MBBS FINAL YEAR

OBSTETRICS & GYNAECOLOGY

QUESTION BANK

Chapter-wise · Topic-wise Previous-Year Questions

Theory Papers I & II · 2009 – 2025

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By

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MBBS FINAL YEAR — OBSTETRICS & GYNAECOLOGY

(Final / Third Professional MBBS · Paper I and Paper II)

Chapter-wise, Topic-wise Previous-Year Question Bank

Theory Papers I & II · January 2009 – August 2025

20 chapters · 63 topics · 1263 questions (1041 after merging repeats) · 160 MCQs · 216 fill-in-the-blanks · 27 match-the-following sets

Compiled from 55 theory papers of the Final Professional MBBS Obstetrics & Gynaecology examination, Amrita Vishwa Vidyapeetham, Kochi

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Preface

Dear students,

Obstetrics and Gynaecology is the subject in which you will most often be responsible for two lives at once. The bleeding mother in the labour room, the woman who convulses at thirty-two weeks, the young girl who has never menstruated, the postmenopausal lady with a little spotting — these are the patients the examiners keep returning to, year after year, because they are the patients you will meet as an Indian Medical Graduate.

Every question set in the Final Professional MBBS Obstetrics & Gynaecology theory papers from January 2009 to August 2025 has been collected here, arranged chapter by chapter and topic by topic, and tagged with the examination in which it appeared. Paper I (Obstetrics) and Paper II (Gynaecology) are presented as two parts of the book. Repeated questions are marked so that you can see at a glance which topics the examiners value most.

Use this book actively. Start each chapter with its most-asked topics. Read the topic from your textbook, then come back and write the answers to the previous questions in your own words, within the time you would have in the examination hall. Practise the case-based essays the way you would present a patient in the labour room or the gynaecology OP: diagnosis, evaluation, investigations and management, in that order. Draw the diagrams — the pelvis, the fetal skull, the placenta praevia grades, the supports of the uterus — until you can draw them from memory, and attempt the MCQs and fill-in-the-blanks before you look anything up.

A question bank is not a substitute for labour-room postings or for a good textbook. It is a map. It shows you where the roads are, how often each road is travelled, and which ones you must know well before you set out. Combined with regular ward work and honest revision, it will help you walk into the examination with confidence.

I wish every one of you the very best for your examinations and for the years of clinical practice that lie ahead. Work steadily, stay curious and keep the mother and the baby at the centre of everything you learn.

With best wishes,



Dr. Gireesh Kumar K.P.
Kochi, October 2026

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How to use this question bank

Coverage. Every question from the 55 Paper I and Paper II theory papers between January 2009 and August 2025 (regular and supplementary sittings), including the MCQ papers of the 2024–2025 CBME pattern.

Organisation. Questions are grouped into 20 chapters in two parts — Part A Obstetrics and Part B Gynaecology — and inside each chapter into topics, in the order a textbook would teach them. Within a topic, case-based essays come first, then the 5-mark reasoning / applied / AETCOM questions of the CBME pattern, then short notes and short answers.

Source tags. Each question ends with the sitting and paper it appeared in, e.g. "Jan 2018 P-II" = January 2018, Paper II. **(S)** marks a supplementary examination.

Repeats = high-yield. A question set in more than one paper is listed once with all its appearances and a count in magenta, e.g. **[4×]**. Each topic heading shows how many papers asked it, and the box at the top of each chapter lists the most-asked topics.

Diagrams, fill-in-the-blanks and MCQs. "Draw and label" questions, the fill-in-the-blanks of the 2009–2018 papers and the MCQs of the 2024–2025 papers are collected at the end of each chapter. The match-the-following sets mix several systems, so they are kept paper-wise in the Appendix.

Note. The papers were scanned and converted to text; obvious scanning errors have been corrected and the original wording otherwise retained. Check against the original paper if a word looks odd.

Contents and question distribution

#	Chapter	Topics	Questions	MCQs	Fill-ins	Page
Part A — Obstetrics (Paper I)						
1.	Basic Sciences of Pregnancy	3	67	12	23	6
2.	Antenatal Care, Prenatal Diagnosis and Fetal Surveillance	4	63	7	21	9
3.	Complications of Early Pregnancy	4	57	11	11	12
4.	Normal Labour and Puerperium	4	54	9	5	16
5.	Abnormal Labour	3	33	8	3	19
6.	Obstetric Haemorrhage	3	54	5	5	21
7.	Hypertensive Disorders of Pregnancy	2	29	2	8	24
8.	Medical Disorders in Pregnancy	4	63	3	14	27
9.	High-Risk Pregnancy	6	69	11	6	30
10.	Operative Obstetrics	3	18	1	0	33
11.	The Newborn and Safe Motherhood	2	14	0	4	34
Part B — Gynaecology (Paper II)						
12.	Anatomy, Development and Intersex	2	51	12	14	37
13.	Reproductive Physiology and Menstrual Disorders	5	80	9	18	39
14.	Infections of the Genital Tract	2	43	6	15	42
15.	Infertility and Endometriosis	2	60	6	7	44
16.	Contraception and MTP	2	71	6	19	48
17.	Genital Prolapse and Urogynaecology	2	41	6	4	51
18.	Benign Tumours of the Uterus and Ovary	2	46	5	13	53
19.	Gynaecological Oncology	5	105	13	18	56
20.	Gynaecological Procedures and Drugs	3	23	2	1	61
	TOTAL	**63**	**1041**	**134**	**209**	
	Appendix — Match the following, paper-wise (27 sets)					*62*
	Index of major topics					*66*

"Questions" counts each question once after merging repeats (MCQs and fill-in-the-blanks included).

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PART A

Obstetrics

Paper I

1. Basic Sciences of Pregnancy
2. Antenatal Care, Prenatal Diagnosis and Fetal Surveillance
3. Complications of Early Pregnancy
4. Normal Labour and Puerperium
5. Abnormal Labour
6. Obstetric Haemorrhage
7. Hypertensive Disorders of Pregnancy
8. Medical Disorders in Pregnancy
9. High-Risk Pregnancy
10. Operative Obstetrics
11. The Newborn and Safe Motherhood

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1. Basic Sciences of Pregnancy (67 questions)

> **★ Most-asked topics in this chapter**
>
> - Fertilisation, placenta, membranes, liquor and fetal circulation — ***asked in 10 papers***
> - Maternal physiological changes in pregnancy — ***asked in 10 papers***
> - Maternal pelvis and fetal skull — ***asked in 5 papers***

1.1 Maternal pelvis and fetal skull *(5 papers)*

1. Android pelvis — *Jan 2015 P-I*
2. Diagonal conjugate — *Apr 2022 P-I*
3. Diameters of pelvic inlet — *Oct 2021 (S) P-I*
4. Moulding — *Jan 2020 P-I*
5. What is moulding and what are the grades of moulding? — *Mar 2023 P-I*
6. What is vertex and its engaging diameters? — *Mar 2023 P-I*

1.2 Fertilisation, placenta, membranes, liquor and fetal circulation *(10 papers)*

1. **Short note [5 marks]** Explain fetoplacental circulation — *Feb 2024 P-I*
2. **Short note [5 marks]** Discuss the development of the placenta and its functions — *Aug 2024 (S) P-I*
3. **Short note [5 marks]** Placental development and functions — *Aug 2025 (S) P-I*
4. Abnormalities of cord insertion in placenta — *Jan 2011 P-I*
5. Battledore placenta — *Jun 2019 P-I*
6. Changes in fetal circulation after birth — *Jan 2011 P-I*
7. Clinical applications of hCG — *May 2017 P-I*
8. Fetal life — *Jan 2009 P-I*
9. hCG — *Oct 2021 (S) P-I*
10. Human chorionic gonadotropin — *Jan 2020 P-I*
11. Liquor amnii — *Oct 2021 (S) P-I*
12. Normal features of liquor amnii at term and abnormal findings — *Jan 2011 P-I*
13. Succenturiate placenta — *Apr 2022 P-I*

1.3 Maternal physiological changes in pregnancy *(10 papers)*

1. **Short note [5 marks]** What are the haematological changes occurring during pregnancy? — *Feb 2024 P-I*
2. Three cardiovascular changes in pregnancy — ***Jun 2011 P-I · Jun 2015 P-I · Jan 2019 P-I · Apr 2021 P-I · Oct 2022 (S) P-I*** **[5×]**
3. CVS changes in pregnancy — *Jan 2014 P-I*
4. Dermatological changes in pregnancy — *Apr 2022 P-I*
5. Haematological changes in pregnancy — *Mar 2023 P-I*
6. Physiological changes in cardiovascular system in pregnancy — *Jan 2012 P-I*
7. Supine hypotension syndrome — *Apr 2021 P-I*

1.4 Diagrams – draw and label *(7 papers)*

1. Draw and label: Diameters of fetal skull — *Jan 2014 P-I*
2. Draw and label: End-on view of fetal skull — *Jun 2010 P-I*
3. Draw and label: Fetal circulation — ***Jun 2015 P-I · May 2017 P-I*** **[2×]**

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4. Draw and label: Plane of least pelvic dimension — *Jan 2011 P-I*
5. Draw and label: Superior surface of fetal skull — *Jan 2016 P-I*
6. Draw and label: Velamentous insertion of cord — *Jan 2013 P-I*

1.5 Fill in the blanks (2009–2018 papers) *(23 items)*

1. Biggest transverse diameter of the fetal skull is _____ ***— Jan 2010 P-I · Jan 2018 P-I*** **[2×]**
2. _____ of the pelvis represents zero station. — *Jun 2011 P-I*
3. _____ is the fetal attitude. — *Jun 2011 P-I*
4. In a well-flexed head the engaging diameter is _____ — *Jun 2011 P-I*
5. Diameter of engagement in brow presentation is _____ — *Jan 2012 P-I*
6. The diameter of engagement in face presentation is _____ — *Jan 2013 P-I*
7. Largest engaging diameter of the fetal skull is _____ — *Jan 2014 P-I*
8. _____ is the area bounded by the 2 fontanelles and parietal eminences. — *Jun 2015 P-I*
9. The diameter of pelvic inlet which can be measured clinically is _____ — *Jan 2016 P-I*
10. Ideal pelvis for trial of labour is _____ — *May 2017 P-I*
11. Measurable conjugate of the inlet of pelvis is _____ — *May 2017 P-I*
12. The measurable conjugate of pelvic inlet is _____ — *Jan 2018 P-I*
13. hCG is produced by _____ of placenta. — *Jan 2011 P-I*
14. The first RBCs are produced in the _____ at 14 days of gestation. — *Jan 2011 P-I*
15. The hCG level in normal pregnancy reaches peak by _____ to _____ days. — *Jun 2011 P-I*
16. Implantation of the fertilised ovum takes place on _____ day of menstrual cycle. — *Jan 2015 P-I*
17. hCG is produced by _____ — *May 2017 P-I*
18. The process of fertilisation occurs in _____ — *May 2017 P-I*
19. Cardiac output starts rising by _____ weeks of pregnancy. — *Jan 2009 P-I*
20. The area between the anatomical internal os and histological internal os is the _____ — *Jan 2011 P-I*
21. During pregnancy peak cardiac output is achieved between _____ and _____ weeks of pregnancy. — *Jan 2013 P-I*
22. Hyperpigmented patch on the cheek and face during pregnancy is _____ — *Jun 2015 P-I*
23. Cardiac output increases in pregnancy by _____ — *May 2017 P-I*

1.6 MCQs from recent papers (2024–2025) *(12 MCQs)*

1. Engaging diameter in brow presentation: — *Feb 2024 P-I*
   (a) Occipitobregmatic (b) Mentovertical (c) Occipitofrontal (d) Suboccipitofrontal
2. Beta-hCG is produced from: — *Feb 2024 P-I*
   (a) Cytotrophoblast (b) Syncytiotrophoblast (c) Both (d) None
3. Plasma volume increases in pregnancy by: ***— Feb 2024 P-I · Aug 2025 (S) P-I*** **[2×]**
   (a) 20% (b) 30% (c) 40% (d) 60%
4. Implantation (the process by which the blastocyst penetrates the uterine mucosa to get implanted in the endometrium) begins after fertilisation by: — *Aug 2024 (S) P-I*
   (a) 2–3 weeks (b) 3–5 weeks (c) 6–7 weeks (d) 8–9 weeks
5. Ratio of weight of placenta to weight of baby at term is roughly: — *Aug 2024 (S) P-I*
   (a) 1:2 (b) 1:4 (c) 1:6 (d) 1:8
6. All the following changes are seen in pregnancy except: — *Aug 2024 (S) P-I*
   (a) Increased stroke volume (b) Increased cardiac output (c) Increased intravascular volume
   (d) Increased peripheral vascular resistance

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7. Which is the largest diameter of the fetal head? ***— Feb 2025 P-I · Aug 2025 (S) P-I* [2×]**
   (a) Mentovertical (b) Occipitofrontal (c) Submentobregmatic (d) Suboccipitofrontal

8. All are true except: *— Feb 2025 P-I*
   (a) Velamentous cord has risk of antepartum haemorrhage (b) Umbilical cord has 2 veins, 1 artery
   (c) Cord is normally inserted at the centre (d) Length of cord at term is 40–70 cm

9. Implantation takes place after _____ days of fertilisation: ***— Feb 2025 P-I · Aug 2025 (S) P-I* [2×]**
   (a) 5–6 days (b) 7–8 days (c) 8–10 days (d) 10–12 days

10. After 28 weeks, the major amount of amniotic fluid is from: *— Feb 2025 P-I*
    (a) Fetal skin (b) Fetal urine (c) Placental membrane (d) Plasma

11. Beta-hCG is secreted by: ***— Feb 2025 P-I · Aug 2025 (S) P-I* [2×]**
    (a) Yolk sac (b) Syncytiotrophoblast (c) Placenta (d) Umbilical cord

12. All of the following are increased in pregnancy, except: *— Feb 2025 P-I*
    (a) Blood volume (b) WBC (c) Haemoglobin (d) Vital capacity

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2. Antenatal Care, Prenatal Diagnosis and Fetal Surveillance (63 questions)

★ Most-asked topics in this chapter

- Prenatal screening, diagnosis and congenital anomalies — ***asked in 14 papers***
- Antepartum and intrapartum fetal surveillance (NST, BPP, CTG) — ***asked in 11 papers***
- Diagnosis of pregnancy and antenatal care — ***asked in 5 papers***
- Drugs, teratogens and vaccines in pregnancy — ***asked in 4 papers***

2.1 Diagnosis of pregnancy and antenatal care *(5 papers)*

1. **Reasoning [5 marks]** Enumerate the role of preconceptional counselling in a mother with a known pre-existing medical disorder (epilepsy) — *Aug 2024 (S) P-I*
2. Diagnosis of pregnancy in first trimester — *Jan 2016 P-I*
3. First prenatal visit — *Jan 2010 P-I*
4. Four conditions where the size of the uterus is larger than the period of amenorrhoea — *May 2017 P-I*
5. Preconceptional counselling — *Jun 2015 P-I*
6. Quickening — *Jan 2016 P-I*

2.2 Prenatal screening, diagnosis and congenital anomalies *(14 papers)*

1. **Short note [5 marks]** List screening methods for Down syndrome in pregnancy — *Aug 2024 (S) P-I*
2. Anencephaly — ***Jan 2012 P-I · Apr 2021 P-I · Apr 2022 P-I*** **[3×]**
3. Amniocentesis — ***Jan 2014 P-I · Apr 2022 P-I*** **[2×]**
4. Chorionic villus sampling — *Jan 2010 P-I*
5. Diagnosis and management of hydrocephalus — *Jan 2009 P-I*
6. Down syndrome screening — *Jan 2019 P-I*
7. First-trimester screening for aneuploidy — *Feb 2024 (S) P-I*
8. Indications for first-trimester ultrasound — *May 2017 P-I*
9. Maternal serum alpha-fetoprotein — *Jun 2010 P-I*
10. Mid-trimester amniocentesis — *Jun 2010 P-I*
11. Nuchal translucency — *Jan 2015 P-I*
12. Role of ultrasonography (USG) in obstetrics — *Jul 2020 (S) P-I*
13. Screening for Down syndrome — *Apr 2021 P-I*
14. Triple test — *Mar 2023 P-I*

2.3 Antepartum and intrapartum fetal surveillance (NST, BPP, CTG) *(11 papers)*

1. **Short note [5 marks]** Biophysical profile (BPP) — *Aug 2025 (S) P-I*
2. Biophysical profile (BPP) — ***Apr 2021 P-I · Oct 2022 (S) P-I · Feb 2024 (S) P-I*** **[3×]**
3. Non-stress test — ***Jan 2015 P-I · May 2017 P-I · Oct 2021 (S) P-I*** **[3×]**
4. Late deceleration — *Oct 2021 (S) P-I*
5. Management of intrapartum fetal distress — *Jan 2013 P-I*
6. Modified biophysical profile — *Jan 2018 P-I*
7. NST — *Apr 2022 P-I*
8. Reactive NST (non-stress test) — *Jan 2012 P-I*

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2.4 Drugs, teratogens and vaccines in pregnancy *(4 papers)*

1. **Short note [5 marks]** Discuss vaccination during pregnancy — *Aug 2024 (S) P-I*
2. Fetal alcohol syndrome — *Apr 2022 P-I*
3. Name four teratogenic drugs — *Jan 2012 P-I*
4. Steroids in pregnancy — *Jan 2009 P-I*

2.5 Diagrams – draw and label *(4 papers)*

1. Draw and label: Late deceleration ***— Jun 2011 P-I · Jan 2012 P-I* [2×]**
2. Draw and label: Reactive non-stress test — *Jan 2016 P-I*
3. Draw and label: Types of deceleration seen in CTG — *Jan 2014 P-I*

2.6 Fill in the blanks (2009–2018 papers) *(21 items)*

1. Identification of a well-defined gestational sac by TVS correlates with _____ IU/L of beta-hCG. — *Jan 2009 P-I*
2. With ultrasound Doppler technique fetal heart sound is detected by _____ weeks of gestation. — *Jan 2010 P-I*
3. First-trimester gestational age is calculated by measuring _____ — *Jun 2010 P-I*
4. _____ is a graphical record of the growth of the uterus measured as symphysiofundal height. — *Jun 2011 P-I*
5. _____ is calculated by adding 9 months and 7 days to the first day of LMP. — *Jun 2011 P-I*
6. Bluish discolouration of vagina in pregnancy is called _____ — *Jun 2011 P-I*
7. Earliest sign of intrauterine pregnancy seen on transvaginal scan is _____ — *Jan 2013 P-I*
8. Softening and compressibility of isthmus in early pregnancy is called _____ — *Jan 2014 P-I*
9. The average weight gain in healthy women in pregnancy is about _____ — *Jun 2015 P-I*
10. Hegar's sign is elicited in _____ weeks of pregnancy. — *Jan 2016 P-I*
11. The major congenital anomaly that can be diagnosed by USG at the earliest is _____ — *Jan 2010 P-I*
12. Anomaly scan in pregnancy is done at _____ to _____ weeks. — *Jun 2011 P-I*
13. Nuchal translucency is checked between _____ weeks of gestation. — *Jan 2015 P-I*
14. Cord compression causes _____ type of fetal heart rate deceleration. — *Jan 2010 P-I*
15. Variable deceleration occurs due to _____ — *Jan 2012 P-I*
16. The normal short-term beat-to-beat variability of FHR at term is _____ — *Jan 2013 P-I*
17. Early deceleration is due to _____ — *Jan 2013 P-I*
18. Variable deceleration is seen in _____ — *May 2017 P-I*
19. Carbamazepine is a category _____ drug. — *Jan 2010 P-I*
20. Sulfa drugs given in late pregnancy can cause _____ in the infant. — *Jun 2010 P-I*
21. _____ scan is contraindicated in pregnancy. — *Jan 2014 P-I*

2.7 MCQs from recent papers (2024–2025) *(7 MCQs)*

1. Modified biophysical profile includes: — *Feb 2024 P-I*
   (a) NST and AFI (b) NST and breathing movement (c) NST and gross body movements (d) NST and tone
2. Increased pulsation felt through the lateral fornices at the 8th week of pregnancy is called: ***— Aug 2024 (S) P-I · Aug 2025 (S) P-I* [2×]**
   (a) Chadwick's sign (b) Osiander's sign (c) Hegar's sign (d) Palmer's sign
3. USG markers in the first trimester for Down's syndrome include all except: — *Aug 2024 (S) P-I*
   (a) Absent nasal bone (b) Reversed a-wave in DV (c) Tricuspid regurgitation (d) NT 1 mm
4. Late deceleration in CTG indicates: ***— Aug 2024 (S) P-I · Aug 2025 (S) P-I* [2×]**
   (a) Head compression (b) Cord compression (c) Fetal hypoxia (d) Transverse lie

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5. Modified BPP consists of: *— Aug 2024 (S) P-I*
(a) NST, AFI (b) NST, fetal breathing (c) NST, fetal movement (d) NST, fetal tone

6. Best ultrasound parameter to assess gestational age is: *— Feb 2025 P-I*
(a) Crown–rump length (b) Biparietal diameter (c) Femur length (d) Sacral length

7. Quadruple test includes all except: *— Feb 2025 P-I*
(a) AFP (b) Inhibin A (c) hCG (d) Inhibin B

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3. Complications of Early Pregnancy (57 questions)

> ★ **Most-asked topics in this chapter**
>
> - Gestational trophoblastic disease — ***asked in 14 papers***
> - Abortion and recurrent pregnancy loss — ***asked in 12 papers***
> - Ectopic pregnancy — ***asked in 10 papers***
> - Hyperemesis gravidarum — ***asked in 5 papers***

3.1 Hyperemesis gravidarum *(5 papers)*

1. **Applied [5 marks]** An 18-year-old primigravida at 8 weeks of gestation admitted with vomiting and altered sensorium. Explain the investigations done for hyperemesis gravidarum. Write the management of the above condition. — *Feb 2024 P-I*
2. **Applied [5 marks]** A primigravida at 10 weeks came to the antenatal clinic with excessive vomiting. List the complications of hyperemesis. Discuss the management of hyperemesis gravidarum. — *Feb 2025 P-I*
3. Hyperemesis gravidarum — ***Apr 2021 P-I · Oct 2021 (S) P-I*** **[2×]**
4. Explain the medical management of hyperemesis gravidarum — *Feb 2024 (S) P-I*

