

Gynecology MCQ's

Question 1: Which of the following are true?

- a. There is no systemic absorption with vaginal oestrogen therapy (False)
- b. Transdermal oestrogens have no measurable effect on clotting factors (True)

Explanation: Transdermal absorption of oestrogen occurs directly into the systemic circulation, and avoids first-pass metabolism in the liver. Oestradiol levels are therefore higher, but there are no effects on clotting factors. This route of administration is therefore preferred in women with a history of thromboembolic disease.

- c. Compliance with HRT is known to be poor (True)

Explanation: Studies suggest that long-term compliance with HRT is only of the order of 20%.

- d. Anovulatory cycles are common in the climacteric (True)

Explanation: The high incidence of anovulatory cycles during the climacteric accounts for the high incidence of menstrual irregularity.

- e. HRT can alleviate symptoms of oestrogen deficiency prior to the cessation of menstruation (True)

Explanation: Symptoms of oestrogen deficiency frequently occur prior to the cessation of menstruation, and these often respond to treatment with HRT.

Question 2. Regarding the menopause

- a. The vaginal pH is reduced (False)
- b. There are reduced numbers of lactobacilli (True)

Explanation: There is a reduction in the glycogen content of the vaginal epithelial cells, which reduces the numbers of lactobacilli. These bacteria normally metabolise glycogen to lactic acid, thus maintaining vaginal acidity.

- c. Over 50% of women will experience hot flushes (True)

Explanation: 80% of women experience hot flushes at the time of the menopause, but the incidence reduces after a few years.

- d. The endometrium becomes unresponsive to oestrogen and progesterone (False)
- e. Repeated urinary infections may occur secondary to urethral atrophy (True)

Explanation: Oestrogen deficiency results in atrophy of both the vaginal epithelium and the distal urethra, which increases the susceptibility to infection. Both the vaginal

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epithelium and the distal urethra contain oestrogen receptors, so local oestrogen therapy can be beneficial in treating urogenital atrophy. This increases the resistance to both vaginal and urinary infections.

Question 3. Which of the following are correctly matched?

- a. Cystocele Bulge in anterior vaginal wall (True)

Explanation: Intermittent self-catheterisation is used for chronic voiding difficulties.

- b. Enterocoele Prolapse of bladder (False)
- c. Anterior colporrhaphy Treatment for cystocele (True)

Explanation: An enterocele is a prolapse of the pouch of Douglas.

- d. Manchester repair Treatment for procidentia (False)
- e. Rectocele Prolapse of rectum through anal canal (False)

Question 4. Which of the following are true regarding cervical screening?

- a. The majority of women who die from cervical cancer have never had a smear (True)

Explanation: The major problem with screening is that women most at risk use the service least.

- b. 95% of smears are reported as normal (True)

Explanation: However, about one in ten cases of CIN are missed, but by repeating the first ever smear in 1 year this figure is greatly reduced.

- c. The smear is always abnormal in carcinoma of the cervix (False)
- d. The presence of an intra-uterine device can change the appearance of the cells on a smear (True)

Explanation: The cervix should always be visually inspected and digitally examined when a smear is taken because a necrotic tumour can give a negative result. If the clinical appearance of the cervix is suspicious, colposcopy should be performed regardless of the smear result.

- e. A systematic computerised call and recall system is fundamental to a screening programme (True)

Explanation: It is recommended that all screening programmes operate a computerised call and recall system to invite women to attend for smears.

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Question 5. Which of the following are associated with early pregnancy loss?

- a. Sexual intercourse (False)
- b. Wart virus infection (False)
- c. Malaria (True)

Explanation: Malaria, along with any other febrile illness, may cause miscarriage.

- d. Intra-uterine pregnancy with an intra-uterine device in situ (True)

Explanation: If pregnancy occurs with an intra-uterine device there is an increased incidence of both miscarriage and infection.

- e. Drinking unpasteurised goat's milk (True)

Explanation: Drinking unpasteurised goat's milk carries a risk of brucellosis which is associated with miscarriage.

Question 6. Which of the following investigations are correctly matched with the condition?

- a. Hysterosalpingogram Detection of blocked tubes (True)

Explanation: Hysterosalpingography is used to assess tubal patency.

- b. Serum prolactin Investigation of anovulation (True)

Explanation: Hyperprolactinaemia from any cause may result in anovulation.

