

1.

Investigations which are a part of pre-conceptual diabetes testing are?

a) Hb A1c level

b) LH & FSH level

c) Frequent blood sugar estimation

d) TSH estimation

e) All of the above

Correct Answer - A:C:D

Ans. is 'a' i.e., HbA1c level, 'c' i.e., Frequent blood sugar estimation & 'd' i.e., TSH estimation

Pre-conceptual tests in diabetic woman

- Testing that should be done as part of preconception care for women with diabetes include the following

Maternal

- Routine rubella, rapid plasma reagin
- Hepatitis B virus and HIV testing
- Blood typing
- Frequent blood sugar estimation
- Hemoglobin A1C
- Thyroid-stimulating hormone
- Serum creatinine
- Urine albumin-to-creatinine ratio, and
- Cervical cultures

Fetal

- Biophysical profile
- NST

- Doppler umbilical arterial velocimetry

2. True statement regarding magnesium sulphate use in eclampsia & pre-eclampsia is/are?

a) Used for the treatment of hypertension

b) Can be used continuous intravenous as well as intermittent intramuscular

c) In > 95% of cases successfully controls seizures of eclampsia

d) Toxicity can be treated by stopping further administration and giving calcium gluconate

e) Administration is continued for 24 hours after delivery

Correct Answer - B:C:D:E

Ans. is 'b' i.e., Can be used continuous intravenous as well as intermittent intramuscular, 'c' i.e., In > 95% of cases successfully controls seizures of eclampsia, 'd' i.e., Toxicity can be treated by stopping further administration and giving calcium gluconate & 'e' i.e., Administration is continued for 24 hours after delivery

MAGNESIUM SUPHATE IN ECLAMPSIA & PRE-ECLAMPSIA:

- Indicated to prevent seizures associated with pre-eclampsia, and for control of seizures with eclampsia
- In > 95% of cases successfully controls seizures of eclampsia.
Dose: 4-5 g (diluted in 250 mL NS/D5W) IV in combination with either :
- Up to 10 g (10 mL of undiluted 50% solution) divided and administered IM into each buttock or

- After initial IV dose, 1-3 g/hr IV.
- MgSO₄ is continued 24 hours after delivery to prevent post-partum eclampsia

Monitoring:

- Throughout the administration of magnesium, the patient needs continuous clinical monitoring for magnesium toxicity
- Toxicity is manifested by loss of deep tendon reflexes (patellar), decrease in respiratory rate, oliguria and altered mental status.
- Comparatively, loss of deep tendon reflexes appears to be the earliest of all the signs and it occurs when the magnesium level exceeds 5 mmol/L.

Toxicity of MgSO₄ is monitored by:

- Urinary output,
- Respiratory rate,
- Knee jerk

3. Enzymes elevated in dysgerminoma include?

a) AFP

b) HCG

c) Insulin

d) PLAP

e) LDH

Correct Answer - B:D:E

Ans. is 'b' i.e., HCG, 'd' i.e., PLAP & 'e' i.e., LDH

Dysgerminoma is the most malignant germ cell tumour (not a virilising tumour).

- Seen in young females like other GCT (not in post menopausal women).
- It is unilateral.
- Its cut section is soft due to degeneration (gritty cut section is seen in Brenner's tumour).

Tumour markers for Dysgerminoma are :

- LDH
- Alpha fetoprotein is normal in dysgerminoma.
- Placental alkaline phosphatase.
- Beta HCG

4. Which of the following is NOT effective in controlling the hot flushes of menopause in a woman?

a) Hormone replacement therapy

b) Tibolone

c) Raloxifene

d) Isoflavones

e) Vitamin E

Correct Answer - C

Ans is 'c' i.e., Raloxifene

- **Hot Flushes** : They are the 'hallmark' of menopause. Hot flushes are described as recurrent transient period of flushing, sweating and a sensation of heat often accompanied by palpitations, feelings of anxiety, and sometimes followed by chills.
- The entire episode lasts no more than 1-3 minutes and recurs 5-10 times / day (can occur upto 30 times a day). Short term estrogen therapy results in resolution of hot flushes.

Hormone therapy

- Estrogen therapy (most effective)
- Combined estrogen and progestin therapy
- Progestin therapy (to be given in those women in whom estrogen is contraindicated)
- Tibolone

Non hormonal prescription medicines :Not FDA approved

- Clonidine
- Selective serotonin reuptake inhibitor : paroxetine, fluoxetine

- Serotonin and nor epinephrine reuptake inhibitor : venlafaxine
- Dopamine antagonist : Veralipride
- Gabapentin
- Bellergal (combination of ergotamines, phenobarbital and belladonna, approved for the treatment of migrain).)
- Mertazapine
- Trazodone

Non prescription medicines :

- Isoflavones (100 mg/day)
- Soy products (60 g/d)
- Vitamin E (800 IU/day)

Life style changes :

- Reducing body temperature
- Maintaining a healthy weight
- Smoking cessation
- Paced respiration

5. Which of the following are included in causes of precocious puberty?

a) Hypothyroidism

b) Adrenal insufficiency

c) McCune Albright syndrome

d) Craniopharyngioma

e) All of the above

Correct Answer - E

Ans. is 'e' i.e., All of the above

Precocious puberty

- Puberty before the age of 8 years in girls or 9 years in boys is considered precocious puberty.
- Menarche before the age of 10 years in girls is also considered as precocious.

Etiology:

Central precocious puberty

- Idiopathic : Sporadic or familial.
- Central nervous system abnormalities
 - Congenital anomalies of CNS: Hypothalamic hamartoma, hydrocephalus, pencephaly, arachnoid cysts.
 - Acquired lesions of CNS : Inflammation, granuloma, trauma, surgery, radiation, chemotherapy.
 - Tumors of CNS : Pineal tumors, optic glioma, ependymoma, craniopharyngioma.
 - Hypothyroidism

Peripheral precocious puberty : Isosexual

Girls

- Ovarian causes : McCune-Albright syndrome, benign follicular cysts, granulosa-theca cell tumors; Gonadoblastoma
- Adrenal causes : Feminizing adrenal neoplasia
- Exogenous estrogen administration

Boys

- Testis : Leydig cell tumor, adrenal rest tumor, testotoxicosis.
- Adrenal: CAH (21 or 11-(3 hydroxylase deficiency), virializing tumors.
- hCG secreting tumors : Hepatoma, hepatoblastoma, choriocarcinoma, chorionepithelioma, teratoma, dysgerminoma.

6. Primary amenorrhea is associated with?

a) Polycystic ovary disease

b) Turner syndrome

c) Laurance-Moon-Biedl syndrome

d) Kallmann syndrome

e) Kustner-Hauser- syndrome

Correct Answer - A:B:C:D:E

Ans. is 'All' i.e., a, b, c, d & e

CAUSE OF PRIMARY AMENORRHEA:

Cerebral cortex	Stress , emotional disturbances , infection, trauma
Hypothalamus	Delayed puberty, <i>Kallmann syndrome</i> , vigorous exercise, weight loss, anorexia nervosa, chronic disease (such as TB)
Pituitary	Empty sella, Frohlich syndrome, <i>Laurance-Moon-Biedl syndrome</i> , cushing disease, pineal tumor, prolactinoma, galactosemia
Ovary	Primary ovarian failure (Savage syndrome), resistant ovarian syndrome, PCOD, 17-hydroxylase deficiency
Genital tract	Absent uterus in <i>Mayer-Rokitansky-Kiister-Hauser (MRKH) syndrome</i> , refractory endometrium, imperforated hymen, transverse vaginal septum, atresia of upper third of vagina and cervix, complete absence of vagina
	Intersex, <i>Turner syndrome (45X0)</i> , testicular

Chromosomal	feminization syndrome (46XY), pure Gonadal dysgenesis (46XX OR XY)
Other endocrine glands	Juvenile diabetes, cretinism, adrenogenital syndrome
Drugs	Tranquilizers, antidepressants, antihypertensives, estrogen, metaclopramide
Nutrition/systemic illness	Overweight, Malnutrition, weight loss, anemia, TB

7. Methods used for delivery of shoulder in shoulder dystocia include?

a) Lovset maneuver

b) MacRobert's maneuver

c) Pender's maneuver

d) Wood's maneuver

e) Jacquemier maneuver

Correct Answer - B:D:E

Ans. is 'b' i.e., MacRobert's maneuver, 'd' i.e., Wood's maneuver & 'e' i.e., Jacquemier maneuver

Shoulder Dystocia Maneuvers

Maternal Maneuvers

- McRoberts maneuver
- Suprapubic pressure
- Gaskin maneuver (all-fours)
- Sims maneuver (lateral decubitus)
- Ramp maneuver
- Symphysiotomy

Fetal Maneuvers

- Rubin maneuver
- Jacquemier maneuver (posterior arm delivery)
- Wood screw maneuver
- Zavanelli maneuver (cephalic replacement)
- 4 Cleidotomy
- Shute forceps maneuver

8.

