

M.B.B.S. FINAL PROF. PART- II EXAMINATION, JANUARY-2013
OBSTETRICS & GYNAECOLOGY
PAPER FIRST

allotted: Three hours]

[Max Marks: 40]

Note: Attempt all questions. Question should be answered as per the sequence given in the question paper.
Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions – separate sheet given (½ x 16 = 8)
- Q. 2.** Problem based question: (2+2+4=8)
A 24 years old primigravida, at 35 weeks of gestation, came to emergency with generalized tonic clonic seizures.
- Write most probable diagnosis and enumerate other possible causes?
 - What are the investigations you will do?
 - How will you manage this case?
- Q. 3.** Define ectopic pregnancy. What are the reasons of increased prevalence of ectopic pregnancy? How will you manage a case of tubal ectopic pregnancy in a 25 years old primi gravida? (2+2+4=8)
- Q. 4.** Write short notes on: (4 x 2 = 8)
- Fetal Manifestations in Rh negative pregnancy.
 - Clinical features and management of abruption placentae at 37 weeks of pregnancy.
- Q. 5.** Write briefly about: (2 x 4 = 8)
- Puerperal pyrexia
 - Difference between monozygotic and dizygotic twins
 - Causes of onset of labor
 - National Rural Health Mission (NRHM)

M.B.B.S. FINAL PROF. PART- II EXAMINATION, JANUARY-2013
OBSTETRICS & GYNAECOLOGY
PAPER FIRST - MCQ

Time allotted for MCQ – 15 minutes**Set - B****Q. 1. Multiple Choice questions (Encircle the most appropriate response)****(½ x 16= 8)**

1. Golden colour amniotic fluid is seen in:
 - a. Rh incompatibility
 - b. Foetal death
 - c. IUGR
 - d. Foetal distress
2. How many days after ovulation is placental circulation established?
 - a. 18 to 21
 - b. 9 to 11
 - c. 7 to 9
 - d. 3 to 13
3. Which is NOT increased in pregnancy?
 - a. Vital capacity
 - b. Blood volume
 - c. Extracellular fluid
 - d. Weight
4. The average blood loss during normal delivery is approximately?
 - a. 700 ml
 - b. 500 ml
 - c. 250 ml
 - d. 100 ml
5. Maximum cardiac output during pregnancy is seen in:
 - a. Ist trimester
 - b. IInd trimester
 - c. Labour
 - d. Immediate postpartum period
6. Haemodynamic changes in pregnancy includes the following EXCEPT:
 - a. Increase in cardiac output
 - b. Increase in heart rate
 - c. Decrease in vascular resistance
 - d. Increase in mean arterial pressure
7. Hormone which does NOT cross placenta?
 - a. Thyroxine
 - b. Oestrogen
 - c. Insulin
 - d. None of the above
8. Definitive sign of pregnancy:
 - a. Uterine soufflé
 - b. Ballottment
 - c. Fetal heart sound
 - d. Amenorrhoea
9. Oslander's sign means:
 - a. Pulsation in the lateral vaginal fornix
 - b. Bluish colour change in the vagina
 - c. Softening of the cervix
 - d. On bimanual palpation the finger can be approximated as if nothing is in between
10. Fetal heart activity can be detected by sonography at about:
 - a. 5 weeks
 - b. 7 weeks
 - c. 8 weeks
 - d. 10 weeks
11. Which one of the following is NOT a sign of early pregnancy?
 - a. Goodell's sign
 - b. Hegar's sign
 - c. Cullen's sign
 - d. Palmer sign
12. Commonest of non-engagement at term, in primi is:
 - a. CPD
 - b. Hydramnios
 - c. Brow presentation
 - d. Breech
13. Sub pubic angle is:
 - a. $< 65^{\circ}$
 - b. $65^{\circ} - 75^{\circ}$
 - c. 85°
 - d. $110^{\circ} - 120^{\circ}$
14. Minimum number of antenatal visits:
 - a. 3
 - b. 1
 - c. 5
 - d. 6
15. Zygote reaches the uterine cavity as:
 - a. 32 celled
 - b. 16 celled
 - c. 8 celled
 - d. 2 celled
16. The umbilical cord normally contains:
 - a. Two arteries and two veins
 - b. One artery and one vein
 - c. Two arteries and one vein
 - d. One artery and two veins

M.B.B.S. FINAL PROF. PART- II EXAMINATION, JANUARY-2013
OBSTETRICS & GYNAECOLOGY
PAPER SECOND

[Time allotted: Three hours]

[Max Marks: 40]

Note: Attempt all questions. Question should be answered as per the sequence given in the question paper.
Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions – separate sheet given ($\frac{1}{2} \times 16 = 8$)
- Q. 2.** Problem based question: ($2+2+4=8$)
A 55 years old Para-6 woman come to the OPD with complaints of something coming out per vaginum since 3 yrs., difficulty in micturition and defaecation and blood mixed vaginal discharge for 4-5 months.
- a. What are the predisposing factors for prolapse?
 - b. How will you treat decubitus ulcer?
 - c. How will you manage this case?
- Q. 3.** Define primary infertility. Enumerate causes of infertility. What are the various tests of ovulation? ($2+3+3=8$)
- Q. 4.** Write short notes on: ($4 \times 2 = 8$)
- a. Screening of a case of carcinoma cervix
 - b. Causes of postmenopausal bleeding
- Q. 5.** Write briefly about: ($2 \times 4 = 8$)
- a. Emergency contraception
 - b. Red degeneration of fibroid
 - c. Ashermann's syndrome
 - d. Haematocolpos

M.B.B.S. FINAL PROF. PART- II EXAMINATION, JANUARY - 2013
OBSTETRICS & GYNAECOLOGY
PAPER SECOND - MCQ

Time allotted for MCQ – 15 minutes

Set - B

Q-1. Multiple Choice questions (Encircle the single best response)

(½ x 16= 8)

1. Mittelschmerz's syndrome is:
 - a. Pain during menses
 - b. Pain before onset of menses
 - c. Is mid-cyclical pain
 - d. All of the above
2. Tubal-patency test should be done:
 - a. 7 – 10 days after stoppage of menses.
 - b. Before menses
 - c. 2 – 3 days after stoppage of menses.
 - d. During menses
3. Structures of the ovarian pedicle are all EXCEPT:
 - a. Infundibulo pelvic ligament
 - b. Ovarian ligament
 - c. Fallopian tube with mesosalpinx
 - d. Meckenrodt's ligament
4. 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
5. In precocious puberty, menstruation occurs:
 - a. After 13 yrs. of age
 - b. At 13 yrs. of age
 - c. Before 12 yrs. of age
 - d. Less than 10 yrs. of age
6. Most common site for endometriosis is:
 - a. Peritoneum
 - b. Ovary
 - c. Urinary bladder
 - d. Appendix
7. All of the following are components of Stein-Leventhal syndrome EXCEPT:
 - a. Oligomenorrhoea
 - b. Hyperandrogenism
 - c. Menorrhagia
 - d. Polycystic ovaries
8. Best contraception for lactating mother is:
 - a. Barrier
 - b. Oral contraceptive pills
 - c. Progesterone only pills
 - d. Lactational amenorrhoea
9. Action of which of the following IUCD lasts for 10 yrs:
 - a. Progestasert
 - b. Nova – T
 - c. Cu - T 380A
 - d. Multiload 250
10. Risk factors for carcinoma cervix are all EXCEPT:
 - a. Smoking
 - b. Multiple sexual partners
 - c. HPV 16, 18
 - d. Nulliparity
11. All are components of Meigs-syndrome EXCEPT:
 - a. Pleural effusion
 - b. Ovarian tumor
 - c. Ascites
 - d. Pericardial effusion
12. Swiss-cheese pattern of endometrium is seen is:
 - a. Carcinoma endometrium
 - b. Metropathia haemorrhagica
 - c. Hydatidiform mole
 - d. Halban's disease
13. The amount of blood loss during each menstrual cycle is about:
 - a. 10 cc
 - b. 30 cc
 - c. 75 cc
 - d. 100 cc
14. Ovaries are paired sex glands situated:
 - a. Retroperitoneally
 - b. Extraperitoneally
 - c. Intraperitoneally
 - d. None of the above
15. Menopause is due to:
 - a. Loss of ovarian follicular activity
 - b. Cessation of menses
 - c. Disturbed H-P-O axis
 - d. Decreased FSH/LH
16. Endometrial biopsy is done:
 - a. Immediately after menses
 - b. In the mid cycle
 - c. Before menses
 - d. With onset of menses

M.B.B.S. FINAL PROF. PART- II EXAMINATION, APRIL -2013
OBSTETRICS & GYNAECOLOGY
PAPER FIRST

[Time allotted: Three hours]**[Max Marks: 40]**

Note: Attempt all questions. Question should be answered as per the sequence given in the question paper.
Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions – separate sheet given ($\frac{1}{2} \times 16 = 8$)
- Q. 2.** Problem based question: (1+3+4=8)
A 26 years old primi gravida at 36 weeks of pregnancy comes to the emergency with sudden painless vaginal bleeding.
a. What is the most probable diagnosis?
b. Outline in brief how did you reach this diagnosis?
c. How will you manage this case?
- Q. 3.** Define pre-eclampsia. Mention the investigations in a case of ante-partum eclampsia and its management in brief. (1+2+5= 8)
- Q. 4.** Write short notes on: (4 x 2 = 8)
a. Neonatal resuscitation
b. Measures to prevent mother to child transmission of HIV
- Q. 5.** Write briefly about: (2 x 4 =8)
a. Active management of 3rd stage of labor
b. Emergency contraception
c. Partograph
d. Physiology of lactation

M.B.B.S. FINAL PROF. PART- II EXAMINATION, APRIL -2013
OBSTETRICS & GYNAECOLOGY
PAPER FIRST - MCQ

Time allotted for MCQ – 15 minutes

Q. 1. Multiple Choice questions (blacken the correct response in the OMR sheet provided) (½ x 16= 8)

1. Which of these is an absolute indication for cesarean section:
 - a. Breech presentation
 - b. Previous LSCS
 - c. Type –IV placenta praevia
 - d. PROM
2. In a case of III⁰ perineal tear which of the following structures remain intact:
 - a. Anal sphincter
 - b. Perineal body
 - c. Perineal muscles
 - d. Rectal mucosa
3. Triple test includes all EXCEPT:
 - a. Maternal HCG
 - b. Serum estriol
 - c. Maternal AFP
 - d. Maternal HPL
4. MMR is expressed in:
 - a. Per 1000 live birth
 - b. Per 10,000 live birth
 - c. Per 100 live birth
 - d. Per 10,00,000 live birth
5. Maximum incidence of congenital malformations is seen in which 1st trimester infection?
 - a. Toxoplasmosis
 - b. Rubella
 - c. CMV
 - d. HIV
6. All are TRUE about diabetes in pregnancy EXCEPT:
 - a. 50 gms of glucose is used for screening
 - b. Insulin resistance improves with pregnancy
 - c. GTT is done between 24-28 weeks
 - d. Caudal regression syndrome is a specific abnormality
7. All can cause DIC in pregnancy EXCEPT:
 - a. Septic abortion
 - b. Abruptio placentae
 - c. IUFD
 - d. Prolonged pregnancy
8. Which of these is NOT a contraindication to pregnancy?
 - a. Eisenmenger syndrome
 - b. Coarctation of aorta
 - c. Primary pulmonary hypertension
 - d. Mitral valve prolapse
9. Division of fertilized egg after 8th day will give rise to:
 - a. Diamniotic Dichorionic twin
 - b. Monoamniotic Monochorionic twin
 - c. Diamniotic Monochorionic twin
 - d. Conjoined twin
10. Treatment of choice in H-mole is:
 - a. Suction evacuation
 - b. D & C
 - c. Hysterotomy
 - d. Hysterectomy
11. Drug used for medical management of Ectopic pregnancy is:
 - a. Methotrexate
 - b. Mesoprostol
 - c. Mifepristone
 - d. Methyl ergometrine
12. Which of the vaccines is contraindicated in pregnancy?
 - a. Hepatitis B
 - b. Rabies
 - c. MMR
 - d. Tetanus toxoid
13. What is incorrect about a cephalhematoma is:
 - a. Does not cross suture line
 - b. Fluctuation is seen
 - c. Presents at birth
 - d. Presents few hours after birth
14. Immediately following delivery the height of uterus corresponds to:
 - a. 35 weeks
 - b. 28 weeks
 - c. 14 weeks
 - d. 20 weeks
15. All are tocolytics EXCEPT:
 - a. Nitroglycerine
 - b. Isosuxprine
 - c. Ritodrine
 - d. Ethacredine
16. Commonest cause of non-engagement at term, in primi is:
 - a. CPD
 - b. Hydramnios
 - c. Brow presentation
 - d. Breech

