



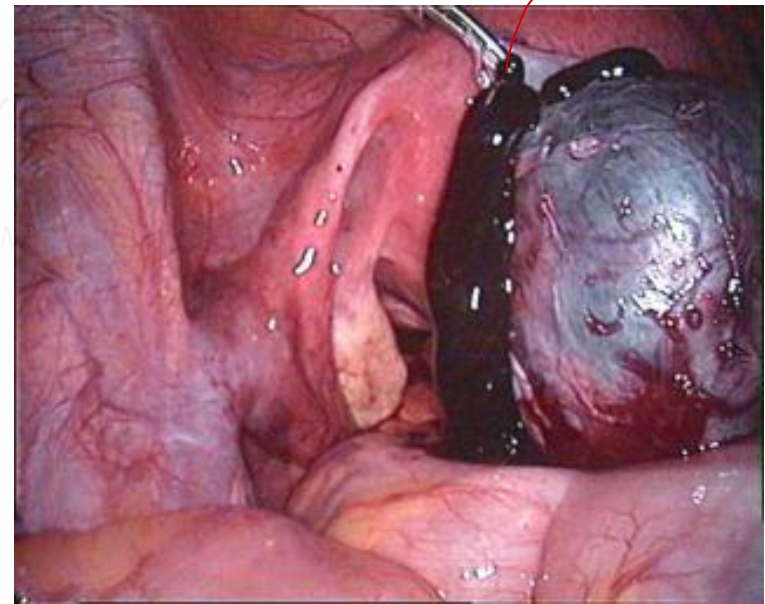
OBGY AIIMS PYQ

Medsynapse by Dr. Nikita



A 28-year-old female patient presented with lower abdominal pain along with **dysmenorrhea**. The following finding was seen on laparoscopic examination. What is the likely diagnosis?

- a) Krukenberg tumor
- b) Endometriosis**
- c) Polycystic ovaries
- d) Cystadenoma of ovary



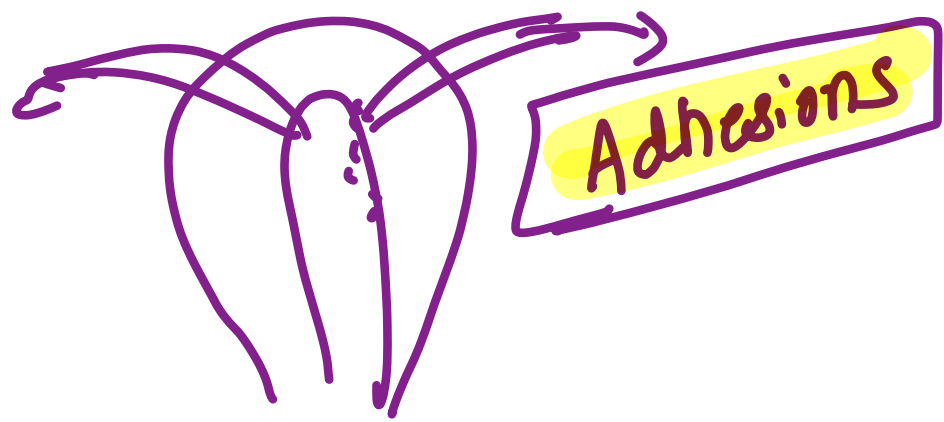
→ chocolate cyst

MEDSYNAPSE
Where Concepts Meet

☆ Endometriosis → ♂ → clb



- dysmenorrhea
- dyspareunia ✓
- infertility



• Retroverted fixed uterus

vs not fixed → prolapse
homog low level echoes.

USG → chocolate cyst → kissing ovaries

lap → powder burn
Laparoscopy ✓

★ Adenomyosis → endo → myometrium

↓
◦ USG → ◦ Bulky uterus
◦ myometrial cysts

cb → ◦ dysmenorrhea
& menorrhagia
40 yrs F. ◦ Venetian blind app.
◦ MRI → ◦ Junctional zone thickened > 12mm

★ Haiban sign → symm. salt & pepper app
enlargement of glands
of uterus. tender



Following fetal tocographic finding was seen in a 30-year-old female patient in labor. What does it suggest?

