

Treatment :- depends Age & X
Risk factors (RF) (low mineral density)
Indicators of low BMD e.g.

Questions

R.A
Crohn's
Immobile
Ankylosing
S
- long standing
- low BMI
Untreated Postmenopausal
> -1.5
Normal
< -1.5
Osteopenia
Osteoporosis
< -2.5

Separate paper

PLAB TRAINER (SWAMY) LTD

OBSTETRICS AND GYNAECOLOGY QUESTIONS

OSTEOPOROSIS

1. A 52 year old female who attained menopause one year ago is worried about having Osteoporosis as her mother had fracture of the hip in her old age. From the following options choose the one that will not be a part of your management.

- A. DEXA — Diagnostic Investigation for osteoporosis
B. Bisphosphonates
C. HRT
D. Calcium and Vit D supplements

2. A 58 year old patient has been recently diagnosed with rheumatoid arthritis. This puts her in the high risk group for developing osteoporotic fractures. What will be the first choice of medication that you will try for her as a mode of prevention?

- A. Risedronate 2nd line
B. Strontium Ranelate 3rd line
C. Alendronate — First choice of drug — (Bisphosphonate)
D. Etidronate 2nd line

3. A 54 year old post menopausal woman comes to you with complaints of hot flushes, vaginal dryness and bony aches and pains because of which she is very distressed. She also has disturbed sleep as she has to get up often to go to the toilet at night. What will be your choice of treatment for her?

- A. Local oestrogen cream
B. Bisphosphonates
C. HRT
D. Calcium and Vit D supplements

4. A 32 year old female has been on long term steroids due to Crohn's disease. What will be your next step in management with respect to Osteoporosis?

- A. Give Bisphosphonate
B. Calcium and Vitamin supplements
C. Refer her for DEXA scan
D. Weight bearing exercises

5. A 58 year old woman attends for follow up after a Colles' fracture eight weeks earlier. This was her second fracture within the last 12 months. She was prescribed Bisphosphonates but is unable to tolerate it and hence does not take it properly. What will be your next choice of treatment?

- A. Raloxifene ✓
B. HRT
C. Calcitonin
D. Cal+Vit D

MENSTRUAL PROBLEMS

- Q6. A 14 year old girl has cyclical lower abdominal pain over the last four months. She has normal secondary sexual characteristics but her periods have not yet started. What is the most likely cause of her amenorrhoea?
- Genetic
 - Endocrine
 - Anatomical
 - Immunological
- Q7. A 32 year old woman presents with a six month history of oligomenorrhoea she also complains of palpitations and has a noticeable tremor. What is the single most likely relevant test in her case?
- Serum Progesterone
 - TFT
 - FSH
 - Oestradiol
- Q8. A 27 year old woman has had no periods for 10 months following the birth of her first child. She breastfed her baby for 8 months. She is otherwise well. A recent pregnancy test was also negative. Choose the single most appropriate diagnosis from the given options.
- Lactational amenorrhoea
 - Secondary amenorrhoea
 - Shehaans syndrome
 - Asherman's syndrome
- Q9. A 47 yr-old woman complains that her periods have become irregular and now come very infrequently since last one year. You explain to her that this is called this is because of peri menopause and will require ..
- Treatment with hormones
 - An ultrasound
 - Nothing but reassurance
 - Hysteroscopic examination
10. A 14 yr-old girl presents with primary dysmenorrhoea. She has to skip school because of pain. Choose the single best pain relief for her.
- Paracetamol
 - Ibuprofen
 - Mefenamic acid
 - Anti spasmotic
- Q11. A 23 year-old girl with history of regular cycles but heavy bleeding with passage of clots seeks advise as her quality of life is being compromised. She is in a stable relationship but is not planning to start a family yet. What is the most appropriate treatment of choice?
- COCP
 - Cyclical Norethisterone
 - Tranexamic acid
 - Cyclical progesterone

12. A 38 year old woman presents with heavy menstrual bleeding. She says that she has been changing pads every hour and has been passing clots. This has never happened before and she is very concerned. Which is the single most appropriate management from the given options?

- A. COCP
- B. Mefenamic acid
- C. Norethisterone
- D. Tranexamic acid

PELVIC MASS

13. A 50 yr-old women presents with vague symptoms like abdominal bloating and frequency of micturition. She also complains of difficulty in defecation. An USG shows a complex mass with solid and cystic areas arising from the left ovary. It measures 7x5x6cms. There is free fluid in the pouch of Douglas. What is your single most likely provisional diagnosis?

- A. PID
- B. Endometrioma
- C. Dermoid cyst
- D. Ovarian carcinoma

14. A 25 year old pregnant lady came for her routine 18 week scan. She was found to have a mass arising from her right ovary with complex solid and cystic patterns. She is asymptomatic. What do you suspect?

- A. Ovarian cancer
- B. Dermoid cyst
- C. Enlarged colon
- D. PID

15. A 27 year old patient has been trying to conceive for past 2 years. She gives history of long standing dysmenorrhea and dyspareunia. There is tenderness on abdominal and pelvic examination. An ultrasound shows a right sided cystic lesion with numerous echogenic areas. Which is the single most likely diagnosis from the given options?

- A. Endometrioma
- B. Ectopic pregnancy
- C. PID
- D. Tubo-ovarian abscess

16. A sexually active female presents with abdominal pain, dysuria, and vaginal discharge. On detailed history taking she reveals that she had unprotected intercourse with a new partner some days ago. On examination she is tender in the lower abdomen with a vague mass in left iliac fossa. The cervix is inflamed and there is purulent discharge. Choose the single most appropriate diagnosis from the given options.

- A. UTI
- B. Acute PID
- C. Vaginitis
- D. Ectopic pregnancy

17. A 35 yr-old woman is being treated for PID and seems to be recovering. But after a few days she develops high temp and severe lower abdominal pain and is re-admitted to hospital. An USG shows a cystic mass with a mixed echo pattern in the left adnexal region. Which is the single most appropriate immediate management from the given options?