3.2 Abortion and recurrent pregnancy loss *(12 papers)*

1. **Applied [5 marks]** A primigravida at 8 weeks came to the antenatal clinic with vaginal bleeding. (a) List the causes of first-trimester bleeding. (b) Discuss the management of missed miscarriage. — *Aug 2025 (S) P-I*
2. Inevitable abortion — ***Jun 2015 P-I · Jun 2019 P-II · Mar 2023 P-I*** **[3×]**
3. Four causes of recurrent pregnancy loss — ***Jan 2013 P-I · Jul 2020 (S) P-I*** **[2×]**
4. Missed abortion — ***Jan 2015 P-I · Jan 2018 P-I*** **[2×]**
5. Threatened abortion — ***Jan 2012 P-I · Jan 2016 P-I*** **[2×]**
6. Complete abortion — *Jun 2011 P-I*
7. Enumerate four causes of second-trimester abortion — *Jan 2012 P-I*
8. Missed miscarriage — *Jun 2019 P-II*
9. Three complications of first trimester of pregnancy — *Jun 2011 P-I*
10. Types of abortion — *Jan 2014 P-I*

3.3 Ectopic pregnancy *(10 papers)*

1. **Applied [5 marks]** Describe the clinical features and medical management of ectopic pregnancy — *Aug 2024 (S) P-I*
2. **Applied [5 marks]** G2A1 at 7 weeks of pregnancy admitted with pain abdomen. List the causes of pain abdomen in the above case. Enumerate the risk factors for ectopic pregnancy. Discuss the management of unruptured ectopic pregnancy. — *Feb 2025 P-I*
3. **Applied [5 marks]** G3P1L1A1 with previous LSCS, 7 weeks pregnant, admitted with pain abdomen. (a) List the risk factors for ectopic pregnancy. (b) Discuss the management of unruptured tubal ectopic pregnancy. — *Aug 2025 (S) P-I*
4. Medical management of ectopic pregnancy — ***Jan 2010 P-II · Jan 2013 P-II · Jan 2019 P-I · Apr 2021 P-II*** **[4×]**
5. Cervical pregnancy — ***Jun 2019 P-I · Oct 2021 (S) P-II*** **[2×]**
6. Criteria for medical management of unruptured ectopic pregnancy — *Jul 2020 (S) P-II*

3.4 Gestational trophoblastic disease *(14 papers)*

1. **Reasoning [5 marks]** Explain the role of methotrexate in the management of gestational trophoblastic disease — *Feb 2024 P-II*
2. Follow-up of vesicular mole — ***Jul 2013 P-II · May 2017 P-II · Jan 2018 P-II*** **[3×]**

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3. Complications of molar pregnancy — *Jan 2019 P-I*
4. Follow-up after evacuation of molar pregnancy — *Jan 2012 P-I*
5. Invasive mole — *Jan 2013 P-II*
6. Investigations and management of molar pregnancy — *Apr 2021 P-II*
7. Management of gestational trophoblastic neoplasia — *Apr 2022 P-II*
8. Management of vesicular mole — *Jan 2011 P-II*
9. Partial mole — *Oct 2021 (S) P-II*
10. Persistent trophoblastic disease — *Jun 2011 P-II*
11. Theca lutein cyst — *Jan 2020 P-I*
12. Write the management of molar pregnancy — *Feb 2024 (S) P-I*

3.5 Diagrams – draw and label *(4 papers)*

1. Draw and label: Possible sites of ectopic gestation — *Jul 2013 P-II*
2. Draw and label: Sites of ectopic gestation — *May 2017 P-I*
3. Draw and label: Sites of ectopic pregnancy ***— Jan 2009 P-II · Jan 2014 P-II*** **[2×]**

3.6 Fill in the blanks (2009–2018 papers) *(11 items)*

1. Recurrent pregnancy loss is defined as _____ or more consecutive spontaneous abortions. — *Jan 2011 P-I*
2. Commonest cause of first-trimester abortion is _____ — *Jan 2016 P-I*
3. The level of beta-hCG above which an intrauterine gestational sac should be seen in a normal pregnancy by transvaginal scan is _____ — *Jan 2012 P-II*
4. Most common site of tubal pregnancy is _____ — *Jan 2014 P-I*
5. _____ is the drug given for medical management of ectopic pregnancy. — *Jan 2018 P-I*
6. Chromosomal complement of complete mole is _____ — *Jan 2009 P-I*
7. 90% of complete mole has _____ karyotype. — *Jun 2010 P-I*
8. _____ is a curable gynaecological malignancy. — *Jan 2013 P-II*
9. Serum beta-hCG is a tumour marker for _____ — *Jan 2015 P-II*
10. Vesicular mole is diagnosed by _____ — *Jan 2018 P-I*
11. _____ cysts are often seen in association with molar pregnancy. — *Jan 2018 P-II*

3.7 MCQs from recent papers (2024–2025) *(11 MCQs)*

1. Hyperemesis gravidarum is seen in: ***— Feb 2024 P-I · Aug 2025 (S) P-I*** **[2×]**
   (a) Multiple pregnancy (b) Vesicular mole (c) Down's syndrome (d) All of the above
2. Commonest cause of first-trimester miscarriage: — *Feb 2024 P-I*
   (a) Cervical insufficiency (b) Chromosomal abnormalities (c) APLA syndrome (d) Infections
3. Drug of choice in a case of unruptured ectopic pregnancy: — *Feb 2024 P-I*
   (a) Actinomycin (b) Methotrexate (c) Mifepristone (d) Misoprostol
4. A 21-year-old came to ER with complaints of pain abdomen and vomiting of 2 days' duration. Her last menstrual period was 1 week back. On examination there is pallor, tachycardia and abdominal tenderness on the left side. What is the probable diagnosis? — *Feb 2024 P-II*
   (a) Ectopic pregnancy (b) Torsion ovary (c) Molar pregnancy (d) Appendicitis
5. A 25-year-old P1L1 came to OP with complaints of breathlessness and irregular vaginal bleeding since 5 days. Her menstrual cycles were irregular, LMP 2 months back. Beta-hCG 2 lakh IU/L. USG showed cystic areas, and bilateral adnexa had ovarian cysts 4 cm in size. What is the possible diagnosis? — *Feb 2024 P-II*
   (a) Choriocarcinoma (b) Ectopic pregnancy (c) Incomplete abortion with anaemia
   (d) Heart disease with pregnancy

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6. Hydatidiform mole is histologically identified as: *— Aug 2024 (S) P-I*
   (a) Hydropic degeneration of villous stroma (b) Snowstorm appearance
   (c) Non-proliferation of syncytiotrophoblast (d) Non-proliferation of cytotrophoblast
7. Beta-hCG is elevated in: *— Aug 2024 (S) P-II*
   (a) Choriocarcinoma (b) Serous tumour (c) Granulosa cell tumour (d) Dermoid cyst
8. Doubling of beta-hCG is seen in: *— Feb 2025 P-I*
   (a) 24 hours (b) 48 hours (c) 72 hours (d) 96 hours
9. Chromosome pattern in complete mole: *— Feb 2025 P-I*
   (a) 46XX maternal origin (b) 46XY maternal origin (c) 46XX paternal origin (d) 46XY maternal origin
10. Tubal pregnancy most commonly occurs at: ***— Feb 2025 P-II · Aug 2025 (S) P-II*** **[2×]**
    (a) Isthmus (b) Ampulla (c) Infundibulum (d) Interstitial
11. Hydatidiform mole arises from: *— Feb 2025 P-II*
    (a) Amnion (b) Chorion (c) Chorionic villi (d) Trophoblasts

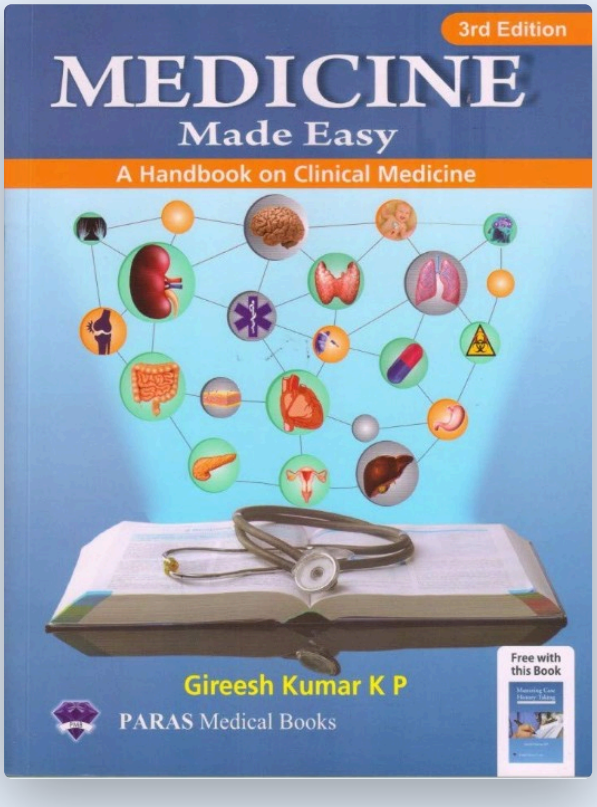
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4. Normal Labour and Puerperium (54 questions)

> **★ Most-asked topics in this chapter**
>
> - Induction of labour and oxytocics — ***asked in 13 papers***
> - Management of labour, partograph and third stage — ***asked in 12 papers***
> - Physiology and mechanism of normal labour — ***asked in 9 papers***
> - Puerperium, puerperal sepsis and lactation — ***asked in 9 papers***

4.1 Physiology and mechanism of normal labour *(9 papers)*

1. Engagement — ***Jan 2018 P-I · Mar 2023 P-I*** **[2×]**
2. Asynclitism — *Jan 2009 P-I*
3. Cardinal movements in labour — *Jan 2014 P-I*
4. Define normal labour — *Jan 2013 P-I*
5. Difference between true and false labour pain — *Jun 2015 P-I*
6. Internal rotation — *Jan 2010 P-I*
7. Internal rotation of fetal head — *Jan 2009 P-I*
8. True labour contractions — *Jun 2019 P-I*
9. What is crowning? — *Jan 2016 P-I*

4.2 Management of labour, partograph and third stage *(12 papers)*

1. **Reasoning [5 marks]** What are the components of active management of third stage of labour? What are the benefits of active management of third stage of labour? — *Feb 2024 P-I*
2. Active management of third stage of labour — ***Jan 2016 P-I · Jan 2018 P-I · Oct 2021 (S) P-I · Apr 2022 P-I · Oct 2022 (S) P-I*** **[5×]**
3. Partogram — ***Jan 2011 P-I · Jul 2020 (S) P-I · Apr 2021 P-I · Oct 2022 (S) P-I*** **[4×]**
4. Different nature of amniotic fluid at ARM (artificial rupture of membranes) — *Jan 2009 P-I*
5. Examination of placenta at delivery — *Jan 2009 P-I*
6. Labour care chart partogram — *Mar 2023 P-I*
7. Pudendal block — *Apr 2022 P-I*
8. WHO partogram — *Jan 2020 P-I*

4.3 Induction of labour and oxytocics *(13 papers)*

1. **Short note [5 marks]** Enumerate the role of oxytocin in labour and the postpartum period — *Feb 2024 P-I*
2. **Short note [5 marks]** Enumerate the methods of induction of labour — *Aug 2024 (S) P-I*
3. **Reasoning [5 marks]** A primigravida at 37 weeks of gestation with gestational diabetes on insulin. Discuss the methods for induction of labour if her Bishop's score is 3. — *Feb 2025 P-I*
4. Bishop's score — ***Jan 2015 P-I · Jun 2019 P-I*** **[2×]**
5. Drugs used for induction of labour — ***Oct 2022 (S) P-I · Mar 2023 P-I*** **[2×]**
6. Amniotomy — *Jun 2019 P-I*
7. Induction of labour — *Jun 2015 P-I*
8. Medical methods of induction of labour — *Jan 2011 P-I*
9. Methods of induction of labour — *Jan 2018 P-I*
10. Oxytocics — *Jan 2009 P-I*
11. Oxytocin — *Jan 2020 P-I*

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12. Use of misoprostol in obstetrics — *Jan 2012 P-I*

4.4 Puerperium, puerperal sepsis and lactation *(9 papers)*

1. **Case / Essay [10 marks]** A 22-year-old postnatal lady presented to casualty on postnatal day 10 with history of high-grade fever with chills and foul-smelling discharge P/V. **a)** What is the most probable diagnosis? **b)** What are the differential diagnoses for postpartum fever with chills? **c)** Discuss the management of this condition. **d)** Enumerate the complications. **e)** Enumerate the relevant investigations for the management of the condition. — *Jan 2015 P-I*
2. Physiology of lactation ***— Jan 2016 P-I · Jan 2020 P-I · Oct 2021 (S) P-I*** **[3×]**
3. Breastfeeding — *Jan 2018 P-I*
4. Define puerperal fever — *Jan 2016 P-I*
5. Inhibition of lactation — *Jan 2010 P-I*
6. Puerperal morbidity — *Jan 2009 P-I*
7. Puerperal pyrexia — *Jan 2011 P-I*
8. Puerperal sepsis — *Jan 2019 P-I*

4.5 Diagrams – draw and label *(4 papers)*

1. Draw and label: Effacement of cervix — *Jan 2009 P-I*
2. Draw and label: Friedman curve ***— Jan 2010 P-I · Jun 2011 P-I*** **[2×]**
3. Draw and label: Modified partogram — *Jun 2015 P-I*

4.6 Fill in the blanks (2009–2018 papers) *(5 items)*

1. Duration of active phase of labour in a nullipara is _____ — *May 2017 P-I*
2. Puerperal pyrexia is defined as a temperature equal to or more than _____ on any two occasions after 24 hrs of delivery. — *Jan 2013 P-I*
3. Compared to cow's milk, breast milk is deficient in _____ — *Jan 2014 P-I*
4. Uterus becomes a pelvic organ by _____ weeks after delivery. — *Jan 2016 P-I*
5. A drug used to inhibit lactation is _____ — *Jan 2016 P-I*

4.7 MCQs from recent papers (2024–2025) *(9 MCQs)*

1. Restitution during labour is: — *Feb 2024 P-I*
   (a) Twisting of neck (b) Untwisting of neck (c) Internal rotation of shoulder (d) Internal rotation of head
2. Controlled cord traction for delivery of the placenta is called: — *Feb 2024 P-I*
   (a) Modified Brandt–Andrews technique (b) Sibai technique (c) Munro-Kerr–Muller technique (d) Burns–Marshall technique
3. All are signs of placental separation except: ***— Aug 2024 (S) P-I · Aug 2025 (S) P-I*** **[2×]**
   (a) Cord lengthening (b) Gush of blood (c) Suprapubic bulge (d) Fundal height decreases
4. Bishop's score includes all except: — *Aug 2024 (S) P-I*
   (a) Cervical effacement (b) Cervical dilatation (c) Station of head (d) Interspinous diameter
5. Oxytocin is responsible for all except: — *Aug 2024 (S) P-I*
   (a) Milk production (b) Uterine involution (c) After-pains (d) Milk ejection
6. As per WHO guidelines, active labour starts at: — *Feb 2025 P-I*
   (a) 3 cm (b) 4 cm (c) 5 cm (d) 6 cm
7. According to WHO guidelines, active labour starts at: — *Aug 2025 (S) P-I*
   (a) 3 cm (b) 4 cm (c) 5 cm (d) 6 cm
8. Controlled cord traction for delivery of the placenta is called: — *Aug 2025 (S) P-I*
   (a) Modified Brandt–Andrews technique (b) Munro-Kerr–Muller technique (c) Sibai (d) Burns–Marshall

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9. Oxytocin is responsible for all except: *— Aug 2025 (S) P-I*
(a) Milk production (b) Milk ejection (c) Uterine involution (d) After-pains

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5. Abnormal Labour (33 questions)

> **★ Most-asked topics in this chapter**
>
> - Occipito-posterior position, contracted pelvis and obstructed labour — ***asked in 11 papers***
> - Breech and other malpresentations — ***asked in 9 papers***
> - Shoulder dystocia and macrosomia — ***asked in 3 papers***

5.1 Breech and other malpresentations *(9 papers)*

1. **Case / Essay [10 marks]** A 26-year-old G2P1L1 at 37 weeks of pregnancy presents with extended breech. **a)** How will you confirm the diagnosis? **b)** What are the predisposing factors? **c)** Discuss the antenatal management. **d)** How will you manage her in labour? **e)** Discuss the fetal morbidity. — *Jan 2009 P-I*
2. **Reasoning [5 marks]** A primigravida at 36 weeks with breech presentation. Discuss the mode of delivery with her. — *Feb 2025 P-I*
3. Types of breech — ***Jan 2011 P-I · Apr 2021 P-I*** **[2×]**
4. Aetiology and complications of transverse lie — *Jan 2011 P-I*
5. Aetiology of breech presentation — *Jan 2011 P-I*
6. Assisted breech delivery — *Jun 2015 P-I*
7. Conditions favourable for assisted breech vaginal delivery — *Jan 2012 P-I*
8. Four causes of breech presentation — *Jul 2020 (S) P-I*
9. Hand prolapse — *Jan 2009 P-I*
10. Indications for elective caesarean section in breech presentation — *Jan 2013 P-I*
11. Mauriceau–Smellie–Veit manoeuvre — *Jan 2016 P-I*

5.2 Occipito-posterior position, contracted pelvis and obstructed labour *(11 papers)*

1. **Case / Essay [10 marks]** A 28-year-old primigravida with mobile head at term came to the labour room with labour pains. **a)** Write two common causes for this condition. **b)** How will you assess CPD? **c)** What is trial of labour? **d)** How will you monitor this patient in labour? **e)** What is deep transverse arrest? How will you manage it? — *Jan 2016 P-I*
2. Bandl's ring — ***Jan 2010 P-I · Jun 2011 P-I*** **[2×]**
3. Deep transverse arrest — ***Jan 2015 P-I · Jan 2019 P-I*** **[2×]**
4. Face-to-pubis delivery — ***Jan 2018 P-I · Oct 2021 (S) P-I*** **[2×]**
5. Four causes of mobile head in a primi at term — ***Jan 2013 P-I · Jul 2020 (S) P-I*** **[2×]**
6. Contracted pelvis — *Apr 2021 P-I*
7. Define prolonged second stage — *Jan 2015 P-I*
8. Difference between constriction ring and retraction ring — *Jun 2019 P-I*
9. Dysfunctional labour — *Jan 2013 P-I*
10. What is deep transverse arrest and how will you manage it? — *Jun 2011 P-I*

5.3 Shoulder dystocia and macrosomia *(3 papers)*

1. Shoulder dystocia — ***Jun 2010 P-I · Oct 2021 (S) P-I · Mar 2023 P-I*** **[3×]**

5.4 Fill in the blanks (2009–2018 papers) *(3 items)*

1. Incidence of breech presentation at term is _____ — *Jan 2012 P-I*
2. Face-to-pubis delivery is common in _____ pelvis. — *Jun 2010 P-I*
3. A fetal weight of >4000 g is strongly predictive of _____ — *Jan 2009 P-I*

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5.5 MCQs from recent papers (2024–2025) *(8 MCQs)*

1. Forceps used for the after-coming head in breech delivery: *— Feb 2024 P-I*
   (a) Simpson (b) Wrigley (c) Piper (d) Axis traction
2. Which type of pelvis is associated with increased incidence of face-to-pubis delivery? *— Feb 2024 P-I*
   (a) Gynaecoid (b) Platypelloid (c) Android (d) Anthropoid
3. First manoeuvre used in shoulder dystocia is: ***— Feb 2024 P-I · Aug 2025 (S) P-I* [2×]**
   (a) McRoberts (b) Pinard's (c) Lovset (d) Mauriceau–Smellie–Veit
4. Which technique is used to deliver the after-coming head of breech? ***— Aug 2024 (S) P-I · Aug 2025 (S) P-I* [2×]**
   (a) Burns–Marshall (b) Andrews' (c) McDonald's (d) Duhrssen's
5. Direct occipito-posterior position is most common in: *— Aug 2024 (S) P-I*
   (a) Android pelvis (b) Anthropoid pelvis (c) Platypelloid pelvis (d) Gynaecoid pelvis
6. Commonest cause of non-engagement of the presenting part at term in a primigravida is: *— Aug 2024 (S) P-I*
   (a) CPD (b) Polyhydramnios (c) Brow presentation (d) Breech presentation
7. The ideal breech presentation for assisted breech delivery is: *— Feb 2025 P-I*
   (a) Flexed breech (b) Footling breech (c) Frank breech (d) Complete breech
8. The engaging diameter of the fetal skull in flat pelvis is: *— Feb 2025 P-I*
   (a) Suboccipitobregmatic (b) Submentobregmatic (c) Occipitofrontal (d) Supersubparietal

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6. Obstetric Haemorrhage (54 questions)

> ★ **Most-asked topics in this chapter**
>
> - Postpartum haemorrhage and third-stage complications — ***asked in 17 papers***
> - Abruptio placentae and DIC — ***asked in 12 papers***
> - Antepartum haemorrhage and placenta praevia — ***asked in 11 papers***

6.1 Antepartum haemorrhage and placenta praevia *(11 papers)*

1. **Case / Essay [10 marks]** A 32-year-old G4P1L1A2 at 36 weeks of pregnancy, presenting with abdominal pain and bleeding P/V. **a)** Differential diagnosis **b)** Investigations for diagnosis **c)** How will you clinically differentiate the condition? **d)** Classify placenta praevia **e)** How will you manage Type II posterior placenta praevia? — *Jan 2011 P-I*
2. **Case / Essay [10 marks]** A 25-year-old second gravida with previous LSCS, pregnant at 34 weeks of gestation, presented with bleeding P/V. She gives history of small bouts of bleeding since 30 weeks of gestation, which used to stop by itself. **a)** What is the most probable diagnosis? **b)** What are the differential diagnoses? **c)** How will you confirm the diagnosis? **d)** Outline the management of this case. **e)** Indications for peripartum hysterectomy in this case. — *Jan 2013 P-I*
3. **Case / Essay [10 marks]** G2P1L1 with previous normal delivery presented with abdominal pain and a bout of vaginal bleeding at 34 weeks. On examination, size of the uterus was corresponding, no contractions, head mobile. **a)** What is the diagnosis? **b)** How will you confirm the diagnosis? **c)** When will you terminate expectant management? **d)** Describe the expectant management of the condition. **e)** List four indications for CS. — *May 2017 P-I*
4. **Case / Essay [10 marks]** A 28-year-old primigravida is admitted to the labour room with painless bleeding per vaginum. **a)** What is your diagnosis? **b)** How will you classify it? **c)** What are the differential diagnoses? How will you confirm your diagnosis? **d)** Formulate a scheme of management for this patient. — *Feb 2024 P-I*
5. **Case / Essay [10 marks]** A 32-year-old primigravida at 30 weeks of gestation presented to the labour room with bleeding per vaginum since 1 hour. O/E mild pallor, PR 86/min, BP 100/70 mmHg; P/A uterus corresponding to 30 weeks, relaxed, FHR 134/min. **a)** What is your diagnosis? **b)** List two differential diagnoses. **c)** What investigations will you do? **d)** What is the immediate management? — *Feb 2024 (S) P-I*
6. **Reasoning [5 marks]** List the causes of bleeding in pregnancy. What is the management of placenta praevia at 30 weeks? — *Aug 2024 (S) P-I*
7. Define antepartum haemorrhage — ***Jan 2015 P-I · Jan 2016 P-I*** **[2×]**
8. Define placenta praevia — *Jan 2014 P-I*
9. Enumerate four complications of placenta praevia — *Jan 2015 P-I*
10. Placental migration — *Jan 2010 P-I*
11. Two signs and two symptoms of placenta praevia — *Jun 2015 P-I*

