

Obstetrics-gynecology

1. Placental blood supply is established in?
 - (A) 2nd week
 - (B) 3rd week
 - (C) 4th week
 - (D) 5th week
2. Doubling of beta HCG levels is seen in?
 - (A) 24 Hours
 - (B) 48 Hours
 - (C) 72 hours
 - (D) 96 Hours
3. True about fetal surface of placenta ?
 - (A) Derived from decidua basalis
 - (B) It has spongy and rough surface
 - (C) It has umbilical cord attachment site
 - (D) It has cotyledons
4. Most common fractured bone during birth is?
 - (A) Humerus
 - (B) Scapula
 - (C) Clavicle
 - (D) Radius
5. Which of the following is a sign of placental separation in stage 3 of labour?
 - (A) Gushing of blood
 - (B) Discoid Uterus
 - (C) Filling of placenta in vagina
 - (D) Increase in blood pressure
6. Most common indirect cause of maternal mortality?
 - (A) Sepsis
 - (B) Hemorrhage
 - (C) Anemia
 - (D) Obstructed labour
7. A pregnant patient after delivery presented with hemorrhage, Immediate hysterectomy is done in?
 - (A) Pre_eclampsia
 - (B) Rupture of uterus
 - (C) Atonic uterus
 - (D) Inversion of uterus
8. Most common cause of bleeding in early pregnancy?
 - (A) Spontaneous Abortion
 - (B) Missed abortion
 - (C) Ectopic pregnancy
 - (D) Abruptio placenta
9. Treatment of choice of inevitable abortion less than 10 week?
 - (A) Dilatation and evacuation
 - (B) Suction and evacuation

- (C) Medical management
 - (D) Complete Hysterectomy
10. Theca lutein cyst are seen in?
 - (A) Complete mole
 - (B) Partial mole
 - (C) Tubal ectopic
 - (D) Missed abortion
 11. Most common site of ectopic pregnancy?
 - (A) Ampulla
 - (B) Interstitium
 - (C) Isthmus
 - (D) Fimbriae
 12. 29 Years old female presented with 7 weeks of pregnancy, she has complaint of vaginal spotting. USG shows empty uterus, best treatment?
 - (A) If sac >3.5 do medical management
 - (B) Laparoscopy with salphingostomy
 - (C) Laparoscopy with salphingectomy
 - (D) Laparotomy
 13. Pain is more common than bleeding in?
 - (A) Ectopic pregnancy
 - (B) Complete Mole
 - (C) Incomplete abortion
 - (D) Missed abortion
 14. Drugs used for ectopic pregnancy?
 - (A) Mefipristone + misoprostol
 - (B) Misoprostol 200 mg
 - (C) Methotrexate 50mg
 - (D) Progesterone
 15. Breach presentation with footling , whats the management?
 - (A) Vaginal delivery
 - (B) Ceasarian Section
 - (C) Forceps delivery
 - (D) Internal podalic version
 16. In browd presentation head of the fetus ?
 - (A) Complete hyper extension
 - (B) Partial extension
 - (C) Complete flexion
 - (D) Moderate flexion
 17. Treatment of choice of acute hydromnios with fetal distress in pregnancy?
 - (A) Amniocentesis
 - (B) Cordocentesis
 - (C) Indomethacin
 - (D) Termination
 18. Best marker in intra hepatic cholestasis of pregnant women?
 - (A) Bile acid
 - (B) Bilirubin

- (C) Alkaline phosphatase
 - (D) SGPT
19. Breathing movements of fetus on USG is first detected on ?
- (A) 11th weeks
 - (B) 20th weeks
 - (C) 24th weeks
 - (D) 26th weeks
20. Methotrexate is indicated mainly in ?
- (A) Pre_eclampsia
 - (B) IUD
 - (C) Prematurity
 - (D) Ectopic pregnancy
21. Clue cells are seen in?
- (A) Bacterial vaginosis
 - (B) Candidiasis
 - (C) Trichomoniasis
 - (D) Gonococcal Infection
22. Fishy odour on whiff test is seen in?
- (A) Giardia
 - (B) Bacterial vaginosis
 - (C) Trichomoniasis
 - (D) Candidiasis
23. 40 Years old women with PID investigation is to be done?
- (A) USG
 - (B) CT_SCAN
 - (C) MRI
 - (D) Laparoscopy
24. Screening test for cervical cancer is?
- (A) Biopsy
 - (B) Pap smear
 - (C) Visual inspection
 - (D) Culposcopy
25. Recurrent Vulvovaginitis is defined as?
- (A) > 2 Infection in a year
 - (B) > 3 Infection in a year
 - (C) >4 Infection in a year
 - (D) >5 Infection in a year
26. Clubbing of fimbrial end of fallopian tube is seen in HSG, What could be possible pathology?
- (A) TB
 - (B) Gonococcal
 - (C) Hydrosalpinx

