

Umanand Prasad School of Medicine & Health Sciences

Department of Clinical Sciences

Semester 2 Year 2018 Supplementary Exam

FINAL COURSE EXAMINATION PAPER

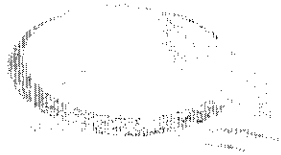
OBGYN 603

Important Instructions to Students:

1. Read the questions, instructions carefully and answer the questions.
2. You are allowed an **extra 10 minutes reading time** (during this time, you are not allowed to write with pen) and **180 minutes (3 Hours) to complete this paper**.
3. Silent, non-programmable calculators are allowed, but not supplied.
4. Write all your answers in the answer booklet provided. If you need extra sheets, please ask from the supervisor. Write your name, course code and student identification number in the answer booklet and in the attendance sheet.
5. **This Final Course Examination Paper is worth 100 marks contributes 40% of the total course assessments.** Students must **at least score 50%** in this final exam to pass the course.
6. This paper contains three (3) sections A, B and C. All questions are compulsory to answer.
7. Write all your answers legibly. The marker has the right to award zero for answers that are not legible.
8. This is a **Closed Book Examination**. The University **views plagiarism, cheating and dishonest practice as serious offences** and if found, offenders are penalized.

Examination Paper Content (Format):

<u>Section</u>	<u>Question</u>	<u>Content</u>	<u>Marks</u>	<u>Suggested Time</u>
A	1-50	Multiple Choice	50	60 minutes
B	1 - 6	Short Answer Questions	50	60 minutes
C	1 - 4	Long Answer Questions	100	60 minutes
		TOTAL	200	180 Minutes



The University of Fiji

Umanand Prasad School of Medicine & Health Sciences.

OBGY 603 – Final Examination

Year – 2018

Allowed time: 3 Hours

Total Marks: 200

Exam – 40%

Continuous Assessment – 60%

Instructions:

Please read carefully each question, it guides you to answer correctly.

Neatness and organization are important; they help to easily evaluate your answers.

Be clear and be brief.

Answer the question that is asked – you do not need to give reasons unless you are specifically asked.

Simple Calculator can be used for exam and No Goggle internet.

Student MUST PASS with 50%.

Section A Choose the best answer .Write your final answer in capital letters in the answer sheet
MCQs Total marks=50[1 Mark]

- 1) Which of the following is **not** an indication for antepartum fetal surveillance?
- A Maternal medical complications (e.g., diabetes, hypertensive disorders, renal disease,
 - B Prior unexplained fetal demise
 - C Multiple gestation
 - D Premature rupture of membranes
 - E Fetal macrosomia
- 2) All these factors can lead to non-reactive ctg:
Except:
- A Fetal hypoxia and asphyxia
 - B Smoking
 - C Stimulants
 - D Gestational age
 - E Behavioral states
- 3) All of the following can potentially cause polyhydramnios **except:**
- A Maternal diabetes
 - B Placental dysfunction
 - C Twin-twin transfusion
 - D Impairment of fetal swallowing
 - E Fetal gastrointestinal obstruction
- 4) Fetal Heart Rate variability can be decreased in all of the following situations **except:**
- A Excessive fetal movement
 - B Fetal asphyxia
 - C Narcotics
 - D Fetal behavioral states
 - E Fetal anomalies
- 5) Physiological changes in pregnancy include which of the following?
- A An increase blood volume by 100%
 - B A cardiac output increase by 40%
 - C Peripheral resistance increase by 50%
 - D Increase in HB
 - E Dyspnea is uncommon in pregnancy
- 6) A mildly elevated white blood cell count during pregnancy:
- A Is suggestive of an acute inflammatory process

- B Is due to an increase in lymphocytes
- C Is due to an increase in granulocytes
- D Indicates acute leukemia
- E None of the above

7) Antenatal visits according to gestation include which of the following: which is correct?

- A Anatomy scan is performed at 25 weeks
- B All women are recommended to have at least 4 antenatal visits [WHO]
- C Pelvic exam is performed to assess position of the uterus in the first trimester
- D All women are recommended to be reviewed at 25 weeks.
- E All of the above.