- A. Ectopic pregnancy
- B. Tubo- ovarian abscess
- C. Torsion of ovarian cyst
- D. Dermoid cyst

18. A 29 year old female presents to the A and E with history of acute, sharp shooting pain in right lower abdomen followed by vomiting. She says since then she is feeling very ill and is in constant pain. She had her period 3 weeks ago. An USG shows a cystic mass in the right adnexal region with absent flow on Doppler examination. What is your most probable diagnosis?

- A. Ectopic pregnancy
- B. Tubo- ovarian abscess
- C. Torsion of ovarian cyst
- D. Dermoid cyst

MISCARRIAGE

19. A 29 year old female who is 10 weeks pregnant presents to A and E with bleeding and passage of clots and severe abdominal cramping. She is very upset and crying as she had become pregnant after treatment for infertility. You observe that she is obese and hirsute. What do you suspect to be the cause of her miscarriage from the history provided?

- A. Immunological
- B. Genetic
- C. Anatomical
- D. Endocrinal

20. A 35 year old African female is 18 weeks pregnant. She is very anxious as she has had 2 miscarriages previously around this time. She has no pain or bleeding at present. She is desperate to save this pregnancy and has come to you for management. On questioning she does say that her previous menstrual cycles were heavy and painful. What could not be the cause of her previous miscarriages?

- A. Uterine fibroid
- B. Cervical incompetence
- C. Anti-phospholipid antibody syndrome
- D. Congenital anamoly

21. A 27 year old female comes with amenorrhoea 9 weeks and bleeding per vaginum. A pregnancy test is positive and an ultrasound shows an intrauterine fetal pole but absent fetal heart beat. The woman is inconsolable as this has happened previously three times. Although she gets pregnant easily she is unable to continue her pregnancies. Which is the single most appropriate cause from the given options?

- A. Anti-phospholipid anti body syndrome
- B. Congenital malformation
- C. TORCH infection
- D. Endocrinal

22. A 28 year old woman has had three terminations of pregnancy and one pregnancy loss at 18 weeks. At that time she had a watery discharge followed by delivery of the fetus after 30 minutes of discomfort. She is now 14 weeks pregnant and is asymptomatic. Her cervix is found to be 1 cm long and one finger loose. What do you think is the cause of her bad obstetric history?

- A. Cervical infection
- B. Cervical incompetence *hx diagnosis and short hx.*
- C. Congenital weakness of cervix
- D. Unknown cause

23. A 22 year old woman is 16 weeks pregnant. In her last pregnancy her membranes ruptured at 25 weeks and she went on to deliver the fetus after 10 days. The fetus subsequently died of prematurity and infection. Choose the single most appropriate answer.

- A. Do cervical circlage
- B. Give aspirin
- C. Give prophylactic antibiotics *Metro*
- D. Complete bed rest

24. A 33 year old woman has had miscarriages at six weeks, eight weeks and nine weeks. Her lupus anticoagulant is positive. She now wishes to try for another pregnancy. What medications will you prescribe to prevent a miscarriage?

- A. Aspirin
- B. Heparin
- C. Warfarin
- D. Low dose Aspirin and Heparin

25. A 38 year old woman has had three normal deliveries followed by two miscarriages at 12 weeks and 14 weeks. She is not pregnant at present but wants answers for her previous loss. An ultrasound scan reveals two large fibroids of around 5cms each causing significant distortion of the uterine cavity. Since she plans to have more children what will you do?

- A. Myomectomy
- B. Diagnostic laparoscopy
- C. Hysteroscopic removal of fibroids
- D. Medical management

26. A 25 year old healthy woman attends for follow up after a miscarriage at 10 weeks, it was her first pregnancy. She is requesting advice regarding her next pregnancy. What will you do?

- A. Investigate
- B. Reassure
- C. Give aspirin
- D. Advise not to get pregnant for 6 months

27. A 23 year old patient has anti-phospholipid antibodies and presents with recurrent episodes of thrombosis. She has a past history of 3 miscarriages. She is planning for another pregnancy, and comes to you for advice. What is the most appropriate treatment of choice?

- A. Low dose aspirin *prophylaxis*
- B. Progesterone
- C. Heparin
- D. Warfarin

28. A 25 year old patient had a stillbirth at 30 weeks pregnancy previously. Investigations after the stillbirth did not reveal any particular cause. She is now worried about her present pregnancy. What is the most appropriate treatment of choice?

- A. Bed rest
- B. Reassurance
- C. Weekly ultrasound from 24 weeks onwards
- D. Aspirin

Diagnosis of Vomiting in Pregnancy

29. A 19 year old woman is at 9 weeks gestation in her first pregnancy. She has had increasing nausea over the last three weeks and presents with a three days history of vomiting. She has a dry tongue and has only passed urine once in the last 24 hours. Which is the single most appropriate immediate management from the given options?

- A. Anti-emetics
- B. Admit and give IV fluids
- C. Do an ultrasound of gravid uterus
- D. All of the above

30. A 22 year old woman is at 12 week gestation in her second pregnancy. She presents with nausea and vomiting which has become increasingly severe over the past three weeks. The uterus is 18 Weeks in size but no fetal heart sounds can be heard. Which is the single most appropriate cause from the given options?

- A. Missed abortion
- B. Molar pregnancy
- C. Multiple pregnancy
- D. Wrong dates

31. A 32 year old mother of two, with previous uneventful pregnancies, presents at 33 weeks gestation in her third pregnancy. She gives a history of worsening, continuing headache since 14 week gestation. For the past month she has had increasing nausea and vomiting. 2 days ago she had blurring of vision also. Her pulse is 60 beats/minute. Which is the single most appropriate diagnosis from the given options?