M.B.B.S. FINAL PROF. PART- II EXAMINATION, APRIL -2013
OBSTETRICS & GYNAECOLOGY
PAPER SECOND

[Time allotted: Three hours]

[Max Marks: 40]

Note: Attempt all questions. Question should be answered as per the sequence given in the question paper.
Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions – separate sheet given (½ x 16 =8)
- Q. 2.** Problem based question: (2+2+4=8)
A 56 years old hypertensive and obese presents with post menopausal bleeding. She is diabetic also.
a. What is differential diagnosis?
b. How will you investigate this case?
c. How will you manage this patient?
- Q. 3.** Discuss causes of VVF. How would you investigate and treat it? (3+2+3 = 8)
- Q. 4.** Write short notes on: (4 x 2 = 8)
a. Supports of uterus
b. UTI
- Q. 5.** Write briefly about: (2 x 4 =8)
a. HAIR – AN syndrome
b. MISOPROSTOL – its uses.
c. Contra indications of oral contraceptive pills.
d. Puberty menorrhagia

M.B.B.S. FINAL P.P.O.F. PART- II EXAMINATION, APRIL -2013
OBSTETRICS & GYNAECOLOGY
PAPER SECOND - MCQ

Time allotted for MCQ – 15 minutes

- Q. 1.** Multiple Choice questions (blacken the correct response in the OMR sheet provided) (½ x 16= 8)
1. Best investigation to identify tubal patency is:
 - a. Hystero-salpingography
 - b. Rubin's test
 - c. Laparoscopy and Chromo pertubation
 - d. Laparotomy
 2. Red degeneration of fibroid is associated with:
 - a. Pregnancy
 - b. Aseptic infarction
 - c. Thrombosis
 - d. Leukocytosis
 3. The best method to diagnose hydatidiform mole is:
 - a. Amnioscopy
 - b. Amniography
 - c. Ultrasonography
 - d. Hysteroscopy
 4. Streak ovary is seen in:
 - a. Down's syndrome
 - b. XXXY
 - c. Turner's syndrome
 - d. Endometriosis
 5. The serum marker of trophoblastic tumor is:
 - a. α- HCG
 - b. β- HCG
 - c. Calcitonin
 - d. CA – 125
 6. The ideal contraception in woman with multiple sexual partner is:
 - a. Contraceptive pills
 - b. IUCD
 - c. Barrier contraception
 - d. Injectable contraception
 7. Commonest site of endometriosis:
 - a. Vagina
 - b. Ovary
 - c. Urinary bladder
 - d. Lungs
 8. Pseudo-myxoma peritonei is seen in:
 - a. Teratoma
 - b. Granulosa cell tumor
 - c. Dermoid cyst
 - d. Mucinous cystadenoma
 9. Patient presented with C/o white curdy discharge from vagina, diagnosis will be:
 - a. Trichomonas vaginalis
 - b. Moniliasis
 - c. Cervical erosion
 - d. Forgotten pessary
 10. Signet ring cells are seen in:
 - a. Pseudomucinous cystadenoma
 - b. Papillary cystadenoma
 - c. Chocolate cyst
 - d. Krukenberg tumor
 11. Most important lymph node in drainage of vulva is:
 - a. Supraclavicular
 - b. Paraaortic
 - c. Cloquet
 - d. Obturator
 12. Young girl with primary amenorrhoea, testis in inguinal canal, with breast development, diagnosis is:
 - a. Turner's syndrome
 - b. Klinefelter syndrome
 - c. Testicular feminizing syndrome
 - d. Down's syndrome
 13. Puffed wheat appearance is associated with:
 - a. Brenner's tumour
 - b. Cystadenocarcinoma
 - c. Granulosa cell tumours
 - d. Dermoid cyst
 14. Staging in ovarian cancer is done by:
 - a. Clinical examination
 - b. Biopsy
 - c. CA-125
 - d. Laparotomy
 15. Menopause is defined as permanent cessation of menstruation for:
 - a. 3 consecutive months
 - b. 9 consecutive months
 - c. 6 consecutive months
 - d. 12 consecutive months
 16. A 20 year old woman has been brought to casualty with BP- 70/40 mmHg, pulse rate – 120/minute, pregnancy test positive. She should be managed by:
 - a. Resuscitation and immediate laparotomy
 - b. Laparoscopy
 - c. Culdocentesis
 - d. Resuscitation and medical management

Roll No:

Paper Code: 443

M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEB./MARCH - 2014
OBSTETRICS & GYNAECOLOGY
PAPER FIRST

[Time allotted: Three hours]

[Max Marks: 40]

Note. Attempt all Questions.

Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions- separate sheet given ($\frac{1}{2} \times 16 = 08$)
- Q. 2.** Give Reasons: (1 x 4 = 04)
- a. Abortion is not preventable in case of inevitable abortion.
 - b. Control of bleeding immediately after delivery of placenta.
 - c. "Snow – storm" appearance under USG in case of vesicular mole.
 - d. Spalding sign of fetal skull by X-ray abdomen in case of intra-uterine death of foetus.
- Q. 3.** Fill in the blanks: (1 x 4 = 04)
- a. Placenta is developed from two sources
 - i. Maternal source
 - ii. Fetal source
 - b. The Hegar's sign for confirmation of pregnancy is elicited by examination.
 - c. The presence of bilateral ovarian cysts in case of Hydatiform mole is due to.....
 - d. During labor internal rotation of head takes place when it touches the part of muscle at pelvic floor.
- Q. 4.** Write in brief about: (2 x 4 = 08)
- a. Chain of events for the development of proteinuria in association with pre-eclampsia.
 - b. Diagrammatic representation of post-partum lactation reflex.
 - c. Diagrammatic representation of four types of placenta praevia.
 - d. Cardinal events for the mechanism of normal labor.
- Q. 5.** (i) What are the indications of caesarean section? How will you manage a case of full term pregnancy with previous caesarean section during labour? (1+3 = 04)
- Q. 5.** (ii) Problem based question: (1+1+2 = 04)
- A 24 years old primigravida, at 35 weeks of gestation, came to emergency with generalized tonic clonic seizures.
- a. Write most probable diagnosis and enumerate other possible causes?
 - b. What are the investigations you will do?
 - c. How will you manage this case?
- Q. 6.** Write short notes on: (2 x 4 = 08)
- a. Caput succedaneum
 - b. Couvella's uterus
 - c. 3rd degree perineal tear
 - d. Maternal mortality

M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEB./ MARCH - 2014
OBSTETRICS & GYNAECOLOGY
PAPER FIRST (MCQ)

Time allotted for MCQ – 15 minutes**SET - B****Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet)****(½ x 16 = 08)**

1. Transvaginal USG can detect fetal cardiac activity in:
 - a. 6 weeks
 - b. 7 weeks
 - c. 8 weeks
 - d. 10 weeks
2. Bishop's score include all EXCEPT:
 - a. Dilatation of cervix
 - b. Effacement of cervix
 - c. Contractions of uterus
 - d. Station of head
3. The diameter of cervical canal after full dilatation is:
 - a. 6 cm
 - b. 8 cm
 - c. 10 cm
 - d. 12 cm
4. The sequence of decidual secretion is in following order:
 - a. Lochia rubra – Lochia serosa – Lochia alba
 - b. Lochia serosa – Lochia rubra – Lochia alba
 - c. Lochia alba – Lochia rubra – Lochia serosa
 - d. Lochia alba – Lochia serosa – Lochia rubra
5. Commonest cause of first trimester abortion is:
 - a. Chromosomal abnormality
 - b. Syphilis
 - c. Rhesus iso-immunization
 - d. Cervical incompetence
6. According to MTP Act, opinion of two Doctors is necessary when pregnancy is:
 - a. 8 weeks
 - b. 10 weeks
 - c. > 12 weeks
 - d. > 20 weeks
7. Causes of Ectopic pregnancy include all EXCEPT:
 - a. IUCD
 - b. Tubal ciliary damage
 - c. Blighted ovum
 - d. Previous tubal surgery
8. Most common site for metastasis in chorio-carcinoma is:
 - a. Lungs
 - b. Brain
 - c. Liver
 - d. Spine
9. Caesarean section is must in which type of placenta praevia?
 - a. Central
 - b. Type – I
 - c. Type – II
 - d. Type – III
10. All of the following are used for post partum haemorrhage EXCEPT:
 - a. Misoprostol
 - b. Oxytocin
 - c. Methyl ergometrine
 - d. Mifepristone
11. Causes of polyhydramnios include:
 - a. Diabetes mellitus
 - b. Pre-eclampsia
 - c. Oesophageal atresia
 - d. Renal agenesis
12. Which is not a feature of HELLP syndrome?
 - a. Raised liver enzyme
 - b. Eosinophilia
 - c. Thrombocytopenia
 - d. Haemolytic anaemia
13. Syphilis is transmitted in which week of pregnancy?
 - a. 4th week
 - b. 8th week
 - c. 16th week
 - d. 28th week
14. Commonest cause of maternal mortality is:
 - a. Rupture uterus
 - b. Post-partum hemorrhage
 - c. Puerperal sepsis
 - d. Septic abortion
15. Placenta has:
 - a. 1 artery + 2 veins
 - b. 2 artery + 1 veins
 - c. 2 artery + 2 veins
 - d. 3 artery + 2 veins
16. Sub pubic angle is:
 - a. <65°
 - b. 65° to 75°
 - c. 85°
 - d. 110° to 120°

Roll No.

Paper Code: 450

M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEB./ MARCH - 2014
OBSTETRICS & GYNAECOLOGY
PAPER SECOND

[Time allotted: Three hours]

[Max Marks: 40]

Note: Attempt all Questions.

Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions- separate sheet given ($\frac{1}{2} \times 16 = 08$)
- Q. 2.** Give Reasons: (1 x 4 = 04)
- a. Candidiasis is common with use of broad spectrum antibiotics.
 - b. Fracture neck of femur is more common in 8th decade of life in women?
 - c. Some congenital malformations of uterus are associated with recurrent mid-trimester pregnancy loss?
 - d. Streak gonads should be removed?
- Q. 3.** Fill in the blanks: (1 x 4 = 04)
- a. Drug of choice for medical management of ectopic pregnancy is _____.
 - b. Most common cause of secondary amenorrhoea is _____.
 - c. Commonest cause of post coital bleeding is _____.
 - d. Drug of choice for galactorrhoea is _____.
- Q. 4.** Write in brief about: (2 x 4 = 08)
- a. Diagnostic representation of supports of uterus.
 - b. Draw a labeled diagram of Lymphatic drainage of Cervix
 - c. Follicular monitoring
 - d. Examination of a rape victim
- Q. 5.** (i) Define primary infertility. What are the common causes leading to infertility? How will you investigate an infertile couple? (1+1+2 = 04)
- Q. 5.** (ii) Problem based question: (1 x 4 = 04)
- 35 year old, P3L3 complains of heavy bleeding per vaginum with passage of clots.
- a. What is this condition called and define the same?
 - b. Give the differential diagnosis.
 - c. Suggest relevant investigations required to reach an appropriate diagnosis.
 - d. Outline in brief the treatment protocol.
- Q. 6.** Write short notes on: (2 x 4 = 08)
- a. Causes of metrorrhagia
 - b. Danazol
 - c. Use of OCPs
 - d. XYY syndrome

M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEB./ MARCH - 2014
OBSTETRICS & GYNAECOLOGY
PAPER SECOND (MCQ)

Time allotted for MCQ – 15 minutes**SET - B****Q. 1. Multiple Choice questions ((Darken the single best response in OMR sheet)****(½ x 16 = 08)**

