



THE SUPERIOR COLLEGE, LAHORE
Final PROFESSIONAL MBBS
SUPPLEMENTARY EXAMINATION 2018
GYNAECOLOGY
SEQ's

Time Allowed: 2 HOURS

Roll No. 14135
Total Marks: 30

Instructions

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

Q-1A 32 years old woman P4, presents in OPD with history of vaginal discharge for last two weeks. On asking details she tells that discharge is non smelly and causing itching and soariness of vulva. She has complaint of dyspareunia too. *Vag. Candidiasis*

- a. What are the predisposing factors for this infection? 1
- b. What are the treatment options available? 2

Q-2 Mrs Ayesha, 30-year doctor presented in clinic. She had complaint of heavy menstrual bleeding and sever dysmenorrhoea that was getting worse for last two years. She wanted to conceive for 2 years. On examination there was tenderness over uterosacral ligaments. *endometriosis*

- a. What additional information do you want to take in history? 1.5
- b. What investigations will you advise her? 1.5

Q-3 A recently married young couple attends your clinic 12 hours after an act of coitus in which condom split during intercourse. They are requesting emergency contraception. *Contraception*

- a. What are the treatment options available for them? 1
- b. Also describe the dosage regimen and their effectiveness? *Endometrial C.*

Q-4 A 54 year old obese, nulliparous woman presented in Gynae OPD with H/O post menopausal bleeding. On further workup she was diagnosed as a case of endometrial Carcinoma.

- a. What is the 5 year survival rate of CA endometrium? *90-95%* 0.5
- b. Which is the most common histological type of this carcinoma? *endometrial* 0.5
- c. What are the risk factors? *confined to uterine body* 1
- d. According to FIGO staging what is stage 1 disease? *Ca of Cervix* 1

Q-5 A 64 yrs old woman presents with post menopausal bleeding. On further work up she came out to be carcinoma cervix stage II *outside the neck of cervix*

- a. What is stage IIb Cervical Carcinoma?
- b. What is the optimal treatment for this stage of CA cervix?

Radiation therapy
Chemotherapy
Surgery to remove pelvic lymph nodes

Q-6. A young girl of 14 years presents in your OPD with primary amenorrhoea. Her mother is very much concerned about the issue. On examination, she has well developed secondary sexual characteristics. There is a blind ending vagina with shortened length. USG confirms the presence of ovaries but no functioning uterus is present.

Müllerian agenesis

- a. What is your most likely diagnosis? 1
- b. How will you manage her? 2

PID

Q-7. A 34 year 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 pelvic examination, marked tenderness. Pregnancy test was negative.

- a. What is the diagnosis? 0.5
- b. What investigations are required? 1.5
- c. How will you manage her? 1

Q-8. A 20 yrs old G2P0A1 Presents in Gynae OPD at 8+3 wks of Gestation. On USG there is a mass of 2 x 2 cm in left fallopian tube with a diagnosis of left sided ectopic pregnancy.

Ectopic Pregnancy

- a. Which drug is used for medical treatment of ectopic pregnancy? *Methotrexate* 1
- b. What are the contra-indications for the use of this drug? 1
- c. Give side effects of this drug? *Stomatitis, conjunctivitis, GI upset, Photo sensitive skin, non-specific Vab. pain -* 1

Q-9. A 60 yrs old woman presents in Gynae OPD with h/o something coming out of vagina for 8 yrs. There is history of post menopausal bleeding off and on.

Vag. Prolapse

- a. What is your differential diagnosis? 1
- b. How will you manage her? 2

Q-10. A Primi-gravida presents in Gynae clinic at 8+5wks Gestation with H/O vaginal spotting for one week. On USG there is gestational sac corresponding 6 weeks with fetal pole but no fetal cardiac activity visualized.

Missed Miscarriage

- a. What is your diagnosis?
- b. How will you manage?