Gynecology & Obstetrics MCQ Revision

Gynecology MCQs

1. Lady with infertility with bilateral tubal block at cornua. Best method of management is:
   a. Laparoscopy & Hysteroscopy
   b. Hydrotubation
   c. IVF
   d. Tuboplasty
Answer: A; Laparoscopy is done for proper assessment & to exclude active infection or TB.

2. Women with postmenopausal bleeding need endometrial sampling if endometrial on US is thicker than
   a. 1mm
   b. 2mm
   c. 5mm
   d. 8mm
   e. 10mm
Answer: C; endometrial thickness in menopause > 5 mm is suspicious for hyperplasia.

3. Which of the following change in puberty is influenced by the estrogen:
   a. Growth of the acinar buds of the breast
   b. Epiphyseal fusion
   c. Proliferative phase
   d. All of the above
   e. None of the above
Answer: D; Estrogen is critical for epiphyseal fusion in both young men and women. Proliferative phase also continues under the effect of ovarian estrogen produced by the maturating follicles till ovulation occurs. Estrogen also can affects both ductal and glandular “acinar” system of breast.

4. Sub urethral diverticula may occur as a sequelae to infection of:
   a. Bartholin’s gland
   b. Skene’s gland
   c. Clitoral gland
   d. Vulvovaginal gland
Answer: B; Periurethral glands (Skene’s glands) are tubuloalveolar structures along the dorsolateral aspect that drain into the distal two thirds of the urethra. Repeated infection and obstruction of these glands lead to formation of suburethral cysts or abscesses that can rupture into the urethral lumen.
5. Glycogen is seen in the lumina of endometrial glands:  
   a. During the luteal phase  
   b. During pregnancy only  
   c. During pre and post ovulatory  
   d. During proliferative phase only  
   e. At the time of ovulation only  
   Answer: A; During the follicular, or proliferative phase, endometrial glands are elongated with narrow lumens and their epithelial cells contain some glycogen. Glycogen, however, is not secreted during the follicular phase.

At the beginning of the luteal phase, progesterone induces the endometrial glands to secrete glycogen, mucus, and other substances.

6. The Wolfian duct in the female:  
   a. Develops into the fallopian tube  
   b. Forms the ovary  
   c. Forms the round ligament  
   d. Regresses and becomes vestigial  
   e. None of the above  
   Answer: D; due to the absence of testosterone in females, the Wolfian duct will regress and is represented in the female adult by the Gartner’s duct.

7. Large amount of alkaline phosphatase may be demonstrated in the endometrium of:  
   a. Decidua  
   b. Secretory phase  
   c. Proliferative phase  
   d. All of the above  
   e. None of the above  
   Answer: C; Alkaline phosphatase activity is markedly stimulated by estrogen which is responsible for the proliferative phase.

8. Oxytocin and vasopressin are transferred from hypothalamus to neurohypophysis through:  
   a. Venous channels  
   b. Lymphatics  
   c. Nerve axons  
   d. All of the above  
   e. None of the above  
   Answer: C
9. The levator ani muscle:
   a. Is a voluntary muscle
   b. Is attached laterally to the "white line of the pelvis"
   c. Is composed of pubococcygeus and iliococcygeus muscle
   d. Contracts to prevent spillage of urine during strain
   e. All of the above
Answer: E

10. The function of round ligament is:
   a. Vestigial with no apparent function
   b. To prevent retrodisplacement of the uterus
   c. To prevent uterine prolapse
   d. To provide nerve supply of the upper vagina
   e. None of the above
Answer: B; The function of the round ligament is the maintenance of the anteversion of the uterus during pregnancy.

11. The definitive epithelium of vagina is derived from:
   a. Wolfian duct
   b. Mullerian duct
   c. Urogenital epithelium
   d. Coelomic epithelium
Answer: C

12. Causes of post partum amenorrhoea may be:
   a. Anorexia nervosa
   b. Cervical atresia
   c. Chlorpromazine therapy
   d. Any of the above
   e. None of the above
Answer: D; Chlorpromazine has antidopaminergic effect >> hyperprolactinemia >> anovulation >> amenorrhea
N.B. Cervical atresia is an extremely rare condition in which the cervical canal is missing at birth.

13. The cyclic production of pituitary hormones is dependant upon:
   a. Normal menstruation
   b. An intact pituitary-portal system
   c. An adult anterior pituitary gland
   d. All of the above
   e. None of the above
14. The clots passed with menorrhagia perhaps indicate
   a. No endometrial regeneration
   b. No terminal arteriolar spasm
   c. Large amount of bleeding
   d. All of the above
   e. None of the above
   Answer: C

15. Monilial vaginitis occurs frequently during pregnancy because:
   a. Glycosuria is commoner
   b. The vagina contains more glycogen
   c. Higher vaginal acidity suppresses other organisms
   d. All of the above
   e. None of the above
   Answer: D: Candida flourishes in acidic media as during pregnancy and long term use of OCPs due to increased glycogen content of vaginal epithelium, allowing for more production of lactic acid by lactobacilli

16. Physical exam reveals the uterus to be about 6 wk size. Vaginal bleeding is scanty with no discernible tissue in the cervical os. There are no palpable adnexal masses. The uterus is mildly tender. Ultrasonographic exam does not reveal a gestational sac. Which of the following should be recommended?
   a. Dilatation & curettage.
   b. Culdocentesis.
   c. Observation followed by serial B-HCG determinations.
   d. Diagnostic laparoscopy.
   e. Laparotomy
   Answer: D

17. Which of the following statements is incorrect regarding levonorgestrel releasing intrauterine system:
   a. There is increased incidence of menorrhagia
   b. This system can be used as hormone replacement therapy
   c. This method is useful for the treatment of endometrial hyperplasia
   d. Irregular uterine bleeding can be problem initially
   Answer: A: Levonorgestrel is a progestin, named levonorgestrel because it is the levo-rotatory form of norgestrel. It can be used as hormone replacement therapy and for treatment of endometrial hyperplasia as it induces endometrial atrophic changes, so it’s less likely to cause menorrhagia.
18. **Myxoma peritonei may occur as a consequence of rupture of which ovarian cyst?**
   a. Dermoid
   b. Struma ovarii
   c. Serous cystadenoma
   d. Mucinous cystadenoma
   e. Cystadenofibroma
   Answer: D

19. **Lutein and theca lutein cysts may be associated with all the following except:**
   a. Mole
   b. Chorionepithelioma
   c. Stein-leventhal syndrome (PCO)
   d. Pregnancy
   e. Abortion
   Answer: C

20. **The site of primary infection in patients with pelvic tuberculosis is usually**
   a. Tubal
   b. Uterine
   c. Cervical
   d. Ovarian
   e. Lungs
   Answer: E

21. **The preferred treatment of ruptured tubo-ovarian abscess is:**
   a. Cul-de-sac drainage
   b. Removal of uterus, tubes and involved ovary
   c. Removal of uterus, tubes and ovaries
   d. Removal of ruptured tube and ovary
   e. Removal of adenexae and drainage
   Answer: C

   N.B: the ttt of ruptured tubo-ovarian abscess depends on age, if young we remove the affected tube & ovary, if old we remove the uterus & both tubes & ovaries.

22. **The cysts of Stein-Leventhal ovary or PCOD are of which kind?**
   a. Lutein
   b. Germinal inclusion
   c. Follicular
   d. Theca lutein
23. **Clinical findings of PCOD include all except:**
   a. Obesity
   b. Oligomenorrhea
   c. Infertility
   d. Tall stature
   Answer: D

24. **Pyogenic infections of genital tract usually spread via:**
   a. Mucous membrane
   b. Veins
   c. Lymphatics
   d. Fistulous tracts
   e. B+C
   Answer: E

25. **Presence of pyometra in a post menopausal females strongly suggests:**
   a. Diabetes mellitus
   b. Degenerating myoma
   c. Senile endometritis
   d. Malignancy
   e. Sexual promiscuity
   Answer: D: A pyometra is a collection of pus distending the uterine cavity. It occurs principally when there is a stenosed cervical os, usually due to uterine or cervical malignancy, & pus formed of infected necrotic malignant tissue.

