



Cerebellum
Get the balance right

BTR OBG - 13-10-2025

Dr. Zainab Vora

1. Phexxi, a newly approved contraceptive gel, has the following properties except:

- A. Works as a vaginal pH regulator**
- B. Contains lactic acid, citric acid, and potassium bitartrate**
- C. Provides long-term hormonal contraception**
- D. Creates an acidic vaginal environment inhospitable for sperms**

2. A 52-year-old postmenopausal woman is diagnosed with endometrial cancer, FIGO stage IA, tumor size 1.5 cm, grade 2 adenocarcinoma. What is the most appropriate management?

- A. Total abdominal hysterectomy + BSO without lymph node dissection**
- B. Total abdominal hysterectomy + BSO + lymph node dissection**
- C. Total abdominal hysterectomy + BSO + lymph node dissection + Adjuvant RT**
- D. Neoadjuvant Chemotherapy with Cisplatin and Paclitaxel**

3. A 63-year-old woman has a right-sided ovarian mass found incidentally on transvaginal ultrasound. Surgery is planned to remove the right ovary, including the mass. To avoid excessive bleeding during the oophorectomy, the surgeon should ligate which of the following structures?

- A. Mesosalpinx**
- B. Ovarian ligament**
- C. Round ligament of the uterus**
- D. Suspensory ligament of the ovary**

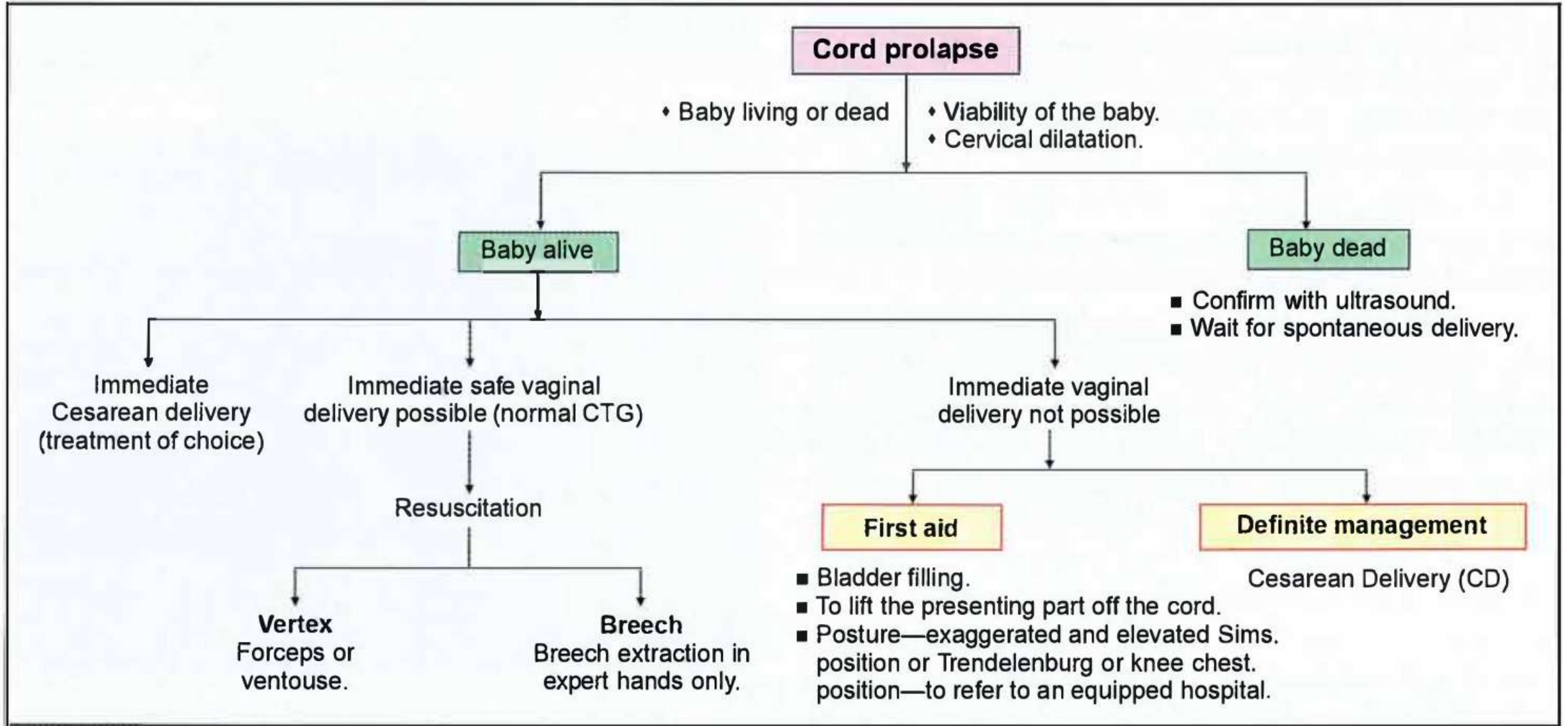
4. A 26-year-old nulligravida presents with primary amenorrhea. She is diagnosed with 46XY gonadal dysgenesis. During pelvic laparoscopy, what is the expected finding?

- A. Streak gonads and male internal genitalia**
- B. Streak gonads and female internal genitalia**
- C. Empty pelvis (no gonads or internal genitalia)**
- D. Bilateral abdominal testes and male internal genitalia**

5. A 32-year-old primigravida at 32 weeks of gestation comes with complaints of absent fetal movements over the last week. Examination shows absent fetal heart sounds. Ultrasonographic examination shows overlapping of skull bones and absent FHR. Which of the following is false about this likely condition?

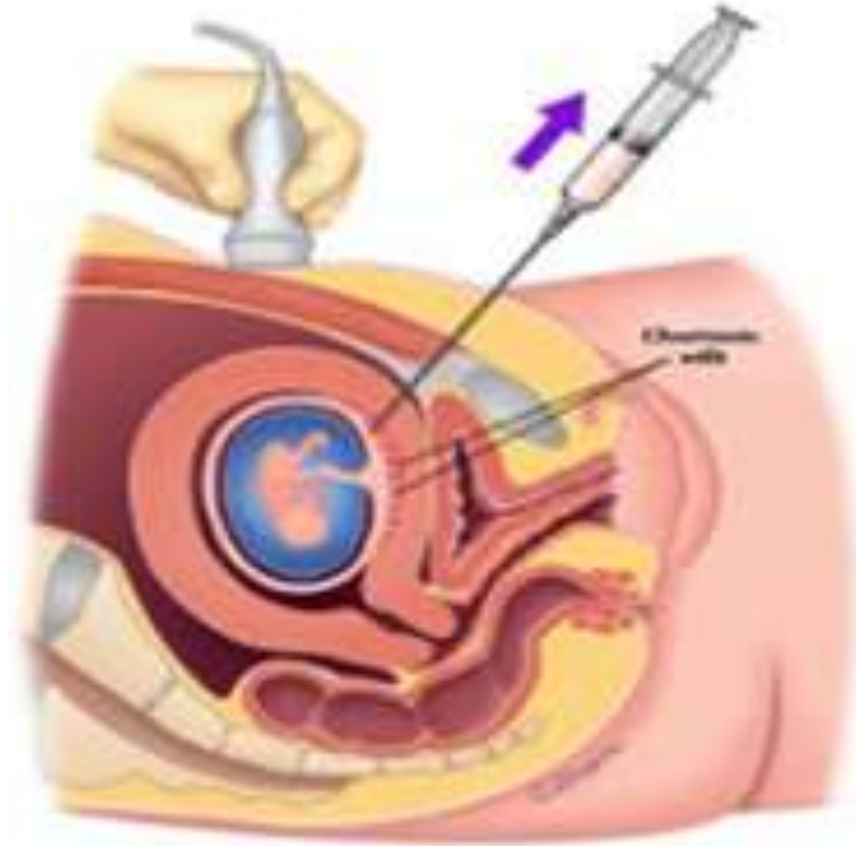
- A. Robert's sign may be seen**
- B. Hyperflexion of spine may be seen**
- C. Spontaneous expulsion rarely occurs in these patients and induction is required**
- D. Infection by gas-forming organisms is likely after rupture of membranes**

Flowchart 26.6: Scheme of management of cord prolapse.



6. What is the best time to perform the following procedure?

- A. 11-13 weeks**
- B. 18-20 weeks**
- C. 6-8 weeks**
- D. 15-18 weeks**

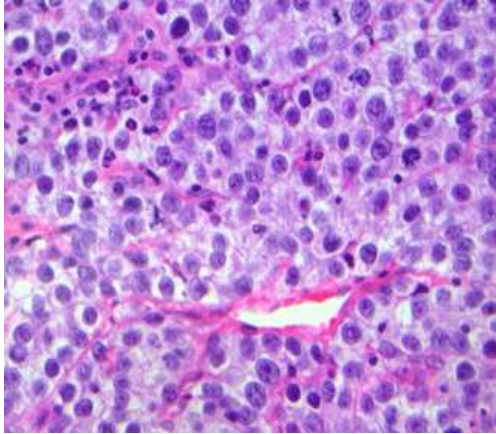


7. Identify the grip in the image given below:

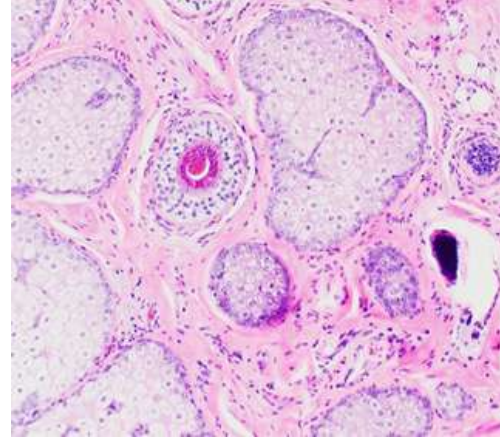
- A. Second Pelvic grip
- B. 4th Leopold
- C. First Pelvic grip
- D. Fundal grip



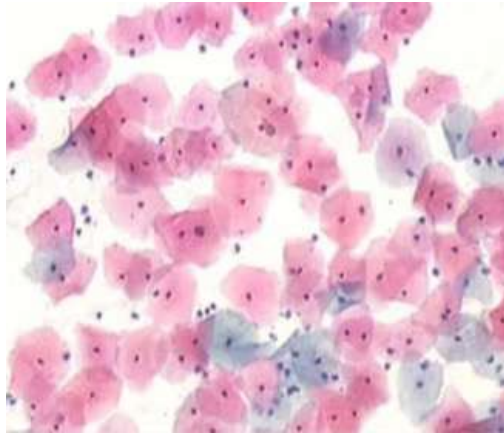
8. Identify the incorrect pair:



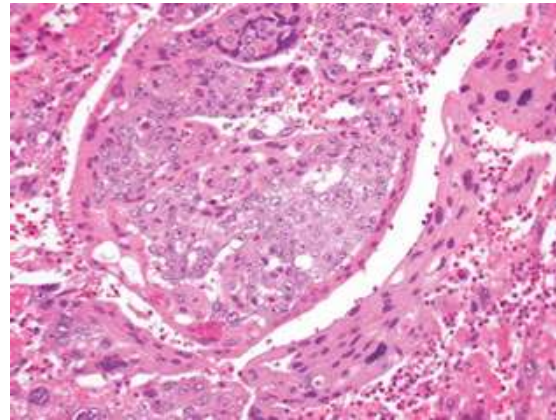
A. Dysgerminoma



C. Teratoma



B. Granulosa cell tumor



D. Embryonal cell tumor

9. A P1L1 mother with BMI of 35 diagnosed with pre-eclampsia underwent LSCS. What is the ideal agent for prophylaxis post-partum venous thromboembolism?

A. LMWH

B. Warfarin

C. Early ambulation

D. Compression stockings

10. A G2P1L1 suffers cord prolapse during labour. Cervix was 5 cm dilated and cord pulsations were present. What is the next best step in management?

- A. Empty the bladder**
- B. Reverse tredelenburg**
- C. LSCS**
- D. Funic manouver**

11. A 55-year post-menopausal woman presents to the OPD for a routine BP checkup. Her BP was 170/100 mmHg. She also complains of bloodstained discharge per vagina. What is the next best step of management?

A. Pap smear

B. Immediate referral to a cardiologist to control BP

C. TVS

D. Hysterectomy

12. A 22-year-old woman presents with amenorrhea for 1 year. She had elevated gonadotropic hormones and decreased AMH. What is the likely diagnosis?

A. PCOS

B. Premature ovarian insufficiency

C. Hyperprolactinaemia

D. Sheehan syndrome

13. A 45-year-old woman presents with delayed cycles and heavy bleeding for the past year. Ultrasonography shows an endometrial thickness of 16 mm. What is the next best step in management?

- A. Start OCPs**
- B. Wait and watch for 6 months**
- C. Hysterectomy**
- D. Endometrial biopsy**

14. A 28-year-old woman presents with infertility. Endometrial biopsy reveals tuberculosis. Regarding the mode of spread of endometrial tuberculosis, all of the following are true except:

- A. Most commonly spreads directly from fallopian tubes**
- B. Hematogenous spread can occur from pulmonary focus**
- C. Hematogeneous spread is the commonest mode of transmission**
- D. May rarely occur due to infected semen from partner with genitourinary TB**

15. An 18-year-old woman comes to the OPD due to primary amenorrhea. The patient had ambiguous external genitalia noted at birth, and laparotomy performed at 17 months of age revealed a normal uterus and fallopian tubes. Ovarian biopsy performed at that time revealed normal-appearing primordial follicles. Blood pressure is 120/78 mm Hg and height is 160 cm (5 ft 3 in). The patient has nodulocystic acne over the chest and back. No breast development, normal pubic and axillary hair, and marked clitoromegaly are present. Laboratory results show a normal female karyotype and normal glucose and serum electrolytes. Serum FSH, LH, testosterone, and androstenedione concentrations are high. Pelvic imaging reveals multiple ovarian cysts. Which of the following is the most likely diagnosis in this patient?

- A. Aromatase deficiency
- B. Congenital adrenal hyperplasia
- C. Kallmann syndrome
- D. Swyer James syndrome

16. A 32-year-old woman undergoes in vitro fertilization (IVF) and Embryo transfer is performed after the third day of fertilization. Based on this information, what is the estimated date of delivery (EDD) from the date of embryo transfer?

- A. 266 days**
- B. 263 days**
- C. 261 days**
- D. 280 days**

17. A G2P1L1 with a history of previous caesarean section presented in active labour. During trial of labour, there was foetal bradycardia and maternal tachycardia. Persistent suprapubic pain between contractions was also noted. On examination, cervix was 8 cm dilated and the vertex was at -1 station. What is the next best step of management?

- A. Instrumental delivery**
- B. Emergency Lower segment caesarean section**
- C. Stop oxytocin**
- D. Artificial rupture of membranes**

18. A primigravida at 37 weeks presents with decreased foetal movements for 1 day. NST showed one acceleration in 20 minutes and no decelerations. What is the next step in management?

- A. Induce labour immediately**
- B. Repeat NST**
- C. USG doppler for umbilical artery**
- D. Modified BPP**

19. 27-year-old woman, gravida 1 para 0, at 40 weeks gestation comes to the hospital due to painful contractions for the past few hours. The patient has had no leakage of fluid or vaginal bleeding. Fetal movement has been normal. On admission, the cervix is 5 cm dilated and 90% effaced with the fetal head at -1 station. She received epidural analgesia; on repeat cervical examination, the cervix is 6 cm dilated and 100% effaced with the fetal head at -1 station. Two hours later, the cervix is unchanged. Fetal heart rate monitoring shows a baseline of 130/min, moderate variability, accelerations, and occasional early decelerations. The tocodynamometer shows contractions every 5-7 minutes. Which of the following is the best next step in management of this patient?

- A. Cesarean delivery**
- B. Continue expectant management**
- C. Oxytocin infusion**
- D. Vaginal misoprostol**

20. A 32-year-old pregnant woman at term is admitted for normal vaginal delivery. Her per vaginal examination shows a cervix dilatation of 5 cm and cord prolapse with absent FHR on examination. What is the next step of management?

- A. Immediate cesarean section**
- B. Start LMWH followed by LSCS**
- C. Vaginal delivery by forceps extraction**
- D. Wait for spontaneous onset of labor**

21. A 25-year-old woman with a history of peripartum cardiomyopathy following a previous pregnancy presents for preconception counselling. Her current ECHO reveals an ejection fraction of 45%. What would be the best advice for her regarding upcoming pregnancy?

- A. Pregnancy is contraindicated**
- B. Pregnancy is safe with lifestyle modifications**
- C. Pregnancy is safe with close monitoring and medical management**
- D. Pregnancy is safe as any general population**

<p>Conditions in which pregnancy risk is WHO I</p> <ul style="list-style-type: none"> Uncomplicated, small or mild - pulmonary stenosis - patent ductus arteriosus - mitral valve prolapse <p>Successfully repaired simple lesions (atrial or ventricular septal defect, patent ductus arteriosus, anomalous pulmonary venous drainage).</p> <p>Atrial or ventricular ectopic beats, isolated</p>
<p>Conditions in which pregnancy risk is WHO II or III</p>
<p>WHO II (if otherwise well and uncomplicated)</p> <p>Unoperated atrial or ventricular septal defect</p> <p>Repaired tetralogy of Fallot</p> <p>Most arrhythmias</p>
<p>WHO II-III (depending on individual)</p> <p>Mild left ventricular impairment</p> <p>Hypertrophic cardiomyopathy</p> <p>Native or tissue valvular heart disease not considered WHO I or IV</p> <p>Marfan syndrome without aortic dilatation Aorta <45 mm in aortic disease associated with bicuspid aortic valve</p> <p>Repaired coarctation</p>
<p>WHO III</p> <p>Mechanical valve</p> <p>Systemic right ventricle</p> <p>Fontan circulation</p> <p>Cyanotic heart disease (unrepaired)</p> <p>Other complex congenital heart disease</p> <p>Aortic dilatation 40-45 mm in Marfan syndrome Aortic dilatation 45-50 mm in aortic disease associated with bicuspid aortic valve</p>
<p>Conditions in which pregnancy risk is WHO IV (pregnancy contraindicated)</p>
<p>Pulmonary arterial hypertension of any cause</p> <p>Severe systemic ventricular dysfunction (LVEF <30%, NYHA III-IV)</p> <p>Previous peripartum cardiomyopathy with any residual impairment of left ventricular function</p> <p>Severe mitral stenosis, severe symptomatic aortic stenosis</p> <p>Marfan syndrome with aorta dilated >45 mm Aortic dilatation >50 mm in aortic disease associated with bicuspid aortic valve</p> <p>Native severe coarctation</p>

Adapted from Thorne et al.⁷³

LVEF = left ventricular ejection fraction; NYHA = New York Heart Association; WHO = World Health Organization.

22. Arrange the following sites of endometriosis in decreasing order of frequency of involvement:

- 1. Pouch of Douglas**
- 2. Uterosacral ligament**
- 3. Broad ligament**
- 4. Ovary**
- 5. Fallopian tube**

A. 4 > 5 > 2 > 1 > 3

B. 4 > 1 > 3 > 2 > 5

C. 4 > 5 > 1 > 3 > 2

D. 5 > 4 > 2 > 3 > 1

23. Which of the following statements is incorrect regarding Type I endometrial carcinoma?

- A. It is associated with obesity and diabetes**
- B. Smoking is a high-risk factor**
- C. Endometrioid morphology is typical**
- D. Associated with PTEN mutation**

Type 1	Type 2
55–65 years	65–75 years
Unopposed estrogen, obesity, HTN, DM	Atrophy, thin physique
Endometrioid	Serous, clear cell, mixed Müllerian tumor
PTEN, ARID1A, PIK3CA, KRAS, MSI	TP53, PIK3CA
Indolent	Aggressive

24. In which of the following stages of puberty does estrogen not have a major role?

A. Pubarche

B. Thelarche

C. Menarche

D. Growth spurt

25. A 34-year-old woman, gravida 2 para 1, at 26 weeks gestation comes to the emergency department due to intermittent leakage of fluid for the past 6 hours. She has had no vaginal bleeding or contractions. The patient's previous pregnancy was complicated by preterm prelabor rupture of membranes at 29 weeks gestation; she delivered at 34 weeks gestation after inpatient management with corticosteroids and latency antibiotics. Temperature is 39.4°C (103°F), blood pressure is 100/70 mm Hg, and pulse is 114/min. Fetal heart rate is 170/min. The cervix is 2 cm dilated. In addition to antibiotics and steroids which of the following is the best next step in management of this patient?

- A. Fetal fibronectin and lung maturity testing**
- B. Immediate induction of labor**
- C. Tocolysis**
- D. Serial fetal-ultrasounds and amnioinfusion**

26. An ultrasound confirms an anterior placenta covering the cervical os and an amniotic fluid index of 1.5 with a single fluid pocket measuring 1.5 x 1 cm. Over a period of 45 minutes, there are 4 episodes of fetal movement, 3 flexion/extension events, and no fetal breathing movements. The fetus is breech. Which of the following is the most likely cause of the patient's biophysical ultrasound findings?

- A. Fetal malpresentation**
- B. Maternal hypoglycemia**
- C. Placental insufficiency**
- D. Placental location**

27. A 40-year-old woman, gravida 5 para 0 aborta 4, at 35 weeks gestation comes to labor and delivery triage because she has not felt her baby move for the past 24 hours. The patient has not eaten much all day and skipped dinner due to nausea. She has a 25-pack-year history of cigarette use but has cut down on her smoking during her pregnancy. Her last ultrasound at 32 weeks gestation showed a fetus in breech position measuring at the 15th percentile and placenta previa. A nonstress test shows a baseline fetal heart rate in the 130s with moderate variability and no decelerations. There are no accelerations after an hour of monitoring despite vibroacoustic stimulation. Tocometry shows no contractions. Which of the following is the most appropriate next step in management of this patient?

- A. Biophysical profile**
- B. Cesarean delivery**
- C. Contraction stress test**
- D. Umbilical artery flow velocimetry**

28. A 21-year-old woman, gravida 1 para 0, at 36 weeks gestation presents to the hospital for a blood pressure of 190/110 mm Hg in the office. Initial laboratory results show elevated serum creatinine and transaminases. Nifedipine, magnesium sulfate, are administered. Induction of labor is started with oxytocin. Six hours later, the patient's blood pressure is 150/90 mm Hg. The patient now complains of nausea, headache, generalized muscle weakness and respiratory distress. DTRs are absent. What is the likely cause of the findings?

- A. Drug-drug interaction**
- B. Hypocalcemia**
- C. Oxytocin toxicity**
- D. Renal insufficiency**

29. Which of the following is the primary mode of action of ulipristal 30mg in emergency contraception?

- A. Inhibition of maintenance of corpus luteum**
- B. Interference with sperm penetration**
- C. Inhibition of ovulation by suppressing LH surge**
- D. Thickening of the endometrium to prevent implantation**

30. A 37-year-old woman, gravida 2 para 1, at 8 weeks gestation comes to the office for a follow-up visit. Earlier in the pregnancy, the patient had nausea and breast tenderness that resolved several days ago. At her initial prenatal visit a week ago, ultrasound revealed an intrauterine gestational sac with a yolk sac but no fetal pole. Pelvic examination reveals a closed cervix and no vaginal discharge or bleeding. A transvaginal ultrasound is repeated and is unchanged from the prior visit. Which of the following is the most likely diagnosis?

- A. Ectopic pregnancy**
- B. Hydatidiform mole**
- C. Missed abortion**
- D. Threatened abortion**

**Early pregnancy failure:
Gsac > 25mm with no fetal pole
CRL >7mm with no FHR**

31. A 17-year-old adolescent presents to the gynecology clinic with a history of severe menstrual pain and recurrent pelvic infections since the onset of menstruation. She reports cyclical pain coinciding with her menstrual periods and has experienced occasional urinary tract infections. On physical examination, there is a palpable pelvic mass. Ultrasound imaging reveals a duplicated uterine cavity with one side showing an hematometra and absence of the left kidney. What is the most likely diagnosis?

- A. Mayer-Rokitansky-Küster-Hauser (MRKH) Syndrome**
- B. Asherman's Syndrome**
- C. Herlyn-Werner-Wunderlich syndrome**
- D. Endometriosis**

32. An athlete with a BMI of 17.5 kg/m² presents with secondary amenorrhea and primary infertility. Her laboratory investigations reveal FSH 2; LH 0.3; TSH 1.2; Prolactin 20 ng/ml. What is the underlying cause of this condition?

- A. Primary ovarian failure**
- B. Hypogonadotropic hypogonadism**
- C. Hypergonadotropic hypogonadism**
- D. Normogonadotropic normogonadism**

33. A 25-year-old primigravida at 37 weeks gestation is brought to the emergency department with constant, excruciating abdominal pain and sudden vaginal bleeding for the past 3 hours. The patient is Rh negative and received Rh(D) immunoglobulin at 28 weeks gestation. Blood pressure is 160/100 mm Hg and pulse is 118/min. Physical examination shows a firm and tender uterus. Speculum examination reveals a moderate amount of bleeding coming from an open cervical os. Fetal heart tracing shows a baseline of 105/min and no variability. Which of the following is the most likely cause of this patient's bleeding?

- A. Attachment of the placenta onto the myometrium**
- B. Injury to the fetal placental vessels**
- C. Placental implantation over the cervix**
- D. Premature placental separation**

34. An 18-year-old primigravida at 27 weeks gestation comes to the emergency department due to severe right upper quadrant pain. The pain started 2 hours ago, and the patient has also had nausea, vomiting, and irregular uterine contractions. Aspartate aminotransferase (SGOT) is 220 U/L and alanine aminotransferase (SGPT) is 240 U/L. CECT is shown below. This patient is most likely at risk for which of the following complications?

