

Annual 2019 Gynaec

Q. NO 1 (a)

D/D

- i) Gestational trophoblastic disease
- ii) incomplete abortion
- iii) Ectopic pregnancy

(b) investigations :-

① baseline investigations

- i) Full blood count
- ii) serum β -HCG level elevate
- iii) coagulation profile
- iv) TFTs
- v) LFTs
- vi) BUN and creatinin
- vii) Blood and RH Type
- viii) chest x-ray

② Imaging - ultrasound

- partial mole
 - ↳ inviable fetus
- complete mole
 - ↳ snow storm appearance

(c) Treatment

① suction D and C is the major method of choice
② hysterectomy ~~in patients~~ is an option in women who have completed child bearing

③ Follow-up

~~weekly B-HCG~~ ~~B-HCG titer~~

iii) weekly B-HCG titers until with in normal range. For 3 consecutive weeks.

iii) Monthly B-HCG titer until with in normal range for 6 consecutive months.

iii) Normal levels are usually reached with in 8-12 weeks after D and C.

④ Contraception

• Women should not to conceive until B-HCG titer has been normal for 6 months.

• Barrier contraception should be used until serum B-HCG is normal.

Q. NB26A)

causes :-

- (i) Pregnancy
- (ii) ovarian tumor
- (iii) leiomyosarcoma
- (iv) adenomyosis

(b) investigations :-

- ① Transvaginal ultrasound
- ② Transabdominal ultrasound
- ③ saline infusion sonography
- ④ MRI
- ⑤ Hysteroscopy.

(c) Treatment :-

Medical :-

- (i) Tranexamic acid
- (ii) NSAIDS
- (iii) GnRH ~~agonist~~ analogue
- (iv) selective Progesterone - Receptor modulator

Surgical :-

- ① Myomectomy
- ② Hysterectomy
- ③ uterine artery embolization

O. No 3 (a)

Diagnose

Endometriosis

(b) investigations

- ① Endocervical and high vaginal ~~swab~~ swab
- ② Transvaginal ultrasound
- ③ MRI
- ④ Diagnostic laparoscopy

(c) Treatment

Medical :-

- (i) Analgesic — NSAIDs
- (ii) combined oral contraceptive pills
- (iii) Progesterone
- (iv) Levonorgestrel intrauterine system

- (vi) Danazol and ovarian suppressive agents
- (vii) Hormone Replacement therapy
- (viii) GnRH agonist

Surgical

① conservative surgery

↳

- Diathermy
- Laser vaporization
- Excision
- Recurrence — 30%

② Definitive surgery

- hysterectomy + bilateral salpingo oophorectomy
 - combined HRT upto 6 months following surgery
- to prevent reactivation of residual disease:

0. Non Uterus

contraception methods

- ① Combined Hormonal contraception
- ② Intrauterine contraception
- ③ Progestogen-only preparation
- ④ Barrier method
- ⑤ sterilization

(b) side effects

- combined Hormonal contraception
 - ↳ ① migraine ② ↓ mood changes ③ MI ④ stroke ⑤ thromboembolism
- Intra-uterine contraception
 - ↳ ① Increased dysmenorrhoea ② IUD expulsion
- Progestogen-only preparation
 - ↳ ① irregular bleeding ② Decreased bone mineral density

• Barrier Methods

- ↳ ① Failure rate is high
- ② Urinary retention

• Sterilization

- ↳ ① Post tubal-ligation
- ② Infection
- ③ Ectopic pregnancy

Q. 1205 (a)

Points asked in history :-

(i) The patient should be asked about location, intensity, radiation, timing duration, relieving and aggravating factors.

(ii) History of Fever

(iii) History of ^{abnormal} vaginal discharge

(iv) H/o symptoms ~~and~~ suggestive of dysuria

(v) Previous H/o of abdominal or gynecological surgeries

(vi) Previous ~~the~~ H/o gynecological problems.

