



OBS & GYNAE (SHORT ESSAY QUESTIONS)

Maximum marks: 60  
06 SEQs; 10 marks each.

Time allowed: 45 minutes

Attempt all questions

1. Thirty years G5P1A3 at 28 weeks presented with low back pain and frequency of urination. She states that she feels occasional uterine cramping and believes that her membranes have not ruptured.

- a. What are the likely provisional diagnoses? 2
- b. How will you make the diagnosis? 3
- c. How will you manage her? 5

2. Thirty-three years G6P5 with twin gestation presented in labour at term. She had spontaneous vaginal delivery after augmentation of labour with oxytocin. One and a half hour after delivery, she starts bleeding per vaginum.

- a. What is the most likely diagnosis? PPA 2
- b. What are the risk factors for obstetric haemorrhage in her case? 4
- c. What are the risk factors of placental separation? 4

3. A thirty eight years G5P4 presented at 20 weeks of gestation in OPD. Four years back her first pregnancy ended in a normal delivery at term. After that she delivered 2 babies at 36 and 34 weeks respectively, which died within a week of life. After that she had two intrauterine fetal deaths at 26 weeks of gestation. The patient blood group is A negative.

- a. What is the most likely reason for this bad obstetric history? 2
- b. What are the potential sensitizing events for such problems? 3
- c. How will you manage the sensitizing events? 2
- d. What are signs of fetal anaemia? 3

4. Forty years, P3+0 presents in OPD with history of intermenstrual and post-coital bleeding for last eight months. Colposcopic examination shows a gross lesion of <4cm confined to the cervix.

- a. What is the most likely diagnosis? CA Cervix 2
- b. What is the stage of the disease? 2
- c. What investigations will you carry out? 3
- d. What standard treatment will you give? 3

GYNNAE + OBS



**MEGA TEST FINAL YEAR MBBS; MAY 18, 2018**

**OBS & GYN VAE (SHORT ESSAY QUESTIONS)**

Maximum marks: 60  
06 SEQs; 10 mark; each.

Time allowed: 45 minutes

Attempt all questions

5. A twenty-five years, G2P1, presents in emergency with history of gestational amenorrhea at eight weeks and lower abdominal pain with PV spotting. Her pulse is 115/min and B.P is 90/60 mmHg. On abdominal examination she is tense and 2tender in the right iliac fossa.

- a. What is your most likely diagnosis? *EC* 2
- b. What investigations will you carry out? 4
- c. How will you manage? 4

6. A fifty-five years, P7, presents with H/O urge incontinence and stress incontinence. Abdominal examination is unremarkable. Pelvis examination reveals 1<sup>st</sup> degree utero vaginal prolapse with huge cystocele.

- a) What is the most likely diagnosis? 2
- b) What investigations will you advise? 3
- c) What are the causes of this condition? 2
- d) How will you manage her after investigations? 3