- A. Hyperemesis gravidarum
- B. Pre-eclampsia
- C. Space occupying lesion/Brain tumor
- D. Migraine

32. A 39 year old woman is 26 weeks pregnant in her second pregnancy. She gives a three year history of vague right upper quadrant pain. Over the last week the pain has been most severe and she has had increased nausea and vomiting. Choose the single most likely cause from the given options.

- A. HELLP syndrome
- B. Hepatitis
- C. Cholecystitis
- D. Hyper emesis gravidarum

Hyperemesis common in Molar & Multiple pregnancy

Hyperemesis: if pt loses 5% of pre pregnancy weight or + Ketones

3rd trimester (hypertension)

33. A 29 y
several of
abdomin
A. Inev
B. Ga
C. F
D. E

EC
Q
a

HORMONAL ASSAYS

38. In an infertility clinic a couple comes to you for investigations for infertility. The woman has a regular cycle of 28 days. You write out a request for Serum progesterone assay to look for ovulation. What day of cycle would you advise the woman to give her blood sample?

- A. Day 21
- B. Day 15
- C. Day- 2
- D. Weekly serial assay

*luteal phase remains constant 14 days
take mid luteal.*

39. In the infertility clinic you have a case in whom you suspect PCOS. You plan relevant investigations. Which is the single most likely hormonal picture that is not suggestive of PCOS?

- A. Hyper prolactenemia
- B. Reversed FSH, LH ratio
- C. Low serum progesterone levels
- D. Increased testosterone and DHEA-S

40. A 38 year old female comes with history of amenorrhea 8 months. She says she has mood swings and hot flushes since last 6-8 weeks which are making life very difficult for her. She also reveals that her mother had the same problems around this time in her life. You wish to rule out premature ovarian failure. From the following choices choose the most appropriate one.

- A. Serum oestradiol
- B. Serum progesterone
- C. Serum FSH
- D. Two readings of serum FSH 4 weeks apart

*premature menopause
before 40 years old
but showing*

41. A patient is being discharged after being managed for a molar pregnancy. You now counsel her about follow up. After making sure she understands that she is still not out of danger what will you ask her to do next?

- A. Weekly Ultrasound
- B. Serial oestradiol assay
- C. Urinary or Serum Beta HCG every 2 weeks till levels become normal.
- D. Weekly clinical examination

*symptoms
Investigate*

*Tx so give
HRT*

CONTRACEPTION

42. A 22 year old woman wants contraceptive advice as she is sexually active with a regular partner. She is healthy, does not smoke. Her BMI is 24 and her family and personal history is insignificant. What is the most appropriate treatment of choice?

- A. COCP
- B. IUCD
- C. POP
- D. Barrier method

*CH: +50, deep VT, Family hx, BMI 739, Migraine e
stroke, 735+715ug/day, Diabetes e
BP 160/95, Liver adenomas, Hx Br Ca, Immobility
Breast women*

43. A 22 year old, non-smoking, nulliparous. Woman with a strong family history of deep vein thrombosis and pulmonary embolism is eager to have some form of contraception. She has a regular partner and is very anxious not to become pregnant. She also suffers from heavy periods and wants something to control that too. Choose the best option for her from the following options.

- A. IUCD (side effect heavy bleeding)
 B. IUS
 C. COCP
 D. Implanon (progesterone implant)

44. A 30 year old woman's partner is a drug abuser and he has recently been diagnosed as HIV positive. She is very concerned. Choose the best method of protection from HIV from the following options.

- A. Condoms and COCP
 B. Condoms and cap
 C. Simultaneous use of male and female condoms
 D. Only male condom

45. A 28 year old woman, who has learning difficulties, lives in the community and has a regular partner. She has heavy periods too. She has been brought to you for management. What is the most appropriate treatment of choice?

- A. COCP
 B. Injection depo provera
 C. Implanon
 D. IUS (Mirena)

46. A 14 year old girl attends a family planning clinic. She has become sexually active with her boyfriend of two months. What is the most appropriate treatment of choice?

- A. COCP plus condoms
 B. POP
 C. Barrier method
 D. Rhythm method

47. A 38 year old woman who smokes 30 cigarettes a day attends for a six week postnatal check after delivery of her third child. She is keen not to become Pregnant again but does not wish to be sterilized. She does not wish to gain weight. What is the most appropriate treatment of choice?

- A. POP
 B. COCP
 C. IUCD
 D. Condoms

48. A 26 year old woman has one child and wishes to gain advise about a reliable method of contraception. She is afraid of inserting anything in her body. She has heavy periods with dysmenorrhoea. Her husband refuses to use a condom. What is the most appropriate treatment of choice?

- A. Injection depo Provera
 B. COCP
 C. Vaginal spermicidal gel
 D. IUCD

49. A 19 year old female college student who has taken the combined -oral contraceptive pill for two years now requires Rifampicin prophylaxis as she has shared a room with a girl who has been diagnosed as having meningococcal septicemia. What is the most appropriate advice for her?

- A. Continue COCP
- B. Stop COCP and use barrier method
- C. No need to worry
- D. Continue with COCP plus use Condoms

50. A 15 year old girl, with severe learning difficulties and a development age of six, is physically mature. She lives in a residential facility for the disabled and shows signs of being sexually attracted to some of the male students. Her parents and staff are anxious to ensure that she does not become pregnant. What is the most appropriate treatment of choice?

- A. Injection depo provera
- B. COCP
- C. Tubal Ligation
- D. Implanon

51. A 24 year old woman is breast feeding her six week old baby. She wishes to resume intercourse. But is keen not to conceive yet. What is the single most likely contraception for her at this stage?

- A. POP
- B. Injection Depo Provera
- C. COCP
- D. IUCD

52. A lady presents within 96 hrs of unprotected intercourse. She is on the 12th day of her menstrual cycle and requests emergency contraception. She is not interested in long term contraception. What will you prescribe?

