

## PROVISIONAL ANSWER KEY (CBRT)

<b>Name of The Post</b>	<b>Professor, Obstetrics and Gynaecology, General State Service, Class-1</b>
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<b>Suggestion (S)</b>	

**Instructions / સૂચના**

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

- (1) All the suggestion should be submitted Physically in prescribed format of suggestion sheet.
- (2) Question wise suggestion to be submitted in the prescribed format of Suggestion Sheet published on the website.
- (3) All suggestions are to be submitted with reference to the Master Question Paper with provisional answer key, published herewith on the website. 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 /response sheet. Objections shall not be considered, in case, if responses given in the answer sheet /response sheet and submitted suggestions are differed. For the purpose, the candidate shall attach a copy of his answersheet/ Response sheet along with his application(s).
- (6) Objection for each question shall be made on separate Suggestion sheet. Objection for more than one question in single Suggestion sheet shall not be considered & treated as cancelled.

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

- (1) ઉમેદવારે વાંધા-સૂચનો નિયત કરવામાં આવેલ વાંધા-સૂચન પત્રકથી રજૂ કરવાના રહેશે.
- (2) ઉમેદવારે પ્રશ્નપ્રમાણે વાંધા-સૂચનો રજૂ કરવા વેબસાઈટ પર પ્રસિધ્ધ થયેલ નિયત વાંધા-સૂચન પત્રકના નમૂનાનો જ ઉપયોગ કરવો.
- (3) ઉમેદવારે પોતાને પરીક્ષામાં મળેલ પ્રશ્નપુસ્તિકામાં છપાયેલ પ્રશ્નક્રમાંક મુજબ વાંધા-સૂચનો રજૂ ન કરતા તમામ વાંધા-સૂચનો વેબસાઈટ પર પ્રસિધ્ધ થયેલ પ્રોવિઝનલ આન્સર કી (માસ્ટર પ્રશ્નપત્ર)ના પ્રશ્ન ક્રમાંક મુજબ અને તે સંદર્ભમાં રજૂ કરવા.
- (4) માસ્ટર પ્રશ્નપત્ર માં નિર્દિષ્ટ પ્રશ્ન અને વિકલ્પ સિવાયના વાંધા-સૂચન ધ્યાને લેવામાં આવશે નહીં.
- (5) ઉમેદવારે જે 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-સૂચન ધ્યાનમાં લેવાશે નહીં. આ હેતુ માટે, ઉમેદવારે પોતાની અરજી(ઓ) સાથે પોતાની જવાબવહીની એક નકલનું બિડાણ કરવાનું રહેશે.
- (6) એક પ્રશ્ન માટે એક જ વાંધા-સૂચન પત્રક વાપરવું. એક જ વાંધા-સૂચન પત્રકમાં એકથી વધારે પ્રશ્નોની રજૂઆત કરેલ હશે તો તે અંગેના વાંધા-સૂચનો ધ્યાને લેવાશે નહીં.

001. The pH of vagina in adults is :  
 (A) 3.5 - 4.5 (B) 4.5 - 5.5  
 (C) 5.5 - 6.5 (D) 6.5 - 7.5
002. Bartholin's duct opens into :  
 (A) Labia majora and minora (B) A groove between labia minora and hymen  
 (C) The Lower vagina (D) The upper vagina
003. Vaginal epithelium is derived from :  
 (A) Endoderm of urogenital sinus (B) Mesoderm of urogenital sinus  
 (C) Endoderm of genital ridge (D) Mesoderm of urogenital ridge
004. All are true about the round ligament except :  
 (A) Measures 12 cm in length  
 (B) Is homologous to the gubernaculum of testes  
 (C) Lies anterior to the obturator artery along its course  
 (D) Contains smooth muscles
005. Apoptosis can occur by change in hormone levels in the ovarian cycle. When there is no fertilization of ovum, the endometrial cells die because :  
 (A) The involution of the corpus luteum causes estradiol and progesterone levels to fall dramatically  
 (B) LH level rise after ovulation  
 (C) Estradiol levels are not involved in the LH surge phenomenon  
 (D) Estradiol inhibits the induction of the progesterone receptor in the endometrium
006. Estrogen replacement for post - menopausal symptoms causes an increase in :  
 (A) LDL (B) Cholesterol  
 (C) VLDL (D) Triglycerides
007. Non hormonal drug to prevent post menopausal osteoporosis is :  
 (A) Alendronate (B) Estrogen  
 (C) Raloxifene (D) Parathyroid
008. Basanti Devi 45 years old woman presents with hot flushes after stopping of menstruation. 'Hot Flush' can be relieved by administration of the following agents:  
 (A) Ethinyl estradiol (B) Testosterone  
 (C) Fluoxymesterone (D) Danazol
009. Absolute contraindication of hormone replacement therapy is :  
 (A) Thrombosis (B) Fibrocystic disease  
 (C) Fibroadenoma (D) Hemorrhage
010. A 28 year-old lady, Rani, is suspected to have polycystic ovarian disease. Sample for testing LH & FSH are best taken on the following days of menstrual cycle :  
 (A) 1-4 (B) 8-10  
 (C) 13-15 (D) 24-26
011. All are true about polycystic ovarian disease except :  
 (A) Persistently elevated LH (B) Increased LH/FSH ratio  
 (C) Increased DHEAS (D) Increased Prolactin



