

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) (½ x 16=08)

SET - C

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

Draw suitable diagrams (wherever necessary)

- Q. 2. Give reasons why:** (1 x 4 = 04)
- Fetal H.R. decreases during uterine contraction in labor
 - First baby is safe in Rh -ve women
 - In accidental haemorrhage, shock is out of proportion to vaginal bleeding
 - 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-
- What is the diagnosis?
 - How will you manage this case?
 - Enumerate important investigations in the case.
- Q. 4. Write short notes:** (2 x 4 = 08)
- Hyperemesis gravidarum
 - Moulding of fetal head
 - Secondary PPH
 - 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)~~ (1+2+1 = 4)
- (ii) Gr 4, 36 weeks of pregnancy having generalized edema and severe anemia. (1+1+2 = 04)
- Write causes for the problem?
 - Enumerate the essential investigations.
 - What would be the management of the case in brief?
- Q. 6. Write in brief:** (2 x 4 = 08)
- Flow chart for investigations of BOH
 - Comparison of placenta previa and accidental haemorrhage
 - Draw diagram of fetal circulatory changes just after birth
 - Mannings scoring in ANC

Regn. No.

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 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

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Note: Attempt all questions.

Draw suitable diagrams (wherever necessary)

- Q. 2. Give reasons for:** (1 x 4 = 04)
- Acute urinary retention in cases of posterior fundal fibroid uterus.
 - Formation of decubitus ulcer in cases of genital prolapse.
 - Almost hairless smooth skin in testicular feminization syndrome.
 - 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.
- What are the predisposing factors for prolapse?
 - How will you treat her urinary symptoms?
 - How will you manage this case?
- Q. 4. Write short notes on:** (2 x 4 = 08)
- Turner syndrome
 - Contraindications for OC pills
 - CA-125
 - RU-486
- Q. 5. Structured questions:**
- Define primary infertility. What are the common causes leading to infertility? Investigate an infertile couple. (1+1+2 = 04)
 - 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)
- Medical management of endometriosis
 - Causes of secondary amenorrhea
 - Management of Bartholin's abscess
 - Ashermann's syndrome