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EDEN UNIVERSITY
SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE AND CLINICAL SCIENCES
BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

OBSTETRICS & GYNAECOLOGY) (5,2)
(OBGY 510)

First Attempt EXAMINATION - PAPER II (GYNAECOLOGY))

DURATION 3 HOURS

November 2024

STUDENT ID No.	XXXXXXXXXX
NRC No. /PASSPORT No.	XXXXXXXXXX
EXAMINATION VENUE	KARIBA FY

INSTRUCTIONS:

1. There are TWO sections:

1. Section one consists of 100 Single Best Answer (SBA) questions
 2. Section two consists of THREE short structured essay questions
2. Answer the SBAs on the answer sheet provided.
 3. Answer the essays in the booklet provided. Ensure each answer starts on a separate paper as these will be separated and given to different markers.
 4. This whole question paper with your computer number on it should be handed in at the end of the examination with your answer book.

SECTION ONE: SINGLE BEST ANSWER (SBA) (70 MARKS)

CHOOSE ONLY ONE CORRECT OR BEST ANSWER. USE THE ANSWER SHEET PROVIDED. THERE IS NO NEGATIVE MARKING. SO ATTEMPT ALL AND DO NOT LEAVE ANY BLANK.

1. The surface of the ovary is covered by a single layer of:

- A. Squamous cells
- B. Cuboidal cells
- C. Columnar cells
- D. Ciliated columnar cells
- E. Mesothelial cells

2. Female genital anatomy:

- A. Lymphatics from the uterus drain into paraaortic, iliac and inguinal nodes
- B. The round ligament provides the main support to the uterus
- C. The ampulla is the narrowest portion of the fallopian tube
- D. The uterine artery is a branch of the posterior division of the Internal Iliac artery
- E. The levator ani muscle comprises Pubococcygeus, Iliococcygeus and Ischioavernosus

3. Anatomy of the female external genitalia:

- A. The ducts of the Skene's glands drain into the urethra
- B. The labia minora does not contain erectile tissue
- C. The labia majora are homologous with the male penis
- D. The external urethral meatus open into the vestibule
- E. The ducts of the Bartholin's glands drain into the upper two thirds of the vagina

4. **The most important muscle in the pelvic floor is:**
 - A. Bulbo cavernosus.
 - B. Ischio-cavernosus.
 - ☒ C. Levator ani.
 - D. Superficial transverse Perineal muscle.
 - E. Deep transverse Perineal muscle.
5. **The main support of the uterus is provided by**
 - A. The round ligament
 - ☒ B. The cardinal ligament
 - C. The infundibulo-pelvic ligament
 - D. The integrity of the pelvis
 - E. The broad ligament
6. **The karyotype of a patient with Androgen Insensitivity Syndrome is**
 - A. 46XX
 - B. 46XY
 - ☒ C. 47XXY
 - ☒ D. 45XO
 - E. 45 XY
7. **Luteal phase deficiency:**
 - ☒ A. Has inadequate luteal progesterone production.
 - B. Has inadequate follicular estrogen production.
 - C. Can be corrected by estrogen.
 - D. Associated with delayed menstruation.
 - E. Can lead to hypoprolactinemia.
8. **Which of the following is the primary source of estrogen?**
 - A. Theca interna cells.
 - B. Theca externa cells.
 - ☒ C. Granulosa cells.
 - D. Interstitial cells.
 - E. Epithelial cells.
9. **The menstrual cycle:**
 - A. FSH acts on theca cells of the ovarian follicle
 - B. The duration of the luteal phase varies greatly
 - C. Estrogen is the predominant hormone during the secretory phase
 - ☒ D. Prostaglandin F_{2α} causes vasodilatation in the endometrium
 - E. The LH surge results in the resumption of meiosis prior to ovulation
10. **Characteristics of the vaginal discharge for bacterial vaginosis is:**
 - A. Discharge is clear.
 - B. Has a yeast smell.
 - C. pH is between 4.5 and 7.
 - ☒ D. Consistency is curdy.
 - E. It is positive for Chlamydia