1. In a young female of reproductive age, an absolute contraindication for prescribing oral contraceptive pills is:
 - a. Diabetes
 - b. Hypertension
 - c. Obesity
 - d. Impaired liver function
2. The most important clinical features in the diagnosis of PCOS:
 - a. Oligomenorrhoea and /or anovulation
 - b. Hyperandrogenism (clinical/biochemical)
 - c. Polycystic ovaries on USG
 - d. Any two of the above
3. Use of Cu T can not prevent anything EXCEPT :
 - a. Ectopic pregnancy
 - b. Pregnancy
 - c. PID
 - d. Irregular bleeding
4. The following are indications for postoperative radiotherapy in a case of carcinoma endometrium EXCEPT:
 - a. Myometrial invasion of more than half thickness
 - b. Positive lymph nodes
 - c. Endocervical involvement
 - d. Tumour positive for estrogen receptors
5. False about vagina is:
 - a. Partly or wholly derived from urogenital sinus
 - b. Rich in glands
 - c. Lined by stratified squamous epithelium
 - d. Posterior fornix lengthier than anterior fornix
6. All are seen in testicular feminization syndrome EXCEPT:
 - a. 46 XY
 - b. Primary amenorrhoea
 - c. Short stature
 - d. Blind vagina
7. Failure of bleeding after withdrawal of progesterone indicates:
 - a. Uterus not primed with estrogen
 - b. Ovarian factors
 - c. Pituitary factor
 - d. Hypothalamic factor
8. Khanna Sling operation is done for:
 - a. Incompetent cervix
 - b. Elongated cervix
 - c. Missed IU device
 - d. Nulliparous prolapse
9. The percentage of myomas undergoing malignant transformation:
 - a. 10%
 - b. 5%
 - c. 1%
 - d. 0.5%
10. HRT is used in:
 - a. Hotflushes
 - b. PID
 - c. Carcinoma Cervix
 - d. H. Mole
11. Puffed wheat appearance is seen in:
 - a. Fibroids
 - b. Brenner's tumour
 - c. H. Mole
 - d. Dysgerminoma
12. Boiled Sago appearance is seen with:
 - a. Fibroids
 - b. Mucinous cyst adenoma
 - c. DUB
 - d. Granulosa cell tumours
13. PCOS is associated with all EXCEPT:
 - a. Common endocrine disorder in young girl.
 - b. Seen in multi parous women.
 - c. Enlarged cystic ovaries.
 - d. Scanty menstrual periods.
14. The following statements are related to Krukenberg tumour EXCEPT.
 - a. It is always secondary
 - b. The most common primary site is pylorus of the stomach.
 - c. The tumour is bilateral
 - d. 'Signet ring' looking cells are its characteristic.
15. Galactorrhoea occurs in all EXCEPT:
 - a. Pituitary adenoma
 - b. Hypothyroidism
 - c. Use of metoclopramide
 - d. Kallman syndrome
16. The following are related to diagnosis of female infertility EXCEPT:
 - a. Hysterosalpingography has got a definite place in the investigation
 - b. Sonohysterosalpingography is done in the secretory phase
 - c. Falloposcopy is done through operating channel laparoscope
 - d. Serial sonography may replace hysterosalpingography

Regn. No.

Paper Code: 449

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JANUARY - 2015
OBSTETRICS & GYNAECOLOGY
PAPER FIRST

[Time allotted: Three hours]

[Max Marks: 40]

Note: Attempt all Questions.

Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions- separate sheet given ($\frac{1}{2} \times 16 = 08$)
- Q. 2. Give Reasons:** (1 x 4 = 04)
- a. Bleeding P/V in 34 weeks of pregnancy.
 - b. Location of appendix is higher at 34 weeks of pregnancy.
 - c. 'Snow - storm' appearance under USG in case of vesicular mole.
 - d. Expectant treatment in placenta previa.
- Q. 3. Problem based question:** (1+3 = 04)
- 19 years old primigravida with 34 weeks of pregnancy throws generalized fits.
- a. What is the diagnosis?
 - b. How will you manage this case?
- Q. 4. Write in brief:** (2 x 4 = 08)
- a. Hyperemesis gravidarum.
 - b. Moulding of fetal head.
 - c. Condition to be fulfilled before applying forceps.
 - d. Causes of sub-involution.
- Q. 5. (i)** Causes of anemia in pregnancy, its investigations and management of iron deficiency anemia. (1+1+2= 04)
- (ii).** Heavy vaginal bleeding following full term forceps delivery. (1+1+2=4)
- a. Cause of bleeding?
 - b. List of instruments essential for examination.
 - c. Management of the case.
- Q. 6. Write short notes on:** (2 x 4 = 08)
- a. PROM
 - b. Asphyxia neonatorum
 - c. Maternal mortality
 - d. BOH

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JANUARY - 2015
OBSTETRICS & GYNAECOLOGY
PAPER FIRST (MCQ)

Time allotted for MCQ – 15 minutes**SET - D****Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet)****(½ x 16 = 08)**

1. Mento – vertical diameter is:
 - a. 13.2 cm
 - b. 10.5 cm
 - c. 9.4 cm
 - d. 11 cm
2. TDO is expressed as:
 - a. Four knuckles
 - b. 8 cm
 - c. 9.4 cm
 - d. 9.2 cm
3. Following is not true for Colostrum:
 - a. Pale yellowish colour
 - b. Rich in antibodies
 - c. Mother's milk
 - d. After 42 days of delivery
4. Following is not true for anencephaly:
 - a. More common in females
 - b. Open neural tube defect
 - c. Folic acid helps in prevention
 - d. Found in nape of the neck
5. Ultimate cause of fetal death in hydrops fetalis is due to:
 - a. Chronic placental insufficiency
 - b. Damage to the liver leading to hypoproteinaemia and oedema
 - c. Cardiac failure
 - d. Severe anaemia and anoxia
6. Regarding anaemia with pregnancy all are correct EXCEPT:
 - a. Protein deficiency
 - b. Iron deficiency
 - c. Folic acid deficiency
 - d. Acidosis enhances bilirubin deposition into brain tissue
7. Concerning HELLP syndrome all are true EXCEPT:
 - a. It is a manifestation of severe preeclampsia
 - b. Platelet transfusion are often indicated
 - c. Liver enzymes are deranged
 - d. Use of dexamethasone improves the outcome
8. Burn Marshall method of delivery is applied for delivery of:
 - a. DTA
 - b. After coming head
 - c. Delivery of shoulders
 - d. Face presentation
9. Lovset's maneuver is applied for delivery of:
 - a. Footling
 - b. After coming head
 - c. Extended arms
 - d. Brow presentation
10. Earliest sign of magnesium toxicity:
 - a. Depression of deep tendon reflexes
 - b. Respiratory depression
 - c. Cardiac arrest
 - d. Anuria
11. A case of obstructed labour which was delivered by caesarian section complains of cyclical passage of menstrual blood in urine. Which is the most likely site of fistula?
 - a. Urethro-vaginal
 - b. Vesico-vaginal
 - c. Vesico-uterine
 - d. Uretero-uterine
12. At 28 weeks gestation, amniocentesis reveals a DOD at 450 nm of 0.20 which is at the top of third zone of the Liley curve. The most appropriate management of such a case is:
 - a. Immediate delivery
 - b. Intrauterine foetal transfusion
 - c. Repeat Amniocentesis after 1 week
 - d. Plasmapheresis
13. Following is not true for cord prolapse:
 - a. Pre-maturity
 - b. Hydramnios
 - c. Intact membranes
 - d. Breech presentation
14. Indications of single agent chemotherapy following evacuation of hydatidiform mole are all EXCEPT:
 - a. A rise in hCG titre
 - b. A plateau of hCG titre for 5-7 days
 - c. Normalisation of hCG, by 6 weeks post evacuation
 - d. Appearance of brain metastases.
15. Folic acid deficiency is manifested by all EXCEPT:
 - a. Hypersegmentation of neutrophils
 - b. Angular stomatitis
 - c. Microcytes
 - d. Anaemia
16. Indirect Coomb's test is done on:
 - a. Semen
 - b. Fetal blood
 - c. Urine
 - d. Maternal blood

Regn. No.

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JANUARY - 2015
OBSTETRICS & GYNAECOLOGY
PAPER SECOND

[Max Marks: 40]

[Time allotted: Three hours]

Note: Attempt all Questions.

Draw suitable diagrams wherever necessary.

(½ x 16 = 08)

Q. 1. Multiple choice questions- separate sheet given

(1 x 4 = 04)

Q. 2. Give Reasons:

- Torsion is common in dermoid cyst.
- Obstetrical fistula occurs 5-7 days after delivery.
- In intersex, ectopic gonads should be removed.
- Candidiasis is common in diabetics.

(1 x 4 = 04)

Q. 3. Problem based question:

35 year old, P₃L₃ complains of heavy bleeding per vaginum with passage of clots.

- What is this condition called? Define the same.
- Give differential diagnosis of the condition.
- Suggest relevant investigations required to reach an appropriate diagnosis.
- Outline in brief the treatment protocol.

(2 x 4 = 08)

Q. 4. Write in brief:

- Evaluation of a case of primary amenorrhea in a flow chart.
- Draw a labeled diagram of supports of uterus.
- Tubal patency test.
- LH surge.

Q. 5. (i) Define primary infertility. What are the common causes leading to infertility? Investigate an infertile couple. (1+1+2 = 04)

(ii). A 25 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. (1+1+2=4)

(2 x 4 = 08)

Q. 6. Write short notes on:

- Metropathia hemorrhagica
- Universal precautions
- Non contraceptive benefits of OCPs
- Testicular feminization syndrome

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JANUARY - 2015
OBSTETRICS & GYNAECOLOGY
PAPER SECOND (MCQ)

Time allotted for MCQ – 15 minutes**SET - D****Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) (½ x 16 = 08)**

1. The maturation index on vaginal cytology is a diagnostic method to evaluate the:
 - a. Adequacy of cytotoxic drug therapy
 - b. Gender of an abnormal fetus
 - c. Malignant change at squamocolumnar junction
 - d. Endocrine status of the patient
2. Nabothian cyst is found in:
 - a. PCOD
 - b. Normal cervix
 - c. Cervicitis
 - d. CaCx
3. HAIR-AN syndrome is found in:
 - a. Congenital adrenal hyperplasia
 - b. Luteal phase defect
 - c. PCOD
 - d. Pheochromocytoma
4. D & C is useful in diagnosis of:
 - a. Endometriosis
 - b. Adenomyosis
 - c. Salpingoophoritis
 - d. TB endometritis
5. A 28 year old P₁L₁ with 2nd degree prolapse with cystocele, which operation is indicated?
 - a. Fothergill's
 - b. Wertheim's
 - c. Vaginal Hysterectomy with PFR
 - d. Kiegle's exercise
6. Complete failure of mullerian duct fusion will result in:
 - a. Uterus diadelphys
 - b. Arcuate uterus
 - c. Subseptate uterus
 - d. Unicornuate uterus
7. Pyometra is a complication with all EXCEPT:
 - a. Ca endometrium
 - b. CaCx
 - c. Ca vulva
 - d. Pelvic radiotherapy
8. RU 486 is used in all EXCEPT:
 - a. Medical abortion
 - b. Emergency contraception
 - c. Ectopic pregnancy
 - d. Hydatiform mole
9. In PCOS, which of the following is TRUE?
 - a. Increased FSH:LH, increased insulin levels
 - b. Increased LH:FSH levels, increased insulin levels
 - c. Normal LH & FSH levels
 - d. Increased TSH, increased prolactin and increased FSH
10. Which of these is not a risk factor for Carcinoma endometrium?
 - a. Diabetes
 - b. Hypertension
 - c. Obesity
 - d. Multiparity
11. True about red degeneration of myomas is:
 - a. Occurs in post-menopausal patient
 - b. Immediate surgical intervention is needed
 - c. Managed with analgesics and rest
 - d. Can progress to malignancy
12. OCPs protect against all EXCEPT:
 - a. Ca ovary
 - b. Uterine malignancy
 - c. Fibroadenoma breast
 - d. Hepatic adenoma
13. Which of these is not a feature of Sheehan's syndrome?
 - a. Amenorrhoea
 - b. Galactorrhoea
 - c. Loss of pubic and axillary hair
 - d. Hypothyroidism
14. Bartholin's duct opens into?
 - a. Labia majora
 - b. Upper 2/3rd of Labia minora
 - c. Posterior fornix
 - d. Groove between labia minora and hymen
15. Which of these is used for uterine artery embolization?
 - a. Polyglactin
 - b. Ethacridine lactate
 - c. Polyvinyl alcohol
 - d. Methylene blue dye
16. Bacterial vaginosis is characterized by:
 - a. Acute inflammation of vagina
 - b. Clue cells in wet mount
 - c. Strawberry cervix
 - d. Frothy discharge

Regn. No.

