interval of serial ultrasound measurement

Ans . A

All the following are associated with chromosomal abnormalities except:

- A)Gastroschisis
- B)Diaphragmatic hernia
- C)Exomphalos
- D)Duodenal atresia
- E)Cystic hygroma

Ans . C

In which time period does maternal infection with rubella virus carry the greatest risk for congenital rubella syndrome in the fetus?

- A) Preconception
- B) First trimester
- C) Second trimester
- D) Third trimester
- E) During labor

Ans . B

The most predictive measurement of fetal growth is:

- A)Biparietal diameter
- B)Head circumference
- C)Abdominal circumference
- D)Femur length
- E)Cerebellar length

Ans . B

Sudden postpartum collapse is not associated with one of the following conditions:

- A) Amniotic fluid embolism
- B) Eclampsia
- C) Ruptured ectopic pregnancy
- D) Anesthesia toxicity
- E) Hemorrhage

Ans . C

Post-term pregnancy is associated with a number of complications. All of the following apply except:

- A) Third degree tears
- B) Emergency cesarean section
- C) Failure of induction
- D) Intrauterine fetal death
- E) Intrauterine growth restriction

Ans . C

Complications of post-term pregnancy include all of the following except:

- A) Post-maturity syndrome
- B) Macrosomia
- C) Oligohydramnios
- D) Meconium-stained amniotic fluid
- E) Intrauterine growth retardation

Ans . E

All of the following can cause intrauterine growth restriction (IUGR) except:

- A) Controlled diabetes mellitus
- B) Hypertension
- C) Systemic lupus erythematosus
- D) Thrombophilia disorder
- E) Steroid therapy

Ans . A

One of the following is not considered a complication of fetal growth restriction:

- A) Respiratory distress syndrome

- B) Neonatal hypoglycemia
- C) Sudden infant death syndrome
- D) Cerebral palsy
- E) Atherosclerosis in adulthood

Ans . A

One of the following statements is more likely to occur in term small-for-dates babies:

- A) Hypoglycemia
- B) Respiratory distress syndrome (RDS)
- C) Anemia
- D) Pneumonia
- E) Hyperbilirubinemia

Ans . A

Low levels of PAPP-A are seen in all of the following except:

- A) Impending fetal death
- B) Preterm labor
- C) Low birth weight
- D) Postdate pregnancy
- E) Intrauterine growth retardation

Ans . D

Smoking during pregnancy increases the risk of all the following disorders except:

- A) Fetal death
- B) Mental retardation
- C) Placental abruption
- D) Small for gestational age
- E) Preterm birth

Ans . B

During fetal development, the classic teratogenic period in a 28-day menstrual cycle is:

- A) From day 30 after the last menstrual period to day 70
- B) From day 14 after the last menstrual period to day 30
- C) Between the 10th week to the 12th week of gestation
- D) Between the 12th week to the 16th week of gestation
- E) Between the 16th week to the 18th week of gestation

Ans . A

The best fetal biometry for assessing intrauterine growth restriction (IUGR) is:

- A) Serial BPD (biparietal diameter)
- B) Serial femur length
- C) Serial AC (abdominal circumference)
- D) Serial liquor volume (AFI)
- E) Serial fundal height

Ans . C

A G2P1 woman with DIC and hypovolemic shock after delivering a dead baby should be treated with:

- A) Plasma
- B) Cryoprecipitate
- C) Fresh frozen plasma
- D) Packed red blood cells
- E) Stored blood

Ans . C

Rubella infection in the first trimester is not associated with a subsequent increase in the risk of one of the following:

- A) Microcephaly
- B) Deafness
- C) Congenital cataract
- D) Intracranial calcification
- E) Congenital heart disease

Ans . D

One of the following is not a congenital intrauterine infection:

- A) Rubella
- B) CMV
- C) Herpes infections
- D) HIV
- E) Toxoplasmosis

Ans . D

A 30-year-old woman at 34 weeks gestation is told she has a small baby with asymmetrical intrauterine growth restriction. The most common cause is:

- A) Genetic disorders
- B) Chronic hypertension
- C) TORCH infection
- D) True knot in the placenta
- E) Gestational diabetes

Ans . B

Duchenne muscular dystrophy is the most common and most devastating of the dystrophies. It is inherited as:

- A) Multifactorial
- B) X-linked dominant
- C) X-linked recessive
- D) Autosomal dominant
- E) Autosomal recessive

Ans . C

Amniocentesis performed after 16 weeks' gestation, one is false:

- A)Is associated with an increased risk of respiratory distress syndrome
- B)Is not associated with fetal postural deformities
- C)Is useful in the assessment of Rhesus disease
- D)Can be used to diagnose fetal infection with toxoplasmosis
- E)Can help to diagnose Turner syndrome

Ans . B

Features of fetal hydantoin syndrome include all except:

- A)Growth deficiency
- B)Mental retardation
- C)Macrocephaly
- D)Dysmorphic craniofacial features
- E)Developmental delays

Ans . C

Smoking during pregnancy is associated with a high incidence of which condition that contributes most significantly to higher perinatal mortality?

- A)Placental abruption
- B)Small-for-gestational-age babies and prematurity
- C)Premature and prolonged rupture of membranes
- D>Intrauterine growth restriction
- E)Placenta previa

Ans . B

Intrauterine growth-restricted fetuses (IUGR) are particularly prone to the following problems EXCEPT:

- A) Meconium aspiration
- B) Anemia
- C) Hypoglycemia
- D) Mental retardation
- E) They are at greater risk for developing adult-onset conditions such as hypertension, diabetes, and atherosclerosis

Ans . B

The first sign of intrauterine fetal death is:

- A) Gas in the cardiovascular system
- B) Overlapping of the fetal skull bones
- C) Atrophy of fetal kidneys
- D) Marked curvature of the spine
- E) Maceration of the spinous ligaments

Ans . A

### **Rh isimmunization**

All the following methods assess fetal risk of anemia EXCEPT:

- A) Serial maternal anti-D titers
- B) Umbilical artery pulsatility index (PI)
- C) Ultrasound assessment of fetal middle cerebral artery peak systolic velocity
- D) Amniotic fluid bilirubin levels
- E) Fetal blood sampling

Ans . B

An ultrasound study of a 30-year-old primigravida reveals the following findings, all of which are suggestive of erythroblastosis fetalis except:

- A) Small chest size
- B) Fetal ascites

- C) Placental thickening
- D) Body wall edema
- E) Pleural effusion

Ans . A

All of the following are indications for treatment with Anti-D for isoimmunization prophylaxis in the non-sensitized Rh D-negative woman except:

- A) Spontaneous complete miscarriage at 11 weeks gestation
- B) Embryo reduction at 13 weeks gestation
- C) Ectopic pregnancy treated with methotrexate
- D) Fetal death at 27 weeks gestation
- E) Abdominal trauma at 20 weeks gestation

Ans . A

The primary immune response after Rh alloimmunization includes all except:

- A) Slow development
- B) Slow fetal RBC destruction (1-1.5%/day)
- C) Weak response mainly IgM
- D) IgM crosses the placenta and causes slight hemolysis
- E) Can cause fetal hydrops

Ans . A

Which of the following is an indication for Anti-D prophylaxis in an Rh-negative woman?

- A) Salpingectomy for ectopic pregnancy at 6 weeks gestation
- B) Blood transfusion at 32 weeks
- C) Abdominal trauma at 8 weeks gestation
- D) Threatened preterm labor at 30 weeks gestation
- E) Threatened miscarriage at 6 weeks gestation

Ans . A

The condition of the fetus in an Rh-negative sensitized pregnant woman at 28 weeks is best evaluated by:

- A) Analysis of amniotic fluid for bilirubin
- B) Determination of antibody titers in the amniotic fluid
- C) Determination of maternal antibody titers
- D) Ultrasound examination for fetal ascites
- E) History of previous infants affected

Ans . C

Helpful tests in Rh isoimmunization include all except:

- A) Rhesus antibody titer in maternal blood
- B) Amniotic bilirubin level
- C) Maternal serum bilirubin
- D) Coombs test on cord blood
- E) Husband's Rhesus genotype

Ans . C

On routine antenatal bloods, a 30-year-old woman is found to be Rhesus negative. Which advice is CORRECT?

- A) Her fetus will also be Rhesus negative
- B) If there is concern later in pregnancy regarding vaginal bleeding, a Kleihauer test should be performed
- C) She should have a routine dose of anti-D at 23/40
- D) Once she has had two doses of anti-D, further administration will not be required
- E) If this pregnancy is not affected by Rhesus disease, there should be no problem in subsequent pregnancies

Ans . B

A large fetomaternal hemorrhage is unlikely in which scenario?

- A) Abdominal trauma in the first trimester
- B) Traumatic instrumental delivery
- C) Manual removal of placenta
- D) Stillbirth
- E) Twin delivery

Ans . A

Which of the following is NOT associated with Rhesus isoimmunization?

- A) All rhesus negative people have “d” in each half of the genotype
- B) Anti-D immunoglobulin 500 IU can eliminate up to 8 ml of Rh-D positive blood from maternal circulation
- C) Maternal IgG crosses placenta and will cause fetal hemolytic anemia
- D) Tends to become more severe in successive pregnancies
- E) Most commonly follows failure to give prophylaxis

Ans . B

Which of the following RhD-negative scenarios does NOT require Rh immune globulin?

- A) Spontaneous or induced abortion
- B) Ectopic pregnancy
- C) Complete molar pregnancies
- D) If the patient underwent amniocentesis
- E) If the lady was exposed to abdominal trauma

Ans . C

Regarding Rh isoimmunization and pregnancy, one of the following is false:

- A) Can be triggered by abdominal trauma during pregnancy
- B) Never affects the first pregnancy

- C) Should be screened for at booking
- D) Anti-D IgG injection is indicated at 28 weeks if the mother is sensitized
- E) 50 microgram dose of Anti-D neutralizes 5 mLs of positive whole blood

Ans . B

Recognized methods of monitoring anemia in fetuses with Rh isoimmunization EXCEPT:

- A) Fetal blood sampling
- B) Repeated amniocentesis
- C) Fetal middle cerebral artery blood flow
- D) Maternal serum anti-D IgG levels
- E) Determination of the genetic status of the fetal Rh D gene

Ans . E

Regarding Rh isoimmunization and pregnancy, one of the following is false:

- A) Can be triggered by abdominal trauma during pregnancy
- B) 300 micrograms of Anti-Rh will neutralize 30 ml of fetal blood
- C) Should be screened for at booking
- D) Anti-D IgG injection is indicated at 28 weeks if the mother is sensitized
- E) Fetomaternal hemorrhage is the primary cause

Ans . D

During testing the blood group of a pregnant lady in her first pregnancy, if the laboratory reports the presence of B-antigen in the red blood cell and anti-A antibodies in the plasma, her blood group will be:

- A) Her blood group is B
- B) Her blood group is AB negative

- C) Her blood group is AB positive
- D) Her blood group is A
- E) Her blood group is O negative

Ans . A

Most common cause of alloimmunization in mothers:

- A) Transplacental fetomaternal hemorrhage during pregnancy
- B) Injection with needles contaminated by Rh(D)-positive blood
- C) Inadvertent transfusion of Rh(D)-positive blood
- D) D-mismatched allogeneic hematopoietic stem cell transplantation
- E) Maternal blood mixing during delivery

Ans . A

The most common atypical (non-D) blood group immunization after incompatible blood transfusion is:

- A) Anti-C
- B) Anti-E
- C) Anti-Fya
- D) Anti-c
- E) Anti-Duffy

Ans . A

In an Rh isoimmunized mother at 36 weeks with fetal hydrops (scalp edema, ascites, pericardial effusion), the most appropriate treatment is:

- A) Delivery by cesarean section
- B) Induction of labor
- C) Observation with daily cardiotocography until 37 weeks gestation
- D) Fetal intraperitoneal transfusion
- E) Repeated amniocentesis

Ans . A

A woman with Rh-negative blood at 20 weeks, married to an Rh-positive partner, should receive which treatment?

- A) Serial direct Coombs tests
- B) Amniocentesis at 32 weeks
- C) Rh immunoglobulin within 72 hours of delivery if baby is Rh-positive
- D) Termination if indirect Coombs is 1:2 at booking
- E) Rh immunoglobulin at 28 weeks, even if sensitized

Ans . C

Which of the following statements about Rh immunization is incorrect?

- A) Rh immunization should only occur if the fetus is confirmed Rh-positive
- B) Rh immunization should be administered within 72 hours of vaginal bleeding
- C) Rh immunization is given after amniocentesis or chorionic villus sampling to prevent
- D) Rh immunization is provided at 28 weeks gestation for Rh-negative women
- E) Rh immunization is unnecessary if the partner is Rh-negative

Ans . A

Which one of the following is not a potentially sensitizing event for the development of red blood cell isoimmunization in pregnancy?

- A) Termination of pregnancy or evacuation of retained products of conception (ERPC) after miscarriage
- B) Ectopic pregnancy
- C) Painless vaginal spotting <8 weeks
- D) Intrauterine death
- E) External cephalic version

Ans . C

For routine screening of fetomaternal hemorrhage at delivery, the first test performed is:

- A) Kleihauer-Betke acid elution test (quantitative)
- B) Flow cytometry
- C) Indirect antiglobulin (Coombs) test
- D) Direct antiglobulin (Coombs) test
- E) Rosette screening test (qualitative)

Ans . E

### Thyroid disorders in pregnancy

Which of the following is NOT a recognized risk of poorly controlled hyperthyroidism in pregnancy?

- A) Stillbirth
- B) Intrauterine growth restriction
- C) Preeclampsia
- D) Congestive cardiac failure
- E) Gestational diabetes

Ans . E

Regarding hyperthyroidism in pregnancy, which statement is INCORRECT?

- A) Thyroid surgery can be carried out in pregnancy if required, most usually in the second trimester
- B) Compression from a large goiter is an indication for surgery
- C) Radioactive iodine is preferable to surgery if a malignancy is suspected
- D) TSH receptor stimulating antibodies cross the placenta

E) The risk of fetal Graves' disease after 20 weeks is directly proportional to TSH receptor stimulating antibody titer

Ans . C

One of the following is true regarding the thyroid gland in pregnancy:

- A) Decrease in thyroid-binding globulin
- B) Decrease in total thyroxine and T3
- C) Decrease in free T4 and T3
- D) Decrease in basal metabolic rate
- E) TSH does not cross the placenta

Ans . E

Which of the following is correct regarding hyperthyroidism in pregnancy?

- A) Should be treated surgically rather than with carbimazole
- B) Can be diagnosed by total T4 measurements
- C) More than half are due to Graves' disease
- D) The main complications for the fetus include growth restriction and fetal bradycardia
- E) Therapy should maintain free T4 and T3 levels in the low normal range

Ans . C

Which laboratory test is the best screen for hypothyroidism in pregnancy?

