

AYI

PROVISIONAL ANSWER KEY (CBRT)

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Advertisement No.	112/2020-21
Preliminary Test held on	02-09-2021
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Instructions / સૂચન

Candidate must ensure compliance to the instructions mentioned below, else objections shall not be considered: -

- (1) All the suggestion should be submitted through **ONLINE OBJECTION SUBMISSION SYSTEM** only. Physical submission of suggestions will not be considered.
- (2) Question wise suggestion to be submitted in the prescribed format (proforma) published on the website / online objection submission system.
- (3) All suggestions are to be submitted with reference to the Master Question Paper with provisional answer key (Master Question Paper), published herewith on the website / online objection submission system. Objections should be sent referring to the Question, Question No. & options of the Master Question Paper.
- (4) Suggestions regarding question nos. and options other than provisional answer key (Master Question Paper) shall not be considered.
- (5) Objections and answers suggested by the candidate should be in compliance with the responses given by him in his answer sheet. Objections shall not be considered, in case, if responses given in the answer sheet /response sheet and submitted suggestions are differed.
- (6) Objection for each question should be made on separate sheet. Objection for more than one question in single sheet shall not be considered.

ઉમેદવારે નીચેની સૂચનાઓનું પાલન કરવાની તકેદારી રાખવી, અન્યથા વાંધા-સૂચન અંગે કરેલ રજૂઆતો ધ્યાને લેવાશે નહીં

- (1) ઉમેદવારે વાંધા-સૂચનો ફક્ત ઓનલાઇન ઓબ્જેક્શન સબમીશન સીસ્ટમ દ્વારા જ સબમીટ કરવાના રહેશે. રૂબરૂ અથવા ટપાલ દ્વારા આયોગની કચેરીએ મોકલવા આવેલ વાંધા-સૂચનો ધ્યાને લેવામા આવશે નહીં જેની ખાસ નોંધ લેવી.
- (2) ઉમેદવારે વાંધા-સૂચનો રજૂ કરવા વેબસાઇટ / ઓનલાઇન ઓબ્જેક્શન સબમીશન સીસ્ટમ પર પ્રસિધ્ધ થયેલ નિયત નમૂનાનો જ ઉપયોગ કરવો.
- (3) ઉમેદવારે પોતાને પરીક્ષામાં મળેલ પ્રશ્નપુસ્તિકામાં છપાયેલ પ્રશ્નક્રમાંક મુજબ વાંધા-સૂચનો રજૂ કરતા તમામ વાંધા-સૂચનો વેબસાઇટ પર પ્રસિધ્ધ થયેલ પ્રોવિઝનલ આન્સર કી (માસ્ટર પ્રશ્નપત્ર)ના પ્રશ્ન ક્રમાંક મુજબ અને તે સંદર્ભમાં રજૂ કરવા.
- (4) માસ્ટર પ્રશ્નપત્રમાં નિર્દિષ્ટ પ્રશ્ન અને વિકલ્પ સિવાયના વાંધા-સૂચનો ધ્યાને લેવામાં આવશે નહીં.
- (5) ઉમેદવારે પ્રશ્નના વિકલ્પ પર વાંધો રજૂ કરેલ છે અને વિકલ્પ રૂપે જે જવાબ સૂચવેલ છે એ જવાબ ઉમેદવારે પોતાની ઉત્તરવહીમાં આપેલ હોવો જોઈએ. ઉમેદવારે સૂચવેલ જવાબ અને ઉત્તરવહીનો જવાબ ભિન્ન હશે તો ઉમેદવારે રજૂ કરેલ વાંધા-સૂચનો ધ્યાનમા લેવાશે નહીં.
- (6) એક પ્રશ્ન માટે એક જ વાંધા-સૂચન પત્રક વાપરવું. એક જ વાંધા-સૂચનો પત્રકમાં એકથી વધારે પ્રશ્નોની રજૂઆત કરેલ હશે તો તે અંગેના વાંધા-સૂચનો ધ્યાને લેવાશે નહીં.