- A. Single dose of Levonorgestrel 1.5mg (Levonell)
- B. IUCD insertion
- C. Ella One
- D. POP

(72 with hours)

53. A lady presents within 36 hrs of unprotected intercourse. She does not want to become pregnant. She had an attack of migraine some days back. She also had an ectopic pregnancy in the past. What is the single most likely emergency contraception you can offer her?

- A. Levonelle
- B. IUCD
- C. POP
- D. Ulipristol Acetate (EllaOne)

CERVICAL PATHOLOGY

54. A 34 year old woman comes with history of postcoital bleeding. A speculum examination shows cervical ectopy. What is the next best step in management?

- A. Colposcopy

- B. Cauterisation of the ectropion
- C. Cervical smear
- D. Reassurance

55. A 26 year old young woman had a cervical smear test recently. Her result says inflammatory changes seen. What is the most appropriate management of choice?

- A. Repeat cervical smear
- B. Take swabs
- C. Treat infection
- D. All of the above

56. A 40 year old woman presents with an offensive bloody discharge. On examination the cervix appears to be ulcerated. It bleeds on touch and is friable. What is your most probable diagnosis from the following options?

- A. Cervical Polyp
- B. Infection with Chlamydia
- C. Cervical cancer
- D. Cervical erosion

57. A 60 year old woman who has been treated for carcinoma of the cervix 4 years ago is now admitted because of confusion. The general practitioners (GP's) investigations have shown a normal blood count but abnormal renal function test. Which is the single most appropriate investigation to confirm the cause from the given options?

- A. Ultrasound
- B. CT scan of abdomen and pelvis
- C. Colposcopy
- D. IVP

58. A 36 year old woman attends because her last smear test six months previously showed mild dyskaryosis, consistent with cervical intraepithelial neoplasia (CIN) 1. What is the next best step in management?

- A. Colposcopy
- B. Reassurance
- C. Repeat Cervical smear in 6 months
- D. Cervical encirclage

59. A 36 year old woman has come because her smear test result is consistent with moderate dyskaryosis, which means CIN 2 (cervical intraepithelial neoplasia 2) What is the next step in management?

- A. Immediate referral for colposcopy
- B. Colposcopy within 4 weeks
- C. Repeat smear
- D. Colposcopy within 6-8 weeks

60. A 28 years old lady is a smoker. She was treated for CIN 2 few years ago. Her BMI is 33 Kg/m and her aunty died recently of ovarian cancer. She is worried that she may also get the cancer. Which of the following has the highest risk factor?

- A. Age
- B. Family history
- C. Smoking
- D. BMI

Urinary Incontinence

61. A 52 year old woman had a hysterectomy. Three days after the procedure, while she is still in hospital she complains of wetting herself continuously. Which is the single most appropriate cause from the given options?

- A. Urge incontinence
- B. UTI
- C. Uretero- vaginal fistula
- D. Stress incontinence

62. An obese 45 year old, para 4 complains of leaking of urine when she sneezes or laughs. All her children were born vaginally and weighed around 4kg presents. Which is the single most appropriate cause from the given options?

- A. Urge incontinence
- B. Stress incontinence
- C. Obesity
- D. UTI

63. A 55 yr old lady is very distressed as she has to go to the toilet very frequently. She says that she cannot hold her urine and even before she has reached the toilet she leaks some of it. She has stopped going to out because of this problem. A MSU culture shows no organisms. Which is the single most appropriate cause of discomfort from the given options?

- A. Stress incontinence
- B. Asymptomatic bacilluria
- C. Atrophic vaginitis
- D. Urge incontinence

MENOPAUSE

64. A 55 year old woman has a strong, family history of cardiovascular disease. She has essential hypertension well controlled by drug therapy. She is concerned that her symptoms of tiredness are caused by the menopause. Her BMI is 39. Choose the most appropriate advice from the following.

- A. Calcium and vitamin D
- B. Reduce weight
- C. Weight bearing exercises
- D. All of the above

65. A 54 year old woman has married again 4 months ago. She complains of persistent dysuria and dyspareunia. Midstream urine (MSU) sample is sterile. She does not wish to take systemic hormone replacement therapy. Which is the single most appropriate treatment from the given options?

- A. Oestrogen patch
- ☒ B. Vaginal oestrogen cream
- C. Prophylactic antibiotics
- D. Urinary antiseptics

66. A 50 year old woman presents with irregular delayed menstrual periods of normal duration. She has had only three menstrual periods with-in the last year. She also complains of occasional hot flushes and night sweats. What is the next best step in management?

- ☒ A. Give HRT
- B. Counsel about life style changes
- C. Give Bisphosphonates
- D. Check FSH levels

67. A 52 year old woman reports that she has hot flushes, poor concentration and poor sleep. She also has nocturia and vaginal dryness leading to dyspareunia. She has had secondary amenorrhea over the past 12 months. She wants to know what is happening. You tell her that she has menopause. What will you do to relieve her symptoms?

- ☒ A. Give HRT
- B. Counsel about life style changes
- C. Give Bisphosphonates
- D. Give Raloxifene (SERM)

POST MENOPAUSAL BLEEDING

68. A 59 year old woman presents with a two day episode of vaginal bleeding. Her last menstrual period was 8 years ago. She also complains of vaginal dryness and dysuria. On examination you find that there is atrophic vaginitis. What is the next best step in management?

- A. HRT
- B. Local oestrogen
- C. Transvaginal scan
- ☒ D. Pipelle's biopsy

69. A 54 year old woman changed her hormone replacement therapy (HRT) to a continuous combined preparation last month. After that she had irregular vaginal bleeding for two weeks. Which is the single most appropriate cause from the given options?

