



14153

CLASS TEST FINAL YEAR MBBS: JANUARY 19, 2018
OBS & GYNAE (MULTIPLE CHOICE QUESTIONS)

Maximum marks: 35

15 MCQs; 1 mark each.

Time allowed: 35 minutes

Attempt all questions

- A 32 years old primigravida at 30 weeks of gestation came in antenatal clinic for antenatal check-up. She is a diagnosed case of cardiac disease and following cardiologist regularly. She developed breathlessness with ordinary physical activity. What is grading of functional capacity of heart according to NYHA?
 - Class 0
 - Class I
 - Class II
 - Class III
 - Class IV
- A GDM diagnosed patient of cardiac disease presented in emergency with signs of right heart failure. She is 24 weeks pregnant and un-booked patient. What is the most likely diagnosis?
 - Marian syndrome.
 - Mitral valve prolapsed.
 - Mitral Stenosis.
 - Myocardial Infarction.
 - Pulmonary Hypertension.
- Which of these is the STRONGEST risk factor for VTE in pregnancy?
 - BMI > 30
 - Previous VTE in pregnancy
 - Prothrombin mutation
 - Factor V Leiden mutation
 - Previous use of the combined oral contraceptive pill
- Pregnancy is a hypercoagulable state due to increase in
 - Anti thrombin III
 - Cardiac output
 - Factor 8, 9, 10
 - Protein C and protein S
 - Tissue plasminogen activator
- Disseminated Intravascular coagulation has a recognized association with
 - Diabetic mother
 - IUGR
 - Iron deficiency
 - Multiple pregnancy
 - Prolonged bed rest
- Which of the following is not a risk factor for DVT?
 - Hypertension
 - Lupus anticoagulation
 - Maternal weight over 80 kg
 - Operative delivery
 - Smoking

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7. Which of the following accounts for most heart disease in pregnancy?

- a. Cardiomyopathy
- b. Hypertension
- c. Previous myocardial infarction
- d. Rheumatic heart disease
- e. Thyroid disease

8. A 19-year-old woman comes to your office with a complaint of never having had menses. Physical examination shows that she is 1.37 m tall, & weighs 42 kg. She lacks breast & pubic hair development. There is webbing of her neck & cubitus valgus. What is her diagnosis?

- a. Congenital adrenal hyperplasia.
- b. Klinefelter syndrome.
- c. Normal but delayed development
- d. Testicular feminization.
- e. Turner's syndrome.

9. A 43 years old lady came in OPD as a case of adenomyosis. Which of the following is related to adenomyosis?

- a. Can be diagnosed by D&C.
- b. Can be detected by hysteroscopy.
- c. Can cause severe dysmenorrhea.
- d. Can be diagnosed by laparoscopy.
- e. Is the presence of endometrial glands and stroma outside the uterus?

10. The risk of deep venous thrombosis in pregnancy increases as compare to non pregnant state by;

- a. 6-10 folds
- b. 10-16 folds
- c. 16-20 folds
- d. 20-26 folds
- e. 26-30 folds

11. A diagnosed case of 46,XY gonadal dysgenesis patient came in OPD. What will you advise the parents?

- a. After surgical correction child will be a male.
- b. Baby is phenotypically male.
- c. Defect is because of defect in mullerian hormone.
- d. There is no need to remove gonads.
- e. There is presence of uterus and fallopian tube.

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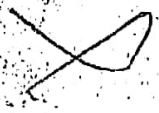
12. A primigravida had given the birth of a child with ambiguous genitalia. What is the most likely diagnosis?

- a. Anti mullerian Hormone deficiency.
- b. Congenital adrenal hyperplasia.
- c. Mullerian duct abnormality.
- d. Turner's Syndrome.
- e. XY gonadal dysgenesis.



13. Which of the following is not characteristic of androgen insensitivity syndrome?

- a. Female phenotype.
- b. No uterus or fallopian tube.
- c. Ovarian remnants on one side.
- d. Primary amenorrhea at puberty.
- e. Short blind vagina.



14. A 40 year-old woman complains of menorrhagia and dysmenorrhea that progressed gradually, the most likely diagnosis is:

- a. Adenomyosis.
- b. Cervical cancer.
- c. Endometrial cancer.
- d. Endometrial polyps.
- e. Ovarian cyst.



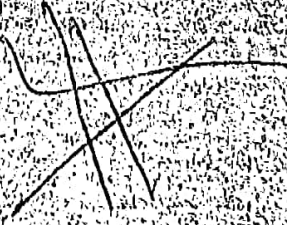
15. A primigravida is in 2nd stage of labor for last two hours. On examination no mechanical problem is suspected. GTG is reassuring. Most appropriate action for this patient is:

- a. Deliver by immediate C-section.
- b. Fetal blood sampling.
- c. Further wait for one hour.
- d. Instrumental vaginal delivery.
- e. Rehydration and oxytocin infusion.



16. A primigravida at 38+2 weeks of gestation is admitted in labor ward for the last six hours. Primary arrest in the active phase of first stage of labor is suspected. Most common cause of this poor progress is:

- a. Breech presentation.
- b. Cephalopelvic disproportion.
- c. Inefficient uterine contraction.
- d. Malposition.
- e. Pelvic tumor.