- (D) Mullarian anomaly
27. Most common cause of CA Cervix?
- (A) HPV 6 AND 18
 - (B) HPV 16 AND 18
 - (C) HPV 6
 - (D) HPV 6 AND 11
28. Most common presentation of adenomyosis ?
- (A) Dyspareunia
 - (B) Infertility
 - (C) Dysmenorrhea
 - (D) Hypomenorrhea
29. Most common symptom of fallopian tube tumor?
- (A) Abdominal lump
 - (B) Pain
 - (C) Bleeding per vagina
 - (D) Watery discharge from vagina
30. Tumor marker of CA Ovary ?
- (A) CEA
 - (B) PSA
 - (C) CA 125
 - (D) Beta HCG
31. Drug indicated in uterine fibroid?
- (A) Danazol
 - (B) GnRH analogue
 - (C) Mefipristone
 - (D) All of the above
32. Infertility occurs due to carcinoma of all except?
- (A) Endometrial carcinoma
 - (B) Vaginal carcinoma
 - (C) Ovarian carcinoma
 - (D) Cervical carcinoma
33. In down syndrome 2nd trimester quadruple test includes all except?
- (A) Alpha feto protein
 - (B) HCG
 - (C) Inhibin A
 - (D) PAPP
34. Most common site of metastasis of choriocarcinoma?
- (A) Lung
 - (B) Liver
 - (C) GIT
 - (D) Ovary
35. Most common complication of IUD insertion?
- (A) Pain
 - (B) Vaginal bleeding
 - (C) Expulsion
 - (D) Infection

36. All are benefits of OCP except?
- (A) Improve menstrual abnormality
 - (B) Protect against unwanted pregnancy
 - (C) Protect from breast cancer
 - (D) Protect from endometrial cancer
37. Most common cause of hirsutism in female is?
- (A) Metropathica hemorrhagica
 - (B) PCOD
 - (C) Endometriosis
 - (D) PID
38. Velocity of sperm in female genital tract is?
- (A) 0 to 1 mm per min.
 - (B) 1 to 2 mm per min.
 - (C) 4 to 5 mm per min.
 - (D) 5 to 6 m per min.
39. Primary treatment for hirsutism in PCOD?
- (A) Minoxidil
 - (B) Progesterone
 - (C) GnRH analogue
 - (D) Combined OCP
40. With A patient is presented to you post hysterectomy and the need of HRT with osteoporosis, what will be the choice of HRT for the patient?
- (A) Progestin
 - (B) Estrogen
 - (C) Estrogen + progestin
 - (D) Testosterone
41. Multiple pregnancy - it
- A. Pregnant as a result of fertilization of two or more simultaneously ripened eggs from two women.
 - B. Pregnancy as a result of fertilization of two or more at a time when the mature egg cells or the development of two or more embryos from a single fertilized egg in healthy women
 - C. Pregnancy as a result of fertilization of two or more simultaneously mature oocytes from women with burdened obstetric history
 - D. Fertilization result in pregnancies two or more mature oocytes at a time or by development of two or more embryos in two women
 - E. 5.pregnancy as a result of fertilization of two or more simultaneously ripened eggs from women for 3 months
42. After giving birth vaginally first fetus in twins, delivery should be completed by caesarean section if:
- A. Presenting part is not lowered
 - B. Fetal bladder intact
 - C. The battle is not adequate

- D. Against the background of good fights , independent labor does not occur within 2 hours after the birth of the first fetus
- E. Against the background of good fights , independent labor does not occur during the first hours after the birth of the first fetus

43. After giving birth vaginally first fetus in twins, delivery should be completed by caesarean section if:

- A. The presenting part is not lowered
- B. The bag of water intact
- C. The contractions are not adequate
- D. C / B 100 of the second fetal or less than 180 beats per minute
- E. Against the background of good fights, independent labor does not occur during the first hours after the birth of the first fetus

