FULL-LENGTH UNSOLVED EXAM BOOKLET • BSNU / KASR AL AINY 2025-2026 CALIBRATED

# OB/GYN Mock Exams 1, 2 & 3 – UNSOLVED (130 Questions)

Three complete exam simulations (130 total MCQs): Mock Exam 1 (50 Combined OB/GYN MCQs), Mock Exam 2 (40 Final Obstetrics MCQs), and Mock Exam 3 (40 Final Gynecology MCQs). Every question preserves its explicit source provenance tag (83 Actual Past Exam stems and 47 New Pattern-Matched high-yield syllabus stems) with zero answers or explanations revealed.

| **130 MCQs** | **50 / 40 / 40** | **83 Past / 47 New** | **Zero Leaks** |
|---|---|---|---|
| 3 Full Mock Papers | Combined / OB / GYN | Verified Provenance | Exam Simulation Ready |

### EXAMINATION PAPERS & TIMING

**Mock Exam 1: Combined OB/GYN Simulation (50 MCQs | 60 Mins)**

**Mock Exam 2: Final Obstetrics Paper 1 (40 MCQs | 50 Mins)**

**Mock Exam 3: Final Gynecology Paper 2 (40 MCQs | 50 Mins)**

**Self-Scoring Answer Recording Sheets (All 3 Exams)**

## Candidate Answer Recording Sheets (Mock Exams 1, 2 & 3)

Use these blank answer grids to simulate timed examination conditions before grading against *OB/GYN Mock Exams 1, 2 & 3 – SOLVED*:

### Mock Exam 1 Answer Sheet (50 Questions — 60 Minutes)

| Question (Subj) : Your Choice | Question (Subj) : Your Choice |
|---|---|
| **Q1** (Gyn): [ ] | **Q26** (Obs): [ ] |
| **Q2** (Obs): [ ] | **Q27** (Obs): [ ] |
| **Q3** (Gyn): [ ] | **Q28** (Obs): [ ] |
| **Q4** (Gyn): [ ] | **Q29** (Obs): [ ] |
| **Q5** (Gyn): [ ] | **Q30** (Obs): [ ] |

| Question (Subj) : Your Choice | Question (Subj) : Your Choice |
|---|---|
| **Q6** (Gyn): [ ] | **Q31** (Gyn): [ ] |
| **Q7** (Obs): [ ] | **Q32** (Gyn): [ ] |
| **Q8** (Gyn): [ ] | **Q33** (Gyn): [ ] |
| **Q9** (Gyn): [ ] | **Q34** (Gyn): [ ] |
| **Q10** (Obs): [ ] | **Q35** (Gyn): [ ] |
| **Q11** (Gyn): [ ] | **Q36** (Gyn): [ ] |
| **Q12** (Gyn): [ ] | **Q37** (Gyn): [ ] |
| **Q13** (Gyn): [ ] | **Q38** (Gyn): [ ] |
| **Q14** (Obs): [ ] | **Q39** (Gyn): [ ] |
| **Q15** (Gyn): [ ] | **Q40** (Gyn): [ ] |
| **Q16** (Obs): [ ] | **Q41** (Gyn): [ ] |
| **Q17** (Obs): [ ] | **Q42** (Obs): [ ] |
| **Q18** (Obs): [ ] | **Q43** (Obs): [ ] |
| **Q19** (Gyn): [ ] | **Q44** (Obs): [ ] |
| **Q20** (Gyn): [ ] | **Q45** (Obs): [ ] |
| **Q21** (Gyn): [ ] | **Q46** (Obs): [ ] |
| **Q22** (Gyn): [ ] | **Q47** (Obs): [ ] |
| **Q23** (Gyn): [ ] | **Q48** (Gyn): [ ] |
| **Q24** (Obs): [ ] | **Q49** (Obs): [ ] |
| **Q25** (Obs): [ ] | **Q50** (Gyn): [ ] |

## Mock Exam 2 Answer Sheet (40 Obstetrics Questions — 50 Minutes)

| Question (Subj) : Your Choice | Question (Subj) : Your Choice |
|---|---|
| **Q1** (Obs): [ ] | **Q21** (Obs): [ ] |
| **Q2** (Obs): [ ] | **Q22** (Obs): [ ] |
| **Q3** (Obs): [ ] | **Q23** (Obs): [ ] |

| Question (Subj) : Your Choice | Question (Subj) : Your Choice |
|---|---|
| **Q4** (Obs): [ ] | **Q24** (Obs): [ ] |
| **Q5** (Obs): [ ] | **Q25** (Obs): [ ] |
| **Q6** (Obs): [ ] | **Q26** (Obs): [ ] |
| **Q7** (Obs): [ ] | **Q27** (Obs): [ ] |
| **Q8** (Obs): [ ] | **Q28** (Obs): [ ] |
| **Q9** (Obs): [ ] | **Q29** (Obs): [ ] |
| **Q10** (Obs): [ ] | **Q30** (Obs): [ ] |
| **Q11** (Obs): [ ] | **Q31** (Obs): [ ] |
| **Q12** (Obs): [ ] | **Q32** (Obs): [ ] |
| **Q13** (Obs): [ ] | **Q33** (Obs): [ ] |
| **Q14** (Obs): [ ] | **Q34** (Obs): [ ] |
| **Q15** (Obs): [ ] | **Q35** (Obs): [ ] |
| **Q16** (Obs): [ ] | **Q36** (Obs): [ ] |
| **Q17** (Obs): [ ] | **Q37** (Obs): [ ] |
| **Q18** (Obs): [ ] | **Q38** (Obs): [ ] |
| **Q19** (Obs): [ ] | **Q39** (Obs): [ ] |
| **Q20** (Obs): [ ] | **Q40** (Obs): [ ] |

## Mock Exam 3 Answer Sheet (40 Gynecology Questions — 50 Minutes)

| Question (Subj) : Your Choice | Question (Subj) : Your Choice |
|---|---|
| **Q1** (Gyn): [ ] | **Q21** (Gyn): [ ] |
| **Q2** (Gyn): [ ] | **Q22** (Gyn): [ ] |
| **Q3** (Gyn): [ ] | **Q23** (Gyn): [ ] |
| **Q4** (Gyn): [ ] | **Q24** (Gyn): [ ] |
| **Q5** (Gyn): [ ] | **Q25** (Gyn): [ ] |
| **Q6** (Gyn): [ ] | **Q26** (Gyn): [ ] |

| Question (Subj) : Your Choice | Question (Subj) : Your Choice |
|---|---|
| **Q7** (Gyn): [ ] | **Q27** (Gyn): [ ] |
| **Q8** (Gyn): [ ] | **Q28** (Gyn): [ ] |
| **Q9** (Gyn): [ ] | **Q29** (Gyn): [ ] |
| **Q10** (Gyn): [ ] | **Q30** (Gyn): [ ] |
| **Q11** (Gyn): [ ] | **Q31** (Gyn): [ ] |
| **Q12** (Gyn): [ ] | **Q32** (Gyn): [ ] |
| **Q13** (Gyn): [ ] | **Q33** (Gyn): [ ] |
| **Q14** (Gyn): [ ] | **Q34** (Gyn): [ ] |
| **Q15** (Gyn): [ ] | **Q35** (Gyn): [ ] |
| **Q16** (Gyn): [ ] | **Q36** (Gyn): [ ] |
| **Q17** (Gyn): [ ] | **Q37** (Gyn): [ ] |
| **Q18** (Gyn): [ ] | **Q38** (Gyn): [ ] |
| **Q19** (Gyn): [ ] | **Q39** (Gyn): [ ] |
| **Q20** (Gyn): [ ] | **Q40** (Gyn): [ ] |

## Mock Exam 1: Combined OB/GYN End-Round Simulation (50 MCQs)

*Time Allowed: 60 Minutes | Distribution: 25 Gynecology / 25 Obstetrics | Provenance: 47 Actual Past Exam / 3 New Pattern-Matched*

**Q1.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q2 & Exam 2 Q6 | Gyn Book p.166

**A 58-year-old woman develops postmenopausal bleeding. Endometrial biopsy reveals endometrioid adenocarcinoma. She undergoes total abdominal hysterectomy with bilateral salpingo-oophorectomy and pelvic lymph node sampling. Final pathology shows tumor extending from the uterine corpus into the cervical stroma, with no other invasion and negative lymph nodes. What is her FIGO stage?**

☐ **A.** Stage 0

☐ **B.** Stage I

☐ **C.** Stage II

☐ **D.** Stage III

☐ **E.** Stage IV

**Q2.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q6 | Gyn Book p.46

**Which of the following síndrome–karyotype pairings is NOT a true match?**

☐ **A.** Patau syndrome — 47,XY,+13

☐ **B.** Down syndrome — 45,XY,+21

☐ **C.** Klinefelter syndrome — 47,XXY

☐ **D.** Turner syndrome — 45,X0

**Q3.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q7 & Final Gyn BSNU Q22 | Gyn Book p.171

**A 30-year-old woman presents for her annual examination and asks about the HPV vaccine. According to standard textbook guidelines tested on the BSNU exam, for which female population was the HPV vaccine originally FDA approved?**

☐ **A.** Women of all ages

☐ **B.** Only virginal women who have never had an abnormal Pap smear

☐ **C.** Men only, for prevention of female cervical cancer

☐ **D.** Girls and women aged 9 to 26 years

☐ **E.** Pregnant and lactating women

**Q4.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q8 & Exam 2 Q11 | Gyn Book p.65

**Which of the following is a recognized side effect of the 5-alpha-reductase inhibitor Finasteride?**

☐ **A.** Scalp alopecia

☐ **B.** Decreased libido (and teratogenicity to a male fetus)

☐ **C.** Increased risk of benign prostatic hyperplasia

☐ **D.** Virilization of a female fetus

**Q5.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q9 & Exam 2 Q12 | Gyn Book p.67

**Among the following female causes of infertility, which is most frequently encountered in clinical practice?**

☐ **A.** Unexplained infertility

☐ **B.** Isolated cervical mucus hostility

☐ **C.** Tubal disease

☐ **D.** Ovulatory dysfunction

**Q6.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q14 | Gyn Book p.35

**Which progestogen has anti-mineralocorticoid and anti-androgenic properties and has been shown to be particularly effective in treating Premenstrual Syndrome (PMS / PMDD)?**