- A. Acute interstitial nephritis**
- B. Bleeding esophageal varices**
- C. Intraamniotic infection**
- D. Seizures**



35. A 19-year-old girl presents with irregular menstrual cycles. According to the Rotterdam criteria, which of the following are diagnostic for PCOS?

- a. Obesity**
- b. Delayed periods**
- c. Hirsutism**
- d. Insulin resistance**

A. a, b and c

B. b and c

C. a, b and d

D. a, b, c and d

36. A multiparous woman is in labor at 38 weeks of gestation. On examination, the uterus appears asymmetrical. In fundal grip, the fetal pole is not palpable and in pelvic grip, the lower pole of the uterus is empty. All of the following are true about the given presentation except:

- A. Placenta previa should be ruled out**
- B. Uterine diadelphys is likely in the patient**
- C. There are high chances of cord prolapse in the patient**
- D. Elective LSCS should be performed**

37. 12-year-old girl is brought to the OPD by her mother because she has not started menstruating. Height is at the 15th percentile and weight is at the 20th percentile for age. Vital signs are normal. There is no breast development or axillary hair. Pelvic examination reveals normal external female genitalia and no pubic hair. Ultrasound confirms the presence of a uterus. Which of the following is the best next step in management of this patient?

- A. Reassurance**
- B. FSH level**
- C. Serum B-HCG**
- D. Karyotype analysis**

38. Diagnostic criteria for Catastrophic antiphospholipid syndrome includes all except:

- A. Involvement of three or more organs**
- B. Development of manifestations in less than a week**
- C. Histological evidence of hydropic degeneration of villi**
- D. Presence of antiphospholipid antibodies on two occasions six weeks apart**

39. A 14-year-old female presented to you with primary amenorrhea. Examination reveals normal breast development and absent axillary and pubic hairs. Pelvic examination shows a normally developed vagina with clitoromegaly and micro-phallus. On ultrasound, masses are visible in the inguinal region. What is the most likely diagnosis?

- A. Complete androgen insensitivity syndrome**
- B. Mayer Rokitansky Küster Hauser syndrome**
- C. Partial androgen insensitivity syndrome**
- D. Gonadal dysgenesis**

40. Which of the following are indications of LSCS?

- 1. Brow presentation**
- 2. Mentoposterior position**
- 3. Breech presentation**
- 4. Occipitoposterior position**
- 5. Mentoanterior position**

A. 1, 2

B. 3, 4

C. 1, 2, 3

D. 2, 5

41. A young female has history of a spontaneous abortion. She has had amenorrhea since then. Her FSH now is 6 mIU/ml. Which of the following can be a cause for her amenorrhea?

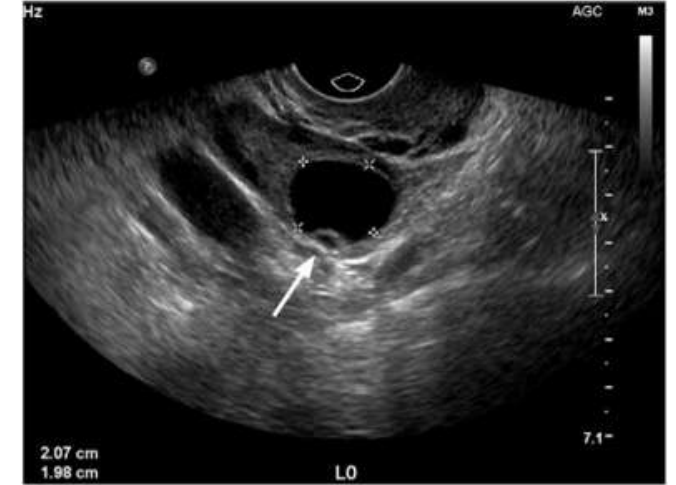
- A. Pituitary dysfunction**
- B. Ovarian dysfunction**
- C. First pregnancy**
- D. Uterine synechiae**

42. A 27-year-old woman, gravida 2 para 1, at 28 weeks gestation comes to the office for follow-up of an abnormal Pap test. The Pap test showed a high-grade squamous intraepithelial lesion. Which of the following is the best next step in management of this patient?

- A. Human-papillomavirus-co-testing**
- B. Immediate colposcopy**
- C. Loop electrosurgical excision procedure**
- D. Repeat Pap test postpartum**

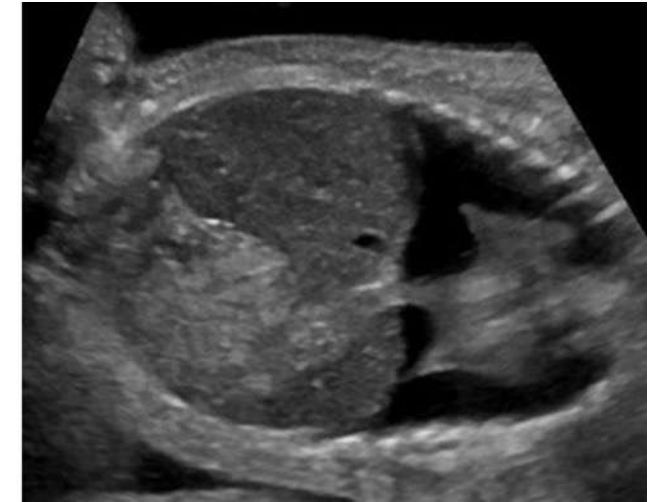
43. A 26-year-old female presented with mild pain in lower abdomen. She has had 2 full-term normal deliveries earlier. Her last menstrual period was 3 weeks back. On pelvic examination, you find a palpable mass in the adnexa. USG pelvis is shown here. What is the next step?

- A. Reassure
- B. Hysterectomy + BSO
- C. Ovarian drilling
- D. CA-125



44. A 24-year-old woman, G2P0A1, at 26 weeks gestation comes to the OPD for an initial prenatal visit. Maternal blood type is O, Rh negative. Indirect Coombs test is negative. Abdominal circumference measures at 34 weeks gestation. USG is shown below. Which of the following factors most likely contributed to this fetal presentation?

- A. Exposure to child with a rash**
- B. Inadequate maternal folate supplementation**
- C. Lack of Rh(D) immunization in prior pregnancy**
- D. Nonadherence to vaccination schedule**



45. All of the following are causes of this appearance except:

- 1. Posterior urethral valve**
- 2. Esophageal atresia**
- 3. Anencephaly**
- 4. Maternal Diabetes**
- 5. Renal agenesis**
- 6. PUJO**
- 7. Duodenal atresia**

A. 1, 6, 5

B. 2, 3, 4, 6, 7

C. 2, 3, 4, 7

D. 1, 4, 5, 6



46. What is the next appropriate management in uterine inversion with partially removed placenta?

- A. Manual repositioning of the uterus**
- B. Application of manual pressure**
- C. Administer tocolytics**
- D. Placement of a Bakri balloon**

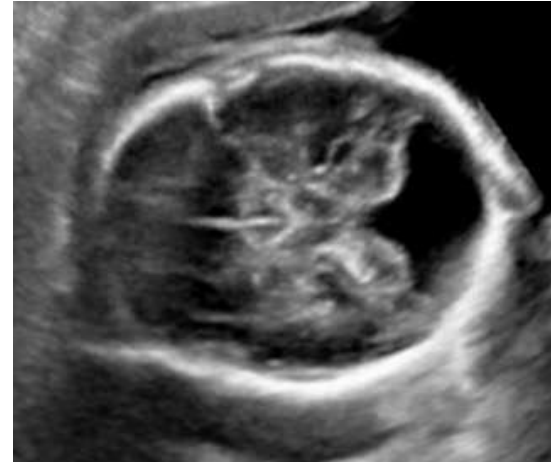
47. A 76-year-old female presented with a non-healing ulcer on the labia majora midline for a period of 6 months, measuring 2 cm x 3 cm. No lymph nodes were palpable. Biopsy shows squamous cell carcinoma. How do you manage this case?

- A. Radical vulvectomy with unilateral LN dissection**
- B. Radical vulvectomy with bilateral LN dissection**
- C. Simple vulvectomy**
- D. Chemoradiation with resection**

48. Identify the correct pair of malformations:



A. Acrania



C. Dandy Walker malformation



B. Holoprosencephaly



D. Omphalocele

49. A primigravida came for regular antenatal care in her first trimester. She has no complaints of dysuria or increased frequency, but her urine routine reveals $\geq 10^5$ CFU/ml E. coli. Her urine culture was done again and showed the same organism. What is the most common complication of this condition?

- A. Miscarriage**
- B. Preterm labour**
- C. Foetal hypoxia**
- D. Chorioamnionitis**

50. A 30-year-old nulliparous woman comes to the OPD for evaluation of infertility. The patient has been attempting to conceive for the past 2 years. Menarche was at age 11, and her menstrual cycles occur 2-3 times per year and last 7-10 days. BMI is 35 kg/m². Physical examination shows mild acne and hair growth on the upper lip and chin. This patient is at greatest risk for which of the following complications?

- A. Adrenal atrophy**
- B. Cushing syndrome**
- C. Ovarian carcinoma**
- D. Endometrial carcinoma**

51. A 26-year-old P1L1 presents with acute abdominal pain. She has a past history of rheumatic heart disease for which she has undergone mitral valve replacement surgery and is on oral Warfarin. On examination, 14 weeks' abdominal mass was felt. On USG, 8 x 6 cm unilocular cyst with reticular pattern was observed in left ovary. What is the next line of management?

- A. Measure CA-125**
- B. Repeat USG after 6-12 weeks**
- C. Surgical intervention**
- D. MRI pelvis**

52. Identify the correct statements:

- 1. Only one sacral ala is present in Naegele's pelvis**
- 2. Hand prolapse must be managed by LSCS**
- 3. False labour is rhythmic pain that radiates to thigh and back**
- 4. Constriction ring is due to injudicious use of oxytocin**

A. 1, 2, 3, 4

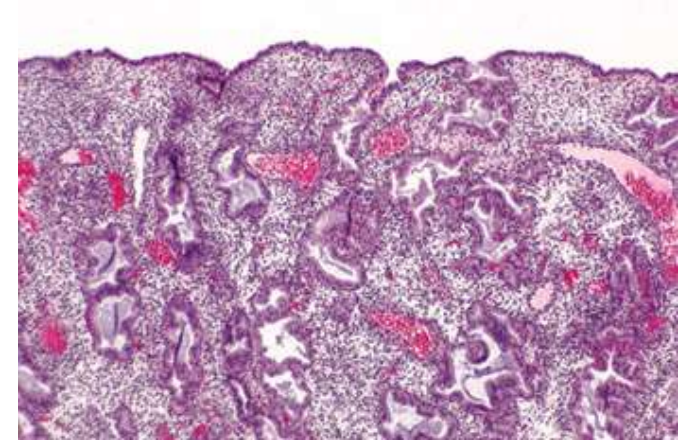
B. 1, 2, 4

C. 2, 3

D. 3, 4

53. Which ovarian structure is responsible for the following finding?

- A. Secondary follicle**
- B. Theca interna**
- C. Granulosa cell**
- D. Corpus luteum**



54. A G3P2L0 presents with 9 weeks of amenorrhea. She has a history of conization being done one year ago and is currently on follow-up, with no recurrence on PAP smear. What is the appropriate management?

A. USG to see cervical length

B. Cervical Cerclage

C. Complete Bed rest

D. Abdominal cerclage

55. At which stage of a woman's life, is the vaginal pH at its maximum?

- A. At puberty**
- B. Reproductive age**
- C. During Pregnancy**
- D. Postmenopause**

56. Modified Robson's classification class 2 includes:

- A. Nulliparous, singleton, cephalic, induced labour**
- B. Nulliparous, singleton, cephalic, spontaneous labour**
- C. Multiparous without previous CS, spontaneous labour**
- D. Multiparous without previous CS, induced/CS before labour**

57. A G2P1 woman at 29 weeks POG presents with a Hb of 6.8 g/dl. What is the appropriate treatment?

A. Blood transfusion

B. IV iron sucrose

C. 45mg elemental iron and 400 mcg folic acid twice daily

D. 60 mg elemental iron and 500 mcg folic acid twice daily

58. For a given drug, animal reproduction studies have shown an adverse effect on the fetus, but there are no adequate and well-controlled studies on humans. However, potential benefits may warrant the use of the drug in pregnant women despite potential risks. Such a drug would be classified as:

- A. Category C**
- B. Category B**
- C. Category X**
- D. Category D**

59. A pregnant woman at 8 weeks gestation, presents to the outpatient department with complaints of curdy white vaginal discharge, dysuria, and intense itching. Candidal vaginitis is suspected. What will be the best management in this scenario?

- A. Oral fluconazole 150 mg single dose**
- B. Oral fluconazole 150 mg two doses 1 week apart**
- C. Metronidazole 200 mg oral TDS for 7 days**
- D. Intravaginal topical azole for 7 days**

60. After the successful delivery of a baby, a grade 3b perineal tear is noticed. Which are the structures injured in this case?

- A. Perineum, perineal muscles, and >50% of external anal sphincter**
- B. Perineum, perineal muscles, and <50% of external anal sphincter**
- C. Perineum, perineal muscles, external and internal anal sphincter**
- D. Perineum, perineal muscles, anal sphincter complex and anorectal mucosa**

61. A 32-year-old woman, gravida 3 para 2, at 38 weeks gestation comes to the hospital due to contractions. She had a cesarean delivery for breech presentation at 39 weeks gestation in her second pregnancy. Blood pressure is 100/60 mm Hg, pulse is 100/min, and respirations are 22/min. Fetal heart rate tracing shows moderate variability, multiple accelerations, and no decelerations. Uterine contractions are regular and occur every 4 minutes. The cervix is 6 cm dilated and 60% effaced, and the fetal vertex is at 0 station. After 2 hours, the patient is suddenly restless and has intense lower abdominal pain. Fetal heart monitoring shows recurrent late decelerations. On pelvic examination, there is moderate vaginal bleeding, the cervix is 6 cm dilated and 60% effaced, and the fetal vertex is at -3 station. Which of the following is the most likely diagnosis in this patient?

- A. Fetal nuchal cord**
- B. Normal labor**
- C. Uterine rupture**
- D. Vasa previa**

62. A patient with 6 weeks amenorrhea and a positive pregnancy test came with complaints of lower abdominal pain, moderate bleeding PV. She was hemodynamically stable. On ultrasound, there was no gestational sac in the uterus. Ovaries were normal and no free fluid in the pouch of Douglas. What is the next line of management?

- A. Declare as complete abortion and follow-up in 15 days**
- B. Methotrexate injection**
- C. Diagnostic laparoscopy**
- D. Follow-up with beta-HCG**

63. A 30-year-old woman presents to the gynecology clinic with complaints of severe pelvic pain, particularly during her menstrual periods, and pain during intercourse for the past several years. On pelvic examination, the gynecologist notes tenderness upon palpation of the posterior vaginal fornix and palpable nodules in the uterosacral ligaments. An ultrasound was performed as shown here. All of the following drugs may be useful except:

- A. Medroxyprogesterone acetate
- B. Cabergoline
- C. Estradiol
- D. Letrozole



64. A 34-year-old woman who recently delivered a full-term baby via an uncomplicated vaginal delivery two weeks ago, presents to the emergency department with complaints of persistent fever, lower abdominal pain, and increasing tenderness over the past few days. On examination, the patient appears pale and febrile. Lower abdominal tenderness is noted, particularly on palpation of the uterine fundus. Laboratory tests show an elevated white blood cell count, and imaging studies reveal thrombosis in the pelvic veins. Which among the following is the next course of treatment for her?

- A. Stop antibiotics and start heparin**
- B. Antibiotics + Heparin**
- C. Surgical embolectomy**
- D. Hysterectomy**

65. Which of the following SERMs is approved in senile vaginitis?

A. Ospemifene

B. Clomiphene

C. Tamoxifen

D. Raloxifene

66. A 16-year-old girl comes to the physician because of a 3-week history of nausea, increased urinary frequency, and breast tenderness. She has never had a menstrual period. She is actively involved in her school's volleyball team. She is 173 cm tall and weighs 54 kg; BMI is 18 kg/m². Her breast and pubic hair development are at Tanner stage 5. Which of the following serum assays is the most appropriate next step in the diagnosis of this patient's condition?

- A. Estriol**
- B. TSH**
- C. Human chorionic gonadotropin**
- D. Luteinizing hormone**

67. A 29-year-old nulligravid woman comes to the physician for evaluation of infertility. She has been unable to conceive for 14 months. One year ago, she stopped taking the oral contraceptive pill, which she had been taking since she was 17. Her husband's semen analysis was normal. Four years ago, she had an episode of a pelvic tenderness and vaginal discharge that resolved without treatment. Menses occur at regular 28-day intervals. Before her marriage, she was sexually active with 3 male partners and used condoms inconsistently. She is 169 cm (5 ft 6 in) tall and weighs 86 kg (190 lb); BMI is 31.6 kg/m². Physical examination shows no abnormalities. Which of the following is the most likely cause of this patient's infertility?

- A. Insulin resistance**
- B. Loss of ciliary action**
- C. Ectopic endometrial tissue**
- D. Primary ovarian insufficiency**

68. In which of the following patients is a karyotype most likely needed?

- A. 20-year-old with amenorrhea and hirsutism**
- B. 18-year-old with amenorrhea and an elevated prolactin level**
- C. 16-year-old with amenorrhea with normal secondary sexual characters and no mullerian structures on sonography**
- D. 16-year-old with amenorrhea with normal secondary sexual characters and uterus seen on imaging**

69. A 31-year-old woman, gravida 1 para 1, is seen in the hospital on postoperative day 2 due to lower abdominal pain, chills, and pain with sitting. She came to the hospital when she had no contractions a day after spontaneous rupture of membranes. After a 26-hour induction of labor, she had a primary cesarean delivery for arrest of descent. The breasts are full but have no erythema or fluctuant masses. The uterine fundus is firm and tender to palpation. There is scant serosanguineous drainage from the lower aspect of the incision. Pelvic examination shows a small amount of blood on the perineal pad with mildly foul-smelling discharge. Which of the following is the best regimen for treating this patient's condition?

- A. Ceftriaxone**
- B. Ceftriaxone plus azithromycin**
- C. Clindamycin plus gentamicin**
- D. Dicloxacillin**

70. A 22-year-old woman comes to the clinic for a routine examination. She is a gymnast. Three months ago, she sustained a vulvar contusion during a competition but otherwise she has been healthy. The patient is sexually active with a male partner and uses an intrauterine device for contraception. She does not use tobacco, alcohol, or illicit drugs. Examination shows a mobile, soft, nontender, flesh-coloured, 2-cm cystic mass at the 4 o'clock position at the base of the left labium majus. Which of the following is the most likely diagnosis for this patient?

- A. Bartholin duct cyst**
- B. Condylomata acuminata**
- C. Gartner duct cyst**
- D. Hematoma**

71. A 56-year-old post-menopausal woman presents with irregular vaginal bleeding for the past 4 months. On transvaginal ultrasound, the endometrial thickness is 2 mm but a focal area shows 6 mm of endometrial thickness. Which of the following is the next best step to diagnose the cause of bleeding in this patient?

- A. Fractional curettage of the endometrium and endocervix**
- B. Dilatation and curettage of the endometrium**
- C. Hysterectomy**
- D. Hysteroscopic inspection and selective biopsy**

72. All of the following are the diagnostic criteria for preterm labor except:

- A. 4 contractions in 20 min and 8 contractions in 60 min with changes in cervix**
- B. Cervical dilatation > 2 cm**
- C. More than 80 percent effaced cervix**
- D. Cervix posterior in position**

73. Identify the correct statements:

- 1. During the 1st stage of labor, pain is mediated by spinal segments T10 to L1.**
- 2. The WHO recommends a minimum of 8 antenatal visits to improve pregnancy outcomes.**
- 3. Gestational age is calculated from the last day of the last menstrual period (LMP)**
- 4. Bleeding diathesis is the most common cause of menorrhagia in puberty**

A. 1, 2, 3, 4

B. 1, 2

C. 3, 4

D. 1, 2, 4

74. A 65-year-old woman with epithelial ovarian cancer with raised CA-125 and abdominal distension presents with the following CECT. What is the management?

- A. Debulking followed by radiotherapy**
- B. Debulking followed by chemotherapy**
- C. Chemotherapy followed by debulking**
- D. Staging laparotomy**



75. A patient presents at 36 weeks with chronic HTN and 3+ proteinuria. Her BP is 170/100 mmHg and she complains of headache and blurring of vision. What is the best management option?

- A. Labetalol + MgSO₄ + Expedite delivery**
- B. Labetalol + MgSO₄ + Wait till 37 weeks**
- C. Labetalol + Corticosteroids + wait till 37 weeks**
- D. Labetalol + Corticosteroids + Expedite delivery**

76. A 49-year-old woman, gravida 5 para 5, comes to the OPD due to involuntary, intermittent loss of urine over the past 5 months. The patient loses a small amount of urine when asked to cough. She has no dysuria, urgency, or hematuria and usually awakens once a night to void. Postvoid residual urine volume is 40 mL. Which of the following is the most likely cause of this patient's symptoms?

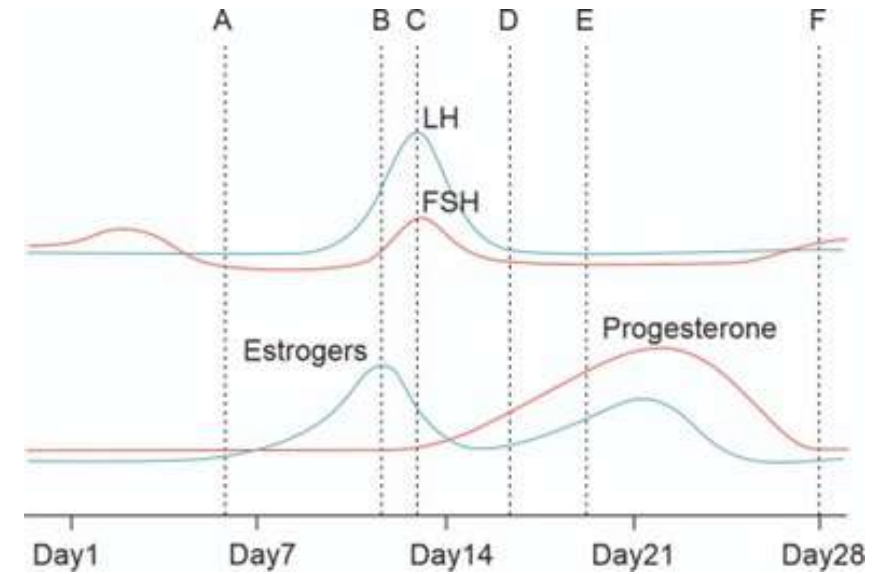
- A. Bladder outlet obstruction**
- B. Detrusor overactivity**
- C. Urethral hypermobility**
- D. Vesicovaginal fistula**

77. HRT should be prescribed to which of the following patients?

- A. A 35-year-old woman who has undergone TAH+BSO**
- B. A 9-year-old girl who has Turner syndrome**
- C. A 47-year-old woman with hot flushes and history of breast cancer**
- D. A 60-year-old woman with a history of ischemic heart disease**

78. An investigator is studying the menstrual cycle in premenopausal female volunteers with normal ovarian function. Pap smear specimens are taken from each volunteer every 6 days for a month. Microscopic examination of one such specimen shows vaginal epithelial cells with deeply eosinophilic cytoplasm. These types of cells are most likely to be seen in which of the following points in the menstrual cycle?

- A. B
- B. D
- C. E
- D. F



79. Arrange the following branches of the uterine artery in the correct sequence as they proceed towards the endometrium:

- A. Uterine artery → Arcuate artery → Radial artery → Basilar artery → Spiral artery**
- B. Uterine artery → Radial artery → Arcuate artery → Basilar artery → Spiral artery**
- C. Uterine artery → Arcuate artery → Basilar artery → Radial artery → Spiral artery**
- D. Uterine artery → Basilar artery → Arcuate artery → Radial artery → Spiral artery**

80. A 24-year-old primi is in labor. The baseline FHR is 110 bpm. All are possible causes for fetal bradycardia except:

- A. Maternal beta blocker therapy**
- B. Hypothermia**
- C. Hypoglycemia**
- D. Maternal fever**

81. A 32-year-old woman is evaluated at her 32nd week of pregnancy. Laboratory results are as follows:

Arterial pH: 7.45

PaO₂: 110 mm Hg

PaCO₂: 30 mm Hg

Bicarbonate: 20 mEq/L

Hemoglobin: 11 g/dL

Blood urea nitrogen: 5 mg/dL

Creatinine: 0.6 mg/dL

Which of the following best explains this patient's status?

A. Anemia

B. Hyperemesis gravidarum

C. Normal pregnancy

D. Preeclampsia

82. You would consider uterine artery embolization as a treatment option in all of the following cases except:

- A. Patient with Postpartum hemorrhage**
- B. Prior to the removal of Placenta accreta in Multiparous woman**
- C. Patient diagnosed with pedunculated submucous fibroids**
- D. Multiparous woman with menorrhagia**

83. A woman presented to the clinic with heavy, painful menses that have worsened over the past year. On pelvic examination the uterus is enlarged and tender. USG is shown below. What is the most likely diagnosis?