Website link for online objection submission system : www.safevaults.in/login

001. In a Young female of reproductive age with regular menstrual cycles of 28 days, ovulation occurs around 14th days of periods. When is the first polar body extruded?
 (A) 24 hours prior to ovulation **(B) Accompanied by Ovulation**
 (C) 48 hours after the ovulation (D) At the time of fertilization
002. After how many days of ovulation embryo implantation occurs?
 (A) 3-5 days **(B) 7-9 days**
 (C) 10-12 days (D) 13-15 days
003. Time taken by sperms to reach fallopian tube:
(A) 30 Mins (B) 1 hr
 (C) 2 hrs (D) 7 hrs
004. Size of resting follicle:
 (A) 0.2 mm **(B) 0.02 mm**
 (C) 2 mm (D) 20 mm
005. Germ cells appear in yolk sac at:
(A) 3 weeks (B) 6 weeks
 (C) 9 weeks (D) 5 weeks
006. Uterine Blood flow at term:
 (A) 50 mL/min (B) 100-150 mL/min
 (C) 300-450 mL/min **(D) 500-750 mL/min**
007. Normal cord pH is
 (A) 7.1 **(B) 7.2**
 (C) 6.1 (D) 6.2
008. The role of human placental lactogen is
 (A) Stimulate milk (B) Fetal breast development
 (C) Growth of fetus **(D) Endocrine regulation**
009. Estrogen and progesterone in first two months of pregnancy are produced by:
 (A) Fetal ovaries (B) Fetal adrenal
 (C) Placenta **(D) Corpus Luteum**
010. hCG is secreted by:
(A) Trophoblast cells (B) Amniotic membrane
 (C) Fetal yolk sac (D) Hypothalamus
011. During foetal life maximum growth is caused by
 (A) Growth hormone **(B) Insulin**
 (C) Cortisol (D) Thyroxin
012. All are true regarding Duncan's placental separation expect.
 (A) Peripheral separation (B) Maternal surface present at vulva
 (C) More blood loss **(D) Most common method separation**
013. Oligohydramnios is seen in
(A) Renal agenesis (B) Oesophageal atresia
 (C) Exomphalos (D) Neural tube defect

014. Hormone responsible for decidual reaction and Arias Stella reaction in ectopic pregnancy is:
 (A) Oestrogen (B) Progesterone
 (C) Cortisol (D) Thyroxin
015. A pregnant woman is found to have excessive accumulation of amniotic fluid. Such polyhydramnios is likely to be associated with all of the following conditions except:
 (A) Twinning (B) Microencephaly
 (C) Oesophageal atresia (D) Bilateral renal agenesis
016. A case of 35 week pregnancy with hydramnios and marked respiratory distress is best treated by
 (A) Intravenous frusemide (B) Saline infusion
 (C) Amniocentesis (D) Artificial rupture of membranes
017. All are true regarding HbF Except.
 (A) Higher affinity for oxygen (B) Binds less to 2, 3, DPG
 (C) More carbonic anhydrase (D) Resistant to acid
018. The percentage of HbF at birth is
 (A) 20% (B) 50%
 (C) 70% (D) 90%
019. Insulin and Glucagon can be identified in fetal pancreas by:
 (A) Both at 11 weeks
 (B) Insulin at 12 weeks, Glucagon at 8 weeks
 (C) Insulin at 9-10 weeks glucagon at 8 weeks
 (D) Insulin at 12 weeks glucagon at 14 weeks
020. What is the main product of fetal adrenal gland:
 (A) Cortisol (B) DHEA-S
 (C) Testosterone (D) Progesterone
021. Ligamentum teres is formed after:
 (A) Obliteration of the umbilical vein (B) Obliteration of the ductus venosus
 (C) Obliteration of the ductus arteriosus (D) Obliteration of the hypogastric artery
022. Lifespan of the fetal RBC approximates
 (A) 60 days (B) 80 days
 (C) 100 days (D) 120 days
023. Fetal stage start at
 (A) 9 weeks (B) 3 weeks
 (C) 6 weeks (D) 12 weeks
024. Which test differentiates maternal and fetal blood cell?
 (A) APT test (B) Kleihauer test
 (C) Bubble test (D) Lilly's test

025. A 28-year-old primigravida had prepregnancy BMI of 30 kg/m². What is the recommended weight gain for her during pregnancy.
- (A) 5-7 kg (B) 8-11 kg
(C) 10-13 kg (D) 14-16 kg
026. Primigravida with full term, complains of faintness on lying down and she feels well when turns to side or sitting position. This due to:
- (A) Increased abdominal pressure (B) IVC compression
(C) Increased intracranial pressure (D) After heavy lunch
027. A prosthetic valve patient switches to heparin at what time during pregnancy
- (A) 28 weeks (B) 32 weeks
(C) 36 weeks (D) Postpartum
028. Schwangerschaft protein is the other name of
- (A) hCG (B) papp-1
(C) Pregnancy specific beta 1 glycoprotein (D) Activin
029. The following are related to fetal souffle except
- (A) It is soft blowing murmur synchronous with the fetal heart sound
(B) It is due to rush of blood through the intervillous space
(C) It is heard about 15% cases
(D) When present is diagnostic of pregnancy
030. A G2 P female carrying twin fetuses has BMI of 26. What is the ideal weight gain in for this female?
- (A) 37-54 lb (B) 31-50 lb
(C) 25-42 lb (D) None of the above
031. The subcostal angle during pregnancy is
- (A) 85° (B) 95°
(C) 105° (D) 75°
032. Which is not a feature of pseudocyesis?
- (A) Amenorrhea (B) Abdominal distension
(C) Fetal heart sounds are audible (D) None of the above
033. The term "Placental sign" denotes
- (A) Alteration of FHR on pressing the head into the pelvis
(B) Spotting on the expected date of period in early months of pregnancy
(C) Permanent lengthening of the cord in 3rd stage of labour
(D) Slight gush of bleeding in third stage of labour
034. Intermediate cell predominance on a vaginal cytology is seen in
- (A) Pregnancy (B) Menstruation
(C) Postovulatory (D) Premenstrual
035. Use of one of the following vaccinations is absolutely contraindicated in pregnancy
- (A) Hepatitis-B (B) Cholera
(C) Rabies (D) Yellow fever