- A) Thyroid-stimulating hormone (TSH)
- B) Thyroid binding globulin (TBG)
- C) Total T4
- D) Free T4
- E) T3

Ans . A

Thyrotoxicosis is associated with all EXCEPT:

- A) Craniosynostosis
- B) Oligohydramnios
- C) Intellectual disability
- D) Hydrops fetalis
- E) Intrauterine death

Ans . B

Wrong about thyroid disease in pregnancy

- A) Clinical disease activity follows the titer of TSH receptor stimulating antibodies
- B) Propylthiouracil is less protein-bound than carbimazole
- C) Beta-blockers (BB) are used for tremor and tachycardia
- D) Radioactive iodine is totally contraindicated
- E) Surgery can be used during pregnancy

Ans . B

Regarding thyroid diseases in pregnancy, all are true except:

- A) Maternal thyroxine (but not fT3) crosses the placenta prior to 12 weeks
- B) The half-life of thyroxine-binding globulin extends from 15 minutes to 3 days
- C) Total thyroid hormone levels decrease in pregnancy
- D) There is an increased iodine demand in pregnancy
- E) Untreated hypothyroidism (low fT4, high TSH, often symptomatic) requires urgent initiation of treatment with thyroxin

Ans . C

Hypothyroidism is NOT associated with which of the following?

- A) Preeclampsia
- B) Polyhydramnios
- C) Preterm delivery
- D) Placental abruption
- E) Postpartum hemorrhage

Ans . B

## **Polyhydramnios and oligohydramnios**

A woman is found to have oligohydramnios at 30 weeks. Which of the following is the most likely cause?

- A) Duodenal atresia
- B) Placental chorioangioma
- C) Diabetes
- D) Oesophageal atresia
- E) Renal agenesis

Ans . E

I'm the least factor that causes decreased amniotic fluid volume:

- A) Premature rupture of the amniotic sac
- B) Certain chronic conditions such as diabetes, high blood pressure, and lupus
- C) Certain medications, such as angiotensin-converting enzyme (ACE) inhibitors
- D) Certain behaviors like decreased fluid intake
- E) Certain health conditions in the baby, such as a kidney or urinary tract problem, a heart or lung defect

Ans . D

The commonest cause of polyhydramnios is:

- A) Anencephaly

- B) Esophageal atresia
- C) Idiopathic
- D) Multiple pregnancy
- E) Sacrococcygeal teratoma

Ans . C

One of the following congenital anomalies is not associated with oligohydramnios:

- A) Potter's syndrome
- B) Bilateral renal agenesis
- C) Duodenal atresia
- D) Posterior urethral valve
- E) Juvenile polycystic kidney disease

Ans . C

All of the following are related to increased liquor EXCEPT

- A) Premature rupture of membranes
- B) Preterm labor
- C) Malpresentation
- D) Placenta previa
- E) Precipitous labor

Ans . D

The importance of amniotic fluid includes all EXCEPT:

- A) Allows the fetus room for growth, movement, and development
- B) Toward mid-pregnancy, it becomes increasingly important for fetal pulmonary development
- C) Acts as a reservoir for essential nutrients and minerals
- D) Contains antibacterial activity
- E) May serve as a means of communication for the fetus

Ans . E

All the following add to the amniotic fluid volume except:

- A) Secretions from the respiratory tract
- B) Intramembranous flow across the placenta and umbilical cord
- C) Transmembranous flow from the uterine circulation into the amniotic cavity
- D) Fetal swallowing
- E) Fetal urination

Ans . B

Conditions associated with oligohydramnios include all except:

- A) Chronic amniotic leak
- B) Fetal renal agenesis
- C) Pulmonary hypoplasia
- D) Urinary tract obstruction
- E) Uteroplacental insufficiency

Ans . A

A risk factor for polyhydramnios is:

- A) Maternal hypertension history
- B) History of thrombophilia
- C) Maternal diabetes history
- D) History of IUGR baby
- E) Steroid therapy use

Ans . C

Which of the following is NOT a cause of oligohydramnios?

- A) Anencephaly
- B) Renal agenesis
- C) Placental rupture
- D) Maternal chronic kidney disease (CKD)

E) Fetal cystic kidney disease

Ans . A

All of the following are causes of polyhydramnios except:

A) Maternal diabetes

B) Polycystic kidneys

C) Placental angioma

D) Tracheo-esophageal fistula

E) Fetal muscular dystrophy

Ans . B

Which of the following is NOT a complication of polyhydramnios?

A) Preterm labor

B) Placental abruption

C) Malpresentation

D) Cord prolapse

E) IUGR

Ans . E

Regarding amniotic fluid, one is correct:

A) The amniotic fluid pH is acidic

B) Water constitutes 90% of its composition

C) It contains fetal cells desquamated from the fetal skin

D) It reaches its maximum volume at term

E) In the first trimester, it is mainly of fetal origin

Ans . C

## **Amenorrhea**

A 16-year-old girl presents with primary amenorrhea. She has Tanner V breast and pubic hair development, and on pelvic

examination, there is a blind-ending vagina. The karyotype shows 46XX. What is the most likely diagnosis?

- A) Congenital adrenal hyperplasia
- B) Constitutional delay
- C) Mullerian agenesis
- D) McCune-Albright syndrome
- E) Complete androgen insensitivity syndrome

Ans . C

The condition associated with hypogonadotropic hypogonadism is:

- A) Turner syndrome
- B) Anorexia nervosa
- C) Klinefelter syndrome
- D) Premature ovarian failure
- E) Hyperthyroidism

Ans . B

One of the following is not true about empty sella syndrome:

- A) Doesn't progress to pituitary failure
- B) Can be due to surgery or radiotherapy
- C) Induction of ovulation is contraindicated
- D) There may be coexisting prolactin-secreting adenoma
- E) Patients may present with amenorrhea and galactorrhea

Ans . C

A 35-year-old P0+3 attends the antenatal clinic complaining of amenorrhea for the last 6 months. She has had 3 uterine curettages for incomplete miscarriages, the last of which was just prior to the onset of amenorrhea. She most likely has:

- A) Asherman syndrome
- B) Sheehan syndrome

- C) Cushing syndrome
- D) Polycystic ovary syndrome
- E) Premature ovarian failure

Ans . A

Essential diagnostic evidence for true hermaphroditism includes:

- A) Mosaic karyotype 46 XX/46 XY
- B) Presence of both testicular and ovarian tissue
- C) Both male and female internal sex organs
- D) Presence of male and female external genitalia
- E) Absence of pubic and axillary hair

Ans . B

Patients with androgen insensitivity syndrome have the following characteristics except:

- A) XY Karyotyping
- B) Presence of vaginal pouch
- C) Rudimentary uterus
- D) Inherited as an X-linked recessive
- E) Well-developed breasts

Ans . C

Concerning Androgen Insensitivity Syndrome, one is false:

- A) The characteristic features include absent uterus but normal breast development
- B) The karyotype is 46XY
- C) They have no prostate or internal male genitalia
- D) Gonadectomy must be performed after puberty because of the increased risk of malignancy
- E) They have normal pubic and axillary hair as they have male testosterone levels

Ans . E

All of the following are causes for hypogonadotropic hypogonadism except:

- A) Constitutional delayed puberty
- B) Turner syndrome
- C) Anorexia nervosa
- D) Kallman syndrome
- E) Chronic illness

Ans . B

Regarding normal sexual differentiation all are true except:

- A) If the testes are absent, the fetus will become phenotypically female
- B) If the gonads are removed before the stage of gonadal differentiation, development will be into male or female depending on chromosomal sex
- C) Male external genitalia differentiation is mediated through the action of fetal testosterone
- D) Wolffian ducts develop into the vas deferens, seminal vesicles, and the epididymis
- E) The presence of (XX) sex chromosomes influences the gonads to develop into ovaries

Ans . C

The karyotype of a patient with androgen insensitivity syndrome is:

- A) 46 XX
- B) 46 XY
- C) 47 XXY
- D) 45 XO
- E) 45 XY

Ans . B

Anorexia nervosa is characterized by all the following except:

- A) Dry skin
- B) Amenorrhea
- C) Tachycardia
- D) Hypothermia
- E) Constipation

Ans . C

Normal secondary sexual characteristics and high FSH, primary amenorrhea:

- A) XX gonadal dysgenesis
- B) Kallmann syndrome
- C) Anorexia nervosa
- D) Congenital adrenal hyperplasia (CAH)
- E) Constitutional delay

Ans . A

A woman presents with oligomenorrhea, vaginal dryness, dyspareunia, and insomnia. The top differential diagnosis is:

- A) Gonadal dysgenesis
- B) Prolactinoma
- C) Primary ovarian insufficiency
- D) Down syndrome
- E) Müllerian dysgenesis (MRKH syndrome)

Ans . C

The girl suffering from imperforate hymen could be presented by all the following except:

- A) Abdominal pain or an abdominal mass
- B) Urinary pressure and even retention
- C) Relatively acute lower abdominal pain

- D) Secondary amenorrhea
- E) Bulging mass at the introitus

Ans . D

The most common anomaly resulting from abnormal Mullerian duct development is:

- A)Vaginal septum
- B)Unicornuate uterus
- C)Imperforate hymen
- D)Hermaphroditism
- E)Vaginal agenesis

Ans . C

The presence of a uterus and fallopian tubes in an otherwise phenotypically normal male is due to:

- A) Lack of Müllerian-inhibiting factor
- B) Lack of testosterone
- C) Increased levels of estrogens
- D) 46,XX karyotype
- E) Presence of ovarian tissue early in embryonic development

Ans . A

A 20-year-old presents because she never had a period. She has well-developed breasts, absent axillary and pubic hair, and a blind short vagina. How could you confirm your provisional diagnosis?

- A) By ordering pelvic MRI
- B) By asking for karyotyping
- C) By checking the gonadotropins level
- D) By advising progesterone withdrawal test
- E) By asking for hand X-ray

Ans . B

Q240: The following statements are true in regard to imperforate hymen Except

- A) Patients present typically at 14-16 years
- B) It is associated with normal karyotype
- C) Associated with primary amenorrhea
- D) It may be associated with urinary retention
- E) Secondary sexual development is usually absent

Ans . E

Premature ovarian failure is associated with all of the following except:

- A) Pernicious anemia
- B) Chromosomal abnormalities
- C) Radiotherapy
- D) A positive family history
- E) Early Menarche

Ans . E

One condition diagnosed by hysterosalpingogram:

- A) Endometriosis
- B) Hydrosalpinx
- C) Subserous fibroids
- D) Minimal pelvic adhesions
- E) Ovarian cyst

Ans . B

The most common pathologic cause of amenorrhea in adolescent females is:

- A) Anorexia nervosa
- B) Pituitary tumor
- C) Absent uterus

- D) Gonadal failure
- E) 17-hydroxylase deficiency

Ans . A

A 16-year-old girl with primary amenorrhea, Tanner V breast and pubic hair development, and a blind-ending vagina is most likely diagnosed with:

- A) Congenital adrenal hyperplasia
- B) Constitutional delay
- C) Mayer-Rokitansky-Küster-Hauser syndrome
- D) McCune-Albright syndrome
- E) Complete androgen insensitivity syndrome

Ans . C

Congenital androgen insensitivity syndrome is secondary to defective:

- A) Synthesis
- B) Metabolism
- C) Receptor action
- D) Excretion
- E) Aromatization

Ans . C

Causes of secondary amenorrhea include all the following except:

- A) Asherman's syndrome
- B) Sheehan's syndrome
- C) Müllerian agenesis
- D) Anorexia nervosa
- E) Hyperprolactinemia

Ans . C

Bicornuate uterus might predispose to except:

- A) Recurrent preterm labor
- B) Menorrhagia
- C) Primary amenorrhea
- D) Recurrent oblique lie
- E) Retention of the placenta after delivery

Ans . C

An 18-year-old with primary amenorrhea lacks all the following but:

- A) Hypothalamic releasing hormone
- B) An endometrium responsive to sex steroids
- C) Gonadotrophins
- D) Patent fallopian tubes
- E) Ovarian steroidal hormones

Ans . D

Regarding prolactin, which statement is INCORRECT?

- A) Dopamine increases prolactin secretion
- B) Bromocriptine suppresses prolactin secretion
- C) Prolactin is secreted in a pulsatile fashion
- D) Phenothiazines increase prolactin secretion
- E) Stress increases prolactin secretion

Ans . A

Which of the following statements is incorrect?

- A) Polycystic ovary syndrome (PCOS) causes amenorrhea due to a thickened endometrium
- B) Hypothyroidism can cause amenorrhea
- C) Pregnancy is a common cause of amenorrhea
- D) Intense athletic exercise can lead to amenorrhea
- E) Elevated prolactin levels may result in amenorrhea

Ans . A

Which of the following has an XX karyotype?

- A) Klinefelter syndrome
- B) Rokitansky's syndrome
- C) Turner's syndrome
- D) 5-alpha-reductase deficiency
- E) Androgen insensitivity

Ans . B

Mayer-Rokitansky-Küster-Hauser syndrome is characterized by all the following except:

- A) Absence of upper two-thirds of vagina
- B) Absent or rudimentary uterus
- C) 46XX karyotype
- D) Absence of secondary sexual characteristics
- E) Due to Müllerian duct agenesis

Ans . D

All of the following are tests for ovulation EXCEPT:

- A) Mid-luteal progesterone level
- B) Oestradiol level
- C) Serial transvaginal ultrasound
- D) Basal body temperature
- E) LH predictor kits

Ans . B

Which statement is incorrect regarding secondary amenorrhea?

- A) Mosaic Turner syndrome causes secondary amenorrhea

- B) Secondary amenorrhea is defined as 6 months without menses in irregular cycles or absence of more than three cycles in regular cycles
- C) It may occur after stopping oral contraceptive pills (OCPs)
- D) It is common in primary ovarian insufficiency
- E) It can be associated with pituitary tumors

Ans . A

The most common cause of adult-onset anovulation:

- A) Hypothalamic dysfunction
- B) Pituitary dysfunction
- C) Ovarian dysfunction
- D) Systemic diseases
- E) Unexplained

Ans . C

Regarding testicular feminization syndrome, all the following are true except:

- A) Have well-formed breasts
- B) Have secondary amenorrhea
- C) Are liable to develop malignant change in gonads if not removed
- D) Have scanty or absent pubic hair
- E) Hormone replacement therapy is necessary

Ans . B

In an 18-year-old patient with testicular feminization, surgical removal of the testes is aimed at:

- A) To improve breast development
- B) To prevent malignant change
- C) To facilitate estrogen therapy
- D) For psychological reasons
- E) To improve the height of the patient

Ans . B

The most common cause of anovulation is:

- A)Hyperprolactinemia
- B)Hypothalamic dysfunction
- C)Idiopathic
- D)Polycystic ovary syndrome (PCOS)
- E)Premature ovarian failure

Ans . D

Regarding Turner syndrome, one of the following is incorrect:

- A) The karyotype is 45 XO
- B) The incidence rises with increasing maternal age
- C) Can present with cystic hygroma
- D) Intelligence is usually normal
- E) Estrogen therapy has been shown to increase bone mineral density

Ans . B

Primary amenorrhea caused by hypothalamic and pituitary disease EXCLUDES:

- A) Functional hypothalamic amenorrhea
- B) Congenital GnRH deficiency
- C) Constitutional delay of puberty
- D) Hypoprolactinemia
- E) Infiltrative diseases of the hypothalamus and pituitary

Ans . D

Asherman syndrome typically presents with:

- A) Hypomenorrhea
- B) Oligomenorrhea

- C) Menorrhagia
- D) Metrorrhagia
- E) Dysmenorrhea

Ans . A

Kallman's syndrome is characterized by:

- A) Precocious puberty
- B) Over-secretion of gonadotrophin-releasing hormone (GnRH)
- C) Amenorrhea
- D) Optic atrophy
- E) Genital hypertrophy

Ans . C

Anorexia nervosa is associated with all of the following except:

- A) Diarrhea
- B) Osteoporosis
- C) Dry skin
- D) Amenorrhea
- E) Distorted self-image

Ans . A

### **Intrapartum fetal monitoring**

A primigravida in active labor with CTG showing variable decelerations. The next step in management is:

- A) Do Caesarean section
- B) Apply vacuum extractor
- C) Do nothing and observe
- D) Start syntocinon to make delivery faster
- E) Change her position and continue observation

Ans . D

All of the following are components of the Biophysical Profile except:

- A) Non-stress test
- B) Fetal tone
- C) Fetal movements
- D) Amniotic fluid volume
- E) Umbilical artery doppler

Ans . E

A low APGAR score at one minute:

- A) is highly correlated with late neurologic sequelae
- B) Indicates an asphyctic newborn
- C) Has the same significance in premature & term infants
- D) Indicates the need for immediate resuscitation
- E) Is a useful index of resuscitative efforts

Ans . D

Type II deceleration on CTG is caused by?

