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Caesarean
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FINAL YEAR CLASS TEST GYNAE/OBS DEC 2016

TOTAL MARKS—50

UNIVERSITY NO -----

1- First phenotypic sign of puberty is

- a. Adrenarche
- b. Gonadarche
- c. Thelarche
- d. Pubarche
- e. Menarche

2- Increase in blood volume in normal pregnancy is made up of:

- a. Plasma only.
- b. Erythrocytes only.
- c. More plasma than erythrocytes
- d. More Erythrocytes than plasma.
- e. All of the above.

3- Changes in the urinary tract system in pregnancy include:

- a. Increase the glomerular filtration rate (GFR).
- b. Decrease in renal plasma flow (RPF).
- c. Marked increase in both GFR & RPF when the patient is supine.
- d. Increase in the amount of dead space in the urinary tract.
- e. Increase in BUN & creatinine.

4- During normal pregnancy, the renal glomerular filtration rate (GFR) can increase as much as:

- a. 10%
- b. 25%
- c. 50%
- d. 75%
- e. 100%

5- The source of progesterone that maintains the pregnancy during early first trimester:

- a. Placenta.
- b. Corpus luteum
- c. Corpus albicans.
- d. Adrenal glands.
- e. Endometrium

6. Which of the following medications, when given before & during pregnancy may help to protect neural tube defects?

- a. Vitamin B6
- b. Iron
- c. Folic acid
- d. Zinc
- e. Magnesium

7. Primary chorionic villi develop between:

- (a) 9-10 wks
- (b) 10-11 wks
- (c) 11-12 wks
- (d) 12-13 wks
- (e) 13-15 wks

8- The following vessels are all branches of internal iliac artery, except

- a. Superior vesical.
- b. Vaginal artery.
- c. Uterine artery.
- d. Ovarian artery.
- e. Internal pudendal artery.

9- The absence of the vagina is common in which of the following?

- a. Congenital adrenal hyperplasia in a female infant
- b. Turner's syndrome
- c. Association with an absent or rudimentary uterus
- d. Medication-induced fetal masculinization of a female infant
- e. Gonadal dysgenesis

10- The most common cause of precocious puberty is:

- a. Idiopathic
- b. Albright syndrome
- c. Gonadblastoma
- d. Abnormal skull development
- e. Granulosa cell tumor

11- Bartholin's Abscess

- a. Is often asymptomatic
- b. Is usually bilateral
- c. Is most commonly due to gonococcus infection
- d. Is best treated surgically
- e. Is usually presented as a painful swelling to one side of the clitoris

12-Sexual differentiation

- a. Development of male genitalia depends on the presence of functioning testes and responsive end organs
- b. Due to the absence of testes XX fetus exposed to androgens in utero will NOT be masculinized
- c. The development of the female genitalia require the presence of the ovary
- d. 45 XO fetus will have normal ovaries
- e. The development of the testes does not require the presence of the Y chromosome

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3- In testicular feminization:

- a. The chromosome status is XXY.
- b. The gonads should be removed after puberty.
- c. The patient adopts male role and appearance.
- d. Breasts are absent.
- e. The voice is male.

- Precocious puberty may be seen in all condition except:

- a. Granulosa- cell tumor.
- b. Corticosteroids intake.
- c. Head - injury.
- d. Theca - cells tumor.
- e. Hyperthyroidism.

- The proliferative phase occurs at

- a. Days 4-8
- b. Days 1-4
- c. Days 14-28
- d. Days 8-14
- e. Days 5-13

- The commonest congenital cause of amenorrhoea

- a. Hyperprolactinaemia
- b. Hypothalamic gonadism
- c. Physiological amenorrhoea
- d. PCOS
- e. Turners syndrome

- Menstruation occurs at

- a. Days 1-4
- b. Days 8-14
- c. Days 4-8
- d. Days 5-13
- e. Days 14-28

- A unilateral and painful lesion is found in the lower vestibule, adjacent to the vaginal canal. What disease is this a description of?

- a. Bartholin cyst
- b. Condyloma
- c. Lichen sclerosis
- d. Vulvar carcinoma
- e. Vaginal cancer

Which is not a feature of late onset congenital adrenal hyperplasia at puberty?

- a. Clitromegally
- b. Blind vagina
- c. Hirsutism
- d. Menstrual disturbance
- e. Virilization

20- The most common cause of ambiguous genitalia in the newborn with XX sex chromosomes is

- a. Androgen insensitivity syndrome.
- b. True hermaphroditism.
- c. Congenital adrenal hyperplasia.
- d. Maternal ingestion of androgenic substances.
- e. Mixed gonadal dysgenesis (Turner's syndrome)

21- A primigravida (PG) presents in antenatal clinic, her LMP is 25.feb 2016. What is her expected date of delivery?

