



FINAL YEAR MBBS  
ANNUAL EXAMINATION 2020

**GYNECOLOGY**

**(SEQ's)**

Roll No. FLS-054

Time Allowed: 2 hours

Total Marks: 30

**Instructions**

- 1 The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
- 2 Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper
- 3 Do not write your name or disclose your identity in anyway

**Q1:**

- a. Enumerate the structures which take part in the normal development of the vagina. 1.5
- b. Enlist the congenital anomalies which can occur in the vagina. 1.5

**Q2:**

A 49 yearold, P7 presents in OPD with something coming out of vagina for last 2 years. She also complains of difficulty in passing urine & H/O constipation of & on.

- a. What is the most likely diagnosis? 0.5
- b. What investigations will you carry out? 1
- c. What are the treatment options available? 1.5

*Microvagina  
prolapse*

**Q3:**

A 48 years old, P3, presents in OPD with regular, heavy menstrual bleeding for six months. On B/M exam: uterus is anteverted, 18 weeks' size, firm, fornices clear.

- a. What is the most likely diagnosis? 0.5
- b. How will you investigate her? 1
- c. What treatment options will you offer her? 1.5

*Fibroid uterus*

**Q4:**

A 27 year, P5, presents with history of crampy lower abdominal pain & heavy, intermenstrual bleeding for 3 months. On B/M exam: uterus is bulky, markedly tender with mucopurulent discharge. Vital signs: temperature of 100F, pulse 110/min. Urine for pregnancy test is negative.

- a. What is the most likely diagnosis? 0.5
- b. What are the long-term sequelae of this disease? 0.5
- c. What specific investigations will you advise her? 1
- d. Which treatment options are available? 1

*Pelvic inflammatory disease*

**Q5:**

A 38 year, POA0, married for 6 years comes in OPD with painful menstruation, dyspareunia and unable to conceive.

*Endometriosis.*

- a. What is the most likely diagnosis? 0.5
- b. Which investigations will you advise her? 1
- c. What treatment options will you offer? 1.5

Q6:

A 52 years, P2, obese, known diabetic presents in OPD with postmenopausal bleeding for 4 months. MRI report shows mass invading > 50% of uterine body but not extending to the cervix.

*Endometrial CA*

- a. What is the provisional diagnosis and stage of disease? 1 *Stage 1B*
- b. How will you investigate her? 1
- c. Which treatment options will you offer? 1

Q7:

A 46 year, P2, presents in OPD with H/O prolonged intermenstrual and post coital bleeding for last seven months. On Speculum examination there is a friable, vascular growth on the cervix of 2 x 2cm which bleeds to touch.

*Cervical CA / polyp*

- a. What is the differential diagnosis? 1
- b. What specific investigations will you advise? 1
- c. Which treatment will you offer? 1

Q8:

A 22 years, POA2, married for two years, presents in OPD with history of oligomenorrhea, hirsutism & weight gain for 6 months.

*PCOS*

- a. What is the most likely diagnosis? 0.5
- b. How will you workup for this condition? 1
- c. How will you manage this patient? 1.5

Q9:

A 34 year, P4, smoker, wants advice on contraception. She is hypertensive & obese with BMI of 35.

- a. What are the different contraceptive options suitable for her? 1
- b. What is the mode of action of Intra uterine contraceptive device? 1
- c. What are the risks associated with intrauterine contraceptives? 1

Q10:

- a. What is diagnostic laparoscopy? 1
- b. Enlist four indications of diagnostic laparoscopy. 1
- c. What complications can occur during this procedure.? 1