024. Not implicated in congenital transmission :
- (A) Hepatitis A (B) Toxoplasmosis  
(C) Herpes (D) Syphilis
025. Which drug is given to prevent HIV transmission from mother-to-child :
- (A) Nevirapine (B) Lamivudine  
(C) Stavudine (D) Abacavir
026. All of the following may be observed in a normal pregnancy except :
- (A) Fall in serum iron concentration (B) Increase in serum iron binding capacity  
(C) Increase in blood viscosity (D) Increase in blood oxygen carrying capacity
027. All of the following statements are true except :
- (A) Oxytocin sensitivity is increased during delivery  
(B) Prostaglandins may be given for inducing abortion during 3<sup>rd</sup> trimester  
(C) In lactating women genital stimulation enhances oxytocin release  
(D) Oxytocin is used for inducing abortion in 1<sup>st</sup> trimester
028. Hegar's sign of pregnancy is :
- (A) Uterine contraction (B) Bluish discoloration of vagina  
(C) Softening of isthmus (D) Quickening
029. Use of folic acid to prevent congenital malformation should be best initiated :
- (A) During 1<sup>st</sup> trimester of pregnancy (B) During 2<sup>nd</sup> trimester of pregnancy  
(C) During 3<sup>rd</sup> trimester of pregnancy (D) Before conception
030. During USG, fetal abdominal circumference is measured at the level of :
- (A) Stomach and umbilical vein, perpendicular to spine  
(B) Kidneys  
(C) Stomach parallel to spine  
(D) Liver and spleen
031. Increased acidosis and hypoxaemia is associated with :
- (A) Normal Doppler wave form  
(B) Increased fetal diastolic flow in the middle cerebral artery with absent diastolic flow in the aorta  
(C) Presence of the 'notch' in the uterine artery  
(D) Absent umbilical artery
032. A patient present for her first initial OB visit after performing a home pregnancy test and gives a last menstrual period of about 8 weeks ago. She says she is not entirely sure of her dates, however because she has a long history of irregular menses. Which of the following is the most accurate way of dating the pregnancy :
- (A) Determination of uterine size on pelvic examination  
(B) Quantitative Serum hCG levels  
(C) Crown rump length on abdominal or vaginal examination  
(D) Determination of progesterone level along with serum hCG level

033. Screening by using maternal serum alpha fetoproteins helps to detect all of the following except:  
 (A) Neural tube defects (B) Duodenal atresia  
 (C) Talipes equinovarus (D) Omphalocele
034. Regarding alpha fetoprotein true statement is :  
 (A) Major source in fetal life is yolk sac (B) Commonly increased in wilms tumor  
 (C) Maximum level at 20<sup>th</sup> week (D) Half-life 5-7 days
035. Late deceleration indicates :  
 (A) Head compression (B) Cord compression  
 (C) Fetal hypoxia (D) Breech presentation
036. All of the following are components of manning score/biophysical score except :  
 (A) Non-stress test  (B) Oxytocin challenge test  
 (C) Fetal body movement (D) Respiratory activity of child
037. Kamlesh, a 2-year old girl, has Down's syndrome. Her karyotype is 21/21 translocation. What is the risk of reoccurrence in subsequent pregnancies, if the father is a balanced translocation carrier :  
 (A) 100% (B) 50%  
 (C) 25% (D) 0%
038. Conjugate of the diagonal is 'a' cm, obstetric conjugate will be :  
 (A) a + 1 cm (B) a + 2 cm  
 (C) a - 1 cm  (D) a - 2 cm
039. Dystocia dystrophia syndrome is seen in :  
 (A) Android Pelvis (B) Platypelloid pelvis  
 (C) Anthropoid (D) Gynecoid pelvis
040. Which type of pelvis is associated with increased incidence of 'face to pubis' delivery :  
 (A) Gynecoid pelvis  (B) Anthropoid pelvis  
 (C) Android pelvis (D) Platypelloid pelvis
041. Longest diameter of fetal skull is :  
 (A) Biparietal (B) Bitemporal  
 (C) Occipito temporal (D) Submentovertical
042. All of the following are included in the first stage of labor except :  
 (A) Effacement of Cx (B) Dilatation of Cx  
 (C) Crowning of fetal head (D) Descent of head
043. The following statement is true for internal rotation of the head :  
 (A) Rotation occurs mostly in the cervix  
 (B) In majority rotation occurs in the pelvic floor  
 (C) Rotation occurs commonly after crowning of the head  
 (D) Rotation is earlier in primipara than multipara
044. Intrauterine pressure is raised during labor to :  
 (A) First stage - 40-50 mm Hg (B) Second stage - 100-120 mm Hg  
 (C) Third stage - 100-120 mm Hg  (D) All of the above

