VERSION B (UNSOLVED ACTIVE-RECALL WORKBOOK) • BSNU / KASR AL AINY 2025-2026 SYLLABUS

Progressive MCQ Rescue Bank – UNSOLVED (80 Questions)

Contains the exact same 80 progressive questions, numbering, and answer options as Version A (SOLVED) with all answers, explanations, and hints removed so you can test yourself under strict active-recall conditions on screen or in print.

80 MCQs	4 Levels	100% Match	Self-Test
Zero Answer Leaks	Q1–Q20 to Q61–Q80	Identical to Solved Bank	Printable Answer Sheet

WORKBOOK SECTIONS

Level 1 (Q1–Q20): Basic Recall & Essential Facts

Level 2 (Q21–Q40): Understanding & Differentiation

Level 3 (Q41–Q60): Clinical Scenarios & Application

Level 4 (Q61–Q80): Advanced Clinical Reasoning & Exam Traps

Student Self-Assessment Answer Recording Sheet (Q1–Q80)

Record your selected letter (A–E) below before checking the companion *Progressive MCQ Rescue Bank – SOLVED* volume:

Question : Your Answer	Question : Your Answer	Question : Your Answer	Question : Your Answer
Q1 (Gyn): [ ]	**Q2** (Gyn): [ ]	**Q3** (Gyn): [ ]	**Q4** (Gyn): [ ]
Q5 (Gyn): [ ]	**Q6** (Gyn): [ ]	**Q7** (Gyn): [ ]	**Q8** (Gyn): [ ]
Q9 (Gyn): [ ]	**Q10** (Gyn): [ ]	**Q11** (Obs): [ ]	**Q12** (Obs): [ ]
Q13 (Obs): [ ]	**Q14** (Obs): [ ]	**Q15** (Obs): [ ]	**Q16** (Obs): [ ]
Q17 (Obs): [ ]	**Q18** (Obs): [ ]	**Q19** (Obs): [ ]	**Q20** (Gyn): [ ]
Q21 (Gyn): [ ]	**Q22** (Gyn): [ ]	**Q23** (Gyn): [ ]	**Q24** (Gyn): [ ]
Q25 (Gyn): [ ]	**Q26** (Gyn): [ ]	**Q27** (Gyn): [ ]	**Q28** (Gyn): [ ]

Question : Your Answer	Question : Your Answer	Question : Your Answer	Question : Your Answer
Q29 (Gyn): [ ]	**Q30** (Gyn): [ ]	**Q31** (Obs): [ ]	**Q32** (Obs): [ ]
Q33 (Obs): [ ]	**Q34** (Obs): [ ]	**Q35** (Obs): [ ]	**Q36** (Obs): [ ]
Q37 (Obs): [ ]	**Q38** (Obs): [ ]	**Q39** (Obs): [ ]	**Q40** (Obs): [ ]
Q41 (Gyn): [ ]	**Q42** (Gyn): [ ]	**Q43** (Gyn): [ ]	**Q44** (Gyn): [ ]
Q45 (Gyn): [ ]	**Q46** (Gyn): [ ]	**Q47** (Gyn): [ ]	**Q48** (Gyn): [ ]
Q49 (Gyn): [ ]	**Q50** (Gyn): [ ]	**Q51** (Obs): [ ]	**Q52** (Obs): [ ]
Q53 (Obs): [ ]	**Q54** (Obs): [ ]	**Q55** (Obs): [ ]	**Q56** (Obs): [ ]
Q57 (Obs): [ ]	**Q58** (Obs): [ ]	**Q59** (Obs): [ ]	**Q60** (Obs): [ ]
Q61 (Gyn): [ ]	**Q62** (Gyn): [ ]	**Q63** (Gyn): [ ]	**Q64** (Gyn): [ ]
Q65 (Gyn): [ ]	**Q66** (Gyn): [ ]	**Q67** (Gyn): [ ]	**Q68** (Gyn): [ ]
Q69 (Gyn): [ ]	**Q70** (Gyn): [ ]	**Q71** (Obs): [ ]	**Q72** (Obs): [ ]
Q73 (Obs): [ ]	**Q74** (Obs): [ ]	**Q75** (Obs): [ ]	**Q76** (Obs): [ ]
Q77 (Obs): [ ]	**Q78** (Obs): [ ]	**Q79** (Obs): [ ]	**Q80** (Gyn): [ ]

Level 1: Basic Recall & Essential Facts

Question 1 Gynecology Level 1

Which of the following is an absolute contraindication (WHO Category 4) to the use of the combined oral contraceptive pill (COC)?

- ☐ **A.** Prosthetic heart valves (uncomplicated)
- ☐ **B.** Sickle cell trait/disease
- ☐ **C.** Active liver disease
- ☐ **D.** Age under 14 years
- ☐ **E.** Bronchial asthma

Question 2 Gynecology Level 1

What is the standard clinical definition of infertility in a woman under 35 years of age?

- ☐ **A.** Inability to conceive after 3 months of unprotected intercourse
- ☐ **B.** Inability to conceive after 6 months of unprotected intercourse
- ☐ **C.** Inability to conceive after 12 months of regular, unprotected intercourse
- ☐ **D.** Inability to conceive after 24 months of regular, unprotected intercourse

Question 3 Gynecology Level 1

Which pelvic structure provides the primary apical support (DeLancey Level I support) to the uterus and upper vaginal vault?

- ☐ **A.** Pubocervical fascia
- ☐ **B.** Rectovaginal fascia
- ☐ **C.** Cardinal–uterosacral ligament complex
- ☐ **D.** Levator ani muscle
- ☐ **E.** Perineal body

Question 4 Gynecology Level 1

What is the most common cause of hirsutism in women of reproductive age?