11. The complete mole results from:

- ☒ A. Fertilization of a haploid ovum by a haploid spermatozoon
- ☐ B. Fertilization of a haploid ovum by two haploid spermatozoa
- ☐ C. Fertilization of an empty ovum by two haploid spermatozoa
- ☐ D. Fertilization of an empty ovum by a haploid spermatozoon
- ☐ E. Fertilization of a haploid ovum by an empty spermatozoon

12. In threatened abortion, which one of the following items is TRUE?

- ☒ A. The cervix is open
- ☐ B. Evacuation is the best treatment
- ☐ C. All patients should be admitted
- ☐ D. In the majority of cases, pregnancy will continue without any complication
- ☐ E. Does not necessitate giving Anti-D for Rh-negative mother

13. In case of threatened abortion:

- ☐ A. The fetal heart is present
- ☒ B. Cervix is dilated
- ☐ C. There is a history of passing tissue per vagina.
- ☐ D. Patients need immediate evacuation
- ☐ E. No need to give anti-D to Rhesus-negative mothers

14. Missed abortion may cause one of the following complications:

- ☐ A. Bone marrow depression
- ☐ B. Rupture uterus
- ☐ C. High positive serum β -hCG
- ☐ D. Skin allergies
- ☒ E. Coagulopathy

15. Regarding menstrual abnormalities:

- ☒ A. Primary Amenorrhea is failure of menstruation to occur by the age of 12 years
- ☐ B. Fibroids are the commonest cause of Heavy Menstrual Bleeding among adolescents
- ☐ C. Metrorrhagia refers to prolonged menstruation
- ☐ D. Oligomenorrhea refers to menstrual cycle length of greater than 35 days
- ☐ E. Mullerian agenesis is a common cause of secondary amenorrhea

16. What blood test would confirm the diagnosis of menopause in a 51 years old woman who presents to you with a complaint of amenorrhoea for one year?

- ☒ A. Follicle-stimulating hormone (FSH)
- ☐ B. Estrogen
- ☐ C. Testosterone
- ☐ D. hCG
- ☐ E. Prolactin

17. Amenorrhea following postpartum haemorrhage is mostly likely due to:

- ☐ A. Asherman's syndrome
- ☐ B. Cushing's syndrome
- ☒ C. Sheehan's syndrome
- ☐ D. Fitz Hugh Curtis Syndrome
- ☐ E. Mayer-Rokitansky-Küster-Hauser syndrome

- 18. Regarding congenital anomalies of the female genital tract:**
- ☒ A. Septate uterus can cause recurrent second trimester miscarriages
 - B. Double uterus results from failure of fusion of Mesonephric ducts
 - C. Longitudinal vaginal septum commonly causes primary amenorrhea
 - D. Imperforate hymen results from failure of canalization of the vagina
 - E. Bicornuate uterus is the leading cause of female infertility
- 19. Which of the following is the commonest cause of miscarriage in the first trimester?**
- A. Cervical incompetence
 - ☒ B. Chromosomal abnormalities
 - C. Thyroid dysfunction
 - D. Uterus bicornis unicollis
 - E. Antiphospholipid syndrome
- 20. The most common symptom of cervicitis is:**
- A. Dysmenorrhea
 - ☒ B. Bleeding per vagina
 - C. Leukorrhea
 - D. Infertility
 - E. pruritis
- 21. The narrowest part of the fallopian tube is the:**
- A. Interstitial portion
 - ☒ B. Isthmus
 - C. Infundibulum
 - D. Ampulla
 - E. Fimbrial end
- 22. Which of the following statements is true regarding fibroids?**
- A. They always present with heavy menstrual bleeding
 - B. They are more common in multiparous than nulliparous women
 - C. If found incidentally during Caesarean delivery, myomectomy must be done
 - D. They usually shrink during pregnancy
 - ☒ E. They are the commonest benign tumors of the female genital tract
- 23. Regarding degenerations of fibroids:**
- A. Hyaline degeneration commonly occurs during pregnancy
 - B. Red degeneration in pregnancy is an indication for termination of pregnancy
 - ☒ C. They can never undergo malignant transformation since they are benign tumors
 - D. Red degeneration is the commonest degeneration that occurs in pregnancy
 - E. Cystic degeneration only occurs in pedunculated fibroids
- 24. A 38-year-old obese nulliparous woman presents to gynecology clinic with primary infertility. History taking reveals that she has oligomenorrhea. On general examination, she is noted to have hirsutism. The most likely cause of her infertility is:**
- A. Tubal Occlusion
 - B. Transverse vaginal septum
 - C. Azoospermia
 - D. Asherman Syndrome