036. Which of the following is the least likely physiological change in pregnancy?
 (A) Increase in intravascular volume (B) Increase in cardiac output
 (C) Increase in stroke volume (D) Increase in peripheral vascular resistance
037. Most common cause of platelet ↓ in pregnancy
 (A) Immune (B) Incidental
 (C) Idiopathic (D) Infection
038. Preconceptional use of the following agent leads to reduced incidence of neural tube defects:
 (A) Folic acid (B) Iron
 (C) Calcium (D) Vitamin A
039. Kegels exercise should begin:
 (A) Immediately after delivery (B) 24 hours after delivery
 (C) 3 weeks after delivery (D) 6 weeks after delivery
040. Wavelength of US6 used in obstetrics:
 (A) 1-2 MHz (B) 5-7.5 MHz
 (C) 3.5-5 MHz (D) 7.5-10 MHz
041. At 9 weeks, approximate CRL in mm of fetus would be:
 (A) 8 mm (B) 2.5 mm
 (C) 9 mm (D) 5 mm
042. On Doppler the most ominous sign indicating fetal compromise is
 (A) ↑ pulsatility index in umbilical art (B) ↑ S/D blood flow ration
 (C) ↑ cerebral a iter flow (D) Absent diastolic flow
043. A G2 PI women at 35 weeks pregnancy complains of decreased fetal movement. Next step in Mgt is:
 (A) Observation (B) DoNST
 (C) DoCST (D) DoBPS
044. Sinusoidal heart rate pattern is seen in
 (A) Placenta previa (B) Vasa previa
 (C) Battledore placenta (D) Succenturiate placenta
045. Which of the following explanations is not an explanation for de ceased variability of the fetal heart tracing?
 (A) Fetal “Sleep state” (B) Prematurity
 (C) Barbiturate (D) Fetal Stimulation
046. Consider the following
 1. Reactive NST 2. Absence of deceleration 3. Sinusoidal pattern
 Which of the above findings in an antepartum CTG indicates fetal well-being
 (A) 1 and 2 only (B) 2 and 3 only
 (C) 1 and 3 only (D) 1, 2, 3

047. A 17-year-old comes to an adolescent clinic with complain of nausea and vomiting. She did a home urine pregnancy test which was positive. She does not remember her date of last menstrual period. USG shows a viable pregnancy of 8 weeks gestation. Which of the following statements regarding first trimester ultrasound is correct?
- (A) A gestational sac can be first seen 2 weeks after LMP
 (B) The accuracy of determining gestation age using ultrasound begin to decrease after first trimester
 (C) Yolk sse is the first sign of pregnancy on USG
 (D) USG can be used to determine the sex of the lady
048. During first stage of labour, FHR should be auscultated in low risk pregnancy after LV:
- (A) 10 minutes (B) 15 minutes
 (C) 30 minutes (D) 45 minutes
049. Increased AFP level is seen in
- (A) Down syndrome (B) Molar Pregnancy
 (C) Overestimated gestational age (D) Congenital nephrotic syndrome
050. AFP is raised in all except
- (A) Polycystic Kidney (B) Trisomy
 (C) IUD (D) Oesophageal atresia
051. ↓ed material serum α -FP is seen in
- (A) Multiple pregnancy (B) Trisomy 21
 (C) Open neural tube defect (D) IUD
052. About amniocentesis following are true except:
- (A) It carries risk of miscarriage (B) Always done as a blind procedure
 (C) Done between 10-18 weeks (D) Chromosomal abnormality can be detected
053. Amniotic fluid contains acetyl cholinesterase enzyme. What is the diagnosis?
- (A) Open spina bifida (B) Gastroschisis
 (C) Omphalocele (D) Osteogenesis imperfecta
054. Which of the following tests on material serum is most useful in distinguishing between open neural tube defects and ventral wall defects in a fetus?
- (A) Carcinoembryogenic antigen (B) Sphingomyelin
 (C) Alpha-fetoprotien (D) Pseudocholinesterase
055. Chorionic villous sampling done before 10 weeks may result
- (A) Fetal loss (B) Fetomaternal hemorrhage
 (C) Oromandibular limb defects (D) Sufficient material not obtained
056. What is the finding seen earliest in USG?
- (A) Yolk sac (B) Fetal heart
 (C) Chorion (D) Placenta
057. Earliest of fetal heart can be detected at:
- (A) 6.0-6.5 weeks (B) 6.5-7 weeks
 (C) 7.1-7.5 weeks (D) 8 weeks