- A. Endometrial carcinoma
- B. Uterine polyp
- ☒ C. Change in medication
- D. Atrophic vaginitis

70. A 65 year old woman, whose last period was 10 years ago had three days of bright red vaginal bleeding. Endometrial sampling from the out patients clinic is negative. But ultrasound shows endometrial thickness of 8mm. What is the next best step in management?

- ☒ A. Hysteroscopy
- B. Hysterectomy
- C. Reassurance
- D. Transvaginal Ultrasound

71. A 54 year old woman is referred with irregular vaginal bleeding. Vaginal examination has proved impossible as she has never had a sexual relationship. She is diabetic with a body mass index (BMI) of 34 kg/m². Which is the single most appropriate investigation from the given options?

- A. Transvaginal Ultrasound Scan
- ☒ B. Examination Under Anaesthesia
- C. Outpatient Hysteroscopy
- D. Trans abdominal ultrasound

72. A 62 year old woman reports episodes of postmenopausal bleeding and discharge. Two years ago, she had a negative smear but there is an obvious ulcer on her cervix. Which is the single most appropriate investigation from the given options?

- ☒ A. Colposcopy
- B. Cervical smear
- C. TV scan
- D. Hysteroscopy

73. A 44 year old healthy woman is referred with inter menstrual bleeding and discharge. At the age of 32 she was successfully treated for carcinoma in situ. She has had regular follow-up with no recurrence. A recent smear was negative. What is the next best step in management?

- A. Repeat smear
- ☒ B. Colposcopy
- C. TV scan
- D. Hysteroscopy

74. A 50 year old woman had a carcinoma of the cervix 5 years ago. It was confined to the ectocervix. She was treated for it and comes for regular follow ups. She now presents as she has lack of appetite and slight weight loss. On examination the uterus is mobile, no masses are palpable and her chest is clear. Which is the single most appropriate investigation from the given options?

- ☒ A. CT abdomen and pelvis
- B. Abdominal and pelvic USG
- C. MRI pelvis and abdomen
- D. Full blood count

*CT for cervical
MRI for endometrial*

75. A lady has undergone abdominal hysterectomy with bilateral salpingo-oophorectomy with omentectomy for carcinoma of the ovary. Now she came for follow up. Her CA125 had come to normal levels after surgery. What is the single most appropriate investigation for follow up?

- A. Pelvic CT
- ☒ B. CA 125
- C. CA 153
- D. Paracentesis

VAGINAL DISCHARGE

76. A 24 year old woman has been diagnosed with gonococcal cervicitis. What is the most appropriate drug of choice for treating it?

- A. Doxycyclin
- B. Ciprofloxacin
- C. Metronidazole
- D. Clindamycin

77. A 27 year old woman has acute pelvic inflammatory disease. She gives history of unprotected intercourse with a new partner two weeks ago. You suspect infection with Chlamydia. What is the most appropriate treatment of choice?

- A. Doxycycline for 2 weeks
- B. Ciprofloxacin for 1 week
- C. Doxycycline with Metronidazole for 2 weeks
- D. Azithromycin single dose stat

78. A 32 year old pregnant woman with chlamydial cervicitis. What is the most appropriate drug of choice in her case?

- A. Ampicillin
- B. Erythromycin
- C. Azithromycin
- D. Clindamycin

79. A young man has come to the GUM clinic with dysuria after recently travelling abroad. A urine PCR confirms Chlamydia. What is the most appropriate treatment of choice for him and his partner?

- A. Erythromycin
- B. Doxycycline and Metronidazole
- C. Single dose of 1gm Azithromycin stat to each.
- D. Local antibiotic cream application

80. A 26 year old woman complains that she has a mild vaginal discharge with a strange fishy odour. She denies any vaginal itching, but reveals that she had a preterm birth 8 months ago. Choose the single most appropriate diagnosis from the given options.

- A. Candidiasis
- B. Trichomoniasis
- C. Bacterial vaginosis
- D. STI

81. A 19 year old girl is very distressed due to thick white curdy vaginal discharge. She cannot sleep because of the vaginal pruritis. On examination you find that she had vulvo-vaginitis due to monilia. She says that this has happened before. What is the most appropriate treatment of choice?

- A. Local application of Clotrimazole
- B. Oral Nystatin
- C. Local application of Ketokonazole
- D. Local Clotrimazole plus single dose of oral Fluconazole

POST PARTUM HAEMORRHAGE

82. A 38 year old woman has delivered after an induced labour which lasted 26 hours. The placenta was delivered completely and there are no perineal tears. She is exhausted and starts to bleed heavily 45mins after birth. What is the most probable cause from the given options?

- A. Uterine atony
- B. Concealed haemorrhage
- C. Coagulation defects
- D. Retained products

83. A 28 year old woman had a prolonged second stage of labour requiring forceps application. Right after that she started to bleed profusely. What is the most probable cause from the given options?

- A. Perineal tears
- B. Vaginal tears
- C. Cervical tears
- D. All of the above

84. A 32 year old woman who had a normal vaginal delivery 10 days ago comes to the A and E with heavy bleeding. Her uterus has not involuted normally. What is the most likely cause of secondary post partum haemorrhage?

- A. Retained piece of membrane or placenta
- B. Tears
- C. Coagulation defect
- D. Normal phenomenon

85. A 29 year old woman has just delivered a stillborn infant vaginally, following a major placental abruption. She had already lost quite a lot of blood before delivery. Choose the single most likely underlying risk factor from the given options.

- A. Uterine atony
- B. DIC
- C. Retained placenta
- D. Vaginal trauma

ANTE PARTUM HAEMORRHAGE

Q 86. A 31 year old primigravida who smokes 20 cigarettes a day and is 32 weeks pregnant is brought to the delivery suite by ambulance following sudden onset of unprovoked severe abdominal pain accompanied by profuse vaginal bleeding. The abdomen is tense and tender. What is your diagnosis?