8) The statements below refer to booking visit investigations –which is true

- A An ultrasound should be offered between 11 and 14 weeks.
BHIV screening should be tested routinely
- C Ideal gestation for first booking is 16 weeks
- D Screening for infections in preterm is offered routinely
- E Polydose should be done in the very first visit irrespective of gestation.

9) Which of the following factors does **NOT** put a woman at risk of obstetric complication?

- A Both extremes of maternal age
- B One previous c/section
- C A history of fertility drugs or ART or history of subfertility
- D A family history of diabetes in a third degree family
- E C and A

10) The most common cause of postpartum hemorrhage is:

- A Uterine atony
- B Coagulopathy
- C Obstetric trauma
- D Retained placenta
- E Diabetes mellitus type 2

11) Indications for treatment of hypertension in a pregnant patient include the following except:

- A Gestational hypertension with persistent diastolic of 94 at 34 weeks gestation
- B Systolic blood pressure (BP) persistently above 160mmHg
- C Diastolic BP persistently above 110mmHg
- D Blood pressure persistently above 160/110mmHg
- E Eclampsia

- 12) Pre-eclampsia is unique to pregnancy :
- A. Liver pathology includes ischemia and infarction.
 - B. Risk factors include nulliparity, previous pre-eclampsia, obesity and twins.
 - C. Low dose aspirin is beneficial to those at risk from early pregnancy.
 - D. Magnesium sulfate is the drug of choice to control high BP.
 - E. It is a significant cause of perinatal mortality and morbidity.
- 13) The following statements in the management of PPH is true except:
- A. Primary PPH is excessive loss of blood of more than 500mls within 24 hours of birth
 - B. The commonest cause is uterine atony
 - C. Misoprostol can be given PR to control bleeding
 - D. Syntometrine can be given even if the blood pressure is 90 diastolic
 - E. Tranexamic acid can be given in PPH
- 14) Which of the following is false regarding, etiological factors in spontaneous preterm labour?
- A Delivery before 34 weeks occurs in 20% of twins.
 - B Infection is very common with preterm.
 - C Cervical surgery and recurrent terminations of pregnancy protect against PTL
 - D Pre-eclampsia is associated with preterm delivery.
 - E PTL is more common with fetal compromised.
- 15) Criteria for the diagnosis of HELLP syndrome include all except :
- A Increased lactate dehydrogenase (LDH) levels, often ≥ 600 IU/ml
 - B Low platelet count $\leq 100\,000/\mu\text{L}$
 - C Blood pressure is always elevated
 - D Abnormal peripheral blood smear
 - E Proteinuria but may be absent
- 16) Which statement regarding Hyperemesis Gravidarum is incorrect:
- A Can cause a neuropathy of VIT B1
 - B Electrolyte imbalance and ketosis is not a feature.
 - C Is a very uncommon condition in pregnancy
 - D Can be managed with anti-emetic such as maxolon
 - E May be a sign of Hydatidiform mole
- 17) Complications of Twin to twin transfusion include all except:
- A oligohydramnios in the donor twin.
 - B Hypovolemia and polyhydramnios in the recipient twin.
 - C Growth restricted in the donor twin.
 - D polycythemia in the recipient twin.
 - E congestive heart failure in the recipient twin.

- 18) This statements are true regarding preterm labour except?
- A Strategies for prevention of preterm birth in those at risk begin at 23 weeks.
 - B Cervical sutures should be inserted between 12-14 weeks.
 - C In twin pregnancy cervical suture is risky.
 - D Bacterial vaginosis should be treated with metronidazole in early pregnancy.
 - E Cervical length on trans-vaginal scan is sensitive is predicting delivery before 28 weeks.
- 19) Which of the following regarding magnesium sulfate is false:
- A It is the drug of choice for seizure prophylaxis in severe preeclampsia and eclampsia
 - B Is a known Tocolytic
 - C May cause pulmonary edema
 - D Causes exaggerated deep tendon reflexes
 - E May lead to ECG changes
- 20) The following are correct statements regarding Metformin except
- A Is strongly contraindicated in the treatment of diabetes in pregnancy
 - B It can be used in the treatment of PCOS
 - C The common side-effects are gastrointestinal upset.
 - D It facilitates insulin response through weight reduction
 - E It is excreted through the kidneys.
- 21) Which of the following is true with regards to uterine rupture :
- A The principle risk factor for uterine rupture is the use of oxytocin in multiparous.
 - B Rupture of LSCS has a lower perinatal and maternal mortality compared to classical c/s.
 - C Rupture of LSCS scar mostly happens during labour.
 - D Fresh bleeding and absent fetal heart are common signs of uterine rupture.
 - E All of the above.
- 22) Submucous Fibroids are commonly associated with which of the following:
- A Constant lower abdominal pain
 - B Menorrhagia
 - C Vomiting
 - D Secondary dysmenorrhea
 - E None of the above
- 23) When consenting a woman for total abdominal hysterectomy, which of the following complications should be included on the consent form:
- A Infection
 - B Hemorrhage
 - C Damage to bladder and ureters
 - D Death
 - E All of the above.