Which of the following important points needed to be informed to a pregnant woman when taking consent vaginal birth after caesarean section (VBAC)?

a) Chances of uterine rupture are 4-5%

b) Chances of uterine rupture are double with previous history of more than one caesarean section

c) Uterine delivery is contraindicated in females with previous history of lower segment caesarean section

d) Chances of fetal compromise are 15-25%

e) None

Correct Answer - E

Ans. is 'None'

Vaginal Birth After Cesarean (VBAC) Trial of Labour (TOL Selection Criteria

- One previous lower segment transverse scar
- Pelvis adequate for the fetus
- Continued labour monitoring possible
- Availability of resources (Anesthesia, blood transfusion and OT), for emergency cesarean section within 30 minutes of decision
- Informed consent of the women

Contraindications

- Previous classical or inverted-T shaped uterine incision
- Previous 2 or more LSCS
- Pelvis contracted or suspected CPD
- Presence of other complications in pregnancy- Obstetric(Pre-

eclampsia, malpresentation, placenta praevia) or medical

- Resources limited or emergency cesarean delivery or patient refusal
- .. Note- according to new recommendations (2017), 2 or more LCSC are no more considered absolute indication for VBAC.
- 2. Women who have had two or more lower segment caesarean deliveries may be offered VBAC after counselling by a senior obstetrician. This should include the risk of uterine rupture and maternal morbidity, and the individual likelihood of successful VBAC (e.g. given a history of prior vaginal delivery).
- 3. Labour should be conducted in a centre with suitable expertise and recourse to immediate surgical delivery."

9. During external radiation therapy for cervical cancer which lymph node is/ are excluded?

a) External iliac lymph node

b) Common iliac lymph node

c) Internal iliac lymph node

d) Sacral lymph node

e) Obturator lymph node

Correct Answer - C

Ans. (c) Internal iliac lymph node

- The goal of external irradiation in cervical cancer is to sterilize metastatic disease to pelvic lymph nodes and the parametria and/ or to decrease the size of the cervix to allow optimal placement of intracavitary radioactive sources.
 - Patients with known or suspected metastatic disease to periaortic lymph nodes may be considered for extended field irradiation.
- Lymphatic Spread In cervical cancer:**
- The cervix is drained by preureteral, Postureteral, and uterosacral lymphatic channels.
 - The following are considered first station nodes: obturator external iliac, hypogastric, parametrial, presacral, and common iliac.
 - Para-aortic nodes are second station, are rarely involved in the absence of primary nodal disease, and are considered metastases .

10. Which of the following is true about vulvodynia:

a) Surgery is usually done for localized vulval lesion

b) Pain without any significant lesion

c) May be associated with irritable bowel syndrome

d) Tricyclic antidepressant is useful

e) Psychological factor is associated

Correct Answer - B:C:D:E

Ans. (b) Pain without any significant lesion, (c) May be associated with irritable bowel syndrome, (d) Tricyclic antidepressant is useful, (e) Psychological factor is associated

- Vulvodynia is chronic pain of the vulva (external female genitalia) in the absence of localized infection. It is often associated with irritable bowel syndrome (IBS)

Aetiology:

- Swelling of or injury to the nerves of the vulva.
- Spasms or weakness of the muscles that support the organs of the pelvis.
- A family history of vulvodynia.

Symptoms:

Pain is the main symptom of vulvodynia. Depending on the person, the pain may:

- Be felt only in one spot, such as near the opening of the vagina, and only when something touches that area. This is called localized vulvodynia.
- Pain may be felt on or around most of the vulva, even when nothing

touches those areas. This is called generalized vulvodynia.

- Be constant or come and go for months or even years.
- Be mild or very bad.
- Be felt during and after sex.
- Flare up when you sit on a bicycle, put in a tampon, or wipe your vulva.

Other symptoms may include:

- Burning or stinging.
- Itching.
- Swelling.
- Throbbing.
- Rawness.

Treatment:

• **Medicines:**

• **Physical therapy**

- Behaviour therapy
- Psychosexual counselling

• **Oestrogen creams**

• **Lidocaine jelly**

Surgery is contraindicated

- Tricyclic Antidepressants(amitriptyline, gabapentin)
- Seizure medicines
- Nerve blocks
- Medicated creams
- Antihistamines can help relieve itching.

11. Indications for in-vitro fertilization(IVF):

a) Bilateral tube blockage

b) Normal male factor

c) Hostile cervical factor

d) Proximal tubal block

e) Premature ovarian insufficiency

Correct Answer - A:D:E

Ans. (a) Bilateral tube blockage, (d) Proximal tubal block, (e) Premature ovarian insufficiency

Indications of in-vitro Fertilization (IVF)

- Mild endometriosis
- Blocked fallopian tubes or failed tubal surgery
- Failed intrauterine or fallopian insemination
- Immunological factor
- In male and female
- Abnormal semen finding .
- Idiopathic or unexplained male or female infertility
- Donor semen or sperm

12. Which of the following is/are true about management of pregnancy with NYHA class 3 or 4 heart disease:

a) Delivery should be done in specialised hospitals

b) Often tolerate major surgical procedures poorly

c) Caesarean delivery is limited to obstetrical indications

d) Mortality is 5-20%

e) Epidural is preferred for delivery & labour pain management

Correct Answer - A:B:C:D:E

Ans. A,Delivery should be done... B,Often tolerate major surgical ... C,Caesarean delivery is limited

... D,Mortality... E,Epidural is preferred for delivery ...

New York Heart Association (NYHA) classification:

- NYHA Class I: Asymptomatic(mortality 0-1%)
- NYHA Class II: Symptoms with greater than normal activity(mortality 5-15%)
- NYHA Class III: Symptoms with regular activity(mortality 25-50%)
- NYHA Class IV: Symptoms at rest(mortality 25-50%)

Management of NYHA class III & IV

- General management: Multidisciplinary team approach
- Place of therapeutic termination
- Admission for grade III and IV: Throughout pregnancy.

Cardiac indications of CS:

- Coarctation of aorta
- Aortic dissection or aneurysm,
- Aortopathy with aortic root >4 cm

- Warfarin treatment within 2 weeks
- Anaesthesia: GA or epidural(preferred)
- Vaginal delivery is preferred in most cases, and lab or induction can usually be done safely
- Inability to tolerate major surgical procedures.

13. Which of the following is changes during pregnancy:

a) In last trimester blood volume increase by 50%

b) Cardiac output increase by 20% in last trimester

c) Hemodynamic changes in pregnancy can cause CHF following during labour and following delivery in pre-existing cardiac lesions

d) Hypercoagulability occurs

e) None

Correct Answer - A:C:D

Ans. (A) In last trimester blood volume increase by 50% ; (C) Hemodynamic changes in pregnancy can cause CHF following during labour and following delivery in pre-existing cardiac lesions; (D) Hypercoagulability occurs

HEMATOLOGICAL CHANGES:

PARAMETERS	CHANGES
Blood volume (mL)	↑ by 1500 (30–40%)
Plasma volume (mL)	↑ by 1250(40–50%)
Red Cell volume (mL)	↑ by 350(20–30%)
Total Hb (g)	↑ by 85 (18–20%)
Serum Iron	↓
TIBC	↑
Hematocrit	Diminished
Erythropoietin	↑
WBC count	↑(Neutrophilic leukocytosis-8,000 to

	20,000/mm ³)
Platelet count and volume	unchanged
Coagulation factors	VII, VIII, X, plasma fibrinogen: ↑ Antithrombin III, XI, XIII: ↓
ESR	↑
Plasma fibrinolytic activity	↓
Plasma Protein Concentration	↓ (Albumin ↓ 30%; Globulin ↑; A:G ↓)

CARDIOVASCULAR CHANGES:

Cardiac output (L/min)	↑ by 40% (maximum at 30th week)
Stroke volume (mL)	↑ by 27%
Heart rate (per minute)	↑ by 17%
Blood pressure	Unaffected or mid-pregnancy drop of diastolic pressure by 5–10 mm Hg
Venous pressure	↑ 100%
Colloid oncotic pressure (mm Hg)	↓ by 14%
Systemic vascular resistance (SVR)	↓ by 21%
Pulmonary vascular resistance (PVR)	↓ by 34%

Total extracellular volume ↑ by 16%

- **Shift of apical impulse laterally and upwards in the left 4th intercostal space**

14. True statement about Breech delivery:

a) Vasa previa is a complication

b) Fetal congenital malformation increases breech risk

c) Increases fetal and maternal morbidity

d) Oligohydramnios increases breech risk

e) Increases risk of hip joint dislocation of baby

Correct Answer - B:C:D:E

Ans. (b) Fetal congenital malformation increases breech risk (c) Increases fetal and maternal morbidity (d) Oligohydramnios increases breech risk (e) Increases risk of hip joint dislocation of baby

ETIOLOGY:

- Prematurity

Factors preventing spontaneous version:

- Breech with extended legs
- Twins
- Oligohydramnios
- Septate or bicornuate uterus
- Short cord, relative or absolute
- IUD of fetus.