44. A 48-year-old woman presents with intermenstrual bleeding for two months and episodes of bleeding occurring any time in the cycle. There is no associated pain. Differential diagnosis for intermenstrual bleeding does not include:

- A. Endocervical polyp
- B. Cervical malignancy. Endometrial polyp
- C. Ovarian teratoma
- D. Atrophic vaginitis

45. All of the following drugs are associated with hyperprolactinemia, apart from:

- A. Reserpine
- B. Progesterone-only contraceptive pill
- C. Methyldopa
- D. Ranitidine
- E. Chlorpromazine

46. All of the following are effects of premature menopause, apart from:

- A. Decreased cardiovascular risk
- B. Infertility
- C. Osteoporosis
- D. Vasomotor symptoms
- E. Vaginal dryness

47. A 32-year-old woman presents to the gynecology clinic with infrequent periods. A hormone profile is done and all of the following are consistent with polycystic ovarian syndrome, apart from:

- A. Increased androgen levels
- B. Normal fsh
- C. Normal estradiol
- D. Decreased lh
- E. Low progesterone levels.

48. A 28-year-old woman attends the colposcopy clinic after an abnormal smear test. The smear is reported as severe dyskaryosis and she has an intrauterine contraceptive device in situ. All of the following statements are likely to be true, apart from

- A. The cervix is macroscopically normal
- B. Acetic acid is applied and an irregular white area is apparent to the left of the cervical os.
- C. Iodine is applied and the same area stains dark brown while the rest of the cervix stains pale
- D. A biopsy is taken
- E. The IUCD can stay, as it will not aggravate the cervical abnormality

49. A 24-year-old woman presents with the absence of periods for nine months. She started her periods at the age of 13 years and had a regular 28-day cycle until 18 months ago. The periods then became irregular, occurring every two to three months until they stopped completely. The following are all included in the differential diagnosis of secondary amenorrhea, apart from:

- A. Excessive exercise
- B. Hyperprolactinemia
- C. Hyperthyroidism
- D. Premature ovarian failure
- E. Significant weight loss

50. The following statements regarding adenomyosis are true, apart from one

- A. It tends to occur in women over 35 years
- B. Risk factors include increased parity, termination and quick labors
- C. The condition commonly occurs in association with endometriosis
- D. With each period, bleeding occurs from the endometrial tissue into the smooth muscle
- E. The diagnosis can be made by ultrasound or magnetic resonance imaging scan.

51. A 20-year-old woman is referred with a problem of post-coital bleeding. Over the past two months it has occurred on six occasions and there has been a small amount of bright red blood noticed after intercourse. There is no associated pain. The following investigations should initially be performed, apart from:

- A. Cervical smear
- B. Endocervical swab for chlamydia
- C. Colposcopy
- D. Endocervical swab for gonorrhoea
- E. Speculum examination to observe the cervix

52. One of the following is true. It is recognized that the positive predictive value of initial mammography for breast cancer within the national screening program in the UK is 16%. This means that:

- A. 16% of people who have breast cancer are detected on initial mammography
- B. 84% of people without breast cancer have a normal mammogram
- C. 16% of initial mammograms are abnormal
- D. A patient with an abnormal initial mammogram has a 16% chance of having breast cancer
- E. Out of every 100 patients with an abnormal mammogram

53. One of the following is true. Successful fertilization and subsequent normal embryonic development

- A. Require at least two spermatozoa
- B. Require the retention of the cortical granules in the oocyte
- C. Are most likely when the oocytes have been ovulated in an immature stage
- D. Require exclusion of the second polar body
- E. Often occur when the oocyte has lost its zona pellucida.

54. A 25-year-old woman on liver enzyme inducers is requesting contraceptive advice. The method providing her with the most reliable form of contraception would be:

- A. Combined oral contraceptive pill
- B. Depo-provera injection
- C. Diaphragm
- D. Male condom
- E. Progesterone-only pill.