045. A 25-year-old women whose antenatal period was uncomplicated is in labour. She has a single foetus in cephalic presentation. The head is not engaged. The foetal heart rate is 150 beats per minute. The cervical dilatation is 5 cm, the membranes are absent and the pelvis is adequate. It is decided to perform a caesarean section immediately.
- Which one of the following findings is the most likely cause for this decision ?
- (A) Approximation of the suture lines  
 (B) Palpation of the anterior fontanelle and the sagittal suture  
 (C) Palpation of the eyes, nose & mouth  
 (D) Palpation of the frontal bones and the supraorbital ridges
046. Living ligature of the uterus is :
- (A) Endometrium (B) Middle layer of myometrium  
 (C) Inner layer of myometrium (D) Perimetrium
047. All of the following methods are recommended by WHO for treatment of PPH except :
- (A) Uterine packing (B) Bimanual compression  
 (C) Use of military anti-shock garment (D) Balloon tamponade
048. All of the following are used in mangement of PPH except :
- (A) Blood (B) FFP  
 (C) Cryoprecipitate (D) NOVO-T
049. Which one of the following is not an operation for utertine inversion ?
- (A) O sullivan (B) Haultain  
 (C) Spincelli (D) Fentoni
050. All are used in treatment of endometriosis except :
- (A) Medroxyprogesterone acetate (B) Tibolone  
 (C) OCP (D) Danzol
051. Scar endometriosis can occur following :
- (A) Classical Cesarean Section (B) Hysterotomy  
 (C) Episiotomy (D) All of the above
052. Endometriosis is explained by :
- (A) Sampson's Implantation theory (B) Histogenesis by induction  
 (C) Coelomic metaplasia theory (D) All of the above
053. All are used in treating spasmodic dysmenorrhea except :
- (A) Bromocriptine (B) Ibuprofen  
 (C) Mefenamic acid (D) Norethisterone and ethinyl estradiol
054. A 13-year-old young girl prentsents in the casualty with acute pain in the lower abdomen. She has a history of cyclicalpain for last 6 months and she has not attained her menarche yet. On local genetal examination, a tense bulge in the region of hymen was seen. The most probable diagnosis is :
- (A) Mayer Rokitansky Kuster Hauser syndrome  
 (B) Testicular feminization syndrome  
 (C) Imperforate hymen  
 (D) Ashermann's syndrome

055. Which is not primary amenorrhea ?  
 (A) Sheehan's syndrome  
 (B) Kallmann's syndrome  
 (C) Mayer Rokitansky Koster Hauser syndrome  
 (D) Turner syndrome
056. Hypothalamic amenorrhea is seen in :  
 (A) Asherman syndrome (B) Stein-leventhal syndrome  
 (C) Kallman syndrome (D) Sheehan's syndrome
057. A 19-year old patient complains of primary amenorrhea. She had well developed breast and pubic hair but on examination there was absence of uterus and vagina. Likely diagnosis is :  
 (A) XYY (B) Mullerian agenesis  
 (C) Gonadal dysgenesis (D) Klinefelter syndrome
058. A 35-years-old lady is not having her menses for last 4 months. She has high serum FSH and LH level with low estradiol. The likely cause is :  
 (A) Panhypopituitarism (B) Polycystic ovarian disease  
 (C) Exogenous estrogen administration (D) Premature menopause
059. A teenage girl presented in OPD with moderate acne and history of irregular menses. What treatment will you give ;  
 (A) Oral isotretinoin (B) Oral acitretin  
 (C) Oral minocycline (D) Cyproterone acetate
060. Lady recovered from PPH, complains of failure of lactation and menstruation, which of the following can be seen :  
 (A) Increased Excretion of  $\text{Na}^+$  (B) Retention of water  
 (C) Increased Prolactin (D) Increased GnRH
061. Withdrawl bleeding with progesterone seen in otherwise amenorrheic woman due to :  
 (A) Hypogonadotropic Hypogonadism (B) Anovulation  
 (C) Ovarian failure (D) TB endometritis
062. In a case of secondary amenorrhea who fails to get withdrawal bleeding after taking E and P, the fault lies at the level of :  
 (A) Pituitary (B) Hypothalamus  
 (C) Ovary (D) Endometrium
063. Treatment of DUB in young female is :  
 (A) Hormones (B) Radiotherapy  
 (C) D & C (D) Hysterectomy
064. A middleaged female presents with increasing visual loss, breast enlargement and irregular menses. Investigation of choice would be :  
 (A) S. calcitonin (B) S. prolactin  
 (C) S. hemoglobin concentration (D) S. Calcium
065. Which of the following is not indicated in menorrhagia :  
 (A) NSAID's (B) Clomiphene  
 (C) Norethisterone (D) Tranexamic acid

