

**МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ
КЫРГЫЗСКОЙ РЕСПУБЛИКИ
ОШСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ
МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ ФАКУЛЬТЕТ**

Кафедра клинические дисциплины 2

«РАССМОТРЕНО»
на заседании кафедры
Прот. № 1 от «29» 08 2023 г.
Зав.каф. к.м.н., доцент
Бугубаева М.М.

«УТВЕРЖДЕНО»
Председатель УМС ММФ, доцент
Базиева А.М.
«10» 09 2023г.

ФОНД ТЕСТОВЫХ ЗАДАНИЙ
для итогового контроля по дисциплине
Practice « Assistant of a hospital doctor »

На 2023-2024 учебный год
Направление: 560001- лечебное дело (GM)
Курс - 4, семестр - 8

Наименование дисциплины	Отчетность					
	Всего	Аудиторные занятия			СРС	Экз.
		Ауд. зан.	Лекции	Практические занятия		
VIII-семестр	90 (3 кр)					

Составители:

1. ФИО <u>Истамов К.Т.</u>	подпись	<u>[Подпись]</u>
2. ФИО <u>Муратов М.К.</u>	подпись	<u>[Подпись]</u>
3. ФИО <u>Джусупова Р.А.</u>	подпись	<u>[Подпись]</u>
4. ФИО <u>Осмонова Т.М.</u>	подпись	<u>[Подпись]</u>
5. ФИО <u>Айгелдинова Т.</u>	подпись	<u>[Подпись]</u>

Эксперт-тестолог Бугубаева М. подпись

[Подпись]

г. Ош, 2023 г.

1. Chronic lymphedema is not characterized with:
 1. When pressing a finger pitting is not formed
 2. Tight "meaty" tissue swelling
 3. The reduction of edema in creating the vertical position of the affected part of the body
 4. Pigment and trophic skin changes
 5. subcutaneous tissue fibrosis
2. pyleo phlebitis –this is a thrombophlebitis:
 1. splenic vein
 2. Lower mesenteric vein
 3. appendicular vein from mesentary
 4. The portal vein
 5. Hepatic vein
3. In what period of time develops stomach and duodenal ulcer ?
 1. summer
 2. winter
 3. The autumn and spring
 4. night
 5. daytime
4. The anterior mediastinum is a favorite place of localization:
 1. enterogenous cyst of the mediastinum
 2. bronchogenic cysts of the mediastinum
 3. celomic pericardium
 4. megacaryoblastoma mediastinum
 5. Thymoma
5. The barium enema in inflammatory of the colon wall usually reveals:
 1. for bowls Kloybera
 2. Change the intestinal mucosa relief
 3. similarly Diverticul protrusion
 4. Segmental spasm
 5. total obturation of clear
6. When fresh injuries of the duodenum shows:
 1. Closure of wounds, duodenal intubation
 2. Resection of 2/3 of the stomach
 3. gastro entero anastomosis
 4. Closure of wounds duodenum and cholecystectomy
 5. Gastro duodenum anastomosis by Finney
7. Continuing the hemorrhage is determined by test :
 1. by Kerr
 2. by Abrikosov
 3. by Petrov
 4. by Voskresno
8. Nongonococcal urethritis is caused by:
 - a) Chlamidia
 - b) LGV
 - c) Syphilis
 - d) Gardnerella vaginalis

9. Tell about trichomonas vaginalis except:
- Flagelated parasite
 - Curdy white discharge
 - Pruritis
 - Sexually transmitted disease
10. During laparoscopy, the preferred site for obtaining cultures in a patient with acute PID is
- Endocervix
 - Endometrium
 - Pouch of Douglas
 - Fallopian tubes
11. Tell drug of choice for Chlamidia in pregnancy:
- Doxycycline
 - Tetracycline
 - Erythromycin
 - Penicillin
12. Salpingitis is best confirmed by:
- Hysteroscopy and laparoscopy
 - X-ray
 - Hysterosalpingography
 - Sonosalpingography
13. The most sensitive method for detecting cervical chlamidia trachomatis infection is:
- Direct fluorescent antibody test
 - Enzyme immunoassay
 - Polymerase chain reaction
 - Culture on irradiated McConkey cells
14. Best fetal parameter to find POG in 3rd trimester
- BPD
 - FL
 - AC
 - None
15. Hegar sign is seen at
- 8 weeks
 - 12 weeks
 - 16 weeks
 - None
16. Maximum teratogenic effect is seen at
- 1st 2 weeks after fertilization
 - 3rd -8 weeks after fertilization
 - 8-12 weeks after fertilization
 - All are same
17. Congenital anomaly scan is done at
- 16-20 weeks
 - 8-10 weeks
 - 22-28 weeks
 - None
18. Definitive sign of pregnancy
- FHR

- b) Ballotment
 - c) Enlarged uterus
 - d) Uterine suffle
19. All are used as tocolytic agents except (AI PG 2008)
- a. Salbutamol
 - b. Ritodrine
 - c. Isoxsuprine
 - d. Misoprostol
 - e. Graves' effect
20. In hysterosalpingography, fallopian tubes are seen beaded in appearance with clubbing of fimbrial end and ampulla. Most likely cause is:
- a) Tuberculosis
 - b) Candidiasis
 - c) Chlamidia
 - d) Conococcus
21. A lady approaches a physician for contraceptive advice. On examination, there were two symmetrical ulcers on vulva, which were well defined with firm base. Which of the following is the most likely cause
- a) Chancre
 - b) Syphilis
 - c) Herpes
 - d) Malignancy
22. A 25- year-old female with history of multiple contacts presenting with growth of vulva, the probable diagnosis is:
- a) Condyloma accuminata
 - b) Verucca plana
 - c) Verruca vulgaris
 - d) Condyloma lata
23. The most sensitive method for detecting cervical chlamidia trachomatis infection is:
- e) Direct fluorescent antibody test
 - f) Enzyme immunoassay
 - g) Polymerase chain reaction
 - h) Culture on irradiated McConkey cells
24. Tell true about bacterial vaginosis except:
- a) Itching
 - b) Gray discharge
 - c) Clue cells found
 - d) Fishy odor discharge
 - e) Caused by Gardnerella vaginalis
25. The most common cause of tubal block is:
- a) Gonorrhoea infection
 - b) Chlamadia
 - c) Tuberculosis
 - d) Herpes
26. A 25-year-old man with a history of a duodenal ulcer is noted to have a hemoglobin level of 10 g/dL. He does not report any visible GI blood loss. Which of the following most likely will be seen on laboratory investigation?
- A. Reticulocyte count of 4%
 - B. Elevated total iron-binding capacity

C. Normal serum ferritin

D. Mean corpuscular volume of 105 fL.

27. A 22-year-old woman is pregnant and at 14-week gestation. Her hemoglobin level is 9 g/dL. She asks why she could have iron deficiency when she is no longer menstruating. Which of the following is the best explanation?

A. Occult gastrointestinal blood loss

B. Expanded blood volume and transport to the fetus

C. Hemolysis

D. Iron losses as a result of relative alkalosis of pregnancy

28. A 35-year-old man has undertaken a strict fad diet for 3 months. He previously had been healthy but now complains of fatigue. His hemoglobin level is 10 g/dL, and his MCV is 105 fL. Which of the following is the most likely etiology of his anemia?