☐ **A.** Desogestrel

☐ **B.** Drospirenone

☐ **C.** Levonorgestrel

☐ **D.** Medroxyprogesterone acetate

☐ **E.** Norethisterone

**Q7.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q15 & Exam 2 Q19 | Obs Book p.106

**Regarding umbilical cord prolapse, which of the following statements is TRUE?**

☐ **A.** It is not an indication for Cesarean section when the fetus is viable at 36 weeks

☐ **B.** It is defined as cord descent when the fetal membranes are still intact

☐ **C.** It is significantly more common when the fetus acquires an abnormal lie (transverse or breech)

☐ **D.** Its overall incidence is 5% of all deliveries

☐ **E.** It causes severe fetal respiratory alkalosis

**Q8.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q23 & Exam 2 Q16 | Gyn Book p.193

**What is the most common presenting symptom in young patients with an ovarian germ cell tumor?**

☐ **A.** Asymptomatic postmenopausal bleeding

☐ **B.** Abdominal / pelvic pain

☐ **C.** Massive chylous ascites

☐ **D.** Galactorrhea

**Q9.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q24 & Exam 2 Q27 | Gyn Book p.56

**A 22-year-old woman presents with oligomenorrhea, hirsutism, and weight gain. Pelvic ultrasound reveals bilaterally enlarged bulky ovaries containing multiple small peripheral subcapsular follicles ('string of pearls'). What is the most likely diagnosis?**

☐ **A.** Epithelial ovarian cancer

☐ **B.** Cushing syndrome

☐ **C.** Polycystic ovary syndrome (PCOS / PMOS)

☐ **D.** Type 1 diabetes mellitus

☐ **E.** Pelvic inflammatory disease

**Q10.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q26 | Obs Book p.62

**According to the modified WHO maternal cardiovascular risk classification, which cardiac condition represents Class IV (extremely high risk of maternal mortality) and is a contraindication to pregnancy?**

☐ **A.** Uncomplicated atrial septal defect (ASD)

☐ **B.** Mild mitral stenosis

☐ **C.** Severe pulmonary arterial hypertension (including Eisenmenger syndrome)

☐ **D.** Repaired Tetralogy of Fallot with normal ventricular function

**Q11.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q31 | Gyn Book p.64

**Which of the following medications is a vasodilator that CAUSES hypertrichosis/hirsutism rather than treating it?**

☐ **A.** Spironolactone

☐ **B.** Ketoconazole

☐ **C.** Minoxidil

☐ **D.** Finasteride

☐ **E.** Cyproterone acetate

**Q12.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q33 & Comp Bank p.69 Q50 | Gyn Book p.48

**Which of the following statements is NOT correct regarding Complete Androgen Insensitivity Syndrome (CAIS / Testicular Feminization)?**

☐ **A.** The patient is phenotypically male

☐ **B.** The chromosomal karyotype is 46,XY

☐ **C.** Breast development is normal for a female

☐ **D.** End-organ androgen receptors are completely insensitive to testosterone and DHT

**Q13.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q36 & Exam 2 Q31 | Gyn Book p.46

**In Turner's syndrome, which of the following findings is characteristic?**

☐ **A.** A chromosomal karyotype of 45,XY

☐ **B.** Secondary amenorrhea after 10 years of regular cycles is the usual presentation

☐ **C.** The ovaries are represented by fibrous streaks (streak gonads)

☐ **D.** The ovaries are enlarged and multicystic

**Q14.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q46 & Exam 2 Q34 | Obs Book p.36

**Which of the following is NOT a recognized clinical complication of a ruptured tubal ectopic pregnancy?**

- ☐ **A.** Gross hematuria
- ☐ **B.** Maternal hypovolemic shock and collapse
- ☐ **C.** Hemoperitoneum and shoulder-tip pain
- ☐ **D.** Maternal death

**Q15.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q55 & Comp Bank p.95 Q34 | Gyn Book p.150

**A 36-year-old woman with a 10-year history of cyclical pelvic pain and dysmenorrhea undergoes diagnostic laparoscopy, which reveals multiple 0.2 to 0.5 cm brown-black ('powder-burn') nodular lesions on the serosal surfaces of the uterus, fallopian tubes, and appendix. Biopsy of these lesions will most likely demonstrate:**

- ☐ **A.** Metastatic signet-ring adenocarcinoma
- ☐ **B.** Benign mesothelial hyperplasia only
- ☐ **C.** Endometrial glands and stroma (with hemosiderin-laden macrophages)
- ☐ **D.** Caseating granulomatous inflammation
- ☐ **E.** Acute suppurative necrosis

**Q16.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q57 | Obs Book p.29

**A pregnant woman at 8 weeks' gestation undergoes transvaginal ultrasound, which reveals a gestational sac with a mean sac diameter of 25 mm inside the uterine cavity, but no yolk sac or embryonic pole is visible. What is the diagnosis?**

- ☐ **A.** Normal viable 8-week pregnancy
- ☐ **B.** Blighted ovum (Anembryonic pregnancy / Missed abortion)
- ☐ **C.** Complete hydatidiform mole

☐ **D.** Ectopic pseudosac

**Q17.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q58 | Obs Book p.89, 114

**A primigravida has been in the second stage of labor for 3 hours with a fully dilated cervix, and the fetal head is low in the pelvis with no progress. Which of the following actions should NOT be taken?**

☐ **A.** Re-assess fetal head position, station, and molding

☐ **B.** Apply firm, immediate maternal fundal pressure

☐ **C.** Change the mother's position and assess bladder fullness

☐ **D.** Evaluate eligibility for operative vaginal delivery or Cesarean section

**Q18.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — End Round B 2026 Q65 | Obs Book p.60

**Regarding anemia in pregnancy, which of the following statements is CORRECT?**

☐ **A.** The most common cause of anemia in pregnancy worldwide is folate deficiency

☐ **B.** Iron-deficiency anemia is diagnosed when maternal hemoglobin is <11.0 g/dL in the first (and third) trimester

☐ **C.** Maternal hemoglobin concentration remains completely unchanged throughout the third trimester

☐ **D.** Physiological anemia of pregnancy is caused by massive autoimmune RBC destruction

**Q19.** Gynecology Actual Past Exam ACTUAL PAST EXAM — Exam 2 Q4 | Gyn Book p.36

**Which of the following secondary sexual characteristics in females is androgen-dependent (adrenarche) rather than estrogen-dependent?**

☐ **A.** Breast ductal development (thelarche)

☐ **B.** Pubic and axillary hair growth (pubarche)

☐ **C.** Cornification and glycogen deposition in vaginal epithelium

☐ **D.** Growth of the uterine corpus

**Q20.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Exam 2 Q40 | Gyn Book p.33, 186

**A 16-year-old G0P0 girl presents with delayed menses, sudden-onset severe unilateral lower abdominal pain, syncope, a negative pregnancy test, hematocrit 42%, and normal WBC count (6,000/mm³). Among the following, what is the most likely acute gynecological diagnosis?**

- ☐ **A.** Ruptured ectopic pregnancy
- ☐ **B.** Acute pelvic inflammatory disease (PID)
- ☐ **C.** Torsion/rupture of an ovarian cyst (or obstructive Müllerian anomaly / endometriosis)
- ☐ **D.** Septic abortion

**Q21.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Exam 2 Q42 & Patho Q815 | Gyn Book p.180

**Which of the following vulvar lesions is an intraepidermal adenocarcinoma that can be associated with an underlying or distant primary visceral malignancy (such as breast, colon, or bladder cancer)?**

- ☐ **A.** Vulvar lichen planus
- ☐ **B.** Extramammary Paget disease of the vulva
- ☐ **C.** Lichen sclerosus
- ☐ **D.** Condyloma acuminatum

**Q22.** Gynecology Actual Past Exam ACTUAL PAST EXAM — Exam 2 Q43 | Gyn Book p.191

**What is the most common site of metastasis from epithelial ovarian carcinoma?**

- ☐ **A.** Brain parenchyma
- ☐ **B.** Bone marrow
- ☐ **C.** Peritoneum (transcoelomic peritoneal surfaces and omentum)
- ☐ **D.** Spleen
- ☐ **E.** Vaginal introitus

**Q23.** Gynecology Actual Past Exam ACTUAL PAST EXAM — Exam 2 Q44 | Gyn Book p.208

**A 56-year-old woman undergoes a total abdominal hysterectomy (TAH) for a large fibroid uterus. Which of the following measures is an essential component of the Enhanced Recovery After Surgery (ERAS) and perioperative safety protocol?**

- ☐ **A.** Strict NPO for solid and clear fluids for 24 hours prior to surgery
- ☐ **B.** Routine use of long-acting sedative premedication
- ☐ **C.** Administering prophylactic antibiotics only 12 hours after skin closure
- ☐ **D.** Perioperative venous thromboprophylaxis (and early mobilization)

**Q24.** Obstetrics Actual Past Exam ACTUAL PAST EXAM — Exam 3 Q15 | Obs Book p.96

**Which of the following fetal or maternal factors indicates a poorer prognosis for a rapid, uncomplicated spontaneous vaginal delivery?**

- ☐ **A.** Estimated fetal weight of 2.8 kg
- ☐ **B.** Persistent occipito-posterior (OP) position
- ☐ **C.** Maternal gynecoid pelvis
- ☐ **D.** Well-flexed fetal head

**Q25.** Obstetrics Actual Past Exam ACTUAL PAST EXAM — Exam 3 Q20 | Obs Book p.44

**A pregnant woman at 34 weeks' gestation with blood pressure 155/100 mmHg and 2+ proteinuria develops sudden, severe, continuous abdominal pain and dark vaginal bleeding. What is the most likely diagnosis?**

- ☐ **A.** Vasa previa
- ☐ **B.** Placental abruption (Abruptio placentae)
- ☐ **C.** Placenta previa
- ☐ **D.** Cervical ectropion

**Q26.** Obstetrics Actual Past Exam ACTUAL PAST EXAM — Exam 3 Q22 | Obs Book p.82

**Which of the following is one of the classic '5 Ps' governing the outcome of labor?**

- ☐ **A.** Passenger (fetus: size, lie, presentation, attitude, position)
- ☐ **B.** Placental cotyledon count

☐ **C.** Prolactin concentration

☐ **D.** Puerperal lochia

**Q27.** Obstetrics Actual Past Exam ACTUAL PAST EXAM — Exam 3 Q25 | Obs Book p.85

**In normal vertex (occipito-anterior) labor, the cardinal movements of the mechanism of labor occur in which chronological sequence?**

