

**OBSTETRICS & GYNAECOLOGY  
PAPER - FIRST**

**Note:** Attempt all questions.

Draw suitable diagrams (wherever necessary)

- Q. 2. Give reasons for:** (1 x 4 = 04)
- Morning sickness
  - Early deceleration on CTG
  - WHO prefers oxytocin over methyl ergometrine for active management of 3<sup>rd</sup> stage of labor.
  - Anti D prophylaxis within 72 hours of delivery in non-sensitized Rh-negative women.
- Q. 3. Problem based question:** (1+1+2 = 04)
- A 25 year old primi gravida presents with 28 weeks pregnancy with hypertension (BP 170/110).
- Classify hypertension in pregnancy.
  - Outline the investigations.
  - Explain the management.
- Q. 4. Write short notes:** (2 x 4 = 08)
- Non stress test (NST)
  - Tocolytic for preterm labor
  - Indications of DMPA
  - MMR in India
- Q. 5. Structured question:**
- (i) What is antenatal care? Discuss signs of early pregnancy. What diseases can be detected during antenatal care? (1+1+2 =04)
- (ii) Define PPH. What are the causes of PPH? How will you manage a case of PPH? (1+1+2 =04)
- Q. 6. Write in brief:** (2 x 4 = 08)
- Illustrated diagram of partogram
  - Diagram of fetal circulation
  - Bishop score
  - Chorio decidual space

**M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEBRUARY - 2019**  
**OBSTETRICS & GYNAECOLOGY**  
**PAPER - FIRST**

[Time allotted: Three hours]

**SET - A**

[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)**

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| <p>1. Concerning HELLP syndrome all are true <b>except</b>:</p> <ol style="list-style-type: none"> <li>a. It is a manifestation of severe preeclampsia</li> <li>b. Delivery should not be carried out</li> <li>c. Liver enzymes are elevated</li> <li>d. Use of dexamethasone improves the outcome</li> </ol> <p>2. Burn Marshall method of delivery is applied for delivery of:</p> <ol style="list-style-type: none"> <li>a. Deep transverse arrest (DTA)</li> <li>b. After coming head</li> <li>c. Delivery of shoulders</li> <li>d. Face presentation</li> </ol> <p>3. Lovset's maneuver is applied for delivery of:</p> <ol style="list-style-type: none"> <li>a. Footling</li> <li>b. After coming head</li> <li>c. Extended arms</li> <li>d. Brow presentation</li> </ol> <p>4. Earliest sign of magnesium toxicity:</p> <ol style="list-style-type: none"> <li>a. Depression of deep tendon reflexes</li> <li>b. Respiratory depression</li> <li>c. Cardiac arrest</li> <li>d. Anuria</li> </ol> <p>5. Indirect Coomb's test is done on:</p> <ol style="list-style-type: none"> <li>a. Semen</li> <li>b. Fetal blood</li> <li>c. Urine</li> <li>d. Maternal blood</li> </ol> <p>6. Caput succedaneum:</p> <ol style="list-style-type: none"> <li>a. Develops 24 hrs after birth</li> <li>b. Develops at birth</li> <li>c. Is pathological</li> <li>d. Is associated with seizures</li> </ol> <p>7. Triple test includes all <b>except</b>:</p> <ol style="list-style-type: none"> <li>a. MSAFP</li> <li>b. Maternal hCG</li> <li>c. Serum estriol</li> <li>d. Maternal HPL</li> </ol> <p>8. External cephalic version is indicated in all <b>except</b>:</p> <ol style="list-style-type: none"> <li>a. Breech presentation at term</li> <li>b. Transverse lie</li> <li>c. Second twin in transverse lie</li> <li>d. First twin in transverse lie</li> </ol> | <p>9. Peripartum hysterectomy is indicated in all <b>except</b>:</p> <ol style="list-style-type: none"> <li>a. Placenta accreta</li> <li>b. Rupture uterus</li> <li>c. Intractable PPH</li> <li>d. Couvelaire uterus</li> </ol> <p>10. Which drug is contraindicated in pregnancy?</p> <ol style="list-style-type: none"> <li>a. Rifampicin</li> <li>b. Isoniazid</li> <li>c. Ethambutol</li> <li>d. Streptomycin</li> </ol> <p>11. The following are related to anencephalus <b>except</b>:</p> <ol style="list-style-type: none"> <li>a. It is commonly associated with prematurity</li> <li>b. Often associated with oligohydramnios</li> <li>c. Increased association with female baby</li> <li>d. Obstructed labour may occur</li> </ol> <p>12. Regarding anaemia with pregnancy all are correct <b>except</b>:</p> <ol style="list-style-type: none"> <li>a. Protein deficiency</li> <li>b. Iron deficiency</li> <li>c. Folic acid deficiency</li> <li>d. Acidosis enhances bilirubin deposition into brain tissue</li> </ol> <p>13. Indications of single agent chemotherapy following evacuation of hydatidiform mole are all <b>except</b>:</p> <ol style="list-style-type: none"> <li>a. A rise in hCG titre</li> <li>b. A plateau of hCG titre for 5-7 days</li> <li>c. Normalisation of hCG, by 6 weeks post evacuation</li> <li>d. Appearance of brain metastases</li> </ol> <p>14. Folic acid deficiency is manifested by all <b>except</b>:</p> <ol style="list-style-type: none"> <li>a. Hypersegmentation of neutrophils</li> <li>b. Angular stomatitis</li> <li>c. Microcytes</li> <li>d. Anaemia</li> </ol> <p>15. Blood coagulopathy in abruptio placentae is mainly due to:</p> <ol style="list-style-type: none"> <li>a. Decreased synthesis of fibrinogen</li> <li>b. Consumption coagulopathy</li> <li>c. Low fibrinolytic activity</li> <li>d. Anuria</li> </ol> <p>16. Bishop's score include all <b>except</b>:</p> <ol style="list-style-type: none"> <li>a. Dilatation of cervix</li> <li>b. Effacement of cervix</li> <li>c. Station of head</li> <li>d. Contractions of uterus</li> </ol> |
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**OBSTETRICS & GYNAECOLOGY  
PAPER - SECOND**