A. Iron deficiency

B. Folate deficiency

C. Vitamin B12 deficiency

D. Thalassemia E. Sideroblastic anemia

29. 45-year-old lady diagnosed to have anemia. Hb - 7.8, MCV - 72 and Serum ferritin - 8. After 1 month of iron

therapy with adequate dose, Hb is still 8. Most probable cause for treatment failure is. (JIPMER 2014)

a. Non-compliance

b. Acquired sideroblastic anemia

c. Inadequate intake of iron

d. Folate deficiencies

30. Earliest change in Iron deficiency anaemia is:

a. Erythroid hyperplasia

b. Subjective feeling of the body and increased appetite

c. Lymphoid erythroplasia

d. Reticulocytosis

31. All of the following are causes of iron deficiency anemia, except:

a. Chronic renal failure

b. Celiac Sprue

c. Hookworms

d. Carcinoma

colon

32. Which of the following is true about oral therapy for iron deficiency anemia:

a. In 300 mg elemental iron given 100 mg get absorbed

b. Reticulocytosis appears in 1 to 2 weeks and then peaks in 3-4 weeks

c. Hemoglobin levels are usually corrected in six months of initiating therapy

d. Decrease in absorption with improvement of symptoms

e. Stop the Rx after normalizing the Hb

33. Iron requirement is determined from the equation:

a. $2.3 \times \text{wt (kg)} \times \text{Hb deficit (g/dl)} + 500$

b. $3.3 \times \text{wt. (kg)} \times \text{Hb deficit (g/dl)} + 1000$

c. $4 \times \text{wt. (kg)} \times \text{Hb deficit (g/dl)} + 1000$; gr*

d. $4.3 \times \text{wt. (kg)} \times \text{Hb deficit (g/dl)} + 1500$

34. Plasma ferritin levels may be reduced in all of the following conditions, except:

- a. Iron deficiency
- b. Vitamin C deficiency
- c. Liver disease
- d. Hypothyroidism

35. All the following are suggestive of iron-deficiency anemia except:

- a. Koilonychia
- b. Pica
- c. Decreased serum ferritin
- d. Decreased total iron-binding capacity (TiBC)

36. A patient with microcytic hypochromic anemia, Hb-9%, serum iron is 20 g/dl, ferritin level 800 ng/ml, transferrin percentage saturation is 64. What is possible diagnosis:

- a. Atransferrinemia
- b. Iron deficiency anemia
- c. DMT1 mutation
- d. Hemochromatosis

37. Which of the following types of anemia is associated with a Raised MCV and Normal MCHC?

- a. Sideroblastic anemia
- b. Vitamin B12 and Folic acid deficiency
- c. Beta thalassemia
- d. Iron deficiency anemia

38. beginning process of ulceration associated with:

- 1) with reverse diffusion of hydrogen ion
- 2) with decompensation antral acid neutralization function
- 3) with contravention of the acid neutraliz -function of duodenal ulcer
- 4) the mechanisms contravention of the balance between protection and aggression factors of gastro duodenal
- 5) with decreased pancreatic secretory function

39. The emergence of anal fissure contribute:

1. Long-term constipation
2. Hemorrhoid
3. Acute paraproctitis and proctitis
4. Injury of rectum and anal canal
5. correct 1 and 4

40. Symptom "drum daddies" and "time windows":

1. the characteristic only for bronchiectasis
2. It can be observed in other suppurative lung disease and pleural
3. A more typical for heart disease
4. Characteristic for actinomycosis
5. Characteristic for tuberculosis

41. The main reason is reflux esophagitis appear:

1. Lack of cardiac sphincter
2. Alcohol
3. hernia of esophageal port of diaphragm
4. Peptic ulcer and 12 duodenal ulcer
5. hot food

42. The clinical picture is characterized by rectal fistula:

1. fear from bathroom (stool)
2. hemorrhage during defecation
3. recurrence paraproctitis with liberation pus from fistula
4. liberation of mucus during defecation

43. In acute ischioanal paraproctitis shows:

1. Puncture of an abscess and antibiotics
2. autopsy of abscess through the clear of the intestine
3. autopsy of the abscess through the perineum crossing coccyx-rectal ligament
4. autopsy , drainage of abscess, excision of the crypt in the anal canal
5. Puncture and drainage of the abscess cavity for introduction of washing

44. Among of the complications associated with the production of pleural puncture and introduction of antibiotics, to the instantaneous death can result:

1. Intra pleural hemorrhage
2. Air cerebral embolism
3. Anaphylaxis
4. Pleural pulmonal shock
5. correct 2 and 3

45. An anal fissure is established:

1. Examine the anal region
2. The digital examination of the rectum
3. rectoroscopy
4. irrigoscopy
5. colonoscopy

46. Once the diagnosis of acute purulent mediastenitis a primarily needed:

1. Massive antibiotic therapy
2. Immunotherapy
3. Detoxification Therapy
4. Surgery
- 5.hemo transfusion

47. Diverticulosis usually localized:

1. In esophagus
2. In stomach
3. In duodenum
4. In ileum
- 5.in colon

48. Lymph deflux from Sigma via the lymph nodes:

- 1.upper mesenteric
- 2.inferior mesenteric
- 3.Paraaortic
- 4.None of the following groups
5. all of these lymph nodes

49. Durig intestinal obstructive on the basis of the sigmoid colon cancer in 80 years shows:

- 1 left sided hemicolectomy with overlying trasnverstoma.
- 2.overlying transverzsetoma.
- 3.By pass of transveso sigmoid anastomosis.
- 4.Resection of sigmoid with end-to-end anastomosis.
- 5.Size of operation depends on the state of the patient and the abdominal cavity

50. what feature of the clinical manifestations of cancer recto-sigmoid rectum?

1. intestinal obturation
2. haemorrhage
3. Tenesmus
4. loose weight
5. pain during defecation

51. during gangrene affecting one of the lobes of the lung is recommended:

- 1) daily sanitation of the bronchial tree through a bronchoscope
- 2) introduction of antibiotics into the pulmonary artery
- 3) lobectomy
- 4) intensive therapy with endobronchial introduction of antibiotics
- 5) all above are right

52. Metastasis shnipsler localized:

- 1) in liver
- 2) in recto-vesical fold
- 3) in the ovaries
- 4) between the stem of the sternocleidomastoid muscle
- 5) in the navel

53. most common histological form ampullar colorectal cancer is:

- 1) undifferentiated
- 2) squamous
- 3) mucosal
- 4) adenocarcinoma
- 5) solid

54. approach of the Appendectomy is :

1. by Kocher
2. According to Fedorov
3. by Volkovich-Dyakonovu
4. Mayo
5. all above are none correct

55. which symptom is characteristic of acute cholecystitis

1. Resurrection symptom (voskresensc)
2. Ortner- symptom
3. symptom Bartome-Michelson
4. Kerte symptom
5. Obukhov - symptom

56. Acute cholecystitis differentiate with the following diseases, except :

1. a perforated ulcer of the stomach and duodenum
2. acute pancreatitis
3. right-side of pleuropneumonia
4. with acute appendicitis
5. all are above

57. during umbilical hernia techniques used .

