**1**

**Short Answer Questions**

**Subject: Gyn/Obs**

1. **Theme:** **SLE .Antenatal complications and management**

 A 30 years old G4P0+3 with Systemic Lupus Erythematoses with positive antinuclear Antibodies comes in antenatal OPD at 8 wks of gestation.

1. What maternal and neonatal problems she can encounter during pregnancy?

|  |  |
| --- | --- |
| 1. **Multisystem disorder – 10%**

 **Maternal complications – 20%** **Fetal effects – 20%**  | **Weightage****50%** |
|  **b) 1) Multi disciplinary care** **2) Drugs – safe** **– contraindicated** **3) USG** **– Dating, anomaly, Doppler from 24wks, USG for growth.** **4) regular review (BP proteinuria, C3, C4 levels anti dsDNA, 24hrs proteins** **5)Mode / timing of delivery** **- post partum flare up of disease** | **50% (10% for each step)** |

1. How will you manage her?

**KEY:**

**REFERENCES:**

**1. David M Leusley, An evidence based text book for MRCOG, 2nd edition, pg 93-4.**

**2. Dewhurst text book of obstetrics and gynecology, 8th edition, Pg 140, 177.**

**2. Theme: Preeclampsia with HELLP syndrome**

## Q 2 31 years old primigravida admitted through emergency with BP of 150/120mHg, proteinuria 3+, LFTs shows AST of 85U/L, platelet count 70,000/cm3.

1. What’s your diagnosis?
2. Justify your management?

**KEY**

|  |  |
| --- | --- |
| 1. **Pre-eclampsia with HELLP syndrome (hemolysis, elevated liver enzymes and low platelets)**
 | **Weightage****20%** |
| 1. **Management**

**Delivery after stabilization****Control BP****Seizure prophylaxis****maternal and fetal monitoring****Fluid management****NICU care/ inuterotransfer****Mode of delivery****Thromboprophylaxis****Post partum monitoring****Recurrence 15 – 25 %** | **80%, for justification 40% listing** |

**REFERENCE: Dewhurst text book of obstetrics and gynecology.8th edition Pg 102, 1083. Theme: Obstetric cholestasis**

## Q 3 A 28 years old G3P2 admitted in labor room with 32 wks pregnancy, jaundice, generalized itch and sleeplessness. Investigation shows raised bile acids.

1. Give 4 differential diagnosis.
2. Critically appraise your investigations and management.

**KEY**

|  |  |
| --- | --- |
| 1. **1) obstetric cholestasis**
2. **Acute fatty liver of pregnancy**
3. **Viral hepatitis**
4. **HELLP syndrome**
 | **Weightage****20%** |
| 1. **1) Most likely Dx is obstetric cholestasis**

**2) risk of preterm labour, IUD, meconium passage****3) LFTs (↑ Transaminases 2 – 3 fold, ↑ bile acids)****4) R/o other cases of Lear disease** **5) hepatobiliary USG (to r/o fatly hiver)****6) fetal monitoring with USG ,CTG,BPP, Doppler****7) Mode and timing of delivery -I0L t 37 – 38 wks or earlier if deteriorating liver functions****8) ursodeoxycholic acid, Vit K post natal monitoring**  | **80% (10% for each step)** |

**REFERENCE: RCOG guide line no. 43, Obstetric Cholestasis.**

**4. Theme:**  **SGA\_**

## Q 4 45 years old G4P3 referred due to small for dates. She is at 30 wks POG by dates and FH is 26wks.

1. Give differential diagnosis.

b) Management.

|  |  |
| --- | --- |
| **a) 1) wrong dates****2) oligohydramnios****3) IUGR****4) Constitutional** | **Weightage****20%** |
| 1. **History –LMP dates – Medical disorders – recent infections- h/o passage of liquor**

**Examination – SFH****USG – liquor – Growth parameters – Doppler flow** **Serial monitoring with growth scan, liquor volume, umbilical a Doppler, BPP*** **Abnormal Doppler flow – manage accordingly – steroids**
* **mode/ timing of delivery**
* **neonatal care**
 | **Listing 40%** **listing + justification 80%** |

**REFERENCE: RCOG guide line no. 31** **, Investigations and management of Short for gestational age fetus.**

 **5. Theme: Recurrent miscarriages**

##  A 30 years old P2 +3 with last ERPC done 2 wks ago has come for advice.

How will you investigate her? Give justification for each investigations.

