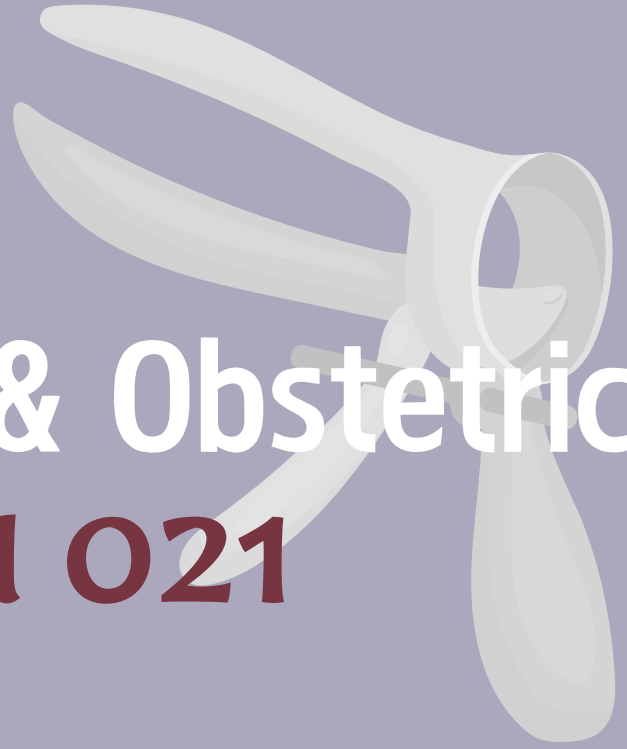


Gynecology & Obstetrics

Final 021



جینی

021 GYNE/OBS FINAL EXAM

LEJAN_ALDOFAAT

Q1 which of the following can cause oligohydramnious in second trimester

- A- Swallowing issue
- B- Esophageal fistula
- C- Renal agnesis
- D- duadonal atresia
- E- anemia

Q2 Patient during labor, after rupture of membranes she became dizzy and hypotensive with despnea and went into shock and collapsed, Most likely cause ?

- A- PE
- B- ammonitic fluid embolism
- C- septic shock

Q3 The Ideal contraception method for lactating women :

- A- lactation amenorrhea
- B- barrier methods
- C- progestine pills
- D- COCPs

Q4 A patient with primary ammnorhea normal secondary sexual characteristics and blind ending vagina

- A- mullerian agenesis

Q5 A patient with primary amenorrhea with absent uterus on US kerotype 46 XX

- B- mullerian agenesis

Q6 female normal breasts, minimal pubic hair, karyotype XY 46, diagnosis

- A- androgen insensitivity syndrome
- B- mullerian

Q7 stem

- A- Gartner duct cyst
- B- Bartholin cyst
- C- liboma
- D- fibroma
- E- fibromyoma

Q8 A painful perennial cyst 4 o'clock position is a:

- A- Gartner duct cyst
- B- Bartholin cyst
- C- fibroma
- D- fibroma
- E- fibromyoma

Q9 A 55 years old postmenopausal woman comes with vaginal spotting, the most important thing to do

- A- Exclude endometrial cancer

Q10 what is the reason for adding progesterone to estrogen in postmenopausal HRT

- A- to prevent endometrial hyperplasia and cancer
- B- to treat vasomotor symptoms

Q11 what is the method of screening for postmenopausal osteoporosis

- A- DEXA scan
- B- Hand and wrist Xray

Q12 the gold standard for diagnosis of endometriosis

- A- MRI
- B- pelvic Xray
- C- CT
- D- laparoscopy

Q13 which is not a germ cell cancer

- A- endometrioid
- B- teratoma
- C- dysgerminoma
- D- chorinoma ?

Q14 which of the following is a contraindication for external cephalic conversion

- A- posterior placenta
- B- aduequet liquor
- C- previous uterine scar
- D- frank breach
- E- multiparity

Q15 which is not a risk factor for malpresentation

- A- Oligohydroamnios

- B- polyhydroamnios
- C- DM
- D- large baby

Q16 A complication of polyhydroamnios

- A- preterm labor
- B- post term labor

Q17 a patient on 30 weeks gestation comes with frequent painless vaginal bleeding, US confirmed low lying placenta, the patient had two previous CSs what risk is she at the most

- A- premature labor
- B- delayed labor
- C- placenta accreta spectrum

Q18 A patient at 22 weeks gestation, comes with oligohydrominos, which of the following is most likely to develop in the fetus

- A- lung hypoplasia

Q19 when is the ideal time to screen for GDM

- A- at booking
- B- 18-16 weeks
- C- 20-22 weeks
- D- 24-28 weeks
- 3- 28-30 weeks

Q20 first line management for gestational diabetes

- A- lifestyle modifications
- B- insulin for all cases
- C- oral hypoglycemic agents

Q21 A young patient comes with a history of 7 weeks amenorrhea abdominal pain and vaginal bleeding, the most important diagnosis to rule out

- A- Ruptured ectopic pregnancy

Q22 A patient BMI 32, with history of 3 months amenorrhea, previous menesturual irregularities and sub fertility, the most likely diagnosis :