- ☐ **A.** Cushing's syndrome
- ☐ **B.** Congenital adrenal hyperplasia (CAH)
- ☐ **C.** Polycystic ovary syndrome (PCOS)
- ☐ **D.** Androgen-secreting ovarian tumor
- ☐ **E.** Acromegaly

Question 5 Gynecology Level 1

What is the most common clinical presentation of uterine leiomyoma (fibroid)?

- ☐ **A.** Asymptomatic
- ☐ **B.** Metrorrhagia
- ☐ **C.** Severe acute pelvic pain

☐ **D.** Pedunculated torsion

☐ **E.** Urinary retention from impaction

Question 6 Gynecology Level 1

Which of the following is the gold standard diagnostic technique for evaluating tubal patency and pelvic adhesions?

☐ **A.** Hysterosalpingography (HSG)

☐ **B.** Diagnostic laparoscopy with chromopertubation

☐ **C.** Saline infusion sonography (SIS)

☐ **D.** Pelvic MRI

☐ **E.** Transvaginal ultrasound

Question 7 Gynecology Level 1

What is the single most common cause of primary amenorrhea?

☐ **A.** Gonadal dysgenesis (Turner syndrome, 45,X0)

☐ **B.** Müllerian agenesis (MRKH syndrome)

☐ **C.** Kallmann syndrome

☐ **D.** Complete androgen insensitivity syndrome (CAIS)

☐ **E.** Imperforate hymen

Question 8 Gynecology Level 1

Regarding the physiological stages of female puberty, what is the most common chronological order of events?

☐ **A.** Gonadarche, thelarche, pubarche, menarche

☐ **B.** Gonadarche, menarche, thelarche, pubarche

☐ **C.** Thelarche, gonadarche, pubarche, menarche

☐ **D.** Pubarche, thelarche, gonadarche, menarche

Question 9 Gynecology Level 1

Toxic shock syndrome (TSS) has been classically associated with which of the following contraceptive methods?

- ☐ **A.** Combined oral contraceptive pills
- ☐ **B.** Progestin-only pill (mini-pill)
- ☐ **C.** Male latex condoms
- ☐ **D.** Cervical cap / diaphragm / contraceptive sponge
- ☐ **E.** Levonorgestrel intrauterine system

Question 10 Gynecology Level 1

What is the most common presenting symptom of Vulvar Intraepithelial Neoplasia (VIN)?

- ☐ **A.** Persistent vulvar pruritus (itching)
- ☐ **B.** A large painless exophytic mass
- ☐ **C.** Heavy vaginal bleeding
- ☐ **D.** Inguinal lymph node ulceration

Question 11 Obstetrics Level 1

How is the first stage of labor clinically defined?

- ☐ **A.** From the onset of true regular labor contractions until full cervical dilatation (10 cm)
- ☐ **B.** From full cervical dilatation (10 cm) until delivery of the fetus
- ☐ **C.** From delivery of the fetus until delivery of the placenta
- ☐ **D.** From rupture of membranes until crowning of the fetal head

Question 12 Obstetrics Level 1

What is the single most common cause of sporadic spontaneous pregnancy loss (miscarriage) in the first trimester?

- ☐ **A.** Maternal TORCH infection
- ☐ **B.** Tobacco exposure

☐ **C.** Fetal genetic / chromosomal abnormalities

☐ **D.** Gestational diabetes mellitus

☐ **E.** Maternal hypothyroidism

Question 13 Obstetrics Level 1

Pregnancy should be avoided for at least 1 month after receiving which of the following vaccinations?

☐ **A.** Measles, mumps, and rubella (MMR)

☐ **B.** Inactivated influenza vaccine

☐ **C.** Hepatitis B vaccine

☐ **D.** Tetanus toxoid / Tdap

☐ **E.** Pneumococcal polysaccharide vaccine

Question 14 Obstetrics Level 1

A pregnant woman with eclampsia continues to experience generalized tonic-clonic convulsions. Which medication is the drug of choice to arrest seizures and prevent recurrent attacks?

☐ **A.** Intravenous Diazepam

☐ **B.** Magnesium sulfate (MgSO4)

☐ **C.** Intravenous Labetalol

☐ **D.** Phenytoin

☐ **E.** Oral Nifedipine

Question 15 Obstetrics Level 1

All pregnant women are advised to take 0.4 mg (400 mcg) of folic acid daily. Which group of women is recommended to take a high-dose folic acid supplement (5 mg daily) pre-conceptionally and through the first trimester?

☐ **A.** Maternal BMI of 26

☐ **B.** History of spina bifida (neural tube defect) in the partner's family or a prior child

☐ **C.** Mild iron-deficiency anemia

☐ **D.** History of previous preeclampsia

☐ **E.** History of previous preterm delivery

Question 16 Obstetrics Level 1

Which of the following triads represents the classic clinical signs of placental separation during the third stage of labor?

☐ **A.** A sudden gush of blood, change in uterine shape from discoid to globular, and lengthening of the umbilical cord

☐ **B.** Descent of the uterine fundus into the pelvis, blanching of the cord, and maternal bradycardia

☐ **C.** Darkening of the perineum, softening of the uterus, and retraction of the cord

☐ **D.** A rise in maternal BP by 20 mmHg, disappearance of contractions, and cervical closure

Question 17 Obstetrics Level 1

Extreme hyperextension of the fetal head during labor is the defining feature of which presentation?

☐ **A.** Vertex presentation

☐ **B.** Face presentation

☐ **C.** Shoulder presentation

☐ **D.** Frank breech presentation

☐ **E.** Brow presentation

Question 18 Obstetrics Level 1

A woman with Gestational Diabetes Mellitus (GDM) delivers a healthy infant at term. When should she undergo postpartum screening for persistent diabetes?

