



OBGY PYQ

UPSC CMS

Medsynapse by Dr. Nikita



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

- ✓ 1. Rh incompatibility ✓ - no mixing
- ✓ 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 ✗

AMTSL → Delayed ✓

• early = LAPID!

- Rh
- asphyxia
- preterm (previously)
- infections
- DM (previously)



The definition of gestational hypertension includes which of the following?

→ • >20wks app

- 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 ~~X~~
- 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

<20wks → chronic HTN
>12wks after delivery

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 \rightarrow if $\oplus \rightarrow$ preeclampsia.
 - 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

thyroid / prolactin

xxxp



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.

ovarian cancer



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

is a very risk factor for abruptio placentae

- page classⁿ
- Tender
- h/o trauma
- outsize > GA



Box 47.7 Risk factors for preeclampsia

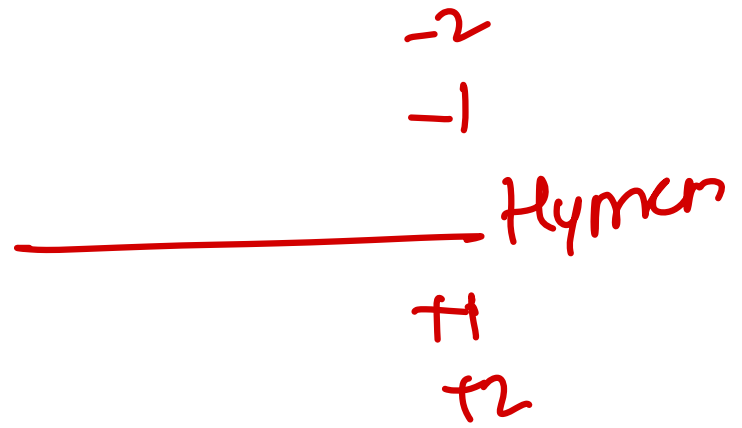
- Primiparity
- Age <18 years young
- Advanced maternal age (>35 years)
- High body mass index (>35 kg/m²) *
- Multiple pregnancy ✓
- Hydatidiform mole ✓
- Rh isoimmunization ✓
- Maternal medical problems
 - Diabetes
 - Hypertension
 - Renal disease
 - Connective tissue disorders
 - Antiphospholipid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

xx placenta prena.



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

- (a) ischial spine → fetal station 0
- (b) perineal body
- (c) mid-vagina
- ~~(d)~~ hymen





How POP-Q system works?

- The nymen 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).

pregnancy → pelvory



Which of the following are contra-indications to external cephalic version in antenatal management of breech presentation ?

- ✓ 1. Antepartum haemorrhage ✓ *x (placenta praevia) x*
NO VD
- 2. Multiple pregnancy ✓
- ✗ 3. Reactive Non Stress Test → *indicⁿ*
- 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

- o painless → prenia.
- o painful → . abruptio
 . rupture
 . prev ↓ UCS
 . fetal parts felt
 well
- x not felt → polyhydram
- o fetal blood → vasa
 distress prenia
 Apt test (+)



Carbohydrate metabolism in normal pregnancy shows :

- fetus utilise maternal glucose*
- 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) ^{TR} Trichomoniasis
- (b) Candidiasis → curdy, candida acid
- (c) Urinary tract infection
- (d) Bacterial vaginosis

You fishy
No bitch

amstel A B
B.V.

C
Clue cells

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

belā PAPP-A
X Triple
X 2nd Tr.

mid sagittal

2nd Trim Caowka

Triple \rightarrow BUCU AFP UE3

Quad \rightarrow Triple + Inhibin A
allowed

NT

11-14 wks

CRL \rightarrow 45-84mm

NT > 3mm \rightarrow karyotyping

nuchal fold thickness \rightarrow axial





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

- 1. ✓ Low serum β -hCG \rightarrow syncytiotroph
- 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 ✗

$\rightarrow >95\% \rightarrow$ Normal delivery
chorion, lung mets
 \downarrow
Stage ③
• EMAEO regimen.
mtx.

x hysterectomy





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. → upto 7 days

~~2.~~ Ideal time for interval ligation is luteal phase preceding menstruation. ~~xxx postovulⁿ xx~~

3. It can be combined with medical termination of pregnancy. ✓

4. It is a preventive measure against serous ovarian cancer. ✓

→ bilateral tubectomy
prevents epithelial 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 ✓ (vascular)
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

- ① liver .
② cardioc
③ DM & vasc
④ DVT
⑤ breast cancer
↓ Chhaya
✓ Centchroman
not steroidal.