- A. Acute abdomen
- B. Placenta praevia
- C. Placental Abruption
- D. Bleeding of Unknown cause

Q87. A 36 year old primigravida at 33 weeks gestation presents with a four hour history of painless bright red vaginal bleeding that soaked through her clothes. The abdomen is soft and the fetus is lying transversely. What is the most likely initial diagnosis from the following options?

- ☒ A. Placenta praevia
- B. Abruptio
- C. Cervical Polyp
- D. Cervical cancer

88. A 38 year old Para four at 26 weeks gestation presents with a 10 day history of a blood stained, watery, vaginal discharge which is foul smelling. On speculum examination the cervix appears irregular and ulcerated.

- A. Placenta praevia
- B. Abruptio
- C. Cervical Polyp
- ☒ D. Cervical cancer

89. A 22 year old woman at 30 Weeks gestation presents with an episode of bright red vaginal bleeding following intercourse which partially soaked a pad and then stopped. She is not in any pain and on examination the abdomen is non tender, FHS are audible. A 20 week USG was unremarkable. What will you do next to find the cause of bleeding?

- A. Digital vaginal examination
- ☒ B. Gentle per speculum examination
- C. Wait and watch
- D. Bloods for coagulation factors

90. A 26 year old woman who had a Caesarean section at 38 weeks in a previous pregnancy for failure to progress labour presents in her current pregnancy in labour at 39 weeks. She develops continuous pain over her scar and increasingly blood stained liquor. What is the likely cause?

- A. Uterine inversion
- B. Abruptio
- ☒ C. Scar dehiscence
- D. Cord prolapse

Miscellaneous

91. What is the best time to give immunoglobulin after delivery to an un-sensitized woman who is Rh negative?

- A. Within 6 hrs
- B. Within 24hrs
- C. Within 48hrs
- ☒ D. Within 72hrs

Additional questions Gynae:

1. A 26 year old woman, with regular menstrual cycles, and her 28 year old partner comes to the GP surgery complaining of primary infertility for 2 years. What would be the single best investigation to see whether she is ovulating or not?
 - a. Basal body temperature estimation
 - b. Day 2 FSH and LH
 - ☒ c. Day 21 progesterone
 - d. Endometrial biopsy

2. A 27 year old lady came to the A & E department 10 days ago with fever, suprapubic tenderness and vaginal discharge. Pelvic inflammatory disease was diagnosed. She has been on the antibiotics for the last 10 days. She presents with lower abdominal pain. The temperature is 39.5°C. what is the most appropriate next step in management?
 - a. Vaginal swab
 - b. Endocervical swab
 - ☒ c. Ultrasound
 - d. Abdominal X ray
 - e. Laparoscopy

3. A 62 year old female who had an episode of postmenopausal bleeding was sent for a TVS. Endometrial thickness was found to be 7 mm. what is the next best step in the management?
 - a. Total hysterectomy
 - b. Laparoscopy
 - ☒ c. Hysteroscopy and endometrial biopsy
 - d. Pipelle's endometrial sampling
 - e. MRI of pelvis

4. A 39 year old woman will undergo tubal sterilization and she wants to know the failure rate of this method of contraception.
 - a. 1:50
 - ☒ b. 1:200
 - c. 1:500
 - d. 1:1000
 - e. 1:5000

5. A 25 year old lady with BMI 30, complaining of facial ^{hair} growth and history of amenorrhoea. The scan shows pearl of string appearance. What is the SINGLE most likely hormonal profile you expect to see in this patient?

- a. FSH:LH 1:1, DHEAS normal, Testosterone normal
- b. FSH:LH 2:1, DHEAS normal, Testosterone normal
- c. FSH:LH 1:2, DHEAS normal, Testosterone normal
- d. FSH:LH 1:3, DHEAS + Testosterone raised

6. A 45 year old waitress complains of pelvic pain which worsened pre-menstrually and on standing and walking. She also complains of post coital ache. Select the most likely cause leading to her symptoms

- a. Pelvic inflammatory disease
- b. Endometriosis
- c. Pelvic congestion syndrome
- d. Adenomyosis
- e. Premature ovarian failure

7. A patient presents with mild dyskaryosis. One year ago the smear was normal. What is the most appropriate next step?

- a. Cauterization
- b. Repeat smear
- c. Swab and culture
- d. Cone biopsy
- e. Colposcopy

8. A professional female athlete complains of secondary amenorrhoea. Her blood results are following:

Oestrogen 80, Prolactin 800, LH/FSH decreased

What is the most likely diagnosis?

- a. Premature ovarian failure
- b. Pregnancy
- c. Hypothalamic failure
- d. Pituitary tumour

CRH Hypothalamus
↓
Pituitary
↓
FSH LH
↓
Ovary
↓
Oestrogen + Progesterone

Check FSH & LH on D 2/3. Uterus

(Stress, weight loss, Exercise)

Prolactin

9. A 28 year old woman is suffering from lower abdominal pain, dyspareunia and menorrhagia since last 5 years. Choose the single most diagnostic investigation
- a. HSG
 - b. Hysteroscopy
 - c. MRI pelvis
 - d. Pelvis USG
 - ☒ e. Laparoscopy
10. A 24 year old girl comes to the sexual clinic and seeks advice for contraceptives. She is on sodium valproate.
- a. She cannot use COCP
 - b. Can use COCP with extra precaution
 - c. She can use COCP with estradiol 50 mcg
 - ☒ d. She can use COCP
11. A 35 year old African woman presents with cyclical menorrhagia since last 8 months. She is nulliparous and has been trying to conceive for some years now. What do you suspect from the history?
- a. DUB
 - b. Endometriosis
 - c. Polyp
 - d. Adenomyosis
 - ☒ e. Fibroids
12. A 37 year old presents with heavy bleeding. USG shows subserosal fibroid 4 cm, and intramural fibroid 6 cm. What is the most appropriate treatment for her?
- a. Uterine artery embolization
 - b. Abdominal hysterectomy
 - c. Vaginal hysterectomy
 - ☒ d. Abdominal myomectomy
 - e. Vaginal myomectomy
13. A 17 year old secondary school girl with c/o prolonged irregular menstrual periods and heavy blood losses/ What is the most appropriate treatment for her?

