1. If division of fertilized egg occurs between 4th – 8th day of conception, what kind of monozygotic twin pregnancy will it give rise to
   a. Diamniotic dichorionic
   b. Diamniotic monochorionic
   c. Monoamniotic monochorionic
   d. Conjoined twins
2. Weight of placenta at term weights
   a. 250 gms
   b. 500 gms
   c. 750 gms
   d. 1000 gms
3. Monozygotic twins differ in
   a. DNA fingerprint
   b. Fingerprint
   c. Blood group
   d. Color of iris
4. Commonest cause of first trimester abortion is
   a. Monosomy
   b. Trisomy
   c. Triploidy
   d. Aneuploidy
5. According to WHO, anemia in pregnancy is diagnosed, when hemoglobin is less than
   a. 10.0 gm%
   b. 11.0 gm%
   c. 12.0 gm%
   d. 9.0 gm%
6. The chromosomal makeup of primary oocyte in the female ovary is:
   a. 46, XX
   b. 23, X
   c. 46, XY
   d. 23, Y
7. During pregnancy plasma volume increase by:
   a. 20%
   b. 30%
   c. 40%
   d. 50%
8. All of the following changes are seen in pregnancy except
   a. Increased stroke volume
   b. Increased cardiac output
   c. Increased intravascular volume
   d. Increased peripheral vascular resistance
9. The commonest presentation of the fetus for vaginal delivery is:
   a. LOA
   b. ROA
   c. LOP
   d. ROP
10. All used for prenatal diagnosis of disease except
   a. Maternal blood
   b. Maternal decidua
   c. Amnion
   d. Fetal blood
11. Partograph is graphical recording of:
   a. Intrauterine pressure
   b. Fetal heart rate pattern
   c. Risk status of pregnancy
   d. Progress of labour
12. Congenital anomaly scan is done in
   a. 6 to 20 weeks gestation
   b. 8 – 10 weeks
   c. 34 weeks
   d. 36 weeks
13. Which of the following features indicates the presence of heart disease in pregnancy and which is not seen in normal pregnancy
   a. Exertional dyspnea
   b. Distended neck veins
   c. Systemic hypotension
   d. Pedal edema
14. Triple screen for Downs syndrome includes all of the following EXCEPT
   a. low serum AFP levels
   b. low serum HCG levels
   c. High serum HCG levels
   d. decreased unconjugated estriol
15. The maternal complications associated hydramnios are the following EXCEPT
    a. placental Abruption
    b. uterine dysfunction
    c. post partum hemorrhage
    d. obstructed labour
16. Which of the following hematological parameters does not undergo a physiology increased during normal pregnancy
    a. Blood volume
    b. Red cell volume
    c. Leukocyte count
    d. Platelet count
17. Dose of anti D injection in Rh-ve unsensitized mother after abortion
    a. 50 ug
    b. 150 ug
    c. 100 ug
    d. 300 ug
18. Painless vaginal bleeding at 34 weeks of pregnancy is observed in which one of the following
    a. abruption placenta
    b. placenta previa
    c. rupture uterus
    d. all of the above
19. Assessment of progress of labour is best done by
20. The Bishop score is
   a. an adaption of Apgar score
   b. a means of staging gynecological cancer
   c. an evaluation of patient prior to induction of labour
   d. scoring system for identifying high pregnancy

21. Progress of the labour us determined by all of the following except
   a. Descent of the presenting part
   b. Cervical dilatation
   c. Rupture of membranes
   d. Cervical effacement

22. For predicting pre-term birth in asymptomatic pregnant woman, the cutoff value of cervical length is:
   a. 30mm
   b. 25mm
   c. 20mm
   d. 15mm

23. M/c cause of uterine inversion: (UPSC)
   a. Mismanaged 3rd stage of labour
   b. Manual removal of placenta
   c. Short cord
   d. Prolonged labour

24. The gestational age is best assessed in first trimester ultrasound by:
   a. Biparietal diameter
   b. CRL length of fetus
   c. Yolk sac measurement
   d. Decidual thickness

25. A multigravida has post-partum haemorrhage immediately after a spontaneous vertex delivery. The placenta and membranes are expelled complete. The first line of treatment would be:
   a. Blood Transfusion
   b. Massaging the uterus and administering oxytocic
   c. Inspecting the vagina and cervix for laceration
   d. Exploring the uterine cavity.