E. Unovulation

25. Which one of the following is true regarding the intrauterine device (IUCD)?

- ☒ A. The hormonal intrauterine system (IUS) contains norethisterone
- ☐ B. The hormonal intrauterine system (Mirena) can be used to terminate a pregnancy
- ☐ C. Heavy bleeding is the most common side effect with the Mirena
- ☐ D. The risk of pelvic inflammatory disease is increased with the IUCD use
- ☐ E. IUCD is contraindicated in the immediate postpartum period

26. Regarding Polycystic Ovarian Syndrome (PCOS):

- ☒ A. It is characterized by increased serum androgens
- ☐ B. It is characterized by increased FSH:LH ratio
- ☐ C. Absence of multiple peripheral ovarian cysts on ultrasound excludes the diagnosis
- ☐ D. It is associated with ovarian cancer
- ☐ E. It affects 50% women of reproductive age

27. A patient presents with vulva itching, sore vagina and a profuse, white, curdy discharge with erythema and redness at the introitus. What is the likely diagnosis?

- ☒ A. Bacterial vaginosis
- ☐ B. Trichomonas vaginalis
- ☐ C. Candidiasis
- ☐ D. Chlamydia
- ☐ E. HIV

28. The most common cause of salpingitis is:

- ☐ A. Streptococcal
- ☐ B. Pyogenic
- ☐ C. Tubercular
- ☒ D. Chlamydial
- ☐ E. Trauma to the fallopian tubes

29. Regarding male infertility, Aspermia is a term used to describe:

- ☒ A. Absence of semen
- ☐ B. Absence of spermatozoa in the ejaculate
- ☐ C. Reduced sperm count
- ☐ D. Absence of sperm motility
- ☐ E. Presence abnormal sperm morphology

30. The uterine fundus in hydatidiform mole is often:

- ☐ A. Appropriate for dates
- ☐ B. Small for dates
- ☒ C. Large for dates
- ☐ D. Easy to palpate fetal poles
- ☐ E. Always tender on palpation

31. Concerning dysmenorrhea:

- ☐ A. It is defined as prolonged menstruation
- ☐ B. Primary dysmenorrhea occurs secondary to pelvic pathology
- ☐ C. It only occurs in unovulatory cycles
- ☐ D. In primary dysmenorrhea, a pelvic ultrasound scan usually reveals the cause

~~E.~~ In secondary dysmenorrhea, endometriosis can be a cause

32. The specific treatment of choice for advanced cancer of the cervix is:

- ~~A.~~ Palliative Chemotherapy.
- B. Radiotherapy
- C. Partial cone biopsy
- D. Total hysterectomy
- E. Antibiotics therapy

33. Safe, effective and acceptable contraception in women over 40 years is:

- A. Barrier contraception
- ~~B.~~ Combined estrogen-progestogen pill
- C. Progestin only pill
- D. Intrauterine device
- E. Spermicides

34. A 60-years-old postmenopausal woman complains of foul smelly discharge per vagina for 2 years. The most likely cause is:

- A. Acute vaginitis
- B. Chronic cervicitis
- C. Genital prolapse
- D. Irritant vaginal douche
- ~~E.~~ Cervical cancer

35. Regarding female puberty:

- A. Breast development is referred to as menarche
- B. Precocious puberty is defined as development of secondary sex characteristics before age of 8 years
- C. The process is initiated by pulsatile release of GnRH from the anterior pituitary gland
- ~~D.~~ Puberty begins with adrenarche in 80% of girls
- ~~E.~~ Delayed puberty is always secondary to an organic cause