066. Halban's disease is due to :  
 (A) Persistent corpus luteum (B) Deficient corpus luteum  
 (C) Persistent trophoblast (D) Deficient trophoblast
067. The most common source of vicarious menstruation is :  
 (A) Heart (B) Lungs  
 (C) Nose (D) Kidney
068. Primary amenorrhoea is most commonly associated with :  
 (A) Development defect of the genital tract (B) Tuberculosis  
 (C) Endocrine disorders (D) Chromosomal abnormality
069. The risk of endometrial cancer is highest with the following histological pattern of endometrial hyperplasia :  
 (A) Simple hyperplasia without atypia (B) Simple hyperplasia with atypia  
 (C) Complex hyperplasia without atypia (D) Complex hyperplasia with atypia
070. Percentage change of cystic glandular hyperplasia turning to malignancy :  
 (A) 0.1% (B) 2%  
 (C) 1% (D) 28%
071. 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
072. Which of the following is not seen with corpus cancer syndrome in cancer endometrium ?  
 (A) Multiparity (B) Diabetes mellitus  
 (C) Hypertension (D) Obesity
073. The most malignant endometrial carcinoma is :  
 (A) Adenocarcinoma (B) Adenoacanthoma  
 (C) Mixed adenosquamous carcinoma (D) Clear cell carcinoma
074. Carcinoma endometrium with positive superficial inguinal lymph node status is classified as stage :  
 (A) I (B) II  
 (C) III (D) IV
075. A lady presented with carcinoma endometrium involving > 50% of myometrium extending to vagina and positive peritoneal cytology but no involvements of para aortic and pre aortic nodes. What is the stage of disease ?  
 (A) III A (B) III B  
 (C) III C1 (D) III C2
076. A female patient has adenocarcinoma uterus along with sarcoma of uterus. It is known as:  
 (A) Homologous sarcoma (B) Sarcoma uterus  
 (C) Mixed Mullerian carcinogenesis (D) Heterologous sarcoma
077. The following are precursors of endometrial carcinoma except :  
 (A) Atypical adenomatous hyperplasia (B) Atrophic endometrium  
 (C) Adenocarcinoma in situ (D) Cystic hyperplasia

078. In deep transverse arrest, all of the following can be done except :
- (A) Cesarean (B) Vacuum extraction  
(C) Kielland forceps (D) Wrigley's forceps
079. Least chances of cord prolapse are seen with :
- (A) Frank breech (B) Complete breech  
(C) Footling (D) Knee
080. In left oblique breech presentation, head engages in :
- (A) Right Oblique (B) Left Oblique  
(C) Right Transverse (D) Left Transverse
081. In transverse lie, the presentation is :
- (A) Vertex (B) Breech  
(C) Brow (D) Shoulder
082. The most common form of fatal traumatic injury incurred during breech extraction is :
- (A) Rupture of the liver (B) Rupture of the spleen  
(C) Intraadrenal hemorrhage (D) Intracranial hemorrhage
083. A woman is getting 3 uterine contractions per 10 minutes. The foetus is in cephalic presentation and the head is not engaged. On vaginal examination the cervical dilatation is 5 cm. The forehead, supraorbital ridges and the bridge of the nose are felt. The foetal heart rate is 140 beats per minute. The pelvis is adequate.
- What is the most appropriate treatment ?
- (A) Allow labour to continue without interference for 4 hours  
(B) Carryout manual rotation of the head after full dilatation of the cervix  
(C) Perform a caesarean section as soon as possible  
(D) Perform an amniotomy and commence an oxytocin infusion
084. When in labor, a diagnosis of occipitoposterior presentation is made. The most appropriate management would be :
- (A) Emergency CS (B) Wait and watch for progress of labor  
(C) Early rupture of membranes (D) Start oxytocin drip
085. In brow presentation, presenting diameter (s) is/are :
- (A) Submentovertical (B) Occipitofrontal  
(C) Mentovertical (D) Suboccipitobregmatic
086. ECV is contraindicated in :
- (A) Primi (B) Flexed breech  
(C) Anemia (D) PIH
087. The following statements are related to the management of obstructed labor except :
- (A) There is no place of wait and watch policy  
(B) Dehydration and ketoacidosis should be promptly corrected  
(C) Oxytocin has got a definite place in the management  
(D) Uterus should be explored as a routine following delivery

088. All of the following are features of obstructed labor except :
- (A) Hot dry vagina (B) Tonic contracted uterus  
(C) Bandl's ring (D) Unruptured membranes
089. All are true about constriction ring except :
- (A) Also called Schroeder's ring (B) Can be caused by injudicious oxytocin use  
(C) Ring can be palpated per abdomen (D) Inhalation of amylnitrate relaxes the ring
090. About constriction ring all are correct except :
- (A) The ring is always felt on abdominal examination  
(B) Usually situated around the neck of the fetus in cephalic presentation  
(C) There is no progress of labor  
(D) The ring is felt during cesarean section of forceps delivery or during manual removal of placenta
091. Uterine rupture is least common with :
- (A) LSCS (B) Classical section  
(C) Inverted T-shaped incision (D) T-shaped incision
092. Early fetal death is death of fetus at :
- (A) 10 weeks (B) < 20 weeks  
(C) < 28 weeks (D) > 20 weeks
093. Bandl's ring is also called as :
- (A) Constriction ring (B) Schroeder's ring  
(C) Retraction ring (D) Cervical dystocia
094. A 21 years old girl with 8 weeks amenorrhoea, now comes in shock. The likely diagnosis is :
- (A) Ruptured ectopic pregnancy (B) Incarcerated amnion  
(C) Twisted ovarian cyst (D) Threatened abortion
095. Traction force required for forceps delivery in primigravida is :
- (A) 15 kg (B) 18 to 20 kg  
(C) 13 kg (D) 25 kg
096. Trial of scar is not attempted in :
- (A) CPD (B) Ployhydramnios  
(C) Previous LSCS (D) IUGR
097. Optimum interval between uterine incision and delivery of fetal head during cesarean section should be :
- (A) < 90 secs (B) 90-150 secs  
(C) 150-200 secs (D) > 200 secs
098. A forceps rotation of 30° from left occiput anterior (LOA) to occiput anterior (OA) with extraction of the fetus from +2 station is described as which type of forceps delivery ?
- (A) High forceps (B) Mid forceps  
(C) Low forceps (D) Outlet forceps