- A) Uteroplacental insufficiency
- B) Cord compression
- C) Fetal head compression
- D) Maternal hypotension
- E) Premature rupture of membranes

Ans . A

During routine antenatal care for a primigravida at 34 weeks' gestation, all the following tests could be applied for assessment except:

- A) Non-stress test
- B) Contraction stress test
- C) Biophysical profile

- D) Kick counts
- E) Ultrasound sonography

Ans . E

A 32-year-old Gravida 3, Para 2 at 37 weeks gestation presents with heavy vaginal bleeding, a soft uterus, and fetal bradycardia. What is the next appropriate action after resuscitation?

- A) Admit to delivery room and perform artificial rupture of membranes
- B) Proceed immediately to delivery by cesarean section
- C) Start clexane therapy to break the cycle of DIC
- D) Admit to the antenatal floor and do a non-stress test (NST)
- E) Induce labor by prostaglandin suppositories then oxytocin infusion

Ans . B

During labor, the commonest cause of variable decelerations on fetal heart monitoring is:

- A) Head compression
- B) Abruptio placenta
- C) Supine hypotension
- D) Oxytocin drugs and improper oxygenation
- E) Cord compression

Ans . E

What is the classic cause of early fetal heart decelerations?

- A) Cord compression
- B) Head compression
- C) Cord prolapse
- D) Fetal hypoxia
- E) Fetal acidosis

Ans . B

Fetal tachycardia could result from:

- A) Maternal febrile illness
- B) Maternal hypothyroidism
- C) Labetalol ingestion
- D) Post-maturity
- E) Pethidine injection

Ans . A

During routine antenatal visits, a pregnant lady at 36 weeks' gestation reports decreased fetal activity. The proper next step should be:

- A) Order a contraction stress test
- B) Offer her a biophysical profile
- C) Perform a vaginal examination to assess the situation for immediate delivery
- D) Ask for a non-stress test
- E) Check the rate and rhythm of the fetal heart rate by the sonicaid

Ans . D

You are in charge to review the fetal monitoring at 36 weeks gestation, where the final contraction stress test interpretation revealed to be a negative non-reactive one. The next appropriate step is:

- A) Repeat the test in 24 hours
- B) Repeat the test after 48 hours
- C) Immediate plan for delivery
- D) Perform a biophysical profile
- E) Extend the monitor for an extra 60 minutes

Ans . D

True about CTG

- A) Early deceleration is by sympathetic stimulation
- B) Late deceleration is caused by baby movement
- C) Do PV for every late deceleration
- D) CTG measures fetal heart and fetal movement
- E) Decelerations always indicate fetal distress

Ans . C

In interpreting computerized CTG during fetal evaluation, the normal results include all of the following except:

- A) At least one fetal movement or three accelerations
- B) Small decelerations (less than 20 beats) could be normal
- C) There should be no evidence of sinusoidal FHR rhythm
- D) The short-term variation should be 2 minutes or less
- E) The basal heart rate should be between 116-160 bpm

Ans . D

In the fetal circulation, all the following are true concepts except:

- A) There are two umbilical veins and one umbilical artery
- B) The ductus venosus connects the umbilical vein with the inferior vena cava
- C) The blood is shifted from the right atrium to the left atrium via the foramen ovale
- D) Prostaglandins maintain patency of ductus arteriosus
- E) The inferior vena cava contains both oxygenated and deoxygenated blood

Ans . A

All of the following drugs will cause fetal tachycardia except:

- A) Hydralazine
- B) Ritodrine
- C) Salbutamol

- D) Propranolol
- E) Atropine

Ans . D

Repetitive late decelerations most commonly indicate:

- A) Fetal academia
- B) Fetal hypoxia
- C) Fetal sleep state
- D) Fetal effects of maternal sedation
- E) Rapid cervical dilation

Ans . B

Which of the following is NOT a cause of fetal tachycardia on CTG?

- A) Maternal hyperthermia
- B) Maternal hyperthyroidism
- C) Extreme prematurity
- D) Maternal hypotension
- E) Maternal infection

Ans . D

During fetal monitoring in labor, loss of the protective effect of membranes is usually represented as:

- A) Recurrent variable decelerations
- B) Absent baseline variability
- C) Recurrent late decelerations
- D) Prolonged bradycardia
- E) Sinusoidal patterns

Ans . A

Fetal bradycardia can be caused by all of the following except:

- A) Maternal hypothermia
- B) Administration of beta-blockers
- C) Fetal atrioventricular block
- D) Maternal hyperthyroidism
- E) Fetal hypoxia

Ans . D

Fetal tachycardia may be due to all of the following except:

- A) Extreme prematurity
- B) Maternal hyperthyroidism
- C) Fetal hypervolaemia
- D) Chorioamnionitis
- E) Maternal hyperthermia

Ans . C

What feature on cardiotocograph (CTG) indicates a normal trace?

- A) No significant accelerations of the fetal heart on a 30-min recording
- B) Regular uterine contractions on the tocograph
- C) An acceleration of 15 beats per minute lasting 15 seconds
- D) A baseline heart rate of 100 beats/min
- E) A baseline variability of 5 beats/min

Ans . C

All of the following are true regarding cardiotocography (CTG) EXCEPT:

- A) Normal CTG has a baseline fetal heart at 110-160 bpm
- B) Normal variability is 5-15 bpm
- C) Early decelerations are due to head compression
- D) Late decelerations are usually due to cord compressions
- E) One management option for a pathological CTG is fetal scalp blood sampling

Ans . D

Primigravida in active labor. CTG showed early deceleration. What is your next step in the management?

- A) Take her for cesarean section
- B) Apply ventouse
- C) Just continue observation
- D) Start syntocinone to make delivery faster
- E) Change her position

Ans . C

In modern obstetrics practice, based on the lack of consistent evidence, there is a role in all the following steps except:

- A) Doing episiotomy
- B) Continuous fetal monitoring
- C) Epidural analgesia
- D) Giving dexamethasone
- E) Breech surgical delivery

Ans . B

A fetal scalp blood pH of 7.20-7.25:

- A) Described as reassuring
- B) Critical, and urgent delivery is indicated
- C) Acidotic
- D) Borderline and should be repeated within 30 minutes
- E) Preacidotic and warrants immediate delivery

Ans . D

Regarding normal patterns of fetal movements in the third trimester, which statement is correct?

- A) The frequency of fetal movements reduces in the third trimester
- B) Fetal movements usually cease prior to the onset of labor
- C) When concerned regarding fetal movements, the mother should present to the nearest maternity unit within 24 hours
- D) If a pregnant woman reports reduced fetal movements at 26 weeks gestation, a CTG should be done
- E) If a woman is concerned about reduced fetal movements at 23 weeks gestation, fetal viability should be confirmed by Doppler or ultrasound

Ans . E

During maternal self-assessment of fetal well-being in the second half of pregnancy, the logical assessment test is:

- A)Non-stress test
- B)Kick counting
- C)Contraction stress test
- D)Nipple stimulation test
- E)Ultrasound assessment

Ans . B

During intrapartum fetal evaluation, it is an expected result to find diminished variability in one of the following situations:

- A) Fetal sleep cycle
- B) Umbilical cord compression
- C) Abruptio placenta
- D) Maternal fever
- E) Maternal hypothermia

Ans . A

Regarding fetal scalp blood sampling, all the following are true except:

- A)It is indicated when fetal distress is noted in fetal heart tracing

- B)pH of 7.15 suggests fetal distress
- C)pH of 7.27 is reassuring
- D)pH of 7.10 is reassuring
- E)Contraindicated in patients with HIV infection

Ans . D

Mrs. Dania is a 32-year-old, G3P2, pregnant at 37 weeks, presented for booking her next Caesarean section. She has breech presentation with an estimated weight of 3.9 kg. A non-reactive NST was reported. The commonest cause for this non-reactivity is:

- A) Probably due to a history of previous 2 Caesarean sections
- B) The estimated weight of the baby is more than 3.7 kg
- C) Maternal hypoglycemia
- D) The baby might be in a period of inactivity or quiet sleep
- E) Mostly, the fetus has congenital malformations

Ans . D

During antepartum fetal evaluation, the positive contraction stress test means:

- A) No late or significant variable decelerations
- B) Intermittent late or variable decelerations
- C) Decelerations with contractions longer than 90 seconds durations
- D) Accelerations of the fetal heart above baseline with each contraction
- E) Late decelerations with at least 50% of contractions

Ans . E

The most common type of deceleration in labor is:

- A)Early decelerations
- B)Variable decelerations
- C)Prolonged decelerations

- D) Late decelerations
- E) Fetal bradycardia

Ans . B

Fetal biophysical profile involves assessment of all of the following except:

- A) CTG tracing
- B) Ultrasound assessment of fetal breathing movements
- C) Fetal Rapid eye movements
- D) Fetal tone
- E) Amniotic fluid volume

Ans . C

During antepartum fetal evaluation at 36 weeks gestation, if the non-stress test is nonreactive, the next appropriate step should be:

- A) Give the mother orange juice and plenty of fluids then repeat the test
- B) Give the mother 500 ml of glucose saline solution intravenously then repeat the test
- C) Do contraction stress test
- D) Nothing is urgent, and you can repeat the test later on the same day
- E) Ask the mother to go for a 1-hour walk then repeat the test

Ans . A

In fetal monitoring, the sinusoidal fetal heart pattern indicates:

- A) Congenital heart disease
- B) Severe fetal acidosis
- C) Fetal anemia
- D) Is a normal pattern
- E) Fetal sleep pattern

Ans . C

The most common, difficult type of decelerations seen in laboring patients, but the easiest to recognize visually, synonymous with umbilical cord compression is:

- A) Prolonged decelerations
- B) Late decelerations
- C) Variable decelerations
- D) Early decelerations
- E) Loss of beat-to-beat variability

Ans . C

All of the following are recorded on the partogram except:

- A) Maternal vital signs
- B) Maternal analgesia
- C) Cervical dilatation
- D) Fetal estimated weight
- E) Fetal heart rate

Ans . D

## **Anemia & hyperemesis gravidarum**

Which of the following statements is incorrect about hyperemesis gravidarum?

- A) It is characterized by excessive vomiting leading to dehydration, weight loss, and ketonuria
- B) It is more common in multiple pregnancies
- C) It is associated with gestational trophoblastic disease
- D) It is exacerbated by prednisolone
- E) Eating smaller meals may reduce symptoms in mild cases

Ans . D

Management of constipation during pregnancy includes all the following steps except:

- A) Increase fluid intake
- B) Participate in moderate physical activity
- C) Take stool softeners if prescribed iron supplements
- D) Avoid taking fruits and vegetables
- E) Increase daily fiber intake

Ans . D

Which of the following tests is the MOST sensitive for detection of iron depletion in pregnancy?

- A) Serum transferrin
- B) Serum iron
- C) Serum ferritin
- D) Serum erythropoietin
- E) MCV

Ans . C

The most common hematological disorder during pregnancy is:

- A) Iron deficiency anemia
- B) Von Willebrand disease
- C) Thrombocytopenia
- D) Megaloblastic anemia
- E) Aplastic anemia

Ans . A

A pregnant woman at 8 weeks gestation presents with severe vomiting. Regarding signs and symptoms of severe hyperemesis gravidarum, all are correct except:

- A) Evidence of dehydration and starvation
- B) Anxious look
- C) Acetone smell in the breath
- D) Slow pulse rate
- E) Oliguria

Ans . D

The following are correct regarding thalassemias EXCEPT:

- A) They represent the most common genetic blood disorders
- B) They result from an amino acid substitution
- C) Alpha-thalassemia major is incompatible with intrauterine life
- D) It is important to screen the partner
- E) Beta-thalassemia minor is not a problem antenatally.

Ans . B

Regarding iron deficiency anemia in pregnancy, all of the following are true except:

- A) Iron demand in pregnancy increases from 2 to 4 mg/day
- B) Iron deficiency anemia is confirmed if MCV is below 85 fL
- C) Iron supplement of 10 mg daily is not enough to treat iron deficiency anemia
- D) Intravenous iron can cause allergic reaction
- E) Blood transfusion can be necessary towards term

Ans . B

Regarding iron deficiency anemia in pregnancy, all are true EXCEPT:

- A) Iron demand in pregnancy increases to 4 mg per day
- B) High levels of serum ferritin confirm the diagnosis
- C) It is more common in multiple pregnancy
- D) It is usually treated with oral iron
- E) Blood transfusion should be avoided

Ans . B

Which of the following is not associated with grand multipara:

- A) Big-sized baby
- B) Postpartum hemorrhage
- C) Hyperemesis gravidarum
- D) Antepartum hemorrhage
- E) Operative deliveries

Ans . C

Iron supplementation in pregnancy is recommended to:

- A) Prevent iron deficiency in the fetus
- B) Raise the maternal hemoglobin concentration
- C) Maintain the maternal hemoglobin concentration
- D) Prevent iron deficiency in the mother
- E) Prevent postpartum hemorrhage

Ans . D

Anemia in the third trimester is defined as hemoglobin less than:

- A) 9 g/dl
- B) 9.5 g/dl
- C) 10 g/dl
- D) 10.5 g/dl
- E) 11 g/dl

Ans . E

The iron requirements of females are increased during pregnancy in order to meet the demand generated by the fetus, the placenta, and the elevated hemoglobin levels of the maternal organism. The total iron requirement during pregnancy is approximately:

- A) 250 mg

- B) 80 mg
- C) 1000 mg
- D) 1500 mg
- E) 2000 mg

Ans . C

A 19-year-old woman at 10 weeks gestation presents with severe vomiting and is diagnosed with hyperemesis gravidarum. Which of the following is NOT a likely finding?