1. Plastic by Kukuzjanov
2. Plastic by Mayo
3. plastic by Bassin
4. Plastic by Gu
5. None of them

58. Diverticulosis is usually localized:

1. in the esophagus

2. stomach
3. duodenum
4. ileum
5. colon

59. Treatment of boils (fruncle) comprises:

1. Antibiotics
2. All of the mentioned answers
3. Processing 70% spirit
4. Opening the boil
5. physiotherapy

60. When illness Badza Chiari evolve:

1. Over the hepatic form of portal hypertension
2. Hepatic form of portal hypertension
3. The mixed form of portal hypertension
4. sub hepatic form of portal hypertension
5. All of the above

61. The perforation of any organ of the abdominal cavity is characterized by:

1. Appearance of sharp pain
2. Stresses the muscles of the anterior abdominal wall
3. Bradycardia
4. frenikus-symptom
5. All of the above

62. Signs of damage of retroperitoneal duodenum at laparotomy are:

1. Swelling (edema) hepatoduodenal ligament
2. Swelling (edema) of the root of the mesentery of the small intestine
3. reabsorption of blood lesser omentum
4. The reflux of bile into the stomach
5. reabsorption of bile and the emergence of air in the retroperitoneal fat in the descending part of the duodenum

63. The most characteristic for acute duodenal ulcer are:

1. An elderly patient's age
2. The history of aspirin or cortico-steroids
3. Strong seasonal paroxysmal epigastric pain
4. Vomiting food that brings relief from symptoms
5. splashing sound in the stomach

64. beginning process of ulceration associated with:

- 1) with reverse diffusion of hydrogen ion
- 2) with decompensation antral acid neutralization function
- 3) with contravention of the acid neutralization function of duodenal ulcer
- 4) the mechanisms contravention of the balance between protection and aggression factors of gastro duodenal
- 5) with decreased pancreatic secretory function

65. A patient with an ulcer duodenal bulb in the study of gastric secretion revealed: highest secretion and acidity in the basement and the cephalic phase and normal acidity in the stomach phase. The most efficient operation in this case is:

1. Subtotal gastrectomy
2. vagotomy with pyloroplasty

3. vagotomy without drainage operation
4. Resection
5. Imposition of gastroentero anastomosis.

66. residual gastro duodenal bleeding is most likely due to:

1. due to . calcosus ulcer
2. penetrating ulcer
3. mucosal surface erosion
4. thrombosed vessel in the bottom of the ulcer diameter greater than 0.1 cm
5. due to scarring ulcer

67. With fresh wounds of the colon shows:

1. Wound Closure by suture.
2. Wound Closure and drainage of the abdominal cavity
3. hemicolectomy
4. Operation Laskhiya.
5. colostomy

68. hemorrhoidectomy by Milligan-Morgan implies:

1. Circular excision of the mucosa of anal canal.
2. Excision of hemorrhoids at 2, 5 and 8 o'clock position of .
3. excision of hemorrhoids at 3, 7, 11 'O'clock position .
4. Excision of prolapsed haemorrhoidal nodes .
5. Excision of hemorrhoids at 3, 7, 11' o'clock position with the restoration of the mucosa of the anal canal.

69. For the diagnosis of colorectal cancer in the first place it is necessary to carry out following investigations:

1. A digital rectal examination and sigmoidoscopy
2. Fecal occult blood
3. Laparoscopy
4. Ultrasound examination of pelvic organs

70. For the occurrence of an acute paraproctitis mandatory etiological factors are:

1. Bleeding from the rectum
2. Diarrhea
3. The tendency to constipation
4. Obstruction of the output of the anal and its duct inflammation
5. Defect of rectal mucosa

71. For the diagnosis of extra sphincter fistula of rectum shows:

1. Irrigoscopy
2. Colonoscopy
3. Anoscopy and fistulography
4. Passage of barium in the intestines

72. The most rare complication of primary varicose veins are:

1. eczematous dermatitis
2. Deep vein thrombosis of the femoral vein
3. Painless gangrene of dilated veins

4. Ulceration of the lower third of the limb

5. Hypertrophic nails and atrophic skin

73. Anticoagulation therapy in the treatment of thrombosis is used to:

1. The dissolution of fibrin

2. Suspension of thrombus growth

3. Increase of thickness of blood.

4. Changes in the inner lining of blood vessels

5. Reduction of DNA activity

74. Cretinism and myxoedema is caused by which of following :

1. The failure of the pituitary

2. internal secretory insufficiency of the adrenal cortex

3. internal secretory insufficiency of thyroid gland

4. endocrine insufficiency APUD-system

5. All answers are correct

75. Among the inflammatory thyroid diseases distinguish all of these forms, except:

1. Acute thyroiditis (purulent and non purulent)

2. chronic thyroiditis (goiter Riedel)

3. Subacute thyroiditis (de Quervain's thyroiditis, Crile)

4. Hashimoto thyroiditis.

5. Rare inflammation (tuberculosis, syphilis), fungal and parasitic diseases (actinomycosis, echinococcus)

76. Symptom Troyanova-Trendelenburg is used for diagnostics:

1. Failure of the valve with varicose veins

2. Acute thrombosis of deep vein femoral vein.

3. Leriche Syndrome

4. The post-thrombotic phlebotic disease

5. Buerger's disease

77. In acute ischioanal paraproctitis shows:

1. Puncture of an abscess and antibiotics

2. autopsy of abscess through the clear of the intestine

3. autopsy of the abscess through the perineum crossing coccyx-rectal ligament

4. autopsy, drainage of abscess, excision of the crypt in the anal canal

5. Puncture and drainage of the abscess cavity for introduction of washing

78. specify most frequently applied surgical procedure in chronic lung abscess of 1-2 segments:

1) segmental resection of lung

2) drainage of the abscess cavity

3) pulmonary ectomy

4) excision of the abscess cavity

5) lobectomy

79. due to gangrene affecting one of the lobes of the lungs is recommended:

1) Daily lavage of the bronchial tree through a bronchoscope

2) introduction of antibiotics into the pulmonary artery

3) lobectomy

4) intensive therapy with endobronchial administration of antibiotics

5) all above

80. Pancoast tumor it is -

1) central cancer of the middle lobe of the lung

2) peripheral cancer lower lobe of the lung

3) central cancer of the upper lobe of the lung

4) peripheral lung cancer of apex .

