

**ALL
OB-GYN
MCQs**

Second rearranged Edition

2011

By:

Hala Thamer Alrugaib

428

السلام عليكم ورحمة الله وبركاته

هذه المذكرة عبارة عن إعادة ترتيب لمذكرة

All OB-GYN MCQs 426

على حسب المحاضرات حتى يسهل دراستها والرجوع لها..

الشكر الجزيل للعاملين على مذكرة 426

عمود عيسوي

بنائر البلوشي منيرة المهديب نورة الشهري

العنود الجبروع عروبة الفلح نورة السبت

نورا الرميان نواف الرميهي دانيا الدهان

و

غدير رضوان مها اليوسف البندري الحمزة

428

بالتوفيق جميعاً وأعلى الدرجات إن شاء الله ..

النسخة الإلكترونية على

<http://www.ksums.net/files/4th/OB-GYN/MCQs/>

أو

<http://www.ksums.net/files/Archive/4th/OB-GYN/MCQs/>

أختكم ..

هالا الرقيب

Hala.alrugaib@hotmail.com

Part I: Basics In OB-GYN:

1. History and Examination in OB-GYN:	5
2. Anatomy of the female genital tract, bony pelvis and fetal skull:	6
3. Labor and Fetal Surveillance and Mechanism of Labor:	9
4. Embryology of Female genital tract, Malformations, intersexuality and Puberty:....	18
5. Physiology of Menstrual Cycle:.....	24
6. Physiological Changes During pregnancy:	29
7. Reproductive Biology:.....	37
8. Antenatal Care:.....	38
9. Fetal assessment:	44
10. The Neonates:.....	46

Part II: Obstetric & Postpartum Complications:

11. Multiple Pregnancy:.....	47
12. Bleeding in early pregnancy:	
<i>Abortions:</i>	52
<i>Ectopic pregnancies:</i>	59
13. Antepartum Hemorrhage:	64
14. Rh isoimmunization and ABO incompatibility:.....	71
15. Postpartum Hemorrhage and Coagulation disorder:.....	74
16. Instrumental deliveries, C-section and Vaginal Birth After C-section (VBAC):.....	77
17. Premature Labor and PROM:	83
18. Prenatal Infections:	89
19. IUGR and IUFD:	92
20. Post-term and IOL:.....	95
21. Abnormal Presentation and Breech:	98
22. Puerperium and Puerperal Sepsis:	103

Part III: Medical Complications in Pregnancy:

23. Hypertensive Disorders in Pregnancies:.....	107
24. Diabetes in Pregnancy:	116
25. Anemia and Thyroid Diseases in Pregnancy:.....	122
26. Cardiovascular Diseases:	123
27. Urinary Tract Diseases in pregnancies:	125
28. General Questions:.....	126

Part IV: Gynecology:

29. Contraception:.....	129
30. Infections of the lower genital Tract:	136
31. Pelvic Inflammatory Disease (PID):.....	139
32. Infertility and Hirsutism:.....	142
33. Amenorrhea:.....	149
34. Incontinence & Genital Prolapse:.....	154
35. Menopause:.....	158
36. Abnormal Uterine Bleeding:.....	161
37. Dysmemorrhea & PMS & Endometriosis:	165

Part V: Oncology:

38. General Oncology:	169
39. Uterine Fibroids (Leiomyomas):	170
40. Benign and Malignant Ovarian cancer:	174
41. Uterine carcinoma:	178
42. Cervical cancer:.....	180
43. Gestational Trophoblastic Diseases (GTD):	182
 424 Exams:	 184
 425 Exams:	
<i>Mid-Cycle:</i>	203
<i>Final:</i>	206
 426 Exams:	
<i>Mid-Cycle:</i>	214
<i>Mid-Cycle:</i>	229
<i>Final:</i>	246
 427 Exams:	
<i>Mid-Cycle:</i>	256
<i>Final:</i>	268
 428 Exams:	
<i>Mid-Cycle:</i>	276
<i>Final:</i>	290

History and Examination in OB-GYN:

1. **The Expected date of delivery of a human pregnancy can be calculated:**
 - A. From a change in the patient's weight.
 - B. As 10 lunar months after the time of ovulation.
 - C. As 40 weeks after last menstrual period.
 - D. As 280 days from the last full moon.
 - E. As 36 weeks after the last menstrual period.

2. **The last menstrual period was June 30. the expected date of delivery (EDD) is approximately:**
 - A. March 23.
 - B. April 7.
 - C. March 28.
 - D. April 23.
 - E. March 7.

Anatomy of the female genital tract, bony pelvis and fetal skull:

1. Uterine Cervix:

- A. Is the portion of the uterus below the isthmus
- B. External OS cell lining is columnar epithelium
- C. Laterally is attached to the round ligament
- D. The cervical canal is covered with stratified squamous epithelium
- E. Can be dilated with dilators without the need of anesthesia

2. The main support of the uterus is provided by

- A. The round ligament
- B. The cardinal ligament
- C. The infandilo-pelvic ligament
- D. The integrity of the pelvis
- E. The broad ligament

3. The most important muscle in the pelvic floor is:

- A. Bulbo cavernosus.
- B. Ischio-cavernosus.
- C. Levator ani.
- D. Superficial transverse Perineal muscle.
- E. Deep transverse Perineal muscle.

4. The pelvis includes which of the following bones:

- A. Trochanter, hip socket, ischium, sacrum & pubis.
- B. Ilium, ischium, pubis, sacrum & coccyx.
- C. Ilium, ischium & pubis.
- D. Sacrum, Ischium, ilium & pubis.
- E. Trochanter, sacrum, coccyx, ilium & pubis.

5. The joint between the two pubic bones is called the:

- A. Sacroiliac joint.
- B. Pubis symphysis.
- C. Sacrococcygeal joint.
- D. Piriformis.
- E. Intervertebral joint

6. The greatest diameter of the fetal head is:

- A. Occipitofrontal.
- B. Occipitomenal.
- C. Suboccipit bregmatic.

- D. Bitemporal.
- E. Biparietal.

7. Molding of the fetal head:

- A. Usually cause brain damage.
- B. Becomes progressively easier as gestational age increase.
- C. Increase the difficulty of delivery.
- D. Does NOT have time to occur in breech delivery.
- E. Does not happen when maternal pelvis is adequate.

8. The main blood supply of the vulva is:

- A. Inferior hemorrhoidal artery.
- B. Pudendal artery.
- C. Ilioinguinal artery.
- D. Femoral artery.
- E. Inferior Hypogastric artery.

9. The following are typical in the female bony pelvis EXCEPT:

- A. Has a transverse diameter of the inlet greater than the antero-posterior diameter.
- B. Has an obstetric conjugate of 11-12 cm.
- C. Is funnel shaped.
- D. Has an obtuse greater sciatic notch.
- E. Has a pubic angle greater than 90 degrees.

10. Regarding fetal head, Choose the CORRECT answer:

- A. Can be delivered vaginally in persistent occipito-mental Presentation.
- B. Will show Spalding's sign within 12 hours of Intrauterine death.
- C. Can be delivered vaginally in persistent brow presentation.
- D. Is likely to be a vertex presentation when the head is deflexed.
- E. Considered to be engaged when the Biparietal diameter passes the level of the pelvic inlet.

11. The ovarian artery is a branch of:

- A. Common iliac artery.
- B. Internal iliac artery.
- C. Aorta.
- D. Hypogastric artery.
- E. Sacral artery.

12. The normal lining of the fallopian tube is:

- A. Squamous epithelium.
- B. Transitional epithelium.
- C. Cuboidal epithelium.

- D. Columnar epithelium with cilia.
- E. Fibrous connective tissue.

13. The cilia of the fallopian tube has the following function:

- A. Remove the zona pellucida which surrounds the ovum.
- B. Transport the ovum towards the uterus.
- C. Enhance the rapid division of the zygote.
- D. Transport the ovum towards the peritoneal cavity.
- E. Has a bactericidal function to prevent peritoneal function

Labor and Fetal Surveillance and Mechanism of Labor:

1. **Hyperextension of the fetal head is found in:**
 - A. Vertex presentation
 - B. Face presentation
 - C. Shoulder presentation
 - D. Breach presentation
 - E. Hydrocephalic baby

2. **Stages of labor**
 - A. The first stage commences at the time of membrane rupture
 - B. The cervix dilates at consistent rate of 3 cm per hour in the first stage
 - C. The third stage end with the delivery of the placenta and membranes
 - D. Forceps or ventose may be useful in slow progress of the late 1st stage
 - E. Syntometrine is a combination of oxytocin and Ergometrine which is used in the treatment of secondary postpartum haemorrhage (PPH)

3. **All the following characteristics are applied to a pelvis favorable to vaginal delivery EXCEPT:**
 - A. Sacral promontory can not be felt.
 - B. Obstetric conjugate is less than 10 cm.
 - C. Ischial spines are not prominent.
 - D. Subpubic arch accepts 2 fingers.
 - E. Intertuberous diameter accepts 4 knuckles on pelvic exam.

4. **In the fetus:**
 - A. The coronal suture lies between the two parietal bones.
 - B. The umbilical artery normally contains one artery and two veins.
 - C. Fetal lie describes the long axis of the fetus to the long axis of the mother.
 - D. Entanglement of the umbilical cord is common in diamniotic twins.
 - E. The anterior Fontanelle is usually closed by the time of labor.

5. **Which of the following terms best describes the pelvic type of small posterior saggital diameter, convergent sidewalls, prominent ischial spines, and narrow pubic arch?**
 - A. Android.
 - B. Gynecoid.
 - C. Anthropoid.
 - D. Platypelloid.
 - E. Mixed.

- 6. The second stage of labor involves:**
- A. Separation of the placenta.
 - B. Effacement of the cervix.
 - C. Expulsion of the placenta.
 - D. Dilation of the cervix.
 - E. Expulsion of the fetus.
- 7. Which is true?**
- A. Position – cephalic.
 - B. Station – level of ischial spines.
 - C. Presentation – flexion.
- 8. A pelvic inlet is felt to be contracted if :**
- A. The antero-posterior diameter is only 12 cm.
 - B. The transverse diameter is only 10 cm .
 - C. Platypelloid pelvis.
 - D. The mother is short.
 - E. The patient had a previous C-section.
- 9. During clinical pelvimerty, which of the following is routinely measured:**
- A. Bi-ischeal diameter.
 - B. Transverse diameter of the inlet.
 - C. Shape of the pubic arch.
 - D. Flare of the iliac crest.
 - E. Elasticity of the levator muscles.
- 10. At term, the ligaments of the pelvis change. This can result in:**
- A. Increasing rigidity of the pelvis.
 - B. Degeneration of pelvic ground substance.
 - C. Decreasing width of the symphysis.
 - D. Enlargement of the pelvic cavity.
 - E. Posterior rotation of the levator muscles.
- 11. During clinical pelvimetry, which of the following is routinely measured:**
- A. True conjugate.
 - B. Transverse diameter of the inlet.
 - C. Shape of the pubic arch.
 - D. Flare of the iliac crest.
 - E. Elasticity of the levator muscles.

- 12. During the delivery, the fetal head follow the pelvic axis. The axis is best described as:**
- A. A straight line.
 - B. A curved line, 1ST directed anteriorly then caudal.
 - C. A curved line, 1ST directed posteriorly then caudal.
 - D. A curved line, 1ST directed posteriorly then cephalic.
 - E. None of the above.
- 13. A head of level (one fifth) indicates:**
- A. Indicates that one fifth of the head is below the pelvic brim.
 - B. Indicates that the head is engaged.
 - C. Indicated that forceps may not be used.
 - D. Indicates that head is at the level of the ischial spines.
 - E. Always occur in a term brow presentation.
- 14. In a vertex presentation, the position is determined by the relationship of what fetal part to the Mother's pelvis:**
- A. Mentum.
 - B. Sacrum.
 - C. Acromian.
 - D. Occiput.
 - E. Sinciput.
- 15. Signs of Placental separation after delivery include:**
- A. Bleeding.
 - B. Changes of uterine shape from discoid to globular.
 - C. Lengthening of the umbilical cord.
 - D. Presentation of the placenta at the cervical os.
 - E. All of the above.
- 16. The persistence of which of the following is usually incompatible with spontaneous delivery at term:**
- A. Occiput left posterior
 - B. Mentum posterior.
 - C. Mentum anterior.
 - D. Occiput anterior.
 - E. Sacrum posterior.
- 17. An unstable lie is related to all of the following EXCEPT:**
- A. Prematurity.
 - B. Grand multiparty.
 - C. Placenta previa.
 - D. Fundal fibroid.
 - E. Cervical fibroid.

18. The relation of the fetal parts to one another determines:

- A. Presentation of the fetus.
- B. Lie of the fetus.
- C. Attitude of the fetus.
- D. Position of the fetus.
- E. None of the above.

19. The relationship of the long axis of the fetus to the long axis of the mother is called:

- A. Lie.
- B. Presentation.
- C. Position.
- D. Attitude.
- E. None of the above.

20. Engagement is strictly defined as:

- A. When the presenting part goes through the pelvic inlet.
- B. When the presenting part is level with the ischial spines.
- C. When the greatest Biparietal diameter of the fetal head passes the pelvic inlet.
- D. When the greatest Biparietal diameter of the fetal head is at the level of ischial spines.
- E. None of the above.

21. The fetal head may undergo changes in shape during normal delivery. The most common etiology listed is:

- A. Cephalohematoma.
- B. Molding.
- C. Subdural hematoma.
- D. Hydrocephalus.
- E. None of the above.

22. If the large fontanel is the presenting part, what is the presentation?

- A. Vertex.
- B. Sinciput.
- C. Breech.
- D. Face.
- E. Brow.

23. Methods of determining fetal presentation & position include:

- A. Cullen's sign.
- B. Leopold's maneuver.
- C. Mauriceau-Smelli-Veit maneuver.
- D. Careful history taking.

E. All of the above.

24. A transverse lie of the fetus is least likely in the presence of:

- A. Placenta previa.
- B. Pelvic contraction.
- C. Preterm fetus.
- D. Grand multiparity.
- E. Normal term fetus.

25. What is the station where the presenting part is at the level of the ischialspines

- A. -2 .
- B. -1 .
- C. 0.
- D. +1 .
- E. +2 .

26. A primipara is in labor and an episiotomy to be cut. Compared with a mid line episiotomy, an advantage of medio-lateral episiotomy is:

- A. Ease of repair
- B. Fewer break downs
- C. Lower blood loss
- D. Less dyspareunia
- E. Less extension of the incision

27. A patient sustained a laceration of the perineum during delivery, it involved the muscles of Perineal body but not the anal sphincter. Such a laceration would be classified as :

- A. First degree
- B. Second degree
- C. Third degree
- D. Forth degree
- E. Fifth degree

28. An unstable lie is associated with all the following EXCEPT :

- A. Prematurity
- B. Grand multiparity
- C. Placenta previa
- D. Fundal fibroid
- E. Cervical fibroid

29. A primipara is in labor & and an episiotomy is about to be cut. Compared with a midline episiotomy, an advantage of mediolateral episiotomy.

- A. Ease of repair,
- B. Fewer break downs.

- C. Lower blood loss.
- D. Less Dyspareunia.
- E. Less extension of the incision.

30. Which of the following statements about episiotomy is FALSE:

- A. Median (midline) episiotomy is generally considered to be less painful than the mediolateral episiotomy.
- B. Mediolateral or lateral episiotomy may be associated with more blood loss than median one.
- C. Indications for episiotomy include avoiding an imminent Perineal tear, the use of forceps, breech delivery, & the delivery of premature infants.
- D. The earlier the episiotomy is done during delivery, generally the more beneficial it will be in speeding delivery.
- E. Episiotomy incisions are repaired anatomically in layers.

31. Regarding Episiotomy:

- A. Commonly done in Left medio lateral side.
- B. External anal sphincter is included in episiotomy.
- C. It is done after the head crown appears (crowning).

32. The first stage of labor :

- A. Separation of the placenta.
- B. Effacement of the cervix.
- C. Expulsion of the placenta.
- D. Ends with fully Dilation of the cervix.
- E. Expulsion of the fetus.

33. The heart rate of a normal fetus at term:

- A. 80-100 bpm.
- B. 100-120 bpm.
- C. 120-160 bpm.
- D. 160-180 bpm.
- E. There is no baseline heart rate.

34. Repetitive late decelerations most commonly indicate:

- A. Fetal acidemia.
- B. Fetal hypoxia.
- C. Fetal sleep state.
- D. Fetal efforts of maternal sedation.
- E. Rapid cervical dilation

35. Electronic fetal monitoring:

- A. Has high specificity but low sensitivity.
- B. Has low specificity but high sensitivity.

- C. Has low specificity & sensitivity.
- D. Has high specificity & sensitivity.
- E. Has moderate sensitivity & specificity.

36. What is the uterine blood flow at term:

- A. 50 ml/min.
- B. 100 to 150 ml/min.
- C. 300 to 750 ml/min.
- D. 500 to 750 ml/min.
- E. 200 ml/min.

37. Regarding Fetal blood pH:

- A. Can only be measured postnatally.
- B. Is not a reliable way of assessing fetal distress.
- C. Is dangerous to perform & should not be done.
- D. Of 6.9 is considered to be normal.
- E. Can be measured during labor.

38. The following are major indicators of fetal asphyxia:

- A. Old meconium at the time of induction of labor.
- B. Loss of acceleration.
- C. Deep type I deceleration in the 2ND stage of labor.
- D. Type II (late) decelerations with tachycardia.
- E. Excessive fetal movements

39. Which of the following is NOT a characteristic of normal labor:

- A. Progressive cervical dilation.
- B. Increasing intensity of contractions.
- C. Uterine relaxation between contractions.
- D. Moderate bleeding.
- E. Moderate pain.

40. Bishop score includes all the followings EXCEPT:

- A. Dilation of the cervix.
- B. Position of the cervix.
- C. The presenting part of the fetus.
- D. Length of the cervix.
- E. Consistency of the cervix..

41. During which of the following conditions would the serum Prolactin level be greatest:

- A. sleep.
- B. Ovulation.
- C. Parturition.

- D. Menopause.
- E. Suckling.

42. Regarding Prostaglandins:

- A. Maintain the corpus luteum of early pregnancy.
- B. Have no role in the development of menorrhagia.
- C. Are involved in the onset of labor.
- D. Have no rule in the development of dysmenorrhea.
- E. Are small polypeptides.

43. Early deceleration is :

- A. Associated with unengaged head of the fetus.
- B. Associated usually with brain asphyxia.
- C. A decrease in the fetal heart beat that peaks after the peak of uterine contraction.
- D. An indication of C-section.
- E. Results from increased vagal tone secondary to head compression.

44. The normal cord pH is :

- A. 6.1.
- B. 6.2.
- C. 7.0.
- D. 7.1.
- E. 7.2.

45. The bishop score is used to predict :

- A. The state of the fetus at the time of delivery.
- B. The success rate of the induction of the labor.
- C. The fetal condition in the uterus.
- D. The maternal well being in labor.
- E. The maternal well being postpartum.

46. Which of the following fetal scalp pH results should prompt immediate delivery:

- A. 7.30.
- B. 7.22.
- C. 7.18.
- D. 7.26.
- E. 7.25

47. The volume of amniotic fluid is:

- A. Is closely related to the fetal crown-rump length in the 3rd trimester of Pregnancy
- B. Maybe predicted by Ultrasound

- C. Is reduced in sever rhesus disease
- D. Increases following amniocentesis
- E. Is increased in sever pre-eclampsia

48. Fetal nutrition is dependent on:

- A. Maternal nutrient stores.
- B. Maternal diet.
- C. Placental exchange.
- D. Maternal metabolism.
- F. All of the above.

49. Cephalopelvic disproportion in the absence of gross pelvic abnormality can be diagnosed by:

- A. Ultrasound.
- B. A maternal stature of less than 158 cm.
- C. Trial of labor.
- D. X-ray pelvimetry.
- E. Pelvic examination.

50. Maternal mortality is lowest in mothers between what age groups:

- A. 10 - 20.
- B. 20 - 30.
- C. 30 - 40.
- D. 40 - 50.
- E. 50 - 60.

51. Umbilical cord prolapse is associated with all the following, EXCEPT :

- A. Post maturity.
- B. Cephalo pelvic disproportion.
- C. Multiparity.
- D. Footing breech presentation.
- E. Anencephaly.

52. In a Case of labor with meconium stained amniotic fluid, your next step is:

- A. Amnio-infusion
- B. Close observation
- C. Fetal scalp blood sample
- D. Immediate C/S

Embryology of Female genital tract, Malformations, intersexuality and Puberty:

1. In patient with bicornuate uterus when getting pregnant can get all these complication, EXCEPT:
 - A. Polyhydramnios
 - B. Abortion
 - C. Preterm labor
 - D. Abnormal fetal lie
 - E. Retained placenta

2. In Turner's syndrome:
 - A. A chromosomal structure of 45 XY is characteristic
 - B. Secondary amenorrhea is usual
 - C. Ovaries are streak
 - D. The ovaries are multicystic
 - E. Phenotypically are male

3. Sexual differentiation
 - A. Development of male genitalia depends on the presence of functioning testes and responsive end organs
 - B. Due to the absence of testes XX fetus exposed to androgens in uteri will NOT be masculinized
 - C. The development of the female genital requires presence of the ovary
 - D. 45 XO fetus will have normal ovaries
 - E. The development of the testes does not require presence of the Y chromosome

4. Turner syndrome: Which is true?
 - A. Genetically is 46 X O
 - B. Has testis in inguinal area
 - C. Usually presents with primary amenorrhea.
 - D. Has low I.Q
 - E. Usually tall

5. Androgen insensitivity syndrome: Which is true?
 - A. Genotype is 46 XX
 - B. Phenotype they are female but with ill-developed breast
 - C. Usually have secondary amenorrhea
 - D. They have testes that should be kept to produce hormones
 - E. They have no uterus

6. The karyotype of patient with Androgen insensitivity Syndrome is
- A. 46XX
 - B. 46XY
 - C. 47XXY
 - D. 45XO
 - E. 45 XY
7. In Turner syndrome the following are usually present EXCEPT:
- A. the ovary are usually well developed.
 - B. The nipple are widely spaced
 - C. The girls are of short stature
 - D. Has web neck
 - E. The condition can be diagnosed by chromosomal
8. Regarding Androgen insensitivity syndrome all true EXCEPT:
- A. The chromosomal sex is 46XX.
 - B. Scant or no pubic and axillary hair.
 - C. No uterus
 - D. Normal female external genitalia
 - E. Breast are usually well develop
9. Which is not true about Turner's syndrome:
- A. Short stature
 - B. Buccal smear is chromatin positive
 - C. The majority are 45XO
 - D. Very low urinary estrogen titer
 - E. High pituitary gonadotropin titer.
10. Androgen Insensitivity Syndrome:
- A. The characteristic features include normal uterus and breast development, and ambiguous genitalia.
 - B. The Karyotyping is 46XX.
 - C. They have normal female testosterone level.
 - D. Gonadectomy must be performed after puberty because of the increased risk of malignancy.
 - E. Estrogen replacement therapy is not indicated because they have enough estrogens to produce breast development.
11. While evaluating a 30-year-old woman for infertility, you diagnosed a bicornuate uterus. You explain that additional testing is necessary because of the woman's increased risk of congenital anomalies in which system?
- A. Skeletal.
 - B. Hematopoietic.
 - C. Urinary.

- D. Central nervous.
- E. Tracheoesophageal.

12. Development stage:

- A. Testosterone is secreted by Sertoli cells.
- B. Anti-müllerian hormone is secreted by Leydig cells.
- C. Anti-müllerian hormone is responsible for involution of normal müllerian system.

13. Bicornuate uterus can cause all of the following EXCEPT:

- A. Abortions
- B. Abnormal fetal lie.
- C. Infertility.
- D. Retained placenta.
- E. Congenital anomalies of the baby.

14. In Turner's syndrome patients, all of the following are true EXCEPT:

- A. The streak ovaries should be removed surgically due to 25% tendency to be malignant.
- B. Are usually less than 5 feet tall.
- C. Have raised FSH levels.
- D. Have female internal genitalia.
- E. Have normal but infertile external genitalia.

15. The adenexa Uteri include all of the following EXCEPT:

- A. Ovary.
- B. Fallopian tubes.
- C. Uterus.
- D. Broad ligament.
- E. Round ligament.

16. In the development of external genitalia:

- A. Genital tubercles from the labia minora.
- B. Genital smoothing from the labia majora.
- C. Genital fold from scrotum in male.
- D. Chlydrotestone is essential for muscularity of external genitalia.
- E. Müllerian system develops to external genitalia.

17. Congenital uterine malformations causes all of the following EXCEPT:

- A. Spontaneous abortions.
- B. Premature labor.
- C. Pregnancy induced hypertension.
- D. Abnormal fetal lie.
- E. May Obstruct labor.

18. Ovarian Dysgenesis is associated with the elevation of which of the following hormones.

- A. Pituitary Gonadotropins.
- B. Estradiol.
- C. Estriol.
- D. Pregnandiol.
- E. Progesterone.

19. Confirmation of the diagnosis of Turner syndrome is best done by:

- A. Gyn PV examination.
- B. Pregnantriol estimation.
- C. Hysterosalpingography (HSG)
- D. Chromosomal analysis (Karyotyping).
- E. Estimation of hypophyseal gonadotropins.

20. In cases of androgen insensitivity syndrome the following findings are true EXCEPT:

- A. The chromosomal sex is 46 XX
- B. Scant or no pubic or axillary hair.
- C. No uterus.
- D. Normal female external genitalia.
- E. Breast are usually well developed.

21. In testicular feminization syndrome:

- A. There are usually normal testes.
- B. Kalman's syndrome is a recognized cause.
- C. Breast development is usually lacking.
- D. There's usually very low testosterone level.
- E. The karyotype is 46 XX.

22. In Turner's syndrome, the following are usually observed EXCEPT:

- A. The ovaries are usually well developed.
- B. The nipples are widely spaced.
- C. The girl is of short stature.
- D. Has a webbed neck.
- E. The condition can be diagnosed by chromosomal analysis.

23. Regarding the Development of internal genital organs:

- A. The uterus, fallopian tubes, cervix & upper vagina develop from the mesophrenic duct.
- B. The testes secretes testosterone which cause regression of the müllerian ducts in the male fetus.
- C. The vagina is formed by the Urogenital sinus.

- D. Müllerian agenesis (Mayer- Rokittanky - Kuster - Huser syndromes) is characterized by the absence of the uterus & upper vagina with normal female external genitalia & 46 XX.
- E. Bicornuate uterus & uterus didelphus result from vertical fusion defects of the müllerian ducts.
- 24. Regarding puberty, all of the following are true EXCEPT:**
- A. It is the transitional period of development during which an individual matures from childhood to sexual & reproductive maturity.
- B. Breast budding is the 1ST visible sign of puberty.
- C. The maximum growth velocity occurs at 12 years.
- D. The age of menarche has decreased over the last 3-4 decades due to improved nutrition, general health & lifestyle changes.
- E. Thelarche marks the attainment of reproductive maturity.
- 25. Turner's syndrome is associated with :**
- A. Absent uterus
- B. Normal breast development
- C. Primary amenorrhea
- D. Hirsutism
- E. Normal height
- 26. Anomalies of the uterus can be associated with the following EXCEPT:**
- A. Urinary tract abnormalities.
- B. Recurrent pregnancies loss.
- C. Preterm labor.
- D. Müllerian tract anomalies.
- F. Polycystic ovary.
- 27. First endocrine influence in 2ry sexual characters:**
- A. Secretion of delta-4 Androstenedione from the adrenal gland
- B. Pineal body maturation
- C. Pituitary maturation
- D. Hypothalamic down regulation.
- 28. Follicular growth (in non-ovulating follicle) is usually followed by:**
- A. Ovulation.
- B. Cyst formation.
- C. Atresia.
- D. Arrest.
- E. Regression.

29. The normal sequence of pubertal changes in the female is:

- A. Thelarche, Maximal growth velocity, menarche.
- B. Maximal growth velocity, Thelarche, menarche.
- C. Thelarche, menarche, maximal growth velocity.
- D. Menarche, maximal growth velocity, Thelarche.
- E. Menarche, body weight, Thelarche.

30. The barr body is:

- A. The condensed nonfunctioning X chromosome.
- B. The darkest, widest band found on chromosomes.
- C. On extra lobe on the female polymorphonuclear leukocytes.
- D. Found only in females.
- E. The largest chromosome in the female genotype.

31. The most common cause of precocious puberty is :

- A. Idiopathic.
- B. Gonadoblastoma.
- C. Albright syndrome.
- D. Abnormal skull development.
- E. Granulosa cell tumor.

32. The normal sequence of puberty is :

- A. Thelarche , adrenarche, growth, menarche.
- B. Menarche, adrenarche, thelarche ,growth.
- C. Growth. thelarche, adrenarche, menarche
- D. Adrenarche , thelarche, growth, menarche
- E. Thelarche , menarche, adrenarche, growth.

Physiology of Menstrual Cycle:

1. **Which of the following is suggestive of ovulation:**
 - A. Basal body temperature drop at least 0.5C in the second half of the cycle
 - B. Day 21 estrogen level is elevated
 - C. Progesterone level on day ten of the cycle is elevated
 - D. Regular cycle with dysmenorrhea
 - E. Oligomenorrhoea

2. **The luteal phase of the menstrual cycle is associated with:**
 - A. High luteinizing hormone level
 - B. High progesterone levels
 - C. High prolactin level
 - D. Low basal body temperature
 - E. Proliferative changes in the endometrium

3. **The follicular phase of menstrual cycle is characterized by:**
 - A. Endometrial gland proliferation.
 - B. Decreased Ovarian Estradiol production.
 - C. Progesterone dominance.
 - D. A fixed length of 8 days.
 - E. A reduction in aromatase activity.

4. **A sample of cervical mucus is taken on day 12 of the menstrual cycle. The mucus is thin, clear, & stretchy. It placed on a slide and allowed to air dry. When placed under microscopic, what would you expect:**
 - A. Calcium citrate.
 - B. Clear fields, devoid of bacteria Cell.
 - C. Thick mucus with background bacteria.
 - D. A fren pattern characteristic of estrogen.
 - E. Clearly defined para-basal cells.

5. **Estrogen hormone is produced from all of the following organs EXCEPT:**
 - A. Corpus luteum.
 - B. Anterior pituitary (anterior lobe of hypophysis).
 - C. Placenta.
 - D. Testes,
 - E. Adrenal glands.

6. **The midcycle LH surge:**
 - A. Enhances thecal cell androgen production.
 - B. Luteinizes granulose cells.
 - C. Initiates resumption of meiosis.

- D. Facilitates oocyte expulsion.
 - E. All the above.
- 7. An involuted corpus luteum becomes a hyalinized mass known as a:**
- A. Corpus delicti.
 - B. Corpus granulosa.
 - C. Graafian follicle.
 - D. Corpus atrectica.
 - E. Corpus albicans.
- 8. Which of the following is the best method to predict the occurrence of ovulation:**
- A. Thermogenic shift in basal body temperature.
 - B. LH surge.
 - C. Endometrial decidualization.
 - D. Profuse, thin, acellular cervical mucus.
 - E. Mittelschmerz.
- 9. Luteal phase deficiency:**
- A. Has inadequate luteal progesterone production.
 - B. Has inadequate follicular estrogen production.
 - C. Can be corrected by estrogen.
 - D. Associated with delayed menstruation.
 - E. Can lead to hypoprolactinemia.
- 10. On Examination of endometrial tissue obtained from a biopsy reveals simple columnar epithelium with no sub nuclear vacuoles. The stroma is edematous, & a tortuous gland contains secretions. These findings are consistent which stage of menstrual cycle:**
- A. Mid-proliferative.
 - B. Late proliferative.
 - C. Early secretory.
 - D. Mid-secretory.
 - E. Non-ovulatory cycle.
- 11. Ovulation occurs:**
- A. Immediately after LH surge.
 - B. 6-8 hours after LH surge.
 - C. After Prolactin surge.
 - D. After follicles ripened in the ovary.
 - E. 36 hours after LH surge
- 12. Regarding Estrogen hormone:**

- A. It is produced in corpus luteum.
- B. It is responsible for secretory changes in endometrium.
- C. It is mainly secreted as E3 by the ovary.
- D. Can not be detected in the blood of postmenopausal.
- E. Stimulates sebaceous gland activity

13. Regarding Human Chorionic Gonadotropin, all of the following are true EXCEPT:

- A. It is produced by the placenta.
- B. Is reversible for the maintenance of corpus luteum.
- C. It's level doubles every 48 hours in ectopic pregnancy.
- D. Reaches a peak concentration in maternal serum by 10 weeks gestation.
- E. Forms the main tumor marker for trophoblastic neoplastic diseases.

14. Endometrial changes during the menstrual cycle:

- A. The basal layer of the endometrium is responsive to hormonal stimulation.
- B. The functional layer of the endometrium remains intact throughout the menstrual cycle.
- C. The increased thickness of the endometrium during the proliferative phase is due to estrogen action.
- D. Estrogen induces secretory changes in the endometrium & reduces mitotic activity.
- E. The zona compacta & spongiosum layer the basal layer of the endometrium.

15. Inadequate luteal phase is associated with all of the following EXCEPT:

- A. Insufficient secretion on FSH in the antecedent follicular phase.
- B. Induction of ovulation with Clomiphene citrate.
- C. Induction of ovulation with human menopausal gonadotropins.
- D. Administration of progesterone in the luteal phase.
- E. Hyperprolacternemia.

16. In the days after ovulation, all of the following occurs EXCEPT:

- A. The basal temperature rises.
- B. The endometrium undergoes secretory changes.
- C. The plasma progesterone concentration falls.
- D. Cervical mucous becomes more viscous & scanty.
- E. Corpus luteum form.

17. The following hormones are secreted from the anterior pituitary gland EXCEPT:

- A. FSH.
- B. HCG.

- C. LH.
- D. TSH.
- E. Prolactin.

18. Ovulation may be indicated by all the following, EXCEPT :

- A. Endometrial biopsy revealing secretory changes.
- B. Upward shift in the basal temperature.
- C. Changing of cervical mucous to thick and scanty.
- D. Progesterone level > 6.5ng/ml.
- E. Mid-cycle elevation in Prolactin.

19. Which of the following is the primary source of estrogen ?

- A. Theca interna cells.
- B. Theca externa cells.
- C. Granulosa cells.
- D. Interstitial cells.
- E. Epithelial cells.

20. Gonadotropin-releasing hormone (GnRH) stimulates the release of:

- A. Opiate peptides.
- B. Adrenocorticotrophic hormone (ACTH).
- C. LH.
- D. Growth hormone.
- E. Thyroid-stimulating hormone.

22. Effect of estrogen on the Cervix mucous:

- A. Increase the glycoprotein level & thus allow the penetration of the sperms
- B. Decrease the watery content

23. Raised FSH levels are found in all of the following conditions EXCEPT:

- A. Postmenopausal women.
- B. Turner's Syndrome.
- C. Women on Combined Oral Contraceptive Pills.
- D. Gonadal dysgenesis.
- E. Peri-menopausal women who had hysterectomy with bilateral salpingoophorectomy.

24. Estrogen have all of the following actions, EXCEPT:

- A. Produce proliferation of the endometrium.
- B. Development of secondary sexual characteristics.
- C. Fusion of the epiphysis.

- D. Increase cervical mucous.
- E. Prevention of thrombosis.

25. Which of the following pubertal events is NOT mediated by gonadal estrogen production?

- A. Menstruation.
- B. Pubic hair growth.
- C. Breast development.
- D. Skeletal growth
- E. Vaginal cornification

26. Which of the following statement regarding Prolactin is true?

- A. Prolactin levels decreases shortly after sleep.
- B. Prolactin levels increase levels increase after ingesting high glucose meals.
- C. Prolactin levels decreases during surgery.
- D. Prolactin levels increase during stress.
- E. Prolactin levels increases after menopause.

27. Besides infertility, the most common symptoms of a luteal phase defect:

- A. Vaginal dryness.
- B. Early abortion.
- C. Tubal occlusion.
- D. Breast tenderness.
- E. Ovarian enlargement.

Physiological Changes During pregnancy:

1. The following are presumptive skin signs of pregnancy except:
 - A. Chloasma
 - B. Maculo-papular rash
 - C. Linea Nigra
 - D. Stretch Marks
 - C. Spider Telangiectases

2. The resting pulse in pregnancy is:
 - A. Decreased by 20 bpm.
 - B. Decreased by 10 to 15bpm.
 - C. Unchanged.
 - D. Increased by 10 to 15 bpm.
 - E. Increased by 20 bpm.

3. Normally, pregnancy in 2ND trimester is characterized by all of the following EXCEPT:
 - A. Elevated fasting plasma glucose.
 - B. Decreased fasting plasma glucose.
 - C. Elevated postprandial plasma insulin.
 - D. Elevated postprandial plasma glucose.
 - E. Elevated plasma triglycerides.

4. All are CORRECT, EXCEPT, Pregnancy is associated with:
 - A. Increase cardiac output
 - B. Increase venous return
 - C. Increase peripheral resistance
 - D. Increase pulse rate
 - E. Increase stroke volume

5. During normal pregnancy: Which is true?
 - A. Estradiol is the principal circulating estrogen
 - B. The blood pressure increases in first and second trimester
 - C. The tidal volume is reduced
 - D. In The second half of pregnancy, amniotic fluid is mostly contributed fetal urine
 - E. Maternal hydroureters should be taken always as a serious pelvic condition

6. In normal pregnancy, all of the following are true EXCEPT:
 - F. Glucosuria increases.
 - G. Plasma aldosterone concentration falls.

- H. Creatinine clearance is increased.
 - I. Folate excretion is increased.
 - J. The presence of less than 300mg of proteins in 24hours urine collection is considered normal
7. In normal pregnancy, levels of all of the following hormones increases EXCEPT:
- A. Total thyroxine (T4)
 - B. Parathyroid hormone (PTH) in the 2ND & 3RD trimesters.
 - C. Free cortisol.
 - D. Prolactin.
 - G. Estradiol
8. The increase in blood volume in normal pregnancy is made up of:
- A. Plasma only.
 - B. Erythrocytes only.
 - C. More plasma than erythroblasts.
 - D. More Erythrocytes than plasma.
 - E. All of the above.
9. In the fetus, the most well oxygenated blood is allowed into the systemic circulation by the:
- A. Ductus arteriosus.
 - B. Foramen ovale.
 - C. Rt. Ventricle.
 - D. Ligamentum teres.
 - E. Ligamentum venosum
10. Changes in the urinary tract system in pregnancy include:
- A. Increase the glomerular filtration rate (GFR).
 - B. Decrease in renal plasma flow (RPF).
 - C. Marked increase in both GFR & RPF when the patient is supine.
 - D. Increase in the amount of dead space in the urinary tract.
 - E. Increase in BUN & creatinine.
11. Lowered Hemoglobin during normal pregnancy is a physiological finding. It's mainly due to:
- A. low iron stores in all women.
 - B. Blood lost to the placenta
 - C. Increased plasma volume.
 - D. Increased cardiac output resulting in greater red cell destruction.
 - E. Decreased reticulocytosis

- 12. The Maternal blood volume in normal pregnancy:**
- A. remains stable.
 - B. Decreases 10%.
 - C. Increases 10%
 - D. Increases up to 40%
 - E. Decreases up to 40%.
- 13. During pregnancy, maternal estrogen levels increases markedly. Most of this estrogen is produced by the:**
- A. Ovaries.
 - B. Adrenals.
 - C. Testes.
 - D. Placenta.
 - E. Uterus.
- 14. During normal pregnancy, the renal glomerular filtrate rate (GFR) can increase as much as:**
- A. 10%.
 - B. 25%.
 - C. 50%.
 - D. 75%.
 - E. 100%.
- 15. Fetal blood is returned to the umbilical arteries & the placenta through:**
- A. Hypogastric arteries.
 - B. Ductus venosus.
 - C. Portal vein.
 - D. Inferior vena cava.
 - E. Foramen ovale.
- 16. In normal physiological changes in pregnancy, all of the following are increased EXCEPT:**
- A. Glomerular filtration rate.
 - B. Stroke volume.
 - C. Peripheral resistance.
 - D. Plasma volume.
 - E. White blood cells.
- 17. Regarding Renal changes in pregnancy, all of the following are true EXCEPT:**
- A. Blood flow is increased by 10%.
 - B. Glomerular filtration rate is increased by 50%.
 - C. Plasma urea will be reduced.
 - D. Glycosuria could be normal.
 - E. Mild hydronephrosis is normal.

18. Consequences of fluid retention, all of the following are CORRECT, EXCEPT:

- A. Hemoglobin concentration decreases.
- B. Hematocrit falls.
- C. Serum albumin falls.
- D. Stroke volume increases.
- E. Renal blood flow increases

19. During Pregnancy, all of the following are CORRECT EXCEPT:

- A. There will be hyperplasia & hypertrophy of the uterine muscle.
- B. Estradiol will increase the columnar epithelial of the endocervix.
- C. Estrogen will increase the glandular duct.
- D. Progestin & HPL will decrease the number of glands.
- E. Prolactin will be antagonized by the effect of estrogen

20. Regarding renal tract during pregnancy, the following are true EXCEPT:

- A. The ureters are dilated.
- B. The renal pelvis calyces are dilated.
- C. The right side is affected more than the left side.
- D. The primigravida shows more changes than multigravida.
- E. The bladder tone increases.

21. As pregnancy advances, which of the following hematological changes occurs?

- A. Plasma volume increases proportionally more than red cell volume.
- B. Red cell volume increases proportionally more than plasma volume.
- C. Plasma volume increases & red cell volume remains constant.
- D. Red cell volume decreases & plasma volume remains constant.
- E. Neither plasma volume nor red blood cell volume changes.

22. Which of the following would normally be expected to increase during pregnancy:

- A. Plasma creatinine.
- B. Thyroxin-binding globulin.
- C. Hematocrit.
- D. Core temperature.
- E. Hair growth.

23. The supine position is important during late pregnancy because it may cause all of the following EXCEPT:

- A. Complete occlusion of the inferior vena cave.
- B. A significant decrease in maternal ventilatory capacity.
- C. Hypotension & syncope.
- D. A significant reduction in renal blood flow & glomerular filtration.
- E. Augmentation of the cardiovascular effects due to high conduction

- 24. Which of the following is probably responsible for physiologic hyperventilation during pregnancy?**
- A. Large fluctuations in plasma bicarbonate.
 - B. Increased estrogen production.
 - C. Increased progesterone production.
 - D. Decreased functional residual volume.
 - E. Decreased plasma PO₂
- 25. Normally the pregnant woman hyperventilates. This is compensated by:**
- A. Increased tidal volume.
 - B. Respiratory alkalosis.
 - C. Decreased Pco₂ of the blood.
 - D. Decreased plasma bicarbonate.
 - E. Decreased serum pH.
- 26. The resting pulse in pregnancy is :**
- A. Decreased by 30 beats /min.
 - B. Decreased by 10-15 beats/min.
 - C. Unchanged.
 - D. Increase by 30 beats/min.
 - E. Increased by 10-15 beats/min.
- 27. After birth, all of the following vessels constrict EXCEPT:**
- A. Ductus arteriosus.
 - B. Umbilical arteries.
 - C. Ductus venosus.
 - D. Hepatic portal vein.
 - E. Umbilical vein.
- 28. Select the most correct statement about fetal & neonatal IgM:**
- A. It is almost entirely maternal in origin.
 - B. It is approximately 75% maternal & 25% fetal in origin.
 - C. It is 50% maternal, 50% fetal in origin.
 - D. It is 25% maternal, 75% fetal in origin.
 - E. It is almost entirely fetal in origin
- 29. Which one is true about the placenta:**
- A. 10% maternal contribution only
 - B. U.C covered with chorion
 - C. U.C contain wharltton jell
 - D. Placental lobes are the functional units.

30. Spinnbarkeit is a term which means :

- A. Crystallization of the cervical mucous.
- B. Thickening of the cervical mucous.
- C. Mucous secretion of the cervix.
- D. Threading of the cervical mucous.
- E. Thinning of the cervical mucous.

31. Regarding Placental function:

- A. hCG is a glycoprotein composed of alpha & β subunits. It's secreted by cytotrophoblast.
- B. Human placenta lactogen enhances insulin action & improves glucose tolerance.
- C. Placental Corticotropin releasing hormone increases ACTH & cortisol & causes vasoconstriction of the fetoplacental blood vessels.
- D. Estrogen is secreted by the fetoplacental unit responsible for the growth of the myometrium & angiogenesis.
- E. Progesterone causes vasodilatation of blood vessels & contraction of uterine smooth muscle.

32. Regarding placental anatomy:

- A. The decidua capsularis forms part of the placenta.
- B. The fetal side of the placenta is divided into 30-40 cotyledons.
- C. The intervillous space contains fetal blood.
- D. Anatomically the placenta is fully formed by 30 weeks.
- E. Fetal blood vessels develop in the mesenchymal core of the chorionic villi.

33. Which of the following does NOT accurately describe the placenta in humans:

- A. 15-20 cm in diameter.
- B. 2-4 cm thick.
- C. Weighs about 1/6 of what the term infant does.
- D. Delivered from maternal & fetal tissue.
- E. Umbilical cord originates from the center of the placenta in all most of the cases.

34. Maternal serum Prolactin levels in pregnancy are highest:

- A. At the end of gestation just before delivery of the infant.
- B. Just after the delivery of the infant.
- C. As the placenta is released.
- D. The 3RD to 4TH day postpartum.
- E. During breast feeding.

35. All of the following causes Oligohydramnios EXCEPT:

- A. Renal agenesis
- B. Poor placental perfusion

- C. Post term pregnancy
- D. Anencephaly
- E. Urinary obstruction

36. Placental insufficiency is caused by all the following, EXCEPT:

- A. Smoking in pregnancy.
- B. Post maturity.
- C. Dietary insufficiency in pregnancy.
- D. Hypertensive disorder in pregnancy.

37. All the following hormones are products of placental synthesis, EXCEPT :

- A. HCG.
- B. HPL.
- C. Prolactin.
- D. Progesterone.
- E. Estriol.

38. We can detect the fetal heart beat by Sonography (Transvaginal) at:

- A. 5 weeks
- B. 6 weeks
- C. 7 weeks
- D. 8 weeks
- E. 9 weeks

39. Pregnant lady with polyhydramnios, the cause could be:

- A. Fetus with oesophageal-atresia
- B. Fetus with polycystic kidney disease
- C. Fetal growth restriction
- D. Hyperprolactinaemia during pregnancy
- E. Patient is taking anti epileptic drugs

40. Polyhydramnios is associated with the following condition

- A. Intrauterine growth restriction
- B. Fetal kidney agenesis
- C. Diabetes insipidus
- D. Tracheo-oesophageal fistula
- E. Hind water leakage

41. All the following are possible causes of Polyhydramnios, EXCEPT:

- A. Diabetes
- B. Multiple pregnancy
- C. Fetus with hydrops fetalis
- D. Fetus with duodenal atresia or neural tube defect
- E. IUGR

42. Which of the following causes of polyhydramnios is more common:

- A. Twin pregnancy.
- B. Diabetes.
- C. Hydrops fetalis.
- D. Anencephaly.
- E. Idiopathic.

43. Using your knowledge of normal maternal physiology, which of the following would employ if a 38 weeks' pregnant patient become faint while lying supine on your examination table:

- A. Blood transfusion.
- B. Turning the patient on her side.
- C. Oxygen by face mask.
- D. I.V. saline solution.

1. Skin changes during pregnancy should include:

- A. Chloasma.
- B. Striae.
- C. Palmer erythema.
- D. Vascular spiders.
- E. All of the above.

Reproductive Biology:

1. **The number of chromosomes in the human somatic cell is:**
 - A. 24.
 - B. 44.
 - C. 46.
 - D. 48.
 - E. 23.

2. **Regarding Oogenesis & ovulation:**
 - A. Primary oocytes are formed after birth until puberty.
 - B. The 1ST meiotic division is arrested in the diplotene stage until just before ovulation.
 - C. Oogenesis is completed in 72 hours.
 - D. The ova survive for 3 days after ovulation.
 - E. Ovulation occurs 36 hours after FSH surge.

3. **Regarding Fertilization & implantation:**
 - A. Fertilization occurs in the inner third of the fallopian tube.
 - B. The sperm head penetrates through the corona radiata & zona pellucida while the tail remains outside.
 - C. The 2ND meiotic division is completed before fertilization.
 - D. Implantation occurs at the morula stage.
 - E. The trophoblast invades the endometrium & differentiate into an outer cytotrophoblast & an inner syncytiotrophoblast.

4. **The second meiotic division of the oocyte is normally completed:**
 - A. at the stage of the primary follicle.
 - B. At the stage of the Graafian follicle.
 - C. In the peritoneal cavity.
 - D. In the uterus at the time of implantation.
 - E. After the sperm penetrates the secondary oocyte

5. **Physiological changes in the reproductive system include :**
 - A. There is no change in the vagina.
 - B. The uterus 1st enlarges by hyperplasia then by hypertrophy.
 - C. There is no change in the cervix.
 - D. Estrogen has no role in the changes that occur during pregnancy.
 - E. Lower segment of the uterus will be formed in the 1st trimester.

