UNIVERSITY OF NAIROBI COLLEGE OF HEALTH SCIENCES DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

TERM 1, 2015 MBChB YEAR FOUR MCQ EXAM

DATE: Friday 5th June 2015

TIME: 8.00 AM - 9.30 AM DURATION: 1hr 30 min

INSTRUCTIONS TO STUDENT

- For each question you are provided with five options, ONLY one answer is
- Answer on the separate answer sheet provided 11. III.
- There are 100 questions, attempt all questions IV.
- Write your admission number on the answer sheet
 - 1) The following are primary groups of lymph node chains that drain the cervix **EXCEPT**
 - (A) Common iliac nodes
 - B. Parametrial nodes
 - C. External iliac nodes
 - D. Paracervical or ureteral nodes
 - E. Sacral nodes
 - 2) Which of the following correctly describes the anatomical portions of the fallopian tube from the most lateral to medial
 - Interstitial, isthmus, ampulla, infundibulum A.
 - Infundibulum, ampulla, interstitial, isthmus B.
 - Interstitial, ampulla, infundibulum, isthmus C.
 - Infundibulum, ampulla, isthmus, interstitial (D)
 - Interstitial, ampulla, isthmus, infundibulum 3) The first evidence of pubertal development in the female is
 - A. Onset of menarche γ
 - B. Appearance of breast buds
 - C. Appearance of axillary hair,
 - D. Appearance of public hair,
 - Onset of growth spurt
 - 4) Delayed puberty is associated with all of the following except,
 - Breast budding is still absent by age of ten
 - 5 years have elapsed between the onset of breast budding and the expected menarche
 - Menarche is delayed beyond 16 years of age
 - Menarche is more than 2 years after breast budding C.
 - FSH is greater than 40 mIU/mL at age 16 D. _E.

minto

Maa.

Morsh

| 5) What are the products of conception called prior to implantation? |
|---|
| 5) What are the products |
| A. Embryo y |
| B. Fetus 1 |
| · C. Ovum 4 |
| D. Zygote |
| E. Implant y |
| The morula -8 A. Metabolises gluocose in preference of pyruvater A. Metabolises gluocose in preference of pyruvater A. Metabolises gluocose in preference of pyruvater (16) |
| A. Metabolises gluocose in protective of pyruvater B. Remains totipotent to the 8-cell stage. B. Remains totipotent specialization at the 4-cell stage. |
| B. Remains totipotericallular specialization at the 4-cell stage. C. Undergoes intracellular specialization at the 4-cell stage. |
| C. Undergoes intracential by the 4-cell stage. D. Enters the uterus after 5-6 days. D. Enters the uterus application at the 8-cell stage and because |
| D. Enters the uterus and pellucida at the 8-cell stage and beyond policy. Breaks through zona pellucida at the 8-cell stage and beyond policy. The fetus, which of the following has the greatest transverse. |
| 7) In the fetus, which of the greatest transverse |
| diameter- A. Occipitofrontal 90 |
| |
| C Occinitomental V |
| D. Suboccipitobregmatic |
| - Ditamporal |
| 8) During pelvic assessment of an obstetric patient, a closed fist was |
| placed in the political, and the series was being incasured |
| except? |
| A. The intertuberous diameter / |
| B. The transverse diameter of the pelvic outlet A clinically insignificant diameter of the pelvic outlet (9) |
| A clinically insignificant diameter of the pelvic outlet / (9) C D. The diameter should be greater than 8 cm in an adequate pelvis / |
| E. If the diameter is 6 cm then the pelvis is inadequate |
| |
| Option list for question 9 to 13; from the list given A to E, choose the |
| most likely action for the scenarios given. Write the letter that |
| corresponds to the correct option in the answer sheet. One option |
| can be used more than once |
| A) Uterine vein |
| B) Right ovarian vein |
| C) Left ovarian vein |
| D) Uterine artery |
| 9) Arises from the |
| 9) Arises from the anterior branch of the hypogastric artery |
| 10) Drains into the int |
| 10)Drains into the internal iliac veins |
| 11) Drains into the int |
| 11)Drains into the inferior vena cava |
| 12)Arise from the abdominal aorta |
| 13) D |
| 13)Drains into the left renal vein |
| C. renal vein |