55. A 35-year-old woman comes requesting long-term reversible contraception. You advise that the method that can provide the longest protection is:

- A. Contraceptive implant
- B. Copper intrauterine device
- C. Depo-provera injection.
- D. Intrauterine hormonal system
- E. Laparoscopic sterilization

56. A healthy 23 yr old G1P0 has an uncomplicated pregnancy to date. She is disappointed because she is 41 weeks gestational age by good dates and a 1st trimester USG and wants to have her baby. Pt reports good fetal movements, baby's kick count is abt. 8-10 times/hr. On exam cervix is firm, posterior, 50% effaced and 1 cm dilated and vertex is at -1 stn. What will be the next advice for the pt.

- A. Admission and immediate CS
- B. Admission and Pitocin induction
- C. Schedule a CS in one week if she has not undergone spontaneous labor in the mean time

- D. She should continue to monitor kick count and return to you after a week to reassess the situation
- E. Induction of labor

57. With A patient is presented to you post hysterectomy and the need of HRT with osteoporosis, what will be the choice of HRT for the patient?

- A. Progestin
- B. Estrogen
- C. Estrogen + progestin
- D. Testosterone
- E. None

58. 37 weeks of pregnancy with good uterine contractions P/V ex-n shows cervix fully dilated for >2 hours, vertex at 1 station, severe moulding present. Your management?

- A. Wait for spontaneous delivery
- B. Cesarean section
- C. Forceps
- D. Oxytocin drip
- E. None

58. During the reproductive cycle which substance enhances glandular secretion of the endometrium so that implantation can occur

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

59. Patient 32 years old, in the delivery room gave birth to a live full-term baby, weight 3900 g, 53 cm length. At birth, the heart rate is 120 per minute, the skin is pink, rhythmic breathing is 45 per minute, reflexes are lively, hypertonicity. Assess the condition of the newborn according to the Apgar scale?

- A. 2-3 points
- B. 4-5 points
- C. 5-7 points
- D. 8-9 points
- E. 9-10 points

60. To replenish the (CBV) circulating blood volume control is necessary:

- A. Heart rate
- B. Blood pressure
- C. Central venous pressure
- D. Total peripheral resistance
- E. Diuresis

61. A female patient with unexplained infertility is treated with menopausal gonadotropin and pure follicle stimulating hormone to induce follicular development. Several oocytes are aspirated from enlarged follicles and cultured in nutrient medium until they reach the normal second stage of meiotic arrest before they are fertilized. Fertilization is therefore carried out at which of the following stages of oocyte development

- A. Prophase of the primary oocyte
- B. Metaphase of the primary oocyte
- C. Prophase of the Secondary oocyte
- D. Metaphase of the Secondary oocyte
- E. Prophase of the definitive oocyte

62. Primary treatment for hirsutism in PCOD?

- A. Minoxidil
- B. Progesterone
- C. GnRH analogue
- D. Combined OCP
- E. Depo-provera

63. Which type of anesthesia is recommended in labor in patients with moderate pregnancy induced hypertension?

- A. Pudendal
- B. Epidural
- C. General
- D. Paracervical
- E. Infiltrative

64. A 27-year-old G2P1 woman at 40 weeks' gestation presents in labor. She has a history of an uncomplicated spontaneous vaginal delivery of a healthy child weighing 3.9 kg (8.6 lb). On examination her blood pressure is 123/89 mm Hg, pulse is 87/min, and temperature is 36.7°C (98°F). The fetal heart rate ranges from 140 to 150/min with good beat-to-beat variability. Tocometry detects regular contractions occurring every 8-10 minutes. The cervix is dilated at 4 cm and the vertex is at the -3 position. Immediately after artificial rupture of membranes, fetal bradycardia of 65-75/min is noted for 2 minutes without recovery. Which of the following is the next best step in management:

- A. Increase rate of oxytocin infusion
- B. Perform sterile vaginal examination
- C. Perform immediate LSCS
- D. Perform McRoberts manoeuvre
- E. Perform amniootomy

65. What is the normal duration of magnesium therapy in pregnancy induced hypertension?

- A. 12 hours after delivery
- B. 18 hours after delivery
- C. 20 hours after delivery

- D. 24-48 hours after delivery
- E. 48-56 hours after delivery

66. Clubbing of fimbrial end of fallopian tube is seen in HSG, what could be possible pathology?

- A. TB
- B. Gonococcal
- C. Hydrosalpinx
- D. Mullarian anomaly
- E. None

67. Contraindications for the internal rotation of the second leg of the fetus at birth is the first baby in twins:

- A. Presence of uterine scar
- B. Full dilation of the cervix
- C. Amniotic membranes intact
- D. Normal fetus
- E. Fetal heartbeat clear and rhythmic