- c. Karyotype Azoospermia (True)

Explanation: An abnormal karyotype, such as Klinefelter's syndrome, is a rare cause of azoospermia.

- d. Endometrial culture Pelvic tuberculosis (True)

Explanation: Pelvic tuberculosis is a rare cause of infertility in the UK, but if suspected, endometrial curettings should be sent for TB culture.

- e. Laparoscopy Endometriosis (True)

Explanation: Diagnostic laparoscopy is used in suspected cases of endometriosis. It also allows assessment of the site and size of any deposits.

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Question 7. Regarding contraception and the menopause

- a. Measurement of FSH is an accurate indicator of fertility (False)
- b. There is no upper age limit for the low dose COC pill in healthy non-smoking women (True)

Explanation: It is safe to continue low-dose COC pills up to the age of 50 years in fit, normotensive, non-smoking women with no family history of cardiovascular disease.

- c. Contraception should be continued for 6 months after the last period (False)
- d. Women taking HRT do not need additional contraception (False)
- e. Sterilisation has no effect on the timing of the menopause (True)

Explanation: A disadvantage of the COC is that the occurrence of the menopause may be masked because withdrawal bleeds may continue for as long as the pills are taken. Sterilisation avoids this confusion as it has no effect on menstruation.

Question 8. Which of the following are true?

- a. The levonorgestrel-releasing IUD increases menstrual blood loss (False)
- b. Injectable progestogens do not inhibit lactation (True)

Explanation: In contrast to copper-containing IUDs, the levonorgestrel-releasing IUD reduces menstrual blood loss.

- c. The injectable progestogen depo-provera inhibits ovulation (True)

Explanation: The injectable progestogen depo-provera is almost 100% effective because it inhibits ovulation. This contrasts with the progestogen-only pill, which does not rely on inhibition of ovulation for its contraceptive effect.

- d. Post-coital IUD insertion is effective if fitted within 7 days of unprotected intercourse (False)
- e. Return of fertility may be delayed following removal of Norplant (False)

Question 9. Which of the following are true?

- a. Urinary stone disease is one of the most common non-obstetric causes of abdominal pain in pregnancy (True)

Explanation: Urinary calculi typically cause pain in the flank. Early diagnosis is important in pregnancy because of the risk of septic obstruction of the kidney, and premature labour.

- b. Abdominal X-irradiation in pregnancy is most harmful between 4 and 8 weeks' gestation (True)

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Explanation: Abdominal X-irradiation during pregnancy is most harmful to the fetus when organogenesis is most rapid, and this is between the 4th and 8th week of gestation.

c. Ultrasound is useful in the investigation of a painful adnexal mass (True)

Explanation: Ultrasound is a useful non-invasive tool in the investigation of a pelvic mass, when a differentiation can be made between cystic and solid lesions. However, laparoscopy or laparotomy is usually needed for precise diagnosis.

d. Laparoscopy is useful in the investigation of pelvic pain accompanied by hypovolaemic shock (False)

e. Laparoscopy is normal in up to 30% of women with pelvic pain (True)

Explanation: In women with pelvic pain, laparoscopy will be normal in up to 30%, and no organic disease will be found.

Question 10. Genital warts

a. Are caused by a virus which is usually sexually transmitted (True)

Explanation: Diabetes mellitus should be excluded by checking a random blood sugar in women with recurrent vaginal candidiasis.

b. May grow in pregnancy (True)

Explanation: Warts tend to grow rapidly in the third trimester of pregnancy.

c. Usually need to be treated under general anaesthetic (False)

d. Have a characteristic clinical appearance (True)

Explanation: The diagnosis is usually made on clinical appearance, but large or persistent warty lesions should always be biopsied to exclude a carcinoma.

e. In pregnancy can be treated with podophyllin (False)

Question 11. Regarding hirsutism

a. It is more common in Chinese than in Greek women (False)

b. SHBG is usually decreased (True)

Explanation: Hirsutism shows great variation between different races, and is more common in Mediterranean women.

c. It may be successfully treated with the combined oral contraceptive pill (True)

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Explanation: Hirsutism shows great variation between different races, and is more common in Mediterranean women.

- d. It may be caused by diazepam (False)
- e. In the presence of a regular menstrual cycle it is usually idiopathic (True)

Explanation: It may be caused by drugs such as diazoxide, danazol and phenytoin, but not diazepam.

