

Single Best
Answer &
Extended
Matching
Questions in



OBSTETRICS AND GYNECOLOGY

A Companion to Synopsis of
Obstetrics and Gynecology

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- C. Intravenous antibiotics
 - D. Marsupialization and antibiotics
 - E. Oral antibiotics
- 75. A 30-year-old woman attends complaining of painful sexual intercourse for the past 3 years. The pain is experienced both during penetration and after—often lasting for a few hours. She says that this has been getting progressively worse. Her periods are painful especially from the 2nd to the 5th day. When examined, the lower genital tract is normal but the uterus is retroverted and of limited mobility. What is the most likely cause of her dyspareunia?**
- A. Adenomyosis
 - B. Endometriosis
 - C. Irritable bowel syndrome
 - D. PID
 - E. Vulvodynia

■ GYNECOLOGICAL ONCOLOGY

Cervical Cancer

- 76. Cervical cancer is one of the most common lower genital tract cancers worldwide. What is the most important risk factor for cervical cancer?**
- A. HPV infection
 - B. Immunodeficiency
 - C. Multiple sexual partners
 - D. Oral contraceptives
 - E. Smoking
- 77. Which is the most common histological type of cervical cancer?**
- A. Adenocarcinoma
 - B. Adenosquamous
 - C. Clear cell
 - D. Serous carcinoma
 - E. Squamous
- 78. A 39-year-old woman presents with a 6 weeks history of postcoital bleeding. Her last cervical cancer screening was 4 years ago and was normal. She also complains of a brownish vaginal discharge but this is not foul smelling. When examined she is found a suspicious looking cervical lesion at 7'o clock position. What would be the most important investigation in this patient?**
- A. Computerized tomographic scan of the pelvis
 - B. Examination under anesthesia
 - C. Hysteroscopy and biopsy
 - D. MRI of the pelvis
 - E. Punch biopsy
- 79. What investigation should a patient with a diagnosis of cervical cancer have to best define spread of the disease in the pelvis?**
- A. Computerized tomographic scan of the pelvis
 - B. Examination under anesthesia

- C. MRI of the pelvis
- D. PET scan
- E. Transabdominal ultrasound

80. What is the most common cause of death in women with cervical cancer?

- A. Hemorrhage
- B. Liver failure
- C. Metastases to the liver
- D. Renal failure
- E. Sepsis

Endometrial Cancer

81. What is the most common gynecological cancer in the high-income countries?

- A. Cervical
- B. Endometrial
- C. Ovarian
- D. Vagina
- E. Vulva

82. A 47-year-old obese woman whose periods have been irregular for the past 10 years had an endometrial biopsy that has been reported as atypical endometrial hyperplasia. In what proportion of patients like her will this progress to cancer if its untreated?

- A. 10%
- B. 15%
- C. 20%
- D. 25%
- E. 30%

83. A 67-year-old mother of one presents with postmenopausal bleeding of 3 weeks duration. She has type II diabetes on metformin. Her BMI is 35 kg/m². She is not on any hormonal treatment. An ultrasound shows an endometrial thickness of 6 mm. What would be the first investigation to request for in the clinic?

- A. Endometrial biopsy (with pipelle)
- B. FBC
- C. Hysteroscopy as an outpatient
- D. MRI of the pelvic
- E. CT scan of the pelvis

84. Which is the most common histological type of endometrial cancer?

- A. Adenocarcinoma
- B. Adenocarcinoma variant
- C. Clear cell carcinoma
- D. Mixed carcinoma
- E. Neuroendocrine carcinoma

22. A G2P1, previous growth restricted baby that was delivered by cesarean section (CS) at 37 weeks is seen at 28 weeks of pregnancy for her routine antenatal care. Her BP is normal and the fundal height measures 27 cm. The fetal heart rate is normal.

■ PRENATAL DIAGNOSIS

Option list for questions 23–26

A	Amniocentesis	H	NT measurement
B	Anomaly ultrasound scan	I	Quadruple test
C	CVS	J	Reassurance
D	Combined NT and biochemistry	K	Refer for anomaly scan and fetal echo at 22–24 weeks
E	Cordocentesis	L	
F	Noninvasive prenatal diagnosis (NIPD)	M	
G	Noninvasive prenatal testing (NIPT)	N	

Instructions: Select from the option list above the best procedure that would be recommended for each of the women below who is attending for antenatal care. Each option may be selected once more than once, or not at all.

23. A mother of two attends at 10 weeks to book for antenatal care. Her Hb genotype is HbAS and that of her husband is HbAC. Her first child has sickle cell Hb SC and she is very anxious about having another affected baby.
24. A 30-year-old has had her ultrasound scan for dating of pregnancy and the gestational age is calculated from the CRL as 12 weeks. The NT is measured at 3.5 mm (i.e., above the normal for the gestational age). The woman indicates that she would prefer not to risk losing the pregnancy but at the same time wants to know whether her baby has Down syndrome or not.
25. A 32-year-old attended for her booking ultrasound scan and was told the baby had a high NT. A blood sample was taken for the combined NT and biochemical screening for aneuploidy. The risk has been reported as 1:250.
26. A 40-year-old is now 15 weeks in her second pregnancy. Following counseling she opts for a screening test for aneuploidy understanding that because of her age, her risk of having a baby with aneuploidy is higher. She is, however, anxious about the risk of miscarriage as this pregnancy was after 3 years of trying.

Single Best Answer & Extended Matching Questions in OBSTETRICS AND GYNECOLOGY

A Companion to Synopsis of Obstetrics and Gynecology

This Single Best Answer & Extended Matching Questions in Obstetrics and Gynecology is a companion to synopsis of obstetrics and gynecology. It is designed to help with understanding and clinical application in obstetrics and gynecology at both the undergraduate and postgraduate levels. The questions are comprehensive and follow the format of most examinations in the UK/USA and indeed most institutions worldwide.

This book is an invaluable resource for students as well as practitioners, especially as most of the questions are clinically oriented. The book, while considered a companion, can be used on its own.

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He was a member of the Royal College of Obstetricians and Gynaecologists Council for 9 years, serving on several committees. He led the maternity services at the Leicester Royal Infirmary NHS Trust for 4 years, was Division Chief of Research at Sidra Medicine for 2 years, and Executive Chairman of Women's Clinical Services Management Group at Sidra for 3.5 years. He is currently an Editor for several journals and the CPD Editor for The Obstetrician and Gynecologist. He is a committed and passionate Teacher.

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