PrepLadder

Last 5 Year PYQs in Gynaecology & Obstetrics for NEET PG

Q1. The remnants of Wolffian ducts in females are located in which of the following?

1. Pouch of Douglas
2. Leaves of broad ligament
3. Uterovesical pouch
4. Iliac fossa

Ans. 2) Leaves of broad ligament

- The Wolffian ducts, also known as the mesonephric ducts, are embryonic structures that contribute to the development of the male reproductive system in the early stages of fetal development. In females, these ducts normally regress and do not play a significant role in the development of the reproductive system. However, remnants of the Wolffian ducts can still be found in females in certain areas.
- Leaves of broad ligament: The broad ligament is a double-fold peritoneum that supports the uterus, fallopian tubes, and ovaries. In females, the remnants of the Wolffian ducts can be found within the leaves of the broad ligament.

Q2. Where in the fallopian tube does fertilization take place?

1. Ampulla
2. Isthmus
3. Interstitial segment
4. Infundibulum

Ans. 1) Ampulla

- Ampulla: The ampulla is the wider and more distal part of the fallopian tube, closer to the ovary. It is the most common site of fertilization. After ovulation, the released oocyte travels through the fallopian tube, and if fertilization occurs, it usually happens within the ampulla.

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Q3. A patient came to the gynaecology OPD with complaints of foul-smelling, frothy vaginal discharge and intense itching. On examination, the cervix and vagina were spotted and had the appearance of a strawberry. Identify the causative organism?

1. Trichomonas vaginalis
2. Gardnerella vaginalis
3. Neisseria gonorrhoea
4. Candida albicans

Ans. 1) Trichomonas vaginalis

- Trichomonas vaginalis: Trichomonas vaginalis is a protozoan parasite that causes trichomoniasis, a sexually transmitted infection. It is known to cause symptoms such as foul-smelling, frothy vaginal discharge and intense itching. The cervix and vagina may appear reddened and have a characteristic appearance described as a "strawberry cervix" or "strawberry vagina" due to small red or punctate lesions on their surface.

Q4. Identify the contraceptive shown in the given image.

1. Male condom
2. Female condom
3. Diaphragm
4. Cervical cap

Ans. 2: Female condom

- Female condom: Female condoms are soft, loose-fitting pouches with flexible rings at each end. One ring is inserted into the vagina to hold the condom in place, while the other ring remains outside to cover the area around the vaginal opening.

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Q 5. A woman presents to the OPD with complaints of amenorrhoea for the past year. She has a history of postpartum hemorrhage and lactational failure. What is the probable diagnosis ?

1. Sheehan's syndrome
2. Rotor syndrome
3. Prolactinoma
4. Acromegaly

Ans. 1) Sheehan's syndrome

- Sheehan's syndrome: Sheehan's syndrome, also known as postpartum pituitary necrosis, occurs due to severe postpartum hemorrhage leading to hypotension and inadequate blood supply to the pituitary gland. This can result in ischemic necrosis of the pituitary tissue. One of the common manifestations of Sheehan's syndrome is postpartum lactational failure, followed by amenorrhea or absence of menstrual periods. The history of postpartum hemorrhage and lactational failure in the given scenario is suggestive of Sheehan's syndrome.

Q6. A 27-year-old female patient was found to have uterus didelphys. Which of the following is not likely to be a complication to this uterine anomaly?

1. Abortion
2. Endometriosis
3. Preterm labor
4. Transverse lie

Ans. 4) Transverse lie

- **Uterus didelphys is** usually associated with good reproductive outcome
- In pregnancy, however, there is increased incidence of **breech presentation and preterm labor**
- **Therefore, here transverse lie is correct option as it is not associated with uterus**

Q7. What is the appropriate management for a 35-year-old woman with choriocarcinoma who presents with metastases to lung spleen and kidney, had a previous molar pregnancy removed 6 months ago, a pretreatment serum hCG level of 10,000 IU/ml, a tumor of 6 cm diameter in the uterus, and failed chemotherapy with methotrexate?

