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| **Year: 2022 – 2023** | **Subject: Obstetrics& Gynecology Medicine (Med322)** |
| **Specialty: Obstetrics Nursing** | **3rd year "Undergraduate"** |
| **Date: 12 /1/2023** | **Total Marks: 50 Marks** |
| **Time allowed : 2 hours** | **Prof. Ibrahim Arafa** |

**Gynecology mcq:**

1-Several regimens for the treatment of bacterial vaginosis are proposed by the Centers of Disease Control and Prevention (2015). Antibiotics recommended include all of the following EXCEPT

a- Tinidazole b-Clindamycin c-Erythromycin d-Metronidazole

2-The most common symptom associated with adenomyosis is :

a- Infertility b-Menorrhagia c-Haematometra

d- Dyspareunia e-Metrorrhagia

3-In DUB all are right EXCEPT

a- may be associated with hypothyroidism

b- may be associated with post-menopausal bleeding

c- may be associated with functional ovarian cysts

d-may present as menorrhagia

e- may be present as metropathia hemorrhagica

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

a- Estradiol b-Estriol

c-Pituitary Gonadotropins d-Pregnandiol e-Progesterone

5-The normal sequence of pubertal changes in the female is:

a- Thelarche, Maximal growth velocity, menarche

b- Maximal growth velocity, Thelarche, menarche

c-Thelarche, menarche, maximal growth velocity

d- Menarche, maximal growth velocity, Thelarche

e- Menarche, increased body weight, Thelarche.

6-Which of the following is suggestive of ovulation

a- Basal body temperature drop at least 0.5C in the second half of the cycle

b- Day 21 estrogen level is elevated

c- Progesterone level on day ten of the cycle is elevated

d- Regular cycle with dysmenorrhea

7-Which of the following is the best method to predict the occurrence of ovulation:

A -Thermogenic shift in basal body temperature.

b- LH surge.

c- Endometrial decidulaization.

d- Profuse, thin, acellular cervical mucous.

8-Which of the following statements regarding bacterial vaginosis in reproductive-aged women is NOT true?

a- Condom use lowers risk. b- Douching after menses is preventive.

c- It is the most common cause of vaginal discharge.

d- Rates of sexually transmitted disease acquisition are increased in its presence.

9-Which of the following is not contraindication of levonorgestrel releasing IUD

a- Acute liver disease

b- Heavy menses due to coagulation disorder

c- Increased susceptibility to pelvic infection

d- Uterine anomaly with distortion of the uterine cavity

10--For which of the following contraceptive methods is a history of previous ectopic pregnancy considered to be a contraindication to its use?

a- Depot medroxyprogesterone acetate

b- Copper-containing intrauterine device

c- Levonorgestrel-releasing intrauterine system

d- Progestin-containing subdermal implant

11-Which of the following definitions of abnormal uterine bleeding is incorrect?

a- Heavy menstrual bleeding is defined as prolonged or heavy cyclic menstruation

b- Oligomenorrhea refers to cycles with intervals shorter than 35 days

c- Hypomenorrhea refers to menses with diminished flow or shortened interval

d- Intermenstrual bleeding is bleeding that occurs between cycles

12-All of the following are true about PCO EXCEPT:

a- It is associated with reversed FSH:LH ratio

b-To diagnose PCO hormonal analysis can be done at any time of the cycle

c- It is associated with increase resistance to insulin

d- Can be associated with increased prolactin level

e-The ovaries have characteristic appearance by the ultrasound

13-All of the following possible causes of infertility, EXCEPT:

a- Previous laparotomy for any reason b-Smoking

c- Android obesity d-PCO e-Uterine subserous fibroids

14-All of the following diagnostic tests are typically obtained during the initial evaluation of abnormal uterine bleeding EXCEPT:

A -Pap test b-Pregnancy test c-Liver function tests

d- Complete blood count with platelets

15-A 60-year-old postmenopausal woman presents for evaluation of genital tract bleeding, which is confirmed as uterine in origin by physical examination. Which diagnostic procedure is a logical first step in her evaluation?

a- Colposcopy b-Diagnostic office hysteroscopy

c- transvaginal sonography d-Saline infusion sonography

16-A patient using the progestin-only implant complains of unscheduled light bleeding since her implant was placed 4 months ago. Which of the following treatment options would be LEAST likely to correct the bleeding?

A-Single dose of depot medroxyprogesterone acetate

B-Addition of combination oral contraceptives for 1 month

c-Use of a antifibrinolytic medication for 1 w

D-Use of a daily estrogen-only supplement such as ethinyl estradiol

17--Which of the following factors decreases the risk for leiomyoma development?

