

Online Final Year MBBS Test (16-4-21)

Department Of Obstetrics and Gynecology

Total points 16/25 ?

Time: 45 min
25

Total Marks:

Note: No answers will be accepted after given time.

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a. Name (write down your full name)

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b. Roll Number(e.g.,15089)

F16-072

Q: 1 Most common presentation of sub serosal fibroid in a patient is *

0/1

- 1) IMB
- 3) HMB
- 4) Pregnancy loss
- 5) Pressure and pain



Q: 2 Pap smear is

1/1

- 1) Histopathology of cervix
- 2) Cervical biopsy
- 3) Cervical cytology
- 4) Cervical visualization
- 5) Removal of cervix

Q: 3 which of the following is NOT a risk factor for endometrial carcinoma? 1/1

- 1) Obesity
- 2) PCO
- 3) Diabetes
- 4) COCP
- 5) Temoxifen therapy

Q: 4 A 39 years old women Para 6 has presented with complaint of post coital 0/1 bleeding for the past three months. Your first investigation should be:

- 1) Dilatation & Curettage.
- 2) Cone biopsy of cervix.
- 3) Pap smear.
- 4) Colposcopy.
- 5) Laparoscopy.

Q: 5 43 years p1 presented in OPD with history of PCB for 3 months. On investigation she is found to have CIN2. What is your next step of management for this patient?

1/1

- 1) Cryotherapy.
- 2) High-risk HPV test.
- 3) LLETZ.
- 4) Referral for colposcopy.
- 5) Repeat cervical cytology in 3 months

Q:6 Sensitivity of cervical smear in picking up women with CIN is :

0/1

- 1. 65%
- 2. 70%
- 3. 75%
- 4. 80%
- 5. 90%

Q: 7 A 46 years old patient has an USG report of endometrial polyp.

0/1

Hysteroscopic removal of polyp has been decided. Which distention media should be used?

- 1) Carbon dioxide
- 2) Dextran 70
- 3) Ringer lactate solution
- 4) Normal saline
- 5) Mannitol solution

Q:8 you are doing abdominal hysterectomy of P5 due to HMB, and have given Pfannenstiel incision. Which of the following statement is not associated with Pfannenstiel incision?

- 1) Transverse lower abdominal incision
- 2) Strong when repaired
- 3) Low risk of herniation and not very painful
- 4) Gives excellent surgical excess
- 5) Cannot be easily extended and made larger

Q: 9 A 44-year-old woman considering a UAE for 34 weeks sized fibroid uterus. Which investigation would you suggest before undergoing UAE (uterine artery embolization)?

1/1

- 1) Trans-abdominal ultrasound
- 2) X-ray abdomen
- 3) IVU
- 4) MRI
- 5) Laparoscopy

Q: 10 A P5 38-year-old woman complains of cyclical heavy and painful menstrual bleeding. On examination she is found to have an enlarged, 'boggy' uterus. She has completed her family and currently relies on condoms for contraception. She does not give any significant medical history. Which is the most appropriate treatment?

1/1

- 1) LNG-IUS (Mirena®).
- 2) COCP.
- 3) Hysterectomy
- 4) GnRH analogues.
- 5) Endometrial ablation.

Q: 11 A medically fit 72-year-old patient has an endometrial biopsy which shows endometrioid adenocarcinoma of the endometrium. On radiological imaging she has Stage II disease. What management is indicated? 1/1

- 1 Carboplatin-based chemotherapy
- 2) Total abdominal hysterectomy with bilateral salpingo-oophorectomy.
- 3) External beam radiation therapy to the pelvis.
- 4) Modified radical hysterectomy.
- 5) Brachytherapy

Q: 12 Mrs. XYZ is 64year old postmenopausal. Her recent TVS scan reveals the presence of a 4cm right ovarian cyst. The cyst is multi-loculated and shows the presence of a solid area. There is no free fluid. The left ovary is normal. Her CA 125 is 50u/ml. Which of the following treatment options are best suited to her?

- 1) Laparoscopy and bilateral salpingo-oophorectomy
- 2) Laparoscopy and right salpingo-oophorectomy
- 3) Laparotomy and staging procedure (including TAH +BSO + infracolic omentectomy)
- 4) MRI abdomen plus pelvis
- 5) PET scan

Q: 13 In counseling a 48-year-old woman has recently been diagnosed with Stage II cervical squamous carcinoma. It is reasonable to quote a 5-year survival rate of around: 0/1

- 1) 36%.
- 2) 45%.
- 3) 60%.
- 4) 65%.
- 5) 76%.