- A. Polyps
- B. Leiomyoma
- C. Adenomyosis
- D. Endometrial hyperplasia



84. A 39-year-old woman, gravida 2 para 1, at 38 weeks gestation, comes to the office for a routine prenatal visit. The patient feels well and reports normal fetal activity. Last week, she had nausea, vomiting, and diarrhea for 24 hours, but she has been able to eat and drink normally for the past several days. For the past 2 days, the patient has had increased clear vaginal discharge with irregular, painful contractions but no vaginal bleeding. Temperature is 99.6°F (37.6°C), blood pressure is 132/86 mm Hg, and pulse is 96/ min. The uterus is nontender and the fundal height is 34 cm. Fetal heart tones are 135/ min. Fetal ultrasound shows a cephalic fetus, measuring at the 50th percentile for gestational age, and an amniotic fluid index of 2 cm (normal: >5 cm). Which of the following is the most likely cause of this patient's amniotic fluid level?

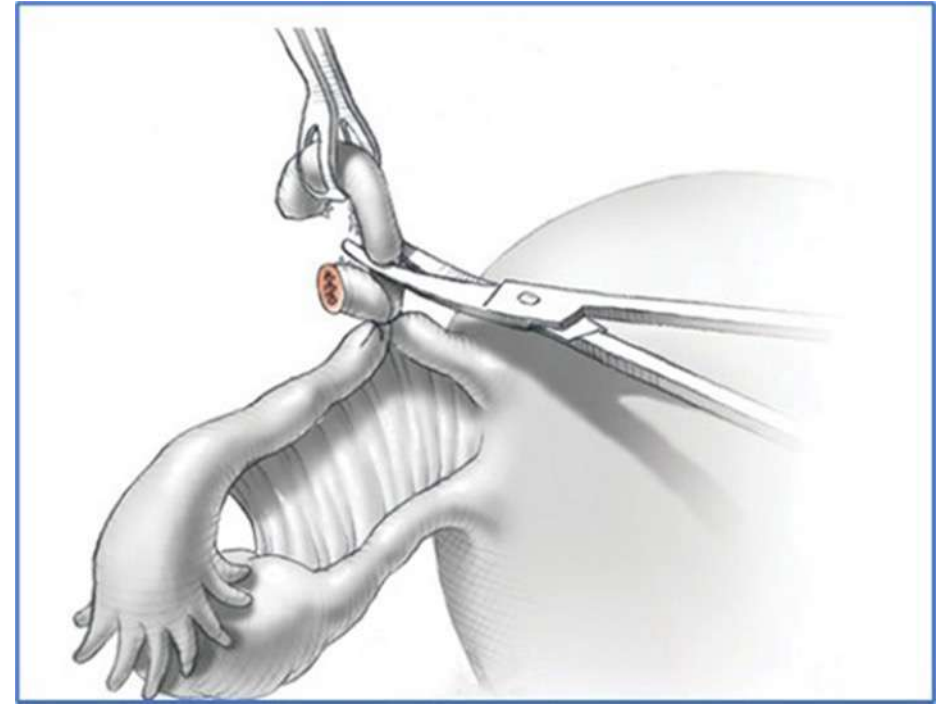
- A. Fetal congenital infection**
- B. Maternal dehydration**
- C. Normal gestational age variant**
- D. Rupture of membranes**

85. A 38-year-old woman comes to the emergency department due to an acute episode of heavy menstrual bleeding. The patient has a history of menorrhagia, with monthly cycles lasting 7-10 days and brisk blood flow with the passage of large clots. Pelvic examination reveals an enlarged fibroid uterus, and she is found to have significant anemia due to blood loss. The patient is prescribed continuous leuprolide therapy. After several weeks, which of the following sustained hormonal changes are expected to have occurred as a result of the treatment?

- A. GnRH high, FSH low, Estrogen low**
- B. GnRH low, FSH low, Estrogen low**
- C. GnRH high, FSH high, Estrogen high**
- D. GnRH high, FSH high, Estrogen low**

86. Identify the procedure shown:

- A. Pomeroy's technique**
- B. Salpingectomy**
- C. Tubal recanalization**
- D. Parkland procedure**



87. A 23-year primi came to the emergency department at 35 weeks of pregnancy with pedal edema and BP of 140/90 mmHg. The urine dipstick was 2+. Her investigations are listed below. Hb – 9.2g%, RBS – 123, SGOT – 250, SGPT- 300, Creatinine-0.7, platelet: 50000. What is the next best step?

- A. Induction of labor**
- B. Corticosteroids followed by induction of labor**
- C. Start Labetalol and immediate LSCS**
- D. Induction of labor at 37 weeks**

88. You are an intern and are conducting delivery of a 24-year G2P1. The head is delivered and undergoes restitution and external rotation. When you attempt to deliver the anterior shoulder, you notice that there are 2 tight loops of cord around the neck. What is the next best step?

- A. Try to slip the cords over the fetal head**
- B. Deliver the anterior shoulder immediately**
- C. Clamp the cord, cut it and unwind it from around the fetal neck**
- D. Immediately call for help**

89. A 34-year-old P2L2 is taking “Chhaya” for contraception. She has been taking it for 9 months. She reports to you that she has missed taking the pill for the last 2 weeks as she had been traveling and forgot to carry the pill with her. How many tablets has she missed?

A. 1

B. 2

C. 7

D. 14

90. Ms. T visits the OPD for a routine check. She has a Copper containing IUD inserted 6 months back and is concerned as she cannot feel the thread. Her LMP was 2 weeks back. On speculum examination you see the picture below. Which of the following is the most appropriate next step?

- A. Obtain a trans vaginal ultrasound**
- B. Obtain a KUB radiograph**
- C. Attempt IUD removal by means of an IUD hook or long artery forceps**
- D. Continue the exam by twirling a cytologic brush in her endocervical canal**



91. Which of the following is the mechanism of action of the first drug used in the regimen of medical MTP in first trimester?

- A. Cyclooxygenase inhibitor**
- B. PG analogue**
- C. Oxytocin receptor agonist**
- D. Progesterone antagonist**

92. A 27-year-old woman approaches the clinic for HPV testing for cervical cancer screening. The HPV is positive for type 18 HPV. What is the next best step?

A. LLETZ

B. Acyclovir and review after 6 weeks for a repeat test

C. HPV vaccine

D. Colposcopy and biopsy

93. A pregnant woman with a fibroid uterus develops severe acute pain abdomen at 28 weeks of gestation. There is no history of fever. WBC count is 8000cells/ μ l. The most likely diagnosis is?

- A. Red degeneration of fibroid**
- B. Preterm labor**
- C. Torsion of fibroid**
- D. PID**

94. A 12-year-old girl is brought to the OPD for evaluation of increasing lower abdominal pain. There is a tender, symmetric suprapubic mass to the level of the umbilicus. There is a blue-tinged bulge between the labia. Rectal examination reveals an anterior tender, central mass. Which of the following is the best next step in management of this patient?

- A. Karyotype analysis**
- B. Diagnostic laparoscopy**
- C. Hymenal incision and drainage**
- D. Hysterosalpingogram**

95. 22-year-old nulligravid woman comes to the OPD for worsening acne on her face and body over the last 6 months. She initially attributed the acne to her diet and has been eating healthier to improve the acne and lose weight. The patient has lost 6.8 kg in the last 3 months, but the acne has not improved. BMI is 42 kg/m². Coarse hair is noted on the chin and upper lip. Pelvic examination shows an enlarged clitoris but otherwise normal external genitalia. Laboratory results reveal elevated total testosterone and normal dehydroepiandrosterone sulphate. Which of the following is the most likely diagnosis in this patient?

- A. 21-hydroxylase deficiency**
- B. Adrenocortical carcinoma**
- C. Polycystic ovary syndrome**
- D. Sertoli-Leydig cell tumor**

96. 34 weeks G2P1L1 pregnant lady complains of bleeding PV and abdominal pain since 4 hours. Hb 6gm%, PR is 120/ min, BP-80/60mmHg, P/A- FHS absent & uterus tonically contracted. A PV reveals the cervix is 2 cm dilated, 70% effaced and Vx at -2. She appears distressed. What is the best management option?

- A. ARM + Oxytocin**
- B. Steroids followed by LSCS**
- C. Emergency LSCS**
- D. Urgent ultrasound**

97. Choose the order in which the following steps of total abdominal hysterectomy are done:

- a. Clamp, cut & ligate infundibulopelvic ligament**
- b. Clamp, cut and ligate uterine vessels**
- c. Clamp, cut and ligate round ligament**
- d. Open uterovesical fold of peritoneum**

- A. b-c-d-a**
- B. d-a-b-c**
- C. c-a-d-b**
- D. c-b-d-a**

98. A 25-year-old G2A1 presents to the Antenatal OPD at 9 weeks. List the investigations that will be done:

- a. Hb**
- b. Urine CS**
- c. TSH**
- d. TORCH**
- e. FBS**
- f. APLA**
- g. Blood gp**
- h. VDRL**

A. a, b, c, d, e, f, g, h

B. a, b, c, d, e, g, h

C. a, b, e, g, h

D. a, b, c, e, g, h

99. A 25-year-old primigravida presents to the OPD with a history of a dog bite. Her neighbor's pet dog has bit her on the leg. She is currently 10 weeks pregnant. What is the next best step?

- A. Clean the wound, administer tetanus and rabies vaccine**
- B. Clean the wound, administer only tetanus vaccine**
- C. Clean the wound, administer antibiotics**
- D. Clean the wound, reassure her**

100. A pregnant woman at 36 weeks gestation is found to have high blood pressure recording and a urine protein of 3+. Concomitant presence of which of the following symptoms would make you suspect imminent eclampsia?

- 1. Headache**
- 2. Blurred vision**
- 3. Persistent pedal edema**
- 4. Epigastric pain**

- A. 2 and 4 only**
- B. 1 and 2 only**
- C. 1, 2, 4**
- D. 1, 2, 3, 4**

Thank You



Cerebellum
Get the balance right

BTR OBG - 13-10-2025

Dr. Zainab Vora

1. Phexxi, a newly approved contraceptive gel, has the following properties except:

A. Works as a vaginal pH regulator

B. Contains lactic acid, citric acid, and potassium bitartrate

~~C.~~ Provides long-term hormonal contraception

D. Creates an acidic vaginal environment inhospitable for sperms

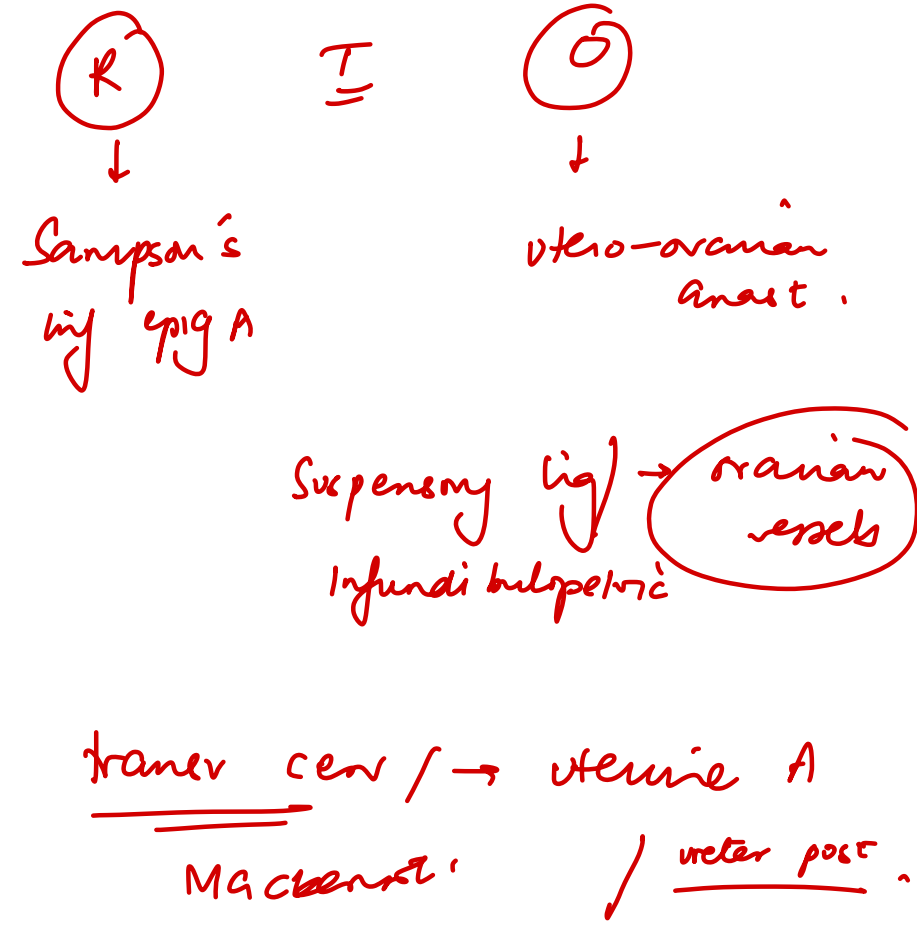
2. A 52-year-old postmenopausal woman is diagnosed with endometrial cancer, FIGO stage IA, tumor size 1.5 cm, grade 2 adenocarcinoma. What is the most appropriate management?

- ~~A. Total abdominal hysterectomy + BSO without lymph node dissection~~
- B. Total abdominal hysterectomy + BSO + lymph node dissection
- C. Total abdominal hysterectomy + BSO + lymph node dissection + Adjuvant RT
- D. Neoadjuvant Chemotherapy with Cisplatin and Paclitaxel ~~XX~~

- Gr 1/2
- st Ia
- size < 2cm
- < 50%
- } → x LND
- } → x adj RT.

3. A 63-year-old woman has a right-sided ovarian mass found incidentally on transvaginal ultrasound. Surgery is planned to remove the right ovary, including the mass. To avoid excessive bleeding during the oophorectomy, the surgeon should ligate which of the following structures?

- A. Mesosalpinx
- B. Ovarian ligament
- C. Round ligament of the uterus
- D. Suspensory ligament of the ovary

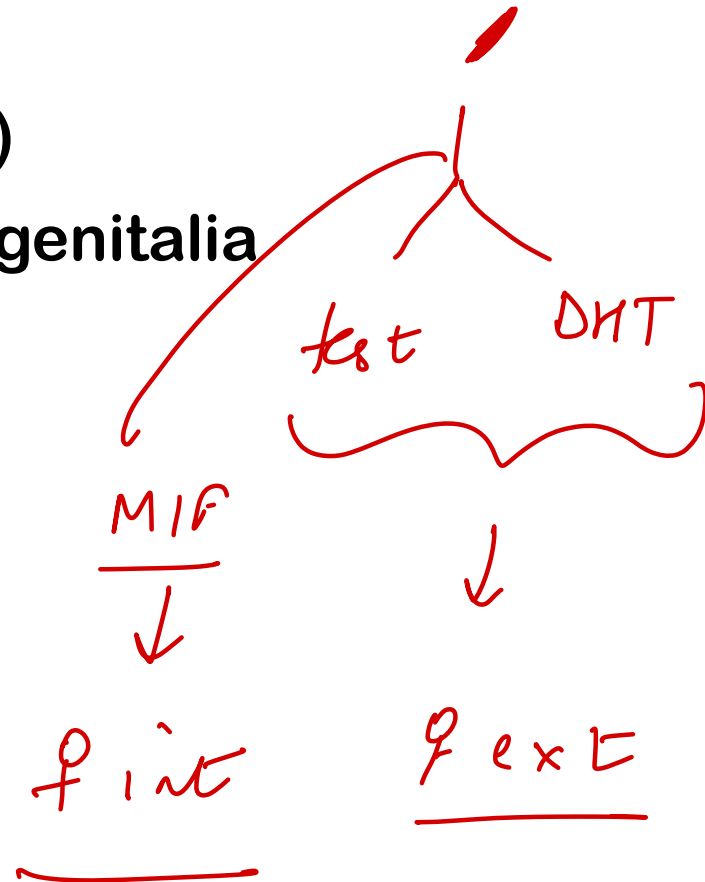


4. A 26-year-old nulligravida presents with primary amenorrhea. She is diagnosed with 46XY gonadal dysgenesis. During pelvic laparoscopy, what is the expected finding?

- A. Streak gonads and male internal genitalia
- B. Streak gonads and female internal genitalia
- C. Empty pelvis (no gonads or internal genitalia)
- D. Bilateral abdominal testes and male internal genitalia

Swyer Sx

(X) 2^o sexual ch



5. A 32-year-old primigravida at 32 weeks of gestation comes with complaints of absent fetal movements over the last week. Examination shows absent fetal heart sounds. Ultrasonographic examination shows overlapping of skull bones and absent FHR. Which of the following is false about this likely condition?

- A. Robert's sign may be seen
- B. Hyperflexion of spine may be seen
- C. Spontaneous expulsion rarely occurs in these patients and induction is required
- D. Infection by gas-forming organisms is likely after rupture of membranes

air in bx

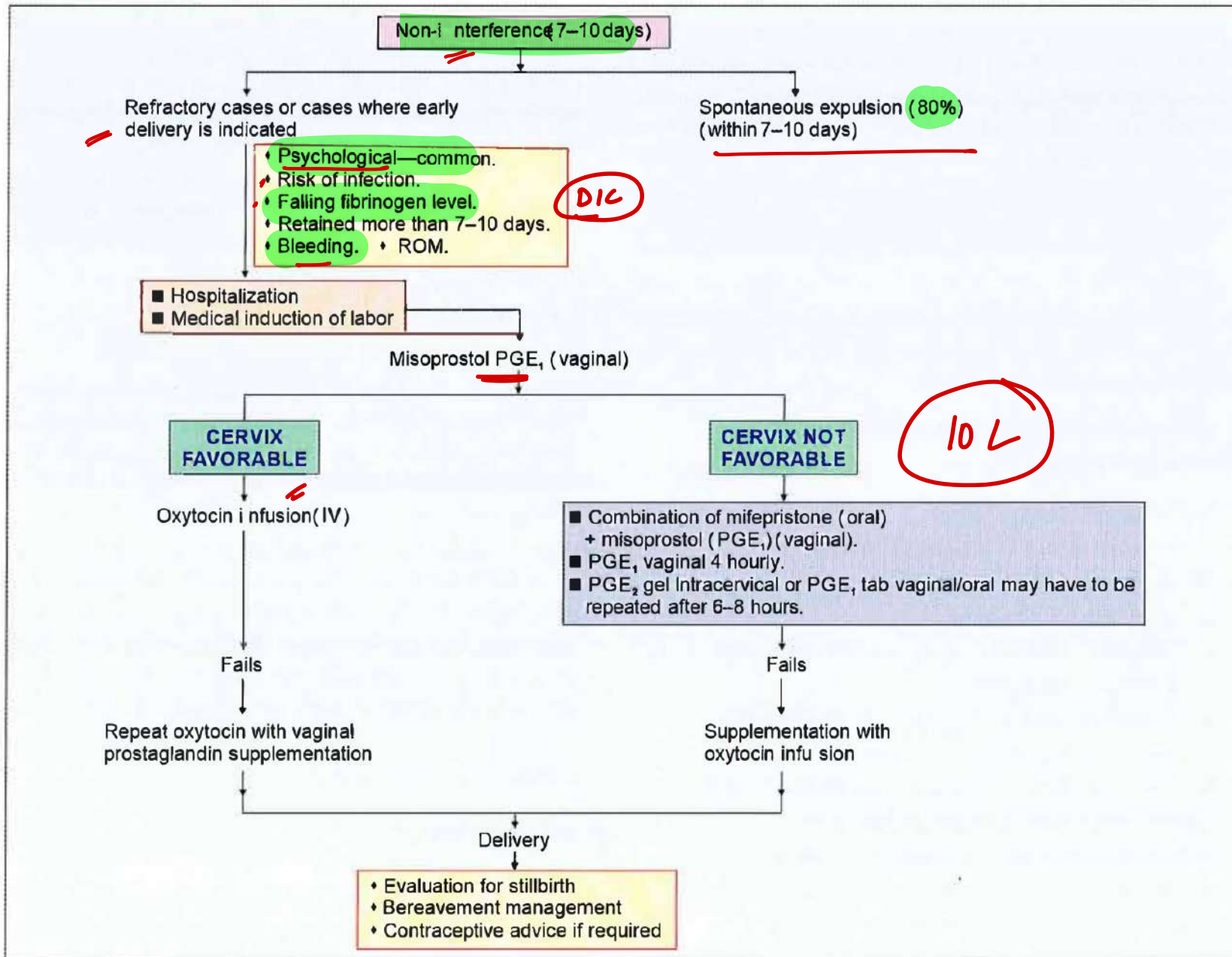
Spalding

IUD

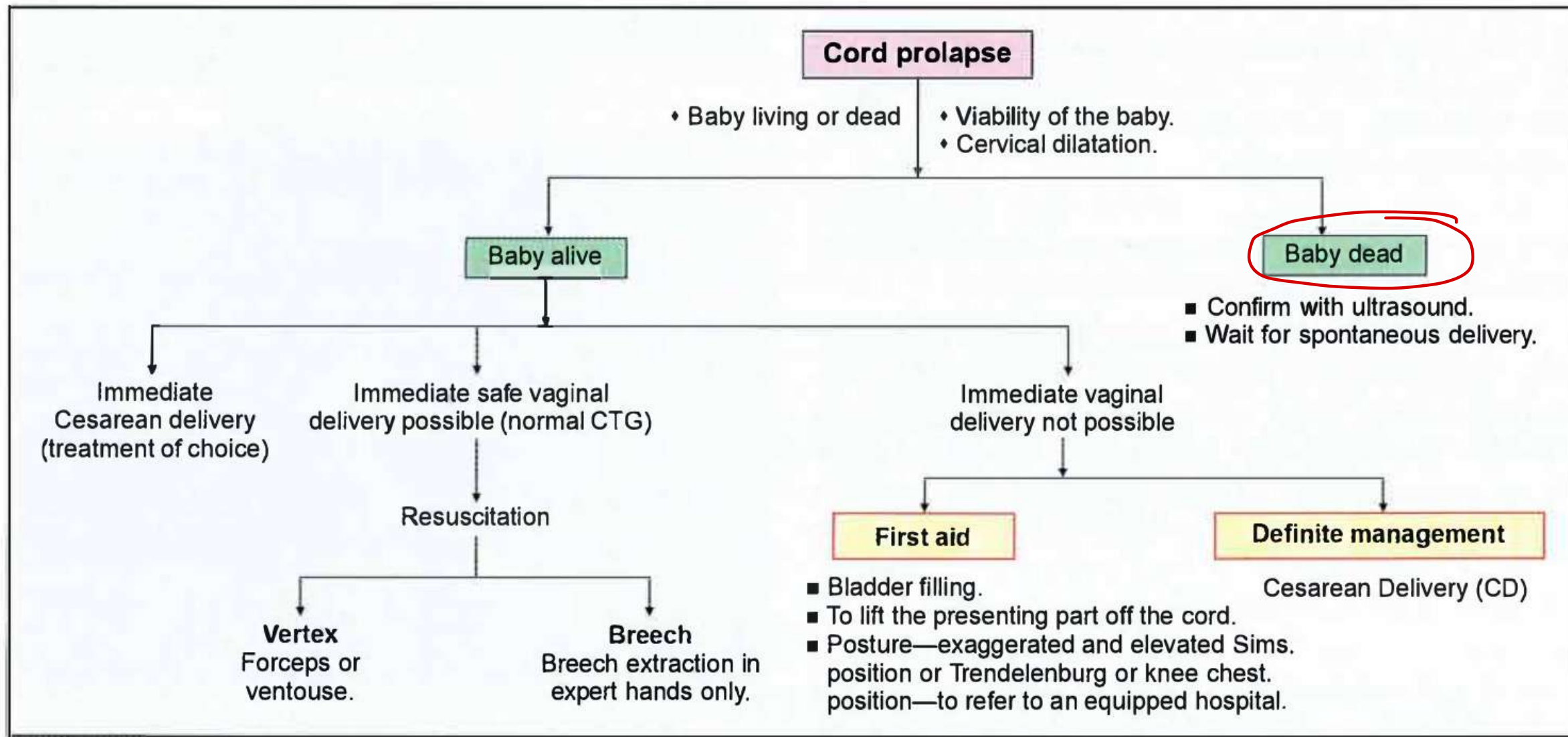
→ Ball signs

IUD
nm-interference

Flowchart 22.6: Scheme of management of IUFD.



Flowchart 26.6: Scheme of management of cord prolapse.



