



THE SUPERIOR COLLEGE, LAHORE

Final PROFESSIONAL MBBS
SUPPLEMENTARY EXAMINATION 2017

OBSTETRICS

SEQ's

3

Time Allowed: 2 hours

Roll No. 12164

Total Marks: 35

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.

Q-No: 1

(19, 147)

Repeat

- a) What is pre pregnancy counselling? 155 T.T
- b) In which cases will you offer it? Heart, L.R.P, Diabetes, Respiratory disease, neurological
- c) What are the basic investigations advised at booking antenatal visit? 19 T.T, Hb, Hct, L1, L2, L3, L4, L5, L6, L7, L8, L9, L10, L11, L12, L13, L14, L15, L16, L17, L18, L19, L20, L21, L22, L23, L24, L25, L26, L27, L28, L29, L30, L31, L32, L33, L34, L35, L36, L37, L38, L39, L40, L41, L42, L43, L44, L45, L46, L47, L48, L49, L50, L51, L52, L53, L54, L55, L56, L57, L58, L59, L60, L61, L62, L63, L64, L65, L66, L67, L68, L69, L70, L71, L72, L73, L74, L75, L76, L77, L78, L79, L80, L81, L82, L83, L84, L85, L86, L87, L88, L89, L90, L91, L92, L93, L94, L95, L96, L97, L98, L99, L100, L101, L102, L103, L104, L105, L106, L107, L108, L109, L110, L111, L112, L113, L114, L115, L116, L117, L118, L119, L120, L121, L122, L123, L124, L125, L126, L127, L128, L129, L130, L131, L132, L133, L134, L135, L136, L137, L138, L139, L140, L141, L142, L143, L144, L145, L146, L147, L148, L149, L150, L151, L152, L153, L154, L155, L156, L157, L158, L159, L160, L161, L162, L163, L164, L165, L166, L167, L168, L169, L170, L171, L172, L173, L174, L175, L176, L177, L178, L179, L180, L181, L182, L183, L184, L185, L186, L187, L188, L189, L190, L191, L192, L193, L194, L195, L196, L197, L198, L199, L200, L201, L202, L203, L204, L205, L206, L207, L208, L209, L210, L211, L212, L213, L214, L215, L216, L217, L218, L219, L220, L221, L222, L223, L224, L225, L226, L227, L228, L229, L230, L231, L232, L233, L234, L235, L236, L237, L238, L239, L240, L241, L242, L243, L244, L245, L246, L247, L248, L249, L250, L251, L252, L253, L254, L255, L256, L257, L258, L259, L260, L261, L262, L263, L264, L265, L266, L267, L268, L269, L270, L271, L272, L273, L274, L275, L276, L277, L278, L279, L280, L281, L282, L283, L284, L285, L286, L287, L288, L289, L290, L291, L292, L293, L294, L295, L296, L297, L298, L299, L300, L301, L302, L303, L304, L305, L306, L307, L308, L309, L310, L311, L312, L313, L314, L315, L316, L317, L318, L319, L320, L321, L322, L323, L324, L325, L326, L327, L328, L329, L330, L331, L332, L333, L334, L335, 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L1000

Q-No: 2. A primigravida at 36 weeks of gestation presented with ultrasound report showing breech presentation. She has heard about ECV, she wants to know

- a) What is ECV? Repeat
- b) What are the preparations to perform ECV? - Tocolytics, bladder emptying, at 37 week
- c) Name 2 contraindication to perform ECV 331 UHS
- d) What are risks of ECV, name 4 329 UHS

Q-No: 3 A 36 year old P6 delivered 5 days back by LSCS for obstructed labour, has presented in emergency with history of breathlessness since 1hour. Her right calf is swollen, red and tender since morning.

- a) What is the most likely diagnosis venous thromboembolism (VTE) 1
- b) What are the risk factors in her case? (371 UHS) 267 T.T 1
- c) How will you investigate and manage her? 330 UHS 2+1

Q-No: 4 You are monitoring the labour of G2P1 whose gestational age is more than 42 weeks.

- a) Is she a high risk case to develop intrapartum fetal distress? → yes Repeat 0.5
- b) What tests are available to assess fetal wellbeing before and during labour? 2+1
- c) Enumerate the risk factors of fetal compromise in this case. 218 T.T 1.5

Q-No: 5 A 28 year old primigravida attended antenatal clinic at 12 weeks of gestation. She conceived after induction of ovulation. Her BMI is 35. Previous ultrasound at 8 weeks showed viable twins?

- a) What are the obstetrics risks to the mother? (373 UHS) 1.5
- b) What antenatal measures should be taken? 1.5
- c) What antenatal and postnatal complications you would anticipate. 1+1

D.T.O

A

(260)

check

Q-No: 6 A lady G4P3, previous all 3 caesarean sections, is presented at 38 week gestation in labour room. She gave history of sudden severe pain at previous caesarean scar followed by profuse sweating and fainting with the pulse rate 110/minute, BP90/60 mm of Hg. Fetal heart is absent.

- a) What is the most likely underlying cause? *placental abruption* 1
- b) How would you manage this emergency? *Placental abruption* 1

Q-No: 7 An obese 35 year old primigravida is found to have two episodes of glycosuria in the 2nd trimester.

- a) What are the causes of glycosuria in pregnancy? *↑GFR, GDM, pre-existing pregnancy* 0.5
- b) How will you confirm the diagnosis? *HbA1C* 0.5
- c) What are the risks to the fetus, mother and the neonate in this case of impaired glucose levels? *Repeat (151-152 T.T)* 1+2+1

(384) VHS (152)