



OBGY PYQ

Medsynapse by Dr. Nikita



Which of the following are indications for early clamping of umbilical cord at delivery?

1. Rh incompatibility
2. Baby born to a diabetic mother
3. Maternal anemia
4. Birth asphyxia

Select the correct answer using the code given below.

- (a) 1, 2 and 3
- (b) 1, 2 and 4
- (c) 1, 3 and 4
- (d) 2, 3 and 4



The definition of gestational hypertension includes which of the following?

- 1. Sustained rise of blood pressure to 140/90 mm of Hg or more at least on two occasions 12 hours apart at any period of pregnancy
- 2. Sustained rise of blood pressure to 140/90 mm of Hg beyond 40 hours of delivery
- 3. Sustained rise of blood pressure to 140/90 mm of Hg on two occasions 4 or more hours apart
- 4. Pregnancy should be more than 20 weeks

Select the correct answer using the code given below.

- (a) 2 and 4
- (b) 3 and 4
- (c) 1
- (d) 3 only



Box 47.2 Gestational hypertension

- Features
 - BP \geq 140/90 mm Hg, checked 4 hours apart
 - Develops after 20 weeks
 - No proteinuria
 - Resolves by 12 weeks postpartum
- Can be
 - Nonsevere (BP: 140/90–160/110 mm Hg)
 - Severe (BP \geq 160/110 mm Hg)
- Clinical course
 - Preeclampsia in 15%–25%
 - Eclampsia in 5%
 - Chronic hypertension in a small number
 - Return to normal by 12 weeks postpartum in the rest
- Prognosis
 - Good
 - When hypertension develops after 36 weeks
 - Nonsevere hypertension



In the PALM-COEIN classification by FIGO for abnormal uterine bleeding, o—ovulatory dysfunction is the cause in which one of the following conditions?

- (a) Adenomyosis
- (b) Pelvic inflammatory disease
- (c) Polycystic ovarian syndrome
- (d) Ovarian cancer



PALM – Structural causes of AUB

P Polyp – endometrial and endocervical; may cause intermenstrual bleeding

A Adenomyosis – may cause HMB and/or PMB

L Leiomyoma (fibroids) – may cause HMB or PMB

M Malignancy/hyperplasia – AUB is most common symptom of endometrial cancer; bleeding patterns are variable

COEIN – Nonstructural causes of AUB

C Coagulopathy – spectrum of systemic disorders of hemostasis associated with HMB and/or PMB (eg, clotting factor deficiencies, platelet dysfunction, von Willebrand disease, use of anticoagulants)

O Ovulatory dysfunction – includes a variety of endocrine disorders (eg, polycystic ovary syndrome, other androgen excess, thyroid disorders, hyperprolactinemia); may have irregular menses, HMB, and/or PMB

E Endometrial – likely due to vasoconstriction disorders, inflammation, infection, HMB associated with predictable ovulatory cycles

I Iatrogenic – a variety of medications and devices that act on the endometrium can cause AUB (eg, IUDs, hormonal contraception, tamoxifen, tricyclic antidepressants, some antipsychotics)

N Not yet classified – poorly understood conditions and rare disorders (eg, arteriovenous malformations)

AUB, abnormal uterine bleeding; HMB, heavy menstrual bleeding; IUD, intrauterine device; PMB, postmenopausal bleeding.



Which one of the following is NOT a risk factor for pre-eclampsia ?

- (a) Primigravida
- (b) Obesity
- (c) Pre-existing vascular disease
- (d) Placenta previa

Box 47.7 Risk factors for preeclampsia



- Primiparity
- Age <18 years
- Advanced maternal age (>35 years)
- High body mass index (>35 kg/m²)
- Multiple pregnancy
- Hydatidiform mole
- Rh isoimmunization
- Maternal medical problems
 - Diabetes
 - Hypertension
 - Renal disease
 - Connective tissue disorders
 - Antiphospholipid antibody syndrome
- Past history of preeclampsia
- Family history of preeclampsia
- Race
- Low socioeconomic status
- Environmental factors



The reference point 'zero' in POPQ (Pelvic Organ Prolapse Quantification) classification is taken as

(a) ischial spine

(b) perineal body

(c) mid-vagina

(d) hymen



How POP-Q system works?

- The **hymen** acts as the fixed point of reference throughout the POPQ system.
- There are **six defined points** for measurement in the POPQ system
 - Anterior: Aa, Ba, C,
 - Posterior: Ap, Bp, D
- Three others landmarks: **GH, TVL, PB**. Each is measured in **centimeters** above or proximal to the hymen (negative number) or centimeters below or distal to the hymen (positive number) with the plane of the hymen being defined as zero (0).



Which of the following are contraindications to external cephalic version in antenatal management of breech presentation ?

