Paper Gynaecology supplementary final year 2012

Choose one best type MCQs

Q 1. A 28-year old G2P1 presents in antenatal clinic with vulval itching and thick curdy white vaginal discharge. The most appropriate treatment would be
   a. Clindamycin vaginal cream
   b. Clotrimazole pessary
   c. Metronidazole pessary
   d. Oral metronidazole
   e. Oral Clindamycin

Correct option: b

Q 2. The role of metformin in the management of polycystic ovarian syndrome is:
   a. Increases insulin resistance
   b. Stimulates insulin release by pancreas
   c. Reduces insulin resistance
   d. Increases glucose storage by liver
   e. Reduces glucose utilization at cellular level

Correct option: c

Q 3. A 52 year-old lady presented with amenorrhoea of 15 months and hot flushes. The most useful investigation to confirm the clinical condition is
   a. Progesterone level
   b. Estradiol level
   c. FSH level
   d. LH level
   e. Inhibin level

Correct option: c

Q 4. A 28 year-old lady presented with primary infertility of 3 years. On examination uterus is normal size, mobile with clear fornices. The most appropriate tubal patency test is
   a. Fallosoopy
   b. Hysterosalpingography
   c. Laparoscopy
   d. Salpingoscopy
   e. Saline hysterosonography

Correct option: b

Q 5. A 55-year old lady has presented with postmenopausal bleeding. Her endometrial thickness on ultrasound will be considered abnormal if more than
   a. 3 mm
b. 4mm
c. 5mm
d. 6mm
e. 7mm

Correct option: c

True false type MCQs

Q.1. Ovulation occurs 36 hours after LH surge. True

Q.2. The most likely cause of secondary amenorrhoea in a lady with history of E&C 7 months ago is Asherman’s syndrome. True

Q.3. Hyperthyroidism may be a cause of hyperprolactinemia. False

Q.4. The most likely cause of raised FSH in a 47-year old lady is polycystic ovaries. False

Q.5. A lady menstruating for 15 days after interval of 15 days has menstrual pattern called polymenorrhagia. False

Q.6. Polycystic ovarian disease may cause dysmenorrhea. False

Q.7. Most common site of endometriosis is ovary. True.

Q.8. Laparoscopy is the gold standard investigation to diagnose endometriosis. True

Q.9. In a 43-year old lady with severe pelvic pain due to endometriosis not responding to medical treatment the recommended surgery is total abdominal hysterectomy with conservation of tubes and ovaries. False

Q.10. For confirmation of ovulation serum progesterone is checked at day 21 of menstrual cycle. True

Q.11. In semen analysis if sperm motility is reduced it is called azospermia. False

Q.12. Hot flushes is the long term effect of menopause. False

Q.13. Endometrial hyperplasia is one of the complications of hormone replacement therapy. True
Q 14. A lady presented 12 weeks of gestation with irregular p/v bleeding. On ultrasound there is snowstorm appearance. The most likely diagnosis is missed miscarriage. False

Q 15. The most appropriate management option for a lady with threatened miscarriage at 11 weeks is dilatation and curettage. False

Q 16. Cervical cerclage is applied at 14 weeks gestation. True

Q 17. Pelvic inflammatory disease is a risk factor for ectopic pregnancy. True
Q 18. Medical management of ectopic pregnancy should not be opted if fetal cardiac activity is present. True
Q 19. Beta HCG is the tumor marker for gestational trophoblastic disease. True

Q 20. In utero-vaginal prolapse the ulcers at cervix are due to cervical ectopy. False

Q 21. The most appropriate management option for a 70-year old lady with 2nd degree utero-vaginal prolapse unfit for surgery is ring pessary. True

Q 22. The most probable diagnosis of a lady presenting with involuntary loss of urine on coughing is vesico-vaginal fistula. False

Q 23. Transformation zone is same as squamo-columnar junction. False

Q 24. A patient having mild dyskaryosis must undergo colposcopy immediately. False

Q 25. Human papilloma virus 16 and 18 are notorious to cause cervical cancer. True

Q 26. Pelvic inflammatory disease is inflammation of cervix, vagina and uterus. False

Q 27. The treatment of a simple cyst of 4 cm size in a 20-year old girl is cystectomy. False

Q 28. The treatment of choice for a 35- year old lady with an incidental finding of subserosal fibroid of 5 cm is conservative management. True

Q 29. Diabetes mellitus is a risk factor for endometrial carcinoma. True

Q 30. During laparotomy ovarian tumor limited to one ovary with intact capsule and ascites is found. The stage of ovarian cancer is 1c. True

Q 31. Most common type of endometrial cancer is adenosquamous carcinoma. False

Q 32. A patient has a 2x3cm cervical carcinoma with vagina and parametrium not involved. FIGO stage is 1b1. True

Q 33. The most appropriate management option for cervical cancer stage 1A2 is hysterectomy. True
Q 34. Combined oral contraceptive pill protects against cervical cancer. False

Q 35. The most suitable contraceptive option in a 28-year old breast feeding lady requiring long term contraception with minimum side effects is copper T. True.

Q 36. Cerebrovascular accident is an absolute contraindication to combined oral contraceptive use. True

Q 37. A 40-year old lady case of uncontrolled hypertension presented with heavy menstrual bleeding not responding to tranexamic acid. The most suitable management option for this lady is COC pill. False

Q 38. Hypothyroidism is a cause of heavy menstrual bleeding. True

Q 39. A 45-year old lady presenting with irregular p/v bleeding and endometrial thickness of 18 mm on ultrasound must have endometrial sampling. True

Q 40. The definitive treatment for adenomyosis is dilatation and curettage. False