

Gynae-Obs MCQs 4

1. A multiparous women presented in OPD with complaint of pain during menstruation for last 5 months. Pelvic ultrasound is advice, which of the following is not associated with her pain:
 - a. Adenomyosis
 - b. cervical stenosis and hematometra
 - c. Endometrial hyperplasia
 - d. Endometriosis
 - e. pelvic inflammatory disease
2. 15 year girl came to you in OPD with complain of pain during menstruation since menarche. which of the following is most probable cause of dysmenorrhea:
 - a. estrogen
 - b. follicle stimulating hormone
 - c. oxytocin
 - d. prostaglandin
 - e. progesterone
3. ovaries produce for steroidal hormones which of the following steroidal hormones is not produced from ovary:
 - a. Androstenedione
 - b. corticosteroid
 - c. oestrogen
 - d. progesterone
 - e. testosterone
4. 41 years for lady presented to you with complain of absence periods for one year he gives history of hot flushes and nights sweats fsh level is 30 what is your diagnosis
 - a. menopause
 - b. pregnancy
 - c. premature ovarian failure
 - d. polycystic ovaries
 - e. secondary amenorrhea
5. 28 years old nulliparous women for 5 years presented with inability to conceive for last five years she is a history of weight gain. they 12 ultrasound shows no dominant follicle what is the most common cause of infertility
 - a. hypothalamic hypogonadism
 - b. hyperprolactinemia
 - c. hyperthyroidism
 - d. hypothyroidism
 - e. Polycystic ovary syndrome

6. according to W H O criteria for Semen analysis total sperm count said to be normal when it is:
 - a. 9 million per ejaculate
 - b. 19 million per ejaculate
 - c. 25 million per ejaculate
 - d. 29 million per ejaculate
 - e. 39 million per ejaculate

7. 28 years old lady presented in operator with primary infertility for last 2 years investigations are normal. we have prescribed Semen analysis Semen analysis perform after abstinence from sexual intercourse for:
 - a. 1 - 2 days
 - b. 2 - 4 days
 - c. 5 days
 - d. 7 days
 - e. 14 days

8. women presented in Ganapati with unilateral and painful lesion and vestibule adjacent to vaginal canal. what disease is this is description of
 - a. Condyloma
 - b. Linen sclerosis
 - c. Valvular carcinoma
 - d. Vaginal cancer
 - e. Bartholin cyst

9. 41 years P7 presented in OPD with complaint of heavy menstrual bleeding. on examination Her uterus is anteverted bulky and tender most likely diagnosis is
 - a. fibroid uterus
 - b. Adenomyosis
 - c. endometrial polyp
 - d. thyroid disease
 - e. endometrial / cervical carcinoma

10. 45 years P5 non hypertensive has presented with heavy menstrual bleeding she wants to conserve our uterus the most suitable option for her is:
 - a. combined oral contraceptive pills
 - b. Tranexamic acid
 - c. LNG-IUS
 - d. Progestogens
 - e. uterine artery embolization

11. 19 years school girl presents with weight gain hirsutism and oligomenorrhea. pelvic scan polycystic ovaries is diagnosed the first line of medical treatment would be:
- GnRH analogue
 - Clomiphene citrate
 - Progesterone
 - combine old contraceptive
 - metformin
12. 28 years old primary gravida presents at 8 weeks of gestation with abdominal pain and dizziness Her BP is 90/50 mmhg the most likely diagnosis is:
- threatened miscarriage
 - ectopic pregnancy
 - gestational trophoblastic disease
 - Appendicitis
 - UTI
13. contraindications of medical treatment of ectopic pregnancy does not include
- chronic liver disease
 - hematological disorder
 - active infection
 - beta hcg level less than 3000IU/L
 - breastfeeding
14. G3 P2 at 11 weeks has presented in the emergency department with abdominal pain and bleeding per vagina. On examination the uterus is bulky and OS is open. on scans fetus is alive the most likely diagnosis is:
- Threatened miscarriage
 - ectopic pregnancy
 - missed miscarriage
 - inevitable miscarriage
 - blighted ovum
15. the overall risk of miscarriage associated with chronic villous sampling is approx. :
- 1%
 - 2%
 - 5%
 - 10%
 - 7%

16. Cordocentesis is an invasive test which is performed from 20 weeks of gestation the most common reason for performing is:
- chromosomal abnormalities
 - metabolic abnormalities
 - suspected fetal anaemia
 - both a + b
 - both b + c
17. G3 p2 A0, with history of previous down syndrome baby came at clinic at 18 weeks of gestation what is the most appropriate test for screening at this gestation stage:
- beta HCG
 - beta HCG + maternal age
 - combined test
 - nuchal translucency + maternal age
 - quadruple test
18. ultrasound can be used for all of these except
- to date pregnancy
 - to growth of foetus
 - to identify number of foetuses
 - to identify congenital abnormalities
 - to identify metabolic abnormalities
19. primigravida at 34 weeks of gestation has complained of raised blood pressure and protein in urine. what is the characteristic renal lesion specific for her disease:
- Glomeruloendotheliosis
 - Raised blood pressure
 - seizures
 - Proteinuria
 - pulmonary edema
20. G4p3 at 32 weeks of decision presented in emergency with history of raised blood pressure associated with Jaundice and pallor. lab investigation confirm the diagnosis is **hella** syndrome what is the percentage of fetal loss associated with hella syndrome
- 10%
 - 20%
 - 60%
 - 80%
 - 100%