- A) High hematocrit (HCT)
- B) Low serum urea
- C) Ketonuria
- D) Hyperkalemia
- E) Hyponatremia

Ans . D

Early signs of hyperemesis gravidarum include:

- A) ECG evidence of hypokalemia
- B) Metabolic acidosis
- C) Jaundice
- D) Ketonuria
- E) Nausea

Ans . D

## **Ovarian tumors**

Venous drainage from the left ovarian vein is to:

- A) Internal iliac vein
- B) External iliac vein
- C) Renal vein
- D) Inferior vena cava
- E) Superior vena cava

Ans . C

CA-125 is elevated in the following conditions except:

- A) Menstruation
- B) 50 percent of stage 1 ovarian cancers
- C) Pelvic inflammatory disease
- D) Urinary tract infection
- E) Pancreatic cancer

Ans . D

The best treatment for an 18-year-old girl with a unilateral dermoid cyst is:

- A) Total abdominal hysterectomy
- B) Unilateral salpingo-oophorectomy
- C) Ovarian cystectomy
- D) Observation
- E) Laparoscopic aspiration of cyst

Ans . C

Essential factors for staging ovarian cancer include all except:

- A) Kidney condition
- B) Presence of malignant ascites
- C) Omental metastasis
- D) Inguinal lymph node status
- E) Sub-diaphragmatic smear results

Ans . A

An ovarian tumor causing a deep voice and facial hair is most likely:

- A) Granulosa cell tumor
- B) Dysgerminoma

- C) Sertoli-Leydig cell tumor
- D) Endometrioma
- E) Serous cystadenoma

Ans . C

Regarding the age of patients to have different types of malignancies, one of the following is not correct:

- A) Endometrial cancer: mean age: 60 years; mostly between 50-59
- B) Cervical cancer: mean age: 40-50 years
- C) Ovarian cancer: the peak incidence is 50-60 years
- D) Vulvar cancer: the average age: 40-50 years
- E) Dysgerminomas: the peak age is 40-50 years

Ans . E

One of the following is a risk factor for ovarian cancer:

- A) Young age
- B) Nulliparity
- C) Multiple pregnancies
- D) Prolonged use of contraceptive pills
- E) HPV infection

Ans . B

All the following about dermoid cyst are true except:

- A) It is a germ cell tumor
- B) It is the commonest ovarian tumor
- C) Malignant change occurs in about 1.5%
- D) Usually detected bilaterally
- E) Usually causes harm when ruptures

Ans . D

A 58-year-old lady is diagnosed with pseudomyxoma peritonei. This condition can be seen in which of the following tumors:

- A) Mature teratomas
- B) Mucinous tumors
- C) Serous tumors
- D) Endodermal sinus tumors
- E) Granulosa tumors

Ans . B

All the following are epithelial ovarian tumors except:

- A) Serous adenocarcinoma
- B) Endometrioid adenocarcinoma
- C) Mucinous cystadenoma
- D) Dysgerminoma
- E) Clear cell tumor

Ans . B

The most practical early screening method for ovarian cancer is:

- A) Routine annual pelvic exams
- B) Transabdominal/transvaginal ultrasonography
- C) CA-125 tumor marker measurement
- D) Annual abdominal/pelvic CT scans
- E) Annual Pap smear

Ans . B

All of the following are useful tumor markers in epithelial ovarian cancer except:

- A) CA 125
- B) CA 19.9
- C) HE4
- D) Alpha fetoprotein (AFP)

E)CA 15.3

Ans . D

The following list contains the most important etiological risk factors for the development of ovarian cancer except:

- A)Low parity
- B)Early menarche and late menopause
- C)High body mass index (BMI)
- D)Fertility drugs
- E)Estrogen replacement therapy

Ans . C

Bilateral ovarian mass with pleural effusion

- A) Fibroma
- B) Lymphoma of ovary
- C) Theca lutein cyst
- D) Dysgerminoma of ovary
- E) Benign ovarian tumor

Ans . A

Bilateral ovarian conservation is a correct surgical step in the management of:

- A)Early endometrioid adenocarcinoma
- B)Unilateral papillary serous carcinoma of the ovaries
- C)Early squamous vulvar carcinoma
- D)Early cervical carcinoma
- E)Early non-endometrioid adenocarcinoma in a young, newly married lady

Ans . B

Management of follicular cysts may include all the following except:

- A) Usually regress spontaneously
- B) Monitoring by  $\beta$ -hCG levels

- C) Combined oral contraceptive pills
- D) Laparoscopic aspiration
- E) Ovarian cystectomy

Ans . B

A 25-year-old woman is found to have a 5 cm unilocular ovarian cyst. She is asymptomatic and is not pregnant. The best plan of management involves:

- A) A short course of oral contraceptives
- B) Laparotomy with removal of the cyst
- C) Laparoscopy to clarify the diagnosis and possibly aspirate the cyst
- D) Tumor marker (CA125) serial titres
- E) Re-examination in 6 weeks

Ans . E

Treatment of ovarian cancer is undertaken after consideration of the following factors except:

- A) The extent of disease spread
- B) The symptoms
- C) The patient's wishes
- D) The fitness of the patient to undergo treatment
- E) The age of the patient

Ans . B

The high group of ovarian cancer patients is typically having the following criteria except:

- A) Presence of ascites
- B) Positive washing cytology
- C) The tumors are diploid
- D) Dense adhesions
- E) Surface excrescences

Ans . C

Type II ovarian tumors are characterized by all except:

- A) Multiple-step pathway
- B) Rapid development
- C) Advanced stage at presentation
- D) High-grade serous tumors
- E) Arise from ovarian surface epithelium and Mullerian inclusions

Ans . A

A 60-year-old woman complains of scanty vaginal bleeding and some lower abdominal pain. A large mass is palpable in the right side of the pelvis. Three years previously, pelvic examination had been normal. The most probable diagnosis is:

- A) Endometrial carcinoma
- B) Follicular cyst of the ovary
- C) A benign ovarian tumor
- D) Degenerating uterine leiomyoma
- E) Carcinoma of the ovary

Ans . E

Why is beta-hCG not used for monitoring follicular cysts?

- A) It is not produced by follicular cysts
- B) It reflects trophoblastic activity
- C) It is only relevant in pregnancy
- D) It does not correlate with cyst size
- E) It is unreliable for ovarian pathologies

Ans . A

The most likely diagnosis of an asymptomatic 5-cm pelvic mass in a 25-year-old woman with negative  $\beta$ -hCG is:

- A) Dermoid cyst
- B) Corpus luteum cyst
- C) Hydrosalpinx
- D) Pelvic kidney
- E) Serous cystadenoma

Ans . B

Wrong about Corpus luteum

- A) Needs 3 months for spontaneous regression
- B) Can reach 6 cm
- C) Thin wall
- D) Presence of cystic fluid
- E) Can persist into early pregnancy

Ans . A

What is false about germ cell ovarian tumors?

- A) They are more common in older age
- B) They can secrete hormones
- C) They are more common in younger women
- D) They include dysgerminomas
- E) They are typically unilateral

Ans . A

All the following are parameters in the Ovarian Cancer Symptom Index except:

- A) Pelvic or abdominal pain
- B) Abnormal vaginal bleeding
- C) Urinary frequency or urgency
- D) Bloating
- E) Increased abdominal contour

Ans . A

For type I epithelial ovarian carcinomas, compared to type II, they have the following criteria except:

- A)Accounts for early-stage presentation
- B)May arise from ovarian epithelium
- C)May arise from Müllerian inclusions
- D)Have a multistep pathway
- E)Developed rapidly

Ans . D

The MOST appropriate tumor marker for follow-up of a yolk sac tumor is:

- A)  $\alpha$ -fetoprotein
- B) CA125
- C) hCG
- D) Lactate dehydrogenase
- E) Placental alkaline phosphatase

Ans . A

Regarding serous cystadenomas of the ovary, all the following are true except:

- A)Are epithelial tumors
- B)Post-operative chemotherapy is always indicated
- C)May have papillary growths inside the cyst
- D)May reach large size
- E)Its wall may contain calcified granules (psammoma bodies)

Ans . A

Risk factors for ovarian cancer include all EXCEPT:

- A) Breast cancer
- B) Positive family history

- C) Nulliparity
- D) Oral contraceptive pills
- E) More than 40 years old

Ans . D

The most common direct cause of death among gynecological malignancies is:

- A) Endometrial cancer
- B) Ovarian cancer
- C) Choriocarcinoma
- D) Vulvar cancer
- E) Cervical cancer

Ans . B

A 45-year-old female with bilateral ovarian masses, ascites, and an omental cake on CT scan most likely has:

- A) Benign ovarian tumor
- B) Malignant epithelial ovarian tumor
- C) Dysgerminoma of the ovary
- D) Ovarian lymphoma
- E) Polycystic ovary syndrome

Ans . B

A 29-year-old patient with a molar pregnancy and bilateral multicystic ovaries on ultrasound most likely has:

- A) Mucinous cystadenoma
- B) Ovarian cystadenofibroma
- C) Serous cystadenoma
- D) Struma ovarii
- E) Theca lutein cyst

Ans . E

A 58-year-old woman presents with postmenopausal bleeding and is diagnosed with an estrogen-secreting ovarian tumor. What is the MOST likely histological diagnosis?

- A) Dysgerminoma
- B) Mucinous cystadenoma
- C) Serous cystadenoma
- D) Sertoli cell tumor
- E) Thecoma

Ans . E

A 22-year-old woman with a 5 cm left-sided ovarian cyst and mid-cycle dull lower abdominal pain should have the following management:

- A) Laparotomy and ovarian cystectomy, frozen section
- B) Order plain X-ray of the pelvic region
- C) Laparoscopy to clarify the diagnosis and possibly aspirate the cyst
- D) Do tumor markers CA-125 and AFP levels
- E) Pain killer, re-examination in 6 weeks

Ans . D

Ovarian cancer markers what is wrong

- A) Inhibin with granulosa cell tumor
- B) BHCG with dysgerminoma
- C) AFP with endodermal sinus tumor
- D) Ca 19-9 with teratoma
- E) Ca125 with mucinous epithelial

Ans . D

Mismatched tumor and marker?

- A) Inhibin - Germ cell tumor

- B) CA 125 - Serous type of epithelial tumor
- C) CA 19-9 - Mucinous type of epithelial tumor
- D) BhCG - Choriocarcinoma
- E) AFP - Yolk sac tumor

Ans . A

Which tumor type contains all three germ cell layers?

- A) Embryonal cell tumor
- B) Yolk sac tumor
- C) Mature cystic teratoma
- D) Cystadenoma
- E) Ovarian fibroma

Ans . C

What is the first step in managing ovarian torsion?

- A) Salpingo-oophorectomy
- B) Fixation to lateral pelvic wall
- C) Untwisting the affected ovary
- D) Immediate oophorectomy
- E) Administration of NSAIDs

Ans . C

The mucinous type of ovarian tumor resembles:

- A) Endocervical glands
- B) Proliferative endometrium
- C) Fallopian tube epithelium
- D) Secretory endometrium
- E) Transitional (Brenner) tumor

Ans . A

When a 5-8 cm cystic adnexal mass regresses over several cycles, the most likely diagnosis is:

- A) Mucinous cyst
- B) Dermoid cyst; mature type
- C) Functional ovarian cyst
- D) Ovarian fibroma
- E) Endometrioma

Ans . C

Among the epithelial ovarian cancers, the low-risk group criteria involve all of the following except:

- A) Ascites
- B) Intact capsule
- C) No surface excrescences
- D) Negative washing
- E) Diploid tumor

Ans . A

For screening, the Ovarian Cancer Symptom Index (OCSI) includes all the following parameters except:

- A) Pelvic or abdominal pain
- B) Urinary frequency or urgency
- C) Elevated level of CA125
- D) Increased abdominal size
- E) Difficulty eating or feeling full

Ans . A

A component not included in the Ovarian Cancer Symptom Index is:

- A) Pelvic or abdominal pain
- B) Urinary frequency or urgency
- C) Increased abdominal size

- D) Bloating, difficulty eating, or feeling full
- E) Elevation of tumor markers

Ans . A

Regarding germ cell tumours, all are true except:

- A) Choriocarcinoma secretes  $\beta$ -hCG
- B) Yolk sac tumours secrete AFP
- C) Immature teratoma secretes AFP
- D) Dysgerminoma is usually a radiosensitive disease
- E) Dysgerminoma can secrete LDH

Ans . C

A 33-year-old lady, G2P1, pregnant 24 weeks, presented to the emergency room with lower abdominal vague pain. During evaluation, she proved to have a left sided adnexal mass 5x6 cm, with solid components inside that raised the possibility of ovarian cystic teratoma. The next appropriate step regarding this mass is:

- A) Nothing urgent, just follow up till after delivery
- B) Measuring the level of CA125, AFP, and if both are elevated, to proceed for laparotomy
- C) Immediate mini-laparotomy and perform left salpingo-oophorectomy
- D) Immediate mini-laparotomy and perform ovarian cystectomy
- E) Immediate diagnostic laparoscopy, ovarian biopsy

Ans . A

In evaluation of adnexal mass, conditions raising concern of possible malignancy include all the following except:

- A) Complex masses, with solid components
- B) Postmenopausal patients with simple cyst less than 5 cm
- C) Presence of thick septations
- D) Being bilateral adnexal masses

E) Presence of ascites

Ans . B

Mature cystic teratomas (Dermoid cysts) are:

A) Epithelial tumors

B) Are rarely malignant

C) Bilateral in 40% of cases

D) Oophorectomy should always be performed

E) Laparotomy and not laparoscopy is the treatment of choice

Ans . B

False statement about serous cystadenoma?

A) May be very large

B) Bilateral in 50%

C) Multiloculated

D) Low grade in young

E) Lined by same epithelium as endosalpinx

Ans . B

A tumor marker that is useful in screening for epithelial ovarian cancer:

A) CA 15-3

B) CA-125

C) Alkaline phosphatase

D) Alpha-fetoprotein

E) LDH

Ans . B

Which of the following is an ovarian germ cell tumor?

A) Epithelial cell tumor

- B) Serous cystadenoma
- C) Dermoid cyst
- D) Mucinous cystadenoma
- E) Granulosa cell tumor

Ans . C

Regarding sex-cord stromal tumor of the ovary, all the following are true except:

- A) The majority of ovarian sex cord-stromal tumors are malignant
- B) Malignant sex cord-stromal tumors are often detected at an early stage
- C) Adjuvant chemotherapy is an option in selected patients
- D) Malignant ovarian sex cord-stromal neoplasms are surgically staged
- E) Assessment of stage is the most important factor in determining prognosis

Ans . A

A 55-year-old lady had radical surgery for an ovarian tumor. Histopathology showed psammoma bodies. What is the most likely diagnosis?

- A) Mucinous tumors
- B) Granulosa tumors
- C) Sertoli-Leydig tumors
- D) Serous tumors
- E) Endodermal sinus tumors

Ans . D

Which one of the following symptoms is an uncommon presentation of ovarian cancer?

- A) Abdominal pain
- B) Chest pain

- C) Weight loss
- D) Abdominal distention
- E) Shortness of breath

Ans . B

Regarding epithelial ovarian cancer, one of the following is not a known risk factor:

- A) Family history of breast cancer
- B) Prolonged intervals of ovulation not interrupted by pregnancy
- C) Infertility
- D) Early menopause
- E) White race

Ans . D

The most common type of ovarian cancer resembles:

- A) Proliferative endometrium
- B) Endocervical glands
- C) Glandular epithelium of the fallopian tube
- D) Secretory or gestational endometrium
- E) Undifferentiated

Ans . C

### **Assisted vaginal delivery**

Regarding Kielland forceps, all of the following are true except:

- A) Have a pelvic curve
- B) Have a cephalic curve
- C) Have a sliding lock
- D) Can be used to correct for asynclitism
- E) Can be used to deliver direct occipito-anterior

Ans . A

Regarding assisted breech delivery, one of the following steps is mandatory:

- A) Gentle traction on the legs facilitates labor progress
- B) Spontaneous delivery of the body until the after-coming head
- C) Attempt to deliver the first arm before the scapula is visible
- D) Avoid using Kielland forceps for the after-coming head
- E) Rotation of the fetus to sacro-anterior position is essential

Ans . E

Which of the following is a contraindication for forceps use?

