**2016 Sem 1 WH CAH Recall (MCQ recall)**

1. Of the following, the only proof of true labour is:
2. a show of blood and mucous per vagina
3. the presence of palpable uterine contractions
4. engagement of the fetal presenting part
5. progressive dilatation of the cervix
6. rupture of the membranes
7. A grand multipara has had a normal delivery of a baby weighing 4750 grams after a two hour labour. The third stage was normal. An hour after delivery she was found to be profoundly shocked and there is no sign of external bleeding. What is the most likely cause?
8. acute inversion of the uterus
9. overwhelming infection
10. ruptured uterus
11. amniotic fluid embolism
12. atonic uterus

1. The most important initial action to be taken in the management of septic abortion is:
2. immediate curettage
3. ergotamine administration
4. curettage after 12 hours of antibiotic therapy
5. direct smear and culture to identify the infecting organism
6. antibiotic administration

1. A woman aged 45 years complains of a series of heavy irregular periods. Six months previously her menstrual pattern had been quite normal. On physical examination no abnormality was detected and a cervical smear was negative. Her haemoglobin value was 11.5g/dl. What would you consider to be the most common cause of this type of menorrhagia?
2. endometrial carcinoma
3. anovulatory cycles
4. submucous fibroids
5. endometrial polyps
6. adenomyosis

1. A primigravida patient at 34 weeks gestation presents with a history of not having felt fetal movements for 24 hours. Which statement is most appropriate?
2. she probably has an intra uterine fetal death
3. you should immediately arrange transfer to labour ward for early induction of labour, providing the baby is still alive
4. she should have an urgent antenatal cardiotocography
5. she should have an ultrasound scan
6. urgent serum oestriol assay should be arranged

1. Which of the following symptoms occur in the majority of patients with six week sized uterine fibroids?

1. infertility
2. pain
3. abnormal vaginal bleeding
4. vaginal discharge
5. none of the above

1. Essential hypertension in pregnancy is:
2. usually diagnosed in the third trimester
3. usually asymptomatic
4. common in women under 35
5. usually associated with marked proteinuria
6. uncommonly associated with a family history of hypertension

1. A woman who is 16 weeks pregnant presents with symptoms suggestive of a urinary tract infection. Which of the following is correct?
2. she should be assured that urinary tract infections are common in pregnancy and require no treatment
3. a midstream urine should be collected and the bacteriology report awaited
4. a midstream urine should be collected and a wide spectrum antibiotic prescribed
5. a self retaining catheter should be introduced to promote free drainage of urine
6. a suprapubic bladder tap should he carried out to ensure the collection of an uncontaminated specimen of urine

1. The commonest primary site of a secondary malignant tumour of the ovary is:
2. breast
3. pancreas
4. lung
5. stomach
6. large bowel

1. The most frequent type of cancer found in women involves the:
2. cervix
3. uterine fundus
4. ovary
5. mammary gland
6. vulva

1. Women in the 40 - 50 year age group with menorrhagia:
2. are often anovulatory
3. are often able to be treated satisfactorily with progestogens alone
4. can be treated successfully with prostaglandin inhibitors
5. should not usually be treated with the contraceptive pill
6. all of the above
7. Hypertension in pregnancy should NOT be treated with
8. methyl dopa
9. diazoxide
10. hydralazine
11. oxprenolol
12. thiazide diuretics

1. An increased amount of amniotic fluid may he found with all the following EXCEPT:

 chorio-angioma of the placenta

1. spina bifida
2. tracheo-oesophageal fistula
3. maternal cardiac disease
4. fetal hydrops

1. A 19-year-old primigravida has had irregular painful uterine contractions for 9 hours. Forty one weeks of amenorrhoea have elapsed. The cervix is fully effaced, and 2 - 3 cm dilated. The fetal head is at the level of the ischial spines in an LOP (left occipito-posterior) position. The membranes are ruptured. Your next step in management would be:
2. commence in oxytocin infusion
3. commence hydration drip of 5 % Dextrose
4. crossmatch blood
5. caesarean section
6. order lumbar epidural block

1. Which of the following fetal heart responses should NOT be considered normal?
2. accelerations with contractions
3. changes in beat-to-beat variation associated with sleep state
4. very regular fetal heart rate (variation less than 5 beats per minute)
5. accelerations with fetal movements
6. accelerations associated with sound stimulation

1. Which of the following is true concerning GROUP B streptococcus infection in pregnancy?
2. the usual mode of infection is transplacental
3. the risk of fetal infection decreases with rupture of the membranes
4. neonatal mortality is high once systemic infection is established
5. the organism is usually resistant to Penicillin
6. mature babies (those delivered after 37 weeks of gestation) are able to resist infection with this agent

1. Urgency incontinence in post-menopausal women is usually due to:
2. loss of posterior urethro-vesical angle
3. increase in the posterior urethro-vesical angle
4. senile trigonitis
5. chronic urinary tract infection
6. atrophic vaginitis
7. Only two synthetic oestrogens are used in modern oral contraceptives. These are:
8. mestranol and ethisterone
9. norethindrone and ethisterone
10. mestranol and ethinyl oestradiol
11. ethinyl oestradiol and ethisterone
12. lynoestrol and mestranol

1. Glycosuria in pregnancy:
2. indicates diabetes
3. indicates pre-diabetes
4. should always be investigated by a full glucose tolerance test
5. is encountered in 10-20% of women
6. is encountered in 50% of women

1. A Pudendal anaesthetic blocks which of the following nerves:
2. autonomic motor pathways
3. autonomic sensory pathways
4. T11, 12 sensory pathways
5. L2, 3, 4 sensory pathways
6. S2 3, 4 sensory pathways