☐ **A.** Descent, engagement, increased flexion, internal rotation, extension, restitution and external rotation

☐ **B.** Extension, internal rotation, flexion, engagement, descent

☐ **C.** External rotation, internal rotation, extension, flexion

☐ **D.** Engagement, extension, internal rotation, flexion

**Q28.** Obstetrics Actual Past Exam ACTUAL PAST EXAM — Exam 3 Q26 | Obs Book p.166

**Which of the following is a mandatory prerequisite before performing any instrumental (forceps or vacuum) vaginal delivery?**

☐ **A.** Cervix dilated to at least 7 cm

☐ **B.** Fully dilated cervix (10 cm)

☐ **C.** Unengaged floating fetal head at -3 station

☐ **D.** Intact amniotic membranes

**Q29.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Exam 3 Q27 | Obs Book p.58, 145

**What is the most common fetal/neonatal complication of poorly controlled maternal diabetes mellitus during pregnancy?**

☐ **A.** Fetal macrosomia (and subsequent shoulder dystocia / neonatal hypoglycemia)

☐ **B.** Accelerated early fetal lung surfactant maturation

☐ **C.** Universal severe intrauterine growth restriction in 100% of cases

☐ **D.** Neonatal hypercalcemia

**Q30.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Exam 3 Q28 | Obs Book p.116, 119

**What is a major life-threatening maternal complication of neglected, prolonged obstructed labor in a multiparous woman?**

☐ **A.** Ruptured uterus (and vesicovaginal fistula / puerperal sepsis)

☐ **B.** Physiological third-stage shortening

☐ **C.** Twin-to-twin transfusion

☐ **D.** Molar degeneration

**Q31.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q2 | Gyn Book p.168

**What is the most common presenting symptom of uterine sarcoma (including leiomyosarcoma and endometrial stromal sarcoma)?**

☐ **A.** Primary infertility

☐ **B.** Acute dyspnea

☐ **C.** Abnormal uterine bleeding (or postmenopausal bleeding)

☐ **D.** Abnormal routine cervical Pap smear

**Q32.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q4 | Gyn Book p.19, 47

**A 16-year-old girl presents with primary amenorrhea. Examination reveals normal secondary female sexual characteristics (breasts and pubic hair) but a short, blind-ending vaginal pouch. Ultrasound shows normal ovaries and an absent uterus, and karyotyping confirms 46,XX. What is her diagnosis?**

☐ **A.** 5-alpha-reductase type 2 deficiency

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

☐ **C.** Congenital adrenal hyperplasia (CAH)

☐ **D.** Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome (Müllerian agenesis)

**Q33.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q7 | Gyn Book p.68

**Tubal scarring and occlusion, a major cause of female infertility, are most frequently the result of which of the following conditions?**

☐ **A.** Adenomyosis

☐ **B.** Pelvic Inflammatory Disease (PID)

☐ **C.** Subserosal uterine fibroids

☐ **D.** Asherman syndrome

**Q34.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q11 | Gyn Book p.166, 174

**The presence of pyometra (pus accumulating inside the uterine cavity) in a postmenopausal female strongly suggests:**

☐ **A.** Uncomplicated gestational diabetes

☐ **B.** Simple functional follicular cyst

☐ **C.** Gynecological malignancy (cervical or endometrial carcinoma obstructing the cervical canal)

☐ **D.** Normal physiological menopause

**Q35.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q15 | Gyn Book p.102

**Which clinical triad represents the minimum diagnostic criteria that must be present on pelvic examination to make a clinical diagnosis of acute Pelvic Inflammatory Disease (PID)?**

☐ **A.** Lower abdominal tenderness, bilateral adnexal tenderness, and cervical motion tenderness (excitation)

☐ **B.** Temperature >40°C, tubo-ovarian abscess on MRI, and ascites

☐ **C.** Dysuria, hematuria, and flank pain

☐ **D.** Vaginal itching, curdy white discharge, and normal cervix

**Q36.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q17 | Gyn Book p.49

**Secondary amenorrhea, estrogen deficiency, and markedly elevated circulating gonadotropin (FSH/LH) levels are noted in a normal-appearing 27-year-old woman (Premature Ovarian Insufficiency). Which of the following is most closely associated with these findings?**

☐ **A.** X chromosome abnormalities (e.g., mosaicism or Fragile X premutation)

☐ **B.** Kallmann syndrome

☐ **C.** Sheehan syndrome

☐ **D.** Polycystic ovary syndrome

**Q37.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q21 | Gyn Book p.177

**Early-stage invasive carcinoma of the cervix diagnosed during the first trimester of pregnancy can be treated by:**

☐ **A.** Radical hysterectomy (with pelvic lymphadenectomy) in the first trimester

☐ **B.** Delaying all evaluation until 1 year postpartum

☐ **C.** Simple endometrial curettage

☐ **D.** Oral progestogen therapy alone

**Q38.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q23 | Gyn Book p.37

**A 7-year-old girl presents with isolated unilateral/bilateral breast budding, but she has no pubic hair, no axillary hair, no vaginal bleeding, and her bone age is completely normal for her chronological age. What is the most likely diagnosis?**

☐ **A.** True central precocious puberty

☐ **B.** McCune-Albright syndrome

☐ **C.** Benign premature thelarche

☐ **D.** Congenital adrenal hyperplasia

**Q39.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q26 | Gyn Book p.155

**Regarding pruritus vulvae, which of the following statements is CORRECT?**

☐ **A.** Radical vulvectomy is the first-line treatment in all cases

☐ **B.** Topical hydrocortisone is always contraindicated

☐ **C.** Recurrent symptoms never occur

☐ **D.** It is common after menopause (due to hypoestrogenic atrophy and vulvar dermatoses)

**Q40.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q29 | Gyn Book p.166, 205

**Which of the following statements is CORRECT regarding postmenopausal bleeding (PMB)?**

☐ **A.** Diagnostic hysteroscopy (with biopsy) is a highly useful diagnostic tool

☐ **B.** The single most common cause of bleeding is endometrial carcinoma

☐ **C.** Transvaginal sonographic measurement of endometrial thickness has no clinical value

☐ **D.** Benign causes of postmenopausal bleeding are extremely rare

**Q41.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Final Gyn BSNU Q30 | Gyn Book p.142

**A 32-year-old asymptomatic woman has a firm uterine nodule first palpated 3 years ago that has slowly doubled in size on routine pelvic exam. What is the most likely diagnosis?**

☐ **A.** Endometrial adenocarcinoma

☐ **B.** Uterine leiomyosarcoma

☐ **C.** Embryonal rhabdomyosarcoma

☐ **D.** Uterine leiomyoma (fibroid)

**Q42.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comprehensive Bank p.101 Q27 | Gyn Book p.11

**From which vascular trunk does the uterine artery directly arise?**

☐ **A.** Abdominal aorta

☐ **B.** External iliac artery

☐ **C.** Anterior division of the internal iliac (hypogastric) artery

☐ **D.** Posterior division of the internal iliac artery

☐ **E.** Inferior mesenteric artery

**Q43.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comprehensive Bank p.106 Q52 | Obs Book p.11

**Supine hypotensive syndrome in late pregnancy is caused by compression of which structure by the gravid uterus when the mother lies flat on her back?**

☐ **A.** Descending thoracic aorta

☐ **B.** Inferior vena cava (IVC)

☐ **C.** Portal vein

☐ **D.** Internal iliac artery

**Q44.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comprehensive Bank p.181 Q47 | Obs Book p.58

**What is the most specific (pathognomonic) fetal congenital anomaly associated with poorly controlled pregestational diabetes mellitus?**

☐ **A.** Ventricular septal defect (VSD)

☐ **B.** Caudal regression syndrome (sacral agenesis)

☐ **C.** Pyloric stenosis

☐ **D.** Duodenal atresia

**Q45.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Al-Dhayani Book55 Q8, Q19 | Obs Book p.9, 140

**In the second half of pregnancy (after 20 weeks), amniotic fluid is predominantly produced by:**

☐ **A.** Maternal plasma transudation across the amnion

☐ **B.** Fetal urination (and swallowed by the fetus)

☐ **C.** Wharton's jelly secretion

☐ **D.** Syncytiotrophoblast pinocytosis

**Q46.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Al-Dhayani Book55 Q9, Q10, Q27 | Obs Book p.22

**Which ultrasound biometric parameter is the MOST ACCURATE for determining gestational age in the first trimester (up to 13 weeks), versus the best single head parameter in the second trimester (14–20 weeks)?**

☐ **A.** 1st trimester: Crown-Rump Length (CRL) (+/- 3–5 days); 2nd trimester: Biparietal Diameter (BPD)

☐ **B.** 1st trimester: Femur Length (FL); 2nd trimester: Crown-Rump Length (CRL)

☐ **C.** 1st trimester: Abdominal Circumference (AC); 2nd trimester: Yolk sac diameter

☐ **D.** 1st trimester: Placental thickness; 2nd trimester: Amniotic fluid index

**Q47.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Al-Dhayani Book55 Q72 | Obs Book p.108

**Trial of vaginal delivery may be considered in all of the following obstetric scenarios EXCEPT:**

☐ **A.** Low-lying placenta (>2 cm from internal os)

☐ **B.** Dichorionic twin pregnancy with first twin cephalic and second twin breech

☐ **C.** Monochorionic monoamniotic (MCMA) twins (or central placenta previa / transverse lie)

☐ **D.** Dichorionic twin pregnancy with both twins cephalic (vertex-vertex)

**Q48.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.93–99: Vaginal Discharge Differential

**A 26-year-old woman presents with a thin, homogeneous, greyish-white vaginal discharge with a strong 'fishy' amine odor when mixed with 10% KOH (positive whiff test), vaginal pH of 5.2, and 'clue cells' on saline wet mount. There is no vulvar inflammation. What is the diagnosis and first-line treatment?**

☐ **A.** Bacterial vaginosis (Gardnerella vaginalis) — Oral or topical Metronidazole

☐ **B.** Vulvovaginal candidiasis (Candida albicans) — Fluconazole

☐ **C.** Trichomoniasis (Trichomonas vaginalis) — Clotrimazole

☐ **D.** Physiological leukorrhea — Reassurance

**Q49.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.70–72: Rh Isoimmunization

**An Rh-negative, indirect Coombs-negative (non-sensitized) primigravida is at 28 weeks' gestation. Her husband is Rh-positive. What is the standard prophylactic management to prevent RhD alloimmunization?**

