



(5)

MEGA TEST FINAL YEAR MBBS; MARCH 3, 2017
OBS & GYNAE (MULTIPLE CHOICE QUESTIONS)

Maximum marks: 35
35 MCQs; 1 mark each.

Time allowed: 45 minutes

Attempt all questions

Q1. After the delivery of fetus, the placenta should be removed by;

- a) Fundal pressure
- b) Surgically
- c) Brandt Andrew method
- d) Manually
- e) Caesarean section

Q2. 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)

Q3. Which of the following is correct for Pfannenstiel incision;

- a) It is the lower segment incision on uterus
- b) It is the upper segment incision on uterus
- c) The transverse incision on the lower abdomen
- d) It is the vertical incision on lower abdomen.
- e) It is not a cosmetic incision

Q4. The following term is appropriate:

- a) Lie; cephalic.
- b) Position; effacement.
- c) Station; at the level of spines
- d) Engagement; 1/10th
- e) Presenting part; longitudinal

Q5. Which of the following is not a high risk factor for ectopic pregnancy;

- a) Previous ectopic pregnancy
- b) Previous tubal surgery
- c) Pelvic inflammatory disease
- d) Intrauterine contraceptive device
- e) Combined oral contraceptive pills

Q6. All of the following drugs are used in treatment of endometriosis EXCEPT;

- a) Progestogen
- b) Estrogen
- c) Danazol
- d) GnRH analogues
- e) NSAIDS

Q7. Which of the following drugs can be used for ovulation induction?

- a) Oral contraceptive pills
- b) Sodium citrate
- c) Clomiphene citrate
- d) Sodium bicarbonate
- e) Magnesium sulphate

Q8. Oligospermia is defined as sperm count less than;

- a) <20 million/ejaculate
- b) >50million/ejaculate
- c) Zero sperm
- d) <20million/ml of ejaculate
- e) >20millio/ml of ejaculate

Q9. External genitalia is not normal looking in the following conditions of primary amenorrhoea;

- a) Major Rokitensky Kauster Hauser syndrome
- b) Turner syndrome
- c) Congenital adrenal hyperplasia
- d) Kallman syndrome
- e) Cerebral palsy

Q10. A 30 year old G3P2 at 10 week gestation presents with abdominal pain and vaginal bleeding. On ultrasound, there is snowstorm appearance. The most probable diagnosis is;

- a) Ectopic pregnancy
- b) Gestational trophoblastic disease
- c) Inevitable miscarriage
- d) Pregnancy with fibroid
- e) Multiple pregnancy

Q11. Cardinal movements of labour & delivery involve a sequence of events in a certain order;

- a) Engagement-descent-flexion-internal rotation-extension-restitution-external rotation
- b) Engagement-internal rotation-descent-flexion-extension-restitution-external rotation
- c) Descent-flexion-engagement-internal rotation-external rotation-restitution
- d) Internal rotation-descent-flexion-external rotation-restitution-engagement
- e) Engagement-descent-external rotation-flexion-internal rotation

Q12. All are possible complications of external cephalic version except;

- a) Placental abruption
- b) Fetal bradycardia
- c) Cord compression
- d) Ruptured membranes
- e) Placental migration

Q13. All of the following hormones are produced by the placenta except;

- a) Human chorionic gonadotrophin
- b) Human placental lactogen
- c) Prolactin
- d) Progesterone
- e) Estriol

Q14. Regarding feto-placental circulation;

- a) Umbilical vein carries deoxygenated blood.
- b) Ductus arteriosus closes instantly at birth.
- c) Placental villus system originates from spiral arterioles.
- d) Fetal & maternal blood is not separated by thin layer.
- e) Placenta receives highest blood flow of any fetal organ.

Q15. A primigravida at 38 week gestation, fully dilated for 2 hours, is unable to cooperate for bearing down. You have decided to apply outlet forceps to expedite delivery but you want to be sure about;

- a) Fetal head position
- b) Detailed written consent
- c) Station -2
- d) Full bladder
- e) NPO

Q16. A 16 year old young girl is brought by her mother, with primary amenorrhoea. She complains of cyclical abdominal pain. On examination uterus is palpable abdominally. What can be the possible cause?

- a) Kallman syndrome
- b) Asherman syndrome
- c) Hyper-Prolactinoma
- d) Polycystic ovarian disease
- e) Imperforate hymen

Q17. Regarding menstrual abnormality correct statement is:

- a) Menorrhagia is defined as frequent periods.
- b) Bleeding due to uterine polyps is called dysfunctional uterine bleeding.
- c) Oligomenorrhoea is periods greater than 35 days apart.
- d) Metrorrhagia is regular periods.
- e) Polymenorrhoea is continuous bleeding.

