## SAMPLE PAPER

**MCPS**

<table>
<thead>
<tr>
<th>SUBJECT: OBSTETRICS &amp; GYNAECOLOGY</th>
<th>PAPER: I</th>
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<tbody>
<tr>
<td>• ANSWER ALL QUESTIONS (TOTAL QUESTIONS: 10)</td>
<td>TIME ALLOWED</td>
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<tr>
<td>• USE SEPARATE ANSWER BOOK FOR EACH QUESTION</td>
<td>3 HOURS</td>
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### Q. 1
A 25 year old nullipara is found to have CIN III lesion.

a) What are different excisional methods?
b) What are the indications of excisional method?
c) What complications she may have following a knife cone biopsy?

### Q. 2
A 35 years old woman P5+2, who had an intra uterine contraceptive device inserted eighteen months back came in outpatient department because she cannot feel the thread. She has irregular periods since last one year and her last period was six weeks back.

a) Enumerate the three possible causes.
b) Enlist the investigations that you will carry out and justify them.
c) Outline your management plan in this case.

### Q. 3
A 56-year-old woman is anxious about osteoporosis as she is not on HRT.

a) What are the risk factors for osteoporosis that you would like to exclude?
b) What advice will you give her with regard to reducing her risk of osteoporosis?

### Q. 4
A 26 years old lady in her 1st pregnancy presents to ER with history of GA of 12 weeks and excessive vomiting throughout the pregnancy and complains of lower abdomen pain and is 16cm, On P/V: Os close, uterus enlarged with mass and no foetal part seen.

a) Diagnose the case.
b) Enlist the investigations required.
c) Enumerate the important steps in management.
d) Follow up advise.
Q.5  A P₁₀ at 26 years of age, LCB 1 year ago, presents to you with history of secondary amenorrhea since last 1 year. Patient is lactating. Past history reveals history of FTND at home followed by massive obstetrics haemorrhage for which patient was taken to a hospital, 2 units of blood were transfused and ERPC was done. She has never practiced any contraception and is now anxious for conception. GPE and local examination are unremarkable.

a) Enlist 4 possible causes of her amenorrhea?
b) How will you investigate this patient?
c) How will you counsel and manage this patient?

Q.6 One of your patient at 34 weeks of gestation with breech presentation of her 1st pregnancy wants to know about external cephalic version.

a) Enlist 3 disadvantages of this procedure at present gestation.
b) Enumerate atleast 4 advantages of the procedure at 36 weeks of gestation.

Q.7 30 year old G2P1 presents in emergency with history of amenorrhoea 34 weeks with mild bleeding P/V and pain off & on. Previous ultrasound shows fundal placenta. BP 120/80 mmHg, pulse 90/min. Abdominal examination shows soft abdomen, mild tenderness with infrequent contractions. FHS 146 b/min. Per vaginal findings: moderate bleeding with 3 cm cervical dilatation and cephalic presentation.

a) Give 3 possible differential diagnoses?
b) Outline your management?
**Q.8** A 20 year primigravida presented at 30 weeks of gestation. Her ultrasound report shows twin gestation with one dead fetus of 18 weeks size and 30 weeks alive fetus.

  a) What will be counselling points?  
  b) How will you investigate to predict complications?  
  c) What should be time and mode of delivery?

**Q.9** A primigravida requests for painless delivery at you center. She is normotensive but using low dose aspirin.

  a) What are contra indications for epidural analgesia?  
  b) What are complications associated with this type of analgesia?

**Q.10** a) How will you predict shoulder dystocia in labouring patient?  
  b) Name the maneuvers to overcome this obstetric emergency.