Quadcrack 2.0

OBSTETRICS

& GYNECOLOGY

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OBSTETRICS

INDEX

LONG ESSAY

1. Severe Preeclampsia

A 24-year-old primigravida at 34 weeks of gestation presents with headache, blurring of vision and swelling of feet. On examination, BP is 170/110 mmHg and urine albumin is 3+.

a) What is your diagnosis? (1)
b) Enumerate the risk factors. (2)
c) Discuss the investigations. (2)
d) Describe the management. (5)

2. Ruptured Ectopic Pregnancy

A 28-year-old woman presents with 8 weeks amenorrhoea, lower abdominal pain and vaginal bleeding. On examination she is pale, pulse rate is 120/min and BP is 90/60 mmHg.

a) What is the most probable diagnosis? (1)
b) Enumerate the risk factors. (2)
c) Discuss the investigations. (2)
d) Describe the management. (5)

3. Eclampsia

A 26-year-old primigravida at 39 weeks gestation presents with convulsions. BP is 170/120 mmHg. Urine albumin is 3+.

a) What is the diagnosis? (1)
b) Immediate management of convulsions. (3)
c) Discuss the definitive management. (4)
d) Mention the maternal and fetal complications. (2)

4. Placenta Previa

A 22-year-old primigravida at 36 weeks gestation presents with bleeding per vaginum. Bleeding is painless, bright red and recurrent.

a) What is the diagnosis? (1)
b) Classify the condition. (2)
c) Discuss the investigations. (2)
d) Describe the management. (5)

5. Atonic Postpartum Haemorrhage

A 24-year-old G5P4L4 delivered vaginally followed by heavy bleeding.
Discuss diagnosis, causes, management and define postpartum haemorrhage.

SHORT ESSAY

1. Mitral Stenosis in Pregnancy: Evaluation, management, contraceptive advice, and preconception counseling for a 28-year-old G2P1L1 patient at 10 weeks gestation.
2. Acquired Thrombophilia: Types (e.g., Antiphospholipid Syndrome), obstetric complications, and management protocols during pregnancy.
3. Neonatal Jaundice: Maternal-fetal blood group incompatibilities, screening, and immediate management.
4. Postpartum Haemorrhage (PPH): Classic causes of PPH, predisposing risk factors, diagnosis, and step-by-step management of atonic PPH.
5. TOLAC & VBAC: Selection criteria for a trial of labor after cesarean (TOLAC), predictors of successful vaginal birth after cesarean (VBAC), contraindications, and intrapartum monitoring requirements.
6. Preterm Labour: Definition, multifactorial etiology, tocolytic therapy options, and overall management protocols.
7. PROM: Define pre-labour rupture of membrane (PROM). Discuss the etiology and management of preterm PROM at 29 weeks gestation.
8. Severe Preeclampsia: Signs and symptoms, and management at 35 weeks.

9. Uterine Rupture: Causes, clinical features, and management of a multigravida with uterine rupture due to obstructed labour.
10. Polyhydramnios (General): Etiology, clinical features, and management.
11. Monochorionic Twins: Complications unique to monochorionic twins.
12. Breech Labour Case: A 29-year-old multigravida with two previous normal deliveries admitted at 40 weeks with labour pains (contractions every 10 mins/20 secs) and breech presentation.
13. Early Pregnancy Cardiac Case: A 28-year-old primigravida with critical mitral stenosis presenting with shortness of breath at 8 weeks gestation.
14. Gestational Diabetes & Polyhydramnios Case: A 30-year-old multigravida at 32 weeks with polyhydramnios and elevated blood sugars (Fasting 146 mg/dl, PP 224 mg/dl).
15. Fetal Growth Restriction Case: A 38-year-old G3P2L2 at 34 weeks presenting with pallor and pedal edema, where the uterus only corresponds to 26-28 weeks.
16. Hyperemesis Gravidarum: Definition, causes, and management.
17. Twin Complications: Types of twins, specific monochorionic complications, and Twin-to-Twin

Transfusion Syndrome (TTTS).

Late Pregnancy Hypertensive Case: A 19-year-old primigravida at 37 weeks (previously normotensive) presenting with BP 140/94 mmHg, icterus, and pedal edema.

SHORT NOTES

1. Severe Preeclampsia: Signs and symptoms indicating severe features.
2. Gestational Diabetes Mellitus (GDM): Fetal and neonatal complications.
3. Intravenous Iron Therapy: Indications, calculating iron deficit, advantages, and risks during pregnancy.
4. TAPS: Twin Anemia-Polycythemia Sequence criteria and pathogenesis.
5. Vasa Previa: Definition, clinical presentation, and emergency management.
6. Shoulder Dystocia: Definition, risk factors, and sequential resolution maneuvers (e.g., HELPERR).
7. VBAC (Vaginal Birth After Cesarean)
8. Bishop's score
9. Screening for GDM
10. Intravenous iron therapy
11. Amniotic fluid embolism
12. Operative vaginal delivery
13. Management of Rh ISO immunized pregnancy
14. Active Management of third stage of labor
15. Components of biophysical profile
16. Adherent Placenta (Placenta accreta spectrum)
17. PPTCT (Prevention of Parent to Child Transmission, typically regarding HIV/Syphilis in pregnancy)

18. Asymptomatic bacteriuria

SINGLE CORRECT RESPONSE

1. According to Barker's Hypothesis, infants who are growth-restricted with low birth weight are predisposed in adult life to a cluster of disorders collectively known as:

A. Type I diabetes mellitus

B. Congenital heart disease

C. Metabolic syndrome

D. Autoimmune disorders

Answer: C. Metabolic syndrome

2. The most sensitive parameter to detect early intrauterine growth restriction (IUGR):

A. Symphysiofundal height

B. Amniotic fluid index

C. Umbilical artery Doppler

D. NST

Answer: C. Umbilical artery Doppler

3. Which among the following statements is true regarding the factors that can predict a successful TOLAC (Trial of Labor After Cesarean)?

A. History of prior vaginal delivery

B. Previous cesarean section for dystocia

C. Post-term pregnancy

D. Inter-delivery interval less than 18 months Answer: A. History of prior vaginal delivery

4. Which of the following cannot be used as uterine compression sutures?

A. B-Lynch suture

B. McDonald's suture

C. Pereira technique

D. Hayman technique

Answer: B. McDonald's suture

5. Which of the following can be used as an accurate criteria for checking the application of the obstetrics forceps?

A. Sagittal suture should be perpendicular to the shanks

B. Posterior fontanelle should be placed midway between the blades

C. A small part of the fenestration may be felt on either side

D. All of the above

Answer: D. All of the above

6. Karyotype of complete hydatidiform mole is: A. 45,XO

B. 69,XXY

C. 46,XX

D. 47,XXY

Answer: C. 46,XX

7. Which of the following statements is FALSE regarding HIV in pregnancy?

A. Vertical transmission to newborn is 15-25% if no intervention is given

B. Breastfeeding may also cause transmission to baby

C. Artificial feeding is advised always

D. Transmission of HIV from male to female is high

Answer: C. Artificial feeding is advised always

8. A case of 35 weeks pregnancy with hydramnios and marked respiratory distress is managed by: A. Anencephaly B. Breech C. Saline infusion D. Artificial rupture of membranes Answer: D. Artificial rupture of membranes

9. In McRoberts maneuver, which of the following nerves is easily involved?

A. Obturator nerve

B. Lateral cutaneous nerve of thigh

C. Lumbosacral nerve

D. Common peroneal nerve

Answer: B. Lateral cutaneous nerve of thigh

10. Ligamentum teres is formed after:

A. Obliteration of ductus arteriosus

B. Obliteration of hypogastric artery

C. Obliteration of umbilical vein

D. Obliteration of ductus venosus

Answer: C. Obliteration of umbilical vein

11. Hegar’s sign of pregnancy is:

A. Uterine contraction

B. Bluish discoloration of vagina

C. Softening of isthmus

D. Quickening

Answer: C. Softening of isthmus

12. Fertilization occurs in which part of the fallopian tube?

A. Ampulla

B. Interstitial part

C. Isthmus

D. Infundibulum

Answer: A. Ampulla

13. A pregnant lady with a history of recurrent abortions is diagnosed with APLA syndrome. What is the best mode of treatment?

A. Aspirin only

B. Aspirin and heparin

C. Aspirin, heparin, and steroids

D. Aspirin and steroids

Answer: B. Aspirin and heparin

14. Magnesium sulfate (MgS04) has no role in:

A. Prevention of seizure in preeclampsia
B. Prevention of recurrent seizures in eclampsia
C. Prevention of RDS in premature babies
D. Reducing contractility of uterus
Answer: C. Prevention of RDS in premature babies

15. Which diameter presents in complete flexion attitude of the fetal head?

A. Suboccipitobregmatic diameter

B. Suboccipitofrontal diameter

C. Occipitofrontal diameter

D. Submentobregmatic diameter

Answer: A. Suboccipitobregmatic diameter
16. Fetal surveillance in FGR includes all EXCEPT:
A. BPP
B. Cerebroplacental ratio
C. Head circumference
D. Umbilical artery Doppler
Answer: C. Head circumference

17. Which is the longest transverse diameter of the fetal skull?

A. Biparietal diameter

B. Super subparietal diameter

C. Bitemporal diameter

D. Suboccipitobregmatic diameter

Answer: A. Biparietal diameter

18. Dose of Betamethasone given to a mother in anticipated preterm delivery is:

A. 6 mg 24 hourly 2 doses

B. 12 mg 24 hourly 4 doses

C. 6 mg 12 hourly 4 doses

D. 12 mg 24 hourly 2 doses

Answer: D. 12 mg 24 hourly 2 doses

19. Modified BPP includes:

A. Fetal tone + Fetal breathing

B. Fetal tone + AFI

C. NST + AFI

D. NST + Breathing movements

Answer: C. NST + AFI

20. First trimester combined test includes the following:

A. Dating scan + Beta-hCG

B. Dating scan + Beta-hCG + PAPP

C. NT Scan + Beta-hCG + PAPP-A

D. Beta-hCG + AFP + PAPP-A

Answer: C. NT Scan + Beta-hCG + PAPP-A

21. Woods corkscrew maneuver is used in:

A. Breech presentation

B. Face presentation

C. Soft tissue dystocia

D. Shoulder dystocia Answer: D. Shoulder dystocia

22. Most common fetal presentation at term:

A. Occipitoanterior

B. Occipitoposterior C. Breech

D. Transverse

Answer: A. Occipitoanterior

23. Which of the following drugs is not used for induction of labor?

A. Mifepristone

B. Methotrexate

C. Misoprostol

D. Prostaglandin E2

Answer: B. Methotrexate

24. What is the first-line maneuver in the management of shoulder dystocia?

A. Zavanelli maneuver

B. Fundal pressure

C. McRoberts maneuver

D. Cesarean section

Answer: C. McRoberts maneuver

25. Which of the following is the best parameter to diagnose Iron Deficiency Anemia?

A. Hemoglobin level

B. Serum iron

C. Serum ferritin

D. Hematocrit

Answer: C. Serum ferritin

26. Which of the following is a characteristic finding in HELLP syndrome?

A. Low bilirubin

B. High platelet count

C. Thrombocytopenia

D. Low liver enzymes

Answer: C. Thrombocytopenia

27. What is the most accurate parameter for dating pregnancy in the first trimester?

A. Biparietal diameter

B. Femur length

C. Crown-rump length

D. Abdominal circumference

Answer: C. Crown-rump length

28. Implantation occurs at:

A. 2-3 days

B. 1-3 days

C. 2-4 days

D. 5-7 days

Answer: D. 5-7 days

29. Choose the incorrect statement:

A. Blood volume increases by 40-50% in pregnancy

B. Blood pressure increases at mid-pregnancy

C. Systemic vascular resistance decreases in mid-pregnancy

D. Stroke volume increases by 10%

Answer: B. Blood pressure increases at mid-pregnancy

30. hCG is secreted by:

A. Syncytiotrophoblast

B. Cytotrophoblast

C. Intermediate cell trophoblast

D. Mesenchyme of the villi

Answer: A. Syncytiotrophoblast

31. Synclitic engagement is said to occur when the sagittal suture is:

A. Deflected anteriorly

B. Deflected posteriorly

C. In the transverse diameter of pelvic inlet

D. In the AP diameter of pelvic inlet

Answer: C. In the transverse diameter of pelvic inlet

32. The events in the second stage of labor include all EXCEPT:

A. Descent of the fetal head

B. Bearing down contraction

C. Crowning

D. Cervical effacement and dilatation

Answer: D. Cervical effacement and dilatation

33. Which of the following anti-hypertensives is contraindicated in pregnancy?

A. Telmisartan

B. Labetalol

C. Nifedipine

D. Methyldopa

Answer: A. Telmisartan

34. Which hormone is primarily responsible for insulin resistance in pregnancy?

A. Estrogen

B. Progesterone

C. Human placental lactogen (hPL)

D. Prolactin

Answer: C. Human placental lactogen (hPL)

35. All are direct causes of maternal mortality EXCEPT:

A. Ectopic pregnancy

B. APH

C. Sepsis

D. Cardiac diseases

Answer: D. Cardiac diseases

36. Trisomy 21 shows:

A. Increase PAPP-A

B. Increase hCG

C. Increase AFP

D. Increase uE3

Answer: B. Increase hCG

37. Cord prolapse is most common in:

A. Deep transverse arrest

B. Footling breech

C. Face presentation

D. Complete placenta previa

Answer: B. Footling breech

38. Oxytocin is secreted by:

A. Anterior pituitary

B. Posterior pituitary

C. Portal vascular system in pituitary

D. Anterior lobe in pituitary

Answer: B. Posterior pituitary

39. Morula in embryology is cell stage:

A. 8

B. 16

C. 32

D. 64

Answer: B. 16

40. Blood urea level in pregnancy:

A. Doubles

B. Decreases

C. Does not change

D. Does change with diuretics

Answer: B. Decreases

41. Symptoms of early pregnancy include all EXCEPT:

A. Amenorrhea

B. Nausea and vomiting

C. Frequent micturition

D. Appreciating fetal movements

Answer: D. Appreciating fetal movements

42. Features of a Non-reassuring FHR trace do not include:

A. Base line heart rate of 110-160 bpm

B. Baseline variability 5-25 bpm

C. Variable decelerations of 60 bpm

D. Variable decelerations of more than 110 bpm Answer: A. Base line heart rate of 110-160 bpm

43. Which one of the following endometrial histological findings is suggestive of an ectopic pregnancy?

A. Decidual reaction

B. Chorionic villi

C. Proliferative endometrium

D. Secretory endometrium

Answer: A. Decidual reaction

44. The engaging diameter of the fetal head in right occipitoposterior position is:

A. Suboccipitobregmatic

B. Occipitofrontal

C. Suboccipital vertical

D. Biparietal diameter

Answer: B. Occipitofrontal

45. In deep transverse arrest, the head is arrested at the level of:

A. Ischial tuberosity

B. Ischial spine

C. Inlet of pelvis

D. Perineum

Answer: B. Ischial spine

46. All are true about PPROM EXCEPT:

A. Amnioinfusion is done

B. Amoxiclav antibiotic should be given

C. Aseptic cervical examination

D. Steroid is used

Answer: A. Amnioinfusion is done

47. A woman comes with a post-dated pregnancy at 42 weeks. The initial evaluation would be:

A. Induction of labor

B. Review of previous menstrual history

C. Cesarean section

D. USG

Answer: B. Review of previous menstrual history

48. False statement regarding carcinoma of fallopian tube:

A. Adenocarcinoma

B. Very rare

C. Occurs in multiparous women (50 to 60 yrs)

D. Constitute 10 to 12% of malignancies

Answer: D. Constitute 10 to 12% of malignancies

49. Failure rate of LNG as emergency contraceptive:

A. 10%

B. 8.5%

C. 1%

D. 20%

Answer: C. 1%

50. Which of the following is not true about type 1 endometrial cancer?

A. Estrogen dependent

B. Endometrioid in type

C. More commonly associated with P53 mutation

D. Low grade tumor

Answer: C. More commonly associated with P53 mutation

51. Following muscles are attached to the perineal body EXCEPT:

A. Bulbocavernosus

B. Superficial transverse perinei

C. Deep transverse perinei

D. Internal anal sphincter

Answer: D. Internal anal sphincter

52. Most characteristic feature of borderline tumor:

A. Endometrial hyperplasia

B. Absence of stromal invasion

C. Nuclear atypia

D. Increased mitotic activity

Answer: B. Absence of stromal invasion

53. Mechanism of action of letrozole:

A. SERM

B. Insulin sensitizer

C. Aromatase inhibitor

D. Progesterone receptor modulator

Answer: C. Aromatase inhibitor

54. A 70-year-old postmenopausal lady with a long-standing prolapsed uterus presented with decubitus ulcer. The treatment of choice is:

A. Immediate surgery

B. Biopsy from the ulcer

C. Reduction and daily packing with saline

D. Start parenteral antibiotics immediately

Answer: C. Reduction and daily packing with saline

55. Pathogenesis of polyhydramnios includes all EXCEPT:

A. Diabetes Mellitus

B. Hypertensive disorders of pregnancy

C. Esophageal atresia

D. Parvovirus infection

Answer: B. Hypertensive disorders of pregnancy

56. Implantation occurs days after fertilization:

A. 4-5 days

B. 5-7 days

C. 7-9 days

D. 9-10 days

Answer: B. 5-7 days

57. Widest diameter of the pelvic inlet in gynaecoid pelvis:

A. Diagonal conjugate

B. Oblique diameter

C. Transverse diameter

D. True conjugate

Answer: C. Transverse diameter

58. Active management of the 3rd stage of labor includes all EXCEPT:

A. Delivery of placenta by controlled cord traction

B. Premature attempts to separate placenta that has not separated

C. Assessment of uterine tone and massage

D. Prophylactic oxytocin before delivery of placenta

Answer: B. Premature attempts to separate placenta that has not separated

59. Turtle sign is seen in:

A. Obstructed labor

B. Uterine inversion

C. Shoulder dystocia

D. Cephalopelvic disproportion

Answer: C. Shoulder dystocia

60. In occipitoposterior, the engaging diameter is:

A. Occipitofrontal

B. Submentobregmatic

C. Verticomental

D. Bitemporal

Answer: A. Occipitofrontal

61. Which of the following are NOT the pelvic findings in obstructed labor?

A. Cervix hangs loose

B. Large caput

C. Irreducible molding

D. Cervix well applied to the presenting part

Answer: D. Cervix well applied to the presenting part

62. Uterine contractions are mediated by:

A. L1 to L5

B. T1 to T4

C. T10 to L1

D. T8 to T11

Answer: C. T10 to L1

63. NT scan is done at:

A. 7-9 weeks

B. 8-10 weeks

C. 12-14 weeks

D. 15-20 weeks

Answer: C. 12-14 weeks

64. Most common type of Breech is:

A. Frank breech

B. Complete breech

C. Footling breech

D. Knee presentation

Answer: A. Frank breech

65. Deep transverse arrest is seen in which type of pelvis?

A. Android

B. Gynaecoid

C. Anthropoid

D. Platypelloid

Answer: A. Android

66. Most common cause of breech presentation is:

A. Polyhydramnios

B. Prematurity

C. Multiparity

D. Uterine anomalies

Answer: B. Prematurity

67. Pulsations in lateral fornix in early pregnancy is known as:

A. Hegar sign

B. Jacquemier sign

C. Goodell sign

D. Osiander sign

Answer: D. Osiander sign

68. Diameter in face presentation is:
A. Verticomental
B. Submentobregmatic
C. Suboccipitofrontal
D. Occipitofrontal
Answer: B. Submentobregmatic
69. All are neonatal complications of diabetes in pregnancy EXCEPT:
A. Hyperbilirubinemia
B. Hypercalcemia
C. Polycythemia
D. Hypoglycemia
Answer: B. Hypercalcemia
70. Most common site of ectopic pregnancy:
A. Isthmus
B. Ampulla
C. Fimbriae
D. Interstitium
Answer: B. Ampulla
71. The shortest distance between the sacral promontory and the pubic symphysis is:
A. Interischial diameter
B. True conjugate
C. Diagonal conjugate

D. Obstetric conjugate

Answer: D. Obstetric conjugate

72. According to MTP Amendment act 2021, a single medical practitioner can perform MTP up to a gestational age of:

A. 12 weeks

B. 20 weeks

C. 24 weeks

D. 16 weeks

Answer: B. 20 weeks

73. The recommended dose of Anti-D in Rh-negative women delivered an Rh-positive baby is:

A. 150 mg

B. 300 mg

C. 300 μg

D. 150 μg

Answer: C. 300 μg

74. Forceps used for delivery of after-coming head of breech is:

A. Piper's

B. Wrigley's

C. Kielland

D. Simpson's

Answer: A. Piper's

75. Umbilical cord contains:

A. One artery & One vein

B. Two arteries & one vein

C. One artery & two veins

D. Two arteries & two veins

Answer: B. Two arteries & one vein

76. Indication for cesarean hysterectomy include all EXCEPT:

A. Uncontrolled atonic PPH

B. For family planning

C. Multiple fibroids during section

D. Grossly infected uterus

Answer: B. For family planning

77. All of the following are used for induction of labor EXCEPT:

A. PGE2 gel

B. PGE2 Tablet

C. PGF2alpha gel

D. Oxytocin

Answer: C. PGF2alpha gel

78. Common causes for retained placenta are all EXCEPT:

A. Atonic Uterus

B. Placenta accreta

C. Constriction ring

D. Poor expulsive effort

Answer: D. Poor expulsive effort

79. A pregnant lady at 28 weeks reports with abdominal pain and bleeding PV. Most probable diagnosis is:

A. Preterm labor

B. Abruptio placentae

C. Placenta previa

D. Cord prolapse

Answer: B. Abruptio placentae

80. A 20-year-old lady presented to the emergency department in shock with hemoperitoneum. Her pregnancy test is positive, diagnosis is:

A. Complete abortion

B. Threatened miscarriage

C. Ruptured ectopic

D. Missed miscarriage

Answer: C. Ruptured ectopic

81. FGR babies have polycythemia due to:

A. Hypothermia

B. Hypocalcemia

C. Hypoglycemia

D. Hypoxia

Answer: D. Hypoxia

82. The term fetus is used in pregnancy:

A. Up to 2 weeks

B. Up to 4 weeks

C. Up to 2-8 weeks

D. Beyond 9 weeks

Answer: D. Beyond 9 weeks

83. Causes of polyhydramnios are all EXCEPT:

A. Multiple pregnancies

B. Hydrops fetalis

C. Anencephaly

D. Renal agenesis

Answer: D. Renal agenesis

84. Discordant twins is diagnosed when the fetal weight difference is more than:

A. 5%

B. 15%

C. 10%

D. 20%

Answer: D. 20%

85. GDM is associated with all EXCEPT:

A. Oligoamnios

B. Macrosomia

C. Stillbirth

D. Congenital malformation

Answer: A. Oligoamnios

86. Predisposing factors for DVT are all EXCEPT:

A. More fluid intake

B. Immobilization

C. Obesity

D. Preeclampsia

Answer: A. More fluid intake

87. Hyperemesis is seen in all EXCEPT:

A. Multiple pregnancies

B. Molar pregnancy

C. Ectopic pregnancy

D. Primigravida

Answer: C. Ectopic pregnancy

88. Occipitoposterior position is common with:

A. Gynaecoid pelvis

B. Anthropoid pelvis

C. Android pelvis

D. Platypelloid pelvis

Answer: B. Anthropoid pelvis

89. Congenital rubella syndrome is characterized by all

EXCEPT:

