Model Question Paper

QP code: xxxxxx **RegNo ….....**

III Professional Part 2 MBBS degree R/S Examinations

Obstetrics and Gynaecology

Paper 2 Gynaecology and family welfare

Time: 3 hours **Max Marks: 100**

Instructions:

1. Answer all the questions to the point neatly and legibly
2. Indicate the question number correctly for the answer in the margin space
3. Answer all parts of a single question together
4. Draw diagrams wherever necessary

1. **Multiple Choice Questions** **(1 x 20 = 20 Marks)**

Question numbers (i-v) are case scenario-based questions. Select the best answer

A mother brings her 19year old daughter to your clinic with complaints that she hasn't started having menses. General examination reveals normally developed breasts and pubic hair. On pelvic examination, vaginal ending is blind and uterus is not palpable

i. What is the diagnosis?

a. Mullerian Agenesis b. Turner's syndrome

c. AIS d. Gonadal dysgenesis

ii. What is the karyotype of this girl

a. 45XO b. 46XY

c. 46XX d. 45XXY

iii. All are true about this condition except

a. 46XX b. S. Testosterone normal for females

c. Barr body positive d. Tanner's stage 1 or 2

iv. Management of this condition are all except

1. Vaginoplasty 2. Lifelong Hormonal therapy

3. Gonadectomy once diagnosis is made 4. Hymenectomy

a. 1 only b. 1,2,3 c. 1 and 4 d. 2,3,4

v. All are indications of surrogacy except

a. Mullerian Agenesis b. Gonadal Dysgenesis

c. AIS d. POF

For Questions (vi-x), there are 2 statements marked as Assertion (A) and Reason (R). Select the best option.

a. Both A & R are correct, and R is correct explanation of A
b. Both A & R are correct, and R is not correct explanation of A
c. A is correct; R is incorrect
d. R is correct ;but not the explanation for A as A itself is incorrect

vi. A - Hot flushes are common after menopause

R - Estrogen withdrawal happens in menopause

vii. A - When pregnancy occurs with CuT in position, it should be left in situ

R - CuT in situ does not lead to increased risk of congenital malformation

viii. A - Supravaginal elongation of cervix occurs in UV prolapse

R - There is a gaping genital introitus but ligaments support of uterus is strong

ix. A - Fibroid uterus can cause urinary symptoms such as increased frequency, difficulty in emptying bladder

R - Fibroids which are large and impacted in POD can compress bladder and leads to these symptoms

x. A - Individuals with Turner syndrome often have short stature

R - Turner syndrome is caused by the complete or partial absence of X chromosome leading to short stature

Question numbers (xi –xv) Read the statements & select the best option

xi. True statements about Germ cell Tumors

1. Seen in young adults
2. Dysgerminoma
3. Clear cell tumour is germ cell
4. HCG is used as marker

a. 1,2,&4 b. 4&3 c. 2&4 d. 1&4

xii. Post coital contraceptive which is used to prevent pregnancy include

1. Levonorgestrel
2. CuT up to 5 days after an unprotected intercourse
3. PoP
4. E+P

a. 1&2 b. 1,2,&4 c. 1,2,&3 d. 3&4

xiii. Ultrasonographic criteria for the diagnosis of PCOD include

1. No. of follicles
2. Stromal volume
3. Ovarian Volume
4. Cortical thickness
5. Stromal blood flow

a. 1,2,3,4&5 b. 1,3&5 c. 1,2&4 d. 1,2&3

xiv. True about endometriosis is/are

1. Seen in nullipara commonly
2. Causes HMB
3. Seen in multies
4. Also called chocolate cyst
5. Seen in 1st degree relative

a. 1,2,3,4&5 b. 1,4&5 c. 1,2,4&5 d. 1,2,3&5

xv. Drugs that reduce size of myoma includes

1. GnRH agonist
2. Danazol
3. Estrogen
4. Progesterone
5. Ru486

a. 1,2,3,4&5 b. 2,3,&4 c. 1,2&5 d. 3&4

Question numbers (xvi-xx) select the best option.

xvi. Which of the following is not to be given in cyclic mastalgia

a. Evening Primrose oil b. Danazol

c. Tamoxifen d. Estrogen

xvii. Side effect of clomiphene citrate include all except

a. Multiple Pregnancy b. Multiple Polycystic ovary

c. Teratogenic effect on offspring d. Increased risk of ovarian cancer

xviii. Most common cause of Hirsuitism

a. PCOS b. Arrhenoblastoma

c. Cushing's Syndrome d. Cong. adrenal hyperplasia

xix. True about PCOD

a. Increased LH, Decreased FSH b. Decreased LH, Increased FSH

c. Increased TSH d. Decreased Prolactin

xx. Persistent Anovulation not treated leads to all except

a. Hirsuitism b. Osteoporosis

c. Ca endometrium d. Increased risk of CVS disease

Long Essays **(10 x 2=20 Marks)**

2. 49 year old Nulliparous lady with BMI of 30 hypertensive and diabetic admitted with complaints of heavy menstrual bleeding lasting for 8 days every cycle.

a. What is the first investigation needed in this patient and what is the importance of this investigations, and how will you act on it 2 marks

b. What are the risk factors of Carcinoma endometrium 1 mark

c. Describe in detail the staging of Carcinoma Endometrium 2 marks

d. What is the treatment for stage 2 of Carcinoma endometrium 5 marks

3. 65 year old P5L5 presented to the OPD with retention of urine. O/E she has uterovaginal prolapse

a. What are the various supports of the uterus 3 marks

b. What are the grades of utero vaginal prolapse 2 marks

c. What causes urinary retention in UV prolapse 2 marks

d. What is decubitus ulcer and how do you manage it 3 marks

Short Essays **(6 x 6 = 36 marks)**

4. A 40 year old P3L3 sterilised comes with history of amenorrhea 6 weeks and vomiting and abdominal pain. What is the DD and line of management and how will you counsel her?

5. A patient comes to OPD asking for elective hysterectomy . She gives family history of Ca colon for her uncle and brother and Ca ovary for her sister. How will you counsel the patient

6. A 20 year old married for 1 month comes to OPD for advise on contraception. How will you counsel her

7. 43 Year old history of DM C/O discharge P/V with itching What are the differential diagnosis and management

8. A 35 year old present with irregular menstrual cycles and heavy bleeding . How do you approach and manage this patient?

9. A 25 year old woman unmarried sexually active come for prevention of Ca Cervix . How will you counsel this patient on screening ?

Short Answers **(4 x 6 = 24 marks)**

10. Management and follow up for complete molar pregnancy
11. LNG IUCD
12. Investigations for a 30 year old female with primary infertility
13. Hirsuitism
14. How should doctors deal with the emotions of patients facing death?
15. Medical management of fibroids

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