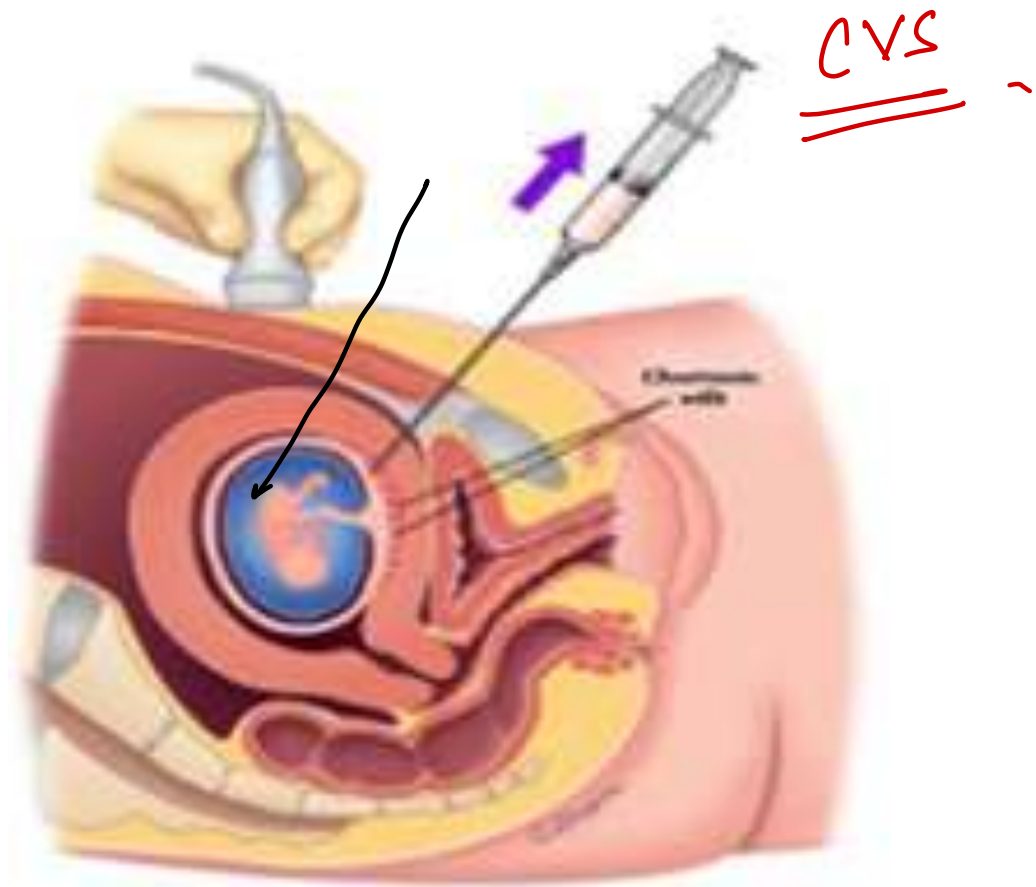
6. What is the best time to perform the following procedure?

A. 11-13 weeks

B. 18-20 weeks → Cordo

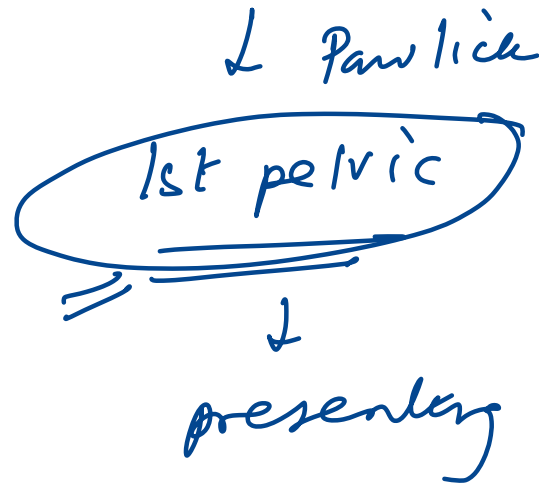
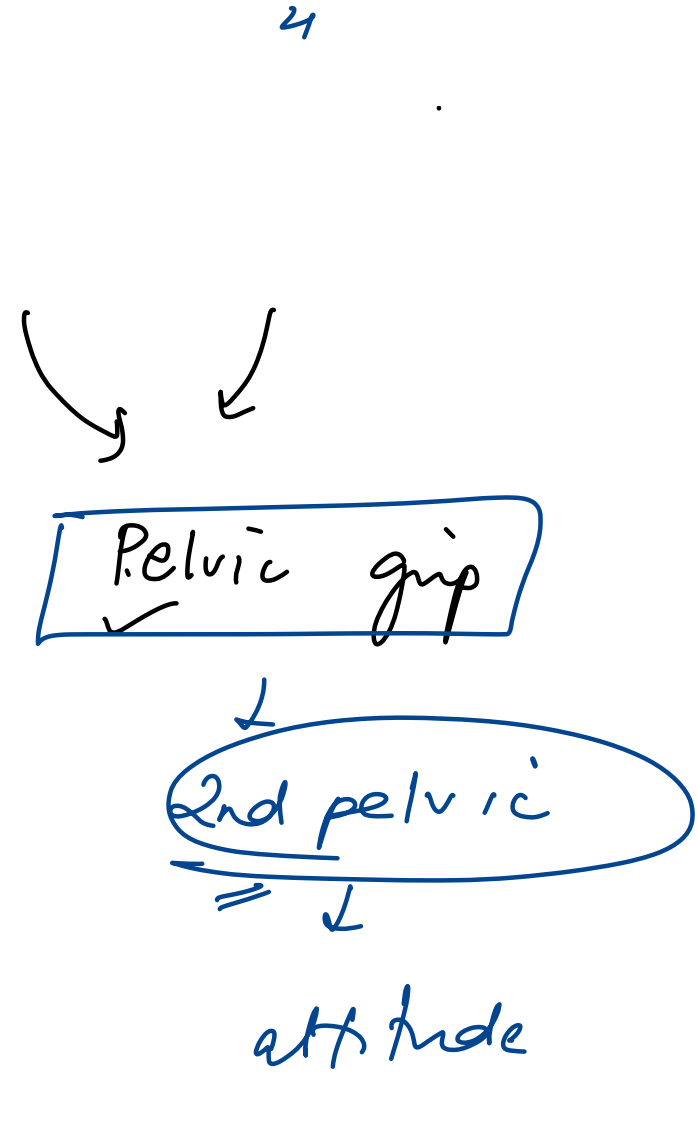
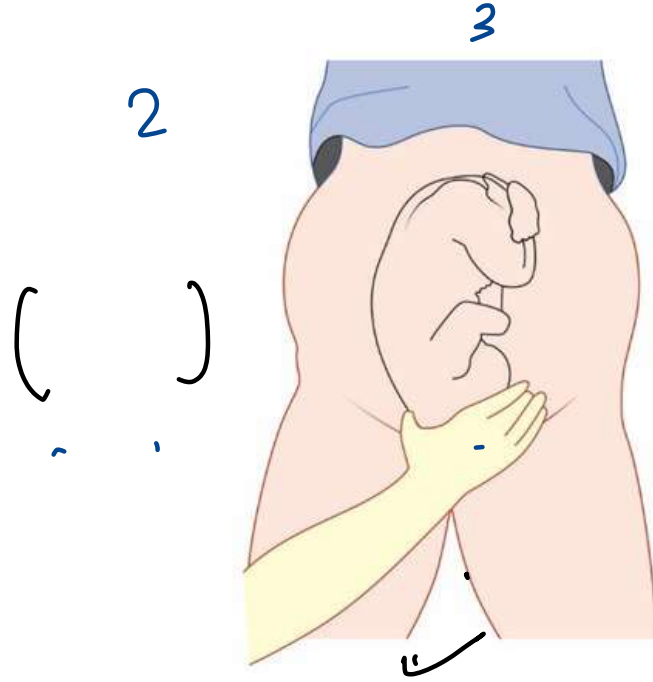
C. 6-8 weeks

D. 15-18 weeks amniocentesis

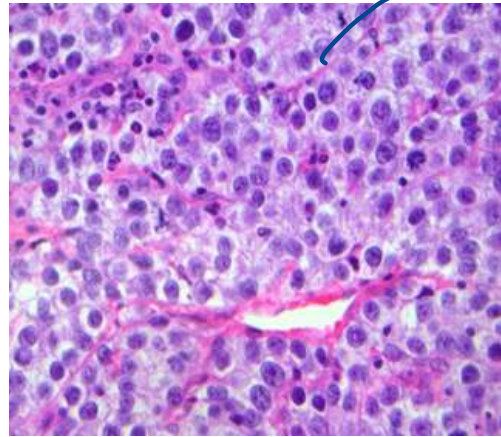


7. Identify the grip in the image given below:

- A. Second Pelvic grip
- B. 4th Leopold
- C. First Pelvic grip
- D. Fundal grip



8. Identify the incorrect pair:



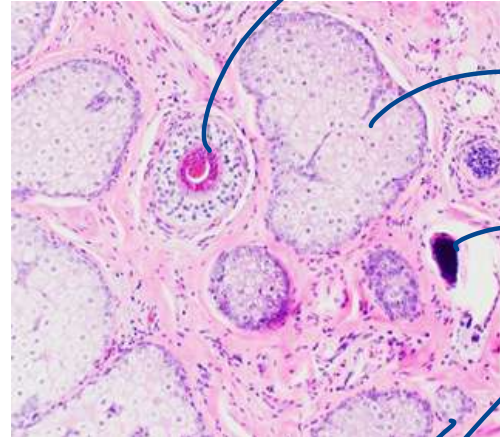
septae (F)

Small round blue cells

✓✓ fried egg

seminoma

A. Dysgerminoma

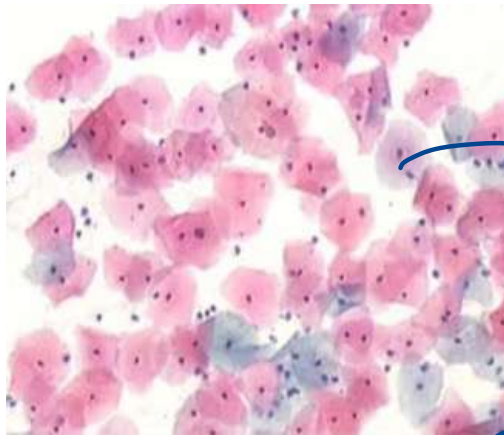


hair

Sg cell

mus

C. Teratoma



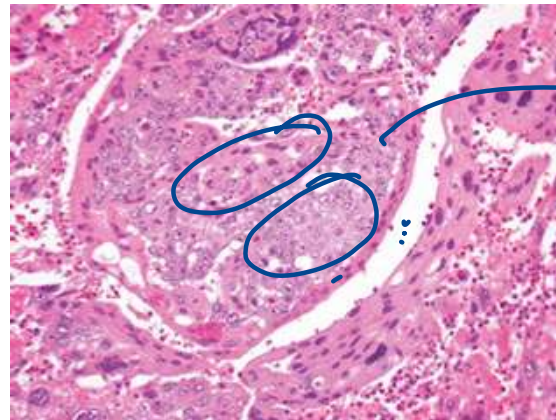
Pap smear

superficial

(E)

Estradiol

B. Granulosa cell tumor



CCA

D. ~~Embryonal cell tumor~~ Xx

✓✓ CD30+

9. A P1L1 mother with BMI of 35 diagnosed with pre-eclampsia underwent LSCS. What is the ideal agent for prophylaxis post-partum venous thromboembolism?

A. LMWH

B. Warfarin xx

C. Early ambulation xx

D. Compression stockings xx

obese

NEET 2C

10. A G2P1L1 suffers cord prolapse during labour. Cervix was 5 cm dilated and cord pulsations were present. What is the next best step in management?

FHR (+)

A. Empty the bladder ~~XX~~

B. Reverse trendelenburg ~~XX~~

~~C. LSCS~~

D. Funic manœuvre ~~XX~~
 ↳ put cord pack

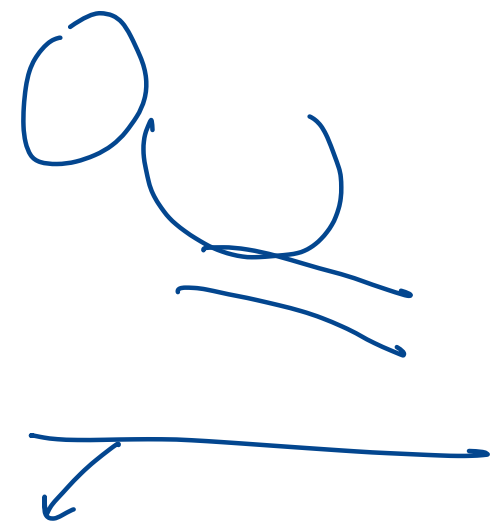
Cord prolapse

⇒ Definitive: LSCS

↳ 10cm dilⁿ / station ≥ +2
 ↳ instrumental

Next:

- Vago's → filling UB
- Trendelenburg / knee-chest
- Lifting the presenting part →



11. A 55-year post-menopausal woman presents to the OPD for a routine BP checkup. Her BP was 170/100 mmHg. She also complains of bloodstained discharge per vagina. What is the next best step of management?

NEET '25

A. Pap smear

B. Immediate referral to a cardiologist to control BP

C. TVS

D. Hysterectomy ~~XX~~

= Hyn
= DM
= obesity

ET > 4mm

↓

EA/ECC

+ Pap

HMOD XX

12. A 22-year-old woman presents with amenorrhea for 1 year. She had elevated gonadotropic hormones and decreased AMH. What is the likely diagnosis?

NEET 25

A. PCOS^{XX}

$\left\{ \begin{array}{l} \uparrow LH \quad FSH \text{ (N)} \\ \uparrow AMH \end{array} \right.$

~~B. Premature ovarian insufficiency~~

C. Hyperprolactinaemia

$PRL \xrightarrow{\ominus} GnRH$

D. Sheehan syndrome

$\downarrow FSH \quad \downarrow LH$

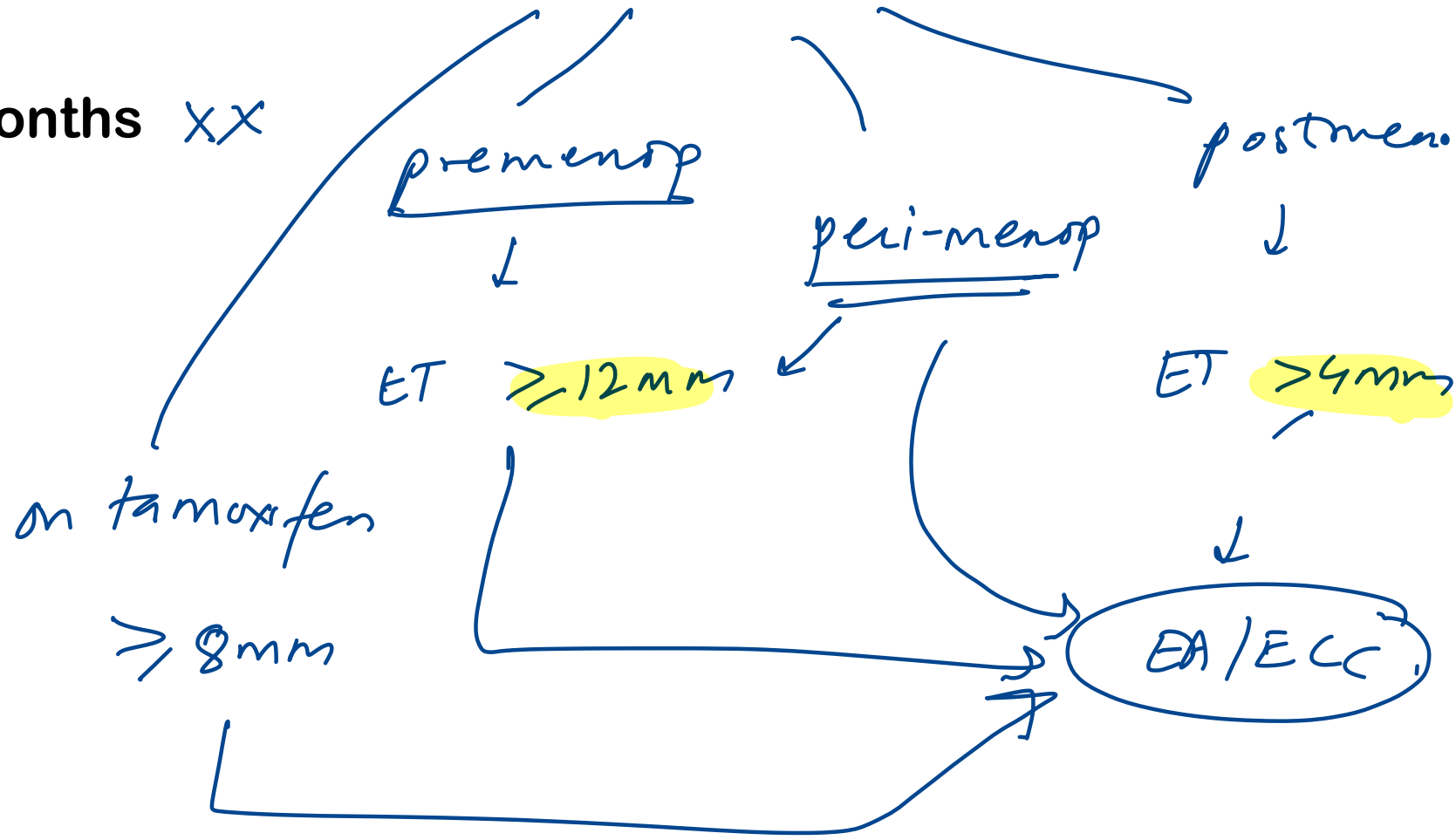
13. A 45-year-old woman presents with delayed cycles and heavy bleeding for the past year. Ultrasonography shows an endometrial thickness of 16 mm. What is the next best step in management?

A. Start OCPs ~~xx~~

B. Wait and watch for 6 months ~~xx~~

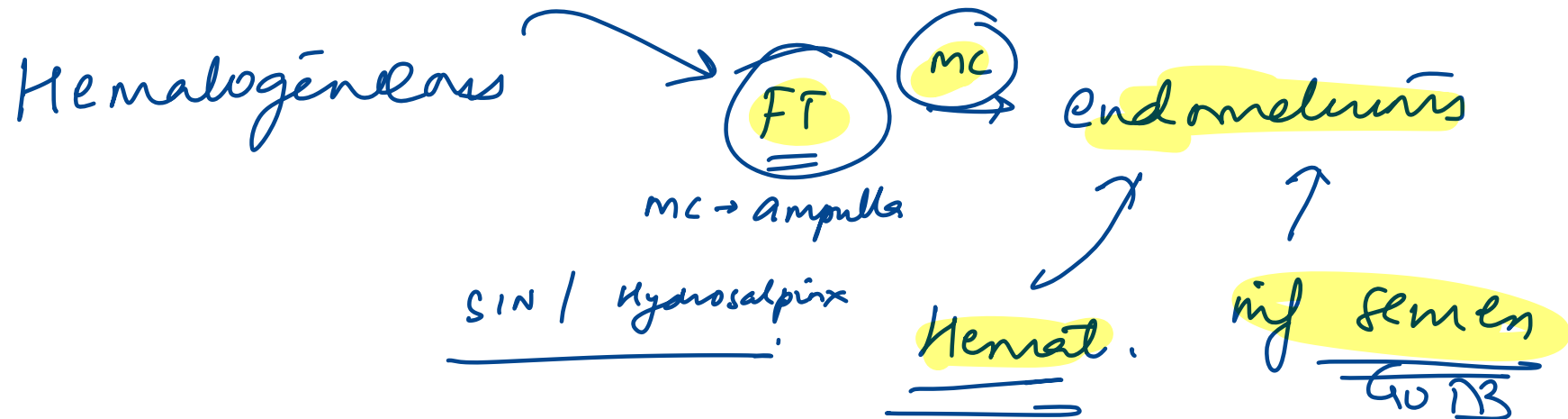
C. Hysterectomy ~~xx~~

D. Endometrial biopsy



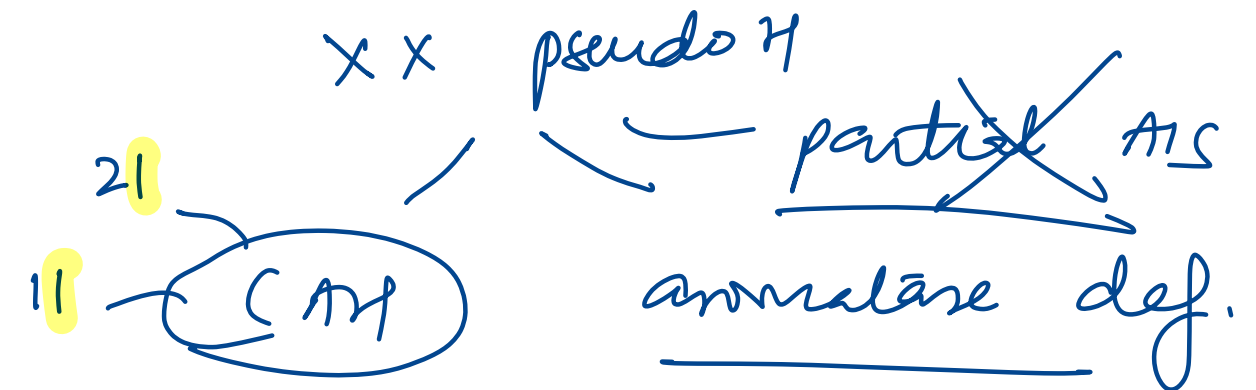
14. A 28-year-old woman presents with infertility. Endometrial biopsy reveals tuberculosis. Regarding the mode of spread of endometrial tuberculosis, all of the following are true except:

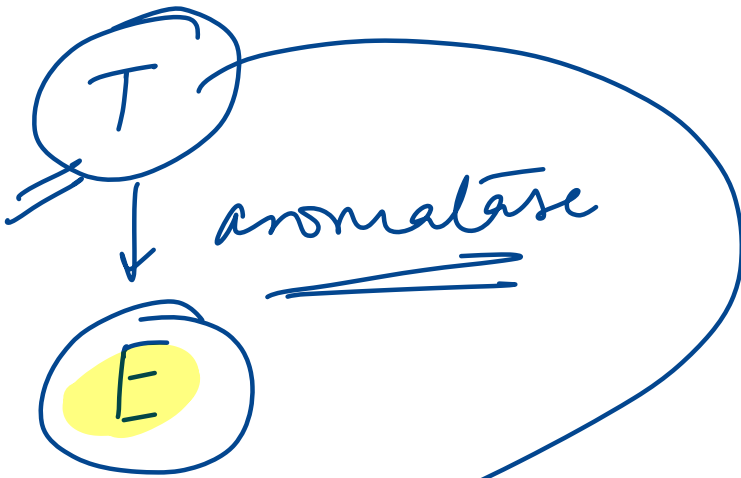
- A. Most commonly spreads directly from fallopian tubes (T)
- B. Hematogenous spread can occur from pulmonary focus
- C. Hematogeneous spread is the commonest mode of transmission xx
- D. May rarely occur due to infected semen from partner with genitourinary TB



15. An 18-year-old woman comes to the OPD due to primary amenorrhea. The patient had ambiguous external genitalia noted at birth, and laparotomy performed at 17 months of age revealed a normal uterus and fallopian tubes. Ovarian biopsy performed at that time revealed normal-appearing primordial follicles. Blood pressure is 120/78 mm Hg and height is 160 cm (5 ft 3 in). The patient has nodulocystic acne over the chest and back. No breast development, normal pubic and axillary hair, and marked clitoromegaly are present. Laboratory results show a normal female karyotype and normal glucose and serum electrolytes. Serum FSH, LH, testosterone, and androstenedione concentrations are high. Pelvic imaging reveals multiple ovarian cysts. Which of the following is the most likely diagnosis in this patient?

- A. Aromatase deficiency
- B. Congenital adrenal hyperplasia ^{XX}
- C. Kallmann syndrome ^{XX}
= McLeod's → ovary - post viral bronchiolitis
- D. Swyer James syndrome
Swyer





Mother
vintu's

amb
Jemataha

vintu's

16. A 32-year-old woman undergoes in vitro fertilization (IVF) and Embryo transfer is performed after the third day of fertilization. Based on this information, what is the estimated date of delivery (EDD) from the date of embryo transfer?

A. 266 days

B. 263 days

C. 261 days

D. 280 days

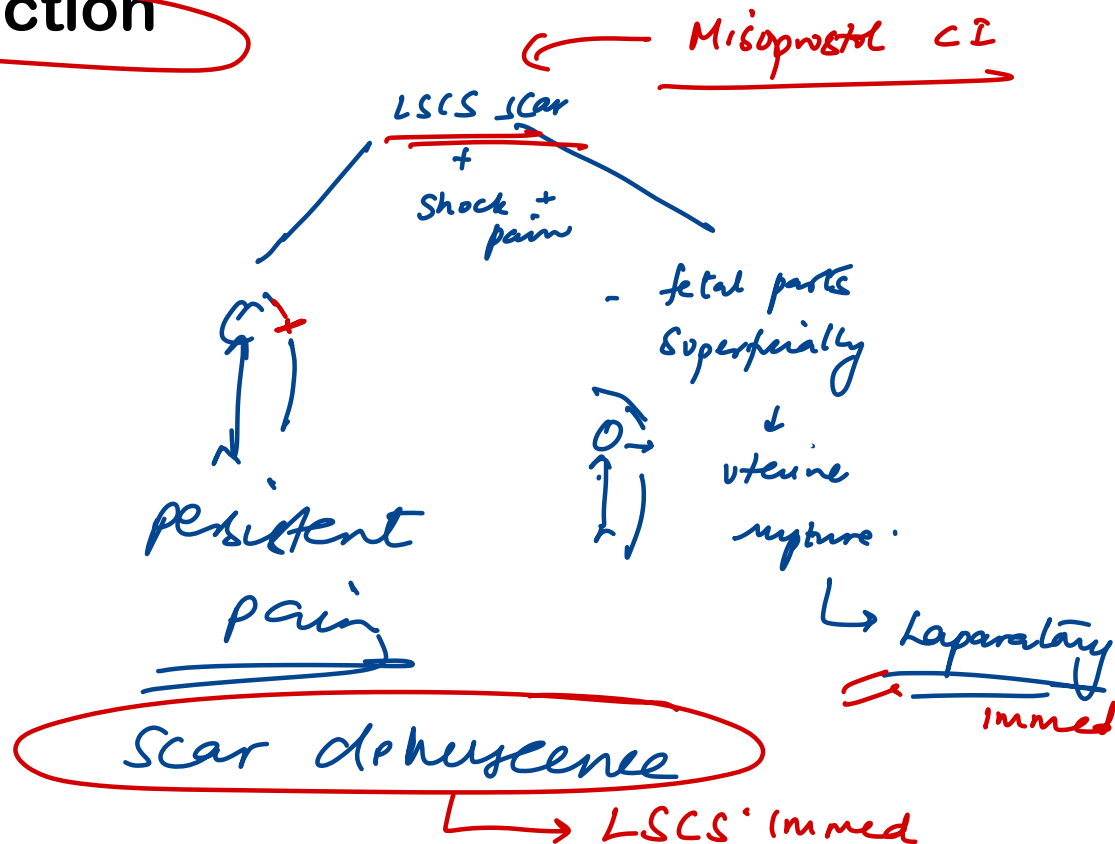
oocyte transfer \rightarrow 266d
d3 ET \rightarrow 263d
d5 ET \rightarrow 261d.

