

GYNECOLOGY



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Section A

1. ANATOMY OF FEMALE GENITAL TRACT

ANATOMY OF FEMALE GENITAL TRACT (QUESTIONS)

1. Prepuberty ratio of corpus of uterus and cervix is?
a. 1:2
b. 1:1
c. 2:1
d. 3:1
Ref: Shaw's 15/e p8
2. All of the following are classified as primary supports of uterus EXCEPT:
a. Transcervical ligament
b. Pubocervical ligament
c. Uterosacral ligament
d. Broad ligament
Ref: Shaw's 15/e p331
3. Ovarian artery is a branch of:
a. Abdominal aorta
b. Common iliac artery
c. Internal iliac
d. External iliac
Ref: Shaw's 15/e p19
4. All are supports of uterus except:
a. Mackenrodt's ligament
b. Round ligament
c. Uterosacral ligament
d. Transcervical ligament
Ref: Shaw's 15/e p18
5. Length of female urethra is:
a. 20 mm
b. 40 mm
c. 60 mm
d. 80 mm
Ref: Shaw's 15/e p12
6. The following artery is not a branch of the anterior division of internal iliac artery: (DP PGMEE 2009)
a. Uterine
b. Internal pudendal
c. Iliolumbar
d. Vaginal
Ref: BDC 4/e Vol-II, p389
7. Size of uterus in inches is: (DNB 2005)
a. $5 \times 4 \times 2$
b. $4 \times 3 \times 1$
c. $3 \times 2 \times 1$
d. $4 \times 2 \times 1$
Ref: Shaws 15/e p6, 14/e p6
8. Vestibule of vagina develops from: (DNB 2009)
a. Wolffian duct
b. Mullerian duct
c. Genital tubercle
d. Urogenital sinus
Ref: Dutta Gynae 6/e p34
9. Weight of nulliparous uterus is: (DNB 2011)
a. 30-40 gms
b. 40-60gms
c. 50-80 gms
d. 80-100gms
Ref: Shaw's 15/e p6
10. All of the following pelvic structures support the vagina, except: [AIIMS May 04]
a. Perineal body
b. Pelvic diaphragm
c. Levator ani muscle
d. Infundibulopelvic ligament
Ref: Shaw's 15/e p16, 17, 33
11. Protective bacterium in normal vagina is: (J & K 01)
a. Peptostreptococcus
b. Lactobacillus
c. Gardnerella vaginalis
d. E. coli
Ref: Shaw's 15/e p127
12. With reference to vagina which of the following statement is not correct: (UPSC 07)
a. It has mucus secreting glands
b. It is supplied by uterine artery
c. It is lined by stratified squamous epithelium
d. Its posterior wall is covered by peritoneum
Ref: Shaw's 15/e p4, 20
13. A woman presents with a fluctuant non-tender swelling at the introitus. The best treatment is: (AI 08)
a. Marsupialization
b. Incision and drainage
c. Surgical resection
d. Aspiration
Ref: Shaw's 15/e p125
14. Parts of fallopian tube from ovary to uterus are: (Delhi 06)
a. Infundibulum – Ampulla – Isthmus – Intramural
b. Ampulla – Isthmus – Intramural – Infundibulum
c. Infundibulum – Ampulla – Isthmus – Intramural
d. Isthmus – Ampulla – Infundibulum – Intramural
Ref: Shaw's 15/e p11
15. Barr bodies are not present in: (DNB 01)
a. XO
b. XXY
c. XX
d. XXX
Ref: Shaw's 15/e p110,111
16. Commonest site of fertilization is: (DNB 04, MH 08)
a. Isthmus
b. Ampulla
c. Infundibulum
d. Interstitial
Ref: Shaw's 15/e p11, Dutta Obs, 6/e p21

Ans.	1. a. 1:2	2. d. Broad ligament	3. a. Abdominal aorta	4. b. Round ligament
	5. b. 40 mm	6. c. Iliolumbar	7. c. $3 \times 2 \times 1$	8. d. Urogenital sinus
	9. c. 50-80 gms	10. d. Infundibulopelvic...	11. b. Lactobacillus	12. a. It has mucus...
	13. a. Marsupialization	14. a. Infundibulum...	15. a. XO	16. b. Ampulla

- 17. True about isthmus are all except:** (TN 03)
 a. Measures 20 mm in length
 b. Forms lower uterine segment
 c. Mucosa similar to endometrium
 d. Present between cervical mucosa and endometrial mucosa
Ref: Shaw's 15/e p8
- 18. Bartholin's' gland correspond to:** (UP 07)
 a. Bulbourethral gland
 b. Urethral gland

- c. Paraurethral gland
 d. Cowper gland
Ref: Jeffcoate 7/e p728; Shaw's 15/e p95 Table 7.1

- 19. Retroversion of uterus is prevented by:** (DNB 2011)
 a. Uterosacral ligament
 b. Mackenrodt ligament
 c. Round ligament
 d. Broad ligament
Ref: Jeffcoate 7/e p46, BD Chaurasia vol 2 4/e p320

Ans. 17. a. Measures... 18. d. Cowper 19. c. Round ligament

2. REPRODUCTIVE PHYSIOLOGY AND HORMONES IN FEMALES

REPRODUCTIVE PHYSIOLOGY AND HORMONES IN FEMALES (QUESTIONS)

1. Self breast examination by females is advisable to be done at which of the following time?
 - a. Premenstrual period
 - b. During menses
 - c. 7-10 days after menses
 - d. Ovulatory period

Ref: Textbook of Gynaecology by D C Dutta 6/e p565, 5/e p538
2. Post-ovulation, the cervical mucus: (DNB 2005)
 - a. Shows pattern on drying
 - b. Is thick
 - c. Is thin and cellular
 - d. Seroconversion during pregnancy

Ref: Shaws 15/e p14/e p38, 39, 194, Dutta 6/e p114
3. The amount of blood loss during each menstrual period is about: (DNB 2006)
 - a. 10 cc
 - b. 35 cc
 - c. 50 cc
 - d. 100 cc

Ref: Shaws 14/e p256
4. The pH of vagina in adult woman is: (DNB 2006)
 - a. 4.5
 - b. 6.5
 - c. 7.5
 - d. 7.0

Ref: Dew Hurst 6/e p Dutta, Novak
5. Ovulation is characteristically associated with: (DNB 2010)
 - a. Decreased FSH
 - b. Decreased LH
 - c. LH surge
 - d. Prolactin surge

Ref: Shaw's 15/e p41
6. Vaginal pH is most acidic in: (DNB 2011)
 - a. Menstruation
 - b. Pregnancy
 - c. Puerperium
 - d. Infancy

Ref: Jeffcoat 7/e p27, Novak Gynaecology 12/e p192
7. Primordial follicles are developed completely with in: (Kolkata 2009)
 - a. 14 weeks
 - b. 8 weeks
 - c. 4 weeks
 - d. 28 weeks

Ref: Williams Obs 23/e p99
8. Mature Graafian follicle preovulatory is less than: (Karnataka 2009)
 - a. 12mm
 - b. 14mm
 - c. 18 mm
 - d. 25mm

Ref: Dutta Obs, 7/e, p-20
9. An antihormonal substances used to induce ovulation is:
 - a. Mifepristone
 - b. Clomiphene citrate
 - c. Tamoxifen
 - d. Raloxifen

Ref: Shaw's 15/e p314
10. LH surge occurs due to:
 - a. Positive feedback
 - b. Negative feedback
 - c. Local reaction
 - d. Rupture of follicle

Ref: Shaw's 15/e p46
11. Size of ovarian follicle at ovulation is?
 - a. 0.5 to 1 cm
 - b. 1 to 1.5 cm
 - c. 1.5 to 2 cm
 - d. 2 to 2.5 cm

Ref: Dutta Obs 7/e p20
12. Normal blood loss in menstruation is?
 - a. 20 to 40 mL
 - b. 40 to 80 mL
 - c. 80 to 120 mL
 - d. 120 to 150 mL

Ref: Shaw's 15/e p299
13. Ferning pattern of mucus under influence of:
 - a. Progesterone
 - b. Estrogen
 - c. Testosterone
 - d. Prostaglandins

Ref: Shaw 15/e, p37
14. Size of Graafian follicle is: (MAHE 02)
 - a. 2 mm
 - b. 3 mm
 - c. 4 mm
 - d. 6 mm

Ref: Jeffcoat's 8/e p56, 7/e p61
15. Which of the following is seen in the ovulatory phase? (AIIMS May 11)
 - a. Stimulation of continuation of reduction division of oocytes
 - b. Inhibin A is increased
 - c. FSH increases steroid synthesis in granulosa cells
 - d. Activin causes FSH to act on granulosa cells

Ref: Leon speroff 8/e, p213, 223, 226, 229
16. In ovarian cycle, increased levels of LH are due to: (AIIMS May 11)
 - a. Increased progesterone
 - b. Increased estrogen
 - c. Increased FSH
 - d. Increased androgens

Ref: Shaw's 15/e p41
17. In 40 days of menstrual cycle the ovulation occurs at: (UP 03)
 - a. 14th day
 - b. 20th day
 - c. 26th day
 - d. 30th day

Ref: Shaw 15/e p30

Ans.	1. c. 7-10 days...	2. b. Is thick	3. c. 50 cc	4. a. 4.5
	5. c. LH Surge	6. b. Pregnancy	7. b. 8 weeks	8. c. 18 mm
	9. b. Clomiphene citrate	10. a. Positive feed back	11. c. 1.5 to 2 cm	12. b. 40 to 80 ml
	13. b. Estrogen	14. d. 6 mm	15. a. Stimulation of...	16. b. Increased...
	17. c. 26th day			

18. **The corpus luteum secretes:** (DNB 04)
 a. Estrogens
 b. Progesterone
 c. Both
 d. None
19. **Apoptosis can occur by change in hormone levels in the ovarian cycle. When there is no fertilization of the ovum, the endometrial cells die because:** (AIIMS Nov. 03)
 a. The involution of corpus luteum causes estradiol and progesterone levels to fall dramatically
 b. LH levels rise after ovulation
 c. Estradiol levels are not involved in the LH surge phenomenon
 d. Estradiol inhibits the induction of the progesterone receptor in the endometrium
Ref: Jeffcoate 7/e, p83-84 Leon Speroff 7/e, p121-122
20. **Corpus luteum functions maximally without an implantation for days:** (PGI June 00)
 a. 9
 b. 12
 c. 6
 d. 15
Ref: 31; Jeffcoate 7/e p59
21. **In a study it is observed that the right ovary ovulates more than the left, all are possible explanations for the cause except:** (AIIMS Nov 2010)
 a. Anatomical asymmetry
 b. Difference in blood supply to both sides
 c. Right handedness is more common in population
 d. Some embryological basis
Ref: humrep.oxfordjournal.org/content/12/8/1730.full.pdf
22. **Which of the following is not related with menstrual cycle:** (AI 2011)
 a. Hormonal changes
 b. Vaginal cytology
 c. Estrous cycle
 d. Endometrial sampling
Ref: Leon speroff 7/e p116-120
23. **Naturally occurring estrogens are:** (PGI Dec 08)
 a. Estrone
 b. Estradiol
 c. Estriol
 d. Diethylstilbesterol
 e. Pregnenediol
Ref: Shaw 15/e p42; Jeffcoate 7/e p67; KDT 6/e p297
24. **The production of cervical mucus is stimulated by:** (AIIMS Nov. 02)
 a. Progesterone
 b. Estradiol
 c. Estriol
 d. Pregnenolone
Ref: Shaw 15/e p42-43,215
25. **In an infertile woman, endometrial biopsy reveals proliferative changes. Which hormone should be preferred?** (AI 01)
 a. MDPA
 b. Desogestrol
 c. Norethisterone
 d. None of the above *Ref: KDT 6/e, p307, Jeffcoate 7/e, p60-63*
26. **True about clomiphene citrate:** (PGI June 07)
 a. Commonly causes hyperstimulation syndrome
 b. Used for ovulation induction
 c. Multiple pregnancies seen in 3-8% cases
Ref: Shaw 15/e p314
27. **True about clomiphene citrate is:** (AIIMS May 09/May 10)
 a. Enclomiphene has antiestrogenic effect
 b. Chance of pregnancy is three fold as compared to placebo
 c. Risk of multiple pregnancy is 2-4%
 d. It can also be used for male infertility with oligozoospermia
Ref: Novak 15/e p1153-1154; Shaw 15/e p314; Jeffcoates 8/e p22-24; Ref: Leon speroff 8/e p1294-1295,1281
28. **Side effect of clomiphene citrate includes all except:** [AIIMS Nov 07]
 a. Multiple pregnancy
 b. Increase risk of ovarian ca
 c. Multiple polycystic ovary
 d. Teratogenic effect on off springs
Ref: Shaw's 15/e p314; Jeffcoates 7/e p105; Leon Speroff 7/e p1182
29. **Danazol is used in the treatment of:** (AIIMS May 02)
 a. Cyclical mastalgia
 b. Breast cyst
 c. Non – cyclical mastalgia
 d. Epithelial changes in breast
Ref: Shaw 15/e p313; KDT 5/e p271
30. **Which of the following statements are true about mifepristone:** (PGI Dec. 01)
 a. Also called RU – 486
 b. It is a 19 – norsteroid
 c. Acts on receptors
 d. Given only intravenously
 e. Used for menstrual regulation
Ref: Shaw 15/e p237, 246, 317
31. **Following are the features of inhibin except:** (Karnataka 06)
 a. Non steroidal water soluble protein
 b. Secreted by Graafian follicle
 c. Stimulates FSH secretion
 d. Increased secretion of inhibin occurs in polycystic ovarian disease
Ref: Shaw 15/e p45; Dutta Gynae 5/e p72; Leon Speroff 7/e p197, 8/ p212,213,172
32. **True about proliferation phase of the endometrium is:**
 a. It starts and proceeds rapidly for 3 – 5 days (UP 03)
 b. The glands of the functional layer are simple tubules with regular epithelium
 c. Intense hyperemia
 d. All of the above
Ref: Shaw 15/e p32
33. **In a 25 day cycle ovulation occurs on:** (Delhi 04)
 a. 14th day
 b. 13th day
 c. 11th day
 d. 12th day
Ref: Shaw 15/e p30

Ans.	18. c. Both	19. a. The involution of...	20. c. 6	21. c. Right handedness...
	22. c. Estrus cycle	23. a, b and c	24. b. Estradiol	25. a. MDPA
	26. b and c	27. a. Enclomiphene...	28. d. Teratogenic...	29. a. Cyclical mastalgia
	30. a, b and c	31. c. Stimulates ...	32. d. All of the above	33. c. 11th day

35. **Ovulation in a female with 38 day cycle occurs at: (Delhi 06)**
 a. 14th day
 b. 8th day
 c. 24th day
 d. 30th day
Ref: Shaw 15/e p30
36. **Fall of temperature at ovulation is by: (Delhi 06)**
 a. 0.5 degree Fahrenheit
 b. 1.0 degree Fahrenheit
 c. 0.5 degree Celsius
 d. 1.0 degree Celsius
Ref: Shaw 15/e p215
36. **Ovulation coincides with: (Delhi 2008)**
 a. High estrogen and high progesterone
 b. LH surge
 c. Low estrogen and high progesterone
 d. Progesterone peak
Ref: Shaw 15/e p30
37. **Ovary secretes: (UP 2008)**
 a. Oestrogen and progesterone
 b. Oestrogen progesterone, testosterone and androgens
 c. FSH and LH
 d. ACTH, Inhibin, TSH
Ref: Shaw 15/e p36
38. **The corpus luteum of menstruation presents for: (DNB 02)**
 a. 5 days
 b. 10 days
 c. 14 days
 d. 30 days
Ref: Dutta Gynae. 6/e p88; 5/e p84
39. **Effect of progesterone on lipids: (DNB 03, 08)**
 a. Lowers LDL, increases HDL
 b. Lowers HDL and LDL
 c. Lowers HDL and increases LDL
 d. Increases LDL and HDL
Ref: KDT 7/e, p317
40. **Inhibin inhibits the secretion of which hormone: (TN 04)**
 a. FSH
 b. LH
 c. Estrogen
 d. Prolactin
Ref: Shaw 15/e p45
41. **Corkscrew shaped endometrial glands is seen in: (AP 06)**
 a. Early proliferative phase
 b. Late proliferative phase
 c. Early secretory phase
 d. Late secretory phase
Ref: Shaw 15/e p33
42. **Source of progesterone during normal menstrual cycle: (Mahe 07)**
 a. Corpus luteum
 b. Stroma
 c. Surface epithelium of ovary
 d. None
Ref: Shaw 15/e p44
43. **Granulosa cell produces estrogen with the help of: (Karnataka 2009)**
 a. Alkaline phosphatase
 b. Aromatase
 c. Acid phosphatase
 d. Glucuronidase
Ref: Dutta Gyna 6/e p72, 73
44. **Danazol is a: (CUPGEE 01)**
 a. Androgen derivative
 b. Oestrogen
 c. Progesterone
 d. FSH derivative
Ref: Shaw 15/e p313
45. **Anti progesterone drug is: (Karn. 06)**
 a. Cyproterone
 b. Mifepristone
 c. Spironolactone
 d. Tamoxifen
Ref: Shaw 15/e p317
46. **Tamoxifen is: (UP 07)**
 a. Non steroidal antiprogestosterone
 b. Non steroidal antioestrogenic
 c. Synthetic progestogen norethindrone
 d. Competitive inhibitor of the 5 alpha-reductase
Ref: Shaw 15/e p316
47. **An antihormonal substance used to induce ovulation is: (RJ 2008)**
 a. Mifepristone
 b. Clomiphene citrate
 c. Tamoxifen
 d. Raloxifen
Ref: Shaw 15/e pg -314

Ans.	34. c. 24th day	35. a. 0.5 degree...	36. b. LH surge	37. b. Oestrogen...
	38. c. 14 days	39. c. Lowers HDL...	40. a. FSH	41. d. Late secretory phase
	42. a. Corpus luteum	43. b. Aromatase	44. a. Androgen...	45. b. Mifepristone
	46. b. Non steroidal...	47. b. Clomiphene citrate		

3. MENOPAUSE AND HRT

MENOPAUSE AND HRT (QUESTIONS)

1. **Hot flushes correspond to surge of:** (MHPGM-CET 2010)
 - a. FSH
 - b. LH
 - c. GnRH
 - d. Estrogen

Ref: Dutta Gynae 6/e p59, Shaw's Text book of Gynecology 14/e p42
2. **HRT is useful in all except:** (DNB 2008)
 - a. Hot flushes
 - b. Osteoporosis
 - c. Vaginal atrophy
 - d. Breast cancer

Ref: Dutta Gynae 6/e p62, Jeffcoate 8/e p86, 7/e p98, Novak 15/e p1243
3. **In premature menopause FSH levels are:** (DNB 2010)
 - a. 35 IU/mL or more
 - b. 40 IU/mL or more
 - c. 45 IU/mL or more
 - d. 75 IU/mL or more

Ref: Shaw's 15/e p70
4. **Absolute contraindication of HRT is:** (DNB 2011)
 - a. Vaginal atrophy
 - b. Active thrombophlebitis
 - c. Osteoporosis
 - d. Breast cancer

Ref: Shaw's 15/e p66
5. **A 22-years-old female with mobile 4 cm size ovarian cyst treatment is:** (Karnataka CET 2009)
 - a. Laparotomy
 - b. HRT
 - c. Debulking
 - d. None

Ref: Dutta Gynae 6/e p289,290
6. **Drugs NOT used for menopausal flushing include:** (AP 2011)
 - a. Clonidine
 - b. Estrogen
 - c. SERM (selective estrogen receptor modulators)
 - d. Tibolone

Ref: Dutta Gynae 6/e p61, Shaw 15/e, p69
7. **Hormone replacement therapy is not given for:** (AIIMS Nov 06)
 - a. Urogenital atrophy
 - b. Vasomotor symptoms
 - c. Prevention of osteoporosis
 - d. Prevention of coronary heart disease

Ref: Shaw's 15/e p66, 67
8. **A 33 year old female presents with history of 6 months amenorrhea. Biochemical investigations showed increased FSH and decreased estradiol. Diagnosis is?**
 - a. PCOD
 - b. Hyperprolactinemia
 - c. Premature menopause
 - d. Ectopic pregnancy

Ref: Dutta Gynae 6/e p463
9. **HRT is contraindicated in all except:** (DNB 06)
 - a. Breast Ca.
 - b. Cervix Ca.
 - c. Endometrial Ca.
 - d. Coronary artery disease

Ref: Shaw's 15/e p66
10. **Estrogen replacement for post menopausal symptoms causes an increase in:** (AIIMS May 02)
 - a. LDL
 - b. Cholesterol
 - c. VLDL
 - d. Triglycerides

Ref: Shaw's 15/e p67
11. **Estrogen administration in a menopausal woman increases the:** (AIIMS May 06)
 - a. Gonadotropin secretion
 - b. LDL – cholesterol
 - c. Bone mass
 - d. Muscle mass

Ref: Shaw's 15/e p66, 67
12. **True regarding postmenopausal osteoporosis is:** (PGI May 00)
 - a. Decreased vitamin D
 - b. Decreased serum calcium
 - c. Normal serum chemistries
 - d. Decreased vitamin C
 - e. Amenorrhea

Ref: Dutta Gynae. 6/e p59
13. **All of the following are the advantages of using Raloxifene over estrogen in post menopausal women except:** (AI 04)
 - a. Reduces fracture rates
 - b. Avoids endometrial hyperplasia
 - c. Reduces the incidence of venous thrombosis
 - d. No increase in incidence of breast carcinoma

Ref: Shaw's 15/e p69
14. **A 48 years old female suffering from severe menorrhagia (DUB) underwent hysterectomy. She wishes to take hormone replacement therapy. Physical examination and breast are normal but X – ray shows osteoporosis. The treatment of choice is:** (AIIMS May 01)
 - a. Progesterone
 - b. Estrogen and progesterone
 - c. Estrogen
 - d. None

Ref: Shaw's 15/e p66, 69
15. **Basanti devi 45 yrs old woman presents with hot flushes after stopping of menstruation. 'Hot Flush' can be relieved by administration of following agents:** (AI 02)
 - a. Ethinyl estradiol
 - b. Testosterone
 - c. Fluoxymesterone
 - d. Danazol

Ref: Shaw 15/e p67; Novak 14/e p1326; Williams Gynae. 1/e p495

Ans.	1. b. LH	2. d. Breast cancer	3. b. 40 IU/mL...
	5. d. None	6. c. SERM...	7. d. Prevention...
	9. b. Cervix Ca.	10. d. Triglycerides	11. c. Bone mass
	13. c. Reduces...	14. c. Estrogen	12. a and b
			15. a. Ethinyl estradiol

16. All of the following appear to decrease hot flushes in menopausal women except: (AI 05)
- Androgens
 - Raloxifene
 - Isoflavones
 - Tibolone
- Ref: Shaw's 15/e p69*
17. Withdrawl bleeding occurs when progestins are administered continuously and: (UP 04)
- Estrogen concentration is sufficient
 - Structural abnormality in the pelvis
 - Associated with endocrine disorder
 - Atrophic endometrium
- Ref: Dutta gynae 6/e, p534*

18. Irregular shedding of the endometrium occurs due to: (UP 04)
- Epithelium being immature
 - It does not show the decidual – like edema of the secretory phase
 - Regression of the corpus luteum function
 - Over activity of the corpus luteum function
19. A 30 year old housewife reports with 6 months amenorrhoea. Her serum LH and FSH are high with low estradiol levels. What is the most likely cause of amenorrhoea: (UPSC 06)
- Pituitary tumour
 - Polycystic ovarian disease
 - Exercise induced
 - Premature menopause
- Ref: Shaw 15/e p70]*

4. PCOD, HIRSUTISM AND GALACTORRHEA

PCOD, HIRSUTISM AND GALACTORRHEA (QUESTIONS)

1. A 28-year old lady, Rani is suspected to have polycystic ovarian disease. Sample for testing LH and FSH are best on the following days of menstrual cycle: (DP PGME 2010)
- 1-4 (AI 02)
 - 8-10
 - 13-14
 - 24-26

Ref: Jeffcoate 6/e p205

2. All are true about polycystic ovarian disease except:
- Persistently elevated LH (DNB 2008)
 - Increased LH/FSH ratio (AIIMS Nov 08)
 - Increased DHEAS
 - Markedly decreased prolactin

Ref: Dutta Gynae 6/e p460, 461

3. Increased LH: FSH ratio is found in: (UPSC 02)
- Premature menopause
 - Sheehan syndrome
 - Polycystic ovary syndrome
 - Turner's syndrome

Ref: Shaw's 15/e p370

4. All are true about PCOD except:
- Hirsutism
 - Obesity
 - Secondary amenorrhoea
 - Primary amenorrhoea

Ref: Shaw's 15/ep370, 371

5. A 20 year lady comes in OPD with complaint of oligomenorrhoea, obesity, and hirsutism
- PCOD
 - Ca endometrium
 - Prolactinoma
 - Choriocarcinoma

Ref: Shaw's 15/ep370, 371

6. True regarding polycystic ovarian disease: (AP 2011)
- Raised LH levels
 - Menorrhagia
 - Alopecia
 - weight loss

Ref: Shaw's 15/e p370

7. Which of the following is used for hirsutism in females EXCEPT:
- Spironolactone
 - Oxandrolone
 - Finasteride
 - Flutamide

Ref: Shaw's 15/e p117-118

8. Which of the following statements is incorrect regarding polycystic ovarian disease? (AI 06)
- Elevated LH hormone

- Can cause infertility
 - May be associated with abnormal glucose tolerance test
 - Results in postdated pregnancy
- Ref: Dutta Gynae. 4/e, p421 - 425; Shaw 15/e p369-371; Williams Gynae. 1/e, p383 onwards

9. The following hormone is raised in polycystic ovarian syndrome: (AI 06)
- 17 - OH progesterone
 - Follicular stimulating hormone
 - Luteinizing hormone
 - Thyroid stimulating hormone

Ref: Shaw's 15/e p370

10. PCOD- hormonal status: (PGI Dec 08)
- LH decreased
 - LH increased, FSH normal to low
 - FSH increased
 - 17 OH progesterone normal
 - Testosterone increased

Ref: Shaw's 15/e p370

11. True about PCOD: (PGI June 09)
- ↑LH and ↓FSH
 - ↑FSH and ↓LH
 - ↑LH and ↓FSH
 - Hyperinsulinemia
 - ↑TSH

Ref: Shaw 15/e p370; Dutta Gynae. 5/e, p440-441; Williams Gynae 1/e, p384-386

12. Which of the following is the most likely diagnosis in a 27 year old obese woman presenting with oligomenorrhoea, infertility and hirsutism? (AI 04)
- Polycystic ovaries
 - Endometriosis
 - Pelvic inflammatory disease
 - Turner's syndrome

Ref: Shaw 15/e p371; Novak 14/e, p1076

13. In PCOD symptoms and signs seen are: (PGI June 07)
- Amenorrhoea
 - Alopecia
 - Theca cell hyperplasia
 - Hyperandrogenism
 - Anovulation

Ref: Shaw 15/e p369-371; Williams Gynae. 1/e, p386

14. True about Stein Leventhal syndrome is/are: (PGI June 03)
- Oligomenorrhoea and amenorrhoea
 - Seen in post - menopausal women
 - Innumerate cysts in ovary
 - BRCA - 1 is associated
 - Theca cell hypertrophy

Ref: Shaw 15/e p369-371

Ans.	1. a. 1-4	2. d. Markedly...	3. c. Polycystic...	4. d. Primary...
	5. a. PCOD	6. a. Raised LH levels	7. b. Oxynandrolone	8. d. Results in...
	9. c. Luteinizing...	10. b, d and e	11. a. ↑LH and ↓FSH	12. a. Polycystic...
	13. a, b, c, d and e	14. a, c and e		

15. In PCOD which of the following is seen: (PGI Dec. 02)
- Hirsutism
 - Secondary amenorrhoea
 - Streak ovaries
 - ↑FSH / LH
 - ↑Oestrogen
- Ref: Novak 14/e, p1078 - 1079; Williams Gynae. 1/e, p385 - 386
16. In polycystic ovarian disease, all of the following are seen except: (PGI Dec. 01)
- Endometrial carcinoma
 - Increased FSH
 - Streak ovaries
 - Insulin resistance
 - Hirsutism
- Ref: Shaw 15/e p369-371; Jeffcoate 7/e p385-386, 390; Williams Gynae. 1/e, p390 for option 'a'
17. Treatment of Hirsutism in PCOD, drugs used are: (PGI Dec 08)
- Menopausal gonadotropin
 - GnRH
 - Spirolactone
 - HCG
- Ref: Novak 14/e, p1082 - 1083, 15/e p1085-1089;
18. A hirsute lady with PCOD treatment is: (Kolkata 2009)
- Ethinyl estradiol + Levonorgestrel
 - Ethinyl estradiol + Desogestrel
 - Levonorgestrel
 - None
- Ref: Novak 14/e, p1083, 15/e, p1086 KDT Pharma 6/e, p307
19. Commonest cause of hirsutism in a teenage girl: (AIIMS June 97)
- Ovarian disease
 - Pheochromocytoma
 - Obesity
 - Adrenogenital syndrome
- Ref: Shaw's 15/e p116
20. Kali Rani a 20yr old girl presents with history of rapidly developing hirsutism and amenorrhea. To establish the diagnosis you would like to proceed with which of the following tests in blood: (AI 02)
- 17 - OH progesterone
 - DHEA
 - Testosterone
 - LH: FSH ratio
- Ref: Shaw's 15/e p116-117
21. Persistent anovulation not treated leads to all except: (PGI June 99)
- Hirsutism
 - Ovarian carcinoma
 - Endometrial carcinoma
 - Increased risk of CVS disease
- Ref: Shaw's 15/e p369-370
22. A 20 year average weight female presented with oligomenorrhea and abnormal facial hair growth along with high serum free testosterone level. On USG the ovaries are normal. The diagnosis: (AIIMS Nov 2010)
- Idiopathic hirsutism
 - PCOD
 - Testosterone secreting tumor
 - Adrenal hyperplasia
- Ref: Shaw's 15/e p370
23. All of the following are associated with polycystic ovarian syndrome except: (AI 2010)
- Ovarian carcinoma
 - Endometrial carcinoma
 - Insulin resistance
 - Osteoporosis
- Ref: Leon speroff 7/e, p470-480, 8/e, p500-518, Novak 14/e, p1082, 15/e, p1085
24. True about PCOS: (PGI May 2010)
- High FSH/LH ratio
 - Unilateral large ovarian cyst
 - Hirsutism
 - Increased risk of diabetes mellitus
 - OCP is given for treatment
- Ref: Shaw 15/e, p369; Novak 14/e, p1077-1083; 15/e. p1076 - 1085, William gynae 1/e, p383,384,385,387,395
25. Endometrial hyperplasia is seen in: (AI 04)
- Endodermal sinus tumor
 - Dysgerminoma
 - PCOD
 - Ca cervix
- Ref: Jeffcoate 8/e p395; 7/e p422 - 423; Dutta Gynae 6/e p329

Ans.	15. a, b and e	16. b and c	17. b and c	18. b. Ethinyl..
	19. a. Ovarian disease	20. c. Testosterone	21. b. Ovarian Carcinoma	22. b. PCOD
	23. d. Osteoporosis	24. c, d and e	25. c. PCOD	

5. CONGENITAL MALFORMATIONS

CONGENITAL MALFORMATIONS (QUESTIONS)

