

ANMC Final year send up 2020  
Gynae MCQs

Time allowed: 50 min

Total Marks: 35

1. A 20 year G2P1 at 7 weeks' gestation presents in Gynae emergency with complaint of lower abdominal Pain and vaginal spotting for last 2 days. On examination, her blood pressure is 100/70mmHg, pulse 86/min. Abdomen soft, tender in lower abdomen. What is the first line investigation in this patient?
  - a. Abdominal ultrasound
  - b. Diagnostic laparoscopy
  - c. Hysterosalpingogram
  - d. Transvaginal Scan
  - e. X-ray pelvis
2. A 40 year P4 presented with history of secondary dysmenorrhea and increased menstrual blood loss for 3 Years. On examination, she looks pale, abdomen is soft & non-tender. Pelvic examination reveals bulky uterus. What is the most likely diagnosis?
  - a. Adenomyosis
  - b. Endometriosis
  - c. Endometrial polyp
  - d. Fibroid uterus
  - e. Pelvic inflammatory disease
3. A 46 year P3 with heavy menstrual bleeding for last 4 Years also complains of pressure symptoms. On ultrasound, there are large fibroids. What is the first line treatment option?
  - a. Endometrial ablation
  - b. Hysterectomy
  - c. Myomectomy
  - d. Uterine artery ligation
  - e. Uterine artery embolization
4. When is the gestational sac seen on transvaginal ultrasound?
  - a. 3<sup>rd</sup> week post menstruation
  - b. 4<sup>th</sup> week post-menstruation
  - c. 5<sup>th</sup> week post-menstruation
  - d. 6<sup>th</sup> week post-menstruation
  - e. 7<sup>th</sup> week post-menstruation
5. Regarding development of female sexual organs, which of the following is true
  - a. Cells proliferate from upper portion of urogenital sinus to form Müllerian tubercle.
  - b. Caudal parts of paramesonephric ducts fuse to form uterus and Fallopian tubes.
  - c. Development of an oocyte within a primordial follicle is arrested at anaphase of first meiotic division.
  - d. Maximum number of primordial follicles is reached at 10 weeks' gestation.
  - e. The proximal 2/3 of vagina develop from paired Müllerian ducts.

6. A 16-year girl accompanied by her mother presented in Gynae OPD with complaint of failure to menstruate. On examination, there is normal pubertal development and vagina is blind ending and short. On ultrasound, ovaries are normal but the uterus is hypoplastic. This condition is known as
- Aplastic uterus
  - Mayer Rokitansky syndrome
  - Mullerian duplication
  - Mullerian obstruction
  - Septate uterus
7. The sequence of physical changes occurring in puberty are
- Adrenarche > growth spurt > menarche > thelarche
  - Growth spurt > menarche > adrenarche > thelarche
  - Menarche > adrenarche > thelarche > growth spurt
  - Thelarche > adrenarche > growth spurt > menarche
  - Thelarche > menarche > adrenarche > growth spurt
8. Polycystic ovarian syndrome is ovarian dysfunction with features of hyperandrogenism. Which of the following statements is correct?
- Criteria for diagnosis of Polycystic ovaries are 8 or more subcapsular follicular cysts < 10mm and increased ovarian stroma.
  - GnRH analogues is beneficial in patients with hyperinsulinemia and cardiovascular factors.
  - Obesity in polycystic ovaries is in 20% of patients.
  - Polycystic ovarian syndrome is associated with increased risk of hypertension and pulmonary dysfunction.
  - Prevalence of polycystic ovaries seen on ultrasound is around 60% of all women.
9. An 18-year college student, who has recently married is seen for severe primary dysmenorrhea, not resolved with heating pads and mild analgesics. She does not want to conceive. Which of the following is most appropriate for her?
- Narcotics
  - Oral contraceptives
  - Oxytocin
  - Prostaglandin inhibitors
  - Progesterone
10. A 25-year married for 4 years nulliparous presented with painful menstruation since menarche and unable to conceive. On examination uterus is fixed and there is a pelvic mass. The gold standard diagnostic tool is
- Abdominopelvic ultrasound
  - Diagnostic laparoscopy
  - High vaginal swab
  - Hysterosonography
  - MRI

11. A 36-year male has azoospermia. The investigation of choice in this case would be
- FSH, LH
  - FSH, LH, testosterone
  - Sperm count
  - Testosterone
  - Urine examination
12. Which of the following accounts for normal parameters for semen analysis?
- Motility > 40%
  - Morphology > 20%
  - PH > 7.4
  - Sperm concentration > 40 million/ml
  - Total sperm number > 39 million/ejaculate
13. A 22-year G3P2 at 8 weeks presented in emergency with complaint of vaginal bleeding and lower abdominal pain. On speculum examination, cervical os is open with bulging membranes. Which of the following is the most likely diagnosis?
- Complete miscarriage
  - Incomplete miscarriage
  - Inevitable miscarriage
  - Missed miscarriage
  - Threatened miscarriage
14. A 25-year G4P2A1 at 9 weeks presented with vaginal spotting for last 5 days. On ultrasound, fetal pole is present but no heart beat identified. What is the most likely diagnosis?
- Complete miscarriage
  - Incomplete miscarriage
  - Inevitable miscarriage
  - Missed miscarriage
  - Threatened miscarriage
15. A P5 lady presents for IUCD insertion. During counselling, you will explain her that
- It last 5–15 years
  - Failure rate more than 1 in 100
  - Prevent ovulation
  - Impair cervical mucus
  - It doesn't inhibit implantation
16. Which is the most frequent immediate complication of vasectomy?
- Hematoma
  - Impotence
  - Infection
  - Sperm granuloma
  - Allergy