68. In a multi-pregnant woman with a 28-week gestation, pedal and abdominal edema were seen, blood pressure 160/100 mm Hg, 170/100 mm Hg. Protein in urine - 0.66 g. Make a diagnosis:

- A. Hypertension
- B. Mild preeclampsia
- C. Moderate preeclampsia
- D. Severe preeclampsia
- E. Exacerbation of chronic pyelonephritis

69. Regarding cervical cancer, which is the true statement?

- A. HPV types 6 and 12 are high risk for developing cervical cancer
- B. The new vaccines can prevent invasive carcinoma but not CIN
- C. As soon as the new vaccination is introduced, cervical screening programmes can cease.
- D. HPV types 16 and 18 account for the majority of cervical cancer in the UK
- E. HPV is an oncogenic virus for squamous cell but not adenocarcinoma of the cervix

70. Regarding the menstrual cycle, which is the true statement?

- A. Menstruation occurs with vasodilation of the spiral arteries
- B. The LH surge triggers menstruation.
- C. The Graafian follicle develops during the luteal phase
- D. Both the follicle and the corpus luteum secrete oestradiol

E. Progesterone levels fall after the onset of menstruation.

71. Regarding Müllerian duct abnormalities which is the true statement?

- A. Occur about 1 in 500.
- B. The commonest uterine abnormality is septate uterus.
- C. Occur not infrequently with gastrointestinal abnormalities.
- D. Surgical correction of a septate uterus is followed by fetal salvage in <60% of cases.
- E. Longitudinal vaginal septa are more common than transverse ones.

72. Which one of the following statements about the menopause is correct?

- A. Progesterone levels rise after the menopause
- B. LH levels rise after the menopause.
- C. The pituitary stops secreting LH and FSH at the menopause.
- D. Menstrual cycles remain regular until the last menstrual period.
- E. The number of oocytes in the ovary remains constant until the menopause.

73. Choose the correct statement: The female reproductive tract plays important roles in sperm transport by.

- A. Trapping most spermatozoa in the cervical crypt for many days.
- B. Regulating sperm transport so that cells reach the site of fertilisation around the time of ovulation
- C. Allowing sperm transport at all stages of the ovarian cycle/
- D. Preventing spermatozoa from swimming out of the peritoneal cavity.
- E. Providing an acidic environment to keep the spermatozoa active

74. Which one of the following statements is true: Semen analysis:

- A. Identifies men with high-quality fertile spermatozoa/
- B. Identifies men with low sperm concentrations that might affect fertility.
- C. Can always be used to predict fertility,
- D. Cannot identify abnormal spermatozoa
- E. Identifies men with hypopituitarism.

75. One of the following is true. A malignant tumour arising in the mesenchymal tissue is called:

- A. Adenoma,
- B. Carcinoma,
- C. Lymphoma,

- D. Melanoma,
- E. Sarcoma.

76. A 24 yr old primi female at term, has been dilated to 9 cms for 3 hrs. The fetal vertex is at Rt occipito posterior position and at +1 station. There have been mild decelerations for the last 10 mins. Twenty mins back fetal scalp Ph was 7.27 and now it is 7.20. Next line of management is:

- A. Wait and watch
- B. Repeat scalp ph after 15 mins
- C. Midforceps rotation
- D. Lscs
- E. Stimulate fetal scalp

77. Presence of convulsions characterizes which degree of pregnancy induced hypertension?

- A. Preeclampsia
- B. Mild preeclampsia
- C. Moderate preeclampsia
- D. Severe preeclampsia
- E. Eclampsia

78. What term of pregnancy is possible to conduct the prophylactic rotation of fetus on a head in breech presentations?

- A. In 28-32 weeks
- B. In 34-36 weeks
- C. In 36-38 weeks;
- D. In 32-38 weeks;
- E. Without limitation of term.

79. A 24-year-old woman presents to the emergency department complaining of pain in her right breast. The patient is postpartum day 10 from an uncomplicated spontaneous vaginal delivery at 42 weeks. She reports no difficulty breast-feeding for the first several days postpartum, but states that for the past week her daughter has had difficulty latching on. Three days ago, her right nipple became dry and cracked, and since yesterday it has become increasingly swollen and painful. Her temperature is 38.3°C (101°F). Her right nipple and areola are warm, swollen, red, and tender. There is no fluctuance or induration, and no pus can be expressed from the nipple.

