



Year 2021/2022	Obstetrics & Gynecology Medicine
2 nd Term Final Exam	Third year (Obs.)
Date: 8/6/2022	Total Marks: 50
Time allowed: 2 hours	DR/ Mohamed Hafez

Choose the best correct answer: (50 Marks)

<p>1. The Expected date of delivery of a human pregnancy can be calculated:</p> <p>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.</p>	<p>2. The main support of the uterus is provided by</p> <p>A. The round ligament B. The cardinal ligament C. The infandilo-pelvic ligament D. The integrity of the pelvis E. The broad ligament</p>
<p>3. Stages of labor</p> <p>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)</p>	<p>4. In patient with bicornuate uterus when getting pregnant can get all these complication, EXCEPT:</p> <p>A. Polyhydramnios B. Abortion C. Preterm labor D. Abnormal fetal lie E. Retained placenta</p>
<p>5. Which of the following is suggestive of ovulation:</p> <p>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</p>	<p>6. The following are presumptive skin signs of pregnancy except:</p> <p>A. Chloasma B. Maculo-papular rash C. Linea Nigra D. Stretch Marks E. Spider Telangiectases</p>
<p>7. Sure sign of pregnancy is:</p> <p>A. Amenorrhea B. Hegar's sign C. Nausea and vomiting D. Auscultation of fetal heart E. Abdominal distension</p>	<p>8. Components of biophysical profile include all of the following, EXCEPT:</p> <p>A. Fetal movement B. Placental thickness C. Fetal tone D. Fetal breathing movement E. Amniotic fluid volume assessment</p>



	10. In twin deliveries: Which is true?
9. APGAR's score includes all the followings EXCEPT: A. Skin color. B. Muscle tone. C. Blood pH. D. Heart rate. E. Respirations	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
11. 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	12. 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.
13. 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	14. 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.
15. 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	16. 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.
17. 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	18. 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



<p>19. Atonic Post partum hemorrhage is best managed with :</p> <ul style="list-style-type: none">A. Intra-venous progesteroneB. 0.5 mg oral ergometrine and uterine massageC. 5 units oral syntocinon and uterine massageD. Uterine massageE. Uterine massage with 40 units syntocinon in 500 ml D5 % NS to be given Intravenously	<p>20. Postpartum hemorrhage can occur due to all the followings EXCEPT:</p> <ul style="list-style-type: none">A. Fetal macrosomia.B. Polyhydramnios.C. Placenta brevia.D. Abruptio placenta.E. Postdate pregnancy.
<p>21. In DIC: Disseminating intravascular coagulation</p> <ul style="list-style-type: none">A. The level of FDP (Fibrinogen degeneration products) is lowB. Platelet count is highC. Bleeding time is prolongedD. PT and PTT are normalE. The Fibrinogen level is high	<p>22. The following are always indications for Caesarean Section</p> <ul style="list-style-type: none">A. HydrocephalusB. Abruptio placentaC. Preterm LaborD. Active primary genital herpesE. Sever pre-eclampsia
<p>23. Obstructed labor: Which is true?</p> <ul style="list-style-type: none">A. Diagnosis only when the cervix is fully dilatedB. Usually predicted before onset of laborC. More common in developed countriesD. Mento-posterior position could be a causeE. X-ray pelvimetry is essential to predict cephalo-pelvic disproportion in Primigravida	<p>24. Prolapse of umbilical cord: Which is true?</p> <ul style="list-style-type: none">A. Not an indication for caesarean section when baby viable at 36 weeksB. Diagnosed when membranes are still intactC. Is more common when fetus acquires an abnormal lieD. Incidence is 5%E. Causes severe respiratory alkalosis
<p>25. The best uterine scar a patient can have for Caesarian section is</p> <ul style="list-style-type: none">A. Transverse upper segmentB. Longitudinal upper segmentC. Transverse lower segmentD. Longitudinal lower segmentE. A T-shaped incision	<p>26. Advantage of lower segment caesarean section over the classic incision includes:</p> <ul style="list-style-type: none">F. Ease of repairG. Decreases blood lossH. Lower probability of subsequent uterine ruptureI. Decreases danger of intestinal obstructionJ. All of the above
<p>27. Most common cause of anesthesia death in pregnancy:</p> <ul style="list-style-type: none">A. Aspiration pneumoniaB. Medication reactionC. StrokeD. Hemorrhage	<p>28. All of these drugs can be used as tocolytic to stop labor, EXCEPT:</p> <ul style="list-style-type: none">A. Salbutamol ventolinB. Diazepam (valium)C. Calcium channel blockerD. Indomethacin non steroidal anti inflammatory drugsE. Ritodrine (β agonist).
<p>29. In cases with premature rupture of membranes, all the following are acceptable in the conservative management except:</p> <ul style="list-style-type: none">A. Frequent vaginal examination to assess cervical dilatationB. serial complete blood count to diagnose rising of WBCC. Close monitoring of maternal vital signsD. Ultrasound to assess fetal weight and amount of liquorE. Monitoring of the fetus by doing cardiotocogram	<p>30. The most serious complication of preterm premature rupture of membrane (PPROM) at 28 weeks:</p> <ul style="list-style-type: none">A. Fetal compression anomaly.B. Pulmonary hypoplasia.C. Intrauterine infection.D. Limb contraction.E. Abruptio placenta.