6.2 Abruptio placentae and DIC *(12 papers)*

1. **Case / Essay [10 marks]** An unbooked third gravida with history of PET from 28 weeks of gestation is brought to casualty with complaints of (1) abdominal pain, (2) bleeding PV, (3) absent FH. **a)** What is the probable diagnosis? **b)** What are the maternal complications that can occur? **c)** Mention three important investigations you would do. **d)** What is the immediate obstetric management? **e)** How will you manage coagulation failure? — *Jun 2011 P-I*
2. **Case / Essay [10 marks]** A 25-year-old hypertensive lady at 36 weeks of gestation presented with sudden onset of severe abdominal pain and bleeding per vaginum. **a)** What is the most probable diagnosis? **b)** What are the differential diagnoses of bleeding in the third trimester of pregnancy? **c)** Discuss the management of the condition. **d)** Enumerate major maternal complications. **e)** Enumerate fetal complications. **f)** What is the most important factor determining prognosis in this condition? — *Jan 2012 P-I*

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3. **Case / Essay [10 marks]** A 21-year-old primigravida at 33 weeks' gestation comes with lower abdominal pain and bleeding since the last 2 hours. On examination BP 160/100 mmHg, uterus tense and tender, FHR 100/min. **a)** What is the diagnosis? **b)** How do you evaluate her? **c)** Describe the management of this patient. **d)** Enumerate the complications of this condition. — *Jan 2019 P-I*
4. **Case / Essay [10 marks]** Mrs KM, 30, multigravida, was admitted to the labour room at 36 weeks' gestation with vaginal bleeding, abdominal pain and absent fetal movements since the onset of bleeding. She was pale, restless and sweating, had tachycardia, and the blood pressure was 80/60 mmHg. Fetal heart tones were not recordable. **a)** What is the likely diagnosis? **b)** What are the maternal complications? **c)** Classification of the condition based on severity **d)** What would be the management? — *Apr 2022 P-I*
5. **Case / Essay [10 marks]** Gravida 2, para 1, live birth 1 (G2P1L1), previous full-term normal delivery, reports at 34 weeks with bleeding per vaginum and abdominal pain. O/E: bleeding +, uterus tense and tender. Vitals: BP 110/60 mmHg, pulse 92/min. P/A: uterus soft, cephalic, mobile; FH 140 bpm. **a)** What is your diagnosis? **b)** Initial evaluation and lab investigations **c)** What are the maternal and fetal complications? **d)** What is the obstetric management? — *Oct 2022 (S) P-I*
6. **Case / Essay [10 marks]** A 26-year-old primi at 36 weeks' gestation presented with abdominal pain and vaginal bleeding. O/E abdomen tense, BP 140/100 mmHg. **a)** What is the most probable diagnosis? **b)** What are the differential diagnoses? **c)** What are the complications? **d)** How will you manage this case? — *Mar 2023 P-I*
7. Couvelaire uterus — ***Jun 2010 P-I · Jan 2020 P-I*** **[2×]**
8. Four causes of DIC in obstetrics — *Jun 2015 P-I*
9. Four complications of abruptio placentae — *Jan 2013 P-I*
10. Signs and symptoms of placental abruption — *Jan 2014 P-I*
11. What is DIC? What are the obstetric conditions which cause DIC? — *Jan 2011 P-I*

6.3 Postpartum haemorrhage and third-stage complications *(17 papers)*

1. **Case / Essay [10 marks]** A 26-year-old primigravida is referred to you with profuse bleeding P/V following normal delivery 2 hours back. Her blood pressure is 90/70 mmHg. **a)** Define postpartum haemorrhage. **b)** What are the probable causes? **c)** What are the prophylactic measures against postpartum haemorrhage? **d)** How do you manage a case of atonic postpartum haemorrhage? — *Jan 2020 P-I*
2. **Case / Essay [10 marks]** A 30-year-old lady has just delivered her second child, following which her BP falls and there is tachycardia. **a)** Differential diagnosis of postpartum collapse **b)** Risk factors for atonic PPH **c)** Medical management of PPH **d)** Surgical management of PPH — *Apr 2021 P-I*
3. **Case / Essay [10 marks]** A multiparous woman delivered 1 hour back and has profuse vaginal bleeding. Vitals: PR 115/min, BP 80/60 mmHg, pallor +++; P/A uterus flabby. **a)** Classify postpartum haemorrhage (PPH). **b)** List the risk factors for PPH. **c)** Describe the investigations sent in the above case. **d)** Discuss the management of the above case. — *Feb 2025 P-I*
4. **Case / Essay [10 marks]** A multiparous lady has profuse vaginal bleeding following normal delivery. Vitals: PR 115/min, BP 80/60 mmHg, pallor +++; per abdomen: uterus flabby. **a)** Define postpartum haemorrhage (PPH). **b)** List the risk factors for PPH. **c)** Discuss the investigations and treatment of atonic PPH. — *Aug 2025 (S) P-I*
5. **Applied [5 marks]** G5P4L4 at 40 weeks delivered 10 minutes back and had postpartum haemorrhage (PPH). Enumerate the causes of PPH. Discuss the medical management. — *Aug 2024 (S) P-I*
6. Acute inversion of uterus — ***Jun 2010 P-I · Jun 2011 P-I*** **[2×]**
7. Management of atonic postpartum haemorrhage — ***Jan 2019 P-I · Mar 2023 P-I*** **[2×]**
8. Placenta accreta — ***Jun 2010 P-I · Jan 2014 P-I*** **[2×]**
9. Atonic postpartum haemorrhage (PPH) — *Jul 2020 (S) P-I*
10. Causes of postpartum collapse — *Jan 2018 P-I*
11. Define postpartum haemorrhage (PPH). What are the types of PPH? — *Oct 2022 (S) P-I*
12. Inversion of uterus — *Jun 2015 P-I*
13. Management of atonic PPH — *May 2017 P-I*
14. Retained placenta — *Jan 2019 P-I*

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15. What is secondary PPH? — *Jan 2016 P-I*
16. Write four risk factors for postpartum haemorrhage — *Feb 2024 (S) P-I*

6.4 Diagrams – draw and label *(6 papers)*

1. Draw and label: Different degrees of inversion of uterus — *Jan 2009 P-I*
2. Draw and label: Different degrees of placenta praevia — *Jan 2010 P-I*
3. Draw and label: Marginal placenta praevia — *Jan 2012 P-I*
4. Draw and label: Total placenta praevia — *Jan 2013 P-I*
5. Draw and label: Type I and Type IV placenta praevia — *Jan 2011 P-I*
6. Draw and label: Types of placenta praevia — *Jan 2018 P-I*

6.5 Fill in the blanks (2009–2018 papers) *(5 items)*

1. Painless recurrent small bouts of bleeding in a pregnant woman in second trimester is suggestive of _____ — *Jun 2010 P-I*
2. Per vaginal examination of antenatal patients is contraindicated in patients with _____ — *Jan 2015 P-I*
3. _____ regimen is the expectant line of management in placenta praevia. — *Jan 2016 P-I*
4. One major complication of abruptio placentae is _____ — *Jan 2018 P-I*
5. Pathologically adherent placenta is commonly associated with _____ — *Jan 2009 P-I*

6.6 MCQs from recent papers (2024–2025) *(5 MCQs)*

1. Intrauterine death of the fetus occurs in _____ grade of abruptio placentae: — *Feb 2024 P-I*
   (a) Grade 1 (b) Grade 2 (c) Grade 3 (d) Grade 4
2. Risk factor for placenta accreta is: — *Feb 2024 P-I*
   (a) Previous LSCS (b) Abortion (c) Preterm labour (d) Breech
3. Patient went into shock immediately after normal delivery. Likely cause is: — *Feb 2024 P-I*
   (a) PPH (b) Amniotic fluid embolism (c) Uterine inversion (d) Eclampsia
4. A grand multipara has PPH after delivery although the uterus is well contracted. Possible cause of PPH is: — *Aug 2024 (S) P-I*
   (a) Atonicity (b) Trauma (c) Uterine inversion (d) Adherent placenta
5. Methylergometrine is contraindicated in all except: ***— Aug 2024 (S) P-I · Aug 2025 (S) P-I*** **[2×]**
   (a) Anaemia (b) Pre-eclampsia (c) Eclampsia (d) Heart disease

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7. Hypertensive Disorders of Pregnancy (29 questions)

> ★ **Most-asked topics in this chapter**
>
> - Gestational hypertension, pre-eclampsia and HELLP syndrome — ***asked in 15 papers***
> - Eclampsia and magnesium sulphate — ***asked in 11 papers***

7.1 Gestational hypertension, pre-eclampsia and HELLP syndrome *(15 papers)*

1. **Case / Essay [10 marks]** A 20-year-old primigravida at 33 weeks' gestation admitted with high BP of 160/110 and headache. **a)** What is the diagnosis? **b)** How will you investigate? **c)** What are the medications needed in this patient? **d)** What is the obstetric management? **e)** What are the maternal complications? — *Jul 2020 (S) P-I*
2. **Case / Essay [10 marks]** A 37-year-old primigravida presents at 28 weeks with a BP of 160/110. Urine examination shows 2+ albuminuria. **a)** What is your diagnosis? **b)** What investigations will you do and how will you manage this patient? **c)** What is eclampsia? How will you manage a case of eclampsia? **d)** What is HELLP syndrome? — *Oct 2022 (S) P-I*
3. **Case / Essay [10 marks]** A primigravida at 32 weeks was admitted with complaints of headache. PR 86/min, BP 150/100 mmHg, SpO2 95%, afebrile. Per abdomen: uterus ~30 weeks, FHR 140/min. **a)** Define pre-eclampsia. **b)** List the complications of the above diagnosis. **c)** Discuss the management of eclampsia. — *Aug 2024 (S) P-I*
4. **Short note [5 marks]** Antihypertensive drugs given in pregnancy — *Feb 2025 P-I*
5. HELLP syndrome — ***Jun 2011 P-I · Jan 2013 P-I · May 2017 P-I · Jan 2018 P-I · Jan 2019 P-I · Oct 2021 (S) P-I · Apr 2022 P-I · Feb 2024 (S) P-I*** **[8×]**
6. Antihypertensive therapy in PIH — *Jan 2010 P-I*
7. Define pregnancy-induced hypertension — *Jan 2015 P-I*
8. Four criteria for diagnosis of severe pre-eclampsia — *Jan 2013 P-I*
9. Maternal and fetal complications of severe pre-eclampsia — *May 2017 P-I*
10. Maternal complications of severe pre-eclampsia — *Jun 2015 P-I*

7.2 Eclampsia and magnesium sulphate *(11 papers)*

1. **Case / Essay [10 marks]** Urgent call to the ward to review a woman at 32 weeks of gestation in her first pregnancy, admitted from the antenatal clinic earlier after complaining of frontal headache. She was found to have a blood pressure of 150/94 mmHg and +++ protein. On examination she is hyperreflexic with 4+ clonus and complains of blurred vision and severe headache. **a)** What is the probable diagnosis? **b)** What are the signs and symptoms of impending eclampsia? **c)** Screening and prevention of pre-eclampsia **d)** Management of eclampsia — *Apr 2021 P-I*
2. **Reasoning [5 marks]** What is impending eclampsia? Explain the role of MgSO4 in impending eclampsia. — *Feb 2024 P-I*
3. **Applied [5 marks]** A primigravida at 30 weeks came with headache and blurring of vision; her BP is 160/100 mmHg. Describe the complications of the case. Discuss the immediate management of the case. — ***Feb 2025 P-I · Aug 2025 (S) P-I*** **[2×]**
4. **Short note [5 marks]** Define eclampsia and its management — *Aug 2025 (S) P-I*
5. Management of eclampsia — ***Jan 2018 P-I · Mar 2023 P-I · Feb 2024 (S) P-I*** **[3×]**
6. Define eclampsia — *Jan 2012 P-I*
7. Magnesium sulphate — *Jun 2010 P-I*
8. Side effects of magnesium sulphate — *Jan 2020 P-I*
9. Signs and symptoms of impending eclampsia — *Jan 2015 P-I*

7.3 Fill in the blanks (2009–2018 papers) *(8 items)*

1. In a pregnant patient with elevated blood pressure the first investigation asked for is _____ — *Jun 2010 P-I*

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2. In HELLP syndrome platelet count is less than _____ and SGOT more than _____ — *Jan 2012 P-I*
3. Pre-eclampsia is severe if BP is _____ — *Jan 2012 P-I*
4. Urine albumin '+' is equivalent to 24-hour urine albumin of _____ — *Jan 2013 P-I*
5. Pre-eclampsia is diagnosed if the pregnant lady has high blood pressure, proteinuria and _____ — *Jan 2015 P-I*
6. _____ is a drug used in hypertension during pregnancy. — *Jan 2016 P-I*
7. _____ is the drug of choice in the treatment of eclampsia. — *Jan 2015 P-I*
8. The anticonvulsant of choice in eclampsia is _____ — *Jan 2018 P-I*

7.4 MCQs from recent papers (2024–2025) *(2 MCQs)*

1. Drug of choice in preventing eclampsia in pregnancy is: — *Feb 2024 P-I*
   (a) Magnesium sulphate (b) Labetalol (c) Midazolam (d) Phenytoin
2. Drug of choice for preventing eclampsia in pregnancy is: — *Aug 2025 (S) P-I*
   (a) Magnesium sulphate (b) Midazolam (c) Labetalol (d) Phenytoin

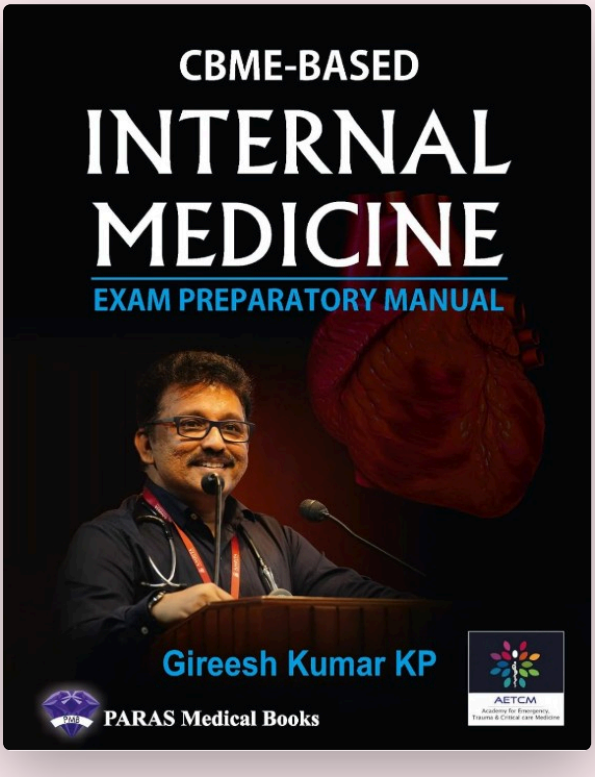
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8. Medical Disorders in Pregnancy (63 questions)

★ Most-asked topics in this chapter

- Diabetes in pregnancy — ***asked in 22 papers***
- Anaemia in pregnancy — ***asked in 13 papers***
- Heart disease in pregnancy — ***asked in 9 papers***
- Infections and other medical disorders in pregnancy — ***asked in 7 papers***

8.1 Anaemia in pregnancy *(13 papers)*

1. **Case / Essay [10 marks]** A 32-year-old G4P3L3 at 24 weeks' gestation is found to have Hb of 8 g%. **a)** What is your diagnosis and how will you grade the severity? **b)** Enumerate risk factors for this condition. **c)** How will you evaluate her? **d)** Discuss management options and preventive measures. — *Jan 2014 P-I*
2. **Case / Essay [10 marks]** A 30-year-old G4P3L3 at 35 weeks' gestation came with fatigue and weakness. On examination pallor present; Hb 5 g/dl. **a)** What is the diagnosis? **b)** What are the differential diagnoses? **c)** How will you evaluate her? **d)** Describe antepartum and intrapartum management of this patient. **e)** Describe the complications during pregnancy and after delivery. — *Jan 2019 P-I*
3. **Case / Essay [10 marks]** A 30-year-old G5P4L4 at 32 weeks comes with severe pallor, weakness and easy fatigability. **a)** What is the differential diagnosis? **b)** What are the cardiovascular and haematological changes in pregnancy? **c)** What investigations are to be done? **d)** Management in detail, including puerperium — *Oct 2021 (S) P-I*
4. **Applied [5 marks]** A 19-year-old primigravida at 24 weeks of gestation had giddiness. O/E pallor +, PR 90/min, BP 100/70 mmHg. Write the WHO classification of anaemia in pregnancy. Discuss the treatment of anaemia if her Hb is 7 g%. — *Aug 2024 (S) P-I*
5. **Short note [5 marks]** Discuss the cardiovascular changes in pregnancy. A G4P3L3 at 38 weeks is admitted with breathlessness and pedal oedema; her Hb is 5 g/dl. List the risk factors and measures to reduce anaemia in pregnancy. Discuss the intrapartum management of the above case. — *Feb 2025 P-I*
6. **Short note [5 marks]** Complications of anaemia in pregnancy — *Aug 2025 (S) P-I*
7. Parenteral iron therapy — ***Jan 2010 P-I · Jan 2020 P-I* [2×]**
8. Anaemia in pregnancy — *Oct 2022 (S) P-I*
9. Complications of anaemia in pregnancy — *Jan 2016 P-I*
10. Define and classify anaemia in pregnancy — *Jan 2012 P-I*
11. Diagnosis and management of iron-deficiency anaemia — *Jul 2020 (S) P-I*
12. Write four complications of anaemia complicating pregnancy — *Feb 2024 (S) P-I*

8.2 Heart disease in pregnancy *(9 papers)*

1. **Case / Essay [10 marks]** A 30-year-old G3P2L2 at 32 weeks of pregnancy presented with fatigue and palpitations. **a)** What clinical examination is required to reach the diagnosis? **b)** What are the differential diagnoses? **c)** Name the investigations. **d)** Discuss the management of one condition. — *Jan 2018 P-I*
2. **Case / Essay [10 marks]** A 22-year-old primigravida with history of rheumatic fever is referred at 14 weeks of pregnancy with a diastolic murmur over the mitral area. **a)** How do you evaluate the patient? **b)** How do you manage her in the antenatal period? **c)** What are the complications that you anticipate in this case? **d)** Briefly discuss the intrapartum and postpartum management of the case. — *Jan 2020 P-I*
3. **Case / Essay [10 marks]** A 22-year-old primigravida at 26 weeks is referred from the local primary health centre with dyspnoea which is more on lying down, and cough with frothy expectoration. She had shortness of breath and palpitations on and off before pregnancy, and a history of fever with joint pains in childhood. **a)** Justify the most probable diagnosis. **b)** What could have precipitated this? **c)** Management of this patient – antenatal, intrapartum and postpartum **d)** What are the complications? — *Oct 2021 (S) P-I*

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4. **Applied [5 marks]** A 22-year-old primigravida at 32 weeks of gestation with breathlessness and bilateral pedal oedema was admitted in ICU. On examination a diastolic murmur was noticed. What investigations are done for her medical condition? Which uterotonic agent is absolutely contraindicated and why? — *Feb 2024 P-I*
5. **Short note [5 marks]** NYHA classification — *Aug 2025 (S) P-I*
6. Grading of cardiac disease in pregnancy — *Oct 2022 (S) P-I*
7. New York Heart Association (NYHA) classification of heart disease — *Jul 2020 (S) P-I*
8. NYHA classification of heart disease in pregnancy — *Feb 2024 (S) P-I*
9. Signs and symptoms of cardiac disease in pregnancy — *May 2017 P-I*

8.3 Diabetes in pregnancy *(22 papers)*

1. **Case / Essay [10 marks]** A 34-year-old primigravida comes at 34 weeks of gestation without regular antenatal check-ups. On examination fundal height was more than the period of amenorrhoea and clinically the amniotic fluid was excess. On investigation her blood sugar was 240 with urine acetone negative. **a)** What is the diagnosis? **b)** How do you investigate the patient? **c)** What are the fetal surveillance tests? **d)** Briefly describe the obstetric management. **e)** What are the neonatal complications expected? — *Jun 2019 P-I*
2. **Short note [5 marks]** What is the aetiology and pathophysiology of gestational diabetes? — *Feb 2024 P-I*
3. **Reasoning [5 marks]** Discuss one screening method for GDM and the complications of GDM ***— Aug 2024 (S) P-I · Aug 2025 (S) P-I*** **[2×]**
4. Screening for diabetes in pregnancy ***— May 2017 P-I · Jan 2018 P-I · Jan 2020 P-I*** **[3×]**
5. Glucose challenge test ***— Jan 2015 P-I · Jan 2016 P-I*** **[2×]**
6. Diagnosis of gestational diabetes — *Oct 2022 (S) P-I*
7. Diagnosis of gestational diabetes mellitus — *Jan 2014 P-I*
8. Enumerate four neonatal complications of GDM (gestational diabetes mellitus) — *Jan 2012 P-I*
9. Fetal complications in diabetes mellitus — *Jan 2009 P-I*
10. Fetal complications of GDM — *Jun 2015 P-I*
11. Four neonatal complications in uncontrolled GDM — *Jan 2013 P-I*
12. Gestational diabetes mellitus (GDM) — *Apr 2021 P-I*
13. Glucose challenge test in pregnancy — *Jun 2011 P-I*
14. How will you screen for gestational diabetes in pregnancy? — *Feb 2024 (S) P-I*
15. Maternal, fetal and neonatal complications of GDM — *Jan 2019 P-I*
16. Risk factors for screening GDM — *Jan 2010 P-I*
17. Screening for diabetes mellitus in pregnancy — *Jul 2020 (S) P-I*
18. When and how will you screen for gestational diabetes? — *Jan 2011 P-I*

8.4 Infections and other medical disorders in pregnancy *(7 papers)*

1. **Case / Essay [10 marks]** Mrs PK, 31, gravida 3, para 2, live 2, is in her 12th week and has come for her booking visit. One week later her HIV test is reported as positive. She is devastated. **a)** How will you treat her to prevent MTCT? **b)** What infant prophylaxis should be administered at birth? **c)** What is the recommendation for breastfeeding? **d)** What would be the optimal route of delivery? — *Apr 2022 P-I*
2. **Short note [5 marks]** Asymptomatic bacteriuria in pregnancy — *Feb 2025 P-I*
3. **Short note [5 marks]** G2P1L1 at 12 weeks is reported HIV positive. She has come with the test report and is worried. Discuss with her the steps taken to prevent mother-to-child transmission of HIV. Discuss the intrapartum management of HIV-positive women. — *Feb 2025 P-I*
4. Asymptomatic bacteriuria ***— Jun 2010 P-I · Jan 2015 P-I*** **[2×]**
5. Causes of renal failure in obstetrics (four causes) — *Jun 2015 P-I*
6. Complications of UTI in pregnancy — *Jan 2011 P-I*