1. Antepartum haemorrhage
2. Multiple pregnancy
3. Reactive Non Stress Test
4. Severe oligohydramnios

Select the correct answer using the code given below :

- (a) 1, 2 and 3
- (b) 1, 2 and 4
- (c) 1, 3 and 4
- (d) 2, 3 and 4



Box 42.7 External cephalic version

- Performed at
 - 36 weeks in nullipara
 - 37 weeks in multipara
- Higher success rate in
 - Multiparous women
 - Complete breech
 - Adequate liquor volume
 - Average fetal weight
 - Placenta in upper segment

Box 42.8 External cephalic version complications and contraindications

- Complications
 - Fetal bradycardia
 - Placental abruption
 - Fetomaternal hemorrhage
 - Uterine rupture
- Contraindications
 - Absolute
 - Multifetal pregnancy
 - Gestational hypertension/preeclampsia
 - Placenta previa
 - Major uterine anomalies
 - Oligohydramnios
 - Rupture of membranes
 - Relative
 - Previous cesarean section
 - Fetal growth restriction
 - Major fetal anomaly
 - Fetal macrosomia
 - Abnormal cardiotocography



Antepartum haemorrhage is defined as bleeding from genital tract

- (a) Before 20 weeks of pregnancy
- (b) Before 24 weeks of pregnancy
- (c) After 28 weeks of pregnancy
- (d) After 34 weeks of pregnancy



Carbohydrate metabolism in normal pregnancy shows :

- a) Fasting hypoglycemia
- b) Postprandial hypoglycaemia
- c) Increased sensitivity of insulin receptors in mother
- d) Decreased plasma glucagon levels



Box 3.7 Changes in glucose metabolism in pregnancy

- Fasting hypoglycemia
- Mother prone to ketosis
- Increase in insulin resistance
- Increase in postprandial glucose levels
- Increase in insulin response to glucose
- Increase in hepatic glucose output



A 27-year-old female is complaining of grayish white discharge with fishy odour. There is no history of itching associated with discharge. Which one of the following is the most likely diagnosis?

- (a) Trichomoniasis
- (b) Candidiasis
- (c) Urinary tract infection
- (d) Bacterial vaginosis

SYNAPSE
Meet Mnemonics



Which of the following are included in the combined prenatal screening tests in first trimester?

1. β -hCG
2. MS AFP (α -Fetoprotein)
3. Nuchal translucency
4. PAPP-A

Select the correct answer using the code given below.

- (a) 1, 2, 3 and 4
- (b) 1, 2 and 3 only
- (c) 1, 3 and 4 only
- (d) 2 and 4 only

MEDSYNAPSE

Where Concepts Meet Mnemonics



Which of the following are correct regarding Placental Site Trophoblastic Tumour (PSTT)?

1. Low serum β -hCG
2. Composed mainly of cytotrophoblast
3. Highly responsive to chemo radiation
4. Local invasion into myometrium

Select the correct answer using the code given below.

- (a) 1, 2 and 3
- (b) 1, 2 and 4
- (c) 1, 3 and 4
- (d) 2, 3 and 4



MEDSYNAPSE

Where Concepts Meet Mnemonics



Placental Site Trophoblastic Tumour

It constitutes 1% of all trophoblastic diseases. Placental site trophoblastic tumour arises from the placental bed trophoblast and invades the myometrium. It follows a full-term normal delivery in 95%, though in rare cases, one follows a mole (5%). hCG levels are lower than that observed in choriocarcinoma, and rarely exceed 2000–3000 IU/L. Most of these tumours run a benign course, malignancy being rare. This tumour contains mainly cytotrophoblasts with few or no syncytiotrophoblasts. For this reason, β -hCG level is low and serum human placental lactogen (HPL) level high.

- Persistent trophoblastic disease and choriocarcinoma are treated effectively by chemotherapy. Surgery is rarely required.
- Choriocarcinoma and metastatic growths developing several years after pregnancy render the diagnosis difficult.
- Placental site trophoblastic disease with low hCG but raised HPL level fails to respond to chemotherapy and requires hysterectomy.
- Following molar pregnancy, the woman needs counselling regarding recurrent mole and choriocarcinoma, and should be persuaded for follow-up.
- Prognosis has greatly improved because of specific hCG marker and effective chemotherapy.



Which of the following statements are correct regarding female sterilization ?

1. It can be done 24 – 48 hours following delivery.
2. Ideal time for interval ligation is luteal phase preceding menstruation.
3. It can be combined with medical termination of pregnancy.
4. It is a preventive measure against serous ovarian cancer.