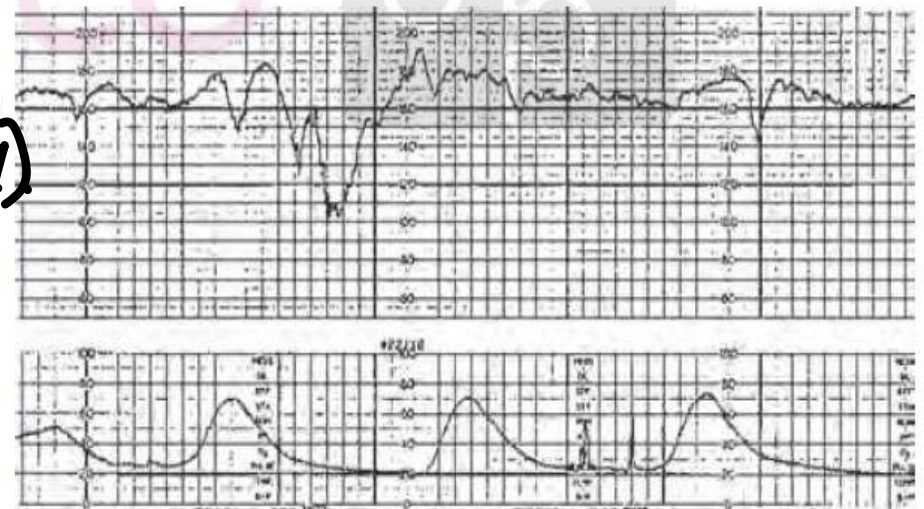
Variable → cord late deceleration

Head com Early

Late de Placental

VC deceleration → HELLP

- a) Early cord compression
- b) Fetal distress (UP. insufficiency)
- c) Head compression
- d) Fetal anemia
 - ↳ sinusoidal pattern
 - ↳ terminate preg

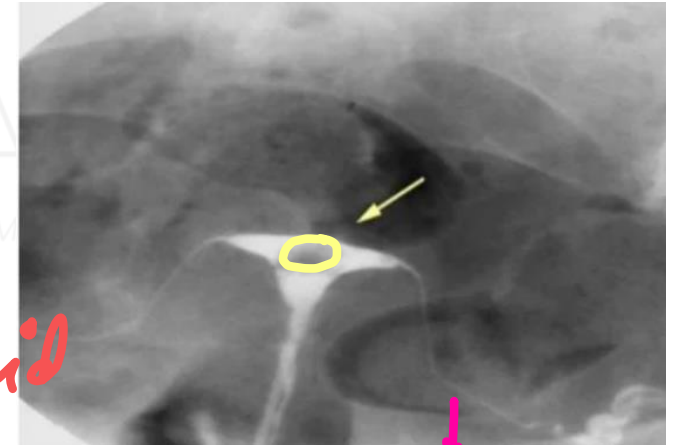




HSG image below shows:

Submucous fibroid ~ endo polyp.

- a) Endometrial polyp
- b) Fibroid uterus
- c) Genital TB
- d) Asherman syndrome

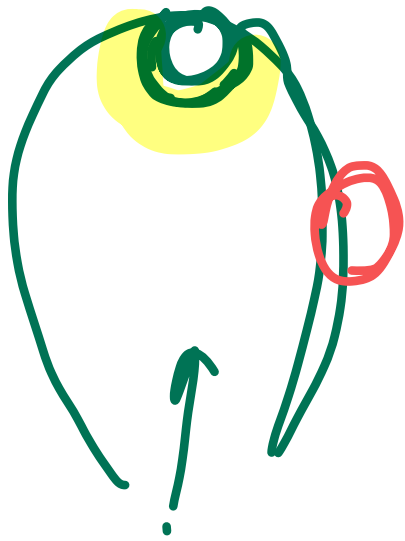


only sm. fibroid seen on HSG.

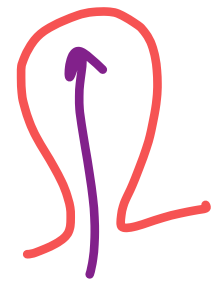
N fall. tubes.