26. **The most common symptom associated with adenomyosis is:**
   a. Infertility
   b. Menorrhagia
   c. Haematometra
   d. Dyspareunia
   e. Metrorrhagia
   Answer: B: Due to increased uterine size and endometrial surface area

27. **Adenomyosis is often associated with all of the following except:**
   a. Endometrial hyperplasia
   b. Myoma
   c. Endometriosis
   d. Myometrial hypertrophy
e. Subinvolution of uterus
Answer : E

28. Interstitial uterine myomas most often cause menorrhagia due to :
   a. Secondary degeneration  
   b. Rupture into endometrial cavity 
   c. Pressure necrosis  
   d. Inhibition of uterine contractility  
   e. Prolapse  
Answer : D : Due to the mechanical interference with uterine contractility

29. There is a 5% incidence of primary extrauterine malignancy associated with endometrial cancer, the most frequent site for such is :
   a. Stomach  
   b. Lung  
   c. Breast  
   d. Bone  
   e. Spleen  
Answer : C

30. The cause of virilizing adrenal hyperplasia is :
   a. Defect in cortisol synthesis  
   b. defect in ACTH synthesis  
   c. Defect in testosterone synthesis  
   d. All of the above  
   e. None of the above  
Answer : A

31. Anterior pituitary function may be blocked by:
   a. Blood levels of steroids  
   b. Emotional factors  
   c. Sensory stimuli  
   d. All of the above  
   e. None of the above  
Answer : D

32. Subnuclear vacuoles in the endometrial mucosa are evidence of activity of:
   a. Cholesterol  
   b. Progesterone  
   c. Pregnendiol  
   d. Androstenendione
e. Oestrogen
Answer : B : In the early secretory phase “under the effect of progesterone”; vacuoles containing subnuclear intracytoplasmic granules appear in glandular cells.

33. **Common ovulation induced drugs are**
   a. Clomiphene citrate
   b. Tamoxifen or the newer letrozole
   c. Gonadotrophins
   d. GnRh analogue down regulation protocols
   e. All of the above
Answer : E

34. **The commonest cause of death in cancer cervix is :**
   a. Infection
   b. Uraemia
   c. Haemorrhage
   d. Cachexia
   e. Distant metastasis
Answer : B

35. **Failure to find sperm in postcoital examination may be due to :**
   a. Excessive oestrogen effect on cervical mucous
   b. Excessive vaginal lactic acid
   c. Oligospermia
   d. All of the above
   e. None of the above
Answer : C

36. **The differential diagnosis of vaginal cysts include :**
   a. Cystocele
   b. Urethral diverticulum
   c. Urethrocele
   d. All of the above
   e. None of the above
Answer : D

37. **Factors in cervical cancer development EXCEPT:**
   a. HIV infection
   b. Chlamydia infection
   c. Breast cancer
   d. Smoking
e. Immunosuppression
Answer: C

38. A synthetic progestin. What is the most likely explanation for the contraceptive action of this drug?
   a. Replacement of the LH surge by an FSH surge.
   b. Abolition of the LH surge.
   c. Enhanced positive feedback of the hypothalamic-pituitary-gonadal axis.
   d. Increased conversion of testosterone to estradiol.
   e. Inadequate decidualization of the uterus.
Answer: E: N.B: inadequate decidualization = pseudodecidualization

39. All of the following mechanisms might account for a reduced risk of upper genital tract infection in users of progestin releasing IUDs, except:
   a. Reduced retrograde menstruation
   b. Decreased ovulation
   c. Thickened cervical mucus
   d. Decidual changes in the endometrium
   e. All of the above
Answer: E

40. Non-neoplastic ovarian cysts include all of the following except:
   a. Follicular cyst
   b. Theca lutein cyst
   c. Dermoid cyst
   d. Corpus luteum cyst
   e. Endometroid cyst
Answer: C

41. Which of the following ovarian tumor is most prone to undergo torsion during pregnancy?
   a. Serous cystadenoma
   b. Mucinous cystadenoma
   c. Dermoid cyst
   d. Theca lutein cyst
Answer: C: As most dermoid cysts have a long pedicle that makes them more liable to complications as torsion.

42. Magnesium sulphate toxicity include all EXCEPT:
   a. CNS depression
   b. This drug acts only on motor end plate
c. Respiratory depression
d. muscle relaxant

Answer: B: MgSo4 acts by inhibition of neuromuscular transmission and CNS depression

43. In DUB all are right except:
   a. may be associated with hypothyroidism
   b. may be associated with post-menopausal bleeding
   c. may be associated with functional ovarian cysts
   d. may present as menorrhagia
   e. may be present as metropathia hemorrhagica

Answer: B

44. Metabolic causes of anovulatory DUB include all except:
   a. Hypothyroidism
   b. Halban’s syndrome
   c. Cushing’s syndrome
   d. Hyperthyroidism
   e. diabetes mellitus

Answer: B

45. The primary drainage of the lower vagina is to:
   a. external iliac nodes
   b. Sacral nodes
   c. Femoral nodes
   d. superficial inguinal nodes
   e. internal iliac nodes

Answer: D: The upper 1/3 follows lymphatic drainage of the cervix, the lower 1/3 drains to the inguinal LNs & the middle 1/3 drains in both upper and lower directions.

46. The most common causative organism in acute Bartholinitis is
   a. Staphylococcus
   b. Streptococcus
   c. Colon bacillus
   d. Gonococcus
   e. Trichomonas

Answer: D

47. The uterine artery supplies the
   a. Vagina
   b. Lower cervix
   c. Ovary
48. Common accompaniments salpingitis are:
   a. Pelvic mass
   b. Bleeding
   c. Pain
   d. All of the above
   e. None of the above
Answer: C:is the most right
a: pelvic mass if tubo-ovarian abscess has developed
b: bleeding is not common

49. The ovary of new born may contain:
   a. Small folicular cysts
   b. Corpora lutea
   c. Lutenized grnulosa cells
   d. All of the above
   e. None of the above
Answer: E: contains primordial follicles

50. Cervical amputation:
   a. Is followed frequently by abortion
   b. Is associated with high incidence of post operative sterility
   c. Is not frequently followed by cervical dystocia in patients who become pregnant
   d. All of the above
   e. None of the above
Answer: D

51. The effect of ovarian steroid on anterior pituitary is:
   a. Direct stimulation
   b. Direct inhibition
   c. Mediated via hypothalamus
   d. Unknown
   e. Direct stimulation and inhibition
Answer: C

52. What are the signs of ovulation on Ultrasonography:
53. The uterus is held in anteflexed position by:
   a. The ventral pull of round ligament
   b. The dorsal pull of uterosacral ligaments
   c. Its weight
   d. All of the above
   e. None of the above
   Answer: D

54. The most common symptom of adenomyosis is:
   a. Dysmenorrhoea
   b. Menorrhagia
   c. Pain
   d. Fever
   e. None of the above
   Answer: B

55. The commonest cause of stress incontinence is:
   a. Constipation
   b. Raised intra abdominal pressure
   c. Congenital weakness of sphincter
   d. Childbirth trauma
   e. Estrogen deficiency
   Answer: D: Most cases of stress incontinence are due to weakened pelvic floor muscles. The common reason for the pelvic floor muscles to become weakened is childbirth.

56. Perforation of the uterus while doing endometrial biopsy in non pregnant uterus, needs:
   a. Laparoscopy
   b. Observation
   c. Immediate laparotomy
   d. Hysterectomy
   Answer: A

57. Least common type of uterine anomaly in patients with recurrent pregnancy loss:
a. Unicornuate
b. Arcuate
c. Septate
d. Bicornuate
e. Didelphys

Answer: A:
Unicornuate uterus is the least common uterine anomaly in which pregnancy could occur.

