

OBG-Pediatrics BTR Test

Dr. Zainab Vora

1. Identify true statements:

1. IODM is at risk of hypoglycemia, hypocalcemia and hypermagnesemia
2. Germinal matrix hemorrhage is seen in preterm babies
3. KMC can be done in any baby >2500g in weight
4. A paladi is useful for feeding baby 34-37 weeks of age

Options;

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

Gestational age	Maturation of feeding skills	Initial feeding skills
<28 weeks	Inadequate sucking efforts Lack of gut motility	IV fluids
28-31 weeks	Sucking burst develop Lack of coordination between suck, swallow and breathing	Orogastric or nasogastric feeding
32-34 weeks	Coordination between breathing and swallowing begins	Spoon feeding
>34 weeks	Mature sucking pattern	Breastfeeding

Early discharge, skin-to-skin contact, and exclusive breastfeeding are components of Kangaroo Mother Care(KMC).

Eligibility criteria for KMC:

- A. Indicated for all hemodynamically stable low birthweight babies >1800g
- B. KMC is not necessary once the baby attains 2500g of weight or 37 weeks of gestation

2. A 45-year-old lady presents with post-coital bleed. On examination, there is presence of cervical hypertrophy and anterior erosion with a healthy vagina. What will be next step in management?

A. PAP smear

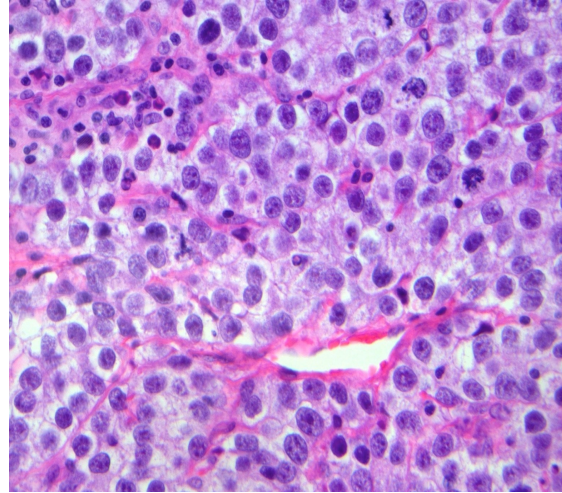
B. Conization

C. Colposcopy

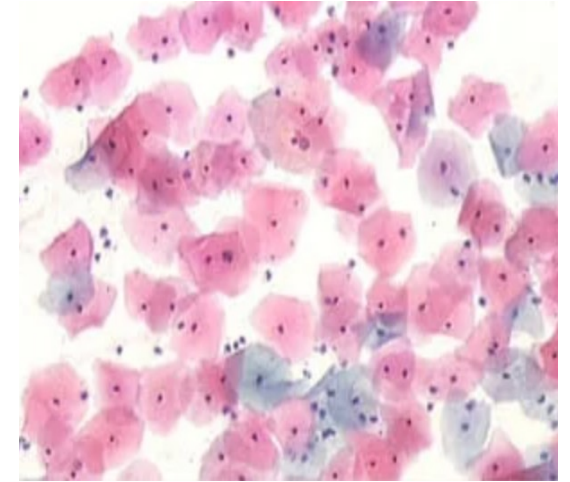
D. Four quadrant biopsy

3. Identify the incorrect pair

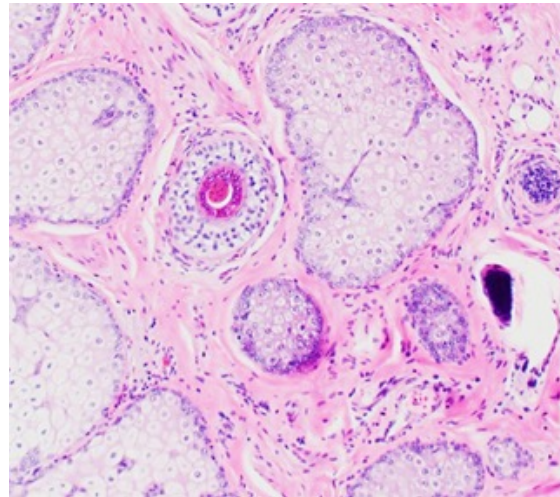
- A. Dysgerminoma
- B. Granulosa cell tumor
- C. Teratoma
- D. Embryonal cell tumor



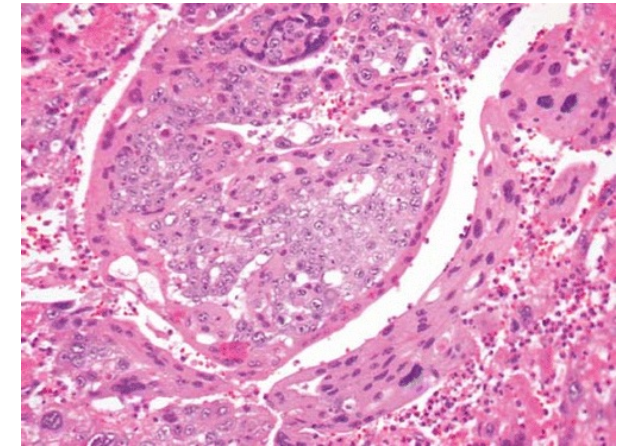
A



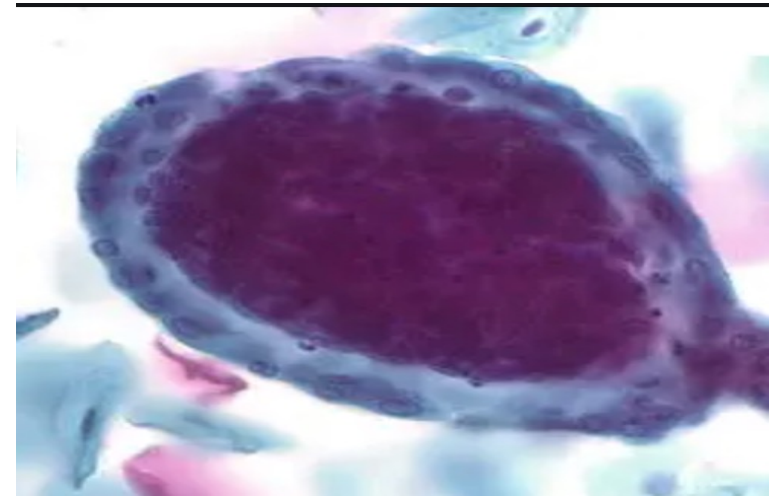
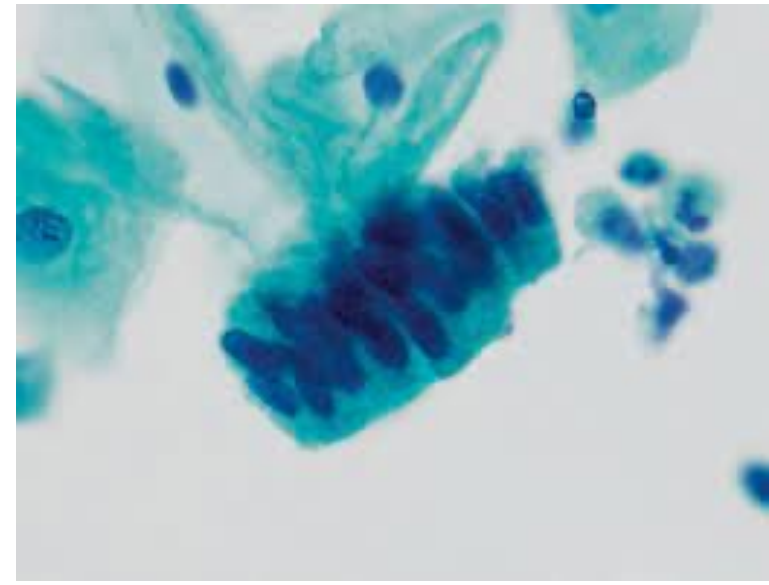
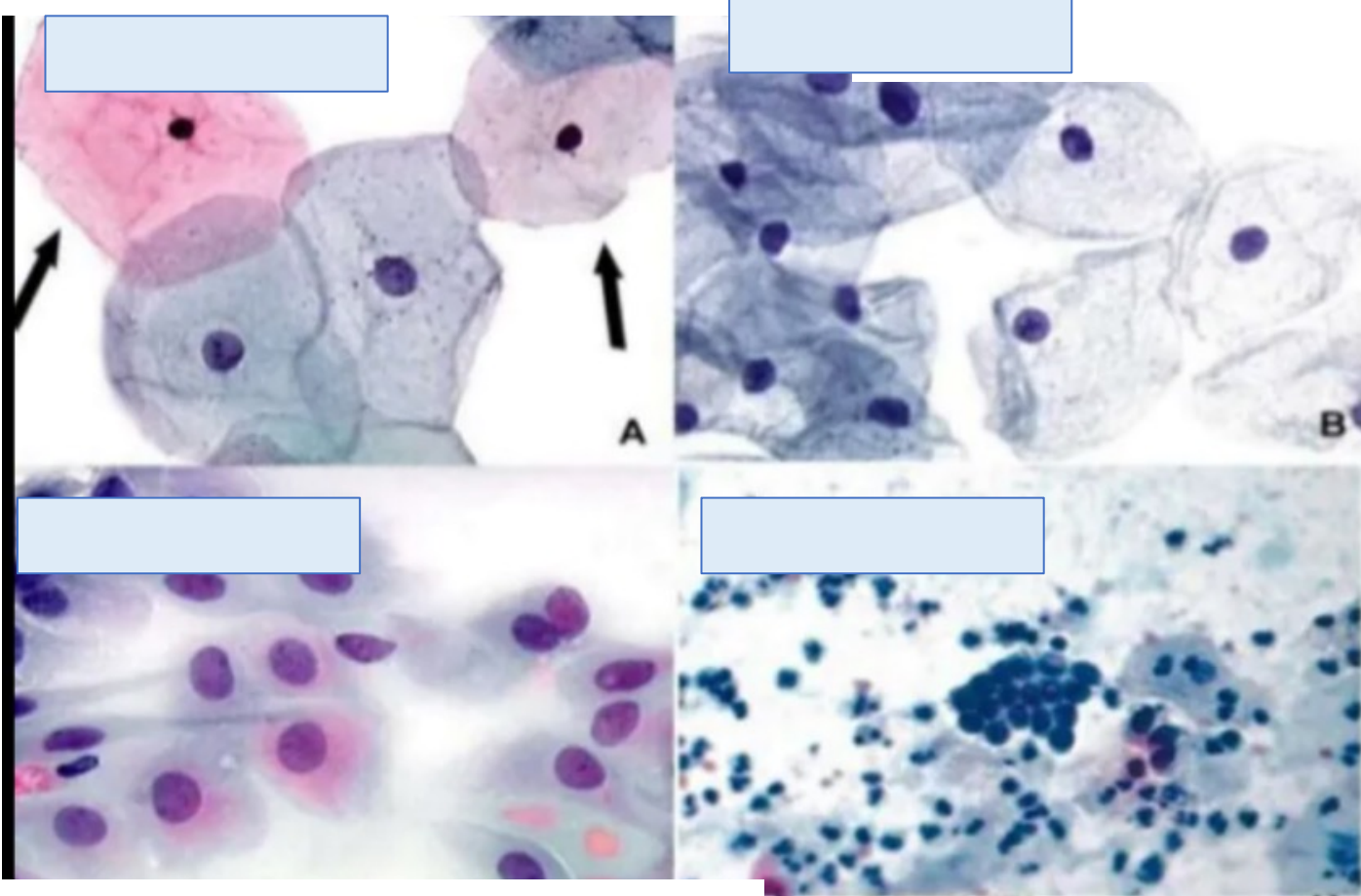
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C



D



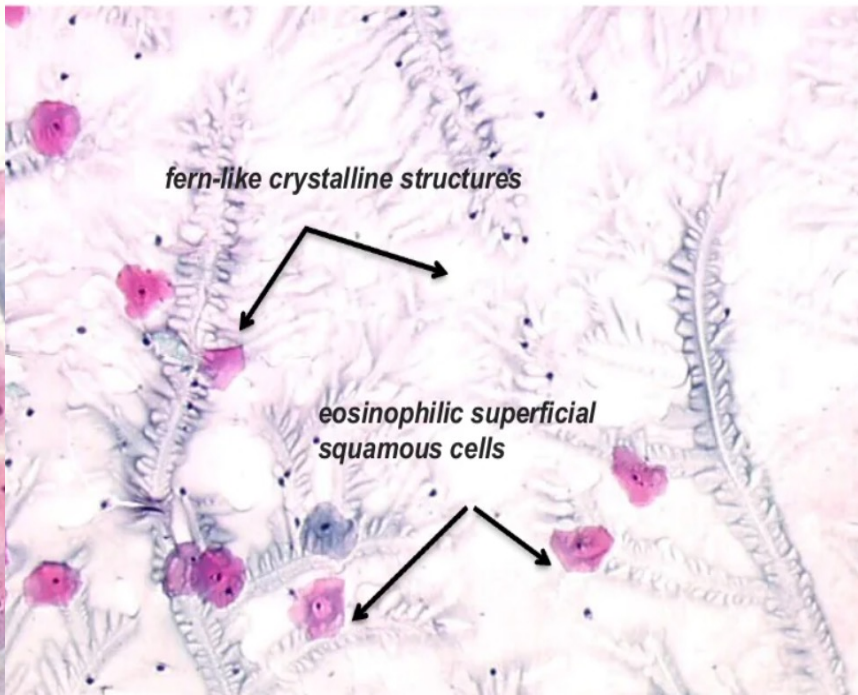
Maturation index

- It is count of the parabasal cells, intermediate and superficial cells .
- (P : I : S)
- In a normal menstruating woman during ovulation the menstruation index will be 0/35/65.
- In postmenopausal it will be 85/15/0.

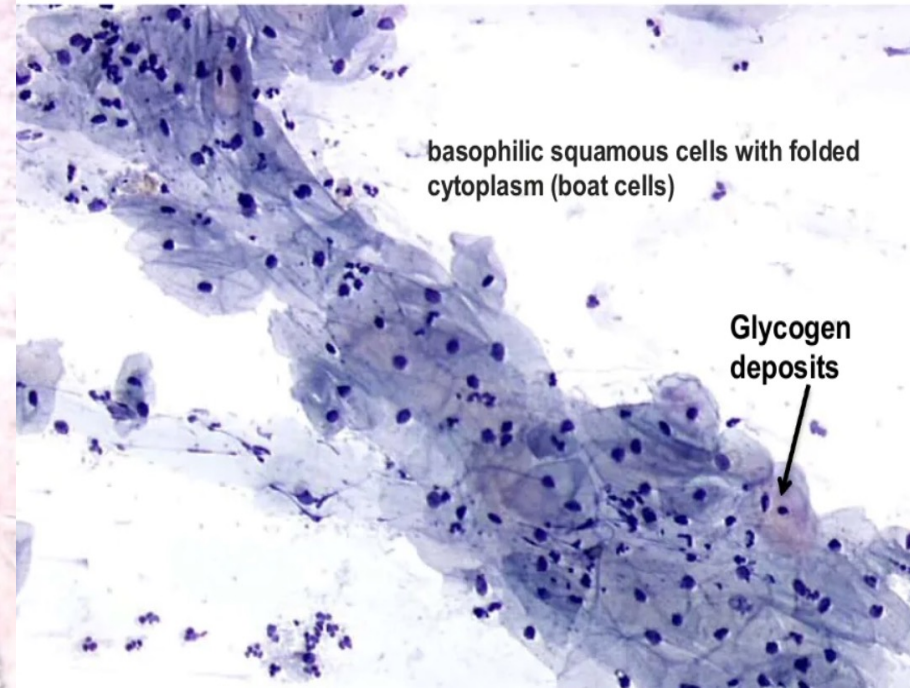
ESTROGEN PHASE



OVULATORY SMEAR



PROGESTERONE PHASE



4. A 6 month old baby is brought to you for developmental assessment. The baby was a preterm born at 32 weeks of gestation. Failure to see which of the following is a sign of developmental delay in the baby?

A. Mirror play

B. Rolling

C. Recognising mother

D. Laugh out loud












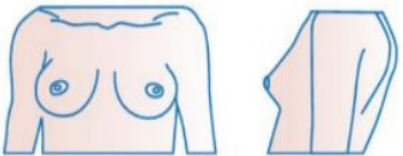


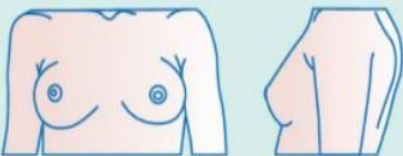
Corrected age (weeks) = GA + postnatal age – 40

5. What is the next step in management of a 32-year-old woman with a 5-year history of primary infertility with bilateral tubal block seen at cornua on hysterosalpingogram?

- A. Tuboplasty**
- B. In vitro fertilization**
- C. Hysteroscopy + Laparoscopy**
- D. Repeat examination on a later date with pre-treatment with ibuprofen**

6. 14-year-old girl presented with primary amenorrhoea. On physical examination, her breast and areola are enlarged with a secondary mound. What is the sexual maturity rating in this girl?

- A. SMR stage 2**
- B. SMR stage 3**
- C. SMR stage 4**
- D. SMR stage 5**

Tanner stage	Male genital appearance	Male genital description	Female pubic hair appearance	Pubic hair description	Breast appearance	Breast description
1		Testicular volume <3ml		No pubic hair		Elevation of papilla only
2		Testicular volume <3ml, change in texture to scrotal skin		Sparse growth chiefly along the labia/base of penis		Breast bud stage
3		Increase in size of penis with further testicular enlargement		Darker, coarser, more curled hair		Enlargement of breast and areola
4		Further enlargement of penis and testicles with development of glans penis		Adult type hair over a smaller area		Projection of the areola and papilla
5		Adult size and shape		Spread to the medial surface of the thighs		Recession of the areola to the contour of the breast, projection of papilla only

7. A 5-day-old child with 46 XY karyotype and ambiguous genitalia presents with BP of 120/80 mmHg. The most likely enzyme deficiency is:

A. 21-Hydroxylase

B. 11-Hydroxylase

C. 17-Hydroxylase

D. 3 β -Hydroxysteroid dehydrogenase

8. Identify the correct statements:

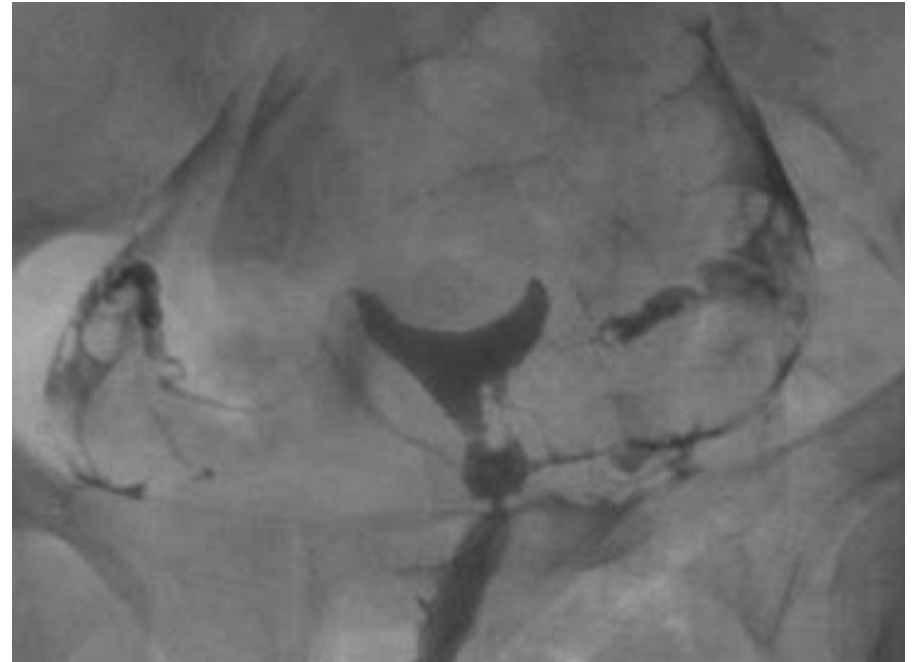
- 1. Thelarche is the first sign of puberty in females.**
- 2. Maximum growth occurs in Tanner stages 4 and 5 in males**
- 3. Penile enlargement is the first sign of puberty in males**
- 4. Peak growth velocity always precedes menarche in females**

Options;

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

9. A 32-year-old woman presents to AIIMS OPD with complaints of amenorrhea for the past six months. She has a history of two previous pregnancies, both of which resulted in miscarriages followed by dilation and curettage procedure after her last miscarriage. Physical examination reveals a normal BMI. She has a past history of pulmonary TB for which she completed ATT. She underwent a HSG which is shown here. Which of the following is the most likely diagnosis in this patient?

- A. Polycystic Ovary Syndrome (PCOS)
- B. GU TB
- C. Asherman Syndrome
- D. Endometriosis



10. A 28-year-old nulliparous woman being evaluated for infertility comes to the office due to clear vaginal discharge for the past 2 days. The patient and her partner have been trying to conceive for the past months. Menstrual cycles occur every 29 days with 4 days of flow. Last week, she took penicillin for a sore throat. The patient has no medical issues and has had no surgeries. She takes a daily prenatal vitamin. Pelvic examination shows clear mucus at the cervical os. Which of the following is the most likely explanation for this patient's discharge?

- A. Bacterial vaginosis
- B. Candidiasis
- C. Cervical mucus plug
- D. Ovulation

11. Identify the correct statements:

1. Social smile – 2months
2. Walk without support -12months
3. Babbling gibberish-15months
4. Walk upstairs with alternate foot – 4yrs
5. Copy a circle-2yrs

Options;

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

12. An 18-year-old woman comes to the OPD after fracturing her distal radius when she fell off a chair. 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. She has never had a menstrual cycle. 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. Estradiol and estrone are undetectable in the serum. 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**

MALE PSEUDOHERMAPHRODITE

46 XY

No uterus / FT

Female external genitalia

IF not purely female:

Breast present

No axillary pubic hair

Testosterone high

46 XY

Streak testes

No ovary

Rudimentary uterus
and FT

**Female external
genitalia**

No breast

No axillary pubic hair

Testosterone low

46 XY

Testes present

Male internal genitalia

**Female external
genitalia**

Virilisation at puberty:

Acne, male axillary
and pubic hair,

clitoromegaly

CAH

Female pseudohermaphrodite:

CAH:

Aromatase deficiency

13. Identify the correct diagnosis with the given constellations of findings:

1. Microcephaly, small palpebral fissures, and absent philtrum	A. DiGeorge syndrome
2. Hepatosplenomegaly, microcephaly, periventricular calcifications	B. Congenital CMV
3. GU abnormalities, cyanosis on feeding, Conotruncal abnormalities	C. Congenital Toxoplasmosis
4. Oligohydramnios, pulmonary hypoplasia	D. Congenital Rubella
	E. CHARGE
	F. VACTERL
	G. Potter sequence
	H. Pierre Robin sequence
	I. Fetal alcohol syndrome

Options;

- A. 1-A, 2-B, 3-F, 4-G
- B. 1-I, 2-B, 3-F, 4-H
- C. 1-A, 2-C, 3-E, 4-G
- D. 1-I, 2-B, 3-E, 4-G

CHARGE Syndrome

- **Coloboma**
- **Heart disease** (TOF, PDA, DORV, VSD, ASD, Right Aortic Arch)
- **Atresia choanae**
- **Retarded growth** (CNS anomalies)
- **Genital anomalies** (hypogonadism)
- **Ear anomalies**



14. A 49-year-old woman, gravida 5 para 5, comes to the office due to urine leakage. Over the last 2 months, the patient has had constant urinary leaking, requiring her to wear a pad day and night. She has no dysuria, urgency, or vulvar pruritis. The patient has type 2 diabetes mellitus that is well controlled with oral medication. Two years ago, she received brachytherapy and external-beam pelvic radiation for cervical cancer. BMI is 43 kg/m. Pelvic examination shows no urethral leakage with Valsalva. There are postradiation changes and a pool of clear fluid in the vagina. Postvoid residual volume is 20 mL.

Urinalysis results from catheterization are as follows:

Specific gravity-1.004

Blood-trace

Glucose-negative

Leukocyte esterase negative

Nitrites-negative

Bacteria-few

White blood cells- 1-2/hpf

Which of the following is the most likely cause of this patient's symptoms?

- A. Aberrant connection between the bladder and vagina
- B. Diminished contractility of the bladder detrusor
- C. Excessive involuntary detrusor muscle spasms
- D. External compression of the urethral outlet

VVF

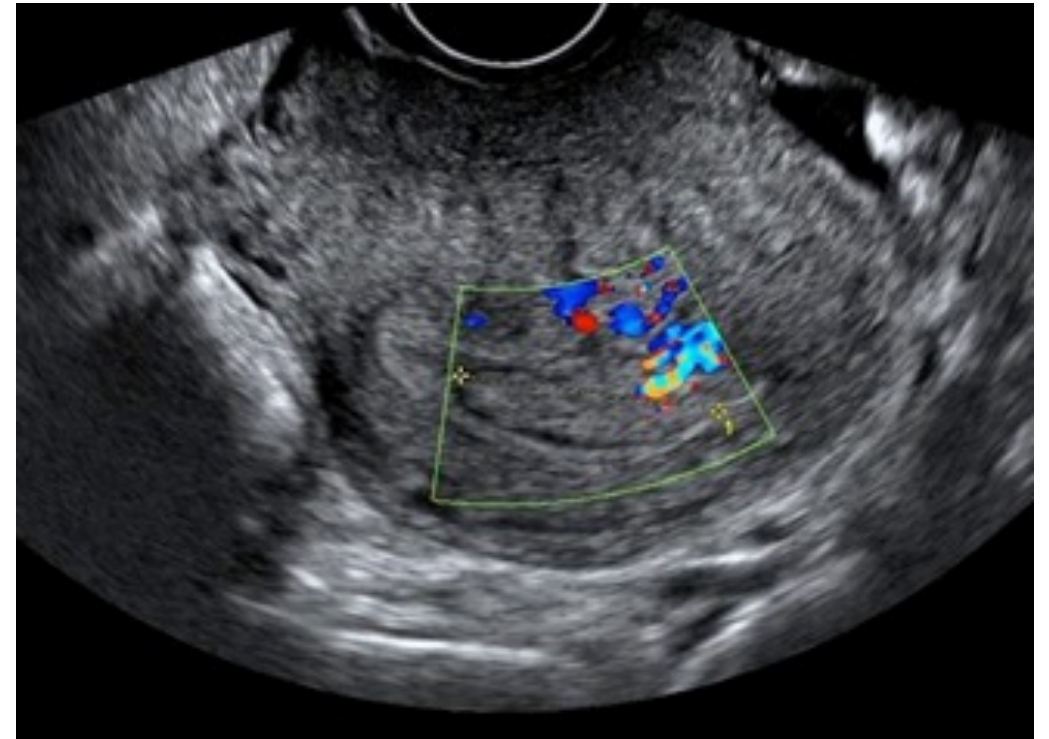
OAB/ Urge
incontinence

Overflow
incontinence

Stress urinary
incontinence

15. A 44-year-old woman comes to the office for evaluation of abnormal uterine bleeding. The patient has had intermenstrual bleeding over the past 3 months. Most of the time, she has had only spotting with wiping, but last week, she had slightly heavier bleeding that required her to use a menstrual pad. The patient had a bilateral tubal ligation after her last delivery at age 31. Speculum examination reveals a multiparous cervix with a small amount of bright red blood at the os and no visible cervical or vaginal lesions. FSH, TSH, and prolactin levels are normal. Urine pregnancy test is negative. USG is shown here. Which of the following is the most likely cause of this patient's abnormal uterine bleeding?

- A. Adenomyosis
- B. Endometrial hyperplasia
- C. Endometrial polyp
- D. Dysfunctional bleeding



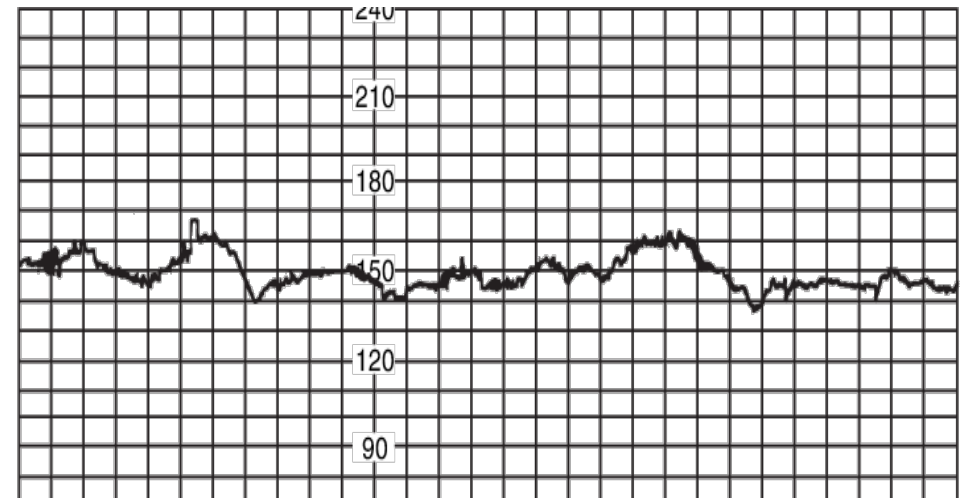
16. A neonate was found to have the following finding on routine examination of the eye. All of the following may be differentials except:



- A. Congenital cataract**
- B. PHPV**
- C. Retinopathy of prematurity**
- D. Congenital glaucoma**

17. A 36-year-old woman, G7P3A3, at 32 weeks gestation comes to the hospital with vaginal bleeding. The patient awoke this morning in a pool of bright red blood and has had some irregular contractions but no constant abdominal pain or leakage of fluid; fetal movement is normal. She has had no vaginal bleeding prior to this morning and has had no prenatal care. She has used methamphetamines intermittently throughout the pregnancy. Blood pressure is 136/78 mm Hg, pulse is 95/min, and respirations are 18/min. Speculum examination reveals a small blood clot in the vagina but no active bleeding. The fetal heart rate monitoring is shown. Blood type is AB positive and hemoglobin is 9.8 g/dL. Which of the following is the best next step in management of this patient?

- A. Digital cervical examination
- B. Emergency caesarean delivery
- C. K-B test
- D. Transabdominal ultrasound



18. A 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. The patient has had an uncomplicated pregnancy. BMI is 42 kg/m². Vital signs are 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

19. All of the following are true of breastfeeding jaundice except?

- A. Unconjugated hyperbilirubinemia is predominant**
- B. Usually presents as prolonged jaundice**
- C. Can be seen in the first week of life**
- D. Treatment is predominantly phototherapy with temporary withholding of breastfeeding**

20. 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 uterus is tender to palpation. On speculum examination, purulent amniotic fluid emerges from the cervix with Valsalva and turns the nitrazine paper blue. The cervix is visibly closed. Transabdominal ultrasound shows a vertex fetus consistent with gestational age. The amniotic fluid index is 8 cm. In addition to antibiotics 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. Outpatient monitoring and bedrest
- D. Serial fetal-ultrasounds and amnioinfusion

21. What are the strains included in Gardasil vaccine?

- A. 6, 11, 16, 18, 31, 58**
- B. 6, 11, 16, 18, 31, 33, 45, 52, 58**
- C. 6, 11, 16, 18, 31, 33**
- D. 6, 11, 16, 18, 31, 33, 45**

22. A 21-year-old woman, gravida 1 para 0, at 36 weeks gestation is sent to the hospital for a blood pressure of 190/110 mm Hg in the office. The patient was prescribed insulin therapy for gestational diabetes at 28 weeks gestation but has been poorly compliant. On arrival, her blood pressure is 184/106 mm Hg. Initial laboratory results show elevated serum creatinine and transaminases. Blood glucose is 204 mg/dL. Urinalysis shows 4+ proteinuria. Nifedipine, magnesium sulfate, and insulin 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

Which of the following statements regarding MgSO_4 is false?

- A. MgSO_4 causes uterine relaxation, but is dose dependent
- B. MgSO_4 is continued upto 24 hours after delivery or last attack of seizure
- C. It has inhibitory effect on cerebral cortex thereby preventing seizures and lowering the BP
- D. In renal failure, MgSO_4 loading dose can be given, but maintenance dose should be adjusted based on renal function

-REGIMEN

-Therapeutic level-

Monitoring-

23. All of the following statement belongs to 10 steps of successful breastfeeding of the Baby-Friendly Hospital Initiative (BHFI) except:

- A. Have a written infant feeding policy**
- B. Help mothers initiate breastfeeding within 2 hours of birth**
- C. Practice rooming-in**
- D. Ensure staff is competent and knowledgable**

Baby-Friendly practices

1. Have a **written** breastfeeding policy that is routinely communicated to all health care staff
2. **Train all health care staff** in skills necessary to implement this policy
3. Inform all **pregnant** women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding ~~within 1 hour of birth~~
5. Show mothers **how to** breastfeed and how to maintain lactation, even if they should be separated from their infants
6. Give newborn infants **no food or drink** other than breast milk unless medically indicated
7. Practice "**rooming in**" by allowing mothers and infants to remain together 24 h/d
8. Encourage breastfeeding **on demand**
9. Give **no artificial** teats, pacifiers, dummies, or soothers to breastfeeding infants
10. Foster the establishment of breastfeeding **support** groups and refer mothers to them on discharge from the hospital or clinic

24. A 40-year-old woman, gravida 2, para 1, comes to the physician for her first prenatal visit. She is at 10 weeks gestation based on her last menstrual period. The patient has no medical problems and takes no medications. Her husband and 3-year-old son are healthy, but she has a cousin with Down syndrome. Vital signs are normal. Urine β -hCG is positive and fetal heart tones are present. Which of the following is the most appropriate next step in management of this patient?

- A. Order plasma cell-free fetal DNA testing**
- B. Order serum α -fetoprotein, estriol, β -hCG, and inhibin A levels**
- C. Perform amniocentesis**
- D. Perform chorionic villus sampling**

25. Choose the correct management for the following scenarios:

1. 35 year old female with simple endometrial hyperplasia without atypia	A. Cyclical MPA (Provera) 10-20mg
2. 58 year old female with ET-6mm on TVS	B. High-dose progestin therapy, megestrol acetate 80 mg orally twice daily
3. 35 year old female with no children simple endometrial hyperplasia with atypia	C. Hysterectomy
4. 53-year postmenopausal female, with endometrial hyperplasia with atypia	D. Endometrial biopsy
	E. Mirena

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

B. 1-A, 2-D, 3-B, 4-E

C. 1-D, 2-C, 3-B, 4-E

D. 1-B, 2-A, 3-E, 4-C

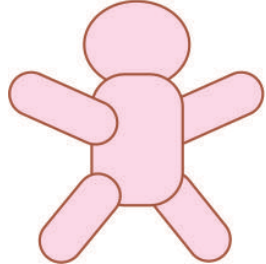
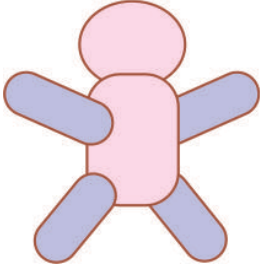
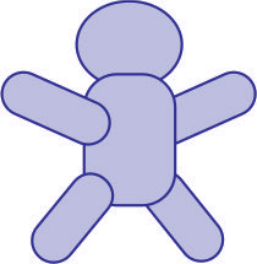
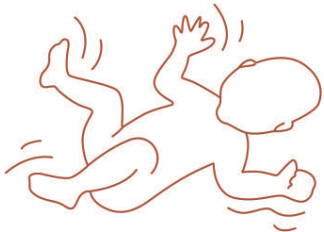


26. A 37-year-old woman, gravida 2 para 1, at 8 weeks gestation comes to the office for a follow-up visit. Earlier in the pregnancy, the patient had nausea and breast tenderness that resolved several days ago. At her initial prenatal visit a week ago, ultrasound revealed an intrauterine gestational sac with a yolk sac but no fetal pole. B-hCG level at that visit was 27,325 IU/L. She is taking a prenatal vitamin and does not use tobacco, alcohol, or illicit drugs. Current blood pressure is 140/80 mm Hg and pulse is 68/min. BMI is 23 kg/m². Pelvic examination reveals a closed cervix and no vaginal discharge or bleeding. Bimanual examination reveals a normal-sized, retroverted uterus with no cervical motion or adnexal tenderness. A transvaginal ultrasound is repeated and is unchanged from the prior visit. B-hCG level is now 25,659 IU/L. Which of the following is the most likely diagnosis?

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

27. A newborn is being assessed at 5 minutes after birth. He is found to have a heart rate of 130bpm, coughs on stimulation, and has a strong cry. His limbs are well flexed, the body is pink, but extremities appear blue. The Apgar score for this newborn is

- A. 7**
- B. 10**
- C. 8**
- D. 9**

APGAR

Agar Score	Score 2	Score 1	Score 0
A	 Pink	 Extremities Blue	 Pale or Blue
P	>100 bpm	<100 bpm	No pulse
G	Cries and pulls away	Grimaces or weak cry	No response to stimulation
A	 Active movement	 Arms, legs flexed	 No movement
R	Strong cry	Slow, irregular	No breathing

28. 24-year-old woman, G2P0A1, at 26 weeks gestation comes to the office for an initial prenatal visit. Prior to this, the patient's only prenatal care was a visit to the emergency department due to 2 days of persistent vomiting. At that time, a first trimester ultrasound was performed and was consistent with gestational age. Her previous pregnancy was a spontaneous abortion at 8 weeks gestation. Blood pressure is 120/70 mm Hg and pulse is 72/min. Maternal blood type is O, Rh negative. Indirect Coombs test is negative. Transabdominal ultrasound shows a fetus with a biparietal diameter and head circumference that are consistent with 26 weeks gestation. Abdominal circumference measures at 34 weeks gestation. Fetal heart rate is 180/min. A pericardial effusion, bilateral pleural effusions, and polyhydramnios are noted. 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

29. A young 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**

30. 20-year-old woman comes to the emergency department due to vaginal bleeding and right lower quadrant pain that began 3 days ago. She describes the bleeding as heavier than a period, and she passed vaginal clots 3 hours prior to presentation. Her menarche was at age 13 and she has often gone months without a menstrual period. The patient's last period began approximately 7 weeks ago. Her temperature is 37.2 C (98.9 F), blood pressure is 120/74 mm Hg, and pulse is 80/min. Examination shows mild right lower quadrant tenderness, but no rebound or guarding. There is no active vaginal bleeding and the cervical os is closed. Laboratory results are as follows:

Hemoglobin: 11 g/dL

B-hCG: 1000 IU/L

Blood type: AB positive

A transvaginal ultrasound reveals no intrauterine or extrauterine pregnancy. Which of the following is the best next step in management of this patient?

- A. Administer methotrexate
- B. Perform laparoscopy
- C. Provide reassurance and observation
- D. Repeat serum β -hCG in 2 days

31. A 13-year-old girl is brought to the office for evaluation of acne. She began to develop acne over her forehead and chin 4 months ago. She used over-the-counter topical salicylic acid, but the acne did not improve. Now, the patient has painful acne over her face and upper chest. She has not had a menstrual period. The girl has grown 10.1 cm in the last year; her height and weight are at the 70th percentile for age. Vital signs are normal. Nodulocystic acne is present across the face and upper chest. There is no breast bud development. The abdomen is nontender and has no palpable masses. External pelvic examination shows the clitoris protruding from the clitoral hood and bilateral masses in the labia majora. Which of the following is the most likely diagnosis in this patient?

