



44/70

63%

UNIVERSITY OF NAIROBI

COLLEGE OF HEALTH SCIENCES

Department of Obstetrics & Gynaecology

PH

MBChB IV END OF TERM MCQ

24th March 2014 9.00-10.00 am

9.00-9.30 40%
9.30-10.00 30%

INSTRUCTIONS

There are 70 Multiple Choice Questions. Each Question has one correct answer which carries one mark. A wrong choice will carry no mark. Circle one correct response. Any Question with more than one response will be invalidated. Attempt all Questions and put your Registration number on all pages.

of the
each.

1. A healthy 5ft 9 in. tall, adult female is most likely to have a pelvic inlet that would be classified as which of the following Caldwell-Moloy types

- a. Android - 20%
- b. Platypelloid - 5%
- c. Anthropoid - 25%
- d. Gynecoid - 50%
- e. Triangular

Kenya

Triangular	Gynecoid 50%
Flat	anthropoid 25%
Long Oval	android 20%
Round	platypelloid 5%
(outlet)	

- anthropoid & platypelloid combination does not exist.

GARP

2. The inguinal canal in an adult female was opened surgically. Which of the following structures would normally be found?

- a. A cyst of the canal of Nuck
- b. Gartner's duct cyst
- c. Cooper's ligament
- d. The round ligament and the ilioinguinal nerve + processus vaginalis.
- e. The pyramidalis muscle

3. During normal delivery, an infant must pass through the maternal true pelvis. Which of the most accurately describes the characteristic of the true pelvis?

- a. It has an oval outlet
- b. It has three defining planes: an inlet, a midplane, and an outlet

False Pelvis: Ant. Ant. abdominal wall
Lat. Iliac fossa
Post. Lumbar vertebrae 1

Ex: Support enlarged uterus during preg

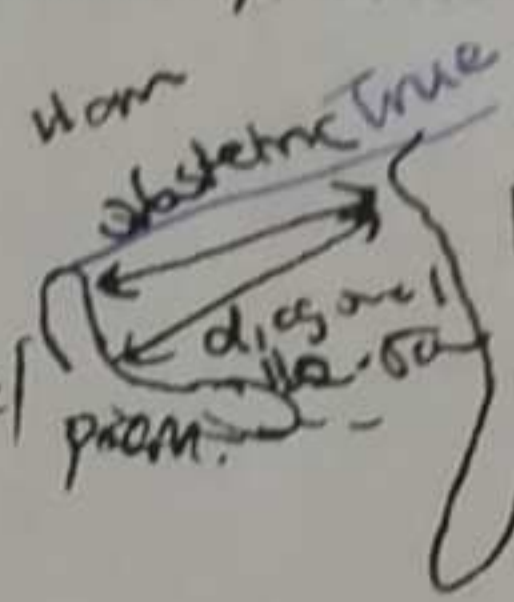


2

- c. It has an inlet made up of a double triangle
- d. It is completely formed by two fused bones
- e. It lies between the wings of the paired ileum

4. The plane from the sacral promontory to the inner posterior surface of the pubic symphysis is an important dimension of the pelvis for normal delivery. What is the name of this plane?

- a. True conjugate — to the upper surface (11 cm)
- b. Obstetric conjugate — 10 cm
- c. Diagonal conjugate — from apex of pubic arch to sacral prom.
- d. Bi-ischial diameter
- e. Oblique diameter 12 cm



5. The shape of the escutcheon may change with masculinization. The presence of a male escutcheon in a female is one of the clinical signs of hirsutism or increased testosterone. What is the usual shape of the escutcheon in the normal female?

- a. Diamond shaped — male
- b. Triangular
- c. Oval
- d. Circular
- e. Heart shaped



6. During the performance of a pelvic examination, the area of the Bartholin's ducts should be inspected. Where do the Bartholin's glands' open?