17. A G2P1L1 with a history of previous caesarean section presented in active labour. During trial of labour, there was foetal bradycardia and maternal tachycardia. Persistent suprapubic pain between contractions was also noted. On examination, cervix was 8 cm dilated and the vertex was at -1 station. What is the next best step of management?

NEET 25

- A. Instrumental delivery ~~XX~~
- B. Emergency Lower segment caesarean section
- C. Stop oxytocin ~~XX~~
- D. Artificial rupture of membranes ~~XX~~

uterine inversion



18. A primigravida at 37 weeks presents with decreased foetal movements for 1 day. NST showed one acceleration in 20 minutes and no decelerations. What is the next step in management?

- A. Induce labour immediately
- B. Repeat NST
- C. USG doppler for umbilical artery
- D. Modified BPP

INLET 25

NST - 20 min - ≥ 2
 $\geq 15 \text{ bpm}$
 $\geq 15 \text{ s}$

20 min
 $\downarrow \times$

Modified BPP

19. 27-year-old woman, gravida 1 para 0, at 40 weeks gestation comes to the hospital due to painful contractions for the past few hours. The patient has had no leakage of fluid or vaginal bleeding. Fetal movement has been normal. On admission, the cervix is 5 cm dilated and 90% effaced with the fetal head at -1 station. She received epidural analgesia; on repeat cervical examination, the cervix is 6 cm dilated and 100% effaced with the fetal head at -1 station. Two hours later, the cervix is unchanged. Fetal heart rate monitoring shows a baseline of 130/min, moderate variability, accelerations, and occasional early decelerations. The tocodynamometer shows contractions every 5-7 minutes. Which of the following is the best next step in management of this patient?

- A. Cesarean delivery ~~XX~~
- B. Continue expectant management ~~XX~~
- C. Oxytocin infusion
- D. Vaginal misoprostol ~~XX~~

adequate

≥ 3 - 10 min each

45's

augment^m

arrest : 4hr c adeq

protracted labour

< 1.2 cm/hr

< 1.5 cm/hr

20. A 32-year-old pregnant woman at term is admitted for normal vaginal delivery. Her per vaginal examination shows a cervix dilatation of 5 cm and cord prolapse with absent FHR on examination. What is the next step of management?

- A. Immediate cesarean section ~~XX~~
- B. Start LMWH followed by LSCS ~~XX~~
- C. Vaginal delivery by forceps extraction ~~XX~~
- D. Wait for spontaneous onset of labor

21. A 25-year-old woman with a history of peripartum cardiomyopathy following a previous pregnancy presents for preconception counselling. Her current ECHO reveals an ejection fraction of 45%. What would be the best advice for her regarding upcoming pregnancy? 

(N) EF = 55%

- A. Pregnancy is contraindicated
- B. Pregnancy is safe with lifestyle modifications
- C. Pregnancy is safe with close monitoring and medical management
- D. Pregnancy is safe as any general population

CI - pregn - 1yr
residual → always CI

- systolic dysfunction (DCM)
- lact thin / ≤ 5 mon PP
- idiopathic

Conditions in which pregnancy risk is WHO I

Uncomplicated, small or mild
- pulmonary stenosis
- patent ductus arteriosus
- mitral valve prolapse

Successfully repaired simple lesions (atrial or ventricular septal defect, patent ductus arteriosus, anomalous pulmonary venous drainage).

Atrial or ventricular ectopic beats, isolated

Conditions in which pregnancy risk is WHO II or III

WHO II (if otherwise well and uncomplicated)

Unoperated atrial or ventricular septal defect

Repaired tetralogy of Fallot

Most arrhythmias

WHO II-III (depending on individual)

Mild left ventricular impairment

Hypertrophic cardiomyopathy

Native or tissue valvular heart disease not considered WHO I or IV

Marfan syndrome without aortic dilatation
Aorta <45 mm in aortic disease associated with bicuspid aortic valve

Repaired coarctation

WHO III

Mechanical valve

Systemic right ventricle

Fontan circulation

Cyanotic heart disease (unrepaired)

Other complex congenital heart disease

Aortic dilatation 40-45 mm in Marfan syndrome
Aortic dilatation 45-50 mm in aortic disease associated with bicuspid aortic valve

Conditions in which pregnancy risk is WHO IV (pregnancy contraindicated)

Pulmonary arterial hypertension of any cause

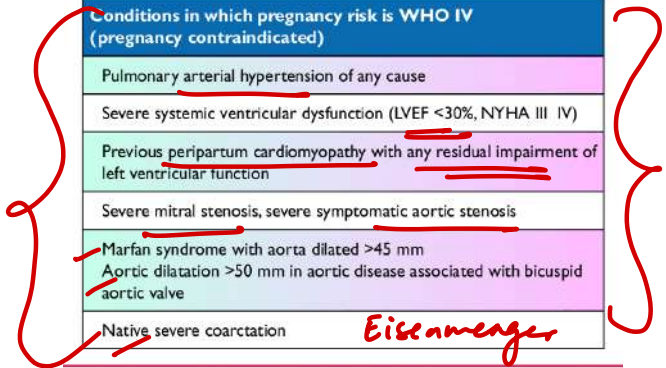
Severe systemic ventricular dysfunction (LVEF <30%, NYHA III-IV)

Previous peripartum cardiomyopathy with any residual impairment of left ventricular function

Severe mitral stenosis, severe symptomatic aortic stenosis

Marfan syndrome with aorta dilated >45 mm
Aortic dilatation >50 mm in aortic disease associated with bicuspid aortic valve

Native severe coarctation *Eisenmenger*



Adapted from Thorne et al.⁷³
LVEF = left ventricular ejection fraction; NYHA = New York Heart Association;
WHO = World Health Organization.

22. Arrange the following sites of endometriosis in decreasing order of frequency of involvement:

1. Pouch of Douglas → ✓✓
2. Uterosacral ligament
3. Broad ligament
4. Ovary → mc
5. Fallopian tube

A. 4 > ~~5~~ > 2 > 1 > 3

B. 4 > 1 > 3 > 2 > 5

C. 4 > ~~5~~ > 1 > 3 > 2

D. 5 > 4 > ~~2~~ > 3 > 1

mc extra-ovarian

1st Ix - NS

IOC → MRI

Gold std → laparoscopy.

23. Which of the following statements is incorrect regarding Type I endometrial carcinoma?

A. It is associated with obesity and diabetes ✓✓

~~B. Smoking is a high-risk factor~~

C. Endometrioid morphology is typical

D. Associated with PTEN mutation

Type 1	Type 2
55–65 years	65–75 years
Unopposed estrogen, obesity, HTN, DM	Atrophy, thin physique
Endometrioid <i>Cauden</i>	Serous, clear cell, mixed Müllerian tumor
PTEN, ARID1A, PIK3CA, KRAS, MSI <i>HPCC</i>	TP53, PIK3CA
Indolent	Aggressive

- Smoking protective
- Ca Endom
 - Endometriosis
 - UC
 - Preclampsia

24. In which of the following stages of puberty does estrogen not have a major role?

A. Pubarche

B. Thelarche

C. Menarche

D. Growth spurt

androgen

AIS

AIS

E ↑ ↑

breast

growth spurt

25. A 34-year-old woman, gravida 2 para 1, at 26 weeks gestation comes to the emergency department due to intermittent leakage of fluid for the past 6 hours. She has had no vaginal bleeding or contractions. The patient's previous pregnancy was complicated by preterm prelabor rupture of membranes at 29 weeks gestation; she delivered at 34 weeks gestation after inpatient management with corticosteroids and latency antibiotics. Temperature is 39.4°C (103°F), blood pressure is 100/70 mm Hg, and pulse is 114/min. Fetal heart rate is 170/min. The cervix is 2 cm dilated. In addition to antibiotics and steroids which of the following is the best next step in management of this patient?

mat fever

PPROM

Chorioamnionitis

≤ 26 wks

↑ incip of POC →

TDP

- A. Fetal fibronectin and lung maturity testing ~~XX~~
- ~~B. Immediate induction of labor~~
- C. Tocolysis ~~XX~~
- D. Serial fetal-ultrasounds and amnioinfusion ~~XX~~

26. An ultrasound confirms an anterior placenta covering the cervical os and an amniotic fluid index of 1.5 with a single fluid pocket measuring 1.5 x 1 cm. Over a period of 45 minutes, there are 4 episodes of fetal movement, 3 flexion/extension events, and no fetal breathing movements. The fetus is breech. Which of the following is the most likely cause of the patient's biophysical ultrasound findings?

A. Fetal malpresentation ~~XX~~

B. Maternal hypoglycemia

C. Placental insufficiency

D. Placental location ~~XX~~

(N)	AFI	5-25
	SDP	2-8

preclampsia
UPI

oligo H
fetal distress

27. A 40-year-old woman, gravida 5 para 0 aborta 4, at 35 weeks gestation comes to labor and delivery triage because she has not felt her baby move for the past 24 hours. The patient has not eaten much all day and skipped dinner due to nausea. She has a 25-pack-year history of cigarette use but has cut down on her smoking during her pregnancy. Her last ultrasound at 32 weeks gestation showed a fetus in breech position measuring at the 15th percentile and placenta previa. A nonstress test shows a baseline fetal heart rate in the 130s with moderate variability and no decelerations. There are no accelerations after an hour of monitoring despite vibroacoustic stimulation. Tocometry shows no contractions. Which of the following is the most appropriate next step in management of this patient?

A. Biophysical profile

B. Cesarean delivery ~~XX~~

C. Contraction stress test ~~XX~~

D. Umbilical artery flow velocimetry ~~XX~~

NST

8-10 (N)

6 : ≥ 37 wks \rightarrow TDP

≤ 4 : > 32 wks \rightarrow TDP

0-2 : 1 resp \uparrow PDG \rightarrow TDP

28. A 21-year-old woman, gravida 1 para 0, at 36 weeks gestation presents to the hospital for a blood pressure of 190/110 mm Hg in the office. Initial laboratory results show elevated serum creatinine and transaminases. Nifedipine, magnesium sulfate, are administered. Induction of labor is started with oxytocin. Six hours later, the patient's blood pressure is 150/90 mm Hg. The patient now complains of nausea, headache, generalized muscle weakness and respiratory distress. DTRs are absent. What is the likely cause of the findings?

A. Drug-drug interaction, X

B. Hypocalcemia X

C. Oxytocin toxicity X X

D. Renal insufficiency

Mg sulfate

toxicity

> 5/10 min

Next: Ca gluconate
10%

urine output

29. Which of the following is the primary mode of action of ulipristal 30mg in emergency contraception?

A. Inhibition of maintenance of corpus luteum xx

B. Interference with sperm penetration xx

C. Inhibition of ovulation by suppressing LH surge

D. Thickening of the endometrium to prevent implantation xx

SPRM



COCP / patch / vag ring → ⊖ ovulⁿ

POP → cervical mucus thickening

DMPA / implants
Norsplanon / Implanon / Ulipristal.
→ ovulⁿ ⊖
↳ mucus thick
thin endom

⊖ LH surge

LNG-IUS → thin endo + thick mucus
(Mirena)

Centchroman → ⊖ implantⁿ
• endom out of phase
• delays ovum transport

CuT → ⊖ sperm / ⊖ fertilitⁿ

30. A 37-year-old woman, gravida 2 para 1, at 8 weeks gestation comes to the office for a follow-up visit. Earlier in the pregnancy, the patient had nausea and breast tenderness that resolved several days ago. At her initial prenatal visit a week ago, ultrasound revealed an intrauterine gestational sac with a yolk sac but no fetal pole. Pelvic examination reveals a closed cervix and no vaginal discharge or bleeding. A transvaginal ultrasound is repeated and is unchanged from the prior visit. Which of the following is the most likely diagnosis?

A. Ectopic pregnancy ~~XX~~

B. Hydatidiform mole ~~XX~~

C. Missed abortion

D. Threatened abortion → closed os

↳ bleeding (+)
↳ FHR (+)

Early pregnancy failure:
Gsac > 25mm with no fetal pole
CRL >7mm with no FHR

31. A 17-year-old adolescent presents to the gynecology clinic with a history of severe menstrual pain and recurrent pelvic infections since the onset of menstruation. She reports cyclical pain coinciding with her menstrual periods and has experienced occasional urinary tract infections. On physical examination, there is a palpable pelvic mass. Ultrasound imaging reveals a duplicated uterine cavity with one side showing an hematometra and absence of the left kidney. What is the most likely diagnosis?

A. Mayer-Rokitansky-Küster-Hauser (MRKH) Syndrome

B. Asherman's Syndrome

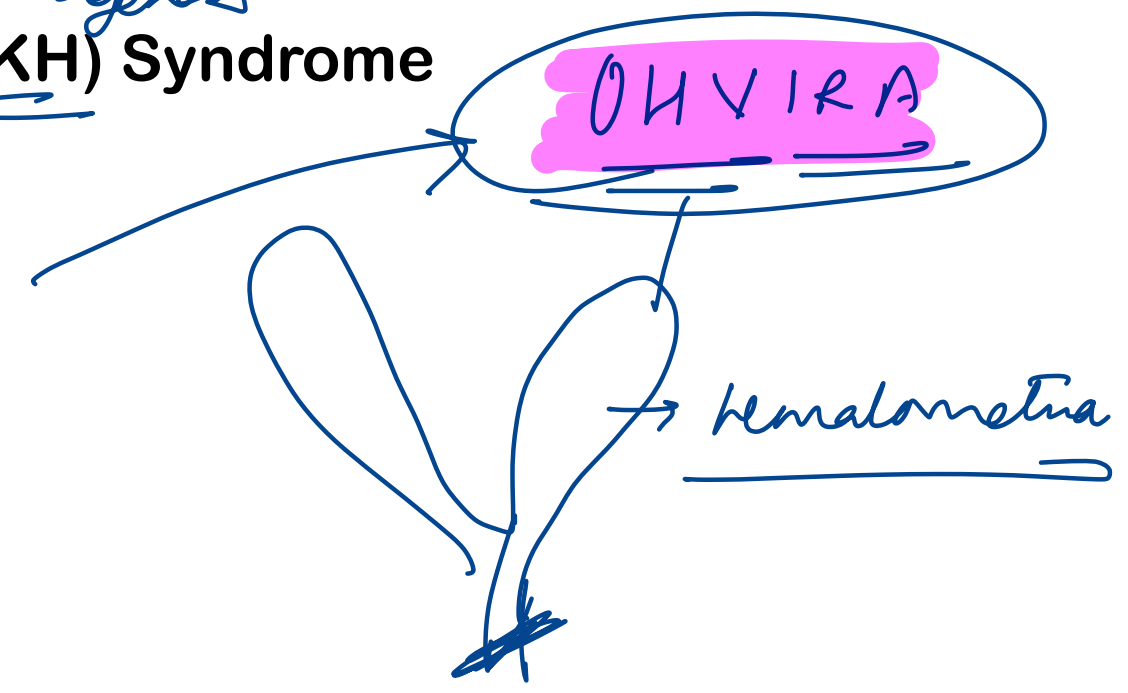
C. Herlyn-Werner-Wunderlich syndrome

D. Endometriosis

Müllerian agenesis

OHVIRA

hematometra



32. An athlete with a BMI of 17.5 kg/m² presents with secondary amenorrhea and primary infertility. Her laboratory investigations reveal FSH 2; LH 0.3; TSH 1.2; Prolactin 20 ng/ml. What is the underlying cause of this condition?

- A. Primary ovarian failure
- B. Hypogonadotropic hypogonadism
- C. Hypergonadotropic hypogonadism
- D. Normogonadotropic normogonadism

FSH > 40
|
POI

33. A 25-year-old primigravida at 37 weeks gestation is brought to the emergency department with constant, excruciating abdominal pain and sudden vaginal bleeding for the past 3 hours. The patient is Rh negative and received Rh(D) immunoglobulin at 28 weeks gestation. Blood pressure is 160/100 mm Hg and pulse is 118/min. Physical examination shows a firm and tender uterus. Speculum examination reveals a moderate amount of bleeding coming from an open cervical os. Fetal heart tracing shows a baseline of 105/min and no variability. Which of the following is the most likely cause of this patient's bleeding?

- A. Attachment of the placenta onto the myometrium
- B. Injury to the fetal placental vessels → VP
- C. Placental implantation over the cervix → PP
- D. Premature placental separation

→ PAS

Abruptio
plac
→

Shiny

Schultz

↓

- mc

- fetal

dirty

Duncan

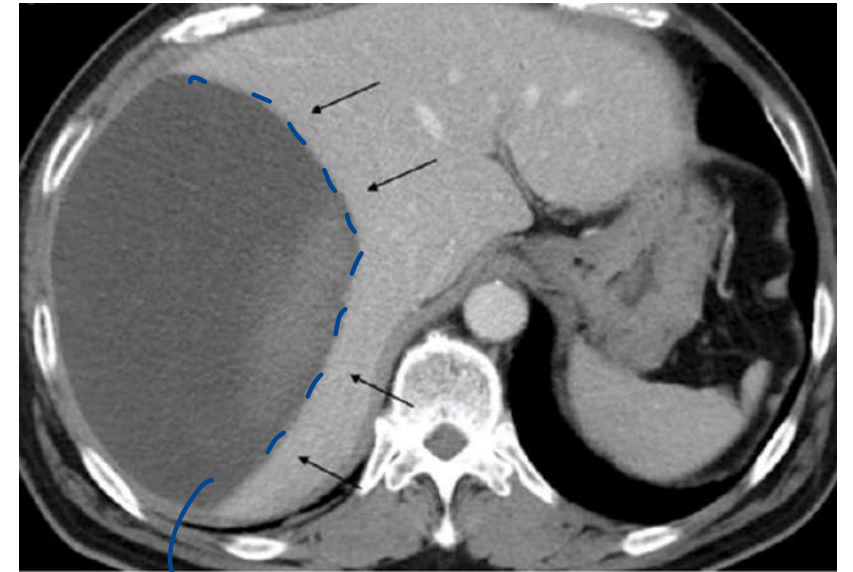
• 7 bleed

• maternal

34. An 18-year-old primigravida at 27 weeks gestation comes to the emergency department due to severe right upper quadrant pain. The pain started 2 hours ago, and the patient has also had nausea, vomiting, and irregular uterine contractions. Aspartate aminotransferase (SGOT) is 220 U/L and alanine aminotransferase (SGPT) is 240 U/L. CECT is shown below. This patient is most likely at risk for which of the following complications?

- A. Acute interstitial nephritis ~~XX~~
- B. Bleeding esophageal varices ~~XX~~
- C. Intraamniotic infection ~~XX~~
- D. Seizures

HELLP



subcaps hematoma

35. A 19-year-old girl presents with irregular menstrual cycles. According to the Rotterdam criteria, which of the following are diagnostic for PCOS?

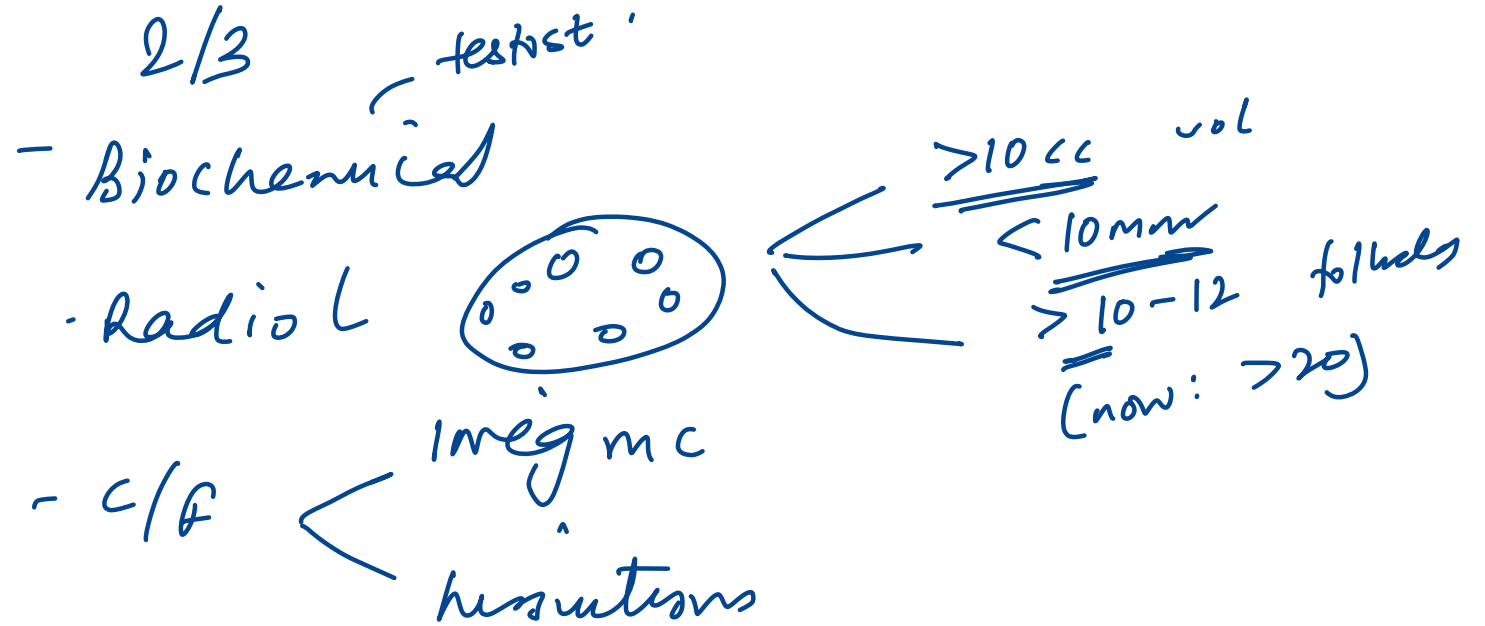
- a. Obesity
- b. Delayed periods ✓✓
- c. Hirsutism ✓✓
- d. Insulin resistance

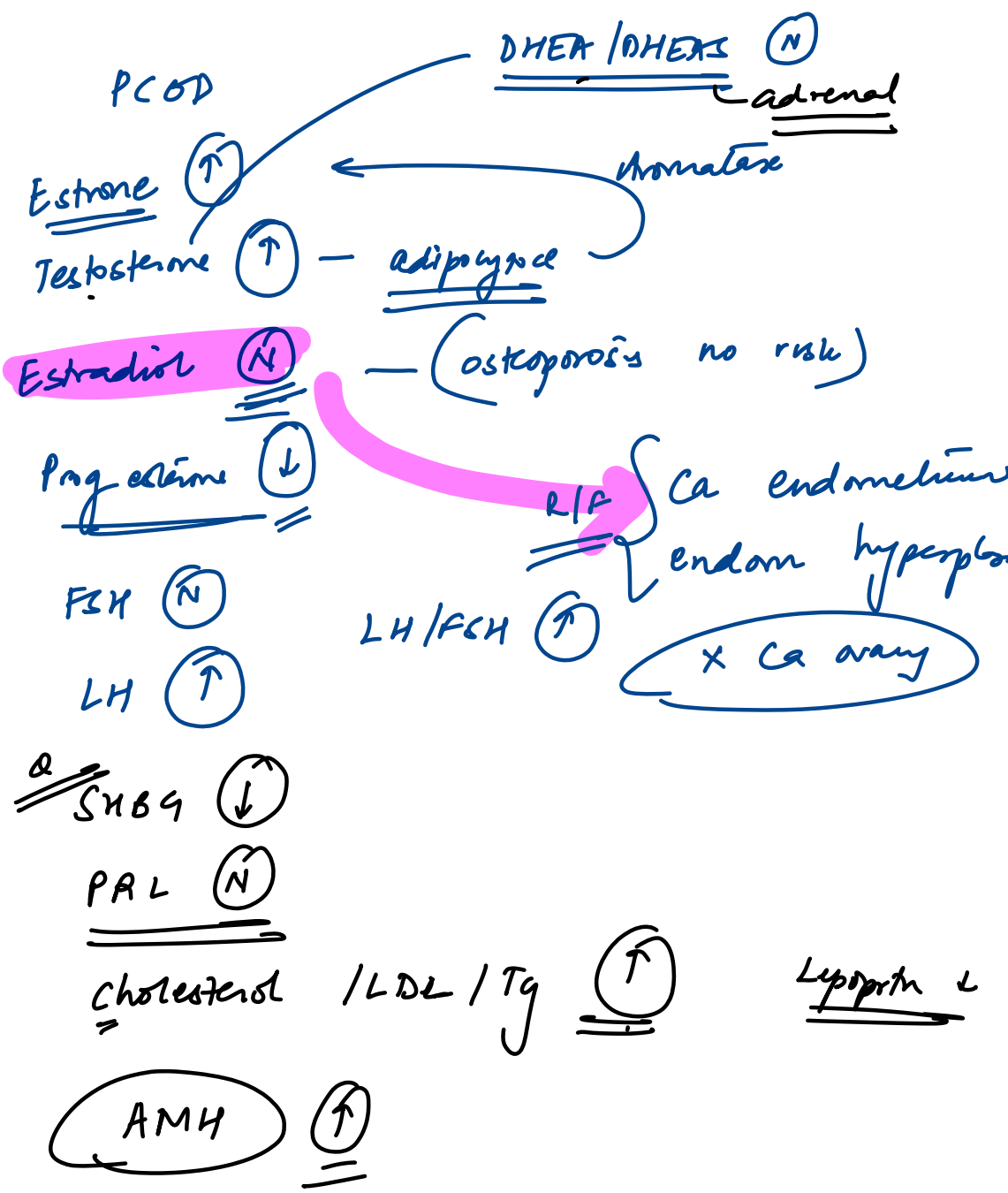
A. a, b and c

B. b and c

C. a, b and d

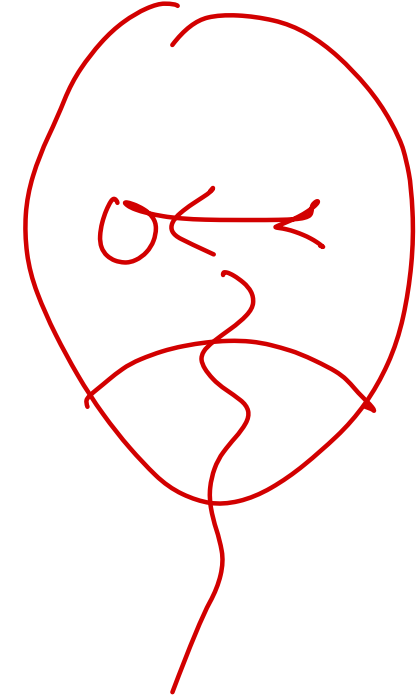
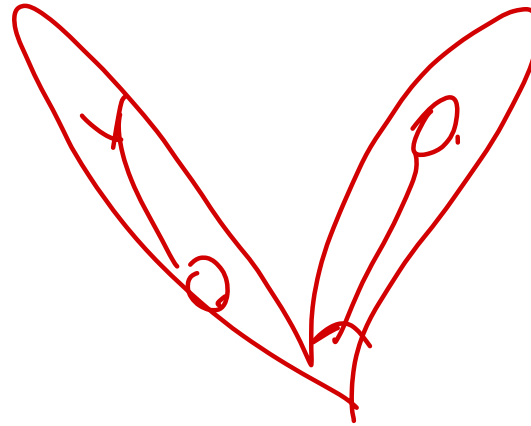
D. a, b, c and d