Question 12. Concerning normal puberty

- a. The first event is thought to be nocturnal release of gonadotrophins (False)
- b. Once initiated, occurs at the same speed in both sexes (False)
- c. The average age of onset is falling (True)

Explanation: The average age of puberty has shown a gradual decrease over the last four decades. This is thought to be due to improved nutrition and less physical work.

- d. Initial cycles are often anovulatory (True)

Explanation: Postmenarchal cycles are often anovulatory, and dysfunctional uterine bleeding is common. The frequency of ovulatory cycles gradually increases as the reproductive system continues to mature.

- e. Growth stops after the menarche (False)

Question 13. Precocious puberty

- a. Results in tall stature (False)
- b. Can be distinguished from pseudo-precocious puberty by measurement of LH levels (True)

Explanation: Precocious puberty results in short stature due to premature epiphyseal closure.

- c. Breast buds are the first sign (True)

Explanation: Precocious puberty results in short stature due to premature epiphyseal closure.

- d. Has no causative factor in 80% of girls (True)

Explanation: Most cases are constitutional.

- e. Is difficult to define precisely because of the marked variation in the age of normal puberty (True)

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Explanation: Most cases are constitutional.

f. Causes psychosocial difficulties (True)

Explanation: Precocious sexual activity and behavioural problems are common in affected girls.

Question 14. In relation to maternal mortality

- a. Ectopic pregnancy accounts for more maternal deaths than thromboembolism (False)
- b. Sepsis is no longer a concern since antibiotics became available (False)
- c. Regional anaesthesia is safer than general anaesthesia (True)

Explanation: Regional anaesthesia should always be used when possible.

- d. Deaths from amniotic fluid embolism are declining (False)
- e. Caesarean delivery is now as safe as vaginal delivery provided a regional anaesthetic is used (False)

Question 15. Care on the postnatal wards includes:

- a. Administration of anti-D to all rhesus-D negative women who have given birth to rhesus-D negative babies (False)
- b. Arranging rubella immunisation where appropriate for 3 months post partum (False)
- c. Discussion of contraceptive needs (True)

Explanation: This issue should always be discussed prior to discharge home, and every effort made to ensure the mother understands that she may conceive before having a period.

- d. Regular checks to ensure bladder emptying for 24-48 hours following delivery (True)

Explanation: Problems with micturition often arise in the immediate postpartum period. This may be as a result of painful vulval tears, or operative delivery resulting in tissue oedema around the bladder base.

- e. Women delivered by caesarean should be counselled regarding mode of delivery in future pregnancies (True)

Explanation: This is important as not all women attend for postnatal checks. Information should include the type of scar which is present on the uterus and the rationale for the caesarean delivery.

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Question 16. Regarding occipito-posterior positions

- a. They are detected by finding the anterior fontanelle in the posterior aspect of the pelvis (False)
- b. A minority will rotate prior to full dilatation (False)
- c. They are sometimes delivered by caesarean even though full dilatation has been reached (True)

Explanation: as the head is often high and this may be the least traumatic method of delivery.

- d. The incidence is increased where the presenting part is very low in the pelvis (False)
- e. They may be delivered by ventouse (True)

Explanation: This is the optimal instrumental method of delivery.

Question 17. Regarding the use of oxytocin and amniotomy

- a. Oxytocin can cause fetal hypoxia (True)

Explanation: if uterine hypertonicity is caused.

- b. Abnormalities on a cardiotocograph after amniotomy should prompt vaginal examination (True)

Explanation: to exclude cord prolapse.

- c. Once amniotomy is performed the process of induction should be regarded as irreversible (True)

Explanation: because there is a risk of ascending infection once the forewaters have been ruptured.

- d. Oxytocin must be given in carefully titrated dose depending on the uterine activity (True)

Explanation: to minimise the complication of hypertonicity.

- e. Oxytocin is used more commonly in nulliparous women as they are more sensitive to it (False)

Question 18. At 20 weeks' gestation

- a. Serum screening for Down's syndrome should be discussed (False)
- b. Assessing fetal growth is important (False)
- c. An anomaly scan is often performed (True)

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Explanation: The fetus can be assessed at this gestation and termination of pregnancy arranged if warranted.

- d. Placenta praevia can be diagnosed on this scan (False)
- e. Fetal movements can be felt (True)

Explanation: Fetal movements are normally felt by 20-22 weeks in a nulliparous woman and 16-18 weeks in a multiparous woman.