Favourable adaptation:

- Hydrocephalus
- Placenta previa
- Contracted pelvis
- Cornu-fundal attachment of the placenta

Undue mobility of the fetus

- Hydramnios,

- Multipara with lax abdominal wall.
- Fetal abnormality: Trisomies 13, 18, 21, anencephaly and myotonic dystrophy

BIRTH INJURIES ASSOCIATED WITH BREECH DELIVERY COMPLICATIONS

- Brain damage
- Spinal cord injury
- Fetal distress
- Umbilical cord prolapse
- Seizures
- Cerebral palsy
- Compressed umbilical cord
- Nerve damage
- Umbilical cord wrapped around baby's neck
- Oxygen deprivation

15. Complications of shoulder dystocia?

a) Humerus fracture

b) Brachial plexus injury

c) Birth asphyxia

d) Sacroiliac joint dislocation of mother

e) All

Correct Answer - E

Ans. E. All

Complication of shoulder dystocia:

Maternal:

- PPH
- Rectovaginal fistula
- Symphyseal separation or diathesis, with or without transient femoral neuropathy
- 3rd or 4th degree episiotomy or tear
- Uterine rupture

Fetal:

- Brachial plexus palsy
- Clavicle fracture
- Fetal death
- Fetal hypoxia, with or without permanent neurologic damage
- Fracture of the humerus

16. Which of the following is true about monozygotic twin formation:

a) If division occurs after embryonic disc formation, it results in conjoint twin

b) If division occur before 72 hrs, it results in formation of diamniotic- dichorionic twins

c) If division occurs b/w 4-8 days, it results in formation of monochorionic monoamniotic twin

d) If division occurs after 8 days-it results in formation of monochorionic monoamniotic twin

e) None

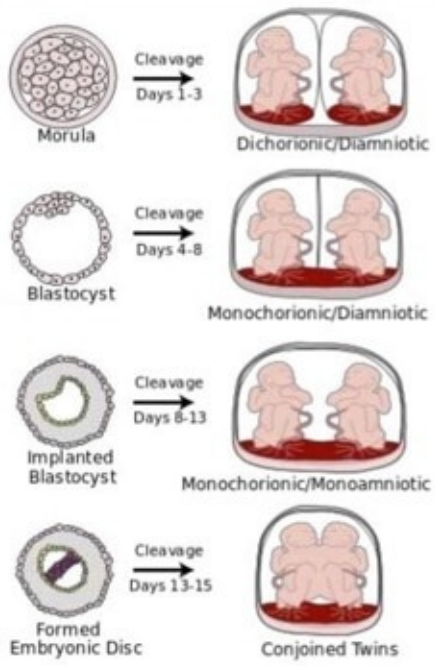
Correct Answer - A:B:C:D

Ans. a. If division occurs after embryonic disc formation, it results in conjoint twin b. If division occur before 72 hrs, it results in formation of diamniotic- dichorionic twins d. If division occurs after 8 days-it results in formation of monochorionic monoamniotic twin

DEVELOPMENT:

- If the division takes place within 72 hours after fertilization the resulting embryos will have two separate placenta, chorions and amnions (D/D)
- If the division takes place between the 4 th and 8 th day after the formation of inner cell mass when chorion has already developed diamniotic monochorionic twins develop (D/M)
- If the division after 8 th day of fertilization, when the amniotic cavity has already formed, a monoamniotic monochorionic twins develop

(M/M)



17. True about placenta accreta:

a) Incidence is about 1 in 2500 Pregnancy

b) Incidence increased in last decade

c) Absence of decidua basalis

d) Fibrinoid layer deficient

e) More common in primi

Correct Answer - B:C:D

Ans. b. Incidence increased in last decade; c. Absence of decidua basalis; d. Fibrinoid layer deficient

- In placenta accreta decidua basalis is absent and placental villi are attached to the myometrium.

Risk factors:

- Patients with a history of uterine surgery are at greatest risk of developing an accreta.
- In fact, those with a prior cesarean section carry a 25% risk.
- placenta previa in the presence of a uterine scar
- Others - prior uterine surgery, endometrial ablation, Asherman syndrome, uterine leiomyomata,

18. True about low grade squamous intraepithelial lesions:

- a) Confined to the lower 1/3 of the epithelium of cervix
- b) All cases are treated by cryotherapy
- c) 30% progress to invasive cancer in 10 years
- d) It is kept under observation with PAP smear or HPV DNA tests
- e) None of the above

Correct Answer - A:D

Ans.(A) Confined to the lower 1/3 of the epithelium of cervix & (d) It is kept under observation with PAP smear or HPV DNA tests

- CIN-I (Low grade squamous intraepithelial lesions): It is often seen with inflammatory conditions like trichomoniasis & HP & is reversible following treatment.
- The undifferentiated cells are confined to the lower 1/3 of the epithelium.
- Women with CIN I, confirmed on biopsy is kept under observation with pap smear follow up at 6 months or HPV DNA tests at 12 month. If both tests are negative routine recall (screening) is done. If these tests are Persistent then treat it as HSIL

19. True about endometriosis:

a) Laparoscopy is gold standard for diagnosis

b) COC is used to relieve mild Pain

c) GnRH antagonist is used to relieve severe pain

d) Can be managed expectantly in asymptomatic cases

e) None of the above

Correct Answer - A:B:D

Ans. (A)Laparoscopy is gold standard for diagnosis; (B). COC is used to relieve mild Pain; (D) Can be managed expectantly in asymptomatic cases

- Friends this is the most often asked question on endometriosis. It is worth while to know a few details on this topic.
 - Empirical treatment : is for pain presumed to be due to endometriosis. (in absence of definitive diagnosis) and includes :—
 1. Counselling
 2. Analgesia
 3. Nutritional therapy
 4. Progestin or OCP's
 - Analgesia : Studies have shown NSAID's except niflumic acid are more effective in chronic pain relief due to endometriosis or dysmenorrhea suspected to be due to endometriosis.
- Hormonal medical treatment :**
- Basis of management : Since estrogen is known to stimulate the growth of endometriosis, hormonal therapy has been designed to suppress estrogen synthesis, thereby inducing atrophy of ectopic endometrial implants or interrupting the cycle of stimulation and bleeding.

- Indication : — Mild pelvic endometriosis in young women.°
- Treatment of residual and recurrent disease following conservative surgery.

20. Which is true regarding premenstrual dysphoric disorder (PMDD):

- a) Severe depressed mood
- b) Pain ceases at onset of menses
- c) Depression may continue after menstrual period
- d) Antidepressant is given for treatment
- e) Pain ceases after menses is over

Correct Answer - A:D:E

Ans.(A) Severe depressed mood ;(D) Antidepressant is given for treatment; (E) Pain ceases after menses is over

- Premenstrual syndrome (PMS) & Premenstrual dysphoric disorder (PMDD)
- PMS is often noticed just prior to menstruation (last 7-10 days of the menstrual cycle)
- **It should fulfil the following criteria :**
- No related to any organic lesion
- Regularly occurring during the luteal phase of each cycle .
- Symptom must be severe enough to disturb the life style of women or she requires medical help .
- Symptom free period during rest of the cycle
- When these symptoms disrupt daily functioning they are grouped under PMDD
- More common in women aged 30-35 yr.
- It may related to childbirth or a disturbing life event
- There are no pelvic findings except features of pelvic congestion .
- 5% suffer from severe symptoms which influence daily activities

- SSRI 6 Noradrenaline Reuptake inhibitors (SNRI) are found to be very effective

21. True about diagnosis of gestational diabetes mellitus (GDM):

a) If post prandial sugar >200 mg/dl, then overt diabetes

b) If fasting sugar is 100-120 mg/dl, then overt diabetes

c) If fasting sugar is >126 mg/dl, then overt diabetes

d) If Postprandial sugar is <140 mg/dl , then IGT

e) If fasting sugar is 110-125 mg/dl, then IGT

Correct Answer - A:C:E

Ans. (A) If post prandial sugar >200 mg/dl, then overt diabetes ; (C) If fasting sugar is >126 mg/dl, then overt diabetes;(E)If fasting sugar is 110-125 mg/dl, then IGT

OVERT DIABETES:

- Women with a random plasma glucose level > 200 mg/dL + classic signs and symptoms such as polydipsia, polyuria, and unexplained weight loss or a fasting glucose exceeding 125 mg/dL.
- The diagnostic cutoff value for overt diabetes is a fasting plasma glucose of 126 mg/dL or higher.