(vii) H/o of IUD insertion

(viii) Social Hx — Sexual Hx of Pt. STDs Hx and Partner Hx in Term of STDs

(b) investigations :-

- ① CBC
 ↳ Leukocyte Count
- ② culture
- ③ C-reactive Proteins
- ④ Laparoscopy
- ⑤ ESR
- ⑥ USG

(c) Treatment :-

① Mild/moderate infection :-

- oral ofloxacin + oral metronidazole twice daily For 14 days
- inj. ceftriaxone + oral doxycycline + oral metronidazole twice a day For 14 days
- inj. ceftriaxone + Azithromycin 1g weekly For 2 weeks

② Hospitalization and Parenteral therapy required when

- Severe infection
- Severe pelvic/abdominal pain

- General sepsis
- Axial mass suspicious of abscess
- Poor inadequate response to oral treatment

③ Principle of treatment in severe infection =

- adequate supportive care
- strict watch on fluid electrolyte
- Parenteral antibiotics
 - ↳ ceftriaxone i-v + oral lindoxycyclin + i-v metronidazole

twice a day when patient clinically better than antibiotics changed

For to oral therapy For 14 days:

- clindamycin i-v three times a day + Gentamycin i-v
- + oral metronidazole ~~twice~~ a day For 14 days
- Ofloxacin i-v twice daily + metronidazole i-v three times daily

For 14 days

- In pregnancy a combination of cefotaxime + Azithromycin + metronidazole should be used.

4) Surgical treatment :

- ① Drainage of abscess
- ② affected tube/ovary may be removed.
- ③ counselling

0. NOb (a)

Types of incontinence

- ① stress incontinence
- ② urge incontinence
- ③ overflow incontinence
- ④ mixed incontinence

(b) investigations / Tests

① Basic investigations

- urinalysis
- Bladder Diary
- Pad Test

② Imaging :-

- Renal and Bladder ultrasound
- Pelvic ultrasound

③ Urodynamics studies

- Urography

(c) Management conservative :-

- Weight Reduction
- Reduce caffeine intake
- Pelvic Floor ~~Exercise~~ Exercise
- Prevent shortening of second stage of delivery and reduce traumatic delivery.
- Perinometry and weighted cone improve.

Surgical :-

- ① colpo suspension (Ft. Gold standard operation)
- ② Tension - Free vaginal Tape (TVT)
- ③ Laproscopic colpo suspension

①. 107(a)

old

- ii) Benign ~~and~~ malignant ovarian cyst
- iii) ectopic pregnancy
- iii) hydronephrosis
- iv) small or large bowel obstruction

(b) investigation

- | | |
|------------------------|----------------------------|
| ① CBC | ⑥ USG |
| ② CT scan or MRI | ⑦ X-ray abdomen |
| ③ chest-xray | ⑧ Biopsy |
| ④ LETS | ⑨ Turner CA-125
markers |
| ⑤ urea and Electrolyte | |

(c) Treatment :-

① Surgery

↳ • Total abdominal hysterectomy + Bilateral salpingo oophorectomy
+ Infracoelic omentectomy + Lymph node resection

②

chemotherapy

↳ • carboplatin
• paclitaxel

③

Radiotherapy

④

Follow-up

↳ clinical Examination + CA-125 measurement

Q. NO 8 (a)

Menopause :-

Menopause is referred to as cessation of menstrual cycle, determined retrospectively after a woman has experienced 12 months of amenorrhea with out any pathological or physiological cause.

(b) Symptoms of Menopause

immediate
(0-5 years)

- vasomotor symptoms — hot flashes, night sweats
- psychological symptoms — anxiety, fearfulness
- loss of concentration
- poor memory
- hair changes
- dry and itchy skin
- decrease sexual desire
- joint aches and pain

intermediate

(3-10 years)

- vaginal dryness, soreness
- urgency of urine
- Recurrent urinary tract infections

Long term

7-10 years

- osteoporosis
- cardiovascular disease
- Dementia

(1) Management :-

① Lifestyle and Dietary changes

- Avoid smoking
- Avoid alcohol
- Exercise and maintaining Normal BMI

② Non-Hormonal approaches

(i) Complementary Therapies

- ↳ Acupuncture
- Hypnotism

(ii) Herbal Preparation

- ↳ Black cohosh
- Kava kava
- St. Jones wort

(iii) Non-Hormonal treatment for vasomotor symptoms

- ↳ alpha-adrenergic agonist
- Beta Blocker
- Serotonin-receptor reuptake inhibitors
- GABA analogue

③

Hormone Replacement Therapy

Q. 209(a) Diagnose :-

Lichen sclerosis

(b) investigation

biopsy

(c) Treatment :-

i) high dose Topical steroids (clobetasol propionate)

ii) applying pea-sized amount daily for 4 months

iii) alternate days for second month

iv) twice a week for third month.