21. primary gravida and show of dates in 2nd semester came to to emergency department for examination of gestational age. according to fetal head circumference the estimated gestational age can be measure from:
- up till 13 weeks
 - 10 - 14 weeks
 - 14 - 20 weeks
 - 18 - 20 weeks
 - 22 - 24 weeks
22. G2 P1 at 28 weeks of gestation is being treated for preeclampsia. what is the The modality of choices to measure placental insufficiency
- abdominalExamination
 - Doppler ultrasound
 - trans vaginal ultrasound
 - serial blood pressure
 - amniotic fluid index
23. G2 P1 has delivered a baby tough comes and tell the doctor about suspicious looking genitalia of the baby most common cause of ambiguous genitalia in the newborn with the the XX chromosome is:
- androgen insensitivity syndrome
 - true hermaphroditism
 - Congenital adrenal hyperplasia
 - maternal ingestion of Androgenic substances
 - Mixed gonadal dysgenesis
24. 35 years, g3p to presents at 30 weeks of gestation. she has complained of pain in left leg. On examination her calf is swollen and red. she has family history of thrombophilia what is your most probable diagnosis.
- deep vein thrombosis
 - Hypoalbuminemia
 - it's normal phenomenon during pregnancy
 - Lymphedema
 - lymph cellulitis
25. Primigravida is at 20 weeks of pregnancy, she is known epileptic and taking tablet epival. she presented to you with complain of increased seizure frequency during pregnancy. most important cause of increased seizure frequency include
- effect of pregnancy on metabolism of antiepileptic drugs
 - foetus extracts antiepileptic drugs from maternal blood
 - Iron and Calcium taken during pregnancy interferes with the metabolism of drugs
 - Folic acid affects metabolism
 - none of the above

26. the diameter of gynecoid pelvis at the level of pelvic inlet is:
- anterior posterior diameter is 13.5 CM and wider than transverse diameter 11cm
 - anterio-posterior diameter is 13.5cm and wider than transverse diameter 12.5 CM
 - both diameters are equal
 - transverse diameter is 12.5 cm and wider than antero-posterior diameter 11.5cm
 - transverse diameter is 13.5 cm and wider than antero-posterior diameter 11cm
27. during spontaneous vaginal delivery in a well flexed had the most common diameter presenting is:
- Occipitofrontal 10cm
 - Occipitomenal 11cm
 - submentobregmatic 9.5 CM
 - suboccipitobregmatic 10cm
 - suboccipitobregmatic 9cm
28. 28 years G2 P1 presents at 40 weeks of gestation with complain of Rupture of membrane. she is draining her liquor and having repeated contractions 3-4 in 10 minutes. after 4 hours she was reassessed her condition is same as 4 hours before but now uterine contractions are 2 in to 10 minutes. fetal maternal conditions are ok, most appropriate management is:
- augment her with syntocinon
 - give the tablet cytotec sublingual
 - Gava tablet prostin vaginally
 - immediately do her lscs
 - observe her for further four hours
29. multiparous patient G4 P3, presents in labour. she is at term and complaining of labour pain for 6 hours. fundal height is at them on vaginal examination OS is 3 cm and cervix is 1 cm long. diagnosis of shoulder presentation is made what is the next most appropriate step:
- deliver her by lscs
 - Do her tocolysis
 - deliver her vaginally
 - give her steroid cover and then do lscs
 - wait for the next 24 hours
30. 25 years G2 P1 presents at 30 weeks of gestation. lab shows iron deficiency anaemia she cannot tolerate oral iron because of stomach upset. Ho would you manage her?
- blood transfusion
 - continue the oral iron
 - do not do anything HP is fine
 - give intravenous iron
 - immediately deliver the patient

31. Mrs Alia delivered baby 6 hours back, she has active Hepatitis B. which of the following precautionary measure will prevent her baby from virus:
- hepatitis b vaccine
 - Hepatitis B immunoglobulin
 - hepatitis b vaccine and hepatitis A vaccine
 - hepatitis b vaccine and Hepatitis B immunoglobulin
 - none of the above
32. umbilical cord contain:
- one umbilical artery and two umbilical veins
 - only two umbilical arteries
 - 2 umbilical arteries and 1 umbilical vein
 - 2 umbilical arteries and 2 umbilical vein
 - 2 umbilical vein
33. a patient delivered a baby by Cesarean Section 10 minutes ago according to W H O recommendation for breastfeeding should be started:
- within an hour of life
 - within 2 hour of life
 - within 3 hour of life
 - within 4 hour of life
 - within 6 hour of life
34. primigravidae non-cardiac patient can with labour pains are cervical OS is 9 CM dilated which of the following step should be preferred to prevent prolongation of second stage of labour:
- application of forceps
 - intravenous fluids
 - nursing patient in supine position
 - use of prophylactic antibodies
 - none of the above
35. in fetal circulation oxygenated blood travel from right Atrium to the left Atrium through which of the following:
- ductus venosus
 - descending aorta
 - ductus arteriosus
 - foramen ovale
 - inferior Vena cava