- a. Mefenamic acid
 - ☒ b. COC
 - c. POP
 - d. IUCD
 - e. Mirena
14. A woman on regular COC presented to you for advice on what to do as she has to take a course of antibiotic for 7 days.
- a. Continue COC
 - b. Continue COC with additional contraception (condoms) x 2 days
 - c. Continue COC with additional contraception x 7 days
 - ☒ d. Continue COC with additional contraception x 28 days
15. A 70 year old lady presents with second episode of fracture. DEXA shows T score -2.5 sd. Most appropriate management?
- a. Estrogen only HRT
 - b. Raloxifene
 - ☒ c. Bisphosphonates
 - d. Ca and Vitamin D
 - e. Weight bearing exercises
16. A 39 year old woman has not had her periods for 10 months, She is anxious as her mother had an early menopause. Choose the single most appropriate initial investigation for her
- a. Serum estradiol;
 - ☒ b. Serum FSH/LH
 - c. Serum progesterone
 - d. No Investigation needed

if gastroenteritis use extra protection during tx and 7 days after. if misses 2nd pill ask her to use extra precaution for next 7 days

⇒ First pack start on first day.

Early pregnancy complications

1. A 25 year old primigravida at 8 weeks of gestation presents with severe lower abdominal pain, vaginal bleeding and passage of clots. The internal os is open. What is the most likely diagnosis?
 - a. Threatened miscarriage
 - b. Missed miscarriage
 - ☒ c. Inevitable miscarriage
 - d. Ectopic pregnancy
2. A woman who is 7 weeks pregnant presented with excessive and severe vomiting, is on IV fluids and anti emetic (ondansterone). She is complaining of severe headache and cannot take oral fluids. What is the most appropriate management?
 - a. Termination of pregnancy
 - b. Parenteral nutrition
 - c. Feed via NG tube
 - d. P6 acupressure
 - ☒ e. IV hydrocortisone
3. A 12 week pregnant woman presents with severe morning sickness. On examination she has dry mucus membranes. What is the best management for this patient?
 - ☒ a. IV fluids
 - b. Encourage oral intake
 - c. Anti emetics
 - d. TVS
4. A 23 year old being followed up 6 weeks after a surgical procedure to evacuate uterus following miscarriage. The histology is consistent with H Mole. Single most appropriate investigation for Acute abdomen in this case.
 - ☒ a. USG Abdomen
 - b. Maternal Karyotype
 - c. S Bhcg
 - d. TVS

Infections in pregnancy

5. A patient known to be HIV positive, has got chicken pox in the maternity ward. What precautions should be taken to prevent further spread of infection?
 - a. Vaccinate all the patients and staff in the ward
 - b. Immunoglobulins to all pregnant woman in the ward
 - ☒ c. Immunoglobulins to all pregnant woman in the ward who have negative serology
 - d. Start 7 day course of acyclovir for all patients in the ward

6. Mother got infected with Hepatitis B during pregnancy. Her child is born. She is worried about the risk of infection to the baby with Hepatitis B. What would you give to the baby?
 - a. Hep B Immunoglobulin
 - ☒ b. Hep B vaccine and Immunoglobulin
 - c. Hep B vaccination
 - d. Hep B vaccine once and Immunoglobulin
 - e. Nothing until immune status is checked

Prenatal Diagnosis

7. A 28 year old lady with a family history of cystic fibrosis comes for genetic counselling and wants the earliest possible diagnostic test for cystic fibrosis for the baby she is planning. She is not in favour of termination. What would you recommend for her?
 - a. Chorionic villous sampling
 - b. Amniocentesis
 - ☒ c. Pre implantation genetic diagnosis (IVF Test tube baby).
 - d. Chromosomal karyotyping
 - e. Maternal serum test

8. A 23 year old primigravida requests screening for Down's syndrome. There is no history of chromosomal abnormalities. She is 16 weeks pregnant. chose the SINGLE most discriminating test
 - a. Chorionic villus sampling (>10 weeks)
 - b. Quadruple test (2nd trimester)
 - c. Nuchal translucency
 - ☒ d. Amniocentesis (>15 weeks)

Not before 10 weeks to prevent congenital anomalies.

9. A 30 Year old Cypriot woman has had one child with β thalassaemia major and is now seven weeks pregnant. She wants to know as soon as possible if this baby will be similarly affected. chose the SINGLE most discriminating test

First trimester
(10-13 week)
Double marker
(top & free phg)

* free phg, AFP, unconjugated estradiol + inhibin A

- a. Double marker (Down syndrome)
☒ b. Chorionic villus sampling
c. Nuchal translucency
d. Amniocentesis

10. A 35 year old woman has had a child with a severe ventricular septal defect (VSD) which had to be repaired surgically. She is now 16 weeks pregnant and is anxious to learn if this baby is similarly affected.

- ☒ a. Anomaly scan, target scan (Structurally 18-20 weeks)
b. Amniocentesis
c. Chorionic villus sampling
d. Triple marker test

11. Prenatal screening is recommended if ultrasound scan at 16 weeks confirms that the fetus is male and the mother has had an affected son previously. Choose the SINGLE most likely condition from the list of options.

- a. Spina bifida
b. Cystic fibrosis
c. Downs syndrome
☒ d. Duchenne Muscular dystrophy
e. Turner's syndrome

12. Detailed prenatal ultrasound scan is recommended if maternal serum at 16 weeks shows a significantly increased level of alphafetoprotein. Choose the SINGLE most likely condition from the list of options.

