

M.B.B.S. FINAL PROF. PART-II EXAMINATION, JUNE - 2020

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 20 minutes) (½ x 16 = 08)

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| <p>1. In which of the following does meiosis occur:</p> <ol style="list-style-type: none"> Primary to secondary spermatocytes Secondary spermatocytes to spermatids Germ cells to spermatogonium Spermatogonium to primary spermatocytes <p>2. Most important diameter of pelvis during labour is:</p> <ol style="list-style-type: none"> Interspinous diameter Oblique diameter of inlet Pelvic outlet Obstetric conjugate <p>3. Which is not a feature of HELLP Syndrome?</p> <ol style="list-style-type: none"> Raised liver enzyme Eosinophilia Thrombocytopenia Haemolytic anaemia <p>4. Use of folic acid to prevent congenital malformations is best initiated:</p> <ol style="list-style-type: none"> First trimester Second trimester Third trimester Before conception <p>5. Which heart disease in pregnancy has the worst prognosis?</p> <ol style="list-style-type: none"> Eisenmenger syndrome Aortic stenosis Mitral stenosis MVP <p>6. Caput succedaneum:</p> <ol style="list-style-type: none"> Develops 24 hrs after birth Develops at birth Is pathological Is associated with seizures <p>7. Triple test includes all except:</p> <ol style="list-style-type: none"> MSAFP Maternal HCG Serum estriol Maternal HPL <p>8. Which of the tests is most sensitive for detection of iron depletion in pregnancy?</p> <ol style="list-style-type: none"> Serum iron Serum ferritin Serum transferrin TIBC | <p>9. Gas used for pneumoperitoneum in laparoscopy is:</p> <ol style="list-style-type: none"> CO₂ O₂ N₂O CO <p>10. Ventouse is contraindicated in:</p> <ol style="list-style-type: none"> Heart disease Preterm delivery Eclampsia Failure of secondary powers <p>11. VBAC is contraindicated in:</p> <ol style="list-style-type: none"> Previous one LSCS Previous vaginal delivery H/O previous myomectomy Spontaneous labour <p>12. External Cephalic Version is indicated in all except:</p> <ol style="list-style-type: none"> Breech presentation at term Transverse lie Second twin in transverse lie First twin in transverse lie <p>13. Which of the following does not increase in normal pregnancy?</p> <ol style="list-style-type: none"> Peripheral vascular resistance Heart rate Cardiac output Blood volume <p>14. Peripartum hysterectomy is indicated in all except:</p> <ol style="list-style-type: none"> Placenta accreta Rupture uterus Intractable PPH Couvelaire uterus <p>15. Which drug is contraindicated in pregnancy?</p> <ol style="list-style-type: none"> Rifampicin Isoniazide Ethambutol Streptomycin <p>16. A 20 yrs old primigravida at full term is admitted with labour pains. On P/V, she is 4 cms dilated. Liquor is clear. A repeat P/V after 4 hrs reveals a dilatation of 5cms. The next step would be:</p> <ol style="list-style-type: none"> Reassess after 4 hrs Immediate cesarean section Oxytocin drip Antibiotics and bed rest |
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OBSTETRICS & GYNAECOLOGY**PAPER FIRST**

Note: Attempt all questions.

Draw suitable diagrams (wherever necessary)

Q. 2. Give reasons for:**(1 x 4 = 04)**

- a. Fetal macrosomia is a complication in diabetes in pregnancy
- b. Lower segment caesarean is always preferred over classical one
- c. Eclampsia is preventable
- d. Living ligatures

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

A 23 year old hypertensive primigravida comes to emergency with pain in abdomen and bleeding per vaginum at 35 weeks period of gestation.

- a. What will be the most probable diagnosis? Define the same.
- b. Which is the most relevant differential diagnosis and how do you clinically differentiate between the two?
- c. Outline in brief the management of the case.