26. The commonest type of placentation in monozygotic twins is
   a. Diamniotic monochronic
   b. Diamniotic diamniotic
   c. Monoamniotic monochronic
   d. Dichorionic monoamniotic

27. A pregnancy mother is referred with a prolonged second stage of labour. On examination, the foetal heart sound is 120/min and the head is at 1-station with severe moulding. What will be the most appropriate management
   a. Apply obstetric forceps and deliver
   b. Apply ventouse and deliver
   c. Perform LSCS
   d. Start pantocin drip

28. Following maternal parameter is not used to monitor mgsa toxicity
   a. Heart rate
   b. Urine output
   c. Respiratory rate
   d. Reflexes

29. The correct sequence of cardinal movements during mechanism of normal labor is
   a. Engagement, internal rotation, delivery of head, external rotation, restitution
   b. Engagement, internal rotation, delivery of head, restitution, external rotation
   c. Engagement, internal rotation, restitution, delivery of head, external rotation
   d. Engagement, internal rotation, external rotation, delivery of head, restitution

30. The relationship between the denominator & quadrant of pelvis is called
   a. Presentation
   b. Presenting part
   c. Position
   d. Attitude

31. G4 P2+1+0+0 is brought to obstetric emergency with h/o labr pains for 2 days, being managed at home by a birth attendant with features of shock. Her tongue is pale white, pulse thread and BP unrecordable. Fetal heart is absent and no uterine contractions are felt. On p/v she is found to have high presenting part and a generally contracted pelvis. She has
   a. Uterine inertia
   b. Obstructed labor
   c. Uterine rupture
   d. Amniotic fluid embolism

32. The only indication in the present day obstetrics for internal Pdalic version is
   a. Second twin with transverse lie
   b. First twin with transverse lie
   c. Footling breech
   d. Cord prolapsed in first stage of labor

33. The greatest anteroposterior diameter of the fetal head is
   a. Occipitofrontal
   b. Mentovertical
   c. Suboccipitofrontal
   d. Submentovertical
34. Which of the following statement about breech delivery is correct?
   a. Lowest maneuver is employed to deliver the buttocks
   b. Breech extraction is less hazardous than assisted breech delivery
   c. Mauriceau – smelle – veit method is used to deliver the after coming head
   d. Wrigley's forceps are best suited for delivery of the after coming head

35. The indication for decapitation in obstetrics is
   a. Hydrocephalic head
   b. Shoulder dystocia
   c. Neglected shoulder presentation with the prolapsed arm
   d. Arrest of after coming head of breech

36. A female of 36 weeks gestation presents with hypertension, blurring of vision and headache. Her blood pressure reading was 180 / 120 mm Hg and 174/110 mm Hg after 20 minutes. How will you manage the patient?
   a. Admit the patient and observe
   b. Admit the patient, start antihypertensives and continue pregnancy till term
   c. Admit the patient, start antihypertensives, MgSO4 and terminate the pregnancy
   d. Give oral antihypertensives and follow up in outpatient department

37. All in are transmitted congenitally except
   a. Herpes simplex
   b. HIV
   c. CMV
   d. Syphilis

38. What is a reactive NST (Non-stress test)
   a. Two or more FHR acceleration in response to fetal movement of 15 beats/min more and persisting for 15 seconds in 20 period
   b. Two FHR acceleration in 30 minutes
   c. One acceleration no FHR in 20 minutes for 15 minute and 15 seconds
   d. Two FHR acceleration in 30 minutes period both persisting for 20 second and 20 beats minutes

39. Diagonal conjugate means
   a. From sacral promontory to lower border of pubic symphysis
   b. Sacral promontory to lower border of pubic tubercle

40. Manning score includes all except
   a. Fetal breathing
   b. Non stress test
   c. Gross movements
   d. Contraction stress test