- a. Into the midline of the posterior fourchette
- b. Bilaterally, beneath the urethra
- c. Bilaterally, on the inner surface of the labia majora
- d. Bilaterally, into the posterior vaginal vestibule
- e. Bilaterally approximately 1 cm lateral to the clitoris

Found in Labia Minora beneath bulbospongiosus

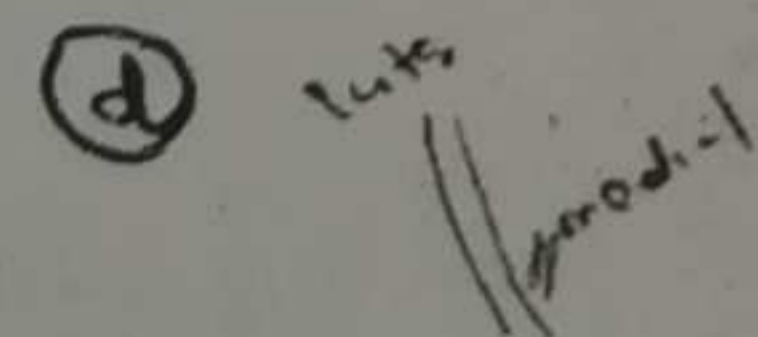
Frn B to maintain the moisture of the vaginal mucosa's vestibular surface.

7. A patient presents approximately 10 years postmenopausal with complaints of pressure vaginally and the sensation that something is falling out. When told she has a fallen uterus, she wonders if it is due to the damage from her round ligaments since she had a great deal of round ligament pain during her pregnancies. Which of the following ligaments provide the most support to the uterus in term of preventing prolapse?

- a. Broad ligament — minimal — ~~ovarian~~ uterine A.
- b. Round ligaments — Terminates at upper border of L. majora.
- c. Utero-ovarian ligaments
- d. Cardinal ligaments
- e. Arcuate ligament

8. When performing surgery, the position of important structure should be well known to avoid injury. What is the ureter's relationship to the arteries in its course through the pelvis?

- a. Anterior to the internal iliac and uterine artery
- b. Posterior to the iliac artery and anterior to the uterine artery
- c. Anterior to the uterine artery and posterior to the iliac artery
- d. Posterior to the uterine artery and medial to the iliac artery



|| =

- e. Posterior to the uterine artery and posterior to the hypogastric artery
- 9. During a hysterectomy, vaginal bleeding may be a significant complication even after removal of the uterus. Such bleeding would most likely originate from which of the following arteries?
 - (a) Internal pudendal
 - b. Superior hemorrhoidal
 - c. Inferior mesenteric
 - d. Superior vesical
 - e. Ovarian

- 10. Anterior vulvar cancer is most likely to spread primarily to which of the following lymph nodes?
 - (a) Inguinal
 - b. Para-aortic
 - c. Obturator
 - d. Femoral
 - e. Ovarian

- 11. Which artery provides the main blood supply to the vulva?
 - (a) Pudendal
 - b. Inferior hemorrhoidal
 - c. Ilioinguinal
 - d. Femoral
 - e. Inferior hypogastric

Pudendal?

- 12. During delivery, which of the following muscles is most likely to be obviously torn?
 - a. Ischiocavernosus muscle
 - b. Bulbocavernosus muscle
 - (c) Superficial transverse perineal muscle
 - d. Levator ani muscle
 - e. Coccygeus

NB

- 13. A woman has a radical hysterectomy and pelvic lymphadenectomy for stage 1 carcinoma of the cervix. After surgery she complains that she cannot adduct her left leg and there is an absence of sensation on the medial aspect of her left thigh. What is the most likely explanation?
 - a. Injury to the obturator nerve
 - b. Femoral nerve injury
 - c. Hematoma in the pouch of Douglas
 - (d) Injury to the uterosacral nerve plexus
 - e. Injury to the pudendal nerve

(d)

- 14. You are counseling a couple about infertility. In your discussion about conception, tubal disease, and implantation, you explain to them that implantation in the uterus occurs at which stage of development?