1. **Mayer-Rokitansky-Kuster-Hauser syndrome consists of:**
 - a. Ovaries, uterus, fallopian tubes present (DNB 2008)
 - b. Uterus absent, ovaries present (AIIMS May 09)
 - c. All present
 - d. Uterus present tubes and ovaries absent
Ref: Shaws 15/e p95, 14/e p82
2. **The most important indication for surgical repair of a bicornuate uterus is:** (AIIMS Nov 05)
 - a. Infertility
 - b. Dysmenorrhoea
 - c. Menorrhagia
 - d. Habitual abortion
Ref: Jeffcoate 8/e p189; 7/e p204
3. **Ovary develops from:** (PGI June 02)
 - a. Mullerian duct
 - b. Genital ridge
 - c. Genital tubercle
 - d. Mesonephric duct
 - e. Sinovaginal bulbs
Ref: Shaw's 15/e p92; Dutta Gynaec 5/e p38
4. **Diagnosis of septate uterus done by:** (PGI Dec. 04)
 - a. USG
 - b. Uterine sound
 - c. Hysteroscopy
 - d. Hysterosalpingography
 - e. Laparoscopy
Ref: Shaw's 15/e p100
5. **MC congenital abnormality of uterus is:** (PGI Dec. 05)
 - a. Uterus didelphys
 - b. Arcuate
 - c. Unicornuate
 - d. Septate
 - e. Bicornuate
Ref: COGDT 10/e p550 Leon Speroff 7/e, p132
6. **Transverse vaginal septum corresponds to:** (PGI Dec. 04; June 04)
 - a. External os
 - b. Vesical neck
 - c. Bladder base
 - d. Hymen
 - e. Above the external meatus
Ref: Williams Gynaec. 1/e p413
7. **All of the following are features of mullerian agenesis except:** (PGI Dec. 04)
 - a. 46 XX karyotype
 - b. Normal breast development
 - c. Absent vagina
 - d. Ovarian agenesis
Ref: Shaw's 15/e p95
8. **True about MRKH syndrome:** (PGI May 2010)
 - a. Absent uterus
 - b. Absent ovary
 - c. Absent vagina
 - d. XX phenotype
 - e. XY phenotype
Ref: Jeffcoate 7/e p197-198; Shaw 15/e p95, 96; COGDT 10/e p549, Williams gynaec 1/e p416
9. **SRY gene is located on:**
 - a. Short arm of Y chromosome
 - b. Long arm of Y chromosome
 - c. Short arm of X chromosome
 - d. Long arm of X chromosome
Ref: Shaw's 15/e p106
10. **Complete failure of mullerian duct fusion will result in:** (AI 02; UP 04)
 - a. Uterus didelphys
 - b. Arcuate uterus
 - c. Subseptate uterus
 - d. Bicornuate uterus
Ref: Shaw's 15/e p98
11. **Rokitansky Kuster Hauser syndrome is associated with:** (AI 01)
 - a. Ovarian agenesis
 - b. Absent fallopian tube
 - c. Vaginal atresia
 - d. Bicornuate uterus
Ref: Shaw's 15/e p95
12. **In complete mullerian duct aplasia all of the following are likely to be absent except:** (AI 07)
 - a. Ovaries
 - b. Fallopian tubes
 - c. Uterus
 - d. Vagina
Ref: Shaw's 15/e p95
13. **Diethylstilbesterol causes the following defects except:** (APPG 06)
 - a. Renal anomalies
 - b. Perifimbrial cysts
 - c. T shaped uterus
 - d. Vaginal adenosis
Ref: Jeffcoate 8/e p188, 7/e p202
14. **Which of the following condition does not present with both mullerian and wolffian duct structures?** (AI 2010)
 - a. Antimullerian hormone deficiency
 - b. FSH receptor mutation
 - c. Ovotesticular syndrome
 - d. Mixed gonadal dysgenesis
Ref: Leon speroff 7/e p344, 348, 8/e p342, 347, 365
15. **Diethylstilbestrol use causes:** (RJ 2009)
 - a. Hepatic adenoma
 - b. Ca cervix
 - c. Ca breast
 - d. Fibroid uterus
Ref: Jeffcoate 7/e p202

Ans.	1. b. Uterus absent...	2. d. Habitual abortion	3. b. Genital ridge	4. a, b, c and e
	5. d or e	6. a. External os	7. d. Ovarian agenesis	8. a, c, and d
	9. a. Short arm...	10. a. Uterus didelphys	11. c. Vaginal atresia	12. a. Ovaries
	13. a. Renal anomalies	14. b. FSH receptor...	15. a. Hepatic adenoma	

6. SEXUALITY AND INTERSEXUALITY

SEXUALITY AND INTERSEXUALITY (QUESTIONS)

- The features of Sheehan's syndrome may include the following except: (DP PGMEE 2009)
 - Amenorrhoea
 - Galactorrhoea
 - Loss of pubic and axillary hair
 - Hypothyroidism
Ref: Shaw 15/e p289, 290, 14/e p259, 263, 13/e p281, 283, Dutta Gyane 4/e p427, Harrison 17/e p2198, 13/e p2078-2079
- A nineteen-year old female has short stature, widespread nipples and primary amenorrhoea. She most likely has karyotype of: (DP PGMEE 2010)
 - 47, XX
 - 46, XXXY
 - 47, XXY
 - 45 XO
Ref: Harrison 17/e p2341, Shaw 15/e p110, 111, 14/e p96-97, Williams gyanae p370
- Commonest genetic defect causing gonadal failure with primary amenorrhoea: (MHPGM-CET 2010)
 - Kallman's syndrome
 - Abnormal X chromosome
 - 21-hydroxylase deficiency
 - Turner's syndrome
Ref: Shaw Text book of Gynecology 15/e p110, 286, 14/e p97
- Asherman's syndrome can be diagnosed by all except: (DNB 2008)
 - Hysterosalpingraphy
 - Saline sonography
 - Endometrial culture
 - Hysteroscopy
Ref: Dutta Obs 6/e p459
- Androgen insensitivity syndrome, true is: (DNB 2008)
 - Phenotype may be completely female
 - Predominantly ovarian component in gonads
 - Always in female
 - Testes formed abnormally and receptors are normal
Ref: Shaw's 15/e p111, 112
- All are features of Turner's syndrome except:
 - Karyotype is 46 XO
 - Normal breast
 - Underdeveloped uterus
 - Normal secondary sexual characters
 - Primary amenorrhoea
Ref: Shaw's 15/e p111
- Regarding androgen insensitivity syndrome, which statement is/are true:
 - Genotype is 46 XX
 - Scanty pubic hair
 - Well developed female external genitalia
 - Uterus absent
 - Breast development is adequate
Ref: Shaw's 15/e p111
- A 16 years old female with normal pubic hairs and breast presented with primary amenorrhoea. On examination, there was blind vagina and absent uterus. Diagnosis is:
 - 47, XYY
 - Gonadal dysgenesis
 - Mullerian agenesis
 - 45, XO
Ref: Shaw's 15/e p95
- A 22 years old female presented with primary amenorrhoea, short stature, widely spaced nipples and webbed neck. The karyotype is:
 - 47, XXY
 - 47, XYY
 - 45, XO
 - 46, XY
Ref: Shaw's 15/e p111
- A 16 year old girl presents with primary amenorrhoea and lack of secondary sexual characters with anosmia, the most probable diagnosis is?
 - Kallmann's syndrome
 - Turner's syndrome
 - Down's syndrome
 - Klinefelter's syndrome
Ref: Shaw's 15/e p285
- XXY contains how many barr body?
 - 0
 - 1
 - 2
 - None of the above
Ref: Shaw's Gynaecology 15/e p112, 108, 14/e p97
- The sequence of development of puberty in girls is: (AI 00)
 - Thelarche, Pubarche, Menarche
 - Pubarche, Thelarche, Menarche
 - Pubarche, Menarche, Thelarche
 - Menarche, Thelarche, Pubarche
Ref: Shaw's 15/e p54
- The first sign of puberty in girls is: (AI 08)
 - Breast budding
 - Growth spurt (peak height velocity)
 - Menarche
 - Pubic and axillary hair growth
Ref: Novak 15/e p993
- Gynaecomastia is seen in: (PGI June 07, Dec. 02)
 - Secondary syphilis
 - Lepromatous leprosy
 - HIV
 - Klinefelter's syndrome
- Gynaecomastia is seen in all of the following conditions except: (AI 2012)
 - Prolactinoma
 - TSH secreting adenoma
 - HCG secreting tumor
 - Estrogen secreting tumor
Ref: Harrison's 18/e, p2889, Schwartz 7/e, p541; Schwartz 7/e p541; Behl 9/e p223

Ans.	1. b. Galactorrhoea	2. d. 45 XO	3. d. Turner's syndrome	4. c. Saline sonography
	5. a. Phenotype may...	6. b and d	7. b, d and e	8. c. Mullerian agenesis
	9. c. 45, XO	10. a. Kallmann's syndrome	11. b. 1	12. a. Thelarche...
	13. a. Breast budding	14. b, c, and d	15. a. Prolactinoma	

16. **During sexual differentiation in males:** (Karnataka 05)
- Leydig cells produce Mullerian inhibiting substance
 - Primitive gonads differentiate into testis due to the presence of SRY gene
 - Androgen binding protein is responsible for the development of male external genitalia
 - Wolffian duct regresses

Ref: Shaw's 15/e p108

17. **Most common cause of ambiguous genitalia in a female child is:** (AI 2011)
- Placenta steroid sulfatase deficiency
 - Fetal aromatase deficiency
 - Wt 4 mutation
 - Congenital adrenal hyperplasia

Ref: Dutta Gyane /e p440

18. **Commonest cause of female pseudohermaphroditism is:**
- Virilizing ovarian tumor (AI 02)
 - Ovarian dysgenesis
 - Exogenous androgen
 - Congenital adrenal hyperplasia

Ref: Dutta Gyane 6/e p440; Williams Gynaec. 1/e p409; Novak 14/e p102

19. **Female pseudohermaphroditism true is:** (PGI Dec. 04)
- 46XX chromosomal pattern
 - Absent ovary
 - Absent uterus
 - Presence of testis
 - Clitoromegaly

Ref: Dutta Gyane 6/e p440; Williams Gynaec. 1/e p409; Shaw 15/e p113

20. **The treatment for a case of virilizing adrenal hyperplasia is:** (AI 06)
- Estrogens
 - Antiandrogens
 - ACTH
 - Cortisone

Ref: Shaw's 15/e p114

21. **Best prenatal treatment for CAH is:** (AIIMS Nov 2011)
- Dexamethasone
 - Betamethasone
 - Prednisolone
 - Hydrocortisone

Ref: Shaw 15/e p114; CGDT 10/e p120, Leon speroff 8/e p355

22. **C/F of Turner's syndrome:** (PGI Dec 06, 09)
- Secondary amenorrhea
 - Edema of hands and feet
 - XO genotype
 - Mental retardation common
 - Streak ovaries

Ref: Shaw's 15/e p111; Dutta 6/e p442

23. **A male with azoospermia. On examination size of testis normal, FSH normal, testosterone normal. Most probable cause is:** (AIIMS Nov 09)
- Mal descended testis

- Klinefelter's syndrome
- Kallmann's syndrome
- Vas obstruction

Ref: Dutta Gyane 6/e p233

24. **A 15-year-old female presents with primary amenorrhea. Her breasts are Tanner 4 but she has no axillary or pubic hair. The most likely diagnosis is:** (AI 06)
- Turner's syndrome
 - Mullerian agenesis
 - Testicular feminization syndrome
 - Premature ovarian failure

Ref: Shaw's 15/e p111; Novak 14/e p1037 - 1038

25. **Androgen insensitivity syndrome true is:** (AIIMS May 08)
- Phenotype may be completely female
 - Predominantly ovarian component in gonads
 - Always in female
 - Testis formed abnormally and receptors are normal

Ref: Shaw 15/e p111-112; Williams Gynaec. 1/e p410

26. **All are seen in testicular feminization syndrome except:**
- 46XY (PGI June 99)
 - Primary amenorrhea
 - Short stature
 - Vagina may be present

Ref: Shaw's 15/e p111, 112

27. **A girl presents with primary amenorrhea; grade V thelarche, grade II pubarche; no axillary hair; likely diagnosis is:**
- Testicular feminization syndrome (AI 01)
 - Mullerian agenesis
 - Turners syndrome
 - Gonadal dysgenesis

Ref: Shaw's 15/e p111, 112

28. **All of the following statements about Androgen insensitivity syndrome are true except:** (AI 08)
- Patients have an XY genotype
 - Pubic hair are abundant
 - Short vagina may be present
 - Ovaries are absent

Ref: Shaw's 15/e p111, 112

29. **16 year old female presents with primary amenorrhoea with B/L inguinal hernia. She has normal sexual development with no pubic hair. USG shows no uterus and ovaries and a blind vagina. Diagnosis is:** (AIIMS May 07)
- Turner's syndrome
 - Mullerian agenesis
 - STAR syndrome
 - Androgen insensitivity syndrome

Ref: Shaw's 15/e p111, 112

30. **In testicular feminization syndrome, gonadectomy is indicated:** (UPSC 04)
- As soon as it is diagnosed.
 - At puberty
 - Only when malignancy develops in it
 - When hirsutism is evident

Ref: Novak 14/e p1051, 15/e p1050

Ans.	16. b. Primitive Gonads...	17. d. Congenital adrenal...	18. d. Congenital adrenal...	19. a and e
	20. d. Cortisone	21. a. Dexamethasone	22. b, c and e	23. d. VAS obstruction
	24. c. Testicular...	25. a. Phenotype...	26. c. Short stature	27. a. Testicular...
	28. b. Pubic hair...	29. d. Androgen...	30. b. At puberty	

31. 17-yr-girl with amenorrhea, atrophied breast, hypoplastic uterus: (AIIMS Nov 09)
- Turner's syndrome
 - Gonadal dysgenesis
 - Androgen insensitivity syndrome
 - Klinefelter's syndrome
- Ref: Harrison 17/e p23-41; Jeffcoate 7/e p227; Shaw 15/e p110-111; Williams Gynaec 1/e p370
32. Pure gonadal dysgenesis will be diagnosed in the presence of: (AI 03)
- Bilateral streak gonads
 - Bilateral dysgenetic gonads
 - One side streak and other dysgenetic gonads
 - One side streak and other normal looking gonad
- Ref: Shaw's 15/e p210, 211
33. A 16 yr old female presents with primary amenorrhea. Examination shows a short blind vagina, with absent uterus. The next investigation of choice is: (AI 00)
- Karyotyping
 - IVP
 - Gonadotrophin levels
 - Serum Prolactin
- Ref: Jeffcoate 8/e p545; 7/e p198; CGDT 10/e p931 Fig. 56-2
34. True about Klinefelter's syndrome: (PGI May 2010)
- XXY
 - XO
 - Male hypogonadism
 - Female hypogonadism
 - FSH normal
- Ref: Jeffcoats 8/e p212, 213
35. A patient of 47 XXY karyotype presents with features of hypogonadism; likely diagnosis is: (AI 01)
- Turners syndrome
 - Klinefelters syndrome
 - Edwards syndrome
 - Down syndrome
- Ref: Jeffcoats 8/e p212, 213
36. A girl has primary amenorrhea with normal ovaries, absent internal genitalia but normal external genitalia. Most probable diagnosis? (AI 10)
- Mayer-Rokitansky-Kuster-Hausner syndrome
 - Turner's syndrome
 - Noonan's syndrome
 - Androgen insensitivity syndrome
- Ref: Shaw's 15/e p95; Jeffcoats 8/e p182, 183, 184
37. Young male presents with delayed puberty with decreased FSH, LH, and testosterone. Which of the following is NOT possible? (All India 2012)
- Kallmann's syndrome
 - Klinefelter's syndrome
 - Constitutional delay
 - Dax-1 gene mutation
- Ref: Jeffcoats 8/e p212, 213
38. In which of the following conditions do the ovaries functions normally? (AIIMS Nov 2011)
- Turner's syndrome
 - Rokitansky-Kuster-Hausner syndrome
 - Androgen insensitivity syndrome
 - Swyer's syndrome
- Ref: Jeffcoates 8/e p182, 183, 184; 7/e p197-198, Shaw 15/e p95; 14/e p82, (COGDT10/e p549)
39. Testicular feminization syndrome is associated with: (UP 04)
- 46 XX
 - Presence of vagina
 - Primary amenorrhea
 - Short stature
- Ref: Shaw's 15/e p111-112, 284
40. A 16 year old girl with blind vagina and absent uterus presents to you. The investigation you will like to do first is:
- Intravenous pyelography (Delhi 02)
 - FSH
 - Karyotyping
 - CT scan of pelvis
- Ref: Jeffcoates 8/e p546; 7/e p198; CGDT 10/e p931 fig. 56-2
41. First sign of puberty in females is: (Delhi 06)
- Pubarche
 - Menarche
 - Thelarche
 - All occur together
- Ref: Novak 15/e p993; Dutta Gynaec. 6/e p49
42. Barr bodies are not present in: (DNB 01)
- XO
 - XXY
 - XX
 - XXX
- Ref: Shaw 15/e p110
43. Characteristic of XO chromosomal defect is: (UPSC 86)
- Short stature
 - Webbed necked
 - Infertility
 - Widely spaced nipple
 - All of the above
- Ref: Shaw 15/e p110-111; Williams Gynaec. 1/e p370
44. Gonadal sex of the fetus is determined by: (Comed 06)
- Secretion of testosterone
 - Secretion of antimullerian hormones
 - Sex determining region on the 'Y' chromosome
 - Secretion of estrogen
- Ref: Shaw 15/e p108; Dutta Gynaec. 5/e p420
45. A female presents with primary amenorrhea and absent vagina, the next investigation to be done is: (SGPGI 05)
- LH/FSH assay
 - Chromosomal analysis
 - Urinalysis
 - Laparoscopy
46. All of the following are associated with precocious puberty except: (AP 2008)
- Ovarian feminizing tumour
 - McCune Albright's syndrome
 - Testicular feminizing syndrome
 - Intracranial tumor
- Ref: Jeffcoate 7/e p116-118; Dutta's 6/e p51

Ans.	31. a. Turner's...	32. a. Bilateral...	33. a. Karyotyping	34. a, c and e
	35. b. Klinefelters...	36. a. Mayer-Rokitansky...	37. b. Klinefelter's...	38. b. Rokitansky...
	39. c. Primary...	40. c. Karyotyping	41. c. Thelarche	42. a. XO
	43. e. All of the above	44. c. Sex...	45. b. Chromosomal...	46. c. Testicular...

7. INFECTIONS OF GENITAL TRACT

INFECTIONS OF GENITAL TRACT (QUESTIONS)

1. "Strawberry cervix" or vagina is feature of: (DNB 2005)
 - a. Vaginal candidiasis
 - b. HSV infection
 - c. Bacterial vaginosis
 - d. Trichomonas vaginitis

Ref: Dutta 6/e p164, 5/p159-160; Shaw's 15/e p145
2. Treponema pallidum infection is mostly transmitted in which week of pregnancy: (DNB 2005)
 - a. 4th week
 - b. 8th week
 - c. 16th week
 - d. 28th week

Ref: Williams Obs 23/e p1235
3. Commonest site of genital tuberculosis in women is: (DNB 2010, 2005, 07)
 - a. Tubes
 - b. Uterus
 - c. Cervix
 - d. Vagina

Ref: Shaws 15/e p154, 14/e p137 Dutta Gynaecology 5/e p137
4. Bartholin cyst infection is caused by: (DNB 2005, 06)
 - a. Candida
 - b. Anaerobes
 - c. Gonococcus
 - d. Trichomonas

Ref: Shaw's 15/e p120
5. Beading is seen in case of genital tuberculosis in women in: (DNB 2006)
 - a. Tubes
 - b. Uterus
 - c. Cervix
 - d. Vagina

Ref: Shaws 14/e p137 Dutta Gynaecology 5/e p137
6. In a smear of vaginal discharge budding yeasts are seen, causative agent is: (DNB 2011)
 - a. Trichomonas
 - b. Chlamydia
 - c. Candida
 - d. HSV

Ref: Shaws 15/e p147, 14/e p131
7. Whiff test is done for: (DNB 2011)
 - a. Trichomonas
 - b. Chlamydia
 - c. Candida
 - d. Vaginosis

Ref: Shaw's 15/e p131
8. Drug of choice in senile vaginitis:
 - a. Oxytocin
 - b. Estrogen
 - c. Prostaglandin
 - d. Progesterone

Ref: Shaw's 15/e p134
9. Presence of "clue cells" in the vaginal discharge indicates: (AP 2012)
 - a. Gardnerella vaginosis
 - b. Moniliasis
 - c. Trichomoniasis
 - d. Senile vaginitis

Ref: Shaw's 15/e p131
10. The drug of choice for the treatment of monilial vaginitis is: (AP 2012)
 - a. Metronidazole
 - b. Doxycycline
 - c. Fluconazole
 - d. Clindamycin

Ref: Shaw's 15/e p147
11. Herpes genitalis definitive diagnosis is made by: (AP 2011)
 - a. Tzank smear
 - b. Culture and isolation
 - c. Biopsy
 - d. ELISA

Ref: Dutta Gynae 6/e p153
12. "Lead pipe" appearance of the fallopian tube is due to: (AP 2010)
 - a. Tuberculosis
 - b. Gonococcus
 - c. Carcinoma fallopian tube
 - d. Ectopic pregnancy

Ref: Dutta Gynae 6/e p141
13. A woman present with thick curdy white vaginal discharge. The best treatment for her is:
 - a. Miconazole
 - b. Metronidazole
 - c. Nystatin
 - d. Doxycycline

Ref: Shaw's 15/e p146-147
14. All are risk factors for vaginal candidiasis except: (AIIMS Nov 10)
 - a. HIV
 - b. Hypertension
 - c. Pregnancy
 - d. Diabetes mellitus

Ref: Shaw 15/e p146
15. Clue cells are seen in: (AIIMS May 08)
 - a. Bacterial vaginosis
 - b. Candidiasis
 - c. Trichomoniasis
 - d. Gonorrhoea

Ref: Shaw's 15/e p131
16. A 40-year-old woman presented to the gynecologist with complaints of profuse vaginal discharge. There was no discharge from the cervix on the speculum examination. The diagnosis of bacterial vaginosis was made based upon all of the following findings on microscopy except: (AIIMS 06)
 - a. Abundance of gram variable coccobacilli
 - b. Absence of lactobacilli
 - c. Abundance of polymorphs
 - d. Presence of clue cells

Ref: Shaw 15/e p131, 132; CGDT 10/e p670; William's Gynae. 1/e p51, 63

- | | | | |
|-------------|----------------------|---------------------|------------------------------|
| Ans. | 1. d. Trichomonas... | 2. d. 28th week | 3. a. Tubes |
| | 5. a. Tubes | 6. c. Candida | 7. d. Vaginosis |
| | 9. a. Gardinella... | 10. c. Fluconazole | 11. b. Culture and isolation |
| | 13. a. Miconazole | 14. b. Hypertension | 12. a. Tuberculosis |
| | | | 16. c. Abundance... |

17. Cervicitis is caused by: (PGI June 03)

- Pseudomonas
- Staphylococcus
- Chlamydia
- Trichomonas
- N. gonorrhoeae

Ref: Dutta Gynae. 6/e p167

18. Acute PID is treated by: (PGI June 03)

- IV antibiotics (broad spectrum)
- Drainage of TO mass
- Abdominal hysterectomy
- Laparoscopic exploration

Ref: Dutta Gynae 6/e p132

19. Gonorrhoea—which is not a presenting feature:

- Discharge (PGI Dec 08)
- Acute febrile episodes
- Hematuria
- Reddened lips of vulva and vagina

Ref: Dutta Gynae 6/e p147-148

20. True about Trichomonas vaginalis: (PGI June 05)

- Flagellated parasite
- Fungal infection
- Curdy white discharge
- Pruritus
- Sexually transmitted

Ref: Shaw 15/e p146; William's Gynae. 1/e p64, 65; Jeffcoate's 7th/ed, pp 340-342

21. Trichomonas—which of the following is true: (PGI June 08)

- Foul smelling vaginal discharge
- Vaginal pH is 4
- Strawberry vagina
- Infertility. Abortion

Ref: John Hopkins Manual of Gynaecology and Obstetrics 4/e p430. Shaw 15/e p145; Novak 14/e p544; Leon Speroff 7/e p1090

22. True about bacterial vaginosis: (PGI Dec 04)

- Intense pruritis
- Gray and White discharge
- Associated with increased vaginal pH
- Commonly associated with intensive mucosal inflammation
- Oral metronidazole is the drug of choice

Ref: Shaw 15/e pp 131, 132; CGDT 10/e p670; William's Gynae. 1/e p50, 51

23. In a patient with pelvic inflammatory disease due to tuberculosis, which of the following statements is true: (PGI Dec. 01)

- Mycobacterium can be grown from menstrual blood
- Associated with infertility
- Ectopic pregnancy is common
- Dysmenorrhoea is a common presentation

Ref: Shaw 15/e p156-158; Jeffcoate 7/e p327

24. Which of the following cannot be detected by wet film:

- Candida (Delhi 08)
- Trichomonas

- Chlamydia
- Bacterial vaginosis

Ref: Shaw's 15/e p135

25. The most sensitive method for detecting cervical chlamydia trachomatis infection is: (AI 04)

- Direct fluorescent antibody test
- Enzyme immunoassay
- Polymerase chain reaction
- Culture on irradiated MacConkey cells

Ref: Shaw 15/e p145; Harrison 18/e p1426, Dutta Gynae 6/e. p 126

26. 45-year-old female complains of lower abdominal pain and vaginal discharge. On examination, there is cervicitis along with a mucopurulent cervical discharge. The Gram smear of the discharge shows presence of abundant pus cells, but no bacteria. The best approach to isolate the possible causative agent would be: (All India 05)

- Culture on chocolate agar supplemented with hemin
- Culture on McCoy cells
- Culture on a bilayer human blood agar
- Culture on vero cell lines

Ref: Dutta 6/e p150; Harrison 18/e p1426

27. Drug of choice for Chlamydia in pregnancy: (AI 10)

- Doxycycline
- Tetracycline
- Erythromycin
- Penicillin

Ref: Shaw's 15/e p145

28. Creamy fishy odor is caused by: (AI 09)

- Trichomonas
- Gardnerella
- Candida
- Chlamydia

Ref: Shaw's 15/e p131

29. A lady presented with creamy white vaginal discharge with fishy odor, drug of choice is: (AIIMS May 09)

- Doxycycline
- Ofloxacin
- Metronidazole
- Clindamycin

Ref: Shaw's 15/e p131

30. The most common cause of tubal block in India is: (AI 06)

- Gonorrhoea infection
- Chlamydia infection
- Tuberculosis
- Bacterial vaginosis

Ref: Shaw 15/e p131; CGDT 10/e p670; William's Gynae 1/e p51

31. Salpingitis/Endosalpingitis is best confirmed by: (AI 08)

- Hysteroscopy and laparoscopy
- X - ray
- Hysterosalpingography
- Sonosalpingography

Ref: Shaw 15/e p446; William's Gynae. 1/e p74; Gynaecology by Ostrzenski (Lippincott Williams 2001/282)

Ans.	17. b, c and e	18. a and d	19. b and c	20. a, d and e
	21. a and c	22. b, c and e	23. a, b and c	24. c. Chlamydia
	25. c. Polymerase...	26. b. Culture on...	27. d. Penicillin	28. b. Gardnerella
	29. c. Metronidazole	30. c. Tuberculosis	31. a. Hysteroscopy...	