Paper Code: 441

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JUNE - 2015
OBSTETRICS & GYNAECOLOGY
PAPER FIRST

[Max Marks: 40]

[Time allotted: Three hours]

Note: Attempt all Questions.

Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions- separate sheet given ($\frac{1}{2} \times 16 = 08$)
- Q. 2. Give Reasons:** (1 x 4 = 04)
- a. Identical twins.
 - b. Increase in blood volume during pregnancy.
 - c. Cardio-respiratory embarrassment during pregnancy.
 - d. Recurrent abortion due to cervical factor.
- Q. 3. Problem based question:** (1+1+2 = 04)
- A very pale lady taking treatment for secondary infertility came to the emergency with c/o acute abdominal pain & h/o fainting attack at home. She had her last menstrual period 40 days ago. Her B.P. recorded was 90 mm of Hg & pulse 110 / min.
- a. Diagnose the case.
 - b. Enumerate essential investigations to be done.
 - c. Outline management of the case.
- Q. 4. Write short notes on:** (2 x 4 = 08)
- a. Apgar score
 - b. Bishop score
 - c. Cephal-haematoma
 - d. Erb's palsy
- Q. 5. (i)** A 25 years old primi, looking pale at 28 weeks of pregnancy. Give diagnosis and how would you investigate and manage her? (1+1+2 = 04)
- (ii)** A 20 years old primi with 37 weeks of pregnancy starts throwing convulsions. How would you manage her? (04)
- Q. 6. Write in brief about:** (2 x 4 = 08)
- a. Flow chart to manage a case of placenta previa.
 - b. Flow chart to show management of PPH.
 - c. Non stress test (NST).
 - d. Use of USG in Obstetrics.

Regn. No.

Paper Code: 441

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JUNE - 2015
OBSTETRICS & GYNAECOLOGY
PAPER FIRST (MCQ)

Time allotted for MCQ – 15 minutes

- Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) ($\frac{1}{2} \times 16 = 08$)**
1. A case of obstructed labour which was delivered by caesarian section complains of cyclical passage of menstrual blood in urine. Which is the most likely site of fistula?
 - a. Urethra-vaginal
 - b. Vesico-vaginal
 - c. Vesico-uterine
 - d. Uretero-uterine
 2. At 28 weeks gestation, amniocentesis reveals a DOD at 450 nm of 0.20 which is at the top of third zone of the Liley curve. The most appropriate management of such a case is:
 - a. Immediate delivery
 - b. Intrauterine transfusion
 - c. Repeat amniocentesis after 1 week
 - d. Plasmapheresis
 3. Commonest known cause of mid-trimester miscarriage:
 - a. Uterine malformation
 - b. Fibroid
 - c. Cervical incompetence
 - d. All of the above
 4. Contraindication of circlage operation are all EXCEPT:
 - a. Leaking membrane
 - b. Features of amnionitis
 - c. History of vaginal bleeding
 - d. Pregnancy beyond 14 weeks
 5. HELLP syndrome is associated with:
 - a. Pre-eclampsia
 - b. Low platelet count
 - c. Elevated liver enzymes
 - d. All of the above
 6. Blood coagulopathy in abruption placentae is mainly due to:
 - a. Decreased synthesis of fibrinogen
 - b. Consumption coagulopathy
 - c. Low fibrinolytic activity
 - d. Anuria
 7. Anti-D prophylaxis in a Rh D negative should be preferably given within:
 - a. 72 hours
 - b. 1 week
 - c. 10 days
 - d. 42 days
 8. Folic acid deficiency favors:
 - a. Prevention of neural tube defects
 - b. Prevention of UTI
 - c. Prevents Microcytic anaemia
 - d. Abnormal presentation
 9. Rubella infection in pregnancy, following statement is TRUE:
 - a. Rubella in 1st trimester
 - b. May lead to congenital malformation
 - c. May lead to eye defects
 - d. All of the above
 10. Fetal distress in 2nd stage, delivery should be preferably by:
 - a. Induction
 - b. LSCS
 - c. Ventouse
 - d. Forceps
 11. In monozygotic twin pregnancy all are correct EXCEPT:
 - a. Complications are more compared to dizygotic twins
 - b. Risks of fetal anomalies are low
 - c. Twin-twin transfusion syndrome may occur
 - d. Twin peak sign may be observed
 12. Components of Active management of third stage of labor include all of the following, EXCEPT:
 - a. Controlled cord traction
 - b. Early cord clamping
 - c. Inj. Methergine (Ergometrine)
 - d. Inj. Syntocinon (Oxytocin)
 13. Which amongst the following is not seen in normal pregnancy?
 - a. Increase in systolic blood pressure
 - b. Increase in heart rate
 - c. Increase in cardiac output
 - d. Increase in blood volume
 14. All of the following statement about mother to child transmission of HIV are true, EXCEPT:
 - a. Transmission most commonly occurs during early gestation
 - b. Majority of fetuses are not infected even without any intervention
 - c. Risk of mother to child transmission can be reduced by elective cesarean section
 - d. Risk is related to the status of infection in mother
 15. Which of the following medication should never be used in pregnancy?
 - a. Methotrexate
 - b. Cyclosporine
 - c. Chloroquine
 - d. Pyrazinamide
 16. Maternal use of which of the following hormone may cause hypospadias in a male child:
 - a. Talbutamide
 - b. Clomiphene
 - c. Diethylstilbestrol
 - d. Clonazepam

Regn. No.

Paper Code: 446

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JUNE - 2015
OBSTETRICS & GYNAECOLOGY
PAPER SECOND

[Max Marks: 40]

[Time allotted: Three hours]

Note: Attempt all Questions.

Draw suitable diagrams wherever necessary.

- Q. 1. Multiple choice questions- separate sheet given ($\frac{1}{2} \times 16 = 08$)
- Q. 2. Give Reasons: (1 x 4 = 04)
- a. Menorrhagia in case of fibroid uterus.
 - b. Spasmodic dysmenorrhea following IUCD insertion for initial 3 to 6 months.
 - c. Fecal incontinence following IV degree perineal tear.
 - d. Decubitus ulcer of cervix in case of genital prolapse.
- Q. 3. Problem based question: (1+1+2 = 04)
- A 55 years old post menopausal diabetic woman is having bleeding per vaginum.
- a. Give differential diagnosis of the condition.
 - b. Enumerate the investigations you will ask for.
 - c. Outline management of the condition.
- Q. 4. Write short notes on: (2 x 4 = 08)
- a. Cryptomenorrhea
 - b. Dermoid cyst of ovary
 - c. Manual Vacuum Aspiration
 - d. Tubectomy by Pomeroy's method
- Q. 5. (i). What are the causes of acute pain abdomen in a young lady? Describe management of twisted ovarian cyst. (2+2 = 04)
- (ii). Enumerate different types of dysfunctional uterine bleeding. What are the essential investigations to be done? Outline guidelines for the management of a case of Metrorrhagia Haemorrhagica. (1+1+2=4)
- Q. 6. Write in brief: (2 x 4 = 08)
- a. Diagrammatic representation of supports of uterus.
 - b. Schematic representation of lymphatic drainage of cervix.
 - c. Standard treatment of monilial vaginitis with diagram of findings in Hanging drop Preparation.
 - d. FIGO staging of types of stage - I Cancer Cervix.

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JUNE - 2015
OBSTETRICS & GYNAECOLOGY
PAPER SECOND (MCQ)

Time allotted for MCQ – 15 minutes

- Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) ($\frac{1}{2} \times 16 = 08$)**
1. Haematocolpos may result from all EXCEPT:
 - a. Imperforate hymen
 - b. Transverse vaginal septum
 - c. Septate uterus
 - d. Partial vaginal agenesis
 2. Clitoris is developed from:
 - a. Mullerian tubercle
 - b. Genital tubercle
 - c. Mesonephric tubercle
 - d. Mesonephric duct
 3. Premature menopause is defined when menstruation stops below:
 - a. 50 years
 - b. 45 years
 - c. 40 years
 - d. None of the above
 4. Spinnbarkeit is lost when there is:
 - a. Ovulation
 - b. Anovulation
 - c. Delayed ovulation
 - d. All of the above
 5. Diagnostic accuracy of Pap's smear after three consecutive Negative tests is about:
 - a. 70%
 - b. 80%
 - c. 90%
 - d. 99%
 6. Commonest cause for chronic pelvic inflammation is:
 - a. Gonococcal
 - b. Tubercular
 - c. Chlamydial
 - d. Streptococcal
 7. Risk factor for pelvic inflammation are all EXCEPT:
 - a. Multiple sex partners
 - b. Intra uterine device (IUD) user
 - c. Oral steroidal pill user
 - d. Previous h/o sexually transmitted disease
 8. 'Tobacco pouch' appearance of fallopian tube during hysterosalpingography is due to:
 - a. Distal tubal obstruction
 - b. Blocked fimbrial end
 - c. Blocked cornual end
 - d. Rigid straight tube
 9. Hysteroscopy is helpful for diagnosis of:
 - a. Submucous fibroid
 - b. Uterine septa
 - c. Uterine synaechia
 - d. All of the above
 10. Contraindication for Cu-T insertion is all EXCEPT:
 - a. Sexually transmitted disease
 - b. Past h/o ectopic pregnancy
 - c. Nulliparous female
 - d. Multipara
 11. The following agent is not used as emergency contraceptive?
 - a. Tab. Levonorgestrel 0.75mg
 - b. Cu-T insertion
 - c. RU 486 Mifepristone 100 mg
 - d. Mesoprostol Tab. 400 mg
 12. The recommended treatment for fibrocystic disease of breast is all EXCEPT:
 - a. Vit. E
 - b. Evening primrose oil
 - c. Danazole
 - d. Antibiotics
 13. In laparoscopic procedure pneumo peritoneum may be created by insufflation of:
 - a. CO₂
 - b. N₂O
 - c. Room air
 - d. All of the above
 14. Uterine size is bigger than average size in:
 - a. Fibroid uterus
 - b. Adenomyosis
 - c. Senile uterus
 - d. Metropathia haemorrhagica
 15. For injection Depot Medroxy Progesterone acetate 150 mg, all are true EXCEPT:
 - a. Injection is repeated at three months interval
 - b. Failure rate is more than 2%
 - c. Irregular bleeding for 6-9 months
 - d. Secondary amenorrhea may be noted
 16. Turner's syndrome is characterized by:
 - a. Short stature
 - b. Karyotype 45 X 0
 - c. Webbing of neck
 - d. All of the above

M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEBRUARY/ MARCH - 2016
OBSTETRICS & GYNAECOLOGY
PAPER FIRST (SAQ)

[Time allotted: Three hours]

[Max Marks: 40]

Note: Attempt all Questions.

Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions- separate sheet given ($\frac{1}{2} \times 16 = 08$)
- Q. 2. Give Reasons:** (1 x 4 = 04)
- Physiological anemia in pregnancy develops in second trimester.
 - Ergot derivatives are contraindicated in a patient of heart disease.
 - Breast feeding to be continued in HIV infection.
 - IUCD has highest incidence of ectopic pregnancy
- Q. 3. Problem based question:** (1+1+2 = 04)
- A 23 year old, primigravida comes to emergency with sudden onset painless bleeding per vaginum at 32 weeks period of gestation.
- Give most probable diagnosis and explain the same.
 - Which is the most relevant d/d and how do you clinically differentiate between the two?
 - Outline in brief the management of the case.
- Q. 4. Write short notes:** (2 x 4 = 08)
- Misoprostol
 - Screening of Down syndrome
 - Maternal mortality
 - Emergency contraceptives
- Q. 5. Structured Question:**
- (i). Classify gestational trophoblastic disease. How would you diagnose H. Mole? Outline treatment of a case of molar pregnancy in primi gravid. (1+1+2= 04)
- (ii). What is placental barrier? Enumerate the important placental hormones. Mention in brief various functions of placenta. (1+1+2= 04)
- Q. 6. Write in brief:** (2 x 4 = 08)
- Friedman's curve with a labeled diagram
 - Lactation reflex
 - Active management of third stage of labor
 - Apgar score

M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEBRUARY/ MARCH - 2016
OBSTETRICS & GYNAECOLOGY
PAPER FIRST (MCQ)

Time allotted for MCQ – 15 minutesSET - D**Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet)****(½ x 16 = 08)**

1. Episiotomy is best done by:
 - a. Medially
 - b. Laterally
 - c. Mediolaterally
 - d. J-shaped
2. ECV is indicated in all EXCEPT:
 - a. Breech presentation at term
 - b. Transverse lie
 - c. Second twin in transverse lie
 - d. First twin in transverse lie
3. Which of the following does not increase in normal pregnancy?
 - a. Systolic blood pressure
 - b. Heart rate
 - c. Cardiac output
 - d. Blood volume
4. Peripartum hysterectomy is indicated in all EXCEPT:
 - a. Placenta accreta
 - b. Rupture uterus
 - c. Intractable PPH
 - d. Couvelaire uterus
5. MMR is expressed in:
 - a. Per 1000 live births
 - b. Per 10,000 live births
 - c. Per 100,000 live births
 - d. Per 10,00,000 live births
6. Components of WHO Active management of third stage of labor include all of the following, EXCEPT:
 - a. Controlled Cord Traction
 - b. Adoption of Brandt Andrew 's method
 - c. Inj. Methergine (Ergometrine)
 - d. Inj. Oxytocin
7. All of the following are used for post partum haemorrhage EXCEPT:
 - a. Misoprostol
 - b. Micronized progesterone
 - c. Methyl ergometrine
 - d. Mifepristone
8. Which not a feature of HELLP Syndrome?
 - a. Raised liver enzyme
 - b. Eosinophilia
 - c. Thrombocytopenia
 - d. Haemolytic anaemia
9. Most important cause of maternal mortality in India is:
 - a. Eclampsia
 - b. Hemorrhage
 - c. Obstructed labor
 - d. Septic Shock
10. Chromosomal number of primary spermatocyte is:
 - a. 44xy
 - b. 22xy
 - c. 22xx
 - d. 46xx
11. Caput succedaneum:
 - a. Develops 24 hrs after birth
 - b. Develops at birth
 - c. Is pathological
 - d. Is associated with seizures
12. Triple test includes all EXCEPT:
 - a. msAFP
 - b. Maternal hcg
 - c. Scrum estriol
 - d. Maternal HPL
13. One of these is not a method to deliver after coming head of breech:
 - a. Burns marshall method
 - b. Forceps
 - c. Lovset manoeuvre
 - d. Mauriceau- Smellie- Veit technique
14. Gas used for Pneumoperitoneum in laparoscopy is:
 - a. CO₂
 - b. O₂
 - c. N₂O
 - d. CO
15. Normal pH of vagina is:
 - a. 2.5-3.5
 - b. 3.5-4.5
 - c. 5.5-6.5
 - d. 6.5-7.5
16. Antihypertensive not used in PIH is:
 - a. Methyldopa
 - b. Labetalol
 - c. Nifedipine
 - d. Enalapril

M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEBRUARY/ MARCH - 2016
OBSTETRICS & GYNAECOLOGY
PAPER SECOND (SAQ)

[Time allotted: Three hours]**[Max Marks: 40]****Note:** Attempt all Questions.

Draw suitable diagrams wherever necessary.

Q. 1. Multiple choice questions- separate sheet given**($\frac{1}{2} \times 16 = 08$)****Q. 2. Give Reasons:-****(1 x 4 = 04)**

- a. Vaginal delivery predisposes to pelvic organ prolapse
- b. Anovulation in PCOD.
- c. Infertility in fibroid uterus.
- d. Formation of Chocolate cysts in endometriosis.

Q. 3. Problem based question:**(1+1+2 = 04)**

A 40 year old Para 3 came with complaints of excessive and prolonged menstrual bleeding since last 2 years.

- a. What is the differential diagnosis?
- b. How will you reach the diagnosis?
- c. Discuss briefly the management.

Q. 4. Write short notes on:**(2 x 4 = 08)**

- a. Screening methods of Premalignant lesions of carcinoma cervix
- b. Causes of primary amenorrhea
- c. Emergency contraception
- d. Ashermann's syndrome

Q. 5. Structured Question:

(i) A 30 year old female married for last eight years and staying with her husband is unable to conceive. Enumerate the causes. What are the various tests of ovulation?

(2+2= 04)

(ii). A 55 year old para 6 woman comes to OPD with complaints of something coming out of vagina. She also complains of SUI. What are the pre disposing factors for her present condition? Enumerate appropriate investigations. How will you manage this case?

(1+1+2= 04)**Q. 6. Write in brief about:****(2 x 4 = 08)**

- a. Puberty menorrhagia
- b. Contraindications of IUCD
- c. Misoprostol – its uses
- d. Lymphatic drainage of cervix with a labelled diagram.

M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEBRUARY/ MARCH - 2016
OBSTETRICS & GYNAECOLOGY
PAPER SECOND (MCQ)

Time allotted for MCQ – 15 minutes**SET - C****Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) (½ x 16 = 08)**

1. Best contraception for lactating mother for the first 6 months is:
 - a. Barrier contraceptive
 - b. Combined oral contraceptive pills
 - c. Progesterone only pills
 - d. Lactational amenorrhea
2. Endometrial biopsy is done:
 - a. Immediately after menses
 - b. In the mid cycle
 - c. Before menses
 - d. With onset of menses
3. Swiss- cheese pattern of endometrium is seen in:
 - a. Carcinoma endometrium
 - b. Metropathia haemorrhagica
 - c. Hydatidiform mole
 - d. Halban's disease
4. Most common site for endometriosis is:
 - a. Peritoneum
 - b. Ovary
 - c. Urinary bladder
 - d. Appendix
5. In precocious puberty menstruation occurs:
 - a. After 13 yrs of age
 - b. At 13 yrs of age
 - c. Before 12 yrs of age
 - d. Less than 10 yrs of age
6. Structure of the ovarian pedicle are all EXCEPT:
 - a. Infundibulo pelvic ligament
 - b. Ovarian ligament
 - c. Fallopian tube with mesosalpinx
 - d. Meckenrodt's ligament
7. Action of which of the following IUCD lasts for 10 yrs:
 - a. Progestasert
 - b. Nova- T
 - c. Cu- T 380A
 - d. Multiload 250
8. Menopause is due to:
 - a. Loss of ovarian follicular activity
 - b. Cessation of menses
 - c. Disturbed H-P-O axis
 - d. Decreased FSH/LH
9. Pseudo- myxoma peritonei is seen in:
 - a. Teratoma
 - b. Granulosa cell tumor
 - c. Dermoid cyst
 - d. Mucinous cystadenoma
10. In a young female of reproductive age, an absolute contraindication for prescribing oral contraceptive pills is:
 - a. Diabetes
 - b. Hypertension
 - c. Obesity
 - d. Impaired liver functions
11. False about vagina is:
 - a. Partly derived from urogenital sinus
 - b. Rich in glands
 - c. Lined by stratified squamous epithelium
 - d. Posterior fornix lengthier than anterior fornix
12. Galactorrhoea occurs in all EXCEPT:
 - a. Pituitary adenoma
 - b. Hypothyroidism
 - c. Use of metoclopramide
 - d. Kallman's syndrome
13. Best investigation to identify tubal patency is:
 - a. Hystero- salpingography
 - b. Rubin's test
 - c. Laparoscopy and chromo perturbation
 - d. Laparotomy
14. Patient presented with C/O white curdy discharge from vagina, diagnosis will be:
 - a. Trichomonas vaginalis
 - b. Moniliasis
 - c. Cervical erosion
 - d. Forgotten pessary
15. Staging in ovarian cancer is done by:
 - a. Clinical examination
 - b. Biopsy
 - c. CA -125
 - d. Laparotomy
16. Red degeneration of fibroid is associated with?
 - a. Pregnancy
 - b. Aseptic infarction
 - c. Thrombosis
 - d. Leukocytosis

M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEBRUARY/ MARCH - 2016
OBSTETRICS & GYNAECOLOGY
PAPER SECOND (MCQ)

Time allotted for MCQ – 15 minutes**SET - D****Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) (½ x 16 = 08)**

1. Structure of the ovarian pedicle are all EXCEPT:
 - a. Infundibulo pelvic ligament
 - b. Ovarian ligament
 - c. Fallopian tube with mesosalpinx
 - d. Meckenrodt's ligament
2. Action of which of the following IUCD lasts for 10 yrs:
 - a. Progestasert
 - b. Nova- T
 - c. Cu- T 380A
 - d. Multiload 250
3. Menopause is due to:
 - a. Loss of ovarian follicular activity
 - b. Cessation of menses
 - c. Disturbed H-P-O axis
 - d. Decreased FSH/LH
4. Pseudo- myxoma peritonei is seen in:
 - a. Teratoma
 - b. Granulosa cell tumor
 - c. Dermoid cyst
 - d. Mucinous cystadenoma
5. In a young female of reproductive age, an absolute contraindication for prescribing oral contraceptive pills is:
 - a. Diabetes
 - b. Hypertension
 - c. Obesity
 - d. Impaired liver functions
6. False about vagina is:
 - a. Partly derived from urogenital sinus
 - b. Rich in glands
 - c. Lined by stratified squamous epithelium
 - d. Posterior fornix lengthier than anterior fornix
7. Galactorrhoea occurs in all EXCEPT:
 - a. Pituitary adenoma
 - b. Hypothyroidism
 - c. Use of metoclopramide
 - d. Kallman's syndrome
8. Best investigation to identify tubal patency is:
 - a. Hystero- salpingography
 - b. Rubin's test
 - c. Laparoscopy and chromo perturbation
 - d. Laparotomy
9. Patient presented with C/O white curdy discharge from vagina, diagnosis will be:
 - a. Trichomonas vaginalis
 - b. Moniliasis
 - c. Cervical erosion
 - d. Forgotten pessary
10. Staging in ovarian cancer is done by:
 - a. Clinical examination
 - b. Biopsy
 - c. CA -125
 - d. Laparotomy
11. Red degeneration of fibroid is associated with?
 - a. Pregnancy
 - b. Aseptic infarction
 - c. Thrombosis
 - d. Leukocytosis
12. Best contraception for lactating mother for the first 6 months is:
 - a. Barrier contraceptive
 - b. Combined oral contraceptive pills
 - c. Progesterone only pills
 - d. Lactational amenorrhea
13. Endometrial biopsy is done:
 - a. Immediately after menses
 - b. In the mid cycle
 - c. Before menses
 - d. With onset of menses
14. Swiss- cheese pattern of endometrium is seen in:
 - a. Carcinoma endometrium
 - b. Metropathia haemorrhagica
 - c. Hydatidiform mole
 - d. Halban's disease
15. Most common site for endometriosis is:
 - a. Peritoneum
 - b. Ovary
 - c. Urinary bladder
 - d. Appendix
16. In precocious puberty menstruation occurs:
 - a. After 13 yrs of age
 - b. At 13 yrs of age
 - c. Before 12 yrs of age
 - d. Less than 10 yrs of age

M.B.B.S. FINAL PROF. PART-II EXAMINATION, MAY - 2016
OBSTETRICS & GYNAECOLOGY
PAPER SECOND

[Time allotted: Three hours]**[Max Marks: 40]****Note:** Attempt all Questions.

Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions- separate sheet given ($\frac{1}{2} \times 16 = 08$)
- Q. 2. Give Reasons:** (1 x 4 = 04)
- a. IUCD is not advisable for nulliparous women.
 - b. Menorrhagia in fibroid uterus.
 - c. Thyrotoxicosis occurs in ovarian tumour even if thyroid gland is normal.
 - d. Almost hairless smooth skin in testicular feminization syndrome.
- Q. 3. Problem based question:** (1+1+2 = 04)
- A 55 years old post menopausal diabetic women is having bleeding per vaginum.
- a. Enumerate differential diagnosis of the condition.
 - b. Outline necessary investigations to be done.
 - c. How shall you manage the case?
- Q. 4. Write short notes on:** (2 x 4 = 08)
- a. Follicular monitoring
 - b. Flow chart to investigate a case of primary amenorrhoea.
 - c. Emergency contraception
 - d. Trichomonal vaginalis
- Q. 5. (i)** 22 years old newly married woman has just missed periods and fainted with pain lower abdomen. Give differential diagnosis and management. (1+ 3 = 04)
- (ii).** 30 years old lady came with c/o something lying outside the vagina & incomplete emptying of bladder during urination. What is the diagnosis? Why is the problem of urination mentioned by patient? What is the line of management of this patient? (1+1+2=4)
- Q. 6. Write in brief about:** (2 x 4 = 08)
- a. Differential diagnosis of lump lower abdomen in females.
 - b. VVF
 - c. Clomiphene citrate
 - d. PCOS

M.B.B.S. FINAL PROF. PART-II EXAMINATION, MAY - 2016
OBSTETRICS & GYNAECOLOGY
PAPER SECOND (MCQ)

Time allotted for MCQ – 15 minutesSet - B**Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) (½ x 16 = 08)**

1. Which of the following drugs is used to palliate hot flushes?
 - a. Propranolol
 - b. Estrogen
 - c. Clonidine
 - d. Danazol
2. The average amount of blood loss in each menstrual cycle is:
 - a. 50 ml
 - b. 100 ml
 - c. 150 ml
 - d. 200 ml
3. For demonstrating monilia in vaginal smear ----- is used.
 - a. Kcl
 - b. KOH
 - c. NaOH
 - d. NaCl
4. Smears for cervical cytology are preserved in:
 - a. 100 % alcohol
 - b. 95 % ether alcohol
 - c. Ether ethanol acetone mixture
 - d. 100% acetone
5. The ideal screening schedule for cervical cancer in general population is:
 - a. Every year
 - b. Every three years
 - c. Every five years
 - d. None of the above
6. Diagnostic accuracy of PAP smear in cervical cancer is:
 - a. 90%
 - b. 95%
 - c. 98%
 - d. 100%
7. Post-coital test may be used to detect which cause of infertility?
 - a. Improper coital techniques
 - b. Antisperm antibodies
 - c. Aspermia
 - d. All of the above
8. Before colpomicroscopy the cervix is pretreated with:
 - a. Acetic acid
 - b. Lugol's iodine
 - c. Methylene blue
 - d. Brilliant cresyl violet
9. Laparoscopy in endometriosis should be done at:
 - a. Ovulation
 - b. Menstruation
 - c. Pre-menstruation
 - d. Post menstruation
10. Following are normal defence mechanism against pelvic infections EXCEPT:
 - a. Fungicidal action of secretions
 - b. Compound racemose type of Bartholin gland
 - c. Stratified epithelium of vagina
 - d. All of the above
11. Imperforate hymen usually detected at:
 - a. Birth
 - b. 2-4 years
 - c. 14-16 years
 - d. Delivery
12. Following are obstetrical complications of bicornuate uterus EXCEPT:
 - a. First trimester abortions
 - b. Malpresentation
 - c. Obstructed labour
 - d. Post partum hemorrhage
13. Uteroculoplasty is the surgery performed to correct:
 - a. Bicornuate uterus
 - b. Uterus unicornis
 - c. Septate vagina
 - d. All of the above
14. Streak ovaries are seen in:
 - a. Triple X syndrome
 - b. Turner's syndrome
 - c. Klinefelter's syndrome
 - d. Down's syndrome
15. Which of the following is the earliest change in females at puberty?
 - a. Appearance of pubic hair
 - b. Breast enlargement
 - c. Menarche
 - d. Voice changes
16. The normal vaginal pH is:
 - a. 1-2
 - b. 4-5
 - c. 7
 - d. 7.5-8

M.B.B.S. FINAL PROF. PART-II EXAMINATION, MAY - 2016
OBSTETRICS & GYNAECOLOGY
PAPER FIRST

[Time allotted: Three hours]**[Max Marks: 40]****Note:** Attempt all Questions.

Draw suitable diagrams wherever necessary.

- Q. 1.** Multiple choice questions- separate sheet given (½ x 16 = 08)
- Q. 2. Give Reasons:** (1 x 4 = 04)
- a. Vaginal bleeding in female neonate after 2 days of birth.
 - b. Per vaginal examination is not done in case of APH.
 - c. X-ray exposure is contraindicated in early weeks of pregnancy.
 - d. Mesoprostol tablets are used in third stage of labour.
- Q. 3. Problem based question:** (1 x 4 = 04)
- 20 years old primigravida with 34 weeks of pregnancy complains of painless bleeding per vaginum.
- a. What is the diagnosis?
 - b. Describe investigations.
 - c. Outline expectant treatment.
 - d. State indications for emergency LSCS in this case.
- Q. 4. Write short notes on:** (2 x 4 = 08)
- a. Antenatal care
 - b. Diagnosis of early pregnancy
 - c. Treatment of iron deficiency anemia
 - d. Couvelaire uterus
- Q. 5. (i).** Define maternal mortality. Discuss various causes for maternal mortality and its preventive measures. (1+1+2=04)
- (ii).** Give definition of postpartum haemorrhage. Mention various causes of PPH and management of third degree perineal tear. (1+1+2=4)
- Q. 6. Write in brief about:** (2 x 4 = 08)
- a. Cephal-haematoma
 - b. Cord prolapse
 - c. Apgar score
 - d. Causes of sub-involution of uterus

M.B.B.S. FINAL PROF. PART-II EXAMINATION, MAY - 2016
OBSTETRICS & GYNAECOLOGY
PAPER FIRST (MCQ)

Time allotted for MCQ – 15 minutesSet - B**Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet)****($\frac{1}{2} \times 16 = 08$)**

1. Red degeneration of fibroid occurs in:
 - a. 1st trimester of pregnancy
 - b. Prolapse of uterus
 - c. During lactation
 - d. Puerperium
2. Preterm labour is treated with EXCEPT:
 - a. Ritodrine
 - b. Nefidipine
 - c. $MgSO_4$
 - d. Misoprostol
3. Best regimen for eclampsia is:
 - a. Lytic cocktail
 - b. Diazepam
 - c. Phenytoin
 - d. $MgSO_4$
4. Diagonal conjugate of pelvis is measured from:
 - a. From sacral promontory to upper border of pubic symphysis
 - b. From sacral promontory to lower border of pubic symphysis
 - c. Sacroiliac joint to iliopectineal eminence
 - d. None of the above
5. Transmission of HIV occurs by - EXCEPT:
 - a. Blood transfusion
 - b. Unsafe sex
 - c. Mother to child
 - d. Sharing of food
6. Engaging diameter in face presentation:
 - a. Submento bregmatic
 - b. Mento vertical
 - c. Bis acromial
 - d. Sub occipito bregmatic
7. Pregnancy changes in first trimester are:
 - a. Presence of foetal heart sound
 - b. Bleeding per vaginum
 - c. Breast changes
 - d. Enlargement of the abdomen
8. After normal delivery, PPH is diagnosed when bleeding per vaginum is:
 - a. less than 250 ml.
 - b. 250 – 400 ml.
 - c. 400 – 500 ml.
 - d. more than 500 ml.
9. Fundal height is more than the period of amenorrhoea in:
 - a. Polyhydramnios
 - b. Multiple gestation
 - c. Pregnancy with fibroid of uterus
 - d. All of the above
10. In hydatidiform mole, there is:
 - a. Hyperplasia of the trophoblastic epithelium
 - b. Blood vessels are present in the villous
 - c. Chorionic gonadotrophin levels are normal
 - d. There are no corpus lutein cysts in the ovaries
11. Labour is called prolonged if:
 - a. Placenta is retained
 - b. Second stage is more than 15 minutes
 - c. Total duration from the onset of labour exceeds 12 hrs.
 - d. Bleeding after delivery is more than 500 ml.
12. Treatment of choice in H-mole is:
 - a. Suction evacuation
 - b. D & C
 - c. Hysterotomy
 - d. Hysterectomy
13. All are tocolytics EXCEPT:
 - a. Nitroglycerine
 - b. Isosuxprine
 - c. Ritodrine
 - d. Ethacredine
14. Chadwick's sign is:
 - a. Bluish discolouration of cervix
 - b. Onset of second stage of labour
 - c. Placental retention
 - d. Titanic uterine contractions
15. Cardiac output during pregnancy reaches the peak at:
 - a. 24 weeks of pregnancy
 - b. 30 weeks of pregnancy
 - c. 32 weeks of pregnancy
 - d. At term
16. Oligohydramnios is seen in:
 - a. Foetal heart disease
 - b. Oesophageal atresia in foetus
 - c. Exomphalus
 - d. Neural tube defect

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JANUARY - 2017
OBSTETRICS & GYNAECOLOGY
PAPER FIRST

[Time allotted: Three hours]

[Max Marks: 40]

Q. 1. Multiple Choice questions (attempt all MCQs in the 15 minutes in the OMR sheet)

(½ x 16 = 08)

SET - B

1. Which is true regarding HIV infection?
 - a. DNA virus
 - b. Vertical transmission occurs in 30%
 - c. Fetal malformation occurs with HIV
 - d. Breast feeding is safe
2. Single most recommended drug in eclampsia is :
 - a. Dilantin sodium
 - b. Phenobarbital
 - c. Magnesium sulphate
 - d. Paraldehyde
3. Early sign of LSCS scar rupture is:
 - a. Maternal tachycardia
 - b. Acute abdominal pain
 - c. Vaginal bleeding
 - d. Haematuria
4. Which of the following is not the feature of incompetent cervical Os?
 - a. Mid trimester abortion
 - b. Premature rupture of membrane
 - c. Painful abortion
 - d. Cervical dilatation >2.5 cm
5. Apgar score is based on scoring of all **except**:
 - a. Muscle tone
 - b. Color
 - c. Meconium
 - d. Response to catheter in nose
6. Triple test includes all **except**:
 - a. Maternal HCG
 - b. Serum estriol
 - c. Maternal AFP
 - d. Maternal HPL
7. Which of the vaccines is contraindicated in pregnancy?
 - a. Hepatitis B
 - b. Rabies
 - c. Rubella
 - d. Tetanus toxoid
8. Commonest cause of maternal mortality is:
 - a. Rupture uterus
 - b. Post- partum hemorrhage
 - c. Puerperal sepsis
 - d. Septic abortions
9. Methods of Breech extraction are all **except**:
 - a. Pinard's maneuver
 - b. Lovset's maneuver
 - c. Robert's maneuver
 - d. Groin traction
10. Following is a method of reposition of inversion uterus:
 - a. Crede's method
 - b. Haultain's method
 - c. Manchester operation
 - d. Shirodhkar's operation
11. Which is NOT increased in pregnancy?
 - a. Vital capacity
 - b. Blood volume
 - c. Extracellular fluid
 - d. Weight
12. Drug used for medical management of ectopic pregnancy is:
 - a. Methotrexate
 - b. Mesoprostol
 - c. Mifepristone
 - d. Methyl ergometrine
13. Contraction ring is characterized by:
 - a. Diagnosed by inspection of abdomen
 - b. It is caused by obstructed labor
 - c. Cannot be treated by muscle relaxant
 - d. All of the above
14. Zygote reaches the uterine cavity as:
 - a. 32 celled
 - b. 16 celled
 - c. 8 celled
 - d. 2 celled
15. Folic acid deficiency causes:
 - a. Fetal neural tube defects
 - b. Megaloblastic anemia
 - c. Abruptio placentae
 - d. All of above
16. Hegar sign is elicitable due to:
 - a. Uterine Enlargement
 - b. Increase vascularity of genital tract
 - c. Softening and compressibility of isthmus
 - d. Softening of vagina

OBSTETRICS & GYNAECOLOGY
PAPER FIRST
Short Answer Questions (SAQ)

Note: Attempt all Questions.