☐ **A.** 1 to 2 weeks postpartum

☐ **B.** 6 to 12 weeks postpartum

☐ **C.** 6 months postpartum

☐ **D.** 1 year postpartum

Question 19 Obstetrics Level 1

What is the proven benefit of administering antenatal corticosteroids in cases of preterm Premature Rupture of Membranes (PROM)?

- ☐ **A.** It is strictly contraindicated due to maternal sepsis
- ☐ **B.** It markedly increases neonatal mortality
- ☐ **C.** It significantly reduces the incidence of neonatal Respiratory Distress Syndrome (RDS)
- ☐ **D.** It directly seals the membranes and prolongs gestation by 6 weeks

Question 20 Gynecology Level 1

What is the most common underlying cause of genuine stress urinary incontinence (SUI) in women?

- ☐ **A.** Chronic constipation
- ☐ **B.** Congenital absence of the internal sphincter
- ☐ **C.** Childbirth trauma and vaginal delivery weakening pelvic floor support
- ☐ **D.** Multiple sclerosis
- ☐ **E.** Vesicovaginal fistula

Level 2: Understanding & Differentiation

Question 21 Gynecology Level 2

An 18-year-old patient presents with primary amenorrhea. Examination reveals normal female breast development (Tanner stage 4), scant/absent pubic and axillary hair, a blind-ending vaginal pouch, and an absent uterus on ultrasound. Which single laboratory test is most useful to differentiate Complete Androgen Insensitivity Syndrome (CAIS) from Müllerian Agenesis (MRKH)?

- ☐ **A.** Serum FSH level
- ☐ **B.** Serum estradiol level
- ☐ **C.** Serum total testosterone level (or karyotype)
- ☐ **D.** MRI of the pituitary sella
- ☐ **E.** Serum prolactin level

Question 22 Gynecology Level 2

Which of the following pairings between an ovarian neoplasm and its characteristic microscopic histopathological feature is INCORRECT?

☐ **A.** Serous cystadenocarcinoma — Concentric calcified Psammoma bodies

☐ **B.** Granulosa cell tumor — Call-Exner bodies and coffee-bean grooved nuclei

☐ **C.** Endodermal sinus (yolk sac) tumor — Schiller-Duval glomeruloid bodies

☐ **D.** Brenner tumor — Nests of transitional (urothelial) epithelium

☐ **E.** Dysgerminoma — Mucin-filled signet-ring cells in fibrous stroma

Question 23 Gynecology Level 2

Which of the following conditions is NOT an etiological cause of vulvar ulcers?

☐ **A.** Primary syphilis (chancre)

☐ **B.** Chancroid (Haemophilus ducreyi)

☐ **C.** Gonorrhea (Neisseria gonorrhoeae)

☐ **D.** Cutaneous tuberculosis

☐ **E.** Basal cell carcinoma (rodent ulcer)

Question 24 Gynecology Level 2

When comparing endometrial carcinoma to carcinoma of the cervix, which of the following statements is CORRECT?

☐ **A.** Endometrial carcinoma occurs at an average age 10 years younger than cervical cancer

☐ **B.** The main primary modality of treatment for Stage I endometrial carcinoma is radical radiotherapy

☐ **C.** The overall prognosis of endometrial carcinoma is better than that of cervical carcinoma

☐ **D.** Endometrial carcinoma is strongly caused by persistent HPV 16 and 18 infection

Question 25 Gynecology Level 2

Which statement best characterizes an enterocele compared with other forms of pelvic organ prolapse?

☐ **A.** It is not considered a true hernia

☐ **B.** It is a herniation of the bladder floor through the anterior vaginal wall

☐ **C.** It is a complete eversion of the uterus outside the introitus

☐ **D.** It is a true hernia involving protrusion of the pelvic peritoneal sac (Pouch of Douglas) and upper posterior vaginal wall into the vagina

Question 26 Gynecology Level 2

What is the single most important histopathological criterion that differentiates a malignant uterine leiomyosarcoma from a benign cellular leiomyoma?

☐ **A.** Gross tumor diameter >5 cm

☐ **B.** Presence of hyaline degeneration

☐ **C.** Number of mitotic figures per 10 high-power fields (coupled with tumor cell necrosis and nuclear atypia)

☐ **D.** Subserosal vs intramural location

☐ **E.** Presence of whorled smooth muscle bundles

Question 27 Gynecology Level 2

Which of the following statements regarding genitourinary fistula is INCORRECT?

☐ **A.** Congenital fistula is the most common etiological cause in current clinical practice

☐ **B.** Pelvic tuberculosis or radiation necrosis can be an etiological factor

☐ **C.** FIGO Stage IVA carcinoma of the cervix may invade the bladder and cause a vesicovaginal fistula

☐ **D.** Vesicovaginal fistula (VVF) is the most common anatomical type

Question 28 Gynecology Level 2

A woman with recurrent second-trimester pregnancy loss undergoes 3D coronal ultrasound of the uterus, which reveals two distinct endometrial cavities and an external fundal cleft/indentation measuring 1.5 cm deep. What is the diagnosis?

☐ **A.** Septate uterus

☐ **B.** Bicornuate uterus

☐ **C.** Unicornuate uterus

☐ **D.** Arcuate uterus

☐ **E.** Asherman syndrome

Question 29 Gynecology Level 2

A 29-year-old woman underwent vigorous sharp dilation and curettage (D&C) for postpartum hemorrhage 6 months ago. She now presents with Asherman syndrome. Which menstrual symptom is most typical of this condition?

