Regn. No. Paper Code: MBBS402

M.B.B.S. FINAL PROFESSIONAL PART-II EXAMINATION, FEBRUARY-2023

OBSTETRICS & GYNAECOLOGY PAPER SECOND

[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) $(\frac{1}{2} \times 16 = 08)$

- 1. Narrowest part of fallopian tube:
 - **a.** Interstitial
 - **b.** Isthmic
 - c. Ampulla
 - d. Infundibulum
- 2. Vaginal pH during reproductive age group is:
 - **a.** 1.5
 - **b.** 4.5
 - **c.** 6.5
 - **d.** 7.5
- **3.** Ovum pick up by the fallopian tube is accomplished via:
 - a. Impulsion
 - **b.** Ciliary Activity
 - c. Expulsion
 - **d.** Enzymatic release
- **4.** Most common cause of post coital bleeding is:
 - a. Ca cervix
 - **b.** Ca endometrium
 - c. Dysfunctional Uterine Bleeding
 - d. Ca ovary
- 5. Cryptomenorrhea means:
 - a. Irregular Menstruation
 - **b.** Excessive menstruation
 - c. Hidden menstruation
 - **d.** Painful menstruation
- **6.** Complete failure of mullerian duct fusion will result in:
 - **a.** Uterus didelphys
 - **b.** Arcuate uterus
 - **c.** Septate uterus
 - **d.** Bicornuate uterus
- 7. Most common causes of secondary amenorrhea:
 - a. Pregnancy
 - b. PCOS
 - c. Hyper prolactinemia
 - d. Obesity
- **8.** Contraceptive vaginal foam tablet 'today' contains:
 - a. Nonoxynol 9
 - **b.** Octoxynol 8
 - c. Menfegol
 - **d.** None of the above

- **9.** Mala N Contains:
 - a. Levonorgestrol and Ethinyl Estradiol
 - **b.** Desogestrol & Ethinyl Estradiol
 - c. Norgestrol & Ethinyl Estradiol
 - **d.** Drosperinone Ethinyl Estradiol
- **10.** Radiological test done after administering a contrast media for tubal patency is:
 - a. Chromopertubation
 - **b.** Hysterosalphingogram
 - c. Sonosalpingogram
 - d. Hysteroscopy
- **11.** Long standing pelvic Inflammatory disease may lead to which of the following condition?
 - a. Pyometra
 - **b.** Pseudocyesis
 - **c.** Uterine polyposis
 - **d.** Endometrial Hyperplasia
- **12.** Most common cause of pelvic Inflammatory disease:
 - a. Chlamydia
 - b. Candida
 - c. Tuberculosis
 - d. Salmonella
- **13.** Which of the following is **not** included under pelvic Inflammatory disease?
 - a. Endometeritis
 - **b.** Cervicitis
 - **c.** Salpingitis
 - **d.** Pelvic peritonitis
- **14.** The acronym PALM –COEIN by FIGO is used to classify the etiology:
 - a. Abnormal uterine bleeding
 - **b.** Infertility
 - **c.** Prolapse
 - d. Ca cervix
- **15.** Most common type of genitourinary fistula:
 - a. Vesicovaginal fistula
 - **b.** Ureterovaginal fistula
 - c. Genitourinary fistula
 - **d.** Urethero vaginal fistula
- **16.** Endometrial hyperplasia is caused by:
 - a. Oestrogen
 - **b.** Smoking
 - c. Perimenopausal age
 - **d.** Ovulation Induction drugs

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OBSTETRICS & GYNAECOLOGY PAPER - SECOND

Note: Attempt all questions.

Draw suitable diagrams (wherever necessary)

Q. 2. Give reasons why:

 $(1 \times 4 = 04)$

- a. Vaginal pH increase after delivery
- **b.** Pregnancy should be avoided for at least 1 year after molar pregnancy.
- **c.** Granulosa cell tumor causes post-menopausal bleeding.
- **d.** Hysterosalpingography is performed 2-3 days after menstruation.

Q. 3. Problem based question:

(1+1+2=04)

A 40 years old para 3 came with complaints of something coming out of vagina.

- **a.** What is the differential diagnosis?
- **b.** Most probable diagnosis?
- **c.** Discuss the management?

Q. 4. Write short notes on:

 $(2 \times 4 = 08)$

- **a.** Causes for primary amenorrhea.
- **b.** Mirena
- c. Candidial vaginitis
- **d.** Test for tubal patency

Q. 5. Structured question:

- (i) Define postmenopausal bleeding. Describe the aetiology of post-menopausal bleeding. Discuss the investigations required. (1+1+2=04)
- (ii) Discuss symptoms of fibromyomas. Describe the degeneration changes in fibroids. Briefly discuss the management. (1+1+2=04)

Q. 6. Write in brief about:

 $(2 \times 4 = 08)$

- a. Contraindication of IUCD
- **b.** Lymphatic drainage of cervix with a labeled diagram.
- c. Turner's syndrome
- d. Diagram of pelvic Diaphragm

