

Test Bank

Subject:

OBS/GYNE.2-Final 018

Collected by:

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1. The most important long-term in heavy PPH: **Sheehan syndrome**
2. not a cause of fetal tachycardia in pregnancy:
A. cocaine injection
B. maternal Hyperthyroidism
C. maternal fever
D. fetal infection
3. wrong about Mucinous ovarian cyst:
A. Virilization during pregnancy
B. It's one-third bilateral
4. true about classical CS:
A. breech + premature (Dr. Nasser's answer)
B. Indicated in HIV
C. done by transverse incision below the umbilicus
5. low transverse CS vs Classical CS:
A. less ureteric injury
B. less postoperative ileus
C. less bowel adhesion
D. less risk of rupture
6. seizure tx:
A. carbamazepine+ lamotrigine
B. phenytoin and topiramate
7. estrogen effect:
A. melasma
B. stature
8. what is the greatest face diameter:
A. submentobregmatic
B. mento-vertex
C. suboccipitobregmatic
D. occipitofrontal
9. Most accurate measurement less than 13 weeks of gestation:
A. crown lump length (CRL)

10. what is the determining Diameter in face presentation:

- A. submentobregmatic
- B. vertex bregmatic
- C. occiptomeno

11. laparoscopic finding of endometriosis:

powder burn small black dots

12. wrong statement:

uterosacral ligament : most common in endometriosis

13. wrong statement:

bleeding all throughout the cycle: OCPs use is CI

14. case of a woman with a BMI of 31 increasing weight, facial hair with thick endometrium, and a string of pearls appearance of ovaries what not to advise her:

- A. increase risk of breast cancer
- B. increase risk of endometrial hyperplasia
- C. increase risk of OSA
- D. weight reduction helps in hypergonadism symptoms
- E. advise her to do a glucose tolerance test

15. what not to give a patient with symptoms of menopause after hysterectomy:

A. alpha agonist

B. OCPs

C. SSRI

D. beta blocker

E. some herbal treatment

16. what is the major risk factor for endometrial cancer :

- A. obesity (since it causes hyperplasia of the endometrium)
- B. early menarche and late menopause

17. a patient 45 years old with heavy regular menses with passing of clot of 7 days, what's wrong:

- A. hysterectomy is a must
- B. D&C is advised

18. malignant melanoma of the vulva, all true except:

- A. should have preexisting nevi
- B. 2nd most common
- C. involve labia minora and clitoris
- D. Bad prognosis
- E. correlate to the depth of invasion

19. wrong about lichen simplex:

- A. it is associated with dermatosis
- B. something about scaling

20. wrong about Dysfunctional Uterine Bleeding:

- A. unnoticed/undiagnosed pregnancy can be the cause
- B. it's due to an ovulatory cause
- C. not due to an organic gynecological problem

21. leiomyoma(fibroid) increases the risk of the following except: precipitated labor

22. a case of Polyhydramnios, not related:

- A. placental insufficiency
- B. premature labour
- C. PROM
- D. Abruptio

23. Not an ECG change during pregnancy:

- A. ST elevation
- B. ST depression and T wave inversion in inf and lateral leads???

24. which ligament doesn't support the uterus:

- A. rectovaginal fascia
- B. broad (its just protecting the blood vessels)
- C. Mackenrodt's ligament
- D. uterosacral ligament
- E. pubocervical fascia

25. what prevents stress incontinence: pubourethral ligament

26. related to urge incontinence what is correct:

- A. corrected by medical treatment
- B. corrected surgically
- C. Due to muscle weakness

27. involuntary sudden desire for micturition with urine:

- A. detrusor over activity
- B. urge incontinence
- C. stress incontinence

28. best to diagnose detrusor overactivity:

- A. cystometry
- B. flowmetry
- C. clinical history

29. a female with postpartum hemorrhage (PPH) of 6 hours what to do :

- A. empty bladder
- B. rectal misoprostol
- C. IV ergometrine

30. a postpartum case with a uterus above the umbilicus is all true except :

- A. early breastfeeding
- B. fibroid
- C. full bladder
- D. multiparity

31. breastfeeding reduces depression

32. Not estrogen depending in females:

- A. hair growth
- B. menses
- C. breast maturation
- D. something vaginal

33. wrong statement about postpartum blues:

A. treatment is needed to prevent depression

34. wrong statement about Postpartum depression (PPD):

A. SSRI first-line treatment

B. explained with psychological disorders

35. abruption, wrong statement: diagnosed by US

There was an option: "Abruption is an absolute indication for delivery." It's also wrong. I checked with Dr. Nasser.