58. Diagnosis of stress incontinence coded
by which of the following before taking the patient for surgery
a. History
b. Subjective demonstration of stress incontinence
c. Objective demonstration of stress incontinence
d. Urodynamic studies

Answer: D

59. The following are the factors associated with CIN EXCEPT
a. Onset of coitus at early stage
b. Multiple sexual partners
c. Lower socioeconomic status
d. Nulliparity
e. H/o venereal disease

Answer: D: Multiparity is believed to be a risk factor for cervical cancer (CC). Women who have had 3 or more full-term pregnancies have an increased risk of developing cervical cancer. One theory is that these women had to have had unprotected intercourse to get pregnant, so they may have had more exposure to HPV. Also, studies have pointed to hormonal changes during pregnancy as possibly making women more susceptible to HPV infection or cancer growth. Another thought is that the immune system of pregnant women might be weaker, allowing for HPV infection and cancer growth.

also multiple pregnancies >> multiple vaginal deliveries >> multiple cervical traumatas

60. Best treatment for severe stress incontinence without prolapse is
a. Pelvic floor exercise
b. Kelly’s repair
c. Burch colposuspension
d. MMK operation
e. Urethral collagen implant

Answer: B

61. Bartholin’s gland duct opens in.....
a. Upper third of labia majora
b. Middle third of labia majora  
c. Upper third of labia minora  
d. Middle third of labia minora  

Answer: D

62. A 19-year-old female comes to the physician because of left lower quadrant pain for 2 months. She states that she first noticed the pain 2 months ago but now it seems to be growing worse. She has had no changes in bowel or bladder function. She has no fevers or chills and no nausea, vomiting, or diarrhea. The pain is intermittent and sometimes feels like a dull pressure. Pelvic examination is significant for a left adnexal mass that is mildly tender. Urine hCG is negative. Pelvic ultrasound shows a 6 cm complex left adnexal mass with features consistent with a benign cystic teratoma (dermoid). Which of the following is the most appropriate next step in management?  

a. Repeat pelvic examination in 1 year  
b. Repeat pelvic ultrasound in 6 weeks  
c. Prescribe the oral contraceptive pill  
d. Perform hysteroscopy  
e. Perform laparotomy  

Answer: E

63. A 54-year-old woman comes to the physician for an annual examination. She has no complaints. For the past year, she has been taking tamoxifen for the prevention of breast cancer. She was started on this drug after her physician determined her to be at high risk on the basis of her strong family history, nulliparity, and early age at menarche. She takes no other medications. Examination is within normal limits. Which of the following is this patient most likely to develop while taking tamoxifen?  

a. Breast cancer  
b. Elevated LDL cholesterol  
c. Endometrial changes  
d. Myocardial infarction  
e. Osteoporosis  

Answer: C: Tamoxifen is an antagonist of the estrogen receptor in breast tissue via its active metabolite, hydroxytamoxifen. In other tissues such as the endometrium, it behaves as an agonist, and thus may be characterized as a mixed agonist/antagonist. So, even though it is an antagonist in breast tissue, it acts as partial agonist on the endometrium and has been linked to endometrial cancer in some women.

64. A 62-year-old woman comes to the physician because of bleeding from the vagina. She states that her last menstrual period came 11 years ago and that she has had no bleeding since that time. She has hypertension and type 2 diabetes mellitus.
Examination shows a mildly obese woman in no apparent distress. Pelvic examination is unremarkable. An endometrial biopsy is performed that shows grade I endometrial adenocarcinoma. Which of the following is the most appropriate next step in management?

a. Chemotherapy  
b. Cone biopsy  
c. Dilation and curettage  
d. Hysteroscopy  
e. Hysterectomy

Answer: E

65. Ovarian precursors of oestradiol include:

a. Oestrone  
b. Androstenedione  
c. Testosterone  
d. All of the above  
e. None of the above

Answer: D

66. Female patient with endometrial hyperplasia could be all of these except:

a. thecoma  
b. fibroma  
c. Brenner tumor  
d. follicular cyst.

Answer: B: Follicular cyst and thecoma are functioning secreting estrogen. Also, Occasionally some of Brenner tumors may secrete estrogen.

67. Endometroid cyst, on examination:

a. adnexal tenderness  
b. cyst felt in thin people  
c. cyst fixed and tender  
d. all of the above.

Answer: D

68. Considering epithelial neoplasm of the ovaries all true except:

a. the commonest  
b. mucinous cystadenoma lined by tubal epithelium  
c. Brenner tumor lined by urinary tract epithelium  
d. embryologically arise from wolffian epithelium.

Answer: B: mucinous cystadenoma lined by tall columnar mucous secreting epithelium (as cervix)
69. The Commonest ovarian neoplasm complicated with torsion during pregnancy:
   a. fibroma
   b. teratoma
   c. simple serous cyst
   d. thecoma.
   Answer: B: As most teratomas have long pedicles make them more liable to complications especially torsion.

70. Female patient with acute abdomen, CBC normal, B-HCG negative, No vaginal bleeding, Mostly is:
   a. hemorrhagic teratoma
   b. disturbed ectopic pregnancy
   c. appendicitis
   d. peritonitis.
   Answer: A

71. Considering mucinous cystadenoma:
   a. the commonest neoplasm
   b. usually bilateral
   c. sometimes fill the entire abdominal cavity
   d. lined by tubal epithelium.
   Answer: C: Mucinous cystadenoma are known to reach huge sizes some times filling the entire abdominal cavity.

72. Considering Brenner tumor all true except:
   a. potential malignant is common
   b. histologically has epithelial nests and coffee bean nuclei
   c. vaginal bleeding reported with it
   d. usually in childbearing women
   Answer: D: Brenner tumors are more prevalent > 40 years.

73. Considering Meig’s syndrome it is associated with:
   a. ovarian fibroma
   b. left side pleural effusion
   c. ascitis
   d. a&b
   e. a&c
   Answer: E: Meig’s syndrome is the association of ovarian fibroma, right sided pleural effusion and ascites.
74. Considering malignant ovarian neoplasm histologically may be all except:
   a. epithelial tumors
   b. germ cells tumor
   c. cystic and solid tumors
   d. sex cord tumors.
Answer: C: consistency of the tumour appears grossly & not microscopically.

75. For endometrial cyst all true except:
   a. chocolate cyst on TVS
   b. laparoscope is indicated
   c. C125 is a specific test
   d. associated with dysmenorrhea.
Answer: C

76. Female patient with history of induction of ovulation present with tender lower abdominal pain and discomfort, TVS show cyst. Next step is:
   a. assurance sending home
   b. hold ovarian stimulatin drug
   c. laparotomy
   d. non of the above.
Answer: B

77. Considering endometroid cyst:
   a. not uncommon
   b. due to menstrual reaction
   c. torsion is common
   d. a&b.
   e. all the above
Answer: D
Torsion is uncommon as this cyst is fixed by surrounding adhesions.

78. Considering endometrial cyst all true except:
   a. GNRH is of benefit
   b. laparoscope idicated in small cyst
   c. laparotomy is preferred
   d. recurrence is not common
Answer: D

79. Considering the follicular cyst it is rarely associated with:
   a. endometrial hyperplasia
b. acute abdomen  
c. polycystic ovary  
d. On PV in obese patient it may rupture.  
Answer:B

80. Female patient with history of endometriosis, menstrual disorders complaining from pain on right iliac fossa, on examination there was tenderness on right iliac fossa with no rebound pain no rigidity, on CBC it was normal, most likely:  
a. peritonitis  
b. appendicitis  
c. follicular cyst  
d. none of the above  
Answer:C

81. Considering a case of follicular cyst it need all of following except:  
a. assurance follow up  
b. OCP  
c. usually surgical removal  
d. repeated US  
Answer:C

82. Considering the follicular cyst all of following is true except:  
a. associated with metropathia hemorrhagica  
b. OCP indicated in ttt  
c. the second common functional cyst  
d. TAS is the gold standard diagnostic method  
Answer:C: It's the most common

83. Considering the endometroid cyst:  
a. associated with dysmenorrhea  
b. associated with pelvic pain  
c. associated with pelvic endometriosis  
d. All of the above  
Answer:D

84. Female patient with history of hydatiform and complaining of lower abdominal pain, on examination there was tenderness on palpation and the lab result show high level of HCG, most likely to be:  
a. follicular cyst  
b. theca lutein cyst  
c. corpus luteum cyst
d. none of the above.

Answer: B

85. A 29-year-old G4P4 is found to have an abnormal smear signed out as atypical glandular cells, favouring neoplasia. She undergoes a colposcopy with cervical biopsies. One of the ectocervical biopsies demonstrated adenocarcinoma in situ. The most appropriate next step is:
   a. Vaginal hysterectomy
   b. Radical hysterectomy/Radiotherapy
   c. Cold-knife conization of the cervix
   d. Loop excision of the cervical transformation zone

Answer: C

86. The following about human papilloma virus (HPV) infection are correct EXCEPT:
   a. It is the most common viral STDs.
   b. It may lead CIN and cervical cancer.
   c. It is due to RNA virus.
   d. Infection may be warty or flat condyloma.
   e. Infection is usually associated with others STDs.

Answer: C: HPV is a DNA virus.

87. The lymphatic drainage of the cervix is to the following lymph nodes EXCEPT:
   a. The femoral lymph nodes.
   b. The internal iliac lymph nodes.
   c. The para-cervical lymph nodes.
   d. The pre-sacral lymph nodes.
   e. The Obturator lymph nodes

Answer: A

88. The commonest secondary change in uterine fibroids is:
   a. Fatty degeneration
   b. Myxomatous degeneration.
   c. Hyaline degeneration
   d. Cystic degeneration
   e. Calcification

Answer: C: Hyaline degeneration is commonly occur in the centre due to poor vascularity.