- A) Twin pregnancy
- B) Hydrocephalus
- C) After-coming head in breech delivery
- D) Occiput posterior (OP) position of the fetal head
- E) Fetal distress requiring rapid delivery

Ans . B

Regarding forceps versus vacuum vaginal delivery, which statement is CORRECT?

- A) Forceps have a higher overall success rate for vaginal delivery
- B) Forceps delivery causes higher rates of fetal morbidity
- C) Vacuum deliveries cause higher rates of maternal injury
- D) The indications for vacuum delivery are the same as for forceps delivery
- E) The failure rate for vacuum extraction is 5%

Ans . A

The most common complication associated with abdominal or pelvic surgery is:

- A) Hemorrhage

- B) Wound infection
- C) Urinary tract infection
- D) Pulmonary embolism
- E) Atelectasis

Ans . B

Which of the following instruments is used to deliver the aftercoming head in breech presentation?

- A) Simpson's forceps
- B) Kielland forceps
- C) Wrigley's forceps
- D) Piper's forceps
- E) Metal vacuum cup

Ans . D

Vacuum delivery is contraindicated in:

- A) Delivery of a 38 weeks gestation fetus
- B) Delivery of a distressed 31 weeks gestation fetus
- C) Occipitoposterior position
- D) Poor maternal effort
- E) Presence of strong uterine contractions

Ans . B

The dangers of vacuum extraction include, one of the following is incorrect:

- A) Antepartum hemorrhage (APH)
- B) Ruptured uterus
- C) Intrauterine fetal death
- D) Postpartum hemorrhage (PPH)
- E) Acute fetal distress

Ans . A

Contraindications for forceps delivery include:

- A) Occipito-anterior positions
- B) Occipito-posterior positions
- C) Brow presentation
- D) Face presentation
- E) After-coming head in breech presentation

Ans . C

A 30-year-old woman in labor with full dilation and exhausted. Risks involved in forceps application include all except:

- A) Intracranial hemorrhage
- B) Fracture of skull bone
- C) Injury to scalp
- D) Brachial palsy
- E) Facial palsy

Ans . D

The least important indication for application of either forceps delivery or vacuum extraction among the following is:

- A) Nulliparous women: lack of continuing progress for 3 hours with regional anesthesia or 2 hours without regional anesthesia
- B) Multiparous women: lack of continuing progress for 2 hours with regional anesthesia or 1 hour without regional anesthesia
- C) Suspicion of immediate or potential fetal compromise
- D) Prolonged second stage of labor
- E) Non-reassuring fetal heart tracing

Ans . D

Concerning shoulder dystocia, all of the following are true except:

- A) Previous shoulder dystocia is a predictor

- B)The incidence increases with prolonged second stage
- C)Ultrasound gives an accurate fetal weight estimation
- D)The McRoberts position should be adopted
- E)Suprapubic pressure is used in the management

Ans . C

Before applying forceps, all of the following are true except:

- A)The cervix should be fully dilated
- B)The fetal head position should be known
- C)Patient consent should be obtained
- D)The caput should be at zero station
- E)The bladder should be empty

Ans . D

Impacted shoulder presentation of a living fetus is managed by:

- A) Internal podalic version and breech extraction
- B) ECV and forceps-assisted vaginal delivery
- C) ECV and ventouse vaginal delivery
- D) Upper segment Cesarean section
- E) Decapitation

Ans . D

A primigravida in preterm labor at 34 weeks gestation with a pathological trace in the second stage, fetal head at +2 station, occipito-anterior position. Most appropriate delivery mode:

- A) Kielland's rotational forceps
- B) Silastic cup vacuum
- C) Emergency cesarean section
- D) Await spontaneous delivery
- E) Non-rotational forceps

Ans . E

Regarding mode of delivery, one is correct:

- A) Maternal mortality after cesarean section is no higher than after vaginal delivery
- B) There is no role for prophylactic antibiotics at the time of cesarean section
- C) Vacuum delivery results in less maternal morbidity than forceps delivery
- D) The use of a vacuum extractor compared to forceps is associated with fewer cases of cephalhematoma
- E) The use of a vacuum extractor compared to forceps results in significantly better Apgar scores

Ans . C

Regarding the disadvantages of instrumental deliveries; vacuum delivery is superior to forceps delivery in all of the following except:

- A) Greater third and fourth degree vaginal lacerations
- B) Increased risk of neonatal facial nerve injury
- C) Higher failure rate
- D) Greater maternal discomfort postpartum
- E) Increased risk of intracranial hemorrhage

Ans . A

The following complications are more common after instrumental delivery except:

- A) Anemia
- B) Prolonged perineal discomfort
- C) Mastitis
- D) Obstetric palsy
- E) Puerperal infection

Ans . C

The most common complication of shoulder dystocia due to delivery maneuvers is:

- A) Fracture of the humerus
- B) Injury of the brachial plexus
- C) Fracture of the femur
- D) Fracture in the cervical spine
- E) Fracture of the clavicle

Ans . B

Fetal consequences of shoulder dystocia, all are correct except:

- A) The most common palsy seen is Erb's palsy
- B) Resolution of nerve palsies normally occurs within 6-8 weeks
- C) Many fractured clavicles remain clinically undetected
- D) Erb's palsy is due to injury of roots C7, C8, and T1
- E) Shoulder dystocia is responsible for 5-10% of term infants who suffer seizures within 72 hours

Ans . D

As the obstetric SHO on call, you are preparing to perform a ventouse delivery. Which of the following is NOT mandatory to ensure?

- A) Gestation less than 35 weeks
- B) The cervix is fully dilated
- C) Adequate maternal analgesia
- D) Empty bladder
- E) Fetal membranes are ruptured

Ans . A

All are prerequisites for forceps application except:

- A) Ruptured membranes
- B) At least 8 cm cervical dilatation

- C) Known position of the head
- D) +1 station or below
- E) Adequately trained personnel

Ans . B

Forceps short-term maternal complication in relation to NVD

- A) Birth canal trauma
- B) Asphyxia
- C) Urinary incontinence
- D) Fecal incontinence
- E) Retained placenta

Ans . A

The timing for complications following abdominal hysterectomy is incorrectly stated for:

- A)Wound infection, usually about 5 days postoperatively
- B)Wound disruption, 4 to 8 days postoperatively
- C)Thrombophlebitis, usually 7 to 12 days postoperatively
- D)Pulmonary embolism, usually 7 to 12 days postoperatively
- E)Urinary tract infection, usually within 24 hours postoperatively

Ans . E

All the following are indications for forceps delivery except:

- A)Heart disease
- B)Acute pulmonary edema
- C)Prolonged first stage of labor
- D)Fetal distress in the second stage of labor
- E)Pre-eclampsia in the second stage of labor

Ans . A

For a woman in labor with recurrent late decelerations on CTG, fully dilated cervix, +1 station, and right occipito-anterior position, the best management is:

- A) Fetal scalp pH
- B) Emergency C-section
- C) Allow spontaneous vaginal delivery
- D) Instrumental delivery
- E) Start oxytocin infusion

Ans . D

The most common complication of vacuum extraction is:

- A) Fetal facial nerve palsy
- B) Maternal perineal laceration
- C) Cephalohematoma
- D) Fetal skull fracture
- E) Prolonged third stage

Ans . C

Management of shoulder dystocia may include all the following procedures, except:

- A) Vigorous fundal pressure
- B) Corkscrew rotation of the shoulders
- C) Generous episiotomy
- D) Shoulder girdle rotation into one of the oblique diameters of the pelvis
- E) Attendance of an expert neonatologist

Ans . A

Episiotomy is an intentional:

- A) First degree perineal tear
- B) Second degree perineal tear

- C) Third degree perineal tear
- D) Fourth degree perineal tear
- E) Rectal tear

Ans . B

Indications for assisted vaginal delivery include all except:

- A)Cephalopelvic disproportion
- B)Maternal exhaustion
- C)Prolonged second stage of labor
- D)Fetal distress
- E)Occipitoposterior position

Ans . A

Clinically significant intracranial hemorrhage is most commonly observed in:

- A)Vacuum vaginal delivery
- B)Forceps vaginal delivery
- C)Cesarean delivery during labor
- D)Cesarean delivery without labor
- E)Spontaneous vaginal delivery

Ans . C

Which of the following is a risk factor for shoulder dystocia?

- A) Epidural analgesia
- B) Previous caesarean section
- C) Preeclampsia
- D) Antepartum hemorrhage
- E) Prolonged first stage of labour

Ans . E

## Epilepsy in pregnancy

Regarding pre-pregnancy counseling of an epileptic woman, all of the following are true except:

- A) Alter medication according to seizure frequency
- B) Reduce to monotherapy where possible
- C) Stress importance of compliance with medication
- D) Preconceptional folic acid 400 micrograms
- E) Explain risk of congenital malformation

Ans . D

The aims in pre-pregnancy counseling of women with epilepsy include all of the following except:

- A) Alter medication according to seizure frequency
- B) Reduce to monotherapy where possible
- C) Stop the medications during the embryonic phase
- D) Pre-conceptional folic acid 5 mg
- E) Warn of risk from recurrent seizures

Ans . C

Regarding epilepsy in pregnancy:

- A) Carbamazepine is not associated with neural tube defects
- B) Breastfeeding is not contraindicated in mothers taking anticonvulsants
- C) Vitamin K should be commenced from 30 weeks' gestation
- D) Women on multiple drug therapy should always be changed to monotherapy
- E) Intravenous magnesium sulfate is the best management of status epilepticus in labor

Ans . B

Which of the following drugs is NOT associated with an increased risk of congenital anomalies?

- A) Calciferol
- B) Sodium valproate
- C) Carbamazepine
- D) Phenytoin
- E) Phenobarbitone

Ans . A

Regarding epilepsy in pregnancy, which statement is INCORRECT?

- A) Seizures increase in frequency in up to 37% of cases
- B) Breastfeeding is encouraged
- C) All anti-epileptic drugs are associated with increased risk of congenital malformations
- D) Phenytoin carries a higher risk of teratogenesis than other anti-epileptic agents
- E) Polytherapy carries a higher risk of teratogenesis than monotherapy

Ans . D

A 22-year-old woman is seen at 10 weeks gestation in her second pregnancy, her first child being born with closed spina bifida. One of the following is true:

- A) The risk of a neural tube defect (NTD) in subsequent pregnancy is 10%
- B) Chorionic villus biopsy should be advised
- C) Neural tube defects have been associated with maternal use of sodium valproate
- D) She should be commenced on multivitamins
- E) A detailed scan of the spine should be organized immediately

Ans . C

Wrong about epilepsy in pregnancy

- A) 1/3 of epileptic patients are in childbearing age

- B) Epilepsy doesn't affect fetal mortality
- C) Maternal mortality increased for women with epilepsy
- D) Increased risk of fits due to increased clearance of antiepileptics in pregnancy
- E) Epilepsy increases the risk of teratogenesis

Ans . B

Valproic acid teratogenicity is associated with all EXCEPT

- A) Cleft defects
- B) Cardiac defects
- C) Neurocognitive impairment
- D) Achondroplasia
- E) Neural tube defects

Ans . D

### **Heart disease in pregnancy**

Which of the following cardiac disorders is considered an absolute contraindication for pregnancy?

- A) Tetralogy of Fallot
- B) Marfan syndrome
- C) Pulmonary hypertension
- D) Mitral valve prolapse
- E) Moderate degree of mitral valve stenosis

Ans . C

All of the following are true concerning cardiac diseases in pregnancy and labor except:

- A) Mitral stenosis is the commonest acquired cardiac lesion
- B) The second stage of labor should be shortened
- C) Labor should be induced at 38 weeks of gestation

- D) Primary pulmonary hypertension is an indication for termination of pregnancy
- E) Antibiotics should be given to patients with prosthetic valve

Ans . C

One of the following is true concerning cardiac disease in pregnancy and labor:

- A) Administration of pethidine can lead to heart failure
- B) Beta-adrenergic stimulating agents can be safely given in preterm labor
- C) Acute heart failure can occur in young patients at any stage
- D) Cardiac surgery is contraindicated during pregnancy
- E) Epidural analgesia is contraindicated if the fetal presentation is other than cephalic

Ans . C

In women with congenital heart disease, the following statement is NOT CORRECT:

- A) Should have detailed fetal cardiology scan
- B) Should avoid becoming anemic
- C) Should have prophylactic antibiotics for operative delivery
- D) Commonly develop dysrhythmias
- E) Should have a shortened second stage of labor

Ans . D

A sign of heart disease in pregnancy is:

- A) Lower extremity edema
- B) Systolic murmur
- C) Increased respiratory efforts
- D) Arrhythmias
- E) Increased heart rate

Ans . D

Signs of peripartum cardiomyopathy include all EXCEPT:

- A) Bradycardia
- B) Pulmonary edema
- C) Arrhythmia
- D) Signs of pulmonary embolism
- E) Signs of ischemic stroke

Ans . A

### Miscellaneous

Lady pregnant 7 weeks presents with gestational bleeding, all can be causes except:

- A) Preterm labor
- B) Abortion
- C) Ectopic pregnancy
- D) Molar pregnancy
- E) Cervical ectropion

Ans . A

In the fetal circulation, one of the following is true:

- A) The ductus venosus delivers blood directly into the superior vena cava
- B) The umbilical artery returns blood to the placenta
- C) The ductus arteriosus carries blood to the lungs
- D) Blood returning from the lungs is 90% saturated with oxygen
- E) Blood from the inferior vena cava is largely directed through the foramen ovale

Ans . E

Q175: All of the following conditions have a high recurrence risk in future pregnancies except:

- A) Pregnancy-induced hypertension
- B) Preterm labor
- C) Placental abruption
- D) Placenta previa
- E) Abortion

Ans . A

The highest number of oocytes is present in:

- A) Germ cell formation
- B) 20 weeks gestation
- C) Birth
- D) Age 6
- E) Puberty

Ans . B

The elevation of basal body temperature just before ovulation is temporally related to:

- A) Central effect of progesterone
- B) The luteinizing hormone surge
- C) Effect of specific sex hormone-binding globulins
- D) Immunologic reaction effect of the pituitary hormones
- E) Transformation of follicular endometrium into secretory endometrium

Ans . B

A 38-year-old woman, G5P4, at 36 weeks gestation, presented left calf swelling, redness, and tenderness. The initial management is:

- A) Treat with low molecular weight heparin
- B) Refer to surgery doctor

- C) D-dimer blood level
- D) Lower limb venography
- E) Lower limb Doppler ultrasound

Ans . E

What is the most likely cause of fever 12 hours after surgery?

- A) Atelectasis
- B) Deep vein thrombosis (DVT)
- C) Wound infection
- D) Pulmonary embolism
- E) Urinary tract infection

Ans . A

After parturition, endometrial regeneration begins from:

- A) Compact zone
- B) Spongy zone
- C) Functional zone
- D) Parietal layer
- E) Basal zone

Ans . E

A 27-year-old woman presents at 33 weeks in her first pregnancy with generalized itching, worse on the palms and soles. Blood tests reveal increased bile acids. What is the treatment of choice?