- A. 5-alpha-reductase deficiency
- B. Androgen insensitivity-syndrome
- C. Nonclassical congenital adrenal hyperplasia
- D. PCOD

32. Identify the incorrect statement:

1. Height at 4yrs=100cm
2. BW x 4 at 3years
3. First secondary tooth is lower central incisor
4. Bone age is less than chronological age in constitutional delay
5. US:LS is increased in rickets and achondroplasia

Options;

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

Growth

Weight with age:

Birth

5mon

1yr

2yr

3yr

5yr

7yr

10yr

Height with age:

Birth

3mon

1yr

2yr

4yr

US:LS with age:

Birth

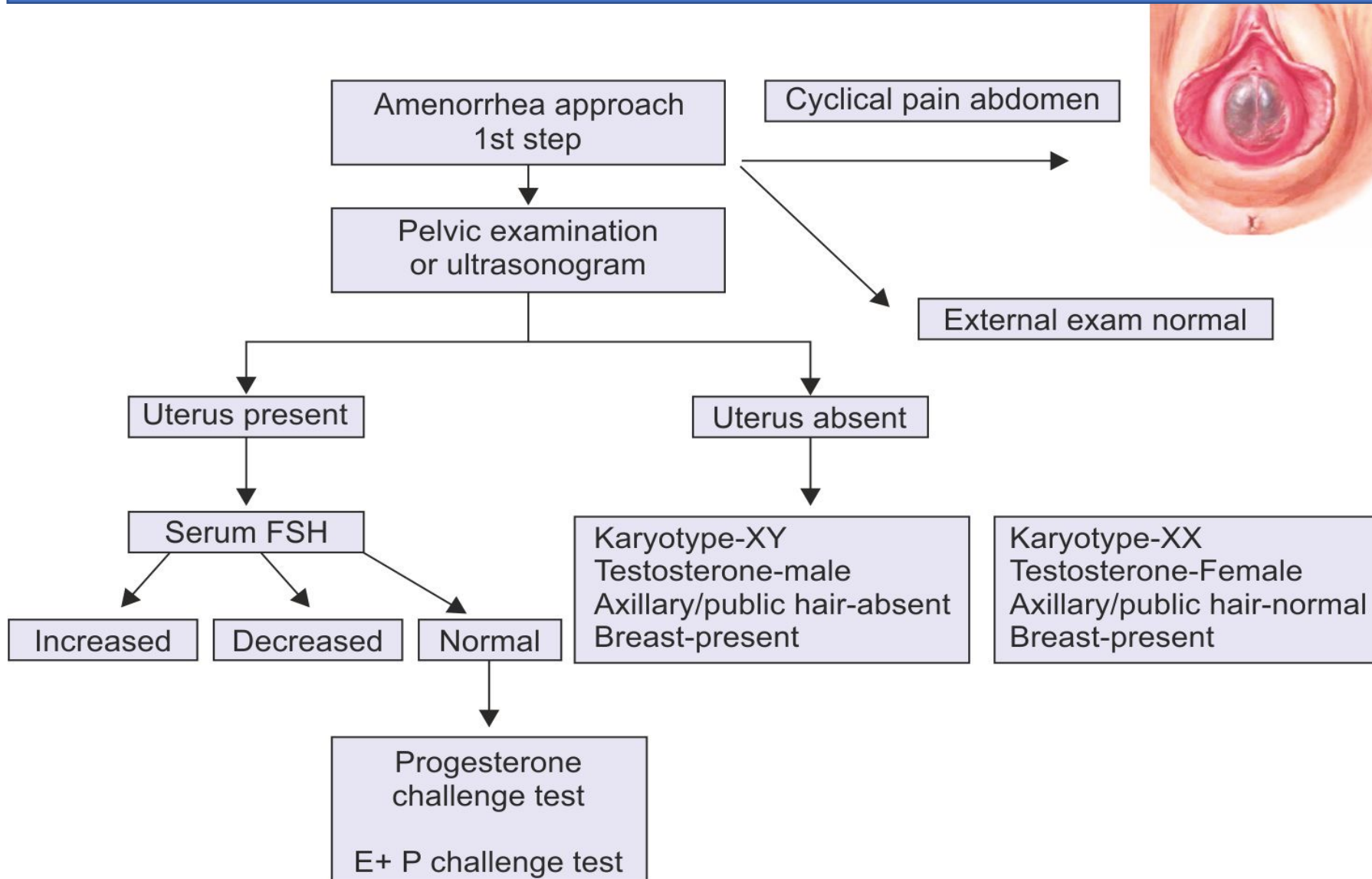
3yr

7yr

33. A 14-year-old girl is brought to the office by her mother because she has not started menstruating. She is otherwise healthy and has no chronic medical conditions. The patient takes no daily medications and does not use tobacco, alcohol, or illicit drugs. She is not sexually active. Her mother and older sister underwent menarche at age 13. Height is at the 15th percentile and weight is at the 20th percentile for age. Vital signs are normal. Physical examination shows normal heart sounds without murmur. There is no breast development or axillary hair. The abdomen is soft, nontender, and nondistended. 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. Estrogen level
- B. FSH level
- C. GnRH stimulation test
- D. Karyotype analysis

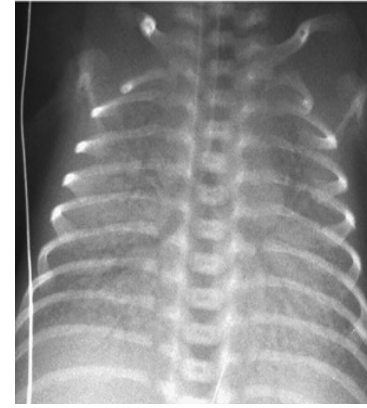
APPROACH TO AMENORRHEA



34. Match the following X-rays with the correct cause of respiratory distress:

- A. Meconium aspiration syndrome
- B. HMD
- C. TTNB
- D. CDH
- E. PAP
- F. Congenital lobar hyperinflation
- G. CPAM
- H. Bronchopulmonary dysplasia

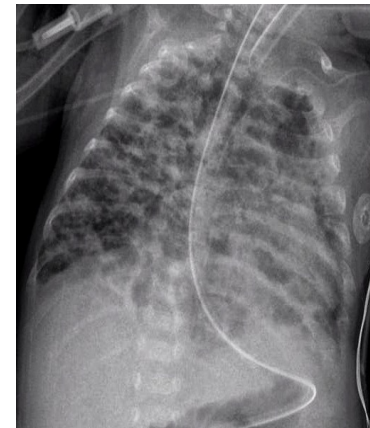
- A. 1- A, 2-D, 3-H, 4-C
- B. 1-B, 2-G, 3-H, 4-F
- C. 1-E, 2-D, 3-H, 4-G
- D. 1- A, 2-G, 3-H, 4-C



1



2



3



4

35. All of the following statements are true about Swyer syndrome except:

- A. Absent secondary sexual characteristics**
- B. Female external genitalia**
- C. Normal uterus and fallopian tubes**
- D. Gonadectomy is indicated for all patients**

36. A 35-year-old primigravida comes to the labor and delivery unit at 36 weeks gestation with abdominal pain and blood-tinged vaginal discharge. She was diagnosed with gestational diabetes mellitus at 27 weeks but has not been compliant with diet or insulin therapy. Her family history is significant for type 2 diabetes mellitus, hypertension, coronary artery disease, and stroke in both maternal and paternal relatives. Monitoring shows regular uterine contractions and a normal fetal heart rate. Blood pressure is 135/86 mm Hg and pulse is 100/min. BMI is 40 kg/m². Cervical examination shows 6 cm dilation and 100% effacement. Her blood glucose at admission is 290 mg/dL and is started on insulin. The patient has a spontaneous vaginal delivery of a boy. Which of the following examination findings would most likely be present in this neonate?

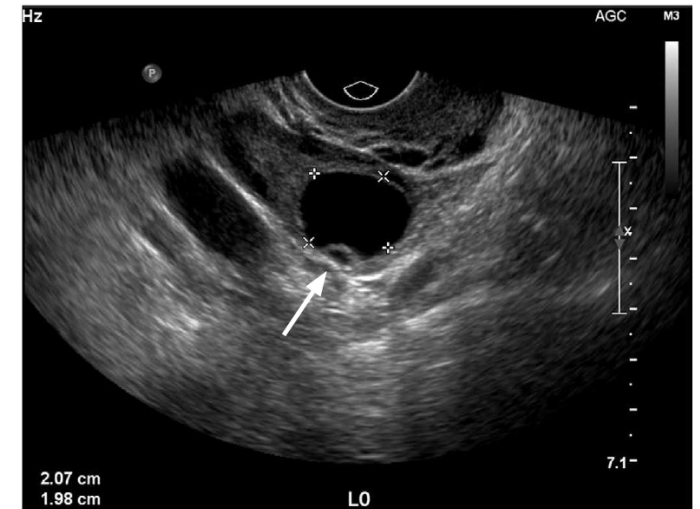
- A. Heart murmur**
- B. Limb defects**
- C. Respiratory distress**
- D. Small for gestational age**

37. A 12-month-old boy is brought to the office by his parents for a routine well-child visit. He was born at 39 weeks gestation. Birth weight was 3.4 kg and length was 50.8 cm. He was primarily breastfed until last week, when he was transitioned to cow's milk. The patient can feed himself small pieces of table food with his thumb and first finger and drinks from a sippy cup. His only words are "mama," "dada," and "doggy." His parents are concerned about his growth because some children at his day care center seem taller. The patient weighs 12 kg and is 76.2 cm tall. On examination, he can pull himself up to stand and stand unassisted but requires holding onto objects for support while walking. He comes to his parents when called by name but does not speak during the examination. Which of the following is the most appropriate assessment of this patient's development?

	Growth	Motor	Language
A.	Normal	Normal	Normal
B.	Delayed	Normal	Normal
C.	Delayed	Delayed	Normal
D.	Normal	Delayed	Delayed

38. 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. Observation and follow-up for cyst after 2-3 months
- B. Hysterectomy + BSO
- C. Ovarian drilling
- D. CECT of pelvis



39. An 18-hour-old boy is evaluated in the emergency department for low muscle tone since birth. He was delivered at home to a 19-year-old woman at approximately 40 weeks gestation who received no prenatal care. Since birth the infant has breastfed 4 times, has a weak suck each time, and falls asleep a few minutes after he begins nursing. Weight is 2.3 kg. The eyes have upslanting palpebral fissures, and the mouth is open with a protruding tongue. The palate is narrow but intact. Cardiopulmonary examination is normal. The abdomen is soft with no hepatosplenomegaly. When the infant is held under the arms, his legs are extended and he almost slips through the examiner's hands. Which of the following is the most likely cause of this patient's presentation?

- A. Reciprocal translocation**
- B. Non-disjunction of maternal meiosis**
- C. Mosaicism**
- D. Non-disjunction of paternal meiosis**

40. A female with amenorrhea and streak gonads presents to your OPD. Karyotyping reveals 45XO/46XY. How will you manage?

- A. Bilateral gonadectomy**
- B. Vaginoplasty**
- C. Resection of clitoris**
- D. Sex reassignment procedure**

41. 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. She feels fetal movement, has no vaginal bleeding or contractions, and has had an uneventful pregnancy to date. The patient's previous pregnancy 5 years ago was uncomplicated. She has not had a previous abnormal Pap test, but the last test was performed during her prior pregnancy. She takes a multivitamin and an iron supplement. Blood pressure is 120/74 mm Hg and pulse is 82/min. Fetal heart tones are normal. Physical examination reveals a gravid, nontender uterus. The cervix is long, closed, firm, and posterior, and the fetal presenting part is high. 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

42. All of the following are correct about routine newborn care:

- 1. Dried blood spot sample is taken for metabolic screening**
- 2. Blackish stools in newborn are due to biliverdin**
- 3. All new borns are routinely injected with 0.5mg-1mg iv Vit K**
- 4. Positive scarf sign is seen in preterm babies**

Options;

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

43. All of the following are true about male infertility evaluation except:

- 1. Spermatoocyte morphology is the most useful in assessing adequacy of sperms for IVF**
- 2. In a case of azoospermia, diagnostic test to distinguish testicular failure versus vas obstruction is testicular FNAC**
- 3. Progressive motility $<32\%$ is abnormal according to WHO 2020 guidelines**
- 4. Sperm concentration <15 million/ml should be evaluated further with FSH and testosterone levels**

Options

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

Semen parameters	WHO 2010	WHO 2020
Semen volume	1.5 ml	1.4 ml
Sperm concentration	15 million/ml	16 million/ ml
Total motility	40%	42%
Progressive motility	32%	30%
Viability	58%	54%
Morphology	4%	4%

44. A cyanotic newborn is suspected of having congenital heart disease. He has an increased left ventricular impulse and a holosystolic murmur along the left sternal border. ECG shows left axis deviation and left ventricular hypertrophy. Which of the following is the most likely diagnosis?

- A. Transposition of Great Arteries**
- B. TOF**
- C. Tricuspid atresia**
- D. Ebstein anomaly**

45. A 8 year old boy weighing 30kgs is planned for surgical resection of a Wilms tumor. What is the daily maintenance fluid required for this child?

- A. 1700 mL**
- B. 2200ml**
- C. 2000 mL**
- D. 2500 mL**

Weight	Daily Requirements
0-10 kg	100 ml/kg
11-20 kg	1000 ml + 50 ml/kg for each kg > 10 kg
> 20 kg	1500 ml + 20 ml/kg for each kg > 20 kg

46. Identify the true statements about normal fetal development:

- 1. Endovascular type of extravillous trophoblasts invade the spiral arteries lumen**
- 2. Blood in inferior vena cava has lower oxygen concentration compared to superior Vena cava**
- 3. Functional closure of the fetal circulatory adjustments occurs in the following sequence: Ductus venosus > Foramen ovale > Ductus arteriosus**
- 4. The main factor for the ductal closure postnatally is an increase in partial pressure of oxygen (paO₂)**

Options;

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

47. All of the following are true except:

- A. The shortest AP diameter of the pelvic inlet is the obstetric conjugate**
- B. Diagonal conjugate is measured from tip of sacral promontory to the lower margin of pubic symphysis**
- C. Obstetric conjugate is calculated by subtracting 1.5 cm from diagonal conjugate**
- D. Contracted pelvis is defined as transverse diameter <10cm and AP diameter <12cm**

External conjugate

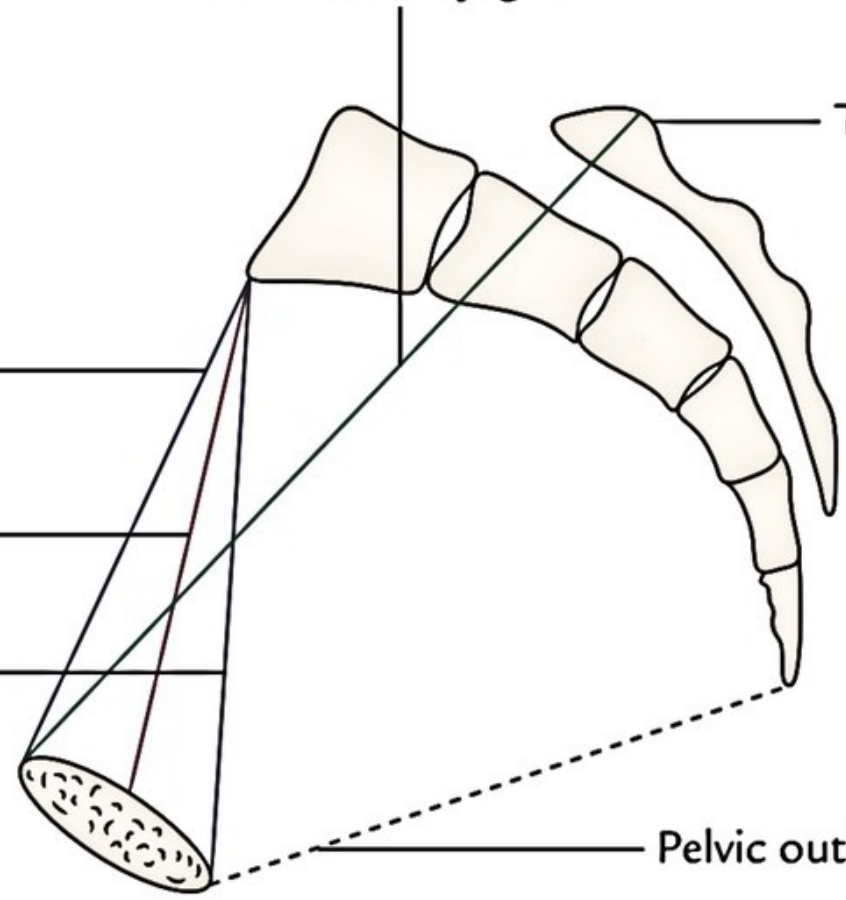
Tip of spine of S1 vertebra

True conjugate

Obstetrical conjugate

Diagonal conjugate

Pelvic outlet

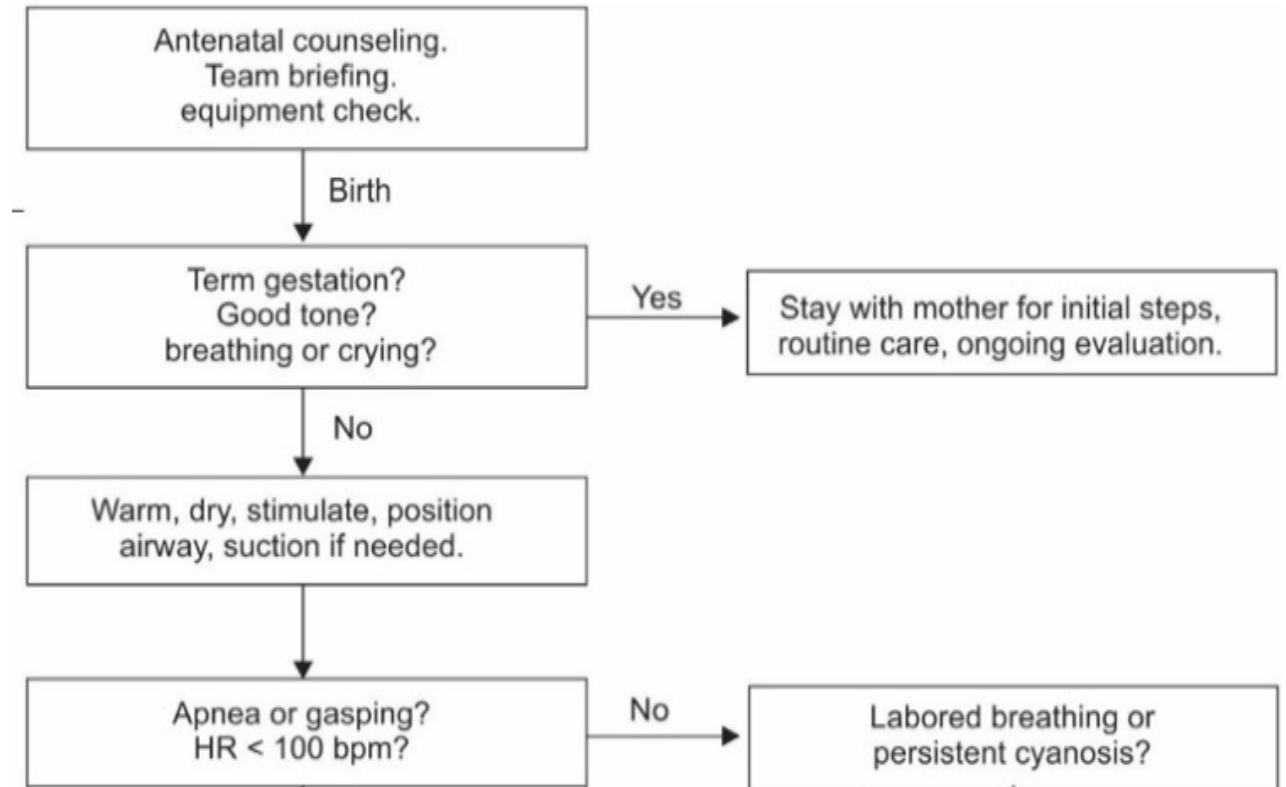


48. Which of the following are components of step A?

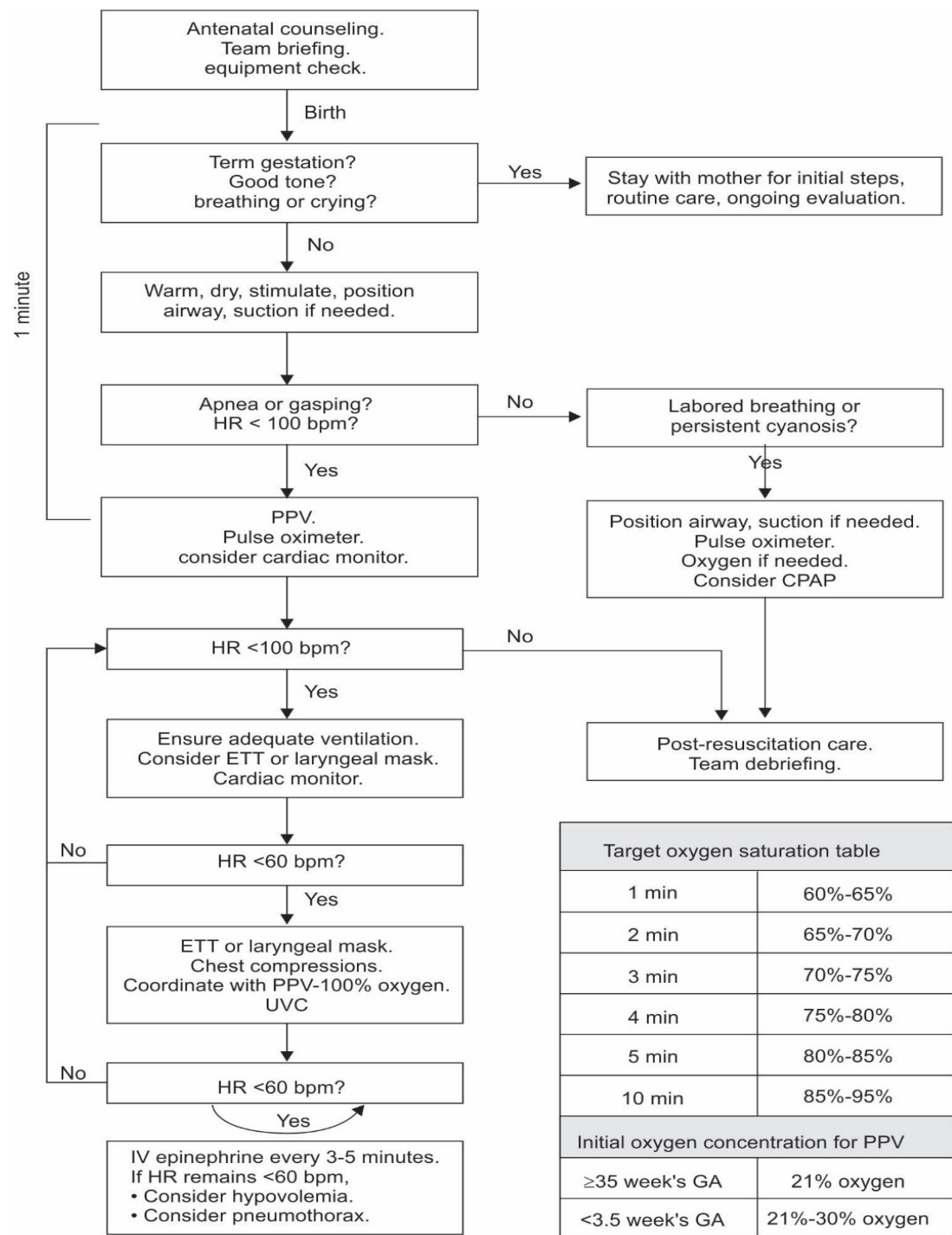
1. PPV with bag and mask
2. Consider CPAP
3. Consider SpO2 monitoring
4. Attach ECG monitor
5. Supplement with O2
6. Umbilical vein catheterisation
7. Chest compression

Options;

- A. 1,2,3,4,5
- B. 1,3,4,6
- C. 1,2,3,4,6
- D. 1,3,4



A.



Target oxygen saturation table	
1 min	60%-65%
2 min	65%-70%
3 min	70%-75%
4 min	75%-80%
5 min	80%-85%
10 min	85%-95%
Initial oxygen concentration for PPV	
≥35 week's GA	21% oxygen
<3.5 week's GA	21%-30% oxygen

49. Arrange the following in sequential order:

- 1. MSAFP, E3, HCG, Inhibin-A**
- 2. TIFA scan**
- 3. Growth-Liquor scan**
- 4. NT-NB**

Options;

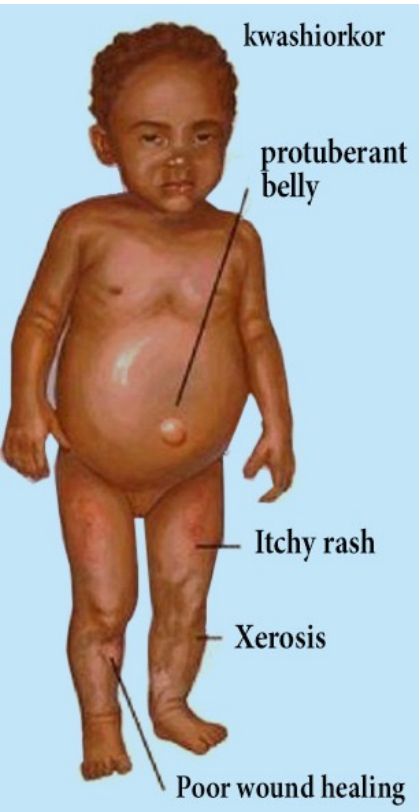
- A. 4-2-3-1**
- B. 1-4-2-3**
- C. 4-1-2-3**
- D. 3-4-1-2**

50. A 2-year-old child from a draught-ridden village is seen in the medical camp with following findings. All of the following are true statements about the child except:

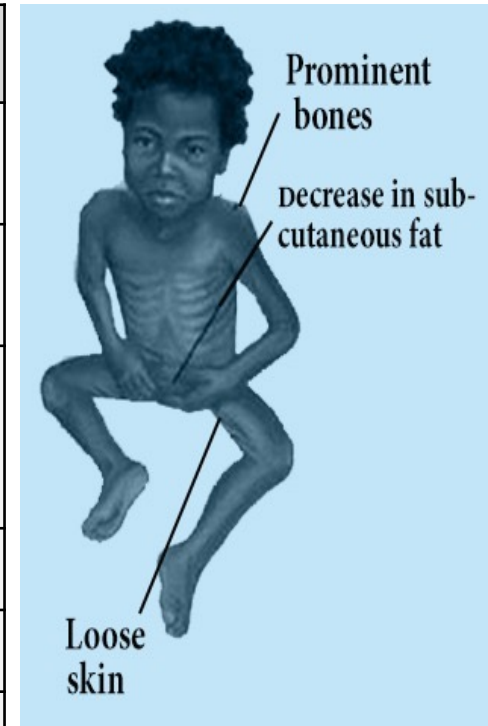
- A. Fatty change in liver**
- B. Voracious appetite**
- C. Hypoalbuminemia**
- D. Pot belly**



PEM



Kwashiorkor	Marasmus
Deficient of protein	Deficient of proteins and calories
Subcutaneous fat preserved	Subcutaneous fat not preserved
Oedema Flaky paint dermatitis Flag sign	Oedema absent Loose, wrinkled skin
Moon facies	Simian facies
Enlarged fatty liver	No fatty liver
Lethargic	Alert and irritable
Muscle wasting mild or absent	Severe muscle wasting
Poor appetite	Voracious feeder



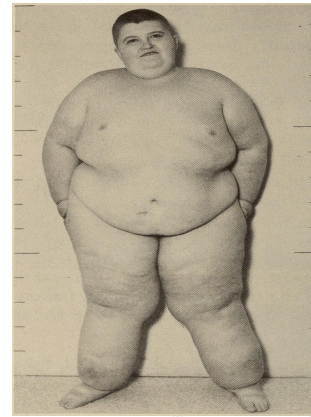
51. Division occurs at what time in the visualized twins?

- A. 0-4days
- B. 4-8days
- C. 8-12days
- D. >12days

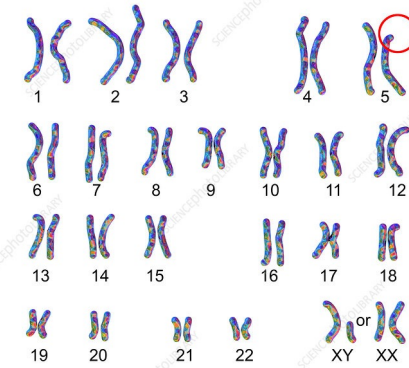


52. Identify the correct pair:

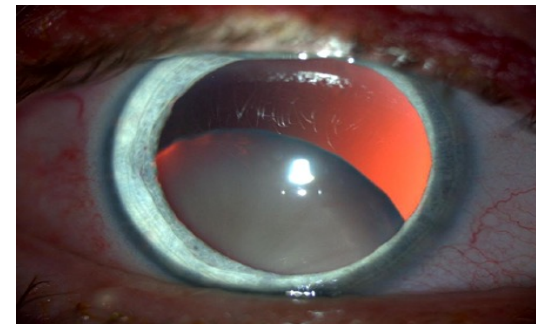
A. Paternal disomy of chromosome 15



B. Microcephaly with hypotonia



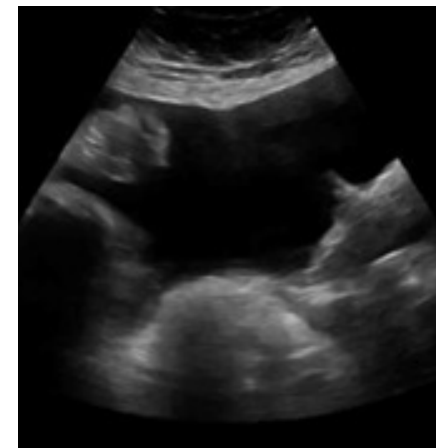
C. Short stature and thromboembolic phenomena



D. 3H syndrome: Hyperammonemia + Hyperuricemia+ Hyperhomocitrullinemia

53. A 32-year-old woman presents to your clinic with a complaint of abdominal distention and discomfort over the past several months. She has also noticed a progressive increase in her abdominal girth. On physical examination, you observe a palpable pelvic mass, and there is dullness on percussion of the flanks. Pelvic ultrasound is shown here. What is the likely diagnosis?

- A. Metastatic serous cystadenoma
- B. Metastatic mucinous cystadenoma
- C. Fibroma
- D. Teratoma



54. Which of the following is not included in the active management of third stage of labor to prevent post partum haemorrhage (PPH)?

- A. Oxytocin within 1 minute of delivery**
- B. Delayed clamping and ligation of cord**
- C. Gentle massage of uterus**
- D. Controlled cord traction**

55. All of the following are true about breastmilk:

- 1. Foremilk is watery and is rich in proteins and sugar**
- 2. Hindmilk is richer in fat and provides more energy**
- 3. Colostrum is rich in immunoglobulins, proteins and vitamins A,D, E and K**
- 4. Whey is 70% of the protein content in breast milk**
- 5. Compared to cow milk, breast milk has high content of polyunsaturated fatty acids**

Options;

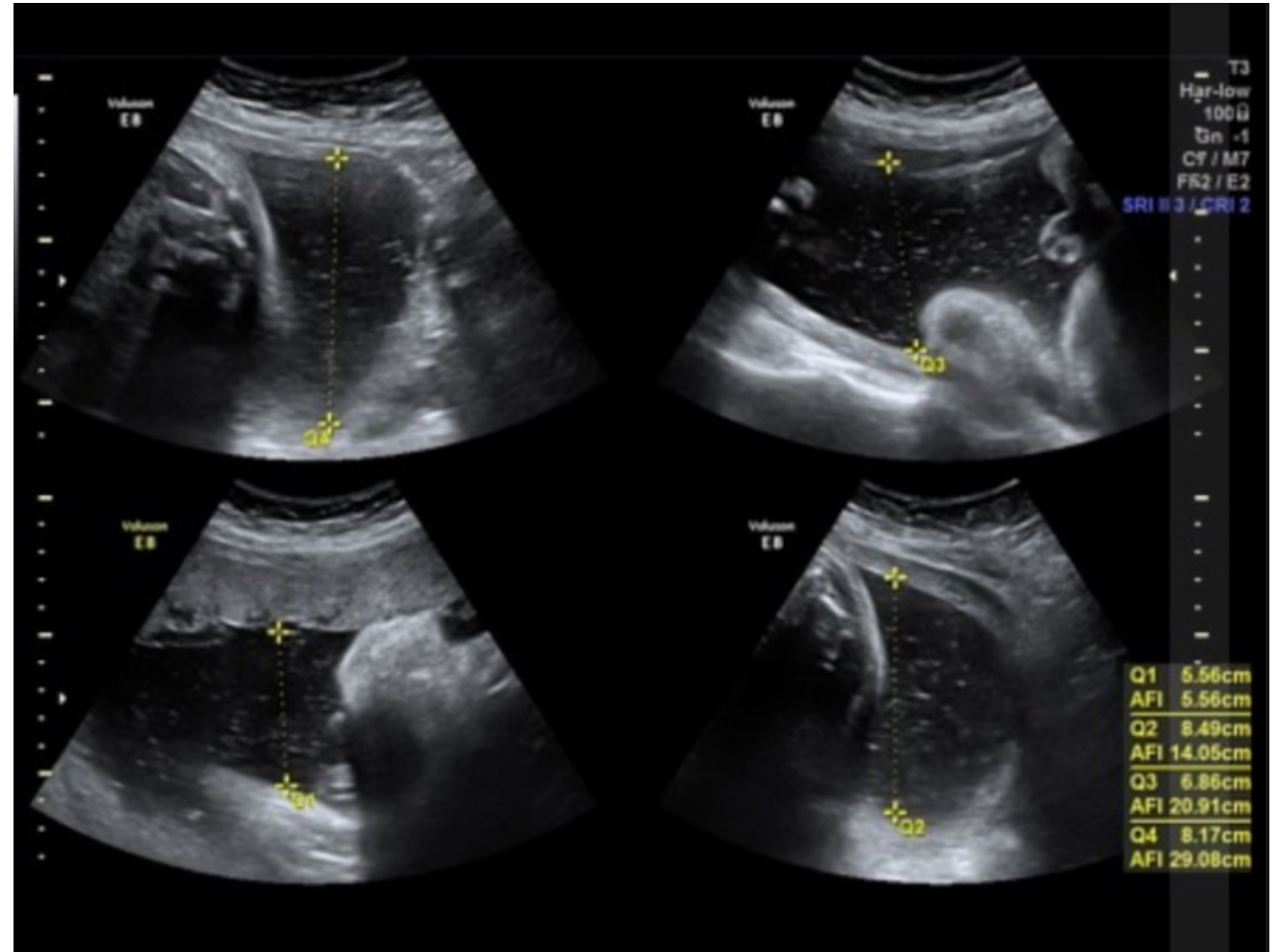
- A. 1,2,3,4**
- B. 1,2,3,4,5**
- C. 2,3,4**
- D. 2,4,5**

56. 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

Options;

- A. 1,6,5
- B. 2,3,4,6,7
- C. 2,3,4,7
- D. 1,4,5,6



57. A pregnant woman with G3P2L0 presented to you with a pregnancy at period of gestation of 9 weeks, She has a history of conization one year back currently on follow-up with no recurrence on PAP smear. She also has the history of preterm births at 30 weeks during her last pregnancy. What is your next step in the management of this patient?

- A. TVS**
- B. Cervical cerclage**
- C. Complete bed rest**
- D. Progesterone therapy**

CERCLAGE

Indications:

Pregnant:

PV: McDONald MC
Shirodkar

Wurms

PA: Benson and Durfey (P,NP)

Non-pregnant:

PV: Lash and Lash

PA: Benson and Durfey (P,NP)

58. A neonate on formula feed develops bloody diarrhea. The abdominal X-ray is shown in the image. Which of the following components of breast milk could have prevented this condition?

- A. Lactoferrin**
- B. Epidermal growth factor**
- C. Cytokines**
- D. Glutathione peroxidase**



59. A 28-year-old pregnant woman at 22 weeks of gestation presents to the maternal-fetal medicine clinic for a routine prenatal check-up. She is pregnant with monochorionic diamniotic (MCDA) twins. On ultrasound examination, the following findings are noted: Twin A: Normal amniotic fluid volume and fetal growth. Twin B: Significant polyhydramnios (excessive amniotic fluid) and evidence of cardiomegaly. What is the likely Quintero stage for the patient?

- A. I
- B. II
- C. III
- D. IV

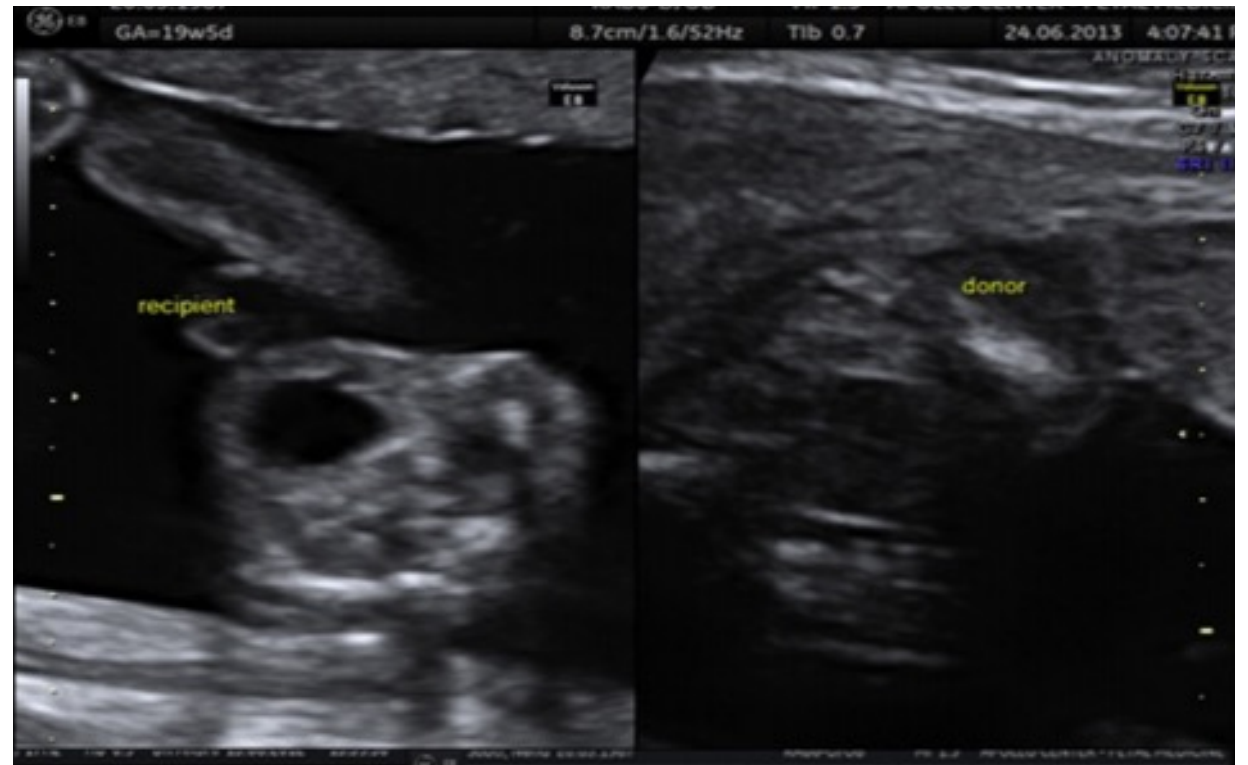


Table 1 Quintero staging system⁸²

<i>Stage</i>	<i>Classification</i>
I	Polyhydramnios–oligohydramnios sequence: DVP > 8 cm in recipient twin and DVP < 2 cm in donor twin
II	Bladder in donor twin not visible on ultrasound
III	Absent or reversed umbilical artery diastolic flow, reversed ductus venosus a-wave flow, pulsatile umbilical venous flow in either twin
IV	Hydrops in one or both twins
V	Death of one or both twins

60. A primigravida came to the labor room at 40 weeks +5 days gestation for induction of labor. On per vaginal examination, the cervix is 1 cm dilated and 30% effaced. The vertex is at -1 station and the cervix is soft and posterior. What will be the modified Bishop score for this lady?

- A. 3**
- B. 4**
- C. 5**
- D. 8**

Cervical Feature	0	1	2	3
Cervical dilatation	0cm	1-2 cm	2-4 cm	> 4cm
Cervical length	4 cm	2-4 cm	1-2 cm	< 1 cm
Station of presenting part	-3 cm	-2 cm	-1/0 cm	+1/+2 cm
Consistency of cervix	Firm	Average	Soft	
Position of cervix	Posterior	Mid position/ anterior		

61. A 5-month-old male infant is brought to the pediatrician's office by his worried parents. They report that the baby has been experiencing severe vomiting, lethargy, and poor weight gain since starting on solid foods a few weeks ago. The vomiting is described as projectile and occurs especially after fruits and juices. Physical examination reveals a malnourished and dehydrated infant. There are no other remarkable findings. Which of the following enzyme deficiency is likely?