36. Which of the following is an absolute contraindication to Combined Oral Contraceptive (COC) use?

- A. Controlled Hypertension
- B. Polycystic Ovarian Syndrome
- ~~C.~~ Coronary Artery Disease (CAD)
- D. Diabetes Mellitus without vascular complications
- E. Adolescent age

37. A 16 year old girl presents to the emergency gynecology ward with history of cyclical abdominal pain for the past 6 months and she has not attained menarche yet. On local examination, a tense bulge in the region of the hymen was seen. The most probable diagnosis is:

- ~~A.~~ Imperforate hymen
- B. Mayer Rokitansky Kuster Hauser Syndrome
- C. Testicular Feminization Syndrome
- D. Asherman's Syndrome
- E. Congenital Adrenal Hyperplasia

38. A 28 year old female with a history of 6 weeks amenorrhea presents with pain in the abdomen; USG shows fluid in the pouch of Douglas. Aspiration yields dark colour blood that fails to clot. The most probable diagnosis is:
- A. Ruptured ovarian cyst
 - B. Ruptured ectopic pregnancy
 - C. Red degeneration of fibroid
 - D. Pelvic abscess
 - E. Acute PID
39. A 40 years old P4+2 female has been diagnosed to have a Choriocarcinoma. The treatment of choice is:
- A. Radiotherapy
 - B. Chemotherapy
 - C. Total hysterectomy
 - D. Immunotherapy
 - E. Hormonal Therapy
40. A case of Gestational trophoblastic neoplasia belongs to the high-risk group if disease develops after:
- A. Complete Hydatidiform mole
 - B. Full-term pregnancy
 - C. Spontaneous abortion
 - D. Ectopic pregnancy
 - E. Partial Hydatidiform mole
41. Which of the following Family Planning methods have been shown to be protective against ovarian cancer?
- A. Condoms
 - B. Diaphragm
 - C. Oral contraceptive pill
 - D. Spermicides
 - E. IUCD
42. A 14 weeks pregnant woman had a miscarriage and she was told that it is a complete abortion. Which statement is true regarding complete abortion:
- A. The uterus is usually bigger than the date
 - B. Cervical OS is opened with tissue inside the cervix
 - C. Need to have an evacuation of the uterus
 - D. There is minimal or no pain and minimal or no bleeding
 - E. Placenta is usually retained
43. A 22- year- old married woman whose LMP was 2 ½ months ago developed bleeding, uterine cramps, and passed some tissue per vagina. Two hours later she began to bleed heavily. The most likely diagnosis is:
- A. Threatened abortion
 - B. Inevitable abortion
 - C. Premature labour
 - D. Incomplete abortion
 - E. Missed abortion

44. The following value of semen analysis indicates abnormal semen quality:

- A. Volume less than 2 ml
- B. Count of 40 million / ml
- ☒ C. Motility 60%
- D. Abnormal form 30%
- E. PH 7.4

45. A 26 years old lady presented with secondary amenorrhea with high levels of FSH, what is the likely diagnosis?

- A. Sheehan syndrome
- B. Asherman's syndrome
- ☒ C. Premature ovarian failure.
- D. Imperforated hymen
- E. Transverse vaginal septum

46. Regarding adenomyosis:

- ☒ A. Is the presence of endometrial glands and stroma outside the uterus
- B. Can be diagnosed by D & C
- C. Can be detected by hysteroscopy
- D. Can cause severe dysmenorrhea
- E. Is presence of endometrial tissue in the ovary

47. Which of the following is the risk of endometrial cancer?

- ☒ A. HPV infection
- B. Obesity
- C. Combined Oral Contraceptive use
- D. Grandmultiparity
- E. Fibroid uterus

48. A 25 year old Primigravida presents at 8 weeks with Threatened abortion, ultrasound would most likely reveal:

- A. Thickened endometrium with no gestational sac
- B. Fetal heart motion in the adnexa
- C. Empty gestational sac
- ☒ D. Collapsed gestational sac
- E. An intact gestational sac with fetal pole