89. The following is correct about the ovarian ligaments:
   a. Contain ureters.
   b. Contain ovarian arteries.
   c. Are attached laterally to pelvic wall.
d. Lie anterior to the broad ligament.
e. Are homologous to part of the gubernaculum testis in the male
Answer:B

90. The severity of CIN is graded
   a. 1-3
   b. 1a-4a
   c. I-III+ I-IV
   d. A-C
Answer:A

91. Cervical polyps
   a. Causes spontaneous abortion
   b. Are cause of antepartum hge
   c. Cause watery vaginal discharge
   d. Are covered by squamous epithelium
   e. Cause intermenstrual bleeding
Answer:E: Cervical polyps often show no symptoms. Where there are symptoms, they include intermenstrual bleeding (metrorrhagia), abnormally heavy menstrual bleeding (menorrhagia), vaginal bleeding in post-menopausal women, bleeding after sexual intercourse and thick white vaginal or yellowish discharge

92. Involves pelvic LN clearance, hysterectomy, removal of the parametrium and the upper third of the vagina.
   a. Wartman's hysterectomy
   b. Wertheim's hysterectomy
   c. Wertheim's Trachelectomy
   d. Radical trachelectomy
   e. Trachelems hysterectomy
Answer:B

93. 5 year survival for someone with stage 3-4 cervical carcinoma
   a. 10-30%!!
   b. 80-95%
   c. 2-10%
   d. 65-80%
   e. 45-60%
Answer:A

94. Cervical carcinoma spread and staging: Microinvasion of the basement membrane, <7mm across, with no lymph/vascular space invasion
95. Acetic acid turns a portion of the cervix _____ in a patient with a CIN
   a. Green
   b. Blue
   c. Brown
   d. Orange
   e. White
   Answer: E

96. Typical cells are found only in the lower third of the epithelium
   a. CIN III
   b. CIN I
   c. CIN V
   d. CIN IV
   e. CIN II
   Answer: E
typical cells are only found in lower third of epithelium. therefore atypical cells occupy the upper 2/3

97. A 42-year-old G4P4 has had postcoital bleeding for the past four months. She has not had a Pap test since the delivery of her last child 7 years ago. Speculum examination shows a vaginal discharge and a 1 cm exophytic lesion of the posterior cervical lip. The most appropriate next step is:
   a. Perform a Pap smear
   b. Perform a cold-knife conization
   c. Give the patient a course of intravaginal Metronidazole gel followed by re-examination in 6 weeks
   d. Perform a punch biopsy of the lesion
   Answer: D

98. The area where cervical carcinoma usually originates
   a. Neoplastic zone
   b. Metaplastic field
   c. Retrograde area
   d. Transformation zone
99. **Cervical carcinoma is most common between the ages of**
   a. 45-55
   b. 16-18
   c. 18-22
   d. 35-45
   e. 25-35
   Answer: A

100. **Cervical carcinoma characteristically spreads in the**
    a. Tissue
    b. Lymph
    c. Bone
    d. Blood
    e. Mucus
    Answer: B : Lymphatic spread by both permeation and embolization.

101. **Which of the following is thought to be protective against CIN?**
    a. HIV
    b. Oral contraceptive usage
    c. Long term sexual abstinence
    d. Smoking
    e. Long term steroid use
    Answer: C

102. **Cervical carcinoma that can be treated with cone biopsy**
    a. Stage 5
    b. Stage 1a
    c. Stage 3
    d. Stage 2a
    e. Stage 4a
    Answer: B

103. **The presence of atypical cells within the squamous epithelium**
    a. Cervical dyskaryosis
    b. Nabothian follicles
    c. Dysplastic dyskaryosis
    d. Cervical intraepithelial neoplasia
    e. Cervicitis
104. 5 year survival for someone with stage 1a cervical carcinoma
   a. 95%
   b. 10%
   c. 30%
   d. 80%
   e. 60%
   Answer: A

105. Cervical carcinoma spread and staging: Invasion of the lower vagina or pelvic wall, or causing ureteric obstruction
   a. Stage 1a
   b. Stage 4
   c. Stage 3
   d. Stage 2a
   e. Stage 1b
   Answer: C

106. HPV types ________ are the most significant and account for 70% of all cervical cancers
   a. 45 and 46
   b. 31 and 33
   c. 14 and 16
   d. 16 and 18
   e. 12 and 14
   Answer: D

107. Anovulatory infertility in PCO is due to:
   a. alteration of folliculogenesis caused by dysregulation of GnRH pulse generator
   b. alteration of folliculogenesis caused by adrenal & ovarian hyperandrogenism
   c. alteration of folliculogenesis caused by insulin resistance
   d. alteration in folliculogenesis caused by alteration of ovarian growth factors
   e. alteration of folliculogenesis caused by hyper-estrogenism
   f. all of the above
   Answer: F: Alteration of folliculogenesis means no ovulation will occur and in pco it is called anovulatory PCO.

   The PCO syndrome is due to several initiating theories and theories of pathogenesis not necessary present all of them in all patients but which is constant is hyperandrogenism particularly testosterone all predisposing factors as mentioned from B to E Produces the same increase in androgen.
about the A dysregulation means disturbance in the function of the release of GnRH pulse
either spontaneous or due to negative feed back from peripheral hormones as cases are
associated with increase LH levels
So combination of one or more of these factors leads to pco

108. Ovarian tumors which may produce chorionic gonadotrophins include :
   a. Dysgerminoma
   b. Teratoma
   c. Choriocarcinoma
   d. All of the above
   e. None of the above
Answer:D

109. Pathology of endometriosis may be explained by :
   a. coelemic metaplasia
   b. endometrial hyperplasia
   c. retrograde menstruation
   d. intraperitoneal immunologic deficit
   e. lymphatic diffusion
Answer:C: retrograde menstruation is the most acceptable theory.

110. The cysts in Polycystic Ovarian syndrome are formed by:
   a. Failure of atretic follicles to undergo apoptosis
   b. Oocyte proliferation
   c. Multiple corpus lutea
   d. Cystic degeneration of ovarian cortex
Answer:A

111. An in situ stage has not been officially recognized in which of the following :
   a. Ovarian carcinoma
   b. Endometrial carcinoma
   c. Cervical carcinoma
   d. Vulvar carcinoma
   e. Vaginal carcinoma
Answer:A

112. The gastrointestinal primary of a Krukenberg tumour of the ovary is most often
   found in the :
   a. Gall bladder
   b. Rectum
   c. Pylorus
d. Colon  
e. Small intestine  
Answer: C: The primary is usually in the pylorus of the stomach, less commonly in the colon, breast or biliary tract.

113. Functional ovarian cysts include:  
a. Follicular cysts.  
b. Endometriomas.  
c. Dermoid cysts.  
d. Fibromas.  
Answer: A: Follicular cysts lined by granulose cells that may continue to produce estrogen.

114. In contrast to a malignant ovarian tumor, a benign tumor has which of the following gross features?  
a. Excreences on the surface.  
b. Peritoneal implants.  
c. Intra-cystic papillations.  
d. Free mobility.  
e. Capsule rupture.  
Answer: D

115. A 54-year-old woman is found to have endometrial hyperplasia on endometrial biopsy. A functional ovarian tumor to be suspected is a:  
a. Lipid cell tumor.  
b. Granulosa-theca cell tumor.  
c. Sertoli-Leydig yumor.  
d. Muncious cystadenocarcinoma.  
e. Polycystic ovary  
Answer: B

116. A uni-locular ovarian cyst measuring 4.4 cm by 4.9 cm found on routine ultrasonography during the 8th week of gestation. Best management for this case is  
a. Observation and repeated ultrasonography.  
b. Laparoscopic aspiration of the cyst.  
c. Immediate laparotomy and cystectomy.  
d. Immediate laparotomy and ovariectomy.  
e. Laparotomy and cystectomy postponed to 14 weeks.  
Answer: A

117. Germ cell tumors include all the following except
1. Choriocarcinoma  
2. Gonadoblastoma  
3. Endodermal sinus tumour  
4. Benign cystic teratoma  
5. Solid teratoma  

Answer: B

118. Which is the major cause of cancer death in women?  
   a. Breast cancer  
   b. Cervical cancer  
   c. Endometrial cancer  
   d. Lung cancer  
   e. Ovarian cancer  

