

Question bank

OBSTETRICS & GYNECOLOGY

Mutah University - Medical School

2nd Edition

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OB/GYN

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لطلبة السنة السادسة (دفعة 2014) وطلبة السنة الرابعة (2016)

6th year -2020

Done by: Ibrahim Ghayyadah & Tareq abu-libdeh

1. Delay in the second stage of labor may be due to the followings, except:

- a. Rigid perineum
- b. An umbilical cord one time around the neck of the fetus ✓**
- c. Mento- anterior face presentation
- d. An effective epidural analgesia
- e. Maternal exhaustion

2. A 17-year-old girl attends the gynaecology clinic with her mother as being referred from her general physician. The girl has primary amenorrhea. On examination, the secondary sexual characteristics are absent. Reviewing the ordered investigations, she has low FSH/LH and estradiol, with normal T4, prolactin and testosterone. The most likely diagnosis is:

- a. Gonadal dysgenesis
- b. Congenital absence of uterus
- c. Androgen insensitivity
- d. Kallman's syndrome ✓**
- e. Turner syndrome

3. A 35-year-old patient with idiopathic hyperprolactinemia attended gynaecology clinic. You prescribed Cabergoline treatment. Dosage of cabergoline for management of hyperprolactinemia is:

- a. 0.5-1.0 mg once daily
- b. 0.5-1.0 mg once daily
- c. 0.5-1.0 mg twice weekly ✓**
- d. 0.5-1.0 mg on alternate days
- e. 1.0 mg every fortnight**

4. A 35 weeks' pregnant diabetic, presented to the emergency room complaining of a decrease in the fetal movements since one day. The patient is very worried as she googled that fetal movements reflect its well being and asked for a test to check her baby. The doctor on call ordered a non-stress test which was nonreactive. What should be your next step?

- a. Induction of labor
- b. Cesarean section ✓**
- c. Repeat non-stress test after one hour
- d. Proceed to biophysical profile**
- e. Do contraction stress test

5. A 31-year-old primigravida at her 22 weeks' gestation, came to clinic after doing maternal serum alpha-fetoprotein and it was high. She started taking folic acid in her second month of pregnancy. Which of the following is the most appropriate next step in management?

- a. Repeat the test**
- b. Perform amniocentesis for chromosomal abnormality
- c. Perform amniocentesis to evaluate alpha-fetoprotein in amniotic fluid
- d. Do obstetric ultrasound examination ✓**
- e. Reassure her that there is no increased risk of congenital anomaly

6. A 64-year-old woman presents to the clinic with vaginal bleeding “spotting” that has occurred daily for 1 month. Her last menses was at age 50 and she has been healthy during her entire life. Which of the following is the most likely diagnosis?

- a. Atrophic vaginitis ✓
- b. Endometriosis
- c. Uterine leiomyoma
- d. Endometrial carcinoma
- e. Polycystic ovarian syndrome

7. Regarding trophoblastic disease:

- a. The most common chromosomal pattern of a complete mole is 46 XY
- b. Post evacuation plateau of serum B- hCG for 4 reading is diagnostic of malignant GTN ✓
- c. Embryonic tissues is often present in complete moles
- d. The chromosomal pattern in a partial mole is diploid
- e. In cases of partial mole, the fetus never survives to term

8. Spermatogonia matures into Spermatozoa in:

- a. 14 days
- b. 40 days
- c. 72 days
- d. 96 days
- e. 120 days ✓

9. One of the following is not considered to be a risk factor for endometrial cancer:

- a. Obesity
- b. Chronic anovulation
- c. Granulosa cell tumor of the ovary
- d. Smoking ✓
- e. Lynch syndrome

10. A 32-year-old patient, P2+0, attends your clinic complaining of heavy irregular periods for the last 6 months, her haemoglobin is 10.2 g/dl. Abdominal and pelvic examination shows no abnormality, her pregnancy test is negative. Ultrasound examination shows no abnormality in the uterus and ovaries. The next step is to do:

- a. Pap smear
- b. Colposcopy
- c. Hysteroscopy ✓
- d. Endometrial biopsy
- e. Hysterectomy

11. Regarding uterine fibroid:

- a. The main manifestation of sub-serosal uterine fibroid is abnormal uterine bleeding.
- b. The main manifestation of sub-mucosal uterine fibroid is pelvic pressure.
- c. The majority of patients are complaining from abnormal uterine bleeding. ✓
- d. Long acting progestin-only contraceptives protect against development of leiomyomas.
- e. Uterine fibroids are the most common abdominal mass in women in reproductive age group.

12 After vasectomy, sperms can be detected in ejaculate up to:

- a. 1 day
- b. 1 week
- c. 2 weeks
- d. 1 month
- e. 3 months ✓**

13. A 24-year-old single patient attended gynaecology clinic complaining of hirsutism and oligomenorrhoea, and was diagnosed to have PCOS. Her hormonal profile usually shows:

- a. High FSH
- b. Normal serum estradiol ✓**
- c. Low serum estrone
- d. Normal serum LH
- e. Low serum testosterone

14. A 30-year-old multiparous woman presents to the gynaecology clinic for regular check up. Nothing was significant in the history or physical exam. Her ultrasound scan showed a 5 cm unilocular cyst in the left ovary. The most appropriate line of management would be:

- a. Laparotomy and cystectomy**
- b. Laparotomy and unilateral salpingeo-oophorectomy
- c. Laparoscopic aspiration of the cyst
- d. Observation to see if it disappears by itself in three months ✓**
- e. Hysterectomy and bilateral salpingeo-oophorectomy

15. Regarding cervical cancer screening:

- a. Pap smear Screening is started at the age of 18 regardless of the onset of sexual activity
- b. Conventional Pap smear needs centrifugation for the preparation of the slide**
- c. HPV DNA testing is recommended in the management of smears showing HSIL
- d. Pap smear screening should be continued in women receiving HPV vaccines ✓**
- e. HPV vaccines can prevent 100% of cervical cancers if administered on national basis

16. Regarding management of multiple gestation:

- a. A second twin in transverse lie is indication for cesarean section.
- b. Best mode of delivery of twins in breech/cephalic presentation is by vaginal delivery.
- c. Bed rest decrease preterm delivery.
- d. Risk of obstetric complications is increased. ✓**
- e. If first twin is breech, external cephalic version can be attempted.

17. During routine antenatal care for asymptomatic full term pregnant woman, she is found to have a 2 cm dilated and 50% effaced cervix. The head is engaged. At what stage of labour this woman is?

- a. Latent phase of labour
- b. Active phase of labour
- c. Early first stage of labour
- d. Not in labour ✓**
- e. False labour

18. A 20-year-old woman is found to have a large solid ovarian neoplasm. Tumor markers were obtained and demonstrated a markedly elevated α -Fetoprotein value. The hCG and LDH were negative. Which of the following tumors is the most likely histology for this neoplasm:

a. Dysgerminoma

b. Endodermal sinus tumor ✓

c. Choriocarcinoma

d. Granulosa cell tumor

e. Gonadoblastoma

19. Regarding stage 1b cervical cancer, which statement is false:

a. The growth is limited to the cervix

b. It can be treated by radiotherapy

c. Radical surgery is associated with chronic voiding problems

d. Human papilloma virus is the most common etiologic factor

e. None of the above ✓

20. All are true about endometrial cancer, except:

a. Atypical hyperplasia carries about a 25% risk of progressing to malignancy.

b. Fractional curettage has no role in staging. ✓

c. Extension to the cervix worsens the prognosis.

d. The combined oral contraceptive reduces the risk of the disease.

e. The risk increases with decreasing parity.

21. A 16-year-old girl presents in emergency with excessive spasmodic pain in lower abdomen since morning. On taking history it is discovered that she has not attained menarche till date but she is having spasmodic pain for 3-4 days every month. On examination, the secondary sexual characteristics are well developed and a lump palpated in lower abdomen coming from pelvis. The most probable diagnosis is:

The most probable diagnosis is:

a. Ovarian disease

b. Imperforate hymen ✓

c. Hyperprolactinemia

d. Constitutional delay of puberty

e. Uterine fibroid

22. A 35-year-old woman presented to the emergency with history of 7 weeks' amenorrhea, vaginal bleeding and abdominal pain, on examination was found to have stable vital signs and right iliac fossa tenderness, trans-vaginal ultrasound showed right adnexal mass with positive fetal heart. The Next step will be:

a. B-HCG titer ✓

b. Progesterone level

c. Emergency evacuation and curettage

d. Prepare for laparoscopy surgery

e. Admission and wait for 48 hours

23. A mother brings her 13-year-old daughter to your office for consultation. She is concerned because most of the other girls in her daughter's class have already started their periods. She thinks her daughter has not shown any evidence of going into puberty. What is the first sign of puberty that you should ask the mother about?

- a. Acne appearance.
- b. Breast bud development. ✓**
- c. Axillary or pubic hair appearance.
- d. Starting growth spurt.
- e. Vaginal spotting.

24. In the development of the female genital tract, all are true, except:

- a. The fallopian tubes are derived from the Mullerian duct
- b. The external genitalia can be recognized as male or female by the 18th week of fetal life
- c. Failure of fusion of the Mullerian ducts results in a double uterus ✓**
- d. The vagina is completely derived from the mullerian system**
- e. Wolffian ducts degenerate in the absence of a Y chromosome

25. Regarding uterine cancer, which of the following statements is false:

- a. It often presents as postmenopausal bleeding
- b. Menopausal women taking oestrogen are at increased risk
- c. Could be screened by CA 125 estimation ✓**
- d. Arises from leiomyomas in less than 0.1%
- e. It is associated with Granulosa and theca cell tumor

26. A 26-year-old primigravida at 10 weeks' gestation present with severe nausea and vomiting. Vital signs are within normal limits. Pelvic examination shows a uterus consistent in size with a 16-week gestation. Transvaginal ultrasonography shows a gestational sac with a mean diameter of 33 mm and an embryo 10 mm in length with absent cardiac activity. Which of the following is the most appropriate next step in management?

- a. Serial β -HCG measurements**
- b. Refer her next week
- c. Oxytocin infusion
- d. Cervical cerclage
- e. Suction evacuation ✓**

27. A 38-year-old G3P1+1 at 30 weeks, which was confirmed by early ultrasound, presented to antenatal clinic. Her BP was 125/80, and the fundal height was 25 cm. She has not had any complications during this pregnancy. What should be your next step in management:

- a. Perform speculum examination
- b. Do ultrasound examination ✓**
- c. Do non-stress test
- d. Give dexamethasone
- e. Start low molecular weight heparin

28. In women with ovarian cancer all statements are true, except:

- a. The cure rate of stage 1 epithelial cancer is better than 90%
- b. Small volume of advanced epithelial cancer should invariable be treated with radical cytoreduction ✓**
- c. Surgery is the mainstay of treatment of sex cord stromal tumours
- d. Primary cytoreduction surgery improves the quality of life in advanced epithelial disease
- e. The lifetime risk of ovarian cancer is 1:70

29. Regarding chorionicity in twin gestation:

- a. Same gender rule out dichorionicity.
- b. Lambda sign indicates dichorionicity. ✓**
- c. Best detected after 15 weeks' gestation.
- d. Thick inter twin membrane is present in monochorionic.
- e. Division of fertilized ovum before 8 days result in dichorionic twin.

30. Regarding Bethesda classification for cervical cytology, which statement is true:

- a. Satisfactory sample means: all the cells are of squamous type
- b. Unsatisfactory sample may be obscured by blood or inflammation ✓**
- c. The result could be mild, moderate or severe dysplasia
- d. The result could be CIN1, CIN2 or CIN3
- e. ASCUS is an example of abnormal glandular cell type epithelium

31. A 26-year-old lady primigravida, previously healthy, presented to antenatal clinic at 28 weeks for regular antenatal visit. Her BP is 150/90 repeated twice, and she is asymptomatic. Her physical examination was unremarkable. The ultrasound scan revealed adequate amniotic fluid, normally growing fetus and fundally situated placenta. Which of the following is not considered an essential investigation for her:

- a. Complete blood count
- b. ALT, AST
- c. Alkaline phosphatase ✓**
- d. Protein/creatinine ratio
- e. Serum creatinine

32. The overall incidence of ectopic pregnancy in general population is about:

- a. 20%
- b. 2% ✓**
- c. 16%
- d. 0.1%
- e. 8%

33. A 52-year-old post menopausal woman attends the clinic to enquire about what treatment options are available for menopausal symptoms and the long term menopausal complications. She should be informed that:

- a. Estrogen can be safely given to women with uterus
- b. A minimum of 10 mg of estradiol daily is needed to maintain bone mass and relief symptoms**
- c. Calcitonin increases osteoclastic activity and so prevents osteoporosis
- d. Bisphosphonate are very effective in treating hot flashes
- e. Raloxifen reduces the incidence of endometrial and ovarian cancer ✓**

34. A 37-year-old lady at 16 weeks' gestation presents to the clinic and she is worried about the risk of trisomy 21 and its relation with age. The best way to diagnose trisomy 21 is:

- a. Triple test
- b. Quadruple test
- c. Amniocentesis and karyotyping of fetal cells ✓**
- d. Integrated test
- e. Chorionic villous sampling

35. A 38-year-old, unbooked, G4P3 at 36 weeks came to antenatal clinic. Her height is 150cm and BP is 160/110 mmHg, haemoglobin is 15 g/dl and her weight gain in pregnancy was 10 kgs. On ultrasound, the fetus estimated weight is below 10th centile. The most probable cause is:

- a. Hypertension ✓
- b. Maternal short stature
- c. Anemia
- d. Excessive maternal weight gain
- e. Maternal age

36. A 33-year-old nulliparous comes to the physician because of a 5-month history of increased flow and duration of her menses. Menses previously occurred at regular 32-day intervals and lasted 4 days with normal flow. During this period, she has also had dyspareunia and cyclical lower abdominal pain. Her mother died of cervical cancer at the age of 58 years. Her BMI is 31 kg/m². Pelvic examination shows an asymmetrically enlarged, nodular uterus consistent in size with a 12-week gestation. A urine pregnancy test is negative. Which of the following is the most likely cause of this patient's findings?

- a. Endometrial tissue within the ovaries
- b. Endometrial tissue within the uterine wall
- c. Excessive serum androgen levels
- d. Benign tumor of the myometrium ✓
- e. Malignant transformation of transformational zone of the cervix

37. Regarding serum CA 125 concentration, all statements are correct, except:

- a. Is elevated in 80% of stage 1a epithelial ovarian cancers
- b. Is more likely to be raised in serous than mucinous ovarian carcinomas
- c. Is increased in endometriosis.
- d. Accurately reflects response to chemotherapy in ovarian cancer
- e. It is a glycoprotein

38. A 24-year-old primigravida, presented at 35 weeks with sudden onset of headache and blurring of vision. Upon examination, her BP was 170/110 mmHg, other vital signs are normal, with exaggerated patellar reflexes. She is not in labor. The fetal heart tracing was normal. What is the most appropriate next step in management?

- a. Antihypertensive and observation
- b. Antihypertensive and induction of labor
- c. Antihypertensive and MgSo₄ ✓
- d. MgSo₄
- e. Cesarean section

39. A PAP smear of 31-year-old woman showed low grade cervical squamous epithelium, her doctor advised her to do colposcopy and cervical biopsy, the result of cervical biopsy showed CIN2, what is the best treatment option for her?

- a. Carbon dioxide Cryotherapy
- b. Nitrous oxide Cryotherapy
- c. LEEP/ LLETZ ✓
- d. Cold coagulation
- e. CO₂ Laser

40. Regarding COVID-19 in pregnancy, one of the following is true:

- a. pregnant women are more likely to contract infection than general population.
- b. No evidence of vertical transmission to the fetus. ✓**
- c. Physiological related changes to the immune system in pregnancy can be associated with COVID-19.
- d. Maternal age younger than 25 years is a risk factor for admission to hospital.
- e. COVID-19 infection increase the risk of miscarriage.

41. A 10 weeks pregnant woman presented to you with history of lower abdominal pain, heavy vaginal bleeding and expulsion of product of gestation. On examination, she was hemodynamically stable. She has no pain and only slight vaginal bleeding. The cervical os is closed and the uterus is bulky in size. Which of the following statements is applicable in this case?

- a. This is an obvious case of complete miscarriage
- b. Consider ultrasound scan to exclude retained product of gestation ✓**
- c. Such patient should be followed by serial beta-HCG levels to exclude ectopic gestation
- d. It is advisable to do evacuation of the uterus
- e. Admission to hospital is needed

42. Regarding gestational trophoblastic neoplasia:

- a. Hyperemesis gravidarum is the most common presenting symptom.
- b. "Snow storm" appearance is a characteristic of partial mole.
- c. The serum level of B-hCG is used in the FIGO scoring system. ✓**
- d. The risk of malignant transformation is higher for partial than complete mole.
- e. Vincristine is used to treat patients from both low and high risk group.

43. During the antenatal scan of a pregnant at her 16 weeks of gestation, a right ovarian cyst of 11cm in diameter was seen. Her doctor counselled her regarding the management options she has. The best timing of removing this ovarian cyst is:

- a. At the time of cesarean section ✓**
- b. Immediately after delivery
- c. After 20 weeks gestation
- d. One month after delivery
- e. Immediately

44. A 35-year-old, P4+0 (previous 3 cesarean sections), presented to the emergency room with history of 5 weeks amenorrhea and lower abdominal pain. On exam, the patient had stable vital signs, the transvaginal ultrasound scan showed empty uterus and right adnexal mass of 4*4 cm in size. She was diagnosed with ectopic pregnancy. Which of the following events would be most likely to predispose to ectopic pregnancy?

- a. Previous tubal surgery ✓**
- b. Pelvic inflammatory disease
- c. Use of a contraceptive uterine device
- d. Induction of ovulation
- e. Exposure in utero to diethylstilbestrol

45. A 30-year-old G3P2, at her 30 weeks of gestation, presented to emergency department complaining of abdominal discomfort and shortness of breath. Ultrasound examination showed polyhydramnios, all of the following statements are true, except:

- a. Amniotic fluid index (AFI) is 30 cm.
- b. The patient is at increased risk of preterm delivery.
- c. Maximum pool depth (MPD) is 12 cm.
- d. Indomethacin is one of the treatment modalities.
- e. Gestational diabetes is the most common cause. ✓**

46. A 25-year-old patient attended gynaecology clinic complaining of having a cystic lesion in the anterolateral wall of the vaginal fornix. She was diagnosed to have Gartner's cyst. This lesion is most likely originates from which of the following structures:

- a. Mullerian ducts
- b. Cervix
- c. Bartholin's gland
- d. Wolffian ducts ✓**
- e. Vaginal glands

47. Regarding the spread of the epithelial ovarian cancer, all the followings are true, except:

- a. Via the blood stream occurs early in the disease. ✓**
- b. To para-aortic lymph nodes puts the case at stage III.
- c. To the underside of the diaphragm is common.
- d. To the peritoneal cavity is likely to occur at the time of diagnosis.
- e. To the omentum frequently occurs.

48. A primigravida found to have her fasting blood glucose level 90 mg/dl at 16 weeks of gestation, according to the IADPS protocol, which of the following is correct?

- a. She is not diabetic and needs OGTT between 24 and 28 gestation. ✓**
- b. Considered to have gestational diabetes but needs to be confirmed by OGTT between 24 and 28 gestation.
- c. She is not diabetic and no further investigation needs.
- d. Considered to have overt diabetes and no further investigation needs.
- e. Arrange for glucose challenge test immediately.

49. A 23-year-old woman, G2P1, pregnant at 35 weeks gestation, is referred from a dermatologist for intractable itching. After history, physical examination & investigations, she was admitted to hospital as a case of obstetric cholestasis. All the following support the diagnosis, except:

- a. The itching is primarily on the palms & soles.
- b. She has history of itching during the first pregnancy which ended by unexplained IUFD. ✓**
- c. Total serum bile acids concentrations are 10 times the normal.
- d. She has palpable liver on abdominal examination.**
- e. Negative viral hepatitis serologic testing.

50. A 30-year-old lady, para 1, came for preconception counselling. Her last pregnancy was 3 years ago, and was complicated by preeclampsia at 34 weeks' gestation. She is using OCP now and wants to get pregnant, but afraid of having pre-eclampsia again. What is the most proper advice you can give her:

- a. If you have preeclampsia once, it doesn't mean it will happen again.
- b. You will have preeclampsia for sure in this pregnancy, so you have to be careful.
- c. You shouldn't be worry. Preeclampsia is a disease of first pregnancy, and it is rare to happen in subsequent pregnancies.
- d. You have a higher risk for Preeclampsia than other patients, and it is better to take low dose aspirin in next pregnancy. ✓**
- e. Nobody can predict that it will happen

51. The pathophysiology of preeclampsia is characterised by:

- a. a decrease in the concentrations of circulating cellular fibronectin and factor VIII antigen.
- b. an increase in Prostacyclin
- c. a decrease in thromboxane
- d. a decrease in the vascular reactivity to angiotensin II

e. a disturbed balance between proangiogenic and antiangiogenic factors ✓

52. A 20-year-old Primigravida, at her 18 weeks of gestational age, consulted you in the outpatient clinic that she is complaining of vulvar itching and dysuria over the last 3 days. The problem deprives her from sleep at night and causes a lot of discomfort during the day. She is medically free and only on multivitamins for pregnancy. The patient denied any similar symptoms before. She is afebrile, with soft and lax abdomen and tenderness felt. On speculum vaginal examination, a White, clumpy discharge was found attached to the walls of the vagina. What is the likely diagnosis:

- a. Bacterial vaginosis
- b. Trichomonas vaginalis ✓**
- c. Candida vaginitis
- d. Muco-purulent vaginitis
- e. Gonococcal infection

53. A 32 weeks pregnant, G5P4 (previous one lower uterine segment cesarean section), presents to the emergency room complaining of abdominal pain and vaginal bleeding. She said that the pain started one hour before the bleeding. Her last antenatal visit was 2 weeks ago and with no significant finding. Her pulse rate is 120 b/min and blood pressure of 80/60 mmHg. Mild uterine contractions are felt on abdominal exam, fetal heart rate is 140 bpm and the uterine size goes with 34 weeks. The next step in management is:

- a. vaginal examination
- b. giving tocolytic
- c. start blood transfusion ✓**
- d. immediate cesarean section
- e. careful observation

54. A 58-year-old post-menopausal woman presents to the gynaecology clinic as being referred from her oncologist. She was diagnosed to have breast cancer 5 years ago and on Tamoxifen therapy. During your counselling her regarding treatment, you are going to inform her that she is at increasing risk of:

- a. Ovarian tumors
- b. Hyperlipidemia
- c. Endometrial cancer ✓**
- d. Myocardial infarction
- e. Osteoporosis

55. At the booking visit, the following questions are routine and essential in history taking to a pregnant woman, except:

- a. Family history up to third degree relatives ✓**
- b. Ask if she has any symptoms
- c. Date of last cervical smear and its result
- d. Fetal weight of previous pregnancies
- e. Inter-pregnancy interval if the woman is multigravida

56. Regarding vasa previa:

- a. Is associated with high fetal mortality
- b. Maternal mortality is increased
- c. Bleeding is of maternal origin
- d. Cord presentation is one the conditions that are associated with vasa previa ✓**
- e. If diagnosed at 33 weeks by U/S, immediate cesarean should be done

57. Regarding medical treatment of abnormal uterine bleeding:

- a. Diflucanic acid is effective ✓**
- b. Tranexemic acid causes endometrial atrophy
- c. Gonadotrophin releasing hormone analogue is very effective and usually used as a 1st line drug
- d. Mirena system causes endometrial polyps
- e. Estrogen tablets is better avoided

58. Regarding normal menstrual cycle:

- a. Frequency between 25-41 days
- b. Mean amount of blood loss is 40 ml ✓**
- c. Average duration of menses is 6-8 days
- d. ovulation occurs 2 days after LH surge
- e. Proliferative phase is influenced by progesterone

59. Regarding the quantitative pelvic organ prolapse system, which statement is false:

- a. Point Aa is located in the midline of the anterior vaginal wall, 3cm proximal to the external urethral meatus
- b. Point D is measured in women with or without cervix ✓**
- c. Point C is the most distal edge of the cervix or the leading edge of the vaginal cuff
- d. Point Bp is the most distal position of any part of the upper posterior vaginal wall between point Ap and the vaginal cuff or posterior vagina fornix
- e. Gh (genital hiatus) is measured from middle of external urethral meatus to the posterior fourchette

60. One of the following contraception methods is not available in the family planning clinic in Alkarak hospital:

- a. Implanon ✓**
- b. Copper IUCD
- c. Levonelle
- d. Depo provera
- e. Cerazette

61. A 32-year-old pregnant woman, G2P1 (previous one cesarean section), presented to the clinic at 17 weeks of gestation (after 5 years of 2ry infertility) for routine antenatal visit. Her ultrasound scan revealed an intrauterine fetal demise. She cried out from the clinic and did not come back. Four weeks later, she appeared suddenly asking for termination of pregnancy. She looked well, denied history of vaginal bleeding over this period. This patient is at increased risk of:

- a. Septic miscarriage**
- b. Consumptive coagulopathy ✓**
- c. Incomplete miscarriage
- d. Failure of medical termination
- e. Asherman's syndrome

62. In patient with polyhydramnios, which of the following is considered the most important cause for induction of labour :

- a. Gestational age
- b. Severity of polyhydramnios**
- c. Cause of polyhydramnios
- d. Fetal viability ✓**
- e. Maternal symptoms

63. A 40-year-old P5+0, presents to the gynaecology clinic complaining of menorrhagia and dysmenorrhea that progressed gradually. The most likely diagnosis is:

- a. Endometrial cancer
- b. Adenomyosis ✓**
- c. Cervical cancer
- d. Ovarian cyst
- e. Endometrial polyps

64. In which of the following patients, induction of labor might not be necessary for the time being, given that they present to the outpatient clinic for the first time:

- a. Asymptomatic primigravida, 41 weeks amenorrhea, with repeated blood pressure of 140/90 mmHg
- b. G2P1 woman (previous one cesarean section), 41 weeks amenorrhea, with growth restricted fetus and reactive non stress test
- c. G4P3 woman (all by vaginal deliveries), 41 weeks amenorrhea, with history of rupture of fetal membranes one day ago
- d. Unbooked G5P4 patient (all by vaginal deliveries), 41 weeks amenorrhea, who was lactating when she got pregnant ✓**
- e. Primigravida, 41 weeks amenorrhea, with decrease fetal movements and reactive non stress test

65. A 41 weeks pregnant, G5P4 (all by vaginal deliveries), had induction of labor by Prostaglandin vaginal gel. Her pre-induction non stress test was reactive. After 60 minutes, efficient uterine contractions established, 3 in 10 minutes each lasting 40 seconds but the baseline fetal heart rate drops to 90 beats/ minutes for more than 20 minutes. The cervix was 2cm dilated, 30 percent effaced, posterior, medium in consistency and the fetal membranes were intact. What is your management:

- a. Remove the Prostaglandin gel
- b. Do fetal blood sampling
- c. Give tocolytic drugs to inhibit contractions ✓**
- d. Advice for caesarean section
- e. Try to rupture the membranes and apply an internal monitor

66. Regarding noninvasive prenatal testing using cell-free fetal DNA, all are true, except:

- a. Can be isolated from maternal blood as early as 9 weeks' gestation ✓**
- b. Most of it eliminated from maternal blood within two days after delivery**
- c. Helps in determining fetal Rh blood group in isoimmunised Rh negative mother
- d. Helps in fetal sex determination
- e. Used for diagnosis of chromosomal trisomies (13,18,21)

67. Regarding intrahepatic cholestasis of pregnancy, which statement is wrong:

- a. Recurs in subsequent pregnancy
- b. Ursodeoxycholic acid relieves pruritis
- c. Mild jaundice occurs in majority of patients
- d. Pruritis may precede laboratory findings
- e. Serum alkaline phosphatase is most sensitive investigation ✓**

68. A 28-year-old patient consulted the clinic. She is P3+1 (previous ectopic pregnancy), her periods are regular and her LMP was 32 days ago. The doctor asked for serum pregnancy test and the result of B-hCG came back as 800 IU/l. A transvaginal ultrasound scan showed empty uterus with no obvious intra-uterine sac. The patient is asymptomatic. What is the best management for this patient?

- a. Admission to the hospital for laparoscopy
- b. Admission to the hospital for laparotomy
- c. Repeat the ultrasound after 2 days
- d. Repeat hCG level after 2 days to make a diagnosis ✓**
- e. Give the patient an appointment to the clinic after one week

69. Regarding treatment of polycystic ovary syndrome:

- a. If the patient is obese, weight reduction of at least 25% will have great effect in restoring ovulation
- b. Laparoscopic ovarian drilling is commonly complicated by ovarian failure
- c. Metformin will restore ovulation and menses in > 50% of patients ✓**
- d. Clomiphene Citrate and Metformin are equally effective in restoring ovulation**
- e. IVF is the best treatment if the patient did not conceive after 3 months of treatment with Clomiphene

70. A 26-year-old woman complains of yellowish offensive vaginal discharge for the last 5 days. She denied any abdominal pain. On exam, the patient is afebrile, no tenderness on abdominal examination and the vaginal speculum exam revealed a muco-purulent cervicitis. According to syndromic approach of treatment, which of the following combination of antibiotic you will choose:

- a. Cefixime and Doxycycline. ✓**
- b. Metronidazole, Clotrimazole and Ciprofloxacin.
- c. Azithromycin, Metronidazole and Doxycycline.
- d. Acyclovir, Metronidazole and Clotrimazole.
- e. Benzyl penicillin and Ciprofloxacin.

71. A 30-year-old G4P3+0 (all by vaginal deliveries), presented to the clinic at 14 weeks of gestation, complaining of bulging through the vagina. Reviewing her obstetric history she mentioned that her first delivery was difficult by forceps and her babies tended to be large reaching 4.5 kg. She denied any vaginal bleeding, difficulty in voiding or history of chronic constipation. She is medically free, on multivitamins for pregnancy. On exam, the cervix was seen at the introitus. The best management will be:

- a. Manchester repair.
- b. Cervical cerclage.
- c. Topical estrogen.
- d. Laparoscopic hysteropexy.
- e. Pessary. ✓**

72. Regarding uterine rupture, all of the following statements are correct, except:

- a. Lower segment scar rarely ruptures during pregnancy
- b. High perinatal mortality rate
- c. Classical cesarean scar often rupture during late pregnancy
- d. Maternal bradycardia is one of its clinical features ✓**
- e. Fundal pressure application to assist delivery is a reported cause of uterine rupture

73. Regarding Rhesus isoimmunisation, one statement is false:

- a. Anti-D antibodies do not occur in Rh-negative women when their husband is also Rh -negative.
- b. The least likely chance of sensitisation is during the antenatal period of uneventful pregnancy.
- c. Anti-D immunoglobulin is used in Rhesus-sensitised women to prevent any further antibody response. ✓**
- d. Anti-D immunoglobulin should be given within 72 hours of a sensitising event.
- e. Anti-D immunoglobulin is required to be given to Rhesus-negative women who have a spontaneous complete miscarriage at 13 weeks.

74. Which of the following is not used in evaluation of the fetal wellbeing:

- a. Fetal movement counting
- b. Assessment of fetal growth
- c. Antepartum fetal heart rate testing
- d. Apgar score ✓**
- e. Doppler velocimetry

75. Regarding estrogen administration in a post menopausal woman:

- a. Increases gonadotropin secretion
- b. Reduces triglycerides ✓**
- c. Reduces total cholesterol**
- d. Increases bone mass density
- e. Improves lipido

76. A 23-year-old P1+0 woman (previous one cesarean section), that is one week past onset of her last menses, complains of bilateral lower abdominal pain. Her temperature is 38.5c, pulse 100 bpm, bilateral lower abdominal tenderness and no palpable masses felt. On pelvic exam: Cervical motion tenderness and bilateral adnexal tenderness were found, and WBC's count of 12000, which of the following is the most likely diagnosis?

- a. Ectopic pregnancy ✓**
- b. Endometriosis
- c. Urinary tract infection
- d. Ruptured ovarian cyst
- e. Pelvic inflammatory disease**

77. A 30-year-old woman, G5P5, presents to the emergency unit with heavy vaginal bleeding three days after a spontaneous vaginal delivery. She said that her delivery was smooth without immediate complications and that she gave birth to a 3.8 kg alive male. On examination, her pulse and blood pressure were 100 bpm and 95/65 mmHg, respectively. On abdominal exam, the uterus was sub-involved and flabby. What is your first step in her management:

- a. Ask for help
- b. Massage the uterus
- c. Give utero-tonic drug
- d. Send for cross matched blood**
- e. Arrange for immediate exploration of the uterus ✓**

78. The wet mount test of a profuse greenish frothy vaginal discharge with bad odor will mostly show:

- a. Clue cells
- b. Flagellated organisms ✓**
- c. Gram positive diplococci
- d. Gram negative diplococci
- e. Hyphae

79. A 35-year-old G4P3 (previous 2 cesarean sections), presents to the outpatient clinic at 24 weeks of gestation for regular antenatal visits. Reviewing her oral glucose tolerance test results, it shows: Fasting blood sugar 110 mg/dl, 1st hour 190mg/dl and 2 hours 170 mg/dl. Her body mass index is above 30. The first step in her management is:

a. Restrict daily dietary caloric intake ✓

b. Start her on Metformin

c. Start on Insulin because Metformin is not effective

d. To observe the 24 hours serial blood sugar levels before determining the method of diabetic control

e. Assess her risk status for diabetes

80. When calculating the perinatal mortality rate, which of the following is true:

a. The total number of babies dying in the neonatal period is included in the numerator

b. The number of still births is included in the numerator ✓

c. The total number of live births is used as a denominator

d. Babies dying as a result of lethal congenital abnormality are excluded

e. Babies born dead before 28 weeks gestation are not included

81. Induction of labor after 41 weeks completed gestation:

a. Increases the rate of instrumental delivery

b. Increases cesarean section rates

c. Reduces perinatal mortality rate ✓

d. Reduces the incidence of neonatal seizures

e. Reduces the maternal mortality rate

82. A 35-year-old woman, G5P4 (all by vaginal deliveries), was admitted to the labour room. She was progressing normally during the active phase of labour with reactive CTG. At 7 cm cervical dilatation, the doctor in-charge noticed that the external fetal heart shows a feature of late deceleration. What is the most appropriate action the doctor has to take:

a. Change recording to an internal monitor

b. Arrange for fetal pH estimation ✓

c. Go for urgent caesarean section

d. Wait for the second stage and deliver by Forceps

e. As she is nearly fully dilated, deliver her by vacuum extractor

83. Regarding amniocentesis:

a. It is done as a blind procedure

b. Done between 10-15 weeks

c. It can be used for screening of chromosomal abnormality

d. Is indicated if maternal age more than 35 year

e. It carries a small risk of miscarriage ✓

84. A G5P2+2 pregnant woman, with previous two low transverse cesarean sections, at 36 weeks of gestation with placenta previa, presented to the emergency room with unprovoked vaginal bleeding and no abdominal pain. She denied any history of trauma or history of sexual intercourse. Her pulse and blood pressure are: 100 bpm and 100/70 mmHg. Positive fetal heart on auscultation and active bleeding on speculum exam. After evaluation, Decision to proceed with a cesarean delivery was made. Her cesarean section was complicated by placenta accreta. Estimated blood loss was 3.7L. One of the following complications is unlikely to be seen in her situation:

- a. Consumptive coagulopathy
- b. Sheehan syndrome
- c. Acute tubular necrosis ✓**
- d. Couvelaire uterus
- e. Emergent hysterectomy

85. The following diagnosis is likely in a 30-year-old woman who presents to the gynaecology clinic with secondary amenorrhea. She was referred from her general physician who ordered for her FSH level which is low:

- a. Asherman's syndrome
- b. Premature ovarian failure
- c. Resistant ovary syndrome
- d. Kallman's syndrome
- e. Sheehan's syndrome ✓**

86. The most common complication of hysteroscopy is:

- a. Perforation ✓**
- b. Infection
- c. Water intoxication
- d. Bleeding
- e. Cervical tearing

87. Symptoms of detrusor overactivity include all of the following, except:

- a. Frequency
- b. Splinting ✓**
- c. Urgency
- d. Nocturia
- e. Persistent sudden strong desire to void that can not be deferred.

88. In endometriosis, the following statements are true except:

- a. The uterus is usually mobile in stage IV disease**
- b. The uterus is tender in bimanual examination ✓**
- c. The uterus is usually enlarged in bimanual examination
- d. There is an adnexal mass in bimanual examination in stage IV disease
- e. In stage IV disease dark spots may present in speculum examination in posterior fornix

89. During routine antenatal visit, a G2P1 (Previous one cesarean section due to fetal distress in labour) at 24 weeks of gestation, found to have normally growing fetus, adequate amniotic fluid and a placenta that covers the cervix . She denied any history of vaginal bleeding or abdominal pain. Fetal movements are good. Her previously ordered haemoglobin is 12 g/dl and her blood group is O neg. Her pulse and blood pressure are 90 bpm and 110/75 mmHg, respectively. The next step in management is:

- a. To tell the patient that she has placenta previa and needs admission
- b. To tell her that she has placenta previa but as long as she is asymptomatic, no need for admission
- c. She should be started on tocolytic till term to prevent uterine contractions
- d. To tell her that she has vasa previa

e. To tell her that the placental site needs continuous follow up after 28 weeks ✓

90. In obstetric practice, the most common cause of vesicovaginal fistula is:

- a. Cesarean section
- b. Vacuum delivery
- c. Trauma
- d. Obstructed labour ✓**
- e. Forceps delivery

91. One of the following is a cause of superficial dyspareunia:

- a. Endometriosis
- b. Pelvic inflammatory disease
- c. Postmenopausal atrophic changes ✓**
- d. Adenomyosis
- e. Cervical ectropion

92. Regarding maternal death:

- a. Deaths due to indirect causes are not included
- b. Includes accidental deaths
- c. According to the WHO report 2014-2015, obstructed labor is the most common cause
- d. Maternal mortality rate is the most commonly used measure**
- e. Includes deaths up to 42 days after the termination of pregnancy ✓**

93. A 21-year-old P1 has difficulty of voiding 6 hours postpartum. She was admitted to the labour room with spontaneous onset of labour. The patient had normal progress of labour and delivered vaginally alive female with birth weight of 3.9 kg. Placenta and membranes delivered completely. She was transferred to the ward after one hour with no vaginal bleeding. The least likely cause of her voiding difficulty is:

- a. Preeclampsia ✓**
- b. Infusion of oxytocin after delivery**
- c. Vulvar hematoma
- d. Urethral trauma
- e. Epidural anaesthesia

94. A 25-year-old woman, G6P6 (all by vaginal deliveries), who has just delivered. After delivery of the placenta, a red raw surface is seen at the vaginal introitus. Simultaneously, she looks pale with a measured BP of 80/40 and no excessive vaginal bleeding. Uterine inversion is the diagnosis. Your immediate action should be:

- a. Ask for help ✓**
- b. Insert wide bored cannula and start IV fluid**
- c. Take blood for cross matching
- d. Separate the placenta from the uterine fundus
- e. Push the fundus with attached placenta inside the uterus

95. In maternal cardiac disease in pregnancy, one statement is false:

- a. A classification system exists to determine the mortality risk
- b. Involvement of the aorta in Marfan syndrome increases the mortality
- c. The fetus has an increased risk of congenital heart disease
- d. Mitral valve stenosis is not frequent complication following rheumatic heart disease ✓**
- e. Women with primary pulmonary hypertension should be advised against pregnancy

96. Regarding asymptomatic bacteriuria:

- a. If left untreated, it rarely progresses to acute pyelonephritis
- b. Bacterial count is over 100000/ml of urine ✓**
- c. It is more common in non-pregnant than pregnant women
- d. Enterobacter species is the most common organism
- e. If diagnosed at term it should be managed by induction of labor

97. A 29-year-old G5P4+0 (all by vaginal deliveries) is taking warfarin for a deep vein thrombosis (DVT) in her left leg that she suffered from, 3 months ago. She is now 9 weeks pregnant. The patient is obese with body mass index of 31 kg/m². She said the DVT occurred during her stay in the hospital after a complicated emergent laparotomy for a ruptured ovarian cyst that ended by severe wound infection for what she had a 2 weeks stay. What is the most appropriate to be done:

- a. Stop warfarin until after pregnancy
- b. Keep her on warfarin till 12 weeks and then switch to heparin
- c. Switch to therapeutic dose of heparin at this time
- d. Recommend termination of pregnancy
- e. Stop warfarin now and treat with heparin in the last trimester and 6 weeks after delivery ✓**

98. In the fetal skull, one statement is false:

- a. The biparietal diameter is approximately 9.5 cm at term
- b. The sub-occipito bregmatic diameter is the engaging diameter
- c. The bregma is the area lying between the parietal and frontal bones
- d. The lambdoid suture runs between the frontal and parietal bones ✓**
- e. The occiput is the denominator in a vertex presentation

99. When the fetal head is 3/5 palpable abdominally, at which level you expect to find it on vaginal examination:

- a. 3cm above the ischial spines
- b. 2cm above the ischial spines
- c. 1cm above the ischial spines ✓**
- d. At the ischial spines
- e. 1cm below the ischial spines

100. Which of following is atypical biochemical and haematological abnormality in preeclampsia:

- a. Reduced haemoglobin
- b. Rise in platelets ✓**
- c. Low uric acid
- d. Reduced white cell count
- e. Impaired renal and liver function

OBS & GYN – 5th year – 2020

1) Complication of diabetes in pregnancy includes all of the following except :

- a. Macrosomia
- b. Shoulder dystocia
- c. Hyperglycemia in newborn
- d. IUGR
- e. Caudal regression syndrome

2) Which of the following does not match :

- a. Galactorrhea and Sheehan's syndrome
- b. Genital herpes and vulvar ulcers
- c. Infertility and endometriosis
- d. Meig's syndrome and ovarian fibroma
- e. Granulosa cell tumor and post menopausal bleeding

3) Regarding uterine rupture , all of the following statements are correct , except :

- a. Lower segment scar rarely rupture during pregnancy
- b. High perinatal mortality rate
- c. Classical cesarean scar often rupture during late pregnancy
- d. Maternal bradycardia is one of its clinical features
- e. Fundal pressure application to assist delivery is reported cause of uterine rupture

4) In pelvic organ prolapse quantification system (POP-Q) : Select one :

- a. Aa is point on the posterior vaginal wall that is 3 cm from the hymen
- b. Bp refers to the most distal point on the anterior vaginal wall between point Ap and C
- c. Gh is the distance between posterior fourchette and midpoint of external anal sphincter
- d. TVL is the only point that should be measured without straining
- e. C point refers to the posterior vaginal fornix

5) Regarding miscarriage , which of the following is correct : select one :

- a. It occurs in approximately 10% of all clinically recognized pregnancies after 10 week gestation
- b. History of threatened miscarriage has no effect on fetal outcome
- c. In missed miscarriage , the uterus size is equal to dates
- d. Inevitable miscarriage is mostly associated with mild bleeding
- e. In incomplete miscarriage , the cervix may be closed

6) Polycystic ovary disease associated with all the following statements , except :

- a. Decreased sex hormone binding globulin
- b. Clitoral atrophy
- c. Increase in Testosterone level
- d. LH : FSH ratio increased
- e. Increased oestrone level

7) A 25 years old primigravida , with uneventful course of pregnancy , admitted for induction of labor at late term . on ex : soft abdomen with no uterine contraction felt and cephalic presentation . her vaginal ex : the cervix 1 cm dilated , soft , posterior and 3 cm long . the head is 2 cm above the ischial spine . which of the following methods U will choose to induce labour ?

- a. Artificial rupture of membranes.
- b. Artificial rupture of membrane and oxytocic drip
- c. Oxytocic drip only
- d. Vaginal PGE1 800 micrograms tablets
- e. Vaginal PGE2 (3 mg)

8) which of the following is considered a feature of severe preeclampsia :

- a. IUGR
- b. Oliguria
- c. Pulmonary edema
- d. Systolic BP 150 mmHg
- e. Proteinuria 5g in 24 hours

9) regarding alpha – fetoprotein (AFP) , all are true except :

- a. Maternal serum AFP detected 16–18 weeks of gestation
- b. Diabetic patients have decreased AFP level
- c. Maternal serum AFP level peaks at 20 weeks of gestation
- d. Highest fetal level is around 13 weeks gestation
- e. Decreased in trisomy 21

10) A 36 years old patient . P3+2 (previous one CS) came to the clinic complaining of continued heavy vaginal bleeding after uncomplicated vaginal delivery 2 weeks ago . with generalized weakness and fatigability . her blood pressure is 100/70 and pulse rate is 95 bpm . with pallor . the most likely cause of her bleeding is :

- a. Uterine atony
- b. Uterine rupture
- c. Coagulopathies
- d. Vaginal laceration
- e. Retained placental fragments

11) A 35 year old lady , P0+0 , medically free , attended the infertility clinic . she has regular cycles every 27 day . lasting 5 day with moderate blood flow . her husband's semen analysis is normal and her hormonal profile showed that she is ovulating . her hysterosalpingeogram showed bilateral tubal blockage . the next step in management will be :

- a. Repeating hysterosalpingeogram
- b. Performing hysteroscopy
- c. Tubal surgery
- d. Referring the couple for IVF
- e. Performing laparoscopy and dye testing

12) pregnancy should be avoided within one month of receiving which of the following vaccinations :

- a. Influenza
- b. Rubella
- c. Hepatitis B
- d. Tetanus
- e. Pneumococcus

13) A 34 year old primigravida was admitted to the labour room with spontaneous onset of labour at 39 weeks of gestation . she progressed normally through the stages of labor with normal fetal heart monitoring throughout .during the delivery of the baby . the head was delivered but gentle traction does not facilitate the delivery of the shoulder . which of these options is the first step in the management :

- a. Apply fundal pressure
- b. Push baby's head back into the uterus and do cs
- c. Abduct mother's thighs and apply suprapubic pressure
- d. Encourage mother to push
- e. Do a symphiotomy

14) A G7P3+3 women (all by vaginal delivery) . presents at 28 weeks with complaints of vaginal bleeding . she denies abdominal or back pain . she reports recent intercourse . her BP 100/80 mmHg and pulse rate 75 bpm . her pad reveals light bleeding and fetal heart is heard by sonic aid and is 154 bpm . the most useful next step in her evaluation would be :

- a. Speculum examination
- b. Complete blood count and coagulation profile
- c. Digital examination
- d. Immediate CS
- e. Ultrasound ????????????????

15) A 25 year old previously energetic woman . para 4 (all by vaginal delivery) . presents to the outpatient clinic complaining of crying . loss of appetite . difficulty in sleeping . that has been begun about 3 days after her last uncomplicated vaginal delivery . but those feelings persisted for 1 week then diminished . those symptoms are termed postpartum :

- a. Manic depression
- b. Schizoid depression
- c. Neurosis
- d. Psychosis
- e. Blues

16) regarding gynaecoid pelvis :

- a. The inlet is round with a slightly greater transverse diameter
- b. The sacrum is narrow with a shallow curve
- c. The side walls are converge with prominent spines
- d. Sacro-sciatic notch is long and narrow
- e. The subpubic angle is more than 90 degrees

17) regarding chorionic villous sampling (CVS) . all are true except :

- a. Transabdominal CVS done in case of posterior placenta
- b. Miscarriage occur in 1% of cases
- c. Can be done after combined test results of highrisk for chromosomal abnormality
- d. Best to be done between 10–14 weeks
- e. Confined placental mosaicism can affect the result

18) a full term healthy primigravida presented in the latent phase of labour with average size fetus in right occipito–posterior position . select your management :

- a. Perform CS
- b. Enhance labour by oxytocic drip
- c. Perform artificial rupture of membranes
- d. Wait for spontaneous progress
- e. Try manual rotation of the head

19) a 32– year old , P0+1 , attends the clinic , complaining of missed period for 5 weeks . she had a history of missed miscarriage one year ago , which was managed by a uterine curettage . she gives a history of blood transfusion after the curettage . her period has become lighter but still regular . which of the following tests U will order first :

- a. Anti Mullerian Hormone
- b. FSH and LH
- c. Hysterosalpingeogram
- d. Serum prolactin
- e. B–Hcg

20) which of the following is considered to be a contraindication of methotrexate in the management of ectopic pregnancy :

- a. Hemodynamically stable
- b. Willing and able to to comply with post treatment follow up
- c. Have a human chorionic gonadotropin beta subunit H C G concentration less than or equalto 5000 mIU/MI
- d. No fetal cardiac activity
- e. Heterotropic pregnancy

21) regarding deep dyspareunia , which of the following statements is correct :

- a. Vaginismus is a cause
- b. Lichen sclerosis is one of the differential diagnosis
- c. It is mostly due to psychological cause
- d. Lubricants are used for treatment
- e. Vaginal examination might reveal a longitudinal septum

22) in which of the following findings expectant management can be applied in preeclampsia :

- a. Platelet count less than 70000 per microlitre
- b. BP 140/90 mmHg
- c. Persistent headache
- d. Visual disturbances
- e. Liver transferases results (ALT 75 , AST 90u/l)

23) in endometriosis , the most common symptom is :

- a. Menstrual irregularities
- b. Dyspareunia
- c. Dysmenorrhea
- d. Pelvic pain
- e. Infertility

24) A 30 year old , healthy primigravida consulted the antenatal care for booking visit 24 weeks amenorrhea . she denied any early antenatal visit , on EX , her vital signs are stable , the fundal height is 1 cm below the umbilicus , what is the most likely cause ?

- a. This is normal clinical finding
- b. Intra uterine growth restriction
- c. Low lying fetus
- d. Wrong dating
- e. Missed miscarriage

25) A 24 year old . G3P1 +1 (by vaginal delivery) , with O RH D negative blood group , presented to clinic at 20 weeks for routine visit, her husband has B RH D positive blood group, indirect coombs test is positive with titer of 1:80 . Abdominal EX reveals uterus at the level of umbilicus . the most appropriate next step in management is :

- a. Follow up with repeat indirect coombs test after 2 weeks
- b. Do US examination and measurement of middle cerebral artery peak systolic velocity
- c. Do fetal blood sampling to look for fetal anemia and blood group
- d. Termination of pregnancy
- e. It is low uncritical titer , so just ignore the test

26) in the mechanism of labour , which of the following influence the internal rotation of fetal head :

- a. Descent of the head
- b. Engagement
- c. Degree of head flexion
- d. Shape of pelvis
- e. Presenting part

27) A 14 year old girl has been referred to the gynaecology clinic from her general physician . because she has not started menstruating yet . clinical EX showed that her height is 1.54 m with BMI of 23 . her BP 110/75 and puls rate is 85 bpm . she has normally formed breasts but no axillary or pubic hair . there was 2–3 cm mass palpable in each inguinal canal . which statement is true :

- a. Remove those inguinal masses within 1–2 months
- b. Her karyotyping most likely will be 46 XX
- c. US scan will not show the uterus
- d. Usually they are osteoporotic
- e. Congenital heart disease is a common association

28) A 54 year old woman who has just gone through her menopause is concerned that she may develop vertebral fractures . she has never had any surgery before . the most effective way of preventing pathological fractureis :

- a. Estrogen vaginal cream
- b. Combined estrogen and progesterone replacement therapy
- c. Estrogen tablets only
- d. Progesterons only
- e. Calcium and vit D

29) A 39 year old woman , G7P6 (previous one CS) . admitted in advanced labour . one hour after admission , spontaneous rupture of membranes occurs . the basal fetal heart rate recordedby Doppler dropped to 80 bpm . her BP 130/85 , and pulse rate is 90 bpm . the most appropriate action is to :

- a. Perform vaginal examination
- b. Put oxygen mask
- c. Change the patient position
- d. Arrange for internal fetal heart recording
- e. Perform urgent CS

30) Regarding the changes in respiratory system during pregnancy , all are true , except :

- a. Residual volume is decreased
- b. Vital capacity is slightly increased
- c. Subcostal angle remains unchanged
- d. Tidal volume increased
- e. Total lung capacity is unchanged or slightly decreased

31) During normal labour , in which of the following positions the fetal head pass the inter–spinous diameter ?

- a. Left occipito–anterior
- b. Left occipito–transverse
- c. Right occipito–posterior
- d. Right occipito–transverse
- e. Direct occipito–anterior ??????????????????

32) Regarding Activin in normal menstrual cycle , all are true , except :

- a. Is found in the ovarian tissue
- b. Decreases the gonadotrophin receptors
- c. Inhibits androgen production
- d. Usually detected in patient serum during menstruation
- e. Stimulate estrogen production

33) Regarding PID :

- a. The absence of endocervical gonorrhoea precludes a diagnosis of gonococcal PID
- b. The presence of IUCD increases the risk of PID
- c. Doxycycline is safe to be used during pregnancy
- d. Antibiotics should not be started till high vaginal swab culture result appears
- e. The infertility risk increases with repeated episodes of PID

34) Regarding ovulation induction , all of the following statements is correct , except :

- a. Clomiphene citrate therapy is complicated by multiple pregnancies in 10% of cases
- b. HCG is given to trigger ovulation
- c. FSH injections is associated with hot flushes
- d. FSH injections is given to promote follicular growth
- e. Luteal phase support with progesterone is indicated in IVF cycles

35) In patient with complex atypical endometrial hyperplasia by endometrial biopsy pr curettage . what percentage will actually have endometrial cancer at hysterectomy ?

- a. 1%
- b. 5%
- c. 10%
- d. 15%
- e. 25%

36) A 24 year old patient G2P1 +0 (by vaginal delivery) , has been in 2nd stage of labor for more than one half hour . on EX the cervix is fully dilated , station is +2 , vertex in right occipito-posterior position and the mother is being pushing for the last hour . fetal heart tracing is normal , she should be delivered by :

- a. Forceps
- b. Ventouse extraction
- c. CS
- d. Fundal pressure
- e. Wait and watch

37) A 32 year old G3P2 (both by vaginal delivery) presented to the antenatal clinic at 12 weeks of gestation . she has a 7 year old child with down syndrome . what is the best test U would recommended for the mother to know about her chanced of getting a baby with down syndrome in this pregnancy :

- a. Chorionic villous sampling
- b. US examination
- c. Non invasive prenatal testing cell free fetal DNA in maternal blood
- d. Combined test
- e. Maternal serum alpha - fetoprotein

38) one of the following is considered as Center for disease control CDC minimum criteria for the diagnosis of PID disease :

- a. Oral temperature more than 38.3
- b. Elevated CRP
- c. Lower abdominal pain and tenderness
- d. Abnormal cervical discharge
- e. Laprascopic abnormalities consistent with PID

39) A 15 year old girl attended the gynaecology clinic with her mother complaining of irregular heavy period lasting for 10 day for the last year . her menarche was 2 years ago . general abdominal and US examination is unremarkable apart from that she is pale . her body mass index 23kg/m² . what your advice to the patient and mother will be :

- a. Reassure her that is a normal physiological process and will resolve in few months
- b. Do pregnancy test
- c. Screen for coagulation disorders
- d. Give her combined pills
- e. Endometrial biopsy

40)all the following conditions are commonly associated with symmetric growth restriction . except :

- a. Nutritional deficiency
- b. Chromosomal abnormality
- c. intrauterine infections
- d. Congenital anomalies
- e. Chronic hypertension

41) a 19 year old primigravida with low risk pregnancy , presented to the labour room at 38 weeks of gestation with rupture of membranes 3 hours ago . her blood pressure was 125/85 , pulse rate 80 bpm and 37 C temperature . uterine contractions were felt every 3 minutes . her CTG is normal . which of the following is the best management:

- a. Expectant management
- b. Tocolysis
- c. Corticosteroids
- d. Tocolysis and corticosteroids
- e. Tocolysis and corticosteroids and antibiotics

42) Gonadectomy is indicated in woman with primary amenorrhea due to :

- a. Turner syndrome
- b. 5 alpha reductase enzyme deficiency
- c. Kallman's syndrome
- d. True gonadal dysgenesis
- e. Rokitansky mayors kauster syndrome

43) A 23 year old , G2P1+0 (previous lower uterine segment CS) , at 32 weeks of gestation presented complaining of recurrent irregular vaginal spotting that started at the 4th month of pregnancy with no abdominal pain . her US scan shows singleton alive fetus with growth measurements go with date . placenta fundally located and average liquor . what is the next step in management :

- a. Doing speculum exam
- b. Admission to the hospital
- c. Checking the patient blood group
- d. Doing vaginal examination
- e. Doing non stress test

44) A 23 year old G2P1(previous one CS) at 10 weeks gestation presents to the antenatal clinic for booking visit . she is asthmatic and controlled on daily inhaled steroids and albuterol . she is concerned about the effect of her medications in pregnancy . how would you counsel her regarding this concern :

- a. Inhaled steroids are contraindicated in pregnancy
- b. B2 agonist are contraindicated during pregnancy
- c. Inhaled steroids are safe during 2^{ns} and 3rd trimester
- d. Both B2 agonist and inhaled steroids are safe in pregnancy

45) a healthy 10 weeks primigravida . consulted her obstetrician at the booking antenatal clinic . her doctor found that she has anembryonic pregnancy . she denied abdominal or back pain and no history of vaginal bleeding . what is your next step in her management :

- a. Investigate her for clotting profile
- b. Admit her for medical termination
- c. Wait for spontaneous miscarriage
- d. Admit her for surgical evacuation
- e. Investigate her for the cause of this pregnancy

46) post term pregnancy is seen in :

- a. Polyhydramnios
- b. Multiple pregnancy
- c. Breech presentation
- d. Anencephaly
- e. Chorioamnionitis

47) During colposcopy , which statement is true :

- a. Unsatisfactory colposcopy could be due to the presence of vaginal discharge
- b. After using schiller test , very dark area means severe dysplasia
- c. After using acetic acid . very diffuse borders mean mild dysplasia
- d. Biopsy is taken from the center of abnormal lesion
- e. The result of cervical biopsy could be ASCUS

48) A 28 year old woman . G3P0+3 . present for evaluation of habitual miscarriage , she has been married for the last 2 years and does not use any contraception during this period . all of her miscarriage occurred in the first trimester . her period are regular . her is BP 120/70 mmHg and heart rate 70 bpm . which of the following would you expect to find in evaluation and investigation :

- a. Uterine anomalies
- b. Genetic factor
- c. No cause could be found
- d. Acquired thrombophilia
- e. Maternal endocrinal diseases

49) during the luteal phase of the cycle . which of the following is correct :

- a. Empty graafian follicle will become corpus albicans
- b. Estrogen is responsible for endometrial changes
- c. The rise of progesterone responsible for initiation of the next cycle
- d. Corpus luteum releases Hcg hormone
- e. Fertilization occurs within 3 days after intercourse

50) a 29 year old – nulligravida . with a BMI 34 . referred to infertility clinic with her husband who is 39 year old . as they are seeking pregnancy after 3 years of infertility . her medical and surgical history is unremarkable apart from appendectomy 10 years ago . she bleeds every 4–6 months on medication and she has some facial hair . the most common probable cause of infertility is :

- a. Oligospermia
- b. Tubal obstruction
- c. Hypogonadotropic hypogonadism
- d. Hypothalamic – pituitary – ovarian dysfunction
- e. Premature ovarian failure

51) A 20 year old lady . primigravida , admitted to the hospital at 34 weeks gestation . with heavy vaginal bleeding and regular uterine contractions . her BP 160/95 . CTG is normal . her US scan showed anterior placenta not low with no retroplacental clot . her vaginal ex was 4 cm dilated Cx , 80% effaced , vertex , at –1 station and membranous wew intact . the most likely diagnosis for her condition is :

- a. Placenta previa
- b. Placenta accrete
- c. Vasa previa
- d. Placental succinuriate lobe
- e. Placental abruption

52) all are true regarding postpartum hemorrhage , except :

- a. Modified B Lynch suture can be used
- b. More common in multipara
- c. Associated with polyhydramnios
- d. Mifepristone is used
- e. Associated with occipito–posterior position at delivery

53) All of the following is a side effect of oxybutynin , except :

- a. Urine retention
- b. Dry mouth
- c. Bradycardia
- d. Muscle weakness
- e. Blurring of vision

54) A 38 year old P5 (all by vaginal delivery) , presents to the clinic complaining of vaginal discharge . on speculum exam , the doctor noticed grey –whitish colour discharge with fishy smell . the most likely cause is :

- a. Candida infection
- b. Trichomonas infection
- c. Chlamydia infection.
- d. Gonococcal infection
- e. Bacterial vaginosis

55) the primary mechanism by which combined oral contraceptives prevent pregnancy is by :

- a. Inhibiting serum FSH
- b. Inducing endometrial atrophy
- c. Inducing lymphocytic endometritis
- d. Increasing cervical mucus viscosity
- e. Altering tubal motility

56) which of the following ligaments provide the most support to the uterus in terms of preventing prolapse :

- a. Broad ligament
- b. Round ligament
- c. Utero–ovarian ligaments
- d. Cardinal ligaments
- e. Arcuate ligaments

57) choose the wrong pair of drug and its side effect during pregnancy and puerperium :

- a. Methyldopa : postnatal depression
- b. ACE inhibitor : renal dysgenesis
- c. NSAIDs : polyhydramnios
- d. Warfarin :interventricular haemorrhage
- e. Anti epileptic drugs : neural tube defect

58) a 25 year old patient with primary infertility . she is receiving clomiphene citrate for ovulation induction . she should be instructed to discontinue clomiphene citrate if she develops :

- a. Abdominal discomfort
- b. Mood changes
- c. Change in vision
- d. Hot flashes
- e. Vaginal bleeding "spotting "

59) the best time for delivering a patient with gestational diabetes controlled by insulin and not complicated is :

- a. 37 weeks
- b. 39 weeks
- c. 41 weeks
- d. 42 weeks
- e. 36 weeks

60) A primigravida has just delivered vaginally alive male with birth weight of 3.8 kg , the placenta and membranes delivered completely on EX , the midwife noticed that the external anal sphincter is mostly torn . with a few fibers left intact . the internal anal sphincter is intact , how would this tear be described :

- a. Second degree tear
- b. Third degree tear 3a
- c. Third degree tear 3b
- d. Third degree tear 3c
- e. Fourth degree tear

61) A Cystic ovarian lesion was noted on US and x-ray to contain bony spicules in 21 year old single female , the pathological lesion is :

- a. Dysgerminoma
- b. Cystic teratoma
- c. Serous cyst adenoma
- d. Clear cell tumor
- e. Endometrioma

62) regarding transverse lie , which of the following is false :

- a. Is associated with prematurity
- b. Is associated with multiple pregnancy
- c. Is the commonest lie of the second twin
- d. Can be found with antepartum hemorrhage
- e. Is better to be delivered by CS

63) A 55 year old para one , who had her last menstrual period at 50 years of age comes to you with sudden bleeding from vagina . physical examination shows obesity and hypertension . pelvic EX indicates no abnormally of vulva or cervix . the uterus is normal . the most probable diagnosis is :

- a. Atrophic vaginitis
- b. Endometrial polyp
- c. CIN III
- d. Endometrial carcinoma
- e. Endometrial hyperplasia

64) massive postpartum haemorrhage may indicate the following interventions , except :

- a. Hysterectomy
- b. Endometrial ablation
- c. Internal iliac artery ligation
- d. Ballon tamponade
- e. Uterine artery ligation

65) A 57 year old P5 (all by vaginal delivery), has been menopause for the last 4 years , presents to the clinic complaining of stress incontinence , urinary frequency and urgency . all of the following are true , except :

- a. Detrusor overactivity is a possible diagnosis
- b. A residual urine volume of 30 ml is normal
- c. Peak urine flow rate of 5 ml/s suggests voiding difficulty on urodynamics
- d. A bladder capacity of 200 ml on cystometry is normal
- e. Menopause and multiparty are risk factors for her stress incontinence

66)Regarding granulose cell tumors , all of the following are true except :

- a. Are estrogen secreting tumors
- b. May lead to precocious puberty if appeared in the prepubertal period
- c. Behave as high grade malignant tumors
- d. Surgical treatment is the standard treatment
- e. Unilateral in most of cases

67) A woman who is para 0+5 and she is 36 weeks pregnant now , is called

- a. Nulliparous
- b. Primigravida
- c. Grand multiparous
- d. Primiparous
- e. Multiparous

68) which of the following conditions is considered an indication for termination of pregnancy ?

- a. Aortic stenosis
- b. Tricuspid stenosis
- c. Severe mitral stenosis and NYHA grade II
- d. NYHA grade 4 heart disease with history of decompensation in the previous pregnancy
- e. Aortic regurgitation

- 69) A 65 year old menopausal woman complaining of a lump protruding out of the introits . on clinical ex , the cervix is out of the introitus , but the uterine body is in the vagina , which of the following stat,ents is wrong :
- Try to exclude large abdominal tumors before treatment
 - Best treated by vaginal hysterectomy and repair
 - Vaginal ring pessary may be an option in her management**
 - This is a 3rd degree uterine prolapsed
 - Menopause is a predisposing factor for her condition
- 70) A 24 year old primigravida , presented at 30 weeks gestation with lower abdominal pain . a non stress was performed for 20 minutes and showed baseline fetal heart rate of 140 bpm and there was no acceleration ar deceleration . what is the next appropriate step in the management :
- Fetal blood sampling
 - US scan for fetal growth
 - Continue the tracing for a future 20 minutes**
 - Arrange for urgent CS
 - Induction of labour if the bishop score is high
- 71) regarding amniocentesis , which of the following is correct :
- It carries a risk 5% of miscarriage
 - Done as blind procedure
 - Done between 10–18 weeks
 - Amniotic fluid can leak following amniocentesis**
 - Placental mosaicism is common with amniocentesis compared to CVS
- 72) regarding gestational trophoblastic neoplasia , all of the following statement are correct . except :
- Surgical termination is the treatment of choice for complete mole
 - Post evacuation plateau of serum B Hcg for 4 reading is diagnostic for malignant GTN
 - The most common site of metastasis is the lung.
 - Malignant GTN can occur after full term pregnancy
 - Hemorrhagic cystitis is one of the side effects of methotrexate**
- 73) regarding multiple gestation , all are true except :
- Monozygotic twins is characterized by single placenta**
 - Incidence of congenital malformation is higher than singleton pregnancy
 - Prophylactic cervical cerclage is not routinely indicated
 - Dizygotic twins may have similar gender
 - The most common presentation is cephalic – cephalic presentation

74) A 30 year old G2P1 (by vaginal delivery) , presents at 37 weeks of gestation complaining of decreased fetal movements . she denies any abdominal pain or vaginal bleeding , her BP 120/80 and heart rate 86 bpm . obstetric exam revealed singleton fetus in longitudinal lie and cephalic presentation . with three fifths of the head felt abdominally . your next step in management is :

- a. Admission and observation
- b. Induction of labor
- c. To do contraction stress test
- d. To do biophysical profile
- e. To do non stress test

75) A 55 year old postmenopausal woman consulted you about using combined HRT . but she is unsure about the benefits and complications of HRT . from the following statements , choose the correct information regarding the use of HRT :

- a. Vasomotor symptom (sweating , hot flashes) will be relieved
- b. Cardiovascular complication decreased by 30%
- c. Colon cancer increased up to 50%
- d. Increased the risk of endometrial cancer
- e. Protects against breast cancer

76) a 25 year old patient attended the antenatal clinic , her periods are regular and LMP was 35 days ago . Beta -HCG was 900IU/L . vaginal scan did not show intrauterine gestation sac . she looks healthy without any complaint . she has a past history of an ectopic pregnancy one year ago . what management would U do ?

- a. Repeat serum B - HCG after 2 days
- b. Admission to the hospital for laprotomy
- c. Repeat the US after 2 days
- d. Admission to the hospital for laparoscopy
- e. Give the patient an oppintment to attend the clinic after 1 week

77)A 32 year old lady . P0+0 with irregular infrequent cycles every three to four months , attended the infertility clinic because of inability to conceive for 3 years . her tubal patency was confirmed by laparoscopy and her husband semen analysis is normal . ovulation induction was advised . choose the correct statement regarding ovulation induction :

- a. Metformin alone rarely restores ovulation
- b. Clomiphene citrate and metformin are equally effective
- c. Laparoscopic ovarian drilling is safe and does not affect ovarian reserve
- d. If clomiphene citrate is given . it should not be given for more than 3 cycles
- e. If gonadotropins is to be given , the chance of developing ovarian hyperstimulation syndrome is higher than other patient

78) A 25 year old primigravida , at 32 weeks of gestation , came to emergency room with headache , her BP 170/105 , U decided to stabilize her BP by :

- a. 500mg of methyldopa
- b. 50 mg of atenolol
- c. 5-10mg of hydralazine IV
- d Nitroprusside
- e. Non of the above

79) A 25 year old patient had hirsutism and receiving medical treatment for the last 3 months . she had no significant medical or surgical history . 3 weeks after treatment she started to feel dizzy . ex showed no abnormality apart from being hypotensive , the most likely drug she is receiving is :

- a. Spironolactone
- b. COCP
- c. Flutamide
- d. Finasteride
- e. Cyproterone acetate

80) which of the following is not considered as a cause of direct maternal death :

- a. Abruptio placenta
- b. Postpartum bleeding
- c. Sepsis
- d. Amniotic fluid embolism
- e. Cardiac diseases

81) which of the following features on second trimester US is not considered as a soft marker of trisomy 21 ?

- a. Single umbilical artery
- b. Choroid plexus cyst
- c. Diaphragmatic hernia
- d. Short femur
- e. Dilated renal pelvis

82) regarding intrahepatic cholestasis of pregnancy , which of the following is not correct ?

- a. Most specific finding is elevated bile acids
- b. Proceeds to chronic liver diseases in most of cases after delivery
- c. Pruritis is an essential feature to diagnose
- d. The recurrence rate in future pregnancy is more than 50%
- e. May occur in association with estrogen-containing oral contraceptive pills

83) one of the following liver disorders will not disappear after delivery :

- a. Acute viral hepatitis
- b. Intrahepatic cholestasis
- c. Acute fatty liver
- d. Severe preeclampsia
- e. Liver involvement in HELLP syndrome

34) regarding precocious puberty , all of the following statements is true , except :

- a. Is diagnosed when secondary sexual characteristics appear in girls before the age of 8
- b. Speeds bone maturation
- c. May be caused by an intracranial lesion
- d. May cause menstruation in the absence of secondary sexual characteristics
- e. Seen in patients with Turner syndrome

85) A 36 year old P2 , comes to the physician for a routine gynaecological examination , menses occur with normal flow at regular 28 day intervals and last for 3 to 5 days . her last menstrual period was 20 days ago . her sister was diagnosed with breast cancer at the age of 40 years . she is smoker , consuming 10 cigarettes daily for the past 15 years . the patient's vital signs are within normal limits . physical examination including a complete pelvic exam shows no abnormalities . urine pregnancy test is negative . A Pap smear shows atypical glandular cells . which of the following is the most appropriate next step in management :

- a. Repeat cervical cytology at 12 months
- b. Perform colposcopy with endocervical and endometrial sampling
- c. Perform a diagnostic loop electrosurgica excision
- d. Test for oncogenic human papilloma virus
- e. Perform colposcopy and cytology every 6 months for 2 years

86) high risk HPV includes :

- a. 6
- b. 11
- c. 31
- d. 40
- e. 42

87) regarding endometrial cancer :

- a. Usually presents with recurrent lower abdominal pain
- b. Adenocarcinoma is the usual histologic type
- c. Serous papillary type has better prognosis than endometrioid type
- d. Combined oral contraceptive is a well recognized predisposing factor
- e. Often diagnosed at advanced stage

88) A 33 year old G2P1 with dichorionic – diamniotic twin pregnancy presents to clinic at 26weeks for routine visit . US examination shows a demise of one twin that has a growth measurements of 21 weeks . there is no abdominal pain or vaginal bleeding . what is the next step in management :

- a. Immediate delivery of the surviving twin
- b. Continued management as singleton pregnancy ??????????????
- c. Maternal fibrinogen level
- d. Non stress test for the remaining twin ??????????????
- e. Start prophylactic heparin

89) while U are taking a history of from a 36 weeks primigravida who is admitted to hospital with the diagnosis of preeclampsia she developed eclampsia fit in front of U . your immediate action should be :

- a. Call for help
- b. Maintain an open airway
- c. Give a bolus dose of 6 grmas magnesiumsulohate
- d. Fixa urinary catheter
- e. Put IV drip

90) A 27 year old woman in her 32 weeks of gestation . arrived to the emergency room complaining of headache and blurring of vision . her BP 170/120 , with +2 proteinuria . she has been given magnesium sulphate to prevent eclampsia . the earliest clinical indication of hypermagnesemia is :

- a. Hypotension
- b. Flaccid paralysis
- c. Respiratory arrest
- d. Loss of deep tendon reflexes
- e. Stupor

91) A 21 old lady , at gestational age of 34 weeks , is complaining of decreased fetal movements , U asked for a non stress test at the clinic that showed fetal tachycardia . all of the following can be the cause , except :

- a. Maternal fever
- b. Maternal hypothyroidism ??????????????????????
- c. Anxiety
- d. Fetal hypoxia
- e. Prematurity

92) regarding cervical cancer risk factors , which of the following is correct ?