- A. Aldolase B**
- B. Fructokinase**
- C. Glucose 6-phosphatase**
- D. Hexokinase**

62. Identify the correct pair of malformations:

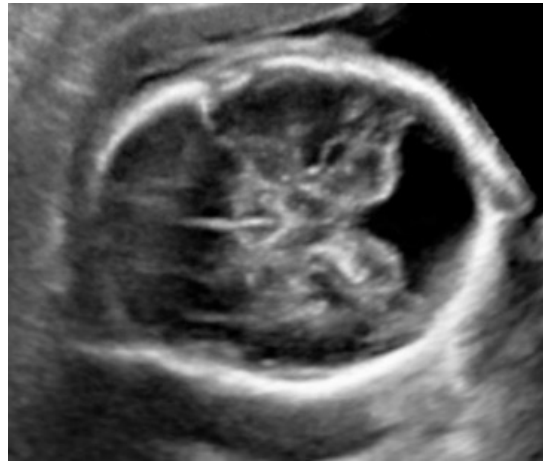
- A. Acrania
- B. Holoprosencephaly
- C. Dandy Walker malformation
- D. Omphalocele



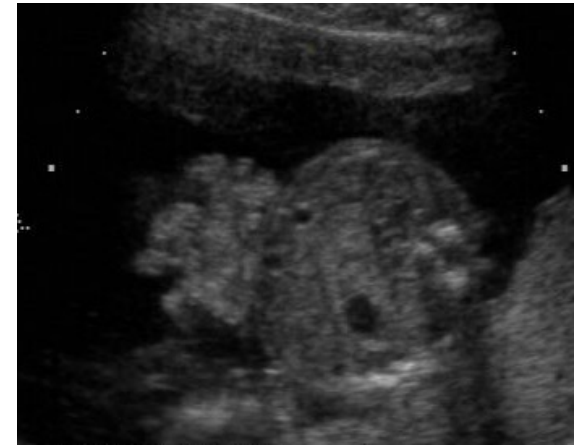
A



B



C



D

63. Sequential arrangement of order of appearance

- 1. Yolk sac**
- 2. Double bleb sign**
- 3. Double decidual sign**
- 4. Cardiac activity**

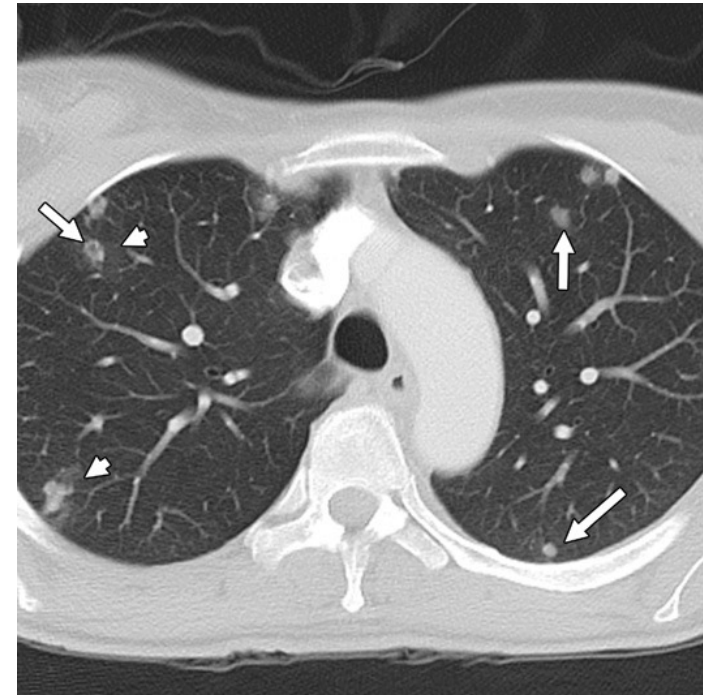
- A. 1-2-3-4**
- B. 3-1-2-4**
- C. 3-1-4-2**
- D. 3-2-1-4**

64. 28 year old postpartum woman complains of sore nipple. A lactation specialist evaluates and tells the patient that the baby's attachment is poor. All of the following are signs of good attachment during breastfeeding except ?

- A. Baby's chin is touching the breasts**
- B. Baby's lower lip is everted**
- C. Baby's mouth is wide open**
- D. Lower areola more visible than upper**

65. A 32-year-old woman presents to the emergency department with vaginal bleeding, pelvic pain, and shortness of breath. She reports having a molar pregnancy that was treated and resolved a few months ago. She initially had a complete molar pregnancy with dilation and curettage (D&C) performed to remove the abnormal tissue. Her human chorionic gonadotropin (hCG) levels were monitored and found to be persistently elevated. On examination, she appears pale and distressed. Her vital signs show tachycardia and tachypnea. Pelvic ultrasound reveals multiple, irregularly shaped masses in the uterus. HRCT is shown. What is the stage of her disease?

- A. 1
- B. 2
- C. 3
- D. 4



- Stage I - Disease confined to uterus
- Stage II -GTN extending outside uterus but limited to genital structures (adnexa, vagina, broad ligament)
- Stage III -GTN extending to lungs with or without known genital tract involvement
- Stage IV -All other metastatic sites

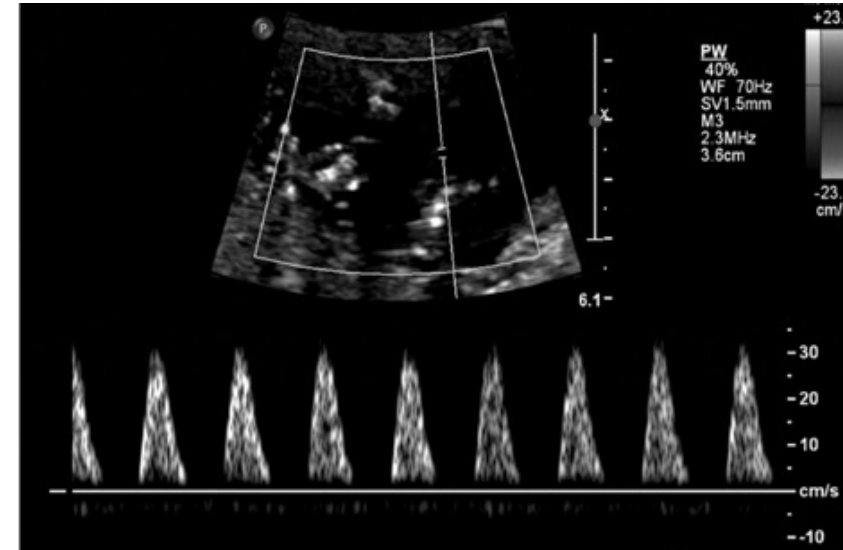
66. Which of the following statements regarding symmetrical and asymmetrical IUGR and ponderal index is correct?

- A. Symmetrical IUGR typically occurs due to placental insufficiency and results in a normal ponderal index.**
- B. Asymmetrical IUGR is often associated with a head-sparing effect and results in an increased ponderal index.**
- C. Ponderal index is calculated as weight in grams by cube of height in cm**
- D. Asymmetrical IUGR is primarily due to genetic factors and does not affect the ponderal index**

	Symmetrical	Asymmetrical
Etiology		
HC		
AC		
Ponderal index		
Prognosis		

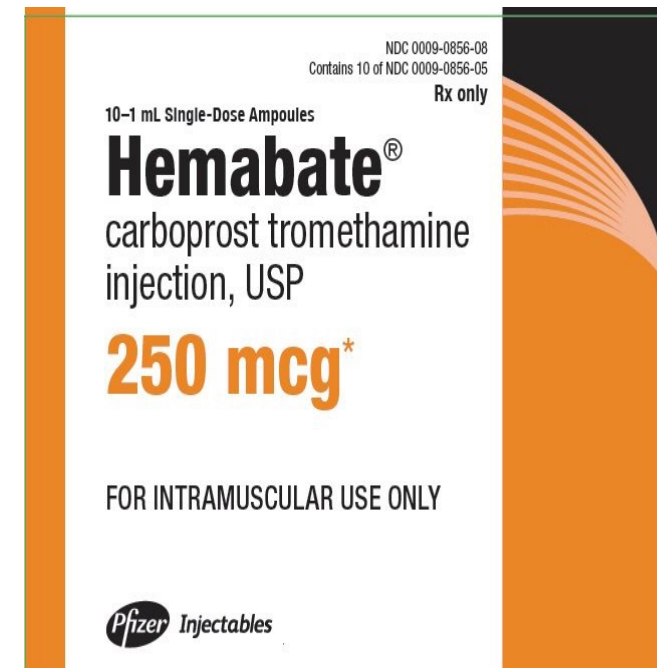
67. A 28 weeks pregnant female presents with the fetal distress on examination and the test performed is given below. What should be the next step in management?

- A. Immediate termination of pregnancy
- B. Give steroid cover and monitor with Doppler and BPP, and plan delivery
- C. Give steroid and take up for CS immediately
- D. Go for normal vaginal delivery as baby is very small



68. A 28-year-old woman, gravida 2 para 1, is admitted to the labor and delivery unit for the birth of her second child. Her pregnancy has been uncomplicated, and her prenatal care has been regular. She has a history of a previous vaginal delivery without complications. The labor progresses smoothly, and she delivers a healthy baby boy vaginally. However, during the third stage of labor the patient starts to experience profuse bleeding. The attending healthcare provider notices that the uterus is not contracting adequately. Vital signs reveal a drop in blood pressure, increased heart rate, and the patient appears pale. The shock index in the patient is 0.9. What is the maximum dose of the following drug in this scenario?

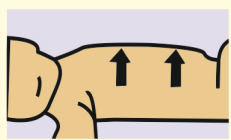
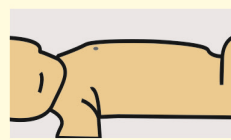
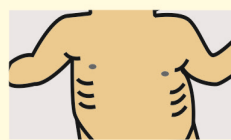


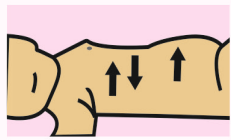
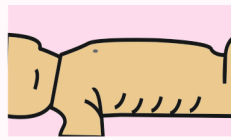
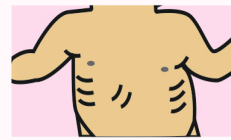

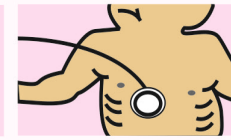
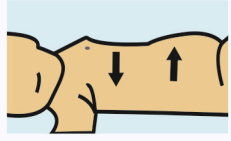
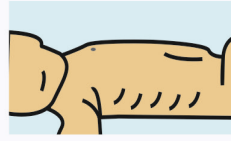
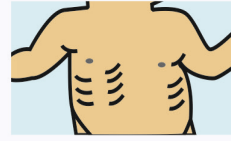

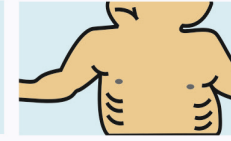
- A. 0.2mg
- B. 2mg
- C. 20mg
- D. 200mg



69. A 34-week gestational age male infant is born via vaginal delivery to a mother with a history of gestational diabetes. The infant exhibits rapid, labored breathing immediately after birth. Physical examination reveals grunting audible on auscultation, nasal flaring, and xiphoid and intercostal retractions with see-saw upper chest movements. The chest X-ray shows a ground-glass appearance of the lungs. What is the Silverman Anderson score for the child?

- A. 7**
- B. 8**
- C. 9**
- D. 10**

Neonatal respiratory distress

	UPPER CHEST MOVEMENT	LOWER CHEST RETRACTIONS	XIPHOID RETRACTIONS	NARES DILATATION	EXPIRATORY GRUNT
Grade 0	 Synchronized	 None	 None	 None	 None
Grade 1	 Lag on inspiration	 Just visible	 Just visible	 Just visible	 Heard with stethoscope
Grade 2	 See-Saw	 Easily seen	 Easily seen	 Easily seen	 Heard by ear
	Inspiratory			Expiratory	

Score	0	1	2
Respirate Rate	<60	60-80	>80
Cyanosis	None	No cyanosis with oxygen	Cyanosis with oxygen
Retractions	None	Mild	Moderate to severe
Grunting	None	Audible with stethoscope	Audible without stethoscope
Air Entry	Good	Decreased	Barely Audible

70. An Rh negative, ICT negative mother, received anti-D injection at 28 weeks of gestation. After child birth at 37 weeks, what should be done?

- A. Anti-D should be given within 72 hours irrespective of child's blood group**
- B. Anti-D should be given if direct Coombs test is positive**
- C. Anti-D should be given if the child is Rh negative**
- D. Anti-D should be given if the child is Rh positive**

71. A pregnant female with unknown POG presented with labor pains and minimal vaginal discharge, on analysis of the cervicovaginal discharge showed fibronectin. A fetal lung maturity test is ordered, and the results show an L/S (lecithin-to-sphingomyelin) ratio of 1.8. What should be the next step?

- A. Reassure about lung maturity and expectant management**
- B. Inj. betamethasone 12 mg for 2 doses 12 hours apart**
- C. Inj. betamethasone 12 mg for 2 doses 24 hours apart**
- D. Inj. dexamethasone 6 mg for 4 doses 24 hours apart**

72. An 8-year-old child presents with prolonged cough for 7 months, streaky hemoptysis for 1 month and fever for 4 days. Chest X-ray is shown below. What is the diagnosis?

- A. Congenital lobar hyperinflation**
- B. Lung abscess**
- C. Round pneumonia**
- D. Congenital thoracic malformation**



73. A 30-year-old G3P2 with 10 weeks of amenorrhea comes with an intrauterine pregnancy with intrauterine contraceptive device in situ. On pelvic examination, the string of the IUCD was visible at the cervical os. Patient wishes to continue pregnancy. What will you do?

- A. Leave IUCD and continue pregnancy**
- B. Terminate pregnancy because of high risk of infections**
- C. Continue pregnancy with use of antibiotics throughout pregnancy**
- D. Remove intrauterine contraceptive device**

74. A 3-year old child has diarrhea for 4days along with irritability and restlessness. There is no history of fever or blood in stools. On examination, eyes are sunken and skin pinch goes back slowly but within 2 seconds. On giving water, the child drinks readily. What will be the management of this patient?

- 1. Oral rehydration solution**
- 2. Salted rice water**
- 3. Tropicana fruit juice packets**
- 4. Zn 10mg/d for 14d**
- 5. Zn 20mg/d for 14d**
- 6. Oral ciprofloxacin**
- 7. Prebiotics**

- A. 1,2,3,4,6,7**
- B. 1,2,4,6**
- C. 1,2,5**
- D. 1,2,5,7**

75. Jennifer is pregnant with twins. She has a history of one live birth at beginning of 9 months and 2 abortions. What will be her obstetric score?

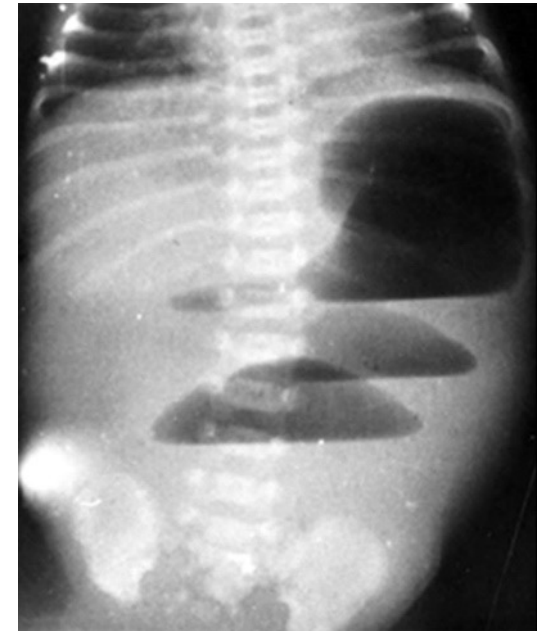
- A. G4P01A2L1**
- B. G4P10A1L2**
- C. G5P01A2L1**
- D. G5P10A2L1**

76. All of the following increase at full term in pregnancy except:

- A. Minute volume**
- B. GFR**
- C. Blood volume**
- D. Cardiac output**

77. A 3-day-old neonate presented with recurrent bilious vomiting. X-ray erect abdomen was done and is shown below, which of the following will be next step in the management of the given patient?

- A. CECT abdomen with oral contrast**
- B. Gastrograffin follow through.**
- C. USG abdomen**
- D. Exploratory laparotomy**



78. Match the following images with the correct name of the manoeuvre

- A. Pawlick grip
- B. Pelvic grip
- C. Rubin manoeuvre
- D. McRobert manoeuvre
- E. Ritgen manoeuvre
- F. Burns Marshall manoeuvre
- G. Mauriceau–Smellie–Veit maneuver



1

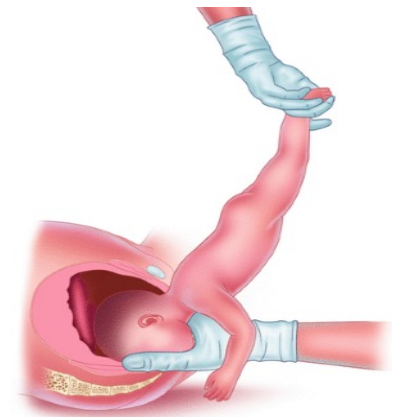


2

- a) A.1-D, 2-B, 3-G, 4-F
- b) 1-D,2-A, 3-E, 4-F
- c) 1-C,2-A, 3-G, 4-C
- d) 1-G,2-B, 3-C, 4-G

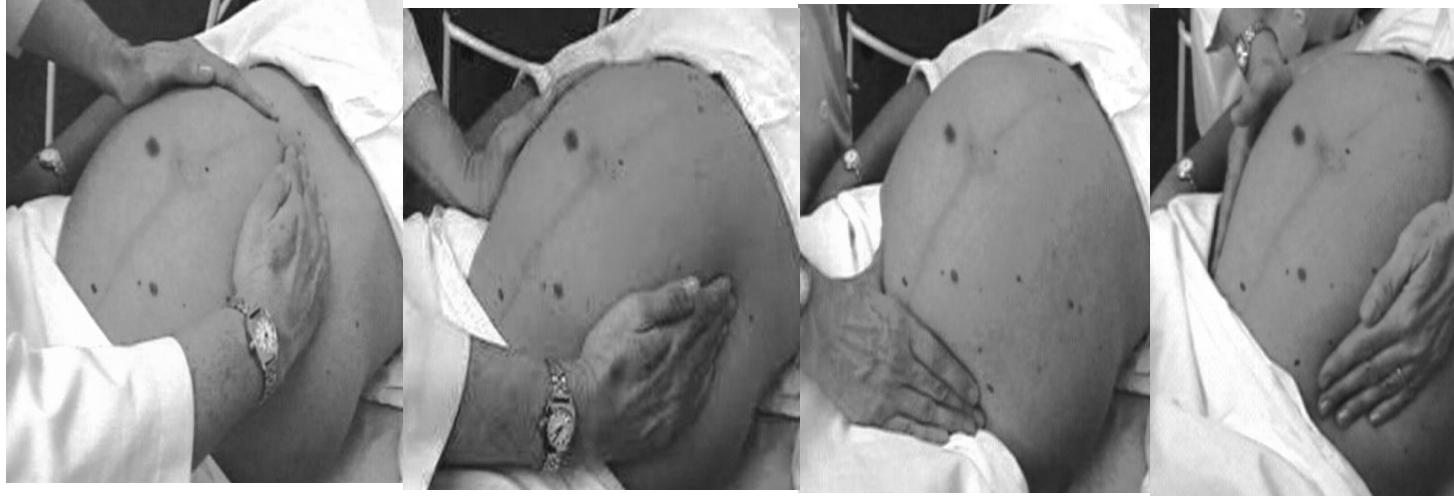


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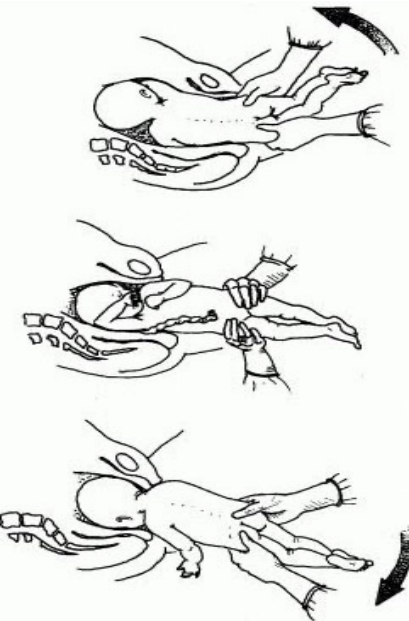


4

MANOUEVERS



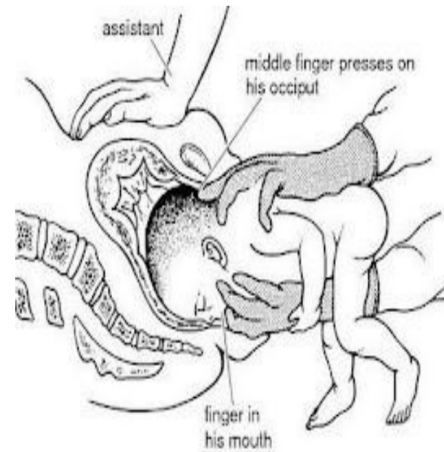
The McRoberts maneuver is the least invasive maneuver to disimpact the shoulders in shoulder dystocia. Position the patient in the extreme lithotomy position with the hips completely flexed (knee-chest position); this may free the anterior fetal shoulder.



Fetus is held by hip or bony pelvis

The fetus is rotated through 180 degrees to deliver the shoulder and arm

The fetus is rotated to the opposite direction so that the other shoulder and arm are delivered under the pubic symphysis



Rubin or reverse Wood's screw maneuver. 1, Rotate the posterior shoulder. 2, Deliver the rotated shoulder.

79. Match the incorrect pair

A. Umbilical polyp



A



B

B. Exstrophy bladder

C. Iniencephaly



C

D. Jeune's asphyxiating thoracic dystrophy



D

80. Which of the following options is incorrectly matched?

1. Prolapse in pregnancy: Ring Pessary
2. Vault prolapse - Sacrospinous ligament suspension
3. Cystocele - Colposuspension
4. Rectocele - Posterior colporrhaphy
5. Prolapse in a female who desires future child bearing-Shirodkar sling surgery
6. Prolapse in a 65 year old female with DM and hypertension-Le Fort's colpocleisis

- A. 4,5
- B. 3,6
- C. 2
- D. 3

Management:

Ring pessary, Kegels

Surgical:

-Obliterative (Colpocleisis) –Le Fort

-Reconstructive

Cystocele: Anterior colporrhaphy

Vaginal apex: Hysterectomy + US/SS ligament fixation

Rectocele: Colpoperinorrhaphy

Fertility preserving: Sling surgeries

Shirodkar/ Purandare/ Khanna: Cervix to sacrum/rectus sheath/ASIS

Uterus preserving: Fothergill/Manchester repair –Cervical amputation

81. An adolescent school girl complains of dropping objects from hands, it gets precipitated during morning and during exams. There is no history of loss of consciousness and cousin sister has been diagnosed with epilepsy. Which of the following statements is false?

- A. EEG shows 4-5 Hz polyspike and slow wave pattern**
- B. GABRA-1 mutation is associated**
- C. ACTH administration has been found to be useful**
- D. SSPE is a possible differential diagnosis**

82. 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. She also mentions experiencing chronic fatigue and gastrointestinal discomfort, including diarrhea and bloating, especially around her menstruation. Her menstrual flow is heavy, and she often misses work due to the pain. 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



MEDICAL MANAGEMENT IN ENDOMETRIOSIS

The aim is to create a state of amenorrhoea. If the patient doesn't bleed, the endometriotic lesions will resolve. This can be done by:

- Hormonal contraceptives (Combined oral contraceptive pills): Continuous use (Not cyclical i.e. not letting the patient bleed) for 3-6 months.
- Progesterone: Oral/ injectable/ LNG-IUS: These act by causing endometrial atrophy.
- GnRH agonist (Gonadotrophin-releasing hormone agonist): Creates a state of pseudo-menopause. If given long term, add back therapy is required.
- Drugs - GnRH analog (Leuprolide), Oral contraceptive pills, Letrozole, Danazol, Gestrinone, Antiprogestosterone-Mifepristone, Progesterone (Medroxyprogesterone acetate)

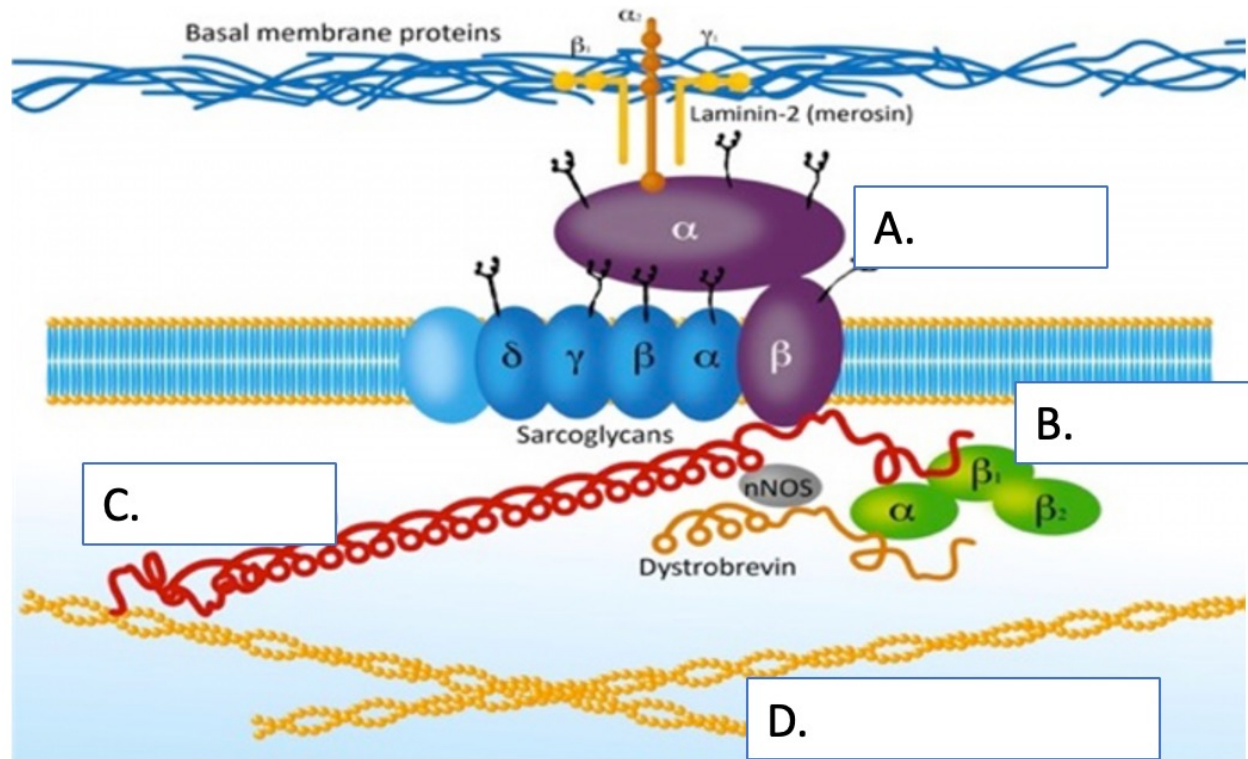
83. Identify the true statements

1. According to new WHO guidelines, the ideal number of antenatal visits are 8
2. Lash and Lash cerclage is performed in a nonpregnant female
3. First stage labor pain is mediated by T10 to L1 spinal segments
4. According to Kassowitz rule, if a woman with untreated syphilis has a series of pregnancies, the likelihood of infection of the fetus in later pregnancies becomes less.

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

- Labor pain is due to stimulation of nociceptors in the genital tract caused by ischemia.
 - First stage labor: Pain is mediated by T10 to L1 spinal segments. It is caused by distension of the cervix and low uterine segments along with isometric uterine contraction.
 - Second stage labor: Pain is carried by T12 to L1 and S2 to S4 spinal segments. It is caused by tissue damage in the pelvis and perineum

84. Identify the site affected in the disease for which the new drug Eteplirsen has been recently approved

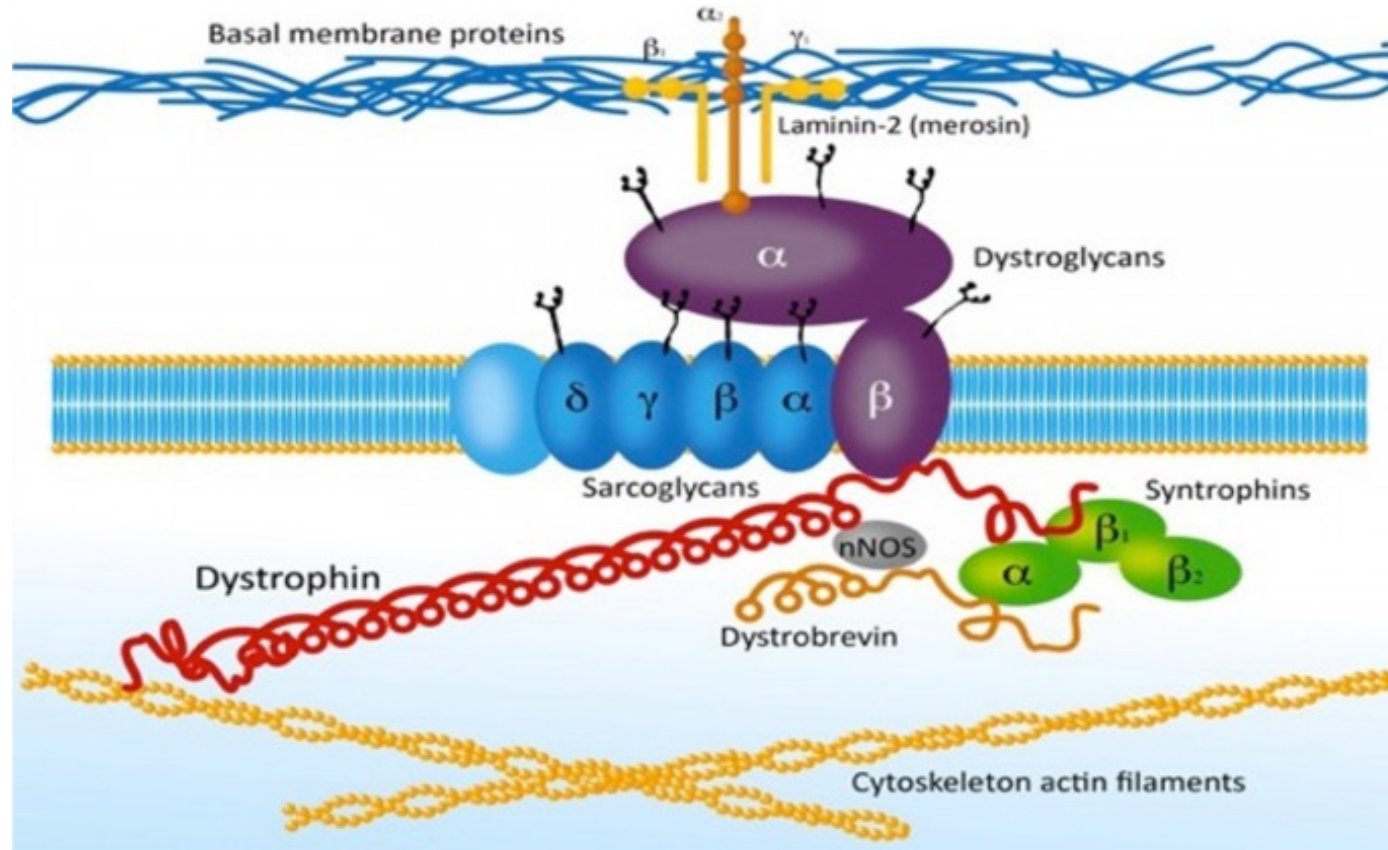


A. A

B. B

C. C

D. D



85. All of the following are true regarding the recommended HPV vaccination schedule according to WHO SAGE except:

- A. 1 or 2 doses schedule for the primary target of girls aged 9-14 years.**
- B. 1 or 2 doses schedule for young women aged 15-20 years.**
- C. 2 doses with a 6-month interval for women older than 21 years.**
- D. 1 or 2 doses for immunocompromised individuals**

86. Arrange the following steps of dilation and curettage in sequence?

1. Serial dilation
2. Curettage
3. Uterine sound
4. Assessment of uterine size and direction

Options:

- A. 4-3-2-1
- B. 4-2-3-1
- C. 4-3-1-2
- D. 4-1-2-3

87. A 2-year-old child is brought to the emergency department with a high fever with rash, redness and swelling of the hands and feet, and cracked lips. The child has been irritable and fatigued for the past few days. On examination, the child has bilateral conjunctival injection and cervical lymphadenopathy. Which of the following statements is false?

- A. IVIG and aspirin is treatment of choice**
- B. MMR and varicella vaccines should be avoided at this time**
- C. Avoid Influenza shots due to risk of Reye syndrome**
- D. Follow-up ECHO is recommended in all cases**

88. 34-year-old G2P1 patient was admitted to the labor room in labor at 38 weeks of gestation. On examination, infra-umbilical flattening was noted with FHS in flank. The most appropriate management would be?

- A. Emergency caesarean section**
- B. Wait and watch for progress of labour**
- C. Early rupture of membranes**
- D. Start oxytocin drip**

89. A female presents to OPD with 6 weeks of amenorrhea complaints of bleeding per vagina and mild abdominal pain. The urine pregnancy test is positive and hCG level is 2800 IU/L. On investigation, mass is seen on the left adnexa measuring 3 x 2 cm. She is hemodynamically stable. How will you manage this patient?

- A. Oral methotrexate**
- B. Single-dose methotrexate injection**
- C. Serial methotrexate + leucovorin rescue**
- D. Salpingectomy**

90. What are the components of Nada's Minor Criteria?

- 1. Systolic murmur Grade 3**
- 2. Diastolic murmur**
- 3. Abnormal second heart sound**
- 4. Abnormal BP**

Options

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

NADA'S CRITERIA

MAJOR

1. Systolic murmur Grade ≥ 3
2. Diastolic murmur
3. Cyanosis
4. Congestive Heart Failure

MINOR

1. Systolic murmur \leq Grade 2
2. Abnormal Second heart sound
3. Abnormal ECG
4. Abnormal Chest Xray
5. Abnormal Blood pressure

91. A pregnant lady delivered a male baby on her way to the hospital. On reaching the hospital, the umbilical cord is cut, placenta delivered and the baby was handed over to the pediatrician. On examination, you note a perineal tear in which the 75% of external anal sphincter is disrupted. What is the classification?

- A. 2**
- B. 3a**
- C. 3b**
- D. 4**

First degree	Injury to perineal skin only
Second degree	Injury to perineum involving muscles but not the anal sphincter
Third degree	Injury to perineum involving the anal sphincter complex
III a	Less than 50% of External anal sphincter (EAS) torn
III b	More than 50% of EAS torn
III c	Both EAS and Internal anal sphincter (IAS) torn
Fourth degree	Injury to the perineum involving the anal sphincter complex (EAS and IAS) and

92. A 34-year-old woman who recently delivered a full-term baby presents to the emergency department with complaints of persistent fever, lower abdominal pain, and increasing tenderness over the past few days. She delivered her baby via an uncomplicated vaginal delivery two weeks ago. She has been feeling generally unwell since the delivery, with fatigue and malaise. On examination, the patient appears pale and febrile. Lower abdominal tenderness is noted, particularly on palpation of the uterine fundus. There is also localized redness and warmth over the lower abdomen. Her vital signs reveal an elevated heart rate and temperature. Laboratory tests show an elevated white blood cell count, and imaging studies such as ultrasound and computed tomography (CT) scan 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**

93. Which of the following increase the risk of recurrence of febrile seizures?

1. Age <1 year
2. Temperature of 38-39°C
3. Duration of fever <24 h
4. Duration of fever >48 h

Options:

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

Table 611.5**Risk Factors for Recurrence of Febrile Seizures*****MAJOR**

Age < 1 yr

Duration of fever < 24 hr

Fever 38-39°C (100.4-102.2°F)

MINOR

Family history of febrile seizures

Family history of epilepsy

Complex febrile seizure

Daycare

Male gender

Lower serum sodium at time of presentation

*Having no risk factors carries a recurrence risk of approximately 12%; one risk factor, 25–50%; two risk factors, 50–59%; three or more risk factors, 73–100%.

94. Identify the incorrect pair of contraceptive dosages

- A. Ullipristal for emergency contraception-30mg single dose**
- B. LNG for emergency contraception 1.5mg two tablets repeated after 12hrs**
- C. DMPA 150mg im 3 monthly**
- D. Mirena 52mg LNG with 20ug/d release**

95. Examination of a patient with cervical carcinoma revealed a cervical lesion of 6 cm, extending to the upper part of the vagina and parametrium. What is the preferred management for the patient?

- A. Conization**
- B. Modified radical hysterectomy with Pelvic lymphadenectomy**
- C. Chemoradiation**
- D. Palliative RT**

CA CERVIX

I

II

III

IV



96. A child presents with cold feet and a history of wearing socks even in the summers. On examination, lower limb pulses are diminished as compared to the radial pulse. Prominent radio femoral delay is present. What is the underlying condition?