41. Hasse's formula helps in determination of
   a. Sex of the fetus
   b. Intrauterine age of the fetus
   c. Deformity of fetus
   d. Blood group of fetus

42. Early deceleration denotes
   a. Head compression
   b. Cord compression
   c. Placental insufficiency
   d. Fetal distress

43. Fetal blood loss in abnormal cord insertion is seen in
   a. Vasa previa
   b. Decidua basalis
   c. Battle dore placenta
   d. Succenturiate placenta

44. A primigravida presents to casualty at 32 weeks of gestation with acute pain abdomen for 2 hours, vaginal bleeding and decreased fetal movements. She should be managed by
   a. Immediate caesarean section
   b. Immediate induction of labor
   c. Tocolytic therapy
   d. Magnesium sulphate therapy

45. During first trimester of pregnancy risk of fetal malformation in a pregnant woman with insulin dependent diabetes best predicted by
   a. Blood sugar values
   b. Glycosyted hemoglobin levels
   c. Serum alpha fetoprotein levels
   d. Serum unconjugated estriol levels

46. All of the following are absolute indication for Lower Segment Cesarean Section (LSCS) except
   a. Central placenta previa
   b. Severe contracted pelvis
   c. Abruptio placenta
   d. Vaginal atresia

47. At > 34 weeks gestation, polyhydrammion in said to be present when amniolic fluid volume is more than
   a. 500 ml
   b. 750 ml
   c. 1000 ml
   d. 2000 ml

48. Constituents of umbilical cord are all except
   a. Wharton's jelly
49. Clinical signs of hydramnios can be demonstrated when fluid collection is more than
   a. 1 ltr
   b. 2 litres
   c. 3 litres
   d. 4 litres

50. Iron is absorbed predominantly in the
   a. Stomach
   b. Jejunum
   c. Ileum
   d. Colon

51. The respective hormones responsible for the breast milk secretion and ejection are (in that order)
   a. Oxytocin and prolactin
   b. Prolactin and oxytocin
   c. Oestrogen and prolactin
   d. Prolactin and oestrogen

52. The commonest cause of breech presentation is
   a. Prematurity
   b. Hydrocephalus
   c. Placenta praevia
   d. Polyhydramnios

53. Rate of involution of uterus in early puerperium is:
   a. 1.25 cm/day
   b. 2.5 cm/day
   c. 3.5 cm/day
   d. 4.5 cm/day

54. Composition of lochia rubra are all except
   a. RBC
   b. Vernix cascosa
   c. WBC
   d. Lanugo Hair

55. A primigravida at 37 week of gestation reported to labor room with central placenta praevia with heavy bleeding per vaginum. The fetal heart rate was normal at the time of examination. The best management option for her is
   a. Expectant management
   b. Caesarean section
   c. Induction and vaginal delivery
   d. Induction and forceps delivery

56. Least likely to be seen in a normal pregnancy
   a. Increase in blood volume
   b. Increase in cardiac output
   c. Increase in heart rate
   d. Decrease in systolic pressure

57. Regarding aminocentesis, which one is false?
   a. Can cause abortion

58. Active management of labour is managed by which one of the following
   a. normogram
   b. gravidogram
   c. partogram
   d. cervicogram

59. As pregnancy progresses, which of the following hematologic changes occur
   a. Plasma volume increases proportionally more than red cell volume
   b. Red cell volume increases proportionally more than plasma volume
   c. Plasma volume increases proportionally more than red cell volume remain constant
   d. Red cell volume decreases and plasma volume remains constant
   e. Neither plasma volume nor red cell volume changes

60. diabetic mother
   a. Hyperkalemia
   b. Hypercalcemia
   c. Macrocytic anemia
   d. Polycythemia

61. Ovary develop from
   a. Mullerian duct
   b. Genital ridge
   c. Genital tubercle
   d. Mesonephric duct
   e. Sinovaginal bulbs

62. The signs and symptoms of placental Separation include all of the following except
   a. Cord does not recede on raising the fundus
   b. Fundus of uterus below umbilicus
   c. Vaginal bleeding
   d. Lengthening of extravulval cord

63. The risk of rupture of uterus in previous classical cesarean section is:
   a. 1-3%
   b. 4-9%
   c. 10-14%
   d. 15-20%