- a. Eight-cell embryo
- b. Zygote
- c. Morula formation
- (d) Blastocyst

Find the stages

Zygote → Morula → Blastocyst

- mitotic division
- No cell mass
- surrounded by zona pellucida
- solid sphere
- with hollow
- enters uterus

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e. Embryonic disk

15. The labia majora are homologous to which male body part?

- a. Penis - *verruca* *Minora*
- b. Testicle
- c. Foreskin
- d. Scrotum *homologue.*
- e. Gubernaculum testes

16. Worldwide, which of the following is the most common problem during pregnancy?

- a. Diabetes
- b. Preeclampsia
- c. Heart disease
- d. Urinary tract infection (UTI)
- e. Iron deficiency anemia

17. A friend mentions to you she just had a positive pregnancy test and wonders if you can tell her when she is likely due. The LMP was June 30. Her expected date of confinement (EDC) is approximately which of the following

- a. March 23
- b. April 7
- c. March 28
- d. April 23
- e. March 7

Handwritten calculations:
 30 + 7 = 37
 37 - 3 = 34
 34 - 31 = 3rd
 6th
 30 31 →
 + 7
 37
 30
 7 days
 6/3
 3
 March 7th
 April 7th
 30/6
 7/7
 7/4/

18. Using your knowledge of normal maternal physiology, which of the following would you employ if a patient at 38 weeks became faint while lying supine on your examination table?

- a. Aromatic ammonia spirit (smelling salt)
- b. Turning the patient on her side
- c. Oxygen by face mask
- d. Intravenous (IV) drugs to increase blood pressure
- e. IV saline solution

19. The most worrisome sign or symptom of potentially serious pathology in late pregnancy is which of the following

- a. Swollen ankles
- b. Constipation
- c. Visual changes
- d. Nocturia
- e. Heartburn

20. A patient is measuring size larger than dates at her initial obstetric visit at 24 weeks' EGA. She is worried about twins since they "run" in the family. The best method to safely and reliably diagnose twins is by which of the following?

- a. Ultrasonography
- b. Leopold's maneuvers
- c. Auscultation

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- d. X-rays
- e. Computed tomography (CT) scan

21. There is good evidence that a woman who gave birth to an infant with a neural tube defect (NTD) can substantially reduce the risk of recurrence by taking periconceptional folic acid supplementation. What is the recommended dose?

- (a) 0.4 mg - female of childbearing age upper limit 1mg/day PD
 - b. 0.8 mg
 - c. 1.0 mg
 - (d) 4 mg - females with high risk of FH₇ of NTDs
 - e. 8 mg
- 0.6 - Pregnancy 0.5 - Lactating*

22. A 19 year old woman without prenatal care (gravida 1, para 0) in the third trimester of pregnancy arrives in the emergency department. She has presented because of headache and visual change. While being examined, she had a convulsion. You should do which of the following while waiting for the magnesium sulfate bolus to arrive from the labor and delivery department?

- a. Obtain an ultrasound to rule out molar pregnancy
- (b) Prepare to perform an emergency cesarean delivery
- c. Give intravenous (IV) phenytoin
- (d) Protect the patient from self-harm
- e. Obtain a chest film

23. A patient and her husband are extremely anxious about your suggestion that she be given magnesium sulfate for seizure prophylaxis. In assuring her about the safety of the drug, you can emphasize which of the following *patient is pre-eclamptic*

- (a) The drug is rapidly excreted via the kidney *
- b. It is a mild smooth-muscle constrictor and thus safe for the infusion
- c. The drug has narrow margin of safety so that we start off with a lower dose in preeclampsia, and administer it by an IV pump
- d. As a central nervous system (CNS) stimulant it should not deprive her of the awareness of her delivery, unlike barbiturates
- (e) The drug does not cross the placenta and thus should not affect her fetus/infant

24. Which of the following histories might lead you to suspect the existence of diabetes in a patient now pregnant for the third time?

- a. Spontaneous rupture of the membranes occurred during the second trimester in both preceding pregnancies. *PROM*
- b. Jaundice appeared in the last trimester of her second pregnancy *was preeclampsia*
- c. Both preceding infants were premature *preeclampsia*
- (d) Unexplained intrauterine death occurred at 38 weeks' gestation in her last pregnancy
- e. Abruptio placentae occurred in the second pregnancy

25. You are seeing a 28 year old woman (gravida 3, para 2) with suspected UTI. To obtain a urine specimen, which of the following should you order?