Antenatal Care:

1. **Sure sign of pregnancy is:**
 - A. Amenorrhea
 - B. Hegar's sign
 - C. Nausea and vomiting
 - D. Auscultation of fetal heart
 - E. Abdominal distension

2. **If your patient is 8 weeks pregnant which one of the following USS measurement is most useful**
 - A. Crown rump length
 - B. Biparietal diameter
 - C. Femur length
 - D. Placental site
 - E. Abdominal circumference

3. **The following statement are all TRUE about vomiting in pregnancy, EXCEPT:**
 - A. May be cured by admission to hospital
 - B. Is commonest in the third trimester
 - C. Associated with multiple pregnancy
 - D. Is associated with trophoblastic disease
 - E. Is associated with urinary tract infection

4. **First trimester pregnancy may be terminated by**
 - A. Prostaglandin inhibitor
 - B. Anti-progesterone
 - C. β sympathomimetic agonist
 - D. Synthetic estrogen
 - E. Medroxy-progesterone

5. **The following ultrasonic measurements may be used to confirm or establish gestational age:**
 - A. Crown rump length
 - B. Nuchal pad thickening
 - C. Amniotic fluid volume
 - D. Yolk sac volume
 - E. Biophysical profile

6. **Antenatal booking investigations include all of the following, EXCEPT:**
 - A. Complete blood count
 - B. Blood sugar
 - C. Hepatitis screening

- D. Toxoplasmosis
 - E. Thyroid function
7. An Ultrasound in the 1st trimester of pregnancy is done for
- A. Placental localization
 - B. Detecting of fetal weight
 - C. Assessment of amniotic fluid volume
 - D. Detection of fetal breathing
 - E. Dating of the pregnancy
8. A serum progesterone value less than 5ng/ml can exclude the diagnosis of viable pregnancy with a certainty of:
- A. 20%
 - B. 40%
 - C. 60%
 - D. 80%
 - E. 100%
9. In normal pregnancy, the value of β -hCG doubles every:
- A. 2 days.
 - B. 4 days.
 - C. 8 days.
 - D. 10 days.
 - E. 14 days.
10. The β -hCG curve in maternal serum in a normal pregnancy peaks at:
- A. 6 weeks of pregnancy.
 - B. 8 weeks of pregnancy.
 - C. 10 weeks of pregnancy.
 - D. 14 weeks of pregnancy.
 - E. 18 weeks of pregnancy.
11. The followings are considered normal symptoms of pregnancy EXCEPT:
- A. Backache due to an increased lumbar lordosis.
 - B. Lower abdominal pain and groin pain due to stretch of round ligaments.
 - C. Visual disturbance.
 - D. Calf pain due to muscle spasm.
 - E. Increased vaginal discharge.
12. A woman in early pregnancy is worried because of several small raised nodules on areola of both breasts. There are no other findings. Your immediate management should be:
- A. Reassurance after thorough examination.
 - B. Needle aspiration of the nodules.

- C. Surgical removal of the areola.
- D. Mammography.
- E. Radical mastectomy.

13. The source of progesterone that maintains the pregnancy during early 1ST trimester:

- A. Placenta.
- B. Corpus luteum.
- C. Corpus albicans.
- D. Adrenal glands.
- E. Endometrium.

14. During normal pregnancy, a weight gain anticipated. The average weight gain is approximately:

- A. 5-10 kg.
- B. 10-15 kg.
- C. 15-20 kg.
- D. 20-30 kg.
- E. 30-40 kg

15. Counseling of a pregnant patient during early prenatal care should include detection of & information on:

- A. Smoking.
- B. Alcohol abuse.
- C. Drug abuse.
- D. Avoiding infections.
- E. All of the above.

16. Ultrasound examination used for:

- A. Fetal weight.
- B. Presence of multiple gestation.
- C. Whether abdominal masses are cystic or solid.
- D. Placental position.
- E. All of the above.

17. Which of the following medications, when given before & during pregnancy may help to protect neural tube defects?

- A. Vitamin B6.
- B. Iron.
- C. Folic acid.
- D. Zinc.
- E. Magnesium

18. Which of the following is/are needed by women in increased amount during pregnancy?
- A. Iron.
 - B. Folic acid.
 - C. Protein.
 - D. Calcium.
 - E. All of the above.
19. Often, an increase in vaginal discharge may be noted during pregnancy, It may be:
- A. Bacterial.
 - B. Caused by Trichomonas.
 - C. Caused by Candidiasis.
 - D. Physiological.
 - E. All of the above.
20. The following measures are usually performed during a routine antenatal visit for a healthy uncomplicated pregnancy at 36 weeks gestations' EXCEPT:
- A. Symphysis-fundal height.
 - B. Maternal blood pressure.
 - C. Maternal weight.
 - D. Mid-stream urine specimen (MSU) for culture & sensitivity.
 - E. Listening to the fetal heart.
21. Which of the following is NOT a presumptive symptom/sign of pregnancy:
- A. Cessation of menstruation.
 - B. Quickening.
 - C. Nausea & vomiting.
 - D. Breast changes.
 - E. Darkening of the skin on the palms of the hands.
22. Probable sign of pregnancy include:
- A. Detection of fetal movement.
 - B. Enlargement of the abdomen.
 - C. X-ray demonstrating a fetus.
 - D. Lower abdominal cramps.
 - E. Nausea in the morning
23. The softening of the cervical isthmus that occurs early in gestation is called:
- A. Hegar's sign.
 - B. Chadwick's sign.
 - C. Braxton Hick's contraction.
 - D. Von fernwald's sign.
 - E. Cullen's sign.

24. During early pregnancy, a pelvic examination may reveal that one adnexia is slightly enlarged. This is most likely due to:
- A. A parovarian cyst.
 - B. Fallopian tube hypertrophy.
 - C. Ovarian neoplasm.
 - D. Follicular cyst.
 - E. Corpus luteal cyst.
25. Booking investigations include all the following, EXCEPT :
- A. Liver function test.
 - B. Glucose challenge test.
 - C. CBC.
 - D. US.
 - E. Toxoplasmosis.
26. Antenatal care can prevent all the following complications, EXCEPT :
- A. Anemia due to iron deficiency or folic acid deficiency.
 - B. UTI of pyelonephritis.
 - C. Macrosomia.
 - D. Preterm labor.
 - E. Rh immunization.
28. High alpha feto protein found in? EXCEPT
- A. IUFD
 - B. Multiple pregnancy
 - C. Some Ovarian Cancer
 - D. Trisomy 21
 - E. Neural tube defect
29. Nuchal translucency is used is a marker used for:
- A. NTD.
 - B. Trisomies
30. Of the following laboratory studies, which test might be done routinely at booking:
- A. Electrolytes.
 - B. Urinary estriol.
 - C. Serum glutamic-oxaloacetic transaminase.
 - D. Hemoglobin.
 - E. FTA-ABS.
31. The following drugs cross the placenta to the fetus, EXCEPT :
- A. Heparin
 - B. Tetracycline
 - C. Warfarin

- D. Diazepam
- E. Aspirin

32. Which of these drugs don't cross the placenta?

- A. Heparin
- B. Warfarin
- C. Tetracycline
- D. Degoxin
- E. None of the above

33. Hypoplasia & yellow discoloration of the primary teeth has occurred in infants whose pregnant mothers were treated with drug:

- A. Sulphonaudes.
- B. Penicillin.
- C. Streptomycin.
- D. Dihydrostretomycin.
- E. Tetracycline.

Fetal assessment:

1. **In fetal circulation:**
 - A. Oxygenated blood goes along the umbilical arteries
 - B. The fetal lung is bypassed by means of ductus venosus
 - C. The foramen ovale connects the two ventricles
 - D. Most of the blood entering the right atrium flows into the left atrium
 - E. The blood in the umbilical arteries is more oxygenated than blood in umbilical Vein

2. **Components of biophysical profile include all of the following, EXCEPT:**
 - A. Fetal movement
 - B. Placental thickness
 - C. Fetal tone
 - D. Fetal breathing movement
 - E. Amniotic fluid volume assessment

3. **Antenatal fetal monitoring can NOT be accomplished by:**
 - A. Fetal kick chart.
 - B. Fetal scalp sampling.
 - C. Non-stress test.
 - D. Obstetric U/S & Biophysical profile.
 - E. Acoustic stimulation.

4. **Which of the following procedures allow the earliest retrieval of DNA for prenatal diagnosis in pregnancy:**
 - A. Fetoscopy.
 - B. Amniocentesis.
 - C. Chorionic Villi Sampling (CVS)
 - D. Percutaneous Umbilical Blood Sampling (PUBS)
 - E. Fetal biopsy.

5. **Regarding the biophysical profile:**
 - A. Is usually done in labor.
 - B. Never include a non-stress test.
 - C. Includes fetal movement, fetal tone, fetal breathing, fetal heart rate & amniotic fluid.
 - D. Includes a Doppler study.
 - E. Includes tone, movement & breathing.

6. Fetal assessment include the following EXCEPT:

- A. Fetal biophysical profile.
- B. Fetal Doppler velocimetry.
- C. Fetal biometry.
- D. Fetal Cardiotocography.
- E. Fetal blood sugar sample

7. Patients with high risk pregnancy should have:

- A. Follow-up in ANC every 6 weeks
- B. Fetal kick chart.
- C. Fetal maternal transfusion
- D. Fetal amniotomy
- E. Fetal biophysical profile.

8. A biophysical profile includes all of the following assessment parameters EXCEPT:

- A. Fetal movement.
- B. Fetal weight.
- C. Fetal tone.
- D. Fetal breathing movements.
- E. Amniotic fluid volume.

The Neonates:

1. **A low APGAR score at one minute:**
 - A. Is highly correlated with late neurologic sequelae.
 - B. Indicates an academic newborn.
 - C. Has the same significance in premature & term infants.
 - D. Indicates the need for immediate resuscitation.
 - E. Is a useful index of resuscitative efforts.

2. **APGAR's score includes all the followings EXCEPT:**
 - A. Skin color.
 - B. Muscle tone.
 - C. Blood pH.
 - D. Heart rate.
 - E. Respirations

3. **Apgar's score consists of all the following, EXCEPT :**
 - A. Newborn breathing.
 - B. Newborn tone.
 - C. Newborn heart rate.
 - D. Newborn color.
 - E. Newborn pH

4. **Immediate therapy for infants with suspected meconium should routinely include :**
 - A. Corticosteroid
 - B. Antibiotics
 - C. Sodium bicarbonate
 - D. Clearing of the airway
 - E. Giving O2 under positive pressure

Multiple Pregnancy:

1. **Multiple pregnancy increases**
 - A. In white people more than black
 - B. With advancing maternal age
 - C. With Bromocriptine use for infertility treatment
 - D. If first pregnancy
 - E. After ovarian diathermy for polycystic ovary syndrome

2. **In twin deliveries: Which is true?**
 - A. The first twin is at greater risk than the second
 - B. They usually go post date
 - C. Epidural analgesia is best avoided
 - D. Commonest presentation is cephalic and second breach
 - E. There is increased risk of postpartum hemorrhage

3. **The most common cause of uterine size-date disproportion:**
 - A. Fetal macrosomia
 - B. Polyhydramnios
 - C. Inaccurate last menstrual period date
 - D. Multiple pregnancy
 - E. Molar pregnancy.

4. **Which of the following is known to be the commonest presentation in twins?**
 - A. Breech, cephalic
 - B. Cephalic, breech
 - C. Cephalic, cephalic
 - D. Breech, breech
 - E. Cephalic, transverse

5. **The risk of postpartum uterine atony is associated with:**
 - A. Hypotension.
 - B. Epidural anesthesia.
 - C. Median episiotomy.
 - D. Twin pregnancy.
 - E. Labor associated with an active rate of change of 2.3 cm per hour.

6. **The major cause of the increased risk of morbidity & mortality among twin gestation is:**
 - A. Gestational diabetes.
 - B. Placenta previa.
 - C. Malpresentation.
 - D. Preterm delivery.

- E. Congenital anomalies.
- 7. Multiple gestations should be suspected in all of the following condition EXCEPT:**
- A. Maternal weight gain is greater than expected.
 - B. The uterus is larger than expected.
 - C. Maternal AFP is elevated.
 - D. Pregnancy has occurred after induction with Gonadotropins.
 - E. Maternal perception of fetal movement occurs earlier than expected in gestation.
- 8. The most common cause of perinatal death in mono-amniotic twin is:**
- A. Cord entrapment.
 - B. Cord prolapse.
 - C. Twin-twin transfusion syndrome.
 - D. Lethal congenital anomalies.
 - E. Placental abruption.
- 9. If twin A is in a transverse lie & twin B is vertex. The most appropriate route for delivery is:**
- A. C-section.
 - B. Internal podalic version followed by breech extraction.
 - C. Both
 - D. Neither.
- 10. All of the following increased in multiple gestation EXCEPT:**
- A. Blood loss at delivery.
 - B. The incidence of congenital anomalies.
 - C. The incidence of cephalo-pelvic disproportion.
 - D. The incidence of placental abruption.
 - E. The incidence of Malpresentation.
- 11. Regarding Hyperemesis gravidarum, which one of the following items is TRUE?**
- A. Is a complication of multiple pregnancy
 - B. Not known to happen in molar pregnancy
 - C. Worsen in missed abortion
 - D. Liver function test is not required
 - E. Urine for culture and sensitivity is not important
- 12. Monozygotic twins, All of the following are correct EXCEPT :**
- A. Has a constant incidence of 1:250 births
 - B. Has a constant incidence 1:600 births
 - C. Is not related to induction of ovulation
 - D. Constitutes 1/3 of twins

- E. Is not affected by heredity

13. The following are complications of multiple pregnancy EXCEPT :

- A. Increase incidence of pre-eclamptic toxemia
- B. Polyhydramnios
- C. Increase incidence of preterm labor
- D. Increase incidence of gestational diabetes
- E. Increase incidence of placenta previa

14. Twins pregnancy :

- A. Presentation of the second twin dictate the mode of delivery
- B. Internal podalic version should not be performed for the second twin
- C. Monozygotic twins always bearing same sex
- D. Commonly goes post mature
- E. Should be delivered by caesarean section

15. The following are fetal complications in multiple pregnancy EXCEPT :

- A. Increase incidence of perinatal mortality & morbidity
- B. Increase incidence of prematurity
- C. Increase incidence of mal-presentation
- D. Increase incidence of congenital abnormalities particularly sacral agenesis
- E. Increase incidence of prolapsed cord during labor

16. The following are true for dizygotic twins EXCEPT:

- A. Fertilization of more than one egg by more than one sperm
- B. Most common type of twins represents 2/3 of cases
- C. Both twins are identical & of the same sex.
- D. There are two chorions & two amnions
- E. Placenta may be separated or fused

17. The following factors affect the incidence of dizygotic multiple pregnancy EXCEPT :

- A. Induction of ovulation
- B. Increase maternal age
- C. Heredity
- D. Race
- E. Nuliparity

18. The following statements about multiple pregnancy are true EXCEPT:

- A. Its occurrence in West Africa.
- B. Its incidence is increased by increased age and parity.
- C. Twin to twin transfusion common in monochromic twins.
- D. Can be diagnosed by ultrasound only after 12 weeks.
- E. Associated with induction of ovulation.

19. The following are complication of multiple gestation EXCEPT :

- A. Increase incidence of pre-eclampsia toxemia
- B. Polyhydramnios
- C. Increase incidence of premature labor
- D. Increase incidence of gestational diabetes
- E. Increase incidence of placenta previa

20. Twins can be diagnosed by :

- A. Large uterus after delivery of the first twin
- B. Uterus bigger than date during pregnancy
- C. Ultrasonography
- D. Auscultation
- E. All of the above

21. The following are common in twins pregnancy EXCEPT :

- A. Increase incidence of premature labor
- B. Increase incidence of APH
- C. Increase incidence PPH
- D. Increase incidence perinatal mortality
- E. Increase incidence of GDM

22. Regarding twin pregnancies all of the following are correct EXCEPT:

- A. It has a higher incidence of preterm labor
- B. Mal-presentation of one of the main factors leading to increase incidence of C/S
- C. Abruptio placenta may occur with the sudden decompression of the uterus immediately after delivery of the first twin
- D. Dexamethasone is useful in case preterm labor
- E. Identical or monozygotic twin arise from fertilization of two ovum

23. All are true about monozygotic pregnancy, EXCEPT :

- A. The 1st commonly presents as breech.
- B. Pregnancy induced hypertension is common.
- C. There is only one placenta.
- D. Polyhydramnios is frequently present.
- E. Anemia is common.

24. Excessive increased level of β -HCG is expected in :

- A. Ectopic pregnancy.
- B. Pregnancy of diabetic mothers.
- C. Twin pregnancy.
- D. Incomplete abortion.
- E. Cervical carcinoma.

- 25. Regarding multiple pregnancy. All the following are true, EXCEPT :**
- A. Is frequently complicated by premature labor.
 - B. Is associated with an increased risk of post partum hemorrhage.
 - C. Occurs in approximately 1 in 80 pregnancies.
 - D. Often causes prolonged labor.
 - E. Is often diagnosed early by US.
- 26. Multiple pregnancy increases:**
- A. In white people more than black
 - B. With advancing maternal age
 - C. With Bromocriptine use for infertility treatment
 - D. If first pregnancy
 - E. After ovarian diathermy for polycystic ovary syndrome
- 27. Multiple Gestation is frequently associated with all of the following EXCEPT:**
- A. Hypertension.
 - B. Hydramnios.
 - C. Fertility drugs.
 - D. Post-maturity.
 - E. Pre-term labor.

Bleeding in early pregnancy:

Abortions:

1. **Regarding missed abortion, all of the following are CORRECT, EXCEPT:**
 - A. Patient may present with loss of the symptoms of pregnancy
 - B. Per vaginal bleeding may be one of the presenting symptom
 - C. Immediate evacuation should be done once the diagnosis is made
 - D. Disseminated intra-vascular coagulation may occur as a sequelae of missed abortion
 - E. Ultrasound should be done to confirm the diagnosis

2. **14 weeks pregnant woman had abortion and she was told that it is a complete abortion. This is true regarding complete abortion:**
 - A. Uterus is usually bigger than date
 - B. Cervical OS is opened with tissue inside the cervix
 - C. Need to have evacuation of the uterus
 - D. After complete abortion there is minimal or no pain and minimal or no bleeding
 - E. Follow up with β -hCG for one year.

3. **In patients with three consecutive spontaneous abortion in the second trimester the most useful investigation is:**
 - A. Chromosomal analysis
 - B. Hysterosalpingogram
 - C. Endometrial biopsy
 - D. Post coital test
 - E. Prolactin level

4. **Regarding cervical incompetence, all of the following are true, EXCEPT:**
 - A. Typically causes painful abortions
 - B. Typically causes mid-trimester abortions
 - C. Is treated by Shirodkar suture (cervical cerclage) which is best performed early in the second trimester
 - D. May lead to premature rupture of the membrane
 - E. Can occur in patient with history of cone biopsy

5. **Causes of first trimester abortion**
 - A. Chromosomal abnormalities
 - B. Cervical incompetence
 - C. Bicornuate uterus
 - D. Gestational hypertension
 - E. Pre-eclampsia

6. Management of a patient with threatened abortion includes all of the following, EXCEPT:
- A. Ultrasound
 - B. Physical examination
 - C. CBC
 - D. Derailed menstrual history
 - E. Dilatation and curettage.
7. A 25-year-old primigravida with 8 weeks threatened abortion, ultrasound would most likely reveal:
- A. Thickened endometrium with no gestational sac
 - B. Feral heart motion in the adnexia
 - C. Empty gestational sac
 - D. Collapsed gestational sac
 - E. An intact gestational sac with fetal
8. Regarding incomplete abortion, all are true, EXCEPT:
- A. There is a history of tissue passed per vagina
 - B. The cervix is open on vaginal examination
 - C. Ultrasound shows retained product of conception
 - D. Ultrasound shows intact gestational sac non- viable fetus
 - E. Management include evacuation
9. Most common cause of first trimester abortion
- A. Chromosomal abnormalities
 - B. Syphilis
 - C. Rhesus isoimmunization
 - D. Cervical incompetence
 - E. Bifurcate uterus
10. Incompetent cervix
- A. Is a cause for early pregnancy loss
 - B. Is best diagnosed by history
 - C. Is a cause for fetal congenital abnormalities
 - D. Is not encountered with uterine anomities
 - E. Can be treated with tocolytics
11. Of the proposed etiologies for recurrent pregnancy wastage, the least likely is:
- A. Maternal trauma.
 - B. Maternal balanced translocation.
 - C. Paternal balanced translocation.
 - D. Luteal phase deficiency.
 - E. Autoimmune disease.

12. The most common etiology for spontaneous abortion of a recognized first trimester gestation:

- A. Chromosomal anomaly in 50-60% of gestations.
- B. Chromosomal anomaly in 20-30% of gestations.
- C. Maternal hypothyroidism.
- D. Maternal Diabetes.
- E. Progesterone deficiency.

13. In threatened abortion, which one of the following items is TRUE?

- A. The cervix is open
- B. Evacuation is the best treatment
- C. All patients should be admitted
- D. In the majority of cases pregnancy will continue without any complication
- E. Does not necessitate giving Anti-D for Rh-negative mother

14. In case of threatened abortion :

- A. Fetal heart is present
- B. Cervix is dilated
- C. There is a history of passing tissue per vagina.
- D. Patients needs immediate evacuation
- E. No need to give anti-D for Rhesus negative mothers

15. Missed abortion may cause one of the following complication:

- A. Bone marrow depression
- B. Rupture uterus
- C. High positive serum β -hCG
- D. Skin allergies
- E. Coagulopathy

16. Management of a patient with threatened abortion includes all the followings EXCEPT:

- A. Ultrasound.
- B. Physical exam.
- C. CBC.
- D. Detailed menstrual history.
- E. Immediate dilation and curettage.

17. In threatened abortion at 15 weeks gestation in a nulliparous patient:

- A. Pain is characteristic.
- B. The internal os is often opened.
- C. Fainting is characteristic.
- D. Vaginal bleeding is usually mild.
- E. Absence of fetal movements suggest non viability.

18. Regarding threatened abortion:

- A. Anti-D should be given to Rh- positive mother.
- B. All patients should be admitted to the hospital.
- C. Ultrasound should be done to confirm the diagnosis.
- D. Vaginal examination will reveal severe pain.
- E. The patient has vaginal bleeding and tissue passage per vagina.

19. Therapy in threatened abortion should include:

- A. Progesterone IM
- B. D & C
- C. Prolonged bed rest
- D. Restricted activity
- E. Prostaglandin suppositories

20. During the first & second trimester of pregnancy, the most common pathologic cause of vaginal bleeding :

- A. Hydatiform mole
- B. Abruptio placenta
- C. Ectopic pregnancy
- D. Abortion
- E. Uterine rupture

21. Which of the following items may be associated with a mid trimester abortion:

- A. Recurrent pelvic infection
- B. Maternal smoking
- C. Uterine anomalies
- D. Sickle cell disease
- E. Hyperemesis gravidarum

22. Bleeding in early pregnancy could be caused by all of the following, EXCEPT :

- A. An ectopic pregnancy
- B. Trophoblastic disease
- C. Carcinoma of the ovary
- D. Invasive carcinoma of the cervix
- E. Threatened abortion

23. Which of the following is correct in the treatment of a case of threatened abortion :

- A. Bed rest
- B. Oral stillbosterol
- C. Curettage
- D. Urgent admission to hospital
- E. I.M Tranexamic acid

24. Abortion :

- A. Has an incidence of 15% of all pregnancy
- B. 18 weeks missed abortion is usually managed with suction curettage
- C. In threatened abortion, the cervix is always open
- D. 1st trimester abortion is usually caused by incompetent cervical os
- E. Pregnancy usually continues to term in cases of inevitable abortion

25. Etiological factors in spontaneous abortion include :

- A. Chromosomal abnormalities
- B. Placental abnormalities
- C. Maternal disease
- D. Uterine abnormalities
- E. All of the above

26. A major hazard of a late missed abortion :

- A. A positive human chorionic gonadotropin (hCG) titer
- B. Systemic allergies
- C. Bone marrow depression
- D. Coagulopathy
- E. Toxemia

27. A missed abortion is :

- A. Death of the fetus at 36 weeks of gestation
- B. In which the products of conception are expelled completely
- C. In which the products of conception are partially expelled
- D. Bleeding and cramps but the fetus still viable
- E. Death of the fetus before 24 weeks gestation

28. A 26-year-old married white woman whose LMP was 2 ½ months ago developed bleeding, uterine cramps, and passed some tissue per vagina. Two hours later she began to bleed heavily

I. The most likely diagnosis is :

- A. Twin pregnancy
- B. Threatened abortion
- C. Inevitable abortion
- D. Premature labor
- E. Incomplete abortion

II. Of the option listed, the bleeding is most likely due to :

- A. Retained products of conception
- B. Ruptured uterus
- C. A systemic coagulopathy
- D. Vaginal lacerations

- A. Bleeding hemorrhoids

III. The indicated procedure is :

- A. Hysterectomy
- B. Vaginal packing
- C. Compression of the hemorrhoids
- D. IV fibrinogen
- E. Uterine curettage

29. Cervical cerclage:

- A. Closure of incompetence cervix
- B. Effective in prevention of all types of abortion
- C. Should be removed at 32 weeks of pregnancy
- D. Protect against exposure of the pregnant lady to infection
- E. Should applied after 9 weeks of pregnancy

30. A 25 primigravida with 8 weeks threatened abortion. The US would most likely reveal :

- A. Thickened endometrium with no gestational sac.
- B. Fetal heart motion in the adnexia.
- C. Empty gestational sac.
- D. An intact gestational sac with fetal heart motion.
- E. Collapsed gestational sac.

31. 14 weeks pregnant woman had abortion and she was told that it is a complete abortion. This is true regarding complete abortion:

- A. Uterus is usually bigger than date
- B. Cervical OS is opened with tissue inside the cervix
- C. Need to have evacuation of the uterus
- D. After complete abortion there is minimal or no pain and minimal or no bleeding
- E. Follow up with β -hCG for one year.

32. Regarding Cervical incompetence, one is true:

- A. Cone biopsy is not a predisposing factor
- B. Cerclage is contraindicated
- C. In not encountered with uterine anomalies
- D. Best diagnosed by Hx
- E. Is a cause of early pregnancy abortion

33. In patients with three consecutive spontaneous abortion in the second trimester the most useful investigation is:

- A. Chromosomal analysis
- B. Hysterosalpingogram

- C. Endometrial biopsy
- D. Post coital test
- E. Prolactin level

34. Therapy for threatened abortion should include:

- A. Progesterone IM.
- B. D & C.
- C. Prolonged bed rest.
- D. Restricted activity.
- E. Prostaglandins suppository.

35. Approximately what percentage of spontaneous 1ST trimester abortions show chromosomal abnormalities:

- A. 1%.
- B. 10%.
- C. 25%.
- D. 50%.
- E. 75%.

36. Repeated 2ND trimester abortions, especially when associated with a lack of painful uterine contractions, suggests most strongly:

- A. Defective germ plasm.
- B. Uterine myoma.
- C. Maternal hyperthyroidism.
- D. Folic acid deficiency.
- E. Incompetent cervical os.

37. Inevitable abortion is usually associated with all of the following EXCEPT:

- A. Pain.
- B. Dilated cervix.
- C. Bleeding.
- D. Fever.
- E. The pregnancy is almost doomed.

38. Threatened abortion is characterized by:

- A. The presence of empty sac by ultrasound.
- B. Disappearance of pregnancy symptoms.
- C. Passage of vaginal vesicles.
- D. The cervix is affected.
- E. Vaginal bleeding.

39. In spontaneous abortion:

- A. Uncontrolled blood sugar increases the risk of abortion in diabetic patients.
- B. If the patient has mild bleeding with opened internal os this is considered to be threatened abortion.
- C. Cervical incompetence is the most common cause of abortion in the 1ST trimester.
- D. History of bleeding & passing of tissue per vagina indicates the need for curettage without the need for US.
- E. D & C should be done immediately once missed abortion is diagnosed.

40. Early bleeding in pregnancy may be caused by the following, EXCEPT:

- A. Incomplete abortion
- B. Cervical cancer
- C. Threatened abortion
- D. Ectopic pregnancy
- E. Vasa praevia

*Ectopic pregnancies:***41. Regarding ectopic pregnancy, all of the following are true, EXCEPT:**

- A. Is associated with uterine enlargement
- B. Is situated in the ovary in about 0.5% of all cases
- C. Is more dangerous when it is situated in the isthmus of the fallopian tube
- D. Can only be diagnosed after it has ruptured
- E. Is a complication of assisted conception

42. Acceptable management of ruptured ectopic pregnancy

- A. Observation followed by Methotrexate
- B. Diagnostic laparoscopy followed by observation
- C. Repeat ultrasound next 24 hours to confirm the diagnosis
- D. Exploratory laparotomy and salpingectomy
- E. Dilatation and curettage

43. The following are factors affecting the choice of Methotrexate as a choice of treatment for ectopic pregnancy, EXCEPT:

- A. Size of the ectopic
- B. Presence or absence of cardiac activity
- C. Level of β -hCG
- D. Parity of the patient
- E. Integrity of the tube

44. The most common cause of ectopic pregnancy is:

- A. History of pelvic inflammatory disease
- B. Congenital anomalies of the tube
- C. Endometriosis
- D. Tubal surgery
- E. Previous sterilization

45. Following evacuation of a molar pregnancy, β -hCG titers will fall to untraceable levels in about 90% of patients within:

- A. 2 weeks.
- B. 4 weeks.
- C. 8 weeks.
- D. 10 weeks
- E. 12 weeks.

46. A 25 year-old G3 P1+1 presents to the emergency room complaining of lower abdominal crampy pain 6 weeks from he last normal period. She had significant vaginal bleeding but no passage of tissue & pregnancy test is Positive.

I) The patient's most likely diagnosis is:

- A. Incomplete abortion.
- B. Complete abortion.
- C. Missed abortion.
- D. Threatened abortion.
- E. Ectopic pregnancy.

II) The most important step in this patient's evaluation should be:

- A. Sonography.
- B. Physical exam.
- C. CBC.
- D. Quantitative β -hCG.
- E. Detailed menstrual history.

III) Transvaginal Ultrasonography would most likely reveal:

- A. Fetal heart motion.
- B. An intact gestational sac.
- C. A discrete yolk sac motion.
- D. A Thickened endometrium with gestational sac.
- E. Fetal heart motion in the adnexia.

47. The most common symptom of ectopic pregnancy is :

- A. Profuse vaginal bleeding.
- B. Abdominal pain.
- C. Syncope.

- D. Dyspareunia.
- E. Decreased pregnancy associated symptoms.

48. Acceptable management of possible rupture ectopic pregnancy would include all of the following EXCEPT:

- A. Exploratory laparotomy.
- B. Diagnostic laparoscopy.
- C. Partial salpingectomy.
- D. Total salpingectomy.
- E. Observation followed by Methotrexate.

49. If the above described patient has had a previous term pregnancy prior to her ectopic pregnancy, her chances of subsequent intrauterine pregnancy would be about:

- A. 80%
- B. 60%
- C. 40%
- D. 20%
- E. <10%

50. The commonest site of ectopic pregnancy is :

- A. Peritoneal cavity
- B. Mesosalpinx
- C. Ovary
- D. Ampulla of the fallopian tube
- E. Isthmus portion of the fallopian tube

51. Etiological factor of ectopic pregnancy include all of the following EXCEPT:

- A. Gonococcal Salpingitis
- B. Tubal surgery
- C. Combined OCP
- D. TB salpingitis
- E. Previous ectopic

52. In ectopic pregnancy :

- A. Rarely diagnosed before 12 weeks of gestation
- B. Usually present as obstetric emergency before 12 weeks gestation
- C. IM progesterone is useful
- D. 50% continued up to term

53. Patient with ectopic pregnancy:

- A. Present with heavy per-vaginal bleeding
- B. Methotrexate is the treatment of the choice in patient with ruptured one
- C. May complain of shoulder pain.

- D. Present with cardio vascular collapse in all the cases
- E. Never have fainting attacks.

54. In the management of ectopic pregnancy:

- A. β -hCG titer has a role in the Dx & management of ectopic pregnancy.
- B. D&C is the treatment of choice
- C. Methotrexate should be used if the patient hemodynamically unstable
- D. Shoulder pain is referred from bowel irritation
- E. The presence of severe bleeding is an indication of conservative management

55. Methotrexate Treatment in ectopic is contraindicated if:

- A. β -hCG < 1500
- B. No fetal heart.
- C. Hemoperitonium
- D. Gestational sac < 3 cm

56. Regarding ectopic pregnancy, all of the following are true, EXCEPT:

- B. Is associated with uterine enlargement
- C. Is situated in the ovary in about 0.5% of all cases
- D. Is more dangerous when it is situated in the isthmus of the fallopian tube
- E. Can only be diagnosed after it has ruptured
- F. Is a complication of assisted conception.

57. The following are factors affecting the choice of Methotrexate as a choice of treatment for ectopic pregnancy, EXCEPT:

- A. Size of the ectopic
- B. Presence or absence of cardiac activity
- C. Level of β -hCG
- D. Parity of the patient
- E. Integrity of the tube

58. The most common cause of ectopic pregnancy is:

- A. History of pelvic inflammatory disease
- B. Congenital anomalies of the tube
- C. Endometriosis
- D. Tubal surgery
- E. Previous sterilization

59. Lower abdominal pain and six weeks gestation:

- A. Vaginal examination is contraindicated.
- B. Right iliac fossa pain is diagnostic of appendicitis.
- C. Placental abruption should be considered.
- D. Could be gallstones.

- E. USS has reliable diagnostic information.

60. The endometrial change of ectopic pregnancy:

- A. Glandular cystic hyperplasia
- B. Decidual transformation
- C. Secroteraty changes with chorial cell
- D. Atypical hyperplasia
- E. Proliferation endometrium

61. In ectopic pregnancy :

- A. The ovarian ectopic pregnancy is the most common site
- B. More than 90% of ectopic pregnancies occurs in the fallopian tube
- C. The majority of tubal pregnancies occurs in the fimbria
- D. The most common symptoms of ectopic pregnancy is vaginal bleeding without abdominal pain
- E. Pregnancy test is negative more than 90% of the cases

62. Which of the following is a contraindication to medical treatment in ectopic pregnancy?

- A. An intact tubal pregnancy.
- B. The size is less than 3cm.
- C. The presence of hemoperitonium.
- D. The absence of fetal cardiac activity.
- E. A serum β -hCG of 1500.

63. The quantitative β subunit of HCG in a serum of patient with ectopic pregnancy will :

- A. Rise in a rate greater than expected.
- B. Rise at rate consistent with the normal curve.
- C. Rise at a slower than expected.
- D. Plateau.
- E. Progressively fall.

Antepartum Hemorrhage:

1. **Antepartum haemorrhage may be caused by the following, EXCEPT:**
 - A. Placenta previa
 - B. Cervical cancer
 - C. Abruptio placenta
 - D. Ectopic pregnancy
 - E. Vasa praevia

2. **Each of the following typical feature of placenta previa, EXCEPT:**
 - A. Painless bleeding
 - B. First episode of bleeding is usually self limited
 - C. May be associated with post coital bleeding
 - D. Commonly associated with coagulopathy
 - E. The uterus tends to be soft and non-tender

3. **A 33 year old woman at 37 weeks gestation confirmed by early sonogram presents with moderate to sever vaginal bleeding, and is note by sonogram to have placenta previa, which of the following is the best management for her.**
 - A. Induction of labor
 - B. Give tocolytic drugs
 - C. Caesarean section
 - D. Expectant management
 - E. Artificial rupture of the membrane

4. **Regarding Abruptio placenta:**
 - A. Postpartum hemorrhage occurs only when there in hypofibrinogenemia
 - B. Maternal anemia is a major cause for abruptio placenta
 - C. Fetus is not usually affected
 - D. Associated with antecedent hypertension
 - E. On Examination the abdomen is usually soft and lax

5. **Regarding Placenta previa:**
 - A. Is diagnosed when the placenta occupies the funds and start to bleed
 - B. Recognized to be complicated by postpartum hemorrhage
 - C. The fetal heart rate is usually abnormal.
 - D. Less common in patients with repeat caesarian section
 - E. Diagnosis is confirmed when bleeding starts at 13 weeks of gestation

6. **In placenta previa: Which is true?**
 - A. It is common primigravida
 - B. May cause abnormal lie
 - C. Causes recurrent painful bleeding

- D. All patients should be induced with prostaglandin pessaries
- E. Digital examination is mandatory to exclude local causes

7. Antepartum hemorrhage: Which is true?

- A. Is any bleeding from the genital tract during any stage of pregnancy
- B. Requires assessment by vaginal examination
- C. May be caused by cervical carcinoma
- D. Is always painless
- E. All patients should be delivered by Caesarian Section

8. A pregnant woman presents with a placenta praevia of a major defect and fetus is malformed. Which of the following will be the best management?

- A. Caesarian section
- B. Oxytocin drip
- C. Rupture of membranes
- D. Induce with PG E2
- E. Forceps delivery in the second stage to accelerate delivery.

9. Abruptio placenta:

- A. Is defined as premature separation of low lying placenta.
- B. There is no increase risk of recurrence.
- C. The etiology of placental abruption is usually known.
- D. The diagnosis of placental abruption is frequently confirmed by ultrasound.
- E. The most predisposing condition is chronic maternal Hypertension.

10. Management of Placental Abruption includes all of the following EXCEPT:

- A. Coagulation studies.
- B. Expectant management in cases of IUFD.
- C. Augmentation of labor.
- D. Artificial rupture of Amniotic membrane.
- E. Intensive I.V. fluid replacement.

11. The most common risk factors for placental abruption:

- A. Diabetes.
- B. Increased maternal age, Multiparity, hypertension & cigarette smoking.
- C. Intrauterine growth retardation.
- D. Rh isoimmunization.
- E. Multiple pregnancy.

12. The following is a contraindication for the use of amnio-hook:

- A. Plcenta previa
- B. Abruptio placenta
- C. Breech presentation

- D. IUGR
- E. Face presentation

13. Regarding Abruptio placenta:

- A. Is defined as premature separation of low lying placenta
- B. There is no increase risk of recurrence
- C. The etiology of placental abruption is usually known
- D. The diagnosis of recent placental abruption is frequently confirmed by ultrasound
- E. Chronic maternal hypertension is a known cause.

14. Management of placental abruption includes all of the following EXCEPT:

- A. Coagulation studies
- B. Tocolytic drugs if the baby is premature
- C. Augmentation of labor
- D. Artificial rupture of amniotic membrane
- E. Intensive intravenous fluid replacement

15. The followings are causes of Antepartum hemorrhage EXCEPT:

- A. Abruptio placenta.
- B. Placenta brevia.
- C. Cervical polyp.
- D. Vasa previa.
- E. Rh isoimmunization.

16. Extensive bleeding into the myometrium & beneath the uterine serosa in severe cases of abruption placenta may result in :

- A. A couvelaire uterus.
- B. Active uterus
- C. Placental perfusion
- D. Normal fetal heart rate
- E. Reactive CTG tracing

17. Which of the following is NOT a complication of abruption placenta ?

- A. Postpartum hemorrhage
- B. Consumptive hemorrhage
- C. Fetal demise
- D. Acute renal failure
- E. Subsequent ectopic

18. One of the following contraindications for the use of amnio-hook :

- A. Placental previa
- B. Abruptio placenta
- C. Breech presentation

- D. IUGR
- E. Face presentation

19. Which of the following signs is most useful in predicting the absence of placental abruption following trauma :

- A. Absence of uterine contraction
- B. Absence of vaginal bleeding
- C. Presence of normal fetal heart tones
- D. Absence of tense, painful uterus
- E. Absence of nausea and vomiting

20. 24-year-old patient (G2 P1 + 0). At 34 weeks of gestation presented to emergency with vaginal bleeding. Which one of the following is NOT TRUE ?

- A. Admit the patient
- B. Resuscitate the patient
- C. Do digital examination immediately
- D. Cross-match blood
- E. Do ultrasound

21. In the management of placenta previa centralis :

- A. Once diagnosis is made, the treatment should be urgent caesarean section
- B. Patient may stay at home if she is living near the hospital
- C. Vaginal examination should be done carefully to confirm diagnosis
- D. If the pregnancy has advanced to 37 weeks, it is usually best to perform C/S
- E. If the baby is premature liberal blood transfusion is the treatment of choice for severe hemorrhage

22. The likely causes of ante-partum hemorrhage in 32 weeks pregnant women has recurrent attack of vaginal bleeding with proven fundal placenta are :

- A. Subserous uterine fibroid
- B. Diabetes
- C. Circumvallate placenta
- D. Anemia
- E. Multiple pregnancy

23. The condition of placental abruption is associated with :

- A. External cephalic version
- B. Nulliparus women, among whom it is more common
- C. Direct trauma which may be the main cause
- D. A clinical diagnosis
- E. Always presents with vaginal bleeding

- 24. An 18 year old woman is noted to have a marginal placenta previa on an US at 24 weeks gestation. Which of the following is the most appropriate management?**
- A. Schedule cesarean delivery at 38 weeks.
 - B. Schedule an amniocentesis at 36 weeks & delivery by C-section if the fetal lung is mature.
 - C. Reassess placental position at 33-34 weeks.
 - D. Recommend termination of pregnancy.
 - E. Reassess placental position digitally by vaginal examination 32-34 weeks.
- 25. The following may be signs of abruptio placenta, EXCEPT :**
- A. Vaginal bleeding.
 - B. Absence of uterine contractions.
 - C. Blood stained amniotic fluid.
 - D. Abnormal fetal heart rate.
 - E. Tense painful uterus.
- 26. In Placenta previa, all help in the diagnosis, EXCEPT:**
- A. Constant lower abdominal pain
 - B. Mal presentation
 - C. Painless vaginal bleeding
 - D. US
 - E. History of repeated C-section.
- 27. 33 year female at 37 weeks gestation confirmed by early sonography presents with moderate severe vaginal bleeding, she is noted to have placenta previa, which of the following is the best management for her :**
- A. Induction of labor
 - B. C-Section.
 - C. Expectant management
 - D. Artificial rupture of membrane
 - E. Give tocolytic drugs
- 28. Which of the following patients would be most likely to have a placenta previa:**
- A. 19-year-old G1, P0, Vertex presentation.
 - B. 24-year-old G2, P1, cephalic presentation, 2/5 palpable.
 - C. 34-year-old G5, P3+ 1(abortion), vertex presentation.
 - D. 36-year-old G7, Previous 5 LSCS, P6, transverse lie.
 - E. 28-year-old G3, P1+1(abortion), head at 0 station.
- 29. Routine pelvic examination is contraindicated in which of the following situations during pregnancy:**
- A. Carcinoma of the cervix.
 - B. Gonorrhoea.
 - C. Prolapsed cord.

- D. Placenta previa.
- E. Active labor.

30. Which of the following is NOT a complication of abruptio placenta:

- A. Postpartum hemorrhage.
- B. Consumptive hemorrhage.
- C. Fetal demise.
- D. Acute renal failure.
- E. Subsequent ectopic.

31. Placenta previa is more likely to be found in a pregnancy associated with:

- A. Multiple pregnancy.
- B. Previous manual removal of placenta.
- C. Pyometra.
- D. IVF pregnancy.
- E. Previous C-section.

32. In placenta previa:

- A. Common in primigravida.
- B. Presents with vaginal bleeding with abdominal pain.
- C. Hx. Of repeated C-section is a risk factor.
- D. Characterized by bleeding at 10weeks gestation.
- E. Associated with fetal anomalies.

33. Vasa previa diagnosis in early labor is best treated with:

- A. Spontaneous delivery.
- B. Tocolytic agents to prevent uterine contraction.
- C. Forceps delivery as soon as the cervix is dilated.
- D. C-section.
- E. Ventouse delivery at 8 cm dilation.

34. The most common cause of vaginal bleeding complicating premature labor is:

- A. Vaginal laceration.
- B. An endocervical polyp.
- C. Cervical dilation.
- D. Placenta previa.
- E. Placental abruption.

35. All are complication of abruptio placenta EXCEPT:

- A. Macrosomia
- B. IUFD
- C. DIC
- D. PPH
- E. Uterine atony

36. Velamentous insertion of the cord is associated with an increased risk for:

- A. Premature rupture of the membranes.
- B. Fetal bleeding before labor.
- C. Torsion of the umbilical cord.
- D. Fetal malformation.
- E. Uterine malformations.

Rh isoimmunization and ABO incompatibility:

1. **Select the most correct statement about fetal and neonatal IgM:**
 - A. It is almost entirely maternal in origin
 - B. It is approximately 75% maternal and 25% fetal in origin
 - C. It is 50% maternal, 50% fetal in origin
 - D. It is 25% maternal, 75% fetal in origin
 - E. It is almost entirely fetal in origin

2. **Anti-D prophylaxis:**
 - A. Should be given to all sensitized Rhesus negative women after delivery
 - B. Should be given to all Rhesus negative women after amniocentesis.
 - C. Should be given to all Rhesus positive women who give birth to Rhesus
 - D. negative babies.
 - E. Should be given to all women who's babies are Rhesus negative
 - F. Is contra-indicated during pregnancy if the women is Rhesus negative

3. **In Rhesus Iso-immunization, the following test may be helpful :**
 - A. Rhesus antibody titer in liquor
 - B. Maternal serum bilirubin level
 - C. Liquor bilirubin level
 - D. Maternal hemoglobin
 - E. Baby gender

4. **RH disease :**
 - A. Occurs when the mother is Rh+
 - B. Occurs when the father is RHC.
 - C. Occurs when the fetus is Rh +ve
 - D. Can never occurs in the 1st pregnancy
 - E. Antibodies are formed against maternal RBCs

5. **Rh isoimmunization Anti-D immunoglobulin should be given:**
 - A. After every abortion occurring more than 8 weeks gestation
 - B. To all Rh negative females who have an Rh positive baby
 - C. Postpartum only to Rh negative female who are sensitized
 - D. Postpartum to Rh positive female with Rh negative husbands
 - E. After spontaneous rupture of membrane

6. **RH incompatibility occurs with :**
 - A. Rh -ve father & Rh+ve mother
 - B. Rh -ve mother & Rh -ve father
 - C. Rh -ve mother & Rh +ve father
 - D. Rh +ve mother & Rh +ve father

E. None of the above

7. In ABO incompatibility :

- A. The mother has to be blood group AB
- B. The father has to be B1 group O
- C. It doesn't protect against RH disease
- D. It is an antigen antibody reaction
- E. Erythroblastosis

8. Fetal RBCs can be distinguished from maternal RBCs by their :

- A. Shape
- B. Resistance to acid elution
- C. Lack of Rh factor
- D. Lower amounts of hemoglobin
- E. All of the above

9. Anti-D immunoglobulin should be given:

- A. To Rh-negative mothers after every abortion occurring beyond 6-8 week's gestation.
- B. To all sensitized Rh-negative females who have Rh-positive.
- C. Postpartum only to Rh-negative females who are sensitized regardless of the fetal blood type.
- D. Postpartum to Rh-positive females with Rh-negative husbands.
- E. None of the above.

10. A Rh negative women has increase the chances of being immunized during pregnancy when:

- A. Performing External cephalic version.
- B. Maternal anemia.
- C. Premature labor.
- D. Maternal Thyrotoxicosis.
- E. Multiple pregnancy.

11. Fetal RBCs can be distinguished from maternal RBCs by their:

- A. Shape.
- B. Resistance to acid elution.
- C. Lack of Rh factor.
- D. Lower amount of hemoglobin.
- E. All of the above.

12. Fetal manifestations of erythroblastosis fetalis may include all of the following EXCEPT:

- A. Kimictrus
- B. Hepatomegaly

- C. Placental edema
- D. Splenic enlargement
- E. Polycythemia

13. All of the following maternal antibodies may cause erythroblastosis fetalis in the fetus EXCEPT:

- A. Anti-nuclear antibodies
- B. Anti-E
- C. Anti-D
- D. Anti-lewis

14. If blood must be given without adequate cross matching, the best to use is:

- A. AB Rh-positive.
- B. AB Rh-negative.
- C. O Rh-positive.
- D. O Rh-negative.
- E. A Rh-positive.

15. A Rh negative woman with a history of stillborn at 38/52 due to hemolytic diseases, her husbands-genotype CDE/cde. In her current pregnancy which of the following statements is CORRECT:

- A. 100% of her babies will be Rh positive.
- B. Immunoglobulin should not be given regardless of baby's Rh status.
- C. Immunoglobulin should be given regardless of baby's Rh status.
- D. There is 50% chance that her baby will be Rh negative.
- E. By history alone, she should not be allowed to go after 36/52.

Postpartum Hemorrhage and Coagulation disorder:

1. **Regarding Postpartum haemorrhage:**
 - A. May occur as a consequence of Antepartum haemorrhage.
 - B. Ends with Hypercoagulable state
 - C. Hysterectomy is the first the first line of treatment
 - D. Always complicate intrauterine fetal death (IUFD)
 - E. Diagnosed only when the placenta is still undelivered

2. **Regarding Secondary postpartum haemorrhage:**
 - A. Is diagnosed when bleeding occurs 72 hours after delivery
 - B. Contra indicate breast feeding
 - C. The commonest cause is the cervical tears
 - D. Very common when the patient delivers a congenitally abnormal baby
 - E. Choriocarcinoma could be a cause.

