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OF MEDICAL & HEALTH SCIENCES, JAMSHORO

FINAL PROFESSIONAL MBBS, SEMESTER-IX EXAMINATION YEAR 2012

Obstetrics (SEQs)

NOTE:	Date: 22-05-	2012 Maximum Marks: 1
:	Attempt any SIX questions. All questions carry equal marks.	
Q.No.1.	A 21 years old primigravida, preser fits for 6 hours. Her BP is 180/120mm a) What is the diagnosis? b) How will you manage?	ated with 38 week pregnancy ann half.
Q.No.2.	A 32 years old Para 2 ⁺⁰ both still pregnant. Her fasting blood sugar lemeal sugar level is 210mg/dl. a) Briefly outline the manag pregnancy. b) What are the fetal/neonatal risk	ewel is 126mg/dl and 1 hour pos-
Q.No.3.	Define prolonged pregnancy. Discus- risks associated with it.	s the fetal, neonatal and materna
Q.No.4.	Outline the management of primary grand multiparous woman after a term	그는 사람들이 하는 것이 없는 사람들이 되었다면 하는 것이다. 그렇게 하는 것이 없는 것이 없는 것이다. 그런 사람들이 없는 것이다. 그렇게 되었다면 없는 것이다. 그렇게 되었다면 없는 것이다. 그렇게 되었다면 없는 것이다면 없는데
Q.No.5.	A 22 years old primigravida at 10 complaint of discrete pink rashes, fever adenopathy. a) What is your diagnosis? b) How does it affect fetal outcome.	er, sore throat and cervical lymph
Q.No.6.	What are the complications and managin pregnancy?	gement of iron deficiency anemia
Q.No.7.	A 25 years old Para 3 ⁺⁰ presented emergency case with moderate vaginal a) What is the differential diagnos How will you mange her?	bleeding and abdominal pain.
Q.No.8.	A 30 years old Para 2 ⁺⁰ both spontane at 37 weeks gestation with breech press How will you decide about the mode of	entation.

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO

FINAL PROFESSIONAL MBBS, SEMESTER-IX **EXAMINATION YEAR 2013**

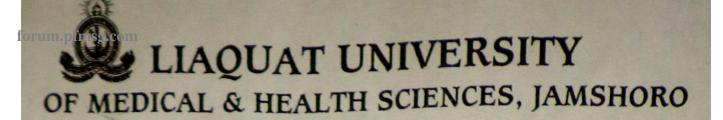
GYNAECOLOGY (SEOs)

NOT		ed: One Hour Date: 21-05-2013 Maximum Marks: 15
		Attempt any SIX questions.
	•	All questions carry equal marks.
Q.1.	a)	What are the causes of ectopic pregnancy?
	b)	How do you diagnose early ectopic pregnancy?
Q.2.	has u	ne the recommended follow-up program for a 30 years old Para 2 who indergone suction evacuation for hydatidiform mole two days ago in the ward.
Q.3.	a) b)	What are the complications of unsafe abortion? How do you manage a case of septic abortion?
Q.4.	A 45 What	years old Para 5+0 presented with 3 rd degree uterovaginal prolapse. management options will you discuss with her in counseling session?
Q.5.	a)	Define menopause.
	b) c)	Enumerate the climacteric symptoms. What are the treatment options for a 52 years old woman with severe hot flushes?
Q.6.	a)	Define endometriosis.
	b)	What is the medical management of mild endometriosis?
Q.7.	a)	How do you diagnose and stage carcinoma endometrium?
	b)	Describe FIGO stage-II Ca endometrium.
0.8.	Brief	y outline the preoperative and post-operative management in

Q.8.

gynaecological major surgery.