109. A 35-year-old G2P1L1 presents to antenatal clinic at 35 weeks of pregnancy with C/O, leaking pervagina. Sample of pooled liquid turned red litmus paper blue and ferning was present. The temperature of the patient is 102°F and her pulse is 104. What is the next step in management ?
- (A) Administer betamethasone (B) Administer tocolytics  
 (C) Administer antibiotics (D) Place a cervical cerclage
110. A patient is diagnosed to have CIN II. She approaches you for advice. You can definitely tell her the risk of malignancy as :
- (A) 15% (B) 60%  
 (C) 30%  (D) 5%
111. All of the following changes are seen in dysplasia of squamocolumnar junction, except :
- (A) Breaking of basement membrane (B) Change of epithelium  
 (C) Hyperchromatic nuclei (D) Increased mitotic figure
112. In a cervix, low grade squamous intraepithelial lesion (LSIL) in Bethesda system includes :
- (A) CIN I (B) CIN II  
 (C) CIN III (D) Squamous metaplasia
113. Acetic acid staining of cervix shows following except :
- (A) Squamous dysplasia (B) Cervical carcinoma in situ  
 (C) Cervical polyp (D) Cervical dysplasia
114. Colposcopic features suggestive of malignancy are all except :
- (A) Condyloma (B) Vascular atypia  
 (C) Punctation (D) White epithelium
115. Therapeutic conisation is indicated in :
- (A) Microinvasive carcinoma  
 (B) CIN (III)  
 (C) Unsatisfactory colposcopy with cervical dysplasia  
 (D) Cervical metaplasia
116. Young lady comes with mild erosion of cervix and pap smear shows dysplasia, next step is :
- (A) Antibiotics  (B) Colposcopy  
 (C) Cryosurgery (D) Conization
117. A 35-year-old lady with post coital bleeding management is :
- (A) Clinical examination and paper smear (B) Visual examination with lugol iodine  
 (C) Visual examination with acetic acid  (D) Colposcopy
118. Which of the following is not a risk factor for CA cervix ?
- (A) Low parity (B) Multiple sexual partner  
 (C) Early serual intercourse (<16 years) (D) Smoking
119. HPV associated with adenocarcinoma of cervix :
- (A) Type 6  (B) Type 18  
 (C) Type 31 (D) Type 36

120. Most common type of human papilloma virus causing Ca cervix are :
- (A) 16 and 18 (B) 1 and 33  
(C) 6 and 11 (D) 2 and 14
121. Cervix carcinoma arises from :
- (A) Squamocolumnar junction (B) Isthmus  
(C) Cervical lip (D) Internal os
122. Which is feature(s) of stage Ib2 cancer cervix :
- (A) Microinvasion carcinoma with stromal invasion < 3mm  
(B) Microinvasion carcinoma with stromal invasion < 5mm  
(C) Size of lesion  $\leq$  4 cm  
(D) Size of lesion > 4 cm
123. Which of the following statements about squamous cell carcinoma of cervix is false :
- (A) Common at squamocolumnar junction  
(B) CT scan is mandatory for staging  
(C) Post coital bleeding is a common symptom  
(D) HPV 16 and 18 are associated with high risk of carcinogenesis
124. If stage Ib cervical cancer is diagnosed in a young woman, while performing radical hysterectomy which structure would you not remove :
- (A) Uteroseval and utervesical ligament (B) Pelvic LN  
(C) Both ovaries (D) Upper third of vagina
125. Point B in the treatment of carcinoma cervix receives the dose of :
- (A) 7000 cGy (B) 6000 cGy  
(C) 5000 cGy (D) 10,000 cGy
126. HPV triage strategy includes all except :
- (A) Conventional pap smear (B) Liquid base cytology  
(C) Hybrid capture 2 for HPV DNA (D) Colposcopy
127. A 55-year-old woman is diagnosed with invasive cervical carcinoma by cone biopsy. Pelvic examination and rectal examination reveal the parametrium is free of disease but upper part of vagina is involved with tumor. IVP and sigmoidoscopy are negative but CT scan of abdomen and pelvis shows grossly enlarged pelvic and para aortic nodes. Thus patient is classified as stage:
- (A) II a (B) II b  
(C) III a (D) III b
128. 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