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

- Q. 2. Give reasons why:** (1 x 4 = 04)
- Decubitus ulcer is seen in pelvic organ prolapse.
  - Anovulation occurs in PCOD.
  - Asherman syndrome could be iatrogenic.
  - OCPs prevent against genital malignancy.
- Q. 3. Problem based question:** (1+1+2 = 04)
- A 55 year old, para 5, came to OPD with complaints of blood mixed foul smelling vaginal discharge since 4 months.
- What is the differential diagnosis?
  - How will you reach the diagnosis?
  - Outline briefly the management of the case.
- Q. 4. Write short notes on:** (2 x 4 = 08)
- Turner's syndrome
  - Causes of secondary amenorrhoea
  - Mirena IUS
  - Complications of fibroid uterus
- Q. 5. Structured question:**
- (i) A 28 year old married female married since 5 years comes to OPD for treatment of primary infertility. List the various factors responsible for her condition. How will you investigate her? (2+2 = 04)
- (ii) A 65 year old woman has post-menopausal bleeding. Write the differential diagnosis and important investigations for this case, in order to reach the final diagnosis. How would you manage the patient, if this was a case of CA endometrium? (1+1+2 = 04)
- Q. 6. Write in brief about:** (2 x 4 = 08)
- Development of Graffian follicle
  - Contents of broad ligament of uterus
  - Lymphatic drainage of vulva with a labelled diagram
  - Stress urinary incontinence

## M.B.B.S. FINAL PROF. PART-II EXAMINATION, FEBRUARY - 2019

OBSTETRICS & GYNAECOLOGY  
PAPER - SECOND

[Time allotted: Three hours]

SET - D

[Max Marks: 40]