| 14) Normal | Testicular feminia u |
|-------------------|---|
| seen in | with minimal |
| Α. | Tools or absent pubertal development may be |
| (B.) | Testicular feminization Kallman syndrom |
| C. | Kallman syndrome Pure gonadal |
| D. | Pure gonadal dysgenesis Turner syndrome |
| E. | |
| 15) How man | athletic training |
| from the | intermittent athletic training ly days does the human pregnancy last on average counting first day of the menstrual cycle 260 387 |
| Α. | 260 of the menstrual cycle |
| B. | 40 38 P |
| | 270 |
| D. | 280 |
| F. | 290 |
| . | 245 |
| thyroxine | restational age in weeks does the feture begin to produce |
| | |
| 1 | 7 to 8 |
| р - В. | 10 to 12 ⁄ |
| <i>J</i> C. | 14 to 16 |
| D. | 22 to 24 |
| E. | 25 to 26 |
| 1/)What is t | he name of painless irregular uterine contractions that |
| begin ear | rly in the gestation |
| A. | Braxton Hicks |
| B. | Casely Alexander |
| C. | McRoberts |
| D. | Shermans |
| / | McDonalds |
| √/8)At what le | evel does compression of the ureters by the gravid uterus |
| occur? | |
| A. | Bladder trigone∜ |
| В. | Pelvic brim * |
| © | Sacrospinous ligaments |
| | Ureterovesical junction |
| (/ D. E. | infundibulopelvic ligament. |
| 10\\A/hat is th | ne average uterine weight without fetus and products of |
| 19) VVIIat is u | n at term |
| conception | 200g |
| A. | 450g |
| ® C. | |
| C. | 780 g |
| D. | 11009 |
| = | 4000g |

| 20)What is the | bluish hue of the vaginal mucco | | |
|---|---|--|--|
| 20) What is the bluish hue of the vaginal mucosa that occurs in | | | |
| A. | Berry sign | | |
| ABO | Chadwick sign | | |
| C. | Hoffmans signy | | |
| | McDonnell sign | | |
| D. | A learmone sign | | |
| E. | ation stress test all of a | | |
| 21)In a contra | ction stress test, all of the following may be a source of | | |
| contraction | Overtooin // | | |
| A . | Oxytocin/ | | |
| B. | Fundal massage | | |
| c. | Nipple stimulation | | |
| | Spontaneous onset | | |
| E. | All of the above | | |
| 22)Sonograp | hic evidence of an ectopic pregnancy in the | | |
| following | hic evidence of an ectopic pregnancy includes which of the | | |
| · A. | Adnexal mass 🗸 | | |
| | Fluid in the cul de sac | | |
| Ž. | Lack of intrauterine gestational sac | | |
| D. | Fluid in the peritoneal cavity | | |
| C E. | All of the above | | |
| . | 7 III OI LIIC ADOVE | | |
| 23)What is h | aseline fetal bradycardia | | |
| A. | oco then 00 had | | |
| В. | Less than 90 beats per minute | | |
| | Less than 100 beats per minute | | |
| D. | Less than 110 beats per minute | | |
| Б. F | Less than 120 beats per minute | | |
| 10 | Less than 130 beats per minute | | |
| maneuve | the cardinal movements of labor (in order, starting with first | | |
| A. | ·/ _ | | |
| Α. | Descent, engagement, flexion, internal rotation, extension, | | |
| / _D | external rotation, expulsion | | |
| В. | Dog and the state of the state | | |
| | external rotation expulsion | | |
| | Engagement, descent, flexion, internal rotation, extension, EFDIE | | |
| 8 | external rotation, expulsion | | |
| V. (10) | Engagement, flexion, descent, internal rotation, extension, | | |
| | external rotation, expulsion | | |
| E. | NODO - CU | | |
| MA 25) The nitra | Allia tool f | | |
| which of | the following is present | | |
| A. | Candida Spresent | | |
| B. | | | |
| <u>(C)</u> | vagilial bleeding » | | |
| OD. | ocivical milicus | | |
| E. | Godfit amniotic fluidy | | |
| | A lot of amniotic fluid | | |