(v) the most appropriate answer from the option list Max Marks 30 forum pimsg.comregnancy forum pimsg.comregnancy involves ovaries in most of the cases 0.1 Roll No. Date, 28,08,2013 b) Involves fallopian tubes commonly c) Always requires surgical treatment d) Should be treated medically e) Is mostly recurrent 0.2 Breech presentation is found in a) 3% of term gestation b) 3% of pre-term gestation c) 5% of term gestation d) 5% of post term gestation e) 1-2% of term gestation 0.3 The confirmatory test for the diagnosis of thalassemia in a pregnant woman is a) Complete blood count b) Hb elcetophoresis c) Absolute indices d) Ultrasound scan e) Chorion villous sampling Administration of which of the following drug to the mother will have most significant beneficial effect on fetal lung maturation a) Dexamethasone b) Betamethasone c) Prolactin d) Thyroxin e) ACTH The commonest symptom of ectopic pregnancy is Q.5 a) Bleeding per vagina b) Pain in abdomen c) Dizziness d) Gastrointestinal symptoms e) Shoulder tip pain Commonly used agent for medical management of ectopic pregnancy is 0.6 a) KCL b) Methotrexate c) Mifepristone d) Misoprostol e) Prostaglandin The tubal patency can be confirmed by all of the following except Q.7 a) Ultrasound b) Hysterosalphingography c) Colposcopy d) Laparoscopy e) Hysteroscopy



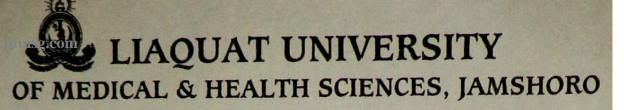
FINAL PROFESSIONAL MBBS, SEMESTER-X EXAMINATION YEAR 2012

GYNAECOLOGY

(SEQs)

Time Allowed: One Hour Maximum Marks: 15 Date: 14-12-2012 NOTE: Attempt any SIX questions. All questions carry equal marks. 21 years old unmarried girl, BMI 35kg/m2 presents with acne, facial Q.No.1 hirsutism and infrequent periods. What is the differential diagnosis? Peo Poc. How will you manage? b) Para 5+0, 43 years old has attended the gynae clinic with the complaint of Q.No.2 heavy menstrual bleeding for 2 years. Clinical examination has revealed a slightly enlarged uterus. What is the differential diagnosis? Fibruich aclinomyosis, ca What investigations will you perform to diagnose? b) How will you treat her? How will you diagnose and manage a case of early ectopic pregnancy? Q.No.3-Briefly describe the followup program of a Para 0+1 after having suction Q.No.4evacuation for complete hydatidiform mole. Her serum \(\beta\)hCG was 60,000 miu/ml. What is endometriosis? How it is diagnosed? How will you manage a 30 Q.No.5years old multiparous with mild endometriosis? What are the commonest micro-organisms affecting the female gential tract. Q.No.6-What are the immediate and late sequelae of gonorrhoea? What is the etiology and pathogenesis of 3rd degree of uterovaginal prolapse in a sixty five years old Para 6+0? How will you manage her? A 35 years old Para 2+0 school teacher has brought the report of pap smear showing CIN-III. How will you counsel and manage her?

forum

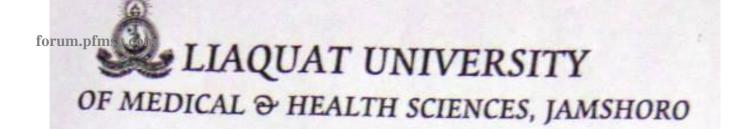


FINAL PROFESSIONAL MBBS, SEMESTER-X EXAMINATION YEAR 2012

OBSTETRICS

(SEQs)

Maximum Marks: 15 Time Allowed: One Hour Date: 11-12-2012 NOTE: Attempt any SIX questions. All questions carry equal marks. What are the types of multiple pregnancy? How and when will you Q.No.1determine the chorionicity of a twin pregnancy? What is twin-twin transfusion syndrome (TTS)? 35 years old P1+0 BMI 38kg/m² attended the antenatal clinic at 11 weeks Q.No.2gestation. She had a history of Deep Vein Thrombosis (DVT) in last pregnancy 3 years ago. What are the risks in the pregnancy? How will you manage this pregnancy and labour? Q.No.3-Young primigravida presents at sixteen weeks pregnancy. She is a known case of mitral stenosis and is on long acting penicillin since childhood. What are the risks to the mother and fetus during pregnancy and labour. o pailine of N, How will you manage this pregnancy? b) Briefly describe the management principles of a case of full term pregnancy, early labour, alive baby having cord prolapse. Para 2 attended the antenatal clinic at 30 weeks gestation is known to have Q.No.5hepatitis B surface antigen positive. What are the risks to the mother in pregnancy? a) b) What are the risks of vertical transmission? What is the management of new born after birth? c) Primigravida admitted in labour room at 38 weeks pregnancy in early labour. How will you manage the first stage of labour? Outline the management of 3rd stage of labour. What are the complications of a poorly managed 3rd stage of labour? Q.No.8-Define maternal and perinatal mortality. What are the causes of maternal mortality in Pakistan? Briefly describe the Millennium Development Goal 5 (MDG5).