- A- PCOS

Q23 Endometriosis cause infertility by all of these mechanisms except :

- A- Tubal obstruction

- B- Interfer with fertilization
- C- Decrease ovary reseve
- D- Anovulation
- E- Interfer with implantation

Q24 Not a long term sequel of PCOS

- A- Overian cancer
- B- DM
- C- OSA

Q25 grey foul smelling vagainal discharge with irritation and strawberry cervix on speculum examination, most likely diagnosis

- A- candidiasis
- B- clamydia
- C- trichomiasis
- D- bacterial vagainosis
- E- herpes

Q26 vaginal discharge with fishy odor and clue cells

- A- bacterial vagainosis

Q27 cystic lesion on the ovary with teeth resembling structures

- A- mature cystic teratoma
- B- dermoid cyst

Q28 a 23 years old patient 34 weeks of gestation, comes with headache, Bp 170/135, blurry vesion and +3 protenuria, next step

- A- start antihypertensive therapy
- B- admit for management
- C- reassurance it's stress related
- D- give her an appointment in one week

Q29 what is the most accurate clinical test for fetal growth

- A- mothers weight
- B- abdominal girth
- C- fundal height

Q30 what is the first leupold maneuver

- A- lateral grip to determine where back lies
- B- fundal grip

C- determining head engagement

Q31 37 weeks pregnant lady feels dizzy and short of breath when she lies on her back what is the most likely reason

A- IVC compression

B- Aortic compression

Q32 A patient in labor 6 cm dilated , examination revealed cord prolapse with fetal bradycardia and late decelerations, next step

A- labor augmentation

B- CS

C- instrumental delivery

Q33 35+ placenta previa with recurrent bleeding

A- hospitalization and expectant management

Q34 a young nulliparous woman in stage 2 labor for 2 hours, fully dilated, head at 2+ station and exhausted, best next step

A- vaccum delivery

B- give oxytocin

C- CS

Q35 where can you feel the fundus at 12 weeks gestation

A- not palpable abdominally

B- at symphysis pubis

Q36 PROM what is wrong mangment

A- vaginal exam every 3 days

B- daily CTG

C- vital signs

Q37 at what level can you feel the fundus two days after delivery

A- at or slightly below umbilicus

B- above umbilicus

C- symphysis pubis

D- xephsternum

Q38 wrong about placenta previa

A- clinical diagnosis

B- associated with prematurity

C- mode of delivery CS

Q39 which of the following antiepileptics is most associated with neural tube defects

A- levetiracetam

B- Valproic acid

C- Phenytoin

D- carbamazepine

Q40 most common cause for maternal mortality in labor

A- infections

B- bleedings

C- uterine rupture

Q41 how to prevent PPH

A- Active management of stage 3 of labor

Q42 a patient fully effaced and 6 cm dilated, she is in which stage of labor

A- latent stage 1

B- stage 2

C- active stage 1

D- stage 3

Q43 all true about stage 3 of labor except

A- is the stage of delivery of placenta

B- can take up to 30 minutes

C- we give ergometrine for all

Q44 most common cervical cancer

A- SCC

B- adenoma

Q45 most common bilateral germinal tumor

A- dysgerminoma

Q46 which hormone reflects ovarian reserve

A- FSH

B- LH

C- AMH

D- estradiol

Q47 what is the primary investigation method for tubal patency

A- US

- B- MRI
- C- hystoscopy
- D- hystosalpingiography

Q48 post menopausal bleeding, which is true
A- endometrium thickness more than 5 mm is an alarming sign

- Q49 which HPVs are responsible for more than 70% of cervical cancer
- A- 16 and 18
 - B- 11 and 8

- Q50 contraindication for medical treatment of ectopic pregnancy
- A- Hcg less than 1000
 - B- presence of fetal heart activity
 - C- tubal pregnancy

- Q51 which doesn't cause fetal tachycardia
- A- prematurity
 - B- anemia
 - C- IUGR
 - D- maternal fever
 - E- pethidine

- Q52 signs of placental separation
- A- gush of amionitic fluid
 - B- cord lengthening

- Q53 a patient comes to ER, hypotensive, in distress, US shows collapsed overian cyst and massive hemoperitoneum, next step ?
- A- laparotomy
 - B- hysterectomy

- Q54 not necessary to perform a speculum exam
- A- privacy
 - B- consent
 - C- lubrication
 - D- presence of a family member

- Q55 A case of dysmenorrhea, dysparunia, and infertility
- A- endometriosis

Q56 which of the following is an assuring CTG
A- baseline rate of 160 with minimal variability
B- baseline of 140 with accelerations

Q57 which CTG is morbid
A- sinusoidal pattern

Q58 which hormone induces ovulation
A- FSH
B- LH

Q59 reason for anovulation in PCOS
A- High LH
B- High LH and insulin resistance
C- High FSH

Q60 puerperium period length
A- 2 weeks
B- 4 weeks
C- 6 weeks
D- 8 weeks

Q61 regarding APH which is wrong
A- always can be well estimated
B- minor if less than 50 ml
C- major if 50 to 1000 ml
D-