Answer: A

119. Endometrial carcinomas associated with estrogen therapy “caused by unopposed estrogen therapy”:
   a. Well differentiated  
   b. Are deeply invasive  
   c. Are sensitive to progesterone therapy  
   d. Generally have poor prognosis  
   e. Have high rates of recurrence  

Answer: C

120. Ovarian cancer:
   a. Separate FIGO staging systems exist for epithelial and sex-cord/stromal ovarian tumors  
   b. Granulosa Cell Tumor has an excellent prognosis because most patients present with early-stage disease  
   c. Meigs’ syndrome consists of ascites, hydrothorax and a malignant ovarian tumor  
   d. Krukenberg tumors are metastatic ovarian neoplasms originating exclusively in the stomach  

Answer: B:
   1) The same FIGO staging system is used not a separate one  
   2) As granulosa cell tumor is slowly growing  
   3) A benign not malignant tumor  
   4) Not exclusively in the stomach

121. Pelvic ultrasound is helpful in the diagnosis of:
   a. Endometrial carcinoma  
   b. Asherman’s syndrome
c. Ascites
d. Ovulation detection
e. Endometriosis
Answer:D

122. Regarding ovarian tumours
   a. adenocarcinoma is more commonly bilateral than mucinous
   b. the use of oral contraceptives is a risk factor for ovarian cancer
   c. Sertoli-Leydig tumours of the ovary are typically estrogen secreting
   d. Fat saturation MRI images are of value in diagnosing cystic teratomas
   e. RI (Resistive index) values of intratumoral areas can differentiate between benign and malignant ovarian tumours

Answer: Most correct answer is A
B wrong. The reverse is right
C wrong. Mostly testosterone
D wrong fat suppression MRI not saturation
E wrong as although ri can differentiate but not all cases as it is misleading

123. A Krukenberg tumour is an ovarian neoplasm which :
   a. Is primary in the ovary
   b. Is associated with hydrothorax
   c. Is secondary to any GIT cancer
   d. Shows characteristic mucoid epithelial change
   e. None of the above

Answer:D: Krukenberg tumors are often characterized by mucin-secreting signet-ring cells in the tissue of the ovary.

124. CA-125 is ?
   a. A mucin-type glycoprotein
   b. A ganglioside
   c. A tumor-specific transplantation antigen
   d. Useful for ovarian cancer screening in the general patient population
   e. An antigen which is commonly expressed by mucinous ovarian carcinomas

Answer: A: There is no screening test for ovarian epithelial cancers. CA 125 is a mucin-type glycoprotein which is usually not expressed by mucinous tumors. The antigen (CA 25) is expressed by fetal amniotic and coelomic epithelium. It is found in tissues derived from the coelomic epithelium (pericardium, pleura and peritoneum) and mullerian epithelium (tubal, endometrium and endocervical epithelium)
125. A 63 old lady presents with abdominal mass & weight loss , was diagnosed as having an ovarian tumor , the most common ovarian tumour in this woman would be...:
   a. epithelial tumour
   b. germ cell tumour
   c. stromal tumour
   d. sex cord tumour
   e. trophoblastic tumour

Answer: A: Epithelial ovarian tumors are the commonest malignant neoplasms arising from the ovary and constitute almost 60-70 % of all ovarian cancers

126. A young female came to you with complaint of oligomenorrhea ,hirsutism & weight gain ,US reveals bulky ovaries with subcapsular cysts. Most likely diagnosis is
   a. ovarian cancer
   b. cushing syndrome
   c. PCOD
   d. DM
   e. PID

Answer: C

127. A large cystic tumour is detected in a woman in routine antenatal examination. The most common complication she can encounter?
   a. Torsion
   b. rupture
   c. hemorrhage
   d. infection
   e. degeneration

Answer: A

128. A 18-year-old woman comes to the physician for an annual examination. She has no complaints. She has been sexually active for the past 2 years. She uses the oral contraceptive pill for contraception. She has depression for which she takes fluoxetine. She takes no other medications and has no allergies to medications. Her family history is negative for cancer and cardiac disease. Examination is unremarkable.

Which of the following screening tests should this patient most likely have?
   a. Colonoscopy
   b. Mammogram
   c. Pap smear
   d. Pelvic ultrasound
e. Sigmoidoscopy
Answer:C: There is increased risk for cancer cervix due to the early age at the first sexual intercourse and also there is very small increase risk with OCPs use. So, Pap smear is the most likely to be done as a screening for cancer cervix.

131. Hilus or Leydig cell tumour may be associated with:
   a. Reinke crystals
   b. Oestrogen effect on endometrium
   c. Clinical virilism
   d. All of the above
   e. None of the above

Answer:D: Reinke’s crystals are rectangular, crystal-like inclusions in the interstitial cells of the testis (Leydig cells) and hilus cells in the ovary.

132. A multiparous woman aged 40 years, presents with menorrhagia and progressively increasing dysmenorrhoea. Most probable diagnosis is:
   a. Ca Cervix
   b. Ca Endometrium
   c. Adenomyosis
   d. DUB

Answer:C

133. Female with history of frequent micturition may be:
   a. prolapse
   b. incarcerated fibroma
   c. pregnancy
   d. a&c
   e. all above.

Answer:E

134. Considering dysgerminoma all true except:
   a. the commonest germ cell tumor
   b. usually in young females
   c. lymphatic spread is so late
   d. elevate lactic dehydrogenase level.

Answer:C: Dysgerminoma is more liable to early lymphatic spread to pelvic and para aortic node.

135. Ordering accord to the commonest cancers in female genital tract the right is:
   a. cervical, endometrial, ovarian
b. ovarian, cervical, endometrial
   c. endometrial, cervical, ovarian
   d. endometrial, ovarian, cervical.
Answer: C

136. Female came to the ER with Bp 80/60 and pulse 125 with history of acute abdomen, next step is
   a. laparotomy
   b. iv fluids
   c. CBC
   d. PV examination
Answer: B

137. Considering ovarian cancer:
   a. surgery is preferred to be last line
   b. early discovered with good prognosis
   c. chemotherapy is good in most tumors
   d. germ cell tumors show good response to chemotherapy
Answer: D

138. A 48-year-old woman has noted a small amount of irregular vaginal bleeding for the past 2 months. She has a pelvic examination that reveals no cervical lesions, and a Pap smear that shows no abnormal cells. Next, an endometrial biopsy is performed, and there is microscopic evidence for endometrial hyperplasia. An abdominal ultrasound reveals a solid right ovarian mass. Which of the following neoplasms is this woman is most likely to have?
   a. Mature cystic teratoma
   b. Choriocarcinoma
   c. Sertoli-Leydig cell tumor
   d. Fibrothecoma
   e. Krukenberg tumor
   f. Cystadenocarcinoma
Answer: D

139. Vaginal adenocarcinomas in children is caused by
   a. Virus
   b. Administration of DES to pregnant mothers
   c. Hormonal changes
   d. All of the above
Answer: B
140. Carcinoma cervix with involvement of upper 2/3 of vagina is stage
   a. II
   b. II B
   c. III A
   d. III B
Answer: A

141. A 47-year-old woman has noted a pressure sensation, but no pain, in her pelvic region for the past 5 months. On physical examination there is a right adnexal mass. An ultrasound scan shows a 10 cm fluid-filled cystic mass in the right ovary. A fine needle aspirate of the mass is performed and cytologic examination of clear fluid aspirated from the mass reveals clusters of malignant epithelial cells surrounding psammoma bodies. Which of the following neoplasms is she most likely to have?
   a. Endometrial adenocarcinoma
   b. Ovarian serous cystadenocarcinoma
   c. Mesothelioma
   d. Ovarian mature cystic teratoma
   e. Adenocarcinoma of fallopian tube
Answer: B

142. Ovarian masses:
   a. Are malignant in presence of ascites
   b. Include benign teratomas
   c. Of germ cell origin may secrete hormones
   d. May be confused with developmental abnormalities of renal tract
   e. If malignant can be reliably staged pre-operatively
Answer: B

143. A 4-year-old girl is noted to have breast enlargement and vaginal bleeding. On physical examination, she is noted to have a 9-cm pelvic mass. Which of the following is the most likely etiology?
   a. Cystic teratoma
   b. Dysgerminoma
   c. Endodermal sinus tumor
   d. Granulosa cell tumor
   e. Mucinous tumor
Answer: D