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7. Obstetric cholestasis — *Apr 2021 P-I*

8.5 Fill in the blanks (2009–2018 papers) *(14 items)*

1. Total iron requirement in a normal gestation is _____ — *Jun 2010 P-I*
2. Pregnancy anaemia is defined as a haemoglobin level below _____ — *Jan 2011 P-I*
3. New York Heart Association classified heart disease depending on _____ — *Jan 2010 P-I*
4. Most common heart lesion seen in rheumatic heart disease is _____ — *Jan 2011 P-I*
5. Critical area of mitral valve below which there is high risk of pulmonary oedema in pregnancy is _____ — *Jan 2012 P-I*
6. Commonest fetal anomaly in diabetes is _____ — *Jan 2009 P-I*
7. GTT is indicated when OGCT is above or equal to _____ — *Jan 2013 P-I*
8. Glucose challenge test is said to be abnormal if the glucose level after 1 hour is more than _____ — *Jan 2015 P-I*
9. The most characteristic congenital anomaly of diabetic embryopathy is _____ — *Jan 2016 P-I*
10. The specific anomaly referred to in diabetes complicating pregnancy is _____ — *Jan 2018 P-I*
11. Asymptomatic bacteriuria is a colony count of _____ — *Jan 2009 P-I*
12. Prompt and adequate treatment in HIV-positive pregnancy can reduce the risk of mother-to-child transmission to _____ %. — *Jan 2010 P-I*
13. The detection of _____ antibody in the fetus shows intrauterine infection. — *Jan 2011 P-I*
14. Significant bacteriuria is a colony count more than _____ /ml of urine. — *Jan 2012 P-I*

8.6 MCQs from recent papers (2024–2025) *(3 MCQs)*

1. Specific congenital anomaly in diabetes mellitus complicating pregnancy is: — *Feb 2024 P-I*
   (a) Ventricular septal defect (b) Atrial septal defect (c) Anencephaly (d) Caudal regression syndrome
2. Asymptomatic bacteriuria in pregnancy causes: — *Feb 2024 P-I*
   (a) Intrauterine growth restriction (b) Polyhydramnios (c) Intrauterine death (d) Gestational diabetes mellitus
3. Asymptomatic bacteriuria in pregnancy causes: — *Aug 2025 (S) P-I*
   (a) Preterm labour (b) Hypertension (c) Polyhydramnios (d) Gestational diabetes mellitus

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9. High-Risk Pregnancy (69 questions)

★ Most-asked topics in this chapter

- Previous caesarean, VBAC/TOLAC and scar rupture — ***asked in 15 papers***
- Preterm labour and PROM — ***asked in 12 papers***
- Multiple pregnancy — ***asked in 9 papers***
- Fetal growth restriction and post-term pregnancy — ***asked in 8 papers***
- Rh isoimmunisation and hydrops fetalis — ***asked in 6 papers***
- Polyhydramnios and oligohydramnios — ***asked in 4 papers***

9.1 Multiple pregnancy *(9 papers)*

1. **Case / Essay [10 marks]** Gravida 2, para 1, live 1 (G2P1L1) with previous normal delivery was referred to OPD with a diagnosis of twin pregnancy. **a)** What is the ideal time to detect chorionicity? **b)** What are the obstetric examination findings of twin pregnancy, and the antenatal management? **c)** What are the complications of monochorionic twins? **d)** Briefly describe the conduct of labour. — *Jul 2020 (S) P-I*
2. **Applied [5 marks]** A 35-year-old primigravida at 26 weeks with MCDA twins came with a growth scan showing a disparity in liquor volume between the twins. Write the staging of TTTS. Write the management of stage 2 TTTS. — *Feb 2024 P-I*
3. **Reasoning [5 marks]** Explain the importance of the 11–14 weeks scan in twin gestation — *Feb 2024 P-I*
4. Complications of twin pregnancy — ***Jun 2011 P-I · Feb 2024 (S) P-I*** **[2×]**
5. Twin-to-twin transfusion — ***Jan 2010 P-I · Jan 2019 P-I*** **[2×]**
6. Classification of twins — *Jan 2011 P-I*
7. Complications of multiple pregnancy — *Oct 2022 (S) P-I*
8. Conjoined twins — *Jan 2020 P-I*

9.2 Preterm labour and PROM *(12 papers)*

1. **Reasoning [5 marks]** What is preterm labour? What is the role of corticosteroids in preterm labour? — *Feb 2024 P-I*
2. **Applied [5 marks]** A primigravida at 30 weeks of gestation came with labour pains. Discuss the fetal complications and the medications given for preterm labour. — *Aug 2024 (S) P-I*
3. **Applied [5 marks]** Define preterm labour. Discuss the management of preterm labour at 30 weeks of gestation. — *Aug 2025 (S) P-I*
4. Four causes of preterm labour — ***Jun 2015 P-I · Jul 2020 (S) P-I*** **[2×]**
5. Causes of preterm labour — *Jan 2016 P-I*
6. Chorioamnionitis — *Jan 2019 P-I*
7. Define PPROM — *Jan 2013 P-I*
8. Definition of PROM — *Feb 2024 (S) P-I*
9. Fetal and neonatal complications of PROM — *May 2017 P-I*
10. Indications of tocolysis — *Jan 2010 P-I*
11. Mention the drug used for fetal lung maturity and its dose — *Oct 2022 (S) P-I*
12. Nifedipine — *Feb 2024 (S) P-I*

9.3 Fetal growth restriction and post-term pregnancy *(8 papers)*

1. **Applied [5 marks]** Discuss the aetiology of fetal growth restriction. List the measures to reduce the risk of fetal growth restriction. Describe the role of Doppler in fetal growth restriction. — *Feb 2025 P-I*
2. Asymmetrical IUGR — *Jan 2019 P-I*
3. Enumerate four causes of IUGR (intrauterine growth retardation) — *Jan 2012 P-I*

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4. Four causes of intrauterine growth retardation (IUGR) — *Jul 2020 (S) P-I*
5. Management of asymmetric intrauterine growth retardation (IUGR) — *Oct 2022 (S) P-I*
6. Maternal factors leading to FGR — *May 2017 P-I*
7. Post-term pregnancy — *Apr 2021 P-I*
8. Symmetric IUGR — *Jan 2011 P-I*

9.4 Polyhydramnios and oligohydramnios *(4 papers)*

1. AFI — *Jun 2011 P-I*
2. Define polyhydramnios and mention the causes — *Mar 2023 P-I*
3. Oligohydramnios — *Jun 2010 P-I*
4. Polyhydramnios — *Jan 2014 P-I*
5. Three causes of polyhydramnios — *Jun 2011 P-I*

9.5 Rh isoimmunisation and hydrops fetalis *(6 papers)*

1. **Reasoning [5 marks]** What is the role of Doppler scan in Rh-negative pregnancy? — *Feb 2024 P-I*
2. **Reasoning [5 marks]** G2P1L1 at 26 weeks, Rh-negative pregnancy with ICT titre 64. Discuss the management. — *Aug 2024 (S) P-I*
3. **Short note [5 marks]** Hydrops fetalis — *Aug 2025 (S) P-I*
4. Anti-D — *Mar 2023 P-I*
5. Indications of anti-D prophylaxis — *Jan 2010 P-I*
6. Mirror syndrome — *Apr 2022 P-I*

9.6 Previous caesarean, VBAC/TOLAC and scar rupture *(15 papers)*

1. **Case / Essay [10 marks]** A 26-year-old G2P1L1 with previous emergency LSCS two years back for failed trial, now at 36 weeks of pregnancy, presented with bleeding P/V. **a)** What are the different possibilities? **b)** How will you clinically assess the patient? **c)** What relevant investigations will you do? **d)** How will you manage a ruptured uterus? — *Jan 2010 P-I*
2. **Case / Essay [10 marks]** A 24-year-old G2P1L1 with previous caesarean, with regular antenatal care, is reporting to the labour room with labour pains. **a)** What two salient points would you enquire in the history to decide on a trial of vaginal delivery? **b)** Write two crucial examination findings that may favour a trial of vaginal delivery. **c)** How will you monitor her in labour? **d)** What is the specific management for second stage? — *Jun 2010 P-I*
3. **Case / Essay [10 marks]** G2P1L1 with previous CS for breech, last childbirth 3 years ago, presented at 38 weeks' gestation with cephalic presentation. **a)** What are the relevant points in the history and findings to be considered for the management of this case? **b)** What is your treatment option for this patient? **c)** Write briefly on the intrapartum management of this patient if she goes into labour. **d)** Incidence of scar rupture and signs and symptoms of scar rupture. — *Jun 2015 P-I*
4. **Case / Essay [10 marks]** A 28-year-old second gravida with history of a first full-term caesarean section at 39 weeks of gestation is admitted for safe confinement. **a)** What are the types of caesarean section and what are the indications for caesarean section? **b)** How will you manage a case of trial of labour after caesarean section? **c)** What are the steps of caesarean section? **d)** Complications of caesarean section — *Mar 2023 P-I*
5. **Case / Essay [10 marks]** A 35-year-old G2P1L1, previous CS at 38 weeks, came with complaints of pain abdomen. O/E PR 80/min, BP 100/60 mmHg; P/A uterus term, 2 contractions for 25 seconds, FHR 130/min. **a)** Write four criteria for TOLAC/VBAC. **b)** How will you monitor her labour? **c)** What is scar rupture? **d)** Write the four signs of scar rupture. **e)** Write the immediate management of scar rupture. — *Feb 2024 (S) P-I*
6. **Applied [5 marks]** A 22-year-old G2P1L1 with previous LSCS at 39 weeks of gestation is now admitted in the labour room with lower abdominal pain. What is scar dehiscence? What are the clinical features of scar rupture? — *Feb 2024 P-I*

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7. **Applied [5 marks]** G2P1L1 at 38 weeks with previous caesarean section came with leaking per vaginum. She wants vaginal delivery. List the criteria for trial of labour after caesarean (TOLAC) and discuss the in-labour management. — *Aug 2024 (S) P-I*
8. **Applied [5 marks]** G3P2L2 with previous one caesarean section, now at 36 weeks of gestation, is worried about the mode of delivery. Discuss the options of delivery with her. Describe the criteria for vaginal delivery and intrapartum monitoring of TOLAC. — *Feb 2025 P-I*
9. **Applied [5 marks]** G3P2L2 with previous one LSCS, now at 36 weeks of gestation, is anxious about the mode of delivery. (a) Discuss the options of delivery with her. (b) Describe the criteria for vaginal delivery and intrapartum monitoring of TOLAC. — *Aug 2025 (S) P-I*
10. Vaginal birth after caesarean — ***Jan 2020 P-I · Apr 2021 P-I*** **[2×]**
11. VBAC — ***May 2017 P-I · Jan 2019 P-I*** **[2×]**
12. Management of second stage of labour in a previous LSCS kept for vaginal delivery — *Jan 2012 P-I*
13. Scar dehiscence — *Jan 2014 P-I*

9.7 Fill in the blanks (2009–2018 papers) *(6 items)*

1. Twin peak or lambda sign is an ultrasound finding of _____ — *Jan 2011 P-I*
2. The most common cause of neonatal morbidity and mortality in multiple gestation is _____ — *Jan 2015 P-I*
3. Negative test for _____ assures that there is no immediate chance of premature delivery. — *Jun 2010 P-I*
4. Post-term pregnancy is equal to or more than _____ weeks of gestation. — *Jan 2014 P-I*
5. _____ is the method to assess fetomaternal haemorrhage. — *Jan 2009 P-I*
6. Elderly primi is a woman who is pregnant for the first time after the age of _____ — ***Jan 2012 P-I · Jan 2015 P-I*** **[2×]**

9.8 MCQs from recent papers (2024–2025) *(11 MCQs)*

1. Vaginal delivery is allowed in all except: — ***Aug 2024 (S) P-I · Aug 2025 (S) P-I*** **[2×]**
   (a) MCMA twins (b) Extended breech (c) Mento-anterior (d) First cephalic in twins
2. The following infection is associated with preterm labour: — *Aug 2024 (S) P-I*
   (a) Trichomonas (b) Candidiasis (c) Bacterial vaginosis (d) HPV
3. Best USG parameter to detect fetal growth restriction (FGR) is: — ***Aug 2024 (S) P-I · Aug 2025 (S) P-I*** **[2×]**
   (a) Abdominal circumference (b) Femur length (c) Head circumference (d) Biparietal diameter
4. Polyhydramnios is caused by all except: — *Aug 2024 (S) P-I*
   (a) Chorioangioma of placenta (b) Hydrops fetalis (c) Indomethacin (d) Sacrococcygeal teratoma
5. What will be the type of twinning if division of the zygote occurs between 9–12 days of fertilisation? — *Feb 2025 P-I*
   (a) Dichorionic diamniotic (b) Monochorionic diamniotic (c) Monochorionic monoamniotic (d) Siamese twins
6. Which is the most common complication of twin gestation? — *Feb 2025 P-I*
   (a) TTTS (b) TAPS (c) TRAP (d) Fetal demise
7. Test for diagnosing preterm prelabour rupture of membranes (PPROM): — *Feb 2025 P-I*
   (a) AFI (b) Fibronectin (c) IGFBP-1 (d) Cervical length <25 mm
8. The critical titre of indirect Coombs test is: — ***Feb 2025 P-I · Aug 2025 (S) P-I*** **[2×]**
   (a) 1:4 (b) 1:8 (c) 1:16 (d) 1:32
9. Which is the best marker for fetal anaemia? — *Feb 2025 P-I*
   (a) Umbilical artery PI (b) MCA-PSV (c) Uterine artery PI (d) All of the above
10. A woman with previous CS presents in labour with hypotension; FH inaudible and fetal parts superficially palpable. What is the diagnosis? — *Feb 2025 P-I*
    (a) Abruption (b) Uterine rupture (c) Fetal intrauterine death (d) Uterine synechiae
11. Which is the best marker for fetal anaemia? — *Aug 2025 (S) P-I*
    (a) Umbilical artery PI (b) Uterine artery PI (c) MCA-PSV (d) All of the above

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10. Operative Obstetrics (18 questions)

★ Most-asked topics in this chapter

- Episiotomy and perineal tears — ***asked in 12 papers***
- Forceps, vacuum and version (ECV / IPV) — ***asked in 11 papers***
- Caesarean section — ***asked in 3 papers***

10.1 Caesarean section *(3 papers)*

1. Caesarean section in placenta praevia — *Jan 2009 P-I*
2. Four indications for LSCS — *Jan 2016 P-I*
3. Four indications of caesarean section — *Jul 2020 (S) P-I*

10.2 Forceps, vacuum and version (ECV / IPV) *(11 papers)*

1. External cephalic version — ***Jan 2010 P-I · Jun 2010 P-I · May 2017 P-I · Jan 2020 P-I · Oct 2022 (S) P-I*** **[5×]**
2. Vacuum delivery — ***Apr 2021 P-I · Apr 2022 P-I*** **[2×]**
3. Conditions to be satisfied for outlet forceps application — *Jan 2013 P-I*
4. Contraindications to ECV (external cephalic version) — *Jan 2009 P-I*
5. Forceps – indications and complications — *Jan 2009 P-I*
6. Internal podalic version — *Jun 2010 P-I*
7. Prerequisites for application of forceps — *Jan 2015 P-I*
8. Prerequisites for instrumental delivery — *Jun 2019 P-I*
9. Trial of forceps — *Jan 2010 P-I*

10.3 Episiotomy and perineal tears *(12 papers)*

1. **Short note [5 marks]** Episiotomy — *Aug 2025 (S) P-I*
2. Complete perineal tear — ***Jun 2010 P-I · Jun 2011 P-I · Jan 2013 P-I · Jan 2014 P-I · May 2017 P-I · Jul 2020 (S) P-I*** **[6×]**
3. Episiotomy — ***Jan 2014 P-I · Jan 2018 P-I · Jan 2020 P-I · Oct 2021 (S) P-I · Oct 2022 (S) P-I*** **[5×]**
4. Third-degree perineal tear — *Mar 2023 P-I*

10.4 Diagrams – draw and label *(1 papers)*

1. Draw and label: Parts of outlet forceps — *Jan 2015 P-I*

10.5 MCQs from recent papers (2024–2025) *(1 MCQs)*

1. Complete perineal tear is seen in: — *Feb 2024 P-I*
   (a) Occipito-posterior (b) Occipito-transverse (c) Occipito-anterior (d) Transverse lie

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11. The Newborn and Safe Motherhood (14 questions)

> ★ **Most-asked topics in this chapter**
>
> - Care and problems of the newborn ***— asked in 8 papers***
> - Maternal mortality and safe motherhood ***— asked in 2 papers***

11.1 Care and problems of the newborn *(8 papers)*

1. Cephalhaematoma ***— Jan 2014 P-I · Jan 2018 P-I · Oct 2021 (S) P-I · Apr 2022 P-I*** **[4×]**
2. APGAR score — *Oct 2021 (S) P-I*
3. Four causes of neonatal jaundice — *Jan 2013 P-I*
4. Neonatal complications of preterm delivery — *Jul 2020 (S) P-I*
5. Neonatal hyperbilirubinaemia — *Jun 2015 P-I*
6. Problems of a preterm neonate — *Jun 2010 P-I*
7. Respiratory distress in the newborn — *Jan 2018 P-I*
8. Transient tachypnoea of newborn — *Jun 2010 P-I*

11.2 Maternal mortality and safe motherhood *(2 papers)*

1. Maternal mortality — *Jun 2010 P-II*
2. Maternal mortality ratio — *Apr 2022 P-I*

11.3 Fill in the blanks (2009–2018 papers) *(4 items)*

1. _____ is defined as haemorrhage under the periosteum of one or more bones of the skull. — *Jun 2015 P-I*
2. Cry impulse is seen in _____ — *Jun 2015 P-I*
3. Maternal mortality rate in Kerala is _____ — *Jan 2010 P-I*
4. MTP Act came into force in the year _____ — *Jan 2014 P-I*

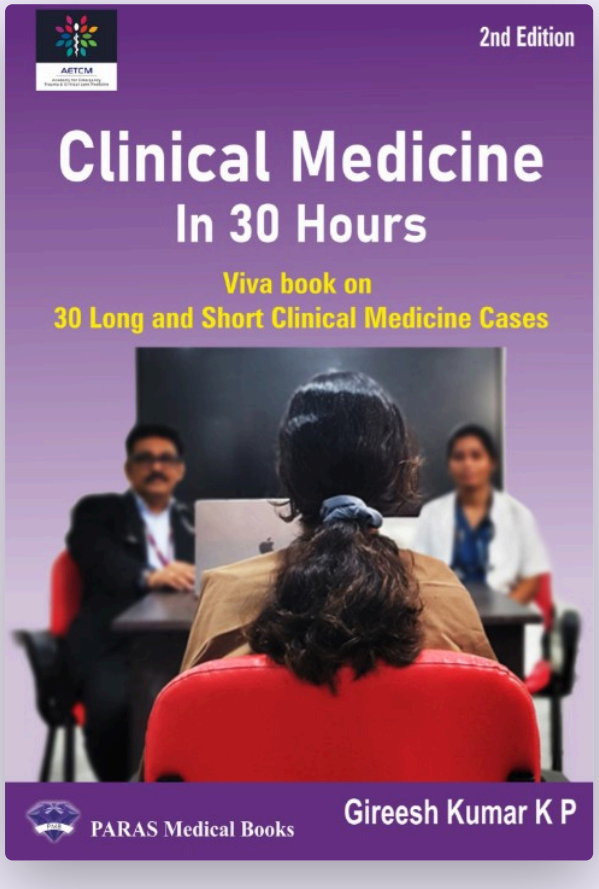
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PART B

Gynaecology

Paper II

12. Anatomy, Development and Intersex
13. Reproductive Physiology and Menstrual Disorders
14. Infections of the Genital Tract
15. Infertility and Endometriosis
16. Contraception and MTP
17. Genital Prolapse and Urogynaecology
18. Benign Tumours of the Uterus and Ovary
19. Gynaecological Oncology
20. Gynaecological Procedures and Drugs

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12. Anatomy, Development and Intersex (51 questions)

> ★ **Most-asked topics in this chapter**
>
> - Developmental anomalies, intersex and chromosomal disorders ***— asked in 14 papers***
> - Anatomy of the female genital tract and pelvic floor ***— asked in 12 papers***

12.1 Anatomy of the female genital tract and pelvic floor *(12 papers)*

1. **Short note [5 marks]** Blood supply of uterus — *Feb 2025 P-I*
2. **Short note [5 marks]** Perineal body — *Feb 2025 P-I*
3. Supports of uterus ***— Jul 2013 P-II · Jan 2014 P-I · Jan 2018 P-II · Oct 2021 (S) P-II · Mar 2023 P-II*** **[5×]**
4. Lymphatic drainage of vulva ***— Apr 2021 P-II · Apr 2022 P-II*** **[2×]**
5. Bartholin's gland — *Jan 2020 P-II*
6. Blood supply of uterus — *Jan 2011 P-II*
7. Blood supply of vagina — *Jan 2013 P-II*
8. Draw and label parts of uterus — *Feb 2024 (S) P-I*
9. Surgical anatomy of pelvic ureter and sites of injury — *Apr 2021 P-II*

12.2 Developmental anomalies, intersex and chromosomal disorders *(14 papers)*

1. **Short note [5 marks]** Development of uterus and name the anomalies — *Feb 2025 P-II*
2. Cryptomenorrhoea ***— Jan 2009 P-II · Jun 2019 P-II · Jan 2020 P-II · Jul 2020 (S) P-II · Apr 2021 P-II · Oct 2022 (S) P-II · Mar 2023 P-II*** **[7×]**
3. Turner's syndrome ***— Jan 2010 P-II · Oct 2021 (S) P-II · Mar 2023 P-II*** **[3×]**
4. Bicornuate uterus ***— Jan 2015 P-II · May 2017 P-II*** **[2×]**
5. Haematocolpos — *Jan 2010 P-II*
6. Imperforate hymen — *Apr 2022 P-II*
7. Klinefelter's syndrome — *Apr 2021 P-II*
8. Mullerian anomalies — *Jan 2011 P-II*