A. Renal agenesis

B. Deafness

C. Cardiac anomalies

D. Cataract

Answer: A. Renal agenesis

90. Complications of eclampsia include:

A. Aspiration pneumonia

B. Pulmonary edema

C. Cerebral hemorrhage

D. All of the above

Answer: D. All of the above

91. Complication of fibroid in pregnancy:

A. Preeclampsia

B. Gestational diabetes

C. Malpresentations

D. Post maturity

Answer: C. Malpresentations

92. "T" sign on ultrasound is a feature of:

A. Monochorionic

B. Dichorionic placenta

C. Monoamniotic twins

D. Conjoined twins

Answer: A. Monochorionic

93. Drug of choice for convulsion in pregnancy is:

A. Diazepam

B. Phenytoin

C. Carbamazepine

D. MgSO4

Answer: D. MgSO4

94. Pregnancy is absolutely contraindicated in this condition:

A. Pulmonary stenosis

B. Pulmonary Hypertension

C. Severe mitral stenosis

D. Aortic stenosis

Answer: B. Pulmonary Hypertension

95. Most common primary cause for maternal mortality in India is:

A. Eclampsia

B. PPH

C. APH

D. Sepsis

Answer: B. PPH

96. All are complications of IRON deficiency anemia in pregnancy EXCEPT:

A. Preterm labor

B. PPH

C. Anemia of fetus

D. SGA fetus

Answer: C. Anemia of fetus

97. Spalding sign is a feature of:

A. Fetal demise

B. IUGR

C. Placenta previa

D. Abruptio placentae

Answer: A. Fetal demise

98. You can expect vaginal delivery in:

A. All positions of vertex

B. All positions of face

C. All positions of breech

D. All positions of brow

Answer: A. All positions of vertex

99. During vaginal examination, obstetrician can estimate:

A. All Transverse diameters of pelvis

B. All anteroposterior diameters of pelvis

C. Diagonal Conjugate Diameter

D. Tuberous diameter

Answer: C. Diagonal Conjugate Diameter

100. Prolonged deceleration can occur in:

A. Cord prolapse

B. Abruptio placentae

C. Rupture uterus

D. Uterine tachysystole

Answer: A. Cord prolapse

101. Which of the following factors increase the risk of uterine rupture in a trial of labor after cesarean?

A. Inter-pregnancy interval less than 6 months

B. Previous classical section

C. Use of oxytocin for induction

D. Prior vaginal delivery

Answer: A. Inter-pregnancy interval less than 6 months

102. Signs of abnormal labor are:

A. Tachysystole

B. Excessive molding

C. Asynclitism

D. Weak uterine contractions

Answer: B. Excessive molding

103. All are muscles of perineal body EXCEPT:

A. Sphincter ani externus

B. Bulbospongiosus

C. Ischiocavernosus

D. Levator ani

Answer: C. Ischiocavernosus

104. PET-CT is useful in gynecology for:

A. Early diagnosis of malignancy / early diagnosis of recurrence

B. To differentiate inflammatory lesions from malignancy

C. To detect sentinel nodes

D. All of the above

Answer: A. Early diagnosis of malignancy / early diagnosis of recurrence

105. The drug of choice for treatment of central precocious puberty is:

A. Progesterone

B. Estrogenic

C. GnRH analogues

D. Danazol

Answer: C. GnRH analogues

106. Which of the following is the most common cause for stress urinary incontinence in women?

A. Urinary tract infection

B. Urethral hypermobility

C. Detrusor overactivity

D. Vesicovaginal fistula

Answer: B. Urethral hypermobility

107. The first sign of puberty in girls:

A. Thelarche

B. Menarche

C. Pubarche

D. Growth spurt

Answer: A. Thelarche

108. Drug used in the management of eclampsia:

A. Labetalol

B. $MgSO_4$

C. Methotrexate

D. Oxytocin

Answer: B. $MgSO_4$

109. Among the following which statement is correct:

A. In pregnancy RBC volume increases by 40%

B. Physiological anemia in pregnancy is due to hemodilution

C. In pregnancy plasma volume increases by 40%

D. In pregnancy cardiac output decreases

Answer: B. Physiological anemia in pregnancy is due to hemodilution

110. McAfee Johnson regime is used in Conservative management of:

A. Placenta previa

B. Shoulder dystocia

C. Abruptio placentae

D. Eclampsia

Answer: A. Placenta previa

111. Hormone used in follow-up of molar pregnancy:

A. Beta-hCG

B. Estrogen

C. hPL

D. Progesterone

Answer: A. Beta-hCG

112. TTTS is a complication of:

A. DCDA

B. MSMA

C. MCDA

D. Conjoined twins

Answer: C. MCDA

113. 1st line management of GDM is:

A. Insulin

B. MNT

C. Metformin

D. All of the above

Answer: B. MNT

114. Supplementation in dimorphic anemia is:

A. Iron + Calcium

B. Fe + Vitamin B12

C. Fe + Folic acid

D. Fe + Folic acid + Vitamin B12

Answer: D. Fe + Folic acid + Vitamin B12

115. Patient is diagnosed to have GDM according to DIPSI criteria if 2 hrs PPBS in 75 g OGTT is:

A. ≥153 mg/dL

B. ≥120 mg/dL

C. ≥140 mg/dL

D. ≥150 mg/dL

Answer: C. ≥140 mg/dL

116. NT-NB scan is done at:

A. 7-8 weeks of GA

B. 16-18 weeks of GA

C. 24-28 weeks of GA

D. 11-14 weeks of GA

Answer: D. 11-14 weeks of GA

117. Labor analgesia involves blocking of:

A. T12, S2,3,4

B. T11, T12, S2,3,4

C. S2, S3, S4

Answer: B. T11, T12, S2,3,4

118. Drug of choice for treatment of typhoid fever in pregnancy:

A. Ampicillin

B. Chloramphenicol

C. Ceftriaxone

D. None

Answer: C. Ceftriaxone

119. Which of the following vaccinations is contraindicated in pregnancy?

A. Hepatitis

B. Cholera

C. Rabies

D. Yellow fever

Answer: D. Yellow fever

120. Induction of labor is done using all EXCEPT: A. PGF2 tablet

B. PGE1 tablet

C. PGE2 gel

D. Misoprostol

Answer: A. PGF2 tablet

121. Neonatal period extends:

A. 28 days of life

B. 22 days of life

C. 30 days of life

D. 35 days of life

Answer: A. 28 days of life

122. Most valuable diagnostic test in case of suspected ectopic pregnancy?

A. Serial Beta-hCG level

B. Transvaginal ultrasound

C. Progesterone measurement

D. Culdocentesis

Answer: B. Transvaginal ultrasound

123. Which of the following is characteristic of a dichorionic pregnancy on ultrasound?

A. Presence of an intertwin membrane

B. T sign

C. Twin peak sign

D. None of the above

Answer: C. Twin peak sign

124. Which of the following genital infections is associated with preterm labor?

A. Human papillomavirus

B. Trichomonas vaginitis

C. Monilial vaginitis

D. Bacterial vaginosis

Answer: D. Bacterial vaginosis

125. Which of the following is not a complication of IUGR?

A. Hypoglycemia

B. Hypothermia

C. Hypercalcemia

D. Polycythemia

Answer: C. Hypercalcemia

126. Intrauterine fetal death can cause all of the following EXCEPT?

A. Preeclampsia

B. Disseminated intravascular coagulation

C. Psychological upset

D. Infection

Answer: A. Preeclampsia

127. Erythroblastosis fetalis occurs due to:

A. Fetal antibodies against maternal Rh antigen

B. Maternal antibodies against fetal Rh antigen

C. Fetal antibodies against fetal Rh antigen

D. Maternal antibodies against maternal Rh antigen

Answer: B. Maternal antibodies against fetal Rh antigen

128. When do you want to terminate a 34 weeks FGR baby with umbilical artery absent end-diastolic flow:

A. More than 36 weeks

B. At 37 weeks

C. Within 24 hours

D. At term

Answer: C. Within 24 hours

129. Quintero Classification is used in:

A. TAPS

B. TTTS

C. TRAP

D. sFGR

Answer: B. TTTS

130. Drug of choice in medical management of ectopic pregnancy:

A. Methotrexate

B. Mifepristone

C. Misoprostol

D. Methergine

Answer: A. Methotrexate

131. The World Health Organization defines the maternal mortality ratio:

A. Maternal deaths per 10,000 live births and stillbirths

B. Maternal deaths per 100,000 live births and stillbirths

C. Maternal deaths per 10,000 live births

D. Maternal deaths per 100,000 live births

Answer: D. Maternal deaths per 100,000 live births

132. Which among the following is the largest Anteroposterior diameter of fetal skull:

A. Occipitofrontal

B. Verticomental

C. Submentobregmatic

D. Suboccipitobregmatic

Answer: B. Verticomental

133. Bluish discoloration of cervix & vagina seen in normal pregnancy:

A. Osiander's sign

B. Chadwick's sign

C. Hegar's sign

D. Palmer's sign

Answer: B. Chadwick's sign

134. Which is the most common cause for repeated first-trimester loss?

A. Chromosomal defects

B. Infections

C. Uterine anomaly

D. Hypothyroidism

Answer: A. Chromosomal defects

135. OGTT cutoff for FBS, 1 hr and 2 hr:

A. 92, 180, 155

B. 92, 180, 155

C. 90, 182, 155

D. 92, 183, 150

Answer: A. 92, 180, 155

136. Which heart disease in pregnancy the prognosis is worst?

A. Mitral valve prolapse

B. Mitral stenosis

C. Eisenmenger syndrome

D. Mitral regurgitation

Answer: C. Eisenmenger syndrome

137. Most appropriate treatment for woman with history of recurrent miscarriages and positive Antiphospholipid Antibodies:

A. Aspirin and heparin

B. Corticosteroids

C. Intravenous immunoglobulin (IVIG)

D. Progesterone supplementation

Answer: A. Aspirin and heparin

138. A primigravida at 37 weeks gestation presents with a breech presentation. What is the most appropriate management option?

A. Immediate cesarean section

B. External cephalic version (ECV)

C. Induction of labor

D. Expectant management until 40 weeks

Answer: B. External cephalic version (ECV)

139. The commonest type of ectopic pregnancy is:

A. Ovarian

B. Abdominal

C. Tubal

D. Cervical

Answer: C. Tubal

140. Level of hCG in maternal circulation typically peaks at what level and at what gestational age?

A. 100,000 mIU/mL at 10 weeks

B. 10,000 mIU/mL at 10 weeks

C. 10,000 mIU/mL at 20 weeks

D. 100,000 mIU/mL at 10 weeks

Answer: A. 100,000 mIU/mL at 10 weeks

141. Which following organisms is the most common cause of early onset neonatal conjunctivitis?

A. GBS

B. Toxoplasmosis

C. Chlamydia

D. Trichomonas

Answer: C. Chlamydia

142. Delayed artificial rupture of membranes is preferred in?

A. Preterm baby

B. Breech presentation

C. Occipitoposterior position

D. All of the above

Answer: D. All of the above

MULTIPLE RESPONSE TYPE

1. A pregnant lady with a history of recurrent abortions is now diagnosed with APLA syndrome. What would be the best mode of treatment for her?
A. Aspirin only
B. Aspirin and heparin
C. Aspirin, heparin, and steroids
D. Aspirin and steroids
Answer: B. Aspirin and heparin
2. Magnesium sulphate has no role in:
A. Prevention of seizure in preeclampsia
B. Prevention of recurrent seizures in eclampsia
C. Prevention of RDS in premature babies
D. Reducing contractility of uterus
Answer: C. Prevention of RDS in premature babies
3. Which diameter is presented in the complete flexion attitude of the fetal head?
A. Suboccipitobregmatic diameter
B. Suboccipitofrontal diameter
C. Occipitofrontal diameter
D. Submentobregmatic diameter
Answer: A. Suboccipitobregmatic diameter
4. Fetal surveillance in FGR includes all except:
A. BPP

B. Cerebroplacental ratio

C. Head circumference

D. Umbilical artery Doppler

Answer: C. Head circumference

5. Which is the longest transverse diameter of the fetal skull?

A. Biparietal diameter

B. Supersubparietal diameter

C. Bitemporal diameter

D. Suboccipitobregmatic diameter

Answer: A. Biparietal diameter

6. What is the dose of Betamethasone given to a mother in anticipated preterm delivery?

A. 6 mg 24-hourly, 2 doses

B. 12 mg 24-hourly, 4 doses

C. 6 mg 12-hourly, 4 doses

D. 12 mg 24-hourly, 2 doses

Answer: D. 12 mg 24-hourly, 2 doses

7. Modified BPP includes:

A. Fetal tone + Fetal breathing

B. Fetal tone + AFI

C. NST + AFI

D. NST + Breathing movements

Answer: C. NST + AFI

8. First-trimester combined test includes the following:

A. Dating scan + beta-hCG

B. Dating scan + beta-hCG + PAPP-A

C. NT Scan + beta-hCG + PAPP-A

D. Beta-hCG + AFP + PAPP-A

Answer: C. NT Scan + beta-hCG + PAPP-A

9. Woods corkscrew maneuver is used in:

A. Breech presentation

B. Face presentation

C. Soft tissue dystocia

D. Shoulder dystocia

Answer: D. Shoulder dystocia

10. Most common fetal presentation at term:

A. Occipitoanterior

B. Occipitoposterior

C. Breech

D. Transverse

Answer: A. Occipitoanterior

11. Which of the following drugs is not used for induction of labor?

A. Mifepristone

B. Methotrexate

C. Misoprostol

D. Prostaglandin E2

Answer: B. Methotrexate

12. What is the first-line manoeuvre in the management of shoulder dystocia?

A. Zavanelli manoeuvre

B. Fundal pressure

C. McRoberts manoeuvre

D. Cesarean section

Answer: C. McRoberts manoeuvre

13. Which of the following is the best parameter to diagnose Iron Deficiency Anemia?

A. Hemoglobin level

B. Serum iron

C. Serum ferritin

D. Hematocrit

Answer: C. Serum ferritin

14. Which of the following is a feature of HELLP syndrome?

A. Low bilirubin

B. High platelet count

C. Thrombocytopenia

D. Low liver enzymes

Answer: C. Thrombocytopenia

15. What is the most accurate parameter for dating pregnancy in the first trimester?

A. Biparietal diameter

B. Femur length

C. Crown-rump length

D. Abdominal circumference

Answer: C. Crown-rump length

16. Which of the following statements is FALSE regarding HIV?

A. Vertical transmission to the newborn is 15-25% if no intervention is given

B. Breastfeeding may also cause transmission to the baby

C. Artificial feeding is advised always

D. Transmission of HIV from male to female is high

Answer: C. Artificial feeding is advised always

17. Implantation occurs at:

A. 2-3 days

B. 1-3 days

C. 2-4 days

D. 5-7 days

Answer: D. 5-7 days

18. Choose the incorrect statement:

A. Blood volume increases by 40-50% in pregnancy

B. Blood pressure increases at mid-pregnancy

C. Systemic vascular resistance decreases in mid-pregnancy

D. Stroke volume increases by 10%

Answer: B. Blood pressure increases at mid-pregnancy

19. hCG is secreted by:

A. Syncytiotrophoblast

B. Cytotrophoblast

C. Intermediate cell trophoblast

D. Mesenchyme of the villi

Answer: A. Syncytiotrophoblast

20. Synclitic engagement is said to occur when the sagittal suture is:

A. Deflected anteriorly

B. Deflected posteriorly

C. In the transverse diameter of the pelvic inlet

D. In the AP diameter of the pelvic inlet

Answer: C. In the transverse diameter of the pelvic inlet

21. The events in the second stage of labour include all except:

A. Descent of the fetal head

B. Bearing down contraction

C. Crowning

D. Cervical effacement and dilatation

Answer: D. Cervical effacement and dilatation

22. According to Barker's Hypothesis, infants who are growth-restricted with low birth weight are predisposed in adult life to a cluster of disorders collectively known as:

A. Type I diabetes mellitus

B. Congenital heart disease

C. Metabolic syndrome

D. Autoimmune disorders

Answer: C. Metabolic syndrome

23. The most sensitive parameter to detect early intrauterine growth restriction (IUGR):

A. Symphysiofundal height

B. Amniotic fluid index

C. NST

D. Umbilical artery Doppler

Answer: D. Umbilical artery Doppler

24. Which among the following statements is true regarding the factors that can predict a successful TOLAC (Trial of Labor After Cesarean)?

A. History of prior vaginal delivery

B. Previous cesarean section for dystocia

C. Post-term pregnancy

D. Inter-delivery interval less than 18 months

Answer: A. History of prior vaginal delivery

25. Which of the following cannot be used as uterine compression sutures?

A. B-Lynch suture

B. McDonalds suture

C. Hayman technique

D. Pereira technique

Answer: B. McDonalds suture

26. Which of the following anti-hypertensives is contraindicated in pregnancy?

A. Telmisartan

B. Labetalol

C. Nifedipine

D. Methyldopa

Answer: A. Telmisartan

27. Which hormone is primarily responsible for insulin resistance in pregnancy?

A. Estrogen

B. Progesterone

C. Human placental lactogen

D. Prolactin

Answer: C. Human placental lactogen

28. All are direct causes of maternal mortality except:

A. Ectopic pregnancy

B. APH

C. Sepsis

D. Cardiac diseases

Answer: D. Cardiac diseases

29. Trisomy 21 shows:

A. Increased PAPP-A

B. Increased hCG

C. Increased AFP

D. Increased uE3

Answer: B. Increased hCG

30. Cord prolapse is most common in:

A. Deep transverse arrest

B. Footling breech

C. Face presentation

D. Complete placenta previa

Answer: B. Footling breech

31. Which of these drugs can be used for the management of postpartum hemorrhage?

1. Oxytocin
2. Tranexamic acid
3. PGF2-alpha
4. PGE2

   A. One drug

   B. Two drugs

   C. Three drugs

   D. All four drugs

   Answer: D. All four drugs

32. Indications for cesarean section in twin pregnancy:

1. First twin breech
2. Monoamniotic twins
3. Conjoined twins
4. Second twin cephalic

A. 1 & 2

B. 1, 2 & 3

C. 1, 2, 3 & 4

D. 3 & 4

Answer: B. 1, 2 & 3

33. Regarding magnesium sulfate in eclampsia:

1. It acts as an NMDA receptor antagonist
2. Therapeutic serum level is 4-7 mEq/L
3. Loss of patellar reflex is an early sign of toxicity
4. It reduces BP significantly

A. 1, 2, 3 & 4

B. 1, 2 & 3

C. 1, 3 & 4

D. 1, 2 & 4

Answer: B. 1, 2 & 3

34. Regarding amniotic fluid:

1. Mainly derived from fetal urine in late pregnancy
2. Swallowed by fetus
3. Increased in esophageal atresia
4. Decreased in anencephaly

A. 1, 2 & 4

B. 1 & 3

C. 1, 2 & 3

D. 1, 2, 3 & 4

Answer: C. 1, 2 & 3

35. Regarding non-stress test (NST):

1. Reactive NST requires ≥2 accelerations in 20 minutes

2. Each acceleration should be ≥15 bpm for ≥15 seconds
3. Non-reactive NST for 20 min always indicates fetal distress
4. Can be affected by fetal sleep cycle

A. 1, 2 & 4

B. 1 & 2

C. 1, 2 & 3

D. 2, 3 & 4

Answer: A. 1, 2 & 4

36. Which of the following are features of obstructed labour?

1. Malpositions and malpresentations can be a cause of obstructed labour
2. Bandl's ring runs obliquely over the abdomen
3. Upper segment contracts and lower segment dilates
4. CS is not indicated in all cases of obstructed labour

A. 1, 2 & 4 are correct

B. 1, 2 & 3 are correct

C. 2, 3 & 4 are correct

D. 1, 3 & 4 are correct

Answer: D. 1, 3 & 4 are correct

37. Which of the following statements are correct regarding puerperium?

1. Puerperium refers to 6 weeks following childbirth
2. Involution of uterus is by autolysis of cytoplasm by

proteolytic enzymes
In lactating women, additional contraception is advised after 6 months
There is increased leukocytosis during and immediately after labour

A. 1, 2 & 3 are correct
B. 1, 3 & 4 are correct
C. 1, 2 & 4 are correct
D. 2, 3 & 4 are correct

Answer: C. 1, 2 & 4 are correct

38. Which of the following statements are correct?

The 1st-trimester scan is typically recommended between the 11th-13th week of gestation
Fetal cardiac activity can be made out by TVS at 6 weeks
Double decidual sac sign is seen in extrauterine pregnancy
CRL in cm + 6.5 gives a rough estimate of gestational age

A. 1, 2 & 3 are correct
B. 1, 2 & 4 are correct
C. 1, 3 & 4 are correct
D. 2, 3 & 4 are correct

Answer: B. 1, 2 & 4 are correct

39. Which of the following statements are correct?

The embryonic period is up to 8 weeks after fertilization

2. Development of the cardiovascular system is at 4 weeks
3. Umbilical vein supplies deoxygenated blood
4. Deoxygenated blood returns to placenta via umbilical arteries

A. 1, 2 & 3 are correct
B. 1, 3 & 4 are correct
C. 1, 2 & 4 are correct
D. 2, 3 & 4 are correct

Answer: C. 1, 2 & 4 are correct

40. Which of the following statements are true regarding Cephalhematoma?

1. Cephalhematoma is hemorrhage under the periosteum of one or more bones of the skull
2. Usually, it is seen over the parietal bone
3. Cephalhematoma does not cross the suture line
4. Cry impulse is seen in cephalhematoma
   A. 1, 2 & 3 are true
   B. 1, 2 & 4 are true
   C. 2, 3 & 4 are true
   D. 1, 3 & 4 are true