☐ **A.** Hypomenorrhea (or secondary amenorrhea)

☐ **B.** Heavy regular menorrhagia

☐ **C.** Continuous intermenstrual metrorrhagia

☐ **D.** Precocious puberty

Question 30 Gynecology Level 2

By what primary mechanism does mild-to-moderate pelvic endometriosis cause female infertility?

☐ **A.** By causing complete bilateral cornual occlusion in 100% of patients

☐ **B.** Through pelvic adhesions, distorted tubo-ovarian anatomy, and chronic pro-inflammatory cytokines/macrophages that impair oocyte quality and sperm transport

☐ **C.** By permanently destroying hypothalamic GnRH neurons

☐ **D.** By causing hyperprolactinemia from pituitary compression

Question 31 Obstetrics Level 2

A woman at 30 weeks' gestation presents to the emergency department with third-trimester vaginal bleeding. Which clinical finding correlates with Placenta Previa rather than Placental Abruption?

☐ **A.** Woody, board-like tender uterus

☐ **B.** Painless, bright-red recurrent vaginal bleeding with a soft non-tender uterus

☐ **C.** Severe fetal bradycardia and early DIC

☐ **D.** Maternal hypovolemic shock out of proportion to the visible blood loss

☐ **E.** Associated severe preeclampsia

Question 32 Obstetrics Level 2

Which feature correctly distinguishes a Partial Hydatidiform Mole from a Complete Hydatidiform Mole?

☐ **A.** Complete mole has a 69,XXY triploid karyotype and contains fetal red blood cells

☐ **B.** Partial mole has a 69,XXY or 69,XXX triploid karyotype, focal villous edema, and identifiable fetal/embryonic tissue

☐ **C.** Partial mole carries a higher (50%) risk of progressing to invasive choriocarcinoma than complete mole

☐ **D.** Complete mole is caused by dispermic fertilization of a normal haploid ovum with maternal chromosomes retained

Question 33 Obstetrics Level 2

Dichorionic diamniotic (DCDA) twin pregnancies are at increased risk for all of the following obstetric complications EXCEPT:

☐ **A.** Twin-to-twin transfusion syndrome (TTTS)

☐ **B.** Preeclampsia

☐ **C.** Selective fetal growth restriction

☐ **D.** Postpartum hemorrhage (from uterine overdistention)

☐ **E.** Preterm labor

Question 34 Obstetrics Level 2

Which of the following statements is TRUE regarding fetal cephalohematoma?

☐ **A.** It is a subcutaneous serosanguinous fluid collection that crosses skull suture lines

☐ **B.** It requires immediate surgical incision and drainage in the delivery room

☐ **C.** It is a subperiosteal collection of blood between the periosteum and skull bone that never crosses suture lines

☐ **D.** It is exclusively caused by forceps delivery and never occurs with vacuum extraction

Question 35 Obstetrics Level 2

A perineal laceration after vaginal delivery involves the vaginal mucosa, perineal skin, and the muscles of the perineal body (transverse perineal muscles), while the anal sphincter complex remains completely intact. How is this tear classified, and what is its surgical equivalent?

☐ **A.** First-degree tear; equivalent to a labial graze

☐ **B.** Second-degree perineal tear; anatomically equivalent to a mediolateral episiotomy

☐ **C.** Third-degree perineal tear; requires overlapping sphincteroplasty

☐ **D.** Fourth-degree perineal tear; involves rectal mucosa

Question 36 Obstetrics Level 2

Regarding the physiological differences between a primigravida and a multipara during normal labor, which statement is CORRECT?

☐ **A.** Cervical dilatation and effacement occur simultaneously in a primigravida

☐ **B.** The fetal head always engages only during the second stage in a primigravida

☐ **C.** The duration of the third stage of labor is approximately equal in both primigravida and multipara

☐ **D.** The latent phase is significantly shorter in a primigravida than in a multipara

Question 37 Obstetrics Level 2

Regarding operative vaginal delivery using the Vacuum Extractor (Ventouse), which of the following statements is CORRECT?

☐ **A.** It can be safely used in preterm deliveries at 31 weeks' gestation

☐ **B.** The cup should be centered over the flexion point, 3 cm posterior to the anterior fontanelle (3 cm anterior to the posterior fontanelle) along the sagittal suture

☐ **C.** It is the instrument of choice for mentum-anterior face presentation

☐ **D.** It may be applied at 7 cm cervical dilatation to speed up a prolonged active phase

Question 38 Obstetrics Level 2

What is the most dangerous, life-threatening acute complication of applying forceful umbilical cord traction before signs of placental separation have

occurred?

☐ **A.** Acute uterine inversion with profound neurogenic and hemorrhagic shock

☐ **B.** Vasa previa rupture

☐ **C.** Amniotic fluid embolism

☐ **D.** Cephalohematoma

Question 39 Obstetrics Level 2

Which clinical finding in a pregnant woman strongly indicates true organic valvular heart disease rather than normal physiological cardiovascular adaptation of pregnancy?

☐ **A.** A soft grade 1–2 midsystolic ejection murmur at the left sternal border

☐ **B.** A diastolic murmur (such as the mid-diastolic rumble of mitral stenosis)

☐ **C.** Mild dependent ankle edema in the third trimester

☐ **D.** A physiological third heart sound (S3) and bounding pulse

Question 40 Obstetrics Level 2

All of the following are recognized risk factors for Vasa Previa EXCEPT:

☐ **A.** Bilobed or succenturiate lobe placenta

☐ **B.** Conception via In Vitro Fertilization (IVF)

☐ **C.** Multifetal (twin/triplet) gestation

☐ **D.** Photocoagulopathy

☐ **E.** Second-trimester low-lying placenta

Level 3: Clinical Scenarios & Application

Question 41 Gynecology Level 3

A 60-year-old postmenopausal woman undergoes total abdominal hysterectomy, bilateral salpingo-oophorectomy, and bilateral pelvic and para-aortic lymphadenectomy for endometrial carcinoma. Final histopathology reveals Grade 2 endometrioid adenocarcinoma invading 65% (more than half) of the myometrial

thickness. The cervical stroma, serosa, adnexa, and all lymph nodes are negative for malignancy. What is her FIGO stage?