A-Early menarche b-combined oral contraceptive pills

C-Elevated body mass index d-Polycystic ovarian syndrome

18-Complications of leiomyomas include all of the following EXCEPT:

A-Malignant transformation b-Cystic degeneration

c- Meigs syndrome d-Red degeneration

19-Postmenopausal women:

A-FSH and LH are characteristically low.

B-Fibroid uterus tends to grow bigger.

C-Hormonal replacement therapy increases the risk of breast cancer

D-Endometrium is characteristically thick on Ultrasound.

20-An Obese 63-years old women present with a 3 month history of continuous scanty bleeding. Adequate history and physical examination what is your recommendation?

A-Cervical cone biopsy b-D&C

C-Progesterone therapy d-Laparoscopy

21--Regarding Menorrhagia:

A-Progesterone mediated IUCD can treat this condition.

B-D & C is not required for diagnosis & management in a 45 years or more.

C-In adolescent, it is important to rule out malignancy.

D-It is defined as bleeding occurring every 2 weeks.

22-Which of the following is an indication for estrogen treatment in post-menopausal women?

1. Fibroid b-Endometriosis.

C-Postmenopausal atrophic vaginitis d-loss of lipido

23-Treatment of endometriosis involves:

A-Administration of gonadotrophins releasing hormone agonists to cause a pseudopregnancy

B-Administration of gonadotrophins releasing hormone antagonists to cause a pseudo-menopause stat

C-Administration of large doses of oestrogens and androgens state to cause a pseudo pregnancy

d-A and C above

24-An alarmed parent brings her 8-year-old daughter in for evaluation of breast budding. The child shows no other signs of puberty. Precocious puberty is defined as initial pubertal changes occurring prior to what threshold age?

A-6 years b-7 years c-8 years d-9 years

25-The following are risk factors for the development of cervical cancer:

A-Human papillomavirus (HPV) types 14, 17 and 31.

B-HPV types 16 and 18.

C- Family history of cervical cancer.

D-Previous chlamydial infection

**Obstetrics mcq**

1- Which statement is correct regarding calculating expected date of delivery (EDD)?

a) Pregnancy is dated from conception.

b) The last menstrual period (LMP) is reliable if the cycles are irregular.

c) The average length of pregnancy is 280 days.

d) LMP defined dates are more accurate than those calculated from USS.

e) Head circumference may be used to date a pregnancy until 25 weeks.

2- Which statement is correct regarding general examination in pregnancy?

a) The abdomen should always be palpated lying flat.

b) Breast examination should be conducted as part of routine antenatal care.

c) Approximately 80 per cent of women have an audible murmur at 12/40.

d) A symphysis–fundal height measurement should be plotted at every visit after 16/40.

e) Nipple examination can predict women who will need help in breastfeeding.

3- A woman contacts her midwife with concerns regarding fetal well-being at 32/40 in a previously normal pregnancy. Which is the best management?

a) Auscultation of the fetal heart at home by midwife.

b) Encourage the patient to record a 24-hour kick chart.

c) Book a growth scan within 2 days.

d) Attend hospital if fetal movements are decreased.

e) Advise repeat nuchal translucency scan.

4- On routine antenatal bloods, a thirty-year-old woman is found to be Rhesus negative. Which piece of advice regarding the management of her pregnancy is correct?

a) Her fetus will also be Rhesus negative.

b) If there is concern later in pregnancy regarding vaginal bleeding then a Kleihauer test should be performed.

c) She should have a routine dose of anti-D at 23/40.

d) Once she has had two doses of anti-D, further administration will not be required.

e) If this pregnancy is not affected by Rhesus disease, there should be no problem in subsequent pregnancies.

5- Which of the following is not an increased risk in multiple pregnancies?

a) Placenta praevia.

b) Diabetes mellitus. c) Pre-eclampsia.

d) Malpresentation. e) Intrauterine growth restriction (IUGR).

6- Which of the following is correct regarding hyperthyroidism in pregnancy?

a) Should be treated surgically rather than with carbimazole.

b) Can be diagnosed by total T4 measurements.

c) More than half are due to Grave’s disease.

d) The main complications for the fetus include growth restriction and fetal bradycardia.

e) Therapy should maintain free T4 and T3 levels in the low normal range.

7- Which of the following is the main advantage to performing a medio-lateral episiotomy?

a) Less blood loss.

b) Reduced incidence of dyspareunia.

c) Less anal sphincter damage.

d) Less pain in the postpartum period.

e) It is easier to repair.

8- Which of the following is not a factor classically implicated in postpartum hemorrhage?

a) Tone. b) Trauma. c) Tamponade. d) Thrombin. e) Tissue.

9- The components of the Apgar score include all accept:

a) Appearance. b) Pulse rate.

c) Good eye opening. d) Activity. e) Respiratory effort.