IGT:

Criteria for diagnosis of impaired glucose tolerance & diabetes with 75 gm oral glucose:

- For fasting Its IGT if > 100 & < 126
- For 2 hour post glucose its IGT if >140 & <200

22. True about primary amenorrhoea:

a) In Rokitansky-Kuster-Hauser syndrome, FSH is normal

b) In Turner syndrome, FSH is decreased

c) In Kallman syndrome, FSH is increased

d) In Kallman syndrome, LH is reduced

e) None

Correct Answer - A:D

Ans. (A) In Rokitansky-Kuster-Hauser syndrome, FSH is normal and (D) In Kallman syndrome, LH is reduced

ASSOCIATED CONDITION:

- Turner's syndrome
- Congenital adrenal hyperplasia (CAH)
- Androgen insensitivity syndrome
- Testicular feminizationsyndrome
- PCOS
- Müllerian agenesis/Utero-vaginal Agenesis/Mayer-Rokitansky-Kuster-Hauser syndrome

DIAGNOSIS:

- Buccal smear and an examination of the polymorphonuclear leucocytes to determine if chromatin positive (probably XX) or chromatin negative (probably XO or XY); in other cases a full chromosome analysis may be needed to exclude mosaicism and AIS.
- Hormonal investigations should include LH, FSH, oestradiol and testosterone levels.
- Ultrasound will help determine the presence, state and size of the ovaries and any follicular activity.



23. In assisted breech delivery, after coming head is delivered by:

a) Head delivered spontaneously

b) Pinard manoeuvre

c) Modified Mauriceau-Smellie-Veit technique

d) Special forcep for delivering head is used

e) Prague manoeuvre

Correct Answer - C:D:E

Ans. (C) Modified Mauriceau-Smellie-Veit technique ; (D) Special forcep for delivering head is used ; (E) Prague manoeuvre

Delivery of the Aftercoming head of Breech

Various method of safe delivery of after coming head

- Burns-Marshall method : Forcep delivery (Piper forcep, Das forcep, Neville Barne's forcep)
- Malar flexion & shoulder traction (modified MauriceauSmellie-Veit technique)

Arrest of after Coming Head

- Burns-Marshall method
- Modified Mauriceau-Smellie-Veit technique
- Brachtmaneuver
- Wigand-Martin maneuver
- Praguemaneuver
- Forcep application
- Dührssen's incision
- Craniotomy

24. Condyloma acuminata is reported on pap-smear as –

a) Inflammatory condition

b) Carcinoma

c) Carcinoma in situ

d) LSIL

e) Normal

Correct Answer - D

Ans. is'd'i.e.LSIL

- Cervical Precursor lesion associated with both low and high risk HPV subtypes.
- **This category includes:**
- Flat mature LSIL (flat condyloma or CIN-I)
- Mature Exophytic LSIL (exophytic condyloma, condyloma acuminatum)
- Extensive Exophytic LSIL (giant condyloma)
- Immature Exophytic LSIL (immature condyloma, squamous papilloma, papillary immature metaplasia)
- Immature Flat Metaplastic LSIL

25. A high grade squamous intraepithelial lesion is noted with pap, next management includes –

a) Warthin's hysterectomy

b) Local excision

c) Colposcopic study and biopsy

d) HPV DNA testing

e) Liquid based cytology

Correct Answer - C

Ans' is'c'i.e., Colposcopic study and biopsy

- For high grade intraepithelial lesions (HSIL), first step is to do colposcopy and biopsy.

Moderate to severe dysplasia(CIN-II & CIN-III) (HSIL):

Treatment options are:

Local destructive methods

- Cryosurgery
 - Fulguration/electrocoagulation .
 - Laser ablation
- Excision of abnormal tissue
- Cold knife conisation
 - Laser conisation
 - LLETZ
 - LEEP
 - NETZ

Surgery:

- Therapeutic conisation

- Hysterectomy
- Hysterectomy with removal of vaginal cuff if carcinoma in situ extends into vaginal vault

26. Screening test used in first trimester for aneuploidy –

a) PAPP-A & estradiol

b) PAPP-A & AFP

c) PAPP-A & beta HCG

d) Beta HCG & inhibin

e) Estradiol & AFP

Correct Answer - C

Ans. is 'c' i.e., PAPP-A & beta HCG

1st trimester aneuploidy screening:

- Human chorionic gonadotropin (either intact or free (β -hCG)).
- Pregnancy-associated plasma protein A (PAPP-A).

Fetal Down syndrome in 1st trimester:

- Higher serum free beta-hCG level.
- Lower PAPP-A levels.

Trisomy 18 & 13:

- Lowered levels of both HCG & PAPP-A.

2nd trimester analytes:

- Serum integrated screening.

Accuracy of aneuploidy detection:

- Greater on combination with,
- Sonographic NT measurement.

27. Tests for prenatal diagnosis of Down syndrome –

a) Nuchal fold thickness

b) Triple marker

c) Karyotyping

d) Double marker

e) CVS (chronic venous sampling)

Correct Answer - A:B:C:D:E

Ans. is'a'i.e., Nuchal fold thickness;'b'i.e., Triple marker;'c'i.e., Karyotyping;'d'i.e., Double marker; & 'e' i.e., CVS (chronic venous sampling)

Antenatal Screening for Downs syndrome :

Following methods are used :-

1) Triple test : It includes

- 1. Unconjugated estrogen (estriol) : decreased;
- 2. Maternal serum alpha-feto protein (MSAFS) : decreased; and
- 3. hCG z increased

2) New markers : These are

- 1. Increased inhibin A in maternal blood; and
- 2. Decreased PAPA

3) USG: It shows :

- 1. Increased nuchal translucency in first trimester;
- 2. Ductus venous Flow reversed; and
- 3. Nasal bone hypoplasia.

4) Karyotyping: It can be done by chorionic villus sampling at 10-12 weeks or amniocentesis at 16-18 weeks.

28. Most common cause of secondary postpartum haemorrhage –

a) Trauma

b) Infection

c) Coagulation disorders

d) Endometritis

e) Retained Placenta

Correct Answer - B:D:E

Ans. is 'b' i.e., Infection; 'd' i.e., Endometritis; & 'e' i.e., Retained placenta

Secondary PPH:

Most common cause is infection, particularly in association with:

1. Retained placenta
2. Obstructed labour causing necrosis of cervix
3. Caeserion section & breakdown of uterine wound

29. True about carcinoma of vulva is/are –

a) Adenocarcinoma is the most common type

b) May arise from Bartholin glands

c) Smoking is a risk factor

d) Spread to inguinal lymph nodes

e) Present with pruritis

Correct Answer - B:C:D:E

Ans, is 'b' i.e., May arise from Bartholin glands; 'c' i.e., Smoking is a risk factor; 'd' i.e., Spread to inguinal lymph nodes & 'e' i.e., Present with pruritis.

- Vulvar cancer is usually a squamous cell skin cancer, most often occurring in elderly women.

Risk factors :

- Vulvar intraepithelial neoplasia
- HPV
- Heavy cigarette smoking
- Lichen sclerosis
- Squamous hyperplasia
- Squamous carcinoma of the vagina or cervix
- Chronic granulomatous diseases

Spread:

- By direct extension
- Hematogenously
- To the inguinal lymph nodes
- From the inguinal lymph nodes to the pelvic and para-aortic lymph nodes

Symptoms:

- Palpable vulvar lesion:necrotic or ulcerated
- Pruritus
- Bleeding or a watery vaginal discharge
- Melanomas

30. Feature of acute cervicitis is /are –

a) Fever

b) Mucopurulent discharge

c) Fullness in abdomen

d) Dysuria

e) Ulcer

Correct Answer - B:C:D

Ans. 'b' i.e., Mucopurulent discharge 'c' i.e., Fullness in abdomen; & 'd' i.e., Dysuria

Acute Cervicitis :

- Vaginal discharge
- Congested & swollen cervix
- Tenderness on touching cervix
- Fullness in lower abdomen
- Dyspareunia and dysuria (due to concurrent urethral infection)
- Vulvar or vaginal irritation
- Cervical friability or bleeding.

31. True about adenomyosis is/are –

a) Presence of myometrial tissue in endometrium

b) Presence of endometrium in peritoneal cavity

c) Mostly asymptomatic

d) May cause prolonged menstrual bleeding

e) Occurs in 4th to 5d decade

Correct Answer - C:D:E

Ans. is 'c' i.e., Mostly asymptomatic; 'd' i.e., May cause prolonged menstrual bleeding; & 'e' i.e., Occurs in 46 to 56 decade

Adenomyosis

- A condition characterized by the presence of ectopic glandular tissue found in muscle.
- It usually refers to ectopic endometrial tissue (the inner lining of the uterus) within the myometrium (the thick, muscular layer of the uterus).
- The condition is typically found in women between the ages of 35 and 50.
- Patients with adenomyosis can have dysmenorrhea & menorrhagia.
- In adenomyosis, basal endometrium penetrates into hyperplastic myometrial fibers.
- Therefore, unlike functional layer, basal layer does not undergo typical cyclic changes with menstrual cycle.

32. True about benign gestational trophoblastic disease –

a) Formed by placenta

b) Snow-Storm on USG

c) Will not turn into malignant

d) Includes partial mole

e) Includes invasive mole

Correct Answer - A:B:D

Ans. is 'a' i.e., Formed by placenta; 'b' i.e., Snow-Storm on USG; &'d' i.e., Includes partial mole

- Gestational trophoblastic disease constitutes a diverse group of lesions that includes abnormally formed placentas (hydatidiform moles), benign nonneoplastic lesions, and gestational trophoblastic neoplasms.
- A characteristic pattern of multiple vesicles (**snowstorm pattern**) is commonly seen with complete molar pregnancy.