144. Current modes of investigation for infertility to check functioning of tubes are all of the following except:

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a. Air insufflation
b. Sonosalpingography
c. Hysterosalpingography
d. Laparoscopic chromotubation
e. all of the above
Answer:E

145. Before puberty, what is the ratio between the cervical length and uterine body ?
   a. 1 : 2
   b. 2 : 1
   c. 1 : 3
   d. 1 : 4
   Answer:B

146. As regard mastalgia:
   a. in cyclic mastalgia pain is usually max. postmenestrua
   b. is treated surgically
   c. bromocriptine may be used
   d. gammaleinoliec acid is contraindicated
   Answer:C

147. Pap smear
   a. the next step in dysplastic smear is colposcopy
   b. is simple but inaccurate
   c. should be carried out every 5 years
   d. has no role in screening of assymptomatic women
   e. all of the above
   Answer:A

148. A 40-years-old female with history of fibroid on investigation showed CIN-2 changes. Treatment of choice in this case is :
   a. Hysterectomy
   b. Conization
   c. Cryotherapy
   d. Laser ablation
   Answer:A

149. Dysfunctional Uterine Bleeding (DUB) is defined as abnormal uterine bleeding ?
   a. Secondary to hormonal dysfunction
   b. Caused by cancer
   c. In a patient with von Willebrand’s disease
   Answer:A
d. With no organic cause  
   e. Caused by an endometrial polyp  
Answer:D

150. Abnormal Uterine bleeding (AUB) is defined by all of the following except?
   a. Excessive Blood loss (>80 ml) during menses
   b. Menstrual length less than 7 days
   c. An interval of less than 21 days between the starts of successive menses
   d. Irregular bleeding episodes between menses
   e. Extended (>35 days) intervals between menses
Answer:B

151. Dysfunctional uterine bleeding is said to present when there is bleeding due to:
   a. Fibroid
   b. Endometriosis
   c. Irregular ripening and irregular shedding
   d. Chronic endometritis
Answer:C

152. Post menopausal bleeding does not occur in:
   a. Use of combined OCP's
   b. Atrophic vaginitis
   c. Endometrial hyperplasia
   d. CA-Endometrium
Answer:A

153. Bicornute uterus may predispose to all the following except:
   a. recurrent PTL
   b. primary amenorrhea
   c. retention of placenta after delivery
   d. menorrhagia
Answer:B
Obstetrics MCQs

1. Which is the least frequent site of an ectopic pregnancy?
   a. Fallopian tube
   b. Cervix
   c. Ovary
   d. Abdominal cavity
   e. Between the leaves of broad ligament
   Answer: D: Fallopian Tubes:96% , Ovaries:2% & Cervix:<1%

2. Perforation tends to occur earliest when an ectopic pregnancy is located in which portion of fallopian tube?
   a. Isthmic
   b. Interstitial
   c. Ampullary
   d. Infundibular
   e. No difference
   Answer: A: If the implantation is located in the narrow isthmic portion of the tube (the narrowest part), it will rupture very early, within 6 to 8 weeks; the distensible interstitial portion may be able to retain the pregnancy up to 14 weeks of gestation, while the ampulla is the widest portion.

3. Which of the following does not occur in post partum pituitary necrosis:
   a. signs of hypoglycaemia
   b. Asthenia
   c. Amenorrhoea
   d. Galactorrhoea
   e. Decreased libido
   Answer: C: failure of lactation occurs due to decreased prolactin secretion due to anterior pituitary insufficiency
   - Hypoglycemia is due to 2ry adrenal insufficiency
   - Amenorrhea and decreased libido are due to gonadotropin insufficiency
   - Asthenia is the easy fatigability due to – GH >> -- muscle bulk

4. The most dangerous symptom during pregnancy is:
   a. PV bleeding
   b. Ankle swelling
   c. Hyperemesis
   d. Cramps
   Answer: A
5. The Arius-Stella reaction may be seen with all except:
   a. Ectopic pregnancy
   b. Birth control pills
   c. Abortion
   d. Trophoblastic disease
Answer: B: Arius-Stella reaction is a benign change in the endometrium associated with the presence of chorionic tissue.

6. The passage of decidual cast in cases of ectopic pregnancy usually means:
   a. Impending tubal rupture
   b. Reabsorption of embryo
   c. Pregnancy was intrauterine
   d. Death of embryo
Answer: D

7. The following complications during pregnancy increase the risk of postpartum hemorrhage (PPH) except:
   a. Hypertension
   b. Macrosomia
   c. Twin pregnancy
   d. Hydramnios
Answer: A: B, C, D: over distension of the uterus predisposes to atonic PPH

8. What is the most common side effect with MTX therapy for ectopic pregnancy
   a. Transient pelvic pain 3 - 7 days after starting treatment
   b. Stomatitis
   c. Bone marrow suppression
   d. Gastritis
Answer: B

9. Prenatal diagnosis at 16 weeks of pregnancy can be performed using all of the following, except:
   a. Amniotic fluid
   b. Maternal blood
   c. Chorionic villi
   d. Fetal blood
Answer: D

10. A primigravida presents to casualty at 32 weeks gestation with acute pain abdomen for 2 hours, vaginal bleeding and decreased fetal movements. She
should be managed by:
   a. Immediate cesarean section
   b. Immediate induction of labor
   c. Tocolytic therapy
   d. Magnesium sulphate therapy
Answer: A : Bleeding that affects the fetal condition (manifested here by fetal distress) is an indication of CS in Ante Partum Hemorrhage

11. Placenta previa, all true except:
   a. Shock out of proportion of bleeding
   b. Malpresentation
   c. Head not engaged
   d. Painless bleeding
Answer: A: Low lying placenta in the LUS interferes with normal adaptation of the fetal head to the female pelvis >> head is usually not engaged

12. A 34wk GA lady presented with vaginal bleeding of an amount more of that of her normal cycle. O/E uterine contracts every 4 min, bulged membrane, the cervix is 3 cm dilated, fetus is in a high transverse lie and the placenta is on the posterior fundus. US showed translucency behind the placenta and the CTG (Cardiotocography) showed FHR of 170, the best line of management is:
   a. C/S immediately.
   b. give oxytocin.
   c. do rupture of the membrane.
   d. amniocentesis
Answer: A

13. Most important cause of immediate post partum hemorrhage:
   a. laceration of cervix
   b. laceration of vagina
   c. uterine atony
   d. placental fragment retention
Answer: C

14. Factors favoring long anterior rotation include all except
   a. Correction of the deflexion
   b. Adequate pelvis
   c. good pelvic floor
   d. rupture of membranes
Answer: D : Adequate liquor is a factor favoring Long Anterior Rotation, not ROM
15. All following are indications for CS in OP except
   a. Persistent oblique op
   b. Long anterior rotation
   c. Deep transverse arrest
   d. Contracted pelvis
   Answer: B: POP, DTA are obstructed and indications of CS
   Long Anterior Rotation of the head is a good sign and the baby can be delivered vaginally

16. Which vitamin deficiency is most commonly seen in a pregnant mother who is on
    phenytoin therapy for epilepsy?
   a. Vitamin B6
   b. Vitamin B12
   c. Vitamin A
   d. Folic acid
   Answer: D: Phenytoin inhibits the enzyme intestinal conjugase, an important enzyme in
           folic A. metabolism inside the body, thereby causing folate deficiency

17. Uterine inertia is due to EXCEPT?
   a. Over distension of uterus
   b. Presence of fibroid uterus
   c. Fetal malpresentations
   d. Abruptio placenta
   e. repeated interautrine manipulation
   Answer: D: as A, B, C, E predispose to hypotonic uterine inertia

18. Exposure of female fetus to androgens may arrest differentiation of:
   a. Mullerian duct
   b. Ovary
   c. Urogenital sinus
   d. All of the above
   e. None of the above
   Answer: C

19. The risk for development of fetal macrosomia is increased in the following, EXCEPT:
   a. Primiparity.
   b. Diabetes with pregnancy.
   c. Post-term pregnancy.
   d. Prior macrosomic infants.
   Answer: A
20. **Complications of the third stage of labor include all of the following except:**
   a. Rupture uterus.
   b. Postpartum hemorrhage.
   c. Puerperal sepsis.
   d. Retained placenta.
   e. Obstetric shock.
   