- a. Smoking is associated with a significantly increased risk of adenocarcinoma of the cervix
- b. First birth at 30 year old is associated with increased risk
- c. Sexual partners of circumcised males are at higher risk
- d. History of sexually transmitted infections increase the risk
- e. Compared to woman with one sexual partner, the risk is approximately four fold in woman with no sexual partners

93) A 44 year old P4 , presents to the clinic complaining of heavy menses for the last 8 months . her abdominal US scan revealed multiple large uterine fibroids . her doctor counseled her regarding the different treatment option for her condition , the best treatment for this patient is :

- a. Hysterectomy
- b. Myomectomy
- c. OCCP
- d. GnRh therapy
- e. NSAIDs

94) A 32 year old woman . P0+0 . came to gynaecology clinic complaining of pelvic pain , especially during menses , dyspareunia and heavy irregular bleeding . the patient was married for 3 years but get discovered 6 months ago . on EX , tenderness in posterior fornix was elicited . this patient is best investigated by :

- a. Hysteroscopy
- b. Transvaginal US scan
- c. Laparoscopy
- d. Endometrial biopsy
- e. Laparotomy

95) An intrauterine pregnancy of approximately 10 weeks, gestation IS confirmed in G3P2 woman (both by vaginal delivery) with an intrauterine contraceptive device IUCD) in place She denied any vaginal bleeding or abdominal. Speculum examination performed. the thread of the IUCD is seen protruding from the cervical os.

The most appropriate course of action is to:

- a. leave the IUCD in place without any other treatment
- b. leave the IUCD in place and continue prophylactic antibiotic throughout pregnancy
- c. remove the IUCD immediately
- d. terminate the pregnancy because the high risk of infection
- e. perform a laparoscopy to rule out the heterotopic pregnancy

6th year-2019

1. FIGO staging system except:
Lymph node
2. Most common anemia in second trimester:
Iron deficiency
3. Pregnant patient, para something gravida something, present with abdominal pain and vaginal bleeding or spotting, on us: intrauterine gestational sac, its diameter us 34 mm and CRL of 5 m. Most appropriate next step ?
Offer medical management of miscarriage.
4. Patient with 2 months of amenorrhea (not sure of the duration), gave birth 8 months ago, started medroxyprogesterone acetate injection, took 2 of them.. The last was 4 months ago... What to do?
Pregnancy test
5. Pregnant woman presenting on 41 weeks of gestation... Assessment shows -good fetal size and condition, what's next?
 - Wait another week
 - Induction of labor
 - **Review hx and gestational age (or US estimation of gestational age)**
induction... إذا كان اللي بين قوسين يكون الجواب
 - **review hx and GA** الجواب هو إذا
6. Pregnant pt, i forgot GA... presents with abdominal cramps and irregular contraction... On assessment contractions are 2 per 10 mins, pt is stable, exam unremarkable, fetus أمورہ تمام... Cervix thick closed and posterior, there is blood stained mucoid discharge.... Management...
Reassure and send her home
7. G4 p2+1 Pregnant pt at 28 weeks of gestation, presenting with abdominal cramps and reports vaginal passage of clear fluid (# of hours ago), on assessment contraction are regular 3 per 10 mins, cervix 5 cm dilated and 75% effaced.... What to do?
Allow vaginal delivery
8. Pregnant woman, idk the GA pregnancy diagnosed at first antenatal visit of 7 or 9 weeks of gestation وأمورہا كانت تمام... Detailed anomaly scan at 22 weeks and was normal, On this presentation AC and estimated fetal weight are below 5th centile.... What's next?
Umbilical artery doppler velocimetry. ((Not review hx and GA as she is diagnosed pregnant on the first trimester which would be accurate))
9. Patient with misscariage on a GA in the first trimester... Most likely cause?
Chromosomal abnormalities

10. pt with negative blood group, on estimation of antibody titer on the first visit it was 1/32, in a previous pregnancy she had a miscarriage or bleeding in the first trimester (I think 12 weeks) at home and she didn't seek medical care, received standard post partum anti D dose (for the previous pregnancy if it was a bleeding or another pregnancy if it was a miscarriage)... The most likely cause of her titer is:
- Not receiving anti d at 28 weeks of gestation
 - **Not receiving anti d following that first trimester event (this is the answer)**
11. All cause central nervous system malformation except?
- **Carbimazole (answer)**
 - Phenytoin
 - Tegretol
 - Valproic acid
 - Oral vit A
12. Congenital anomaly that can be diagnosed by 1st trimester ultrasound :
- Anencephaly**
13. Pregnant woman, I think older than 40 years, double bubble sign on fetal us and some other information... Likely chromosomal abnormality?
- Down syndrome**
14. A woman presenting after unprotected intercourse, her periods are irregular the last being 2 weeks ago, pregnancy test negative, most effective emergency contraception.
- Copper IUCD**
15. In multiple gestation, chorionicity is determined at:
- 11_13 weeks.**
16. A patient with hypertension due to a renal disease, with mild renal impairment... During pregnancy your target for Bp control is:
- 120/80**
17. I think there was a q about a pt with 150/90 Bp and +2 or 3 proteinuria on 37 weeks GA... Management?
- Delivery (may be it was written induction of labor not delivery)**
18. Q about shoulder dystocia..
- 50% occur without risk factors**
19. A pt with bmi of 34 kg/m²... Fasting glucose in the first trimester is 88 mg/dl... She had a hx of GDM controlled by life style modification I think...
- She is not Diabetic, perform OGTT at 24 weeks.**
20. Favorable factors for vaginal breech delivery:
- Frank breech**
21. Drug for urge incontinence:
- Switch drug to other drug with less side effect -nasi el asam-**
22. Contraction every 1 min with fetal bradycardia I think, After giving prostaglandin...
- Uterine hyperstimulation**
23. Drug used for thyrotoxicosis
- Propylthiouracil**

24. Ritoseban\ atosiban:

Oxytocin antagonist

25. Indirect death:

Seizures

26. Pcos:

Thecal proliferation

27. Pt with stage 2 or 3 endometriosis, Regarding treatment:

Danazol causes weight gain

28. Postcoital bleeding

- Colposcopy
- **Pap smear ***

29. In case of menorrhagia that started with menarche:

Check for vWD

30. Best tool for diagnosing ectopic

- **TVUS ***
- TAUS
- MRI
- CT

31. True about endometrial carcinoma:

- **Depth of invasion is an important prognostic factor ***
- Incidence is decreasing
- Staging is clinical

32. Uterine Fibroids are less likely to be associated with:

Amenorrhea

33. About MgSO₄

- Oral
- Loss of dtr late
- Respiratory distress 2-4 level
- **Decrease variability ***
- Bottom of Form

34. A patient with green vulvar warts, her husband has the same lesion on his groin, what is this:

Condylomata accuminata

35. Swelling on the posterior of labia majora Tx

- **Marsupulization ***
- If associated with pain: incision & drainage

36. Question about vacuum ...

Less perineal lacerations than forceps

37. Retained part of placenta

Removed in OR

38. Incomplete miscarriage. Presented two weeks later febrile

Next step in management..

- **AB***
- PGE1
- Evacuation

39. Best tool for diagnosis of IUGR..

Estimating weight

40. Heavy menorrhagia since puberty:

Look for coagulation disorder (von Willebrand disease)

41. One of the following is true regarding brow presentation..

- Wait, it will return to face presentation
- CS
- Associated with goiter

42. Woman progressing normally in labor... At 7 cm she had late deceleration, what to do

- Use internal monitor
- Emergency CS
- Wait second stage and deliver by forceps ??
- Arrange for fetal pH measurement ??
- Deliver by vacuum since she is nearly fully dilated

43. Laparoscopy vs laparotomy (for management of ectopic pregnancy) I think:

Shorter hospital stay.

44. 30 years old woman, complaining of infertility, convinced by another doctor to undergo ovarian drilling, what would your advice be?

Comments were talking about a choice regarding adhesions OR advice her to try clomiphene citrate as a first step =

45. PPH:

can happen due to retained tissue

46. Kallman syndrome...

GnRH pump

47. Suspicion of pulmonary embolism ?

Treat with LMWH

48. 47XXX associated with ?

POF ??

49. Chorioamnionitis prophylaxis in PPROM..

Erythromycin

50. **HSG FOR tubal patency**

51. GDM doesn't affect:

- Mortality
- Morbidity
- Risk to develop DM type 2
- **Congenital anomalies ***

52. Doesn't increase the risk of abruption?

CS

53. A 36 weeks pregnant pt presenting after passage of clear fluid vaginally 12 hours ago (ruptured membranes), I don't remember if there was labor or not, what to do?

- Antibiotics
- Induction

54. A female with signs and symptoms of virilization or something like that, most important test to rule out:

- 17 hydroxy progesterone
- Testosterone

55. Ovarian tumor associated with genetics

- Krukenberg tumor??
- BRCA 1 mutation
- Cystadenocarcinoma

56. Used to induce ovulation in IVF :

- Clomifine citrate
- GnRH analogue
- HMG
- **FSH***

57. Endometrioid associated with which tumor :

Clear cell carcinoma ?

5th year - 2019

1- Example for high risk Human papilloma :

33

2- GTN limited to uterus and vagina , stage ?

2a

3- Hx of amenorrhea and passing tissue vaginally on u/s shows empty uterus and closed cervix what is the next step :

hCG monitoring

4- True regarding fibroid :

Sub serosal fibroid usually asymptomatic

5- Not used for staging of cervical carcinoma :

Laproscope (others : colposcope , colonoscope , etc)

6- 20 year-old female have married since 6 months and her mother died from cervical cancer came to you for screening, what is your next step :

ask her to visit you after one year for screening.

7- Endometrial hyperplasia risk factor ?

adjuvent tamoxifen

8- used to decrease risk of Methotrexate toxicity :

Folinic acid (not folic acid)

9- prediction of endometrial cancer prognosis (ذكروني بالصيغة) :

cellular atypia

10- Risk factor for aggressiveness of endometrial cancer(برضو ناسي الصيغة) : **postmenopausal ?**

11- True regarding Bartholin abcess :

unilateral

12- Best description of hormonal changes during menstrual cycle :

FSH – Estrogen – LH – Progesterone

13- True regarding PCOS :

there is a characteristic appearance on U/S of ovary but not essential to make diagnosis

14- True regarding STDs :

gold standard test for diagnosis of genital herpes is cell culture

15- True regarding bacterial vaginosis :

Can cause Pre term labor

16- True regarding female pelvis and fetal skull :

narrowest transverse pelvis is interspine diameter (11.5 cm)

17-What is the management of Severe abruption placenta :

delivery

18- Hypothalamic cause of Amenorrhea :

kallmann syndrome

19 -Female complaining of infertility with irregularity of cycle and unilateral closure of tube , what is the best next step to manage her infertility :

Induction with clomiphene for 6 months orrrrr laproscopy to open the tube ? (One tube is enough for fertility ? may be ?)

20- Osteoporosis work up :

DEXA scan with ... (ناسي)

21- A complication Sterilization of female :

If this method fail , ectopic pregnancy may occur.

22- Microcytic anemia with normal iron lab values :

thalassemia

23- Unit for perinatal mortality is" deaths per... " :

1000

24-True regarding Dysgerminoma :

radiosensitive

25- One is true regarding GnRH :

Prevent LH Surge at IVF

26- One finding is true regarding thyroid function changes at in pregnancy :

TSH is low

27- trace glucosuria during urine analysis at pregnancy indicate :

normal

28- true regarding Rh Isoimmunization :

given after dead fetus or something like that ??????

29- Highest cardiac mortality rate during pregnancy :

eisenmenger ??

30-One indication is considered as category one CS :

cord prolapse

31- Classic uterine incision vs low uterine incision :

lesser than low uterine incision regarding injury to bladder

32- Primary amenorrhea with normal development of breast no axillary or pubic hair what is next step :

Karyotyping (androgen insensitivity male)

33-Indication for expectant management for placenta previa :

??????

34-Most common gi symptom during :

nausea

35- true regarding Genital prolapse quantification system :

3rd stage is the most distal portion of the prolapse is > 1cm below referring point (hymen)

36-Patient with fever and lower abdominal pain and Pelvic inflammatory disease is

suspected what is your next step : **IV antibiotics and admission (cause of admission to rule out other causes)**

37- One of following situation the Forcep is allowed : anterior mental position with fully dilated cervix and ruptured membrane with stage 1+ (there is a choice : **vertex with fully dilated cervix 1+ station intact membrane , And it is wrong for sure)**

38- True regarding shoulder Dystocia : **40-50% occurs at normal babies**

39-Not used for treatment Dystocia :

delivery of anterior shoulder.

40- True regarding Mirena :

Increase PID risk

41- True regarding multiple gestation :

conjoined twins come from division of embryonal disc

42- antenatal visit for sickle cell disease patient what is the vaccines should receive :

Hemophilus B , Pneumococcal , Meningococcal , Hepatitis B , H1N1

43- Which of the following considered as a Safe drug during pregnancy :

Propylthiouracil

44- Pregnant complained of itching at sole and hand dx :

Cholestasis of pregnancy

45-Typical case scenario of primary dysmenorrhea , what is true regarding her ?

no pathology could be identified.

46- Case of infertility and adenxial mass with high CA-125 :

endometrioma.

47 : True regarding Adenmyosis:

it is associated with high level of CA-125

48- Pregnant her baby died during labor and she is now complaining of enlarged painful breasts , what is your treatment :

bromocriptine or milk emptying ???

49- Patient diagnosed at 20 weeks as duodenal atresia what is next step

Quadruple test for chromosomal abnormalities or amniocentesis ??

50- Baby with IUGR and on doppler absence diastolic wave , what is your plan of management ?

Deliver her at 34th week as CS.

51- Indicative factor for near Eclampsia :

hyperreflexia

52- Typical case of severe pre-eclampsia with ankle reflex clonus what is the best next step of her management ?

Mgso4 IV (to prevent possible near eclampsia ?) or Hydralazine IV to control blood pressure

53- 41 week of gestation confirmed by U/s what is ur next step :

sweeping for membranes then admit for induction

54- Prostaglandine oral for ripening of cervix Qs ??? What is the question please ?

55- A known case of hypertension treated with methyldopa came complained of headache and her reading was 170/110 without proteinuria no evidence of IUGR or oligohydro , what is your next step of management :

(controversial question) But I think treat HTN and 37th week delivery cz there is no actual evidence for pre eclampsia as the headache may be present at hypertension emergency ! There are another choices: Doppler ? and ?

56- True regarding cephalopelvic disproportion ??? What is the question ?

57-True regarding urinary incontinence :

most common type is stress incontinence

58-Drug that causes overflow incontinence :

Antipsychotic (antimuscarinic activity)

59- Most common cause of Polyhydramnios :

Idiopathic

60- Monoamniotic monochorionic delivery plan :

32nd week CS

61-endometrioid is associated with which type of cancer :

clear cell cancer

62-Breech delivery vaginally :

frank

63-not cause of recurrent miscarriage :

All of them are considered causes of recurrent miscarriage

64-Case of abnormal vaginal bleeding not responding to mifepristone , she completed her family what is the next step for management with a least complication :

Endometrial ablation ?

65-Contraindication of OCP :

previous history of thrombosis

66-Most common site of DVT during pregnancy :

left iliofemoral

67-Duration of PROM antibiotics :

10 days

68- Pelvic brim :

superior aspect of symphysis pubis to iliopectineal line and sacrum ala and sacral promontory

69- True regarding Partial mole:

can't develop to be term

70-True regarding Complete mole:

15-20% Malignant transformation

71- True about Secondary hemorrhage

associated with infection

72- Best screening test for an obese patient concerning about risk of DM in pregnancy :

GCT 1 hour

73- fasting blood sugar for pregnant is 156 mg/dl with hx of 4.5 kg baby , what is your next step :

OGTT for 3 hours or consider it as gestational DM directly and start with diet modification ... etc ???

74-most of pregnancy loss occurs at

less than first 10th weeks ?

75- Cervical cerclage is :

the treatment for recurrent miscarriage at 17 and 18 weeks

76-Maximum amniotic fluid at normal pregnancy :

1000 L at 34 weeks

77- Aspirin is not recommended in one case :

(previous hx of pre eclampsia , rheumatic heart disease , multiple gestation ?) I don't know the true answer!

78- 5-cm simple cyst with thin wall at first trimester of pregnancy , what is your next step of management :

Reassurance (as it is physiological cyst , Theca luteal cyst ???) or follow up by scanning ? I'm not sure

79- One is true regarding dermoid cyst :

Struma ovarii contains thyroid tissue

80-Partial mole true :

appear as swiss cheese at U/s

81-True regarding Clomiphene :

It forms ovarian cyst

82- True regarding Assisted reproductive :

OHSS prevented by cabergolin

83- True regarding Prolactinoma :

treat macroadenoma medically first

84- Drug that causes pulmonary edema :

Ritodrine

85-Monoamniotic monochorionic delivery plan :

cs 32nd week

86-Primary surveillance for IUGR :

doppler

87-true regarding Pseudocyst:

centrally located at uterus

88- the position of the parts of baby's body :

attitude

89- According to beshob score , what is the most favorable pregnant to get induction of labor ?

Multigravida with 80% effaced cervix (other choices include less effaced cervix)

90- True regarding vault prolapse :

Hysterectomy is the main risk factor

91- To say that CTG is abnormal :

late deceleration for 50% of uterine contractions over 30 mins

92- 20 weeks pregnant woman not immunized for rubella , what you will do ?

Immunization after delivery.

93- true regarding progesterone only pills:

can be used during lactation

94- When we do continuous CTG instead of Intermittent auscultation :

when basal HR 90 bpm

2018

Highlighted questions: answers were confirmed by the doctors.

1. Elevated MSAFP:
 - **Gastrochiasis**
2. Histological type of endometrial Ca:
 - **Adenocarcinoma**
3. About Complex atypical adenomatous hyperplasia:
 - **Risk is 25%**
4. Dx of malignant GTN:
 - **Plateau of hCG for four measurements**
5. False statement:
 - **NSAIDs : increase polyhydramnios?**
6. Which of the following PET cases can be managed by expectant management :
 - **BP 140/90**
7. Regarding Asthma in pregnancy, B2 blocker & inhalational steroid:
 - Safe both
 - B2 blocker safe
 - B2 blocker contraindicated
 - It will improve without medication
8. Most common symptom in endometriosis is:
 - **Dysmenorrhea**
9. Most common symptom in adenomyosis is:
 - **Menorrhagia**
10. Regarding Activin:
 - **Increase Gn receptors**
11. After reduced fetal movement:
 - **NST**
12. Best Management of urge Incontinence is:
 - **Bladder training**
13. Twins with one fetal demise, estimated GA **4-5** weeks less than duration of amenorrhea, what is next?
 - Fibrinogen level
 - NST
 - Expectant

14. Most common cause for induction in polyhydramnios

- Maternal Symptoms
- Cause of polyhydramnios
- Severity
- State of the infant
- GA

15. Habitual miscarriage:

- Genetics
- **Unexplained ***
- Acquired hemophilia

16. Bishop score, **1 cm** cervical dilatation (further information were available but not mentioned in the comments):

- PGE1 (**800** mcg)
- PGE2 *
- Oxytocin drip
- ARM

17. Mother has a son with down syndrome, now she is pregnant, what would you do to evaluate the risk in current pregnancy?

- **Combined test***
- **CVS after integrated test**

18. Regarding Transverse lie:

- Classic CS
- Associated with antepartum hemorrhage

19. Pt with hirsutism taking drug, she is hypotensive (not sure), what medicine did she take:

- Spironolacton?
- Finasteride

20. **15** yrs pt, puberty since **2** years, irregular and heavy cycles for **1** year and she is pale:

- Coagulopathy screening
- Reassurance

21. Frequent PID:

- **Infertility**

22. Prolonged gestation is common in association with:

- **An anencephalic fetus**

23. Not give during pregnancy:

- **Rubella vaccine (MMR)**

24. Wrong association:
- Shehan's syndrome with galactorrhea
25. Posterior fornix tenderness, what to do? "Endometriosis":
- Laparoscopy
26. Best single criteria for diagnosing PID:
- Lower abdomen pain and tenderness?
27. Methyldopa:
- Postnatal depression?
28. Correct about multiple gestation:
- Monozygotic same gender
29. Station +2, I think with right occiput posterior:
- Foreceps?
30. All are incorrect regarding episiotomy except:
- Lateral associated with more bleeding and better healing
 - Prevent anal sphincter tear
 - Decrease time of second stage
31. Definition of Menometrorrhagia
32. Definition of Nulligravida
33. Intrauterine pregnancy + IUCD, GA 10 weeks:
- Look for heterotopic pregnancy
 - Leave it
 - Leave it + AB
 - Removal
34. Station -1 with right occiput posterior:
- Spontaneous
 - Expectant management
35. Post-coital bleeding in pregnancy, what to do:
- U/S*
 - Speculum examination
36. Vacuum vs forceps:
- Laceration is less in vacuum
37. Shoulder dystocia, every thing is normal, Head delivered, Shoulder failed to deliver, what to do?
- Turn the head back to uterus and CS
 - Fundal push
 - Incurge mother to push
 - Abduct thighs with suprapubic pressure*

38. All are in **3rd** active MGx except :
- Empty bladder
 - Controlled traction after spontaneous separation of placenta
 - Descend the head of the baby
39. Diffuse enlargement of the uterus:
- **Adenomyosis**
40. Methotrexate contraindicated in:
- **Heterotopic pregnancy**
41. Perinatal mortality rate:
- **Stillbirth in numerator**
42. Comprehensive Obstetric care:
- **Ability to perform CS.**
43. Risk for cervical CA:
- **History of STD**
44. **2** weeks after uncomplicated delivery bleeding:
- **Retained parts of the placenta**
45. Mother Rh -ve, father Rh +ve, fetus **20** wk gestation, indirect coombs titer of **1:80**, next step?
- **U/S and MCA Doppler ***
 - **Repeat the test**
46. Pregnancy **24** weeks, pubis symphysial height **1** cm below umbilicus:
- IUGR
 - Normal
 - Wrong date
47. Best to predict fetal weight:
- **AC ?**
48. Question regarding POP, Only one measured without straining (measured at rest):
- **TVL**
49. MgSO4 **1st** sign of toxicity:
- **Loss of patellar reflex**
50. Most common ovarian tumor during pregnancy:
- **Theca lutein cyst.**
51. Tumor on U/S bony components:
- **Cystic teratoma**
52. CDC minimum criteria for diagnosing PID:
- **Lower abdominal pain**

53. Physiological change:

- **Decrease R.V**

54. Amenorrhea **5** weeks, hx of PPH, 1st investigation:

- **Beta hCG**

55. Granulosa:

- **Precocious puberty?**

56. Amniotic fluid volume highest peak at:

- **34** wk
- **28** wk
- At term

57. Fishy odor discharge, grey white in color:

- **Bacterial vaginosis**

58. BMI more than **34**, hirsutism, intermenstrual bleeding:

- Premature ovarian failure
- **Dysfunction of the axis (anovulation) ***

59. Multiple papules, umbilicated **5** mm:

- **Molluscum contagiosum**

60. Chorionic villous sample:

- **Altered by mosaic placenta**

61. High risk HPV:

- **31**

62. True regarding Gynecoid pelvis:

- **90°**
- Curved and short
- Rounded and T>AP

63. Intrahepatic Cholestasis:

- Recurrence 2%
- Jaundice
- **OCP***

64. Gonadectomy in female:

- **Kauster hauser syndrom??**
- 5 alpha reductase
- Turner syndrome

65. Primigravida **10** wk with anembryonic pregnancy best to:

- **Admission and medical***
- Admission and surgical
- Wait

66. Fasting BS **110** (GA?):

- Confirm GDM and OGTT at **24-28** weeks
- Impaired glucose tolerance test

67. Fetal growth main source is:

- Fat
- Glucose
- Carbohydrates

68. Deep dyspareunia:

- Vaginismus
- Psychological
- Lichen sclerosis
- PID
- Vaginal septum
- Decrease with lubricants

69. Flow of void:

- **>15 ml/sec**

70. Antibiotics used in mucopurulent cervicitis:

- **Cefixim and doxycycline**

71. Question about PROM management:

- **Tocolytic and corticosteroid**

72. **37** weeks, **3** hours ruptured membrane, **1** contraction per **3** min:

- **Wait**

73. PCOS:

- Decreased testosterone
- **Increased estrone***
- Something about fsh:lh ratio

74. Question regarding PCOS, about clomiphene and metformin:

- Metformin more than **50%** restore ovulation
- Clomiphene is equal to metformin

75. Hyperprolactenemia:

- Essential for growth
- Hyperthyroidism
- Macro need surgery
- **Decreases bone density***

76. Most thing influencing the internal rotation during labor is:

- Presenting part
- Degree of flexion
- Descent
- Engagement - Shape of pelvic floor

77. Position that passes the interspinatous diameter:
- **Direct occiput anterior**
78. One of the benefits of HRT:
- **Decrease the vertebral fractures by 50%???**
79. The best Tx for decrease bone density is:
- **HRT**
80. Antepartum hemorrhage, abruptio placenta, Baby CTG deceleration, BP **75/40** cervical dilation was **3** cm Best mx:
- **Emergency CS and maternal resuscitation***
 - Ephedrine
 - Induction for normal delivery
81. FHR **80**, ruptured membranes, bleeding “vasa previa??” what is next:
- CS
 - Left lateral position
 - PV examination
82. Blinded tubes bilateral, Seen in hysterosalpingogram:
- IVF to become pregnant
 - Surgery
83. Side effects of drug in pregnancy, false association:
- **Endomethacin-polyhydraninous**
84. When to do elective CS in post-term pregnancy “GA”?
85. Closure of ductus arteriosus:
- **Indomethacin**
86. True regarding TOLAC:
- **<1%** uterine rupture
 - No difference between Gravid **1** and gravida **2**
87. Cervical CA confined to cervix, **6** cm, parametrium not involved, what is the stage?
- **IB2**
88. Incomplete miscarriage may present with closed cervix
89. Spotting and fundal situated placenta what is next
90. Question about maternal blues.
91. Cervical biopsy :
- **ASCUS ?**
92. In which case we do not give steroid?
- **Chorioamnionitis**
93. Asthmatic patient takes inhaled corticosteroid and salbutamol , she turned out to be pregnant, what is her line of treatment?
- **Salbutamol grade c**

5th year - 2017

1- all of them germ cell ovarian tumor except?

Endometroid

2- Ca 125 increased in all of them except ?

Teratoma

3- developed from Müllerian ducts ?

Upper vagina

4-Whats true About GTN ?

Lung mets most common

5- station 3/5 equal to?

-1

6- 15 yr old female with primary amenorrhea and urinary retention?

Hematocolpos

7- Pts complaining of profuse frothy vaginal discharge , investigation ?

wet mount test (not sure)

8- New preg with Rh isoimmunization with previous miscarriage.. What to do?

- Antibody titer

- **indirect coombs**(Not sure)

9- Incorrect match?

Molluscum ...acyclovir

10- non ruptured ectopic pregnancy , less than 3 cm with no fetal heart activity , RX ?

Methotrexate (not sure)

11- 44yo female with 7 months duration of amenorrhea .. Your first investigation?

Pregnancy test (not sure)

12- Most common side effect of oxybutynin?

Dry mouth (not sure)

13- Old female with urge incontinence?

Bladder training

14- Congenital malformation that can be detected in first trimester us?

– Anencephaly

– TOF

- omphalocele

15- Not associated with increased nuchal translucency?

- Klienfelter

- Abdominal wall defect

- down

- congenital heart dis

16- Average wt gain during preg?

- 10.5

- 12.5 - 9.5

17- Baden–Walker Halfway Scoring System of prolapse regarding to ?

Hymen

18- About antepartum VTE prophylaxis?

stop lmwh 24 hour before epidural analgesia

19- Brow presentation?

- Least common of all presentation
- Always delivered by csection
- Never can be delivered vaginally
- On pv the supraorbital region and anterior fontanelle are palpated
- Mentoverical diameter

20- About bartholins abscess ?

Rx : drainage and marsupialization

21- Pv examination to measure pelvic INLET adequacyby?

diagonal cojugate diameter

22- Old female with itching due to atrophic vaginitis your ttt?

- Estrogen cream
- corticosteroid

23- Late in menopause ?

- osteoporosis
- insomnia
- hot flashes
- night sweat

24- MOST effective treatment of adenomyosis in 40 year old?

Uterine artery embolization (not sure)

25- HRT on long-term increase risk for ?

- Breast cancer
- colon
- lung
- ovarian
- endometrium

26- Regarding hematological changes during pregnancy .. all increase except ?

mean corpuscular haemoglobin concentration (MCHC)

26- Pruritus in pregnant woman mostly due to ?

Cholestasis (not sure)

27- G2P1 with dm ..past hx of fetal demise that Ended by vaginal delivery , sugar is controlled , Now baby is 34 weeks old ?

- give steroids and Deliver by cs
- Deliver vaginally
- Wait for 38 weeks then deliver

28- heart failure develops in a pt w CVD in ?

- 2nd stage of labor
- 1st stage
- within 48 hours

29- Alpha fetoprotein decreases in...?

30- Cause for physiological anemia in pregnancy ?

Increase plasma volume

31- Pts complaining of ovarian dysgenesis Rx ?

- Thyroxine
- Dexamethasone
- Estrogen
- Progesterone

32- Most common cause of death in pregnant with heart disease during labour?

- Aortic stenosis
- Mitral stenosis
- Eisenmenger's syndrome

33- Rh -ve .. all will increase risk of sensitization except?

- Cs
- cs w/ hysterectomy
- IUFD

34- Diagnosed by 1st trimester ultrasound?

- Anencephaly
- Abdominal wall defects
- Microcephaly
- Tetralogy of Fallot

35- True about Multiple pregnancy ?

Increase risk of gestational HTN

36- Most reliable Indicator of anovulation?

Irregular menses (not sure)

37- All the following drugs are uterolytic except ?

Labetalol

38- Most common gynecological tumor ?

- Adenocarcinoma
- SCC
- Leiomyoma

39- Readings of 3 hours GTT in pregnant in her 24 week of gestations, two of the readings were high-? What's your next step?

- Diet and daily glucose check
- Fetal BPP

40- Most histological type in vaginal carcinoma ?

SCC

41- Twin to twin transfusion syndrome diagnosis?

- One fetus as polyhydramnios and other has oligohydramnios
- Growth discrepancy less than 20%

42- Fern test ?

43- Primipara in labour ...4 hours on station -1 and no CPD with 6 cm dilated cx what is yr next step?

- Assess uterine contractions
- Augmentation with oxytocin

44- Types of fibroids that Disrupt the endometrial cavity?

- Serous
- Intramural
- Submucosal
- Intramural& submucosal

45- Pregnant e htc 30% . Mcv 103 ..no signs of internal bleeding ? Type of anemia ?
Macrocytic anemia

46- whats the most likely cause of the upper question?

Folate

47- Most common degeneration of fibroid?

Hyaline

48- cumulus oophorus?

granulosa cells (not sure)

49- True about Trial of labour?

- Can be done with frank breech presentation
- Continuous fetal heart monitoring is essential

50- Regarding Nabothian cyst ?

It is a retention cyst (not sure)

51- Failure of withdrawal bleeding after estrogen test?

Uterine factor

52- Case of inevitable miscarriage ? How to confirm?

opened internal os (not sure)

53- Regarding causes of symmetrical IUGR ?

- congenital cause
- chromosomal cause
- intrauterine infection
- nutritional cause
- chronic hypertension

54- G2P0+1 RH neg mother /Past hx of miscarriage/came for antenatal consultation at 8 weeks? What initial investigation?

- Rh titer
- Indirect coombs
- Dna sampling for baby blood group
- Wait for 28 weeks and give anti-D

55- Partogram in Jordan , start at ?

- Cervical dilatation of 3 cm
- Diagnosis of labour
- Head engagement

- 56- Primigravida ..40 week+3 days.. She and her fetus were healthy..she is not in labour .
what to do?
- Wait for a week
 - induce labour
- 57- 40 yo female with adenomyosis ..the best management?
- Mirenia
 - hysterectomy
- 58- pt rh- titer 1/32 wt to do next?
- middle cerebral artery doppler velocimetry**
- 59- Wrong about alpha fetoprotein?
- Decrease in diabet
 - Start to rise from 16_18
 - Peak on 20 ws
 - Increase in down
- 60- Indication for expectant management in placenta previa?
- Active bleeding
 - plt<40000
- 61- Wrong statement regarding postmenopausal bleeding?
- Endometrial carcinoma causes 40% of post.meno.AUB**
- 62- case scenario of primary postpartum hmg, most likely cause ?
- cervical & vaginal lesions
 - atony
 - inversion
- 63- postpartum hmg .. immediately developed dyspnea , cyanosis, cause is ?
- AF embolism
 - atony
 - rupture
- 64- pt in 3rd stage of labor , went into shock e minimal bleeding .. the fundus was not palpable >> most likely cause ?
- acute uterine inversion
 - atony
 - rupture
- 65- decreased fetal movement 2 days , next step?
- 66- all increase risk for placenta accreta except?
- cs
 - Previous previa (not sure)
 - curttage
 - synecholysis
- 67- Regarding cervical polyp ?
- postcoital bleeding
 - intermenstrual bleeding
 - watery discharge
 - recurrent abortions

68- Severe pre eclampsia, best indication for severity is?

- Oliguria
- Prot>5g
- Lung edema
- Bp 150

69- definition of perinatal death?

70- One of the following not associated with endo.ca?

Untreated pt w/ turner syndrome (not sure)

71- All are associated with increased risk of endometrial ca except ?

- OCP
- PCOS
- sustained estrogen exposure
- tamoxifen

72- MIRENA least SE is?

73- other than contraception effects of Es & P , .. will affect the following except?

- Benign breast cysts
- cervical ca
- HTN

74- On of these is not a complication of dm? Hyperglycemia of newborn

75- Pt came with acute profuse vaginal discharge with strawberry cervix, which one of these test is used to confirm diagnosis?

wet mount

76- 36 weeks came with Sever pre eclampsia>160/110 , what is the Mx ? urgent C/S

77- pre eclampsia , All false except ?

Aspirin decrease risk of pre eclampsia in in high risk group (not sure)

78- Patient came with missed miscarriage 14 week GA Uterus size 12 weeks GA.. Next step ?

Do b HCG to confairme diagnosis (not sure)

79- Patient with previous 2 C/S, After vaginal delivery of 4kg baby she is shocked, why?

Uterine rupture

80- Q about PCO?

Decrease weight can improve ovulation

81- Not side effect for clomiphine acetate :

- Hot flush
- Hyperplasia of endometreium
- Hyper ovulatory syndrome

82- Not a risk factor for pregnant female?

- Pt age >40
- Multigravida
- Height 150
- Wt 80
- Previous cystecyomy

83- When take endometrial biopsy : the endometrium must be thicker than ?

- 5 mm
- 3
- 8

84- Pt in OR w/ perforated uterus , what is next?

- laparotomy
- laparoscopy
- hysteroscopy
- hysterectomy
- observation

85- Pt 40 y (i think), w/ pelvic mass 12 week size, no bleeding, -ve pregnancy test. what is next?

Pelvic sonography (not sure)

86- Correct match?

orofacial – carbamezapine

87- Post coital bleeding, what is next ?

colposcopy

88- Q about POP- Q wrong?

we use D point if the cervix is present or not

89- About PCOS management?

ocp better to be continues

90- True about PCOS?

Metformin restore ovulation in 50%

91- Q about vaccines in pregnancy?

We can give tetnus and diphtheria

92-One of the following decrease in pregnancy

- GFR
- creatinine
- urea

2016

1. Primary CS is indicated in :
Mentoanterior
2. Not match:
Molluscum contagiosum – acyclovir
3. Not match :
Chlamydia – Metrandezol
4. In hx ask all except :
Family hx 3rd degree relative
5. Case (Urine leak @ exe?? →
stress incontinence
6. All true about urodynamic except →
capacity 150-250 ml
7. All about urine incontinence →
alpha agonist increase incontene??
8. All true about ((3 true)) except →
Sympathatic control cont??
9. CINIII ?? next step in dx :
colposcopy
10. HPV case of CIN →
HPV16
11. Case /adenomyosis 38-year-old pt ,not want to be pregnant , HMP management :
Mirena
12. All about adenomyosis →
not associated with adenxyal pathology
13. Case leiomyoma 4X4 cm ,28y, (management) dx while IUCD follow up →
follow up to determine the rate of growth
14. Pt with naboyhian cyst what to do →
do nothing and reassure the patient
15. Most popular contraceptive method in Jordan →
IUCD
16. GTN all except →
malignancy more with partial mole
17. Case : 12-year-old pt , Tanner 2 , breast in investigation ??
→ **karyotyping /Low FSH / High FSH / Do FSH / Hormone**
18. PCOS features -- pt infertile , Ferriman gallway 10 waist 72 cm ? all investigation should be done except : →
hystosalpengeogram
19. Dx of Q 18 →
PCOS

20. About polyhydrominas all except
AFI >30
21. Anembryonic pregnancy 8 wks what to do
wait
22. Case Hx of miscarriage, uterus still bulky, slight bleeding, what to do next →
US
23. All cause osteoporosis except
hypothyroid
24. AMH, all except :
test @ 2-3 day of period
25. 35 year-old pt, AUB, clinical stable, you do all of the following except : **D&C! واو**
26. Meigs Syndrome all except →
pericardial effusion
27. CA125 marker for :
epiovarian CA ?
28. Case : endometriosis ((US finding)) dx →
endometriosis ?
29. In counseling, 23 year-old pt, all except
malignancy
30. Ovary lacks →
17 OH enzyme
31. 2nd half of pregnancy (30 weeks) –
anti insulin mainly prolactin
32. High risk pt GDM screening →
3 hours OGTT
33. MCQ GDM all except →
34. VBAC all except →
definition of TOLAC
35. Case : Pt with ectopic pregnancy, she is stable and there's decline in beta HCG, Your management :
wait
36. All risk for ectopic except :
contraceptive pills
37. Methotrexate not use if :
laproscopical dx of ectopic
38. Death in eclampsia is due to →
CVA ?
39. Q about Bishop score and calculate it
40. Drug antihypertensive in HTN why →
to decrease the maternal complication (stroke)
41. All about HTN except →
chronic HTN < 20 weeks ??

42. Pt 20 weeks of gestation , on US = low lying placenta →
normal at this time
43. Placenta previa all except →
44. When to use implanon after delivery , breast feeding →
a) 6 weeks? , b) 6 months
45. Pregnancy with IUD →
46. All increase the risk of ovarian CA except →
5 years use of contraceptive
47. Management of hydrosalpinx →
salpingectomy then IVF
48. In Jordan, screening →
US screening @ 18-20 weeks
49. In Down syndrome →
Beta HCG and inhibin A increase ,, AFP and uE2 decrease
50. Anemia in pregnancy →
51. Folate deficiency →
low Reticulocyte ?
52. MCQ about mortality (dr.ahlam's lecture)
53. Early neonatal death is →
Included in infant mortality rate ?
54. Common cause of infant ? death →
congenital anomaly
55. Cholestasis of pregnancy , all are true except ??
56. Gestational thrombocytopenia all except
with fetus thrombocytopenia
57. VTE
58. Sickle cell disease..on counseling ,all are true except →
59. No acceleration , deceleration in NST what to do →
do test for another 20 mins
60. Case : 86 year-old pt on examination : grade 1 prolapse with no symptoms →
reassuring
61. Case (dx : rectocele) on examination pt has constipation , when he presses the pulg
stool go out
62. All about episiotomy except
63. Epidural analgesia in 1st ? stage →
64. Definition of engagement →
65. Early labor of fetus →
LOT ?
66. Common position in vertex →
LOT
67. Pt 36 wks + rupture of membrane , what to do →
wait

68. Pt 32 weeks cervical dilatation 2 cm , what to do →

Give tocolytic + steroid

69. Head of the baby go out then retracted →

70. G3P0 , she is Nulliparus

71. Maternal blues –case

72. Cascospeculum use in all except →

vaginal repair

73. Not part of foceps →

axis

74. Case pt 36 weeks , ... What to do ROM (to induce)

75. About induction of labor →

ROM done after 42 weeks ?

76. Earlist sign of chrioaminitis →

a. tachycardia XXX

b. fever

c. offensive vaginal secretion

77. About Zika virus ---

Microcephly

78. Q about the diagnosis of labor ..

العام الدراسي: 2015
امتحان نسائيه

اعداد الطلاب :

- 1-محمد العمارين 2-احمد كيلاني 3-عمرو الضامن 4-مهند ارشيدات 5-راشد حنيطي
6-عصمت السيوري 7-احمد خيرى 8-لينا مصالحه 9-هدى البهادلى 10-اسماء الغزو 11-فرح طراونه
منسق اللجنة :عرب عبيدات

1-about miscarriage all are true except?

-second curettage is essential after the 1st one , it's not essential

2-which doesn't use initially to diagnose endometriosis ?

-CT

-us

3-about anembryonic miscarriage at the 6 week of pregnancy?(case)

-we wait for 2 weeks

-go for evacuation and surgery

4-best for ovulatin?

-mid luteal progesterone level on 21 days

-LH kit

-temperture chart

5-cause of premature ovarian failure all are true except?

-hyperprolactinemia

-ovulation induction

-cytotoxic drugs

-another drug like cytotoxic ones

6-causes of anovulation all are true except?

-hypoprolactenemia

7-what is true regarding FSH?

-it acts on granulosa cells to give estrogen

8-marker for dysgermenoma?

-LDH

-inhibin

-HCG

9-marker for intrahepatic cholistasis ?

-bile acids

-bilirubin

-tranaminases

-ALP

10-chlomiphine citrate ?

-estrogen competent on hypothalamus

-must not be given for longer than 12 months/weeks

11-about RH?

-give anti-D after a negative Rh mom give a positive Rh baby

12-endometrial cancer,CIN3?

-radical hysterectomy with lymphadenectomy

-radiotherapy.

13-endometrial cancer,CIN3?

-LLETZ

14-what is the most diagnostic for tubal patency ?

-laproscopy with methylene blue dye

-hystro-salpingio gram

15-not risk factor for placenta previa ?

-teenage

-cocain

-multiparity

16-PPH with soft uterus (case), and you are a 1st year resident?

-uterine massage

-call for help

17-about IUGR all are true except?

-hyperglycemia

-his birth weight could be normal

18-complication of regional anesthesia all are true except?

-prolongation of latent phase , (it prolonge the 2nd stage)

-haematoma at site of injection

-infection

-systemic side effects with intravascular injection

-faluir of teqnque

19-regardin hyperemesis gravidarum all are true except?

-start initially with IV dextrose

-ketosis

-early phase of pregnancy

-1% occur in pregnancy

-B6 is associated with Wernicke's encephalopathy (Its B1)

20-about endometrioma what is true ?

-decrease reservoir

21-36 year old non pregnant woman , having bleeding for 6 months (case) when she came to the hospital what is the next step ?

-CBC

-Bhcg (rule out pregnancy)

-laproscope

-hysteroscopy&DC

22-wrong match?

-IUCD -----ectopic pregnancy?

23-about peritoneal endometriosis the true is ?

-could be asymptomatic

-heavy prolonged bleeding

-occur in the late productive life

24-what of the following contraceptive methods is not recommended for 40 yo smoker female?

-combined OCP?

25- the same as the above but non smoker what do we give her?

-minipills

-IUCD

-cocp

-depo provera

-levonorgestril

26-female 37 week with PROM of 2 days duration before admission?

-wait till 37 wks

-give her dexamethasone

-prompt delivery

27-all could be vaginally delivered except?

-cord prolapse with 8cm dilatation??

-persistent OT

-placenta previa

-dead fetus

-Central previa with 29 weeks dead fetus.

28-all are CS delivered except?

transverse lie of fetus

-persistent OP

29- about posterior fontanelle it helps to identify all of these except?

-station

-position

-flexion of head

30-a woman who've just give birth to a baby and she was polyhydraminous and suffers from shock (case)?

-amniotic fluid embolism

- Shock is due to Acute inversion

31-about menopause all are true except?

-we give HRT to all women

-we give Ca and vitamin D to all

32-combined OCP increase all except?

-colorectal cancer

-the rest are from the lects

33-cervical ectropion ?

-cause postmenopausal bleeding , I think it needs a high estrogenic state

-associated with malignancy

-ASSOCIATED WITH CHLYMEDIA>

34- most common cause of torsion ?

-dermoid cyst

-theca lutein cyst

-corpus luteus cyst

35-modified BBP ?

-NST & amniotic fluid index

36- about fetal wellbeing all are true except?

-apgar score

-uterine size

37-bandel's ring with +3 moulding(case) what is the manegment ?

-CS

38-a pregnant woman when put on CTG late deceleration was obvius what do we do (case) ?

-check PH

-CS?

-US

39-wich of these conditions most appropriated for of use traction foreceps:-

-full dilatation . +1, Occipito transverse

-full dilataion . +2 , mento anterior

-Full dilated membranes, rumptures, cervix presentation -1 station

40- para 0+5 and she is in the 36 weeks of pregnancy ?

-nulliparous

-primipara

-grand multipara

41-endometria ca all are true except?

-Ca125 do not help in diagnosis

-Alpha fetoprotein

42-about HCG it\ reaches the peak ?

-9-12 weeks , from Kaplan at the 10th week

43-about ectopic pregnancy with salpingectomy of one tube and the other was normal , the % of having normal fertility is ?

-70%

-90%

44-about normal physiology of pregnancy all increase except?

- platelet

45-in normal pregnancy?

-increase stroke volume

46-about ectopic pregnancy (case) they were all indications of Methotrexate so what do we

do to her (Bhcg 4500, unruptured 3.5 mass?

-methotrexate ,

47-elective CS is done at ?

-at 39 wks

-36

-37

-38

-40

48-jordanian fetal viability?

24 weeks

49- about TOLAC?

-don't use in post-term

50-wrong about severe pre-eclampsia ?

- cesarean section

-Magnesium sulfate

51-about preclampsia all are true except?

-proteinuria is a sign of severity

52-not diagnosed by US in 8 days/weeks pregnancy ?

-low lying

53-about fibroid all are true except?

- cause dyspareunia

53-about fibroid all are true except:

-chief complaint is pain

54-red degeneration of fibroid occurs at ?---

-2nd trimester

-1st trimester

-3rd one

55-anemia could do except ?

-post term

56-case for Dr moamar , female 40 years completed her family suffers from vaginal bleeding what among these is the wrong ?

-we don't do her D&C

- Thyroid function tests are done for all.

57- about the previous case what is the next step

- sit with her and tell her about hysterectomy

58- all are true except?

- the descent in nulliparity occurs before the dilatation (not answer)

-Cervical effacement starts before onset of

60-about urinary incontinence occurs with cough all are true except?

-due to vesicovagina fistula ,

-it occurs with chronic bronchitis

- increase with abdominal mass

61-in UTI infection all are true except?

- don't give AB and wait for culture

-Most common is E-coli

62-about management of PCOS, the 1st step in management is?

-life style modification

63-in cervix carcinoma transition from columnar to?

- squamous

64-in endometrial ca type 2 all are true except ?

-it's of good prognosis

-diagnosed at late stage

65-sub mento-occipital is?

-partial extention

66-true about brow?

-its supra occipito mental

67-all are face presentation except ?

-hydrocephalus

-goiter

-prematurity

68-HPV that cause genital warts?

(6,11)

69-most common cause of APH?

-abruptio placenta

-placenta previa

-uterine rupture

70-perineal laceration reaching the perineal body without anal sphincter involvement ?

-2nd degree

72- case vaginal bleeding after forceps delivery what do we do initially ?

-exploration of vagina

73- the most common benign ovarian tumor is :

serous cystadenoma

74- hour after spontaneous vaginal delivery of twins a female had a heavy vaginal bleeding ... as a 1st year resident your 1st action should be ??

a) call the senior resident

b) uterine compression

c) uterine massage ***

d) uterine artery embolization

75- misoprostol is used in all of the following except ? :

a) menorrhagia

b) induction of labor

c) prevention of PPH

d) treatment of PPH

76- a case of 1ry amenorrea , normal height and body built she has a well developed breaston U/S she has no uterus the best single test to be done for dx is :

- a) karyotyping
- b) testosterone level

77- a multigravida in labor room ... she was progressing well ... cervical dilatation was 8 ... external CTG showed late deceleration , what's your action ?

- a) manage for urgent CS
- b) place an internal electrode
- c) manage for serial fetal PH measurement
- D) wait until she becomes fully dilated and delivers vaginally
- e)vaccume delivery

79- a lady in labor room .. I guess mutlipara , fully dilated, 38 weeks pregnant ... foot of the baby was protruding through the birth canal, 8 cm dilatation for 30 mins, and on monitoring baby didn't show any signs of distress , how will u manage this case ?

- a) arrange for urgent CS
- b) do external cephalic version
- c) deliver by forceps
- d) we wait for the progress of labour and observe

80- a female presented with chronic anovulatory amenorrhea ... was diagnosed as a case of PCOS ... she was obese , hirsute , infertile, the best single tx to start with in this case is ?

- a) CC
- b) anti- androgens
- c) life style modification
- d) GnRH
- e) LOD

81- a child presented with flesh colored painless and itchy lesions with dimpled centers on the vulva ... and spreading all over her body ...?

the dx is : MOLLUSCUM CONTAGIOSUM

82- wet mount test is used in the dx of which of the following ?

- a) genital herpes
- b) N.gonorrhoea
- c) chlamydia
- d) trichomonas vaginalis ***
- e) condyloma accumnatum

83- female presented with mucoperulent cervicitis ... as a "syndromic tx" the best combination is :

- a) cefexime + deoxycycline
- b) metronidazole + azithromycin + Ciprofloxacin
- c) benzylpenicilline + erythromycin
- d)----

84- a grand- multipara , twin pregnancy , she delivered vaginally , then suddenly she collapsed, no obvious bleeding, and signs of shock ... on abdominal ex the uterus body couldn't be felt ...?

- uterine inversion

-rupture

-atony

86- female 15 yrs amenorrhea, no breast, no pupic hair, no axillary hair, never had menses?

gonadal agenesis

87- gynecoid pelvis:

-the transverse diameter of inlet is round & slightly longer than the AP

-the supra pubic angle is larger than 120

88- anti Rh:

give for Rh negative woman after delivery of Rh positive baby if she's still not sensitized

89- *pregnant female with hx of stillbirth what do we do to her //

-Oral challenge test / OGTT / at the booking

-hbA1c

-tolerance test

91- 34 yo woman, P2 with grade 2 uterine prolapsed, cervix is at the introitus, what to do?

-Manchester operation

92- *all the following all causes of prolapse except : repeated C.S

93- Which of following increase in iron deficiency anemia TIBC

94- Which statment wrong?

-inter tuberas smallest diameter

-convege of android pelvis walls

95- what cause circulatory failure among these ?

-sulfaxamethaxasole , trimethoprim

-ampicillin

-erythromycin

chloramphenicol

96- about nobaothian cyst

-its from the vegina

-from the vulva

-ectocervix

97- wrong about fibroid ?

- it causes dyspanuia

- it causes recurrent misscarige

- it causes infertility

5th year - 2012

1. Post-conception, B-hCG can be detected in the serum as early as:

- A. 4 days
- B. 9 days**
- C. 11 days
- D. 14 days
- E. 21 days

2. Regarding ovarian hyperstimulation syndrome:

- A. Likely to occur after the use of clomiphene
- B. It is triggered by the injection of human chorionic gonadotropins
- C. It is more likely to occur in women above the age of 35
- D. It is mostly asymptomatic

Ans: Occurs with younger patients, life-threatening, commonly as an iatrogenic complication of ovulation induction mainly when injectable ovulation induction drugs are used as HMG, FSH, rFSH.

3. In symptomatic approach to treat STDs, non-painful ulcers are treated by:

- A. Ciprofloxacin + Metronidazole
- B. Ciprofloxacin + Procaine Penicillin**
- C. Ciprofloxacin + Doxycycline
- D. Ciprofloxacin + Erythromycin

4. All the following tests are routine in asymptomatic post-menopausal woman, except:

- A. Fasting blood sugar and 2-hour OGTT
- B. Pap smear
- C. Pelvic u/s
- D. DEXA scan

E. Hysteroscopy and diagnostic curettage

5. A post-menopausal 55-year-old asthmatic patient underwent a DEXA scan and her T-score was -1.5, what is your best next step in management?

- A. Bisphosphonates**
- B. Calcium 500 mg and Vitamin D 100-200 IU
- C. Nothing because she only has osteopenia and has no other associated risk factors
- D. Let her repeat the test after 1 year
- E. Give her corticosteroids

Ans: (A) (Vitamin D dose 1,000 IU/d is recommended, although up to 2,000 IU/d is safe.

6. A 30 year old female patient, LMP was 32 days ago, history of prior ectopic pregnancy, with no symptoms. She comes to you. Her serum B-hCG is 800 IU. Your next step:

- A. Tell her to come next week for the obstetrics clinic
- B. Tell her to come back after 2 days for a repeat of B-hCG**
- C. Repeat u/s after 2 days
- D. Admit her and arrange for laparoscopy
- E. Admit her and arrange for laparotomy

7. One of the following coagulation factors decreases during pregnancy:
- A. fibrinogen
 - B. VIII
 - C. XI**
 - D. IX
 - E. XII
8. The structure that is enclosed in the broad ligament is:
- A. Ovarian artery**
 - B. Uterine artery
 - C. Ureter
 - D. The fallopian tube
 - E. The superior vesical artery
9. All the following increase the risk of ectopic pregnancy except:
- A. PID
 - B. Tubal surgery
 - C. Progesterone-only contraception
 - D. Unembryonated pregnancy**
 - E. Assisted reproduction
10. A woman who had an IUCD was found to be 10-week pregnant. The next step regarding the IUCD that is still present in the uterus:
- A. Keep it
 - B. Keep it and give prophylactic antibiotics
 - C. Remove it because it is a risk of infection**
 - D. Terminate the pregnancy
11. Correct about IUCD:
- A. Increases the risk of ectopic pregnancy in the general population
 - B. Can be used as an emergency contraception**
 - C. Should be replaced each 3 years
12. Contraception after treatment of gestational trophoblastic disease is done by:
- A. IUCD
 - B. Combined oral contraceptive pill**
 - C. Mirena intrauterine system
 - D. Subdermal implants
 - E. Tubal ligation
13. Wrong about androgen insensitivity syndrome:
- A. Female external genitalia and sexual hair**
 - B. Normal male level testosterone
 - C. Chromosomal 46XY
 - D. Breast is well developed

Ans: (A: No sexual hair) (normal breasts) (male range testosterone level)

14. Another question about androgen insensitivity from Lecture of Dr. Moamar

15. Wrong about Rokitansky-Kuster-Hauser syndrome or Mullerian agenesis:

- A. Absence of the proximal 2/3 of the vagina
- B. Normal female external genitalia
- C. ?
- D. ?

Ans: (Normal external female genitalia and secondary development)

16. All of the following are absolute C/I for external cephalic version, except:

- A. Multiple gestation
- B. Previous CS
- C. Oligohydramnios
- D. Infertility
- E. Previous history of antepartum hemorrhage

Ans: (E)??? Previous CS is relative C/I.

ECV is contraindicated in the following settings, which are associated with a low likelihood of successful version or increased risk of fetal harm from the procedure:

- Indications for cesarean delivery irrespective of fetal presentation (eg, placenta previa)
- Ruptured membranes
- Nonreassuring fetal monitoring test results
- Hyperextended fetal head
- Significant fetal or uterine anomaly
- Abruptio placentae
- Multiple gestation is a contraindication to antepartum ECV, but may be considered for the second twin after delivery of the first twin. (See "[Twin pregnancy: Labor and delivery](#)", section on 'Vertex-nonvertex twins'.)

Relative contraindications include previous cesarean delivery [[2,40-44](#)], maternal hypertension, maternal obesity, impaired fetal growth (estimated fetal weight less than 10th percentile), and decreased amniotic fluid volume.

17. A woman, in her 24 week of gestation, presented with vaginal bleeding. Which one of the following you should avoid:

- A. PT/PTT
- B. CBC
- C. US
- D. Vaginal Examination**

18. Antepartum hemorrhage is:

- A. **More than 15 ml of vaginal bleeding after 20 weeks of gestation**
- B. More than 15 ml vaginal bleeding before 20 weeks
- C. More than 500 ml of blood after 20 weeks of gestation

19. All the following can pass freely through the placenta except:

- A. Metformin
- B. IgG
- C. **Insulin**
- D. Warfarin
- E. glucose

20. All of the following are findings in preeclampsia, except:

- A. Hyperuricemia
- B. **Elevated levels of calcium**
- C. Thrombocytopenia
- D. >3 gm protein/ 24 hour collection

21. Correct about perinatal mortality:

- A. It includes all infant death
- B. It includes all neonatal death
- C. **It includes all stillbirths**
- D. It includes deaths per 100 births
- E. It includes all 2nd trimester miscarriages

Ans: C (first week of life –early neonatal deaths + all still births)

22. Wrong about Turner syndrome:

- A. **It cannot be diagnosed at birth**
- B. It usually presents with primary amenorrhoea
- C. Intelligence is usually unaffected
- D. Occurs only in females
- E. It may contain a chromosome – isochromosome

23. A woman at term, was induced then increased uterine contractions was noted and fetal heart rate dropped below 80 beats per minute, the best next step of management is:

- A. Do caesarean section
- B. Give tocolytic drugs
- C. **Stop oxytocin infusion**
- D. Do forceps delivery

24. Cardiac changes in normal pregnancy

- A. **Stroke volume increases in pregnancy**
- B. Bradycardia
- C. Increased total peripheral resistance
- D. Atrial fibrillation

25. Female sterilization:

- A. Mirena has a lower failure rate than tubal ligation**
- B. It has a lower failure rate than vasectomy
- C. Always irreversible
- D. Can be done only in multipara
- E. Can be done during anytime of the menstrual cycle

Ans: (A) (According to the following table from William's, A is wrong) (Female sterilization is has a higher failure rate compared with both Mirena and Vasectomy).

TABLE 32-2. Contraceptive Failure Rates During the First Year of Use

Method	Percent of Women with Pregnancy	
	Perfect Use	Typical Use
None	85	85
Combination pill	0.3	8
Progestin-only pill ("mini-pill")	0.5	8
Intrauterine devices:		
Mirena levonorgestrel device	0.1	0.1
ParaGard T 380A	0.6	0.8
Patch	0.3	8
Depot medroxyprogesterone	0.3	3.1
Combined injectable	0.5	3
Levonorgestrel implants	0.05	0.05
NuvaRing vaginal ring	8	0.3
Female sterilization	0.5	0.5
Male sterilization	0.1	0.15
Spermicides	18	29
Periodic abstinence		
Calendar	9	20
Ovulation method	3	
Symptothermal	2	
Postovulation	1	
Withdrawal	4	27
Cervical cap		
Parous women	26	32
Nulliparous women	9	16
Sponge		
Parous women	20	32
Nulliparous women	9	16
Diaphragm and spermicides	6	16
Condom		
Male	2	15
Female	5	21
Emergency contraception	>75% reduction	

Modified from Speroff and Darney, 2001, and Trussell, 2004.

26. The most common cause of post-partum hemorrhage:

- A. Lacerations
- B. Uterine atony**
- C. Retained piece of placenta
- D. Coagulopathy

27. Correct statement is:

- A. A multigravida woman can be nullipara
- B. Twin pregnancy is counted as 2 in parity
- C. Parity includes live births.

28. Correct about pulmonary embolism in pregnancy:

- A. Uncommon cause of obstetric death accounting to 1:5000 → incidence between 500-2000
- B. Clinical triad of hemoptysis, chest pain and dyspnea is diagnostic → Wrong
- C. Ventilation/perfusion mismatch is pathognomic → Certainly not pathognomonic!
- D. The risk in post partum is smaller than in pregnancy → Reverse
- E. Pleural friction rub is most common finding on examination → Probably, most common normal?

Ans: (A)?

- The classic triad of signs and symptoms of PE (hemoptysis, dyspnea, chest pain) are neither sensitive nor specific. They occur in fewer than 20% of patients in whom the diagnosis of PE is made, and most patients with those symptoms are found to have some etiology other than PE to account for them. Of patients who go on to die from massive PE, only 60% have dyspnea, 17% have chest pain, and 3% have hemoptysis.
- <http://www.oxygentimerelease.com/B/Bonnie/p25.htm>

EPIDEMIOLOGY — Venous thromboembolism (VTE) complicates between 1 in 500 and 1 in 2000 pregnancies and is more common postpartum than antepartum [[1,2,5,12-17](#)]. This is illustrated by the following two studies:

29. A woman in the 8th day post-partum developed dyspnea and sudden chest pain the most likely diagnosis is:

- A. PE
- B. Pneumothorax
- C. pneumonia
- D. amniotic fluid embolism

30. Regarding vasomotor symptoms of menopause, all are true except:

- A. Can disrupt a woman's sleep
- B. Affect 75% of women
- C. It usually lasts 5 years
- D. Treatment can ameliorate cognitive and mood symptoms
- E. Hot flushes is the main cause for seeking care

Ans: (C) (generally 1 to 2 years)

31. Correct regarding endometrial ablation therapy:

- A. Amenorrhea is expected**
- B. Provides contraception**
- C. Immediate risks are remote**
- D. Done when uterus is 14 weeks size**

Ans: (B) (but not reliable contraception? Pregnancy can still happen)

32. The correct order of puberty is:

- A. Thelarche, Pubarche, growth, menarche**
- B. Thelarche, menarche, growth**
- C. Growth, thelarche, puberarche**

Ans: (A) (Boobs, pubes, grow, flow)

33. A multiparous 40 year old woman with heavy menstrual bleeding as a result of uterine fibroid, the best management is:

- A. Total abdominal hysterectomy**
- B. Oral contraceptive to regulate menses**
- C. D&C**

34. Wrong regarding PCOS:

- A. Hyperprolactinaemia is common association**
- B. Insulin may be elevated**
- C. Hirsutism may be presenting symptom**
- D. Frequently weight is increased**
- E. A long term risk for endometrial cancer**

Ans: (B: Insulin always elevated)

35. A 21 year female presented with hirsutism of 1-year duration. On examination, clitoromegaly. Pelvic examination was unhelpful best test to reach the diagnosis:

- A. 17-OHP**
- B. Androstenedione**
- C. Transvaginal u/s**

36. Anovulatory is present in all the following, except:

- A. PCOS**
- B. Asherman syndrome**
- C. Obese**

37. About STDs:

- A. Bacterial vaginosis is the most common STD**
- B. Trichomoniasis is treated by metronidazole**
- C. Candidiasis is not sexually transmitted disease**

38. Patient with history of vaginal discharge, itching. On speculum examination, strawberry-colored cervix. The diagnosis is:

- A. Trichomonas vaginalis**

39. Correct about the treatment of adenomyosis:
A. The best treatment is total abdominal hysterectomy with bilateral salpingophorectomy
40. Correct about eutopic endometrium:
A. The eutopic endometrium is the normally situated endometrium inside the uterus in the presence of ectopic endometrium.
41. Best treatment for infertility in endometriosis:
A. Laparoscopic surgical removal then IVF
B. OCP
C. Clomiphene
42. Regarding seminal fluid analysis, which is abnormal :
A. Volume of 2 ml
B. Motility 20% forward
C. Morphology 50% normal
D. Count of 20 million/ml
E. WBC <1/mL
43. Management of 39 week who went into labor but the fetus is now dead in transverse position and arm prolapse:
A. Decapitation
B. CS
C. Craniotomy
D. Internal rotation and extraction
E. Ventouse vaginal delivery
44. Correct regarding ovarian cancer:
A. More commonly diagnosed in premenopausal women
B. Decreased incidence because of screening
C. Better prognosis than endometrial cancer
D. More in white population
45. Correct about ectopic pregnancy:
A. Rate is 1/100
B. Can only be managed surgically
C. Diagnosis is suspected with a B-hCG level of 1,000 and empty uterus on TVUS
46. All of the following are risks associated with precipitated labor except:
A. Cervical tear
B. Bandl ring
C. Amniotic fluid embolism
D. Uterus rupture
E. Post partum hemorrhage
47. Correct regarding endometrial cancer:
A. Tamoxifen is a risk factor
48. The presenting diameter in brow presentation:
A. Mentovertical
B. Mento-anterior c. Mento-posterior d. Occipitofrontal

49. Most reliable way to discover the adequacy of the diameters of the pelvis is:

- A. X-ray
- B. US
- C. Progression of labor
- D. Pelvic examination

50. Correct statement:

- A. Most common lie is occipit-anterior
- B. Morphine is best analgesic in labor
- C. Pre-eclampsia in 6-8% in pregnancies

Ans: (C) (INCIDENCE — Hypertensive disorders complicate 5 to 10 percent of pregnancies, depending on the study population.)

51. A 65-year old post-menopausal woman, presents with slight vaginal bleeding, on examination, atrophic vaginitis was seen, the best next step in management:

- A. Local estrogen cream
- B. Oral estrogen
- C. Arrange for hysteroscopy
- D. Assure her that this is normal in postmenopausal women
- E. ?

Ans: E → Never treat firstly even if you think it is straightforward?

52. Which is not a component of partogram:

- A. Fetal heart rate
- B. Maternal BP
- C. Moulding
- D. Cervical effacement
- E. Maternal temperature

Ans: All are correct but moulding maybe the answer is moulding because a partogram from our hospital is now in front of me and it doesn't contain "moulding". Nonetheless, in the photo from the lecture of Dr. Nather, moulding is present. Also, Dr. Omar explained it to us in one round (You judge the length of cervix to be 3 cm and then divide the length you find on exam/3). But cervical effacement is not present?

Maybe we remembered the question wrongly?



Name	Graida	Para.	Hospital Name
Date of Admission	Time of Admission	Ruptured Membranes	Hours
Fetal Heart Rate			
Liquor Molding			
Cervix (cm) (plot X)			
Descent of Head (plot 0)			
Contractions per 10 mins			
Oxytocin IU. drops/min			
Drugs Given and IV Fluids			
Pulse and BP			
Temp° C			
Urine: Protein, Acetone, Volueme			
Outcome:			

Causes of PMB (cont.)

1. Endometrial cancer (15% of cases): The big one. 1 in 6 cases. So, it is a very common cause.
2. Cervical & vaginal cancer: it should be excluded in such cases.
3. Estrogen secreting tumors of the ovary: Like granuolosa secreting tumors. Due to estrogen secretion.
 - This slide contains the most serious causes.
 - Any woman that presents with AUB, these causes should be excluded. Even if you find, an obvious cause for bleeding on examination.
 - Pt c/o of 3 days of AUB. With Cusco's speculum, you saw typical senile vaginitis. You should never treat her as senile vaginitis unless you exclude the above causes.
 - **Do not treat a benign condition until you have excluded the above 3 causes.**

53. The next step to confirm the diagnosis of cervical ectropion

- A. Coloposcopy
- B. Pap smear
- C. Hysteroscopy
- D. D&C

Ans: (B)?

Ectropion — Cervical ectropion (columnar epithelium exposed to the vaginal milieu by eversion of the endocervix) is a common and normal finding in pregnancy. The exposed columnar epithelium is prone to light bleeding when touched, such as during coitus, insertion of a speculum, bimanual examination, or when a cervical specimen is obtained for cytology or culture. Therapy is unnecessary. (See "[Congenital cervical anomalies and benign cervical lesions](#)", section on 'Ectropion'.)

54. All correct except:

- A. Variable deceleration indicate cord compression
- B. Late deceleration followed by acceleration is normal**
- C. Basal fetal heart rate 110-160

55. A 20 year old woman presenting with heavy bleeding at 6 weeks gestation , the most likely cause:

- A. Miscarriage**
- B. Trophoblastic disease
- C. Ectopic disease
- D. Vaginal laceration
- E. Abruptio placenta

56. A well recognized cause of vomiting in the second trimester is:

- A. Red degeneration of fibromyoma**
- B. Ulcerative colitis**
- C. Mild cystitis**
- D. Ectopic gestation**

Ans: (A) (Red degeneration occurs at T2: 18-22)??

57. What stage is this cervical cancer: Involve proximal vagina, parametrium but not lateral pelvic wall. Normal IVU:

- A. Stage IIa
- B. Stage IIb**
- C. Stage IIIa
- D. Stage IIIb
- E. Stage Via

58. Advantage of midline episiotomy over medio-lateral:

- A. Increased healing speed
- B. Better space in the vulvar opening
- C. Allows better control of head
- D. Less involvement of anal sphincter
- E. No anesthesia required

59. A pregnant woman with sickle-cell disease to a husband whose sickle cell status is HBAS. The likelihood of her fetus acquiring this condition is:

- A. 1:2
- B. 1:3
- C. 1:4
- D. 1:8

60. In satisfactory colposcopy after doing punch biopsy, showed CIN III, the next step:

- A. LEEP
- B. Electro-cautery
- C. TAH

Ans: (A => Repeat excision)

61. The conditions included under LGSIN of Bethesda system are:

- A. CINI
- B. CIN I & II
- C. CIN II
- D. CIN II&III

62. All are advantages of lower uterine segment CS except:

- A. Decreased bladder injury

63. Cervical stenosis in a post-menopausal woman is a risk factor for:

- A. Pyometra

Answer from Dr. Seham

64. Decubitus ulcer is:

- A. Related to high grade of prolapse

65. Correct regarding irritable bladder:

- A. Can be treated by oxybutynin

oxybutynin chloride

ok-sT-bacti-nin 

An intestinal antispasmodic.

66. All are symptoms most commonly found in overactive bladder, except:

- A. Frequency
- B. Nocturia
- C. Stress incontinence
- D. Polyuria**

67. Bicornuate uterus is associated with all of the following, except:

- A. Preterm labor
- B. Cervical incompetence**
- C. Miscarriage
- D. Placenta previa

68. What is the percentage of woman who turn out to have endometrial cancer after hysterectomy:

- A. 1%
- B. 5%
- C. 10%
- D. 15%
- E. 25%**

البطل اللي يقدر يطلعها من جوجل... كيف بدك تبحث عن الإجابة... مش عارف! كأنه الإمتحان open book والسؤال وضع لهذه الغاية؟ حتى ما ناس يقدر يلاقي الإجابة؟

69. Fetus is -1 station, occiput transverse position...

- A. CS**
- B. Rotation by forceps

Ans: (A) (forceps not used because not yet engaged)

70. Wrong statement:

- A. Ventouse delivery should be done in theater.**

71. Best support to the uterus is via which ligament:

- A. Round
- B. Uterosarcal**
- C. Broad ligament

72. RhoGam is given in all of the following conditions, except:

- A. Miscarriage
- B. Amniocentesis
- C. Cervical cerclage**
- D. Ectopic pregnancy

73. Correct about correction of vaginal vault prolapse:

- A. More with abdominal hysterectomy
- B. Can be corrected by anterior plexy???** (this is the answer)

74. All of the following are associated with prolonged pregnancy, except:

A. Cord prolapse

75. All are risk factors for uterine rupture, except:

A. Oxytocin

B. Prostaglandins

C. Primigravida

Most uterine ruptures occur in laboring women with a prior cesarean delivery or prior uterine surgery. Rupture of the unscarred uterus during labor is rare; risk factors include grand multiparity, dystocia (malpresentation, macrosomia), obstetrical procedures (breech extraction, uterine instrumentation, cephalic version), and use of uterotonic drugs [8-10]

76. The effect of estrogen component in COCP is to:

A. Decrease LH secretion

B. Decrease FSH secretion

C. Decrease vaginal mucous

Ans: (B) (Estrogen prevents ovulation by suppressing FSH release. Progestins prevent ovulation by suppressing LH hormone)

MECHANISMS OF ACTION — While OCs have several mechanisms of action, the most important mechanism for providing contraception is estrogen-induced inhibition of the midcycle surge of gonadotropin secretion, so that ovulation does not occur. (See "[Physiology of the normal menstrual cycle](#)".) Combination OCs are potent in this regard, but progestin-only pills are not.