| 26) What is the n | rimary mechanism of placental s | wrtw. |
|-------------------|---|-------------------------|
| Α , | mechanism of placental s | ite hemostasis |
| В. | Vasoconstriction by contracted myo | metrium» |
| C. | Prostaglandin secretion | 1100110111 |
| ٥. ا | Maternal hypotension | |
| D. 1 | Decreased | |
| Æ.`) | Reduction Cardiac output | |
| 27) The active m | Reduction in progesterone levels | |
| following | anagement of labor does not incl | ude which of the |
| | | |
| | Amniotomy as needed / | |
| 9 | Commitment to deliver within a certa | ain timeframe |
| <u> </u> | Oxylocin augmentation / | |
| Б. | repeated vaginal examination | |
| E. | Walking during first stage of labor | |
| | | |
| 28)The definition | n of the puerperium describes wh | ich of the following |
| time periods | ? | |
| A. | Up to 2 weeks following delivery | |
| R | In to 1 weeks following delivery | |
| (P) | Up to 6 weeks following delivery | |
| D | Up to 6 weeks following delivery Up to 12 weeks following delivery | |
| D. | Up to 18 weeks following delivery | |
| E. | relationship of the long axis of the | retus to that of the |
| mother calle | relationship of the long. | |
| | Presentation to Like | |
| A. | Lie / | 1/ |
| B | Attitude <i>y</i> | 11 |
| C . | Posture r | ()- France |
| D. | | |
| E. | Descent Sallowing hest describes a complete | ete breech |
| 30) Which of th | e following best describes a compl | ete breech Vinam |
| presentatio | n Lower extremities flexed at the hips | and extended at the |
| (A) | | |
| | Lower extremities flexed at the hips | and one or both knees |
| ∤ ≻ B. | flexed by hins not flexed or both t | |
| | flexed One or both hips not flexed or both to | feet or knees below the |
| C. | 1. 30 | |
| | - C - + (D 1116 D) - (| |
| D. | Nana of the above | |
| E. | None of | I f C of |
| | wing which is the most sensitive to | ol for diagnosis of |
| 31)Of the folio | etation | |
| multiple ge | Dadiography | |
| - \ | · Wasconography | easurement |
| В. | Ultrasonography Maternal serum alpha-fetoprotein m | in measurement |
| C. | Maternal serum alpha-fetoprotein m Maternal serum alpha-fetoprotein m Serum human chorionic gonadotrop None of the above | |
| D. | None of the a | |

| | the profe- | | | |
|--|--|--|--|--|
| 32) Which of the following is the preferred method of delivery for severe abruption with fetal demise? Vaginal delivery | | | | |
| 32) Willer or and | th fetal demise? | | | |
| abruption w. | Vaginal delivery | | | |
| Α. | adjate cesarean deliver | | | |
| D. | - roon delivery following to | | | |
| C. | Cesarean delivery following blood replacement | | | |
| ► (D) | Cesarean delivery following blood replacement Cesarean delivery following cryoprecipitate replacement | | | |
| D C: | None of the above | | | |
| L. . | | | | |
| | most common cause of disseminated intravascular | | | |
| 33) What is the | ny (DIC) in pregnancy | | | |
| coagulopau | (Service) | | | |
| Α. | Seds: T | | | |
| B. | Fetal demise | | | |
| C. | Placenta previa | | | |
| | Vasa previa y | | | |
| D. | Placenta abruption / | | | |
| | Placema abruption | | | |
| | | | | |
| 34)Following v | aginal delivery, bright red bleeding that continues despite | | | |
| a well contr | acted uterus is most likely due to | | | |
| A. | Uterine rupture | | | |
| | Detained placents is | | | |
| B. | Retained placenta p | | | |
| © D. | Vaginal lacerations | | | |
| Ď. | Thrombocytopenia | | | |
| E. | Uterine atony | | | |
| | 4 | | | |
| 35) Propostal tre | natment of the following reduces the risk of proterm hirth | | | |
| | atment of the following reduces the risk of preterm birth | | | |
| Α. | Bacterial vaginosis ** | | | |
| B. | Chlamydia trachomatis y | | | |
| C. | Trichomonas vaginalis. | | | |
| C D. | None of the above | | | |
| | All at the above | | | |
| | All of the above p | | | |
| 00\== | total and a selection of the selection o | | | |
| 36)Manageme | ent of preterm labor prior to 34 weeks gestation should | | | |
| include wh | ich of the following | | | |
| Α. | Combined the state of the state | | | |
| В. | Consideration of tocolytics to delay delivery briefly Antimic to prevent group B streptococcus | | | |
| | Consideration of tocolytics to delay ucitory astrontococcus | | | |
| C. | Antimicrobial prophylaxis to prevent group B streptococcus | | | |
| | infection 7 | | | |
| (D) | All of the | | | |
| Ē. | All of the above | | | |
| - . | None of the above | | | |
| | | | | |