**KEY**

|  |  |
| --- | --- |
| 1. **Diagnosis is recurrent miscarriage**

**Investigations*** **Parental Karyotyping**
* **USG**
* **HSG**
* **Antiphospholipid Ab (LA and ACL ab)**
* **OGTT**
 | **Weightage****10%****80% for justification of each investigations** |

**REFERENCE: RCOG guideline no. 17, Investigation and treatment of couples with recurrent miscarriage.**

 **6. Theme**:  **Contraception**

##  20 years old primiparous women 1 week after delivery, breast feeding her baby. She has no h/o any medical disorder and wants contraceptive advice. Critically appraise deferent methods of contraception for her.

**KEY**

|  |  |
| --- | --- |
| 1. **Barrier Methods Advantages/ disadvantages**
2. **Progesterone only pill – safe but failure rate**
* **COCP – relative contraindication**
* **Implanon, Estrogen rings**
1. **IUCD Advantages / disadvantages**
2. **Sterilization not suitable due to age, parity etc**
 | **Weightage****2****5****2****1** |

**REFERENCE: Dewhurst’s text book of obstetrics and Gynaecology, 8th edition Pg 498, 502 - 5**

**6. Theme: Ovarian hyper stimulation syndrome**

##  20 years old female married for 2 yrs, having unexplained infertility, took Clomiphene citrate for ovulation induction during the current cycle. On day 15 of cycle, she presented in emergency with acute pain abdomen, distention and dyspnoea. Her pulse was 102 b/min, BP 80/40 mHg.

1. What is the most likely Dx and how will you investigate her?

 b) Enlist steps of management in this patient.

|  |  |
| --- | --- |
| **ovarian hyper stimulation syndrome****USG for too many follicles (> 10mm), enlarged cystic ovaries, (> 12cm size) Ascites, PE, Pericardia effusion****Electrolytes (Hyponatremia)****hematocrit – (> 45%)****TLC (> 15000/ml)****coagulation profile****LFTS, RFTs****CXR (effusion)** **This is severe Ovarian Hyper stimulation syndrome so****Hospitalization and monitoring vital sign + urine output****TED stocking + heparin****IV fluids****Psychological support****Analgesics****Drainage of effusions for symptomatic relief****Rarely TOP may be life saving.** | Weightage136 |

**Dewhurst’s text book of obstetrics and Gynaecology, 8th edition Pg 525, 575.**

**7. Theme: \_OCCIPITO POSTERIOR position**

##  28 years old PG at term in labor is fully dilated for last 2 hrs. Vertex is at +1 station and in (RE) occipito posterior position. Critically analyze the management options in this patient.

**KEY**

|  |  |
| --- | --- |
| * **Manual rotation f/b spontaneous vaginal delivery as OA or forceps delivery.**
* **Vacuum delivery**
* **Forceps delivery as POP**
* **Key land’s forceps**
* **Cesarean section**

**Pros and cons of each option** | **Weightage****5 marks for listing****5 marks each** |

**Dewhurst’s text book of obstetrics and Gynaecology, 8th edition Pg 318 – 32**

**8. Theme:**  \_**Post date pregnancy**

 **32 years old PG at 41 wks and 4 days of gestation presents in A/N clinic. Her pregnancy was otherwise uncomplicated critically appraise management options.**

**KEY**

|  |  |
| --- | --- |
| * **Post dates/ post term pregnancy is 42wks or beyond**
* **Complications of post term pregnancy if this patent does not deliver before 42 wks.**
* **Options.**
* **Sweeping and stretching decreases no. of inductions**
* **Induction between 41-42 wks decreases cesarean rates and neonatal morbidity/ mortality**
* **Planned induction at 40 wks has no added advantages.**
* **Conservatives treatment till labor starts – increased risk of meconium aspiration and caesarian section after 42 wks.**

**(monitoring during conservative management)** | Weightage 2 8 |

**Dewhurst’s text book of obstetrics and Gynaecology, 8th edition Pg 279, 280.**

**9. Theme:**   **Cesarean section rate**

 **Cesarean rate during the current year has risen from 18% to 30% in your unit. Justify the steps you will take to deal with this problem.**

**KEY**

|  |  |
| --- | --- |
| 1. **Concern about increased maternal mortality and more bidity**
2. **Greater input from senior staff and regular audit of monitoring practices**
3. **ECV for breech (uncomplicated, singleton)**
4. **Trial of scar**
5. **Slow increments in oxytocin infusion for augmentation**
6. **Continuous CTG discouraged for low risk labors**
7. **CTG abnormalities combined with fetal blood sampling**
8. **Diagnosis of labor and correct representation on partogram**
9. **One to one care support A/N preparation and education especially in patients who want CS on request**
10. **Trial of breech in selected cases**
 | **Weightage****10% each step** |