FINAL PROFESSIONAL MBBS, SEMESTER-IX EXAMINATION YEAR 2012

Gynaecology (SEQs)

Date: 25-05-2012

Time Allowed: One Hour

NOTE:	Attempt any SIX questions. All questions carry equal marks.
Q.No.1.	How will you evaluate a couple who presents in the outpatient clinic with problem of primary subfertility for 2 years?
Q.No.2.	A Gravdia 3 rd , P2 was admitted through emergency department with history of amenorrhoea 2 months, lower abdominal pain and heavy bleeding per vagina. Pelvic examination reveals 8 week size uterus with open cervical os. a) What is the differential diagnosis? b) How will you mange her?
Q.No.3:	What are the causes of vaginal discharge? Briefly outline the management of vulvoginal candidiasis.
Q.No.4.	What are the different hormonal contraceptive methods? What are risks and benefits of combined oral contraceptive pills?
Q.No.5.	What are the causes of urinary fistula? How will you manage a woman who developed vesico vaginal fistula after obstructed labour?
Q.No.6.	A 28 years old nulliparous patient diagnosed as a case of fibroid uterus. On examination uterus is 18 week size. Briefly outline the management.
Q.No.7.	What are the screening tests for cervical neoplasia? What is the conservative management of CIN-III?
Q.No&-	What are the causes of primary amenorrhoea. What is the management of Turner's syndrome?



STATIC

115/31 TEAR MERS (16:05-2012)

INFORMATION AND SERVICE LIGHTS FOR THE CAMBIDIATES.

READ THE SEENABIC AND ANSWER THE FOLLOWING QUESTIONS

A 65 year old para 7+0, presented with third degree utero- vaginal prolapse

QUESTIONS

Q#1	What could he the probable cause of prolapse in this case?	
QHZ	What is the operation of choice for her?	
Q#3	What ather supplied outlines for her?	

What other surgical options are available?

Qna Write down atleast two complications of vaginal surgery?



FINAL PROFESSIONAL MBBS, SEMESTER-X EXAMINATION YEAR 2013

OBSTETRICS (SEQs)

Time Allowed: One Hour	Date:25-11-2013	Maximum Marks: 15
NOTE:		

- Attempt any SIX questions.
- All questions carry equal marks.
- Q.1- A 28 years old primigravida visited you in an Outpatient Department with complaint of 28 weeks pregnancy and decreased foetal movements. Her BP was normal. P/A examination revealed that HOF was 25cm, ultrasound shows decreased amount of liquor and mild IUGR.
 - a) How will you monitor this foetus?
 - b) What treatment will you give to mother?
- Q.2- A 20 years old primigravida presented in emergency with complaint of 34 weeks pregnancy, severe headache and vomiting. She had history of raised BP during this pregnancy for which she is taking off & on medication. On examination her BP is 160/110mmHg, urine albumin ++. P/A symphysio fundal height corresponding to the gestation, foetal heart sounds were audible.
 - a) What is your provisional diagnosis?
 - b) How will you manage this case?
- Q.3- A 24 years old primigravida came in OPD with complaint of 32 weeks pregnancy and itching all over the body for 15 days, she is very much disturbed due to itching.
 - a) Write the differential diagnosis.
 - b) How will you evaluate her?
- Q.4- While you were working at district hospital you have received a primigravida at 31 weeks pregnancy complaining of abdominal pain and excessive vaginal discharge. On per abdominal examination foetal heart sounds were audible and mild uterine contractions were present. On per speculum examination whitish mucoid discharge was found.
 How will you manage her?
- Q.5- A multigravida presented in Outpatient Department at 36 weeks pregnancy with transverse lie.
 - a) How will you evaluate her for ECV?
 - b) What is the best time to perform ECV in this case?
- Q.6- How will you define IOL (induction of labour)? What are the different methods of IOL?
- Q.7- Write down the steps of resuscitation of newborn who had just delivered with low Apgar score.
- Q.8- How will you plan a preconceptional care for the woman who had previous miscarriage at 8 weeks of pregnancy and she is on oral hypoglycemic drugs?