129. The following statements are related to the treatment of carcinoma cervix stage 1B except:  
 (A) Surgery and radiotherapy have got almost equal 5-year-survival rate  
 (B) Surgery has got higher morbidity than radiotherapy  
 (C) Radiotherapy has got few limitations  
 (D) In younger age group, radiotherapy is preferred
130. The most common pure germ cell tumour of the ovary :  
 (A) Choriocarcinoma (B) Dysgerminoma  
 (C) Embryonal cell tumour (D) Malignant Teratoma
131. Chemotherapy for dysgerminoma is :  
 (A) Cisplatin, etoposide, bleomycin (B) Cyclophosphamide, vincristine, prednisolone  
 (C) Adriamycin, cyclophosphamide, cisplatin (D) Methotrexate, oncovin, cyclophosphamide
132. All of the given are true about Krukenberg's tumour except :  
 (A) Has a rough surface (B) Shape of ovary is maintained  
 (C) Usually bilateral (D) Arises usually from stomach carcinoma
133. The following tumours commonly metastasise to the ovary, except :  
 (A) Malignant melanoma (B) Stomach  
 (C) Oesophagus (D) Lymphoma
134. Meig's syndrome is associated with :  
 (A) Teratoma (B) Brenner tumour  
 (C) Theca cell tumour (D) Fibroma
135. Most common ovarian cyst to undergo torsion :  
 (A) Benign cystic teratoma (B) Dysgerminoma  
 (C) Ovarian fibroma (D) Brenner's tumour
136. A 20-year old young girl, presents with history of rapidly developing hirsutism and amenorrhoea with change in voice. To establish a diagnosis you would like to proceed with which of the following tests in blood :  
 (A) 17 OH progesterone (B) DHEA  
 (C) Testosterone (D) LH + FSH estimation
137. A 20 year female presents with a ovarian mass 6 × 6 × 6 cm in size. Ultrasonography reveals solid structures in the mass. Her serum biomarkers such as AFP,  $\beta$ -hCG and CA 125 are normal, however, her serum alkaline phosphatase was found to be elevated. The most likely diagnosis is :  
 (A) Dysgerminoma (B) Endodermal sinus tumour  
 (C) Malignant teratoma (D) Mucinous cystadenocarcinoma
138. Reinke's crystals are found in :  
 (A) Arrhenoblastoma (B) Granulosa cell tumor  
 (C) dysgerminoma (D) Hilus cell tumor
139. Which are seen in endodermal sinus tumor :  
 (A) Schiller-duval bodies (B) Reed-sternberg cells  
 (C) Reinke's crystals (D) Russell bodies

140. Lutein cysts are associated with all except :  
 (A) Gestational trophoblastic tumours (B) Clomiphene administration  
 (C) Bilaterality (D) Use of OCP's
141. Sex cord stromal tumours of the ovary include all except :  
 (A) Luteomas (B) Gynandroblastomas  
 (C) Sertoli-Leydig cell tumours of the ovary (D) Theca-fibroma
142. Common differential diagnosis of verrucous carcinoma is :  
 (A) Condylomata lata (B) Condylomata accuminata  
 (C) Adenocarcinoma (D) Tuberculosis
143. Which is the most commonly implicated in genital (vulval) warts ?  
 (A) HPV 16 (B) HPV 18  
 (C) HPV 31 (D) HPV 6
144. Brachytherapy is used in :  
 (A) Stage Ib Ca cervix (B) Ovarian Ca  
 (C) Stage IV Ca vagina (D) Stage II fallopian tube Ca
145. All of these secrete hormone, except :  
 (A) Granulosa cell tumor (B) Dysgerminoma  
 (C) Hilus cell tumor (D) Theca cell tumor
146. Pyometra commonly occurs following :  
 (A) Carcinoma endometrium (B) Carcinoma cervix  
 (C) Carcinoma urethra (D) Senile endometritis
147. Characteristic feature of carcinoma fallopian tube :  
 (A) Watery discharge P/V (B) Hemorrhage  
 (C) Pain (D) Sepsis
148. All of the following are used for screening cancers in females except :  
 (A) CA-125 : Ovarian cancer  
 (B) Office endometrial aspirate : Endometrial carcinoma  
 (C) Pap smear : Cervical cancer  
 (D) Mammography : Breast cancer
149. The most common site of vulval cancer :  
 (A) Labia majora (B) Labia minora  
 (C) Prepuce of the clitoris (D) Bartholin's gland
150. The following primary tumours are common in the vulva except :  
 (A) Adenocarcinoma (B) Basal cell carcinoma  
 (C) Choriocarcinoma (D) Squamous cell carcinoma
151. CA 125 is elevated in all except :  
 (A) Tuberculosis (B) Endometriosis  
 (C) Ovarian tumor (D) Polycystic ovarian disease

152. A 21-year-old unmarried woman has premenstrual fullness of breast and pain, the likely diagnosis is :
- (A) Galactocele (B) Fibroadenosis  
(C) Fibroadenoma (D) Mastitis
153. Primary peritonitis is more common in females because :
- (A) Ostia of Fallopian tubes communicate with abdominal cavity  
(B) Peritoneum overlies the uterus  
(C) Rupture of functional ovarian cysts  
(D) None of the above
154. Post menopausal estrogen production is due to :
- (A) Peripheral aromatization of androstenedione  
(B) Adrenal - direct production  
(C) Ovarian tumor  
(D) None of the above
155. Causes of vulval pain are due to all except :
- (A) Neuralgia of the genitofemoral nerve (B) Herpes  
(C) Vulval vestibulitis syndrome (D) Lichen sclerosus
156. The most life threatening complications of septic abortion includes :
- (A) Peritonitis (B) Renal failure  
(C) Respiratory distress syndrome (D) Septicaemia
157. The method most suitable for MTP is 3<sup>rd</sup> month of pregnancy is :
- (A) Dilatation and curettage (B) Extra amniotic ethacrydine  
(C) Hysterectomy (D) Suction and evacuation
158. The figure shows karman cannula. The number of cannula corresponds to :
- 
- (A) Diameter of cannula in mm (B) Diameter of cannula in cm  
(C) Surface area of cannula (D) Length of cannula
159. Levels of progesterone indicating unviable pregnancy and viable intrauterine pregnancy are :
- (A) 5 ng/mL; 20 ng/mL (B) 10 ng/mL; 20 ng/mL  
(C) 5 ng/mL; 50 ng/mL (D) 10 ng/mL; 50 ng/mL
160. Best method for MTP in 2<sup>nd</sup> trimester abortion :
- (A) Oxytocin (B) Prostaglandin  
(C) Ethacridil (D) Hypertonic saline
161. All of the following are known causes of recurrent abortion except :
- (A) TORCH infection (B) SLE  
(C) Rhincompatibility (D) Syphilis