058. Best confirmation for pregnancy at six weeks?
 (A) USG for cardiac activity
 (B) Doppler
 (C) Estimation of serum beta-hCG in urine
 (D) Bimanual palpation
059. Doppler ultrasound in pregnancy detect
 (A) Cardio vascular malformation
 (B) Neural tube defect
 (C) Abdominal masses
 (D) IUGR
060. Following represent fetal hypoxia except:
 (A) Excessive foetal movements
 (B) Meconium in vertex presentation
 (C) Fetal scalp blood PH > 7.3
 (D) Heart rate < 100
061. Modified BPS consists of:
 (A) NSTwithAFI
 (B) NST with fetal breathing
 (C) NST with fetal movement
 (D) NST with fetal tone
062. 35 weeks pregnant diabetic female with NST non reactive. What should be done next
 (A) Induction of Labour
 (B) CS
 (C) Do NST after 1 hour
 (D) Proceed to biophysical profile
063. All of the following are biochemical markers included for triple test except
 (A) Alfa-fetoprotien (AFP)
 (B) Human chorionic gonadotropim (hCG)
 (C) Human placental lactogen (HPL)
 (D) Unconjugated oestriol
064. Increased nuchal transuceley at 14 weeks is suggestive of
 (A) Down syndrome
 (B) Oesophageal atresia
 (C) Trisomy 18
 (D) Foregut duplication cyst
065. Which of the following is the investigation of choice in a pregnant lady at 18 weeks of pregnancy with past history of delivering a baby with down syndrome
 (A) Triple screen test
 (B) Amniosentesis
 (C) Chorionic villous biopsy
 (D) Ultrasonography
066. Which of the following is not done for anti natal diagnosis of down syndrome
 (A) Amniotic fluid volume estimation
 (B) Alfa fetoprotein estimation
 (C) Cordocentesis
 (D) Chroniconic villous bisopsy
067. The following are the features of the “dystocia dystrophia syndrome” except
 (A) The patient is stockily built with short thighs
 (B) They have normal fertility
 (C) Android pelvis is common
 (D) Is often have difficult labour
068. If both the ala of the secal bone are absent pelvis is called as
 (A) Naegele pelvis
 (B) Robert pelvis
 (C) Triradiate pelvis
 (D) Rachitic pelvis

069. Which of the following is true for cephalohematoma
 (A) Tension varies on crying (B) May cause jaundice
 (C) Edematous fluid (D) Cross suture lines
070. Information obtain my lateral plate x-ray pelvimetry are all except
 (A) Sacral curve (B) True conjugate
 (C) Bispinous diameters (D) Inclination of pelvis
071. The smallest diameter of the true pelvis is
 (A) Interspinous diameter (B) Diagonal conjugate
 (C) True conjugate (D) Intertuberous diameter
072. The shortest diameter of fetal head is
 (A) Biparietal diameter (B) Suboccipitofrontal diameter
 (C) Occipitofrontal diameter (D) Bitemoral diameter
073. AP diameter is maximum in which type of pelvis?
 (A) Platypelloid (B) Andriod
 (C) Anthropoid (D) Gynecoid
074. Triradiate pelvis is seen in
 (A) Rickets (B) Chondrodystrophy
 (C) Osteoporosis (D) Hyperparathyroidism
075. Shortest diameter is:
 (A) Diagonal conjugate (B) Obstetric conjugate
 (C) True conjugate (D) All are equal
076. Critical obstetric conjugate for trial of labour is:
 (A) 8.5 cm (B) 9.0 cm
 (C) 9.5 cm (D) 10.0 cm
077. The number of fontanelles present in a newborn child is:
 (A) 1 (B) 2
 (C) 4 (D) 6
078. Engagement of fetal head is with reference to:
 (A) Biparietal diameter (B) Bitemporal diameter
 (C) Occipitofrontal diameter (D) Suboccipitofrontal diameter
079. Which of the following trigger onset of labour?
 (A) ACTH in mother (B) ACTH in fetus
 (C) Prostaglandin (D) Oxytocin
080. Percentage of women who deliver on the expected date of delivery
 (A) 4% (B) 15%
 (C) 35% (D) 70%

081. All are true about origin and propagation of contractions except:
 (A) The right pacemaker predominates over left
 (B) Intensity of propagation greatest at cervix
 (C) The contraction spreads from pacemaker towards cervix
 (D) Speed of contraction is 2cm/sec
082. The nerve roots blocked in pudendal nerve block is:
 (A) L1, 2, 3 (B) L2, 3
 (C) S2, 3, 4 (D) S4
083. True regarding hypertonic dysfunction of labor is:
 (A) associated with occitoposterior position
 (B) Oxytocin administration is beneficial with occipitoposition position
 (C) Occurs in of 1 stage of labour
 (D) Leads to rapid dilatation of cervix
084. A female at 37 weeks of gestation has mild labour pains for 10 hours and cervix is persistently 1 cm dilated but non effaced. What will be the next appropriate management?
 (A) Sedation and wait (B) Augmentation with oxytocin
 (C) Cesarean section (D) Amniotomy
085. In bishop score all are included except:
 (A) Effacement of cervix (B) Dilatation of cervix
 (C) Station of head (D) Interspinal diameter
086. All of the following drugs are effective for cervical ripening during pregnancy except:
 (A) Prostaglandin E2 (B) Oxytocin
 (C) Progesterone (D) Misoprostol
087. All of the following steps are recommended by WHO for preventing PPH except:
 (A) Inj oxytocin 10 IU I/V infusion
 (B) Uterine massage
 (C) Delivery of placenta by controlled cord traction
 (D) Intermittent assessment of uterine tone
088. Which of the following test can be used to detect severity of PPH
 (A) Shock index (B) Clot amplitude
 (C) Maximum clot firmness (D) All of the above
089. All of the following methods are recommended by WHO in the treatment of PPH as temporary methods till appropriate care arrives expect:
 (A) Military antishock treatment (B) Bimanual compression of the uterus
 (C) Uterus packing (D) External aorta compression
090. Which is not included in active management of third stage of labour?
 (A) Uterotonic within 1 minutes of delivery
 (B) Immediate clamping, cutting and ligation of cord
 (C) General massage of uterus
 (D) Controlled cord traction