10. Which of the following test we should do in woman with considered high risk of preeclampsia?

A. 24-hour urine collection test

B. Blood pressure measurement

C. Urine test

D. Weight measurement

11. A 33-year old multigravida at 38 weeks gestation became disoriented, breathless and cyanotic after spontaneous vaginal delivery. The doctor noticed bleeding from the IV line site. Her blood pressure is 75/49 mm Hg, pulse is 120/min, and respirations are 27/min. Oxygen saturation is 70% on facemask. Which of the following is the most likely diagnosis?

A. Abruptio Placentae

B. Amniotic fluid embolism

C. Myocardial Infarction

D. Pulmonary Embolism

12. Which of the following is the most effective way to prevent cardiac anomaly in fetus during pregnancy?

A. Genetic screen

B. Regular exercise

C. Smoking cessation

D. Stopping eat red meat

13. A woman has severe pre-eclampsia. She was given MgSO4 and hydralazine. Her respiratory rate is now 10/min and her deep tendon reflexes are absent. Which of the following is the best treatment for this woman?

A. Atropine

B. Calcium gluconate

C. Methyldopa

D. Naloxone

14. A 26-year-old woman is brought to the emergency room with diffuse abdominal pain, uterine and adnexal tenderness and lightheadedness. Her past medical history is significant for pelvic inflammatory disease. Her temperature is 37 C, blood pressure is 90/60 mm Hg, pulse is 125/min, and respirations are 18/min. Which of the following is the most likely diagnosis?

A. Normal pregnancy

B. Placenta previa

C. Ruptured ectopic pregnancy

D. Threatened abortion

15. A 26-year-old G1P1 at 12 weeks gestation comes to the doctor with sudden onset of abdominal pain and vaginal bleeding. She denies passing anything beyond a small amount of blood. A pelvic examination demonstrates a closed cervix. An ultrasound has performed the fetus is in the uterus and is normal for his gestational age. Which of the following best describes the most likely diagnosis?

A. Ectopic pregnancy

B. Incomplete abortion

C. Inevitable abortion

D. Threatened abortion

16. Which of the following is the most common cancer during pregnancy?

A. Breast B. Cervix C. Ovary D. Vulvar

17. A 32-year-old woman comes to the clinic at 36 weeks gestation complaining of headaches and uterine contractions and abdominal pain. She states that these symptoms began 3 days ago and have been worsening. The woman's blood pressure is 160/110 mmHg. During the physical examination, the pain is evoked upon palpation of all 4 quadrants. Which of the following would be the best next step in this woman?

A. Give Tocolytics

B. IV MgSO4

C. IV betamethasone

D. Urine dipstick analysis

18. A pregnant woman is diagnosed deep venous thrombosis. Which of the following is the best treatment for this woman?

A. Dabigatran

B. Enoxaparin

C. Rivoroxaban

D. Warfarinaparin

19. The pregnant woman comes to the consultation and wants to know her probable delivery date. Her last menstrual period was 14th of March, 2015. Which of the following is the most likely delivery date for this woman?

A. 14th of December, 2015

B. 21th of December, 2015

C. 7th of December, 2015

D. 7th of January, 2016

20. Which can cross placenta and cause deafness and heart problems?

A. HBV B. Measles C. Mumps D. Rubella

21. Which of the following is not a normal physiological change in pregnancy?

A. Decrease of gastric motility

B. Decrease of respiratory rate

C. Increase of Blood volume

D. Increase of Cardiac output & heart rate

22. A 21-years-old female comes for preconception counseling. She has a history of fetal death after delivery with neural tube defect. Which of the following is the best advice for her?

A. Take Fe before and during the pregnancy

B. Take vitamin B6 before and during the pregnancy

C. Take vitamin B9(folate) before and during the pregnancy

D. There is no way we can influence this

23. A 29-year-old woman in her first trimester presents with painless profuse vaginal bleeding. Her blood pressure is 130/90 mm Hg. She has facial and hand edema. Pelvic examination reveals a 24-week-sized uterus. Urinalysis reveals proteinuria. Which of the following is the most likely diagnosis?

A. Abruptio placenta

B. Hydatidiform mole

C. Multiple-gestation pregnancy

D. Normal pregnancy

E. Placenta Previa

24. A blood group A Rh-negative mother gave birth to her first baby who is AB Rh-negative. Which of the following immunoglobulins should be given to her for prevention of complications during coming pregnancies?

A. Ig A B. Ig D C. Ig G D. Rho(D) Ig

E. There is no need to give anything

25. Which of the following is a correct dose of folic acid during pregnancy without risk factors in milligrams?

A. 0.2 B. 0.4 C. 2 D. 4