FINAL PROFESSIONAL MBBS, SEMESTER-IX EXAMINATION YEAR 2013

OBSTETRICS (SEQs)

NOT		ed: One Hour Date: 24-05-2013 Maximum Marks: 15
		Attempt any SIX questions.
	•	All questions carry equal marks.
Q.1.	a)	What are the aims & objectives of antenatal care?
	b)	What is the recommended schedule for the antenatal visits?
Q.2.	a)	Describe types of antepartum haemorrhage.
	b)	How do you manage a case of major degree placenta previa at 32 weeks, the woman is not having any bleeding at moment?
Q.3.		What are the screening tests available for predicting pre-eclampsia?
	b)	What is the role of low dose aspirin and antioxidant drugs in prevention of pre-eclampsia and IUGR?
Q.4.		nigravida contracted chickenpox infection at 14 weeks gestation. Briefly the antenatal management.
Q.5.	a)	What are the causes of preterm birth?
	b)	Briefly outline the management of preterm labour at 30 weeks gestation.
Q.6.	a)	What are the causes of mid trimester intrauterine death?
	b)	Outline the management of a primigravida who has presented with IUD at 18 weeks gestation.
Q.7.	Enu a ca	merate the causes of nutritional anemias in pregnancy. Stepwise manage se of severe megaloblastic anaemia in pregnancy at 26 weeks gestation.

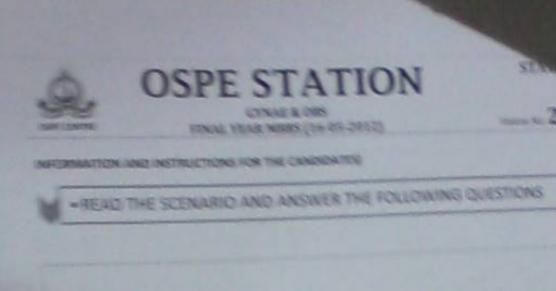
Briefly describe the management of breech presentation in a multigravida

with previous vaginal deliveries at 36 weeks gestation.

0.8.

