



THE SUPERIOR COLLEGE, LAHORE

Final PROFESSIONAL MBBS
ANNUAL EXAMINATION 2018
OBSTETRICS.

SEQ's

Time Allowed: 2 HOURS

Roll No. 14106

Total Marks: 55

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

Multiple gestation
 Previous History
 Family History
 ↑ BML

Q.1 A G2P1 at 14 weeks of gestation came for routine antenatal visit. She has h/o gestational diabetes in previous pregnancy. Her Hb10.5g/dl and BSR 140 mg/dl.

- a) What are the risk factors for gestational diabetes? (150) 1
- b) How will you proceed with patient at high risk for gestational diabetes? (128 UMS) 3
- c) What are the complications of gestational diabetes mellitus in newborn? (152 UMS) 1

Q.2 A primigravida has presented in labor room at 32 weeks of gestation with complaints of uterine contraction since last 5 hours.

- a) What is the diagnosis? (125) 1
- b) Give differential diagnosis of the condition? (125) 1
- c) How will you manage the condition? (125) 3

Q.3 A 28 years P2 delivered a baby 10 days back. She presented on her 10th post-partum day with severe behavioral disturbance, hallucination, delusion and elevated mood. She had same episodes after her 1st delivery. Her father had severe depressive illness.

- a) What is your diagnosis? (286) 1
- b) What are the risk factors for this condition? (286) 1.5
- c) What should be the management plan? (410 UMS) 2.5

Q.4 A 25 years primigravida at 38 weeks gestation admitted with rupture of membranes. She was having regular painful uterine contraction every 2-3 min interval. On vaginal examination dilatation was 4cm with fetal feet palpable through the cervix. Fetal heart tracing was normal.

- a) What is your diagnosis? (1395) 1
- b) How will you manage this patient? (1395) 2
- c) What are the causes that lead to this condition? (1395) 2

(90 Obs)

(395) UMS

Q.5 A 32 years G2P1 comes for Antenatal booking. She has just had dating scan that confirms the presence of twins. The ultrasound report demonstrates that these are monochorionic diamniotic twins.

- a) Define monozygotic twins? *P-106 T.T (106)* 1
- b) Describe how chronicity is determined by ultrasound? *P-49 T.T (373 UHS)* 1
- c) Outline the risk of multiple pregnancies. *P-332 UMS* 2
- d) Outline the specific risks of monochorionic twins? *twins to twin transition syndrome (TAPS), cord accident, FGR* 1

Q.6 An 18 years Primigravida at 28 weeks is admitted with complaints of epigastric pain & nausea. Her BP is 160/110mmhg. Consider the following blood results

inc maternal age (30-35y)
inc parity
nutritional factors
Intestinally
Hereditary (IVF, IUI)
Assisted reproductive
Genetic hereditary
previous multiple pregnancy
Racial (more common in women of west african ancestry)

Investigation	26 weeks	28 weeks
Serum urate	150micromol/lit	230micromol /lit
24 hour urinary proteins	0.6g/hour	3.5g/hour
Platelet count	230	120

- a) What is the most likely diagnosis? *HELLP syndrome* 1
- b) What are 3 possible maternal complications of this disease if it remains untreated? 1
- c) What investigations will you perform on fetus? *P-136 T-T* *Placental abruption* 1
- d) How should this woman be managed? *P-138 T.T* *Acute renal failure* *still birth* *pulmonary edema* *shock* 1

Q.7 A 30 years G5P2A1 with previous 2 LSCS at 35 weeks presented to you with painless vaginal bleeding for 2 hours. She is hemodynamically stable. BP 110/70mmhg, Pulse rate 86/min. O/E abdomen is soft, non-tender. No scar tenderness.

- a) What is your diagnosis? *placenta previa (26)* 1
- b) What investigation will you advice? *ultrasound* 1.5
- c) How will you manage? *30 T.T (405 UHS)* 2.5