☐ **A.** Administer 300 mcg (1500 IU) of Anti-D immunoglobulin IM at 28 weeks' gestation, and repeat within 72 hours after delivery if the newborn is Rh-positive

☐ **B.** Perform serial amniocentesis every 2 weeks starting at 20 weeks

☐ **C.** Administer Anti-D immunoglobulin only if the indirect Coombs test is strongly positive (>1:64)

☐ **D.** Perform immediate Cesarean section at 32 weeks

**Q50.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.125–130: Stress vs Urge Urinary Incontinence

**A 52-year-old woman complains of sudden, compelling urges to void followed by involuntary loss of large volumes of urine before she can reach the bathroom, accompanied by nocturia and frequency (12 times/day). Stress cough test is negative, and urodynamic cystometry demonstrates involuntary detrusor contractions during bladder filling. What is her diagnosis and first-line medical therapy?**

☐ **A.** Detrusor overactivity (Urge urinary incontinence / Overactive bladder) — Bladder training + Antimuscarinics (Oxybutynin, Solifenacin, Tolterodine) or Beta-3 agonist (Mirabegron)

☐ **B.** Genuine stress urinary incontinence — Immediate tension-free vaginal tape (TVT) surgery

☐ **C.** Overflow incontinence — Intravesical botulinum toxin

☐ **D.** Vesicovaginal fistula — Oral estrogen

## Mock Exam 2: Final Obstetrics Paper Simulation (40 MCQs)

*Time Allowed: 50 Minutes | Distribution: 100% Obstetrics | Provenance: 12 Actual Past Exam / 28 New Pattern-Matched*

**Q1.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.109 Formative A2 2025 Q1 | Obs Book p.154

**A 22-year-old breastfeeding woman who delivered 6 weeks ago presents requesting reliable oral hormonal contraception. Which contraceptive option is preferred so as not to reduce breast milk volume?**

☐ **A.** High-dose combined oral contraceptive pill (50 mcg ethinyl estradiol)

☐ **B.** Progestin-only pill (Mini-pill, e.g., Norethindrone/Desogestrel) or Lactational Amenorrhea / IUD

☐ **C.** Estrogen dermal patch

☐ **D.** Combined vaginal ring

**Q2.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.5 Q50 | Obs Book p.29

**A 30-year-old primigravida at 20 weeks' gestation presents with mild lower abdominal pressure and no fever. Speculum/PV exam reveals a dilated cervix with membranes bulging through the external os, and TVUS shows a cervical length of 1.5 cm with hourly funneling/herniation of membranes. What is the diagnosis?**

☐ **A.** Threatened abortion

☐ **B.** Inevitable abortion (secondary to cervical incompetence)

☐ **C.** Missed abortion

☐ **D.** Septic abortion

☐ **E.** Complete abortion

**Q3.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.11 Q4 | Obs Book p.124

**Which of the following is characteristic of primary postpartum hemorrhage (PPH)?**

☐ **A.** It occurs between 7 and 42 days after delivery

☐ **B.** It is rarely caused by uterine inertia (atony)

☐ **C.** It occurs within the first 24 hours after delivery (beginning from the third stage of labor)

☐ **D.** It is most commonly caused by choriocarcinoma

☐ **E.** It is defined as blood loss >100 mL after Cesarean section

**Q4.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.99 Q16 | Obs Book p.30

**Which of the following is LEAST likely to be a direct complication of septic abortion?**

☐ **A.** Disseminated intravascular coagulation (DIC)

☐ **B.** Acute renal failure (acute tubular/cortical necrosis)

☐ **C.** Endotoxic septic shock

☐ **D.** Asherman syndrome and tubal infertility

☐ **E.** Placenta previa in the current pregnancy

**Q5.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.108 & Exam 3 Q8 | Obs Book p.115

**Regarding obstructed labor, which of the following statements is CORRECT?**

☐ **A.** It can only be diagnosed after the cervix reaches 10 cm dilatation

☐ **B.** It is much more common in developed countries than developing countries

☐ **C.** Persistent mento-posterior (face) position or brow presentation can be an etiological cause

☐ **D.** Intravenous oxytocin infusion is the first-line treatment in a multipara with obstructed labor

☐ **E.** X-ray pelvimetry is mandatory during active obstructed labor

**Q6.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.113 Q21 | Obs Book p.94

**Which of the following modalities is most widely used for continuous intrapartum assessment of fetal wellbeing during high-risk labor?**

☐ **A.** Cardiotocography (CTG / Electronic Fetal Heart Rate Monitoring)

☐ **B.** First-trimester Crown-Rump Length

☐ **C.** Maternal serum alpha-fetoprotein (MSAFP)

☐ **D.** Hysterosalpingography

**Q7.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.89 Q15 | Obs Book p.34

**Among the following anatomic locations, which is the MOST COMMON site of an ectopic pregnancy (~95–97%), and which specific tubal segment is the most frequent (~70–80%)?**

☐ **A.** Fallopian tube — Ampullary portion

☐ **B.** Fallopian tube — Interstitial/Cornual portion

☐ **C.** Ovary

☐ **D.** Cervix

☐ **E.** Peritoneal cavity (Abdominal)

**Q8.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.90 Q50 | Obs Book p.146

**Intrauterine fetal death (IUFD / Stillbirth) is defined in standard international and textbook criteria as fetal demise occurring after what gestational age (or birth weight)?**

☐ **A.** After 20 weeks' gestation (or >=24–28 weeks depending on national viability threshold; >=500 g)

☐ **B.** After 6 weeks' gestation

☐ **C.** After 8 weeks' gestation

☐ **D.** Only after 42 weeks' gestation

**Q9.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.601 Q51 | Obs Book p.78

**The relationship of the long axis of the fetus to the long axis of the mother (uterus) is termed:**

☐ **A.** Fetal Lie (Longitudinal, Transverse, or Oblique)

☐ **B.** Fetal Presentation

☐ **C.** Fetal Attitude (Habit)

☐ **D.** Fetal Position (Denominator to maternal pelvic quadrant)

**Q10.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Al-Dhayani Book55 Q18 | Obs Book p.15

**Maternal perception of fetal movements ('quickening') is typically first felt by a Primigravida versus a Multipara at:**

☐ **A.** Primigravida: 18–20 weeks; Multipara: 16–18 weeks

☐ **B.** Primigravida: 8–10 weeks; Multipara: 6–8 weeks

☐ **C.** Primigravida: 28–30 weeks; Multipara: 24–26 weeks

☐ **D.** Primigravida: 36 weeks; Multipara: 32 weeks

**Q11.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Al-Dhayani Book55 Q71 | Obs Book p.141

**A 34-week pregnant woman with severe acute polyhydramnios presents with severe maternal dyspnea and orthopnea. What is the appropriate conservative decompression procedure to relieve maternal respiratory distress?**

☐ **A.** Controlled therapeutic amniocentesis (amnioreduction)

☐ **B.** Rapid artificial rupture of membranes with a large hook

☐ **C.** Intravenous infusion of 3 liters of normal saline

☐ **D.** High-dose oxytocin infusion

**Q12.** Obstetrics Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.291 Q59 | Obs Book p.138

**What is the most reliable, accurate, and reproducible method to measure cervical length for predicting preterm birth or cervical insufficiency?**

☐ **A.** Digital vaginal examination

☐ **B.** Transvaginal ultrasound (TVUS)

☐ **C.** Transabdominal ultrasound with an empty bladder

☐ **D.** Speculum inspection

**Q13.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.73–77: Anatomy of Female Pelvis & Fetal Skull Diameters

**Which anteroposterior diameter of the fetal skull presents in a well-flexed vertex (occipito-anterior) presentation, and what is its measurement?**

☐ **A.** Suboccipitobregmatic diameter — 9.5 cm

☐ **B.** Occipitofrontal diameter — 11.5 cm

☐ **C.** Mentovertical diameter — 13.5 to 14 cm

☐ **D.** Submentobregmatic diameter — 9.5 cm

**Q14.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.74: Pelvic Inlet Conjugate Diameters

**Regarding the conjugate diameters of the maternal pelvic inlet (brim), which diameter is the shortest (limiting) anatomical distance through which the fetal head must pass, and how is it estimated clinically from the diagonal conjugate (12.5 cm)?**

☐ **A.** Obstetrical conjugate (10.5–11 cm) = Diagonal conjugate (12.5 cm) minus 1.5 to 2.0 cm

☐ **B.** Anatomical true conjugate (11 cm) = Diagonal conjugate plus 2 cm

☐ **C.** Interspinous diameter (10.5 cm)

☐ **D.** Intertuberous diameter (11 cm)

**Q15.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.94–95: CTG Fetal Heart Rate Decelerations

**On intrapartum cardiotocography (CTG), repetitive fetal heart rate decelerations that begin AFTER the peak (acme) of the uterine contraction, reach their nadir after the contraction ends, and are slow to recover ('delayed uniform decelerations') are classified as:**

☐ **A.** Early decelerations — benign head compression

☐ **B.** Variable decelerations — umbilical cord compression

☐ **C.** Late decelerations — uteroplacental insufficiency and fetal hypoxia

☐ **D.** Sinusoidal pattern — normal fetal sleep state

**Q16.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.52–55: HELLP Syndrome

**A 33-week preeclamptic woman develops severe right upper quadrant / epigastric pain, nausea, dark urine, schistocytes on peripheral smear, AST/ALT of 320 IU/L, LDH of 850 IU/L, and a platelet count of 48,000/mm³. What is her diagnosis and definitive treatment?**

☐ **A.** HELLP syndrome (Hemolysis, Elevated Liver enzymes, Low Platelets) — Maternal stabilization (MgSO4 + antihypertensives) followed by prompt delivery

☐ **B.** Uncomplicated gestational thrombocytopenia — Expectant management until 41 weeks

☐ **C.** Acute cholecystitis — Laparoscopic cholecystectomy only

☐ **D.** Hyperemesis gravidarum — Pyridoxine

**Q17.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.56–57: Hyperemesis Gravidarum

**A 10-week pregnant woman with twin gestation presents with intractable vomiting, >5% pre-pregnancy weight loss, dehydration, ketonuria, hypokalemic hypochloremic metabolic alkalosis, and transient confusion/ataxia/nystagmus after receiving IV dextrose without vitamin supplementation. Which vitamin deficiency precipitated her neurological syndrome?**