Another potential mechanism of contraceptive action is suppression of gonadotropin secretion during the follicular phase of the cycle, thereby preventing follicular maturation. However, a substantial number of women develop follicles while taking an OC that contains 20 to 35 mcg of ethinyl estradiol [2,3].

2011

1- The best approach of treatment for a woman with endometriosis related infertility is:

- a. Surgical removal only
- b. Medical treatment only
- c. Laparoscopic Surgical removal, followed by In vitro-fertilization (IVF)
- d. Surgical treatment followed by medical treatment
- e. Expectant therapy

C

2- Regarding Ca-125 in endometriosis:

- a. Is a diagnostic marker
- b. Is useful for follow up
- c. Is a marker for pregnancy outcome
- d. Has no value at all
- e. Is a marker for endometrioma presence

B

3- In a woman with diffuse adenomyosis and willing to maintain fertility, the best approach of treatment is:

- a. Induction of ovulation
- b. Sub total abdominal hysterectomy with ovarian preservation
- c. Mirana IUS for one year followed by assisted reproductive technology
- d. To encourage spontaneous pregnancy
- e. Hysteroscopic removal of the adenomyosis

C

4- In placenta praevia, all the following are true, except:

- a. Usually associated with painless bleeding.
- b. Can be treated conservatively.
- c. Delivery is by caesarean section.
- d. Can be predicted by ultrasound in the second trimester
- e. Double set up is an option in the management.

C

5- Medical conditions associated with increased risk for osteoporosis in menopausal women include all the following, except:

- a. Anovulation during the reproductive years.
- b. Hyperthyroidism,
- c. Hyperparathyroidism,
- d. Obesity
- e. Diseases requiring systemic corticosteroid use.

D

6- A healthy man with normal male sexual characteristics, normal testicular size and azoospermia. Which of the following is the most helpful investigation?

- a. Chromosome study
- b. Testosterone level
- c. FSH level
- d. Testicular fine needle aspiration
- × e. Thyroid function

D

7- A woman was found to have a low α-Fetoprotein and estradiol levels and high hCG level. These findings is associated with:

- a. 47 XXY syndrome
- b. XXX syndrome
- c. Turners syndrome
- d. Trisomy 21
- e. Mosaicism

D

8- A 28-year-old woman, G3P0 with three miscarriages all required curettage. Following the last curettage she developed 6 months of a very light menstruation. What is your next step in her management?

- a. Hysteroscopy
- b. Ovulation induction
- c. Laparoscopy
- d. Thrombophilia profile
- e. FSH level

A

9- A couple present to you for investigation of secondary infertility. Hysterosalpingogram was performed. This showed bilateral isthmic tubal occlusion. What is the next step in their management?

- a. Intrauterine insemination
- b. IVF
- c. Gamete intra-fallopian transfer
- d. Laparoscopy and hydrotubation
- e. Clomiphene citrate induction.

D

10- A woman had a mid-cavity forceps delivery for prolonged second stage under epidural analgesia. On the next day after the delivery, her bladder was noted to be fully distended. She complained that she has to void very frequently a small amount of urine with involuntary dripping may occurs. What is the likely type of incontinence the woman has?

- a. The patient has no incontinence
- b. Stress incontinence
- c. Urge incontinence
- d. True incontinence
- e. Retention overflow incontinence

E.

11- A 50-year-old woman had a five months history of menorrhagia. Her private doctor performed a D&C at a private hospital, the pathology report shows an inadequate sample. What is your next step in her management?

- a. Commence on progesterone
- b. Commence on estrogen & progesterone
- c. Perform a coagulation profile
- d. Hysteroscopy and D&C
- e. Endometrial ablation

D

12- A nulliparae woman has been in second stage for two hours. The fetal head is at +2 station in direct occipito-anterior position with no further descend for the last hour. She has 4 contractions every 10 minutes lasting for more than 40 seconds. What is your proposed management?

- a. Immediate caesarean section
- b. Perform episiotomy
- c. Vacuum delivery
- d. Wait another hour
- e. Give oxytocin

C.

13- Regarding clomiphene citrate, Which of the following statements is not correct?

- a. It improves cervical mucus quality
- b. It negatively affect endometrial thickness
- c. Increases multiple pregnancy rate
- d. Increases incidence of Hyperstimulation syndrome in Polycystic ovary syndrome
- e. It is used as 50 mg tablet for 5 days course

D

14- The following are criteria for vaginal breech delivery, except:

- a. Estimated fetal weight of 3 - 3.5 kg
- b. Footling breech
- c. Frank breech
- d. Skilled obstetrician
- e. History of previous successful breech delivery

B

15- A 14-years-old girl presents to you with pelvic pain. Ultrasound finding shows a 4cm unilocular ovarian cyst. What is the commonest cause?

- a. Dermoid cyst
- b. Follicular cyst
- c. Corpus luteal cyst
- d. Serous adenoma
- e. Endometrioma

B

16- In women with primary amenorrhea and absent or poor secondary sex characteristics and normal height, the most likely cause is:

- a. Kallman's syndrome (Olfactory genital syndrome)
- b. Polycystic ovary syndrome.
- c. Uterine tuberculosis
- d. Turners syndrome
- e. Pituitary gland tumor.

A

17- Regarding congenital adrenal hyperplasia, all are true, except:

- a. Autosomal recessive.
- b. Treated by cortisol replacement
- c. Shows signs of severe androgen excess
- d. There is high 17-OH-progesterone blood level
- e. Most common form is due to 18-hydroxylase deficiency

E → CAH: a group of autosomal recessively inherited disorders associated with a deficiency of one of the enzymes involved in cortisol biosynthesis, resulting in elevation of ACTH levels and overproduction and accumulation of cortisol precursors proximal to the block; androgens are produced in excess, causing virilization. The most common disorder is the 21-hydroxylase deficiency, caused by mutation in the cytochrome P450 21-hydroxylase gene (CYP21) on chromosome 6p.

18- Which of the following treatments does not match?

- a. Gonorrhea----- Cefprofloxacin
- b. Monilia infection ----- Fluconazole
- c. Trichomoniasis ----- Metronidazole
- d. Gardnerella vaginalis ----- Doxycycline
- e. Chlamydia trachomatis----- Erythromycin

D

19- Patency of the Fallopian tubes could be demonstrated most reliably by:

- a. CO2 insufflation test
- b. Laparoscopy and methylene blue dye test
- c. Ultrasound scan
- d. Hystero-salpingography
- e. Hysteroscopy

B

20- Regarding Breech presentation and its management, all are true, except:

- a. Prevalence is about 3% of all labors at term
- b. Is associated with higher risk of fetal abnormality
- c. The incidence decreases with parity
- d. External cephalic version does not require general anesthesia
- e. Could be associated with oligohydramnios

C

21- The following have shown to be effective in the treatment of dysfunctional uterine bleeding (DUB) except:

- a. Tranexamic acid
- b. Ergometrine
- c. Epsilon aminocaproic acid
- d. 19-Nortestosterone acetate
- e. Mefenamic acid

B

22- Regarding placental abruption, all are true except:

- a. Blood loss is often underestimated
- b. On examination the uterus may be soft and not tender
- c. Blood pressure is frequently elevated on admission
- d. Associated with smoking
- e. Delivery by caesarean section is preferable

23- Regarding Ovarian tumours, all are true except:

- a. Endodermal sinus tumor is associated with high alpha-fetoprotein
- b. Teratomas has no tumor markers
- c. Presence of ascitis with ovarian mass is diagnostic of malignancy
- d. Sertoli-lydig cell tumor is verelizing
- e. 5% of patients with granulosa - theca cell tumor presented as precocious puberty

24- A pregnancy of approximately 8 weeks gestation is confirmed with IUCD in place. On examination the strings of the IUCD is protruding from the cervical os. The most appropriate action is:

- a. Remove the coil immediately
- b. Leave the IUCD in place + prophylactic antibiotic through out pregnancy
- c. Leave the IUCD in place without any other treatment
- d. Terminate the pregnancy because of the risk of infection.
- e. Perform laparoscopy to exclude ectopic pregnancy

25- Diabetes mellitus in pregnancy is associated with all the following, except:

- a. Recurrent urinary tract infection
- b. Pre-eclampsia
- c. Sacral agenesis
- d. Miscarriage
- e. Post-term pregnancy

26- Cryptomenorrhoea in a 15-year-old girl may be associated with:

- a. Short stature
- b. Absence of secondary sexual characters
- c. Chromosomal abnormality
- d. Partial atresia of the Mullerian ducts
- e. Gonadal agenesis

27- Regarding Asymptomatic bacteruria in pregnancy:

- a. Affect about 15 % of pregnancies
- b. If untreated, 30% of patients will develop pyelonephritis
- c. The commonest organism is Beta haemolytic streptococcus
- d. Define as presence of > 10 000 bacteria/ml
- e. Causes post-term pregnancy

E

E?

<10 week → Remove.
>10 week → Keep in place.

E

D

D

28- Which of the following infectious diseases has the highest risk of fetal infection in the first trimester:

- a. Hepatitis B
- b. Syphilis
- c. Toxoplasmosis
- d. Herpes simplex
- e. Rubella

?

29- Regarding genital prolapse, all are true except:

- a. Is an inherited problem
- b. Vault prolapse can occur after vaginal hysterectomy
- c. 3rd degree uterine prolapse is the descent of the cervix through the introitus with the uterine body in vagina
- d. Is more common after vaginal delivery compared to caesarean section
- e. Occurs in about 2% in nulliparous women

C

30- Regarding labor:

- a. Fetal distress in labor can be precipitated by maternal position
- b. The muscle fibers of the lower uterine segment are characterized by contraction & retraction during labor
- c. Braxton-Hicks contractions affect cervical effacement and dilatation
- d. The most detrimental factor for the length of labor, is fetal weight
- e. The placental perfusion during uterine contraction remains unaffected

A

31- A 48-year-old woman, para 5+1 who has a 4 cm intramural fibroid presents to you because of heavy menses for 6 months duration. She has no medical problem. What is your management?

- a. Gn RH agonist for 3 months
- b. Hysterectomy
- c. Myomectomy
- d. Uterine arteries embolization
- e. Endometrial biopsy

B

32- The following operations are used to treat genuine stress incontinence, except:

- a. Colposuspension
- b. Marshall-Marchetti-Krantz
- c. Burch procedure
- d. Anterior colporrhaphy
- e. Tension free vaginal tape (TVT)

D?

33- The most common cause of precocious puberty is:

- a. Idiopathic
- b. Gonadal tumors
- c. McCune-Albright syndrome
- d. Hypothyroidism
- e. Tumors of the central nervous system

A (80% of cases) (idiopathic or constitutional)

34- Regarding Rhesus iso-immunization:

- a. Plasmaphoresis is of proven benefit starting from 20 weeks
- b. Is a common problem in obstetric practice
- c. Antepartum administration of anti D is recommended at 22 and 38 weeks
- d. Can occur in Rh negative women pregnant with Rh negative fetus
- e. Liley's chart helps in making the decision of treatment

E

35- Regarding Human chorionic gonadotrophins:

- a. Produced by cyto-trophoblast.
- b. Is a polypeptide
- c. It has two fractions alpha and beta
- d. Can be detected in urine 8 days after ovulation.
- e. Reaches its peak at 8 weeks gestation

A

36- In endometrial carcinoma, when tumor involves serosa or adnexae, what is the stage?

- a. IIIb
- b. IIIa
- c. IIa
- d. IIb
- e. IVa

B. IIIa

37- Radical Hysterectomy and pelvic lymph nodes removal is the ideal treatment for:

- a. Stage IIIa endometrial cancer
- b. Stage IIIb endometrial cancer
- c. Stage IVa Cervical cancer
- d. Stage IIa endometrial cancer
- e. Stage Ia Cervical cancer

D?

38- Which of the following statements is false?

- a. Bartholins gland are found in the para-urethral area
- b. The ampulla is the commonest site for ectopic pregnancy
- c. The ureter enters the bladder below the uterine artery
- d. After the menopause the ratio of uterus to cervix is 1 : 1
- e. FSH is raised above 30 IU after the menopause

A (skene's glands are in the para-urethral area)

39- Comparing endometrial, ovarian and cervical cancers, Which of the following statements is true?

- a. Ovarian cancer has the worst prognosis
- b. Cervical cancer is best treated with chemotherapy
- c. The number of cases of endometrial cancer has been reduced by good screening techniques
- d. Cervical cancer is the commonest
- e. Endometrial cancer is found in the younger age group.

40- Which of the following statement is true?

- a. The umbilical cord normally consists of 2 veins and 1 artery
- b. The commonest lie of the fetus is occipito-anterior
- c. Morphine offers the best pain relief in labour
- d. Epidural analgesia is associated with increased instrumental vaginal deliveries
- e. Ventouse deliveries should be carried out in theatre

41- Regarding prenatal diagnosis of fetal malformation:

- a. Chorionic villus sampling usually done trans-vaginally.
- b. Amniocentesis usually performed in the first trimester
- c. Unconjugated estrioles are elevated in pregnancy with Turner syndrome
- d. Nuchal translucency for screening for Down's syndrome is best done at 16 weeks gestation.
- e. Amniocentesis is associated with 3% fetal loss

42- Regarding diabetes during pregnancy and purperium:

- a. Best treated by single daily injection of long acting Insulin
- b. Associated with increased risk of Chlamydia infection
- c. Delivery by cesarean section is preferred
- d. Combined pill will not affect glucose tolerance significantly
- e. IUCD is contraindicated as a method of contraception.

43- Regarding cervical ectropion, all are true, except:

- a. Caused by combined contraception
- b. Could be congenital
- c. Cervical smear should be done before any treatment
- d. Can be treated by cauterization with laser
- e. Causes post menopausal bleeding.

44- In Expectant management of Ectopic pregnancy, the following criteria should be present, except:

- a. Minimal pain or bleeding
- b. Reliable follow up
- c. Adnexal mass < 3cm
- d. No embryonic heart beat
- e. Beta HCG > 5000 mIU/ ml

A

D

A

D

E

E

Ante-natal

45- In Gestational Trophoblastic Disease, all the following are true, except :

- a. Complete Mole have 46 XX chromosomal component derived from maternal sources
- b. Partial Mole occur with a non viable fetus
- c. Genetic testing reveals triploidy (69 XXY) in partial Mole
- d. 20% of women with a complete Mole will experience recurrence (Metastatic Mole)
- e. Partial Mole carries a lower risk of recurrence by comparison to complete mole

A (from paternal)

46- A 25 weeks pregnant patient presents to you complaining of severe left lower limb pain and swelling. The area of concern is slightly edematous, but no erythema is apparent. You are concerned that she may have a deep vein thrombosis. Which of the following diagnostic modalities do you order?

- a. MRI
- b. Computed tomographic scanning
- c. Venography
- d. Doppler ultrasounography
- e. D-dimer

D

47- All the following coagulation factors increase in pregnancy, except:

- a. Fibrinogen
- b. Factor VII
- c. Factor VIII
- d. Factor X
- e. Factor XI

E

48- Which of the following neoplasms has been associated with the use of oral contraceptive pills?

- a. Breast cancer
- b. Ovarian cancer
- c. Endometrial cancer
- d. Hepatic cancer
- e. Hepatic adenoma

A. Breast cancer

Risk of OC and EC is reduced [Risk of OC cancer is reduced because of decreased ovulation → Less follicles rupture and penetrate the ovary's wall → Less damage and then repair which predisposes to dysplasia] Kaplan.

No relation with hepatic cancer

Evidence for an association with hepatic adenoma is good, while evidence for an association with

49- Which of the following is an absolute contraindication to the use of combined oral contraceptive pills?

- a. Varicose veins
- b. Tension headache
- c. Seizure disorders
- d. Obesity and smoking in women over 35 years of age
- e. Mild essential hypertension

D.

nx

50- Which of the following is a recognized contraindication to the insertion of an Intrauterine Contraceptive Device (IUCD)?

- a. Recent history of endometritis
- b. Previous pregnancy with an IUCD
- c. Dysfunctional uterine bleeding
- d. Recent history of vulvo-vaginitis
- e. History of Chorio-amnionitis in previous pregnancy

C. You need firstly to find out the cause of the DUB. Active pelvic infection — IUC insertion in women with active pelvic infection including PID, endometritis, mucopurulent cervicitis, and pelvic tuberculosis, is contraindicated because the presence of a foreign body.

51- A 20-year-old female, delivered a stillbirth yesterday. Which of the following methods you advise to inhibit lactation?

- a. Bromocriptin
- b. Cabergollin
- c. Oral estrogen
- d. Oral combined contraceptive pills
- e. breast binding & analgesics

Bromocriptin (Dopamine agonist)

52- A 25-year-old female, who is lactating, select the contraceptive method that should be avoided:

- a. Combined oral pills
- b. Minipills
- c. Norplant
- d. Condoms
- e. IUCD

A. All contain progesterone only except a.

53- Which of the following is not considered as a cause of direct maternal death?

- a. Abruptio-placenta
- b. Postpartum bleeding
- c. Sepsis
- d. Amniotic fluid embolism
- e. cardiac diseases

E

54- Regarding gardnerella vaginalis infection, all the following statements are true, except:

- a. Vaginal discharge is fishy in odor
- b. Associated with >20% clue cells
- c. With the addition of KOH may see hyphae or spores
- d. Must be treated in all pregnant women, including asymptomatic
- e. Is rarely associated with inflamed or itchy vulva

C.

55- In perinatal mortality rate:

- a. All neonatal deaths are included
- b. Should be included in the total infant deaths
- c. Expressed as number of deaths per 100 total births
- d. Includes all the stillbirth
- e. Congenital abnormal fetuses should be excluded

Perinatal mortality= no. stillbirths + number of early neonatal deaths per 10,000 total births.

56- Which of the following is a functional ovarian cyst?

- a. Theca luteal cyst
- b. Ovarian endometrioma.
- c. Serous cyst adenoma
- d. Mucinous adenoma.
- e. Paraovarian cyst

A.

57- Regarding polyhydramnios, all are true, except :

- a. The most common etiology is idiopathic.
- b. Anencephaly may be a cause.
- c. Posterior urethral valve is one of the causes in mid trimester.
- d. Diagnosed when amniotic fluid index is more than 25 cm
- e. It is a risk for preterm labour.

C.

58- Post-term pregnancy:

- a. Is defined as gestational age exceed 43 weeks from L.M.P
- b. Is commonly due to fetal congenital anomalies.
- c. It includes about 5-10% of pregnancies.
- d. Should be avoided by induction of labour prior to 42 completed weeks
- e. Associated with high levels of maternal estrogen.

C.

59- The following are component of normal biophysical profile, except:

- a. Reactive non-stress test.
- b. Fetal breathing movements consisting of one or more within 30 minutes and lasting 30 seconds or more.
- c. Fetal movements 3 or more in 30 minutes.
- d. Fetal lung maturity.
- e. Amniotic fluid index >5 cm.

D.

60- Uterine inversion:

- a. Occurs in 10% of all vaginal deliveries.
- b. Always diagnosed acutely.
- c. Induced labour is a risk factor.
- d. Is diagnosed when uterine funds is palpated below the level of umbilicus.
- e. Could be seen as a red mass protruding outside the introitus.

E?

Induced labor is a risk factor. See question "62"

61- Abnormal uterine bleeding in adolescents:

- a. Mostly ovulatory in type
- b. In cases of severe menorrhagia coagulation disorder should be excluded.
- c. Endometrial polyp is a likely cause.
- d. Pelvic ultrasound has no role in diagnosis.
- e. Danazole is the drug of choice if the cause is dysfunctional

B

62- Which of the following is not considered as a risk of induction of labour?

- a. Increase caesarean delivery. ✓
- b. Postpartum hg. ✓
- c. Puerperal infection.
- d. Uterine inversion. ✓
- e. Uterine rupture. ✓

63- The darkening of the vaginal mucosa that occurs early in pregnancy is called:

- a. Hegars sign.
- b. Chadwick's sign.
- c. Peskawicks sign.
- d. Braxton sign.
- e. Montgomery sign.

64- Which of the following is most likely to result from a ruptured mucinous cyst adenoma:

- a. Ascitis.
- b. Adhesions.
- c. Liver metastases.
- d. Cerebral metastases.
- e. Pseudomyxoma peritonei.

65- The Wolffian duct in the female:

- a. Develops into the fallopian tube.
- b. Differentiates to form ovary.
- c. Forms the round ligament.
- d. Presents as Bartholine glands.
- e. Presents as Gartner's cyst.

66- In cases of ovarian hyperstimulation syndrome, all the following are correct associations, except:

- a. Abdominal pain
- b. Ascitis
- c. Bilateral follicular cyst
- d. Thrombo-embolism
- e. Hypovolemic shock.

67- A patient at 35 weeks with PROM who is not in labor should:

- a. Receive prophylactic antibiotics
- b. Receive betamethasone.
- c. Receive tocolytic drugs if contractions would occur.
- d. Be delivered by caesarean section.
- e. Have vaginal assessment of the cervical dilatation.

B.

E.

Answer: E

The **mesonephric duct** (also known as **Wolffian duct**, **archinephric duct**, **Leydig's duct** and **nephric duct**) is a paired [organ](#) found in mammals including [humans](#) during [embryogenesis](#)....

Female development [\[edit\]](#)

In the [female](#), in the absence of testosterone support, the Wolffian duct regresses, and inclusions may persist. The [epoophoron](#) and [Skene's glands](#) may be present. Also, lateral to the wall of the vagina a [Gartner's duct](#) or cyst could develop as a remnant.

The derivatives of the Mesonephric duct can be remembered using the [mnemonic](#), "**Gardener's SEED**" for [Gartner's duct](#), [Seminal vesicles](#), [Epididymis](#), [Ejaculatory duct](#) and [Ductus deferens](#).^[2]

C.

A

68- When compared with the low midline incision, Pfannenstiel incision:

- a. Is more prone to wound infection.
- b. Is stronger
- c. Is more uncomfortable postoperatively.
- d. Is associated with less incisional blood loss.
- e. Results in greater exposure.

B?

69- A primigravida patient was delivered without unusual difficulty by low forceps with a medio-lateral episiotomy. Two hours after delivery a small perivaginal vulvar hematoma is noted. The appropriate therapy includes:

- a. Ligation of the perineal artery.
- b. Cold compress.
- c. Needle aspiration.
- d. Undo the episiotomy and evacuate the hematoma.
- e. Blood transfusion.

B?

70- The following are recognized causes of a high head at term, except:

- a. Increased pelvic inclination.
- b. Deflexed head
- c. Multiparity
- d. Polyhydramnios
- e. Previous caesarean section

E

71- The following are risks in a pregnant woman with insulin dependant diabetes mellitus, except:

- a. Pre-eclampsia
- b. Preterm labour
- c. Recurrent miscarriage
- d. Postpartum haemorrhage
- e. Intrauterine death

D

72- A 42 year-old woman, she is para 2+0 and heavy smoker. She gave a history of Vulvar warts infection and her mother died from ovarian cancer. The most significant risk factor for developing ovarian cancer in her condition is:

- a. Her age
- b. Smoking
- c. Human papilloma virus infection
- d. Low parity
- e. Family history

E.

73- Mechanisms of labour in a primigravida:

- a. Uterine muscle retracts mostly during the second stage
- b. The cervix effaced mainly during the latent phase
- c. The average length of the first stage is 20 hours
- d. Voluntary efforts is essential during the second stage
- e. Braxton Hicks contraction do not occur before 36 weeks

D

74- High-risk factor for abnormal glucose tolerance in pregnancy is:

- a. Maternal weight > 100 Kg at booking
- b. Paternal first-degree relative with diabetes
- c. Vaginal candidiasis
- d. Single episode of glycosuria at 36 weeks
- e. Presence of oligohydramnios

A

75- Which of the following infectious organisms does not cross the placenta?

- a. Treponema pallidum
- b. cytomegalovirus
- c. HIV virus
- d. Herpes genitalis
- e. Toxoplasmosis

D?

But it is part of TORCH?
It seems debatable!

But the rest of options are certainly correct.

76- Binovular twins:

- x a. May occur as a result of fertilization of a single ovum
- x b. Are more common in young age women
- x c. Are at increased risk of twin-twin transfusion
- d. Are more common in short stature mothers
- e. Have a separate chorion and amnion

?

77- A recognized cause of spontaneous preterm labour is:

- a. Oligohydramnios
- b. Pre-eclampsia
- c. Previous caesarean section
- d. Malpresentations
- e. Pyelonephritis

E. Therefore, it is an indication to give tocolytics to a woman with pyelonephritis or acute appendicitis...

78- Cervical incompetence:

- a. Gestational age decrease with subsequent pregnancies
- x b. Is a common cause of first trimester miscarriage
- x c. In non-pregnant woman with history of miscarriage, past clinical history is the only method that help in diagnosis
- d. Requires a cervical cerclage during the first trimester
- x e. Is effective in the prevention of idiopathic preterm labor

A

infection

79- Vaginal Candida infection:

- a. Is more common in women using progesterone-only pill
- b. Is best treated by Metronidazole
- c. Is more likely to occur during pregnancy
- d. Does not cause chronic infection
- e. More common during the proliferative phase of the menstrual cycle

C

80- Transvaginal ultrasound of the pelvis:

- a. Requires a full bladder
- b. Should not be performed during menses
- c. Can accurately diagnose ectopic pregnancy
- d. Can detect a fetal heart from 5 weeks gestation
- e. Should not be used in woman with sexually transmitted disease

D

81- In vitro fertilization:

- a. Is associated with multiple pregnancy in > 30 % of cases
- b. The success rate is the same for a 32 year old as it is for 40 year old women
- c. Egg collection requires laparoscopy
- d. No more than three embryos should be transferred at one session
- e. Is associated with lower incidence of fetal anomalies than spontaneous pregnancy

D

82- Which of the following conditions is correctly paired with the clinical presentation?

- a. Choriocarcinoma ----- hyperthyroidism
- b. Anorexia nervosa ----- menorrhagia
- c. Hypertension ----- Bromocriptine therapy
- d. Testicular feminization syndrome ----- hirsutism
- e. Imperforated hymen ----- Short stature

A

83- Cervical intraepithelial neoplasia (CIN III) is characterized by:

- a. Full thickness involvement by dysplastic cells
- b. Spontaneous remission during pregnancy
- c. Vaginal discharge
- d. Invasion through the basement membrane
- e. The presence of cervical ectropion

A

84- A recognized cause of postmenopausal bleeding is:

- a. Cervical intraepithelial neoplasia
- b. Benign teratoma of the ovary
- c. Atrophic vaginitis
- d. Intramural fibroid
- e. Endometriosis

C

85- Hysteroscopy:

- a. Cannot be performed during uterine bleeding
- b. Is mandatory in the investigation of a 50-year-old woman with abnormal uterine bleeding
- c. Needs general anesthesia
- d. Is contraindicated in woman with previous history of acute pelvic inflammatory disease
- e. Is diagnostic for tubal Patency

B?

86- Uterine curettage:

- a. By suction curettage, is likely to affect the histopathology of the tissue
- b. Is a first line treatment to stop bleeding in dysfunctional uterine bleeding
- c. Is essential in the investigation of secondary amenorrhoea
- d. Is associated with increased incidence of placenta praevia in subsequent pregnancy
- e. Has a diagnostic value similar to that of hysteroscope

D

87- A 29-year-old woman with previous history of ectopic pregnancy, has a regular periods every 28 days. Her last menstrual period was 33 days ago. She is not on any contraception. You performed serum β -hCG level and the result is 900 IU/L. She is asymptomatic and vaginal ultrasound scan shows no pregnancy. What is the next best step in her management?

- a. Repeat ultrasound scan in 2 days.
- b. Repeat serum β -hCG level in 2 days.
- c. Admit the patient to hospital for urgent laparoscopy.
- d. Arrange for immediate laparotomy.
- e. Give an appointment for the patient to be seen in the clinic after 2 weeks.

B

88- Which of the following hormones is commonly used for triggering ovulation in woman prepared for intrauterine insemination after stimulation of ovulation with clomiphene citrate?

- a. FSH.
- b. LH.
- c. hCG.
- d. Estrogen.
- e. Progesterone.

C. hCG?

89- A 35-year-old woman, G6P5 just delivered an infant weighing 4500 g by spontaneous vaginal delivery and episiotomy. The placenta delivered completely. Syntometrine was given at the delivery of the fetal head and 20 unit of oxytocin in 1000 ml fluids was given by I.V. drip. She developed heavy vaginal bleeding after the delivery of the placenta. Which of the following is the next step in management?

- a. Oxytocin 10 units direct I.V.
- b. Methyl ergometrine 0.5 mg I.M.
- c. Prostaglandin vaginal pessary.
- d. Uterine fundal massage.
- e. Exploration of the birth canal.

D

90- A 34-year-old woman, G3P2. Both deliveries were normal. She presented to the antenatal clinic for a booking visits at 12 weeks gestation. She has no complaint and examination shows no abnormality. Her weight is 75 Kg. Her blood group is O - ve, and her husband is B +ve. Indirect Comb's test is - ve. She is Rubella non-immune and other routine investigations are normal. What is the next step in the antenatal management?

- a. Give Rubella vaccine.
- b. Arrange for 50 g glucose challenge test.
- c. Give anti-D immune globulin.
- d. Give follow up appointment at 20-24 weeks gestation.
- e. Counseling about appropriate weight gain.

D

91- A 28-year-old woman, G4 P0+3. All miscarriages were at 6 - 8 weeks gestation. She is 6 weeks pregnant now. Which of the following is the most important initial investigations that this woman needs?

- a. Quantitative serum β -hCG.
- b. Triple screen test for mongolism.
- c. Anticardiolipin antibodies.
- d. Transvaginal ultrasound.
- e. Chlamydia antibody level.

C?

92- A 32-year-old woman, G2P1 presents to you for genetic counseling. Her first born had sickle cell disease. This is her second marriage and she is 12 weeks pregnant. She has no obvious medical problem. She requests prenatal testing. Which of the following tests you will order first?

- a. Maternal serum α -fetoprotein.
- b. Paternal hemoglobin electrophoresis.
- c. Chorionic villus sampling.
- d. Amniocentesis.
- e. Second trimester ultrasound scan.

B. since this is the second marriage! She definitely has sickle cell trait. We want to

93- A 22-year-old primigravida with uneventful antenatal care, presented in labour with twin pregnancy. Both fetuses were in cephalic presentation. The leading fetus delivered vaginally spontaneously. After artificial rupture of membranes for the second fetus, the woman had a heavy vaginal bleeding. What is the most likely cause for this bleeding?

- a. Cervical laceration.
- b. Placenta previa.
- c. Placenta abruption.
- d. Uterine rupture.
- e. Ruptured vasa previa.

C

94- A 34 weeks pregnant woman with no antenatal care, presents to you with painless slight vaginal bleeding. Both mother and fetus are in good health. On ultrasound examination, a marginal posterior placenta previa is seen. What is the next best step in management?

- a. Hospitalization and expectant management.
- b. Induction of labour.
- c. Cesarean section.
- d. Dexamethasone.
- e. Blood transfusion.

A

95- The main advantage of a medio-lateral episiotomy over the median type is:

- a. Clean surgical incision.
- b. Avoid major degree of perineal tear.
- c. Causes less dyspareunia to the woman in the future.
- d. Easier to repair.
- e. Less likely to cause bleeding.

B. Avoid major degree of perineal tear (no extension).

96- A full-term pregnant primigravida presents in labour. The cervix is 2cm dilated, 50% effaced, the vertex is at 0 station in Right Occipito Transverse position, and the membranes are intact. The CTG shows a reactive fetal heart and the uterine contractions are regular every 3 minutes lasting for 30 seconds. The woman said that these contractions are uncomfortable but not painful. What is your management?

- a. Cesarean section.
- b. Oxytocin drip.
- c. Give pethidine.
- d. Encourage ambulation and wait.
- e. Artificial rupture of membranes.

D

97- The main advantage of doing artificial rupture of membranes during the early active phase of labour in cases of post term pregnancy is to decrease the incidence of:

- a. Meconium aspiration.
- b. Oligohydramnios.
- c. Mal-presentation.
- d. Shoulder dystocia.
- e. Cord prolapse.

A

98- A multigravida woman presented to you complaining of recent cough and hemoptysis. She has no medical history other than a pregnancy 3 months ago that resulted in spontaneous miscarriage. She also has had intermittent vaginal spotting since the miscarriage. Chest x-ray shows several cannon ball masses in the right middle lobe. What is the most likely diagnosis:

- a. Incomplete abortion.
- b. Acute pneumonia.
- c. Lung atelectasis.
- d. Metastatic trophoblastic neoplasia.
- e. Hormone secreting tumor of the ovary.

D? Choriocarcinoma?

99- Which of the following investigation is most important to confirm the diagnosis in the previous question (Q.98).

- a. Diagnostic curettage.
- b. Sputum culture.
- c. Quantitative β -hCG level.
- d. Serum inhibin B as tumor marker for ovarian tumor.
- e. Sputum cytology.

C

100- During ovarian stimulation with gonadotrophic hormone in invitro fertilization program, the ovarian response should be monitored by which of the following hormone?

- a. Serum oestradiol.
- b. Serum LH.
- c. Serum FST.
- d. Serum progesterone.
- e. Serum β -hCG.

A

5th Year – 2011 (no answers)

1- All of the following decrease vaginal bleeding except:

- A- Copper IUCD
- B- LHRH analogue
- C- NSAIDs

2- Which of the following is not sexually transmitted?

- A- Bacterial vaginosis
- B- Trichomoniasis
- C- Chancroid
- D- Syphilis

3- All of the followings concerning PET are correct except:

- A- Being Primigravida is most important risk factor
- B- Hypotensive agents stops disease progression
- C- Most important risk to fetus is prematurity
- D- PET can cause abruption placenta

4- A primigravida presented to you at 34 week gestation with blurring of vision. Her blood pressure was 150/100, how would u manage this patient?

- A- Arrange for delivery
 - B- Give IV Hydralazine & reevaluate symptoms
 - C- Give IV steroids & wait 48hr then deliver her
 - D- Give IV steroids & wait till term to deliver
- 5- All of the following are complications of pregnancy preceded by DM except?

- A- Neural tube defect
- B- Fetal death
- C- Post maturity
- D- Hypertension
- E- Polyhydramnios

6- All are done in prenatal testing except:

- A- Urine analysis for protein
- B- Rubella
- C- Platelet
- D- Uric acid

7- Which of the following is incorrect regarding DM in pregnancy?

- A- There's an increase in fetal anomalies in gestational diabetes
- B- Fetal death can still occur even when DM is well controlled
- C- Macrosomia can occur even when glucose levels are well controlled
- D- Macrosomia can be evident after 28 weeks

8- In preterm prelabor rupture of membranes, all are suggestive of chorioamnionitis except:

- A- Bloody vaginal discharge
- B- Greenish vaginal discharge
- C- A small for date uterus
- D- Tachycardia

9- Which of the followings is correct about endometrial adenocarcinoma?

- A- More common in PCOS
- B- Physical exam can be diagnostic
- C- In advanced stages, surgery is main stay of treatment
- D- Presents at advanced stages

10- All concerning CIN are correct except:

- A- D & C is enough in CIN III
- B- HPV (6, 11) cause condyloma & CIN I
- C- HPV (16, 18) cause CINII, III
- D- 35% of CIN III progress to invasive CA in 10 years
- E- CIN I rarely progress to invasive CA

11- Prostaglandin E1 causes all the following except:

- A- Flushing
- B- Pyrexia
- C- Hypertension
- D- Seizure
- E- Apnea

12- A 25 year old female found to have a 5 *3 cm ovarian cyst, X ray showed calcification, which is the most likely diagnosis:

- A- Mature cystic teratoma
- B- Dysgerminoma
- C- Yolk sac tumor

13- Which of the following is normal in semen analysis?

- A- 35 million sperm/ ml
- B- 2% normal motility
- C- *Liquification* in 2 hours
- D- Normal shape 3%

14- Which of the following indicate ovulation if done at mid cycle?

- A- LH surge
- B- Serum Estriol
- C- Progesterone
- D- B- HCG
- E- FSH

15- A 35 year old female presented with history of 6 month duration amenorrhea, all can be a cause except:

- A- Testicular feminization syndrome
- B- Pregnancy
- C- Lactation
- D- Menopause

16- An asymptomatic primigravida presented to you at 10 week gestation, urine culture showed 100000 colonies of E.coli, how to manage this patient?

- A- Admit & give IV antibiotic
- B- Give oral antibiotic
- C- Repeat culture
- D- Reassurance

17- All increase in pregnancy except:

- A- WBC
- B- Heart rate
- C- Cardiac output
- D- Peripheral vascular resistance
- E- RBC mass

18- All are found in fetal distress management, except:

- A- put the patient in supine position *****
- B- stop oxytocin injection
- C- oxygen mask
- D- rapid infusion (dehydrated
- E- Fetal scalp blood sampling/

19- The most common presentation of endometriosis is:

- A- menorrhagia
- B- dysmenorrhea *****
- C- intermenstrual bleeding

20- The most common presentation of PID is:

- A- dyspareunia
- B- menorrhagia
- C- vaginal discharge*****
- D- abdominal pain

21- 35 gestation week and FSH is 31 cm >> all could be the cause, except:

- A- oligohydraminous
- B- growth restriction
- C- rupture of membrane
- D- preterm labor

22- All are treatment of vaginal prolapsed, except:

- A- abdominal hysterectomy
- B- anterior wall colporaphy
- C- hysteroplexy

23- All are associated with PCOS, Except:

- A- obesity
- B- endometrial hyperplasia
- C- amenorrhea
- D- high FSH:LH ratio

24- All to be done normally to a 25y/o married with menorrhagea, EXCEPT:

**A- histology study to a biopsy
(obtained from endometrium)**

B- ultrasound

C- hormone study

D- laparoscopy

25- all are symptoms for urinary ** in women, except:

A- straining to void

B- urgency

C- urge incontinence

D- stress incontinence

E- frequency

26- Regarding bacterial vaginosis, all are true, except:

A- spouse shouldn't be treated

B- metronidazole is the DOC

C- foul fishy smell

27- Not a symptom of cervical CA:

A- vaginal discharge

B- abnormal vaginal bleeding

C- weight loss

D- Pelvic pain

28- All are complications of twin pregnancy, Except:

A- DM

B- preterm labor

C- postpartum bleeding

D- anemia

E- prepartum bleeding

29- About postpartum hemorrhage one is incorrect:

A- atony: placenta previa

B- atony: twin pregnancy

C- atony: breech presentation

**D- secondary hemorrhage: retained
particles**

E- injury laceration something

30- Treatment of postpartum blues is:

A- reassurance

B- psychological counseling

C- drug (something)

D- ECT

31- About ectopic pregnancy only one is true

**A- most of the time discovered
incidentally during ANC**

**B- negative urine pregnancy test rule
out ectopic pregnancy**

C- show with pelvic mass

32- All cause post partum pyrexia, except:

A- DVT

B- chorioamnionitis

C- mastitis

D- sepsis

33- All of the following is a risk for PET, except :

A- smoking (+)

B- previous PET

C- genetic

D- obesity

E- polyhydriominas

34- one of the following can be done for Rh testing:

A- indirect coomb's from cord

B- fetal bilirubin

C- maternal bilirubin

D- father rhesus antigens

35- PID causes all of the following, except:

A- infertility

B- ectopic pregnancy

C- cervical stenosis

36- ovulation occurs at:

A- day 14 of menstrual cycle

B- 14 days before menses

C- 7 days after menses

D- 21 days after menses

37- All of the following increase risk of folate anemia, except :

A- anticonvulsant drugs

B- hemolytic anemia

C- trait thalasemia

D- spherocytosis

E- the correct answer (syndrome absrsho:S)

38- About iron def anemia all true except

A- blood transfusion may be needed during last trimester

B- iron supplement 10mg per day is not enough

39- All true about cardiovascular changes during pregnancy, except:

- A- stroke volume increase**
- B- volume increase 20% in singleton pregnancy**

40- all raise heart rate of fetus, except:

- A- mother taking pethidine**
- B- mother fever**
- C- chorioaminitis**

41- Most common abnormal presentation is:

- A- complete breech**
- B- frank breech**
- C- brow presentation**

42- All are absolute indication for C section, except:

- A- previous uterine scar in midline incision (or something like that)**
- B- previous scar in uterine body**
- C- transverse presentation during labor**
- D- prolapsed cord with cervical dilatation 7cm and a live fetus**

43- All of these causes growth restriction, Except:

- A- age**
- B- race**
- C- diabetes**
- D- dieting during pregnancy**
- E- anemia**

44- All are used for diagnosis of fibroid, except :

- A- laparoscopy**
- B- hysteroscopy**
- C- hormonal level**
- D- MRI**

45- All are used for treatment of endometriosis, except :

- A- GNRH analouge**
- B- hysterectomy**
- C- danazol**
- D- NSAID**
- E- continuous" progesterone**

46- All are STDs, except :

- A- toxoplasmosis**
- B- trachomanlis vaginalis**
- C- genital warts**
- D- chancroid**

47- All are risk for endometrial Ca, except :

- A- Obesity**
- B- Lynch syndrome**
- C- Smoking**
- D- Anovulatory cycle**

48- All are risks for dizygotic twins, except :

A- Elderly

B- GnRH

C- HMG

D- clomiphene

49- Only one true about ectopic :

A- May present as vaginal bleeding

B- Amenorrhea essential for Diagnosis

50- All can reduce menstrual bleeding, except :

A- Low dose aspirin

B- COCP

C- GnRH

D- progesterone

51- All are diagnostic for ovulation, except :

A- level of E2 in luteal phase

B- endometrial biopsy before end of cycle

52- All disrupt bonding to the mother, except :

A- using forceps in delivery

B- Low socioeconomic

C- NICU

D- Multiparity

E- bottle feeding

53- All cause abdominal pain in 20 wks gestation, except :

A- Ectopic pregnancy

B- Spontaneous miscarriage

C- Appendicitis

54- Only one is true about GDM:

A- GMD is risk for getting DM later on

B- Insulin used in almost all cases

55- About hot flushes , all are true except :

A- HRT used in mild case

B- Most resolve 1-5 yrs

C- Due to defect in thermoregulation at the level of hypothalamus

E- Mostly at night

56- Most common ovarian tumor in pregnancy :

A- Corpus luteum cyst

B- Teratoma

C- Serous cystadenoma

D- Granulose theca

57- About ovarian tumor , all are true, except:

A- Dysgerminoma associated with increase in alpha fetoprotein

B- CA 125 marker for serous type

C- Epithelial is most common type

58- Only one is true about stages of labor:

A- second stage is shorter in multiparus than in primigravida woman.

59- Not a contraindication for OCP uses:

A- 35 and smoker

B- PB 140-160/90-120 (or something like that)

60- in candidal infection, all true EXEPT:

-metronidazole is the treatment of Choice

61- All of the following true about mastitis except:

A- bilateral B- Unilateral

62- About delivery all true, EXCEPT:

A- fetus head flexion increase during delivery

62- Ideal or best treatment of eclampsia :

A- termination

B- bed rest & lying on the side

63- About abortion all are true, except :

A- U/S essential for incomplete abortion

2010

Q1. Most common presentation of ectopic pregnancy is:

- vaginal bleeding
- lower abdominal pain

Q2. Confirmative dx of ectopic pregnancy is:

- laparoscope***
- hysteroscopy
- transvaginal exam
- urinary b-hcg

Q3. Lab investigation that indicate ovulation is:

- progesterone level mid luteal***
- LH level
- FSH level
- estrogen

Q4. Regarding PCOS, one is true:

- most common cause of premature menopause
- is present ultrasonographically in 20% of population*(not sure)**
- associated with increase insulin sensitivity
- associated with (-) progesterone challenge test
- no familial tendency

Q5. One is true about clomiphene citrate S/E:

- hot flushes
- hirsutism
- compete with progesterone at high centers
- should be administered for 12moths
- reduce pituitary gonadotrophin secretion

Q6. bromocriptine:

- used for hyperprolactinemia
- cause hypotension
- cause multiple pregnancies
- its ergot alkaloid derivative

Q7. Most common cause of PPH is:

- uterine atony***
- infections
- coagulation defect
- trauma

Q8. All are true about uterine atony, except:

- full bladder is a cause
- uterine massage cause lasting contraction***

Q10. About active management of 3rd stage of labor, all are true, except:

-oxytocic drugs cause placental retention*

-oxytocin reduces its duration

-ergometrine C/I in heart disease

-oxytocin cause hypotension

Q11. All are true about genital prolapsed, except:

-1st degree uterine prolapsed descent of cervix within vagina

-rectocele is prolapse of upper 2/3 of post vaginal wall & rectum

-enterocele is true hernia

-vault prolapsed commonly occur after vaginal hysterectomy

-more common in Caucasian than black

Q12. All can cause prolapsed, except:

-repetitive c-section*

-prolonged labor

-instrumental delivery

-chronic constipation

Q13. All are true about peripuerium breast abscess, except:

-staph is most common cause

-dx by mammogram*

-need antibiotics

-need surgical incision

Q14. All are true about bacterial vaginosis, except:

-caused by lactobacillus*

-cause of 2nd trimester abortion

-ph >5

-metronidazole is drug of choice

Q15. All are STD, except:

-HSV

-Bacterial Vaginosis*

-trichomonas

-gonorrhoea

-chlamydia

Q16. All cause vaginal candidiasis, except:

-DM

-IUCD*

-pregnancy

-vaginal douches

-broad spectrum antibiotics

Q17. All are true, except:

-syphilis primary lesion painless

-recurrent HSV painless

-genital warts C/I for vaginal delivery* (not sure)

Q18. All are true about induction, except:

- indicated in 15% of deliveries
- oxytocin used for unfavorable cervix***
- most common indication is postdate
- ARM used for favorable cervix

Q19. All are C/I for induction, except:

- antenatal bad CTG
- transverse lie
- growth restriction***
- recent pelvic repair
- cervical ca

Q20. About opioid pain relief during labor, all are true, except:

- cause of neonatal respiratory depression
- cross placental barrier
- mostly effective in 1st stage
- easily administered
- morphine commonly used*(pethidine)**

Q21. About epidural analgesia, all are true, except:

- coagulation disease is a C/I
- used with precaution in IUFD
- should administer crystalline fluid before insertion***
- better pain relief than opioids
- used in twins

Q22. About complete mole, all are true, except:

- is tripleody***
- no fetal tissue
- risk of malignant sequel
- safe to use OCP during follow up period
- contraception during whole follow up

Q23. About malignant GTN, all are true, except:

- lung mets treated by radiotherapy
- HCG is enough marker
- treatment started after histopathological confirmation*(mostly)**
- chemotherapy sufficient cure

Q24. diamniotic monochorionic twins, twin A has oligohydromnios, small size, twin B will have:

- hypovolemia
- reduced amniotic fluids
- congestive heart failure*(TTTs)
- anemia

Q25. single most important Factor in perinatal mortality in twins is:

- prematurity***
- cong. Anomalies
- growth restriction -abnormal lie

Q26. 30 years old pregnant with twins, at term, she is:

- G2P2
- G1P1
- G1P1
- G1P2
- G1P0

Q27. Relation of lowest bony part of presenting part to mother ischial spine is:

-fetal station

Q28. When head is engaged, you can feel its lowest part at level of:

- ischial spine*(station 0)
- ischial tuberosity

Q29. Denominator of breech presentation is:

-sacrum*

- coccyx
- occiput
- vertex

Q30. One is false about mechanism of labor:

- gynecoid pelvis bring vertex into occipitotransverse while enter pelvic inlet
- shoulders should lie in AP diameter to be delivered into pelvic outlet
- flexion of fetus increase through labor

Q31. All are indications for C/S, except:

- transverse lie, cervix 3 cm dilated
- placenta previa major degree
- footling, ruptured membrane, 5cm dilated
- cord presentation

Q32. Lab investigation not used for recurrent abortion:

- thrombophilia scan
- TORCH*(cause of abortion not of recurrent abortion)**
- parents karyotyping
- hysteroscope

Q33. Principle of management in septic abortion, include all except:

-immediate evacuation of uterus*

- IV antibiotics
- cervical swab
- correction of hypovolemia
- xm 2 units of blood

Q34. 25 years old female, has missed abortion at 10 weeks, all should be discussed during counseling for post abortion management, except:

-investigate cause of abortion*

- discuss most likely cause of abortion
- contraception
- avoid pregnancy for next 3 months
- discuss success rate of next pregnancy

Q35. Not indication for anti D:

- preterm labor*
- cordocentesis
- manual removal of placenta
- ECV
- abruptio placenta

Q36. About cervical incompetence, all are true, except:

- congenital cervical weakness is a cause
- caused by previous multiple pregnancy*
- diagnostic cone biopsy can cause it
- treatment by cervical cerclage in 13-15 weeks
- is a cause of 2nd trimester abortion

Q37. Not true about abortion:

- cervical dilated in inevitable abortion
- 20% of threatened abortion will progress to fetal loss*
- US not essential for diagnosis of incomplete type
- silent infection is most common cause

Q38. During puerperium, one is false:

- external os stay open permanent
- internal os close by 2nd day* (by 1st week)
- lochia alba seen after 2nd week
- lochia rubra seen in 1st few days
- lochia serosa seen up to 2nd week

Q39. Pregnant, 28 weeks, fundal height 22 weeks, all are possible causes, except:

- GDM*
- placental insufficiency
- wrong date
- oligohydromnios
- transverse lie

Q40. 20 weeks, low lying placenta, your action is:

- rescan weekly
- rescan at 28 weeks*
- plan for CS

Q41. Simple most important Factor in abruptio placenta is:

- pre-eclampsia
- trauma
- polyhydromnios
- short cord

Q42. About placenta previa, only one is true:

- increase risk of IUGR
- increase risk of PPH*
- abdominal US benefits but not accurate
- vaginal exam safe

Q43. All are complications of progesterone minipill, except:

- breast tenderness
- acne
- irregular menstrual cycle
- complex ovarian cyst* (by exclusion)**
- wt gain

Q44. Copper IUCD causes all, except:

- dysmenorrhea
- heavy menstruation
- ectopic pregnancy
- PID

-Bacterial Vaginosis*

Q45. About sterilization, all are true, except:

- female sterilization is highly effective esp. in 1st 6-12 months
- tubal ligation done by rings or clips
- antisperm antibodies is known complication
- vas deference is(procedure of operation)

Q46. Regarding lactation, all are true, except:

- maintained by placental lactogen***
- controlled by prolactin
- suppressed by bromocriptine
- human milk contains proteins less than cow milk

Q47. Treatment for mild PID is:

- IV cephalosporin + gentamycin
- IV cephalosporin + IV metronidazole
- IV metronidazole
- doxycycline + metronidazole orally***

Q48. Definitive dx of PID by:

- laprascope***
- U/S
- MRI
- hysteroscopy

Q49. All are correct about fibroids, except:

- cervical fibroids are reassuring***
- 3 types, subserosal, intramural, submucosa
- subserosal is pedunculated
- often are multiple
- management differs by site, presentation

Q50. About fibroids & pregnancy, all are true, except:

-hyaline degeneration is known complication & occurs in 2nd trimester*

Q51. All are radiological investigations for fibroid, except:

- plain xray***
- U/S
- MRI
- CT
- hysteroscopic

Q52. Definitive dx of endometriosis is:

- laparoscopy*
- laparotomy
- hysteroscopy
- histopathological

Q53. All are signs of fibroids, except:

- urinary frequency
- subfertility
- menorrhagia
- asymptomatic
- Inter menstrual bleeding*

Q54. About endometriosis, one is correct:

- mostly present with menorrhagia
- increase during pregnancy -treatment affected by extent of disease*
- no familial tendency

Q55. One is correct about DUB:

- hypothyroidism is recognized cause
- adenomyosis is cause
- DUB occur in non ovulatory cycles
- occur in irregular cycles
- endometrial ablation used for treatment

Q56. Menorrhagia can be treated by all, except:

- mefenamic acid
- GnRH analogue
- progesterone
- danazole
- copper IUCD*

Q57. All are causes of lower abdominal pain in pregnant, except:

- cervical ectropion*
- preterm labor
- acute appendicitis
- SCD
- acute polyhydramnios

Q58. About RH isoimmunization, all are true, except:

- 500 IU antiD cover 5 ml blood
- liley's chart & whitfield action line are imp. in management
- all RH (-) people have "d" in each side of genotype
- tends to be less severe in subsequent pregnancy*

Q59. All are true for treatment of anemia, except:

- parenteral iron to increase Hb rise*
- S/E of oral ferrous is cause of reduced compliance
- 0.4 mg daily folic acid is minimal requirement
- iron increase level of Hb 0.8 mg every week

Q60. All indications for delivery in PROM, except:

- chorioamnionitis
- fetal distress
- abruptio placenta
- 36-37 weeks
- multiple pregnancy*

Q61. Polyhydramnios caused by all, except:

- parvovirus infection*
- renal agenesis
- duodenal atresia
- GDM
- NTD

Q62. All are causes of preterm, except:

- abdominal surgery known trigger factor*
- young maternal age
- subclinical infection

Q63. Contraindications of ritodrine is:

- hyperthyroidism*
- uterine atony
- GA 32 weeks
- ruptured membranes

Q64. DM associated with all, except:

- VSD
- HTN*
- fetal anal atresia
- sacral agenesis is the commonest
- fetal encephalocele

Q65. Hyperinsulinemia causes growth in fetal tissue, except:

- heart
- brain*
- muscles
- subcutaneous fat

Q66. About HTN disorder of pregnancy, all are true, except:

- proteinuria & no HTN is hypertensive disorder of pregnancy*
- proteinuria is 300 mg on 24 hr urine collection
- proteinuria & HTN are imp. for dx of HELLP syndrome
- hypotensive medication can't stop progression of pathology
- dependent edema is of no prognostic value

Q67. About ANC, all are true, except:

- reduce risk of hydrops fetalis
- reduce risk of post term
- urine dipstick routine every visit
- pelvic exam is routine*
- screen for GBS reduce neonatal sepsis

Q67. All correct about ANC, except:

- air travel should be
- rubella (-) lady should be immunized when deliver
- exercise reduce need for induction
- carpal tunnel syndrome is common complaint
- should take vit A***

Q68. All can be seen by US on 1st trimester, except:

- placenta previa***
- twin pregnancy

Q69. About IUGR all are true, except:

- rare presentation of chromosomal defect
- caused by dieting in pregnancy -caused by long standing DM

Q70. About thyroid disorder in pregnancy, all are true, except:

- thyroid level is diagnostic***
- clinical dx is not significant
- graves gets worse in postpartum
- can cause preterm delivery
- propylthiouracil cross placenta & cause fetal goiter.

Q71. Regarding epilepsy all are true, except:

- 3% risk of congenital anomaly***
- 1/3 of ptients have increased seizure frequency
- monotherapy is gold standard
- give folic acid
- breast feeding is not C/I

Q72. All increase in DIC, except:

- fibrin degradation product
- PT
- APTT
- whole blood clotting time

-fibrinogen*

Q73. 30 years multipara with a simple ovarian cyst 5 cm, what to do?

- observe for 3 months to regress***
- remove by laparoscopy
- lapratomy & cystectomy
- TAHBSO

Q74. Alpha fetoprotein is tumor marker of:

- endodermal sinus tumor

Q75. All are prognostic factor for endometrial CA, except:

- patient age
- size
- grade
- stage
- presence or absence of fibroids***

Q75. One is correct:

-PET associated with abruption

Q76. Regarding Hyperthyroid in pregnancy, One is wrong:

-increase in puerperium

-clinical dx isn't reliable

-PTU can cross placenta and cause goiter

-increase in total thyroxine is diagnostic *

Q77. HSG used for: **-hydrosalpinx**

Q78. About cervical cancer, one is wrong:

-LLETZ is a treatment for high risk

-cone biopsy is a treatment

-punch biopsy is a treatment for high grade lesion #

-high risk HPV cause CIN 1,2, CA

Q79. About cervical ca, one is wrong:

-goes hemato to lungs early in the disease.

Q80. In Breech presentation:

-listen to heart above umbilicus to side of the back

Q81. About endometrial Ca, one is wrong:

-late presentation in advanced stage*

-90% come with PMB

-can give abnormal pap smear

Q82. Not an investigation in endometrial CA:

-US

-D&C

-mamogram *

-pap smear

Q83. tocolytic C/I is:

-ruptured membrane

Q84. Not a cause of polyhydraminous:

-renal agenesis

Q85. Not in APGAR Score:

-respiratory rate

Q86. Not a support of pelvic organ:

-round ligament

Q87. All are true about stress incontinence, except:

-sudden urge to void (something like that)

Q88. One is wrong about pyelonephritis:

-every case need U/S *

-need post treatment culture to confirm

-most common cause is **E coli**

-if u treat asymptomatic bacteruria you decrease it significantly.

- I.V antibiotics

Q89. Smoking:

-decrease age of menopause

Q90. One is correct about Premature ovarian failure:

-need biopsy

-surgery may predispose

-infection isn't a common cause

-younger than 45

-uncommon in pre puberty

Q91. when infant got flexed hips and knees, this is :

-complete breech

Q92. stress incontinence caused by all, except:

- disc prolapse (cause retention)

Q92. About pap smear, one is wrong:

-false -ve in preinvasive is 20%

- add 3% acetic acid to enhance true positive *

Q93. Heparin isn't a CI for:

-lactation

Q94. Isn't given in pregnancy:

- Vitamin A

Q95. one doesn't increase in pregnancy:

-PVR *

-C.O

Q96. 30 weeks patient, with rupture of membrane, all are indication for delivery, except:

-chorio

-contractions

-multiple gestation#

-reaching term

Q97. All are true about kidney ,except:

-creatinine decrease

-all filtration is enhanced

-blood flow increase by 10 % #

-physiologic hydronephrosis

Q98. About PPH, one is correct :

-active management decreased it

Q99. All increase hypercoagulability,except:

-induction of labor #

-thrombophilia

-cardiac disease

-hospital staying

Q100. In menopause: -osteoporosis is a late presentation

4TH Year - 2006

13. the most common cause of primary dysfunctional labor is:

- a. Malposition
- b. Malpresentation
- c. Contracted pelvis
- d. Macrosomia
- e. Inefficient uterine contractions.***

14. Regarding secondary arrest in labor, all are true except:

- a. Defined as stopping of cervical dilation in the latent phase of labor *****
- b. The most common cause is cephalo-pelvic disproportion.
- c. Usually occurs in the active phase of labor.
- d. Fetal distress is rare.
- e. May be caused by malposition.

15. Regarding complete molar pregnancy, all are true except:

- a. Best treated by evacuation of uterus
- b. Usually there is no fetus.
- c. Chromosomes are entirely of paternal origin
- d. The chromosomes number is 69.***
- e. Mostly, uterine size is larger than dates.

16. In choriocarcinoma:

- a. Usually diagnosed by endometrial biopsy.
- b. Prognosis is worst if followed molar pregnancy.
- c. Lungs are the most common metastatic site.****
- d. Patient may be allowed to get pregnant after 3 months of chemotherapy.
- e. Karyotyping shows 46XX chromosomes.

17. Regarding amniotic fluid embolism, all are true except:

- a. Definitive diagnosis only can be reached after death.
- b. May be complicated by hypofibrinogenemia.
- c. Patients can be saved in most cases**.
- d. Associated with high parity.
- e. Fetal mortality is high.

18. Regarding pulmonary embolism in pregnancy (PE), all are true except:

- a. The risk of pulmonary embolism is greater postnatally than prenatally.
- b. Chest radiograph findings are abnormal in 80% or more of patients.
- c. Warfarin treatment may cause cleft palate.
- d. Osteopenia occurs if heparin is given for 6 weeks.

e. Patients who develop PE antepartum should receive anticoagulation therapy with heparin throughout next pregnancy.****

19. Which of the following drugs is the safest during pregnancy?

- a. Tetracycline
- b. Erythromycin.*****
- c. Streptomycin
- d. Metronidazole.
- e. Chloromphenicol.

20. The largest diameter of the fetal head is the:

- a. Sub-occipitobregmatic .
- b. Mentovertical. *****
- c. Biparietal.
- d. Occipitofrontal.
- e. Bitemporal.

21. Cephalopelvic disproportion is best diagnosed by:

- a. Ultrasound
- b. Short maternal stature. .
- c. Trial of labor *****
- d. X-ray pelvimetry.
- e. Pelvic examination

22. Characteristics of cervical mucus at mid cycle include:

- ***a. Increased quantity.**
- b. Increased cellularity.
- c. Absence of arborization (ferning).
- d. Increased viscosity.
- e. The presence of red cells.

23. Which of the following ovarian tumours is commonly associated with pregnancy:

- a. Mucinous cystadenoma.
- b. Brenner tumor. .
- c. fibroma. .
- d. Cystic teratoma.
- e. Granulosa cell tumour. .

24. All the following associations are true, Except:

- a. Multiparity and genital prolapse.
- b. Gonadotrophin therapy and ovarian hyperstimulation syndrome
- c. Anencephaly and face presentation
- d. Clomid and hyperprolactinemia.*******
- e. Postdate and Oligohydramnios

25. The smallest diameter of the pelvic inlet is:

- a. Interspinous diameter
- b. True conjugate******
- c. Obstetric conjugate
- d. Diagonal conjugate.
- e. Oblique diameter.

26. The main cause of death in women with ovarian cancer is:

- a. Bleeding.
- b. Pulmonary embolism.
- c. Intestinal obstruction.*******
- d. renal failure.
- e. Hepatic failure.

27. In malignant ovarian tumors:

- a. Endodermal sinus tumor is an epithelial tumor.
- b. Human chorionic gonadotrophin is a tumor marker of dysgerminoma.*******
- c. Krukenburg tumour is a primary ovarian tumor.
- d. Bruners tumor is a sex cord tumor.
- e. Radiotherapy is the best treatment of ovarian cancer.

28. Complications of induction of labor include all of the following Except:

- a. Abruptio placentae*******
- b. Rupture of the uterus
- c. Reduced incidence of operative delivery
- d. Prematurity
- e. Postpartum hemorrhage

29. Regarding Hysterosalpingogram all are true except:

- a. Is useful in diagnosing Asherman's syndrome.
- b. Mostly done in the first half of the cycle
- c. Can diagnose uterine fibroid.
- d. Can diagnose endometriosis*******
- e. Can flare up pelvic inflammatory disease.

30. The polycystic ovarian syndrome could be associated with all the followings except:

- a. High plasma level of Leutinizing hormone (LH)
- b. Oligomenorrhea
- c. Endometrial hyperplasia
- d. High plasma level of follicular stimulating hormone (FSH)*****
- e. Normal prolactine level.

32. Polhydramnios is associated with:

- a. Down's Syndrome
- b. Potters Syndrome
- c. Heart failure******
- d. Postmaturity
- e. Placental angioma

33. The following drugs are used to treat dysfunctional uterine bleeding except:

- a. Mefanemic acid
- b. Estrogen******
- c. Progesterone
- d. Danazole
- e. LHRH analogue

34: The following conditions may be associated with hyperprolactinemea except:

- a. Polycystic ovary syndrome.
- b. Sheehan's syndrome******
- c. Infertility
- d. Oligomennorrhoea
- e. Ammenorrhoea

35. The following hormones are increased in polycystic ovary syndrome except:

- a. LH
- b. Testosterone
- c. Estrogen
- d. Progesterone
- e. Prolactin****

36. Regarding gonococcal infection:

- a. Vaginal discharge seen within 7-14 days of acquiring the infection
- b. Complications may include neonatal scleritis
- c. Can not be easily diagnosed by serological tests******
- d. Sensitive to treatment by mitronidazole
- e. Can be complicated by peri-hepatic adhesions

37. Regrading chlamydia trachomatis:

- a. Is a common cause of arthritis
- b. Caused by intracellular virus
- c. Can be complicated by Reiters syndrome******
- d. Respond to treatment with septrin
- e. It infects mainly the vagina.

38..Regarding fetal skull, all are true except

- a. There are two temporal bones
- b. There is one frontal bone
- c. Frontal suture separates three bones******
- d. Coronal sutres end at the bregma
- e. Posterior fontanel is covered by membrane

39. Regarding endometriosis:

- a. Spasmodic dysmenorrhoea is a common symptom
- b. Ovaries are the least common sites
- c. A positive laparoscopic diagnosis is mandatory before treatment******
- d. Estrogen is an effective treatment.
- e. Danazole is an effective treatment if given for 3 months only.

40. Regarding adenomyosis:

- a. Common in nulliparous women.
- b. Enlargment of the uterus is usually symmetrical. *******
- c. Commonly seen in the 3rd decade of life.
- d. Best treated by combined contraceptive pills.
- e. Menorrhagia is a rare symptom.

41. Neonatal complications of babies born to diabetic mothers include all the followings except:

- a. Hypoglycemia.
- b. Respiratory distress syndrom.
- c. Hypomagnesemia.
- d. Anaemia*******
- e. Hypocalcemia.

42. Regarding diabetes and pregnancy:

- a. In well controlled diabetes, we can wait for spontaneous labor irrespective to the duration of pregnancy.
- b. Best controlled by single injection of insulin.
- c. Cesarean delivery is advisable.
- d. Glycosylated Hemoglobin of 10% is an indication of good blood sugar control.
- e. Glucose challe

2006 – no answers

The following is all true except one;

- Endometriosis is a benign condition, 5-15% of women have some degree of the disease.
- It can cause infertility .
- It can invade adjacent organ systems like gastrointestinal or urinary tracts.
- Adenomyosis is extension of the endometrial glands into the uterine muscle.
- Dysmenorrhoea & dyspareunia are absent in endometriosis & adenomyosis.

In PPH all are true except one ;

- Bleeding in excessive of 500cc in the first 24hours after 24hours.
- >1000cc blood loss after caesarian section
- >1500cc blood loss after c.s.hysterectomy.
- 10% drop in hematocrit value or a need for blood transfusion.
- The most common cause of PPH is trauma of the genital tract(70%) of cases.

The following are true except one;

- Fibroids are benign tumours arising from the endometrium.
- Fibroids cause excessive uterine bleeding.
- Fibroids cause pelvic pressure & pain.
- Sarcomas is a common complication of fibroids.
- Fibroids can cause infertility.

The followings are true except one;

- Abruptio causes fetal hypoxia & death.
- The most common cause of DIC is abruptio in the pregnant women.
- Acute tubular necrosis is one of the complication of placental abruptio.
- Patients with abruptio progress through labour & delivery, due to uterine irritability.
- Vaginal delivery is not advised in abruptio & cesarean section is always performed.

The followings are true except one;

- In ectopic , the patient complains of irregular bleeding & delayed menses.
- Vasomotor shock with hemoperitoneum may occur .
- Shoulder's pain occurs in case of rupture ectopic & intra-abdominal bleeding.
- The successful management of ectopic pregnancy depends on early diagnosis.
- HCG level is normal & doubling occurs every 2 days .

Malpresentations include the following except one ;

- **Breech**
- **Face**
- **Brow**
- **Shoulder**
- **Occipito-posterior**

In PID the following may occur except one ;

- **Infertility**
- **Ectopic pregnancy**
- **Chronic pelvic pain**
- **Multiple pregnancy**
- **Dysmenorrhoea**

The followings are true except one;

- **Nausea & vomiting occurs in 60-80% of pregnant women in the 1st trimester.**
- **Nausea & vomiting are usually mild & disappear in the 2nd trimester.**
- **In a small number of patients the severity of symptoms needs hospital admission.**
- **Under emotional stress patients complain of nausea & vomiting.**
- **Nausea & vomiting has a bad outcome on the pregnancy leading to abortion.**

The followings are true except one

- **In multiple pregnancy 2 or more embryos are existing in-utero.**
- **Identical twins are called monozygotic.**
- **Fraternal twins are called dizygotic.**
- **Conjoined twins is a rare event.**
- **The most common presentation in twins is breech/ breech.**

AFI which one is considered normal;

- **1-5**
- **5-10**
- **5-23**
- **25-30**
- **30-40**

The followings are true except one;

- **Normal baseline fetal heart rate (110-160).**
- **Normal beat to beat variation(5-25beats).**
- **Acceleration of fetal heart rate with contractions denotes normal behaviour.**
- **Late deceleration of fetal heart rate in labour is not a serious problem.**
- **Variable deceleration of fetal heart rate denotes cord compression & is treated by positioning of the pregnant patient.**

The followings are true except one;

- In face presentation, mento-anterior can be delivered vaginally.
- Mento-posterior needs cesarean section.
- Face presentation is the result of flexion of the fetal head.
- Mento-anterior can be delivered by forceps.
- The incidence of face presentation is about 1 in 500 deliveries.

The followings are true except one;

- Brow presentation has large presenting diameter >13cm.
- Brow presentation is caused by deflexion of the fetal head .
- Cesarean section is the method used for safe delivery.
- Mid-cavity forceps may be used to convert brow to face presentation.
- The incidence of brow is about 1 in 1400 deliveries.

The followings are true except one;

- Paracetamol can be used in pregnancy.
- Penicillin can be used in pregnancy.
- Erythromycin can be used in pregnancy.
- Methotrexate can be used safely in pregnancy.
- Progesterone tablets or vaginal pessaries can be used in pregnancy.

The followings are true except one;

- Male factor accounts for 40% of cases of infertility.
- Female factor accounts for 40% of cases of infertility.
- 20% of cases are due to male & female factors.
- Male low sperm volume is treated by intra-uterine insemination(IUI).
- Fallopian tubal occlusion does not cause infertility.

In breech presentation, all are true except one ;

- Breech presentation occurs in 4% of all deliveries.
- 3 types of breech presentation are found (frank , complete , footling).
- Cesarean section is not performed in primigravida .
- Vaginal delivery is performed in multigravida patient with an adequate pelvis.
- It is advised to deliver the head of a breech by piper forceps .

IUGR is caused by the following conditions except one ;

- Pregnancy induced hypertension .
- Cigarette smoking .
- Alcoholism .
- Cyanotic heart disease .
- Wrong dates.

All are indications for caesarean except one;

- Breech presentation in a primigavida,
- Cephalo-pelvic disproportion,
- Major placenta praevia,
- Severe fetal distress in labour ,
- Patient is requesting caesarean operation.

The following statements are true except one;

Vaccum extraction has the same indications as forceps,

- Vaccum extraction is contraindicated in face presentation,

Vaccum extraction is suitable for vertex presentation ,

Vaccum is relatively easy to use ,

Vaccum is used in preterm fetus because it is less traumatic .

Maternal anaemia may occur in the following conditions except one

- Placenta praevia ,
- Placental abruption,
- Vasa praevia,
- Multiple pregnancy,
- Low social class & poor nutrition.

In Iron deficiency anaemia the followings are true except one

- It is the commonest anaemia in pregnancy,
- It is characterized by small red cells(microcytic cells),
- Low haematocrit value ,
- Treatment is by giving iron tablets & high protein diet ,
- Blood transfusion is the treatment of choice in iron deficiency anaemia .

Which of the following uterine condition is common to occur

- Leiomyomas (fibroids),
- Fibro-sarcoma ,
- Adenocarcinoma of the uterus ,
- Prolapse of the uterus ,
- Inversion of the uterus .

If the last menstrual period on the 15/3/2005, calculate the expected date of delivery;

- 22/11/2005.
- 22/12/2005
- 22/1/2006
- 22/2/2006
- 22/3/2006.

The followings are criteria for severe preeclampsia except one;

- severe hypertension BP160/110mmHg at rest& on two occasions,
- Heavy proteinuria more than 3grams/24hours urine collection,
- Pulmonary oedema or cyanosis ,
- Impaired liver function(elevated liver enzymes),
- Urine output 30-50mls/hour.

The complications of Diabetes in pregnancy are as follows except one ;

Polyhydramnios ,

- Preeclampsia ,
- Macrosomia,
- Increase in fetal anomalies,

The baby suffers of hyperglycaemic attacks after delivery.