- A. Continue breast feeding from both the breasts
- B. Breastfeed from unaffected breast only
- C. Immediately start antibiotics and breastfeed only when antibiotics are discontinued.
- D. Pump and discard breastmilk till infection is over and then continue breastfeeding
- E. Stop breastfeeding immediately.

80. Patient A., aged 24, was admitted with complaints of pain in the lower abdomen and bloody discharge from the genital tract with a delay in menstruation for 2 weeks. BP 100/60 mm Hg, pulse 90 beats/min. On speculum examinations: cyanosis of the mucous membrane of the cervix, bloody discharge, dark. PV: the uterus is slightly enlarged, mobile, on the right in the area of the appendages there is a formation, painful, doughy consistency. The posterior fornix is flattened, painful. Your diagnosis:

- A. Endometriosis
- B. Incomplete abortion
- C. Ectopic pregnancy
- D. Uterine fibroids
- E. DUB

81. A 27-year-old woman presents to her obstetrician with the complaint of pain and swelling in her left breast. She reports a fever of around 38.3°C (101°F) for the past 2 days. She recently gave birth to a healthy baby girl and has been breastfeeding every 3-4 hours. Examination reveals focal tenderness just medial to the nipple with surrounding warmth

and erythema. Her WBC count is 12,000/mm³ Which of the following is the best treatment:

- A. Amoxicillin
- B. Dicloxacillin
- C. Penicillin
- D. Erythromycin
- E. Levofloxacin

82. You are called to a maternity ward to see a 23 year old primi patient who had delivered a 2.7 kg baby boy 2 days back. She had a normal vaginal delivery and placenta delivered spontaneously. Now she complains of bloody vaginal discharge with no other signs. O/E you notice a sweetish odour bloody discharge on the vaginal walls and introitus. Sterile pelvic examination shows a soft non tender uterus. Her P/R-78/min, B/P-110/76 mm of hg, temp-37°C, R/R-16/min. Her WBC count =10,000 with predominant granulocytes. What is the most appropriate step:

- A. Curettage
- B. Oral antibiotics
- C. Reassurance
- D. Order urinalysis
- E. Vaginal culture

83. What is contraindication for the external rotation of fetus in breech presentations?

- A. Early gestosis;
- B. Contracted pelvis I degree;
- C. Kidney disease of pregnant woman;
- D. Scar on the uterus;
- E. All of the above

84. Sarita, a 30-year-old woman develops a deep vein thrombosis in her left calf on fourth postoperative day following cesarean section done for fetal distress. The patient is started on heparin and is scheduled to begin a 6 weeks course of warfarin therapy. The patient is a devoted mother who wants to breast feed her baby.

Q. What is the advice which is given to the patient:

- A. Patient may continue breast feeding at her own risk.
- B. Patient should breast feed her baby only if her INR is at <2.5
- C. Patient can breast feed her baby after 6 weeks course of warfarin is over
- D. Warfarin is not a contraindication for lactation.
- E. Warfarin is absolutely contraindicated during lactation.

85. Changes in the pubic symphysis during physiological pregnancy do not exceed:

- A. 0.1-0.3 cm
- B. 0.4 - 0.6 cm
- C. 0.7-0.9 cm
- D. 1.0-1.2 cm
- E. 1.3-1.5cm

86. What complications occur in the first stage of labor in breech presentation more frequent?

- A. Preterm rupture of membrane
- B. Preeclampsia
- C. Bleeding
- D. Arrested fetal shoulders
- E. Strong uterine contractions

87. By the third Leopold' maneuver in breech presentations is palpated:

- A. The back of fetus
- B. The breech of the fetus
- C. Head of the fetus
- D. Breech in uterine fundus
- E. Arms of fetus

88. During pregnancy, the following hormones are produced in the fetoplacental system:

- A. Estrogens, progesterone, placental lactogen, embryonic α -fetoprotein
- B. Progesterone, placental lactogen, embryonic α -fetoprotein
- C. Placental lactogen, embryonic α -fetoprotein
- D. Embryonic α -fetoprotein, estrogens, androgens
- E. Androgens, estrogens, progesterone

89. 29 Years old female presented with 7 weeks of pregnancy; she has complaint of vaginal spotting. USG shows empty uterus, best treatment?