**Dewhurst’s text book of obstetrics and Gynaecology, 7th edition Pg 420-21 and nice guideline intrapartum care.**

**10. Theme: PPROM**

##  30 years old G2P1 at 31 wks of gestation presents with n/o copious thin watery discharge per vagina.

## What’s your diagnosis and how will you confirm it?

1. **Discuss management options.**

**KEY**

|  |  |
| --- | --- |
| 1. **PPROM**
* **History, examination (P/S), Nitrazine paper test, USG for AFI**
 | **Weightage****1****2** |
| 1. **Conservative give criteria and monitoring**
* **Maternal and neonatal complications**
* **Mode and timing of delivery**
* **Induction – criteria**
* **Inutero transfer**
* **NICU care**
* **Steroids – role of antibiotics**
 | **7** |

**Dewhurst’s text book of obstetrics and Gynaecology, 8th edition Pg 353, 354, Green top guide line 44, Preterm prelabour rupture of membranes.**

 **11. Theme:** **\_Shoulder dystocia**

##  while conducting a vaccum delivery for prolonged second stage of labor, you encountered shoulder dystocia. Prescribe various manoeuvres that you will attempt.

**KEY**

|  |  |
| --- | --- |
| 1. **Call for help**
2. **Mcrobert is manarie**
3. **Suprapubic pressure**
4. **Episiotomy**
5. **Delivery of posterior Arm**
6. **Internal rotational manoeuvres**
7. **Inform consultant obstetrician**
8. **All fours**
9. **Cleidotony, Zaranelli manoeurve**
10. **Documentation**
 | **Weightage****½ mark for each point if only listing****1 mark if each step in paper order and its mechanism given** |

**Green top guide lines no 42, (shoulder dystocia)**

1. **Theme: Postmenopausal bleeding**

##  60 years old post menopausal lady presents with vaginal bleeding.

1. **Give your differential diagnosis?**
2. **Critically appraise different methods of endometrial sampling.**

**KEY**

|  |  |
| --- | --- |
| 1. **Endometrial hyperplasia**
* **Endometrial carcinoma**
* **Atrophic endometritis**
* **Cervicitis**
 | **Weightage****2** |
| * **Pipelle, cytobrush, endonatle**
* **Hysteroscopy and directed biopsy (gold standard)**
* **Diagnostic dilatation and curretage**

**Advantage, disadvantages, diagnostic accuracy and false negative rates.** | **3****3****2** |

**Reference: StratOG module 10, management of endometrial carcinoma**

1. **Genuine stress incontinence**

##  30 yrs old postmenopausal lady presents with confirmed diagnosis of Genuine stress incontinence. Justify different surgical management options in her case.

**KEY**

|  |  |
| --- | --- |
| 1. **Anterior vaginal repair**
2. **Bursch colposuspension**
3. **Alternative supra pubic procedures (marshall – marchetti krantz, pervaginal repair and laparoscopic colposuspension)**
4. **Needle suspension procedures and sling procedures**
5. **Injectable agents and artificial splinters.**
 | **Weightage****2 marks each if Advantage, success rate disadvantages and suitability for each procedure is given.** **½ marks each if only listing** |

**Green top guide lines no 35, surgical treatment of urodynamic stress incontinence.**

**14. Theme:**  **Induction of labor**

##  30 yrs old G2P1 at 41 +3wks of gestation with otherwise an uncomplicated pregnancy has come for induction of labor. Critically appraise different methods of induction of labor.

**KEY**

|  |  |
| --- | --- |
| 1. **Membranes sweeping**
2. **Pharmacological methods**
* **PGE2**
* **Misoprostol**
1. **Nonpharmacological methods**
2. **Surgical and mechanical methods**
3. **Methods not recommended for induction of labor.**
 | **Weightage****2 marks for each method if role of each methods along with efficacy & success mentioned** |

**Reference: Nice guide lines 70 induction of labor.**

**15**. **Theme: Polycystic ovarian disease**

##  34 yrs old school teacher having polycystic ovarian disease is concerned about long term consequences of this healthy problem.