36. wrong about dysmenorrhea:

- A. relieved by marriage
- B. PGE2 causes ischemia
- C. COCPs are contraindicated

37. not useful in IUGR assessment:

- A. (chorionic villus sampling) CVS
- B. fetal kick
- C. CTG
- D. Biophysical profile

38. RH isoimmunization, all except (uncertain answer)

A. intraamniotic blood injection

B. plasmapheresis

39. cell salvage

40. when is the most time that herpes primary infection (HSV) happens results in the most likelihood of translation:

A. third trimester(late 34-40)

B. second trimester early

C. first trimester

D. second trimester late

E. third trimester early(28-34)

41. Not in PID:

A. cervicitis

B. appendicitis

42. a case of strawberry cervix: Trichomonas vaginalis

43. true about abdominal pain and appendicitis:

A. can't do C/S and appendectomy at the same time

B. more common than non-pregnant

C. US is diagnostic

44. medical therapy for ectopic, good candidate:

A. gestational sac less than 2.5

B. hemodynamically stable

C. no severe or persistent abdominal pain

D. willing to go back multiple times

45. all in normal SFA:

A. 20 million sperm cells per mL

B. WBC of 10,000

C. motility>80%

D. liquefaction less than 3min

E. volume of more than 5 mL

46. What is the most common cause of maternal collapse due to hemorrhage

A. uterine atony

B. placenta previa

C. vasa previa

D. uterine rupture

E. coagulopathy

47. regarding Female pelvis:

- A. wide and short board coccyx
- B. narrow inlet
- C. long curve sacrum
- D. wider distance between ischial spines

48. regarding the labor all true except:

- A. active phase irregular contractions leading to shorten and effacement
- B. start from regular contraction till 10cm dilation

49- 20-year-old girl primi with acute pyelonephritis, treated with IV antibiotics, and then suddenly collapsed + she developed low O_2 Sat with an X-ray showing bilateral infiltration suggestive of pulmonary edema (PE), the most likely cause is:

- A. endotoxin release
- B. allergic reaction
- C. IV fluids
- D. Bacteremia
- E. acute renal failure

50. all used to prevent preterm labor except:

- A. beta-agonist
- B. screen and treating vaginal infection
- C. IM progesterone
- D. Vaginal progesterone
- E. cervical cerclage

51. wrong statement:

twins: **X** chromosomal abnormalities as a singleton pregnancy

52. tx of an STD case (Neisseria gonorrhoeae):

- A. ceftriaxone 500 mg + azithromycin 1g
- B. clindamycin 300 PID for 7 days
- C. metronidazole 500 mg for 14 days
- D. fluconazole

53. wrong about Neisseria gonorrhea: gram-positive diplococci

54. wrong statement: LH 2nd day

55. the initial Hormone that is responsible for the initiation of labor is :

- A. Oxytocin
- B. oestrogen
- C. progesterone
- D. B-HCG
- E. prolactin

56. which statement is wrong regarding thyroid disease in pregnancy: radioactive iodine isn't always Contraindicated

57. Contraindicated in cardiac patients:

- A. ergometrine
- B. methergine

58. vaginal bleeding, dilated cervix, absent fetal heat what is the type of miscarriage:

- A. Inevitable miscarriages
- B. incomplete miscarriage

59. Respiratory changes during pregnancy: decrease Functional residual capacity (FRC)

60. GI changes in pregnancy, wrong statement: ALT/AST increases by 2-3 times

61. not a goal to treat premenstrual syndrome: cognitive function

62. 32 weeks with MgSo4 for neuroprotection

63. most common ?? in prematurity in the long term :

- a. neurodevelopment delay
- b. retinopathy
- c. bronchopulmonary dysplasia

64. best initial test for PPROM: speculum examination

65. best screening for cervical CA: co-testing HPV +PAP smear every 5 years

66. PROM at 32 weeks, next step: admit for monitoring and abx prophylactic, corticosteroid

67. wrong statement: non-gyne surgical procedures don't cause tubal adhesions

68. The most effective contraceptive method is:

- A. tubal ligation
- B. injectable/implants
- C. OCP
- D. Rings

69. All related to the COCPs effect except:

- A. low blood pressure
- B. high blood pressure
- C. heartburn
- D. hydronephrosis
- E. something hepatic