091. Carbetocin dose for PPH is:
 (A) 100 microgram IV (B) 50 microgram IV
 (C) 150 microgram IV (D) 25 microgram
092. All of the following are used in the treatment of postpartum hemorrhage except:
 (A) Misoprostol (B) Mifepristone
 (C) Carboprost (D) Methyl ergometrine
093. B Lynch suture is applied on:
 (A) Cervix (B) Uterus
 (C) Fallopian tube (D) Ovaries
094. A female presents with significant blood loss due to postpartum haemorrhage (PPH). What would be the shock index (HR/systolic BP)?
 (A) 0.7-0.9 (B) 0.5-0.7
 (C) 0.9-1.1 (D) 0.1-0.5
095. Perineal tear should be repaired
 (A) 24 hrs later (B) 48 hrs later
 (C) 36 hrs later (D) Immediately
096. The complications of shoulder presentation are all of the following except:
 (A) Fetal death (B) Uterine rupture
 (C) Obstructed labour (D) Shoulder dystocia
097. Deep transverse arrest is seen in ail except:
 (A) Andriod pelvis (B) Epidural analgesia
 (C) Transverse lie (D) Uterine interia
098. The commonest cause of breech presentation is:
 (A) Prematurity (B) Hydrocephalus
 (C) Placenta praevia (D) Polyhydramnios
099. Best method to deliver arms in breech
 (A) Lovest's methods (B) Smellie veit
 (C) Pinard's (D) Any of the above
100. After coming head of breech will have difficulty in delivery in all of the following conditions except
 (A) Hydrocephalus (B) Placenta previa
 (C) Incomplete dilation of cervix (D) None of the above
101. All of the following pelvic structures support the vagina, except:
 (A) Perineal body (B) Pelvic diaphragm
 (C) Levator ani muscle (D) Infundibulopelvic ligament
102. The main source of physiological secretion found in the vagina is
 (A) Bartholin's glands (B) Gartner's duct
 (C) Vagina (D) Cervix

103. Which of the following about lymphatics of vulva is true:
 (A) Do not cross the labiocrural fold **(B) Traverse labia from medial to lateral**
 (C) Drain directly into deep femoral glands (D) Do not freely communicate with each other
104. Anatomical sphincter of fallopian tubes?
 (A) Ampulla **(B) Isthmus**
 (C) Intramural (D) Infundibulum
105. Uterine artery is a branch of
 (A) Aorta (B) Common iliac
(C) Internal iliac (D) External iliac
106. The length of fallopian tube is:
 (A) 8-10 cm **(B) 10-12 cm**
 (C) 15-18 cm (D) 18-20 cm
107. Ovary is
(A) Is attached to the posterior layer of the broad ligament by mesovarium
 (B) Has hilus cells in the cortex
 (C) Ovarian veins drain into inferior vena cava
 (D) Is connected to the uterus by infundibulopelvic ligament
108. With regards to labia majora all are correct except:
 (A) Is homologous to scrotum in males
 (B) Is supplied by branches of internal and external pudendal arteries
 (C) Drains into superficial inguinal lymph nodes
(D) The broad ligament terminates at its anterior end
109. 'Peg cells' are seen in
 (A) Vagina (B) Vulva
 (C) Ovary **(D) Tubes**
110. Narrowest part of fallopian tube is:
(A) Interstitial portion (B) Isthmus
 (C) Infundibulum (D) Ampulla
111. Which of the following is seen in the ovulatory phase?
(A) Stimulation of continuation of reduction division of oocytes
 (B) Inhibin A is increased
 (C) FSH increases steroid synthesis in granulosa cells
 (D) Activin causes FSH to act on granulosa cell
112. The corpus luteum secretes:
 (A) Estrogens (B) Progesterone
(C) Both (A) and (B) (D) None of the above
113. Maximum function of corpus luteum occurs:
 (A) At ovulation (B) Before ovulation
 (C) 3 days after ovulation **(D) 8-9 days after ovulation**