1. Methotrexate with folinic acid
2. Methotrexate

3. EMACO regimen
4. Hysterectomy

Ans. 3) EMACO regimen

The patient has stage IV disease (mets to organs other than lungs) with a score of 11 on the WHO prognostic system. Stage 4 (FIGO) is a criterion by itself for **EMACO.** Stage 4 or stages 2 and 3 with a risk score > 6 are criteria for high-risk invasive mole and choriocarcinoma

Risk factor	**Score**			
	0	**1**	**2**	**4**
Age (years)	<40	≥40	–	–
Antecedent pregnancy	Mole	Abortion	Term	–
Interval (months)*	4	4 to 6	7 to 12	>12
Pretreatment serum hCG (mIU/mL)	$<10^3$	10^3 to 10^4	10^4 to 10^5	$>10^5$
Largest tumor (including uterus)	<3 cm	3 to 4 cm	≥5 cm	–
Site of metastases	Lung	Spleen, kidney	GI tract	Brain, liver
Number of metastases	–	1 to 4	5 to 8	>8

Prior failed chemotherapy	–	–	Single drug	≥2 drugs

Management

- **</= 6 Score: Single Agent** (Methotrexate / Actinomycin) or Combo (MTX + Actinomycin + Cyclophosphamide)
- **>/= 7 Score** : [(High Risk Patient) (High Risk Patient with Metastasis)] : **EMACO**
    - ETOPOSIDE
    - MAC (MTX + Actinomycin + Cyclophosphamide)
    - Oncovin

Q8. What should be the next course of action in managing a pregnant woman who is 36 weeks pregnant, has a prosthetic valve replacement for mitral stenosis, and is currently on warfarin therapy with an INR of 3?

LMWH: Low Molecular Weight Heparin

1. Stop warfarin and start LMWH
2. Stop warfarin and start heparin
3. Continue warfarin
4. Stop warfarin, start LMWH and aspirin

Ans. 1) Stop warfarin and start LMWH

- The next appropriate step will be to stop warfarin and start low molecular weight heparin (LMWH).
- Heparin is preferred as it does not cross the placenta.
- For patients taking LMWH, factor Xa levels should be monitored weekly.
- Heparin should be discontinued just before(at least 6 hours before) delivery.
- If delivery occurs before discontinuation and there is extensive bleeding, then IV protamine sulfate can be given.
- Warfarin or heparin anticoagulation can be restarted after 6 hours of vaginal delivery, usually without any problem.
- Discontinuation and there is extensive bleeding, then IV protamine sulfate can be given. Warfarin or heparin anticoagulation can be restarted after 6 hours of vaginal delivery, usually without any problem.
- Warfarin, LMWH, and UFH do not accumulate in breast milk and do not have an anticoagulant effect in the newborn. They are compatible with breastfeeding.

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Q9. A 56 year old multipara woman presented with grade II/III uterine prolapse with cystocele. She complains of passing urine on coughing and sneezing. What is the type of urinary incontinence seen in this patient ?

1. Overflow incontinence
2. Urge incontinence
3. Stress incontinence
4. Neurogenic bladder

Ans. 3) Stress incontinence

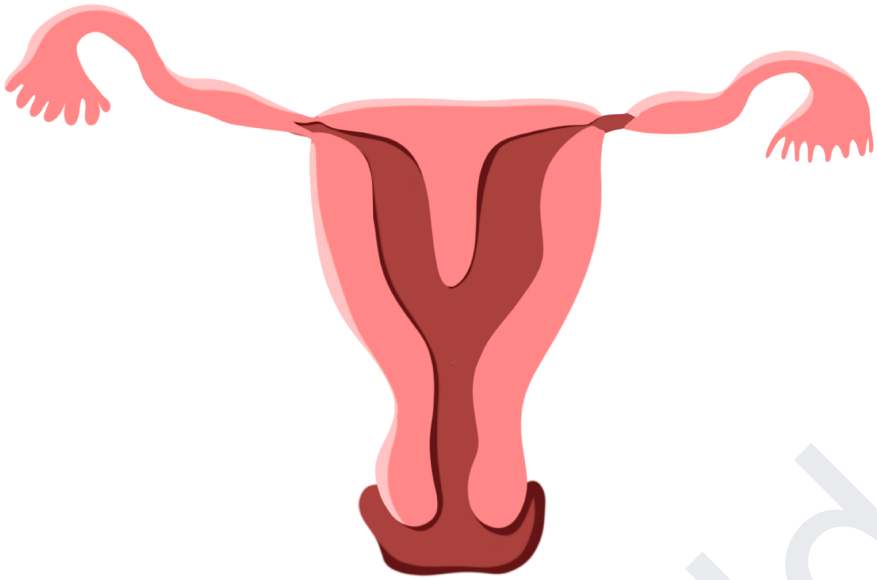
- In the given scenario, the type of urinary incontinence seen in the 56-year-old multipara woman with grade II/III uterine prolapse and cystocele is "**stress incontinence"** (option C).
- Stress incontinence is the involuntary leakage of urine that occurs during activities that put pressure on the bladder, such as coughing, sneezing, laughing, or physical exertion.
- In this case, the uterine prolapse and cystocele contribute to the loss of support to the bladder and urethra, leading to increased pressure on the bladder during these activities and resulting in urinary leakage.