Select the correct answer using the code given below :

- (a) 1, 2 and 3
- (b) 1, 2 and 4
- (c) 1, 3 and 4
- (d) 2, 3 and 4



Which of the following are the absolute contraindications for the use of combined oral contraceptive pills ?

1. Severe hypertension
2. Pregnancy
3. Diabetes with retinopathy
4. Gall bladder disease

Select the correct answer using the code given below :

- (a) 1, 2 and 3
- (b) 1, 2 and 4
- (c) 1, 3 and 4
- (d) 2, 3 and 4



Absolute Contraindications... (WHO Category IV)

- Migraine, with focal Neurological Symptoms
- Pregnancy and breast feeding (6 Months)
- Severe Hypertension
- Complicated valvular heart disease
- D.M. with vascular complications
- Active hepatitis, liver tumors
- Major Surgery
- Prolonged Immobilization .

Contraindications to the use of COCPs

Contraindications to use include the following:

- Age >35 years and smoking >35 cigarettes/day
- Undiagnosed abnormal vaginal bleeding
- Known or suspected pregnancy
- Untreated hypertension
- Diabetes with vascular complications
- Estrogen-dependent neoplasia
- History of deep vein thrombosis, pulmonary embolism, or congestive heart failure
- Cerebrovascular disease
- Significant structural heart disease, pulmonary hypertension, or coronary artery disease
- Atherogenic lipid disorders
- Breast cancer
- Active liver disease
- Protein C, protein S, and antithrombin deficiencies
- Prolonged immobilization and major surgery

Age beyond 40 years is no longer considered a contraindication to taking low-dose OCPs.



Which of the following are examples of LARC (Long Acting Reversible Contraceptives) ?

1. Copper-T 380A
2. Implants
3. LNG-IUS

Select the correct answer using the code given below :

- (a) 1 and 2 only
- (b) 2 and 3 only
- (c) 1 and 3 only
- (d) 1, 2 and 3



Table 26.1 Contraceptive methods and their failure rates

Contraceptive method	Failure rate (%)
Most effective	
LARC	
• Intrauterine contraceptive devices	0.5–2
• Implants	0.05–0.1
• LNG-IUS	0.2
Sterilization (male or female)	0.1–0.5
Effective	
Injectable contraceptives	0.3
Oral contraceptives	0.3
Transdermal contraceptive patches	0.3
Vaginal ring	0.3
In these methods, unintended pregnancy may occur due to incorrect or inconsistent use.	
Least effective	
Barrier methods	15
Periodic abstinence	25



Intrahepatic cholestasis of pregnancy presents with which of the following features ?

1. Pruritus after 28 weeks gestation, especially in palms and soles
2. Serum bilirubin levels $> 5 \text{ mg}\%$
3. Raised levels of serum bile acids
4. Features subside within two weeks postpartum

Select the correct answer using the code given below :

- (a) 1, 2 and 3
- (b) 1, 2 and 4
- (c) 1, 3 and 4
- (d) 2, 3 and 4



Box 51.3 Clinical features of intrahepatic cholestasis of pregnancy

- Physical presentations
 - Pruritus
 - Starts in second or third trimester
 - Generalized
 - Worse on palms and soles
 - Worse at night
 - Sleep disruption
 - Emotional disturbance
 - Scratch marks on extremities and abdomen
 - Jaundice
 - 10%–15% of women
 - Starts 1–4 weeks after itching
 - Vitamin K deficiency
- Recurrence risk in next pregnancy
 - 45%–70%
- Laboratory values
 - Total bile acids >10 $\mu\text{mol/L}$
 - ALT and AST normal (Table 51.1)
 - Bilirubin elevated but <5 mg/dL

Box 51.5 Maternal outcome in ICP

- Maternal prognosis good
- Following delivery
 - Pruritus disappears rapidly
 - Liver function tests normalize
- No hepatic sequelae
- Increased risk for gallstones
- Estrogen-containing OCPs
 - Can result in cholestatic hepatitis
 - Preferred OCPs
 - Low-dose estrogen OCPs
 - Progesterone-only OCPs

Box 51.4 Treatment of pruritus in intrahepatic cholestasis of pregnancy

- Ursodeoxycholic acid (UDCA)
 - 500 mg twice daily
 - Relieves pruritus
 - Increases bile flow
 - Reduces bilirubin levels
- Cholestyramine
 - 8–16 g/day
 - Decreases ileal absorption of bile salts
 - Much less effective than UDCA
- Dexamethasone
 - Occasionally prescribed
 - When response to UDCA unsatisfactory



Table 51.1 Comparison of clinical and laboratory findings in acute hepatic diseases of pregnancy

