

Time Allowed: 2HOURS

Roll No. 140

Instructions

- Attempt all questions.
- 2. All question carry equal marks.

b. What treatment options will you offer?

- The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
- Neat Hand Writing use of margin and marker for headlines will increase the presentation of your

		o not write your name or disclose	your identity in anyway.		
٥	a. What b. What	inual exam uterus is 14 weeks t is the differential diagnosis? It investigations will you carry at treatment options will you	Fibraide, Ad	nom) osis, en	Jonetral and a
-	2. A 35 histo	yrs, P3, comes to you postna ory of CA breast.	tal clinic for contrace	eptive advice. She is o	obese and has family
Acres 11.	1 6 Wh	at are four suitable contracer	tive options for this	patient?	1
a lacert		at are the complications of in			1,,
	C. Wh	at is the mode of action of IU	179)		1
	Her s cycli at va a. Wi b. Wi c. Wi	7 yrs old girl comes in OPD wi secondary sexual characters a ical lower abdominal pain ever aginal entrance. That is the most likely diagnos that are the probable causes of that treatment will you give?	re normal with propry month. On examination? of this condition?	Tmf	ent. She complains of she bulging membrane 0.5
	4. A you	ung couple married for two	ears comes to you i	n OPD with failure to	conceive. The woman
	has r	normal menstrual cycle. Hys	terosalpingography	report snows patent	tudes.
	a. Wha	it investigations will you advi	se to the couple?	94)	1.5
	b. Wha	it first line treatment will you	advice?	(11)	1.3
	(A)	lyrs, P6 comes in OPD with H n. She has difficulty in passin	O sensation of vagi	nal bulge and heavi	ness relieved on lying
			3		0.5
- 7 1	a. Wha	it is the most likely diagnosis at are the risk factors of this	ondition? 147	- /146)	1
3+1	b. Wha	it are the risk factors of this	, indiada	(1110)	1.5
		t treatment will you offer?			
	abdo	SP2+0 comes in labour room ominal pain. On B/M examin at is the most likely diagnosis	ation riterus is to w		os open.

(61)

		Collect three months. On P/S	
	7.	A 35 yrs, P3, comes in OPD with H/O recurrent vaginal discharge for last three months. On P/S	
		0.5	
		What is the most likely diagnosis? What is the diagnostic criteria for this condition? Bacterial	
		What is the diagnostic criteria for this condition?	
	C.	What is the most likely diagnosis? What is the diagnostic criteria for this condition? What treatment will you offer? Bacterial Vacyinosis 1 1.5	
	8.	A G2P1 comes in emergency with H/O gestational amenorrhea of 5 weeks and lower abdominal	
		pain with syncopal attacks for one day. She is pale, pulse is 110/min, BP is 95/60mm/g. Her 550	
-		report shows empty uterus with an adnexal mass of 3 cm on the right side and free fluid in the	
		pouch of douglas.	
	a.	What is the most life to the second life to the sec	
	b.	What are the specific investigations for this condition? What treatment will you offer?	
	c.	What treatment will you offer?	
	•	A 25 years 0.4.0 years of a second se	
	Э.	A 35 years, P4+0 comes in OPD with H/O intermenstrual and post-coital bleeding for last 6 months. On P/S examination, there is a cauliflower like growth on the anterior lip of the cervix	
•	a.	what had a little of the control of	
	b.	What is the lymphatic drainage of cervix? — (e) vical Pely 1.5	
/		X(3 10 UHS)	
/-	10.	. A 40 years old P4+0 presents with lower abdominal pain, distension with anorexia and weight	
/		loss. On examination she has 20 weeks size mass arising out of pelyis and uterus is of normal	
- /		size. ON CA OVANIAN CH	
/	a.		
-	ь.	What is the likely diagnosis? What specific investigations will you order to confirm your diagnosis? How will you manage her after investigations?	
(c.	How will you manage her after investigations?	
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