3. **In Abruptio placenta: Which is true?**
 - A. It is bleeding from abnormally situated placenta
 - B. Has minimum effect on the fetus
 - C. Causes painless bleeding
 - D. Can be a cause of post partum hemorrhage
 - E. All should deliver by caesarean section

4. **Atonic Post partum hemorrhage is best managed with :**
 - A. Intra-venous progesterone
 - B. 0.5 mg oral ergometrine and uterine massage
 - C. 5 units oral syntocinon and uterine massage
 - D. Uterine massage
 - E. Uterine massage with 40 units syntocinon in 500 ml D5 % NS to be given Intravenously

5. **Postpartum hemorrhage can occur due to all the followings EXCEPT:**
 - A. Fetal macrosomia.
 - B. Polyhydramnios.
 - C. Placenta brevia.
 - D. Abruptio placenta.
 - E. Postdate pregnancy.

6. **Disseminated intravascular coagulation (DIC) :**
 - A. Can be managed by leukocyte transfusion
 - B. Can cause decrease fibrinogen degeneration products
 - C. Can cause decrease PT , PTT

- D. Is characterized by increase platelet count
 - E. Can be encountered in case of IUFD
7. All of the following circumstances should alert an obstetrician to an increased likelihood of postpartum hemorrhage EXCEPT:
- A. Prolonged labor
 - B. Rapid labor
 - C. Postdate pregnancy
 - D. Oxytocin stimulation
 - E. Twin pregnancy
8. In DIC: Disseminating intravascular coagulation
- A. The level of FDP (Fibrinogen degeneration products) is low
 - B. Platelet count is high
 - C. Bleeding time is prolonged
 - D. PT and PTT are normal
 - E. The Fibrinogen level is high
9. Clinical Presentation of DIC include the following EXCEPT:
- A. Bleeding from IV sites
 - B. Hematuria
 - C. Failure active surgical hemostasis
 - D. Increase temperature (fever)
 - E. Epistaxis
10. Clinical causes of DIC (disseminating intravascular coagulation) include the following EXCEPT :
- A. Ectopic pregnancy
 - B. Septic abortion
 - C. Mild pre-eclampsia
 - D. The use of tampons
 - E. IUFD
11. The treatment of DIC may include the following EXCEPT:
- A. Heparin
 - B. Packed RBCs
 - C. Platelet transfusion
 - D. Leukocyte transfusion
 - E. Cryoprecipitate
12. Ergometrine to control post-partum hemorrhage :
- A. Is contraindicated in patient with high blood pressure
 - B. It will not act on the smooth muscle of the blood vessels
 - C. Intravenous route is the only way to be given

- D. It can be used for induction of labor
 - E. Is safe in cardiac patient
13. A 28 years old patient complains of the amenorrhea after D & C for postpartum bleeding. The most likely diagnosis:
- A. Gonadal dysgenesis
 - B. Sheehan's syndrome
 - C. Kallman's syndrome
 - D. Mayer-Rokitansky- Kuster-Hauser syndrome
 - E. Asherman's syndrome
14. Post-partum hemorrhage may have higher incidence in all the following conditions EXCEPT:
- A. Multiple pregnancies
 - B. Polyhydramnios
 - C. Macrosomic baby
 - D. Placenta previa
 - E. Pregnancy induced hypertension
15. All the following are causes of DIC in pregnancy, EXCEPT :
- A. Fetal demise.
 - B. Abortion.
 - C. Placental abruption.
 - D. Placenta previa.
 - E. Sepsis.
16. Regarding postpartum hemorrhage the following are true EXCEPT:
- A. blood loss of 500 ml or more after vaginal delivery.
 - B. Blood loss of 1000 ml or more after C-section.
 - C. Atonic hemorrhage is less common than traumatic one.
 - D. Multiple pregnancy may predispose to postpartum hemorrhage.
 - E. Patient with previous history of postpartum hemorrhage are at high risk for postpartum hemorrhage after next delivery.
17. The following statements are correct EXCEPT:
- A. Syntometrine is composed of syntocinon & Ergometrine.
 - B. Ergometrine is contraindicated in cardiac patient.
 - C. Syntometrine is used prophyltically in the management of 3RD stage of labor.
 - D. Syntometrine is contraindicated in cardiac patients.
 - E. Syntometrine affects the smooth muscles of blood vessels.

Instrumental deliveries, C-section and Vaginal Birth After C-section (VBAC):

1. **The following are always indications for Caesarean Section**
 - A. Hydrocephalus
 - B. Abruptio placenta
 - C. Preterm Labor
 - D. Active primary genital herpes
 - E. Sever pre-eclampsia

2. **Obstructed labor: Which is true?**
 - A. Diagnosis only when the cervix is fully dilated
 - B. Usually predicted before onset of labor
 - C. More common in developed countries
 - D. Mento-posterior position could be a cause
 - E. X-ray pelvimetry is essential to predict cephalo-pelvic disproportion in Primigravida

3. **Prolapse of umbilical cord: Which is true?**
 - A. Not an indication for caesarean section when baby viable at 36 weeks
 - B. Diagnosed when membranes are still intact
 - C. Is more common when fetus acquires an abnormal lie
 - D. Incidence is 5%
 - E. Causes severe respiratory alkalosis

4. **The best uterine scar a patient can have for Caesarian section is**
 - A. Transverse upper segment
 - B. Longitudinal upper segment
 - C. Transverse lower segment
 - D. Longitudinal lower segment
 - E. A T-shaped incision

5. **Which of the following is not a basic component of an obstetric forceps ?**
 - A. Blade
 - B. Handle
 - C. Lack
 - D. Stem
 - E. Shank

6. **Which instrument is not a basic of a laparoscopic set :**
 - A. Trochar
 - B. Hegar dilator

- C. Veress needle
 - D. Light source
 - E. CO2 inflation set.
7. Which of the followings is a contraindication to a trial of labor after cesarean delivery?
- A. Prior classical incision.
 - B. Prior cesarean delivery for dystocia.
 - C. Prior IUFD.
 - D. Ultrasound estimation of fetal weight of 3500g.
 - E. Prior cesarean delivery for breech.
8. Indications for instrumental delivery include all the followings EXCEPT:
- A. Prolonged second stage of labor.
 - B. Fetal distress.
 - C. Transverse lie.
 - D. Breech presentation.
 - E. Maternal cardiac disease.
9. Obstructed labor:
- A. Diagnosed only when the cervix is fully dilated.
 - B. Usually predicted before the onset of labor.
 - C. More common in developed countries.
 - D. Mento-posterior position could be a cause.
 - E. X-ray pelvimetry is essential to predict cephalo-pelvic disproportion in a primigravida.
10. Prerequisites for instrumental delivery include all the followings EXCEPT:
- A. Cephalic presentation.
 - B. Engaged head.
 - C. Full dilation of the cervix.
 - D. Rupture of membranes.
 - E. The presence of epidural analgesia.
11. Vacuum extraction (ventouse):
- A. Causes more maternal birth canal injuries than the forceps.
 - B. Can be used when the cervix is 7 cm dilated.
 - C. Can be applied when the vertex is minus 2 station.
 - D. Can cause Cephalohematoma to the baby.
 - E. Can be used in face presentation.

12. These conditions are always an indication for caesarean section. Which one of these is an absolute indication for C/S :

- A. Twin pregnancy
- B. Breech presentation
- C. Severe PET
- D. Major degree placenta previa
- E. IUGR

13. Advantage of lower segment caesarean section over the classic incision includes:

- A. Ease of repair
- B. Decreases blood loss
- C. Lower probability of subsequent uterine rupture
- D. Decreases danger of intestinal obstruction
- E. All of the above

14. Indication for cesarean section include all of the following EXCEPT:

- A. Previous caesarean section
- B. Failed forceps delivery
- C. Cervical cerclage.
- D. Cord prolapsed
- E. Primigravida.

15. Pre-requisite for a forceps delivery include all of the following EXCEPT :

- A. A complete dilated cervix
- B. An empty bladder
- C. The vertex in the occipito-anterior position
- D. Ruptured membrane
- E. The known position of the vertex

16. Which of the following neonatal morbidities is not related to forceps delivery?

- A. Fractured skull
- B. Sepsis
- C. Nerve palsies
- D. Cephalohematoma
- E. Convulsion

17. Kjelland's forceps :

- A. May be used if the head is not engaged
- B. Have no cephalic curve
- C. Have knobs on the shank which point towards the sinciput
- D. Have a sliding lock in the order to correct asynclitism
- E. Can be used with axis traction

- 18. An absolute indication for an elective C-section is :**
- A. Previous CS.
 - B. Antepartum hemorrhage.
 - C. Twin pregnancy.
 - A. Placenta previa totalis.
 - B. Fetal distress.
- 19. Immediate complications of C-section include all the following, EXCEPT :**
- A. Complications of anesthesia.
 - B. Bladder injury.
 - C. Thromboembolism.
 - D. Colon injury.
 - E. Hemorrhage.
- 20. Immediate complication of C/S include all except:**
- A. Bladder injury
 - B. Hemorrhage
 - C. Thromboembolism (also DM is not immediate)
 - D. Complication of anesthesia
- 21. All are contraindications to VBAC except:**
- A. Lower segment C-section
 - B. Classical C-Section.
 - C. Rupture uterine
- 22. These conditions are always an indication for C-section. Which one of these is an absolute indication for CS?**
- A. Twin pregnancy.
 - B. Breech presentation.
 - C. Severe PET.
 - D. Minor degree placenta previa.
 - E. IUGR.
- 23. One of the following is an absolute indication for C-section:**
- A. Grade IV placenta previa.
 - B. Abruptio placenta.
 - C. Cervical cerclage.
 - D. Breech presentation.
 - E. Twins pregnancy.
- 24. Pre-requisite for instrumental delivery include all of the following EXCEPT:**
- A. Cervix fully dilated.
 - B. Ruptured membranes.
 - C. Fetal head engaged.

- D. Fetal head at -2 station.
- E. Empty catheterized bladder.

25. A newborn is noted to have a darkened swelling of the scalp that does not cross the midline. This is most likely a:

- A. Caput succedaneum.
- B. Subdural hemorrhage.
- C. Cephalohematoma.
- D. Subarachnoid hemorrhage.
- E. Tentorial tear.

26. Which of the following anesthetic technique will produce the greatest uterine relaxation?

- A. Spinal block.
- B. Caudal.
- C. Nitrous oxide.
- D. Halothane.
- E. Paracervical.

27. What is the most common cause of anesthetic death in obstetrics :

- A. Failed intubation.
- B. Hemorrhage.
- C. Stroke.
- D. Reaction to medication.
- E. Aspiration pneumonitis

28. Epidural nerve block in labor:

- A. Involves the injection of an anesthetic agent into the subarachnoid space.
- B. Causes transient hypertension.
- C. Increases the rate of forceps delivery.
- D. Increases the length of the 1st stage of labor.
- E. Is contraindicated if the patient is on anti-coagulants.

29. Which of the following anesthetic technique will produce the greatest uterine relaxation?

- A. Spinal block
- B. Caudal
- C. Nitrous oxide
- D. Halothane
- E. Paracervical

30. Most common cause of anesthesia death in pregnancy:

- A. Aspiration pneumonia
- B. Medication reaction

- C. Stroke
- D. Hemorrhage

31. Contraindication of caudal anesthesia include:

- A. Pilonidal sinus.
- B. Heart disease.
- C. Anemia.
- D. Prematurity.

32. The following are absolute indication for C-section EXCEPT:

- A. Face presentation.
- B. Shoulder presentation.
- C. Cervical cancer.
- D. Fibroids in the lower uterine segment.
- E. Previous classical C-section.

Premature Labor and PROM:

1. All of these drugs can be used as tocolytic to stop labor, EXCEPT:
 - A. Salbutamol ventolin
 - B. Diazepam (valium)
 - C. Calcium channel blocker
 - D. Indomethacin non steroidal anti inflammatory drugs
 - E. Ritodrine (β agonist).

2. In cases with premature rupture of membranes, all the following are acceptable in the conservative management except:
 - A. Frequent vaginal examination to assess cervical dilatation
 - B. serial complete blood count to diagnose rising of WBC
 - C. Close monitoring of maternal vital signs
 - D. Ultrasound to assess fetal weight and amount of liquor
 - E. Monitoring of the fetus by doing cardiotocogram

3. Regarding Surfactant:
 - A. Is secreted by type I pneumocytes
 - B. Are glycoprotein.
 - C. After 38 weeks the ratio to sphingomyelins is 2:1.
 - D. Its secretion is suppressed by betamethzone.
 - E. Its deficiency leads to adult respiratory distress syndrome.

4. The following has a recognized relation with spontaneous preterm labor:
 - A. Fetus with anencephaly
 - B. Oligohydromnios
 - C. Maternal hypothyroidism
 - D. Bacterial Vaginosis
 - E. Transverse lie of the fetus

5. All the following are possible of premature labor, EXCEPT:
 - A. Multiple pregnancy
 - B. Polyhydramnios
 - C. Bicornuate uteres
 - D. Anencephaly
 - E. Perinatal infection.

6. A positive nitrazine test is:
 - A. Strong evidence of rupture of the membranes.
 - B. Presumptive evidence of intact membranes.
 - C. An evidence of intact membranes.
 - D. Presumptive evidence of intact membranes.

- E. None of the above.
7. **The most serious complication of preterm premature rupture of membrane (PPROM) at 28 weeks:**
- A. Fetal compression anomaly.
 - B. Pulmonary hypoplasia.
 - C. Intrauterine infection.
 - D. Limb contraction.
 - E. Abruptio placenta.
8. **The following are obstetrics causes for premature labor EXCEPT :**
- A. Multiple pregnancy
 - B. Multiparity
 - C. Premature preterm rupture of the membrane
 - D. Cervical incompetence
 - E. Uterine congenital anomalies
9. **In the diagnosis of premature rupture of the membrane, all of the following are true EXCEPT:**
- A. History of fluid loss per vagina
 - B. Visualization of amniotic fluid in the vagina by sterile speculum
 - C. Positive Nitrazine test
 - D. Positive fern test
 - E. Positive methylene blue test
10. **Rupture of membranes is suspected with all of the followings EXCEPT:**
- A. Positive Nitrazine test.
 - B. Positive Fern test.
 - C. Pooling of amniotic fluid on speculum examination.
 - D. Observing amniotic fluid drain through the cervix during speculum examination.
 - F. Contractions seen on the CTG.
11. **All the followings are causes of preterm labor EXCEPT:**
- A. Multiparity.
 - B. Placenta previa.
 - C. Polyhydramnios.
12. **The following are known causes of preterm labor EXCEPT:**
- A. Maternal hypoxia
 - B. Intrauterine fetal death
 - C. Polyhydramnios
 - D. Multiple pregnancy
 - E. Cervical incompetence

13. Early signs of premature labor include all of following EXCEPT:

- A. Increased vaginal discharge
- B. Increased uterine contraction
- C. Low back pain
- D. Cervical dilatation to 4 cm
- E. Worsening pelvic pressure

14. Rupture of membranes is suspected with all the following, EXCEPT :

- A. +ve nitrazine test.
- B. +ve fern test.
- C. Pooling of amniotic fluid on speculum examination.
- D. Contraction seen on the CTG.
- E. Observing amniotic fluid draining through the cervix during speculum examination.

15. In cases of premature rupture of membrane, all the following is acceptable in conservative management, EXCEPT:

- A. Serial CBC to diagnose rising WBC.
- B. Closed monitoring of maternal vital signs.
- C. Frequent vaginal examination to asses cervical dilation.
- D. US to asses fetal weight and the amount of liquor.
- E. Monitoring of fetus by doing cardiogram.

16. In cases with premature rupture of membranes, all the following are acceptable in the conservative management except:

- A. Frequent vaginal examination to assess cervical dilatation.
- B. serial complete blood count to diagnose rising of WBC.
- C. Close monitoring of maternal vital signs.
- D. Ultrasound to assess fetal weight and amount of liquor.
- E. Monitoring of the fetus by doing cardiotocogram.

17. A premature birth has been defined as:

- A. Before 37 completed weeks' gestation.
- B. Prior to the period of viability.
- C. Weighing less than 1000 g.
- D. Weighing more than 1000g but less than 2500g.
- E. None of the above.

18. Preterm labor is defined as labor which starts:

- A. Before 24 weeks of gestation.
- B. Before 37 completed weeks.
- C. Before the viability of the fetus.
- D. When the fetus weighing < 1000 gm.
- E. Prior to 40 weeks gestation.

19. Premature rupture of membrane is most strictly defined as rupture at any time prior to:

- A. A stage of fetal viability.
- B. The 2ND stage of labor.
- C. The 32ND week of gestation.
- D. The onset of labor.
- E. The 38TH week of gestation.

20. Contraindications to tocolytic therapy includes the following EXCEPT:

- A. Severe PET.
- B. Severe antepartum hemorrhage.
- C. IUGR.
- D. Chorioamnionitis.
- E. Preterm breech presentation.

21. Drugs used to inhibit preterm labor include:

- A. Phenobarbitone.
- B. Prostaglandins.
- C. Ca channel inhibitors.
- D. Anticholinergic drugs.
- E. Dexamethasone.

22. Premature rupture of membrane is :

- A. Rupture of membranes before the onset of labor.
- B. Rupture of membranes before fetal lung maturity.
- C. Rupture of membranes before term.
- D. Rupture of membranes before 28 weeks gestation.
- E. All the above.

23. All of these drugs can be used as tocolytic to stop labor, EXCEPT:

- A. Salbutamol ventolin
- B. Methotrexate
- C. Calcium channel blocker
- D. Indomethacin non steroidal anti inflammatory drugs Retodrine (_-agonist)

24. The following are known contraindications to the usage of Tocolysis in pregnancy EXCEPT:

- A. Cardiac disease.
- B. Severe hypertension.
- C. Clinical chorioamnionitis.
- D. Intrauterine death.
- E. Thyroid disease.

- 25. Dexamethasone is indicated in which of the following condition :**
- A. Premature labor to prevent neonatal respiratory distress syndrome
 - B. Ectopic pregnancy to enhance fetal lung maturity
 - C. Spontaneous rupture of membrane at 39 week
 - D. At 38 weeks severe abruption placenta
 - E. Threatened abortion
- 26. Complication of pregnancy that predispose to preterm labor includes all the following EXCEPT :**
- A. polyhydramnios
 - B. Urinary tract infection
 - C. 25 years old primigravida.
 - D. Premature rupture of membranes
 - E. Multiple pregnancy
- 27. Which of the following complications is associated with ruptured appendix & peritonitis ?**
- A. Fetal growth restriction
 - B. Oligohydromnios
 - C. Chorioamnionitis
 - D. Preterm birth
 - E. Placental abruption
- 28. Inhibition of prostaglandin synthesis are not generally used for tocolysis because they:**
- A. Are effective
 - B. Produce marked hypertension
 - C. May cause premature closure of the fetal ductus arteriosus
 - D. Are too expensive
 - E. Are associated with lactic acidosis
- 29. In cases with premature rupture of membranes, all the following are acceptable in the conservative management except:**
- A. Frequent vaginal examination to assess cervical dilatation.
 - B. serial complete blood count to diagnose rising of WBC.
 - C. Close monitoring of maternal vital signs.
 - D. Ultrasound to assess fetal weight and amount of liquor.
 - E. Monitoring of the fetus by doing cardiotocogram.
- 30. Retodrine is a b adrenergic receptor stimulator that is used to arrest preterm labor. Which of the following is a major maternal risk of its use?**
- A. Hypertension.
 - B. Decreased plasma glucose.
 - C. Decreased serum potassium.

- D. Cardiac arrhythmias.
- E. Asthma

32. Prostaglandin synthesis is inhibited by:

- A. progesterone.
- B. Indomethacin.
- C. ACTH.
- D. Prolactin-inhibiting factor.
- E. Thyroid hormone.

33. Side effects of β sympathomimetics include all of the following, EXCEPT:

- A. Tachycardia
- B. Pulmonary oedema
- C. Headache
- D. Premature closure of ductus arteriosus
- E. Palpitation

Prenatal Infections:

1. In prenatal infection
 - A. Rubella can be prevented by administration of rubella vaccine during pregnancy
 - B. Toxoplasma is a virus
 - C. HIV virus infect the baby more readily when delivered vaginally than caesarean section
 - D. Cytomegalovirus causes macrosomic babies
 - E. In HIV patient breast-feeding is encouraged

2. Transplacental infection occur with all, EXCEPT:
 - A. Cytomegalovirus.
 - B. Toxoplasma
 - C. Rubella
 - D. Syphilis
 - E. Gonorrhoea

3. In HIV infection which of the following is CORRECT ?
 - A. It is DNA virus
 - B. Virus can be isolated from saliva
 - C. Breast feeding increase transmission to the baby
 - D. Caesarean section increase transmission of infection to the baby
 - E. Negative HIV antibodies guarantees absence of infection

4. The following may be indicative of chorioamnionitis EXCEPT:
 - A. Maternal pyrexia
 - B. Maternal tachycardia.
 - C. Tender uterus
 - D. Fetal bradycardia
 - E. Increased white-cell count in the mother

5. In Toxoplasmosis infection, all are true EXCEPT:
 - A. Hepatosplenomegaly
 - B. Jaundice
 - C. Retenitis

6. A pregnant woman with Active vulval herpes infection, How would you manage her?
 - A. Give acyclovir & then deliver
 - B. Deliver & give the baby prophylactic acyclovir
 - C. C/S.

7. Rubella's eye manifestation on the newborn is mainly:
- A. Cataract.
 - B. Microcephaly
 - C. Retinopathy
8. Which of the following is NOT considered a high risk pregnancy :
- A. Gestational diabetes
 - B. Cardiac disease in pregnancy
 - C. Candida infection in pregnancy
 - D. Bleeding in pregnancy
 - E. Patient with history of previous IUFD
9. Genital tract Candida occurs more frequent in all these patients EXCEPT :
- A. Diabetic
 - B. On long term antibiotic therapy
 - C. Thyrotoxicosis
 - D. On oral contraceptive pills
 - E. Pregnant
10. Regarding Rubella immunization :
- A. Rubella negative patients should be vaccinated during pregnancy
 - B. Rubella vaccine is a Toxoid
 - C. The majority of pregnant patients are rubella non immune
 - D. Breast feeding should be inhibited if vaccine is given postnatally
 - E. Pregnancy should be avoided for 3 months after vaccination
11. Regarding Rubella vaccination, choose the correct answer :
- A. It's a live attenuated virus.
 - B. Should be given in pregnancy in non-immune mother.
 - C. Should be given to all pregnant mothers in the 1st antenatal visit.
 - D. Pregnancy should be avoided for one year after the vaccination.
 - E. It's a toxoid.
12. The following are characteristic findings in neonatal rubella infection, EXCEPT :
- A. Deafness.
 - B. Spina bifida.
 - C. Congenital heart disease.
 - D. Cataracts.
13. Mother with hepatitis B positive:
- A. we give the baby both immunoglobulins and live attinuated vaccine when born

14. The following maternal infections may cross the placenta:

- A. Herpes genitals.
- B. Parvovirus B19.
- C. Toxoplasmosis.
- D. Chicken pox.
- E. Cytomegalovirus.

15. Which of the following is the predominant bacteria in vagina during pregnancy:

- A. Peptostreptococci.
- B. Listeria monocytogenes.
- C. Lactobacilli.
- D. Streptococcus agalatia.
- E. Staphylococcus.

16. The following can be associated with toxoplasmosis infection during pregnancy EXCEPT:

- A. Rhinitis
- B. Brain calcification
- C. Hepatic Splenomegaly
- D. Hydrocephalus
- E. Spina bifida

IUGR and IUFD:

1. All these tests can be useful in management of intrauterine fetal growth restriction (IUGR) EXCEPT:
 - A. Fetal kick chart
 - B. Cardiotocography CTG non stress test
 - C. Chorionic villous sampling
 - D. Biophysical profile
 - E. Umbilical cord Doppler waveforms

2. The following are possible complications of IUGR EXCEPT :
 - A. Intrauterine death
 - B. Severe hypoxia and fetal distress in labor
 - C. Meconium aspiration
 - D. Hypoglycemia
 - E. Post maturity

3. The definition of intrauterine growth restriction (IUGR):
 - A. Infant with birth weight below 10th percentile for a give gestation age
 - B. Infant with birth weight below 25th percentile for a given gestation age
 - C. Infant with birth weight of 2.8 kg
 - D. Infant with birth weight below 50th percentile for a given gestation age
 - E. Infant born at 30 weeks of gestation with a weight of 2.3 kg

4. Maternal causes for intrauterine growth restriction may one of these EXCEPT:
 - A. Hypertensive diseases with pregnancy
 - B. Chronic renal diseases with pregnancy
 - C. Smoking and alcoholism
 - D. Cyanotic heart disease
 - E. Rheumatic mitral stenosis

5. Risk factors for shoulder dystocia include all the followings EXCEPT:
 - A. Maternal obesity.
 - B. Macrosomia.
 - C. Maternal diabetes.
 - D. Prolonged second stage of labor.
 - E. IUGR.

6. Causes of IUGR include all the followings EXCEPT:
 - A. Constitutional small mother.
 - B. Fetal urinary tract anomalies.
 - C. Premature rupture of membranes.

- D. Placental insufficiency.
- 7. The most accurate method for diagnosis of IUFD :**
- A. No fetal movement by the mother
 - B. Decrease in symptoms & signs of pregnancy
 - C. Recurrent bleeding per vagina
 - D. Absence of fetal heart sound by Doppler
 - E. Absence of fetal heart by real time UUS movement
- 8. The following are causes for a uterus that is large for gestation during pregnancy, EXCEPT :**
- A. Multiple pregnancy
 - B. IUGR
 - C. Fibroid
 - D. Polyhydramnios
 - E. Incorrect dating of pregnancy
- 9. Causes of IUGR include all the followings EXCEPT:**
- A. Constitutional small mother.
 - B. Fetal urinary tract anomalies.
 - C. Premature rupture of membranes.
 - D. Placental insufficiency.
- 10. The most serious maternal complication of IUFD:**
- A. Acute amnionitis.
 - B. Acute psychosis.
 - C. Pelvic thrombophlebitis.
 - D. Hypofibrinogenemia.
 - E. Infertility.
- 11. IUGR may occur in all of the following EXCEPT:**
- A. Pre-eclampsia.
 - B. Congenital anomaly.
 - C. Gestational diabetes mellitus.
 - D. Sickle cell anemia.
 - E. Maternal smoking.
- 12. In cases of IUFD:**
- A. A cause can be indentified in most cases.
 - B. Immediate delivery is indicated.
 - C. More common with good antenatal care.
 - D. Fetal chromosome should not be done.
 - E. Careful examination of the newborn is important.

13. If IUGR is encountered:

- A. Immediate delivery is indicated.
- B. C-section is the only way in those cases.
- C. Steroids should not be administered in causes post maturity.
- D. Congenital anomalies should be ruled out.
- E. Perinatal mortality/morbidity is unaffected.

14. The commonest cause of IUFD is :

- A. True knots in the cord.
- B. Gestational diabetes mellitus.
- C. Unexplained.
- D. Infections.
- E. Complete placental abruption.

15. The most common chromosomal abnormality in the abortuses is:

- A. Balanced translocation.
- B. Unbalanced translocation.
- C. Triploidy.
- D. Trisomy.
- E. Turner (45 XO).

Post-term and IOL:

28. Which is a contraindication of induction of labor
- A. History of upper segment caesarian section
 - B. Sever P E T at 36 weeks
 - C. Gestational diabetes on insulin at 39 weeks
 - D. Post term pregnancy
 - E. Chorioamnionitis
29. Which of the following is an indication for induction of labor:
- A. Placenta previa.
 - B. Post-term gestation.
 - C. Cord presentation.
 - D. Prior classical C-section.
 - E. Active genital herpes.
30. The following are indications for induction of labor EXCEPT :
- A. Sever pre-eclampsia
 - B. Diabetes mellitus-controlled with high dose of insulin
 - C. Prolonged rupture of membrane without uterine contraction
 - D. IUFD (intrauterine fetal death)
 - E. History of previous 3 C/S.
31. The most common reason for postdate pregnancy is:
- A. Inaccurate gestational age.
 - B. Fetal anencephaly.
 - C. Oligohydramnios.
 - D. IUGR.
 - E. Advanced maternal age.
32. Which of the followings is an indication for induction of labor?
- A. Placenta brevia.
 - B. Postterm gestation.
 - C. Cord presentation.
 - D. Prior classical cesarean section.
 - E. Active genital herpes.
33. In postterm pregnancy all the followings are true EXCEPT:
- A. Associated with meconium stained liquor.
 - B. The fetus has long nails.
 - C. May results in oligohydraminos.
 - D. Not associated with respiratory distress syndrome.
 - E. It is a gestational age beyond 43 weeks.

34. Which of the followings is a contraindication for Oxytocin infusion to induce labor?

- A. Irregular first stage labor.
- B. Transverse lie.

35. Indications for induction of labor include all the following EXCEPT :

- A. Prolonged pregnancy
- B. Severe pre-eclampsia
- C. IUGR
- D. Previous 3 LSCS (lower segment c/s)
- E. Prolonged rupture of membranes without labor

36. Risks and complications of induction of labor include all the following, EXCEPT :

- A. Failed induction.
- B. Atonic postpartum hemorrhage.
- C. Uterine hyperstimulation leading to fetal hypoxia.
- D. Prostaglandin may cause hypothermia due to its direct effect on thermoregulatory centers in the brain.
- E. Ruptured uterus in grand multipara of patients with previous C-section.

37. Which is a contraindication of induction of labor

- A. History of upper segment caesarian section
- B. Sever P E T at 36 weeks
- C. Gestational diabetes on insulin at 39 weeks
- D. Post term pregnancy
- E. Chorioamnionitis

38. Risk and complications of induction of labor include all of the following EXCEPT:

- A. Failed induction
- B. Atonic PPH
- C. Uterine hyperstimulation leading to fetal hypoxia
- D. Prostaglandin may cause hypothermia due to its direct effect on thermoregulatory centers in the brain
- F. Rupture uterus in grandmultipara of patients with previous CS

12. Which of the following has NOT been shown to stimulate (induce) labor:

- A. Amniotomy.
- B. Prostaglandins.
- C. Enemas.
- D. Breast stimulation.
- E. Overeating.

13. Regarding induction of labor all statements are false, EXCEPT:

- A. Chance of success is not dependent on the cervical bishop score.
- B. Is indicated in patient with mitral stenosis.
- C. Vaginal prostaglandin pessaries reduce the induction of delivery interval.
- D. Is indicated at 40 weeks gestation.
- E. All diabetic women should be induced at 38 weeks of gestation.

14. Actions of Oxytocin include:

- A. Anti-diuretic activity.
- B. Production of transient hypertension.
- C. Increase in uterine muscle contractility.
- D. Activation of myoepithelial cells of the breast.
- E. All of the above

15. What is the 1/2 life of Oxytocin:

- A. < 1 min.
- B. 3 min.
- C. 10 - 15 min.
- D. 20 - 30 min.

16. Amnio-hook (artificial ROM) may cause all except:

- A. Amniotic fluid embolus
- B. IUGR
- C. Abruptio placenta
- D. Fetal distress
- E. Cord prolapse

17. Complications of artificial rupture of membranes include all the following, EXCEPT :

- A. Abruptio placenta.
- B. Amniotic fluid embolism.
- C. Fetal distress.
- D. Meconium aspiration.
- E. Cord prolapse.

18. A contraindication to the use of Oxytocin for stimulating labor at term is:

- A. Dead fetus.
- B. Hypertonic uterine dysfunction.
- C. Hypotonic uterine dysfunction.
- D. Twin gestation.
- E. Prior history of LSCS.

Abnormal Presentation and Breech:

1. **Compound presentation is most consistently associated with :**
 - A. Prematurity.
 - B. Advanced maternal age.
 - C. Uncoordinated uterine contractions.
 - D. Diabetic pregnant woman.
 - E. Large pelvic vessels.

2. **Complete breech means:**
 - A. Flexion at hip joint and extension in knee joint
 - B. Flexion at hip joint and flexion at knee joint
 - C. Extension at the hip joint
 - D. Flexion at knee joint and extension at the hip joint
 - E. Flexion of one leg at hip joint and extension of the other leg at the hip joint

3. **Regarding shoulder presentation, the following are true EXCEPT:**
 - A. Cord prolapse is common
 - B. 3rd degree Perineal tear is common
 - C. Deep transverse arrest can occur*
 - D. More common in primigravida
 - E. Always end by shoulder dystocia.

4. **Breech presentation: Which is true?**
 - A. Constitutes 10% of all term deliveries
 - B. Common in post term labor
 - C. Vacuum extraction can be used when cervix is fully dilated
 - D. Forceps can be used for after coming head
 - E. External cephalic version is best performed between 32-34 weeks gestation.

5. **Which of the following is contraindication for delivery using vacuum extraction?**
 - A. Face presentation
 - B. Second twins in vertex presentation
 - C. post term pregnancy
 - D. Occipito transverse position
 - E. Chorioamnionitis

6. **Umbilical cord prolapse is most likely to occur with:**
 - A. Frank breech.
 - B. Complete breech.

- C. Single footling breech.
 - D. Double footling breech.
7. **The most frequent severe complication of vaginal breech delivery:**
- A. Cord prolapse.
 - B. Spinal cord injury.
 - C. Head entrapment.
 - D. Cord avulsion.
 - E. Placental Separation
8. **The major cause of serious neonatal morbidity & mortality for infants with breech presentation is:**
- A. Birth trauma.
 - B. IUGR.
 - C. Cord prolapse.
 - D. Associated congenital anomalies.
 - E. Cerebral palsy.
9. **The most common complication of External Cephalic Versions:**
- A. Placental separation.
 - B. Fetomaternal hemorrhage.
 - C. Persistent fetal bradycardia.
 - D. Inability to convert the fetus to the vertex presentation.
 - E. Reversion of the fetus to breech presentation.
10. **An absolute contraindication for vaginal breech delivery is:**
- A. Footling breech presentation.
 - B. Hyperextension of the head.
 - C. Prolonged latent phase of labor.
 - D. A large fetus with estimated fetal weight > 3000 gm.
 - E. Previous pregnancy loss.
11. **A 24-year-old G1 P0, Rh-negative , 36 weeks a breech presentation and is considering external cephalic version. She should be told :**
- A. She should be offered general anesthesia
 - B. The procedure can be done with oligohydraminos
 - C. Prophylaxis with anti-globulin D can wait until after delivery
 - D. Engagement of the presenting part is not considered a contraindication to version
 - E. Tocolysis with intravenous Retodrine has been shown to improve the results of external version

12. The following are possible causes of breech presentation EXCEPT :

- A. Prematurity
- B. Sub-serous fundal fibroid
- C. Multiple pregnancy
- D. Placenta previa
- E. Bicornuate uterus

13. Which of the following is contraindicated for delivery using Vacuum extraction?

- A. Face presentation
- B. 38 weeks gestation
- C. Chorioamnionitis
- D. Post-term pregnancy
- E. Occipito transverse position

14. In breech presentation:

- A. Frank breech is the commonest type.
- B. Brachial plexus injury is a recognized complication.
- C. Prolapse of the umbilical cord can occur.
- D. Fetal mortality is increased.
- E. All of the above.

15. The incidence of breech presentation at term is :

- A. 20%
- B. 10%
- C. 3.5%
- D. 15%
- E. 0.5%

16. With regard to breech presentation :

- A. In vaginal delivery the fetus is prone to Cephalohematoma
- B. Hyperextension of the fetal head is a favorable
- C. External cephalic version (ECV), reduces the breech presentation at term 1%
- D. Mid trimester amniocentesis is likely to result in breech presentation at term
- E. The perinatal morbidity is ten time higher than in cephalic presentation

17. External cephalic version is contraindicated in all of these conditions EXCEPT

- A. Scarred uterus
- B. Multiple pregnancy
- C. Placenta previa
- D. Severe maternal hypertension
- E. Gestational diabetes

- 18. Regarding Breech presentation, the following are true EXCEPT:**
- A. Accounts for up to 3 % term pregnancies
 - B. May be diagnosed on clinical examination of the abdomen
 - C. May be associated with fetal abnormality
 - D. Is a contraindication for vaginal delivery
 - E. Makes intrapartum hypoxia more likely than is true of cephalic presentation
- 19. An infant presents as a breech presentation and delivered without assistance as far as the umbilicus. The remainder of the body is manually assisted by the obstetrician. This is called :**
- A. Version and extraction
 - B. Spontaneous breech delivery
 - C. Assisted breech delivery
 - D. Total breech extraction
 - E. Pipers of the after-coming head
- 20. At 39 week gestation, a fetus was felt to be breech presentation as judged by information gained through Leopold's maneuvers. The breech was well down in the pelvis, and the uterus was irritable. Pelvimetry was within normal limits and the estimated fetal weight was 3.4 kg. which of the following should be done ?**
- A. Cesarean section
 - B. External cephalic version
 - C. Internal podalic version
 - D. Oxytocin induction
 - E. None of the above
- 21. All are causes of breech EXCEPT:**
- A. Prematurity.
 - B. Congenital anomalies.
 - C. Hydrocephalus.
 - D. Pelvic tumor.
 - E. Increased maternal age.
- 22. All of the following associated with increase incidence of breech presentation, EXCEPT:**
- A. Placenta previa
 - B. Müllerian anomaly
 - C. Uterine leiomyoma
 - D. Nulliparity
 - E. Prematurity

23. The following are contraindication to external cephalic version, EXCEPT:

- A. Contracted pelvis
- B. Placenta previa
- C. Multiple pregnancy
- D. Presence of cervical suture in site
- E. Scared uterus

24. Face presentation :

- A. All cases must be delivered by C-section.
- B. All cases can be delivered vaginally.
- C. The presenting diameter is occipitofrontal.
- D. The fetal head is hyperflexed.
- E. Mentoposterior position must be delivered by C-section.

Puerperium and Puerperal Sepsis:

1. **Regarding Puerperium:**
 - F. Refer to the first 6 months after delivery
 - G. The lochia usually persist for 7 weeks
 - H. The uterine fundus should not be palpable abdominally by 14 days after delivery
 - E. The incidence of post partum depression is 50%
 - F. Fever due to engorged breast occurs on the second day after delivery

2. **The most common complication of breast feeding is:**
 - A. Amenorrhea.
 - B. Pregnancy.
 - C. Excessive weight loss.
 - D. Puerperal mastitis.
 - E. Breast abscess.

3. **Oxytocin in the Puerperium is associated with :**
 - A. Involution of the uterus
 - B. Initiation of lactation
 - C. Resumption of menses
 - D. Sub-involution of the uterus
 - E. Post partum mastitis

4. **Of the following, the greatest predisposing cause of puerperal infection is:**
 - A. Retained placental tissue.
 - B. Iron deficiency
 - C. Coitus during late pregnancy
 - D. Poor nutrition
 - E. Maternal exhaustion

5. **Which of the following is the most likely causes of a fever in a women on the second day postpartum:**
 - A. Pneumonia
 - B. Endometritis.
 - C. Mastitis
 - D. Cholecystitis
 - E. Thrombophlebitis

6. **Postpartum, the deciduas becomes necrotic and is normally cast off within five to six days as :**
 - A. Decidual cast
 - B. Placental remnants
 - C. Lochia
 - D. Carunculae myrtiforms
 - E. None of the above

7. A syndrome of amenorrhea-glactorrhea developing postpartum is :
- A. Ahumada del Castillo
 - B. Ciari-formmel
 - C. Budd-chiari
 - D. Sheehan's
 - E. Simmonds
8. What is the recurrence risk of postpartum depression ?
- A. 5%.
 - B. 20%.
 - C. 70%.
 - D. 95%.
9. Immediately after delivery:
- A. The uterine fundus is between the umbilicus & the symphysis pubis.
 - B. The uterus weighs about 500 gm.
 - C. The lochia is yellowish in color.
 - D. There is decreased venous return to the heart.
 - E. There is increased diuresis.
10. Infectious maternal (puerperal) morbidity is defined as:
- A. Death of mother.
 - B. High rectal temperature in the first ten days in one occasion.
 - C. Postpartum hemorrhage.
 - D. On oral temperature of 38_ C or more on 2 separate occasions during the first 24 days postpartum.
 - E. On oral temperature of 38_ C or more on 2 separate occasions during the first 10 days postpartum.
11. The most common bacteria isolated from cases of puerperal infection is:
- A. E.coli.
 - B. Anaerobic streptococcus.
 - C. Anaerobic staphylococcus.
 - D. Aerobic streptococcus.
 - E. Clostridium perfringens.
12. Immediately after the completion of a normal labor, the uterus should be :
- A. Firm & contracted at the level of the umbilicus.
 - B. At the level of the symphysis pubis.
 - C. Immobile.
 - D. Atonic.
 - E. Boggy

- 13. In the mother, suckling leads to which of the following response:**
- A. Decrease of Oxytocin.
 - B. Increase of Prolactin-inhibiting hormone.
 - C. Increase of hypothalamic dopamine.
 - D. Increase of hypophyseal Prolactin.
 - E. Increase of LH-releasing hormone.
- 14. After parturition, endometrium regenerates from the decidual:**
- A. Basal zone.
 - B. Compact zone.
 - C. Functional zone.
 - D. Parietal layer.
 - E. Spongy zone.
- 15. A routine postnatal check include all of the following EXCEPT:**
- A. Breast examination.
 - B. Pap smear.
 - C. Serum blood sugar 2 hr. p. p.
 - D. Bimanual vaginal examination.
 - E. Contraceptive counseling.
- 16. Risk factors of post partum Endometritis include all of the following, EXCEPT:**
- A. Prolonged labor
 - B. Prolonged rupture of membranes
 - C. Multiple vaginal exams
 - D. Prolonged monitoring with an intrauterine pressure catheter
 - E. Gestational diabetes.
- 17. Symptoms and signs of puerperal endometritis include all the following, EXCEPT :**
- A. Malodorous vaginal discharge.
 - B. Lower abdominal pain.
 - C. Fever.
 - D. Involution of the uterus.
 - E. Uterine tenderness on palpation.
- 18. All the following methods inhibit lactation EXCEPT :**
- A. Restriction of fluid and diuretics
 - B. Tight breast binder and analgesics
 - C. estrogen hormone in large dose
 - D. Thyroxin hormone
 - E. Dopamine agonist

19. Breast feeding :

- A. Should be discontinued if breast infection is suspected
- B. Should be started until 3 days postpartum
- C. Should be replaced by bottle feeds if the patient had a caesarean section
- D. Has a role in innvoulating of the fetus
- E. Should not be supplemented with iron

20. In the mother suckling leads to which of the following responses?

- A. Decrease Oxygen
- B. Increase of prolactin-inhibiting factor
- C. Increase of hypothalamic dopamine
- D. Increase of hypothalamic Prolactin.
- E. Increase of luteinizing hormone-releasing factor

21. Breast feeding accelerates the involution of the uterus through:

- A. The increased level of prolactin.
- B. The release of oxytocin.
- C. The increased level of estrogen.
- D. The decreased level of progesterone.
- E. The decreased level of HPL.

Hypertensive Disorders in Pregnancies:

1. **Therapeutic termination of early pregnancy is indicated in:**
 - A. Uterine fibroid
 - B. Maternal pulmonary hypertension
 - C. Placenta previa
 - D. Maternal blood sugar >12 mmol/L
 - E. Triplet pregnancy

2. **In Pre-eclampsia, right upper quadrant part abdominal pain is due.**
 - A. Tension of the liver capsule
 - B. Cholecystitis
 - C. Pancreatitis
 - D. Gastric ulcer
 - E. Oesophagitis

3. **In eclampsia: Which is true?**
 - A. Caesarean section must be carried out in all cases
 - B. Hypotensive drugs should not be used
 - C. Urinary output is increased
 - D. Antidiuretic drugs are essential in all cases
 - E. Ergometrine should be avoided in the third stage of labor

4. **Immediate appropriate response to an initial eclamptic seizure include all of the following, EXCEPT:**
 - A. Ultrasound for fetal growth
 - B. Maintain adequate oxygenation
 - C. Administer magnesium sulphate
 - D. Prevent maternal injury
 - E. Monitor the fetal heart rate

5. **The most important reason to give antihypertensive drug for hypertension in pregnancy is to decrease the:**
 - A. Incidence of IUGR
 - B. Incidence of oligohydraminos
 - C. Incidence of fetal death
 - D. Incidence of placental abruption
 - E. Risk of maternal complications such as stroke

6. **Risk factors for pre- eclampsia include all of the following, EXCEPT:**
 - A. Elderly primigravida
 - B. African ethnicity
 - C. Positive family history of hypertension

- D. Positive history of pre- eclampsia in previous pregnancies
 - E. Positive history of macrosomic baby
7. **Pre-eclampsia is associated with an increase risk of all of the following, EXCEPT:**
- A. Delivery of a small for gestational age infant
 - B. Placental abruptio
 - C. Pulmonary edema
 - D. Prolonged duration of labor
 - E. Cerebral vascular accident (CVA)
8. **Pregnancy induced hypertension :**
- A. Means high blood pressure at 10 weeks gestation.
 - B. Needs no treatment.
 - C. Pregnancy will be managed as normal.
 - D. Fetus will be at risk of fetal anomaly.
 - E. Fetus will be at risk of IUGR.
9. **The following are known complications of pre-eclampsia EXCEPT :**
- A. Abruptio placenta.
 - B. Uterine rupture.
 - C. Prematurity.
 - D. Placental insufficiency.
 - E. IUFD.
10. **Severely pre-eclamptic patients have a decrease in :**
- A. Response to pressor amines.
 - B. Plasma volume.
 - C. Total body sodium.
 - D. Uric acid.
 - E. None of the above.
11. **What is the most common cause of acute renal failure in pregnancy ?**
- A. Drug abuse.
 - B. SLE.
 - C. Pre-eclampsia and eclampsia.
 - D. Sickle cell disease.
 - E. Placenta previa.
12. **Regarding essential hypertension in pregnancy, all the following is true, EXCEPT**
- A. Commonly associated with +ve family Hx of hypertension.
 - B. Usually diagnosed in the 3rd trimester.*
 - C. More common in women over the age of 35.
 - D. It's usually not associated with significant proteinuria.
 - E. Will develop pre-eclampsia more commonly than normotensive women .

13. A pre-eclamptic patient has just delivered and has a soft uterus with moderate bleeding. Examination reveals no laceration. Of the options below, the BEST choice is :
- A. 0.2 mg IV ergometrine.
 - B. 0.5 mg oral ergometrine.
 - C. 5 units of oral oxytocin.
 - D. 0.5 mg IM ergometrine.
 - E. 20 units Oxytocin in a 500 ml of D5W given IV.
14. Pregnancy induced proteinuric hypertension is associated with all the following, EXCEPT :
- A. An increase in serum uric acid level.
 - B. Plasma volume decreases.
 - C. An increase in the incidence of IUGR.
 - D. An increase in creatinine clearance.
 - E. Hb concentration increases.
15. Regarding pre-eclampsia, proteinuria is defined as :
- A. 100 mg/24 hour urine.
 - B. 200 mg/24 hour urine.
 - C. 300 mg/24 hour urine.
 - D. > 500 mg/24 hour urine.
 - E. < 300 mg/34 hour urine.
16. Which adverse pregnancy outcome isn't increased in pregnancies complicated by chronic hypertension :
- A. Fetal growth restriction.
 - B. Preterm birth.
 - C. Spontaneous preterm rupture of membranes.
 - D. Perinatal death.
 - E. Post term birth
17. A syndrome seen in pre-eclampsia called HELLP syndrome is characterized by all of the following EXCEPT:
- A. Elevation of Liver enzymes.
 - B. Hemolysis.
 - C. Low platelet count.
 - D. Prolongation of the Prothrombin time.
18. The most common presenting prodromal sign or symptom in patient with eclampsia is:
- A. Right upper quadrant pain.
 - B. Edema.
 - C. Headache.

- D. Visual disturbance.
- E. Severe hypertension.

19. Appropriate response to an initial eclamptic seizure include all of the following EXCEPT:

- A. Attempt to abolish the seizure by administrating I.M. diazepam.
- B. Maintain adequate Oxygenation.
- C. Administer Mg sulphate by either the I.M. or I.V. route.
- D. Prevent maternal injury.
- E. Monitor the fetal heart rate.

20. The most consistent finding in Eclampsia patients is:

- A. Hyperreflexia.
- B. 4+ proteinuria.
- C. Generalized edema.
- D. Diastolic blood pressure greater than 110 mmHg.
- E. Convulsions.

21. Eclampsia occurring prior to 20 weeks of gestation is most commonly seen in women with:

- A. A history of chronic hypertension.
- B. Multiple gestation.
- C. Gestational trophoblastic diseases.
- D. A history of seizure disorder.
- E. A history of choric renal diseases.

22. Of the following, the most common complication of eclampsia is:

- A. Mg intoxication.
- B. Recurrent seizures following administration of Mg sulphate.
- C. Intracranial hemorrhage.
- D. Maternal death.
- E. Pulmonary edema

23. If a woman with pre-eclampsia is not treated prophylactically to prevent eclampsia, her risk of seizing is approximately:

- A. 1/10.
- B. 1/25.
- C. 1/75.
- D. 1/200.
- E. 1/500.