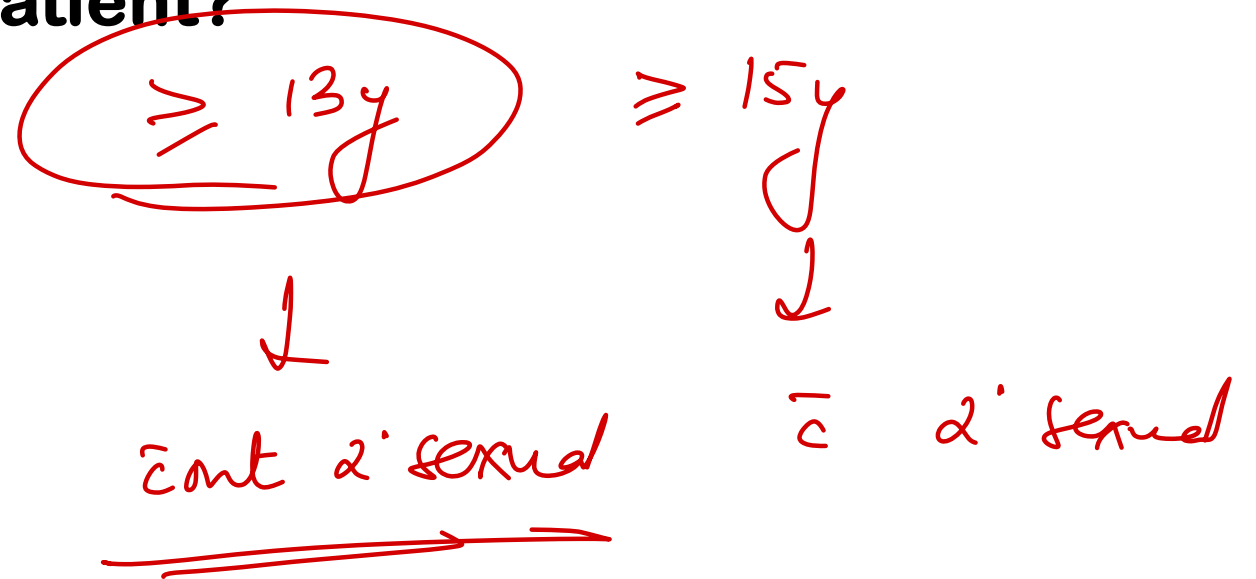
36. A multiparous woman is in labor at 38 weeks of gestation. On examination, the uterus appears asymmetrical. In fundal grip, the fetal pole is not palpable and in pelvic grip, the lower pole of the uterus is empty. All of the following are true about the given presentation except:

- malpresentation*
- A. Placenta previa should be ruled out
 - B. Uterine diadelphys is likely in the patient ~~XX~~
 - C. There are high chances of cord prolapse in the patient
 - D. Elective LSCS should be performed



37. 12-year-old girl is brought to the OPD by her mother because she has not started menstruating. Height is at the 15th percentile and weight is at the 20th percentile for age. Vital signs are normal. There is no breast development or axillary hair. Pelvic examination reveals normal external female genitalia and no pubic hair. Ultrasound confirms the presence of a uterus. Which of the following is the best next step in management of this patient?

- A. Reassurance
- B. FSH level
- C. Serum B-HCG
- D. Karyotype analysis



38. Diagnostic criteria for Catastrophic antiphospholipid syndrome includes all except:

A. Involvement of three or more organs ✓

B. Development of manifestations in less than a week ✓

~~C. Histological evidence of hydropic degeneration of villi → Molar~~

D. Presence of antiphospholipid antibodies on two occasions six weeks apart ✓

↓
micro thrombi (+)

39. A 14-year-old female presented to you with primary amenorrhea. Examination reveals normal breast development and absent axillary and pubic hairs. Pelvic examination shows a normally developed vagina with clitoromegaly and micro-phallus. On ultrasound, masses are visible in the inguinal region. What is the most likely diagnosis?

- A. Complete androgen insensitivity syndrome ~~XX~~
- B. Mayer Rokitansky Küster Hauser syndrome ~~XX~~
- C. Partial androgen insensitivity syndrome
- D. Gonadal dysgenesis

Partial
AIS

Reifen Sp.

→

40. Which of the following are indications of LSCS?

- 1. **Brow presentation** ✓
- 2. **Mentoposterior position** ✓
- 3. **Breech presentation**
- 4. **Occipitoposterior position**
- 5. **Mentoanterior position**

- ~~A. 1, 2~~
- B. 3, 4
- C. 1, 2, 3
- D. 2, 5

- staring
- foot/hand
- transverse
- 1st twin non vertex

face E
mentopost
↓
NVD ✓

41. A young female has history of a spontaneous abortion. She has had amenorrhea since then. Her FSH now is 6 mIU/ml. Which of the following can be a cause for her amenorrhea?

2

P4Q

- A. Pituitary dysfunction X
- B. Ovarian dysfunction X >40
- C. First pregnancy X
- D. Uterine synechiae

DBC

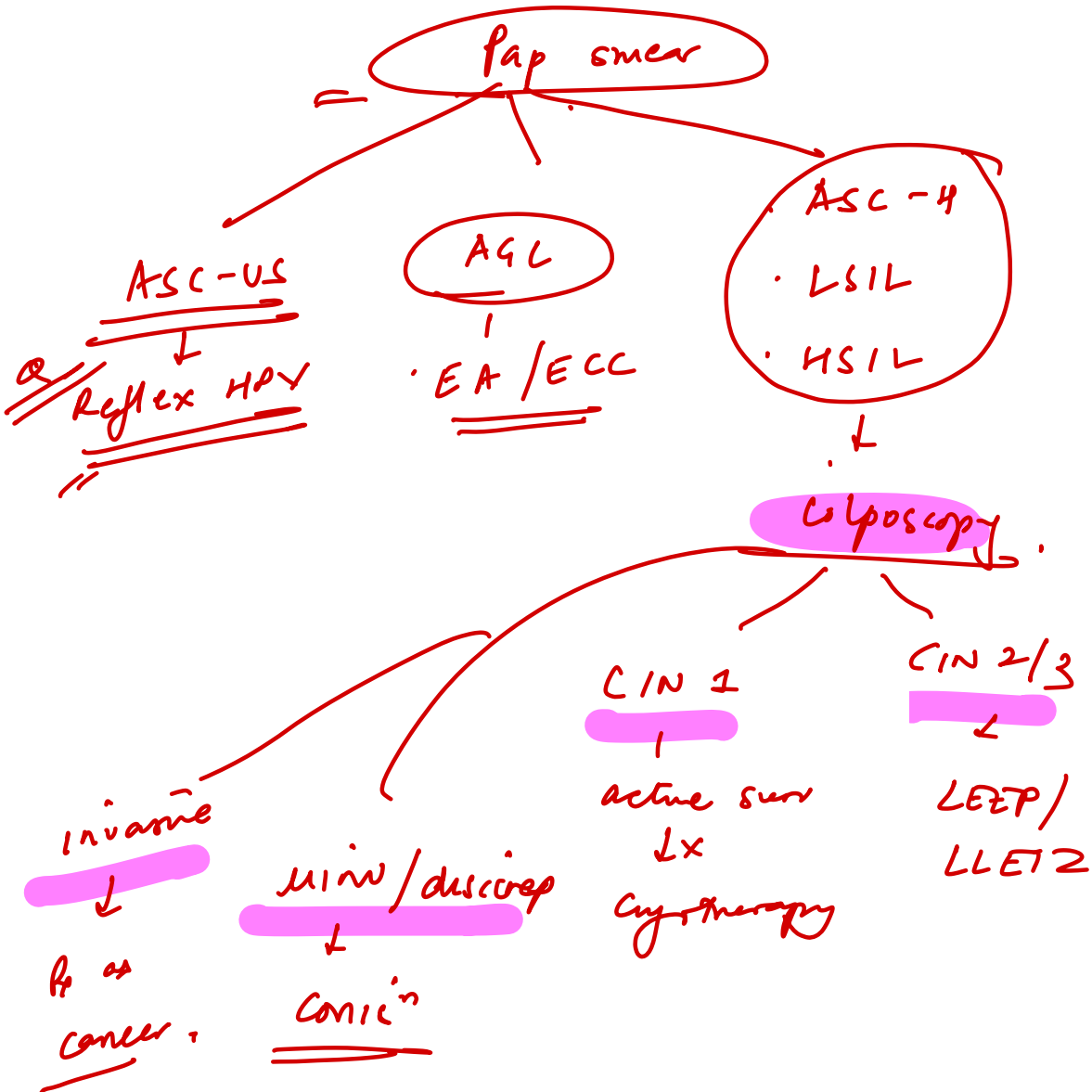
42. A 27-year-old woman, gravida 2 para 1, at 28 weeks gestation comes to the office for follow-up of an abnormal Pap test. The Pap test showed a high-grade squamous intraepithelial lesion. Which of the following is the best next step in management of this patient?

A. Human-papillomavirus-co-testing ~~XX~~

B. Immediate colposcopy

C. Loop electrosurgical excision procedure ~~XX~~

D. Repeat Pap test postpartum ~~XX~~



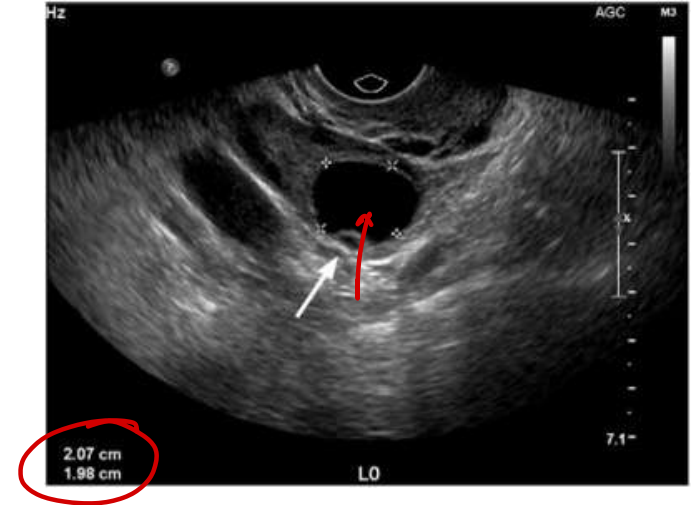
43. A 26-year-old female presented with mild pain in lower abdomen. She has had 2 full-term normal deliveries earlier. Her last menstrual period was 3 weeks back. On pelvic examination, you find a palpable mass in the adnexa. USG pelvis is shown here. What is the next step?

A. Reassure

B. Hysterectomy + BSO ~~XX~~

C. Ovarian drilling ~~XX~~

D. CA-125 ~~XX~~



Ovarian cyst simple 

pre menop post menop

↓
CA-125

< 5cm

↓

Reassure

5-7cm

↓

F/U

> 7cm

↓

Sx

(caulotomas)

Hemorrhagic cyst

↓

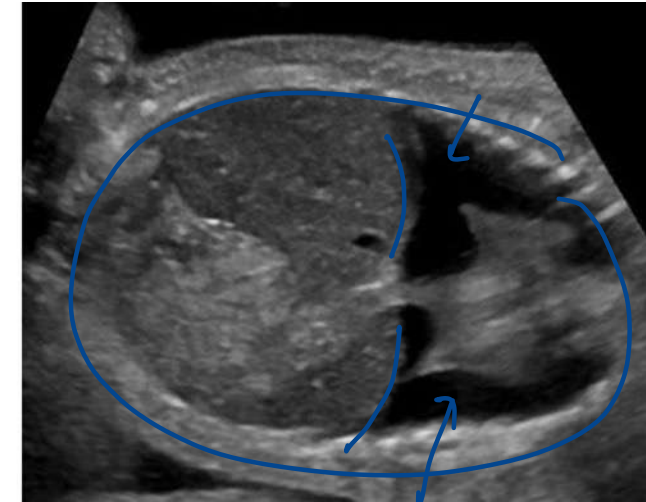
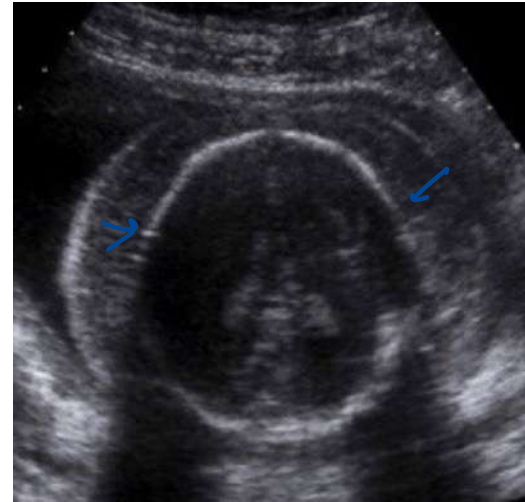
acute ++ h/o wafpain

 reticular echoes +

F/U x bwks

44. A 24-year-old woman, G2P0A1, at 26 weeks gestation comes to the OPD for an initial prenatal visit. Maternal blood type is O, Rh negative. Indirect Coombs test is negative. Abdominal circumference measures at 34 weeks gestation. USG is shown below. Which of the following factors most likely contributed to this fetal presentation?

- A. Exposure to child with a rash
- B. Inadequate maternal folate supplementation
- C. Lack of Rh(D) immunization in prior pregnancy
- D. Nonadherence to vaccination schedule



Hydrops

45. All of the following are causes of this appearance **except**:

1. Posterior urethral valve $\rightarrow 0$
2. Esophageal atresia $\rightarrow p$
3. Anencephaly $\rightarrow p$
4. Maternal Diabetes $\rightarrow p$
5. Renal agenesis $\rightarrow 0$
6. PUJO $\rightarrow 0$
7. Duodenal atresia $\rightarrow p$

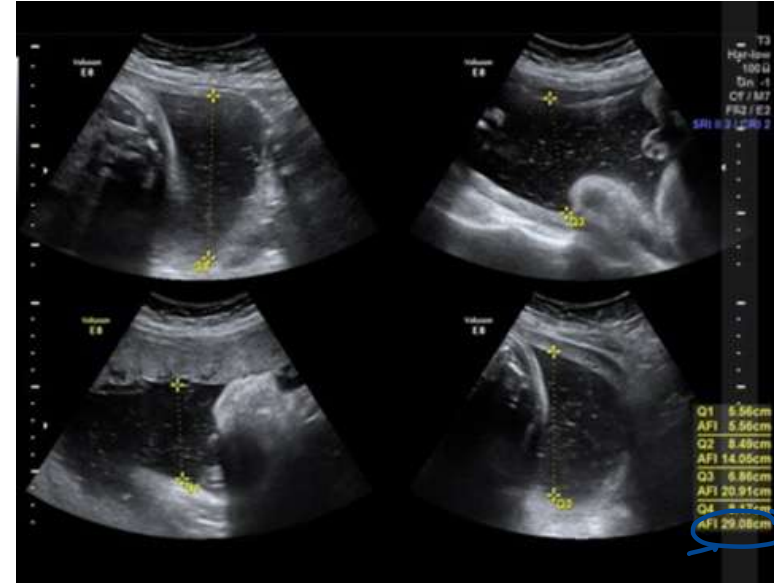
A. 1, 6, 5

B. 2, 3, 4, 6, 7

C. 2, 3, 4, 7

D. 1, 4, 5, 6

8. Barter Sx $\rightarrow p$



AFI
5 - 25
=

Poly 4

46. What is the next appropriate management in uterine inversion with partially removed placenta?

uterus not palp at umbilicus

A. Manual repositioning of the uterus

B. Application of manual pressure XX

C. Administer tocolytics

D. Placement of a Bakri balloon XX

E. Stop oxytocin ✓

47. A 76-year-old female presented with a non-healing ulcer on the labia majora midline for a period of 6 months, measuring 2 cm x 3 cm. No lymph nodes were palpable. Biopsy shows squamous cell carcinoma. How do you manage this case?

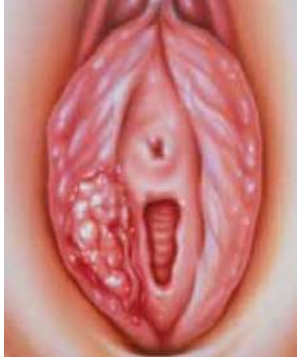
A. Radical vulvectomy with unilateral LN dissection

B. Radical vulvectomy with bilateral LN dissection

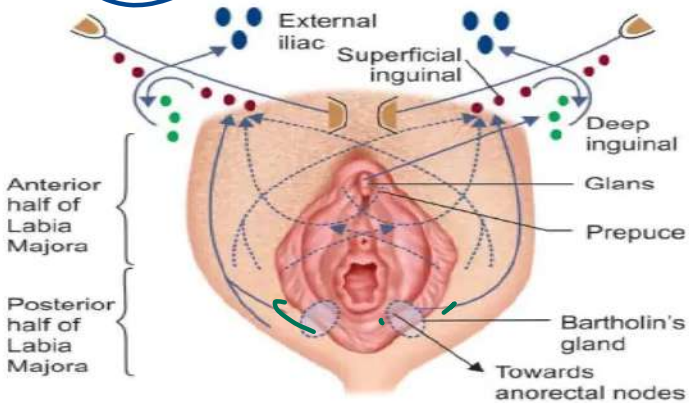
C. Simple vulvectomy

D. Chemoradiation with resection

Ca vulva



Handwritten notes: 2cm | \Rightarrow 2cm 2cm middle \leftarrow b/l



TNM	FIGO stages	Definition
T1a	IA	Lesions 2 cm or less in size, with stromal invasion <1.0 mm
T1b	IB	Lesions more than 2 cm size or any size with stromal invasion >1.0 mm,
T2	<u>II</u>	Extension to lower 1/3 urethra, <u>vagina</u> , <u>anal involvement</u>
T3	IVA	Extension to any of the following: upper 2/3 urethra or vagina, bladder mucosa, rectal mucosa or fixed to pelvic bone
Regional lymph nodes (N)		
N1a	IIIA	One or two node metastases, each 5 mm or less
N1b	IIIA	One lymph node metastasis 5 mm or greater
N2a	IIIB	Three or more lymph node metastases each less than 5 mm
N2b	IIIB	Two or more lymph node metastases 5 mm or greater
N2c	IIIC	Lymph node metastasis with extracapsular spread
N3	IVA	Fixed or ulcerated regional lymph node metastasis
Distant metastasis (M)		
M1	IVB	Distant metastasis (including pelvic lymph node metastasis)

Handwritten note: \rightarrow LN XT

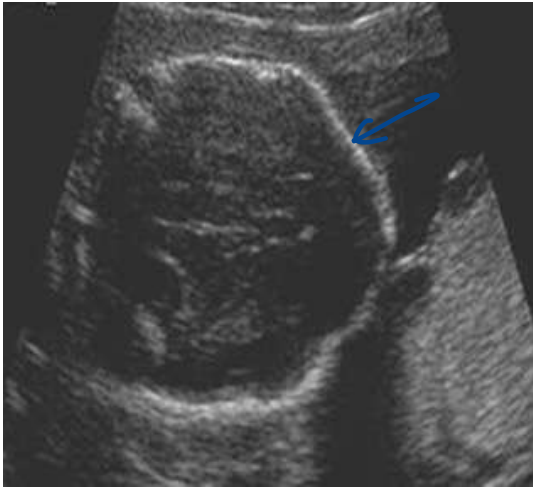
Handwritten note: Simple vulv \rightarrow WLE

Handwritten note: \rightarrow WLE + b/l LN

Handwritten note: \rightarrow Radical vulv + B/L

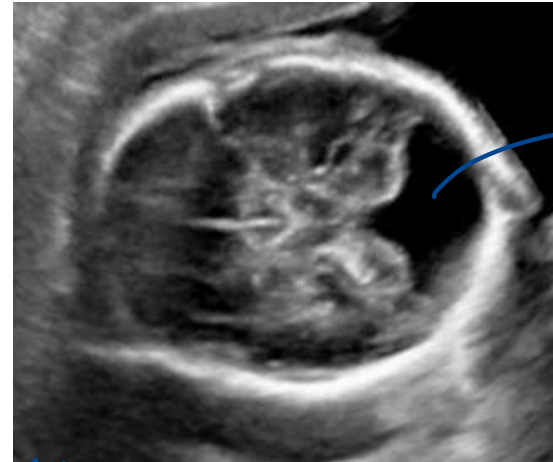
Handwritten note: CT-RT

48. Identify the correct pair of malformations:



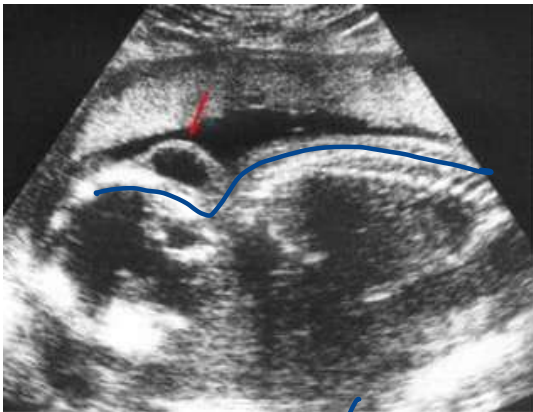
A. Acrania

Lemon
↳ Chiani



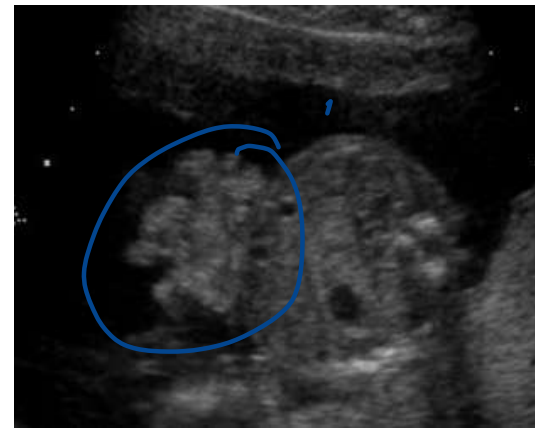
✓ C. Dandy Walker malformation

post fossa
cyst



B. ~~Holoprosencephaly~~

Cystic
hygroma



D. Omphalocele

gastrosch

49. A primigravida came for regular antenatal care in her first trimester. She has no complaints of dysuria or increased frequency, but her urine routine reveals $\geq 10^5$ CFU/ml E. coli. Her urine culture was done again and showed the same organism. What is the most common complication of this condition?

- A. Miscarriage X
- B. Preterm labour
- C. Foetal hypoxia XX
- D. Chorioamnionitis XX

NEET 25

As you bacteriuria

50. A 30-year-old nulliparous woman comes to the OPD for evaluation of infertility. The patient has been attempting to conceive for the past 2 years. Menarche was at age 11, and her menstrual cycles occur 2-3 times per year and last 7-10 days. BMI is 35 kg/m². Physical examination shows mild acne and hair growth on the upper lip and chin. This patient is at greatest risk for which of the following complications?

A. Adrenal atrophy

B. Cushing syndrome

C. Ovarian carcinoma

D. Endometrial carcinoma

51. A 26-year-old P1L1 presents with acute abdominal pain. She has a past history of rheumatic heart disease for which she has undergone mitral valve replacement surgery and is on oral Warfarin. On examination, 14 weeks' abdominal mass was felt. On USG, 8 x 6 cm unilocular cyst with reticular pattern was observed in left ovary. What is the next line of management?