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M.B.B.S. FINAL PROFESSIONAL PART-II EXAMINATION, FEBRUARY-2023

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)

 $(\frac{1}{2} \times 16 = 08)$

- 1. Twin pregnancy is associated with all **except**:
 - a. Increase maternal age
 - **b.** Hereditary predisposition to maternal side
 - c. Most common in nulligravida
 - d. Drugs used for ovulation induction
- 2. Risk factors for preeclampsia include all except:
 - a. Primi gravida
 - **b.** Obesity
 - c. New paternity
 - d. Anorexia Nervosa
- 3. Etiology of abruptio placentae include all except:
 - a. Trauma
 - b. Sudden uterine decompression
 - c. Folic acid deficiency
 - d. Long cord
- **4.** Cardiac output increases during pregnancy and reaches its peak 40-50% at:
 - a. 24-28 wks of pregnancy
 - **b.** 30-32 wks of pregnancy
 - c. 28-30 wks of pregnancy
 - **d.** 34-36 wks of pregnancy
- 5. Third stage of labour comprises of all except:
 - a. Delivery of baby
 - b. Placental separation
 - c. Placental descent to lower segment
 - **d.** Explusion of fetal membrane and placenta
- **6.** Clinical features of placenta previa include:
 - a. Dark colour blood
 - **b.** Tense tender uterus
 - c. Bleeding is always revealed
 - d. Engaged head always
- 7. Risk factors for puerperal sepsis include all except:
 - a. Malnutrition and anemia
 - **b.** Pre-term labour
 - c. Prolonged labour
 - d. Primi gravida
- **8.** Management of PPH include all **except**:
 - a. Misoprostol 1000 micrograms per rectum
 - **b.** Bimanual compression
 - c. Uterine devascularization
 - **d.** Mefipristone 600 mg orally

- **9.** Average blood loss following cesarean section is:
 - a. 1000 ml
 - **b.** 1500 ml
 - c. 2000 ml
 - **d.** 500 ml
- **10.** Most common position in face presentation is:
 - a. Left Mento posterior
 - **b.** Left Mento anterior
 - c. Right Mento posterior
 - **d.** Right Mento anterior
- 11. Clinical manifestation of hemolytic disease of fetus and newborn are all except:
 - a. Hydrops fetalis
 - **b.** Icterus gravis neonatorum
 - c. Congenital anemia of newborn
 - **d.** Cephalhaematoma
- 12. Injury to perineum, involving perineal body but not involving anal sphincter is called:
 - **a.** Third degree (3a) perineal tear
 - **b.** Third degree (3b) perineal tear
 - c. Second degree perineal tear
 - d. First degree perineal tear
- 13. Birth defect in infants of diabetic mother include all except:
 - a. Renal agenesis
 - **b.** Sacral agenesis
 - c. Pulmonary agenesis
 - **d.** Duodenal atresia
- 14. Monitoring of magnesium toxicity is by all except:
 - a. Deep tendon reflex
 - **b.** Moro's reflex
 - c. Respiratory rate
 - **d.** Urine output
- **15.** Polyhydramnios is defines as liquor amnii more than:
 - **a.** 2000 ml
 - **b.** 1500 ml
 - **c.** 2500 ml
 - **d.** 1000 ml
- 16. Risk factors of ectopic pregnancy is:
 - a. Tubal Reconstructive surgery
 - **b.** History of gestational diabetes
 - c. Puerperal Sepsis
 - d. H-mole

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OBSTETRICS & GYNAECOLOGY PAPER FIRST

Note: Attempt all questions.

Draw suitable diagrams wherever necessary.

O. 2. Give reasons:

 $(1 \times 4 = 04)$

- **a.** Why bleeding stops immediately after delivery of placenta?
- **b.** Factors to reduce perinatal mortality.
- c. Why lower segment ceasarean section is preferred and commonly done.
- **d.** Why cardiac output increases in pregnancy

Q. 3. Problem based question:

(1+1+2=04)

A 20 years old primi gravida comes to emergency with 4 months amenorrhea and complaining of excessive vomiting. She has an outside USG report stating "snow storm appearance.

- **a.** Give most probable diagnosis and explain.
- **b.** What are the relevant investigation and differential diagnosis?
- c. How do you manage the case and follow up?

Q. 4. Write short notes:

 $(2 \times 4 = 08)$

- **a.** Physiology of lactation
- b. Medical management of ectopic pregnancy
- c. Placental barrier
- d. Mifepristone in Obstetrics & Gynaecology

Q. 5. Structured question:

- (i). Define puerperal sepsis? How do you diagnose the same? Outline management in a 28 year old primi para who comes to emergency on fifth day of delivery with puerperal sepsis. (1+1+2=04)
- (ii). What are different physiological changes during pregnancy? Describe hematological and cardiovascular changes in detail. (2+2=04)

O. 6. Write in brief:

 $(2 \times 4 = 08)$

- **a.** Erythroblastosis fetalis.
- **b.** Medical termination of pregnancy in first trimester
- **c.** Birth injuries to new born
- d. Deep transverse arrest

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