114. Clomiphene citrate is
 (A) Antiandrogen (B) Synthetic steroid
 (C) Antiestrogen (D) GnRH analogue
115. Clomiphene citrate is indicated in
 (A) Stein- Leventhal syndrome (B) Ovarian Cyst
 (C) Asherman's syndrome (D) Carcinoma Endometrium
116. The following are related to corpus luteum except:
 (A) It has got no blood supply
 (B) In the first half of the cycle, it has no steroidogenic function
 (C) Granulosa cells produce activin and inhibin
 (D) Estrogen stimulates the proliferation of granulosa
117. The most serious complication of clomiphene therapy for induction of ovulation is:
 (A) Bone marrow depression (B) Hyperstimulation syndrome
 (C) Secondary amenorrhea (D) Multiple pregnancy
118. GnRH analogue may be given in all of the following except:
 (A) Prostate Ca (B) Endometrial Ca
 (C) Fibromyoma - uterus (D) Precocious puberty
119. HRT is helpful in all of the following except:
 (A) Vaginal atrophy (B) Flushing
 (C) Osteoporosis (D) Coronary heart disease
120. A 48-year-old female suffering from severe menorrhagia (DUB) underwent hysterectomy. She wishes to take hormone replacement therapy. Physical examination and breast are normal but X-ray shows osteoporosis. The treatment of choice is:
 (A) Progesterone (B) Estrogen and progesterone
 (C) Estrogen (D) None of the above
121. The cut-off point of serum estrogen level for the diagnosis of ovarian failure:
 (A) 10 pg/mL (B) 20 pg/mL
 (C) 30 pg/mL (D) 40 pg/mL
122. The following hormone is raised in polycystic ovarian syndrome
 (A) 17 - OH progesterone (B) Follicular stimulating hormone
 (C) Luteinizing hormone (D) Thyroid stimulating hormone
123. Which of the following statements is incorrect regarding polycystic ovarian disease?
 (A) Elevated LH hormone
 (B) Can cause infertility
 (C) May be associated with abnormal glucose tolerance test
 (D) Results in postdated pregnancy
124. Most common cause of hirsutism:
 (A) Polycystic ovary disease (B) Arrhenoblastoma
 (C) Cushing syndrome (D) Congenital adrenal hyperplasia

125. A 20-year average weight female presented with oligomenorrhea and abnormal facial hair growth along with high serum free testosterone level. On USG the ovaries are normal. The diagnosis:
- (A) Idiopathic hirsutism (B) PCOD
 (C) Testosterone secreting tumor (D) Adrenal hyperplasia
126. The following are related to bromocriptine therapy *except*:
- (A) It is used to inhibit inappropriate lactation with secondary amenorrhoea
 (B) It is specific in suppressing only the prolactin secretion
 (C) If pregnancy occurs, there is increased incidence of multiple pregnancy
 (D) Its teratogenic effect on the fetus is inconclusive
127. The most important indication for surgical repair of abicornuate uterus is:
- (A) Infertility (B) Dysmenorrhoea
 (C) Menorrhagia (D) Habitual abortion
128. Ideal age for repair of vaginal agenesis is:
- (A) 6 months (B) 3 years
 (C) At puberty (D) Before marriage
129. Transverse vaginal septum corresponds to:
- (A) External os (B) Vesical neck
 (C) Bladder base (D) Hymen
130. Characteristic features of Rokitansky Kuster Hausersyndrome are all of the following *except*:
- (A) Absent uterus (B) Absent vagina
 (C) Anovulation (D) 46 - XX
131. Unicollis bicornis means:
- (A) Two uterine cavity with one cervix (B) Single vagina with double uterus
 (C) Incomplete septum of uterus (D) Double uterus and double cervix
132. SRY gene is located on:
- (A) Short arm of Y chromosome (B) Long arm of Y chromosome
 (C) Short arm of X chromosome (D) Long arm of X chromosome
133. All are derivatives of paramesonephric duct *except*:
- (A) Appendix of testis (B) Hydatid of morgagni
 (C) Uterus (D) Gartner's duct
134. Which of the following pubertal events in girls is notestrogen dependant?
- (A) Menstruation (B) Vaginal cornification
 (C) Height spurt (D) Hair growth
135. Medication used in treatment of idiopathic central pre-colicious puberty is:
- (A) Exogenous gonadotrophins (B) Ethinyl estradiol
 (C) GnRH analogues (D) Ethinyl estradiol