Q62 not normal vaginal delivery
A- 300 ml blood loss
B- stage 2 for 3 hours
C- 36 weeks baby
D- we give oxytocin after delivery of anterior shoulder

Q63 long term PID complication
A- tubal infertility
B- cervical cancer

Q64 which assisted reproduction method bypasses both tubal and male factors infertility

A- ICSI

B- IUI

C- induction of ovulation

Q65 which contraceptive does not prevent STD

A- IUD

B- abstinence

C- cervical cup

D- condoms

E- female condoms

Q66 Macrosomia is associated with

A- shoulder dystocia

B- placenta previa

D- prematurity

Q67 Patient has seizure history, she is planning for pregnancy, what you will prescribe for her

A- low dose aspirin

B- high dose folic acid

Q68 patient with epilepsy what would you ask in history

A- seizure type and frequency

Q69 all are possible complications of section evacuation, except

A- Bladder injury

B- Rh immunization according to past

C- blood transfusion

D- cervical injury

Q70 A patient comes with ovarian cyst >4cm, bloating, best next step

A- repeat US in 3 months

B- laparoscopic cystectomy

C- MRI pelvis

Q71 A 55 years old patient with 6cm ovarian cyst, elevated CA125 no ascites, next best step

A- refer her to gynecologist onco MDT

- B- aspirate the cyst
- C- Reassurance
- D- MRI
- E- repeat testing is 3 months

Q72 in face presentation what is the smallest diameter

- A- mento vertical
- B- submento baragmatic

Q73 Primary investigation for infertility in males after history & physical

- A-Seminal fluid analysis

Q74 normal hematology change in pregnancy

- A- Severe luekopenia
- B- smaller plasma amount
- C- increased hgb concentration
- D- increased fibrinogen
- E- increased platelets count

Q75 normal renal change in pregnancy

- A- increased GFR
- B- decreased GFR

Q76 Most common karyotype for complete hydatidiform mole

- A- 46, xx (all paternal)

Q77 The most common cause of pelvic organ prolapse is:

- A- vaginal support injury during childbirth, especially vaginal delivery.
- B- constipation

Q78 60 years old patient with spontaneous loss of urine during exercise, best management

- A- pelvic floor muscles exercise
- B- anticholinergics
- C- bladder training

Q79 Not a risk factor for PET

- A- diastolic BP of 60mmhg on booking
- B- nulliparity
- C- previous renal disease

Q80 patient 28 weeks gestation, started feeling sudden rhythmic abdominal pain every 10 mins, most likely

A- round ligament pain

B- appendicitis

C- preterm labor

Q81 A patient 8 weeks pregnant, comes with history of bleeding, US shows IU pregnancy with heart activity, this is

A- threatened abortion

B- complete abortion

C- incomplete abortion

Q81 most common cause for central precocious puberty

A- idiopathic

B- muccone albright syndrome

C- intercereblar injury

Q82 anosmia/ delayed puberty

A- kallmans syndrome

Q83 open cervix, visible pregnancy sac, this is

A- inevitable abortion

Q84 true about dichorionic twins

A- always dizygotic

B- the most common twin pregnancy

C- always share a placenta

D- high risk of TTT

Q85 true about monochorionic twins (wrong question and will be deleted)

A- one placenta one sac

B- one placenta two sacs

Q86 Gravida refers to

A- total number of pregnancies regardless of outcome

B- number of deliveries after 24 weeks

Q87 which indicates endometritis during puerperium

A- foul smelling lochia with fever

Q88 Not part of routine antenatal screening tests :

- A- CMV antibodies
- B-Urine analysis
- C- TSH
- D- hepatitis C antibodies
- E- CBC

Q90 Patient came 5 days postpartum complaining of tearfulness, mood swings and irritability but she can handle the baby

- A- MDD
- B- Postpartum blues
- C- Postpartum psychosis
- D- postpartum depression

Q91 patient comes 6 weeks postpartum, complaining of persistent sadness and sleep disturbances , denies psychosis, most likely diagnosis

- A- postpartum depression
- B- postpartum blues
- C- anxiety

Q92 Premenstrual syndrome symptom:

- A- Mood swing and irritability in a cyclic pattern

Q93 prepubertal childhood period is characterized by

- A- pulstile GnRH secretion
- B- constant GnRH secretion
- C- inactive HPO axis
- D- negative feedback on pituitary
- E- high levels of free sex hormones

Q94 the maternal test for RH sensitization

- A- direct coombs
- B- indirect coombs

Q95 term for frequent menesturation

- A- polymenorhea
- B- oligomenorhea

Q96 After evacuation of molar pregnancy you should monitor bHCG

- A- weekly until undetectable
- B- monthly for a year
- C- once after 3 months

Q97 which of the following does not increase the risk for endometrial cancer

A- OCPs

Q98 severe vaginal bleeding after delivery, uterus is soft and high, the most likely cause for the bleeding

A- atony

B- trauma

C- retained tissue

Q99 best dating measurement in first trimester

A- CRL