5) abdominal form of peripheral lung cancer

81. most frequent localization is the following colorectal cancer:

- 1) anal
- 2) lower ampular
- 3) medium ampular
- 4) upper ampular
- 5) rectosigmoid

82. The most effective method of conservative treatment of lung abscess is:

1. Intra-arterial administration of antibiotics
2. Therapeutic bronchoscopy
3. Intramuscular administration of antibiotics
4. Restorative treatment and immunotherapy
5. The combination of all of the above methods

83. For phlebo thrombosis of iliac-femoral segment is not characterized:

- 1) hyperemia of the skin area of the thigh in passing veins
- 2) swelling of foot and shin .
- 3)soaring pain in the hand
- 4) increased volume of thigh ad shin part.
- 5) cyanotic skinon thigh

84. sindrom Leriche is:

- 1) non specific bracheo cephalic arteritis
- 2) atherosclerotic occlusion of the abdominal aortic bifurcation
- 3) capillaro pathyof distal limbs
- 4) migratory thrombangitis
- 5) occlusion of the inferior vena cava

85. thrombosis of the vein of lower extremities most often leads to thromboembolism of:

1. vessels in the brain
2. Systems of coronary arteries and veins
3. Pulmonary artery
4. pulmonary veins
5. The arteries of the kidneys and liver

86. The most characteristic for acute duodenal ulcer are:

1. An elderly patient's age
2. The history of aspirin or cortico-steroids
3. Strong seasonal paroxysmal epigastric pain
4. Vomiting food that brings relief from symptoms
5. splashing sound in the stomach

87. To the early symptoms of mesenteric vessel thrombosis is related one of following:

1. Loose stools mixed with blood
2. Vomiting
3. Abdominal pain, radiating to the back
4. flaccid anterior abdominal wall
5. All eof the abov

88. Malignancy of thyroid is more common in the presence of:

1. Solitary nonfunctioning node
2. Follicular adenoma
3. Hoshimoto's goiter
4. De Quervain's goiter
5. Riedel's goiter

89. In the surgical treatment of goiter, both recurrent nerves were damaged. Further strategy involves:

1. Continue mechanical ventilation
2. Suturing the damaged nerve
3. Imposition of tracheostomy
4. additional measures are not necessary .
5. tube feeding patient

90. The inferior thyroid artery arises:

1. From the external carotid artery
2. From the internal carotid artery
3. From the subclavian artery
4. From the common carotid artery
5. From thyro-cervical trunk

91. puncture biopsy of the thyroid gland is advantageously carried out with the aim of all the above, except:

1. Differential diagnosis of various thyroid diseases
2. Definitions degree turn radiofar-drug in thyroid tissue
3. determine the nature of the pathological process
4. The definitions of the location and extent of the pathological process
5. Prescribing the duration of the disease

92. The most effective method of conservative treatment of lung abscess is:

1. Intra-arterial administration of antibiotics
2. Therapeutic bronchoscopy
3. Intramuscular administration of antibiotics
4. Restorative treatment and immunotherapy
5. The combination of all of the above method

93. With a large posseted hemothorax 5 days ago must be perform :

1. Wide thoracotomy, removal of hemothorax
2. Drainage of the pleural cavity
3. Introduction stripteases or other enzymes to hemothorax
4. Repeated pleural puncture

94. With autopsy of the abscess space Pirogov incision depth extends to:

1. subcutaneous tissue
2. The superficial fascia of the forearm
3. pronator quadratus muscle
4. The superficial digital flexor

95. M., 28 years old, para 2. Full term of pregnancy. Initiation of labor was 8 hours ago. Uterine contractions are every 3 minutes and lasts 35-40 seconds. The membranes ruptured 20 minutes ago. Pelvic sizes: 25,28,31,20. Fetal head rate 132 per minute with satisfactory characteristics. Probable fetal weight is 3000 g. Vaginal results: the cervix is completely dilated. The amniotic sac is absent. Fetal head is in 0 station. Sagittal suture is in the right oblique diameter of pelvic inlet. Anterior fontanel is located to the right side anteriorly and posterior fontanel is near sacral region to the left side. What is the diagnosis?

- A. Labour 2, at term, II period of labour. Longitudinal lie, Sinciput vertex presentation, II position, posterior visus
- B. Labour 2, at term, II period of labour. Longitudinal lie, Sinciput vertex presentation, II position, anterior visus
- C. Labour 2, at term, I period of labour. Longitudinal lie, Sinciput vertex presentation, II position, anterior visus
- D. Labour 2, at term, I period of labour. Longitudinal lie, Sinciput vertex presentation, II position, anterior visus

- E. Labour 2, at term, II period of labour. Longitudinal lie, Sinciput vertex presentation, II position, posterior visus.
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- A. Labour 2, at term, II period of labour. Longitudinal lie, Sinciput vertex presentation, II position, anterior visus
- B. Labour 2, at term, I period of labour. Longitudinal lie, Sinciput vertex presentation, II position, anterior visus
- C. Labour 2, at term, I period of labour. Longitudinal lie, Sinciput vertex presentation, II position, anterior visus
- D. Labour 2, at term, II period of labour. Longitudinal lie, Sinciput vertex presentation, I position, posterior visus
- E. Labour 2, at term, II period of labour. Longitudinal lie, Sinciput vertex presentation, I position, posterior visus.
97. Primipara N., 25 years old. Delivery at term. Initiation of labor was 8 hours ago. The amniotic sac is ruptured. Pelvic sizes: 25,28,31,20. Fetal heart rate is 136 per minute with satisfactory characteristics. Uterine contractions are occurring every 3 minutes and lasts 30-35 seconds. Vaginal results: the uterine cervix dilatation is 6 sm. The amniotic sac is absent. Fetal head fixed to the inlet of pelvis. Face line is in the right oblique size. Chin is located anteriorly. What is the diagnosis?
- A. Longitudinal lie, vertex presentation. I position, posterior visus.
- B. Longitudinal lie, face presentation. I position, posterior visus.
- C. Longitudinal lie, face presentation. II position, posterior visus.
- D. Longitudinal lie, face presentation. I position, anterior visus.
- E. Longitudinal lie, sinciput vertex presentation. I position, posterior visus.

98 Primipara N., 25 years old. Delivery at term. Initiation of labor was 8 hours ago. The amniotic sac is ruptured. Pelvic sizes: 25,28,31,20. Fetal heart rate is 136 per minute with satisfactory characteristics. Uterine contractions are occurring every 3 minutes and lasts 30-35 seconds. Vaginally: uterine cervix dilatation is 6 cm. The amniotic sac is absent. Fetal head in the 0 station. Face line is in the right oblique size. Chin is located anteriorly. What is the management of labor?

- A. Cesarean section
- B. Classic manual aid
- C. Vaginal delivery
- D. Tsovianov I
- E. Tsovianov II

99 Primipara N., 25 years old. Delivery at term. Initiation of labor was 8 hours ago. The amniotic sac is ruptured. Pelvic sizes: 25,28,31,20. Fetal heart rate is 136 per minute with satisfactory characteristics. Uterine contractions are occurring every 3 minutes and lasts 30-35 seconds. Vaginal results: the uterine cervix dilatation is 10 sm. The amniotic sac is absent. Fetal head is in -1 station. Face line is in the right oblique size. Chin is located posteriorly. What is the diagnosis?

- A. Longitudinal lie, vertex presentation. I position, posterior visus.
- B. Longitudinal lie, face presentation. I position, posterior visus.
- C. Longitudinal lie, face presentation. II position, anterior visus.
- D. Longitudinal lie, face presentation. I position, anterior visus.
- E. Longitudinal lie, sinciput vertex presentation. I position, posterior visus

1CPrimipara N., 25 years old. Delivery at term. Initiation of labor was 8 hours ago. The amniotic sac is ruptured. Pelvic sizes: 25,28,31,20. Fetal heart rate is 136 per minute with satisfactory characteristics. Uterine contractions are occurring every 3 minutes and lasts 30-35 seconds. Vaginal results: the uterine cervix dilatation is 10 sm. The amniotic sac is absent. Fetal head is in -1 station. Face line is in the right oblique size. Chin is located posteriorly. What is the management of labor?