- 24. Likely contributory mechanism of the anticonvulsant action of Mg sulphate includes all the following EXCEPT:**
- A. Neuronal Ca-channel blockade.
 - B. Peripheral neuromuscular blockade.
 - C. Reversal of cerebral arterial vasoconstriction.
 - D. Inhibition of platelet aggregation.
 - E. Release of endothelial prostacyclin.
- 25. All of the following antihypertensive drugs are considered safe for short-term use in pregnancy EXCEPT:**
- A. Captopril.
 - B. Methyldopa.
 - C. Hydralazine.
 - D. Nifedipine.
 - E. Labetalol.
- 26. The reason to treat severe chronic hypertension in pregnancy is to decrease the:**
- A. Incidence of IUGR.
 - B. Incidence of Placental abruption.
 - C. Incidence of Preeclampsia.
 - D. Risk of Maternal Complications such as Stroke.
- 27. The reason of using antihypertensive treatment in pregnancy is to:**
- A. Reduce the placental blood flow.
 - B. Reduce the risk of CVA in the fetus.
 - C. Reduce the risk of CVA in the mother.
 - D. Prevent hypertensive renal disease.
 - E. Prevent myocardial infarction.
- 28. Which of the following laboratory tests would be most suggestive of preeclampsia?**
- A. Elevated bilirubin.
 - B. Decreased hematocrit.
 - C. Elevated lactate dehydrogenase (LDH).
 - D. Elevated uric acid.
 - E. Elevated creatinine.
- 29. HELLP Syndrome includes all the followings EXCEPT:**
- A. Hemolysis.
 - B. Increased AST.
 - C. Increased platelets.
 - D. Increased ALT.

- 30. The drug of choice to prevent convulsions in eclampsia is:**
- A. Magnesium Sulfate.
 - B. Hydralazine.
 - C. Labetalol.
- 31. PET (Pre-Eclamptic Toxemia):**
- A. MgSO₄ is the drug of choice for eclamptic convulsions.
 - B. Exaggerated knee jerk indicates MgSO₄ toxicity.
- 32. The proteinuria in eclampsia contains?**
- A. Only albumin
 - B. Only globulin
 - C. More albumin than globulin
 - D. More globulin than albumin
 - E. Neither albumin nor globulin
- 33. Which adverse pregnancy outcome is not increased in pregnancies complicated by chronic hypertension :**
- A. Fetal growth restriction
 - B. Pre-term birth
 - C. Spontaneous preterm rupture of membrane
 - D. Perinatal death
 - E. Post-term birth
- 34. Pregnancy induced proteinuria hypertension is associated with all following, EXCEPT :**
- A. Increases in serum uric acid level
 - B. Plasma volume decreases
 - C. Increases in the incidence of IUGR
 - D. Increase in creatinine clearance
 - E. Hemoglobin concentration increase
- 35. A pre-eclamptic patient has just delivered & has a soft uterus with moderate bleeding. Examination reveals no laceration. Of the options below, the BEST choice :**
- A. 0.2 mg IV ergometrine
 - B. 0.5 mg oral ergometrine
 - C. 5 units oral oxytocin
 - D. 0.5 mg IM ergometrine
 - E. 20 units oxytocin in a 500 ml of D5W given IV
- 36. Of the following, the most common cause of maternal death from eclampsia is:**
- A. Infection.
 - B. Uremia.

- C. Congestive heart failure.
- D. Fever.
- E. Cerebral hemorrhage.

37. The criteria for severe pre-eclampsia include all the following, EXCEPT:

- A. Diastolic blood pressure of 110 mmhg or more.
- B. Proteinuria more than 5g/24 hours.
- C. Presence of epigastric pain .
- D. Decreased hematocrit.
- E. Oliguria.

38. The immediate appropriate response to an eclamptic seizure includes all the following, EXCEPT :

- A. Monitor the fetal heart rate.
- B. US done for fetal growth.
- C. Administer Mg sulphate.
- D. Maintain adequate oxygenation.
- E. Prevent maternal injury.

39. All the following factors increase the risk of the development of pre-eclampsia, EXCEPT :

- A. Closed spaced pregnancies.
- B. Pre-existing diabetes.
- C. Multiple gestation.
- D. Pre-eclampsia with a previous pregnancy.
- E. Pre-existing renal disease.

40. Risk factors to preeclampsia include all the following EXCEPT:

- A. Premature delivery.
- B. Placenta abruption.
- C. Renal failure.
- D. DIC.
- E. Polycythemia.

41. Pregnancy induced hypertension is more common in all the following EXCEPT:

- A. Primigravida.
- B. Multiple pregnancy.
- C. Patients with pre-existing hypertension.
- D. Women with UTI.
- E. Women with diabetes mellitus.

42. Which of the following laboratory tests would be most suggestive of preeclampsia?

- A. Elevated bilirubin.

- B. Decreased Hematocrit.
 - C. Elevated lactate dehydrogenase (LDH).
 - D. Elevated uric acid.
 - E. Elevated creatinine.
- 43. 30 weeks pregnant primigravida presented with raised blood pressure of 150/95 mmHg and proteinuria +3, which one of the following is done :**
- A. Immediate caesarian section.
 - B. 24 hour urine collection for protein, CBC, LFT, uric acid and coagulation profile.
 - C. Send her home and to be seen after 4 weeks.
 - D. Advice to not get pregnant again.
 - E. Macrosomia is a recognized complication of this problem.
- 34. Early clinical evidence of magnesium sulfate toxicity would show:**
- A. Flushing
 - B. Diplopia
 - C. Decreased oxygen saturation
 - D. Loss of deep tendon reflexes
 - E. Headache
- 35. The following are true regarding patients with essential hypertension in labor, EXCEPT :**
- A. Shouldn't have epidural analgesia.
 - B. Can be safely given IV syntocinon.
 - C. Shouldn't be given ergometrin as a routine in the 3rd stage.
 - D. Should have continuous fetal heart rate monitoring.
 - E. IV labetalol is a safe drug when required.
- 36. Proteinuria in pregnancy may be caused by :**
- A. UTI.
 - B. Pre-eclamptic toxemia.
 - C. Nephrotic syndrome.
 - D. Contaminated with vaginal discharge.
 - E. All the above.
- 37. Markedly obese pregnant patients often experience all the following complications, EXCEPT :**
- A. Hypertension.
 - B. Diabetes mellitus.
 - C. Thromboembolism.
 - D. Fetal growth restriction.
 - E. Difficult intubation during anesthesia.

38. What is the mechanism of action of alpha methyl dopa?

- A. Increase peripheral vascular resistance.
- B. Increase sodium and water retention.
- C. Acts centrally to decrease sympathetic activity.
- D. Relaxes arterial smooth muscle.
- E. Decrease the cardiac output.

Diabetes in Pregnancy:

1. **Gestational diabetes is associated with an increase risk of all the following, EXCEPT:**
 - A. Cesarean section
 - B. Shoulder dystocia
 - C. Fetal macrosomia
 - D. Intrauterine fetal death
 - E. Intrauterine growth restriction

2. **Control of gestational diabetes is accomplished with the following, EXCEPT:**
 - A. Insulin
 - B. Diet
 - C. Oral hypoglycemic agents
 - D. Exercise
 - E. Insulin and diet

3. **Infants of mother with gestational diabetes have an increased risk of the following, EXCEPT:**
 - A. Hypoglycemia
 - B. Hypoinsulinemia
 - C. Hypocalcemia
 - D. Hyper bilirubine
 - E. Polycythemia

4. **The best screening test for gestational diabetes**
 - A. Fasting blood sugar
 - B. Random blood sugar
 - C. Glucose challenge test
 - D. Glucose tolerance test
 - E. Blood sugar series

5. **Glucose tolerance test :**
 - A. Is used as a screening test for diabetes.
 - B. Is considered to be a diagnostic test for diabetes.
 - C. Is performed in a non-fasting state.
 - D. Should be avoided during pregnancy as it needs a loading dose of glucose.
 - E. 50 mg of glucose should be given to the patient.

6. **Indications of glucose tolerance test GTT in pregnancy include all the following EXCEPT :**
 - A. Previous Hx of gestational diabetes mellitus.
 - B. Hx of macrosomic baby.

- C. Glycosuria in one occasion.
 - D. Hx of unexplained fetal death.
 - E. Hx of babies with congenital sacral agenesis.
- 7. Regarding Good control of diabetes in pregnancy :**
- A. Maintains blood sugar level between 8 and 12 mmol/L.
 - B. Is achieved by twice daily injection of insulin.
 - C. Increases the incidence of polyhydramnios.
 - D. Has no effect on the incidence of congenital abnormalities.
 - E. Is aimed of increasing fetal hyperinsulinisim.
- 8. In the Saudi population, the most common problem during pregnancy is :**
- A. Diabetes.
 - B. Toxemia.
 - C. Heart disease.
 - D. UTI.
 - E. Iron deficiency anemia.
- 9. Maternal complications associated with polyhydramnios include :**
- A. High blood pressure.
 - B. Urinary tract anomalies.
 - C. Diabetes.
 - D. Postmature pregnancy.
 - E. All of the above.
- 10. Which of the following items in a pregnant patient's History suggests the possibility of her having diabetes :**
- A. IUGR.
 - B. Past Hx of twins.
 - C. 1st trimester bleeding.
 - D. Diabetic husband.
 - E. Unexplained stillbirths.
- 11. During pregnancy, blood tests for diabetes are more abnormal than in nonpregnant state. This is due to :**
- A. Decreased insulin.
 - B. Increased absorption from the GI tract.
 - C. Increased placental lactogen.
 - D. Estrogen decreases and progesterone increases.
 - E. Hemoconcentration.
- 12. The test that is used to diagnose diabetes is :**
- A. Glucose challenge test.
 - B. FBS & random blood sugar.

- C. Glucose tolerance test.
- D. Hb A1C.
- E. CBC.

13. Which of the following is a known complication of diabetes in pregnancy :

- A. It increases the incidence of congenital abnormalities.
- B. Development of pregnancy induced hypertension.
- C. Development of oligohydramnios.
- D. Development of retinopathy.
- E. Jaundice.

14. Gestational diabetes should be suspected in all the following conditions, EXCEPT:

- A. A strong family Hx of diabetes.
- B. Previous Hx of big baby.
- C. Polydipsia and polyuria.
- D. Hx of unexplained fetal loss.
- E. Polyhydramnios.

15. Infants of diabetic mothers are at risk of one of the following :

- A. Low Hb.
- B. Hypercalcemia.
- C. Hyperglycemia.
- D. Microsomia.
- E. Respiratory distress syndrome.

16. Insulin requirements of pregnant diabetic women are greatest during :

- A. The 1st half of pregnancy.
- B. The 2nd half of pregnancy.
- C. During lactation.
- D. The immediate postpartum period.
- E. None of the above.

17. Gestational Diabetes Mellitus (GDM) is associated with:

- A. Increased risk of spontaneous abortions.
- B. Increased risk of fetal cardiac malformations.
- C. Increased risk of fetal CNS malformations.
- D. IUGR.
- E. Decreased head circumference: abdominal circumference ratio.

18. Infants of mothers with GDM have an increased risk of all of the following EXCEPT:

- A. Hypoglycemia.
- B. Hyperglycemia.

- C. Hypocalcaemia.
- D. Hyperbilirubinemia.
- E. Polycythemia.

19. GDM is associated with an increased risk of all the following EXCEPT:

- A. C-section.
- B. Shoulder dystocia.
- C. Fetal Macrosomia.
- D. IUFD.
- E. IUGR.

20. Infants of mothers with GDM are at an increased risk of becoming:

- A. Obese adults.
- B. Type II diabetes.
- C. Neither
- D. Both.

21. Compared to Type II diabetes, type I diabetes is associated with all of the following EXCEPT:

- A. Greater incidence of pre-eclampsia.
- B. Greater incidence of preterm delivery.
- C. Greater risk of maternal hypoglycemia.
- D. Greater risk maternal diabetic ketoacidosis.
- E. Reduced risk of IUGR.

22. GDM substantially increase the mother's risk for the ultimate development of:

- A. Type I DM.
- B. Type II DM.
- C. Neither.
- D. Both.

23. Which of the followings is a known complication of diabetes in pregnancy?

- A. Fetal microsomia (small baby).
- B. Oligohydraminos.
- C. Iron deficiency anemia.
- D. Fungal infection.
- E. Placenta previa.

24. Regarding gestational diabetes mellitus (GDM):

- A. It is the most common cause of IUGR.
- B. The best screening test is random blood sugar.
- C. The diagnostic test is glucose tolerance test (GTT).
- D. All patients should be treated by insulin, as diet alone is not enough.
- E. All patients should be delivered before term to avoid complications.

25. Diabetes in pregnancy can cause all the following congenital anomalies EXCEPT:
- A. Sacral agenesis.
 - B. Central nervous system abnormalities.
 - C. Lower limb hypoplasia.
 - D. Congenital heart disease.
 - E. Yellow teeth discoloration.
26. Infants of diabetic mothers are at risk of one of the following :
- A. Low hemoglobin
 - B. Hypocalcaemia
 - C. Hyperglycemia
 - D. Microsomia
 - E. Respiratory distress syndrome
27. The serum insulin level in the newborn infant of a diabetic mother in comparison to the infant of a euglycemic mother is generally :
- A. Higher
 - B. The same as euglycemic
 - C. Lower
 - D. Extremely labile
 - E. None of the above
28. With overt diabetes, what is the most common fetal malformation?
- A. Congenital heart disease.
 - B. Caudal regression.
 - C. Renal agenesis.
 - D. Neural tube defect.
29. All the following are considered to be complications of gestational diabetes, EXCEPT :
- A. Polyhydramnios.
 - B. IUGR.
 - C. Fetal macrosomia.
 - D. Sudden unexpected intrauterine fetal death.
 - E. Neonatal hypoglycemia.
30. Regarding gestational diabetes, choose the correct answer :
- A. Cleft lip is the most common congenital anomaly seen with gestational diabetes.
 - B. Fetal lung maturity is accelerated in diabetic patient compared to non diabetic mothers.

- C. Macrosomia is one of the complications of uncontrolled gestational diabetes.
- D. Gestational diabetes usually starts before 12 weeks gestation.
- E. Gestational diabetes has a very low incidence in Saudi Arabia.

31. The most common congenital anomaly associated with diabetes is:

- A. Congenital heart disease.
- B. Neural tube defect.
- C. Sacral agenesis.
- D. Renal agenesis
- E. Caudal regression

32. Regarding gestational diabetes mellitus :

- A. The incidence of this disease is very low in KSA.
- B. Potential diabetic patients should have only glucose challenge test as a diagnostic test.
- C. Intrauterine growth retardation is more common in patients with gestational diabetes than those patients with long standing diabetes mellitus.
- D. Oral hypoglycemic agents are not safe during pregnancy.
- E. Oral hypoglycemic agents can be used in pregnancy for better control of blood sugar.

33. Polyhydramnios is commonly found with

- A. IUGR
- B. Placenta previa
- C. Diabetes insipidus
- D. Fetal renal agenesis
- E. Diabetes mellitus

34. Risk factors for the development of gestational diabetes include all the following, EXCEPT :

- A. Obesity.
- B. Family Hx of diabetes.
- C. Previous Hx of IUFD.
- D. Previous Hx of IUGR.
- E. Previous Hx of diabetes.

Anemia and Thyroid Diseases in Pregnancy:

1. In a pregnant female which of the following depicts the level of iron:
 - A. Transferrin level
 - B. Serum ferritin level
 - C. Haemoglobin level
 - D. Iron binding capacity
 - E. Serum Iron
2. The most common type of anemia in pregnancy is due to :
 - A. Iron deficiency.
 - B. Sickle cell disease.
 - C. Folate deficiency.
 - D. Hemolytic disease.
 - E. Vitamin B12.
3. Folic acid deficiency results in :
 - A. Microcytic anemia.
 - B. Megaloblastic anemia.
 - C. Aplastic anemia.
 - D. G6PD deficiency.
 - E. WBC stippling.
4. Sickle cell:
 - A. Diseases presents in a heterotype (SA).
 - B. Increases the risk of urinary tract infections.
5. A 29 year old primigravida woman at 16 weeks of gestation reports irritability, palpitation and difficulty in gaining weight. Physical examination is normal except for a pulse of 104 beats/min and lid lag. Laboratory studies reveal Hb of 10.1g/dl, serum free thyroxin of 10 ng/dl and thyrotropin of 0.1 mU1ow. What is the most likely diagnosis?
 - A. Thyroid storm.
 - B. Hypothyroidism.
 - C. Depression.
 - D. Hyperthyroidism.
6. According to WHO, Hb in a pregnant woman shouldn't be less than:
 - A. <8
 - B. <10
 - C. <9
 - D. <11
 - E. <13

Cardiovascular Diseases:

1. **Disseminated intravascular coagulation has a recognized association with:**
 - A. IUFD
 - B. Multiple pregnancy
 - C. Iron deficiency
 - D. Diabetic mother
 - E. Prolonged bed rest

2. **Risk Factors for DVT include all, EXCEPT:**
 - A. Smoking
 - B. Operative delivery
 - C. Lupus anticoagulation
 - D. Maternal weight over 80 kg
 - E. Hyperthyroidism

3. **In pregnant patients with rheumatic heart disease, all of the following is true, EXCEPT:**
 - A. Should be always given iron to avoid anemia.
 - B. Commonly develop atrial fibrillation.
 - C. Should be given prophylactic antibiotic in labor.
 - D. Usually remain asymptomatic.
 - E. Ergometrine should not be given routinely in cases with mitral stenosis.

4. **Which of the following isn't considered a high risk pregnancy ?**
 - A. Gestational diabetes.
 - B. Cardiac disease in pregnancy.
 - C. Candida infection in pregnancy.
 - D. Bleeding in pregnancy.
 - E. Patient with a Hx of previous IUFD.

5. **Regarding cardiac disease in pregnancy, according to the New York Heart Association classification, a patient with cardiac disease & slight limitation of physical activity would be:**
 - A. Class O.
 - B. Class I.
 - C. Class II.
 - D. Class III.
 - E. Class IV.

6. Which of the following accounts for most heart disease in pregnancy ?
- A. Cardiomyopathy
 - B. Previous myocardial infarction
 - C. Hypertension
 - D. Thyroid disease
 - E. Congenital heart disease (CHD)
7. What is the most serious disadvantage of switching from Warfarin to heparin during pregnancy in women with mechanical heart prosthesis ?
- A. The risk of embryopathy is increased.
 - B. The risk of thrombo-embolism is increased.
 - C. The need for self-injection.
 - D. Hemorrhage is more likely.
8. If delivery occurs unexpectedly while the patient is on Heparin and excessive bleeding occurs, what is the appropriate initial intervention?
- A. Administration of protamine acetate.
 - B. Administration of vitamin K .
 - C. Administration of tranexemic acid.
 - D. Ligation of the hypogastric arteries.
 - E. Infusion of fresh frozen plasma.
9. Which of the following symptoms in pregnancy is most suggestive of heart disease ?
- A. Tachypnea.
 - B. Syncope with exertion.
 - C. Tachycardia.
 - D. Peripheral edema.
 - E. Fatigue.
10. Regarding anticoagulants in pregnancy, which of the following laboratory parameters should be maintained at a level of 1.5 to 2.5 times baseline value?
- A. Bleeding time.
 - B. Partial thromboplastin time.
 - C. Prothrombin time.
 - D. Thrombin time.

Urinary Tract Diseases in pregnancies:

1. **All are true, about acute pyelonephritis in pregnancy, EXCEPT:**
 - A. Occur in 60% of pregnant women. (it complicates only 1-2% of pregnancies)
 - B. Can be preceded with asymptomatic Bacteriuria
 - C. In severe form there should be administered and I.V. antibiotics should be started
 - D. when recurrent should be investigated
 - E. May lead to premature labor

2. **UTI in pregnancy :**
 - A. Occurs in about 10% of pregnancies.
 - B. Can be easily diagnosed when there is more than 1000 bacteria per ml on culture.
 - C. Is commoner in multigravida when compared with primigravida.
 - D. May lead to preterm labor.
 - E. If it's reoccurring, it necessitated investigations after delivery.

3. **The predisposing factor to (case of burning micturation, loin pain) is:**
 - A. Hydroureters because of progesterone effect
 - B. Compression of ureters in the 3rd trimester by enlarging uterus

General Questions:

8. All are the risks associated with macrosomia, EXCEPT:

- A. Maternal obesity
- B. Prolonged Pregnancy
- C. Previous large infant
- D. Short Stature
- E. Gestational Diabetes Mellitus

9. Which of the following is not associated with large infants?

- A. Diabetic mothers
- B. Multiparity
- C. Large parents
- D. Maternal smoking
- E. Maternal obesity

10. Fetal tachycardia could result from

- A. Maternal febrile illness
- B. Maternal hypothyroidism
- C. Labetalol ingestion
- D. Post maturity
- E. Pethidine injection

11. Perinatal mortality refers to:

- A. Number of stillbirths per 1,000 total births.
- B. Number of stillbirths & neonatal deaths per 1,000 total births.
- C. Number of stillbirths & neonatal deaths per 1,000 live births.
- D. Number of neonatal deaths per 1,000 total births.
- E. Number of stillbirths & neonatal deaths per 100,000 total births.

12. Markedly obese pregnant patients often experience all of the following complications EXCEPT :

- A. Hypertension
- B. Diabetes Mellitus
- C. Thromboembolism
- D. Fetal growth restriction
- E. Difficult intubation during anesthesia

13. All of the following are possible causes of acute abdomen in pregnancy EXCEPT :

- A. Large ovarian cyst
- B. Large fetus
- C. Large appendix

- D. Large peptic ulcer
- E. Cholecystitis

14. A patient in the third trimester of pregnancy is seen in the emergency room and while being examined has a convulsion. The doctor should immediately:

- A. Obtain neurologic consultation
- B. Obtain psychiatric consultation
- C. Give IV valium
- D. Protect the patient from self harm
- E. Obtain a chest film

15. A 22 year old G2 P1 experienced spontaneous rupture of membranes at 16 weeks gestation. 24 hrs later, she has a temp. of 39 degrees and a white blood cell count of 15.000/mm³. Her cervix is dilated 2cm and there are no contractions. Which course of management is associated with the least morbidity ?

- A. Perform a hysterectomy.
- B. Induce labor with oxytocin.
- C. Perform suction and evacuation.

16. Fetoprotein can be elevated in all the following, EXCEPT :

- A. Anencephaly.
- B. Duodenal atresia.
- C. Closed meningocele.
- D. Fetal death.
- E. Twin pregnancy.

17. The mechanism of Action of alpha methyldopa:

- A. Increased peripheral vascular resistance.
- B. Increased sodium & water diuresis.
- C. Act centrally to decrease sympathetic.
- D. Relaxes arterial smooth muscles.
- E. Decrease the cardiac out put.

18. Maternal aspiration of gastric contents during labor is most often due to:

- A. Gastric hypotonicity.
- B. Pelvic pain.
- C. Pneumothorax.
- D. Anesthesia.
- E. Narcotics.

19. Oligohydromnios is characteristically associated with:

- A. Rh isoimmunization.
- B. Renal agenesis.
- C. Diabetes mellitus.

- D. Hypothyroidism.
- E. Placenta previa.

Contraception:

1. Which of the following contraceptive methods should NOT be used by a patient with coronary heart disease?
 - A. Combined oral contraceptive pills
 - B. Male condom
 - C. Female condom
 - D. Diaphragm
 - E. Spermicidal agent

2. Permanent sterilization include all of the following, EXCEPT:
 - A. Vasectomy
 - B. Tubal ligation
 - C. Mirena IUCD
 - D. Hysterectomy
 - E. Bilateral salpingectomy

3. The combined contraceptive pills: Which is true?
 - A. Pre-dispose to pelvis inflammatory disease
 - B. Predispose to ovarian cyst
 - C. Predispose to benign breast cyst
 - D. Contra indicated in a patient with history of DVT
 - E. Failure rate is 2 per hundred woman years

4. The following is an absolute contraindications to the combined oral contraceptive pills:
 - A. Varicose veins
 - B. Previous history of viral hepatitis
 - C. Prosthetic heart valve
 - D. Diabetes mellitus
 - E. Age above 35 years

5. The following conditions are aggravated by oral contraceptive pills
 - A. Hirsutism
 - B. Endometriosis
 - C. Dysmenorrhea
 - D. Pre-menstrual syndrome
 - E. Genital fungal infection

6. Regarding Intra uterine contraceptive device (IUCD)
 - A. Reduces pelvic inflammatory disease
 - B. Inhibits ovulation
 - C. Increases incidence of endometrial cancer

- D. If pregnancy occurs there is increased risk of ectopic pregnancy.
E. Failure rate is 0.1%
- 7. Combined Oral Contraceptive Pills contain:**
A. A synthetic estrogen alone
B. A progestin alone
C. Both estrogen and progestin
D. Bromocriptine
E. Androgen
- 8. Mechanisms of Oral Contraceptive Pills include all of the following EXCEPT:**
A. Ovulation suppression
B. Enhanced ovarian androgen production
C. Altered cervical mucus
D. Altered endometrium
E. Altered tubal motility
- 9. Postulated mechanism of the IUCD include all of the following action EXCEPT:**
A. Altered tubal motility
B. Altered endometrium
C. Altered cervical mucus
D. Copper has spermicidal effect
E. inhibition of implantation
- 10. Regarding injectable progesterone contraception, all of the following is true, EXCEPT:**
A. Medroxyprogesterone acetate is the most commonly used
B. May cause irregular uterine bleeding
C. May cause amenorrhea.
D. Should not be given to lactating mother.
E. Does not carry a risk of venous thrombosis.
- 11. With regards to contraception failure, the pearl index refers to:**
A. Numbers of Pregnancies in years.
B. Number of pregnancies in 1 woman-year.
C. Number of pregnancies in 100 woman-year.
D. Number of pregnancies in 100 woman-years over pregnancy losses.
E. Number of Pregnancy losses in 100 woman-years.
- 12. Contraindication of OCP, EXCEPT:**
A. IHD
B. Previous DVT
C. Previous CVA
D. Family Hx of Breast Carcinoma.

E. 35 Y, smokes >15 cigarette per day.

13. Combined oral contraceptive pills are associated with :

- A. Dysmenorrhea
- B. Menorrhagia
- C. Polymenorrhoea
- D. Ovarian cyst
- E. Intermenstrual bleeding.

14. OCP have the following beneficial effects EXCEPT :

- A. Decrease endometrial cancer
- B. Decrease benign breast disease
- C. Decrease iron deficiency anemia
- D. Decreased ovarian cancer
- E. Decrease the incidence of renal failure

15. Side effect of OCP include all the following EXCEPT:

- A. Break through bleeding
- B. Dysmenorrhea.
- C. Nausea
- D. Mastalgia
- E. Chloasma

16. The use of OCP reduces the risk of all the following EXCEPT:

- A. Ectopic pregnancy
- B. Hepatic adenoma.
- C. Salpingitis
- D. Ovarian cancer
- E. Endometrial cancer

17. Which of the following statements regarding the use of IUCD is TRUE :

- A. Most IUD were withdrawn from the market due to the financial burden
- B. The Contraceptive effectiveness of IUD is similar to that of barrier methods
- C. The risk of Salpingitis in IUD wearer is positively correlated with duration of use
- D. Contraceptive effectiveness of copper-containing IUD is higher than that of the inert device
- E. Women using progesterone containing IUD have heavier than the women using the inert device.

18. All are true regarding OCP EXCEPT :

- A. Increase viscosity of cervical mucosa
- B. Can cause venous thrombosis

- C. Can cause mild hypertension
- D. Act by preventing the ovulation
- E. Usually cause amenorrhea

19. IUCD are relatively contraindicated in the following patient EXCEPT:

- A. With past history of chronic Salpingitis.
- B. With Submucous fibroid
- C. With history of ectopic pregnancy
- D. With septate uterus
- E. With history of C section

20. Complication of IUCD include all the following EXCEPT:

- A. Premenstrual –spotting
- B. Dysmenorrheal
- C. Menorrhagia
- D. Pelvic infection
- E. Failure rate are twice that expected in the patients taking progestin only pill.

21. Lowest pregnancy rate in 100 women using the method for 1 year :

- A. IUCD
- B. OCP
- C. Condom
- D. Diaphragm
- E. Spermicidal cream

22. The use of progesterone only pills :

- A. Ovulation is not regularly inhibited
- B. Protection against is as good as combined pill
- C. There is a risk of DVT
- D. Breakthrough bleeding is rare
- E. The dose of progesterone is much larger than in combined pill

23. A contraceptive method that prevent transmission of STD is:

- A. Condom.
- B. OCP.
- C. IUCD.
- D. Spermicide.

24. The goal for developing a successful contraception include all of the following EXCEPT:

- A. Regulate fertility.
- B. Stabilize population growth.
- C. Reducing maternal morbidity.

- D. Diminishing the incidence.
- E. Decreasing the prevalence of STD.

25. What is the effect of oral contraceptives on the incidence of DVT & embolism?

- A. Decreases the incidence.
- B. Doesn't affect the incidence.
- C. Increases thrombosis but not pulmonary embolism.
- D. Increases the incidence.
- E. Increases pulmonary embolism but not deep vein thrombosis.

26. The mechanism of action of OCPs include all the following, EXCEPT:

- A. Enhances ovarian androgen production.
- B. Alter the cervical mucous.
- C. Alter the endometrium.
- D. Ovulation suppression.
- E. Alter the tubal motility.

27. Postulated mechanism of action of IUD includes all the following, EXCEPT :

- A. Alter the cervical mucous.
- B. Alter the endometrium.
- C. Inhibits fertilization.
- D. Alter the tubal motility.
- E. Inhibition of implantation.

28. Which of the following contraceptive methods should not be used by a patient with coronary heart disease?

- A. COCP.
- B. Male condoms.
- C. Female condoms.
- D. Diaphragm.
- E. Spermicidal agent.

29. Estrogens commonly used in oral contraceptive pills include.

- A. Ethinyl estradiol.
- B. Ethinyl estriol.
- C. Northisterone.
- D. Ethisterone.
- E. Estradiol valorates.

30. The use of Progesterone-only contraceptive pills is governed by the following considerations, choose the CORRECT answer:

- A. Ovulation is not regularly inhibited.
- B. Protection against pregnancy is as good as combined pills.

- C. There is a substantial risk in older women with venous thrombus & embolism in their user.
- D. Breakthrough bleeding is rare.
- E. The dose of progesterone is much larger than in combined.

31. The goals for developing a successful contraceptive include all of the following EXCEPT:

- A. Regulating fertility.
- B. Stabilizing population.
- C. Reducing maternal morbidity.
- D. Diminishing the incidence.
- E. Decreasing the prevalence of sexually transmitted diseases.

32. Regarding IUCD, all of the following are INCORRECT, EXCEPT:

- A. Inhibition of ovulation is the main mechanism of action.
- B. Has a failure of 6%.
- C. Statistically increases the incidence of ectopic pregnancy.
- D. Is commonly associated with excessive menstrual loss.
- E. Not suitable for patients with previous delivery.

33. The following are known contraindications to the use of combined oral contraceptive pills (COCP), EXCEPT:

- A. Deep venous thrombosis or pulmonary embolism.
- B. Active liver disease.
- C. Benign intracranial hypertension.
- D. Repeated LSCS.
- E. Cholestasis in pregnancy.

34. The combined oral contraceptive pill, besides being used as a method of contraception, can be used to treat the following, EXCEPT:

- A. Endometriosis.
- B. Ovulation pain.
- C. Menorrhagia.
- D. Dysmenorrhea.
- E. Mucinous ovarian cyst.

35. Progesterone only pills work as contraceptives by:

- A. Suppressing ovulation.
- B. Altering the cervical mucosa.
- C. Producing endometrial hyperplasia.
- D. Reducing libido.
- E. Acting as a spermicide.

36. Combined oral contraceptive pills containing estrogen & progesterone produce the following effects, EXCEPT:

- A. Act by preventing ovulation.
- B. Can cause hypertension.
- C. Can cause venous thrombosis.
- D. Usually cause amenorrhea.
- E. Increase the viscosity of cervical mucous.

37. Regarding Progesterone only pills preparation:

- A. Affect the cervical mucous.
- B. Reliably inhibit ovulation.
- C. Are contraindicated in mild hypertension.
- D. Are reliable as the combined preparation.
- E. Are not suitable for lactating mothers.

38. Which of the following is an absolute contraindication to the use of COCP?

- A. Varicose veins.
- B. DM.
- C. Seizure disorders.
- D. Recent history of deep venous thrombosis.
- E. Mild essential hypertension.

39. IUCD may prevent pregnancy by all of the following mechanism EXCEPT:

- A. Creating chronic endometritis.
- B. Inducing endometrial atrophy.
- C. Inhibiting ovulation.
- D. Altering tubal motility.
- E. Destroying sperm.

Infections of the lower genital Tract:

1. **Vulvovaginal Candidiasis:**
 - A. Cause muco-purulent cervicitis.
 - B. Frequently associated with systemic symptoms.
 - C. May be diagnosed microscopically by mixing discharge with KOH.
 - D. Is treated with doxycycline.
 - E. Is one of the sexually transmitted diseases.

2. **Bacterial Vaginosis:**
 - A. Is rare vaginal infection.
 - B. Is always symptomatic.
 - C. Is usually associated with profound inflammatory reaction.
 - D. Causes fishy discharge which results from bacterial amine production.
 - E. Is treated with Clotrimazole.

3. **Trichomoniasis:**
 - A. Associated with cytological findings in PAP smear.
 - B. Associated with pregnancy & Diabetes mellitus.
 - C. Is sexually transmitted parasite which causes pruritic discharge.
 - D. May cause overt warts.
 - E. Is diagnosed on a wet smear which reveals clue cells.

4. **Chlamydia Trachomatis infection:**
 - A. Are commonly manifested as vaginal discharge.
 - B. PAP smear usually suggest inflammatory changes.
 - C. Infection in the male partner present as urethritis.
 - D. May ascend into the upper genital tract resulting in tubal occlusion.
 - E. All of the above.

5. **All the followings can be transmitted sexually EXCEPT:**
 - A. HIV.
 - B. Chlamydia.
 - C. Gonorrhoea.
 - D. Vaginal Candidiasis.

6. **Regarding gonococcal infection of the female genital tract, the following are common site of infection:**
 - A. Bartholin's gland
 - B. Skene's gland
 - C. Urethra & cervix
 - D. Rectal crypt
 - E. All of the above

7. **Vaginal Trochomitis is :**
- A. sexually transmitted disease
 - B. Yeast infection
 - C. Cause Salpangitis
 - D. Is more common in diabetic
8. **Candida occur in all of the following EXCEPT:**
- A. Diabetic
 - B. Long term anti biotic
 - C. Thyrotoxicosis
 - D. OCP
 - E. Pregnant
9. **All the followings can be transmitted sexually EXCEPT:**
- A. HIV.
 - B. Clamydia.
 - C. Gonorrhoea.
 - D. Vaginal Candidiasis.
10. **Genital tract Candida occurs more frequent in all these patients, EXCEPT:**
- A. Diabetic.
 - B. On long term antibiotic therapy.
 - C. Thyrotoxicosis.
 - D. On oral contraceptive pills.
 - E. Pregnant.
11. **Regarding Vaginal Trichomoniasis, choose the CORRECT answer:**
- A. Is a yeast infection.
 - B. Is generally sexually transmitted.
 - C. Frequently cause Salpangitis.
 - D. Is more common in diabetic patients.
 - E. Treated by antifungal drugs.
12. **The treatment choice for gardenerella vaginosis is :**
- A. Ampicillin.
 - B. Metronidazole.
 - C. Clindamycin.
 - D. Gentamycin.
 - E. Vancomycin.
13. **Which of the following is NOT detected by a cervical smear?**
- A. Herpes Simplex Virus
 - B. Human Papilloma Virus
 - C. Actinomycosis

D. Trichomonas

14. Metronidazole is indicated for which of the following conditions:

- A. Bacterial vaginosis
- B. Trichomonas
- C. Prophylaxis before vagina surgery
- D. All of the above

15. Vaginal Trichomoniasis, choose the correct answer :

- A. Is a yeast infection
- B. Is generally sexually transmitted
- C. Frequently cause salpingitis
- D. Is more common in diabetic patients
- E. Threatened by antifungal drugs

16. All the following infection can be transmitted through sexual intercourse, EXCEPT:

- A. Genital herpes
- B. Human Immunodeficiency Virus (HIV)
- C. Chlamydia
- D. Gonorrhoea
- E. Vaginal Candidiasis

Pelvic Inflammatory Disease (PID):

1. Treatment of pelvic inflammatory disease (PID) include the following, EXCEPT:
 - A. Oral doxycycline
 - B. Removal of IUCD
 - C. Clindamycin
 - D. Tetracycline
 - E. Dilatation and curettage (D & C)

2. The differential diagnosis of vulvar swelling includes all the followings EXCEPT:
 - A. Bartholin's cyst.
 - B. Hematoma.
 - C. Condyloma.
 - D. Nabothian cyst.
 - E. Papilloma.

3. The terminology of pelvic inflammatory diseases indicates:
 - A. Infection of the vagina.
 - B. Infection of Bartholin's glands
 - C. Infection of Skene's glands.
 - D. Infection of the urinary bladder.
 - E. Endometritis and salpingo-oophoritis.

4. Late sequele of Salpingitis:
 - A. Endometriosis
 - B. Endometrial hyperplasia
 - C. Fallopian tube cancer
 - D. Hydrosalpinx
 - E. Cervitis

5. Recto-vaginal fistula result from all of the following EXCEPT:
 - A. obstetrical delivery
 - B. Irradiation to the pelvis
 - C. Carcinoma
 - D. Hemmorraidectomy
 - E. Obesity

6. The etiology of PID include all of the following except:
 - A. TB.
 - B. Hepatitis virus.
 - C. Chlamydia.
 - D. Group B streptococci.

- E. Gonorrhoea
7. The differential diagnosis of vulvar swelling includes all the followings EXCEPT:
- A. Bartholin's cyst
 - B. Hematoma.
 - C. Condyloma.
 - D. Nabothian cyst.
 - E. Papilloma.
8. A 38 year old woman is seen for the evaluation of a swelling in her right vulva. She has also noted pain in this area when walking and during coitus. On examination a mildly tender fluctuant mass was noticed just outside the introits in the right vulva. What the most likely diagnosis?
- A. Bartholin's abscess.
 - B. Lymphogranuloma venerum.
 - C. Chancroid.
 - D. Vulva carcinoma.
 - E. Herpes infection.
9. Treatment of pelvic inflammatory disease include the following, EXCEPT:
- A. Oral doxycycline
 - B. Removal of IUCD
 - C. Clindamycin
 - D. Tetracycline
 - E. Dilatation and curettage (D & C)
10. On bimanual examination, bilateral adnexal masses were palpated. A vaginal US was done for her and it showed bilateral tubo-ovarian abscesses. What is the most appropriate next step in her management:
- A. Admit the patient for emergency laparoscopic drainage of the abscess.
 - B. Admit the patient and give her IV antibiotic.
 - C. Treat with multiple oral antibiotics as an outpatient.
 - D. Call interventional radiotherapy to perform "CT guided Percutaneous aspiration".
 - E. Admit the patient for exploratory laparotomy, TAH and BSO.
11. Bartholin's abscess:
- A. Is often asymptomatic.
 - B. Is usually bilateral.
 - C. Is most commonly due to gonococcus infections.
 - D. Is best treated surgically.
 - E. Is usually presented as painful swelling to one side to clitoris.

12. The mechanism of infertility in pelvic inflammatory disease (PID) include the following EXCEPT:

- A. Polycystic ovary.
- B. Peritubal adhesions.
- C. Hydrosalpinx.
- D. Pyosalpinx.
- E. Frozen pelvis.

13. Disorders of pelvic support are commonly associated with all of the following EXCEPT:

- A. Multiparity. (children)
- B. Aging.
- C. Alcohol consumption.
- D. Pelvic trauma.
- E. Heavy lifting.

Infertility and Hirsutism:

1. **All the following are true, about ovarian hyperstimulation, EXCEPT:**
 - A. It can follow any of ovulation induction drugs
 - B. In severe type admission to the intensive care unit may be required
 - C. The ovaries will be very small in size have unilateral cyst.
 - D. It can diagnosed clinically and by ultrasound
 - E. Patients with PCO are at increased risk

2. **All of the following are true about PCO EXCEPT:**
 - A. To diagnose PCO hormonal analysis can be done at any time of the cycle
 - B. It is associated with reversed FSH:LH ratio
 - C. It is associated with increase resistance to insulin
 - D. Can be associated with increased prolactin level
 - E. The ovaries have characteristic appearance by the ultrasound

3. **Evaluation of infertile couples:**
 - A. History of regular cycles is suggestive of anovulation
 - B. History of severe dysmenorrhea and dyspareunia is suggestive of endometriosis
 - C. Endometriosis is diagnosed by hysteroscopy
 - D. Hysterosalpingogram is the only means of assisting ectopic pregnancy
 - E. Thyroid disease does not affect fertility

4. **Treatment of infertility**
 - A. Clomiphene citrate helpful in patients with anovulatory premature ovarian failure
 - B. Ovarian drilling is helpful in the treatment of infertility endometriosis
 - C. IVF is not helpful in the treatment of infertility due to male factor
 - D. Hyperstimulation syndrome can occurs in patient treated by gonadotropins
 - E. Spontaneous pregnancy can occur in patients with Müllerian agenesis

5. **All of the following possible causes of infertility, EXCEPT:**
 - A. Previous laparotomy for any reason
 - B. Smoking
 - C. High body mass index
 - D. PCO
 - E. Uterine subserous fibroids

6. **The following value of semen analysis indicates abnormal semen quality:**
 - A. Volume less than 2 ml
 - B. Count of 40 million / ml

- C. Motility 60%
- D. Abnormal form 30%
- E. Liquefaction complete in 30 minutes

7. Regarding human fertility: Which is true?

- A. Fertilization usually occurs 5-7 days before implantation and before the extrusion of the second polar body
- B. Subfertility only treated with IVF
- C. An adverse male factor is detectable in 60% of couples with low fertility
- D. Mumps in adulthood has no effect on male fertility
- E. Oligospermia means that sperm shape is abnormal

8. The commonest cause for infertility

- A. Tubal obstruction
- B. Male factor
- C. Chronic anovulation
- D. Hyper androgens
- E. Hypothyroidism.

9. All the following are possible causes of anovulation, EXCEPT:

- A. High body mass index
- B. Anorexia nervosa
- C. Polycystic ovarian syndrome
- D. Premature ovarian failure
- E. Sickle cell trait

10. Polycystic ovarian diseases, all of the following can be seen, EXCEPT:

- A. Acne
- B. Streak ovaries
- C. Insulin resistance
- D. Hirsutism
- E. Galactorrhea

11. The initial evaluation in an infertile couple should include:

- A. Ovarian biopsy.
- B. Semen analysis.
- C. D & C.
- D. Laparoscopy.
- E. Sperm penetration assay.

12. Induction of ovulation agents:

- A. Clomiphene citrate is an anti-androgen.
- B. Clomiphene citrate is given by injection.
- C. Gonadotropins is given orally.

- D. Ultrasound scan is not needed with induction.
- E. Causes multiple follicles.

13. In polycystic ovary syndrome patients, all the followings are true EXCEPT:

- A. They are usually underweight with low body mass index.
- B. They have hirsutism.
- C. They have Oligomenorrhoea.
- D. They have high Prolactin level.
- E. They have Subfertility.

14. Which of the following is suggestive of ovulation:

- A. Basal body temperature drop at least 0.5 C in the second half of the cycle
- B. Day 21 Estrogen level is elevated
- C. Progesterone level on day ten of the cycle is elevated.
- D. Regular cycle with dysmenorrhea.
- E. Oligomenorrhoea

15. Which of the following is a basic investigation for the male infertility :

- A. Semen analysis.
- B. Sperm penetration assay of cervical mucous.
- C. Sperm penetration assay of hamster ova.
- D. Splits ejaculate analysis.
- E. Sperm antibodies test.

16. Characteristic of normal semen analysis all true EXCEPT:

- A. Volume > 2ml
- B. pH of 7.2-7.8
- C. Sperm count > 20 million /ml.
- D. Sperm motility >50%
- E. Normal sperm morphology is <20%

17. In Secondary infertility:

- A. Is frequently due to tubal problems
- B. The problem is often a chromosomal defect in women.
- C. Is frequently due to male factor
- D. Commonly associated with endometriosis.
- E. May be due to hypoprolactenemia

18. 32 year old woman with PCO has infertility of 1 year's duration. Her menses occur at irregular intervals, and basal body temperature is monophasic. An endometrial biopsy shows endometrial hyperplasia with mild atypia. The most appropriate therapy:

- A. Danazol
- B. Megrostol acetate

- C. Oral contraceptive
- D. Clomiphene citrate
- E. Human Gonadotropins.

19. In an infertile couple all are correct EXCEPT:

- A. Fibroid can cause infertility.
- B. Ovulation can be induced by Clomiphene.
- C. Gonadotropins can cause hyperstimulation.
- D. Polycystic ovary is a common problem.
- E. Hyperprolactenemia can cause infertility.

20. Regarding Hyperprolactenemia all are true EXCEPT:

- A. Can be drug induced
- B. Stress can play role
- C. Can cause infertility
- D. In case of pituitary adenoma surgical removal is the best choice
- E. Dopamine agonist is the treatment of the choice

21. Galactorrhea (non-gestational lactation) may result from all of the following EXCEPT:

- A. pituitary adenoma
- B. Hypothyroidism
- C. Renal failure
- D. Intrapartum hemorrhage
- E. Bronchogenic carcinoma

22. The test used to diagnose ovulation on day 21 in a 28 days menstrual cycle is:

- A. Estrogen.
- B. FSH.
- C. Progesterone.
- D. LH.
- E. Prolactin.

23. Ovulation induction complications include:

- A. Ovarian hyperstimulation.

24. What is the association of ovulation induction for fertility and multiple births?

- A. Decreases the incidence multiple pregnancy.
- B. Increases the incidence multiple pregnancy.
- C. Increases the incidence of only dizygotic twins.
- D. Doesn't affect the incidence of twins.

25. All of the following are true about PCO except:

- A. To diagnose PCO hormonal analysis can be done at any time of the cycle
- B. It is associated with reversed FSH:LH ratio
- C. It is associated with increase resistance to insulin
- D. Can be associated with increased prolactin level
- E. The ovaries have characteristic appearance by the ultrasound

26. According to WHO, Sperm count shouldn't be less than :

- A. 50 million /ml
- B. 60 million/ml.
- C. 90 million/ml.
- D. 20 million/ml.
- E. 10 million/ml.

27. PCO, all true EXCEPT:

- A. Hirsutism.
- B. Imperforated hymen
- C. Infertility.
- D. Acne.
- E. Amenorrhea

28. A woman with bilateral proximal tubal blockage which was diagnosed by Hysterosalpingiogram and her husband have normal spermogram. There best chance to have a pregnancy is by:

- A. Doing a laproscopic opening of the tube and then expectant management.
- B. Giving the woman clomide for 6 months and expectant management.
- C. Doing controlled ovarian hyperstimulation and IUI.
- D. Doing IVF of the couple.

29. Hyperprolactenemia:

- A. Associated with positive progesterone challenge test.
- B. Ovulation can be induced with dopamine antagonist.
- C. If macro-adenoma is the cause, the management is surgical.
- D. May be a cause of Homonymous hemianopia.
- E. Galactorrhea is present in 30% of cases.

30. The most likely cause of infertility in a 30 year old women, P2+4 who had salpingitis after her last abortion, 3 years ago is:

- A. Submucous fibroid.
- B. Asherman's syndrome (Uterine synechiae).
- C. Blocked tubes.
- D. Tuberculous endometritis.
- E. Endocervicitis.

- 31. The following agents are used in ovulation induction in patients undergoing assisted conception, EXCEPT:**
- A. Clomiphene Citrate.
 - B. Human menopausal gonadotropin.
 - C. GRH analogues.
 - D. hCG.
 - E. Aspirin.
- 32. Regarding ovulation can be diagnosed by the following measures, EXCEPT:**
- A. Measuring day 14 serum progesterone.
 - B. Observing a rise in basal body temperature in the 2ND half of the menstrual cycle.
 - C. Study of the cervical mucous.
 - D. Endometrial histology.
 - E. Ultrasound.
- 33. Hysterosalpingiogram (HSG) is contraindicated in the following EXCEPT:**
- A. Suspicious pregnancy.
 - B. PID.
 - C. Congenital malformations of the uterus.
 - D. Presence of abnormal uterine bleeding.
 - E. Uterine malignancy.
- 34. Hirsutism can be found in all of the following conditions, EXCEPT:**
- A. Polycystic ovary syndrome
 - B. On Danazol therapy
 - C. Adrenal hyperplasia
 - D. Patient on oral contraceptive pills
 - E. Androgen secreting ovarian tumor
- 36. A 28 year old lady comes to your clinic complaining of progressive hirsutism (growing a beard) noticed in the past 3 months. Her initial evaluation includes all the following, EXCEPT :**
- A. Check her testosterone level.
 - B. Enhanced CT of the brain.
 - C. Do US of the ovaries.
 - D. Do US of the uterus.
 - E. Check her 17 hydroxy progesterone level.
- 37. Regarding Hyperprolactenemia, all of the following are CORRECT EXCEPT:**
- A. Can be drug induced.
 - B. In cases on pituitary adenoma surgical removal is the best option.
 - C. Stress can play a role.
 - D. Can cause infertility.