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

1. A 68 year old menopausal lady presents with pyometra. The likely cause is:
  - a. Degenerating fibroid
  - b. Cancer cervix
  - c. Endometriosis
  - d. Diabetes mellitus
2. Endometrial biopsy is taken in which part of menstrual cycle?
  - a. Premenstrual
  - b. Menstrual
  - c. Post menstrual
  - d. Shedding endometrium
3. A patient presents with vulval itching, sore vagina and profuse, white, curdy discharge with erythema and redness at the introitus. The likely diagnosis is:
  - a. Bacterial vaginosis
  - b. Trichomonas vaginalis
  - c. Candida
  - d. Chlamydia
4. A 56-year-old woman with postmenopausal bleeding needs endometrial sampling if endometrial thickness on ultrasound is more than:
  - a. 3 mm
  - b. 5 mm
  - c. 7 mm
  - d. 9 mm
5. A 35-year-old Para 3, Living 3, presents to the Gynae OPD with stress urinary incontinence. The commonest cause is:
  - a. Estrogen deficiency
  - b. Raised intra-abdominal pressure
  - c. Congenital weakness of sphincter
  - d. Childbirth trauma
6. Meig's syndrome commonly presents as:
  - a. Ovarian fibroma, right sided pleural effusion and ascites
  - b. Ovarian fibroma, left sided pleural effusion and ascites
  - c. Ovarian fibroma and right sided pleural effusion
  - d. Ovarian fibroma and left sided pleural effusion
7. A 44-year-old-multiparous lady comes to the Gynae OPD with heavy menstrual bleeding and progressive dysmenorrhoea. Her probable diagnosis is:
  - a. CA cervix
  - b. Abnormal uterine bleeding
  - c. Adenomyosis
  - d. CA endometrium
8. Most common cause of vesico-vaginal fistula (VVF) in India is:
  - a. Female genital mutilation
  - b. Hysterectomy
  - c. Radiation
  - d. Obstructed labour
9. Indications for colposcopy are all except:
  - a. Pap smear showing ASCUS
  - b. Irregular growth on cervix
  - c. Pap smear showing HSIL
  - d. Pap smear showing LSIL
10. The most common cause of secondary amenorrhoea in India is:
  - a. Endometrial tuberculosis
  - b. Premature ovarian failure
  - c. Polycystic ovarian syndrome
  - d. Sheehan's syndrome
11. A 20 year old female presented with primary amenorrhoea, absent breast, hypoplastic uterus. Most probable diagnosis is:
  - a. Turner syndrome
  - b. Mixed gonadal dysgenesis
  - c. Mayer Rokitansky Kustner Hauser syndrome
  - d. Androgen insensitivity syndrome
12. The vagina is lined by:
  - a. Columnar epithelium
  - b. Cuboidal epithelium
  - c. Squamous epithelium
  - d. Pseudostratified squamous epithelium
13. Pearl's index indicates:
  - a. IUGR severity
  - b. Malnutrition index
  - c. Cervical mucus score
  - d. Contraceptive failure
14. In a female the Wolffian duct:
  - a. Forms the round ligament
  - b. Forms the ovary
  - c. Regresses and represents Gartner's duct
  - d. Develops into the fallopian tube
15. Absolute contraindications of hormone replacement therapy is:
  - a. Vaginal atrophy
  - b. Thrombosis
  - c. Fibrocystic disease of breast
  - d. Osteoporosis
16. Which of the following change in puberty is not influenced by estrogen?
  - a. Growth of the acinar buds of the breast
  - b. Epiphyseal fusion
  - c. Proliferative phase
  - d. Axillary hair growth