| 37)Which of the | following is the most common po | |
|----------------------|---|------------------------|
| of precipitor | Is labor the most common po | stpartum complication |
| B. C. D. E. | Hemorrhage Endometritis Poor rooming in Vulvar hematoma None of the above | · Spending |
| 38)The greates | t percentage | • |
| of the follow | t percentage of uterine rupture is a | ssociated with which |
| B. C. | External version Prior cesarean delivery Prior uterine dilatation and curettage Fundal pressure in second stage None of the above | à |
| 39)What is the | commonest cause of primary caes Malpresentation | arian section delivery |
| Λ. В. | Malpresentation Placenta abruption Prematurity Dystocia – abnormal labor Placenta previa | arian section delivery |
| 40)The pathopi | nysiology of preeclampsia is charac | cterized by |
| B C. | Vasospam V | cterized by |
| 41)Which of the | e following is not a risk factor for ge | estational diabetes |
| B. C. D: E. | Age more than 24 / Prior macrosomic infant Prior still birth A sister with diabetes Maternal obesity | - Carrier Glabetes |
| 42)Which of the | e following is a nearly universal cha | Bracteristic of |
| endocarditis | 5 | |
| A | Fever p | |
| B. | Syncope | |
| C. | Headache / | |
| D. E. | Scleral petechiae _y All of the above | |

| 1000011- 6-11 | wing which finding is part of the |
|-------------------------------|--|
| 43) Of the follo | Local trauma Local trauma |
| Λ. | Ctacis C |
| В. | Livrercoadulpatny V |
| C. | All of the above |
| ØD. | None of the above |
| E. | he following is a change observed in the urinary tract |
| 44)Which of t | he following to be userved in the urinary tract |
| during Pie | Dilatation of renal calyces, pelves, and ureters |
| Α. | basesed predisposition to personal ureters |
| В. | |
| C. | Increased vestoodiethal reflux |
| | All of the above |
| E. | None of the above |
| | |
| 45)Which of t | he following increase markedly during pregnancy |
| Α. | THY Old Dirighting Globulli (1861) 471 E. |
| B. | Thyrotropin releasing hormone (TRH) |
| C. | Inviormonin (15H) (6 |
| $\langle \mathcal{O} \rangle$ | None of the above thoturnlan |
| Ē. | All of the above |
| | 7.11 01 1.10 0.20 0.20 |
| 46)What is the | e term for no visible fetus in the gestation sac? |
| AS) | Blighted ovum |
| В. | |
| C. | Miscarriage / |
| | Septic abortion |
| D. | Polar body po |
| E. | None of the above |
| 47/10/1 | X3 |
| 4/)What the d | ommonest tubal ectopic pregnancy implantation site |
| A. | Fimbria |
| $^{\circ}$ | Ampulla / |
| C. | Isthmus |
| D. | Cornua |
| E. | All the above have an equal risk |
| 48)Which of t | he following pregnancy complication is the most common |
| in women | With chree: |
| Α. | with chronic renal insufficiency |
| | Allernia |
| (A) | Fetal growth restriction |
| B. © D. | rieeclamnsia / |
| E. | rielerm delivery |
| | Premature rupture of membranes |
| | |

| of here | fallowing | * |
|------------------|---|-----------------------------|
| or neparin | following is given to reverse the a | inticoagulation effects |
| B. C. | Vitamin E Vitamin K | |
| 50)When is hon | Vitarnin C | |
| Commen. | rt failure and cardiac related mate | rnal death most |
| B. | First trimester, Second trimester, Third trimester, Peripartum, All of the above | |
| 51)The following | a je truo obout | (DMC) |
| A. | g is true about premenstrual sync | rome (PMS), except |
| B. | PMS can occur in both ovulatory and Behavioral symptoms are recognized the potions. | ed as overreactions by |
| C. | Hormonal levels and prostaglanding | s have been implicated in |
| D. | the etiology of PMS Elimination of coffee and caffeine h | as brought relief to a |
| <u>E.</u> | number of women with PMS/ B-endorphin levels are normal | |
| 52\The followin | ng are true regarding dysmenorrh | ea except. |
| A. | It is classified as primary if it is not pelvic pathology | related to detectable |
| B. | It incapacitates, if untreated in 10% | of menstruating women $ ho$ |
| C. | the usually occurs in ovulatory cycles | SX |
| O | tatique and headache usi | Jally accompany PMS |
| E. | It is caused by psychologic factors | in a major proportion of |
| Ļ. | cases / | |
| 53\Which of th | a uning is likely to occur after | bilateral tubal ligation |
| A. | New onset dysmenorrhea | |
| В. | Inter menstrual bleeding | |
| C. | Menorrhagia Unchanged menstrual bleeding Unchanged menstrual bleeding | |
| () | Unchanged menoral blooding | |
| Æ. | None of the above | |