   Answer: A

21. **Shock is out of proportion to the amount of bleeding in:**
   a. 1ry postpartum haemorrhage
   b. Retained placenta
   c. Acute puerperal inversion of uterus
   d. Hypofibrinogenemia
   
   Answer: B: retention of the placenta > 2h. may cause shock even in absence of haemorrhage

22. **The gold standard in diagnosing ectopic pregnancy**
   a. Laparoscopy
   b. Culdocenteris
   c. Beta HCG
   d. US
   e. Progesterone
   
   Answer: A: The gold Standard in diagnosis of ectopic is not US alone Nor BhCG alone, rather a combnation of both:Absence of an intrauterine Gestational Sac + serum BhCG levels > the discriminatory zone is the GOLD STANDARD.

23. **Which method of terminating a molar gestation is never indicated**
   a. Suction curettage
   b. Prostaglandic
   c. Hypertonicsaline
   d. Hysterotomy
   e. Hyterectomy
   
   Answer: C

24. **Invasive molar tissue is most commonly found in**
   a. Myometrium
   b. Vaginal wall
   c. Ovary
   d. Liver
   e. Lungs
   
   Answer: A: Invasive molar tissue(locally invasive) invades the myometrium, while metastatic molar tissue (highly metsataic)is a different type which metastasizes to
25. A 31-year-old, HIV-positive woman, gravida 3, para 2, at 32-weeks' gestation comes to the physician for a prenatal visit. Her prenatal course is significant for the fact that she has taken zidovudine throughout the pregnancy. Otherwise, her prenatal course has been unremarkable. She has no history of mental illness. She states that she has been weighing the benefits and risks of cesarean delivery in preventing transmission of the virus to her baby. After much deliberation, she has decided that she does not want a cesarean delivery and would like to attempt a vaginal delivery. Which of the following is the most appropriate next step in management?
   a. Contact psychiatry to evaluate the patient
   b. Contact the hospital lawyers to get a court order for cesarean delivery
   c. Perform cesarean delivery at 38 weeks
   d. Perform cesarean delivery once the patient is in labor
   e. Respect the patient's decision and perform the vaginal delivery

Answer: E

26. A 19-year-old primigravid woman at 42 weeks' gestation comes to the labor and delivery ward for induction of labor. Her prenatal course was uncomplicated. Examination shows her cervix to be long, thick, closed, and posterior. The fetal heart rate is in the 140s and reactive. The fetus is vertex on ultrasound. Prostaglandin (PGE2) gel is placed intravaginally. One hour later, the patient begins having contractions lasting longer than 2 minutes. The fetal heart rate falls to the 70s. Which of the following is the most appropriate next step in management?
   a. Administer general anesthesia
   b. Administer terbutaline
   c. Perform amnioinfusion
   d. Start oxytocin
   e. Perform cesarean delivery

Answer: B: Quickly administer Terbutaline (Short Acting B2 Agonist) to decrease uterine contractility (fetal HR is steeply decreasing)

27. Which one of the following is a risk factor for developing DVT?
   a. Family history of thromboembolic disease.
   b. Factor V Leiden.
   c. Antiphospholipid syndrome.
   d. Sepsis.
   e. All of the above.

Answer: E: Septic thrombophlebitis is a condition characterized by venous thrombosis,
inflammation, and bacteremia
(N.B.) : Factor V Leiden is the name given to a variant of human factor V that causes a hypercoagulability disorder

28. Pre-eclampsia.
   a. is more common in women who have previously had a miscarriage.
   b. is more common in women conceiving after oral contraception compared with women using barrier contraception.
   c. is more common in women with a first degree relative who had PE.
   d. regular full blood counts are helpful in monitoring the progress of the condition.
   e. development of abdominal pain is a serious sign.
   f. C,D&E
Answer:F

29. Premature labour.
   a. is associated with an increased risk of breech presentation.
   b. is associated with uterine anomaly.
   c. asymptomatic bacteruria is a proven risk factor.
   d. is associated with genital tract infection.
   e. is associated with cigarette smoking.
   f. All of the above
Answer:F

30. A 22-year-old woman in labor progresses to 7 cm dilation, and then has no further progress. She therefore undergoes a primary cesarean section.
Examination 2 days after the section shows a temperature of 39.1 °C (102.4 °F), blood pressure of 110/70 mm Hg, pulse of 90/min, and respirations of 14/min. Lungs are clear to auscultation bilaterally. Her abdomen is moderately tender. The incision is clean, dry, and intact, with no evidence of erythema. Pelvic examination demonstrates uterine tenderness. Which of the following is the most appropriate pharmacotherapy?
   a. Ampicillin
   b. Ampicillin-gentamicin
   c. Clindamycin-gentamicin
   d. Clindamycin-metronidazole
   e. Metronidazole
Answer:D

31. A 19-year-old nulliparous woman in her 35th week of pregnancy presents with nausea, blurred vision and a weight gain of 4.5 kg per week. Her blood pressure is 160/110 mmHg. Which of the following tests is the most suitable for the
assessment of fetal status?
   a. amniocentesis for the measurement of the lecithin/sphingomyelin (L/S) ratio
   b. amniocentesis for the measurement of the creatinine level of the amniotic fluid
   c. sonographic cephalometry
   d. a non-stress test (NST)
   e. an oxytocin challenge test (OCT)
Answer: D

32. All of the following can be used in hypertension in pregnancy except
   a. Hydralazine
   b. Labetolol
   c. Captopril
   d. Alpha methyl DOP
Answer: C : Captopril is a teratogenic that may cause abnormally small head, Neural tube defects, Heart defects, Underdeveloped lungs, Partial or complete absence of skull, ....etc

33. All are complications of illegal/Septic abortion except
   a. Cerebral Hemorrhage
   b. DIC
   c. ARF
   d. Bacterial Shock
Answer: A

34. A 31-year-old woman comes to the physician for follow-up after an abnormal Pap test and cervical biopsy. The patient's Pap test showed a high-grade squamous intraepithelial lesion (HGSIL). This was followed by colposcopy and biopsy of the cervix. The biopsy specimen also demonstrated HGSIL. The patient was counseled to undergo a loop electrosurgical excision procedure (LEEP). Which of the following represents the potential long-term complications from this procedure?
   a. Abscess and chronic pelvic inflammatory disease
   b. Cervical incompetence and cervical stenosis
   c. Constipation and fecal incontinence
   d. Hernia and intraperitoneal adhesions
   e. Urinary incontinence and urinary retention
Answer: B

35. Female patient with history of irregular vaginal bleeding tender right iliac fossa, CBC normal, B-HCG positive, most likely to be:
   a. corpus luteum cyst
   b. appendicitis
c. ectopic pregnancy
d. none of the above
Answer: C: corpus luteum cysts and appendicitis don’t show ++ B-hCG.

36. Cervical lesion (ectopy):
   a. It is an ulcer of the cervix.
   b. Should be treated in pregnant females.
   c. Pap smear is advisable before management.
   d. Commonly cause pain, dyspareunia & low back pain.
Answer: D

37. Engagement all true except:
   a. the biparietal diameter in the pelvic inlet
   b. grasped by 1st pelvic grip
   c. at the onset of labor in multiparas
   d. Preferring an empty bladder.
Answer: B: 1st pelvic grip is for detection of the presentingpart, while 2nd pelvic grip is to detect its engagement.

38. The foetal well-being can be assessed by all of the following, except?
   a. non-stress test
   b. contraction stress test
   c. ultrasound
   d. oxytocin sensitivity test!!!
Answer: D

39. In which of the following condition vaginal delivery is contraindicated?
   a. Extended breech
   b. Mento anterior
   c. Twins with one vertex and one breech
Answer: A: Breech with extended legs: frank breech is an indication of CS

40. Which is contraindicated in trial of labour following Caesarian Section?
   a. History of Classical CS
   b. Breech
   c. X-ray pelvimetry not available
   d. No previous vaginal delivery
Answer: B

41. A 20 year old full-term primigravida is brought to the casualty with labour pains for last 24 hours and a hand prolapse. On examination, she has pulse 96/min, BP
120/80 mm Hg, and mild pallor. The abdominal examination reveals the uterine height at 32 weeks, the foetus in transverse lie and absent foetal heart sounds. On vaginal examination, the left arm of the foetus is prolapsed and the foetal ribs are palpable. The pelvis is adequate. What would be the best management option?
   a. External cephalic version
   b. Decapitation and delivering the baby vaginally
   c. Internal podalic version
   d. Lower Segment Caesarean section
Answer: B: Because absent Fetal heart Sounds = Dead baby! >> Decapitation and deliver vaginally

42. Which one of the following is diagnosed by Spiegelberg criteria?
   a. Molar pregnancy
   b. Ovarian pregnancy
   c. Uterine pregnancy
   d. Twin pregnancy
Answer: B:
Spiegelberg criteria is used to diagnose Ovarian ectopic: via laparotomy/ laparoscopy
Four criteria for differentiating ovarian from other ectopic pregnancies:
   1) The gestational sac is located in the region of the ovary.
   2) The ectopic pregnancy is attached to the uterus by the ovarian ligament.
   3) Ovarian tissue in the wall of the gestational sac is proved histologically.
   4) The tube on the involved side is intact.

