

CLASS TEST FINAL YEAR MBBS; APRIL 20, 2018
OBS & GYNAE (MULTIPLE CHOICE QUESTIONS)

Maximum marks: 35
35 MCQs; 1 mark each.

Time allowed: 35 minutes

Attempt all questions

1. Post term pregnancy is defined as pregnancy that extends beyond :
 - a. 34 weeks
 - b. 36 weeks
 - c. 37 weeks
 - d. 40 weeks
 - e. 42 weeks

2. Primigravida at 40 weeks of gestation comes to antenatal clinic for discussion of induction of labour. Which one of these is known as absolute contraindication for induction of labour.
 - a. Mild preeclampsia
 - b. Pre prom
 - c. Post date pregnancy
 - d. Gestational diabetes mellitus
 - e. Severe fetal compromise

3. The percentage of pregnancy requiring induction of labour is:
 - a. 10-15
 - b. 20-25
 - c. 30-45
 - d. 50-65
 - e. 70-85

4. G2P1 at 40 weeks of gestation was induced with prostaglandin E₂ and is in active phase of labour with uterus contracting six times in 10 minutes. What is the drug of choice to control uterine hyperstimulation?
 - a. MGSO₄
 - b. Hydralazine
 - c. Betamethasone
 - d. Dexamethasone
 - e. Terbutaline (B₂ agonist)

5. A woman P2A0 presents in outpatient clinic with complaint of ulcerated lesion on vulva and urinary retention. What is the most likely cause?
 - a. Candida albicans
 - b. Human Papilloma Virus
 - c. Herpes Simplex Virus
 - d. Syphilis
 - e. Trichomonas vaginalis



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6. Risk factors for stress urinary incontinence are all of the following except:
 - a. Birth weight 3 kg
 - b. Forceps delivery
 - c. Multiparity
 - d. Prolonged labour
 - e. Perineal trauma

7. A 40 years old patient, Para 5, presented with complaint of urinary leakage while coughing and sneezing. Which one of the following would be first line treatment?
 - a. Burch colposuspension
 - b. Conservative treatment in the form of fluid balance and pelvic floor exercise
 - c. Medical treatment
 - d. Tension free vaginal tape
 - e. Sacral neuromodulation

8. A patient para 6 presented with history of frequency of urine, urgency and urge incontinence. Her urine complete is normal. What would be most probable diagnosis?
 - a. Detrusor overactivity
 - b. Stress incontinence
 - c. Overflow incontinence
 - d. Urinary tract infection
 - e. Vesicovaginal fistula

9. Involuntary leakage of urine on effort, exertion, sneezing or coughing is called:
 - a. Frequency
 - b. Genuine stress incontinence
 - c. Nocturnal enuresis
 - d. Urge incontinence
 - e. Urgency

10. Sensitizing events for rhesus disease are all of the following except
 - a. Miscarriage
 - b. Termination of pregnancy
 - c. Ante partum haemorrhage
 - d. Chorionic villus sampling
 - e. Iron infusion



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11. A primigravida presented at 26 weeks of gestation, her blood group is B negative and her husband's blood group is B positive. When should we give her anti- D prophylaxis?
- 28-30 weeks
 - 28-32 weeks
 - 28-34 weeks
 - 28-36 weeks
 - 28-38 weeks
12. A G₃P₂A₀ presented with history of Antepartum haemorrhage in previous pregnancy now her indirect Coomb's test is positive. At which Anti-D level Haemolytic disease of fetus and Newborn is unlikely?
- <4 IU/ml
 - <6 IU/ml
 - <8 IU/ml
 - <10 IU/ml
 - <12 IU/ml
13. Twin to twin transfusion syndrome is a complication of:
- Monochorionic pregnancy
 - Dichorionic pregnancy
 - Triplet pregnancy
 - Monoamniotic pregnancy
 - Diamniotic pregnancy
14. In twin pregnancy incidence of dizygotic pregnancy is:
- 70%
 - 75%
 - 80%
 - 82%
 - 90%
15. A G₃P₂A₀ presents at 13 weeks of pregnancy in OPD. On ultrasound twin pregnancy is diagnosed. There is lambda sign on ultrasound. what does this sign indicate?
- Dichorionic pregnancy
 - Monochorionic pregnancy
 - Monoamniotic pregnancy
 - Diamniotic pregnancy
 - Triplet pregnancy



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16. A pregnant lady presents in labour. She is G₂P₁A₀ with previous normal vaginal delivery. She is having twin pregnancy and now at 37 weeks of gestation. On scan there is diamniotic dichorionic pregnancy with cephalic presentation. Fetomaternal condition is fine. What is the best mode of delivery?
- Normal vaginal delivery
 - Emergency lower segment cesarean section
 - Elective lower segment cesarean section
 - Forceps delivery
 - Vacuum delivery
17. Multiple pregnancy is a high risk pregnancy. Fetuses are at increased risks of all of the following except:
- Fetal growth restriction
 - Preterm delivery
 - Miscarriages
 - Increased perinatal mortality
 - Postdate pregnancy
18. Perineal tear involves injury to the perineum. In third degree tear there is involvement of :
- Injury to perineal skin, muscles and external anal sphincter
 - Injury to internal anal sphincter
 - Only perineal skin and muscles
 - Perineal skin and external anal sphincter
 - Rectal mucosa is also involved
19. An episiotomy is a surgical incision of perineum during second stage of labour. Most common type of episiotomy is:
- Mediolateral
 - Midline
 - Lateral
 - Transverse
 - Horizontal
20. Uterine causes of hemorrhage do not include:
- Uterine atony
 - Postpartum endometritis
 - Uterine rupture
 - Vasa praevia
 - Uterine inversion