64. The most common cause of secondary postpartum hemorrhage is?
   a. Intrauterine infection
   b. Subinvolution of uterus
c. Oestrogen therapy administered to inhibit the lactation

d. Retained fragments of placenta or membranes

65. The lateral structure of Fallopian tube are

a. Ampulla, Isthmus, Infundibulum
b. Infundibulum, Isthmus, Ampulla
c. Interstitial, Isthmus, Ampulla, infundibulum
d. Infundibulum, ampulla, Isthmus interstitial

66. Antimicrobial prophylaxis is essential for a woman in labour who has

a. Hypertension
b. Renal disease
c. Diabetes meliitus
d. Heart disease

67. In fetus hemopoiesis earliest occurs in

a. Yolk sac
b. Liver
c. Spleen
d. Bone marrow

68. A 27 yrs primigravida present with pregnancy induced hypertension with blood pressure of 150 / 100 mm Hg at 32 weeks of gestation with no other complications. Subsequently, her blood pressure is controlled on treatment. If there are no complications, the pregnancy should be best terminated at

a. 40 completed weeks
b. 37 completed weeks
c. 35 completed weeks
d. 34 completed weeks

69. HRT is beneficial for all except

a. Hot flushes
b. Dry vagina
c. Osteoporosis
d. Coronary artery disease

70. Asthenospermia indicates

a. Reduction in normal motility of sperms
b. Loss of sperm motility
c. Increased number of abnormal sperms
d. Absence of seminal fluid

71. The gold standard for diagnosing pelvic inflammatory disease is which one of the following

a. Leucocyte count
b. Ultrasonography
c. Laparoscopy
d. Antigen detection for chlamydia

72. A 40 year old woman presents with excessive menstrual bleeding. The most appropriate first surgical treatment will be

a. Hysteroscopy

73. The commonest ovarian tumor complicating pregnancy is

a. Fibroma
b. Muscinous cystadenocarcinoma
c. Serous cystadenocarcinoma
d. Dermoid

74. Ideal contraceptive for newly married couple is

a. Barrier method
b. Combined OCP
c. IUCD
d. Progesterone only pill

75. A 17 yrs old girl with primary amenorrhoea attends OPD. She has normal sexual development and normal breast but with absent public and axillary hair. Examination shows B/L inguinal hernia USG shows absent uterus and blind vagina. Diagnosis will be

a. Turner syndrome
b. Mullerian agenesis
c. Star syndrome
d. Androgen insensitivity syndrome

76. All of the following conditions are risk factors for ectopic pregnancy except

a. Previous salpingitis
b. Endometriosis
c. Previous ectopic pregnancy
d. Intrauterine device (IUD) present in uterus

77. The most important structure preventing uterine prolapse is which one of the following

a. Broad ligament
b. Round ligament
c. Cardinal ligament
d. Inguinal ligament

78. A lady with placenta previa delivered a baby. She has excessive bleeding. After resuscitation most likely complication is

a. Galactorrhoea
b. Diabetes insipidus
c. Loss of menstruation
d. Cushing's syndrome

79. A 43 year old woman presents with prolonged menstrual cycles with heavy bleeding. Endometrial sampling shows simple hyperlasia without atypia. The treatment of choice is:

a. Estrogen + progestogen
b. Progestogens
c. Endometrial ablation
d. Hysterectomy

80. A 28 yrs old nulliparous patient complains of bleeding between her periods and increasingly
heavy menses. Over the past 9 months, she has had two dilation and curettages (D&Cs). Which have failed to resolve her symptoms, and oral contraceptive and antiprostaglandins have not decreased the abnormal bleeding. Which of the following options is most appropriate at the time
a. Perform a hysterectomy
b. Perform hysteroscopy
c. Perform endometrial ablation
d. Treat with GnRH agonist
e. Start the patient on a high dose progestational agents

81. Colposcopy is a screening tool for pre malignant lesions of
a. Cervix
b. Ovary
c. Breast
d. Endometrium

82. All regimens for the treatment of severe Pelvic inflammatory disease due C. trachomatis, should include
a. Azithromycin
b. Aminoglycosides
c. Ciprofloxacin
d. Cefoxitin