Types:

Complete:

- Morula differentiation to a chorion and amnion fails
- Complete hydatidiform mole represents a proliferation of cells containing 46 chromosomes of paternal origin only

Partial:

- If a triploid karyotype is determined as 69, XXX, 69XXY, or 69 XYY [6], then a partial mole can be confirmed.
- Complete and partial mole have malignant potential

33. Vaginal prolapse following abdominal hysterectomy is/ are caused by damage of

a) Level I support

b) Level II support

c) Level III support

d) Urogenital diaphragm

e) All the above

Correct Answer - E

Ans. e) All the above

Vaginal prolapse can be divided into :-

- Level I : damage causes uterine descent, enterocele, vault descent'
- Level II : damage cause cystocele, rectocele
- Level III : damage causes urethrocele, gaping introitus and deficient perineum
- The middle part of vagina is supported by the urogenital diaphragm

34. Contraindication of combined oral contraceptive (COC) include(s)-

a) Severe hypertension

b) Ischemic heart disease

c) Pre-menstrual tension

d) Active liver disease

e) All

Correct Answer - A:B:C:D

Aps. is'a' i.e., Severe hypertension; 'b' i.e., Ischemic heart disease; & 'd' i.e., Active liver disease

Contraindications of OCPs (WHO guidelines)

Absolute :

- Thromboembolism event, cerebrovascular accident, coronary artery disease,
- Breast cancer,
- DM (> 20 years duration)
- Impending major surgery
- Hyperlipidaemia
- Pregnancy
- Lactation (< 6 weeks post partum)
- Active liver disease, hepatoma
- Uncontrolled hypertension or with vascular diseases
- > 35 years old and heavy smoker (> 20 cigarettes/day)
- Migraine with aura
- Diabetic nephropathy/neuropathy/ retinopathy
- Structural heart disease with pulmonary hypertension, AF or S.A.B.E.

Relative :

- Lactation (6 weeks - 6 months)
- Controlled hypertension
- Undiagnosed vaginal bleeding
- Migraine without aura
- Gall bladder disease
- Age > 35 years and light smoker (< 20 cigarettes/day)
- DM with vascular complications.

35. Chronic use of combine oral contraceptive (COC) helps in all except

a) Dysmenorrhea

b) Breakthrough bleeding

c) Menorrhagia

d) Migraine

e) Anaemia

Correct Answer - B:D

Ans. b) Breakthrough bleeding & d) Migraine

OCPS

ADVANTAGES:

- Controls fertility
- Treats Menorrhagia & polymenorrhoea.
- Relieve dysmenorrhoea and premenstrual tension
- Prevents anaemia
- Lowers chances of
- Fibrocystic disease
- Ovarian cyst
- Ovarian ,uterine & anorectal malignancy
- PID
- Ectopic pregnancy
- Useful in acne, PCOD and endometriosis
- Prevent RA

Non contraceptive benefits of OCPs:

- Cycle stabilization
- Cure of menstrual disorder- useful in menorrhagia & polymenorrhoea

- Prevents anemia.
- Reduces the incidence of ectopic pregnancy.
- Protection against cancer – Ovarian ,Endometrial
- Benign tumour - Benign breast disease, Ovarian functional cyst, Fibromyoma uterus
- Protects - PID, Anemia, Endometriosis, PCOD, Acne, hirsutism, Rheumatoid arthritis, Osteoporosis

36. Contraindications for IUCD

a) Postabortal sepsis more than 1 year ago

b) Present cervicitis and vaginitis

c) Past history of ectopic Pregnancy

d) Unknown cause of vaginal bleeding

e) Severe dysmenorrhea

Correct Answer - B:C:D:E

Ans: b) Present cervicitis and vaginitis; c) Past history of ectopic Pregnancy; d) Unknown cause of vaginal bleeding; e) Severe dysmenorrhea

Contraindications for placing IUCD are:

- Suspected pregnancy
- PID
- Presence of fibroids
- Menorrhagia and dysmenorrhoea of copper T is used.
- Severe anemia
- Diabetic women who are not well controlled.
- Heart disease
- Scarred uterus
- Previous ectopic pregnancy
- Levonorgestrel IUCD in breast cancer
- Preferably avoid its use in unmarried nulliparous patient because of the risk of PID.

37. Which of the following statement(s) is/are true about cysts in ovary except-

- a) Follicular cyst is least common among functional cyst
- b) Corpus luteal cysts are often associated with Pregnancy
- c) Dermoid cyst are germ cell tumor
- d) Fibroma of ovary is associated with Meig's syndrome
- e) Theca lutein cyst is seen in association with hydatiform mole and GnRH analogue use

Correct Answer - A

Ans. a) Follicular cyst is least common among functional cyst
Functional ovarian cysts :

- Benign mass in the ovary
- **These cysts are:-**
- Follicular cyst: Most common functional ovarian cyst. It is of small size, rarely is larger than 8 cm.
- Corpus luteum cyst: May be associated with pregnancy and persist upto 14 weeks as normal physiological structure.
- Theca lutein cysts: Least common of functional ovarian cysts. Usually bilateral and occur with pregnancy, including molar pregnancies. associated with multiple gestations, molar pregnancies, choriocarcinoma, diabetes, Rh sensitization, clomiphene citrate use, human menopausal gonadotropin-human chorionic gonadotropin ovulation induction, and the use of GnRH analogues.
- All teratomas, including benign mature teratoma (dermoid cyst), are germ cell tumors.

- Combination of an ovarian fibroma with ascites and hydrothorax (usually right sided) is known as Meig's syndrome.

38. Pregnancy aggravates which of the following condition(s)-

a) Hypertension

b) Anaemia

c) Rheumatoid arthritis

d) Acne

e) All

Correct Answer - A:B

Ans.is'a'i.e.,Hypertension;&'b'i.e. Anaemia

Important medical conditions which are aggravated in pregnancy

- Congenital heart diseases
- Rheumatic heart diseases
- Non-rheumatic valvular heart disease
- Anemia
- Pulmonary hypertension
- Renal failure
- Hypertension

39. Finding(s) of atrophic vaginitis is/are

a) Low pH of vagina

b) Occur due to estrogen deficiency

c) Frequent intercourse is useful

d) Intercourse causes painless bleeding

e) Estradiol vaginal ring is helpful

Correct Answer - B:E

Ans. b) Occur due to estrogen deficiency; e) Estradiol vaginal ring is helpful

Atrophic Vaginitis

- Also called senile vaginitis, is the thinning of vaginal wall due to decreased estrogen levels.
- Most common after menopause, but may also develop after surgical removal of ovaries.
- There is atrophy of vulvovaginal structure'
- The acidity of vagina is decreased causing increase in pH.

Important clinical features are :-

- Dry vagina
- Thinning of vaginal wall
- Shortening and tightening of vaginal canal
- Dyspareunia
- Spotting (bleeding) after intercourse
- Purulent, often blood tinged discharge
- Pain or burning with urination
- Frequent UTIs
- Urinary incontinence

Treatment includes:

- Intravaginal application of estrogen cream, estradiol vaginal ring and Systemic estrogen therapy

40. Feature(s) of HELLP syndrome

a) Low platelets

b) Increased AST and ALT

c) Decreased lactate dehydrogenase

d) Increased conjugated bilirubin

e) Hemolysis

Correct Answer - A:B:E

Ans. a) Low platelets; b) Increased AST and ALT; e) Hemolysis
HELLP syndrome is an acronym for Hemolysis (H), Elevated liver enzymes (EL) and Low Platelet count (LP) of < 1,00,000/mm³

Clinical Features:

- Manifested by nausea, vomiting, epigastric or right upper quadrant pain, along with biochemical and haematological changes.
- Parenchymal necrosis of liver causes elevation in hepatic enzymes (AST and ALT > 70 IU/L and LDH > 600 IU/L)
- There may be subcapsular hematoma formation (which may need CT scanning) and abnormal peripheral smear.
- Eventually liver may rupture to cause sudden hypotension, due to hemoperitoneum

41. Risk factors for abruptio placenta is/are

a) Traumatic separation of the placenta

b) Mutigravida

c) Diabetes

d) Gestational hypertension

e) Submucous fibroid

Correct Answer - A:B:D:E

Ans.a) Traumatic separation of the placenta ; b) Mutigravida; d) Gestational hypertension; e) Submucous fibroid

ETIOLOGY:

- Primary cause of A P is uncertain
- **Several associated conditions identified:**
- Increase in age & parity: 1.3-1.5%
- Pre-eclamsia: 2.1-4%
- Chronic hypertension: 1.8-3%
- Preterm ruptured membranes: 2.4-4.9%
- Multifetal gestation: 2.1%
- Cigarette smoking: 1.4-1.9%
- Cocaine abuse: NA
- Folic acid deficiency
- Prior abruptio: 10-25%
- Uterine leiomyoma: NA
- Hydromnios: 2%