- 32. Senile vaginitis is due to:** (Comed 07)
 a. Gonococcal infection
 b. Cancer cervix
 c. Diabetes
 d. Estrogen deficiency
Ref: Shaw 15/e p134
- 33. Most common cause of pelvic inflammatory disease in virgin girls is:** (UP 07)
 a. Gonorrhoea
 b. Chlamydia
 c. Treponema pallidum
 d. Tubercular
Ref: Shaw 15/e p157
- 34. In trichomonas vaginalis:** (UP 07, 05)
 a. Greenish discharge
 b. White curdy discharge
 c. Blood stained discharge
 d. Milky discharge
Ref: Shaw 15/e p145
- 35. The commonest type of genital tuberculosis is:** (Comed 07)
 a. Endosalpingitis
 b. Exosalpingitis
 c. Endometritis
 d. Interstitial salpingitis
Ref: Shaw 15/e p154
- 36. Drug of choice in bacterial vaginosis is:** (UP 02)
 a. Metronidazole
 b. Doxycycline
 c. Clindamycin
 d. Ciprofl oxacin
Ref: Shaw 15/e p131
- 37. Frothy discharge with red ulceration in the vagina is seen with infection of:** (UP 03; DBN 02)
 a. Trichomoniasis
 b. Moniliasis
 c. Chlamydia
 d. Bacterial vaginosis
Ref: Shaw 15/e p145
- 38. Vulval mycosis is seen with:** (UP 03)
 a. Immunodeficiency conditions
 b. Diabetes mellitus
 c. PID
 d. Syphilis patient
Ref: Shaw 15/e p146
- 39. All are true about genital tuberculosis except:** (UP 03)
 a. Fallopian tubes are commonest site
 b. Sterility is common presenting symptoms
 c. Bloodstream is the commonest method of spread
 d. Primary focus is most often in the lung
Ref: Shaw 15/e p154
- 40. Treatment of both partners is mandatory in all the following except:** (UP 04; AP 08)
 a. Trichomonas vaginalis
 b. Candida infection
 c. Gardnerella vaginalis
 d. Herpes infection
Ref: Jeffcoate 7th/ed, p337; William's Gynae. 1/e p51, Shaw's 15/e p146, 140
- 41. Surest sign of salpingitis is:** (UP 05)
 a. Edema of tubes
 b. Enlargement of tubes
 c. Seropurulent discharge from the fimbrial part of the tube
 d. Hyperemic tubes
Ref: Shaw 15/e p451
- 42. Cystitis is most commonly caused by:** (UP 06)
 a. E. coli
 b. Pseudomonas
 c. Proteus mirabilis
 d. Neisseria gonorrhoeae
Ref: Shaw 15/e p178
- 43. Most common cause of acute cervicitis is:** (Delhi 02)
 a. E. coli
 b. Chlamydia
 c. Pseudomonas
 d. Gonococcus
Ref: Shaw 15/e p324
- 44. Which of the following is most likely to show gonococcus in a female:** (DNB 96)
 a. Urethra
 b. Vagina
 c. Cervix
 d. Rectum
Ref: Harrison 17th/ed, pp 916, 917
- 45. Criteria for diagnosis of Gardnerella vaginosis include all except:** (Karnataka 10)
 a. pH more than 4.5
 b. Presence of clue cells
 c. White discharge
 d. Fishy odor when mixed with 10% KOH (Amine test positive)
Ref: Harrison 17/e p827; Shaw 15/e p131
- 46. Hysterosalpingogram findings in tubercular salpingitis includes all except:** (Karnataka 10)
 a. Bilateral cornual block with extravasation of dye
 b. Rigid, nonperistaltic lead pipe appearance
 c. Powder burn appearance
 d. Tobacco pouch appearance
Ref: Shaw 15/e p157
- 47. The commonest complication of pregnancy after complete treatment of genital tuberculosis is:** (AI 91)
 a. Abortion
 b. Ectopic pregnancy
 c. Malpresentation
 d. Intrauterine death
Ref: Shaw 15/e p160

Ans.	32. d. Estrogen defi...	33. d. Tubercular	34. a. Greenish...	35. a. Endosalpingitis
	36. a. Metronidazole	37. a. Trichomoniasis	38. a and b	39. b. Sterility is...
	40. c. Gardnerella...	41. c. Seropurulent...	42. a. E. coli	43. d. Gonococcus
	44. c. Cervix	45. c. White discharge	46. c. Powder burn...	47. b. Ectopic pregnancy

48. An infertile woman underwent hysterosalpingogram. It showed bilateral beaded tubes with enlargement at ampulla, The organism responsible is: (Kerala 01)
- a. Chlamydia
 - b. Gonococci
 - c. Tuberculosis
 - d. None

Ref: Shaw 15/e p157

49. Gonococci has affinity for:
- a. Columnar epithelium

(TN 02)

- b. Glandular epithelium
- c. Stratified squamous epithelium
- d. Squamous epithelium

Ref: Shaw 15/e p144; Dutta Gynaec. 5/e p143

50. Pelvic inflammatory disease can cause: (Karnataka 09)
- a. Dysmenorrhea
 - b. Menstrual symptoms
 - c. Both of the above
 - d. None of the above

Ref: Shaw 15/e p451

8. UROGYNECOLOGY

UROGYNECOLOGY (QUESTIONS)

- A young nulliparous woman had 3rd degree of uterovaginal prolapse without any cystocele or rectocele. There is no stress incontinence. The uterus is retroverted. Uterocervical length is 3 inches. All other symptoms are normal. The best treatment plan for her will be: (Feb DP PGMEE 2009)
 - Observation and reassurance till child bearing is over
 - Shirodkar's vaginal repair
 - Shirodkar's abdominal sling
 - Fothergill's operation *Ref: Shaw's 15/e p342*
- What causes stress incontinence?
 - VVF
 - RVF
 - Ureterovaginal fistula
 - Procidencia *Ref: Shaw's 15/e p336*
- Most common cause of vesicovaginal fistula in India is: (AIIMS Nov. 02)
 - Gynae surgery *(AIIMS Nov. 02)*
 - Irradiation
 - Obstructed labour
 - Trauma *Ref: Shaw 15/e p184; William Gynae. 1/e p573*
- Kamla, a 48 years old lady underwent hysterectomy. On the seventh day, she developed fever, burning micturition and continuous urinary dribbling. She can also pass urine voluntarily. The diagnosis is: (AIIMS May 01)
 - Vesicovaginal fi stula
 - Urge incontinence
 - Stress incontinence
 - Ureterovaginal fi stula *Ref: Shaw's 15/e p185*
- Treatment of genuine stress incontinence: (PGI Dec. 04)
 - Anterior colporrhaphy
 - Posterior colporrhaphy
 - Colposuspension
 - Pelvic floor exercise
 - Sling operation *Ref: Shaw 15/e p192, 193, 194; 14/e p174; Dutta gynae 5/e p387-389, Textbook of gynae, shielaBalakrishnan 1/e p329-330*
- Which is true regarding retroverted uterus: (PGI Dec. 01)
 - May present congenitally
 - Associated with endometriosis
 - It is a cause of infertility
 - Causes menorrhagia
 - Associated with PID *Ref: Shaw 15/e p345-347; Jeffcoate 7/e p295-297*
- Most common genital prolapse is: (AI 02)
 - Cystocele
 - Procidencia
 - Rectocele
 - Enterocoele *Ref: Dutta Gynae. 4/e p193; Novak 14/e p898*
- Birth trauma is a risk factor for: (Mahe 07)
 - Prolapse uterus
 - Endometriosis
 - PID
 - Abortions *Ref: Shaw 15/e p332; Williams Gynae 1/e p533*
- The most appropriate method for collecting urine for culture in case of vesicovaginal fistula is: (AI 04)
 - Suprapubic needle aspiration
 - Midstream clean catch
 - Foley's catheterisation
 - Sterile speculum *Ref: Shaw 15/e p185; Dutta Gynae 5/e p404*
- Most useful investigation for VVF is: (AI 10)
 - Three swab test
 - Cystoscopy
 - Urine culture
 - IVP *Ref: Principles & Practice of Obs & Gynae Vol. II for P-G's 3/e by Pankaj Desai, Narendra Malhotra p613, Telinde 9/e p1104*
- Chassar Moir technique is used in: (AMU 05)
 - VVF
 - Stress incontinence
 - Urethrocoele
 - Enterocoele *Ref: Shaw 15/e p186, 187; Dutta Gynae. 5/e p405*
- A case of obstructed labor which was delivered by cesarean section, complains of cyclical passage of menstrual blood in urine. Which is the most likely site of fistula: (AI 04)
 - Uretherovaginal
 - Vesicouterine fistula
 - Vesicovaginal fistula
 - Ureterouterine fistula *Ref: Shaw 15/e p188; Jeffcoate 7/e p266*
- Multipara with LSCS, presents with cyclical hematuria, diagnosis can be: (PGI Dec 08)
 - VVF
 - Vesicouterine fistula
 - Bladder endometriosis
 - Ca. cervix *Ref: Shaw 15/e p188*
- Patient of rectovaginal fistula should be initially treated with: (AI 05)
 - Colostomy
 - Primary repair
 - Colporrhaphy
 - Anterior resection *Ref: Novak 14/e p704; 15/e p711, Sabiston T.B. of Surgery 17/e p1500; Washington Manual of Surgery 3/e p279*

Ans.	1. c. Shirodkar's...	2. d. Procidencia	3. c. Obstructed labour	4. d. Uretero-vaginal...
	5. a, c, d and e	6. b, c, d and e	7. a. Cystocele	8. a. Prolapse...
	9. c. Foley's...	10. b. Cystoscopy	11. a. VVF	12. b. Vesicouterine...
	13. b. and c	14. a. Colostomy		

15. The recommended non surgical treatment of stress incontinence is: (AI 09)

- a. Pelvic floor muscle exercises
- b. Bladder Training
- c. Electrical stimulation
- d. Vaginal cone/ weights

Ref: Dutta Gynae 5/e p586; Novak 14/e p 875; Williams Gynae 1/e p525-526; Textbook of gynae, sheila balakrishnan 1/e p328

16. Kelly's plication operation is done in: (PGI June 05)

- a. Stress incontinence
- b. Vault prolapse
- c. Rectal prolapse
- d. Uterine prolapse
- e. Cervical incontinence

Ref: Shaw 15/e p193; 14/e p174, Textbook of Gynae shiela Balakrishnan 1/e p330

17. Which of the following surgeries for stress incontinence has highest success rate: (AI 2011)

- a. Burch colposuspension
- b. Pereyra sling
- c. Kelly's stitch
- d. Tension free vaginal tape (TVT) Ref: Shaw's 15/e p194

18. Among the surgeries to correct SUI, the long-term success rate is maximum with: (All India 2002, 2011)

- a. Burch's colposuspension
- b. Stamey's repair
- c. Kelly's stitch
- d. Aldridge surgery

Ref: Telinde 9/e p1052-1056

19. In which one of the following conditions is sling operation done: (UPSC 07)

- a. Multiple prolapse
- b. Nulliparous prolapse
- c. Cystocele
- d. Rectocele

Ref: Shaw 15/e p342

20. Treatment of choice in second degree of prolapse of uterus in 24 years nulliparous woman is: (UP 01)

- a. Fothergill's repair
- b. Shirodkar's procedure
- c. Abdominal sling operations
- d. Le Fort's repair

Ref: Shaw 15/e p341-342

21. In uterine prolapse, decubitus ulcer in the cervix is caused by: (UP 04)

- a. Friction
- b. Malignant change
- c. Venous congestion
- d. Trophic changes

Ref: Jeffcoate 7/e p279-280; Shaw's 15/e p335

22. Le Fort's operation is done in: (UP 05)

- a. Elderly menopausal patients with advanced prolapse
- b. Young women suffering from second or third degree prolapse

- c. Women under 40 years who are desirous of retaining their menstrual and reproductive function
- d. Women over 40 years, those who have completed their families Ref: Shaw 15/e p341

23. Fothergill's repair is also known as: (UP 06)

- a. Khanna's sling operation
- b. Manchester operation
- c. Le Fort's repair
- d. Shirodkar's abdominal sling operation

Ref: Shaw 15/e p339

24. Genital prolapse is best repaired after month of child birth: (DNB 92)

- a. 1
- b. 2
- c. 3
- d. 6

Ref: Shaw 15/e p337

25. Following operations are used for genital prolapse except: (DNB 92)

- a. Fothergill's
- b. Fenton's
- c. Ward Mayo
- d. Le Forte

Ref: Shaw 15/e p338-342

26. Most important structure preventing uterine prolapse is: (DNB 94)

- a. Round ligament
- b. Broad ligaments
- c. Cardinal ligament
- d. Uterosacral ligament

Ref: Jeffcoate 8/e p40, 41

27. Ward Mayo's operation is indicated in: (DNB 97)

- a. Carcinoma uterus
- b. Nullipara prolapse
- c. Procidentia
- d. Carcinoma cervix

Ref: Dutta Gynae 6/e p217; 5/e p211

28. According to Shaw's classification, III degree is: (DNB 02)

- a. Cervix above introitus
- b. Cervix at the level of introitus
- c. Cervix outside the introitus
- d. Procidentia

Ref: Shaw 15/e p332

29. Urinary incontinence in uterovaginal prolapse is mostly due to: (AIIMS 91)

- a. Detrusor instability
- b. Stress incontinence
- c. Urge incontinence
- d. True incontinence

Ref: Shaw 15/e p336

30. Cystocele is formed by.....of the bladder: (UPSC 85; PGI 88)

- a. Base
- b. Superior surface
- c. Trigone
- d. Posterior

Ref: Dutta Gynae 6/e p204

Ans.	15. a. Pelvic Floor...	16. a. Stress...	17. d. Tension...	18. a. Burch's...
	19. b. Nulliparous...	20. c. Abdominal...	21. c. Venous...	22. a. Elderly...
	23. b. Manchester...	24. d. 6 months	25. b. Fenton's	26. c. Cardinal...
	27. a and c	28. c. Cervix outside...	29. b. Stress incontinence	30. a. Base

31. The best way to treat decubitus ulcer in a case of genital prolapse is by: (KARNAT 99)
 a. Bed rest
 b. Antibiotics
 c. Antiseptic dressing
 d. Reduction with tampon
Ref: Shaw 15/e p335; Jeffcoate 7/e p287
32. Which of the following is the site of bladder injury in abdominal hysterectomy: (UP 01)
 a. Anterior wall
 b. Posterior wall
 c. Medial wall
 d. Lateral wall
33. Vesicovaginal fistula repair surgery, the bladder drainage should be done for: (UP 06)
 a. 6 days
 b. 10 days
 c. 12 days
 d. 14 days
Ref: Shaw 15/e p187
34. A 70 year old female patient presents with recurrent dysuria, with urine routine microscopy normal and urine culture negative. Treatment that should be given is: (Delhi 99)
 a. Local antifungal cream
 b. Antibacterial chemotherapy
 c. Hormone replacement therapy
 d. None of the above
Ref: Shaw 15/e p64
35. Clinically vesicovaginal and ureterovaginal fistula are differentiated by: (Delhi 04)
 a. USG
 b. IVP
 c. Cystoscopy with dye
 d. Methylene blue three swab test
Ref: Shaw 15/e p186
36. Bonney's test is used to demonstrate: (DNB 99, 91)
 a. Stress incontinence
 b. Urge incontinence
 c. Fibroids
 d. True incontinence
Ref: Shaw 15/e p191
37. Dye test for fistula, all are true except: (Kolkata 2009)
 a. If the middle swab is stained with dye, the diagnosis is vesicovaginal fistula
 b. If the lower swab is stained with dye, the diagnosis is urethrovaginal fistula
 c. Upper most swab stained with urine but not with dye and lower two swabs are dry, diagnosis is ureterovaginal fistula.
 d. If the middle swab is stained with dye, the diagnosis is genuine stress incontinence.
Ref: Shaw 15/e p186
38. Which is not seen in ureteric fistulas: (AP 2008)
 a. Pyelonephritis
 b. Amenorrhea
 c. Repair is done by fascial split
 d. Hydronephrosis
Ref: Shaw 15/e p185
39. Vesicovaginal fistula by obstetric labour manifests after delivery: (DNB 2008)
 a. Within 24 hours
 b. Within 72 hours
 c. Within 1st week
 d. After 1st week
Ref: Jeffcoates 8/e p243
40. Commonest site of injury of the ureter in hysterectomy:
 a. Where it enters the bladder (UPSC 85; PGI 88)
 b. Crossing by uterine artery
 c. Where it enters the pelvis
 d. None of the above
Ref: Telinde Operative Gynae 9/e p1084
41. Kelly's suture is done in: (Calcutta 00; CUPGEE 06)
 a. Stress incontinence
 b. Cervical incontinence
 c. Genitourinary prolapse
 d. Vaginoplasty
Ref: Shaw 15/e p193
42. 'Boari's Operation' is: (AP 97)
 a. Renal pelvic flap
 b. Urinary diversion
 c. Bladder flap
 d. Ureterorectal anastomosis
Ref: Bailey & Love 24/e p1313
43. A primipara who had a prolonged labour and difficult vaginal delivery three months ago presents with complaints of incontinence of loose stools and flatus from the day of delivery. The most likely diagnosis: (UPSC 99)
 a. Chronic diarrhoea
 b. Rectovaginal fistula
 c. Haemorrhoids
 d. Complete perineal tear
Ref: Shaw 15/e p166-167
44. One week after an extended hysterectomy, the patient leaks urine per vaginum. In spite of the leakage, she has to pass urine from time to time. The most likely cause is: (UPSC 97)
 a. Vesicovaginal fistula
 b. Ureterovaginal fistula
 c. Stress incontinence
 d. Overflow incontinence
Ref: Shaw's 15/e p185
45. Commonest cause of rectovaginal fistula is: (TN 90)
 a. Following Wertheim's operation
 b. Pressure necrosis during labour
 c. Improper repair of perineal tear
 d. Abnormal presentation
Ref: Shaw's 15/e p172, 173

Ans.	31. d. Reduction...	32. b. Posterior wall	33. d. 14 days	34. c. Hormone...
	35. d. Methylene blue...	36. a. Stress...	37. d. If the middle...	38. b. Amenorrhea
	39. d. After 1st week	40. c. Where it...	41. a. Stress...	42. c. Bladder...
	43. d. Complete...	44. b. Uretero...	45. c. Improper...	

46. Incontinence in elderly female is most commonly due to:
 a. Detrusor instability (CUPGEE 99)
 b. True stress incontinence
 c. Vesicovaginal fistula
 d. Outlet obstruction
Ref: Dutta Gynae 5/e p389; Shaw 15/e p195
47. Marshall-Marchetti-Krantz surgery is done for: (Karn. 96)
 a. Stress incontinence
 b. Urge incontinence
 c. Vesicovaginal fistula
 d. Bladder obstruction
Ref: Dutta Gynae 6/e p404; Shaw 15/e p193
48. Important postoperative management of a case of VVF is:
 a. Continuous bladder drainage (AIIMS 84)
 b. Antibiotics
 c. Complete bed rest
 d. Early ambulation
Ref: Shaw 15/e p187
49. Current indications for use of use of Ring pessary are all except: (AP 2010)
 a. Puerperium
 b. Stress urinary incontinence
 c. A woman unfit for surgery
 d. During early pregnancy
Ref: Novak 15/e p920; Dutta Gynae 6/e p211; Jeffcoats 8/e p262
50. Indication of Manchester operation in prolapse:
 a. Nulliparous (PGI Dec 03)
 b. Women of < 35 years age
 c. Patient who wants child bearing function
 d. Congenital elongation of cervix
Ref: Shaw 15/e p339; Principles and Practice of Obs & Gynae for PG's Pankaj Desai 3/e p559

Ans. 46. a. Detrusor... 47. a. Stress... 48. a. Continuous... 49. Stress urinary...
 50. b. Women...

9. INFERTILITY

INFERTILITY (QUESTIONS)

1. **Infertility by Chlamydia is due to:** (DNB 2009)
 - a. Endometritis
 - b. Oophoritis
 - c. Cervicitis
 - d. Salpingitis Ref: Shaw's 15/e p145

2. **IVF and embryo transfer is done in infertility due to:** (DNB 2009)
 - a. Azoospermia
 - b. Tubal cause
 - c. PID
 - d. Uterine agenesis Ref: Shaw's 15/e p218, 219

3. **In the perspective of the busy life schedule in the modern society, the accepted minimum period of sexual cohabitation resulting in no offspring for a couple to be declared infertile is:** (AIIMS May 05)
 - a. One year
 - b. One and a half - year
 - c. Two years
 - d. Three years Ref: Shaw 15/e p200

4. **Infertility is seen in:** (PGI Dec. 02)
 - a. Fibroid uterus
 - b. Endometriosis
 - c. Adenomyosis
 - d. PID Ref: Dutta Gynae. 6/e, p229, 230; Novak15/e, p 1160, 1157; Williams Gynae. 1/e, p 427; Jeffcoates 7/e, p 701-703

5. **Kamla, a 30 yrs old lady examined for infertility by hysterosalpingography, reveals 'bead - like' fallopian tube and clubbing of ampulla. Most likely cause is:** (AI 02)
 - a. Gonococcus
 - b. Mycoplasma
 - c. Chlamydia
 - d. Mycobacterium tuberculosis Ref: Shaw's 15/e p158

6. **The risk of Asherman syndrome is the highest if Dilatation and Curettage (D and C) is done for the following condition:** (AIIMS May 06)
 - a. Medical termination of pregnancy
 - b. Missed abortion
 - c. Dysfunctional uterine bleeding
 - d. Postpartum hemorrhage Ref: Clinical Gynecologic Endocrinology & Infertility, Leon Speroff 7/e, p. 1045, Net search www.asherman syndrome.com

7. **What is the cause for luteal phase defect ?** (PGI Dec. 05)
 - a. Progesterone is inadequately secreted
 - b. Excess estrogen is secreted
 - c. Excess progesterone is secreted Ref: Dutta Gyane 6/e p237

8. **Fern test is due to:** (SGPGI 05)
 - a. Presence of NaCl under progesterone effect
 - b. Presence of NaCl under estrogenic effect
 - c. LH/FSH
 - d. Mucus secretion by glands Ref: Shaw 15/e p215

9. **Drugs used for ovulation induction are:** (PGI Nov 10)
 - a. GnRH
 - b. Clomiphene citrate
 - c. Gonadotropins
 - d. Letrozole
 - e. Danazol Ref: Shaw's 15/e p216, 217

10. **Antihormonal substance used to induce ovulation:** (AI 07)
 - a. Mifepristone
 - b. Clomiphene citrate
 - c. Tamoxifen
 - d. Raloxifen Ref: Shaw 15/e p217; Williams Gynae. 1/e, p450 - 451

11. **A patient treated for infertility with clomiphene citrate presents with sudden onset of abdominal pain and distension with ascites, the probable cause is:** (AIIMS May 01)
 - a. Uterine rupture
 - b. Ectopic pregnancy rupture
 - c. Multifetal pregnancy
 - d. Hyperstimulation syndrome Ref: Shaw 15/e p315; Novak 14/e, p1225; Recent Advances in Obstetrics & Gynecology no 21 p 123 Onwards; Williams Gynae. 1/e, p452 - 455

12. **Fallopian tube dysmotility is seen:** (AIIMS Nov. 09; 08)
 - a. Noonan's syndrome
 - b. Turner's syndrome
 - c. Kartagener's syndrome
 - d. Marfan's syndrome Ref: Leon Speroff 7/e, p239; www.emedicine.com

13. **Fallopian tube patency is checked by:** (PGI Dec. 02)
 - a. Hysterosalpingography
 - b. Laparoscopy
 - c. Hysteroscopy
 - d. USG
 - e. CT scan

14. **Lady with infertility with bilateral tubal block at cornua; best method of management is:** (AIIMS Nov. 06)
 - a. Laparoscopy and hysteroscopy
 - b. Hydrotubation
 - c. IVF
 - d. Tuboplasty Ref: Dutta Gynae 6/e p247

15. **An infertile woman has bilateral tubal block at cornua diagnosed on hysterosalpingography. Next step in treatment is:** (AIIMS Nov 2011)
 - a. IVF
 - b. Laparoscopy and hysteroscopy
 - c. Tuboplasty
 - d. Hydrotubation Ref: Dutta Gynae 6/e p247

Ans.	1. d. Salpingitis	2. b. Tubal cause	3. a. One year
	5. d. Mycobacterium...	6. d. Post partum...	7. a. Progesterone...
	9. b, c and d	10. b. Clomiphene...	11. d. Hyperstimulation...
	13. a and b	14. c. IVF	12. c. Kartagener...
			15. b. Laparoscopy...

16. **Post coital test detects all of the following except:**
 a. Fallopian tube block (AIIMS May 01)
 b. Cervical factor abnormality
 c. Sperm count
 d. Sperm abnormality Ref: Shaw 15/e p204
17. **Post coital test (PCT) is done for:** (PGI June 05)
 a. Cervical receptivity
 b. Sperm motility
 c. Absolute sperm count
 d. Viable sperm count
 e. Endometrial function
 Ref: Shaw 15/e p204; Novak 14/e, p 1220; Williams Gynae. 1/e, p 439
18. **Cervical hostility is tested by following except:** (PGI Dec. 97)
 a. Spinnbarkeit
 b. Post coital test
 c. Miller Kuzrok test
 d. Keller test
 Ref: Shaw 15/e pg-204
19. **Which is a not an essential criteria according to WHO for normal semen analysis:** (AIIMS Nov. 07)
 a. Sperm count > 20 million/mL
 b. Volume > 1 mL
 c. Sperm with normal morphology (strict criteria) > 15%
 d. Motility > 25% with rapidly progressive motility
 Ref: Novak 14/e, p 1193; 15/e p 1141; Leon Speroff 7/e, p 1144
20. **Aspermia is the term used to describe:** (AI 05)
 a. Absence of semen
 b. Absence of sperm in ejaculate
 c. Absence of sperm motility
 d. Occurrence of abnormal sperm
 Ref: Dutta Gynae 6/e, p232; Shaw's 15/e p203
21. **A 25 year old infertile male underwent semen analysis Results show: sperm count – 15 million/mL; pH – 7.5 ; volume – 2 mL; no agglutination is seen. Morphology shows 60% normal and 60% motile sperms. Most likely diagnosis is:** (AI 02)
 a. Normospermia
 b. Oligospermia
 c. Azoospermia
 d. Aspermia
 Ref: Novak 14/e, p 1193; Leon Spiroff 7/e, p 1144
22. **Which of the following is true about obstructive azoospermia:** (AI 09)
 a. ↑ FSH and ↑ LH
 b. Normal FSH and Normal LH
 c. ↑ LH, Normal FSH
 d. ↑ FSH, Normal LH
 Ref: Shaw's 15/e p204
23. **In azoospermia, the diagnostic test which can distinguish between testicular failure and obstruction of vas deferens is:** (UPSC 04)
 a. Estimation of FSH levels
 b. Estimation of testosterone levels
 c. Karyotyping
 d. FNAC of testes
 Ref: Dutta Gyane 6/e p233, 232; Shaw's 15/e p204
24. **Semen analysis of a male of an infertile couple shows absence of spermatozoa but presence of fructose. The most probable diagnosis is:**
 a. Prostatic infection
 b. Mumps orchitis
 c. Block in efferent duct system
 d. All of the above
 Ref: Dutta Gynae 6/e p232, 233
25. **Intrauterine insemination means implantation of:** (PGI June 05)
 a. Semen
 b. Washed semen
 c. Million of sperm
 d. Fertilized ova
 Ref: Dutta Gynae 6/e p250
26. **In vitro fertilization is indicated in:** (AIIMS Dec. 97)
 a. Tubal pathology
 b. Uterine dysfunction
 c. Ovarian pathology
 d. Azoospermia
 Ref: Shaw 15/e p214; Clinical Endocrinology & Infertility by Leon Speroff 7/e, p 1216, John Hopkins manual of obs and gynae 4/e, p432
27. **Aspiration of sperms from testes is done in:** (AI 07)
 a. TESA
 b. MESA
 c. ZIFT
 d. GIFT
 Ref: Novak 15/e, p1147; Dutta's Gynae 6/e p251; Shaw's 15/e p209
28. **In semen banks, semen is preserved at low temperature using:** (DNB 06)
 a. Dry ice
 b. Deep freeze
 c. Liquid nitrogen
 d. Liquid air
 Ref: Jeffcoate 7/e, p 723
29. **Which is not an assisted reproduction technique:** (AI 95)
 a. GIFT
 b. ZIFT
 c. IVF and ET
 d. Artificial insemination
 Ref: Shaw's 15/e p219
30. **Asherman syndrome is due to:** (UP 01)
 a. Overdose drugs
 b. Postabortion curettage
 c. Speticemia
 d. Contraceptive pills
 Ref: Dutta gynae 4/e, p421; Shaw 15/e p210
31. **Best test for diagnosis of tubal patency is:** (UP 03)
 a. Laparoscopy
 b. Hysterosalpingography
 c. Endometrial biopsy
 d. Mantoux test Ref: Shaw 15/e p213; Leon Spiroff 7/e, p 1048

Ans.	16. a. Fallopian tube...	17. a. Cervical...	18. d. Keller test	19. b. Volume > 1 mL
	20. a. Absence of...	21. a. Normospermia	22. b. Normal FSH...	23. a. Estimation...
	24. c. Block in...	25. b. Washed semen	26. a. Tubal pathology	27. a. TESA
	28. c. Liquid nitrogen	29. d. Artificial...	30. b. Postabortion...	31. a. Laparoscopy

32. **Secondary amenorrhoea after abortion due to intrauterine adhesions is seen in:** (Delhi 97)
 a. Uterine inertia
 b. Imperforate hymen
 c. Bicornuate uterus
 d. Asherman's syndrome *Ref: Shaw 15/e p210*
33. **Luteal phase is best diagnosed by:** (Delhi 97)
 a. Serum progesterone levels
 b. Endometrial biopsy
 c. Basal body temperature
 d. Ultrasonography
Ref: Novak 14/e, p 1225; Williams Gynae. 1/e, p 360; Novak 15/e p1161
34. **Absence of sperms in semen is called: (MP 2009)**
 a. Aspermia
 b. Azoospermia
 c. Astenospermia
 d. Necrospermia *Ref Shaw 15/e p203*
35. **In which condition fructose is deficient in ejaculation:** (RJ 2008)
 a. Blockage of epididymis
 b. Absence of seminal vessels
 c. Testicular atrophy
 d. Leydig cell pathology
Ref: Dutta Gynae 6/e p233; 5/e, p226, see figure
36. **PESA/MESA is helpful in:** (Orissa 05)
 a. Pretesticular azoospermia
 b. Testicular azoospermia
 c. Post-testicular azoospermia
 d. Asthenospermia
Ref: Novak 15/e p1147; 14/e, p1201
37. **Endometrial biopsy for infertility is taken on day:**
 a. 2 to 4 days (Just after menstruation) (Jipmer 90, UP 08)
 b. 12 to 4 (Mid cycle phase/LH surge)
 c. 23 to 26 (Premenstrual)
 d. 9 to 11 *Ref: Shaw 15/e p215*
38. **Best test for measuring Graffian follicle maturation is:** (Jipmer 03)
 a. Fern test
 b. Endometrial biopsy
 c. Transvaginal ultrasonography
 d. Abdominal ultrasonography
Ref: Shaw 15/e p216
39. **Increased FSH levels in azoospermic male indicates:** (UPSC 02)
 a. Testicular atrophy
 b. Hypothalamic failure
 c. Cryptorchidism
 d. Hypospadias
Ref: Shaw 15/e p204
40. **Antisperm antibodies are usually present in the:** (UPSC 01)
 a. Cervix
 b. Vagina
 c. Uterus
 d. Fallopian tube
Ref: Dutta 6/e p230; 5/e, p223
41. **Sonosalpingography is done for:** (TN 03)
 a. Measuring basal body temperature
 b. To detect pregnancy
 c. Testing tubal patency
 d. Determining anovulatory cycle *Ref: Shaw's 15/e p213*

Ans.	32. d. Asherman's...	33. b. Endometrial...	34. b. Azoospermia	35. b. Absence of...
	36. c. Post testicular...	37. c. 23 to 26...	38. c. Transvaginal...	39. a. Testicular atrophy
	40. a. Cervix	41. c. Testing tubal...		