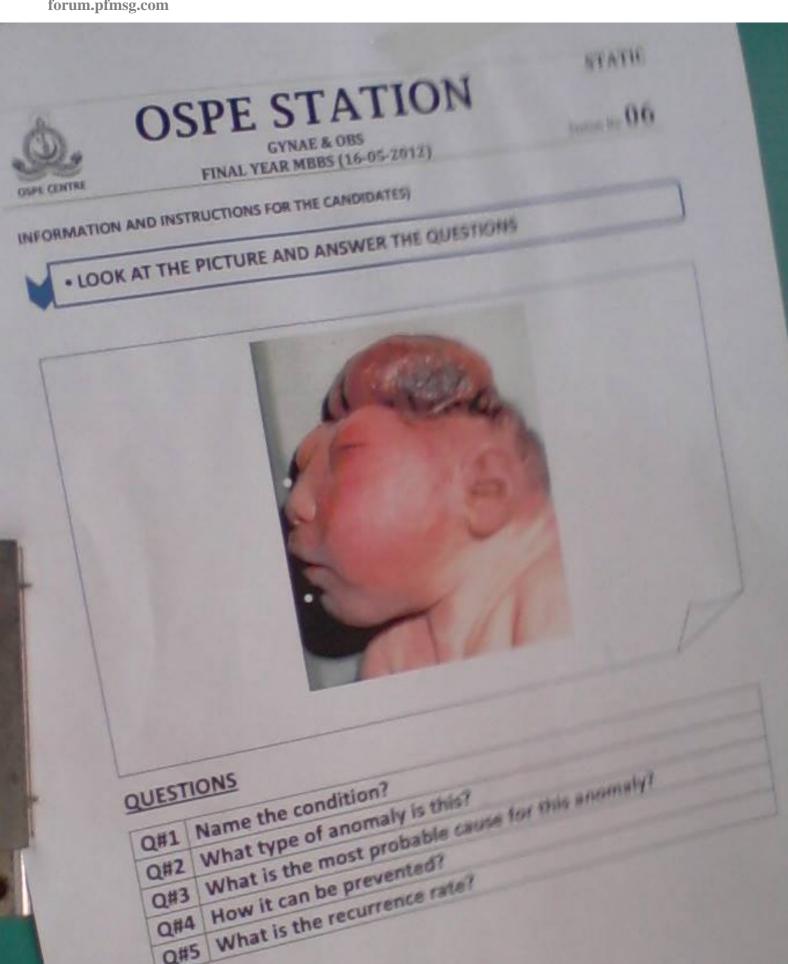
Expected date of delivery is calculated by Sentember a) Last menstrual period (LMP) + 12months b) LMP + 9 period (LMP) + 12months forum.pfmsg.com alendar monthly 3months + 7 days d) LMP + 9 calendar month + 7 days A young woman of 26 years G3, P2+0 comes to an obstetrician for her first antenatal visit at 36 weeks gestation. She rarely eats fruits and fresh vegetables. She is at increased risk of c) Normochromic normocytic anemia d) Biphasic anemia e) Hereditary spherocytosis Q.10 Complication of fibroid are a) Hyaline degeneration b) Intra peritoneal haemorrhage c) Red generation d) A and B e) A and C Q.11 A 29 years primigravida comes for antenatal check-up having 18weeks gestation. Her CBC report showed Hb 8gm% with decreased PCV, MCV, MCH and MCHC. What is the most probable diagnosis? a) Iron deficiency anaemia b) Megaloblastic anaemia c) Thalassemia d) Chronic inflamanatory condition e) Sickle cell anaemia Q.12 Mrs Laila comes for booking visit at 10weeks of gestation. Her last menstrual period was on 7th May 2012. What is her estimated date of delivery? a) February 10 of the 2013 b) February 14 of the 2013 c) December 10 of the 2012 d) December 14 of the 2012 e) December 21 of the 2012 Q.13 In complete miscarriage a) All the products of conception present b) Os is remains always open c) All the products of conception expelled out d) After miscarriage severe pain persists e) Always need evaluation Q.14 CTG signs suggestive of fetal compromise a) Loss of base line variability b) Loss of acceleration c) Fetal heart rate 110-150b/min d) A and B e) A and C a) Fibroid are common being detectable clinically in about 20% of women over 30 years of age Q.15 Regarding fibroid b) Fibroids are independent of oestrogen c) Vast majority of fibroids are symptomatic d) Treatment of choice is myomectomies

e) All of the above



A65 year old para 1+0 presented with irregular vaginal bleeding for last 1 year. She underwent diagnostic D& C and histopathology report turns back as Ca Endometrium

- Q#I Name three risk factors for this condition? Q#3 What modality is used to stage the disease prior to surgery?
- Q#2 Write down Stage I?
- Q44 What are the treatment options for this condition?





STATIC

FINAL YEAR MINES (16 ON 2012)

m - 25

INCOMESTORS AND INSTRUCTIONS FOR THE CANDIDATES.

* READ THE SCENARIO AND ANSWER THE FOLLOWING QUESTIONS

28 Year old Gravida 6, Para 5, came in emergency at 33 weeks of gestational amenorrhea with complain of pain in abdomen and moderate bleeding per vagina since 2 hours.

QUESTIONS

CH1 Write the causes of bleeding P/V in this patient?

QHZ What investigations you will ask to confirm diagnosis?

CH3 How will you manage her?



STATIC

FINAL YEAR MBBS (16-05-2012)

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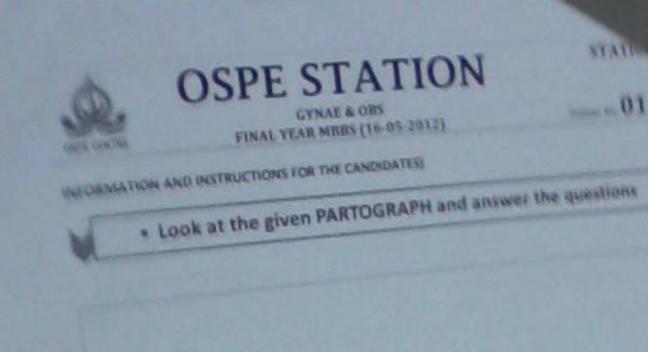
INFORMATION AND INSTRUCTIONS FOR THE CANDIDATES)

. READ THE SCENARIO AND ANSWER THE QUESTIONS

A 46 year old nulliparous patient attends Gynae OPD with history of heavy prolonged periods for 1 year.