| of the female suitable con the correct (| patient below seeking contraception, select the most traceptive method. Write the letter that corresponds to option in the answer sheet. One option can be used more | e |
|--|--|----|
| than once A) Oral cont | raceptives dovice | |
| A) Ural College | ne contraceptive device | |
| C) Condomiz | | |
| D) Tubal liga | MIOIT | |
| E) Rhythm. | | |
| 54)A 17 year of | d high school student planning to start a sexual | i |
| 55) A 17 year o | d girl living with a h <u>eterosex</u> ual bo <u>yfr</u> iend | |
| 56)A married 2 pregnancy, | 2 year old woman, para 2+ 1, with an history of ectopic who is planning to get pregnant in 2 months | |
| | ld, para 3+0, heavy smoker with reduced functional her lungs due to chronic obstructive lung disease | |
| | old, married nulliparous woman with a recent history of thrombophlebitis | |
| | O C | |
| 59)The follow | ing is false about peripheral conversion of androgens to | |
| estrogen i | Monopolico | |
| A. | It is dependent on the amount of body fat | |
| В. | it accounts for the reduced rates of osteoporosis in obese | |
| C. | menopausal patients / It may cause uterine bleeding, endometrial hyperplasia and | t |
| | adenocaroinomo | A. |
| 9 | Menopoused assertions are worse in obese wonter | |
| E. | It occurs at a rate dependent on the woman's age | |
| 60)Bilateral o | varian these total and a molar pregnancies are | |
| associated | with a greater risk of | |
| | Gestational hypertension in lutary | |
| B. C. | MIGLET 121 thurstaviancie | |
| | Cophoblastic tissue embolization | |
| Ē. | Gestational trophoblastic neoplasia Gestation diabetes in future pregnancies | |

| O I) Diagnosis o | f-deet-4: | |
|-------------------|--|--------------------------|
| determined | f gestational trophoblastic neoplasi | a is typically |
| A. | CT ima | |
| B. | CT imaging p | |
| | | |
| D. | Tissue histology | |
| E. | Joiled Byamin - 1: | |
| | MRI SAMINATION |). |
| MA | ng is true about the human pituitary Oxytocin is produced from the pars n | 1 \$ T Poster/ |
| B. | | |
| C. | 1 19 Ulford from the nesterior | hillitaly lobe |
| 0. | - 9 acting ISH is produced in the fi | osterior lobe and stored |
| D | " the differior lobe > | |
| D. | duenohynonhynic contains the n | araventricular and |
| | Supraoptic nucleus | |
| E. | CAVIDICID IO CO (1 () (150 | secretion mechanism X |
| os) i ne superfic | lat inguinal lymph rade drains the | following structure: |
| | vulva 🗸 | |
| \mathcal{X} | Cervix p | |
| C. | Upper third of the vagina ₽ | |
| D. | Fallopian tubes <i>♀</i> | |
| E. | Abdominal wall above the umbilicus | . |
| 64)The following | ig is correct about the endometriun | on the 20th day of a |
| normal 28 d | ay cycle | r |
| A | Basal nuclei are seen | Folp-son |
| B. | High mitotic figures are present | 7 |
| C. | Nuclei pseudostratification is present | Forp |
| α | Tubular glands are present | , |
| Æ. | There is thinning of the stroma | |
| 65)The followin | ng is incorrect about the Hypothalar | no→ nituitarv→ |
| ovarian axis | .9 | p.tarary > |
| (A.) | Progesterone is a principal hormone | produced in the |
| A.) | follicular phase | produced in the |
| A D | Progesterone follows the release of | leutinising hormone |
| A B. | Leutinising hormone surge triggers a | hinhasic basal body |
| C. | temperature change | Dipilasic basai body |
| | Increased Prolactin level suppresses | Ovulation |
| D. | - the service elaborated from the con | nua lukarum |
| E . | effectively suppresses lactati | on and team |
| 66) Which horr | none effectively suppresses lactati | וש |
| A: | Ploladin | |
| | Estrogen ** | |
| | Growth hormone. | |
| ©. D. | Thyroxine y | |
| F. | Insulin | |
| | | |