162. A 25 years old female reports in the casualty with history of amenorrhea for two and half months and abdominal pain and bleeding per vaginum for one day. On examination, vital parameters and other systems are normal. On speculum examination, bleeding is found to come from Os. On bimanual examination, uterus is of 10 weeks size, soft and Os admits one figure. The most likely diagnosis is :
- (A) Threatened abortion (B) Missed abortion  
 (C) Inevitable abortion (D) Incomplete abortion
163. A woman with H/o recurrent abortions presents with isolated increase in APTT. Most likely cause is :
- (A) Lupus anticoagulant (B) Factor VII  
 (C) Von willebrand's disease (D) Hemophilia A
164. Anti phospholipid syndrome (APS) is associated with all of the following except :
- (A) Pancytopenia (B) Recurrent abortions  
 (C) Venous thrombosis (D) Pulmonary hypertension
165. A woman complains of right-sided lower abdominal pain and mild bleeding per vagina for one day after a period of amenorrhoea of 6 weeks. Her general condition is satisfactory. There is tenderness in the right iliac fossa. The urine hCG test is positive. Transvaginal ultrasound scan does not reveal an adnexal mass or an intrauterine pregnancy.
- What is the next step in the management ?
- (A) Commence treatment with methotrexate  
 (B) Perform a laparoscopic examination  
 (C) Perform two serum beta hCG tests 48 hours apart  
 (D) Repeat the ultrasound scan after 7 days
166. A woman attends the antenatal clinic at a POA of 5 weeks. She has no complaints. Her periods are regular and she is sure of dates. Urine hCG is positive. Transvaginal scan does not reveal an intrauterine or ectopic pregnancy. Serum beta hCG doubles from 900 to 1800 IU/L after 48 hours.
- What is the next step in the management ?
- (A) Give a single dose of methotrexate  
 (B) Perform a laparoscopy  
 (C) Perform a serum beta hCG test after 1 week  
 (D) Repeat the Transvagina scan after 3 days
167. What is the treatment of choice of unruptured tubal pregnancy with serum  $\beta$ -hCG titre 2000 IU/ml :
- (A) Single dose of methotrexate (B) Variable dose of methotrexate  
 (C) Expectant management (D) Laparoscopic salpingostomy
168. Diagnostic criteria for primary abdominal pregnancy :
- (A) Spiegelberg criteria (B) Rubin's criteria  
 (C) Studdiford criteria (D) Wrigly criteria
169. In which part of fallopian tube ectopic pregnancy will have largest survival :
- (A) Isthmus (B) Ampulla  
 (D) Interstitium  
 (C) Cornua

170. Hydatidiform mole is principally a disease of :  
 (A) Amnion (B) Chorion  
 (C) Uterus (D) Decidua
171. True regarding partial mole :  
 (A) It has more chances of malignancy (B) Cellular atypia seen  
 (C) Trophoblastic proliferation with no villi (D) Triploid or tetraploid
172. Prophylactic chemotherapy in hydatidiform mole should preferably given :  
 (A) Prior to evacuation as a routine (B) Following evacuation as a routine  
 (C) Selected cases following evacuation (D) As a routine 6 weeks postevacuation
173. Risk of reoccurrence of H mole in future pregnancy is :  
 (A) 1-4% (B) 4-8%  
 (C) 8-10% (D) 10-12%
174. Choriocarcinoma is differentiated from invasive mole (chorioadenoma destruens) by :  
 (A) Presence of high titre of urinary chorionic gonadotrophin  
 (B) Presence of cannon ball shadow in the lungs  
 (C) Absence of villi structure on histological examination of the lesion  
 (D) All of the above
175. A case of gestational trophoblastic neoplasia is detected to have lung metastasis. She should be staged as :  
 (A) Stage-I (B) Stage-II  
 (C) Stage-III (D) Stage-IV
176. A 25-year-old female was diagnosed to have choriocarcinoma, management is :  
 (A) Chemotherapy (B) Radiotherapy  
 (C) Hysterectomy (D) Hysterectomy and then radiotherapy
177. At 28 weeks on USG-(TVS) a G2P1 female was detected as having major placenta previa. A confirmatory scan should be performed :  
 (A) At 32 weeks (B) At 34 weeks  
 (C) At 36 weeks (D) At onset of labor
178. A 29-year-old G3P2 woman at 34 weeks gestation is involved in as serious car accident in which she lost consciousness briefly. In the emergency department she is awake and alert and complains of a severe headache and intense abdominal and pelvic pain. Her blood pressure is 150/90 mm Hg, heart rate is 120/min, temperature is 37.4°C (99.3°F), and respiratory rate is 22/min. Fetal rate is 155/min. Physical examination reveals several minor bruises on her abdomen and limbs, and vaginal inspection reveals blood in the vault. Strong, frequent uterine contractions are palpable. Which of the following is most likely a complication of this PTS present condition :  
 (A) DIC (B) IUGR  
 (C) Subarachnoid hemorrhage (D) Vasa previa
179. The following tests are related to blood coagulation disorders in obstetrics except :  
 (A) Thrombocytopenia is a feature of fibrinolytic process and not of DIC  
 (B) In DIC, RBC will be held 'helmet' shaped of fragmented but in fibrinolytic process, the cell morphology is normal  
 (C) Weiner clot observation test gives a rough estimate of total blood fibrinogen level  
 (D) Thrombocytopenia can be diagnosed from the peripheral smear