- A. Measure CA-125 ~~XX~~
- B. Repeat USG after 6-12 weeks
- C. Surgical intervention ~~XX~~
- D. MRI pelvis ~~XX~~

52. Identify the correct statements:

1. Only one sacral ala is present in Naegele's pelvis (T)
2. Hand prolapse must be managed by LSCS (T)
3. False labour is rhythmic pain that radiates to thigh and back
4. Constriction ring is due to injudicious use of oxytocin

A. 1, 2, 3, 4

B. 1, 2, 4

C. 2, 3

D. 3, 4

True

→ *œnix delⁿ*

→ (X) resolved on *secⁿ*

B/L sacral ala absent

Robert's pelvis

Schoeder's

- ring (pV)

VS

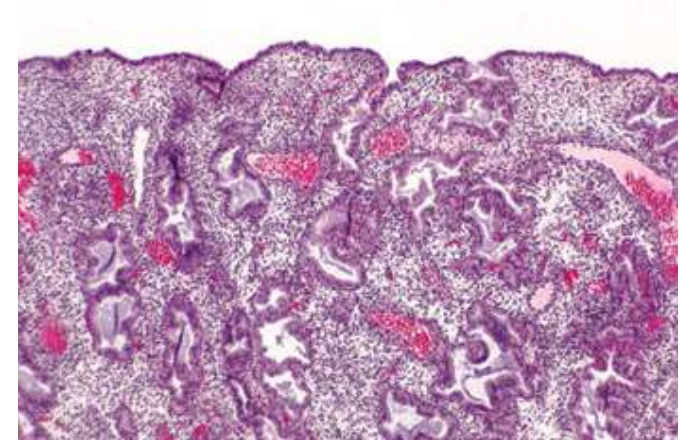
- *retracⁿ* ring / Bandl's

- CPD - PA - none

53. Which ovarian structure is responsible for the following finding?

- A. Secondary follicle
- B. Theca interna
- C. Granulosa cell
- D. Corpus luteum

→ prog.



corpus luteum

54. A G3P2L0 presents with 9 weeks of amenorrhea. She has a history of conization being done one year ago and is currently on follow-up, with no recurrence on PAP smear. What is the appropriate management?

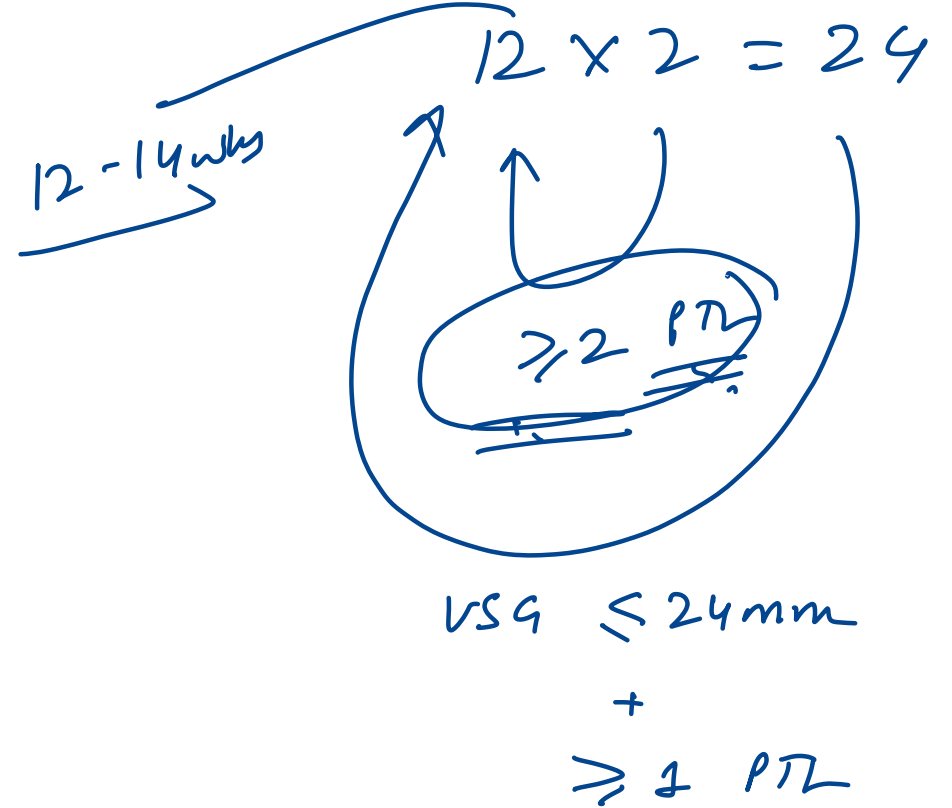
A. USG to see cervical length

B. Cervical Cerclage

C. Complete Bed rest

D. Abdominal cerclage

X
X
X



55. At which stage of a woman's life, is the vaginal pH at its maximum?

A. At puberty ^

B. Reproductive age ^

C. During Pregnancy ' .

D. Postmenopause

> prepubertal .

56. Modified Robson's classification class 2 includes:

- ~~A. Nulliparous, singleton, cephalic, induced labour~~
- B. Nulliparous, singleton, cephalic, spontaneous labour ①
- C. Multiparous without previous CS, spontaneous labour
- D. Multiparous without previous CS, induced/CS before labour

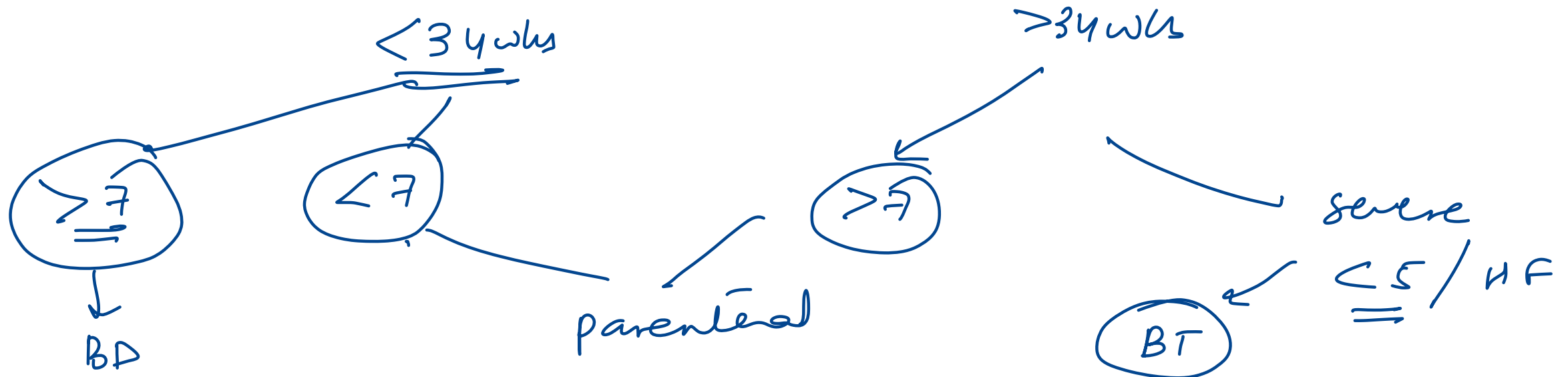
57. A G2P1 woman at 29 weeks POG presents with a Hb of 6.8 g/dl. What is the appropriate treatment?

A. Blood transfusion

B. IV iron sucrose

C. 45mg elemental iron and 400 mcg folic acid twice daily

D. 60 mg elemental iron and 500 mcg folic acid twice daily



58. For a given drug, animal reproduction studies have shown an adverse effect on the fetus, but there are no adequate and well-controlled studies on humans. However, potential benefits may warrant the use of the drug in pregnant women despite potential risks. Such a drug would be classified as:

A. Category C

B. Category B

C. Category X

D. Category D

FDA

Category	Interpretation
A	Controlled studies show no risk: Adequate, well-controlled studies in pregnant women have failed to demonstrate risk to the fetus.
B	No evidence of risk in humans: Either animal findings show risk, but human findings do not; or, if no adequate human studies have been done, animal findings are negative.
C	Risk cannot be ruled out: Human studies are lacking, and animal studies are either positive for fetal risk or lacking as well. However, potential benefits may justify potential risk.
D	Positive evidence of risk: Investigational or postmarketing data show risk to the fetus. Nevertheless, potential benefits may outweigh risks.
X	Contraindicated in pregnancy: Studies in animals or humans, or investigational or postmarketing reports, have shown fetal risk that clearly outweighs any possible benefit to the patient.

59. A pregnant woman at 8 weeks gestation, presents to the outpatient department with complaints of curdy white vaginal discharge, dysuria, and intense itching. Candidal vaginitis is suspected. What will be the best management in this scenario?

- A. Oral fluconazole 150 mg single dose
- B. Oral fluconazole 150 mg two doses 1 week apart
- C. Metronidazole 200 mg oral TDS for 7 days
- D. Intravaginal topical azole for 7 days

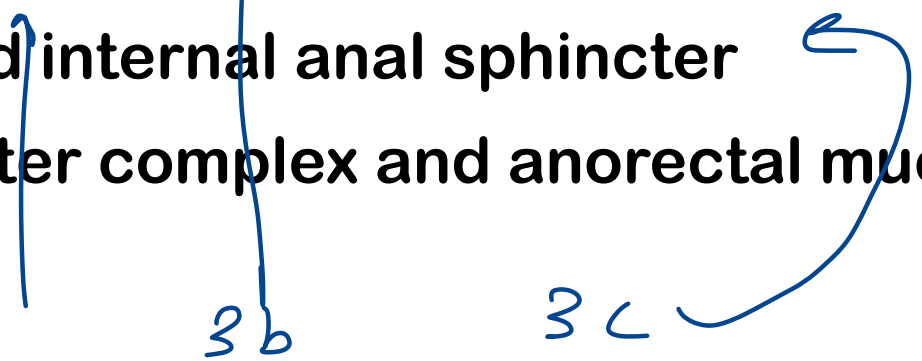
60. After the successful delivery of a baby, a grade 3b perineal tear is noticed. Which are the structures injured in this case?

- A. Perineum, perineal muscles, and >50% of external anal sphincter**
- B. Perineum, perineal muscles, and <50% of external anal sphincter**
- C. Perineum, perineal muscles, external and internal anal sphincter**
- D. Perineum, perineal muscles, anal sphincter complex and anorectal mucosa**

3a

3b

3c



61. A 32-year-old woman, gravida 3 para 2, at 38 weeks gestation comes to the hospital due to contractions. She had a cesarean delivery for breech presentation at 39 weeks gestation in her second pregnancy. Blood pressure is 100/60 mm Hg, pulse is 100/min, and respirations are 22/min. Fetal heart rate tracing shows moderate variability, multiple accelerations, and no decelerations. Uterine contractions are regular and occur every 4 minutes. The cervix is 6 cm dilated and 60% effaced, and the fetal vertex is at 0 station. After 2 hours, the patient is suddenly restless and has intense lower abdominal pain. Fetal heart monitoring shows recurrent late decelerations. On pelvic examination, there is moderate vaginal bleeding, the cervix is 6 cm dilated and 60% effaced, and the fetal vertex is at -3 station. Which of the following is the most likely diagnosis in this patient?

- A. Fetal nuchal cord ~~XX~~ → variable dec
- B. Normal labor ~~XX~~
- C. Uterine rupture
- D. Vasa previa ~~XX~~

Loss of station

62. A patient with 6 weeks amenorrhea and a positive pregnancy test came with complaints of lower abdominal pain, moderate bleeding PV. She was hemodynamically stable. On ultrasound, there was no gestational sac in the uterus. Ovaries were normal and no free fluid in the pouch of Douglas. What is the next line of management?

A. Declare as complete abortion and follow-up in 15 days ~~x~~ x

B. Methotrexate injection ~~xx~~

C. Diagnostic laparoscopy

D. Follow-up with beta-HCG

ectopic PUL

63. A 30-year-old woman presents to the gynecology clinic with complaints of severe pelvic pain, particularly during her menstrual periods, and pain during intercourse for the past several years. On pelvic examination, the gynecologist notes tenderness upon palpation of the posterior vaginal fornix and palpable nodules in the uterosacral ligaments. An ultrasound was performed as shown here. All of the following drugs may be useful except:

- A. Medroxyprogesterone acetate ← Prog ket
- B. Cabergoline ✓✓
- C. Estradiol
- D. Letrozole ✓✓
- E. Danazol ✓✓
- F. GnRH (+) contin



Fibroid / Endam

64. A 34-year-old woman who recently delivered a full-term baby via an uncomplicated vaginal delivery two weeks ago, presents to the emergency department with complaints of persistent fever, lower abdominal pain, and increasing tenderness over the past few days. On examination, the patient appears pale and febrile. Lower abdominal tenderness is noted, particularly on palpation of the uterine fundus. Laboratory tests show an elevated white blood cell count, and imaging studies reveal thrombosis in the pelvic veins. Which among the following is the next course of treatment for her?

A. Stop antibiotics and start heparin

B. Antibiotics + Heparin

C. Surgical embolectomy ~~xx~~

D. Hysterectomy

65. Which of the following SERMs is approved in senile vaginitis?

- A. Ospemifene - vaginal R.
- B. Clomiphene Hypoth E ⊖ ↑ GnRH ↑ FSH ↑ LH
- C. Tamoxifen Breast E ⊖ S/e: endom hyperplasia
- D. Raloxifene Bone E ⊕ DVT S/e: DVT

66. A 16-year-old girl comes to the physician because of a 3-week history of nausea, increased urinary frequency, and breast tenderness. She has never had a menstrual period. She is actively involved in her school's volleyball team. She is 173 cm tall and weighs 54 kg; BMI is 18 kg/m². Her breast and pubic hair development are at Tanner stage 5. Which of the following serum assays is the most appropriate next step in the diagnosis of this patient's condition?

A. Estriol

B. TSH

C. Human chorionic gonadotropin

D. Luteinizing hormone

67. A 29-year-old nulligravid woman comes to the physician for evaluation of infertility. She has been unable to conceive for 14 months. One year ago, she stopped taking the oral contraceptive pill, which she had been taking since she was 17. Her husband's semen analysis was normal. Four years ago, she had an episode of a pelvic tenderness and vaginal discharge that resolved without treatment. Menses occur at regular 28-day intervals. Before her marriage, she was sexually active with 3 male partners and used condoms inconsistently. She is 169 cm (5 ft 6 in) tall and weighs 86 kg (190 lb); BMI is 31.6 kg/m². Physical examination shows no abnormalities. Which of the following is the most likely cause of this patient's infertility?

- A. Insulin resistance *XX*
- B. Loss of ciliary action
- C. Ectopic endometrial tissue
- D. Primary ovarian insufficiency *XX*

PID

chr pelvic pain

68. In which of the following patients is a karyotype most likely needed?

- A. 20-year-old with amenorrhea and hirsutism *PCOD*
- B. 18-year-old with amenorrhea and an elevated prolactin level *PRL*
- C. 16-year-old with amenorrhea with normal secondary sexual characters and no mullerian structures on sonography *→ AIS / Mullerian agenesis*
- D. 16-year-old with amenorrhea with normal secondary sexual characters and uterus seen on imaging *XX*

Swyer

XX

69. A 31-year-old woman, gravida 1 para 1, is seen in the hospital on postoperative day 2 due to lower abdominal pain, chills, and pain with sitting. She came to the hospital when she had no contractions a day after spontaneous rupture of membranes. After a 26-hour induction of labor, she had a primary cesarean delivery for arrest of descent. The breasts are full but have no erythema or fluctuant masses. The uterine fundus is firm and tender to palpation. There is scant serosanguineous drainage from the lower aspect of the incision. Pelvic examination shows a small amount of blood on the perineal pad with mildly foul-smelling discharge. Which of the following is the best regimen for treating this patient's condition?

NET 25

- A. Ceftriaxone
- B. Ceftriaxone plus azithromycin
- C. Clindamycin plus gentamicin
- D. Dicloxacillin

polymicrobial

anaerobic
GAL

GAB

70. A 22-year-old woman comes to the clinic for a routine examination. She is a gymnast. Three months ago, she sustained a vulvar contusion during a competition but otherwise she has been healthy. The patient is sexually active with a male partner and uses an intrauterine device for contraception. She does not use tobacco, alcohol, or illicit drugs. Examination shows a mobile, soft, nontender, flesh-coloured, 2-cm cystic mass at the 4 o'clock position at the base of the left labium majus. Which of the following is the most likely diagnosis for this patient?

- A. ~~Bartholin duct cyst~~
- B. ~~Condylomata acuminata~~
- C. ~~Gartner duct cyst~~
- D. ~~Hematoma~~

XX

ant vag wall

warty



Skene duct = paraurethral

Bartholin

Bartolin

cyst

< 3 cm

Conservative

sitz bath

> 3 cm / injected



IBD + Ab



Word catheter



Marsupialisation



71. A 56-year-old post-menopausal woman presents with irregular vaginal bleeding for the past 4 months. On transvaginal ultrasound, the endometrial thickness is 2 mm but a focal area shows 6 mm of endometrial thickness. Which of the following is the next best step to diagnose the cause of bleeding in this patient?

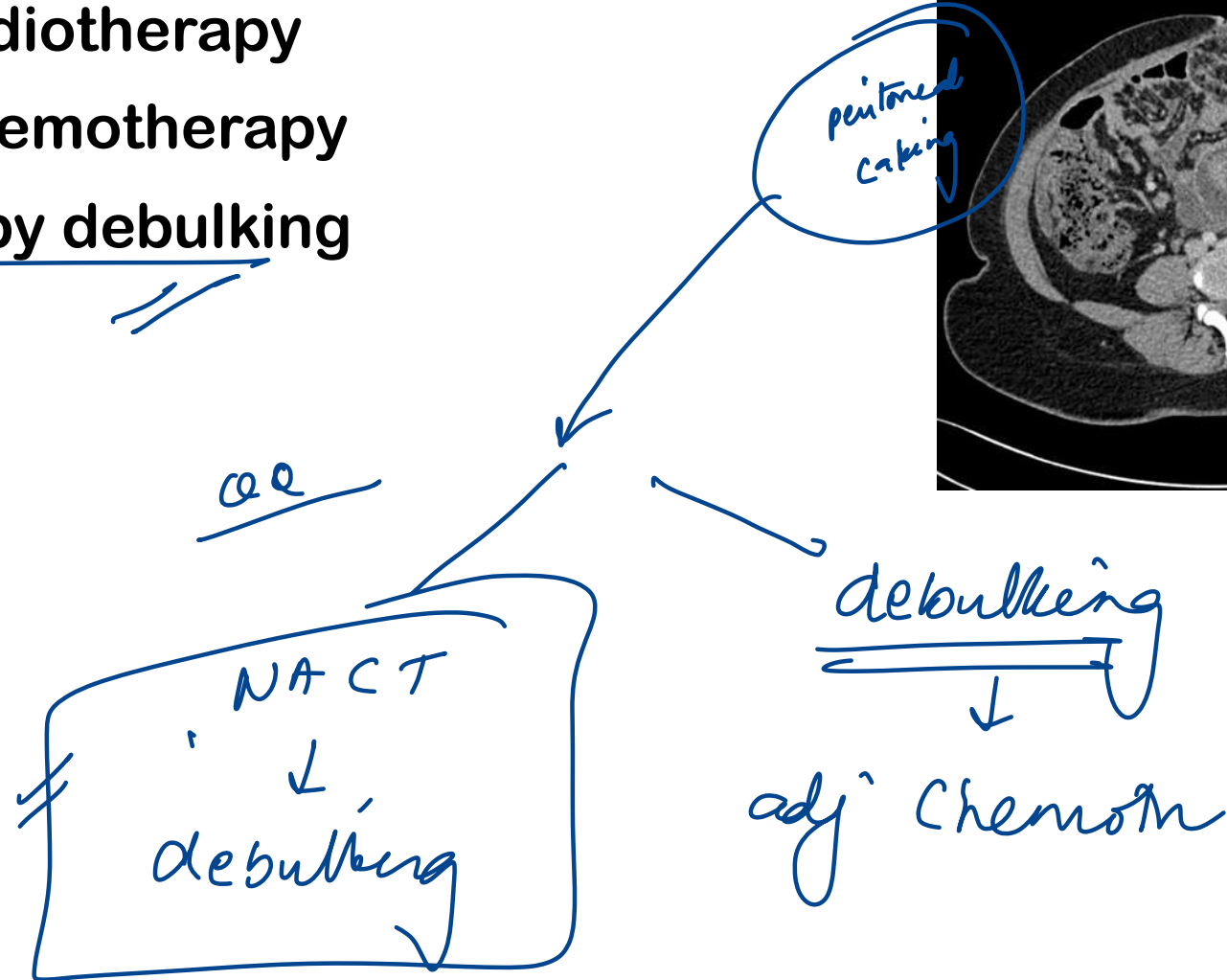
- A. Fractional curettage of the endometrium and endocervix
- B. Dilatation and curettage of the endometrium
- C. Hysterectomy
- D. Hysteroscopic inspection and selective biopsy

72. All of the following are the diagnostic criteria for preterm labor except:

- A. 4 contractions in 20 min and 8 contractions in 60 min with changes in cervix
- B. Cervical dilatation > 2 cm
- C. More than 80 percent effaced cervix
- D. ~~Cervix posterior in position~~

74. A 65-year-old woman with epithelial ovarian cancer with raised CA-125 and abdominal distension presents with the following CECT. What is the management?

- A. Debulking followed by radiotherapy
- B. Debulking followed by chemotherapy
- C. Chemotherapy followed by debulking
- D. Staging laparotomy



75. A patient presents at 36 weeks with chronic HTN and 3+ proteinuria. Her BP is 170/100 mmHg and she complains of headache and blurring of vision. What is the best management option?

- ~~A. Labetalol + MgSO₄ + Expedite delivery~~
- B. Labetalol + MgSO₄ + Wait till 37 weeks
- ~~C. Labetalol + Corticosteroids + wait till 37 weeks~~
- ~~D. Labetalol + Corticosteroids + Expedite delivery~~

Impending
eclampsia
→
TOP + MgSO₄ +
labet

76. A 49-year-old woman, gravida 5 para 5, comes to the OPD due to involuntary, intermittent loss of urine over the past 5 months. The patient loses a small amount of urine when asked to cough. She has no dysuria, urgency, or hematuria and usually awakens once a night to void. Postvoid residual urine volume is 40 mL. Which of the following is the most likely cause of this patient's symptoms?

- A. Bladder outlet obstruction
- B. Detrusor overactivity *XX Urge*
- C. Urethral hypermobility
- D. Vesicovaginal fistula

Cont.

SUI

> 50-100ml
flaccid

77. HRT should be prescribed to which of the following patients?

- A. A 35-year-old woman who has undergone TAH+BSO
- B. A 9-year-old girl who has Turner syndrome
- C. A 47-year-old woman with hot flushes and history of breast cancer
- D. A 60-year-old woman with a history of ischemic heart disease

XX

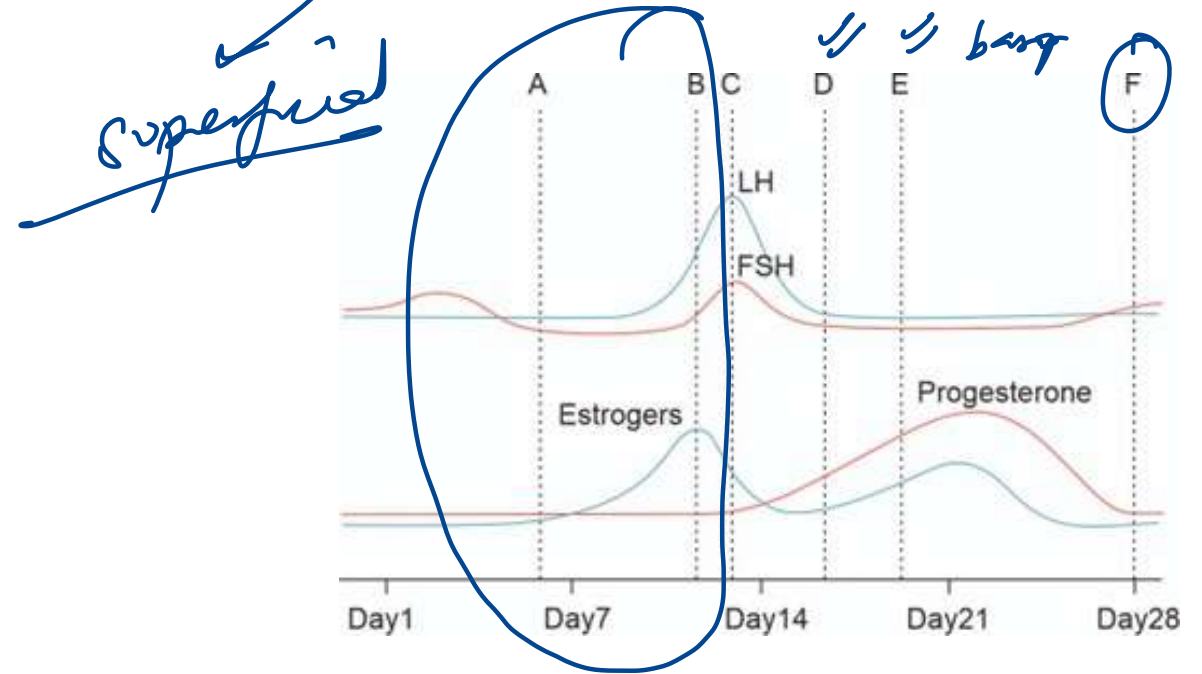
CT

XX

CT

78. An investigator is studying the menstrual cycle in premenopausal female volunteers with normal ovarian function. Pap smear specimens are taken from each volunteer every 6 days for a month. Microscopic examination of one such specimen shows vaginal epithelial cells with deeply eosinophilic cytoplasm. These types of cells are most likely to be seen in which of the following points in the menstrual cycle?