| | | ausal combination hormone replacement therapy is with an increased risk of all the following, except |
|------------------|-----------------------|---|
| 67) Postme | enopa | with an increased risk of all the following, except |
| associa | ated \ | Lan Canton |
| asse (A) | | act cancel |
| В. | | Heart disease Heart disease |
| (A) B. C. | | Heart disease Pulmonary embolism Pulmonary with interest |
| D. | | a lia hieeding will illiact itam. |
| E. | | is an example of germ call turn |
| 68) The fo | llowi | ing is an example of germ cell tumor of the ovary |
| Α. | | Teratomas |
| B | | Endometriod tumor |
| C. | | Brenner tumoro |
| D. | | Gynandroblastoma y |
| Ε. | | for endometrial tumors are: |
| | | Delayed menarches |
| A | · · | Combined oral contraceptive pills |
| | | Child bearing p |
| | | Diabetes p |
| | | Simple endometrial hyperplasia |
| 70) Which | etat | ement is incorrect on prophylactic human papilloma virus |
| (HPV | Vac | cination in prevention of cancer of the cervix |
| ——A | | Best administered prior to sexual activity in adolescence |
| | 3. | Prevents infection with bivalent and quadrivalent HPV |
| | | preparations |
| | C . | Prevents development of HPV16,18 associated CIN2 and |
| Í. | | CIN 3 |
| | D . | Prevents adenocarcinoma in situ/ |
| | | Digene test cannot detect the HPV subtype |
| 71)Delay | ed p | uberty should be suspected if |
| F | ۹. | The onset of menarche has not occurred by 17 years |
| · E | В. | Two years have elapsed from the onset of breast budding |
| | _ | and the expected manarche |
| | C. | Breast buddies to a not occurred by 14 years |
| L | D. | Onset of menarche has not occurred in a respective |
| Ä | Ê.) | attleletic |
| 72)The f | | All of the above |
| prima | WOILD | ving is not an important investigation in an |
| | A. | menorrhea Thyroid function tests in lowering prolactin levels Follicular stimulating hormone levels |
| | . _{ч.} В. | hyroid function tests in lowering production |
| _ | C. | Follicular stimulating hormone levels |
| 1) _(| D | I d livaroxylase progestelone . |
| // | É. | |
| | | Transvaginal scan |
| | | |

| 73) Ca- 125 is u | Sed has | |
|---------------------|---|---------------------------------------|
| Ą. | Carcinoma the cervix | |
| B. | Carcinoma the continue | |
| Ø, | Odi Cinoma | |
| D. | Carcinomo es alle vulva | |
| E | Carcinoma of the ovary | |
| 74) Psammom | Carcinoma of the ovary Carcinoma of the endometrium Carcinoma of the postnasal space bodies are seen in: Papillary server | Mill water |
| A | Dodies are postnasai space | |
| A. B. | Papillary so- | |
| C. | Dysgerminomas A | |
| | Mucinous cycle | |
| D. | Granulosa cell tumor | |
| E | Dermoid cyst | c k |
| (5) Which caus | e of amenand | escendany nituitany |
| disorder: | e of amenorrhea is classified as a | secondary pituitary |
| A. | Kallman | • |
| В. | Kallman syndrome | drama |
| © D. | Mayer- Rokitansky- Kuster Hauser | synarome |
| Ď | Sheehans syndrome | |
| F. | Pituitary adenomas | |
| | Turners syndrome | |
| , o) will cli state | ment is true relating to sexually tr | ansmitted infections |
| Λ. | Gonormes is symptomatic in wome | M = |
| B | Lower abdominal pain may indicate | presence of pelvic |
| | inflammatory disease | |
| C. | Gonorrhea infections in the fallopia | n tube result in exotoxin |
| | mediated events that result in cell of | leath |
| D. | Pelvic inflammatory infections with | Chlamydia infections in |
| | women are symptomatic | |
| E. | None of the above | |
| 77) Which of th | ne following statement is not true: | |
| (A) | "Strawberry appearance" of the ce | ervix is associated with |
| | trichomonas vaginalis infection > | |
| n | "Match stick spots" are associated | with nelvic endometricsis |
| В. | "Retort shape" is associated with h | ude hydrocalphiny of the |
| C. | | age hydrosaiphilix of the |
| | tube "Acetowhite appearance" at Visua | l inspection with section |
| D. | ACEIOWINE appointment with conti | and introduction with a tight leading |
| | acid (VIA) is associated with cervi | cai intraepitnellal lesions |
| E. | Lugol iodine staining brown associate | clated with cervical cancer |
| 78)Which of th | e following is an incorrect matchi | ing of syphilis stage and |
| characteris | tice | 1 |
| A. | | e lesion for 1-2- months |
| - | Tations and organ damage that w | vill kill approximately 25% |
| <u> </u> | contracted Dallerius > | |
| _ | acympionalic stage of va | riable length between |
| C. | and secultually state synt | NII G |
| | | Mith important and and |
| . هي | Secondary discussed sides and e deposition in joints, kidneys and e | Ves |
| | deposition | , |