12.3 Diagrams – draw and label *(10 papers)*

1. Draw and label: Bicornuate uterus — *Jan 2012 P-II*
2. Draw and label: Blood supply of uterus — *Jan 2013 P-II*
3. Draw and label: Fallopian tube — *Jan 2010 P-II*
4. Draw and label: Ligamentous supports of uterus — *Jan 2016 P-II*
5. Draw and label: Lymphatic supply of cervix — *Jan 2010 P-II*
6. Draw and label: Mullerian anomalies — *Jan 2014 P-II*
7. Draw and label: Parts of fallopian tube ***— Jun 2010 P-I · Jan 2018 P-II*** **[2×]**
8. Draw and label: Supports of uterus ***— Jan 2011 P-II · Jun 2015 P-II · May 2017 P-II*** **[3×]**

12.4 Fill in the blanks (2009–2018 papers) *(14 items)*

1. Length of the female urethra is _____ — *Jan 2010 P-II*
2. The normal length of the fallopian tube is _____ cm. — *Jun 2011 P-II*
3. Uterine artery is a branch of _____ ***— Jun 2011 P-II · Jun 2015 P-I · Jan 2016 P-II*** **[3×]**
4. Uterine artery is a branch of _____ artery. — *Jan 2014 P-I*
5. Mackenrodt's ligament is also known as _____ — *Jun 2015 P-II*

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6. Length of fallopian tube is _____ — *Jun 2015 P-II*
7. Ovarian artery is a branch of _____ — *May 2017 P-I*
8. Mackenrodt's ligament is also called _____ — *Jan 2018 P-II*
9. Vagina is developed from _____ — *Jan 2010 P-II*
10. Mullerian inhibiting factor is produced by _____ — *Jan 2011 P-II*
11. Mullerian duct is otherwise known as _____ — *Jan 2011 P-II*
12. Gartner's cyst arises from _____ — *Jul 2013 P-II*
13. Most common complication of septate uterus is _____ — *Jun 2015 P-II*
14. Uterus is developed from _____ — *Jan 2018 P-II*

12.5 MCQs from recent papers (2024–2025) *(12 MCQs)*

1. Uterine artery is a branch of: — *Feb 2024 P-I*
   (a) Internal iliac artery (b) Aorta (c) Common iliac artery (d) External iliac artery
2. The karyotype of androgen insensitivity syndrome: — *Feb 2024 P-II*
   (a) 46 XX (b) 46 XY (c) 45 XO (d) 46 XXY
3. Development of uterus is from: — ***Feb 2024 P-II · Aug 2025 (S) P-II*** **[2×]**
   (a) Wolffian duct (b) Mesonephric duct (c) Paramesonephric duct (d) Coelomic ridge
4. A 16-year-old girl presented with primary amenorrhoea and a history of cyclical abdominal pain. On examination a mass is palpable up to 14 weeks' size; FSH, LH and TFT are within normal limits. What is the diagnosis? — *Feb 2024 P-II*
   (a) Cryptomenorrhoea (b) Mayer–Rokitansky syndrome (c) Testicular feminisation syndrome (d) Turner syndrome
5. Blood supply of ovary comes from: — ***Aug 2024 (S) P-II · Aug 2025 (S) P-II*** **[2×]**
   (a) Aorta (b) Uterine (c) Internal iliac (d) External iliac
6. Supports of uterus include all except: — *Aug 2024 (S) P-II*
   (a) Uterosacral ligament (b) Cardinal ligament (c) Perineal body (d) Round ligament
7. Lymphatic drainage of cervix includes all except: — *Aug 2024 (S) P-II*
   (a) Obturator LN (b) Presacral LN (c) Common iliac LN (d) Inguinal LN
8. Development of uterus is from: — *Aug 2024 (S) P-II*
   (a) Wolffian duct (b) Mesonephric duct (c) Mullerian duct (d) Coelom
9. A 17-year-old complains of cyclical abdominal pain. On evaluation a mass is palpable up to 14 weeks; USG shows haematometra. On examination bluish discolouration is seen at the external genitalia. What is the diagnosis? — *Aug 2024 (S) P-II*
   (a) Testicular feminisation syndrome (b) Mayer–Rokitansky–Kuster–Hauser syndrome (c) Cryptomenorrhoea (d) Transverse vaginal septum
10. A 15-year-old girl who has not yet attained menarche presents with cyclical abdominal pain and urinary retention. On examination a bluish membrane is seen at the vulva. What is the diagnosis? — *Feb 2025 P-II*
    (a) Uterine agenesis (b) Amenorrhoea (c) Androgen insensitivity (d) Imperforate hymen
11. A 16-year-old short-statured girl presents with webbing of neck, shield chest, cubitus valgus and amenorrhoea. Most probable diagnosis: — *Feb 2025 P-II*
    (a) Mayer–Rokitansky–Kuster–Hauser syndrome (b) Testicular feminisation syndrome (c) Turner's syndrome (d) Cryptomenorrhoea
12. Karyotype of androgen insensitivity syndrome: — *Aug 2025 (S) P-II*
    (a) 46 XX (b) 45 XO (c) 46 XY (d) 46 XXY

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13. Reproductive Physiology and Menstrual Disorders (80 questions)

> **★ Most-asked topics in this chapter**
>
> - Abnormal uterine bleeding and dysmenorrhoea — ***asked in 15 papers***
> - PCOS and hirsutism — ***asked in 11 papers***
> - Menstrual cycle, ovulation and puberty — ***asked in 9 papers***
> - Amenorrhoea — ***asked in 7 papers***
> - Menopause and HRT — ***asked in 7 papers***

13.1 Menstrual cycle, ovulation and puberty *(9 papers)*

1. **Short note [5 marks]** What is the physiology of menstruation? — ***Feb 2024 P-II · Aug 2025 (S) P-II*** **[2×]**
2. **Short note [5 marks]** Describe the physiology of ovulation — *Aug 2024 (S) P-II*
3. Proliferative endometrium — ***Jan 2015 P-II · Apr 2021 P-II*** **[2×]**
4. Graafian follicle — *Mar 2023 P-II*
5. Ovulation — *Jun 2019 P-II*
6. Two-cell two-gonadotropin theory — *Apr 2022 P-II*
7. Vaginal cytology — *Jan 2009 P-II*

13.2 Amenorrhoea *(7 papers)*

1. **Case / Essay [10 marks]** A 19-year-old came to the clinic because she has not had a menstrual bleed; her secondary sexual characters are normal. **a)** Differential diagnosis **b)** What are the causes? **c)** What are the investigations? **d)** What are the various management options? — *Oct 2021 (S) P-II*
2. **Applied [5 marks]** An 18-year-old came to the clinic with primary amenorrhoea. What investigations are done for her? Explain the fertility aspects of Mayer–Rokitansky syndrome. — *Feb 2024 P-II*
3. **Reasoning [5 marks]** Discuss the causes of primary amenorrhoea and the necessary investigations — *Aug 2024 (S) P-II*
4. **Applied [5 marks]** A 16-year-old girl came to OP with short stature, webbed neck and primary amenorrhoea. List the causes of primary amenorrhoea. Discuss the management of the above case. — *Feb 2025 P-II*
5. **Applied [5 marks]** A 16-year-old girl came to the clinic with primary amenorrhoea with secondary sexual characteristics. List the causes of primary amenorrhoea. Discuss the management of cryptomenorrhoea. — *Aug 2025 (S) P-II*
6. Asherman's syndrome — *Jan 2016 P-II*
7. Premature ovarian failure — *Apr 2022 P-II*

13.3 Abnormal uterine bleeding and dysmenorrhoea *(15 papers)*

1. **Case / Essay [10 marks]** A 43-year-old parous patient presents with bleeding per vaginum of 15 days' duration following 2½ months of amenorrhoea. **a)** What is the probable diagnosis? **b)** What are the differential diagnoses? **c)** What are the relevant investigations to arrive at a diagnosis? **d)** How will you medically manage the condition? **e)** What are the conservative surgical procedures that can be resorted to? — *Jul 2013 P-II*
2. **Case / Essay [10 marks]** A 48-year-old multiparous lady presents with irregular cycles and heavy bleeding during periods. **a)** What clinical examination is required? **b)** What are the differential diagnoses? **c)** Name the investigations. **d)** Discuss the management of any one diagnosis. — *Jan 2018 P-II*
3. **Applied [5 marks]** Explain the role of LNG-IUS in AUB — *Feb 2024 P-II*
4. Puberty menorrhagia — ***Jun 2015 P-II · May 2017 P-II*** **[2×]**
5. Causes of menorrhagia — *Jan 2014 P-II*
6. Conservative surgeries in AUB — *Oct 2021 (S) P-II*
7. Define menorrhagia — *Jan 2015 P-II*

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8. Dysfunctional uterine bleeding in hypothyroidism — *Jun 2010 P-II*
9. Dysmenorrhoea — *Jun 2015 P-II*
10. Enumerate four conditions causing menorrhagia — *Jan 2012 P-II*
11. Four causes of menorrhagia — *Jan 2016 P-II*
12. Heavy menstrual flow — *Jun 2019 P-II*
13. Medical management of DUB (dysfunctional uterine bleeding) — *Jan 2009 P-II*
14. Medical treatment of DUB — *Jun 2011 P-II*
15. Metropathia haemorrhagica — *Oct 2021 (S) P-II*
16. PALM-COEIN classification — *Mar 2023 P-II*
17. Secondary dysmenorrhoea — *Jun 2010 P-II*

13.4 PCOS and hirsutism *(11 papers)*

1. **Case / Essay [10 marks]** A 30-year-old female married for 6 months, anxious to conceive, attends the infertility clinic. She is obese, hirsute and has irregular menstrual cycles. **a)** What is the most probable diagnosis? **b)** Rotterdam criteria for the above-mentioned condition **c)** Evaluation and management of anovulatory infertility **d)** Tubal patency tests **e)** WHO semen analysis — *May 2017 P-II*
2. **Case / Essay [10 marks]** A 30-year-old woman married for 5 years, not yet conceived, BMI 30, with history of irregular cycles. **a)** What is your probable diagnosis and the other clinical features? **b)** What investigations are to be done in the patient? **c)** Evaluation of the partner **d)** Management of the couple — *Apr 2021 P-II*
3. **Short note [5 marks]** How do you counsel a 25-year-old lady married for 3 years with infertility? She has irregular periods and her BMI is 35. — *Feb 2024 P-II*
4. Diagnosis of PCOS — ***Jan 2018 P-II · Mar 2023 P-II*** **[2×]**
5. PCOS — ***Jan 2019 P-II · Feb 2024 (S) P-II*** **[2×]**
6. Hirsutism — *Apr 2022 P-II*
7. PCOD — *Jun 2019 P-II*
8. Polycystic ovarian disease (PCOD) — *Jul 2020 (S) P-II*
9. Polycystic ovarian syndrome (PCOS) — *Oct 2022 (S) P-II*

13.5 Menopause and HRT *(7 papers)*

1. **Reasoning [5 marks]** What is menopause? Explain the role of HRT. — *Feb 2024 P-II*
2. Benefits of estrogen replacement therapy — *Jan 2009 P-II*
3. Define menopause — *Feb 2024 (S) P-II*
4. DEXA study — *Jun 2010 P-II*
5. HRT – merits and demerits — *Jan 2019 P-II*
6. Long-term effects of menopause — *Jul 2013 P-II*
7. Symptoms of menopause — *Jan 2016 P-II*

13.6 Diagrams – draw and label *(8 papers)*

1. Draw and label: Endometrium in normal menstrual cycle — *Jan 2009 P-II*
2. Draw and label: Endometrium in proliferative and secretory phase — *Jul 2013 P-II*
3. Draw and label: Graafian follicle — ***Jun 2011 P-II · Jan 2015 P-I · Jan 2018 P-I*** **[3×]**
4. Draw and label: Histopathological picture of cystoglandular hyperplasia — *Jan 2011 P-II*
5. Draw and label: Hormonal secretions in menstrual cycle — *Jan 2015 P-II*
6. Draw and label: Proliferative endometrium — *Jan 2012 P-II*

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13.7 Fill in the blanks (2009–2018 papers) *(18 items)*

1. Ovulation occurs _____ hrs after LH surge. ***— Jan 2009 P-II · Jul 2013 P-II* [2×]**
2. _____ hormone plays the key role in initiation of menstruation. *— Jan 2009 P-II*
3. In normal menstruation maximum blood loss does not exceed _____ *— Jan 2010 P-II*
4. Secretory phase reaches its peak by the _____ day of the normal menstrual cycle. *— Jan 2011 P-II*
5. The vasoconstriction in the spiral coiled arteries before menstruation is mediated through _____ *— Jan 2011 P-II*
6. Ferning of cervical mucus is due to the presence of _____ *— Jan 2011 P-II*
7. The number of oogonia in the ovary at birth is _____ *— Jul 2013 P-II*
8. Precocious puberty is development of secondary sexual characteristics before the age of _____ *— Jan 2016 P-II*
9. Proliferative changes in endometrium are under the influence of _____ hormone. *— May 2017 P-II*
10. LH surge occurs _____ hours before ovulation. *— Jan 2018 P-II*
11. Asherman's syndrome is best managed through _____ *— Jan 2011 P-II*
12. Commonest cause of pathological secondary amenorrhoea is _____ *— Jan 2013 P-II*
13. Primary amenorrhoea is defined as _____ *— Jun 2015 P-II*
14. _____ is defined as irregular, acyclic bleeding from the uterus. *— Jan 2016 P-II*
15. The commonest cause of hirsutism in reproductive-age women is _____ *— Jan 2009 P-II*
16. Cyproterone acetate is used to treat _____ *— Jun 2015 P-II*
17. Menopausal symptoms are due to deficiency of _____ *— Jan 2013 P-II*
18. A lady is considered menopausal if she is amenorrhoeic for at least _____ months. *— Jan 2014 P-II*

13.8 MCQs from recent papers (2024–2025) *(9 MCQs)*

1. Ovulation occurs _____ LH surge. ***— Feb 2024 P-II · Aug 2025 (S) P-II* [2×]**
   (a) Immediately after (b) Before (c) 6–8 hours after (d) 24–36 hours after
2. A 35-year-old woman, P2L2A2, complains of scanty flow with irregular spotting for 6 months. FSH, LH and TSH levels are normal; BMI is 24. What is the possible diagnosis? *— Feb 2024 P-II*
   (a) PCO (b) Asherman syndrome (c) Prolactinoma (d) Premature ovarian insufficiency
3. A 52-year-old woman came with complaints of hot flushes and sweating since 2 months. Her LMP was 8 months back. Which hormone will be elevated? *— Feb 2024 P-II*
   (a) FSH (b) AMH (c) TSH (d) Prolactin
4. Natural age of menopause is: *— Aug 2024 (S) P-II*
   (a) 46 (b) 51 (c) 55 (d) 45
5. The earliest sign of puberty is: *— Feb 2025 P-II*
   (a) Breast development (b) Pubic hair (c) Axillary hair (d) Commencement of menstruation
6. Sheehan's syndrome causes: *— Feb 2025 P-II*
   (a) Heavy menstrual bleeding (b) Irregular menstrual bleeding (c) Amenorrhoea (d) Polymenorrhoea
7. Secondary amenorrhoea is seen with: *— Feb 2025 P-II*
   (a) Sheehan's syndrome (b) Turner's syndrome (c) Klinefelter's syndrome (d) Adrenogenital syndrome
8. The commonest menopausal symptom is: *— Feb 2025 P-II*
   (a) Insomnia (b) Dyspareunia (c) Osteoporosis (d) Hot flushes
9. Secondary amenorrhoea following PPH is seen with: *— Aug 2025 (S) P-II*
   (a) Sheehan's syndrome (b) Klinefelter's syndrome (c) Turner's syndrome (d) Adrenogenital syndrome

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14. Infections of the Genital Tract (43 questions)

> **★ Most-asked topics in this chapter**
>
> - Vaginal discharge, vaginitis and Bartholin gland ***— asked in 13 papers***
> - PID, STIs and genital tuberculosis ***— asked in 10 papers***

14.1 Vaginal discharge, vaginitis and Bartholin gland *(13 papers)*

1. **Applied [5 marks]** Discuss the aetiology, clinical diagnosis and management of vaginal discharge — *Aug 2024 (S) P-II*
2. **Short note [5 marks]** Vaginal discharge — *Feb 2025 P-II*
3. **Short note [5 marks]** Bacterial vaginosis — *Aug 2025 (S) P-II*
4. Bacterial vaginosis ***— Jan 2020 P-II · Jul 2020 (S) P-II · Apr 2021 P-II · Oct 2022 (S) P-II · Feb 2024 (S) P-II*** **[5×]**
5. Bartholin cyst ***— Jan 2012 P-II · Jun 2019 P-II · Apr 2021 P-II · Mar 2023 P-II*** **[4×]**
6. Clue cells — *Mar 2023 P-II*
7. Enumerate causes of pathological vaginal discharge — *Jan 2012 P-II*
8. Treatment of monilial vulvovaginitis — *Jan 2013 P-II*
9. Trichomonas vaginalis — *Apr 2021 P-II*
10. Vaginal candidiasis — *Apr 2022 P-II*

14.2 PID, STIs and genital tuberculosis *(10 papers)*

1. **Reasoning [5 marks]** Risk factors for pelvic inflammatory disease. Explain the antibiotics given. — *Feb 2024 P-II*
2. **Short note [5 marks]** What are the organisms causing STI? How do they affect fertility? — *Feb 2024 P-II*
3. **Reasoning [5 marks]** Clinical presentation of pelvic inflammatory disease and reasons for infertility — *Aug 2024 (S) P-II*
4. **Applied [5 marks]** A 30-year-old P2L2 came to OP with pain lower abdomen, vaginal discharge and fever for 2 days. Enumerate the complications of pelvic inflammatory disease. What are the criteria for admission in pelvic inflammatory disease? What is the outpatient treatment of pelvic inflammatory disease? — *Feb 2025 P-II*
5. **Applied [5 marks]** A 36-year-old nullipara came to OP with lower abdominal pain, vaginal discharge and fever since 2 days. Define pelvic inflammatory disease. List the complications of pelvic inflammatory disease. What is the outpatient treatment of pelvic inflammatory disease? — *Aug 2025 (S) P-II*
6. Complications and management of PID — *Jan 2019 P-II*
7. Define PID and CDC criteria for diagnosis — *Oct 2021 (S) P-II*
8. Fitz-Hugh–Curtis syndrome — *Jan 2014 P-II*
9. Hydrosalpinx — *Jun 2019 P-II*
10. Management of acute pelvic inflammatory disease (PID) — *Oct 2022 (S) P-II*
11. Write four symptoms of PID — *Feb 2024 (S) P-II*

14.3 Diagrams – draw and label *(3 papers)*

1. Draw and label: Trichomonas vaginalis ***— Jan 2015 P-II · Jan 2016 P-II · Jan 2018 P-II*** **[3×]**

14.4 Fill in the blanks (2009–2018 papers) *(15 items)*

1. Drug of choice for bacterial vaginosis is _____ — *Jan 2010 P-II*
2. Increased use of corticosteroids leads to _____ vaginitis. — *Jun 2010 P-II*
3. The microorganism associated with clue cells is _____ — *Jan 2012 P-II*
4. Gram-stained smear of vaginal discharge shows _____ in Gardnerella vaginalis vaginitis. — *Jan 2013 P-II*

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5. Commonest vaginal infection during pregnancy is _____ vaginitis. — *Jul 2013 P-II*
6. Bartholin's gland cyst is treated by _____ — *Jan 2014 P-II*
7. Characteristic discharge of bacterial vaginosis has a _____ odour. — *Jan 2014 P-II*
8. Bartholin gland is also called _____ — *Jun 2015 P-I*
9. Clue cells are seen in _____ — ***Jun 2015 P-II · Jan 2016 P-II*** **[2×]**
10. Drug of choice for treatment of Trichomonas vaginalis is _____ — *Jan 2018 P-II*
11. Commonest site of genital tuberculosis in women is _____ — *Jan 2010 P-II*
12. Elementary body is the infectious particle of _____ — *Jun 2010 P-II*
13. Bilateral cornual block with extravasation of the dye is highly suggestive of _____ — *Jan 2011 P-II*
14. Pelvic inflammatory disease due to _____ is asymptomatic. — *Jul 2013 P-II*
15. Most frequently involved part of genital tract in pelvic TB is _____ — *May 2017 P-II*

14.5 MCQs from recent papers (2024–2025) *(6 MCQs)*

1. A 22-year-old nulliparous woman complains of greenish vaginal discharge and itching for 5 days. She is on OCP for 2 years. On examination the cervix is red with small punctate haemorrhages. What is the most likely diagnosis? — ***Feb 2024 P-II · Aug 2025 (S) P-II*** **[2×]**
   (a) Gardnerella vaginalis (b) Trichomonas vaginalis (c) Candidiasis (d) Herpes
2. A 25-year-old lady had fever, foul-smelling discharge and abdominal pain for 2 weeks and was diagnosed to have acute PID. On diagnostic laparoscopy classical violin-string perihepatic adhesions (Fitz-Hugh–Curtis syndrome) were noted. Name the causative organism: — *Feb 2024 P-II*
   (a) N. gonorrhoeae (b) T. vaginalis (c) B. vaginalis (d) H. simplex
3. Amsel's criteria are used to diagnose: — *Aug 2024 (S) P-II*
   (a) Bacterial vaginosis (b) Trichomonas vaginitis (c) Candidiasis (d) Herpes
4. The organism causing PID is: — *Aug 2024 (S) P-II*
   (a) Chlamydia (b) Gardnerella vaginalis (c) Candidiasis (d) HPV
5. Clue cells are seen in: — ***Feb 2025 P-II · Aug 2025 (S) P-II*** **[2×]**
   (a) Vaginal candidiasis (b) Trichomoniasis (c) Gonorrhoea (d) Bacterial vaginosis
6. Antibiotic of choice for PID due to Chlamydia trachomatis: — *Feb 2025 P-II*
   (a) Erythromycin (b) Doxycycline (c) Clindamycin (d) Metronidazole

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15. Infertility and Endometriosis (60 questions)

> **★ Most-asked topics in this chapter**
>
> - Infertility ***— asked in 22 papers***
> - Endometriosis and adenomyosis ***— asked in 20 papers***