10. CONTRACEPTION

CONTRACEPTION (QUESTIONS)

1. **Method of sterilization least suited for recanalization is:** (Feb DP PGME 2009)
 - a. Clips
 - b. Bipolar cauterization
 - c. Fallopian rings
 - d. Pomeroy's techniques

Ref: Shaw 15/e p241

2. **Contraindications for the use of intrauterine contraceptive device include all except:** (DP PGME 2009)
 - a. Pelvic inflammatory disease
 - b. Thromboembolic disease
 - c. Pelvic tuberculosis
 - d. Ovarian cancer

Ref: Dutta 7/e p539, 6/e p537-538

3. **The failure rate of combined oral contraceptive (Estrogen + Progesterone):** (DP PGME 2009)
 - a. 1-2%
 - b. 5-6%
 - c. 10-12%
 - d. 16-18%

Ref: Shaw's 14/e p201-208, 13/e p226-236, Dutta 7/e p547, 6/e p533-556

4. **A primipara with a cardiac lesion has come on the 40th day of delivery asking for contraception. The contraceptive choice is:** (DP PGME 2010)
 - a. Condom with spermicidal jelly
 - b. Oral contraceptive pill
 - c. Intrauterine contraceptive device
 - d. Laparoscopic sterilization

Ref: Dutta 7/e p278, 6/e p280

5. **Yuzpe method is a type of:** (UPSC 2000, MHPGM-CET 2010)
 - a. Emergency post-coital hormonal contraception
 - b. Emergency post-coital IUCD contraception
 - c. Male contraception
 - d. Reversible minilaparotomy

Ref: Dutta Obs 7/e p552, Shaw's Text book of Gynaecology 13/e p233

6. **LNG-IUS (levonorgestrel intrauterine system) is:** (DNB 2006)
 - a. A non hormone releasing IUCD
 - b. A hormone releasing IUCD
 - c. A barrier
 - d. A behavioural contraceptive

Ref: Dutta Obs 7/e p538, 6/e p541

7. **The most common site of ligation in Pomeroy's female sterilisation is:** (DNB 2008)
 - a. Isthmus
 - b. Ampullary
 - c. Cornual
 - d. Fimbrial

Ref: Dutta Obs 7/e p554

8. **Ideal contraception in lactation:** (DNB 2008)
 - a. Lactational amenorrhoea
 - b. POP's
 - c. COP's
 - d. Barrier methods

Ref: Dutta Obs 7/e p152, 559, Shaws 14/e p219

9. **All of the following are contraindications to IUD use except:** (DNB 2009)
 - a. PID
 - b. Pregnancy
 - c. Uterine bleeding
 - d. Young female

Ref: Dutta Obs 7/e p539

10. **Centrochroman is a:** (DNB 2009)
 - a. Male contraceptive
 - b. Female contraceptive
 - c. Tocolytic
 - d. Abortifacient

Ref: Dutta Obs 7/e p560, 6/e p558

11. **Pearl index is:** (DNB 2009)
 - a. Failure rate/1 women years
 - b. Failure rate/10 women years
 - c. Failure rate/100 women years
 - d. Failure rate/1000 women years

Ref: Dutta Obs 7/e p533

12. **Billings method of contraception is:** (DNB 2010)
 - a. Barrier
 - b. Hormonal
 - c. Behavioural
 - d. None

Ref: SPM Park 20/e p436, Dutta Obs 6/e p534

13. **Progestone of choice in emergency contraception is:** (DNB 2010)
 - a. DMPA
 - b. Levonorgestrel
 - c. Norgestrel
 - d. Micronised progesterone

Ref: Shaw 15/e p237, 14/e p213

14. **OCP are contraindicated in:** (DNB 2011)
 - a. Heart disease
 - b. Thromboembolism
 - c. Breast cancer
 - d. All of the above

Ref: Dutta Obs 7/e p545

15. **Not an absolute contraindication to use of OCP is:** (DNB 2011)
 - a. Age over 35 and smoking >15 cigarettes daily
 - b. Migraine
 - c. Active hepatitis
 - d. Diabetes

Ref: Leon Speroff 7/e p906

Ans.	1. b. Bipolar...	2. b. Thromboembolic...	3. a. 1-2%
	5. a. Emergency...	6. b. A hormone...	7. a. Isthmus
	9. d. Young female	10. b. Female...	11. c. Failure...
	13. b. Levonorgestrel	14. d. All of the above	12. c. Behavioural
			15. d. Diabetes

16. **Mode of action of Cu-T are all except:** (AP 2010)
 a. Impaired sperm ascent
 b. Causes biochemical changes, causes gametocytic and spermatolytic changes
 c. Increase fallopian tube motility
 d. Inhibits ovulation
Ref: Dutta Obs 7/e p538
17. **All are true about female condom except:** (AP 2010)
 a. It is made from polyurethane
 b. It covers the vagina and external genitalia
 c. Failure rate is 2 per HWY
 d. Prevents STD
Ref: Dutta Obs 7/e p535
18. **All of the following mechanisms of action of oral contraceptive pill are true, except:** (AP 2010)
 a. Inhibition of ovulation
 b. Prevention of fertilization
 c. Interference with implantation of fertilized ovum
 d. Interference with placental functioning
Ref: Dutta Obs 7/e p544
19. **The most effective contraceptive method recommended in lactating mothers is:** (AI 09)
 a. Barrier method
 b. Progesterone only pill
 c. Oral contraceptive pills
 d. Lactational amenorrhea
Ref: Williams Obs, 23/e, p 694, Dutta Obs, 7/e p 558
20. **Combined oral contraceptive pills are protective against all, except:** (AP 2012)
 a. Hepatic adenoma
 b. Depression
 c. Benign breast disease
 d. Endometriosis
Ref: Dutta Obs 7/e p547
21. **Failure rate of sterilization is least with:** (AP 2012)
 a. Pomeroy's technique
 b. Fimbriectomy
 c. Yoon ring
 d. Minilaparotomy
Ref: Dutta Obs 7/e p558
AP – 2012; DNB – 2008; DNB – 2012; FMCG – SEPT. 2009; KARNATAKA – 2006; UPSC – 2004;
22. **Indications for removal of IUD are:** (AP 2012)
 a. Excessive uterine bleeding
 b. Flaring up of pelvic infection
 c. Uterine perforation
 d. All of the above
Ref: Dutta Obs 7/e p542
23. **Longest time for replacement is seen in which of the following intrauterine devices?** (AP 2012)
 a. CuT 380A
 b. Multiload 375
 c. CuT 250
 d. CuT 200B
Ref: Dutta Obs 7/e p537, 538
24. **Which one is NOT TRUE about injectable contraceptive 'depot medroxyprogesterone acetate?'** (AP 2012)
 a. Causes cervical mucus thickening
 b. Pregnancy rate 3%
 c. Inhibits ovulation
 d. Produces endometrial atrophy
Ref: Dutta Obs 7/e p550
25. **Emergency contraception mechanisms include all except:** (AP 2011)
 a. Inhibiting ovulation
 b. Prevention of implantation
 c. Interference in early pregnancy
 d. Inhibiting fertilization
Ref: Dutta Obs 7/e p557, 552
26. **IUCD should NOT be inserted during:** (AP 2011)
 a. Suspected pregnancy
 b. Postcoital contraception
 c. Menstruation
 d. Post abortive period
Ref: Dutta Obs 7/e p539
27. **Once a week pill:** (AP 2011)
 a. Progestogen only pill
 b. Centchroman
 c. Triphasic combined pills
 d. Combined oral pills
Ref: Dutta Obs 7/e p559, 560
28. **Oral contraceptive pills are not contraindicated in:** (AP 2011)
 a. Non lactating mothers
 b. Obesity
 c. Hypertension
 d. Thromboembolism
Ref: Dutta Obs 7/e p545
29. **Knaus-Ogino method is what type of contraceptive method?**
 a. Calender method
 b. Withdrawal method
 c. Barrier method
 d. Cervical mucus rhythm method
Ref: Shaw's 15/e p223
30. **Which contraceptive should be used after molar pregnancy?**
 a. Barrier
 b. Hormonal contraceptives
 c. IUCD
 d. Natural method
Ref: Shaw's 15/e p257
31. **OCP are absolutely contraindicated in:**
 a. Benign breast disease
 b. Ovarian cancer
 c. Active liver disease
 d. Endometrial cancer
Ref: Dutta Obstetrics 7/e p545, 6/e, p545; Shaw Gynaecology 14/e, p208

Ans.	16. d. Inhibits...	17. c. Failure rate...	18. d. Interference...	19. b. Progesterone only pill
	20. b. Depression	21. a. Pomeroy's...	22. d. All of the above	23. a. CuT 380A
	24. b. Pregnancy...	25. c. Interference...	26. a. Suspecte...	27. b. Centchroman
	28. a and b	29. a. Calender method	30. a. Barrier	31. c. Active liver...

32. Breakthrough bleeding is seen in:

- a. Coitus
- b. Hormonal use
- c. DMPA use
- d. OCP use

Ref: Dutta Obstetrics 6/e, p548

33. Most common complication of IUCD:

- a. Bleeding
- b. Uterine perforation
- c. Expulsion of IUCD
- d. Cervical carcinoma

Ref: Shaw 15/e, p540, 541

34. Non invasive method for locating an expelled Cu-T:

- a. Hysteroscopy
- b. USG
- c. Laparoscopy
- d. Laparotomy

Ref: Shaw 15/e, p229

35. Which of the following is correct for the calculation of pearl index: (AIIMS Nov. 03)

- a. $\frac{\text{No. of accidental pregnancies}}{\text{No. of patient observed}} \times \frac{1200}{\text{months of use}}$
- b. $\frac{\text{No. of accidental pregnancies}}{\text{No. of patient observed}} \times \frac{1200}{2400}$
- c. $\frac{\text{No. of patients observed}}{\text{No. of accidental pregnancies}} \times \frac{1200}{\text{months of use}}$
- d. $\frac{\text{No. of patient observed}}{\text{No. of accidental pregnancies}} \times \frac{2400}{1200}$

Ref: Dutta Obs 7/e p533

36. Pearl's index indicates:

- a. Malnutrition
- b. Population
- c. Contraceptive failure
- d. LBW
- e. IUGR

(PGI June 05)

Ref: Dutta Obs. 7/e p533

37. Reversible methods of contraception are: (PGI June 05)

- a. Female sterilization
- b. OCP
- c. IUCD
- d. Barrier
- e. Depot injection

Ref: Dutta Obs. 6/e p532; 7/e p534

38. Not a barrier contraceptive: (UP 2008)

- a. Diaphragm
- b. Centochroman
- c. Condom

- d. Today

Ref: Dutta's Obs 7/e p534; Shaw 15th/ed p 222

39. Which one of the following is not a correct statement regarding the use of condom: (UPSC 07)

- a. Air should be squeezed out of tip
- b. It should be tested by inflating
- c. It should be unrolled on erect penis
- d. K-Y jelly may be used for lubrication

Ref: Practice of Fertility Control S.K. Chaudhari 6/e p82; Leon Speroff 7/e p998

40. Which one of the following is the most common problem associated with the use of condom: (UPSC 02)

- a. Increased monilial infection of vagina
- b. Premature ejaculation
- c. Contact dermatitis
- d. Retention of urine

Ref: Shaw 15/e p224, 14/e p202

41. All are contraindications of diaphragm EXCEPT: (UP 05)

- a. Multiple sex partners
- b. Recurrent UTI
- c. Uterine prolapse
- d. Herpes vaginitis

Ref: Shaw 15/e p225

42. Spermicidal agents are: (PGI June 06)

- a. Nonoxynol
- b. Menfegol
- c. Progestasert
- d. Levonorgestrel

Ref: Shaw 15th/ed p 224

Version I

43. Amount of estrogen in low dose oral contraceptive pills: (AIIMS Nov. 01)

- a. 30 µg
- b. 40 µg
- c. 50 µg
- d. 20 µg

Ref: Jeffcoates 8/e p756-757

Version II

44. Minimum effective dose of ethinyl estradiol in combination oral pills is: (AIIMS May 04)

- a. 20 µg
- b. 35 µg
- c. 50 µg
- d. 75 µg

Ref: Dutta Obs. 7/e p544; 6/e p542; Shaw 15th/ed p 231

45. Use of OCP's are known to protect against following malignancies except: (AIIMS Nov. 02)

- a. Ovarian carcinoma
- b. Endometrial carcinoma
- c. Uterine sarcoma
- d. Carcinoma cervix

Ref: Dutta Obs. 7/e p547; 6/e p545; Shaw 15/e p231; 14/e p208; Harrison 17/e p563

Ans.	32. c. DMPA,	33. a. Bleeding,	34. b. USG,
	35. a. $\frac{\text{No. of accidental pregnancies} \times 1200}{\text{No. of patient observed} \times \text{months of use}}$	39. b. It should be...	40. c. Contact...
	38. b. Centochroman	43. a. 30 µg	41. a. Multiple...
	42. a and b		45. d. Carcinoma cervix
			37. b, c, d, and e
			44. a. 20 µg

46. Use of oral contraceptives decreases the incidence of all of the following except: (AIIMS May 05)
 a. Ectopic pregnancy
 b. Epithelial ovarian malignancy
 c. Hepatic adenoma
 d. Pelvic inflammatory disease
Ref: Shaw's 15/e p231
47. OCP gives protection against following cancers: (PGI June 06)
 a. Endometrial
 b. Ovary
 c. Cervix
 d. Breast
 e. Liver
Ref: Shaw's 15/e p231
48. OCP's cause all except: (AIIMS Dec. 98)
 a. Dysmenorrhea
 b. Mastalgia
 c. Nausea
 d. Chloasma
Ref: Shaw's 15/e p232
49. Adverse effects of combined OCPs are: (PGI Dec 09)
 a. Liver disorders
 b. PID
 c. Weight gain
 d. Acne
 e. Endometriosis
Ref: Dutta Obs 7/e p547, 548
50. The use of combined OCP's is associated with an increased incidence of: (AIIMS Nov. 03)
 a. Bacterial vaginosis
 b. Chlamydial endocervicitis
 c. Vaginal warts
 d. Genital herpes
Ref: Novak 14/e p275; CGDT 9/e p727; Leon Speroff 7/e p904-905
51. In a young female of reproductive age an absolute contraindication for prescribing OCP's is: (AIIMS May 05)
 a. Diabetes
 b. Hypertension
 c. Obesity
 d. Impaired liver function
Ref: Dutta Obs 7/e p545
52. Absolute contraindication of OCP's is: (PGI June 02)
 a. Breast cancer
 b. Mentally ill
 c. Migraine
 d. Fibroid
 e. Hyperlipidemia
Ref: Dutta Obs 7/e p545
53. Contraindications to OC pills: (PGI June 01)
 a. Heart disease
 b. Uterine malformations
 c. Menorrhagia
 d. Liver failure
 e. Epilepsy
Ref: Dutta Obs 7/e p545
54. A 20-years old nulliparous women is on oral contraceptives pills. She is currently diagnosed as having pulmonary tuberculosis. Which anti-tubercular drug decreases the effect of OCPS: (AIIMS May 01)
 a. INH
 b. Pyrazinamide
 c. Ethambutol
 d. Rifampicin
Ref: Dutta Obs 7/e p546
55. OCP's are contraindicated in patients receiving:
 a. Rifampicin (AIIMS Nov. 07)
 b. Ethambutol
 c. Streptomycin
 d. Pyrazinamide
Ref: Dutta Obs 7/e p546
56. Newer progestational contraceptives primarily act by:
 a. Oviductal motility (AIIMS May 03)
 b. Uterine endometrium
 c. Cervix
 d. Inhibiting ovulation
Ref: Shaw's 15/e p233; (read cerazette)
57. DMPA-True:
 a. Failure @ 0.3/100 WY
 b. 150 mg/3 monthly delivered
 c. Weight gain
 d. Glucose intolerance occur
 e. Anemia improves
Ref: Shaw's 15/e p234
58. True regarding DMPA including the following except: (AI 09)
 a. 0.3% failure rate
 b. Does not have protective effect on Ca endometrium
 c. Can be given in seizures
 d. Useful in treatment of menorrhagia
Ref: Shaw's 15/e p234
59. To avoid contraception, DMPA is given: (HP 05)
 a. Monthly
 b. 3 Monthly
 c. 6 Monthly
 d. Yearly
Ref: Dutta Obs. 7/e p550; 6/e p548; Park 20/e p433-434; Leon Speroff 7/e p962-963
60. In a woman on subdermal progesterone implant, the menstrual abnormality seen is: (AIIMS May 01)
 a. Menorrhagia
 b. Metrorrhagia
 c. Polymenorrhea
 d. Amenorrhea
Ref: Novak 14/e p283
61. Mirena is:
 a. Used in abortions
 b. Antiprogesterone
 c. Progesterone IUCD
 d. Hormonal implant
Ref: Shaw's 15/ep228

Ans.	46. c. Hepatic adenoma	47. a and b	48. a and b	49. a and c
	50. b. Chlamydial...	51. d. Impaired liver...	52. a. Breast cancer	53. a, d, and e
	54. d. Rifampicin	55. a. Rifampicin	56. d. Inhibiting...	57. a, b, c and e
	58. b. Does not have...	59. b. 3 Monthly	60. b. Metrorrhagia	61. c. Progesterone...

62. Use of Levonorgestrel releasing IUCD is helpful in all of the following conditions except: (AIIMS Nov. 02)
- Menorrhagia
 - Dysmenorrhea
 - Premenstrual symptoms
 - Pelvic inflammatory disease *Ref: Dutta Obs 7/ep543*
63. Benefits of LNG IUCD: (PGI Dec 09)
- Endometriosis
 - Fibroid uterus
 - PID
 - Contraception
 - Extrauterine endometriosis *Ref: Shaw 15/e p228; Dutta Obs 7/e p543*
64. Which of the following statements is incorrect regarding levonorgestrel releasing intrauterine contraceptive devices:
- There is increased incidence of menorrhagia (AI 06)
 - This system can be used as hormone replacement therapy
 - This method is useful for the treatment of endometrial hyperplasia
 - Irregular uterine bleeding can be a problem initially *Ref: Dutta Obs. 7/e p543; 6/e p537*
65. All of the following mechanisms might account for a reduced risk of upper genital tract infection in users of progestin – releasing IUDs, except: (AI 06)
- Reduced retrograde menstruation
 - Decreased ovulation
 - Thickened cervical mucus
 - Decidual changes in the endometrium *Ref: The Contraception Report' March 02, Vol. 13 No. 1*
66. Contraceptive LNG – IUD (levonorgestrel intrauterine device) has the cumulative pregnancy rate at 5 years of: (AI 02)
- 0.5
 - 1.0
 - 1.5
 - 2.0 *Ref: Shaw's 15/e p228*
67. Characteristics of an ideal candidate for Copper-T insertion include all of the following except: (AIIMS May 05)
- Has born at least one child
 - Is willing to check IUD tail
 - Has a history of ectopic pregnancy
 - Has normal menstrual periods *Ref: Shaw's 15/e p228*
68. Composition of Nova - T: (PGI June 05)
- Copper and silver
 - Copper and aluminium
 - Copper only
 - Copper and Selenium
 - Copper and molybdenum *Ref: Shaw 15/e p227*
69. Contraindication of IUCD: (PGI Dec. 04)
- Oligomenorrhea
 - PID
 - Uterine malformation
 - Controlled diabetes.
 - Previous ectopic pregnancy *Ref: Park 18/e p364; Shaw 15/e p228; Jeffcoate 7/e p798-799*
70. Emergency contraceptives are effective if administered within following period after unprotected intercourse: (AIIMS May 04)
- 24 hours
 - 48 hours
 - 72 hours
 - 120 hours *Ref: Shaw 15/e p237; Current concepts in contraception and women death, p 105, Leon Speroff 8/e p1042*
71. Drugs used in emergency contraception: (PGI Dec 06)
- Levonorgestrel
 - Estrogen + progesterone
 - Danazol
 - Mifepristone
 - Misoprostol *Ref: Shaw's 15/e p237*
72. Emergency contraceptive of choice is: (PGI Dec 09)
- OCP
 - Danazol
 - Levonorgestrel
 - Mifepristone *Ref: Shaw 15/e p237, Novak 14/e p283,285*
73. Permanent sterilization is all except? (PGI Dec. 05)
- Electrocoagulation
 - Vasectomy
 - Clipping
 - Tube ligation
 - Medroxyprogesterone *Ref: Dutta Obs. 7/e p534; 6/e p532*
74. Sterilization procedure with maximum chances of reversal is: (AIIMS May 02)
- Pomeroy's tubal ligation
 - Irwing's technique
 - Laparoscopic tubal ligation with silastic bands
 - Laparoscopic tubal ligation with clips *Ref: Shaw's 15/e p241*
75. During Pomeroy's method of female sterilization, which portion of the tube is ligated? (UPSC 07)
- Isthmus
 - Ampullary
 - Isthmo-ampullary
 - Cornual *Ref: Dutta Obs 7/e p554*
76. Sterilization is commonly performed at which site of fallopian tube: (AI 07)
- Ampulla
 - Infundibulum
 - Isthmus
 - Cornua *Ref: Dutta Obs 7/e p554, 555*

Ans.	62. c. Premenstrual...	63. All	64. a. There is increased...	65. b. Decreased...
	66. a. 0.5	67. c. Has a history...	68. a. Copper and...	69. b, c and e
	70. d. 120 hours	71. a, b, c and e	72. c. Levonorgestrel	73. e. Medroxy...
	74. d. Laparoscopic...	75. c. Isthmo-ampullary	76. c. Isthmus	

77. Which one of the following is not true regarding Centrochroman? (UPSC 04)

- It is estrogenic
- It acts on the endometrium
- It is a synthetic hormone
- It is developed in India

Ref: Dutta Obs 7/e p560, 559; 6/e p553

78. Which one of the following is the ideal contraceptive for a patient with heart disease: (AI 05)

- IUCD
- Depo-provera
- Diaphragm
- Oral contraceptive pills

Ref: Shaw 15/e p244

79. Ideal contraceptive for a couple living in different cities meeting only occasionally: (AIIMS May 2011)

- Barrier method
- IUCD
- OCP
- DMPA

80. Ideal contraceptive for lactating mother is:

- Barrier method (AIIMS May 2011)
- Combined OCP
- Lactational amenorrhoea
- Progesterone only pill

81. Return of fertility is delayed after cessation of oral contraception by: (UPSC 07)

- 2 weeks
- 3 weeks
- 4 weeks
- 6 weeks

Ref: Dutta Obs. 6/e p547; Shaw 15/e p232

82. A 20 years old girl was raped around 13th day of her cycle. The best possible emergency contraception to be offered would be: (UPSC 07)

- Centrochroman tablets
- Cu-T insertion
- Levonorgestrel tablets
- Ethinylestradiol tablets

Ref: Dutta Obs. 7/e p557; 6/e p549; Shaw 15/e p237

83. All are absolute contraindication of oral contraceptive pills EXCEPT: (UP 01)

- Pulmonary hypertension
- H. mole
- Breast carcinoma
- Uterine bleeding

Ref: Leon Speroff 7/e p906; Shaw 15/e p231-232

84. Complication of OCP are all EXCEPT: (UP 02, Delhi 08)

- Weight loss
- Hyperlipidemia
- Hypertension
- Depression

Ref: Shaw 15/e p231-232; Jeffcoate 7/e p804-805

85. Which of the following is the safest method of sterilization in immediate post partum period: (UP 04)

- Minilaparotomy
- Laparoscopy
- Hysteroscopic method
- None

Ref: Dutta Obs. 7/e p555; 6/e p552,554

86. Which of the following has LEAST pregnancy failure rate:

- OCP (UP 05)
- IUCD
- Diaphragm
- Condom

Ref: Dutta Obs. 7/e p534, 547; 6/e p532

87. Absolute contraindications of oral contraceptive pill are all EXCEPT: (Delhi 02)

- Valvular heart disease
- Focal migraine
- Breast cancer
- Smoking

Ref: Dutta Obs. 7/e p545; 6/e p543

88. True about centrochroman are all, EXCEPT: (Delhi 03)

- It is synthetic nonsteroidal contraceptive
- The only side effect is oligomenorrhea
- Safe in liver disease
- Can be used as postcoital pill

Ref: Dutta Obs 7/e p560; Shaw 15/e p236

89. Oral contraceptive pills do not decrease risk of: (Delhi 03)

- STDs
- Benign breast disease
- Ovarian cyst
- Ectopic pregnancy

Ref: Shaw's 15/e p231

90. Maximum success rate in reversal of sterilization is achieved in cases which follow: (Delhi 03)

- Pomeroy's technique
- Parkland's technique
- Uchida's technique
- Laparoscopic ring application

Ref: Shaw's 15/e p241

91. IUCD with highest incidence of ectopic pregnancy is:

- Lippe's loop (Karnataka 09, Delhi 05)
- Copper T
- Progestasert
- All have equal incidence

Ref: Shaw 15/e p230

92. Unsuccessfulness of DMPA has been primarily because of:

- Breakthrough bleeding (Delhi 06)
- Effect on lactation
- Delay in return of fertility
- Failure rate

Ref: Leon Speroff 7/e p964-965

Ans.	77. a and c	78. c. Diaphragm	79. a. Barrier method	80. d. Progesterone...
	81. d. 6 weeks	82. c. Levonorgestrel...	83. b. H. mole	84. a. Weight...
	85. a. Minilaparotomy	86. a. OCP	87. d. Smoking	88. c. Safe in...
	89. a. STDs	90. d. Laparoscopic...	91. c. Progestasert	92. a. Breakthrough..

93. **The composition of Mala-N is:** (Karnataka 2008)
 a. Norgestrel 0.30 mg and ethinyl estradiol 30 mg
 b. Norgestrel 3.0 mg and ethinyl estradiol 3.0 mg
 c. Norgestrel 0.30 mg and ethinyl estradiol 0.03 mg
 d. Norgestrel 30 mg and ethinyl estradiol 30 mg
Ref: Dutta, 565
94. **RU-486 is used in all of the following except:** (DNB 01)
 a. Postcoital contraception
 b. Cervical ripening
 c. Induction of labor
 d. MTP
Ref: Shaw 15/e p237, 317
95. **All are postcoital contraceptives except:** (DNB 01)
 a. IUD
 b. Danazol
 c. High dose estrogen
 d. Medroxyprogesterone acetate
Ref: Novak 14/e p283-285; Shaw's 15/e p236, 237
96. **Post tubectomy recanalization is best with:** (AP 2008)
 a. Mini laparotomy
 b. Laparoscopic
 c. Hysteroscopic
 d. Vaginal sterilization
Ref: Shaw 15/e p241
97. **The most commonly performed mode of tubectomy in minilap:** (AP 2008)
 a. Irving
 b. Madlener
 c. Pomeroy
 d. Uchida
Ref: Shaw 15/e p240
98. **The highest incidence of ectopic pregnancy amongst contraceptive users is observed with:** (AIIMS 93, UPSC 07)
 a. Combined contraceptive pills
 b. Cu-T intrauterine contraceptive device
 c. Progestasert intrauterine device
 d. Lippes loop intrauterine device
Ref: Shaw 15/e p267
99. **LNG-IUD releases what amount of levonorgestrel (in mg) per day?** (MH 2008)
 a. 10
 b. 20
 c. 30
 d. 40
Ref: Shaw 15/e p228
100. **Laparoscopic approaches are usually performed:**
 a. Immediately postpartum
 b. >4 weeks postpartum
 c. > 6 weeks postpartum
 d. Any time
Ref: Dutta 7/e p556; 6/e p554
101. **Yuzpe method is used in:** (Manipal 06)
 a. Post coital hormonal regime
 b. Intrauterine contraceptive method
 c. Post coital intrauterine contraceptive device
 d. Tubal ligation
Ref: Dutta Obs. 7/e p552; 6/e p549
102. **Which of the following IUD is used for patients with menorrhagia:** (AP 06)
 a. CuT 250
 b. Multiload
 c. Nova T
 d. Progestasert (Levonorgestrel)
Ref: Dutta Obs. 6/e p541; Shaw's 15/e p228
103. **Safe period in rhythm method is (In a female with 28 days menstrual cycle):** (MAHE 01)
 a. Initial 14 days
 b. Later 14 days
 c. First and last 7 days
 d. 10-21 days of the cycle
Ref: Shaw's 15/e p223
104. **Which one of the following hormonal contraceptive CANNOT be used during lactation:** (UPSC 02)
 a. Mini – pill
 b. Norplant
 c. DMPA
 d. Combined oral contraceptive pills
Ref: Shaw 15/e p243, 232
105. **Third generation oral contraceptive pills containing norgestrel and gestodene along with estrogens:** (UPSC 02)
 a. Are more lipid-friendly
 b. Decrease the risk of venous thromboembolism
 c. Increase the risk of break through bleeding
 d. Are not used for emergency contraception
Ref: Dutta Obs 548, 549
106. **Pearl index is a measure of:** (Karnataka 09, TN 03)
 a. Potency of contraceptives
 b. Fertility rate
 c. Potency of disinfectant
 d. Couple protection rate
Ref: Dutta Obs. 7/e p533; 6/e p531
107. **In which of the following situations it is preferable not to insert IUCD:** (UPSC 04)
 a. Postmenstrual
 b. Emergency postcoital
 c. Six weeks after delivery
 d. Immediately following mid – trimester abortion
Ref: Shaw 13/e p224; Dutta Obs. 6/e p537
108. **The levonorgestrel IUD prevents the pregnancy primarily by:** (UPSC 07)
 a. Suppressing ovulation
 b. Making endometrium unreceptive
 c. Making cervical mucus thick
 d. Making inflammatory changes within endometrium
Ref: Dutta Obs 7/e p539

Ans.	93. c. Norgestrel...	94. c. Induction of labour	95. d. Medroxy...	96. b. Laparoscopic
	97. c. Pomeroy	98. c. Progestasert...	99. b. 20	100. c. > 6 weeks...
	101. a. Post coital...	102. d. Progestasert...	103. c. First and...	104. d. Combined...
	105. a. Are more...	106. a. Potency of...	107. d. Immediately...	108. b and c

109. Contraceptive which is not an interceptive is: (Bihar 03)
- Cu – T
 - Norplant
 - RU – 486
 - OC pills
- Ref: Dutta Obs 7/e p551*

110. Absolute contraindications to the use of combined oral contraceptives include the following, except: (J & K 05)
- Porphyria
 - Cerebral haemorrhage
 - Previous herpes genitalis
 - Past history of trophoblastic disease
- Ref: Dutta Obs. 6/e p446; Shaw 15/e p231-232*

111. Emergency contraception include the following except: (UPSC 06, 04)
- Oral contraceptive
 - Copper – T
 - Levonorgestrel tablets
 - DMPA

Ref: Shaw 15/e p236-237; Novak 14/e p383-385

112. Eligibility criteria for sterilization include the following except: (UPSC 06)
- Age of the female should be above 22 years
 - Age of the male should be below 60 years
 - Age of the female should not be more than 45 years
 - Couple should have at least two children
- New guideline at least 1 child of > 1 year age

Ref: Park 20/e p437

Ans. 109. b. Norplant

110. c. Previous...

111. d. DMPA

112. b. Age of the male...