- ~~A. B~~
- B. D
- C. E
- D. F



79. Arrange the following branches of the uterine artery in the correct sequence as they proceed towards the endometrium:

- A. ~~Uterine artery~~ → Arcuate artery → Radial artery → Basilar artery → Spiral artery
- B. Uterine artery → Radial artery → Arcuate artery → Basilar artery → Spiral artery
- C. Uterine artery → Arcuate artery → Basilar artery → Radial artery → Spiral artery
- D. Uterine artery → Basilar artery → Arcuate artery → Radial artery → Spiral artery

U A R B S
— — ≡

80. A 24-year-old primi is in labor. The baseline FHR is 110 bpm. All are possible causes for fetal bradycardia except:

A. Maternal beta blocker therapy

B. Hypothermia

C. Hypoglycemia

D. Maternal fever tachy

81. A 32-year-old woman is evaluated at her 32nd week of pregnancy. Laboratory results are as follows:

Arterial pH: 7.45

PaO₂: 110 mm Hg

PaCO₂: 30 mm Hg

Bicarbonate: 20 mEq/L

Hemoglobin: 11 g/dL

Blood urea nitrogen: 5 mg/dL

Creatinine: 0.6 mg/dL

*renal
resy alkalosis ± comp*

Which of the following best explains this patient's status?

A. Anemia

B. Hyperemesis gravidarum ~~X~~

C. Normal pregnancy

D. Preeclampsia

82. You would consider uterine artery embolization as a treatment option in all of the following cases except:

A. Patient with Postpartum hemorrhage

B. Prior to the removal of Placenta accreta in Multiparous woman

~~C. Patient diagnosed with pedunculated submucous fibroids~~ CI

D. Multiparous woman with menorrhagia

suberosal

83. A woman presented to the clinic with heavy, painful menses that have worsened over the past year. On pelvic examination the uterus is enlarged and tender. USG is shown below. What is the most likely diagnosis?

A. Polyps

B. Leiomyoma

C. Adenomyosis

D. Endometrial hyperplasia



84. A 39-year-old woman, gravida 2 para 1, at 38 weeks gestation, comes to the office for a routine prenatal visit. The patient feels well and reports normal fetal activity. Last week, she had nausea, vomiting, and diarrhea for 24 hours, but she has been able to eat and drink normally for the past several days. For the past 2 days, the patient has had increased clear vaginal discharge with irregular, painful contractions but no vaginal bleeding. Temperature is 99.6°F (37.6°C), blood pressure is 132/86 mm Hg, and pulse is 96/ min. The uterus is nontender and the fundal height is 34 cm. Fetal heart tones are 135/ min. Fetal ultrasound shows a cephalic fetus, measuring at the 50th percentile for gestational age, and an amniotic fluid index of 2 cm (normal: >5 cm). Which of the following is the most likely cause of this patient's amniotic fluid level?

- A. Fetal congenital infection ✗
- B. Maternal dehydration ✗
- C. Normal gestational age variant ✗
- D. Rupture of membranes

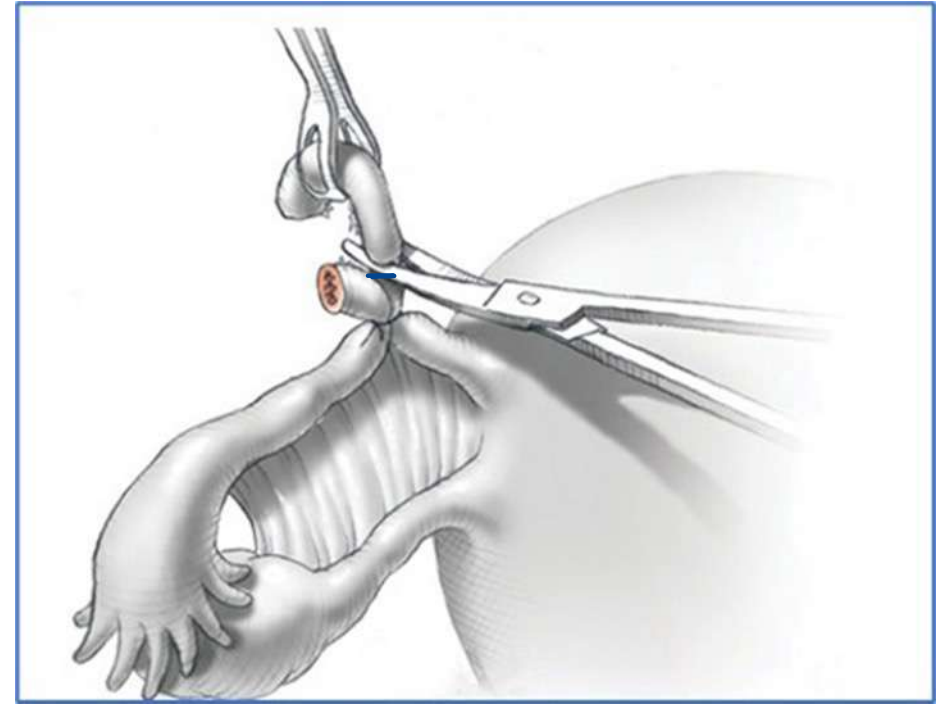
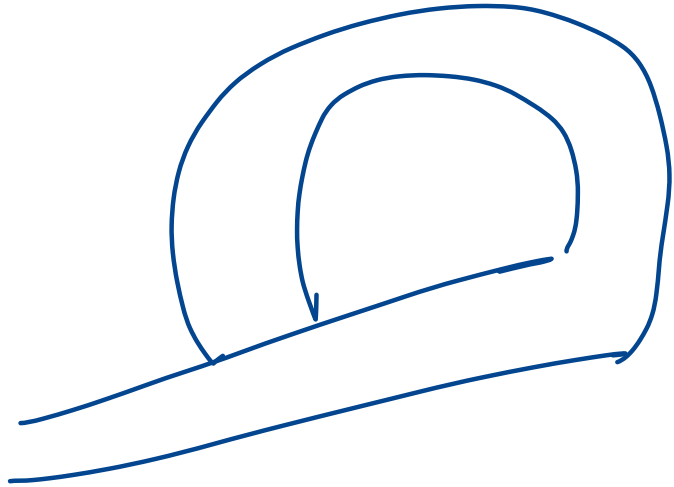
85. A 38-year-old woman comes to the emergency department due to an acute episode of heavy menstrual bleeding. The patient has a history of menorrhagia, with monthly cycles lasting 7-10 days and brisk blood flow with the passage of large clots. Pelvic examination reveals an enlarged fibroid uterus, and she is found to have significant anemia due to blood loss. The patient is prescribed continuous leuprolide therapy. After several weeks, which of the following sustained hormonal changes are expected to have occurred as a result of the treatment?

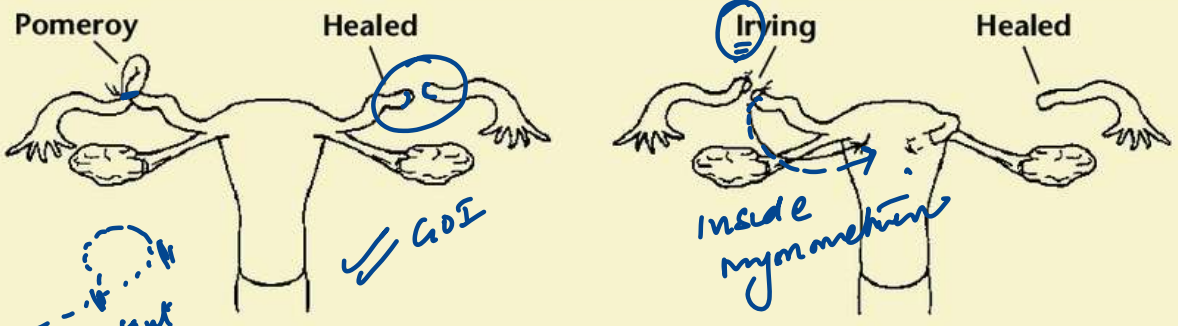
- A. GnRH high, FSH low, Estrogen low
- B. GnRH low, FSH low, Estrogen low
- C. GnRH high, FSH high, Estrogen high
- D. GnRH high, FSH high, Estrogen low

GnRH (+)
GnRH ↓
FSH ↓ LH ↓
E ↓

86. Identify the procedure shown:

- A. Pomeroy's technique
- B. Salpingectomy
- C. Tubal recanalization
- D. Parkland procedure





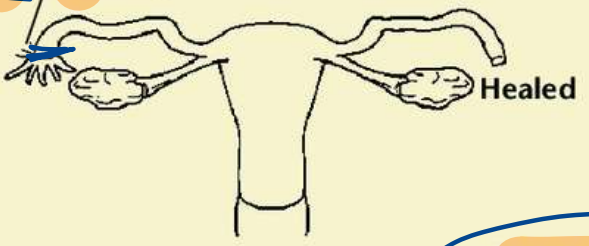
QE

Pritchard (Parkland)



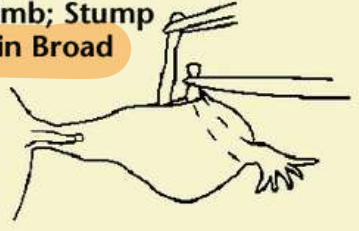
Madlener:
 Crush base of FT

Kroener's Fimbiectomy

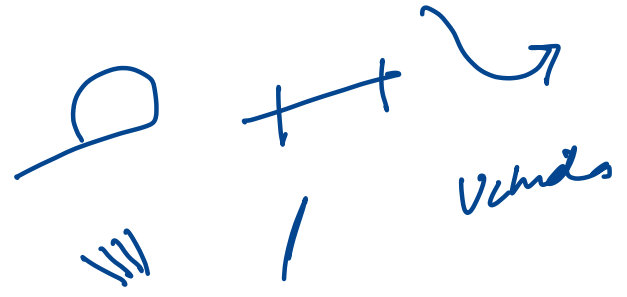
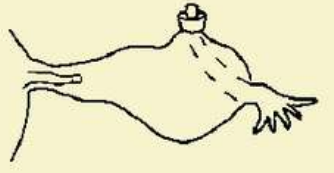


Uchida Technique

Ligate & Excise 4-5 cm of Proximal Limb; Stump Retracts Within Broad Ligament



Correct End Result



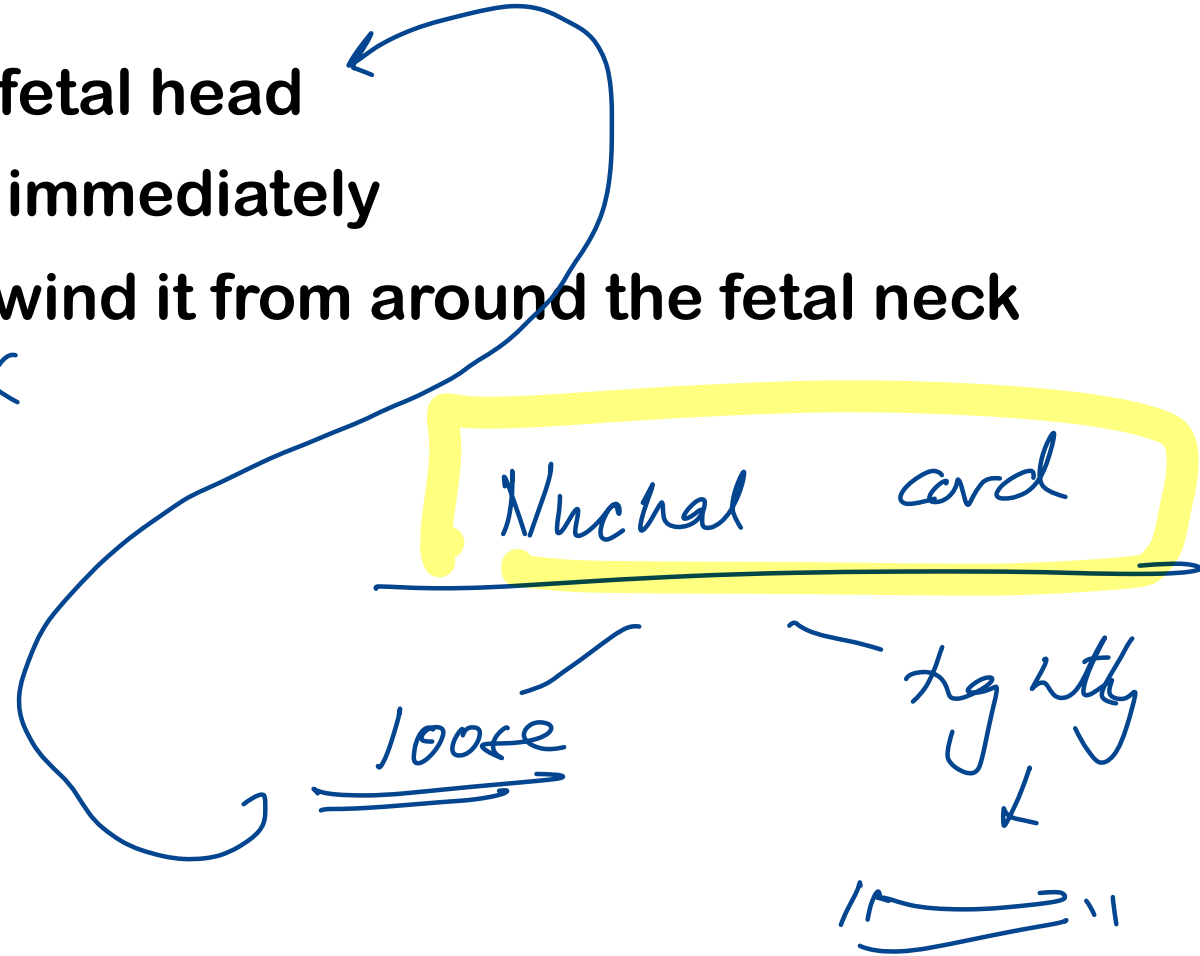
87. A 23-year primi came to the emergency department at 35 weeks of pregnancy with pedal edema and BP of 140/90 mmHg. The urine dipstick was 2+. Her investigations are listed below. Hb - 9.2g%, RBS - 123, SGOT - 250, SGPT - 300, Creatinine - 0.7, platelet: 50000. What is the next best step?

- ~~A. Induction of labor~~
- ~~B. Corticosteroids followed by induction of labor~~
- ~~C. Start Labetalol and immediate LSCS~~
- D. Induction of labor at 37 weeks

HELLP

88. You are an intern and are conducting delivery of a 24-year G2P1. The head is delivered and undergoes restitution and external rotation. When you attempt to deliver the anterior shoulder, you notice that there are 2 tight loops of cord around the neck. What is the next best step?

- A. Try to slip the cords over the fetal head
- B. Deliver the anterior shoulder immediately
- C. Clamp the cord, cut it and unwind it from around the fetal neck
- D. Immediately call for help xx



89. A 34-year-old P2L2 is taking “Chhaya” for contraception. She has been taking it for 9 months. She reports to you that she has missed taking the pill for the last 2 weeks as she had been traveling and forgot to carry the pill with her. How many tablets has she missed?

A. 1

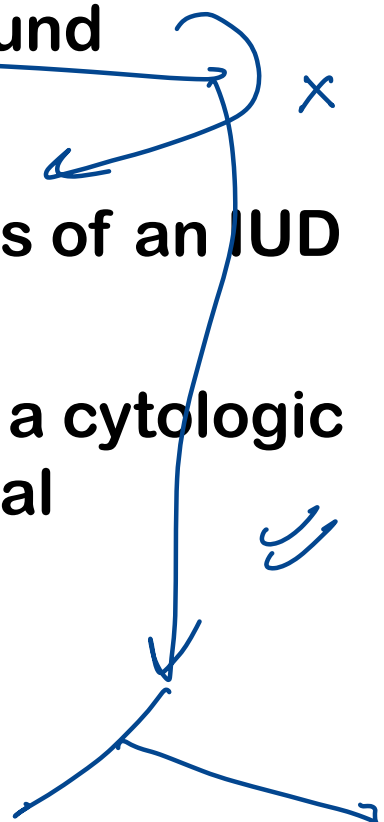
B. 2

C. 7

D. 14

90. Ms. T visits the OPD for a routine check. She has a Copper containing IUD inserted 6 months back and is concerned as she cannot feel the thread. Her LMP was 2 weeks back. On speculum examination you see the picture below. Which of the following is the most appropriate next step?

- A. Obtain a trans vaginal ultrasound
- B. Obtain a KUB radiograph
- C. Attempt IUD removal by means of an IUD hook or long artery forceps
- D. Continue the exam by twirling a cytologic brush in her endocervical canal



91. Which of the following is the mechanism of action of the first drug used in the regimen of medical MTP in first trimester?

- A. Cyclooxygenase inhibitor
- B. PG analogue
- C. Oxytocin receptor agonist
- D. Progesterone antagonist**

Mife → Miso

92. A 27-year-old woman approaches the clinic for HPV testing for cervical cancer screening. The HPV is positive for type 18 HPV. What is the next best step?

16, 18

A. LLETZ

B. Acyclovir and review after 6 weeks for a repeat test

C. HPV vaccine

D. Colposcopy and biopsy

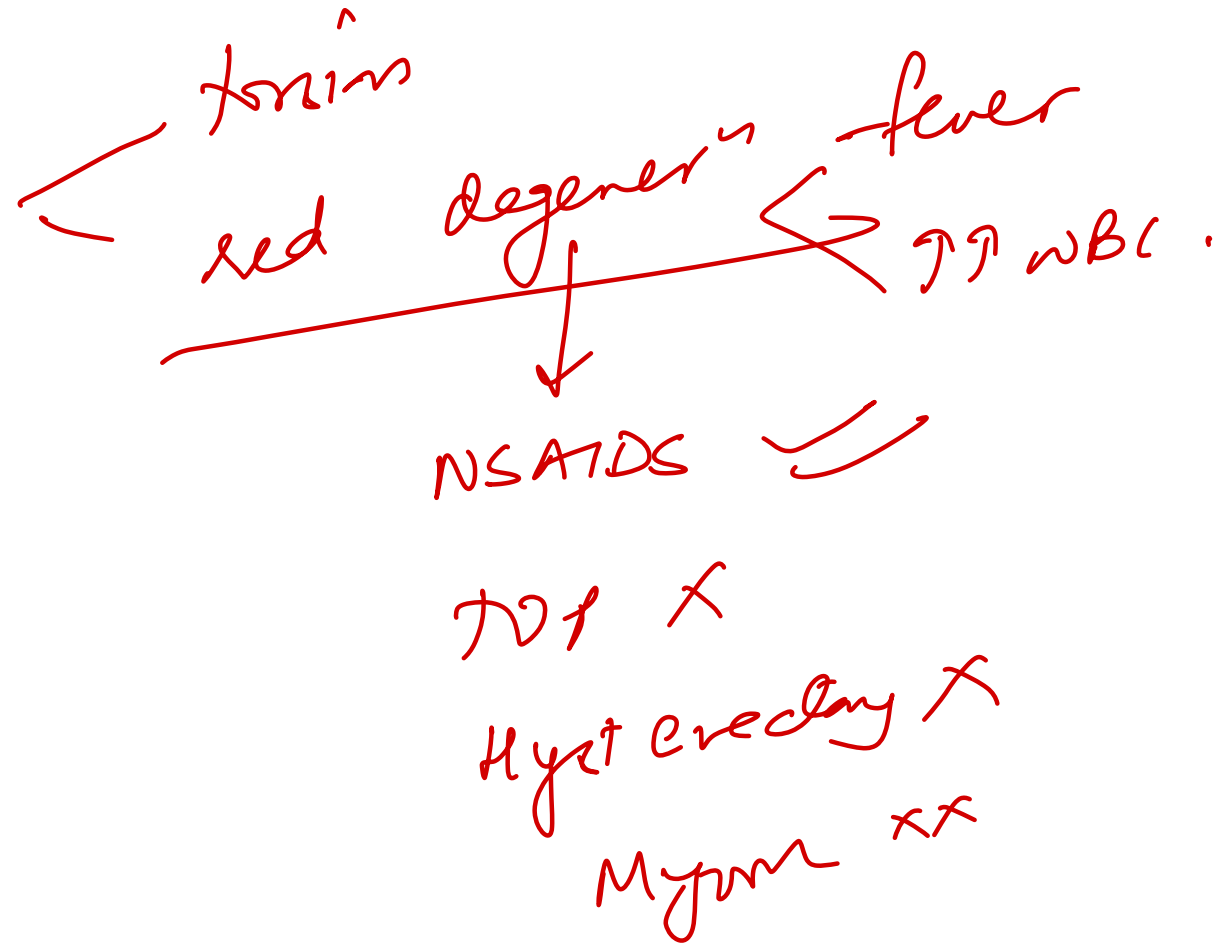
93. A pregnant woman with a fibroid uterus develops severe acute pain abdomen at 28 weeks of gestation. There is no history of fever. WBC count is 8000 cells/ μ l. The most likely diagnosis is? ~~_____~~

A. Red degeneration of fibroid

B. Preterm labor

~~C. Torsion of fibroid~~

D. PID



94. A 12-year-old girl is brought to the OPD for evaluation of increasing lower abdominal pain. There is a tender, symmetric suprapubic mass to the level of the umbilicus. There is a blue-tinged bulge between the labia. Rectal examination reveals an anterior tender, central mass. Which of the following is the best next step in management of this patient?

- A. Karyotype analysis
- B. Diagnostic laparoscopy
- ~~C. Hymenal incision and drainage~~
- D. Hysterosalpingogram

Imperforate hymen

95. 22-year-old nulligravid woman comes to the OPD for worsening acne on her face and body over the last 6 months. She initially attributed the acne to her diet and has been eating healthier to improve the acne and lose weight. The patient has lost 6.8 kg in the last 3 months, but the acne has not improved. BMI is 42 kg/m². Coarse hair is noted on the chin and upper lip. Pelvic examination shows an enlarged clitoris but otherwise normal external genitalia. Laboratory results reveal elevated total testosterone and normal dehydroepiandrosterone sulphate. Which of the following is the most likely diagnosis in this patient?

A. 21-hydroxylase deficiency

B. Adrenocortical carcinoma ~~XX~~

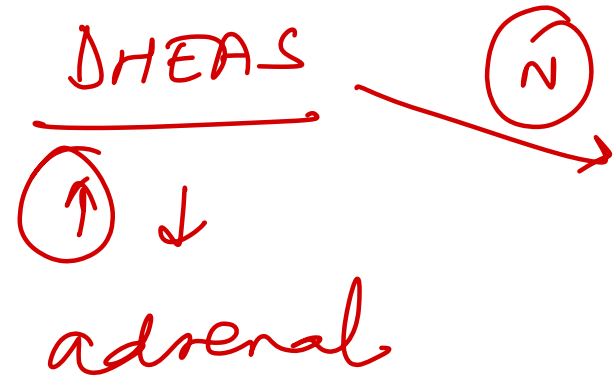
C. Polycystic ovary syndrome ~~XX~~

D. Sertoli-Leydig cell tumor

amb
BP

archenoblast.

Vindis



ovary

96. 34 weeks G2P1L1 pregnant lady complains of bleeding PV and abdominal pain since 4 hours. Hb 6gm%, PR is 120/min, BP-80/60mmHg, P/A- FHS absent & uterus tonically contracted. A PV reveals the cervix is 2 cm dilated, 70% effaced and Vx at -2. She appears distressed. What is the best management option?

- A. ~~ARM + Oxytocin~~
- B. ~~Steroids followed by LSCS~~
- C. ~~Emergency LSCS~~
- D. ~~Urgent ultrasound~~



97. Choose the order in which the following steps of total abdominal hysterectomy are done:

- a. Clamp, cut & ligate infundibulopelvic ligament**
- b. Clamp, cut and ligate uterine vessels**
- c. Clamp, cut and ligate round ligament**
- d. Open uterovesical fold of peritoneum**

- A. b-c-d-a**
- B. d-a-b-c**
- C. c-a-d-b**
- D. c-b-d-a**

c → a → d → b

98. A 25-year-old G2A1 presents to the Antenatal OPD at 9 weeks. List the investigations that will be done:

- a. Hb ✓
- b. Urine CS ✓
- c. TSH ✓
- d. TORCH ✗✗
- e. FBS
- f. APLA ✗✗
- g. Blood gp ✓
- h. VDRL

A. a, b, c, d, ~~e~~, f, g, h

B. a, b, c, d, ~~e~~, g, h

C. a, b, e, g, h

D. a, b, c, e, g, h

99. A 25-year-old primigravida presents to the OPD with a history of a dog bite. Her neighbor's pet dog has bit her on the leg. She is currently 10 weeks pregnant. What is the next best step?

- A. ~~Clean the wound, administer tetanus and rabies vaccine~~**
- B. Clean the wound, administer only tetanus vaccine**
- C. Clean the wound, administer antibiotics**
- D. Clean the wound, reassure her**

100. A pregnant woman at 36 weeks gestation is found to have high blood pressure recording and a urine protein of 3+. Concomitant presence of which of the following symptoms would make you suspect imminent eclampsia?

- 1. Headache ✓
- 2. Blurred vision ✓
- 3. Persistent pedal edema
- 4. Epigastric pain

- A. 2 and 4 only
- B. 1 and 2 only
- C. 1, 2, 4
- ~~D. 1, 2, 3, 4~~

Antenatal

1, 2, 4 < 1, 2, 3, 4

3:30 pm

Thank You