- A. Cesarean section
- B. Classic manual aid
- C. Vaginal delivery
- D. Tsovianov I
- E. Tsovianov II

1CM., 28 years old, para 2. Full term of pregnancy. Initiation of labor was 8 hours ago. The membranes ruptured 20 minutes ago. Pelvic sizes: 25,28,31,20 cm. Fetal heart rate is 132 per minute with satisfactory characteristics. Per vaginum: the cervix is completely dilated. The amniotic sac is absent. Fetal head is in outlet plane of pelvic. The ch is palpated under the symphysis. Diagnosis?

- A. Labor 2, at term, 1 period of labor. Longitudinal lie, face presentation, anterior visus.
- B. Labor 2, at term, 1 period of labor. Longitudinal lie, vertex presentation, anterior visus.
- C. Labor 2, at term, 1 period of labor. Longitudinal lie, sinciput vertex presentation, anterior visus.
- D. Labor 2, at term, 1 period of labor. Longitudinal lie, brow presentetion, posterior visus.
- E. Labor 2, at term, 2 period of labor. Longitudinal lie, face presentation, posterior visus

1CM., 28 years old, para 2. Full term of pregnancy. Initiation of labor was 8 hours ago. The membranes ruptured 20 minutes ago. Pelvic sizes: 25,28,31,20 cm. Fetal heart rate is 132 per minute with satisfactory characteristics. Per vaginum: the cervix is completely dilated. The amniotic sac is absent. Fetal head is in outlet plane of pelvic. The ch is palpated under the symphysis. What is the moment of labor biomechanism?

- A. Flexion of the fetal head
- B. Extension of the felt head
- C. Additional flexion of the fetal head
- D. Extension of the fetal head

1CN., 28 years old, primipara. Full term of pregnancy. The labor started 8 hours ago. The membranes ruptured 15 minutes ago. Pelvic sizes: 23,25,29,18 cm. Fetal head rate 140 per minute with satisfactory characteristics. Per vagina: the uterine cervix dilatation is 5 cm. The amniotic sac is absent. One fetal foot is palpated in the vagina. Buttocks are in the pelvic inlet. Which type of breech presentation is presented?

- A. Complete breech
- B. Incomplete foot-ling
- C. Frank breech
- D. Complete foot-ling
- E. Incomplete knee-ling

1CM., 28 years old, para 2. Full term of pregnancy. Initiation of labor was 8 hours ago. The membranes ruptured 20 minutes ago. Pelvic sizes: 25,28,31,20 cm. Fetal heart rate is 132 per minute with satisfactory characteristics. Per vagina: the cervix is completely dilated. The amniotic sac is absent. Fetal head is in outlet plane of pelvic. The ch is palpated under the symphysis. Management of labor?

- A. Tsovianov II
- B. Normal vaginal delivery
- C. Leopold care
- D. Cesarean section
- E. Tsovianov I

1CPrimipara N., 19 years old. Delivery at term. The labor started 7 hours ago. The membranes are intact. Pelvic sizes: 25,28,31,20 cm. Fetal heart rate 140 per minute with satisfactory characteristics. Uterine contractions are occurring every 3-4 minutes. Per vagina: the uterine cervix dilatation is 7 cm. The amniotic sac is present. Fetal head is fixated to the pelvic inlet. Frontal suture is in the left oblique size. Large fontanel, orbital ridges, eyes, and root of nose are palpated. The nose and mouth can not be palpable. The large fontanel is under the symphysis. Diagnosis?

- A. Labour 1, at term 1 stage of labour. Longitudinal lie, brow presentation, left sided, posterior.
- B. Labour 1, at term 2 stage of labour. Longitudinal lie, face presentation, right sided, posterior.
- C. Labour 1, at term 1 stage of labour. Longitudinal lie, vertex presentation, left sided, posterior.
- D. Labour 1, at term 2 stage of labour. Longitudinal lie, brow presentation, right sided, posterior.
- E. Labour 1, at term 2 stage of labour. Longitudinal lie, brow presentation, right sided, anterior

1CPrimipara N., 19 years old. Delivery at term. The labor started 7 hours ago. The membranes are intact. Pelvic sizes: 25,28,31,20 cm. Fetal heart rate 140 per minute with satisfactory characteristics. Uterine contractions are occurring every 3-4 minutes. Per vagina: the uterine cervix dilatation is 7 cm. The amniotic sac is present. Fetal head is fixated to the pelvic inlet. Frontal suture is in the right oblique size. Large fontanel, orbital ridges, eyes, and root of the nose are palpated. The nose and mouth can not be palpable. The large fontanel is under the symphysis. Diagnosis?

- A. Labour 1, at term 1 stage of labour. Longitudinal lie, brow presentation, right sided, posterior.
- B. Labour 1, at term 2 stage of labour. Longitudinal lie, face presentation, right sided, posterior.
- C. Labour 1, at term 1 stage of labour. Longitudinal lie, vertex presentation, left sided, posterior.
- D. Labour 1, at term 2 stage of labour. Longitudinal lie, brow presentation, left sided, posterior.
- E. Labour 1, at term 2 stage of labour. Longitudinal lie, brow presentation, right sided, anterior

108 Primipara N., 19 years old. Delivery at term. The labor started 7 hours ago. The membranes are intact. Pelvic sizes: 25,28,31,20 cm. Fetal heart rate 140 per minute with satisfactory characteristics. Uterine contractions are occurring every 3-4 minutes. Per vaginum: the uterine cervix dilatation is 7 cm. The amniotic sac is present. Fetal head is fixated to the pelvic inlet. Frontal suture is in the left oblique size. Large fontanel, orbital ridges, eyes, and root of the nose are palpated. The nose and mouth can not be palpable. The large fontanel is under the symphysis. What is the best management of labor?

- A. Cesarean section
- B. Tsovianov I
- C. Tsovianov II
- D. Normal vaginal delivery
- E. Leopold care

109 Primipara N., 19 years old. Delivery at term. The labor started 7 hours ago. The membranes are intact. Pelvic sizes: 25,28,31,20 cm. Fetal heart rate 140 per minute with satisfactory characteristics. Uterine contractions are occurring every 3-4 minutes. Per vaginum: the uterine cervix dilatation is 7 cm. The amniotic sac is present. Fetal head is fixated to the pelvic inlet. Frontal suture is in the right oblique size. Large fontanel, orbital ridges, eyes, and root of the nose are palpated. The nose and mouth can not be palpable. The large fontanel is under the symphysis. What is the best management of labor?

- A. Cesarean section
- B. Tsovianov I
- C. Tsovianov II
- D. Normal vaginal delivery

110 Primipara N., 22 years old. Delivery at term. The labor started 3 hours ago. The membranes are intact. Pelvic size: 21,24,27,16 cm. Fetal heart rate 140 per minute with satisfactory characteristics. Uterine contractions occur every 10-12 minutes. Per vaginum: the uterine cervix dilatation is 3 cm. The amniotic sac is present. Fetal head fixed to the inlet of pelvis. Sagittal suture is in the left oblique size. Small and large fontanels are palpated. The large fontanel is under the symphysis. Diagnosis?

- A. Longitudinal lie, the deflexed vertex presentation, left sided, posterior. General contracted pelvis of the I degree.
- B. Longitudinal lie, the deflexed vertex presentation, left sided, posterior. General contracted pelvis of the III degree.
- C. Longitudinal lie, the deflexed vertex presentation, left sided, posterior. General contracted pelvis of the IV degree.
- D. Longitudinal lie, the deflexed vertex presentation, left sided, posterior.

