

III Professional MBBS Part II Degree Regular/Supplementary Examinations
May 2025
Obstetrics and Gynaecology
Paper II - Gynaecology and Family Welfare
(2019 Scheme)

Time: 3 Hours

Total Marks: 100

- Answer all questions to the point neatly and legibly • Do not leave any blank pages between answers
- Indicate the question number correctly for the answer in the margin space
- Answer all parts of a single question together • Leave sufficient space between answers
- Draw table/diagrams/flow charts wherever necessary

1. Multiple Choice Questions

(20x1=20)

The MCQ questions (Q.No. i to Q.No. xx) shall be written in the space provided for answering MCQ questions at page No. 51 of the answer book (the inner portion of the back cover page (PART III)).

Responses for MCQs marked in any other part/page of the answer book will not be valued

Question numbers i-v case scenario-based questions

A 22 year married girl presents with irregular menstrual cycles and weight gain. She has acne and excessive facial hair.

- i. What is the most probable diagnosis

a) Androgen producing tumor	c) Tuberculosis
b) Polycystic ovarian disease (PCOD)	d) Endometriosis
- ii. Which of the following is true in PCOD

a) Insulin is low	c) Low oestrogen
b) Increased androgen levels	d) Hyper thyroid
- iii. Drug of choice for regularisation of menstruation in PCOD

a) Combined oral contraceptive pill	c) Depot medroxy progesterone
b) Clomiphene citrate	d) LNG –IUS
- iv. The most common cause for infertility in PCOD is:

a) Tubal factor	b) Endometrial abnormality	c) Anovulation	d) Cervical factor
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- v. All of the following are treatment options for PCOD except:

a) Life style modification	b) Combined OCP	c) Metformin	d) Steroids
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Question numbers vi-x consist of two statements - Assertion (A) and Reason (R). Answer these questions by selecting the appropriate options given below.

vi. **Assertion (A):** Congenital hypogonadotropic hypogonadism is a cause for primary amenorrhea.

Reason (R): Hypogonadotropic hypogonadism is seen in Kallmann syndrome.

- a) Both A and R are correct and R is correct explanation of A
- c) A is correct; R is incorrect
- b) Both A and R are correct and R is not correct explanation of A
- d) A is incorrect; R is correct

vii. **Assertion (A):** Endometriosis commonly causes infertility.

Reason (R): Endometriosis distorts pelvic anatomy by scarring and adhesions.

- a) Both A and R are correct and R is correct explanation of A
- c) A is correct; R is incorrect
- b) Both A and R are correct and R is not correct explanation of A
- d) A is incorrect; R is correct

viii. **Assertion (A):** Combined contraceptive pills reduce the risk of endometrial cancer.

Reason (R): Combined contraceptive pills are the best choice in treating endometrial hyperplasia.

- a) Both A and R are correct and R is correct explanation of A
- c) A is correct; R is incorrect
- b) Both A and R are correct and R is not correct explanation of A
- d) A is incorrect; R is correct

ix. **Assertion (A):** HPV infection is a risk factor for carcinoma of cervix.

Reason (R): HPV 16 & 18 are high risk oncogenic strains.

- a) Both A and R are correct and R is correct explanation of A
- c) A is correct; R is incorrect
- b) Both A and R are correct and R is not correct explanation of A
- d) A is incorrect; R is correct

x. **Assertion (A):** Submucosal fibroids cause heavy menstrual bleeding

Reason (R): Subserosal fibroids increase the endometrial thickness.