Answer: A. 1, 2 & 3 are true

41. Head of the fetus is considered engaged when:

1. Biparietal diameter has gone through the pelvic brim
2. Occiput is felt at the level of ischial spines

3. 2/5 head is palpable per abdomen
4. 1/5 head is palpable

A. 1, 2 & 3

B. 2, 3 & 4

C. 1, 3 & 4

D. 1, 2 & 4

Answer: A. 1, 2 & 3

42. Which of the following can cause DIC in pregnancy?

1. Diabetes Mellitus
2. Amniotic fluid embolism
3. IUD (Intrauterine Death)
4. Hypothyroidism

A. 1 & 2

B. 2 & 3

C. 3 & 4

D. 1 & 4

Answer: B. 2 & 3

43. Aneuploidy in the 1st trimester is detected by:

1. Nuchal translucency
2. MSAFP levels
3. PAPP-A
4. Unconjugated estriol
5. Beta-hCG

A. 1, 2 & 5

B. 1, 3 & 5

C. 3, 4 & 5

D. 1, 4 & 5

Answer: B. 1, 3 & 5

44. Ultrasound features of hydrops fetalis include:

1. Pleural effusion
2. Scalp edema
3. Large placenta
4. Long femur bones

A. 1, 2 & 3

B. 2, 3 & 4

C. 1 & 4

D. 2 & 3

Answer: A. 1, 2 & 3

45. Which of the following findings in a CTG indicate fetal well-being?

1. Reactive NST
2. Absence of decelerations
3. Sinusoidal pattern

A. 1 & 2 only

B. 2 & 3 only

C. 1 & 3 only

D. All of the above

Answer: A. 1 & 2 only

46. Third-degree anal sphincter injury involves:

1. Perineal skin and > 50% muscle involved
2. Sphincter complex involved
3. Both internal & external sphincter involved
4. < 50% of external or > 50% external sphincter involved

A. 1, 2 & 3

B. 2, 3 & 4

C. 1, 3 & 4

D. None of the above

Answer: B. 2, 3 & 4

47. Which of the following statements regarding breech delivery are correct?

A. Frank breech is the most common type of breech presentation

B. Vaginal breech delivery is absolutely contraindicated in all cases

C. Risk of cord prolapse is higher in breech presentation

D. After-coming head is the most difficult part to deliver

E. Lovset's manoeuvre is used to deliver the after-coming head

Answer: A, C, D

48. Which of the following statements regarding CPD are correct?

A. CPD refers to disproportion between fetal head and maternal pelvis

B. CPD can be diagnosed with certainty before labour in all cases

C. Contracted pelvis is a cause of CPD

D. Macrosomia increases the risk of CPD

E. Trial of labour is contraindicated in all suspected CPD cases

Answer: A, C, D

49. Which of the following statements regarding FGR are correct?

A. Fetal Growth Restriction refers to a fetus that has not reached its genetically determined growth potential

B. Small for gestational age and FGR are always the same

C. Placental insufficiency is a common cause of FGR

D. Doppler velocimetry is useful in monitoring FGR

E. All fetuses with FGR have symmetrical growth restriction

Answer: A, C, D

50. Which of the following statements regarding pelvic types are correct?

A. Gynecoid pelvis is the most favorable for vaginal delivery

B. Android pelvis is associated with deep transverse arrest

C. Anthropoid pelvis has a wider transverse diameter than anteroposterior diameter

D. Platypelloid pelvis has a reduced anteroposterior diameter

E. All pelvic types allow normal vaginal delivery without complications

Answer: A, B, D

51. Parts of the levator ani muscles are?

A. Iliococcygeus

B. Ischiococcygeus

C. Puborectalis

D. Pubococcygeus

Answer: A, C, D

52. Correct BP measurement needs all:

A. Same position at each visit

B. Appropriate cuff size

C. Korotkoff sounds absent or unclear

D. Mercury sphygmomanometer

Answer: A, B, D

53. Antihypertensives important in gestational hypertension are:

A. Labetalol

B. Metoprolol

C. Propranolol

D. Hydralazine

Answer: A, D

54. Management of deep transverse arrest includes:

A. LSCS

B. Classical CS

C. Vacuum extraction

D. Forceps delivery

Answer: A, C, D

55. Candidates for the procedure (ECV) should have:

A. Longitudinal lie

B. Average size baby

C. Thin abdominal wall

D. FHR 120-160/mt

Answer: B, C, D

56. Consider the following:

1. Fetal pulmonary hypoplasia
2. Fetal chromosomal anomalies
3. Prostaglandin synthetase inhibitors
4. Amniotic fluid index of 15cm

Which of the above are associated with oligohydramnios?

A. 1, 2 & 4

B. 2, 3 & 4

C. 1, 3 & 4

D. 1, 2 & 3

Answer: D. 1, 2 & 3

57. With reference to abnormal labour, consider the following procedures:

1. Internal podalic version
2. Forceps application
3. Assisted breech delivery

In which of the following should the cervix be fully dilated?

A. 1, 2 & 3

B. 1 & 2

C. 2 & 3

D. 1 & 3

Answer: A. 1, 2 & 3

58. Consider the following with reference to sickle cell anemia in pregnancy:

1. Frequent sickling episodes
2. Twin pregnancy
3. Low haematocrit levels
4. HBS level < 20%

Blood transfusion is indicated in which of the following:

A. 1, 2 & 3

B. 1, 2, 3 & 4

C. 1, 3 & 4

D. 2, 3 & 4

Answer: A. 1, 2 & 3

59. Which of the following is seen in severe pre-eclampsia?

1. Systolic BP > 160 mmHg
2. Diastolic BP > 110 mmHg
3. Pedal edema
4. Pulmonary edema

A. 1, 2, 3 & 4

B. 1, 2 & 4

C. 1, 3 & 4

D. 2, 3 & 4

Answer: B. 1, 2 & 4

60. Pregnancy aggravates which of the following conditions?

1. Hypertension
2. Anemia
3. Rheumatoid arthritis
4. Acne

A. 1, 2 & 3

B. 1, 2, 3 & 4

C. 1 & 2

D. 1, 2 & 3

Answer: C. 1 & 2

61. Regarding Sheehan's syndrome:

1. Common consequence of severe postpartum haemorrhage.
2. Typical picture is failure of lactation and amenorrhea.
3. There is posterior pituitary necrosis and failure.
4. CT scan shows totally or partially empty sella turcica.

A. All are correct

B. 2, 3 & 4 are correct

C. 3 & 4 are correct

D. 2 & 4 are correct

Answer: D. 2 & 4 are correct

62. Regarding puerperium:

1. Uterus is no longer palpable after the 2nd week.
2. Lochia immediately following delivery is called lochia alba.
3. Puerperal pyrexia is defined as temperature elevation occurring on 2 or more occasions within 24hrs postpartum.
4. Postpartum blues require pharmacotherapy with antidepressants.

A. All are false
B. 1, 3 & 4 are false
C. 2, 3 & 4 are false
D. 1, 2 & 4 are false
Answer: C. 2, 3 & 4 are false

63. Regarding breech presentation:

1. Most common type of breech presentation is complete breech.
2. Risk of cord prolapse is more in flexed breech.
3. External cephalic version is easier in frank breech.
4. External cephalic version is less successful in nullipara compared to multipara.

A. All are correct
B. 2 & 4 are correct

C. 1 & 4 are correct

D. 2, 3 & 4 are correct

Answer: B. 2 & 4 are correct

64. Regarding ectopic pregnancy:

1. Most common site of tubal ectopic is ampulla.
2. Arias-Stella phenomenon can be seen in both ectopic and intrauterine pregnancy.
3. Medical management with methotrexate can be given when the size of ectopic mass is >4 cm.
4. The discriminatory zone of Beta-hCG is 1500-2000 IU/L.

A. All are true

B. 2, 3 & 4 are true

C. 1, 2 & 4 are true

D. 1, 3 & 4 are true

Answer: C. 1, 2 & 4 are true

65. Regarding cardiac disease in pregnancy:

1. In developing countries, congenital heart diseases are more common than rheumatic heart disease.
2. Pregnancy is contraindicated in Eisenmenger syndrome.
3. LNG-IUS is a safe and effective postnatal contraception.
4. Both heparin and warfarin will cross the placenta.

A. 1, 3 & 4 are true

B. 1 & 4 are true

C. 2 & 3 are true

D. 1, 2 & 3 are true

Answer: C. 2 & 3 are true

66. Complications in parenteral iron therapy include:

A. Staining of skin

B. Hemochromatosis

C. Anaphylaxis

D. Lymphadenopathy

Answer: A, C

67. Partogram components include:

A. Fetal station

B. Maternal urine acetone

C. Fetal heart rate

D. Temperature

Answer: A, B, C, D

68. AMTSL includes:

A. Instillation of oxytocin drip (Note: typically IM oxytocin)

B. Controlled cord traction

C. Manual removal of placenta

D. Per rectal PGE1 administration

Answer: A, B

69. Antenatal investigations include:

A. CT scan

B. Dating scan

C. CBC

D. HbA1C

Answer: B, C

70. Components of Modified Bishop score include:

A. Fetal heart rate

B. Cervical dilatation

C. Cervical effacement

D. Fetal station

Answer: B, C, D

71. Which amongst the following are possible birth injuries in breech delivery?

1. Spinal cord injuries
2. Depressed skull fracture
3. Brachial plexus injury
4. Tentorial tears

A. 1 & 2

B. 2, 3 & 4

C. 3, 4 & 1

D. 1, 2, 3 & 4

Answer: D. 1, 2, 3 & 4

72. Uterine dehiscence includes how many amongst these criteria:

1. Incomplete scar separation
2. Rupture of visceral peritoneum
3. Bladder laceration
4. Hypovolemic shock

A. 1 only

B. 2, 3 & 4

C. 1 & 2

D. 1, 2, 3 & 4

Answer: A. 1 only

73. Aneuploidy in 1st trimester is detected by:

1. Nuchal translucency
2. MSAFP level
3. PAPP-A
4. Unconjugated estriol
5. Beta-hCG

A. 1, 2 & 5

B. 1, 3 & 5

C. 3, 4 & 5

D. 1, 4 & 5

Answer: B. 1, 3 & 5

74. How many statements best describe caput succedaneum?

1. It is subcutaneous
2. Extraperiosteal location
3. Poorly defined margins
4. Does not cross the suture lines

A. 1, 2 & 3

B. 1, 2 & 4

C. 2 & 4

D. 1 & 2

Answer: A. 1, 2 & 3

75. Which of the following statements are correct as far as amniotic fluid is concerned?

1. They are normally in dynamic equilibrium.
2. Clearance is through fetal swallowing, intramembranous and transmembranous transfer.
3. Production is through fetal urine, fetal lung secretion and oral/nasal secretions.
4. The entire volume is replaced once in a day.

A. 1, 2, 3 & 4

B. 1 & 3

C. 1, 2 & 4

D. 1, 2 & 3

Answer: D. 1, 2 & 3

76. Select the correct statements regarding spermatogenesis:

A. Formation of acrosome occurs.

B. Process by which germ cell is converted to spermatids.

C. Spermatogonia undergoes mitosis to form primary spermatocyte.

D. Process of conversion of spermatids to spermatozoa.

Answer: C. Spermatogonia undergoes mitosis to form primary spermatocyte

77. The fundal height will be more than the period of amenorrhoea in:

A. Transverse Lie

B. Multiple gestation

C. Polyhydramnios

D. IUGR

Answer: B, C

78. Which of the following are components of Biophysical profile (BPP)?

A. Abdominal circumference

B. Non stress test

C. Amniotic fluid volume

D. Femur length

Answer: B, C

79. Select the correct fetal head diameters:

A. Suboccipitobregmatic - 9.5 cm

B. Occipitofrontal - 11 cm

C. Submentovertical - 13.5 cm

D. Mentovertical - 13.5 cm

Answer: A, D

80. Select the cardiovascular changes in pregnancy:

A. Systemic vascular resistance increases with nadir at midpregnancy

B. Heart rate increases 10%

C. Stroke volume increases 10%

D. BP increases with nadir at midpregnancy

Answer: B. Heart rate increases 10%

81. Which of the following are risk factors for placenta previa?

1. Previous CS
2. Oligohydramnios
3. Placental anomalies
4. Primipara
5. Multiparity

A. 2, 3 & 4

B. 1, 3 & 5

C. 1, 2 & 3

D. 1, 2 & 5

Answer: B. 1, 3 & 5

82. High risk of cord prolapse is seen in which of the following?

1. Breech
2. Transverse lie
3. Cephalic presentation
4. Mobile head
5. Oligohydramnios

A. 1, 2 & 4

B. 3, 4 & 5

C. 2, 3 & 4

D. 2, 3 & 5

Answer: A. 1, 2 & 4

83. Vacuum can be used to deliver the fetus in:

1. Fetal distress
2. Preterm head
3. Maternal heart disease
4. Vaginal birth after CS
5. Face presentation

A. 1, 3 & 5

B. 1, 2 & 4

C. 1, 2 & 3

D. 1, 3 & 4

Answer: D. 1, 3 & 4

84. All are complications of polyhydramnios:

1. Malpresentations
2. Pulmonary hypoplasia
3. Cord compression
4. Preterm labour
5. Respiratory distress in mother

A. 3, 4 & 5

B. 1, 2 & 4

C. 1, 4 & 5

D. 1, 3 & 5

Answer: C. 1, 4 & 5

85. Which among the following are risk factors for breech presentation?

1. Polyhydramnios
2. Primi
3. Preterm
4. Placenta previa
5. Gestational hypertension

A. 1, 2 & 4

B. 1, 2 & 5

C. 1, 3 & 5

D. 1, 3 & 4

Answer: D. 1, 3 & 4

86. Which of the following are components of Modified Bishop's score?

a. Station of fetus

b. Cervical effacement

c. Presenting part

d. Cervical consistency

e. Cervical position

A. a + b + d + e

B. a + d + e

C. a + b + c + d + e

D. a + c + d + e

Answer: A. a + b + d + e

87. Drugs that can be used for management of postpartum hemorrhage include:

a. PGF2a

b. PGE-1

c. PGE-2

d. MIFEPRISTONE

e. OXYTOCIN

A. a + b + c

B. a + b + d

C. a + b + c + d + e

D. a + b + e

Answer: D. a + b + e

88. Causes of recurrent pregnancy loss include:

a. Submucous fibroid

b. TORCH infection

c. Chromosomal abnormalities

d. APLA Syndrome

e. Uterine septum

A. a + b + c + d + e

B. a + c + d + e

C. a + d + e

D.b + c + d

Answer: B. a + c + d + e

89. Contraindications for pregnancy (mWHO IV) include:

a. Severe mitral stenosis

b. Pulmonary arterial hypertension

c. Unrepaired VSD

d. Mechanical heart valve

e. Mitral valve prolapse

A. a + b + d

B. a + b

C. a + b + c + d + e

D. a + b + d + e

Answer: B. a + b

90. Contraindications for vacuum extraction include:

a. Unengaged head

b. Fetus <34 weeks

c. Completely dilated cervix

d. Face presentation

e. Confirmed CPD

A. a + b + c + d + e

B. a + b + d + e

C. a + c + e

D. b + d + e

Answer: B. a + b + d + e

91. Regarding GNRH:

1. It is an octapeptide glycoprotein.
2. Half life is 2 to 4 minutes.

3. It's produced from the hypothalamus.
4. GAP is a potent inhibitor of prolactin secretion.

A. 1 & 4 are correct
B. 1 & 2 are correct
C. 2 & 3 are correct
D. 2, 3 & 4 are correct

Answer: D. 2, 3 & 4 are correct

92. Regarding uterine anomalies:

1. Most common association with uterine anomaly is... (Renal anomalies)
2. Clinical presentations are infertility and primary amenorrhea.
3. Preterm labour is common.
4. Malpresentations are rare.

A. Only 1 is correct
B. 1 & 2 are correct
C. 1, 2 & 3 are correct
D. All are correct

Answer: C. 1, 2 & 3 are correct

93. Polycystic ovarian syndrome:

1. Most frequent endocrine disorder in women.
2. Prevalence of PCOS is 10% in women with infertility.
3. Rotterdam criteria is used for diagnosis.
4. It is associated with obesity, metabolic syndrome.

A. 1 & 2 are correct

B. 1, 3 & 4 are correct

C. 2, 3 & 4 are correct

D. All are correct

Answer: B. 1, 3 & 4 are correct

94. Regarding Sertoli-Leydig cell tumour:

1. It is a common ovarian tumour seen in postmenopausal women.
2. There will be amenorrhea, atrophy of breast, hirsutism.
3. Plasma androgen level will be elevated.
4. 5-year survival is only 10% and recurrences are common.

A. 1, 2 & 4 are correct

B. 1, 2 & 3 are correct

C. 3 & 4 are correct

D. 2 & 3 are correct

Answer: D. 2 & 3 are correct

95. Regarding colposcopy:

1. Method of visualization of cervix under magnification.
2. Areas of high nuclear density will appear acetowhite.
3. When Lugol's iodine is applied, collagen containing squamous epithelium will stain yellowish orange.
4. Transformation zone is visualized and abnormal areas identified and biopsied.

A. 1, 2 & 3 are correct

B. 1, 2 & 4 are correct
C. 2, 3 & 4 are correct
D. 2 & 3 are correct
Answer: B. 1, 2 & 4 are correct

96. Indications for performing hysteroscopy in secondary amenorrhea include:
A. Suspected Asherman syndrome
B. Retained products of conception
C. Endometrial hyperplasia
D. Suspected ovarian failure
Answer: A. Suspected Asherman syndrome

97. Risk factors for Vulvovaginitis in children are:
A. Poor hygiene
B. Low estrogen level
C. Thin vagina
D. Foreign body
Answer: A, B, C, D

98. Primary amenorrhea with absent secondary sexual characters can occur in:
A. Turners syndrome
B. Gonadal dysgenesis
C. Androgen insensitivity
D. Hypothyroidism
Answer: A, B

99. Features of Virilization are:

A. Hirsutism

B. Vaginal atrophy

C. Breast atrophy

D. Decreased muscle mass

Answer: A, B, C

100. Changes in hormonal milieu of early menopause women include:

A. Increase in FSH

B. LH Decrease

C. Increase in inhibin

D. Decrease in AMH

Answer: A, D

101. Components of AMTSL are:

a. Oxytocin for uterine contraction

b. Controlled cord traction

c. Uterine massage

d. Delayed cord clamping

A. a, b, c, d

B. a, b, c

C. a, b, d

D. b, c, d

Answer: A. a, b, c, d

102. Which of the following are characteristics of severe preeclampsia?

a. Platelet <1 lakh

b. BP >160/100mmHg

c. Macrosomia

d. Blurring of vision

A. a, b, c

B. b, c, d

C. c, d, a

D. a, b, d

Answer: D. a, b, d

103. Which among the following are causes of fetal growth restriction?

a. GDM

b. GHTN

c. Pre-gestational Diabetes Mellitus

d. TORCH infection

A. a, b, c, d

B. b, c, d

C. b, c

D. a, b, c

Answer: B. b, c, d

104. Criteria for selection for medical management of ectopic pregnancy include:

a. Hemodynamically stable

b. No evidence of rupture

c. Presence of cardiac activity

d. Size of ectopic <4cm

A. a, b, c

B. b, c, d

C. a, c, d

D. a, b, d

Answer: D. a, b, d

105. Which of the following are manoeuvres used in breech delivery?

a. Ritgen's manoeuvre

b. Lovset manoeuvre

c. Burns Marshall's manoeuvre

d. Mauriceau-Smellie-Veit manoeuvre

A. a, b, c

B. b, c, d

C. a, c, d

D. a, d, b

Answer: B. b, c, d

106. Which of the following are associated with oligohydramnios?

1. Fetal renal anomalies
2. Premature rupture of membranes (PROM)
3. Post-term pregnancy
4. Maternal diabetes

A. 1 & 2

B. 1, 2 & 4

C. 1, 2 & 3

D. 1, 3 & 4

Answer: C. 1, 2 & 3

107. Which of the following are features of intrahepatic cholestasis of pregnancy (ICP)?

1. Pruritus (itching)
2. Elevated bile acids
3. Headache
4. Jaundice

A. 1, 2 & 3

B. 1, 3 & 4

C. 2, 3 & 4

D. 1, 2 & 4

Answer: D. 1, 2 & 4

108. Which of the following are risk factors for ectopic pregnancy?

1. Asian race
2. Previous pelvic inflammatory disease (PID)
3. History of tubal surgery
4. Assisted reproductive techniques (ART)

A. 1, 2 & 3

B. 2, 3 & 4

C. 3 & 4

D. 1, 2 & 4

Answer: B. 2, 3 & 4

109. True statements about complete Hydatidiform mole are:

1. Triploid
2. Diploid
3. Very high levels of beta HCG
4. Chance of malignant conversion less than partial mole
5. 2% may convert to carcinoma (Choriocarcinoma risk)

A. 1, 3 & 4

B. 2, 3 & 4

C. 1, 4 & 5

D. 2, 3 & 5

Answer: D. 2, 3 & 5

110. Which of the following are features of amniotic fluid embolism?

1. Sudden cardiovascular collapse
2. Disseminated intravascular coagulation (DIC)
3. Respiratory distress
4. Seizures

A. 1, 3 & 4

B. 2, 3 & 4

C. 1, 2 & 3

D. 1, 2 & 4

Answer: C. 1, 2 & 3

111. A pregnant woman is found to have excessive

accumulation of amniotic fluid. Such polyhydramnios is likely to be associated with the following conditions?