42. Failure rate of <2/100 women years is/ are seen:

a) Male condom

b) Implanon

c) COC

d) Vaginal diaphragm

e) IUCD

Correct Answer - B:C:E

Ans.b. Implanon; c. COC; e. IUCD

Failure rate 2/100 women years is seen in:

- Lactational amenorrhoea <2
- CUT 380A <0.8
- LNG 20 (IUCD) <0.1
- Combined oral pills <0.1
- Progestin only pills 1
- DMPA & NET injectables < 0.3
- Norplant <0.05
- Implanon < 0.01
- Vasectomy <0.15
- Tubectomy <0.15

43. True about breech presentation:

a) More common in primi

b) Incidence is about 7% at term pregnancy

c) More common in postdated pregnancy

d) More in pelvic anomaly

e) External cephalic version decreases incidence of breech Presentation

Correct Answer - D:E

Ans. d. More in pelvic anomaly ; e. External cephalic version decreases incidence of breech Presentation

- Percentage of breech at term is 3 %

ETIOLOGY:

- Prematurity

Factors preventing spontaneous version:

- Breech with extended legs
- Twins
- Oligohydramnios
- Septate or bicornuate uterus
- Short cord, relative or absolute
- IUD of fetus.

Favourable adaptation:

- Hydrocephalus
- Placenta previa
- Contracted pelvis
- Cornu-fundal attachment of the placenta
- Undue mobility of the fetus
- Hydramnios,

- Multiparae with lax abdominal wall.
- Fetal abnormality: Trisomies 13, 18, 21, anencephaly and myotonic dystrophy

44. True about treatment of bacterial vaginosis:

a) Metronidazole is the drug of choice

b) Metronidazole should take in dose of 500 mg, orally twice a day for 7 day

c) Intravaginal clindamycin is used

d) Male partner is also treated in all cases

e) Clotrimazole 2% cream is used intravaginally

Correct Answer - B:C

Ans. a. Metronidazole is the drug of choice; b. Metronidazole should take in dose of 500 mg, orally twice a day for 7 day; c. Intravaginal clindamycin is used

Medication—Treatment should include both partners.

- **Oral Metronidazole**—500 mg orally twice daily after meals for 7 days. Or 2 g stat.
- Advisable to defer treatment during first trimester of pregnancy.
- Intravaginal clindamycin is used

45. True about gestational hypertension:

a) Return to normal BP within 12 week of postpartum

b) BP > 140/90 mmHg

c) Develop beyond the 20th week of pregnancy

d) May continue even after 12week of delivery

e) Final diagnosis made only in postpartum

Correct Answer - A:B:C:E

Ans. a. Return to normal BP within 12 week of postpartum; b. BP > 140/90 mmHg; c. Develop beyond the 20th week of pregnancy; e. Final diagnosis made only in postpartum
Gestational hypertension

- A sustained rise of blood pressure to 140/90 mm Hg or more on atleast 2 occasions 4 or more hours apart beyond the 20thweeks of pregnancyor during the first 24 hours after delivery in a previously normotensive woman is called gestational hypertension.
- It is associated much higher incidence of essential hypertension in later life than pre eclampsia.
- The hypertensive effect is actually a stressresponse.
- Perinatal mortality remains unaffected in a case of gestational hypertension.
- The patients with gestational hypertension are more likely to develop hypertensionwith the use of oral contraceptives or in sub sequent pregnancies.
- B.P. returns to normal within 6 weeks of delivery

46. True about stage Ib cervix carcinoma management:

a) Radiotherapy alone

b) Simple hysterectomy alone

c) Primary chemoradiation

d) Wertheim hysterectomy + pelvic lymphadenectomy

e) Simple hysterectomy + adjuvant chemotherapy

Correct Answer - C:D

Ans. c. Primary chemoradiation; d. Wertheim hysterectomy + pelvic lymphadenectomy

Stages IB and IIA Cervical Cancer

- Radiation therapy with chemotherapy given at the same time.
- Radical hysterectomy and removal of pelvic lymph nodes with or without radiation therapy to the pelvis, plus chemotherapy.
- Radical trachelectomy.
- Chemotherapy followed by surgery.
- Radiation therapy alone.

47. True about Mirena:

a) Effective life is 5-10 yr

b) Gives protection against HM STD

c) Contraindicated in suspected pregnancy

d) Contraindicated in breast carcinoma

e) Useful in controlling menorrhagia in fibroid

Correct Answer - A:C:D:E

Ans. a. Effective life is 5-10 yr; c. Contraindicated in suspected pregnancy ;d. Contraindicated in breast carcinoma; e. Useful in controlling menorrhagia in fibroid

The levonorgestrel-releasing IUS, Mirena, releases 20 mcg of levonorgestrel per day and is approved for contraception for up to 5 years. It achieves local progestin concentrations that are ~1000-fold higher than systemic levels.

Contraindications specific to the use of Mirena are:

- Acute liver disease or tumor
- Known or suspected carcinoma of the breast
- Hypersensitivity to any component of this product

Contraindications to Use of an Intrauterine Device:

- Pregnancy or suspicion of pregnancy
- Genital actinomycosis
- Acute pelvic inflammatory disease
- Genital bleeding of unknown etiology
- Woman or her partner having multiple sexual partners
- A previously inserted IUD that has not been removed
- Abnormalities of the uterus resulting in distortion of the uterine cavity
- Postpartum endometritis or infected abortion in the past 3 months

- Known or suspected uterine or cervical neoplasia, or unresolved abnormal cytological smear
- Untreated acute cervicitis or vaginitis, including bacterial vaginosis, until infection is controlled
- History of ectopic pregnancy or condition that would predispose to ectopic pregnancy

48. Intracytoplasmic sperm injection (ICSI) is/are useful in condition of -

a) Mullerian agenesis

b) Unexplained infertility

c) Hostile cervical mucus

d) Oligospermia

e) Presence of sperm antibodies

Correct Answer - B:D:E

Ans. b. Unexplained infertility; d. Oligospermia; e. Presence of sperm antibodies

Indications of ICSI in male infertility comprise:

- Sperm count less than 5 million/mL.
- Decreased or absent motility of sperms.
- Many abnormal sperms.
- Previous failed IVF.
- Unexplained infertility.
- Asthenopermia, teratospermia
- Presence of sperm antibodies
- Obstruction of efferent duct system (male)
- Congenital absence of vas (bilateral)
- Fertilisation of cryopreserved oocytes

49. Indication of artificial insemination is/are:

a) Male factor infertility

b) Unexplained infertility

c) PCOD

d) Tubal factor infertility

e) Hostile cervical mucus

Correct Answer - A:B:E

Ans. a. Male factor infertility ;b. Unexplained infertility ;e. Hostile cervical mucus

Indication of artificial insemination:

- Hostile cervical mucus
- Cervical stenosis
- Oligospermia or asthenospermia
- Immunefactor (male andfemale)
- Male factor- impotency or anatomical defect (hypospadias) but normal ejaculate cab be obtained
- Unexplained infertility
- Chronic medical disorder
- HIV-positive male or female

50. True about Ectopic Pregnancy:

a) OCP use increase risk

b) IUCD failure increase chance of ectopic pregnancy

c) β hCG rise is not parallel to normal pregnancy

d) Trans vaginal USG is 100% diagnostic

e) More common in Primi

Correct Answer - B:C

Ans. b. IUCD failure increase chance of ectopic pregnancy; c. β hCG rise is not parallel to normal pregnancy

RISK FACTORS:

- History of PID
- History of tubal ligation
- Contraception failure
- Previous ectopic pregnancy
- Tubal reconstructive surgery
- History of infertility
- Calendar method
- ART particularly if the tubes are patent but damaged
- IUD (Progestasert)use
- Previous induced abortion
- Tubal endometriosis

DIAGNOSIS:

Blood examination:

- Hemoglobin
- ABO and Rh grouping
- TLC & DLC
- ESR

- Culdocentesis
- Estimation of $\uparrow\beta$ -hCG
- **Sonography:**
- Transvaginal USG(Most sensitive)
- Absence of intrauterine pregnancy with a positive pregnancy test.
- Fluid (echogenic) in pouch of Douglas
- Adnexal mass
- Rarely cardiac motion
- **Color Doppler Sonography:**
- Ring-of-fire pattern
- Enhanced blood flow pattern
- Laparoscopy
- D & C
- Serum progesterone
- Laparotomy

51. All are true about polycystic ovarian disease (PCOD) except:

a) Testosterone > 2 ng/ml

b) Infertility

c) High FSH/LH ratio

d) ↑ Insulin level

e) ↑ E2/oestrone (E1) ratio

Correct Answer - C:E

Ans. c. High FSH/LH ratio; e. ↑ E2/oestrone (E1) ratio

Hormone levels in PCOD

Raised:

- E2 (oestradiol), LH, androgens, testosterone, epiandrosterone, fasting insulin, prolactin.