- a) Both A and R are correct and R is correct explanation of A
- c) A is correct; R is incorrect
- b) Both A and R are correct and R is not correct explanation of A
- d) A is incorrect; R is correct

Question numbers xi-xv are multiple-response type questions. Read the statements & mark the answers appropriately.

xi. Which of the following in endometriosis is **TRUE**

1) It is commonly associated with chronic pain	2) Laparoscopy is the best method to diagnose
3) Infertility may be seen in this condition	4) Life style modification is the treatment of choice
a) 1, 2 and 3	b) 1, 2 and 4
c) 2, 3 and 4	d) 1, 3 and 4

xii. Risk factors for endometrial carcinoma

1) Obesity 2) Hypertension 3) Combined oral contraceptive pills usage for 4 years
4) Delayed menopause
a) 1, 2 and 3 b) 1, 2 and 4 c) 2, 3 and 4 d) 1, 3 and 4

xiii. In vaginal candidiasis following are CORRECT

1) KOH preparation to see the hyphae and budding yeast 2) Rule out Diabetes
3) Clotrimazole is the drug of choice 4) Vaginal PH is >7.5 in candidiasis
a) 1, 2 and 3 b) 1, 3 and 4 c) 1, 2 and 4 d) 2, 3 and 4

xiv. Following are FALSE about Dermoid cyst

1) Torsion is one of the complication 2) It is a sex cord stromal tumour
3) Incidence of bilateral dermoid cyst is <1% 4) It is common in menopausal age
a) 1, 2 and 3 b) 1, 2 and 4 c) 2, 3 and 4 d) 1 and 3

xv. Criteria for medical management of ectopic pregnancy

1) Unruptured ectopic pregnancy 2) Beta HCG > 5000 i.u 3) Sac size <3.5 cms
4) Absent Fetal heart rate
a) 1, 2 and 3 b) 1, 2 and 4 c) 2, 3 and 4 d) 1, 3 and 4

Question numbers xvi-xx are single-response type questions

xvi. A 16-year-old girl with 6 weeks of pregnancy comes for MTP. What is the first line of management

a) Mifepristone b) Misoprostol c) Oxytocin d) Inform the police

xvii. Karyotype of complete hydatidiform mole is:

a) 45XO b) 69XXY c) 46XX d) 47XXY

xviii. Indicators of ovarian reserve are all **EXCEPT**

a) Anti mullerian hormone c) Volume of ovary
b) Antral follicular count d) CA 125

xix. Uterus develops from:

a) Mesonephric duct b) Genital ridge c) Paramesonephric duct d) Genital tubercle

xx. Which of the following statement is **FALSE** in HIV

a) Vertical transmission to newborn is 15-25% if no intervention is given
b) Breast feeding may also cause transmission to baby
c) Artificial feeding is advised always
d) Transmission of HIV from male to female is high

Long Essays:

(2x10=20)

2. A couple is unable to conceive after 3 years of unprotected intercourse.

a) What are the tests for ovulation
b) What are the drugs used for ovulation induction
c) WHO criteria for normal Semen parameters
d) Tests for tubal patency

(2+2+3+3)

3. 47-year-old woman presents with post coital bleeding. On vaginal examination there is an ulcerative lesion on cervix which bleeds on touch.

a) What is the most probable diagnosis and one differential diagnosis
b) Risk factors for this carcinoma
c) Management of stage 1 of this condition
d) Complications of this condition

(1+2+5+2)

Short Essays:

(6x6=36)

4. A patient reported because she cannot feel the thread of Copper -T inserted 2 years back. What are the possibilities for missing thread. How will you manage her.
5. 26-year woman reports with fever, pain abdomen and white discharge. How will you evaluate and manage the case.
6. A 36-year lady presents with heavy menstrual bleeding and dysmenorrhoea. What is the approach and management.
7. A young couple recently married have come for contraceptive advice. How will you counsel and advice. What are the ethical principles to be kept in mind while counselling.
8. 70-year-old woman presents with 3rd degree utero vaginal prolapse; she is not fit for prolonged anaesthesia and hysterectomy. How will you Counsel and what are the management options.
9. A 28-year-old lady has presented with secondary amenorrhoea and pregnancy test is negative. How will you investigate her.

Short Answers:

(6x4=24)

10. Clinical features of menopause.
11. Bartholin's abscess.
12. Causes of heavy menstrual bleeding in submucous fibroid.
13. Indications and Technique of PAP smear.
14. Emergency contraception.
15. Role of hysteroscopy in gynaecology.