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

- a. Erythroblastosis fetalis
- b. Screening of Down syndrome
- c. Prevention of anemia in pregnancy
- d. Non contraceptive benefits of OCPs

Q. 5. Structured question:

(i). Define Maternal Mortality Ratio. What are the causes of maternal deaths? What are the strategies to reduce maternal mortality in India? **(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)**

- a. Labeled diagram of Friedman's curve
- b. Complete perineal tear
- c. Universal precautions in obstetrics
- d. Neonatal jaundice

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OBSTETRICS & GYNAECOLOGY
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Q. 1. Multiple choice questions (Darken the single best response in OMR sheet. Time allotted 20 minutes) (½ x 16 = 08)

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|---|---|
| <p>1. Hair-IN syndrome is observe in:</p> <ol style="list-style-type: none"> PCOS. Pregnancy Fibroid uterus Chocolate cyst <p>2. Signet ring' looking cells are characteristic in:</p> <ol style="list-style-type: none"> Kiss cancer Krukenberg tumor Fibroid uterus Ca Endometrium <p>3. Hyperoestrogenic activity seen with:</p> <ol style="list-style-type: none"> Arrhenoblastoma Granulosa cell tumor Cacinoma cervix Kallman syndrome <p>4. Meig's syndrome is associated with all except:</p> <ol style="list-style-type: none"> Hydrothorax Ascites Fibroma of ovary Arrhenoblastoma <p>5. Absolute contraindication for prescribing oral pills is:</p> <ol style="list-style-type: none"> Diabetes Pregnancy Impaired liver function All of the above <p>6. Puffed wheat appearance of nucleus is seen with:</p> <ol style="list-style-type: none"> Branner's tumor or ovary Meig's syndrome Cacinoma cervix Granulosa cell tumor <p>7. Use of Cu T cannot prevent anything except:</p> <ol style="list-style-type: none"> Ectopic pregnancy Pregnancy PID Irregular bleeding <p>8. False about vagina is:</p> <ol style="list-style-type: none"> Partly or wholly derived from urogenital sinus Rich in glands Lined by stratified squamous epithelium Posterior fornix lengthier than anterior fornix | <p>9. All are seen in testicular feminization syndrome except:</p> <ol style="list-style-type: none"> 46 XY Primary amenorrhoea Breast not developed Blind vagina <p>10. Failure of bleeding after withdrawal of progesterone indicates:</p> <ol style="list-style-type: none"> Uterus not primed with estrogen Pregnancy Rudimentary uterus All of the above <p>11. HRT is used in:</p> <ol style="list-style-type: none"> Hot flushes PID Ca Cervix H. Mole <p>12. Whirled appearance is seen in:</p> <ol style="list-style-type: none"> Fibroids Brenner's tumor H. Mole Dysgerminoma <p>13. Bartholin's duct opens into:</p> <ol style="list-style-type: none"> Labia majora Upper 2/3rd of labia minora Posterior fornix Groove between labia minora & hymen <p>14. Pyometra is a complication with all except:</p> <ol style="list-style-type: none"> Ca Endometrium Ca Cervix Ca Vulva Pelvic radiotherapy <p>15. A 28 year old P1L1 with 2nd degree prolapsed with cystocele. Which operation is indicated?</p> <ol style="list-style-type: none"> Fothergill's Wertheim's Vaginal hysterectomy with PFR Kiegle's exercise <p>16. "Tobacco pouch" appearance of fallopian tube during hysterosalpingography is due to:</p> <ol style="list-style-type: none"> Cornual obstruction Blocked fimbrial end Pyosalpinx with thick blocked tubes at fimbrial end Rigid straight tube |
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OBSTETRICS & GYNAECOLOGY**PAPER SECOND**

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

- Q. 2. Give reasons:** (1 x 4 = 04)
- Why haematocolpos occurs
 - Why streak gonads should be removed
 - Why IUCD's are avoided in nulliparous woman
 - Why clomiphene citrate tablets are used in case of PCOS
- Q. 3. Problem based question:** (1+1+1+1 = 04)
- A, 15 year old, unmarried girl complains of heavy bleeding per vaginum with passage of clots for a week.
- What is this condition called?
 - Give differential diagnosis of the case.
 - List the important investigations to be done for the case.
 - Outline in brief the treatment to be prescribed to the patient.
- Q. 4. Write short notes on:** (2 x 4 = 08)
- Contraindications for OCP's
 - Enumerate degenerative changes in fibroid uterus
 - Trichomonas vaginalis
 - Suction evacuation
- Q. 5. Structured question:**
- (i) A 56 yr. multiparous woman complains of post coital bleeding. Give differential diagnosis and explain how you will investigate the case. (04)
- (ii) Describe the management of the case as mentioned in (i) above. (04)
- Q. 6. Write in brief about:** (2 x 4 = 08)
- Findings suggestive of ovarian malignancy on laparotomy
 - Draw a labelled diagram of a Graffian follicle
 - USG finding in case of PCOS
 - Semen analysis