111. The classical triad of manifestations of acute nephritic syndrome includes:

- 1 - arterial hypertension, proteinuria, oliguria
- 2 - edema, hematuria, hypertension
- 3 - azotemia, hematuria, proteinuria
4. hematuria, proteinuria

112. Specify the duration of the administration of antibiotics to patients with acute post-streptococcal glomerulonephritis:

- 1 - 2-3 months
- 2 - 2-3 weeks

3 – not assigned

111. Four-component pathogenetic therapy of glomerulonephritis includes:

- 1 - antibiotic and anticoagulant
- 2 – disaggregant, anti-inflammatory drug
- 3 – glucocorticosteroid, immunosuppressant, anticoagulant, disaggregant
4. ephyllin and trental

112. As diuretics in acute glomerulonephritis are preferred

- 1 – dichlotiazide and furosemide
- 2 – ephyllin and trental
- 3 – veroshpiron and adelfan
4. arterial hypertension

113. Choose the clinical symptoms most characteristic of acute pyelonephritis:

1. arterial hypertension
2. abdominal pain
3. polyuria
4. nicturia

114. Antinuclear antigen (ANA) measurement test is useful in some rheumatologic diseases especially with persistent oligoarticular juvenile idiopathic rheumatoid arthritis .

All the following are more likely to be correlated with ANA positivity EXCEPT

- A. anterior uveitis
- B. younger age at disease onset
- C. female sex
- D. symmetrical arthritis

115. Drug-induced lupus refers to the presence of SLE manifestations triggered by exposure to specific medications, including antibiotics.

Of the following, the drug that is MOST likely associated with drug-induced lupus is

- A. isoniazid
- B. rifampin
- C. nitrofurantoin
- D. penicillin

116. Systemic lupus erythematosus (SLE) is often characterized by periods of flare and disease quiescence or may follow a more smoldering disease course.

All the following lab tests correlate with active disease EXCEPT

- A. high erythrocyte sedimentation rate
- B. positive anti-double-stranded DNA level
- C. low serum complement level
- D. positive anti-nuclear antibody titer

117. A 3-week-old male baby develops malar rash involving the face and periorbital area after exposure to sun light; you suspect neonatal lupus.

Of the following, the NEXT step of management is

- A. measurement of anti-Ro and anti-La antibodies of the mother
- B. measurement of anti-Ro and anti-La antibodies of the baby
- C. cardiac evaluation of the mother
- D. cardiac evaluation of the baby

117. Renal biopsy in acute post streptococcal glomerulonephritis should be considered in all the following EXCEPT

- A. acute renal failure
- B. nephrotic syndrome
- C. absence of evidence of streptococcal infection
- D. low C3 level in the first 2 months

118. Acute post- infectious glomerulonephritis is one of the most common glomerular causes of gross hematuria in children.

Of the following, the TRUE statement is

- A. can follow fungal infection
- B. early systemic antibiotic, eliminate the risk of glomerulonephritis
- C. all family members of patient need antibiotic treatment
- D. antibiotic affect the natural history of the disease

119. Renal involvement in childhood systemic lupus erythematosus (SLE) is present in

- A. 100% of patients
- B. 80% of patients
- C. 60% of patients
- D. 40% of patients

120. Indications for dialysis in acute kidney injury include all the following EXCEPT

- A. anuria/oliguria
- B. persistent hypercalcemia
- C. severe metabolic acidosis
- D. volume overload

121. Many patients with acute kidney injury require dialysis support for 1-3 wk, which of the following is TRUE statement

- A. Intermittent hemodialysis is useful in patients with unstable hemodynamic status
- B. continuous renal replacement therapy is useful in patients with stable hemodynamic status
- C. in peritoneal dialysis ,hypo-osmolar dialysate is infused into the peritoneal cavity
- D. anticoagulation is not necessary in peritoneal dialysis

122. Congenital heart disease causing cyanosis without respiratory distress include the following EXCEPT

- A. tricuspid atresia
- B. aortic stenosis
- C. Ebstein anomaly
- D. pulmonary atresia

123. Choose when chest compression should be performed.

- a) After 15 seconds of PPV with no heart rate increase
- b) After 60 seconds of PPV with no heart or SpO₂ level increase
- c) After at least 30 seconds of PPV (generally after 30 seconds of ventilation through ET tube/laryngeal mask)
- d) After initial steps if baby has laboured breathing or is gasping

124. The anatomical and physiological features of the central nervous system. in premature infants, everything except:

- a) reduced blood flow to the brain
- b) more pronounced hydrophilicity of brain tissue
- c) general oppression
- d) imperfection of central regulation

125. Give the definition of Positive end-expiratory pressure (PEEP) is:

- a) The gas pressure maintained in the lungs between breaths when the baby is receiving assisted breath
- b) The name of the device used to administer positive pressure ventilation
- c) The portion of the airway connecting the pharynx and the trachea
- d) The time duration of the inspiratory phase of each positive-pressure breath

126. Select when positive pressure ventilation (PPV) starts if:

- a) The baby did not respond to the initial steps
- b) All answers are correct
- c) The baby is not breathing or is gasping

- d) The heart rate is below 100bpm
127. Determine the ratio of chest compressions and breath.
- 1 compression : 1 breath
 - 3 compressions : 1 breath
 - 5 compressions : 2 breaths
 - 10 compressions : 1 breath
128. Select your initial steps of newborn care.
- Provide O₂, clear secretions, assess heart rate with stethoscope.
 - Provide warmth, position head/neck, clear secretions if needed, dry, stimulate.
 - Weight, SpO₂, heart rate, vitamin K injection.
 - Start chest compressions
129. "Before the expansion of cardio-respiratory adaptation in premature babies is possible"
- Vidkritu arterial duct
 - Vrodzhenu vado heart
 - Hypotension
 - Hypovolemia
130. Give of definition Continuous positive airway pressure (CPAP) is
- The gas pressure maintained in the lungs between breaths when a baby is breathing spontaneously
 - The gas pressure maintained in the lungs between breaths when a baby is receiving assisted breaths
 - The number of assisted breaths administered per minute
 - The rate of breaths taken per minute
131. Criteria for postnatal determination of gestational age of newborns do NOT apply"
- Score on the Ballard scale
 - Score on the Dubovich scale
 - Ophthalmoscopy of the anterior capsule of the lens
 - Body weight, height
132. "For premature babies with very low body weight at birth are not characterized by pathological conditions"
- Open ductus arteriosus
 - Respiratory distress syndrome type I.
 - Necrotic enterocolitis
 - Tetralogy of Fallot
133. Choose the following ET tube sizes should be available.
- 1.5, 2.0, 2.5
 - 2.5, 3.0, 3.5
 - 3.5, 4.0, 4.5
 - 7.0, 7.5, 8.0
134. Chest compressions should be stopped when
- Baby is maintaining SpO₂ levels within target ranges without free-flow O₂
 - Heart rate is equal to/greater than 40bpm
 - Heart rate is equal to/greater than 60bpm
 - Respiratory rate is between 40-60 when breathing spontaneously
135. "Transplacental not transmitted"
- Cytomegalovirus
 - Toxoplasma
 - Chlamydia
 - Herpes viruses I, II types
136. "On the 7th day of life in a child born weighing 1500 g with a gestational age of 30-31 weeks, the condition worsened: depression, dehydration, hyperbilirubinemia, vomiting, progressive respiratory disorders. Your previous diagnosis"
- Sepsis
 - Hemolytic disease of newborns
 - Pneumonia
 - Hypoglycemia
137. "At the child on the 5th day of life in the blood the level of bilirubin is 300 mcml / l, of which direct 80 mcml / l This can NOT be caused"