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 .

DVT
PE

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

ni ev → sterilisation



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 mg% ~~XP~~ XA < 5
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 (obstructive)
 - 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
- hepatocellular damage*

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
① Hyperemesis	First ✓	Severe N&V	N	N	↑	N	N	N	N
② Cholestasis	Third ✓	Pruritus, jaundice	N	1-5	N	N	N	N	N
③ Acute fatty liver	Third	N&V, ±HTN, hepatic/renal failure	300-500	= or >5	↑↑↑	↓↓	↓↓↓	↑	↑↑↑
④ HELLP	Second-third	HTN, headache, blurred vision	200-700	2-4	↑	↓↓	↓	N	↑↑↑
⑤ Hepatitis	Variable	Jaundice	1000-2000	5-20	N	↓	N	↑	N

fatty liver failure multiple

①
②
③
④
⑤

↑, increased levels; ↓, decreased levels; A, alanine aminotransferase; AS, aspartate aminotransferase; Creat, creatinine; Fib, fibrinogen; H, 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

Asherman
adhesions

Hysteroscopy

irregular
beaded.

TB
Tobacco pouch
tube.






'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

→ ~~lymphocytes~~

/ yolk sac

YES - G

D P L

Tumor → AFP



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

Gartner's well defined reducible non reducible

ant

→ cough imp (+)

- (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

below, behind

off

behind



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

- (a) Uterus is 12 – 14 weeks size ~~XX~~
- (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

uterosacral
nerve
ablation

WNA

endometriosis
midline plus

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



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

- 1. Size – more than 3 cm ✓
- 2. Bladder involvement – Supratrigonal ~~XX~~ Trigonal
- 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~~

m/c cause →

- obst labour
- post Sx
- o middle swab stained
- o Sx → latzko
- o NO intercourse for 3m
NO preg for 1yr.



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 ✓

mauigi room) shortening



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 → *sacrocolpopny*



Surgery for retroversion : ✓

ve/we

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

Retroverted uterus
① prolapse
② endometriosis

Fetal anemia → MCA PSV. >> 1.5 mom
 Obst doppler → good trim

High flow diastolic

S/D low ②

uterine a →
 umb a →

low resist

low resist - ivcR →

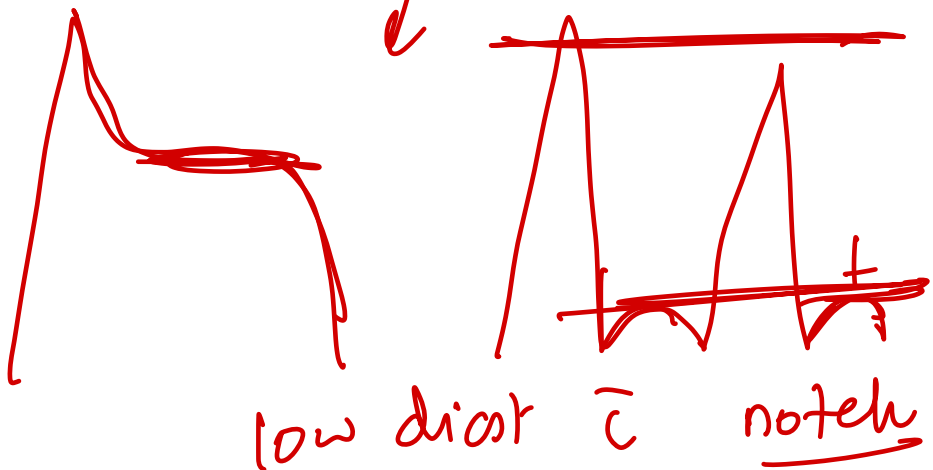
S/D ↑↑↑

MCA →

high resistance.

① ivcR →
 brain sparing

② anemia



MCA low resist
 ↑ diast flow
 ∴ S/D ↓

→ s/p high resist → preeclamp
1st trim
 start on low dose aspirin