49. Which of the following is a risk factor for cervical cancer?

- A. Infection with Human papilloma virus (HPV) types 6 and 11
- ☒ B. Multiple sexual partners
- C. Nulliparity
- D. Early menarche
- E. Depo provera use

50. Which of the following is true concerning the combined oral contraceptive pill?

- A. It stimulates ovulation
- B. It improves cycle control
- C. It has a 3 hour window
- ☒ D. It is relatively contraindicated in patients with acute / severe liver disease

- E. It is one of the most effective long-acting reversible contraceptive (LARC) methods available
51. The menstrual cycle is divided into two phases when describing the endometrium. Which of the following is true?
- A. Follicular and secretory phases
 - B. Follicular and luteal phases
 - C. Proliferative and luteal phases
 - ☒ D. Proliferative and secretory phases
 - E. Atrophic and menstrual
52. The commonest risk factor for ectopic pregnancy is:
- A. Congenital anomalies of the tube
 - ☒ B. History of Pelvic Inflammatory Disease (PID)
 - C. Endometriosis
 - D. Tubal Surgery
 - E. Previous Sterilization
53. Which statement is true concerning uterine fibroids?
- A. Genetic predisposition is not known
 - ☒ B. Menorrhagia is manifested only in submucous fibroids
 - C. The environment within the myoma is hyperoestrogenic
 - D. Corporeal fibroid is too frequently associated with pressure symptoms
 - E. Smokers have an increased risk of leiomyoma
54. With regards to mode of action for combined oral contraception, which one of the following is considered the most important effect?
- A. Makes endometrium atrophic
 - B. Makes cervical mucus resistance to ascent by sperms into the uterine cavity
 - ☒ C. Causes inhibition of ovulation
 - D. Makes endometrium hostile to implantation by the embryo
 - E. It is spermicidal
55. The most common cause of menorrhagia in the child bearing period is:
- ☒ A. Uterine fibroids
 - B. Dysfunctional uterine bleeding
 - C. Pelvic endometriosis
 - D. Adenomyosis
 - E. Cervical cancer
56. Primary amenorrhoea is most commonly associated with:
- A. Developmental defect of the genital tract
 - B. Tuberculosis
 - C. Endocrine disorders
 - ☒ D. Chromosomal abnormality
 - E. Trauma
57. The rarest form of degeneration for uterine fibroid is:
- ☒ A. Sarcomatous degeneration
 - B. Hyaline degeneration

- C. Red degeneration
- D. Calcification of fibroid
- E. Cystic degeneration

58. Concerning hysterosalpingograms (HSGs):

- A. The test can only be performed by a qualified Gynecologist
- B. Is best performed in the follicular phase of the cycle
- C. There is no risk of inducing an ectopic pregnancy
- D. It is contraindicated in women aged 40 years and above
- E. It can be performed in women with acute PID

59. Ectopic pregnancies are characterized by:

- A. Very high hCG for gestation age
- B. Uterine enlargement greater than expected for gestation age
- C. Persistence of conception products in the uterine cavity
- D. Possible small intrauterine pseudo sac
- E. A positive urine qualitative hCG test in all cases

60. The hormone best used as a measurement of ovarian reserve is:

- A. FSH
- B. Oestradiol
- C. LH
- D. Inhibin
- E. Anti-Mullerian Hormone (AMH)

61. Which one of the following is a risk factor for ovarian cancer?

- A. Early menarche
- B. Early menopause
- C. Combined oral contraceptive pill use
- D. HIV infection
- E. Exposure to human papilloma virus (HPV) 6 and 11

62. Which bacteria is responsible for making the vaginal environment acidic after puberty?

- A. E. Coli
- B. Klebsiella
- C. Proteus
- D. Lactobacillus
- E. Candida

63. Which of the following is part of the AMSEL criteria for the diagnosis of Bacterial Vaginosis?

- A. Vaginal PH less than 4.5
- B. Presence of giant multinucleated cells
- C. Positive Whiff test
- D. A curdy white discharge
- E. Growth of E coli on culture