- a) Cytomegalovirus infection
 - b) Viral hepatitis
 - c) Bile thickening syndrome
 - d) Hemolysis due to glucose-6-phosphate dehydrogenase deficiency
138. "In a child born at 42 weeks with a weight of 3600 g, who is breastfeeding, at the age of 2 weeks persists jaundice. The child has not gained weight since birth, has muscular hypotension, umbilical hernia, large umbilicus 4x6 cm. The most likely diagnosis "
- a) Krieger-Najar syndrome
 - b) Gilbert's disease
 - c) Atresia of the bile ducts
 - d) Hypothyroidism
139. "Indicate the most probable localization of intracranial hemorrhage in the case of the birth of a full-term child in sciatic presentation"
- a) Small parenchymal hemorrhages
 - b) Subarachnoid hemorrhage
 - c) Subdural hemorrhage
 - d) Peri-intraventricular hemorrhage
140. At what age is the umbilical wound completely epithelized normally
- a) by the end of the 1st week of life
 - b) by the end of the 2nd week of life
 - c) by the end of the 1st month of life
 - d) at the 2nd month of life
141. Within how many seconds of PPV should the baby's heart rate begin to increase?
- a) 15 seconds
 - b) 30 seconds
 - c) 60 seconds
 - d) 90 seconds
142. Specify the most frequent localization of a purulent focus in umbilical sepsis
- a) umbilical wound
 - b) umbilical region
 - c) umbilical vessels
 - d) anterior abdominal wall
143. In a family where both parents are sick with chronic alcoholism, a full-term boy weighing 2200 g, height 48 cm. In the clinical picture: microcephaly, facial dysmorphia, depression syndrome, replaced by an increase in neuro-reflex excitability. Choose the right diagnosis
- a) 1. microcephaly, multiple stigmas of dysembriogenesis, intrauterine hypotrophy
 - b) embryophetopathy, intrauterine hypotrophy
 - c) fetal alcohol syndrome, microcephaly
 - d) hydrocephalus, nanism
144. Which disease should be excluded first of all when hyperthermia occurs in premature infants with a body weight of less than 2000 grams:
- a) sepsis
 - b) purulent meningitis
 - c) intestinal infection
 - d) pneumonia
145. The use of phototherapy in premature newborns may be complicated:
- a) an increase of 2-3 times in imperceptible fluid losses
 - b) thrombocytopenia
 - c) intestinal lactase deficiency
 - d) all answers are correct
146. Specify unconditional reflexes, in the presence of which a child of 3 months can be assigned an age complex of gymnastics and massage
1. Babinski reflex
 2. The Galant reflex
 3. The Moreau reflex
 4. The Landau reflex
147. Which of the following statements is true of the fetal circulation?

- a) 100% of the cardiac output goes to the lungs via the pulmonary artery.
 b) The arterial duct (ductus arteriosus) helps send oxygenated blood to the brain.
 c) The umbilical vein carries well-oxygenated blood.
 d) The foramen ovale typically closes by 36 weeks' gestation.
148. In case of continuing seizures in newborn even after loading with full dose of Phenobarbitone 40 mg/kg in absence of ventilation facility you should give
- a) .Lorazepam
 b) .Phenytoin
 c) .Diazepam
 d) .Magnesium sulphate
149. Which one of the following factors does not decrease the perinatal mortality rate?
- a) Lower social class
 b) improved antenatal care
 c) improved maternal health
 d) prenatal care and counselling
150. What is the most likely cause of the following, in the occurrence of acute asphyxia in newborns:
- a) premature detachment of the placenta;
 b) preeclampsia of moderate severity in the mother;
 c) severe anemia in the mother;
 d) disco-ordination of labor activity;
151. Cyanosis in the newborn may be caused by which of the following:
- A. Transposition of the great arteries.
 B. VSD
 C. Hyperbilirubinaemia .
 D. Coarctation of the aorta.
152. Concerning complete atrioventricular septal defects which of the following statements is true?
- A. Are seen frequently in patients with trisomy 21
 B. Frequently have aortic valve insufficiency
 C. Have a normal mitral valve structure
 D. Include a coronary sinus atrial septal defect
153. Choose the correct answer.
 In uncomplicated PDA :
- A. Raised audibility of murmur when standing
 B. There is evidence of LVH on ECG
 C. Decreased pulse volume
 D. Cyanosis is present
154. Eisenmenger's syndrome ___ True are all except
- A. Pulmonary veins are not distended
 B. RV and LV walls come back to normal size
 C. Dilatation of central pulmonary artery
 D. Peripheral burning of pulmonary arteries
155. Which of the following is not a post renal cause of renal failure?
- a. Benign prostatic hyperplasia
 b. Urethral obstruction
 c. Prostatic cancer
 d. Congestive cardiac failure
 e. Urolithiasis
156. True about twin delivery is
- a) First has more chance of asphyxia
 - b) Second has more chance of polycythemia
 - c) Second will develop HMD
 - d) Increased mortality in first twin

157. Presence of two fetus in a womb of different age is called as
- a) Superfetation
 - b) Superfecundation
 - c) Can't occur
 - d) Twins
158. Face to pubis delivery is possible with which cephalic presentation
- a) Mento-anterior
 - b) Mentoposterior
 - c) Occipitoposterior
 - d) Brow presentation
159. Engaging diameter in brow presentation
- a) Mentovertical
 - b) Occipito-posterior
 - c) Mentoanterior
 - d) Mentoposterior
160. Largest diameter of fetal skull
- a) Mentovertical
 - b) Submentovertical
 - c) Suboccipitobregmatic
 - d) Occipitofrontal
161. Suboccipitofrontal diameter is
- a) 9.4 cm
 - b) 10cm
 - c) 11cm
 - d) 12cm
162. Fibronectin in fetus indicates
- a) Preterm
 - b) PIH
 - c) Post-dated pregnancy
 - d) None
163. Drug given to reduce uterine contractions during preterm labour with least side effects
- a) Progesterone
 - b) Mgso4
 - c) Ritodrine
 - d) Nifedipine
164. A lady presents with threatened abortion at 32 weeks of pregnancy .Which of the following statements with regards to antibiotics usages is not correct
- a) Antibiotics for prom
 - b) Antibiotics if asymptomatic but significant bacteremia
 - c) Metronidazole if asymptomatic but significant bacterial vaginosis
 - d) Antibiotic prophylaxis even with unruptured membranes
165. All are used as tocolytic agents except
- a) Salbutamol
 - b) Ritodrine
 - c) Isoxsuprime
 - d) Misoprostol
166. Commonest cause of postpartum hemorrhage is
- a) Vaginal laceration
 - b) Cervical tear
 - c) Coagulopathy
 - d) Uterine atony
167. Regeneration of endometrium is completed after delivery
- 1week
 - 2week
 - 3week
 - 4week

168. Commonest causative agent for p.sepsis

- a) Staphylococcus
- b) Gonococcus
- c) Anaerobes
- d) Streptococci

169. Common cause of 3rd day puerperal fever is

- d) Pulmonary
- c) Puerperal sepsis
- b) Breast engorgement
- a) UTI

170 Lochia lasts for

- a) 3 weeks
- b) 5weeks
- c) 4weeks
- d) 5days

171. Tell what will be the weight of the uterus immediately after delivery

- a) 1000 gm
- b) 800gm
- c) 60gm
- d) 500gm

172. Tell the most common site of infection in puerperal sepsis

- a) Cervical laceration
- b) Placental site
- c) Episiotomy site
- d) Vaginal tear

173. Maximum prostaglandins secretion occurs in

- a) 1st stage
- b) 2nd stage
- c) 3rd stage
- d) 4th stage

174. Immediately after third stage of labor after delivery fundal height is at

- a) At umbilicus
- b) Just below the level of umbilicus
- c) At xiphisternum
- d) Above S.P.

