

Send-up 2017 Gynaec

Q. no 2 (a) DID

- (i) Threatened abortion
- (ii) ~~Partial~~ molar pregnancy
- (iii) Ruptured corpus luteum
- (iv) Acute appendicitis.

(b) ultrasonography

(c) indications

- (i) unruptured tubal pregnancy less than 3cm in diameter
- (ii) sonographically non-visible pregnancy
- (iii) Absent lemnio-pelvicaneum
- (iv) Beta HCG level less than 200 IU/L

contraindications

- (i) chronic liver disease
- (ii) chronic kidney disease
- (iii) Breast Feeding
- (iv) Immunodeficiency and Hematologic disorder
- (v) ~~ASU~~ Active infection.

Q. 1103 (a)

Percentage of infertility male factor

~~30 million / ejaculation~~

↓ 21%

(b) sperm count

~~30 years~~ 39 million / ejaculation

Percentage Motility

32 years

abnormal form

30 years.

(c) events

- ① orchitis
- ② anabolic steroid abuse
- ③ cystic Fibrosis
- ④ prior scrotal surgery

Q. 1204(a) 2 Hysterectomy

(c) Complications :-

- (i) Hemorrhage
- (ii) Deep vein thrombosis
- (iii) Thromboembolism
- (iv) Higher incidence of vaginal prolapse
- (v) Early onset of menopausal symptoms.

Q. 1205(a)

Pap smear

It refers to cytological screening ~~of~~ test for detection of premalignant lesion of cervix.

(b) CIN :- It refers to cervical dysplasia with intact basement membrane.

- necessary precursor lesion for carcinoma of cervix
- arises from transformation zone

(A) Management 2-

① ablation ~~modality~~ modalities

- cryotherapy
- laser vaporization
- cold coagulation

② Excisional Procedure

- large loop excision of Transformation zone
- Diathermy wire and carbon dioxide laser.

Diagnosis

Endocervical Polyp

(B) Management

Polypectomy -

as outpatient

Removed of Polyp is treatment of choice -
Easily Removed by avulsion with Polyp Forceps

O. 107Cb)

Rotterdam criteria

- ① ~~ovarian~~ amenorrhea and oligomenorrhea
- ② clinical or biochemical signs of hyperandrogenism
 - Acne
 - Hirsutism
 - Alopecia
- ③ Polycystic ovaries on pelvic ultrasound
 - ≥ 12 follicles in one ovary
 - ovarian volume $> 10\text{ml}$