**OBSTETRICS & GYNAECOLOGY**  
**PAPER FIRST**

**Note:** Attempt all questions.  
Draw suitable diagrams wherever necessary.

- Q. 2. Give reasons:** (1 x 4 = 04)
- Breast feeding aggravates post-partum abdominal cramps.
  - Sacral pain during dilatation of cervix in labor.
  - Breast feeding to be continued in HIV infection.
  - OCP decreases blood loss in menorrhagia.
- Q. 3. Problem based question:** (1+1+1+1 = 04)  
21 years old primigravida having 36 weeks of pregnancy with convulsions for last four hours brought in hospital in semiconscious state-
- What is your diagnosis and why?
  - Immediate management of the case?
  - Write the essential investigations to be done in the case.
  - Enumerate the possible complications.
- Q. 4. Write short notes:** (2 x 4 = 08)
- Hegar's sign
  - Traumatic post-partum haemorrhage
  - Post placental IUCD insertion
  - Prevention of nutritional anaemia in pregnancy
- Q. 5. Structured question:**
- Describe causes of puerperal pyrexia. How will you investigate it? Explain management of the case in brief? (1+1+2= 04)
  - Describe haemodynamic changes in pregnancy. How it is reverted back in puerperium? (2+2= 04)
- Q. 6. Write in brief:** (2 x 4 = 08)
- Lower uterine segment
  - Non stress test and its use
  - Birth trauma of foetus and its consequences
  - Significance of coloured bins and bags for waste management in hospital

## M.B.B.S. FINAL PROFESSIONAL PART-II EXAMINATION, MAY/JUNE-2019

## OBSTETRICS &amp; GYNAECOLOGY

## PAPER FIRST

[Time allotted: Three hours]

SET- A

[Max Marks: 40]

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

1. What are Braxton Hicks contractions?
  - a. Painless uterine contractions found in pregnancy
  - b. Abdominal contractions found in pregnancy
  - c. Painful uterine contractions found in pregnancy
  - d. Movement of foetus in uterus
2. Placenta releases following hormones **except**:
  - a. HCG (Human Chorionic Gonadotrophin)
  - b. HPL (Human Placental Lactogen)
  - c. Chorionic thyrotrophin
  - d. Prolactin
3. The presumptive signs of pregnancy are all **except**:
  - a. Amenorrhea
  - b. Morning sickness
  - c. Frequency of micturation
  - d. Epistaxis
4. Engaging diameter of fetal head during complete flexion is:
  - a. Suboccipitobregmatic
  - b. Suboccipito frontal
  - c. Mentovertical
  - d. Occipitofrontal
5. All are true about pseudocyesis **except**:
  - a. It is differential diagnosis of pregnancy
  - b. There is amenorrhea
  - c. The is gradual enlargement of uterus
  - d. Cannot be diagnosed by USG
6. Obstetric conjugate : True statements are all **except**:
  - a. Measured from mid-point of sacral promontory to inner convex point of symphysis pubis
  - b. It is shortest anteroposterior diameter of inlet
  - c. Can be clinically assessed.
  - d. Measures 10cm
7. Uterine finding which is absent in ectopic pregnancy is:
  - a. Enlargement of uterus
  - b. Decidua contains chorionic villi
  - c. Increased vascularity of uterus
  - d. Empty uterine cavity
8. Bilateral ovarian changes in H. mole are due to:
  - a. Solid ovarian tumors
  - b. Ovarian moles
  - c. Lutein cysts
  - d. Granulosa cell tumor of ovary
9. In multiple pregnancy most common complication is:
  - a. PPH
  - b. Interlocking
  - c. Cord prolapse
  - d. Failure of lactation
10. Umbilical cord has:
  - a. 2 arteries and 1 vein
  - b. 2 arteries and 2 veins
  - c. 2 veins and 1 artery
  - d. 1 artery and 1 vein
11. Features of pre-eclampsia include all **except**:
  - a. Increased weight gain
  - b. Proteinuria
  - c. Increased blood pressure
  - d. Occurs only beyond 36 weeks
12. The statement **not** correct in post term pregnancy is:
  - a. Common cause is wrong date of LMP
  - b. Liquor amni is scanty and meconium stained
  - c. Post maturity puts mother at higher risk than fetus
  - d. Fetal hypoxia and acidosis are common
13. Triple test includes all **except**:
  - a. msAFP
  - b. Maternal hCG
  - c. Serum estriol
  - d. Maternal HPL
14. Antihypertensive **not** used in PIH is:
  - a. Methyldopa
  - b. Labetalol
  - c. Enalapril
  - d. Nifedine
15. 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
16. Episiotomy most commonly practiced is:
  - a. Medially
  - b. Laterally
  - c. J-shaped
  - d. Mediolaterally