15.1 Infertility *(22 papers)*

1. **Case / Essay [10 marks]** A 25-year-old lady reported for infertility treatment. **a)** Define primary infertility. **b)** Enumerate the common causes of female infertility. **c)** What are the tests for detection of ovulation? **d)** How will you treat anovulation? *— Jan 2016 P-II*
2. **Case / Essay [10 marks]** A 30-year-old nullipara, married for 2 years and trying to conceive, came to OPD for investigations and treatment. **a)** What is the condition? **b)** How do you evaluate for (i) ovulation, (ii) tubal patency, (iii) uterine factors? **c)** Briefly describe the management of anovulatory cycles. *— Jul 2020 (S) P-II*
3. **AETCOM / Communication [5 marks]** A 28-year-old IT professional approaches the infertility clinic with her 32-year-old husband. They have been married for 12 years and have undergone investigations in several hospitals; semen analysis suggests oligozoospermia while the wife's reports are normal. The couple are eager to conceive. How will you approach this couple? *— Feb 2024 P-II*
4. **Applied [5 marks]** Discuss the methods for testing tubal patency in an infertile woman *— Aug 2024 (S) P-II*
5. **Reasoning [5 marks]** A 35-year-old infertile woman came to the clinic for evaluation along with her partner. Discuss with them the tests of tubal patency and ovarian reserve. *— Feb 2025 P-II*
6. **Short note [5 marks]** Semen analysis. List four indications for in vitro fertilisation (IVF). *— Aug 2025 (S) P-II*
7. HSG ***— Jun 2011 P-II · Jan 2018 P-II*** **[2×]**
8. HSG (hysterosalpingogram) ***— Jan 2012 P-II · Jan 2015 P-II*** **[2×]**
9. Post-coital test ***— Jan 2011 P-II · Jun 2015 P-II*** **[2×]**
10. Tests for ovulation ***— Jul 2013 P-II · Jun 2015 P-II*** **[2×]**
11. Tests for tubal patency ***— Jan 2013 P-II · Oct 2022 (S) P-II*** **[2×]**
12. Tubal patency tests ***— Jan 2009 P-II · Jan 2019 P-II*** **[2×]**
13. Chromotubation *— Jun 2011 P-II*
14. Classification of ovulatory disorders *— Jan 2019 P-II*
15. Different methods of tubal patency testing *— Apr 2021 P-II*
16. Drugs used for ovulation induction *— Oct 2022 (S) P-II*
17. Hysterosalpingography *— Mar 2023 P-II*
18. Intrauterine insemination *— Jun 2010 P-II*
19. Investigations and management of tubal factors of infertility *— Jan 2011 P-II*
20. IUI *— Apr 2022 P-II*
21. Luteal phase defect *— Jan 2009 P-II*
22. Male factor infertility *— Jun 2019 P-II*
23. Name two ovulogens with their dose regimen *— Jan 2012 P-II*
24. Normal semen analysis *— Jan 2009 P-II*
25. Ovulation-inducing agents *— Jan 2009 P-II*
26. Sims–Huhner test *— Jan 2009 P-II*
27. WHO semen analysis *— Jan 2015 P-II*

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15.2 Endometriosis and adenomyosis *(20 papers)*

1. **Case / Essay [10 marks]** A 40-year-old multiparous lady with complaints of menorrhagia and congestive dysmenorrhoea of progressively increasing intensity. On examination: pallor +, P/A no mass palpable, P/V uterus 8 weeks size, firm, tender, fornices free. **a)** What is the most probable diagnosis? **b)** Give two differential diagnoses. **c)** What is the most useful investigation to confirm the diagnosis? **d)** Outline the medical management of the condition. **e)** If there is no response to medical management, what are the surgical procedures to treat the condition? **f)** What are the complications of hysterectomy? — *Jan 2013 P-II*
2. **Case / Essay [10 marks]** A 30-year-old nulliparous woman on infertility treatment complains of severe dysmenorrhoea. On per abdominal examination there is a cystic mass of 14 weeks' size in the lower abdomen. On bimanual pelvic examination the same cystic mass is felt arising from the right adnexa with restricted mobility. **a)** What is the most probable diagnosis? **b)** How will you confirm the diagnosis? **c)** What is the medical management? **d)** What are the surgical options? — *Jun 2019 P-II*
3. **Case / Essay [10 marks]** A 48-year-old woman presents with heavy menstrual bleeding and severe dysmenorrhoea. On examination the uterus is uniformly enlarged to 12 weeks' size and tender on palpation. **a)** What is your diagnosis? **b)** How will you confirm your diagnosis? **c)** How will you manage this patient medically? **d)** Describe the steps of abdominal hysterectomy. **e)** What are the complications of abdominal hysterectomy? — *Feb 2024 P-II*
4. **Case / Essay [10 marks]** A 38-year-old lady, para 3, presents with severe pain during periods and heavy menstrual bleeding. On examination the uterus is enlarged, tender and about 14 weeks' size. **a)** What is your diagnosis? **b)** What are the possible differential diagnoses? **c)** How will you evaluate her? **d)** What are the different options available to manage her problem? — *Aug 2024 (S) P-II*
5. **Short note [5 marks]** What is the aetiopathogenesis of endometriosis? — ***Feb 2024 P-II · Aug 2024 (S) P-II*** **[2×]**
6. **Applied [5 marks]** A 35-year-old nulliparous woman with ultrasonography suggestive of endometriosis. What are the causes of infertility in endometriosis? List the drugs given in endometriosis and their mechanism of action. — *Feb 2025 P-II*
7. **Applied [5 marks]** A 35-year-old nullipara with dysmenorrhoea and heavy menstrual bleeding; O/E uterus uniformly enlarged to 12 weeks' size. List the differential diagnoses. Discuss the management of adenomyosis. — *Aug 2025 (S) P-II*
8. Adenomyosis — ***Jun 2010 P-II · Jan 2012 P-II · May 2017 P-II · Jan 2018 P-II*** **[4×]**
9. Chocolate cyst of the ovary — ***Jul 2013 P-II · Jan 2018 P-II · Jan 2019 P-II*** **[3×]**
10. Medical management of endometriosis — ***Jun 2015 P-II · Oct 2022 (S) P-II · Mar 2023 P-II*** **[3×]**
11. Chocolate cyst — ***Jan 2013 P-II · Jan 2020 P-II*** **[2×]**
12. Causes of infertility in endometriosis — *Jan 2010 P-II*
13. Deep-seated dyspareunia — *Jan 2009 P-II*
14. Symptoms and signs of endometriosis — *May 2017 P-II*
15. Theories of endometriosis — *Apr 2022 P-II*
16. What is adenomyosis? How will you diagnose it? — *Oct 2022 (S) P-II*
17. What is adenomyosis? List two symptoms — *Jan 2013 P-II*
18. Write four symptoms of endometriosis — *Feb 2024 (S) P-II*

15.3 Diagrams – draw and label *(2 papers)*

1. Draw and label: Chocolate cyst — *Jun 2010 P-II*
2. Draw and label: Spermatozoa — *Jun 2015 P-II*

15.4 Fill in the blanks (2009–2018 papers) *(7 items)*

1. _____ is the commonest cause of female infertility. — *Jun 2010 P-II*
2. Pregnancy can be achieved in patients with bilateral tubal block by _____ and _____ — *Jan 2013 P-II*
3. _____ is the process of conversion of spermatids into spermatozoa. — *Jun 2015 P-I*

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4. _____ is the earliest evidence of ovulation in endometrial biopsy. *— Jan 2016 P-II*
5. Infertility is defined as the inability to conceive after _____ period of unprotected sexual intercourse. *— May 2017 P-II*
6. A 40-year-old lady presenting with menorrhagia, congestive dysmenorrhoea and uniformly enlarged uterus – the most probable diagnosis is _____ *— Jan 2015 P-II*
7. Powder-burn lesion is seen in _____ *— Jun 2015 P-II*

15.5 MCQs from recent papers (2024–2025) *(6 MCQs)*

1. A couple have been trying for conception for 2 years. On evaluation male factor infertility is found; semen analysis: volume 1 ml, concentration <2 million/ml, motility 10%, normal forms 5%. Which procedure would be advised? *— Feb 2024 P-II*
   (a) Intrauterine insemination (b) IVF (c) ICSI (d) Donor sperm
2. These are possible sites for endometriosis, except: *— Feb 2024 P-II*
   (a) Brain (b) Uterosacral ligaments (c) Peritoneum (d) Ovaries
3. Medical management of endometriosis includes all except: *— Aug 2024 (S) P-II*
   (a) Progesterone (b) GnRH analogues (c) Anastrozole (d) Corticosteroids
4. Most common site of endometriosis: *— Aug 2024 (S) P-II*
   (a) Lungs (b) Ovary (c) Pouch of Douglas (d) Rectum
5. Which symptom is suggestive of adenomyosis? ***— Aug 2024 (S) P-II · Aug 2025 (S) P-II* [2×]**
   (a) Congestive dysmenorrhoea (b) Spasmodic dysmenorrhoea (c) Urinary retention (d) Constipation
6. A 45-year-old para 2 presents with dysmenorrhoea, menorrhagia and a uterus uniformly enlarged to 8 weeks' size and tender. Most probable diagnosis is: *— Feb 2025 P-II*
   (a) Fibroid uterus (b) Adenomyosis (c) Endometriosis (d) PID

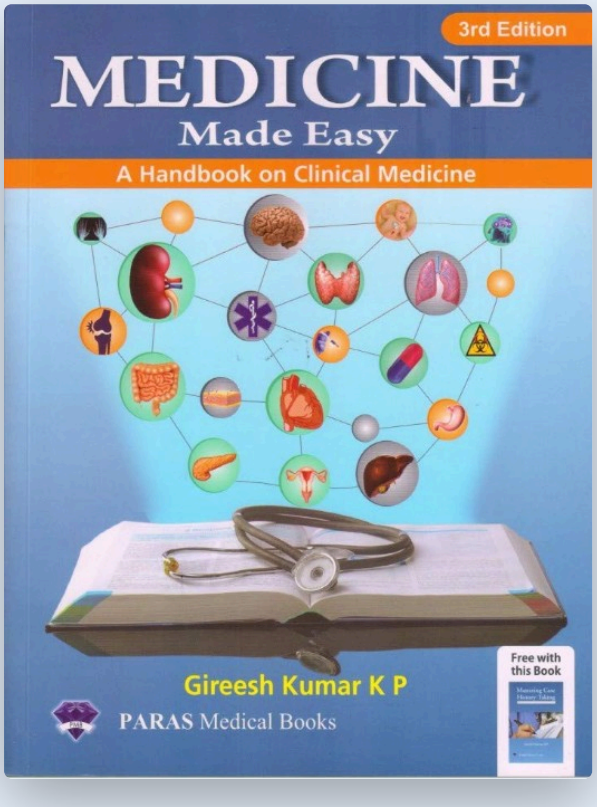
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16. Contraception and MTP (71 questions)

> **★ Most-asked topics in this chapter**
>
> - Contraception and sterilisation — ***asked in 24 papers***
> - Medical termination of pregnancy and MTP Act — ***asked in 8 papers***

16.1 Contraception and sterilisation *(24 papers)*

1. **Applied [5 marks]** What are the non-contraceptive benefits of OCP in women of reproductive age group? — *Feb 2024 P-II*
2. **AETCOM / Communication [5 marks]** A 20-year-old girl who had unprotected sexual intercourse came for emergency contraception; her last menstrual period was 10 days back. How would you explain emergency contraception and its medical aspects to her? — *Aug 2024 (S) P-II*
3. **Short note [5 marks]** Discuss permanent methods of female sterilisation, their complications and failure rates — *Aug 2024 (S) P-II*
4. **Short note [5 marks]** A 20-year-old girl came to the clinic for emergency contraception. Her LMP was 12 days back, with regular cycles 4/30. What contraceptives can you offer her? Describe the mechanism of action and the dosage. — *Feb 2025 P-II*
5. **AETCOM / Communication [5 marks]** A 30-year-old P2L2, last childbirth 2 years back, wants sterilisation. Discuss the methods available and the legal aspects of sterilisation. — ***Feb 2025 P-II · Aug 2025 (S) P-II*** **[2×]**
6. **Short note [5 marks]** What are the non-contraceptive benefits of the oral contraceptive pill (OCP)? — *Aug 2025 (S) P-II*
7. Mirena — ***Jan 2014 P-II · Jan 2020 P-II · Feb 2024 (S) P-II*** **[3×]**
8. Cu-T 380A — ***Jun 2010 P-II · Apr 2021 P-II*** **[2×]**
9. Emergency contraception — ***Jul 2013 P-II · Oct 2021 (S) P-II*** **[2×]**
10. Laparoscopic sterilisation — ***Jan 2013 P-II · Jan 2018 P-II*** **[2×]**
11. LNG-IUD — ***Jan 2016 P-II · May 2017 P-II*** **[2×]**
12. No-scalpel vasectomy — ***Jan 2014 P-II · Jan 2019 P-II*** **[2×]**
13. Pearl index — ***Jun 2010 P-II · Jul 2013 P-II*** **[2×]**
14. Advantages of laparoscopic sterilisation — *Jan 2010 P-II*
15. Condom — *Jan 2014 P-II*
16. Falope ring — *Jan 2020 P-II*
17. Implanon — *Jan 2019 P-II*
18. Interception — *May 2017 P-II*
19. Interval sterilisation — *Oct 2021 (S) P-II*
20. Intrauterine contraceptive device (IUCD) — *Jul 2020 (S) P-II*
21. Levonorgestrel-releasing intrauterine system (LNG-IUS) — *Oct 2022 (S) P-II*
22. List four contraindications for combined OCP (oral contraceptive pills) — *Jan 2012 P-II*
23. LNG-IUS — *Jan 2018 P-II*
24. Low-dose OC pill — *Jun 2019 P-II*
25. Mechanism of action of IUCD — *Jan 2014 P-II*
26. Mini pill — *Jan 2010 P-II*
27. Mirena IUCD — *Oct 2021 (S) P-II*
28. Missed IUCD — *Jun 2015 P-II*
29. Natural family planning methods — *Jan 2011 P-II*
30. Non-contraceptive benefits of oral contraceptive pill — *Jun 2015 P-II*

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31. Non-contraceptive uses of condom — *Jan 2015 P-II*
32. Oral contraceptive pills — *Jul 2020 (S) P-II*
33. Pomeroy's method of female sterilisation — *Jan 2015 P-II*
34. Pomeroy's technique of sterilisation — *Jan 2016 P-II*
35. Progesterone-only pill — *Jul 2013 P-II*
36. Techniques of sterilisation in the female — *Jan 2012 P-II*
37. Two non-contraceptive benefits of condom — *Jan 2016 P-II*

16.2 Medical termination of pregnancy and MTP Act *(8 papers)*

1. **AETCOM / Communication [5 marks]** A 25-year-old lady, married for 5 years, with a 6-week pregnancy reports to the gynaecology OPD with her husband for MTP followed by Cu-T insertion. She already has 2 living children and this pregnancy was the result of condom breakage. How will you help this couple, keeping in view the principles of AETCOM? — *Feb 2024 P-I*
2. **AETCOM / Communication [5 marks]** A 21-year-old professional, unmarried lady at 8 weeks' period of gestation is demanding MTP. Discuss the options and the medical aspects of MTP. — *Aug 2024 (S) P-I*
3. **AETCOM / Communication [5 marks]** A 16-year-old girl with 3 months of amenorrhoea, urine pregnancy test positive, USG suggestive of 8 weeks' pregnancy. Discuss the methods of MTP you can offer her and the legal aspects of MTP. — *Feb 2025 P-I*
4. **AETCOM / Communication [5 marks]** An 18-year-old girl with 5 months of amenorrhoea, UPT positive, USG suggestive of 10 weeks of pregnancy. Discuss the method of MTP and the MTP rules. — *Aug 2025 (S) P-I*
5. Complications of first-trimester MTP — *Jun 2015 P-II*
6. Indications for MTP — *Jan 2011 P-II*
7. Medical abortion — *Jan 2013 P-II*
8. Medical methods of termination of pregnancy — *Oct 2022 (S) P-II*

16.3 Diagrams – draw and label *(1 papers)*

1. Draw and label: Copper T — *Jun 2011 P-II*

16.4 Fill in the blanks (2009–2018 papers) *(19 items)*

1. Mirena releases _____ progesterone daily. — *Jan 2009 P-II*
2. _____ is an absolute contraindication for use of IUD. — *Jan 2009 P-II*
3. _____ type of tubal sterilisation leaves no potential for reversibility. — *Jan 2010 P-II*
4. In laparoscopic sterilisation _____ is used to block tubes. — *Jun 2010 P-II*
5. _____ is the oral contraceptive prescribed for a lactating mother. — *Jun 2010 P-II*
6. The progesterone in Mirena is _____ — *Jan 2011 P-II*
7. The _____ is the permanent method of female contraception. — *Jun 2011 P-II*
8. Most popular technique of tubal ligation is _____ method. — *Jun 2011 P-II*
9. The OC pill used during the lactating period is _____ — *Jun 2011 P-II*
10. The rate of release of copper from a Copper T is _____ microgram/day. — *Jul 2013 P-II*
11. Falope ring is used for _____ — *Jan 2015 P-II*
12. Most common side effect of Copper T is _____ — *Jan 2015 P-II*
13. _____ is the best method of removal of missed Cu-T in the uterus. — *Jan 2016 P-II*
14. Cu-T 380A has a lifespan of _____ — *May 2017 P-II*
15. Injectable contraception during lactation is _____ — *Jan 2018 P-II*
16. MTP is permitted up to _____ — *Jan 2010 P-II*

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17. _____ is the method of MTP up to 6 weeks (42 days) of pregnancy. — *Jun 2011 P-II*
18. Mifepristone and misoprostol are used in _____ method of MR. — *Jun 2011 P-II*
19. Drugs used in medical abortion are _____ and _____ — *Jan 2018 P-I*

16.5 MCQs from recent papers (2024–2025) *(6 MCQs)*

1. What is the lifespan of Cu-T 380A? — *Feb 2024 P-II*
   (a) 3 years (b) 5 years (c) 10 years (d) 8 years
2. Which among the contraceptives prevents STIs? — *Aug 2024 (S) P-II*
   (a) OCP (b) IUCD (c) Clips (d) Condom
3. Dose of mifepristone for inducing abortion is: — *Feb 2025 P-I*
   (a) 100 mg (b) 400 mcg (c) 200 mg (d) 600 mcg
4. Copper T 380A can be used for: ***— Feb 2025 P-II · Aug 2025 (S) P-II*** **[2×]**
   (a) 2 years (b) 3 years (c) 5 years (d) 10 years
5. Contraceptive of choice for a lactating woman: — *Feb 2025 P-II*
   (a) Minipill (b) Oral contraceptive pills (c) Barrier method (d) Diaphragm
6. Contraception of choice for a lactating woman is: — *Aug 2025 (S) P-II*
   (a) Minipill (b) Barrier method (c) Oral contraceptive method (d) Diaphragm

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17. Genital Prolapse and Urogynaecology (41 questions)

> **★ Most-asked topics in this chapter**
>
> - Genital prolapse ***— asked in 26 papers***
> - Urinary incontinence, retention, fistulae and genital injuries ***— asked in 6 papers***

17.1 Genital prolapse *(26 papers)*

1. **Case / Essay [10 marks]** A 35-year-old multiparous woman presenting with a mass coming down through the vagina since 2 years. **a)** What is the differential diagnosis? **b)** How will you differentiate an enterocele from a rectocele? **c)** What are the urinary symptoms commonly seen in this condition? **d)** How will you manage a multiparous third-degree uterine prolapse? *— Jan 2010 P-II*
2. **Case / Essay [10 marks]** A 28-year-old nullipara complains of something coming down per vaginum. **a)** Enumerate the differential diagnoses. **b)** What is the most probable diagnosis? **c)** How will you confirm the diagnosis of prolapsed uterus in this case? **d)** Discuss the management options of third-degree uterine prolapse in this woman. *— Jan 2014 P-II*
3. **Case / Essay [10 marks]** A 61-year-old postmenopausal woman presented to the OPD with complaints of a mass coming down per vaginum. On examination a globular mass with the cervix is seen lying outside the vagina. **a)** Diagnosis **b)** What are the differential diagnoses? **c)** Non-surgical management of the condition **d)** Discuss briefly the surgical management. *— Jun 2019 P-II*
4. **Case / Essay [10 marks]** A 52-year-old P4L4 with all vaginal deliveries came with complaints of a mass descending per vaginum for the past 8 months and increased frequency of micturition for two months. **a)** What is its aetiology? **b)** Stages of prolapse **c)** Supports of uterus **d)** Management of the condition *— Apr 2021 P-II*
5. **Case / Essay [10 marks]** A 60-year-old lady presents with complaints of mass per vaginum of 3 years' duration. O/E the cervix is found protruding outside the introitus. **a)** What is your diagnosis and how do you classify the degree of descent? **b)** What are the differential diagnoses? **c)** Describe DeLancey's three-level support system. **d)** What is decubitus ulcer? How will you treat it? *— Oct 2022 (S) P-II*
6. **Case / Essay [10 marks]** A 70-year-old P6L6 with mass coming down P/V for the last 2 years, and history of recurrent attacks of urinary tract infection. **a)** What is your diagnosis? **b)** How will you classify the condition? **c)** How will you manage the condition conservatively and what are the indications? **d)** How will you manage the condition surgically? *— Mar 2023 P-II*
7. **Case / Essay [10 marks]** A 65-year-old P6L6 came with mass per vaginum of 3 months' duration. She says it gets reduced on lying down. She has urinary frequency and constipation. P/A soft; on examination a mass is seen at the introitus. **a)** What is your diagnosis? **b)** Write four risk factors for this condition. **c)** List four differential diagnoses. **d)** What are the complications of this condition? **e)** Explain the surgical management of this condition. *— Feb 2024 (S) P-II*
8. **Applied [5 marks]** What is decubitus ulcer? How does a ring pessary help in the management of decubitus ulcer in uterovaginal prolapse? *— Feb 2024 P-II*
9. **Reasoning [5 marks]** Describe the use of pessary in prolapse uterus *— Aug 2024 (S) P-II*
10. **Reasoning [5 marks]** A 68-year-old woman, P3L3, presented with mass per vaginum. Discuss the risk factors of prolapse uterus in this patient. What are the supports of the uterus? Discuss the conservative management of stage 2 prolapse. *— Feb 2025 P-II*
11. **Short note [5 marks]** A 75-year-old woman, P5L5, presented with mass per vaginum. Discuss the risk factors of prolapse uterus. What is DeLancey's classification of supports of the uterus? Discuss the management of stage III prolapse. *— Aug 2025 (S) P-II*
12. What is cystocele? ***— Jan 2012 P-II · Jan 2015 P-II · Jun 2015 P-II · Jan 2020 P-II*** **[4×]**
13. Decubitus ulcer ***— Jun 2011 P-II · Jan 2018 P-II · Mar 2023 P-II*** **[3×]**
14. Urinary symptoms in prolapse ***— Jan 2009 P-II · Jun 2011 P-II*** **[2×]**
15. Urinary symptoms of prolapse uterus ***— May 2017 P-II · Jul 2020 (S) P-II*** **[2×]**
16. Amputation of cervix *— Jan 2013 P-II*