17. Level 1 support of the pelvic organs is provided by
- Levator ani muscle
  - Perineal body
  - Pubocervical fascia
  - Puborectalis fascia
  - Utero sacral ligaments
18. A 68-year obese P4 presented with complaint of involuntary loss of urine while coughing & sneezing. What is the most likely diagnosis?
- Bladder exstrophy
  - Detrusor overactivity
  - Ectopic ureter
  - Urinary tract infection
  - Urodynamic stress incontinence
19. Which of the following is absolute contraindication to take hormone replacement therapy?
- Chronic stable liver disease
  - Endometrial cancer
  - Large uterine fibroids
  - Migraine with aura
  - Past history of benign breast disease
20. A patient comes with excessive vaginal discharge, dysuria and abdominal discomfort. On examination, there is strawberry cervix due to presence of punctate haemorrhages. What is your working diagnosis?
- Bacterial vaginosis
  - Gonorrhoea
  - Pelvic inflammatory disease
  - Trichomoniasis
  - Candidiasis
21. A 51-year P3 presents with 6-month history of amenorrhea. She complains of hot flushes not resolved by any medication. She is interested in HRT. In counselling, you should tell her that HRT is associated with which of the following.
- Increased risk of Alzheimer's disease
  - Increased risk of colon carcinoma
  - Increased risk of malignant melanoma
  - Increased risk of thromboembolic events
  - Increased risk of uterine carcinoma
22. A 26-year P3 presents with mucopurulent vaginal & urethral discharge. Gram staining of the discharge shows gram negative intracellular diplococci. What is your diagnosis?
- Bacterial vaginosis
  - Candidiasis
  - Gonorrhoea
  - Pelvic inflammatory disease
  - Trichomoniasis

23. A patient presents with fishy malodorous vaginal discharge. There are clue cells on microscopic examination. What is your working diagnosis?

- a. Bacterial vaginosis
- b. Candidiasis
- c. Gonorrhoea
- d. Pelvic inflammatory disease
- e. Trichomoniasis

fishy vaginal discharge... bacterial vaginosis

24. A 30-year married, nulliparous lady presents with dysmenorrhoea & dyspareunia. On examination, uterus is retroverted with restricted mobility and there is tenderness of the pouch of Douglas. What is the most likely diagnosis?

- a. Adenomyosis
- b. Endometriosis
- c. Endometrial carcinoma
- d. Fibroid uterus
- e. Ovarian carcinoma

dysmenorrhoea dyspareunia, uterus retroverted with restricted mobility ...endometriosis

25. A. Which of the following tumour marker is specific for granulosa cell tumour?

- a. AFP
- b.  $\beta$ -hCG
- c. CA 125
- d. CA 19-9
- e. inhibin

granulosa cell tumor... inhibin

26. The National cervical screening programme is for women aged 25-64

- a. Every year
- b. Every 2 years
- c. Every 3-5 years
- d. Every 4-6 years
- e. Every 6 months

cervical screening for women age 25-64... every 3-5 years

27. Which of the following tumour marker is specific for dysgerminoma?

- a. AFP
- b.  $\beta$ -hCG
- c. Ca 125
- d. Ca 19-9
- e. inhibin

dysgerminoma... beta hcg

28. Risk factors for endometrial carcinoma does not include

- a. Cigarette smoking
- b. null
- c. Late menopause
- d. Obesity
- e. Tamoxifen

risk factor for endometrial CA doesn't include.... cigarette smoking

29. Pap smear report of a lady shows dysplasia. Which of the following organisms may be present?

- a. HPV 6
- b. HPV 9
- c. HPV 16
- d. Herpes simplex
- e. Staphylococcus aureus

Pap smear ...HPV 16

30. An obese, hypertensive patient develop diabetes and presented with increased foul smelling vaginal discharge. Her histopathology report reveal cancer of genital tract. Most likely cancer which she can develop is
- Ca Cervix
  - Ca endometrium
  - Ca ovary
  - Ca vagina
  - Ca vulva
31. A 70-year lady developed a plaque like lesion on posterior vaginal fornix. She is likely to suffer from
- Adenocarcinoma vagina
  - Clear cell carcinoma vagina
  - Invasive cervical carcinoma
  - Squamous cell carcinoma vagina
  - Squamous cell carcinoma vulva
32. Removal of fibroid by surgery is called
- Endometrial ablation
  - Myomectomy
  - Laparoscopy
  - Laparotomy
  - Staging laparotomy
33. Vaginal hysterectomy is one of common procedure in Gyne, it offers
- Early resumption of activity
  - Longer hospital stay
  - More recovery time
  - More pain
  - Suitable for large fibroid uterus
34. A midline or para median incision is favoured by oncologists, although it is less strong than a Pfannenstiel incision, it's major advantage is
- It is cosmetically attractive
  - It is limited to one dermatome
  - It can be easily extended to provide excellent surgical access
  - It will cause less postoperative pain
  - It is less prone to herniation
35. Regarding Thromboprophylaxis, which of the following statement is correct
- It commences on the day of surgery until discharge, In the form of TEDs and LMWH.
  - It commences on the 3<sup>rd</sup> postoperative day as there is increased risk.
  - In patients with gynaecological malignancy, it will be given for short period.
  - The risk window for thromboembolic disease can last for up to 24 hrs
  - The Clinicians recommend antiembolic stockings for 6hrs