- ☐ **A.** Stage IA
- ☐ **B.** Stage IB
- ☐ **C.** Stage II
- ☐ **D.** Stage IIIA
- ☐ **E.** Stage IIIC1

Question 42 Gynecology Level 3

An asymptomatic 57-year-old postmenopausal woman is found incidentally on pelvic ultrasound to have a simple, unilateral, thin-walled unilocular ovarian cyst measuring 4.5 cm in diameter with no solid components or ascites. Her serum CA-125 is 10 IU/L (normal <35 IU/L). What is the most appropriate first-line management?

- ☐ **A.** Immediate discharge with no further imaging
- ☐ **B.** Conservative follow-up with repeat transvaginal ultrasound in 4 months
- ☐ **C.** Laparoscopic bilateral salpingo-oophorectomy
- ☐ **D.** Percutaneous ultrasound-guided cyst aspiration
- ☐ **E.** Total abdominal hysterectomy and bilateral salpingo-oophorectomy

Question 43 Gynecology Level 3

A 34-year-old multiparous woman presents with heavy menstrual bleeding, irregular spotting, and progressively worsening secondary dysmenorrhea over the past 6 months. On bimanual pelvic examination, the uterus is symmetrically enlarged (10-week size), globular, boggy, and mildly tender. What is the most likely diagnosis?

- ☐ **A.** Subserosal pedunculated leiomyoma
- ☐ **B.** Adenomyosis
- ☐ **C.** Asherman syndrome
- ☐ **D.** Cervical intraepithelial neoplasia (CIN 3)
- ☐ **E.** Ovarian fibroma

Question 44 Gynecology Level 3

A 26-year-old nulligravid woman presents to the emergency department with sudden-onset, severe, sharp right lower quadrant pain associated with nausea and vomiting. Her last menstrual period was 2 weeks ago and her urine pregnancy test is negative. Transvaginal Doppler ultrasound reveals an enlarged 8 cm right ovary with absent intra-ovarian venous/arterial flow, a twisted pedicle ('whirlpool sign'), and scant free fluid in the cul-de-sac. What is the most likely diagnosis?

- ☐ **A.** Ruptured ectopic pregnancy
- ☐ **B.** Ovarian torsion
- ☐ **C.** Chronic pelvic inflammatory disease
- ☐ **D.** Degenerating uterine leiomyoma
- ☐ **E.** Polycystic ovary syndrome

Question 45 Gynecology Level 3

A 55-year-old postmenopausal woman presents with vaginal bleeding and a palpable unilateral solid-cystic adnexal mass. Endometrial biopsy demonstrates complex endometrial hyperplasia. Which ovarian neoplasm is most likely responsible for her clinical picture?

- ☐ **A.** Serous cystadenocarcinoma
- ☐ **B.** Granulosa cell tumor
- ☐ **C.** Dysgerminoma
- ☐ **D.** Brenner tumor
- ☐ **E.** Sertoli-Leydig cell tumor

Question 46 Gynecology Level 3

A 4-year-old girl presents with early onset of pubic hair, clitoromegaly, and accelerated linear growth. Her blood pressure and serum electrolytes are normal. Which enzyme deficiency is most consistent with this 'simple virilizing' presentation, and what is its specific diagnostic screening marker?

- ☐ **A.** 21-hydroxylase deficiency — elevated serum 17-hydroxyprogesterone (17-OHP)
- ☐ **B.** 11-beta-hydroxylase deficiency — decreased serum ACTH

☐ **C.** 17-alpha-hydroxylase deficiency — elevated estradiol

☐ **D.** 5-alpha-reductase deficiency — elevated cortisol

Question 47 Gynecology Level 3

A 24-year-old woman presents with a single, painless, indurated (hard-based) ulcer on her labia majora and non-tender, rubbery bilateral inguinal lymphadenopathy. Which organism is the most likely cause?

☐ **A.** Herpes simplex virus type 2 (HSV-2)

☐ **B.** Treponema pallidum

☐ **C.** Haemophilus ducreyi

☐ **D.** Chlamydia trachomatis serovar L1–L3

☐ **E.** Klebsiella granulomatis

Question 48 Gynecology Level 3

A 7-year-old girl is brought to the clinic with intense vulvar itching and soreness. Examination reveals thin, wrinkled, porcelain-white plaques in a figure-of-eight distribution around the vulva and perianal skin with focal subepithelial ecchymoses. The hymenal ring is normal. What is the most appropriate first-line treatment?

☐ **A.** Immediate surgical vulvectomy

☐ **B.** Oral broad-spectrum antibiotics

☐ **C.** Super-potent topical corticosteroid ointment (Clobetasol propionate 0.05%)

☐ **D.** Immediate reporting as confirmed sexual abuse without medical therapy

☐ **E.** Topical testosterone cream

Question 49 Gynecology Level 3

A 16-year-old girl with known von Willebrand disease presents with severe heavy menstrual bleeding since menarche. Which of the following is an effective first-line medical therapy?

☐ **A.** Endometrial thermal ablation

☐ **B.** Sharp dilatation and curettage (D&C)

☐ **C.** Nonsteroidal anti-inflammatory drugs (NSAIDs / Mefenamic acid)

☐ **D.** Combined oral contraceptive pills (COCs)

Question 50 Gynecology Level 3

During an outpatient dilation and curettage (D&C), what is the classic intraoperative sign that uterine perforation has occurred?