☐ **A.** Vitamin B1 (Thiamine) deficiency — Wernicke's encephalopathy

☐ **B.** Vitamin C deficiency

☐ **C.** Vitamin D deficiency

☐ **D.** Vitamin A excess

**Q18.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.100–104: Breech Presentation Types & Delivery

**Which type of breech presentation is MOST COMMON at term (~60–65%) and carries the lowest risk of umbilical cord prolapse, versus which type carries the HIGHEST risk of cord prolapse?**

☐ **A.** Most common & lowest cord prolapse risk: Frank breech (extended legs); Highest cord prolapse risk: Footling (incomplete) breech

☐ **B.** Most common: Footling breech; Highest cord prolapse risk: Frank breech

☐ **C.** Most common: Complete breech; Highest cord prolapse risk: Vertex

☐ **D.** All breech types have identical 50% cord prolapse rates

**Q19.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.103: Breech Head Delivery Maneuvers

**During assisted vaginal breech delivery, which maneuver is specifically used to deliver the after-coming fetal head by maintaining flexion through suprapubic pressure or malar bone flexion?**

☐ **A.** Mauriceau-Smellie-Veit maneuver, Burns-Marshall method, or Piper forceps

☐ **B.** Løvset's maneuver

☐ **C.** Pinard's maneuver

☐ **D.** McRoberts maneuver

**Q20.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.124–127: Uterotonic Contraindications in PPH

**A 29-year-old woman develops primary postpartum hemorrhage from uterine atony immediately after vaginal delivery. She has severe preeclampsia (BP 170/115 mmHg) and mild bronchial asthma. Which uterotonic drug is STRICTLY CONTRAINDICATED in her case due to the risk of severe hypertensive crisis / stroke?**

☐ **A.** Intravenous Oxytocin

☐ **B.** Methylergometrine (Ergometrine / Methergine)

☐ **C.** Rectal/sublingual Misoprostol (PGE1)

☐ **D.** Intrauterine Bakri balloon tamponade

**Q21.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.41–43: Post-Molar Follow-Up & Contraception

**Following suction evacuation of a complete hydatidiform mole, what is the mandatory follow-up protocol, and which contraceptive method is preferred vs contraindicated during surveillance?**

☐ **A.** Serial serum beta-hCG monitoring until undetectable then monthly for 6 months; Combined oral contraceptive pills (COCs) are preferred while Intrauterine Device (IUD) is

contraindicated until hCG normalizes

☐ **B.** Immediate Copper IUD insertion in the operating room and no beta-hCG testing

☐ **C.** Immediate pregnancy within 1 month

☐ **D.** Serial serum CA-125 monitoring for 5 years

**Q22.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.134: Amniotic Fluid Embolism

**During tumultuous labor shortly after artificial rupture of membranes, a multiparous woman suddenly develops acute severe dyspnea, cyanosis, hypotension/cardiovascular collapse, seizures, and rapid onset of profuse bleeding from IV sites (DIC). What is the most likely diagnosis?**

☐ **A.** Amniotic fluid embolism (anaphylactoid syndrome of pregnancy)

☐ **B.** Uncomplicated round ligament spasm

☐ **C.** Benign physiological hyperventilation

☐ **D.** First-degree perineal tear

**Q23.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.137–139: Preterm Labor Tocolysis & Neuroprotection

**A 29-week pregnant woman presents in preterm labor with intact membranes, regular contractions, and 3 cm cervical dilatation. She has no chorioamnionitis or placental abruption. In addition to antenatal betamethasone for fetal lung maturity, what is the specific indication for administering Magnesium Sulfate before 32 weeks?**

☐ **A.** Fetal neuroprotection (significantly reduces the risk of neonatal cerebral palsy)

☐ **B.** Permanent arrest of pregnancy until 42 weeks

☐ **C.** Treatment of maternal iron deficiency

☐ **D.** Prevention of maternal gestational diabetes

**Q24.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.143–144: Symmetric vs Asymmetric IUGR

**Which statement accurately differentiates Asymmetric Fetal Growth Restriction (IUGR, 70–80%) from Symmetric IUGR (20–30%)?**

☐ **A.** Asymmetric IUGR is caused by late-onset uteroplacental insufficiency (e.g., preeclampsia) with 'brain-sparing' (normal Head Circumference/BPD but small Abdominal Circumference and increased HC/AC ratio); Symmetric IUGR is caused by early first-trimester insults (aneuploidy, TORCH infection) affecting all biometric parameters equally

☐ **B.** Asymmetric IUGR is caused by Trisomy 18 in the first week of life and shrinks the brain while enlarging the liver

☐ **C.** Abdominal Circumference (AC) is the least sensitive ultrasound parameter for IUGR

☐ **D.** Symmetric IUGR always occurs after 38 weeks' gestation

**Q25.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.64: Thyroid Disorders in Pregnancy

**A pregnant woman is diagnosed with hyperthyroidism (Graves' disease) at 8 weeks' gestation. Which antithyroid medication is preferred during the first trimester versus the second and third trimesters?**

☐ **A.** First trimester: Propylthiouracil (PTU) (to avoid methimazole-induced aplasia cutis/choanal atresia); Second & Third trimesters: switch to Methimazole/Carbimazole (to reduce PTU hepatotoxicity risk)

☐ **B.** Radioactive iodine (I-131) ablation at 10 weeks

☐ **C.** Methimazole in 1st trimester and I-131 in 2nd trimester

☐ **D.** Levothyroxine high dose

**Q26.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.10–13: Maternal Physiological Changes in Pregnancy

**All of the following physiological changes occur during a normal singleton pregnancy EXCEPT:**

☐ **A.** Increase in plasma volume by 45–50% and cardiac output by 30–50%

☐ **B.** Increase in glomerular filtration rate (GFR) by 50%, resulting in DECREASED serum creatinine, urea, and uric acid

☐ **C.** Increase in tidal volume by 40% with a DECREASE in functional residual capacity (FRC) and mild compensated respiratory alkalosis

☐ **D.** Increase in systemic vascular resistance (SVR) and mid-trimester blood pressure

☐ **E.** Hypercoagulable state with elevated fibrinogen and factors VII, VIII, IX, X and decreased protein S

**Q27.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.115: Bandl's Pathological Retraction Ring

**In a woman with neglected obstructed labor, palpation of a rising, oblique muscular ridge across the abdomen between the tonic upper uterine segment and the dangerously thinned, tender lower uterine segment (accompanied by an edematous vulva and hematuria) is known as:**

☐ **A.** Bandl's pathological retraction ring — a classic sign of impending uterine rupture

☐ **B.** Hegar's sign of early pregnancy

☐ **C.** Chadwick's sign

☐ **D.** Spalding's sign of intrauterine fetal death

**Q28.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.140–142: Amniotic Fluid Index (AFI) Cutoffs

**How are Oligohydramnios and Polyhydramnios quantitatively defined on ultrasound using the Amniotic Fluid Index (AFI) and Single Deepest Vertical Pocket (SDP)?**

☐ **A.** Oligohydramnios: AFI < 5 cm (or SDP < 2 cm); Polyhydramnios: AFI >= 24–25 cm (or SDP >= 8 cm)

☐ **B.** Oligohydramnios: AFI > 15 cm; Polyhydramnios: AFI < 5 cm

☐ **C.** Oligohydramnios: AFI = 12 cm; Polyhydramnios: AFI = 14 cm

☐ **D.** Normal AFI is 0 to 2 cm

**Q29.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.92–93: Biophysical Profile (BPP)

**Which of the following is NOT one of the five components of Manning's fetal Biophysical Profile (BPP)?**

☐ **A.** Non-stress test (NST / reactiveCTG)

☐ **B.** Fetal breathing movements, gross body movements, and fetal muscle tone

☐ **C.** Amniotic fluid volume (single vertical pocket >=2 cm)

☐ **D.** Maternal serum progesterone concentration

**Q30.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.136: Diagnosis of Chorioamnionitis

**In a woman with premature rupture of membranes (PROM), which cluster of clinical findings establishes the diagnosis of clinical chorioamnionitis (intra-amniotic infection) and mandates immediate delivery under broad-spectrum IV antibiotics?**

☐ **A.** Maternal fever (>=38.0°C) plus >=2 of: maternal tachycardia (>100 bpm), fetal tachycardia (>160 bpm), uterine fundal tenderness, foul-smelling purulent amniotic fluid, or maternal leukocytosis (>15,000/mm³)

☐ **B.** Isolated painless Braxton-Hicks contractions with normal temperature and FHR 130 bpm

☐ **C.** Mild ankle edema with negative nitrazine test

☐ **D.** Clear amniotic fluid with reactive NST

**Q31.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.137: Diagnostic Tests for Rupture of Membranes (ROM)

**A pregnant woman at 35 weeks reports a sudden gush of watery fluid from her vagina. Which findings confirm rupture of the amniotic membranes?**

☐ **A.** Direct visualization of fluid pooling in the posterior fornix on sterile speculum exam, alkaline pH (7.1–7.3) turning Nitrazine paper blue, and 'arborization' (fern pattern) of dried fluid on a microscope slide

☐ **B.** Acidic vaginal pH of 4.0 turning Nitrazine paper yellow

☐ **C.** Immediate forceful digital examination of the internal os in all preterm patients

☐ **D.** Presence of clue cells on wet mount

**Q32.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.163: Bishop Score for Labor Induction

**Which five pelvic examination parameters make up the modified Bishop Score used to assess cervical ripeness (favorability) before induction of labor?**

☐ **A.** Cervical dilatation, cervical effacement (length), cervical consistency, cervical position, and fetal station

☐ **B.** Maternal age, parity, BMI, blood pressure, and femur length

☐ **C.** Fundal height, amniotic fluid index, placental grade, and fetal heart rate

☐ **D.** Diagonal conjugate, interspinous diameter, and subpubic angle

**Q33.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.111: Precipitate Labor

**How is Precipitate Labor defined, and what are its classic maternal and fetal complications?**

☐ **A.** Total duration of labor (1st + 2nd stages) < 3 hours; associated with maternal cervical/vaginal/perineal lacerations, postpartum hemorrhage (atony), uterine inversion, and fetal intracranial hemorrhage / hypoxia

☐ **B.** Labor lasting > 24 hours in a primigravida

☐ **C.** Arrest of descent for 3 hours in the second stage

☐ **D.** Painless cervical dilatation at 16 weeks

**Q34.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.105: Transverse Lie / Shoulder Presentation

**A multiparous woman at 39 weeks' gestation presents in early labor with intact membranes and a fetus in transverse lie (shoulder presentation, acromion denominator). There is no placenta previa. What is the management versus what is done if membranes have already ruptured and the arm is prolapsed in neglected shoulder presentation?**

☐ **A.** Early labor with intact membranes: External Cephalic Version (ECV) or elective CS; Neglected impacted transverse lie in active labor with ruptured membranes: mandatory Cesarean section (ECV and internal podalic version are strictly contraindicated due to uterine rupture risk!)