11. UTERINE FIBROID

UTERINE FIBROID (QUESTIONS)

1. **The risk of sarcoma developing in a fibroid uterus is approximately:** (DP PGMEET 2009)
 - a. <1%
 - b. 10%
 - c. 30%
 - d. 50%

Ref: Shaw's 15/e p355, 14/e p326-327, 13/e p341, 349, 350
2. **Sarcomatous change should be suspected in case of uterine fibroid when there occurs:** (MHPGM-CET 2010)
 - a. Increase in the size
 - b. Pain
 - c. Bleeding
 - d. All of the above

Ref: Shaw Gynecology 15/e p355, 14/e p319
3. **Pressure symptom is due to which fibroid:** (DNB 2006)
 - a. Submucous
 - b. Subserous
 - c. Both of the above
 - d. None of the above

Ref: Shaws 15/e p357, 14/e p319
4. **Retention of urine is seen in the following type of cervical fibroid:** (DNB 2007)
 - a. Anterior
 - b. Posterior
 - c. Central
 - d. Lateral

Ref: Jeffcoate 8/e p464, 7/e p493
5. **Red degeneration most commonly occurs in:** (DNB 2008)
 - a. 1st trimester
 - b. 2nd trimester
 - c. 3rd trimester
 - d. Puerperium

Ref: Shaws 15/e p355, 14/e p318, Dutta Obs 7/e p309, 6/e p256
6. **Mifepristone is used in:** (DNB 2010)
 - a. Ectopic pregnancy
 - b. Fibroid uterus
 - c. Molar pregnancy
 - d. Habitual abortion

Ref: Shaw's 15/e p317
7. **A pregnant woman with fibroid uterus develops acute pain in abdomen with low-grade fever and mild leukocytosis at 28 weeks. The most likely diagnosis is:** (AIIMS Nov. 03)
 - a. Preterm labor
 - b. Torsion of fibroid
 - c. Red degeneration of fibroid
 - d. Infection in fibroid

Ref: Shaw 15/e p355; Dutta Obs. 7/e p309, 6/e p314
8. **Not true about red degeneration of myomas is:**
 - a. It occurs commonly during pregnancy (AIIMS May 02)
 - b. Immediate surgical intervention is needed
 - c. Due to interference with blood supply
 - d. Treated with analgesics

Ref: Shaw 15/e p355; Jeffcoate 7/e p502
9. **Sucheta, a 29-year-old nulliparous woman complains of severe menorrhagia and lower abdominal pain since 3 months. On examination there was a 14 weeks size uterus with fundal fibroid. The treatment of choice is:** (AIIMS May 01)
 - a. Myomectomy
 - b. GnRH analogues
 - c. Hystrectomy
 - d. Wait and watch

Ref: Shaw 15/e p360; Jeffcoate 7/e p496-498
10. **Uterine fibromyoma is associated with:** (PGI June 02)
 - a. Endometriosis
 - b. Pelvic inflammatory disease
 - c. Ovarian Ca
 - d. Amenorrhea
 - e. Tamoxifen

Ref: Jeffcoate 8/e p461; 7/e p490
11. **Treatment of red degeneration of fibroid during pregnancy:** (PGI Dec. 03)
 - a. Analgesics
 - b. Laparotomy
 - c. Termination of pregnancy
 - d. Removal at cesarean section

Ref: Shaw 15/e p364; Dutta Obs 6/e p309; Jeffcoate 7/e p502
12. **Submucosal fibroid is detected by:** (PGI Dec. 05, 02)
 - a. Hysteroscopy
 - b. Hysterosalpingography
 - c. USG (transabdominal)
 - d. Laparoscopy

Ref: John Hopkin's Manual of Obs and Gynae 4/e p449; William's Gynae 1/e p203 Dutta Gynae 5/e p268-269
13. **The drug which reduces the size of myoma includes:** (PGI Dec. 05)
 - a. GnRH agonist
 - b. Danazol
 - c. Progesterone
 - d. Mifepristone
 - e. Estrogen
14. **Decreased vascularity of fibroid is seen with:** (PGI Dec. 06)
 - a. GnRH agonist
 - b. Danazol
 - c. Mifepristone
 - d. Clomiphene citrate

Ref: Shaw's 15/e p359; 14/e ped, p323; Dutta Gynae 4/e p261-262
15. **Management options in a 26-year-old woman with 7.8 cm size fibroid:** (PGI June 09)
 - a. Follow-up
 - b. OCP
 - c. Myomectomy
 - d. Hysterectomy
 - e. Danazol

Ref: Shaw's 15/e p359-360

Ans.	1. a. <1%	2. d. All of the...	3. b. Subserous	4. b. Posterior
	5. b. 2nd trimester	6. b. Fibroid uterus	7. c. Red degen...	8. b. Immediate...
	9. a. Myomectomy	10. a. Endometriosis	11. a. Analgesics	12. a, b and c
	13. a, b and d	14. a, b and c	15. a and c	

16. True regarding fibroid uteri: (PGI June 02)
 a. Estrogen dependente tumor
 b. Capsulated
 c. Can lead to red degeneration in pregnancy for which urgent surgery is required
 d. Danazol used in treatment *Ref: Shaw 15/e p352, 355, 359*
17. In fibroid which is not seen: (AI 07)
 a. Amenorrhea
 b. Pelvic mass
 c. Infertility
 d. Menstrual irregularity
Ref: Shaw 15/e p356-357; Jeffcoate 8/e p463-464
18. All of the following measures reduce bleeding during myomectomy except: (DNB 08)
 a. Pre operative correction of anemia
 b. Pre operative pOC Pills
 c. Ligation of pedicle
 d. GnRH analogues
 e. Local injection of vasoconstrictive agents
Ref: Dutta Gynae 5/e p574-575
19. All are used to shrink fi broids EXCEPT: (UP 06)
 a. Estrogen
 b. Danazol
 c. Mifepristone
 d. GnRH analogue
Ref: Shaw 15/e p359; Dutta Gynae. 5/e p271; William's Gynae. 1/e p203-205
20. Commonest degenerative changes observed in uterine myoma is: (DNB 02, 92)
 a. Red degeneration
 b. Hyaline degeneration
 c. Malignant change
 d. Hemorrhage
Ref: Jeffcoate 8/e p470; 7/e p501
21. Endometrial polyp treatment is done by: (Delhi 2008)
 a. Hysteroscopy
 b. Dilatation and Curettage
 c. Endometrial biopsy
 d. Suction evacuation
Ref: Jeffcoate 8/e p267; Novak 14/e p 789
22. A uterus which has a submucous fibroid and protruding into cavity is best diagnosed by: (RJ 08)
 a. Hysteroscopy
 b. Hysterosalpingography
 c. USG
 d. TVS
Ref: Shaw 15/e p358
23. Not true about Red degeneration of myomas is: (MAHA 05)
 a. It occurs commonly during pregnancy
 b. Immediate surgical intervention is needed
 c. Due to interference with blood supply
 d. Treated with analgesics
Ref: Shaw 15/e p355; Dutta Obs. 7/e p309; 6/e p256
24. A 30 year old, para two, with two live children has menorrhagia for 2 years. She was ligated 4 years back. On investigation, she is found to have a 2 cm 2 cm submucous myoma. What will be the best management option for her: (UPSC 06)
 a. Total abdominal hysterectomy
 b. Danazol 400 mg twice daily for 3 months
 c. GnRH analogues
 d. Hysteroscopic myoma resection
Ref: Shaw 15/e p362-363
25. Treatment for uterine fibroid include all of the following except: (MH 2008)
 a. OC pills
 b. RU 486
 c. Danazol
 d. GnRH analogs
Ref: Dutta Gynae, 5/e p270-271, Shaw 15/e p359
26. Fibroid uterus: (Karnataka 2009)
 a. Usually increases after menopause
 b. Usually regresses after menopause
 c. Usually remains the same after menopause
 d. None of the above
Ref: Shaw's 15/e p352
27. Asymptomatic myomas: (Karnataka 2009)
 a. Needs follow-up
 b. Does not need removal if it is small
 c. All of the above
 d. None of the above
Ref: Shaw 15/e p359

Ans.	16. d. Danazol...	17. a. Amenorrhea	18. b. Pre Op...	19. a. Estroge
	20. b. Hyaline...	21. a. Hysteroscopy	22. a. Hysteroscopy	23. b. Immediate...
	24. c. GnRH analogs	25. a. OC pill	26. b. Usually...	27. c. All of the above

12. ENDOMETRIOSIS AND DYSMENORRHEA

ENDOMETRIOSIS AND DYSMENORRHEA (QUESTIONS)

- Which of the following is the most common extrauterine site to be affected by endometriosis? (Feb DP PGMEE 2009)
 - Vagina
 - Rectovaginal septum
 - Sigmoid colon
 - Broad ligament (except tubes and ovaries)

Ref: Shaw's 15/ep466
- A 35 years old woman with dysmenorrheal and menorrhagia of 6 months duration showed an enlarged uterus of 20 weeks which was tender. The possible diagnosis is: (Feb DP PGMEE 2009)
 - Adenomyosis
 - Fibroid
 - Carcinoma endometrium
 - PID

Ref: Shaw's 15/e p475
- Definitive treatment of Adenomyosis is: (DNB 2011)
 - Hormone Therapy
 - Cryotherapy
 - Curettage
 - Hysterectomy

Ref: Shaw's 15/e p475
- Commonest site of endometriosis: (DNB 2011)
 - Vagina
 - Ovary
 - Urinary bladder
 - Peritoneal cavity

Ref: Shaws 14/e p421, Novak 14/e p1145, Jeffcoates 7/e p368, 369, 370
- 'Powder burn' spots pelvic viscera are seen in: (AP 2012)
 - Pelvic inflammatory disease
 - Germ cell tumours of ovary
 - Tuberculosis
 - Endometriosis

Ref: Shaw's 15/e p466
- Which one may not be associated with secondary congestive dysmenorrhoea? (AP 2012)
 - Endometriosis
 - Fibroid uterus
 - Chronic Pelvic infection
 - Metropathia haemorrhagica

Ref: Dutta Gynae 6/e p181
- The diagnostic test of choice for endometriosis is: (AP 2010)
 - Hysteroscopy
 - Laparoscopy
 - Colposcopy
 - Sonosalpingography

Ref: Dutta Gynae 6/e p308
- Most common symptom of endometriosis is:
 - Infertility
 - Dysmenorrhea
 - Dyspareunia
 - Abdominal pain

Ref: Shaw's Gynaecology 15/e p468, 14/e, p421-426; Novak 14/e, p1164-1170
- A 35 year old woman presents with infertility and palpable pelvic mass. Her CA-125 level is 90 mIU/mL Diagnosis is: (AIIMS May 2010)
 - Ovarian Ca
 - Endometrioma
 - Tuberculosis
 - Borderline ovarian tumor

Ref: Novak Gynecology 14/e p1466, 1146, 1147; William's Gynae, 1/e p232, 210. Text book of gynae, sheila balakrishnan, p185
- True about endometriosis is/are: (PGI June 06)
 - MC in 3rd or 4th decade
 - Premenstrual spotting
 - Endometrial sarcoma is most common malignancy associated with it
 - True cyst
 - Seen in first degree relative

Ref: Dutta Gyane 7/e p506, 307, 309; Shaw 15/e p466-469; Jeffcoate 8/e p343, 7/e p368-370
- Endometriosis is commonly associated with: (PGI Dec. 02)
 - B/L chocolate cyst of ovary
 - Adenomyosis
 - Fibroid
 - Luteal cyst
 - Endometritis

Ref: Shaw15/e p466; Jeffcoate 7/e p370; Novak 14/e p1145,15/e p517
- Pain in endometriosis correlates with: (PGI June 00)
 - Depth of invasion
 - Multiple sites
 - CA 125
 - Stage of disease

Ref: Shaw's 15/e p468
- Treatment of endometriosis include: (PGI Dec. 02)
 - Estrogen
 - Progesterone
 - OCP
 - Danazol
 - GnRH

Ref: Shaw's 15/e p472
- Drugs used in endometriosis are: (PGI Dec. 01)
 - Testosterone
 - Danazol
 - GnRH
 - Progesterone
 - Estrogen

Ref: Shaw 15th/ed p472, 473; Novak 14/e p1164-1169
- Causes of secondary dysmenorrhea in a young female: (PGI June 05)
 - Tuberculosis
 - Adenomyosis
 - CIN
 - Endometriosis
 - Subserous fibroid

Ref: Dutta Gyane 6/e p181

Ans.	1. b. Rectovaginal...	2. a. Adenomyosis	3. d. Hysterectomy	4. b. Ovary
	5. d. Endometriosis	6. d. Metropathia...	7. b. Laparscopy	8. b. Dysmenorrhoea
	9. b. Endometrioma	10. a, b, d and e	11. a. B/L chocolate...	12. a. Depth of...
	13. b, c, d and e	14. b, c and d	15. a, b, d and e	

16. Scar endometriosis can occur in following: (Delhi PG 00)
 a. Classical cesarean section
 b. Hysterotomy
 c. Episiotomy
 d. All of the above *Ref: Jeffcoate 8/e p346; 7/e p371*
17. Endometriosis is explained by: (SGPGI 05)
 a. Sampson's implantation theory
 b. Metastatic epithelium
 c. Histogenesis by induction
 d. Coelomic metaplasia theory
 e. All of the above *Ref: Shaw 15/e p465, 466*
18. Best investigation to establish the diagnosis of endometriosis is: (AI 00)
 a. Laparoscopy
 b. USG
 c. X-ray pelvis
 d. CT Scan
Ref: Shaw 15/e p470; Novak 14/e p1145, 1146, 15/e p516
19. True regarding adenomyosis is: (AI 01)
 a. Most common in nullipara
 b. Progestin are agents of choice for medical managements
 c. Presents with menorrhagia, dysmenorrhea, and an enlarged uterus
 d. More common in young women
Ref: Shaw 15/e p474, 475; Novak 15/e p484, 485
20. All are used in treating spasmodic dysmenorrhea except: (DNB 02)
 a. Bromocriptine
 b. Ibuprofen
 c. Mefenamic acid
 d. Norethisterone and ethinyl estradiol
Ref: Dutta Gynae 6/e p179-180; 5/e p174, 175; Jeffcoate 8/e p581, 582; 7/e p622, 623
21. A 20 year old woman gives a history of sharp pain in the lower abdomen for 2-3 days every month approximately 2 weeks before the menses. The most probable etiology for her pain is: (AI 03)
 a. Endometriosis
 b. Dysmenorrhea
 c. Pelvic tuberculosis
 d. Mittelschmerz *Ref: Dutta Gynae 6/e p181, 5/e p178*
22. Which of the following modalities have shown best result for premenstrual syndrome? (AIIMS Nov. 02)
 a. SSRI
 b. Progesterone
 c. Oestrogen
 d. Anxiolytics
Ref: Dutta Gynae 6/e p182, 183; Jeffcoate 8/e p589
23. Laparoscopy detects: (DNB 01)
 a. Endometriosis
 b. Ca uterus
 c. Ca cervix
 d. Ca rectum
Ref: Shaw 15/e p470
24. Which of the following is the drug of choice to treat endometriosis: (UPSC 00)
 a. Testosterone propionate
 b. Norethisterone
 c. Medroxyprogesterone
 d. Danazol *Ref: Novak 14/e p1165; Jeffcoate 8/e p354*
25. In the etiology of endometriosis Sampson's theory is:
 a. Implantation theory (Jipmer 03)
 b. Coelomic metaplasia theory
 c. Metastatic theory
 d. Histogenesis by induction *Ref: Shaw's 15/e p465*
26. Treatment of endometriosis in an infertile female: (MAHE 05)
 a. Danazol
 b. Clomiphene
 c. Gn RH analogue
 d. Progesterone *Ref: Shaw's 15/e p473*
 Note: Dydrogesterone given in luteal phase relieves pain without compromising infertility as it does not prevent ovulation.
27. Which one of the following sites of endometriosis is not treated by medical therapy: (UPSC 06)
 a. Rectosigmoid
 b. Ovarian
 c. Episiotomy
 d. Pulmonary *Ref: Jeffcoate 8/e p253*
28. Which of the following is not a usual cause of postmenopausal bleeding? (MH 2008)
 a. Endometriosis
 b. Carcinoma endometrium
 c. Carcinoma cervix
 d. Senile endometritis
Ref: Shaw 15/e p71

Ans.	16. d. All of the above	17. e. All of the above	18. a. Laparoscopy	19. c. Presents...
	20. a. Bromocriptine	21. d. Mittelschmerz	22. a. SSRI	23. a. Endometriosis
	24. c. Medroxy...	25. a. Implantation theory	26. d. Progesterone	27. b. Ovarian
	28. a. Endometriosis			

13. DISORDERS OF MENSTRUATION

DISORDERS OF MENSTRUATION (QUESTIONS)

- The most common cause of secondary amenorrhoea is:**
 - Polycystic ovarian disease (DP PGME 2009)
 - Premature ovarian failure
 - Pregnancy
 - Prolactinoma

Ref: Shaw's 15/e p290, 14/e p259, 13/e p263
- Lactational amenorrhoea is due to:** (DNB 2008)
 - Prolactin induced inhibition of GnRH
 - Prolactin induced inhibition of FSH
 - Oxytocin induced inhibition of GnRH
 - Oxytocin induced inhibition of FSH

Ref: Dutta Obs 7/ep147
- All are causes of primary amenorrhoea except:** (DNB 2008)
 - Kallman's syndrome
 - Sheehan's syndrome
 - Rokitansky's syndrome
 - Turner's syndrome

Ref: Dutta Gynae 6/ep451, 452, 458
- Evidence based treatment to menorrhagia are all except:** (DNB 2008)
 - Ethamsylate
 - Tranexamic acid
 - POP's
 - COP's

Ref: WILLIAMS gynaecology 1/e p187, Shah 12/e p242
- Which is not a cause of primary amenorrhoea:** (DNB 2008)
 - Sheehan's syndrome
 - Kallman's syndrome
 - Mayer-Rokitansky-Kuster-Hauser Syndrome
 - None of the above

Ref: Dutta Gynae 6/e p451, 452, 458
- A woman suffers from pain exactly during the mid menstrual cycle coinciding with ovulation. What is the diagnosis?** (AP 2010)
 - Mittelschmerz
 - Mittelblut
 - Metrorrhagia
 - Metropathia haemorrhagica

Ref: Dutta Gynae 6/e p181
- Abnormal uterine bleeding is/are:**
 - Blood loss of more than 80 ml
 - Cycle duration is more than 35 days or less than 21 days
 - Bleeding period lasting 7 days or more
 - Irregular bleeding during a regular cycle

Ref: Dutta Gynae 6/e p185, 186
- Anovulatory DUB is due to?**
 - Absence of progesterone
 - Excess of estrogen
 - Hypothalamic pituitary defect
 - High progesterone

Ref: Dutta Gynae 6/e p188
- In the medical management of dysfunction uterine bleeding, all are used, except:** (AP 2012)
 - Nonsteroidal anti inflammatory agents
 - Tranexamic acid
 - Progestogens
 - Androgens

Ref: Shaw's 15/e p304
- A 13-year old young girl presents in the casualty with acute pain in the lower abdomen. She has history of cyclical pain for last 6 months and she has not attained her menarche yet. On local genital examination, a tense bulge in the region of hymen was seen. The most probable diagnosis is:**
 - Mayer-Rokitansky-Kuster-Hauser syndrome
 - Testicular feminization syndrome (AIIMS May 06)
 - Imperforate hymen
 - Asherman's syndrome

Ref: Shaw 15/e p96-97
- The commonest cause of primary amenorrhoea is:**
 - Genital tuberculosis (AIIMS Nov. 03)
 - Ovarian dysgenesis
 - Mullerian duct anomalies
 - Hypothyroidism

Ref: Leon Speroff 7/e p420; Shaw 15/e p284
- Which is not a cause of primary amenorrhoea?**
 - Sheehan's syndrome (AI 09 / AI 2011 / AIIMS May 2010)
 - Kallmann's syndrome
 - Mayer-Rokitansky-Kuster-Hauser syndrome
 - Turner syndrome

Ref: Shaw 15/e p284, 285, 288; 14/e p256-257
- A woman has 2 kids. She presents with galactorrhoea and amenorrhoea for 1 year. The most probable diagnosis is:**
 - Pregnancy (AIIMS May 02)
 - Pituitary tumor
 - Sheehan's syndrome
 - Metastasis to pituitary from other carcinoma

Ref: Novak 14/e p1104, 1109; Shaw's 15/e p291
- Mrs. Sinha having her youngest child of 6 years age presents to her family physician with complaints of pruritis vulvae and amenorrhoea. On examination she is found to have loss of pubic and axillary hairs, patch of vitiligo and hypotension. She is lethargic and has cold intolerance. She has got multiple skin infections and anemia. All of the following should be used to treat her. Except:**
 - Cortisol (AIIMS Nov. 01)
 - Insulin
 - Ethinyl estradiol
 - Thyroid extract

Ref: Jeffcoate 8/e p547, 556

Ans.	1. c. Pregnancy	2. a. Prolactin...	3. b. Sheehan's	4. a. Ethamsylate
	5. a. Sheehan's...	6. a. Mittelschmerz	7. All	8. a. Absence of...
	9. d. Androgens	10. c. Imperforate...	11. b. Ovarian...	12. a. Sheehan's...
	13. b. Pituitary tumor	14. b. Insulin		

15. Hypothalamic amenorrhea is seen in: (AIIMS Nov. 01)
 a. Asherman syndrome
 b. Stein-Leventhal syndrome
 c. Kallman syndrome
 d. Sheehan's syndrome
Ref: Shaw's 15/e p284
16. Primary amenorrhoea with anosmia is seen in: (AIIMS June 00)
 a. Kallman syndrome
 b. Laurence-Moon-Biedl syndrome
 c. Foster – Kennedy syndrome
 d. Sheehan's syndrome
Ref: Shaw 15/e p284; Harrison 17/e p2198
17. A 19-year old patient complains of primary amenorrhea. She had well developed breast and pubic hair but on examination there was absence of uterus and vagina. Likely diagnosis is: (AIIMS Nov 2010)
 a. XYY
 b. Mullerian agenesis
 c. Gonadal dysgenesis
 d. Klinefelter syndrome
Ref: Jeffercoates 8/e p184 7/e p197-198, Shaw's 15/e p286
18. A 30-years-old woman para 2+0, hypertension has menorrhagia. Which is best treatment for her? (AIIMS May 2011)
 a. Combined pills
 b. Mirena
 c. Hysterectomy
 d. Transcervical resection of endometrium
Ref: Novak 15/e p788, Williams Gynae 1/e p187-188
19. A 45 years old lady presented with dysfunctional uterine bleeding. On transvaginal USG thickness of endometrium was found to be 8 mm. What should be the next step in the management of this patient? (AIIMS Nov 08 / AIIMS Nov 2011)
 a. Histopathology
 b. Hysterectomy
 c. Progesterone
 d. OCP
Ref: Shaw's 15/e p303
20. Raja Devi 45 years old woman presented with history of poly-menorrhoea for last six months. The first line of management is: (AI 02)
 a. Hysterectomy
 b. Progesterone for 3 cycles
 c. Dilatation & curettage
 d. Oral contraceptive for 3 cycles
Ref: Jeffercoate 8/e p571; 7/e p610; Shaw's 15/e p303
21. In a 45 years old lady with DUB for 6 months duration, best line of management is: (AIIMS June 00)
 a. Progesterone for 6 months
 b. OCP for 6 months
 c. Dilatation and curettage
 d. Hysterectomy
Ref: Shaw's 15/e p303
22. Commonest cause of postmenopausal bleeding in India is: (AI 07; AIIMS May 07)
 a. Ca endometrium
 b. Ca cervix
 c. Ca vulva
 d. Ovarian tumor
Ref: Gynae. for PG's by Bijoy Sree Sen Gupta 2/e p156-157; Shaw 15/e p392; Jeffercoate 8/e p438, 434, 7/e p471
23. A teenage girl presented in OPD with moderate acne and history of irregular menses. What treatment will you give? (AIIMS Nov 2010)
 a. Oral isotretinoin
 b. Oral acitretin
 c. Oral minocycline
 d. Cyproterone acetate
Ref: Shaw's 15/e p371
24. Primary Amenorrhea: (PGI Dec 08)
 a. Absence of Menarche by 14 Years without secondary sexual characters
 b. Absence of Menarche by 16 Yrs with secondary sexual characters
 c. Absence of secondary sexual characters by 16 Yrs
Ref: Shaw 15/e p284
25. Causes of secondary amenorrhea are: (PGI June 01)
 a. Turner's syndrome
 b. Endometriosis
 c. Asherman's syndrome
 d. Thyroiditis
 e. PCOD
Ref: Shaw 15/e p288, 289; 14/e p259-260
26. Lady recovered from severe PPH, complains of failure of lactation and menstruation, which of the following can be seen: (PGI Dec 08)
 a. Increased excretion of Na⁺
 b. Retention of water
 c. Increased prolactin
 d. Increased GnRH
 e. Increased TSH
Ref: Dutta Gynae 6/e p465; Jeffercoate 8/e p546, 547
27. A patient with amenorrhea had bleeding after giving a trial of progesterone. This implies: (PGI Dec. 01)
 a. Sufficient estrogen
 b. Sufficient progesterone
 c. Normal ovarian function
 d. Intact endometrium
 e. Intact pituitary axis
Ref: Dutta Gynae. 6/e p469, 5/e p447; Shaw's 15/e p291
28. Positive progesterone challenge test in a patient of secondary amenorrhea is seen in: (PGI June 04)
 a. Asherman syndrome
 b. Endometrial TB
 c. Hypopituitarism
 d. Premature ovarian failure
 e. PCOD
Ref: Shaw's 15/e p291; Dutta Gynae 6/e p469

Ans.	15. c. Kallman syndrome	16. a. Kallman syndrome	17. b. Mullerian agenesis	18. b. Mirena
	19. a. Histopathology	20. c. Dilatation...	21. c. Dilatation...	22. b. Ca cervix
	23. d. Cyproterone...	24. a and b	25. c, d and e	26. a. Increased...
	27. a, c and e	28. e. PCOD		

29. In a case of secondary amenorrhea who fails to get withdrawal bleeding after taking E and P, the fault lies at the level of: (PGI June 05)

- Pituitary
- Hypothalamus
- Ovary
- Endometrium

Ref: Dutta Gynae. 6/e p469; 5/e p447; Shaw's 15/e p291

30. Child with primary amenorrhea with negative progesterone challenge test but positive combined progesterone and estrogen test. Diagnosis may be: (PGI June 07)

- Mullerian agenesis
- PCOD
- Asherman syndrome
- Prolactinoma

Ref: Dutta Gynae. 6/e p469

31. Average blood loss in normal menstruation: (PGI June 05)

- 50 mL
- 80 mL
- 100 mL
- 120 mL
- 10 mL

Ref: Novak 14/e p461, Shaw 15/e p283

32. Polymenorrhoea means: (PGI Dec 08)

- Menses < 21 days
- Menses >35 days
- Painful menses
- DUB

Ref: Shaw 15/e p283

33. Initial evaluation in adolescent with abnormal uterine bleeding: (PGI June 05)

- Haemogram
- Platelet count
- USG
- D & C
- Examination under anesthesia

Ref: Novak 14/e p450-454, 15/e p390-397;

Dutta Gynae. 6/e p54, 5/e p52-53

34. Most common cause of puberty menorrhagia: (PGI June 07)

- Anovulation
- Malignancy
- Endometriosis
- Bleeding disorder

Ref: Dutta Gynae 6/e p54; Shaw's 15/e p301

35. Puberty menorrhagia is treated by: (PGI June 02)

- Progesterone
- Progesterone and estrogen
- GnRH analogues
- Danazol
- Surgery

Ref: Shaw 15/e p302; Novak 14/e p451-454, 15/e p394-397

36. Causes of dysfunctional uterine bleeding can be:

- Uterine polyp (PGI Dec. 01)

- Fibroid
- Granulosa cell tumor
- Irregular ripening of endometrium
- Irregular shedding of endometrium

Ref: Shaw 15/e p301-302 Table 22.2

37. Treatment for 32 years old multipara with dysfunctional uterine bleeding (DUB) is: (PGI Dec. 00)

- Progesterone
- Danazol
- Prostaglandins
- Endometrial ablation
- Hysterectomy

Ref: Novak 15/e p788; Shaw's 15/e p304

38. All are causes of postmenopausal bleeding except:

- Carcinoma in situ of cervix (PGI Dec. 00)
- Ca. endometrium
- Ca. ovary
- Ca. fallopian tube

Ref: Dutta Gynae 6/e p559

39. Postmenopausal bleeding is associated with all except:

- Ca cervix (PGI Dec. 04)
- CIN
- Ca ovary
- Endometrial Ca
- Ca fallopian tube

Ref: Dutta Gynae 6/e p559

40. A woman of 50 years who attained menopause, coming with one episode of bleeding P/V. Which of the following is to be done: (PGI June 09)

- Assess for H/o HRT
- Hysterectomy
- Paps Smear
- Endometrial biopsy
- DUB

Ref: Dutta Gynae 6/e p560

41. Evaluation of a patient with postmenopausal bleeding is done by: (PGI June 05)

- Pap smear
- USG
- Endometrial biopsy
- Dilatation & curettage

Ref: Dutta Gynae 6/e p560

42. 35 year old, mother of two children is suffering from amenorrhea from last 12 month. She has a history of failure of lactation following second delivery but remained asymptomatic thereafter. Skull X-ray shows empty sella diagnosis is: (AI 02)

- Menopause
- Pituitary tumor
- Sheehan's syndrome
- Intraductal papilloma of breast

Ref: Williams Gynae 1/e p374; Leon Speroff 7/e p438, Jeffcoate 8/e p546, 547, 7/e p582-583

Ans.	29. d. Endometrium	30. d. Prolactinoma	31. a. 50 ml	32. a and d
	33. a, b and c	34. a. Anovulation	35. a, b and c	36. d and e
	37. a and d	38. a. Carcinoma...	39. b. CIN	40. a and d
	41. a, b, c and d	42. c. Sheehan's...		

43. 35 year old female patient, Radha, having children aged 5 and 6 years has history of amenorrhea and galactorrhea. Blood examination reveals increased prolactin. CT of head is likely to reveal: (AI 02)

- Pituitary adenoma
- Craniopharyngioma
- Sheehan's syndrome
- Pinealoma

Ref: Shaw's 15/e p291

44. A patient had a spontaneous abortion, then she came with amenorrhea and FSH 6 IU/ml what is the most probable diagnosis? (AI 10)

- Ovarian failure
- Uterine synechia
- Pregnancy
- Pituitary failure

Ref: Leon speroff 7/e p415-425, 8/e p443 for FSH significance and 459 for ashermann syndrome

45. The most common cause of secondary amenorrhea in India is: (AI 05)

- Endometrial tuberculosis
- Premature ovarian failure
- Polycystic ovarian syndrome
- Sheehan's syndrome

Ref: Read below

46. Halban's disease is due to: (Jipmer 05, 02)

- Persistent corpus luteum
- Deficient corpus luteum
- Persistent trophoblast
- Deficient trophoblast

Ref: Shaw 15/e p307; Jeffcoat 7/e p604; Dutta Gynae 4/e p178, 5/e p184

47. Evidence-based treatment for menorrhagia is all except: (AI 09/AIIMS May 2010)

- OCPs
- Progesterone for three months cyclically
- Tranexamic acid
- Ethamsylate

Ref: Williams Gynae 1/e p187

48. Which of the following is not indicated in menorrhagia: (AI 02)

- NSAID's
- Clomiphene
- Norethesterone
- Tranexamic acid

Ref: Shaw's 15/e p304

49. 14 year old girl presented with vaginal bleeding with occasional amenorrhea, next step is: (UP 03)

- BT, CT
- Clinical history and examination
- Ultrasound
- TLC, DLC, ESR

Ref: Novak 14/e p450-454

50. Dysfunctional uterine bleeding is associated with: (UP 03)

- Metropathia-hemorrhagica
- Fibroid uterus

- Endometriosis
- Ovarian tumor

Ref: Shaw 15/e p301 to 222

51. Simple hyperplasia of the endometrium is treated with progesterone for — days: (UP 04)

- 14
- 21
- 5
- 10

Ref: Jeffcoat 8/e p570, 7/e p424

Note: Endometrial hyperplasia benefits from progesterone therapy for 21 days and not 10 days like other conditions, because 10 day therapy does not suppress ovulation.