- (a) Clean-void midstream urine

- b. Catheterization
- c. Suprapubic tap
- d. 24 hour urine
- e. First morning void

26. An unconscious obstetric patient is admitted to the emergency department in the eighth month of pregnancy with a BP of 60/20 mm Hg and a pulse of 120 per minute. If there has been no vaginal bleeding, which diagnosis may be excluded?

- (a) Abruptio placentae *can be revealed*
- b. Placenta previa *Bleeding is a feature*
- c. Premature rupture of membranes with septic shock
- d. Eclampsia
- e. Amniotic fluid embolism

27. A 28 year old woman noted loss of fetal motion at 36 week's gestation by dates. FHTs were not heard at 40 weeks by dates when the patient was next seen. The uterus measured 30 cm from symphysis to fundus. Which of the following tests would be valuable to perform at this time?

- (a) Maternal serum estriol
- ~~b. Clotting screen~~ *Thrombophilia workup esp if severe abnorm. DIC*
- c. Lecithin/sphingomyelin (L/S) ratio
- d. Karyotype of amniotic cells - *preferred downs* *HCG ↑* *AFP ↓* *serum estriol ↓* *inhib*
- e. Amniotic fluid creatinine

Q 28 and 29

A 23 year old presents at 12 weeks gestation with persistent nausea and vomiting that progresses to constant retching. She has no fever or diarrhea.

28. What is your diagnosis.

- a. Anorexia Nervosa
- b. Morning Sickness
- c. Ptyalism
- (d) Hyperemesis Gravidarum
- e. Gastroenteritis

29. Which of the following is the best choice of therapy for this patient?

- a. Phenothiazines
- b. Hyposis
- (c) IV hydration - *electrolytes*
- d. Psychiatric referral
- e. Outpatient antiemetic therapy

30. A 26 year old Caucasian woman presents for her first prenatal visit. She is 14 weeks pregnant and has a history of a deep vein thrombosis in her left leg when she had taken birth control pills 3 years ago. She was tested and found to be homozygous for factor V leiden. What should you advise the patient?

- a. During pregnancy she is not at increased risk for a deep venous thrombosis (DVT) as long as she is not on bed rest.
- b. Low dose (81 mg) of aspirin should be taken during pregnancy and postpartum.
- c. She should be placed on prophylactic warfarin therapy since she is past the first trimester
- d. She would benefit from prophylactic doses of low-molecular-weight heparin twice a day until 6 weeks postpartum.
- e. Since she has already had one DVT, she should be on therapeutic doses of subcutaneous heparin until after delivery when estrogen levels will fall.

Q 31 and 32

A 17 year old G1P0 woman presents at 25 weeks gestation complaining of headache for the past 36 hours. She has had regular prenatal visits going back to her first prenatal at 8 weeks' gestation. A 20 week ultrasound redated her pregnancy by 2 weeks as it was 15 days earlier than her LMP dating. She has BP of 155/104 mm Hg. *mild preeclampsia*

31. Which of the following is the most important question to ask on history?
- a. Do you have heartburn
 - b. Do you have low back pain
 - c. Are you constipated
 - d. Do you pain have in your right upper abdomen
 - e. Do you have urinary frequency

32. Which of the following would not help to determine her diagnosis?

- a. Baseline or prepregnancy BP ✓
- b. Bilirubin levels
- c. Urine dip for protein ✓
- d. CBC ✓
- e. AST and ALT ✓

Handwritten notes:
 14 → 13-28
 17 → 17
 25 → 25-28
 34/3
 32/3

A 26 year old G1P0 woman presents for a prenatal visit at 34 weeks' gestation. She complains of some mild nausea and vomiting over the past 3 days. She has no headache and no visual changes. Her BP is 142/83 mm Hg. On examination, she has 2+ lower extremity pitting edema, and 3+ reflexes bilaterally with four beats of clonus. A urinalysis dip has 1+ protein.