43. The presence of a retraction ring at the junction of upper and lower uterine segment in labour indicates?
   a. Prolonged labour
   b. Cervical dystocia
   c. Obstructed labour
   d. Precipitate labour
Answer: C

44. The indications of an elective caesarean section include all of the following, except?
   a. Placenta Praevia
   b. Cephalopelvic disproportion
   c. Previous lower segment caesarean section
   d. Carcinoma Cervix
Answer: C: isn't it supposed to be cancer Cervix??
Previous CS IS an indication of elective CS!
45. Hyperemesis gravidarium in 1st trimester is seen with increased frequency in all of the following except:
   a. H. Mole
   b. Twins
   c. Pre-eclampsia
   d. Primigravida

   Answer: C: H. mole and multifetal pregnancies++ risk of HEG because +++ BhCG
   Primigravidas are more prone to HEG

46. Most common indication for C/S:
   a. malpresentations
   b. antepartum hge
   c. prematurity
   d. previous c/s
   e. contracted pelvis

   Answer: D

47. Which of the following is responsible for inability to rotate anteriorly in the occipitoposterior position:
   a. Moderate size fetus
   b. Gynecoid pelvis
   c. Weak uterine contractions
   d. Good levatorani muscle contractions

   Answer: C

48. Ectopic pregnancy is differentiated from abortion by the fact that in ectopic pregnancy:
   a. Pain appears after vaginal bleeding
   b. There is slight amount of bleeding
   c. No enlargement of uterus
   d. Histological examination of products of expulsion shows villi

   Answer: D

49. Following a vaginal delivery, a woman develops a fever, lower abdominal pain and uterine tenderness. She is alert, and her blood pressure and urine output are good. Large gram positive rods suggestive of clostridia are seen in a smear of cervix. management should include all except:
   a. Immediate radiographic examination for gas in uterus
   b. High dose antibiotic therapy
   c. Hysterectomy
d. close observation for renal failure or hemolysis  
Answer: C: Clostridia are anaerobic gas producing organisms

50. Engaging diameter, in fully extended head: 
   a. Mento occipital  
   b. Submento bregmatic  
   c. Biparietal  
   d. Mentovertical  
Answer: B: Submento Bregmatic = 9.5 cm in fully extended = face presentation

51. A woman experiencing a molar pregnancy has an increased risk of which of the following in subsequent gestations? 
   a. Stillbirth 
   b. Prematurity 
   c. Congenital malformations 
   d. Recurrent molar gestation 
   e. Cancer later in life  
Answer: D: Recurrence rate is 1-2% in next gestations

52. A woman with a complete mole is most likely to present with which of the symptoms? 
   a. Vaginal Bleeding 
   b. Excessive uterine size 
   c. Hypermesis 
   d. Prominent theca lutein cysts 
   e. Pre-eclampsia  
Answer: A: Recurrent mild vaginal bleeding is the most common presenting symptom in the 1st trimester.

53. Fetal hyperinsulinemia leads to: 
   a. Fetal macrosomia causes difficult vaginal delivery  
   b. Inhibition of pulmonary surfactant causing Intrauterine asphyxia 
   c. Decrease serum K causing respiratory distress syndrome 
   d. Neonatal hypoglycemia with myocardial injury 
Answer: A: Fetal hyperglycemia>>hyperinsulinemia>>macrosomia due to :insulin++ lipogenesis and glycogenesis, ptn synthesis (anabolic hormone)

54. The following are etiological factors of atonic postpartum hge except: 
   a. prolonged labour  
   b. overdistension of uterus 
   c. full bladder
d. cervical lacerations  
e. accidental he  
Answer: D: Cervical lacerations are a cause of PPH, but not the atonic type

55. If the foetus is lying across the uterus, with the head in the flank  
   a. Transverse lie  
   b. Cephalic lie  
   c. Breech lie  
   d. Frank lie  
   e. Oblique lie  
   Answer: A

56. Refers to the part of the foetus that occupies the lower segment of the uterus or pelvic  
   a. The show  
   b. The version  
   c. The engagement  
   d. The lie  
   e. The presentation  
   Answer: E

57. Means the head is at the level of the ischial spines  
   a. Station +1  
   b. Station -1  
   c. Station -2  
   d. Station 0  
   e. Station +2  
   Answer: D

58. Engagement is said to occur when......  
   a. The fetal head is within the maternal pelvis  
   b. The biparietal diameter of the fetal head is through the plane of the inlet.  
   c. The presenting part is just above the level of ischial spines.  
   d. The vertex is in transverse position  
   Answer: B

59. The following hormone is not produced by the placenta...  
   a. HCG  
   b. HPL  
   c. Prolactin  
   d. Estriol
60. Which is the most common cause of abnormal lie?
   a. Polyhydramnios
   b. Twin pregnancy
   c. Uterine deformity
   d. Pelvic tumour
   e. Placenta praevia
   Answer: A

61. Which of the following statements regarding vaginal breech birth is FALSE?
   a. Increased risk if footling
   b. In about 30% there is slow cervical dilatation in the first stage
   c. CTG is advised
   d. Pushing is not encouraged until the buttocks are visible
   e. Epidural analgesia is mandatory
   Answer: E

62. Refers to a maneuver which attempts to turn a breech baby to a cephalic presentation
   a. VEC
   b. CEV
   c. ECR
   d. EVC
   e. ECV
   Answer: E

63. Refers to the part of the foetus that occupies the lower segment of the uterus or pelvis
   a. The show
   b. The version
   c. The engagement
   d. The lie
   e. The presentation
   Answer: E

64. Engagement is said to occur when
   a. The fetal head is within the maternal pelvis
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   c. The presenting part is just above the level of ischial spines.
   d. The vertex is in transverse position.
65. After what age gestation would abnormal lie warrant hospital admission
   a. 37
   b. 40
   c. 38
   d. 39
   e. 36
   Answer: A

66. The most common type of breech
   a. Starling breech
   b. Flexed breech
   c. Explicit breech
   d. Footling breech
   e. Extended breech
   Answer: E : Extended breech = Breech with extended legs

67. At which part of the pelvis are the transverse and anterior-posterior diameter most similar?
   a. Inlet
   b. Mid-cavity
   c. Outlet
   Answer: B

68. Breech presentations occurs in ___ of term pregnancies
   a. 1%
   b. 3%
   c. 8%
   d. 4-10%
   e. 5-6%
   Answer: B : Percentage significantly increases in the preterm ..may reach up to 25%

69. Flexion of the fetal head occurs when it meets resistance from :
   a. Pelvic floor
   b. Cervix
   c. Pelvic walls
   d. Any of the above
   e. None of the above
   Answer: A
70. A woman delivers a 9 lb baby with midline episiotomy & develops a 3rd degree tear. Inspection shows that the following structures are intact.
   a. Anal sphincter
   b. Perineal body
   c. Rectal mucosa
   d. Perineal muscles

Answer: C: In third degree tears all are injured except Rectal mucosa

9 lb. mean 9 pounds which is the method of calculating weight abroad

71. Leopold maneuvers refers to:
   a. delivery of head
   b. External version
   c. Internal version
   d. Breech extraction
   e. Examination of abdomen.

Answer: E: Leopold’s Maneuvers = Fundal Grip, Pelvic Grips (1st&2nd), Umbilical Grip, Pawlick’s Grip.

72. Following changes occur in urinary system during normal pregnancy:
   a. Increase in renal blood flow
   b. Increase in glomerular filtration rate
   c. Increase in capacity of kidney pelvis
   d. All of the above

Answer: D: The well-known dilation of the ureters and renal pelvis begins by the second month of pregnancy and is maximal by the middle of the second trimester,

73. Mechanism of labor in abortion stick (use of stick to induce abortion) is due to
   a. Necrosis of uterine endometrium and stimulation of uterine contraction
   b. Oxytocin present in the stick
   c. Prostaglandins present in the stick
   d. All of the above

Answer: A