Q10. What is the recommended course of action for a 32-year-old married woman who presented for infertility assessment and was diagnosed with a uterine cavity septum?

1. Hysterectomy
2. Laparoscopy and metroplasty
3. Hysteroscopy and septoplasty
4. Laparotomy and metroplasty

Ans. 3) Hysteroscopy and septoplasty

- In the given scenario, where a 32-year-old married woman is found to have a septum in her uterine cavity during the evaluation of infertility, the appropriate management would be **"hysteroscopy and septoplasty" (option C).**
- A septate uterus is a congenital uterine abnormality characterized by a septum or wall dividing the uterine cavity partially or completely



Septate

- The correct option, hysteroscopy and septoplasty, involves the use of a hysteroscope (a thin, lighted instrument) to visualize the uterine cavity and guide the surgical removal or resection of the uterine septum. Hysteroscopy is a minimally invasive procedure that allows for direct visualization and precise surgical interventions within the uterus.

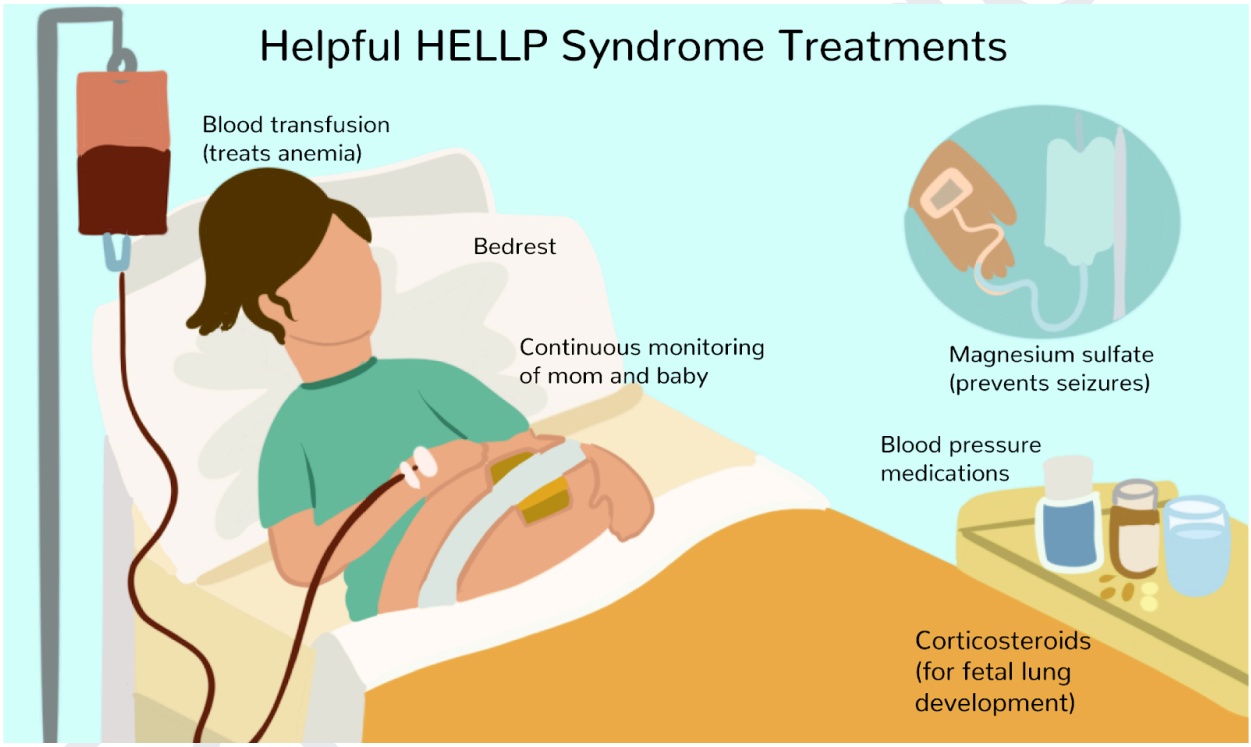
Q11. A pregnant lady with 34 weeks of gestation presented to the OPD with the following lab reports: LDH: 700 IU/L, Platelets: 75,000/mm3, Serum bilirubin- 1.5mg/dL, SGOT-200 U/L, SGPT-150U/L, and BP: 140/96 mm Hg. Her coagulation profile and renal function tests are normal. What is the diagnosis?