Disorder	Onset in pregnancy (trimester)	Clinical findings	Liver function tests		Renal function test	Hematological and coagulation tests			
			AST (U/L)	ALT (U/L)	Bilirubin (mg/dL)	Creatinine (mg/dL)	Plat	Fib	PT
Hyperemesis	First	Severe N&V	N	N	↑	N	N	N	N
Cholestasis	Third	Pruritus, jaundice	N	1–5	N	N	N	N	N
Acute fatty liver	Third	N&V, ±HTN, hepatic/renal failure	300–500	= or >5	↑↑↑	↓↓	↓↓↓	↑	↑↑↑
HELLP	Second–third	HTN, headache, blurred vision	200–700	2–4	↑	↓↓	↓	N	↑↑↑
Hepatitis	Variable	Jaundice	1000–>2000	5–20	N	↓	N	↑	N

↑, increased levels; ↓, decreased levels; A , alanine aminotransferase; AS , aspartate aminotransferase; Creat, creatinine; Fib, fibrinogen; P, hemolysis, elevated liver enzymes, and low platelet count; HTN, hypertension; N, normal; N&V, nausea and vomiting; Plat, platelets; PT, prothrombin time.



A 27-year-old female married for 3 years regularly cohabiting with husband presents to Gynaecology OPD with complaints of inability to conceive for 2 years. During clinical evaluation hysterosalpingography was done which revealed irregular outline of uterine cavity and rigid fallopian tubes with nodulations. Most likely cause for this condition is :

- (a) Genital Herpes
- (b) Syphilis
- (c) Genital Tuberculosis
- (d) Gonorrhoea



'Schiller-Duval body' is a characteristic histological feature of which one of the following cancers ?

- (a) Dysgerminoma
- (b) Endodermal sinus tumour
- (c) Non-gestational ovarian choriocarcinoma
- (d) Sex cord stromal tumours



Which one of the following is the distinguishing feature to differentiate Gartner's cyst from Cystocele ?

- (a) Marked cough impulse in Gartner's cyst
- (b) Margins are ill-defined in Gartner's cyst
- (c) There is no impulse on coughing in cystocele
- (d) Gartner's cyst is not reducible



Location	Entity	Notes
Above the inferior margin of the symphysis pubis	Urethral diverticulum	Midline, encircles the urethra, can be single or multiple, complicated or simple
	Gartner duct cyst	Usually singular, off-midline oval-shaped cyst in the anterolateral vaginal wall
	Periurethral collagen injection	Iatrogenic bulking agent injected near the proximal urethra to promote continence; round with variable signal intensity
At or below the inferior margin of the symphysis pubis	Bartholin gland cyst	Usually singular, medial to the labia in the posterolateral vaginal wall
	Skene gland cysts	Paired, periurethral cysts along the lateral aspect of the lower third of urethra near the external meatus



Which one of the following is a prerequisite for Endometrial Ablation ?

- (a) Uterus is 12 – 14 weeks size
- (b) Woman wants to preserve her reproductive function
- (c) Fibroids > 3 cm in size
- (d) Woman who prefers to preserve her uterus



Inclusion and exclusion criteria for endometrial ablation

Inclusion criteria	Exclusion criteria
Abnormal uterine bleeding	Coexisting gynaecological pathology (e.g. uterovaginal prolapse, ovarian pathology, pelvic inflammatory disease, cervical atypia)
No desire for amenorrhoea	Endometrial atypia and cancer
Unsuccessful medical treatment	Submucous fibroids more than 5 cm
Endometrial biopsy negative for atypia and cancer	Uterine more than 12 weeks in size
Family complete	Anovulation, endometrial hyperplasia



Vesicovaginal fistula is classified as complicated if it has which of the following features ?

1. Size – more than 3 cm
2. Bladder involvement – Supratrigonal
3. Location – Midvaginal
4. Presence of prior radiation

Select the correct answer using the code given below :

- (a) 1, 2 and 3
- (b) 1, 2 and 4
- (c) 1, 3 and 4
- (d) 2, 3 and 4



Types of VVF based on complexity (Elkins 1999)

FISTULA	SIMPLE	COMPLICATED
SIZE	≤ 3 cm	> 3 cm
LOCATION	HIGH VAGINAL	MID VAGINAL
BLADDER INVOLVEMENT	SUPRA-TRIGONAL	TRIGONAL AREA
PELVIC MALIGNANCY	ABSENT	PRESENT
PRIOR RADIATION THERAPY	ABSENT	PRESENT
VAGINAL LENGTH	NORMAL	SHORTENED



Surgical treatment by 'ventrosuspension of uterus' is used for what condition ?

- (a) Pelvic organ prolapse
- (b) Retroversion of uterus
- (c) Rupture of uterus
- (d) Vault prolapse



Surgery for retroversion :

1. Ventrosuspension
2. Plication of round ligament
3. Baldy webster operation