- A. Pre-ductal coarctation of aorta**
- B. Coarctation distal to the origin of the left subclavian artery**
- C. Supply is from posterior to anterior thoracic artery.**
- D. Collaterals develop to supply upper limb.**

97. 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**

98. All of the following are true except:

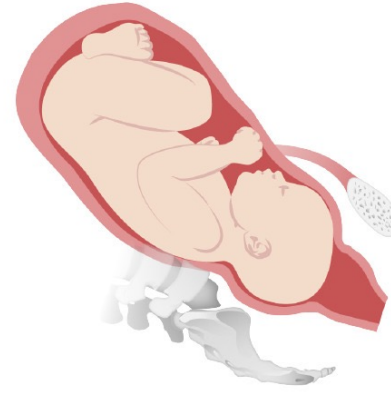
- A. The cardinal movements in the mechanism of labor are Engagement -> Crowning -> Flexion -> Restitution -> Internal rotation**
- B. cOCPS have no role in protection against HIV and STDs**
- C. Warning bleeds are a feature of placenta previa**
- D. An upper segment cesarean section is done in case of perimortem cesarean section if there is no return of spontaneous circulation in 5 minutes in a pregnant woman who has experienced total cardiopulmonary arrest**

• The cardinal movements in the mechanism of labor are

- Engagement
- Descent
- Flexion
- Internal rotation
- Extension (preceded by crowning)
- Restitution
- External rotation
- Expulsion of rest of the body



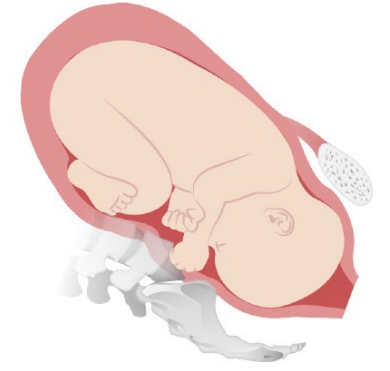
Engagement



Descent



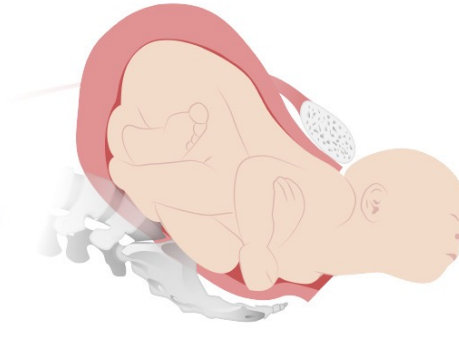
Flexion



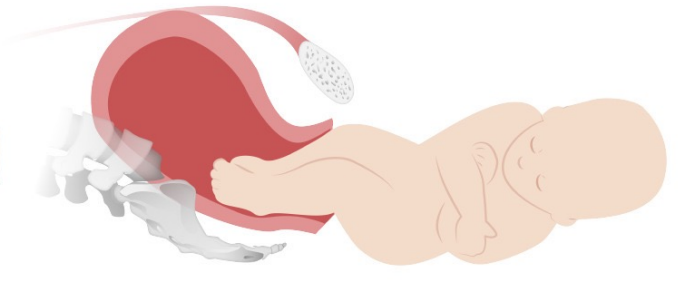
Internal rotation



Extension



External rotation



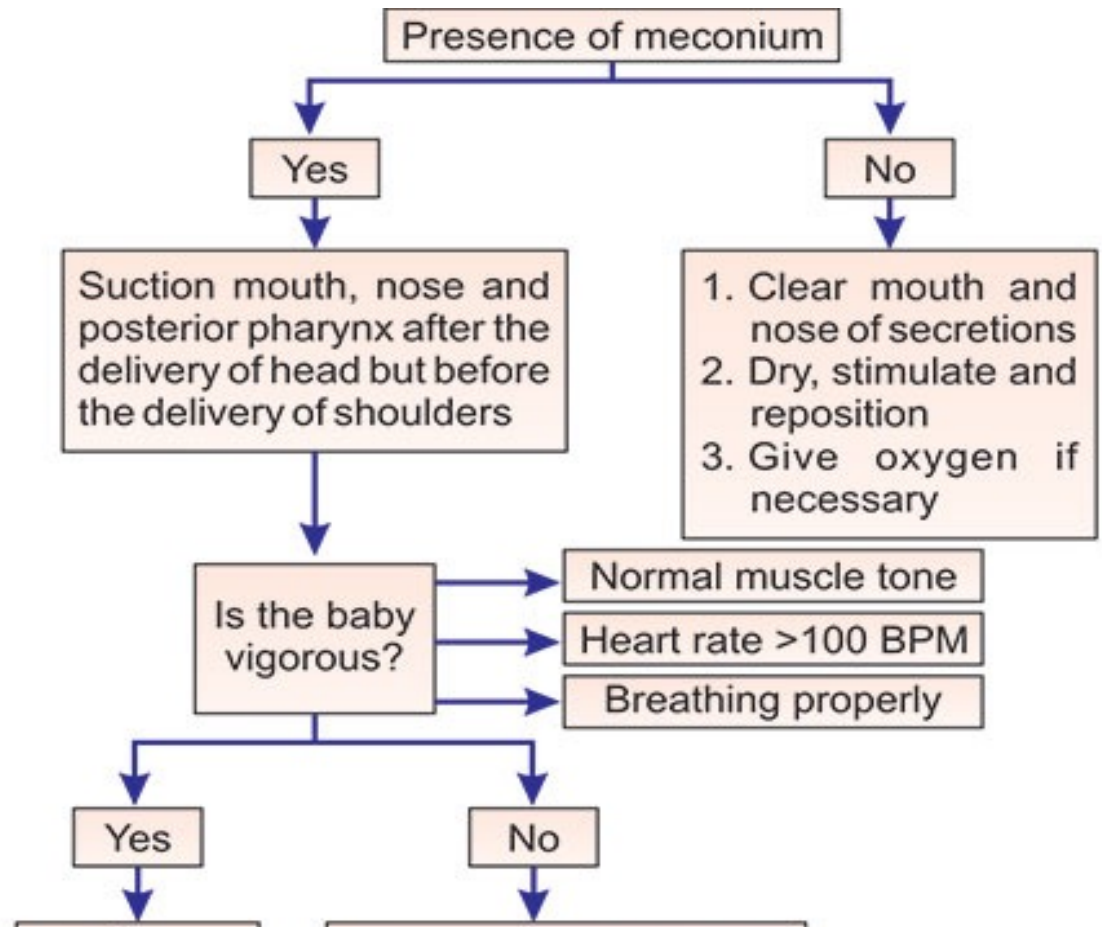
Expulsion

99. Identify the correct statements:

- 1. GH does not play a role in the growth of the fetus**
- 2. Arm span can be used as a substitute for baby's US:LS ratio**
- 3. Child attains half the adult height by 12-15 months**
- 4. In resuscitation of a baby with MSL, routine gastric aspiration and intra-tracheal suction should be avoided**

Options

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



100. The following milestone is seen at what age?

- A. 15 Months**
- B. 18 Months**
- C. 24 Months**
- D. 36 Months**



Thank You

OBG-Pediatrics BTR Test

Dr. Zainab Vora

1. Identify true statements:

1. IODM is at risk of hypoglycemia, hypocalcemia and ~~hypermagnesemia~~
2. Germinal matrix hemorrhage is seen in preterm babies
3. KMC can be done in any baby >2500g in weight
4. A paladi is useful for feeding baby 34-37 weeks of age

Options;

A. 1,2,3

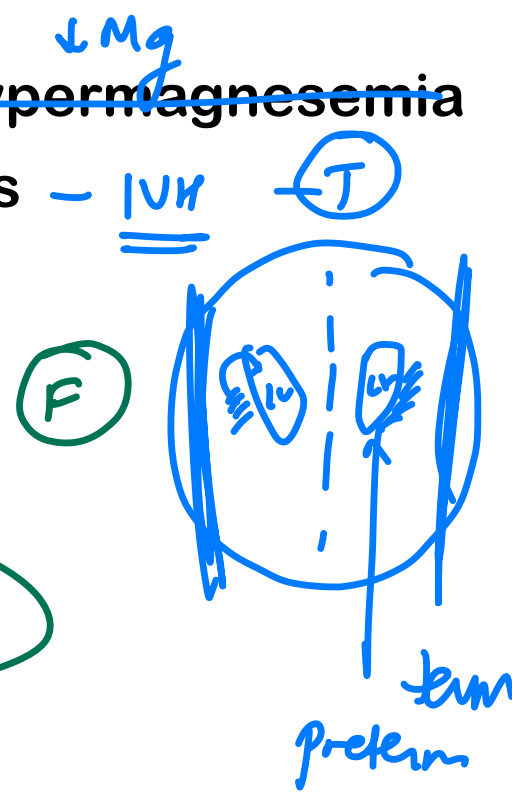
B. 1,3,4

C. 3

~~D. 2~~

>34wks - Bf

32-34



Gestational age	Maturation of feeding skills	Initial feeding skills
<28 weeks	Inadequate sucking efforts Lack of gut motility	IV fluids
28-31 weeks	Sucking burst develop Lack of coordination between suck, swallow and breathing	Orogastric or nasogastric feeding
32-34 weeks	Coordination between breathing and swallowing begins	Spoon feeding / Paladi
>34 weeks	Mature sucking pattern	Breastfeeding

Early discharge, skin-to-skin contact, and exclusive breastfeeding are components of Kangaroo Mother Care(KMC).

Eligibility criteria for KMC:

- A. Indicated for all hemodynamically stable low birthweight babies >1800g
- B. KMC is not necessary once the baby attains 2500g of weight or 37 weeks of gestation

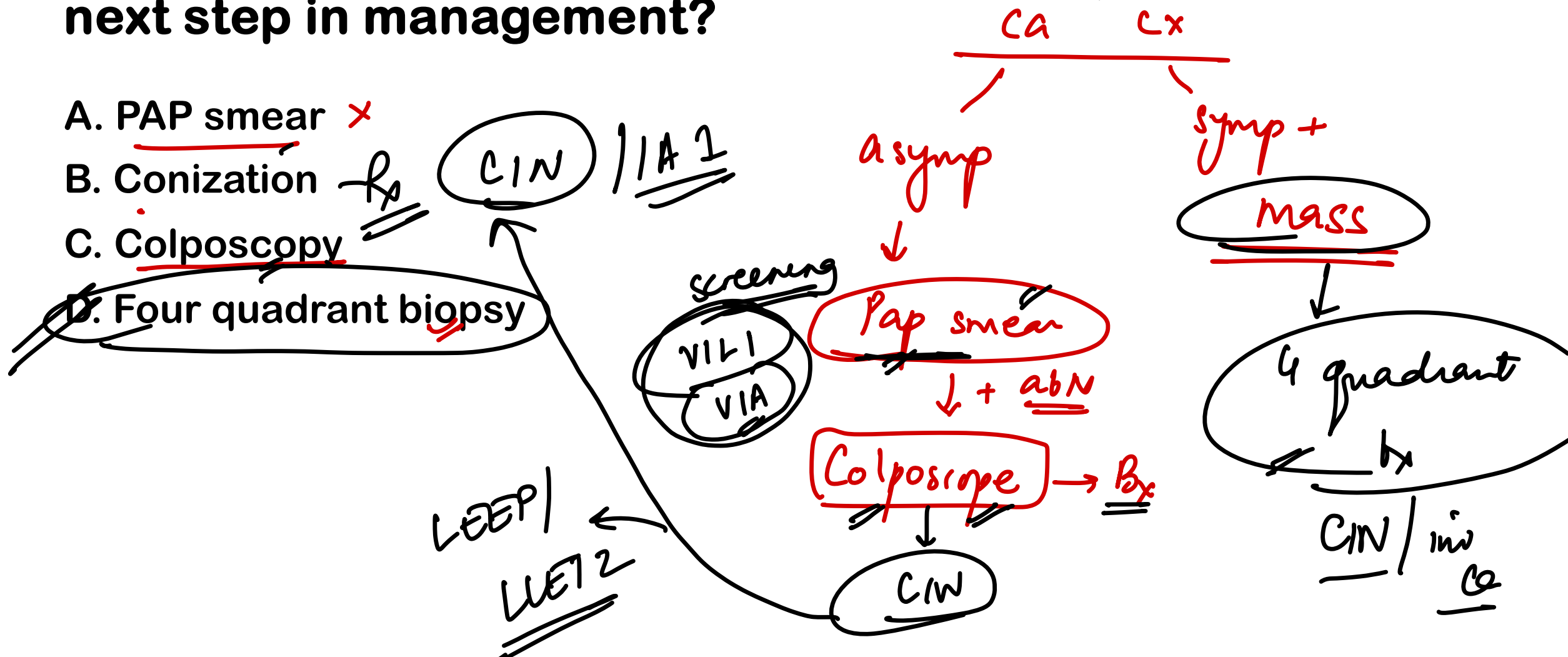
2. A 45-year-old lady presents with post-coital bleed. On examination, there is presence of cervical hypertrophy and anterior erosion with a healthy vagina. What will be next step in management?

A. PAP smear ~~x~~

B. Conization ~~is~~

C. Colposcopy

~~D. Four quadrant biopsy~~



3. Identify the incorrect pair

A. Dysgerminoma

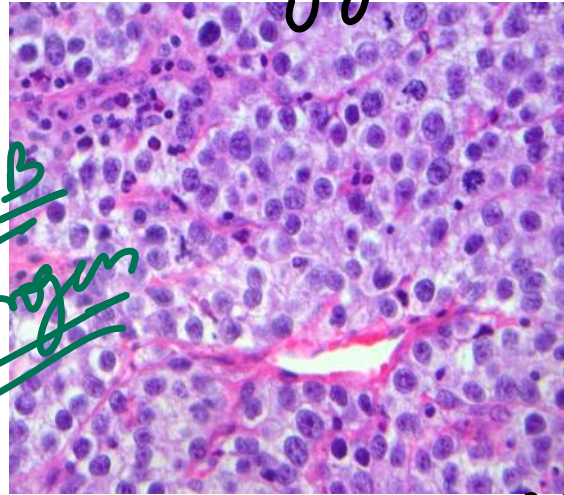
B. Granulosa cell tumor

C. Teratoma

~~D. Embryonal cell tumor~~

CD 30 +

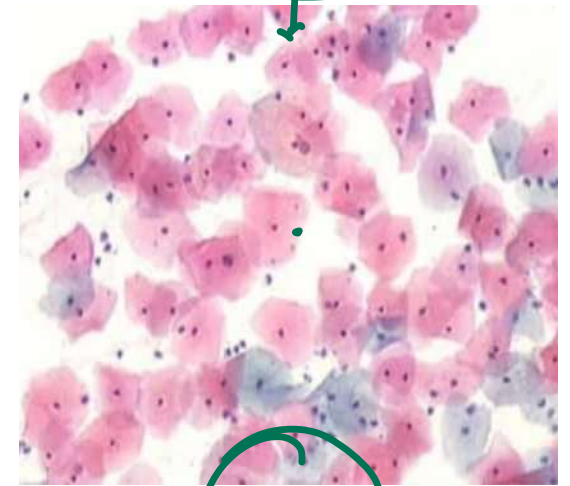
Dysgerminoma



PP / PMB
estrogen

A most radiations

T Estrogen

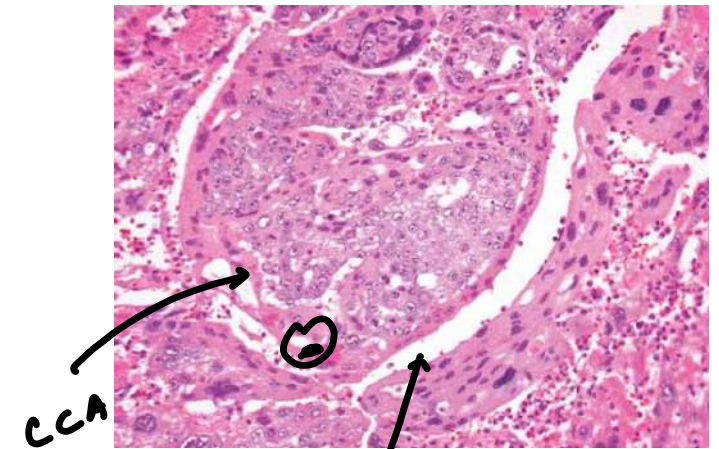


B



Hair
Seb cyst

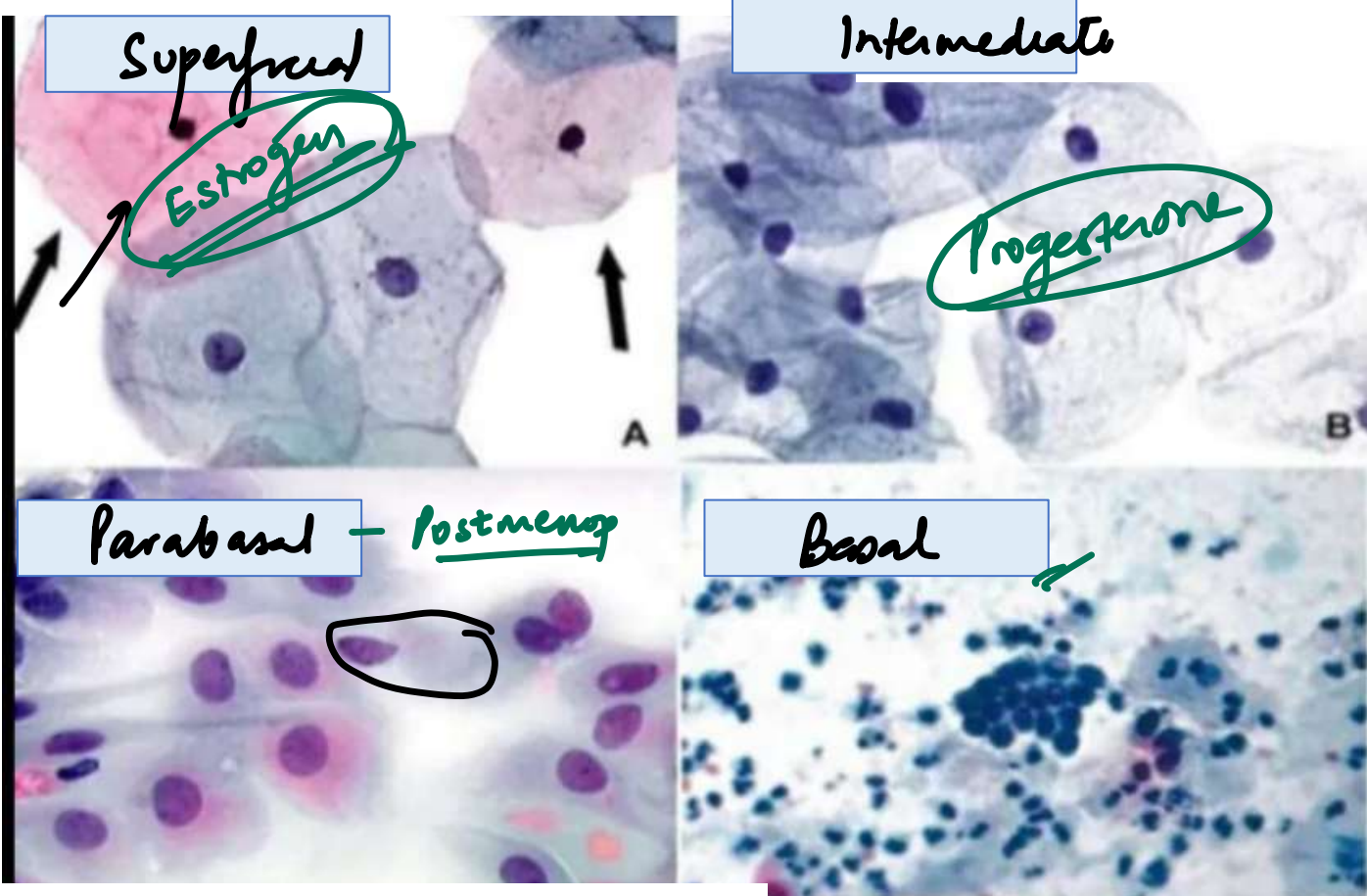
C



CCA

D

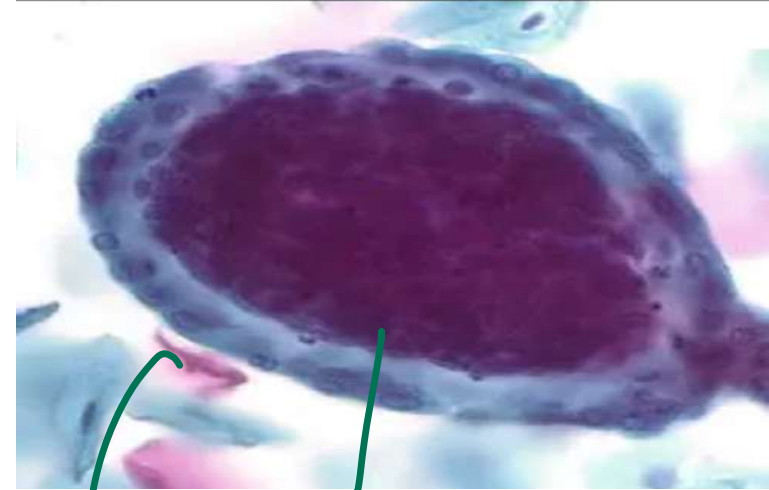
D



PAP
SMEAR



Butterfly or a fence
endocervical cell



exocervical cell
endometrial cell

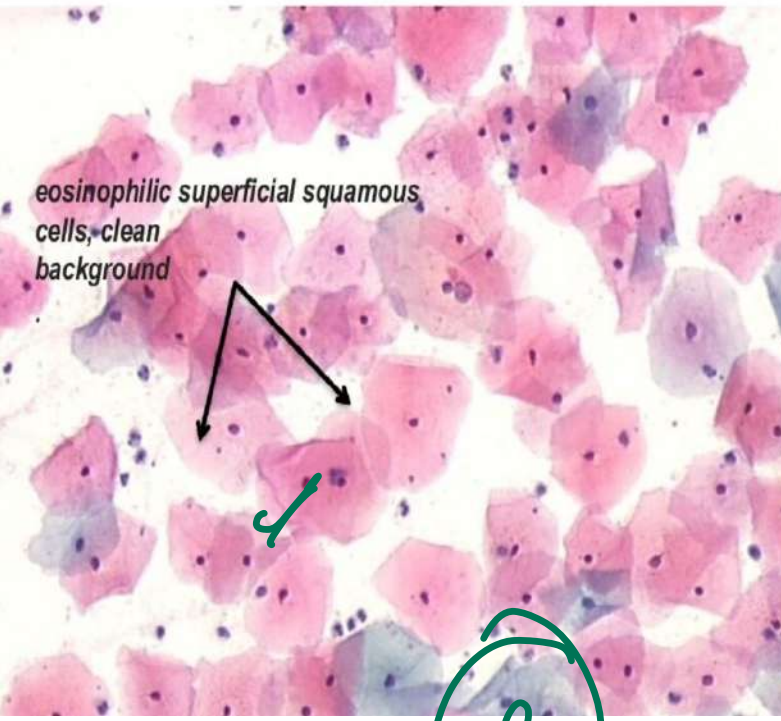
Maturation index

- It is count of the parabasal cells, intermediate and superficial cells .
- (P : I : S)
- In a normal menstruating woman during ovulation the menstruation index will be 0/35/65. → Estrogen
- In postmenopausal it will be 85/15/0. P I S

"S I P B"

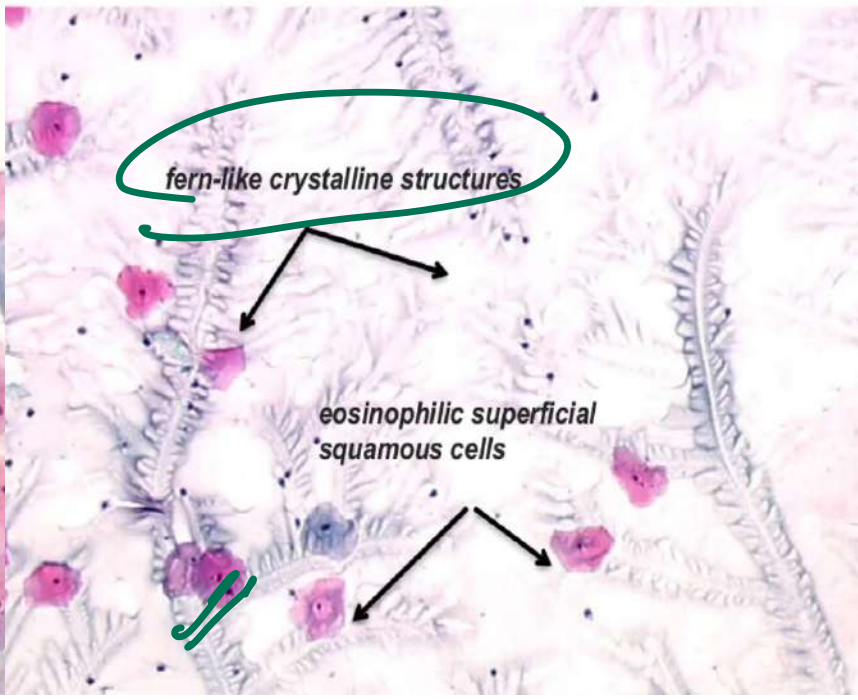
P : I : S

ESTROGEN PHASE

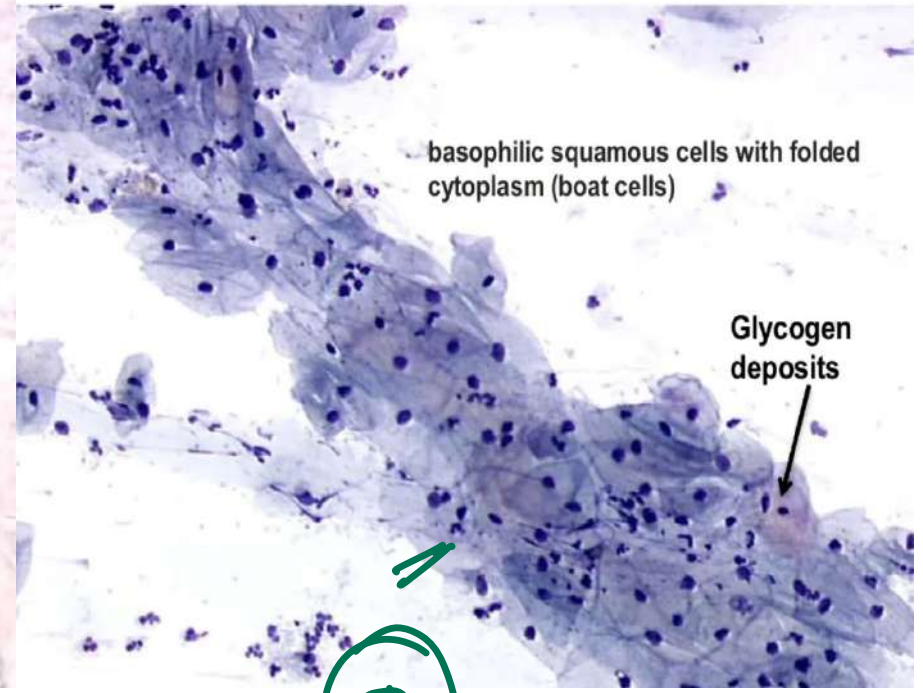


5

OVULATORY SMEAR



PROGESTERONE PHASE



1

4. A 6 month old baby is brought to you for developmental assessment. The baby was a preterm born at 32 weeks of gestation. Failure to see which of the following is a sign of developmental delay in the baby?

- A. Mirror play - 6 mos
- B. Rolling - 4 mos
- C. Recognising mother - 3 mos
- D. Laugh out loud - 4 mos

37 w/g →

8 w/g - 2 mos

$$\text{Corrected age (weeks)} = \text{GA} + \text{postnatal age} - 40$$

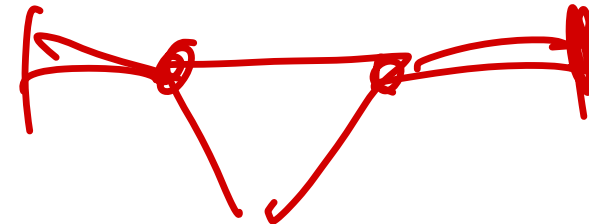
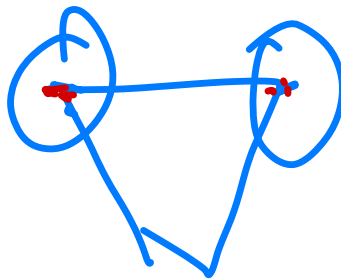
5. What is the next step in management of a 32-year-old woman with a 5-year history of **primary infertility** with bilateral **tubal block** seen at - cornua on hysterosalpingogram?

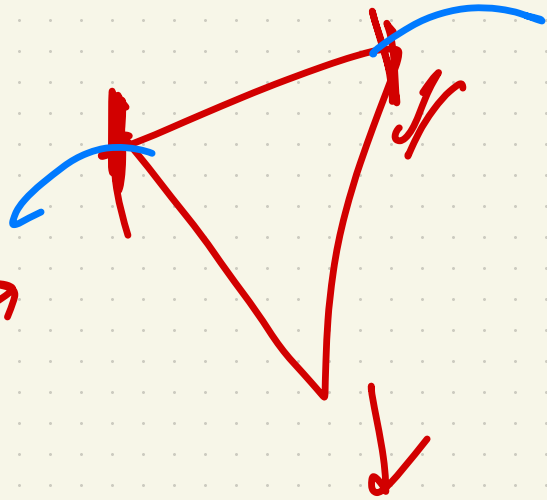
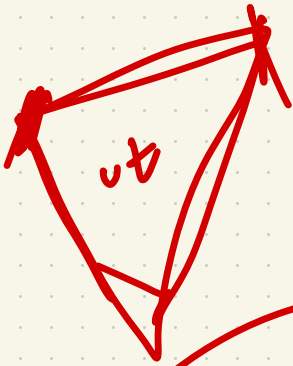
- A. Tuboplasty xx
- B. In vitro fertilization xx
- C. Hysteroscopy + Laparoscopy
- D. ~~Repeat examination on a later date with pre-treatment with ibuprofen~~

Initial → HSG ↯
IOL → Lap + Hysterosc.

NSAID

Physiological conchal spasm





Conical block /

spaces

me

6. 14-year-old girl presented with primary amenorrhoea. On physical examination, her breast and areola are enlarged with a secondary mound. What is the sexual maturity rating in this girl?

- A. SMR stage 2
- B. SMR stage 3
- C. SMR stage 4
- D. SMR stage 5

Tanner stage	Male genital appearance	Male genital description	Female pubic hair appearance	Pubic hair description	Breast appearance	Breast description
1		Testicular volume <3ml		No pubic hair		Elevation of papilla only
2		Testicular volume <3ml, change in texture to scrotal skin		Sparse growth chiefly along the labia/base of penis		Breast bud stage
3		Increase in size of penis with further testicular enlargement		Darker, coarser, more curled hair		Enlargement of breast and areola
4		Further enlargement of penis and testicles with development of glans penis		Adult type hair over a smaller area		Projection of the areola and papilla
5		Adult size and shape		Spread to the medial surface of the thighs		Recession of the areola to the contour of the breast, projection of papilla only

Elevation of papilla only

Breast bud stage

Enlargement of breast and areola

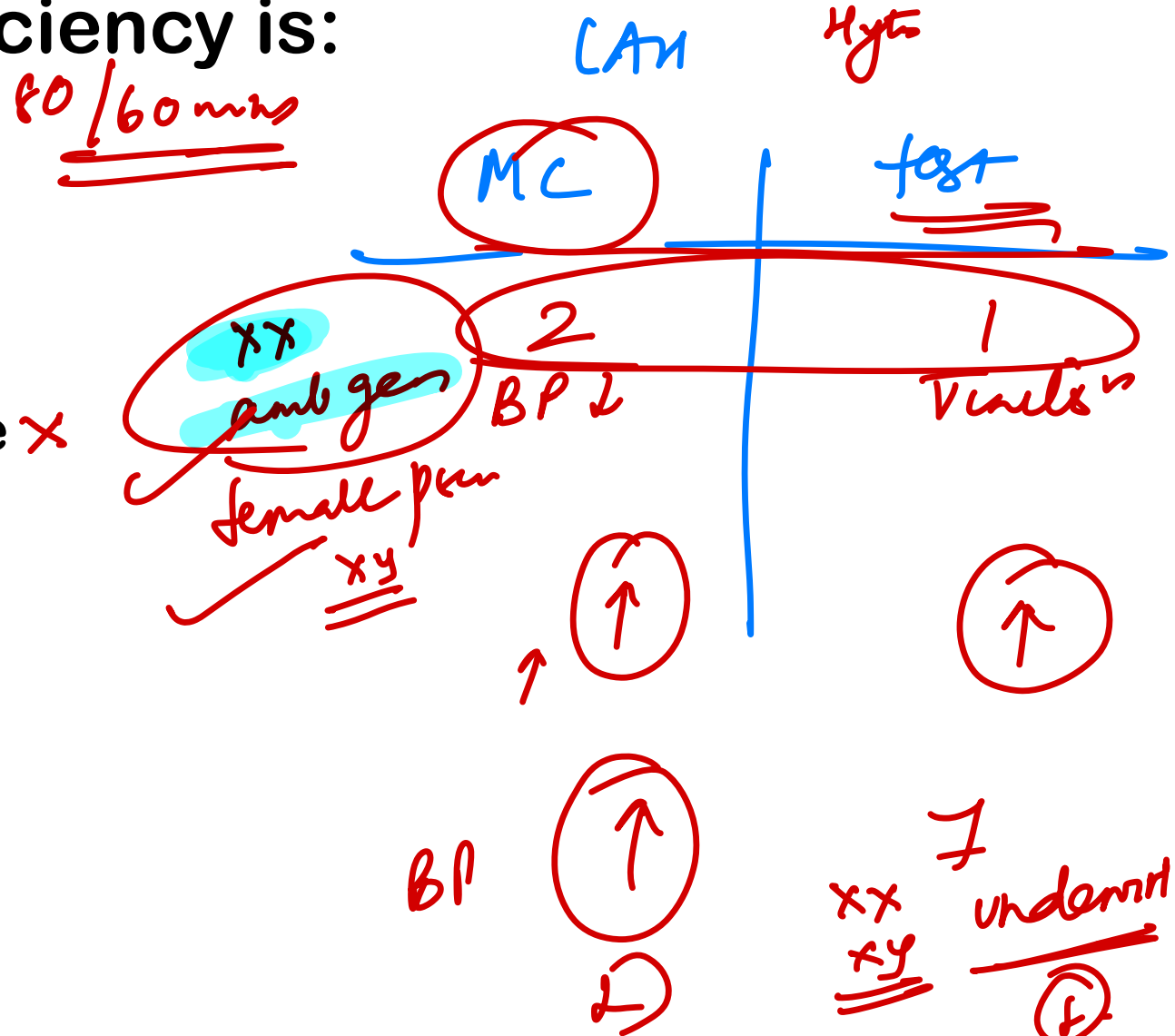
Projection of the areola and papilla

-2° mound

5

7. A 5-day-old child with 46 XY karyotype and ambiguous genitalia presents with BP of 120/80 mmHg.
 The most likely enzyme deficiency is:

- A. 21-Hydroxylase ~~X~~
- B. 11-Hydroxylase ~~X~~
- C. 17-Hydroxylase
- D. 3 β -Hydroxysteroid dehydrogenase ~~X~~

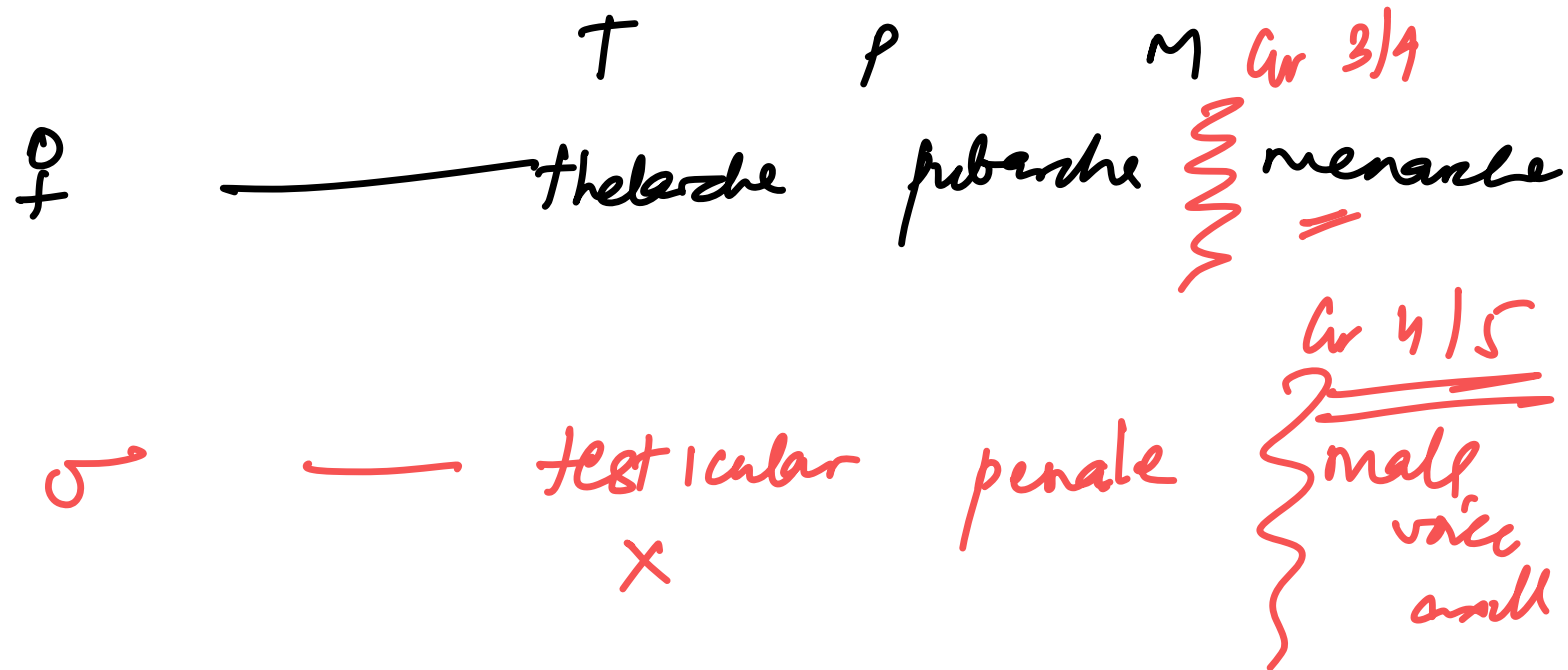


8. Identify the correct statements:

1. Thelarche is the first sign of puberty in females. (T)
2. Maximum growth occurs in Tanner stages 4 and 5 in males (T)
3. Penile enlargement is the first sign of puberty in males x
4. Peak growth velocity always precedes menarche in females (T)

Options;

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



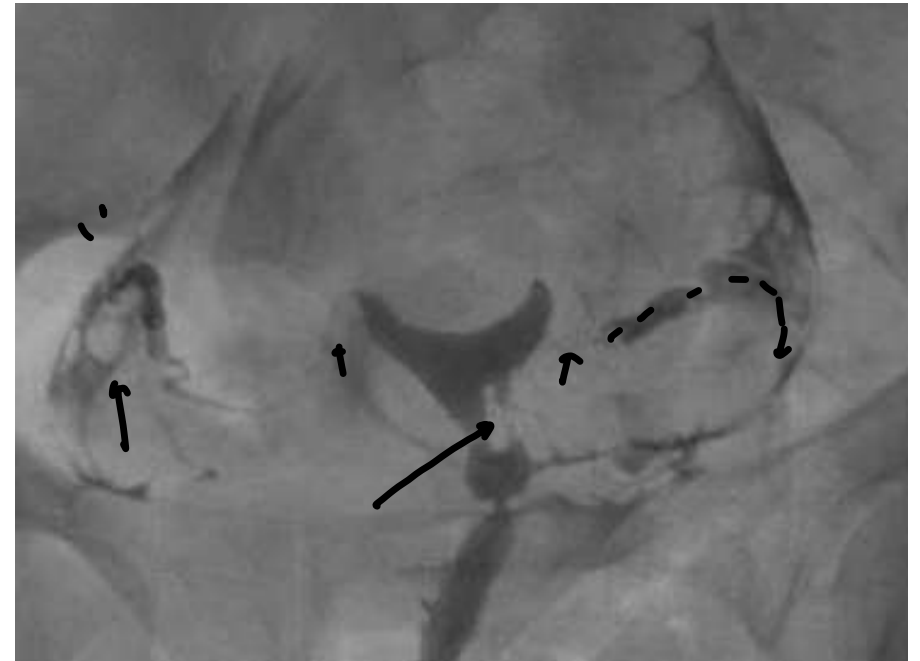
9. A 32-year-old woman presents to AIIMS OPD with complaints of amenorrhea for the past six months. She has a history of two previous pregnancies, both of which resulted in miscarriages followed by **dilation** and **curettage** procedure after her last miscarriage. Physical examination reveals a normal BMI. **She has a past history of pulmonary TB for which she completed ATT.** She underwent a HSG which is shown here. Which of the following is the most likely diagnosis in this patient?

A. Polycystic Ovary Syndrome (PCOS)

B. GU TB ✘

~~C. Asherman Syndrome~~

D. Endometriosis



10. A 28-year-old nulliparous woman being evaluated for infertility comes to the office due to clear vaginal discharge for the past 2 days. The patient and her partner have been trying to conceive for the past months. Menstrual cycles occur every 29 days with 4 days of flow. Last week, she took penicillin for a sore throat. The patient has no medical issues and has had no surgeries. She takes a daily prenatal vitamin. Pelvic examination shows clear mucus at the cervical os. Which of the following is the most likely explanation for this patient's discharge?

