

## O&G MCQs

1. Which is not required for the diagnosis of pregnancy induced hypertension?

- a) systolic BP rise of > 30mmHg above pre pregnancy level
- b) diastolic BP rise of > 15mmHg above pre pregnancy level
- c) an absolute BP of >140/90
- d) occur after the 20<sup>th</sup> week of gestation
- e) proteinuria

2. Which is not a risk factor for preeclampsia?

- a) molar pregnancy
- b) multigravida
- c) age < 20 years
- d) multiple pregnancy
- e) family history

3. Which statement is not true with regards to preeclampsia?

- a) it is due to a state of fluid overload
- b) the oedema must be generalized
- c) the proteinuria often occurs after the odema and hypertension
- d) if left untreated it can progress to eclampsia and the HELLP syndrome
- e) it is characterized by ischemia and thrombosis of end organs

4. Which is not accurate with regard to management of Eclampsia?

- a) seizures are usually self terminating if left untreated but will recur
- b) magnesium sulphate 4gm should be given over 15 minutes for seizure control, then infused at 1gm per hour
- c) the desired BP is a diastolic BP of 90mmHg
- d) magnesium sulphate does not lower BP
- e) hydrallazine is the agent of choice to lower BP, 5mg every 20 minutes

5. Which would be consistent with a seizure due to eclampsia?

- a) there is status epilepticus
- b) no proteinuria or hypertension
- c) focal neurological signs
- d) it responds to benzodiazapines
- e) there is a persistently decreased conscious post seizure

6. Which is not a risk factor for an ectopic pregnancy?

- a) fertility treatment
- b) IUD in situ
- c) Endometriosis
- d) Previous tubal infection
- e) Family history

7. At what bHCG would the chance of an ectopic pregnancy be 90% if a transvaginal ultrasound showed an empty uterus?

- a) 500
- b) 900
- c) 1200
- d) 1600
- e) 2000

8. At what bHCG can you reliably see an intrauterine pregnancy with a transabdominal ultrasound?

- a) 4000
- b) 5000
- c) 5500
- d) 6500
- e) 7500

9. Which is incorrect with regards to ectopic pregnancy?

- a) incidence in the standard population is 20/1000
- b) the incidence of a heterotopic pregnancy in the standard population is 1:4000
- c) the presence of abdominal or pelvic pain is the most sensitive symptom or sign
- d) an intrauterine gestational sac can usually be seen at 5 weeks on a TV ultrasound and at 6 weeks on a transabdominal ultrasound
- e) the ectopic rate in subsequent pregnancies is 10%

10. Which is incorrect with regards to Rhesus isoimmunisation?

- a) The chance of a Rh-ve mother developing antiD antibodies to a Rh+ve fetus is less than 20% (even if not given antiD)
- b) Anti D must be given within 24 hours to have any substantial effect
- c) The risk of maternofetal transfusion is very small in a first trimester abortion and thus a smaller dose of anti D could be given
- d) The IgM anti D antibodies cannot cross the placenta but the IgG antibodies can
- e) It is a blood product.

11. Which is incorrect with regards to anti D?

- a) it is given IV
- b) The Kleihauer test is done to determine to quantify the fetomaternal hemorrhage and thus the amount of anti D required
- c) If the mother's serum has antiD antibodies detected in her serum at 24-48 hours after injection then the dosage is adequate
- d) If given from 3-10 days after fetomaternal transfusion it still has some effect
- e) 1ml protects against 6ml of fetal RBC's

12. With regards to the different categories of abortion which is incorrect?

- a) in an incomplete abortion the cervix may be open or closed
- b) in an inevitable abortion the cervix is open
- c) in a complete abortion the cervix is closed and bleeding and pain minimal
- d) in a threatened abort the cervix is open
- e) in a septic abortion the pt is characteristically febrile with PV bleeding and crampy pain

13. Which statement is incorrect?

- a) in the normal pregnancy the bHCG increases by 66% every two days
- b) the bHCG should plateau when it reaches 1-2 million at 20 weeks gestation
- c) the current serum test can detect bHCG at 2-3 days post implantation
- d) a falling bHCG does not rule out the chance of rupture in an ectopic pregnancy
- e) approximately 50% of patients with a threatened abort will go on to complete the pregnancy