Which of the following abortion has the best outcome ;

- Incomplete abotion ,
- Complete abortion ,
- Missed abortion,
- Threatened abortion,
- Recurrent abortion.

Abnormal uterine bleeding is present in the followings except one condition

- Following insertion of intrauterine device,
- In thrombocytopenia,
- Impaired liver function,
- Laceration or trauma to the genital tract ,
- Following walking & exercise.

The ideal contraception should fulfill the following except one:

- Safe,
- Cheap,
- Available,
- Acceptable to the couple
- Irreversible method of contraception

,
In Polycystic Ovarian Syndrome (PCOS),one statement is not true;

- In PCOS there is chronic anovulation.
- In PCOS there is oligo-amenorrhoea,
- In PCOS there is hyperandrogenism,
- In PCOS there is normal LH/FSH ratio ,
- In PCOS there is hyperinsulinemia .

2007

1-The relation of fetal parts to each other is called;

A-Presentation .

B-Lie .

C-Position .

D-Attitude .***

E-Engagement .

2- The most important forces of Labour;

A-Uterine contractions and Retraction .***

B-Intra-abdominal pressure during the 1st stage of labour .

C-Braxton-Hicks contractions .

D- Secondary abdominal forces .

E-Pressure of presenting part on dilated cervix .

3- Which of the following cause complete relaxation of the uterine muscle ;

A- Spinal anaesthesia .

B- Epidural anaesthesia .***

C- Paracervical block .

D- Halothane .

E- Nitrous oxide .

4- The most common presentation in Twin pregnancy ;

A- Breech – Breech .

B- Vertex – Breech .

C- Vertex – Vertex .***

D- Breech –Vertex .

E- Vertex –Transverse .

5- Bleeding after vaginal delivery is considered to be normal if less than ;

A- 600 mls of blood .**

B- 700 mls of blood .

C- 1000 mls of blood .

D- 500 mls of blood .

E- 800 mls of blood .

6- 34 weeks pregnant woman presented with mild APH , the best to do ;

A- Admit to the ward & observation .****

B- Amniocentesis for fetal lung maturity .

C- Immediate delivery by Caesarean section.

D- Induction of labour .

E- Discharge home .

7- The bleeding in case of placenta accrete occurs ;

A- Before separation of the placenta .

B- Before delivery .

C- After the 1st stage of labour .

D- When trying to remove it manually .**

E- In the 3rd trimester of pregnancy .

8- The puerperium is the period ;

A- 4-6 after delivery .**

B- 8 weeks after delivery .

C- 10 weeks after delivery .

D- 12 weeks after delivery .

E- 2-4 weeks after delivery .

9- In obstructed labor , contraction ring is present at ;

A- Internal os of the cervix .

B- External os of the cervix .

C- Pelvic inlet .

D- The junction of upper & lower segment of the uterus .***

E- Vagina .

10- The most common cause of recto-vaginal fistula is ;

A- Vaginal infection .

B- Vaginal Prolapse (rectocaele) .

C- Obstetric causes .

D- Chron' disease .****

E- Peri-anal abscess .

11- What is the APGAR score of a newly born fetus with heart rate 105 , good crying , grimace when suction of the nose , blue hand & feet , flexion of all limbs ;

A- 10 .

B- 9 .

C- 8 .****

D- 5 .

E- 4 .

12- Premature rupture of membranes(PROM is rupture of the membranes ;

A- Before the onset of labor .***

B- Before dilatation of the cervix .

C- Before engagement of the presenting part

D- Before full effacement of the cervix .

E- Before 37 weeks of pregnancy .

13- Post term pregnancy is related strongly to ;

- A- Pre-eclampsia .
- B- Diabetes Mellitus .
- C- Anencephaly .*****
- D- Twin Pregnancy .
- E- Smoking .

14- In Rhesus negative mother, which of the following is related with the highest sensitization risk ;

- A- Ectopic pregnancy .
- B- Term pregnancy .
- C- Spontaneous Abortion .
- D- Mis-matched blood transfusion .****
- E- Missed Abortion .

15- The world- wide most common problem seen in pregnancy is ;

- A- Recurrent abortion .
- B- B12 deficiency anaemia .
- C- Ectopic Pregnancy .
- D- Iron deficiency anaemia .*****
- E- Folate deficiency .

16- The umbilical arteries in the cord close spontaneously after :

- a. 10 -15 seconds .
- b. 15 – 20 seconds .
- c. 20 – 30 seconds .
- d. 30 – 45 seconds .
- e. 45 - 60 seconds .

17- The umbilical vein close spontaneously after :

- a. 1- 2 minutes .
- b. 2-3 minutes .
- c. 3-5 minutes .
- d. 6-7 minutes .
- e. 8-10 minutes .

18- The ideal time for clamping the umbilical cord after birth is :

- a. 5 – 10 seconds .
- b. 10-20 seconds .
- c. 20- 30 seconds .
- d. 40- 50 seconds .
- e. 50- 60 seconds .******

19- Which of the following statements is false :

- a. Various placental hormones play an important role in preparing the breasts for lactation .
- b. The drop in placental hormones after delivery will initiate lactation(oestrogen effect) .
- c. Suckling of the nipples will stimulate the release of prolactin and oxytocin .
- d. The myoepithelial cells in the alveoli and milk ducts will contract to lead down the milk secretion .
- e. Colostrum is rich in the protein casein.*****

20- Which of the following is false :

- a. The uterine discharge after delivery is called lochia .
- b. The lochia rubra is due to the presence of the erythrocytes .
- c. On day 3 after delivery the lochia is called lochia alba .***
- d. The foul smelling lochia suggests endometritis .
- e. Delay in uterine involution is called subinvolution .

lochia lochia umbilical arteries subinvolution

21- How long it takes for the uterus to become a pelvic organ :

- a. 5 – 7 days .
- b. 7 – 10 days .
- c. 10 – 14 days .***
- d. 14 – 28 days .
- e. 42 days .

22- Which of the following is true regarding the normal physiological changes in the urinary system :

- a. The physiological changes will persist for 4 weeks after delivery .
- b. The physiological changes begin in the 3rd trimester of pregnancy .
- c. Oestrogen will lead to dilatation of the renal pelvis .
- d. Intravenous urogram is performed 12 weeks after delivery .***
- e. The increase in the glomerular filtration rate will lead to decrease in the serum creatinine level and increase in the blood urea .

23- In renal disorder , all the followings are true except :

- a. Glycosuria in pregnancy may reflect altered renal function and not necessary hyperglycaemia .
- b. Asymptomatic bacteriuria can occur during pregnancy and the sexually active women .
- c. In chronic renal disease pregnancy will not cause deterioration in the renal function.*****
- d. Chronic renal disease will lead in pregnancy to anaemia and proteinuria .
- e. 25 % of asymptomatic bacteriuria will develop pyelonephritis.

24- In androgen metabolism all are true except :

- a. LH stimulate ovarian androgen production .
- b. ACTH is required for the control of adrenal androgen production .
- c. 90 % of serum testosterone and androstenedione originate in the ovaries and the remaining 10% originate from the adrenal glands .*******
- d. Most androgens are bound to the specific protein SHBG and 1 % are free.
- e. Testosterone is converted within the cells to dihydrotestosterone which possesses greater activity than its precursors .

25- Abnormal androgen secretion will lead to the following adrenal disorders except:

- a. Cushing's syndrome .
- b. Congenital adrenal hyperplasia .
- c. Adrenal adenomas .
- d. Hilus cell hyperplasia .*******
- e. Adrenal carcinomas .

26- Cushing's syndrome secondary to adrenal hyperplasia has the following clinical manifestations except :

- a. Truncal obesity .
- b. Moon like face .
- c. Muscular hypertrophy .*******
- d. Impaired glucose tolerance .
- e. Osteoporosis .

27- In PCOS secondary to ovarian disorders the followings are true except :

- a. Increase LH levels because of increased GnRh secretion from the arcuate nucleus .*******
- b. Increase LH levels is due as well to the increased pituitary sensitivity to GnRh.
- c. The excessive amount of androgen are peripherally converted to oestrogen .
- d. The unopposed production of oestrogen will lead to adenomatous hyperplasia of the endometrium .
- e. The unopposed oestrogen production will increase the LH release from the pituitary and will increase as well the FSH release .

28- Intersex include all the followings except :

- a. Ambiguous genitalia .
- b. Turner's syndrome .******
- c. Female pseudohermaphroditism .
- d. Male pseudohermaphroditism .
- e. True hermaphroditism .

29- The most common cause of abnormal vaginal bleeding in a 13 years old girl :

- a. Foreign body .****
- b. Malignancy (carcinoma) .
- c. Trauma.
- d. Bleeding diathesis .
- e. Anaemia .

30- In elderly woman , the most common presentation of vulval carcinoma is :

- a. Bleeding .
- b. Dyspareunia .
- c. Pruritis .***
- d. Ulceration .
- e. Foul discharge .

31- The best drug to give in atrophic vaginitis is :

- a. Antihistamine .
- b. Local steroids.
- c. Local oestrogen cream .****
- d. Systemic steroids .
- e. Local antibiotic cream.

32- The following are important in the management of pruritis vulvae except :

- a. General examination of the skin .
- b. Speculum examination of the cervix and pap smear .
- c. Colposcopic examination of the vulva .
- d. Biopsies of the vulva and vagina .
- e. Abdominal X-Ray .****

33- In placental abruption all are true except :

- a. Uterine contractions are usually present .
- b. No visible vaginal bleeding .
- c. Uterus is usually tender .
- d. Uterus is irritable .
- e. Fetal parts are easily felt *****.

34- The following are causes for a small for date fetus except :

- a. Diabetes mellitus is not a causative factor .
- b. Cocaine use is a possible factor .
- c. The size of the mother has no influence .****
- d. Pre-eclampsia is an association .
- e. Fetal infection should be excluded .

- 35- In normal cardiotocograph in labour all are true except :
- The baseline fetal heart rate should not be more than 160 bpm .
 - Baseline variability is < 5 bpm .******
 - Accelerations are present .
 - Early deceleration is not pathological .
 - No late deceleration .
- 36- In abnormal or pathological cardiotocograph all are true except :
- The presence of meconium in the liquor is suspicious .
 - Fetal blood sampling is important before deciding about the method of delivery.
 - pH if greater than 7.25 deliver the fetus as quick as possible .******
 - The fetus may suffer hypoxia .
 - An IUGR fetus is at great risk than the normal one .
- 37- Primary post partum haemorrhage (PPH) all are true except :
- Is defined as bleeding within 24 hours of delivery .
 - Is defined as blood loss more than 500 ml of blood .
 - Should be suspected in a multiple pregnancy .
 - Might be secondary to vaginal laceration .
 - History of ante partum haemorrhage is not associated with a risk of PPH.*******
- 38- Secondary post partum haemorrhage all are true except :
- High vaginal swab is indicated .
 - Ultrasound scan of the pelvis is mandatory .
 - A persistent low serum hCG is found in molar pregnancy .******
 - Increase in white blood cell count goes with endometritis .
 - Chest X-RAY is essential in the diagnosis of choriocarcinoma .
- 39- The symptoms of menopause are as follows except :
- Night sweating .
 - Palpitation .
 - Weight loss .******
 - Dyspareunia .
 - Urgency .
- 40- The followings are complication of fibroids in pregnancy except :
- First trimester miscarriage .*******
 - Acute severe abdominal pain .
 - Malpresentation .
 - Intra uterine growth restriction .
 - Pre term labor .

177- The broad ligament forms two layers, which enclose the following structures EXCEPT:

- a- The fallopian tube.
- b- Uterosacral ligament. *****
- c- The ovarian vessels.
- d- The ovarian ligament.
- e- The round ligament.

179- One of the following is not anterior division of the internal iliac artery:

- a- Uterine.
- b- Superior vesical.
- c- Middle hemorrhoidal.
- d- Inferior gluteal.
- e- Superior gluteal *****

180- Which is incorrect about the left ureter:

- a- It descends in front of the ovarian vessels. *****
- b- It gets blood from the aorta, renal, ovarian and vesicle arteries.
- c- It leaves the abdomen at the bifurcation of the common iliac artery.
- d- It is retroperitoneal.
- e- It begins at a slightly higher level than its counterpart on the right side.

181- Fetal tachycardia may be due to all, EXCEPT:

- a- Extreme prematurity.
- b- Maternal hyperthyroidism.
- c- Fetal hypervolaemia. *****
- d- Chorioamnionitis.
- e- Maternal hyperthermia.

182- Regarding menorrhagia, all of the following are true EXCEPT:

- a- It is the most common cause of iron deficiency anaemia in western women.
- b- Menstruation is initiated by a withdrawal of progesterone and oestrogen support to the endometrium.
- c- Anovulatory cycles may be associated with cystic glandular hyperplasia.
- d- Hysteroscopy is more sensitive than endometrial curettage in diagnosis of endometrial abnormality.
- e- Loss of at least 150 ml per menses is considered menorrhagia. *****

187- Which of the following treatments is not appropriate for the disease?

- a- Endometriosis ---- Gonadotrophic realizing hormone agonist.
- b- Dysfunctional uterine bleeding ----- Progesterone.
- c- Polycystic ovary syndrome ---- Metformin.
- d- Uterine fibroid ---- combined contraceptive pills.
- e- Menopausal symptoms ---- estrogen.

Collection 1

51- Uterine fibroid may undergo the following changes except :

- A. Atrophy
- B. Squamous metaplasia**
- C. Hyaline degeneration
- D. Calcification
- E. Sarcomatous changes

52- Disseminated intravascular coagulation during pregnancy is most commonly due to

- A. Placenta previa
- B. Chorioamnionitis
- C. Abruption placenta**
- D. Amniotic fluid embolism
- E. Eclampsia

53- Regarding malignant ovarian tumors all are true except :

- A. Are mostly hormone secreting**
- B. Presentation is late
- C. Frequently metastasize to peritoneum
- D. Respond to progesterone therapy
- E. Often present as an asymptomatic mass

54- In Polycystic ovary Syndrome “ PCO “ all of the following hormones increase Except :

- A. Prolactin
- B. Androgens
- C. Estrogens
- D. LH
- E. FSH

55- Signs of a ruptured ectopic pregnancy all are true Except :

- A. Tachycardia
- B. Cervical excitation**
- C. Localized tenderness in the pelvis
- D. Rebound tenderness in the abdomen
- E. Heavy vaginal bleeding

56- In endometriosis all are NOT True Except :

- A. Common Outside the pelvis
- B. Frequently premalignant
- C. Treated with high dose of progestogens
- D. Usually treated by Abdominal hysterectomy
- E. The uterus is tender

57- Vulval and Vaginal Candidiasis Occur more frequently in patients who are Except :

- A. Diabetics
- B. Given long term antibiotic therapy
- C. Thyrotoxic**
- D. Pregnant
- E. Taking oral contraceptive pills

- 44- Endometrial hyperplasia with dysfunctional uterine bleeding is the result
- The birth control pill
 - Unopposed Estrogen stimulation**
 - Unopposed Progesterone Stimulation
 - Unopposed Prolactin stimulation
 - Genetic transformation of the basal cells of the endometrium
- 59 – Multiple pregnancy predisposes to all except
- Placental previa
 - Acute pyelonephritis
 - Malpresentation
 - Placental Insufficiency
 - Diabetes Mellitus
- 60 – Complication of abruption placenta include all except
- Renal cortical necrosis
 - Eclampsia
 - Afibrinogenemia
 - Intrauterine growth retardation
 - Disseminated intravascular coagulation
- 61- A high head at term could be due to all Except :
- Wrong date
 - Placenta previa
 - Cephalopelvic disproportion
 - Placental abruption
 - Occipito Posterior position
- 62- All of the following predispose to Placenta Previa, , Except :
- Age
 - Multiparity
 - Defective vascularization of decidue
 - Previous cesaerian section
 - Toxemia of pregnancy
- 63- All of the follwoign have been implicated in the cause of Ectopic pregnancy except :
- Endometritis
 - Salpingitis
 - Peritubal alhesion
 - Previous tubal surgery
 - Tumors that distort the tubes
- 64- A woman in her third trimester of pregnancy has hemolytic anemia, elevated liver enzymes and low platets, the most likely diagnosis is :
- Eclampsia
 - HELLP syndrome**
 - Acute liver failure
 - Hyperemesis gravidarum
 - ITP

65- Inversion of the uterus is almost always subsequent upon :

- A. Multiple Pregnancy
- B. Abruptio Placentae
- C. Polyhydramnios
- D. Traction of the umbilical cord before separation
- E. Difficult forceps delivery

66- Which of the following tumors is most likely to be associated with precocious puberty :

- A. Dysgerminoma
- B. Brenner tumor
- C. Luteoma
- D. Benign cystic teratoma
- E. Granulosa cell tumor

67 – Endometriosis is commonly seen in women who :

- A. Have early or frequent pregnancies
- B. Use oral contraceptive pills
- C. Have anovulatory cycles
- D. Have hypersensitivity to gonadotropin
- E. Have adenocarcinoma

68- The average length of the umbilical cord is :

- A. 30 cm
- B. 40 cm
- C. 55 cm
- D. 80 cm
- E. 100 cm

69 – therapeutic administration of the following drugs during pregnancy is associated with an increased risk of foetal abnormalities

- A. Warfarin
- B. Methylodopa
- C. Insulin
- D. Penicillin
- E. Paracetamol

70 - Fetal bradycardia may be caused by

- a. Maternal hypotension
- b. Paracervical block
- c. Sacral pressure
- d. Labor contraction
- e. All of the above

71- The least common cause of abortion is :

- A. Blighted ovum
- B. Uterine fibroids
- C. Retroverted uterus
- D. Progesterone deficiency
- E. Endometrial glycogen deficiency

- 72- Glycosuria in pregnancy
- A. Means diabetes
 - B. Means Prediabetes
 - C. Should be investigated
 - D. Is encountered in 10 -20% of women
 - E. Is encountered in 50% of women
- 73- Recognized side – effects of clomiphene- citrate (clomid) may include all except :
- A. Blurring of vision
 - B. Alopecia
 - C. Hot flushes
 - D. Nausea
 - E. Postural hypotension
- 74- Problems of amniocentesis are :
- A. Infection
 - B. Increased isoimmunization
 - C. Induction of labor
 - D. Puncture of Placentae with bleeding
 - E. All of the above
- 75- What is the most likely explanation for premenstrual syndrome :
- A. Massive estrogen secretion
 - B. Massive endothelin secretion
 - C. Massive progesterone secretion
 - D. Massive prostaglandin Secretion
 - E. Massive phospholipase C secretion
- 76- The most dserious manifestation of puerperal infection is
- A. Thrombophlebitis
 - B. Pyelitis
 - C. Mastitis
 - D. Peritonitis
 - E. Infected episotomy
- 77- In brow presentation during early labour one statent is true
- A. Urgent C-Section
 - B. Rupture membranes and syntocinon drip
 - C. Manual correction
 - D. Observe the course of labour
 - E. The diameter of engagement is suboccipito –froual
- 78- All the following predispose of feotal distresse in labuor except :
- A. Supine position
 - B. Pre – eclampsia
 - C. Renal disease
 - D. Lupus erythmatusus
 - E. Pethedine administration

- 79- Regarding cystocele all are correct except :
- A. Is prolapse of bladder and anterior vag. Wall
 - B. Is common after menopause
 - C. Is the cause of stress incontinence of urine**
 - D. May lead to U.T.I
 - E. Is very uncommon in nulliparous women
- 80- Regarding transplacental transmission of maternal infection to the fetus all true except :
- A. Syphilis
 - B. AIDS
 - C. Hepatitis
 - D. Rubella
 - E. Gonorrhoea**
- 81- the fetus of pregnant women may be affected by all medication except
- A. Chloramphenicol
 - B. Warfarin
 - C. Sulphonamides
 - D. Digoxin**
 - E. Phenytoin
- 82- Which of the following contraceptive procedures is most likely to increase the risk of pelvic inflammatory disease (PID)
- A. Oral contraceptives
 - B. Condom
 - C. Intrauterine devices (IUDs)**
 - D. Spermicidal creams
 - E. Postcoital contraceptions
- 83- A strawberry - like appearance of the vaginal with presence of small petechial lesions on the cervix strongly suggests the diagnosis of :
- A. Streptococcal vaginitis
 - B. Pelvic congestion
 - C. Trichomonal vaginitis
 - D. Monilia vaginalis**
 - E. Cervical polyp
- 84- Myomas are usually asymptomatic. Which of the following types of uterine myomas frequently cause symptoms
- A. Intramural
 - B. Submucous**
 - C. Subserous
 - D. Pedunculated
 - E. Cervical

- 85- Which of the following benign ovarian tumors has the highest malignant potential
- A. Dermoid cyst
 - B. Mucinous cystadenoma
 - C. Endometriomas
 - D. Serous cystadenoma**
 - E. Thecoma
- 86- Endometrial biopsy shows secretory phase, indicating
- A. Preovulatory phase
 - B. That menstruation is in progress
 - C. That ovulation has occurred**
 - D. Proliferative stage
 - E. That no ovulation is possible
- 87- In a normal cycle of 34 days duration, ovulation occurs
- A. Two weeks before menstrual flow**
 - B. Two weeks after onset of menstrual flow
 - C. At midcycle
 - D. Not at all
 - . On the first day of menstruation
- 88- Hydatidiform mole at the level of the umbilicus is best by :
- A. Oxytocin induction
 - B. Prostaglandin induction
 - C. Suction curettage**
 - D. Hysterotomy
 - E. Hysterectomy
- 89- The vaginal discharge of a normal woman is
- A. Malodorous
 - B. Gray colored
 - C. Yellowish
 - D. Cheese like
 - E. Clear**
- 90- After menarche, an imperforate hymen may be associated with
- A. Hematometra
 - B. Urinary retention
 - C. Abdominal pain
 - D. Hematocolpos
 - E. All of the above**
- 91- The drug of choice for endometriosis is
- A. Miconazole
 - B. Danazol**
 - C. Bromocriptine
 - D. Ethinyl estradiol
 - E. Cyclophosphamide

- 92- A postmenopausal woman complained of vaginal itching and dyspareunia the most likely diagnosis is :
- A. Vaginal mucosa vaginitis
 - B. Herpes simplex
 - C. Atrophic vaginitis**
 - D. Depression
 - E. Bacterial vaginosis
- 93- Hydrothorax is often associated with
- A. Serous cystadenoma of the ovary
 - B. Bilateral polycystic ovaries
 - C. Pseudomucinous cystadenoma of the ovary
 - D. Ovarian fibroma**
 - E. Myoma uteri
- 94- Climacterium is characterized by all of the following except
- A. Hot flashes
 - B. Dysfunctional bleeding
 - C. Dyspareunia
 - D. Low FSH and LH**
 - E. Irritability
- 95- Important risk factors for endometrial cancer include of of the following except
- A. Obesity
 - B. Hypertention
 - C. D.V.T**
 - D. Diabetes mellitus
 - E. Use of estrogen
- 96- The most common cause of postpartum hemorrhage is
- a. Multiple gestation
 - b. Uterine atony**
 - c. Macrosomia
 - d. Multiparity
 - e. Hemophilia
- 97- The best evidence of progress in labour is gained by assessing
- a. Descent
 - b. Dilatation
 - c. Descent and dialatation**
 - d. The degree of pain
 - e. The rapidity of the fetal heartbeat

98- The most frequent cause of amenorrhea in young female adults is

- a. Primary ovarian failure
- b. Hypothyroidism
- c. Pituitary failure
- d. Psychoneurosis
- e. **Pregnancy**

99- Surgical treatment should be employed for the following asymptomatic conditions in childhood period

- a. Congenital absence of the vagina
- b. **Hypertrophied clitoris**
- c. Phimosis of cervix
- d. Imperforate hymen
- e. Gonadal agenesis

100 –The least common cause of abortion is

- A. **Retrodisplaced uterus**
- B. Blighted ovum
- C. Chromosomal abnormality
- D. Uterine fibroids
- E. Progesterone deficiency

Collection 2 – no answers

1- Neonatal death is defined as:

- a- Infant death in the first 24 hours of life.
- b- Infant death in the first 7 days of life.
- c- Infant death in the first 28 days of life.
- d- Infant death in the first year of life.
- e- Infant death in the first 2 years of life.

2- Regarding prenatal diagnosis, all are correct EXCEPT:

- a- Most structural abnormalities can be visualized by ultrasound between 16-20 weeks gestation.
- b- Fetal echocardiography can be performed at 15 weeks' gestation
- c- The fetal skeleton can be visualized by radiography from 7 weeks' gestation onward.
- d- Low level of maternal serum alpha feto-protein may indicate Down syndrome.
- e- Fetoscopy is associated with a 3-5% risk of miscarriage.

3- Maternal serum alpha-feto protein increases in the following conditions EXCEPT:

- a- Spina-bifida.
- b- Anencephaly.
- c- Threatened abortion.
- d- Diabetic mother.
- e- Multiple pregnancy.

4- Regarding fetal heart monitoring in labour, all are true EXCEPT:

- a- Early deceleration during the second stage of labour is considered physiological .
- b- Variable deceleration suggests cord compression .
- c- Late deceleration is a serious problem .
- d- Acceleration of the fetal heart rate with contraction is an abnormal fetal behavior.
- e- Baseline variability < 5 beats/minute may indicate fetal compromise.

5- Normal Amniotic fluid index (AFI) is:

- a- 1-5 cm.
- b- 5-24 cm.
- c- 25-30 cm.
- d- 30-35 cm.
- e- 35-40cm.

6- During antenatal care, the following statements are correct, EXCEPT:

- a- Most of the risk factors could be identified.
- b- Contraceptive advice should be offered to the woman.
- c- The care should be provided by obstetrician.
- d- A full 12 visit regular schedule is not essential to all women.
- e- Decision for timing the delivery could be taken.

7- The woman is in the active phase of labour when:

- a- The cervix is fully effaced.
- b- The membranes are ruptured.
- c- The presenting part engaged.
- d- The frequency of uterine contractions is 3 per 10 minutes.
- e- The cervix is ≥ 3 cm dilated.

8- The second stage of labour starts when:

- a- The uterine contractions are strong and effective.
- b- The woman has the desire to push down.
- c- The cervix is fully dilated.
- d- The presenting part is engaged.
- e- Rupture of membranes occurs.

9- Regarding mechanism of labor, the correct sequence of events in normal labor is:

- a- Engagement, shoulder rotation, extension, flexion
- b- Engagement, internal rotation, descent, flexion
- c- Engagement, extension, flexion, internal rotation, restitution
- d- Engagement, descent, flexion, internal rotation.
- e- Engagement, flexion, extension, restitution.

10- Occipito-posterior position is MORE common in:

- a- Primigavida .
- b- Gynaecoid pelvis.
- c- Poorly flexed fetal head.
- d- Posterior placenta.
- e- Post-term pregnancy.

11- In face presentation:

- a- Mento-anterior is a common cause of obstructed labor.
- b- Mento-posterior needs caesarean section.
- c- Can be delivered by vaccum extraction.
- d- Results from full flexion of the fetal head.
- e- The mento-vertical diameter presents at the pelvic brim.

12- In Breech presentation, all are true EXCEPT:

- a- It occurs in 3-4 % of fetuses.
- b- Complete breech is suitable for vaginal delivery .
- c- Vaginal delivery is allowed in multigravida with adequate pelvis .
- d- To control the delivery of the head, Piper forceps is used.
- e- Caesarean Section is nowadays the method of choice in the delivery of primigravida.

13- Cephalo-pelvic disproportion is best diagnosed by:

- a- Ultrasound scan..
- b- Short maternal stature.
- c- Trial of labor.
- d- X-ray pelvimetry.
- e- Pelvic examination.

14- In post-term pregnancy, all the statements are correct, EXCEPT:

- a- Gestational age should be checked.
- b- Not all fetuses are at risk.
- c- Caesarean section is always indicated.
- d- Intrauterine fetal hypoxia may occur.
- e- Perinatal mortality increases.

15- In grandmultipara, the most common cause of postpartum hemorrhage is:

- a- Cervical tear.
- b- Vaginal lacerations.
- c- Retained pieces of placenta.
- d- Atony of the uterus.
- e- Ruptured uterus.

16- The following tests are used to investigate fetal well-being (chronic intra-uterine fetal hypoxia) EXCEPT:

- a- Lecithin/sphengomylin ratio.
- b- Fetal kick count.
- c- Non-stress test.
- d- Amniotic fluid index.
- e- Fetal respiratory movements.

17- Which of the following causes of ante-partum hemorrhage could NOT be diagnosed by vaginal speculum examination?

- a- Cervical ectropion.
- b- Vaginal trauma.
- c- Cervical polyp.
- d- Vasa praevia.
- e- Vaginitis.

18- In placenta praevia:

- a- Bleeding may occur only during labour.
- b- Cesarean section is necessary.
- c- The uterus is tender and rigid.
- d- The amount of blood loss is not proportional to the general condition of the mother.
- e- Its incidence is 3% of all pregnancies.

19- In Abruptio-Placentae, all are true EXCEPT:

- a- It causes fetal death in 15% of cases.
- b- DIC may occur.
- c- Cesarean section is advisable to save the patient from complications.
- d- Acute tubular necrosis is a serious medical complication.
- e- Labour progress quickly due to uterine irritability.

20- The following obstetrical conditions can cause disseminated intravascular coagulation EXCEPT:

- a- Abruptio-placenta.
- b- Missed abortion.
- c- Intrauterine death.
- d- Amniotic fluid embolism.
- e- Gestational hypertension.

21- Complications of induction of labor include all of the following EXCEPT:

- a- Obstructed labour.
- b- Rupture of the uterus.
- c- Reduced incidence of operative delivery.
- d- Prematurity.
- e- Postpartum hemorrhage.

22- Regarding amniotic fluid embolism, all are true EXCEPT:

- a- Definitive diagnosis only can be reached after death.
- b- May be complicated by hypofibrinogenemia.
- c- Patients can be saved in most cases.
- d- Associated with high parity.
- e- Fetal mortality is high.

23- Prolonged second stage of labour with persistent occipito-posterior position and the fetal head is at -1 level, delivery is best by:

- a- Wait till spontaneous labour occurs.
- b- Forceps vaginal delivery with face to pubis.
- c- Vacuum vaginal delivery.
- d- Rotational forceps delivery.
- e- Cesarean section.

24- Regarding maternal mortality:

- a- Defined as any death of women occurs during pregnancy or within 6 weeks after the end of pregnancy.**
- b- Direct deaths are those deaths result from the obstetric complications of pregnancy.**
- c- If maternal death occurred due to pre-eclampsia, it is considered indirect death.**
- d- Death from breast cancer during pregnancy should be included in the maternal deaths.**
- e- Maternal mortality rate is number of deaths from obstetric causes per 100,000 pregnancies.**

25- Regarding induction of labor by oxytocin, all are true EXCEPT:

- a- May cause fetal jaundice.**
- b- Causes uterine rupture.**
- c- May cause fetal distress**
- d- Commonly started before amniotomy.**
- e- Given only by intravenous infusion.**

26- Which of the following drugs is the safest during pregnancy?

- a- Tetracycline.**
- b- Erythromycin.**
- c- Streptomycin.**
- d- Metronidazole.**
- e- Chloromphenicol.**

27- The largest diameter of the fetal head is the:

- a- Sub-occipito-bregmatic.**
- b- Mento-vertical.**
- c- Bi-parietal.**
- d- Occipito-frontal.**
- e- Bi-temporal.**

28- The smallest diameter of the pelvic inlet is:

- a- Interspinous diameter.**
- b- Oblique diameter.**
- c- Transverse diameter.**
- d- Diagonal conjugate.**
- e- True conjugate.**

29- Regarding diabetes and pregnancy:

- a- In well controlled diabetes, we can wait for spontaneous labor irrespective to the duration of pregnancy.**
- b- Best controlled by single injection of insulin.**
- c- Cesarean delivery is advisable.**
- d- Glycosylated Hemoglobin of 10% is an indication of good blood sugar control.**
- e- Glucose challenge test (as a screening test) is best done at 28-32 weeks gestation.**

30- Which of the following is MOST suggestive of acute fetal distress in labor?

- a- Type I dip fetal heart deceleration.
- b- Type II dip fetal heart deceleration.
- c- Variable fetal heart deceleration.
- d- Meconium.
- e- Fetal pH is less than 7.25.

31- In morning sickness in pregnancy, all are true EXCEPT:

- a- It has a bad outcome on the pregnancy.
- b- It is worse in multiple pregnancy.
- c- It occurs in 60-80 % of pregnant women in the first trimester.
- d- High Human Chorionic Gonadotrophin is suspected to be the cause
- e- Usually disappears after 14 weeks of pregnancy.

32- In growth restricted fetuses, the following complications could occur EXCEPT:

- a- Chronic hypoxia.
- b- Meconium aspiration.
- c- Respiratory distress syndrome.
- d- Hypoglycemia.
- e- Polycythemia.

33- In the physiological changes of the cardio-vascular system during pregnancy:

- a- The cardiac output increases by almost 20% due to increase in stroke volume.
- b- The heart rate increases by about 20 beats / minutes during the third trimester.
- c- Cardiac output reaches its peaks at around 32-34 weeks & then stabilizes.
- d- Grade 2 systolic flow murmurs may be heard at the left sternal border with no radiation.
- e- Diastolic murmurs are not pathological.

34- Which of the following terms is not appropriate?

- a- Lie ---- Transverse.
- b- Position ---- Flexed.
- c- Station ---- at the level of ischial spines.
- d- Presentation ---- Shoulder.
- e- Engagement ---- one-fifth palpable abdominally.

35- In Vacuum Extraction, all are true EXCEPT:

- a- In comparison with forceps delivery, it has almost the same indications.
- b- It is contraindicated in face presentation.
- c- In comparison to forceps delivery, it is less traumatic to the mother.
- d- It is suitable for vertex presentation.
- e- It can be used in 32 weeks preterm fetus.

36- Which of the following conditions is NOT an absolute indication for caesarean section?

- a- Active maternal genital herpes in term pregnancy.
- b- Grade 4 placenta previa.
- c- Brow presentation in term pregnancy.
- d- Abruptio placenta.
- e- Fetal macrosomia with breech presentation.

37- A 24 years old primigravida presented with features of impending eclampsia at 34 weeks gestation. She was not in labour and on vaginal examination, Bishop score was 2. The fetal heart was positive. The most appropriate management is:

- a- Conservative management till 36 weeks of gestation.
- b- Conservative management till 38 weeks of gestation.
- c- Induction of labour by oxytocin and rupture of membranes.
- d- Cesarean section.
- e- Induction of labour with Prostaglandin vaginal pessaries.

38- Cord prolapse is associated with all of the following EXCEPT:

- a- Multiparty.
- b- Footling breech.
- c- Post-maturity.
- d- Anencephaly.
- e- Cephalo-pelvic disproportion.

39- Concerning acute pyelonephritis complicating pregnancy and the puerperium, all of the following statements are correct EXCEPT:

- a- It affects approximately 2% of patients.
- b- When unilateral, it is most often right side.
- c- Symptoms include anorexia, nausea and vomiting.
- d- Escherichia coli is the predominant causative micro-organism. .
- e- A change in the immune mechanism in pregnancy is the major cause of this infection.

40- The most common cause of intrauterine fetal death is:

- a- Idiopathic.
- b- Diabetes mellitus.
- c- Maternal infections.
- d- Cord accidents.
- e- Ingestion of narcotics.

41- In Face presentation, all are true EXCEPT:

- a- Hydrocephaly is a recognized risk factor.
- b- Mento-anterior can be delivered spontaneously.
- c- Mento-anterior can be delivered by forceps.
- d- Persistent mento-posterior needs caesarean section.
- e- The incidence is about 1 in 500 deliveries.

42- The following conditions should be fulfilled before the application of traction forceps delivery EXCEPT:

- a-The urinary bladder should be empty.
- b-The head is engaged.
- c-The cervix should be fully dilated.
- d-The head should be at least in occipito-transverse position.
- e- The pelvis should be adequate.

43- Preterm labour:

- a- Occurs in 20 % of all pregnancies.
- b- Is more likely to occur in short stature women.
- c- Steroids should not be used if membranes are ruptured.
- d- Prophylactic tocolytics could reduce its incidence.
- e- During the second stage of labour, prophylactic forceps is better to be used.

44- The following are effects of pre-eclampsia EXCEPT:

- a- Increased platelets count.
- b- Hyperuricaemia.
- c- Reduced antithrombin III.
- d- Increased haematocrit.
- e- Fetal hypoxaemia.

45- Which of the following associations is correct?

- a- Antepartum haemorrhage and cervical cancer.
- b- First trimester abortion and bicornuate uterus.
- c- Breech presentation and normal vaginal delivery.
- d- Face presentation and vacuum delivery.
- e- Elective caesarean section and cord prolapse.

46- Neonatal complications of babies born to diabetic mothers include all the followings EXCEPT:

- a- Hypoglycemia.
- b- Respiratory distress syndrome.
- c- Hypomagnesaemia.
- d- Anemia.
- e- Hypocalcaemia.

47- All the following associations are true, EXCEPT:

- a- Multiparity and genital prolapse.
- b- Gonadotrophin therapy and ovarian hyperstimulation syndrome.
- c- Anencephaly and face presentation.
- d- Clomid and hyperprolactinemia.
- e- Postdate and Oligohydramnios.

48- Regarding secondary arrest in labor, all are true EXCEPT:

- a- Defined as stopping of cervical dilation in the latent phase of labor.**
- b- The most common cause is cephalo-pelvic disproportion.**
- c- Usually occurs in the active phase of labor.**
- d- Increase incidence of operative deliveries.**
- e- May be caused by malposition.**

49- The most common cause of primary dysfunctional labor is:

- a- Malposition.**
- b- Malpresentation.**
- c- Contracted pelvis.**
- d- Macrosomia.**
- e- Inefficient uterine contractions.**

50- Which of the following gestational weeks are included in term pregnancy?

- a- 38 – 42 weeks.**
- b- 37 – 40 weeks.**
- c- 38 – 41 weeks.**
- d- 40 – 41 weeks.**
- e- 39 – 42 weeks.**

51- In the normal puerperium:

- a- Uterus is not palpable after 7 days from delivery.**
- b- Milk secretion starts within 24 hours from delivery.**
- c- Red lochia continues for up to 6 weeks.**
- d- Temperature of 37.8 ° c may be noticed on the third day of delivery.**
- e- Normal diet should be encouraged after 48 hours from delivery.**

52- An episiotomy:

- a- Should be performed in all primigravida.**
- b- Best to be a postero-lateral cut.**
- c- Does not need a local anesthetic.**
- d- Is indicated in post- term pregnancy.**
- e- Should be avoided in breech vaginal delivery.**

53- A patient at 28 weeks gestation is found to have a fibroid with red degeneration. Which of the following forms of management would be appropriate?

- a- Antibiotic therapy.**
- b- Bed rest and analgesics.**
- c- Laparotomy with myomectomy.**
- d- Caesarean hysterectomy.**
- e- Termination of pregnancy.**

54- A 40-year-old grand multipara who has been in labour for 20 hours complains of sudden onset of lower abdominal pain with a rapid pulse and low blood pressure. On vaginal examination the presenting part can not be felt. The most likely diagnosis is:

- a- Placenta praevia.**
- b- Uterine rupture.**
- c- Amniotic fluid embolism.**
- d- Abruptio placenta.**
- e- Intrauterine infection.**

55- In cholestatic jaundice of pregnancy, all true EXCEPT:

- a- Is an indication for termination of pregnancy.**
- b- Is associated with recurrence if combined oral contraceptive pills are used.**
- c- Does not lead to chronic liver disease.**
- d- Is associated with pruritus.**
- e- Occurs mostly during the third trimester.**

56- Eclamptic fits is best treated by:

- a- Intra-muscular diazepam.**
- b- Chlorpromazine.**
- c- Calcium gluconate.**
- d- Magnesium sulphate.**
- e- Hydrallazine.**

57- Regarding Pelvic inflammatory disease, all are true EXCEPT:

- a- It may occur during pregnancy before 12 weeks.**
- b- An elevated C reactive protein supports the diagnosis.**
- c- Chlamydia trachomatis are common causative agents**
- d- It involves ovarian infection (oophoritis).**
- e- Laparoscopy should be done to diagnose pelvic infection.**

58- Regarding complete molar pregnancy, all are true EXCEPT:

- a- Best treated by evacuation of uterus**
- b- Usually there is no fetus.**
- c- Chromosomes are entirely of paternal origin**
- d- The chromosomes number is 69.**
- e- Mostly, uterine size is larger than dates.**

59- In choriocarcinoma:

- a- Usually diagnosed by endometrial biopsy.**
- b- Prognosis is worst if followed molar pregnancy.**
- c- Lungs are the most common metastatic site.**
- d- Patient may be allowed to get pregnant after 3 months of chemotherapy.**
- e- Karyotyping shows 46XX chromosomes.**

60- Characteristics of cervical mucus at mid cycle include:

- a- Increased quantity.
- b- Increased cellularity.
- c- Absence of arborization (ferning).
- d- Increased viscosity.
- e- The presence of red cells.

61- In malignant ovarian tumors:

- a- Endodermal sinus tumor is an epithelial tumor.
- b- Human chorionic gonadotrophin is a tumor marker of dysgerminoma.
- c- Krukenburg tumour is a primary ovarian tumor.
- d- Bruners tumor is a sex cord tumor.
- e- Radiotherapy is the best treatment of ovarian cancer.

62- Regarding Hysterosalpingogram, all are true EXCEPT:

- a- Is useful in diagnosing Asherman's syndrome.
- b- Mostly done in the first half of the cycle.
- c- Can diagnose uterine fibroid.
- d- Can diagnose endometriosis.
- e- Can flare up pelvic inflammatory disease.

63- The polycystic ovarian syndrome could be associated with all the followings EXCEPT:

- a- High plasma level of Leutinizing hormone (LH).
- b- Oligomenorrhea.
- c- Endometrial hyperplasia.
- d- High plasma level of follicular stimulating hormone (FSH).
- e- Normal prolactine level.

64- The following drugs are in use to treat dysfunctional uterine bleeding EXCEPT:

- a- Mefanemic acid.
- b- Estrogen.
- c- Progesterone.
- d- Danazole.
- e- LHRH analogue.

65- The following conditions may be associated with hyperprolactinemea EXCEPT:

- a- Polycystic ovary syndrome.
- b- Sheehan's syndrome.
- c- Infertility.
- d- Oligomennorrhoea.
- e- Amenorrhea.

66- The following are effective treatments of endometriosis EXCEPT:

- a- Clomiphene.
- b- Oral contraceptive.
- c- Danazol.
- d- Progestagens.
- e- Gonadotrophic releasing hormone agonist .

67- Adenomyosis:

- a- Common in nulliparous women.
- b- Enlargement of the uterus is usually symmetrical.
- c- Commonly seen in the 3rd decade of life.
- d- Best treated by combined contraceptive pills.
- e- Menorrhagia is a rare symptom.

68- After the menopause, all the following are correct EXCEPT:

- a- There is a reduction in vaginal acidity.
- b- Any uterine bleeding should be investigated.
- c- Hormone replacement therapy is beneficial.
- d- Gonadotrophin secretion falls.
- e- Atrophic vaginitis is one of its clinical presentations.

69- Which of the following investigation DOES NOT match the disease:

- a- ovarian dysgenesis --- chromosomal study.
- b- Anovulation --- thyroid function test.
- c- Pituitary adenoma --- LH / FSH ratio.
- d- Cryptomenorrhoea --- ultrasound scan.
- e- Ambiguous genitalia --- cortisol level.

70- In threatened abortion:

- a- The uterine size is less than the gestational age.
- b- Heavy bleeding is common.
- c- Progesterone therapy is mostly useful.
- d- Occurs even if the fetal weight is more than 500 gm.
- e- Pain is minimal.

71- Stage 1 cancer of the cervix:

- a- Is confined to the cervix.
- b- Five years survival is very poor.
- c- Radiotherapy is not effective.
- d- There is minimal parametrial invasion.
- e- Lymph node metastasis occurs in 20% of cases.

72- An enterocele:

- a- Is the only type of vaginal wall prolapse that contain a peritoneal sac.**
- b- Is a prolapse of the rectum.**
- c- Should be treated initially by ring pessary.**
- d- May resolve spontaneously.**
- e- Treated by Manchester operation.**

73- In uterine fibroid, all the following are true EXCEPT:

- a- Is a benign tumour arising from the endometrium.**
- b- Can cause excessive uterine bleeding.**
- c- Can cause pelvic pressure & pain.**
- d- Sarcomas is a rare complication.**
- e- Can cause infertility.**

74- Endometrial cancer:

- a- More common in multiparous than nulliparous women.**
- b- Is an important cause of postmenopausal bleeding.**
- c- Total hysterectomy is the only treatment needed.**
- d- Is the commonest tumor in female.**
- e- Usually gives no symptoms in the early stages of the disease.**

75- Which of the following association is NOT correct?

- a- Meig's syndrome and ovarian fibroma.**
- b- Krukenberg tumors and carcinoma of the bowel.**
- c- Stress incontenance and cystocele.**
- d- Infertility and endometriosis.**
- e- Galactorrhoea and high FSH level.**

76- Which of the following sex differentiation levels is NOT correct?

- a- Chromosomal sex ----- 46 XY.**
- b- Gonadal sex ----- Testes.**
- c- Internal genital sex ----- Uterus.**
- d- External genital sex ----- epididymis.**
- e- Sex of raring ----- brain sex.**

77- Which of the following is NOT a cause of primary amenorrhea?

- a- True gonadal agenesis.**
- b- Testicular feminization syndrome.**
- c- Turner's syndrome.**
- d- Sheehan's syndrome.**
- e- Mullerian agenesis.**

78- Regarding the Bartholin's glands, which of the following statements is NOT correct?

- a- They are located at the entrance of the vagina.
- b- A normal glands are palpable.
- c- When Bartholin's abscess occurs, it is best treated by marsipulization.
- d- Its ducts open in the posterior lateral wall of the vagina.
- e- Obstruction of its duct leads to Bartholin's cyst.

79- The following are epithelial tumors of the ovary EXCEPT:

- a- Serous cystadenoma.
- b- Granulosa cell tumor.
- c- Mucinous cystadenoma.
- d- Brenner tumor.
- e- Clear cell tumor.

80- The following associations of types of epithelium are correct EXCEPT:

- a- Ciliated columnar and fallopian tubes.
- b- Stratified squamous and vagina.
- c- Transitional and bladder.
- d- Columnar and endocervix.
- e- Cuboidal and endometrium.

81- A young girl found on routine ultrasound scan to have a 15 cm. asymptomatic simple ovarian cyst. The Likely treatment is:

- a- Conservative treatment.
- b- Ovarian cystectomy.
- c- Unilateral oophorectomy.
- d- Bilateral oophorectomy.
- e- Hysterectomy with bilateral oophorectomy.

82- Regarding abortions, which of the following correlations is NOT correct?

- a- Painless bleeding ----- Missed abortion.
- b- Cervix is either open or closed ----- Incomplete abortion.
- c- Uterus equal to duration of amenorrhea ----- Threatened abortion.
- d- Opened cervical canal ----- Inevitable abortion.
- e- Two successive abortions ----- Habitual abortion.

83- The luteal phase of the menstrual cycle is associated with:

- a- High Luteinizing hormone.
- b- High progesterone levels.
- c- High prolactine level.
- d- Low basal body temperature.
- e- Proliferative endometrium.

84- Which of the following contraceptive method is contraindicated for an obese 40 years old woman?

- a- Intrauterine contraceptive device.**
- b- Combined contraceptive pills.**
- c- Condoms.**
- d- Norplant.**
- e- Injectable progesterone.**

85- Which of the following investigations is most commonly used to confirm ovulation?

- a- Premenstrual endometrial biopsy.**
- b- Basal body temperature chart.**
- c- Detecting LH surge.**
- d- Mid luteal serum progesterone level.**
- e- Laparoscopy.**

86- In Cervical Intra-epithelial Neoplasia (CIN):

- a- Hysterectomy is the treatment of choice.**
- b- By naked eye, the diagnosis is suspected.**
- c- Pap smear (cervical cytological screening), will detect 50% of cytological abnormalities.**
- d- An invasive cancer may never develop.**
- e- Human Papilloma Virus strains 19& 21 are implicated in the development of cervical abnormalities.**

87- Ectopic pregnancy is reliably confirmed by:

- a- Pregnancy test.**
- b- Hysterosalpingogram.**
- c- Hysteroscopy.**
- d- Clinical presentation.**
- e- Laparoscopy.**

88- All of the following are signs of virilization EXCEPT:

- a- Cliteromegaly.**
- b- Temporal balding.**
- c- Breast enlargement.**
- d- Muscle enlargement.**
- e- Deepening of the voice.**

89- A postmenopausal woman with intact uterus needing hormone replacement therapy, which of the following medications is better to be avoided:

- a- Combined natural estrogen and progestogen.**
- b- Sequential natural estrogen and progestogen.**
- c- Estrogen only.**
- d- Progestogen only.**
- e- Selective estrogen receptor modulator.**

90- The term intrauterine fetal death is used when the fetal heart is absent after:

- a- 6 weeks gestation.**
- b- 8 weeks gestation.**
- c- 12 weeks gestation.**
- d- 18 weeks gestation.**
- e- 24 weeks gestation.**

91- A 45 year old woman complains of increasingly heavy menstrual loss. Her uterus is irregularly enlarged to the size of 8 weeks gestation with fibroids. Her cervical smear is normal. Your first step in management should be:

- a- Uterine curettage.**
- b- Total hysterectomy.**
- c- Progesterone therapy.**
- d- Anti prostaglandin drugs.**
- e- Myomectomy.**

92- A 50 year old woman presented with urinary incontinence:

- a- Is most likely to have a vesico-vaginal fistula.**
- b- Should have an anterior vaginal repair as the first step in management.**
- c- Is likely to have a ureteric reflux.**
- d- Should have uro-dynamic studies carried out.**
- e- Will almost always have more than three children.**

93- The inguinal lymph nodes receive lymph from all EXCEPT?

- a- The big toe.**
- b- The vulva.**
- c- The anterior abdominal wall.**
- d- Lower vagina.**
- e- The ovary.**

94- Which of the following is NOT an Assisted Reproductive Technology?

- a- Controlled ovarian hyperstimulation (COH) and Gamete Intra-fallopian Transfer.**
- b- COH and Zygote Intra-fallopian Transfer.**
- c- COH and natural intercourse.**
- d- COH and In Vitro Fertilization.**
- e- COH and Intra-Cytoplasmic Sperm Injection.**

95- Cervical ectropion:

- a- Is mostly symptomatic.**
- b- Consists of squamous epithelium.**
- c- Show ulcerative features on microscopic examination.**
- d- Is associated with pregnancy.**
- e- Is a pre-malignant condition.**

96- The following are risk factors for endometrial cancer EXCEPT:

- a- Early menarche.**
- b- Sexually transmitted diseases.**
- c- Late menopause.**
- d- Use of oestrogen replacement therapy.**
- e- Obesity.**

97- Acute retention of urine in women may be due to all of the following EXCEPT:

- a- Pre-operative anxiety.**
- b- Vulval herpes.**
- c- Anterior colporrhaphy.**
- d- Radical Hysterectomy.**
- e- Retroverted uterus in pregnancy.**

98- The following are contraindication for intrauterine contraceptive device EXCEPT:

- a- Mitral stenosis.**
- b- History of Ectopic pregnancy.**
- c- Pelvic inflammatory disease.**
- d- Endometriosis.**
- e- Septate uterus.**

99- Menopause is defined as cessation of menses for:

- a- 3 months.**
- b- 12 months.**
- c- 18 months.**
- d- 6 months.**
- e- 24 months.**

100- All of the following causes androgen excess in women EXCEPT:

- a- Polycystic ovarian syndrome.**
- b- Congenital adrenal hyperplasia.**
- c- Cushings syndrome.**
- d- Hyperthyroidism.**
- e- Hyperprolactinemia.**

Collection 3 - no answers

- 1- in a patient with suspected pregnancy induced hypertension elevation of which one of the following would be helpful in confirming the diagnosis?
- a. Cholesterol
 - b. Alkaline phosphatase
 - c. Creatine phosphokinase
 - d. Chloride
 - e. Uric acid-
- 2- Of the following the most common etiology of failure to thrive in children is ?
- a. Cystic fibrosis
 - b. Intestinal malabsorption
 - c. Psychosocial deprivation
 - d. Chromosoma) disorders
 - e. Malignancies .
- 3- Which one of the following serum tests is most helpful in confirnlng the clinical pression of menopause:
- a. Estrone
 - b. Progesterone
 - c. Testosferone
 - d. ESH-
 - e. LH
- 4- Which one of the following is the most common presenting complaint of women with endometriosis?
- a. Dysmenorrhea
 - b. Amenorrhea
 - c. Hypermenorrhea
 - d. Dyspareunia
 - e. Menometrorrhagia
- 5- What is the most common side effect of injectable (depo-provera) medroxy progesterone?
- a. Unwanted pregnancy
 - b. Headaches
 - c. Amenorrhea
 - d. Nausea
- 6- An 80-year-old male complains that for 4 months he has experienced food sticking in his throat, difficulty initiating swallowing, and coughing during swallowing. Which one of the following is the most likely cause of his symptoms ?
- A. Scleroderma
 - B Parkinson's disease
 - C. Diffuse esophageal spasm
 - D. Barret's esophagus

7. Which of the following interferes with the effectiveness of oral contraceptive agents?
- A. Anticonvulsants
 - B. Nonsteroidal anti-inflammatory agent
 - C. Both A & B
 - D. None of the above
8. In coping with breath-holding spells in young children, parents should:
- A. Ignore the behavior when it occurs
 - B. Slap the child's face gently to break the episode
 - C. Attempt to reason with the child regarding the harm that could result from this behavior
 - D. Seek help from a psychologist to avoid serious problems in the future
 - E. Enlist the help of an older sibling
9. Which one of the following is the preferred site for intramuscular injection of medication or vaccines in infants?
- A. Anterolateral thigh
 - B. Buttock
 - C. Upper arm
 - D. Dorsogluteal muscle
10. A 67-year-old female comes to your office complaining of a 1 month history of fatigue, weight loss, low-grade temperature elevation, and aching and stiffness in the upper back and shoulders. Physical examination confirms decreased mobility in both shoulders, with an otherwise normal musculoskeletal examination. Her temperature is 37.7°C (99.9°F). Which one of the following would be the most appropriate diagnostic study?
- A. Radiographs of the spine and shoulders
 - B. Erythrocyte sedimentation rate
 - C. Serologic titers for cytomegalovirus
 - D. Electromyographic studies of the shoulder girdle muscles
 - E. Febrile agglutinins
11. Which one of the following is true concerning breast-feeding?
- A. The first feeding should take place a few hours after delivery when the mother is well-rested
 - B. Packets containing information about breast-feeding and samples of infant formula should be available when mothers go home from the hospital
 - C. Vitamin A & D ointment should be applied to prevent cracked nipples
 - D. When lactation is becoming established, infants should be weighed before and after a feeding to determine whether they are getting enough milk
 - E. Breast feeding mothers should be taught that milk supply depends on the amount of suckling

12, Identify the FALSE statement about 'infant nutrition:

- A. Breast milk provides adequate iron in the first 6 months**
- B. At age 6-12 months, whole cow's milk may cause blood loss in stool**
- C. Early feeding of solids helps infants to sleep through the night**
- D. Mothers who are positive for human immunodeficiency virus should not breast-feed**

13. Which of the following best describes vaginismus?

- A. Dyspareunia caused by a Structurally small vagina**
- B. A voluntary contraction of the vaginal muscles to prevent penetration**
- C. An involuntary contraction of the vaginal and pelvic floor muscles**
- D. A condition associated With general sexual and orgasmic inhibition**

14 . Fever secondary to immunization occurs within 24 hours of giving:

- A. OPV**
- B. DPT**
- C. MMIR**
- D. All of the above**

Collection 4 : no answers until Q-167

3- Regarding the duration of pregnancy, which of the following statement is not correct?

- a- The total duration of pregnancy from the first day of last menstrual cycle is 280 days.**
- b- The first trimester is 13 weeks from the first day of the last menstrual cycle.**
- c- The second trimester is from 14th to the end of 27th week of pregnancy.**
- d- The third trimester is from the 28th to the end of 40th week of pregnancy.**
- e- The actual duration of pregnancy is from fertilization to delivery (266 days).**

5- The following tests are a routine tests at booking antenatal visit EXCEPT:

- a- Full blood count.**
- b- General urine examination.**
- c- Ultrasounds scan.**
- d- Maternal serum alpha-fetoprotein screening test.**
- e- Blood group & Rh.**

6- Antenatal visit at 38 weeks of gestation aimed at:

- a- Determining the mode of delivery.**
- b- To exclude post-term pregnancy.**
- c- To diagnose anencephaly.**
- d- To provide health education regarding good habits.**
- e- To exclude placenta praevia.**

9- Bishop score includes all the following EXCEPT:

- a- Cervical dilatation.**
- b- Length of cervical canal.**
- c- Consistency of the cervix.**
- d- Position of the presenting part.**
- e- Station of the presenting part.**

10- During labour, which of the following is not recorded on partogram?

- a- Maternal blood pressure.**
- b- Cervical dilatation.**
- c- Descent of the head.**
- d- Uterine contractions.**
- e- Fetal lie.**

11- One of the main advantages of controlled cord traction method of delivery of the placenta is:

- a- Reduces the need for routine ergometrine administration.**
- b- Immediately applied after the delivery of the fetus.**
- c- Reduces the incidence of acute inversion of the uterus.**
- d- Reduces the incidence of retained placenta.**
- e- Reduces the need for episiotomy.**

12- In normal vaginal delivery, the following criteria should be fulfilled EXCEPT:

- a- The labour is spontaneous.**
- b- Fetal presentation is vertex.**
- c- Uterine contractions could be augmented by oxytocin.**
- d- Term pregnancy.**
- e- Spontaneous vaginal delivery.**

13- During labour, the cervix is fully effaced when the length of the cervical canal is:

- a- < 3 cm.**
- b- < 2 cm.**
- c- < 1.5 cm.**
- d- < 1 cm.**
- e- < 0.5 cm.**

14- On initial assessment of woman admitted in labour, all the following findings are considered normal, EXCEPT:

- a- Vertex presentation.**
- b- Easy to feel the anterior fontanelle on vaginal examination.**
- c- Amniotic fluid index is 10 cm.**
- d- Fetal weight is 3,500 gm.**
- e- Basal fetal heart rate is 130 beat/minute.**

15- Which of the following is a predisposing factor for Occipito-posterior position?

- a- Primigravida.**
- b- platypeloid pelvis.**
- c- Anterior placenta.**
- d- Brow presentation.**
- e- Maternal weight > 90 kg.**

16- In occipito- posterior position:

- a- On abdominal examination, it is easy to feel the fetal back.**
- b- The fetal heart is best heard just below the umbilicus.**
- c- There is flattening of the lower abdomen.**
- d- The head engaged in early labour.**
- e- Short posterior rotation of the head occurs in 90% of the cases.**

18- In occipito- posterior position:

- a- There is increased incidence of prolapse umbilical cord.**
- b- The duration of the first stage is similar to that in occipito-anterior position.**
- c- The risk is only on the fetus.**
- d- The longitudinal diameter of the fetal head that present at the pelvic brim is mostly the sub-occipito-bregmatic.**
- e- Instrumental vaginal delivery is needed in most of the cases.**

19- Post-term pregnancy:

- a- Is more likely to occur in multigravida.**
- b- Includes about 15-20% of all pregnancies.**
- c- More likely to be associated with abnormal fetus than term delivery.**
- d- Is mostly associated with impaired fetal growth.**
- e- Is better to be delivered by cesarean section.**

20- Regarding mechanism of labor, the correct sequence of events in normal labor is:

- a- Engagement, shoulder rotation, extension, flexion**
- b- Engagement, internal rotation, descent, flexion**
- c- Engagement, extension, flexion, internal rotation, restitution**
- d- Engagement, descent, flexion, internal rotation.**
- e- Engagement, flexion, extension, restitution'**

21- Restitution:

- a- Occurs at the level of Levator ani muscles.**
- b- Follows immediately internal rotation**
- c- Occurs after crowning**
- d- Followed immediately by extension.**
- e- It is an external rotation of the shoulders.**

23- Regarding amniocentesis for prenatal diagnosis, all are true EXCEPT:

- a- Usually performed between 10- 12 weeks of pregnancy.**
- b- Is advised for pregnant women at 35 years of age or older.**
- c- Associated with 0.5-1.0% fetal loss.**
- d- May be complicated by maternal Rh sensitization.**
- e- The results of cytogenetic and biochemical studies on amniotic cell cultures are more than 90% accurate.**

24- Regarding Pelvic inflammatory disease, all are true EXCEPT:

- a- Can occur during pregnancy before 12 weeks.**
- b- An elevated C reactive protein supports the diagnosis.**
- c- Chlamydia trachomatis are common causative agents**
- d- It involves ovarian infection (oophoritis).**
- e- Laparoscopy should be done to diagnose pelvic infection.**

25- Regarding Pelvic Tuberculosis, all are true EXCEPT:

- a- The TB bacilli reach the genital tract mainly by Blood stream.**
- b- The Fallopian tubes are involved in at least 90% of cases.**
- c- Endometrium involved in 70% of cases.**
- d- Commonest symptom is primary infertility.**
- e- Amenorrhea is a common symptom.**

26- Regarding Rhesus iso-immunization, all are true EXCEPT:

- a- The amount of fetal blood necessary to produce Rh incompatibility is more than 5 ml.**
- b- In 90% of cases, sensitization occurs during delivery.**
- c- Kernicterus usually occurs several days after delivery.**
- d- Kleihauer-Betke test is a quantitative measurement of fetal red blood cells in maternal blood.**
- e- Haemolysis of fetal blood occurs by IgG.**

27- Regarding Rhesus iso-immunization:

- a- Commonly follows complete mole.**
- b- The incidence of Rhesus iso-immunization during the first pregnancy is 1%.**
- c- Anti-D IgG, if required, can be given up to 5 days after delivery.**
- d- Anti-D IgG dose after abortion at 12 weeks is 300 mcg.**
- e- Can be caused by Duffy antibodies.**

29- Regarding fetal and infant mortality:

- a- Stillbirth is any fetus born with no signs of life after 28 weeks gestation.**
- b- Perinatal mortality rate include both stillbirths and neonatal deaths per 1000 births.**
- c- Postnatal deaths are deaths at age of 28 days -1 year.**
- d- Early neonatal death, are deaths in the first 4 week after birth.**
- e- Commonest cause of perinatal mortality is congenital fetal malformations.**

31- Regarding induction of labor:

- a- Prostaglandin is the drug of choice when Bishop Score is more than 10.**
- b- Amniotomy can be performed if Bishop Score is > 7.**
- c- Prostaglandins for cervical ripening is more effective if given intracervically than intravaginally.**
- d- Water intoxication usually complicates prostaglandin infusion.**
- e- Contraindicated in women with previous uterine scar.**

55- Chlamydia trachomatis:

- a- Is a common cause of arthritis.**
- b- Caused by intracellular virus.**
- c- Can be complicated by Reiters syndrome.**
- d- Respond to treatment with septrin.**
- e- It infects mainly the vagina.**

56- Regarding fetal skull, all are true EXCEPT:

- a- There are two temporal bones.**
- b- There is one frontal bone.**
- c- Frontal suture separates three bones.**
- d- Coronal sutures end at the bregma.**
- e- Posterior fontanel is covered by membrane.**

57- Regarding endometriosis:

- a- Spasmodic dysmenorrhoea is a common symptom.**
- b- Ovaries are the least common sites.**
- c- A positive laparoscopic diagnosis is mandatory before treatment.**
- d- Estrogen is an effective treatment.**
- e- Danazole is an effective treatment if given for 3 months only.**

62- The following clinical examinations should be done on initial assessment of a patient with antepartum hemorrhage EXCEPT:

- a- Vital signs.**
- b- Fetal heart.**
- c- Maternal anemia.**
- d- Examination of the pregnant uterus.**
- e- Speculum examination.**

64- In the menstrual cycle, ovulation:

- a- Occurs 48 h after the LH surge.**
- b- Occurs 14 days before the onset of the menstrual flow.**
- c- Occurs when progesterone secretion is at its maximum.**
- d- Occurs as a reflex response to intercourse.**
- e- Occurs in direct response to high estrogen level.**

67- Which of the following treatment DOES NOT match the disease:

- a- Vaginal moniliasis --- Clotrimazole.**
- b- Vaginal trichomoniasis --- Metronidazole.**
- c- Endometriosis --- Danazol.**
- d- Bacterial vaginosis --- Cephalosporine.**
- e- Hyperprolactinaemia --- Bromocriptine.**

68- In threatened abortion:

- a- The uterine size is less than the gestational age.**
- b- Heavy bleeding is common.**
- c- Progesterone therapy is mostly useful.**
- d- Pain is minimal.**
- e- Occurs even if the fetal weight is more than 500 gm.**

69- Causes of first trimester abortion include all the following EXCEPT:

- a- Trisomy 21 in the embryo.**
- b- Uncontrolled diabetes.**
- c- Rubella infection.**
- d- Cervical incompetence.**
- e- Cytomegalovirus infection.**

70- In Turner's syndrome:

- a- A chromosomal structure of 45XX is characteristic.**
- b- Secondary amenorrhoea is usual.**
- c- Congenital heart diseases are commoner than usual.**
- d- The ovaries are multicystic.**
- e- Breasts are well developed.**

73- Mucinous neoplasia of the ovary:

- a- Are mostly malignant.**
- b- Are usually unilocular.**
- c- Are mostly bilateral.**
- d- May resolve spontaneously if it is small in size.**
- e- Can reach a very huge size.**

74- Base line investigations at booking antenatal care should include all the following EXCEPT:

- a- Glucose tolerance test.**
- b- Full blood count.**
- c- General urine examination.**
- d- Blood group & Rh.**
- e- Ultrasound scan.**

75- The active phase of labor:

- a- Is the phase of slow dilatation of the cervix.**
- b- Usually begins at 3 cm dilatation of the cervix.**
- c- Is the phase of full dilatation of the cervix.**
- d- Usually starts when the membranes are ruptured.**
- e- Usually the head is engaged at this phase.**

76- Bishop score includes all the following EXCEPT:

- a- Cervical dilation.**
- b- Consistency of the cervix.**
- c- Length of cervical canal.**
- d- Position of the cervix.**
- e- Condition of the membranes.**

77- Occipito-posterior position is MORE common in:

- a- Primigavida .**
- b- Gynaecoid pelvis.**
- c- Poorly flexed fetal head.**
- d- Posterior placenta.**
- e- Post-term pregnancy.**

78- Maternal serum alpha-feto protein increases in the following conditions EXCEPT:

- a- Spina-bifida.**
- b- Turner's syndrome.**
- c- Threatened abortion.**
- d- Diabetic mother.**
- e- Multiple pregnancy.**

80- Amniotic fluid:

- a- Reaches its maximum volume at 28 – 32 weeks of pregnancy.**
- b- Normal amniotic fluid index is 10 – 25cm.**
- c- In general, polyhydramnios is more risky to the fetus than oligohydramnios.**
- d- Fetal urine makes the largest contribution to the volume in late pregnancy.**
- e- Fetal respiration does not affect its composition.**

81- The following are features of hydatidiform mole EXCEPT:

- a- Large for date uterus.**
- b- Vaginal bleeding in early pregnancy.**
- c- Pre-eclampsia before 24 weeks of pregnancy.**
- d- Hypothyroidism.**
- e- Bilateral ovarian cysts.**

82- Which of the following is NOT a tocolytic drug?

- a- Atosiban.**
- b- Indomethacin.**
- c- Salbutamol.**
- d- Nifedipine.**
- e- Dexamethazone.**

83- Pre-eclampsia:

- a- Most common in women age 30 –35 years.**
- b- In severe cases, it may present with epigastric pain and vomiting.**
- c- Is a cause of symmetrical growth restriction.**
- d- Can be treated by diuretics.**
- e- Its effect is mainly on the fetus.**

84- Which of the following drugs is safe in pregnancy?

- a- Epanutin.**
- b- Methotrexate.**
- c- Streptomycin.**
- d- Erythromycin.**
- e- Cefprofloxacin.**

87- Breech presentation:

- a- Is found in 10% of pregnancies at term.**
- b- Is more common in hypertensive mothers.**
- c- May be due to abnormal fetus.**
- d- Increases the risk of post-partum hemorrhage.**
- e- Carries more risk to the mother than the fetus.**

88- In post-partum hemorrhage:

- a- The blood loss exceeds 100 ml.**
- b- More common in primigravidae than multigravidae.**
- c- The commonest cause is lacerations of the birth canal.**
- d- Can cause fetal distress.**
- e- More likely to occur after twin than singleton delivery.**

89- In the treatment of severe abruptio placentae, the following should be performed EXCEPT:

- a- Measurement of plasma fibrinogen.**
- b- Early fluid replacement.**
- c- Delivery by caesarean section if the fetal heart is positive.**
- d- Tocolytic drugs should be used to relax the uterus.**
- e- Fresh frozen plasma should be available.**

90- Dizygotic twins:

- a- Are more common following ovulation induction.**
- b- Are less common than monozygotic twins.**
- c- Are more common in thin women.**
- d- Are commonly associated with twin transfusion syndrome.**
- e- Are likely to be associated with polyhydramnios.**

91- The severity of rhesus isoimmunization can be detected in utero by:

- a- Maternal antibody level.**
- b- Amniotic fluid bilirubin levels.**
- c- Amniotic fluid prolactin levels.**
- d- Chorionic villus sampling.**
- e- Maternal serum alpha-fetoprotein levels.**

92- In uterine fibroid, all the following are true EXCEPT:

- a- Is a benign tumour arising from the endometrium.**
- b- Can cause excessive uterine bleeding.**
- c- Can cause pelvic pressure & pain.**
- d- Sarcomas is a rare complication.**
- e- Can cause infertility.**

93- In face presentation:

- a- Mento-anterior is a common cause of obstructed labor.**
- b- Mento-posterior needs caesarean section.**
- c- Can be delivered by vacuum extraction.**
- d- Results from full flexion of the fetal head.**
- e- The mento-vertical diameter presents at the pelvic brim.**

94- In cardiac disease in pregnancy:

- a- Large fetus is expected.**
- b- Delivery should be planned by caesarean section.**
- c- Ergometrine in the third stage of labor should be avoided if possible.**
- d- Termination of pregnancy should be advised in early pregnancy.**
- e- Placenta praevia is common.**

95- Endometriosis:

- a- Is associated with high parity.**
- b- Causes postmenopausal bleeding.**
- c- Is potentially a pre-malignant disease.**
- d- Can be treated medically with continuous use of combined oral contraceptive pills.**
- e- Is a common cause of haematuria.**

96- All the following are features of polycystic ovary syndrome EXCEPT:

- a- Chronic anovulation.**
- b- Oligomenorrhoea.**
- c- Hyperandrogenism.**
- d- High FSH levels.**
- e- Hyperinsulinemia.**

98- The largest diameter of the fetal head is:

- a- Suboccipito-bregmatic.**
- b- Mento-vertical.**
- c- Occipito-frontal.**
- d- Submento-bregmatic.**
- e- Suboccipito-frontal.**

99- In forceps delivery, the following are true EXCEPT:

- a- The urinary bladder should be empty.**
- b- The cervix should be fully dilated.**
- c- The head should be in occipito-anterior position.**
- d- The head should be at least at -1 level.**
- e- The maternal pelvis should be adequate.**

103- In acute pelvic inflammatory disease, all statements are correct EXCEPT:

- a- Mostly involve one tube and ovary.**
- b- Chlamydia is a common cause.**
- c- Pyosalpinx may occur.**
- d- Could result in generalized peritonitis.**
- e- Best treated by multiple antibiotics.**

104- In polyhydramnios:

- a- A cause could be found in 90% of cases.**
- b- Hydrocephaly is one of its common causes.**
- c- It is likely to be associated with post-term pregnancy.**
- d- There is increased incidence of abruptio-placenta.**
- e- Diuretic is an effective treatment.**

105- In gestational hypertension:

- a- There is mainly an increase in the systolic blood pressure.**
- b- If accompanied with proteinurea, it indicates chronic renal disease.**
- c- Its diagnosis could be confirmed by one reading of abnormal blood pressure at 20 weeks gestation.**
- d- It is more likely to occur than pre-eclampsia.**
- e- It has no adverse effect on the pregnancy.**

107- In the management of pre-eclampsia:

- a- Initially, all patients should be admitted to hospital.**
- b- Treatment of hypertension will improve fetal condition.**
- c- In sever cases, methyl-dopa is the drug of choice.**
- d- Pregnancy should be terminated irrespective to gestational age.**
- e- During labour, epidural analgesia is contraindicated.**

111- In Lichen sclerosus, which of the following statements is NOT correct:*

- a- Is not associated with malignant changes.**
- b- Mostly, it is autoimmune disorders.**
- c- Main symptom is vulvar itching.**
- d-Is associated with atrophic skin changes.**
- e- Rarely seen in children.**

112- choriocarcinoma:*

- a- Only occurs in association to pregnancy.**
- b- It is characterized by the presence of chorionic villi with the malignant trophoblastic tissue.**
- c- Maternal and paternal blood groups are a risk factor in its etiology.**
- d- Best treated by hysterectomy.**
- e- It has a good prognosis only if the pretreatment hCG level does not exceed 10,000 mIU/ml.**

114- Which of the following treatments does not match the disease?