- ☒ a. Spina bifida
b. Cystic fibrosis
c. Downs syndrome
d. Duchenne Muscular dystrophy
e. Turner's syndrome

13. Prenatal amniocentesis for karyotype is offered if maternal blood tests at 16 weeks. Gestation showed a high Hcg level, low estriol and low alpha fetoprotein. Choose the SINGLE most likely condition from the list of options.

- a. Spina bifida

- b. Cystic fibrosis
 - ☒ c. Down's syndrome
 - d. Duchenne Muscular dystrophy
 - e. Turner's syndrome
14. Prenatal diagnosis can be made on chorionic villi sampling at ≥ 10 weeks gestation by testing for several mutations if there is a history of progressive respiratory disease and failure to thrive in a previous child. Choose the SINGLE most likely condition from the list of options.
- a. Spina bifida
 - ☒ b. Cystic fibrosis
 - c. Down's syndrome
 - d. Duchenne Muscular dystrophy
 - e. Turner's syndrome

MEDICAL DISORDERS IN PREGNANCY

15. A 21 years old woman in her first pregnancy at 38 weeks was brought to the emergency with a generalized tonic clonic seizure. IV MgSO_4 was given but the fits were not controlled, She is having fits again. What is the single most immediate management of this patient?
- a. IV MgSO_4
 - b. IV Diazepam
 - c. Immediate C section
 - d. IV phenytoin
 - ☒ e. Give MgSO_4 bolus
16. A patient with severe pre eclampsia has just delivered a baby at 37 weeks. 20 min after delivery she has her first fit. Her blood pressure is 160/90 mm Hg. An IV line is established. What will you administer?
- a. MgSO_4 drip
 - ☒ b. MgSO_4 bolus
 - c. IV hydralazine
 - d. Calcium Gluconate

17. A 27 year old lady after cesarean section developed epigastric pain after 8 hours. What is the single most appropriate investigation?

- a. ABG
- b. Coagulation profile
- ☒ c. Liver enzyme
- d. Liver biopsy

18. A 28 year old woman in her third pregnancy presents to her general practitioner at 12 weeks. She was mildly hypertensive in both her previous pregnancies. Her blood pressure is 150/100 mm Hg. Two weeks later, at the hospital ante-natal clinic, her blood pressure is 150/95 mmHg. choose the SINGLE most appropriate action from the shove list of options

- a. 24 hour urinary protein
- ☒ b. Oral anti-hypertensive
- c. Blood pressure monitoring
- d. Low dose aspirin

19. A 24 year old Nigerian woman has an uneventful first pregnancy to 30 weeks. She is then admitted as an emergency with epigastric pain during the first 2 hours her blood pressure rises from 150/105 mmHg to 170/120 mmHg. On dipstick testing she is found to have +++proteinuria. The fetal cardiotocogram (CTG) is normal. choose the SINGLE most appropriate action from the shove list of options

- a. Immediate caesarean section
- b. Intravenous anti hypertensive
- ☒ c. Prophylactic MgSO₄ regimen
- d. Antenatal corticosteroids

20. A 36 year old multiparous woman attends an ante-natal clinic at 38 weeks. She has a blood pressure of 140/90 mmHg. She has no proteinuria and is otherwise well choose the SINGLE most appropriate action from the shove list of options

- a. 24 hour urinary protein
- b. Oral anti-hypertensive
- ☒ c. Blood pressure monitoring
- d. Induction of labour

21. A 27 year old woman at 34 weeks attends antenatal clinic. Her blood results show Hb 10.6 g/dl. MCV 95, MCHC 350. What do you do for her?

⇒ Diabetic anomaly (Echo cardiogram)
↑
Sacral agenesis

- a. Folate
- b. Dextran
- c. Oral Iron
- d. No treatment necessary
- ☒ e. Explain this is physiological anemia

22. A 30 year old primigravida of Asian origin comes to the antenatal clinic for a routine ANC at 16 weeks. What is the single most appropriate investigation for her?

- a. BP measurement
- b. MSU
- ☒ c. Oral GTT
- d. Sick cell testing

23. A 35 year old woman who is a known diabetic has come for ANC at 12 weeks of gestation. What is the Single additional investigation you would like to do in her case?

- a. Nuchal translucency
- b. Anomaly scan
- c. Double marker test
- ☒ d. Fetal echo at 22-24 weeks

24. What is the single most likely congenital anomaly associated with Diabetes in pregnancy?

- ☒ a. Sacral agenesis
- b. Neural tube defects
- c. ASD
- d. PDA
- e. Renal agenesis

25. Which of the following is not a physiological change during pregnancy?

- ☒ a. Tidal volume 500 ml
- b. Red cell volume 1.64 L

(↑ in pregnancy) = 700

(at 16-18 week) RIF P 730 years BMI 730 h x 612 140 mg/dl in previous pregnancy pre-Baby (big) Family hx Unexplained IUD Asian polyhydramnios

- c. Cardiac output 6.5l/min
- d. ESR- 4 folds

26. A 25 year old woman with type 1 DM has delivered a baby weighing 4.5 kg. Her uterus is well contracted. Choose the single most likely predisposing factor for developing PPH in this patient?

- a. Atonic uterus
- ☒ b. Cervical/vaginal trauma
- c. Retained products
- d. Large placental site
- e. Rupture uterus

27. A 23 year old woman with painless vaginal bleeding at 36 weeks gestation is otherwise normal. What should be done next?

- a. Vaginal USG
- ☒ b. Abdominal USG
- c. Vaginal examination
- d. Reassurance

28. A 20 year old pregnant, 32/40 weeks by date, presents to the antenatal clinic with a h/o painless vaginal bleeding after intercourse. On examination: P/A- soft, Uterus ~ POG, relaxed, CTG is reactive. Choose the single most likely diagnosis.

- a. Abruption
- ☒ b. Placenta previa
- c. Preterm labor
- d. Placenta percreta