

M.B.B.S. FINAL PROF. PART-II EXAMINATION, MARCH - 2022
OBSTETRICS & GYNAECOLOGY
PAPER FIRST

[Time allotted: Three hours]

SET - A

[Max Marks: 40]

Q. 1. Multiple choice questions (Darken the single best response in OMR sheet. Time allotted-15 minutes) (½ x 16 = 08)

1. A 24 year old married female presented with giddiness, abdominal pain and abnormal vaginal bleeding. What is the first investigation you should order?
 - a. USG pelvis
 - b. Complete blood count
 - c. Urine pregnancy test
 - d. Serum beta-hCG
2. A 10 weeks pregnant women comes to you with abdominal pain and bleeding per vaginum. O/E - cervical os was open with products felt in cervical canal. What is your provisional diagnosis?
 - a. Incomplete miscarriage
 - b. Complete miscarriage
 - c. Missed miscarriage
 - d. Threatened miscarriage
3. Placental barrier is made up of:
 - a. Syncytiotrophoblast
 - b. Cytotrophoblast
 - c. Connective tissue stroma of villous
 - d. All of the above
4. All of the following are the complications of hyperemesis gravidarum **except**:
 - a. Mallory weiss oesophageal tears
 - b. Malnutrition
 - c. Congenital malformations
 - d. Wernicke's encephalopathy
5. A 38 year old woman known hypertensive, 36 weeks of gestation comes with pain abdomen and minimal bleeding per vaginum. Abdomen is tender on palpation. What is your clinical diagnosis?
 - a. Placenta previa
 - b. Chorioamnionitis
 - c. Appendicitis
 - d. Abruptio placentae
6. During stepwise devascularisation for the management of PPH, which one is incorrect:
 - a. Uterine artery ligation
 - b. Internal iliac artery ligation
 - c. Ovarian artery ligation
 - d. External iliac artery ligation
7. Umbilical cord has:
 - a. One umbilical artery and One umbilical vein
 - b. Two umbilical vein and one umbilical artery
 - c. Two umbilical artery and one umbilical vein
 - d. Two umbilical artery and two umbilical vein
8. A 12 weeks pregnant lady presented to Gynae OPD for routine antenatal checkup. At this POG, all of the following investigations should be advised **except**:
 - a. NT/ NB scan
 - b. Blood group
 - c. Dual marker
 - d. Fetal echocardiography
9. If a 39 weeks pregnant woman faints while lying supine on your examination table. What will you do immediately?
 - a. Administer oxygen by mask
 - b. Observe the patient
 - c. Start intravenous fluids
 - d. Turn the patient to her left side
10. In primigravida, usually head engaged by 37 weeks. If head fails to engage even at 38 weeks, what could be the probable cause:
 - a. Deflexed head
 - b. Oligohydramnios
 - c. Meningomyelocele
 - d. Intra uterine growth restriction
11. The ratio of weight of placenta and fetus at term is:
 - a. 1.1:1
 - b. 2.1:2
 - c. 3.1:4
 - d. 4.1:6
12. The active management of third stage of labour does **not** include:
 - a. Controlled cord traction
 - b. Uterine massage
 - c. Injection oxytocin 10 units intramuscularly
 - d. Delayed cord clamping
13. A pregnant lady with twin pregnancy comes to the labour room at 37 week gestation with 1st twin cephalic, 2nd breech in active labour. Which of the following is FALSE regarding further management in this patient-?
 - a. Always to be delivered by Caesarean section
 - b. Monitored by partograph during labour
 - c. Leave for spontaneous labour
 - d. PPH can occur with 3rd stage
14. The incidence of breech presentation at term is 3-4%. The commonest cause of breech presentation is:
 - a. Prematurity
 - b. Placenta previa
 - c. Hydrocephalus
 - d. Polyhydramnios
15. A woman who has three term pregnancies, three live issues, two abortions and is currently pregnant is:
 - a. G6P3L3A2
 - b. G5P3L3A2
 - c. P5L3A2
 - d. P3L3A2
16. What is the mechanism of labor in brow presentation?
 - a. No mechanism of labor
 - b. Face to pubes delivery
 - c. Favourable rotation followed by delivery
 - d. Forceps delivery

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Note: Attempt all questions.