- a- Condyloma Acuminatum ---- Podophyllin resin 10-25% solution.**
- b- Genital Herpes ---- acyclovir.**
- c- Gardnerella vaginalis ----- Cephalosporine.**
- d- Trichomoniasis ---- mitronidazole.**
- e- Atrophic vaginitis ---- estrogen.**

115- Which of the following utero-vaginal prolapses contains a peritoneal sac?

- a- urethrocele.**
- b- Cystocele.**
- c- Rectocele.**
- d- Enterocele.**
- e- Procidentia.**

116- Regarding genital prolapse, which of the following statements is NOT correct?

- a- Menopause is a predisposing factor.**
- b- Grade 1 uterine prolapse is descent of the cervix to the level of interoutus.**
- c- Types of vaginal wall prolapse could be diagnosed by Cusco's speculum.**
- d- Cystocele may be asymptomatic.**
- e- Uterine prolapse could be treated by Manchester operation.**

121- Cervical cancer:

- a- Is mostly adenocarcinoma.**
- b- Is the most common gynecological malignant tumor.**
- c- Is a disease of post-menopausal women.**
- d- Cervical smear has reduced its incidence.**
- e- Surgery is the best treatment irrespective to the stage of the disease.**

123- In Post –Partum Haemorrhage (PPH), all are true EXCEPT:

- a- It is a bleeding in excessive of 500cc after vaginal delivery.**
- b- It is a bleeding >1000cc blood loss after caesarean section .**
- c- It is a bleeding >1500cc blood loss after caesarean hysterectomy.**
- d- Trauma of the genital tract occurs in 70% of cases.**
- e- If a significant hemodynamic change occurs irrespective to the amount of blood loss.**

125- In Multiple Pregnancy, all are true EXCEPT:

- a- More common after assisted than spontaneous conception.**
- b-The most common presentation in twins is breech/breech.**
- c- Conjoined twins is a rare event.**
- d- Identical twins are called monozygotic .**
- e- Fraternal twins are called dizygotic.**

127- In Brow presentation, all are true EXCEPT:

- a- The presenting diameter is >13cm.**
- b- Caused by deflexion of the fetal head .**
- c- Mid-cavity forceps may be used to convert brow to face presentation.**
- d- The incidence is about 1 in 1400 deliveries.**
- e- Caesarean Section is the safest method for delivery .**

137- Regarding Iron Deficiency anemia in pregnancy, all are true EXCEPT:

- a- Is the commonest anemia.**
- b- Is best diagnosed by measuring the serum ferritin level.**
- c- May be treated by blood transfusion.**
- d- Oral iron is better to be avoided in the first trimester.**
- e- Increases the risk of abortion.**

139- In rheumatic heart diseases in pregnancy:*

- a-Mitral regurgitation is the most common lesion.**
- b-The fetal wastage is similar to non cardiac cases.**
- c-Atrial fibrillation is common in patients with severe mitral stenosis leading to congestive heart failure .**
- d-Asymptomatic patients are unlikely to develop cardiac decompensation as pregnancy progress.**
- e-In recent years the incidence of rheumatic heart disease has increased due to high pathogenicity of the organisms .**

140- In Congenital heart disease:*

- a- Patients with Fallot's tetralogy who has had complete surgical correction tolerate well pregnancy.**
- b- Patients with primary pulmonary hypertension are not in danger of undergoing decompensation during pregnancy.**
- c- Pulmonary hypertension is associated with a 10-15% of maternal mortality**
- d- Nowadays the number of females who reach child-bearing age with unimpaired infertility has decreased.**
- e- In modern tertiary referral center 20% of patients may have congenital heart disease.**

141- In Twins pregnancy:*

- a- 2/3 of twins are monozygotic.**
- b- 1/3 of twins are dizygotic.**
- c- Conjoined Twins occurs if the embryonic disc has formed & incomplete cleavage on day 15 after fertilization.**
- d- 70% of monozygotic twins are monochorionic diamniotic .**
- e- If the embryonic disc divides on day 4-8 after fertilization, this results in monochorionic monoamniotic identical twins.**

142- In Twins pregnancy, the commonest presentation is:

- a- Cephalic/Cephalic.**
- b- Cephalic/Breech.**
- c- Breech/Cephalic.**
- d- Breech/Breech.**
- e- Cephalic/transverse.**

143- Ultrasound to diagnose Intra-Uterine Growth Restriction (IUGR):*

- a- Abdominal circumference (AC) is not reduced in symmetrical IUGR.**
- b- Biparietal Diameter (BPD) is a poor predictor for fetal weight .**
- c- Head Circumference (HC) is smaller than (AC) till 34 weeks .**
- d- AC/HC ratio is <1 after 34 weeks.**
- e- Recently the use of umbilical & uterine Doppler will help to diagnose IUGR.**

145- In Cervical ectropion (cervical erosion):

- a- It is a pre-malignant cervical condition.**
- b- Post-coital bleeding does not occur.**
- c- Surgical excision is the recommended treatment.**
- d- Treatment is recommended even if the condition is asymptomatic.**
- e- The epithelium covering the ectropion will not stain with Lugol's Iodine (Schiller's test) .**

146- Which of the following uterine condition is the commonest to occur?

- a- Fibro-sarcoma.**
- b- Adeno-carcinoma of the uterus.**
- c- Leiomyomas.**
- d- Inversion of the uterus.**
- e- Prolapse of the uterus.**

147- In Leiomyomas (Fibroids):

- a- They are benign tumors arising from the endometrium.**
- b- The majority of uterine fibroids will cause symptoms.**
- c- Pressure symptoms are the main complaints of the patients.**
- d- Their malignant potential is around 2%.**
- e- Embolization of the uterine arteries supplying the leiomyomas has been found to be ineffective.**

148- The incidence of spontaneous miscarriage is:

- a- 30%.**
- b- 60%.**
- c- 15%.**
- d- 5%.**
- e- 80%.**

149- The most common cause of spontaneous miscarriage is:

- a- Defective implantation.**
- b- Chromosomal abnormalities.**
- c- Cervical incompetence.**
- d- General maternal disease.**
- e- Uterine abnormalities.**

150- Inevitable abortion is characterized by all of the following EXCEPT:

- a- Positive Beta-HCG.**
- b- Intrauterine pregnancy.**
- c- Vaginal bleeding.**
- d- Closed internal os.**
- e- Colicky lower abdominal pains.**

151- All of the following are recognized causes of recurrent miscarriages EXCEPT:

- a- Balanced structural chromosomal abnormalities.**
- b- Large uterine septum.**
- c- Cervical incompetence.**
- d- Rubella infection.**
- e- Antiphospholipid syndrome.**

152- The best screening test for lupus anticoagulant is:

- a- Russel viper venom test.**
- b- Prothrombin time.**
- c- Partial thromboplastin time.**
- d- Thrombin time.**
- e- Platelet count.**

153- The incidence of recurrent miscarriage in the general population is:

- a- 0.1%.**
- b- 0.5%.**
- c- 1%.**
- d- 3%.**
- e- 5%.**

156- Polycystic ovarian syndrome is associated with all of the following EXCEPT:

- a- Oligomenorrhea.**
- b- BMI>25.**
- c- Hirsutism.**
- d- Regular ovulatory cycles.**
- e- Type II diabetes mellitus.**

157- The average age of menopause is:

- a- 40 years.**
- b- 63 years.**
- c- 45 years.**
- d- 53 years.**
- e- 35 years.**

162- All of the following investigations help in identifying the cause of intrauterine fetal death EXCEPT:

- a- Skeletal x ray of the dead baby.**
- b-Rh antibody titer.**
- c- Screening the mother for diabetes mellitus.**
- d- Umbilical cord blood for culture and sensitivity.**
- e- Antiphospholipid antibody screen.**

163- Threatened miscarriage is characterized by all of the following EXCEPT:

- a- Positive pregnancy test.**
- b- vaginal bleeding.**
- c- Lower abdominal pains.**
- d- Fetal heart present.**
- e- Cervical os open.**

164- Incomplete miscarriage is characterized by all of the following EXCEPT:

- a- Negative pregnancy test.
- b- Vaginal bleeding.
- c- Abdominal pains.
- d- Passage of tissue.
- e- Cervical os open.

167- In surgery for stress urinary incontinence. All true EXCEPT:

- a- Aims to elevate the bladder neck above the pelvic diaphragm.
- b- Should only be performed if the diagnosis has been confirmed by urodynamic assessment.
- c- May lead to voiding difficulties.
- d- Can be associated with detrusor over activity post-operatively.
- e- Has a success rate of 85% associated with an anterior vaginal repair. ***

169- Symptoms suggestive of detrusor over activity include all EXCEPT:

- a- Urgency.
- b- Frequency.
- c- Incontinence with increased intra-abdominal pressure.***
- d- Inability to interrupt urinary flow.
- e- Nocturia.

170- In surgical treatment of stress urinary incontinence. All true EXCEPT:

- a- Is more effective than conservative measures.
- b- Is more effective if it is a first rather than a second operation.
- c- Has less complications for vaginal surgery than suprapubic surgery.
- d- Is likely to improve detrusor over activity. ***
- e- May be complicated by voiding difficulty.

171- A 64-year-old woman comes to you suffering from urine loss when laughing, coughing or running. She is able to reach the bathroom when her bladder feels full and doesn't leak. She has no neurological problem, no previous pelvic surgery, and no history of frequency or dysuria. Treatment options include all of the following EXCEPT:

- a- Hormone replacement therapy.
- b- Pelvic floor exercises.
- c- Vaginal pessary.
- d- Anticholinergics (Ditropan). ***
- e- Surgery.

172- The sensory pain fibers to the uterus pass through which one of the following ligaments?

- a- Broad ligament.
- b- Round ligament.
- c- Cardinal ligament.
- d- Utero-sacral ligament. *****
- e- Utero-vesical ligament.

173- Nerve supply of pelvic structures include:

- a- Obturator nerve L1,2,3.
- b- Pudendal nerve L5,S1,S2.
- c- Lumbosacral plexus which includes branches from **L4,L5 and S1,2,3,4. *****
- d- Posterior cutaneous nerve of the thigh S2,3,4.
- e- Lateral cutaneous nerve of the thigh S2,3,4.

174- Acute retention of urine in women may be due to all of the following EXCEPT:

- a- Pre-operative anxiety *****
- b- Vulval herpes
- c- Anterior colporrhaphy.
- d- Radical Hysterectomy
- e- Retroverted uterus in pregnancy

175- In post menopausal bleeding All true EXCEPT:

- a- Benign conditions are most frequent causes of postmenopausal bleeding.
- b- 75% of women with endometrial cancer are postmenopausal.
- c- For women on sequential combined HRT presenting with unscheduled bleeding, or those who are tamoxifen users, Transvaginal ultrasound using a cut-off point of 8mm or less should be used to exclude endometrial cancer. *****
- d- Uterine polyps and submucous myomas can be clearly identified as filling defects when a sonohysterography is performed.
- e- The ability to detect minute focal endometrial pathology and to perform directed endometrial biopsies are advantages of hysteroscopy.

176- One of the following is not a component of Bishop score:

- a- Station.
- b- Position of the presenting part. *****
- c- Length of the cervix.
- d- Dilatation sit the cervix.
- e- Consistency of the cervix.

Questions labeled by subjects

1. **The broad ligament contains the :**
 - a. Fallopian tube
 - b. Ovarian ligament
 - c. Cardinal ligament
 - d. Uterine vessels
 - e. All of the above
2. **The following is true concerning the cervical ligaments :**
 - a. Forms a ring around the supra-vaginal cervix
 - b. Condensation of the endo-pelvic fascia.
 - c. Supports the uterus.
 - d. Include the pubo-cervical, cardinal and utero-sacral ligaments
 - e. All of the above
3. **As regarding the utero-sacral ligament, choose the correct answer:**
 - a. Surrounds the rectum
 - b. Nearly vertical in standing position
 - c. Responsible for ante-version of the uterus
 - d. Attached from the 2nd sacral piece up to the promontory
 - e. All of the above
4. **Concerning the Bartholin gland all the following are true EXCEPT :**
 - a. Are compound racemose type.
 - b. Lies at the junction of the anterior 2/3 with the posterior 1/3 of the labia
 - c. The duct of the gland is 2 cm long and lined with transitional epithelium.
 - d. Lies below the bulb of the vestibule.
 - e. None of the above
5. **As regarding the clitoris all the following are true EXCEPT :**
 - a. It is homologous to male penis.
 - b. It is the organ removed in the female circumcision.
 - c. Drains directly to the lymph gland of cloquet.
 - d. It has no sexual (erectile) function .
 - e. None of the above .
6. **All the following nerves innervate the vulva EXCEPT :**
 - a. Ilio-inguinal
 - b. Pudendal.
 - c. Posterior cutaneous nerve of the thigh.
 - d. Obturator never
 - e. Genito-femoral
7. **The vagina is kept moist by the following EXCEPT :**
 - a. Secretion of the Bartholin glands
 - b. Secretion of the vaginal glands
 - c. Transudation from the vaginal wall.
 - d. Cervical secretions
8. **The vagina drains to the following groups of lymph nodes:**
 - a. The iliac group of lymph nodes .
 - b. The inguinal group
 - c. The femoral group
 - d. The para-aortic group
 - e. All of the above
9. **All of the following are true concerning the vagina EXCEPT :**
 - a. Has a single blood supply from branches of the vaginal artery
 - b. Lymph drainage of lower 1/3 is mainly to superficial inguinal nodes
 - c. The posterior fornix is deeper than the anterior fornix.
 - d. The upper 1/3 of posterior wall is covered is covered by peritoneum

- 10. Blood supply to the vagina is carried by any of the following EXCEPT :**
- Branches of middle rectal artery
 - Branches of internal pudendal arteries
 - Branches of uterine artery
 - Vaginal arteries
 - None of the above
- 11. The lining of the vagina in adults is :**
- Keratinized squamous epithelium
 - Non keratinized stratified squamous
 - Columnar epithelium
 - Transitional epithelium
- 12. The ante-version position of the uterus is caused by :**
- Utero-sacral ligament
 - The cardinal ligament
 - The round ligament
 - A & b
 - A & c
- 13. As regarding the isthmus of the uterus which of the following is true:**
- It is the lowermost part of the body of the uterus
 - It is lined with transitional epithelium
 - Bounded between the anatomical and the histological internal os
 - Forms the lower uterine segment during pregnancy
 - All of the above
- 14. The cervix is drained to any of the following groups of lymph nodes EXCEPT**
- Obturator
 - Lateral sacral
 - Superficial inguinal
 - Para-cervical
 - Iliac
- 15. As regarding the cervix uteri all the following are true EXCEPT :**
- Its length is 1 inch in adult ages
 - The ratio between it and the body of the uterus in infantile age is 2:1
 - It is lined with tall columnar epithelium .
 - It is sensitive to cutting and burning
 - None of the above
- 16. All the following is a lateral relation of the cervix EXCEPT :**
- The para-cervical lymph node
 - The uterine artery
 - The ureter
 - The para-cervical ganglia
 - The utero-sacral ligament
- 17. The body of the uterus is drained to all the following lymph nodes EXCEPT :**
- The lateral sacral group of lymph nodes
 - The iliac group of lymph nodes.
 - The superficial inguinal group of lymph nodes
 - The para-aortic group of lymph nodes
 - None of the above
- 18. The uterine artery gives the following branches to the uterus EXCEPT :**
- Cervical branch
 - Circumflex arteries
 - Coronary arteries
 - Radial arteries
 - Basal arteries

- 19. The following is true concerning the cervix:**
- Its length is 1 inch in adult life
 - It extends between internal and external os.
 - It has a spindle shaped canal.
 - It is lined with tall columnar epithelium
 - The external os is covered with squamous epithelium
 - All of the above
- 20. The cervix is sensitive to the following:**
- Cutting
 - Burning
 - Dilatation
 - All of the above
- 21. The most effective supports of the uterus are:**
- Cardinal ligament
 - Utero-sacral ligaments
 - Pubo-cervical ligaments
 - Broad ligaments
 - Round ligaments
- 22. The isthmus of the uterus :**
- Forms the lower uterine segment during pregnancy
 - Covered by loose peritoneum
 - Bounded between the histological and anatomical internal os.
 - Between 0.2 to 0.5 cm in length
 - All of the above
- 23. The ante-version position of the uterus is caused by:**
- Utero-sacral ligament
 - The cardinal ligament
 - The round ligament
 - A& B
 - A & C
- 24. The uterus, all the following are true EXCEPT :**
- The blood supply is from branches of the uterine and ovarian blood arteries.
 - The lymphatic drainage of the cornu reaches the inguinal lymph nodes.
 - The innervation is through the superior and inferior hypo-gastric plexus
 - The broad ligament plays an important supporting rule.
 - There is no sub mucosa in the uterus
- 25. The cervix , all the following is true EXCEPT :**
- Is largely formed of fibrous tissue
 - Is longer than the body of the uterus in infancy.
 - Contains non branching mucus secreting glands.
 - The length in the cervix in adult is about 1 inch
 - The external os is slit like in mutipara
- 26. The infundibulum of the fallopian tube:**
- Has a thick wall
 - Is a narrow and straight part
 - The part opens into abdominal cavity
 - The least common site of tubal ectopic
- 27. As regarding the fallopian tube; all of the following are true EXCEPT :**
- Its length is about 10cm.
 - Completely covers with peritoneum of the broad ligament
 - Supplied by the ovarian artery
 - Drains to the para-aortic lymph nods
 - None of the above

- 28. The isthmus of the fallopian tube; all the following are true EXCEPT :**
- a. Its length is about 2cm
 - b. It has a thick wall.
 - c. It has a narrow lumen
 - d. It is the site of fertilization
 - e. None of the above
- 29. Ampullary portion of the fallopian tube; all the following are true EXCEPT:**
- a. Its length is about 5cm
 - b. It has a wide lumen
 - c. It has a thin wall
 - d. The commonest site of ectopic pregnancy
 - e. Drains to the iliac nodes
- 30. The right ovary, all the following is true EXCEPT :**
- a. Receives blood supply from the aorta at the level of the 3rd lumbar vertebra.
 - b. Its venous drainage is to the left renal vein.
 - c. Lies in the ovarian fossa anterior to the ureter
 - d. It is NOT covered by peritoneum in adults.
 - e. None of the above
- 31. As regarding the pelvic ureter, choose the correct answer:**
- a. It enters the pelvis in front of the sacro-iliac joint
 - b. It is related to the internal iliac vessels.
 - c. It is crossed by the uterine artery 1 cm above & lateral to the supra-vaginal cervix
 - d. It pierces the cardinal ligament
 - e. All of the above
- 32. The ureter :**
- a. Lies above the lateral vaginal fornix
 - b. It is crossed by the ovarian artery
 - c. It is mesodermal in origin
 - d. Crossed by the uterine artery
 - e. All of the above
- 33. The perineal body :**
- a. Lies in front of the vagina
 - b. Is mainly formed of fibrous tissue
 - c. The external anal sphincter is inserted into it.
 - d. The pubo-rectalis part of the levator ani is inserted into it
 - e. None of the above
- 34. The ovarian artery supplies all of the following EXCEPT :**
- a. Uterus
 - b. Fallopian tube
 - c. Round ligament
 - d. Cervix
- 35. The left ovarian artery arises from**
- a. Aorta
 - b. Renal artery
 - c. Common iliac artery
 - d. Hypo gastric artery
- 36. The left ovarian vein drains into the:**
- a. Inferior vena cava
 - b. Hypo gastric vein
 - c. Common iliac vein
 - d. Renal vein

- 37. All these are branches of anterior division of internal iliac artery EXCEPT :**
- Inferior vesical artery
 - Sampson artery**
 - Uterine artery
 - Vaginal artery
 - None of the above
- 38. The following is true as regarding the pre-sacral nerve:**
- Runs in front of sacral promontory
 - Divides into 2 hypo gastric nerves
 - Cutting this nerve results into bladder and rectal disturbance
 - All of the above**
- 39. In the innervation of the pelvis :**
- The ilio-inguinal nerve arises from the first lumbar segment
 - The pudendal nerve arises from S-2,3 and 4
 - The sympathetic plexus includes fibers from T. 12
 - The deep transverse muscles are supplied by the pudendal nerve
 - All of the above**
- 40. The pudendal nerve :**
- Gives dorsal nerve of the clitoris
 - Arises from S2,3,4
 - Passes through the greater sciatic foramen
 - Passes through the lesser sciatic foramen
 - All of the above**
- 41. The following are derived from the uro-genital sinus EXCEPT :**
- The urethra
 - The lower 1/4 of the vagina
 - Upper vagina**
 - Para-urethral (Skene)tubules
 - Labia minora.
- 42. All the following are derived from the mullerian ducts EXCEPT :**
- The uterus
 - The ovary**
 - Fallopian tube
 - The cervix
 - The upper vagina
- 43. In females the Wolffian system forms all of the following EXCEPT :**
- Round ligaments**
 - The gartner duct
 - Hydatid cyst of the morgagni
 - Par-oophron
 - Epi-oophron
- 44. The following abnormalities are related to Mullerian defects EXCEPT :**
- Bicornuate uterus
 - Subseptate uterus
 - Double cervix.
 - Septate vagina
 - Ovarian agenesis**
- 45. The following is true as regarding female genitalia**
- The clitoris is anatomically similar to the penis in that it has three crura.
 - The remnants of the hymen are known as carunculae myriforms**
 - The vaginal glands secrete fluids during sexual arousal
 - 50% of women of the reproductive age have a retroverted retroflexed uterus.
 - None of the above

46. Congenital adrenal hyperplasia is associated by the following EXCEPT :

- a. Stillbirth
- b. Neonatal Jaundice.
- c. Ambiguous genitalia in the newborn.
- d. Precocious puberty.
- e. None of the above

47. The uterus didelphys is associated with:

- a. Urinary tract abnormality
- b. Oligomenorrhea
- c. Transverse lie of the fetus
- d. Down syndrome
- e. None of the above

48. Congenital uterine abnormalities are associated with the following EXCEPT :

- a. Cervical incompetence.
- b. Ectopic pregnancy in a horn.
- c. Cervical dystocia .
- d. Breech presentation
- e. None of the above

49. As regarding bicornuate uterus all of the following are correct EXCEPT :

- a. Diethylstilbesterol (DES) has been implicated
- b. It is due to failure of complete fusion of the Mullerian duct system
- c. It is associated with increased Obstetrical complications
- d. It is associated with increase in the urinary tract anomalies.
- e. None of the above

50. Congenital absence of the vagina is associated with :

- a. Absent secondary sexual characters
- b. Exposure to diethyl stilbesterol
- c. Absent uterus
- d. Turner syndrome
- e. Imperforate anus

51. The internal genital organs :

- a. The vagina is lined with stratified squamous epithelium.
- b. Vaginal Doderlein's bacilli convert glycogen to keep the PH above 7.5
- c. The epithelium of the cervix is partly squamous partly ciliated
- d. Isthmus of the Fallopian tube is the most medial portion
- e. None of the above

Physiology of menstruation & dysmenorrhea

52. The secretion of hypothalamic releasing hormones :

- a. Is affected by some brain neuro-transmitters
- b. Occurs in pulsatile manner
- c. Results into the production of both FSH and LH.
- d. Affected by long short and ultra short feed back loop.
- e. All of the above

53. As regarding the F.S.H hormone which of the following is true

- a. It acts on the granulosa cells stimulating estrone formation
- b. It is secreted by the posterior pituitary
- c. It is a polypeptide hormone
- d. It stimulates aromatase enzyme for conversion of theca cells derived androgen to E2
- e. It has no role in the act of ovulation

54. Luteinizing hormone :

- a. Is steroid hormone
- b. Secreted by the chromophobe cells of the anterior pituitary
- c. Stimulates androgen production by the ovary
- d. Its plasma level is constant through the menstrual cycle
- e. None of the above

55. The peak of progesterone secretion during the menstrual cycle is at:

- a. Day 7 of the cycle
- b. Day 21 of the cycle
- c. Day 14 of the cycle
- d. Day 28 of the cycle
- e. None of the above

56. Estrogen

- a. Can not be detected in the blood of the postmenopausal females
- b. Is mainly secreted by the ovary in the form of estrone.
- c. Stimulates glycogen deposition in the endometrial glands
- d. Increases LH production by the pituitary
- e. None of the above

57. The following action of gonadotrophins on the ovarian follicles is true:

- a. F.S. H induces L.H receptors
- b. Action of LH is mainly on the theca cells.
- c. F.S.H stimulates aromatase enzyme
- d. L.H stimulates androgen production by the granulosa cells !
- e. All of the above

58. The peak secretion of Estrogen is at approximately

- a. Day 1-7 of the cycle
- b. Day 7-14 of the cycle
- c. Day 21 of the cycle
- e. Day 28 of the cycle

59. The prolactin hormone

- a. Is essential for the development of the mammary ducts.
- b. Has anti-gonadotrophic activity in high levels
- c. Its secretion from the hypothalamus is inhibited by prolactin inhibiting factor (PIF)
- d. All of the above
- e. None of the above

60. Prolactin hormone

- a. Secreted from the lactotrophs
- b. Its secretion is stimulated by stress.
- c. In high levels can prevent ovulation or corpus luteum functions
- d. All of the above
- e. None of the above

- 61. The dominant follicle**
- Having the highest concentration of FSH receptors
 - Secretes the greatest amount of estradiol
 - Its response to gonadotrophins is modulated by a variety of growth factors
 - Approaches the surface of the ovary
 - All of the above
- 62. Hormone X is secreted from the growing follicle in an increasing amount and produce +ve feed back effect on hormone Y which releases the oocyte from its follicular attachment.
What are hormones X and Y**
- Estrogen and FSH
 - Progesterone and LH
 - Estrogen and LH
 - Progesterone and FSH
 - Prostaglandin and LH
- 63. In a normal human menstrual cycle the corpus luteum:**
- Its function has nothing to do with the level of FSH in follicular phase
 - Its function is maintained by human chorionic gonadotropins
 - Its estrogen secretion reaches maximum 7 days after its formation
 - Remains active for 12 days if pregnancy occurs
- 64. In a normal human menstrual cycle the following is true regarding ovarian cycle :**
- Follicular response to gonadotropins is modulated by a variety of growth factors
 - Inhibin secreted by the granulosa cells directly inhibit FSH secretion
 - There is FSH surge just before ovulation
 - Prostaglandin causes digestion and rupture of the wall of the follicle
 - All of the above
- 65. The ovarian cycle :**
- The primordial follicle is covered with multiple layers of granulosa cells
 - The pre-antral follicles shows proliferation of the theca interna by FSH stimulation
 - The dominant follicle has the highest number of FSH receptors
 - All of the above
 - None of the above
- 66. The corpus luteum, all the following are true EXCEPT :**
- Formed by the effect of FSH
 - It starts degeneration 7 days before the next menstruation
 - Shows deposition of fluid rich in carotene & cholesterol in granulosa & theca cells
 - Mainly produces progesterone
 - Its inadequate activity may lead to habitual abortion
- 67. As regarding Progesterone, all the following are true EXCEPT :**
- Mainly secreted by corpus luteum.
 - Helps development of breast ducts
 - Produces secretory endometrium
 - Increases basal body temperature
 - None of the above
- 68. Ovulation is produced by:**
- Prolactin
 - Luteinizing hormone
 - Follicle stimulating hormone
 - Synergism of FSH and L.H
 - Synergism of FSH, LH and prolactin

69. Ovulation .

- a. Associated with F.S.H surge.
- b. Followed by the development of secretory endometrium**
- c. Associated with decreased motility of the fallopian tube.
- d. Associated with sustained fall in the body temperature
- e. None of the above

70. Ovulation is associated with the extrusion ofin the peritoneal cavity

- a. Egg
- b.. Coronal radiate
- c. Zona pellucida
- d.All of the above**

71. Ovulation

- a. Is followed by appearance of secretory endometrium.**
- b. Followed by a rise in urinary pregnanetriol
- c. Follows L.H surge by least 72 hours
- d. Associated with decrease in the level of prostaglandin in the follicular fluid
- e. All of the above

72. In the menstrual cycle, ovulation .

- a. Occurs 2 days after the peak of LH
- b. Occurs 14 days before the onset of the menstrual flow**
- c. Occurs when progesterone secretion is at maximal
- d. Will only occur as a reflex response to orgasm
- e. May be inhibited by emotional disturbance

73. Average blood loss during menstruation is about :

- a. 150 ml
- b. 30 -80 ml**
- c. 10 ml
- e. 250 ml

74. The menstrual blood contains the following :

- a. Endometrial glands
- b. Vaginal epithelium
- c. Cervical mucus
- d. Leucocytes
- e. All of the above**

75. The menstrual blood does NOT clot normally because

- a. The amount of bleeding is excessive
- b. No time for the blood to clot
- c. Fibrinolysin in the endometrium**
- d. No suitable media for clotting
- e. The presence of the vaginal acidity

76. Menstruation

- a. Is not normally accompanied by pain
- b. Involves the discharge of blood, mucus and the unfertilized ovum
- c. The normal range of blood loss is 30-80mL.**
- d. Usually ceases before the age of 48 years
- e. Is often following by fluid retention

77. Menstruation

- a. Occurs due to drop of gonadotropins level
- b. Drop of sex hormones cause coiling and constriction of the basal arterioles
- c. Is due to ischemia and necrosis of the basal portion of the endometrium
- d. Menstrual blood shows high content of clotting factors
- e. None of the above**

- 78. The following are symptoms of premenstrual syndrome EXCEPT :**
- a. Vaginal spotting
 - b. Weight gain
 - c. Change of libido
 - d. Acne
 - e. None of the above
- 79. In treating spasmodic dysmenorrhea the cervix may be dilated up to Hegar size**
- a. 8
 - b. 10
 - c. 12
 - d. 14
- 80. The pain of spasmodic dysmenorrhea:**
- a. Disappears by onset of menstruation
 - b. Is in the form of burning sensation
 - c. Starts few days before menstruation
 - d. Disappears by childbirth
 - e. None of the above
- 81. Primary dysmenorrhea:**
- a. Occurs with menarche
 - b. Pain starts before menstruation
 - c. Pain may be localized to one side of the lower abdomen
 - d. It occurs only with ovulatory cycles
 - e. None of the above
- 82. Primary dysmenorrhea is characterized by which of the following :**
- a. Pelvic examination can detect the associated pelvic pathology
 - b. Irritability is a common associated complaint
 - c. Prostaglandin release is the most accepted etiology
 - d. Onset is associated with menarche
 - e. None of the above
- 83. Medical therapy for 1ry dysmenorrhea includes all of the following EXCEPT :**
- a. Analgesics
 - b. Prostaglandin inhibitors
 - c. Oxytocin
 - d. Antihistaminics
 - e. Calcium channel blockers
- 84. Dysmenorrhea:**
- a. It is painful menstruation
 - b. It is pain with menstruation
 - c. It is a pain related to menstruation
 - d. It is pain before menstruation
 - e. All of the above
- 85. The following is the accepted theory for primary dysmenorrhea:**
- a. Relative cervical stenosis
 - b. Reversed polarity of the uterus at menstruation
 - c. Decreases pain threshold
 - d. Relative uterine ischemia
 - e. All of the above
- 86. Premenstrual syndrome(PMS)**
- a. Fluctuating ovarian hormones in the luteal phase may be the cause
 - b. Physiological and psychological aspects should be considered in its treatment
 - c. Oral contraceptive pills may be used for suppression of ovulation
 - d. Premenstrual administration of diuretics may be of help.
 - e. All to the above

87. Congestive dysmenorrhea

- a. May be due to RVF
- b. The pain is colicky
- c. Associated with G.I.T manifestations
- d. Common in virgins and nulliparous
- e. Can be treated by antiprostaglandin

88. Causes of congestive dysmenorrhea includes all the following EXCEPT :

- a. Endometriosis
- b. Cervical stenosis
- c. Sedentary life style
- d. Pelvic tumors
- e. Chronic constipation

89. A 20 years old girl is complaining from lower abdominal pain every month during her periods since she was 17 years old, the pain is colicky and associated with nausea and vomiting usually in the first day of her menstruation , which is regular, rather than this her medical history is unremarkable.

- a. Pelvic examination can usually reveal a fibroid uterus
- b. This lady is mostly anovulatory
- c. Non steroidal anti-inflammatory drugs is effective treatment
- d. Possibility of endometriosis is high
- e. Diagnostic laparoscopy is highly needed

90. A 35 years old lady gravida 4, para 3 with 3 living children . She is using an IUD as a method of contraception for 4 years.. She is presenting with cyclic attacks of lower abdominal heaviness which starts 2 days before her menstrual flow associated with vaginal discharge and heavy menstrual flow.

- a. PID may be the underlying cause
- b. The IUD should be removed at once
- c. IUD has no relation to any of her complains
- d. Pregnancy will improve her complains
- e. None the above

A 30 years old lady presented with history of 1 ry infertility of 5 years, she is complaining for lower abdominal pain, with increased menstrual flow, the pain starts few days before onset of menstruation, increased by onset of the flow. Pelvic examination revealed RVF uterus, investigation showed ovulatory cycles by PEB, normal HSG and normal semen analysis of her husband.

91. What is the most probable diagnosis ?

- a. Congestive dysmenorrhea
- b. Fibroid uterus
- c. Endometriosis
- d. Membranous dysmenorrhea
- e. T.B endometritis

92. What are other investigation to be done for his lady:

- a. D & C
- b. Basal body temperature chart
- c. Hormonal profile
- d. Diagnostic laparoscopy
- e. None of the above

93. The pain of the lady can improve by all the following EXCEPT :

- a. Non steroidal anti-inflammatory
- b. L.U.NA operation
- c. Presacral neurectomy
- d. Ovarian sympathectomy

18 years old girl presenting with disabling pain with her menstrual periods which has been present for the past 2 years and is accompanied by nausea and vomiting

94. As regarding the diagnosis , choose the wrong answer

- a. Abdominal examination usually reveals no abnormalities
- b. Reassurance and explanation is an essential step in treatment
- c. Ultrasound scan may be needed to exclude uterine anomalies
- d. The future fertility of this girl is doubted.
- e. Surgical treatment is rarely needed

95. Which of the following is recommended line of treatment

- a. Ergot preparations
- b. Antiprostaglandins
- c. GnRH analogues
- d. Codeine
- e. Danazol

Puberty and menopause

96. Normal timing of menarche is :

- a. 8 years
- b. 10 years
- c. 12 years
- d. 16 years

97. The age of menarche is affected by all of the following EXCEPT :

- a. Genetic factor
- b. Physical activity
- c. Nutrition
- d. Psychological factor
- e. Geographical distribution

98. The first clinical evidence of puberty is:

- a. Appearance of breast budding
- b. Appearance of axillary hair
- c. Appearance of pubic hair
- d. Onset of menarche
- e. All of the above

99. Ovulation start :

- a. With onset of menarche
- b. Few months before menarche
- c. 5 years after menarche
- d. 18 months after menarche
- e. None of the above

100. Normal pubertal development in the female is the result of

- a. Increase in the sensitivity of the hypothalamus to the circulating levels of Estrogen
- b. Decrease pre-pubertal estrogen
- c. Increase adrenal cortisone
- d. Decrease intrinsic inhibitory factor in the hypothalamus
- e. All of the above

101. The most common causes of precocious puberty is :

- a. Idiopathic
- b. CNS tumors
- c. Albright syndrome
- d. Hypothyroidism
- e. Gonadal tumors

102. Delayed puberty is suspected if :

- a. Breast budding is absent till 13 years
- b. Menarche is delayed after 16 years
- c. FSH is greater than 40 mIU/ ml at age of 16
- d. 5 years has elapsed after breast budding and no menarche
- e. All of the above

103. In cases of delayed menarche with high FSH level > 40 mIU /ml, the etiology may be any of the following EXCEPT :

- a. Mullerian agenesis
- b. Gonadal dysgenesis
- c. Autoimmune destruction of the ovaries
- d. Exposure of the ovaries to irradiation
- e. None of the above

- 104. Delayed puberty with hypogonadotropic hypogonadism , the cause is usually.**
- Endo organ (uterine cause)
 - Outflow tract obstruction
 - Central cause
 - Ovarian cause
 - All of the above
- 105. All the following may be associated with delayed menarche EXCEPT :**
- Under weight
 - Chronic debilitating disease
 - Empty sella truciaca
 - Sheehan syndrome
 - C.N.S tumors
- 106. Pseudo precocious puberty may be due any of the following EXCEPT :**
- C.N.S tumors
 - Estrogen producing ovarian tumors
 - Albright syndrome
 - Estrogen therapy
 - None of the above
- 107. All the following is needed in investigation of precocious puberty EXCEPT:**
- Brain imaging by CT or MRI
 - Pelvic ultrasound
 - Prolactin level
 - Gonadotrophin level
 - None of the above
- 108. Which of the following statement is true about the sequence of puberty:**
- Growth spurt. Adrenarche . thelarche, axilarche then menarche
 - Growth spurt, thelarche adrenarche and axillarche then menarche
 - Menarche, axillarche, and growth spurt.
 - Pubarche, growth spurt, axilarche, pubarche, then menarche
 - None of the above
- 109. The following is NOT true regarding menarche :**
- The average age is 12 years
 - The first 2 years after menarche the cycles are irregular.
 - The first few cycles are due shedding of secretory endometrium .
 - The cause of menstruation in the first years is progesterone withdrawal.
 - None of the above
- 110. A mother attending gynecology outpatient clinic with her girl who is 16 years old with no menarche till now, on examination she has well developed breast (Tanner stage IV) and pubic hair (Tanner stage IV) and pelvi-abdominal swelling . what are the most common possibility for the case:**
- Mullerian duct agensis
 - Outflow tract obstruction
 - Ovarian tract obstruction
 - Kalman syndrome
 - None of the above
- 111. A school girl 14 years old coming to her school doctor complaining of absence of menarche, which of the following should be one by the school doctor**
- Measuring the height and the span
 - Measuring the weight of the girl
 - Testing the stage of development of her secondary sexual characters
 - All of the above
 - None of the above

- 112. The above girl found to have no secondary sexual characters, which of the following could NOT be a possibility for her delayed menarche**
- Turner syndrome
 - Gonadal failure
 - Autoimmune destruction of the ovary
 - Testicular feminization syndrome
 - None of the above
- 113. The age of natural menopause is affected by :**
- Age of puberty
 - Number of children
 - Use of oral contraceptive pills
 - Socioeconomic class
 - Nutrition
 - None of the above
- 114. The cause of menopause is :**
- Deficient gonadotrophin production.
 - Depletion of ovarian store of follicles
 - Endometrial atrophy
 - Increase ovarian androgen production
 - Increase Estrone level
- 115. In menopausal female the following is true regarding the FSH hormone :**
- The level is elevated up to 20 times the premenopausal level
 - Its level reaches a plateau 1-3 years after menopause
 - the urine of menopausal female is a good source of FSH.
 - It never returns to the premenopausal level
 - All of the above
- 116. The estrogen hormone in menopausal female, all the following are true EXCEPT :**
- There is individual variation of circulating estrogen
 - Most of circulating estrogen is estradiol
 - The total level of estrogen is reduced compared to premenopausal ladies
 - Although the level is reduced yet it is unopposed by progesterone
 - None of the above
- 117. As regarding hormonal changes after menopause :**
- There is slight increase in thyroid activity .
 - The circulating androgen level is reduced compared to premenopause
 - The FSH level is reduced 20 years after menopause
 - Most of circulating estrogen results from peripheral conversion of DHEAS
 - None of the above
- 118. The following is true as regarding the cycle of a lady approaching menopause**
- The cycles become irregular
 - Shortening of the menstrual cycle.
 - Prolonged menstruation is common
 - Anovulatory cycles
 - All of the above
- 119. The vagina of a menopausal lady , the following is NOT true:**
- There is atrophy of the vaginal epithelium
 - The vaginal PH becomes alkaline
 - The vagina becomes smaller
 - There is increases elasticity of the vaginal walls
 - None of the above

- 120. The uterus of menopausal lady :**
- The uterine corpus decreases in size
 - The endometrium is thickened
 - Uterine prolapse improves
 - The cervical os widens
 - None of the above
- 121. The menopausal lady is exposed to increased risk to all of the following EXCEPT :**
- Atrophic vaginitis
 - Stress incontinence
 - Dysparunia
 - Increase vaginal acidity
 - None of the above
- 122. All the following are common symptoms of menopause:**
- Easy fatigue
 - Bone aches
 - Insomnia
 - Hot flushes
 - All of the above
- 123. The following is true regarding osteoporosis EXCEPT :**
- Lean females more affected
 - Has a genetic predisposition
 - More in cases of delayed menopause
 - More in white races
 - None of the above
- 124. The following can prevent osteoporosis EXCEPT :**
- Prolonged steroid use
 - Exercise
 - Adequate calcium intake
 - Estrogen replacement therapy
 - None of the above
- 125. The following are normal findings on examining a menopausal female EXCEPT :**
- The vulval opening is narrow
 - The vagina is dry
 - The ovaries may not be visualized by vaginal ultrasound scanning
 - Difficult to detect the squamo-columnar junction by colposcopy
 - Increase size of the uterus
- 126. The following is true regarding hot flushes :**
- Affects 20% of menopausal females
 - Associated with rise of body temperature
 - Affect the skin of the head, neck and chest
 - Estrogen replacement is the only treatment
 - None of the above.
- 127. Hot flushes , choose the WRONG answer**
- Affects 75 to 85% of menopausal ladies
 - The attacks are more frequent at night or stress.
 - Last for 20 years after menopause
 - Usually accompanied by tachycardia and palpitation
 - May last from few seconds to several minutes.
- 128. Hot flushes :**
- Attacks may be precipitated by alcohol
 - Usually last for 1-2 years in most women
 - May be due to inappropriate stimulation of heat-regulating center in hypothalamus
 - can be treated with sympathetic blockers
 - All of the above

- 129. The following can be used to treat hot flushes EXCEPT :**
- Estrogen
 - Androgen
 - Thyroid hormones
 - Clonidine
 - None of the above
- 130. Which of the following is NOT a treatment for postmenopausal osteoporosis**
- Estrogen replacement therapy
 - steroids
 - Adequate calcium intake
 - Calcitonin
 - Biphosphonates
- 131. The following can be used to treat postmenopausal osteoporosis :**
- Selective estrogen receptor modulators
 - Biphosphonates
 - Calcitonin
 - Vitamin D
 - All of the above
- 132. The following are contraindications for hormone replacement therapy:**
- Impaired liver functions
 - Gall bladder disease
 - High serum triglycerides
 - History of breast cancer
 - Vascular thrombosis
 - All of the above
- 133. All the following occurs after menopause EXCEPT :**
- Reduction of vaginal acidity
 - Increase in osteoblastic activity
 - Loss of libido
 - Increase gonadotropin secretion
 - none of the above
- 134. In investigations of postmenopausal bleeding:**
- Pelvic examination is not essential
 - Trans-vaginal ultrasound is essential
 - Endometrial biopsy is not necessary.
 - Outpatient hysteroscopy is of choice
 - All of the above
- 135. After menopause :**
- There is decrease in the vaginal acidity
 - There is increase in secretion of gonadotropins
 - Treatment with estrogen is often beneficial
 - Any vaginal bleeding should be investigated by endometrial biopsy by D&C
 - All of the above
- 136. Hormone replacement therapy:**
- Progesterone addition is must even in absence of uterus
 - Requires physical examination and detailed history before description
 - Vaginal bleeding is a common problem that may be ignored
 - Can not be given by trans-dermal route.
 - All of the above
 - None of the above

137. Postmenopausal hot flushes are common symptoms of menopausal ladies, it usually resolve spontaneously few years later but if it is disabling to the lady it should be treated by giving hormonal therapy mostly in the form of Hormone X which can be given by either oral, creams or trans-dermal patch and in a lady with intact uterus this hormone should be combined with Y Hormone to counteract its effect on the endometrium but this combined therapy is not preferred by these ladies as it is usually associated with vaginal bleeding due to repeated shedding of the endometrium. What are hormones X and Y:
- a. Estrogen and progesterone
 - b. Estrogen and androgen
 - c. Androgen and progesterone
 - d. Androgen and estrogen
 - e. None of the above
138. Premature ovarian failure, the following is NOT true:
- a. May be due to autoimmune disease
 - b. May lead to premature menopause.
 - c. Adequate number of follicles by histological examination
 - d. Sever menopausal symptoms
 - e. None of the above
139. Hormone replacement therapy :
- a. Protects against endometrial cancer
 - b. Can be given only by oral route
 - c. Dose not need follow up
 - d. Never associated with breakthrough bleeding
 - e. None of the above
140. After menopause , all the following hormonal changes occur EXCEPT :
- a. Plasma FSH increases
 - b. Serum progesterone decreases
 - c. Most of the postmenopausal estrogen in the form of estrone
 - d. Serum LH decreases
 - e. None of the above
141. Menopause :
- a. IS due to failure of the endometrium to respond to estrogen
 - b. Associated with cessation of ovarian steroidogenesis
 - c. Associated with fall in the serum LH levels
 - d. Is preceded by a period of enhanced fertility
 - e. All of the above.
 - f. None of the above

Amenorrhea and galactorrhea

- 142. As regarding lactational amenorrhea, all the following are true EXCEPT :**
- a. It affects 60% of lactating females
 - b. May extend to a variable period
 - c. Due antigonadotrophic activity of prolactin
 - d. It is a reliable method of contraception
 - e. None of the above
- 143. The following is not a presentation of cases of imperforate hymen**
- a. Primary amenorrhea
 - b. Absent 2ry sexual characters
 - c. Abdominal swelling
 - d. Cyclic lower abdominal pain
 - e. Retention of urine
 - f. None of the above
- 144. Cases of crypto-menorrhea, all the following is true EXCEPT :**
- a. The cause is Mullerian duct discontinuity
 - b. Central pelvi –abdominal swelling
 - c. Never present by secondary amenorrhea
 - d. Bluish bulging membrane
 - e. None of the above
- 145. Amenorrhea galactorrhea may be associated with:**
- a. Hyperthyroidism
 - b Pituitary adenoma
 - c. Anorexia nervosa
 - d. Kallmann's syndrome
 - e. All of the above
- 146. The following is not a symptom of Sheehan's syndrome:**
- a. Galactorrhea
 - b. Athenia
 - c. Falling of the hair
 - d. Breast atrophy
 - e. Amenorrhea
- 147. Basophil adenoma of the pituitary may lead to all the following EXCEPT :**
- a. Amenorrhea
 - b. Acromegally
 - c. Hypertension
 - d. Trunkal obesity
 - e. None of the above
- 148. Acidophil adenoma of the pituitary may lead to any of the following EXCEPT :**
- a. Amenorrhea
 - b. Acornegally
 - c. Hypertension
 - d. Galactorrhea
 - e. None of the above
- 149. The earliest clinical manifestations of sheehan syndrome is :**
- a. Loss of libido
 - b. Athenia
 - c. Postpartum amenorrhea
 - d. Failure of lactation
 - e. Adrenal insufficiency

- 150. The following is true as regarding pituitary tumors**
- a. Cause amenorrhea early in the course
 - b. May be associated with visual defects
 - c. May be associated with Cushing disease
 - d. Micro-adenomas are treated with Bromocriptine
 - e. All of the above
- 151. All the following can cause premature ovarian failure EXCEPT :**
- a. PCO
 - b. Autoimmune disease
 - c. Mumps
 - d. Chemotherapy
- 152. Turner's syndrome, the following is seen in association**
- a. Hypo-gonadotrophic hypogonadism
 - b. Lymphatic abnormalities
 - c. Its incidence is related to maternal age
 - d. Spontaneous menstruation may occur
 - e. None of the above
- 153. Turner's syndrome is associated with the following**
- a. Coarctation of the aorta
 - b. Cubitus valgus
 - c. Lymphatic abnormalities
 - d. Streak gonads
 - e. All of the above
- 154. Turner's syndrome; the following apply**
- a. Webbing of the neck
 - b. Hyper-gonadotrophic hypogonadism
 - c. Finger and toes abnormalities
 - d. All of the above
- 155. Premature menopause may be associated by any of the following EXCEPT :**
- a. Chromosomal abnormalities
 - b. Secondary amenorrhea
 - c. Chemotherapy
 - d. Uterine fibroids
 - e. None of the above
- 156. Resistant ovary syndrome**
- a. Common cause of 1ry amenorrhea
 - b. The ovary shows defect in the aromatase enzyme
 - c. FSH level is below 10mIU/ml
 - d. Ovarian biopsy shows ovarian follicles
 - e. None of the above
- 157. Resistant ovary syndrome; all the following is true EXCEPT :**
- a. The defect is in FSH receptors
 - b. Ovulation can be induced by clomid
 - c. The FSH level is above 40 mIU/ml
 - d. Ovarian biopsy shows follicles
 - e. None of the above
- 158. The following infections of the ovary may result into amenorrhea**
- a. Tuberculosis
 - b. Mumps
 - c. Extensive tubo-ovarian abscess
 - d. All of the above
 - e. None of the above

- 159. The following ovarian tumors may present with amenorrhea.**
- Ovarian fibroma
 - Granulosa cell tumor
 - Germ cell tumors
 - Dermoid cyst**
 - Serous cystadenoma
- 160. Polycystic ovarian syndrome; all the following is true EXCEPT :**
- Is associated with increased risk of endometrial cancer
 - The definitive diagnosis is by ultrasound scan**
 - Usually associated with insulin resistance
 - The associated amenorrhea should be always treated
 - None of the above
- 161. The following hormones are increased in case of PCO EXCEPT :**
- LH
 - Insulin
 - FSH**
 - DHEA
 - Testosterone
- 162. Women with PCO, the following problems may appear after the age of 40 years**
- Hyper-insulinemia
 - Type II diabetes
 - Endometrial hyperplasia
 - Endometrial carcinoma
 - All of the above**
- 163. Polycystic ovarian syndrome, all the following is true EXCEPT :**
- Oral hypoglycemic drugs help induction of ovulation
 - Can be treated by laparoscopic ovarian drilling
 - Can be treated by repeated estrogen administration**
 - Untreated case may pass to endometrial hyperplasia
 - None of the above
- 164. Polycystic ovary may have any of the following clinical presentations EXCEPT:**
- Dyspareunia**
 - Oligohypomenorrhea
 - Galactorrhea
 - Obesity
 - Hirsutism
- 165. Polycystic ovarian syndrome; all the following is true EXCEPT :**
- FSH to LH ration is 3:1**
 - Associated with increased risk of endometrial cancer
 - Usually associated with obesity
 - If associated with amenorrhea should always be treated.
 - The associated hirsutism can be treated by oral contraceptive pills.
- 166. A 20 years old girl (single) presented with history of erratic cycles 35-50 days with a light menstrual loss and increasing body hair growth for the last 1 year , she developed amenorrhea in the past 2 months . she gained 7kg in the last 5 months. Her FSH level is 5 lu/ml, her LH level is 15 IU /ml, prolactin level is 30 IU/ml, (all done 2nd day of menstruation)**
- The following is the most likely diagnosis :**
- Pituitary adenoma
 - PCO**
 - Cushing syndrome.
 - Adreno-genital syndrome
 - None of the above

167. In the previous case, the following investigations are needed for the case:

- a. Pelvic ultrasound
- b. Estimation of DHEAS
- c. Fasting serum insulin
- d. Total and free testosterone estimation
- e. All of the above

168. In the previous case, all the following are treatment lines EXCEPT:

- a. Laparoscopic Ovariectomy
- b. Weight reduction
- c. Oral hypoglycemic drugs
- d. Cyclic progesterone
- e. Combined oral contraceptive

169. Sheehan syndrome, all the following is true EXCEPT :

- a. Complication of accidental hemorrhage
- b. Ovulation can be induced by clomid
- c. May have sub clinical forms
- d. None of the above

170. Testicular feminization

- a. Having a uterus and fallopian tubes
- b. There is defects in the androgen synthesis
- c. Inherited as autosomal dominant
- d. Usually associated with inguinal hernia
- e. None of the above

171. Testicular feminization :

- a. Normal male karyotyping
- b. Have a normal mullerian inhibitory factor
- c. Vagina is short and blind ended
- d. Is a cause of primary amenorrhea
- e. All of the above

172. Asherman syndrome; all the following are true EXCEPT :

- a. Heavy curettage might be the etiology
- b. Symptoms include amenorrhea or infertility
- c. Patients are usually anovulatory
- d. Diagnosis is made by hysterosalpingography
- e. None of the above

173. Asherman syndrome is characterized by with of the following

- a. Monophasic body temperature
- b. Hypomenorrhea
- c. Remission after removal of I.U.D
- d. Easy passage of uterine sound
- e. None of the above

174. The following is not a feature of intra-uterine adhesions :

- a. May be caused by heavy curettage
- b. Tuberculous endometritis might be be a cause
- c. Usually associated with galactorrhea
- d. Results in infertility or early pregnancy loss
- e. Treated by hysteroscopic resection

175. Asherman syndrome:

- a. Is a cause of primary amenorrhea
- b. Fail to respond to progesterone withdrawal
- c. Diagnosed with ultrasound
- d. Treated medically
- e. None of the above

176. Asherman syndrome:

- a. +ve progesterone withdrawal bleeding
- b. +ve Estrogen, progesterone withdrawal.
- c. Associated with high FSH
- d. None of the above
- e. All of the above

177. Intrauterine adhesions :

- a. Diagnosed by laparoscopy
- b. Shows filling defect by ultrasound
- c. Treated by injection of steroids
- d. Have a high pregnancy rate
- e. All of the above
- f None of the above

178. As regarding intra-uterine adhesions

- a. May follow myomectomy
- b. May be due to postpartum infection
- c. Diagnosed by sonohysterography
- d. May lead to infertility
- e. All of the above

179. Primary amenorrhea is a term indicates

- a Menstruation has never occurred
- b. The condition is mostly psychological
- c. The ovary is the cause .
- d. There is outflow tract obstruction
- e. All of the above

180. Secondary amenorrhea is a term which includes

- a. Stoppage of menstruation for 6 months.
- b. Ovarian failure is the cause
- c. May be a feature of Frolich syndrome
- d. Out flow tract obstruction is a common cause
- e. None of the above

181. The commonest cause of secondary amenorrhea is

- a. Psychological
- b. Pituitary adenoma
- c. Lactation
- d.Pregnancy
- e. Hypothyroidism

182. Secondary amenorrhea is a term indicates :

- a. The cause is psychological
- b. Ovulation has occurred
- c. Breast development is normal
- d. Pregnancy did not occur
- e. None of the above

183. Primary amenorrhea may be due to any of the following EXCEPT :

- a. Kallman syndrome
- b. Frolich syndrome
- c. Congenital adrenal
- d. Asherman's syndrome
- e. None of the above

- 184. The following is a cause of post partum amenorrhea**
- a. Anorexia nervosa
 - b. Frolich syndrome
 - c. Cervical atresia
 - d. Mullerian agenesis
 - e. None of the above
- 185. Postpartum amenorrhea may be due to:**
- a. New pregnancy
 - b. Lactation
 - c. Sheehan
 - d. Hysterectomy from rupture uterus
 - e. Any of the above
- 186. A case of primary amenorrhea with well developed breasts but no uterus, the following might be the cause :**
- a. Mosaic turner
 - b. Kallman's syndrome
 - c. Hypothyroidism
 - d. Mullerian agenesis
 - e. Androgen insensitivity
- 187. Investigation of a case of primary amenorrhea include all of the following EXCEPT:**
- a. Pregnancy test
 - b. Karyotyping
 - c. Serum FSH.
 - d. Ovarian biopsy
 - e. None of the above
- 188. In pituitary amenorrhea, there is withdrawal bleeding on administration of :**
- a. Progesterone
 - b. Estrogen and progesterone
 - c. Cortisone
 - d. Clomid
 - e. None of the above
- 189. Investigations of 2ry amenorrhea include all of the following EXCEPT:**
- a. FSH estimation
 - b. Ultrasound scan
 - c. Prolactin level
 - d. Karyotype
 - e. None of the above
- 190. Investigation of 16 years old girl with primary amenorrhea include:**
- a. Karyotyping
 - b. Hysterosalpingography
 - c. Progestrone withdrawal test
 - d. Diagnostic curettage
 - e. None of the above
- 191. A 18 years old nulliparous female complains of not having started her menses. Her breast development is Tanner stage V (well developed)She has a blind vaginal pouch. Which of the following describes her diagnosis?**
- a. Mullerian agenesis
 - b. Androgen insensitivity
 - c. Any of the above
 - d. Neither of the above

192. In the previous case, she was told by a previous doctor after number of investigation that there is a strong probability that her gonads will turn malignant, which of the following describes the most likely diagnosis
- a. Mullerian agenesis
 - b. Androgen insensitivity
 - c. Both of the above
 - d. Neither of the above
193. In the previous case, is she was told by a doctor after number of investigations that she has a pelvic kidney, which of the following describes the most likely diagnosis
- a. Mullerian agenesis
 - b. Androgen insensitivity
 - c. Both of the above
 - d. Neither of the above
194. A 28 years old lady coming for evaluation because of 2ry amenorrhea, her β HCG is positive and serum prolactin found to be 70 ng/ ml . this patient may require.
- a. Routine antenatal care
 - b. Repeated follow up prolactin level
 - c. Bromocriptin to suppress prolactin
 - d. Evaluation of possible hypothyroidism
195. During evaluation of 2ry amenorrhea in a 24-year-old women, hyperprolactinemia is diagnosed. Which of the following conditions could NOT be cause of increased circulating prolactin concentration and amenorrhea in this patient?
- a. Stress
 - b. Primary hypothyroidism
 - c. Congenital adrenal hyperplasia
 - e. Pituitary adenoma
 - d. Polycystic ovarian disease
196. All the following may be associated with hirsutism EXCEPT:
- a. Galactorrhea
 - b. Acne
 - c. Clitoromegally
 - d. Hypothyroidism
 - e. Dermoid cyst

Abnormal bleeding from the genital tract

- 197. Dysfunctional uterine bleeding is most common during the ages of**
- a. Adolescence
 - b. Pre-menopausal
 - d. Puberty
 - d. All of the above
- 198. Dysfunctional uterine bleeding**
- a. May be cyclic or acyclic
 - b. May be ovular or anovular
 - c. Dysfunctional menorrhagia is mostly ovular
 - d. Dysfunctional metrorrhagia is mostly anovular
 - e. All of the above
- 199. Dysfunctional bleeding occurs frequently in:**
- a. Childhood
 - b. Postmenopausal women
 - c. In the pre-menopausal women
 - d. Lactating females
 - e. Early postpartum period
- 200. The deficient hormone in dysfunctional uterine bleeding is commonly**
- a. Progesterone
 - b. Estrogen
 - c. Thyroid hormone
 - d. Prolactin
 - e. All of the above
 - f. None of the above
- 201. Dysfunctional polymenorrhea: may be;**
- a. Due to short follicular phase
 - b. Due to short luteal phase
 - c. A and B
 - d. Treated with large doses of estrogen
 - e. All of the above
- 202. Dysfunctional polymenorrhea is best treated with ...given from day 15 of the cycle**
- a. Danazol
 - b. Estrogen
 - c. Thyroid hormones
 - d. Progesterone
 - e. None of the above
- 203. Cases of dysfunctional menorrhagia include all of the following EXCEPT:**
- a. Irregular shedding
 - b. Premature shedding
 - c. Inadequate ripening
 - d. Irregular ripening
 - e. Delayed shedding
- 204. The best time for endometrial biopsy to diagnose premature shedding is :**
- a. Day 24 of the cycle
 - b. Day 4 of the cycle
 - c. Day 14 of the cycle
 - d. Any of the above
 - e. None of the above

205. The best time for endometrial biopsy to diagnose delayed shedding is :

- a. Day 24 of the cycle
- b. Day 14 of the cycle
- c. Day 4 of the cycle
- d. Day 7 of the cycle
- e. None of the above

206. Cases of premature shedding, all of the following are true EXCEPT :

- a. The cause is weak corpus luteum
- b. Shows spotting days before proper flow
- c. Premenstrual endometrial biopsy show weak secretory changes
- d. Treated with estrogen from day 5 of the cycle.
- e. Treated with norethisterone 10 mg orally from day 15 for 10 days

207. Cases of premature shedding , the following is true :

- a. Slow degeneration of corpus luteum
- b. Shows spotting before proper flow
- c. Endometrial biopsy day 7 shows secretory endometrium,
- d. May be treated with oral contraceptive pills
- e. None of the above

208. The following is anovular type of dysfunctional uterine bleeding

- a. Delayed shedding
- b. Premature shedding
- c. Metropathia hemorrhagica
- d. Dysfunctional polymenorrhea
- e. All of the above

209. Metropathia hemorrhagica :

- a. Occurs near menopause
- b. Rare type of DUB
- c. Bleeding is minimal
- d. Shows corpus luteum cyst
- e. All of the above

210. Metropathia hemorrhagica:

- a. Associated with anovulation
- b. The uterus is asymmetrically enlarged
- c. Shows luteal phase defect
- d. Surgery is the main line of treatment
- e. None of the above

211. Metropathia hemorrhagica:

- a. Occurs near the menopause
- b. The commonest type of DUB
- c. Associated with anovulation .
- d. Bleeding is preceded by a short period of amenorrhea
- e. All of the above

212. Metropathia hemorrhagica, the ovary shows the following type of cyst:

- a. Corpus luteum
- b. Theca lutein
- c. follicular cyst
- d. Any of the above

213. In Metropathia hemorrhagica, the uterus shows any of the following EXCEPT:

- a. Symmetrical enlargement
- b. Endometrial thickening
- c. Uterine size is 20 ws pregnancy
- d. Cystic glandular hyperplasia
- e. None of the above

214. In Metropathia hemorrhagica, endometrium show all of the following EXCEPT:

- a. Endometrium is thickened and hemorrhagic
- b. Corkscrew glands with secretory granules
- c. The endometrium may be polypoidal
- d. Cystic glandular hyperplasia
- e. Swiss cheese appearance

215. Regarding bleeding in a case of Metropathia hemorrhagica, the following is true:

- a. Heavy and prolonged
- b. Associated with colicky pain
- c. Due to drop of estrogen level
- d. Preceded by a short period of amenorrhea
- e. All of the above

216. The following are the values of ultrasound in case of Metropathia hemorrhagica.

- a. Exclude organic lesion
- b. Shows thickened endometrium
- c. Detect symmetrically enlarged uterus
- d. Detect the follicular cyst of the ovary
- e. All of the above

217. The values of curettage in cases of dysfunctional uterine bleeding include

- a. It stops bleeding
- b. It may be curative
- c. Can exclude organic lesion
- d. Determine the hormonal defect
- e. All of the above

218. The following hormone has no place in treating cases of Metropathia hemorrhagica.

- a. Cortisone
- b. Androgens
- c. Thyroid hormones
- d. Progesterone
- e. Estrogens

219. Regarding the use of progesterone in treating Metropathia hemorrhagica.

- a. Regulate the cycle
- b. Induces medical curettage
- c. Revert hyperplastic endometrium to normal
- d. Convert hyperplastic endometrium into secretory
- e. All of the above

220. Estrogen can be used in treatment of dysfunctional uterine bleeding :

- a. To treat endometrial hyperplasia
- b. Protect against endometrial cancer
- c. Induces endometrial shedding
- d. Stops bleeding by building endometrium
- e. None of the above

221. The most common cause of metropathia hemorrhagica

- a. Early malignant changes
- b. Functional ovarian cyst
- c. Unopposed estrogen stimulation
- d. All of the above
- e. None of the above

222. Hormonal treatment of dysfunctional uterine bleeding include the administration of the lacking hormone which is mostly :

- a. Androgen
- b. Danazol
- c. Progesterone
- d. Estrogen

223. The following drugs might be used in treatment of dysfunctional uterine bleeding

- a. Danazol
- b. Methyl testosterone
- c. Epsilon amino caproic acid
- d. Clomiphene citrate
- e. Tranexamic acid
- f. All of the above

224. In treating dysfunction uterine bleeding the following applies

- a. The treatment is a must to be hormonal
- b. Hormonal treatment should be used for one month
- c. Anti-prostaglandins are not recommended as it increases bleeding .
- d. All of the above
- e. None of the above

225. Anovulatory dysfunctional uterine bleeding:

- a. Is painless
- b. Is irregular
- c. At the extremes of reproductive life
- d. Due to abnormalities in progesterone
- e. All of the above

226. Menorrhagia means:

- a. Long inter-menstrual period
- b. Frequent menstruation
- c. Heavy irregular bleeding
- d. Excessive and / or prolonged menstrual flow
- e. None of the above

227. Metrorrhagia means:

- a. Prolonged menstrual flow
- b. Heavy menstrual flow
- c. Infrequent menstruation
- d. Acyclic bleeding not related to menstruation
- e. None of the above

228. Polymenorrhea means :

- a. Prolonged menstrual flow
- b. Heavy menstrual flow
- c. Infrequent menstruation
- d. Acyclic bleeding not related to menstruation
- e. Short inter-menstrual period

229. Hypermenorrhoea means

- a. Prolonged menstrual flow
- b. Heavy menstrual flow
- c. Infrequent menstruation
- d. Acyclic bleeding not related to menstruation
- e. Short inter-menstrual period

230. A 30 years old lady complaining of increasingly heavy period; hysteroscopy may diagnose any of the following causes EXCEPT:

- a. Sub mucous fibroid
- b. Endometrial polypi
- c. Luteal phase defect
- d. Delayed shedding
- e. A& B
- f. C& D

- 231. Menorrhagia may be associated with all of the following EXCEPT:**
- Fibroid
 - I.U.D
 - Uterine prolapse
 - Irregular use of oral contraceptive pills
 - None of the above
- 232. The commonest cause of metrorrhagia in the child bearing period is :**
- Endometrial cancer
 - Cancer cervix
 - Complication of pregnancy
 - Atrophic vaginitis
 - None of the above
- 233. The following is NOT a recognized cause of postmenopausal bleeding:**
- Hepatic cirrhosis
 - Urethral caruncle
 - Dermoid cyst of the ovary
 - Atrophic vaginitis
 - All of the above
 - None of the above
- 234. Which is Not a cause of menorrhagia :**
- Dysfunction of hypothalamo-pituitary-ovarian axis
 - Fibroid uterus
 - IUD
 - Cancer cervix
 - Non of the above
- 235. As regarding postmenopausal bleeding**
- Malignant causes are the most important
 - Endometrial biopsy is a must in every case
 - Some cases are idiopathic is a must in every case
 - Recurrent cases with non detectable causes are treated with panhysterectomy
 - All of the above
- 236. As regarding postmenopausal bleeding all the following are true EXCEPT :**
- Rectal or urethral lesions might be the cause
 - Atrophic endometritis is a common cause
 - Endometrial biopsy is not essential
 - May be caused by a non genital cause
 - None of the above
- 237. A 40 years old lady with inter-menstrual bleeding**
- Should do a diagnostic curettage
 - Vaginal ultrasound can definitely exclude any local lesions
 - The treatment is hysterectomy
 - Systemic lesions is never a cause
 - All of the above
- 238. Uterine bleeding might be caused by the following systemic diseases**
- Coagulation defect
 - Sheehan's syndrome
 - Advanced lung disease
 - Parathyroid abnormalities
 - All of the above

INFERTILITY

239. Primary infertility means that:

- a. Full term pregnancy never occurred
- b. Pregnancy never occurred
- c. All of the above
- d. None of the above

240. Secondary infertility means

- a. Delivery had occurred in the past.
- b. Pregnancy occurred in the past
- c. The cause is reversible
- d. Secondary to a well known cause
- e. No living children have been produced

241. In cases of bilateral obstruction of vas deferens, semen analysis may show:

- a. Necro-zoospermia
- b. Oligo-zoospermia
- c. Terato-spermia
- d. Azoo-spermia
- e. Astheno-zoospermia
- f. All of the above

242. Semen analysis showed Azoospermia, the following is true about this male EXCEPT:

- a. He can be a father of a child
- b. The seminal fluid is abnormal
- c. Needs further evaluation by testicular biopsy
- d. May be due to testicular problem
- e. May be due to obstruction of the vas deferens

243. Oligo-zoospermia means :

- a. Complete absence of spermatozoa
- b. Marked reduction in the motility of the sperms
- c. All sperms are dead
- d. All sperms are abnormal in shape
- e. None of the above

244. A case of 2 years 1ry infertility of patient 22 years old with regular cycle, you will start infertility work-up by the following investigation:

- a. Hysterosalpingography
- b. Semen analysis
- c. Laparoscopy
- d. Hysteroscopy

245. Normal values for semen analysis include all of the following EXCEPT :

- a. A volume of 1-2 ml
- b. A sperm count of at least 20 millions / ml
- c. A normal shape of at least 60% of the sperms
- d. Progressive motility of at least 50% of the sperms
- e. None of the above

246. The following is normal finding in semen analysis

- a. Sperm count 40 million per ml.
- b. 15% progressive sperm motility
- c. 15% normal sperm morphology
- d. Liquefaction time 90 minutes
- e. All of the above

247..The following ART gives best results in treating male factor:

- a. Gamete –intra –fallopian Transfer (GIFT)
- b. In vitro fertilization and embryo transfer (IVF&ET).
- c. Intrauterine insemination (I.U.I)
- d. Intra-cytoplasmic sperm injection (ICSI)
- e. Any of the above

248. Klinefelter's syndrome is associated with all of the following EXCEPT:

- a. Gynecomastia
- b. XXX genotype
- c. Testicular hypoplasia
- d. High FSH level
- e. Azoospermia

249. The exact day of ovulation can be determined by :

- a. Estimation of plasma progesterone
- b. Examination of cervical mucus
- c. Examination of cervical smear
- d. Basal body temperature chart
- e. All of the above
- f. None of the above

250. Suggestive evidence of ovulation is obtained by any of the following EXCEPT:

- a. Day 2 FSH level
- b. Day 21 serum progesterone
- c. Pre-menstrual endometrial biopsy
- d. Cyclic changes in vaginal cytology
- e. Observation of changes in cervical mucus

251. In a lady with normal cycle of 32 days duration , ovulation occurs:

- a. At time of maximum Estrogen production
- b. At time of maximum progesterone production
- c. 2 weeks before the onset of menstruation
- d. 2 weeks after the onset of menstruation
- e. None of the above

252. The following is a sure evidence that ovulation occurred:

- a. Secretory endometrium in endometrial biopsy
- b. A biphasic basal body temperature chart
- c. Serum progesterone 20 ng/ ml at day 21
- d. A negative ferning test
- e. All of the above

253. It is generally assumed that in a 25 days duration of the cycle ovulation occurs on:

- a. Day 1
- b. Day 14
- c. Day 11
- d. Day 16

254. Clomiphene citrate, all the following are true EXCEPT:

- a. Causes direct stimulation of the FSH
- b. Needs intact ovary, pituitary and hypothalamus
- c. Has anti-estrogenic effect.
- d. Cause breast discomfort
- e. None of the above .

