



THE SUPERIOR COLLEGE, LAHORE  
FINAL PROFESSIONAL MBBS  
SUPPLEMENTARY EXAMINATION 2016

**GYNECOLOGY**  
**(SEQ'S)**

Roll No. 12128

Time Allowed: 2 hours & 15 minutes

Total Marks: 30

**Instructions**

- The SEQ's 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.

- Q1 A 15 year old girl presents with primary amenorrhoea and cyclical lower abdominal pain for six months. On examination, there is a 16 weeks sized mass arising from pelvis and a bluish membrane bulging at the introitus.
- a) What is your diagnosis? Imperforate hymen/Coccyx hymen 01
- b) Outline the management plan. Pg# 23 TT 257 UHS 02
- Q2 A 19 year old college student presents in outpatient department with the secondary amenorrhoea and hirsutism. Her BMI is 30.
- a) What is the most likely diagnosis? PCO 01
- b) What is the accepted criteria of diagnosis? Pg# 44 TT 298 UHS 02
- Q3 A 25 year old married lady P1+0, presents in the emergency department with amenorrhoea of 7 weeks, unilateral lower abdominal pain and slight vaginal bleeding arising after the onset of pain.
- a) What is the most likely diagnosis? Ectopic pregnancy 309 UHS 01
- b) What is your differential diagnosis? (see back) 02
- Q4 A couple sexually active since marriage for the last five years, presents to OPD. They have not been able to conceive a child as yet.
- a) What are the parameters of a normal semen analysis? Pg# 90 TT 96 TT 01
- b) Enumerate the tests of ovulations you will advise for the female partner. (Pg# 32 AC) 02
- Q5 A 25 year old P2+0 presents in OPD with history of bilateral lower abdominal pain and fever accompanied by nausea and vomiting. Pelvic examination reveals (adenexal tenderness), cervical excitation and seropurulent vaginal discharge.
- a) What is the most likely diagnosis? Pelvic inflammatory disease 01
- b) How will you manage her? Pg# 56 TT 271 UHS 02
- Q6 A 30 year old P3+0 presents in the OPD with the history of vaginal bleeding for the last 3 months. All similar taken by her family doctor shows severe dyskaryosis. Rest of the history and examination are unremarkable. CIN III / CA
- a) What is the most likely diagnosis? CIN III / CA in situ 292 UHS 01
- b) How will you confirm your diagnosis? Colposcopy, Biopsy, histopathology 02
- Q7 A 58 year old lady presents in the outpatient department with several episodes of postmenopausal bleeding.
- a) What is your differential diagnosis? Endometrial Cancer, Cervical Cancer, Atrophic Vaginitis 01
- b) How will you investigate her? 251+271 AC 02
- 290 UHS Q3
- 261
- carcinoma of Fallopian Fibroid, cyst, cervical polyp

5/2/2016

2/2/2016

→ Anom r/val Psh

→ USA Psh

2/2/2016

2/2/2016

→ 2/2/2016

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MSU  
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18. A 50 years old perimenopausal lady presents in the OPD with history of urge incontinence & frequency. Abdominal examination is unremarkable. Pelvic examination reveals a first degree uterovaginal prolapse with moderate cystocele.---

- a) How will you investigate her? PG#198AC 305 UHS 02
- b) How will you counsel her? PG#114AC 01

19. A 20 years old married woman presents in the OPD with history of burst condom during intercourse. Her husband is a university student and they cannot afford a pregnancy.

- a) What will you advise her? PG#210KHS 277 UHS (Q 9) (277) 01
- b) What are the treatment options available to her? PG#210KHS 02

10. Enlist SIX indications for diagnostic laparoscopy? (See below) (351AC) 242 T-T 03

Q#3(b): Spontaneous abortion

• Torsion / Rupture of ovarian cysts

- Corpus luteum hemorrhage
- Acute PID
- Appendicitis
- Subserous fibroids

- Q 7 b :
- Full blood count
  - Urea & creatinine level
  - Electrolytes
  - LFTs
  - Chest x-ray
  - Endometrial sampling
  - Vaginal cytology
  - Ultrasonography
  - Progesterone challenge test
  - CT scan & MRI
  - Lymphangiography

Q#10 :- Pelvic mass

- Follow up of pelvic surgery
- Suspected müllerian abnormalities
- Suspected uterine perforation
- To take biopsy
- Infertility work up
- Acute pelvic pain

Q 4 b

- Hormone assay
- Ovarian ultrasound
- Basal body temperature
- Endometrial sampling
- Cervical mucus tests
  - i- Spinnbarkeit test
  - ii- Fern test

- total
  - sub
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- EctP  
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