64. The most common cause sporadic first trimester miscarriage is:
- A. Chromosomal abnormality
 - ☒ B. Cervical incompetence
 - C. Malaria
 - D. HIV infection
 - E. Chronic renal failure
65. Regarding cervical incompetence:
- A. Typically causes painful abortions
 - ☒ B. Typically causes first-trimester abortions
 - C. Can be treated by suture placed abdominally
 - D. Cannot lead to premature rupture of the membranes
 - E. Rare cause of miscarriages
66. The presentation of Asherman's Syndrome typically involves:
- ☒ A. Hypomenorrhea and amenorrhea
 - B. Galactorrhea
 - C. Menorrhagia
 - D. Metrorrhagia
 - E. Dysmenorrhea
67. An obese 63-years old women present with a 3month history of continuous scanty bleeding. After adequate history and physical examination what is your recommendation?
- ☒ A. Cervical cone biopsy
 - B. Endometrial Biopsy
 - C. Cycling with progestin
 - D. Laparoscopy
 - E. Clinic visit every 6 months for the evaluation.
68. A complete Hydatidiform mole:
- A. Rarely contains maternal genetic material
 - B. Can present with hypothyroidism
 - C. Prophylactic cytotoxic therapy should always be given
 - ☒ D. Diagnosis is confirmed with a very low blood level of β HCG
 - E. Pre-eclampsia is the most common symptom and occur in 97% of patients
69. Which of the following is a common presentation of endometriosis
- A. Chronic vulval Pain
 - ☒ B. Dysmenorrhea
 - C. Oligomenorrhea
 - D. Amenorrhea
 - E. Chronic vaginal discharge
70. In Zambia, the most common malignancy in the female reproductive organs is:
- ☒ A. Carcinoma of the cervix
 - B. Carcinoma of the ovary
 - C. Carcinoma of the breast

- D. Carcinoma of the uterine corpus
- E. Leiomyosarcoma of the uterus

71. Which of the following is the most appropriate treatment for symptomatic uterine fibroids in a 48-year-old multiparous woman?

- A. No treatment
- B. Myomectomy
- C. Subtotal Hysterectomy
- ☒ D. Total Abdominal Hysterectomy
- E. Estrogen therapy

72. Concerning uterine Fibroids:

- A. They are more common in white people than black
- B. All should be treated immediately
- C. Sarcomatous change occurs in 50%
- ☒ D. Can cause obstructed labor
- E. In pregnancy should indicate caesarian section

73. Concerning Female Urinary Incontinence

- A. Surgery is the main stay treatment for Stress Urinary Incontinence
- B. Pelvic exercises have no role in the treatment of Stress Urinary incontinence
- C. Colposuspension is the main stay treatment for Urge Urinary Incontinence
- D. Vesico-Vaginal Fistula can be treated with anticholinergic drugs
- E. Mixed incontinence never occurs

74. Genital prolapse:

- A. Prolapse of the rectum into the vagina is referred to as Cystocele
- B. Grade 3 uterine prolapse is usually treated by doing anterior colporrhaphy
- C. Transvaginal hysterectomy is the preferred approach for grade 3 uterine prolapse
- D. It is more common in nulliparas women than multiparous women
- E. Can not occur after Total Abdominal Hysterectomy (TAH)

75. Concerning cervical cancer:

- A. It is more common in HIV negative women than HIV positive women
- B. The High risk HPVs include serotypes 6 and 11
- ☒ C. Gardasil vaccine protects against infection with HPV serotypes 6,11,16 & 18
- D. In stage 1 cancer of the cervix, the tumor has spread to the upper vagina
- E. Involvement of the pelvic side wall is stage 4 disease

76. Which of the following is a risk factor for Endometrial cancer?

- ☒ A. Infection with HPV serotypes 16 and 18
- B. Underweight
- C. Polycystic Ovarian Syndrome
- D. Type 1 Diabetes Mellitus
- E. Infection with Hepatitis B virus

77. Concerning Ovarian cancer:

- A. It is commonly diagnosed in stage 1 disease
- ☒ B. Combined Oral Contraceptive use is protective
- C. Surgical debulking is usually considered adequate treatment

- D. Staging is purely clinical
- E. Lymph node status is not part of the staging