- a. 25.11.2016
- b. 25.12.2016
- c. 12.12.2016
- d. 02.11.2017
- e. 02.12.2016

22- A G5P4 unsure of dates, conceived during Lactational amenorrhea, comes to ANC in her 1st trimester. You've advised her dating scan. On ultrasound, the accurate dating is done by measuring:

- a. Crown rump length (CRL)
- b. Biparietal diameter (BPD)
- c. Head circumference (HC)
- d. Abdominal circumference (AC)
- e. Femur length (FL)

23- Which of the following test is used in screening for Down's syndrome:

- a. CA125
- b. Carcino-embryonic antigen
- c. Triple screening test (AFP, BhCG/Esriol)
- d. FSH, LH
- e. Thyroid test

24- A 30 years old PG presents to you at 14 weeks gestation. She is concerned about normality of the baby. At what time you will advise her to do a detailed fetal anomaly scan:

- a. 22-24 weeks
- b. 14-16 weeks
- c. 18-22 weeks
- d. 10-14 weeks
- e. 22-24 weeks

25- The best time to do chorionic villus sampling is between;

- a. 6-8 wks
- b. 7-9 wks
- c. 9-10 wks
- d. 11-13 wks
- e. from 20 weeks

26- The use of folic acid to prevent congenital malformations should be best initiated;

- a. During 1st trimester
- b. During 2nd trimester
- c. During 3rd trimester
- d. Before conception
- e. Throughout pregnancy

27- On Doppler ultrasound, the blood flow waveform in uterine arteries that predicts pre-eclampsia is;

- a. Early diastolic notch
- b. Absent diastolic flow
- c. Low diastolic flow
- d. Low systolic flow
- e. Reverse end diastolic flow

28- In 1st trimester, aneuploidy is screened by;

- a. Nuchal translucency
- b. Crown rump length
- c. Amniocentesis
- d. Fetal blood sampling
- e. Doppler ultrasonography

29- With regard to anatomy of the maternal pelvis;

- a. The pudendal nerve passes in front of the ischial spines.
- b. The AP diameter of the pelvic inlet is 11cm.
- c. The AP diameter of pelvic outlet is 11 cm.
- d. The levator ani muscle forms the perineal body.
- e. The angle of the pelvic inlet to the horizontal, is usually 100 degree.

30- A 28 year old woman complains of amenorrhoea after having dilatation and curettage. The most likely diagnosis is

- a. Kallman's syndrome
- b. Turner's syndrome
- c. Asherman's syndrome
- d. Turner's syndrome
- e. Down's syndrome

31- The diameter that presents in a well flexed fetal head (vertex presentation) is:

- a. Bi-parietal diameter
- b. Occipito-frontal diameter
- c. Mento vertical diameter
- d. Bi-temporal diameter
- e. Sub-occipito bregmatic diameter

32- Turner's syndrome is associated with:

- a. Absent uterus
- b. Normal breast development
- c. Primary amenorrhoea
- d. Hirsutism
- e. Normal height

33- Uterine blood flow at term is;

- a. 50-75 ml/min
- b. 150-200 ml/min
- c. 200-300ml/min
- d. 350-400 ml/min
- e. >500 ml/min

34- A 15 years old girl is presented to you with primary amenorrhoea. She gives history of cyclical abdominal pain every month and having urinary retention for one day. What is your likely diagnosis?

- a. Polycystic ovaries
- b. Kallman syndrome
- c. Imperforate hymen
- d. Prolactinoma
- e. Endometriosis

35- A 20 years old primigravida has just delivered vaginally. 30 minutes after the delivery of placenta, she started bleeding heavily. Ultrasound shows a lobe of placenta still inside the uterine cavity. What is the likely cause?

- a. Vasa previa
- b. Placenta previa
- c. Placental abruption
- d. Succenturiate lobe of placenta
- e. Placental infection.

36- Regarding fetal circulation at birth, cessation of umbilical blood flow causes cessation of flow in;

- a. Ductus venosus
- b. Ductus arteriosus
- c. Pulmonary vasculature
- d. Right atrium
- e. All of above.

37- Mrs.B is presented to you for booking visit in her 2nd pregnancy. She is at 10 weeks gestation. You will advise her following blood tests EXCEPT

- a. Complete blood count
- b. Blood group
- c. HbsAg
- d. HIV
- e. TORCH

38- Following are the conditions of physiological amenorrhoea EXCEPT

- a. Before puberty
- b. After puberty
- c. Pregnancy
- d. Menopause
- e. Lactation

39- The peritoneal pelvic cavity can easily be entered through the vagina at

- a. anterior vaginal wall.
- b. posterior vaginal fornix.
- c. lateral vaginal wall.
- d. anterior vaginal fornix.
- e. lateral vaginal fornix.

40- Fertilization usually occurs in the

- a. Ampulla of uterine tube.
- b. Peritoneal cavity.
- c. Posterior fornix of vagina.
- d. Uterine cavity.
- e. Cervix of uterus

46- The embryonic structure that becomes visible inside the chorionic cavity is:

- a. Primitive yolk sac
- b. Fetal pole
- c. Gestational sac
- d. Secondary yolk sac
- e. Fetal heart.

47- The maximal number of oogonia is found at what age?

- a. 1 month's gestational age.
- b. 5 months gestational age.
- c. Birth.
- d. Puberty.
- e. 21 years of age.

48- The paramesonephric ducts will form which of the following?

- a. The prostatic utricle.
- b. Seminal vesicles.
- c. Oviducts, uterus and upper vagina.
- d. Upper vagina only.
- e. The ureters.

49- Which of the following is the result of lack of fusion of the müllerian duct system?

- a. Uterine didelphys
- b. Transverse vaginal septum
- c. Unilateral renal agenesis
- d. Imperforate hymen
- e. Ovarian remnant syndrome

50- The following evaluations done during routine antenatal care in a normal pregnancy, the most important in the initial clinic visit is which of the following?

- a. Routine measurement of fundus.
- b. Determination of gestational age.
- c. Determination of maternal blood pressure.
- d. Maternal urinalysis.
- e. Maternal weight.

43- Lower

44- The stage of endometrial

45- Miscarriage is defined as before

- a. 18 wks
- b. 20 wks
- c. 22 wks
- d. 24 wks
- e. 26 wks