- 24) An i taukei female with a BMI of 40 is admitted for TAH & BSO, which of these prophylactic procedures are important:
- A Ampicillin 1g IV pre-op
 - B TED stockings
 - C Heparin subcutaneously BD
 - D Bowel preparation
 - E All of the above
- 25) Which of the following is true for benign ovarian cysts?
- A May undergo degeneration
 - B Never contain altered blood
 - C Never secretes hormones
 - D May rupture causing acute abdominal pain
 - E Rarely undergoes torsion.
- 26) A 24 year old female presents with unilateral abdominal pain and vomiting with findings of rebound tenderness and guarding. Her period is normal and she is afebrile. What is the likely diagnosis?
- A PID
 - B Bleeding into corpus luteal cyst
 - C Ruptured corpus luteal cyst
 - D Torsion of ovarian cyst
 - E Endometriosis
- 27) A 49 year old woman presents with post-coital bleeding: Which of the following is incorrect?
- A She could have an ulcerated lesion on the cervix.
 - B A large ectopy may be present.
 - C She may be suffering from Syphilitic ulcer.
 - D She could have vaginosis.
 - E Cervical Polyp
- 28) A 48yr old patient with cervical growth is booked for EUA and staging in theatre. Which of the following is least helpful in making a diagnosis?
- A Blood test for urea and electrolytes
 - B Chest x-ray
 - C CT scan of abdomen and pelvis
 - D Serum BHCG
 - E Renal scan
- 29) A 60 year old Indo-Fijian lady presents with Grade 3 uterine Prolapse. Which is the most appropriate management?
- A Pelvic Floor Exercises

- B Hormonal replacement therapy
- C Total abdominal hysterectomy
- D A trial of vaginal ring pessary
- E A Trial of Hormonal replacement cream

30) The best time to take Pap Smear is:

- A Five days after menstruation
- B 11 days after menstruation
- C Two days before menstruation
- D Can be done anytime
- E Immediately after menstrual period

31) As a Medical Officer (MO) you received a Pap smear result that is classified as High Grade Intraepithelial lesion (CIN2). The correct action would be:

- A Repeat a Pap smear in a month
- B Give a course of Doxycycline for a week and repeat Pap smear
- C Book for Colposcopy and Biopsy
- D Examine and douche with vinegar and reassure.
- E Book for hysterectomy

32) The mean time for onset of copious milk production is best described:

- A The day after delivery
- B 3 days after delivery
- C 5 days after delivery
- D 7 days after delivery
- E one month after delivery

33) During the puerperium which of the following should prompt the Registrar to consider the possibility of retained placenta:

- A Persistent heavy bleeding
- B A continued open cervical os
- C Persistence absence of copious milk production
- D Puerperal fever
- E All of the above

34) After parturition , 80 % non -lactating mothers experience ovulation at :

- A 45 days
- B 60 days
- C 90 days
- D 120 days
- E 100 days

35) Cervical incompetence:

- A Is characterized by painful dilatation in the second trimester.
- B May be caused by laser treatment.
- C Repeated D&Cs is a contributing factor.
- D May be treated in early pregnancy with a cervical suture.
- E All of above

36) Regarding Ectopic pregnancy which statement is correct:

- A The incidence has increased in the last decade
- B Most pregnancies occur in the Fimbrial end
- C The ideal method of treatment is methotrexate.
- D High estrogen in IVF treatment contributes to ectopic pregnancy.
- E Serum BHCG 350 ug/ml is diagnostic of ectopic.