Decreased:

- FSH, FSH/ LH ratio, sex hormone binding globulin, oestradiol (E2)/ oestrone (E1) ratio

52. A young lady can be counselled for sterilization operation in all except:

a) A woman having no or few children may undergo sterilization

b) Woman with HIV either taking or not taking ART can go for sterilization

c) Husband consent is Present

d) Young lactating women more than 25 years can go for sterilization

e) If the couple has 3 or more living children, the lower limit of age of the husband or wife may be relaxed at the discretion of the operating surgeon

Correct Answer - A

Ans. a. A woman having no or few children may undergo sterilization

Guidelines for sterilization:

- Age of husband not less than 25 years and should not be over 50 years
- Age of wife: not less than 20 years or not more than 45 years
- Should be having 2 living children
- If couple has three or more living children the lower limit of age may be relaxed
- If the acceptor declares having obtained the consent of his / her spouse to undergo sterilization operation without outside pressure, inducement or coercion, and that he/she knows that for all practical purposes, the operation is irreversible and also that the spouse has not been sterilized earlier.

53. Nulliparous women have high risk of following cancer:

a) Cervical cancer

b) Vaginal cancer

c) Breast cancer

d) Ovarian cancer

e) Endometrial Ca

Correct Answer - C:D:E

Ans.c. Breast cancer; d. Ovarian cancer; e. Endometrial Ca

Nulliparity is the risk factor for:

- Breast cancer
- Ovariancancer
- Endometrial Ca

Vaginal cancer is seen after 70 years of age

Cervical cancer are more commonly seen in multipara

54. True about testosterone in female:

a) > 50% testosterone secreted from ovary

b) > 80% testosterone secreted from ovary

c) 0.5 ng/ml is plasma concentration

d) Slight decrease in the secretion at time of ovulation

e) Daily production of testosterone is 0.2-0.3% mg

Correct Answer - A:C:E

Ans. a. > 50% testosterone secreted from ovary; c. 0.5 ng/ml is plasma concentration; e. Daily production of testosterone is 0.2-0.3% mg

Testosterone in females

- It is secreted by the ovary (50%) and also derived from the peripheral conversion of androstenedione (40%), which is secreted in equal amounts by the ovary and adrenals.
- Total daily production of testosterone is 0.2-0.3% mg & the plasma level is 0.2-0.8 ng/ml
- The normal increase in stromal tissue at ovulation causes a slight increase in the secretion of these hormone
- After the menopause, the increased ovarian stroma is responsible for the rise in these hormones & the development of hirsutism in some postmenopausal women

55. True about Nonoxynol-9:

a) Decrease risk of HIV

b) Prevent STD infection

c) Remain effective for 1-2 hr after application

d) Spermicidal action

e) Causes itching of vagina in female & itching of penis in male

Correct Answer - C:D:E

Ans. c. Remain effective for 1-2 hr after application d. Spermicidal action e. Causes itching of vagina in female & itching of penis in male

TODAY :

- It is mushroom shaped polyurethane disposable sponge.
- It contains 1gm of NONOXYNOL - 9 and is provided with a loop for easy removal.
- It is a barrier contraceptive which prevents entry of sperm into the cervical canal and contains a spermicidal agent.
- It should be placed high up in the vagina with concave side covering the cervix.
- It remains effective for 24 hours regardless of the frequency of coitus.
- It is to be used only once.
- It should be left in vagina and removed 6 hrs after sexual intercourse.
- Failure rate = 9-30 / HWY

Side effects :

- Allergic reactions
- Vaginal dryness, soreness or itching

- It can lead to genital lesions which may damage the vaginal mucosa and enhance HIV transmission.

Note :

Different books have a different say on role of today in preventing STD's and toxic shock syndrome. But *Leon Speroff* is the most authentic book for this issue. It says –

- There is no risk of toxic shock syndrome, intact non oxynol 9 retards staphylococcal replication and toxin production.
- It decreases the risk of infection with gonorrhoea trichomonas and chlamydia.

56. Feature of false labor:

a) Steady intensity of Pain

b) Cervical dilation

c) Discomfort is in the back and abdomen

d) Intervals remain long

e) Discomfort usually is relieved by sedation

Correct Answer - A:D

Ans. a. Steady intensity of Pain; d. Intervals remain long

Pain intensity:

- Intensity: Intrauterine pressure: 190-300 Montevideo units
- 40–50 mm Hg in first stage
- 100–120 mm Hg in second stage

Duration:

- First stage: 30 seconds

Frequency:

- First stage: at intervals of 10–15 minutes
- In second stage: every 2–3 minutes.
- Pain of **uterine contractions** is distributed along cutaneous nerve distribution of T10 to L1
- Pain of cervical dilatation and stretching is referred to back through the sacral plexus

Effects of retraction on labor:

- Dilatation and effacement of the cervix
- Expulsion of the fetus
- Maintain the descent produced by uterine contraction
- Reduce surface area of uterus favouring separation of placenta.
- Hemostasis after separation of placenta



57. Which of the following is true about Partial mole:

a) Karyotype is 69 XXY or 69XYY

b) High malignant Potential

c) β HCG level is <50000

d) Theca lutein cysts common

e) Immunostaining (p57KIP2) positive

Correct Answer - A:C:E

Ans. a. Karyotype is 69 XXY or 69XYY; c. β HCG level is <50000; e. Immunostaining (p57KIP2) positive

Partial moles

- Partial moles or incomplete molar pregnancy means that along with the hydatidiform changes some element of fetal tissue is present
- **They have a triploid karyotype (69 chromosomes)**, the extra haploid set of chromosomes usually is derived from the **father**.
- **Characteristic pathological features** of partial mole
 1. Chorionic villi of varying sizes with focal hydatiform swelling, cavitation and trophoblastic hyperplasia
 2. Marked villous scalloping
 3. Prominent stromal trophoblastic inclusions
 4. Identifiable embryonic or fetal tissue.
 5. Features like hyperemesis, hyperthyroidism and Theca lutein cysts are rare in partial mole.

Diagnosis

- The USG criteria for diagnosis of partial mole is
- β hcg levels > 200 m IU/rni, after evacuation of partial mole in the

third through the eighth week are associated with a 35% risk of persistent trophoblastic disease.

- The most significant recent development in the pathological analysis of H. mole is the use of P57KIP2 immunostaining to make a definitive diagnosis of androgenetic complete H. Mole as opposed to an hydropic abortion or a partial mole. Staining is negative in complete mole in contrast to partial moles, hydropic abortion & normal placenta
- .. Presence of focal cystic areas in the placental tissues .
- ?. Increase in transverse diameter of gestational sac.

58. Which of the following is lower segment vertical incision:

a) Simon

b) Selheim

c) Kronig

d) Kerr

e) None

Correct Answer - B:C

Ans. b. Selheim c. Kronig

- Low cervical incision may be a low cervical transverse (LCT) incision (Monroe/Kerr) or a low cervical vertical (LCV) incision (Kronig/ Selheim)

59. Appropriate time of IUCD insertion is/are:

a) Immediately after delivery

b) 1 week after delivery

c) Post-puerperal Period

d) Before menstruation

e) Any time during lactation period

Correct Answer - A:B:C:E

Ans. a. Immediately after delivery; b. 1 week after delivery; c. Post-puerperal Period; e. Any time during lactation period

- It is advisable to insert IUCD during or soon after menstruation & after abortion or MTP
- Lately, immediate postpartum insertion within 10 min of placental expulsion or within 24 hr of delivery is practiced & is found effective. This save the woman second visit to the clinic.
- IUCD insertion can also be taken up during the first week after delivery before the women leaves the hospital (immediate postpartum insertion), but carries risk of perforation & high expulsion
- A convenient time for insertion is 6-8 weeks after delivery (post-puerperal insertion).

60. True about implanon:

a) Releases > 67 µg/day of drug

b) Prevent STD

c) Life span is 3 Years

d) Contains LNG

e) Has 6 implants

Correct Answer - C

Ans. c. Life span is 3 Years

- Implanon is a single rod subdermal implant with 68 mg of the progestin etonogestrel (ENG), and an ethylene vinyl acetate copolymer cover.
- It can be used as contraception for 3 years and then replaced at the same site or opposite arm.
- It is placed in the medial surface of the upper arm 6 to 8 cm from the elbow in the biceps groove within 5 days of onset of menses.
- Prolonged and frequent bleeding is the most common adverse effect.