- E. Dopamine agonist is the treatment of choice.

38. All of the following are true regarding TB infection EXCEPT:

- A. Is transmitted by hematogenous spread
- B. It causes infertility ,abnormal uterine bleeding ,pelvic pain
- C. It causes severe tenderness & cervical excitation on pelvic examination
- D. 2/3 have evidence of old pulmonary TB.
- E. Diagnosis depends on endometrial biopsy for culture & histopathological examination.

39. Regarding Infertility:

- A. A patient who is P 0 +3 is defined as primary infertility.
- B. Painful menstruation suggests unovulatory menstrual cycles.
- C. Measuring progesterone level in the follicular phase is the diagnostic feature for ovulation.
- D. Including the husband in the investigation is essential.
- E. Estrogen is used in induction of ovulation.

Amenorrhea:

1. **Recognized feature of Sheehan syndrome :**
 - A. Menorrhagia
 - B. Galactorrhea
 - C. Insulin resistance
 - D. Hypothyroidism
 - E. Dwarfism

2. **The earliest sign of Sheehan syndrome is :**
 - A. Secondary amenorrhea
 - B. Failure of lactation
 - C. Loss of axillary + pubic hair
 - D. P.V bleeding
 - E. Increase appetite

3. **In Sheehan syndrome, changes that take place include the following EXCEPT :**
 - A. Complete lactation failure
 - B. Feeling of lethargy
 - C. Genital atrophy
 - D. Amenorrhea
 - E. Increased Basal Metabolic Rate (B.M.R)

4. **A 26 years old lady presented with secondary amenorrhea and FSH and LH are found to be high, your diagnosis will be?**
 - A. Sheehan syndrome
 - B. Asherman syndrome
 - C. Premature ovarian failure.
 - D. Imperforated hymen
 - E. Pituitary adenoma

5. **Patients with the following condition present with primary amenorrhea:**
 - A. Bicornuate uterus
 - B. Polycystic ovary syndrome
 - C. Imperforate hymen
 - D. Sheehan's Syndrome
 - E. Anorexia nervosa

6. **The presentation of Asherman's Syndrome typically involves:**
 - A. Hypomenorrhea and amenorrhea.
 - B. Galactorrhea.
 - C. Menorrhagia.
 - D. Metrorrhagia.

- E. Dysmenorrhea.
- 7. Secondary amenorrhea is a recognized feature of:**
- A. Imperforated hymen.
 - B. Testicular feminization syndrome.
 - C. Pregnancy.
 - D. Sickle cell anemia.
 - E. Müllerian agenesis.
- 8. Pituitary insufficiency & amenorrhea is best treated with :**
- A. Low potent estrogen
 - B. FSH with GnRH.
 - C. Cyclic progesterone
 - D. Clomide
 - E. Regular intercourse
- 9. Ovarian dysgenesis is associated with elevation of which hormones:**
- A. pituitary Gonadotropins
- 10. The following are true about Asherman syndrome EXCEPT:**
- A. Usually causes primary amenorrhea
 - B. Causes Secondary amenorrhea
 - C. May result from excessive dilation & curettage
 - D. Usually diagnosed by Hysterosalpingogram
 - E. Usually associated with intrauterine adhesion
- 11. Feature characteristically associated with imperforated hymen in a 16 year old girl include :**
- A. Acute retention of the urine
 - B. Absence of secondary sexual characteristics.
 - C. Hirsutism.
 - D. Short stature.
 - E. Present with secondary amenorrhea.
- 12. Regarding Primary amenorrhea ,all the following are correct EXCEPT:**
- A. Failure of breast development by age of 10 require investigation
 - B. kalman syndrome is recognized cause
 - C. it may be due to systemic disease
 - D. turner is known cause
 - E. the majority are constitutional
- 13. In Sheehan syndrome ,changes that take place include all of the following EXCEPT:**
- A. Genital atrophy

- B. Feeling of lethargy
 - C. Complete lactation failure
 - D. Amenorrhea
 - E. Increased basal metabolic rate
- 14. A 48-year-old woman who had two normal pregnancies 13 and 15 years ago presents with the complaint of amenorrhea for 7 months. She expresses the desire to become pregnant again. After exclusion of pregnancy, which of the following tests is next indicated in the evaluation of this patient's amenorrhea?**
- A. Hysterosalpingogram.
 - B. Endometrial biopsy.
 - C. Thyroid function test.
 - D. Testosterone and DHAS levels.
 - E. LH and FSH levels.
- 15. In Polycystic Ovary Syndrome patients, all the followings are true EXCEPT:**
- A. They are usually underweight with low body mass index.
 - B. They have hirsutism.
 - C. They have oligomenorrhea.
 - D. They have high prolactin level.
 - E. They have subfertility.
- 16. To diagnose a woman with PCOS you need to have :**
- A. More than 10 cysts on each ovary measuring 2 mm.
 - B. Hypomenorrhea or amenorrhea.
 - C. Hyperandrogenism either biochemical or clinical.
 - D. Only 2 of the above.
 - E. All the above.
- 17. Secondary amenorrhea may be due to the following, EXCEPT:**
- A. Endometriosis.
 - B. Thyrotoxicosis.
 - C. Pregnancy.
 - D. Anorexia.
 - E. Ovarian failure.
- 18. The ovary in polycystic ovarian syndrome characteristically shows :**
- A. Fibrosis.
 - B. Theca cells hyperplasia.
 - C. Granulosa cells hyperplasia.
 - D. Increased fatty infiltration.
 - E. Capsular thinning.

19. Which of the following features is associated with an imperforated hymen :

- A. Hirsutism.
- B. Closed spina bifida.
- C. Absence of secondary sex characteristics.
- D. Short stature.
- E. Cyclic lower abdominal pain with primary amenorrhea.

20. Polycystic Ovarian syndrome (PCOS):

- A. Estradiol levels are high.
- B. There is increased sensitivity to insulin.
- C. If Ovulation can be induced, the chance of conception is high.
- D. Androstenedione levels are high.
- E. Sex-hormones binding globulin are increased.

21. Polycystic Ovarian syndrome:

- A. Estradiol levels are high.
- B. There is increased sensitivity to insulin.
- C. Has no change in FSH:LH ratio.
- D. Andostendione levels are high.
- E. Sex hormone binding globulin are increased.

22. The following is related to premature ovarian failure:

- A. There are decreased levels of estrogen.
- B. Is associated with autoimmune disease.
- C. There are decrease levels of FSH.
- D. It is seen in association with autoimmune disease.
- E. Karyotype is indicated in women who develop the problem before 25 years of age.

23. The following are know criteria for diagnosing Polycystic ovarian syndrome (PCOS), EXCEPT:

- A. Decreased body weight.
- B. Hormonal evidence of androgen excess.
- C. Chronic anovulation.
- D. Recurrent miscarriages.
- E. Inappropriate gonadotropin secretions.

24. A Feature of Polycystic ovarian syndrome:

- A. Elevated level of serum FSH.
- B. Endometrial hyperplasia.
- C. Breast atrophy.
- D. Loss of androgen level.
- E. Regular ovulation.

- 25. Secondary amenorrhea can be due to the following EXCEPT:**
- A. Asherman syndrome.
 - B. Sheehan's syndrome.
 - C. Galactorrhea.
 - D. PCO disease.
 - E. Sickle cell anemia.
- 26. A 19-year-old woman comes to your office with a complaint of never having had menses. Physical examination shows that she is 1.37 m tall, & weighs 42 kg. she lacks breast & pubic hair development. There is webbing of her neck & cubitus valgus. Which of the following is likely to be true?**
- A. Testicular feminization.
 - B. Klinefelter syndrome.
 - C. Turner's syndrome.
 - D. Congenital adrenal hyperplasia.
 - E. Normal but delayed development.
- 27. Hypothalamic cause of secondary amenorrhea include all of the following EXCEPT:**
- A. Significant weight loss.
 - B. Strenuous exercise.
 - C. Tricyclic antidepressant
 - D. Sheehan's syndrome.
 - E. C & D.
- 28. The most common mass associated with amenorrhea in a reproductive age women is:**
- A. Follicular cyst.
 - B. Corpus luteal cyst.
 - C. Benign cystic teratoma.
 - D. Leiomyoma.
 - E. Pregnancy.
- 29. A 16 year old girl with imperforated hymen present with :**
- A. Secondary Amenorrhea
 - B. Hematocolpous
- 30. Secondary amenorrhea may be related to :**
- A. Emotional factor
 - B. Systemic disease
 - C. Nutrition
 - D. Specific endocrine disorder
 - E. All of the above

Incontinence & Genital Prolapse:

1. **Urge incontinence**
 - A. Is due to pelvic anatomic defect.
 - B. Patient loses small amount of urine.
 - C. Can be diagnosed with stress test.
 - D. Can be treated medically.
 - E. Can be treated surgically with sling

2. **Which of the following factors predispose to genital prolapse:**
 - A. Repeated LSCS
 - B. Multiparty
 - C. Pelvic inflammatory disease
 - D. Endometriosis
 - E. Repeated Candidiasis

3. **The treatment of cystocele in a 32 years old may include the following, EXCEPT:**
 - A. Pelvic floor exercise.
 - B. Weight loss.
 - C. Vaginal hysterectomy.
 - D. Anterior colporrhaphy.
 - E. Vaginal Pessary.

4. **Urinary stress incontinence is:**
 - A. The loss is of large amount of urine when intra-abdominal pressure increases.
 - B. The loss is of small amount of urine when intra-abdominal pressure increases.
 - C. Inability to control the bladder of all urine
 - D. Inability to pass urine
 - E. Constant loss of small amounts of urine

5. **In Urogenital prolapse, the following statement are correct EXCEPT:**
 - A. Urethrocele is prolapse of the urethra in the vagina.
 - B. Obesity is the risk factor.
 - C. Inguinal hernia is manifestation
 - D. Rectoceles are associated with chronic constipation
 - E. Cystoceles are associated with prolonged 2nd stage of labor

6. **An Enterocele:**
 - A. Contain part of the peritoneum.
 - B. Is lined by peritoneum
 - C. Herniates into the bladder

- D. Can be treated medically
- E. Can be clinically demonstrated by abdominal exam.

7. Regarding Rectocele

- A. Can be treated medically
- B. Surgery is indicated in all patients
- C. Constipation is not a predisposing factor
- D. Should only be corrected if it is interfering with defecation and life style
- E. Is common in younger patients

8. True incontinence can result from the following EXCEPT:

- A. Pelvic irradiation
- B. Trauma
- C. Prolonged obstructed labor
- D. C-section
- E. Epidural analgesia

9. 49 years old women comes in complaining that several years it feels as though "her organ are progressively falling out her vagina" along with this, she complains of losing urine with straining, occasional urgency, and sometimes a feeling of incomplete emptying of her bladder with voiding. On further examination you will find :

- A. Rectocele
- B. Cystocele
- C. Enterocele
- D. Complete uterine prolapse
- E. UTI

10. 38 years old multigravida women complains of the painless loss of urine, beginning immediately after coughing, laughing, lifting, or straining. Immediate cessation of the activity stops the urine loss .this history is must suggestive of :

- A. Fistula
- B. Stress incontinence
- C. Urge incontinence
- D. Urethral incontinence.
- E. UTI

11. The work up of patients with incontinence include all of the following EXCEPT:

- A. Culture & sensitivity
- B. Stress test
- C. pelvis U/S
- D. Cystometric study
- E. Residual urine volume

12. Detrusor instability should be managed by:

- A. Drug therapy.
- B. Electrical therapy.
- C. Operative therapy
- D. Psychiatric therapy.
- E. No therapy.

13. Regarding Cystocele, the following are true EXCEPT :

- A. Is more common in multiparus women.
- B. The best way of treatment is vaginal hysterectomy.
- C. Is usually associated with stress incontinence.
- D. None of the above.
- E. All of the above.

14. Clinical symptoms of uterine prolapse include the following EXCEPT:

- A. Cervical ulcer.
- B. Dyspareunia.
- C. Amenorrhea.
- D. Urinary retention.
- E. Low back ache.

15. Stress incontinence: the following statement are correct EXCEPT:

- A. Is more common in older women.
- B. Can be treated with estrogen.
- C. More common in women after menopause.
- D. Becomes worse after menopause.
- E. Is always isolated.

16. Stress incontinence:

- A. Is more common in multiparus.
- B. Means passing urine frequently.
- C. Can be treated by antibiotic.
- D. Bladder drilling is an effective treatment.
- E. Almost always is associated with utero-vaginal prolapse.

17. True incontinence can result from the following EXCEPT:

- A. Pelvic irradiation
- B. Trauma
- C. Prolonged obstructed labor
- D. C-section
- E. Recurrent cystitis.

- 18. When the cervix protrudes well beyond the introitus, in a case of uterine prolapse, the prolapse is called which of the following:**
- A. 1ST degree.
 - B. 2ND degree.
 - C. 3RD degree.
 - D. Procentia.
 - E. None of the above.

Menopause:

1. **An increased risk of Osteoporosis is associated with:**
 - A. Bromocriptine use.
 - B. Excess glucocorticosteroid usage.
 - C. Androgen excess in the female.
 - D. Early menarche.
 - E. Excessive protein intake.

2. **The use of estrogen alone in menopausal women increase the risk of :**
 - A. Endometrial cancer
 - B. Ovarian cancer
 - C. Bone cancer
 - D. Bowel cancer
 - E. All of the above

3. **Recently the main risk of hormone replacement therapy after menopause is:**
 - A. fracture the neck of femur
 - B. Cancer of the colon
 - C. Hirsutism
 - D. Cancer of breast
 - E. Genital atrophy

4. **In the menopause :**
 - A. Osteoporosis is common in black women
 - B. They have increase tendency of fracture
 - C. Post menopausal bleeding is always due to endometrial carcinoma
 - D. HRT is always indicated
 - E. OCP can be used as hormone replacement

5. **Postmenopausal women:**
 - A. Malignancy is the commonest cause of postmenopausal bleeding.
 - B. FSH and LH are characteristically low.
 - C. Fibroid uterus tends to grow bigger.
 - D. Hormonal replacement therapy increases the risk of breast cancer.
 - E. Endometrium is characteristically thick on USS.

6. **Which of the following is an indication for estrogen treatment?**
 - A. Fibroid.
 - B. Threatened abortion.
 - C. Endometriosis.
 - D. Postmenopausal atrophic vaginitis.

- E. Induction of ovulation for anovulatory cycle.
- 7. The following is a symptom of Climacteric(menopause):**
- A. obesity.
 - B. Premenstrual tension.
 - C. Hot flushes.
 - D. Menorrhagia.
 - E. Ectopic pregnancy
- 8. Regarding hot flushes in the menopausal period. All the following are true, EXCEPT :**
- A. They are reduced by exercise.
 - B. They are less in obese women.
 - C. They are more in smoking women.
 - D. The best treatment is HRT.
 - E. It usually disappears in 1 month.
- 9. Which of the following statement is INCORRECT:**
- A. Climacteric is the phase during which a woman passes from the reproductive stage to non-reproductive stage.
 - B. Pre-menopause is the time during climacteric during which the periods becomes irregular.
 - C. Menopause is the final menstruation which occurs during the climacteric.
 - D. Premature menopause is cessation of menstruation before the age of 40.
 - E. Oral contraceptive pills delay the onset of menopause.
- 10. True statement concerning the development of postmenopausal osteoporosis include:**
- A. In typical patients, the yearly rate of bone loss remains constant.
 - B. Estrogen replacement therapy is not effective in treatment.
 - C. X-ray density of the wrist determines estrogen dosage.
 - D. In most patients, fractures of trabecular bone occur earlier than fractures of cortical bone (e.g. Femur)
 - E. Very common in black population.
- 11. The severity of menopausal vasomotor symptoms correlates best with:**
- A. Mental status at the time of climacteric.
 - B. Rate of estrogen withdrawal.
 - C. Serum estrogen concentration.
 - D. Serum FSH concentration.
 - E. Serum LH Concentration.

12. Which of the following is NOT a physical finding associated with the climacteric:

- A. Atrophic vaginitis.
- B. Clitoromegaly.
- C. Vaginal stenosis.
- D. Small labia minora.
- E. Amenorrhea.

13. Recognized feature of postmenopausal women is:

- A. Low FSH & LH.
- B. Increased bone mineral density.
- C. High FSH.
- D. High level of estrogen.
- E. Increase the incidence of uterine fibroid.

Abnormal Uterine Bleeding:

(DUB, Menorrhagia and PMB)

1. **After menopause: Which is true?**
 - A. There is increase in vaginal acidity
 - B. Gonadotropins secretion falls.
 - C. Recurrent vaginal bleeding should be investigated by endometrial biopsy.
 - D. Malignancy is the leading cause of post menopausal bleeding.
 - E. Bone mineral density increases.

2. **All the following are possible causes of menorrhagia, EXCEPT**
 - A. Uterine fibroid
 - B. Adenomyosis
 - C. Pelvic inflammatory disease
 - D. Endometrial hyperplasia
 - E. Combine oral contraceptive pills

3. **After menopause**
 - A. There is increase vaginal acidity.
 - B. Gonadotropins level falls.
 - C. There is increase in bone density.
 - D. The size of an existing fibroid increases.
 - E. Any post menopausal bleeding should be investigated by endometrial sampling.

4. **Menorrhagia is:**
 - A. Intermittent irregular vaginal bleeding
 - B. Commonly presents as postmenopausal bleeding
 - C. Heavy menstrual cycle more than 80 ml
 - D. Infrequent spaced cycles every 45 days
 - E. The main presentation in case of Asherman Syndrome

5. **An Obese 63-years old women present with a 3 month history of continuous scanty bleeding. Adequate history and physical examination what is your recommendation ?**
 - A. Cervical cone biopsy
 - B. D&C
 - C. Cycling with progestin
 - D. Laparoscopy
 - E. Official visit every 6month for the evaluation.

- 6. Amount of blood loss during the normal menses :**
- A. 10 to 25 ml.
 - B. 25 to 75 ml.
 - C. 80 to 120 ml.
 - D. 125 to 175 ml.
- 7. Post menopausal bleeding :**
- A. May be considered as a normal variation
 - B. Ultrasound can exclude uterine malignancy
 - C. Hysteroscopy is contraindicated
 - D. Cervical cancer need exclusion.
 - E. Atrophic vaginitis should not be considered for its very rare finding.
- 8. Menorrhagia :**
- A. progesterone medicated IUCD can treat this condition
 - B. D&C are not required for diagnosis & management of the patient above 40 years or more
 - C. Asherman syndrome is the main cause
- 9. All the following are possible causes of menorrhagia, EXCEPT**
- A. Uterine fibroid
 - B. Adenomyosis
 - C. Pelvic inflammatory disease
 - D. Endometrial hyperplasia
 - E. Combine oral contraceptive pills
- 10. Which statement regarding menstrual abnormality is correct ?**
- A. Menorrhagia is defined as a "frequent period".
 - B. Bleeding due to uterine polyps is called dysfunctional uterine bleeding.
 - C. Oligomenorrhia means periods with more than 35 days apart.
 - D. Menorrhagia means a "heavy period".
 - E. Polymenorrhoea means periods that occur every 28 days.
- 11. Regarding Menorrhagia:**
- A. Progesterone mediated IUCD can treat this condition.
 - B. D & C is not required for diagnosis & management in a 40 years or more.
 - C. In adolescent, it is important to rule out malignancy.
 - D. Asherman syndrome is a main cause.
 - E. It is defined as bleeding occurring every 2 weeks.
- 12. Initial management for patient with post menopausal bleeding is:**
- A. pap smear.
 - B. Ultrasound.
 - C. CT scan.

- D. D & C.
- E. History & physical examination.

13. The most common cause of menstrual abnormality in reproductive-aged women is:

- A. Ectopic pregnancy.
- B. Uterine leiomyomas.
- C. Adenomyosis.
- D. Anovulation.
- E. Coagulopathy.

14. The most common serious complication of radical hysterectomy is:

- A. Intra-operative death.
- B. Illness from transfusion.
- C. Genitourinary fistula.
- D. Premature menopause.
- E. Bowel injury.

15. Which of the following conditions is LEAST likely to be associated with endometrial hyperplasia:

- A. Hyperprolactenemia.
- B. Exogenous estrogen.
- C. Granulosa-theca cell tumor.
- D. Congenital adrenal hyperplasia.
- E. Polycystic ovarian syndrome.

16. The most common symptom of endometrial hyperplasia:

- A. Vaginal discharge & itching.
- B. Vaginal bleeding.
- C. Amenorrhea.
- D. Pelvic pain.
- E. Abdominal distension.

17. Menorrhagia occurring at the age of puberty may be due to:

- A. Folic acid deficiency anemia.
- B. Congenital adrenal hyperplasia.
- C. Von Willbrand's disease. (Congenital coagulopathy)
- D. Androgen insensitivity disease.
- E. Nelson's syndrome.

18. The initial attempt to control uterine bleeding due to blood dyscrasia (Prothrombin deficiency) after ruling out anatomic lesions should be:

- A. Hysterectomy.
- B. D& C & hysterectomy.

- C. Cyclic estrogens.
- D. Oral contraceptives.
- E. Pregnancy.

Dysmenorrhea & PMS & Endometriosis:

1. **Regarding Adenomyosis:**
 - A. Is the presence of endometrial glands and stroma out side the uterus
 - B. Can be diagnosed by D&C
 - C. Can be detected by hysteroscopy
 - D. Can cause severe dysmenorrhea
 - E. Can cause infertility

2. **The treatment of endometriosis include all the following EXCEPT:**
 - A. Birth control pills (BCP).
 - B. Oral progesterone.
 - C. Estrogen.
 - D. Depoprovera.
 - E. GnRH analogue.

3. **These are possible sites for endometriosis deposits EXCEPT:**
 - A. Brain.
 - B. Peritoneum.
 - C. Uterosacral ligaments.
 - D. Ovaries.
 - E. Scars.

4. **The diagnosis of endometriosis is confirmed by histologically identifying extragenital implants containing :**
 - A. Endometrial glands and Stroma.
 - B. Hypertrophic smooth muscle
 - C. Hemorrhage & iron pigment deposit
 - D. Fibroid
 - E. Stromal decidulaization

5. **Regarding Adenomyosis, the following are true EXCEPT:**
 - A. Causes dysmenorrhea
 - B. Usually associated with menorrhagia
 - C. The uterine size not affected by the disease
 - D. Hysterectomy is the treatment of choice to cure this condition.
 - E. Only confirmed after histopathology

6. **Secondary dysmenorrhea can be caused by all of the following EXCEPT:**
 - A. Endometrial polyp
 - B. Endometriosis
 - C. PID
 - D. Uterine leiomyoma

E. OCP

7. Regarding Endometriosis :

- A. is the presence of endometrial tissue in the myometrium
- B. The liver is the most common site
- C. Implantation ,lymphatic –vascular metastasis &coelmic metaplasia are the theories about the pathogenesis
- D. OCP are contraindicated as they worsen the symptom
- E. Is best treatment by avoiding the pregnancy

8. Pelvic endometriosis :

- A. Is a cause of 1ry dysmenorrheal
- B. Associated with excessive vaginal discharge
- C. Associated with prolonged use of IUCD
- D. Combined OCP are predisposing factor
- E. Can be diagnosed by laparoscopy

9. The following are theories of endometriosis EXCEPT:

- A. Retrograde menstruation
- B. Endometrial hyperplasia
- C. Immunological factor
- D. Coilemic metaplasia
- E. Lymphatic spread

10. A woman with symptomatic endometriosis is likely to complain of all of the following EXCEPT:

- A. Dyspareunia.
- B. Mood swings.
- C. Painful defecation.
- D. Severe dysmenorrhea.
- E. Infertility.

11. Primary dysmenorrhea is most likely caused by:

- A. Uterine hypercontractility.
- B. Increased parity.
- C. High levels of estrogen.
- D. Coitus during menses.
- E. Obesity.

12. The following are theories for endometriosis, EXCEPT:

- A. Coelomic metaplasia.
- B. Endometrial hyperplasia.
- C. Retrograde menstruation.
- D. Immunological factor.

- E. Lymphatic spread of endometrial fragments

13. Regarding Endometriosis, all of the following are CORRECT, EXCEPT:

- A. Is frequently associated with infertility.
- B. Causes deep dyspareunia.
- C. Is often asymptomatic.
- D. Causes post coital bleeding.
- E. Causes Dysmenorrhea.

14. Endometriosis is :

- A. The presence of endometrial glands outside the uterus.
- B. The presence of endometrial stroma outside the uterus.
- C. The presence of endometrial glands & Stroma outside the uterus.
- D. A disease of menopause.
- E. Hyperplasia of normally located endometrium.

15. Dyspareunia in endometriosis can be caused by the following EXCEPT:

- A. Endometriomas.
- B. Flexed retroversion of the uterus.
- C. Uterosacral implants.
- D. Danazol therapy.
- E. The use of the birth control pill.

16. The operation of Endometriosis should be:

- A. Tailored to the patient's age, symptoms, & extent of disease.
- B. Total abdominal hysterectomy (TAH) & bilateral Salpingo-oophorectomy (BSO).
- C. Removal of implants only.
- D. Presacral neuroectomy.
- E. Unilateral Salpingo-oophorectomy.

17. Each of the following can be a treatment modality for endometriosis EXCEPT :

- A. Depoprovera medroxy progesterone
- B. GnRH analogues
- C. Estrogen skin patches
- D. Oral contraceptive pills
- E. Danazol

18. The leading theories in the pathogenesis of endometriosis include :

- A. Retrograde menstruation with transport of endometrial cells
- B. Metaplasia of coelomic epithelium
- C. Hematogenous or lymphatic spread
- D. Direct transplantation of endometrial cells
- E. All of the above

19. A 40 year-old woman complains of menorrhagia and dysmenorrhea that progressed gradually, the most likely diagnosis is:
- A. Endometrial cancer.
 - B. Adenomyosis.
 - C. Cervical cancer.
 - D. Ovarian cyst.
 - E. Endometrial polyps.
20. The diagnosis of endometriosis is often strongly suspected from patient's initial history expressing the following EXCEPT:
- A. Infertility
 - B. Dysmenorrhea.
 - C. Vaginal dryness.
 - D. Dyspareunia.
 - E. Chronic Pelvic pain.
21. Premenstrual tension should be initially treated with:
- A. COCP.
 - B. Hysterectomy.
 - C. Aldosterone.
 - D. Diuretics.
 - E. D & C.

General Oncology:

1. Which of the following tumors is LEAST likely to be hormonally active:
 - A. Sertoli-lyeding cell tumor.
 - B. Granulosa cell tumor.
 - C. Hair cell tumor.
 - D. Fibroma.
 - E. Thecoma.

2. The most common malignancy in the female reproductive organs:
 - A. Carcinoma of the cervix.
 - B. Carcinoma of the ovary.
 - C. Carcinoma of the breast.
 - D. Carcinoma of the uterine corpus.
 - E. Leiomyosarcoma of the uterus

3. 16 year old single girl presented with a mass in the pelvis was detected clinically all the following investigation can be done , EXCEPT :
 - A. CT
 - B. Laparoscopy
 - C. PAP smear
 - D. USS
 - E. MRI

4. Laparoscopy is used in the diagnosis of the following EXCEPT:
 - A. Ectopic pregnancy.
 - B. Endometriosis.
 - C. Ovarian cyst.
 - D. Tubal patency.
 - E. Submucous fibroid.

Uterine Fibroids (Leiomyomas):

1. **The Commonest uterine fibroid to cause excessive bleeding is :**
 - A. Submucous fibroid.
 - B. Subserous fibroid.
 - C. Intramural fibroid.
 - D. Cervical fibroid.
 - E. Broad ligament fibroid.

2. **Acceptable treatment for uterine fibroids includes all of the following EXCEPT:**
 - A. No treatment.
 - B. Myomectomy during pregnancy if red degeneration occurs.
 - C. Myomectomy.
 - D. Hysterectomy.
 - E. GnRH agonist.

3. **Uterine fibroid: Which is true?**
 - A. Is commoner in white people than black.
 - B. All should be treated immediately.
 - C. Sarcomatous change occurs in 1%.
 - D. Can cause obstructed labor.
 - E. In pregnancy should indicate caesarian section.

4. **The following is TRUE regarding degenerative changes in uterine fibroids :**
 - A. Sarcoma occurs in 2%.
 - B. Cystic degeneration is common with the use of oral contraceptive pills.
 - C. Hyaline degeneration causes acute pain.
 - D. Torsion is common in intramural fibroid
 - E. Red degeneration should be managed conservatively.

5. **The following are TRUE about Leiomyomas EXCEPT:**
 - A. Usually multiple.
 - B. Usually malignant.
 - C. Usually discrete.
 - D. Usually spherical or irregular lobulated.
 - E. Usually easy enucleated from the surrounding myometrium.

6. **Fibromyoma of the uterus:**
 - A. Is pre malignant tumor
 - B. Symptoms are related to the site
 - C. Estrogen dependent tumor
 - D. Can be associated with endometriosis & endometrial hyperplasia.
 - E. Can cause postpartum hemorrhage.

- 7. Uterine fibroid:**
- A. Commonly associated with endometriosis
 - B. Are tumors of Striated muscle.
 - C. Commonly present with post menopausal bleeding
 - D. Associated with multiparty
 - E. progesterone dependent tumor
- 8. Regarding red degeneration in fibroids, all are true EXCEPT:**
- A. Common during pregnancy.
 - B. Causes acute abdominal pain.
 - C. Surgery is the 1ST line treatment.
 - D. Caused by ischemic necrosis.
 - E. Can occur in postmenopausal women on HRT.
- 9. Regarding Submucous uterine fibroids all of the following are correct EXCEPT:**
- A. May become polypoidal.
 - B. Can become infected.
 - C. Frequently cause infertility.
 - D. Often present with menorrhagia.
 - E. Can be removed hysteroscopically.
- 10. Regarding uterine leiomyomata may undergo the following changes EXCEPT:**
- A. Hyaline degeneration.
 - B. Squamous metaplasia.
 - C. Atrophy.
 - D. Calcification.
 - E. Sarcomatous change.
- 11. Uterine leiomyomata generally require no treatment. When treatment is indicated, it is most frequently because of :**
- A. Interference with reproductive function.
 - B. Rapid enlargement with the hazards of Sarcomatous degeneration.
 - C. Pain.
 - D. Excessive uterine bleeding.
 - E. Impingement on an other organ.
- 12. A patient with uterine leiomyoma accompanied by excessive uterine bleeding should be initially evaluated and /or treated by :**
- A. myomectomy
 - B. Hysterectomy
 - C. Irradiation
 - D. High dose of estrogen
 - E. Hysteroscopy with endometrial biopsy

13. These are possible symptoms caused by fibroids EXCEPT:

- A. Pelvic pain.
- B. Subfertility.
- C. Pressure symptoms.
- D. Deep vein thrombosis.
- E. Irregular vaginal bleeding.

14. True statement regarding leiomyomas is:

- A. The severity of the bleeding is proportional to the size and the number of myomas
- B. Intermenstrual pain is present in more than 50% of women with myomas that have not undergone degeneration
- C. Intermenstrual bleeding is the most common menstrual disorder
- D. The majority of the women with multiple myomas are fertile
- E. It is highly malignant

15. A 20 year old lady pregnant in 1st trimester came complaining of lower abdominal pain, in examination a mass continued with the uterus was found what is the diagnosis:

- A. Red degeneration of fibroid
- B. Ectopic pregnancy
- C. Uterine rupture
- D. Rupture placenta
- E. Placenta previa

16. Types of uterine fibroid degeneration include all EXCEPT :

- A. Red degeneration
- B. Yellow degeneration
- C. Calcification
- D. Hyaline degeneration
- E. Fatty degeneration

17. Acceptable treatment for uterine fibroids include all of the following EXCEPT:

- A. No treatment.
- B. Myomectomy during pregnancy if red degeneration occurs.
- C. Myomectomy.
- D. Hysterectomy.
- E. GnRH agonists.

18. Regarding uterine fibroid in pregnancy, all are true EXCEPT:

- A. Are often asymptomatic.
- B. May present with abdominal pain.
- C. May cause obstructed labor.

- D. Should be removed surgically if it becomes symptomatic.
- E. May cause postpartum hemorrhage.

Benign and Malignant Ovarian cancer:

1. Which of the following is an early symptom of ovarian cancer?
 - A. Pelvic pain.
 - B. Bloating.
 - C. Dysuria.
 - D. Constipation.
 - E. It's usually asymptomatic.

2. Ovarian neoplasm most commonly arise from:
 - A. Ovarian epithelium.
 - B. Ovarian stroma.
 - C. Ovarian germ cells.
 - D. Ovarian sex cords.
 - E. Metastatic disease.

3. Which of the following tumors is NOT an ovarian epithelial neoplasm:
 - A. Serous tumor.
 - B. Mucinous tumor.
 - C. Endometrioid tumor.
 - D. Endodermal sinus tumor.
 - E. Brenner tumor.

4. Metastatic tumors to the ovary rarely originate from the:
 - A. Breast.
 - B. Stomach
 - C. Large intestine.
 - D. Uterus.
 - E. Vagina.

5. The following are Suspicious criteria for malignancy in ovarian tumors EXCEPT:
 - A. Presence of Ascites.
 - B. Presence of cachexia.
 - C. Edema of the lower limbs.
 - D. Bilateralism.
 - E. Elevated serum Estradiol.

6. Ovarian cancer is more likely to occur in all of the following EXCEPT:
 - A. Nulliparus women.
 - B. Women who have breast cancer
 - C. Patients with history of prolonged use of oral contraceptive pills.
 - D. Women with a family history of ovarian cancer.
 - E. Low socioeconomic class.

- 7. Regarding Ovarian cysts in pregnancy:**
- A. The dermoid accounts for up to 50% of total.
 - B. They are commonly malignant in origin.
 - C. Corpus luteal accounts for the majority of cases.
 - D. Torsion does not occur during pregnancy.
 - E. They rarely cause obstructive labor.
- 8. Which of the following ovarian tumors is the most common:**
- A. Arrhenoblastoma.
 - B. Granulosa cell tumors.
 - C. Granulosa cell tumor.
 - D. Endometrial sinus.
 - E. Mucinous Cystadenoma.
- 9. In ovarian tumors all these are germ cell tumor EXCEPT :**
- A. Teratoma
 - B. Choriocarcinoma
 - C. Endometrioid tumor
 - D. Yolk sac tumor
 - E. Dysgerminoma
- 10. Suggestive ultrasound features of ovarian malignancy include following EXCEPT :**
- A. Bilateral
 - B. Presence of ascites
 - C. Contain solid component
 - D. Unilocular
 - E. Capsule integrity is disrupted with projection
- 11. Which of the following tumors produces estrogen?**
- A. Endodermal sinus tumors.
 - B. Choriocarcinoma.
 - C. Granulosa-cell tumors.
 - D. Dysgerminoma.
 - E. Serous cyst adenoma.
- 12. The tumor marker secreted by Endodermal sinus (yolk sac) tumor is**
- A. Alpha-Fetoprotein.
 - B. hCG.
 - C. LDH.

13. Which of the following types of cancer is the leading cause death form gynecologic neoplasm:
- A. Ovarian .
 - B. Uterine.
 - C. Cervical.
 - D. Vaginal.
 - E. Vulvar.
14. The most common germ cell tumor is:
- A. Dysgerminoma.
 - B. Endodermal sinus tumor.
 - C. Embryonal carcinoma.
 - D. Choriocarcinoma.
 - E. Immature teratoma.
15. Which of the following hormones is most likely to be produced by Granulosa-Cell tumors:
- A. Estrogen.
 - B. Inhibin.
 - C. Both of them.
 - D. None of them.
16. Which of the following ovarian tumors are thought to be derived from ovarian germinal epithelium:
- A. Dysgerminoma.
 - B. Fibroma.
 - C. Theca cell.
 - D. Endometrioid.
 - E. Germ cell tumors.
17. Which of the following tumors produces estrogen:
- A. Endodermal sinus tumors
 - B. Choriocarcinoma
 - C. Granulosa-cell tumors
 - D. Dysgerminoma
 - E. Serous cyst adenoma
19. You are called to the operating room to evaluate a pelvic mass in infant girl. Laparoscopy shows a 3-cm cystic mass in the broad ligament between the fallopian tube & the Ovarian hilum. You recommend:
- A. Observation.
 - B. Cyst aspiration.
 - C. Cystectomy.
 - D. Adenxectomy.

E. Laparotomy.

20. The staging of Ovarian carcinoma is based upon which of the following:

- A. Pelvic examination.
- B. CT imaging of the abdomen & pelvis.
- C. Paracentesis of ascetic fluid.
- D. Surgical evaluation of the extent of intraabdominal diseases.
- E. Barium enema.

21. The commonest site for metastasis form ovarian carcinoma is:

- A. Pouch of Douglus.
- B. Liver.
- C. Uterus.
- D. Peritoneum.
- E. Bone.

Uterine carcinoma:

1. In patient with endometrial cancer and less than 50% myometrial invasion, the stage is at least:
 - A. IA.
 - B. IB.
 - C. IC.
 - D. IIA.
 - E. III.

2. Endometrial adenocarcinoma is most often preceded by:
 - A. Cystic hyperplasia.
 - B. Endometrial hyperplasia.
 - C. Endometrial hyperplasia with cytological atypia.
 - D. Arias-stella phenomena.
 - E. Microcytic glandular hyperplasia.

3. Regarding benign endometrial polyps all are correct EXCEPT:
 - A. May present with postmenopausal bleeding.
 - B. Commonly cause inter-menstrual bleeding.
 - C. May present with menorrhagia.
 - D. Are often pre-malignant.
 - E. Can be diagnosed by hysteroscopy.

4. An increased incidence of endometrial hyperplasia & endometrial carcinoma has been described in patients with which of the following:
 - A. Multiparity.
 - B. Chron's diseases.
 - C. Delayed menarche.
 - D. Exogenous of estrogen.
 - E. Combined OCCP.

5. Endometrial hyperplasia would be most likely found in:
 - A. An obese, nulliparus, diabetic woman.
 - B. An ovulating woman.
 - C. A woman on cyclic combination birth control pills.
 - D. A woman on depo-medhydroxyprogesterone acetate for endometriosis.
 - E. A woman with a IUCD.

6. Risk of endometrial cancer include all EXCEPT :
 - A. Nulliparity
 - B. Delayed menopause
 - C. Patient with poly cystic ovarian cancer

- D. History of oral contraceptive pills
- E. Obesity

7. Endometrial adenocanthoma is best described as:

- A. Adenocarcinoma with benign squamous components.
- B. Adenocarcinoma with papillary formation.
- C. Squamous carcinoma with benign glandular components.
- D. A mixture of malignant glandular & squamous components.
- E. A mixture of benign glandular & squamous components.

8. Which of the following types of endometrial carcinoma has the BEST prognosis:

- A. Adenosquamous carcinoma.
- B. Clear-cell adenocarcinoma.
- C. Serous carcinoma.
- D. Secretory carcinoma.
- E. Squamous-cell carcinoma.

10. The most common uterine tumors in reproductive age is:

- A. Sarcoma.
- B. Adenocarcinoma.
- C. Adenomyosis.
- D. Choriocarcinoma.
- E. Leiomyoma.

Cervical cancer:

1. **Screening is most effective in preventing which of the following cancers:**
 - A. Vulva.
 - B. Cervix.
 - C. Endometrial.
 - D. Ovary.
 - E. Fallopian tube.

2. **Untreated patients with cancer of the cervix usually die with :**
 - A. Cachexia and starvation.
 - B. Bowel obstruction.
 - C. Renal failure and uremia.
 - D. Multi organ failure.
 - E. Cerebrovascular accident primigravida.

3. **Occult carcinoma of the cervix:**
 - A. Stage IA.
 - B. Micro-invasive carcinoma.
 - C. Best treated by cone biopsy.
 - D. Found incidentally in a surgical specimen following hysterectomy.
 - E. Frequently associated with negative cytology.

4. **The following is true regarding carcinoma of the cervix EXCEPT:**
 - A. The region originates within the transformation zone in the majority of cases.
 - B. The disease is more common in multiparus women.
 - C. It's unlikely to produce ureteric obstruction.
 - D. The lesion is typically squamous in nature.
 - E. Spread to iliac nodes usually.

5. **28 year old lady P3+2 presented to the clinic with history of irregular menstrual cycle for 2 months, no history of post-coital bleeding. She had pap smear which showed high grade squamous cell intraepithelial lesion (CIN II). The proper management is:**
 - A. Follow up & repeat pap smear after 6 months.
 - B. Laser cone biopsy.
 - C. Examination under anesthesia & (D&C)
 - D. Colposcopic assessment & pelvic biopsy.
 - E. Cryotherapy & antibiotic.

6. The most common benign neoplasm of the cervix & endocervix is a :
- A. Polyp.
 - B. Hematoma.
 - C. Nabothian cyst.
 - D. Cervical hood.
 - E. Gartner's duct cyst.
7. Risk factors of cervical cancer include all the following, EXCEPT :
- A. Nulliparity
 - B. Multiple sexual partner
 - C. History of papilloma virus infection
 - D. Smoking
 - E. Sexual activity at early age
8. The most common clinical presentation of early cervical cancer is:
- A. Foul-smelling vaginal discharge.
 - B. Asymptomatic.
 - C. Post-coital Bleeding.
 - D. Pelvic pain with leg edema.
 - E. Lower back pain.
9. Significant risk factor for cervical cancer are all of the following EXCEPT:
- A. 1st sexual intercourse at a young age.
 - B. Multiparity.
 - C. Cigarette smoking.
 - D. Human papilloma virus.
 - E. HIV-seropositivity.

Gestational Trophoblastic Diseases (GTD):

1. **Accurate diagnosis of Hydatiform mole can be made by**
 - A. Elevated β -hCG
 - B. Ultrasound
 - C. Pelvic examination
 - D. Chest radiography
 - E. Absence of fetal heart in a 16 week sac

2. **Risk Factors of gestational trophoblastic disease include all of the following, EXCEPT:**
 - A. Far East Asian
 - B. age under 20
 - C. Diet high Folic acid
 - D. Age above 40
 - E. Diet lower beta carotene

3. **In complete Hydatiform mole:**
 - A. Rarely contains maternal genetic material
 - B. Can present with hypothyroidism
 - C. Prophylactic cytotoxic therapy should be given
 - D. Diagnosis is confirm with a very low blood level of human β Gonadotropins
 - E. Pre-eclampsia is the most common symptom and occur in 97% of patients

4. **Definitive initial therapy for Hydatiform mole is most commonly:**
 - A. Evacuation.
 - B. Abdominal hysterectomy.
 - C. Evacuation followed by Methotrexate therapy.
 - D. Evacuation followed by hysterectomy.
 - E. Radiation.

5. **Evacuation of Hydatiform mole may be complicated by:**
 - A. Hemorrhage necessitating transfusion.
 - B. Acute respiratory distress.
 - C. Both.
 - D. Neither.

6. **After the β -hCG titer becomes undetectable, the patient treated for Hydatiform mole should be followed with monthly titers for a period of:**
 - A. 3 months.

- B. 6 months.
 - C. 1 year.
 - D. 2 years.
 - E. 5 years.
7. What is the most frequent site for metastasis from a malignant gestational trophoblastic neoplasms:
- A. Brain.
 - B. Liver.
 - C. Kidneys.
 - D. Vulva.
 - E. Lung. (cannon balls appearance).
8. If you find that a 25 –year- old patient with amenorrhea of 18 weeks duration had an elevated serum hCG, and absent fetal heart & movement and uterine size 28 weeks which of the following would be the most likely diagnosis ?
- A. Normal pregnancy
 - B. Hydatiform mole
 - C. Twin pregnancy
 - D. Missed abortion
 - E. Ovarian carcinoma (primary)
9. Signs and symptoms of Hydatiform mole include the following EXCEPT :
- A. 1st trimester bleeding
 - B. A Uterus larger than expected gestational age
 - C. Hypothyroidism
 - D. Pre-eclampsia
 - E. Nausea and vomiting
10. Hydatiform mole is characterized by all of the following EXCEPT:
- A. Theca-lutein cyst of the ovary.
 - B. Severe Hyperemesis.
 - C. Uterus larger than date.
 - D. Hyperthyroidism.
 - E. Elevated maternal blood sugar level.
11. Choriocarcinomas can occur:
- A. After abortion.
 - B. Spontaneously.
 - C. After Hydatiform mole.
 - D. After normal pregnancy.
 - E. All of the above.

424 Exams:

Collected by

Musaad H. AlHamzah

- 1. All the following characteristics are applied to a pelvis favorable to vaginal delivery EXCEPT:**
 - A. Sacral promontory can not be felt.
 - B. Obstetric conjugate is less than 10 cm. ✓
 - C. Ischial spines are not prominent.
 - D. Subpubic arch accepts 2 fingers.
 - E. Intertuberous diameter accepts 4 knuckles on pelvic exam.

- 2. Complications related to preeclampsia include all the following EXCEPT:**
 - A. Premature delivery.
 - B. Placental abruption.
 - C. Renal failure.
 - D. DIC
 - E. Polycythemia. ✓

- 3. The followings are considered normal symptoms of pregnancy EXCEPT:**
 - A. Backache due to an increased lumbar lordosis.
 - B. Lower abdominal pain and groin pain due to stretch of round ligaments.
 - C. Visual disturbance. ✓
 - D. Calf pain due to muscle spasm.
 - E. Increased vaginal discharge.

- 4. Fetal assessment for IUGR includes all the followings EXCEPT:**
 - A. Non stress test.
 - B. Biophysical profile.
 - C. Doppler.
 - D. Ultrasound for anomalies.
 - E. Fetal scalp blood sampling. ✓

- 5. Bishop score includes all the followings EXCEPT:**
 - A. Dilation of the cervix.
 - B. Position of the cervix.
 - C. The presenting part of the fetus.
 - D. Length of the cervix. ✓
 - E. Consistency of the cervix.

- 6. Which of the followings is a contraindication to a trial of labor after cesarean delivery?**
- A. Prior classical incision. ✓
 - B. Prior cesarean delivery for dystocia.
 - C. Prior IUFD.
 - D. Ultrasound estimation of fetal weight of 3500g.
 - E. Prior cesarean delivery for breech.
- 7. Androgen Insensitivity Syndrome:**
- A. The characteristic features include normal uterus and breast development, and ambiguous genitalia.
 - B. The karyotyping is 46XX.
 - C. They have normal female testosterone level.
 - D. Gonadectomy must be performed after puberty because of the increased risk of malignancy. ✓
 - E. Estrogen replacement therapy is not indicated because they have enough estrogens to produce breast development.
- 8. All of the following antihypertensives are considered safe for short term use in pregnancy EXCEPT:**
- A. Captopril. ✓
 - B. Methyldopa.
 - C. Hydralazine.
 - D. Nifedipine.
 - E. Labetalol.
- 9. Postmenopausal women:**
- A. Malignancy is the commonest cause of postmenopausal bleeding.
 - B. FSH and LH are characteristically low.
 - C. Fibroid uterus tends to grow bigger.
 - D. Hormonal replacement therapy increases the risk of breast cancer. ✓
 - E. Endometrium is characteristically thick on USS.
- 10. Which of the following is an indication for estrogen treatment?**
- A. Fibroid.
 - B. Threatened abortion.
 - C. Endometriosis.
 - D. Postmenopausal atrophic vaginitis. ✓
 - E. Induction of ovulation for anovulatory cycle.
- 11. The followings are causes of antepartum hemorrhage EXCEPT:**
- A. Abruptio placenta.
 - B. Placenta brevia.
 - C. Cervical polyp.

- D. Vasa previa.
- E. Rh isoimmunization. ✓

12. Postpartum hemorrhage can occur due to all the followings EXCEPT:

- A. Fetal macrosomia.
- B. Polyhydramnios.
- C. Placenta previa.
- D. Abruptio placenta.
- E. Postdate pregnancy. ✓

13. Indications for instrumental delivery include all the followings EXCEPT:

- A. Prolonged second stage of labor.
- B. Fetal distress.
- C. Transverse lie. ✓
- D. Breech presentation.
- E. Maternal cardiac disease.

14. The peripheral tissues resistance to insulin in pregnant women is mediated by:

- A. Human chorionic gonadotropin.
- B. Human placental lactogen. ✓
- C. Growth hormone.
- D. Luteinizing hormone.
- E. Follicle stimulating hormone.

15. The most common reason for postdate pregnancy is:

- A. Inaccurate gestational age. ✓
- B. Fetal anencephaly.
- C. Oligohydramnios.
- D. IUGR.
- E. Advanced maternal age.

16. Lower abdominal pain and six weeks gestation:

- A. Vaginal examination is contraindicated.
- B. Right iliac fossa pain is diagnostic of appendicitis.
- C. Placental abruption should be considered.
- D. Could be gallstones.
- E. USS has reliable diagnostic information. ✓

17. These are possible sites for endometriosis deposits EXCEPT:

- A. Brain. ✓
- B. Peritoneum.
- C. Uterosacral ligaments.
- D. Ovaries.
- E. Scars.

18. These are possible symptoms caused by fibroids EXCEPT:

- A. Pelvic pain.
- B. Subfertility.
- C. Pressure symptoms.
- D. Deep vein thrombosis. ✓
- E. Irregular vaginal bleeding.