1. PPROM
2. Renal agenesis
3. Down syndrome
4. IUGR

A. 1 & 2

B. 1, 2 & 4

C. 3 only

D. 2, 3 & 4

Answer: C

112. Which of the following is a feature of prolonged pregnancy?

1. Polyhydramnios
2. Macrosomia
3. Postmaturity syndrome
4. Oligohydramnios

A. 2 & 3

B. 1, 2 & 3

C. 3, 4 & 1

D. 2 ,3& 4

Answer: D

113. Placenta accreta is commonly associated with:

1. Placenta previa
2. Uterine scar
3. Multiple pregnancy
4. Multipara
5. Uterine malformations

A. 1, 2 & 5

B. 1, 2 & 4

C. 3, 4 & 5

D. 1 & 2

Answer: B. 1, 2 & 4

114. Normal pregnancy can be continued in which of the following cardiac conditions?

1. Pulmonary stenosis
2. Primary pulmonary hypertension
3. Marfan syndrome with dilated aortic root
4. Wolff-Parkinson-White syndrome

A. 1 & 2

B. 1 & 4

C. 3 & 4

D. 2, 3 & 4

Answer: B. 1 & 4

115. For which of the following conditions is screening for GDM not required?

1. Previous macrosomia
2. Previous congenital malformation
3. Previous preeclampsia
4. Previous twin gestation

A. 1 &2

B. 2 & 4

C. 3 & 1

D. 3 & 4

Answer: D. 3 & 4

116. Deceleration in CTG indicates:

A. Cord compression

B. Head compression

C. Fetal hypoxia

D. Fetal sleep

Answer: C. Fetal hypoxia

117. Pick the components of biophysical profile:

A. Fetal tone

B. NST

C. Estimated fetal weight

D. Placenta ascending

Answer: A, B

118. Diagnosis of early pregnancy is done by:

A. MRI pelvis

B. HCG level

C. Fetal cardiac Doppler

D. USG for fetal cardiac activity

Answer: B, D

119. True regarding PPH:

1. B-Lynch suture used
2. With new advances both atonic and traumatic PPH can be reduced
3. More common in multipara
4. Associated with polyhydramnios
5. Mifepristone used

A. 1, 2, 3 & 4

B. 1 & 3

C. 1, 3 & 4

D. 1, 3 & 5

Answer: A. 1, 2, 3 & 4

120. Contraindications for external cephalic version:

A. Flexed breech

B. Oligohydramnios

C. Ruptured membranes

D. Pregnancy-induced hypertension (PIH)

Answer: B, C, D

121. Hormones responsible for increased insulin resistance in pregnancy are:

A. Human placental lactogen

B. Cortisol

C. Oxytocin

D. ACTH

Answer: A, B

122. I.V. iron preparations used in pregnancy are:

A. Ferrous sulfate

B. Iron sucrose

C. Ferric carboxymaltose

D. Iron ascorbate

Answer: B, C

123. Which of the following are the known complications of ICP (intrahepatic cholestasis of pregnancy)?

A. Prolonged labour

B. Stillbirth

C. Meconium staining of liquor

D. Placenta previa

Answer: B, C

124. Following are the features of category I CTG:

A. Early decelerations +/-

B. Fetal bradycardia

C. Sinusoidal pattern

D. Variability 5 to 15 bpm

Answer: A. Early decelerations +/-

125. Following are the cardiac conditions where maternal mortality is more than 50%:

A. MVP (mitral valve prolapse)
B. Repaired TOF (tetralogy of Fallot)
C. Eisenmenger syndrome
D. Marfan syndrome with aortic root dilatation more than 50 mm
Answer: C. Eisenmenger syndrome
126. Head of fetus is engaged:

1. When the biparietal diameter has gone through the pelvic brim
2. Occiput is felt at the level of ischial spine
3. 2/5 head is palpable per abdomen
4. 1/5 head is palpable

A. 1, 2 & 3
B. 2, 3 & 4
C. 3, 4 & 1
D. 1, 2 & 4
Answer: A. 1, 2 & 3
127. Consider the following:

1. Reactive NST
2. Absence of deceleration
3. Sinusoidal pattern

Which of the above findings in an antepartum CTG indicate fetal well-being?
A. 1 and 2 only

B. 2 and 3 only

C. 1 and 3 only

Answer: A. 1 and 2

128. Aneuploidy in the first trimester is detected by:

1. Nuchal translucency
2. MSAFP level
3. PAPP-A
4. Unconjugated estriol
5. Beta-hCG

A. 1, 2 & 5

B. 1, 3 & 5

C. 3, 4 & 5

D. 1, 4 & 5

Answer: B. 1, 3 & 5

ASSERTION AND REASON TYPE

Standard Options for All Questions

A. Both A and R are true, and R is the correct explanation of A.
B. Both A and R are true, but R is not the correct explanation of A.
C. A is true, but R is false.
D. A is false, but R is true.
E. Both A and R are false.

Obstetrics

1. Assertion (A): Iron supplementation is a common treatment for anemia in pregnancy.
Reason (R): Iron supplements are often prescribed to pregnant individuals with anemia to replenish iron stores and improve Hb levels.
Answer: A
2. Assertion (A): In Down Syndrome with translocation, parental karyotyping is absolutely necessary.
Reason (R): Parental screening with a non-invasive (scan) method is the only method to diagnose trisomy.
Answer: C
3. Assertion (A): Placenta previa can cause painless vaginal bleeding in the second or third trimester of pregnancy.

Reason (R): Diagnosis of placenta previa is typically confirmed by USG.
Answer: B
4. Assertion (A): Early diagnosis of ectopic pregnancy is crucial to prevent complications.
Reason (R): Methotrexate can be used to treat ectopic pregnancy.
Answer: B
5. Assertion (A): The incidence of placenta accreta is increasing parallel to the increase in the caesarean section rate.
Reason (R): Defective decidualisation is the most important pathophysiology.
Answer: A
6. Assertion (A): Maternal obesity is a significant risk factor for gestational diabetes.
Reason (R): Obesity leads to increased insulin resistance during pregnancy.
Answer: A
7. Assertion (A): A previous history of preterm labour increases the risk of preterm birth in subsequent pregnancies.
Reason (R): Structural or functional cervical weakness may persist across pregnancies.
Answer: A

8. Assertion (A): Previous caesarean section is a risk factor for placenta previa.
Reason (R): Endometrial scarring alters normal placental implantation.
Answer: A
9. Assertion (A): All twin pregnancies require an elective caesarean section.
Reason (R): Vaginal delivery is unsafe in twin gestation.
Answer: E
10. Assertion (A): Administration of Anti-D immunoglobulin prevents Rh isoimmunization.
Reason (R): Anti-D destroys fetal Rh-positive red cells before maternal sensitization occurs.
Answer: A
11. Assertion (A): Constipation is common in pregnancy.
Reason (R): Constipation is due to hormonal action.
Answer: A
12. Assertion (A): Episiotomy is given commonly on the left side of the perineum.
Reason (R): More doctors are right-handed.
Answer: D
13. Assertion (A): Baby should have colostrum as its first feed.
Reason (R): Also important to have skin-to-skin contact immediately after birth.

Answer: B

14. Assertion (A): Uterine involution occurs by contraction and retraction.

Reason (R): Uterine muscle fibers break down during contraction and retraction.

Answer: C

15. Assertion (A): Used needles are disposed of in white pedaled containers.

Reason (R): Pedaled containers are user-friendly.

Answer: D.

16. Assertion (A): Unexplained stillbirths are very common in overt uncontrolled diabetes near term.

Reason (R): There is chronic hypoxia due to maternal and fetal hyperglycemia in overt diabetes.

Answer: A

17. Assertion (A): Low dose of aspirin should be started at 12 weeks of gestation as prophylaxis against preeclampsia and FGR.

Reason (R): The second trophoblastic invasion happens at 12 weeks of gestation.

Answer: A

18. Assertion (A): Asymptomatic bacteriuria occurs in 5% of pregnancies.

Reason (R): Most common causative organism is E. coli.

Answer: B

19. Assertion (A): Antenatal corticosteroids are given in preterm labour <34 weeks.
Reason (R): They reduce preterm complications like respiratory distress syndrome.
Answer: A
20. Assertion (A): TOLAC can be offered in all cases of previous LSCS.
Reason (R): The incidence of scar rupture in antenatal with previous LSCS is only 0.5-2%.
Answer: D
21. Assertion (A): FSH levels increase in menopause.
Reason (R): Ovarian insufficiency increases GnRH release.
Answer: A
22. Assertion (A): Theca lutein cysts are seen in molar pregnancy.
Reason (R): Elevated HCG causes ovarian hyperstimulation.
Answer: A
23. Assertion (A): Long-term use of Aromatase Inhibitors causes hirsutism and acne.
Reason (R): Aromatase inhibitors cause hyperestrogenism.
Answer: C
24. Assertion (A): Acetowhite areas are seen in abnormal areas.
Reason (R): Dysplastic cells have large nuclei with large chromatin.

Answer: A

25. Assertion (A): Struma ovarii is a type of mature teratoma.

Reason (R): Struma ovarii causes features of thyrotoxicosis.

Answer: B

26. Assertion (A): The presenting diameter in occipito-anterior well-flexed head is suboccipitobregmatic.

Reason (R): During descent, as head meets resistance of pelvic floor, by lever action, head comes in contact with the chest.

Answer: A

27. Assertion (A): In India, selective screening of women who have risk factors for GDM is practiced.

Reason (R): Due to ethnicity, India has a high prevalence of GDM.

Answer: D

28. Assertion (A): Occipitoposterior position is responsible for most cases of prolonged labour.

Reason (R): In occipitoposterior position, occiput has to rotate through 3/8 of a circle.

Answer: A

29. Assertion (A): There is no mechanism of labour for persistent Brow presentation.

Reason (R): The presenting diameter in brow presentation is submentovertical.

Answer: C

30. Assertion (A): Dexamethasone is the steroid of choice in pregnancy.
Reason (R): Dexamethasone is associated with less chorioamnionitis and neonatal mortality.
Answer: C
31. Assertion (A): Caesarean section should be done in all preterm breeches.
Reason (R): Caesarean section decreases the incidence of respiratory distress syndrome in breech.
Answer: E
32. Assertion (A): When the placenta is implanted partially or completely over the lower uterine segment, it is called placenta previa.
Reason (R): The fertilized ovum drops down and implants in the lower uterine segment.
Answer: A
33. Assertion (A): Shoulder dystocia is anticipated in macrosomic babies.
Reason (R): In macrosomia, larger bisacromial diameter is more due to fat deposits.
Answer: A
34. Assertion (A): Misoprostol is contraindicated in the scarred uterus for induction of labor.
Reason (R): Misoprostol can cause meconium-stained liquor and MAS in the fetus.

Answer: B

35. Assertion (A): Chorionic villus sampling (CVS) is done between 20-24 weeks.

Reason (R): CVS may cause fetal limb reduction.

Answer: D

36. Assertion (A): Oestrogen levels fall significantly after menopause.

Reason (R): Menopause marks the cessation of ovarian function leading to a decline in oestrogen production.

Answer: A

37. Assertion (A): Endometrial cancer is a disease primarily of post-menopausal women but is also seen in younger women with some form of hyperestrogenism.

Reason (R): Routine screening of endometrial cancer is recommended and should be done for all women.

Answer: C

38. Assertion (A): Placental site trophoblastic tumour and epithelioid trophoblastic tumour arise from intermediate trophoblast.

Reason (R): Both these tumours are chemosensitive and chemotherapy is the treatment of choice.

Answer: C

39. Assertion (A): Stress urinary incontinence is the involuntary leakage of urine when the intra-abdominal pressure is increased.

Reason (R): It occurs when the intravesical pressure rises higher than maximum urethral pressure in the absence of detrusor contraction.
Answer: A
40. Assertion (A): The primary mechanism of action of OCPs is endometrial atrophy.
Reason (R): The failure rate of COCs is only 3%.
Answer: E
41. Assertion (A): In most cases of placenta previa, expectant management can be done so that complications of prematurity can be avoided.
Reason (R): In placenta previa, initial hemorrhages are usually small in amount, stopping by themselves to recur at a later time.
Answer: A
42. Assertion (A): In multiple pregnancy, determining the chorionicity is more important than zygosity.
Reason (R): If division of conceptus occurs within 72 hours, dichorionic diamniotic twins will result.
Answer: B
43. Assertion (A): Urinary retention due to an insensitive bladder is common in postnatal women.
Reason (R): Urinary tract infection is an important cause for puerperal pyrexia.
Answer: B

44. Assertion (A): Dating of pregnancy by ultrasound is most accurate if done at 18-20 weeks.
Reason (R): Most of the anomalies can be detected by USG at that time.
Answer: D
45. Assertion (A): ROP is the most common cause for a mobile head at term in a Primi.
Reason (R): In ROP, both maternal and fetal spines overlap, which will interfere with the flexion of the fetal head.
Answer: A
46. Assertion (A): Third-degree perineal tear involves vaginal mucosa, perineal skin, perineal body, and anal sphincter.
Reason (R): Rectovaginal fistula is the main complication of faulty repair of 3rd/4th-degree perineal tears.
Answer: B
47. Assertion (A): Colporrhexis is a rupture of the vaginal vault.
Reason (R): It occurs in multipara during normal labour and resembles a ruptured uterus.
Answer: B
48. Assertion (A): Placenta accreta is the leading cause of maternal death.
Reason (R): Placenta accreta is the cause of caesarean hysterectomy.
Answer: D

49. Assertion (A): B-Lynch sutures are applied in atonic PPH.
Reason (R): Sutures are applied over the cervix.
Answer: C
50. Assertion (A): Amniotic fluid embolism is termed anaphylactoid syndrome of pregnancy.
Reason (R): It is fatal and characterized by sudden respiratory distress and coagulopathy.
Answer: A
51. Assertion (A): Magnesium sulfate is the preferred treatment for preventing and managing seizures in eclampsia.
Reason (R): Magnesium sulfate is a central nervous system depressant that stabilizes excitable membranes and reduces the risk of seizures in women with eclampsia.
Answer: A
52. Assertion (A): The success of TOLAC is influenced by various factors including the reason for the previous cesarean, type of uterine scar, and maternal characteristics.
Reason (R): Continuous fetal monitoring allows for early detection of signs such as non-reassuring fetal heart rate patterns, which may indicate uterine rupture during TOLAC.
Answer: B
53. Assertion (A): Early diagnosis of ectopic pregnancy is crucial to prevent complications.
Reason (R): Methotrexate can be used to treat ectopic

pregnancy.
Answer: B
54. Assertion (A): Placenta previa can cause painless vaginal bleeding in the second or third trimester of pregnancy.
Reason (R): Diagnosis of placenta previa is typically confirmed by ultrasound imaging.
Answer: B
55. Assertion (A): Iron supplementation is a common treatment for anemia of pregnancy.
Reason (R): Iron supplements are often prescribed to pregnant individuals with anemia to replenish iron stores and improve hemoglobin levels.
Answer: A
56. Assertion (A): Complications are more with MCDA twins than DCDA twins.
Reason (R): MCDA twins share the same placenta and can have vascular anastomosis.
Answer: A
57. Assertion (A): Pregestational Diabetes is diabetes present antecedent to pregnancy.
Reason (R): Pregestational Diabetes can cause fetal anomalies.
Answer: B
58. Assertion (A): Risk of scar dehiscence in classical CS is more when compared to LSCS.

Reason (R): Classical CS scar heals better than LSCS scar, as the upper segment is quiescent.
Answer: C
59. Assertion (A): The commonest site of tubal ectopic pregnancy is the ampulla.
Reason (R): Ampulla is the widest part of the fallopian tube where fertilization occurs.
Answer: A
60. Assertion (A): Vacuum is preferred in heart disease over forceps.
Reason (R): There is no need for maternal effort in vacuum, unlike forceps.
Answer: E
61. Assertion (A): Ketoacidosis is one of the serious complications in pregestational diabetes.
Reason (R): Hyperglycemia and ketosis lead to volume depletion and metabolic acidosis.
Answer: A
62. Assertion (A): New-onset proteinuria is indicative of preeclampsia and is irreversible.
Reason (R): Hypertension starts appearing only after 20 weeks in preeclampsia.
Answer: D
63. Assertion (A): Intrahepatic cholestasis is the most common liver disease in pregnancy.

Reason (R): Salt restriction and sunlight exposure can prevent ICP incidence.
Answer: C
64. Assertion (A): In normal pregnancy, a woman needs about 9 mg of iron.
Reason (R): Depleted maternal iron stores can lead to fetal anemia in the first year of life.
Answer: D
65. Assertion (A): Misoprostol can be given for cervical ripening for previous LSCS.
Reason (R): Previous LSCS is always an indication for elective LSCS.
Answer: E
66. Assertion (A): Suboccipitobregmatic diameter is the engaging diameter in face presentation.
Reason (R): Engaging diameter is the anteroposterior diameter of the fetal skull that enters the pelvis.
Answer: D
67. Assertion (A): Mauriceau-Smellie-Veit maneuver is used to deliver shoulders in assisted breech delivery.
Reason (R): Burns Marshall is used to deliver the head in assisted breech delivery.
Answer: D
68. Assertion (A): Vacuum must only be applied after 34 weeks of gestation.

Reason (R): Application of vacuum <34 weeks leads to a risk of intracranial hemorrhage of the fetus.
Answer: A
69. Assertion (A): Munro Kerr Muller method is used to assess CPD.
Reason (R): First-degree CPD is an absolute contraindication for normal vaginal delivery.
Answer: C
70. Assertion (A): AMTSL (Active Management of Third Stage of Labour) is required to prevent prolonged labour.
Reason (R): Uterotonics, uterine massage, and tone assessments are components of AMTSL.
Answer: D
71. Assertion (A): Ritgen maneuver allows controlled delivery of the head.
Reason (R): Pressure is applied to the fetal chin by the posterior hand covered by a sterile towel, and the other hand applies occipital pressure.
Answer: A
72. Assertion (A): Complications are more with MCDA twins than DCDA twins.
Reason (R): MCDA twins share the same placenta and can have vascular anastomosis.
Answer: A
73. Assertion (A): WHO Labour Care Guide guides the

monitoring and documentation of women and babies and the progress of labour.
Reason (R): The structure of LCG has 8 sections.
Answer: C
74. Assertion (A): Magnesium sulphate is used in the management of eclampsia.
Reason (R): Magnesium sulphate reduces blood pressure.
Answer: C*(Note: R is false. Magnesium sulphate is primarily an anticonvulsant used to prevent seizures, not an antihypertensive drug).*
75. Assertion (A): BPP includes NST and AFI.
Reason (R): BPP can be done from 20 weeks onwards.
Answer: C
76. Assertion (A): Late decelerations are pathological.
Reason (R): Late decelerations may be caused by cord compression.
Answer: C
77. Assertion (A): Most common cause of anemia in pregnancy is physiological anaemia.
Reason (R): In pregnancy, the increase in plasma volume is more than the increase in red cell mass.
Answer: A
78. Assertion (A): Maternal diabetes can lead to macrosomia in the fetus.
Reason (R): hPL in the mother causes fasting hypoglycemia

and postprandial hyperglycemia.
Answer: B
79. Assertion (A): Hyperemesis gravidarum is excessive nausea and vomiting seen in the 3rd trimester.
Reason (R): High levels of hCG as in molar pregnancy and multiple pregnancy are risk factors for hyperemesis gravidarum.
Answer: D
80. Assertion (A): A woman with a history of a previous cesarean delivery should be counseled about the risks of a trial of labor after cesarean (TOLAC).
Reason (R): The risk of uterine rupture in TOLAC with Lower segment CS scar is 4 to 9 percent.
Answer: C
81. Assertion (A): Expectant management is not recommended in HELLP syndrome.
Reason (R): Progressive and sudden deterioration of maternal condition can occur with HELLP syndrome.
Answer: A
82. Assertion (A): Cervical insufficiency is the most common cause of first-trimester miscarriage.
Reason (R): Trisomies are the most common chromosomal defect causing miscarriage.
Answer: D
83. Assertion (A): TTTS is the complication of

monochorionic diamniotic twins.
Reason (R): The Quintero staging system is useful in categorizing the severity of the disease.
Answer: B
84. Assertion (A): Diagnosis of polyhydramnios is made when the AFI is >25cm or SDP >8cm.
Reason (R): In case of polyhydramnios, maternal diabetes should always be ruled out.
Answer: B
85. Assertion (A): Iron deficiency anemia is the most common cause of anemia in pregnancy.
Reason (R): Iron supplements are often prescribed to pregnant individuals to replenish iron stores and improve hemoglobin levels.
Answer: B
86. Assertion (A): Ring of fire sign is seen in ectopic pregnancy.
Reason (R): Increased vascularity is seen at the ectopic site.
Answer: A
87. Assertion (A): FGR is a complication of GHTN.
Reason (R): GHTN causes chromosomal anomalies.
Answer: C
88. Assertion (A): Hegar's sign is a physiological sign of pregnancy.
Reason (R): Pregnancy causes bluish discoloration of the

vulva and vagina.
Answer: B
89. Assertion (A): Alert and action lines are present in a partogram.
Reason (R): Partogram is the graphical record of the progress of labor.
Answer: B
90. Assertion (A): Engagement in vertex presentation is when the biparietal diameter crosses the pelvic inlet.
Reason (R): Engaging diameter in vertex presentation is submentobregmatic.
Answer: C

CLINICAL SCENARIO BASED QUESTIONS

Case 1

A 29-year-old G2P1L1 woman at 30 weeks gestation presents for routine antenatal follow-up. She has a BMI of 31 kg/m² and a history of delivering a 4.2 kg baby in her previous pregnancy. Her 75 g OGTT results (DIPSI) are: Fasting - 96 mg/dL; 2 Hour - 162 mg/dL. She is started on medical nutrition therapy (MNT). After 2 weeks, her glucose profile shows: Fasting - 102-108 mg/dL; Postprandial - 150-165 mg/dL.

1. What is the most appropriate next step in management?

A. Continue diet control

B. Start metformin

C. Start insulin infusion

D. Immediate induction of labour

Answer: B. Start metformin

2. The most likely mechanism for fetal macrosomia in this case is:

A. Increased maternal amino acid transfer

B. Fetal hyperglycemia causing osmotic diuresis

C. Fetal hyperinsulinemia due to maternal hyperglycemia

D. Placental overproduction of insulin

Answer: C. Fetal hyperinsulinemia due to maternal hyperglycemia

3. Which of the following is the MOST sensitive parameter to monitor fetal well-being in this patient?
A. Daily fetal movement count
B. Umbilical artery Doppler
C. Non-stress test (NST)
D. Biophysical profile (BPP)
Answer: D. Biophysical profile (BPP)
4. At term, the MOST appropriate plan for delivery is:
A. Wait till 42 weeks if no complications
B. Elective cesarean only after labour onset
C. Induction at 38-39 weeks
D. Immediate cesarean at 34 weeks
Answer: C. Induction at 38-39 weeks
5. The neonate is MOST at risk of which immediate complication after birth?
A. Hyperglycemia
B. Hypercalcemia
C. Hypoglycemia
D. Hypothermia
Answer: C. Hypoglycemia

Case 2

A 28-year-old G2P1L1 attends OPD with amenorrhea of 35 weeks. Singleton pregnancy with breech presentation. USG confirms breech. Otherwise an uncomplicated pregnancy.

6. Commonest cause of breech presentation:

A. Prematurity

B. Placenta Previa

C. Hydrocephalus

D. Polyhydramnios

Answer: A. Prematurity

7. Best method to deliver arms in breech:

A. Lovesets method

B. Smellie veit

C. Pinards

D. Forceps

Answer: A. Lovesets method

8. Most common type of breech:

A. Frank breech

B. Footling

C. Complete breech

D. Knee

Answer: A. Frank breech

9. External Cephalic Version (ECV) is contraindicated in all EXCEPT:

A. Placenta previa

B. Previous CS

C. Twins

D. Transverse lie

Answer: D. Transverse lie

10. On ECV fetal bradycardia occurred, the next course of action is:

A. Reversion to original position

B. Cesarean section

C. Induce labour

D. IPV

Answer: A. Reversion to original position

Case 3

A Primi Gravida at 30 weeks of gestation presents with a BP of 148/96 mmHg and 144/90 mmHg recorded 4 hours apart. Her urine albumin is negative, and she has no pedal edema, headache, visual disturbances, or epigastric pain. Her lab investigations (platelet count, LFT, and RFT) are normal.

11. What is the most likely diagnosis?

A. Chronic Hypertension

B. Gestational Hypertension

C. Preeclampsia

D. White Coat Hypertension

Answer: B. Gestational Hypertension

12. What is the key criterion distinguishing Gestational Hypertension from Preeclampsia?

A. Presence of edema

B. Elevated blood pressure

C. Presence of proteinuria or end-organ damage

D. Gestational age

Answer: C. Presence of proteinuria or end-organ damage

13. What is the most appropriate initial management for this patient?

A. Immediate induction of labor

B. Start magnesium sulfate

C. Antihypertensive therapy and close monitoring

D. Termination of pregnancy

Answer: C. Antihypertensive therapy and close monitoring

14. Which of the following complications is she at risk of developing?

A. Placenta previa

B. Preeclampsia

C. Polyhydramnios

D. Gestational diabetes

Answer: B. Preeclampsia

15. At what blood pressure level is it considered severe hypertension in pregnancy?

A. ≥130/80 mmHg

B. ≥140/90 mmHg

C. ≥150/100 mmHg

D. ≥160/110 mmHg

Answer: D. ≥160/110 mmHg

Case 4

A young woman is reporting to the emergency department with severe abdominal pain. She has 2 months of amenorrhea. Clinical examination shows mild pallor. USG shows an empty uterine cavity and tubal gestation of size 3x2 cm.