A. Bacterial vaginosis

B. Candidiasis

C. Cervical mucus plug

D. Ovulation

~~Malodour~~

~~Erythema~~

~~Itching~~

11. Identify the correct statements:

1. Social smile – 2months

(T)

2. Walk without support -12months – 15m

3. Babbling gibberish-15months

Jargon = 15m

(T)

4. Walk upstairs with alternate foot – ~~4yrs~~ 3yr

5. Copy a circle-2yrs 3yr x

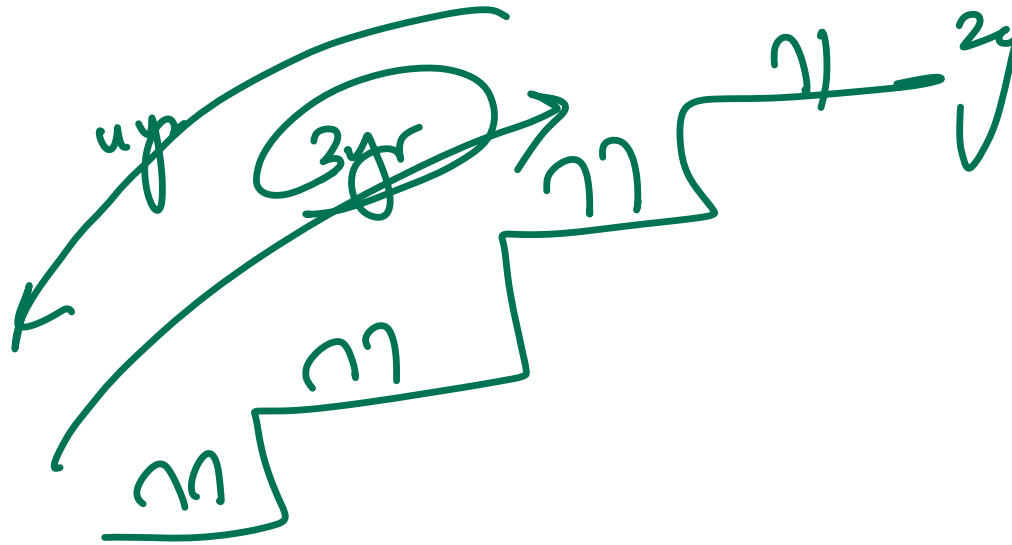
Options;

A. 1,2,3,4

B. 1,3,4,5

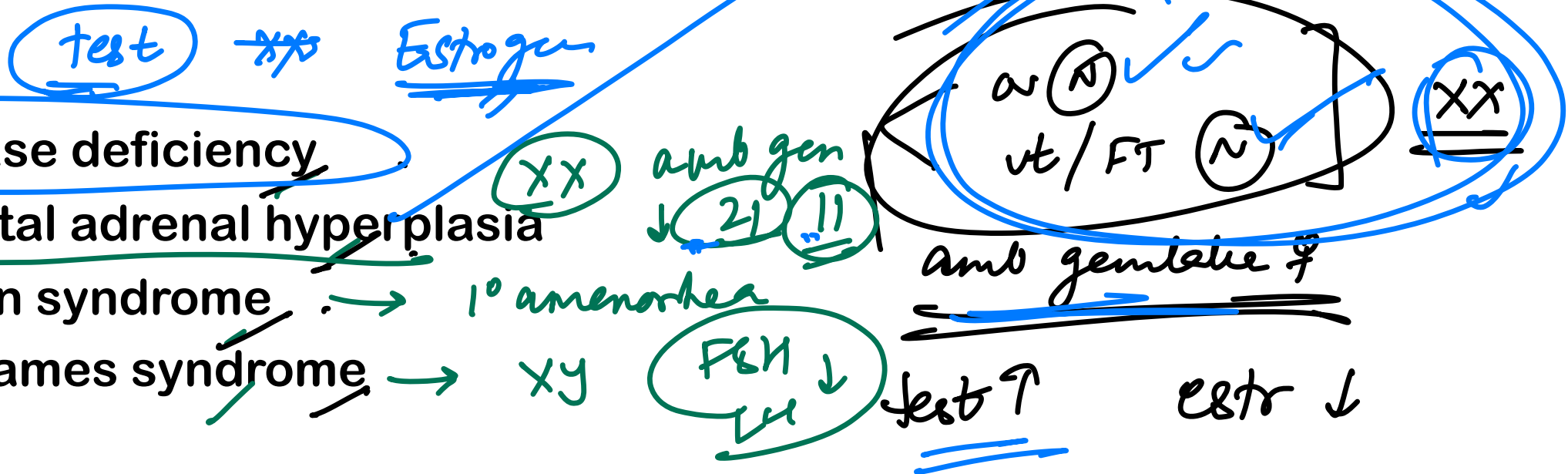
~~C. 1,3~~

D. 1,3,5



12. An 18-year-old woman comes to the OPD after fracturing her distal radius when she fell off a chair. 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. She has never had a menstrual cycle. 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. Estradiol and estrone are undetectable in the serum. 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



Androgen R

AIS / TFS

46 XY

No uterus / FT x

Female external genitalia

IF not purely female: Partial

Breast present

No axillary pubic hair xT

Testosterone high



Female pseudohermaphrodite: XX E amb

CAH: 21 > 11

Aromatase deficiency

MALE PSEUDOHERMAPHRODITE



46 XY

Streak testes

No ovary x

Rudimentary uterus and FT

Female external genitalia

No breast x

No axillary pubic hair x

Testosterone low



XY

5 α reductase

46 XY

Testes present

Male internal genitalia

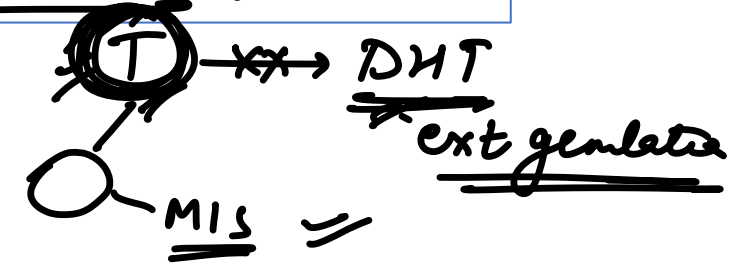
Female external genitalia

Virilisation at puberty:

Acne, male axillary and pubic hair, clitoromegaly

CAH

17 α OH
3β HSD



13. Identify the correct diagnosis with the given constellations of findings:

1. Microcephaly, small palpebral fissures, and absent philtrum	A. DiGeorge syndrome <i>↓ T cell / ↓ Ca²⁺</i>
2. Hepatosplenomegaly, microcephaly, periventricular calcifications	B. Congenital CMV
3. GU abnormalities, cyanosis on feeding, Conotruncal abnormalities <i>choanal A</i>	C. Congenital Toxoplasmosis
4. Oligohydramnios, pulmonary hypoplasia	D. Congenital Rubella
	E. CHARGE
	F. VACTERL
	G. Potter sequence
	H. Pierre Robin sequence
	I. Fetal alcohol syndrome

Options;

A. 1-A, 2-B, 3-F, 4-G

B. 1-I, 2-B, 3-F, 4-H

C. 1-A, 2-C, 3-E, 4-G

D. 1-I, 2-B, 3-E, 4-G

CHARGE Syndrome

- Coloboma
- Hheart disease (TOF, PDA, DORV, VSD, ASD, Right Aortic Arch)
- Atresia choanae
- Retarded growth (CNS anomalies)
- Genital anomalies (hypogonadism)
- Ear anomalies



14. A 49-year-old woman, gravida 5 para 5, comes to the office due to urine leakage. Over the last 2 months, the patient has had constant urinary leaking, requiring her to wear a pad day and night. She has no dysuria, urgency, or vulvar pruritis. The patient has type 2 diabetes mellitus that is well controlled with oral medication. Two years ago, she received brachytherapy and external-beam pelvic radiation for cervical cancer. BMI is 43 kg/m. Pelvic examination shows no urethral leakage with Valsalva. There are postradiation changes and a pool of clear fluid in the vagina. Postvoid residual volume is 20 mL. Urinalysis results from catheterization are as follows:

Specific gravity-1.004

Blood-trace

Glucose-negative

Leukocyte esterase negative

Nitrites-negative

Bacteria-few

White blood cells- 1-2/hpf

Which of the following is the most likely cause of this patient's symptoms?

A. Aberrant connection between the bladder and vagina

B. Diminished contractility of the bladder detrusor

C. Excessive involuntary detrusor muscle spasms

D. External compression of the urethral outlet

750-1000 ml

VUF

OAB / overflow

urgency

overflow

VVF

OAB/ Urge incontinence

Overflow incontinence

Stress urinary incontinence

Cont dribbling

- Swab test
- O-victer
- O-bladder
- O-urethra

URGENCY
⊕⊕

dehiscer xx
↑ ↑
mass
compressible NGB
sc

sneezes/
= coughs ↑
low pelvic
= floor exer

↑PVR

//////

IOC: Cystoscopy

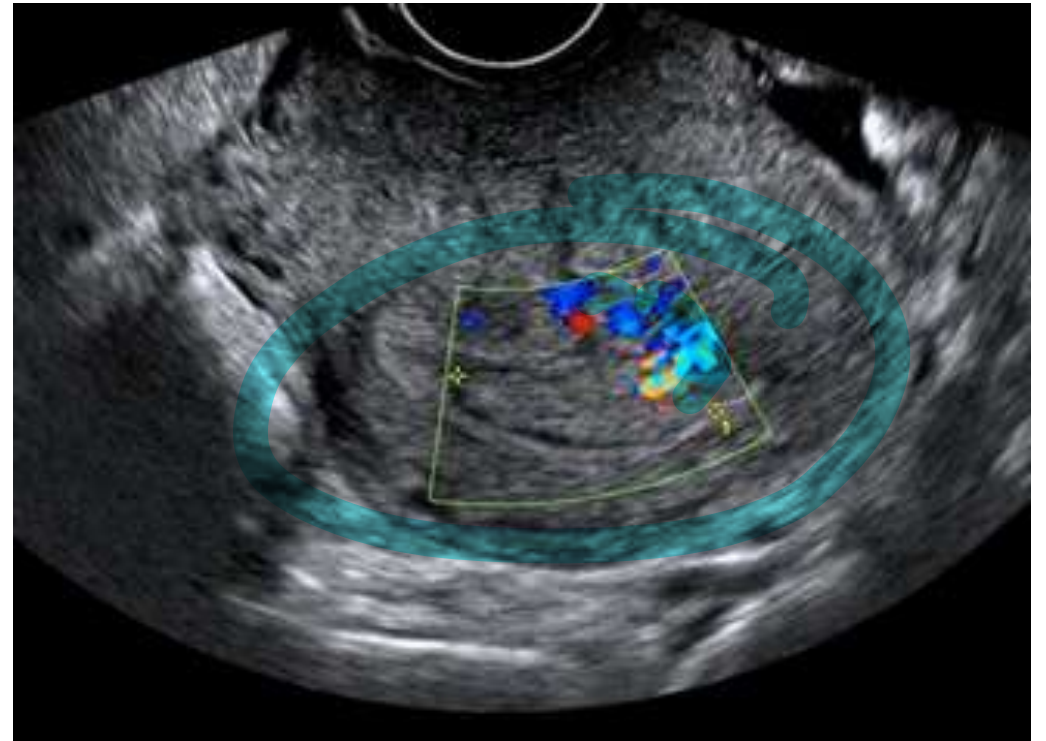
h/o Sx / RT / labrum
obstructed

mulliparus

urethral
immobility

15. A 44-year-old woman comes to the office for evaluation of abnormal uterine bleeding. The patient has had intermenstrual bleeding over the past 3 months. Most of the time, she has had only spotting with wiping, but last week, she had slightly heavier bleeding that required her to use a menstrual pad. The patient had a bilateral tubal ligation after her last delivery at age 31. Speculum examination reveals a multiparous cervix with a small amount of bright red blood at the os and no visible cervical or vaginal lesions. FSH, TSH, and prolactin levels are normal. Urine pregnancy test is negative. USG is shown here. Which of the following is the most likely cause of this patient's abnormal uterine bleeding?

- A. Adenomyosis
- B. Endometrial hyperplasia
- C. Endometrial polyp
- D. Dysfunctional bleeding



16. A neonate was found to have the following finding on routine examination of the eye. All of the following may be differentials except:



- A. Congenital cataract ✓
- B. PHPV ✓ ————— RB 0/0
- C. Retinopathy of prematurity ✓
- ~~D. Congenital glaucoma~~

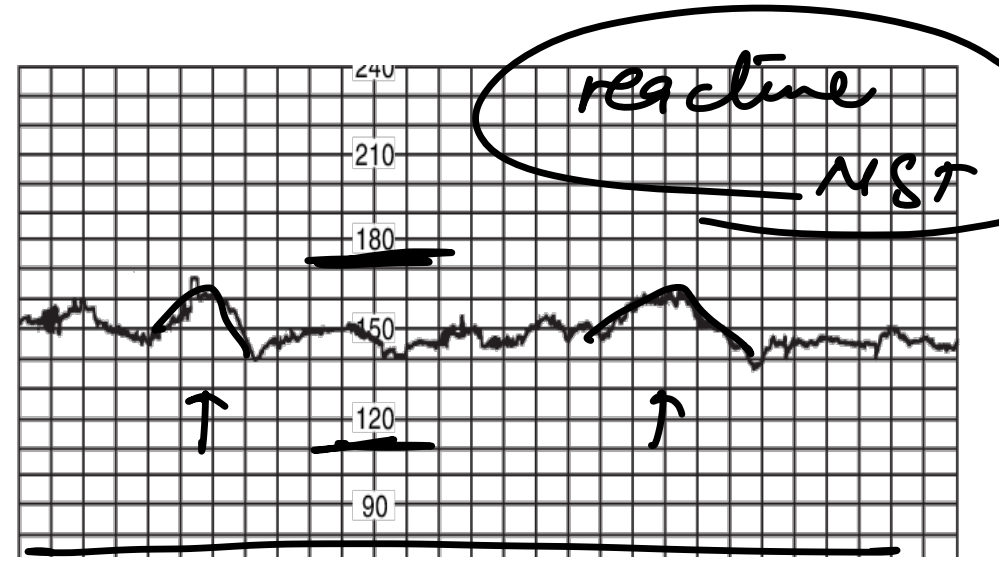
← Buphralmus



PP / VP → fetal asyph

17. A 36-year-old woman, G7P3A3, at 32 weeks gestation comes to the hospital with vaginal bleeding. The patient awoke this morning in a pool of bright red blood and has had some irregular contractions but no constant abdominal pain or leakage of fluid; fetal movement is normal. She has had no vaginal bleeding prior to this morning and has had no prenatal care. She has used methamphetamines intermittently throughout the pregnancy. Blood pressure is 136/78 mm Hg, pulse is 95/min, and respirations are 18/min. Speculum examination reveals a small blood clot in the vagina but no active bleeding. The fetal heart rate monitoring is shown. Blood type is AB positive and hemoglobin is 9.8 g/dL. Which of the following is the best next step in management of this patient?

- A. Digital cervical examination PX CI
- B. Emergency caesarean delivery XX
- C. K-B test XX
- D. Transabdominal ultrasound TVS 10c



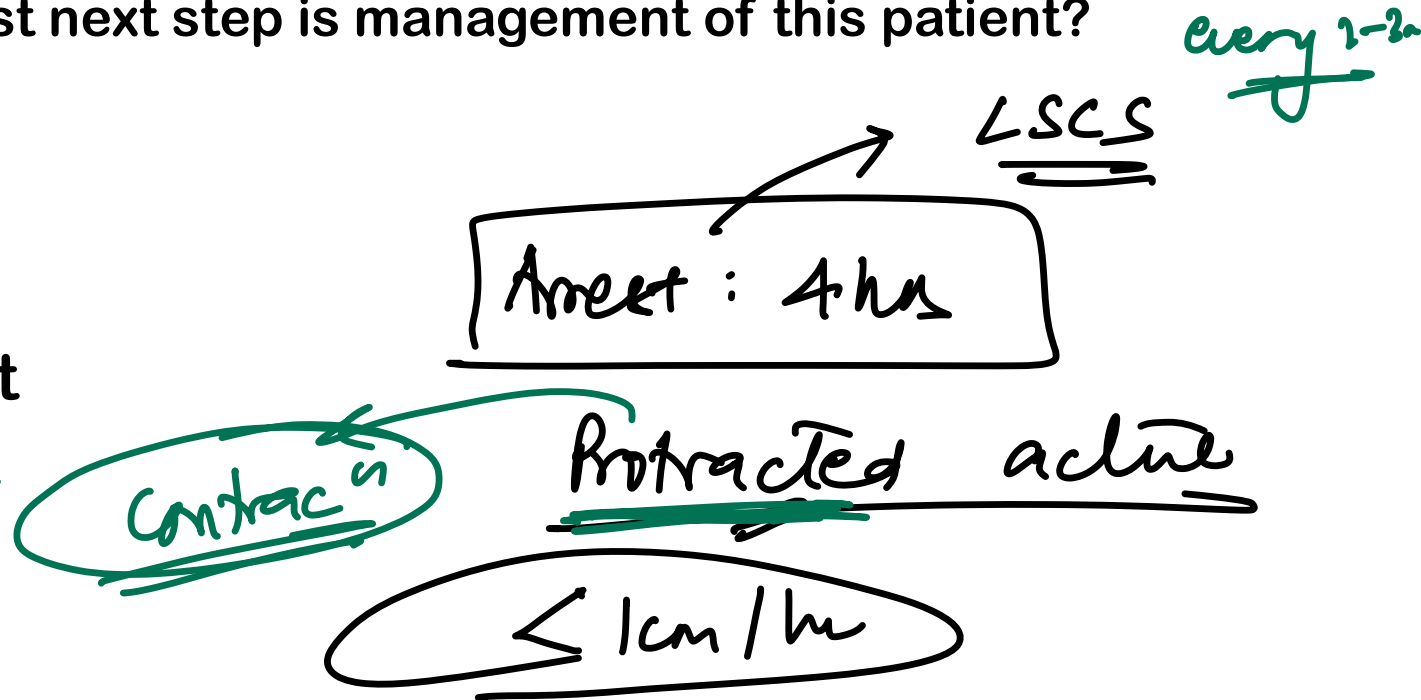
Apt test — Quantit

K-B test — Quant

Fetal vs mat
blood

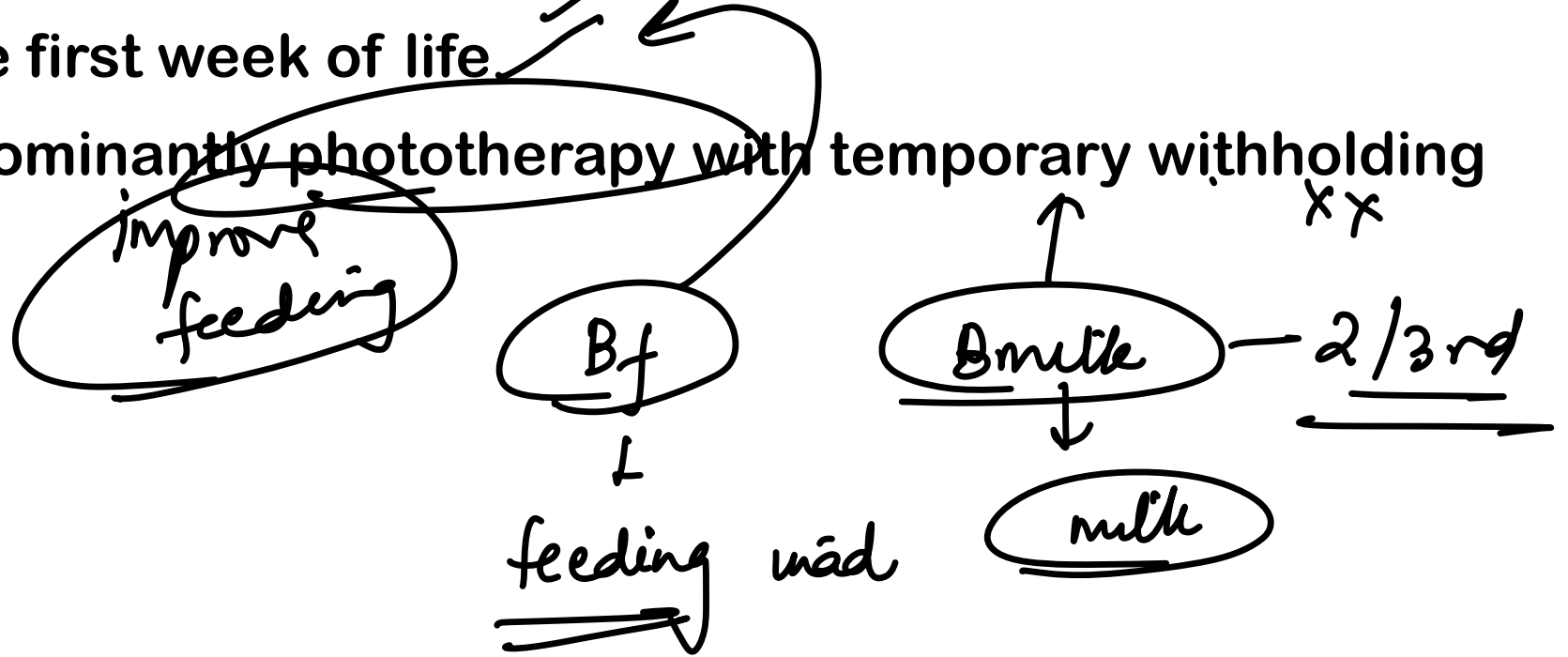
18. A 27-year-old woman, gravida 1 para 0, at 40 weeks gestation comes to the hospital due to painful contractions for the past few hours. The patient has had no leakage of fluid or vaginal bleeding. Fetal movement has been normal. The patient has had an uncomplicated pregnancy. BMI is 42 kg/m². Vital signs are 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 ✗



19. All of the following are true of breastfeeding jaundice except?

- A. Unconjugated hyperbilirubinemia is predominant ✓
- B. Usually presents as prolonged jaundice ✓
- C. Can be seen in the first week of life ✓
- D. Treatment is predominantly phototherapy with temporary withholding of breastfeeding



<32wk - MgSO₄ PPROM → steroids + antibiotics
+ fetus

20. 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 uterus is tender to palpation. On speculum examination, purulent amniotic fluid emerges from the cervix with Valsalva and turns the nitrazine paper blue. The cervix is visibly closed. Transabdominal ultrasound shows a vertex fetus consistent with gestational age. The amniotic fluid index is 8 cm. In addition to antibiotics which of the following is the best next step in management of this patient?

Chorioamnionitis
Intra TDP

- A. Fetal fibronectin and lung maturity testing ^{xx}
- B. Immediate induction of labor / LSCU
- C. Outpatient monitoring and bedrest ^{xx}
- D. Serial fetal-ultrasounds and amnioinfusion ^{xx}

21. What are the strains included in Gardasil vaccine?

A. 6, 11, 16, 18, 31, 58

~~B. 6, 11, 16, 18, 31, 33, 45, 52, 58~~

C. 6, 11, 16, 18, 31, 33, 46, 57, 57

D. 6, 11, 16, 18, 31, 33, 45

↓
nona (9)

Quadrivalent
6, 11, 16, 18

22. A 21-year-old woman, gravida 1 para 0, at 36 weeks gestation is sent to the hospital for a blood pressure of 190/110 mm Hg in the office. The patient was prescribed insulin therapy for gestational diabetes at 28 weeks gestation but has been poorly compliant. On arrival, her blood pressure is 184/106 mm Hg. Initial laboratory results show elevated serum creatinine and transaminases. Blood glucose is 204 mg/dL. Urinalysis shows 4+ proteinuria. Nifedipine, magnesium sulfate, and insulin 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 ~~xx~~

D. Renal insufficiency

E. MgSO₄ toxicity

↑ Mg ↓ Ca

MgSO₄ toxicity

renal

1. DTR - ↓

2. VO ↓

3. Resp distress

Which of the following statements regarding $MgSO_4$ is false?

- A. $MgSO_4$ causes uterine relaxation, but is dose dependent ✓✓
- B. $MgSO_4$ is continued upto 24 hours after delivery or last attack of seizure ✓
- C. It has inhibitory effect on cerebral cortex thereby preventing seizures and lowering the BP ✗✗
- D. In renal failure, $MgSO_4$ loading dose can be given, but maintenance dose should be adjusted based on renal function ✓✓

-REGIMEN

Pritchard

-Therapeutic level-

4-7

Monitoring-

↓ DTR

p. edema



Ca gluconate

10g 50% im

4g 20% infusion

20ml

12ml NS

4g - 20ml

1g

2ml

5ml

23. All of the following statement belongs to 10 steps of successful breastfeeding of the Baby-Friendly Hospital Initiative (BHFI) except:

A. Have a written infant feeding policy

B. Help mothers initiate breastfeeding ~~within 2 hours of birth~~

asap

C. Practice rooming-in

D. Ensure staff is competent and knowledgable

Baby-Friendly practices

1. Have a **written** breastfeeding policy that is routinely communicated to all health care staff
2. **Train all health care staff** in skills necessary to implement this policy
3. Inform all **pregnant** women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding ~~within 1 hour of birth~~ *nap*
5. Show mothers **how to** breastfeed and how to maintain lactation, even if they should be separated from their infants
6. Give newborn infants **no food or drink** other than breast milk unless medically indicated
7. Practice "**rooming in**" by allowing mothers and infants to remain together 24 h/d
8. Encourage breastfeeding **on demand**
9. Give **no artificial** teats, pacifiers, dummies, or soothers to breastfeeding infants
10. Foster the establishment of breastfeeding **support** groups and refer mothers to them on discharge from the hospital or clinic

24. A 40-year-old woman, gravida 2, para 1, comes to the physician for her first prenatal visit. She is at 10 weeks gestation based on her last menstrual period. The patient has no medical problems and takes no medications. Her husband and 3-year-old son are healthy, but she has a cousin with Down syndrome. Vital signs are normal. Urine β -hCG is positive and fetal heart tones are present. Which of the following is the most appropriate next step in management of this patient?

1st T

NIPT

Dual test
NT - NR

High risk

→ 1 Down

99%

A. Order plasma cell-free fetal DNA testing

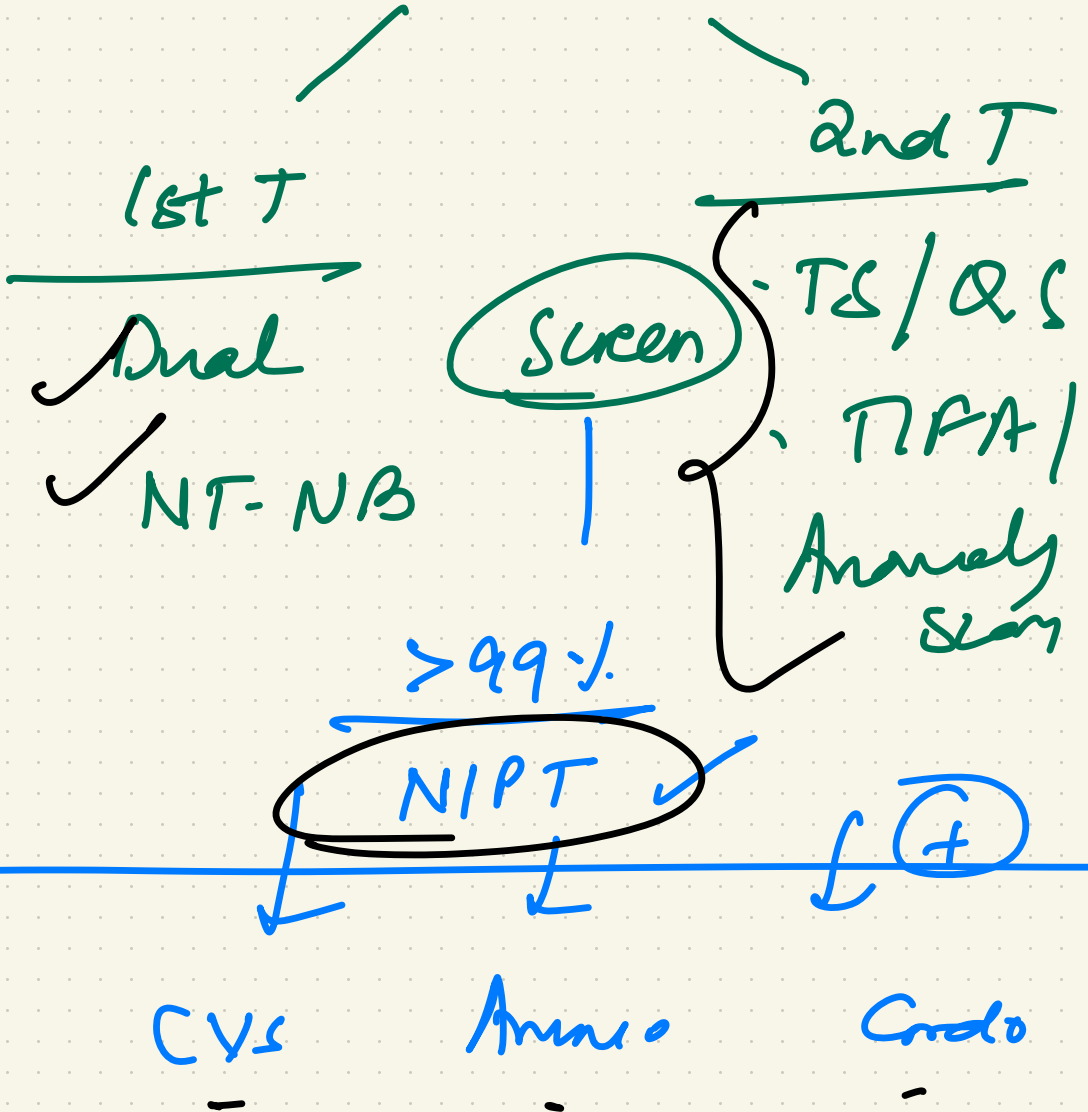
B. Order serum α -fetoprotein, estriol, β -hCG, and inhibin A levels

C. Perform amniocentesis

D. Perform chorionic villus sampling

XX

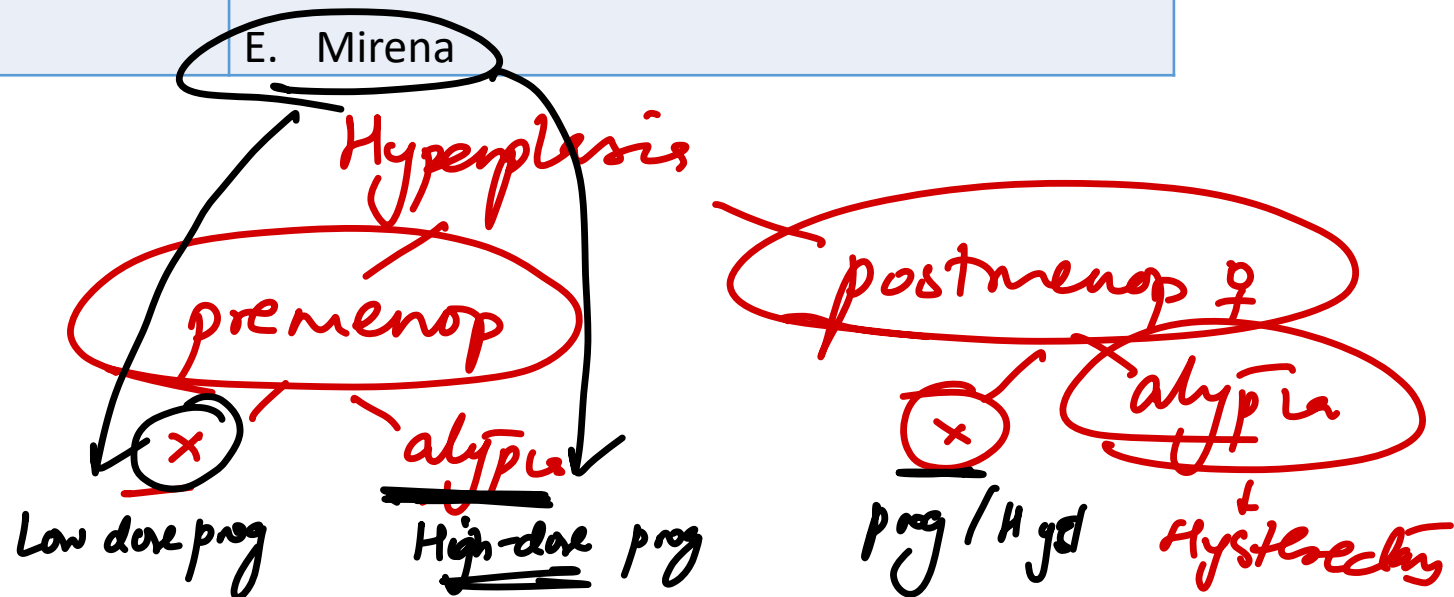
Aneuploidy



25. Choose the correct management for the following scenarios:

<p>1. <u>35 year old female</u> with simple endometrial hyperplasia without atypia</p>	<p>A. <u>Cyclical MPA (Provera) 10-20mg</u></p>
<p>2. <u>58 year old female</u> with ET-6mm on TVS</p>	<p>B. High-dose progestin therapy, megestrol acetate 80 mg orally twice daily</p>
<p>3. <u>35 year old female</u> with no children simple endometrial hyperplasia with atypia</p>	<p>C. Hysterectomy</p>
<p>4. <u>53-year postmenopausal female</u>, with endometrial hyperplasia with atypia</p>	<p>D. <u>Endometrial biopsy</u></p>
	<p>E. Mirena</p>

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



26. 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. B-hCG level at that visit was 27,325 IU/L. She is taking a prenatal vitamin and does not use tobacco, alcohol, or illicit drugs. Current blood pressure is 140/80 mm Hg and pulse is 68/min. BMI is 23 kg/m². Pelvic examination reveals a closed cervix and no vaginal discharge or bleeding. Bimanual examination reveals a normal-sized, retroverted uterus with no cervical motion or adnexal tenderness. A transvaginal ultrasound is repeated and is unchanged from the prior visit. B-hCG level is now 25,659 IU/L. Which of the following is the most likely diagnosis? —

A. Ectopic pregnancy^x

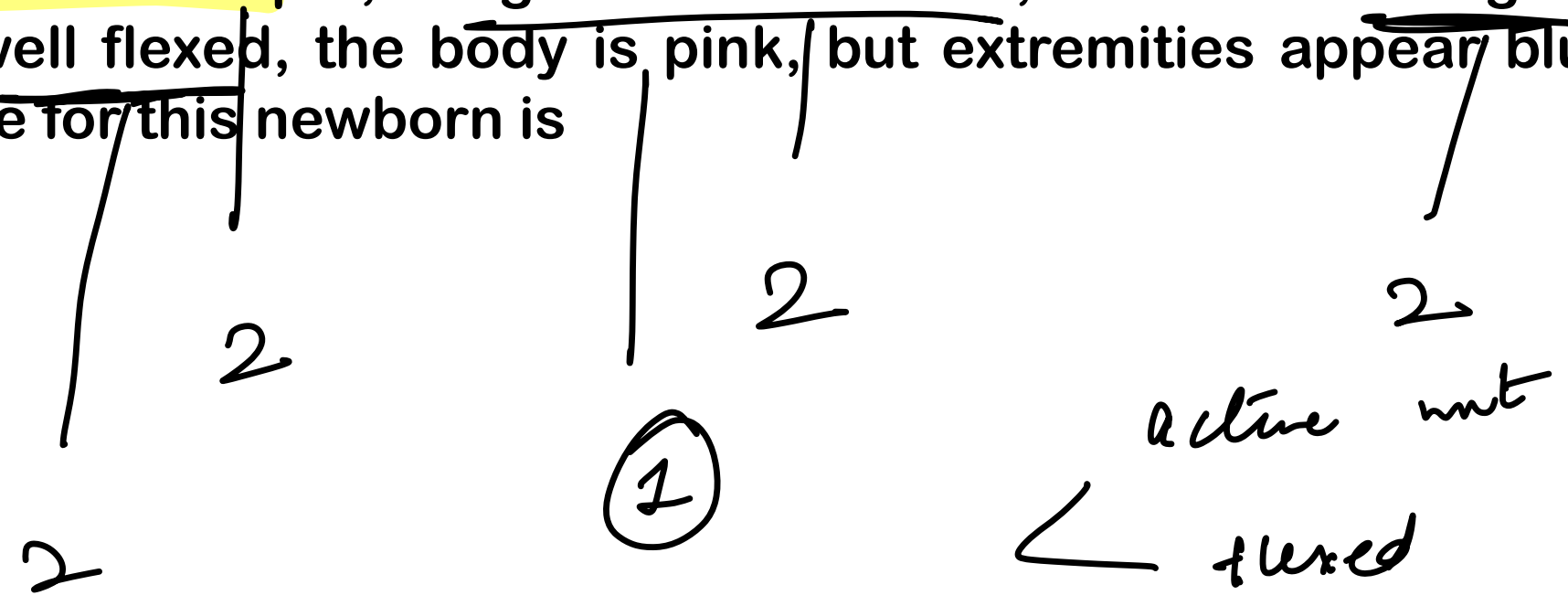
B. Hydatidiform mole^x

C. Missed abortion — FCA (-)

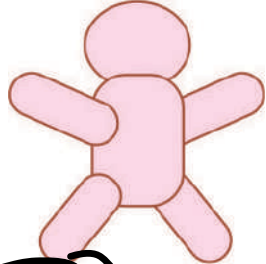
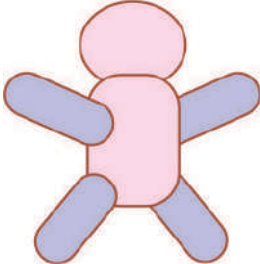
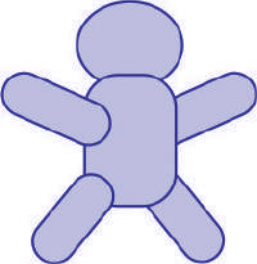



D. Threatened abortion — bleeding (+) FCA (+)

27. A newborn is being assessed at 5 minutes after birth. He is found to have a heart rate of 130bpm, coughs on stimulation, and has a strong cry. His limbs are well flexed, the body is pink, but extremities appear blue. The Apgar score for this newborn is

- A. 7
- B. 10
- ~~C. 8~~
- D. 9



APGAR

Agar Score	Score 2	Score 1	Score 0
A	 Pink	 Extremities Blue	 Pale or Blue
P	>100 bpm	<100 bpm	No pulse
G	Cries and pulls away	Grimaces or weak cry	No response to stimulation
A	 Active movement	 Arms, legs flexed	 No movement
R	Strong cry	Slow, irregular	No breathing

28. 24-year-old woman, G2P0A1, at 26 weeks gestation comes to the office for an initial prenatal visit. Prior to this, the patient's only prenatal care was a visit to the emergency department due to 2 days of persistent vomiting. At that time, a first trimester ultrasound was performed and was consistent with gestational age. Her previous pregnancy was a spontaneous abortion at 8 weeks gestation. Blood pressure is 120/70 mm Hg and pulse is 72/min. Maternal blood type is O, Rh negative. Indirect Coombs test is negative. Transabdominal ultrasound shows a fetus with a biparietal diameter and head circumference that are consistent with 26 weeks gestation. Abdominal circumference measures at 34 weeks gestation. Fetal heart rate is 180/min. A pericardial effusion, bilateral pleural effusions, and polyhydramnios are noted. 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

Panovirus

Hydrops fetalis

ICT - ve

X

29. A young 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

AI S

1
kele

XX — uterus / PT x
ov

XX

30. 20-year-old woman comes to the emergency department due to vaginal bleeding and right lower quadrant pain that began 3 days ago. She describes the bleeding as heavier than a period, and she passed vaginal clots 3 hours prior to presentation. Her menarche was at age 13 and she has often gone months without a menstrual period. The patient's last period began approximately 7 weeks ago. Her temperature is 37.2 C (98.9 F), blood pressure is 120/74 mm Hg, and pulse is 80/min. Examination shows mild right lower quadrant tenderness, but no rebound or guarding. There is no active vaginal bleeding and the cervical os is closed. Laboratory results are as follows:

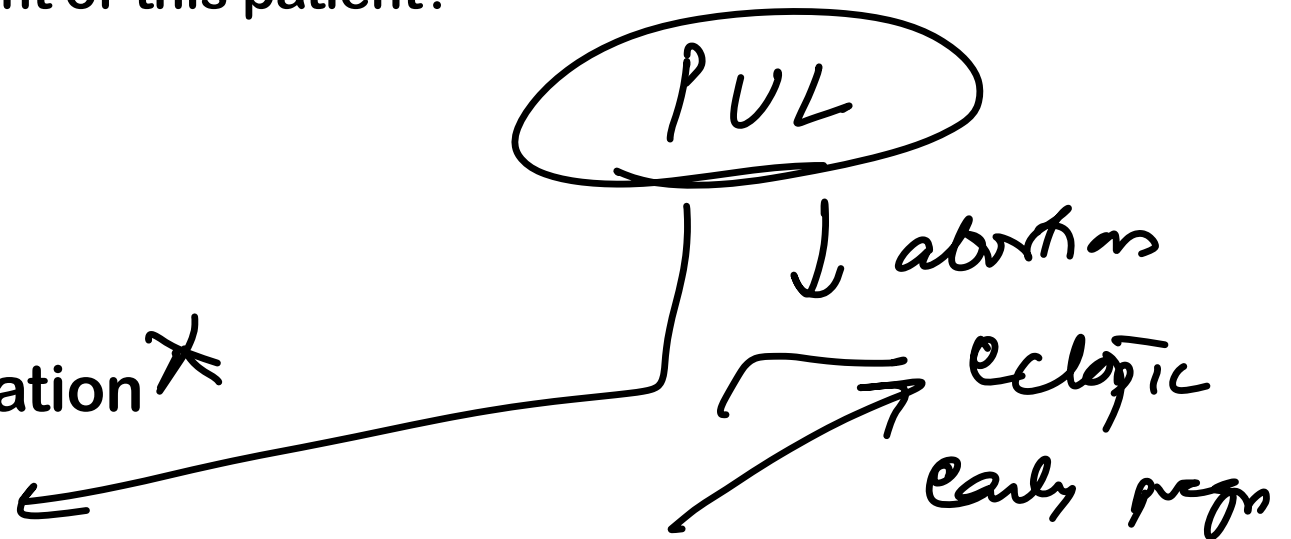
Hemoglobin: 11 g/dL

B-hCG: 1000 IU/L

Blood type: AB positive

A transvaginal ultrasound reveals no intrauterine or extrauterine pregnancy. Which of the following is the best next step in management of this patient?