19. Induction of ovulation agents:

- A. Clomiphene citrate is an antiandrogen.
- B. Clomiphene citrate is given by injection.
- C. Gonadotropin is given orally.
- D. Ultrasound scan is not needed with induction.
- E. Causes multiple follicles. ✓

20. The differential diagnosis of vulvar swelling includes all the followings EXCEPT:

- A. Bartholin's cyst.
- B. Hematoma.
- C. Condyloma.
- D. Nabothian cyst. ✓
- E. Papilloma.

21. Obstructed labor:

- A. Diagnosed only when the cervix is fully dilated.
- B. Usually predicted before the onset of labor.
- C. More common in developed countries.
- D. Mentoposterior position could be a cause. ✓
- E. x-ray pelvimetry is essential to predict cephalopelvic disproportion in a primigravida.

22. Which of the followings is an indication for induction of labor?

- A. Placenta brevia.
- B. Postterm gestation. ✓
- C. Cord presentation.
- D. Prior classical cesarean section.
- E. Active genital herpes.

23. Rupture of membranes is suspected with all of the followings EXCEPT:

- A. Positive Nitrazine test.
- B. Positive Fern test.
- C. Pooling of amniotic fluid on speculum examination.
- D. Observing amniotic fluid drain through the cervix during speculum examination.
- E. Contractions seen on the CTG. ✓

24. Management of a patient with threatened abortion includes all the followings EXCEPT:

- A. Ultrasound.
- B. Physical exam.
- C. CBC.
- D. Detailed menstrual history.
- E. Immediate dilation and curettage. ✓

25. The terminology of pelvic inflammatory diseases indicates:

- A. Infection of the vagina.
- B. Infection of Bartholin's glands
- C. Infection of Skene's glands.
- D. Infection of the urinary bladder.
- E. Endometritis and salpingo-oophoritis. ✓

26. Risk factors for shoulder dystocia include all the followings EXCEPT:

- A. Maternal obesity.
- B. Macrosomia.
- C. Maternal diabetes.
- D. Prolonged second stage of labor.
- E. IUGR. ✓

27. In breech presentation:

- A. Frank breech is the commonest type.
- B. Brachial plexus injury is a recognized complication.
- C. Prolapse of the umbilical cord can occur.
- D. Fetal mortality is increased.
- E. All of the above. ✓

28. While evaluating a 30-year-old woman for infertility, you diagnosed a bicornuate uterus. You explain that additional testing is necessary because of the woman's increased risk of congenital anomalies in which system?

- A. Skeletal.
- B. Hematopoietic.
- C. Urinary. ✓
- D. Central nervous.
- E. Tracheoesophageal.

29. The presentation of Asherman's Syndrome typically involves:

- A. Hypomenorrhea and amenorrhea. ✓
- B. Galactorrhea.
- C. Menorrhagia.
- D. Metrorrhagia.
- E. Dysmenorrhea.

30. A 48-year-old woman who had two normal pregnancies 13 and 15 years ago presents with the complaint of amenorrhea for 7 months. She expresses the desire to become pregnant again. After exclusion of pregnancy, which of the following tests is next indicated in the evaluation of this patient's amenorrhea?

- A. Hysterosalpingogram.
- B. Endometrial biopsy.
- C. Thyroid function test.
- D. Testosterone and DHAS levels.
- E. LH and FSH levels. ✓

31. In postterm pregnancy all the followings are true EXCEPT:

- A. Associated with meconium stained liquor.
- B. The fetus has long nails.
- C. May result in oligohydramnios.
- D. Associated with respiratory distress syndrome.
- E. It is a gestational age beyond 43 weeks. ✓

32. The following statements about multiple pregnancy are true EXCEPT:

- A. Its occurrence in West Africa.
- B. Its incidence is increased by increased age and parity.
- C. Twin to twin transfusion common in monochorionic twins.
- D. Can be diagnosed by ultrasound only after 12 weeks. ✓
- E. Associated with induction of ovulation.

33. Uterine cervix:

- A. Is the portion of the uterus below the isthmus. ✓
- B. External os lining is columnar epithelium.
- C. The internal os is covered with stratified squamous epithelium.
- D. Can be dilated with dilators without the need of anesthesia.

34. The test used to diagnose ovulation on day 21 in a 28 days menstrual cycle is:

- A. Estrogen.
- B. FSH.
- C. Progesterone. ✓
- D. LH.
- E. Prolactin.

35. Polyhydramnios is commonly found with:

- A. IUGR.
- B. Placenta previa.
- C. Abruptio placenta.
- D. Diabetes insipidus.
- E. Diabetes mellitus. ✓

36. In the fetus:

- A. The coronal suture lies between the two parietal bones.
- B. The umbilical artery normally contains one artery and two veins.
- C. Fetal lie describes the long axis of the fetus to the long axis of the mother. ✓
- D. Entanglement of the umbilical cord is common in diamniotic twins.
- E. The anterior fontanelle is usually closed by the time of labor.

37. In threatened abortion at 15 weeks gestation in a nulliparous patient:

- A. Pain is characteristic.
- B. The internal os is often opened.
- C. Fainting is characteristic.
- D. Vaginal bleeding is usually mild. ✓
- E. Absence of fetal movements suggest non viability.

38. Which of the following terms best describes the pelvic type of small posterior sagittal diameter, convergent sidewalls, prominent ischial spines, and narrow pubic arch?

- A. Android. ✓
- B. Gynecoid.
- C. Anthropoid.
- D. Platypelloid.
- E. Mixed.

39. The reason of using antihypertensive treatment in pregnancy is to:

- A. Reduce the placental blood flow.
- B. Reduce the risk of CVA in the fetus.
- C. Reduce the risk of CVA in the mother. ✓
- D. Prevent hypertensive renal disease.
- E. Prevent myocardial infarction.

40. Prerequisites for instrumental delivery include all the followings EXCEPT:

- A. Cephalic presentation.
- B. Engaged head.
- C. Full dilation of the cervix.
- D. Rupture of membranes.
- E. The presence of epidural analgesia. ✓

41. The most common cause of uterus size-date disparity is:

- A. Fetal macrosomia
- B. Polyhydramnios.
- C. Inaccurate last menstrual period. ✓
- D. Multiple pregnancy.
- E. Molar pregnancy.

- 42. Components of biophysical profile in addition to nonstress test include all the followings EXCEPT:**
- A. Fetal movement.
 - B. Placental thickness. ✓
 - C. Fetal tone.
 - D. Fetal breathing movement.
 - E. Amniotic fluid pocket depth.
- 43. Which of the following laboratory tests would be most suggestive of preeclampsia?**
- A. Elevated bilirubin.
 - B. Decreased hematocrit.
 - C. Elevated lactate dehydrogenase (LDH).
 - D. Elevated uric acid. ✓
 - E. Elevated creatinine.
- 44. Ultrasound in the first trimester of pregnancy is mainly used to:**
- A. Localize the placenta.
 - B. Check for fetal well being.
 - C. Date the pregnancy. ✓
 - D. Check the placental blood flow.
 - E. Estimate the fetal weight.
- 45. The second stage of labor involves:**
- A. Separation of the placenta.
 - B. Effacement of the cervix.
 - C. Expulsion of the placenta.
 - D. Dilation of the cervix.
 - E. Expulsion of the fetus. ✓
- 46. Which of the followings is a known complication of diabetes in pregnancy?**
- A. Fetal microsomia (small baby).
 - B. Oligohydramnios.
 - C. Iron deficiency anemia.
 - D. Fungal infection. ✓
 - E. Placenta previa.
- 47. Regarding gestational diabetes mellitus (GDM):**
- A. It is the most common cause of IUGR.
 - B. The best screening test is random blood sugar.
 - C. The diagnostic test is glucose tolerance test (GTT). ✓
 - D. All patients should be treated by insulin, as diet alone is not enough.
 - E. All patients should be delivered before term to avoid complications.

48. Diabetes in pregnancy can cause all the following congenital anomalies EXCEPT:

- A. Sacral agenesis.
- B. Central nervous system abnormalities.
- C. Lower limb hypoplasia.
- D. Congenital heart disease.
- E. Yellow teeth discoloration. ✓

49. Regarding threatened abortion:

- A. Anti-D should be given to Rh- positive mother.
- B. All patients should be admitted to the hospital.
- C. Ultrasound should be done to confirm the diagnosis. ✓
- D. Vaginal examination will reveal severe pain.
- E. The patient has vaginal bleeding and tissue passage per vagina.

50. Regarding missed abortion, all of the followings are correct EXCEPT:

- A. The patient may present with loss of pregnancy symptoms.
- B. Per vaginal bleeding may be one of the presenting symptoms.
- C. Immediate evacuation should be done once the diagnosis is made. ✓
- D. DIC may occur as a sequela.
- E. Ultrasound should be done to confirm the diagnosis.

51. Hyperextension of the fetal head is found in:

- A. Vertex presentation.
- B. Face presentation. ✓
- C. Shoulder presentation.
- D. Breech presentation.
- E. Hydrocephalic baby.

52. Secondary amenorrhea is a recognized feature of:

- A. Imperforated hymen.
- B. Testicular feminization syndrome.
- C. Pregnancy. ✓
- D. Sickle cell anemia.
- E. Mullerian agenesis.

53. Vacuum extraction (ventouse):

- A. Causes more maternal birth canal injuries than the forceps.
- B. Can be used when the cervix is 7 cm dilated.
- C. Can be applied when the vertex is minus 2 station.
- D. Can cause cephalohematoma to the baby. ✓
- E. Can be used in face presentation.

54. In prenatal infection:

- A. Rubella can be prevented by administration of rubella vaccine during pregnancy.
- B. Toxoplasma is a virus.
- C. HIV virus infects the baby more readily when delivered vaginally than cesarean section. ✓
- D. CMV causes macrosomic babies.
- E. In HIV patients, breastfeeding is encouraged.

55. In polycystic ovary syndrome patients, all the followings are true EXCEPT:

- A. They are usually underweight with low body mass index. ✓
- B. They have hirsutism.
- C. They have oligomenorrhea.
- D. They have high prolactin level.
- E. They have subfertility.

56. All the following prenatal infections cause fetal anomalies EXCEPT:

- A. HIV. ✓
- B. Toxoplasmosis.
- C. CMV.
- D. Rubella.
- E. Syphilis.

57. All the followings are indications of Rh-D administration EXCEPT:

- A. Artificial rupture of membranes. ✓
- B. Threatened abortion.
- C. External cephalic version.
- D. Cordocentesis.

58. Which of the following types of fibroid causes an excessive bleeding?

- A. Cervical.
- B. Broad ligament.
- C. Submucosal. ✓
- D. Subserosal.
- E. Intramural.

59. HELLP Syndrome includes all the followings EXCEPT:

- A. Hemolysis.
- B. Increased AST.
- C. Increased platelets. ✓
- D. Increased ALT.

60. All the followings can be used as tocolytic agents EXCEPT:

- A. Ritodrine (β agonist).
- B. Salbutamol.
- C. Diazepam. ✓
- D. Indomethacin.
- E. A Ca^+ channel blocker.

61. A contraceptive method that prevent transmission of STD is:

- A. Condom. ✓
- B. OCP.
- C. IUCD.
- D. Spermicide.

62. Apgar's score includes all the followings EXCEPT:

- A. Skin color.
- B. Muscle tone.
- C. Blood pH. ✓
- D. Heart rate.
- E. Respirations.

63. Development of the embryo in the early pregnancy is best measured by:

- A. CRL. ✓
- B. HC.
- C. AC.
- D. FL.

64. Causes of IUGR include all the followings EXCEPT:

- A. Constitutional small mother. ✓
- B. Fetal urinary tract anomalies.
- C. Premature rupture of membranes.
- D. Placental insufficiency.

65. All the followings can be transmitted sexually EXCEPT:

- A. HIV.
- B. Clamydia.
- C. Gonorrhoea.
- D. Vaginal candidiasis. ✓

66. Development stage:

- A. Testosterone is secreted by Sertoli cells.
- B. Antimüllerian hormone is secreted by Leydig cells.
- C. Antimüllerian hormone is responsible for involution of normal mullerian system. ✓

67. All the followings are causes of preterm labor EXCEPT:

- A. Multiparity. ✓
- B. Placenta previa.
- C. Polyhydramnios.

68. The drug of choice to prevent convulsions in eclampsia is:

- A. Magnesium Sulfate. ✓
- B. Hydralazine.
- C. Labetalol.

69. Which is true?

- A. Position – cephalic.
- B. Station – level of ischial spines. ✓
- C. Presentation – flexion.

70. PET:

- A. $MgSO_4$ is the drug of choice for eclamptic convulsions. ✓
- B. Exaggerated knee jerk indicates $MgSO_4$ toxicity.

71. Infertile couple:

- A. Dysmenorrhea and dyspareunia are suggestive of endometriosis. ✓
- B. Endometriosis is diagnosed by hysteroscopy.

72. Which of the followings is a contraindication for oxytocin infusion to induce labor?

- A. Irregular first stage labor.
- B. Transverse lie. ✓

73. Nuchal translucency is used is a marker used for:

- A. NTD.
- B. Trisomies. ✓

74. Menstruation:

- A. Amount loss is 20-80ml. ✓
- B. Contains shedding and fertilized ovum.

75. Sickle cell:

- A. Diseases presents in a heterotype (SA).
- B. Increases the risk of urinary tract infections. ✓

76. DIC has a known relation with:

- A. IUFD. ✓

77. Ovulation induction complications include:

- A. Ovarian hyperstimulation. ✓

78. A 26-year-old patient presented with secondary amenorrhea, and her FSH and LH levels were high. Your most likely diagnosis is:

- A. Premature ovarian failure. ✓

79. The most common presentation of twins is:

- A. Cephalic – cephalic. ✓
- B. Cephalic – breech.
- C. Breech – cephalic.
- D. Breech – breech.

80. The most common cause of infertility is:

- A. Male factor. ✓
- B. Tubal problems.

81. All the followings are predisposing factors of breech EXCEPT:

- A. Uterine anomaly.
- B. Hydrocephalus. ✓
- C. Macrosomia.

82. All the followings are predisposing factors of breech EXCEPT:

- A. Prematurity
- B. Submucosal fibroid
- C. Previous LSCS (lower segment C/S). ✓

83. Fetal hydrops:

- A. Rh isoimmunization is the commonest cause of nonimmune hydrops.
- B. Nonimmune hydrops is diagnosed when the fluid fills at least one visceral cavity. ✓
- C. Nonimmune hydrops is treated with blood transfusion.

84. All the followings are causes of oligohydramnios EXCEPT:

- A. Uterine anomalies
- B. IUGR
- C. Anencephaly

85. Expected date of delivery (EDD) is calculated by:

- A. Naegele's rule

86. A 32-year-old woman with IUCD was found pregnant. On examination, IUCD thread was protruding from the cervix. The next thing to do is:

- A. Continue pregnancy
- B. Remove IUCD
- C. Remove IUCD and terminate pregnancy

87. Elevated α -fetoprotein is found in the followings EXCEPT:

- A. Some ovarian cancers
- B. Trisomy
- C. Neural tube defects

88. Which of the followings can cause primary and secondary amenorrhea?

- A. Anorexia nervosa

89. The karyotype of androgen insensitivity syndrome is:

- A. 46 XY
- B. 46 XX
- C. 45 XO

90. All the followings are risk factors of cervical carcinoma EXCEPT:

- A. Nulliparity
- B. Smoking

91. All the followings are components of biophysical profile EXCEPT:

- A. Fetal movement.
- B. Fetal heart rate. ✓
- C. Fetal tone.
- D. Fetal breathing movement.
- E. Amniotic fluid pocket depth.

92. In OCPs, all are true EXCEPT:

- A. They prevent STDs

93. What is true regarding OCPs?

- A. Cause menorrhagia
- B. After discontinuation, may cause transient amenorrhea. ✓
- C. Cause dysmenorrhea

94. Concerning GDM:

- A. Causes delayed lung maturity compared to DM type I. ✓
- B. Causes more congenital anomalies than DM type I.
- C. The most common congenital anomaly is cleft lip.

95. Which one of the following perinatal tests is not routinely done?

- A. Rubella.
- B. HBV.
- C. Toxoplasmosis. ✓
- D. HIV.
- E. Syphilis.

96. The following are used to treat endometriosis EXCEPT:

- A. OCP
- B. Progesterone pills
- C. Danazol
- D. Leuprolide
- E. Estrogen

97. A 48-year-old, P6+0, presented with dysmenorrhea and deep dyspareunia. The most likely diagnosis is:

- A. Leiomyoma.
- B. Adenomyosis. ✓
- C. DUB.
- D. Endometrial cancer.

98. A 28-year-old woman presented with menorrhagia. All the followings are choices of treatment EXCEPT:

- A. Hysterectomy.

99. Which test is done to measure the stored iron?

- A. Transferrin level
- B. Ferritin level
- C. Hemoglobin level

100. Fetal heart beat is detectable by sonography at:

- A. 5 weeks
- B. 6 weeks
- C. 7 weeks
- D. 8 weeks
- E. 9 weeks

101. According to WHO, a pregnant woman is considered anemic when her hemoglobin level is less than:

- A. 8
- B. 9
- C. 10
- D. 11
- E. 12

102. A young patient feels pain two weeks before menses starts. This is called:

- A. Dysmenorrhea.
- B. Dyspareunia.
- C. Mittelschmerz ovarian pain. ✓

103. Stress incontinence:

- A. Results in voiding of large amount of urine.
- B. Results in voiding of small amount of urine.
- C. Related to detrusor instability.

104. A 16-year-old girl with an adnexal mass, all these investigations should be done EXCEPT:

- A. USS
- B. MRI
- C. CT
- D. Laparoscopy

105. Uterus:

- A. Undergoes hyperplasia then hypertrophy with pregnancy

106. Fibroid:

- A. Formed of fibrous tissue
- B. Has a definite capsule. ✓

425 Exams:

طالبات السنة الخامسة

1429/2008

ملاحظات:

- الاشارة * تعني صحة الاجابة ان شاء الله
- ركزو على اسئلة السنوات السابقة .. ولا يفركم كلام الدكاترة .. ولا تنسو التأكد من صحة الاجوبة
- موفقين ان شاء الله .. ولاتنسونا من صالح دعائكم

Choose the **most appropriate** answer:**1. Thyroid function is modulated in pregnancy by:**

- a. Inc metabolic demand in pregnancy
- b. Inc TBG (thyroid binding globulin)

2. In obese, PCOS pt:

- a. Androstenedione is converted to estrone
- b. There were many confusing options!

NB: read carefully about PCOS.. see OBGYN secrets page 40.

3. Feminize pt with short blinding vagina:

- a. Androgen resistance
- b. Gonadal dysgenesis
- c. MRKH syndrome

4. In DM:

- a. Inc unexplained IUFD even in controlled DM

5. Pt with heavy bleeding , have an uncomplicated vaginal delivery 2 weeks ago.. the cause of bleeding is most probably:

- a. Uterine atony
- b. Retained placental tissue
- c. Coagulopathy
- d. Lacerations

6. Danazol acts by:

- a. Endometrial atrophy

7. Most common complication of UTI is:

- b. PROM
- c. PTL

8. Which one is right?

- a. Rubella → fetal congenital cardiac anomalies
- b. Herpes in vulva → C/S is indicated

NB: why not herpes?.. if it says ACTIVE herpes infection.. then u can choose it!

9. Screening test for DM is:

- a. Glucosuria
- b. 50 ml OGTT
- c. 70 ml OGTT
- d. 100 ml OGTT

10. Inc growth of baby (fundal height is not corresponding with the GA) + polyhydrominos in DM:

- a. Long standing complicated DM
- b. gestational DM
- c. Spina pifida

NB: in long standing complicated DM, the baby may be IUGR with oligohydrominos.

11. Which one is associated with HTN in pregnancy:

- a. Inc serum ureate

12. Pt with signs of PET, 35 weeks GA.. (constant headache, proteinuria+2, HTN 160/95).. how would you manage this pt:

- a. Admit & observe
- b. Start a-methyldopa
- c. Induction as soon as possible

NB: although b is right, but the only relive for PET is delivery!

13. Female with infertility for 4 years, Hx of myomectomy of fibroid.. which type of modality is the most appropriate:

- a. U/S
- b. Hysterosalpingiogram

NB: she might have Asherman syndrome!

14. PMS caused by:

- a. Anovulation
- b. Ovarian function

15. 18 y-o female with primary dysmenorrhea.. what medication do prescribed:

- a. Ergometrine
- b. Anti-prostaglandin
- c. NSAID

16. Pregnant lady with a Hx of pulmonary embolism.. 5 years later she got pregnant.. how would you manage this pt:

- a. Give a low dose heparin during pregnancy & preperium

17. The most common cause of ambiguous genitalia is:

- a. CAH

18. 37 weeks with painless vaginal bleeding.. what to do next:

- a. U/S

NB: it might be PP!

19. Sign of cardiac compromise in pregnancy:

- a. Lf axis deviation
- b. Systolic murmur
- c. Arrhythmia

20. Pregnant lady, 30 weeks GA with Hb of 9 mg/dl:

- a. Give parentral iron
- b. Physiological anemia
- c. Needs Blood transfusion
- d. Iron deficiency anemia

Mid-Cycle:

1. In ovarian cycle, Wt stimulate steroid production from corpus luteum?:
 - LH in luteal phase
 - LH in periovulatory phase
 - FSH in luteal phase

2. *Case (primary amenorrhea & Dx to have cong anomalies) .. absent Paramesonephric duct:
 - Uterus, upper vagina, oviduct

3. *Episiotomy repair:
 - Skin, fascia, bubococcygeus, transversalis

Too much options.. but remember that the anal sphincter & ischiovcavernosus muscle are not included!

4. Labor is?:
 - Changes in fetus position + attitude

5. *In vertex position which part of fetus is related to the symphysis pubis :
 - Occipit

6. in labor?:
 - inhaler analgesia in head delivery
 - episotomy in crowning
 - crowining is cessation b/w contraction
 - internal rotation by pelvic floor muscle

7. EDD is:? (the term NEGAR or something was mentioned) >> not sure
 - Calculate follicular phase

8. *Which drug used in conservative Rx of ectopic pregnancy:
 - Methotrexate

9. Pudandal nerve block:
 - S2+3+4

10. *Implantation occurs in which stage:

- Blastocyst

11. fertilization:?

- proceed by second polar body

12. blood spotting .. 3000 3days 700.. wts ur Dx:?

- threatened abortion

13. DNA by:?

- Chorionic villous sampling

14. Gestation ANC at 16 week:?

- Serum alpha fetoprotein

15. Sign of PROM:

- Copious leakage in underwear & pants
- Ferning +ve

Read the tests carefully الكلام افهموه بحذافيره

16. *Pt with PROM developed inc temperature, inc WBC, inc fetal distress:

- Intra amniotic infection

17. *Cardinal movement of labor:

- Engagement, flexion, extension, external rotation

افهموها ولا تحفظوها .. ممكن تكون صح بس مش بالضرورة كل المراحل تكون مكتوبة .. يعني لا تتلخبطو

18. *28 ws with oligohydrominus:

- Obs renal disease

بس الخيارات الثانية كانت صحيحة

19. *Pt with tenderness in the Rt renal angle, protein in urine, no dysuria:

- Exaggerated physiological hydronephrosis

20. *Pregnant women with SOB because by:

- (deepen) respiration
- Inc lung capacity
- Inc tidal volume

21. Cause of late IUGR:

- Uteroplacental insufficiency

22. Consider fetoplacental unit:

- Spiral artery invaded by trophoplast cause dilataion

23. Breast lactation should be avoided in:

- Minipill
- Progesterone acetate
- Inc dose of estradiol

24. *Endometrial regeneration occur from:

- Zona basalis
- Zona functionalis
- Zona pellucida

25. Ovarian cycle begin FSH in follicular phase by:

- LH surge
- Estradiol

26. Lower abdominal pain to the inner thigh:

- Round ligament

27. BPP include:

- Fetal movement, respiration, tone, non stress test
- Variable deceleration mostly due to cord compression

28. BHCG In ruptured tubal pregnancy:?

- Highly variable
- Gradually inc

29. Pregnant women with recurrent abortion in 16, 18, 20 (ترى الارقام مختلفة بس تدلك على
الثلاث شهور اللي في النص):

- Chromosomal abnormalities
- Uterine anomalies

Why not the first??? → in the first trimester

30. *Postpartum depression & crying relived after one week:

- Blues

Final:

1. First endocrine influence in 2ry sexual characters:

- Secretion of delta-4 Androstenedione from the adrenal gland
- Pineal body maturation
- Pituitary maturation
- Hypothalamic down regulation???

NB:

“The beginning of puberty is caused by a decrease in high gonadostate sensibility to prepubertal levels of sexual steroids. What produces this change and timing is still unknown. However, it seems that the adrenal (delta-4 Androstenedione) as well as the pineal may play an important role.”

Pubmed

Downregulation → dec steroid sensitivity → + feedback

2. Activin

3. Effect of estrogen on the Cx mucous:

- Increase the glycoprotein level & thus allow the penetration of the sperms???
- Decrease the watery content
- Something about (spinnbarkeit)

4. Apgar score values given (2 groups, one at the time of the delivery & the other 5 minutes after) .. calculate the score of both.

5. Strongly discouraged pregnancy in: (pregnancy Contraindication)

- ASO (atrial)
- VSD (ventricular)
- Eisenmenger's syn (nobody told us about it .. so, u must read a lot!)

6. Case of labor with meconium stained amniotic fluid .. wt would u do:
- Amnioinfusion
 - Close observation
 - Fetal scalp blood sample
 - Immediate C/S

7. Active vulval herpes infection .. how would u manage the pt?
- Give acyclovir & then deliver
 - Deliver & give the baby prophylactic acyclovir
 - C/S

An absolute indication of C/S is an active genital herpes infection

8. Estrogen is the treatment of choice in:
- Vulvar atrophic vaginitis

9. CVS is done for:
- Trisomy

NB: + down syndrome Dx

10. Rubella's eye manifestation on the newborn is mainly:
- Cataract???
 - Microcephaly
 - Retinopathy

11. (induction) .. lady at 41 "postdate" → 3cm cervical dilatation → wt to use for induction:
- Prost E2
 - Misoprostol
 - Laxative for uterine massage
 - Syntocinon

12. hypochromic, microcytic with normal serum iron:
- IDA
 - Thalassemia
 - SCA

13. Which one is true about the placenta:

- a. 10% maternal contribution only
- b. U.C covered with chorion
- c. U.C contain wharltton jell
- d. Placental lobes are the functional units

14. Major factor for the fetal RBC to cross to the mother:

- a. Labor & delivery?
- b. Spontaneous abortion
- c. Low Abruptio placenta

NB: Because the dose we given after delivery is higher than other conditions like bleeding "as far as I know"

15. In order to examine a 19 y-o pt.. u as a student will: صدقة القسم الاولى:

- a. Take a permission from the parent
- b. Take a permission from the consultant
- c. Take a permission from her

16. Wt keep the corpus luteum after 14 days is: صدقة القسم الثانية:

- a. hCG
- b. FSH
- c. LH

17. Qs about gynecioid pelvis.

18. CI of epidural anesthesia: هذي سهلة من معلومات الباطنة:

- a. Anticoagulation therapy

19. BhCH 7 days → 300, yesterday → 400: (السنوات الماضية):

- a. Missed abortion
- b. Ectopic pregnancy???
- c. Threatened abortion

هذي الصيغة دائما تجي بارقام عديدة .. و بتشخيصات مختلفة .. فانتبهولها

20. Spotting at 8th week.. (BhCG=320.000).. On examination, the fundal height was corresponding with 14 weeks.. ur Dx is:

- a. Molar pregnancy
- b. Abortion

- c. Ectopic pregnancy

21. Anovulation + 4 cm unilocular cyst:

- a. Follicular cyst
- b. Luteal cyst
- c. Theca cyst

22. McRobert maneuver in shoulder dystocia is done by: (معاد)

- a. Flexion of the maternal thigh

23. Rx of Trichomoniasis: (came on OSCE too!)

- a. Ceftriaxone
- b. Clindamycin
- c. Metronidazole

24. most significant factor for DVT is: شوي صعب

- a. 75 kg weight
- b. General anesthesia
- c. 8 hr fasting preoperative
- d. Significant blood loss
- e. UTI post partum?

NB: Infection is a risk factor for DVT

25. Which one is true about occipito-anterior presentation.. or posterior.. I don't remember!

26. Which one is true about forceps delivery: (الشروط)

- a. 2/5 engaged head
- b. Well contracted uterus in 2nd stage

27. Old lady, have 6 children.. with extensive endometriosis.. how would u manage her?

(اتقالت في مراجعة د.مازن)

- a. OCP
- b. Resection
- c. TAH/BSO

28. Which one is true about sterilization:

- a. Success rate can be achieved immediately after vasectomy

- b. Success rate can be achieved immediately after tubal ligation (bilateral)
- c. Ligation can be done postpartum

29. 19 pt on OCP with a Hx of migraine headache.. her grand mother was recently diagnosed with breast cancer.. & her mother had DM.. u will tell her that she OCP will:

- a. Cause DM
- b. Inc incidence of breast cancer
- c. Inc the migraine headache?
- d. Cause post-pill amenorrhea

NB: Read about the CI of OCPs.

30. A pt got pregnant recently concerning about her pregnancy.. the radiologist said that she was exposed to

250 microrads.. that will cause:

- a. No effect
- b. Abortion
- c. Fetal malformation

NB: The threshold level is >10 rads.. & comparing to the above, of course It'll have no effect.

31. Scanty vaginal bleeding (too much) & papsmear is -ve: ???

- a. Estrogen therapy
- b. Colposcopy

32. to assess ovulation, we measure:

- a. day 11 LH
- b. day22 progesterone

33. the most common cause of death in .. ناسية بالضبط اش كان السؤال .. بس شي متعلق .. بالاحصائيات

- a. hemorrhage???
- b. eclampsia

34. easy scenario of: Physiological hydronephrosis

35. nullipara came for routine examination.. she will have:?
- mammogram
 - papsmear
 - endometrial biopsy
36. commonest cause of pathological amenorrhea is:
- Turner syn
 - Hypothalamic-pituitary axis
37. How to Rx Turner syn: (came in OSCE too!)
- Estrogen therapy
38. Vagina is formed of:
- Urogenital sinus+mullarian duct
39. Seizures in pregnancy: (معاد)
- Increase the dose of the antiepileptic drugs
40. Thyroid:
- Estrogen increase the TBG
 - Progesterone increase the TBG
41. Most common type of ovarian cancer in postmenopausal women is: ولا اسهل (came in OSCE too!)
- Germ cell tumor
 - Sex cord tumor
 - Epithelial tumor
42. Most common Ddx of PROM is: (الله اعلم)
- Urine
 - Leukorrhea???
43. FSH: السؤال كان سهل بس ما افكر صديغته بالضبط
- Follicular maturation
44. Cause of DUB is:
- Progesterone deficiency

45. Thromboxane is different from prostacyclin in:

- a. Vasoconstrictor

NB: this point is related to recurrent pregnancy loss.. the mechanism of antiphospholipid Ab & lupus anticoagulant.. see secrets pag 104.

46. in anterior pituitary failure (sheehan syn), the Rx is:

- a. hMG
- b. GnRH agonist

47. Papsmear revealed Cx Ca (CIN III).. macroscopically invisible.. wts ur next step:

- a. Colposcopy
- b. Wide excision

48. In molar pregnancy, when to add chemotherapy:

- a. Platue in the first week
- b. Increase BhCG
- c. Normal after 6 weeks

49. Old women, (healthy), DEXA was done & showed 3 standard deviation.. wt would u prescribe or her?

- a. Estrogen
- b. Progesterone
- c. Vitamin D & Ca
- d. Bisphosphonate

50. Vegetarian women: (معاد)

- a. Vit B12

51. In post term baby: (معاد برضو)

- a. Long nails

52. Cx Ca .. how does it lead to death: (most of the options were reasonable but the correct answer was)

- a. Matastasis to the brain
- b. Metstasis to the bone
- c. Obstruction of the ureters → nephropathy

53. Method of Dx of Vasa previa is: (لم تذكر في المحاضرة و لكن ذكرت في المستشفى في حال سألتو)
- Kleihauer-betke test
54. X linked recessive ... سؤال معقد و للناس الدوافير ...
55. Which is true about Cx Ca & Cx dysplasia:
- Linked to HPV
 - Strongly related to smoking
56. Adverse effect of heparin is:
- Osteoporosis
57. PMS diagnosed by: (معاد)
- Cyclical occurrence
58. Case of ectopic pregnancy with deterioration of vital signs (hg→tachycardia+hypotension).. wt would u do:
- Observation
 - Methotrexate
 - Surgery

426 Exams:

Mid-Cycle:

426 Group C, Girls 1431 - 2010

Collected by: Monerah Almohideb

Thanks To: Hanan Alomran, Aurobah Almufleh, Nada Alrashed, Basha'er Albloshi, Auhoud Assery, Afnan Almarshedi, Lama Amer, Eman Almaghaslah, Nora Alshehri, Dana Albassam and Wessam Althawab

1. In prenatal infection

- A. Rubella can be prevented by administration of rubella vaccine during pregnancy
- B. Toxoplasma is a virus
- C. HIV virus infect the baby more readily when delivered vaginally than caesarean section**
- D. Cytomegalovirus causes macrosomic babies
- E. In HIV patient breast-feeding is encouraged

2. Uterine Cervix

- A. Is the portion of the uterus below the isthmus**
- B. External OS cell lining is columnar epithelium
- C. Laterally is attached to the round ligament
- D. The cervical canal is covered with stratified squamous epithelium
- E. Can be dilated with dilators without the need of anesthesia

3. The Commonest uterine fibroid to cause excessive bleeding is

- A. Submucous fibroid**
- B. Subserous fibroid
- C. Intramural fibroid
- D. Cervical fibroid
- E. Broad ligament fibroid

4. All the following infection can be transmitted through sexual intercourse, EXCEPT:

- A. Genital herpes
- B. Human Immunodeficiency Virus (HIV)
- C. Chlamydia
- D. Gonorrhoea
- E. Vaginal Candidiasis**

5. Sure sign of pregnancy is:

- A. Amenorrhoea
- B. Hegar's sign
- C. Nausea and vomiting
- D. Auscultation of fetal heart**
- E. Abdominal distension

6. All these tests can be useful in management of intrauterine fetal growth restriction IUGR except:

- A. Fetal kick chart
- B. Cardiotocography CTG non stress test
- C. Chorionic villous sampling**
- D. Biophysical profile
- E. Umbilical cord Doppler waveforms

7. 14 weeks pregnant woman had abortion and she was told that it is a complete abortion. This is true regarding complete abortion:

- A. Uterus is usually bigger than date
- B. Cervical OS is opened with tissue inside the cervix
- C. Need to have evacuation of the uterus
- D. After complete abortion there is minimal or no pain and minimal or no bleeding**
- E. Follow up with BHCG for one year

8. In patient with endometrial cancer and less than 50% myometrial invasion, the stage is at least:

- A. IA
- B. 1B**
- C. IC
- D. IIA
- E. III

9. If your patient is 8 weeks pregnant which one of the following USS measurement is most useful?

- A. Crown rump length**
- B. Biparital diameter
- C. Femur length
- D. Placental site
- E. Abdominal circumference

10. Complete breech means:

- A. Flexion at hip joint and extension in knee joint
- B. Flexion at hip joint and flexion at knee joint**
- C. Extension at the hip joint
- D. Flexion at knee joint and extension at the hip joint
- E. Flexion of one leg at hip joint and extension of the other leg at the hip joint

11. Untreated patients with cancer of the cervix usually die with

- A. Cachexia and starvation
- B. Bowel obstruction → **this is in ovarian cancer**
- C. Renal failure and uremia**

- D. Multi organ failure
- E. Cerebro vascular accident primigravida

12. In Turner's syndrome:

- A. A chromosomal structure of 45 XY is characteris7c
- B. Secondary amenorrhea is usual
- C. **Ovaries are streak**
- D. The ovaries are multicystic
- E. Phenotypically are male

13. Which of the following tumors produces estrogen?

- A. Endodermal sinus tumors
- B. Choriocarcinoma
- C. **Granulosa-cell tumors**
- D. Dysgerminoma
- E. Serous cyst adenoma

14. All of the following are true about PCO except:

- A. **To diagnose PCO hormonal analysis can be done at any time of the cycle**
- B. It is associated with reversed FSH:LH ratio
- C. It is associated with increase resistance to insulin
- D. Can be associated with increased prolactin level
- E. The ovaries have characteristic appearance by the ultrasound

15. Regarding ectopic pregnancy, all of the following are true, EXCEPT:

- A. Is associated with uterine enlargement
- B. Is situated in the ovary in about 0.5% of all cases
- C. Is more dangerous when it is situated in the isthmus of the fallopian tube
- D. **Can only be diagnosed after it has ruptured**
- E. Is a complication of assisted conception.

16. Acceptable treatment for uterine fibroids includes all of the following EXCEPT:

- A. No treatment
- B. **Myomectomy during pregnancy if red degeneration occurs**
- C. Myomectomy
- D. Hysterectomy
- E. GnRH agonist

We will request it at any time → only if she present with amenorrhea, otherwise we have to request the hormonal levels at 2nd, 3rd and 4th of the cycle.

17. Evaluation of infertile couples

- A. History of regular cycles is suggestive of anovulation
- B. History of severe dysmenorrhea and dyspareunia is suggestive of endometriosis**
- C. Endometriosis is diagnosed by hysteroscopy
- D. Hysterosalpingogram is the only means of assisting ectopic pregnancy
- E. Thyroid disease does not affect fertility

18. Treatment of pelvic inflammatory disease include the following, EXCEPT:

- A. Oral doxycycline
- B. Removal of IUCD
- C. Clindamycin
- D. Tetracycline
- E. Dilatation and curettage (D & C)**

19. Antenatal booking investigations include all of the following, EXCEPT:

- A. Complete blood count
- B. Blood sugar
- C. Hepatitis screening
- D. Toxoplasmosis
- E. liver function**

20. Which of the following is known to be the commonest presentation in twins

- A. Breech, cephalic
- B. Cephalic, breech
- C. Cephalic, cephalic**
- D. Breech, breech
- E. Cephalic, transverse

21. All the following are possible causes of polyhydramios, EXCEPT:

- A. Diabetes
- B. Multiple pregnancy
- C. Fetus with hydrops fetalis
- D. Fetus with duodenal atresia or neural tube defect
- E. IUGR**

22. Uterine fibroid is:

- A. Composed of fibrous tissue
- B. Surround by a false capsule**
- C. The most common cystic tumor in women
- D. Progestogen dependent

E. Managed by myomectomy in most of the cases

23. In a pregnant female which of the following depicts the level of iron:

- A. Transferrin level**
- B. Serum ferritin level
- C. Haemoglobin level
- D. Iron binding capacity
- E. Serum Iron

24. Most common cause of first trimester abortion

- A. Chromosomal abnormalities**
- B. Syphilis
- C. Rhesus isoimmunization
- D. Cervical incompetence
- E. Bifurcate uterus

25. Afer menopause

- A. There is increase vaginal acidity
- B. Gonadotrophines level falls
- C. There is increase in bone density
- D. The size of an existing fibroid increases
- E. Any post menopausal bleeding should be investigated by endometrial Sampling**

26. Which instrument is not a basic component of a laparoscopy

- A. Trochar
- B. ventous cup**
- C. Veres needle
- D. Light source
- E. CO2 insufflation set

27. Regarding injectable progesterone contraception, all of the following is true, EXCEPT:

- A. Medroxyprogesterone acetate is the most commonly used
- B. May cause irregular uterine bleeding
- C. May cause amenorrhoea
- D. Should not be given to lactating mother**
- E. Does not carry a risk of venous thrombosis

28. All are CORRECT, EXCEPT, Pregnancy is associated with:

- A. Increase cardiac output
- B. Increase venous return
- C. Increase peripheral resistance**
- D. Increase pulse rate

E. Increase stroke volume

29. The following are presumptive skin signs of pregnancy except:

- A. Chloasma
- B. Maculo papular rash**
- C. Linea Nigra
- D. Stretch Marks
- E. Spider Telangiectases

30. The followings are considered normal symptoms of pregnancy EXCEPT:

- A. Backache due to an increased lumbar lordosis.
- B. Lower abdominal pain and groin pain due to stretch of round ligaments.
- C. Visual disturbance.**
- D. Calf pain due to muscle spasm.
- E. Increased vaginal discharge.

31. Rupture of membranes is suspected with all of the followings EXCEPT:

- A. Positive Nitrazine test.
- B. Positive Fern test.
- C. Pooling of amniotic fluid on speculum examination.
- D. Observing amniotic fluid drain through the cervix during speculum examination.
- F. Contractions seen on the CTG.**

32. The terminology of pelvic inflammatory diseases indicates:

- A. Infection of the vagina.
- B. Infection of Bartholin's glands
- C. Infection of Skene's glands.
- D. Infection of the urinary bladder.
- E. Endometritis and salpingo-oophoritis.**

33. The luteal phase of the menstrual cycle is associated with

- A. High luteinizing hormone level
- B. High progesterone levels**
- C. High prolactin level
- D. Low basal body temperature
- E. Proliferative changes in the endometrium

34. Ovulation induction complications include:

- A. Ovarian hyperstimulation.**

35. All the following are true, about ovarian hyperstimulation, EXCEPT:

- A. It can follow any of ovulation induction drugs
- B. In severe type admission to the intensive care unit may be required

- C. The ovaries will be very small in size have unilateral cyst**
- D. It can be diagnosed clinically and by ultrasound
- E. Patients with PCO are at increased risk

36. According to WHO, Hb in a pregnant woman shouldn't be less than:

- A. <8
- B. <10**
- C. <9
- D. <11
- E. <13

37. According to WHO, Sperm count shouldn't be less than :

- A. 50 million /ml
- B. 60 million/ml.
- C. 90 million/ml.
- D. 20 million/ml.**
- E. 10 million/ml.

38. Compound malpresentation most commonly occur with:

- A. Prematurity**
- B. Advanced maternal age
- C. Large pelvic vessels
- D. Diabetic pregnancy

39. Placenta previa all help in diagnosis of except:

- A. Constant lower abdominal pain**
- B. Mal presentation
- C. Painless vaginal bleeding
- D. US

40. Cervical incompetence one true:

- A. Cone biopsy is not a predisposing factor
- B. Cerculage is contraindicated
- C. In not encountered with uterine anomalies
- D. Best diagnosed by Hx**
- E. Is a cause of early pregnancy abortion

41. In patients with three consecutive spontaneous abortion in the second trimester the most useful investigation is:

- A. Chromosomal analysis
- B. Hysterosalpingogram**
- C. Endometrial biopsy
- D. Post coital test
- E. Prolactin level

42. The predisposing factor to (case of burning micturation, loin pain) is:

- A. **Hydroureter because of progesterone effect**
- B. Compression of ureter in the 3rd trimester by enlarging uterus

44. Immediate complication of C/S include all except:

- A. Bladder injury
- B. Hemorrhage
- C. **Thromboembolism (also DM is not immediate)**
- D. Complication of anesthesia

45. Amniohook (artificial ROM) may cause all except:

- A. Amniotic fluid embolus
- B. **IUGR**
- C. Abruptio placenta
- D. Fetal distress
- E. Cord prolapse

46. Most common cause of anesthesia death in pregnancy:

- A. **Aspiration pneumonia**
- B. medication reaction
- C. stroke
- D. hemorrhage
- E. failed intubation

47. Risk factors to preeclampsia include all the following EXCEPT:

- A. Premature delivery.
- B. Placental abruption.
- C. Renal failure.
- D. DIC
- E. **Polycythemia.**

48. All are contraindications to VBAC except:

- A. **Lower segment c/s**
- B. Classical CS
- C. Rupture uterine
- D. ??
- E. ??

49. karyotype of Androgen Insensitivity Syndrome:

- A. 46xx
- B. **46xy**
- C. 47xxy
- D. 45x0

E. 45 xy

50. Hyperemesis gravidarum in 1st trimester is seen with increased frequency in all of the following except

- A. H. Mole
- B. Twins
- C. Missed Abortion**
- D. Primigravida
- E. Patient with history of hyperemesis

51. Regarding missed abortion, all of the followings are correct EXCEPT:

- A. The patient may present with loss of pregnancy symptoms.
- B. Per vaginal bleeding may be one of the presenting symptoms.
- C. Immediate evacuation should be done once the diagnosis is made.**
- D. DIC may occur as a sequel.
- E. Ultrasound should be done to confirm the diagnosis.

52. Hyperextension of the fetal head is found in:

- A. Vertex presentation.
- B. Face presentation.**
- C. Shoulder presentation.
- D. Breech presentation.
- E. Hydrocephalic baby.

53. All the followings can be used as tocolytic agents EXCEPT:

- A. Ritodrine (β agonist).
- B. Salbutamol inhaler .
- C. Diazepam (vallum)**
- D. Indomethacin.
- E. A Ca⁺ channel blocker.

54. Causes of IUGR include all the followings EXCEPT:

- A. Constitutional small mother.**
- B. Fetal urinary tract anomalies.
- C. Premature rupture of membranes.
- D. Placental insufficiency.

55. Mother with hepatitis B positive:

- A. we give the baby both immunoglobulins and live attenuated vaccine when born**

56. Which of the following contraceptive methods should not be used by a patient with coronary heart disease?

- A. Combined oral contraceptive pills**

- B. Male condom
- C. Female condom
- D. Diaphragm
- E. Spermicidal agent

57. Hirsutism can be found in all of the following conditions, EXCEPT:

- A. Polycystic ovary syndrome
- B. On danazol therapy
- C. Adrenal hyperplasia
- D. Patient on oral contraceptive pills**
- E. Androgen secreting ovarian tumor

58. In patient with bicornuate uterus when getting pregnant can get all these complication, EXCEPT:

- A. Polyhydramnios**
- B. Abortion
- C. Preterm labor
- D. Abnormal fetal lie
- E. Retained placenta

59. A 26 years old lady presented with secondary amenorrhea and FSH and LH are found to be high, your diagnosis will be?

- A. Sheehan syndrome
- B. Asherman syndrome
- C. Premature ovarian failure**
- D. Imperforated hymen
- E. Pituitary adenoma

60. Which is a contraindication of induction of labor

- A. History of upper segment caesarian section**
- B. Sever P E T at 36 weeks
- C. Gesta7onal diabetes on insulin at 39 weeks
- D. Post term pregnancy
- E. Chorioamnionitis

61. Regarding cervical incompetence, all of the following are true, EXCEPT:

- A. Typically causes painful abortions**
- B. Typically causes mid-trimester abortions
- C. Is treated by Shirodkar suture (cervical cerclage) which is best preformed early in the second trimester
- D. May lead to premature rupture of the membrane
- E. Can occur in patient with history of cone biopsy

62. A 16 year old girl with imperforated hymen present with:

- A. Secondary Amenorrhia
- B. Hematocolpous**

63. A 20 year old lady pregnant in 1st trimester came complaining of lower abdominal pain, in examination a mass continued with the uterus was found what is the diagnosis:

- A. Red degeneration of fibroid**
- B. Ectopic pregnancy
- C. Uterine rupture
- D. Rupture placenta
- E. Placenta previa

64. All of the following causes oligohydrominias except:

- A. Renal agenesis
- B. Poor placental perfusion
- C. Post term pregnancy
- D. Anencephaly**
- E. Urinary obstruction

65. PCO, all true EXCEPT:

- A. Hirsutism.
- B. Imperforated hymen,**
- C. Infertility.
- D. Acne.
- E. Amenorrhea

67. In Gestational diabetes :

- A. Fetal lung surfactant matures later (more late) than in a non diabetic mother.**
- B. More associated with congenital malformation than Insulin Dependant Diabetes.
- C. ??
- D. ??
- E. ??

68. Side effects of β sympathomimetics include all of the following, Except?

- A. Tachycardia
- B. Pulmonary oedema
- C. Headache
- D. Premature closure of ductus arteriosus**
- E. Palpitation

69. The most common congenital anomaly associated with diabetes is:

- A. Congenital heart disease.
- B. Neural tube defect.
- C. Sacral agenesis.
- D. Renal agenesis
- E. Caudal regression

70. In cases with premature rupture of membranes, all the following are acceptable in the conservative management except:

- A. Frequent vaginal examination to assess cervical dilatation.
- B. serial complete blood count to diagnose rising of WBC.
- C. Close monitoring of maternal vital signs.
- D. Ultrasound to assess fetal weight and amount of liquor.
- E. Monitoring of the fetus by doing cardiotocogram.

71. Patient complaining of dysmenorrhea and heavy menstrual bleeding what the diagnosis :

- A. endometriosis
- B. fibroid
- C. ?
- D. ??
- E. ??