33. The laboratory test results come back with elevated LFTs, low platelets, a normal hematocrit (Hct), and an elevated LDH. What is her diagnosis?
- a. Preeclampsia
 - b. Eclampsia
 - c. Chronic hypertension
 - d. HELLP syndrome
 - e. GH

A 32 year old G0 woman with type 1 diabetes mellitus (T1DM) presents for a preconception visit. She was diagnosed with T1DM at age 4, and other than some challenges with glucose control during her

Handwritten number: 3

teen age years, she generally has good control per her report. She uses a subcutaneous insulin pump. She has no history of retinopathy, renal disease, heart disease, proteinuria, peripheral neuropathy, or any other medical conditions. On examination, she is 5'6" tall and weighs 70kg. Her BP is 128/76 mm Hg.

34. During your counseling, which of the following do you NOT mention that she or her fetus is at risk for during pregnancy?
- a. Preeclampsia ✓
 - b. Congenital abnormalities ✓
 - c. Breech presentation ✓
 - d. Cesarean delivery
 - e. Fetal macrosomia ✓
35. You order a laboratory test and her HgbA_{1c} returns at 11. You advise her which of the following
- a. She should go ahead and start trying to get pregnant
 - b. She should aggressively try to lower her HgbA_{1c} to less than 9 to reduce the risk of preterm birth
 - c. She should aggressively lower her HgbA_{1c} to less than 5 in order to reduce her risk of preeclampsia
 - d. She should aggressively lower her HgbA_{1c} to less than 7 to reduce her risk of congenital anomalies
 - e. She should go ahead and start trying to get pregnant, but also slowly reduce her blood glucoses with a HgbA_{1c} target of less than 9

36. A 24 year old para 1+0 last delivery SVD presents at labour ward. She has 3 contractions every 10 minutes each lasting 30 seconds, fetal heart 130 beats per minute regular. Cervical dilation is noted to be 8 cm, no caput, no cord and no moulding. Liquor is noted to be meconium stained grade II. Your next course of action will be:

- a. Start oxytocin ✓
- b. Give ergometrinex
- c. Allow labour to progress ✓
- d. Perform vacuum delivery immediately ✓
- e. Undertake emergency caesarean delivery

→ caesarean delivery
to segment
1st

1. If cervix is 2-3cm dilated
2. Spontaneous lower segment

37. A patient in 2nd stage, has had 2 pushes but the fetal head is not emerging from the introitus despite having crowned, you note she has type III FGM. Fetal heart rate monitoring reveals bradycardia after the last push. Your next course of action will be.

- a. Oxytocin in drip
- b. Prostaglandin pessary
- c. Episiotomy ✓
- d. Vacuum delivery
- e. Emergency caesarean section

38. A 30 year old para 0+0 with cardiac disease in pregnancy goes into labour at 40 weeks. Examination reveals her general condition as stable, fundal height term cephalic presentation

and a cervical dilation of 3 cm. She has been on lasix and digoxin during the antenatal care. Which of the following statement regarding her management is true.

- a. Digoxin should be stopped
- b. Lasix should be stopped
- c. Intravenous fluids should be commenced.
- d. Elective vacuum delivery should be planned
- e. Emergency c/s should be undertaken

RB
32-78
FBS
3.2-6.1

0.971
7.11.1 = diab
7.8 - 11.1 = glucose int

39. Regarding gestational diabetes mellitus, the best time to screen for it during pregnancy is

- a. Four to six weeks
- b. Six weeks to fourteen weeks
- c. Fourteen weeks to twenty weeks
- d. Twenty weeks to twenty four weeks
- e. Twenty four weeks to twenty eight weeks

24-28wk

4 PRONGS
Baccalcepti APPROACH OF PMTCT
→ case
PRONG 1 → PROPHYLAXIS
PRONG 2 → PROPHYLAXIS AND HIV USE
PRONG 3 → MATERIAL DIL. TRAINING
PRONG 4 → TREAT OF HIV

40. Which of the following depicts prong 1 of PMTCT

- a. Discordant couple where the positive male partner is put on ARV
- b. The use of ARV by a pregnant mother → Prong 3
- c. The use of elective caesarean section to avert vertical transmission
- d. The use of contraception by a HIV infected mother
- e. The linkage of the HIV infected mother after delivery to a HIV care centre

41. A 28 year old para 0+0 at 28 weeks gestation has been in the ward for the last one week with a diagnosis of preterm prelabour rupture of membranes which one of the following is an indication of immediate delivery

- a. A repeat white blood cell count of 5×10^9 with a baseline of 4×10^9
- b. Fetal heart rate of 150 b.p.m from a baseline of 155 bpm
- c. Increase in the number of pads from 2 initially to 3 in 24 hours
- d. Lower backache
- e. Lower abdominal tenderness

FROM
4-10-10

42. 20 year old para 0+0 presents at 36 weeks gestation with complaints of drainage of clear fluid. Examination revealed a fundal height of 36 weeks, cephalic presentation, fetal heart 140 bpm regular, cervix 3 cm dilated and clear liquor. Which one of the following would be appropriate in her management.