☆ ↑ **Hyperechoic glands** vs fibroid → **hypoechoic muscle**
 polyp

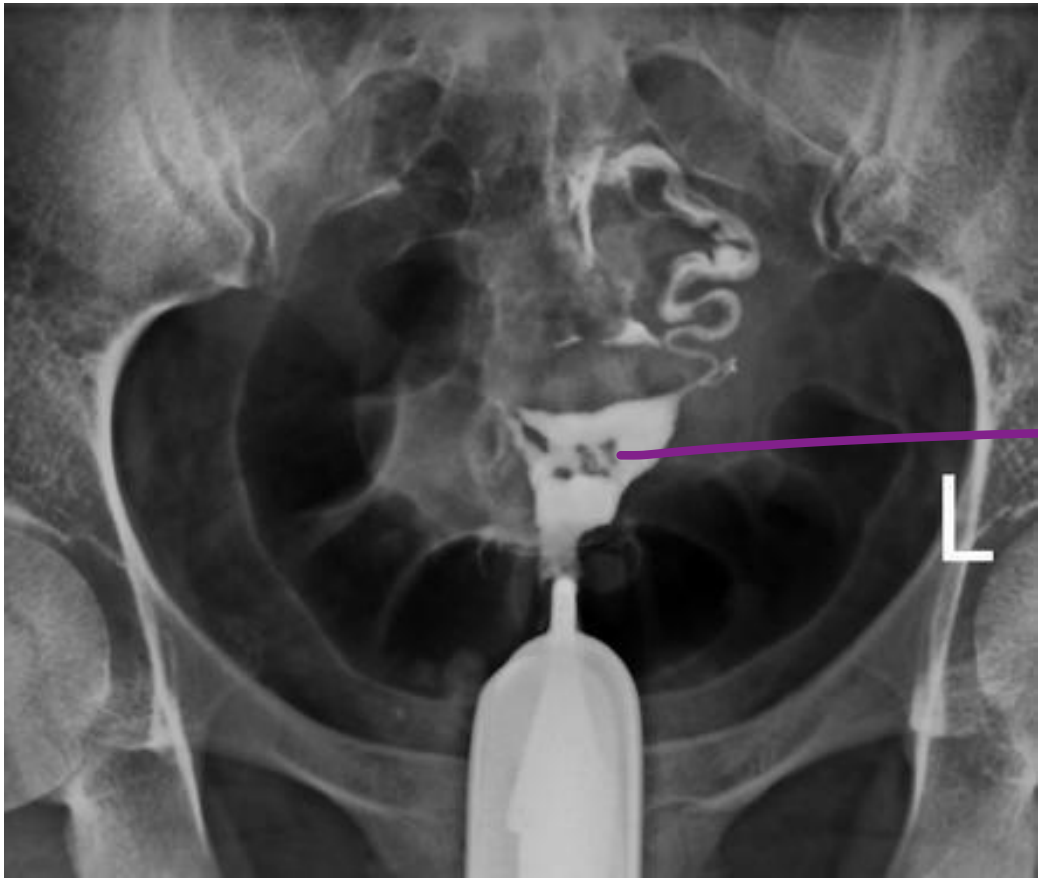
↓
 • sonography / sono **SIS**



☆ USG → polyp → feeder vessel ⊕



↓
 clj → Metroorrhagia



Asherman

↓
Multiple
irregular

- ↳ interant adhesions
- ↓
- o post curettage
- o TB
- o schistosomiasis



Which of the following statements is true about Swyer syndrome?

dysc. gonads

→ 46XY
 • Ⓣ stature
 ↓
NOT
 ↘
 ~ Turner
 ↳ 45X0
 • short stat

AUSP. AM
 abstr. sec. • Ais → pubic
 utero breast ⊕ • MRKH. hxxo

a) Can be fertile with surrogacy - ut ⊕

b) Can be fertile with ovum donation - gonads.

c) Presents with primary infertility xx

1° amenorrhoea ←

d) Gonadectomy is indicated for all patients

↳ ↑ malign in dysgenet: → as soon as Δ.

46xy

Swyer

Ais

(ausp AM)

uterus ⊕
hypoplastic

Abst ~ MRKH.
utero

~ Turner



Which of these is seen in Asherman syndrome?