| E. | Primary and secondary stages - placental infection to the fetus |
|-----------------|---|
| | correct about Human immunodeficiency virus (HIV) |
| 79)Which is iii | HIV is a retrovirus / HIV is a retrovirus (HIV) |
| ^ A. | Visal propagation continues largely in on |
| В. | DAVEISE HALL |
| C. | - AACHIL CILLATING STOCK OCIVE INFIRA - I |
| | In the human cell reverse transcriptase ensures that nuclear |
| | INA IS CONTOURS CONTAINING |
| | HIV can be transmitted from mother to child in utero, at |
| E. | dolivery 200 dulitty DIESSTEEding |
| 90\lmnoriaui | causes of neavy projonged menstrual pleeding include |
| the followi | ng, except |
| A. | Polycystic ovarian disease |
| B. | Dysfunctional uterine bleeding ✓ |
| C. | Thyroid disease |
| D. | Progestin based family planning / FOLP |
| | Anorexia nervosa |
| 81) State the | incorrect statements below: |
| | The β subunit of FSH, LH, TSH and HCG are all similar |
| X SO, B. | Leutinizing hormone acts on the leutinized granulosa cells to |
| | produce progesterone |
| ' ` C. | The midcycle LH surge initiates the resumption of meiosis 1 |
| (D) | Progesterone has 21 carbon atoms and androgens have 19 |
| • | carbon atoms |
| E. | FSH primarily acts on the granulosa cells to yield estrogen |
| | but when in conjunction with LH involved in the maturation |
| | of opcytes. |
| 82) A 23 year | old woman is considering changing from the combined |
| oral contr | aceptive to a progestogen only implant. Which is the most |
| appropria | te information would you provide? |
| A. | Progestogen only implant is not as effective as the COC as it |
| | Ques not inhibit oxyllation V |
| B. | Bleeding will the state of the |
| C. | The risk of deep venous thrombosis is decreased in COC |
| | |
| D. | The progestogen only implant protects against sexually |
| _ 2 | transmitted diseases/ HIV |
| E. | A common reason for discontinuing progestogen only |
| | methods is unpredictable bleeding |
| · 4 | and is unbredictable piece. |

| | • | |
|------------------------|--|----------------------------|
| | | |
| | | |
| 83)Pelvic inflan | nmatory disease is one of the com | · |
| diagnoese I | Which of the following is TRUE Gonococci and Chlamydia are the n | monest gynaecologic |
| A. | Gones to the following is TRUE | |
| B. | Secondary hastarial in College in TRUE | ot the common isolates |
| • | Secondary bacterial infection with a | naerobes can never |
| C. | happen > | the day. |
| D. | It rarely recurs > | |
| | Can resolve without anti-microbial to | reatment |
| 84) Uterine fibr | Its sequelae may lead to a tubo-ova | irian abscess |
| A. | | mooth muscle cells n |
| B. | Do not have interlacing bundles of | Smooth muscle cells A |
| C | Are not common uterine neoplasms | but never in the cervive |
| D. | Occur anywhere in the myometrium Never undergo different degeneration | that lievel in the celvise |
| | During surgery, the cut surface pop | s un is naler than |
| | surrounding myometrium and is res | eistant to indentation by |
| | examining finger | sistant to indomation by |
| 85) The tropho | oblast is an integral component of | the placenta. Which of |
| the following | ng <u>FALSE</u> about gestational tropho | oblastic disease |
| A: | Hydatidiform mole and choriocard | cinoma arise from villious |
| | cytotrophoblast and syncytiotroph | |
| В. | A history of spontaneous abortion | |
| C. | Hydatidiform mole can be complete | |
| D. | Beta human chorionic gonadotropi | |
| | response to treatment | |
| E | A history of live birth is never a pos | ssibility |
| 86\Postmeno | pausal bleeding is a common pres | entation, in managing a |
| nationt wit | th this presentation, which of the fo | ollowing is INCORRECT |
| recaiding | your evaluation and management: | |
| A. | History of exogenous estrogen ad | ministration < |
| В. | Assessment of body mass index | |
| C. | Perform a glucose tolerance test- | |
| С. (Д) | A diagnostic endometrial sampling | g is not necessary |
| | A Pap smear is necessary before | the definitive management |
| 2 | ears old, presented to you with irre | egular heavy menstrual |
| bleeding, | THE PARTY OF THE P | DOUT DAT MANAGAMANT |
| A. | DUSTRIBUSCOPY San and diagnosis | |
| | A full blood count is not necessar | У с |
| n C. | A coagulation profile may be indicated oral contraceptive will | cated |
| S D. | Combined oral contraceptive pill | is a treatment option |
| E. | A trans-vaginal ultrasound may p | oint to the underlying |
| | pathology | |
| | | |
| | | |
| | , | |
| | and a second | |
| | | |
| | | |