255. Clomiphene citrate, all the following are side effects of its use EXCEPT:

- a. May cause vasomotor symptom
- b. Increases risk of fetal malformation
- c. May cause visual disturbance
- d. Associated with ovarian cyst formation
- e. Associated with luteal phase defect

256. Monitoring ovulation induction include all of the following EXCEPT:

- a. Serial estimation of the serum progesterone
- b. Serial estimation of the serum estradiol level
- c. Serial estimation of the urinary estrogen level
- d. U/S assessment of the size of the growing follicles
- e. None of the above

257. The best method to monitor ovulation in controlled ovarian stimulation is :

- a. Serial estimation of the serum progesterone
- b. Serial estimation of the serum estradiol level
- c. Serial estimation of the urinary estrogen level
- d. Ultrasound assessment of the size of the growing follicles
- e. Serial estimation of the urinary pregnandiol

258. Cases of polycystic ovarian disease, concerning treatment of the associated anovulation, all the following is true EXCEPT:

- a. Can be treated with clomiphene
- b. Resistant cases may respond to gonadotropins
- c. Metformin may increase response to induction
- d. May need initial suppression by GnRH
- e. Ovarian drilling increases the response

259. Human menopausal gonadotropins used for induction of ovulation :

- a. Given in a pulsatile manner
- b. One ampoule contains 75 IU of FSH and 75 IU of LH.
- c. Not effective in cases of Sheehan's syndrome
- d. Taken from blood of menopausal females
- e. All of the above
- f. None of the above

260. Gonadotropins used for induction of ovulation :

- a. Given by portable infusion pump.
- b. The purified form give lower results.
- c. The risk of multiple pregnancies is 5%
- d. No risk of ovarian hyper-stimulation syndrome.
- e. All of the above
- f. None of the above

261. As regarding induction of ovulation by GnRH:

- a. Extracted from urine of menopausal females
- b. It is penta-peptide
- c. Given by portable infusion pump
- d. Given in a continuous manner
- e. All of the above

262. Induction of ovulation by GnRH, all the following is true EXCEPT:

- a. Risk of hyper-stimulation higher than gonadotropins
- b. It is a synthetic deca-peptide
- c. Used in clomiphene resistant anovulation
- d. Given in a pulsatile manner by portable infusion pump
- e. May result into allergic reaction

263. All These are risk factors foe ovarian hyper-stimulation syndrome EXCEPT :

- a. PCO
- b. High serum progesterone levels
- c. Lean females
- d. Use of HCG
- e. Occurrence of pregnancy
- f. None of the above

- 264. Hyper-stimulation syndrome, the following is true:**
- a. More common in ladies > 35 years
 - b. The incidence is up to 30% following induction
 - c. Prevented by giving intravenous albumin
 - d. More common with HCG administration
 - e. All of the above
- 265. Luteal phase defect can present by any of the following EXCEPT:**
- a. Hirsutism
 - b. Infertility
 - c. Abortion
 - d. Polymenorrhea
 - e. Pre-menstrual spotting
 - f. None of the above
- 266. Luteal phase defect can be diagnosed by any of the following EXCEPT:**
- a. Serum progesterone at day 21
 - b. Pre-menstrual endometrial biopsy
 - c. Serum prolactin day 14 of the cycle
 - d. Urinary pregnandiol in the luteal phase
 - e. None of the above
- 267. Cases of Luteinized un-ruptured follicle (LUF) syndrome the following is true:**
- a. Occurs only in cases of endometriosis
 - b. Needs puncture of the un-ruptured follicle.
 - c. Basal body temperature chart is monophasic
 - d. Serum progesterone day 21 is < ng/ ml
 - e. Does not affect fertility
 - f. All of the above
 - g. None of the above
- 268. Tubal patency test are better carried out :**
- a. 3-5 days before menstruation
 - b. 3-5 days after menstruation
 - c. 12-14 days after menstruation
 - d. 21 days after menstruation
 - e. Any of the above
- 269. All the following are contraindications to the tubal patency test EXCEPT :**
- a. Post-menstrual period
 - b. Premenstrual period
 - c. Allergy to the dye used
 - d. History of salpingitis
 - e. None of the above
- 270. The commonest cause of tubal factor of infertility is :**
- a. Idiopathic
 - b. Peri-tubal adhesions
 - c. Salpingitis
 - d. Cornual fibroid
 - e. Congenital tubal block
 - f. Any of the above
- 271. The following is NOT a contraindication for tubal patency test :**
- a. Pregnancy
 - b. Previous abdominal surgery
 - c. Previous PID
 - d. Premenstrual period
 - e. During menstruation
 - f. None of the above

- 272. All the following are correct for tubal infertility, EXCEPT:**
- PID is a common cause.
 - Laparoscopy is a good diagnostic test
 - Tube-plasty gives best results.**
 - It is responsible for about 30% of infertility causes
 - None of the above
- 273. The following method of ART can be used to treat tubal factor of infertility:**
- IUI
 - GIFT
 - ZIFT
 - IVF& ET**
- 274. Hysterosalpingography, the following is NOT true:**
- Has a therapeutic effect
 - Can detect a uterine cause of infertility
 - Diagnose cases of hostile cervical secretion**
 - Done postmenstrual
 - Anesthesia is not a must .
- 275. On doing hysterosalpinography, Failure of detection of dye in the peritoneum in the 2nd film may be seen in the following condition:**
- Bicornuate uterus
 - Peritubal adhesions
 - Bilateral hydrosalpinx**
 - Intrauterine adhesions
 - Salpingitis isthmica nodosa
- 276. The following lesion can NOT be detected by hysterosalpingography:**
- Cervical incompetence
 - Peritubal adhesions
 - TB salpingitis
 - Sub mucous fibroid
 - Subserous fibroid**
- 277. All the following are evidence of TB of the female genital tract EXCEPT:**
- Beading of the tube
 - Terminal dilation of the tube.**
 - Dwarf uterus
 - Saw toothed appearance of the uterine cavity
 - Intravasation of the dye
- 278. All the following can be diagnosed by hysterosalpingography EXCEPT:**
- Adenomyosis**
 - Intrauterine synechiae
 - The site of missed IUD
 - Integrity of the scar of the uterus
 - Tubal patency before myomectomy
- 279. The following is true about factor of infertility :**
- It account for 10% of causes of female infertility
 - Laparoscopy and dye test is more informative than HSG**
 - Endometriosis is the commonest cause
 - Surgical correction has a success rate of 60%
 - All of the above
- 280. The following are indications of laparoscopy in infertility :**
- Unilateral tubal block detected by HSG.
 - Uterine lesions detected by HSG
 - Patients with anovulation
 - Poor post-coital test
 - none of the above**

- 281. The previous infertile woman did a hysterosalpingography that showed normal finding; Which of the following is the best next step for this patient:**
- Sperm penetration test
 - Laparoscopy**
 - Serum progesterone evaluation
 - Sonohysterography
 - None of the above
- 282. 30 years old lady G1 P1 by vaginal delivery 5 years ago, she used IUD for 2 years after removal of the IUD she failed to conceive, she is complaining of recently developed painful menses and pain with intercourse, which of the following tests would most likely identify the etiology of the infertility:**
- Semen analysis
 - Basal body temperature chart
 - Hysterosalpingram
 - Laparoscopy**
 - Post-coital
- 283. Deep dyspareunia is associated.**
- Endometriosis**
 - Mobile uterine retroversion
 - Atrophic vaginitis
 - Bartholinitis
 - Previous episiotomy
- 284. Unexplained infertility:**
- Age of the female is related to the outcome
 - 2/3 of cases will conceive without treatment
 - In refractory cases IVF is needed
 - All of the above**
 - None of the above
- 285. As regarding IVF all the following are true EXCEPT:**
- Used in cases of tubal factor of infertility
 - Success rate reaches 50% in single trial**
 - Needs induction of ovulation
 - Needs endometrial support after embryo transfer
 - Increases the risk of ectopic pregnancy
- 286. Intrauterine insemination (IUI) :**
- Indicated in cases of azoospermia
 - Done in the early proliferative phase.
 - Ineffective in case of hostile cervical mucous.
 - May be used in cases of unexplained infertility.**
 - All of the above
- 287. Assisted reproduction :**
- IUI is done at time of ovulation
 - GIFT can be used in cases of endometriosis
 - In IVF the multiple birth rate is 30%
 - ICSI can be done using immotile sperms.
 - TESA, MESA may be needed before ICSI in cases of azoospermia
 - All of the above**
- 288 .When investigating an infertile couple:**
- Male factor should be excluded first**
 - Routine hysteroscopy is needed.
 - A serum progesterone level < 10 ng / ml on day 21 indicative of ovulation
 - Laparoscopy is more informative of uterine cavity abnormality than HSG
 - None of the above

289. A patient presented with 1ry infertility, she has a regular cycles of 28 days the following is true
- a. She is definitely ovulating
 - b. She does not have a PCO
 - c. She may have a testicular feminization
 - d. Estimation of the prolactin level is not needed
 - e. None of the above

Contraception

290. As regarding IUD.

- a. It is radio opaque
- b. Should be inserted in the mid-cycle
- c. Decrease the menstrual cramps.
- d. Increases the chance of diabetes
- e. All of the above

291. The following is Not a suitable case for use of IUD.

- a. Previous CS.
- b. Nulliparous ladies
- c. Previous IUFD
- d. Previous pregnancy on top of IUD
- e. All of the above

292. All the following cases should a void the use of IUD for contraception EXCEPT:

- a. Nulliparous ladies
- b. Previous ectopic pregnancy
- c. Those with scanty menstrual flow
- d. Previous salpingitis
- e. None of the above

293. The mechanism of action of IUD:

- a. It produces monthly abortion
- b. It prevents fertilization
- c. Produce hostile cervical mucus
- d. Making tubal fluid hostile
- e. All of the above
- f. None of the above

294. The following incidence is true as regarding IUD:

- a. Risk of perforation is 5 in 1000 insertion
- b. Pregnancy rate is 5 per 100 women per year
- c. Spontaneous abortion rate in intra-uterine pregnancy on top of IUD is 70%
- d. All of the above
- e. None of the above

295. As regarding perforation on top of IUD following is NOT true:

- a. Commonly during insertion
- b. Usually followed by expulsion of the IUD.
- c. Occurs in 1 every 1000 insertion
- d. Commonest at the fundal posterior wall
- e. None of the above

296. As regarding PID on top of IUD.

- a. It contraindicate future use of IUD
- b. Usually in first weeks after insertion
- c. IUD should be removed
- d. The threads of the IUD give a way for infection
- e. All of the above

- 297. Pregnancy on top of IUD:**
- More common in the first months of insertion
 - The IUD should be removed if possible
 - Increases the risk of fetal anomalies
 - Spontaneous abortion rarely occurs
 - All of the above
- 298. Pregnancy no top of IUD , the following is NOT true :**
- Increases risk of CS delivery
 - Carries 50% risk of abortion
 - The abortion may be septic
 - May lead to withdrawal of the threads
 - All of the above
- 299. As regarding insertion of IUD**
- Is best done at time of ovulation
 - Should be delayed 12 weeks after abortion
 - Must be done under anesthesia
 - Using the pushing technique is the best.
 - All of the above
 - None of the above
- 300. All the following are causes of missed IUD EXCEPT:**
- Pregnancy
 - Expulsion
 - Salpingitis
 - Retracted threads
 - Perforation
- 301. A 28 years old lady coming asking for insertion of IUD for contraception , which of the following items in the history contraindicate insertion**
- Previous treated PID.
 - Oligo-hypomenorrhea
 - Family history of diabetes
 - The presence of menstruation
 - Previous myomectomy
- 302. As regarding IUD.**
- IUDs are effective, long term, reversible method of contraception
 - Can be used for lactating mothers.
 - It is safe for smoker mothers
 - Carries increased risk of PID.
 - All of the above
- 303. A 45 ys old lady having IUD in site for 3 ys, coming for annual check up of IUD.**
- If it is copper IUD think of its removal
 - If it is inert IUD, it must be changed
 - Changing the IUD increases the chance of being pregnant
 - She has an increased risk of endometriosis
 - All of the above
 - None of the above
- 304. A 30-year old gravida 5, para 4 woman presented for consultation for a confirmed intrauterine pregnancy of 10 weeks gestation with an IUD in place. The patient expresses a desire for pregnancy to be continued. On examination, the strings of the IUD is protruding from the cervical OS. The most appropriate action is to:**
- leave IUD in place without any treatment
 - leave IUD in place and give prophylactic antibiotics throughout pregnancy
 - Remove the IUD immediately
 - Terminate pregnancy due to high risk of infection
 - Perform laparoscopy to rule out a heterotopic ectopic pregnancy
 - None of the above

305. The following is Not a cause of missed IUD:

- a. PID
- b. Perforation
- c. Expulsion
- d. Pregnancy
- e. Discharge

306. The mechanism of action of oral pills include :

- a. Spermicidal action
- b. Inhibition of cervical secretion
- c. Toxic effect on sperms
- d. Inhibition of implantation
- e. All of the above

f. None of the above

307. Absolute contraindications for the use of oral pills include

- a. Smoking
- b. Previous thrombo-embolic disease
- c. Family history of diabetes
- d. All of the above
- e. None of the above

308. The following is true regarding the components of the pills:

- a. Low dose pills contains progesterone only
- b. Low dose pills contains Estrogen only
- c. Tri-phasic pills has fixed dose of Estrogen
- d. Mini-pills contains estrogen alone
- e. All of the above

f. None of the above

309. Oral contraceptive pills:

- a. Do not cause C.N.S side effects
- b. Reduce risk of ovarian cancer
- c. Effectiveness is increases by anticonvulsant drugs
- d. Increase the risk of premenstrual tension
- e. All of the above

310. Combined Oral contraceptive pills

- a. Are avoided in those with hepatic problems
- b. Reduce the risk of endometrial cancer
- c. Contains 20-50 ug of ethinyl estradiol
- d. All of the above
- e. None of the above

311. Combined Oral contraceptive pills :

- a. Predispose to benign breast lesions
- b. Predispose to ovarian cysts
- c. Predispose to pelvic inflammatory disease
- d. All of the above

e. None of the above

312. Combined Oral contraceptive pills:

- a. Increases the output of FSH and LH.
- b. Prevents implantation
- c. Improved cervical erosion
- d. Highly effective with anti –convulsant drugs
- e. All of the above

f. None of the above

- 313. Combined Oral pills, the following conditions are aggravated by its use**
- a. Dysmenorrhea
 - b. Endometriosis
 - c. Premenstrual tension
 - d. Diabetes
 - e. All of the above
- 314. Combined Oral pills, the following conditions are improved by its use :**
- a. Diabetes
 - b. Varicose veins
 - c. Irregular cycles
 - d. Hypertension
 - e. All of the above
- 315. Combined pills, the following conditions may be improved by its use EXCEPT:**
- a. Gall bladder problems
 - b. Dysmenorrhea
 - c. Endometriosis
 - d. Premenstrual tension
 - e. None of the above
- 316. The following can reduce the efficiency of combined oral pills EXCEPT:**
- a. Diarrhea
 - b. Delay in a Pill intake for 6 hours
 - c. Penicillin
 - d. Anti-inflammatory drugs
 - e. Diuretics
- 317. Combined oral contraceptive pills**
- a. Act preventing ovulation
 - b. Reduce the viscosity of cervical mucus
 - c. Usually cause amenorrhea
 - d. Causes cycle irregularity
 - e. All of the above
- 318. The use of combined pills is associated with**
- a. Polymenorrhea
 - b. Menorrhagia
 - c. Dysmenorrhea
 - d. Ovarian cyst
 - e. All of the above
 - f. None of the above
- 319. The following metabolic changes are associated with the use of oral pills EXCEPT**
- a. Increase prolactin
 - b. Decrease serum albumin
 - c. Increase serum anti-thrombin III.
 - d. Carbohydrate intolerance
 - e. Increased triglycerides
- 320. Combined Oral contraceptive pills :**
- a. Contain ethinyl estradiol or mestranol as estrogen component
 - b. Increases triglycerides
 - c. Regulate irregular vaginal bleeding
 - d. Most effective method of contraception
 - e. All of the above

- 321. Combined Oral contraceptive pills, the following is the mechanism of actions:**
- a. Atrophic changes of the endometrium
 - b. Impair penetration of sperms to cervical mucus
 - c. Inhibition of ovulation
 - d. All of the above
 - e. None of the above
- 322. Use of combined pills reduces the incidence of all of the following, EXCEPT:**
- a. Endometriosis
 - b. Endometrial carcinoma
 - c. Cervical carcinoma
 - d. Dysmenorrhea
 - e. None of the above
- 323. Mini-pills contain**
- a. Estrogen and progesterone
 - b. Natural progesterone
 - c. Levo-norgestrel
 - d. None of the above
- 324. The following is Not an action of progestational agents of combined oral pills**
- a. Thickening of cervical mucus
 - b. Inhibition of FSH secretion
 - c. Decrease FSH secretion
 - d. Exhaustion atrophy of the endometrium
 - e. None of the above
- 325. All the following side effects are related to progesterone agents in O.C.P EXCEPT**
- a. Increased vaginal discharge
 - b. Fluid retention
 - c. Easy fatigability
 - d. Reduced libido
 - e. Acne
- 326. Progesterone only pills, all the following is true EXCEPT:**
- a. Ovulation is suppressed in all users
 - b. Cause irregular vaginal bleeding
 - c. Are taken continuously
 - d. Increase risk of ectopic pregnancy
 - e. None of the above
- 327. Progesterone only pills**
- a. Causes thickening of cervical mucus
 - b. Causes endometrial atrophy
 - c. Dose NOT affect lactation
 - d. Should be taken in the same hour each day
 - e. All of the above
- 328. Injectable contraception**
- a. Contains levo-norgestrel
 - b. Has no effect on the menstrual pattern of the user
 - c. Injected subcutaneous in the arm region
 - d. The dose is 150mg / 3 months
 - e. All of the above.
- 329. Injectable contraception**
- a. Decrease cervical mucus
 - b. Inhibit ovulation in some cases
 - c. Atrophy the endometrium
 - d. Decrease the motility of the fallopian tube.
 - e. All of the above

330. Condom :

- a. Should be applied just before ejaculation
- b. Protect against TB of the genital tract.
- c. Increases the pleasure of the act
- d. Failure rate is 30/ HWY
- e. All of the above
- f. None of the above

331. The condom, the following is NOT true:

- a. Is made of latex rubber
- b. May ruptured during coitus
- c. Applied before erection
- d. Removed immediately after ejaculation
- e. Usually lubricated with spermicidal gel.

332. Barrier method of contraception, the following is NOT true :

- a. Has no effect on lactation
- b. Has no effect on sexual relation
- c. Protect against HIV infection
- d. Lubricated with spermicidal gel
- e. None of the above

333. Spermicides, the following is NOT true:

- a. Used with other methods
- b. Applied 15 minutes before sexual relation
- c. Vaginal douches is done 1 hour after coitus.
- d. Formed of nonoxyno1-9 or phenyl mercuric acetate
- e. Can cause allergy to both partners

334. The most effective method of contraception is:

- a. Vaginal diaphragm
- b. IUD
- c. Oral pills
- d. Safe period
- e. Condom

335. In a recently married woman, the most suitable contraceptive method is

- a. Cervical cap
- b. Vaginal diaphragm
- c. IUD
- d. Tubal sterilization
- e. Any of the above
- f. None of the above

INFECTION OF THE FEMALE GENITAL TRACT AND VULVAL LESIONS

336. The following are natural defense mechanism of the female genital tract

- a. Lining of cervical canal by stratified epithelium
- b. High vaginal alkaline PH
- c. Presence of the hymen
- d. Narrow vagina in nulliparous
- e. All of the above
- f. None of the above

337. The following is NOT found in the normal vaginal flora.

- a. Staphylococci
- b. Streptococci
- c. Gonococci
- d. Doderlein bacilli

338. Natural defense mechanism of the vagina include all the following EXCEPT:

- a. The vaginal PH
- b. Bacteriostatic secretion of the vaginal glands
- c. The presence of Doderlein's bacilli.
- d. The vaginal stratified squamous epithelium
- e. Apposition of the vaginal walls

339. Vulvo-vaginitis in children, the following is NOT true :

- a. Is commonly due to staphylococcal infection
- b. May be gonococcal
- c. May be due to foreign body in the vagina
- d. May be caused by thread worm infestation
- e. May need systemic antibiotics

340. Vulvo-vaginitis of children, the following is true :

- a. Due to lacking alkaline vaginal secretion
- b. X ray may be needed
- c. Treated with estrogen cream
- d. Needs topical antibiotics
- e. All of the above

341. Vulvo-vaginitis of children, all the following is true EXCEPT :

- a. Due to estrogen deficiency
- b. May lead to vaginal bleeding
- c. May be fungal
- d. Treated with systemic antibiotic

342. Senile vaginitis

- a. May be accompanied with dysuria .
- b. Vaginal wall may be ulcerated
- c. Cytological smear may be needed.
- d. Acidic vaginal douches is used
- e. All of the above

343. The following is NOT used in treatment of senile vaginitis

- a. Metronidazole
- b. Alkaline vaginal douches
- c. Clotrimazole vaginal douches
- d. Estrogen patch
- e. None of the above
- f. All of the above

344. Vaginal trichomonal infection

- a. The causative organism is fungus
- b. Causes curdy vaginal discharge
- c. Caused by low immunity
- d. Flourish pre-menstrual.
- e. All of the above
- f. None of the above

345. Trichomonas vaginalis infection, the following is NOT true

- a. Caused by flagellated protozoan
- b. May cause abnormal vaginal cytology
- c. Transmitted by sexual relation
- d. Causing frothy watery discharge
- e. Causes strawberry vagina

346. Trichomonal vaginalis infection

- a. PH of the vaginal less than 4 is expected
- b. Shows clue cells by microscope
- c. Residual infected foci may remain in the urethra
- d. Can be diagnosed by colposcopy
- e. All of the above

347. Trichomonal vaginalis infection:

- a. Infection does not occur from fomites
- b. During pregnancy treated with tinadazole
- c. Treatment is given to both partners
- d. Treated with metronidazole cream
- e. None of the above

348. Trichomonas vaginalis infection, all the following is true EXCEPT :

- a. It may be sexually transmitted.
- b. The main symptom is vaginal discharge
- c. Causes flea bitten (strawberry)cervix
- d. It may settle in the skene's tubules causing relapse
- e. The vaginal PH is 5.5 - 6.5
- f. Oral metronidazole is ineffective

349. Evaluation of a lady with monilia vulvo –vaginitis, all the following items of the history are important EXCEPT :

- a.. Recent sexual relation
- b. History of diabetes
- c. Recent antibiotic therapy
- d. Intake of oral pills
- e. Use of steroid therapy
- f. Pregnancy

350. Vaginal moniliasis , the following is NOT true

- a. PH less than 4 is expected
- b. Treated with acidic vaginal douches
- c. Thick curdy vaginal discharge
- d. Glycosuria may be found
- e. None of the above

351. Vaginal moniliasis :

- a. Candida albicans responsible for all cases.
- b. Treated with Methylene blue 2% solution.
- c. The discharge is thick, curdy and white
- d. flucanazole local cream is the most recent treatment
- e. All of the above
- f. None of the above

- 352. Vaginal moniliasis**
- Microscopic examination shows clue cells
 - GIT mycosis needs systemic antibiotics
 - Culture is essential to settle the diagnosis
 - The vulval skin may be red and swollen
 - Wet microscopic examination reveals a motile hyphae
- 353. Vaginal moniliasis**
- Gives a positive reaction to Gram's stain
 - Leads to intense vulval and perianal pruritis
 - May be visualized in KOH preparations
 - Local nystatin or imidazole derivative is effective
 - All of the above
- 354. All the following is true regarding candidal infection EXCEPT :**
- The organism is fungus yeast like
 - The vaginal PH is alkaline
 - Affects 1/3 of the pregnant ladies
 - Leads to dyspareunia and vulval soreness
 - Vaginal miconazole is effective
- 355. Bacterial vaginosis**
- A rare form of vaginitis
 - The organism is protozoa
 - Treated with local vaginal douches
 - The vaginal PH < 4.5
 - All of the above
 - None of the above
- 356. All the following regarding Gardnerella vaginalis infection is true EXCEPT :**
- A rare type of vaginitis
 - The organism is gram negative coccobacilli.
 - Causing malodorous vaginal discharge
 - May cause itching
 - Oral metronidazole is effective treatment
- 357. Bacterial vaginosis, the following is NOT true :**
- Presents with foul odor discharge
 - The discharge may increase after intercourse
 - Clue cells in fresh saline smear.
 - Fishy odor on addition of iodine to the smear.
 - Clindamycin 300 mg twice daily for 7 days
- 358. Clue cells are :**
- Epithelial cells with intracellular bacteria
 - Epithelial cells with extra-cellular bacteria
 - Leukocytes with intracellular bacteria
 - Leukocytes with extra-cellular bacteria
 - None of the above
- 359. Acute cervicitis**
- Is very common
 - Is commonly gonococcal in origin
 - Causes deep dyspareunia
 - Treated with electro-cautery
 - Rarely turn chronic
 - All of the above
 - None of the above

360. Chronic cervicitis, all the following are true EXCEPT :

- a. Usually caused by anaerobic infection
- b. Associated with Nabothian follicles
- c. Associated with cervical erosion
- d. May cause sub-fertility
- e. Can be treated by electrocautery

361. Cervical erosion, all the following are true EXCEPT :

- a. May be hormonal
- b. Leads to contact bleeding
- c. Occurs with use of mini-pills
- d. Needs cervical smear
- e. Best treated with cautery
- f. None of the above

362. The following is NOT a feature of chronic cervicitis

- a. Nabothian follicles
- b. Cervical erosion
- c. Cervical ectopy
- d. Cervical atresia
- e. Cervical ectropion

363. Chronic cervicitis , all the following are true EXCEPT :

- a. Sequel to acute cervicitis
- b. may present with contact bleeding
- c. May lead to dyspareunia
- d. Associated with spasmodic dysmenorrhea
- e. All of the above

364. Chronic cervicitis

- a. Bacteriological examination is essential
- b. Antibiotics is the main treatment
- c. Trachelorrhaphy is needed in every case
- d. Cauterization is the main line of treatment
- e. All of the above

365. As regarding cervical cauterization , the following is true :

- a. Done for cases of hormonal erosion
- b. May lead to parametritis
- c. By 20% silver nitrate in large erosion
- d. Needs anesthesia in every case
- e. Co 2 Laser cautery causes massive tissue destruction

366. As regarding cervical cauterization , the following is NOT true :

- a. Opens and drains infected glands
- b. May lead to secondary hemorrhage
- c. Cryocautery causes freezing of the water content of the cells
- d. Laser cautery causes vaporization of the water content of the cells
- e. Best healing is with electrocautery

367. Cervical ectopy

- a. The squamo-columnar junction is found outside the external os
- b. Cervix appears grape like on colposcopy
- c. Cervix shows strawberry appearance
- d. Cervical biopsy is a must
- e. None of the above

368. Acute salpingitis (pelvic inflammatory disease) :

- a. Common between 30-35 years
- b. Common in pregnancy
- c. Streptococci is the commonest organism
- d. The diagnosis is essentially by laparoscopy
- e. All of the above
- f. None of the above

369. Acute pelvic inflammatory disease, the following is not true :

- a. Post partum infection is the commonest
- b. Commonly caused by Chlamydia
- c. Associated with Fitz-Hugh Curtis syndrome
- d. Almost always bilateral
- e. IUD is a risk factor
- f. None of the above

370. Acute pelvic inflammatory disease, the following is NOT true

- a. Each attack increases the risk of infertility
- b. Barrier contraception are protective
- c. Gonococci is a common etiological agent
- d. The endosalpinx is the commonest site
- e. The fimbriae of the fallopian tube are occluded early in the disease

371. Gonococcal salpingitis :

- a. It is commonly perisalpingitis.
- b. Fertility is better than puerperal salpingitis
- c. The route of infection is ascending
- d. It has its onset premenstrual
- e. Fallopian tube is a primary site of gonococcal infection

372. Chronic salpingitis is associated by all of the following EXCEPT :

- a. Fibroid
- b. Superficial dyspareunia
- c. Infertility
- d. Menorrhagia
- e. Congestive dysmenorrhea
- f. None of the above

373. Risk factors for salpingitis include all of the following EXCEPT :

- a. Age 15-25 years
- b. Presence of IUD
- c. Oral contraceptive pills
- d. Multiple sexual partners
- e. Previous gonococcal infection

374. Chronic salpingitis, all following is true EXCEPT :

- a. Responds well to antibiotic
- b. Clinically resembles endometriosis
- c. May be treated with hysterectomy
- d. May cause secondary dysmenorrhea
- e. May lead to menorrhagia
- f. None of the above

375. . Regarding pelvic inflammatory disease

- a. Puerperal infection the commonest
- b. Laparoscopy is avoided to prevent spread of infection
- c. Vaginal swab is the main method of diagnosis
- d. In Pyosalpinx the tube is retort shaped
- e. In tuberculous cases, the fimbriae are indrawn

376. Genital tuberculosis

- a. Is often asymptomatic
- b. may lead to amenorrhea
- c. The primary genital affection is the tube
- d. Can be diagnosed by endometrial biopsy
- e. All of the above

377. Genital tuberculosis

- a. Is caused by bovine type of TB bacilli
- b. Due to ascending infection from the vagina
- c. The cervix always involved
- d.. Has a characteristic appearance on hysterosalpingography
- e. The first line of treatment is streptomycin

378. A patient with non tender ulcer of the vulva found to be positive for (VDRL) and treponema pallidum immobilization test. Without treatment, the next stage of the disease this lady may develop:

- a. Optic atrophy
- b. Tabes dorsalis
- c. Maculo-papular skin rash
- d. Aortic aneurysm
- e. All of the above
- f. None of the above

379. 24 years old patient presented with small healed vulval ulcer with a painful inguinal adenopathy, considering the diagnosis of Lympho-granuloma venereum, the following is needed

- a. Staining for Donovan bodies
- b. Presence of antibodies for Chlamydia
- c. VDRL.
- d. Culturing Haemophilus ducreyi
- e. None of the above

380. Herpes simplex virus, all the following is true EXCEPT :

- a. Type 1 affect the oral mucosa.
- b. Genital affection leads to shallow painful ulcers
- c. Infection during pregnancy lead to preterm labor
- d. Type II affect the baby at time of vaginal delivery
- e. Effectively treated with Acyclovir

Genital prolapse, Fistula and stress incontinence

381. All the following muscles are inserted in the perineal body EXCEPT :

- a. Levator ani
- b. Deep transverse perineal muscles
- c. External anal sphincter
- d. Ischio-cavernosus muscle
- e. None of the above

382. Ut. prolapse may occur due to weakness of any of the following supports EXCEPT :

- a. Cardinal ligament
- b. Levator ani muscles
- c. Broad ligament
- d. Utero – sacral ligament

383. Genital prolapse is associated with the following EXCEPT:

- a. Multiparity
- b. 3rd degree perineal tear
- c. Prolonged second stage of labor
- d. Un-repaired hidden perineal tear
- e. Improperly applied forceps delivery

384. Factors important in the development of genital prolapse include the following

- a. Poor tissue strength
- b. Chronic straining at bowel movements
- c. Menopause
- d. Childbirth trauma
- e. All of the above

385. The following can result into genital prolapse EXCEPT :

- a. Nulliparity
- b. Spina bifida
- c. Straining in the 1st stage of labor
- d. Ascitis
- e. Chronic cough

386. The following are etiological factors for genital prolapse EXCEPT :

- a. Multiparity
- b. Failed postnatal exercise
- c. Endometrial polyp
- d. Crede's maneuver
- e, R.V.F. uterus

387. Regarding cystocele the following is true EXCEPT :

- a. May be associated with stress incontinence
- b. May lead to urinary infection
- c. Is descent of the anterior vaginal wall with the bladder behind it
- d. Treated with anterior colporrhaphy
- e. None of the above

388. Regarding cystocele the following is true :

- a. Contains bladder and urethra
- b. Leads to polyurea
- c. Always associated with stress incontinence
- d. Best treated with ring pessary
- e. All of the above
- f. None of the above

389. A 35 year old patient , P2 +2 , presented with cystocele; the best line of treatment is

- a. Classical repair
- b. Fothergill's operation
- c. Vaginal hysterectomy & pelvic floor repair
- d. Anterior colporrhaphy
- e. None of the above

390. Regarding rectocele, the following is true :

- a. It is a prolapse of the upper 1/ 3 of the posterior vaginal wall
- b. May lead to sexual difficulties
- c. Due to weakness of the external anal sphincter
- d. Diagnosed only be combined PV and PR
- e. All of the above

391. Enterocele, all the following is true EXCEPT :

- a. Is lined with peritoneum
- b. May give gurgle sensation
- c. May contain small intestine
- d. Usually diagnosed by barium enema
- e. Gives impulse on cough on vaginal examination

392. Regards enterocele, the following is correct:

- a. It is a prolapse of the rectum
- b. Sigmoidoscopy is used for diagnosis
- c. It may resolve spontaneously
- d. It is a common cause of stress incontinence
- e. None of the above

393. Which is NOT correct for hernia of Douglas pouch:

- a. It Occur in the vault of the vagina
- b. It may contain omentum
- c. Could be repaired vaginally or abdominally .
- d. It is lined with peritoneum
- e. Neither of the above

394. A patient with utero-vaginal prolapse

- a. Is usually young
- b. May present with stress incontinence
- c. Dysparunia is a very common symptom
- d. Usually nulliparous
- e. None of the above

395. Utero-vaginal prolapse

- a. The condition is worse on lying down
- b. May cause intestinal obstruction if there is a large rectocele
- c. The cervix is often elongated
- d. Is an acute very painful condition
- e. All of the above
- f. None of the above

396. Utero-vaginal prolapse, the following is Not true :

- a. There is elongation of supravaginal portion of the cervix
- b. The most common cause for trophic ulcer is congestion
- c. May be treated by pessary in early pregnancy
- d. Treated by Fothergill's operation in postmenopausal females
- e. None of the above

397. Second degree uterine prolapse, all the following is true EXCEPT :

- a. Is diagnosed when the cervix protrudes through the vulval orifice
- b. Causes sacral backache
- c. Differentiated from 3rd degree prolapse by the length of the uterus using ut. sound
- d. Treated by shortening of the Mackenrodt's in those wants to preserve fertility
- e. Treated with vaginal hysterectomy in postmenopausal females

398. As regarding virginal prolapse, all the following are true EXCEPT :

- a. May occur after 1 smooth vaginal delivery
- b. Not associated with supra-vaginal elongation
- c. Usually reach a 3rd degree
- d. Treated with utero-pxy operation
- e. All of the above

399. The following is true regarding genital prolapse:

- a. Enterocele is not a true hernia
- b. Cystocele is a herniation of the bladder floor into the vagina
- c. Vault prolapse is eversion of the vaginal vault
- d. Enterocele can be treated by sacrospinous colpopexy
- e. All of the above

- 400. All the followings are true regarding genital prolapse EXCEPT :**
- Coital difficulties are common
 - Menopausal cases should avoid use of HRT.
 - Dyschasia and piles may develop
 - Stress incontinence may develop in association with prolapse
 - Backache is common due to stretch of the utero-sacral ligament
- 401. Regarding genital prolapse, the following are true EXCEPT :**
- The use of contraceptive vaginal preparations should be avoided
 - Ring pessary is used in procidentia
 - Postnatal physiotherapy should be encouraged
 - Classical repair is used to treat cystocele
 - Recurrence of prolapse occurs in 5 to 10% cases after surgery
- 402. Backache of gynecological origin is due to any of the following EXCEPT :**
- Endometriosis .
 - Uterine prolapse
 - Mobile retroverted uterus
 - Chronic pelvic infection
 - Advance cancer cervix
- 403. As regards anterior colporrhaphy the following is true EXCEPT:**
- The bladder should be mobilized upwards to behind the symphysis pubis.
 - May cause temporary retention of urine
 - Urinary catheter is left for 24 hours after surgery
 - Frequently combined with vaginal hysterectomy
 - Should be carried out only after completion of childbearing as it affects fertility
- 404. The Fothergill's (Manchester) repair includes all the following steps EXCEPT:**
- Amputation of the supravaginal cervix
 - Shortening of the cardinal ligaments
 - Anterior colporrhaphy
 - Posterior colpo-perineorrhaphy
 - None of the above
- 405. The following are complications of pessary treatment of prolapse EXCEPT :**
- Profuse vaginal discharge
 - Urinary incontinence
 - Rectal incontinence
 - Vaginal ulcerations
 - None of the above
- 406. Vesico-vaginal fistula may be complication of any of the following EXCEPT :**
- Obstructed labor
 - Long standing vaginitis
 - Hysterectomy
 - Pelvic radiotherapy
 - Advanced cancer cervix
- 407. Regarding vesico-vaginal fistula, all the following is true EXCEPT:**
- The commonest cause in USA is gynecological surgery
 - The 3 gauze test may help to determine the site of the fistula
 - Repair of the fistula is done in 2 layers water tight sutures
 - Catheter drainage after repair is a must for 5 days
 - None of the above
- 408. Utero-vesical fistula usually presents with:**
- True incontinence
 - Partial incontinence
 - Menuria
 - Amenorrhea
 - Dyspaeunia

409. Regarding urinary fistula, the following is Not true:

- a. Obstructed labor is the commonest cause of V.V.F in the 3rd world countries
- b. Partial incontinence may occur in small vesico-vaginal fistula
- c. Cystoscopy can diagnose U.V fistula by visualization of the ureteric opening
- d. Assessment of the vag. capacity is essential before vag. repair of vesical fistula
- e. Any delivery after successful repair of vesical fistula should be by U.S.C.S

410. Incontinence of urine, the following is NOT true .

- a. May be congenital
- b. Stress incontinence may be caused by prolapse
- c. May be cause by diabetes mellitus
- d. May be overflow incontinence in spinal cord injuries
- e. Best treated surgically if caused by detrusor instability

411. True incontinence occurs in all of the following EXCEPT :

- a. Vesico-cervico-vaginal fistula
- b. Vesico-cervico-vaginal fistula
- c. Unilateral uretero-vaginal fistula
- d. Vesico-vaginal fistula
- e. Bilateral uretero-vaginal fistula

412. Stress incontinence of urine, the following is NOT true :

- a. Is more common in multiparous patients.
- b. May be a transient problem after delivery
- c. Can be differentiated from urge incontinence by cysto-metrogram
- d. Should be investigated by cystoscopy prior to surgery
- e. None of the above

413. Genuine stress incontinence is associated with all of these conditions EXCEPT :

- a. Increasing parity
- b. Older age group
- c. Decreased intra- abdominal pressure
- d. The menopause
- e. Connective tissue disorders

414. A patient complaining of Stress incont., the following should be the initial testing

- a. Urine analysis and culture
- b. Urethral pressure profiles
- c. Intra-venous pyelogram
- d. Cysto-urethrogram
- e. Urethro-cystoscopy

415. The following is true regarding Genuine stress incontinence in females

- a. The most important suspensory mechanism of the urethra is Posterior pubourethral lig
- b. It is more common in parous women
- c. It occurs transiently during pregnancy
- d. It is associated with utero-vaginal prolapse
- e. All of the above

416. Genuine SI is associated with all of the following conditions EXCEPT:

- a. May be hidden by a large cystocele
- b. Emptying of the bladder on straining
- c. Associated with obliteration of the posterior urethero-vaginal angle
- d. Bonney's test can determine the cause either weakness or descent.
- e. The functional length of the urethra is often reduced

417. As regarding treatment of Genuine stress incontinence, the following is true

- a. Cases due to descent of the bladder neck are best treated with urethro-pxy operation
- b. Cases due to weakness of the bladder neck are best treated with urethroplasty operation
- c. Kegel's perinometer after labor may cure or improve some post-partum cases
- d. Tension free vaginal tape (TVT) is widely practiced nowadays .
- e. All of the above

418. The following is NOT true regarding Genuine stress incontinence in females :

- a. The escape of urine may appear only in standing position
- b. Q tip test can diagnose cases of detrusor instability
- c. Yousef's test may diagnose cases of hidden stress incontinence due to large cystocele
- d. Bonney's test can tell the cause of stress incontinence due to weakness or descent
- e. Cystometry can differentiate stress from detrusor instability

419. All the following can be used as a non surgical treatment of stress incont. EXCEPT

- a. Use of beta blockers
- b. Physiotherapy by kegel perineometer
- c. Weight reduction in obese ladies
- d. Estrogen cream for postmenopausal cases
- e. Alpha adrenergic stimulants

420. Retroversion of the uterus :

- a. Occurs in 15% of normal women
- b. Is a common cause of infertility
- c. Mobile variety is a common cause of habitual abortion
- d. May be corrected by a Fothergill operation
- e. Is caused by heavy lifting

421. Retroversion of the uterus, the following is true

- a. May be acquired during the puerperium
- b. May be associated with endometriosis
- c. Usually correct itself spontaneously after 12th week during pregnancy
- d. May be associated with prolapse of the ovaries in the Douglas pouch.
- e. May lead to dyspareunia related to special coital positions
- f. All of the above

Uterine fibroids & endometriosis

422. Uterine fibroids :

- a. Affects 30 % of females
- b. Runs in families
- c. More common in those with endometriosis
- d. More common in nulliparous ladies
- e. All of the above

423. Uterine fibroids

- a. Arise from fibrous tissue of the uterus
- b. Are usually single
- c. Are usually sub mucous
- d. Are common in the cervix
- e. None of the above

424. The commonest site of uterine myomas is :

- a. Sub mucous
- b. Sub serous
- c. Cervical
- d. Corneal
- e. Interstitial

425. The following are risk factors for uterine fibroids EXCEPT :

- a. Low parity
- b. Late menarche
- c. Negroid race
- d. Positive family history of the diseases
- e. Associated endometriosis

426. Regarding red degeneration of fibroid, all the followings are true EXCEPT :

- a. Usually occurs during pregnancy
- b. The main pathology is ischemia of part of the tumor.
- c. Abdominal pain and vomiting are common symptoms
- d. Surgical treatment is the main line of management
- e. May lead to preterm labor

427. Red degeneration of a uterine fibroid

- a. Only occurs in pregnancy
- b. Causes a leucopenia with lymphocytosis
- c. Is due emboli occluding the major blood vessels supplying the myoma
- d. Is aseptic infarction
- e. Is associated with decreased ES

428. Sarcomatous changes of fibroid uterus is suspected if there is :

- a. Menorrhagia
- b. Metrorrhagia
- c. Postmenopausal enlargement
- d. Dysuria
- e. All of the above

429. All the following might be a complication of fibroid EXCEPT :

- a. Anemia
- b. Polycythemia
- c. Endometrial carcinoma
- d. Obstructed labor
- e. Inversion of the uterus

- 430. Complications of fibroids include all the following EXCEPT :**
- Cancer cervix
 - Intra-peritoneal hemorrhage
 - Corporeal sarcoma
 - Higher risk of placenta previa
 - Recurrent abortion
- 431. The following are possible complications of fibroid with pregnancy EXCEPT :**
- Fibroid necrosis and degeneration
 - Fetal malpresentation
 - Progression to lio-myosarcoma
 - Preterm labor
 - Risk of abortion
- 432. Fibroids :**
- May protrude through the cervix
 - May arise from the cervix
 - May dilate the cervix
 - May displace the cervix
 - All of the above
- 433. Intramural fibroids mainly cause :**
- Inter menstrual bleeding
 - Post-coital bleeding
 - Postmenopausal bleeding
 - Deep dyspareunia
 - Menorrhagia
- 434. Corporeal fibroid may present by the following types of bleeding EXCEPT :**
- Menorrhagia
 - Post-coital bleeding
 - Metrorrhagia
 - Polymenorrhea
 - Intra-peritoneal hemorrhage
- 435. The following is NOT a common clinical presentation of uterine fibroids**
- Infertility
 - Menorrhagia
 - Ureteral obstruction
 - Pelvic pain
 - Recurrent abortion
- 436. The following type of uterine fibroids would most likely lead to infertility :**
- Submucous
 - Intramural
 - Subserous
 - Parasitic
 - Pedunculated
- 437. The following type of fibroid does NOT affect the fertility or pregnancy :**
- Submucous
 - Subserous
 - Cervical
 - Cornual
 - None of the above
- 438. Fibroids may lead to any of the following EXCEPT :**
- Molar pregnancy
 - Constipation
 - Acute retention of urine
 - Chronic renal failure
 - All of the above

- 439. Fibroids may lead to any of the following EXCEPT :**
- a. Dysmenorrhea
 - b. Dyspareunia
 - c. Dyspnea
 - d. Dysurea
 - e. None of the above
- 440. The following is true regarding methods of detection of fibroid**
- a. Submucous fibroid can be detected by laparoscopy
 - b. Subserous fibroids cannot be detected by ultrasound
 - c. Fibroid never detected by X ray
 - d. Broad ligament fibroid only detected by MRI
 - e. All of the above
 - f. None of the above
- 441. All the following is true regarding cervical fibroid, EXCEPT :**
- a. May cause ureteric colic or retention of urine
 - b. Menorrhagia is the main symptom
 - c. May cause infertility
 - d. IVP is essential before surgical removal
 - e. Abdominal myomectomy is difficult
- 442. The following are acceptable lines of treatment for uterine fibroids :**
- a. No treatment in symptomatic fibroid near the menopause
 - b. Myomectomy during pregnancy if red degeneration occurs
 - c. Cyclic estrogen treatment to stop menorrhagia
 - d. Vaginal hysterectomy for fibroid uterus palpable abdominally
 - e. All of the above
 - f. None of the above
- 443. The following is NOT a preoperative preparation of abdominal myomectomy**
- a. Consent for hysterectomy
 - b. Hystero-salpingogaphy for infertility cases
 - c. MRI of the abdomen and pelvis
 - d. Ultrasound detection of the myoma(s)
 - e. Blood transfusion
 - f. Post-menstrual date of surgery
- 444. Large asymptomatic fibroid of the supra-vaginal portion of the cervix of a multiparous lady is best treated by:**
- a. No treatment
 - b. Abdominal myomectomy
 - c. Abdominal hysterectomy
 - d. Vaginal myomectomy
 - e. Any of the above
- 445. All of the following are true for fibroid tumor, EXCEPT:**
- a. It is usually multiple
 - b. May be asymptomatic
 - c. May cause infertility or habitual abortion
 - d. Composed of fibrous cells
 - e. Commonly started as interstitial in corporeal myoma
- 446. The following are true regarding uterine fibroids EXCEPT :**
- a. Common in black races
 - b. May be symptomatic
 - c. Possibly can be a cause of infertility
 - d. May decrease in size by LHRH analogues
 - e. Known to cause backache

- 447. All the following about uterine fibroids are correct EXCEPT :**
- Are estrogen dependent
 - Get smaller with progestogens treatment
 - Never detected before puberty
 - Shrink after menopause
 - Increases in size during pregnancy
- 448. Uterine fibroids, all the following are true EXCEPT :**
- If small and submucous are unlikely to be associated with menorrhagia .
 - Can be accurately located on pelvic ultrasound
 - If palpable abdominally, should be removed even if asymptomatic
 - Cervical fibroid polyp can be removed by vaginal myomectomy
 - Hysterectomy is the main treatment of large number of fibroid in those completed their families
- 449. The following is true regarding uterine fibroids :**
- Associated with theca lutein cyst of the ovary in 20% of cases
 - Associated with pyosalpinx in 80% of cases
 - Consent for hysterectomy should be taken before abdominal myomectomy
 - Myomectomy is best carried post menopausal
 - The risk of recurrent fibroid is 50%
- 450. Endometriosis has the following criteria EXCEPT :**
- Hyper-estrogenism is a risk factor
 - Common in women with high socioeconomic standard with low parity
 - Usually associated with peri-tubal adhesions
 - Benign neoplastic lesion rare to turn malignancy
 - A common cause of pelvic pain
- 451. Endometriosis , all the following is true EXCEPT :**
- Causes a special type of dysmenorrhea
 - Most frequently involves the ovaries
 - Often flares up during pregnancy
 - Is associated with subfertility
 - Androgen is effective treatment
- 452. A ♀ with symptomatic endometriosis may have any of these complaints EXCEPT :**
- Dysmenorrhea
 - Dyspareunia
 - Backache
 - Hot flushes
 - Painful defecation
 - Infertility
- 453. The following are useful for the treatment of endometriosis EXCEPT:**
- Danazol
 - Progestogens
 - GnRH analogues
 - The oral contraceptive
 - Corticosteroid
- 454. Endometriosis is a recognized cause of any of the following EXCEPT:**
- Deep dyspareunia
 - Amenorrhea
 - Dysmenorrhea
 - Postmenopausal bleeding
 - Painful laparotomy scar

- 455. The following physical finding may be found with endometriosis EXCEPT :**
- Fixed R.V.F. uterus
 - Omental nodules
 - Tender pelvic masses
 - Adnexal enlargement
 - Douglas pouch nodules
- 456. The following may be a cause of chronic pelvic pain in females EXCEPT :**
- Endometriosis
 - Dysmenorrhea
 - Ovarian cyst
 - Acute renal colic
 - Pelvic congestion
- 457. The following statement apply to endometriosis EXCEPT:**
- May be asymptomatic
 - More common in nulliparous women
 - Laparoscopy is the main method of detection
 - Depo-Provera is a known treatment
 - Associated with the development of endometrial cancer in late life.
- 458. All the following are common sites of endometriosis EXCEPT:**
- Uterine surface
 - Utero-sacral ligaments
 - Ovary
 - Recto-vaginal septum
 - Laparotomy scars
- 459. The etiology of endometriosis relates to the following EXCEPT :**
- A transformation of celomic epithelium
 - Direct invasion through the uterine serosa into the pelvic cavity
 - Retrograde menstruation
 - Vascular transport of endometrial fragments
 - Lymphatic transport of endometrial fragments
- 460. The following is essential for diagnosis of endometriosis**
- Laparoscopy
 - Ultrasonography
 - Hysterosalpingograghy
 - CA125
 - All of the above
- 461. Conservative surgery for the ttt of endometriosis includes all the following measures EXCEPT :**
- Lysis of adhesions
 - Fulguration of endometrial implants
 - Abdominal hysterectomy
 - Liona operation
 - Pre-sacral neurectomy
- 462. All of the following statements about endometriosis are true EXCEPT :**
- Malignant changes are rare
 - Diagnosis is established by history and physical examination
 - Laparoscopic scoring of endometriosis does NOT affect the prognosis
 - The affected ovary may show chocolate cyst
 - There is high level of peritoneal macrophages
- 463. The following are cause of infertility with endometriosis EXCEPT:**
- The presence of anti-sperm antibodies
 - Altered peritoneal prostaglandin levels
 - Associated lutenized unruptured follicle
 - Hormonal imbalance as hyperprolactinemia
 - Poor quality of the follicles

464. With regard to endometriosis, the following is Not true

- a. The lesion is powder burn lesion
- b. The severity of disease is determined by the American Fertility Score
- c. Associated with unruptured luteinized follicle
- d. May not respond to hormonal treatment in some cases.
- e. May lead to epistaxis at time of menstruation
- f. None of the above

465. Endometriosis is treated with prolonged estrogen and progesterone combination therapy exhibits which of the following histological characteristics?

- a. Marked edema
- b. Decidual – like reaction
- c. Inflammatory infiltrate
- d. Glandular hypertrophy
- e. Cyclic changes

466. The major symptom (S) of Adenomyosis are :

- a. Menorrhagia and dysmenorrhea
- b. Pelvi-abdominal swelling (uterus)
- c. Urinary pressure symptoms
- d. Infertility
- e. All of the above

467. As regarding Adenomyosis, all the following is true EXCEPT :

- a. The uterus contains islands of endometrial glands
- b. Localized Adenomyosis may simulate fibroid
- c. Leads to asymmetrical enlargement of the uterus
- d. Histological examination of the uterus after hysterectomy is the only sure diagnostic method

Cancer cervix, endometrial carcinoma choriocarcinoma & sarcoma

468. The followings are risk factors for cancer cervix EXCEPT :

- a. Multiple sexual partners
- b. Beginning of sexual intercourse at early age
- c. Use of contraception pills.
- d. Human papilloma virus infection type 16.
- e. Smoking
- f. HIV infection

469. Cervical intraepithelial neoplasia

- a. May present with post-coital bleeding
- b. May present with inter-menstrual bleeding
- c. Is also known as an ectropion
- d. Is usually asymptomatic
- e. Presents with a vaginal discharge

470. In cervical intra-epithelial neoplasia

- a. CIN I has normal sized nuclei with normal mitosis
- b. CIN III includes severe dysplasia and carcinoma in situ
- c. CIN II does not involve the cervical glands
- d. CIN III lesions gradually blend into the adjacent normal epithelium
- e. Is easily confused with active metaplasia histologically

471. CIN if the lesion is extending into the cervical canal, this lesion:

- a. Is often invasive
- b. Can be easily detected by colposcopy
- c. Effectively treated by conization
- d. Should be treated by radiotherapy
- e. Should be treated by hysterectomy

472. Carcinoma in situ of the cervix precedes invasive after an average period of :

- a. 1 year
- b. 2 years
- c. 5 years
- d. 10 years
- e. 15 years

473. Carcinoma in situ (CIN 111) is characterized by all of the following EXCEPT :

- a. Arise most commonly at the squamo-columnar junction
- b. Involvement of the entire thickness of the squamous epithelium
- c. Cells resembling those of invasive carcinoma
- d. Evidence of stromal invasion
- e. Treated with hysterectomy

474. Cervical smears

- a. Should be taken every 10 years
- b. Are taken with a throat swab
- c. Should be placed in fixative immediately
- d. Should be followed by colposcopy if any inflammatory abnormality is reported
- e. Should not be taken in women < 21 years of age

475. Cervical smear, all the following is true EXCEPT :

- a. Starts at the age of start of sexual activity
- b. Should be done annually in high risk group
- c. Has false negative results.
- d. Can detect endometrial cancer in most of cases
- e. Requires expert cytologist

476. Cervical smear, all the following is true EXCEPT :

- a. Study the morphologic changes in the desquamated cells
- b. Has a false positive results
- c. Any dysplastic cells needs colposcopic evaluation
- d. It points to the site of the lesion**
- e. All of the above

477. In a patient who is 12 weeks pregnant, severe atypicality in a cervical smear indicate a need for :

- a. Colposcopy**
- b. Fractional curettage
- c. Termination of pregnancy
- d. Cone biopsy
- e. Punch biopsy of the cervix

478. Use of cytology to diagnose cervical neoplasia

- a. The aim is to sample the surface cells of the cervical transformation zone
- b. The sampling device must cover 360° of the cervix
- c. Fixation must take place immediately
- d. Has significantly reduced the mortality of cancer
- e. All of the above**

479. All the following are abnormalities detected by colposcopy EXCEPT:

- a. Cervical erosion**
- b. Aceto-white epithelium
- c. Mosaic
- d. Punctuation
- e. None of the above

480. Which of the following abnormalities found during coploscopic examination of the transformation zone is most suggestive of early invasive carcinoma?

- a. White epithelium
- b. Mosaic
- c. Punctuation
- d. Leukoplakia
- e. Atypical vascular pattern**

481. On colposcopic examination :

- a. The magnification is approximately X 70
- b. The transformation zone is found medial to the squamo-columnar junction
- c. There is easier detection of the transformation zone in older patients
- d. The aceto- white epithelium may indicate areas of dysplasia**
- e. All of the above

482. Cone biopsy of the cervix

- a. Performed on all patients with carcinoma in situ unless hysterectomy is required
- b. Causes secondary hemorrhage, 21 days after the operation
- c. Has been preformed more frequently since the discovery of colposcopy
- d. Is required for symptomatic cervical erosions
- e. Increases the likelihood of the cesarean section in a subsequent pregnancy**

483. In evaluating a patient with an abnormal Pap smear, the following are indications for a diagnostic conization

- a. Extension of the lesion into the endo-cervical canal
- b. Inconsistent findings on colposcopically directed biopsy and Pap smear.
- c. Inadequate visualization of the squamo-columnar junction by colposcopy
- d. Inadequate visualization of the upper limit of the lesion by colposcopy
- e. All of the above**

484. Ablation treatment for CIN.

- a. Used in CIN 1 lesions
- b. CO2 laser destroys a depth of 3 mm
- c. Cryotherapy kills the cells by coagulation of cytoplasm
- d. Provides sufficient tissue for Histological evaluation
- e. Follow up by cytology and colposcopy is essential after any method

485. CIN 111 extending into the cervical canal are :

- a. Often invasive
- b. Treated by hysterectomy
- c. Safely treated with conization
- d. Treated with radiotherapy
- e. Safely treated with large loop excision of the transformation zone

486. Spread of cervical carcinoma commonly includes all the following sites EXCEPT :

- a. Vagina
- b. Parametrium
- c. Myometrium
- d. Inguinal lymph nodes
- e. Obturator lymph nodes

487. Micro-invasion of carcinoma of the cervix involves a depth below the basement membrane of the epithelium of no more than:

- a. 1 mm
- b. 2 mm
- c. 3 mm
- d. 4mm
- e. 5mm

488. The following about micro-invasive carcinoma of the cervix are correct EXCEPT :

- a. It may invade to a depth of 5 mm
- b. It should have a maximum width of 7mm
- c. It may invade lymphatic channels
- d. It may metastasize
- e. Treated by radical hysterectomy

489. The following are common presentations of early cases carcinoma of the cervix EXCEPT:

- a. Post-coital bleeding
- b. Pelvic pain
- c. Vaginal discharge
- d. Inter-menstrual bleeding
- e. An asymptomatic abnormal smear

490. Radiotherapy for carcinoma of the cervix not cause:

- a. Proctitis
- b. Pyometra
- c. Vesico fistula
- d. Acute saplingitis
- e. Ovarian failure

491. Radiotherapy for cancer of the cervix choose the WRONG statement :

- a May be curative
- b Has approximately the same success rate as Wertheim's hysterectomy for stagel cases
- c. Should not be used in presence of infection
- d. May consist of two intra-cavitary cesium applications followed by external irradiation
- e. Contraindicated for stage II disease.

492. In addition to the uterus a radical hysterectomy include all the following EXCEPT:

- a. Upper third of the vagina
- b. Pelvic node dissection
- c. Entire parametrium on both sides of the cervix
- d. Both ovaries
- e. The upper bladder

493. A patient in 1st trimester of pregnancy is diagnosed with invasive cervical cancer Treatment would include

- a. Waiting until after delivery before treatment
- b. Frequent pap smears through gestation till time of delivery
- c. Termination & concomitant or subsequent radiation or surgery as soon as possible
- d. Delivery by cesarean section at term
- e. Radiation only

494. The following are true of carcinoma of the cervix EXCEPT :

- a. Lesion originates from transformation zone in majority of cases
- b. The disease is more common in multiparous women
- c. It is unlikely to produce ureteric obstruction
- d. The lesion is typically squamous in nature
- e. Spread to the iliac nodes is usual.

495. Stage I cancer of the cervix

- a. Is confined to the uterus
- b. as a better prognosis than stage I endometrial cancer
- c. May be associated with hydro-ureter on I.V.P
- d. Treated only with radiotherapy
- e. All of the above

496. In stage 1b carcinoma of the cervix

- a. The growth is confined to the cervix
- b. There may be extension to the body of the uterus
- c. The lower third of the vagina may be involved
- d. The tumor is fixed to the lateral pelvic wall
- e. 5-year survival rate of 80% can be expected

497. Stage 1b carcinoma of the cervix

- a. is carcinoma in situ with early stromal invasion
- b. May have pelvic lymph node involvement
- c. Associated with hydroureter
- d. Extends to the upper vagina
- e. All of the above

498. The following is associated with increased risk for endometrial carcinoma

- a. Estrogen replacement therapy
- b. Diabetes
- c. Obesity
- d. Familial history of endometrial carcinoma
- e. History of polycystic ovarian diseases
- f. All of the above

499. Carcinoma of the endometrium

- a. Occurs in menopausal females at age of approximately 60 years
- b. Never occurs before 40 years
- c. Is more common in grand multipara than nullipara
- d. More common in developing countries
- e. More common in smokers

- 500. The following increases the incidence of endometrial carcinoma :**
- Theca cell tumors of the ovary
 - Liver disease
 - Ingestion of conjugated estrogens.
 - All of the above
 - None of the above
- 501. The following statement about endometrial carcinoma is correct:**
- The incidence decreased in the last years
 - Occurs in 1% of cases with cystic hyperplasia
 - Occurs in 80% of patients with atypical hyperplasia
 - Complex hyperplasia in pre-menopausal ♀ must be treated with hysterectomy
 - All of the above
- 502. Regarding Endometrial adeno carcinoma, all the following is true EXCEPT:**
- Contain malignant glands and stroma
 - The commonest tumors of the endometrium
 - May include benign squamous epithelium
 - May include malignant squamous epithelium
 - All of the above
- 503. Regarding spread of adeno carcinoma of the uterine body the following is true:**
- Distant organs, such as liver are frequently involved
 - Direct extension is an important route of spread .
 - Distant Dissemination is chiefly by way of the blood.
 - Tumors of the fundus resemble cervical carcinoma in its frequency of dissemination
 - All of the above
- 504. In stage 11 carcinoma of the endometrium.**
- The length of the uterine cavity is less than 8 cm
 - The corpus and the cervix are involved
 - There is extension to involve the parametrium
 - There is extension to the ovaries
 - There is metastasis to the bladder
- 505. Cases of endometrial carcinoma most frequently present with the following symptom**
- Bloating
 - Weight loss
 - Postmenopausal bleeding
 - Vaginal discharge
 - Hemoptysis
- 506. Fractional curettage showed endometrial carcinoma involving the cervix . This finding is:**
- Of no prognostic significance
 - Does not require change in management
 - Is a contraindication for hysterectomy
 - Significant only if the cervical tumor is clinically obvious
 - None of the above
- 507. In cases with postmenopausal bleeding, endometrial sampling should he done if the endometrium of transvaginal ultrasound is thicker than :**
- 1mm
 - 2mm
 - 8mm
 - 6mm
 - 10mm

508. Postmenopausal bleeding is a common presentation of all the following EXCEPT :

- a. Cervical ectropion
- b. Carcinoma of the endometrium
- c. Atrophic vaginitis
- d. Carcinoma of the cervix
- e. None of the above

509. In a women presenting with postmenopausal bleeding

- a. Hysteroscopy has no role in the diagnosis
- b. The most common cause of bleeding is endometrial cancer.
- c. Benign causes of bleeding are rare
- d. Sonographic measurement of endometrial thickness is useful
- e. Dilatation & curettage is always accurate

510. Endometrial biopsy is performed on a 52 years old, woman because of postmenopausal spotting, revealed Adenomatous hyperplasia. Which of the following therapeutic alternatives would be the best for her?

- a. Estrogen replacement
- b. Progestin therapy
- c. Low dose oral contraceptives
- d. Bilateral ovarian wedge resection
- e. Vaginal hysterectomy

511. The primary treatment for endometrial carcinoma confined to the uterine corpus is

- a. External beam radiation
- b. Intra-cavitary radium
- c. Hysterectomy
- d. Chemotherapy
- e. Progestin therapy

512. Prognosis of endometrial carcinoma is affected by all the following factors EXCEPT

- a. Clinical stage
- b. Histological type
- c. Differentiation
- d. Other medical disorders
- e. Myometrial invasion

513. In endometrial carcinoma, progestogen therapy is useful in the following circumstances EXCEPT:

- a. Well-differentiated endometrial carcinoma
- b. As an adjuvant to surgery
- c. In cases involving the cervix.
- d. Recurrent endometrial carcinoma.
- e. In the treatment of pulmonary metastasis

514. Regarding the treatment of endometrial carcinoma the following is true

- a. Surgery (panhysterectomy) is the main line of treatment
- b. Stage 11 cases are treated with Wertheim operation
- c. Radiotherapy is used as postoperative adjuvant therapy
- d. Progestogens are used for advanced & recurrent cases
- e. All of the above

515. Carcinoma of the endometrium

- a. Is very rare after the menopause
- b. More common in postmenopausal female on combined estrogen and progesterone
- c. Is usually a squamous carcinoma
- d. Is best treated by simple hysterectomy with conservation of the ovaries in early cases
- e. May be detected by cervical cytology.

- 516. On comparing endometrial adeno carcinoma and carcinoma of the cervix :**
- Incidence of endometrial carcinoma is less.
 - Average age of endometrial carcinoma is 60 years less
 - Prognosis of endometrial carcinoma is better
 - Main treatment of the endometrial cancer is radiotherapy in contrast to cancer cx.
 - All of the above
- 517. The following is true regarding endometrial cancer :**
- Invasion of the myometrium to a depth of more than 50% puts the case into stage II
 - involvement of the cervix occurs in stage II disease
 - Treatment of stage I disease is by subtotal abdominal hysterectomy
 - Postoperative radiotherapy is rarely required in stage I disease
- 518. Endometrial cancer characterized by the following EXCEPT :**
- Carries good prognosis due early detection
 - Surgical treatment is the rule
 - Blood spread is early finding
 - Postmenopausal bleeding is the commonest symptom.
 - Most of cases are stage I at time of diagnosis
- 519. Staged carcinoma of the endometrium, the following is Not true :**
- Commonest stage at the time of diagnosis
 - Best managed by abdominal pan-hysterectomy
 - Confined to the body of the uterus
 - Spread to the lymph nodes in all patients
 - Postoperative radiotherapy is needed in deep myometrial invasion
- 520. Regarding endometrial carcinoma all the following is true EXCEPT :**
- If associated with estrogen taking has a better overall prognosis
 - Can be diagnosed effectively by cytology
 - Should be treated by a Wertheim's hysterectomy if it is stage II
 - Pre-operative radium reduces the risk of vault recurrence
 - Presence of vaginal metastasis put the case in stage IIIb.
- 521. Regarding endometrial cancer all the following is correct EXCEPT :**
- Involvement of the cervix occurs in stage II disease
 - Invasion of the myometrium to a depth of more than 50% puts the case into stage II
 - Initial treatment of stage I is by TAH & BSO
 - Postoperative radiotherapy is rarely required in stage 1a disease.
 - Five years survival is 90% in stage I.
- 522. Regarding uterine sarcoma, all the following is true EXCEPT :**
- Uterine sarcoma is commonest after the age of 50
 - Heterologous sarcomas include rhabdomyosarcomas
 - The most common sarcoma of the uterus is mixed mesodermal sarcoma
 - Surgery alone can treat all cases of uterine sarcoma
 - Sarcoma botryoids occurs most frequently in young girls
- 523. Factors associated with poor prognosis in metastatic gestational trophoblastic neoplasia include all of the following EXCEPT:**
- Spontaneous abortion 6 months previously
 - Pretreatment HCG titer > 40,000 mIU/ml.
 - Lung metastasis on chest x-ray
 - Significant prior chemotherapy
 - Previous full term pregnancy
- 524. Regarding chorio carcinoma, all the following is true EXCEPT :**
- Presents after a miscarriage
 - Contains chorionic villi on histological examination
 - Treated primarily by chemotherapy
 - Has a better prognosis occurring after molar pregnancy than after a term pregnancy
 - Has a prognosis related to time between antecedent pregnancy & diagnosis

Ovarian tumors and vulval cancer

525. All The following are types of epithelial ovarian tumors EXCEPT :

- a. Endometrioid adeno carcinoma
- b. Transitional cell tumour
- c. Dysgerminoma
- d. Mucinous cyst adenocarcinoma
- e. Papillary serous cyst adenoma

526. Regarding the epithelial cell tumors of the ovary, all the following is true EXCEPT

- a. Serous cyst adenoma is the commonest variety
- b. Occur mainly in women less than 20 years age
- c. Mucinous cyst adenoma are the largest
- d. Endometrioid cyst adenoma results from ovarian endometriosis
- e. Brenner tumors may turn malignant .

527. Borderline malignant epithelial ovarian neoplasm differ from benign ones in:

- a. More commonly bilateral
- b. Has a smooth outer surface
- c. Has less common papillary projections
- d. It is usually multi-locular structure
- e. None of the above

528. Mucin-secreting neoplasms of the ovary:

- a. Are usually malignant
- b. Are usually unilocular
- c. Should always be removed
- d. Are more often bilateral than other ovarian tumors
- e. None of the above

529. Epithelial ovarian tumors of low potential malignancy (borderline malignancies can be described by which of the following statements ?

- a. They represent nearly half of all epithelial ovarian tumors
- b. They are not associated with infiltration of the ovarian stroma
- c. More commonly bilateral than benign tumors
- d. Examination of large n^o of sections of the tumor is essential to settle diagnosis
- e. All of the above

530. Benign papillary serous cell tumors have these criteria EXCEPT :

- a. Commonly bilateral
- b. Rare to turn malignancy
- c. Common type of ovarian tumors
- d. Not functioning
- e. May be associated with psammoma bodies

531. Serous carcinoma of the ovary is characterized by all the following EXCEPT :

- a. It is the most common epithelial carcinoma of the ovary
- b. It often contains psammoma bodies
- c. It is bilateral in approximately one half of affected women
- d. It is frequently associated with pelvic endometriosis
- e. May show short stunted papillae invading the capsule

532. Dermoid cysts, all the following is true EXCEPT :

- a. Are germ tumors
- b. Are bilateral in 50% of cases
- c. The commonest cysts detected during pregnancy
- d. Are commonly benign
- e. Are liable to torsion

533. Regarding benign cystic teratoma, the following is true:

- a. Account for 30% of all ovarian neoplasms
- b. More than 50% are bilateral
- c. Primarily occur in post menopausal women
- d. They can undergo malignant degeneration producing a squamous cell carcinoma
- e. They rarely produce symptoms

534. Regarding Dysgerminomas, all the following is true EXCEPT :

- a. Malignant germ cell tumor of the ovary
- b. Commoner in younger than older women
- c. Frequently present with abdominal pain
- d. Common in cases of testicular feminization
- e. Spread mainly by blood stream

535. Fibroma of the ovary :

- a. 30% of ovarian tumors
- b. Frequently become malignant
- c. May be associated with a hydrothorax
- d. Often contain teeth
- e. Commonly associated with Brenner tumor

536. In Meig's syndrome

- a. The hydrothorax is chemically different from peritoneal fluid
- b. The hydrothorax occur most commonly on the left side
- c. The ovarian lesion may be a Brenner tumor
- d. The hydrothorax requires chemotherapy
- e. The associated ovarian fibroma is frequently more than 10 cm in diameter

537. The most common primary site for a secondaries metastizing to the ovary is .

- a. Stomach
- b. Lung
- c. Colon
- d. Breast
- e. Endometrial carcinoma

538. Krukenberg tumors, all the following is true EXCEPT:

- a. Occur through retrograde lymphatic spread
- b. Signet ring appearance
- c. Contains peg cells
- d. Has a bad prognosis
- e. Usually bilateral

539. The following ovarian tumors are always malignant :

- a. Myxoma peritonii
- b. Endodermal sinus tumor
- c. Solid teratoma
- d. Granulosa cell tumor
- e. Brenner tumor

540. The following tumors markers are correctly linked with the tumors that secrete them EXCEPT :

- a. Human chorionic gonadotrophin: ovarian chorio-carcinoma
- b. Alpha-fetoprotein: endodermal sinus tumor.
- c. CA125: dysgerminoma
- d. Estrogens: granulosa cell tumors
- e. Testosterone: androblastoma.