83. Dysgerminoma is seen in
a. Young females
b. Reproductive
c. Pre menopausal
d. Post menopausal

84. Swiss cheese pattern of endometrium is a feature
a. Adenomyosis
b. Endometriosis
c. Cystic glandular hyperplasia
d. Chorionic carcinoma
e. Endometrial carcinoma

85. Asherman syndrome diagnostic are all except:
a. Hysteroscopy
b. HSG
c. Endometrial culture
d. Saline infusion USG

86. What is the failure rate of “Levonova”
a. 0.5/100 w.y.
b. 1/100 w.y
c. 1.5
d. 2.0

87. All of the following are the risk factors for endometrial cancer, except
a. Late menopause
b. Anovulation
c. Shorter menstrual span
d. Sequential OC's

88. Emergency contraceptive all except
a. Cu IUD
b. Progestosterone Pill
c. Oral mifepristone
d. LNG IUD

89. IUCD that does not require to be changed after 3-5 years is
a. Cu T 200
b. Cu T 375
c. Cu T 380A
d. Multiload devices

90. Most common type of fibroid degeneration is
a. Hyaline
b. Cystic
c. Calcific
d. Sarcomatous

91. A 23 yrs old female with a h/o amenorrhea for 2 months presents with acute lower abdominal pain. USG shows thickened endometrium and thick walled cystic mass in the left adnexa. Her urine pregnancy test is positive. The most likely diagnosis is
a. Torsion of ovarian dermoid
b. Ectopic pregnancy
c. Tubo – ovarian abscess
d. Broad ligament fibroid

92. Which of the following is not saved in Manchester operation for genital prolapsed
a. Menstruation
b. Fertility
c. Cervical length
d. None

93. Composition of Mala ‘D’
a. 30 ug EE + 1mg ‘d’ Norgestrel
b. 30 ug EE + 0.5 mg ‘d’Norgestrel
c. 30 ug EE + 0.15 mg Levonorgestrel
d. 20 ug EE + 15 mg ‘d’ Levonorgestrel

94. Which of the following is an acyclical bleeding
a. Monorrhagia
b. Polymenorrhoea
c. Metrorrhagia
d. Oligomenorrhoea

95. Failure rate of pomeray's technique of sterilization is
a. 0.1% to 0.3%
b. 1.0% to 1.5%
c. 1.6% to 2.0%
d. 2.1% to 2.5%

96. Ruptured tubo-ovarian abscess belong to which stage of PID
a. Stage I
b. Stage II
c. Stage III
97. Which of the following is not helpful in diagnosis of ectopic pregnancy
   a. USG
   b. Serum hCG
   c. Pelvic examination
   d. Hysterosalpingography

98. The contraindications for Progestasert include the following except
   a. Pelvic inflammatory disease
   b. Uterine fibrosis
   c. Previous history of ectopic pregnancy
   d. Previous history of abortion

99. Spot out wrong statement about Mirena
   a. Effective period 5 years
   b. Reduce menstrual blood loss in 97% cases
   c. Failure rate 0.1/100 w.y
   d. No chance of ectopic pregnancy

100. A 35 year female patient presents with post coital bleeding next time of management will be
    a. Clinical examination with pap smear
    b. Visual inspection with acetowhite
    c. Visual inspection with lugol's iodine
    d. Cone biopsy

101. Cause of decubitus ulcer in uterine prolapsed is
    a. Fiction
    b. Venous congestion
    c. Intercourse
    d. Trauma

102. Ovulation occurs
    a. 14 days after menstruation
    b. 7 days after menses
    c. 14 days before menstruation
    d. None

103. Best method for ovulation monitoring
     a. Basal body temperature
     b. TVS
     c. Cervical mucus method
     d. Sex estradiol estimation

104. Commonest type of urinary fistula is
     a. Uterovaginal
     b. Vesicovaginal
     c. Urethrovaginal
     d. None of the above

105. External Cephalic Version(ECV) is contraindicated in
     a. Multigravida
     b. Flexed breech
     c. Scarred uterus
     d. Age< 35 years