72. All the following are possible causes of menorrhagia, EXCEPT

- A. Uterine fibroid
- B. Adenomyosis
- C. Pelvic inflammatory disease
- D. Endometrial hyperplasia
- E. Combine oral contraceptive pills

73. At which week we can detect the first fetal heart (they add "we mean intravaginal US"):

- A. 12
- B. 6
- C. 17
- D. 18
- E. 19

73. Therapeutic termination of early pregnancy is indicated in:

- A. Uterine fibroid
- B. Maternal pulmonary hypertension
- C. Placenta previa
- D. Maternal blood sugar >12 mmol/L
- E. Triplet pregnancy

74. Criteria of severe preeclampsia include all Except:

- A. Diastolic BP of 110 mmHg or more
- B. Proteinuria more than 5g/24 hours
- C. Presence of epigastric pain
- D. Decreased hematocrit**
- E. Oliguria

75. What is the association of ovulation induction for fertility and multiple births?

- A. Decreased multiple pregnancy
- B. Increased multiple pregnancy**
- C. Increased only dizygotic twins
- D. Doesn't affect the incidence of twins

76. The most antigen which would account for fetal hydrops is

- A. C
- B. D**
- C. Keu
- D. Lewis
- E. Duffy

78. Breast feeding:

- A. Should be discontinued if breast infection is suspected
- B. Should be started immediately in case of maternal HIV infection
- C. Has a role in involution of uterus**
- D. Should be replaced by bottle feeding if the patient had caesarean section
- E. Contain adequate of iron

79. Physiological changes in the reproductive system include:

- A. There is no changes in the vagina
- B. The uterus first enlarge by hyperplasia then by hypertrophy**
- C. There is no change in the cervix
- D. Estrogen has no role in any changes during pregnancy
- E. Lower segment of the uterus will be formed in the first trimester

80. all are risk factors associated with macrosomia, except:

- A. Prolonged pregnancy
- B. Previous large infant
- C. Short stature**
- D. GDM
- E. Maternal obesity

81. Risk and complications of induction of labor include all of the following EXCEPT:

- A. Failed induction
- B. Atonic PPH**

- C. Uterine hyperstimulation leading to fetal hypoxia
- D. Prostaglandin may cause hypothermia due to its direct effect on thermoregulatory centers in the brain**
- E. Rupture uterus in grandmultipara of patients with previous CS

82. The normal development sequence of puberty is :

- A. Thelarche , adrenarch, growth, menarche.**
- B. Menarch, adrenarch, thelarche ,growth.
- C. Growth. thelarche, adrenarch, menarche
- D. Adrenarch , thelaeche, growth, menarche
- E. Thelarche , menarche, adrenarche, growth.

83. 33 year female at 37 weeks gestation confirmed by early sonography presents with moderate severe vaginal bleeding, she is noted to have placenta previa, which of the following is the best management for her :

- A. Induction of labor
- B. CS**
- C. Expectant management
- D. Artificial rupture of membrane
- E. Give tocolytic drugs

84. Permanent sterilization includes all of the following EXCEPT:

- A. Vasectomy
- B. Tubal ligation
- C. Mirena IUCD**
- D. Hysterectomy
- E. Bilateral salpingectomy

89. The second stage of labor involve:

- A. Separation of placenta
- B. Effacement of the cervix
- C. Expulsion of placenta
- D. Expulsion of the fetus**
- E. Dilatation of the cervix

90. Bishop score include all except:

- A. Station of fetal head
- B. Cervical effacement
- C. Cervical position
- D. Cervical dilatation
- E. Cervical length**

91. The fetal heart rate of normal fetus in term is :

- A. 80-100 bpm
- B. 100-120 bpm
- C. 120-160 bpm**
- D. 160-180 bpm
- E. There is no baseline HR

92. Anti-D prophylaxis

- A. Should be given to all sensitized Rhesus negative women after delivery
- B. Should be given to all Rhesus negative women after amniocentesis**
- C. Should be given to all Rhesus positive women who give birth to Rhesus negative babies.
- D. Should be given to all women who's babies are Rhesus negative
- E. Is contra-indicated during pregnancy if the women is Rhesus Negative

93. The following are absolute contraindications to the combined oral contraceptive pills

- A. Varicose veins
- B. Ischemic heart disease
- C. history of DVT**
- D. Diabetes mellitus
- E. Age above 35 years

94. Multiple pregnancy increases

- A. In white people more than black
- B. With advancing maternal age**
- C. With bromocriptine use for infertility treatment
- D. If first pregnancy
- E. After ovarian diathermy for polycystic ovary syndrome

95. The most common cause of uterine size – date disproportion

- A. Fetal macrosomia
- B. Polyhydramnios
- C. Inaccurate last menstrual period date**
- D. Multiple pregnancy
- E. Molar pregnancy

96. A 25-year-old primigravida with 8 weeks threatened abortion, ultrasound would most likely reveal.

- A. Thickened endometrium with no gestational sac
- B. Fetal heart motion in the adnexa
- C. Empty gestational sac
- D. Collapsed gestational sac

E. An intact gestational sac with fetal

97. The most common cause of ectopic pregnancy is:

- A. History of pelvic inflammatory disease
- B. Congenital anomalies of the tube
- C. Endometriosis
- D. Tubal surgery
- E. Prnarcheevious sterilization

98. All these tests can be useful in management of intrauterine fetal growth restriction IUGR except:

- A. Fetal kick chart
- B. Cardiotocography CTG non stress test
- C. **Chorionic villous sampling**
- D. Biophysical profile
- E. Umbilical cord Doppler waveforms

Mid-Cycle:

Males

1. Anti-D prophylaxis

- A. Should be given to all sensitized Rhesus negative women after delivery
- B. Should be given to all Rhesus negative women after amniocentesis
- C. Should be given to all Rhesus positive women who give birth to Rhesus negative babies.
- D. Should be given to all women who's babies are Rhesus negative
- E. Is contra-indicated during pregnancy if the women is Rhesus negative

2. Uterine fibroid: Which is true?

- A. Is commoner in white people than black
- B. All should be treated immediately
- C. Sarcomatous change occurs in 1%
- D. Can cause obstructed labor
- E. In pregnancy should indicate caesarian section

3. After menopause: Which is true?

- A. There is increase in vaginal acidity
- B. Gonadotrophin secretion falls
- C. Recurrent vaginal bleeding should be investigated by endometrial biopsy
- D. Malignancy is the leading cause of post menopausal bleeding
- E. Bone mineral density increases

4. The combined contraceptive pills: Which is true?

- A. Pre-dispose to pelvis inflammatory disease
- B. Predispose to ovarian cyst
- C. Predispose to benign breast cyst
- D. Contra indicated in a patient with history of DVT
- E. Failure rate is 2 per hundred woman years

5. The following are absolute contraindications to the combined oral contraceptive pills

- A. Varicose veins
- B. Previous history of viral hepatitis
- C. Prosthetic heart valve
- D. Diabetes mellitus
- E. Age above 35 years

6. In placenta previa: Which is true?

- A. It is common primigravida
- B. May cause abnormal lie
- C. Causes recurrent painful bleeding
- D. All patients should be induced with prostaglandin pessaries
- E. Digital examination is mandatory to exclude local causes

7. Abruptio placenta: Which is true?

- A. It is bleeding from abnormally situated placenta
- B. Has minimum effect on the fetus
- C. Causes painless bleeding
- D. Can be a cause of post partum hemorrhage
- E. All should deliver by caesarean section

8. Breech presentation: Which is true?

- A. Constitutes 10% of all term deliveries
- B. common in post term labor
- C. Vacum extraction can be used when cervix is fully dilated
- D. Forceps can be used for after coming head
- E. External cephalic version is best performed between 32-34 weeks gestation.

9. Turner syndrome: Which is true?

- A. Genetically is 46 X O
- B. Has testis in inguinal area
- C. Usually presents with primary amenorrhoea
- D. Has low I.Q
- E. Usually tall

10. Androgen insensitivity syndrome: Which is true?

- A. Genotype is 46 X X
- B. Phenotype they are female but with ill developed breast
- C. Usually have secondary amenorrhoea
- D. They have testes that should be kept to produce hormones
- E. They have no uterus

11. First trimester pregnancy may be terminated by

- A. Prostaglandin inhibitor
- B. Anti progesterone
- C. Beta sympathomimetic agonist
- D. Synthetic oestrogen
- E. Medroxy progesterone

12. Patients with the following conditions present with primary amenorrhoea

- A. Bicornuate uterus
- B. Polycystic ovary syndrome
- C. Imperforate hymen
- D. Sheehan's Syndrome
- E. Anorexia nervosa

13. In fetal circulation

- A. Oxygenated blood goes along the umbilical arteries
- B. The fetal lung is bypassed by means of ductus venosus
- C. The foramen ovale connects the two ventricles
- D. Most of the blood entering the right atrium flows into the left atrium
- E. The blood in the umbilical arteries is more oxygenated than blood in umbilical vein

14. The following ultrasonic measurements may be used to confirm or establish gestational age

- A. Crown rump length
- B. Nuchal pad thickening
- C. Amniotic fluid volume
- D. Yolk sac volume
- E. Biophysical profile

15. During normal pregnancy: Which is true?

- A. Estradiol is the principal circulating oestrogen
- B. The blood pressure increases in first and second trimester
- C. The tidal volume is reduced
- D. The second half of pregnancy amniotic fluid is mostly contributed fetal urine
- E. Maternal hydro ureters should be taken always as a serious pelvic condition

16. The following conditions are aggravated by oral contraceptive pills

- A. Hirsutism
- B. Endometriosis
- C. Dysmenorrhoea
- D. Pre-menstrual syndrome
- E. Genital fungal infection

17. Intra uterine contraceptive device (IUCD)

- A. Reduces pelvic inflammatory disease
- B. Inhibits ovulation
- C. Increases incidence of endometrial cancer
- D. If pregnancy occurs there is increased risk of ectopic pregnancy
- E. Failure rate is 0.1%

18. The following values of semen analysis indicates abnormal semen quality

- A. Volume less than 2 ml
- B. Count of 40 million / ml
- C. Motility 60%
- D. Abnormal form 40%
- E. Liquefaction complete in 30 minutes

19. Which of the following is suggestive of ovulation:

- A. Basal body temperature drop at least 0.5C in the second half of the cycle
- B. Day 21 oestrogen level is elevated
- C. Progesterone level on day ten of the cycle is elevated
- D. Regular cycle with dysmenorrheal
- E. Oligomenorrhoea

20. Causes of first trimester abortion

- A. Chromosomal abnormalities
- B. Cervical incompetence
- C. Bicornuate uterus
- D. Gestational hypertension
- E. Pre-eclampsia

21. The following are always indications for Caesarean Section

- A. Hydrocephalus
- B. Abruptio placentae
- C. Preterm Labor
- D. Active primary genital herpes
- E. Sever pre-eclamsea

22. Obstructed labor: Which is true?

- A. Diagnosis only when the cervix is fully dilated
- B. Usually predicted before onset of labor
- C. More common in developed countries
- D. Mento posterior position could be a cause
- E. X-ray pelvimetry is essential to predict cephalo-pelvic disproportion in primigravida

23. Fetal tachycardia could result from

- A. Maternal febrile illness
- B. Maternal hypothyroidism
- C. Labetalol ingestion
- D. Post maturity
- E. Pethidine injection

24. Prolapse of umbilical cord: Which is true?

- A. Not an indication for caesarean section when baby viable at 36 weeks
- B. Diagnosed when membranes are still intact
- C. Is more common when fetus acquires an abnormal lie
- D. Incidence is 5%
- E. Causes severe respiratory alkalosis

25. Regarding human fertility: Which is true?

- A. Fertilization usually occurs 5-7 days before implantation and before the extrusion of the second polar body
- B. Subfertility only treated with IVF
- C. An adverse male factor is detectable in 60% of couples with low fertility
- D. Mumps in adulthood has no effect on male fertility
- E. Oligo spermia means that sperm shape is abnormal

26. In eclampsia: Which is true?

- A. Caesarean section must be carried out in all cases
- B. Hypotensive drugs should not be used
- C. Urinary output is increased
- D. Antidiuretic drugs are essential in all cases
- E. Ergometrine should be avoided in the third stage of labor

27. Multiple pregnancy increases

- A. In white people more than black
- B. With advancing maternal age
- C. With bromocriptine use for infertility treatment
- D. If first pregnancy
- E. After ovarian diathermy for polycystic ovary syndrome

28. In twin deliveries: Which is true?

- A. The first twin is at greater risk than the second
- B. They usually go post date
- C. Epidural analgesia is best avoided
- D. Commonest presentation is cephalic and second breech
- E. There is increased risk of postpartum hemorrhage

29. Antepartum hemorrhage: Which is true?

- A. Is any bleeding from the genital tract during any stage of pregnancy
- B. Requires assessment by vaginal examination
- C. May be caused by cervical carcinoma
- D. Is always painless
- E. All patients should be delivered by Caesarian Section

30. Polyhydramnios is associated with the following condition

- A. Intrauterine growth restriction
- B. Fetal kidney agenesis
- C. Diabetes insipidus
- D. Tracheo oesophageal fistula
- E. Hind water leakage

31. All of the following associated with increase incidence of breech presentation, EXCEPT:

- A. Placenta previa
- B. Mullerian anomaly
- C. Uterine leiomyoma
- D. Nulliparity
- E. Prematurity

32. Components of biophysical profile include all of the following, EXCEPT:

- A. Fetal movement
- B. Placental thickness
- C. Fetal tone
- D. Fetal breathing movement
- E. Amniotic fluid volume assessment

33. Risk factors of post partum endometritis include all of the following, EXCEPT:

- A. Prolonged labor
- B. Prolonged rupture of membranes
- C. Multiple vaginal exams
- D. Prolonged monitoring with an intrauterine pressure catheter
- E. Gestational diabetes

34. Gestational diabetes is associated with an increase risk of all the following, EXCEPT:

- A. Cesarean section
- B. Shoulder dystocia
- C. Fetal macrosomia
- D. Intrauterine fetal death
- E. Intrauterine growth restriction

35. Control of gestational diabetes is accomplished with the following, EXCEPT:

- A. Insulin
- B. Diet
- C. Oral hypoglycemic agents
- D. Exercise
- E. Insulin and diet

36. Combined Oral Contraceptive Pills contain

- A. A synthetic estrogen alone
- B. A progestin alone
- C. Both estrogen and progestin
- D. Bromocriptin
- E. Androgen

37. Mechanisms of Oral Contraceptive Pills include all of the following except:

- A. Ovulation suppression
- B. Enhanced ovarian androgen production
- C. Altered cervical mucus
- D. Altered endometrium
- E. Altered tubal motility

38. Postulated mechanism of the IUCD include all of the following action EXCEPT:

- A. Altered tubal motility
- B. Altered endometrium
- C. Altered cervical mucus
- D. Copper has spermicidal effect
- E. inhibition of implantation

39. Antenatal booking investigations include all of the following, EXCEPT:

- A. Complete blood count
- B. Blood sugar
- C. Hepatitis screening
- D. Toxoplasmosis
- E. Thyroid function

40. The most common cause of uterine size – date disproportion

- A. Fetal macrosomia
- B. Polyhydramnios
- C. Inaccurate last menstrual period date
- D. Multiple pregnancy
- E. Molar pregnancy

41. Immediate appropriate response to an initial eclamptic seizure include of the following, EXCEPT:

- A. Ultrasound for fetal growth
- B. Maintain adequate oxygenation
- C. Administer maganesium sulphate
- D. Prevent maternal injury
- E. Monitor the fetal heart rate

42. The most important reason to give antihypertensive drug for hypertension in pregnancy is to decrease the:

- A. Incidence of IUGR
- B. Incidence of oligohydramnios
- C. Incidence of fetal death
- D. Incidence of placental abruption
- E. Risk of maternal complications such as stroke

43. Management of a patient with threatened abortion includes all of the following, EXCEPT:

- A. Ultrasound
- B. Physical examination
- C. CBC
- D. Derailed menstrual history
- E. Dilatation and curettage

44. A 25-year-old primigravida with 8 weeks threatened abortion, ultrasound would most likely reveal.

- A. Thickened endometrium with no gestational sac
- B. Feral heart motion in the adnexa
- C. Empty gestational sac
- D. Collapsed gestational sac
- E. An intact gestational sac with fetal

45. Acceptable managment of ruptured ectopic pregnancy

- A. Observation followed by methotrexate
- B. Diagnostic laparoscopy followed by observation
- C. Repeat ultrasound next 24 hours to confirm the diagnosis
- D. Exploratory laparotomy and salpingectomy

E. Dilatation and curettage

46. Infants of mother with gestational diabetes have an increased risk of the following, EXCEPT:

- A. Hypoglycemia
- B. Hypo insulinemia
- C. Hypocalcemia
- D. Hyper bilirubine
- E. Polycythemia

47. The best screening test for gestational diabetes

- A. Fasting blood sugar
- B. Random blood sugar
- C. Glucose challenging test
- D. Glucose tolerance test
- E. Blood sugar series

48. Risk factors for pre- eclampsia include all of the following, EXCEPT:

- A. Elderly primigravida
- B. African ethnicity
- C. Positive family history of hypertension
- D. Positive history of pre- eclampsia in previous pregnancies
- E. Positive history of macrosomic baby

49. Early clinical evidence of magnesium sulfate toxicity would show

- A. Flushing
- B. Diplopia
- C. Decreased oxygen saturation
- D. Loss of deep tendon reflexes
- E. Headache

50. Pre-eclampsia is associated with an increase risk of all of the following, EXCEPT:

- A. Delivery of a small for gestational age infant
- B. Placental abruptio
- C. Pulmonary edema
- D. Prolonged duration of labor
- E. Cerebral vascular accident (CVA)

51. The volume of amniotic fluid is:

- A. Is closely related to the fetal crown-rump length in the 3rd trimester of Pregnancy
- B. Maybe predicted by Ultrasound
- C. Is reduced in sever rhesus disease
- D. Increases following amniocentesis

E. Is increased in sever pre-eclampsia

52. Which of the following is known to be the commonest presentation in twins

- A. Breech, cephalic
- B. Cephalic, breech
- C. Cephalic, cephalic
- D. Breech, breech
- E. Cephalic, transverse

53. The commonest cause for infertility

- A. Tubal obstruction
- B. Male factor
- C. Chronic anovulation
- D. Hyper androgens
- E. Hypothyroidism

54. The following are factors affecting the choice of methotrexate as a choice of treatment for ectopic pregnancy, EXCEPT:

- A. Size of the ectopic
- B. Presence or absence of cardiac activity
- C. Level of BHCG
- D. Parity of the patient
- E. Integrity of the tube

55. All the following are possible of premature labor, EXCEPT:

- A. Multiple pregnancy
- B. Polyhydramnios
- C. Bicornuate uteres
- D. Anecephaly
- E. Perinatal infection

56. The most common cause of ectopic pregnancy is:

- A. History of pelvic inflammatory disease
- B. Congenital anomalies of the tube
- C. Endometriosis
- D. Tubal surgery
- E. Previous sterilization

57. Accurate diagnosis of hydatiform mole can be made by

- A. Elevated BHCG
- B. Ultrasound
- C. Pelvic examination
- D. Chest radiography
- E. Absence of fetal heart in a 16 week sac

58. All the following are possible causes of polyhydramios, EXCEPT:

- A. Diabetes
- B. Multiple pregnancy
- C. Fetus with hydrops fetalis
- D. Fetus with duodenal atresia or neural tube defect
- E. IUGR

59. Uterine fibroid is:

- A. Composed of fibrous tissue
- B. Surround by a false capsule
- C. The most common cystic tumor in women
- D. Progestogen dependent
- E. Managed by myomectomy in most of the cases

60. The following is true regarding degenerative changes in uterine fibroids

- A. Sarcoma occurs in 2%
- B. Cystic degeneration is common with the use of oral contraceptive pills
- C. Hyaline degeneration causes acute pain
- D. Torsion is common in intramural fibroid
- E. Red degeneration should be managed conservatively

61. The karyotype of patient with Androgen insensitivity Syndrome is

- A. 46xx
- B. 46xy
- C. 47xxy
- D. 45x0
- E. 45 xy

62. All are the risks associated with macrosomia, EXCEPT:

- A. Maternal obesity
- B. Prolonged Pregnancy
- C. Previous large infant
- D. Short Stature
- E. Gestational Diabetes Mellitus

63. Risk Factors for DVT includes all, EXCEPT:

- A. Smoking
- B. Operative delivery
- C. Lupus anticoagulation
- D. Maternal weight over 80 kg
- E. Hyperthyroidism

64. Risk Factors of gestational trophoblastic disease include all of the following, Except?

- A. Far East Asian
- B. age under 20
- C. Diet high Folic acid
- D. Age above 40
- E. Diet lower beta carotene

65. Side effects of B sympathomimetics include all of the following, Except?

- A. Tachycardia
- B. Pulmonary oedema
- C. Headache
- D. Premature closure of ductus arteriosus
- E. Palpitation

66. Hyperemesis gravidarum in 1st trimester is seen with increased frequency in all of the following except

- A. H. Mole
- B. Twins
- C. Missed Abortion
- D. Primigravida
- E. Patient with history of hyperemesis

67. In a pregnant female which of the following depicts the level of iron:

- A. Transferrin level
- B. Serum ferritin level
- C. Haemoglobin level
- D. Iron binding capacity
- E. Serum Iron

68. All the following are possible causes of anovulation, EXCEPT:

- A. High body mass index
- B. Anorexia nervosa
- C. Polycystic ovarian syndrome
- D. Premature ovarian failure
- E. Sickle cell trait

69. All the following are possible causes of menorrhagia, EXCEPT

- A. Uterine fibroid
- B. Adenomyosis
- C. Pelvic inflammatory disease
- D. Endometrial hyperplasia
- E. Combine oral contraceptive pills

70. The puerperium:

- A. Refer to the first 6 months after delivery
- B. The lochia usually persist for 7 weeks
- C. The uterine fundus should not be palpable abdominally by 14 days after delivery
- D. The incidence of post partum depression is 50%
- E. Fever due to engorged breast occurs on the second day after delivery

71. Regarding incomplete abortion, all are true, EXCEPT:

- A. There is a history of tissue passed per vagina
- B. The cervix is open on vaginal examination
- C. Ultrasound shows retained product of conception
- D. Ultrasound shows intact gestational sac non- viable fetus
- E. Management include evacuation

72. Which of the following factors predispose to genital prolapse

- A. Repeated LSCS
- B. Multiparty
- C. Pelvic inflammatory disease
- D. Endometriosis
- E. Repeated candidiasis

73. Treatment of infertility:

- A. Clomiphene citrate is helpful in patients with anovulator premature ovarian failure
- B. ovarian drilling is helpful in the treatment of infertility endometriosis
- C. IVF is not helpful in the treatment of infertility due to male factor
- D. Hyperstimulation syndrome can occurs in patient treated by gonadotropins
- E. Spontaneous pregnancy can occur in patients with Mullerian agenesis

74. The luteal phase of the menstrual cycle is associated with

- A. High luteinizing hormone level
- B. High progesterone levels
- C. High prolactin level
- D. Low basal body temperature
- E. Proliferative changes in the endometrium

75. Feature characteristically associated with an imperforate hymen in a patient aged 16 years includes:

- A. Absence of secondary sexual
- B. Acute retention of urine
- C. Hirsutism
- D. Short stature

E. Present with secondary amenorrhea

76. Most common cause of first trimester abortion

- A. Chromosomal abnormalities
- B. Syphilis
- C. Rhesus isoimmunization
- D. Cervical incompetence
- E. Bifurcate uterus

77. A pregnant woman presents with a placenta praevia of a major defect and fetus is malformed. Which of the following will be the best management?

- A. Caesarian section
- B. Oxytocin drip
- C. Rupture of membranes
- D. Induce with PG E2
- E. Forceps delivery in the second stage to accelerate delivery

78. Polycystic ovarian diseases, all of the following can be seen, EXCEPT:

- A. Acne
- B. Streak ovaries
- C. Insulin resistance
- D. Hirsutism
- E. Glactorrhoea

79. Urge incontinence

- A. Is due to pelvic anatomic defect
- B. patient loses small amount of urine
- C. can be diagnosed with stress test
- D. Can be treated medically
- E. Can be treated surgically with sling

80. Breast feeding

- A. Should be discontinued if breast infection is suspected
- B. Should be started immediately in case of maternal HIV infection
- C. Has a role in involution of uterus
- D. Should be replaced by bottle feeding if the patient had caesarean section
- E. Contain adequate of iron

81. After menopause

- A. There is increase vaginal acidity
- B. Gonadotrophines level falls
- C. There is increase in bone density
- D. The size of an existing fibroid increases

E. Any post menopausal bleeding should be investigated by endometrial sampling

82. The treatment of cystocele in a 32 years old may include the following, EXCEPT:

- A. Pelvic floor exercise
- B. Weight loss
- C. Vaginal hysterectomy
- D. Anterior colporrhaphy
- E. Vaginal Pessary

83. Which instrument is not a basic component of a laparoscopy

- A. Trochar
- B. Hegar dilator
- C. Veres needle
- D. Light source
- E. CO2 insufflation set

84. Which of the following is contra indication for delivery using vacuum extraction:

- A. Face presentation
- B. Second twins in vertex presentation
- C. post term pregnancy
- D. Occipito transverse position
- E. Chorio amnionitis

85. Disseminated intravascular coagulation has a recognized association with:

- A. IUFD
- B. Multiple pregnancy
- C. Iron deficiency
- D. Diabetic mother
- E. Prolonged bed rest

86. Regarding injectable progesterone contraception, all of the following is true, EXCEPT:

- A. Medroxyprogesterone acetate is the most commonly used
- B. May cause irregular uterine bleeding
- C. May cause amenorrhoea
- D. Should not be given to lactating mother
- E. Does not carry a risk of venous thrombosis

87. The following are contraindications to external cephalic version, EXCEPT:

- A. Contracted pelvis
- B. Placenta previa
- C. Multiple pregnancy
- D. Presence of cervical suture in situ

E. Scared uterus

88. An Ultrasound in the 1st trimester of pregnancy is done for

- A. Placental localization
- B. Detecting of fetal weight
- C. Assessment of amniotic fluid volume
- D. Detection of fetal breathing
- E. Dating of the pregnancy

89. Incompetent cervix

- A. Is a cause for early pregnancy loss
- B. Is best diagnosed by history
- C. Is a cause for fetal congenital abnormalities
- D. Is not encountered with uterine anomalies
- E. Can be treated with tocolytics

90. In complete hydatidiform mole

- A. Rarely contains maternal genetic material
- B. Can present with hypothyroidism
- C. Prophylactic cytotoxic therapy should be given
- D. Diagnosis is confirmed with a very low blood level of human beta gonadotrophin
- E. Pre-eclampsia is the most common symptom and occurs in 97% of patients

91. The best uterine scar a patient can have for Caesarian section is

- A. Transverse upper segment
- B. Longitudinal upper segment
- C. Transverse lower segment
- D. Longitudinal lower segment
- E. A T-shaped incision

92. The diagnosis of endometriosis is often strongly suspected from patient's initial history expressing the following except:

- A. Infertility
- B. Dysmenorrhea
- C. Vaginal dryness
- D. Dyspareunia
- E. Chronic Pelvic pain

93. The following are true about Leiomyomas except:

- A. Usually multiple
- B. Usually malignant
- C. Usually discrete
- D. Usually spherical or irregular lobulated

E. Usually easy enucleated from the surrounding myometrium

94. Stages of labour

- A. The first stage commences at the time of membrane rupture
- B. The cervix dilates at consistent rate of 3 cm per hour in the first stage
- C. The third stage end with the delivery of the placenta and membranes
- D. Forceps or ventose may be useful in slow progress of the late 1st stage
- E. Syntometrine is a combination of oxytocin and ergometrine which is used in the treatment of secondary postpartum haemorrhage (PPH)

95. The main support of the uterus is provided by

- A. The round ligament
- B. The cardinal ligament
- C. The infandilo pelvic ligament
- D. The integrity of the pelvis
- E. The broad ligament

96. All are CORRECT, EXCEPT, Pregnancy is associated with:

- A. Increase cardiac output
- B. Increase venous return
- C. Increase peripheral resistance
- D. Increase pulse rate
- E. Increase stroke volume

97. High alpha fetoprotein found in? EXCEPT

- A. IUFD
- B. Multiple pregnancy
- C. Some Ovarian Cancer
- D. Trisomy 21
- E. Neural tube defect

98. Urinary stress incontinence is:

- A. The loss is of large amount of urine when intra abdominal pressure
- B. The loss is of small amount of urine when intra abdominal pressure
- C. Inability to control the bladder of all urine
- D. Inability to pass urine
- E. Constant loss of small amounts of urine

99. Menorrhagia is:

- A. Intermittent irregular vaginal bleeding
- B. Commonly presents as postmenopausal bleeding
- C. Heavy menstrual cycle more than 80 ml
- D. Infrequent spaced cycles every 45 days
- E. The main presentation in case of Asherman Syndrome

100. The following are presumptive skin signs of pregnancy except:

- A. Chloasma
- B. Maculo papular rash
- C. Linea Nigra
- D. Stretch Marks
- E. Spider Telangiectases

Final:

1. Disseminated intravascular coagulation has a recognized association with:

- A. IUFD
- B. Multiple pregnancy
- C. Iron deficiency
- D. Diabetic mother
- E. Prolonged bed rest

2. In prenatal infection

- A. Rubella can be prevented by administration of rubella vaccine during pregnancy
- B. Toxoplasma is a virus
- C. HIV virus infect the baby more readily when delivered vaginally than caesarean section
- D. Cytomegalovirus causes macrosomic babies
- E. In HIV patient breast-feeding is encouraged

3. Uterine Cervix

- A. Is the portion of the uterus below the isthmus
- B. External OS cell lining is columnar epithelium
- C. Laterally is attached to the round ligament
- D. The cervical canal is covered with stratified squamous epithelium
- E. Can be dilated with dilators without the need of anesthesia

4. Polyhydramnios is commonly found with

- A. IUGR
- B. Placenta previa
- C. Diabetes insipidus
- D. Fetal renal agenesis
- E. Diabetes mellitus

5. Hyperextension of the fetal head is found in:

- A. Vertex presentation
- B. Face presentation

- C. Shoulder presentation
- D. Breach presentation
- E. Hydrocephalic baby

6. Which of the following contraceptive methods should not be used by a patient with coronary heart disease?

- A. Combined oral contraceptive pills
- B. Male condom
- C. Female condom
- D. Diaphragm
- E. Spermicidal agent

7. The Commonest uterine fibroid to cause excessive bleeding is

- A. Submucous fibroid
- B. Subserous fibroid
- C. Intramural fibroid
- D. Cervical fibroid
- E. Broad ligament fibroid

8. All the following infection can be transmitted through sexual intercourse, EXCEPT:

- A. Genital herpes
- B. Human Immunodeficiency Virus (HIV)
- C. Chlamydia
- D. Gonorrhoea
- E. Vaginal Candidiasis

9. Regarding missed abortion, all of the following are CORRECT, EXCEPT:

- A. Patient may present with loss of the symptoms of pregnancy
- B. Per vaginal bleeding may be one of the presenting symptom
- C. Immediate evacuation should be done once the diagnosis is made
- D. Disseminated intra-vascular coagulation may occur as a sequelae of missed abortion
- E. Ultrasound should be done to confirm the diagnosis

10. Hirsutism can be found in all of the following conditions, EXCEPT:

- A. Polycystic ovary syndrome
- B. On danazol therapy
- C. Adrenal hyperplasia
- D. Patient on oral contraceptive pills
- E. Androgen secreting ovarian tumor

11. In patient with bicornuate uterus when getting pregnant can get all these complication, EXCEPT:

- A. Polyhydramnios
- B. Abortion
- C. Preterm labor
- D. Abnormal fetal lie
- E. Retained placenta

12. All these drugs can be used as tocolytic to stop labor, EXCEPT:

- A. Salbutamol ventolin
- B. Diazepam (valium)
- C. Calcium channel blocker
- D. Indomethacin non steroidal anti inflammatory drugs
- E. Ritodrine (beta agonist)

13. A 26 years old lady presented with secondary amenorrhea and FSH and LH are found to be high, your diagnosis will be?

- A. Sheehan syndrome
- B. Asherman syndrome
- C. Premature ovarian failure
- D. Imperforated hymen
- E. Pituitary adenoma

14. Sure sign of pregnancy is:

- A. Amenorrhea
- B. Hegar's sign
- C. Nausea and vomiting
- D. Auscultation of fetal heart
- E. Abdominal distension

15. All these tests can be useful in management of intrauterine fetal growth restriction IUGR except:

- A. Fetal kick chart
- B. Cardiotocography CTG non stress test
- C. Chorionic villous sampling
- D. Biophysical profile
- E. Umbilical cord Doppler waveforms

16. 14 weeks pregnant woman had abortion and she was told that it is a complete abortion. This is true regarding complete abortion:

- A. Uterus is usually bigger than date
- B. Cervical OS is opened with tissue inside the cervix
- C. Need to have evacuation of the uterus

- D. After complete abortion there is minimal or no pain and minimal or no bleeding
- E. Follow up with BHCG for one year

17. In patient with endometrial cancer and less than 50% myometrial invasion, the stage is at least:

- A. IA
- B. 1B
- C. IC
- D. IIA
- E. III

18. In patients with three consecutive spontaneous abortion in the second trimester the most useful investigation is:

- A. Chromosomal analysis
- B. Hysterosalpingogram
- C. Endometrial biopsy
- D. Post coital test
- E. Prolactin level

19. If your patient is 8 weeks pregnant which one of the following USS measurement is most useful

- A. Crown rump length
- B. Biparital diameter
- C. Femur length
- D. Placental site
- E. Abdominal circumference

20. Which is a contraindication of induction of labor

- A. History of upper segment caesarian section
- B. Sever P E T at 36 weeks
- C. Gestational diabetes on insulin at 39 weeks
- D. Post term pregnancy
- E. Chorioamnionitis

21. Complete breech means:

- A. Flexion at hip joint and extension in knee joint
- B. Flexion at hip joint and flexion at knee joint
- C. Extension at the hip joint
- D. Flexion at knee joint and extension at the hip joint
- E. Flexion of one leg at hip joint and extension of the other leg at the hip joint

- 22. Untreated patients with cancer of the cervix usually die with**
- A. Cachexia and starvation
 - B. Bowel obstruction
 - C. Renal failure and uremia
 - D. Multi organ failure
 - E. Cerebro vascular accident primigravida
- 23. Regarding cervical incompetence, all of the following are true, EXCEPT:**
- A. Typically causes painful abortions
 - B. Typically causes mid-trimester abortions
 - C. Is treated by Shirodkar suture (cervical cerclage) which is best preformed early in the second trimester
 - D. May lead to premature rupture of the membrane
 - E. Can occur in patient with history of cone biopsy
- 24. In Turner's syndrome:**
- A. A chromosomal structure of 45 XY is characteristic
 - B. Secondary amenorrhea is usual
 - C. Ovaries are streak
 - D. The ovaries are multicystic
 - E. Phenotypically are male
- 25. Which of the following tumors produces estrogen:**
- A. Endodermal sinus tumors
 - B. Choriocarcinoma
 - C. Granulosa-cell tumors
 - D. Dysgerminoma
 - E. Serous cyst adenoma
- 26. All the following are true, about ovarian hyperstimulation, EXCEPT:**
- A. It can follow any of ovulation induction drugs
 - B. In severe type admission to the intensive care unit may be required
 - C. The ovaries will be very small in size have unilateral cyst
 - D. It can diagnosed clinically and by ultrasound
 - E. Patients with PCO are at increased risk
- 27. All of the following are true about PCO except:**
- A. To diagnose PCO hormonal analysis can be done at any time of the cycle
 - B. It is associated with reversed FSH:LH ratio
 - C. It is associated with increase resistance to insulin
 - D. Can be associated with increased prolactin level
 - E. The ovaries have characteristic appearance by the ultrasound

28. Regarding ectopic pregnancy, all of the following are true, EXCEPT:

- A. Is associated with uterine enlargement
- B. Is situated in the ovary in about 0.5% of all cases
- C. Is more dangerous when it is situated in the isthmus of the fallopian tube
- D. Can only be diagnosed after it has ruptured
- E. Is a complication of assisted conception

29. Acceptable treatment for uterine fibroids includes all of the following EXCEPT:

- A. No treatment
- B. Myomectomy during pregnancy if red degeneration occurs
- C. Myomectomy
- D. Hysterectomy
- E. GnRH agonist

30. Evaluation of infertile couples

- A. History of regular cycles is suggestive of anovulation
- B. History of severe dysmenorrhea and dyspareunia is suggestive of endometriosis
- C. Endometriosis is diagnosed by hysteroscopy
- D. Hysterosalpingogram is the only means of assisting ectopic pregnancy
- E. Thyroid disease does not affect fertility

31. Treatment of infertility

- A. Clomiphene citrate is helpful in patients with anovulatory premature ovarian failure
- B. Ovarian drilling is helpful in the treatment of infertility endometriosis
- C. IVF is not helpful in the treatment of infertility due to male factor
- D. Hyperstimulation syndrome can occur in patient treated by gonadotropins
- E. Spontaneous pregnancy can occur in patients with Mullerian agenesis

32. Therapeutic termination of early pregnancy is indicated in:

- A. Uterine fibroid
- B. Maternal pulmonary hypertension
- C. Placenta previa
- D. Maternal blood sugar >12 mmol/L
- E. Triplet pregnancy

33. All of the following possible causes of infertility, EXCEPT:

- A. Previous laparotomy for any reason
- B. Smoking
- C. High body mass index
- D. PCO
- E. Uterine subserous fibroids

34. All are true, about acute pyelonephritis in pregnancy, EXCEPT:

- A. Occur in 60% of pregnant women
- B. Can be preceded with asymptomatic bacteriuria
- C. In severe form there should be administered and I.V. antibiotics should be started
- D. when recurrent should be investigated
- E. May lead to premature labor

35. Antepartum haemorrhage may be caused by the following, EXCEPT:

- A. Placenta previa
- B. Cervical cancer
- C. Abruptio placenta
- D. Ectopic pregnancy
- E. Vasa praevia

36. Sexual differentiation

- A. Development of male genitalia depends on the presence of functioning testes and responsive end organs
- B. Due to the absence of testes XX fetus exposed to androgens in utero will NOT be masculinized
- C. The development of the female genital requires presence of the ovary
- D. 45 XO fetus will have normal ovaries
- E. The development of the testes does not require presence of the Y chromosome

37. Transplacental infection occur with all, EXCEPT:

- A. Cytomegalo virus
- B. Toxoplasma
- C. Rubella
- D. Syphilis
- E. Gonorrhoea

38. Each of the following typical feature of placenta previa, EXCEPT:

- A. Painless bleeding
- B. First episode of bleeding is usually self limited
- C. May be associated with post coital bleeding
- D. Commonly associated with coagulopathy
- E. The uterus tends to be soft and tender

39. A 33-year old woman at 37 weeks gestation confirmed by early sonogram presents with moderate to severe vaginal bleeding, and is noted by sonogram to have placenta previa, which of the following is the best management for her.

- A. Induction of labor
- B. Give tocolytic drugs

- C. Caesarean section
- D. Expectant management
- E. Artificial rupture of the membrane

40. Screening is most effective in preventing which of the following cancers.

- A. Vulva
- B. Cervix
- C. Endometrial
- D. Ovary
- E. Fallopian tube

41. The tumor marker secreted by endodermal sinus (yolk sac) tumor is

- A. Alph-Fetoprotien
- B. HCG
- C. LDH
- D. Inhibin
- E. Ca 125

42. Select the most correct statement about fetal and neonatal IgM

- A. It is almost entirely maternal in origin
- B. It is approximately 75% maternal and 25% fetal in origin
- C. It is 50% maternal, 50% fetal in origin
- D. It is 25% maternal, 75% fetal in origin
- E. It is almost entirely fetal in origin

43. The following statement are all TRUE about vomiting in pregnancy, EXCEPT:

- A. May be cured by admission to hospital
- B. Is commonest in the third trimester
- C. Associated with multiple pregnancy
- D. Is associated with trophoblastic disease
- E. Is associated with urinary tract infection

44. Permanent sterilization include all of the following, EXCEPT:

- A. Vasectomy
- B. Tubal ligation
- C. Mirena IUCD
- D. Hysterectomy
- E. Bilateral salpingectomy

45. In cases with premature rupture of membranes, all the following are acceptable in the conservative management

- A. Frequent vaginal examination to assess cervical dilatation
- B. serial complete blood count to diagnose rising of WBC
- C. Close monitoring of maternal vital signs

- D. Ultrasound to assess fetal weight and amount of liquor
- E. Monitoring of the fetus by doing cardiotocogram

46. What is true about shoulder presentation

- A. Cord prolapse is common
- B. 3rd degree perineal tear is common
- C. Deep transverse arrest can occur
- D. More common in primigravida
- E. Always end by shoulder dystocia

47. Surfactant

- A. Is secreted by type I pneumocytes
- B. Are glycoprotein
- C. After 38 weeks the ratio to sphingomyelins is 2:1
- D. Its secretion is suppressed by betamethzone
- E. Its deficiency lead to adult respiratory distress syndrome

48. Treatment of pelvic inflammatory disease include the following, EXCEPT:

- A. Oral doxycycline
- B. Removal of IUCD
- C. Clindamycin
- D. Tetracycline
- E. Dilatation and curettage (D & C)

49. In Pre-eclampsia, right upper quadrant part abdominal pain is due.

- A. Tension of the liver capsule
- B. Cholecystitis
- C. Pancreatitis
- D. Gastric ulcer
- E. Oesophagitis

50. Urge incontinence

- A. Is due to pelvic anatomic defect
- B. patient loses small amount of urine
- C. can be diagnosed with stress test
- D. Can be treated medically
- E. Can be treated surgically with sling

51. Abruptio placenta

- A. Postpartum hemorrhage occurs only when there in hypofibrinogenemia
- B. Maternal anemia is a major cause for abruptio placenta
- C. Fetus is not usually affected
- D. Associated with antecedent hypertension

- E. On Examination the abdomen is usually soft and lax

52. Placenta previa

- A. Is diagnosed when the placenta occupies the funds and start to bleed
- B. Recognized to be complicated by postpartum hemorrhage
- C. Has a major risk to the fetus
- D. Less common in patients with repeat caesarian section
- E. Diagnosis is confirmed when bleeding starts at 13 weeks of gestation

53. Postpartum haemorrhage

- A. May occur as a consequence of antepartum haemorrhage
- B. Ends with hypercoagulable state
- C. Hysterectomy is the first the first line of treatment
- D. Always complicate intrauterine fetal death (IUFD)
- E. Diagnosed only when the placenta is still undelivered

54. Secondary postpartum haemorrhage

- A. Is diagnosed when bleeding occurs 72 hours after delivery
- B. Contra indicate breast feeding
- C. The commonest cause is the cervical tears
- D. Very common when the patient delivers a congenitally abnormal baby
- E. Choriocarcinoma could be a cause

55. A pregnant lady with polyhydramnios, the cause could be:

- A. Fetus with oesophageal atresia
- B. Fetus with polycystic kidney disease
- C. Fetal growth restriction
- D. Hyperprolactinaemia during pregnancy
- E. Patient is taking anti epileptic drugs

56. The following have a recognized relation with spontaneous preterm labor

- A. Fetus with anencephaly
- B. Oligohydramnios
- C. Maternal hypothyroidism
- D. Bacterial vaginosis
- E. Transverse lie of the fetus

427 Exams:

Mid-Cycle:

Ob-Gyne 427 girls' team

- 1) All the following conditions result in polyhydroamnios EXCEPT :
 - A. Renal agenesis.
 - B. duodenal atresia.
 - C. Spina bifida.
 - D. Anencephaly.
 - E. Fetal hydrops

- 2) The patient is 8 weeks pregnant, which one of the following USS measurement is most useful:
 - A. Crown Rump length.
 - B. Biparietal diameter.
 - C. Femur length
 - D. Placental site
 - E. Abdominal circumference

- 3) Which of the following is the most certain method to determine that ovulation has occurred:
 - A. Basal body temperature.
 - B. Pregnancy
 - C. Increase in LH
 - D. Cervical mucus is thick
 - E. Endometrial biopsy

- 4) The genetic make up of complete hydatiform mole typically is:
 - A. 46, XX paternal only.
 - B. 46, XX maternal only
 - C. 46, XY paternal only
 - D. 46 XX, maternal and paternal.
 - E. Triploidy

- 5) First stage of labor:
 - A. End with complete dilatation of cervix.
 - B. Result in separation of placenta.
 - C. Is more than 24 hours in primigravida.
 - D. Should used ergotamine in first stage

- 6) The follicular phase of menstrual cycle is characterized by:
- A. Endometrial proliferation.
 - B. Decreased estrogen
 - C. Progesterone dominance.
 - D. Fixed length of 8 days
 - E. Reduction in aromatase activity.
- 7) The baseline Heart rate of normal fetus at term is:
- A. 80-100 bpm
 - B. 100-120 bpm
 - C. 120-160 bpm
 - D. 160-180 pbm
 - E. There is no baseline heart rate.
- 8) Which one of the following actions COCP has:
- A. Reduce risk of endometrial cancer.
 - B. Increase risk of ovarian cancer.
 - C. Reduce risk of breast cancer
 - D. Reduce risk of cervical cancer.
 - E. Worsen endometriosis
- 9) Which of the following is not a common site for endometriosis:
- A. Bone
 - B. Ovaries.
 - C. Uterosacral ligaments.
 - D. Peritoneum
 - E. Oviduct
- 10) Fetus of GDM mother has:
- A. Hypercalcemia.
 - B. Hypoglycemia
 - C. Hypobilirubinemia
 - D. Hypoinsulinemia
 - E. Anemia
- 11) The followings are considered normal symptoms of pregnancy EXCEPT:
- A. Backache due to increased lumbar lordosis.
 - B. Lower abdominal pain due to stretch of round ligaments.
 - C. Visual disturbances
 - D. Calf pain due to muscle spasm.
 - E. Increased vaginal discharge

- 12) All of the following infection causes fetal malformation except:
- A. Rubella
 - B. Syphilis
 - C. Toxoplasma
 - D. HIV
 - E. CMV
- 13) Bishop score includes all the following except:
- A. Dilation of cervix.
 - B. Position of cervix
 - C. The position of the fetus
 - D. Length of the cervix
 - E. Consistency of cervix
- 14) Partogram:
- A. Evaluate the progression of labor.
 - B. Is done before diagnosis of labor.
 - C. Is used by the patient to record the uterine contractions.
- 15) All the following is true about symptoms of fibroid EXCEPT:
- A. Irregular cycles with hypomenorrhea
 - B. Cause anemia
 - C. Heavy bleed with normal length
 - D. Dysmenorrhea
- 16) The second stage of labor:
- A. separation of placenta
 - B. effacement of cervix
 - C. expulsion of placenta
 - D. dilation of cervix
 - E. expulsion of fetus
- 17) Regrading fertilization and implantation:
- A. Fertilization occurs in inner third of the fallopian tube.
 - B. The sperm head penetrates through the corona radiata and zona pellucida while the tail remains outside.
 - C. The second meiotic division is completed before fertilization.
 - D. Implantation occurs in morula stage
 - E. The trophoblast invades the endometrium and differentiate into outer cytotrophoblast and inner cyncytiotrophoblast.

- 18) Most common cause of postmenopausal bleeding is:
- A. atrophic vaginitis
 - B. Endometrial cancer
 - C. Endometrial hyperplasia
 - D. Endometrial polyp
- 19) Most definitive treatment for preeclampsia is:
- A. IV magnesium sulphate
 - B. Diazepam.
 - C. Delivery
 - D. IV hydralazine
 - E. IV labetalol
- 20) All of these are normal changes in pregnancy EXCEPT:
- A. increase plasma volume.
 - B. Decrease RBC mass
 - C. Increase stroke volume
 - D. Increase cardiac output
- 21) Mechanism of action of IUCD, all EXCEPT:
- A. changes tube motility.
 - B. Endometrial changes
 - C. Inhibits fertilization
 - D. Inhibits implantation.
 - E. Changes cervical mucus.
- (we asked dr. Amel about it)
- 22) Absolute contraindication to OCP, all EXCEPT:
- A. smoking and over 35 years .
 - B. Family history of Breast cancer
 - C. Undiagnosed vaginal bleeding
 - D. Ischemic heart disease
 - E. DVT
- 23) Early deceleration is :
- A. Associated with unengaged head
 - B. Associated usually with brain hypoxia
 - C. Decrease in the fetal beat that peaks after uterine contraction
 - D. Indication of c-section.
 - E. Results from increased vagal tone secondary to head compression.