16. Which blood test will you order?

A. Serum Progesterone

B. Serum Oestrogen

C. Serum alpha-fetoprotein

D. Beta-hCG

Answer: D. Beta-hCG

17. The most probable diagnosis is:

A. Ectopic Pregnancy

B. Hydatidiform Mole

C. Heterotopic Pregnancy

D. Blighted Ovum

Answer: A. Ectopic Pregnancy

18. Which drug is used in this condition?

A. 17-OH Progesterone

B. Methotrexate

C. Gestrinone

D. Cyclophosphamide

Answer: B. Methotrexate

19. The preferred surgery is laparoscopic:
A. Salpingostomy
B. Salpingectomy
C. Salpingeal Curetting
D. Salpingotomy
Answer: B. Salpingectomy
20. Tubal abortion is products in the:
A. Uterine Cavity
B. Peritoneal Cavity
C. Remains in the tube
D. Opposite Fallopian Tube
Answer: B. Peritoneal Cavity

Case 5

A 29-year-old G2P1L1, 8 weeks gestation with O -ve blood group. The blood group of the husband is A +ve, presented to the OPD. Her first delivery was a full-term normal vaginal delivery and the baby was in the A +ve blood group.
21. Which of the following is true?
A. Mother should be screened with indirect Coombs test.
B. Mother should be screened with direct Coombs test.
C. The Kleihauer-Betke test should be done in maternal blood.
D. Paternal blood group genotyping should be done in all cases.
Answer: A. Mother should be screened with indirect Coombs

test.

22. The critical titer for anti-D antibodies is:

A. 1:4

B. 1:8

C. 1:16

D. 1:32

Answer: C. 1:16

23. All are indications for anti-D prophylaxis except:

A. Abdominal trauma

B. Amniocentesis

C. External cephalic version

D. Threatened miscarriage less than 12 weeks

Answer: D. Threatened miscarriage less than 12 weeks

24. Postnatally, anti-D immunoglobulin should be given ideally within hours of delivery:

A. 24 Hours

B. 36 Hours

C. 72 Hours

D. Within 5 days

Answer: C. 72 Hours

25. Pattern is seen in NST in fetal anemia:

A. Saltatory pattern

B. Variable deceleration

C. Sinusoidal pattern

D. Zigzag pattern

Answer: C. Sinusoidal pattern

Case 6

Mrs. GH, 29 years old, had been attempting to conceive for the past 3 years, presented at 8 weeks of amenorrhea with intermittent cramping abdominal pain and spotting per vagina. She also gives the history of one episode of fainting.

26. Select the most suitable set of first-line investigations for this patient:

A. Hemoglobin, ECG, TSH

B. Urine pregnancy test, ECG, Hemoglobin

C. Urine pregnancy test, USG pelvis, Hemoglobin

D. ECG, Hemoglobin, urine routine examination

Answer: C. Urine pregnancy test, USG pelvis, Hemoglobin

27. Which type of the following ectopic pregnancies would rupture earlier?

A. Ampulla

B. Cornual

C. Isthmus

D. Fimbrial

Answer: C. Isthmus

28. Which of the following is the definitive sign of ectopic pregnancy in USG?

A. A pseudo sac in the uterine cavity

B. Ring of fire appearance in adnexa

C. Complex adnexal cyst

D. Gestational sac with fetal pole in the adnexa

Answer: D. Gestational sac with fetal pole in the adnexa

29. Which of the following is not an indication for surgical management?

A. Failed medical management

B. Hemodynamically unstable patient

C. Ectopic pregnancy with beta-hCG 260

D. Ectopic pregnancy with cardiac activity

Answer: C. Ectopic pregnancy with beta-hCG 260

30. Which of the following is not a risk factor for ectopic pregnancy?

A. Previous LSCS

B. Previous normal vaginal delivery

C. PID

D. Smoking

Answer: B. Previous normal vaginal delivery

Case 7

A 28-year-old P2L2 woman presents to the emergency room complaining of pain in her lower abdomen, particularly on the left side, accompanied by light vaginal bleeding and a missed period. On examination: Vitals PR 86 bpm, BP 110/70 mmHg. There is tenderness in the left adnexa, no cervical motion tenderness, and no forniceal tenderness. TVS shows

a complex adnexal mass 2x2 cm on the left side. Beta-hCG is 3500 IU.
31. What is the best management?
A. Expectant management
B. Methotrexate
C. Salpingectomy
D. Salpingostomy
Answer: B. Methotrexate

Case 8

A 31-year-old G3P2 woman presents at 29 weeks of gestation with blood-tinged vaginal discharge. She is suspected to have preterm labour.
32. Identify the wrong statement:
A. $MgSO_4$ is given for neuroprotection and reducing risk of cerebral palsy
B. Clinical examination to rule out abruption
C. Progesterone is given to prevent stillbirth
D. Corticosteroids are given to reduce risk of RDS
Answer: C. Progesterone is given to prevent stillbirth

Case 9

A 31-year-old G2P1 woman at 39 weeks of gestation presented with painful uterine contractions that occur every

3 to 4 min. The cervix has dilated from 1 cm to 3 cm in 4 hrs.
33. Which management is most appropriate?
A. Immediate CS
B. IV Oxytocin
C. Observation and CTG monitoring
D. Fetal scalp pH testing
Answer: C. Observation and CTG monitoring

Case 10

A 35-year-old G4P3L3 presents with severe bleeding 3 hours after an uneventful vaginal delivery.
34. What is the most common etiology of this bleeding?
A. Retained cotyledon
B. Uterine Atony
C. Coagulopathy
D. Vaginal laceration
Answer: B. Uterine Atony

Case 11

A 29-year-old Primigravida at 38 weeks of gestation with moderate mitral stenosis presents with leaking and regular uterine contractions.
35. All of the following steps are done in management except:

A. Strict Maternal Vitals monitoring
B. Shorten 2nd stage with Forceps/Vacuum
C. Methergine to prevent PPH
D. Maternal oxygen inhalation
E. IV Furosemide in 3rd stage
Answer: C. Methergine to prevent PPH

Case 12

A patient at term had a normal vaginal delivery of a baby with a birth weight of 4 kg. She presents with excessive vaginal bleeding immediately following delivery.

36. Most common cause of PPH:
A. Trauma
B. Uterine atony
C. Retained placenta
D. Thromboembolism
Answer: B. Uterine atony

37. The following complications during pregnancy increase the risk of PPH except:
A. Hypertension
B. Macrosomia
C. Twin pregnancy
D. Hydramnios
Answer: A. Hypertension

38. What is the dose of misoprostol used orally to control

bleeding in PPH?

A. 400 mcg

B. 200 mcg

C. 600 mcg

D. 800 mcg

Answer: C. 600 mcg

39. Oxytocin analogue is:

A. Carboprost

B. Carbetocin

C. Atosiban

D. Dinoprost

Answer: B. Carbetocin

40. Perineal tear should be repaired:

A. 24 hours later

B. 48 hours later

C. 36 hours later

D. Immediately

Answer: D. Immediately

Case 13

A 34-year-old G4P3L3 now at 32 weeks of gestation with a hemoglobin level of 6.2 presented with complaints of easy fatigability.

41. Classify her anemia according to ICMR as:

A. Mild

B. Moderate

C. Severe

D. Very severe

Answer: C. Severe

42. Identify the wrong hematological change in pregnancy:

A. Total WBC count increases

B. Plasma volume increases

C. aPTT increases

D. CRP increases

Answer: C. aPTT increases

43. First parameter to increase after oral iron therapy:

A. Hb level

B. MCV

C. Reticulocyte count

D. Serum ferritin

Answer: C. Reticulocyte count

44. According to Ministry of Health & Family Welfare, Govt. of India, the recommended dose of elemental iron for antenatal women is:

A. 500 mg

B. 100 mg

C. 60 mg

D. 500 μg

Answer: C. 60 mg

45. Parenteral iron therapies include all except:

A. Ferric carboxy maltose

B. Iron sucrose

C. Ferrous sulphate

D. None of the above

Answer: C. Ferrous sulphate

Case 14

A 28-year-old primigravida 36 weeks GA, complains of abdominal pain & decreased fetal movement for one hour.

46. What is the most probable diagnosis?

A. Labour pain

B. Diabetes complicating pregnancy

C. Red degeneration of fibroid

D. Abruptio placentae

Answer: D. Abruptio placentae

47. Which are the most relevant investigations to be done for the above women?

A. HB%, USG

B. USG, Clotting time

C. PIH profile, LFT

D. Platelet count, hematocrit

Answer: B. USG, Clotting time

48. A CTG was taken for the above woman (image shows a cardiotocography tracing). How will you manage this woman?

A. Emergency LSCS management

B. Assisted vaginal delivery
C. Induction of labour
D. Conservative management
Answer: A. Emergency LSCS management

Case 15

Primigravida at 39 weeks with GDM is planned for induction. Vaginal examination revealed cervix medium consistency, midposition, 2 cm dilated, 3 cm long vertex at -2 station.
49. Which is the most suitable inducing agent for this woman?
A. Oxytocin
B. PGE
C. Foley's catheter
D. ARM
Answer: C. Foley's catheter

Case 16

G2P1L1 39 weeks, cephalic presentation, well flexed, in labour. USG showed oligohydramnios. CTG showed variable deceleration.
50. Which is the suitable management for this woman?
A. ARM and oxytocin
B. Amnioinfusion

C. PG E1 Induction
D. Amniocentesis
Answer: B. Amnioinfusion

Case 17

A 28-year-old primigravida at 32 weeks gestation presents with painless vaginal bleeding. She has no history of trauma or abdominal pain. On examination, her vitals are stable, and the fetal heart rate is 140 bpm.

51. What is the most likely diagnosis?
A. Placental abruption
B. Placenta previa
C. Uterine rupture
D. Vasa previa
Answer: B. Placenta previa
52. How will you arrive at a diagnosis?
A. NST
B. Per vaginal Examination
C. Obstetric USG
D. MRI
Answer: C. Obstetric USG
53. If in this patient, the placenta is found to be covering the internal cervical os, what is the next best step in management?
A. Immediate cesarean delivery

B. Administer corticosteroids for fetal lung maturity
C. Perform a vaginal delivery
D. Continue expectant management with close monitoring
Answer: B. Administer corticosteroids for fetal lung maturity
54. Which of the following is a major risk factor of placental abruption?
A. Gestational diabetes
B. Gestational Hypertension
C. Advanced maternal age
D. Multiparity
Answer: B. Gestational Hypertension
55. The best modality for diagnosis of morbidly adherent placenta is:
A. MRI
B. X-ray
C. USG
D. Laparotomy
Answer: A. MRI

Case 18

A 30-year-old primigravida underwent vaginal delivery. After 2 hrs, she complains of tiredness and pain along the episiotomy site. PR 120 bpm, BP 80/50 mmHg, P/A - uterus well contracted, L/E - clots seen coming out from introitus and a tense swelling noted in the lateral vaginal wall.

56. What is your diagnosis?

A. Atonic PPH

B. Rupture uterus

C. Pelvic hematoma

D. Retained Placenta

Answer: C. Pelvic hematoma

57. Any PPH after the first 24 hrs of delivery and within 6 weeks is called:

A. Reactionary hemorrhage

B. Secondary PPH

C. Primary PPH

D. Atonic PPH

Answer: B. Secondary PPH

58. What is Third stage hemorrhage?

A. Bleeding following Placenta delivery

B. Bleeding before Placenta delivery

C. Bleeding after cervix is fully dilated

D. Bleeding when cervix is 5 cm dilated

Answer: B. Bleeding before Placenta delivery

59. Management of traumatic PPH:

A. Inj. Methergine

B. Inj. Oxytocin

C. Inj. PGF2 alpha

D. Exploration and suturing

Answer: D. Exploration and suturing

60. Blood supply of vulva and vagina is from:
A. Internal pudendal vessels
B. Descending branch of uterine artery
C. Both A & B
D. None of the above
Answer: C. Both A & B

Case 19

Mrs. X, G2P1L1 of 36 weeks presented with blurring of vision, vomiting, and epigastric pain. O/E: BP 180/110, facial puffiness, and pedal edema present.
61. What is the drug of choice for severe preeclampsia?
A. Labetalol
B. Metoprolol
C. Alpha-methyldopa
D. Nifedipine
Answer: A. Labetalol
62. Monitoring of a patient on MgSO4 includes all except:
A. Respiratory Rate
B. Knee jerk
C. Urine output
D. JVP
Answer: D. JVP
63. What is the therapeutic serum level of MgSO4?
A. 1-4 mEq/L

B. 4-8 mEq/L

C. 8-12 mEq/L

D. 12-16 mEq/L

Answer: B. 4-8 mEq/L

64. Antidote for MgSO4 toxicity:

A. Sodium gluconate

B. Calcium chloride

C. Sodium chloride

D. Calcium gluconate

Answer: D. Calcium gluconate

65. What is the level of proteinuria to diagnose severe preeclampsia?

A. 20 mg

B. 200 mg

C. 300 mg

D. 1000 mg

Answer: D. 1000 mg

Case 20

A 28-year-old second gravida attends the antenatal clinic at a period of amenorrhea of 35 weeks. She has a single fetus in breech presentation. Ultrasound scan confirms breech presentation. No other abnormalities are detected. Her pregnancy is otherwise uncomplicated.

66. Commonest cause of breech presentation:

A. Prematurity

B. Hydrocephalus

C. Placenta previa

D. Polyhydramnios

Answer: A. Prematurity

67. Best method to deliver arms in breech:

A. Lovset's method

B. Smellie-Veit

C. Pinard's

D. Forceps

Answer: A. Lovset's method

68. Most common type of breech presentation:

A. Frank breech

B. Complete breech

C. Footling

D. Knee

Answer: A. Frank breech

69. ECV contraindicated in all except:

A. Placenta previa

B. Twins

C. Previous CS

D. Transverse lie

Answer: D. Transverse lie

70. On ECV fetal bradycardia occurred, the next course of action is:

A. Reversion to the original position immediately

B. IPV

C. Cesarean section

D. Induce the labour

Answer: A. Reversion to the original position immediately

GYNAECOLOGY

LONG ESSAY

1. Fibroid Uterus

A 35-year-old multiparous woman presents with menorrhagia, lower abdominal pain and progressively increasing abdominal mass. On examination, uterus is enlarged to 16 weeks size with irregular surface.

a) What is the diagnosis? (1)

b) Classify the condition. (2)

c) Describe the clinical features. (2)

d) Discuss the management. (5)

2. Postmenopausal Bleeding

A 45-year-old woman presents with postmenopausal bleeding.

a) Enumerate the causes. (2)

b) How will you investigate this patient? (3)

c) Discuss the management of carcinoma endometrium. (5)

3. Infertility

A 30-year-old woman presents with infertility of 3 years duration.

a) Define infertility. (1)

b) Enumerate the causes. (3)

c) Describe the investigations. (3)
d) Discuss the management. (3)

4. Pelvic Organ Prolapse

A 60-year-old multiparous postmenopausal woman presented with mass coming down per vaginum.
Discuss diagnosis, risk factors, evaluation and management.

5. Carcinoma Cervix

A 45-year-old woman presents with irregular intermenstrual bleeding per vaginum.
Discuss differential diagnosis, evaluation, staging and management of Stage I carcinoma cervix.

6. Heavy Menstrual Bleeding

A 46-year-old multiparous woman with heavy menstrual bleeding for 6 months.

Enumerate causes, evaluation and management.

7. Primary Infertility

A 32-year-old nulliparous woman married for 10 years.
Define primary infertility, causes and evaluation of tubal factors.

SHORT ESSAY

1. **Tubal Sterilization:** Surgical approaches, techniques, and comparison of timing options.
2. **PCOS with Infertility:** Diagnostic criteria and step-by-step ovulation induction management protocols.
3. **Pelvic Inflammatory Disease (PID):** Microbial causes, risk factors, and CDC outpatient/inpatient treatment regimens.
4. **Cervical Cancer Screening:** Pap smear guidelines, HPV DNA testing, VIA/VILI, and preventive HPV vaccination.
5. **Endometriosis:** Medical management vs. conservative/ definitive surgical interventions.
6. **Hysterectomy:** Steps of abdominal/vaginal hysterectomy and intraoperative/postoperative complications.
7. **Postmenopausal Bleeding (General):** Differential diagnosis, endometrial hyperplasia classification, and management protocols.
8. **Postmenopausal Bleeding Case:** Management of a 79-year-old woman with post-menopausal bleeding.
9. **Contraceptive Counseling (General):** Modern contraceptive options, eligibility criteria, advantages, and side effects for a P2L2 woman.
10. **Newlywed Contraception:** Options for 3 years of contraception, including mechanism of action, indications, contraindications, and complications of

COCPs.

General Contraceptive Advice: Counseling a young, recently married couple and the ethical principles of contraceptive counseling.

Missing IUD: Management and possibilities for a patient who cannot feel the thread of a Copper-T inserted 2 years ago.

PCOS Presentation: First-line investigation, diagnosis, and management for a young woman with hirsutism and irregular cycles.

AUB & Fibroids Case: Evaluation, causes of Abnormal Uterine Bleeding (AUB), and management of a single large 4 x 5 cm fibroid in a 35-year-old woman with heavy bleeding and anemia.

Cervical Cancer Case: Etiopathogenesis, screening methods, and early detection for a woman with postcoital bleeding.

Menopause Case: Symptoms of menopause and discussion of Hormone Replacement Therapy (HRT) for a 52-year-old woman with hot flashes and night sweats.

Infertility Evaluation: Evaluation of the female partner and causes of male infertility for a 34-year-old woman and 40-year-old man anxious to conceive after 6 years of marriage.

Secondary Amenorrhea Case: Investigation of a 28-year-old lady with secondary amenorrhea and a negative pregnancy test.

Turner's Syndrome: Clinical features, diagnosis, and management.

Puberty Menorrhagia: Definition, causes, and management.

SHORT NOTES

1. Myomectomy: Indications, surgical principles, and techniques to minimize blood loss.
2. Intrauterine Insemination (IUI): Indications, patient preparation, and basic procedure technique.
3. Dermoid Cyst: Complications, ultrasound characteristics, and surgical approach.
4. Stress Urinary Incontinence (SUI): Pathophysiology, structural causes, and diagnostic clinical tests.
5. LNG-IUS: Mechanism of action, non-contraceptive health benefits, and side effects.
6. Bacterial Vaginosis: Pathogenesis, Amsel clinical criteria, and treatment options.
7. Pelvic Ureteric Anatomy: Course of the pelvic ureter and key high-risk sites of injury during pelvic surgery.
8. Hirsutism: Ferriman-Gallwey scoring, differentiation from virilization, and endocrine causes.
9. Hysterosalpingography (HSG): Indications, optimal timing, absolute contraindications, and complications.
10. PALM-COEIN Classification: Structural and non-structural categories of Abnormal Uterine Bleeding (AUB).
11. Ovarian Tumour Markers: Specific markers matched to histological subtypes and malignancy risk assessment on ultrasound.

12. Rectovaginal Fistula (RVF): Obstetric/surgical causes, clinical verification, and preoperative management principles.
13. LARC (Long-Acting Reversible Contraception)
14. Tests for ovulation
15. Medical management of endometriosis
16. Physiology of menstruation
17. Male contraception (Family planning falls under gynaecology in this context)
18. Puberty menorrhagia
19. Clinical features of menopause
20. Indications and Technique of PAP smear
21. Role of hysteroscopy in gynecology
22. Bartholin's abscess
23. Fothergill surgery (For pelvic organ prolapse)
24. Trichomonas vaginalis - diagnosis & treatment

SINGLE RESPONSE TYPE

1. Which of the following does not have the same origin during development?
   a. Uterus
   b. Upper part of vagina
   c. Fallopian tubes
   d. Ovaries
   Answer: d. Ovaries

2. Following are USG features of adenomyosis except:
   a. Asymmetrical myometrial thickening
   b. Interrupted junctional zone
   c. Myometrial cysts
   d. Peripheral vascularity
   Answer: d. Peripheral vascularity

3. Most common cause of Hirsutism:
   a. PCOS
   b. Arrhenoblastoma
   c. Cushing's Syndrome
   d. Congenital adrenal hyperplasia
   Answer: a. PCOS

4. True about PCOD:
   a. Increased LH, Decreased FSH

b. Decreased LH, Increased FSH

c. Increased TSH

d. Decreased Prolactin

Answer: a. Increased LH, Decreased FSH

5. Differential diagnoses of primary amenorrhea with secondary sexual characters include all except:

a. MRKH syndrome

b. Androgen insensitivity

c. Constitutional delay

d. Turner syndrome

Answer: d. Turner syndrome

6. Components of Biophysical profile include all except:

a. Fetal tone

b. Fetal Doppler velocimetry

c. Fetal body movements

d. Fetal breathing

Answer: b. Fetal Doppler velocimetry

7. Adequate response to methotrexate treatment in ectopic pregnancy is indicated by a fall in beta-hCG between Day 4 & Day 7 of:

a. 5%

b. 10%

c. 15%

d. 8%

Answer: c. 15%

8. All are examples of emergency contraception except:
   a. Low dose COC
   b. Levonorgestrel tablets
   c. Ulipristal acetate
   d. Copper IUD
   Answer: a. Low dose COC

9. Stage of carcinoma ovary confined to one ovary and capsule has ruptured:
   a. IA
   b. IB
   c. IC1
   d. IC2
   Answer: d. IC2

10. Dose of Anti-D in a Rh-negative woman:
   a. 100mcg
   b. 200mcg
   c. 300mcg
   d. 400mcg
   Answer: c. 300mcg

11. Fitz-Hugh-Curtis syndrome is associated with:

a. Ovarian malignancy

b. Ovarian endometriosis

c. Pelvic inflammatory disease

d. PCOS

Answer: c. Pelvic inflammatory disease

12. The point 3 cm above the hymen in anterior vaginal wall in POP-Q is:

a. Bp

b. Aa

c. GH

d. TVL

Answer: b. Aa

13. Permanent cure for endometriosis is:

a. GnRh agonist

b. Mifepristone

c. Hysterectomy

d. Bilateral oophorectomy

Answer: d. Bilateral oophorectomy

14. The surgery for central cystocele is:

a. Paravaginal repair

b. Anterior colporrhaphy

c. Posterior colpoperineorrhaphy

d. Vaginal hysterectomy

Answer: b. Anterior colporrhaphy

15. All are screening methods of CA cervix except:
    a. Liquid based cytology
    b. Pap smear
    c. HPV testing
    d. Colposcopy
    Answer: d. Colposcopy