How will you counsel her regarding long term consequences of this familial condition

**KEY**

|  |  |
| --- | --- |
| 1. **Metabolic consequences**
2. **CVS risk**
3. **PCOs and pregnancy**
4. **Endometrial hyperplasia/CA**
* **Screening of above conditions**
* **Strategies for reduction of risk**

**(wt reduction, exercise, drug treatment)** | **Weightage****1****1****1****1****3****3** |

**Reference: Green top guideline no. 33, Long term consequences of PCOS.**

**16. THEME: Preeclampsia**

##  32 yrs old primigravida presented in emergency with pain epigastium, blurring of vision at 30 wks gestation, her BP is 150/110 mHg. She has proteinuria three plus on dipstick measurement, how will you manage her?

|  |  |
| --- | --- |
| **KEY Diagnosis pre-eclampsia*** **History – antenatal record**
* **Dating USG**
* **Anomaly USG**
* **Examination**
* **Reflexes**
* **Oedema**
* **SFH, liquor, EFW**
* **Investigation: FBC, LFTs, RFTs**

**Coagulation profile only if platelet count < 100\*106/L*** **Close monitoring of fluid balance**
* **CTG, Doppler, biophysical profile**
* **Consider delivery after control of BP induction VS CS.**
* **MGSO4 for prevention of fits**
* **Corticosteroids**
* **NICU care/inuterotransfer**
 | **Weightage****1****1****1****2****1****1****1****1****1** |

**RCOG guideline no. 10(A), Management of severe pre-eclampsia/eclampsia.**

**17**. **Theme:**  **Breech presentation- management\_**

## Q 18 justify management of 30 yrs old primigravida at 37 wks gestation and breech presentation.

**KEY**

|  |  |
| --- | --- |
| * **USG to confirm presentation, check for placentaprevia, liquor, free cord, flexed head**
* **ECV (pre requisite and complications)**
* **Vaginal breech delivery Vs elective LSCS (risks and benefits)**
* **Evidence in favour of LSCS**
* **allow informed choice by patient**
* **Trial of vaginal delivery – high fetal morbidity and mortality**
* **Likely hood of VD during next pregnancy after CS.**
 | **Weightage****2****2****3****1****1****1** |

**RCOG guideline no. 20, Management of breech presentation.**

**18. Theme:**  **recurrent miscarriage**

## Q 19 28 yrs old female P6 +3 has come to pregnancy clinic 1 month after her miscarriage. Justify the investigations carried out for her recurrent miscarriage.

**KEY**

|  |  |
| --- | --- |
| 1. **Parental Karyotyping**

**5-10% risk of abnormal karyotype****Referral to geneticist**1. **Cytogenetic analysis of product of conception**
2. **USG – Role of 3G USG and Hystrosalpingography**
3. **TFTs and OGTT – not recommended in all patients**
4. **Lupus anticoagulant and anticardiolipin a CL Ab to confirm APS**
5. **Protein C, S, anti thromisin III and factor V Leiden gene mutation.**
6. **TORCH screening – not helpful**

**Screening for bacterial vaginosis – helpful** | **Weightage****2****1****1****1****2****2****1** |

**RCOG guideline no, 17, investigation and Management of couples with recurrent miscarriage.**

**19. Theme**: **Ectopic pregnancy- management options**

## Q 20 34 yrs old P2 having a 3 cm (Rt) adenexal mass in ampulla of tube having cardiac activity. Justify management options available for her.

**KEY**

|  |  |
| --- | --- |
| * **hCG levels + hemodynamic stability**

**laparoscopy approach Vs Laparotomy****salpingotomy Vs salpingectomy*** **medical management**

**contraindicated due to cardiac activity*** **Expectant management not suitable .**
* **Anti D prophylaxis if needed and encouraging patients participation in decision making**
 | **Weightage** **2****4****2****1****1** |

**RCOG guideline no. 21, Management of tubal pregnancy**

**20. Theme: \_Placenta previa**

##  35 yrs old, lecturer at a university, presents in her 3rd pregnancy with anomaly scan done showing low lying placenta reaching internal OS. She is anxious about this finding. How will you manage her further?

**KEY**

|  |  |
| --- | --- |
| * **Counselling**
* **TVS at 20-24 wks**
* **Advantages of TVS in diagnosis**
* **Asymptomatic minor previa – USG left until 36 wks**
* **Asymptomatic major previa –TVS at 32 wks and planning for 3rd trimester management and delivery**
* **Morbidly adherent placenta, role of Doppler**

**& role of tocolysis*** **In patient Vs outpatient care**
* **Rest and VTE risk**
* **Delivery**
* **PPH management massive hemorrhage during cesarean for placenta previa.**
 | **Weightage****10 marks (1 for each point)** |