LDH: Lactate dehydrogenase
SGOT- (serum glutamic-oxaloacetic transaminase / AST- Aspartate transaminase)
SGPT: Serum glutamic pyruvic transaminase; ALT: alanine transaminase

1. HELLP syndrome
2. Acute fatty liver of pregnancy
3. Viral hepatitis
4. Intrahepatic cholestasis

Ans. 1) HELLP syndrome

- In this situation, the patient had considerably **increased LDH levels** and a **lower platelet count**, which point to hemolysis and thrombocytopenia, respectively. Furthermore, liver damage, a common finding in HELLP syndrome, is indicated by the elevated SGOT and SGPT levels.
- The treatment and prognosis of HELLP syndrome can differ significantly from those of other disorders such as **acute fatty liver of pregnancy, viral hepatitis, and intrahepatic cholestasis**.
- **Serum bilirubin levels are typically higher** in acute fatty liver of pregnancy, and hemolysis or thrombocytopenia are not seen.
- Since hemolysis (H), elevated liver enzymes (EL), and low platelet count (LP) are all symptoms of the serious pregnancy complication known as HELLP syndrome, the clinical presentation that has been described fits that description.
- Therefore, the diagnosis is HELLP syndrome.



Q12. During a routine evaluation, a woman who is 26 weeks pregnant shows a fundal height corresponding to 24 weeks. Ultrasonography results indicate a decrease in amniotic fluid. Which of the following conditions could have caused this presentation?

1. Renal agenesis
2. Tracheoesophageal fistula
3. Cardiac abnormalities
4. Ureteral stricture

Ans. 1) Renal agenesis

- One or both kidneys fail to form in a disorder known as renal agenesis. It may result in oligohydramnios, a reduction in amniotic fluid.
- The production of fetal urine, which is reliant on the healthy growth and operation of the fetal kidneys, plays a major role in maintaining the amniotic fluid volume.
- Renal agenesis is characterized by the absence of urine production by the damaged kidneys, which lowers the volume of amniotic fluid.
- Both the mother and the fetus may experience problems as a result of oligohydramnios.
- It may cause the umbilical cord to be compressed in the fetus, which could cause fetal distress or even death.
- Therefore, it is important to identify the underlying cause of oligohydramnios and manage it appropriately to minimize the risk of complications for both the mother and the fetus.

Q13. What is the underlying reason for the symptoms experienced by a type 1 diabetic mother who underwent a cesarean section for preeclampsia, is currently receiving magnesium sulfate infusion, and is now exhibiting delirium, drowsiness, a respiratory rate of 10/min, a random blood glucose level of 240 mg/dL, oliguria, and bilaterally absent knee reflexes?