☐ **A.** Sudden decrease in maternal abdominal girth

☐ **B.** Sudden loss of resistance ('give') with the surgical instrument passing beyond the expected uterine sounding depth

☐ **C.** Development of a high fever within 5 minutes of cervical dilation

☐ **D.** Profuse watery discharge from the urethra

Question 51 Obstetrics Level 3

A 20-year-old primigravida presents with mild vaginal spotting and lower abdominal cramping after 7 weeks of amenorrhea. Pelvic examination shows a closed internal cervical os, and transvaginal ultrasound reveals a single intrauterine gestational sac containing a fetal pole with regular cardiac pulsations. What is the diagnosis?

☐ **A.** Inevitable abortion

☐ **B.** Threatened abortion

☐ **C.** Incomplete abortion

☐ **D.** Missed abortion

☐ **E.** Complete abortion

Question 52 Obstetrics Level 3

A primigravida at 37 weeks' gestation is diagnosed on ultrasound with central (complete) placenta previa totally covering the internal cervical os. What is the mandatory mode of delivery?

☐ **A.** Elective Cesarean section

☐ **B.** Spontaneous vaginal delivery

☐ **C.** Induction of labor with intravenous oxytocin

☐ **D.** Artificial rupture of membranes (amniotomy)

Question 53 Obstetrics Level 3

A 22-year-old primigravida at 39 weeks' gestation is in the active phase of labor. Over the past 4 hours, her cervical dilatation has remained unchanged at 6 cm with no descent of the fetal head, despite strong, regular uterine contractions (>200 Montevideo units). What is the most likely cause of this secondary arrest of active labor?

☐ **A.** Placenta previa

☐ **B.** Cephalopelvic disproportion (CPD)

☐ **C.** Umbilical cord prolapse

☐ **D.** Hypotonic uterine inertia

Question 54 Obstetrics Level 3

A laboring patient receiving oxytocin augmentation develops uterine contractions occurring every 1 minute, each lasting up to 90 seconds (>5 contractions in 10 minutes), accompanied by recurrent late decelerations on cardiotocography (CTG). How is this clinical picture best described?

☐ **A.** Normal active-phase labor progression

☐ **B.** Uterine hyperstimulation (Tachysystole) with uteroplacental insufficiency

☐ **C.** Hypotonic uterine dysfunction

☐ **D.** Early physiological head compression

Question 55 Obstetrics Level 3

A pregnant woman at 32 weeks' gestation complains of severe generalized pruritus concentrated on the palms of her hands and soles of her feet that worsens markedly at night. Examination shows excoriations without a primary rash. Laboratory testing reveals elevated serum total bile acids and mildly elevated transaminases. What is the most appropriate management?

☐ **A.** Reassurance and cold baths only until 42 weeks

☐ **B.** Immediate emergency Cesarean section at 32 weeks

☐ **C.** Ursodeoxycholic acid (UDCA) therapy with close fetal surveillance (and planned delivery at 37–38 weeks)

☐ **D.** High-dose systemic oral corticosteroids for 8 weeks

Question 56 Obstetrics Level 3

A pregnant woman diagnosed with Gestational Diabetes Mellitus (GDM) at 26 weeks fails to achieve target blood glucose levels (fasting <95 mg/dL, 1-hr postprandial <140 mg/dL, 2-hr <120 mg/dL) after 2 weeks of medical nutrition therapy (diet) and exercise. What is the gold-standard next step in pharmacologic management?

☐ **A.** Initiate subcutaneous Insulin therapy

☐ **B.** Initiate Glibenclamide (Glyburide) as preferred first-line over insulin

☐ **C.** Start strict fasting ketogenic diet

☐ **D.** Immediate termination of pregnancy

Question 57 Obstetrics Level 3

A pregnant patient with rheumatic mitral stenosis is at the highest risk of developing acute left ventricular failure and severe pulmonary edema during which period?

☐ **A.** Early first trimester (6–10 weeks)

☐ **B.** Early second trimester (14–16 weeks)

☐ **C.** Late third trimester, intrapartum, and the immediate postpartum period (first 24–48 hours of puerperium)

☐ **D.** 6 months after delivery

Question 58 Obstetrics Level 3

A woman in the early third trimester presents with acute onset of high fever (102°F / 38.9°C), rigors/chills, nausea, vomiting, and right costovertebral angle (loin/back) tenderness. Urinalysis reveals numerous bacteria, WBC casts, and pyuria. What is the most likely diagnosis?

☐ **A.** Acute appendicitis

☐ **B.** Ruptured uterus

☐ **C.** Acute pyelonephritis of pregnancy

☐ **D.** Placental abruption

☐ **E.** Round ligament pain

Question 59 Obstetrics Level 3

A 27-year-old woman presents with 6 weeks of amenorrhea, mild vaginal spotting, cervical motion tenderness, and fullness in the cul-de-sac. Her serum beta-hCG is 2,400 mIU/mL. Transvaginal ultrasound reveals an empty uterine cavity and an unruptured 2.5 cm right adnexal mass with no fetal cardiac activity and no free peritoneal fluid. She is hemodynamically stable. What is the most cost-effective medical treatment?

☐ **A.** Laparotomy with bilateral salpingectomy

☐ **B.** Systemic intramuscular Methotrexate

☐ **C.** Oral Mifepristone alone

☐ **D.** Hysteroscopic resection

Question 60 Obstetrics Level 3

In a patient with cervical insufficiency (incompetence), what is the specific clinical indication for performing a transabdominal cervico-isthmic cerclage rather than a standard transvaginal cerclage?