Draw suitable diagrams (wherever necessary)

- Q. 2. Give Reasons:** (1 x 4 = 04)
- Cornual ectopic pregnancy rupture quite late approximately in between 12 to 20 weeks of POG.
 - Formation of clusters of small cysts of varying sizes in H-mole.
 - Preterm labor in multiple pregnancies.
 - APH in cases of placenta previa.
- Q. 3. Problem based question:** (1+1+2 = 04)
- A 26 years old primi gravida at 36 weeks of pregnancy comes to the emergency with sudden painless vaginal bleeding.
- What is the most probable diagnosis?
 - Outline in brief how did you reach this diagnosis?
 - How will you manage this case?
- Q. 4. Write short notes:** (2 x 4 = 08)
- Erythroblastosis fetalis
 - Complications of anemia in pregnancy
 - Birth defects in infants of diabetic mother
 - Bishop score
- Q. 5. Structured Question:**
- 25 year old primi gravida, comes with acute pain lower abdomen with history of fainting attacks at home at present she is very pale with tachycardia and hypotension. Give diagnosis and how would you investigate and manage her? (1+1+2= 04)
 - 29 years old multi gravida with 28 weeks of pregnancy comes with fatigue on exertion. She is pale with unsupervised ANC. Give diagnosis and how would you investigate and manage her? (1+1+2= 04)
- Q. 6. Write in brief:** (2 x 4 = 08)
- Flow chart for management of PPROM
 - Diagram of fetal circulation
 - Neonatal resuscitation
 - NRHM

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JANUARY - 2017
OBSTETRICS & GYNAECOLOGY
PAPER SECOND

[Time allotted: Three hours]

[Max Marks: 40]

Q. 1. Multiple Choice questions (attempt all MCQs in the allotted 15 minutes in the OMR sheet)

(½ x 16= 08)

SET - C

1. The maturation index on vaginal cytology is a diagnostic method to evaluate the:
 - a. Adequacy of cytotoxic drug therapy
 - b. Gender of an abnormal fetus
 - c. Malignant change at squamocolumnar junction
 - d. Endocrine status of the patient
2. Ca- 125 is increased in all except:
 - a. TB of genital organ
 - b. Ovarian cancer
 - c. Endometriosis
 - d. Stein levanthal syndrome
3. HAIR-AN Syndrome is found in:
 - a. Congenital adrenal hyperplasia
 - b. Luteal Phase Defect
 - c. PCOD
 - d. Pheochromocytoma
4. D & C is useful in diagnosis of :
 - a. Endometriosis
 - b. Adenomyosis
 - c. Salpingoophoritis
 - d. TB Endometritis
5. A 28 year old P1L1 with 2nd degree prolapse with cystocele, which operation is indicated?
 - a. Fothergill's
 - b. Wertheim's
 - c. Vaginal Hysterectomy with PFR
 - d. Kiegle's exercise
6. Complete failure of mullerian duct fusion will result in:
 - a. Uterus diadelphys
 - b. Arcuate uterus
 - c. Subseptate uterus
 - d. Unicornuate uterus
7. Pyometra is a complication with all except:
 - a. Ca Endometrium
 - b. Ca Cx
 - c. Ca Vulva
 - d. Pelvic Radiotherapy
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. Absolute contraindication of hormone replacement therapy is :
 - a. Thrombo-embolism
 - b. Fibrocystic disease
 - c. Fibroadenoma
 - d. Haemorrhage
10. During Pomeroy's method of sterilization, which portion of fallopian tube is ligated?
 - a. Isthmus
 - b. Ampulla
 - c. Fimbria
 - d. Cornual
11. Carcinoma of cervix extends upto the lateral pelvic wall. The stage is:
 - a. Stage I
 - b. Stage II
 - c. Stage III
 - d. Stage IV
12. Best investigation to establish the diagnosis of endometriosis is :
 - a. Laparoscopy
 - b. Ultrasonography
 - c. C T Scan
 - d. MRI
13. Which of these is not a feature of Sheehan's syndrome?
 - a. Amenorrhoea
 - b. Galactorrhoea
 - c. Loss of pubic & axillary hair
 - d. Hypothyroidism
14. Bartholin's duct opens into?
 - a. Groove b/w labia majora and minora
 - b. Upper 2/3rd of Labia minora
 - c. Posterior fornix
 - d. Groove between labia minora & hymen
15. Which of these is used for uterine artery embolization?
 - a. Polyglactin
 - b. Ethacridine lactate
 - c. Polyvinyl alcohol
 - d. Methylene blue
16. Bacterial vaginosis is characterized by all except:
 - a. Positive whiff test
 - b. Clue cells
 - c. pH > 4.5
 - d. Strawberry cervix

OBSTETRICS & GYNAECOLOGY
PAPER SECOND
Short Answer Questions (SAQ)

Note: Attempt all Questions.
 Draw suitable diagrams (wherever necessary)

Q. 2. Give Reasons:

(1 x 4 = 04)

- a. Torsion is common in dermoid cyst.
- b. Decubitus ulcer of cervix in genital prolapse
- c. Multiple gestation is common with ovulation induction
- d. OCPs are protective against various neoplasia.

Q. 3. Problem based question:

(1+1+2 = 04)

58 year old post menopausal lady complains of bleeding per vaginum.

- a. Give differential diagnosis of the problem.
- b. How will you investigate the case?
- c. Briefly outline the management of the case.

Q. 4. Write short notes on:

(2 x 4 = 08)

- a. Tubal patency tests
- b. Down staging of cancer cervix.
- c. Metropathia hemorrhagica
- d. Female sterilization in India

Q. 5. Structured Question:

(i). What are the supports of uterus? A 48 year old P3 L3 complains of procidentia. How will you manage the case? (2+2= 04)

(ii). Diagnostic criteria of PCOD. Briefly outline the treatment in a 15 year old obese girl complaining of infrequent, irregular menses. (2+2= 04)

Q. 6. Write in brief about:

(2 x 4 = 08)

- a. Lymphatic drainage of uterus and cervix
- b. Minimal invasive surgery – Applications in Gynaecology
- c. Diagnosis of SUI
- d. Menopausal health

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JUNE - 2017
OBSTETRICS & GYNAECOLOGY
PAPER FIRST

[Time allotted: Three hours]

[Max Marks: 40]

Q. 1. Multiple Choice questions (attempt all MCQs in the allotted first 15 minutes in the OMR sheet) ($\frac{1}{2} \times 16 = 08$)

SET - B

- | | |
|--|--|
| <p>1. Which amongst the following is not seen in normal pregnancy?</p> <ol style="list-style-type: none">Increase in cardiac outputIncrease in blood volumeIncrease in systolic blood pressureIncrease in heart rate <p>2. RU 486 is used in all except:</p> <ol style="list-style-type: none">Hydatiform moleMedical abortionEmergency contraceptionEctopic pregnancy <p>3. Sub pubic angle is:</p> <ol style="list-style-type: none">110° to 120°$< 65^{\circ}$65° to 75°85° <p>4. Transvaginal USG can detect fetal cardiac activity in:</p> <ol style="list-style-type: none">10 weeks6 weeks7 weeks8 weeks <p>5. Bishop's score include all except:</p> <ol style="list-style-type: none">Contractions of uterusDilatation of cervixEffacement of cervixStation of head <p>6. The diameter of cervical canal after full dilatation is:</p> <ol style="list-style-type: none">12 cm6 cm8 cm10 cm <p>7. The sequence of decidual secretion is as following order:</p> <ol style="list-style-type: none">Lochia alba – Lochia serosa – Lochia rubraLochia rubra – Lochia serosa – Lochia albaLochia serosa – Lochia rubra – Lochia albaLochia alba – Lochia rubra – Lochia serosa <p>8. Commonest cause of first trimester abortion is:</p> <ol style="list-style-type: none">Cervical incompetenceChromosomal abnormalitySyphilisRhesus iso-immunization | <p>9. According to MTP Act, two doctor's opinion is necessary when pregnancy is:</p> <ol style="list-style-type: none">> 20 weeks8 weeks10 weeks> 12 weeks <p>10. Causes of ectopic pregnancy include all except:</p> <ol style="list-style-type: none">Previous tubal surgeryIUCDTubal ciliary damageBlighted ovum <p>11. Most common site for metastasis in chorio-carcinoma is:</p> <ol style="list-style-type: none">SpineLungsBrainLiver <p>12. HELLP syndrome is associated with:</p> <ol style="list-style-type: none">All of the followingPre-eclampsiaLow platelet countElevated liver enzymes <p>13. Blood coagulopathy in abruptio placentae is mainly due to:</p> <ol style="list-style-type: none">AnuriaDecreased synthesis of fibrinogenConsumption coagulopathyLow fibrinolytic activity <p>14. Fetal distress in 2nd stage, delivery should be preferably by:</p> <ol style="list-style-type: none">VentouseInductionLSCSForceps <p>15. In monozygotic twin pregnancy all are correct except:</p> <ol style="list-style-type: none">Twin peak sign may be observedComplications are more compared to dizygotic twinsRisks of fetal anomalies are low.Twin-twin transfusion syndrome may occur <p>16. Components of active management of third stage of labor include all of the following, except:</p> <ol style="list-style-type: none">Inj. Syntocinon (Oxytocin)Controlled cord tractionEarly cord clampingInj. Methergine (Ergometrine) |
|--|--|

OBSTETRICS & GYNAECOLOGY PAPER FIRST

Note: Attempt all Questions.

Draw suitable diagrams (wherever necessary)

- Q. 2. Give reasons for:** (1 x 4 = 04)
- "Snow-storm" appearance under USG in case of vesicular mole
 - Association of hydrops fetalis in Rhesus isoimmunization
 - Spalding sign of fetal skull by X-Ray abdomen in case of intra-uterine death of foetus
 - Cause of bleeding P/V in cases of placenta previa
- Q. 3. Problem based question:** (1+3 = 04)
- 34 yrs old multigravida, P4L4, at 36 weeks of pregnancy throws generalized fits.
- What is the diagnosis?
 - How will you investigate and manage this patient?
- Q. 4. Write short notes:** (2 x 4 = 08)
- Apgar score
 - NST
 - Maternal mortality
 - Secondary PPH
- Q. 5. Structured question:**
- What are the absolute and relative indications of lower segment caesarean section? How will you manage VBAC in a case of previous caesarean section in labor? (1+3=04)
 - Patient 23 yrs old primi gravida comes with 32 weeks of gestation with leaking P/V. (1+1+2=04)
 - What are the causes?
 - Enlist the investigations.
 - Write management of the case.
- Q. 6. Write in brief:** (2 x 4 = 08)
- Anterior fontanelle
 - Difference between caput succedaneum and cephal hematoma
 - Clinical features in a case of abruptio placentae
 - Lactation reflex

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JUNE - 2017
OBSTETRICS & GYNAECOLOGY
PAPER SECOND

[Time allotted: Three hours]

[Max Marks: 40]

Q. 1. Multiple Choice questions (attempt all MCQs in the allotted first 15 minutes in the OMR sheet) ($\frac{1}{2} \times 16 = 08$)**SET - B**

1. Pearl's index indicates:
 - a. Malnutrition index
 - b. Cervical mucus score
 - c. Contraceptive failure
 - d. IUGR severity
2. The treatment of choice in H. mole in a 20 weeks size of uterus in a 22 year old primi is:
 - a. Suction/ Evacuation
 - b. D & C
 - c. Hysterectomy
 - d. Methotrexate
3. The most common cause of death in Ca cervix is:
 - a. Uremia
 - b. Infection
 - c. Metastasis
 - d. Hemorrhage
4. The appropriate treatment for nulliparous prolapse is:
 - a. Manchester repair
 - b. Wardmayo's operation
 - c. Lefort's repair
 - d. Sling operation
5. All are hormone containing contraceptives **except**:
 - a. Multiload
 - b. Mirena
 - c. Norplant
 - d. Progestasert
6. CA-125 is increased in all **except**:
 - a. Ovarian cancer
 - b. Endometriosis
 - c. Stein Levanthal syndrome
 - d. TB of genital organ
7. The following statement are related to Krukenberg tumor **except**:
 - a. The tumor is bilateral
 - b. "Signet ring" looking cells are characteristic
 - c. It has good prognosis
 - d. It is always secondary
8. Nabothian cyst is found in:
 - a. PID
 - b. Ca cervix
 - c. Cervicitis
 - d. Ovary
9. The maturation index (MI) is used to evaluate the:
 - a. Gender of an anatomically abnormal child
 - b. Endocrine status of the patient through vaginal cytology
 - c. Malignant change at squamo-columnar junction
 - d. Adequacy of cytotoxic drug
10. Attempt to induce withdrawal bleeding in amenorrhoea is effective in:
 - a. Uterine synechiae
 - b. Unresponsive endometrium
 - c. Amenorrhea galactorrhea syndrome
 - d. Turner's syndrome
11. RU 486 is used in all **except**:
 - a. Emergency contraception
 - b. Ectopic pregnancy
 - c. Hydatidiform mole
 - d. Medical abortion
12. In PCOS, which of these is **true**?
 - a. Increase LH: FSH, increased insulin level
 - b. Normal LH: FSH & insulin levels
 - c. Increased TSH, increased prolactin, increased FSH
 - d. Increase FSH: LH, increased insulin level
13. Tubal patency test should be done:
 - a. 2-3 days after menses
 - b. 10 days after stoppage of menses
 - c. During periods
 - d. Before menses
14. Which of the statement about the vagina is **false**?
 - a. Posterior fornix longer than anterior
 - b. Partly derived from urogenital sinus
 - c. Rich in glands
 - d. Lined by stratified squamous epithelium
15. Most common secondary change in a fibromyoma is:
 - a. Hyaline degeneration
 - b. Sarcomatous change
 - c. Torsion
 - d. Red degeneration
16. Bacterial vaginosis is characterized by all **except**:
 - a. Clue cells
 - b. pH >4.5
 - c. Strawberry cervix
 - d. Positive Whiff test

OBSTETRICS & GYNAECOLOGY PAPER - SECOND

Note: Attempt all Questions.