16. Which of the following is not a tumor marker in ovarian cancer:
    a. Alpha-fetoprotein
    b. LDH
    c. \beta-hCG
    d. ALT
    e. CA 125
    Answer: d. ALT

17. Corpus cancer syndrome is all except:
    a. Risk factor for CA endometrium
    b. Includes obesity, hypertension, diabetes
    c. CA ovary, CA endometrium and CA cervix
    d. Metabolic syndrome associated with CA endometrium
    Answer: c. CA ovary, CA endometrium and CA cervix

18. Which is the type of hysterectomy done in CA cervix:

a. Radical hysterectomy
b. Staging laparotomy
c. Extrafacial hysterectomy
d. Simple hysterectomy
Answer: a. Radical hysterectomy

19. Chemotherapeutic agent used in choriocarcinoma:
a. Paclitaxel
b. Carboplatin
c. Folinic acid
d. Methotrexate
Answer: d. Methotrexate

20. Which of the following is not to be given in cyclic mastalgia:
a. Evening Primrose oil
b. Danazol
c. Tamoxifen
d. Estrogen
Answer: d. Estrogen

21. Side effect of clomiphene citrate include all except:
a. Multiple Pregnancy
b. Multiple polycystic ovary
c. Teratogenic effect on offspring
d. Increased risk of ovarian cancer

Answer: c. Teratogenic effect on offspring

22. Pipelle sampling is used for sampling:
    a. Vagina
    b. Cervix
    c. Endometrium
    d. Fallopian tube
    Answer: c. Endometrium

23. Pseudo Meigs syndrome is seen in:
    a. Functional cyst
    b. Endometriotic cyst
    c. Fibroma
    d. Dermoid
    Answer: d. Dermoid

24. Tests for ovulation includes all except:
    a. BBT (Basal Body Temperature)
    b. S. progesterone
    c. Ultrasound
    d. \beta-hCG
    Answer: d. \beta-hCG

25. Uterus is developing from:
    a. Mullerian duct
    b. Swollen duct

c. Cloaca

d. None of above

Answer: a. Mullerian duct

26. Ferriman Gallwey scoring system is used to score:

a. Obesity

b. Hirsutism

c. Infertility

d. None of above

Answer: b. Hirsutism

27. Indication for uterine artery embolization include all except:

a. Management of fibroid uterus

b. Management of PPH

c. Not willing for surgery

d. Infertility

Answer: d. Infertility

28. Failure rate of modified pomeroy's technique:

a. 1%

b. 5%

c. 10%

d. 0.3%

Answer: d. 0.3%

29. Trichomonas vaginitis is treated by:
   a. Clotrimazole
   b. Miconazole
   c. Fluconazole
   d. Metronidazole
   Answer: d. Metronidazole

30. AMSEL'S criteria is used for diagnosis of:
   a. Candidiasis
   b. Trichomoniasis
   c. CA cervix
   d. Bacterial vaginosis
   Answer: d. Bacterial vaginosis

31. Karyotype of Turner's syndrome:
   a. XO
   b. XXY
   c. XYY
   d. XY
   Answer: a. XO

32. Uterine artery is a branch of:
   a. Common iliac artery
   b. External iliac artery
   c. Internal iliac artery anterior division

d. Internal iliac artery posterior division

Answer: c. Internal iliac artery anterior division

33. Ovulation occurs:

    a. 24-36 hours after LH surge

    b. 24-36 hours before LH surge

    c. 24-36 hours after FSH surge

    d. 24-36 hours before FSH surge

    Answer: a. 24-36 hours after LH surge

34. Menopause is attained when there is amenorrhea for:

    a. 12 Months

    b. 18 Months

    c. 20 Months

    d. 24 Months

    Answer: a. 12 Months

35. In semen analysis, normal morphology is:

    a. 4% or more

    b. 10% or more

    c. 15% or more

    d. 20% or more

    Answer: a. 4% or more

36. Vagina develops from:

    a. Mullerian duct and gonadal ridge

b. Wolffian duct and urogenital sinus

c. Mullerian duct and urogenital sinus

d. Wolffian duct and gonadal ridge

Answer: c. Mullerian duct and urogenital sinus

37. PPIUCD insertion is performed up to:

a. 24 hours

b. 48 hours

c. 72 hours

d. 120 hours

Answer: b. 48 hours

38. Which of the following is not a sexually transmitted infection:

a. Candidiasis

b. Chlamydia trachomatis

c. Neisseria gonorrhoeae

d. Trichomonas vaginalis

Answer: a. Candidiasis

39. The following are functional cysts of the ovary except:

a. Follicular cyst

b. Dermoid cyst

c. Theca lutein cyst

d. Corpus luteal cyst

Answer: b. Dermoid cyst*(Note: It is a mature cystic* *teratoma / germ cell tumor).*

40. Trans obturator tapes are used for the surgical treatment of:
    a. Vault prolapse
    b. Urge incontinence
    c. Nulliparous prolapse
    d. Stress urinary incontinence
    Answer: d. Stress urinary incontinence

41. All are muscles of perineal body EXCEPT:
    a. Sphincter ani externus
    b. Bulbospongiosus
    c. Ischiocavernosus
    d. Levator ani
    Answer: c. Ischiocavernosus

42. PET-CT is useful in gynecology for:
    a. Early diagnosis of malignancy
    b. Early diagnosis of recurrence
    c. To differentiate inflammatory lesions from malignancy
    d. To detect sentinel nodes
    Answer: b. Early diagnosis of recurrence

43. The drug of choice for treatment of central precocious puberty is:

a. Progesterone

b. Estrogen

c. GnRH analogues

d. Danazol

Answer: c. GnRH analogues

44. Which of the following is the most common cause for stress urinary incontinence in women?

a. Urinary tract infection

b. Urethral hypermobility

c. Detrusor overactivity

d. Vesicovaginal fistula

Answer: b. Urethral hypermobility

45. The first sign of puberty in girls:

a. Thelarche

b. Menarche

c. Pubarche

d. Growth spurt

Answer: a. Thelarche

46. CA-125 is elevated in all EXCEPT:

a. Endometriosis

b. PID

c. Ovarian cancer

d. Fibroid

Answer: d. Fibroid

47. Most common cause of primary amenorrhea with normal secondary sexual characters:
    a. Turner syndrome
    b. MRKH syndrome
    c. Androgen insensitivity
    d. Gonadal dysgenesis
    Answer: b. MRKH syndrome

48. Sertoli-Leydig tumor secretes:
    a. Estrogen
    b. Progesterone
    c. Androgens
    d. hCG
    Answer: c. Androgens

49. Most sensitive test for ovulation:
    a. Basal body temperature
    b. Serum progesterone
    c. LH surge
    d. Endometrial biopsy
    Answer: b. Serum progesterone

50. Which is a Type I endometrial carcinoma risk factor?
    a. Estrogen excess

b. Smoking

c. Age <30

d. Multiparity

Answer: a. Estrogen excess

51. First-line treatment option for endometrial hyperplasia without atypia is:

a. Estrogen

b. Leuprolide

c. Letrozole

d. LNG-IUS

Answer: d. LNG-IUS

52. Which of the following can be used for ovulation induction EXCEPT:

a. Clomiphene

b. Letrozole

c. FSH

d. Mirena

Answer: d. Mirena

53. Drug of choice for the treatment of vaginal candidiasis is:

a. Clotrimazole

b. Beclomethasone cream

c. Podophyllin

d. Metronidazole

Answer: a. Clotrimazole

54. Specific tumor marker for Dysgerminoma is:
    a. beta-hCG
    b. CA 125
    c. AFP
    d. LDH
    Answer: d. LDH

55. LARC (Long-Acting Reversible Contraception) includes all EXCEPT:
    a. Progestin implants
    b. Injectable progestins
    c. Combined oral pills
    d. Copper intrauterine devices
    Answer: c. Combined oral pills

56. Combination of estrogen and progesterone > 5 yrs in menopausal hormone therapy (MHT) increases the risk of:
    a. Endometrial Cancer
    b. Ovarian Cancer
    c. Breast Cancer
    d. Cervical Cancer
    Answer: c. Breast Cancer

57. When does the second maturation division of the Ovum occur?
    a. Fertilisation
    b. Implantation
    c. Ovulation
    d. Puberty
    Answer: a. Fertilisation

58. First line of management for a 24-year-old female with PCOD and irregular cycles:
    a. Inositol
    b. OC Pills
    c. Lifestyle modification and exercise
    d. Exercise
    Answer: c. Lifestyle modification and exercise

59. During an Abnormal Uterine Bleeding (AUB) evaluation, what is the most likely cause of a patient's irregular bleeding?
    a. Endometrial polyp
    b. Immature HPO axis causing anovulation
    c. Fibroid uterus
    d. Coagulopathy
    Answer: b. Immature HPO axis causing anovulation

60. In the context of AUB, what is the underlying mechanism for the bleeding?
    a. Progesterone excess
    b. Unopposed estrogen
    c. Endometrial atrophy
    d. Increased prostaglandins
    Answer: b. Unopposed estrogen

61. What is the expected endometrial histology in this AUB scenario?
    a. Secretory endometrium
    b. Atrophic endometrium
    c. Proliferative endometrium with irregular shedding
    d. Decidualized endometrium
    Answer: c. Proliferative endometrium with irregular shedding

62. The AUB patient reports with her Hb = 8 g/dL and active heavy bleeding. What is the best next step?
    a. Continue observation
    b. Iron only
    c. Start hormonal therapy
    d. Hysteroscopy
    Answer: c. Start hormonal therapy

63. What is the most likely evolving diagnosis for this AUB patient?
    a. AUB-E
    b. PCOS causing AUB-O
    c. Adrenal Tumour
    d. Androgen Insensitivity Syndrome
    Answer: b. PCOS causing AUB-O

64. "Omental cake" is typically seen in:
    a. Cervical cancer
    b. Endometrial cancer
    c. Ovarian cancer
    d. Vulvar cancer
    Answer: c. Ovarian cancer

MULTIPLE RESPONSE TYPE

1. Fertilisation occurs in which part of the fallopian tube?

A. Ampulla

B. Interstitial part

C. Isthmus

D. Infundibulum

Answer: A

2. Uterine artery is a branch of:

A. Anterior division of External iliac artery

B. Anterior division of Internal iliac artery

C. Posterior division of External iliac artery

D. Posterior division of Internal iliac artery

Answer: B

3. When does the second maturation division of the ovum occur?

A. Fertilisation

B. Implantation

C. Ovulation

D. Puberty

Answer: A

4. First-line of management for a 24-year-old female with PCOD and irregular cycles:

A. Inositol

B. OC Pills

C. Lifestyle modification and exercise

D. Exercise

Answer: C

5. What is the most likely cause of her irregular cycles?

A. Endometrial polyp

B. Immature HPO axis causing anovulation

C. Fibroid uterus

D. Coagulopathy

Answer: B

6. What is the underlying mechanism?

A. Progesterone excess

B. Unopposed estrogen

C. Endometrial atrophy

D. Increased prostaglandins

Answer: B

7. What is the endometrial histology?

A. Secretory endometrium

B. Atrophic endometrium

C. Proliferative endometrium with irregular shedding

D. Decidualized endometrium

Answer: C

8. She reports with her Hb = 8 g/dL and active heavy bleeding. What is the best next step?

A. Continue observation

B. Iron only

C. Start hormonal therapy

D. Hysteroscopy

Answer: C

9. What is the most likely evolving diagnosis?

A. AUB-E

B. PCOS causing AUB-O

C. Adrenal Tumour

D. Androgen Insensitivity Syndrome

Answer: B

10. LARC includes all except:

A. Progestin implants

B. Combined oral pills

C. Injectable progestins

D. Copper intrauterine devices

Answer: B

11. Uterus develops from:

A. Mesonephric duct

B. Genital ridge

C. Paramesonephric duct

D. Genital tubercle

Answer: C

12. Combination of estrogen and progesterone (MHT) for > 5 years in menopausal hormone therapy increases the risk of:

A. Endometrial Cancer

B. Ovarian Cancer

C. Breast Cancer

D. Cervical Cancer

Answer: C

13. First-line treatment option for endometrial hyperplasia without atypia is:

A. Estrogen

B. Leuprolide

C. Letrozole

D. LNG-IUS

Answer: D

14. All of the following can be used for ovulation induction except:

A. Clomiphene

B. Letrozole

C. FSH

D. Mirena

Answer: D

15. Ferriman-Gallwey scoring is a visual assessment score used for:

A. Obesity

B. Alopecia

C. Acne

D. Hirsutism

Answer: D

16. CA-125 is elevated in all EXCEPT:

A. Endometriosis

B. PID

C. Ovarian cancer

D. Fibroid

Answer: D

17. Most common cause of primary amenorrhea with normal secondary sexual characters:

A. Turner syndrome

B. MRKH syndrome

C. Gonadal dysgenesis

D. Androgen insensitivity

Answer: B

18. Most sensitive test for ovulation:

A. Basal body temperature

B. Serum progesterone

C. LH surge

D. Endometrial biopsy

Answer: B

19. Which is a Type I endometrial carcinoma risk factor?

A. Estrogen excess

B. Smoking

C. Age < 30

D. Multiparity

Answer: A

20. "Omental cake" is seen in:

A. Cervical cancer

B. Endometrial cancer

C. Ovarian cancer

D. Vulvar cancer

Answer: C

21. Hydrosalpinx affects IVF outcomes due to:

1. Embryotoxic fluid
2. Mechanical washout of embryo
3. Increased progesterone
4. Altered endometrial receptivity

A. 1, 2, 3 & 4

B. 1, 2 & 3

C. 1, 2 & 4

D. 1 & 4

Answer: C

22. Features of PCOS include:

1. Hyperandrogenism
2. Chronic anovulation
3. Polycystic ovaries
4. Hyperprolactinemia

A. 1, 2, 3 & 4

B. 1, 2 & 3

C. 1 & 4

D. 1, 2 & 4

Answer: B

23. Which of the following tumor markers and their associations are correct?

1. AFP - Yolk sac tumor
2. hCG - Choriocarcinoma
3. CA-125 - Ovarian epithelial cancer
4. Inhibin - Granulosa cell tumor

A. 1, 2, 3 & 4
B. 1, 2 & 3
C. 1 & 4
D. 1, 2 & 4
Answer: A

24. Indications for methotrexate in ectopic pregnancy:

1. Hemodynamically stable
2. No fetal cardiac activity
3. B-hCG < 5000 IU/L
4. Large adnexal mass > 5 cm

A. 1, 2, 3 & 4
B. 1, 2 & 3
C. 1 & 4
D. 1, 2 & 4
Answer: B

25. Features of Turner syndrome include:

1. Short stature

2. Webbed neck
3. Streak ovaries
4. Hyperandrogenism

A. 1, 2, 3 & 4
B. 1, 2 & 3
C. 1 & 4
D. 1, 2 & 4
Answer: B

26. Which of the following statements are correct?

1. The secretory phase of the menstrual cycle has a constant duration of 14 days
2. The most common cause of AUB in adolescents is due to hematological pathology
3. Thyroid dysfunction is a common secondary cause of AUB
4. Tuberculosis of the genital tract can be a cause for AUB

A. 1, 2 & 3 are correct
B. 1, 3 & 4 are correct
C. 1, 2 & 4 are correct
D. 2, 3 & 4 are correct
Answer: B

27. Which of the following statements are wrong?

1. Screening for ovarian cancer in the general population is recommended

2. COCs are used as chemoprevention for ovarian malignancy
3. O-RADS is an ultrasound scoring system for characteristics of ovarian malignancy
4. Histological/cytological diagnosis of malignancy is not mandatory before NACT

A. 1 & 2 are wrong

B. 2 & 3 are wrong

C. 1 & 4 are wrong

D. 2 & 4 are wrong

Answer: C

28. Which of the following are benign solid ovarian tumours?

1. Krukenberg tumours
2. Fibromas
3. Brenner tumour
4. Immature teratoma

A. 1 & 2 only

B. 2 & 3 only

C. 3 & 4 only

D. 1 & 4 only

Answer: B

29. Which of the following are considered LARC (Long-Acting Reversible Contraception)?

1. LNG-IUS

2. CuT 380A
3. COC
4. Norplant

A. 1, 2 & 3 only

B. 1, 2 & 4 only

C. 2, 3 & 4 only

D. 1, 3 & 4 only

Answer: B

30. Abnormal uterine bleeding involves deviations in:

1. Cycle length of > 60 days
2. Flow duration of 2-8 days
3. Volume of > 30 ml per cycle
4. Cycle length of < 14 days

A. 1 and 4 are true

B. 2, 3, and 4 are true

C. Only 1 is true

D. 1, 2, 3, and 4 are true

Answer: A

31. Risk factors for endometrial carcinoma include:

1. Obesity
2. Hypertension
3. Combined oral contraceptive pills usage for 4 years
4. Delayed menopause

A. 1, 2 and 3

B. 1, 2 and 4

C. 2, 3 and 4

D. 1, 3 and 4

Answer: B

32. Criteria for medical management of ectopic pregnancy include:

1. Unruptured ectopic pregnancy
2. Beta-hCG > 5000 IU/L
3. Sac size less than 3.5 cm
4. Absent fetal heart rate

    A. 1, 2 and 3

    B. 1, 2 and 4

    C. 2, 3 and 4

    D. 1, 3 and 4

    Answer: D

33. Which of the following are FALSE about dermoid cysts?

1. Torsion is one of the complications
2. It is a sex cord-stromal tumour
3. Incidence of bilateral dermoid cyst is less than 1%
4. It is common in menopausal age

A. 1, 2 and 3

B. 1, 2 and 4

C. 2, 3 and 4

D. 1 and 3

Answer: C

34. Drugs which reduce the efficacy of COCs include:

1. Rifampicin
2. Carbamazepine
3. Antibiotics
4. Phenytoin

A. 1, 2 & 3

B. 1, 2 & 4

C. 1, 3 & 4

D. All the above

Answer: D

35. Which of the following statements regarding abortion are correct?

A. Threatened abortion is characterized by vaginal bleeding with a closed cervical os

B. Inevitable abortion is associated with an open cervical os

C. Missed abortion always presents with heavy bleeding and pain

D. Septic abortion is a life-threatening condition

E. Incomplete abortion requires no treatment in all cases

Answer: A, B, D

36. True statements about Germ cell tumors

1. Seen in young adults
2. Solid tumors

3. Schiller-Duval bodies are characteristic of yolk sac tumor
4. Primary treatment is surgery

A. 1, 2, 3 & 4

B. 4 & 3

C. 2 & 4

D. 1 & 4

Answer: A

37. Post-coital contraceptives which are used to prevent pregnancy include

1. Levonorgestrel pill
2. CuT (5 days after unprotected intercourse)
3. Mifepristone
4. Estrogen

A. 1 & 2

B. 1, 2, 3 & 4

C. 1, 2 & 3

D. 3 & 4

Answer: C

38. Ultrasonographic criteria for diagnosis of PCOS include

1. No. of follicles
2. Stromal volume
3. Ovarian Volume
4. Cortical thickness

A. 1, 2, 3 & 4

B. 1 & 3
C. 1, 2 & 4
D. 1, 2 & 3
Answer: B
39. Risk factors for gestational trophoblastic disease include

1. Previous molar pregnancy
2. Maternal age more than 40 years
3. Previous pregnancy outcome
4. Family history of molar pregnancy

A. 1, 2, 3 & 4
B. 1 & 4
C. 1, 2 & 4
D. 1, 2 & 3
Answer: A
40. Drugs that reduce the size of myoma include

1. GnRH agonist
2. Danazol
3. COC pills
4. Mifepristone

A. 1, 2, 3 & 4
B. 1, 3 & 4
C. 1 & 2
D. 3 & 4
Answer: A

41. Which of the following are associated with oligohydramnios?

i) Fetal renal anomalies

ii) Premature rupture of membranes (PROM)

iii) Post-term pregnancy

iv) Maternal diabetes

A. i, iii, iv

B. i, ii, iv

C. i, ii, iii

D. ii, iii, iv

Answer: C

42. Which of the following are features of intrahepatic cholestasis of pregnancy (ICP)?

i) Pruritus (itching)

ii) Elevated bile acids

iii) Headache

iv) Jaundice

A. i,ii, iii, iv

B. i, iii, iv

C. ii, iii, iv

D. i, ii, iv

Answer: D

43. Which of the following are risk factors for ectopic pregnancy?

i) Asian race

ii) Previous pelvic inflammatory disease (PID)
iii) History of tubal surgery
iv) Assisted reproductive techniques (ART)
A. i, ii, iii
B. ii, iii, iv
C. i, iii, iv
D. i, ii, iv
Answer: B
44. True statements about complete Hydatidiform mole are
i) Triploid
ii) Diploid
iii) Very high levels of beta HCG
iv) Chance of malignant conversion less than partial mole
v) 2% may convert to carcinoma
A. i, iii, iv
B. ii, iii, iv
C. i, iv, v
D. ii, iii, v
Answer: D
45. Which of the following are features of amniotic fluid embolism?
i) Sudden cardiovascular collapse
ii) Disseminated intravascular coagulation (DIC)
iii) Respiratory distress
iv) Seizure

A. i, ii, iv

B. ii, iii, iv

C. i, iv, v

D. ii, iii, v

Answer: A

46. Regarding GNRH

I. It is an octapeptide glycoprotein.

II. Half-life is 2 to 4 minutes.

III. It is produced from hypothalamus.

IV. GAP is a potent inhibitor of prolactin secretion.

A. I, IV is correct

B. I, II correct

C. II, III correct

D. II, III, IV Correct

Answer: D

47. Regarding uterine anomalies

1. Most common association with uterine anomaly is recurrent pregnancy loss
2. Clinical presentations are infertility and primary amenorrhea.
3. Preterm labour is common
4. Malpresentations are rare.

A. ONLY 1 correct

B. 1, 2 correct

C. 1, 2, 3 correct

D. All are correct.

Answer: C

48. Polycystic ovarian syndrome

I. Most frequent endocrine disorder in women.

II. Prevalence of PCOS is 10% in women with infertility.

III. Rotterdam criteria is used for diagnosis.

IV. It is associated with obesity, metabolic syndrome.

A. I, II CORRECT

B. I, III, IV CORRECT

C. II, III, IV CORRECT

D. ALL ARE CORRECT

Answer: B

49. Cord prolapse - which of the following are true?

a. Cord prolapse occurs when the cord is felt through intact membranes

b. More than half occurs at artificial rupture of membranes

c. Initial management is to elevate the presenting part to prevent cord compression followed by expedited delivery

Answer: c

50. Occipito Posterior position is common in

a) Gynaecoid pelvis

b) Anthropoid

c) Android

d) Platypelloid pelvis.