52. Irregular shedding of the endometrium occurs due to:

- Epithelium being immature (UP 04)
- It does not show the decidual-like edema of the secretory phase
- Regression of the corpus luteum function
- Over withdrawal activity of the corpus luteum function

Ref: Shaw 15/e p307

53. Withdrawal bleeding occurs when progestins administered continuously: (UP 04)

- Estrogen concentration is sufficient
- Structural abnormality in the pelvis
- Associated with endocrine disorder
- Atrophic endometrium

Ref: Dutta Gynae 6/e p469

54. Secondary amenorrhea after abortion due to intrauterine adhesions is seen in: (Delhi 02, 97)

- Uterine inertia
- Imperforate hymen
- Bicornuate uterus
- Asherman's syndrome

Ref: Dutta Gynae 6/e p459, 5/e p438

55. All are causes of amenorrhea EXCEPT: (Delhi 01)

- Pituitary adenoma
- Chronic nephritis
- Tubercular endometritis
- Adenomyosis

Ref: Shaw 15/e p475

56. Cause of postmenopausal bleeding is: (Delhi 02)

- Arrhenoblastoma
- Cystadenoma
- Granulosa cell tumor
- Hilus cell tumor

Ref: Shaw 15/e p424

57. Initial treatment of dysfunctional uterine bleeding in a young female is: (Delhi 02)

- Oral pills
- Danazol
- Hysterectomy
- Androgens

Ref: Shaw 15/e p304; 14/e p215, fig. 22.6; Dutta Gynae 6/e p191; 5/e p187

Ans.	43. a. Pituitary...	44. b. Uterine...	45. a. Endometrial...	46. a. Persistent...
	47. d. Ethamsylate	48. b. Clomiphene	49. b. Clinical...	50. a. Metropathia...
	51. b. 21	52. d. Over activity...	53. a. Estrogen...	54. d. Asherman's...
	55. d. Adenomyosis	56. c. Granulosa...	57. a. Oral pills	

58. Swiss cheese pattern endometrium is seen in:

- Carcinoma endometrium (Karnataka 2010)
- Metropathia hemorrhagica
- Hydatidiform mole
- Halban's disease

Ref: Shaw 15/e p303

59. Cystoglandular hyperplasia is seen in: (DNB 02)

- Menorrhagia
- Polymenorrhoea
- Oligomenorrhoea
- Metropathia haemorrhagica

Ref: Dutta Gynae 6/e p188

60. M/C cause of postmenopausal bleeding is: (Delhi 2008)

- Endometrial carcinoma
- Senile vaginitis
- CA cervix
- Ovarian carcinoma

Ref: Gynae for PG's by Bijoy Shree Sen Gupta 2/e p156-157

61. Hypothalamic amenorrhea is seen in: (Karnataka 2008)

- Kallman's syndrome
- Sheehan's syndrome
- Asherman syndrome
- Stein-Leventhal syndrome

Ref: Shaw 15/e p285

62. Asherman's syndrome is characterized by: (TN 90, MP 09)

- Amenorrhoea
- Dysmenorrhoea
- Leucorrhoea

d. Metrorrhagia

Ref: Shaw 15/e p288

63. In a case of secondary amenorrhoea who fails to get withdrawal bleeding after taking estrogen and progesterone, the fault lies at the level of: (Karnataka 05)

- Pituitary
- Hypothalamus
- Ovary
- Endometrium

Ref: Dutta Gynae 6/e p469; 5/e p447

64. In cystic glandular hyperplasia what is seen: (Manipal 06)

- Normal menstrual bleeding
- Amenorrhoea and bleeding
- Hypomenorrhoea
- None of the above

Ref: Shaw 15/e p302, Dutta Gynae 5/e p184-185

65. The progestogen with the greatest haemostatic effect used in dysfunctional uterine bleeding (DUB) is: (UPSC 01)

- Medroxyprogesterone
- Hydroxyprogesterone
- Norethisterone
- Dydrogesterone

Ref: Jeffcoate 8/e p570, 7/e p608; Dutta Gyane 6/e p534

66. Causes of secondary amenorrhoea are:

- Asherman's syndrome
- Thyroiditis
- PCOD
- All of the above

Ans.	58. b. Metropathia...	59. d. Metropathia...	60. a. Endometrial...	61. a. Kallman's...
	62. a. Amenorrhoea	63. d. Endometrium	64. b. Amenorrhoea...	65. c. Norethisterone
	66. d. All of the above			

14. GYNECOLOGICAL ONCOLOGY

- A. Uterus
- B. Cervix
- C. Ovary
- D. Miscellaneous Tumors

GYNECOLOGICAL ONCOLOGY (QUESTIONS)

A. UTERUS

1. A 80-year-old female who has never taken estrogen develops pink vaginal discharge. An endometrial biopsy shows adenocarcinoma of the endometrium. Papanicolaou's smear is negative. Of the following, what is the most important indicator of prognosis: (DP PGME 2010)

- a. Body habitus
- b. Level of CA-125
- c. Nutritional status
- d. Histologic type of tumor

2. Which of the following is not a risk factor for Ca. endometrium?

- a. Family history
- b. Early menopause
- c. Obesity
- d. Use of HRT

Ref: Dutta Gynae 6/e p354

3. Swiss cheese pattern of endometrium is seen in:

- a. Secretory endometrium
- b. Hyperplastic endometrium
- c. Cystic glandular hyperplasia
- d. Endometrial carcinoma

Ref: p303 Shaw's Textbook of Gynaecology 15/e

4. LEAST likely feature of fibroid:

- a. Dysmenorrhoea
- b. Infertility
- c. Menorrhagia
- d. Metrorrhagia

Ref: Shaw 15/e p356-357

5. Serous carcinoma of endometrium is associated with which mutation?

- a. p53
- b. PTEN
- c. K ras
- d. p16k

Ref: Novak's Gynae 15/e p1270

6. In case of endometrial cancer, if metastasis is seen in the vagina, what FIGO stage it would be? (AP 2012)

- a. Stage IIIa
- b. Stage IIIb
- c. Stage IIIc
- d. Stage IVa

Ref: Dutta Gynae 6/e p357

7. Chronic treatment with tamoxifen can cause:

- a. Ca endometrium
- b. Ca cervix
- c. Ca ovary
- d. Ca vagina

Ref: Shaw's 15/e p317

8. Not a predisposing factor for endometrial cancer is:

- a. Obesity (DNB 2010)
- b. Hypertension
- c. Nulliparity
- d. D Early menopause

Ref: Dutta 4/e p329, 330

Ref: Dutta Gynae 6/e p360, 4/e p334, Novak 15/e p1266-1268

9. The risk of endometrial cancer is highest with the following histological pattern of endometrial hyperplasia:

- a. Simple hyperplasia without atypia (AIMS May 06)
- b. Simple hyperplasia with atypia
- c. Complex hyperplasia without atypia
- d. Complex hyperplasia with atypia

Ref: Shaw's 15/e p307; Dutta Gynae 6/e p329

10. The risk of complex hyperplasia of endometrium with atypia progressing to malignancy in a postmenopausal woman is: (AIIMS 04, 05)

- a. 3%
- b. 8%
- c. 15%
- d. 28%

Ref: Dutta Gynae 6/e p329

11. Percentage change of cystic glandular hyperplasia turning to malignancy: (PGI June 05)

- a. 0.1%
- b. 2%
- c. 1%
- d. 10%
- e. 15%

Ref: Dutta Gynae 6/e p329; Novak 14/e p1346; 15/e p,1252-1253, Williams Gynae. 1/e p689

12. What is the ideal treatment for a 55 years female with simple hyperplasia of endometrium with atypia? (AI 08)

- a. Simple hysterectomy
- b. Medroxyprogesterone acetate (MPA)
- c. Levonorgestrel (LNG)
- d. IUCD

Ref: Dutta Gynae 6/e p331; Jeffcoate 7/e p425

13. All of the following are known risk factors for development of endometrial carcinoma except: (AI 03, 02)

- a. Obesity
- b. Family history
- c. Use of hormone replacement therapy
- d. Early menopause

Ref: Shaw's 15/e p416, 417

14. Risk for endometrial cancer are: (PGI 04, 00)

- a. Obesity
- b. Pregnancy before 20 years age
- c. P.C.O.D.
- d. Combined OC pills
- e. Artificial menopause

Ref: Shaw's 15/e p416, 417

Ans.	1. d. Histologic...	2. b. Early meno...	3. c. Cystic...
	5. a. p53	6. b. Stage IIIb	7. d. Ca Vagina
	9. d. Complex...	10. d. 28%	11. c. 1%
	13. d. Early Menopause	14. a and c	12. a. Simple...

15. All are the risk factors for endometrial carcinoma except:
 a. Multiparity (PGI June 09)
 b. Obesity
 c. Early menopause
 d. Unopposed estrogen therapy
 e. Hypertension
Ref: Shaw's 15/e p416, 417
16. Long term tamoxifen therapy may cause: (AI 99, 98; PGI 99)
 a. Endometrium Ca
 b. Ovary Ca
 c. Cervix Ca
 d. Vagina Ca
Ref: Shaw 15/e p-417, Novak 14/e p1345, 15/e p1251-1252
17. Which of the following is not seen with corpus cancer syndrome in cancer endometrium? (AIIMS Nov 2010)
 a. Multiparity
 b. Diabetes mellitus
 c. Hypertension
 d. Obesity
Ref: Jeffcoates 8/e p472, 473, Dutta gynae 5/e p351
18. A 50-year-old woman, nulliparous, diabetic and obese presenting with postmenopausal bleeding likely diagnosis is: (PGI 2000)
 a. Carcinoma in situ of cervix
 b. Carcinoma endometrium
 c. DUB
 d. None of the above
Ref: Jeffcoate 8/e p472, 473; Novak 14/e p1349
19. True about endometrial carcinoma: (PGI 01)
 a. Predisposed by diabetes mellitus, hypertension and obesity
 b. Adenosquamous type is commonest
 c. Commonly associated with Ca cervix
 d. Common age group affected is between 20 and 40 years
Ref: Jeffcoate 8/e p472, 473, 474; Shaw 15/e p-417 for option a, 418 for option b, 416 for option c & option d; Novak 14/e p1345, 15/e p1256-1257
20. The most malignant endometrial carcinoma is: (JIPMER 03)
 a. Adenocarcinoma
 b. Adenoacanthoma
 c. Mixed adenosquamous carcinoma
 d. Clear cell carcinoma
Ref: Shaw's 15/e p418
21. Investigation of choice in a 55 years old postmenopausal woman who has presented with postmenopausal bleeding:
 a. Pap smear (AI 06, 98)
 b. Fractional curettage
 c. Transvaginal ultrasound
 d. CA - 125 estimation
Ref: Dutta Gynae 6/e p560; Jeffcoate 8/e p579
22. The stage of cancer endometrium with invasion of 10 mm of myometrium is: (AI 00)
 a. Ia
 b. Ib
 c. IIb
 d. IIa
Ref: Novak 15/e p1265, Shaw 15/e p-420
23. Carcinoma endometrium with positive superficial inguinal lymph node status is classified as stage: (AI 04)
 a. I
 b. II
 c. III
 d. IV
Ref: Novak 15/e p1265, Shaw 15/e p-420
24. True about endometrial carcinoma in clinical stage III:
 a. Vaginal metastasis (PGI June 09)
 b. Para aortic lymph node involvement
 c. Pelvic lymph node involvement
 d. Peritoneal involvement
 e. Inguinal lymph node involvement
Ref: Novak 15/e p1265, Shaw 15/e p-420
25. Lymph nodes not involved in Ca endometrium is: (AIIMS 08)
 a. Para-aortic
 b. Presacral
 c. Inferior mesenteric
 d. Inguinal
Ref: AJCC Cancer Staging Manual 6/e p267
26. A perimenopausal lady with well differentiated adenocarcinoma of uterus has more than half myometrial invasion, vaginal metastasis and inguinal lymph node metastasis. She is staged as: (AIIMS 03)
 a. Stage IIIB
 b. Stage IIIC
 c. Stage IV A
 d. Stage IV B
Ref: Novak 15/e p1265, Shaw 15/e p-420
27. A lady presented with Carcinoma endometrium involving >50% of myometrium extending to vagina and positive peritoneal cytology but no involvements of para-aortic and pre-aortic nodes. What is the stage of disease?
 a. III A (AIIMS Nov 2010)
 b. III B
 c. III C1
 d. III C2
Ref: Williams gynae 1/e p699, shaw 15/e p420, Novak 15/e p1265
28. Stage III B endometrial Ca - true is: (PGI June 08, Dec. 06)
 a. Vaginal metastasis
 b. Lymph node metastasis (para-aortic)
 c. Bowel involvement
 d. Lung metastasis
 e. Serosa involved
29. Stage-IIIB endometrial carcinoma true is/are: (PGI June 09)
 a. Vaginal metastasis
 b. Lymph node metastasis (paraaortic)
 c. Pelvic lymph node involvement
 d. Positive peritoneal cytology
 e. Rectal invasion
Ref: Novak 15/e p1265, Shaw 15/e p-420

Ans.	15. a and c	16. a. Endometrium Ca	17. a. Multiparity	18. b. Carcinoma...
	19. a. Predisposed...	20. d. Clear cell...	21. b. Fractional...	22. b. Ib
	23. d. IV	24. a, b, c and d	25. c. Inferior...	26. d. Stage IV B
	27. b. III B	28. a. Vaginal...	29. a and d	

30. Choice of adjuvant treatment for endometrial carcinoma stage I A grade I is: (AI 04)

- Radiotherapy
- Chemotherapy
- Chemotherapy + Radiotherapy
- No treatment

Ref: Shaw 15/e p-420, Novak 15/e p1275

31. The following are indications for postoperative radiotherapy in a case of carcinoma endometrium except:

- Myometrial invasion of more than half thickness
- Positive lymph nodes (AIIMS 04, 05)
- Endocervical involvement
- Tumor positive for estrogen receptors

Ref: Shaw's 15/e p420

32. Indication for radioterhapy in carcinoma endometrium include all except: (AIIMS Nov. 07)

- Pelvic node involvement
- Deep myometrial involvement
- Enlarged uterine cavity
- Poor differentiation

Ref: Shaw's 15/e p420

33. Indication of adjuvant radiotherapy in Ca endometrium is/ are: (PGI 05)

- Cervical involvement
- Lymph node involvement
- Carcinoma in situ
- Papillary serous tumor
- Estrogen receptor positive

Ref: COGDT 9/e p924; Shaw 15/e p-420, Novak 15/e p, 1275 onwards

34. Which of the following direct lymph node dissections in endometrial carcinoma:

- Penetration into half of myometrium
- Clear cell Ca
- Fundal involvement
- Peritoneal metastasis
- Papillary serous carcinoma

Ref: Shaw's 15/e p420

35. An 80-year-old female who has never taken estrogen, develops pink vaginal discharge. An endometrial biopsy shows an adenocarcinoma of the endometrium. Papanicolaou smear is negative. Of the following what is the most important indicator of prognosis? (AI 04)

- Body habitus
- Level of CA - 125
- Nutritional status
- Histologic type of tumour

Ref: Dutta Gynae 6/e p360

36. Following can cause endometrial cancer: (AP 2008)

- Metropathia hemorrhagica
- Gynandroblastoma
- Dysgerminoma
- All of the above

Ref: Shaw's 15/e p307, 378, 381

37. A female patient has adenocarcinoma uterus along with sarcoma of uterus. It is known as: (AIIMS June 00)

- Homologous sarcoma
- Sarcoma uterus
- Mixed mullerian carcinogenesis
- Heterologous sarcoma

Ref: Jeffcoate 8/e p482

38. All are true regarding sarcoma botryoides except: (PGI 01)

- Seen in vagina
- Grape like clusters are seen
- Seen in elderly women
- It is an adenocarcinoma
- Familial incidence is common

Ref: Robbin's Pathology 7/e p1071 - 1072

39. True statement regarding Sarcoma botryoides:

- Involvement of vagina (PGI May 2010)
- Grape like growth seen
- Common in old age
- Malignant

Ref: William gynae 1/e p683; Jeffcoate 8/e p483

40. Long term used taxmoxifen causes: (UP 00, RJ 09)

- Endometrium Ca
- Ovary Ca
- Cervix Ca
- Vagina Ca

Ref: Shaw 15/e p-417

41. Best investigation for carcinoma endometrium with endocervical involvement is: (UP 02)

- Transvaginal USG
- Endocervical curettage
- Punch biopsy
- Pap smear

Ref: Novak 14/e p1350; COGDT 10/e p860

42. Endometrial hyperplasia is caused by: (UP 03)

- Estrogen
- Smoking
- Ovulation inducing drugs
- Asherman's syndrome

Ref: Jeffcoate 7/e p394

43. Simple hyperplasia of the endometrium is treated with progesterone for— days: (UP 04)

- 14
- 21
- 5
- 10

Ref: Jeffcoate 7/e p396

44. Polycystic ovarian disease is associated with: (UP 04)

- Ovarian cancer
- Endometrial carcinoma
- Congenital adrenal hyperplasia
- Vaginal carcinoma

Ref: Shaw 15/e p-417

Ans.	30. d. No treatment	31. d. Tumor...	32. c. Enlarged...	33. a, b and d
	34. a, b and e	35. d. Histologic...	36. a. Metropathia...	37. c. Mixed...
	38. c, d and e	39. a, b and d	40. a. Endometrium Ca	41. b. Endocervical...
	42. a. Oestrogen	43. b. 21	44. b. Endometrial...	

45. **Commonest cause of carcinoma endometrium is:** (UP 05)
 a. Unopposed estrogen
 b. Multiple sex partner
 c. Early marriage
 d. Early menarche
Ref: Shaw 15/e p-416
46. **A postmenopausal diabetic woman presents with bleeding per vaginum. The most likely diagnosis is:** (Delhi 97)
 a. Carcinoma vulva
 b. Carcinoma cervix
 c. Carcinoma endometrium
 d. Carcinoma ovary
Ref: Shaw 15/e p-416
47. **Stage IV endometrial carcinoma, treatment is:** (Delhi 99)
 a. Surgery
 b. Radiotherapy
 c. Chemotherapy
 d. Radiotherapy, Chemotherapy and hormonal therapy
Ref: Shaw 15/e p-420
48. **Treatment of choice in a postmenopausal lady with atypical endometrial hyperplasia is:** (Delhi 00)
 a. Estrogens
 b. Hysterectomy
 c. Progestogens
 d. Radiotherapy
Ref: Jeffcoate 8/e p396; 7/e p425; Williams Gynae. 1/e p691
49. **All are risk factors for carcinoma endometrium EXCEPT:** (Delhi 00)
 a. Multiple sexual partners
 b. Diabetes
 c. Hypertension
 d. Infertility
Ref: Shaw 15/e p-316-317
50. **Atypical endometrial hyperplasia undergoes malignant transformation in:** (Delhi 00)
 a. 10%
 b. 25%
 c. 45%
 d. 70%
Ref: Dutta Gynae 6/e p329
51. **Endometrial hyperplasia is caused by:** (AIIMS May 94)
 a. Estrogen
 b. Perimenopausal age
 c. Ovulation inducing drug
 d. Smoking
Ref: Shaw 15/e p-316
52. **Commonest malignancy of the body of the uterus is:** (AIIMS 84)
 a. Adenoacanthoma
 b. Squamous cell carcinoma
 c. Sarcoma
 d. Adenocarcinoma
Ref: Shaw 15/e p-318; Dutta Gynae 5/e p342
53. **Second stage of carcinoma endometrium is treated by:** (AI 91)
 a. Surgery
 b. Radiotherapy followed by surgery
 c. Chemotherapy
 d. Progesterone followed by surgery
Ref: Shaw 14/e p376
54. **The treatment of choice in a 56 years old woman with endometrial cancer is:** (UPSC 85; PGI 88)
 a. Irradiation
 b. Wertheim's hysterectomy
 c. Pan hysterectomy
 d. Irradiation and later panhysterectomy
Ref: Shaw 15/e p-420; Williams Gynae. 1/e p699; Dutta 5/e p345
55. **Predisposing factors for endometrial carcinoma is:** (PGI 88)
 a. Early menopause
 b. Late menopause
 c. Nulliparity
 d. Hypertension
 e. Diabetes mellitus
Ref: Shaw 15/e p-316-317
56. **Commonest histology of carcinoma of endometrium is:** (Kerala 94)
 a. Squamous cell
 b. Clear cell
 c. Adenocarcinoma
 d. Anaplastic carcinoma
Ref: Dutta Gynae 5/e p342; Shaw 15/e p-318
57. **The treatment of choice in endometrial carcinoma stage I is:** (Karn. 94)
 a. External radiotherapy
 b. Intracavitary radiation
 c. Hysterectomy
 d. Chemotherapy
Ref: Shaw 15/e p-420; Williams Gynae. 1/e p699-700
58. **In a case of endometrial cancer, if metastasis is seen in the vagina, what FIGO stage it would be:** (UPSC 04)
 a. Stage III a
 b. Stage III b
 c. Stage III c
 d. Stage IV a
Ref: Shaw 15/e p-420

B. CERVIX

59. **A patient with carcinoma cervix who has completed radiotherapy comes with uraemia. The most common cause is:** (DP PGME 2010)
 a. Bilateral ureter invasion
 b. Radiation nephritis
 c. Ureteric stenosis due to radiation
 d. Unconnected causes
Ref: Novak 15/e p1331
60. **FIGO Cervical cancer stage IA2 includes:** (AP 2011)
 a. Stromal invasion less than 3 mm in depth and 7 mm or less in horizontal spread
 b. Stromal invasion between 3 and 5 mm with horizontal spread of 7 mm or less
 c. Visible lesion or a microscopic lesion with more than 5 mm of depth or horizontal spread of more than 7 mm
 d. Visible lesion 4 cm or less in greatest dimension
Ref: Dutta Gynae 6/e p342

Ans.	45. a. Unopposed...	46. c. Carcinoma...	47. d. Radiotherapy...	48. b. Hysterectomy
	49. a. Multiple sexual...	50. b. 25%	51. a. Estrogen	52. d. Adeno...
	53. b. Radiotherapy...	54. c. Pan...	55. b, c, d and e	56. c. Adeno...
	57. c. Hysterectomy	58. b. Stage III b	59. a. Bilateral...	60. ...

61. In which stage vaginal involvement is seen earlier in ca cervix:

- IIIb
- IIIa
- II
- IV

62. Carcinoma cervix involving upper 2/3 of vagina are classed as: (DNB 2006)

- IIA
- IIIA
- IIB
- IIIB

Ref: Shaw's 15/e p412

63. Most commonly associated human papilloma virus with cancer cervix is: (DNB 2011)

- HPV 16
- HPV 24
- HPV 32
- HPV 36

Ref: Novak's 15/e p580

64. Carcinoma cervix originates in the: (DP PGME 2009)

- Columnar epithelium
- Squamous epithelium
- Transformation zone
- Uterine isthmus

Ref: Shaw's 15/e p400, 14/e p359, 13/e p382, Devita 7/e p1297, Dutta Gynae 6/e p340

65. PAP smear shows Ca in situ-what is the best next logical procedure: (DNB 2008)

- Conization
- Colposcopy and biopsy
- Hysterectomy
- HPV viral
- D.N.A. testing

Ref: Dutta Gynaecology 6/e p328, 5/e p112

66. Management of stage II b CA cervix is: (DNB 2009)

- Radiotherapy
- Radiotherapy + chemotherapy
- Surgery
- Chemotherapy

Ref: Shaw's 15/e p414; Novak 15/e p1317

67. In brachytherapy for carcinoma cervix, dose of radiation at point A is?

- 1000 rad
- 4000 rad
- 8000 rad
- 10000 rad

Ref: Dutta Gynae 6/e p350

68. Complication, which results in mortality, in carcinoma cervix:

- Bleeding
- Infection
- Renal failure

d. Weight loss

Ref: Shaw 13/e p177

69. Most common type of human papilloma virus causing Ca cervix are:

- 16 and 18
- 1 and 33
- 6 and 11
- 2 and 14

Ref: Shaw's 15/e p400

70. Best method of treatment for CIN 3 (carcinoma in situ):

- LEEP (NEET Pattern Question)
- Conization
- Laser ablation
- Cryosurgery

Ref: Dutta Gynae 6/e p326, 327, 328

71. In Ca. cervix for staging investigation used is:

- MRI (NEET Pattern Question)
- CECT
- USG
- Biopsy

Ref: Dutta Gynae 6/e p341

72. Which cancer may be prevented by vaccine?

- Ca. of breast (NEET Pattern Question)
- Ca of cervix
- Ca. of ovary
- Ca. of pancreas

Ref: Shaw's 15/e p406

73. True about CIN:

- Premalignant lesion
- HPV predisposes
- Pap smear can detect it
- Chlamydia infection can predispose
- Occurs at squamo-columnar junction

Ref: Shaw 15/e p-400; Novak 14/e p1404

74. A patient is diagnosed to have CIN II. She approaches. you for advice. You can definitely tell her the risk of malignancy as: (AI 98; AIIMS 01)

- 15%
- 60%
- 30%
- 5%

Ref: Dutta Gynae 6/e p323

75. In a cervical low grade squamous intra epithelial lesion (LSIL) in Bethesda system includes: (PGI May 2010)

- CIN I
- CIN II
- CIN III
- Squamous metaplasia

Ref: Shaw 15/e p400

76. Pap smear is useful in the diagnosis of all EXCEPT:

- Gonorrhoea (AIIMS May 02)
- Trichomonas vaginalis
- Human papilloma virus
- Inflammatory changes

Ref: Novak 15/e p585

Ans.	61. c. II	62. a. IIA	63. a. HPV 16	64. c. Transformation zone
	65. b. Colposcopy...	66. b. Radiotherapy...	67. c. 8000 rad	68. c. Renal failure
	69. a. 16 and 18	70. a. LEEP	71. d. Biopsy	72. b. Ca of cervix
	73. All	74. d. 5%	75. a. CIN I	76. a. Gonorrhoea

77. **Acetic acid staining of cervix show all of the following except:** (AIIMS May 02)
 a. Squamous dysplasia
 b. Cervical carcinoma in situ
 c. Cervical polyp
 d. Cervical dysplasia
Ref: Novak 15/e p588, 14/e p576
78. **All of the following are indications of colposcopy:** (PGI Dec. 05)
 a. Suspicious pap smear
 b. Obvious mass seen
 c. Suspected invasive carcinoma
 d. Patient who refuse biopsy
Ref: Shaw 15/e p403; CGDT 10/e p837; Williams Gynae 1/e p630
79. **Rekha a 45-years-old woman has negative pap smear with positive endocervical curettage. Next step in management will be:** (AI 01)
 a. Colposcopy
 b. Vaginal hysterectomy
 c. Conisation
 d. Wertheim's hysterectomy
Ref: Shaw's 15/ep406
80. **Pap smear of Lelawati, 45 years female, shows CIN grade III. Which of the following is the next step in management:** (AIIMS 00)
 a. Punch biopsy
 b. Large loop excision
 c. Colposcopy directed biopsy
 d. Cone biopsy
Ref: Shaw's 15/e p405
81. **Cone biopsy is indicated in all the following conditions except:** (AIIMS 00)
 a. Indefinite diagnosis on colposcopy
 b. CIN-III
 c. Cervical metaplasia
 d. Microinvasive carcinoma
Ref: Shaw's 15/e p406, 413 for 'd'
82. **Cone biopsy of cervix is indicated in all cases showing:** (PGI 04)
 a. Parametrial invasion
 b. Abnormal pap smear
 c. Endometrial Ca
 d. Endocervical curettage positive
 e. Clear cell Ca
Ref: Dutta Ganae 6/e p589
83. **Therapeutic conisation is indicated in:** (AIIMS 00)
 a. Microinvasive carcinoma
 b. CIN (III)
 c. Unsatisfactory colposcopy with cervical dysplasia
 d. Cervical metaplasia
Ref: Shaw 15/e p413; Novak 14/e p584 - 585, 15/e, p604
84. **A 35-year-old lady with post coital bleeding management is:** (AIIMS Nov 09; May 08)
 a. Clinical examination and pap smear
 b. Visual examination with lugol iodine
 c. Visual examination with acetic acid
 d. Colposcopy
Ref: Dutta Gynae 6/e p325
85. **A 40 year old woman presents with abnormal cervical cytology on PAP smear suggestive of CIN (III). The next best step in management is:** (AI 2010)
 a. Hysterectomy
 b. Colposcopy and LEEP
 c. Colposcopy and cryotherapy
 d. Conization
Ref: Novak 15/e p599, 601
86. **A female 35 years P3 L3 with CIN III on colposcopic biopsy. What would you do?** (AI 09)
 a. LEEP
 b. Conization
 c. Hysterectomy
 d. Cryotherapy
Ref: CGDT 10/e p840; Jeffocate 7/e p421
87. **A 35-year-old P3+O is observed to have CIN grade III on colposcopic biopsy. T/t includes:** (PGI Nov-10)
 a. Cold knife conization
 b. Simple hysterectomy
 c. Radical hysterectomy
 d. Laparoscopy assisted hysterectomy
 e. LEEP
Ref: Novak 15/e p599, 601
88. **True about Ca cervix:** (PGI Dec. 06)
 a. 90% associated with HPV
 b. Nulliparity
 c. OCP
 d. Immunocompromised patients
Ref: Dutta Gynae 6/e p322, 323
89. **Predisposing factors for Ca. cervix:** (PGI Dec 08)
 a. Multiple sex partners
 b. Genital wart
 c. HPV 16, 18
 d. Virginity
 e. Late menarche
Ref: Shaw's 15/e p400
90. **Risk factor for Ca Cervix:** (PGI Dec. 04)
 a. HPV
 b. Smoking
 c. Late Menarche
 d. Nulliparity
 e. Early sexual intercourse
Ref: Shaw's 15/e p399, 400
91. **Carcinoma cervix is more common in:** (PGI 01)
 a. HIV patient
 b. Multiparity
 c. Smoking
 d. Nulliparity
 e. Family history
Ref: Shaw's 15/e p3991, 400
92. **M/C agent responsible for Ca cervix is:** (AI 07)
 a. HPV 16
 b. HPV 18
 c. HPV 31
 d. HPV 36
Ref: Novak 15/e p580

Ans.	77. c. Cervical polyp	78. a and c	79. c. Conisation	80. c. Colposcopy...
	81. c. Cervical...	82. b and d	83. a. Microinv...	84. d. Colposcopy
	85. b. Colposcopy...	86. a. LEEP	87. a, b and e	88. a and d
	89. a, b and c	90. a, b and e	91. a, b and c	92. a. HPV 16

93. HPV associated with adenocarcinoma of cervix: (PGI 05)
 a. Type 6
 b. Type 18
 c. Type 11
 d. Type 42
94. Most common type of human papilloma virus causing Ca cervix are: (PGI 03)
 a. 16 and 18
 b. 1 and 33
 c. 6 and 11
 d. 2 and 14
 e. 2 and 5
Ref: Shaw's 15/e p400
95. High Risk HPV includes: (PGI 02)
 a. Type 16
 b. Type 18
 c. Type 11
 d. Type 12
Ref: Dutta Gynaec 6/ep323
96. Virus associated with cancer cervix: (PGI 01)
 a. HPV
 b. HIV
 c. EBV
 d. HTLV
Ref: Shaw 15/e p-400; Williams Gynaec. 1/e p619 - 621
97. MC Site of Ca Cervix: (PGI Dec 08)
 a. Endocervix
 b. Ectocervix
 c. Squamo-columnar junction
Ref: Dutta Gyane 6/e p340
98. A case of carcinoma cervix is found in altered sensorium and is having hiccups. Likely cause is: (AI 01)
 a. Septicemia
 b. Uremia
 c. Raised ICT
 d. None of the above
Ref: Shaw 15/e p-400; Novak 14/e p564; Williams Gynaec 1/e p619
99. All of the following investigations are used in FIGO staging of carcinoma cervix except: (AIIMS Nov. 08)
 a. CECT
 b. Intravenous Pyelography
 c. Cystoscopy
 d. Proctoscopy
Ref: Dutta Gynaec. 6/e p341, 345, 5/e p328; Novak 14/e p1410
100. Which of the following statements about squamous cell carcinoma of cervix is false: (AI 08)
 a. Common at squamocolumnar junction
 b. CT scan is mandatory for staging
 c. Post coital bleeding is a common symptom
 d. HPV 16 and 18 are associated with high risk of carcinogenesis
Ref: Jeffcoates 7/e p470-472; Dutta Gynaec 6/ep340 341, 345
101. In Ca cervix lymphatic spread involve which of the following lymph node/nodes: (PGI 02)
 a. Obturator LN
 b. External iliac LN
 c. Inguinal LN
 d. Femoral LN
 e. Hypogastric LN
Ref: Dutta Gynaec 6/e p348
102. LN involved in cervical cancer: (PGI Dec. 05)
 a. Inguinal LN
 b. Obturator LN
 c. Hypogastric LN
 d. External Iliac LN
 e. Femoral LN
Ref: Dutta Gynaec 6/e p348
103. A 55- years old lady presenting to out patient department (OPD) with postcoital bleeding for 3 months has a 1 cm nodule on the anterior lip of cervix. The most appropriate investigation to be done subsequently is: (AI 03)
 a. Pap smear
 b. Punch biopsy
 c. Endocervical curettage
 d. Colposcopy
Ref: Shaw's 15/e p409
104. A 50-year-old women presents with postcoital bleeding. A visible growth on cervix is detected on per speculum examination. Next investigation is: (AI 01)
 a. Punch biopsy
 b. Colposcopic biopsy
 c. Pap smear
 d. Cone Biopsy
Ref: Shaw's 15/e p409
105. Meena 45-year-old female presents with postcoital bleeding. On per speculum examination a friable mass is found in cervix. Next step in management is: (AIIMS Nov. 00)
 a. Colposcopy directed biopsy
 b. 6 monthly pap smear
 c. Only observation
 d. Punch biopsy
Ref: Novak 15/e p1306
106. A patient complaint's of postcoital bleed; no growth is seen, on per speculum examination; next step should be: (AI 01)
 a. Colposcopy biopsy
 b. Conisation
 c. Repeat pap smear
 d. Culdoscopy
Ref: Dutta Gynaec 6/e p325
107. False statement about treatment of Ca cervix: (PGI June 05)
 a. Radiotherapy is helpful in all stages
 b. Prognosis of surgery good if done in early stages
 c. When radiotherapy is given, para aortic LN's should be included
 d. Chemotherapy is reserved for late stages
 e. From stage Ib onwards same prognosis with surgery and RT
Ref: Novak 14/e p1417 - 1418, 1436; 15/e p1326, 1333, William Gynaec. 1/e p658 - 659