78. Regarding menopause:

- A. Diagnosis is made after 3 months amenorrhea in a woman aged 40 years and above
- B. It occurs at an average age of 41 years
- ☒ C. A low serum level of estradiol is confirmatory
- D. All postmenopausal women must be treated with Hormone Replacement Therapy
- E. Premature menopause can be induced by pelvic radiotherapy

79. Regarding Infertility:

- A. Diagnosis is usually made after 2 years of regular unprotected intercourse
- ☒ B. In Turner syndrome, tubal occlusion is the main cause
- C. It is recommended to abstain from sex at least 24 hours before doing semen analysis
- D. History of Orchitis may be a cause of male factor infertility
- E. Intramural fibroids are a common cause of female infertility

80. Medical abortion is ideally undertaken with:

- A. Mifepristone only
- B. Prostaglandin only
- ☒ C. Mifepristone and prostaglandin together
- D. Estrogen and progestogen together
- E. Oxytocin infusion

81. Which of the following is a common cause of cervicitis?

- A. Candida albicans
- ☒ B. E. coli
- C. Trichomonas vaginalis
- D. Mycoplasma hominis
- E. Neisseria gonorrhoeae

82. Which of the following is a complication of PID?

- ☒ A. Chronic Pelvic Pain
- B. Premature menopause
- C. Endometriosis
- D. Increased risk of cervical cancer
- E. Acute Hepatitis

83. The surest evidence of ovulation is:

- A. Biphasic temperature chart
- B. Secretory endometrium
- C. Rapid enlargement of Graafian follicle as detected by sonography
- ☒ D. Pregnancy
- E. Amenorrhoea

84. The commonest cause of male infertility among the following is:

- A. Substance abuse
- ☒ B. Defective spermatogenesis
- C. Genital tract infection
- D. Genital tract obstruction

E. Sperm autoimmunity

85. Regarding contraception

- A. The Combined Oral Contraceptive (COC) is commenced immediately after birth
- B. Depot Medroxyprogesterone acetate is given every two months
- C. The Lactational Amenorrhea Method (LAM) is effective up to 9 months after delivery
- ☒ D. The copper T IUCD can be inserted during Caesarean delivery
- E. Implanon implant is effective up to 10 years after insertion

86. Regarding Recurrent miscarriage:

- A. It is defined as three or more successive miscarriages
- B. It affects 20% of all women of reproductive age
- C. Investigations always reveal an underlying cause
- D. Chances of having a successful pregnancy are only 20%
- ☒ E. All pregnant women diagnosed with recurrent miscarriage must have cervical cerclage

87. The luteal phase of the menstrual cycle is associated with which one of the following?

- A. High luteinizing hormone level
- ☒ B. High progesterone levels
- C. High prolactin level
- D. Low basal body temperature
- E. Proliferative changes in the endometrium

88. A 46 year old HIV positive woman presents with a 2x2 cm ulcer on the left labia majora of 2 years duration. What will be your immediate next step?

- A. Take a swab from the ulcer for microscopy
- B. Book her for radicle vulvectomy
- C. Prescribe steroid cream
- ☒ D. Do an incisional Biopsy for histopathology
- E. Prescribe oral antibiotics for two weeks

89. The most common symptom of endometrial hyperplasia:

- A. Vaginal discharge & itching.
- B. Vaginal bleeding.
- C. Amenorrhea.
- D. Pelvic pain.
- E. Abdominal distension.

90. Which one of the following is the least possible site for endometriosis deposits?

- A. Brain.
- B. Peritoneum.
- C. Uterosacral ligaments.
- D. Ovaries.
- ☒ E. Scars.

91. The following is a climacteric symptom:

- A. Obesity.
- ~~B. Premenstrual tension.~~
- C. Hot flushes.
- D. Menorrhagia.
- E. Ectopic pregnancy

92. With regards to contraception failure, the pearl index refers to:

- A. Numbers of Pregnancies in years.
- B. The number of pregnancies in 1 woman-year.
- ~~C. The number of pregnancies in 100 woman-year.~~
- D. The number of pregnancies in 100 woman-years over pregnancy losses.
- E. The number of Pregnancy losses in 100 woman-years.