Question 19. Oligohydramnios

- a. Can be caused by amniocentesis (True)

Explanation: This could arise if the procedure precipitates pre-term premature rupture of the membranes.

- b. Can be associated with 'postmaturity' (True)

Explanation: Liquor volume is reduced as the pregnancy is prolonged beyond the due date. This may indicate fetal compromise.

- c. Can be caused by diabetes (False)
- d. Can cause hypoxic damage to the fetal heart (False)
- e. Makes the fetus more susceptible to trauma (False)

Question 20. Congenital malformations

- a. Can present with polyhydramnios (True)

Explanation: Abnormalities of liquor volume, either excess or reduction, may suggest congenital abnormalities.

- b. Can present with oligohydramnios (True)

Explanation: Abnormalities of liquor volume, either excess or reduction, may suggest congenital abnormalities.

- c. Can present with intra-uterine growth retardation (True)

Explanation: Abnormalities of liquor volume, either excess or reduction, may suggest congenital abnormalities.

- d. Can present with a breech presentation at term (True)

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Explanation: Assessment of the breech presentation at term includes ultrasound evaluation to exclude abnormalities such as neural tube defects/hydrocephalus.

- e. Are normally detectable on ultrasound (True)

Explanation: Assessment of the breech presentation at term includes ultrasound evaluation to exclude abnormalities such as neural tube defects/hydrocephalus.

Question 21. Diabetes

- a. Is associated with a decreased incidence of congenital abnormality (False)
- b. Is associated with postmaturity rather than prematurity, resulting in increased birth weights (False)
- c. Is associated with an increased incidence of respiratory distress in the neonate (True)

Explanation: This is more likely to arise due to prematurity, an increased incidence of hyaline membrane disease in infants of diabetic mothers, and occasionally a cardiomyopathy in the neonate.

- d. Is associated with a reduced insulin requirement in pregnancy (False)
- e. Maternal hypoglycaemia can occur in the puerperium (True)

Explanation: if insulin dosage is not reduced to levels approximating the requirement prior to pregnancy.

Question 22. Regarding twins

- a. Most are monozygotic (identical) (False)
- b. Monozygotic twins face the greatest risks (True)

Explanation: Two thirds are dizygotic.

- c. Pre-term labour is a major cause of mortality (True)

Explanation: Two thirds are dizygotic.

- d. Infant mortality rates are higher for twins than for singletons (True)

Explanation: All categories of perinatal and infant mortality rates are higher for twins.

- e. There is an increased incidence of pre-eclampsia (True)

Explanation: All categories of perinatal and infant mortality rates are higher for twins.

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Question 23. In hyperemesis gravidarum

- a. Antiemetics should be avoided if possible (True)

Explanation: though antiemetics are required in severe cases.

- b. Thiamine deficiency can result in cerebral complications (True)

Explanation: Wernicke's encephalopathy has been described in severe cases.

- c. There is an increased incidence of multiple pregnancy (True)

Explanation: Wernicke's encephalopathy has been described in severe cases.

- d. A pyrexia occurs (False)
- e. Colicky abdominal pain is characteristic (False)

Question 24. Regarding physiological change in pregnancy

- a. Cardiac output increases by 40% (True)

Explanation: Pregnancy is, however, associated with an increased coagulant activity. Any prolongation of the thrombin time suggesting a coagulation defect requires urgent attention.

- b. Peripheral vascular resistance falls (True)

Explanation: Pregnancy is, however, associated with an increased coagulant activity. Any prolongation of the thrombin time suggesting a coagulation defect requires urgent attention.

- c. Blood pressure should be measured with the woman lying flat (False)
- d. Oxygen consumption falls (False)
- e. The ureters can appear dilated (True)

Explanation: Oxygen consumption increases by 15% to meet the increased needs of the mother and fetus.

Question 25. Regarding normal pregnancy

- a. Pregnancy lasts on average 40 weeks from conception (False)
- b. If a woman has a long menstrual cycle, the expected date of delivery should be extended to reflect this (True)

Explanation: Pregnancy lasts 40 weeks from the first day of the last menstrual period in a 28-day cycle, or 38 weeks from conception.

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- c. Most women will deliver on the expected date of delivery (False)
- d. Fetuses may be considered independently viable from 20 weeks' gestation (False)
- e. The puerperium lasts approximately 10 days (False)