Attempt all questions

17. A gravida 2 para 1 has presented in labor ward with history of labor pains for the last six hours. There is poor progress of labor and on examination Cephalopelvic disproportion (CPD) has been diagnosed. Findings suggestive of CPD doesn't include:

- a. Fetal head is not engaged
- b. Hematuria
- c. Head is well applied to the cervix
- d. Poor progress despite efficient uterine contraction
- e. Vaginal examination shows caput formation

18. Maternal and fetal morbidity increases when second stage of labor lasts for:

- a. More than half an hour
- b. More than one hour
- c. More than two hours
- d. More than three hours
- e. More than four hours

19. In a busy labor ward a staff comes to inform that in a gravida 4 para 3 laboring patient fetal heart rate are deteriorating on CTG after spontaneous rupture of membranes. What need to be excluded by a prompt vaginal examination in this patient?

- a. Cephalopelvic disproportion
- b. Cord prolapse
- c. Fetal head compression
- d. Meconium aspiration syndrome
- e. Vasa previa

20. Which statement is correct regarding active phase of second stage of labor?

- a. Active second stage no more than two hours in primiparous and 60 minutes in multiparous woman
- b. Cervical dilatation of at least 1 cm every two hours in the active phase of first stage of labor
- c. Descent of presenting part with each uterine contraction
- d. No artificial intervention
- e. Spontaneous onset of labor

21. A gravida 4 para 3 just delivered a baby. A junior doctor has delivered placenta and membrane immediately after delivery. She notices a fleshy swelling at the introitus. The possibilities are:

- a. Cervical tear
- b. Perineal tear
- c. Placental lobe
- d. Uterine inversion
- e. Urethral tear



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22. Which of the following is not fetal risk of maternal cardiac disease?

- a. Fetal growth restriction
- b. Iatrogenic prematurity
- c. Maternal cyanosis (fetal hypoxia)
- d. Macrosomia
- e. Recurrence (congenital heart disease)

23. A gravida 2 para 1 abortion 0 came to OPD with history of congenital heart disease. She is at 37 weeks of gestation. Which of the following will be most appropriate management plan?

- a. Caesarean Section
- b. Induction of labour with prostaglandin
- c. Induction of labour with misoprostol
- d. Watch for spontaneous onset of labour
- e. None of above

24. Which of the following is most common congenital anomaly seen in fetuses of epileptic mothers on anti-epileptic drugs?

- a. Cardiac anomalies
- b. Gastrochisis
- c. Neural tube defects
- d. Omphalocele
- e. Renal defect

25. A primigravida with history of epilepsy from last two years and is at 6 weeks of gestation. Which is the most important drugs you will start?

- a. Calcium
- b. Folic acid
- c. Iron
- d. Magnesium
- e. None of above

26. A gravida 4 para 3 presented at 8 weeks of gestation with history of severe nausea and vomiting. On examination patient is dehydrated. Which is the most probable diagnosis?

- a. Acid peptic disease
- b. Gastritis
- c. Gastroenteritis
- d. Gastro esophageal reflux disease
- e. Hyperemesis gravidarum

Attempt all questions

27. A patient presents at 8 weeks of gestation with vaginal bleeding. On examination Os is open and products of conception felt in the uterus. What is the most probable diagnosis?

- a. Blighted ovum
- b. Complete miscarriage
- c. Incomplete miscarriage
- d. Missed miscarriage
- e. Threatened miscarriage

28. Which of the following drug is used in medical treatment of ectopic pregnancy?

- a. Misoprostol
- b. Methotrexate
- c. Meflopristone
- d. Oxytocin
- e. Prostaglandins

29. Heterotopic pregnancy is defined as:

- a. Its development of pregnancy in fallopian tube
- b. Its development of pregnancy in ovary
- c. Its development of pregnancy in peritoneal cavity
- d. Its development of pregnancy in peritoneal cavity and ovary
- e. Its development of pregnancy within and outside the uterus simultaneously

30. Most common site for implantation of ectopic pregnancy is:

- a. Ampullary region of fallopian tube
- b. Fimbrial end of fallopian tube
- c. Isthmus of fallopian tube
- d. Ovary
- e. peritoneal cavity

31. A Primigravida presents at 8 weeks of gestational amenorrhea with complain of vaginal spotting and abdominal pain. Her pulse is 96 beats per minutes and blood pressure is 90/60 mmHg. on examination abdomen is tender. What is most probable diagnosis?

- a. Ectopic pregnancy
- b. Incomplete miscarriage
- c. Missed miscarriage
- d. Molar pregnancy
- e. Threatened miscarriage

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32. A patient G3P2 presents at 11 weeks of pregnancy. On scan fetal pole is present but no fetal heart beat identified. Gestational sac is present ($>20\text{mm}$), she is having no pain or vaginal bleeding. What is your diagnosis?

- a. Blighted ovum
- b. Complete miscarriage
- c. Incomplete miscarriage
- d. Missed miscarriage
- e. Threatened miscarriage

33. A G4P3 presents at 9 weeks of pregnancy. She had complained of vaginal bleeding at home. Now the bleeding is settled. On examination cervical Os is closed and uterus is of normal size. What is the most probable diagnosis?

- a. Complete miscarriage
- b. Incomplete Miscarriage
- c. Inevitable Miscarriage
- d. Missed Miscarriage
- e. Threatened Miscarriage

34. A gravid patient presents with complain of dysuria, burning micturition and frequency of urine. Regarding these symptoms of patient which statement is correct?

- a. Its normal symptoms of pregnancy
- b. It is asymptomatic bactiurea
- c. It is due to genital tract infection
- d. It is due to urinary tract infection
- e. Pyelonephritis

35. A G2P1 (previous 1 Caesarean section) presents at 9 weeks of pregnancy with mild vaginal bleeding. On speculum examination Os is closed. On scan intrauterine pregnancy is present with positive fetal cardiac activity. What is most probable diagnosis?

- a. Blighted ovum
- b. Complete miscarriage
- c. Incomplete miscarriage
- d. Missed miscarriage
- e. Threatened miscarriage