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17. Colpocleisis — *Apr 2022 P-II*
18. Degrees of uterovaginal prolapse — *Jan 2015 P-II*
19. Differential diagnosis of prolapse uterus — *Jan 2016 P-II*
20. Fothergill's operation — *Jan 2012 P-II*
21. Nulliparous uterine prolapse — *Jan 2019 P-II*
22. Pessary — *Jun 2010 P-II*
23. Treatment of cystocele — *Jan 2016 P-II*
24. Vault prolapse — *Jul 2013 P-II*

17.2 Urinary incontinence, retention, fistulae and genital injuries *(6 papers)*

1. Acute retention of urine — *Jan 2010 P-II*
2. Complete perineal tear (old) — *Jul 2013 P-II*
3. Enumerate four causes of retention of urine — *Jan 2013 P-II*
4. Enumerate four gynaecological causes of retention of urine — *Jan 2012 P-II*
5. Stress incontinence — *Jan 2016 P-II*
6. Stress urinary incontinence — *Jan 2019 P-II*
7. Tension-free vaginal tape — *Jul 2013 P-II*

17.3 Fill in the blanks (2009–2018 papers) *(4 items)*

1. Bladder buttressing is done by approximation of _____ — *Jun 2010 P-II*
2. _____ is the method of repair for a patient with nulliparous prolapse. — *Jan 2016 P-II*
3. Latest classification of prolapse uterus is _____ — *May 2017 P-II*
4. Women are more prone to urinary tract infection due to their _____ urethra. — *Jan 2015 P-II*

17.4 MCQs from recent papers (2024–2025) *(6 MCQs)*

1. Which of the following factors predisposes to genital prolapse? ***— Feb 2024 P-II · Aug 2025 (S) P-II*** **[2×]**
   (a) LSCS (b) PID (c) Multiparity (d) Endometriosis
2. Following are risk factors for prolapse except: — *Aug 2024 (S) P-II*
   (a) Chronic cough (b) Constipation (c) Menopause (d) Nulliparity
3. Treatment of prolapse in a nulliparous woman includes all except: — *Aug 2024 (S) P-II*
   (a) Pessary (b) Sling surgery (c) Fothergill surgery (d) VH with PFR
4. Decubitus ulcers are seen as a result of: — *Feb 2025 P-II*
   (a) Venous congestion (b) Pressure sores (c) Arterial ischaemia (d) All of the above
5. Manifestation of ureterovaginal fistula is by: — *Feb 2025 P-II*
   (a) Overflow incontinence (b) Hydronephrosis (c) Continuous incontinence (d) Stress incontinence
6. Decubitus ulcer is seen as a result of: — *Aug 2025 (S) P-II*
   (a) Venous congestion (b) Arterial ischaemia (c) Pressure sores (d) All of the above

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18. Benign Tumours of the Uterus and Ovary (46 questions)

> **★ Most-asked topics in this chapter**
>
> - Benign ovarian tumours, functional cysts and torsion ***— asked in 21 papers***
> - Fibroid uterus ***— asked in 19 papers***

18.1 Fibroid uterus *(19 papers)*

1. **Case / Essay [10 marks]** A 32-year-old P1L1 lady with menorrhagia, congestive dysmenorrhoea and retention of urine. On examination, the uterus is irregularly enlarged to 12 weeks' size. **a)** What is the most probable diagnosis? **b)** Differential diagnosis **c)** Cause of retention of urine in this condition **d)** Investigations to be done **e)** Discuss the management of this case. *— Jun 2015 P-II*
2. **Case / Essay [10 marks]** A 45-year-old lady presents with heavy menstrual bleeding, mass abdomen and acute retention of urine. **a)** What is the probable diagnosis? **b)** What is the PALM-COEIN classification? **c)** Mention the relevant investigations. **d)** What precautions do you take during hysterectomy in such a case? **e)** Outline the steps of abdominal hysterectomy. *— Jan 2020 P-II*
3. **Case / Essay [10 marks]** A 35-year-old para 2 live 2 (P2L2) woman presented with congestive dysmenorrhoea and heavy menstrual bleeding. **a)** What are the causes of heavy menstrual bleeding? **b)** What are the investigations to detect the cause? **c)** Outline the management of fibroid uterus. *— Jul 2020 (S) P-II*
4. **Case / Essay [10 marks]** A 32-year-old lady, mother of one child, presents with heavy menstrual bleeding. She is anaemic with haemoglobin 6 g%. On evaluation the uterus is enlarged to 18 weeks' size. **a)** What are the differential diagnoses? **b)** What investigations will you order? **c)** Medical management of the condition **d)** Surgical management of the condition *— Apr 2022 P-II*
5. **Case / Essay [10 marks]** A 46-year-old lady presents with heavy menstrual bleeding. On examination a firm mass of 12 weeks' size is palpable in the suprapubic region. **a)** What is the probable diagnosis? **b)** What is the PALM-COEIN classification? **c)** How will you evaluate her? **d)** How will you manage this patient – medically and surgically? *— Oct 2022 (S) P-II*
6. **Case / Essay [10 marks]** A 30-year-old nulliparous lady came with heavy menstrual bleeding of 3 months' duration. Her menstrual cycles are regular. O/E pallor +, PR 82/min, BP 110/70 mmHg. Investigations: UPT negative, Hb 9 g%. O/E P/A midline mass palpable up to 18 weeks' size, regular borders, firm, lower border not palpable. **a)** What is your diagnosis? **b)** List four complications of this condition. **c)** What investigations are done? **d)** What is the medical management for this condition? **e)** What is the surgery done? What measures are taken during surgery to reduce blood loss? *— Feb 2024 (S) P-II*
7. **Reasoning [5 marks]** What is menorrhagia? What are the causes of bleeding PV in a case of fibroid uterus? *— Feb 2024 P-II*
8. **Applied [5 marks]** Discuss the steps to reduce blood loss at myomectomy and the complications of myomectomy *— Aug 2024 (S) P-II*
9. **Short note [5 marks]** A 38-year-old P3L3 with heavy menstrual bleeding was diagnosed to have fibroid uterus. Enumerate the causes of bleeding in fibroid uterus. Discuss the surgical procedure – myomectomy. ***— Feb 2025 P-II · Aug 2025 (S) P-II*** **[2×]**
10. Myomectomy ***— Jan 2012 P-II · Jan 2015 P-II · May 2017 P-II · Jul 2020 (S) P-II*** **[4×]**
11. Red degeneration ***— Jan 2010 P-II · Jan 2011 P-II*** **[2×]**
12. Causes of menorrhagia in fibroids *— Jan 2018 P-II*
13. Myomectomy – principles, procedure and complications *— Jan 2019 P-II*
14. Red degeneration of fibroid *— Jan 2014 P-II*
15. Submucous fibroid *— Jul 2013 P-II*

18.2 Benign ovarian tumours, functional cysts and torsion *(21 papers)*

1. Dermoid cyst ***— Jun 2011 P-II · Jun 2015 P-II · May 2017 P-II · Jan 2019 P-II · Jan 2020 P-II · Jul 2020 (S) P-II · Apr 2021 P-II · Mar 2023 P-II · Feb 2024 (S) P-II*** **[9×]**

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2. Follicular cyst — ***Jan 2011 P-II · Jan 2015 P-II*** **[2×]**
3. Functional ovarian cyst — ***Jan 2010 P-II · Jun 2010 P-II*** **[2×]**
4. Meigs' syndrome — ***Oct 2021 (S) P-II · Apr 2022 P-II*** **[2×]**
5. Torsion of ovarian cyst — ***Jan 2012 P-II · Jan 2018 P-II*** **[2×]**
6. Complications of ovarian cyst — *Jun 2011 P-II*
7. Dermoid cyst of ovary — *Oct 2022 (S) P-II*
8. Pedicle of ovarian cyst — *Jan 2009 P-II*
9. Pseudomyxoma peritonei — *Jan 2013 P-II*
10. Theca lutein cyst — *Jan 2016 P-II*
11. Twisted ovarian cyst — *Jan 2011 P-II*

18.3 Diagrams – draw and label *(2 papers)*

1. Draw and label: Types of fibromyoma — *Jan 2013 P-II*
2. Draw and label: Types of uterine fibroid — *May 2017 P-II*

18.4 Fill in the blanks (2009–2018 papers) *(13 items)*

1. Incidence of malignancy in fibroid uterus is _____ — *Jan 2009 P-II*
2. Submucous fibroid is better managed through _____ — *Jan 2009 P-II*
3. Majority of symptoms that occur in fibroid are due to the _____ fibroid. — *Jun 2010 P-II*
4. _____ symptom is the most common symptom in fibroid uterus. — *Jun 2011 P-II*
5. Symptomatic submucous fibroid in an infertile woman is best dealt with by _____ — *Jan 2012 P-II*
6. Common symptom of submucous fibroid is _____ — ***Jan 2013 P-II · Jan 2015 P-II*** **[2×]**
7. _____ fibroid causes meno-metrorrhagia. — *Jul 2013 P-II*
8. _____ type of fibroid is more associated with menorrhagia. — *May 2017 P-II*
9. _____ degeneration of fibroid occurs in pregnancy. — *Jan 2018 P-II*
10. Benign ovarian tumour that can assume mammoth size is _____ — *Jan 2012 P-II*
11. A functioning ovarian tumour is _____ — *Jan 2012 P-II*
12. _____ cyst of ovary is most likely to undergo torsion. — *Jan 2014 P-II*
13. Tumour that contains Walthard cell rests is _____ — *Jun 2015 P-II*

18.5 MCQs from recent papers (2024–2025) *(5 MCQs)*

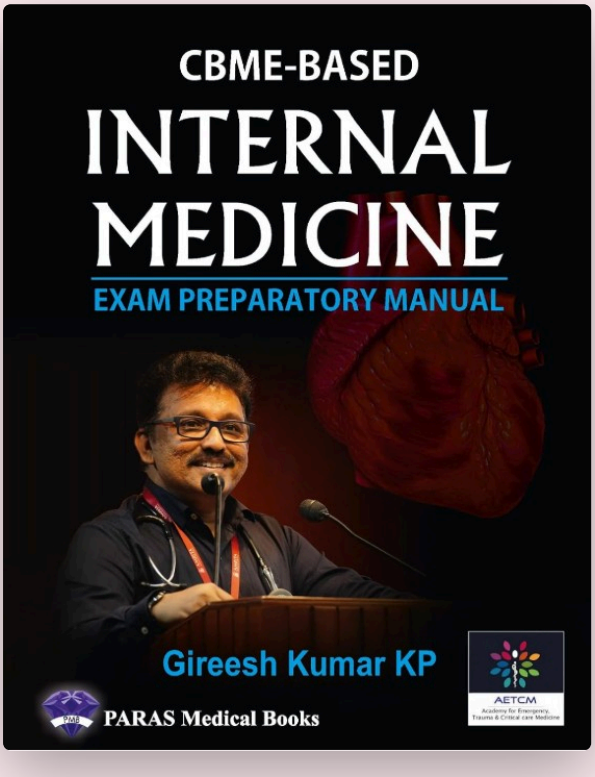
1. The commonest uterine fibroid to cause heavy menstrual bleeding: — ***Feb 2024 P-II · Aug 2025 (S) P-II*** **[2×]**
   (a) Submucous (b) Cervical (c) Subserous (d) Broad ligament
2. An 18-year-old girl with pain abdomen is diagnosed to have an ovarian neoplasm. Among the following features, which is suggestive of benign nature? — *Feb 2024 P-II*
   (a) LDH >400 IU/L (b) PI >1 (c) Ascites (d) Septation >8 mm
3. Commonest degeneration of fibroid is: — ***Aug 2024 (S) P-II · Aug 2025 (S) P-II*** **[2×]**
   (a) Red (b) Hyaline (c) Calcareous (d) Sarcomatous
4. Pseudomyxoma peritonei is seen in: — *Feb 2025 P-II*
   (a) Serous cystadenoma (b) Mucinous cystadenoma (c) Teratoma (d) Endometrioma
5. Pseudomyxoma peritonei is seen in: — *Aug 2025 (S) P-II*
   (a) Serous cystadenoma (b) Teratoma (c) Mucinous cystadenoma (d) Endometrioma

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19. Gynaecological Oncology (105 questions)

★ Most-asked topics in this chapter

- Premalignant lesions of the cervix and cancer screening — ***asked in 22 papers***
- Endometrial hyperplasia, carcinoma and postmenopausal bleeding — ***asked in 18 papers***
- Ovarian malignancy and tumour markers — ***asked in 16 papers***
- Carcinoma cervix — ***asked in 13 papers***
- Vaginal and vulval lesions; chemotherapy and radiotherapy — ***asked in 3 papers***

19.1 Premalignant lesions of the cervix and cancer screening *(22 papers)*

1. **Reasoning [5 marks]** What is the transformation zone of the cervix? Explain the importance of the Pap smear test. — *Feb 2024 P-II*
2. **Short note [5 marks]** Describe the aetiopathogenesis of CIN and the role of HPV vaccine — *Aug 2024 (S) P-II*
3. **Applied [5 marks]** Describe the aetiopathogenesis of premalignant lesions of the cervix. What are the measures for preventing malignancy of the cervix? — *Feb 2025 P-II*
4. **Short note [5 marks]** Pap smear — ***Feb 2025 P-II · Aug 2025 (S) P-II*** **[2×]**
5. Pap smear — ***Jan 2010 P-II · Jan 2011 P-II · Jul 2013 P-II · Jun 2015 P-II · Jan 2016 P-II · Jan 2018 P-II*** **[6×]**
6. CIN III — ***Jan 2014 P-II · Jan 2015 P-II*** **[2×]**
7. HPV vaccine — ***Jan 2020 P-II · Mar 2023 P-II*** **[2×]**
8. Ayre's spatula — *Jan 2020 P-II*
9. Bethesda classification of cervical intraepithelial neoplasia (CIN) — *Jul 2020 (S) P-II*
10. Bethesda classification of Pap smear — *Oct 2022 (S) P-II*
11. Carcinoma in situ — *Jan 2014 P-II*
12. CIN — *Jun 2019 P-II*
13. Cryocauterisation — *Jul 2013 P-II*
14. Erosion cervix — *Jan 2013 P-II*
15. HPV — *Oct 2021 (S) P-II*
16. Human papillomavirus — *Feb 2024 (S) P-II*
17. Screening for cervical cancer — *Apr 2021 P-II*
18. Transformation zone — *Apr 2022 P-II*

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19.2 Carcinoma cervix *(13 papers)*

1. **Case / Essay [10 marks]** A 55-year-old multiparous lady with complaints of post-coital bleeding of six months' duration. **a)** What are the probable causes? **b)** What are the clinical features of each? **c)** What are the relevant investigations? **d)** How will you stage carcinoma cervix? **e)** Discuss the management of stage IIB carcinoma cervix. — *Jan 2011 P-II*
2. **Case / Essay [10 marks]** A 45-year-old P8L8 comes to OPD with history of post-coital bleeding and foul-smelling discharge PV. **a)** What is your most probable diagnosis? **b)** What are the clinical examination findings? **c)** How will you confirm the diagnosis? **d)** What is the management of stage I disease? — *Jun 2011 P-II*
3. **Case / Essay [10 marks]** A 60-year-old postmenopausal lady presents with irregular bleeding PV and foul-smelling blood-stained vaginal discharge since 3 weeks. **a)** What are the differential diagnoses? **b)** How will you evaluate this patient? **c)** Describe management options of stage IB carcinoma cervix in this patient. **d)** Merits and demerits of radiotherapy. — *Jan 2019 P-II*
4. **Case / Essay [10 marks]** A 44-year-old lady presents with post-coital bleeding. Her body mass index is 26 and she has no other medical problems. **a)** What is the differential diagnosis? **b)** What are the risk factors? **c)** What are the investigations to be done? **d)** Describe different modalities of treatment. — *Oct 2021 (S) P-II*

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5. **Applied [5 marks]** Describe the aetiopathogenesis of carcinoma cervix. What are the measures for preventing malignancy of the cervix? — *Aug 2025 (S) P-II*
6. Carcinoma cervix stage III — *Jan 2012 P-II*
7. Define stage II carcinoma cervix — *Jan 2013 P-II*
8. Four symptoms and signs of carcinoma cervix — *Jul 2020 (S) P-II*
9. Predisposing factors of Ca cervix — *Jan 2014 P-II*
10. Risk factors for Ca cervix — *May 2017 P-II*
11. Signs and symptoms of carcinoma cervix — *Jan 2014 P-II*
12. Staging of carcinoma cervix — *Jan 2018 P-II*
13. What is microinvasive carcinoma cervix? — *Jan 2016 P-II*
14. Write four risk factors for carcinoma cervix — *Feb 2024 (S) P-II*

19.3 Endometrial hyperplasia, carcinoma and postmenopausal bleeding *(18 papers)*

1. **Case / Essay [10 marks]** A postmenopausal woman with diabetes mellitus and hypertension presents with bleeding per vaginum. **a)** What is the most probable diagnosis? **b)** What are the other symptoms of this condition? **c)** Discuss one reliable investigation for this condition. **d)** How will you stage the disease? **e)** Discuss the management briefly. — *Jan 2009 P-II*
2. **Case / Essay [10 marks]** A 55-year-old multiparous lady with complaints of irregular bleeding P/V and foul-smelling vaginal discharge. **a)** Most probable diagnosis **b)** Four differential diagnoses of postmenopausal bleeding **c)** Steps of evaluation to reach a diagnosis in a case of postmenopausal bleeding **d)** What are the methods of prevention and early detection of the condition? — *Jan 2012 P-II*
3. **Case / Essay [10 marks]** A 60-year-old postmenopausal lady reports with bleeding per vaginum. **a)** What are the differential diagnoses? **b)** Investigations in this patient **c)** Outline the management of carcinoma endometrium. — *Jan 2020 P-II*
4. **Applied [5 marks]** Define postmenopausal bleeding. List the causes and investigations. — *Aug 2024 (S) P-II*
5. **Applied [5 marks]** List the management options for endometrial hyperplasia in a 30-year-old nulliparous woman — *Aug 2024 (S) P-II*
6. **Applied [5 marks]** A 49-year-old P3L3 had heavy menstrual bleeding. Her biopsy report is endometrial hyperplasia without atypia and she opts for medical treatment. What is the complication if untreated? Discuss the medical methods of treatment and follow-up. — *Feb 2025 P-II*
7. **Applied [5 marks]** A 69-year-old P3L3 had heavy bleeding; endometrial biopsy was done. What are the possible histopathological diagnoses? Discuss the management of endometrial hyperplasia. — *Aug 2025 (S) P-II*
8. Postmenopausal bleeding ***— Jun 2010 P-II · Jun 2011 P-II · Apr 2022 P-II*** **[3×]**
9. Endometrial hyperplasia ***— Jun 2015 P-II · Jan 2019 P-II*** **[2×]**
10. Corpus cancer syndrome — *Jan 2014 P-II*
11. Enumerate the risk factors for carcinoma endometrium — *Jan 2015 P-II*
12. Four causes of postmenopausal bleeding — *Jul 2020 (S) P-II*
13. Four causes of postmenopausal bleeding per vaginum — *Jan 2016 P-II*
14. Investigations of postmenopausal bleeding — *Jan 2010 P-II*
15. Pyometra — *Jun 2011 P-II*
16. Simple hyperplasia of endometrium — *Jan 2014 P-II*
17. Staging of endometrial cancer — *Oct 2022 (S) P-II*
18. Write four risk factors for uterine cancer — *Feb 2024 (S) P-II*

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19.4 Ovarian malignancy and tumour markers *(16 papers)*

1. **Case / Essay [10 marks]** A 60-year-old nulliparous lady is brought to gynaecology OP with cachexia and abdominal distension of one-month duration. **a)** What is your most probable diagnosis? **b)** Write down the examination findings you expect that would suit your diagnosis. **c)** Mention two important investigations that would confirm the diagnosis. **d)** Write briefly on the treatment. — *Jun 2010 P-II*
2. **Case / Essay [10 marks]** A 55-year-old menopausal lady presents with abdominal distension and post-prandial fullness, with scan showing a complex cystic mass in the right adnexa and gross ascites. **a)** What is the most probable diagnosis? **b)** Ultrasound scan findings in a patient with the above condition **c)** Investigation and management of the above condition **d)** Mention the most common route of spread of the above condition **e)** Mention the postoperative management of the above condition in advanced stages — *Jan 2015 P-II*
3. **Case / Essay [10 marks]** A 55-year-old postmenopausal lady presents with abdominal distension and weight loss. On examination a hard mass arising from the pelvis is palpable up to the umbilicus, with ascites. **a)** What is the diagnosis? **b)** What are the differential diagnoses? **c)** How will you evaluate this patient? **d)** Describe the management of this patient. — *Jan 2019 P-II*
4. **Case / Essay [10 marks]** A 50-year-old parous lady with progressive abdominal distension of 6 months' duration. She also complains of loss of weight, loss of appetite and vague abdominal discomfort. Her cycles are infrequent and scanty. On examination BMI was 25 and ascites was present. **a)** Differential diagnosis **b)** What are the investigations? **c)** How will you confirm the diagnosis? **d)** If the diagnosis is abdominal tuberculosis, what is the treatment? — *Apr 2022 P-II*
5. **Case / Essay [10 marks]** A 60-year-old postmenopausal lady, P1L1, presents with mass abdomen and history of loss of weight and appetite for the last few months. O/E a 20 cm mass of varying consistency is palpable. **a)** What is your diagnosis? **b)** Differential diagnosis **c)** Investigations to be done and how will you confirm your diagnosis? **d)** How will you manage this case? — *Mar 2023 P-II*
6. **Case / Essay [10 marks]** A 65-year-old lady with loss of appetite and weight loss of 3 months' duration. O/E a mass of 10 × 8 cm is palpable per abdomen, more towards the right side, hard with irregular borders. **a)** What is the most probable diagnosis? **b)** List the features of malignancy on ultrasound. **c)** Discuss the risk factors. **d)** Discuss the management of the above case. — *Feb 2025 P-II*
7. **Case / Essay [10 marks]** A 55-year-old lady with loss of appetite and weight loss of 3 months' duration. O/E a mass of 6 × 8 cm is palpable per abdomen, more towards the left side, hard with irregular borders. **a)** List the differential diagnoses. **b)** List the features of malignancy on ultrasound. **c)** Discuss the risk factors. **d)** Discuss the management of carcinoma ovary stage IC. — *Aug 2025 (S) P-II*
8. **Reasoning [5 marks]** How will you differentiate between a benign and a malignant ovarian cyst? — *Aug 2024 (S) P-II*
9. **Short note [5 marks]** Tumour markers in pelvic mass — *Feb 2025 P-II*
10. **Short note [5 marks]** CA-125 — *Aug 2025 (S) P-II*
11. Staging laparotomy — ***May 2017 P-II · Jul 2020 (S) P-II*** **[2×]**
12. Aetiological factors in ovarian cancer — *Jan 2020 P-II*
13. Dysgerminoma — *Mar 2023 P-II*
14. Germ cell tumours of ovary — *Jan 2018 P-II*
15. Granulosa cell tumour — *Oct 2021 (S) P-II*
16. Krukenberg tumour — *Apr 2022 P-II*
17. Krukenberg tumour of ovary — *Jan 2010 P-II*
18. Staging of ovarian cancer — *Jan 2011 P-II*
19. Tumour markers in gynaecology — *Jan 2020 P-II*
20. Tumour markers in ovarian mass — *Feb 2024 (S) P-II*