180. A 21-year-old primigravida is admitted at 39 weeks gestation with painless antepartum hemorrhage. On examination uterus is soft non-tender and head engaged. The management for her would be :
- (A) Blood transfusion and sedatives (B) A speculum examination  
 (C) Pelvic examination in OT (D) Tocolysis and sedatives
181. Which of the following is not used in DIC ?
- (A) Heparin  (B) Epsilon amino caproic acid  
 (C) Blood transfusion (D) Intravenous fluids
182. Twin pregnancy predisposes to :
- (A) Hydramnios (B) Pregnancy induced hypertension  
 (C) Malpresentation  (D) All of the above
183. Indications of urgent delivery of the second baby in twin are all except :
- (A) Abruptio placentae  
 (B) Cord prolapse of the second baby  
 (C) Inadvertent use of IV ergometrine with the delivery of the anterior shoulder of the first baby  
 (D) Breech presentation of the second baby
184. Lowest frequency of twin pregnancy is seen in :
- (A) Nigeria (B) Philippines  
 (C) India (D) Japan
185. Blood chimerism is maintained by :
- (A) Monochorionic dizygotic twins (B) Dichorionic dizygotic twins  
 (C) Vanishing twins (D) Singleton pregnancy
186. To say twin discordance the differences in the two twins should be :
- (A) 15% with the larger twin as index (B) 15% with the smaller twin as index  
 (C) 25% with the larger twin as index (D) 25% with the smaller twin as index
187. The dose of anti D gamma globulin given after term delivery for a Rh-negative mother and Rh positive baby is :
- (A) 50 microgram (B) 200 microgram  
 (C) 300 microgram (D) 100 microgram
188. Fetal affection by Rh antibody are all except :
- (A) Nonimmune hydrops fetalis (B) Icterus gravis neonatorum  
 (C) Congenital anemia of the newborn (D) Fetal death
189. In nonimmune hydrops which of the following is not seen :
- (A) Skin edema (B) Ascities  
 (C) Large placenta  (D) Cardiomegaly
190. Tablets supplied by Government of India contain :
- (A) 60 mg elemental iron + 500 µg of folic acid  
 (B) 200 mg elemental iron + 1 mg of folic acid  
 (C) 100 mg elemental iron + 500 µg of folic acid  
 (D) 100 mg elemental iron + 5 mg of folic acid

191. With oral iron therapy, rise in Hb% can be seen after :  
 (A) 1 week (B) 3 weeks  
 (C) 4 weeks (D) 6 weeks
192. Not an indicator for blood transfusion :  
 (A) Severe anemia at 36 weeks (B) Moderate anemia at 24-30 weeks  
 (C) Blood loss anemia (D) Refractory anemia
193. Dose of folic acid per day for treating megaloblastic anemia in pregnancy :  
 (A) 400 mg (B) 4 mg  
 (C) 1 mg (D) 2 mg
194. In pregnancy, which type of anemia is not common in India ?  
 (A) Vitamin B12 anemia (B) Folic acid anemia  
 (C) Iron + Folic acid anemia (D) Iron deficiency anemia
195. Cesarean section is mandatory in which cardiac diseases ?  
 (A) VSD (B) Coarctation of aorta  
 (C) MVP (D) MS
196. Tubectomy in a heart patient who has recently delivered is best done after :  
 (A) 48 hours (B) 1 week  
 (C) 2 weeks (D) Immediately
197. In which of the following heart diseases is maternal mortality during pregnancy found to be the highest :  
 (A) Coarctation (B) Eisenmenger syndrome  
 (C) AS (D) MS
198. Kalindi 25 years female admitted as a case of septic abortion with tricuspid valve endocarditis. Vegetation from the valve likely to affect is :  
 (A) Liver (B) Spleen  
 (C) Brain (D) Lung
199. Most common congenital malformation seen in a diabetic pregnant woman amongst the following :  
 (A) Cardiac defect (B) Renal defect  
 (C) Liver defect (D) Lung defect
200. Most sensitive screening test in diabetic mothers for congenital malformation :  
 (A) MS AFP (B) Blood glucose  
 (C) Amniotic fluid AFP (D) HbA1C (Glycosylated haemoglobin)