- 24) Physiological changes in reproductive system during pregnancy:
- A. No changes in vagina PH.
 - B. The uterus first enlarges by hyperplasia and then hypertrophy
 - C. There's no change in the cervix
 - D. Estrogen has no role in changes that occurs during pregnancy
 - E. Lower segment of the uterus will be formed in the 1st trimester.
- 25) Contraindication to induction of labor:
- A. classical c-section
 - B. Choroamniotits.
 - C. Post date
 - D. Severe PET at 36 weeks
 - E. GDM
- 26) antenatal Booking investigations include the following EXCEPT:
- A. Glucose
 - B. CBC
 - C. Hepatitis
 - D. Toxoplasma
 - E. Beta HCG
- 27) First sign of puberty:
- A. Budding of breasts.
 - B. Pubic hair
 - C. Menstruation
 - D. Growth changes
 - E. Changes in voice
- 28) Most common cause of breech presentation:
- A. Prematurity.
 - B. Advanced maternal age
 - C. Fibroid
 - D. Uterine anomalies
 - E. Polyhydraminos
- 29) antepartum hemorrhage maybe caused by all the following EXCEPT:
- A. placenta previa
 - B. cervical cancer
 - C. abruptio plcenta
 - D. ectopic pregnancy
 - E. vasa previa

30) PPH:

- A. maybe a consequence of an antepartum hemorrhage
- B. always ends with DIC
- C. the most common cause is retained placenta

31) Give anti-D treatment in:

- A. Rh-ve non-pregnant women in amniocentesis
- B. Rh+ve women with threatened abortion
- C. Rh- women with Rh- baby
- D. Rh+ women with Rh- father
- E. Rh-ve women with threatened abortion

32) All of the following are fetal complications of perinatal Toxoplasmosis infection EXCEPT:

- A. Spina bifida
- B. hepatosplenomegaly
- C. Hydrocephalus
- D. brain calcification
- E. chorioretinitis

33) Which of the cases is considered primary amenorrhea:

- A. PCO
- B. Bicornate uterus
- C. Sheehan syndrome
- D. Imperforated hymen

34) the time that spermatogonium takes to transform to spermatozoa:

- A. 52 days
- B. 62 days
- C. 72 days
- D. 82 days

35) The terminology of pelvic inflammatory diseases indicates:

- A. Infection of the vagina.
- B. Infection of Bartholin's glands
- C. Infection of Skene's glands.
- D. Infection of the urinary bladder.
- E. Endometritis and salpingo-oophoritis

36) Corpus luteum:

- A. Support the first weeks in pregnancy
- B. All the way till the end of pregnancy

- 37) which statement is correct?
- A. Lie → vertex
 - B. Position →longitudinal
 - C. Presentation → occipioanterior
 - D. The station of the baby is 0 at ischial spines
- 38) The order of cardinal movements in labor:
- A. Engagement, internal rotation, flexion
 - B. Engagement, descend, flexion, internal rotation
 - C. Descend, engagement, flexion
 - D. Internal rotation, flexion, decent, engagement.
 - E. Engagement, flexion, internal rotation.
- 39) For low risk gestational trophoblastic tumor, which drug should we use:
- A. Methotaxate
 - B. Etoposide
 - C. Actinomycin D
- 40) The luteal phase of the menstrual cycle is associated with:
- A. High luteinizing hormone level
 - B. High progesterone levels
 - C. High prolactin level
 - D. Low basal body temperature
 - E. Proliferative changes in the endometrium
- 41) Changes in the urinary tract system in pregnancy include:
- A. Increase the glomerular filtration rate (GFR).
 - B. Decrease in renal plasma flow (RPF).
 - C. Marked increase in both GFR & RPF when the patient is supine.
 - D. Increase in the amount of dead space in the urinary tract.
 - E. Increase in BUN & creatinine
- 42) The most common cause of precocious puberty is :
- A. Idiopathic.
 - B. Gonadoblastoma.
 - C. Albright syndrome.
 - D. Abnormal skull development.
 - E. Granulosa cell tumor.

- 43) All the following hormones are products of placental synthesis, EXCEPT :
- A. HCG.
 - B. HPL.
 - C. Prolactin.
 - D. Progesterone.
 - E. Estriol.
- 44) Regarding missed abortion, all of the following are CORRECT, EXCEPT:
- A. Patient may present with loss of the symptoms of pregnancy
 - B. Per vaginal bleeding may be one of the presenting symptom
 - C. Immediate evacuation should be done once the diagnosis is made.
 - D. Disseminated intra-vascular coagulation may occur as a sequela of missed abortion
 - E. Ultrasound should be done to confirm the diagnosis
- 45) Complete breech means:
- A. Flexion at hip joint and extension in knee joint
 - B. Flexion at hip joint and flexion at knee joint.
 - C. Extension at the hip joint
 - D. Flexion at knee joint and extension at the hip joint
 - E. Flexion of one leg at hip joint and extension of the other leg at the hip joint
- 46) Regarding Secondary postpartum hemorrhage:
- A. Is diagnosed when bleeding occurs 72 hours after delivery
 - B. Contra indicate breast feeding
 - C. The commonest cause is the cervical tears
 - D. Very common when the patient delivers a congenitally abnormal baby
 - E. retained placental tissue could be a cause.
- 47) Obstructed labor: Which is true?
- A. Diagnosis only when the cervix is fully dilated
 - B. Usually predicted before onset of labor
 - C. More common in developed countries
 - D. Mento-posterior position could be a cause.
 - E. X-ray pelvimetry is essential to predict cephalo-pelvic disproportion in primigravida
- 48) Which of the following is known to be the commonest presentation in twins
- A. Breech, cephalic
 - B. Cephalic, breech
 - C. Cephalic, cephalic.
 - D. Breech, breech
 - E. Cephalic, transverse

- 49) The following are factors affecting the choice of Methotrexate as a choice of treatment for ectopic pregnancy, EXCEPT:
- A. Size of the ectopic
 - B. Presence or absence of cardiac activity
 - C. Level of BHCG
 - D. Parity of the patient
 - E. Integrity of the tube
- 50) Perinatal mortality refers to:
- A. Number of stillbirths per 1,000 total births.
 - B. Number of stillbirths & neonatal deaths per 1,000 total births.
 - C. Number of stillbirths & neonatal deaths per 1,000 live births.
 - D. Number of neonatal deaths per 1,000 total births.
 - E. Number of stillbirths & neonatal deaths per 100,000 total births.
- 51) The followings are causes of Antepartum hemorrhage EXCEPT:
- A. Abruptio placenta.
 - B. Placenta brevia.
 - C. Cervical polyp.
 - D. Vasa previa.
 - E. Rh isoimmunization.
- 52) The most common reason for postdate pregnancy is:
- A. Inaccurate gestational age.
 - B. Fetal anencephaly.
 - C. Oligohydramnios.
 - D. IUGR.
 - E. Advanced maternal age.
- 53) In patients with three consecutive spontaneous abortion in the second trimester, the most useful investigation is:
- A. Chromosomal analysis
 - B. Hysterosalpingogram
 - C. Endometrial biopsy
 - D. Post coital test
 - E. Prolactin level
- 54) Gestational diabetes is associated with an increase risk of all the following, EXCEPT:
- A. Cesarean section
 - B. Shoulder dystocia
 - C. Fetal macrosomia
 - D. Intrauterine fetal death
 - E. Intrauterine growth restriction

- 55) Risk factors for pre- eclampsia include all of the following, EXCEPT:
- A. Elderly primigravida
 - B. African ethnicity
 - C. Positive family history of hypertension
 - D. Positive history of pre- eclampsia in previous pregnancies
 - E. Positive history of macrosomic baby
- 56) A syndrome seen in pre-eclampsia called HELLP syndrome is characterized by all of the following EXCEPT:
- A. Elevation of Liver enzymes.
 - B. Hemolysis.
 - C. Low platelet count.
 - D. Prolongation of the Prothrombin time.
 - E. Increase fibrinogen level
- 57) Regarding gestational diabetes mellitus (GDM):
- A. It is the most common cause of IUGR.
 - B. The best screening test is random blood sugar.
 - C. The diagnostic test is glucose tolerance test (GTT).
 - D. All patients should be treated by insulin, as diet alone is not enough.
 - E. All patients should be delivered before term to avoid complications
- 58) Diabetes in pregnancy can cause all the following congenital anomalies EXCEPT:
- A. Sacral agenesis.
 - B. Central nervous system abnormalities.
 - C. Lower limb hypoplasia.
 - D. Congenital heart disease.
 - E. Yellow teeth discoloration.
- 59) Complications of preeclampsia include all the following EXCEPT:
- A. Premature delivery.
 - B. Placenta abruption.
 - C. Renal failure.
 - D. DIC.
 - E. Polycythemia
- 60) The initial evaluation in an infertile couple should include:
- A. Ovarian biopsy.
 - B. Semen analysis.
 - C. D & C.
 - D. Laparoscopy.
 - E. Sperm penetration assay.

- 61) With regards to contraception failure, the pearl index refers to:
- A. Numbers of Pregnancies in years.
 - B. Number of pregnancies in 1 woman-year.
 - C. Number of pregnancies in 100 woman-year.
 - D. Number of pregnancies in 100 woman-years over pregnancy losses.
 - E. Number of Pregnancy losses in 100 woman-years.
- 62) Compared with a midline episiotomy , an advantage of mediolateral episiotomy :
- A. ease of repair
 - B. fewer break downs
 - C. lower blood loss
 - D. less dyspareunia
 - E. less extension of the incision
- 63) A preterm birth is defined as:
- A. before 37 completed weeks gestation
 - B. prior to the period of viability
 - C. weighing less than 1000 g
- 64) Uterus at the level of umbilicus is at:
- A. 10 weeks
 - B. 12 weeks
 - C. 16 weeks
 - D. 20 weeks
 - E. 24 weeks
- 65) One of the following is an indication of emergency lower transverse c-section :
- A. Previous lower transverse c-section
 - B. Patient with prolapsed cord and a dead fetus
 - C. Cardiac disease of the mother
 - D. Multiple gestation
 - E. Prolonged labor due to brow presentation
- 66) All of the followings are risk factors of preterm labor except :
- A. UTI
 - B. vaginal candidiasis
 - C. multiple pregnancy
 - D. polyhydraminos
 - E. placenta previa

67) All the following is needed to be functional in order to have normal menstrual cycle EXCEPT:

- A. Hypothalamus
- B. Posterior pituitary
- C. Endometrium
- D. ovary

68) All the following are true about ovarian hyperstimulation, EXCEPT:

- A. The ovaries will be very small in size have unilateral cyst
- B. Caused by ovulation induction
- C. In severe types, admission to ICU may be required
- D. Can be diagnosed clinically & by USS.
- E. Patients with PCO has increased risk

69) regarding breast milk all true except:

- A. Has less protein than cow's milk
- B. Has more lactose than cow's milk
- C. Has less calories than cow's milk
- D. Is an excellent source of iron
- E. Rich in vitamin B

70) Placenta previa can result in all the following EXCEPT:

- A. Malpresentation
- B. Painless vaginal bleeding
- C. Lower abdominal cramps

71) cervical prolapse common in:

- A. Multiparty
- B. PID
- C. Endometriosis

72) Which of the following does not cause amenorrhea:

- A. Endometriosis
- B. Anorexia nervosa
- C. asherman's syndrome
- D. Sheehan syndrome

73) abruptio placenta:

- A. Premature separation of abnormally implanted placenta.
- B. hypercoagulable state.
- C. Can result in postpartum hemorrhage

74) the fetal station at the level of ischial spine is:

- A. -2
- B. -1
- C. 0
- D. +1
- E. +2

75) endometriosis:

- A. Cause preterm menopause
- B. GnRH agonist is one of the modality of treatment

76) All the following are possible causes of menorrhagia, EXCEPT

- A. Uterine fibroid
- B. Adenomyosis
- C. Pelvic inflammatory disease
- D. Endometrial hyperplasia
- E. Combine oral contraceptive pills

77) epigastric pain in pre-eclampsia is due to:

- a. Stretching of the liver capsule

Final:

Ob-Gyne 427 girls' team

1) Regarding ovarian carcinoma, all are characteristics of malignancy on US EXCEPT:

- A. Large size
 - B. Contain solid component
 - C. Ascitis
 - D. Bilateral
 - E. Distorted capsule
- (we asked dr.Zainab about it)

2) Molar pregnancy associated with all, EXCEPT:

- A. Hyperemesis gravidarum
- B. Thyrotoxicosis
- C. Excessive uterine size
- D. Cervical dysplasia

3) Locked twin occur in:

- A. Cephalic - cephalic
- B. Breech – cephalic
- C. Cephalic – breech

- D. Breech – breech
- 4) Urge incontinence, all are true EXCEPT:
A. Can be treated surgically
B. Bladder drill can be performed
C. Needs Urodynamic testing
- 5) Urine retention occurs in all of the following EXCEPT:
A. Pelvic prolapse
B. Vesicovaginal fistula
C. Infection
- 6) Urinary Stress incontinence is:
A. The loss is of large amount of urine when intra-abdominal pressure increases.
B. The loss is of small amount of urine when intra-abdominal pressure increases.
C. Inability to control the bladder of all urine
D. Inability to pass urine
E. Constant loss of small amounts of urine
- 7) A pregnant lady has 10 live children and fetal losses in the following weeks (12, 29, 20, 18, 32).estimate her G,P,A:
G16, P12, A3
- 8) The largest fetal head diameter is:
Mentovertical diameter
- 9) A fetus with Occipito- posterior position , all are true EXCEPT:
A. Associated with prolonged labor
B. Fetal scalp electrode is contraindicated
C. Most of them rotates spontaneously to occipitoanterior
- 10) Cervical cancer:
A. Oral contraceptive reduce its incidence
B. male condoms may protect from it
- 11) the fundal height of a pregnant lady at the xiphoid process is at:
36 weeks
- 12) regarding puerperium :
A. breast feeding is contraindicated in hepatitis B s antigen positive of the mother
B. within 14 days the uterus is not an abdominal organ anymore
C. a fever within 4 days indicates mastitis

- 13) all are used as tocolytic drugs EXCEPT:
- A. Antioxytocins* (not sure)
 - B. Anticholinergics
 - C. Ca channel blockers
 - D. B agonists (Ritodrine)
 - E. Prostaglandin synthesis inhibitors
- 14) CTG, all are considered normal EXCEPT :
- A. Increased acceleration
 - B. Prolonged bradycardia is probably due to fetal sleep
- 15) In endometrial Ca, the stage when invading less than 50% of the myometrium is:
- IB
- 16) In cervical cancer, the stage when hydronephrosis develops is:
- III
- 17) In cervical cancer, the stage when invading the parametrium but not reaching the lateral walls of the pelvis is:
- IIB
- 18) Nuchal translucency is a marker of:
- A. Congenital anomalies
 - B. trisomy
- 19) A 16 years girl came to you with primary amenorrhea. She scores Tanner 1 in breast development with normal developed external genitalia. The next step is:
- A. karyotyping, FSH/LH ratio
 - B. US
- 20) All are associated with 2ndry amenorrhea EXCEPT:
- A. Sheehan syndrome
 - B. Asherman syndrome
 - C. PCO
 - D. Mullerian agenesis
- 21) Amenorrhea with failure to lactate is found in:
- Sheehan syndrome
- 22) All are fetal complications of forceps EXCEPT:
- A. Facial palsy
 - B. Sepsis*(probably this is the answer because it says fetal)
 - C. Intracranial hemorrhage

- D. Convulsions*
- 23) All are signs of placental separation EXCEPT:
A. The uterus is rigid & globular
B. The cord is elongated
C. Gush of blood
D. The uterus is soft & atonic
E. The fundus rises
- 24) The most common cause of candida infection is:
A. Sexually transmission
B. Antibiotic use
- 25) The most common cause of maternal mortality is:
A. Preclamsia
B. Uterine hemorrhage
C. Gestational diabetes
- 26) The leading cause of perinatal mortality is:
A. Congenital anomalies
B. Infections
C. immaturity
- 27) The most common cause of perinatal morbidity & mortality is:
preterm labor
- 28) Apgar score, which is true:
A. when score less than 6 in 1 min needs resuscitation
B. the first minute score is an indication of fetal outcome for the first week
- 29) The mechanism of OCP is:
inhibit gonadotrophins
- 30) A heavy painful regular period is associated with:
A. fibroids
B. PCO
- 31) Episiotomy:
A. Usually done laterally
B. For all primigravida
C. Done when fetal head is already crowned
- 32) The most common cause of Secondary amenorrhea is:
Pregnancy

- 33) The following are theories of endometriosis EXCEPT:
- A. Retrograde menstruation
 - B. Endometrial hyperplasia
 - C. Immunological factor
 - D. Coilemic metaplasia
 - E. Lymphatic spread
- 34) The treatment of endometriosis, all EXCEPT:
- A. GnRH agonists
 - B. OCP
 - C. Danazol
 - D. estrogen
- 35) Beta HCG doubling occur every:
48 hrs
- 36) all causes urinary tract infections EXCEPT:
- A. Sickle cell disease
 - B. Increased pelvic blood flow
- 37) The term Neonates :
From birth till 28 days
- 38) A pregnant lady present with a unilateral leg swelling and a suspicion of DVT, the best diagnostic method is:
- A. US Doppler* (not sure)
 - B. D- Dimer
 - C. Venography
- 39) Chronic pelvic pain is associated with all the following EXCEPT:
- A. Endometriosis
 - B. PID
 - C. Vulvar cancer
- 40) All are immediate C/S complications EXCEPT:
- A. Hemorrhage
 - B. Adhesions
 - C. Infection
- 41) All are considered vulvar lesions EXCEPT:
- A. Bartholin abscess
 - B. Nabothian cyst
 - C. Syphilis chancre

42) A patient with recurrent Chlamydia infections presents with infertility, it is mainly due to:

- A. Tubal blockage
- B. Ovarian failure

43) Testicular feminization:

- A. Karyotype is 46 XX
- B. There is virilization
- C. Present with primary amenorrhea
- D. High androgens

44) Monozygotic twins:

- A. Always monoamniotic monoamniotic
- B. Results from 2 ovums
- C. May lead to conjoined twin

45) Forceps are used in all the followings EXCEPT:

- A. Prolonged 2nd stage of labor
- B. Fetal distress in 1st stage
- C. After coming head in breech

46) Regarding vaginal birth after C/S, all true EXCEPT:

- Prior classical C/S

47) All are considered antenatal assessments EXCEPT:

- A. Non stress test
- B. Biophysical profile
- C. Apgar score

48) Hyperemesis gravidarum occur in all the following EXCEPT:

- A. Missed abortion
- B. Multiple gestation
- C. Molar pregnancy

49) Rh antibodies are given for all EXCEPT:

- A. Rh -ve with threatened abortion
- B. In an already sensitized Rh -ve mother
- C. Within 72 hrs after delivery

50) Obstetric examination , choose the correct statement:

- A. Auscultation is not important
- B. We usually report the fetal engagement by the fifth of head in relation to pelvic brim

- 51) Eclampsia is prevented by:
Mg sulphate
- 52) A 16 years old girl with a pelvic mass, all the following investigation should be done EXCEPT:
A. US
B. Hormonal profile
C. PAP smear
- 53) All are antenatal surveillance EXCEPT:
A. Biophysical profile
B. Kick chart
C. Non stress test
D. Fetal scalp sampling
- 54) Sex cord tumors of the ovary including:
A. Endometrioid
B. Teratoma
C. Granulosa cell tumor
D. Serous epithelial carcinoma
- 55) Androgen secreting tumor is:
Theca cell tumors
- 56) Endodermoid sinus secretes:
A. Alpha fetoprotein
B. Estrogen
C. CA 125
D. LDH
- 57) Screening is most effective in preventing which of the following cancers:
A. Vulva
B. Cervix
C. Endometrial
D. Ovary
E. Fallopian tube
- 58) All are risk factors for endometrial CA EXCEPT:
A. Exogenous estrogen
B. Nulliparity
C. Obesity
D. OCP

- 59) Ovarian CA, choose the correct answer:
OCP reduces its incidence
- 60) Polyhydramnios occur in all EXCEPT:
A. GDM
B. IUGR
C. Multiple pregnancy
- 61) Breech presentation is common in all EXCEPT:
A. Previous breech
B. Primigravida
C. Multiple pregnancy
D. Placenta previa
- 62) Best C/S is:
A. Classical
B. Lower uterine transverse section
C. Lower uterine longitudinal section
- 63) The most common cause of postmenopausal bleeding is:
Atrophic vaginitis
- 64) Estrogen is the treatment of:
A. Endometriosis
B. PCO
C. Atrophic vaginitis
D. Endometrial CA
- 65) In Preclampsia, all true EXCEPT:
Increase urine output
- 66) Untreated patients with cancer of the cervix usually die with :
A. Cachexia and starvation
B. Bowel obstruction
C. Renal failure
D. Multi organ failure
E. Cerebrovascular accident primigravida.
- 67) In preeclampsia, the correct statement:
Increase in plasma uric acid

428 Exams:

Mid-Cycle:

Females

These are the MCQs that came in the exam. We are not 100% sure of the answers.

HUGE Thanks to Deema Hafez.

Good luck
Hala Alrugaib

MCQs from "All about OB-GYN MCQs" Booklet:

1. **Sure sign of pregnancy is:**
 - A. Amenorrhea
 - B. Hegar's sign
 - C. Nausea and vomiting
 - D. Auscultation of fetal heart
 - E. Abdominal distension

2. **The following statement are all TRUE about vomiting in pregnancy, EXCEPT:**
 - A. May be cured by admission to hospital
 - B. Is commonest in the third trimester
 - C. Associated with multiple pregnancy
 - D. Is associated with trophoblastic disease
 - E. Is associated with urinary tract infection

3. **First trimester pregnancy may be terminated by**
 - A. Prostaglandin inhibitor
 - B. Anti-progesterone
 - C. Beta sympathomimetic agonist
 - D. Synthetic estrogen
 - E. Medroxy-progesterone

4. **The heart rate of a normal fetus at term:**
 - A. 80-100 bpm.
 - B. 100-120 bpm.
 - C. 120-160 bpm.
 - D. 160-180 bpm.

- E. There is no baseline heart rate.
5. **APGAR's score includes all the followings EXCEPT:**
- A. Skin color.
 - B. Muscle tone.
 - C. Blood pH.
 - D. Heart rate.
 - E. Respirations
6. **In cases of androgen insensitivity syndrome the following findings are true EXCEPT:**
- A. The chromosomal sex is 46 XX
 - B. Scant or no pubic or axillary hair.
 - C. No uterus.
 - D. Normal female external genitalia.
 - E. Breast are usually well developed.
7. **The normal sequence of pubertal changes in the female is:**
- A. Thelarche, Maximal growth velocity, menarche.
 - B. Maximal growth velocity, Thelarche, menarche.
 - C. Thelarche, menarche, maximal growth velocity.
 - D. Menarche, maximal growth velocity, Thelarche.
 - E. Menarche, body weight, Thelarche.
8. **An unstable lie is related to all of the following EXCEPT:**
- A. Prematurity.
 - B. Grand multiparty.
 - C. Placenta previa.
 - D. Fundal fibroid.
 - E. Cervical fibroid.
9. **What is the station where the presenting part is at the level of the ischialspines**
- A. -2 .
 - B. -1 .
 - C. 0.
 - D. +1 .
 - E. +2 .
10. **The normal cord pH is :**
- A. 6.1.
 - B. 6.2.
 - C. 7.0.
 - D. 7.1.
 - E. 7.2.

11. All the following hormones are products of placental synthesis, EXCEPT :

- A. HCG.
- B. HPL.
- C. Prolactin.
- D. Progesterone.
- E. Estriol.

12. All of these drugs can be used as tocolytic to stop labor, EXCEPT:

- A. Salbutamol ventolin
- B. Diazepam (valium)
- C. Calcium channel blocker
- D. Indomethacin non steroidal anti inflammatory drugs
- E. Ritodrine (beta agonist).

13. Transplacental infection occur with all, EXCEPT:

- A. Cytomegalovirus.
- B. Toxoplasma
- C. Rubella
- D. Syphilis
- E. Gonorrhoea

14. The following has a recognized relation with spontaneous preterm labor:

- A. Fetus with anencephaly
- B. Oligohydromnios
- C. Maternal hypothyroidism
- D. Bacterial Vaginosis
- E. Transverse lie of the fetus

15. Anti-D prophylaxis:

- A. Should be given to all sensitized Rhesus negative women after delivery
- B. Should be given to all Rhesus negative women after amniocentesis.
- C. Should be given to all Rhesus positive women who give birth to Rhesus negative babies.
- D. Should be given to all women who's babies are Rhesus negative
- E. Is contra-indicated during pregnancy if the women is Rhesus negative

16. Breech presentation: Which is true?

- A. Constitutes 10% of all term deliveries
- B. Common in post term labor
- C. Vacuum extraction can be used when cervix is fully dilated
- D. Forceps can be used for after coming head
- E. External cephalic version is best performed between 32-34 weeks gestation.

17. Causes of first trimester abortion

- A. Chromosomal abnormalities
- B. Cervical incompetence
- C. Bicornuate uterus
- D. Gestational hypertension
- E. Pre-eclampsia

18. Fetal tachycardia could result from

- A. Maternal febrile illness
- B. Maternal hypothyroidism
- C. Labetalol ingestion
- D. Post maturity
- E. Pethidine injection

19. Multiple pregnancy increases

- A. In white people more than black
- B. With advancing maternal age
- C. With Bromocriptine use for infertility treatment
- D. If first pregnancy
- E. After ovarian diathermy for polycystic ovary syndrome

20. The most common cause of uterine size-date disproportion:

- A. Fetal macrosomia
- B. Polyhydramnios
- C. Inaccurate last menstrual period date
- D. Multiple pregnancy
- E. Molar pregnancy.

21. Antepartum hemorrhage: Which is true?

- A. Is any bleeding from the genital tract during any stage of pregnancy
- B. Requires assessment by vaginal examination
- C. May be caused by cervical carcinoma
- D. Is always painless
- E. All patients should be delivered by Caesarian Section

22. A 25-year-old primigravida with 8 weeks threatened abortion, ultrasound would most likely reveal.

- A. Thickened endometrium with no gestational sac
- B. Fetal heart motion in the adnexia
- C. Empty gestational sac
- D. Collapsed gestational sac
- E. An intact gestational sac with fetal

23. The most common cause of ectopic pregnancy is:

- A. History of pelvic inflammatory disease
- B. Congenital anomalies of the tube
- C. Endometriosis
- D. Tubal surgery
- E. Previous sterilization

24. The most common etiology for spontaneous abortion of a recognized first trimester gestation:

- A. Chromosomal anomaly in 50-60% of gestations.
- B. Chromosomal anomaly in 20-30% of gestations.
- C. Maternal hypothyroidism.
- D. Maternal Diabetes.
- E. Progesterone deficiency.

25. The most common mass associated with amenorrhea in a reproductive age women is:

- A. Follicular cyst.
- B. Corpus luteal cyst.
- C. Benign cystic teratoma.
- D. Leiomyoma.
- E. Pregnancy.

26. Which of the following is contraindication for delivery using vacuum extraction?

- A. Face presentation
- B. Second twins in vertex presentation
- C. post term pregnancy
- D. Occipito transverse position
- E. Chorioamnionitis

27. The risk of postpartum uterine atony is associated with:

- A. Hypotension.
- B. Epidural anesthesia.
- C. Median episiotomy.
- D. Twin pregnancy.
- E. Labor associated with an active rate of change of 2.3 cm per hour.

28. Which of the following is an indication for induction of labor:

- A. Placenta previa.
- B. Post-term gestation.
- C. Cord presentation.
- D. Prior classical C-section.
- E. Active genital herpes.

29. In case of threatened abortion :

- A. Fetal heart is present
- B. Cervix is dilated
- C. There is a history of passing tissue per vagina.
- D. Patients needs immediate evacuation
- E. No need to give anti-D for Rhesus negative mothers

30. The most common cause of ectopic pregnancy is:

- A. History of pelvic inflammatory disease
- B. Congenital anomalies of the tube
- C. Endometriosis
- D. Tubal surgery
- E. Previous sterilization

31. Which of the followings is a contraindication to a trial of labor after cesarean delivery?

- A. Prior classical incision.
- B. Prior cesarean delivery for dystocia.
- C. Prior IUFD.
- D. Ultrasound estimation of fetal weight of 3500g.
- E. Prior cesarean delivery for breech.

32. The most common reason for postdate pregnancy is:

- A. Inaccurate gestational age.
- B. Fetal anencephaly.
- C. Oligohydramnios.
- D. IUGR.
- E. Advanced maternal age.

33. You are called to the operating room to evaluate a pelvic mass in infant girl. Laparoscopy shows a 3-cm cystic mass in the broad ligament between the fallopian tube & the Ovarian hilum. You recommend:

- A. Observation.
- B. Cyst aspiration.
- C. Cystectomy.
- D. Adenxectomy.
- E. Laparotomy.

34. Therapy in threatened abortion should include:

- A. Progesterone IM
- B. D & C
- C. Prolonged bed rest
- D. Restricted activity
- E. Prostaglandin suppositories

35. Which of the following is correct in the treatment of a case of threatened abortion :
- A. Bed rest
 - B. Oral stillbosterol
 - C. Curettage
 - D. Urgent admission to hospital
 - E. I.M Tranexamic acid
36. Which of the following neonatal morbidities is not related to forceps delivery?
- A. Fractured skull
 - B. Sepsis
 - C. Nerve palsies
 - D. Cephalohematoma
 - E. Convulsion
37. Oxytocin in the Puerperium is associated with :
- A. Involution of the uterus
 - B. Initiation of lactation
 - C. Resumption of menses
 - D. Sub-involution of the uterus
 - E. Post partum mastitis
38. Ergometrine to control post-partum hemorrhage :
- A. Is contraindicated in patient with high blood pressure
 - B. It will not act on the smooth muscle of the blood vessels
 - C. Intravenous route is the only way to be given
 - D. It can be used for induction of labor
 - E. Is safe in cardiac patient
39. Inhibition of prostaglandin synthesis are not generally used for tocolysis because they:
- A. Are effective
 - B. Produce marked hypertension
 - C. May cause premature closure of the fetal ductus arteriosus
 - D. Are too expensive
 - E. Are associated with lactic acidosis
40. Which of the following is the most likely causes of a fever in a women on the second day postpartum:
- A. Pneumonia
 - B. Endometritis.
 - C. Mastitis
 - D. Cholecystitis
 - E. Thrombophlebitis

41. A 25 primigravida with 8 weeks threatened abortion. The US would most likely reveal :

- A. Thickened endometrium with no gestational sac.
- B. Fetal heart motion in the adnexia.
- C. Empty gestational sac.
- D. An intact gestational sac with fetal heart motion.
- E. Collapsed gestational sac.

42. Regarding Submucous uterine fibroids all of the following are correct EXCEPT:

- A. May become polypoidal.
- B. Can become infected.
- C. Frequently cause infertility.
- D. Often present with menorrhagia.
- E. Can be removed hysteroscopically.

43. In cases with premature rupture of membranes, all the following are acceptable in the conservative management

- A. Frequent vaginal examination to assess cervical dilatation
- B. serial complete blood count to diagnose rising of WBC
- C. Close monitoring of maternal vital signs
- D. Ultrasound to assess fetal weight and amount of liquor
- E. Monitoring of the fetus by doing cardiotocogram

44. Which of the following causes of polyhydramnios is more common:

- A. Twin pregnancy.
- B. Diabetes.
- C. Hydrops fetalis.
- D. Anencephaly.
- E. Idiopathic.

45. Disseminated intravascular coagulation has a recognized association with:

- A. IUFD
- B. Multiple pregnancy
- C. Iron deficiency
- D. Diabetic mother
- E. Prolonged bed rest

46. Gestational diabetes is associated with an increase risk of all the following, EXCEPT:

- A. Cesarean section
- B. Shoulder dystocia
- C. Fetal macrosomia
- D. Intrauterine fetal death

- E. Intrauterine growth restriction

47. In eclampsia: Which is true?

- A. Caesarean section must be carried out in all cases
- B. Hypotensive drugs should not be used
- C. Urinary output is increased
- D. Antidiuretic drugs are essential in all cases
- E. Ergometrine should be avoided in the third stage of labor

48. The most important reason to give antihypertensive drug for hypertension in pregnancy is to decrease the:

- A. Incidence of IUGR
- B. Incidence of oligohydraminos
- C. Incidence of fetal death
- D. Incidence of placental abruption
- E. Risk of maternal complications such as stroke

49. Early clinical evidence of magnesium sulfate toxicity would show:

- A. Flushing
- B. Diplopia
- C. Decreased oxygen saturation
- D. Loss of deep tendon reflexes
- E. Headache

50. Side effects of β sympathomimetics include all of the following, EXCEPT:

- A. Tachycardia
- B. Pulmonary oedema
- C. Headache
- D. Premature closure of ductus arteriosus
- E. Palpitation

51. GDM is associated with an increased risk of all the following EXCEPT:

- A. C-section.
- B. Shoulder dystocia.
- C. Fetal Macrosomia.
- D. IUFD.
- E. IUGR.

52. Sickle cell:

- A. Diseases presents in a heterotype (SA).
- B. Increases the risk of urinary tract infections.

53. Urge incontinence

- A. Is due to pelvic anatomic defect.

- B. Patient loses small amount of urine.
- C. Can be diagnosed with stress test.
- D. Can be treated medically.
- E. Can be treated surgically with sling

54. After menopause: Which is true?

- A. There is increase in vaginal acidity
- B. Gonadotropins secretion falls.
- C. Recurrent vaginal bleeding should be investigated by endometrial biopsy.
- D. Malignancy is the leading cause of post menopausal bleeding.
- E. Bone mineral density increases.

55. Postulated mechanism of the IUCD include all of the following action EXCEPT:

- A. Altered tubal motility
- B. Altered endometrium
- C. Altered cervical mucus
- D. Copper has spermicidal effect
- E. inhibition of implantation

56. Which of the following factors predispose to genital prolapse:

- A. Repeated LSCS
- B. Multiparty
- C. Pelvic inflammatory disease
- D. Endometriosis
- E. Repeated Candidiasis

57. Which of the following anesthetic technique will produce the greatest uterine relaxation?

- A. Spinal block.
- B. Caudal.
- C. Nitrous oxide.
- D. Halothane.
- E. Paracervical.

58. Regarding injectable progesterone contraception, all of the following is true, EXCEPT:

- A. Medroxyprogesterone acetate is the most commonly used
- B. May cause irregular uterine bleeding
- C. May cause amenorrhea.
- D. Should not be given to lactating mother.
- E. Does not carry a risk of venous thrombosis.

59. After menopause

- A. There is increase vaginal acidity.

- B. Gonadotropins level falls.
- C. There is increase in bone density.
- D. The size of an existing fibroid increases.
- E. Any post menopausal bleeding should be investigated by endometrial sampling.

60. Menorrhagia is:

- A. Intermittent irregular vaginal bleeding
- B. Commonly presents as postmenopausal bleeding
- C. Heavy menstrual cycle more than 80 ml
- D. Infrequent spaced cycles every 45 days
- E. The main presentation in case of Asherman Syndrome

61. All the followings can be transmitted sexually EXCEPT:

- A. HIV.
- B. Chlamydia.
- C. Gonorrhea.
- D. Vaginal Candidiasis.

62. Contraindication of OCP, EXCEPT:

- A. IHD
- B. Previous DVT
- C. Previous CVA
- D. Family Hx of Breast Carcinoma.
- E. 35 Y, smokes >15 cigarette per day.

63. Feature characteristically associated with imperforated hymen in a 16 yearold girl include :

- A. Acute retention of the urine
- B. Absence of secondary sexual characteristics.
- C. Hirsutism.
- D. Short stature.
- E. Present with secondary amenorrhea.

64. The test used to diagnose ovulation on day 21 in a 28 days menstrual cycle is:

- A. Estrogen.
- B. FSH.
- C. Progesterone.
- D. LH.
- E. Prolactin.

65. A contraceptive method that prevent transmission of STD is:

- A. Condom.
- B. OCP.

- C. IUCD.
- D. Spermicide.

66. Postulated mechanism of action of IUD includes all the following, EXCEPT :

- A. Alter the cervical mucous.
- B. Alter the endometrium.
- C. Inhibits fertilization.
- D. Alter the tubal motility.
- E. Inhibition of implantation.

67. Which of the following is an absolute contraindication to the use of COCP?

- A. Varicose veins.
- B. DM.
- C. Seizure disorders.
- D. Recent history of deep venous thrombosis.
- E. Mild essential hypertension.

68. A 38 year old woman is seen for the evaluation of a swelling in her right vulva. She has also noted pain in this area when walking and during coitus. On examination a mildly tender fluctuant mass was noticed just outside the introits in the right vulva. What the most likely diagnosis ?

- A. Bartholin's abscess.
- B. Lymphogranuloma venerum.
- C. Chancroid.
- D. Vulva carcinoma.
- E. Herpes infection.

69. What is the association of ovulation induction for fertility and multiple births ?

- A. Decreases the incidence multiple pregnancy.
- B. Increases the incidence multiple pregnancy.
- C. Increases the incidence of only dizygotic twins.
- D. Doesn't affect the incidence of twins.

MCQs from Deema:

**70. case about pregnant lady came with brupto placenta + fetal death
induction of labor**

**71. case of 37 week pregnant woman came with severe bleeding + ultrasound showed
no placenta previa
c - section**

**72. all these infection came with abnormality to the fetus except :
HIV**

73. organogenesis complete in week :

I don't know

74. about fetal circulation :

the highest oxygenation blood goes to the upper part & brain

75. the nerve that doesn't innervate the vulva:

I'm not sure but i choose the nerve in the thigh - the other option was heamorroidal

76. predispose factor for uterine prolapse:

obesity

77. dysfunctional uterine bleeding which one is correct:

extreme age are the most affected

78. complete molar pregnancy:

46 xx paternal source only

79. hystosalpingogram:

I'm not sure I choose that it's measure the functional lf the tube but when I asked the doctor about it he said it just shows the anatomy not the function so I guess the answer is it used to diagnose the uterine adhesion

80. In the development of the embryo the true is:

spiral artery are found in the endometrium

81. about the physiology of pregnancy:

decrease urea in the serum

82. all of the following comes with separation of the placenta except:

fundus still high

83. we induce labor in:

post date pregnancy

84. amniotic volume:

could be predictable by ultrasound

85. Monozygotic pregnancy:

can be conjoined

- 86. fibroid:**
can associates with malpresentation
- 87. fibroid:**
most of the patient only conservative management
- 88. gestational trophoblastic come with all except:**
cervical dysplasia
- 89. about head engagement:**
I'm not sure I choose that it's happen in multigravida faster than the primagravida
- 90. 30 week pregnant woman with breech presentation. How to manage?**
ignore her
- 91. progesteron injection all correct except:**
we don't give it to woman who is lactating
- 92. drug that alter the OCP mechanism:**
anticonvulsant
- 93. absolute indication for c- section:**
previous classical c-section
- 94. primary amenorrhea:**
mullerian agenesis
- 95. androgen insensitivity:**
breast well developed
- 96. all can be complication in using the forceps except:**
sepsis
- 97. hypothalamic releasing hormone:**
I don't know choose that it's a glycoprotein
- 98. nonimmuno hydrops include all the following except:**
I don't remember
- 99. low dose of heparin to a lady who is going to major surgery:**
I don't remember also

Final:

Collected by: Areej Almweisheer, Lu'lu'ah Al bakr, Rowayda Mishiddi, Deemah Al-Ateeq, Deema Hafez, Alhanouf Alsughier, Batol Alshahrani and Hala Alrugaib

1. **Early deceleration:**
 - A. Associated with unengaged head of the fetus
 - B. associated usually with brain asphyxia
 - C. a decrease in fetal heart beat that peaks after peak of uterine contraction
 - D. indication of C- section
 - E. **result from increased vagal tone secondary to head compression**

2. **Climacteric symptoms all accept:**
 - A. **Flashes go away after 1 month**

3. **Postmenopausal changes include all except:**
 - A. **Increase vaginal acidity**
 - B. vaginal dystrophy
 - C. night sweats
 - D. Mood disturbance.

4. **Most cause of maternal mortality in KSA is:**
 - A. Thromboembolism.
 - B. **uterine hemorrhage.**
 - C. Septic.
 - D. Cardiac disease.

5. **OCPs are absolute contraindication in which of the following :**
 - A. **recurrent thromboembolis**
 - B. migrane headache
 - C. hypertension

6. **dermoid cyst :**
 - A. **a germ cell tumor**
 - B. are 20% malignant

7. **all are epithelial cell tumor except :**
 - A. **granulose cell tumor**
 - B. endometiod tumor
 - C. Serous tumor
 - D. clear cell tumor
 - E. muscinous tumor

8. **Candidacies is associated with:**
 - A. **DM**

9. **Poor prognosis of gestational trophoblastic neoplasms is :**
- A. less than 35 y/O
 - B. no previous chemotherapy
 - C. **previous term pregnancy**
 - D. short interval after pregnancy
10. **Heavy, painful, regular cycles are with:**
- A. **adenomyosis**
 - B. dysfunctional uterine bleeding
 - C. PCO.
11. **endometriosis all true except :**
- A. often asymptomatic
 - B. have a vaginal discharge
 - C. Is associated with infertility
12. **Which is a gonadotropin :**
- A. **FSH**
 - B. estrogen
 - C. oxytocin
 - D. progesterone
 - E. Estradiol
13. **26 y/o women complaining of amenorrhoea and increased FSH and LH , what is the most probable diagnosis?**
- A. **Premature ovarian Failure**
 - B. Sheehan syndrome
 - C. Asherman syndrome
 - D. Imperforated hymen
 - E. Pituitary adenoma
14. **A 16 years old girl with a pelvic mass, all the following investigation should be done EXCEPT: *not sure of the History***
- A. US
 - B. Hormonal profile
 - C. **PAP smear**
 - D. MRI
15. **Induction of ovulation could cause :**
- A. **hyperstimulation ov. Syndrome**
16. **Regarding puerperium:**
- A. fever and engorged of breasts in second day after delivery
 - B. post partum depression is 50%
 - C. **uterine fundus should not be palpable abdominally in 14 w PP**

17. All are skin changes in pregnancy except:
- A. hyperpigmentation
 - B. linea nigra
 - C. spider vavi
 - D. eruption in pregnancy
18. Asymmetris IUGR are correct except :
- A. Smaller abdomen
 - B. Always end by c-section
19. Obstructive labor :
- A. May be caused by malpresentation of baby
 - B. X – primetry is necessary in primagravida
20. All causes large uterus except :
- A. polyhydramnios
 - B. Fibroid
 - C. Transverse lei of the baby
 - D. Multiple pregnancy
21. The second stage of labor:
- A. Separation of the placenta.
 - B. Effacement of the cervix.
 - C. Expulsion of the placenta.
 - D. Dilation of the cervix.
 - E. End by delivery of the baby
22. It is not given a trial for labor after a c-section of:
- A. Classical incision
23. What is true about turner syndrome:
- A. streak ovaries
 - B. phenotypically male
24. Causes of Ammenorrhea, except:
- A. Sikle cell triat
25. fallopian tube are:
- A. Have an isthmus which is located distaly.
 - B. derived from mullarian duct
 - C. Is lined by squemaous epitheliem.
26. All happens in preeclampsia except :
- A. seizures

27. Happens in pregnancy:
- A. decrease iodine
 - B. decrease globulin
 - C. Increase free T3
 - D. Increase free T4
28. We usually do c – section rather than expectant management in premature rupture in:
- A. No chorioamnionitis
 - B. **placenta abruption**
 - C. If the patient was 35 weeks
29. All are true about pyelonephritis except:
- A. **We always treat by delivery**
 - B. Usually is preceded by asymptomatic bacteriuria
 - C. May need hospitalization and IV antibiotics
30. Cervical cancer – extend to parametrium but not the pelvic wall, which stage is it?
- A. **IIB**
31. Molar pregnancy → evacuation???
32. All are involved in menstruation except:
- A. hypothalamus
 - B. Ovaries
 - C. Endometrium
 - D. **Posterior pituitary**
33. Women who had Chlamydia infection 3 years back is now complaining of infertility, which is the most likely cause?
- A. **Tubal factor**
 - B. Anovulation
34. Anovulation in all except:
- A. obesity
 - B. **PCO**
35. Urinary retention in all except:
- A. uterovaginal fistula
 - B. after surgery to fix urine incontinence
36. Which is true about eclampsia:
- A. Ergometrine is used in 3rd stage of labor
 - B. **always do a c- section**
37. A woman having seizures you do US to see all except:
- A. **Fetal heart tone**

B. Fetal growth

- 38. What is the medication used in eclampsia**
A. MgSO₄
- 39. In insulin dependent diabetes mellitus:**
A. IUGR
- 40. Diagnostic test of GDM is:**
A. Glucose tolerance test
- 41. Alpha-fetoprotein is increased in all except:**
A. trisomy
B. IUFD
C. Multiple pregnancy
D. neural tube defect and duodenal atresia
- 42. Increase in hCG in :**
A. Multiple pregnancy
B. Ectopic pregnancy
- 43. Grand multiparity is a risk of all of the following except:**
A. Uterine rupture
B. Preeclampsia
C. DM
D. PPH
- 44. Regarding anemia:**
A. The most common cause is iron deficiency anemia
- 45. A woman is pregnant now, she had lost 3 fetuses in (2 at age 32 and one at age of 18 weeks of gestation):**
A. G4 P2+1
B. G4 P3+0
C. G4 P0+3
D. P2+1
E. P1+2
- 46. Infertility:**
A. You give rubella before starting the treatment
B. 5% of couples
C. Female factor is the main cause of 2ry infertility
- 47. Hyperplasia of the endometrium comes with which type of tumor:**
A. Granulosa cell tumor

48. IUGR may be caused by all except :
- A. obesity
49. Methotrexate Treatment in ectopic is contraindicated if:
- A. β -hCG < 1500
 - B. No fetal heart.
 - C. Hemoperitonium
 - D. Gestational sac < 3 cm
50. 2nd trimester hyperemesis is caused by all except:
- A. Ectopic pregnancy
 - B. Gastritis
 - C. cholecystitis
51. All are chromosomal abnormalities except:
- A. Congenital adrenal hyperplasia
52. Which is the pathophysiology in PET:
- A. Increase uric acid
53. HELLP Syndrome includes all the followings EXCEPT:
- A. Increased LDH
 - B. Increased AST.
 - C. Increased platelets.
 - D. Increased ALT.
54. All causes PPH except:
- A. IUGR
 - B. Multiple pregnancy
55. Which occurs in breech presentation when vaginal Delivery:
- A. Cord avulsion
 - B. head compartment
56. Complications of D&C:
- A. Asherman syndrome
57. The largest diameter in fetal head is:
- A. mentovertical
58. Postpartum women with PPH and can not lactate her baby:
- A. Sheehan syndrome
59. Feature of Preterm all except:
- A. hyperthermic

60. In prenatal infection:

- A. Rubella can be prevented by administration of rubella vaccine during pregnancy.
- B. Toxoplasma is a virus.
- C. **HIV virus infects the baby more readily when delivered vaginally than cesarean section.**
- D. CMV causes macrosomic babies.
- E. In HIV patients, breastfeeding is encouraged.

61. Which is right regarding procedures?

- A. **Colposcopy – T zone**

62. Most common cause of PM bleeding is:

- A. **Atrophic vaginitis**

63. When auscultating a pregnant women all could be heard except :

- A. 3rd heart sound
- B. systolic murmur
- C. diastolic murmur

64. With regards to contraception failure, the pearl index refers to:

- A. Numbers of Pregnancies in years.
- B. Number of pregnancies in 1 woman-year.
- C. **Number of pregnancies in 100 woman-year.**
- D. Number of pregnancies in 100 woman-years over pregnancy losses.
- E. Number of Pregnancy losses in 100 woman-years.

65. In hydrops all except:

- A. **polycythemia**
- B. edema
- C. asitis

66. Anti – D is given to all except:

- A. External cephalic version
- B. Threatened abortion
- C. **Already sensitized mom**
- D. Within 72 hours after delivery.

67. Kleihauer-Betke test is done for:

- A. **fetal blood in maternal blood**

68. A pregnant lady already sensitized, you took an amniotic sample to see :

- A. AB
- B. Kleihauer-Betke test
- C. triple test
- D. spectrophotometer

69. All in urge incontinence except:
A. With stress on exercise
70. A women complaining of sudden desire to go to the bathroom and can't stop it:
A. Urge incontinence
71. The diagnostic test in ectopic is:
A. US?
72. A 25-year-old primigravida with 8 weeks threatened abortion, ultrasound would most likely reveal.
A. Thickened endometrium with no gestational sac
B. Feral heart motion in the adnexia
C. Empty gestational sac
D. Collapsed gestational sac
E. An intact gestational sac with fetal
73. Regarding missed abortion, all of the following are CORRECT, EXCEPT:
A. Patient may present with loss of the symptoms of pregnancy
B. Per vaginal bleeding may be one of the presenting symptom
C. Immediate evacuation should be done once the diagnosis is made
D. Disseminated intra-vascular coagulation may occur as a sequele of missed abortion
E. Ultrasound should be done to confirm the diagnosis
74. Cervical incompetence:
A. Could happen from cone biopsy
75. All are features of malignant ovaries except:
A. Uniloclar
B. ascites
C. bilateral
D. solid content
E. capsule integrity is disrupted with projections
76. Screening is most effective in preventing which of the following cancers:
A. Vulva.
B. Cervix.
C. Endometrial.
D. Ovary.
E. Fallopian tube.
77. Occipito posterior presentation
78. Forceps complication all except

79. Chronic pelvic pain except:

- A. Endometriosis
- B. Bartholine cyst
- C. PID
- D. Adhesions

80. The following are possible causes of Polyhydramnios, EXCEPT:

- A. Diabetes
- B. Multiple pregnancy
- C. Fetus with hydrops fetalis
- D. Fetus with duodenal atresia or neural tube defect
- E. IUGR

81. Fetal tachycardia could result from

- A. Maternal febrile illness
- B. Maternal hypothyroidism
- C. Labetaiol ingestion
- D. Post maturity
- E. Pethidine injection

82. OCP side effects:

- A. GIT disturbance

بالتوفيق إن شاء الله

أختكم..

هلا الرقيب

Hala.alrugaib@hotmail.com