<p>31. Dexamethasone is indicated in which of the following condition :</p> <ul style="list-style-type: none">A. Premature labor to prevent neonatal respiratory distress syndromeB. Ectopic pregnancy to enhance fetal lung maturityC. Spontaneous rupture of membrane at 39 weekD. At 38 weeks severe abruption placentaE. Threatened abortion	<p>32. Transplacental infection occur with all, EXCEPT:</p> <ul style="list-style-type: none">A. Cytomegalovirus.B. ToxoplasmaC. RubellaD. SyphilisE. Gonorrhoea
<p>33. The following may be indicative of chorioamnionitis EXCEPT:</p> <ul style="list-style-type: none">A. Maternal pyrexiaB. Maternal tachycardia.C. Tender uterusD. Fetal bradycardiaE. Increased white-cell count in the mother	<p>34. The most common complication of breast feeding is:</p> <ul style="list-style-type: none">A. Amenorrhoea.B. Pregnancy.C. Excessive weight loss.D. Puerperal mastitis.E. Breast abscess.
<p>35. In Pre-eclampsia, right upper quadrant part abdominal pain is due.</p> <ul style="list-style-type: none">A. Tension of the liver capsuleB. CholecystitisC. PancreatitisD. Gastric ulcerE. Oesophagitis	<p>36. In eclampsia: Which is true?</p> <ul style="list-style-type: none">A. Caesarean section must be carried out in all casesB. Hypotensive drugs should not be usedC. Urinary output is increasedD. Antidiuretic drugs are essential in all casesE. Ergometrine should be avoided in the third stage of labor
<p>37. The following are known complications of pre-eclampsia EXCEPT :</p> <ul style="list-style-type: none">A. Abruptio placenta.B. Uterine rupture.C. Prematurity.D. Placental insufficiency.E. IUFD.	<p>38. Severely pre-eclamptic patients have a decrease in :</p> <ul style="list-style-type: none">A. Response to pressor amines.B. Plasma volume.C. Total body sodium.D. Uric acid.E. None of the above.
<p>39. Gestational diabetes is associated with an increase risk of all the following, EXCEPT:</p> <ul style="list-style-type: none">A. Cesarean sectionB. Shoulder dystociaC. Fetal macrosomiaD. Intrauterine fetal deathE. Intrauterine growth restriction	<p>40. Control of gestational diabetes is accomplished with the following, EXCEPT:</p> <ul style="list-style-type: none">A. InsulinB. DietC. Oral hypoglycemic agentsD. ExerciseE. Insulin and diet
<p>41. Infants of mother with gestational diabetes have an increased risk of the following, EXCEPT:</p> <ul style="list-style-type: none">A. HypoglycemiaB. HypoinsulinemiaC. HypocalcemiaD. Hyper bilirubineE. Polycythemia	<p>42. Which of the following contraceptive methods should NOT be used by a patient with coronary heart disease?</p> <ul style="list-style-type: none">A. Combined oral contraceptive pillsB. Male condomC. Female condomD. DiaphragmE. Spermicidal agent



<p>43. Permanent sterilization include all of the following, EXCEPT:</p> <ul style="list-style-type: none">A. VasectomyB. Tubal ligationC. Mirena IUCDD. HysterectomyE. Bilateral salpingectomy	<p>44. The combined contraceptive pills: Which is true?</p> <ul style="list-style-type: none">A. Pre-dispose to pelvis inflammatory diseaseB. Predispose to ovarian cystC. Predispose to benign breast cystD. Contra indicated in a patient with history of DVTE. Failure rate is 2 per hundred woman years
<p>45. IUCD are relatively contraindicated in the following patient EXCEPT:</p> <ul style="list-style-type: none">A. With past history of chronic Salpangitis.B. With Submucous fibroidC. With history of ectopic pregnancyD. With septate uterusE. With history of C section	<p>46. Complication of IUCD include all the following EXCEPT:</p> <ul style="list-style-type: none">A. Premenstrual –spottingB. DysmenorrhealC. MenorrhagiaD. Pelvic infectionE. Failure rate are twice that expected in the patients taking progestin only pill.
<p>47. A contraceptive method that prevent transmission of STD is:</p> <ul style="list-style-type: none">A. Condom.B. OCP.C. IUCD.D. Spermicide.	<p>48. All of the following are true about PCO EXCEPT:</p> <ul style="list-style-type: none">A. To diagnose PCO hormonal analysis can be done at any time of the cycleB. It is associated with reversed FSH:LH ratioC. It is associated with increase resistance to insulinD. Can be associated with increased prolactin levelE. The ovaries have characteristic appearance by the ultrasound
<p>49. Evaluation of infertile couples:</p> <ul style="list-style-type: none">A. History of regular cycles is suggestive of anovulationB. History of severe dysmenorrhea and dyspareunia is suggestive of endometriosisC. Endometriosis is diagnosed by hysteroscopyD. Hysterosalpingogram is the only means of assisting ectopic pregnancyE. Thyroid disease does not affect fertility	<p>50. All the following are possible causes of anovulation, EXCEPT:</p> <ul style="list-style-type: none">A. High body mass indexB. Anorexia nervosaC. Polycystic ovarian syndromeD. Premature ovarian failureE. Sickle cell trait

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