1. Magnesium sulfate toxicity
2. Diabetic ketoacidosis
3. Eclampsia
4. Diabetes insipidus

Ans. 1) Magnesium sulfate toxicity

- The mother in this case has a history of type 1 diabetes, which raises the risk of magnesium toxicity.
- Furthermore, the high blood glucose level of 240 mg/dL indicates poor glucose control, which can increase the risk of magnesium toxicity even further.
- The **absence of a knee response indicates hyporeflexia, a frequent indication of magnesium toxicity.**

Q14. Identify the type of hymen shown in the image below.

1. Imperforate hymen
2. Semilunar hymen
3. Septate hymen
4. Annular hymen

Ans. 3) Septate hymen

- The septate hymen has a band of tissue that divides the opening into two or more openings. As we can see in the picture, there's two openings clearly visible, so the most accurate option is septate hymen.

Q15. What would be your recommendation when discharging a patient who has undergone a vesicovaginal fistula repair?

1. Sexual abstinence for 3 months and avoid pregnancy for a year
2. Sexual abstinence for 3 weeks and avoid pregnancy for 6 months
3. Sexual abstinence for 6 weeks and avoid pregnancy for a year
4. Sexual abstinence for 6 months and avoid pregnancy for 6 years

Ans. 1) Sexual abstinence for 3 months and avoid pregnancy for a year

- The recommended time of sexual abstinence and pregnancy avoidance following vesicovaginal fistula repair may vary based on a number of factors, including the size and location of the fistula, the type of repair operation used, and the patient's overall health.
- However, It is advised that couple should follow Sexual abstinence for 3 months and avoid pregnancy for a year

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Q16. During pregnancy, during which trimester is acute fatty liver most commonly observed?

1. First trimester
2. Second trimester
3. Third trimester
4. Both a and b

Ans. 3) Third trimester

Option 3: Acute fatty liver disease of pregnancy (AFLP) is a rare but serious condition that can occur during pregnancy. It typically **manifests most commonly in the third trimester,** although it can occur in the second trimester as well. The condition is characterized by the accumulation of fat in the liver, leading to **liver dysfunction** and **potential complications** for both the mother and the baby.

Q17. What is correct regarding alterations in the vagina during a typical pregnancy?

1. Decreased number of Lactobacilli
2. Increased glycogen metabolism in the epithelium
3. pH > 6.
4. Epithelial thinning

Ans. 2) Increased glycogen metabolism in the epithelium

This statement is true. The hormonal changes during pregnancy, particularly the **increased levels of estrogen, promote glycogen production** in the vaginal epithelial cells. Glycogen serves as a source of nutrients for Lactobacilli, helping them to maintain a healthy vaginal environment.

Q18. During a routine ultrasound scan at 16 weeks, you identify indications of cardiac malformation in a fetus. At what fasting blood sugar level would you begin to suspect overt diabetes?

1. 106 mg/dL
2. 126 mg/dL
3. 116 mg/dL
4. 130 mg/dL

Ans. 2) 126 mg/dL

Option 2: 126 mg/dL: A **fasting blood sugar level** of **126 mg/dL or higher** is the generally accepted **threshold for suspecting overt diabetes.** If a person's fasting blood sugar level

consistently meets or exceeds this value on two separate occasions, it **may indicate the presence of diabetes.**

Q 19. Which of the subsequent options experiences a decrease during pregnancy?

1. Respiratory rate
2. Vital capacity
3. Functional residual capacity
4. Inspiratory capacity

Ans. 3) Functional residual capacity

Option 3: Functional residual capacity: Functional residual capacity (FRC) **decreases** during pregnancy. As the uterus expands, it elevates the diaphragm, leading to reduced lung expansion and decreased FRC. This reduction in FRC is primarily due to the displacement of the diaphragm by the growing uterus.

Q20. Which of the following does not pose a contraindication for the initiation of labor?

1. Pelvic tumor
2. Herpes infection
3. Intrauterine Growth Restriction
4. History of lower transverse cesarean section in last two pregnancies

Ans. 3) Intrauterine Growth Restriction

Intrauterine Growth Restriction **:** Intrauterine Growth Restriction is **not a contraindication** for the induction of labor. However, it is **important to consider the specific type and severity of** intrauterine growth restriction, as well as the overall health status of the mother. In some cases, certain heart conditions may require **special monitoring and management during labor and delivery.**