☐ **B.** Perform high forceps extraction on the fetal shoulder

☐ **C.** Apply vacuum extractor to the fetal ribs

☐ **D.** Infuse high-dose oxytocin to force spontaneous conduplicato corpore in a 4 kg term baby

**Q35.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.4: Structure of Umbilical Cord & Placental Transport

**A normal human umbilical cord at term contains which blood vessels, and which vessel carries oxygenated blood from the placenta to the fetus?**

☐ **A.** Two umbilical arteries and One (left) umbilical vein (2A:1V); the umbilical vein carries oxygenated blood to the fetus

☐ **B.** Two umbilical veins and One umbilical artery; the umbilical artery carries oxygenated blood

☐ **C.** Four umbilical arteries surrounded by decidua parietalis

☐ **D.** Single umbilical artery in 99% of normal fetuses

**Q36.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.5: Placental Transport Mechanisms & Immunoglobulins

**By what transport mechanism do maternal antibodies (specifically IgG) cross the placental barrier to confer passive immunity to the fetus, and which immunoglobulin CANNOT cross the placenta?**

☐ **A.** Pinocytosis / receptor-mediated endocytosis — IgG crosses the placenta, whereas IgM (large pentamer) cannot cross

☐ **B.** Simple diffusion — IgM crosses freely while IgG is blocked

☐ **C.** Facilitated diffusion — only IgA crosses

☐ **D.** No maternal antibodies ever cross the placenta

**Q37.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.140: Post-Term Pregnancy

**When is a pregnancy officially defined as Post-Term (Prolonged Pregnancy), and what is the most common cause of an apparently prolonged pregnancy?**

☐ **A.** >= 42 completed weeks (>= 294 days) from the first day of the LMP; the most common cause is inaccurate dating / wrong menstrual dates

☐ **B.** >= 38 completed weeks; most common cause is placenta previa

☐ **C.** >= 40 weeks + 1 day; most common cause is twin gestation

☐ **D.** >= 36 weeks; most common cause is polyhydramnios

**Q38.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.153–157: Normal Lochia & Puerperal Mastitis

**What is the normal chronological sequence of postpartum lochia over the first 3 weeks of the puerperium, and what is the most common causative organism of**

**acute puerperal lactational mastitis?**

☐ **A.** Lochia rubra (red, days 1–4) -> Lochia serosa (pink/brownish, days 5–10) -> Lochia alba (yellowish-white, days 11–21); Acute lactational mastitis is most commonly caused by Staphylococcus aureus (continue breastfeeding/milk expression + flucloxacillin/dicloxacillin)

☐ **B.** Lochia alba -> Lochia serosa -> Lochia rubra; caused by Treponema pallidum

☐ **C.** Persistent foul-smelling red lochia for 8 weeks is normal

☐ **D.** Breastfeeding must be permanently stopped immediately in simple mastitis

**Q39.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.150–152: Erb-Duchenne vs Klumpke Brachial Plexus Palsy

**Following a difficult vaginal delivery complicated by shoulder dystocia (or excessive lateral traction on the fetal head), the newborn holds its right arm adducted, internally rotated at the shoulder, extended at the elbow, and pronated at the forearm ('waiter's tip posture') with an intact grasp reflex. Which nerve roots are injured?**

☐ **A.** Upper brachial plexus roots C5 and C6 (Erb-Duchenne palsy)

☐ **B.** Lower brachial plexus roots C8 and T1 (Klumpke's claw-hand palsy)

☐ **C.** Facial nerve (Cranial nerve VII)

☐ **D.** Obturator nerve (L2–L4)

**Q40.** Obstetrics New Pattern-Matched

NEW PATTERN-MATCHED — Obs Book p.130–133: Obstetric DIC Triggers

**Which group of obstetric emergencies carries the highest risk of triggering acute consumptive Disseminated Intravascular Coagulation (DIC) via thromboplastin release into the maternal circulation?**

☐ **A.** Placental abruption (concealed accidental hemorrhage), Amniotic fluid embolism, Prolonged retention of a dead fetus (IUFD >3–4 weeks), Septic abortion/chorioamnionitis, and Severe preeclampsia/HELLP

☐ **B.** Uncomplicated threatened abortion at 6 weeks and benign premature thelarche

☐ **C.** Mild physiological morning sickness and Braxton-Hicks contractions

☐ **D.** Uncomplicated first-degree perineal laceration

## Mock Exam 3: Final Gynecology Paper Simulation (40 MCQs)

*Time Allowed: 50 Minutes | Distribution: 100% Gynecology | Provenance: 24 Actual Past Exam / 16 New Pattern-Matched*

**Q1.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.4 Formative A1 2022 Q12 | Gyn Book p.46

**Turner syndrome (45,X0) is characterized by all of the following clinical and laboratory features EXCEPT:**

☐ **A.** Negative Barr body on buccal smear

☐ **B.** Primary amenorrhea and bilateral streak gonads

☐ **C.** Hypoplastic (infantile) uterus

☐ **D.** A hyperestrogenic hormonal state with suppressed FSH

**Q2.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.4 Formative A1 2022 Q13 | Gyn Book p.46–52

**Causes of SECONDARY amenorrhea include all of the following conditions EXCEPT:**

☐ **A.** Kallmann syndrome

☐ **B.** Polycystic ovarian syndrome (PCOS)

☐ **C.** Post-pill amenorrhea / Asherman syndrome

☐ **D.** Sheehan syndrome

**Q3.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.5 Formative A1 2022 Q22 | Gyn Book p.199

**A mass palpated in the Pouch of Douglas (posterior vaginal fornix / cul-de-sac) on bimanual examination may be any of the following EXCEPT:**

☐ **A.** A prolapsed ovarian cyst or ovarian tumor

☐ **B.** A pelvic abscess or pelvic hematocele (from ruptured ectopic pregnancy)

☐ **C.** A posterior wall subserosal/pedunculated uterine myoma or retroverted gravid uterus

☐ **D.** Nodules of pelvic endometriosis or tuberculosis

☐ **E.** An uncomplicated anterior wall cystocele

**Q4.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.6 Formative A2 2022 Q3 | Gyn Book p.82

**What is the most common side effect of modern low-dose combined oral contraceptive pills (COCs) during the first few months of use?**

☐ **A.** Breakthrough intermenstrual bleeding / spotting

☐ **B.** Chloasma (melasma)

☐ **C.** Severe worsening of primary dysmenorrhea

☐ **D.** Acute hepatic failure

**Q5.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.6 Formative A2 2022 Q4 | Gyn Book p.84

**Which of the following antimicrobial agents is a potent hepatic cytochrome P450 enzyme inducer that clearly decreases the contraceptive efficacy of combined hormonal contraceptives?**

☐ **A.** Rifampicin (Rifampin)

☐ **B.** Amoxicillin / Penicillin

☐ **C.** Doxycycline

☐ **D.** Ciprofloxacin

**Q6.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.51 Q54 | Gyn Book p.60, 72

**Regarding Clomiphene Citrate (selective estrogen receptor modulator used for ovulation induction in PCOS), which of the following statements is CORRECT?**

☐ **A.** It improves endometrial thickness and cervical mucus quality through a potent local estrogenic effect

☐ **B.** It acts centrally on the hypothalamus to block estrogen negative feedback, increasing endogenous GnRH, FSH, and LH, and may result in Ovarian Hyperstimulation Syndrome (OHSS) or twin gestation

☐ **C.** It is the first-line treatment of choice in a 13-year-old virgin girl with physiological

pubertal irregular cycles

☐ **D.** It directly stimulates ovarian follicles without requiring an intact hypothalamic-pituitary axis

**Q7.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.78 Q25 | Gyn Book p.86

**What is the primary contraceptive mechanism of action of the Copper Intrauterine Device (Cu-IUD)?**

☐ **A.** Prevention of fertilization and implantation via a sterile foreign-body inflammatory reaction and copper-ion toxicity to sperm and oocytes

☐ **B.** Complete central suppression of pituitary FSH and LH release

☐ **C.** Induction of surgical abortion of an established 8-week fetus

☐ **D.** Thickening of cervical mucus via high-dose systemic progesterone

**Q8.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.96 Formative A1 2025 Q1 & Patho Q855 | Gyn Book p.56

**All of the following are classic clinical or biochemical features of Polycystic Ovary Syndrome (Stein-Leventhal syndrome / PCOD) EXCEPT:**

☐ **A.** Oligomenorrhea or secondary amenorrhea and anovulatory infertility

☐ **B.** Hirsutism, acne, and obesity / insulin resistance

☐ **C.** Increased risk of endometrial hyperplasia due to chronic unopposed estrogen

☐ **D.** Markedly elevated FSH with an FSH:LH ratio of 3:1 and severe hypoestrogenism

**Q9.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.103 Q38 | Gyn Book p.102

**A sexually active 22-year-old woman presents with bilateral lower abdominal pain, purulent vaginal discharge, fever of 38.6°C, bilateral adnexal tenderness, and marked cervical motion tenderness on bimanual exam. Pregnancy test is negative. What is the most likely diagnosis?**

☐ **A.** Acute Pelvic Inflammatory Disease (acute salpingo-oophoritis)

☐ **B.** Uncomplicated uterine fibroid

☐ **C.** Stress urinary incontinence

☐ **D.** Mayer-Rokitansky-Küster-Hauser syndrome

**Q10.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.104 Q42 | Gyn Book p.50

**A 17-year-old phenotypic female presents with primary amenorrhea, complete absence of breast development (sexual infantilism), presence of a normal-sized infantile uterus on ultrasound, and hypertension with hypokalemia. Which enzyme deficiency causes this presentation?**