- A. Administer methotrexate ✗
- B. Perform laparoscopy ✗
- C. Provide reassurance and observation ✗
- D. Repeat serum β -hCG in 2 days



31. A 13-year-old girl is brought to the office for evaluation of acne. She began to develop acne over her forehead and chin 4 months ago. She used over-the-counter topical salicylic acid, but the acne did not improve. Now, the patient has painful acne over her face and upper chest. She has not had a menstrual period. The girl has grown 10.1 cm in the last year; her height and weight are at the 70th percentile for age. Vital signs are normal. Nodulocystic acne is present across the face and upper chest. There is no breast bud development. The abdomen is nontender and has no palpable masses. External pelvic examination shows the clitoris protruding from the clitoral hood and bilateral masses in the labia majora. Which of the following is the most likely diagnosis in this patient?

- ~~A. 5-alpha-reductase deficiency~~
- B. Androgen insensitivity syndrome
- C. Nonclassical congenital adrenal hyperplasia
- D. PCOD \dot{x}

$T \rightarrow \text{DHT}$
 XX $virilis \rightarrow XX$

testes =
 clitoria
 acne
 x breast

32. Identify the incorrect statement:

1. Height at 4yrs=100cm ✓
2. BW x 4 at 3years ✗ *- lower molar*
3. First secondary tooth is lower central incisor
4. Bone age is less than chronological age in constitutional delay QQ
5. US:LS is increased in rickets and achondroplasia QQ

Options;

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

SS

BA = CA
Familial

Growth

Weight with age:

Birth $\rightarrow 7$

5mon $\rightarrow 2x$

1yr $- 3x$

2yr $- 4x$

3yr $- 5x$

5yr $- 6x$

7yr $- 7x$

10yr $- 10x$

Height with age:

Birth $- 50cm$

3mon $- 60cm$

1yr $- 75cm$

2yr $- 90cm$

4yr $- 100cm$

US:LS with age:

Birth $- 1.8:1$

3yr $- 1.3:1$

7yr $- 1:1$

33. A 14-year-old girl is brought to the office by her mother because she has not started menstruating. She is otherwise healthy and has no chronic medical conditions. The patient takes no daily medications and does not use tobacco, alcohol, or illicit drugs. She is not sexually active. Her mother and older sister underwent menarche at age 13. Height is at the 15th percentile and weight is at the 20th percentile for age. Vital signs are normal. Physical examination shows normal heart sounds without murmur. There is no breast development or axillary hair. The abdomen is soft, nontender, and nondistended. 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?

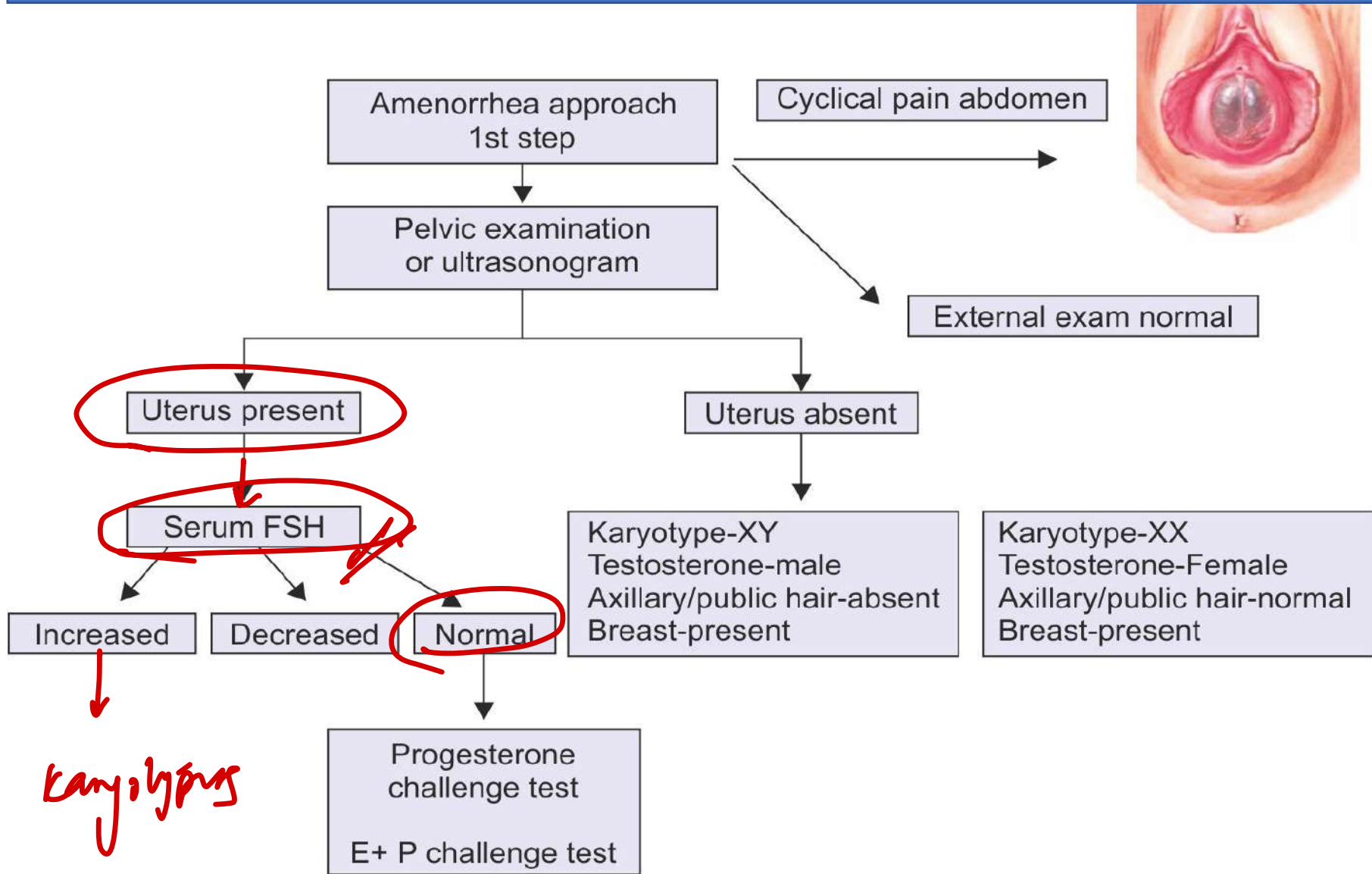
A. Estrogen level

~~B. FSH level~~

C. GnRH stimulation test

D. Karyotype analysis

APPROACH TO AMENORRHEA



34. Match the following X-rays with the correct cause of respiratory distress:

A. Meconium aspiration syndrome

B. HMD

C. TTNB

D. CDH

E. PAP

F. Congenital lobar hyperinflation

G. CPAM

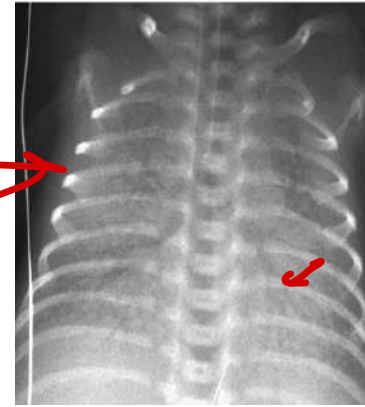
H. Bronchopulmonary dysplasia

A. 1- A, 2-D, 3-H, 4-C

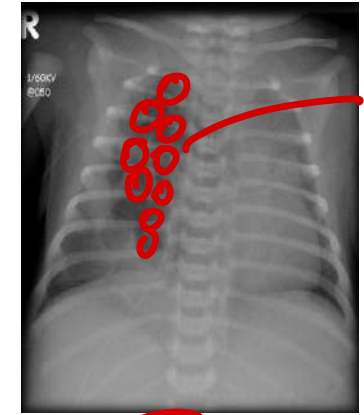
B. 1-B, 2-G, 3-H, 4-F

C. 1-E, 2-D, 3-H, 4-G

D. 1- A, 2-G, 3-H, 4-C

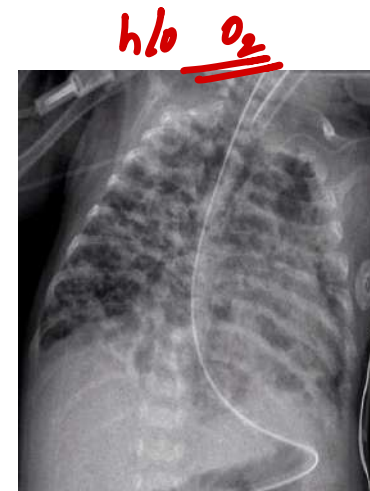


1

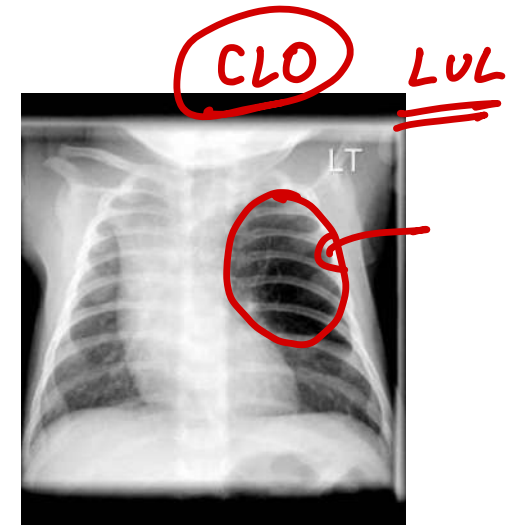


CPAM

2



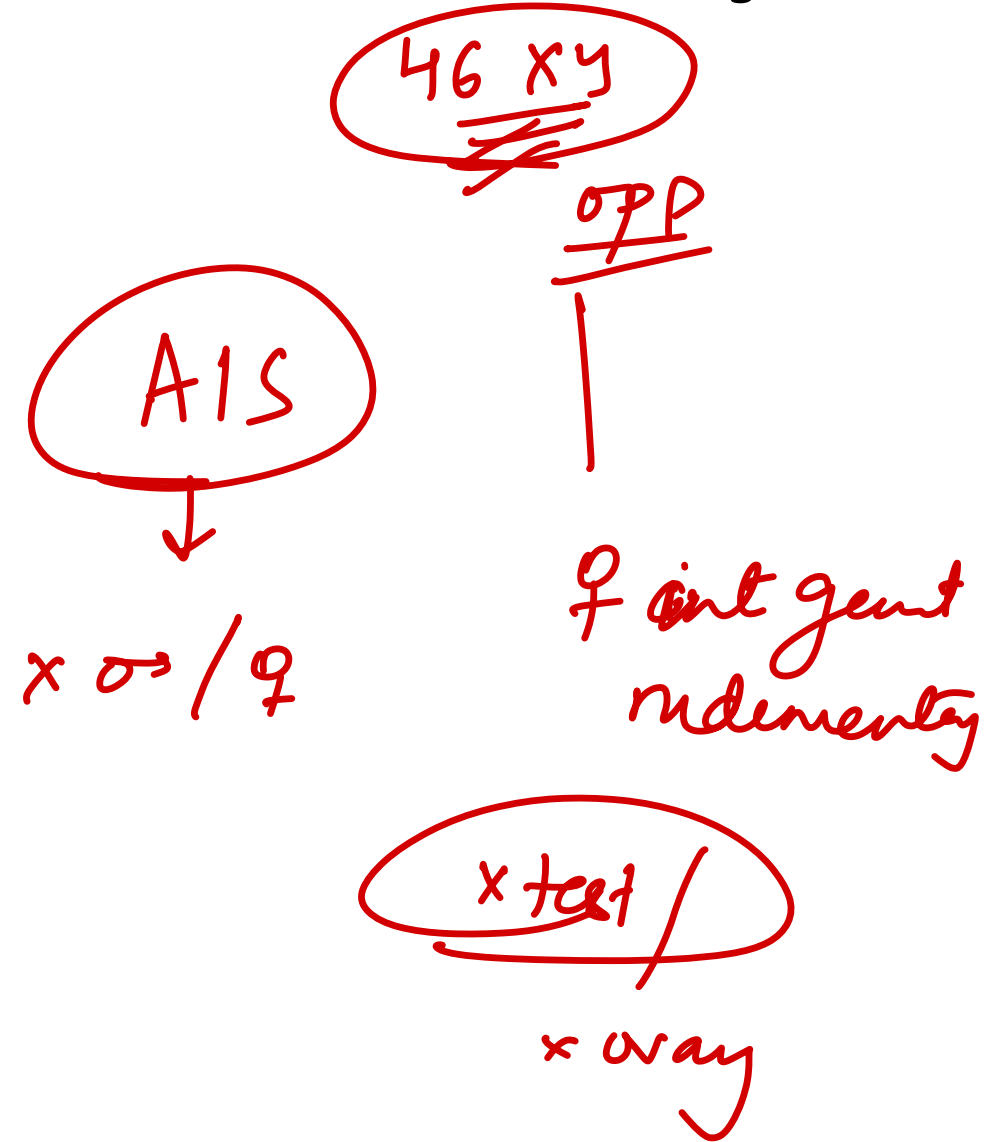
3



4

35. All of the following statements are true about Swyer syndrome except:

- A. Absent secondary sexual characteristics
- B. Female external genitalia
- ~~C. Normal uterus and fallopian tubes~~
- D. Gonadectomy is indicated for all patients



36. A 35-year-old primigravida comes to the labor and delivery unit at 36 weeks gestation with abdominal pain and blood-tinged vaginal discharge. She was diagnosed with gestational diabetes mellitus at 27 weeks but has not been compliant with diet or insulin therapy. Her family history is significant for type 2 diabetes mellitus, hypertension, coronary artery disease, and stroke in both maternal and paternal relatives. Monitoring shows regular uterine contractions and a normal fetal heart rate. Blood pressure is 135/86 mm Hg and pulse is 100/min. BMI is 40 kg/m². Cervical examination shows 6 cm dilation and 100% effacement. Her blood glucose at admission is 290 mg/dL and is started on insulin. The patient has a spontaneous vaginal delivery of a boy. Which of the following examination findings would most likely be present in this neonate?

GDM

A. Heart murmur

B. Limb defects

~~C. Respiratory distress~~

D. Small for gestational age ~~XX~~

sacral ag XX ←

avert Drs

• resp distress
• Macrosonia
• Preterm labors

37. A 12-month-old boy is brought to the office by his parents for a routine well-child visit. He was born at 39 weeks gestation. Birth weight was 3.4 kg and length was 50.8 cm. He was primarily breastfed until last week, when he was transitioned to cow's milk. The patient can feed himself small pieces of table food with his thumb and first finger and drinks from a sippy cup. His only words are "mama," "dada," and "doggy." His parents are concerned about his growth because some children at his day care center seem taller. The patient weighs 12 kg and is 76.2 cm tall. On examination, he can pull himself up to stand and stand unassisted but requires holding onto objects for support while walking. He comes to his parents when called by name but does not speak during the examination. Which of the following is the most appropriate assessment of this patient's development?

	Growth	Motor	Language
A.	Normal	Normal	Normal
B.	Delayed	Normal	Normal
C.	Delayed	Delayed	Normal
D.	Normal	Delayed	Delayed

1-2 words

bisyllables

38. 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. Observation and follow-up for cyst after 2-3 months~~

B. Hysterectomy + BSO

C. Ovarian drilling

D. CECT of pelvis

~~E. CA-125~~

5cm
CA-125 (N)

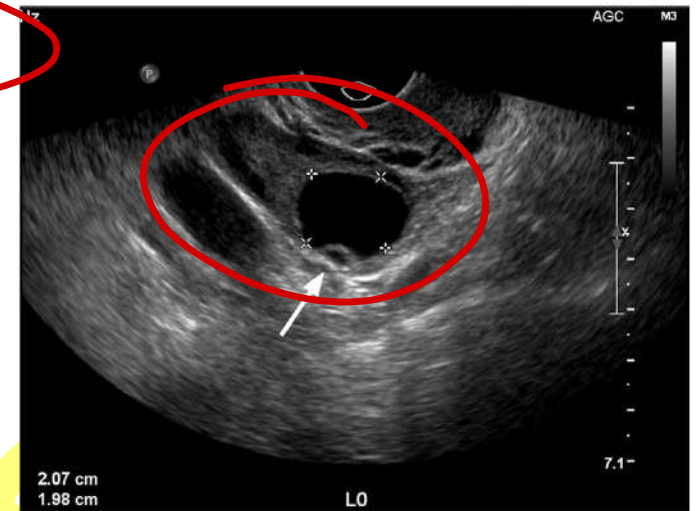
ovarian cyst

Next step

CA-125

size

>5cm



39. An 18-hour-old boy is evaluated in the emergency department for low muscle tone since birth. He was delivered at home to a 19-year-old woman at approximately 40 weeks gestation who received no prenatal care. Since birth the infant has breastfed 4 times, has a weak suck each time, and falls asleep a few minutes after he begins nursing. Weight is 2.3 kg. The eyes have upslanting palpebral fissures, and the mouth is open with a protruding tongue. The palate is narrow but intact. Cardiopulmonary examination is normal. The abdomen is soft with no hepatosplenomegaly. When the infant is held under the arms, his legs are extended and he almost slips through the examiner's hands. Which of the following is the most likely cause of this patient's presentation?

- A. Reciprocal translocation (4%)
- B. Non-disjunction of maternal meiosis (95%)
- C. Mosaicism (H.)
- D. Non-disjunction of paternal meiosis

40. A female with amenorrhea and streak gonads presents to your OPD. Karyotyping reveals 45XO/46XY. How will you manage?

- ~~A. Bilateral gonadectomy~~
- B. Vaginoplasty *
- C. Resection of clitoris *
- D. Sex reassignment procedure *

Gonadoblastoma

XO

Turner Sx

→ Next step:
karyotyping

Pregn

41. 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. She feels fetal movement, has no vaginal bleeding or contractions, and has had an uneventful pregnancy to date. The patient's previous pregnancy 5 years ago was uncomplicated. She has not had a previous abnormal Pap test, but the last test was performed during her prior pregnancy. She takes a multivitamin and an iron supplement. Blood pressure is 120/74 mm Hg and pulse is 82/min. Fetal heart tones are normal. Physical examination reveals a gravid, nontender uterus. The cervix is long, closed, firm, and posterior, and the fetal presenting part is high. The Pap test showed a high-grade squamous intraepithelial lesion. Which of the following is the best next step in management of this patient?

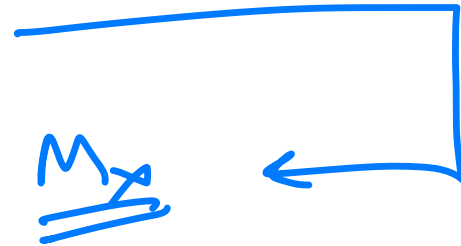
HSIL →

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

B. Immediate colposcopy — CIN / inu

C. Loop electrosurgical excision procedure

D. Repeat Pap test postpartum ~~xx~~



42. All of the following are correct about routine newborn care:

1. Dried blood spot sample is taken for metabolic screening ^{heel prick} //
2. Blackish stools in newborn are due to biliverdin //
3. All new borns are routinely injected with 0.5mg-1mg iv Vit K
4. Positive scarf sign is seen in preterm babies ✓

Options;

A. 1,2,3,4

~~B. 1,2,4~~

C. 1,3

D. 2,3,4

43. All of the following are true about male infertility evaluation except:

1. Spermatoocyte morphology is the most useful in assessing adequacy of sperms for IVF motility
2. In a case of azoospermia, diagnostic test to distinguish testicular failure versus vas obstruction is testicular FNAC FSH / Testost
3. Progressive motility <32% is abnormal according to WHO 2020 guidelines X
4. Sperm concentration <15million/ml should be evaluated further with FSH and testosterone levels T

Options

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

Semen parameters	WHO 2010	WHO 2020
Semen volume	1.5 ml	1.4 ml
Sperm concentration	15 million/ml	16 million/ ml
Total motility	40%	42%
Progressive motility	32%	30%
Viability	58%	54%
Morphology	4%	4%

44. A cyanotic newborn is suspected of having congenital heart disease. He has an increased left ventricular impulse and a holosystolic murmur along the left sternal border. ECG shows left axis deviation and left ventricular hypertrophy. Which of the following is the most likely diagnosis?

A. Transposition of Great Arteries RVH

B. TOF RVH

~~C. Tricuspid atresia~~

D. Ebstein anomaly RAH

LAD

45. A 8 year old boy weighing 30kgs is planned for surgical resection of a Wilms tumor. What is the daily maintenance fluid required for this child?

~~A. 1700 mL~~

B. 2200ml

C. 2000 mL

D. 2500 mL

Holliday - Segar

Weight	Daily Requirements
0-10 kg	100 ml/kg
11-20 kg	1000 ml + 50 ml/kg for each kg > 10 kg
> 20 kg	<u>1500 ml</u> + <u>20 ml/kg</u> for each kg > 20 kg

46. Identify the true statements about normal fetal development:

1. Endovascular type of extravillous trophoblasts invade the spiral arteries lumen (T)
2. Blood in inferior vena cava has lower oxygen concentration compared to superior Vena cava $\times \times$
3. Functional closure of the fetal circulatory adjustments occurs in the following sequence: Ductus venosus > Foramen ovale > Ductus arteriosus
4. The main factor for the ductal closure postnatally is an increase in partial pressure of oxygen (p_{aO_2})

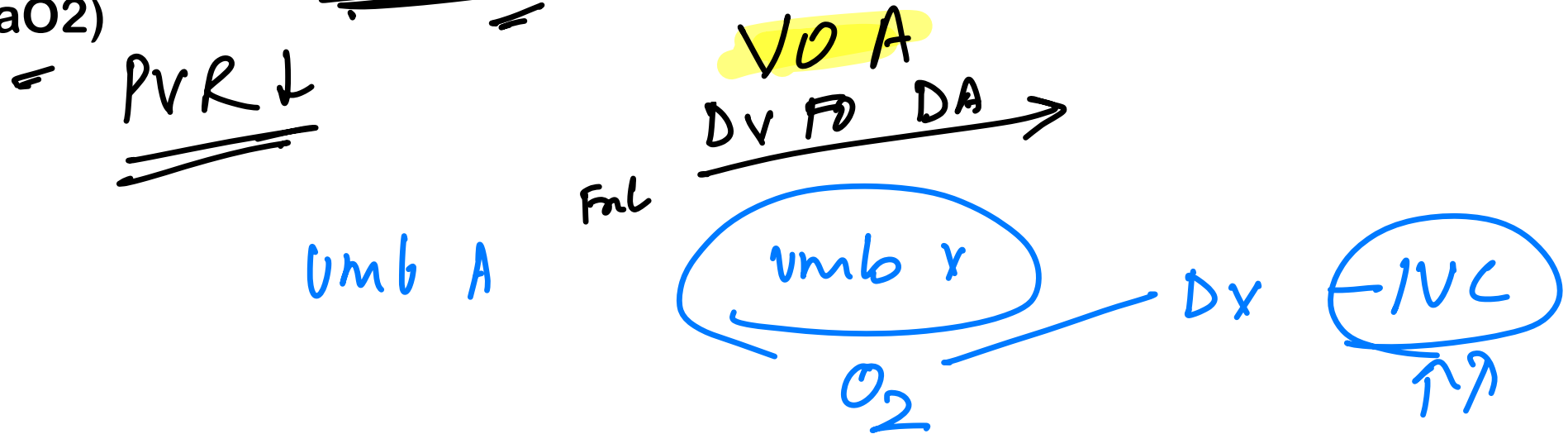
Options;

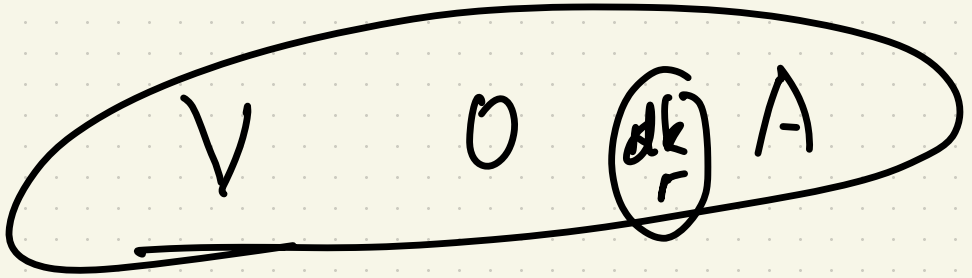
A. 1,2,3,4

B. 1,2,3

~~C. 1,3,4~~

D. 2,3,4



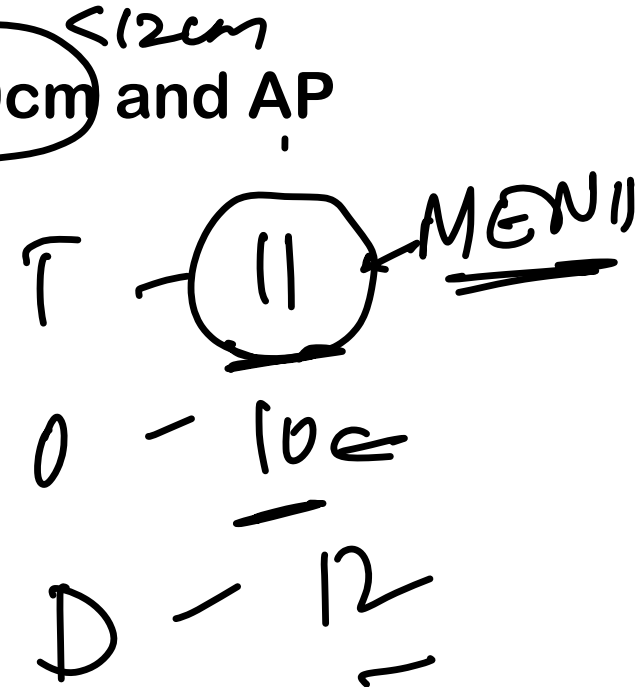
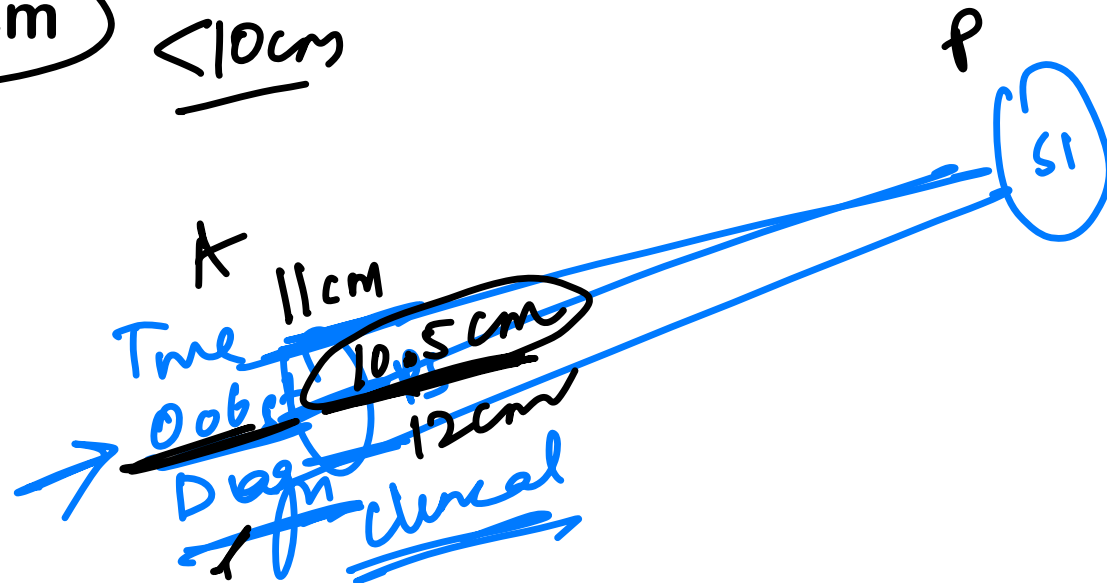


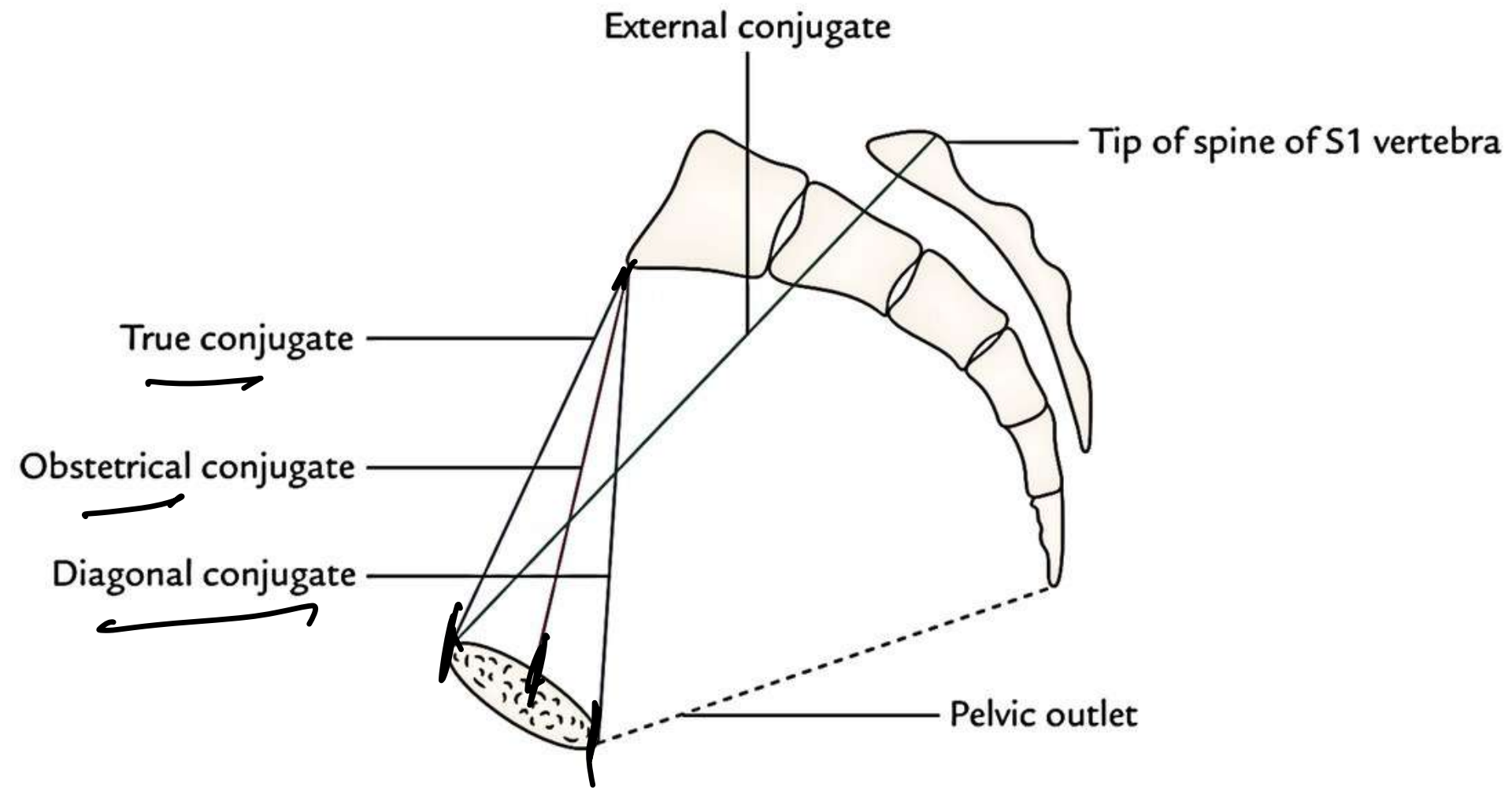
fnl min min 10-96h



47. All of the following are true except:

- A. The shortest AP diameter of the pelvic inlet is the obstetric conjugate ✓
- B. Diagonal conjugate is measured from tip of sacral promontory to the lower margin of pubic symphysis ✓
- C. Obstetric conjugate is calculated by subtracting 1.5 cm from diagonal conjugate ✓
- D. ~~Contracted pelvis~~ is defined as transverse diameter <10cm and AP diameter <12cm



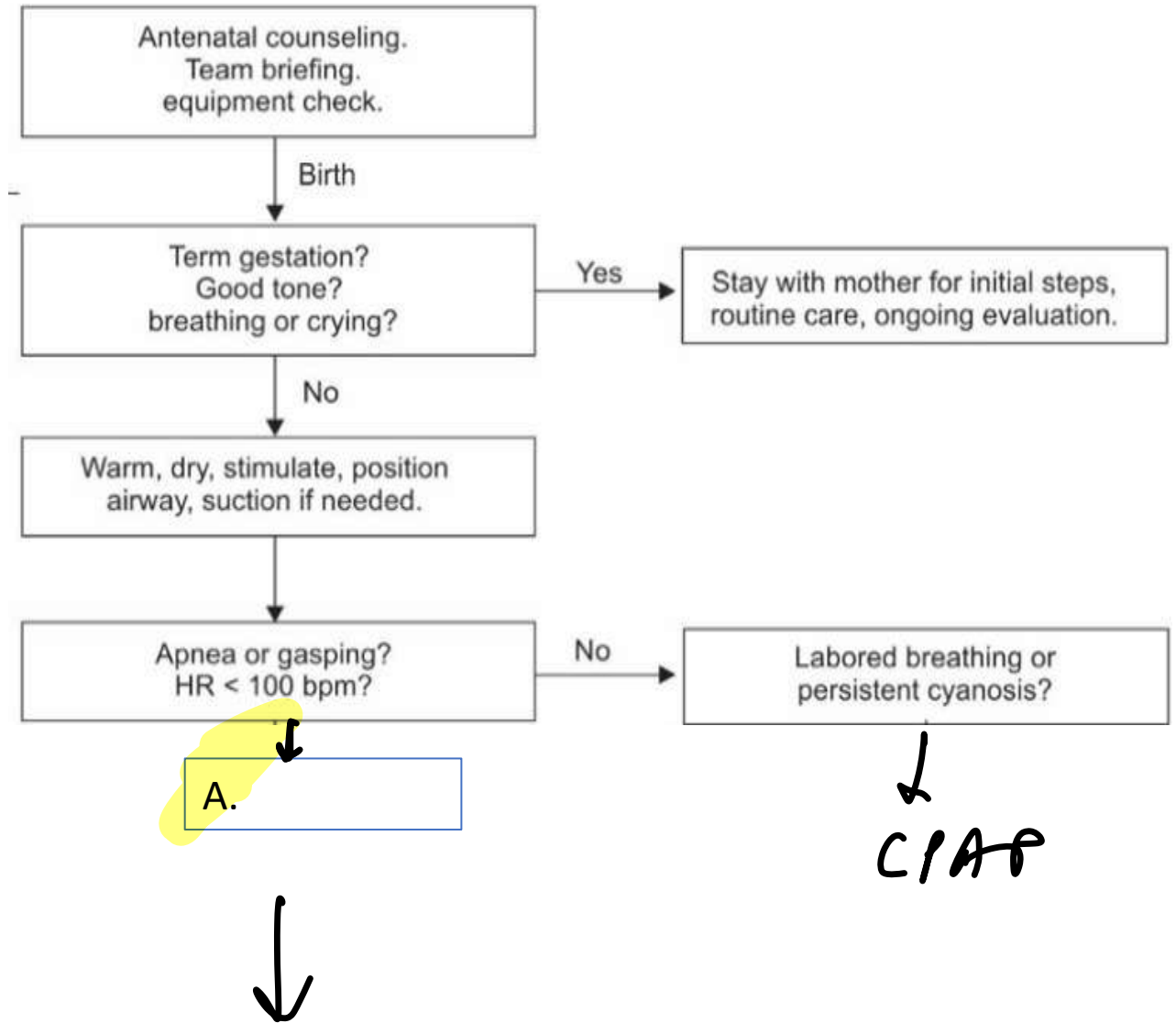


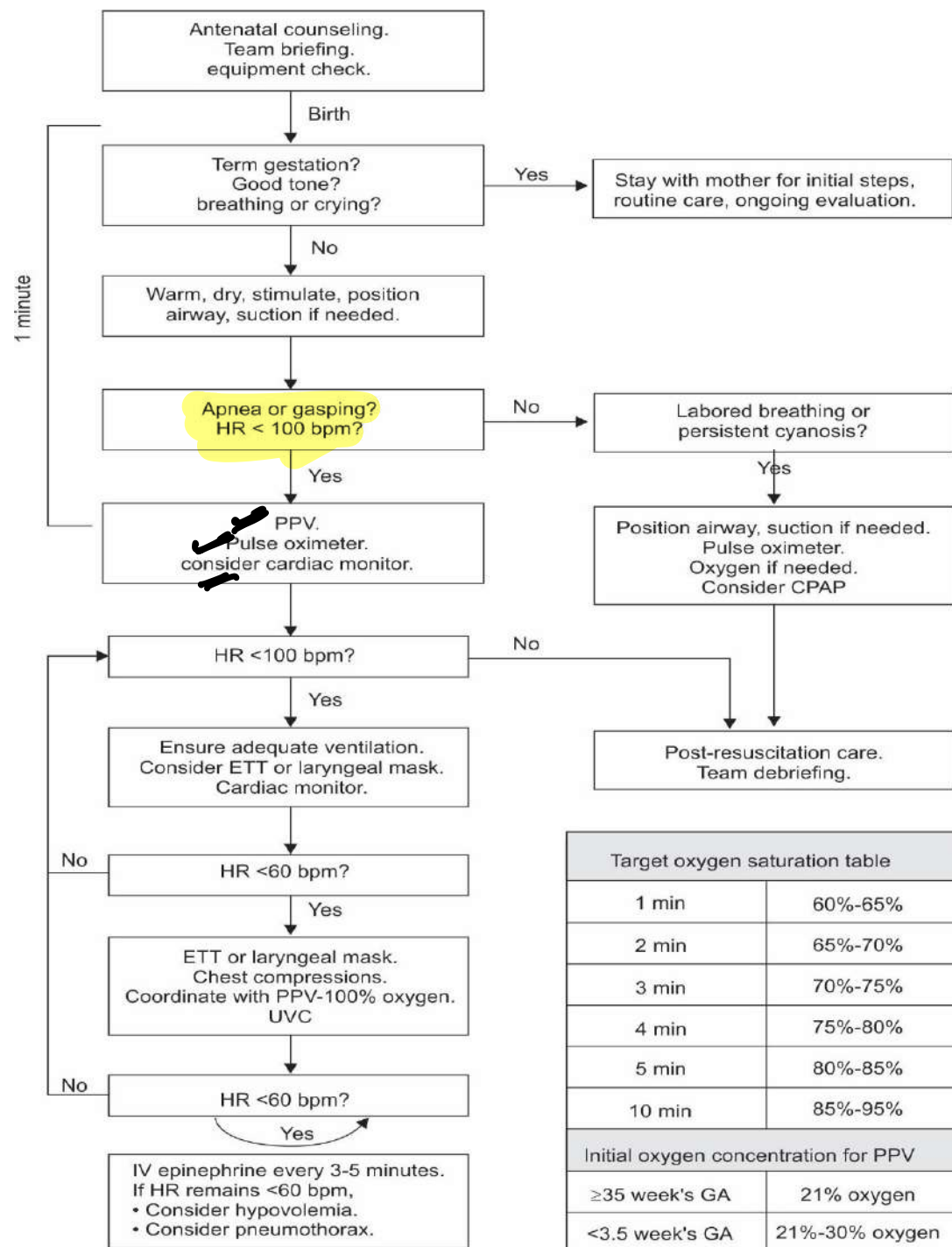
48. Which of the following are components of step A?