- A) Immediate induction of labor
- B) Antihistamines
- C) Ursodeoxycholic acid
- D) Topical steroids
- E) Magnesium sulfate

Ans . C

Regarding the Wolffian duct in the female, one is true:

- A) Develops into the fallopian tube
- B) Forms the ovarian ligament
- C) Forms the round ligament
- D) Regresses and becomes vestigial
- E) Forms only the lower one-third of the vagina

Ans . D

Regarding normal sexual differentiation, all are true except:

- A) If the testes are absent, the fetus will become phenotypically a female
- B) If the gonads are removed before the stage of gonadal differentiation, development will be into male or female depending on chromosomal sex
- C) Male external genitalia differentiation is mediated through the action of fetal testosterone
- D) Wolffian ducts develop into the vas deferens, seminal vesicles, and the epididymis
- E) The presence of (XX) sex chromosomes influences the gonads to develop into ovaries

Ans . B

Endometrial regeneration after menstruation begins in the basal layer:

- A) Immediately
- B) After 12 hours
- C) After 24 hours
- D) After 36 hours
- E) After 48 hours

Ans . D

Pregnant women with thrombophilia can suffer from all of the following except:

- A) Pregnancy-induced hypertension
- B) Recurrent miscarriages
- C) Intrauterine growth retardation
- D) Placental abruption
- E) Placenta previa

Ans . E

The part of the uterus that becomes the lower uterine segment is:

- A) Cervix
- B) Cornu
- C) Isthmus
- D) Corpus
- E) Interstitium

Ans . C

Choose the best option with regard to a non-immune pregnant woman with exposure to chickenpox:

- A) Should be given the varicella zoster vaccine as soon as possible after exposure
- B) Should be given varicella zoster immunoglobulin as soon as possible after exposure
- C) Does not need intervention unless symptoms of chickenpox occur
- D) Should not be treated with acyclovir in the third trimester
- E) Has a 15 percent risk of having a baby with fetal varicella syndrome

Ans . B

Recognized complications of hysteroscopy include all the following except:

- A) Perforation

- B) Water intoxication
- C) Pulmonary edema
- D) Air embolism
- E) Septicemia

Ans . E

Prostaglandin can be synthesized in the following body tissues except:

- A) Lungs
- B) Kidney
- C) Red cell
- D) Brain
- E) Muscle

Ans . C

Regarding fertilization of the ovum, all the following are true except:

- A) Fertilization of the ovum takes place in the ampullary part of the uterine tube
- B) Only one spermatozoön enters the yolk and takes part in the process of fertilization
- C) Having pierced the yolk, the spermatozoön loses its tail
- D) The segmentation nucleus is formed by the fusion of the male and female pronuclei
- E) By the union of the male and female pronuclei, the number of chromosomes is 23

Ans . E

Which of the following arises from the genital tubercle?

- A) Labia majora
- B) Posterior fourchette
- C) Clitoris
- D) Labia minora
- E) Vagina

Ans . C

Which of the following is not a branch of the anterior segment of the internal iliac artery?

- A) Inferior gluteal
- B) Superior gluteal
- C) Superior vesical
- D) Uterine
- E) Middle hemorrhoidal

Ans . B

Sensory pain fibers to the uterus pass through which ligament?

- A) Broad ligament
- B) Round ligament
- C) Cardinal ligament
- D) Uterosacral ligament
- E) Uterovesical ligament

Ans . D

Canalization of the vagina in the female fetus occurs at:

- A) 20 weeks gestation
- B) 12 weeks gestation
- C) 30 weeks gestation
- D) 16 weeks gestation
- E) 18 weeks gestation

Ans . B

A 35-year-old woman with abdominal pain, fever, leukocytosis, and adnexal tenderness may least likely have:

- A) Ectopic pregnancy
- B) Endometriosis

- C)Ovarian malignancy
- D)Bleeding corpus luteum
- E)Acute appendicitis

Ans . C

Complications of dilatation and curettage include all of the followings except:

- A)Uterine perforation
- B)Rh isoimmunization
- C)Cervical incompetence
- D)Asherman's syndrome
- E)Endometritis

Ans . B

Recognized side effects of heparin therapy during pregnancy include all of the following except:

- A)Thrombocytopenia
- B)Osteoporosis
- C)Teratogenicity if used during the first trimester
- D)Hypersensitivity reactions
- E)Hemorrhage

Ans . C

In the days after ovulation, all of the following occur except:

- A)The basal temperature rises
- B)The endometrium undergoes secretory changes
- C)The plasma progesterone concentration falls
- D)Cervical mucus becomes more viscous & scanty
- E)Corpus luteum forms

Ans . C

Regarding corpus luteum lesions, one of the following is wrong:

- A) They are thin-walled, unilocular
- B) Can cause local pain or tenderness
- C) Associated with amenorrhea
- D) May cause torsion of the ovary
- E) Spontaneously resolve in 7-10 days

Ans . E

All the following structures come from the paramesonephric duct except:

- A)Fallopian tubes
- B)Vagina
- C)Ovary
- D)Uterus
- E)Cervix

Ans . C

Regarding the decidua, one is true:

- A) It is modified endometrium of pregnancy
- B) It is due to action of estrogen on the endometrium
- C) The decidua basalis is the part overlying the embryo
- D) Does not protect against the invasive power of trophoblast
- E) Is anatomically divided into four parts

Ans . A

Regarding the umbilical cord, all the following statements are correct except:

- A)Achordia means absence of the umbilical cord
- B)Rightward coiling may be associated with a higher risk than leftward coiling

- C) Velamentous insertion of the cord is more common in monochorionic twins
- D) Caesarean delivery is the preferred mode of delivery for known vasa previa
- E) True knot of the cord usually occurs late in pregnancy

Ans . C

Implantation of the blastocyst starts after fertilization by:

- A) 4 days
- B) 6.5 days
- C) 8 days
- D) 9 days
- E) 10 days

Ans . B

Regarding antenatal care, one of the following combinations is FALSE:

- A) Family history of diabetes mellitus, GTT at 28 weeks
- B) Previous DVT in pregnancy, low molecular weight heparin antenatally
- C) Maternal O negative blood group, fetal MCA measurements every two weeks
- D) Rubella IgM negative, rubella vaccination postnatally
- E) Previous IUGR baby, follow up fetal growth

Ans . C

In pregnancy weight gain, the components ranked from most to least are:

- A) Fetus, placenta, amniotic fluid, uterus, maternal stores
- B) Fetus, maternal stores, uterus, amniotic fluid, placenta
- C) Maternal stores, fetus, uterus, amniotic fluid, placenta
- D) Fetus, uterus, amniotic fluid, placenta, maternal stores

E) Maternal stores, fetus, amniotic fluid, placenta, uterus

Ans . B

Vaccines contraindicated during pregnancy include:

A) Inactivated influenza vaccine

B) Pertussis vaccine

C) Diphtheria toxoid

D) Hepatitis B vaccine

E) Measles vaccine

Ans . E

In relation to ovulation, one of the following is true:

A) LH induces thecal cells to produce estrogen

B) FSH induces a rise in LH receptors

C) Ovulation occurs 14 hours after LH surge

D) Progesterone peaks in the proliferative phase

E) Ovulation can be confirmed by measurement of LH on day 14

Ans . B

The uterine cavity is obliterated by fusion of the deciduas capsularis and parietalis at:

A) 6 weeks

B) 8 weeks

C) 10 weeks

D) 14 weeks

E) 20 weeks

Ans . D

For labeling a drug to be used in pregnancy regarding its safety, if there are no adequate human studies and animal studies show no fetal risk, the drug is labeled as:

- A) Category A
- B) Category B
- C) Category C
- D) Category D
- E) Category X

Ans . B

The urogenital ridge doesn't give rise to one of the following:

- A) Uterus
- B) Fallopian tube
- C) Ureter
- D) Cervix
- E) Vulva

Ans . E

The protective effects of breast milk are associated with:

- A) Lysozyme
- B) Mast cells
- C) IgA antibodies
- D) IgM antibodies
- E) IgE antibodies

Ans . C

In the process of oogenesis, the primary oocyte undergoes the first maturation division:

- A) During intrauterine life
- B) Few hours before ovulation
- C) After ovulation and before fertilization
- D) At the age of 7 years
- E) Before puberty

Ans . B

The uterine cavity is obliterated by fusion of the decidua capsularis and parietalis at:

- A) 6 weeks
- B) 8 weeks
- C) 10 weeks
- D) 14 weeks
- E) 20 weeks

Ans . D

Which of the following statements is incorrect regarding blood tests in the first trimester?

- A) Maternal serum AFP predicts neural tube defects
- B) Blood tests can predict gestational diabetes
- C) Blood tests can predict gestational hypertension and preeclampsia
- D) Blood tests include testing for Rh status
- E) Free beta-hCG is used in first-trimester screening

Ans . B

The broad ligament forms two layers that enclose the following structures EXCEPT:

- A) The fallopian tube
- B) Uterosacral ligament
- C) The ovarian vessels
- D) The ovarian ligament
- E) The round ligament

Ans . B

Regarding natural sexual differentiation all of the following are true except:

- A) Presence of (X) sex chromosome influence the gonads to develop into ovaries

- B) If gonads are testes the fetus will develop phenotypically into a male
- C) Fetal testosterone is responsible for development of male external genitalia
- D) External genitalia develop from cloaca
- E) Wolffian duct forms vas deferens, seminal vesicles and epididymis

Ans . D

Concerning cervical ectropion, all the followings are true except:

- A) It is often asymptomatic
- B) May be a cause of post-coital bleeding
- C) Is covered by squamous epithelium
- D) Is a benign condition
- E) Can be treated by cryotherapy

Ans . C

The embryonic period extends to:

- A) End of 5 weeks of intrauterine life
- B) End of 7 weeks of intrauterine life
- C) End of 10 weeks of intrauterine life
- D) End of 11 weeks of intrauterine life
- E) End of 13 weeks of intrauterine life

Ans . B

The endometrial phase after ovulation is called:

- A) Proliferative phase
- B) Luteal phase
- C) Secretory phase
- D) Menstruation
- E) Follicular phase

Ans . C

The pudendal nerve provides sensory innervation to which region?

- A) Bladder
- B) Perineum
- C) Uterus
- D) Rectum
- E) Lower abdomen

Ans . B

One of the following vaccines is not contraindicated in pregnancy:

- A) Yellow fever
- B) Measles
- C) Oral polio vaccine
- D) Tetanus
- E) Mumps/rubella

Ans . A

All are recognized complications of diagnostic hysteroscopy except:

- A) Perforation
- B) Water intoxication
- C) Pulmonary edema
- D) Air embolism
- E) Cervical incompetence

Ans . E

One of the following substances is not safe in pregnancy:

- A) Chlorpheniramine
- B) Aspirin
- C) Rubella vaccination
- D) Vitamin D
- E) Folic acid

Ans . C

The primordial germ cells are derived from:

- A) The wall of the amniotic sac
- B) The ovaries
- C) The wall of yolk sac close to allantois
- D) The genital tubercle
- E) The genital ridge

Ans . C

The body of the uterus drains to the following nodes except:

- A) Sacral group of lymph nodes
- B) Superficial inguinal group of lymph nodes
- C) Obturator group of lymph nodes
- D) Femoral group of lymph nodes
- E) External iliac group of lymph nodes

Ans . D

In females, the genital swellings give rise to:

- A)Clitoris
- B)Ovaries
- C)Labia minora
- D)Labia majora
- E)Vestibule

Ans . D

The following hormones are glycoprotein hormones except:

- A) FSH
- B) LH
- C) HCG
- D) TSH
- E) HPL

Ans . E

What is the venous drainage of the right ovary?

- A) Superior mesenteric vein
- B) Inferior vena cava
- C) Left renal vein
- D) Right renal vein
- E) Inferior mesenteric vein

Ans . B

Progesterone is secreted by:

- A) Primary follicle
- B) Preantral follicle
- C) Antral follicle
- D) Mature oocyte
- E) Corpus luteum

Ans . E

One of the following fetal vessels does NOT contain oxygenated blood:

- A) Umbilical artery
- B) Ductus venosus
- C) Umbilical vein
- D) The inferior vena cava as it enters the right atrium
- E) Carotid artery

Ans . A

Which of the following is LEAST accurate regarding adrenal disease in pregnancy?

- A) Cushing's syndrome may resemble the features of normal pregnancy

- B) Addison's disease may be difficult to diagnose in pregnancy due to changes in steroid profiles
- C) Pheochromocytoma may be diagnosed using 24-hour urine catecholamine testing
- D) Steroid replacement therapy should be reduced to allow normal delivery
- E) Pheochromocytoma may mimic the features of pre-eclampsia

Ans . D

One of the following drugs is considered safe in pregnancy:

- A) Warfarin
- B) Ciprofloxacin
- C) Actinomycin
- D) Heparin
- E) Angiotensin-converting enzyme inhibitors

Ans . D

The following statements regarding human chorionic gonadotrophin (hCG) are correct except:

- A) Is a glycoprotein
- B) Has an  $\alpha$  subunit similar to FSH
- C) Reaches a peak level at about 20 weeks' gestation
- D) Is thought to stimulate fetal testosterone secretion
- E) Is produced by syncytiotrophoblast

Ans . C

When counseling a pregnant woman about Down syndrome, you should tell her that:

- A) It is autosomal dominant inheritance
- B) Majority of cases are maternal age-related
- C) It is paternal age dependent
- D) Best method of diagnosis is done by ultrasound scan
- E) Could not be detected until mid-trimester

Ans . B

Not related to sex differentiation

- A) Growth hormone
- B) Anti-Mullerian hormone
- C) DHEA
- D) Testosterone
- E) XY chromosome

Ans . A

A 40-year-old lady doing a routine checkup is found to have elevated CA125. It is not associated with one of the following:

- A) Cirrhosis
- B) Anovulation
- C) Menses
- D) Ectopic pregnancy
- E) Lung cancer

Ans . B

All are true in regard to oogenesis except:

- A) It starts in the fetal period and no more oocytes are made after about the 7th month
- B) 6-12 primordial oocytes each cycle are selected to develop for ovulation of one egg
- C) The second meiotic division is completed only at the time of ovulation
- D) A secondary oocyte (1n) is arrested at metaphase of meiosis II
- E) Fertilization of an ovum occurs in the fallopian tube

Ans . C

All of the following hormones are secreted by normal ovaries except:

- A) Estrogen
- B) Progesterone
- C) hCG
- D) Testosterone
- E) DHEA-S

Ans . C

Fetal hematopoiesis first occurs in the:

- A) Heart
- B) Yolk sac
- C) Liver
- D) Bone marrow
- E) Lymph nodes

Ans . B

A 19-year-old primigravida complains of dizziness if she is lying on her back. This condition is related to all of the following except:

- A) Usually occurs in the third trimester
- B) Usually occurs in the supine position
- C) Patient will have hypotension
- D) Improves with left lateral position
- E) It is due to compression of descending aorta by the gravid uterus

Ans . E

When does ovulation occur after LH surge?