Draw suitable diagrams (wherever necessary)

- Q. 2. Give reasons for:** **(1 x 4 = 04)**
- a. Snow storm appearance in USG in H. Mole.
 - b. Prostaglandin PgF 2Alpha is contraindicated in a patient of Bronchial asthma.
 - c. Hegar's sign demonstrable at 6-10 weeks of pregnancy only.
 - d. Sudden Causeless, painless bleeding in Placenta Previa.
- Q. 3. Problem based question:** **(1+1+2 = 04)**
- Mrs. KB, Age 25 yrs, Primigravida came to the obstetric OPD with LMP 10th Dec. 2018 for antenatal check-up and booking at your centre for delivery.
- a. Calculate her EDD?
 - b. Define trimesters of pregnancy.
 - c. How will you start her antenatal care?
- Q. 4. Write short notes:** **(2 x 4 = 08)**
- a. Haematological changes during pregnancy
 - b. Active management of third stage of labor
 - c. Manning's score
 - d. Bishop's score
- Q. 5. Structured question:**
- (i). Define Pre-eclampsia. What are the clinical features of severe pre eclampsia? How will you manage eclamptic fit in a primigravida at 34 weeks gestation? **(0.5+1.5+2 =04)**
- (ii). Enumerate maternal and perinatal complications in multiple pregnancy. How will you do fetal surveillance during antenatal period in case of twin gestation? **(2+2 =04)**
- Q. 6. Write in brief:** **(2 x 4 = 08)**
- a. Diagram of placenta at term
 - b. Neonatal jaundice
 - c. Structure of mature ovum
 - d. Rh Iso immunisation

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Q. 1. Multiple choice questions (Darken the single best response in OMR sheet. Time allotted-15 minutes) (½ x 16 = 08)

1. Most common site of tuberculosis of genital tract:
 - a. Endometrium
 - b. Ovary
 - c. Fallopian tube
 - d. Broad ligament
2. Bartholin's duct opens into?
 - a. Labia majora
 - b. Upper 2/3rd of Labia minora
 - c. Posterior fornix
 - d. Groove between labia minora & hymen
3. 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
4. All are seen in testicular feminization syndrome **except**:
 - a. 46 XY
 - b. Primary amenorrhoea
 - c. Hirsutism
 - d. Blind vagina
5. The percentage of myomas undergoing malignant transformation:
 - a. 10%
 - b. 5%
 - c. 1%
 - d. 0.5%
6. Imperforate hymen usually detected at:
 - a. Birth
 - b. 2-4 years
 - c. 14-16 years
 - d. Delivery
7. The narrowest part of the tube is:
 - a. Interstitial part
 - b. Isthmus
 - c. Ampulla
 - d. Infundibulum
8. Pyometra is a complication with all **except**:
 - a. CaCx
 - b. Ca Vulva
 - c. Pelvic Radiotherapy
 - d. Ca Endometrium
9. The appropriate treatment for nulliparous prolapse is:
 - a. Sling operation
 - b. Manchester repair
 - c. Wardmayo's operation
 - d. Lefort's repair
10. Bacterial vaginosis is characterized by
 - a. Acute inflammation of vagina
 - b. Clue cells in wet mount
 - c. Strawberry cervix
 - d. Frothy discharge
11. Use of Cu T can prevent :
 - a. Ectopic pregnancy
 - b. Pregnancy
 - c. PID
 - d. Irregular bleeding
12. The following agent is **not** used as emergency contraceptive?
 - a. Tab. Levonorgestrel 0.75 mg
 - b. Cu-T insertion
 - c. RU 486 Mifepristone 100 mg
 - d. Misoprostol Tab. 400 mg
13. 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 5%
 - c. Irregular bleeding for 6-9 months
 - d. Secondary amenorrhea may be noted
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 drugs is used to reduce hot flushes?
 - a. Propranolol
 - b. Estrogen
 - c. Clonidine
 - d. Danazol
16. For demonstrating monilia in vaginal smear _____ is used:
 - a. Kcl
 - b. KOH
 - c. NaOH
 - d. Nacl

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Note: Attempt all questions.

Draw suitable diagrams (wherever necessary)

- Q. 2. Give reasons:** **(1 x 4 = 04)**
- a. Why hirsutism occurs in PCOD?
 - b. Which is the best emergency contraceptive and why?
 - c. Why patient has severe pain in red degeneration of fibroid?
 - d. Why menorrhagia occurs in an ovulatory cycle?
- Q. 3. Problem based question:** **(1+1+2 = 04)**
- A 30 year old obese female married for last eight years and staying with her husband is unable to conceive.
- a. Enumerate the causes.
 - b. What are the various tests of ovulation?
 - c. How do you manage female factor infertility?
- Q. 4. Write short notes on:** **(2 x 4 = 08)**
- a. Tubal patency tests
 - b. Causes of secondary amenorrhea
 - c. Trichomonal vaginitis
 - d. Complications of ovarian tumor
- Q. 5. Structured question:**
- (i). Define Dysfunctional uterine bleeding. Give classification of DUB. Write medical management of menorrhagia. **(1+1+2= 04)**
- (ii). Describe etiopathogenesis of endometriosis. Write clinical features and various investigations to diagnose Endometriosis. **(2+2= 04)**
- Q. 6. Write in brief about:** **(2 x 4 = 08)**
- a. Lymphatic supply of cervix along with diagrammatic representation
 - b. Klinefelter's syndrome
 - c. Therapeutic applications of mifepristone
 - d. Cervical Intraepithelial Neoplasia