61. Cause (s) of stillbirth:

a) Prematurity

b) Syphilis

c) Abruptio placentae

d) Diabetes

e) All

Correct Answer - E

Ans. e. All

ETIOPATHOLOGY:

Maternal

- Gestational hypertension
- Blood group incompatibility
- Metabolic disorders
- Intrauterine infections

Fetal

- Major anomalies
- Umbilical cord complications (looping, knotting, twisting)
- Placental
- Chronic placental insufficiency
- Placental abruption
- Chorioamnionitis

62. Which of the following is true about endometrial carcinoma:

a) Less aggressive in post-menopausal women

b) More common in diabetes

c) Common after 40 yr of age

d) Associated with PCOD

e) Associated with hereditary nonpolyposis colorectal cancer syndrome (HNPCC)

Correct Answer - B:C:D:E

Ans. b. More common in diabetes; c. Common after 40 yr of age ; d. Associated with PCOD; e. Associated with hereditary nonpolyposis colorectal cancer syndrome (HNPCC)

RISK FACTORS:

- High levels of estrogen
- Endometrial hyperplasia(Complex hyperplasia with atypia histological pattern)
- Polycystic ovary syndrome
- Nulliparity
- Infertility
- Early menarche
- Persistent anovulation
- Diabetes mellitus
- Hypertension
- Obesity,
- Family History,
- Use of Hormone Replacement Therapy

- Late menopause
- Endometrial polyps or other benign growths of the uterine lining
- Tamoxifen
- Hyperplasia
- Pelvic radiation therapy
- Breast cancer
- Ovarian cancer

63. Highlevel of hCG found in:

a) Twin

b) Down syndrome

c) Choriocarcinoma

d) Colon carcinoma

e) Ectopic pregnancy

Correct Answer - A:B:C

Ans. a. Twin ;b. Down syndrome; c. Choriocarcinoma

HCG is increased in:

- Multiple fetuses
- Rh incompatibility
- Down syndrome
- Choriocarcinoma
- Hydatidiform mole

HCG is decreased in:

- Ectopic pregnancy
- Impending spontaneous abortion

64. In Pregnancy, which of the following decreases -

a) Serum ALT

b) Serum Alkaline phosphatase

c) Serum AST

d) Serum Urea

e) Serum Creatinine

Correct Answer - D:E

Ans. d. Serum Urea; e. Serum Creatinine

Increased GFR cause reduction of maternal plasma levels of creatinine, blood urea nitrogen & uric acid.

With the exception of raised alkaline phosphate levels, other liver function tests (serum levels of bilirubin, AST, ALT CPK LDH are unchanged).

65. All are true about PCOD except:

a) Metformin is used for treatment

b) Acanthosis nigra may be associated

c) Occur in postmenopausal women only

d) Associated with obesity

e) Infertility may be present

Correct Answer - C

Ans.c. Occur in postmenopausal women only

PCOD: Infertility is due to anovulatory cycle

Clinical feature:

- Young woman
- Acanthosis nigra due to insulin resistance.
- Thick pigmented skin over the nape of neck, inner thigh and axilla.
- Hirsutism
- Infertility
- Oligomenorrhoea, amenorrhoea
- Central obesity: BMI > 30 kg/cm²; Waist line >88 cm

Treatment:

- Metformin treats the root cause of PCOD, rectifies endocrine & metabolic functions & improve fertility rate. It is used as an insulin sensitizer

66. True about cervical cancer screening in female:

- a) Start from 21 yr of age irrespective of sexual activity
- b) Start from 21 yr of. age in sexually active women
- c) After 30 yr, screening is done every 2-3 years if 3 previous PAP negative smear
- d) In 70 plus age group, if previous PAP smear is negative - then annual survey
- e) Risk group should be screened through HPV DNA testing combined with cytology

Correct Answer - B:C:E

Ans. b. Start from 21 yr of. age in sexually active women; c. After 30 yr, screening is done every 2-3 years if 3 previous PAP negative smear; e. Risk group should be screened through HPV DNA testing combined with cytology.

Cervical Cancer Screening :

- All sexually active women should be screened starting, from the age of 21 years or after 3 years of vaginal sex with no upper age limits.
- Screening would be yearly till the age of 30.
- Thereafter, it should be done at an interval of every 2-3 years after 3 consecutive yearly negative smears.
- The risk group should be screened with HPV DNA testing combined with cytology
- The negative predictive value of one negative HPV DNA test & two negative cytology tests are almost 100%.
- When both the tests are negative, the screening interval may be

increased to 6 years.

67. Which of the following is/are true about locked twins:

a) First fetus- breech presentation & second fetus cephalic presentation

b) First fetus- cephalic presentation & second fetus breech presentation

c) Decapitation of head can be done, if the fetus is dead

d) Caesarean delivery is TOC

e) Usually delivered by vaginal route

Correct Answer - A:C:D

Ans. a. First fetus- breech presentation & second fetus cephalic presentation; c. Decapitation of head can be done, if the fetus is dead; d. Caesarean delivery is TOC

LockedTwin :

- The phenomenon of locked twins is rare .
- For twins to lock, the first fetus must Present breech & second cephalic .
- With descent of the breech through the birth canal, the chin of the first fetus locks b/w the neck & chin of the second .
- Caesarean delivery is recommended when the potential for locking is identified
- There are two types of locked twins: breech/vertex and vertex/vertex.
- If one fetus has been partially born' attempts can be made to disimpact the twins manually' such as by the Zavanellimanuever, with a view to performing an assisted delivery with

ventouseorforceps.

- If the diagnosis is made only after the first locked twin has died in the birth canal, or if it is not expected to survive, the first twin may be decapitated and its head Pushed up to allow safe delivery ofthe second twin.

68. True about female pelvis:

- a) Obstetric conjugate is 2 cm less than Diagonal conjugate
- b) Obstetrical conjugate is the distance b/w the midpoint of the sacral promontory to prominent bony projection in the midline on the inner surface of the symphysis pubis
- c) Intertuberous diameter is 8 cm
- d) Bispinous diameter is 10.5 cm
- e) None

Correct Answer - A:B:D

Ans.a. Obstetric conjugate is 2 cm less than Diagonal conjugate; b. Obstetrical conjugate is the distance b/w the midpoint of the sacral promontory to prominent bony projection in the midline on the inner surface of the symphysis pubis; d. Bispinous diameter is 10.5 cm

Obstetric conjugate: It is the distance b/w the midpoint of the sacral promontory to prominent bony projection in the midline on the inner surface at the symphysis pubis.

It measures 10 cm .

It cannot be clinically estimated but is to be inferred from the diagonal conjugate

1.5-2 cm to be deducted or by lateral radiopelvimetry .

Diagonal conjugate: It is the distance b/w the Lower border of symphysis pubis to the midpoint on the sacral promontory. It measures 12 cm.

Bispinous diameter of midpelvis (10.5 cm): It measures distance b/w the two ischial spine

Intertuberous diameter (11 cm): It measures b/w inner borders of

ischial tuberosities"

69. Feature(s) of chronic hypertension in pregnancy:

a) Hypertension occurring after 20 week of pregnancy

b) Hypertension occurring before 20 week of pregnancy

c) >10 times common in obese women

d) Hypertension before onset of pregnancy

e) Hypertension occur upto 12 week postpartum

Correct Answer - B:D

Ans. b. Hypertension occurring before 20 week of pregnancy; d. Hypertension before onset of pregnancy

Chronic Hypertension in Pregnancy:

- It is defined as the presence of hypertension of any cause antedating or before the 20th week of pregnancy & its presence beyond the 12th week after delivery .
- The high risk factors for CHD are: age (>40 years), duration of hypertension (>15 years), level of BP (>160/90 mm Hg), presence of any medical disorder (renovascular) & presence of thrombophilia.

70. In a primi female. Differential diagnosis of shock includes:

a) Uterine inversion

b) Postpartum massive haemorrhage

c) Amniotic fluid embolism

d) Postpartum eclampsia

e) None

Correct Answer - A:B:C

Ans. a. Uterine inversion; b. Postpartum massive haemorrhage; c. Amniotic fluid embolism

- Inversion of uterus: Shock is extremely profound mainly of neurogenic origin.
- Hemorrhagic shock: Associated with postpartum or postabortal hemorrhage, ectopic pregnancy, placenta previa, abruption placenta, rupture of the uterus and obstetric surgery: Shock associated with disseminated intravascular coagulation, intrauterine dead fetus syndrome and amniotic fluid embolism.
- Septic shock (endotoxic shock): Hypotension (systolic BP mm Hg) is due to sepsis resulting in derangements in cellular and organ system dysfunction.
- Hypotension persists in spite of adequate fluid resuscitation.
- Associated typically with septic abortion, chorioamnionitis, pyelonephritis, and rarely postpartum endometritis.

71. In pregnancy, counselling for therapeutic termination is generally done in case of:

a) Eisenmenger syndrome

b) Multi valvular disease

c) Congenital heart disease

d) Marfan syndrome

e) Primary pulmonary hypertension

Correct Answer - A:D:E

Ans. a. Eisenmenger syndrome; d. Marfan syndrome; e. Primary pulmonary hypertension

Place of Therapeutic Termination: Indication

Absolute termination: Primary pulmonary hypertension,

Eisenmenger syndrome & pulmonary veno-occlusion disease

Relative indications: Parous women with grade III & IV cardiac lesions; Grade I & II with previous history of cardiac failure in early months or in b/w pregnancy