14. Which is not a true statement with regards to a normal pregnancy?

- a) the resting heart rate increases by 15-20 beats / min by the end of the third trimester
- b) the blood volume increases by 45%
- c) polycythemia develops
- d) there is a leucocytosis up to 18 000
- e) the bladder becomes an abdominal organ

15. Which statement is incorrect with regards to radiation exposure to the fetus?
- the minimum exposure known to cause risk to the fetus is  $<0.1\text{Gy}$  ( $1000\text{microGy}$ )
  - a CXR and Pelvic Xray are well below the minimum toxic level
  - a VQ scan falls well below the toxic level
  - a CT abdomen falls well below the toxic level
  - a CXR has the same radiation as one transatlantic air flight
16. Which is not true with regards to placental abruption and trauma in pregnancy?
- it is the most common cause of death if the mother survives
  - the incidence in minor trauma is up to 5% and up to 50% in major trauma
  - it can occur up to 4 hours post accident
  - CTG monitoring for a 4 hours is thought to predict nearly all pts of minor trauma who will develop placental abruption
  - It is characterized by pelvic pain uterine contractions and vaginal bleeding
17. Which statement is incorrect with regards to dysfunctional uterine bleeding
- it is very rare in the teenage years
  - it is usually due to anovulatory cycles
  - oestrogen is used acutely to slow bleeding by contracting the uterine arteries
  - cyclical progesterone is used if it is a chronic problem
  - in patients over 35 years endometrial biopsy should precede oestrogen administration
18. Which three must be present to make the diagnosis of PID?
- temp  $>38.3$ , abdo pain, vaginal discharge
  - temp  $> 38.3$ , abdominal pain, cervical excitation
  - abdo pain, adnexal tenderness, increased CRP
  - adnexal tenderness, vaginal discharge and increased CRP
  - abdominal pain, cervical excitation and adnexal tenderness
19. Which agent is not one recommended in the 2000 antibiotic guidelines for the treatment of outpatient sexually acquired PID?
- Metronidazole 400mg b.d orally for 14 days
  - ceftriaxone 250 mg IM stat dose
  - augmenten duo forte 875/125 b.d orally for 14 days
  - doxycycline 100mg b.d orally for 14 days
  - roxithromycin 300mg o daily for 14 days if breast feeding
20. The risk of infertility after a single episode of PID is approximately?
- 5%
  - 10%
  - 20%
  - 25%
  - 35%
21. Non sexually acquired PID should be treated with doxycycline and what according to the 2000 Antibiotic Guidelines?
- metronidazole
  - ciprofloxacin
  - ceftriaxone
  - augmented duo forte
  - cephalexin

22. Which is an incorrect statement with regards to ovarian torsion?
- 70% of cases occur in women less than 30 years of age
  - 20% of cases in women less than 30 are associated with pregnancy
  - it has an increased incidence in women receiving ovarian stimulation treatment
  - a tender mass is felt in 10% of cases
  - when it occurs in post menopausal women, neoplasm should be excluded
23. Which of the below is not consistent with trichomonas vaginitis?
- flagella are seen on a wet prep
  - copious frothy grey green discharge
  - a strawberry cervix on examination
  - evidence of other sexually transmitted diseases
  - treated with doxycycline
24. Which is not a risk factor for vaginal candidiasis?
- prepubertal
  - diabetes
  - immunosuppression
  - pregnancy
  - hormone replacement therapy
25. Which is not true with regard to bacterial vaginitis?
- it is the most common cause of vulvovaginitis in women of childbearing age
  - clue cells are seen
  - it can be a normal commensal
  - it is not sexually transmitted
  - treatment is with metronidazole

**ANSWERS**

1.E 2.B 3.C 4.D 5.D 6.E 7.C 8)D 9.E 10.B 11.A 12.D  
 13.B 14.C 15.D 16.C 17.A 18.E 19.C 20.B 21.D 22.D 23.E 24.A  
 25.D