| | ination of the abdomen, the following are true EXCEPT It is important to make sure that the patient has an empty |
|-----------------------------|--|
| ool in the exam | It is important to make sure that the patient has an empty |
| A. | bladder bladder is divided into the patient has an empty |
| , | The abdomen is divided into ten (10) regions |
| (B) | During inspection, the patient should be lying supine with |
| (B) C. | arms leasely by the patients side on a firm couch |
| | arms lossofy by a dentile rise in the couch |
| D. | Normally there is a gentle rise in the abdominal wall during |
| | inspiration and a fall during expiration, the movement should be free and equal on both sides |
| | be free and equal of both sides |
| E. | Bimanual examination forms an important part of examining |
| 1 | a pelvic mass |
| 89) Which one | of the following is NOT TRUE about Candida Albicans: |
| A. | It is the most common candida species involved in human |
| | infection |
| B . | It is not a normal inhabitant of the gastrointestinal tract and |
| | found in the mouth of about 5% of normal individuals |
| C. | Pregnancy, immunologic and endocrine dysfunction, |
| | immunosuppression, high dose estrogen, antibiotics, |
| | diabetes mellitus and systemic corticosteroids predispose to |
| | clinical infection |
| D. | Between 15% to 30% of asymptomatic women are carriers |
| | of candida albicans |
| E. | It is a common cause of superficial dyspareunia |
| 90) Infertility | |
| Α. | Pelvic inflammatory disease is a common etiology in Kenya |
| . B. | Is failure to achieve conception in six months |
| C. | In more than half the cases the cause is a female factor |
| D. | Investigating the male partner does not add value |
| E. | Laparoscopy is not used for diagnosis |
| 91) In cancer of | of the ovary |
| Α. | Diagnosis requires explorative abdominal surgery |
| B. | It can never be nereditary p |
| C. | About 2% are secondary × |
| C. (D) E. | Most primary ovarian cancers are serous |
| 92) In relation | |
| A | Polycytic ovarian syndrome |
| В. | STUDING TO BOT O CVMDIDILIS |
| C. | Valles are never enlarged |
| D. | TOO HOT Dropped with acanthosisy |
| CE | LI FULL in I Abon 3 % |
| 93) About rad | Characterized by excess androgen production by ovaries |
| Α. | First mulications |
| B. | Cibo complications |
| | |
| C. | radiotherapy Epithelial |
| | Epithelial ovarian carcinomas are sensitive to radiotherapy |
| | |

D. Combining cisplatin and radiotherapy has not been found to improve outcomes in patients with advanced cancer of the Brachytheraphy can be given either intracavitary or interstitial 94)The following are primary groups of lymph node chains that drain ACommon iliac nodes B. Parametrial nodes C. External iliac nodes D. Paracervical or ureteral nodes Sacral nodes Option list for question 95 to 99; from the list given a to j, choose the most likely action for the scenarios given. Write the letter that corresponds to the correct a) Marsupialisation b) Wertheims hysterectomy c) Cytoreductive or debulking surgery d) Hormonal profile Colposcopy biopsy f) Loop electrosurgical excision procedure g) Pap smear Fractional curettage and endometrial biopsy Reassure her Chemotherapy 95) Nancy presents with a Pap smear diagnosis of high grade squamous intraepithelial lesion. 96)Atieno presents with a unilateral tender swelling beneath the posterior half of the labium majus, expanding medially to the posterior part of the labium minus. The overlying skin is red, oedematous and covered with pus. 97) Jeptoo, 65 years old who has not been getting her menstrual periods for the last 10 years presents to you excited that she feels like a woman again because her menstrual period has resumed 98) Mueni had an incomplete abortion six months ago, she presents to

you with a serum hCG level of 200,000-mIU/ml, a non productive cough and speculum examination reveals a bluish nodular lesion in

the vaginal wall

99) Wangare was undergoing examination under anesthesia procedure for a cervical mass. The doctors notes were as follows: Carcinoma extends beyond the cervix, Does not extended to the pelvic side wall, It involves the vagina, but not the lower third vagina and No obvious parametrial involvement

| 100) The A. B. C. D. E. | Genetic gender is established at fertilization Male and female embryos are morphologically distinguishable within the first 6 weeks Primordial germ cells migrate to the genital ridge to form the indifferent gonad Gonadal sex begins with differentiation of the primordial gonad into testis or ovary Development of testis is directed by a gene located on sex- determining region (SRY). |
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END