37) With regards to Abnormal uterine bleed, which statement is incorrect:

- A PCOS is responsible for 20% of anovulatory amenorrhea
- B AUB occurs more commonly in anovulatory cycles
- C A cause is found in 60% of the cases
- D Cyclical Tranexamic acid is effective in the management of AUB
- E Cyclical Provera is effective in the management of AUB

38) Endometriosis and treatment options

- A Symptom recurrence following medical treatment is unusual
- B Elevated Ca 125 is associated with laparoscopic treatment
- C The combined pill is an ineffective way of managing endometriosis
- D laparoscopic ablation works best in mild-moderate cases.
- E Medical management is effective in eradicating endometriosis.

39) Choose the correct statement regarding ovarian tumors:

- A The commonest type of ovarian tumors is germ cell.
- B The commonest type of malignant ovarian tumor is epithelial tumors.
- C Cyst must be removed if it is 5 cm or more.
- D Corpus luteal cyst of 7cm must be removed in pregnancy.
- E B and C

40) Regarding tocolytic therapy, which does not apply:

- A Indomethacin is a recognized tocolytic agent.
- B Oral tocolytic has proven to be effective in preterm labor.
- C Nifedipine does not decrease BP drastically in normotensive patients.
- D Is indicated in Chorioamnionitis at 34 weeks gestation.
- E Includes the use of Salbutamol

- 41) Regarding infections of the vulva and vagina, which of the following statements are true?
- A Vaginal lactobacillus is pathological.
 - B Candida is the most common cause of vaginal infection, found in 20% of women often without symptoms.
 - C Overgrowth of lactobacilli by mixed flora leads to bacterial vaginosis.
 - D Infection in children is often associated with a foreign body.
 - E B,C and D are correct
- 42) Which of the following is true regarding Polycystic Ovarian Syndrome?
- A Hyperandrogenism is caused by PCOS alone
 - B PCOS can lead to insulin resistance
 - C Diagnostic criteria of PCOS can include Oligomenorrhoea and polycystic ovaries
 - D Diagnostic Criteria can include polycystic ovaries on scan alone
 - E B and C
- 43) Regarding benign conditions of the uterus, identify which statement is true:
- A Adenomyosis, also known as endometriosis interna, is the presence of myometrium in the endometrium.
 - B Amenorrhoea is a common symptom.
 - C Endometritis may occur secondary to STI, complication of surgery, including C/section and intrauterine surgery, or related foreign tissue i.e.IUD, RPOC
 - D Intrauterine polyps are common in women aged 30-40 when oestrogen levels are low.
 - E B and C
- 44) Causes /Risk factors for prolapse: **which is false**
- A Nulliparity
 - B Progesterone deficiency is a risk
 - C Raised BMI
 - D Chronic cough
 - E A and B
- 45) Treatment options for Utero-Vaginal prolapse: **Which is false**
- A Do nothing
 - B Physiotherapy
 - C Topical Steroids
 - D Ring or shelf pessary
 - E A and C
- 46) Physiology of the menstrual cycle. Identify which of the statements are correct
- A Ovulation follows 36 hours after the LH surge,
 - B The oocyte is fertilized in the fallopian tube.

- C The blastocyst invades the myometrium and its outer layer.
 - D The trophoblast produces HCG almost immediately.
 - E A and B
- 47) Which statement is incorrect regarding complications of breech delivery?
- A Cord accidents can occur.
 - B Birth asphyxia.
 - C Entrapped head.
 - D less chance of C/Section.
 - E Breech is associated with congenital anomaly.
- 48) The aim of fetal surveillance is to avoid fetal deaths. **Incorrect method is:**
- A Clinical assessment of abdominal height and girth.
 - B Fetal movements.
 - C Umbilical arterial Doppler assessment on high risk pregnancies.
 - D Biophysical Profile on Low Risk babies at 20 weeks.
 - E Use of cardiotocography (CTG)
- 49) Which **statement is FALSE** regarding Fetal Growth:
- A Babies who are small for gestational age are at increased risk of stillbirth.
 - B IUGR can only be present if the fetus is small for dates.
 - C Impaired fetal growth is a major cause of stillbirth.
 - D By definition, 10% of babies are below the 10th centile and 3% below the 3rd for a particular gestation.
 - E A and B
- 50) The main blood supply to the perineal muscles? **Which is correct?**
- A Internal iliac artery.
 - B External iliac artery.
 - C Pudendal artery.
 - D Dorsal artery.
 - E Uterine Artery

SECTION B-SHORT ANSWERS- [50 Marks]

1. Write down 5 indications for performing an episiotomy. [5]
2. Describe how you will perform an episiotomy. [5]
3. Define CIN and explain what these classifications mean (5)
 - CIN1.
 - CIN 2.
 - CIN 3.