↓
adhesions
↓
infertility > hypomenorrhea

→ infreq. menses (40d)

a. Oligomenorrhea

b. Hypomenorrhea →

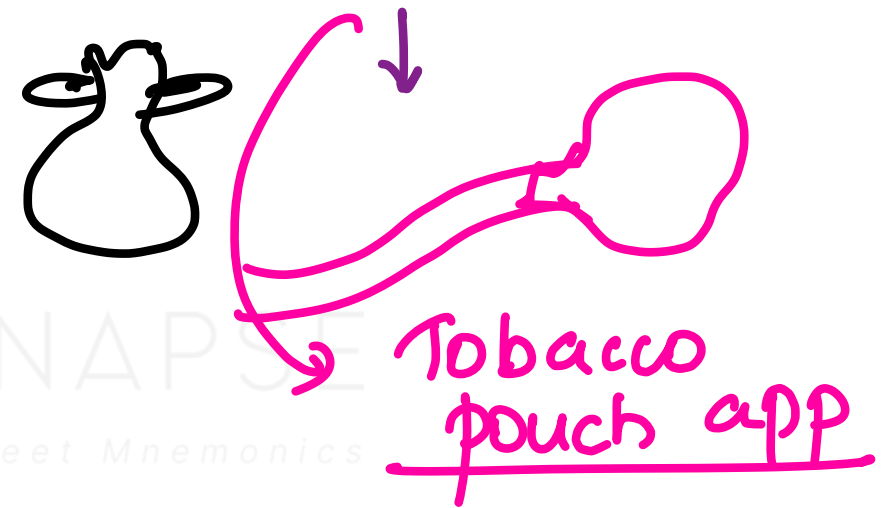
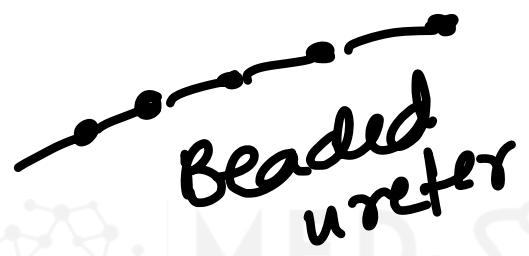
scanty bleed (QTM bleed)

c. Metromenorrhagia

d. Polymenorrhea



What is the most likely cause for beaded appearance of fallopian tubes with clubbed ends of fimbriae on HSG?



- a) Genital tuberculosis
- b) Chlamydia
- c) Neisseria gonorrhoea
- d) Endometriosis

SALPINGITIS
ISTHMIICA
NODOSA

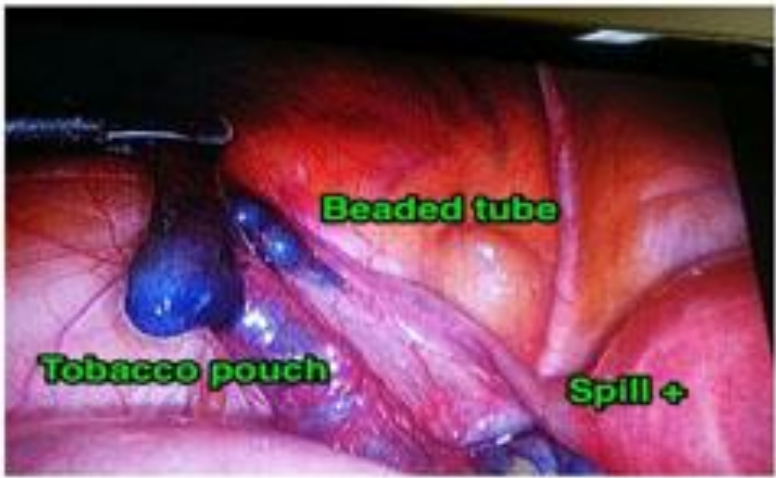


Figure 1: Laparoscopic finding suggestive of GTB: beaded tube, tobacco pouch (*although spill is present, tubes are clearly damaged).



Tobacco pouch.
↳ TB.



Bead
TB



Which of these is diagnostic of menopause?