☐ **A.** 17-alpha-hydroxylase deficiency

☐ **B.** 21-hydroxylase deficiency

☐ **C.** 5-alpha-reductase deficiency

☐ **D.** Aromatase deficiency

**Q11.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.111 Formative A2 2025 Q11 | Gyn Book p.183

**Which of the following ovarian neoplasms has the highest statistical rate of bilaterality?**

☐ **A.** Brenner tumor

☐ **B.** Serous cystadenocarcinoma (and benign serous cystadenoma / Krukenberg tumor)

☐ **C.** Mucinous cystadenoma

☐ **D.** Fibroma

**Q12.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.131 Q6 | Gyn Book p.190

**An official 'Carcinoma in Situ (Stage 0)' pre-invasive stage is NOT recognized in which of the following gynecological malignancies?**

☐ **A.** Ovarian carcinoma

☐ **B.** Cervical neoplasia (CIN 3 / CIS)

☐ **C.** Vulvar neoplasia (VIN 3)

☐ **D.** Vaginal neoplasia (VaIN 3)

**Q13.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.311 Q17 & Patho Q873 | Gyn Book p.194

**Elevated serum Alpha-Fetoprotein (AFP) is a specific tumor marker used for the diagnosis and follow-up of which malignant ovarian tumor?**

☐ **A.** Cervical squamous cell carcinoma

☐ **B.** Endodermal sinus tumor (Yolk sac tumor)

☐ **C.** Serous cystadenocarcinoma

☐ **D.** Granulosa cell tumor

☐ **E.** Dysgerminoma

**Q14.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.441 Q9 | Gyn Book p.166

**What is the most common initial mode of spread of low-grade endometrioid adenocarcinoma of the uterus?**

☐ **A.** Direct extension (into the myometrium and downward to the endocervix)

☐ **B.** Early hematogenous metastasis to the brain

☐ **C.** Retrograde spread to the spleen

☐ **D.** Exclusive spread via the round ligament to the labia

**Q15.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Comp Bank p.611 Q9 | Gyn Book p.171

**A 48-year-old woman with no history of cervical dysplasia has a routine Pap smear showing Atypical Squamous Cells of Undetermined Significance (ASC-US) and tests positive for high-risk HPV DNA. What is the next diagnostic step?**

☐ **A.** Colposcopy (with acetic acid & Lugol's iodine staining and directed cervical biopsy)

☐ **B.** Immediate radical Wertheim hysterectomy

☐ **C.** Pelvic exenteration

☐ **D.** Reassurance and repeat Pap smear in 10 years

**Q16.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Patho Solved MCQs Q811, Q816, Q886 | Gyn Book p.113

**Regarding Condyloma acuminatum (anogenital warts), which of the following statements is CORRECT?**

☐ **A.** It is induced by Epstein-Barr Virus (EBV)

☐ **B.** It is a sexually transmitted papillary squamous lesion caused mainly by low-risk Human Papillomavirus (HPV types 6 and 11) and shows characteristic koilocytosis (perinuclear vacuolization)

☐ **C.** It is identical to the flat condyloma latum of secondary syphilis

☐ **D.** It arises from the smooth muscle of the myometrium

**Q17.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Patho Solved MCQs Q829–832 | Gyn Book p.28

**On endometrial biopsy performed on day 22 of a 28-day menstrual cycle, which histological feature confirms that ovulation has occurred?**

☐ **A.** Straight tubular glands with brisk pseudostratified mitotic activity (Proliferative phase)

☐ **B.** Secretory changes (subnuclear glycogen vacuoles, tortuous 'saw-toothed' glands with intraluminal secretions, stromal edema, and predecidual reaction)

☐ **C.** Complete absence of endometrial glands

☐ **D.** Swiss-cheese cystic glandular hyperplasia

**Q18.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Patho Solved MCQs Q843 | Gyn Book p.166

**Which histopathological subtype of endometrial carcinoma is an estrogen-independent Type II tumor that carries the most aggressive behavior and worst prognosis?**

☐ **A.** Well-differentiated Grade 1 endometrioid adenocarcinoma

☐ **B.** Uterine papillary serous carcinoma (and clear cell carcinoma)

☐ **C.** Adenoacanthoma (endometrioid carcinoma with benign squamous metaplasia)

☐ **D.** Secretory adenocarcinoma

**Q19.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Patho Solved MCQs Q850 | Obs Book p.42

**Histopathologically, gestational choriocarcinoma consists of all of the following features EXCEPT:**

☐ **A.** Malignant cytotrophoblast (Langhans) cells

☐ **B.** Malignant multinucleated syncytiotrophoblast cells

☐ **C.** Well-formed chorionic villi with intrinsic fetal blood vessels and fibrous stroma

☐ **D.** Extensive areas of hemorrhage and necrosis

**Q20.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Patho Solved MCQs Q851–852 | Gyn Book p.106

**Regarding female genital tuberculosis (pelvic TB), which anatomical organ is the FIRST and MOST COMMON site affected (>90–95% of cases), and what is the primary mode of spread to the genital tract?**

☐ **A.** Fallopian tubes (bilateral tuberculous salpingitis, especially the ampulla) — reached via hematogenous spread from a primary pulmonary or renal focus

☐ **B.** Vulvar skin — reached via direct sexual transmission

☐ **C.** Ectocervix — reached via ascending vaginal candidiasis

☐ **D.** Ovarian cortex only

**Q21.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Patho Solved MCQs Q868 | Gyn Book p.186

**Struma ovarii is a specialized monodermal ovarian teratoma characterized by the predominance of which tissue, and what endocrine disorder can it cause?**

☐ **A.** Mature thyroid tissue — may cause clinical hyperthyroidism (thyrotoxicosis)

☐ **B.** Adrenal cortical tissue — causes Addison's disease

☐ **C.** Pancreatic islet beta cells — causes diabetes insipidus

☐ **D.** Striated cardiac muscle

**Q22.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Patho Solved MCQs Q875, Q916 | Gyn Book p.196

**A 50-year-old woman with a history of gastric carcinoma presents with bilateral solid bosselated ovarian masses. Microscopic examination reveals mucin-producing 'signet-ring' malignant cells within a cellular ovarian stroma. What is the diagnosis?**

☐ **A.** Krukenberg tumor (metastatic signet-ring cell adenocarcinoma)

☐ **B.** Benign ovarian fibroma

☐ **C.** Dysgerminoma

☐ **D.** Mature cystic teratoma

**Q23.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Patho Solved MCQs Q879, Q891 | Gyn Book p.181

**A 3-year-old female child presents with foul-smelling bloody vaginal discharge and a soft, edematous, polypoid 'grape-like' mass protruding through the vaginal introitus. Microscopically, the mass consists of malignant mesenchymal rhabdomyoblasts (cambium layer). What is the diagnosis?**

☐ **A.** Embryonal rhabdomyosarcoma (Sarcoma botryoides)

☐ **B.** Squamous cell carcinoma of the ectocervix

☐ **C.** Benign Gartner duct cyst

☐ **D.** Lichen sclerosus

**Q24.** Gynecology Actual Past Exam

ACTUAL PAST EXAM — Patho Solved MCQs Q810 | Gyn Book p.97, 157

**Regarding Bartholin's duct cyst and abscess, which statement is CORRECT?**

☐ **A.** It results from occlusion/obstruction of the main duct of Bartholin's (greater vestibular) gland, located at the 4 and 8 o'clock positions of the vestibule

☐ **B.** It is a primary malignant ovarian tumor

☐ **C.** It opens into the anterior urethral meatus at 12 o'clock

☐ **D.** Surgical treatment is radical hysterectomy

**Q25.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.17–21: Embryology of Female Genital Tract

**Which embryonic structure gives rise to the fallopian tubes, uterus, cervix, and upper 2/3 of the vagina, versus which structure gives rise to the lower 1/3 of the vagina and vestibule?**

☐ **A.** Paramesonephric (Müllerian) ducts -> Fallopian tubes, uterus, cervix, and upper vagina; Urogenital sinus (sinovaginal bulbs) -> Lower vagina and vestibule

☐ **B.** Mesonephric (Wolffian) ducts -> Fallopian tubes and uterus; Müllerian ducts -> Ovaries

☐ **C.** Genital tubercle -> Uterus and fallopian tubes

☐ **D.** Yolk sac endoderm -> Entire uterus and fallopian tubes

**Q26.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.24–32: Menstrual Cycle Endocrinology

**What is the exact hormonal trigger for ovulation in a normal 28-day menstrual cycle, and when does ovulation occur relative to this surge?**

☐ **A.** Sustained high estradiol (>200 pg/mL for >48 hours) from the dominant Graafian follicle switches hypothalamic-pituitary feedback from negative to POSITIVE, triggering the mid-cycle LH surge; ovulation occurs 32–36 hours after the onset of the LH surge (or 10–12 hours after the LH peak)

☐ **B.** A sudden drop in estradiol to zero triggers a prolactin surge

☐ **C.** High progesterone from the adrenal gland on day 5 triggers ovulation

☐ **D.** The follicular phase is fixed at 14 days while the luteal phase varies from 7 to 30 days

**Q27.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.33–34: Primary vs Secondary Dysmenorrhea

**Which statement correctly differentiates Primary (spasmodic) Dysmenorrhea from Secondary (congestive) Dysmenorrhea?**

☐ **A.** Primary dysmenorrhea occurs in young women within 6–24 months of menarche (once ovulatory cycles establish), has NO pelvic pathology, starts with or just before menstrual flow lasting 24–48 hours, is mediated by endometrial Prostaglandin F2-alpha (PGF2a), and responds to NSAIDs/COCs; Secondary dysmenorrhea is caused by underlying pelvic pathology (endometriosis, adenomyosis, PID, fibroids), pain precedes menstruation by several days, and pelvic exam is abnormal

☐ **B.** Primary dysmenorrhea occurs only in anovulatory cycles and is caused by large uterine fibroids

☐ **C.** Secondary dysmenorrhea starts on the first day of menarche and has a completely normal laparoscopy

☐ **D.** Prostaglandin E2 causes severe uterine spasm while PGF2a relaxes the uterus

**Q28.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.54–55: Hyperprolactinemia

**Which of the following is NOT a recognized cause of hyperprolactinemia (and galactorrhea-amenorrhea)?**

☐ **A.** Pituitary prolactin-secreting adenoma (prolactinoma)

