



2017

CLASS TEST FINAL YEAR MBBS: APRIL 21, 2017

OBS & GYNAE (SHORT ESSAY QUESTIONS)

Maximum marks: 50

Time allowed: 2 hours

10 SEQs; 5 marks each.

Attempt all questions

Q1. A primigravida has presented in labour room at 32 weeks of gestation with complaint of uterine contractions since 7 hours.

- a) What are the clinical criteria to label this patient as a case of pre-term labour? 01
- b) How will you manage this patient? 03
- c) Name 4 fetal risks associated premature birth. 01

Q2. A 30 years old G4P3 at 34 weeks gestation with history of gush of fluid per vaginum, came in outpatient dept.

- a) What is the diagnosis? 01
- b) What are the likely effects on mother and fetus? 01
- c) How will you manage this patient? 03

Q3. You are called to evaluate a young lady delivered 02 days ago whom the family describes as 'depressed'. She is physically normal & has a healthy baby boy.

- a) What are the psychiatric ailments in puerperium? 02
- b) How would you manage this case? 03

Q4. A 20 year old primigravida is fully dilated for one hour. You want to facilitate the delivery by giving episiotomy.

- a) During 2nd stage of labour, at what time episiotomy should be given? 01
- b) If the episiotomy is extended to 3rd degree perineal tear, how would you manage the case? 04

Q5. A 48 year old P6, had tried several treatments for menorrhagia for the last 4 years. Today she is presented to you in OPD. On examination, uterus is equivalent to 12 week gestation. The patient is tired of medical treatment and wants to have surgical treatment of hysterectomy.

- a) What are the 3 routes of hysterectomy? 01
- b) Enumerate the common indications of hysterectomy. 1.5
- c) What is the selection criteria and contraindications of vaginal hysterectomy? 1+1.5

Gynaecology & Obs
(D.T.)

1. Substia

- diff b/w Comp / Incomplete abortion
- How we do?
- causes of miscarriage or 2nd trimester?

Def

Type

Site

management
↳ medical
↳ surgical

Q6. A woman has a booking scan which reveals a monochorionic twin gestation. A scan at 26 weeks reveals an increase amniotic fluid index in twin 1 and decreased amniotic fluid index in twin 2.

- a) What is your diagnosis? 01
- b) Which twin is at risk and why? 02
- c) How will you determine the chorionicity with USG? 02

Q7. A G6 P4+1 at 30 weeks of gestation came in OPD with history of previous two intrauterine deaths of babies. She is a known diabetic for last 5 years. Her blood sugar level is 9.5 mmol/L. She is taking oral hypoglycemic agents?

- a) How will you manage her? 03
- b) What are the neonatal complications in this case? 02

Q8. A P6+1 underwent dilatation and curettage after septic induced abortion, 6 months ago. Now she is presented with secondary amenorrhoea since D&C. Her BMI is normal.

- a) What is the likely diagnosis? 01
- b) How would you confirm your diagnosis? 02
- c) Counsel her for your plan of management. 02

Q9. A 35 year old P2 is presented to Gynae OPD with complaint of intermenstrual bleeding since one year. Her last pap smear was normal. On speculum examination, there is a 3 cm long finger like polypoidal growth protruding through the cervix.

- a) What is the diagnosis? 01
- b) How would you explain the nature of pathology to her? 01
- c) Describe the management plan to her? 03

Q10. Write short notes on the following.

- a) Cervical stenosis 2.5
- b) Caesarean hysterectomy. 2.5