175. Active stage of labor is monitored by

- a) Cervicogram
- b) Partogram
- c) Gravidogram
- d) Normagram

176. Find the wrong answer- All the following are included in active management of 3rd stage of labor

- a) Oxytocin injection
- b) Methergin injection
- c) Uterine massage
- d) Early cord clamping

177. Tell the correct method to conduct the 3rd stage of labor is

- a) Bimanual massage
- b) Fundal pressure
- c) Controlled cord traction
- d) MRP

178. Continue the sentences- Allowing the cord blood passage to fetus before clamping the umbilical cord should be avoided to prevent _____

- a) Prematurity
- b) Growth retardation of the fetus
- c) Maternal alloimmunization
- d) All

179. Tell in what line of management will be in footling presentation with normal baby at 39 weeks

- a) Vaginal delivery
- b) Caesarian section
- c) External cephalic version
- d) Expectant management

180. A 22 year old G3P2 lady delivers a normal child followed by delivery of intact placenta. Lady developed severe bleeding per vaginum after 30 minutes. On USG reveals retained placenta tissue. What is suspected type of placenta.

- a) Placenta accrete
- b) Placenta succenturita
- c) Membranaous placenta
- d) None

181. Find the definition of crowning

- a) Biparietal diameter at the inlet of pelvis
- b) Biparietal diameter at the ischial spine
- c) Biparietal diameter at the vulval outlet
- d) Biparietal diameter just outside the vulval outlet

182. A 36-year-old woman has severe burning chest pain that radiates to her neck. The pain occurs particularly after meals, especially when she lies down, and is not precipitated by exertion. She is admitted for observation. Serial ECG and troponin I levels are normal. Which of the following is the best next step?

- A. Stress thallium treadmill test
- B. Initiation of a proton-pump inhibitor
- C. Coronary angiography
- D. Initiation of an antidepressant such as a selective serotonin reuptake inhibitor

183. A 45-year-old man with type 2 diabetes is noted to have blood pressures of 145/90 and 150/96 mm Hg on two separate occasions. Which of the following is the best initial therapy for this patient?

- Hydrochlorothiazide
- ACE inhibitor
- Beta-blocker
- Beta-blocker and hydrochlorothiazide

184. A 63-year-old male was admitted to accident and emergency 2 days after discharge following an apparently uncomplicated MI. He complained of rapidly worsening shortness of breath over the previous 48 hours but no further chest pain. He was tachypnoeic and had a regular pulse of 110/minute, which proved to be sinus tachycardia. The jugular venous pressure was raised and a pan-systolic murmur was noted, maximal at the left sternal edge. Which of the following is the most likely diagnosis?

- A. Mitral incompetence
- B. Ventricular septal defect
- C. Aortic stenosis
- D. Dressler's syndrome

185. A 52-year-old man is crushed to accident and emergency complaining of a 20-minute history of severe, crushing chest pain. After giving the patient glyceryl trinitrate (GTN) spray, he is able to tell you he suffers from hypertension and type 2 diabetes and is allergic to aspirin. The most appropriate management is:

- A. Aspirin
- B. Morphine
- C. Heparin
- D. Clopidogrel

186. "Signs of probable umbilical cord residue infection do NOT include:"

- a) Hyperemia
- b) Edema
- c) Treasure selection
- d) Bad smell
- e) Loss of umbilical cord residue for 8-10 days of life

187. Exercise testing is absolutely contraindicated in which one of the following: a. One week following myocardial infarction

- Unstable angina

- Critical aortic stenosis
 - Peripheral vascular disease
 - One week following myocardial infarction
188. A 53-year-old man has just arrived in accident and emergency complaining of 20 minutes of central crushing chest pain. Which feature is most indicative of myocardial infarction at this moment in time?
- A. Inverted T waves
 - B. ST depression
 - ST elevation
 - Q waves
189. Curschmann's spirals in sputum are seen in:
- a. Bronchial asthma
 - b. Bronchiectasis
 - c. Chronic bronchitis
 - d. Wegnersgranulomatosis
190. Shako-Leiden crystals are seen in:
- a. Bronchial asthma
 - b. Bronchiectasis
 - c. Chronic bronchitis
 - d. Wegnersgranulomatosis
191. Contraindication for glucocorticosteroid therapy of bronchial asthma is:
- a. Bleeding from gastric ulcer
 - b. Chronic persistent hepatitis
 - c. Exacerbation of respiratory-heart failure
 - d. Emphysema of lungs
 - e. Respiratory failure
192. Investigation of choice to distinguish between COPD with emphysema and bronchial asthma is?
- a. Allergy test to pollens
 - b. Non reversible air flow obstruction
 - c. Chest X-ray
 - d. Arterial blood gas analysis
193. Emphysema presents with all except:
- a. Cyanosis
 - b. Barrel shaped chest
 - c. Associated with smoking
 - d. Type I respiratory failure
194. The most common cause of bronchiolitis is:
- a. Respiratory syncytial virus
 - b. Adenovirus
 - c. Herpes virus
 - d. Influenza virus
195. The most common cause of non-progressive pneumothorax is:
- Rupture of sub pleural bleb
 - b. Tuberculosis
 - c. Trauma
 - d. Bronchiectasis
196. Subcutaneous Emphysema may be found in the following conditions:
- a. Tracheostomy
 - b. Hemilich maneuver
 - c. Chest injury
 - d. All of the above
197. Most likely precursor to bronchiectasis is:
- a. Tuberculosis
 - b. Carcinoma
 - c. Bronchial adenoma
 - d. Necrotising pneumonia
198. Best method for detecting minimal bronchiectasis is:
- a. Bronchogram

- b. CT scan
- c. Radionuclide lung scan d,
- d. Chest X-ray

199. In case of shock in newborn and if bleeding is not the likely cause then do the following EXCEPT

- a. Establish V access
- b. Give IV normal saline or ringer lactate 10 ml/Kg over 10 minutes
- c. Give IV normal saline or ringer lactate 20 ml/Kg over 60 minutes
- d. Give 10% Dextrose at maintenance rate

200. In a 3 week old term baby with fever, most specific sign suggestive of meningitis is

- a. Prolonged CRT
- b. Pulsatile anterior fontanel
- c. Convulsions
- d. Heart rate <100/min