

Obgyn 5th year archive 16/5/2024

Obstetrics questions

1. by palpation of coronal, frontal and sagittal sutures u locate :

Anterior fontanelle

2. Distance from sacral promontory to undersurface of symphysis pubis :

- diagonal conjugate diameter

3. Vacuum is less likely to cause this compared to forceps :

Perineal valvular trauma

4. Minimal GA to use vacuum ?

- 36 wks

- 34 weeks ✓

- 38 wks

5. True about bishop score ?

- subtract 1 for nulliparity

6. Contraindication for induction of labor:

- placenta previa

7. Low risk women, G3P2, admitted to labor+ progressing well,

On hour ago—> cervix was 8cm, station=+1, and the pt. was on epidural analgesia,

CTG—> baseline heart rate= 155+ early decelerations in last 30 m, your management?

- Answer: continue monitoring, do nothing

8. YOUR NEXT STEP:

30 y/o G3P0+2, GA=35, come to ER because she did not feel fetal movement for 24,

US of 32 week—> breech baby+ EFW on 20th centile,

NST—> baseline FHR= 130 with moderate variability and no decelerations or accelerations for 1 hour

- do biophysical profile ✓

- urgent CS

9. 35y/o, G2P1, GA=29,

CC—>gush of fluid

Examintaion—> normal vitals, no uterine contractions, closed cervix

Your next step?

- Antibiotic + antenatal corticosteroids + inpatient monitoring ✓

10. Case about IOL

After spontaneous ROM

FHR drop from 155 to 80 bpm

The most appropriate management?

-perform vaginal ex ✓

-stop oxytocin infusion

-IV fluid

11. Case about IOL ,

Fetal HR 180 bpm

Reduced variability

Unprovoked persistent deceleration

Next step!

- category 1 emergency CS

12. 8 cm dilated and stopped, deflexed, occiput posterior..?

Mento vertical

Submentobregmatic

Occipitofrontal ✓

13. Engagement diameter of face presentation?

Submentobregmatic ✓

14. True about face presentation?

- 5%

- Denominator is nose

- Mentovertical 13 cm

- Only mento anterior can be delivered vaginally ✓

15. First baby was delivered half an hour ago in cephalic presentation, how to deliver 2nd twin if it was transverse?

Internal podalic version with breech delivery

16) 37 week GA and heart beat is auscultated above umbilicus?

Do nothing ✓ (still have time to become cephalic)

Ecv

17. G2 GA 15week, she lost her first fetus at 30 week, she is concerned about losing this baby, how would you counsel her?

bed rest

Vaginal progesterone every night from 20 to 34 weeks reduces PTB by 25% ✓

Measurement of cervical length every 2 weeks between 24 and 34 weeks

18. GA 34 weeks and absent diastolic flow week 34?

Induction at 34

Cs at 34 ✓

Give steroid and wait a week

19. Most common obstetric procedure that causes amniotic fluid embolism?

Induction of labor ✓

ECV

20. 20 year old female with DM1,

Present at 32 weeks of gestation with regular painful contractions+closed cervix+ 80% effacement, whats your mangment plan

- Antibiotic + antenatal corticosteroids + inpatient monitoring

21. 24y primi, her pregnancy was confirmed by US at 12 week,

Present at GA= 30 and her last visit was 8 weeks ago. No medical problems+ normal BMI.

By abdominal exam—> distended uterus+ fundal hight reaches th xiphisternum, your next step

- arrange for ultrasound

22. After chemotherapy for complete mole, how long should the pt. wait to conceive?

- 12 months

23. Regarding megaloblastic anemia:

- b12 deficiency is associated with fetal spina bifida

24. Mc complication in diabetes complicated preg ?

- neural tube defect

- cardiac defect ✓

25. pt known cause of hypertension on methyldopa , 13 wk GA , came to clinic 140/90 bp , renal function normal , what is most likely complication?