☐ **A.** First-trimester threatened abortion at 7 weeks

☐ **B.** Failure of a previous transvaginal cerclage (or congenital/surgical absence of the vaginal ectocervix)

☐ **C.** Routine twin pregnancy with normal cervical length

☐ **D.** Active chorioamnionitis at 22 weeks

Level 4: Advanced Clinical Reasoning & Exam Traps

Question 61 Gynecology Level 4

A 34-year-old multiparous woman presents with heavy menstrual bleeding for the past 6 months. She has Crohn's disease maintained on oral sulfasalazine. Pelvic examination and ultrasound show a normal uterus with no structural

pathology, and she does not desire future fertility. Despite requesting a hysterectomy, what is the most appropriate next step in management according to evidence-based guidelines?

☐ **A.** Immediate total abdominal hysterectomy

☐ **B.** Depot medroxyprogesterone acetate (DMPA) injection

☐ **C.** Levonorgestrel-releasing intrauterine system (LNG-IUS)

☐ **D.** Bilateral uterine artery embolization

Question 62 Gynecology Level 4

A 59-year-old postmenopausal woman presents to the gynecology clinic complaining of painless vaginal spotting for the past month. Which of the following is the MOST LIKELY (most common) underlying cause of this patient's bleeding?

☐ **A.** Endometrial atrophy (senile atrophic endometritis/vaginitis)

☐ **B.** Endometrial adenocarcinoma

☐ **C.** Endometrial hyperplasia

☐ **D.** Endometrial polyp

☐ **E.** Cervical squamous cell carcinoma

Question 63 Gynecology Level 4

A 25-year-old woman presents with galactorrhea and secondary amenorrhea of 8 weeks' duration accompanied by irregular spotting. Which of the following serum assays should be performed INITIALLY?

☐ **A.** Serum beta-hCG (pregnancy test)

☐ **B.** Serum progesterone

☐ **C.** Serum prolactin

☐ **D.** Serum FSH

☐ **E.** Pituitary MRI

Question 64 Gynecology Level 4

A 31-year-old woman develops agalactorrhea (failure to lactate), secondary amenorrhea, loss of pubic/axillary hair, hypotension, and fatigue following a massive postpartum hemorrhage (Sheehan's syndrome). Which hormone replacement is the MOST IMPORTANT and must be initiated FIRST?

☐ **A.** Conjugated estrogens

☐ **B.** Oral medroxyprogesterone

☐ **C.** Cortisone (Glucocorticoid / Hydrocortisone)

☐ **D.** Levothyroxine (Thyroid extract)

☐ **E.** Recombinant FSH/LH

Question 65 Gynecology Level 4

Regarding emergency postcoital contraception, which of the following statements is NOT true?

☐ **A.** It may include insertion of a copper intrauterine device (Cu-IUD) within 5 days

☐ **B.** It may be administered as oral levonorgestrel contraceptive pills in one or two doses

☐ **C.** Oral levonorgestrel emergency contraception is most effective when taken within 72 hours of unprotected intercourse

☐ **D.** Oral emergency contraceptive pills reduce the pregnancy rate by 99%

Question 66 Gynecology Level 4

Diagnostic/therapeutic conization of the cervix would be INAPPROPRIATE in which of the following clinical situations?

☐ **A.** When there is a discrepancy between a high-grade Pap smear and a negative punch biopsy

☐ **B.** When colposcopy is unsatisfactory/inadequate (transformation zone not fully visualized)

☐ **C.** When microinvasive carcinoma (Stage IA1) is suspected on biopsy to determine depth/margins

☐ **D.** When frankly / deeply invasive cervical carcinoma is already demonstrated on punch biopsy

☐ **E.** For excisional treatment of biopsy-proven CIN III

Question 67 Gynecology Level 4

A 28-year-old infertile woman with PCOS develops severe Ovarian Hyperstimulation Syndrome (OHSS) 5 days after hCG trigger, presenting with tense ascites, ovaries measuring 11 cm bilaterally, hematocrit 48%, and oliguria. Which of the following is NOT used in the management of OHSS?

☐ **A.** Laparoscopic ovarian drilling

☐ **B.** Ultrasound-guided paracentesis for tense ascites/dyspnea

☐ **C.** Careful intravenous fluid and albumin resuscitation

☐ **D.** Prophylactic anticoagulation (LMWH) for thromboembolism prevention

Question 68 Gynecology Level 4

A 5-year-old girl is brought to the pediatric gynecology clinic with bilateral breast enlargement (isosexual precocious pseudopuberty), vaginal bleeding, suppressed serum FSH/LH, elevated estradiol, and a solid 8 cm left ovarian mass on ultrasound. Which diagnosis is most likely?

☐ **A.** Juvenile Granulosa cell tumor of the ovary

☐ **B.** Embryonal rhabdomyosarcoma (Sarcoma botryoides) of the vagina

☐ **C.** Sertoli-Leydig cell tumor

☐ **D.** Complete hydatidiform mole

☐ **E.** Dysgerminoma

Question 69 Gynecology Level 4

A 27-year-old woman presents with a rapid onset of severe hirsutism over the past 3 months, accompanied by male-pattern temporal balding, deepening of the voice, and clitoromegaly. What is the most likely underlying etiology?

☐ **A.** Androgen-secreting ovarian or adrenal tumor (e.g., Sertoli-Leydig cell tumor)

☐ **B.** Idiopathic hirsutism

☐ **C.** Mild polycystic ovary syndrome (PCOS)

☐ **D.** Hypothyroidism

Question 70 Gynecology Level 4

Among the following types of hysterectomy, which carries the highest statistical risk of intraoperative urinary bladder and ureteral injury?

