

- empirical treatment  
 - ceftriaxone  
 - ofloxacin  
 - metronidazole

fuss  
 12/12/26  
 JSA

13175

Roll No. 12/12/6



THE SUPERIOR COLLEGE, LAHORE  
 FINAL PROFESSIONAL MBBS  
 ANNUAL EXAMINATION 2016

7

Gynaecology  
 (SEQs)

discharge  
 fresh

25

Time Allowed: 2 hours & 15 minutes

Total Marks: 30

Instructions

- The SEQs part is to be submitted within 2 hours & 15 minutes, extra time will not be given.
- Neat hand writing, use of margin and marker for headlines will increase the presentation of your paper.
- Do not write your name or disclose your identity in anyway.
- All Questions carry equal marks.

1- A 34 years of age patient came in emergency with history of fever with chills and rigors, pain lower abdomen for 6 days. On examination there is tenderness in left iliac fossa with muscle guarding. On P/S examination Cervix appears inflamed with profuse muco purulent vaginal discharge. Pregnancy test was negative.

of low  
 cat

- a) What is the diagnosis? 272 UMS PID (1)  
 b) Outline your management plan. Pg #57 (1.5) (2) (2)

2- A 50 years old woman, presents in OPD with history of cessation of menses for last 1 year.

- a) What is your diagnosis? (0.5)  
 b) How will you confirm your diagnosis 10 TTT Menopause (0.5)  
 c) What are the non-hormonal treatments? Pg #172 (2) (2)

m/hp  
 Cow  
 Const  
 Prol  
 Bst  
 Bv

3- A 58 years old woman presents in Gynae OPD with H/O something coming out of vagina for 12 years.

- a) What is your most likely diagnosis? Uterovaginal prolapse (0.5) (2.5)  
 b) Name 4 risk factors for development of this condition. → genital tract atrophy, ageing (1)  
 c) How will you manage her? Pg #232 KUIS 150 TTT → Contraction, prolong labour (1.5) (2)

4- A 42 years old, P 5, presented in OPD with H/O heavy menses. On abdominal examination, there is a 16 week size mass arising from the pelvis. USG confirms fibroid uterus.

- a) What are different types of fibroid? Pg #178 172 T-T (1) (1)  
 b) What are the management options? Pg #103 289 UMS 292 UMS (1) (1)  
 c) How will you counsel her regarding your management option? Pg #200 KUIS (0.5) (1)

5- A 28 years old, married woman, presents in OPD with HO primary subfertility for 2 years. There is also H/O secondary dysmenorrhea and deep dyspareunia. On examination a tender mass is felt in right adnexa.

- a) What is your provisional diagnosis? Endometriosis 265 UMS (1) (1)  
 b) Name the investigations helpful to confirm the diagnosis? → USG, laparoscopy, biopsy (1.5) (2) (2.5)

6- A 36 years old, P4, arrives in Gynae OPD requesting permanent method of contraception

- a) What are the different techniques available? Pg #209 KUIS B1 T-T, CT/MRI (1.5) (1.5)  
 b) Give failure rate of the procedure. 1:2000 (0.5) (0.5) (2)  
 c) Enumerate the complications. (1) (1)

Trauma to ureter, bladder, blood vessels, haemorrhage → damage to intra-abdominal organs infection

→ tubal ligation

→ laparoscopy

→ STD  
 → resect  
 → in P/S  
 → Ankle contracture for 1

A 24 years old G2P1A0 presented in emergency at 8wks amenorrhoea in a state of shock. On exam abdomen is tender with mild vaginal spotting. On USG uterus is empty & there is hemoperitoneum.

- What is your diagnosis? (0.5)  
 b) Enumerate risk factors for this condition. (1)  
 How will you manage? (1.5)
- Ruptured ectopic pregnancy. (308044)

A 58 years old lady is having complex endometrial hyperplasia on diagnostic curettage. You are planning abdominal hysterectomy for her.

- a) What are the preoperative preparations for this case? (1.5)  
 b) How will you counsel her regarding post-operative complications? (1.5)

A 40 years old multiparous patient came with complaint of intermenstrual spotting and she is also having post-coital bleeding for last six months.

- a) What is the differential diagnosis? (1.5)  
 b) How will you investigate her? (1.5)
- Endometrial & cervical polyps, cervical cancer, cervical erosion, vaginitis ectropion

A 35 years old presents with severe abdominal bloating, difficulty in concentration, and breast tenderness. She appears irritable and reveals that her periods are due in a week.

- a) What is your diagnosis? (1)  
 b) Write non pharmacological methods of treatment. (1)  
 c) Name pharmacological methods of treatments. (1)
- Premenstrual syndrome (267045)

Life style  
 cognitive behaviour therapy

Q#8 (a) pg#40

a) Baseline investigations:-

- Hematological (CBC, blood group)
- Biochemical (uric, uric, electrolytes, LFTs)
- Virology (hep. B, C screening)
- Imaging (USG, CXR)
- ECG
- Cross matching blood

- ⇒ Anesthesia assessment
- ⇒ Prepare (shave area)
- ⇒ Foley's catheterization
- ⇒ Antibiotic prophylaxis
- ⇒ Bowel preparation
- ⇒ Written consent

→ IUD  
 → Fallop tube dia  
 - Fallop tube  
 - Per S

Cap/aid

Cap/aid

stess  
 weight  
 CBIL  
 → 5500 hrs  
 Cap/aid

CXR  
 RT  
 L

20/11/21

Cap/aid

Cap/aid