- A) 60 hours
- B) 12 hours
- C) 24 hours
- D) 36 hours
- E) 48 hours

Ans . D

Regarding irregular ripening of the endometrium, all are true except:

- A) Is due to functional defect of the corpus luteum
- B) May result from irregular response of the endometrium to the normal hormonal influence
- C) Endometrial biopsy shows patchy progestational appearance in the endometrium, which should be proliferative
- D) Presents clinically with premenstrual spotting for several days
- E) Is best treated with progestogens

Ans . C

All the following hormones are involved in the adolescent growth spurt, except:

- A) Growth hormone
- B) Estradiol
- C) Insulin-like growth factor I
- D) Somatomedin-C
- E) Progesterone

Ans . E

Oxybutynin (Ditropan) is an anticholinergic agent. It is absolutely contraindicated in all of the following except:

- A)Urine retention
- B)Myasthenia gravis
- C)Liver disease
- D)Ulcerative colitis
- E)Closed-angle glaucoma

Ans . C

Hormone secreted from the posterior pituitary:

- A)Oxytocin
- B)Follicular stimulating hormone
- C)Thyroid stimulating hormone

- D) Prolactin
- E) Growth hormone

Ans . A

All the following are common causes of dyspareunia except:

- A) Endometriosis
- B) Leiomyoma
- C) Dysmenorrhea
- D) Lichen sclerosis
- E) Pelvic inflammatory disease

Ans . C

The following conditions may cause a coagulation defect except:

- A) Abruptio placentae
- B) Preterm labor
- C) Amniotic fluid embolism
- D) Septic abortion
- E) Intrauterine fetal death

Ans . B

Regarding fertilization, one is true:

- A) Occurs in the uterine cavity
- B) If occurred by two spermatozoa, causes a trisomic conceptus
- C) Is associated with a surge of maternal luteinizing hormone
- D) Is associated with production of the first polar body
- E) Depends on hyaluronidase release by the sperm

Ans . E

All the following are correct anatomical relations of the ovary  
Except:

- A) Fallopian tube anteriorly

- B) Broad ligament posteriorly
- C) Bowel and omentum superiorly
- D) External iliac vessels posteriorly
- E) Pelvic side wall laterally

Ans . B

Uterine inversion is most often due to:

- A) Frequent deliveries
- B) Low placenta implantation
- C) Straining before cervix dilation
- D) Cord traction before placental separation
- E) Uterine rupture

Ans . D

One of the following is not derived from the Mullerian ducts:

- A) Fallopian tubes
- B) Uterine body
- C) Cervix
- D) Proximal two-thirds of the vagina
- E) Distal third of the vagina

Ans . E

When is the first meiotic division of the oocytes completed?

- A) In utero
- B) After puberty
- C) In the follicular phase
- D) After ovulation
- E) After fertilization

Ans . C

All of the following can be associated with thrombophilia except:

- A) Recurrent miscarriages
- B) Intrauterine growth restriction (IUGR)
- C) Post date
- D) Abruptio placentae
- E) Deep vein thrombosis (DVT)

Ans . C

The benefits of skin-to-skin contact at birth are all of the following except

- A) Infants are more likely to be breastfeeding at one and four months after delivery
- B) Longer overall breastfeeding duration than those receiving usual care
- C) It maintains glucose levels better than others
- D) Thermal stability was improved in late preterm infants
- E) Thermal stability was improved in full-term infants

Ans . E

Regarding amniotic fluid embolism, one is true:

- A) It is easily diagnosed during pregnancy
- B) Always results in fetal death
- C) Causes maternal bradycardia
- D) Causes hypofibrinogenemia
- E) Is usually preceded by constant lower abdominal pain

Ans . D

A 29-year-old woman who is 30 weeks pregnant presents to the emergency department with shortness of breath and chest pain, suspected to have pulmonary embolism. One of the following statements is correct:

- A) A chest x-ray and V/Q scan are contraindicated because of radiation exposure risk to the fetus

- B) Therapeutic anticoagulation should be delayed until diagnosis is confirmed by V/Q scan
- C) Anti-Xa levels might be used to monitor low molecular weight heparin
- D) Warfarin should be substituted for heparin after 5 days
- E) D-dimer levels would be diagnostically useful

Ans . C

The normal lining of the fallopian tube is:

- A) Squamous epithelium
- B) Transitional epithelium
- C) Cuboidal epithelium
- D) Columnar epithelium with cilia
- E) Fibrous connective tissue

Ans . D

Vitamin supplementation is commonly prescribed during antenatal care. However, this vitamin is teratogenic, especially if given in high doses to pregnant women:

- A) Vitamin A
- B) Vitamin B12
- C) Vitamin K
- D) Vitamin D
- E) Vitamin B1

Ans . A

Concerning the chorion, one is true:

- A) It develops from the inner cell mass
- B) Formed of a single layer of cells
- C) Forms the chorionic villi
- D) The cytotrophoblast forms its outer layer
- E) The villi develop in two stages

Ans . C

Which one of the following is not a potentially teratogenic infection if it occurs in pregnancy?

- A) Cytomegalovirus
- B) Toxoplasmosis
- C) Syphilis
- D) Chickenpox
- E) Herpes simplex virus

Ans . E

Diagnostic laparoscopy is not typically used for diagnosing:

- A) Fibroid degeneration
- B) Adnexal torsion
- C) Ectopic pregnancy
- D) Ruptured ovarian cyst
- E) Pelvic inflammatory disease

Ans . A

In developing countries, what is the most common cause of rectovaginal fistula?

- A) Pelvic inflammatory disease
- B) Obstetric trauma
- C) Radiation therapy
- D) Crohn's disease
- E) Endometriosis

Ans . B

## **Cesarean section**

The most frequent indication for Caesarean section in labor is:

A) Failure to progress  
Fetal distress  
Abruptio placentae  
Cord prolapse  
Failed induction of labor

Ans . E

Which of the following is a contraindication to vaginal birth after cesarean section:

A) Prematurity  
B) Previous myomectomy breaching the uterine cavity  
C) Previous cesarean section more than 2 years ago  
D) Ovarian cyst  
E) Pre-eclampsia

Ans . B

Which of the following is the best predictor for a successful VBAC?

A) BMI <30  
B) Less than 35 years old  
C) Previous vaginal birth after Caesarean section  
D) Short inter-pregnancy interval  
E) Spontaneous onset of labor

Ans . C

Potential maternal benefits of cesarean delivery on maternal request EXCLUDE:

A) Decreased short-term maternal morbidity  
B) Elimination of intrapartum events associated with perinatal asphyxia  
C) Reduction in stillbirth beyond 39 weeks gestation  
D) Less postpartum hemorrhage

E) Possible protection against pelvic floor dysfunction

Ans . A

Among the indications for Caesarean section delivery, the most common indication in recent years is:

- A) Cephalopelvic disproportion
- B) Fetal malpresentation
- C) Previous Caesarean section
- D) Non-reassuring fetal heart rhythm pattern
- E) Antepartum hemorrhage

Ans . C

Absolute contraindications for a trial of labor after cesarean section (TOLAC) include:

- A) Preterm delivery
- B) Oligohydramnios
- C) Upper segment cesarean section
- D) Gestational diabetes mellitus (GDM)
- E) Lack of prior vaginal delivery

Ans . C

A 35-year-old lady had a classical Caesarean section for a preterm baby with transverse lie. The major concern with a classical section is:

- A) Rupture of the scar in subsequent pregnancy and labor
- B) Postoperative adhesion formation
- C) Discomfort of the patient during healing
- D) Injury to uterine vessels
- E) Inability to reach the fetal head for delivery

Ans . A

One of the following is not an indication for classical cesarean section:

- A) Peri-mortem operation
- B) Previous classical operation
- C) Transverse lie with back inferior
- D) Cesarean hysterectomy for cervical cancer
- E) Anterior uterine wall fibroids

Ans . E

Regarding classical cesarean section, which statement is TRUE?

- A) It is justified for a prolapsed cord
- B) It is performed through a midline subumbilical skin incision
- C) It is justified for a transverse lie
- D) It has a 30% risk of scar rupture in future pregnancies
- E) It has a higher incidence of postoperative pyrexia

Ans . C

A 26-year-old multiparous woman has an uncomplicated pregnancy and is admitted in early labor at term with a flexed breech presentation. Her first baby was delivered by Cesarean section for fetal distress, and she is keen to have a vaginal delivery. How would you manage her this time?

- A) External Cephalic version
- B) Transfer to a tertiary unit
- C) Cesarean Section
- D) Vaginal breech delivery
- E) Encourage her for home delivery

Ans . C

Which of the following is NOT an indication for cesarean section?

- A) Placental abruption
- B) Placenta previa

- C) Previous two C-sections
- D) Fetal distress
- E) Active genital herpes

Ans . A

For a successful trial of labor after one Caesarean section, the best result could be obtained if:

- A)The lady goes into labor spontaneously
- B)The indication for the previous C-section was failure to progress
- C)The indication for the previous C-section was cephalopelvic disproportion
- D)The lady has a history of previous vaginal delivery
- E)The indication for the previous C-section was a failed forceps attempt

Ans . B

### postpartum Care

How can a previous DVT (deep vein thrombosis) be prevented during pregnancy?

- A) Aspirin therapy
- B) Low-dose heparin prophylaxis
- C) Bed rest
- D) Diuretics
- E) High-dose warfarin

ANSWER : B

which statement is INCORRECT?

- A) The superficial layer is shed
- B) The deep layer regenerates new endometrium, which covers the endometrial cavity by the 16th postpartum day
- C) Normal shedding of blood and decidua is referred to as lochia alba and lasts for the first few days following delivery
- D) Vaginal discharge then becomes increasingly watery, called lochia serosa, which lasts for two to three weeks
- E) The mean total volume of postpartum lochial secretion is 200 to 500 mL over a mean duration of just over one month

Answer: C

Death resulting from pre-existing disease or a disease that developed during pregnancy, which was not due to direct obstetric cause but was aggravated by pregnancy, is known as:

- A) Maternal mortality rate
- B) Indirect maternal death
- C) Perinatal death
- D) Perinatal mortality rate
- E) Death not related to pregnancy

Answer : B

692. A breastfeeding mother of a 3-week-old infant complains of breast pain and fever of 40°C, with one quadrant of the breast hard and red. What would be the most appropriate management?

- A) Increase frequency of breastfeeding and analgesia
- B) Perform manual milk extraction for 24 hours
- C) Discontinue breastfeeding, analgesia, and antibiotics therapy
- D) Incise and drain the breast
- E) Antibiotic therapy, continue breastfeeding from opposite breast

Ans. E

The earliest sign of Sheehan syndrome is:

- A) Secondary amenorrhea
- B) Failure of lactation
- C) Loss of axillary and pubic hair
- D) Vaginal bleeding
- E) Increase appetite

Ans. B

Which of the following is NOT a risk factor for puerperal pyrexia?

- A) Multi-parity
- B) Diabetes
- C) Prolonged labor
- D) Prolonged premature rupture of membranes (PROM)
- E) Anemia

Ans. A

A 22-year-old woman at 30 weeks gestation, on heparin therapy for DVT, could experience all of the following side effects except:

- A) Thrombocytopenia
- B) Increased bleeding tendency
- C) Osteopenia
- D) Subcutaneous hematoma at the injection site
- E) Congenital fetal anomalies

Ans. E

A 21-year-old lady delivered her baby 12 hours ago. On examination, her uterus is 5 cm above the umbilicus. All the following could be the cause except:

- A: Full bladder
- B: Atonic uterus
- C: Full rectum

- D. Pelvic mass
- E. Uterine fibroids

Ans. C

On examining the uterine fundus immediately post-delivery, which statement is false:

- A. Soft
- B. More globular than in its pregnant state
- C. Not tender
- D. Near the umbilicus within 24 hours after delivery
- E. Midway between the symphysis pubis and umbilicus within one week postpartum

Ans. A

Regarding thromboembolic disease in pregnancy, one is true:

- A. 90 percent of patients with pulmonary embolism are diagnosed correctly on a clinical basis
- B. High BMI is a risk factor for developing thromboembolic disease
- C. A woman with a history of venous thromboembolism in a previous pregnancy does not need anticoagulant medication in subsequent pregnancies
- D. Emergency Caesarean section is a risk factor for venous thromboembolism and must be treated with a therapeutic dose of heparin postoperative
- E. Elective Caesarean section is an absolute indication for thromboprophylaxis with heparin

Ans. B

A patient has just delivered her first child. She is anxious to breastfeed. As part of her postpartum discharge counseling, she should be told that few things interfere with lactation but she should avoid one of the following:

- A. Combined oral contraceptive pills containing 50 mg of estradiol
- B. Levonorgestrel implants
- C. Depo-Provera
- D. Mini-pill
- E. Frequent suckling

Ans. A

The greatest predisposing cause of puerperal infection is:

- A) Retained placental tissue
- B) Iron deficiency
- C) Coitus during late pregnancy
- D) Poor nutrition
- E) Maternal exhaustion

Ans. A

True about puerperium:

- A) Postpartum duration is 6 weeks
- B) Starts immediately after fetus delivery
- C) All organs go back to normal status in different times
- D) Socially and psychologically challenging period
- E) All of the above

Ans. E :/

Postpartum lady, PE is suspected, what is wrong?

- A) V/Q mismatch is preferable over Pulmonary CTA
- B) You give IV LMWH in massive PE
- C) ECG and CXR are done
- D) You shouldn't do D-dimer in pregnant women
- E) Doppler ultrasound of lower limbs is mandatory

Ans. D

Q278: The most common cause of Sheehan syndrome is:

- A. Eclampsia
- B. Cerebral hemorrhage
- C. Massive postpartum hemorrhage
- D. Postpartum psychosis
- E. Pulmonary embolism

Ans. C

Your patient has varicosities of the legs and was diagnosed at 29 weeks with a deep venous thrombosis extending above the left knee. Postpartum anticoagulation should be continued for which one of the following time periods?

- A. One week
- B. Six weeks
- C. One year
- D. Until past child-bearing age
- E. Twelve weeks

Ans. B

A female presents with a fever of 38.5°C and foul-smelling lochia five days after delivery. Which statement is false?

- A) The most likely diagnosis is puerperal pyrexia
- B) Blood culture and vaginal swab should be taken before starting antibiotics
- C) IV broad-spectrum antibiotics should be administered
- D) This presentation is typical of retained products of conception, so immediate surgical
- E) Fever and foul-smelling lochia are signs that warrant close monitoring and further

Ans. D

A woman presents with lower abdominal pain 2 weeks after delivery. A mass is felt above the symphysis pubis. Which of the following is NOT a likely diagnosis?

- A) Endometritis
- B) Ovarian cyst
- C) Fibroid uterus
- D) Size of normal involuted uterus
- E) Retained tissues

Ans. D

What is true about postpartum blues?

- A. It is a severe form of depression.
- B) It typically requires long-term treatment.
- C) It resolves within two weeks postpartum.
- D) It occurs in less than 10% of women.
- E) It is associated with psychotic symptoms.