136. A newborn with 46XX has external genitalia of male. All the following are the possible causes *except*:
- (A) Placental aromatase deficiency (B) Maternal androgen adrenal tumor
 (C) Anti mullerian hormone deficiency (D) Wnt 4 mutation
137. All of the following statements about Androgen Insensitivity Syndrome are true *except*:
- (A) Patients have an XY genotype (B) Pubic hair are abundant
 (C) Short vagina may be present (D) Ovaries are absent
138. Among the following which is a feature of testicular feminization syndrome:
- (A) XX pattern (B) Commonly reared as male
 (C) Well formed female internal genitalia (D) High testosterone levels
139. In Testicular Feminization syndrome Gonadectomy is indicated:
- (A) As soon as it is diagnosed. (B) At puberty
 (C) Only when malignancy develops in it (D) When hirsutism is evident
140. A girl with normal stature and minimal or absent pubertal development is seen in:
- (A) Kallmann syndrome (B) Turner syndrome
 (C) Testicular feminization syndrome (D) Pure gonadal dysgenesis
141. Normal size but non-functioning uterus is usually associated with:
- (A) Stenosis of the external os (B) Uterine synechiae
 (C) Partial agenesis of the vagina (D) Complete absence of vagina
142. A 30 years old multipara has uterine prolapse, the management of choice is:
- (A) Fothergill's repair (B) Fothergill's repair with tubal ligation
 (C) Sling operation (D) Vaginal hysterectomy
143. Most common cause of vesicovaginal fistula in India is:
- (A) Gynaec surgery (B) Irradiation
 (C) Obstructed labour (D) Trauma
144. Cause of decubitus ulcer in uterine prolapse is:
- (A) Friction (B) Venous congestion
 (C) Intercourse (D) Trauma
145. Which of the following is true:
- (A) Pregnancy with prolapse : Pessary treatment
 (B) Uterine prolapse in a nulliparous: Shirodkar sling operation
 (C) Prolapsed pouch of Douglas: Posterior colpoperineorrhaphy
 (D) All of the above
146. Best management of vault prolapse is:
- (A) Sacral colpopexy (B) Sacrospinous ligament fixation
 (C) Le forts repair (D) Anterior colporaphy
147. Kelly's plication operation is done in:
- (A) Stress incontinence (B) Vault prolapse
 (C) Rectal prolapse (D) Uterine prolapse

148. Which of the following surgeries for stress incontinence has highest success rate:
 (A) Burch colposuspension (B) Pereyra sling
 (C) Kelly's stitch (D) Tension free vaginal tape (TVT)
149. Childbirth trauma leading to urine incontinence is seen least in females with:
 (A) Android pelvis (B) Anthropoid pelvis
 (C) Gynoid pelvis (D) Platypelloid pelvis
150. Accidental injury of the ureter during abdominal operation should be managed by all except:
 (A) Deligation
 (B) End-to-end anastomosis through an ureteric catheter
 (C) Implantation into the bladder
 (D) Colonic implantation
151. Complications of sling procedures (TVT) for USI are all except:
 (A) Injury to bladder and wound haematoma
 (B) Sling erosion particularly with polytetrafluoroethyl-ene (Goretex)
 (C) Overactive bladder in about 7% cases
 (D) Obturator nerve injury is about 10%
152. Fern test is due to:
 (A) Presence of NaCl under progesterone effect
 (B) Presence of NaCl under estrogenic effect
 (C) LH/FSH
 (D) Mucus secretion by Glands
153. Smita is a case of infertility. What is the right time in her menstrual cycle to do endometrial biopsy:
 (A) 12-14 days (B) 17-19 days
 (C) 20-22 days (D) 3-5 days
154. Postcoital test (PCT) is done for:
 (A) Cervical receptivity (B) Sperm motility
 (C) Absolute sperm count (D) Viable sperm count
155. According to WHO criteria, the minimum normal sperm count is:
 (A) 10 million/ml (B) 20 million/ml
 (C) 40 million/ml (D) 60 million/ml
156. Aspiration of sperms from testes is done in:
 (A) TESA (B) MESA
 (C) ZIFT (D) GIFT
157. In semen banks, semen is preserved at low temperature using:
 (A) Dry ice (B) Deep freeze
 (C) Liquid nitrogen (D) Liquid air

158. Ovulation can be diagnosed by all except:
 (A) Measuring day 14 serum progesterone
 (B) Rise in basal body temperature in the second half of cycle
 (C) Study of cervical mucus
 (D) Endometrial histology
159. The major contribution to the human seminal fluid is from:
 (A) Testes (B) Seminal vesicles
 (C) Prostate (D) Bulbourethral and urethral glands
160. Absent fructose content in the seminal fluid suggests:
 (A) Congenital absence of seminal vesicle (B) Partial duct obstruction
 (C) None of the above (D) Both (A) and (B)
161. Rise in body temperature after ovulation is due to:
 (A) Estrogen (B) Progesterone
 (C) LH (D) FSH
162. Billing's method of contraception refers to:
 (A) Monitoring BBT (B) Cervical mucus method
 (C) Rhythm method (D) Coitus interruptus method
163. Not a barrier contraceptive:
 (A) Diaphragm (B) Centchroman
 (C) Condom (D) Today
164. Which one of the following is the most common problem associated with the use of condom:
 (A) Increased monilial infection of vagina (B) Premature ejaculation
 (C) Contact dermatitis (D) Retention of urine
165. Norgestimate OCP's have the following advantage except:
 (A) Reduces venous thrombosis (B) Is cheaper than standard OCP's
 (C) Reduces acne and hirsutism (D) Useful in heart disease
166. Amount of estrogen in Mala D is:
 (A) 30 μg (B) 50 μg
 (C) 10 μg (D) 80 μg
167. Which of the following OCP's have the least amount of estrogen:
 (A) Mala N (B) Triquilar
 (C) Femilon (D) Novelon
168. Non contraceptive use of OCPs are all except:
 (A) Ca endometrium (B) Ca breast
 (C) Rheumatoid arthritis (D) Endometriosis
169. OCP's cause all except:
 (A) Dysmenorrhea (B) Mastalgia
 (C) Nausea (D) Chloasma