- fetal heart defect

- preterm labor ✓

26. Non sensitized Rh- pregnant admitted at 34 weeks with moderate amount of vaginal bleeding.

She is stable+ bleeding was stopped, specific test to request

- Anti-d titer ✓

- Kleihauer betke test

عشان لازم نعرف اذا صارت sensitised

27. Pregnant female at term presented with regular contraction and 2 cm dilated, what is the diagnosis?

- latent phase of labor

28. Pregnant female in active phase of first stage of labor, normal progression of labor, what is your management?

- admission, analgesia and active management of first stage

29. Not a cause of bleeding in placenta previa?

- couvelaire uterus ✓

- poor Contraction of lower uterine segment

- large surface of placenta

30. How would you suspect vasa previa antenatally?

Succenturiate lobe of placenta

31. YOUR NEXT STEP

29 y/o primi come for antenatal clinic for regular visit, No abdominal pain, no bleeding, good fetal movement,

Deepest vertical pocket= 1.5+ vertex presentation

- biophysical profile

32. Uterine rupture most common/specific clinical feature?

CTG abnormalities ✓

Loss of fetal station

Acute scar tenderness

Loss of contractions

33. In low risk women:

Indication to switch from intermittent auscultation to continuous electronic monitoring?

- oxytocin infusion

34. Case of small gestational age + ventricular septal defect?

1. trisomy 21 ✓

2. trisomy 18

35. Case of double bubble sign, what is this most indicative of?

Trisomy 21

36. Case of polyhydramnios, what missing in US?

1. Bladder.

2. kidney

3. esophagus ✓

37. In APH case , after resuscitation one of these cases is not enough to consider termination?

- premature baby

38. Twins with T Sign on ultrasound, which of the following is true:

1. 15% associated with TTTS ✓

2. TTTS less associated with MC

3. Need special US

39. Case of antiphospholipid syndrome, what is false?

Treatment with steroid and aspirin ✓

LMWH postpartum for 6w

risk for miscarriage

stop warfarin in pregnancy

40. One true about physiology of pregnancy?

a. blood volume increase 10% in pregnancy

b. decrease progesterone and placenta lactogen

c. peak of vasodilation 32w

d. decrease in vasopressin

e. activation of RAS system due to peripheral vasodilation ✓

41. Women with takes methotrexate, one true?

1. stop 3m before pregnancy ✓

2. stop 6m before pregnancy

42. A patient with SLE taking NSAID, which of the following is correct about NSAID in pregnancy?

Can be used only in the 1st and 2nd trimester

43. 900 hcg - empty uterus - no adnexial mass, your management?

Repeat hCG after 2 days

44. Dm2 patient ... before pregnancy was on metformin , 2 dose insulin injection added in pregnancy. She plans to breastfeed, how to manage?

Stop the insulin and go back to prepregnancy metformin ✓

Stop metformin and continue insulin

Insulin for 2 weeks then metformin

45. Breech delivery .. maneuver to deliver hand?

Lovesett maneuver

46. True regarding Complete molar?

Ass with Atypia

30% gtd

Considered triploidy

Can coexist with normal pregnancy ✓

47. Definition of perinatal mortality

All stillbirths and deaths in first week of life/1000

48. Electrolyte imbalance with HG?

Hypokalemia hyponatremia hypochloremic metabolic alkalosis

49. What protein is in amniure?

placental alpha microglobulin-1 protein (PAMG-1)

50. Fibronectin?

Produced by amniocytes and cytotrophoblast ✓

If positive means labor will occur

-

Gynecology questions

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51. POP:

Aa= 0, Ba= 0, C=-5

D=-7, Ap= -2, Bp=-2

TVL= 9, gh= 4, pb= 3

Pt. choose to go for surgical management,

What's your correct dx and surgical mx

- stage 2 cystocele , anterior repair

52. 50 year old, urgency, frequency, Nocturia, complete bladder emptying?

-stop caffeine and excessive fluid intake and anticholinergic drug ✓

- urodynamic testing

53.. Female presents with multiple painful ulcers with lymphadenopathy, the ulcers are well demarcated with yellow base, what is the causative organism?

Hemophilis ducreyi ✓

54. 40 y/o complains of burning+ stinging in vulva, no neurological conditions, no visible lesions, Dx?

