

# **MBBS Final Professional Examination 2007**

## **Gynaecology**

### **Model Papers (SEQs)**

**Total No. of SEQs 10**  
**Max Marks 30**

**Each SEQ carry 03 marks**  
**Time Allowed 2 hours 15 minutes**

- Q1. A 30 years old Para2 presents in OPD with the history of curd like thick vaginal discharge, pruritis and vulval soreness.**
- a) What is your most likely diagnosis?**  
**Outline the steps of management?**

**Key:**

Diagnosis- (vaginal candidiasis).

Management:

-Advice regarding-personal hygiene.

-Under clothes.

-Treat partner.

Antifungal-local systemic.

Follow up; treat recurrence.

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**Q2. A primigravida has presented at six weeks of gestation and confirmed right sided tubal pregnancy.**

**Outline criteria for medical management.**

**Key:**

- Size of gestational sac.
- Serum  $\beta$  HCG levels.
- Absent cardiac activity.
- No fluid in pouch of Douglas.

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### **Model Papers (SEQs)**

**Q3. A 35 years old Para 5 presents to you with heavy cyclical bleeding pervaginum. Enumerate the most likely causes of heavy bleeding?**

**Key:**

- i). Fibroids.
- ii). Pelvic inflammatory disease.
- iii). Dysfunctional uterine bleeding.
- iv). Endometriosis.
- v). Adenomyosis.

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### **Model Papers (SEQs)**

**Q4. A couple has presented after 5 years of inability to conceive. All routine investigations are normal. What are the different methods available to test tubal patency. Enumerate?**

**Key:**

- Laparoscopy + Dye test.
- Hysterosalpingography.
- Hycosae (ultrasound guided).

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## Gynaecology

### Model Papers (SEQs)

**Q5. A 25 years old girl presents in gynae OPD complaining of infrequent periods, weight gain and hirsutism.**

**Outline the steps you would take in the management of this patient?**

**Key:**

-History & examination including relevant points for polycystic ovarian disease.

-Examination-Hair distribution.

-Galactorea.

-Pigmentation.

Investigations:

USG.

Hormonal profile.

Prolactin

FSH/LH.

Testosterone.

Treatment Plan:

-Wt. reduction.

-Cosmetic measures.

-Medical

? Metformin.

? Dione 35.

-Surgical ? LoD.

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## Gynaecology

### Model Papers (SEQs)

**Q6. A 31 years old woman presents to you with history of three consecutive abortions. Outline the steps of investigation?**

**Key:**

Detailed history? previous miscarriages – time and mode of miscarriage.

Any medical disorder.

Examination ? General Physical

? Vaginal.

Investigations ? USG

? hormone profile. Serum FSH/LH

? Antiphospholipids, Anticardiolipin, Lupus anticoagulant antibodies.

? Hysterosalpingography.

Detailed History/Examination

H/O previous abortions in detail.

Routine tests

1. Blood group and Rh factor.

2. Urine. C/E

3. Complete Blood Count.

4. USG ? (Cx.incompetence, PCO & other pelvic pathology)

5. Lupus anticoagulant.

6. Antiphospholipids.

7. Anticardiolipin.

8. FSH/LH variation.

10.Hysterosalpingography.

} Antibodies.

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### **Model Papers (SEQs)**

**Q7. A 25 years old primigravida comes to your clinic for advice. After discussion she choses intrauterine contraceptive device (IUCD). What are the complications of IUCD. Enumerate?**

**Key:**

- Haemorrhage.
- Perforation.
- Expulsion.
- Pregnancy with IUCD.
- Ectopic pregnancy.
- Heavy periods & dysmenorrhea.

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### Model Papers (SEQs)

**Q8. A 16 years old girl presents with abdominal pain and primary amenorrhea. What is the most likely diagnosis? Outline management?**

**Key:**

Diagnosis-Imperforate Hymen.

Management:

- Detailed history.
- Exam bulging hymen (bluish).

Investigation:

- USG.
- Hormonal profile.

Treatment:

- Surgical.
- Cruciate incision.
- Drainage.
- Follow up.



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### Model Papers (SEQs)

**Q9. 35 years old P4 is diagnosed as having uterovaginal prolapse. Outline the management steps?**

**Key:**

Evaluation:

-History 1/2.

-Exam 1/2.

-Investigation 1/2.

Treatment:

-Pessary.

-Sacrohysteropexy.

-Manchester repair.

-Vaginal Hysterectomy & repair.

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### **Model Papers (SEQs)**

- Q10. 35 years old lady attends gynae OPD complaining of painful swelling on the left Labia Majora.**
- a) What is the most likely diagnosis?**
  - b) What treatment options are available?**

**Key:**

Diagnosis-Bartholin cyst.

Treatment:

- Antibiotics/analgesics.
- Surgical.
- Marsupialization.
- Follow up.