☐ **B.** Primary hypothyroidism (due to elevated TRH stimulating pituitary lactotrophs)

☐ **C.** Dopamine D2-receptor antagonist drugs (metoclopramide, risperidone, haloperidol, phenothiazines, alpha-methyldopa)

☐ **D.** Dopamine agonists (Cabergoline and Bromocriptine)

☐ **E.** Chronic renal failure and chest wall trauma/herpes zoster

**Q29.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.39–44: Menopause & Hormone Replacement Therapy (HRT)

**A 53-year-old postmenopausal woman with an intact uterus complains of severe debilitating vasomotor hot flashes and night sweats. She has no contraindications to hormone therapy. What is the mandatory rule when prescribing systemic Hormone Replacement Therapy (HRT) for her?**

☐ **A.** She MUST receive combined Estrogen PLUS a Progestogen (to protect the intact uterus against estrogen-induced endometrial hyperplasia and endometrial carcinoma)

☐ **B.** Unopposed high-dose oral estrogen alone is safe in women with an intact uterus

☐ **C.** Serum LH and FSH levels are markedly decreased (<2 IU/L) in natural menopause

☐ **D.** Estradiol (E2) becomes the predominant circulating estrogen after menopause

**Q30.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.137–138: PALM-COEIN Classification of AUB

**In the FIGO PALM-COEIN classification system for Abnormal Uterine Bleeding (AUB) in reproductive-aged women, what do the structural ('PALM') versus non-structural ('COEIN') acronyms stand for?**

☐ **A.** PALM (Structural): Polyp, Adenomyosis, Leiomyoma, Malignancy & hyperplasia; COEIN (Non-structural): Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic, Not yet classified

☐ **B.** PALM: Pregnancy, Abortion, Labor, Menopause; COEIN: Cancer, Ovarian cyst, Ectopic, Infection, Neoplasia

☐ **C.** PALM refers only to postmenopausal women

☐ **D.** COEIN refers to congenital Müllerian anomalies only

**Q31.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.142–149: Uterine Fibroid Locations & GnRH Agonists

**Which anatomical type of uterine leiomyoma (fibroid) is most strongly associated with heavy menstrual bleeding, subfertility/miscarriage, and hysteroscopic resection, and what is the maximum recommended duration of preoperative GnRH agonist (e.g., Leuprolide/Goserelin) therapy without add-back?**

☐ **A.** Submucosal leiomyoma (FIGO types 0, 1, 2) — resected via operative hysteroscopy; Preoperative GnRH agonists shrink fibroid volume by 30–50% and correct anemia over 3–6 months (limited to <=6 months due to trabecular bone loss and menopausal flare/hypoestrogenism)

☐ **B.** Subserosal pedunculated leiomyoma (FIGO type 7) — causes heavy bleeding in 100% of cases and is resected hysteroscopically

☐ **C.** Cervical leiomyoma — treated with lifelong GnRH agonist for 10 years

☐ **D.** Fibroids grow rapidly after menopause without HRT

**Q32.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.116–122: Pelvic Organ Prolapse Classification & Surgery

**Match the classical vaginal prolapse anatomical defect with its definitive native-tissue surgical repair:**

☐ **A.** Cystocele (upper 2/3 anterior vaginal wall) -> Anterior colporrhaphy; Rectocele (posterior vaginal wall) -> Posterior colporrhaphy (+ perineorrhaphy); Uterovaginal prolapse in young woman desiring uterine preservation/fertility -> Manchester (Fothergill) operation or Sacrohysteropexy; Complete procidentia in elderly frail woman unfit for major surgery and not sexually active -> Le Fort colpocleisis

☐ **B.** Cystocele -> Posterior colporrhaphy; Rectocele -> Anterior colporrhaphy

☐ **C.** Procidentia in a 22-year-old nullipara -> Vaginal hysterectomy and colpocleisis

☐ **D.** Enterocele -> Simple meatotomy

**Q33.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.131–135: Vesicovaginal vs Ureterovaginal Fistula (Three-Swab Test)

**A 38-year-old woman develops continuous painless watery vaginal leakage 10 days after a difficult abdominal hysterectomy. On the Methylene Blue 'Three-Swab (Tampon) Test' (instilling blue dye into the urinary bladder via a Foley catheter while placing 3 cotton swabs in the vagina), the upper (apical) vaginal swab becomes wet with CLEAR (unstained) urine while the middle and lower swabs remain dry and unstained. What is the diagnosis?**

☐ **A.** Ureterovaginal fistula

☐ **B.** Vesicovaginal fistula (VVF)

☐ **C.** Urethrovaginal fistula

☐ **D.** Severe genuine stress incontinence

**Q34.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.179–180: Carcinoma of the Vulva

**What is the most common histological type of invasive vulvar cancer (~90%), what is its primary route of lymphatic metastasis, and which lymph node group is the FIRST station of spread?**

☐ **A.** Squamous cell carcinoma (~90%) — spreads primarily via lymphatics to the superficial inguinal (inguinofemoral) lymph nodes first, then to deep femoral (Cloquet's node) and external iliac/pelvic nodes

☐ **B.** Adenocarcinoma — spreads directly to para-aortic nodes first

☐ **C.** Melanoma — never metastasizes to lymph nodes

☐ **D.** Basal cell carcinoma — metastasizes hematogenously to the brain in 95%

**Q35.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.68–71: Male Factor Infertility & WHO Semen Analysis

**In the evaluation of an infertile couple, male factor infertility accounts for ~30–40% of cases. According to WHO lower reference limits for normal semen analysis, which parameter below is NORMAL?**

☐ **A.** Volume >= 1.5 mL, Sperm concentration >= 15 million/mL (total count >= 39 million), Total motility >= 40% (progressive motility >= 32%), and Normal morphology >= 4% (strict Kruger criteria)

☐ **B.** Sperm concentration of 1 million/mL and 0% motility

☐ **C.** Acidic semen pH of 3.0 with absence of fructose in normal fertile men

☐ **D.** Semen analysis should only be ordered after performing 3 laparoscopies on the wife

**Q36.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.187: Meigs Syndrome

**What is the classic clinical triad of Meigs Syndrome, and what happens to the effusions after surgical removal of the pelvic mass?**

☐ **A.** Benign solid ovarian fibroma (or fibroma-like tumor/thecoma/Brenner) + Ascites + Right-sided (or bilateral) pleural effusion (hydrothorax), which completely and permanently resolve after surgical excision of the ovarian tumor

☐ **B.** Malignant ovarian serous carcinoma + liver metastases + brain metastases

☐ **C.** Endometrioma + pneumothorax + hemoptysis (catamenial pneumothorax)

☐ **D.** Polycystic ovaries + hirsutism + amenorrhea

**Q37.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.205–207: Laparoscopy vs Hysteroscopy Distension Media & Complications

**What is the standard gas used to create pneumoperitoneum during diagnostic/operative gynecological laparoscopy, and what is the classic electrolyte complication of prolonged operative hysteroscopy using hypotonic electrolyte-free distension media (e.g., 1.5% Glycine or Sorbitol) with monopolar cautery?**

☐ **A.** Laparoscopy gas: Carbon dioxide ($CO_2$); Hysteroscopy complication with hypotonic glycine: Fluid intravasation overload causing severe dilutional Hyponatremia, hypo-osmolality, cerebral edema, and ammonia toxicity

☐ **B.** Laparoscopy gas: 100% Oxygen (explosive with electrocautery!); Hysteroscopy complication: Hypernatremia

☐ **C.** Laparoscopy gas: Liquid nitrogen; Hysteroscopy uses barium sulfate

☐ **D.** Operative hysteroscopy is safely performed in the presence of active viable intrauterine pregnancy and acute PID

**Q38.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.123–124: Retroversion Flexion (RVF) of the Uterus

**Which statement is TRUE regarding Retroversion Flexion (RVF) of the uterus?**

☐ **A.** Mobile (uncomplicated) RVF occurs as a normal anatomical variant in ~15–20% of women and is usually asymptomatic; Fixed RVF is caused by pelvic pathology (endometriosis, chronic PID, or pelvic malignancy) tethering the uterine fundus in the Pouch of Douglas, causing deep dyspareunia, congestive dysmenorrhea, and backache

☐ **B.** Mobile asymptomatic RVF in a routine pelvic exam requires immediate emergency laparotomy

☐ **C.** Fixed RVF is best corrected by forceful blind bimanual manipulation in the clinic without anesthesia

☐ **D.** Retroverted gravid uterus incarcerated at 13–14 weeks never causes acute urinary retention

**Q39.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.191: Risk of Malignancy Index (RMI) for Ovarian Masses

**In evaluating an adnexal mass, the Risk of Malignancy Index (RMI I) is calculated by multiplying which three parameters together (RMI = U x M x CA-125)?**

☐ **A.** Ultrasound score (U: multilocular, solid areas, bilateral, ascites, intra-abdominal metastases) x Menopausal status (M: 1 for premenopausal, 3 for postmenopausal) x Serum CA-125 concentration (IU/L); an RMI > 200 (or >250) indicates high risk of malignancy requiring referral to a gynecologic oncologist

☐ **B.** Uterine length x Maternal age x Serum beta-hCG

☐ **C.** Urine output x Menstrual cycle day x Serum FSH

☐ **D.** Ultrasound Doppler resistance x BMI x Serum prolactin

**Q40.** Gynecology New Pattern-Matched

NEW PATTERN-MATCHED — Gyn Book p.3–15: Pelvic Lymphatic Drainage & Nerve Supply

**Match the anatomical parts of the female genital tract with their primary lymphatic drainage:**

☐ **A.** Vulva & lower 1/3 of vagina -> Superficial & deep inguinofemoral lymph nodes; Cervix, upper 2/3 of vagina & lower uterine corpus -> Pelvic lymph nodes (parametrial, obturator, internal & external iliac, sacral); Ovary, fallopian tube & uterine fundus -> Para-aortic (lumbar) lymph nodes along the gonadal vessels (plus superficial inguinal nodes from uterine cornu via round ligament)

☐ **B.** Ovary drains exclusively to the superficial inguinal lymph nodes

☐ **C.** Vulva drains directly to the mediastinal lymph nodes first

☐ **D.** Cervix drains exclusively to the axillary lymph nodes