She is pale. Her cycle is of 10 days duration and comes after every 30-40 days.

Q#1	What is the differential diagnosis?
Q#2	Write atleast two investigations to confirm the diagnosis?
-	Write atleast two treatment options?



Mrs. Razia w/o Aslam, Gravida 2 Para 1 is in labour since 9.00 a.m.

labour since 9.00 a.m.

QUESTIONS

What is the fetal heart rate at 11.00 a m?

What was the dilatation of cervix at 11.00 a m. 2.00 p.m and

What was the dilatation of cervix at 11.00 a m. 2.00 p.m and

5.00 p.m?

S.00 p.m?

What is your diagnosis?

What is your diagnosis?





STATIC

GYNAE & OBS FINAL YEAR MBBS (16-05-2012)

Station No. 18

INFORMATION AND INSTRUCTIONS FOR THE CANDIDATES)

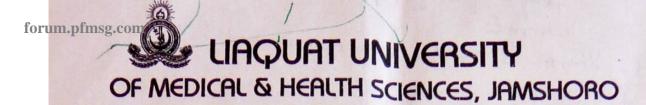


READ THE CLINICAL SCENARIO , LOOK AT THE GIVEN PICTURE AND
 ANSWER THE FOLLOWING QUESTIONS



 A 25 year old lady married to a driver working in Dubai, presented with the shown painless vulval lesion.

Q#1	Mention any three differential diagnosis?
Q#2	Enlist investigations to be carried out in this lady to confirm the diagnosis?
Q#3	What treatment will you advice?



FINAL PROFESSIONAL MBBS, SEMESTER-X EXAMINATION YEAR 2013

GYNAECOLOGY (SEQs)

Time Allowed: One Hour Date:28-11-2013 Maximum Marks: 15
NOTE:

- Attempt any SIX questions.
- All questions carry equal marks.
- Q.1-a) Define secondary amenorrhoea.
 - b) What are the causes of secondary amenorrhoea?
 - c) What investigations should be done for 25 years old woman with secondary amenorrhoea?
- Q.2- How would you evaluate a couple with secondary infertility?
- Q.3- A 28 years old nulliparous woman with continuous heavy vaginal bleeding is diagnosed as having submucosal fibroid on transvaginal ultrasound scan. Briefly describe various treatment options for her.
- Q.4- A 62 years old postmenopausal diabetic woman presented with vaginal bleeding off & on for three months.
 - a) What is the differential diagnosis?
 - b) How will you evaluate her?
- Q.5- A 22 years old newly wed woman presented with history of missed period for one week. Her serum βhCG is 1500min/ml. On transvaginal ultrasound scan no intrauterine sac visualized.
 - a) What is the differential diagnosis?
 - b) What further investigations are required to establish the diagnosis?
- Q.6- A 24 years old Para 1+2 with history of two consecutive miscarriages at 14 and 15weeks gestation presented to you with 8 weeks pregnancy.
 - a) What are the most likely causes for recurrent miscarriage in this woman?
 - b) How will you counsel her at this visit?
- Q.7- Briefly write down the follow-up program for a young nulliparous woman who had undergone suction evacuation for hydatidiform mole one week ago in your ward.
- Q.8- A 55 years old Para is postmenopausal woman presented with mild cystocoele, rectocoele and 2nd degree uterovaginal prolapse. Briefly describe the treatment modalities available. What is the most appropriate treatment option for her?



A 6TH Gravida, Para 5+0 at 34 weeks gestation presents in antenatal clinic with weakness, palpitations and dyspnea.

Her complete blood picture is infront of you.

Answer the following questions

Q#1	What type of anemia is shown in this report?
	What is the most likely cause of this anemia?
	How will you confirm your diagnosis?