- a. Insert prostaglandin pessary
- b. Commence oxytocin drip
- c. Administer salbutamol
- d. Administer indomethacin
- e. Undertake emergency C/S

→ steps 1-6

43. A 34 year old para 0+0 at 32 weeks gestation presents at labour ward 2 hours ago. In the process of speculum examination, the findings are normal pelvic examination and a cervix 3cm dilated. At the end of examination, profuse bleeding is noted. What will be your next course of action.

- a. Start oxytocin drip
- b. Insert prostaglandin pessary

- c. Take her for pelvic ultrasound
- d. Perform artificial rupture of membrane
- e. Take her for emergency caesarean section

e. *proceeds abruptly*

44. When a patient has post-partum hemorrhage due to retained placenta, the management includes

- a. Conservative management to wait for spontaneous expulsion
- b. Waiting for another 30 minutes for spontaneous expulsion
- c. Manual removal of placenta in theatre *→ painful After active MFLS*
- d. Injection of ergometrine to assist with expulsion
- e. Injection of methyl F2α to assist with expulsion

c. *↓ vaginal removal*

45. A 36 year old para 3+0 (all term SVD) presents at 35 weeks gestation in labour. Ultrasound done 1 week previously revealed 1st twin cephalic & estimated fetal weight 2600 grams and 2nd twin in breech & estimated fetal weight of 2200 grammes. Pelvic examination revealed cervical dilatation of 5 cm, clear liquor, no cord palpated. How would you proceed in her management

- a. Start magnesium sulphate and betamethasone
- b. Undertake emergency caesarean delivery
- c. Do external cephalic version for the second twin and allow labour to proceed
- d. Deliver the first twin SVD then second twin through c/s
- e. Allow labour to continue and aim at vaginal delivery for both babies

46. The following statements are true regarding laparoscopy EXCEPT

- a. Accessory points creation has less risk of visceral injury compared to primary points
- b. Laparoscopy gives a more panoramic view compared to laparotomy
- c. Monopolar diathermy is more risky than bipolar
- d. Veress needle has a safety spring load mechanism
- e. Ergonomics dictate a higher table position compared to laparotomy

47. A 16 year old presents with complaints of severe right abdominal pain that has become progressively worse since the onset of menses 3 years ago. The pain is no longer responding to

NSAIDs. The next step in her management is

- a. Take maximum dose of NSAID
- b. Refer her to a psychiatrist
- c. Start combined oral contraceptives
- d. Obtain a pelvic ultrasound
- e. Undertake laparoscopic evaluation

48. In determining if one is female or male, physical sex encompasses the following EXCEPT

- a. Chromosomal sex
- b. Gonadal sex
- c. The internal sex organs
- d. The external sex

e. A child with a female body raised as a girl will always learn to consider herself female

49. The following is true concerning gender and sex

no. 11/05/2015
a. Femininity or masculinity is determined on the basis of certain physical and emotional Qualities ^{psychological} that are nurtured in one sex and discouraged in the other

~~b. Most individuals clearly conform to the gender appropriate to their physical sex~~
~~c. Sex of assignment and rearing is never in conflict with sexual self-identification~~
~~d. A child with a female body will always be raised as a girl~~

e. Contradiction between one's assumed gender and the physical sex resulting in complete inversion is known as transvestism ^{Genderbender} ^{Pathol} ^{assume gender that contradicts their physical sex}

50. In human sexual dysfunction, which of the following statement is correct

~~a. Secondary erectile dysfunction (ED) is more common than primary (ED)~~ ^{2nd is secondary}

b. Organic causes are the most common causes of secondary erectile dysfunction ^{primary} → DM

c. Generally, management of sexual dysfunction involves replacement of welfare emotions with emergency emotions