**OBSTETRICS & GYNAECOLOGY  
PAPER - SECOND**

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

- Q. 2. Give reasons why:** (1 x 4 = 04)
- Positive Whiff's test
  - Genital tuberculosis is best diagnosed when endometrial sample is taken premenstrually
  - Association of RTI and HIV
  - Ovulatory cycles are regular
- Q. 3. Problem based question:** (1+1+2 = 04)
- A 23 year old newly married woman presents with lower abdominal pain, irregular vaginal bleeding and fever.
- What is the differential diagnosis?
  - How will you investigate this case?
  - Write the treatment of PID.
- Q. 4. Write short notes on:** (2 x 4 = 08)
- Cryptomenorrhea
  - Clomiphene
  - Colposcopy
  - Laparoscopic tubal ligation
- Q. 5. Structured question:**
- (i) What are the causes of female infertility? What are the causes of male infertility? How will you test for ovulation? (1+1+2= 04)
- (ii) What are the complications of fibromyoma of uterus? What are the investigations for diagnosis of fibroid? Discuss medical management of fibroid. (1+1+2= 04)
- Q. 6. Write in brief about:** (2 x 4 = 08)
- Staging of carcinoma cervix
  - Syndromic approach to vaginal discharge
  - Blood supply of genital organs
  - Complications of vaginal hysterectomy

**M.B.B.S. FINAL PROFESSIONAL PART-II EXAMINATION, MAY/JUNE-2019****OBSTETRICS & GYNAECOLOGY  
PAPER SECOND**

[Time allotted: Three hours]

**SET - A**

[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)**

1. Which of these is **not** a risk factor for carcinoma endometrium?
  - a. Diabetes
  - b. Hypertension
  - c. Obesity
  - d. Multiparity
2. **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
3. OCPs protect against all **except**:
  - a. Ca ovary
  - b. Uterine malignancy
  - c. Fibroadenoma breast
  - d. Hepatic adenoma
4. Bacterial vaginosis is characterized by:
  - a. Acute inflammation of vagina
  - b. Clue cells in wet mount
  - c. Strawberry cervix
  - d. Frothy discharge
5. 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
6. Nabothian cyst is found in:
  - a. PCOD
  - b. Normal cervix
  - c. Cervicitis
  - d. CaCx
7. RU 486 is used in all **except**:
  - a. Medical abortion
  - b. Emergency contraception
  - c. Ectopic pregnancy
  - d. Hydatiform mole
8. 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
9. HAIR-AN syndrome is found in:
  - a. Congenital adrenal hyperplasia
  - b. Luteal phase defect
  - c. PCOD
  - d. Pheochromocytoma
10. D & C is useful in diagnosis of:
  - a. Endometriosis
  - b. Adenomyosis
  - c. Salpingoophoritis
  - d. TB endometritis
11. A 28 year old P<sub>1</sub>L<sub>1</sub> with 2<sup>nd</sup> degree prolapse with cystocele, which operation is indicated?
  - a. Fothergill's
  - b. Wertheim's
  - c. Vaginal Hysterectomy with PFR
  - d. Kiegle's exercise
12. Complete failure of Mullerian duct fusion will result in:
  - a. Uterus diadelphys
  - b. Arcuate uterus
  - c. Subseptate uterus
  - d. Unicornuate uterus
13. Pyometra is a complication with all **except**:
  - a. Ca endometrium
  - b. CaCx
  - c. Ca vulva
  - d. Pelvic radiotherapy
14. Which of these is **not** a feature of Sheehan's syndrome?
  - a. Amenorrhoea
  - b. Galactorrhoea
  - c. Loss of pubic and axillary hair
  - d. Hypothyroidism
15. Bartholin's duct opens into:
  - a. Labia majora
  - b. Upper 2/3<sup>rd</sup> of Labia minora
  - c. Posterior fornix
  - d. Groove between labia minora and hymen
16. Which of these is used for uterine artery embolization?
  - a. Polyglactin
  - b. Ethacridine lactate
  - c. Polyvinyl alcohol
  - d. Methylene blue dye