**RCOG guideline no. 27, placenta previa and accreta diagnosis and managements.**

**21. Theme: VBAC**

## Q 22 32 years old G2P1 at 37wks of gestation with history of cesarean section for breech presentation in previous pregnancy has come for A/N visit she wants to have vaginal delivery. (VBAC)

## How will you manage her?

**KEY**

|  |  |
| --- | --- |
| * **History examination especially clinical pelvimetry, USG R/o contraindication to VD**
* **Explain advantages and disadvantages of TOLAC Vs ERCS (elective repeat cesarean section) and success of VBAC**
* **Care during labor –Intrapartum**
* **s/s of impeding scare ruptured**
* **availability of O, Anesthetist and staff**
* **post partum care**
* **patients involvement in decision making**
 | **Weightage****2****2****(3)****1****1****1** |

**RCOG Green top guideline no. 45, Birth after previous cesarean section**.

**22. Theme: Chicken pox during pregnancy**

##  30 yrs old school teacher at 16 wks of gestation has been in contact with a child with chicken pox.

## How will you mange her further?

**KEY**

|  |  |
| --- | --- |
| * **History retails of contact, previous history of chicken pox**
* **Check for varicella zoster lg G if any doubts of immunity. (80% women are seropositive) not immune-give zoster immune Globulin ZIG**
* **2% risk of congenital varicella syndrome – features**
* **Detailed USG at 19 – 20 wks**
* **Counselling**
* **If develops chicken pox then oral acyclovir. 10 % risk of developing pneumonia**
* **Inductions of hospitalization**
* **Avoid spread to contacts**
* **Mode and timing of delivery and immunity of neonate**
 | **Weightage****1****2****1****1****1****2****1****1** |

**RCOG guideline no, 13, chickenpox in pregnancy**.

**23. Theme: ECTOPIC PREGNANCY- Medical treatment**

## Q 24 36 years old nulliparous female diagnosed as having (Rt) sided tuble ectopic pregnancy. She is having mild abdominal discomfort but vital signs are normal. She does not want to undergo surgery.

##  How will you manage her?

**KEY**

|  |  |
| --- | --- |
| * **Options available – medical Rx – expectant Rx**
* **History examination USG S/B HCG levels**
* **Criteria for medical Rx and need of flu, during of choice method.**
* **Failure of medical Rx**
* **Expectant management criteria**
* **Risk of failure and need of flu**
* **Patients involvement, risk of recurrence**
 | **Weightage****1****4****1****2****1****1** |

**Dewhurst text book of obstetrics & gynaecology, 8th edition, pg 81-82.**

**\_24. Theme: ECLAMPSIA\_- MANAGEMENT**

## Q 25 35 yrs old obese lady in her first pregnancy at term has a fit.

## How will you manage her?

**KEY**

|  |  |
| --- | --- |
| * **Call for help**
* **Posture**
* **Airway breathing circulation**
* **Basic life support**
* **O2, IV line ,control of BP**
* **investigations**
* **MgSO4 – dose, monitoring, diazgram, thiopentone**
* **Plan for delivery**
* **post natal monitoring**
* **Anesthesia**
 | **Weightage****1 mark for each point** |

**Dewhurst text book of obstetrics & gynaecology, 8th edition, pg 30**

**.**

**25.Theme: Hypertensive disorders of Pregnancy**

##  A 30 years old primigravida gestation presented in emergency with h/o fits. Her blood pressure at admission was 160/110 and proteinuria ++.

1. Justify the investigations you will perform in this case.
2. How will you manage her?
3. What complications can she develop?

**KEY**

|  |  |
| --- | --- |
| 1. **Blood CP**
2. **RFTs**
3. **LFTs**
4. **Coagulation Profile**
5. **Urine analysis**
 | TLC , ThrombocytopeniaDeranged renal functionsRaised ALT/ Transaminases ( 40% )Prolonged PT/APTTDegree of Albuminuria |
| **General Management:** **Call for help, IV Line, draw blood for investigations, side tilt, O2 and ventilation, and commence basic life support.** **Specific Management:*** + **Control of fits**
	+ **Control of BP**
	+ **Delivery of baby**
 | **( 40% )** |
| **Complications:**1. **Pulmonary oedema**
2. **HELLP Syndrome**
3. **DIC**
4. **Cerebral edema**
5. **Renal failure**
6. **Hepatic failure**
7. **Cerebral hemorrhage/infarction**
 |  **( 20% )** |

 **DEWHURST’S TEXT BOOK OF OBSTETRICS AND GYNAECOLOGY, 8th Edition, Pg 30**