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21. A patient presents to you in OPD. She has history of vaginal delivery at home one year ago. She had fourth degree perineal tear that was repaired. Now she is concerned about mode of delivery in her next pregnancy. What is the best option for her?
- Again, trial of normal delivery
 - Elective lower segment caesarean section
 - Emergency lower segment caesarean section
 - Forceps delivery
 - Vacuum delivery
22. A primigravida delivered by caesarean section, at the end of procedure, clots are passed and uterus is poorly contracted. The patient is already receiving oxytocin infusion and is hypertensive. What would be your next pharmacological option?
- 5-10 units IV/IM oxytocin
 - Syntometrine (ergometrine+syntocinon)
 - 800-1000 microgram rectal Misoprostol
 - Repeat ergometrine 500 microgram IV/IM slowly
 - Carboprost 0.25mg IM repeated intervals not less than 15 min
23. A recently delivered patient has moderate amount of postpartum haemorrhage, after all initial measures and uterotonics patient is still bleeding, and next step would be:
- Repeat ergometrine 500 microgram IM or slow IV push.
 - Bimanual compression of the uterus
 - Fluid replacement
 - Debrief staff and family member
 - Transfer to operation theatre for surgical intervention
24. G2P1 known smoker presents at 37 wks of gestation with sudden onset of sharp continuous abdominal pain, shock and tender uterus without vaginal bleeding. She is not in labor. What is the most likely diagnosis in this patient?
- Amniotic fluid embolism
 - Chorioamnionitis
 - Placental abruption
 - Red degeneration of fibroid
 - Rupture of uterus



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25. Warning signs of placenta praevia does not include:
- Low lying placenta at 20 wks. Of gestation
 - Maternal collapse
 - Feeling cold
 - Restlessness
 - Painful vaginal bleeding
26. A 40 year old lady P5A0 presents in gynae OPD with complaint of heavy painful menstrual periods. She is pain free for rest of the month. On examination uterus is bulky, mobile and fornix clear. What is your probable diagnosis?
- Adenomyosis
 - DUB
 - Endometriosis
 - Endometrial hyperplasia
 - Fibroid uterus
27. 38 years old lady P4 came with history of menorrhagia associated with pain. Investigation of choice for diagnosis of adenomyosis is:
- CT scan
 - Hysterosalpingogram
 - MRI
 - Pelvic ultrasound
 - TVS
28. 28 years of age school teacher, nulliparous, married for 5 years came in OPD with complaint of inability to conceive, dysmenorrhoea, dyspareunia and lower abdominal pain. What is your most probable diagnosis?
- Adenomyosis
 - Endometriosis
 - Ovarian cyst
 - PCOD
 - PID



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29. Incidence of infertility association with endometriosis is:

- a. 10-15 %
- b. 15-20%
- c. 20-25%
- d. 25-30%
- e. 30-40%

30. G4P3A0 came in OPD at 14 weeks of gestation with history of previous, painless preterm deliveries with no alive issue. What would be the best management step for this patient in this pregnancy?

- a. Complete bed rest
- b. Hospital admission throughout the pregnancy
- c. Hematinic
- d. Prophylactic Cervical cerclage
- e. Regular antenatal visits

31. Fetal fibronectin is a glycoprotein is an indicator of preterm delivery. At what gestation it is present in cervico vaginal fluid?

- a. 10-22 weeks
- b. 20-30 weeks
- c. 22-36 weeks
- d. 26-36 weeks
- e. 30-36 weeks

32. What is the gold standard investigation for diagnosis of endometriosis?

- a. CA-125
- b. C- reactive protein
- c. Laparoscopy
- d. MRI
- e. TVS

33. G2P0A1 at 7 weeks of gestation with uterine didelphys. Pregnancy loss occurs with this anomaly in:

- a. 1st trimester only
- b. 2nd trimester only
- c. 3rd trimester only
- d. 1st & 2nd trimester
- e. 2nd & 3rd trimester



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34. Which class of white cells are preferentially depleted in HIV?

- a. CD4
- b. CD8
- c. CD16
- d. CD25
- e. CD65

35. A 26 year old nursery worker attends antenatal clinic complaining of reduced fetal movements at 28 weeks of gestation. She has history of contact with slapped cheek syndrome six week ago. Ultrasound shows fetal ascites. Most likely cause is ?

- a. Parvo virus
- b. Varicella zoster
- c. HIV
- d. Herpes simplex
- e. syphilis