Q:14 you are taking pap smear in OPD with medical student, attending colposcopy clinic with you, and ask you why the area you are looking at is called the transformation zone of cervix. Which of the following best describes the transformation zone of the cervix? 1/1

- 1) Glandular transformation of squamous epithelium
- 2) Metastatic transformation of columnar to squamous epithelium
- 3) Pre- cancerous transformation of squamous epithelium
- 4) Transformation from columnar to transitional epithelium
- 5) Transformation from squamous to transitional epithelium

Q: 15 The most common uterine tumor in reproductive age is

1/1

- 1) Sarcoma
- 2) Adenocarcinoma
- 3) Adenomyosis
- 4) Choriocarcinoma
- 5) Leiomyoma

Q:16 A 28 years old patient presents with a pelvic mass of 18 weeks size .on 0/1
ultrasound scan it is ovarian in origin. What type of ovarian tumors are
common at this age?

- 1. Inflammatory ovarian cyst
- 2. Germ cell tumor
- 3. Epithelial tumor
- 4. Red degeneration of fibroid
- 5. Metastatic tumor

Q:17 39 Years old patient presents with an ultrasound report showing 8x9 cm 1/1 sub serosal fibroid. She is asymptomatic. The best option for her management is:

- 1. GnRH analogue
- 2. Hysterectomy
- 3. Myomectomy
- 4. Conservative management
- 5. COCP for 3 months

Q:18 A 57 years old woman presents with acute lower abdominal pain and 1/1 vomiting. On examination abdomen is tender, on investigation her ultrasound shows adnexal mass with ascites and pleural effusion. Which type of adnexal mass do you suspect?

- 1) Brenner tumour
- 2) Para-ovarian tumor
- 3) Sexcord stromal tumour
- 4) Endometrioma
- 5) Epithelial ovarian tumor

Q: 19 A 32-year-old woman has a pelvic TVUSS as part of investigations for primary subfertility. The scan shows bilateral 5 cm 'kissing' ovarian cysts in the pouch of Douglas, both of which contain diffuse, low-level echoes giving a solid 'ground-glass' appearance. She reports severe dysmenorrhea and dyspareunia. What type of ovarian cysts are these most likely to be? 1/1

- 1) Hemorrhagic functional ovarian cysts.
- 2) Dermoid cysts.
- 3) Endometriomas.
- 4) Tubo-ovarian abscesses.
- 5) Serous cystadenomas.

Q: 20 A 32-year-old woman with a history of amenorrhea and secondary subfertility since a postpartum dilatation and curettage (D&C) for RPOC 2 years ago. What is the most appropriate step of management? 1/1

- 1) TVUS
- 2) Hysteroscopy
- 3) Endometrial Biopsy
- 4) Hysterosalpingiogram
- 5) MRI

Q: 21 A 32-year-old woman is diagnosed with a 3 cm stage IB1 squamous cell carcinoma of the cervix. She is worried because she and her partner would like to start a family. What fertility-sparing treatment would you recommend? 0/1

- 1) Cold knife cone biopsy.
- 2) LLETZ.
- 3) Radical hysterectomy with bilateral pelvic lymphadenectomy.
- 4) Radical radiotherapy with Cisplatin chemotherapy.
- 5) wedge biopsy with bilateral pelvic lymphadenectomy.

Q:22 A 56-year-old woman attends the gynecology department with PMB. A TVUSS measures her endometrial thickness as 1.2 cm. An endometrial biopsy shows moderately differentiated adenocarcinoma cells. What is the most appropriate staging investigation? 1/1

- 1) Chest X-ray.
- 2) CT scan of her thorax, abdomen and pelvis.
- 3) Hysteroscopy.
- 4) MRI Scan of her pelvis.
- 5) Trans abdominal ultrasound scan

Q:23 A 38 years Para0 presents with severe dysmenorrhea after conservative laparoscopic treatment of endometriosis. What management option can be given to this patient for her refractory symptoms?

- 1) LNG.IUS
- 2) Continuous COCP
- 3) Bilateral salpingectomy
- 4) Bilateral oophorectomy
- 5) TAH & BSO

Q:24 which of the following is NOT a risk factor for endometrial carcinoma? 1/1

- 1) Obesity
- 2) PCO
- 3) Diabetes
- 4) COCP
- 5) Temoxifen therapy

Q:25 Long term Tamoxifen therapy may lead to;

1/1

- 1) Ovarian carcinoma
- 2) Endometrial carcinoma
- 3) Cervical carcinoma
- 4) Choriocarcinoma
- 5) Breast carcinoma