Answer: c

51. The maximum number of oocytes is seen in ovaries at

a) Birth

b) Puberty

c) 20 weeks gestation

d) 32 weeks

Answer: c

52. Causes of polyhydramnios are all EXCEPT

a) Diabetes

b) Multiple pregnancy

c) Anencephaly

d) Renal agenesis

Answer: d

53. Fundal height is more than the period of amenorrhea in all EXCEPT

a) Molar pregnancy

b) Concealed abruption

c) Uterine tumors

d) Missed abortion

Answer: d

54. The diameter of engagement in face presentation is

a) Suboccipito bregmatic

b) Mento vertical

c) Submentobregmatic

d) Occipito frontal

Answer: c

55. False statement regarding carcinoma of the fallopian tube

A. Adenocarcinoma

B. Very rare

C. Occurs in multiparous women (50 to 60 yrs)

D. Constitute 10 to 12% of malignancies

Answer: D

56. Failure rate of LNG as emergency contraceptive

A. 10%

B. 5%

C. 1%

D. 20%

Answer: C

57. Which of the following is not true about type 1 endometrial cancer?

A. Estrogen dependent

B. Endometrioid in type

C. More commonly associated with P53 mutation

D. Low grade tumour

Answer: C

58. Following muscles are attached to the perineal body except

A. Bulbocavernosus

B. Superficial transverse perinei

C. Deep transverse perinei

D. Internal anal sphincter

Answer: D

59. Most characteristic feature of borderline tumour

A. Endometrial hyperplasia

B. Absence of stromal invasion

C. Nuclear atypia

D. Increased mitotic activity

Answer: B

60. Mechanism of action of letrozole

A. SERM

B. Insulin sensitizer

C. Aromatase inhibitor

D. Progesterone receptor modulator

Answer: C

61. 70-year-old postmenopausal lady with a long-standing prolapse uterus presented with decubitus ulcer. The treatment of choice is

A. Immediate surgery

B. Biopsy from the ulcer

C. Reduction and daily packing with saline

D. Start parenteral antibiotics immediately

Answer: C

62. Indications for myomectomy in a case of fibroid uterus:

a) Associated infertility

b) Recurrent pregnancy loss

c) Pressure symptoms

d) Red degeneration

e) Pelvic pain

1. a, b, c
2. b, c, d
3. c, d, e
4. a, b, c, d

Answer: 4

63. Treatment of endometriosis includes:

a) Estrogen

b) Progesterone

c) OCP

d) Danazol

e) GnRH

1. a, b, c, d
2. b, c, d, e
3. a, b, c, d, e
4. a, b, c

Answer: 2

64. Submucous leiomyoma includes:

A) Type 0

B) Type 1

C) Type 2

D) Type 3

a) Only A

b) A + B

c) A, B, C

d) ALL OF THE ABOVE

Answer: c

65. Which contraceptive methods are considered long-acting reversible contraceptives (LARCs)?

A) Intrauterine contraceptive devices

B) Oral contraceptive pills

C) DMPA

D) Ulipristal acetate

a) A only

b) A + B + C

c) b, c, d

d) all of the above

Answer: a

66. Drugs that reduce the size of myoma include

A) GnRH agonist

B) GnRH antagonist

C) Estrogen

D) Mifepristone

a) A + D

b) A + B + D

c) A, B, C

d) all of the above

Answer: b

67. True about endometriosis is/are

A) Seen commonly in nulliparous women

B) Causes severe dysmenorrhoea

C) Produce chocolate cyst in ovaries

D) Causes pelvic adhesion

a) A + B + C

b) B + C + D

c) B, C

d) all of the above

Answer: d

68. Tests for cervical cancer screening are

1. Colposcopy
2. Pap smear
3. HPV DNA
4. USG

a. All are correct

b. 1, 2 & 3 are correct

c. 2 & 3 correct

d. 1, 2 & 4 correct

Answer: 2 & 3

69. Drugs used in the ovulation induction are

1. Letrozole

2. Clomiphene citrate
3. HMG
4. Recombinant FSH

a. All are correct

b. 1, 2 & 3 are correct

c. 1 & 2 correct

d. 3 & 4 correct

Answer: a

70. Treatment of CIN includes

1. LEEP
2. Cold knife conization
3. D&C
4. Thermal ablation

a. 1, 2 & 4 are correct

b. 1, 2 & 3 are correct

c. 3 & 4 are correct

d. All are correct

Answer: a

71. Combined Oral Contraceptive Pills (COC'S)

1. Reduces benign breast disease
2. Prevents ovarian & colorectal cancer
3. Reduces breast cancer
4. Reduces severity of rheumatoid arthritis

a. All are correct

b. 1, 2 & 4 are correct

c. 1, 2, 3 correct

d. 3 & 4 correct

Answer: b

72. Rotterdam criteria includes

1. Oligo/anovulation
2. Polycystic ovaries by USG
3. Clinical/biochemical hyperandrogenism
4. Dyslipidemia

A. Choose A if all are correct

B. Choose B if 1, 2, 3 are correct

C. Choose C if 3, 4 are correct

D. Choose D if all are incorrect

Answer: B

73. Relation to bartholin's abscess:

1. The bartholin's duct opens at 4 o'clock and 8 o'clock position of introitus.
2. The bartholin's abscess can be treated by Incision and Drainage.
3. Marsupialization involves suturing the cyst wall to vaginal mucosa.
4. Main organism involved is Clostridium difficile.

A. Choose A if all are correct

B. Choose B if 2 and 3 are correct

C. Choose C if 3 and 4 are correct

D. Choose D if all are incorrect

Answer: B

74. Regarding emergency contraception:

1. Cu IUD can be used for emergency contraception up to 10 days after unprotected sexual intercourse.
2. The recommended dose of oral LNG for emergency contraception is single 0.75 mg within 72 hours of unprotected sexual intercourse.
3. The recommended dose of ulipristal acetate for emergency contraception is 15 mg for up to 5 days after unprotected sexual intercourse.
4. Of all the methods for emergency contraception, ulipristal acetate is most effective and has no relation with ovulation.

A. Choose A if all are correct

B. Choose B if 1, 2, 3 are correct

C. Choose C if 3, 4 are correct

D. Choose D if all are incorrect

Answer: D

75. Regarding the anatomy of pelvic ureter:

1. The ureter enters the pelvic brim by crossing over the bifurcation of common iliac artery.
2. The ovarian vessels cross anterior to ureter within the

infundibulopelvic ligament.

The ureter crosses below the uterine artery near the cervix.

Most common site of injury during hysterectomy is at the entry of ureter into the bladder at trigone.

A. Choose A if all are correct

B. Choose B if 1, 2, 3 are correct

C. Choose C if 3, 4 are correct

D. Choose D if all are incorrect

Answer: B

76. Which of the following are long term sequelae of pelvic inflammatory disease (PID)?

A) Chronic pelvic pain

B) Ca Ovary

C) Infertility

D) Ectopic pregnancy

E) Endometriosis

1. A, B, C
2. B, C, D
3. C, D, E
4. A, C, D

Answer: 4

77. Following are causes of secondary amenorrhea

A) Cervical atresia

B) Polycystic ovarian syndrome

C) Androgen insensitivity syndrome

D) Genital tuberculosis

E) Pituitary adenoma

1. A, B, C
2. B, C, D
3. B, D, E
4. A, B, E

Answer: 3

78. Following are advantages of oral contraceptive pills.

A) Regularization of menstruation

B) Prevention of PID

C) Prevention of cervical malignancy

D) Prevention of ovarian malignancy

E) Can be used during lactation

1. A, B, C
2. B, C, E
3. A, B, D
4. A, B, E

Answer: 3

79. Following are causes of hirsutism

A) Epithelial ovarian tumors

B) Sex cord stromal tumours

C) Adrenal tumours

D) Polycystic ovarian syndrome

E) Germ cell tumours

1. A, B, C
2. A, B, D
3. C, D, E
4. B, C, D

Answer: B, C, D

80. Following are drugs used for medical management of fibroids

A) GnRh analogues

B) Micronised Progesterone

C) Ullipristal

D) Mifepristone

E) Mefenamic acid

A, B, C

A, C, D

C, D, A

B, C, E

Answer: 2

81. Indications for performing hysteroscopy in secondary amenorrhea include

a) Suspected Asherman syndrome

b) Retained products of conception

c) Endometrial hyperplasia

d) Suspected ovarian failure

Answer: a, b

82. Risk factors for vulvovaginitis in children are

a) Poor hygiene

b) Low estrogen level

c) Thin vagina

d) Foreign body

Answer: a, b, c, d

83. Primary amenorrhea with absent secondary sexual characters can occur in

a) Turner syndrome

b) Gonadal dysgenesis

c) Androgen insensitivity

d) Hypothyroidism

Answer: a, b

84. Features of virilization are

a) Hirsutism

b) Vaginal atrophy

c) Breast atrophy

d) Decreased muscle mass

Answer: a, c

85. Changes in the hormonal milieu of early menopause women include

a) Increase in FSH

b) LH decrease

c) Increase in inhibin
d) Decrease in AMH
Answer: a, d
86. Correct indications for chemotherapy in GTD (Gestational Trophoblastic Disease)
a) Histological evidence of choriocarcinoma
b) Suspected placental site trophoblastic tumor
c) Beta HCG less than 5 mIU/mL at 6 weeks of evacuation
d) Plateauing HCG values
Answer: a, b, d
87. True statements regarding methotrexate
a) Methotrexate acts by inhibiting conversion of folic acid to its active form
b) Methotrexate is the drug of choice in Gestational Trophoblastic Neoplasia
c) Methotrexate has no effect on bone marrow
d) Folinic acid rescue is given to facilitate the action of methotrexate on tumor cells
Answer: a, b
88. Surgeries for pelvic organ prolapse
a) Vaginal hysterectomy
b) Ward-Mayo repair
c) Sacrospinous colpopexy
d) Laparoscopic-assisted vaginal hysterectomy
Answer: a, b, c, d

89. Which of the following can cause urinary fistula?

a) Obstructed labour

b) Adenomyosis

c) Pelvic radiation

d) Pelvic organ prolapse

Answer: a, c

90. All are screening methods for CA cervix except

A. Liquid-based cytology

B. Pap smear

C. HPV testing

D. Colposcopy

Answer: D

91. Which of the following is not a tumor marker in ovarian cancer?

A. Alpha-fetoprotein

B. LDH

C. Beta HCG

D. ALP/ALT

E. CA 125

Answer: D

92. Corpus cancer syndrome includes all except

A. Risk factor for CA endometrium

B. Includes obesity, hypertension, diabetes

C. CA ovary, CA endometrium, and CA cervix

D. Metabolic syndrome associated with CA endometrium

Answer: C

93. Which is the type of hysterectomy performed in CA cervix?

A. Radical hysterectomy

B. Staging laparotomy

C. Extrafacial hysterectomy

D. Simple hysterectomy

Answer: A

94. Chemotherapeutic agent used in choriocarcinoma

A. Paclitaxel

B. Carboplatin

C. Folinic acid

D. Methotrexate

Answer: D

95. Investigations in PCOS include

a) Serum testosterone estimation

b) Lipid profile

c) GTT

d) Serum cortisol estimation

Answer: a, b, c

96. Menopausal symptoms include

a) Hot flushes

b) Increased libido

c) Mood swings

d) Urogenital symptoms

Answer: a, c, d

97. Causes of delayed puberty are

a) Constitutional delay

b) PCOS

c) Hypogonadotropic hypogonadism

d) Estrogen-secreting ovarian tumor

Answer: a, c

98. Causes of secondary amenorrhea are

a) Hypothyroidism

b) Hyperprolactinemia

c) Premature ovarian failure

d) Mayer-Rokitansky-Kustner-Hauser syndrome

Answer: a, b, c

99. True statements about Germ Cell Tumors

1. Seen in young adults
2. Dysgerminoma
3. Clear cell tumor is a germ cell tumor
4. HCG is used as a marker

a. 1, 2 & 4

b. 4 & 3

c. 2 & 4

d. 1 & 4

Answer: a

100. Post-coital contraceptives used to prevent pregnancy

include

1. Levonorgestrel
2. CuT (up to 5 days after unprotected intercourse)
3. POP
4. E+P
5. a. 1 & 2

b. 1, 2 & 4

c. 1, 2 & 3

d. 3 & 4

Answer: b

101. Ultrasonographic criteria for the diagnosis of PCOS include

1. No. of follicles
2. Stromal volume
3. Ovarian Volume
4. Cortical thickness
5. Stromal blood flow

a. 1, 2, 3, 4 & 5

b. 1, 3

c. 1, 2 & 4

d. 1, 3 & 3

Answer: 1 & 3

102. True about endometriosis is/are

1. Seen commonly in nullipara
2. Causes HMB
3. Seen in multipara
4. Also called "chocolate cyst"
5. Seen in 1st-degree relatives

a. 1, 2, 3, 4 & 5
b. 1, 4 & 5
c. 1, 2, 4 & 5
d. 1, 2, 3 & 5
Answer: c

103. Drugs that reduce the size of myoma include

1. GnRH agonist
2. Danazol
3. Progesterone
4. Ru486

a. 1, 2, 3, 4
b. 2, 3 & 4
c. 1, 2 & 4
d. 3 & 4
Answer: c)1, 2, 4

ASSERTION AND REASON TYPE

Instructions

In the following questions, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option from the following:

(a) Both A & R are correct and R is the correct explanation of A.

(b) Both A & R are correct and R is not the correct explanation of A.

(c) A is correct; R is incorrect.

(d) R is correct; A is incorrect.

(e) Both are incorrect.

1. Assertion (A): If a woman misses a combined oral contraceptive pill for 1 day, she has to take 2 tablets the next day.

   Reason (R): No back-up contraception is required.

   Answer: (b)

2. Assertion (A): Itching and burning sensation at the vulva and vagina are common in postmenopausal women.

   Reason (R): Hypoestrogenism of menopause leads to thinning of vaginal mucosa.

   Answer: (a)

3. Assertion (A): Saheli is a once-a-week contraceptive.
   Reason (R): It is useful in heavy menstrual bleeding.
   Answer: (b)

4. Assertion (A): Adenomyosis is commonly seen in nulliparous women.
   Reason (R): Dysmenorrhea and heavy menstrual bleeding are the most common symptoms.
   Answer: (d)

5. Assertion (A): Mature cystic teratomas are the most common germ cell tumor.
   Reason (R): It is a cystic tumor containing elements from all three germ layers.
   Answer: (b)

6. Assertion (A): In diabetic women planning pregnancy, it is advised to keep their HbA1c below 6.5%.
   Reason (R): This is to reduce chances of fetal hypoglycemia.
   Answer: (c)

7. Assertion (A): Low-dose aspirin should be initiated at 28 weeks of gestation.
   Reason (R): It is done for the prevention of preeclampsia.
   Answer: (d)

8. Assertion (A): Endometriosis is the occurrence of ectopic benign endometrial tissue outside the uterine cavity.
Reason (R): It is due to the reflux of menstrual endometrium through the fallopian tubes and subsequent implantation on pelvic peritoneum and surrounding structures.
Answer: (a)

9. Assertion (A): Karyotype of a partial hydatidiform mole is 46,XX.
Reason (R): It is formed by the fertilization of an empty ovum with one haploid sperm and endoreduplication of its DNA.
Answer: (e)

10. Assertion (A): For cesarean section, Munro Kerr incision is preferred.
Reason (R): The upper uterine segment, being comparatively quiescent in the puerperium, allows better healing.
Answer: (c)

11. Assertion (A): Oestrogen levels fall significantly after menopause.
Reason (R): Menopause marks the cessation of ovarian

function leading to a decline in oestrogen production.
Answer: (a)

12. Assertion (A): Endometrial cancer is a disease primarily of postmenopausal women but is also seen in younger women with some form of hyperestrogenism.
Reason (R): Routine screening for endometrial cancer is recommended and should be done for all women.
Answer: (c)

13. Assertion (A): Placental site trophoblastic tumor and epithelioid trophoblastic tumor arise from intermediate trophoblast.
Reason (R): Both these tumors are chemosensitive and chemotherapy is the treatment of choice.
Answer: (c)

14. Assertion (A): Stress urinary incontinence is the involuntary leakage of urine when the intra-abdominal pressure is increased.
Reason (R): It occurs when the intravesical pressure rises higher than maximum urethral pressure in the absence of detrusor contraction.
Answer: (a)

15. Assertion (A): The primary mechanism of action of

OCPs is endometrial atrophy.
Reason (R): Failure rate of COCs is only 3%.
Answer: (e)

Assertion (A): In normal pregnancy, there is an increase in circulating erythrocytes which begins by 10 weeks.
Reason (R): The increase in erythrocytes is due to the prolongation of the life of RBCs.
Answer: (c)

Assertion (A): Around 65-70% of all breech presentations are extended breeches.
Reason (R): Extended legs are a hindrance to fetal kicking movements and therefore the chances of spontaneous version are less.
Answer: (a)

Assertion (A): It is ideal to screen in the first trimester for diabetes.
Reason (R): The priming of beta cells of the fetal pancreas in response to fetal hyperglycemia starts as early as 12 weeks of intrauterine life.
Answer: (a)

Assertion (A): Twins of opposite sex can never be monozygotic.

Reason (R): Monozygotic twins are formed by the splitting of a single zygote and their genotype and phenotype will be identical.

Answer: (a)

20. Assertion (A): CTG showing late deceleration is pathological.

Reason (R): Late deceleration is seen in cord compression.

Answer: (c)

21. Assertion (A): Misoprostol is contraindicated in VBAC.

Reason (R): Misoprostol is a PGE1 analogue.

Answer: (b)

22. Assertion (A): Magnesium toxicity causes an increase in respiratory rate.

Reason (R): Calcium Sulphate is used for counteracting magnesium toxicity.

Answer: (e)

23. Assertion (A): Breast milk jaundice is a type of neonatal jaundice.

Reason (R): Inadequate breastfeeds cause breast milk jaundice.

Answer: (c)

24. Assertion (A): Vacuum delivery is contraindicated in preterm delivery.
Reason (R): Vacuum delivery causes subgaleal hemorrhage.
Answer: (a)

25. Assertion (A): Third-degree perineal tear involves vaginal mucosa, perineal skin, perineal body, and anal sphincter.
Reason (R): Rectovaginal fistula is the main complication of faulty repair of 3rd/4th degree perineal tear.
Answer: (b)

26. Assertion (A): Colporrhexis is a rupture of the vaginal vault.
Reason (R): It occurs in multipara during normal labor and resembles a ruptured uterus.
Answer: (c)

27. Assertion (A): Placenta accreta is the leading cause of maternal death.
Reason (R): Placenta accreta is the cause of cesarean hysterectomy.
Answer: (d)

28. Assertion (A): B-Lynch sutures are applied in atonic PPH.
Reason (R): Sutures are applied over the cervix.

Answer: (c)

29. Assertion (A): Amniotic fluid embolism is termed anaphylactoid syndrome of pregnancy.

    Reason (R): It is fatal and characterized by sudden respiratory distress and coagulopathy.

    Answer: (a)

30. Assertion (A): OHSS is seen in PCOS in 10-13%.

    Reason (R): OHSS is seen in normal ovaries also.

    Answer: (b)

31. Assertion (A): Radiotherapy is indicated in CA cervix as a primary mode of treatment.

    Reason (R): Radiotherapy is used in postoperative cases.

    Answer: (b)

32. Assertion (A): Granulosa cell tumor of the ovary causes postmenopausal bleeding.

    Reason (R): Granulosa cell tumor secretes estrogen.

    Answer: (a)

33. Assertion (A): PAP smear is used as a screening test for endometrial carcinoma.

    Reason (R): HPV causes CA-cervix.

    Answer: (d)

34. Assertion (A): T-shaped uterus is a rare congenital malformation.

    Reason (R): In utero exposure of DES causes T-shaped uterus.

    Answer: (a)

35. Assertion (A): CA-125 is the most specific tumor marker of early-stage ovarian cancer.

    Reason (R): CA-125 can be elevated in benign conditions like endometriosis and Pelvic Inflammatory Disease.

    Answer: (d)

36. Assertion (A): In a 38-day menstrual cycle, ovulation is on the 14th day of the menstrual cycle.

    Reason (R): Ovulation occurs exactly on the 14th day of the menstrual cycle, whatever be the length of the menstrual cycle.

    Answer: (e)

37. Assertion (A): The occult stress test is performed after the reduction of pelvic organ prolapse to diagnose underlying stress urinary incontinence.

    Reason (R): Severe pelvic organ prolapse can cause urethral kinking, masking the symptoms of stress urinary incontinence.

Answer: (a)

38. Assertion (A): In androgen insensitivity syndrome, gonadectomy is done in childhood itself before puberty.

    Reason (R): The gonads in androgen insensitivity syndrome have a high risk of malignant transformation.

    Answer: (d)

39. Assertion (A): In a pseudo broad ligament fibroid, the ureter is displaced medially.

    Reason (R): Pseudo broad ligament fibroids arise from the smooth muscle cells in the broad ligament and grow towards the uterus, pushing the ureter medially.

    Answer: (e)

40. Assertion (A): Lactational amenorrhea method can be used effectively 9 months postpartum.

    Reason (R): High levels of Progesterone during this period help in preventing ovulation.

    Answer: (e)

41. Assertion (A): In adenomyosis, there is globular enlargement of the uterus.

    Reason (R): Adenomyosis presents with heavy menstrual bleeding and secondary dysmenorrhea.

    Answer: (b)

42. Assertion (A): The vaginal vault is sutured to uterosacral stumps following abdominal hysterectomy to prevent vault prolapse.

Reason (R): Uterosacral ligaments form level 1 support of the vagina according to De Lancey classification.

Answer: (a)

43. Assertion (A): PID commonly occurs in postmenopausal women.

Reason (R): Chlamydia trachomatis is the most common cause of PID.

Answer: (d)

44. Assertion (A): Mature cystic teratoma is the most common cause for torsion ovary.

Reason (R): Mature cystic teratoma is a benign germ cell tumor.

Answer: (b)

45. Assertion (A): Women who had a vesicular mole should be using an effective contraception during follow-up.

Reason (R): In the absence of follow-up, there is a high chance of developing choriocarcinoma in the future.

Answer: (c)

46. Assertion (A): Collagen disease is the most important

risk factor for prolapse.
Reason (R): Collagen disease results in the weakening of pelvic floor muscles.
Answer: (d)

Assertion (A): BRCA 1 mutation carriers have 35-40% lifetime risk of developing ovarian cancer.
Reason (R): Hysterectomy will prevent the development of cancer in these women.
Answer: (c)

Assertion (A): Candidal vaginitis is common in pregnancy.
Reason (R): In pregnancy, the pH is more acidic.
Answer: (a)

Assertion (A): Per rectal examination is an important step in clinical evaluation of CA cervix.
Reason (R): Rectal examination can detect parametrial spread and involvement of rectal mucosa.
Answer: (a)

Assertion (A): Colposcopy can be unsatisfactory in postmenopausal ladies.
Reason (R): The squamocolumnar junction recedes into the endocervical canal in them.

Answer: (a)

51. Assertion (A): During bimanual examination, if the mass is ovarian, the uterus can be felt separate from the mass.

 Reason (R): Transmitted mobility is felt in ovarian endometrioma adherent to the uterus.