19.5 Vaginal and vulval lesions; chemotherapy and radiotherapy *(3 papers)*

1. Brachytherapy — ***Jun 2010 P-II · May 2017 P-II*** **[2×]**
2. Complications of radiotherapy following treatment for carcinoma cervix — *Jan 2011 P-II*

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3. Paclitaxel — *Jun 2010 P-II*

19.6 Diagrams – draw and label *(1 papers)*

1. Draw and label: CIN III — *Jun 2010 P-II*

19.7 Fill in the blanks (2009–2018 papers) *(18 items)*

1. Peg cells are seen in _____ — *Jan 2014 P-II*
2. Erosion of cervix heals by _____ — *Jan 2014 P-II*
3. Cervical intraepithelial neoplasia is associated with _____ infection. — *Jan 2014 P-II*
4. _____ is the most common genital tract cancer in women. — *Jan 2012 P-II*
5. Commonest histopathological type of carcinoma cervix is _____ — *Jan 2012 P-II*
6. Wertheim's hysterectomy for Ca cervix can be performed till stage _____ — *Jan 2014 P-II*
7. Stage III and stage IV Ca cervix is usually treated by _____ — *Jan 2015 P-II*
8. A postmenopausal patient presenting with blood-stained foul-smelling discharge P/V – the most probable diagnosis is _____ — *Jan 2015 P-II*
9. Cut-off endometrial thickness for endometrial sampling in postmenopausal bleeding is _____ — *May 2017 P-II*
10. Call-Exner bodies are seen in _____ — *Jan 2010 P-II*
11. _____ is the tumour marker in endodermal sinus tumour. — *Jan 2012 P-II*
12. Commonest malignant ovarian tumour is _____ — *Jan 2013 P-II*
13. Commonest malignant ovarian tumour found in the second decade of life is _____ — *Jan 2013 P-II*
14. The feminising tumour of ovary is _____ — *Jul 2013 P-II*
15. Call-Exner bodies are found in _____ — *Jan 2016 P-II*
16. Most common histopathological variant of ovarian cancer in old age is _____ — *May 2017 P-II*
17. The tumour marker for epithelial ovarian cancer is _____ — *Jan 2018 P-II*
18. Vaginal adenosis is a complication of _____ — *Jan 2009 P-II*

19.8 MCQs from recent papers (2024–2025) *(13 MCQs)*

1. Which two strains of HPV have been identified as high risk for cervical cancer? — *Feb 2024 P-II*
   (a) HPV 6, 8 (b) HPV 16, 18 (c) HPV 31, 33 (d) HPV 6, 22
2. A 55-year-old woman complains of irregular bleeding, foul-smelling discharge and dyspareunia of 3 months' duration. She also has haematuria and pedal oedema. On examination a cauliflower growth is seen on the anterior lip of the cervix. What is the stage of cancer cervix? — *Feb 2024 P-II*
   (a) Stage 2B (b) Stage 3A (c) Stage 3B (d) Stage 4A
3. A 45-year-old woman with heavy menstrual bleeding of 3 months' duration. Her USG is suggestive of ET 19 mm with cystic spaces. Which test would you advise to diagnose the uterine pathology? — *Feb 2024 P-II*
   (a) HSG (b) Laparoscopy (c) Hysteroscopy, D&C (d) MRI
4. A 55-year-old woman presented with postmenopausal bleeding of 1 week's duration. USG showed ET 18 mm; endometrial biopsy showed carcinoma endometrium. What further imaging is recommended for assessing the extent of the disease? — *Feb 2024 P-II*
   (a) CT scan (b) PET-CT (c) MRI (d) Hysteroscopy
5. Which is most commonly associated with cancer cervix? ***— Aug 2024 (S) P-II · Aug 2025 (S) P-II* [2×]**
   (a) HPV 6 (b) HPV 11 (c) HPV 18 (d) HPV 21
6. Signet-ring cells are seen in: — *Aug 2024 (S) P-II*
   (a) Krukenberg tumour (b) Ca cervix (c) Ca endometrium (d) Ca vulva
7. CA-125 is elevated in all except: — *Aug 2024 (S) P-II*
   (a) Serous tumour (b) PID (c) Tuberculosis (d) Granulosa cell tumour

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8. USG feature of ovarian malignancy is: *— Aug 2024 (S) P-II*
   (a) Papillary projections and solid areas (b) Thin septa (c) Size <10 cm (d) Doppler PI >1
9. Carcinoma cervix with left hydronephrosis – the stage is: *— Feb 2025 P-II*
   (a) Ib (b) IIb (c) IIIb (d) IVb
10. Stage IB of carcinoma endometrium: *— Feb 2025 P-II*
    (a) Involvement of less than half the myometrium (b) Involvement of more than half the myometrium
    (c) Spread to cervical stroma (d) Spread to serosa
11. Which of the following is a virilising tumour of the ovary? *— Feb 2025 P-II*
    (a) Dysgerminoma (b) Arrhenoblastoma (c) Mucinous (d) Teratoma
12. A 55-year-old woman presented with postmenopausal bleeding of 1 week's duration. What is the next investigation you would do? *— Aug 2025 (S) P-II*
    (a) CT scan (b) MRI (c) PET-CT (d) USG
13. CA-125 is elevated in all except: *— Aug 2025 (S) P-II*
    (a) Serous tumour (b) PID (c) Tuberculosis (d) All of the above

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20. Gynaecological Procedures and Drugs (23 questions)

> **★ Most-asked topics in this chapter**
>
> - Gynaecological investigations, instruments and endoscopy — ***asked in 9 papers***
> - Hormones and drugs in gynaecology — ***asked in 9 papers***
> - Hysterectomy and other gynaecological operations — ***asked in 4 papers***

20.1 Gynaecological investigations, instruments and endoscopy *(9 papers)*

1. Fractional curettage — ***Jun 2011 P-II · Jan 2016 P-II*** **[2×]**
2. Hysteroscopy — ***Jun 2015 P-II · Jun 2019 P-II*** **[2×]**
3. Complications and contraindications of laparoscopy — *Jan 2019 P-II*
4. Cusco's speculum — *Jan 2009 P-II*
5. Endometrial sampling — *Jun 2019 P-II*
6. Indications of hysteroscopy — *Jan 2010 P-II*
7. Pipelle sampling — *Feb 2024 (S) P-II*
8. Veress needle — *Jan 2015 P-II*

20.2 Hysterectomy and other gynaecological operations *(4 papers)*

1. Differences between abdominal and vaginal hysterectomy — *Jan 2009 P-II*
2. Non-descent vaginal hysterectomy — *Jun 2011 P-II*
3. Steps of total abdominal hysterectomy — *Oct 2022 (S) P-II*
4. Write four complications of hysterectomy — *Feb 2024 (S) P-II*
5. Write two postoperative complications of hysterectomy — *Feb 2024 (S) P-II*

20.3 Hormones and drugs in gynaecology *(9 papers)*

1. Methotrexate — ***Jan 2014 P-II · Jan 2020 P-II · Jul 2020 (S) P-II*** **[3×]**
2. Mifepristone — ***May 2017 P-II · Jan 2020 P-II*** **[2×]**
3. Aromatase inhibitors — *Oct 2021 (S) P-II*
4. Danazol — *Jan 2010 P-II*
5. GnRH analogues used in gynaecological conditions — *Jan 2011 P-II*
6. Mifegest (mifepristone) — *Jun 2015 P-II*
7. Misoprostol — *Jun 2019 P-II*

20.4 Fill in the blanks (2009–2018 papers) *(1 items)*

1. Veress needle is used to create _____ — *Jun 2010 P-II*

20.5 MCQs from recent papers (2024–2025) *(2 MCQs)*

1. Pneumoperitoneum for laparoscopic surgery is created with which gas? — *Feb 2025 P-II*
   (a) Oxygen (b) Nitrous oxide (c) Carbon dioxide (d) Sulphur dioxide
2. Pneumoperitoneum for laparoscopic surgery is created with which gas? — *Aug 2025 (S) P-II*
   (a) Oxygen (b) Carbon dioxide (c) Nitrous oxide (d) Sulphur dioxide

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Appendix — Match the following (paper-wise)

Match each item in column A with the most appropriate item in column B. Sets are listed in chronological order.

Jan 2009 · Paper I

Column A	Column B
A. Recurrent pregnancy loss	A. Occipito-posterior position
B. PPH	B. HELLP
C. HAART regime	C. MgSO4
D. Verticomental diameter	D. Down's syndrome
E. Complete perineal tear	E. Antiphospholipid syndrome
F. Dexamethasone	F. HIV
G. Deep tendon reflex	G. Catheterise
H. Nuchal translucency	H. Brow

Jan 2009 · Paper II

Column A	Column B
A. Clue cells	A. Menopause
B. Estrogen	B. Rejuvenation
C. Psammoma bodies	C. Bicornuate uterus
D. Doxorubicin	D. Bacterial vaginosis
E. Cervical incompetence	E. Serous cystadenocarcinoma
F. Pelvic haematocele	F. Thromboembolism
G. Raloxifene	G. Cardiac toxicity
H. Granulosa cell tumour	H. Ectopic

Jan 2010 · Paper I

Column A	Column B
A. Fetal fibronectin	A. Neural tube defects
B. Maternal serum alpha-fetoprotein	B. Lung maturity
C. Phosphatidyl glycerol	C. Preterm labour
D. HbA1c	D. Diabetic control
E. Lovset manoeuvre	E. CPD
F. Munro-Kerr-Muller method	F. Shoulder dystocia
G. McRoberts manoeuvre	G. Inversion uterus
H. O'Sullivan's hydrostatic method	H. Breech delivery

Jan 2010 · Paper II

Column A	Column B
A. hCG	A. Candidiasis
B. Methotrexate	B. Medical termination of pregnancy
C. Fluconazole	C. Endometriosis
D. Mifepristone	D. Ovulation induction
E. Mefenamic acid	E. DUB
F. GnRH	F. Turner's syndrome
G. Gossypol	G. Choriocarcinoma
H. Oestrogen	H. Male contraception

Jun 2010 · Paper I

Column A	Column B
A. Breech presentation	A. Hyperbilirubinaemia
B. Maternal rubella	B. Molar gestation
C. Cephalhaematoma	C. Pre-eclampsia
D. Uterine atony	D. Fetal growth restriction
E. Low platelets	E. Fetal echo
F. Overt diabetes	F. Turner's syndrome
G. Hyperemesis	G. Bimanual compression
H. Cystic hygroma	H. Bicornuate uterus

Jun 2010 · Paper II

Column A	Column B
A. Chronic pelvic pain	A. Hysteroscopy
B. Stress urinary incontinence	B. Hysterectomy
C. Endometrial polyp	C. Papilloma virus
D. Vault prolapse	D. Fallopian tube
E. Oncoprotein	E. Contraception
F. Genital tuberculosis	F. Insulin
G. Norplant	G. Endometriosis
H. Acanthosis nigricans	H. Tension-free vaginal tape

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Jan 2011 · Paper I

Column A	Column B
A. MgSO4	A. Mullerian anomalies
B. HELLP	B. Progesterone
C. Red degeneration	C. Polypeptide
D. Recurrent pregnancy loss	D. McRoberts manoeuvre
E. Human placental lactogen	E. Delivery of head
F. Corpus luteum	F. Fibroid
G. Shoulder dystocia	G. Epigastric pain
H. Ritgen manoeuvre	H. Patellar reflex

Jan 2011 · Paper II

Column A	Column B
A. IUCD	A. Methotrexate
B. PCOD	B. Recurrent abortion
C. DUB	C. Asherman's syndrome
D. Clue cells	D. Induction of ovulation
E. Adenomyosis	E. Bacterial vaginosis
F. Menopause	F. Dysmenorrhoea
G. Bicornuate uterus	G. Mirena
H. Ectopic	H. Osteoporosis

Jun 2011 · Paper I

Column A	Column B
A. Beta-hCG	A. Neural tube
B. AFP	B. Vesicular mole
C. PAPP-A	C. Luteal phase defect
D. HPL	D. PPH
E. Misoprostol	E. Tocolytic
F. Ritodrine	F. PIH
G. Nifedipine	G. Placenta
H. Natural progesterone	H. Down syndrome

Jun 2011 · Paper II

Column A	Column B
A. Clue cells	A. Fibroid
B. Chocolate cyst	B. Secretory phase
C. Red degeneration	C. Beta-hCG
D. Corpus luteum	D. Ovulatory cycle
E. Choriocarcinoma	E. Endometriosis
F. Premenstrual symptoms	F. IUCD
G. Progestasert	G. Ca cervix
H. Radiotherapy	H. Bacterial vaginosis

Jan 2012 · Paper I

Column A	Column B
A. Preterm labour	A. Central placenta praevia
B. Cervical incompetence	B. Extended breech
C. Gestational diabetes	C. Prolonged latent phase
D. Assisted breech delivery	D. Mullerian malformation
E. Transverse lie	E. Neonatal sepsis
F. Cord prolapse	F. Macrosomia
G. Unfavourable cervix	G. Second-trimester abortion
H. Chorioamnionitis	H. Flexed breech

Jan 2012 · Paper II

Column A	Column B
A. Secondary amenorrhoea	A. Hot flushes
B. Primary amenorrhoea	B. Menorrhagia
C. Premature ovarian failure	C. Adenomyosis
D. Precocious puberty	D. PCOS
E. Menopause	E. Dyspareunia
F. Submucous fibroid	F. Turner's syndrome
G. Endometriosis	G. Pituitary tumour
H. Congestive dysmenorrhoea	H. Mosaic Turner syndrome

Jan 2013 · Paper I

Column A	Column B
A. Absent nasal bone at 11–14 wks	A. Recurrent pregnancy loss
B. Double bubble appearance	B. CRL
C. Post-maturity	C. Turner syndrome
D. APLA syndrome	D. Vesicular mole
E. Gestational age	E. Down syndrome
F. Lambda sign	F. Duodenal atresia
G. Snowstorm appearance	G. Anencephaly
H. Cystic hygroma	H. Twin gestation

Jan 2013 · Paper II

Column A	Column B
A. Pelvic haematocele	A. Colpotomy
B. Retention of urine	B. Ca endometrium
C. Carboplatin	C. Endodermal sinus tumour
D. Methotrexate	D. Ca cervix
E. Pelvic abscess	E. Ovarian cancer
F. Progestogen	F. Culdocentesis
G. Brachytherapy	G. Haematocolpos
H. BEP regimen	H. Folinic acid

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Jul 2013 · Paper II

Column A	Column B
A. Genital tubercle	A. Infertility
B. Genital ridge	B. Colposcopy
C. Call-Exner bodies	C. Bacterial vaginosis
D. Psammoma bodies	D. Endometrial carcinoma
E. Sims–Huhner test	E. Clitoris
F. Whiff test	F. Ovary
G. Cervical intraepithelial neoplasia	G. Serous cystadenocarcinoma
H. Pipelle sampling	H. Granulosa cell tumour

Jan 2014 · Paper I

Column A	Column B
A. Eclampsia	A. Breech
B. ECV	B. DIC
C. Incompetent cervix	C. Pelvis
D. Hyperemesis gravidarum	D. Second-trimester abortion
E. Abruptio placentae	E. Obstructed labour
F. Caldwell–Moloy	F. Progesterone
G. Corpus luteum	G. Convulsion
H. Bandl's ring	H. Vesicular mole

Jan 2014 · Paper II

Column A	Column B
A. Hormone replacement therapy	A. Cervical fibroid
B. Retort-shaped tube	B. Obturator tape
C. Urinary retention	C. Brenner's tumour
D. Stress incontinence	D. Testicular feminisation syndrome
E. Hysteroscopy	E. Tibolone
F. Walthard inclusion	F. Endometrial ablation
G. Hydrorrhoea	G. PID
H. Primary amenorrhoea	H. Ca fallopian tube

Jan 2015 · Paper I

Column A	Column B
A. Piper's forceps	A. B-Lynch sutures
B. Placenta praevia	B. Vaginal breech delivery
C. Postpartum haemorrhage	C. Elective LSCS
D. HELLP syndrome	D. Folic acid
E. Contracted pelvis	E. Painless vaginal bleeding
F. LH surge	F. Reticulocyte count
G. Neural tube defects	G. Haemolysis
H. Anaemia	H. Ovulation

Jan 2015 · Paper II

Column A	Column B
A. Primary amenorrhoea	A. Hot flushes
B. Menopause	B. Mullerian agenesis
C. Secondary amenorrhoea	C. Chronic anovulation
D. PCOS	D. Tubal block
E. Secondary infertility	E. LDH
F. Dysgerminoma	F. Ayre's spatula
G. Pap smear	G. Vaginal nodule
H. Choriocarcinoma	H. Asherman's syndrome

Jun 2015 · Paper I

Column A	Column B
A. Lambda sign	A. Head compression
B. Polyhydramnios	B. Uteroplacental insufficiency
C. Red degeneration	C. Induction of labour
D. Coarctation of aorta	D. DCDA
E. Macrosomia	E. Fetal CNS malformation
F. Bishop score	F. Gestational diabetes
G. Late deceleration	G. Caesarean section
H. Early deceleration	H. Fibroid

Jun 2015 · Paper II

Column A	Column B
A. Decubitus ulcer	A. Tuberculosis
B. 47 XXY	B. Sterilisation
C. Methotrexate	C. Contraception
D. Levonorgestrel	D. Ectopic
E. Gonococcus	E. Klinefelter
F. BACTEC 460	F. PID
G. Irving technique	G. Prolapse
H. Misoprostol	H. MTP

Jan 2016 · Paper I

Column A	Column B
A. Eclampsia	A. Ovulation induction
B. Face-to-pubis delivery	B. Methergin
C. PPH	C. Macrosomia
D. GDM	D. Anthropoid pelvis
E. Induction of labour	E. Heparin
F. Thromboembolism	F. PGE1
G. Multiple pregnancy	G. Abruptio placentae
H. Coagulation failure	H. Magsulf regimen

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Jan 2016 · Paper II

Column A	Column B
A. Hirsutism	A. Prolapse uterus
B. Pyometra	B. Laparoscopic sterilisation
C. Falope ring	C. Dilatation
D. Decubitus ulcer	D. Cyproterone acetate
E. Laparoscopic ovarian drilling	E. Endometriosis
F. Struma ovarii	F. Choriocarcinoma
G. Methotrexate	G. Thyroid tissue
H. Infertility	H. PCOD

May 2017 · Paper I

Column A	Column B
A. Bishop's score	A. Iron depletion
B. Couvelaire uterus	B. Rh isoimmunisation
C. Recurrent pregnancy loss	C. Induction of labour
D. Serum ferritin	D. APLA
E. Immune hydrops	E. PPH
F. Sheehan's syndrome	F. Previous CS
G. Placenta accreta	G. Complete perineal tear
H. Occipito-posterior	H. Abruptio placentae

May 2017 · Paper II

Column A	Column B
A. Clue cells	A. Syphilis
B. Condyloma	B. Male condom
C. Femshield	C. Visualisation of uterine cavity
D. Yuzpe regimen	D. Visualisation of abnormal cervix
E. Hysteroscopy	E. Germ cell tumour of ovary
F. Barrier contraception	F. Bacterial vaginosis
G. Colposcopy	G. Female condom
H. Dermoid cyst	H. Emergency contraception

Jan 2018 · Paper I

Column A	Column B
A. Nuchal translucency	A. Flat pelvis
B. APLA syndrome	B. First-trimester screening
C. Trial of labour	C. Dichorionic twins
D. Lambda sign	D. Placenta accreta
E. IUGR	E. Shoulder dystocia
F. GDM	F. Recurrent abortion
G. Preterm labour	G. Oligoamnios
H. Classical CS	H. Antepartum steroids

Jan 2018 · Paper II

Column A	Column B
A. Germ cell tumour	A. Clue cells
B. Bacterial vaginosis	B. Cone biopsy
C. CIN III	C. Dysgerminoma
D. Endometriosis	D. Thromboembolism
E. OC pill	E. Danazol
F. Tranexamic acid	F. PCOS
G. Metformin	G. Ovulation induction
H. OHSS	H. AUB

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Bold entries are topic sections; other entries are key conditions and terms with every page on which they are asked.

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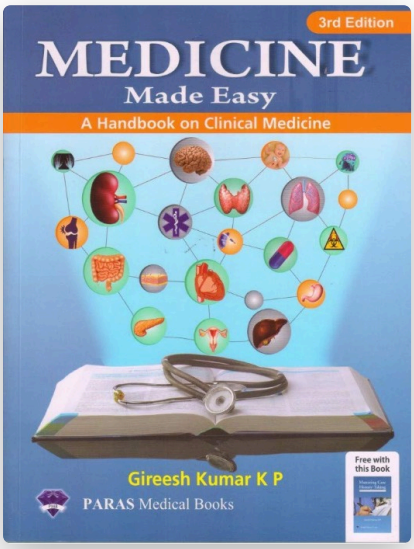
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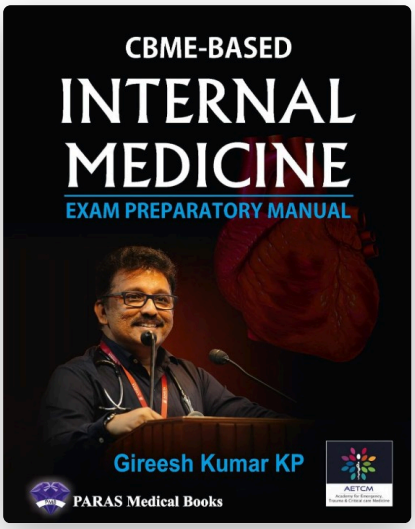
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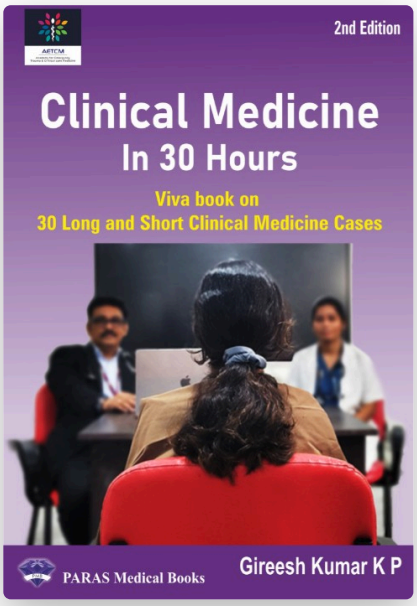
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