93. The lowest pregnancy rate in 100 women using the method for 1 year:

- A. IUCD
- B. Oral contraceptive pill
- C. Condom
- ~~D. Diaphragm~~
- E. Spermicidal cream

94. The use of progesterone-only pills:

- A. Ovulation is not regularly inhibited
- ~~B. Protection against pregnancy is as good as a combined pill~~
- C. There is a risk of DVT
- D. Breakthrough bleeding is rare
- E. The dose of progesterone is much larger than in a combined pill

95. Bacterial Vaginosis:

- A. Is a rare vaginal infection.
- B. Is always symptomatic.
- C. Is usually associated with profound inflammatory reactions.
- D. Causes fishy discharge which results from bacterial amine production.
- ~~E. Is treated with Clotrimazole.~~

96. Trichomoniasis:

- A. Associated with cytological findings in PAP smear.
- B. associated with pregnancy & Diabetes mellitus.
- C. Is a sexually transmitted parasite which causes a pruritic discharge.
- D. May cause overt warts.
- E. AIs are diagnosed on a wet smear which reveals clue cells.

97. Bartholin's abscess:

- A. Is often asymptomatic.
- B. Is usually bilateral.
- C. Is most commonly due to gonococcus infections.
- D. Is best treated surgically.
- ~~E. Is usually presented as painful swelling to one side to clitoris.~~

98. Urge incontinence

* discharge
 * Trichomonas - Tri
 vaginalis
 * BV
 * Chlamydia (chla)
 * yeast infection (candida)
 * Gonorrhea

- ☒ A. This is due to a pelvic anatomic defect.
- ☒ B. The patient loses a small amount of urine.
- ☒ C. Can be diagnosed with a stress test.
- ☒ D. Can be treated medically.
- ☒ E. Can be treated surgically with a sling

99. Which of the following factors predisposes to genital prolapse?

- ☒ A. Repeated LSCS
- ☒ B. Multiparity
- ☒ C. Pelvic inflammatory disease
- ☒ D. Endometriosis
- ☒ E. Repeated Candidiasis

100. Urinary stress incontinence is:

- ☒ A. The loss is of a large amount of urine when intra-abdominal pressure increases.
- ☒ B. The loss is of a small amount of urine when intra-abdominal pressure increases.
- ☒ C. Inability to control the bladder of all urine
- ☒ D. Inability to pass urine
- ☒ E. Constant loss of small amounts of urine

SECTION TWO: SHORT STRUCTURED ESSAY QUESTIONS (30 Marks)

ANSWER EACH OF THE SIX IN THE BOOKLET PROVIDED. ENSURE THAT EACH ANSWER STARTS ON A SEPARATE PAGE AS THESE WILL BE SEPARATED AND GIVEN TO DIFFERENT MARKERS.

1. A 27-year presents to the gynaecologic clinic with lower abdominal pains and a foul-smelling discharge. You suspect she has PID.
 - a. List any 6 risk factors for PID. (3 Marks)
 - b. How is the empirical diagnosis of PID made? (2 Marks)
 - c. What is the gold standard for diagnosis? (2 Marks)
 - d. What are the complications of PID? (3 Marks)
2. A 30-year-old comes to the gynaecological outpatient clinic seeking screening for cervical cancer. (CIN)
 - a. List any 6 risk factors for cervical cancer. (3 Marks)
 - b. Discuss the methods available for cervical cancer screening. (5 Marks)
 - c. What are the treatment methods for cervical intraepithelial lesions? (2 Marks)
3. A 20-year-old woman is seen in the gynaecological emergency ward with vaginal bleeding in early pregnancy. She has a scan showing a snowstorm appearance.
 - a. What is your diagnosis? (1 Mark)

- b. What clinical features would you elicit from history and physical examination? (4 Marks)
- c. How would you investigate this patient? (2 Marks)
- d. What complications can arise in this patient from this condition? (3 marks)

-END OF EXAMINATION-

CHECK THAT YOUR COMPUTER NUMBER IS ON EACH ANSWER SHEET