106. Treatment of choice in vesicular mole is
     a. Insitu hysterectomy
     b. Suction evacuation
     c. Methotrexate
     d. D & C

107. Barr bodies are not present in
     a. XO
     b. XXY
     c. XX
     d. XXX

108. Diagnosis of ovulation can be done by all EXCEPT:
     a. Study of cervical mucous
     b. Rise in basal body temperature ir | the second half of cycle
     c. Endometrial histology
     d. Measuring serum progesterone or day 14 of the cycle

109. In the perspective of the busy life schedule in the modern society, the accepted minimum period of sexual cohabitation resulting in no offspring for a couple to be declared infertile is
     a. One year
     b. One and a half – year
     c. Two years
     d. Three years

110. Best indicator of varian reserve is
     a. FSH
     b. Estradiol
     c. LH
     d. FSH/LH Ratio

111. Call exner body is found in
     a. Granulose cell tumor
     b. Yolk cell tumor
     c. Choriocarcinoma
     d. Dysgerminoma

112. Vaginal cytology for hormonal change is best taken from
     a. Posterior wall
     b. Anterior wall
     c. Lateral wall
     d. Any wall

113. Luteal phase defect is best diagnosed by
     a. Serum progesterone levels
     b. Endometrial biopsy
     c. Basal body temperature
     d. Ultrasonography

114. LH:FSH ratio is raised in which one of the following
     a. polycystic ovarian disease
     b. hyperprolactinemia
     c. hypothyroidism
     d. diabetes mellitus
115. All of the following are sequelae of pelvic infection with gonorrhea except
   a. Tubo-ovarian abscess
   b. Pyosalpinx
   c. Hydrosalphinx
   d. Pyometra

116. Most common cause of puberty
   Menorrhagic
   a. Anovulation
   b. Malignancy
   c. Endometriosis
   d. Bleeding disorder

117. A 30 yrs old woman with three children has dysfunctional uterine bleeding. What will be the most appropriate management
   a. Abdominal hysterectomy
   b. Medical Management with danazol
   c. Transcervical endometrial resection
   d. Levonogestrel – releasing intrauterine device

118. About "Polymenorrhea" which of the following statement is wrong
   a. OCPs for 3 cycle help
   b. PID is important cause
   c. Proliferative phase is shortened
   d. Dilatation and curettage is curative

119. Most common site for metastasis in choriocarcinoma is
   a. Lungs
   b. Brain
   c. Liver
   d. Spine

120. Investigations of delayed puberty include which one of the following
   a. Karyotype
   b. FSH level
   c. Ultrasound pelvis
   d. All of the above

121. Anterior colporrhaphy is the surgery for
   a. Rectocele
   b. Cystocele
   c. Enterocele
   d. Congenital elongation of cervix

122. Lowest effective dose of mifepristone for Medical Termination of Pregnancy (MTP) is:
   a. 50 mg
   b. 00 mg
   c. 200 mg
   d. 400 mg

123. All of the following are components of quadruple test performed in second trimester EXCEPT:
   a. Maternal serum alpha feto protein
   b. Serum estradiol
   c. Human chorionic gonadotropin
   d. Inhibin

124. In colposcopy the following are visualized except
   a. Upper 2/3 endocervix
   b. Lower 1/3rd endocervix
   c. Vault of vagina
   d. Lateral fornix

125. Coagulation disorders may complicate all the following conditions EXCEPT:
   a. Abruptio placentae
   b. Placenta previa
   c. Amniotic fluid embolism
   d. Septic abortion

126. Pearl's index indicates
   a. Malnutrition
   b. Population
   c. Contraceptive failure
   d. LBW
   e. IUGR

127. Definitive treatment of adenomyosis is:
   a. Estrogen progestrogen combination pills
   b. Progesterone only pills
   c. Estrogen
   d. Hysterectomy

128. In vitro fertilization is indicated in
   a. Tubal pathology
   b. Uterine dysfunction
   c. Ovarian pathology
   d. Azoospermia

129. Best investigation to assess tubal patency
   a. Rubin's test
   b. HSG
   c. Laparotomy
   d. Laparoscopic chromotubation