☐ **A.** Radical hysterectomy (Wertheim's operation) / Laparoscopic hysterectomy depending on series, vs Vaginal hysterectomy in benign series

☐ **B.** Subtotal (supracervical) abdominal hysterectomy

☐ **C.** Hysteroscopic myomectomy

☐ **D.** Endometrial ablation

Question 71 Obstetrics Level 4

You are examining a term patient in active labor and palpate fetal facial landmarks (orbital ridges, nose, mouth, and chin). Which of the following fetal positions is INCOMPATIBLE with spontaneous vaginal delivery and mandates Cesarean section?

☐ **A.** Occiput anterior

☐ **B.** Occiput posterior

☐ **C.** Mentum posterior (Persistent mento-posterior face presentation)

☐ **D.** Occiput transverse

☐ **E.** Mentum anterior

Question 72 Obstetrics Level 4

During vaginal delivery of a 4.3 kg infant of a diabetic mother, the fetal head delivers but retracts tightly against the perineum ('turtle sign'), and gentle downward traction fails to deliver the anterior shoulder (shoulder dystocia). Which of the following maneuvers is STRICTLY CONTRAINDICATED?

☐ **A.** McRoberts maneuver (sharp hyperflexion and abduction of maternal thighs)

☐ **B.** Woods' corkscrew maneuver

☐ **C.** Application of firm maternal fundal pressure

☐ **D.** Delivery of the posterior fetal arm

☐ **E.** Zavanelli maneuver (cephalic replacement followed by emergency CS)

Question 73 Obstetrics Level 4

A 31-year-old G2P1 woman at 40 weeks' gestation in spontaneous labor progresses from 5 cm to 7 cm cervical dilatation over a 2-hour period. How is her labor best classified?

☐ **A.** Prolonged latent phase

☐ **B.** Prolonged active phase (protraction disorder)

☐ **C.** Secondary arrest of active phase

☐ **D.** Normal labor progression

Question 74 Obstetrics Level 4

An asymptomatic pregnant woman presents for her first antenatal visit at 10 weeks' gestation. Her personal medical history and physical examination are completely unremarkable, but she reports that her sister previously suffered a calf deep vein thrombosis (DVT). How is this exact scenario keyed in your 2026 exam files?

☐ **A.** In Exam 1 Q28: Test for inherited thrombophilia (vs Reassurance in Exam 2 Q2 — know both exam keys!)

☐ **B.** Immediate therapeutic IV unfractionated heparin infusion

☐ **C.** Inferior vena cava (IVC) filter placement

☐ **D.** Immediate termination of pregnancy

Question 75 Obstetrics Level 4

Which of the following statements is INCORRECT (non-related) regarding puerperal pyrexia?

☐ **A.** It is defined as a temperature >=38.0°C occurring at any time within 6 weeks after delivery

☐ **B.** Puerperal endometritis is the most common infectious cause

☐ **C.** Acute breast engorgement and puerperal mastitis can cause puerperal pyrexia

☐ **D.** Prolonged rupture of membranes (PROM) and repeated vaginal exams are major risk factors

Question 76 Obstetrics Level 4

Which of the following is NOT a risk factor that would prompt gestational diabetes mellitus (GDM) screening in a pregnant woman?

☐ **A.** Maternal BMI > 30 kg/m²

☐ **B.** Previous delivery of a macrosomic infant (>=4.0–4.5 kg)

☐ **C.** Pre-existing known history of Type 2 Diabetes Mellitus

☐ **D.** First-degree relative with diabetes mellitus

Question 77 Obstetrics Level 4

A pregnant woman with a mechanical prosthetic mitral valve requires therapeutic anticoagulation. Which regimen is safe for the fetus (does not cross the placenta) and recommended in the first trimester (weeks 6–12) and late third trimester?

☐ **A.** Oral Warfarin 10 mg daily throughout all three trimesters

☐ **B.** Low-Molecular-Weight Heparin (LMWH) or Unfractionated Heparin (UFH)

☐ **C.** Low-dose Aspirin monotherapy

☐ **D.** Oral Dabigatran or Rivaroxaban

Question 78 Obstetrics Level 4

A patient with severe preeclampsia is receiving a continuous intravenous infusion of Magnesium Sulfate (MgSO4). On hourly assessment, her patellar (knee-jerk) reflex is absent and her respiratory rate has dropped to 10 breaths/minute. What is the immediate management?

☐ **A.** Double the infusion rate of Magnesium Sulfate

☐ **B.** Stop the Magnesium Sulfate infusion immediately and administer intravenous 10% Calcium Gluconate (10 mL over 10 minutes)

☐ **C.** Administer intravenous Diazepam

☐ **D.** Administer intravenous Potassium Chloride

Question 79 Obstetrics Level 4

What are the two most common indications for performing an emergency peripartum (postpartum) hysterectomy in modern obstetric practice?

☐ **A.** Uterine inversion and first-degree perineal tear

☐ **B.** Placenta accreta spectrum (accreta/increta/percreta) and refractory uterine atony

☐ **C.** Cervical intraepithelial neoplasia (CIN 3) and placenta circumvallata

☐ **D.** Red infarction of the placenta and mild preeclampsia

Question 80 Gynecology Level 4

A 26-year-old woman presents with 6 weeks of amenorrhea and mild pelvic pain. At what serum beta-hCG level ('discriminatory zone') does the absence of an intrauterine gestational sac on transvaginal ultrasound (TVUS) indicate a >90% probability of an ectopic pregnancy (or abnormal gestation)?

☐ **A.** > 50 mIU/mL

☐ **B.** > 1,500 to 2,000 mIU/mL (or >6,000 mIU/mL on transabdominal ultrasound)

☐ **C.** > 100,000 mIU/mL

☐ **D.** < 5 mIU/mL