70. all of the following are relative contraindications for forceps assessment except:

- A. fetal scalp sampling
- B. failed attempted vacuum
- C. suspected fetopelvic disproportion (CPD)

71. Contraindications for using vacuum:

- A. 31 weeks fetus
- B. suspected fetopelvic disproportion

72. doesn't differentiate between abruption and previa:

- A. detailed US scan(features of the previous fetal anomaly scan)
- B. amount of bleeding
- C. hemodynamic status
- D. physical abdominal exam finding
- E. abdominal pain

73. when doing a fetal anomaly scan, what is wrong:

- A. normal scan means delivery is completely normal
- B. 3D or 4D are not the cor stone of anomaly scan

74. characteristic for braxton hicks: improve with ambulation

75. A girl with normal stature and minimal or absent pubertal development is seen in:

- A. Kallmann syndrome
- B. turner syndrome
- C. testicular feminization syndrome
- D. pure gonad dysgenesis
- E. Mayer-Rokitansky-kuster-hauser syndrome

76. least affecting factor of a prognosis for surgical staging in Endometrial cancer:

- A. size (is the least important factor)
- B. age
- C. stage of disease
- D. histology
- E. lymphovascular involvement

77. not an indication for surgical staging in endometrial cancer:

- A. uterosacral and ovarian mets
- B. lesion grade 3
- C. lesion grade 2 more than 2 cm
- D. presence of clear cell
- E. cervical invasion

78. A 45 G3P3 with very early-stage cervical cancer what to do:

- A. TAH
- B. modified radical hysterectomy with pelvic lymphadenectomy
- C. TAH+SBO
- D. radio therapy

79. not a cause of early bleeding:

- A. placenta covering the OS
- B. placenta previa
- C. cervical ectropion

80. wrong about OHSS:

- A. higher risk in lower ovarian reserve
- B. decreased risk with low ovarian reserve and higher risk with increased reserve like PCOS
- C. fluid management is guided by thirst

81. eclampsia: peripheral vasodilation caused edema

82. cardinal movement: engagement, descent, flexion, internal rotation, extension, external rotation, and expulsion.

83. regarding pre-eclampsia toxemia:

- A. labetalol is safe to give IV and IM
- B. labetalol is alpha receptor agonist
- C. BMI > 25 is a risk factor

84. best timing to give MgSo4 prophylactic for PET:

- A. antepartum
- B. intrapartum+postpartum
- C. intrapartum

85. Regarding follicular ovarian cyst:

- A. mostly asymptomatic
- B. resolve spontaneously
- C. granulosa layer with theca
- D. Dyspareunia and abnormal uterine bleeding

86. Ovarian tumor that doesn't elevate AFP:

A. Dysgerminoma

B. teratoma

87. true about complete mole:

a.duplication of single sperm

88. follow-up for molar pregnancy, which is wrong:

A. contraception for 2 years following chemotherapy

B. barrier

C. IUD contraindicated

D. combination of chemo is likely to cause an earlier menopause by 3 years

E. rare to have hyperthyroidism

89. when to investigate a 19 year old Primi for anemia :

A. Hb below 10.5 in any trimester

90. true regarding fibroids: red degeneration tx is always conservative/supportive

91. ovarian cyst, wrong statement: CA-125 any elevation indicates malignancy

92. Anticoagulant used in pregnancy: LMWH

93. wrong about fibroids: DVT

94. what routine test not to do antenatally:

A. endocervical swab for all patients

B. TSH

C. OGTT for an obese woman

95. HTN management in pregnancy >>

A. start immediate treatment if > 160/110

B. start treatment immediately at diagnosis

C. restriction salt shouldn't be advised

96. Patient in 1st trimester with IUCD management: remove the IUCD

97. Dvt in pregnancy? venous stasis and hypercoagulability

98. A case of an unbooked pregnant lady presenting with APH, Wrong statement:

A. vaginal examination to determine the mode of delivery

B. Tocolytics

C. Blood Transfusion

99. breech presentation etiology

A. prematurity

B. post-term (post-date) gestation.

C. Placenta previa.

D. Polyhydramnios & oligohydramnios

E. Multiple Gestation

F. Increased parity by stretching the uterus

100. The most accurate predictor of fetal weight is: abdominal circumference

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