130. Antenatal another with epilepsy on phenytoin therapy must be given:
   a. Folic acid supplementation
   b. Vitamin Bi2supplementation
   c. Vitamin Be supplementation
   d. Vitamin A supplementation

131. The dose of anti-D immunoglobulin to be given to non-immune Rh D negative women after delivery is:
   a. 50 μgm
   b. 150 μgm
   c. 300 μgm
   d. 450 μgm

132. A case of gestational trophoblastic neoplasm belongs to high risk if the disease develops after:
   a. Hydatidiform mole
   b. Full term pregnancy
   c. Spontaneous abortion
   d. Ectopic pregnancy
133. Which of the following is not a criteria for the diagnosis of bacterial vaginosis:
   a. Plenty of lactobacilli
   b. Vaginal pH>4.5
   c. Fishy odour of vaginal secretion on alkanization
   d. Presence of 'clue-cells'

134. The contraceptive protective against PID and STDs is which one of the following
   a. Condoms
   b. CuT
   c. Mala D
   d. All of the above

135. The following hormonal changes marks the polycystic ovarian disease except
   a. Hyperinsulinaemia
   b. Hyperandrogenism
   c. Raesed LH, Raised FSH
   d. Raised LH Low-to-normal FSH

136. The most common oncogenic high risk Human Papilloma Virus (HPV) subtypes implicated in carcinoma of cervix are:
   a. HPV subtypes 6 & 11
   b. HPV subtypes 16 & 18
   c. HPV subtypes 31 & 33
   d. HPV subtypes 35 & 45

137. The antihypertensive drug that contraindicated in pregnancy is:
   a. Labetalol
   b. Methylidopa
   c. Nifedipine
   d. ACE inhibitors

138. The uterus becomes pelvic organ after normal delivery in:
   a. 5-7 days
   b. 12-14 days
   c. 16-18 days
   d. 20-22 days

139. Combined oral pill reduces the risk of:
   a. Breast cancer
   b. Ovarian cancer
   c. Cervical cancer
   d. Vaginal cancer

140. Amenorrhoea is seen in all of the following conditions EXCEPT:
   a. Pregnancy
   b. Hyperprolactinemia
   c. Insulinoma
   d. Polycystic ovarian disease

141. Before advising Oral Contraceptive Pills (OCP), Health Worker should ask clients about the following, EXCEPT:
   a. Headache
   b. Calf tenderness
   c. Swelling of feet
   d. Number of living children

142. The most frequent site of tubal pregnancy is which one of the following:
   a. Isthmic
   b. Interstitial
   c. Ampulla
   d. Fimbrial end

143. All of the following can cause secondary amenorrhoea except
   a. Genital tuberculosis
   b. Imperforate hymen
   c. Thyroid dysfunction
   d. Pelvic endometriosis

144. Which drug is given to prevent HIV transmission from mother to child
   a. Nevirapine
   b. Lamivudine
   c. Stavudine
   d. Abacavir

145. All of the following menorrhagia EXCEPT:
   a. Adenomyosis
   b. Fibroid uterus
   c. Dermoid cyst of ovary
   d. Pelvic endometriosis

146. Which one of the following lesions is not hormonal dependent:
   a. Endometrial carcinoma
   b. Leiomyoma of uterus
   c. Teratoma of ovary
   d. Endometrial polyp

147. Testicular biopsy is best indicated in diagnostic workup of patient with:
   a. Azoospermia
   b. Oligospermia
   c. Necrogspermia
   d. Pyospermia

148. All of the following are indications of hysterosalpingography EXCEPT:
   a. Endometrial carcinoma
   b. Recurrent abortion
   c. Infertility
   d. Evaluation of tubal surgery

149. In a young patient with primary dysmenorrhea, the treatment of choice is:
   a. Dilatation of cervical canal
   b. Presacral neurectomy
   c. Symptomatic treatment with reassurance
   d. Hysterectomy

150. Most common symptom of endometriosis is
   a. Infertility
   b. Dysmenorrhoea
   c. Dyspareunia
   d. Abd. Pain

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