1. PPV with bag and mask ✓✓
2. Consider CPAP ✗
3. Consider SpO2 monitoring ✓✓
4. Attach ECG monitor ✓✓
5. Supplement with O2 ✗
6. Umbilical vein catheterisation
7. Chest compression ✓

Options;

- A. 1,2,3,4,5
- B. 1,3,4,6
- C. 1,2,3,4,6
- ~~D. 1,3,4~~





Target oxygen saturation table	
1 min	60%-65%
2 min	65%-70%
3 min	70%-75%
4 min	75%-80%
5 min	80%-85%
10 min	85%-95%
Initial oxygen concentration for PPV	
≥35 week's GA	21% oxygen
<3.5 week's GA	21%-30% oxygen

49. Arrange the following in sequential order:

1. MSAFP, E3, HCG, Inhibin-A → 2nd
 2. TIFA scan → 3rd
 3. Growth-Liquor scan → 4th
 4. NT-NB → 1st
- Handwritten notes:*
- "18-22wks" is written next to the 2nd and 3rd items.
- "Dual" is written below the 4th item.

Options;

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

50. A 2-year-old child from a draught-ridden village is seen in the medical camp with following findings. All of the following are true statements about the child except:

A. Fatty change ~~in liver~~

B. Voracious appetite → M

C. Hypoalbuminemia

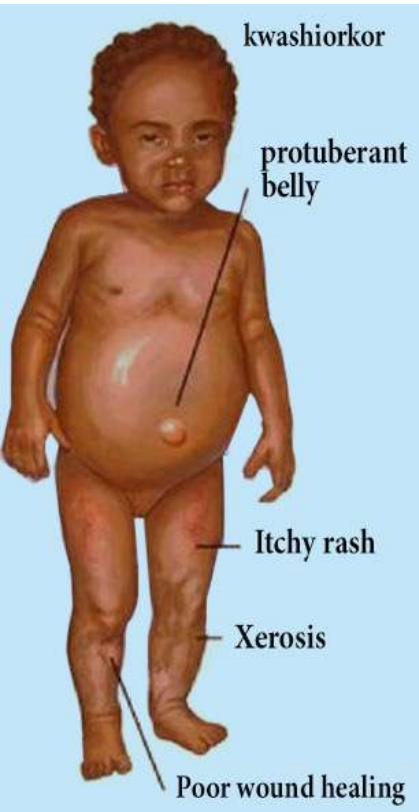
D. Pot belly



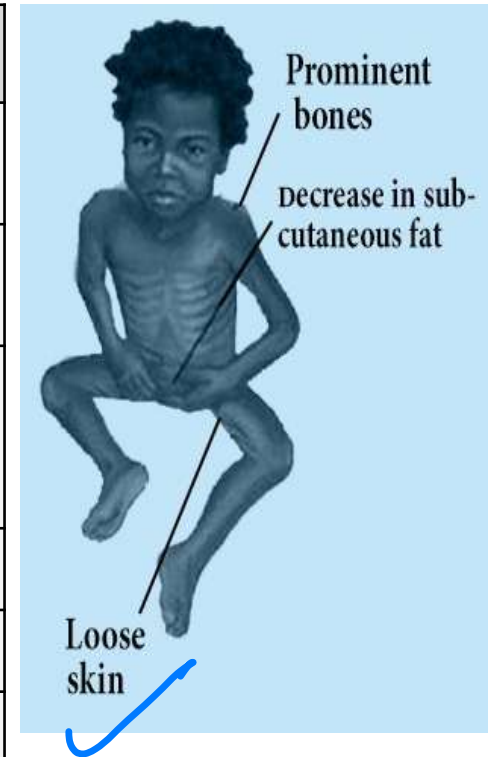
Flaky
pt

↓
Kwashi

PEM



Kwashiorkor	Marasmus
Deficient of <u>protein</u>	Deficient of <u>proteins and calories</u>
Subcutaneous fat preserved	Subcutaneous fat not preserved
Oedema Flaky paint dermatitis Flag sign	Oedema absent Loose, wrinkled skin
Moon facies	Simian facies
<u>Enlarged fatty liver</u>	No fatty liver
<u>Lethargic</u>	<u>Alert and irritable</u>
Muscle wasting mild or absent	Severe muscle wasting
<u>Poor appetite</u>	<u>Voracious feeder</u>



51. Division occurs at what time in the visualized twins?

A. 0-4days

B. 4-8days

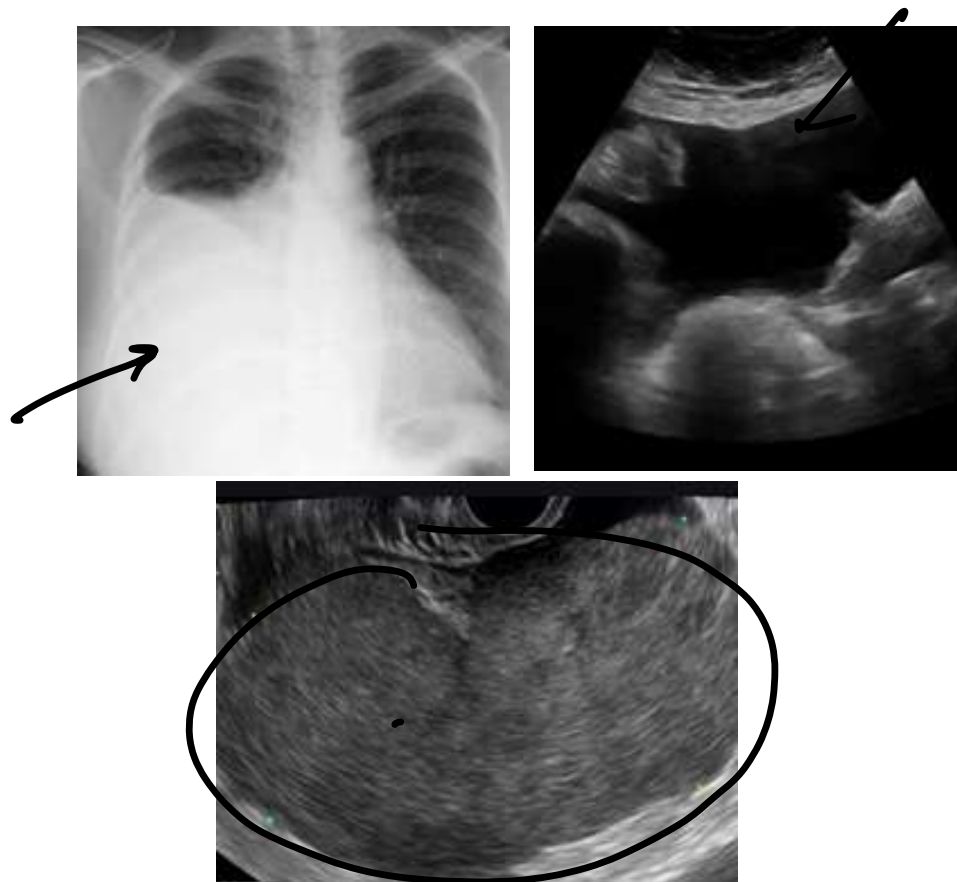
C. 8-12days

D. >12days



53. A 32-year-old woman presents to your clinic with a complaint of abdominal distention and discomfort over the past several months. She has also noticed a progressive increase in her abdominal girth. On physical examination, you observe a palpable pelvic mass, and there is dullness on percussion of the flanks. Pelvic ultrasound is shown here. What is the likely diagnosis?

- A. Metastatic serous cystadenoma^x
- B. Metastatic mucinous cystadenoma^x
- C. Fibroma - Thecoma
- D. Teratoma



54. Which of the following is not included in the active management of third stage of labor to prevent post partum haemorrhage (PPH)?

A. Oxytocin within 1 minute of delivery ✓✓

B. Delayed clamping and ligation of cord ✓✓

~~C. Gentle massage of uterus~~

D. Controlled cord traction ✓✓

*interm assessment
of uterine tone*

55. All of the following are true about breastmilk:

1. Foremilk is watery and is rich in proteins and sugar
2. Hindmilk is richer in fat and provides more energy
3. Colostrum is rich in immunoglobulins, proteins and vitamins A, D, E and K
4. Whey is 70% of the protein content in breast milk
5. Compared to cow milk, breast milk has high content of polyunsaturated fatty acids

Options;

A. 1,2,3,4

~~B. 1,2,3,4,5~~

C. 2,3,4

D. 2,4,5

- Whey

- Casein

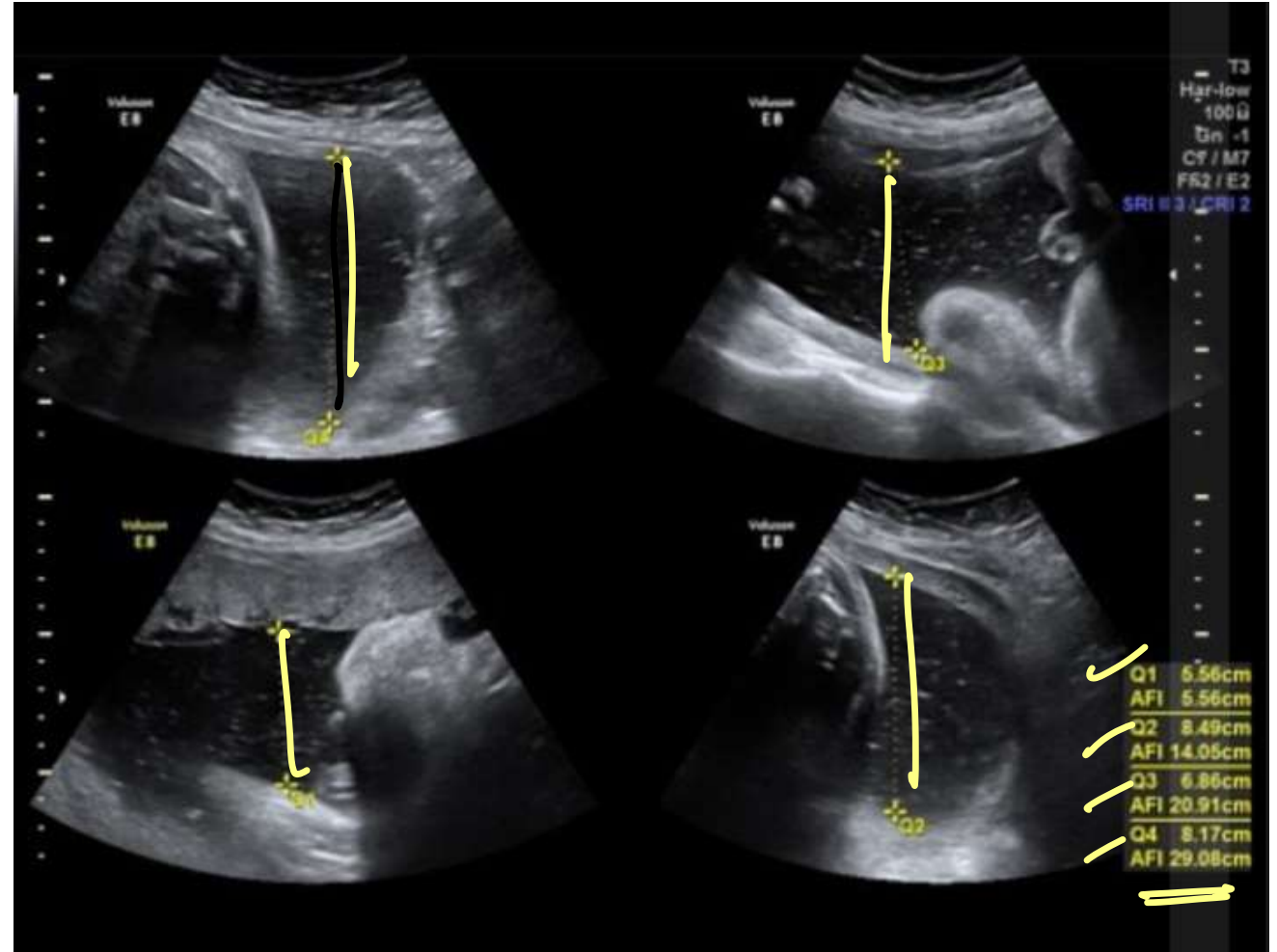
↑ tannin

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

- 1. Posterior urethral valve — olig ✓
- 2. Esophageal atresia — P
- 3. Anencephaly — P
- 4. Maternal Diabetes — P
- 5. Renal agenesis — 0
- 6. PUJO — 0 / N
- 7. Duodenal atresia — P

Options;

- ~~A. 1,6,5~~
- B. 2,3,4,6,7
- C. 2,3,4,7
- D. 1,4,5,6



5 - 25

AFI > 25
< 5

57. A pregnant woman with G3P2L0 presented to you with a pregnancy at period of gestation of 9 weeks, She has a history of conization one year back currently on follow-up with no recurrence on PAP smear. She also has the history of preterm births at 30 weeks during her last pregnancy. What is your next step in the management of this patient?

A. TVS

B. Cervical cerclage

C. Complete bed rest

D. Progesterone therapy

Cervical
Incomp

1 PTL

+ TVS

CL < 24mm/
funneling

2 PTL

CERCLAGE

Indications:

2 PTL - 2nd T painless
1 PTL + VSG VCL ↓ /
funneling.

Pregnant:

✓ PV: McDonald MC

✓ Shirodkar

✓ Wurms

✓ PA: Benson and Durfey (P, NP)

Non-pregnant:

✓ PV: Lash and Lash

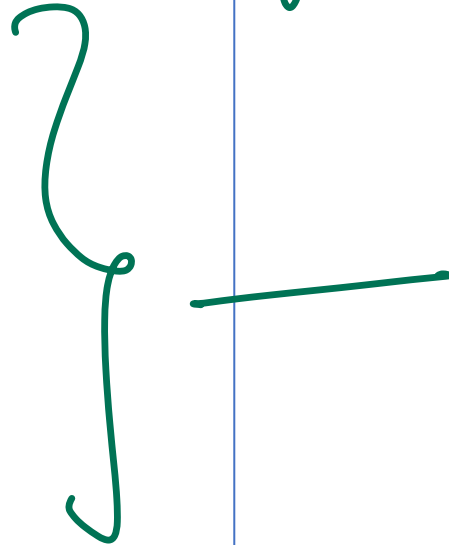
✓ PA: Benson and Durfey (P, NP)

Lap

OR

ONLY

Lap



Cervix → 12-14 wks

Emergent → 24 wks

58. A neonate on formula feed develops bloody diarrhea. The abdominal X-ray is shown in the image. Which of the following components of breast milk could have prevented this condition?

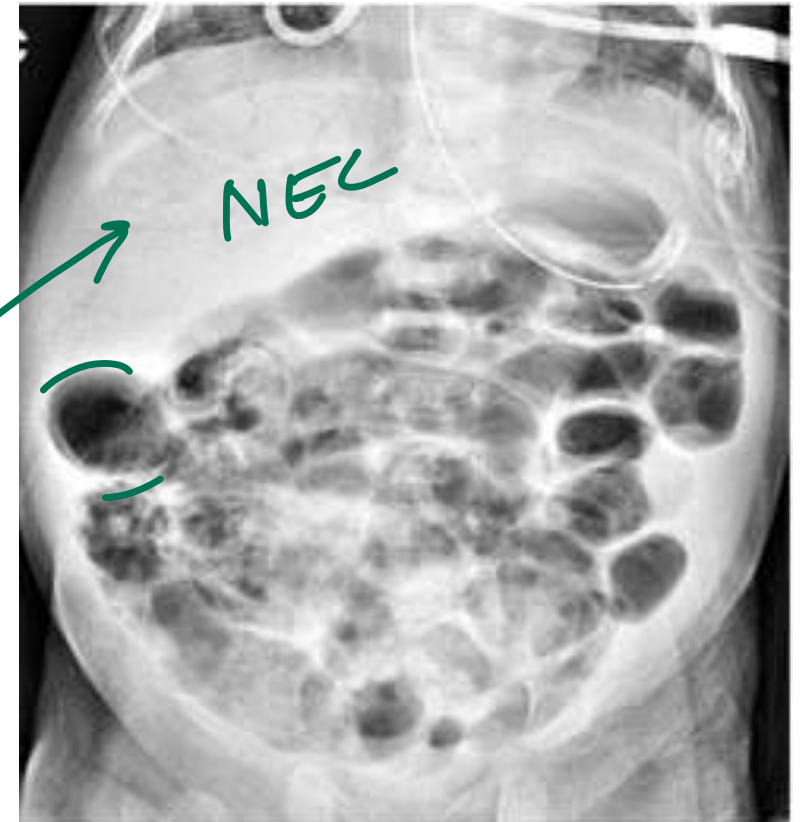
A. Lactoferrin

B. Epidermal growth factor

C. Cytokines

D. Glutathione peroxidase

NEC



59. A 28-year-old pregnant woman at 22 weeks of gestation presents to the maternal-fetal medicine clinic for a routine prenatal check-up. She is pregnant with monochorionic diamniotic (MCDA) twins. On ultrasound examination, the following findings are noted: Twin A: Normal amniotic fluid volume and fetal growth. Twin B: Significant polyhydramnios (excessive amniotic fluid) and evidence of cardiomegaly. What is the likely Quintero stage for the patient?

TTTS

- A. I
- ~~B. II~~
- C. III
- D. IV

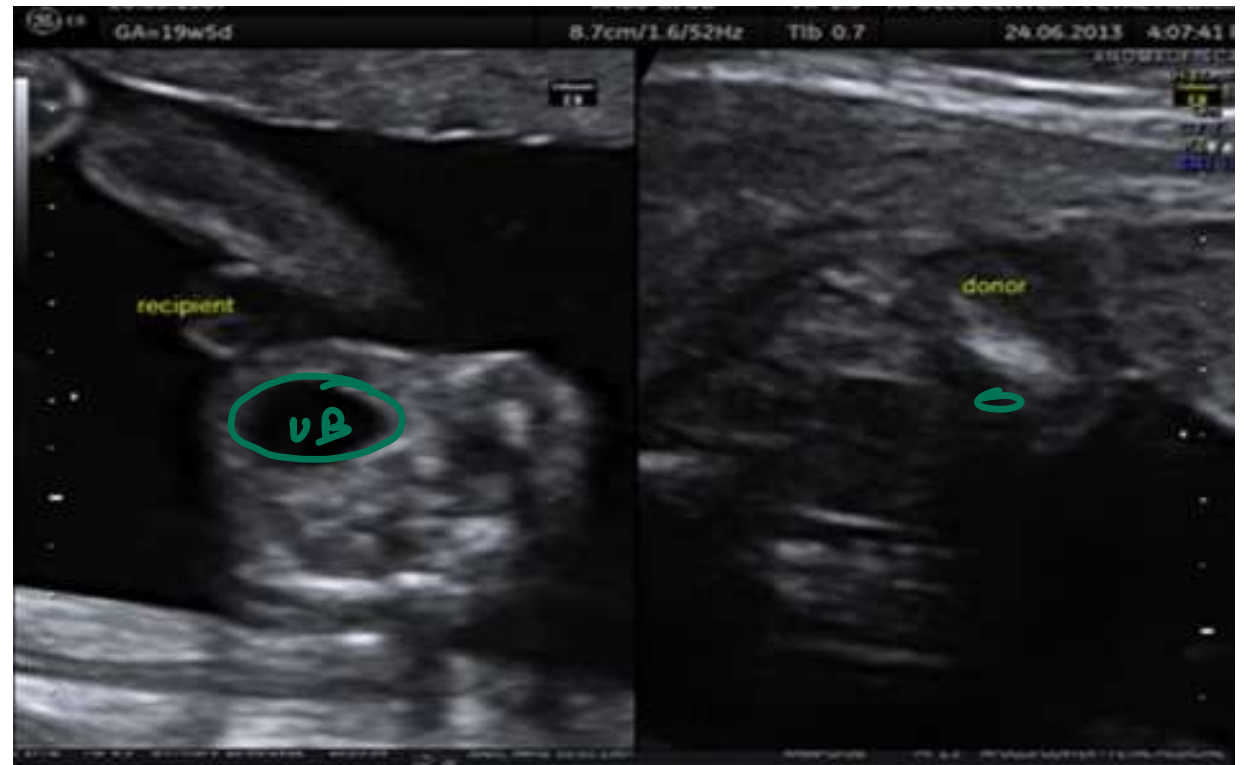


Table 1 Quintero staging system⁸²

<i>Stage</i>	<i>Classification</i>
I	<u>Polyhydramnios–oligohydramnios sequence:</u> DVP > 8 cm in recipient twin and DVP < 2 cm in donor twin
II	<u>Bladder in donor twin not visible on ultrasound</u>
III	Absent or reversed umbilical artery diastolic flow, reversed ductus venosus a-wave flow, pulsatile umbilical venous flow in either twin
IV	Hydrops in one or both twins
V	Death of one or both twins

60. A primigravida came to the labor room at 40 weeks +5 days gestation for induction of labor. On per vaginal examination, the cervix is 1 cm dilated and 30% effaced. The vertex is at -1 station and the cervix is soft and posterior. What will be the **modified Bishop score** for this lady?

A. 3

B. 4

~~C. 5~~

D. 8

Cervical Feature	0	1	2	3
Cervical dilatation	0cm	1-2 cm	2-4 cm	> 4cm
Cervical length	4 cm 0-30%	2-4 cm 40-50%	1-2 cm 60-70	< 1 cm ≥ 80%
Station of presenting part	-3 cm	-2 cm	-1/0 cm	+1/+2 cm
Consistency of cervix	Firm	Average	Soft	
Position of cervix	Posterior	Mid position/ anterior		

61. A 5-month-old male infant is brought to the pediatrician's office by his worried parents. They report that the baby has been experiencing severe vomiting, lethargy, and poor weight gain since starting on solid foods a few weeks ago. The vomiting is described as projectile and occurs especially after fruits and juices. Physical examination reveals a malnourished and dehydrated infant. There are no other remarkable findings. Which of the following enzyme deficiency is likely?

HFI

A. Aldolase B

B. Fructokinase

C. Glucose 6-phosphatase

D. Hexokinase

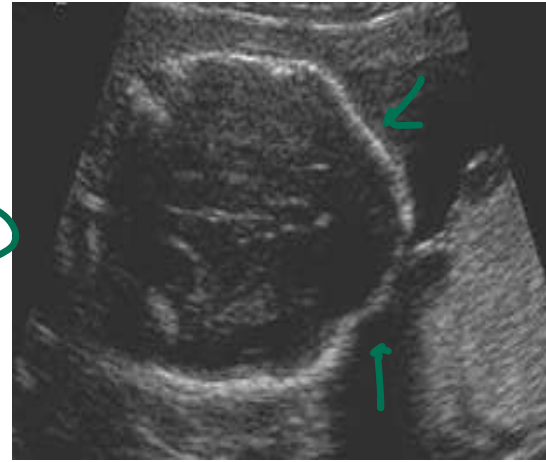
62. Identify the correct pair of malformations:

A. Acrania

B. Holoprosencephaly

C. Dandy Walker malformation

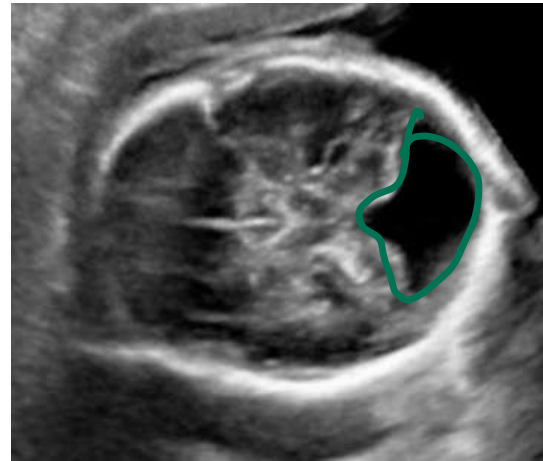
D. Omphalocele *x*



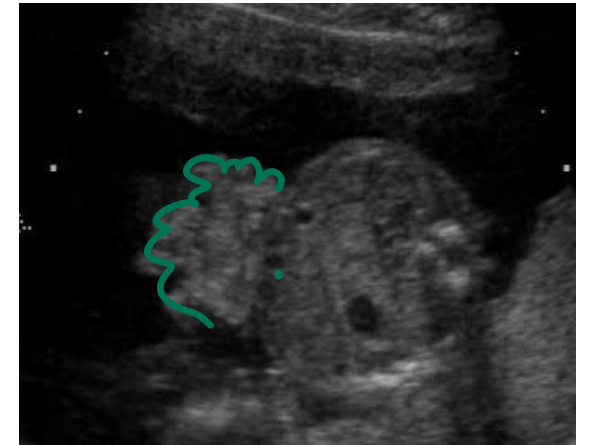
A *Lemon*



B *Cystic hygroma*



C



D *Gastros*

63. Sequential arrangement of order of appearance

1. Yolk sac — 2.
2. Double bleb sign 4.
3. Double decidual sign — 4sac
4. Cardiac activity — 3.

A. 1-2-3-4

B. 3-1-2-4

~~C. 3-1-4-2~~

D. 3-2-1-4

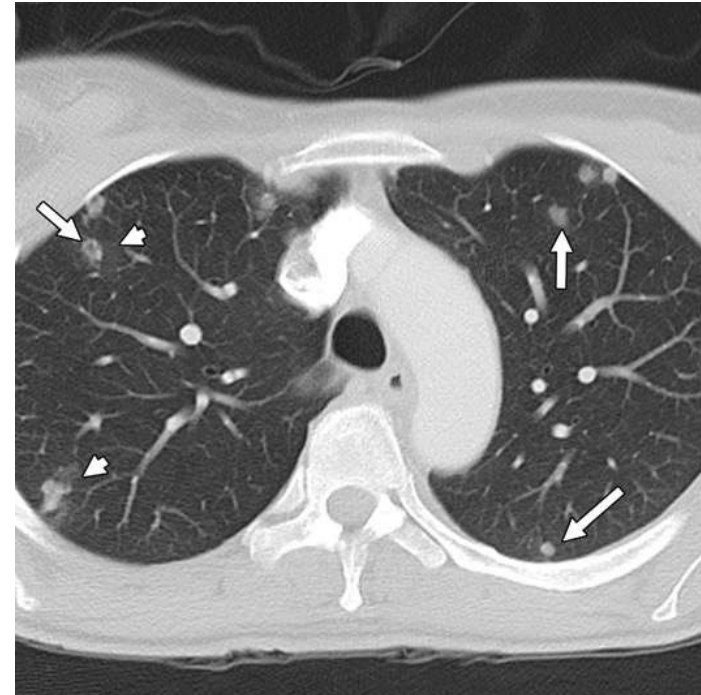
64. 28 year old postpartum woman complains of sore nipple. A lactation specialist evaluates and tells the patient that the baby's attachment is poor. All of the following are signs of good attachment during breastfeeding except ?

- A. Baby's chin is touching the breasts ✓
- B. Baby's lower lip is everted ✓
- C. Baby's mouth is wide open ✓
- D. Lower areola more visible than upper ✓

65. A 32-year-old woman presents to the emergency department with vaginal bleeding, pelvic pain, and shortness of breath. She reports having a molar pregnancy that was treated and resolved a few months ago. She initially had a complete molar pregnancy with dilation and curettage (D&C) performed to remove the abnormal tissue. Her human chorionic gonadotropin (hCG) levels were monitored and found to be persistently elevated. On examination, she appears pale and distressed. Her vital signs show tachycardia and tachypnea. Pelvic ultrasound reveals multiple, irregularly shaped masses in the uterus. HRCT is shown. What is the stage of her disease?

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

CCA E
lung mets



- Stage I - Disease confined to uterus
- Stage II -GTN extending outside uterus but limited to genital structures (adnexa, vagina, broad ligament)
- Stage III -GTN extending to lungs with or without known genital tract involvement
- Stage IV -All other metastatic sites

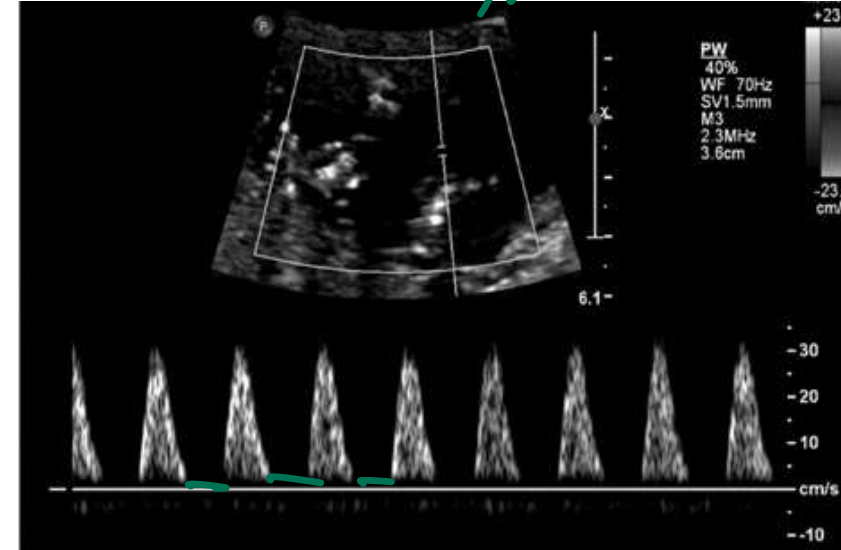
66. Which of the following statements regarding symmetrical and asymmetrical IUGR and ponderal index is correct?

- A. Symmetrical IUGR typically occurs due to placental insufficiency and results in a normal ponderal index. ✗
- B. Asymmetrical IUGR is often associated with a head-sparing effect and results in an increased ponderal index. ✗
- ~~C. Ponderal index is calculated as weight in grams by cube of height in cm~~
- D. Asymmetrical IUGR is primarily due to genetic factors and does not affect the ponderal index ✗

	Symmetrical	Asymmetrical
Etiology	↓ congen / TORCH arew	↓ UPI
HC	↓	head sparing (N)
AC	↓	↓
Ponderal index	$\frac{wt (g)}{FL / wt^3 (cm^3)}$ <u>> 2</u>	<u>< 2</u>
Prognosis		(☺)

67. A 28 weeks pregnant female presents with the fetal distress on examination and the test performed is given below. What should be the next step in management?

umb A dopple



- A. Immediate termination of pregnancy
- B. Give steroid cover and monitor with Doppler and BPP, and plan delivery
- C. Give steroid and take up for CS immediately ✗
- D. Go for normal vaginal delivery as baby is very small

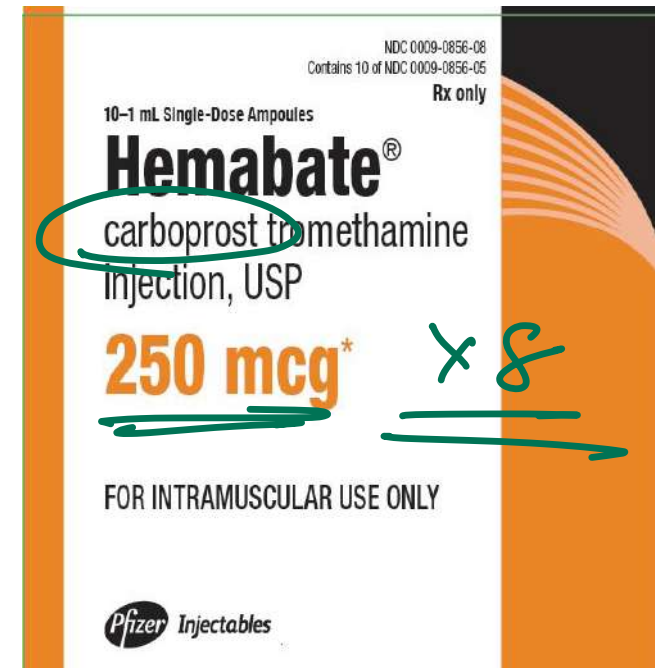
68. A 28-year-old woman, gravida 2 para 1, is admitted to the labor and delivery unit for the birth of her second child. Her pregnancy has been uncomplicated, and her prenatal care has been regular. She has a history of a previous vaginal delivery without complications. The labor progresses smoothly, and she delivers a healthy baby boy vaginally. However, during the third stage of labor the patient starts to experience profuse bleeding. The attending healthcare provider notices that the uterus is not contracting adequately. Vital signs reveal a drop in blood pressure, increased heart rate, and the patient appears pale. The shock index in the patient is 0.9. What is the maximum dose of the following drug in this scenario?

$$\text{SI} = \frac{\text{HR}}{\text{SBP}}$$

$$\text{MSI} = \frac{\text{HR}}{\text{MAP}}$$

0.5 - 0.7 (N)
 ↑ abN 0.9

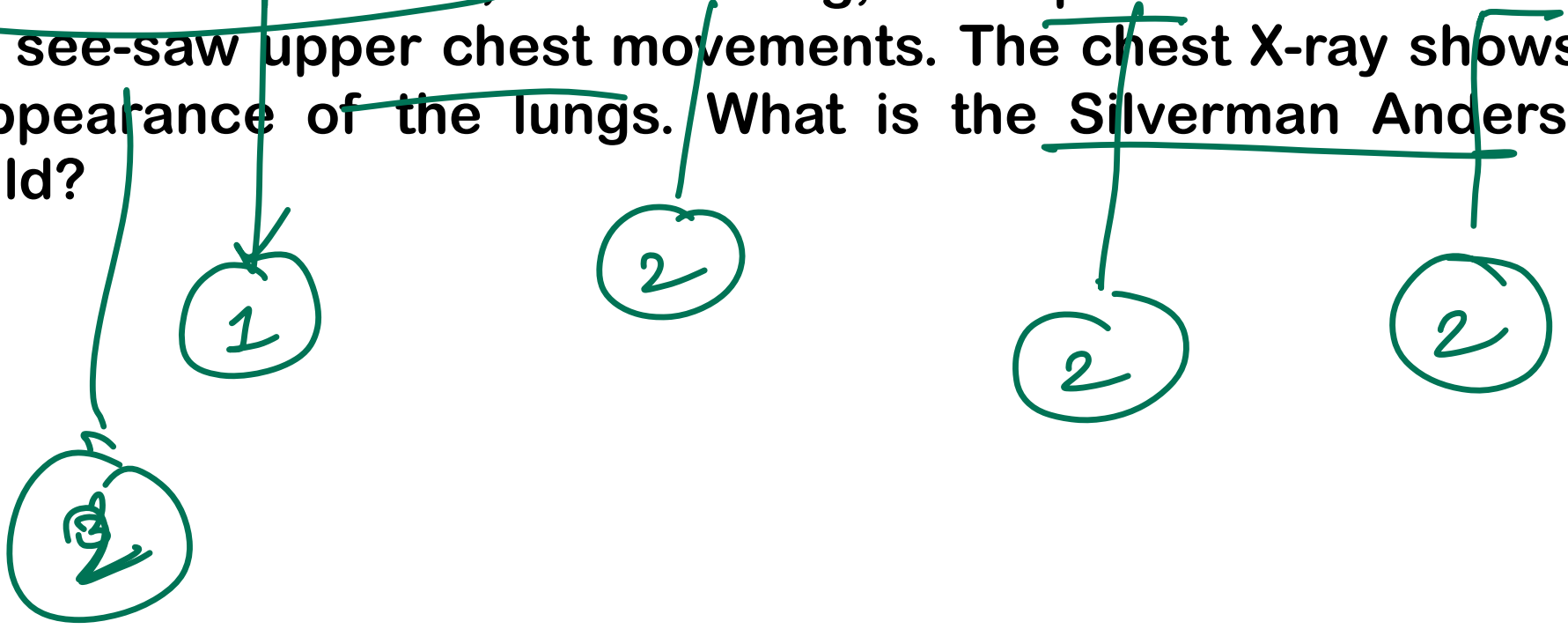
- A. 0.2mg
- ~~B. 2mg~~
- C. 20mg
- D. 200mg



pyq

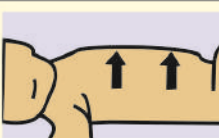




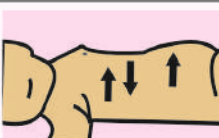




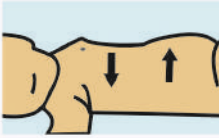

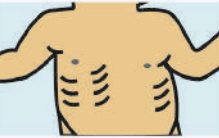

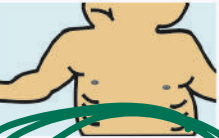
69. A 34-week gestational age male infant is born via vaginal delivery to a mother with a history of gestational diabetes. The infant exhibits rapid, labored breathing immediately after birth. Physical examination reveals grunting audible on auscultation, nasal flaring, and xiphoid and intercostal retractions with see-saw upper chest movements. The chest X-ray shows a ground-glass appearance of the lungs. What is the Silverman Anderson score for the child?

- A. 7
- B. 8
- ~~C. 9~~
- D. 10



Neonatal respiratory distress

Preterm

	UPPER CHEST MOVEMENT	LOWER CHEST RETRACTIONS	XIPHOID RETRACTIONS	NARES DILATATION	EXPIRATORY GRUNT
Grade 0	 Synchronized	 None	 None	 None	 None
Grade 1	 Lag on inspiration	 Just visible	 Just visible	 Just visible	 Heard with stethoscope
Grade 2	 See-Saw	 Easily seen	 Easily seen	 Easily seen	 Heard by ear
	Inspiratory			Expiratory	

Down

Score	0	1	2
Respirate Rate	<60	60-80	>80
Cyanosis	None	No cyanosis with oxygen	Cyanosis with oxygen
Retractions	None	Mild	Moderate to severe
Grunting	None	Audible with stethoscope	Audible without stethoscope
Air Entry	Good	Decreased	Barely Audible

70. An Rh negative, ICT negative mother, received anti-D injection at 28 weeks of gestation. After child birth at 37 weeks, what should be done?

- A. Anti-D should be given within 72 hours irrespective of child's blood group**
- B. Anti-D should be given if direct Coombs test is positive**
- C. Anti-D should be given if the child is Rh negative**
- D. Anti-D should be given if the child is Rh positive**

71. A pregnant female with unknown POG presented with labor pains and minimal vaginal discharge, on analysis of the cervicovaginal discharge showed fibronectin. A fetal lung maturity test is ordered, and the results show an L/S (lecithin-to-sphingomyelin) ratio of 1.8. What should be the next step?

$L/S \text{ — } > 2$ — lung maturity

A. Reassure about lung maturity and expectant management

B. Inj. betamethasone 12 mg for 2 doses 12 hours apart

~~C. Inj. betamethasone 12 mg for 2 doses 24 hours apart~~

D. Inj. dexamethasone 6 mg for 4 doses 24 hours apart

12hr apart

72. An 8-year-old child presents with prolonged cough for 7 months, streaky hemoptysis for 1 month and fever for 4 days. Chest X-ray is shown below. What is the diagnosis?

- A. Congenital lobar hyperinflation
- B. Lung abscess
- C. Round pneumonia
- D. Congenital thoracic malformation

Pores of
Kohn

QJ



73. A 30-year-old G3P2 with 10 weeks of amenorrhea comes with an intrauterine pregnancy with intrauterine contraceptive device in situ. On pelvic examination, the string of the IUCD was visible at the cervical os. Patient wishes to continue pregnancy. What will you do?

- A. Leave IUCD and continue pregnancy
- B. Terminate pregnancy because of high risk of infections
- C. Continue pregnancy with use of antibiotics throughout pregnancy

~~D. Remove intrauterine contraceptive device~~

↑ abortions / preterm labor / IUDs

x see trends

↓
USG - cut uterus

→ Remove it

↓
- remove

74. A 3-year old child has diarrhea for 4 days along with irritability and restlessness. There is no history of fever or blood in stools. On examination, eyes are sunken and skin pinch goes back slowly but within 2 seconds. On giving water, the child drinks readily. What will be the management of this patient?

1. Oral rehydration solution ✓✓
2. Salted rice water ✓
3. Tropicana fruit juice packets ✗✗
4. Zn 10mg/d for 14d <6mm
5. Zn 20mg/d for 14d
6. Oral ciprofloxacin ✗
7. Prebiotics ✗

- A. 1,2,3,4,6,7
- B. 1,2,4,6
- ~~C. 1,2,5~~
- D. 1,2,5,7

IMNCI

75. Jennifer is pregnant with twins. She has a history of one live birth at beginning of 9 months and 2 abortions.
What will be her obstetric score?