[b] List management options for; [5]

 - CIN 1
 - CIN 2
 - CIN 3
4. Write down:
 - 4 Risk factors for Gestational Diabetes [2]
 - 5 Neonatal complications of diabetic babies [5]
 - 3 Congenital anomalies of Diabetic babies. [3]
5. Describe
 - a) The pathogenesis of pre-eclampsia. [5]
 - b) Explain the Renal pathology and how it affects urine output, UA, creatinine etc.(5)
6.
 - a) What is the 4 classification of placenta Previa [4]
 - b) Define Antepartum Hemorrhage. [3]
 - c) List three risk factors for placenta Previa. [3]

SECTION C - CASE BASED QUESTIONS. WORTH 25 MARKS EACH.

1. A Para 6G 6 has just delivered:

1. Outline your management of the third stage of labour? **[10]**
2. What precautions will you ensure that she does not have PPH? **[5]**
3. What are the four classifications of vaginal tears/lacerations? **[5]**
4. The patient starts to bleed briskly, list what you will do? **[5]**

2. Abnormal uterine bleeding:

1. Draw the HPO Axis of the various hormonal graphs-LH &FSH, Ovarian and menstrual Phase. Label diagrams clearly. **[10 marks]**

2. A 38 year old lady presents to clinic with three month history of regular heavy menstrual bleeding, which has not responded to microgynon. Outline your plan of management for this lady. **[10marks]**

3. Draw the AUB management as a guide to clinical decision in the clinic or on the ward. **[5 Marks]**

3. You are the Intern on call in labor ward and the midwife has just called you to attend to an unbooked 40 years old i Taukei, G8P7, admitted to labor ward and is fitting. She is 34 weeks pregnant.

1. Outline your plan of approach to this case. **[10 marks]**
2. The registrar wants you to collect some blood for investigations. List each test and explain each indication. **[10 marks]**
3. What is the appropriate management? **[5 marks]**

4. Mr. and Mrs. Boomer have been married for 8 years and are desperate to have a child. Mr. Boomer is a taxi driver, in his 40s, has a BMI of 40 and does little activity. Mrs. Boomer is 40, slim and works as a tailor.

1. Detail your management approach of the case,

- a) History of both partners **[10]**
- b) Examination **[5]**
- c) Investigations **[5]**

2. On return for the second consultation, the result shows that Mr. Boomer's semen result is abnormal.

- a. His sperm count was less than 10 million per ml. What is a normal semen analysis. list values. **[3]**
- b. What is the next step? **[2]**

References

1. Lawrence Impey & Tim Child, Obs.Gyne. MCQs and EMCs.2017
2. E.Reece,Hobbins, Norman Grant, Clinical Obstetrics, 2007



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Department of Clinical Sciences

Semester 2 Year 2018

OBYN 503 Answer Sheet

Student Name: _____

Student ID: _____

(Circle the correct answer. Only one choice is valid for each question.)

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D
21	A	B	C	D
22	A	B	C	D
23	A	B	C	D
24	A	B	C	D
25	A	B	C	D
26	A	B	C	D
27	A	B	C	D
28	A	B	C	D

29	A	B	C	D
30	A	B	C	D
31	A	B	C	D
32	A	B	C	D
33	A	B	C	D
34	A	B	C	D
35	A	B	C	D
36	A	B	C	D
37	A	B	C	D
38	A	B	C	D
39	A	B	C	D
40	A	B	C	D
41	A	B	C	D
42	A	B	C	D
43	A	B	C	D
44	A	B	C	D
45	A	B	C	D
46	A	B	C	D
47	A	B	C	D
48	A	B	C	D
49	A	B	C	D
50	A	B	C	D