

M.B.B.S. THIRD PROFESSIONAL PART – II EXAMINATION, FEBRUARY-2025

GYNECOLOGY INCLUDING FAMILY WELFARE

PAPER - SECOND

[Time allotted: Three hours]

SET - A

[Max Marks: 100]

Q. 1. Multiple choice questions (Darken the single best response in OMR sheet. Time allotted 20 minutes) (20 x 01 = 20)

1. Which of the following statement is false for adenomyosis?
 - a. It is ingrowth of endometrium into myometrium
 - b. Diffuse enlargement of uterus
 - c. Adenoma is a localized growth
 - d. Is encapsulated growth in the myometrium
2. Swiss-cheese pattern of endometrium is seen in:
 - a. Carcinoma endometrium
 - b. Metropathia haemorrhagica
 - c. Hydatidiform mole
 - d. Halban's disease
3. All are seen in testicular feminization syndrome **EXCEPT**:
 - a. 46 XY
 - b. Primary amenorrhoea
 - c. Short stature
 - d. Blind vagina
4. Which of these is **not** a feature of Sheehan's syndrome?
 - a. Amenorrhoea
 - b. Galactorrhoea
 - c. Loss of pubic and axillary hair
 - d. Hypothyroidism
5. Best investigation to identify tubal patency is:
 - a. Hystero- salpingography
 - b. Rubin's test
 - c. Laparoscopy and chromo perturbation
 - d. Laparotomy
6. Action of which of the following IUCD lasts for 10 yrs:
 - a. Progestasert
 - b. Nova- T
 - c. Cu-T 380A
 - d. Multiload 250
7. Ca-125 is increased in all **except**:
 - a. TB of genital organ
 - b. Ovarian cancer
 - c. Endometriosis
 - d. Stein levanthal syndrome
8. The sequence of development of puberty in girls is:
 - a. Thelarche-Pubarche- Menarche
 - b. Pubarche-Thelarche- Menarche.
 - c. Pubarche-Menarche- Thelarche
 - d. Menarche-Thelarche – Pubarche.
9. Which of the following patients would be classified as having primary amenorrhea?
 - a. 11-year-old girl with Tanner stage 1 breasts
 - b. 14-year-old girl with Tanner stage 1 breasts
 - c. 13-year-old girl with Tanner stage 5 breasts
 - d. 12-year-old with Tanner stage 4 breasts
10. Which of the following is **not** a contraindication for estrogen therapy?
 - a. Breast cancer
 - b. Uterine cancer
 - c. Previous history of thromboembolic episode
 - d. Hypertension
11. Which of the following is false about the Cervarix vaccine?
 - a. Protects against HPV types 16 and 18
 - b. Dose is 0.5ml, intramuscular
 - c. Protective against genital warts
 - d. Dosing schedule – 0, 1 and 6 months
12. The non-contraceptive uses of oral contraceptives include all of the following **except**:
 - a. Reduction in the risk of ovarian cancer
 - b. Ectopic pregnancy
 - c. Protection against sexually transmitted diseases including HIV
 - d. Reduction in the risk of endometrial cancer
13. Which among the following is the largest benign ovarian tumor?
 - a. Serous cystadenoma
 - b. Mucinous cystadenoma
 - c. Teratoma
 - d. Dermoid cyst
14. A woman undergoing infertility treatment is found to have bilateral tubal blockage on hysterosalpingography. What is the most appropriate next step in her management?
 - a. Intrauterine insemination
 - b. In vitro fertilization (IVF)
 - c. Laparoscopic chromoperturbation
 - d. Ovulation induction
15. What will be the level of the anti-Mullerian hormone in low ovarian reserve?
 - a. <1
 - b. 1-4
 - c. >7
 - d. >10
16. An increase in which of the following is spasmodic pain during dysmenorrhoea attributed to?
 - a. PGE1
 - b. PGE2
 - c. PGD2
 - d. PGF2α
17. A 30-year-old female, P2L2, presents with a mass per vaginum. On examination, infravaginal elongation of the cervix is noted. How will you treat this condition?
 - a. McCall culdoplasty
 - b. Le Forte's surgery
 - c. Fothergill surgery
 - d. Latzko procedure
18. All of the following are contraceptive methods used post-coitus **except**:
 - a. Danazol
 - b. CuT200
 - c. RU486
 - d. Combined high dose estrogen-progestin pills
19. Which of the following is virilising tumor of the ovary?
 - a. Arrhenoblastoma
 - b. Thecoma
 - c. Brenners
 - d. Carxinoid tumor
20. Which among the following reduces the risk of developing ovarian cancers?
 - a. Nulliparity
 - b. PCOS
 - c. HRT therapy
 - d. Bilateral tubectomy

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Note: Attempt all questions in sequence.
Draw suitable diagrams (wherever necessary)

- Q. 2. Give reasons why:** (5 x 2 = 10)
- a. Vaginal pH increase after delivery
 - b. Why are patients with PCOS prone to develop Type -2 Diabetes Mellitus
 - c. Why are IUCD's avoided in nulliparous woman
 - d. HPV vaccines is most effective in adolescent girls
 - e. Why streak gonads should be removed
- Q. 3. Problem based question:**
- A 58 years old Para-5 woman, came to the OPD with complaints of something coming out per vaginum since 3 years, difficulty in micturition and blood mixed vaginal discharge for 4-5 months. (2+2+6=10)
- a. What are the predisposing factors for prolapse?
 - b. How will you treat Decubitus ulcer?
 - c. How will you manage this case
- Q. 4. Write briefly on:** (4 x 6 = 24)
- a. Ashermann's Syndrome
 - b. Management of missing IUCD thread.
 - c. Syndromic Management of Vaginal discharge
 - d. A nulliparus female of 30yrs old, married for 5 years came to OPD. Her HSG reports shows bilateral tubal blockage. Husband semen analysis with in normal limit. How will you discuss and counsel the couple for pregnancy?
- Q. 5. Structured question:**
- (i) A 30 year old Lady reports with H/O Passage of vesicles with heavy bleeding per Vagina following amenorrhea of 3 months. Write diagnosis, investigations to be done and management of the case. (2+2+6=10)
- (ii) A 58 years old Postmenopausal woman is having bleeding per vaginum. Write the differential diagnosis, investigations and management. (2+2+6=10)
- Q. 6. Answer in brief/As indicated:** (4 x 4 = 16)
- a. Lymphatic drainage of cervix with Labelled diagram
 - b. Screening test for CA Cervix
 - c. Table Showing Normal Semen Analysis
 - d. WHO Classification of ovarian Tumours