~~d. Phosphodiesterase 5 inhibitors mechanism of action is through increase of levels of 5' GMP~~ ^{cGMP}
e. None of the above

51. For a woman to be able to use lactation amenorrhoea method of contraception, the following 3 criteria should be fulfilled

a. Baby less than 9 months old and exclusively breastfed with menses not having resumed

b. Baby less than 6 months old exclusively breastfed and the periods have not resumed

c. Baby if more than 6 months old exclusively breastfed and the period have resumed

d. Baby at least 6 months old started on complementary feeds and periods have not resumed

e. Baby if less than 3 months old, exclusively breastfed and periods have resumed

52. Use of family planning methods influences population dynamics through effect on fertility viz:

~~a. Delay in initiating childbearing~~

b. Attainment of optimum birth intervals (1-2 years)

c. Failure to attain desired family size

d. Not limiting size

e. No effect on perinatal, neonatal infant and under five mortality

53. A 46-year old is diagnosed to have endometrial cancer stage I. the most appropriate treatment will be

a. Total laparoscopic hysterectomy

b. Vaginal hysterectomy with bilateral salpingo-oophorectomy

c. Administer tamoxifen

d. Total abdominal hysterectomy, bilateral salpingoophrectomy, bilateral pelvic and paraortic lymphaderectomy ^{stages of admetrol}

e. Supracervical abdominal hysterectomy and bilateral salpingoophorectomy

54. A 70-year old postmenopausal woman is referred due to pelvic mass on u/s and elevated a-CA-125. Further examination revealed a readily palpable mass that is mobile. The most appropriate next step in her management will be

a. Thoracentesis for staging

b. Exploratory laparotomy

c. paracentesis

4

- d. Laparoscopy for diagnosis
- e. Neoadjuvant chemotherapy

55. A 20 year old para 0+0 presents with a 2 days history of fever and left lower quadrant abdominal pain one day after her menstrual period. A culture from endocervix grew neisseria gonorrhoea. What is a common sequelae of the above when treated is delayed:

- a. Cancer of the cervix ✓ → HPV
- b. Infertility ✓
- c. Urethra stricture
- d. Uterine leiomyoma
- e. Vaginal fistulae → H. ducreyi

56. Which of the following conditions in HIV infected person suggests the greatest degree of immunosuppression

- a. Recurrent vaginal candidiasis
- b. Oral candidiasis III
- c. Generalized peripheral lymphadenopathy Stage I
- d. Recurrent upper respiratory tract infections II
- e. Skin rash II

STAGES OF HIV → Stage I
 ↓ (only Rule)

57. The commonest cause of infertility in Kenya is due to

- a. Testicular varicocele
- b. Polycystic ovarian disease
- c. Mumps orchitis
- d. Fallopian tube blockage
- e. Adenomyosis

→ Btwn 06 & 10 20

58. A patient with a regular 28-day cycle is to undergo HSG for evaluation of her infertility. Which is the appropriate day for evaluation

- a. Day 1 ✓
- b. Day 3 ✓
- c. Day 9 ✓
- d. Day 15 ✓
- e. Day 21 ✓

done between day 6-10, prophylactic antibiotics → 1 day before (2-7 days) normal. 9 days - post - mence
 Contraindication:
 1. Pelvic infxn
 2. Hydronephrosis
 3. Adnexal mass
 4. Pelvic tenderness
 5. Pregnancy

59. The following can be used to alleviate symptoms arising from uterine fibroids EXCEPT

- a. GnRH analogues
- b. Danazol
- c. Ferrous sulphate
- d. Anabolic steroids
- e. Combined oral contraceptives

ANDRUGEN
 Accutane
 or b - clomiphene → as ovarian steroidogenesis
 - Danazol → displacer testosterone
 progestosterone
 pilosities & can cross infxn

60. Which of the following scenarios regarding uterine fibroids is least likely to cause infertility

- a. Subserosal at fundus ✓
- b. Cornual intramural
- c. Fundal intramural

(a)