Draw suitable diagrams (wherever necessary)

Q. 2. Give reasons why:

(1 x 4 = 04)

- a. HSG is contraindicated in active genital TB
- b. Carcinoma cervix is preventable
- c. Torsion is common in dermoid cyst
- d. Decubitus ulcer of cervix in case of genital prolapse

Q. 3. Problem based question:

(1+1+2 = 04)

48 year old, P4L4 complains of post coital bleeding for last 2 months.

- a. Write differential diagnosis of this case.
- b. List important investigations for this patient.
- c. How will you manage this case?

Q. 4. Write short notes on:

(2 x 4 = 08)

- a. Diagnosis of polycystic ovarian syndrome
- b. Stress urinary incontinence
- c. Asherman's syndrome
- d. Test for ovulation

Q. 5. Structured question:

(i) What is LH surge? Illustrate briefly physiology of ovulation.

(1+3= 04)

(ii) Define menorrhagia. Mention the important causes of menorrhagia. Briefly outline the management of menorrhagia in reproductive age group.

(1+1+2= 04)

Q. 6. Write in brief about:

(2 x 4 = 08)

- a. Diagrammatic representation of supports of uterus
- b. Syndromic management of vaginal discharge
- c. Barrier methods of contraception
- d. Laparoscopy in gynaecology

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JANUARY/ FEBRUARY-2018
OBSTETRICS & GYNAECOLOGY
PAPER FIRST

[Time allotted: Three hours]

[Max Marks: 40]

Q. 1. Multiple choice questions (attempt all MCQs in the allotted first 15 minutes in the OMR sheet) ($\frac{1}{2} \times 16=08$)

SET - C

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Which of the following is known as "Living ligature"? <ol style="list-style-type: none"> a. Myometrium of uterus b. Internal os of cervix c. Braxton-Hicks contraction of uterus d. Decidual layer 2. Folic acid deficiency in pregnancy causes the following: <ol style="list-style-type: none"> a. Fetal neural tube defect b. Megaloblastic anaemia c. Abruptio placentae d. All the above 3. The most common cause of anaemia in pregnancy is: <ol style="list-style-type: none"> a. Folic acid deficiency b. Iron deficiency c. Nutritional deficiency d. Haemoglobinopathies 4. Minimum ante-natal visits - besides registration required by RCH norms: <ol style="list-style-type: none"> a. 2 visits b. 3 visits c. 4 visits d. 5 visits 5. Routine ante-natal investigations include all except: <ol style="list-style-type: none"> a. Hb % b. ABO-Rh grouping c. VDRL d. TORCH 6. Which is most common infection causes premature rupture of membrane (PROM)? <ol style="list-style-type: none"> a. Trichomonas b. Chlamydia c. Bacterial vaginosis d. Monilia infection 7. Episiotomy does all of the following except: <ol style="list-style-type: none"> a. Shortens the second stage b. Prevents perineal tear c. Prevents prolapse of genital organ d. Avoids head injury in a preterm baby 8. Which of the following complication can occur during labor in grand multipara? <ol style="list-style-type: none"> a. Obstructed labor b. Post-partum haemorrhage c. Rupture of uterus d. All of the above | <ol style="list-style-type: none"> 9. True about oxytocin is: <ol style="list-style-type: none"> a. Is a glycoprotein b. Choice for mid trimester abortion as adjuvant c. Controls PPH d. Contraindicated in pregnancy with cardiac disease 10. Which of the following indicates the fetal brain anoxia the best? <ol style="list-style-type: none"> a. Cardiotocography b. Internal scalp electrode c. Fetal scalp pH d. Pulse oxymetry 11. The umbilical cord contains: <ol style="list-style-type: none"> a. 2 arteries + 1 vein b. 2 arteries + 2 veins c. 1 artery + 1 vein d. 1 artery + 2 veins 12. The maternal part of placenta is developed from: <ol style="list-style-type: none"> a. Decidua capsularis b. Decidua basalis c. Decidua vera d. Partly from all three layers 13. Hydatidiform mole is best diagnosed by: <ol style="list-style-type: none"> a. β-HCG b. USG c. Fetoscopy d. Amniocentesis 14. Fetal anoxia is detected by: <ol style="list-style-type: none"> a. Fetal bradycardia b. Meconium stained liquor c. Fetal scalp pH of 7.20 d. All of the above 15. Which of the following is not contraindicated in a diabetic pregnancy? <ol style="list-style-type: none"> a. Insulin b. Sulphurea c. Oral diabetic agents d. Thiazide 16. Heparin causes all of the following except: <ol style="list-style-type: none"> a. Maternal haemorrhage b. Post-partum haemorrhage c. Osteoporosis d. Fetal intracranial haemorrhage |
|---|---|

OBSTETRICS & GYNAECOLOGY PAPER FIRST

Note: Attempt all questions.

Draw suitable diagrams (wherever necessary)

Q. 2. Give reasons why:

(1 x 4 = 04)

- a. Fetal H.R. decreases during uterine contraction in labor
- b. First baby is safe in Rh -ve women
- c. In accidental haemorrhage, shock is out of proportion to vaginal bleeding
- d. MgSO₄ is best for ante partum eclampsia

Q. 3. Problem based question:

(1+2+1 = 04)

19 years old primigravida with 34 weeks pregnancy throws generalized fits-

- a. What is the diagnosis?
- b. How will you manage this case?
- c. Enumerate important investigations in the case.

Q. 4. Write short notes:

(2 x 4 = 08)

- a. Hyperemesis gravidarum
- b. Moulding of fetal head
- c. Secondary PPH
- d. Cervical incompetency

Q. 5. Structured questions:

- (i) A 24 years nullipara was brought in shock, very pale, with pulse 160/min and BP 70mm Hg. Write salient points in history and steps for management of case. What informed consent is to be taken?

(1+1+2 = 04)

- (ii) Gr 4, 36 weeks of pregnancy having generalized edema and severe anemia.

(1+1+2 = 04)

- a. Write causes for the problem?
- b. Enumerate the essential investigations.
- c. What would be the management of the case in brief?

Q. 6. Write in brief:

(2 x 4 = 08)

- a. Flow chart for investigations of BOH
- b. Comparison of placenta previa and accidental haemorrhage
- c. Draw diagram of fetal circulatory changes just after birth
- d. Mannings scoring in ANC

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JANUARY/ FEBRUARY-2018
OBSTETRICS & GYNAECOLOGY
PAPER SECOND

[Max Marks: 40]

[Time allotted: Three hours]

Q. 1. Multiple choice questions (attempt all MCQs in the allotted first 15 minutes in the OMR sheet) (½ x 16=08)

SET - D

1. Pyometra is a complication with all **except**:
 - a. Ca. endometrium
 - b. Ca. cervix
 - c. Ca. vulva
 - d. Pelvic radiotherapy
2. "Tobacco pouch" appearance of fallopian tube during hysterosalpingography is due to:
 - a. Distal tubal obstruction
 - b. Blocked fimbrial end
 - c. Blocked cornual end
 - d. Rigid straight tube
3. Hysteroscopy is helpful for diagnosis of all **except**:
 - a. Submucous fibroid
 - b. Endometrial polyp
 - c. Uterine septa
 - d. Bartholin cyst
4. Premature menopause is defined when menstruation stops below:
 - a. 50 years
 - b. 45 years
 - c. 35 years
 - d. None of the above
5. Spinnbarkeit is lost when there is:
 - a. Ovulation
 - b. Anovulation
 - c. Delayed ovulation
 - d. All of the above
6. Diagnostic accuracy of Pap's smear after three consecutive negative tests is about:
 - a. 70%
 - b. 90%
 - c. 80%
 - d. 99%
7. Commonest cause for chronic pelvic inflammation is:
 - a. Gonococcal
 - b. Tubercular
 - c. Chlamydial
 - d. Streptococcal
8. Which of these is not a risk factor for Ca. endometrium?
 - a. Diabetes
 - b. Hypertension
 - c. Obesity
 - d. Multiparity
9. True about red degeneration of myomas is:
 - a. Occurs in post-menopausal patient
 - b. Immediate surgical intervention is needed
 - c. Managed with analgesics & rest
 - d. Can progress to malignancy
10. OCPs protects against all **except**:
 - a. Ca. ovary
 - b. Uterine malignancy
 - c. Fibroadenoma breast
 - d. Hepatic adenoma
11. Which of these is **not** a feature of Sheehan's syndrome?
 - a. Amenorrhoea
 - b. Galactorrhoea
 - c. Loss of pubic & axillary hair
 - d. Hypothyroidism
12. Bacterial vaginosis is characterized by:
 - a. Acute inflammation of vagina
 - b. Clue cells in wet mount
 - c. Strawberry cervix
 - d. Frothy discharge
13. Risk factor for pelvic inflammation are all **except**:
 - a. Multiple sex partners
 - b. Intra uterine device (IUD) user
 - c. Oral steroidal pill user
 - d. Previous h/o sexually transmitted disease
14. HAIR-AN Syndrome is found in:
 - a. Congenital adrenal hyperplasia
 - b. Luteal phase defect
 - c. PCOD
 - d. Pheochromocytoma
15. D & C is useful in diagnosis of:
 - a. Endometriosis
 - b. Adenomyosis
 - c. Salpingoophoritis
 - d. TB endometritis
16. Complete failure of Mullerian duct fusion will result in:
 - a. Uterus diadelphys
 - b. Arcuate uterus
 - c. Subseptate uterus
 - d. Unicornuate uterus

OBSTETRICS & GYNAECOLOGY PAPER SECOND

Note: Attempt all questions.

Draw suitable diagrams (wherever necessary)

Q. 2. Give reasons for:

(1 x 4 = 04)

- a. Acute urinary retention in cases of posterior fundal fibroid uterus.
- b. Formation of decubitus ulcer in cases of genital prolapse.
- c. Almost hairless smooth skin in testicular feminization syndrome.
- d. Why IUCD should not be inserted in nulliparous women?

Q. 3. Problem based question:

(1+1+2 = 04)

65 years old P4L4 came to the OPD with complaints of something coming out of vagina for 5 years. She also complains of passage of involuntary small amount of urine when she coughs or laughs.

- a. What are the predisposing factors for prolapse?
- b. How will you treat her urinary symptoms?
- c. How will you manage this case?

Q. 4. Write short notes on:

(2 x 4 = 08)

- a. Turner syndrome
- b. Contraindications for OC pills
- c. CA-125
- d. RU-486

Q. 5. Structured questions:

- (i) Define primary infertility. What are the common causes leading to infertility? Investigate an infertile couple. (1+1+2 = 04)

- (ii) A 55 years old post-menopausal diabetic woman is having bleeding per vaginum. Write the differential diagnosis, investigations and management. (1+1+2 = 04)

Q. 6. Write in brief about:

(2 x 4 = 08)

- a. Medical management of endometriosis
- b. Causes of secondary amenorrhea
- c. Management of Bartholin's abscess
- d. Ashermann's syndrome