- A. If sac >3.5 do medical management
- B. Laparoscopy with salphingostomy
- C. Laparoscopy with salphingectomy
- D. Laparotomy
- E. Culdotomy

90. Pregnant, 26 years old, was admitted to the maternity ward with a Diagnosis: Pregnancy 32 weeks. Pregnancy - 2, childbirth -1. Complaints: edema, headache, dizziness, blurred vision, nausea, vomiting, stomach pain and pain in the heart, contractions every 15 minutes, for 20-25 seconds, BP160 / 110, 150 | 100mm Hg and pulse 88 times per minute. Palpation determined: the back of the fetus is determined on the right side and anteriorly. Bimanual examination: dilation of the cervix 3 cm. The fetal head is presented. The sagittal suture of the fetal head is found on the right oblique size, a small fontanel on the right. Laboratory: proteinuria more than 1 g / l in urine What is your therapeutic tactic? Choose delivery methods?

- A. Immediate delivery by caesarean section
- B. To postpone delivery until stabilization
- C. Delivery through the natural birth canal
- D. Delivery by caesarean section within 12 hours
- E. Routine delivery by C-section

91. 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
- E. Herpes

92. During which cardinal movement of labor is the face linear of the fetal head is located in oblique diameter of the pelvic inlet?

- A. Internal rotation
- B. Extension
- C. External rotation
- D. Expulsion
- E. Flexion

93. A pregnant woman of 28 years, with a gestational age of 34 weeks for admission to the maternity hospital with complaints: headache, dizziness and dizziness, impaired vision, nausea, vomiting, stomach pain and pain in the heart and swelling and cramping abdominal pain. Pregnancy - 4, childbirth - 3, the second pregnancy with complications (hypertension during childbirth), the last two years 3 - the pregnancy ended the termination of pregnancy, without complications. The obstetric status of the contractions is every 4-5 minutes, for 30-35 seconds, the position of the fetus is longitudinal, cephalic presentation, fetal heartbeat 165 times per minute. BP-170 / 110, 160 / 100 mm.Hg. and heart rate 86 times per minute.

Suddenly, convulsions started. What is the correct management?

- A. connect ventilator
- B. Give oxygen
- C. Lay her on the side so that it does not fall
- D. do indirect heart massage
- E. Intravenously administer a dose of magnesium sulfate

94. MC tumor associated with delayed puberty

- A. Astrocytoma
- B. Prolactinoma
- C. Craniopharingioma
- D. Medulloblastoma
- E. None of the above

95. Treatment options for CIN III include all except

- A. LLETZ
- B. Conization
- C. Wertheims hysterectomy
- D. Hysterectomy
- E. Amputation

96. Cervical ectopic is confirmed by presence of

- A. Bleeding painless
- B. H/O villi inside cervical stroma
- C. Gestation sac below internal os
- D. Intractable bleeding following evacuation of products
- E. All of the above

97. When shoulder pain develops in a case of tubal pregnancy it indicates

- A. Tubal mole
- B. Development
- C. Severe internal bleeding
- D. Tubal abortion
- E. None

98. Causes of primary amenorrhea are A/E

- A. Rokitanskiy syndrome
- B. Shehan syndrome
- C. Kallman syndrome
- D. Turner syndrome
- E. PCOD

99. A 37-year-old pregnant woman was brought from the village to the maternity hospital, 40 weeks gestation, gestational period, labor, strong contractions, violent, painful, not convulsive,

the uterus is elongated, its bottom is tilted away from the midline, round ligaments tense, painful, the contraction ring is located high above the bottom, at the level of the navel, and the oblique, uterus is the shape of an hourglass. The fetal heart rate is 160 beats per minute. What is your intended diagnosis?

- A. Complete uterine rupture
- B. Threatening uterine rupture
- C. The onset of uterine rupture
- D. Incomplete uterine rupture
- E. Complete uterine rupture

100. A woman in labor was admitted to the obstetric hospital with a diagnosis of: - Birth I; - The second period of labor - premature detachment of a normally located placenta; intrapartum fetal death. Your management:

- A. Cesarean section
- B. Fetal-destruction operation
- C. Induction of labor
- D. Fetal vacuum extraction
- E. Delivery by obstetric forceps operation