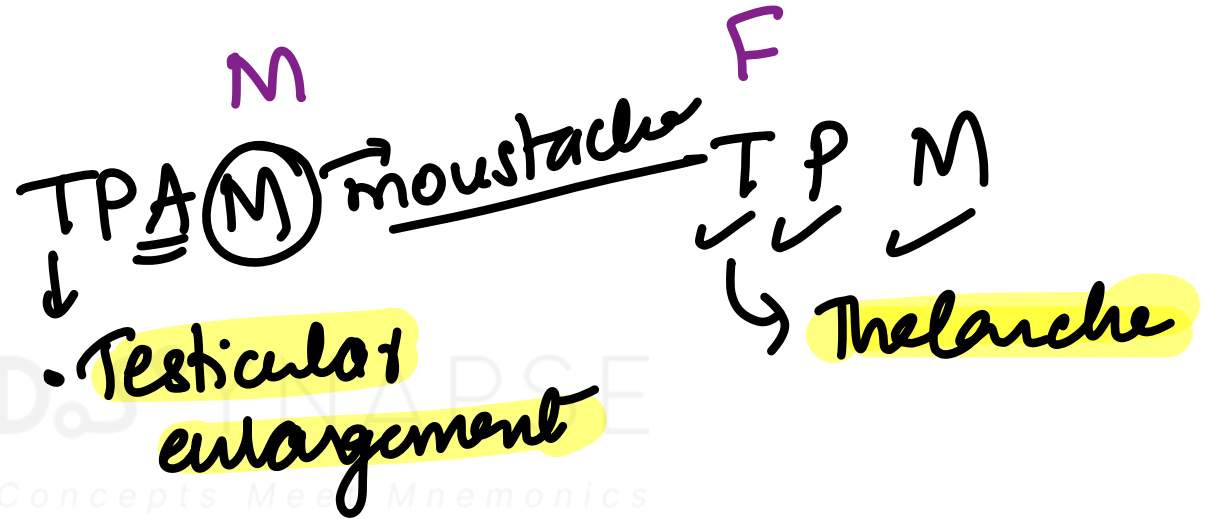
↓
 E₂/E₁ ratio ↓ = amenorrhoea > 12 months
 ∴ E₁ ↑ in menop FSH ↑ (∵ ovarian failure)

• estrogen → Est(one) ✓
 ↓
 (one)
 • preg → Triple
 ↓
Estriol UE₃
 (M+F+Kid)

- ✓ a) Serum FSH > 30
- b) Serum LH > 20
- c) Serum FSH < 40 ✗
- d) Serum estradiol < 30 (< 20) ✓ pg/ml



What is the first sign of puberty in a girl?