170. Absolute contraindication of OCP's is:
 (A) Breast cancer (B) Mentally ill
 (C) Migraine (D) Fibroid
171. Mirena is:
 (A) Used in abortions (B) Antiprogestosterone
 (C) Progesterone IUCD (D) Hormonal implant
172. To avoid contraception, DMPA is given:
 (A) Monthly (B) 3 Monthly
 (C) 6 Monthly (D) Yearly
173. Among of following IUCD's which has life span for 10 years:
 (A) CuT380A (B) CuT200
 (C) Nova T (D) Multiload
174. Absolute contraindication of IUCD is:
 (A) Endometriosis (B) Iron deficiency anemia
 (C) Dysmenorrhea (D) Pelvic tuberculosis
175. The most common complication of IUCD is:
 (A) Ectopic pregnancy (B) Bleeding
 (C) Backache (D) Cervical stenosis
176. During Pomeroy's method of female sterilization, which portion of the tube is ligated?
 (A) Isthmus (B) Ampullary
 (C) Isthmo-ampullary (D) Cornual
177. Failure rate of vasectomy is:
 (A) 0.2% (B) 0.1%
 (C) 3% (D) 10%
178. PID occurs least common with:
 (A) OCPs (B) Condom
 (C) IUCD (D) Diaphragm
179. Ideal contraceptive for a couple living in different cities meeting only occasionally:
 (A) Barrier method (B) IUCD
 (C) OCP (D) DMPA
180. Ideal contraceptive for lactating mother is:
 (A) Barrier method (B) Combined OCP
 (C) Lactational amenorrhoea (D) Progesterone only pill
181. All changes occur in fibroid uterus except:
 (A) Atrophy (B) Squamous metaplasia
 (C) Hyaline degeneration (D) Calcification
182. To start with all fibroids are:
 (A) Interstitial (B) Submucous
 (C) Subserous (D) Ovarian

183. Malignant prevalence in fibroid is:
 (A) 0.5% (B) 1%
 (C) 5% (D) 10%
184. Endometriosis is commonly associated with:
 (A) B/L chocolate cyst of ovary (B) Adenomyosis
 (C) Fibroid (D) Luteal cyst
185. Best investigation to establish the diagnosis of endometriosis is:
 (A) Laparoscopy (B) USG
 (C) X-ray pelvis (D) CT Scan
186. Hypothalamic amenorrhea is seen in:
 (A) Asherman syndrome (B) Stein-Leventhal syndrome
 (C) Kallmann syndrome (D) Sheehan's syndrome
187. The commonest cause of primary amenorrhoea is:
 (A) Genital tuberculosis (B) Ovarian dysgenesis
 (C) Mullerian duct anomalies (D) Hypothyroidism
188. Positive progesterone challenge test in a patient of secondary amenorrhea, seen in:
 (A) Asherman Syndrome (B) Endometrial TB
 (C) Hypopituitarism (D) Premature ovarian failure
189. Menorrhagia is defined as blood loss per vagina more than:
 (A) 80 mL (B) 110 mL
 (C) 150 mL (D) 50 mL
190. Most common cause of puberty menorrhagia:
 (A) Anovulation (B) Malignancy
 (C) Endometriosis (D) Bleeding disorder
191. Cryptomenorrhea occurs due to:
 (A) Imperforate hymen (B) Asherman's syndrome
 (C) Mullerian agenesis (D) All of the above
192. Lactational amenorrhea is due to:
 (A) Prolactin induced inhibition of GnRH (B) Prolactin induced inhibition of FSH
 (C) Oxytocin induced inhibition of GnRH (D) All of the above
193. All of the following conditions are associated with primary amenorrhea except:
 (A) Testicular feminisation syndrome
 (B) Stein-Leventhal syndrome
 (C) Turner's syndrome
 (D) Mayer Rokitansky Kuster Hauser Syndrome
194. The most common cause of secondary amenorrhoea in India is:
 (A) Endometrial tuberculosis (B) Premature ovarian failure
 (C) Polycystic ovarian syndrome (D) Sheehan's syndrome

195. Endometrial hyperplasia is seen in:
(A) Endodermal sinus tumor (B) Dysgerminoma
(C) PCOD (D) Ca cervix
196. All of the following are known risk factors for development of endometrial carcinoma except:
(A) Obesity (B) Family history
(C) Use of hormone replacement therapy (D) Early menopause
197. Investigation of choice in a 55-year-old post menopausal woman who has presented with postmenopausal bleeding:
(A) Pap smear (B) Fractional curettage
(C) Transvaginal ultrasound (D) CA-125 estimation
198. The stage of cancer endometrium with invasion of 10 mm of myometrium is:
(A) Ia (B) Ib
(C) IIb (D) IIa
199. Treatment of Ca cervix stage IB includes: (PGI Nov 10)
(A) Surgery (B) Chemotherapy
(C) Radiotherapy (D) Cryotherapy
200. An intravenous pyelogram (IVP) showing hydronephrosis in the work up of a patient with cervical cancer otherwise confined to a cervix of normal size would indicate stage:
(A) I (B) II
(C) III (D) IV