Q18. Lack of fusion of the Mullerian duct system results:

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

Q19. A 40 years old woman, P1+0, came to your clinic complaining of menorrhagia. Endometrial biopsy showed complex endometrial hyperplasia with Atypia. The appropriate management for this patient is:

- a) Insertion of Mirena
- b) Expectant management
- c) Endometrial ablation
- d) Oral contraceptive pills for 3 months
- e) Total abdominal hysterectomy

Q20. The most likely cause of abnormal uterine bleeding in 13 year old girls is;

- a) Uterine cancer
- b) Choriocarcinoma
- c) Trauma
- d) Anovulation
- e) Atrophic vaginitis

Q21. A 25 year old woman P0+0, complains of severe progressive secondary dysmenorrhea and irregular menses for last 6 month. Pelvic examination revealed a diffuse adnexal tenderness. She failed to conceive despite multiple treatments. On USG, there is chocolate cyst in right ovary. The most likely diagnosis is:

- a) Endometrial hyperplasia
- b) Adenomyosis
- c) Uterine sarcoma
- d) Uterine leiomyoma
- e) Endometriosis

Q22. What is the normal age for occurrence of menarche?

- a) 9 to 10 years
- b) 11 to 13 years
- c) 14 to 15 years
- d) 16 to 18 years
- e) 13 to 15 years

Q23. With regard to anatomy of the maternal pelvis:

- a) The pudendal nerve passes in front of the ischial spine.
- b) The anterior-posterior diameter of the pelvic inlet is 13cm.
- c) The anterior-posterior diameter of the pelvic outlet is 11cm.
- d) The levator ani muscles form the pelvic floor.
- e) The angle of the inlet to the horizontal can be up to 75 degree

Q24. . Progress in labour is measured by:

- a) The dilatation of the cervix
- b) By maternal exhaustion
- c) The force of uterine contractions
- d) The type of presenting part
- e) The length of time since rupture of the membranes

Q25. Following are the options of tubal patency tests EXCEPT;

- a) Hysterosalpingography
- b) Laparoscopy
- c) HyCosy
- d) Transvaginal Ultrasound
- e) Tubal assessment on laparotomy

Q26. An infertile couple failed to conceive despite repeated attempts of Intrauterine Insemination. So IVF has been planned. Following are the steps of IVF except;

- a) Ovulation induction
- b) Counselling
- c) Follicle monitoring by TVS
- d) Oocyte retrieval
- e) Hospitalization till conception

Q27. A 20 year old girl presents in outpatient department with oligomenorrhoea & Hirsutism. You suspect polycystic ovarian disease. While analyzing her ultrasound report, following feature is suggestive of PCO;

- a) Functional ovarian cyst
- b) Chocolate cyst
- c) Increased ovarian volume
- d) Sub-serosal fibroid
- e) Normal ovaries

Q28. A 35 year old PG at 8 weeks gestation, conceived after treatment. She passed tissue at home and now bleeding heavily per vaginum. On examination cervical os is open. She is anxious to know what her diagnosis is;

- a) Missed miscarriage
- b) Inevitable miscarriage
- c) Septic abortion
- d) Incomplete miscarriage
- e) Threatened miscarriage

Q29. Following are the physiological changes in pregnancy;

- a) Increase in plasma volume
- b) Increase in cardiac output
- c) Decrease in urea creatinine
- d) Increase in fibrinogen level
- e) Decrease ventilation

Q30. During antenatal care, Diabetes screening is indicated in following situations except;

- a) Previous history of GDM
- b) Obesity
- c) Previous macrosomic baby
- d) Previous stillbirth
- e) Previous baby with cerebral palsy

Q31. A 40 year old elderly PG has come to you at 8 weeks. She is concerned about the risk of fetal abnormalities. You will advise her following screening tests;

- a) Ultrasound for nuchal lucency
- b) Serum alpha-fetoprotein
- c) Serum beta hCG
- d) PAPP-A
- e) Chorionic villus sampling

Q32. Following is the selection criteria for vaginal breech delivery;

- a) Footling breech
- b) Flexed breech
- c) Frank breech
- d) Adequate pelvis
- e) Flexed fetal neck

Q33. In brow presentation, the presenting diameter is;

- a) Sub-mento bregmatic diameter
- b) Sub-mento vertical diameter
- c) Mento-vertical diameter
- d) Sub-occipito frontal diameter
- e) Sub-occipito bregmatic diameter

Q34. A partogram is a visual record of labour including following informations;

- a) Fetal heart rate
- b) Colour of liquor
- c) Cervical dilatation
- d) Maternal vital signs
- e) CTG

Q35. Mrs. Ali, G3P2 at 39 weeks comes in emergency with history of bleeding per vaginum. The vaginal examination is contraindicated in which of the following situation;

- a) Placental abruption
- b) Placenta praevia
- c) Cervical cancer
- d) Transverse lie
- e) All of the above