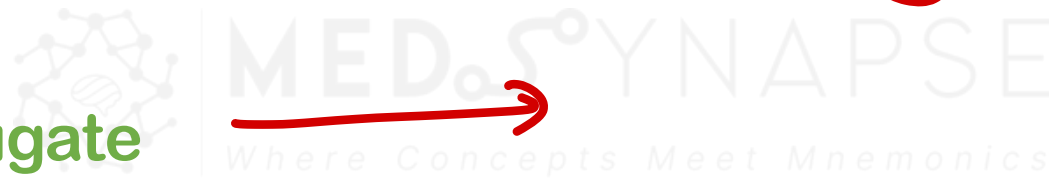


- a) **Thelarche** → breast
- b) Menarche
- c) Adrenarche
- d) Pubarche

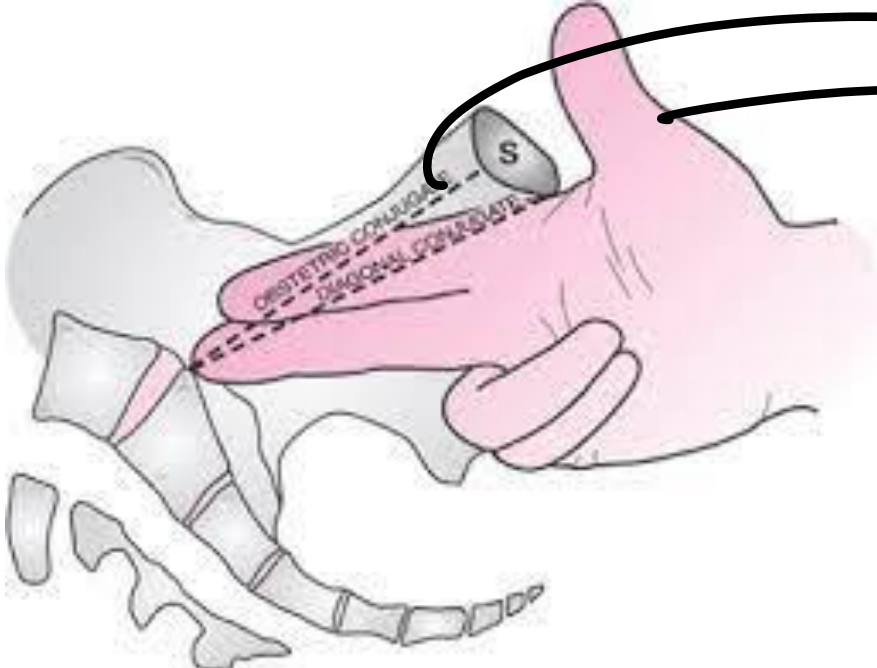


In the pelvic inlet, which is the shortest anteroposterior diameter?

True → 11 cm
obst → 10 cm
diag → 12 cm



- a) True conjugate →
- Obstetric conjugate →
- c) Anatomical conjugate Di
- Bispinous diameter → Transverse, not AP



diagonal (diagnosis)

↓
clinical

D.S°YNAPSE
Concise Meet Mnemonics

$$OC = DC - (1.5-2cm)$$



Estrogen and progesterone in the first 2 months of pregnancy are produced by:

later → placenta
⊖ uterine contractⁿ
⊖ PLS

- a) Fetal ovaries
- b) Fetal adrenal
- c) Placenta
- ✓ d) Corpus luteum

→ DHEA (P48)





Drug of choice for pregnancy-induced hypertension

is:

↓

He loves my neonate

Hydralazine
 labetalol
 methyldopa
 nitroglycerin

- a) Atenolol
- b) Enalapril ~~xx~~
- c) Nitroprusside

✓ Alpha-methyldopa

↳ α_2 (+) → brakes ACEI for sympathetic

→ CIE in pregnancy



All of these can be used for post-coital
contraception except:

a) Desogestrel

b) Copper-T → till 5 days

c) Levonorgestrel → 1.5mg Single

d) OCP →

/ 0.75mg x 2 tab
12 hrs apart

MEDSYNAPSE
Where Concepts Meet Mnemonics



Drug – Emergency contraception

- ① **Levonorgestrel**
- ② **Ethinyl estradiol 50 µg + Norgestrel 0.25 mg**
- ③ **Conjugated estrogen
Ethinyl estradiol**
- ④ **Mifepristone**
- Copper IUDs**
- Centchroman**
- Ulipristal**

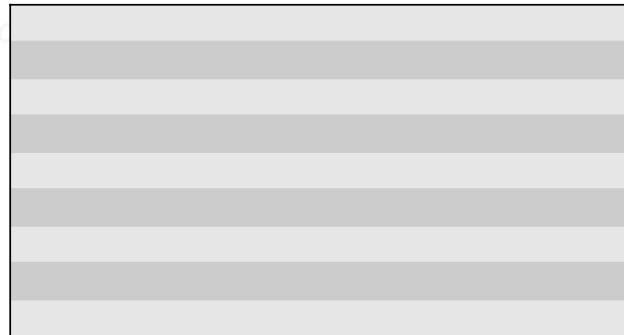
LNG

M. mifepr
C. centchr
U. ulipristal

↳ SPRM 30mg



MEDSYNAPSE
Where C





What is the approved dose of misoprostol in emergent management of postpartum hemorrhage?

PPH + AMTSL

- PG E1 analogue
- WHO → 800 µg oral / subling
- ACOG → 600 - 1000 µg oral / PR

- a) 200 mcg
- b) 600 mcg
- c) 400 mcg
- d) 1000 mcg

* PPH Rx → Carboprost Kit ✓
but not AMTSL
max → 2mg



What is the best time to give anti-D to a pregnant patient?

28 wks

after delivery \bar{c} in 72hrs
max \rightarrow 2 doses

Rh negative \rightarrow watch in main videos

a) 12 weeks

b) 36 weeks

c) 28 weeks \rightarrow best

d) After delivery

300ug

• Rh neg mother + Rh +ve husband
• Non sensitised yet.
• majority signif Hx \bar{c} mixing after 2 wks