1. The hallmark of uterine inversion is:
2. brisk vaginal bleeding
3. abrupt profound shock without vaginal bleeding
4. vaginal bleeding with abrupt profound shock out of proportion to the bleeding
5. sudden agonizing pain
6. more than one of the above

1. A patient with long periods of anovulation is more apt to suffer which of the following types of cancer when compared with a woman who has regular cycles?
2. cervical
3. endometrial
4. ovarian
5. vaginal
6. vulval

1. Which of the following conditions may present with secondary dysmenorrhoea?
2. prolapse
3. ovarian cyst
4. pre-menstrual syndrome
5. cervical polyp
6. endometriosis

1. A pregnant woman is suspected of having a hydatidiform mole. This diagnosis is most commonly made in Australia by:
2. histologic examination of aborted material
3. assessment of oestrogen and progesterone levels in maternal blood
4. blood level of human chorionic gonadotrophin
5. ultrasound examination
6. urinary pregnancy test in dilution

1. Which of the following statements about endometriosis is INCORRECT?
2. malignant change is rare
3. the diagnosis can be made by history and physical examination
4. it is more commen in women in their reproductive years than in post-menopausal women
5. infertility may be the presenting symptom
6. the fallopian tube is the most common site involved

1. A woman 6 weeks post-partum presents with persistent and sometimes heavy vaginal bleeding. What is your first step in management?
2. administration of iron to prevent anaemia
3. performance of a pregnancy test to exclude choriocarcinoma
4. dilatation and curettage to exclude retained products of conception
5. ergometrine tablets
6. administration of Primulot N (Norothimrone) to stop the bleeding

1. A woman at 39 weeks in her first pregnancy is found to have a transverse lie. What is the next step in management?
2. external version
3. await spontaneous version
4. abdominal ultrasound
5. caesarean section
6. vaginal ultrasound

1. A patient presents with a history of second trimester miscarriage. Which event listed below would cause you to suspect an incompetent cervix?
2. onset of contractions
3. rupture of membranes
4. reduction in fetal movements
5. vaginal bleeding
6. purulent vaginal discharge

1. Which of the following is essential when investigating a patient with post-menopausal bleeding and senile vaginitis?
2. cervical cytology
3. administration of oestrogen
4. cervical cytology and fractional curettage
5. microbiological examination of cervical swabs
6. full blood count
7. Which of the following it least likely to be caused by a large uterine fibroid?
8. urinary frequency
9. constipation
10. dysmenorrhoea
11. menorrhagia
12. distended abdomen

1. A 40-year-old woman is taking the contraceptive pill and is found to have a blood pressure of 160/100. You would advise her to:
2. continue the pill but have her blood pressure treated with an appropriate hypotensive agent
3. change the pill to a lower dose preparation
4. have treatment for blood pressure in addition to ceasing the pill
5. use a different method of contraception and reassess blood pressure in 3 months time
6. have tubal ligation done

1. A woman developed fever and malaise at 8 weeks gestation 2 weeks after coming into contact with a child who had rubella. Which of the following would you advise:
2. termination of the pregnancy
3. collect maternal blood samples now and after 10 days for rubella antibody titre
4. immediate injection of 10 mls of gamma globulin
5. amniocentesis at 16 weeks gestation to obtain amniotic fluid to confirm fetal rubella infection
6. immediate ultrasound scan of the fetus to detect any fetal abnormality due to rubella infection

1. Excessive smoking (eg. 20 cigarettes per day) during pregnancy has been shown to
2. decrease the perinatal mortality rate
3. increase fetal heart rate
4. increase the risk of fetal congenital abnormalities
5. decrease birth weight
6. increase the risk of delivery of a premature Infant
7. A multigravida presents at 37 weeks gestation, not in labour with a breech presentation and ruptured membranes. What would you do initially?
8. immediate Caesarean section
9. emergency radiological pelvimetry
10. vaginal examination
11. set up an oxytocin infusion
12. urgent ultrasound scan

1. Dilatation and curettage:
2. should usually involve dilatation to greater than 8mm
3. commonly leads to cervical incompetence when performed for termination of pregnancy
4. is always indicated in bleeding after the menopause
5. is usual therapy for dysmenorrhoea
6. all of the above

1. Primary amenorrhoea is a common feature in which of the following?
2. pregnancy
3. anorexia nervosa
4. polycystic ovary syndrome
5. Turner's syndrome (45, XO)
6. premature menopause

1. Which of the following tests is most helpful in suggesting a diagnosis of tubal pregnancy?
2. a negative pregnancy test
3. ultrasonic evidence of an empty uterus
4. palpation of a tubal mass
5. ultrasonographic demonstration of a tubal mass
6. pelvic CT (Computed Tomography) scan
7. A 60-year-old woman complains of scanty vaginal bleeding and some lower abdominal discomfort. A large mass is palpable in the right side of the pelvis. Three years previously pelvic examination had been normal. The most probable diagnosis is:
8. endometrial carcinoma
9. follicular cyst of the ovary
10. a benign ovarian tumour
11. degenerating uterine myoma
12. carcinoma of the ovary

1. In a patient with prolonged amenorrhoea which of the following investigations is necessary?
2. serum cortisol
3. serum hCG
4. serum prolactin
5. skull x-ray
6. pelvic ultrasound
7. Which item in the following semen analysis is the most significant factor relating to male infertility?
8. motility 10%
9. sperm count 20 x 106/ml
10. abnormal forms > 30%
11. fructose level 100 mg/ml
12. volume of ejaculate < 2ml