Ans.	93. b. Type 18	94. a. 16 and 18	95. a and b	96. a. HPV
	97. c. Squamo...	98. b. Uremia	99. a. CECT	100. b. CT scan...
	101. a, b and e	102. b, c and d	103. b. Punch biopsy	104. a. Punch biopsy
	105. a and d	106. a. Colposcopy...	107. c and e	

- 108. A lady undergoes radical hysterectomy for stage Ib ca cervix. It was found that cancer extends to lower part of body of uterus and upper part of cervix. Next step of management will be:** (AIIMS May 2010)
- Chemotherapy
 - Radiotherapy
 - Chemoradiation
 - Follow up
- Ref: Novak gynae 14/e p1436, 1426, 1418-1421, 1408*
- 109. Treatment of Ca cervix stage IB includes:** (PGI Nov-10)
- Surgery
 - Chemotherapy
 - Radiotherapy
 - Cryotherapy
 - Leep
- Ref: Novak gynae 15/e p1332, Devita 8/e p1508-1509*
- 110. Treatment of stage III B carcinoma cervix is:** (AIIMS Nov 2010)
- Wertheim procedure
 - Schauta procedure
 - Chemotherapy
 - Intracavitary brachytherapy followed by external beam RT
- Ref: Novak 15/ep1333; 14/e p1436, 1427, shaw 15/e p414*
- 111. True statement regarding Ca cervix involving parametrium but not pelvic involvement:** (PGI May 2010)
- Stage II A
 - Stage II B
 - Radiotherapy should be given
 - Hysterectomy can be useful
 - Staging should be done after cystoscopy.
- Ref: Novak 15/ep1309, 1317; 14/e p1407-1409, Shaw 15/e p412-415*
- 112. Point B in the treatment of carcinoma cervix receives the following dose of:**
- 7000 cGy
 - 6000 cGy
 - 5000 cGy
 - 10,000 cGy
- Ref: Novak, 15/e p1326; 14/e p1428*
- 113. Unsatisfactory colposcopy means:** (Karnataka 02)
- Failure to visualize cervix
 - Failure to visualize transformation zone
 - Failure to visualize squamous epithelium
 - Failure to visualize columnar epithelium
- Ref: Dutta Gynae 6/e p324, 325, 116*
- 114. Human papilloma virus is associated with this carcinoma:** (Mahe 07)
- Carcinoma cervix
 - Carcinoma uterus
 - Fibroids
 - None of the above
- Ref: Shaw 15/e p-400; Williams Gynae. 1/e p619*
- 115. Poor prognostic factors in the management of cancer cervix are the following except:** (UPSC 07)
- Young age
 - Well-differentiated squamous cell carcinoma
 - Hydroureter
 - Adenocarcinoma
- Ref: Jeffcoate 8/ep441, 442, 7/e p574 - 575; Novak 14/e p1426*
- 116. Commonest tumor of the cervix is:** (Comed 08)
- Squamous cell carcinoma
 - Adenocarcinoma
 - Sarcoma
 - Adenoacanthoma
- Ref: Shaw 15/e p-407*
- 117. Most common site for carcinoma cervix is:** (UP 04)
- Endocervix
 - Ectocervix
 - Near the internal os
 - Vault
- Ref: Dutta Gynae 6/e p340; Shaw 14/e p365*
- 118. Carcinoma cervix in stage III B of FIGO classification treatment:** (UP 03, 96)
- Surgery
 - Radiotherapy
 - Chemotherapy
 - Immunotherapy
- Ref: Novak 15/ep1333, 14/e p1418*
- 119. Most common cause of death in carcinoma cervix is:** (Delhi 03)
- Widespread metastasis
 - Renal failure
 - Operative interference
 - Hazards of radiotherapy
- Ref: Jeffcoate 8/e p438, 7/e p472; Dutta Gynae 6/ep346*
- 120. Treatment of choice in a patient with carcinoma cervix stage III is:** (Delhi 03)
- Surgery
 - Radiotherapy
 - Chemotherapy
 - All of the above
- Ref: Shaw 15/e p-414; Novak 15/e p1333, 14/e p1418*
- 121. Following agent is implicated in carcinoma cervix:** (DNB 02)
- Herpes simplex
 - Human papilloma virus
 - EB virus
 - Adenovirus
- Ref: Shaw 15/e p-400*
- 122. A 40-year-old lady with CIN III. Best management is:** (DNB 01)
- Conisation
 - Wertheim's hysterectomy
 - Total abdominal hysterectomy
 - Punch biopsy
- Ref: Shaw 15/e p-405; Jeffcoate 7/e p. 421*
- 123. Commonest malignancy in women in India is:** (DNB 97)
- Ca-breast
 - Oral Ca
 - Ca-cervix
 - Ovarian Ca
- Ref: Shaw 15/e p-399*

Ans. 108.	d. Follow up	109.	a, b and c	110.	d. Intracavitary...	111.	b, c and e
112.	b. 6000 cGy	113.	b. Failure to...	114.	a. Carcinoma...	115.	b. Well-differentiated...
116.	a. Squamous...	117.	b. Ectocervix	118.	b. Radiotherapy	119.	b. Renal failure
120.	b. Radiotherapy	121.	a and b	122.	c. Total...	123.	c. Ca-cervix

124. **Treatment for stage IIIb CA Cervix:** (Delhi 2008)
 a. Radiotherapy
 b. Chemotherapy
 c. Surgery
 d. Extended hysterectomy followed by Radiotherapy
Ref: Shaw 15/e p-414
125. **In CA cervix, with extension to lower third of vagina, stage is:** (Delhi 2008)
 a. 1A2
 b. 1A
 c. 2B
 d. 3A
Ref: Shaw 15/e p-412
126. **Radical hysterectomy is done in which one of the following:** (APP06)
 a. Carcinoma in situ
 b. Endocervix cancer stage IA
 c. Microinvasive carcinoma of cervix
 d. Carcinoma cervix stage IB
Ref: Shaw 15/e p-414; Dutta Gynae. 5/e p338
127. **Presence of hydronephrosis in staging of carcinoma cervix denotes FIGO stage:** (Karn 06)
 a. Stage II-B
 b. Stage III-A
 c. Stage III-B
 d. Stage IV-A
Ref: Shaw 15/e p-412
128. **A 45 years multiparous women, on punch biopsy shows carcinoma in situ, Best treatment modality is:** (UP 2008)
 a. Conisation
 b. Wertheim's hysterectomy
 c. Radiotherapy
 d. Abdominal hysterectomy with bilateral salpingoophorectomy
Ref: Shaw 15/e p-406
129. **Type of papilloma virus which is strongly associated with carcinoma cervix is:** (AMU 05)
 a. 33
 b. 34
 c. 56
 d. 55
Ref: Dutta Gynae 6/e p323
130. **Human papilloma virus (HPV) serotype most often associated with invasive carcinoma cervix is:** (Karn. 05, SGPGI 05)
 a. HPV – 11
 b. HPV – 16
 c. HPV – 18
 d. HPV – 31
Ref: Novak 15/e p580
131. **Finding on colposcopy suggestive of malignancy:** (Orissa 04)
 a. Candidiasis
 b. Papilloma
 c. Punctuation
 d. Condyloma
Ref: Dutta Gynae 6/e p325, 5/e p113; Novak 14/e p576
132. **In carcinoma cervix, the causative etiological factor is:** (UPSC 02)
 a. Condyloma accuminata
 b. HPV 16,18
 c. HPV 6, 11
 d. HSV 1 and 2
Ref: Shaw's 15/e p400
133. **In which stage vaginal involvement is seen earlier in ca cervix:** (RJ 2008)
 a. IIIb
 b. IIIa
 c. II
 d. IV
Ref: Shaw 15/e p-412
134. **Time taken for conversion of CIN cervix to invasive carcinoma is — years:** (J & K 01)
 a. 5
 b. 10
 c. 15
 d. 20
Ref: Shaw 15/e p-400
135. **Staging of Carcinoma cervix with microscopic involvement of length >3 mm but <5mm, with invasion no wider than 7 mm?** (MH 2008)
 a. Ia1
 b. Ia2
 c. Ib
 d. IIa
Ref: Shaw 15/e p-412
136. **A patient with carcinoma cervix presents with:** (Karnataka 2008)
 a. Menorrhagia
 b. Metrorrhagia
 c. Amenorrhoea
 d. Polymenorrhagia
Ref Shaw's 15/e p409; Novak 14/e p1404

C. OVARY

137. **The most common ovarian neoplasm to undergo torsion is:** (DP PGME 2009)
 a. Mucinous cyst adenocarcinoma
 b. Benign cystic teratoma
 c. Immature teratoma
 d. Dysgerminoma
Ref: Novak's 15/e p413, 14/e p473; Dutta Gynae 6/e p298
138. **A 22-year-old female with mobile 4 cm size ovarian cyst treatment is:** (RJ 2008)
 a. Laparotomy
 b. HRT
 c. Debulking
 d. Expectant management
Ref: Shaw 15/e p368

Ans. 124. a. Radiothe...	125. d. 3A	126. d. Carcinoma...	127. c. Stage III-B
128. d. Abdominal...	129. a. 33	130. b. HPV – 16	131. c. Punctuation
132. b. HPV 16, 18	133. b. IIIa	134. b. 10	135. b. Ia2
136. b. Metrorrhagia	137. b. Benign cystic...	138. d. Expectant...	

139. Treatment of stage II carcinoma ovary is: (AP 2010)
 a. Surgery only
 b. Chemotherapy
 c. Surgery and Chemotherapy for 4-5 cycles
 d. Surgery + Radiotherapy
Ref: Dutta Gynae 6/e p378, 379
140. Which one of the following is not a germ cell tumour of ovary? (AP 2010)
 a. Dysgerminoma
 b. Teratoma
 c. Yolk sac tumor
 d. Brenner's tumor
Ref: Dutta Gynae 7/e p371
141. An ovarian neoplasm in a 14-year old girl is most likely to be: (DP PGMEE 2009)
 a. Germ cell tumor
 b. Epithelial tumor
 c. Sertoli Leydig cell tumor
 d. Granulosa cell tumor
Ref: Novak 15/e p1393, Shaw's 14/e p380, 13/e p359
142. Ovarian tumour which is bilateral in 10 percent cases is: (DNB 2008)
 a. Dysgerminoma
 b. Endodermal sinus tumour
 c. Immature teratoma
 d. Embryonal cell carcinomas
Ref: Shaw's 15/ep378
143. A lady with CA ovary in follow up with raised CA-125 level, next step: (DNB 2008)
 a. CT
 b. PET
 c. MRI
 d. Clinical exam and serial follow up of CA-125
Ref: Novak 15/e p1386
144. Marker for granulosa cell tumor: (DNB 2008)
 a. CA 19-9
 b. CA 50
 c. Inhibin
Ref: Novak 15/e p1408
145. The pseudomyxoma peritonei occurs as a complication of the following ovarian tumour: (DP PGMEE 2010)
 a. Serous cystadenoma
 b. Mucinous cystadenoma
 c. Dysgerminoma
 d. Gonadoblastoma
Ref: Shaw's 15/e p375, 14th, 13/e p367
146. Seminoma corresponds to:
 a. Choriocarcinoma
 b. Dysgerminoma
 c. Granulosa tumor
 d. Luteal cyst
Ref: Shaw's 15/e p378
147. Young girl having very high AFP, which ovarian tumour is suspected: (NEET Pattern Question)
 a. Germ cell tumor
 b. Brenner's tumor
 c. Epithelial cell tumor
 d. Theca cell tumor
Ref: Shaw's 15/e p423, 424
148. All of the following are known risk factors for the development of ovarian carcinoma except: (AIIMS 03)
 a. Family history of ovarian carcinoma
 b. Use of oral pills
 c. Use of Clomiphene
 d. BRCA - 1 positive individual
Ref: Shaw's 15/e p422
149. Which of the following strategy has been recommended to reduce the heredity risk for ovarian cancer in women with BRCA - 1 and BRCA - 2 mutations: (AIIMS 05)
 a. Use of oral contraceptive pills
 b. Screening with transvaginal ultrasound
 c. Screening with CA - 125
 d. Prophylactic oophorectomy
Ref: Novak 15/e p1365, 14/e p1471
150. M/C malignant ovarian Tm in young age group: (PGI June 05/04)
 a. Dysgerminoma
 b. Dermoid
 c. Mucinous cystadenoma
 d. Fibroma
 e. Granulosa cell tumor
Ref: Shaw 15/e p378, 377; Novak 15/e p1394
151. Ovarian tumors commonly arise from: (UP 05)
 a. Stroma
 b. Surface epithelium
 c. Germinal epithelium
 d. Endoderm
Ref: Shaw's 15/e p373 14/e p334
152. True about Brenner tumor: (PGI 03)
 a. Usually bilateral
 b. Resembles fibroma
 c. Accounts for 20% of all ovarian tumors
 d. Common in postmenopausal age group
Ref: Shaw 15/e p376
153. A 25-year-old married nullipara undergoes laparoscopic cystectomy for ovarian cyst which on histopathological examination reveals ovarian serous cisadenocarcinoma. What should be the next management? (AIIMS Nov 08)
 a. Serial C-125 measurement and follow up
 b. Hysterectomy and bilateral pingo-oophorectomy
 c. Hysterectomy + radiotherapy
 d. Radiotherapy
Ref: Novak 14/e p1479-1480; 15/e p1371

Ans. 139. c. Surgery and ...	140. d. Brenner's tumour	141. a. Germ cell tumor	142. a. Dysgerminoma
143. b. PET	144. c. Inhibin	145. b. Mucinous...	146. b. Dysgerminoma
147. a. Germ cell tumour	148. b. Use of oral pills	149. d. Prophylactic...	150. a. Dysgerminoma
151. b. Surface...	152. b and d	153. a. Serial...	

154. **Chemotherapeutic drug effective in the treatment of epithelial ovarian cancer is:** (Karn. 02)
 a. Carboplatin
 b. Paclitaxel
 c. Cyclophosphamide
 d. Methotrexate
Ref: Shaw's 15/e p442, Novak 15/e p1378
155. **True about granulosa cell tumours:** (PGI Dec. 05)
 a. MC malignant tumour of ovary
 b. It secretes hormones
 c. As endometrial hyperplasia
 d. Chemotherapy sensitive
Ref: Shaw's 15/ep379; Novak 14/e p1520 - 1521,15/e p1408
156. **The most common pure germ cell tumour of the ovary:** (AI 05)
 a. Choriocarcinoma
 b. Dysgerminoma
 c. Embryonal cell tumor
 d. Malignant teratoma
Ref: Novak 15/e p1394
157. **Which of the following is the most common pure malignant germ cell tumor of the ovary?** (AIIMS 04, 05)
 a. Choriocarcinoma
 b. Gonadoblastoma
 c. Dysgerminoma
 d. Malignant teratoma
Ref: Novak 15/e p1394
158. **Malignant germ cell tumours of ovary includes all of the following except:** (PGI 04)
 a. Choriocarcinoma
 b. Arrhenoblastoma
 c. Brenner's tumor
 d. Serous cystadenoma
 e. Teratoma
Ref: CGDT 10/e p875; Devita 7/e p1391; Novak 14/e p1506; 15/e p1394, Williams Gynae. 1/e p741
159. **Features of dysgerminoma are:** (PGI June 06)
 a. Unilateral
 b. Post-menopausal
 c. Virilising
 d. Cut section gritty
Ref: Shaw 15/e p-378; CGDT 9/e p937
160. **True about dysgerminoma:** (PGI June 09)
 a. Radiosensitive
 b. MC malignant germ cell tumor
 c. Bilateral
 d. Common in postmenopause
Ref: Shaw 15/e p-378
161. **True about dysgerminoma of ovary:** (PGI Dec. 04)
 a. Blood spread seen
 b. Schiller-Duval bodies seen
 c. Increase alfa fetoprotein
 d. Bleomycin, etoposide and cisplatin given
- e. Radiosensitive
Ref: Novak 14/e p1508 - 1509, 1511,15/e, p1395-1397
162. **Chemotherapy for dysgerminoma is:** (AP 05)
 a. Cisplatin, etoposide, bleomycin
 b. Cyclophosphamide, vincristine, prednisolone
 c. Adriamycin, cyclophosphamide, cisplatin
 d. Methotrexate, oncovin, cyclophosphamide
Ref: Novak 14/e p1508 - 1509, 1511,15/e, p1395-1397
163. **A 12-years-old female is admitted as a patient of dysgerminoma of right ovary 4 x 5 cm in size with intact capsule. Best treatment will be:** (AIIMS 01)
 a. Ovarian cystectomy
 b. Oophorectomy on the involved side
 c. Bilateral oophorectomy
 d. Hysterectomy with bilateral salpingo-oophorectomy
Ref: Novak 15/e p1397
164. **True about dermoid cyst of ovary:** (PGI 03)
 a. It is teratoma
 b. Frequently undergoes torsion
 c. X-ray is diagnostic
 d. Invariably turns to malignancy
 e. Contains sebaceous material and hairs
Ref: Shaw 15/e p-376-377; Williams Gynae. 1/e p214 - 215
165. **True about yolk sac tumour:** (PGI 02)
 a. Also called endodermal sinus tumour
 b. Always have elevated AFP level
 c. Schiller Duval bodies seen
 d. Highly malignant
 e. Arise from epithelial cells of ovary
Ref: Novak 15/e p1403
166. **True about endodermal sinus tumours:** (PGI Dec. 05)
 a. Schiller duval bodies seen
 b. It is a benign tumour
 c. ↑ed hCG
 d. It is seen in young individuals
 e. It is a malignant tumour
Ref: Williams Gynae. 1/e p742; Jeffcoates 8/e p507, Novak 15/e, p1403
167. **Smt. Pushpa is a suspected case of ovarian tumors. On laparotomy bilaterally enlarged ovaries with smooth surface was seen:** (AIIMS 00)
 a. Granulosa cell tumor
 b. Krukenberg tumor
 c. Dysgerminoma
 d. Primary adenocarcinoma
Ref: Shaw 15/e p425-426; CGDT 10/e p877
168. **The following tumors commonly metastasise to the ovary, except:** (J & K 05)
 a. Malignant melanoma
 b. Stomach
 c. Esophagus
 d. Lymphoma
Ref: Novak 15/e p1412 1413, 14/e p1525 - 1527

Ans. 154. a and b	155. b and c	156. b. Dysgerminoma	157. c. Dysgerminoma
158. b, c and d	159. a. Unilateral	160. b. MC malignan...	161. d and e
162. a. Cisplatin...	163. b. Oophorectomy...	164. a, b and e	165. a, b, c and d
166. a, d and e	167. b. Krukenberg tumor	168. c. Esophagus	

169. A 55-year-old female presents with abdominal pain, distension, ascites and dyspnea. Her CA-125 levels are elevated. The most likely diagnosis is: (AI 2012)
- Ca ovary
 - Ca cervix
 - Ca lung
 - Lymphoma
- Ref: Jeffcoates 8/e p514, Novaks 15/e p1366
170. Pain of ovarian carcinoma is referred to: (AIIMS May 2010)
- Back of thigh
 - Cervical region
 - Anterior surface of thigh
 - Medial surface of thigh
- Ref: Lasts Anatomy 10/e p302
171. True about Meig's syndrome: (PGI Dec. 06)
- Lymphatic dysplasia
 - 2 – 30 years age
 - Associated with ascites and pleural effusion
 - No treatment required
- Ref: Shaw's 15/e p381; Dutta Gynae 6/e p296
172. Most common ovarian cyst to undergo torsion: (AI 07)
- Benign cystic teratoma
 - Dysgerminoma
 - Ovarian fibroma
 - Brenner's tumor
- Ref: Novak 15/e p413; Dutta Gynae 6/e p298
173. The pseudomyxoma peritonei occurs as a complication of the following ovarian tumours: (AIIMS May 06)
- Serous cyst adenoma
 - Mucinous cyst adenoma
 - Dysgerminoma
 - Gonadoblastoma
- Ref: Shaw's 15/e p375
174. In a suspected case of ovarian cancer, imaging work up is required for all of the following except: (AI 06)
- Detection of adnexal lesion
 - Characterization of lesion
 - Staging
 - Assess resectability
- Ref: Novak 15/e p1368, 1366; Jeffcoate 7/e p550
175. A 45-year-old female is having bilateral ovarian mass, ascites and omental caking on CT scan. There is high possibility that patient is having: (AI 03)
- Benign ovarian tumor
 - Malignant epithelial ovarian tumor
 - Dysgerminoma of ovary
 - Lymphoma of ovary
- Ref: Shaw's 15/e p427
176. A 20-year-old young girl, presents with history of rapidly developing hirsutism and amenorrhea with change in voice. To establish a diagnosis you would like to proceed with which of the following tests in blood: (AI 02)
- 17 OH progesterone
 - DHEA
 - Testosterone
 - LH + FSH estimation
- Ref: Shaw 15/e p-380; Williams Gynae. 1/e p391
177. A 20 years female presents with a ovarian mass 6 6 6 cm in size. Ultrasonography reveals solid structures in the mass. Her serum biomarkers such as AFP, f-hCG and CA 125 are normal, however, her serum alkaline phosphatase was found to be elevated. The most likely diagnosis is: (AIIMS Nov 2011)
- Dysgerminoma
 - Endodermal sinus tumor
 - Malignant teratoma
 - Mucinous cystadenocarcinoma
- Ref: Novak 15/e p1394, 14/e p. 1505 Shaw 15/e p378
178. Smt. Pushpa is a suspected case of ovarian tumors. On laparotomy bilaterally enlarged ovaries with smooth surface was seen: (AIIMS 00)
- Granulosa cell tumor
 - Krukenberg tumor
 - Dysgerminoma
 - Primary adenocarcinoma
- Ref: Shaw 15/e p-379
179. In a case of dysgerminoma of ovary one of the following tumor markers is likely to be raised: (AI 05)
- Serum hCG
 - Serum alpha-fetoprotein
 - Serum lactic dehydrogenase
 - Serum inhibin
- Ref: Novak 15/e p1392; Shaw 15/e p-378
180. Which is raised in dysgerminoma? (AI 09)
- AFP
 - LDH
 - hCG
 - CA-A 19-9
- Ref: Shaw 15/e p-378
181. All of the following are the markers for malignant germ cell tumors of ovary except: (AIIMS 05)
- CA - 125
 - Alpha-feto protein
 - hCG
 - LDH
- Ref: Novak 15/e p1324; 14/e p1505; Shaw 15/e p-378, 387
182. CA - 125 is specifically associated with: (PGI 02)
- Colon Ca
 - Breast Ca
 - Ovarian Ca
 - Bronchogenic Ca
 - Pancreatic Ca
- Ref: Shaw 15/e p-387
183. A lady with CA ovary in follow up with raised CA-125 level, Next step: (AIIMS May 08)
- CT
 - PET
 - MRI
 - Clinical exam and serial follow up of CA 125
- Ref: Novaks Gynae 15/e p1407; 14/e p1496

Ans. 169. a. ovary	170. d. Medial...	171. d. No treatment...	172. a. Benign cystic...
173. b. Mucinous...	174. c. Staging	175. b. Malignant...	176. c. Testosterone
177. a. Dysgerminoma	178. b. Krukenberg...	179. c. Serum lactic...	180. b. LDH
181. a. CA - 125	182. c. Ovarian Ca	183. b. PET	

184. Marker for granulosa cell tumor: (AIIMS May 08)

- CA 19-9
- Ca 50
- Inhibin
- Teratoma

Ref: Novak 15/e p1407, 14/e p1505

185. Bilateral germ cell tumor is: (AIIMS May 07)

- Dysgerminoma
- Immature teratoma
- Embryonal cell carcinoma
- Endodermal sinus tumour

Ref: Jeffcoate 6/e p522; Novak 15/e p1396, 1403, 1404, 14/e p1519, 1517, 1514

186. Surgical staging of ovarian Ca all done except: (AI 09)

- Peritoneal washing
- Peritoneal biopsy
- Omental biopsy
- Palpation of organs

187. Laparotomy performed in a case of ovarian tumor revealed unilateral ovarian tumor with ascites positive for malignant cells and positive pelvic lymph nodes. All other structures were free of disease. What is the stage:

- Stage II c
- Stage III a
- Stage III b
- Stage III c

Ref: Novak 15/e p1369, 14/e p1477; AJCC Cancer Staging Manual 6/e p275 - 276; Shaw 15/e p427

188. Bilateral ovarian cancer with capsule breached; ascites positive for malignant cells. Stage is: (AI 01; AIIMS 07)

- I
- II
- III
- IV

Ref: Novak 15/e p1369, 14/e p1477; Shaw 15/e p427

189. What is the stage of ovarian Ca with superficial liver metastasis with B/L ovarian mass: (PGI Dec. 06)

- Stage I
- Stage II
- Stage III
- Stage IV
- Ca in situ

Ref: Shaw 15/e p-427

190. All are true about serous cystadenoma of the ovary except: (UP 04)

- Bilateral
- Unilateral
- Concentric calcification
- Multiloculated, sticky, gelatinous fluid

Ref: Shaw 15/e p-374; Dutta Gynae 5/e p282

191. A 35-year-old patient on USG shows 3 x 4 cm clear ovarian cyst on right side. Next line of management is: (PGI Dec 08)

- Laparoscopy
- OC pills
- Wait and watch

d. Ca-125 estimation

Ref: Novak 15/ep419, 14/e p472

Note: Previously OCPs were given but now it is proved to be of not much benefit in recovering already present cyst. But it prevents cyst formation.

192. Kruti, 56 years old, complained of pain in abdomen, with USG showing 4 cm bilateral ovarian mass with increased vascularity. Next line of management: (AI 2007)

- USG guided ovarian tapping
- Wait and watch
- Surgery
- OC pills x three cycles

Ref: Novak - 15/e p430, 14/e p472

193. Which of the following ovarian tumor is most prone to undergo torsion during pregnancy: (AI 06)

- Serous cystadenoma
- Mucinous cystadenoma
- Dermoid cyst
- Theca lutein cyst

Ref: Dutta Obs. 6/e p310; Williams Gynae. 1/e p214

194. A 15 cms X 15 cms ovarian cyst has been diagnosed in an weeks pregnant lady. Further management includes:

- Only follow up without surgical intervention
- Laparotomy at 14-16 weeks (PGI Nov 10)
- Cesarean delivery and ovariectomy at term
- Surgery after delivery
- Immediate operation

Ref: Williams obs 23/e p905-906

195. All are germ cell tumors of ovary EXCEPT: (UP 01)

- Brenner's tumor
- Dysgerminoma
- Polyembryoma
- Endodermal sinus tumor

Ref: Shaw 15/e p-376-379, 423

196. Treatment of malignant ovarian tumours is: (UP 03)

- Total hysterectomy
- Total salpingo - oophorectomy
- Total hysterectomy with unilateral salpingo - oophorectomy
- Total hysterectomy with bilateral salpingo - oophorectomy

Ref: Shaw 15/e p428

197. Which of the following ovarian tumour is associated with Meig's syndrome: (UP 04)

- Fibroma
- Brenner's tumour
- Serous cystadenoma
- Sarcoma

Ref: Shaw 15/e p381

198. Which of the following is feminizing ovarian tumours:

- Granulosa cell tumour (UP 06)
- Arrhenoblastoma
- Hilus cell tumour
- Gynandroblastoma

Ref: Shaw 15/e p379

Ans. 184. c. Inhibin	185. a. Dysgerminoma	186. c. Omental biopsy	187. d. Stage III c
188. a. I	189. c. Stage III	190. d. Multiloculated...	191. c. Wait and watch
192. c. Surgery	193. c. Dermoid cyst	194. b. Laparotomy...	195. a. Brenner's tumour
196. d. Total hyste...	197. a. Fibroma	198. a. Granulosa...	