Ans. C

A 39-year-old woman at 38 weeks with calf pain and suspected DVT has a normal Doppler ultrasound and negative D-dimer. The next step is:

- A. MRI venography
- B. Start prophylactic anticoagulant
- C. Start baby aspirin
- D. Repeat Doppler in 7 days
- E. Admit for delivery

Ans. D

A 35-year-old lady, who delivered her baby 12 hours ago, is found to have the uterus 6 cm above the umbilicus. All the following could be the cause EXCEPT:

- A) Full bladder
- B) Atonic uterus
- C) Chronic constipation
- D) Pelvis mass
- E) Uterine fibroids

Ans. C

Regarding uterine involution in the puerperium, all of the following are true except:

- A. The uterus begins to involute immediately after placenta delivery
- B. Myometrial retraction is unique to uterine muscle
- C. Myometrial muscle contraction constricts blood vessels to prevent hemorrhage
- D. Large vessels at the placental site thrombose to prevent blood loss
- E. The uterus returns to non-pregnant size by 12 days postpartum

Ans. E

Regarding puerperal psychosis, only one of the following statements is correct:

- A) Usually responds well to treatment
- B) Often occurs in patients with a history of mental illness
- C) Is more often schizophrenic than depressive
- D) Is unlikely to recur in subsequent pregnancies
- E) Typically presents as mania

Ans. B

Puerperium: what is wrong?

- A) Uterus completes involution at 6 weeks and becomes non-palpable in the abdomen
- B) The uterus begins to involute immediately after delivery of the placenta
- C) Myometrial retraction is a unique characteristic of the uterine muscle
- D) Contraction of the interlacing myometrial muscle bundles prevents hemorrhage
- E) Large vessels at the placental site thrombose as the primary mechanism of hemostasis

Ans. E

In the absence of breastfeeding, the first menstrual period after delivery usually occurs:

- A. Within three weeks
- B. Within four weeks

- C. Within ten weeks
  - D. Not before sixteen weeks
  - E. At about twenty weeks
- Ans. C

Lady complains of feeling down, with insomnia and excessive crying 5 days postpartum. What is the diagnosis?

- A) Postpartum Blues
- B) Postpartum Depression
- C) Postpartum Psychosis
- D) Major Depressive Disorder
- E) Schizoaffective Disorder

Ans. A

All of the following can cause uterine sub-involution except:

- A. Multiparity
- B. Caesarean delivery
- C. Breastfeeding
- D. Full bladder
- E. Endometritis

Ans. C

The following are risk factors for puerperal infection except:

- A) Prolonged rupture of the membranes
- B) Prolonged pregnancy
- C) Prolonged second stage
- D) Cesarean section
- E) Retained products of conception

Ans. B

Which disorder is associated with the highest maternal mortality?

- A) Hypothyroidism
- B) Systemic lupus erythematosus
- C) Ventricular septal defect
- D) Myasthenia gravis
- E) Primary pulmonary hypertension

Ans. E

32-year-old woman presents 3 days after an emergency cesarean with fatigue, green sputum, and a temperature of 38°C. Chest exam reveals coarse crackles. What is the most likely diagnosis?

- A) Pulmonary embolism
- B) Chest infection
- C) Myocardial infarction
- D) Myocarditis
- E) Adult respiratory distress syndrome

Ans. B

## Postpartum Hemorrhage and maternal injury

A 34-year-old woman with one previous caesarean section is fully dilated and pushing during her second labor. Contractions have been augmented with syntocinon. What is the main obstetric complication of concern?

- A) Cord prolapse
- B) Shoulder dystocia
- C) Eclampsia
- D) Uterine rupture
- E) Placental abruption

Ans. D

Not a cause of postpartum hemorrhage (PPH)?

- A) Fibroids
- B) Multiple gestation
- C) Antenatal hemorrhage
- D) Primigravida
- E) Uterine atony

Ans. D

Female delivers at home, comes after one day with heavy bleeding, resuscitation was done, and she became stable. What is the next step?

- A) Magnesium sulfate
- B) Oxytocin
- C) Misoprostol
- D) Manual uterine exploration
- E) Uterine artery embolization

Ans. B

A primipara is in labor and an episiotomy is about to be cut. Compared with a midline episiotomy, which of the following is an advantage of mediolateral episiotomy?

- A) Ease of repair
- B) Fewer breakdowns
- C) Less blood loss
- D) Less dyspareunia
- E) Less extension of the incision

Ans. E

After spontaneous vaginal delivery of a 3.7 kg male baby, the patient's perineum is inspected and shows disruption of the vaginal mucosa and muscularis layer, as well as disruption of the fibers of the external anal sphincter, with the rectal mucosa intact. This is classified as:

- A) First degree tear
- B) Second degree tear
- C) Third degree tear
- D) Fourth degree tear
- E) Episiotomy

Ans.C

All the following are risk factors for primary postpartum hemorrhage except:

- A) Prolonged labor
- B) History of a previous postpartum hemorrhage
- C) Fibroid uterus
- D) Premature labor
- E) Placental abruption

Ans. D

Postpartum hemorrhage unresponsive to oxytocin and uterine massage is most likely due to which of the following?

- A) Lacerations
- B) Placenta accreta
- C) Retained placenta
- D) Ruptured uterus
- E) Coagulopathy

Ans. A

Postpartum hemorrhage (PPH): what is true?

- A) The amount is well estimated
- B) Affects maternal mortality
- C) Rarely requires intervention
- D) Always caused by uterine atony
- E) Managed conservatively

Ans.B

Pregnancy after myomectomy is associated with an increased risk of one of the following:

- A) Abnormal fetal lie
- B) Uterine rupture
- C) Postpartum endometritis
- D) Amniotic fluid embolus
- E) Extensive pelvic adhesion leading to small intestine injury

Ans.B

What is false about mediolateral episiotomy?

- A) Reaches the anal sphincter
- B) Involves cutting away from the midline
- C) Reduces the risk of third-degree tears
- D) Often heals better than midline episiotomy
- E) Provides adequate space for delivery

Ans. A

Compared to a midline episiotomy, a mediolateral episiotomy is:

- A) More likely to bleed
- B) Less painful

- C) More likely to extend to the anal sphincter
- D) More likely to get infected
- E) Repaired without the need for local or regional anesthesia

Ans. A

Complete uterine inversion is associated with:

- A) Placenta accreta
- B) Short umbilical cord
- C) Posterior placenta
- D) Excessive umbilical cord traction
- E) Grandmultipara

Ans. D

Postpartum hemorrhage is associated with all except:

- A) Retained placenta
- B) Post-maturity
- C) Multiple pregnancy
- D) Multiparity
- E) Antepartum hemorrhage

Ans. B

Which of the following is NOT an adverse outcome of episiotomy?

- A) Increased blood loss
- B) Decreased risk of severe perineal lacerations in subsequent deliveries
- C) Extension of the incision, leading to 3rd and 4th degree tears
- D) Risk of unsatisfactory anatomical results
- E) Higher rates of infection and dehiscence

Ans. B

In cesarean section scar rupture, all are true except:

- A) The incidence of rupture of a previous low transverse scar during trial of labor is 1/200.
- B) One-third of classical scar ruptures occur before labor.
- C) Fetal mortality in scar rupture can reach 50%.
- D) The most common finding in uterine rupture is sudden severe fetal heart rate abnormalities.
- E) The most common cause of uterine rupture is uterine manipulation.

Ans. E

All increase PPH except:

- A) Vasa previa
- B) Placenta previa
- C) Succenturiate placenta
- D) Uterine atony
- E) Postpartum infection

Ans. A

Secondary postpartum hemorrhage (PPH) can be caused by:

- A) Retained products of conception

- B) Uterine atony
- C) Placental abruption
- D) Infection
- E) All of the above

Ans. E

A woman who recently gave birth with an estimated blood loss of 2 liters and signs of tachycardia and hypotension should receive all of the following except:

- A. Intravenous iron supplements
- B. Repeat laboratory tests
- C. Appropriate transfusion with RBCs and platelets
- D. Consideration of B-Lynch suture
- E. Uterine artery ligation

Ans. A

The main mechanism for placental separation after delivery is:

- A. Reduction in placental site surface area as the uterus shrinks
- B. Hematoma formation due to venous occlusion
- C. Vascular rupture in the placental bed due to uterine contractions
- D. Decreased sensitivity of myometrium to oxytocin
- E. Increased prostaglandin production from RBC destruction

Ans. A

The commonest cause of primary postpartum hemorrhage is:

- A. Retained products of conception
- B. Uterine atony
- C. Upper genital tract laceration
- D. Uterine rupture
- E. Coagulopathy

Ans. B

One of the following is associated with a higher incidence of retained placenta:

- A) Induced labor
- B) Multiple pregnancies
- C) Previous multiple Caesarean sections
- D) Antepartum hemorrhage
- E) Grand multiparity

Ans. C

True about PPH?

- A) Divided into traumatic and atonic
- B) Hemorrhage begins from the third stage of labor onwards
- C) Vaginal delivery causes more blood loss than cesarean section
- D) Commonly managed without any medication
- E) Rarely requires surgical intervention

Ans. B

What is the first step in managing uterine inversion?

- A) Administer uterotonics
- B) Perform manual replacement of the uterus
- C) Perform immediate surgery
- D) Insert a uterine balloon
- E) Administer IV fluids

Ans. B

Median episiotomy is associated with all the following except:

- A) Increased blood loss
- B) Increased instrumental deliveries
- C) Fetal injury
- D) Localized pain
- E) Injury of the anal sphincter

Ans. B

In postpartum hemorrhage (PPH), which of the following medications is NOT used?

- A) Ergometrin
- B) Prostaglandin E2
- C) Prostaglandin E1
- D) Oxytocin
- E) Prostaglandin F2-alpha

Ans. B

A Para 1, just had a forceps delivery of a 3 kg baby and complete delivery of the placenta, started to have excessive vaginal bleeding, the uterus was felt 2 cm below the umbilicus and firm. The most likely cause for her bleeding is:

- A) Uterine atony
- B) Retained placental tissue
- C) DIC
- D) Infection
- E) Genital tract trauma

Ans. E

Misoprostol (Cytotec) is?

- A) PGE1
- B) PGE2
- C) PGF2α
- D) Progesterone
- E) Estradiol

Ans. A

## Pelvic organ prolapse

40-year-old woman has a vaginal bulge. If she has a rectocele, the defect is in which structure?

- A) Obturator fascia
- B) Uterosacral ligament
- C) Pubocervical fascia
- D) Perineal body
- E) Rectovaginal fascia

Ans. E

Concerning retroversion of the uterus, one is true:

- A. Occurs in 20% of normal women
- B. Is a common cause of infertility
- C. May be corrected by a Fothergill operation
- D. Is caused by heavy lifting
- E. Should always be corrected with a Hodge pessary in early pregnancy

Ans. A

Wrong about prolapse

- A) In 1st stage most distal portion is in the upper part of vagina
- B) 2nd stage distal portion is near the hymen
- C) 3rd stage distal portion protrudes out
- D) In 4th stage distal portion completely out
- E) Procidentia prolapse is stage 3

Ans. E

In the normal female pelvis, the diagonal conjugate diameter should be at least:

- A. 8 cm
- B. 9 cm
- C. 10 cm
- D. 12 cm
- E. 13 cm

Ans. D (from chat gpt)

Which of the following ligaments does not support the uterus?

- A) Ovarian ligament
- B) Uterosacral ligament
- C) Pubocervical ligament

- D) Round ligament
- E) Cardinal ligament

Ans. A

While observing an abdominal hysterectomy, the student was asked to name the main ligament that supports the uterus. Which is the correct answer?

- A.Round ligament
- B.Cardinal ligament
- C.Broad ligament
- D.Levator ani muscle
- E.Transverse perineal muscle

Ans. B

Procedentia is:

- A) Stage 4 prolapse
- B) Stage 3 prolapse
- C) Stage 2 prolapse
- D) Stage 1 prolapse
- E) Stage 0 prolapse

Ans. A

A 29-year-old lady para 2, presented with stage 3 uterovaginal prolapse. She had a past history of inguinal hernia repair and is a smoker. Her mother had surgery to correct stress urinary incontinence. The most likely cause for her prolapse is:

- A.Multiparity
- B.Age
- C.The inguinal hernia repair
- D.Collagen deficiency
- E.Smoking

Ans. D

The MOST likely cause of fecal incontinence in a 38-year-old woman with no medical history is:

- A) Rectal prolapse
- B) Diabetes
- C) Obstetric trauma
- D) Early onset dementia
- E) Excessive caffeine intake

Ans. C

A 40-year-old woman has a vaginal bulge. If she has a rectocele, the defect is in which structure?

- A) Obturator fascia
- B) Uterosacral ligament
- C) Pubocervical fascia
- D) Perineal body
- E) Rectovaginal fascia

Ans. E

Not related to pelvic organ prolapse

- A) Total hysterectomy
- B) Subtotal hysterectomy
- C) Fibroid
- D) Chronic cough
- E) NVD

Ans. C

Regarding the mid-cavity of the pelvis, all are true except:

- A. Bounded in front by the middle of the symphysis pubis
- B. Bounded on each side by the pubic bone
- C. Bounded on each side by the obturator fascia and inner ischial bone and spines
- D. Bounded posteriorly by the junction of L4-S1 vertebrae
- E. The cavity is almost round, with similar transverse and anterior diameters of 12 cm

Ans. D

The pelvic diaphragm is composed of all the following muscles except:

- A. Pubococcygeus muscle
- B. Ischiococcygeus muscle
- C. Obturator internus muscle
- D. Iliococcygeus muscle
- E. Puborectalis muscle

Ans. C

Regarding urogenital prolapse, which statement is INCORRECT?

- A) It is a common gynecological problem

- B) Rarely occurs in nulliparous women
- C) Is more common following menopause
- D) Enterocele formation is increased following colposuspension
- E) Surgical correction is needed in all cases

Ans. E

The main support for the pelvic floor is provided by:

- A) Uterosacral ligament
- B) Round ligament
- C) Levator ani muscle
- D) Cervical ligament
- E) Bony pelvis

Ans. C

The right ureter is in close anatomical relationship to:

- A. Bifurcation of the aorta
- B. Inferior mesenteric artery
- C. Infundibulo-pelvic ligament
- D. Median sacral artery
- E. Parietal attachment of the sigmoid mesocolon

Ans.c

A patient presented with stage 3 prolapse, you expect to see the prolapse:

- A) 1 cm above the hymen
- B) At the level of the hymen
- C) 1 cm beyond the hymen
- D) Midway in the vagina
- E) Procidentia

Ans. C

A woman with uterine prolapse has her cervix extending 3 cm beyond the hymen. What is the stage?

- A) Stage 3
- B) Stage 2
- C) Stage 1
- D) Stage 4
- E) Stage 5

Ans. A

A patient with constipation is most likely to have which condition?

- A) Uterine prolapse
- B) Rectocele
- C) Cystocele
- D) Enterocele
- E) Vaginal atrophy

Ans. B

Concerning cystocele, all are true except:

- A) It is a prolapse of the bladder in the upper part of the anterior vaginal wall
- B) It is common after menopause
- C) It causes stress incontinence of urine
- D) It may lead to urinary infection
- E) It is very uncommon in nulliparous women

Ans. C

Which statement about the human female pelvis is TRUE?

- A) The ureter is an intraperitoneal structure
- B) The middle portion of the Fallopian tube is called the ampulla
- C) In its upper portion, the ureter lies anterior to the ovary
- D) The ovary is attached to the uterus by the round ligament
- E) The ovary has a central medulla of loose connective tissue and an outer cortex covered by cuboidal germinal epithelium

Ans. B