 Answer: (b)

52. Assertion (A): Cervix is the leading point in vault prolapse.

 Reason (R): Cervix can be felt as a ring high up in partial uterine inversion.

 Answer: (d)

53. Assertion (A): The central portion of fibroid is less vascular and prone to degeneration.

 Reason (R): Hyaline degeneration is rare in fibroid.

 Answer: (c)

54. Assertion (A): Type 2 fibroid is submucosal pedunculated in nature.

 Reason (R): Hysteroscopic myomectomy is the treatment of choice in submucosal pedunculated fibroids.

 Answer: (d)

55. Assertion (A): Torsion ovarian cyst is one of the most

common causes of acute abdomen in the reproductive age group.

Reason (R): Dermoid cyst is the most common cyst undergoing torsion.

Answer: (b)

Assertion (A): Endometriosis is a leading cause for infertility in the reproductive age group.

Reason (R): Reduced functional ovarian tissue and inflammatory changes in the peritoneal fluid are among the causes for infertility in endometriosis.

Answer: (a)

Assertion (A): Treatment of adenomyosis is based on MUSA criteria.

Reason (R): Adenomyosis presents with heavy menstrual bleeding.

Answer: (d)

Assertion (A): Hot flushes are common after menopause.

Reason (R): Estrogen withdrawal happens in menopause.

Answer: (a)

Assertion (A): When pregnancy occurs with CuT in position, it should be left in situ.

Reason (R): CuT in situ does not lead to an increased risk of congenital malformation.

Answer: (d)

60. Assertion (A): Supravaginal elongation of cervix occurs in UV prolapse.

Reason (R): There is a gaping genital introitus but ligament support of the uterus is strong.

Answer: (d)

61. Assertion (A): A fibroid uterus can cause urinary symptoms such as increased frequency, difficulty in emptying bladder.

Reason (R): Fibroids which are large and impacted in POD can compress the bladder and lead to these symptoms.

Answer: (c)

62. Assertion (A): Individuals with Turner syndrome often have short stature.

Reason (R): Turner syndrome is caused by the complete or partial absence of X chromosome leading to short stature.

Answer: (a)

63. Assertion (A): Endometriosis is associated with infertility.

Reason (R): It causes anovulation in all patients.

Answer: (c)

64. Assertion (A): CA-125 is useful in screening ovarian cancer in the general population.
    Reason (R): CA-125 is elevated in many benign conditions.
    Answer: (d)

65. Assertion (A): Fibroids commonly cause menorrhagia.
    Reason (R): They increase endometrial surface area and vascularity.
    Answer: (a)

66. Assertion (A): HPV types 16 and 18 are associated with cervical cancer.
    Reason (R): These types integrate into host DNA and promote oncogenesis.
    Answer: (a)

67. Assertion (A): Adenomyomectomy is difficult when compared to myomectomy.
    Reason (R): Adenomyomas do not have a capsule or plane of cleavage unlike myomas.
    Answer: (a)

68. Assertion (A): In postmenopausal women, the endometrial thickness cut-off for suspected pathology is lower, at 4mm.
    Reason (R): Postmenopausal estrogen deficiency makes

the endometrium atrophic and thin.

Answer: (a)

69. Assertion (A): Mature cystic teratoma is a germ cell tumour and is benign.

Reason (R): Germ cell tumours are never malignant.

Answer: (c)

70. Assertion (A): Uterine artery embolization (UAE) can be done for all types and sizes of fibroids.

Reason (R): Post-embolization sepsis is a serious complication of UAE.

Answer: (d)

71. Assertion (A): Long-term progesterone supplementation leads to atrophy of the endometrium.

Reason (R): The LNG-IUS releases levonorgestrel directly into the uterus for a prolonged period.

Answer: (b)

72. Assertion (A): Chronic Pelvic Pain (CPP) is often a cry for help, and indicates an underlying disorder, most often marital disharmony, alcoholism, or domestic violence.

Reason (R): CPP causes are multiple and heavily influenced by women’s central sensitization; a stepwise approach is essential.

Answer: (d)

73. Assertion (A): Congenital hypogonadotrophic hypogonadism is a cause of primary amenorrhea.

    Reason (R): Hypogonadotrophic hypogonadism is seen in Kallmann syndrome.

    Answer: (b)

74. Assertion (A): Combined contraceptive pills reduce the risk of endometrial cancer.

    Reason (R): Combined contraceptive pills are the best choice in treating endometrial hyperplasia.

    Answer: (c)

75. Assertion (A): Submucosal fibroids cause heavy menstrual bleeding.

    Reason (R): Subserosal fibroids increase the endometrial thickness.

    Answer: (c)

76. Assertion (A): Primary amenorrhoea occurs in Mullerian anomalies.

    Reason (R): Mullerian anomalies can present as a vaginal septum.

    Answer: (b)

77. Assertion (A): PCOS is associated with carcinoma of the endometrium.

    Reason (R): In PCOS, there is anovulation.

    Answer: (a)

78. Assertion (A): Carcinoma of the cervix has a dual peak in age incidence.

    Reason (R): HPV causes carcinoma of the cervix.

    Answer: (b)

79. Assertion (A): The combined oral contraceptive pill can be given during lactation.

    Reason (R): The combined oral contraceptive pill causes VTE (Venous Thromboembolism).

    Answer: (d)

CASE BASED QUESTIONS

1. **Clinical Scenario:** A 19-year-old female presents with primary amenorrhea. General examination reveals Tanner Stage 1 breasts and pubic hair. Pelvic examination shows female external genitalia and a small-sized uterus.

A) What is the diagnosis?

a. Mullerian Agenesis

b. Turner's syndrome

c. AIS

d. Constitutional delay

Answer:b

B) What is the karyotype of this girl?

a. 45,XO

b. 46,XY

c. 46,XX

d. 45,XXY

Answer:a

C) All are true about this condition except:

a. Short stature

b. Normal-sized ovaries

c. Serum FSH levels elevated

d. Tanner's stage 1 or 2

Answer:b

D) Management of this condition is:

1. Vaginoplasty
2. Hormonal therapy
3. Gonadectomy once diagnosis is made
4. Hymenectomy

a. 1 only

b. 1, 2, 3

c. 2 only

d. 2, 3, 4

Answer:b

E) All are indications of surrogacy except:

a. Mullerian Agenesis

b. Gonadal Dysgenesis

c. AIS

d. POF

Answer: d

2.Clinical Scenario: A 35-year-old lady presents to the casualty with bleeding per vagina following two months of amenorrhea. HPT (Urine pregnancy test) was positive. History of the passage of grape-like vesicles.

A) What is your diagnosis?

a. Missed abortion

b. Septic abortion

c. Vesicular mole

d. Vanishing twin

Answer:C

B) What is the characteristic finding of this condition?

a. Ring of fire

b. Lambda sign

c. Snow storm

d. Empty uterus

Answer:c

C) What is the initial management of this condition?

a. Expectant management

b. Suction evacuation

c. Hysterectomy

d. Chemotherapy

Answer:b

D) Which of the following is a risk factor for developing hydatidiform mole?

a. Advanced maternal age

b. Multiparity

c. Low socioeconomic status

d. Previous caesarean

Answer:a

E) Which of the following is a characteristic feature of a complete hydatidiform mole?

a. Presence of fetal parts

b. Normal fetal heart activity

c. Diploid karyotype
d. Low beta hCG
Answer:c

3.Clinical Scenario: G2P1L1 with breech presentation in labour.

a. Name the manoeuvre to deliver the nuchal arm in breech.
Answer:Lovset's manoeuvre
b. Name the instrument used to deliver the aftercoming head. Answer:Piper forceps
c. Name the different types of breech. Answer:Frank breech (Extended breech) Complete breech (Flexed breech) Incomplete breech (Footling breech)
d. Give any 2 fetal complications in breech delivery.
Answer:Fetal complications: Intracranial hemorrhage (due to rapid compression/decompression of the head)
e. Give any 2 maternal complications in breech delivery.
Answer: Soft tissue lacerations (cervical, vaginal, or perineal tears)& Postpartum hemorrhage.

4.Clinical Scenario: A 67-year-old patient presents with postmenopausal bleeding per vagina.
A) What is the most common cause of PMB?

a. Ca cervix

b. Atrophic vaginitis

c. Endometrial polyp

d. Ca endometrium

Answer:b

B) Risk factors for Ca cervix include all except:

a. Multiple sexual partners

b. HPV infection

c. H/o smoking

d. Intake of OCPs

Answer:d

C) All are true in Postmenopausal bleeding except:

a. Atrophic vaginitis

b. HPV infection

c. Ca endometrium

d. Intake of OCPs

Answer:c

D) Management of Stage IA Ca cervix is:

a. Chemotherapy

b. Type II Hysterectomy + BSO

c. Type III Hysterectomy + BSO

d. Chemo-radiation

Answer:b

E) Indications for colposcopy are all except:

a. CIN I

b. HSIL

c. LSIL

d. Inflammatory cervix

Answer:d

5.A 30-year-old primigravida underwent vaginal delivery. After 2 hours, she complains of tiredness and pain along the episiotomy site. Vitals: PR 120 bpm, BP 80/50 mmHg. P/A: uterus well contracted. L/E: clots seen coming out from introitus and a tense swelling noted in the lateral vaginal wall.

1) What is your diagnosis?

a. Atonic PPH

b. Rupture uterus

c. Pelvic hematoma

d. Retained Placenta

Answer:c

2) Any PPH after the first 24 hrs of delivery and within 6 weeks is called:

a. Reactionary hemorrhage

b. Secondary PPH

c. Primary PPH

d. Atonic PPH

Answer:b

3) What is Third stage hemorrhage?

a. Bleeding following Placenta delivery

b. Bleeding before Placenta delivery

c. Bleeding after cervix is fully dilated

d. Bleeding when cervix is 5 cm dilated

Answer:b

6.Clinical Scenario: A 65-year-old postmenopausal woman with abdominal distension, dyspepsia, and weight loss presents to the OPD. On examination: ascites positive, fixed solid cystic mass of 10x10 cm in the right iliac fossa.

A) What is the probable diagnosis?

a. Ovarian malignancy

b. Endometrial Malignancy

c. Cervical malignancy

d. None of above

Answer:a

B) What are the components of RMI?

a. USG findings

b. CA 125

c. Menopausal status

d. All of the above

Answer:d

C) What is the management of stage IA disease?

a. Staging laparotomy

b. Cytoreductive surgery

c. Cervical Malignancy

d. Neo-adjuvant chemotherapy

Answer:a

D) What is the tumour marker of epithelial ovarian cancer?

a. CA 125

b. CEA

c. CA 19.9

d. Inhibin

Answer:a

E) Retroperitoneal lymph node involvement in ovarian carcinoma belongs to stage:

a. I

b. II

c. III

d. IV

Answer:c

7.Clinical Scenario: A 66-year-old postmenopausal P4L4 presents with a 5-year history of mass descending per vaginum. Examination reveals complete uterovaginal prolapse with the uterus outside the introitus and a decubitus ulcer on the cervix. Bimanual examination allows approximation of fingers above the uterine fundus.

a. How should the decubitus ulcer be managed?

Answer:Local cleaning, packing, and topical estrogen application.

b. What is the most appropriate surgical management if she is fit for surgery?Answer:Vaginal hysterectomy with pelvic floor repair (Ward Mayo operation).

c. What is the alternative management if she is unfit for surgery due to multiple comorbidities?

Answer:Vaginal Pessary

d. What procedure can be offered to a 30-year-old P1+1 with infravaginal cervical elongation who wishes to retain menstrual and fertility function? Answer:Manchester (Fothergill) Operation or Sling surgery.

e. Name a surgical option for nulliparous prolapse.Answer:Sacrohysteropexy or Abdominal sling surgery.

8.Clinical Scenario: A 16-year-old girl presented to the adolescent clinic with complaints of primary amenorrhea and lower abdominal pain once a month. On examination, she has normal secondary sexual characters and height. Examination of external genitalia revealed a bluish bulging membrane at the vaginal opening.

A) The most likely diagnosis is:

a. Turner's syndrome

b. Imperforate hymen

c. Mayer Rokitansky syndrome

d. Congenital adrenal hyperplasia

Answer:b

B) What is the likely finding on ultrasound?

a. Hematocolpos

b. Hematosalpinx

c. Tubo ovarian mass

d. Absent uterus

Answer:a

C) Which of the following is another presentation of this condition?

a. Hirsutism

b. Anaemia

c. Urinary retention

d. Discharge per vagina

Answer:c

D) What is the definitive management of this condition?

a. Cruciate incision and drainage

b. Vaginoplasty

c. Progesterone therapy

d. GnRH analogue therapy

Answer:c

E) The following condition is a complication in severe cases:
a. Endometrial hyperplasia
b. Endometrial cancer
c. Endometriosis
d. Endometrial atrophy
Answer:c

9.Case Study: PCOS Presentation

Clinical Scenario: A 30-year-old nulliparous lady, married for 2 years, who is anxious, comes to the OPD. O/E: BMI 31 kg/m², hirsutism.
1) What is the most probable diagnosis?
a. Endometriosis
b. PCOS
c. Adenomyosis
d. MRKH syndrome
Answer:b
2) Name the criteria used for its diagnosis:
a. RIFLE criteria
b. Spiegelberg criteria
c. Rotterdam criteria
d. Sapporo criteria
Answer:c
3) Modified Ferriman-Gallwey score is used for the assessment of:

a. Acne

b. Hirsutism

c. Alopecia

d. None

Answer:b

4) Morbidities associated with this condition are all except:

a. Endometrial hyperplasia

b. Type 2 DM

c. Obstructive sleep apnea

d. Premature ovarian insufficiency

Answer:d

5) Drug to be used for ovulation induction in the patient:

a. Cetrorelix

b. Letrozole

c. Danazol

d. Dienogest

Answer:b

10. A 35-year-old woman presents with secondary amenorrhea, fatigue, and inability to lactate. Investigation shows low FSH, LH, ACTH, TSH. What is the most likely diagnosis?

a. Asherman syndrome

b. Sheehan syndrome

c. Functional hypothalamic amenorrhea

d. Premature ovarian insufficiency
Answer:b

11. A 40-year-old parous woman suffering from heavy menstrual bleeding & severe dysmenorrhea. Bimanual examination revealed a 10-week, regular size, mobile tender uterus. She wants to conserve her uterus. What is the most appropriate treatment?
a. Thermal ablation
b. Combined oral contraceptive
c. LNG-IUS
d. GnRH analogue
Answer:c

12. A 30-year-old nulliparous woman is diagnosed to have third-degree uterovaginal prolapse. On evaluation, cervical length is normal. Name the apt treatment for this woman.
a. Khanna sling
b. LeFort colpocleisis
c. Fothergill's operation
d. Amputation of cervix
Answer:a

13. A 17 year-old girl c/o excessive menstrual bleeding for the last 2 years. Her cycles were irregular. O/E secondary

sexual characters are well developed. What is the most probable diagnosis?

a. Fibroid uterus

b. Adenomyosis

c. Endometrial polyp

d. Anovulation

Answer:d

14. A 26-year-old girl, married 4 years c/o inability to conceive. On evaluation, she is found to have PCOS. Which drug is advisable for these women as a first-line treatment for infertility?

a. Letrozole

b. Clomiphene citrate

c. Bromocriptine

d. Leuprolide

Answer:a

15.Clinical Scenario: Mrs. X, 28 years, Para 1, Live 1, not using any contraceptive measures, comes with two months amenorrhea and bleeding p/v for 7 days.

1) What primary investigation will you do?

a. Serum FSH

b. Urine HCG

c. Serum progesterone

d. Urine LH

Answer:b

2) Which of the following conditions will not reveal any abnormality in ultrasound imaging of the uterus?

a. Endometrial hyperplasia

b. Submucus fibroid

c. Coagulopathy

d. Endocervical polyp

Answer:c

3) If the endometrium is 18 mm thick and heterogeneous, what investigation will you suggest?

a. 3D ultrasound

b. Saline infusion sonogram

c. MRI imaging of uterus

d. Endometrial aspiration

Answer:d

4) If a premalignant lesion has been excluded and she wishes to conceive, what will be the treatment option?

a. Danazol

b. Letrozole

c. LNG IUS

d. Natural progesterone

Answer:b

5) If the patient does not want to conceive, what is the treatment option?

a. GnRH agonist
b. GnRH antagonist
c. Estrogen-progesterone combination tablets
d. Clomiphene citrate

Answer:c

16.Clinical Scenario: A 78-year-old parous lady presented to the gynecology OPD with complaints of mass descending per vagina and difficulty in initiating micturition.
a. Name the latest quantitative classification of prolapse.
Answer:POP-Q
b. Name of the surgery performed in this patient.
Answer:Vaginal hysterectomy with pelvic floor repair
c. Name 4 complications associated with the procedure.
Answer:Hemorrhage, Bladder Injury, Recurrence of Prolapse, Dyspareunia/Vaginal Shortening
d. Name 2 procedures done in nulliparous prolapse.
Answer:Sacrohysteropexy, Manchester Operation
e. Name an alternative option for this patient.
Answer:LeFort Colpocleisis

17.Clinical Scenario: A mother brings her 19-year-old daughter to your clinic with complaints that she hasn't started having menses. General examination reveals normally developed breasts and pubic hair. On pelvic examination, the vaginal ending is blind and the uterus is not palpable.

i. What is the diagnosis?

a. Mullerian Agenesis

b. Turner's syndrome

c. AIS

d. Gonadal dysgenesis

Answer:a

ii. What is the karyotype of this girl?

a. 45,XO

b. 46,XY

c. 46,XX

d. 45,XXY

Answer:c

iii. All are true about this condition except:

a. 46,XX

b. Barr body positive

c. S. Testosterone normal for females

d. Tanner's stage 1 or 2

Answer:d

iv. Management of this condition are all except:

1. Vaginoplasty
2. Lifelong Hormonal therapy
3. Gonadectomy once diagnosis is made

4. Hymenectomy
   a. 1 only
   b. 1, 2, 3
   c. 1 and 4
   d. 2, 3, 4

Answer:d

v. **All are indications of surrogacy except:**
   a. Mullerian Agenesis
   b. Gonadal Dysgenesis
   c. AIS
   d.POF

Answer:d

18.A 58-year-old postmenopausal woman (P2L2) presents with progressive abdominal distension for 4 months, early satiety, bloating, and fatiguability. On examination, her BMI is 31 kg/m². Per abdomen: Distended, fluid thrill present. Pelvic exam: Bilateral adnexal masses, irregular, restricted mobility. Left supraclavicular lymph node is palpable.

1. **Most likely diagnosis:**

A. Benign cystadenoma
B. Borderline ovarian tumor
C. Advanced epithelial ovarian carcinoma
D. Krukenberg tumor

Answer:c

2. Most likely FIGO stage:

A. Stage II

B. Stage IIIA

C. Stage IIIC

D. Stage IV

Answer:d

3. Most likely histological subtype:

A. Mucinous carcinoma

B. Endometrioid carcinoma

C. High-grade serous carcinoma

D. Clear cell carcinoma

Answer:c

4. Most appropriate chemotherapy regimen:

A. Methotrexate + actinomycin D

B. Carboplatin + paclitaxel

C. Bleomycin + etoposide

D. Cisplatin alone

Answer:b

5. Most important factor determining prognosis:

A. CA-125 level

B. Histological type

C. Residual disease after cytoreduction

D. Presence of ascites

Answer:c

19.A 45-year-old multiparous lady presents with complaints of a mass coming down per vaginum for the past 2 years.

1. Which of the following may NOT be a differential diagnosis?

A. Uterovaginal prolapse

B. Prolapsed fibroid polyp

C. Vault prolapse

D. Chronic inversion of uterus

Answer:c

2. To differentiate between 3rd-degree uterovaginal prolapse and procidentia, we use:

A. Inspection and visualize cervix as the leading point

B. Palpate and approximate the fingers above the fundus

C. Palpate bimanually to confirm the presence of uterus in the pelvis

D. Using a sound assess the length of the cervix and uterus

Answer:b

3. The definitive management of uterovaginal prolapse is:

A. Space-occupying pessary

B. Kegel’s strengthening exercises

C. Surgical reconstruction

D. Local estrogen application

Answer:c

4. Which of the following is FALSE regarding chronic uterine

inversion?

A. The mass seen outside does not have a smooth surface with rugosities

B. Uterine body will not be felt on bimanual examination

C. Uterine sound can be passed into the cavity of uterus

D. Dilated cervical ring can be felt high up

Answer:c

5. All are true regarding the management of decubitus ulcer EXCEPT:

A. Reducing the venous congestion helps in the healing of decubitus ulcer

B. Venous congestion can be relieved by keeping the prolapse reduced

C. The chance of malignancy transformation of decubitus ulcer is very high

D. Prolapse can be kept reduced by packs or pessaries

Answer:c

20.A mother brings her 19-year-old daughter to your clinic with complaints that she hasn’t started having menses. On examination: Breasts normally developed; pubic hair present. The vagina ends in a blind pouch and the uterus is not palpable.

1. What is the diagnosis?

A. Androgen Insensitivity Syndrome (AIS)

B. Mullerian Agenesis

C. Turners Syndrome

D. Polyhydramnios

Answer:B

2. What is the girl's karyotype?

A. 45 XO

B. 46 XY

C. 46 XX

D. 45 XXY

Answer:C

3. All are true about this condition EXCEPT:

A. 46 XX

B. Serum testosterone normal for female

C. Barr body positive

D. Tanner’s stage 1 or 2

Answer:d

4. Management of this condition includes all EXCEPT:

(1) Vaginoplasty

(2) Lifelong Hormonal therapy

(3) Gonadectomy once diagnosis is made

(4) Hymenectomy

A. 1 only

B. 1, 2, and 3

C. 1 and 4

D. 2, 3, and 4

Answer:d

5. All are indications for surrogacy EXCEPT:

A. Mullerian agenesis

B. AIS

C. Gonadal dysgenesis 46 XY

D. Premature Ovarian Failure (POF)

Answer:D

21.A 42-year-old multiparous lady presents to the OPD with Heavy Menstrual Bleeding (HMB) for the last 6 months. On examination, there is a 24-week size mass palpable per abdomen.

16. What is the most probable diagnosis?

A. Adenomyosis

B. Fibroid uterus

C. Ovarian cyst

D. Mesenteric cyst

Answer:b

17. Which is the most common diagnostic test in this case?

A. X-ray abdomen

B. MRI pelvis & abdomen

C. USG pelvis & abdomen

D. CECT abdomen

Answer:c

18. She can develop the following complications EXCEPT:

A. Anaemia

B. Polycythaemia

C. Congestive Cardiac Failure (CCF)

D. Hepatic failure

Answer:d

19. Her chance of developing malignancy is:

A. 4-5%

B. 10-20%

C. 0.5-1%

D. 6-8%

Answer:c

20. What is the treatment in this case?

A. Myomectomy

B. TAH + BS

C. TAH + BSO

D. Vaginal hysterectomy

Answer:b