199. **Granulosa cell tumour secretes:** (UP 06)
 a. Progesterone
 b. Oestrogen
 c. HCG
 d. Calcitonin
Ref: Shaw 15/e p-379
200. **Lymphocytic infiltration is diagnostic in:** (UP 06)
 a. Brenner's tumour
 b. Dysgerminoma
 c. Dermoid cyst
 d. Struma ovarii
Ref: Shaw 15/e p-378
201. **Classical Meig syndrome is associated with which of the following ovarian tumour:** (Delhi 00)
 a. Fibroma
 b. Serous cystadenoma
 c. Thecoma
 d. Endometrioid tumour
Ref: Shaw 15/e p-381
202. **Dermoid cyst of ovary contains derivatives from:** (Delhi 04)
 a. Endoderm
 b. Mesoderm
 c. Ectoderm
 d. All
Ref: Shaw 15/e p-376
Note: MC elements are of ectodermal origin.
203. **Not a germ cell tumour is:** (AP 08, Delhi 05)
 a. Dysgerminoma
 b. Teratoma
 c. Granulosa theca cell tumour
 d. Embryonal cell carcinoma
Ref: Shaw 15/e p-376-379
204. **The following is most sensitive to radiotherapy:**
 a. Serous cystadenoma (DNB 02)
 b. Dysgerminoma
 c. Mucinous cystadenoma
 d. Teratoma
Ref: Shaw's 15/e p439
205. **Which of the following is true about granulosa cell tumor of ovary:** (Delhi 2008)
 a. Common in puberty
 b. Associated with CA endometrium
 c. Malignant change occur rarely
 d. It is bilateral
Ref: Shaw 15/e p-379-380, 424
206. **Name the stage of ovarian tumors in which the tumour is limited to both ovaries, tumours absent on external surface, capsule is intact, no malignant ascites:** (AP 2008)
 a. IA
 b. IB
 c. IC
 d. IIA
Ref: Shaw 15/e p427 Table 29.13
207. **Theca lutein cysts seen in:** (PGI 03)
 a. H. mole
 b. Choriocarcinoma
 c. Theca cell hyperplasia
 d. Ectopic pregnancy
Ref: Shaw 15/e p369
208. **Which is NOT true about Krukenberg tumor?** (Karnataka 2010)
 a. Presence of signet ring cell
 b. The tumor does not retain the shape of normal ovary
 c. Invariably bilateral
 d. Primary carcinoma being stomach (70%)
Ref: Shaw 15/e p425-426
209. **Stage Ia ovarian carcinoma false statement:** (Kolkata 2009)
 a. Para-aortic lymph node involvement doesn't affect staging
 b. Grade of tumor is individual prognostic factor
 c. Peritoneal washing is not positive in stage Ia
 d. For staging laparotomy is done
Ref: Novak 15/e p1368, 1364, 14/e p1477
Note: Pelvic and para-aortic lymphnodes are specially explored at the time of staging.
210. **Which causes torsion of ovarian tumor:**
 a. Trauma (Kerala 03)
 b. Uterine contraction
 c. Physical movements
 d. All
Ref: Dutta Gynae 6/e p299
211. **Tumor marker most helpful in follow up of a case of Epithelial carcinoma of ovary is:** (Karnataka 02)
 a. CA – 125
 b. Serum Alpha Fetoprotein
 c. Serum human chorionic gonadotropin
 d. Human Placental Lactogen
Ref: Shaw 15/e p-387
212. **Presence of more than two germ cell layer in a tumor is called:** (Orissa 05)
 a. Dysgerminoma
 b. Teratoma
 c. Theca cell tumor
 d. Seminoma
Ref: Shaw's 15/e p376
213. **Chemotherapy for dysgerminoma is:** (AP 05)
 a. Cisplatin, etoposides, belmoycin
 b. Cyclophosphamide, vincristine, prednisolone
 c. Adriamycin, cyclophosphamide, cisplatin
 d. Methotrexate, oncovin, procarbazine
Ref: Novak 14/e p1511
214. **Size of ovary cyst, above which considered to be malignant:** (CMC 01)
 a. 2 cm
 b. 5 cm
 c. 8 cm
 d. 10 cm
Ref: Dutta Gynae 6/e p289, 290, 377, 5/e p279, 292

Ans. 199.	b. Oestrogen	200.	b. Dysgerminoma	201.	a. Fibroma	202.	d. All
203.	c. Granulosa...	204.	b. Dysgerminoma	205.	b. Associated...	206.	b. IB
207.	a and b	209.	a. Para-aortic...	210.	d. All	211.	a. CA – 125
212.	b. Teratoma	213.	a. Cisplatin...	214.	c. 8 cm		

215. Marker for ovarian cancer is: (TN 02)
 a. CA-125
 b. Ca 19 – 19
 c. Ca 15 – 5
 d. Hypercalcemia
Ref: Shaw's 15/e p387
216. Chemotherapeutic drug effective in the treatment of epithelial ovarian cancer is: (Karnataka 02)
 a. Carboplatin
 b. Paclitaxel
 c. Cyclophosphamide
 d. Methotrexate
Ref: Novak 15/e p1378, 14/e p1489
217. Commonest tumor of ovary occurring in a young woman is: (TN 03)
 a. Immature teratoma
 b. Yolk sac tumor
 c. Endometrioid tumor
 d. Dysgerminoma
Ref: Shaw 15/e p-378; Devita 7/e p1391
218. Hob nail cells are seen in: (TN 03)
 a. Hilus cell tumor
 b. Clear cell carcinoma
 c. Dysgerminoma
 d. Arrhenoblastoma
Ref: Shaw 15/e p-376
219. How much is the risk of ovarian cancer increased above normal in a woman with non autosomal dominant genotype with one first degree relative with ovarian cancer: (Karnataka 04)
 a. 2 – 3 times
 b. 5 times
 c. 10 times
 d. 20 times
Ref: Robbins 7/e p285 – 286
220. Increase alpha – fetoprotein is seen in all except: (SGPGI 05)
 a. Open spina bifida
 b. Dysgerminoma
 c. Endodermal sinus tumor
 d. Bronchial aplasia
Ref: Shaw 15/e p-378; Dutta Obs 6/e p107
221. Treatment modalities for ovarian cancers is: (SGPGI 05)
 a. Staging laparotomy
 b. Surgery
 c. Chemotherapy
 d. Combined approach
Ref: Shaw 15/e p-428
222. Which of the following statement is true regarding benign cystic teratoma: (SGPGI 05)
 a. Rarely Undergo torsion
 b. Metastasis is common
 c. 10% are B/L and malignant
 d. Contains Call – hexner bodies
Ref: Shaw 15/e p-376-377; Jeffcoate 7/e p539
223. Which of the following combination is not true: (AMU 05)
 a. Call Hexner bodies – GC tumor
 b. Rokitansky bodies – Teratoma
 c. Schillar duval bodies – Serous tumor
 d. Reinke crystal – Hilus cell tumor
Ref: Dutta Obs 6/e p384, 293, 383; Shaw's 15/e p381
224. Ovarian tumor limited to true pelvis with negative nodes histological confirmed seeding of abdominal portioned surface. The exact grading: (HPU 05)
 a. III A
 b. III B
 c. III C
 d. IV
Ref: Shaw 15/e p-427
225. Complications of benign ovarian tumors are all except: (MAHE 05)
 a. Torsion
 b. Bleeding
 c. Pseudomyxoma
 d. Metastasis
Ref: Shaw 15/e p382-384
226. The following tumours commonly metastasise to the ovary, except: (J & K 05)
 a. Malignant melanoma
 b. Stomach
 c. Esophagus
 d. Lymphoma
Ref: Novak 15/e p1412, 1413, 14/e p1525 - 1527
227. Seminoma corresponds to: (RJ 2009)
 a. Choriocarcinoma
 b. Dysgerminoma
 c. Granulosa tumor
 d. Luteal cyst
Ref: Jeffcoate 8/e p507, Shaw 15/e p-378

D. MISCELLANEOUS TUMORS

228. The colposcopic features suggestive of malignancy are all except: (DP PGME 2010)
 a. Condyloma
 b. Vascular atypia
 c. White epithelium
Ref: CGDT 10/e p838, Novak 15/e p588-590, 14/e p576-578
229. Schiller Duvall Bodies are seen in: (DNB 2005)
 a. Endodermal sinus tumor
 b. Choriocarcinoma
 c. Granuloma cell tumor
 d. Arrhenoblastoma
Ref: Dutta Obs 6/e p383
230. Call Exner bodies are seen in: (DNB 2007)
 a. Dysgerminoma
 b. Brenner's tumor
 c. Hilus cell tumor
 d. Granulosa cell tumor
Ref: Shaw's 15/e p380

Ans. 215. a. CA 12	216. a and b	217. d. Dysgerminoma	218. b. Clear cell...
219. a. 2 – 3 times	220. b. Dysgerminoma	221. d. Combined...	222. c. 10% are...
223. c. Schillar duval...	224. a. III A	225. d. Metastasis	226. c. Oesophagus
227. c. Granulosa...	228. a. Condyloma	229. a. Endodermal...	230. d. Granulosa...

- 231. Schiller Duvall Bodies are seen in:** (DNB 2010)
 a. Endodermal sinus tumor
 b. Choriocarcinoma
 c. Granuloma cell tumor
 d. Arrhenoblastoma
Ref: Dutta Gynae 6/e p383
- 232. ITGCN predisposes TO:** (AP 2011)
 a. Spermatocytic seminoma
 b. Yolk sac tumour
 c. Endodermal tumour
 d. Embryonal cell carcinoma
- 233. Schiller-Duval body is seen in:**
 a. Germ cell tumour
 b. Yolk sac tumour
 c. Choriocarcinoma
 d. Granulosa cell tumour
Ref: Dutta Gynae 6/e p383
- 234. Teratoma arise from:**
 a. Totipotent cells
 b. Mesodermal cells
 c. Ectodermal cells
 d. Endodermal cells
Ref: Shaw 15/e p382
- 235. Marker for ovarian cancer is:**
 a. Ca 125
 b. Ca 19-9
 c. Ca 15-5
 d. Hypercalcemia
Ref: 15/e p428
- 236. During laparotomy, Pseudomyxoma peritonei can be seen in all the following except:**
 a. Mucocele of appendix
 b. Ca of large intestine
 c. Mucinous cystadenoma
 d. Teratoma
Ref: Shaw's 15/e p375
- 237. Which is most commonly implicated in genital (vulval) warts?** (AIIMS May 08)
 a. HPV 16
 b. HPV 18
 c. HPV 31
 d. HPV 6
Ref: Jeffcoate 8/e p411
- 238. True about Ca vulva associated/predisposed by:** (PGI 02)
 a. Paget's disease
 b. Vulval intraepithelial neoplasia
 c. Bowen's disease
Ref: Dutta Gynae.6/e p318, 5/e p307; Shaw's 15/e p392
- 239. Vulval Ca, True statements:** (PGI Dec 09)
 a. Squamous hyperplasia predisposes
 b. Paget's disease of vulva predisposes
 c. Lichen sclerosis
 d. Condylomata acuminata
 e. Dystrophy
Ref: Novak 14/e p591-595; Dutta Gynae 6/e p318, 319, 5/e p321-325
- 240. True about carcinoma vulva:** (PGI 04)
 a. Spreads to superficial inguinal nodes
 b. Spreads to iliac nodes
 c. Seen after menopause
 d. Viral predisposition
 e. Radiotherapy given
Ref: Shaw 15/e p395; Dutta Gynae. 5/e p321-322; Williams Gynae. 1/e p668-672
- 241. Brachytherapy is used in:** (PGI 00)
 a. Stage Ib Ca cervix
 b. Ovarian Ca
 c. Stage IV Ca vagina
 d. Stage II fallopian tube Ca
Ref: Dutta Gynae. 6/e p350; Shaw 15/e p-414
- 242. Pyometra is a complication associated with all of the following conditions except:** (AI 03)
 a. Carcinoma vulva
 b. Carcinoma cervix
 c. Carcinoma endometrium
 d. Pelvic radiotherapy
Ref: Jeffcoate 7/e p350
- 243. Characteristic feature of carcinoma fallopian tube:** (MAHE 01)
 a. Watery discharge P/V
 b. Hemorrhage
 c. Pain
 d. Sepsis
Ref: Shaw 15/e p-421
- 244. Patient diagnosed as squamous cell intraepithelial lesion which of the following has the highest risk for progression to carcinoma:**
 a. Low grade squamous intraepithelial neoplasia
 b. High grade squamous intraepithelial neoplasia
 c. Squamous intraepithelial associated with HPV 16
 d. Squamous intraepithelial neoplasia associated with HPV 18
Ref: Shaw 15/e p-402; Williams Gynae. 1/e p629
- 245. Sentinel biopsy most effective in:** (AI 2010)
 a. Cervix cancer
 b. Endometrium ca
 c. Vulval ca
 d. Vaginal ca
Ref: Novak 15/e p1441, 14/e p1425-1426, 1562-1563
- 246. The most characteristic presentation of fallopian tube carcinoma is:** (DP PGME 2009)
 a. Mass abdomen
 b. Bleeding per vaginum
 c. Excessive watery discharge per vaginum
 d. Pain abdomen
Ref: Shaw's 15/e p421, 14/e p377, 13/e p396

Ans. 231. a. Endodermal...	232. d. Embryonal...	233. b. Yolk sac tumour	234. a. Totipotent cells
235. a. Ca 125	236. d. Teratoma	237. d. HPV 6	238. a, b and c
239. a, b and e	240. a, b and e	241. a. Stage Ib...	242. a. Carcinoma...
243. a. Watery...	244. b. High grade...	245. c. Vulval ca	246. c. Excessive...

15. GYNECOLOGICAL DIAGNOSIS AND OPERATIVE SURGERY

GYNECOLOGICAL DIAGNOSIS AND OPERATIVE SURGERY (QUESTIONS)

1. Following are the indications for 'hysterosalpingography' except: (DP PGMEET 2009)
 - a. Infertility
 - b. Pelvic infections
 - c. Recurrent abortions
 - d. Abnormal uterine bleeding
Ref: Shaw's 15/e p501, 14/e p452, 13/e p211, 477
2. Best investigation to assess tubal patency is: (DP PGMEET 2010)
 - a. Rubin's test
 - b. Hysterosalpingogram
 - c. Laparotomy
 - d. Laparoscopic chromotubation
Ref: Shaws 15/e p213, 14/e p191
3. In colposcopy, the following are visualized except: (DP PGMEET 2010)
 - a. Upper 2/3rd endocervix
 - b. Lower 1/3rd endocervix
 - c. Vault of vagina
 - d. Lateral fornix
Ref: Danforth 8/e p830, Shaws 15/e p497-499
4. In laparoscopy, change of hypercarbia can be reduced by keeping intraperitoneal CO₂ pressure: (MHPGM-CET 2010)
 - a. 10
 - b. 12
 - c. 13
 - d. 14
Ref: Novak's Gynecology 15/e p775
5. Indications for colposcopy include following except:
 - a. Abnormal Pap smear of cervix
 - b. Diagnostic directed biopsy
 - c. Follow up of cases treated conservatively
 - d. Obvious visible growth
Ref: Shaw's 15/e p497, Dutta 5/e p112-113
6. Following operations are used for genital prolapse, except: (DNB 2005)
 - a. Fothergill's procedure
 - b. Fenton's procedure
 - c. Ward Mayo procedure
 - d. Le Forte procedure
Ref: Shaw's 15/e p339, 340, 341, 14/e p298, 308
7. Best diagnosis of ovulation is by: (DNB 2005)
 - a. Ultrasound
 - b. Laparoscopy
 - c. Endometrial biopsy
 - d. Chromotubation
Ref: Shaw's 15/e p216, Dutta 5/e p228
8. Cornification index or eosinophilic index indicates: (DNB 2005)
 - a. Progesterone effect
 - b. Estrogenic effect
 - c. Effect of LH
 - d. All of the above
Ref: Shaws 14/e p73; Dutta Gynae 6/e p114 115
9. B-Lynch suture is applied on: (DNB 2007)
 - a. Cervix
 - b. Uterus
 - c. Fallopian tubes
 - d. Ovaries
Ref: Dutta 7/e p417
10. Chassar moir operation is done in: (UP 07)
 - a. VVF
 - b. Vesicouterine fistula
 - c. Urethrovaginal fistula
 - d. Rectovesical fistula
Ref: Shaw 15/e p187
11. Cervical smear fixation is done by: (DNB 2008)
 - a. Ethyl alcohol
 - b. Acetone
 - c. Xylene
 - d. Formalin
Ref: Dutta Gynae 6/e p111
12. Goniometer is used for: (DNB 2008)
 - a. Amount of vaginal secretions
 - b. To measure width of genital hiatus
 - c. Gonococcal colony count
 - d. Urethrovaginal angle
Ref: Novak 15/e p918
13. Best indicator of ovarian reserve is: (DNB 2008)
 - a. FSH
 - b. Estradiol
 - c. LH
 - d. FSH/LH ratio
Ref: Novak 15/e p1149, 14/e p1203
14. Diagnosis of PID is by: (DNB 2010)
 - a. Histology
 - b. Diagnostic laparoscopy
 - c. USG
 - d. Triad of pain, fever, cervical tenderness
Ref: Dutta Gynae 6/e p130
15. HSG is done during: (DNB 2010)
 - a. Follicular phase
 - b. Secretory phase
 - c. Luteal phase
 - d. During menstruation
Ref: Shaw's 15/e p211
16. Uterus with submucous fibroid and protruding into cavity is diagnosed by:
 - a. Hysteroscopy
 - b. Hysterosalpingography
 - c. USG
 - d. Laparoscopy
Ref: Dutta Gynae 6/e p279

Ans.	1. b and d	2. d. Laparoscopic...	3. a. Upper 2/3rd...	4. b. 12
	5. d. Obvious...	6. b. Fenton's...	7. a. Ultrasound	8. b. Estrogenic...
	9. b. Uterus	10. a. VVF	11. a. Ethyl...	12. d. Urethrov...
	13. a. FSH	14. d. Triad of...	15. a. Follicular...	16. a. Hysteroscopy

17. CA-125 is elevated in all of the following, except: (AP 2012)
- Endometriosis
 - Epithelial ovarian cancers
 - Pelvic inflammatory disease
 - Germ cell tumors of ovary

Ref: Dutta Gynae 6/e p377

18. Conization is required for all the following, except: (AP 2012)
- Endocervical dysplasia
 - Non visualization of transformation zone
 - High grade squamous intraepithelial neoplasia (HSIL)
 - Where there is discrepancy between findings of cytology, colposcopy and biopsy.

19. Which one of the following CANNOT be diagnosed by laparoscopy? (AP 2012)

- Unicornuate uterus
- Rudimentary horn
- Bicornuate uterus
- Septate uterus

Ref: Shaw's 15/e p99, 100

20. Adequate colposcopy: (AP 2011)
- Visualization of squamocolumnar junction
 - Visualization of stratified squamous epithelium
 - Visualization of columnar epithelium
 - Visualization of both squamous and columnar epithelium

Ref: Dutta Gynae 6/e p324

21. Essure is a: (AP 2011)

- Laparoscopy clip
- Laparoscopy band
- Hysteroscopic microinserts
- Colposcopic band

Ref: William 23/e p701

22. A test of ovulation: (AP 2011)

- 21-day progesterone
- 3-day progesterone
- Menstruation
- Postabortive period

Ref: Shaw's 15/e p215, 216

23. Wet mount is prepared for diagnosis of: (AP 2010)

- Bacterial vaginosis
- Candidiasis
- Trichomoniasis
- Senile vaginitis

Ref: Shaw's 15/e p146

24. A 42 year old woman presents with atypical endometrial hyperplasia. What is the treatment of choice? (AP 2010)

- Hysterectomy
- OC pills
- Estrogen
- Progesterone

Ref: Shaw's 15/e p307

25. A high grade squamous intraepithelial lesion (HSIL) was noted on pap smear. What is the next step to be done? (AP 2010)

- Radical hysterectomy
- Colposcopy guided biopsy
- LLETZ
- LEEP

Ref: Dutta Gynae 6/e p328

26. PAP smear was invented by?

- John Papanicolaou
- George Papanicolaou
- Vladimir Papanicolaou
- Ben Papanicolaou

Ref: Internet

27. A 38 year old female's pap smear shows HSIL. What will be the next step?

- Repeat pap
- Colposcopy
- Curettage
- Hysterectomy

Ref: Shaw's 15/e p405

28. Gas used in laproscopic surgery:

- CO
- CO₂
- O₂
- Helium

Ref: Dutta Obs 7/e p556, 6/e p555

29. All of the following are advantages of vaginal hysterectomy over abdominal hysterectomy except:

- Can be used in obese patient
- Correction of genital prolapsed
- Can be used for poor immune status
- More organs visualized

Ref: Dutta Gynae 6/e p598

30. Mini laparotomy is done in all except: (CUPGEE 01)

- Ectopic pregnancy
- Internal sterilization
- Uterus elevations
- Tubectomy

Ref: Shaw 15/e p240-241; Dutta Obs. 6/e p187

31. Moschowitz's repair is done for: (AP 2010)

- Enteroceles
- Vesicovaginal fistula
- Inversion of uterus
- Stress urinary incontinence

Ref: Shaw's 15/e p342

32. Vaginal smear in old lady shows: (PGI Dec 06)

- Atrophic cells on smear
- Basal and parabasal cells
- Superficial cells
- Few intermediate cells seen

Ref: Dutta Gynae 6/e p113, 114

Ans.	17. d. Germ cell...	18. a. Endocervical...	19. d. Septate...	20. a. Visualization...
	21. c. Hysteroscopic...	22. a. 21 day...	23. c. Trichomoniasis	24. a. Hysterectomy
	25. b. Colposcopy...	26. b. George...	27. b. Colposcopy	28. b. CO ₂
	29. d. More...	30. a. Ectopic...	31. a. Enterocel	32. b and d

33. **The maturation index on vaginal cytology is a diagnostic method for evaluating the:** (UPSC 02)
 a. Adequacy of cytotoxic drug therapy
 b. Gender of an anatomically abnormal child
 c. Malignant change at squamocolumnar junction of cervix
 d. Endocrine status of cervix
Ref: Dutta Gynae 6/e p113, 1 Endocrine status of cervix 14
34. **Hysteroscopy means visualization of:** (PGI June 05)
 a. Genital tract
 b. Fallopian tube
 c. Uterine cavity
 d. Cervix
 e. Abdominal cavity
Ref: Shaw's 15/e p493
35. **For hysteroscopy, following are/is used:** (PGI Dec 08)
 a. Distilled water
 b. Air
 c. Glycine
 d. CO₂
Ref: Shaw's 15/e p493
36. **Hysteroscopy is used in all EXCEPT:** (AIIMS May 02)
 a. Uterine synechiae
 b. Abnormal vaginal bleeding
 c. Infertility
 d. Recurrent still birth and abortions
Ref: Novak 14/e p787, 1302; Shaw 15/e p494, 495
37. **Asherman's syndrome can be diagnosed by all except:** (AIIMS Nov. 07)
 a. Hysterosalpingography
 b. Saline sonography
 c. Endometrial culture
 d. Hysteroscopy
Ref: Williams Gynae. 1/e p420; Leon Speroff 7/e p419
38. **Laparoscopy is contraindicated in:** (MCI March 11)
 a. Ectopic pregnancy
 b. PID
 c. Endometriosis
 d. Peritonitis
Ref: Shaw's 15/e p493
39. **A 26 year old female with 3 living issues having cervical erosion which bleeds to touch, diagnosis can be done by:** (PGI Dec. 03)
 a. Pap smear
 b. Excision biopsy
 c. Hysteroscopy
 d. Colposcopy
Ref: Dutta Gynae. 5/e p257-259; Jeffcoate 7/e p410 - 412
40. **Occurrence of ovulation is indicated by:** (PGI Dec. 03)
 a. LH
 b. FSH
 c. Estradiol
 d. Progesterone
 e. Cortisol
Ref: Dutta Gynae 6/e p236, 237
41. **Time of ovulation is detected by:** (PGI June 03)
 a. Urine LH
 b. Urine FSH
 c. Urine hCG
 d. Serum estradiol
 e. BBT
Ref: Dutta Gynae 6/e p235-237
42. **Which of the following methods for assessment of female infertility during a menstrual cycle can best predict timing of ovulation:** (AI 2010)
 a. BBT
 b. Fern Test
 c. Spinnbarkeit Phenomenon
 d. Hormonal study
Ref: Leon Speroff 8/e p1161-1164; Dutta Gynae 6/e p236, 5/e p228
43. **Best indicator of ovarian reserve is?** (AIIMS Nov. 07)
 a. FSH
 b. Estradiol
 c. LH
 d. FSH/LH Ratio
Ref: Novak 15/e p1149, 14/e p1203 - 1205, Williams Gynae 1/e p434; Harrison's 17/e p223
44. **What is the most common complication after radical hysterectomy:** (UPSC 06)
 a. Ureteral injury
 b. Bladder atony
 c. Prolapse of vaginal vault
 d. Bowel dysfunction
Ref: Shaw 15/e p184
45. **Feature of postovulatory endometrium on ultrasound is:** (Delhi 03)
 a. Single hyperechoic thin line
 b. Three line sign
 c. Prominent halo
 d. Prominent posterior enhancement
Ref: Transvaginal Ultrasound by Melvin G. Dodson 1/e p86
46. **Maximum chances of ureteric injury are with:** (AI 06)
 a. TAH
 b. Wertheims hysterectomy
 c. Anterior colporrhaphy
 d. Vaginal hysterectomy
Ref: Dutta Gynae 5/e p408; Shaw's 15/e p184
47. **HSG is done:** (Delhi 06)
 a. Between menstruation and ovulation
 b. Just after menstruation
 c. Just before ovulation
 d. At any time
Ref: Shaw 15/e p211
 Note: HSG is done between 6 - 11th day of cycle.
48. **Laparoscopy detects:** (DNB 01)
 a. Endometriosis
 b. Ca uterus
 c. Ca cervix
 d. Ca rectum
Ref: Shaw 15/e p470, 486

Ans.	33. d. Endocrine...	34. c. Uterine cavity	35. c and d	36. d. Recurrent...
	37. c. Endometrial...	38. d. Peritonitis	39. a, b and d	40. a, c and d
	41. a, d and e	42. d. Hormonal...	43. a. FSH	44. a. Ureteral...
	45. d. Prominent...	46. b. Wertheims...	47. a. Between...	48. a. Endometriosis

49. **Best diagnosis of ovulation is by:** (DNB 03)
 a. Ultrasound
 b. Laparoscopy
 c. Endometrial biopsy
 d. Chromotubation

Ref: Jeffcoate 7/e p103; Shaw's 15/e p216

50. **The intra - abdominal pressure laparoscopy should be set between:** (AIIMS 03)
 a. 5-8 mm of Hg
 b. 10 - 15 mm of Hg
 c. 20 - 25 mm of Hg
 d. 30 - 35 mm of Hg

Ref: Shaw 15/e p492; Dutta Gynae. 5/e p584; Novak 14/e p761

51. **Sonosalpingography is done for:** (TN 03)
 a. Measuring basal body temperature
 b. To detect pregnancy
 c. Testing tubal patency
 d. Determining anovulatory cycle

Ref: Shaw 15/e p213

52. **Best test for measuring Graafian follicle maturation is:** (Jipmer 03)
 a. Fern test
 b. Endometrial biopsy
 c. Transvaginal ultrasonography
 d. Abdominal sonography

Ref: Shaw 15/e p216

53. **The best predictor of ovulation is:** (COMED 08)
 a. Estrogen peak
 b. Follicle stimulating hormone (FSH) surge
 c. Onset of the LH surge
 d. Preovulatory rise in progesterone

Ref: Jeffcoates 8/e p92, 7/e p103

54. **A 25-year old nulliparous woman with third degree uterine descent but no cystocele or rectocele or enterocele is best treated with:** (DP PGME 2010)
 a. Fothergill's repair
 b. Abdominal sling operation
 c. Amputation of the cervix and reconstruction
 d. Le Fort's operation

Ref: Shaw's 15/e p342, 14/e p304-308, 13/e p326-329

55. **Management of 3rd degree UV prolapse in woman desirous of children is:** (DNB 2009)
 a. Le Fort repair
 b. Fothergill operation
 c. Manchester operation
 d. Sling surgery

Ref: Shaw's 15/e p341, 342

Ans.	49. a. Ultrasound	50. b. 10 - 15 mm...	51. c. Testing tubal...	52. c. Transvaginal...
	53. c. Onset of...	54. b. Abdominal...	55. d. Sling...	

16. MISCELLANEOUS

MISCELLANEOUS (QUESTIONS)

1. The incidence of bilaterality in a dermoid cyst is approximately: (DP PGME 2009)
 - a. 10%
 - b. 30%
 - c. 50%
 - d. 70%

Ref: Shaw's 15/e p377, 14/e p336-337, 13/e p359-360
2. Drug causing gynecomastia: (DNB 2007)
 - a. Spironolactone
 - b. Rifampicin
 - c. Penicillin
 - d. Bumetanide

Ref: Katzung, Goodman Gillman Pharmacology, Harrison Medicine
3. Pain from ovary is referred to: (DNB 2008)
 - a. Gluteal region
 - b. Medial side of thigh
 - c. Anterior of thigh
 - d. Back of thigh
4. Schiller Duvall bodies are seen in: (DNB 2008)
 - a. Endodermal sinus tumor
 - b. Choriocarcinoma
 - c. Granuloma cell tumor
 - d. Arrhenoblastoma

Ref: Dutta Gynae 6/e p383, Jeffcoate 7/e p541, Williams Gynaecology 1/e p742
5. M/C cause of vaginal bleeding in a neonate is: (DNB 2009)
 - a. Sarcoma botryoides
 - b. Trauma
 - c. Bleeding disorder
 - d. Hormonal

Ref: Shaw's 15/e p51
6. In which condition fructose is deficient in ejaculation:
 - a. Blockage of epididymis
 - b. Absence of seminal vesicles
 - c. Testicular atrophy
 - d. Leyding cell pathology

Ref: Dutta Gynae 6/e p232
7. Clomiphene citrate is:
 - a. Anti-androgen
 - b. Synthetic steroid
 - c. Antiestrogen
 - d. GnRH analogue

Ref: Shaw's 15/e p314
8. Different between vaginal cyst and cystocele: (AP 2011)
 - a. Vaginal cyst not reducible
 - b. Cystocele is prolapse
 - c. Cyst cannot be repaired
 - d. All the above

Ref: Dutta Gynae 6/e p210
9. Surgical correction of Varicocele, after the diagnosis has been confirmed on ultrasound scanning helps to improve the following parameter of the semen analysis the best: (AP 2010)
 - a. Sperm count
 - b. Amount of semen
 - c. Sperm motility
 - d. Morphology of sperm

Ref: Jeffcoats 8/e p666
10. Most common site of primary tumor for intraocular metastasis is from:
 - a. Breast
 - b. Ovary
 - c. Cervix
 - d. Endometrium
11. HPV vaccine protect against: (NEET Pattern Question)
 - a. HPV 16 & 18
 - b. HPV 16 & 22
 - c. HPV 18 & 24
 - d. HPV 22 & 24

Ref: Shaw's 15/e p407
12. Most common cause of decubitus ulcer in prolapse: (NEET Pattern Question)
 - a. Trauma
 - b. Venous congestion
 - c. Irritation
 - d. Intercourse

Ref: Shaw's 15/e p335
13. In those mammals which are seasonal breeder, the females are receptive only once in a year; the cycle is termed as: (AIIMS May 06)
 - a. Follicular
 - b. Estrous
 - c. Menstrual
 - d. Luteal

Ref: Taber's Dictionary 19/e, p714
14. Menstruation is defined as precocious if it starts before the child reaches the age of: (AIIMS Nov. 04)
 - a. 8 years
 - b. 10 years
 - c. 14 years
 - d. 20 years

Ref: Shaw 15/e p56
15. Primary peritonitis is more common in females because: (AI 01)
 - a. Ostia of fallopian tubes communicate with abdominal cavity
 - b. Peritoneum overlies the uterus
 - c. Rupture of functional ovarian cysts
 - d. None of the above

Ref: Sabiston 16/e, p777
16. Postmenopausal estrogen production is due to: (PGI June 00)
 - a. Peripheral aromatization of androstenedione
 - b. Adrenal – direct production
 - c. Ovarian tumor
 - d. Ovary testosterone secretion

Ref: Shaw 15/e p62

Ans.	1. a. 10%	2. a. Spironolactone	3. b. Medial side...	4. a. Endodermal...
	5. d. Hormonal	6. b. Absence of...	7. c. Anti estrogen	8. a. Vaginal...
	9. a. Sperm count	10. a. Breast	11. a. HPV 16 & 18	12. b. Venous...
	13. b. Estrous	14. b. 10 years	15. a. Ostia of...	16. a. Peripheral...

17. 40 years female, mass in pelvis detected clinically, following investigations should be done except: (PGI 00)
 a. CT
 b. Laparoscopy
 c. Pap smear
 d. USG
Ref: Novak 15/e, p410-418
18. CA – 125 increased in all EXCEPT: (UP 00)
 a. T.B. of genital organ
 b. Ovarian cancer
 c. Endometriosis
 d. Stein – Leventhal syndrome
Ref: Shaw 15/e p428; Harrison 16/e, p554
19. Most common cause of pyometra is: (UP 02)
 a. Senile endometriosis
 b. Carcinoma endometrium
 c. Carcinoma cervix
 d. Carcinoma ovary
Ref: Dutta Gynae 6/ep169, Jeffcoate 7/e, p350
20. A patient presented with infertility without significant clinical problem, most likely diagnosis is: (UP 03)
 a. Fibroid uterus
 b. T.B. endometrium
 c. Carcinoma cervix
 d. None
Ref: Shaw 15/e p156
21. Hematosalpinx is seen in: (UP 03)
 a. Haematocolpos
 b. Torsion of hydrosalpinx
 c. Tubal pregnancy
 d. All of the above
Ref: Shaw 15/e p97; William Gynae 1/e, p207; Jeffcoate 7/e, p146
22. Treatment of pseudomyxoma peritonei is: (Delhi 2008)
 a. Chemotherapy
 b. Radiation
 c. Surgery/multiple surgical evacuations
 d. Hormonal therapy
Ref: Internet search
23. Fifteen years after menopause, the normal ovarian volume on ULTRASOUND should not measure more than ____? (MH 2008)
 a. 1 mL
 b. 2 mL
 c. 8 mL
 d. 10 mL
Ref: Shaw 15/e p62
24. Pseudo meigs syndrome is seen with: (Manipal 04)
 a. Fibroids
 b. Adenomyosis
 c. Ovarian tumor
 d. Endometriosis
Ref: Shaw 15/e p376
25. A 47-year-old woman complains of postcoital bleeding, nearly as heavy as menses. The most likely origin of her bleeding would be cervical: (KERALA 04)
 a. Polyps
 b. Ectropion
 c. Carcinoma
 d. Nabothian cysts
Ref: Shaw 15/e p409
26. Hematocolpos causes: (Karnataka 2009)
 a. Retention of urine
 b. Primary amenorrhoea
 c. Both the above
 d. Neither a. or b.
Ref: Shaw 15/e p96-97

Ans.	17. b. Laparoscopy	18. d. Stein-Leventhal...	19. b. Carcinoma...	20. b. T.B. endometrium
	21. d. All of the above	22. c. Surgery...	23. b. 2 ml	24. c. Ovarian...
	25. c. Carcinoma	26. c. Both the...		