~~A.~~ G4P01A2L1

B. G4P10A1L2

C. G5P01A2L1

D. G5P10A2L1

O1A2 L1

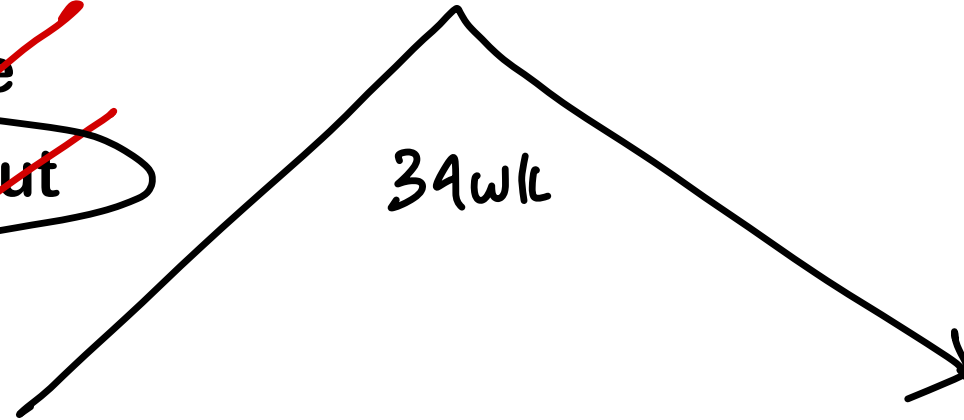
76. All of the following increase at full term in pregnancy except:

A. Minute volume ✓✓

B. GFR ✓

C. Blood volume ✓

D. Cardiac output ✓



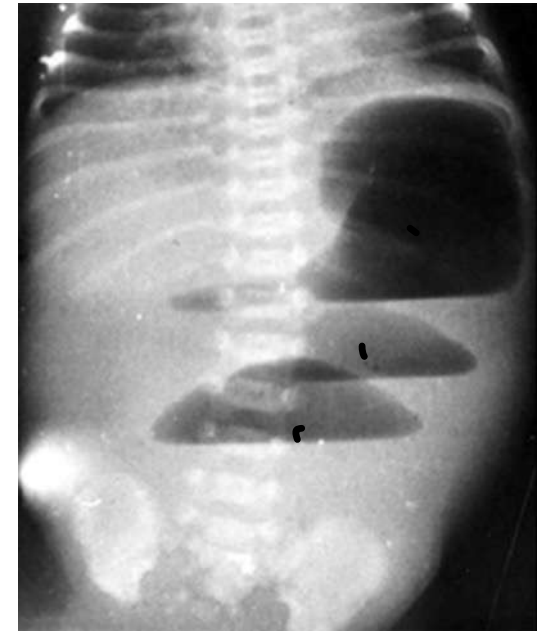
77. A 3-day-old neonate presented with recurrent bilious vomiting. X-ray erect abdomen was done and is shown below, which of the following will be next step in the management of the given patient?

A. CECT abdomen with oral contrast

~~B. Gastrograffin follow through.~~

C. USG abdomen

D. Exploratory laparotomy



malrotation

78. Match the following images with the correct name of the manoeuvre

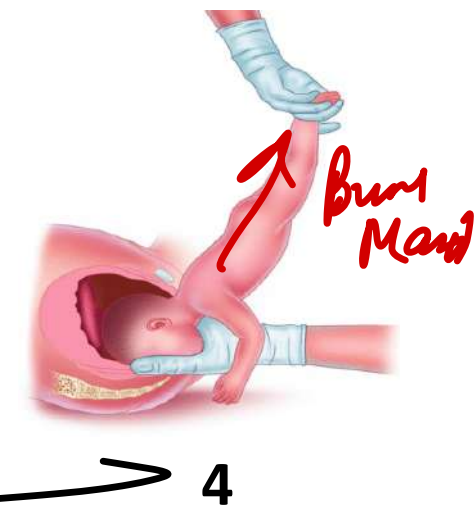
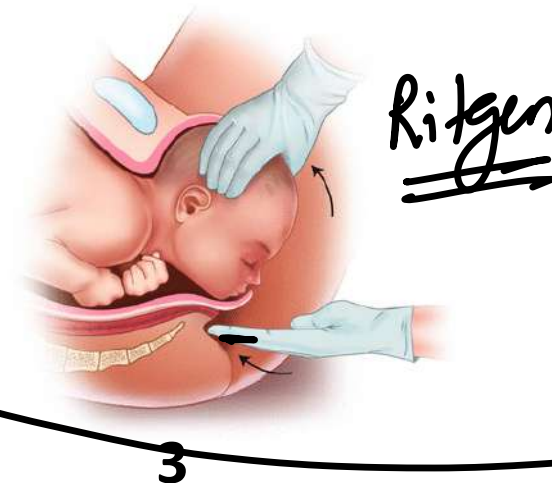
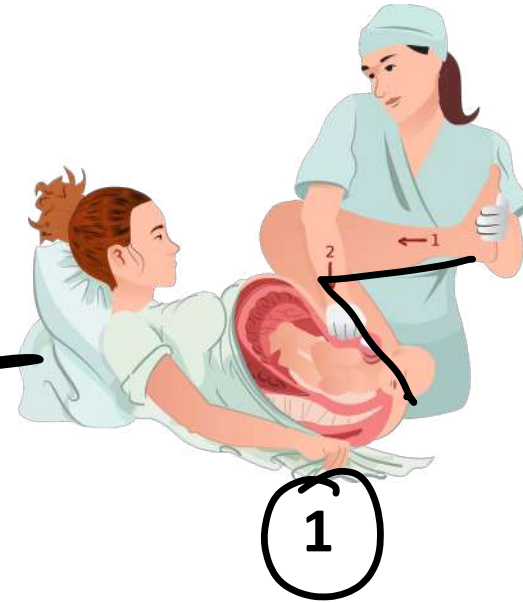
- A. Pawlick grip
- B. Pelvic grip
- C. Rubin manoeuvre
- D. McRobert manoeuvre
- E. Ritgen manoeuvre
- F. Burns Marshall manoeuvre
- G. Mauriceau–Smellie–Veit maneuver

a) A. 1-D, 2-B, 3-G, 4-F

~~b) 1-D, 2-A, 3-E, 4-F~~

c) 1-C, 2-A, 3-G, 4-C

d) 1-G, 2-B, 3-C, 4-G



MANOUEVERS



F

L

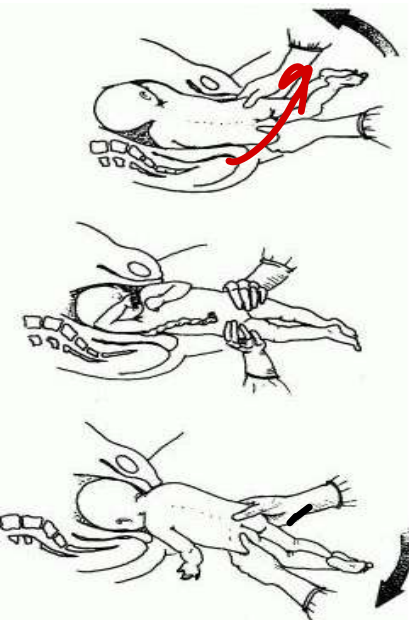
Sanukh

Petric



— McRoberts

The McRoberts maneuver is the least invasive maneuver to disimpact the shoulders in shoulder dystocia. Position the patient in the extreme lithotomy position with the hips completely flexed (knee-chest position); this may free the anterior fetal shoulder.



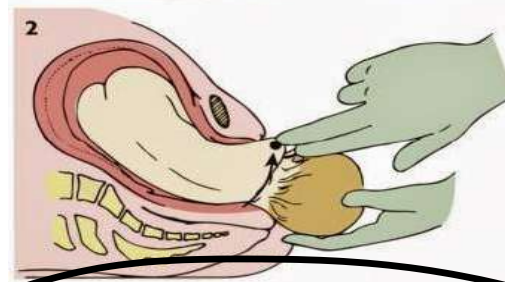
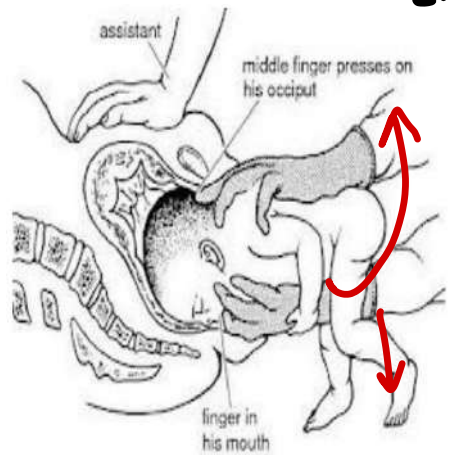
BM

Fetus is held by hip or bony pelvis

The fetus is rotated through 180 degrees to deliver the shoulder and arm

The fetus is rotated to the opposite direction so that the other shoulder and arm are delivered under the pubic symphysis

Snellie



Rubin or reverse Wood's screw maneuver. 1, Rotate the posterior shoulder. 2, Deliver the rotated shoulder.

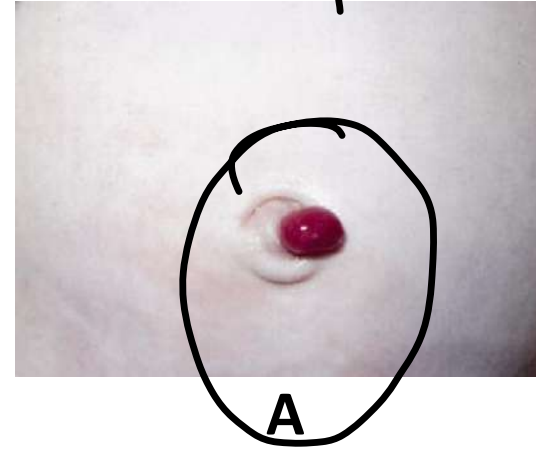
79. Match the incorrect pair

A. Umbilical polyp

B. Exstrophy bladder

C. Iniencephaly

D. Jeune's asphyxiating thoracic dystrophy



*B
omphalocele*



C



D

80. Which of the following options is incorrectly matched?

1. Prolapse in pregnancy: Ring Pessary ^{Sx CI} ² ^{> 80 yrs} (T)
2. Vault prolapse - Sacrospinous ligament suspension (T)
3. Cystocele - Colposuspension ~~xx~~
4. Rectocele - Posterior colporrhaphy =
5. Prolapse in a female who desires future child bearing-Shirodkar sling surgery
6. Prolapse in a 65 year old female with DM and hypertension-Le Fort's colpocleisis ^{> 60 - 80 yrs}

A. 4,5

B. 3,6

C. 2

~~D. 3~~

Management:

Ring pessary, Kegels

Surgical:

-Obliterative (Colpocleisis) –Le Fort

-Reconstructive

Cystocele: Anterior colporrhaphy

Vaginal apex: Hysterectomy + US/SS ligament fixation ^{vault}

Rectocele: Colpoperinorrhaphy

Fertility preserving: Sling surgeries

Shirodkar/ Purandare/ Khanna: Cervix to sacrum/rectus sheath/ASIS

Uterus preserving: Fothergill/Manchester repair –Cervical amputation

81. An adolescent school girl complains of dropping objects from hands, it gets precipitated during morning and during exams. There is no history of loss of consciousness and cousin sister has been diagnosed with epilepsy. Which of the following statements is false?

JME

A. EEG shows 4-5 Hz polyspike and slow wave pattern

B. GABRA-1 mutation is associated

GABA

~~C. ACTH administration has been found to be useful~~

-xx infantile spasms

D. SSPE is a possible differential diagnosis

82. 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. She also mentions experiencing chronic fatigue and gastrointestinal discomfort, including diarrhea and bloating, especially around her menstruation. Her menstrual flow is heavy, and she often misses work due to the pain. 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 ✓



Kissing ovaries ✓

MEDICAL MANAGEMENT IN ENDOMETRIOSIS

E ↑ T

The aim is to create a state of amenorrhoea. If the patient doesn't bleed, the endometriotic lesions will resolve. This can be done by:

- Hormonal contraceptives (Combined oral contraceptive pills): Continuous use (Not cyclical i.e. not letting the patient bleed) for 3-6 months.
- Progesterone: Oral/ injectable/ LNG-IUS: These act by causing endometrial atrophy.
- GnRH agonist (Gonadotrophin-releasing hormone agonist): Creates a state of pseudo-menopause. If given long term, add back therapy is required.
- Drugs - GnRH analog (Leuprolide), Oral contraceptive pills, Letrozole, Danazol, Gestrinone, Antiprogestosterone-Mifepristone, Progesterone (Medroxyprogesterone acetate)

83. Identify the true statements

1. According to new WHO guidelines, the ideal number of antenatal visits are 8
2. Lash and Lash cerclage is performed in a nonpregnant female (T)
3. First stage labor pain is mediated by T10 to L1 spinal segments (T)
4. According to Kassowitz rule, if a woman with untreated syphilis has a series of pregnancies, the likelihood of infection of the fetus in later pregnancies becomes less.
online

~~A. 1, 2, 3, 4~~

B. 1, 2, 3

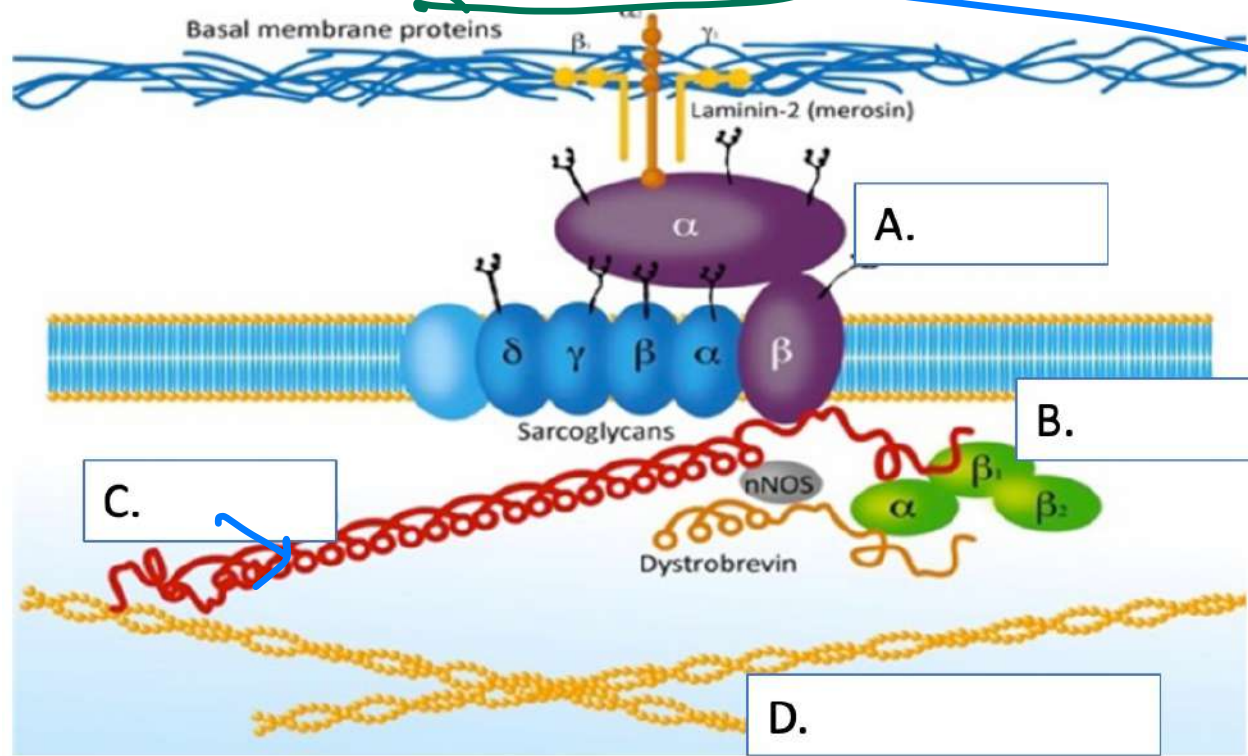
C. 1, 3, 4

D. 2, 4

WHO (8)
Indian - ideal - 13
min - (4)

- Labor pain is due to stimulation of nociceptors in the genital tract caused by ischemia.
 - First stage labor: Pain is mediated by T10 to L1 spinal segments. It is caused by distension of the cervix and low uterine segments along with isometric uterine contraction.
 - Second stage labor: Pain is carried by T12 to L1 and S2 to S4 spinal segments. It is caused by tissue damage in the pelvis and perineum

84. Identify the site affected in the disease for which the new drug Eteplirsen has been recently approved



Anti-sense drug

dystrophin

DMD



- A. A
- B. B
- ~~C. C~~
- D. D

85. All of the following are true regarding the recommended HPV vaccination schedule according to WHO SAGE except:



- A. 1 or 2 doses schedule for the primary target of girls aged 9-14 years.
- B. 1 or 2 doses schedule for young women aged 15-20 years.
- C. 2 doses with a 6-month interval for women older than 21 years.
- D. ~~1 or 2~~ doses for immunocompromised individuals

3 doses

86. Arrange the following steps of dilation and curettage in sequence?

1. Serial dilation
2. Curettage
3. Uterine sound
4. Assessment of uterine size and direction

①

Options:

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

87. A 2-year-old child is brought to the emergency department with a high fever with rash, redness and swelling of the hands and feet, and cracked lips. The child has been irritable and fatigued for the past few days. On examination, the child has bilateral conjunctival injection and cervical lymphadenopathy. Which of the following statements is false? Kawasaki

A. IVIG and aspirin is treatment of choice (T)

B. MMR and varicella vaccines should be avoided at this time

~~C. Avoid Influenza shots due to risk of Reye syndrome~~ killed

D. Follow-up ECHO is recommended in all cases (T)

live vaccines

aspirin

IVIG

88. 34-year-old G2P1 patient was admitted to the labor room in labor at 38 weeks of gestation. On examination, infra-umbilical flattening was noted with FHS in flank. The most appropriate management would be?

- A. Emergency caesarean section
- B. Wait and watch for progress of labour
- C. Early rupture of membranes
- D. Start oxytocin drip

↓
OP

89. A female presents to OPD with 6 weeks of amenorrhea complaints of bleeding per vagina and mild abdominal pain. The urine pregnancy test is positive and hCG level is 2800 IU/L. On investigation, mass is seen on the left adnexa measuring 3 x 2 cm. She is hemodynamically stable. How will you manage this patient?

A. Oral methotrexate ✗

B. Single-dose methotrexate injection

— d 4, d 7 hCG — repeat

C. Serial methotrexate + leucovorin rescue

D. Salpingectomy

90. What are the components of Nada's Minor Criteria?

1. Systolic murmur Grade 3
2. Diastolic murmur
3. Abnormal second heart sound
4. Abnormal BP

Options

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

NADA'S CRITERIA

MAJOR

1. Systolic murmur Grade ≥ 3
2. Diastolic murmur
3. Cyanosis
4. Congestive Heart Failure

MINOR

1. Systolic murmur \leq Grade 2
2. Abnormal Second heart sound
3. Abnormal ECG
4. Abnormal Chest Xray
5. Abnormal Blood pressure

91. A pregnant lady delivered a male baby on her way to the hospital. On reaching the hospital, the umbilical cord is cut, placenta delivered and the baby was handed over to the pediatrician. On examination, you note a perineal tear in which the 75% of external anal sphincter is disrupted. What is the classification?

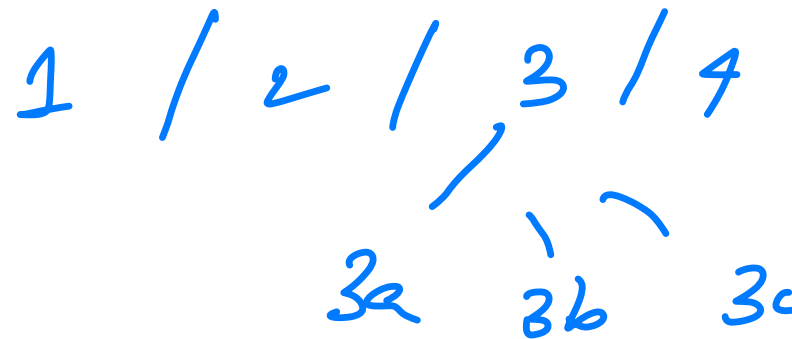
A. 2

B. 3a

~~C. 3b~~

D. 4

(3c)



First degree	Injury to perineal skin only
Second degree	Injury to perineum involving muscles but not the anal sphincter
Third degree	Injury to perineum involving the anal sphincter complex
III a	Less than 50% of External anal sphincter (EAS) torn
III b	More than 50% of EAS torn
III c	Both EAS and Internal anal sphincter (IAS) torn
Fourth degree	Injury to the perineum involving the anal sphincter complex (EAS and IAS) and

92. A 34-year-old woman who recently delivered a full-term baby presents to the emergency department with complaints of persistent fever, lower abdominal pain, and increasing tenderness over the past few days. She delivered her baby via an uncomplicated vaginal delivery two weeks ago. She has been feeling generally unwell since the delivery, with fatigue and malaise. On examination, the patient appears pale and febrile. Lower abdominal tenderness is noted, particularly on palpation of the uterine fundus. There is also localized redness and warmth over the lower abdomen. Her vital signs reveal an elevated heart rate and temperature. Laboratory tests show an elevated white blood cell count, and imaging studies such as ultrasound and computed tomography (CT) scan 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

↓
Septic pelvic
thrombophlebitis

93. Which of the following increase the risk of recurrence of febrile seizures?

1. Age <1 year

2. Temperature of 38-39°C

3. Duration of fever <24 h

4. Duration of fever >48 h

Options:

A. 1, 2, 4

B. 1, 4

~~C. 1, 2, 3~~

D. 1, 3, 4 ✗ ✗

Table 611.5**Risk Factors for Recurrence of Febrile Seizures*****MAJOR**

Age < 1 yr

Duration of fever < 24 hr

Fever 38-39°C (100.4-102.2°F)

MINOR

Family history of febrile seizures

Family history of epilepsy

Complex febrile seizure

Daycare

Male gender

Lower serum sodium at time of presentation

*Having no risk factors carries a recurrence risk of approximately 12%; one risk factor, 25–50%; two risk factors, 50–59%; three or more risk factors, 73–100%.

94. Identify the incorrect pair of contraceptive dosages

- A. Ullipristal for emergency contraception-30mg single dose (T) ✓
- B. LNG for emergency contraception 1.5mg two tablets repeated after 12hrs ✗
- C. DMPA 150mg im 3 monthly ✓
- D. Mirena 52mg LNG with 20ug/d release ✓

95. Examination of a patient with cervical carcinoma revealed a cervical lesion of 6 cm, extending to the upper part of the vagina and parametrium. What is the preferred management for the patient?

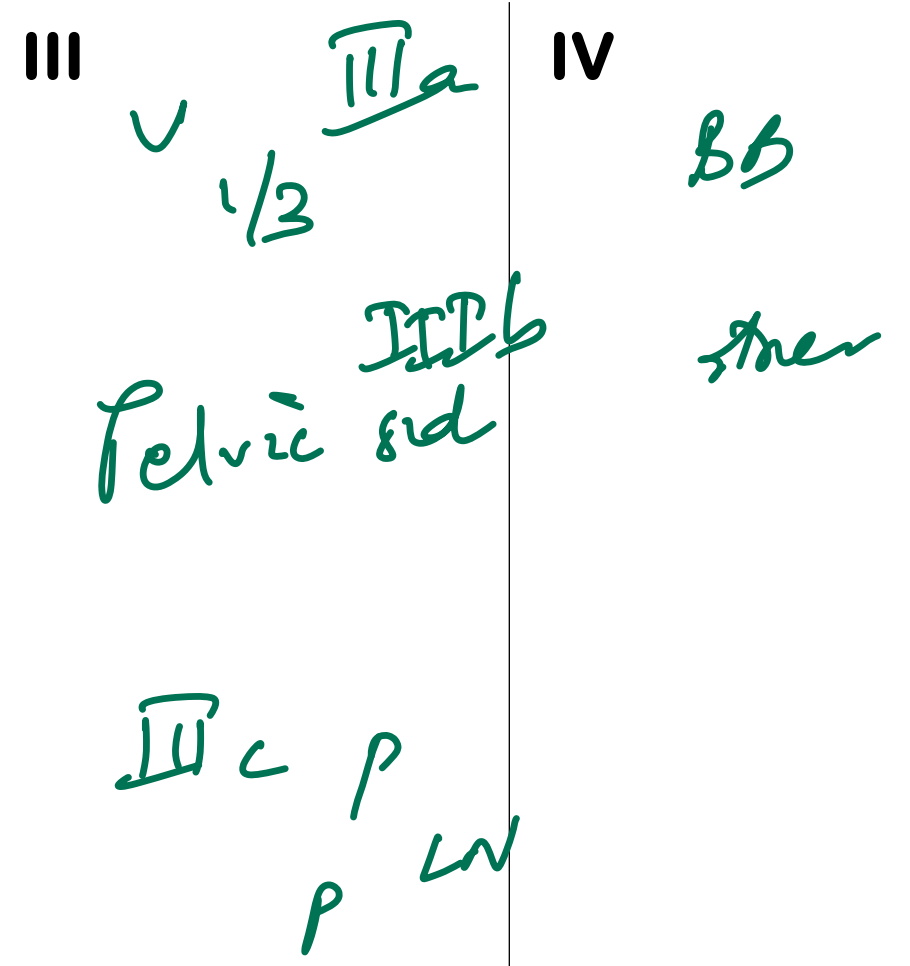
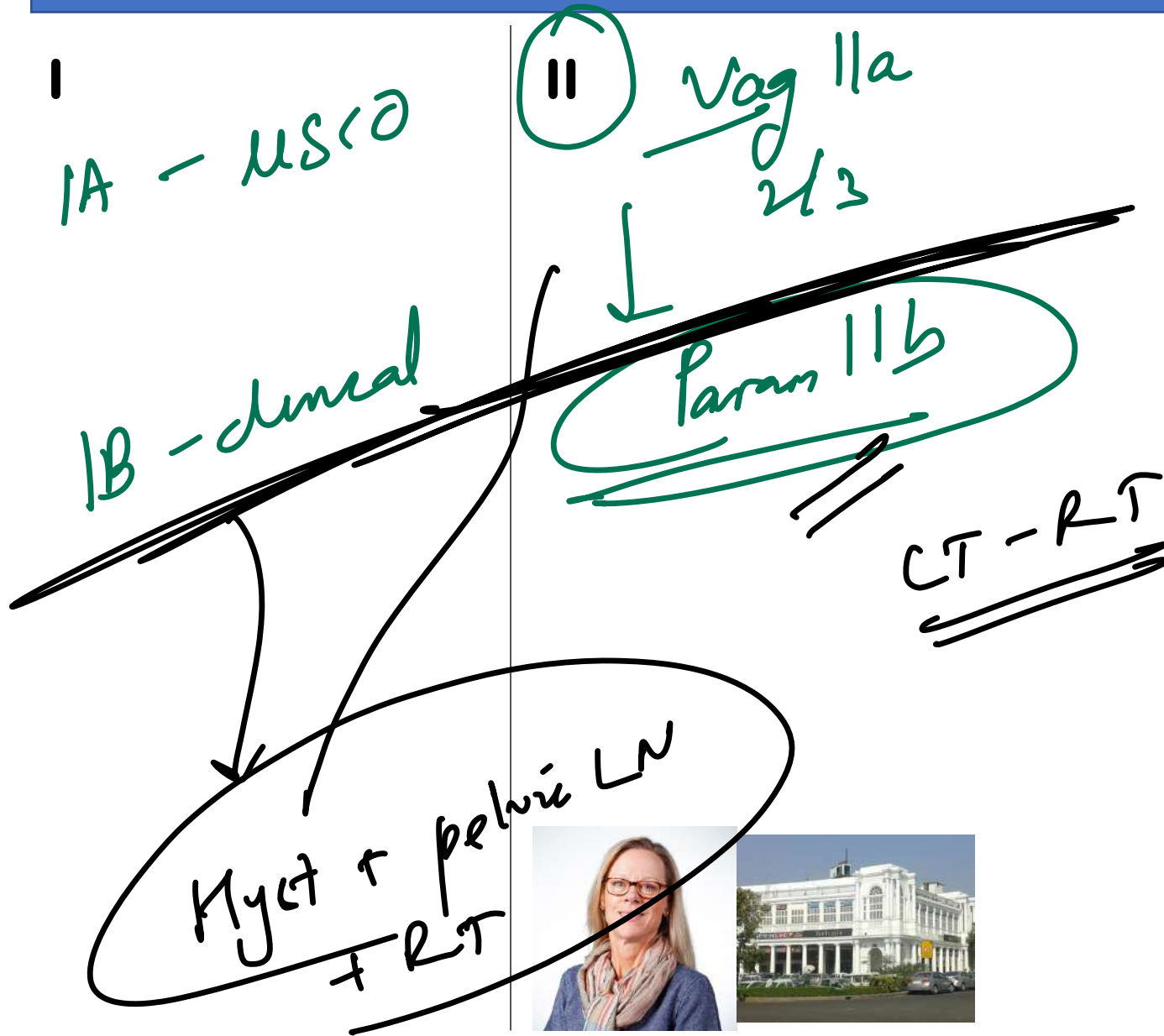
A. Conization

B. Modified radical hysterectomy with Pelvic lymphadenectomy

C. Chemoradiation

D. Palliative RT

CA CERVIX



96. A child presents with cold feet and a history of wearing socks even in the summers. On examination, lower limb pulses are diminished as compared to the radial pulse. Prominent radio femoral delay is present. What is the underlying condition?

A. Pre-ductal ^{Infantile} coarctation of aorta

~~B. Coarctation distal to the origin of the left subclavian artery~~

C. Supply is from posterior to anterior thoracic artery.

D. Collaterals develop to supply upper limb.

CoA

xx LL

A
P ←

97. 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

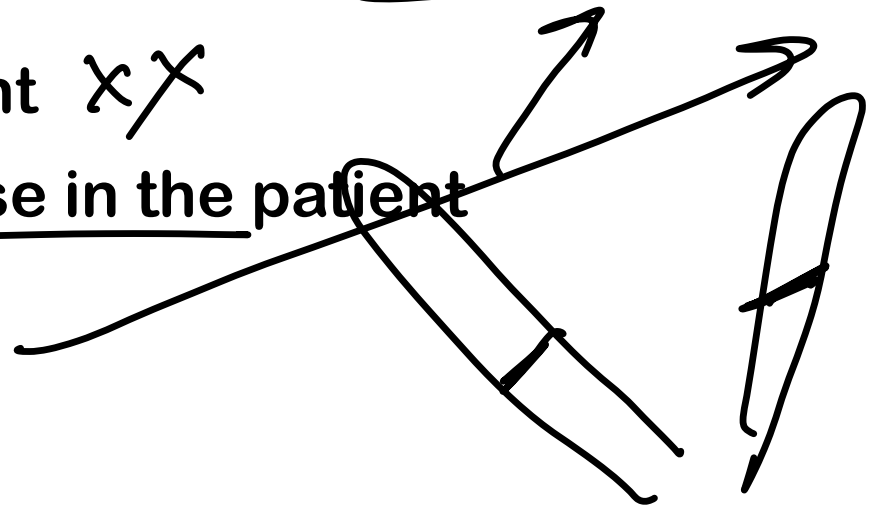
A. Placenta previa should be ruled out

~~B. Uterine diadelphys is likely in the patient~~ XX

C. There are high chances of cord prolapse in the patient

D. Elective LSCS should be performed

transverse lie



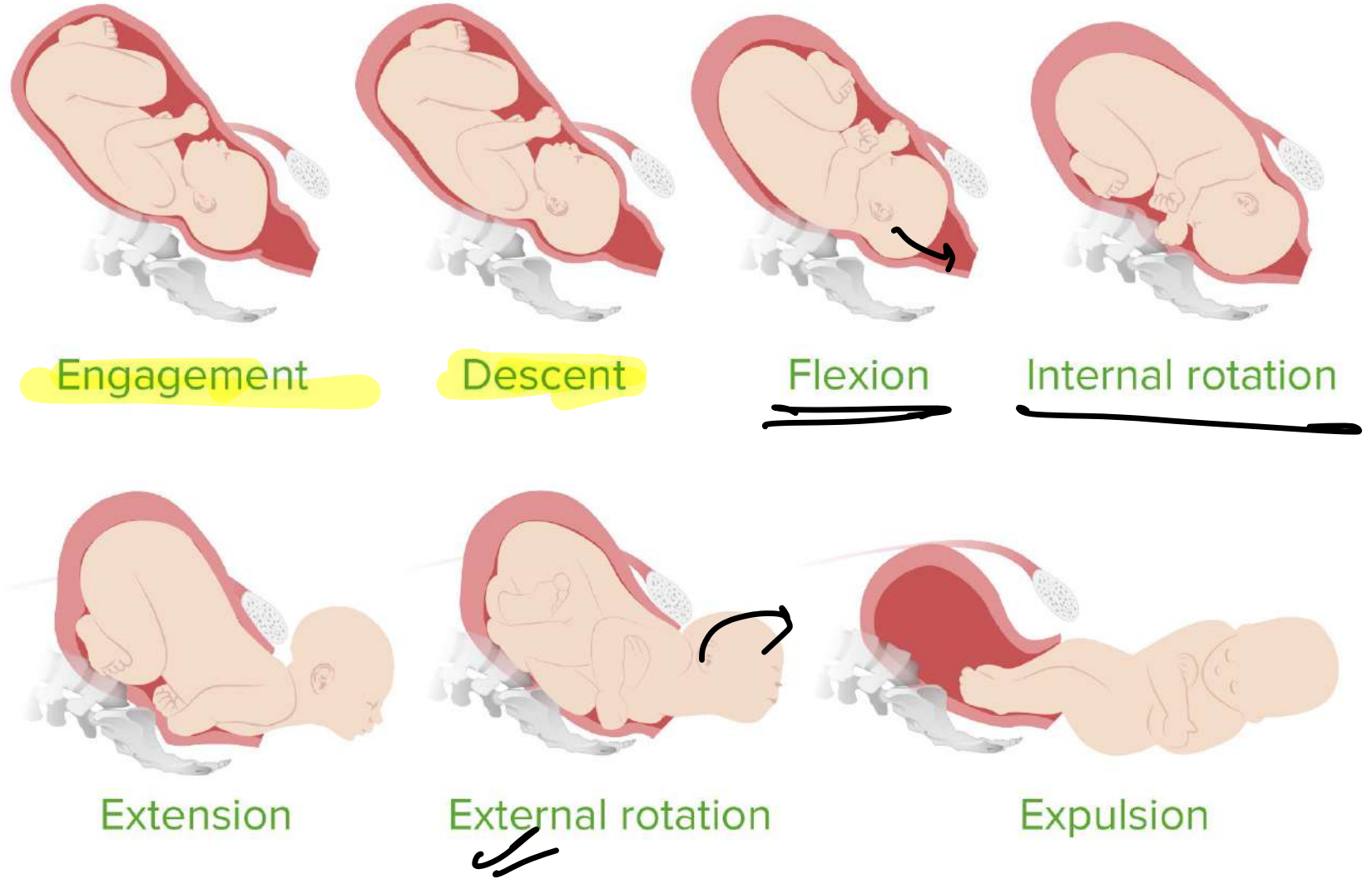
98. All of the following are true except:

- A. The cardinal movements in the mechanism of labor are Engagement -> Crowning -> Flexion -> Restitution -> Internal rotation ✗
- B. cOCPS have no role in protection against HIV and STDs
- C. Warning bleeds are a feature of placenta previa
- D. An upper segment cesarean section is done in case of perimortem cesarean section if there is no return of spontaneous circulation in 5 minutes in a pregnant woman who has experienced total cardiopulmonary arrest

✗ only in 09 ✗
LR ==

• The cardinal movements in the mechanism of labor are

- Engagement
- Descent
- Flexion
- Internal rotation
- Extension (preceded by crowning)
- Restitution
- External rotation
- Expulsion of rest of the body



99. Identify the correct statements:

1. GH does not play a role in the growth of the fetus T
2. Arm span can be used as a substitute for baby's US:LS ratio x HL
3. Child attains half the adult height by ~~12-15 months~~ xx
4. In resuscitation of a baby with MSL, routine gastric aspiration and intra-tracheal suction should be avoided 18-24 mos

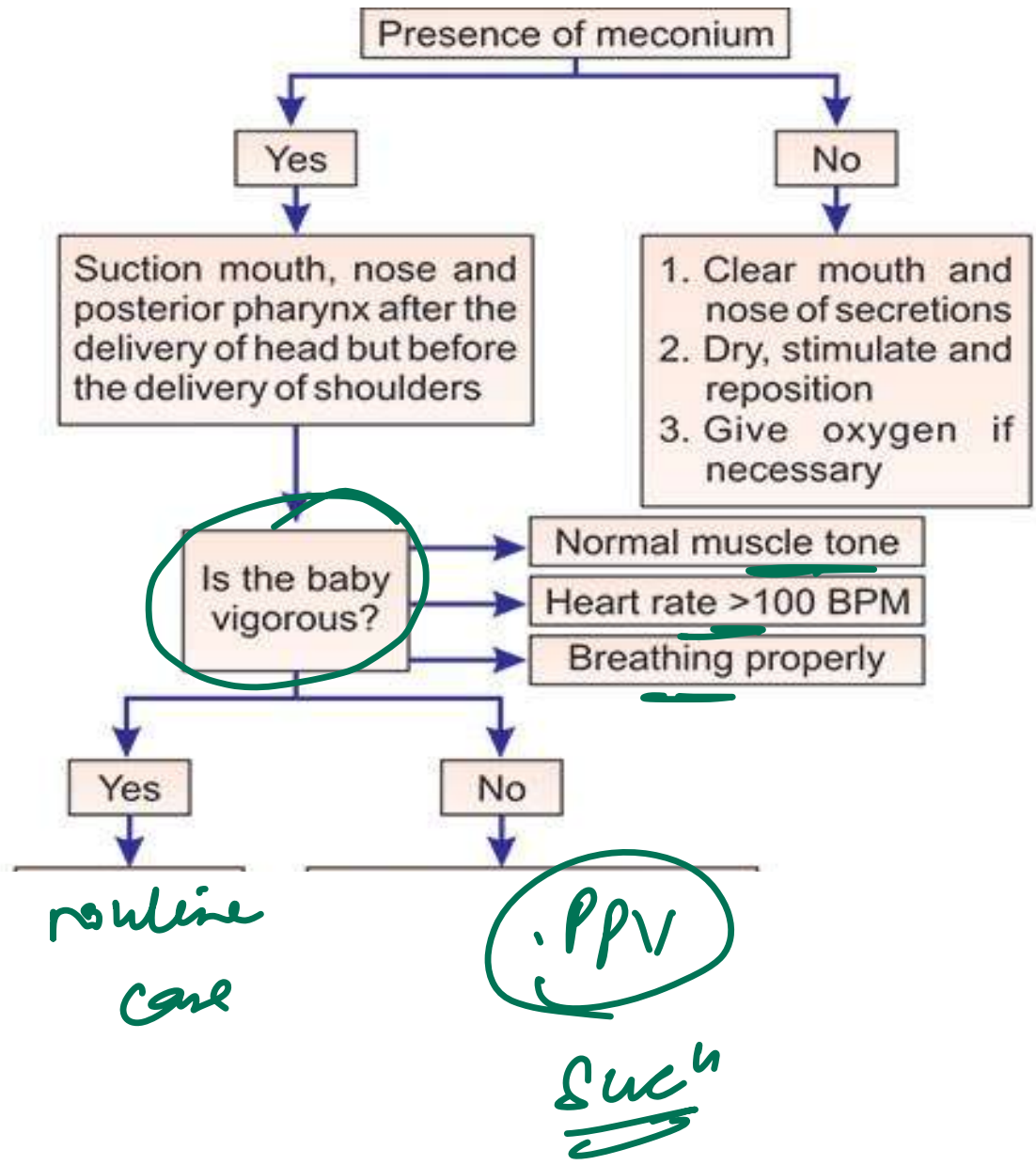
Options

A. 1, 2, 3

~~B. 1, 4~~

C. 1, 2, 4

D. 2, 4



100. The following milestone is seen at what age?

A. 15 Months ✓

B. 18 Months

C. 24 Months ✗

D. 36 Months ✗



Thank You