- Vulvodynia ✓

- Lichen planus

- Herpetic neuralgia

55. Mirabegron?

Antimuscrinic

Beta 1 adrenergic

Beta 2 adrenergic

Beta 3 adrenergic ✓

56. Counsel a patient with asymptomatic UTI?

Antibiotic tx is important to decrease risk of renal disease

57. In urodynamic testing, how to measure detrusor pressure?

Abdominal pressure minus vesicular pressure

58. Follicular phase is characterised by :

Endometrial proliferation

59. Luteal phase is characterised by :

- high progesterone

60. IUI is indicated in :

- cervical factor infertility

61. Mechanism of emergency contraception

- interrupt early pregnancy ✓

- inhibit ovulation

62. Cervical mucus at ovulation is characterised by:

- acidic

- positive fern test ✓

63. One of these suggests ovulation?

Drop of atleast .5 c by second half of cycle

64. 19 yrs old come with primary amenorrhea, Tanner 4 breast development with pelvic kidney??

Mullerian dysgenesis

65. 8 year female, with vaginal bleeding and breast development?

Unexplained precocious puberty

66. Absolute contraindication for progestin only pills?

Unexplained uterine bleeding

67. Amenorrhea for 6 months after d&c? Diagnosis and investigation?

Asherman with hysteroscopy

68. Multiparous... uniformly enlarged uterus...?

Adenomyosis ✓

69. One of these is a candidate for intrauterine contraceptive device?

Previous ectopic

Rheumatic heart disease ✓

Valvular heart disease

After septic abortion

Active PID

70. 34 y/o try to conceive for 3y, Heavy smoker, drinks 5 cups of coffee daily, her period is regular, Correct counseling?

- Even though her cycle is regular she needs progesterone testing to confirm ovulation

71. 19 unmarried vaginal bleed spotting - one week after mense

- ectopic

- Ovarian torsion

- Ovulatory ✓

- Mild pid

72. Case with urinary frequency and suprapubic pain,

- acute cystitis

73. Osteoporosis diagnostic value?

-2.5 ✓

-5

74. Raloxifene?

- progesterone receptor modulator
- Reduce risk of vertebral fracture ✓
- Inc risk of breast cancer

75. Most cost effective solution for heavy menstrual bleeding for a 50 year old with uterine fibroid?

- hysterectomy
- GnRH agonist ✓
- levonorgestrel Intrauterine device

76. Cause of amenorrhea in a patient who had postpartum hemorrhage?

Sheehan

77. Patient stopped breastfeeding 2 years ago and she has Galactorrhea?

- Hypothyroid
- hyperprolactinemia ✓

78. Unusual symptom of Ovarian cancer?

Chest pain ✓

Abd pain

Abd distention

Weight loss

Intestinal obstruction

79. Ovarian cancer most important risk factor?

Age ✓

Parity

80. Patient with HMB ... do endometrial biopsy if..?

Heavy since menarche

endometrial thickness of 7mm

If she has intermenstrual bleeding ✓

81. Endometrial cancer with less than 50% myometrial invasion?

Tah+ bilateral salpingo oophrectomy

82. Staging of cervical cancer 5 cm in the posterior fornix with parametrium extension?

Stage 2B

83. Correct?

Atypical endometrial hyperplasia is most likely to progress to cancer ✓

Endometrial hyperplasia is irreversible

84. Most common vulval cancer?

Squamous cell carcinoma

85. Patient needs to have laproscopy but she has midline incision. What's the best entry fr the needle?

Palmar point

86. 50Y old underwent loop 10 years ago. Her pap smears are negative since then. Counsel her...

- Pap smear every 3 years until age 65y ✓
- Pap smear annually for the reat of her life
- Co-test hpv if negative dont do pap smear anymore
- Hysterectomy

87. Regarding colposcopy?

Normal acetic acid if white

Normal lugol iodine if yellow

Only done for cervix

Non satisfactory means not all transformation zone was taken ✓

88. How to differentiate between invasive & benign ovarian mass?

-High Vascularity

- partial cystic partial solid ✓

-edema cystic

-complex

89. pap smear result is CIN III, what is the next step?

Coloscopy with biopsy

90. Regarding Bronchial asthma, what is contraindicated?

Pge2 ✓

Salbutamol