541. The following is true about ovarian tumors in pre-menarchal girls :

- a. The malignancy rate is low
- b. The majority are of epithelial in origin
- c. Ovarian neoplasms of any type are relatively common
- d. Most ovarian enlargement in the newborn are functional cysts
- e. Germ tumors are a frequent cause of precocious puberty

- 542. The following substances may be secreted by ovarian tumors**
- Thyroid stimulating hormone (TSH)
 - Serotonin**
 - Calmodulin
 - F.S.H
 - Vaso-active intestinal peptide
- 543. The following ovarian tumors are always malignant :**
- Myxoma peritonei
 - Endodermal sinus tumor**
 - Solid teratoma
 - Granulosa cell tumors
 - Brenner tumor
- 544. Following sites of malignancies in women , which sequence lists their order of decreasing frequency.**
- Breast, endometrium , colon , cervix ovary
 - Breast, colon , endometrium , ovary, cervix**
 - Colon, endometrium , cervix , breast, ovary
 - Endometrium, breast, cervix , colon, ovary.
 - Cervix , endometrium , breast, ovary, colon.
- 545. In contrast to a malignant ovarian tumor, a benign tumor has which of the following gross features?**
- Tumor implants on the surface
 - Peritoneal implants
 - Intra-cystic papillae
 - Free mobility**
 - Capsule rupture
- 546. Ovarian cancer is more likely to occur in all of the following EXCEPT:**
- Nulliparous women
 - Women who have breast cancer
 - Patients with a history of prolonged use of the oral contraceptive pill**
 - Women with a family history of ovarian cancer
 - High socio-economic classes
- 547. Carcinoma of the ovary , all the following is true EXCEPT :**
- Has a good prognosis if the capsule of the ovary has not been penetrated
 - Is aggravated by estrogens**
 - Frequently causes intestinal obstruction
 - Classified as stage II if it has spread to the peritoneum
- 548. Malignant ovarian disease, all the following is true EXCEPT :**
- Is the commonest cause of death from cancer of the reproductive tract
 - Is usually (FIGO) stage I when it is discovered**
 - Is staged at operation, unlike cancer of the cervix which is staged preoperatively
 - Androgen secreting tumors presents with amenorrhea in pre-menopausal patients
 - Is more common in women who have never been pregnant
- 549. Spread of epithelial ovarian cancers, all the following are correct EXCEPT :**
- Via the blood stream occurs early in the disease.**
 - To para-aortic lymph nodes puts the case at stage III
 - To the undersurface of the diaphragm is common.
 - Around the peritoneal cavity has usually occurred by the time of diagnosis
 - To the omentum frequently occurs
- 550. The following is NOT a method of early detection of ovarian malignancy :**
- Vaginal ultrasound
 - Color Doppler
 - Tumor markers
 - Fraction curettage**
 - Oncogenes and oncoproteins

551. The following are in favor of diagnosis of ovarian cancer during laparotomy EXCEPT:

- a. Huge ovarian cyst.
- b. Extra cystic papillae
- c. Areas of hemorrhage and necrosis
- d. Heterogenous consistency
- e. Limited mobility
- f. Peritoneal nodules

552. Intra-peritoneal metastasis of a primary carcinoma of the ovary extending to the surface of the liver with positive intero-peritoneal lymph nodes is consistent with

- a. Stage I C
- b. Stage IIB
- c. Stage IIC
- d. Stage III
- e. Stage IV

553. An ovarian tumor that cannot be safely treated by oophorectomy alone is:

- a. Pure dysgermionoma
- b. Granulosa tumor
- c. Arrhenoblastoma
- d. Borderline cyst adenocarcinoma
- e. Clear cell carcinoma

554. Evaluation of a patient with a unilateral, malignant ovarian tumor should include all the following procedures EXCEPT :

- a. Endometrial biopsy
- b. Biopsy of the contra-lateral ovary
- c. Omental biopsies
- d. Peritoneal washings
- e. Exploration of the entire abdomen

555. A 54-year-old woman undergoes laparotomy because of a pelvic mass, which proves to be a unilateral ovarian neoplasm accompanied by a large omental metastasis. The most appropriate intra operative course of action would be

- a. Omental biopsy
- b. Ovarian biopsy
- c. Excision of the omental metastasis and unilateral oophorectomy
- d. Omentectomy, and bilateral salpingo-oophorectomy
- e. Omentectomy, total abdominal hysterectomy, and bilateral salpingo- oophorectomy

556. The ovarian tumor that is best responds to radiotherapy is:

- a. Serous cystadenocarcinoma
- b. Mucinous cystadenocarcinoma
- c. Transitional adenocarcinoma
- d. Dysgerminoma
- e. Granulosa cell tumor

557. In the management of cancer of the ovary, all the following is true EXCEPT:

- a. Chemotherapy is effective line of treatment
- b. Progesterone administration has no effect on most of the tumors
- c. Extensive surgery has no place in (FIGO) stage III carcinoma.
- d. Radiotherapy has a very limited place
- e. Second look laparotomy may be needed

558. A "second look" laparotomy for a patient with an ovarian neoplasm is appropriate when there is

- a. Original well-differentiated stage I carcinoma
- b. A favorable response to chemotherapy
- c. Incomplete resection of the primary neoplasm
- d. Positive laparoscopic evidence of residual cancer
- e. None of the above

559..Conservative management of ov. carcinoma may be appropriate for patients with.

- a. Stage IA carcinoma
- b. Negative ovarian wedge biopsy
- c. Negative peritoneal washings
- d. No surface adhesions
- e. All of the above

560. Chemotherapeutic agents used to treat epithelial ovarian cancers :

- a. Usually cure the patient
- b. Platinum has poor effect
- c. Best gives continually for six months
- d. Should be used for all stages of the disease
- e. More effective after cyto-reductive surgery

561. Concerning second-look laparotomy in epithelial ovarian cancer, all the following is true EXCEPT:

- a. It is contraindicate if there is a residual mass
- b. Done 18 months after end of chemotherapy
- c. This applies especially to patients who have not respond to chemotherapy
- d. Contraindicated in patient received full dose radiotherapy
- e. May be recently replaces by laparoscopy or CT scanning

562. Cancer ovary staging depends upon:

- a. Surgical excisional biopsy
- b. U/S examination
- c. Surgical sampling of peritoneal fluid & lymph node sampling & omental biopsy
- d. MRI examination
- e. Clinical examination only

563. The FIGO classification of carcinoma of the ovary :

- a. Is divided into 1-5 stages
- b. Is stage 2 or more if ascites is present
- c. Is stage 1c or more is limited to both ovaries
- d. Is stage 3 if peritoneal seedlings are present
- e. Does not consider capsular invasion

564. Carcinoma of the vulva.

- a. Does not ulcerate until it is advances
- b. Spreads initially to iliac nodes via vaginal lymphatics
- c. Rarely involves lymph nodes at presentation
- d. Is equally amenable to treatment by surgery and radiotherapy
- e. None of the above

565. The following about invasive cancer of the vulva is correct

- a. Is usually squamous in type
- b. Carries a poor prognosis even if early
- c. Best prognosis by local vulvectomy
- d. Must be painful
- e. All of the above

566. As regard vulval intraepithelial neoplasia, all the following is true EXCEPT:

- a. Paget's disease is considered a variant of VIN
- b. VIN I can be visible macroscopically
- c. VIN can be treated by CO 2 laser
- d. VIN can be treated by wide local excision
- e. All of the above

567. In the staging od vulval cancers

- a. Stage III lesions are confined to the perineum
- b. Stage I lesions are micro-invasive
- c. Involvement of the vagina is stage IV disease.
- d. Bilateral groin node involvement puts the patient in stage III
- e. Involvement of the anus puts the patient in stage III

568. Carcinoma of the vulva

- a. Is decreasing in incidence
- b. Is usually multifocal
- c. Has a lymphatic spread primarily to the superficial inguinal lymph nodes
- d. Is related to parity
- e. Is uncommon in black patients

569. Squamous cell carcinoma of the vulva is 3 cm in diameter and located on the labia majora. The inguinal lymph nodes are palpable, but not firm or enlarged. No signs of metastasis are evident. The clinical stage would be:

- a. I
- b. II
- c. III
- d. IV
- e. None of the above

570. Carcinoma of the vulva

- a. Is less common in Moslems
- b. In stage II the tumor is < 2 cm without palpable enlarged inguinal nodes
- c. With a positive Cloquet nodes suggests deep external iliac involvements
- d. All of the above
- e. None of the above

571. Primary carcinoma of the vagina:

- a. Is usually an adeno-carcinoma
- b. Never treated with radiotherapy
- c. More commonly occurs in the upper vagina than in the lower
- d. Usually present as pelvic pain
- e. Never treated with radiotherapy
- f. Is associated with cervical cancer

572. Physiological follicular cysts

- a. Are the commonest benign ovarian tumors
- b. Result from the non-rupture of the corpus luteum
- c. Never persist after the end of the menstrual cycle
- d. Rarely reach a diameter of 10 cm .
- e. Require intervention even if they are asymptomatic.

573. All the following are non –neoplastic cysts of the ovary EXCEPT :

- a. Theca -lutein cysts
- b. Follicular cyst
- c. Simple serous cyst
- d. Endometriotic cysts
- e. Corpus Lutein cysts

Clinical and operative gynecology

574. Estrogens have the following actions EXCEPT :

- a. Pituitary inhibition
- b. Development of 2ry sexual characters
- c. Fusion of the epiphysis
- d. Increased cervical mucus
- e. Prevention of thrombosis

575. Progestogens are known to cause the following EXCEPT :

- a. Decreased body temperature
- b. Decreased cervical mucus
- c. Pituitary inhibition
- d. Secretory changes mainly in the uterus and the breast
- e. They prevent the onset of labor

576. Local estrogen therapy is the treatment of choice for :

- a. Senile vaginitis
- b. Candidal vaginitis
- c. Bacterial vaginosis
- d. Trichomonal vaginitis
- e. All of the above

577. The following are true of retroversion of the uterus EXCEPT :

- a. Is a normal finding in about 20% of women
- b. May lead to backache in pregnancy
- c. Is a cause of urine retention during pregnancy
- d. Needs treatment and correction in the majority of cases
- e. Is a known cause of miscarriage

578. Characteristics of para-ovarian cysts include all of the following EXCEPT:

- a. They arise from mesonephric duct remnants
- b. They may reach considerable size
- c. They can often be removed without damage to the ovary and tube
- d. They grow outside the leave of the broad ligament
- e. There is risk on injury of the ureter on their removal

579. Rectal examination in gynecological practice , all the following is true EXCEPT :

- a. Useful in the diagnosis of enterocele
- b. Useful in suspected pelvic abscess
- c. Essential in the staging of cervical carcinoma
- d. Useful in suspected recto-vaginal fistula
- e. Is useful in assesment of ectopic pregnancy

580. The diameter of the uterine sound is

- a. 3-4mm
- b. 7-8mm
- c. 1-2 mm
- d. 1cm

581. Hysteroscopy

- a. Is contraindicated during menstruation
- b. Must be done under general anesthetic
- c. Can be used to identify an endometrial polyp.
- d. Is contraindicated by previous pelvic inflammatory disease
- e. Is essential in all women with abnormal menstrual bleeding below the age of 30

- 582. The following is true about laparoscopy**
- Indicated in cases of unexplained infertility
 - Better avoided in the premenstrual period
 - Performed only in the postmenstrual period
 - Can accurately diagnose Adenomyosis
 - All of the above
- 583. The most common cause of fever following vaginal hysterectomy is**
- Pelvic abscess
 - Upper respiratory tract infection
 - Wound infection
 - Vault necrosis
 - Urinary tract infection
- 584. All the following are complications of hysterectomy in the first post operative week EXCEPT:**
- Respiratory tract infection
 - DVT
 - Urinary tract infection
 - Wound infection
 - Incisional hernia
- 585. Dyspareunia after total hysterectomy may be the result of :**
- Shortening of the vagina
 - Presence of tender scar in the vaginal vault.
 - Absence of lubricating cervical secretion
 - Prolapse of the ovaries in the Douglas pouch
 - Any of the above
- 586. The following is true regarding hysterectomy :**
- Vaginal hysterectomy has less incidence of vault prolapse than abdominal one
 - Pan-hysterectomy include removal of the whole uterus and both tubes
 - Subtotal hysterectomy has more risk of ureteric injury than total ones
 - Vaginal hysterectomy is better avoided in bulky uterus
- 587. During pan-hysterectomy the.....Ligament (which connect the ovary to the lateral pelvic wall) is clamped & cut, this ligament contains the Artery and the clamp should be applied as near as possible to the ovary to avoid injury of theChoose fitting word to complete previous statement**
- Round, uterine ureter.
 - Cardinal , uterine, bladder
 - Infundibulo-pelvic, ovarian , ureter
 - Infundibulo – pelvic, uterine artery, ureter
 - Uterosacral, uterine , rectum.
- 588. Midline incisions are inferior to lower transverse incisions for gynecological operations in all the following respects EXCEPT :**
- Exposure is less adequate
 - Incisional hernia is more common
 - Dehiscence of the scar is more likely
 - The cosmetic result is worse
 - None of the above
- 589. All the following is true regarding dilatation of the cervix EXCEPT :**
- Should be dilate to number 14 in cases of spasmodic dysmenorrhea
 - Dilated to number 8 Hegar before uterine curettage
 - The dialator should be left 1/2 -1 minute before application of the next one
 - Done before curetting the endo-cervix in fractional curettage
 - Sounding is essential before dilatation

- 590. After examination the first step in performing fractional curettage should be:**
- Sounding of the uterus
 - Dilatation of the cervix
 - Curettage of the endocervical canal
 - Evacuation of the bladder
 - Sterilization and towels application
- 591. The uterus is better curetted by blunt curette in the following conditions EXCEPT:**
- Endometrial carcinoma
 - Secondary Post-partum hemorrhage
 - Infertility to detect ovulation
 - Post-abortive bleeding
 - Septic abortion
- 592. The following are risk factors for perforation EXCEPT :**
- Uterine malignancy
 - Uterine infection
 - Pregnancy
 - Retroverted uterus
 - Uterine prolapse
- 593. In case of perforation of the uterus during D&C done for evaluation of ovulation in investigations of infertile couples, the line of treatment is :**
- Observation of the vital signs and abdominal rigidity
 - Immediate suturing of the defect
 - Immediate hysterectomy
 - IUD insertion
 - Steroid therapy
- 594. All of the following are complications of D&C operation EXCEPT :**
- Cervical incompetence
 - Perforation of the uterus
 - Cervical lacerations
 - Asherman syndrome
 - Ectopic pregnancy
- 595. Lichen sclerosus**
- Leads to vulval cancer in 20% of cases
 - Is the same as vulval atrophy
 - Is best treated by vulvectomy
 - Cases disappearance of the vulval contours
 - Caused by wart virus infection
- 596. Vulva ulceration may be due to any of the following EXCEPT :**
- Crohn's disease
 - Behcet's disease
 - Squamous cancer of the vulva
 - Secondary syphilis
 - Basal cell carcinoma
- 597. Regarding pruritus vulvae, the following is NOT true :**
- Is commoner in women aged over than 40years
 - May be caused by lichen sclerosus
 - Is the commonest presenting symptom in cases of vulva! Cancer
 - Is frequently due to eczema
 - None of the above
- 598. The following vulval conditions cause pruritus vulvae EXCEPT:**
- Hypertrophic dystrophy
 - Condylomata acuminata
 - Syphilitic chancre
 - Thread worms
 - Monilia vulvo-vaginitis

Normal pregnancy

Changes, diagnosis, ANC and physiology

599. The following is true regarding physiological changes during pregnancy
- Rate of urine flow in the ureter increase
 - The gastric acid secretion increases
 - The gall bladder secretion increases
 - Lumbar lordosis increases
 - All of the above
600. The following is true regarding the uterine changes during pregnancy:
- Reach the level of the umbilicus at 28weeks
 - Lower uterine segment starts to be formed at 20 weeks.
 - The uterus is 35cm at term
 - The cervix softens
 - All of the above
601. The following is true regarding C.V changes during pregnancy EXCEPT:
- Fibrinogen level decreases
 - The leukocytes count increases
 - Cardiac output increases about 50%.
 - The blood viscosity decreases
 - Blood pressure decreases in 2nd trimester
602. All the following are sure signs of pregnancy EXCEPT:
- Auscultation of uterine soufflé
 - Palpation of fetal movement
 - Auscultation of fetal heart sound
 - Physician palpation of fetal parts
 - Ultrasonography visualization of fetus
603. As regarding body weight gain during pregnancy, the following is true:
- The average body weight gain is 7kg
 - The major contributor to weight gain is the increase in blood volume
 - Weight gain has a fixed rate throughout pregnancy
 - The average fetal weight is 2.5 kg.
 - All of the above
604. All the following is true during pregnancy EXCEPT:
- Cardiac output increases up to 50%
 - There is increased lumbar lordosis
 - Fasting blood sugar increases
 - There is +ve nitrogen b
605. The following is true regarding diagnosis of preg. of a multiparous lady EXCEPT:
- Secondary amenorrhea
 - Breast pigmentation
 - Abdominal enlargement
 - Fetal movements
 - None of the above
606. As regarding pregnancy test:
- Positive in urine 2 days before missed period
 - Serum test can detect low levels as 500 mlu.ml of HCG
 - Ultrasound can detect pregnancy before +ve test
 - All of the above
 - None of the above

607. A pregnant uterus larger than the period of amenorrhea could be due to any of the following **EXCEPT**:
- Fibroid
 - Obesity**
 - Polyhydramnios
 - Macrosomic baby
 - Multiple pregnancy
608. Which of the following signs or symptoms are **NOT** present in a 12 wks pregnancy:
- Amenorrhea
 - Quickening**
 - Hegar's sign
 - Chadwick's signs
 - Ultrasonographic fetal heart action
609. The following is true about ante-natal visits:
- Measuring and recording the blood pressure is essential in each visit**
 - Vaginal examination done every visit to detect cephalo-pelvic disproportion
 - Should be every week in the 2nd trimester of a normal pregnant lady.
 - Ultra sound examination in each visit is a must
 - All of the above
610. Regarding ante-natal care of a healthy pregnant lady, the following is true :
- Killed vaccines are completely avoided
 - Vitamin supplementation is needed only in cases with anemia
 - Any spotting vaginal bleeding should be reported**
 - Fluid leakage per vagina is usually insignificant.
 - The height of the pregnant lady is of no importance.
611. The following is **NOT** an alarming (**WARNING**) symptom of pregnancy:
- Blurring of vision
 - Backache**
 - Vaginal bleeding
 - Epigastric pain
 - Severe lower limb edema
612. Maternal smoking is associated with increased risk of all of the following **EXCEPT**
- Spontaneous abortion
 - Perinatal mortality
 - Congenital anomalies**
 - Rupture of membranes
 - Placental abruption
613. The following is **NOT** a routine screening test in an early, uncomplicated pregnancy:
- Repeat human chorionic gonadotropin (HCG levels).**
 - Hemoglobin
 - Urine analysis
 - Blood sugar
 - Blood type and Rh factor
614. Regarding calculation of expected date of delivery, the following is **NOT** true
- Lactation makes pregnancy dating by last menstrual period inaccurate
 - The expected date is calculated as LMP +12 months -3 months +7 days
 - The last menstrual period is used in preference to ultrasound.
 - The LMP is reliable even if pregnancy was due to contraception failure**
 - None of the above

615. The following is true as regarding pregnancy dating :
- Calculated by the use of LMP.
 - Valuable with previous use of oral pills.
 - 280 days from the date of coitus
 - Has no relation with the cycle regularity
 - All of the above
616. A 25 years lady 2nd gravida coming for the first antenatal visit after +ve pregnancy test, On calculation of her expected date of her delivery, The following is not an important item to be evaluated in history taking to calculate her date
- Frequency intercourse
 - Use of oral pills
 - Regularity of the cycle
 - Date of the last menstruation
 - Previous lactation
617. The previous lady said that cycles are regular every 28 days and her last menstrual period is 15/1/2006 and lasted for 5 days, calculation of her expected.
- 27 October 2006
 - 15 October 2006
 - 22 October 2006
 - 22 September 2006
 - 15 September 2006
618. A pregnant lady coming for ANC her past obstetric history shows a history of 1 abortion, 1 ectopic, 1 previous IUFD at 37 weeks with 1 living child delivered at 34 weeks by CS due to severe pre-eclampsia. The obstetric code of this lady is:
- G3P1 (1121)
 - 5th gravida P2 (1121)
 - G4P1 (1121)
 - G5 P2 (1121)
 - None of the above
619. All the following is basis in Naegele's rule for estimating a woman's expected date of delivery (EDD) EXCEPT :
- Regular menstrual cycles every 28 days
 - Ovulation about day 14
 - A pregnancy of 280 days
 - Cycle regulation with birth control pills before conception
 - None of the above
620. The placenta, all the following are true EXCEPT:
- Its diameter at term is about 50 cm
 - Commonly occupy upper uterine segment
 - Never separates before fetal delivery
 - Fetal RBCs sometimes pass through it to maternal circulation
 - None of the above
621. HCG ;
- Its α subunit is similar to that of FSH
 - Its β subunit is similar to that of LH.
 - Its level reaches peak at 10 weeks gestation.
 - Its level is high in case of twins
 - All of the above
622. The following is NOT one of the clinical uses of HCG:
- Treatment of hypothyroidism
 - Treatment of anovulation
 - Prenatal diagnosis of fetal anomalies
 - Diagnosis of cases of molar pregnancy

- e. Follow up of cases of chorionic carcinoma
- 623. As regarding human placental lactogen, all the following are true EXCEPT :**
- a. It is a polypeptide hormone
 - b. Produced from 6 weeks post conception
 - c. It reaches its peak level at 28 weeks
 - d. It has anti-insulin activity
 - e. All of the above
- 624. Progesterone during pregnancy, all the following is true EXCEPT :**
- a. It relaxes the uterus
 - b. Prepares endometrium for implantation
 - c. Relaxes the wall of the colon
 - d. Causing hypertrophy of the ureter
 - e. None of the above
- 625. Estrogen during pregnancy :**
- a. Has a fetal precursor
 - b. Low levels are found in anencephaly
 - c. Increases uterine vascularity
 - d. Activate Oxytocin receptors
 - e. All of the above
- 626. The liquor amnii:**
- a. Amount is constant through out pregnancy
 - b. Passes inside the fetal alveoli during fetal breathing movement
 - c. The fetus has no role in its production
 - d. Reaches maximum volume at 24 weeks
 - e. Its volume is related to the maternal intake of fluids
- 627. As regarding the amniotic fluid, the following is NOT true :**
- a. Lubricates the birth canal during labor
 - b. Its volume, composition and source are constant during pregnancy
 - c. Increase in case of maternal diabetes
 - d. Decrease in its amount lead to skeletal anomalies of the fetus
 - e. Decreased amount is associated with fetal distress
- 628. The following is true about polyhydramnios**
- a. The liquor volume is more than 1000ml.
 - b. Associated with poorly controlled diabetes
 - c. More with dizygotic than monozygotic twins
 - d. Chronic type is treated with immediate termination
 - e. All of the above

Bleeding in early pregnancy

629. **threatened abortion All the following is true, EXCEPT:**
- a. The uterine size is typically less than expected for the period of gestation
 - b. Progesterone therapy is useful
 - c. Pain may be absent
 - d. Vaginal bleeding is present in most cases
 - e. Bed rest may prevent miscarriage
630. **In case of threatened abortion, all the following are true EXCEPT:**
- a. Bleeding is always slight
 - b. The cervical os is closed
 - c. The pregnancy continues in most cases
 - d. Admission to hospital is necessary
 - e. None of the above
631. **In inevitable abortion of 10 weeks pregnancy, the following are true EXCEPT:**
- a. Bleeding is heavy
 - b. Colicky pain
 - c. Internal os is closed
 - d. Hypovolaemic shock may be present
 - e. Termination of pregnancy is recommended
632. **The following are true regarding of inevitable abortion EXCEPT :**
- a. Severe pain
 - b. Sever bleeding with closed cervix
 - c. The vital signs may be affected
 - d. Presence of the fetus which may be living by sonar.
 - e. Evacuation should be done.
633. **Incomplete abortion:**
- a. May be treated by suction curettage
 - b. May lead to development of pelvic infection unless treated with antibiotics
 - c. Is usually diagnosed by ultrasound scan
 - d. Commonest in the 1st trimester of pregnancy
 - e. All of the above
634. **The following statements regarding missed abortion is NOT true:**
- a. It implies that despite fetal death, the pregnancy has been retained
 - b. Ultrasound is helpful in its diagnosis
 - c. Milk secretion may start from the breast
 - d. There may be brownish vaginal discharge
 - e. There are exaggerated pregnancy symptoms
635. **A patient with a missed abortion**
- a. There is increased risk of coagulopathy
 - b. May develop septic abortion
 - c. Has uterus smaller than expected from her dates
 - d. May presents with a brown vaginal discharge
 - e. All of the above
636. **All the following regarding missed abortion are true EXCEPT :**
- a. It implies that despite fetal death, the pregnancy has been retained
 - b. Ultrasound is helpful in its diagnosis
 - c. Milk secretion may start spontaneously from the breast
 - d. There may be brownish vaginal discharge
 - e. There are exaggerated pregnancy symptoms

- 637. Septic abortion**
- Results from exposure to gonorrhoea during pregnancy
 - Clostridium organisms is the commonest cause
 - May lead to the development of septic shock
 - Should be treated by immediate curettage of the uterus in all cases
 - None of the above
- 638. All the following pathogens are involved in septic abortion EXCEPT:**
- E. coli
 - Hemolytic streptococci
 - Clostridium perfringens
 - Mycobacterium tuberculosis
 - Listeria monocytogenes
- 639. The treatment of septic abortion may include the following:**
- Emptying the uterus
 - Intravenous administration of antibiotics
 - Corticosteroids
 - Blood transfusion
 - All of the above
- 640. Techniques for 2nd trimester abortions include all of the following EXCEPT :**
- Dilation and evacuation
 - Prostaglandin E2 vaginal suppositories
 - Extra-ovular prostaglandin F2 α
 - Intra-amniotic hypertonic saline
 - None of the above
- 641. All are true for recurrent abortion , EXCEPT :**
- It is termed if 3 or more induced abortion
 - Chromosomal anomalies are common in 1st trimester
 - Many investigations are needed to reach diagnosis
 - Syphilis can cause recurrent 2nd trimestric abortion
 - None of the above
- 642. All the following is true regarding recurrent (habitual) abortion EXCEPT:**
- The most common hormonal cause in habitual abortion is progesterone deficiency
 - No etiology is identified in 50%.
 - The incidence is 1% of abortions.
 - It is defined as 3 consecutive induced abortions
 - None of the above
- 643. All the following might be cause of habitual abortion in the 1st trimester EXCEPT:**
- Luteal phase insufficiency
 - Maternal chromosomal abnormality
 - Cervical incompetence
 - Maternal medical disease
 - None of the above
- 644. Causes of first-trimester abortion include:**
- Malaria infection
 - Rubella
 - Syphilis
 - XO karyotype in the embryo
 - Trisomy 21 in the embryo
- 645. First trimester abortion may be due to ;**
- Inadequate estrogen production
 - Chromosomal abnormality of the fetus
 - Incompetence of the internal cervical os
 - Maternal diabetes
 - Placenta previa

- 646. Regarding immunological factors in patients with recurrent abortions, all the following is true EXCEPT:**
- Couples share fewer HLA antigens than usual
 - Leukocyte transfusions have promising results
 - Circulating anticardiolipin antibody
 - ♀ lack the inhibitors of cell-mediated immunity usually produced during pregn.
 - Fetal survival after prednisolone therapy.
- 647. Cervical incompetence, all the following is true EXCEPT :**
- Causes second trimester habitual abortion
 - May be congenital
 - Diagnosed by follicular phase hystero-graphy
 - Associated with previous instrumental delivery
 - Is associated with painless premature labor
- 648. Cervical incompetence, all the following is true EXCEPT :**
- Typically causes painful abortions
 - Typically causes mid-trimester abortion
 - Treated by cervical cerclage which is best performed early in the second trimester
 - May lead to premature rupture of the membranes
 - Diagnosed by luteal phase hystero-graphy
- 649. The following are common findings in incompetent cervix syndrome EXCEPT :**
- Painless dilatation of the cervix
 - The aborted fetus shows lethal anomalies
 - A history of cervical trauma
 - Spontaneous rupture of membranes at mid-pregnancy
 - Recurrent miscarriage at 14 to 16 weeks gestation
- 650. A woman spontaneously aborts at 14 weeks gestation . Her two prior pregnancies also aborted spontaneously at 22 and 16 weeks respectively. Which of the following tests would help to evaluate her obstetric history?**
- Antibody determination of maternal blood groups
 - Karyotype analysis of the products of conception
 - Hysterosalpingogram
 - Glucose tolerance test
 - VDRI
- 651. The following is true regarding recurrent abortion :**
- The cause of the majority of cases of recurrent miscarriage remains unidentified
 - Recurrent miscarriage affects about 10-15% of ♀ in the reproductive age group
 - Bed-rest may help prevent recurrent miscarriage
 - The chances of pregnancy after one miscarriage are less than 50%
 - Recurrent miscarriage can be prevented by the use of aspirin and heparin
- 652. All the following are of proven benefit in ♀ with recurrent abortions EXCEPT :**
- Tetracycline therapy
 - HCG injection
 - McDonald suture
 - Progesterone
 - Low dose aspirin

653. As regarding abortion, all the following is true **EXCEPT** :
- Spontaneous abortion occurs in around 20% of pregnancies
 - Estrogen deficiency is a common cause of 1st trimester abortion
 - The major cause of first trimester abortion is Chromosomal anomalies
 - Hyperprolactinemia prior to pregnancy increases the risk of abortion
 - Immunological factors might be a cause of habitual abortion
654. A 27 –years –old G1 P0 woman at 5 weeks gestation came to your clinic with spotting vaginal bleeding with the cervix closed. The next day she has heavy vaginal bleeding and passage of tissue. She comes into the emergency room 3 hours later because of persistent cramping and vaginal bleeding. The tissue has a frond like, floating appearance in saline. On examination the cervical os is open. Which of the following is the most likely diagnosis?
- Incomplete abortion
 - Ectopic pregnancy
 - Molar pregnancy
 - Ruptured corpus luteum
 - Completed abortion
655. In the previous case , what is the most appropriate plan of management?
- Diagnostic laparoscopy
 - Follow up by β HCG
 - Progesterone administration
 - Folic acid and vitamins
 - Evacuation of uterus.
656. The following is a complication of the chosen line of treatment in the previous item.
- Gas embolism
 - Gastric irritation
 - Uterine perforation
 - Salt and water retention
 - None of the above
657. Ectopic pregnancy may be associated with all of the following **EXCEPT** :
- In vitro fertilization and embryo transfer
 - IUD
 - Injectable contraception (Depo-Provera)
 - Previous laparoscopic sterilization
 - Previous Cesarean section
658. In ectopic pregnancy, the following is **NOT** true
- Pain precedes Bleeding
 - Shoulder pain is an important symptom
 - The isthmus of the tube is the commonest site of implantation
 - The incidence is higher in women fitted with intrauterine devices
 - Ultrasound scan can help in diagnosis
659. Ectopic pregnancy, all the following is true **EXCEPT** :
- Is associated with uterine enlargement
 - Is situated in the ovary in about 0.5% of all cases
 - Is more dangerous when it is situated in the isthmus of the Fallopian tube
 - Can be diagnosed even before it has rupture
 - Is a complication of assisted conception
660. Ectopic pregnancy has these criteria, **EXCEPT** :
- PID may be a cause
 - Pain always occur before bleeding
 - Vaginal bleeding always present.
 - It may occur in the cervix
 - Can be treated with Methotrexate

- 661. The following features is diagnostic for ectopic pregnancy**
- Amenorrhea of 14 weeks
 - Arias Stella reaction on endometrial histology !
 - Heavy vaginal bleeding
 - Decidual tissue at curettage
 - None of the above
- 662. Regarding ectopic pregnancy, the following is true :**
- The affected tube must be removed
 - The ipsi-lateral ovary must be removed
 - Culdocentesis shows blood in undisturbed cases
 - Tender adnexal mass suggests the diagnosis
 - Diagnostic laparoscopy has no place in diagnosis of disturbed cases
- 663. Regarding the diagnosis of early disturbed ectopic pregnancy, the following is true:**
- Transvaginal ultrasound is helpful in conjunction with HCG.
 - Clinical examination is diagnostic
 - Laparoscopy can not diagnose early cases
 - β -subunit HCG is doubled every 48 hours
 - Culdocentesis is diagnostic
- 664. In the diagnosis of suspected case of EP, all the following is true EXCEPT :**
- Ultrasound scan is not useful
 - Serum beta HCG estimation is of value
 - The patient will be anemic
 - Laparoscopy is essential
 - The diagnosis is usually obvious from the history
- 665. In the differentiation of ectopic gestation from acute pelvic inflammatory disease the following investigations would be helpful EXCEPT :**
- White cell count
 - Erythrocyte sedimentation rate (ESR)
 - Culdocentesis
 - Diagnostic laparoscopy
 - Pregnancy test
- 666. As regards the management of ectopic pregnancy, the following is NOT true**
- The majority of undisturbed cases can be treated laparoscopically
 - Cervical pregnancy may need hysterectomy.
 - Few ectopic pregnancies can resolve spontaneously
 - Laparoscopy is preferred in shocked patients.
 - Some cases can treated without surgery
- 667. Contraindication to medical therapy (Methotrexate) in tubal pregnancy is:**
- Ectopic size 3 cm or less
 - Desire for future fertility
 - History of active hepatic or renal disease
 - A sonographic non viable pregnancy
 - Absence of active bleeding
- 668. A 22 –years-old woman at 8 week's gestation has vaginal spotting. Her physical examination reveals no adnexal masses. The HCG level is 400 mIU/ mL and the transvaginal ultrasound shows no pregnancy in the uterus and no adnexal masses. Which of the following is the best next step?**
- Laparoscopy
 - Methotrexate
 - Repeat the HCG level in 48hour
 - Dilatation and curettage
 - Abdominal ultrasound

669. A 29 years-old woman comes to the emergency room and reports that she fainted at work earlier in the day. She has mild vaginal bleeding. She complain of abdominal pain. Her abdomen is diffusely tender and distended. In addition her pulse rate is 120/mm , and B.P is 90/60 mmHg. To confirm the diagnosis suggested by the available clinical data, the best diagnostic procedure is:
- Pregnancy test
 - Posterior colpotomy
 - Dilatation and curettage
 - Culdocentesis
 - Laparoscope
670. Regarding chromosomes of complete vesicular moles, the following is true:
- Chromosomal complement of XY
 - Being androgenic in origin
 - Has a trisomic chromosomal constitution
 - Invasive mole shows diploidy
 - All of the above
671. Hydatidiform mole, all the following is true EXCEPT :
- Usually has female chromosomes
 - Arises from the amnion
 - Avascularity of the trophoblastic villi
 - Secrets TSH hormone
 - Shows trophoblastic proliferation
672. Partial hydatidiform mole:
- May develop into complete mole
 - Is chromosomally 46xx
 - May be accompanied by a fetus in utero
 - Is more common than complete mole
 - Will develop into choriocarcinoma in 5% of cases
673. Sign and symptoms of a hydatiform mole include all the following EXCEPT:
- Hyperemesis
 - Hard feel of uterus
 - Breathlessness
 - Tachycardia
 - Hypotension
674. Hydatidiform moles, all the following is true EXCEPT:
- Shows a snow storm appearance on ultrasonic examination
 - Commonly presents with vaginal bleeding
 - Are complicated by thyrotoxicosis
 - Is associated with ovarian dermoid cysts
 - May invade blood vessels and metastasis to the lungs
675. Hydatiform mole may present by any of the following EXCEPT:
- As a coincidental finding on ultrasound scan
 - With vaginal bleeding
 - Hypothyroidism
 - Mid-trimester pre-eclampsia
 - Large for dates uterus at booking
676. A25 years –old Patient, P1+1, , she has vesicular mole with fundal level at 20 weeks,the best line of treatment is:
- D&C
 - Suction evacuation
 - Hysterotomy
 - Hysterectomy
 - Any of the above

- 677. Following treatment of vesicular mole, the following is NOT true:**
- Patient should be followed up six monthly for two years
 - Serum HCG levels should fall to within the normal range within six weeks
 - Pregnancy should be avoided by insertion of an IUCD.**
 - Hysterectomy does not reduce the necessity for HCG monitoring
 - Abnormal regression curve of HCG is an indication for chemotherapy
- 678. Theca lutein cyst are characterized by the following EXCEPT:**
- Are best treated conservatively
 - Are best treated surgically**
 - Are seen occasionally in molar pregnancy
 - Are seen in ovarian hyperstimulation syndrome
 - Are liable to complications including hemorrhage, rupture and torsion
- 679. The following are true for complete mole EXCEPT :**
- Uterus usually larger in size
 - The amniotic sac contains vesicles**
 - Pre-eclampsia may occur in this patient before 20 weeks of gestation
 - Hysterectomy may be an option for management
 - None of the above
- 680. The following are correct regarding trophoblastic disease:**
- Complete mole are usually homozygous 46 XX and derived solely from the father**
 - Woman with trophoblastic disease does not need any follow up.
 - Once diagnosed, subsequent pregnancy is contraindicated
 - Women with trophoblastic disease should never use oral contraceptive pill
 - The incidence is not related to certain ethnic groups.
- 681. All the following statement regarding vesicular mole are true EXCEPT :**
- A fetus may coexist in utero.
 - Invasive mole penetrates myometrium and has identifiable chorionic villi.
 - Commonly comprises cells with 46XX chromosomes of paternal origin
 - More common in mothers over 45 years old
 - After evacuation of a vesicular mole, the patient is monitored using HPL assays**
- 682. In gestational trophoblastic disease, all the following is true EXCEPT:**
- Hydatidiform moles arise from paternal genetic material
 - Chorionicarionoma shows absence of chorionic villi.
 - There is a high incidence in south–East Asia
 - Suction evacuation is the commonest line of treatment
 - Over 80% of patients with hydatidiform mole have HCG levels that return to normal by 2 weeks after suction evacuation**
- 683. A 29 years –old patient who was admitted with a history compatible with an incomplete abortion was found at the time of evacuation of the uterus to have vesicular tissue in the product of conception. The following statements are appropriate:**
- The tissue should be sent for histology**
 - The patient should sent for chromosomal analysis
 - The diagnosis is invasive mole
 - Requires follow-up with urinary pregnancy tests
 - Caused by transplacental infection of rub

Ante-partum hemorrhage

- 684. Ante-partum hemorrhage include the following cases:**
- Bleeding from the genital tract after age of viability and before fetal maturity
 - Bleeding from the genital tract after age of viability and before onset of labor
 - Bleeding from genital tract after age of viability & before delivery of fetus
 - Bleeding from the genital tract before the age of viability of the fetus.
- 685. Ante –partum hemorrhage.**
- Defined as bleeding from the genital tract before onset of labor
 - May be caused by hypofibrinogenaemia
 - May be caused by cervical carcinoma
 - It always painless
 - Vaginal examination is contraindicated
- 686. As regards vasa previa:**
- It is a common condition
 - It occurs with circumvallate placenta
 - It can be treated by a conservative way
 - It is the only fetal cause of ante partum hemorrhage
 - None of the above
- 687. Bleeding in vasa previa has the following characters EXCEPT :**
- The bleeding is maternal in origin
 - The RBCs detected in the blood are nucleated
 - The blood resists the action of alkali addition and alkali hematin formation
 - The bleeding result in serious early fetal distress
 - Delivery is by CS.
- 688. The following are causes of placenta previa EXCEPT:**
- Placenta accrete
 - Late development of the chorion
 - Development of chorion in decidual capsularis
 - Placenta membranecea
 - Large placentas as placenta of twins.
- 689. Placenta previa is more likely to be found in a pregnancy associated with :**
- Previous recurrent miscarriage
 - Pyometra
 - Previous manual removal of the placenta
 - Previous Cesarean section
 - IVF pregnancy
- 690. The mechanism of bleeding in placenta previa is :**
- Development of retro-placental hematoma.
 - Placental separation due to stretch and elongation of the LUS
 - Myometrial retraction
 - Sudden drop of the intra-amniotic pressure
 - Abdominal trauma
- 691. Diagnosis of placenta previa include all of the following EXCEPT:**
- Digital vaginal examination
 - Clinical picture
 - Ultrasonography
 - Risk factors
 - MRI
- 692. The following are criteria for diagnosis of placenta previa , EXCEPT :**
- Malpresentations is common
 - Recurrent mild bleeding always present
 - Fetal distress is uncommon
 - Blood is usually fresh
 - Pain mostly absent

693. A 20 year old primigravida is admitted at 39 weeks gestation with a mild painless ante-partum hemorrhage. On examination the uterus is soft, non-tender and the head is not engaged. The fetal heart is audible. The following are correct:
- The cause of ante partum hemorrhage is concealed accidental hemorrhage
 - Vaginal examination is essential to tell the patient in labor or not
 - An ultrasound scan should be a priority examination
 - A speculum examination should be done on admission
 - Management should be conservative
694. Termination of pregnancy in patient with placenta previa is indicated in all of the following EXCEPT
- Patient in labor
 - Placenta previa of grade III maturity
 - Severe bleeding
 - Mature fetus
 - Recurrent attacks of ante-partum hemorrhage
695. The following are indication for termination of pregnancy in pl. previa EXCEPT:
- Placenta previa centralis
 - Sever bleeding
 - Fetal distress
 - Preterm labor pain
 - Pregnancy duration 38 weeks or more
696. Regarding cesarean delivery in cases of placenta previa, the following is NOT true :
- Upper segment cesarean section is preferred
 - Vertical incision of the lower segment might be needed
 - Lower segment CS offers better control of bleeding from the placental bed.
 - LUS cesarean section may show difficulties in case of placenta previa anterior
 - Cesarean hysterectomy may be needed in cases of placenta previa anterior
697. All of the following are true for the management of placental previa, EXCEPT :
- Antishock measures
 - Antifibrinolytic agents
 - C.S is the best line of termination
 - Measures against post-partum hemorrhage.
698. All of the following are correct for placenta previa. EXCEPT :
- Previous C.S is a risk factor.
 - It may lead to placenta accrete
 - It may cause post-partum hemorrhage
 - It always covers the internal os
699. The following is true regarding placenta previa:
- Its incidence decreases with maternal age
 - Its incidence is unaffected by parity
 - The hemorrhage is usually painful
 - Vaginal examination should be done immediately upon suspicion of placenta previa
 - Cesarean section is the main mode of delivery.
700. The following is true regarding placenta previa EXCEPT:
- The incidence of placenta previa is one in every 200 pregnancies
 - Pl. previa is more common in multigravidas especially with previous CS.
 - Placenta previa with velamentous insertion of the cord results into vasa previa
 - Placenta previa with succentrate lobe results into vasa previa
 - Consumptive coagulopathy is a frequent complication
701. All are correct for placenta previa, EXCEPT:
- Previous C.S is a risk factor
 - Commonly associated with post-partum hemorrhage
 - The fetus is always distressed
 - Placenta accrete is a common association
 - CS is a common mode delivery.

- 702. Regarding bleeding due to placenta previa , all the following is true EXCEPT:**
- May be associated with labor pains
 - Due to placental separation
 - May be associated with shock
 - Is always an indication to terminate pregnancy
 - Can be controlled by amniotomy of the patients is in labor
- 703. The following are correct causes of 1ry PP Hge e in case of pl. prvia , EXCEPT:**
- Atony of the uterus
 - Retained fragement
 - Lacerations of the lower segment
 - Infection
- 704. The following are complications of placenta previa, EXCEPT:**
- Puerperal sepsis
 - Post-partum hemorrhage
 - Rupture uterus
 - Prematurity
 - Hypovolemic shock
- 705. Placental abruption is associated with all of the following EXCEPT:**
- Maternal diabetes
 - Primigravidas
 - Direct trauma
 - Smoking
 - Pre-eclampsia
- 706. The following are risk factors for the development of placental abruption EXCEPT**
- Smoking
 - Folic acid deficiency
 - Pre-eclampsia
 - History of threatened abortion
 - Previous placental abruption
- 707. The following are causes of renal failure in accidental hemorrhage EXCEPT**
- Diminished blood supply to the nephron due to underlying pre-eclampsia
 - Utero- renal reflex
 - Neurogenic shock
 - Hypovolemic shock
 - None of the above
- 708. The most important cause for retained blood in the concealed variety is :**
- Firm placental edge attachment
 - Deeply engaged head
 - Atonic uterus
 - Adherent membranes
 - Passage of the blood to the amniotic fluid
- 709. A couvelaire uterus**
- May be an indication for hysterectomy
 - Does not contract with any stimulation
 - Results from excessive oxytocin
 - Requires fibrinogen therapy
 - A complication of placenta previa
- 710. In treatment of a large concealed accidental hemorrhage,all the following should be performed EXCEPT:**
- Four-hourly vaginal examinations
 - Measurement of plasma flbrinogen
 - Amniotomy is valuable
 - Amniotomy should be done after initial response to oxytocin
 - Delivery be Cesarean section if fetal heart present

- 711. A 20 years old primigravida is admitted with a painful ante partum hemorrhage. The blood pressure is 140/90 and the fetal heart is not heard. What treatment will she requires.**
- Blood replacement
 - Fibrinogen level evaluation
 - Syntocinone followed by amniotomy
 - Central venous pressure measurement
 - All of the above
- 712. following are causes of coagulation defect in cases of accidental Hge EXCEPT:**
- Consumption of coagulation factors in retro-placental hematoma
 - Liver pathology from underlying pre-eclampsia
 - Diminished renal blood flow
 - DIC from released tissue thromboplastin
 - None of the above
- 713. All the following are causes of primary post –partum hemorrhage in a case of concealed accidental hemorrhage EXCEPT:**
- Atony of the uterus
 - Cervical laceration
 - Coagulation defect
 - Retained placenta
 - Couvelaire uterus
- 714. Complications of abruption placentae include all of the following EXCEPT**
- Hemorrhagic shock
 - Consumptive coagulopathy
 - Acute renal failure
 - Cerebral hemorrhage
 - IUFD if more than 1/2 the placenta is separated
- 715. All the following is true about placental abruption EXCEPT**
- Coagulopathy results from consumption of clotting factors by the retro pl. clot
 - Renal failure may occur
 - May lead to post-partum hemorrhage
 - The fetal prognosis is good especially in concealed variety
 - Sheehan syndrome may occur
- 716. In concealed accidental hemorrhage the following is true :**
- There is no vaginal bleeding as the separation is mild
 - The bleeding escapes to the peritoneal cavity
 - The uterus is atonic
 - The fetal prognosis is usually good
 - CS is the main route of delivery
- 717. The following is NOT true regarding accidental hemorrhage**
- The bleeding is always massive
 - Immediate termination is needed in all cases
 - Mixed variety is treated conservatively
 - Fetal prognosis is good in concealed variety
 - All of the above

Hypertensive disorders of pregnancy

718. The following is **NOT** a risk factor for pregnancy induced hypertension (PIH)
- Multiple gestation
 - Diabetes
 - White races
 - Chronic hypertension
 - Age younger than 20 years
719. There is an increased risk of developing PET with all of the following **EXCEPT**:
- Diabetes
 - Pimigravidas
 - Hydatidform mole
 - Maternal cardiac disease
 - Increasing maternal age
720. All the following are suggested etiological theories for pre-eclampsia **EXCEPT** :
- Immunological theory
 - Placental insufficiency theory
 - Abnormal placentations
 - Prostaglandin level disturbance
 - Progesterone withdrawal theory
721. The patho-physiology of pre-eclampsia is characterized by :
- Vasospasm
 - Hemodilution
 - Vasodilaton prostaglandins are increased
 - Vasodilatation followed by vasospasm
 - All of the above
722. The most common retinal change seen in a patient with pre-eclampsia is :
- Papilloedema
 - Vasospasm of the retinal arterioles
 - Retinal hemorrhages
 - Retinal exudates
 - None of the above
723. The following are features of HELLP syndrome **EXCEPT**:
- Low platelets
 - Elevated trans-aminases
 - Low hemoglobin
 - High risk of maternal mortality
 - High risk of fetal mortality.
724. Evaluation of patient with severe PET should include all of the following **EXCEPT**:
- Platelet count
 - Urine analysis
 - Serum creatinine
 - Serum magnesium determination
 - Serum trans-aminase determination
725. The following are signs of severe pregnancy-induced hypertension (PIH) **EXCEPT**
- Oligohydramnios
 - Proteinuria in excess of 1g/24 hours
 - Thrombocytopenia
 - Elevated serum creatinine
 - Elevated transaminase

726. All the following are signs of severe pre-eclampsia EXCEPT :
- Headache
 - Visual disturbances
 - Blood pressure of 190/120
 - Convulsions
 - Proteinuria more than 5 grams in 24 hours
727. Which of the following is most likely to be seen on a urine analysis in a patient with pre-eclampsia?
- Proteinuria
 - Hematuria
 - Glycosuria
 - Ketonuria
 - Hemoglobinuria
728. All the following are laboratory findings may be seen in cases of PET EXCEPT:
- Proteinuria
 - Reduced hemoglobin and hematocrite
 - Elevated liver enzymes
 - High uric acid
 - Low platelet count
729. The most common cause of proteinuria during pregnancy :
- Pre-eclampsia
 - Contamination of urine by vaginal discharge
 - Renal disease
 - Urinary tract infection
 - Anemia
730. All the following are causes of bilateral LL edema during pregnancy EXCEPT:
- Twins
 - Renal failure
 - Pre-eclampsia
 - Deep venous thrombosis
 - Allergic reaction
731. The following is true regarding the treatment of pr-eclampsia :
- Antihypertensive improves the fetal outcome
 - Medical treatment is indicated in every case of pre-eclampsia
 - Retinal affection is an indication for immediate termination
 - Magnesium sulphate is used in every case of pre-eclampsia
 - Immediate termination of pregnancy is needed in very case
732. All the following is true about magnesium sulphate (MgSO₄) EXCEPT :
- Prevent convulsions by central and peripheral mechanisms
 - It is given subcutaneous
 - Given by loading and maintenance doses.
 - Can cause respiratory depression
 - Can cause marked C.N.S. depression
733. The following is NOT true regarding MgSO₄ :
- Given for cases of severe pre-eclampsia or imminent cases
 - Respiratory rate should be observed during its administration
 - It is mild vasoconstriction
 - It has a diuretic effect.
 - None of the above
734. The following precautions should be taken during MgSO₄ administration EXCEPT:
- Maternal pulse
 - Respiratory rate
 - Urine output
 - Tendon reflexes
 - Magnesium level in the serum

- 735. All are indications for immediate termination of a case of pre-eclampsia EXCEPT :**
- Poor fetal wellbeing in utero
 - Intra uterine growth retardation
 - HELLP syndrome.
 - Mature fetus
 - Retinal affection
- 736. The following is a common in management of labor in a case of PET. EXCEPT :**
- Continuous monitoring of the fetal heart sounds
 - Complete aseptic precautions during delivery
 - Shortening the 2nd stage of labor by forceps.
 - Active management of the 3rd stage with ergometrine administration
 - Maternal observation after delivery for replacement of any blood loss.
- 737. All the following are fetal complications of pre-eclampsia EXCEPT:**
- Intra –uterine growth retardation
 - Pre-maturity
 - Fetal cardiac anomalies
 - Intra-uterine fetal death
 - None of above
- 738. All are true for mild pre-eclampsia (PET), EXCEPT:**
- It may progress into sever type
 - It is not associated with any complication
 - It may superimpose patient with chronic hypertension
 - Hypertension do not exceed over 140/90
 - Antihypertensive & anticonvulsant drugs are the main line of ttt of mild cases
- 739. In ante-partum pre-eclampsia , all the following is true EXCEPT:**
- Treatment with diuretics is beneficial
 - Maternal placental blood flow falls
 - There is a greater incidence of hypertension in later life.
 - Renal failure may occur
 - Occult edema is an early sign
- 740. The following is true regarding pre-eclampsia :**
- Usually develops after the fetal death
 - Termination of pregnancy is the only defensive treatment
 - Proteinuria is the earliest sign of pre-eclampsia
 - The etiology of pre-eclampsia is due to uterine ischemia
 - Visual disturbances occur in mild cases.
 - All of the above
- 741. In pre-eclampsia**
- Edema is not always present
 - A single reading of 140/90 mmHg implies pre-eclampsia
 - There is increased renal blood flow
 - HELLP syndrome is best treated conservatively
 - All of the above
 - .None of the above
- 742. The following is true regarding pre-eclampsia :**
- The basic pathology of pre-eclampsia is renal ischemia .
 - Pre-eclampsia is not affected by the parity.
 - Imminent eclampsia with a premature fetus is best treated conservatively
 - Renal complication are uncommon
 - All of the above
 - None of the above\\

- 743. All the following are criteria of pre-eclampsia EXCEPT :**
- Edema may be absent
 - Never occurs before 20 weeks of gestation
 - Pre-maturity of pregnancy is the main fetal risk
 - Termination of pregnancy is the main line of treatment
 - Hypotensives reduce risk of maternal complications
- 744. A 27 years old primigravida pregnant + 36 weeks coming for her routine ANC, on examination she is found to have a BP of 140 / 90 mm Hg, mild lower limb edema and Proteinuria of 3 gram/ 24 hours, the following is true regarding the treatment of this case:**
- Immediate delivery is recommended
 - She should start anti-hypertensives
 - Diuretics are effective treatment option
 - Bed rest has no therapeutic effect.
 - Low dose aspirin offers a good line of treatment
- 745. A 30 years old primigravida at 37 weeks gestation came to the delivery unit with a blood pressure 170/120, heavy Proteinurea, exaggerated deep tendon reflexes, and pretibial, hand and facial edema. Appropriate management includes all of the following EXCEPT:**
- CBC, creatinine, liver function testes, platelet count, coagulation profile
 - Intravenous or intra-muscular therapy with magnesium sulfate
 - Induction of labor after rapid stabilization
 - Intravenous Apresoline (hydralazine) immediately for persistent BP elevation.
 - Amniocentesis for lecithin/ sphingomyelin ratio.
- 746. Eclampsia, all the following are true EXCEPT:**
- Rarely occurs in multigravida patients
 - Most of cases occur postpartum
 - Cause hyper-reflexia
 - Causes reversible neurological deficit
 - Should be managed in a semi-darkened room
- 747. The following is true regarding eclampsia :**
- Peripheral edema is common
 - Blood volume is increased
 - Immediate delivery under general anesthesia is the treatment of choice
 - Beta blockers is the best antihypertensive therapy
 - Delivery is contraindicated before 34 weeks
- 748. In eclampsia :**
- Large doses of I.V sedation are given
 - C.S is the main mode of delivery
 - Hypotensive drugs should not be used
 - Ergometrine should be used in the 3rd stage of labor
 - Urinary output is increased
- 749. Eclampsia :**
- Usually occurs during delivery
 - Is a non preventable condition
 - Rarely occurs in mild pre-eclampsia
 - The first action should be to control the fits.
 - The maternal mortality is 70%
- 750. Eclampsia :**
- Should be treated by large dose of diuretics
 - Can be managed at home
 - Convulsions never occurs post-partum
 - Needs heavy sedation
 - Can be treated conservative

Medical disorders of pregnancy

751. Pregnancy has which of the following effects on diabetic woman

- a. Hyperglycemia during early pregnancy
- b. Increase insulin in early pregnancy
- c. Decrease insulin requirement
- d. May mask already existing diabetes
- e. All of the above
- f. None of the above

752. Maternal diabetes is associated with the following symptoms in the fetus or neonate

- a. Macrosomia in the fetus
- b. Delayed pulmonary maturity in the fetus
- c. Hypoglycemia in the newborn
- d. Hypocalcemia in the newborn
- e. All of the above
- f. None of the above

753. Pregnancies with poorly controlled D.M complicated by all the following EXCEPT:

- a. Delayed fetal pulmonary maturation
- b. Increased amniotic fluid volume
- c. Higher risk of urinary tract infection
- d. Neonatal hypomagnesemia
- e. Neonatal hyperglycemia

754. Pregnant women who have DM are affected more often by all of the following conditions EXCEPT:

- a. Pre-eclampsia and eclampsia
- b. Post-term pregnancy
- c. Infection
- d. Postpartum hemorrhage after vaginal delivery
- e. Hydramnios

755. Obstetric complications of diabetes mellitus include the following EXCEPT:

- a. Congenital fetal malformations
- b. Intrauterine fetal death
- c. Macrosomia
- d. Oligohydramnios
- e. None of the above

756. The following contribute to good control of diabetes in pregnancy EXCEPT

- a. Diet control is an essential part
- b. Avoid excess weight gain
- c. Oral hypoglycemic drugs in mild cases
- d. Twice-daily mixture of short & medium acting insulin
- e. Elimination of infection

757. Good control of diabetes in pregnancy, all the following are true EXCEPT:

- a. Maintains blood sugar levels below 200 mg.
- b. Is achieved by twice daily injections of insulin
- c. Reduces the incidence of polyhydramnios
- d. Reduces the incidence of congenital abnormalities
- e. Reduces fetal hyperinsulinism

758. Insulin adjustment during pregnancy :

- a. Make diet manipulation unnecessary
- b. Three-injection regimen is needed in most cases
- c. The evening dose is usually higher than the others
- d. The dose is usually fixed throughout pregnancy
- e. All of the above
- f. None of the above

759. Gestational diabetes mellitus

- a. Urine glucosuria is diagnostic
- b. Can be excluded by a fasting glucose
- c. Improves by progression of pregnancy
- d. Is an indication for induction at 38 weeks
- e. It a precursor of diabetes in later lif

760. Diabetes in pregnancy :

- a. Diabetes may develop due to the anti-insulin effects of preg. related hormones
- b. Maternal glucose crosses the pl. into fetal circulation via active transport
- c. A glycosylated Hb A if of greater than 6% is diagnostic of diabetes
- d. May be controlled by oral hypoglycemic drugs during the first trimester
- e. All of the above

761. Physiologic anemia of pregnancy is due to :

- a. Increase iron requirements
- b. Increase folic acid requirements.
- c. Increase plasma volume more than RBCs mass.
- d. Repeated blood loss
- e. All of the above.

762. Anemia with pregnancy is diagnosed when HB level is:

- a. 13- 14 g/ dL.
- b. 11-12½ g/ dL
- c. <10g/ dL
- d. All of the above

763. Folic acid deficiency during pregnancy is associated with the following EXCEPT:

- a. Hyper segmented neutrophils
- b. Megaloblastic erythropoiesis
- c. Increased infection
- d. Megaloblastic anemia
- e. Abruption placentae

764. During normal pregnancy, the following statement is not true :

- a. Daily requirements of iron is increased
- b. No need for iron supplement if the diet is adequately enriched in iron
- c. Daily requirements of folic acid is about 0.8 – 1 mg / day
- d. Folic acid supplement decreases the incidence of neural tubal defects
- e. All of the above

765. Anemia in pregnancy may be associated by any of the following EXCEPT:

- a. Folic acid deficiency
- b. Vitamin D deficiency
- c. Iron deficiency
- d. Chronic pyelonephritis
- e. Multiple pregnancy

766. Anemia in pregnancy, all the following is true EXCEPT:

- a. Defined as hemoglobin of 10 gm % or less
- b. May be due to hemodilution of pregnancy
- c. Microcytic type is due to iron deficiency
- d. Is relatively common in multiple pregnancy
- e. Commonest cause is vitamin B 12 deficiency

767. Management of asymptomatic bacteruria includes:

- a. Expectant management
- b. Induction of labor
- c. Antibiotics
- d. Diuretics
- e. Intravenous hydration

- 768. In asymptomatic bacteruria**
- It is more common than non pregnant women
 - Follow up only is satisfactory initial management
 - Enterobacter is the commonest organism
 - Further urine culture is needed for follow up
 - All of the above
- 769. In asymptomatic bacteruria during pregnancy :**
- Less common than non pregnant
 - It has complex symptoms and signs
 - It needs only follow up
 - E coli is a common causative organism
 - All of the above
- 770. Asymptotic bacteruria in pregnancy :**
- Is found in at least 10% of women at booking
 - Is only regarded as significant when bacterial count is > 60 organisms/ ml
 - Leads in later pregnancy to pyelonephritis in 30%of case
 - Should be treated only if there is a previous history of symptomatic UTI
 - Is usually caused by Streptococcus faecalis
- 771. Which of the following factors does NOT contribute to an acute urinary tract infection during pregnancy, delivery, and the puerperium?**
- Ureteric compression by uterus at pelvic brim
 - Increased urtrteral tone and peristalsis
 - Asymptomatic bacteruria
 - Decreased bladder sensitivity after epidural anesthesia
 - Bladder catheterization following delivery
- 772. Causes of acute abdomen with regency include all the following EXCEPT:**
- Acute pyelonephritis
 - Acute appendicitis
 - Complicated fibroid
 - Sickle cell crisis
 - Chorioamnionitis
- 773. The following is true about urinary tract infections during pregnancy :**
- Asymptomatic becteriuria in pregnancy needs to be treated
 - Acute pyelonephritis on top asymptomatic bacteruria is associated with premature labor and delivery
 - Few woman who are not bacteriuric at their first prenatal visit develop asymptomatic bacteruria
 - The incidence of asymptomatic bacteruria is higher in pregnant women with a low socioeconomic status and increased parity and age
 - All of the above
- 774. Obstetrical causes of acute renal failure include the following EXCEPT :**
- Septic abortion
 - Eclampsia
 - HELLP syndrome
 - Placenta circumvallate
 - Abruption placentae
- 775. Hyperemesis gravidearum , the following is NOT true :**
- More common in multipara
 - May be due to allergy to HCG
 - May be associated with hypokalemia
 - May be associated with Jaundice
 - Vomiting is not related to feeding

- 776. Auscultatory findings in normal preg. women include all the following EXCEPT:**
- A short diastolic murmur at the apex.
 - An ejection systolic murmur over the base of the heart
 - A third heart sound
 - Accentuated 1st heart sound
 - All of the above
- 777. The following is true regarding bacterial endocarditis in pregnancy :**
- Antibiotic prophylaxis is necessary for all women in labor with prosthetic heart valves
 - In obstetric practice bacterial endocarditis is usually caused by fecal streptococci
 - Single IM injection of 80 mg gentamycin at onset of labor provides antibacterial cover
 - All of the above
 - None of the above
- 778. A pregnant ♀ with known rheumatic heart disease complains of slight limitation of activity and ordinary physical activity causes fatigue, palpitation, and dyspnea. The appropriate functional cardiac classification of this patient would be:**
- I
 - II
 - III
 - IV
 - None of the above
- 779. Regarding heart disease in pregnancy**
- Heart failure should not be treated with digoxin
 - Delivery should be by Cesarean section
 - Cardiac surgery is absolutely contraindicated
 - Ergometrine should be avoided in the third stage
 - All of the above
- 780. The following predispose to deep venous thrombosis :**
- Cesarean section
 - Antenatal bed rest
 - Pelvic infection
 - All of the above
 - None of the above
- 781. Regarding D.V.T during pregnancy, all the following s true EXCEPT:**
- More common in those above the age of 35 years
 - Pregnancy results in an imbalance between the thrombolytic & fibrinolytic system
 - Caused by thrombophilia may be associated with recurrent miscarriage
 - Pregnant ♀ with calf pain should have thromboprophylaxis until it is investigated
 - Heparin should be stopped after 1week as it crosses the placenta and is teratogenic
- 782. Regarding Herpes infection in pregnancy**
- If infection occurs in the 1st trimester, termination of pregnancy is a must
 - Topical acyclovir is effective in the treatment of genital herpes
 - Neonatal infection does not lead to neonatal mortality
 - CS is recommended if there is evidence of active primary herpes in labor
 - None of the above
- 783. Regarding Rubella with pregnancy, all the following is true EXCEPT:**
- Maternal infection during the 1st Δ carries a high risk of congenital Rubella syndrome
 - Non pregnant women should be vaccinated against rubella by using M.M.R. vaccine
 - Pregnant women exposed to rubella infection should be vaccinated using MMR
 - Pregnant ♀ exposed to rubella should have repeated estimation of rubella Ab. titer.
 - High IgG antibody indicates old infection or immunity

- 784. Regarding toxoplasmosis with pregnancy, all the following is true EXCEPT:**
- a. Spread to humans may occur by handling of cats or eating undercooked meat.
 - b. It is a common cause of habitual abortion
 - c. The infection is associated with fever and lymphadenopathy
 - d. If initial infection occurs during pregnancy, it may result into fetal anomalies
 - e. Treatment: During pregnancy : Spiramycin.. Non pregnant : pyrimethamine + sulfa

Normal labor

785. Which is NOT a diameter of the pelvic inlet:

- a. Diagonal conjugate
- b. Sacrocotyloid diameter
- c. Anterior sagittal diameter
- d. Obstetric conjugate
- e. True conjugate

786. The smallest antero-posterior diameter of the pelvic inlet is called

- a. Interspinous diameter
- b. True conjugate
- c. Diagonal conjugate
- d. Obstetric conjugate
- e. None of the above

787. Regarding the female bony pelvis, all the following is true EXCEPT:

- a. The widest diameter of the pelvic inlet of a gynecoid pelvis is antero posterior.
- b. The widest diameter of the pelvic outlet is the obstetrical antero-posterior diameter
- c. At the level of the ischial spines, the pelvic axis change its direction
- d. Internal rotation occurs when the occiput at the level of the ischial spines
- e. Internal rotation occurs when the BPD is at the plane of the pelvic cavity

788. The fetal head, all the following is true EXCEPT:

- a. When engaged, usually presents with the suboccipito-bregmatic diameter
- b. Contains an anterior fontanelle immediately behind the bregma
- c. Has one occipital and two frontal bones
- d. May be felt abdominally after engagement has taken place.
- e. All of the above

789. Regarding the fetal skull fontanelles

- a. There are only 2 fontanelles
- b. The posterior fontanelle is closed at 28 weeks of gestation
- c. The anterior fontanelle is closed at birth
- d. The anterior fontanelle is irregular in shape
- e. None of the above

790. The denominator :

- a. Is the occiput a flexed cephalic presentation
- b. Is the fetal part most closely related to the symphysis pubis
- c. Of a vertex presentation is the suboccipito-bregmatic diameter
- d. Of a brow presentation is the chin.
- e. It used to determine the presentation

791. Prior to engagement of the fetal head:

- a. A trial of forceps may be carried out
- b. 3/5 or more of the head palpable abdominally
- c. Spontaneous labor is unlikely to start
- d. Pelvic pressure symptoms are maximum
- e. The lower most part of the head is felt below the ischial spines

792. All are true for engagement , EXCEPT:

- a. It occur when the widest diameter of fetal head pass through pelvic inlet.
- b. Lower most part of fetal head is felt at the level of ischial spine
- c. This means adequate pelvic outlet
- d. Full bladder delays engagement
- e. Delayed in primigravidas

793. Engagement is said to have occurred When which of the following events takes place?

- a. The infant's head is within the pelvis
- b. The biparietal diameter of the infant's head is through the plane of the inlet
- c. The presenting part is just above the level of the ischial spines
- d. The vertex is in the transverse position
- e. The infant's head is flexed

794. All the following is correct regarding engagement EXCEPT:

- a. The biparietal diameter passes the plane of pelvic inlet in cephalic presentation
- b. The lowest part of the head is at stations -1
- c. Contracted pelvis is one of the causes of delayed engagement
- d. In multipara, it may occur only at the 2 stage of labor
- e. Can be diagnosed by the rule of fifths

795. When one fifth of the fetal head is felt abdominally :

- a. Indicates that one fifth of the head is below the pelvic brim
- b. Indicates that the head is engaged
- c. Indicated that forceps should not be used
- d. The head is at level of the ischial spines
- e. Occur at 37 weeks in a brow presentation

796. Regarding asynclitism, all the following is true EXCEPT:

- a. In the anterior parietal bone presentation, the sagittal suture lies posteriorly
- b. In the posterior type, the anterior parietal bone is lower
- c. In the anterior type, the anterior parietal bone has passed symphysis pubis
- d. The anterior type is more common in primigravidas
- e. Asynclitic head is more easily engaged than synclitic head

797. Asynclitism is best defined as:

- a. Flexion of the descending fetal head from pelvic floor resistance
- b. Failure of the sagittal suture to lie exactly midway between S.P & S. promontory
- c. Failure of the descent because of inadequate uterine contractions
- d. Inability of the fetal head to pass through the pelvic inlet
- e. Inability of internal rotation after the fetal head has reached ischial spines

798. The following statements regarding ischial spines are correct EXCEPT:

- a. The obstetric axis change its direction at this point
- b. They indicate a normal pelvis when particularly prominent
- c. They are landmarks for pudendal nerve block procedure
- d. They help to assess station of the presenting part
- e. They lie at the level of the plane of least pelvic dimensions

799. Uterine contractions in labor, the following is NOT true :

- a. Start at cornu
- b. Involve uterine muscle retraction
- c. Are painful due to ischemia
- d. Are efficient at 5 mmHg
- e. Are involuntary

800. All the following are characteristic of active– phase uterine contractions EXCEPT :

- a. They create 40 mm Hg of pressure
- b. They cause dilation of the cervix
- c. They cause thickening of the LUS
- d. They occur every 2 to 4 minutes.
- e. They last for 45 seconds

- 801. In labor uterine contractions :**
- Originate from the lower segment
 - Stronger in the upper than lower segment**
 - Last longer in the lower segment
 - Lead to temporary ischemia in the myometrium
- 802. Uterine activity in labor, all the following is true EXCEPT:**
- Are regular
 - The myometrium acts as a syncytium
 - Uterine pressure waves are generated from the fundus
 - Leads to thickening of the lower segment**
 - Increases the pressure in the amniotic sac
- 803. All the following is true about retraction EXCEPT:**
- A temporary shortening of uterine muscles**
 - It helps dilatation and effacement
 - It is incomplete relaxation
 - It helps separation of the placenta
- 804. Symptoms and signs of the onset of labor include :**
- Braxton – Hicks contractions
 - Absent fetal movement
 - Shortening of the cervix**
 - +Ve thread effect on cervical mucus
 - All of the above
- 805. Regarding the initiation of labor, all the following is true EXCEPT:**
- Associated with increase in placental estrogen production
 - Fetal adrenal gland has a major role
 - Fetal pituitary gland is involved in it
 - Prostaglandin levels in amniotic fluid increase during labor
 - Ferguson's reflex leads to release of maternal corticotrophin (ACTH)**
- 806. The following statements regarding true labor pains are correct EXCEPT:**
- They are regular
 - They are relieved by sedation or enema**
 - They are associated with cervical dilatation
 - They may be associated with rupture of membrane
 - They increase in intensity by time
- 807. Symptoms and signs of the onset of labor include all of the following EXCEPT:**
- Engagement of the fetal head**
 - Uterine contractions
 - Dilatation of the cervix
 - The show
 - All of the above.
- 808. The following is sure sign of onset of labor :**
- Passage of the show
 - Lightening
 - Tense bag of fore-water**
 - Dilatation of the cervix
 - All of the above
- 809. Regarding the first stage of labor, all the following is true EXCEPT:**
- Lasts up to 12 hours in primigravida
 - Starts with true labor pains & ends after delivery of the fetus**
 - Latent phase is the first phase of this stage
 - Includes cervical dilatation & effacement
 - Active phase is characterized by increased rate of cervical dilatation & descent of the presenting part

810. The first stage of labor :

- a. Ends in expulsion of the fetus
- b. Begins when the membranes rupture
- c. Amniotomy is contraindicated
- d. Normally lasts for more than 24 hours in a primigravida
- e. Friedman cervicogram is Sigmoid curve

811. Progress of labor is measured by :

- a. The frequency and intensity of uterine contraction
- b. The rate of cervical dilatation and descent of the presenting part
- c. The length of time since rupture of the membrane
- d. The duration of the first stage
- e. All of the above

812. The second stage of labor :

- a. Uterine contractions are less frequent
- b. Ends with placental separation
- c. Starts with pushing
- d. Is shorter in multipara
- e. All of the above

813. The cardinal movements of labor in an orderly fashion, the following sequences are correct:

- a. Descent, internal rotation, flexion
- b. Engagement, flexion, descent
- c. Engagement, internal rotation, descent
- d. Descent, flexion, engagement
- e. Engagement, descent, flexion

814. The second stage of labor, all the following are true EXCEPT:

- a. Begins with full dilatation of the cervix
- b. Accompanied by the strongest contractions
- c. Ends with delivery of the fetal head
- d. It involves extension of the fetal head
- e. Involves external rotation of fetal head to face laterally

815. The third stage of labor :

- a. Starts early in the second stage
- b. Ends with placental separation
- c. Ends uterine activity
- d. Generally involves blood loss of > 500 cc.
- e. Involves retraction of uterine muscle

816. All are true for 3rd stage of labor EXCEPT:

- a. Its duration is about 30 minutes
- b. Longer in primigravida than multipara
- c. Placental separation is the most common
- d. Bleeding is less with active management
- e. Elongation of the cord is a sign of separation

817. The third stage of labor :

- a. Begins with separation of the placenta
- b. Ends with delivery of the placenta
- c. Associated with the return of the uterus to its pre-pregnant size
- d. Accompanied by an average blood loss of 600 ml
- e. All of the above

818. The following are signs of placental separation in 3rd stage of labor EXCEPT:

- a. Vaginal bleeding
- b. Body of uterus becomes globular & harder
- c. Elongation of the cord
- d. Fundal level becomes lower
- e. None of the above

819. Signs of separation of the placenta are:

- a. Increase in uterine mobility
- b. Widening of the uterine body
- c. Lengthening of the umbilical cord
- d. The patient experiences pain
- e. All of the above

820. The third stage of labor :

- a. Ends with placental separation
- b. Uterine contractions are less than 2nd stage
- c. Blood loss is 500 ml from the placental site
- d. The surface area of the placental bed is reduced
- e. All of the above

821. Placental separation all the following is true EXCEPT:

- a. Often occurs by Schultz mechanism
- b. Duncan mechanism is more liable for retained parts
- c. Uterus becomes more globular, smaller and harder
- d. Takes up to 1/2 hour in primigravida
- e. Can be diagnosed by stop of pulsation of the cord

822. At the time of vaginal examination in labor the attendant should

- a. Wear a mask
- b. Cover the patient with sterile towels
- c. Catheterize the patient
- d. Use antiseptic cream or gel
- e. Use sterile surgical gloves

823. On admission in labor patients in reception room should have the following:

- a. Bath
- b. Enema
- c. Amniotomy
- d. Fluid diet
- e. All of the above
- f. None of the above

824. In the management of the first stage of normal labor :

- a. Cervicogram is one of the main items of partogram
- b. Lying in bed is essential through the first stage of labor
- c. Oral feeding is completely prevented.
- d. Catheterization of the bladder is a must
- e. Vaginal examination is carried every 15 minutes

825. In the management of the 2nd stage of labor :

- a. Lithotomy position is the best position for vaginal delivery
- b. Auscultation of the fetal heart sounds should be less frequent than in 1st stage
- c. Support of the perineum should be started once crowning occurs
- d. Methergine is given before delivery of the head
- e. The head is delivered by extension in between contractions aided by Ritgen's maneuver

826. In the management of the 2nd stage of labor :

- a. Episiotomy has a better healing than a tear.
- b. Extension of the head before crowning distends the perineum by occipito-frontal D.
- c. Delayed clamping of the cord is avoided in pre-mature infants
- d. Suction of the fetal nose should be started once the head is delivered
- e. All of the above

827. Active management of the third stage :

- a. Involves the Duncan method
- b. Involves the Shultz method
- c. May involve intravenous oxytocin
- d. Increases the blood loss
- e. Begins with delivery of the fetal trunk

828. In the active management of the third stage of labor :

- a. Fundal pressure is applied
- b. Uterine contractions are not essential
- c. Pulling on the cord as soon as the baby has been delivered
- d. Intramuscular ergometrine is given with delivery of the head.
- e. Intravenous ergometrine is given with delivery of the anterior shoulder

829. Regarding ergometrine administration in the management of the 3rd stage of labor all the following is true EXCEPT :

- a. May be given intravenous
- b. Causes vasospasm
- c. May be given with oxytocin
- d. Given with delivery of the anterior shoulder
- e. Highly needed in pre-eclamptic cases.

830. After delivery the following must always be inspected EXCEPT:

- a. The placenta
- b. The umbilical cord
- c. The lower vagina
- d. The lower uterine segment

831. Normal labor includes the following :

- a. Delivery of a 39 weeks baby
- b. Delivery by low forceps
- c. Vaginal delivery of Breech fetus.
- d. Vaginal delivery of Twins both of cephalic presentation
- e. Induction of labor by oxytocin

832. The following statements regarding occipito-anterior positions are correct :

- a. The back of the fetus is felt abdominally 4 inches from the middle line
- b. Left occipito anterior presentation the head descends in the left oblique diameter
- c. The head of the fetus is fully flexed
- d. Back of the fetus is directed posteriorly
- e. Less common than occipito-posterior

833. Regarding normal labor, all the following is true EXCEPT:

- a. Engagement of the fetal head occurs in last 2 weeks in a primigravida
- b. Average duration of the 2nd stage in a primigravida is one hour
- c. The cavity of the UUS becomes progressively larger with progress of labor
- d. Internal rotation is a result of the shape of the pelvis & the slope of pelvic floor
- e. Crowning is the passage of the bi-parietal diameter through the vulval ring

834. Regarding normal labor, all the following is true EXCEPT:

- a. Pethidine is contraindicated if labor is expected within 2 hours
- b. With beginning of second stage of labor bearing down is involuntary
- c. Anterior asynclitism is much better than posterior one
- d. The laboring lady is allowed to walk in between contractions
- e. Active management of the 3rd stage is associated with ↑ risk of retained pl. fragment

835. The active management of labor includes the following features EXCEPT:

- a. Induction of labor
- b. Acceleration of labor
- c. Amniotomy when cervix is 6 cm dilated
- d. Use of a partogram
- e. Continuous intrapartum fetal heart rate monitoring

836. Caput succedaneum

- a. Resolves spontaneously after labor
- b. May lead to jaundice of the baby postpartum
- c. Indicates a traumatic vaginal delivery
- d. Indicates that the fetal head is engaged
- e. Is a sign of intrauterine fetal death

Malpresentations and twins

837. The incidence of occipito-posterior at time of delivery is

- a. 30%
- b. 15%
- c. 25%
- d. 40%
- e. 50%

838. The commonest cause of occipito-posterior position is :

- a. Maternal kyphosis
- b. Placenta previa
- c. Pelvis with narrow fore pelvis
- d. Pendulous abdomen
- e. Flat pelvis

839. All following alternatives are possible for vaginal delivery of a fetus in OP position EXCEPT: !!!

- a. Await spontaneous delivery
- b. Manual rotation to an occipito anterior rotation
- c. Fundal pressure to enhance anterior rotation
- d. Forceps delivery as an occiput posterior position
- e. Forceps rotations to an occiput anterior position

840. The occipito-posterior position, all the following is true EXCEPT:

- a. Is an example of a malpresentation
- b. Usually turns to deliver as the occipito – anterior position
- c. May proceed to deep transverse arrest
- d. Is associated with a prolonged first stage
- e. Is associated with a prolonged second stage.

841. All the following regarding occipito posterior position are true EXCEPT:

- a. During face to pubis delivery, the perineum is distended by the occipito-frontal Diameter
- b. Deep transverse arrest can be managed by vacuum extraction
- c. The progress of labor depends on the degree of head flexion
- d. Android pelvis is a rare cause.
- e. During labor, 90% of the cases deliver spontaneously as occipito anterior

842. In right occipito-posterior position, the following is true :

- a. The sagittal suture occupies the right oblique diameter
- b. The posterior fontanelle is directed posteriorly to the right of the midline
- c. The anterior fontanelle is directed anteriorly to the left of the midline
- d. All of the above
- e. None of the above

843. A face presentation is related to all the following conditions EXCEPT:

- a. Anencephaly
- b. Cystic hygroma
- c. Prematurity
- d. Cord entanglement around the neck
- e. Contracted pelvic inlet

- 844. A fetus with a face presentations in labor, all the following is true EXCEPT:**
- Is found in approximately 1 in 500 deliveries
 - Will usually only deliver if the position is mento –anterior
 - Occipito-posterior facing a flat pelvis is a major cause
 - Has a major congenital abnormality in most cases
 - Will usually deliver vaginally in mento-anterior position
- 845. The following statements regarding face presentation are correct EXCEPT:**
- It occurs once in 300 cases
 - The denominator is the chin
 - The engaging diameter equals sub occipito–bregmatic diameter in length
 - It is similar to frank breech by vaginal examination
 - The commonest cause is hydrocephalus
- 846 .The following statements regarding face presentation are correct EXCEPT:**
- It occurs once in 300 case
 - The denominator is the chin
 - Engaging diameter is the Submento–bregmatic
 - Mento – posterior never delivered vaginally
 - None of the above
- 847. Brow presentation, all the following is true EXCEPT:**
- The engaging diameter is mento-vertical
 - May be transient
 - Forceps is the best method of its delivery
 - The denominator is the frontal bone
 - None of the above
- 848. A complete breech presentations is best described by the following statements denoting fetal parts:**
- The legs and thighs are flexed
 - The legs are extended, and the thighs are flexed
 - The arms, legs , and thighs are flexed completely
 - The legs and thighs are extended
 - The legs and thighs are extended but back is flexed
- 849. The following conditions may predispose to a breech presentation EXCEPT:**
- Hydrocephalus
 - Android pelvis
 - Placenta previa
 - Prematurity
 - Septate uterus
- 850. The following are contraindication for external cephalic version EXCEPT:**
- Contracted pelvis
 - Frank breech
 - Previous CS
 - Antepartum hemorrhage
 - Hypertension
- 851. All the following are indications for CS in breech EXCEPT :**
- Mild degree of contracted pelvis
 - Footling
 - Breech in a primigravida
 - Hyper extended head
 - None of the above
- 852. Indication for cesarean section in breech include all of the following EXCEPT:**
- A large fetus
 - A hyper-extended fetal neck
 - Active labor with a 28-week fetus
 - Uterine labor dysfunction
 - Frank breech

- 853. During an assisted breech delivery, all the following is true EXCEPT:**
- Keep the back of the fetus anterior
 - Deliver the anterior shoulder first
 - Delivery should be started when there is a rim of the cervix
 - Episiotomy should be performed when fetal anus appears at the vulva
 - Forceps are used to deliver the after-coming head
- 854. During vaginal breech delivery**
- Episiotomy should be performed immediately before delivery of the head
 - There is a risk that a rim of cervix may retain the after-coming head
 - Pre hypoxia is no more dangerous than it would be with vertex delivery
 - Lovset's maneuver should always be performed.
 - Traction on the anterior groin should be used if buttocks does not enter the pelvis in 2nd stage
- 855. The following are causes of arrest of after -coming head of breech EXCEPT:**
- Inertia
 - Hydrocephalus
 - Contracted pelvis
 - Rigid perineum
 - Incomplete dilation of the cervix
- 856. The following are correct regarding breech presentation EXCEPT:**
- Accounts for up to 40% of term pregnancies
 - May be diagnosed on clinical examination of the abdomen
 - May be associated with fetal abnormality
 - Is a contraindication for vaginal delivery
 - Makes intrapartum hypoxia more likely than is true of cephalic presentation
- 857. The following regarding breech presentation is correct EXCEPT: !!!!**
- Uterine septum can cause breech presentation
 - The commonest cause is hydrocephalus
 - The commonest cause of neonatal death after vaginal delivery is I.C. Hge
 - A safe method of delivery of the after-coming head is by forceps
 - Cord prolapse has good prognosis with breech compared to cephalic presentation
- 858. The following is true regarding breech presentations:**
- Frank variety is the commonest
 - CS is a must for complete variety
 - Contracted pelvis is the commonest cause
 - All of the above
 - None of the above
- 859. Regarding breech presentation, all the following is true EXCEPT:**
- The commonest type is complete breech.
 - The commonest cause is prematurity
 - The safest method of delivery of the after-coming head of the breech is by forceps.
 - Cord prolapse is more common with breech presentation compared to transverse lie.
 - Footling presentation is an indication for cesarean delivery.
- 860. The following is the commonest cause of shoulder presentation:**
- Prematurity
 - Pendulous abdomen
 - Placenta previa
 - Uterine fibroid
 - None of the above
- 861. The following is essential before doing to internal podalic version EXCEPT:**
- Fully dilated cervix
 - Membranes just ruptured
 - General anesthesia
 - Drained liquor
 - Uterus not tonically retracted

- 862. All the following are complications of internal podalic version EXCEPT:**
- Rupture uterus
 - Infection
 - Cervical lacerations
 - Anesthetic complication
 - None of the above
- 863. The following are true regarding prolapse of the umbilical cord EXCEPT:**
- It complicates 1/500-3000 deliveries
 - The main cause of fetal distress is the spasm from cooling
 - It is a known cause of perinatal morbidity
 - It is unlikely to occur with breech presentation
 - None of the above
- 864. Prolapse of the umbilical cord :**
- May occur while membranes are still intact
 - Is a common risk of induction of labor
 - Has an incidence of 1% of labors
 - More common in singleton than in twin deliveries
 - Causes severe fetal distress
- 865. Incidence of twin pregnancy is increased in all of the following EXCEPT:**
- In certain races
 - Cases treated with clomiphene for infertility
 - In woman treated by in vitro fertilization
 - With advancing maternal age
 - In first pregnancies
- 866. For twin infants to be mono which of the following must be present :**
- Identical sex
 - A single amniotic sac
 - A single placenta
 - Absence of chorions between the two amnions
 - All of the above
- 867. In twin delivery :**
- The 1st twin is at greater risk than the second
 - Delivery of 2nd twin is difficult than 1st one
 - Epidural analgesia is best avoided
 - There is an increased risk of postpartum hemorrhage
 - Commonest presentation is one cephalic, one breech
- 868. The following statements regarding twin pregnancy are correct EXCEPT:**
- Cephalic-cephalic twin presentation is the most common presentation
 - Incidence of twinning as diagnosed by early u/s is similar to its incidence at birth
 - Extra antenatal care is needed for a pregnant lady with multifetal pregnancy
 - Examination of the placenta is important determination of fetal zygosity
 - None of the above
- 869. In multiple pregnancy:**
- The incidence of spontaneous twin pregnancy is 1: 80
 - Some obstetrician recommended prophylactic cervical cerclage in triplet pregnancy
 - The outcome of triplet is primarily related to fetal weight at delivery.
 - Triplet pregnancy is best to be delivered by Cesarean section
 - All of the above.

Abnormal labor complications of the 3rd stage, AUA, Obstructed labor, contracted pelvis & lacerations

870. All the following predispose to primary postpartum hemorrhage EXCEPT:

- a. Administration of prolonged anesthesia to the mother.
- b. Prolonged labor caused by mechanical difficulty
- c. Oligohydramnios
- d. Twin pregnancy
- e. None of the above.

871. Postpartum hemorrhage, all the following are true EXCEPT:

- a. Is less likely if oxytocics are administered routinely in the third stage of labor.
- b. Is primary if it occurs within the first 12 hours.
- c. Is common after both placenta previa and abruptio placentae
- d. May require manual removal of the placenta.
- e. All of the above.

872. Third-stage traumatic lesions:

- a. A second degree tear involves the perineal body and includes the anal sphincter.
- b. An extensive tear of the vagina can occur without a tear in the perineum.
- c. Fistulae resulting from direct trauma should not be repaired for 2-3 months.
- d. Symptoms of fistulae from pressure necrosis during prolonged labor appear immediately after delivery
- e. All of the above.
- f. None of the above

873. Uterine atony after cesarean section is treated by the following EXCEPT:

- a. Uterine massage
- b. Intramyometrial syntocinon injection
- c. Intravenous infusion of methergine
- d. Intramyometrial injection of prostaglandin F_{2α}
- e. Bilateral hypogastric artery ligation.

874. Primary postpartum hemorrhage:

- a. Occurs any time in the 1st week after delivery.
- b. Occurs after the 3rd stage of labor.
- c. Commonly due to coagulation failure.
- d. Due to complete failure of placental separation.
- e. Is commonly due to uterine inertia.

875. Primary postpartum hemorrhage is associated with all of the following EXCEPT:

- a. Placenta previa
- b. Polyhydramnios
- c. Forceps delivery
- d. The use of ecbolic agents.
- e. Prolonged labor.

876. Primary postpartum hemorrhage is more common in all of the following EXCEPT:

- a. In primigravidae
- b. History of a previous postpartum hemorrhage
- c. When fibroids are present in the uterus.
- d. In precipitate labor.
- e. After placental abruption.

877. Primary postpartum hemorrhage is more common in all of the following EXCEPT:

- a. In primigravidas.
- b. History of a previous postpartum hemorrhage
- c. When fibroids are present in the uterus.
- d. After placental abruption
- e. After twin delivery.

878. Manual removal of the placenta:

- a. Carried using pudendal block as analgesia.
- b. Replaced by the use of the suction curette.
- c. Carried by piece-meal extraction of placenta.
- d. Should be performed if placenta fail to separate within 10 minutes
- e. Is an indication for giving prophylactic antibiotics.

879. Manual removal of the placenta.

- a. Performed under pudendal block as analgesia
- b. Replaced by the use of the suction curette.
- c. Indication for giving prophylactic antibiotics
- d. All of the above
- e. None of the above

880. All the following regarding secondary postpartum hemorrhage are correct EXCEPT

- a. It is defined as loss of > 500 ml blood after 24 hours up to 6 wks after delivery.
- b. It is usually due to retained products of the placenta.
- c. It is frequently associated with uterine infection.
- d. It commonly requires blood transfusion.
- e. Choriocarcinoma is suspected if bleeding is recurrent.

881. Secondary postpartum hemorrhage, all the following is true EXCEPT:

- a. Loss of > 600 ml from the genital tract between 24 hrs and 6ws after delivery.
- b. Usually due to retained products of conception.
- c. Never associated with uterine infection.
- d. May require a blood transfusion.
- e. May be due to chorocarcinoma.

882. In a case of 2nd ry post-partum hemorrhage 4 weeks after delivery, all the following is true EXCEPT:

- a. The cervix is commonly opened
- b. Ultrasound scan is helpful
- c. May be due to submucous fibroid.
- d. Risk of perforation if evacuation is necessary
- e. Antibiotic cover before evacuation of any retained products is essential.

883. Regarding placenta precreta, all the following is true EXCEPT:

- a. Is associated with placenta previa.
- b. Should be managed by removal of as placenta much as possible.
- c. Is associated with a previous cesarean section.
- d. Necessitates hysterectomy.
- e. Involves invasion through to the serosal coat of the uterus.

884. Factors associated with abnormal placental adherence (placenta accreta).

- a. Placental abruption
- b. Primiparity
- c. Cervical incompetence
- d. Placental previa
- e. Polyhydramions

885. Regarding acute uterine inversion, choose the WRONG answer

- a. Only occurs with a relaxed uterus.
- b. Occurs with fundal insertion of the placenta.
- c. Usually caused by applying fundal pressure.
- d. Managed by immediate removal of placenta before reposition of the uterus.
- e. Can be managed by increasing the hydrostatic pressure in the vagina.

886. Immediate therapy for a completely inverted uterus after delivery includes:

- a. Infusing oxytocin
- b. Emergency laparotomy
- c. Emergency vaginal hysterectomy
- d. Immediate removal of the placenta.
- e. All of the above.
- f. None of the above.

887. Acute inversion of the uterus, all the following is true EXCEPT:

- a. Usually causes heavy vaginal bleeding.
- b. Can be managed by O'Sullivan's method
- c. Frequently requires hysterectomy
- d. Will not occur if the uterus is contracted.
- e. All of the above

888. In disseminated intravascular coagulopathy (DIC):

- a. F.D.Ps are increased in cases with consumption coagulopathy
- b. Presents with evidence bleeding tendency.
- c. Excessive blood transfusion may be a cause.
- d. May complicate cases of missed abortion.
- e. All of the above

889. Coagulation failure is an important complication of all of the following EXCEPT:

- a. Amniotic fluid embolus
- b. Gram-negative septicemia
- c. Abruptio placenta.
- d. Placenta previa
- e. All of the above

890. Regarding amniotic fluid embolism:

- a. Mostly occurs after rupture membranes
- b. Autopsy cannot help retrospective diagnosis
- c. May lead to DIC.
- d. Most of cases pass unnoticed
- e. All of the above.

891. Precipitate labor may lead to the following complications EXCEPT:

- a. Uterine rupture.
- b. Amniotic fluid embolism
- c. Vagina & perineal tears.
- d. Constriction ring in the uterus.
- e. Uterine atony

892. Incoordinate uterine contractions includes all the following EXCEPT:

- a. Contraction ring
- b. Cervical dystocia
- c. Colicky uterus
- d. Retraction ring
- e. None of the above.

893. Syntocinon augmentation of labor, the following is not true :

- a. Is more required in multiparous patients
- b. Aggravate fetal distress
- c. May cause hypertonic uterine contractions.
- d. May cause or aggravate neonatal jaundice.
- e. All of the above.

894. Pathological retraction ring, Bandi's ring, all the following is true EXCEPT:

- a. It can be felt and seen abdominally
- b. Occurs in middle of upper uterine segment.
- c. It rises up with labor progression.
- d. Associated with fetal distress.
- e. Is an indication of obstructed labor

895. Obstructed labor:

- a. Commonly occurs in cardiac patients.
- b. Commonly occurs in primigravidas.
- c. The vagina is dry, ballooned and warm.
- d. Best management is by instrumental delivery
- e. May be cause by uterine inertia.

896. Obstructed labor:

- a. Develops before full dilatation of the cervix.
- b. Can be predicted before the onset of labor.
- c. Contracted pelvis is a common cause.
- d. May lead to secondary inertia in multigravidas.
- e. The best management is destructive operations.

897. Naegele's pelvis is :

- a. Arrested development of both ala of sacrum
- b. Arrested development of one ala of the sacrum
- c. Arrested development of the sacrum
- d. Separation of both pubic bones
- e. Absence of the coccyx.

898. The following findings are suggestive of C.P during examination EXCEPT:

- a. Kyphosis
- b. Non-engagement of the head
- c. Limping gait
- d. Height 170cm.
- e. Pendulous abdomen in primigravida.

899. Causes of contracted pelvis include all the following EXCEPT:

- a. Rickets.
- b. Osteomalacia
- c. Low assimilation pelvis
- d. Fracture of pelvis.
- e. T.B arthritis of the pelvic joint.

900. X-ray pelvimetry may be necessary in the following clinical circumstance

- a. Fetal hydrocephalus
- b. Face presentation
- c. Unusually prominent ischial spines
- d. Hypotonic uterine contractions
- e. Moulding of the fetal head.

901. The following is not a complication of contracted pelvis during pregnancy:

- a. Pyelonephritis
- b. Non engagement of the presenting part.
- c. Malpresentation
- d. Spontaneous abortion
- e. All of the above.

902. Fetal complications of C.P during labor include the following EXCEPT:

- a. Caput succedaneum
- b. Over molding
- c. Intra cranial hemorrhage
- d. Fetal malformation
- e. Fetal death

903. Contraindication of trial of labor in patient with C.P include the following EXCEPT

- a. Non vertex presentation
- b. Mild degree of cephalo-pelvic disproportion
- c. Previous C.D.
- d. Elderly primigravida
- e. Heart disease with pregnancy.

904. Trial of Labor, all of the following is true EXCEPT:

- a. Indicated in 1st degree disproportion with breech presentation
- b. Test for the degree of molding of the head.
- c. Test for the degree of yielding of the pelvis
- d. Test for efficiency of uterine contractions.
- e. Should be terminated after 2 hours in the 2nd stage of labor.

905. Fibroid with pregnancy all the following is true EXCEPT:

- a. It increases risk of abortion.
- b. Associated with malpresentation
- c. Treated by myomectomy during pregnancy
- d. May associated with post partum hemorrhage.
- e. Complicated with red degeneration in pregnancy.

906. Fibroid with pregnancy, all the following is true EXCEPT:

- a. May predispose to preterm labor.
- b. May predispose to uterine inertia at labor.
- c. It increases in size during pregnancy.
- d. Red degeneration may occur during pregnancy.
- e. Myomectomy is best done during cesarean section.

907. Management of shoulder dystocia may include the following procedures EXCEPT:

- a. Vigorous fundal pressure
- b. McRobert's maneuver.
- c. Generous episiotomy.
- d. Attendance of expert neonatologist.
- e. Shoulder girdle rotation into one of the oblique diameters of the pelvis.

908. Uterine rupture is more common in multiparous women due to increased incidence of all the following EXCEPT:

- a. Malpresentation
- b. Intra-uterine growth restricted fetus.
- c. Pendulous abdomen
- d. Osteomalacia.
- e. Uterine wall weakness

909. The following regarding rupture of the uterus are correct EXCEPT:

- a. More common in multiparous than primiparous women
- b. Its complete type is more common in the upper uterine segment
- c. It its incomplete type, the uterine cavity is continuous with peritoneal cavity
- d. Can occur due to inappropriate use of oxytocin during labor.
- e. None of the above.

910. All the following regarding rupture of the uterus are correct EXCEPT:

- a. It may occur during manual separation of the placenta.
- b. During labor, may occur due to extension of old cervical tear.
- c. During pregnancy, is almost always due to a traumatic cause.
- d. During pregnancy, presents with ante partum hemorrhage.
- e. It can occur due to Couvelaire uterus.

911. The following is NOT a complication of uterine rupture:

- a. Maternal shock
- b. Renal failure
- c. Acute uterine inversion
- d. Paralytic ileus
- e. Fetal loss

912. Incomplete uterine rupture is characterized by:

- a. Massive hemorrhage
- b. All layers of the uterus are involved
- c. The fetus is extruded outside the uterus
- d. The visceral peritoneum is intact.
- e. The fetus is almost always dead.

913. Regarding cesarean section scar rupture all the following is true EXCEPT:

- a. The incidence of upper segment C S scar rupture 2%
- b. This is due to improper coaptation of the edges USCS scar.
- c. Upper segment scar is overstretched by subsequent pregnancies
- d. Upper segment of the uterus is passive during labor.
- e. Infection is more common in the upper segment CS.

914. Uterine rupture is more common after upper segment cesarean section (USCS) than lower segment one (LSCS) due to the following EXCEPT:

- a. Improper coaptation of the edges.
- b. The upper segment is must thicker than the lower.
- c. Active upper segment during healing
- d. Infection is more common in the lower segment
- e. Placental implantation is more common at the upper segment.

915. In rupture of the uterus the following may occur EXCEPT:

- a. Hypotension
- b. Increased uterine contraction
- c. Hematuria.
- d. Vaginal bleeding.
- e. Internal hemorrhage

916. Treatment of ruptured uterus include the following EXCEPT:

- a. Prophylactic treatment by good antenatal care is important
- b. Immediate laparotomy through a Pfannensteil incision
- c. In a young patient with clean cut edges, repair of the tear may be considered
- d. Supra-vaginal hysterectomy + bilateral internal iliac artery ligation
- e. Antishock measures are considered of great importance.

917. Clinical picture of R.U following obstructed labor include all the following EXCEPT:

- a. Sensation of something giving way
- b. Vital signs are stable.
- c. PV. Reveals high receding presenting part.
- d. Strong uterine contractions suddenly stop
- e. Vaginal bleeding may be minimal.

918. The following is not a line of management of uterine rupture in a patient 25 years old:

- a. Total abdominal hysterectomy plus bilateral salpingoophorectomy.
- b. Antishock measures
- c. Repair of the rupture site.
- d. Internal iliac artery ligation
- e. Repair of associated ureteric injury.

919. Regarding ruptured uterus the following is NOT true:

- a. Associated with retained non separated placenta.
- b. May be a complication of internal podalic version.
- c. May be a complication of manual removal of the placenta.
- d. More in cases of previous perforation
- e. Associated with fetal death

920. Cervical lacerations:

- a. More common in cases of cesarean delivery
- b. More common on the anterior lip of the cervix.
- c. More common on the right side.
- d. All of the above.
- e. None of the above

921. Cervical tears:

- a. Mostly annular detachment
- b. More common on the posterior lip
- c. More common on the left lateral side
- d. None of the above.

922. Regarding para-vaginal hematomas, all the following is true EXCEPT:

- a. May follow forceps delivery
- b. Usually resolve spontaneously
- c. Never requires surgical intervention
- d. Frequently have no identifiable source.
- e. Are a cause of postpartum collapse.

923. Perineal tears, all the following is true EXCEPT:

- a. May be due to contracted outlet.
- b. May be due to rigid perineum
- c. May be due delivery of malpresentations
- d. 2nd degree may extend to the rectum
- e. Due to lack of perineal support

924. After delivery

- a. Any vulval hematoma should not be incised
- b. Third degree tear usually leads to rectal incontinence despite immediate suture
- c. Some vulval hematomas may require laparotomy
- d. Vulval hematomas are dealt with by cold compression
- e. All of the above

925. All the following are complication of a 3rd degree perineal tear EXCEPT:

- a. Post partum hemorrhage
- b. Genital prolapse
- c. Fecal incontinence
- d. Dysparuenia
- e. Recto-vaginal fistula.

926. All the following are structures of the female perineum EXCEPT:

- a. Internal anal sphincter
- b. Bulbo-cavernosus muscle
- c. Superficial transverse perineal muscle
- d. Deep transverse perineal muscle
- e. Decussating fibers of levator ani muscles.

927. All the following are causes of perineal lacerations EXCEPT:

- a. Allowing extension before crowning
- b. Delivery of face to pubis
- c. Precipitate labor
- d. Contracted inlet.
- e. Rigid perineum.

928. All the following structures is injured in 2nd degree perineal tear EXCEPT:

- a. The perineal skin
- b. The posterior vaginal wall
- c. Muscles of the perineal body
- d. External anal sphincter
- e. None of the above.

929. All the following are needed for post-operative care of perineal lacerations EXCEPT

- a. Swab the perineum with alcohol
- b. Antiseptic powder
- c. Episiotomy on subsequent deliveries
- d. Any coming delivery should be by CS.
- e. All of the above

930. The following is Not true regarding repair of perineal tears:

- a. Suture the rectal wall by single layer continuous sutures
- b. Any perineal tear should be repaired within 24 hours
- c. Repair of perineal lacerations should be anatomical
- d. All structures are sutured by no. 1 chromic catgut suture
- e. All of the above

Puerperium and neonatology

- 931. The following is true regarding puerperium**
- a. It is the first 4 weeks post-partum
 - b. Fibrinogen decreases during this period.
 - c. Uterus is pelvic after one week.
 - d. Shows regained menstruation 4 weeks post-partum.
 - e. All of the above
 - f. None of the above
- 932. All the following changes are found in normal puerperium EXCEPT :**
- a. Loss of weight.
 - b. Excessive sweating
 - c. Discharge of lochia
 - d. Decrease coagulation factors
 - e. None of the above.
- 933. In the puerperium.**
- a. Fundus is usually palpable at just below the umbilicus 10 days following delivery.
 - b. By six weeks the uterus has returned to a non-pregnant size.
 - c. Lochia is usually red for 10 days.
 - d. Lochia usually continues for about six week.
 - e. Menses usually commences about 6 months after delivery in a non lactating
- 934. The uterus after delivery :**
- a. Shows hyaline deposit in the myometrium.
 - b. Decreases in size most marked between 3rd day and 10 days postpartum.
 - c. The cervix close after one week.
 - d. May become retroverted
 - e. All of the above
- 935. All the following are normal finding in early puerperium EXCEPT:**
- a. Constipation
 - b. Excessive sweating
 - c. Diuresis
 - d. Weight loss
 - e. Fever
- 936. Contraindications to breast feeding include all the following EXCEPT:**
- a. Maternal hepatitis B
 - b. Maternal active pulmonary tuberculosis
 - c. Maternal acute puerperal mastitis
 - d. Maternal treatment with tetracyclines.
 - e. Maternal renal failure.
- 937. Acute puerperal mastitis is characterized by all the following EXCEPT:**
- a. The most common offending organism is Escherichia coli.
 - b. The symptoms include chills, fever, and tachycardia.
 - c. The initial treatment is antibiotics.
 - d. Frank abscesses may develop and require drainage.
- 938. The following statement is true concerning suppurative mastitis**
- a. The symptoms usually occur by end of the 1ST week of the puerperium.
 - b. The most common offending organism is group A strptococcus.
 - c. The most frequent cause of mastitis is poor personal hygiene.
 - d. May lead to breast abscess.
 - e. Needs surgical treatment.

- 939. All the following is true regarding postpartum mastitis EXCEPT:**
- The causative organism could be cultures from breast milk.
 - The pathogenic organism is commonly staphylococcus aureus.
 - Usually occurs within the first postpartum week.
 - Breast feeding can be continued.
 - Breast abscess is best treated with antibiotics**
- 940. Puerperal fever from breast engorgement:**
- Appears on the 10th day post-partum.
 - Is almost painless.
 - Rarely exceeds 37.5° C.
 - Is less severe if lactation is suppressed**
 - All of the above
- 941. All the following are causes of puerperal pyrexia EXCEPT:**
- Typhoid
 - Cystitis
 - Pneumonia
 - Difficult labor**
 - Complicated ovarian cyst
- 942. Regarding antibiotic prophylaxis against P.S all the Following is true EXCEPT:**
- After forceps delivery in a diabetic patient
 - In a patient with a history of pelvic sepsis
 - After four vaginal examination in the first stage of labor with intact membranes**
 - After episiotomy in a patient with chronic anemia.
 - After a rupture of membranes for along time in the 1st stage of labor.
- 943. The commonest site of infection in puerperal sepsis is:**
- Endometrium**
 - Fallopian tube
 - Parametrium
 - Pelvic peritoneum.
 - Myometrium
- 944. The commonest site for extension of P.S in cases of infected cervical laceration is :**
- The parametrium**
 - The fallopian tube
 - The pelvic peritoneum
 - The pelvic veins.
 - None of the above.
- 945. The following is indication for hysterectomy in a case of puerperal sepsis:**
- Infection with Coliform bacteria.
 - Infection with Clostridium Welchii.**
 - Septic puerperal endometritis
 - All of the above
 - None of the above.
- 946. Pelvic thrombophlebitis is characterized by any of the following EXCEPT:**
- Sudden onset
 - Mild fever
 - Rapid response to antibiotics**
 - Few physical signs in the pelvis
 - May extend to leg veins.

947. Shortly after vaginal delivery of an infant in an occiput posterior position, a vaguely demarcated edematous area over the midline of the skull was noted. This observed lesion is most likely:

- a. A skull fracture
- b. A cephal-hematoma
- c. Caput succedaneum
- d. Intracranial hematoma
- e. Any of the above
- f. None of the above.

948. Cephal-hematoma differs from caput succedaneum in all of the following EXCEPT:

- a. It is limited to one skull bone
- b. Well defined edges.
- c. Present at birth.
- d. Soft and none pitting
- e. None of the above.

949. All the following is true regarding caput succedaneum EXCEPT:

- a. Maximum size appears at birth.
- b. Disappears after 24 hours,
- c. Ventouses is predisposing factor
- d. Radiography may be recommended.
- e. Follows prolonged and difficult labor.
- f. The swelling does not cross suture lines.

950. Regarding Cephal-hematoma all the following are true EXCEPT:

- a. Is hemorrhage under the periosteum of skull bone
- b. Instrumental delivery is the main predisposing factor.
- c. The swelling disappeared within 24 hours after delivery.
- d. Anemia and hyperbilirubinemia are common sequelae in large cephalhematoma.
- e. None of the above

951. All the following help onset of respiration in the newborn fetus EXCEPT:

- a. Light stimulation
- b. Tactile stimulation
- c. Stimulation of thermal receptors
- d. Hypoxia.
- e. None of the above.

952. Regarding the fetal heart rate the following is correct:

- a. Normal baseline is between 100-120 bpm.
- b. Loss of short term variability is a poor sign
- c. May be increased in maternal thyrotoxicosis
- d. Shows no changes during fetal movement

953. All the following indicate fetal distress in utero EXCEPT:

- a. Baseline bradycardia.
- b. Increased beat to beat variability.
- c. Late decelerations
- d. Severe variable decelerations
- e. Passage of meconium in non breech presentation.

954. Continuous electronic fetal monitoring in labor is highly indicated in all of the following EXCEPT:

- a. Intra-uterine growth retarded fetus.
- b. Hypertensive mothers
- c. Delivery of a case of oligohydramnios
- d. Pre-term infants
- e. Breech presentations

955. Spontaneous pre-term labor may be due to all of the following EXCEPT:

- a. Polyhydramnios
- b. Pyelonephritis
- c. Vaginal infection
- d. Previous Cesarean section
- e. An acute attack of gastroenteritis.

956. The following are known causes of pre-term labor-term labor EXCEPT:

a. Occipito posterior

- b. Intrauterine fetal death
- c. Polyhydramnios
- d. Multiple pregnancy
- e. Cervical incompetence

957. All the following are risk factors for recurrence of pre-term labor EXCEPT:

a. Smoking

- b. Previous Cesarean section
- c. Previous pre-term delivery
- d. Placenta previa
- e. Chorioamnionitis.

958. An infant weighting 2500 gram or less at full term delivery is termed:

a. Premature infant

- b. Preterm baby
- c. Post-term baby
- d. Low birth weight baby
- e. Appropriate for gestational age.

959. All the following might be needed in vaginal delivery of a preterm fetus EXCEPT:

- a. Generous episiotomy.
- b. Vitamin K to the mother.
- c. Ventouse delivery
- d. Forceps delivery.
- e. None of the above.

960. The following is NOT true regarding respiratory distress syndrome:

- a. RDS starts to present from second day after delivery
- b. Corticosteroid before termination of pregnancy has a preventive value.
- c. Detection of phosphatidylglycerol in the amniotic fluid can rule out its possibility.
- d. Management of RDS can be complicated by retrolental fibroplasia.
- e. More common in infant born by CS.

961. All the following are signs of hyaline membrane disease (RDS) EXCEPT:

- a. Increased respiratory rate.
- b. Grunting
- c. Chest wall retraction during inspiration
- d. Jaundice
- e. Working ala nasi.

962. The RDS is more common in all of the following condition EXCEPT:

- a. Premature infants.
- b. Infants of mothers of pre-eclampsia
- c. Infants of diabetic mothers.
- d. Infants born by CS
- e. 2nd twin.
- f. None of the above.

- 963. A woman with ruptured membranes is in the active phase of labor and the cervix is 7 Cm dilated, the fetal monitor shows sustained, severe variable decelerations. The decision is made to perform a cesarean section. Which of the following would NOT be an appropriate during preparation for cesarean section?**
- Left lateral position of the patient
 - Start nasal oxygen**
 - Running intravenous fluids.
 - Stop any Oxytocin administration
 - Start intravenous retoridine
- 964. The following are known contraindications to the usage of tocolysis in pregnancy EXCEPT:**
- Cardiac disease
 - Previous Cesarean section**
 - Clinical chorioamnionitis
 - Ante-partum hemorrhage.
 - Thyroid disease.
- 965. The following may be indicative of chorioamnionitis EXCEPT:**
- Maternal pyrexia
 - Maternal tachycardia
 - Increased white-cell count in the mother.
 - Tender uterus**
 - Fetal bradycardia
- 966. The typical postmature fetus may show any of the following EXCEPT:**
- Diminished lanugo hair.
 - Excess scalp hair.
 - Long nails
 - Testis in the inguinal canal**
 - Diminished vernix.
- 967. The following is true regarding intra-uterine growth retardation:**
- Symmetrical variety has a better prognosis than asymmetrical one.
 - The cause of symmetrical variety is commonly placental insufficiency
 - Advanced cases of asymmetrical type may pass to symmetrical one.**
 - In asymmetrical variety the abdominal to head circumference ratio is normal.
 - All of the above
- 968. All the following is true regarding IUFD EXCEPT:**
- Milk secretion starts from the breast.
 - Vaginal dark brown discharge
 - Spalding's sign by plain X-ray
 - Pregnancy test becomes negative within 24 hours.**
 - Hypo-fibrinogenemia is a serious complication.
- 969. Some identifiable causes of stillbirth include all of the following EXCEPT:**
- Maternal hypertension
 - Isoimmunization
 - Previous cesarean section**
 - Cord accidents
 - Chromosomal abnormalities
- 970. If non stress test is reactive, it is usually repeated:**
- Weekly.**
 - Biweekly
 - Monthly
 - Every 2 weeks
 - None of the above

- 971. Contraindications to contraction stress test include all the following EXCEPT:**
- Previous CS.
 - Placenta previa
 - Threatened pre-term labor.
 - Breech presentation**
 - Multiple pregnancy.
- 972. All the following are complications of placental insufficiency EXCEPT:**
- Intra-uterine fetal death
 - Neonatal hypoglycemia.
 - Neonatal jaundice**
 - Asphyxia neonatorum
 - Intra-partum fetal death
- 973. Rh negative mother mated to positive father, the following is NOT true:**
- First baby usually passed unaffected.
 - Anti D must be taken after abortion, termination of E.P or vesicular mole
 - Anti D immunoglobulin is best given within the first 2 weeks after delivery**
 - She may get Rh negative baby
 - She may be sensitized during her first pregnancy due to weak placental barrier.
- 974. The incidence of Rh isoimmunization after a full-term delivery in a Rh +ve infant to a Rh -ve mother when no immune globulin prophylaxis has been undertaken is:**
- 1%
 - 5%
 - 16%**
 - 40%
 - 90%
- 975. All the following events causing sensitization of Rh negative mother EXCEPT:**
- Spontaneous or elective abortion
 - Previous transfusion of Rh-ve blood.**
 - Previous delivery of Rh positive fetus
 - Amniocentesis
 - Ectopic pregnancy
- 976. As regarding Rh incompatibility, The following statement is correct:**
- Anti-D antibodies arise from failure in giving prophylaxis in about 30 of cases
 - In Rhesus negative mothers, antibody testing is necessary on at least 2 occasions.**
 - 10% of Rhesus negative women become sensitized during their pregnancy.
 - Women with Rh -ve blood group should never be followed up in the community
 - Anti-D should not be given to Rh-ve ♀ after very early proven miscarriages
- 977. Rh immune globulin is given to un-sensitized woman as prophylaxis in any of the following conditions EXCEPT:**
- At 20 weeks gestation**
 - Postpartum within 72 hours.
 - After spontaneous abortion or ectopic.
 - 300 ug after full term delivery
 - 100 ug if pregnancy terminated before 13 weeks.
- 978. The following is true regarding RH incompatibility:**
- Hydrops fetalis is the commonest form of the disease
 - The infant is usually deeply jaundiced at birth.
 - The most sensitive prognostic test is amniocentesis**
 - Kernicterus may occur if the serum bilirubin > 10 mg% in a full term baby.
 - All of the above

- 979. Rh antibodies produced by the mother & circulating in the fetal blood could be of the following type**
- IgM
 - IgG
 - IgA
 - Any of the above
 - None of the above
- 980. All the following might be causes of neonatal jaundice EXCEPT:**
- Polycythemia
 - Beta thalassemia
 - Congenital biliary atresia
 - Toxoplasmosis
 - Excess oxytocin administration during labor.
- 981. The following are correct regarding neonatal jaundice EXCEPT:**
- If it is present at birth it is usually due to Rh incompatibility hemolytic.
 - Physiological jaundice presents on the second or third day
 - If the Coombs test is positive, hemolysis is due to Rh incompatibility.
 - May be due to neonatal infection
 - May be due to biliary atresia.
- 982. The following statements regarding neonatal jaundice is correct:**
- Almost 50% of all newborn have visible jaundice in the first week of life.
 - Appears in the first day after delivery
 - Thyroid abnormalities have no effect on jaundice
 - Conjugated bilirubin increases more than unconjugated
 - Total bilirubin usually exceeds 20 mg/ dl.
- 983. The following are true in Down's syndrome EXCEPT:**
- The overall incidence varies but it is usually 1/600
 - The nose is usually small and there is a flared nasal bridge.
 - There is usually a short broad neck.
 - Duodenal atresia usually presents.
 - There is generally hypertonia.
- 984. Convulsions in the neonate may be due to all the following EXCEPT:**
- Hyperglycemia
 - Hypocalcaemia
 - Meningitis
 - Cerebral edema
 - Septicemia
- 985. Pulmonary embolism is commoner:**
- Following a normal vaginal delivery when compared with operative delivery.
 - In 90% of cases, when the signs of deep-vein thrombosis will precede the condition.
 - Up to 6 months post partum.
 - As one of the leading causes of maternal death.
 - With the use of aspirin, which is an associated risk factors

Operative obstetrics

986. **The obstetric forceps**
- a. Should not be used with preterm fetus
 - b. May be used in cases of face mento-posterior
 - c. Used to deliver only cephalic presentations
 - d. Can assess delivery of the head in Cs.
 - e. None of the above
987. **All the following are pre-requisites for forceps delivery EXCEPT:**
- a. Fully dilated cervix
 - b. Deeply engaged head
 - c. Membranes ruptured
 - d. Pudendal nerve block.
 - e. Occipito-anterior position
 - f. None of the above.
988. **Forceps operation is classified as high, mid and low according to the level of:**
- a. Biparietal diameter
 - b. Sagittal suture
 - c. Posterior fontanelle
 - d. Sub-occipito-bregmatic diameter
 - e. Bispinous diameter.
989. **The following is NOT true regarding Kielland forceps:**
- a. Used in cases of persistent mento-posterior
 - b. Has a sliding lock
 - c. The application is always pelvic.
 - d. Used in cases of deep transverse arrest of occiput
 - e. May be used in cases of asynclitism
990. **Regarding the criteria of traction by forceps, all the following are true EXCEPT:**
- a. The traction should be intermittent
 - b. In the direction of the birth canal.
 - c. In between uterine contractions.
 - d. Aided with Pajot's maneuver
 - e. Using unaided force of one forearm
 - f. The traction should be steady during contraction
991. **The following should be excluded before traction by the forceps:**
- a. Deep transverse arrest
 - b. Cephalo-pelvic disproportion
 - c. Inertia
 - d. Major degree of contracted outlet
 - e. All of the above
 - f. None of the above
992. **All the following are causes of failed forceps EXCEPT:**
- a. Intact membranes
 - b. Contraction ring
 - c. Partially dilated cervix
 - d. Deeply engaged head
 - e. Asynclitism

- 993. Indications for immediate delivery using forceps include**
- Delay late in the first stage of labor
 - Delay in the second stage of labor
 - Fetal heart rate decelerations with contractions in the second stage of labor
 - Severe fetal distress late in the first stage of labor
 - Persistent fetal bradycardia in the second stage of labor.**
- 994. Kielland's forceps**
- Can be used in cases of asynclitism**
 - Are used when the head is not engaged.
 - The application should be pelvic
 - Can be used with local infiltration anesthesia alone
 - All of the above
- 995. The following is true regarding obstetric forceps:**
- Cephalic application is the safest for the mother.
 - Every forceps application should be a trial one.**
 - Traction by forceps should be in the direction of the pelvic axis.
 - Axis traction piece is needed in low forceps operation.
 - All of the above
- 996. Indications for immediate delivery using forceps include:**
- Delay late in the first stage of labor.
 - Delay in the second stage of labor**
 - Fetal heart rate decelerations with contractions in the second stage of labor
 - Severe fetal distress late in the first stage of labor.
 - All of the above.
- 997. Infants born by forceps-assisted vaginal delivery should be examined for signs of**
- Facial nerve palsy
 - Ear abrasions
 - Sub-conjunctival hemorrhage
 - Nose fracture
 - All of the above**
- 998. After progression to complete cervical dilatation with a 1+ station using epidural anesthesia, a primigravida patient has lost the urge to "push". No fetal distress is evident. Advisable procedures at this stage include.**
- Administration of nitrous oxide
 - Mid-forceps delivery
 - Cesarean section
 - All of the above
 - None of the above**
- 999. In the above case if the delay of labor in 2nd stage continued for 2 hours with starting late decelerations of the fetal heart rate, advisable procedures at this stage include:**
- Administration of nitrous oxide
 - Mid-forceps delivery
 - Cesarean section
 - Discontinuation of the anesthetic
 - Low forceps delivery**
- 1000. The maximal negative pressure of the ventouse should NOT exceed :**
- 0.6 Kgm/ cm
 - 0.8 Kgm/ cm
 - 1 Kgm/ cm
 - 1.2 Kgm/ cm**
 - None of the above

1001. All the following are indications for the use of Ventous EXCEPT :

- a. The head is in the occipito-anterior position
- b. The head is in the occipito-posterior position
- c. When the head is in the transverse positions
- d. When the fetus presenting by the face.
- e. None of the above.

1002. The following are definite indications of CS EXCEPT:

- a. Placental abruption
- b. Placental previa complete centralis
- c. Extreme degree of contracted pelvis
- d. Primary genital herpes.
- e. Previous hysterotomy.

1003. As regarding cesarean section ,all the following is true EXCEPT:

- a. The risk of infection is higher in elective variety
- b. The risk of postpartum hemorrhage is high in selective variety.
- c. The risk of infection is higher in elective variety.
- d. Must be done under general anesthesia.
- e. Midline sub-umbilical skin incision has best healing.

1004. The following are cause of increased incidence of CS delivery EXCEPT:

- a. Fetal distress
- b. Malpresentation
- c. Repeat CS
- d. Dystocia
- e. Cephalo-pelvic disproportion

1005. Regarding anesthesia for CS, the following statements are true EXCEPT:

- a. Local anesthesia is used in certain conditions
- b. Epidural anesthesia is associated with post-operative aspiration
- c. Anesthetic complications are important cause for maternal mortality
- d. Postoperative aspiration is a common cause of maternal mortality.
- e. The safety of anesthesia is increasing in recent years.

1006. All the following are indication for classic(upper segment) CS EXCEPT:

- a. Cancer cervix with viable pregnancy.
- b. Previous successful repair of vesico-vaginal fistula
- c. Previous surgical repair of stress incontinence.
- d. Contraction ring in the upper segment
- e. Large fibroid over the lower segment.

1007. All the following might be an indication for vertical incision of the LUS during CS EXCEPT

- a. Placenta previa
- b. Contraction ring of the lower segment
- c. Deeply impacted presenting part.
- d. Previous lower segment CS
- e. None of the above.

1008. Regarding CS.

- a. It is delivery of the infant through incisions in the abd. & ut. wall after viability.
- b. Incidence is raising steadily reaching (20-25%) in late.
- c. CS is better avoided in fetal demise
- d. CS is better avoided in major malformations incompatible with life.
- e. There are many absolute contraindications for CS.

1009. The most frequent indication for CS nowadays is :

- a. Fetal distress.
- b. Placenta previa
- c. Contracted pelvis
- d. Breech presentation
- e. Previous CS.

- 1010. Repeat CS should be delayed till onset of labor in the following condition.**
- Tender CS scar.
 - Intra-uterine growth retardation.
 - Breech presentation
 - Uncertain menstrual dates
 - Uncontrolled diabetes
- 1011. All the following are indications of C.S hysterectomy EXCEPT:**
- Placenta accrete
 - Irreparable rupture uterus
 - Large subserous myoma
 - Cancer cervix with viable pregnancy
 - Severe atonic post-partum hemorrhage
- 1012. Indications of cesarean section include all the following EXCEPT:**
- Previous classic C.S
 - McDonald cervical cerclage.
 - Contracted pelvis
 - Fetal distress
 - Prolapsed pulsating cord.
- 1013. The following criteria can allow trial of vaginal delivery after CS.**
- Post partum period following C.S was uneventful
 - Indication of previous CS was contracted pelvis
 - The number of the previous CS was 3 or more
 - Tender CS scar during this pregnancy.
 - Oversized fetus during this pregnancy
- 1014. All the following are advantages of LU C.S over upper segment C.S EXCEPT:**
- Leaves a stronger scar
 - Less intestinal complications
 - Less blood loss
 - Less infection
 - Less time consuming
- 1015. A classical upper segment cesarean section:**
- Should be done in cases of transverse line
 - Should be done in cases of placenta previa
 - Leaves a strong scar.
 - The incision is transverse
 - None of the above
- 1016. All the following are indications for hysterectomy EXCEPT :**
- Molar pregnancy in old age lady
 - Invasive cancer cervix with pregnancy
 - Bleeding placental previa
 - Cauvelaries uterus
 - Septic abortion indicated for hysterectomy .
- 1017. The following statements regarding cesarean section are true EXCEPT:**
- It is safer than vaginal delivery for the preterm breech.
 - Associated infection is markedly reduced by the use of prophylactic antibiotics
 - The lower segment one is safer than the upper segment one
 - It is commonly performed for prolonged labor (dystocia)
 - Preformed electively under regional anesthesia is as safe for the mother as normal vaginal delivery.
- 1018. Indications of C.S hysterectomy include the following EXCEPT:**
- Severe uterine atony.
 - Placenta accreta.
 - Irreparable uterine rupture
 - Subserous leiomyoma.
 - Cancer cervix with viable pregnancy.

- 1019. Cesarean section should be performed on all patients.**
- Who have had ≥ 2 previous cesarean sections
 - Who have diabetes mellitus
 - With cord prolapse.
 - With marginal placenta previa
 - With a previous cesarean for fetal distress
- 1020. A classical cesarean section**
- Should be considered in cases of breech fetus
 - Is performed when large fibroids occupy the upper segment of the uterus.
 - Is performed through a transverse incision in the upper segment of the uterus
 - Is performed in most cases of placenta previa
 - Scar is liable to rupture after 30 weeks gestation.
- 1021. Uterine atony and hemorrhage at the uterine vertical incision site during CS is best treated by:**
- Uterine massage and compression at the incision site
 - Intra-myometrial injection of pitocin
 - Intra-myometrial injection of prostaglandin F_{2α}
 - Intravenous infusion of methergine
 - Compression of the aorta and uterine arteries
- 1022. All the following are complications of medio-lateral episiotomy EXCEPT:**
- Risk of extension to the rectum
 - Difficult to repair
 - Faulty healing is common
 - More blood loss
 - More possibility of dyspareunia.
- 1023. All the following are advantages of median episiotomy EXCEPT :**
- Less blood loss
 - Easy to repair
 - Decreased area of the vaginal outlet
 - Dyspareunia is rare
 - Avoid major perineal lacerations
- 1024. All the following are indications of episiotomy EXCEPT:**
- Narrow subpubic angle.
 - Forceps application
 - Delivery of premature fetus
 - Ventouse application
 - Face to pubis delivery
- 1025. The following is true regarding episiotomy :**
- Is made when the perineum is maximally stretched.
 - J shaped type is the best
 - More painful than a birth canal laceration
 - Widens the whole birth canal
 - Should be repaired before delivery of the placenta.
- 1026. Indications of therapeutic abortion include all the following EXCEPT:**
- Advanced hypertensive vascular disease
 - Toxoplasmosis with pregnancy
 - Carcinoma of the cervix
 - Active pulmonary T.B
 - Breast carcinoma with pregnancy
- 1027. Complications of evacuation and curettage of the uterus include:**
- Uterine perforation
 - Infection
 - Cervical laceration
 - Hemorrhage.
 - Asherman's syndrome
 - All of the above

- 1028. Techniques for second trimester abortions include the following**
- a. Dilatation and evacuation
 - b. Intra-amniotic oxytocin
 - c. Intra-amniotic prostaglandin F₂ α.
 - d. Intra-amniotic hypertonic saline.
 - e. Any of the above.
- 1029. All the following is true about evacuation of pregnant uterus EXCEPT:**
- a. The risk of perforation is high
 - b. Suction evacuation can be used
 - c. Done under general anesthesia
 - d. The cervix is fixed with volsellum
 - e. Laparotomy is essential if perforation occurs.
- 1030. Indications of induction of labor include the following EXCEPT:**
- a. Pre-eclampsia
 - b. PROM at 38 weeks gestation
 - c. Fetal demise
 - d. Post term pregnancy
 - e. Placenta previa with mild bleeding, no labor pains at 30 weeks.
- 1031. Side effects of oxytocin include all of the following:**
- a. Fetal distress
 - b. Uterine rupture
 - c. Amniotic fluid embolism
 - d. Hypernatremia
 - e. Hypertonic uterine inertia
- 1032. Complications of induction of labor include all the following EXCEPT:**
- a. Higher risk of postpartum hemorrhage
 - b. Failure to establish labor
 - c. Prematurity
 - d. Maternal hypertension
 - e. Intrauterine sepsis
- 1033. Complication of induction of labor include all of the following EXCEPT:**
- a. Postpartum hemorrhage
 - b. Failure to establish labor
 - c. Prematurity
 - d. Maternal hypertension
 - e. Complication of the method of induction
- 1034. The Bishop score includes all the following items EXCEPT:**
- a. Gestational age
 - b. Direction of the cervix
 - c. Station of the presenting part
 - d. Effacement of the cervix
 - e. Dilatation of the cervix.
- 1035. Regarding Ergometrine, all the following is true EXCEPT:**
- a. May be given with oxytocin in the 3rd stage of labor.
 - b. Can be given intravenous
 - c. Can cause hypertension
 - d. Helps cervical dilatation
 - e. Better avoided in cardiac cases.

Exams

Exam 1

(I) Choose the correct answer

1. **The round ligament attached to cornu of uterus:**
 - a. Anterior to the tubal insertion
 - b. Above to the tubal insertion
 - c. Behind the insertion of ovarian ligament
 - d. Behind the insertion of the tube.
2. **The following are causes of cryptomenorrhea EXCEPT:**
 - a. Transverse vaginal septum
 - b. Imperforate hymen
 - c. Uterine septum
 - d. Congenital cervical stenosis
3. **Abnormalities due to incomplete fusion of the MD lead to the following EXCEPT:**
 - a. Hypoplastic uterus
 - b. Bicornuate uterus
 - c. Unicornuate uterus
 - d. Rudimentary horn
4. **The following are causes of primary amenorrhea EXCEPT:**
 - a. Imperforate hymen
 - b. Turner syndrome
 - c. Asherman's syndrome
 - d. Congenital adrenal hyperplasia
5. **A 35-year – old Patient, P2 +2 presented with cystocele; the best line of treatment is:**
 - A. Classical repair
 - b. Fothergill's operation
 - c. Vaginal hysterectomy with pelvic floor repair
 - d. Anterior colporrhaphy.
6. **The following drugs are used in treatment of bacterial vaginosis EXCEPT:**
 - a. Metronidazole
 - b. Clindamycin
 - c. Amoxicillin
 - d. Nystatin
7. **The discharge in trichomonos vaginitis is :**
 - a. Frothy and offensive
 - b. White and odourless
 - c. Mucopurulent
 - d. All of the above
8. **In inevitable abortion of 10 weeks pregnancy, the following are true EXCEPT:**
 - a. Bleeding is heavy.
 - b. Colicky pain
 - c. Internal os is closed
 - d. Hypovolaemic shock may be present
9. **A 25 years-old patient , P1+1, has vesicular mole with fundal level at 20 weeks, best line of ttt is:**
 - a. D&C
 - b. Suction evacuation
 - c. Hysterotomy
 - d. Hysterectomy
10. **Anemia with pregnancy is diagnosed when HB level is:**
 - a. 13-14g/ dL.
 - b. 11-12 ½ g/ dL.
 - c. < 10 g/ dL
 - d. All of the above

- 11. The following are character of Cephaloheatoma, EXCEPT:**
- Appears after delivery
 - Limited to the borders of one cranial bone
 - Persist for few weeks
 - Soft and pits under pressure
- 12. Erb's palasy include the followings, EXCEPT:**
- The upper limb at the side of the trunk
 - Internally rotated.
 - The wrist is flexed
 - Weakness of the flexors of the wrist and fingers.
- 13. The following are used to prmote cervial ripening EXCEPT:**
- Stripping of the membrane
 - Osmotic dilators
 - Hegar's dilators
 - Prostaglandin E2
- 14. Investigations for vesico-vaginal fistulae include all of the following EXCEPT:**
- Cystoscopy
 - Laparoscopy
 - I.V.P
 - Methylene blue test
- 15. All the following druges are usually used in ttt of pelvic endometriosis, EXCEPT:**
- Danazol
 - GnRh analogue
 - Preogestins
 - corticosteroid
- 16. Sarcomatus changes of fibroid uteru is suspected if there is:**
- Menorrhagia
 - Metrorrhagia
 - Postmenopausal enlargement
 - Dysuria
- 17. The following are functional ovarian tumour, EXCEPT:**
- Theca cell tumour
 - Strauma ovarii
 - Granulosa cell tumour
 - Krukenberg tumor
- 18. External cephalic version is contraindicated in:**
- Pre-eclampsia
 - Previous C.S.
 - Before 32 weeks
 - All of the above
- 19. As regard red degnenration of fibroid uterus, the followings are true EXCEPT:**
- It usually occurs duing pregnancy
 - The main pathology is ischemia of part of the tumor
 - Surgical treatment is the main line of management
 - Acute abdmlinal pain and vomiting are common symptoms.
- 20. In a recentl married woman , the most suitable cotraceptive method is :**
- O.C pill
 - Minipills
 - IUD
 - Tubal sterilization

Exam 2

(I) Choose the correct answer

- 1. All of the following are correct for tubal infertility , EXCEPT:**
 - a. PID is a common cause
 - b. Laparoscopy is a good diagnostic test
 - c. Tuboplasty is the best treatment option
 - d. It is responsible for about 20% of infertility causes
- 2. All of the following are true for fibroid uterus, EXCEPT:**
 - a. It is usually multiple
 - b. Associated with endometrial hyperplasia
 - c. Composed of fibrous cells
 - d. Commonly started as interstitial in corporeal myoma
- 3. Ovarian tumors characterized by the following , EXCEPT:**
 - a. They occur throughout women's age
 - b. Early detection is very difficult
 - c. Usually asymptomatic
 - d. Usually functioning
- 4. Adenomyosis has these criteria, EXCEPT:**
 - a. Infertility is a common symptom.
 - b. Doesn't respond to hormonal treatment
 - c. Menorrhagia is a common symptom .
 - d. Occur only in uterine corpus in multipara
- 5. The following are advantages of forceps over ventouse EXCEPT:**
 - a. Less risky on the fetus
 - b. Applies on medically diseased mother
 - c. Less time for application
 - d. Could not be applied in non-vertex presentation
- 6. The use of combined OCP reduces the incidence of the following EXCEPT:**
 - a. Endometrial carcinoma
 - b. Endometriosis
 - c. Cervical carcinoma
 - d. Dysmenorrhea
- 7. All the following are germ cell tumors of the ovary, EXCEPT:**
 - a. Dysgerminoma
 - b. Endodermal sinus tumor
 - c. Benign cystic teratoma
 - d. Granulosa cell tumor.
- 8. Regarding puerperal sepsis, the following are correct, EXCEPT:**
 - a. Prolonged labor is one of predisposing factor
 - b. Common in C.S. rather than vaginal delivery
 - c. E-Coli is the most causative microorganism
 - d. Broad-spectrum antibiotic is best advise.
- 9. As regard rupture uterus, all the following are correct EXCEPT:**
 - a. Multiparity is a risk factor
 - b. Abruptio placentae is a differential diagnosis
 - c. Preservation of the uterus is difficult to be done
 - d. Fetus is always in the peritoneal cavity

- 10. As regard contracted pelvis, these are correct , EXCEPT:**
- Multiparity as a risk factor is common
 - Fetal distress is not a common feature
 - Fetal and maternal injuries are liable
 - C.S. is the rule.
- 11. As regard of cervical factor of infertility , all are correct EXCEPT:**
- Artificial insemination is a good treatment choice
 - Clomiphene citrate therapy could be a cause.
 - Assessment of cervical mucus is done in day 18 of the cycle
 - It is common in cases with secondary infertility
- 12. All of the following are correct for ov. hyperstimulation syndrome EXCEPT: !!!!**
- Common in patients with PCOS.
 - There is marked electrolytes imbalance with ovarian enlargement
 - Surgical interference is main line of treatment
 - With hold HCG administration is a good prophylactic regimen in risky patients.
- 13. As regard hyperprolactinemia, which is NOT TRUE?**
- Medication is a common cause
 - Bromocriptin is effective treatment
 - Commonly associated with poor endometrial development
 - Galactorrhea always presents
- 14. Endometrial cancer characterised by the following EXCEPT:**
- It carries a good prognosis due to early detection
 - Surgical treatment is the rule
 - Blood spread is earlier finding
 - Postmenopausal bleeding is the commonest symptom
- 15. Benign papillary serous cell tumors have these criteria EXCEPT:**
- Commonly bilateral
 - Rare to turn malignancy
 - Common type of ovarian tumour
 - Not functioning
- 16. Endometriosis has the following criteria EXCEPT:**
- Hypersetrogenism is a risk factor
 - Common in women with high socio-economic standard with low parity
 - Usually associated with peritubal adhesion.
 - It is a benign neoplastic lesion rare to turn malignancy
- 17. Hypotonic uterine inertia has the following criteria EXCEPT:**
- Patient at risk for post partum hemorrhage
 - Improper use of obstolic drugs is a cause
 - Fetus and mother are not distressed
 - Membrane is usually intact
- 18. The following are correct for asymmetrical IUGR EXCEPT:**
- Maternal disease is a common cause
 - It carry a better prognosis than preterm fetus of the same gestational age
 - Fetus is usually congenitally malformed
 - Strict fetal monitoring is needed
- 19. The followings are true for Rh negative mother EXCEPT:**
- Searching for antibodies should be done in the 1st pregnancy
 - Anti-D is given in variable doses according to pregnancy circumstances.
 - Amniocentesis should be done even if mother is not immunized
 - Detection of paternal Rh typing should be done .
- 20. The maximal negative pressure of the ventouse should not exceed :**
- 0.6 Kgm / cm
 - 0.80 Kgm / cm
 - 1 Kgm / cm
 - 1.2 Kgm / cm

Exam 3

Choose the correct answer:

1. Radiotherapy for carcinoma of the cervix may cause
 - a. Vesico-vaginal fistula
 - b. Pyometra
 - c. Proctitis
 - d. Acute salpingitis
 - e. Ovarian failure
2. In the polycystic ovary syndrome:
 - a. Obesity is common
 - b. There is loss of body hair
 - c. LH levels are low
 - d. Irregular widely spaced menstruation is typical
 - e. Clomiphene may restore ovulation and menstruation
3. Regarding infertility, which of the following are true (T):
 - a. Male factors account for 25% of infertility
 - b. Post-coital test must be done on day 21 of the cycle
 - c. Day 14 progesterone level can provide evidence of ovulation
 - d. Bromocriptine is an agonist of prolactin
 - e. Gonadotropin releasing hormone (GnRH) is secreted by acidophilic cells of anterior pituitary gland
4. Management of genuine stress incontinence include:
 - a. Anticholinergic drugs
 - b. Pelvic floor exercises
 - c. Bladder training exercises
 - d. Colposuspension
 - e. Intermittent self-catheterization
5. Regarding fibroids, which of the following are true:
 - a. May need no treatment
 - b. May protrude from the cervix
 - c. Are more common in fertile patients
 - d. May cause recurrent abortion
 - e. May cause intraperitoneal hemorrhage
 - f. Red degeneration during pregnancy should be treated by myomectomy
6. Regarding pre-eclampsia, which of the following are true:
 - a. Platelet count rises due to hemoconcentration
 - b. Uric acid is increased
 - c. Upper abdominal pain can occur
 - d. Proteinuria in excess of 3g/24h is a sign of severe pre-eclampsia
 - e. Multiple pregnancy is an independent risk factor of pre-eclampsia
 - f. Liver transaminases are decreased in HELLP syndrome
7. Regarding menopause which of the following are true:
 - a. Vaginal pH is reduced
 - b. Increased risk of osteoporosis
 - c. It usually presents with secondary amenorrhea
 - d. Gonadotrophin levels are decreased after menopause
 - e. Low density lipoproteins are increased and high density lipoproteins are reduced after menopause
8. Patients with the following typically presents with primary amenorrhea:
 - a. Uterus didelphys
 - b. Imperforate hymen
 - c. Anorexia nervosa
 - d. Turner's syndrome
 - e. Polycystic ovary syndrome

9. Regarding menstrual cycle which of the following is true:
- Menstruation occurs when progesterone secretion is at maximum
 - Menstruation occurs 2 days after the peak of LH
 - FSH is necessary for the initial stages of follicular development
 - LH is necessary for maintenance of the corpus luteum
 - Ovulation occurs 14 days before the onset of the menstrual flow
10. The following condition are aggravated by the combined oral contraceptive pills:
- Hirsutism
 - Endometriosis
 - Dysmenorrhea
 - Premenstrual tension syndrome
 - Cervical ectopy (erosion)
11. Cancer ovary
- It is the most common gynecological malignancy
 - Combined contraceptive pills increase risk for ovarian cancer
 - It often present late
 - CA 125 is a tumor marker for epithelial tumors of the ovary
 - In stage IA, the tumor is limited to both ovaries, capsule is intact, no ascites
12. Regarding primary postpartum hemorrhage, which of the following are true:
- It is defined as occurring within 24th of delivery
 - It is defined as blood loss of more than 200ml
 - It should be anticipated in multiple pregnancy
 - It might be secondary to vaginal wall laceration
 - A history of antepartum hemorrhage does not increase the risk of primary postpartum hemorrhage
13. Which of the following may exacerbated uterovaginal prolapse?
- Menopause
 - Childbirth
 - Chronic bronchitis
 - Anterior colporrhaphy
 - Diuretic therapy
14. Carcinoma of the endometrium:
- Stage I is confined to the body of the uterus
 - It is usually adenocarcinoma
 - Combined oral contraceptive pills are risk factor for endometrial carcinoma
 - A typical adenomatous endometrial hyperplasia is a premalignant condition

Exam 4

Choose the correct answer:

1. Antenatal management of a growth restricted fetus includes:
 - a. Ultrasound examination to measure fetal growth
 - b. Maternal counting of fetal movements
 - c. Non stress test (NST)
 - d. Fetal scalp blood sampling
 - e. Ultrasound assessment of amniotic fluid volume
2. Oligohydramnios can be associated with:
 - a. Intrauterine fetal death (IUFD)
 - b. Bilateral renal agenesis of fetus
 - c. Rupture of membranes
 - d. Post-term pregnancy
 - e. Poor perinatal outcome
3. Which is the narrowest diameter of the pelvic inlet through which the fetal head must pass?
 - a. True conjugate
 - b. Diagonal conjugate
 - c. Transverse diameter
 - D. Obstetrical conjugate
4. In the case of concealed placental abruption, which of the following are true:
 - a. The uterus is typically soft on palpation
 - b. Fetal parts are easily felt
 - c. The uterus is usually tender
 - d. Uterine contractions might be present
 - e. There is moderated vaginal bleeding
5. The infant of a diabetic mother is at increased risk of:
 - a. Polycythaemia
 - b. Traumatic delivery
 - c. Neonatal jaundice
 - d. Hypoglycemia
6. In the case of managing of major placenta praevia, which of the following are true:
 - a. Blood should be cross-matched if the patient presents with bleeding
 - b. Transvaginal ultrasound helps with diagnosis
 - c. Vaginal delivery is appropriate
 - d. Hospital admission is advised in third trimester
 - e. Consider maternal steroids in the preterm patient
7. Regarding labour, which of the following are true:
 - a. Slow progress in labour can occur with a fetal malpresentation
 - b. Head station is checked by abdominal examination
 - c. Caput and moulding are present in case of obstructed labour
 - d. Engagement of head occurs before the onset of labour in primigravida
8. Polyhydramnios is associated with the following:
 - a. Choriangioma of the placenta
 - b. Maternal diabetes
 - c. Fetal anencephaly
 - d. IUGR
 - e. Hydatidiform mole
 - f. preterm rupture of membranes

9. Regarding malpresentations, which of the following are true:
- A face presentation may be confused with a breech
 - A cesarean section should be performed once a face presentation is diagnosed
 - Episiotomy should be done immediately before delivery of the head during assisted breech delivery
 - Breech presentation occurs more often with premature labour
 - External cephalic version poses no risk to the fetus
10. Which of the following are true as causes of first trimester abortion:
- Cervical incompetence
 - Rubella
 - Syphilis
 - XO karyotype of the embryo
 - Trisomy 21 of the embryo
11. Signs of possible scar rupture during labour include:
- Tenderness overlaying the scar
 - High presenting part
 - Blood loss vaginally
 - Fetal heart rate abnormalities
 - Maternal shock
12. Regarding ectopic pregnancy, which of the following is true:
- It cannot occur if tubal sterilization has been performed
 - It must be managed surgically
 - If a woman has had one ectopic pregnancy, her risk of another is increased
 - It can survive beyond 16 weeks
 - Intra-uterine device confers protection against ectopic pregnancy
 - It is associated with uterine enlargement
13. Regarding normal pregnancy, which of the following are true (T):
- Pregnancy lasts on average 40 weeks
 - If a woman has a long menstrual cycle, expected date of delivery should be extended according to this
 - The plasma volume increases in pregnancy, but the red cell mass does not. This results in a fall of haematoglobin concentration
 - The ureters can appear dilated
 - Platelet count decreases in pregnancy
14. Concerning the causes of a fetus being small for dates, which of the following are true:
- Diabetes mellitus is a possible factor
 - Heavy smoking is relevant
 - The size of the mother has no influence
 - There is no association with pre-eclampsia
 - Signs of fetal infection should be excluded