

Mediquiz - 04 / 2021

Gynecology

Lahori Roy,

MBBS, MS, DNB, MRCOG, Consultant Gynecologist & Laparoscopic Surgeon, ILS Hospital

(1) A 27-year-old nulliparous woman undergoes surgical management of a tubal ectopic pregnancy. At laparoscopy, the contralateral tube is examined and noted to be damaged. The woman has strongly expressed her concern about future fertility.

Which is the single best management option?

- (a) Bilateral salpingectomy
- (b) Bilateral salpingotomy
- (c) Medical management of ectopic pregnancy
- (d) Salpingectomy with conservation of contralateral tube
- (e) Salpingotomy with conservation of contralateral tube

(2) A 29-year-old woman attends the Early Pregnancy Unit at 7 weeks of gestation with mild lower abdominal pain that settles with analgesia and moderate bleeding vaginally. Abdominal and vaginal examination is normal and a urine pregnancy test is positive. A transvaginal scan shows no intrauterine gestational sac, both ovaries appear normal and there is no free fluid in the pouch of Douglas.

What is the most appropriate management ?

- (a) Diagnose complete miscarriage and advise to repeat pregnancy test in 10 days
- (b) Diagnostic laparoscopy
- (c) Inpatient admission for observation with monitoring of serum β hCG
- (d) Outpatient management with monitoring of β hCG
- (e) Repeat ultrasound in 7 days

(3) A 32-year-old primiparous woman presents to the emergency department with sudden onset of lower abdominal pain, mainly localised in the right iliac fossa. The pain is sharp in nature and is radiating to the right flank. Her last menstrual period was 8 weeks ago. A urine pregnancy test is positive. On transvaginal scan the right adnexa was seen to contain an ectopic pregnancy measuring 25 mm x 17 mm x 12 mm with cardiac activity and an absent haemoperitoneum. Vital signs on arrival are:

- Blood Pressure = 138/68 MmHg
- Pulse = 82 Beats/Min
- Temperature = 36.5°C
- Respiratory Rate = 18
- Hcg Level = 6000 Iu/L

What is the treatment of choice for this woman?

- (a) Expectant management
- (b) Methotrexate regimen
- (c) Laparoscopic right salpingectomy
- (d) Laparoscopic right salpingotomy
- (e) Laparotomy and right salpingectomy

(4) A 27-year-old P0 woman at 7 weeks of gestation presents to the emergency department with a 3 week history of brown vaginal discharge. On transvaginal scan, the left adnexa is seen to contain an ectopic pregnancy measuring 22 mm x 12 mm x 10 mm with absent fluid in the pouch of Douglas. Vital signs on arrival were:

- Blood Pressure = 128/68 MmHg
- Pulse = 82 Beats/Min
- Temperature = 36.5°C
- Respiratory Rate = 16.

Vaginal Examination Is Negative For Cervical Excitation. On her recent blood tests serum β HCG was 727 ui/l.

What is the treatment of choice for this woman?

- Conservative management with serial β hCG tests until levels falls below 20
- Laparoscopic left salpingectomy
- Laparoscopic left salpingotomy
- Laparotomy and left salpingectomy

(5) A 26-year-old woman experiences bleeding at 6 weeks of gestation and attends the Early Pregnancy Unit for a scan. On transvaginal ultrasound there is a gestational sac containing a fetal pole with a CRL of 6.2 mm without a fetal heart.

What is the next step in your management?

- (a) Arrange a follow up in <7 days for a repeat ultrasound before making a final diagnosis
- (b) Arrange a follow up in >7 days for a repeat ultrasound before making a final diagnosis
- (c) Ask a colleague for a second opinion before giving the final diagnosis
- (d) Discuss surgical management of miscarriage and book for the woman for surgery in the next available slot
- (e) Inform the woman that she had a miscarriage and discuss management options of miscarriage

(6) A 33-year-old G3P0 presents at 7 weeks of gestation to the Early Pregnancy Unit for an early scan. She has previously had one miscarriage at 8 weeks of gestation that was managed expectantly, and one ectopic pregnancy that was managed by

laparoscopic salpingectomy. On transvaginal ultrasound the left adnexa contains an ectopic pregnancy with fetal activity confirmed. There is an absent haemato-peritoneum.

What is the management of choice for this woman?

- (a) Expectant management with serial β hCG tests
- (b) Laparoscopy with left salpingectomy
- (c) Laparoscopy and left salpingotomy
- (d) Laparotomy and left salpingectomy
- (e) Methotrexate regimen

(7) A patient presents with persistent vomiting, 34 hours after their operation. What is the most likely diagnosis?

- (a) Bladder injury
- (b) Ureteric injury
- (c) Small gut obstruction
- (d) Gut injury

(8) A 66-year-old woman was readmitted 14 days after a vaginal hysterectomy for prolapse. Her intraoperative course was uneventful.

Postoperatively she developed a low grade fever, lower abdominal pain and a foul smelling brown vaginal discharge.

What is the most likely diagnosis?

- (a) Chest infection
- (b) Gastroenteritis
- (c) Urinary tract infection
- (d) Vault haematoma

(9) A 46-year-old woman develops worsening shortness of breath and tachycardia 3 days after a radical hysterectomy and bilateral pelvic lymphadenectomy.

Following initial investigations, a computed tomography (CT)-pulmonary angiogram demonstrates a segmental defect.

What is the most appropriate next step in management?

- (a) Anticoagulation
- (b) D-dimer assay
- (c) Pulmonary angiography
- (d) Thrombolytic Therapy

(10) A 28-year-old presents with an 20-month history of amenorrhoea since stopping the oral contraceptive pill 20 months ago in order to try for a pregnancy. She had been on the combined pill since she was 18, during which time her periods had been regular. Her BMI currently is 30.

What is the most likely diagnosis?

- (a) Anorexia nervosa
- (b) Hypogonadotrophic hypogonadism
- (c) Polycystic ovarian syndrome
- (d) Premature ovarian failure

(11) Which of the following is correct with regards to the diagnosis of PCOS?

- (a) A high FSH and LH level
- (b) Affected women are very fertile
- (c) Affects >50% of the infertile population
- (d) Metformin is contraindicated
- (e) Ultrasound appearance of a large number of follicles

arranged peripherally in the ovarian cortex of large volume ovaries

(12) A 26-year-old with PCOS and primary subfertility of 5 years attends the fertility clinic. Her cycles are very irregular and she is currently on metformin, which is helping with her weight control (BMI 27), but she is still amenorrhoeic. She is very keen to commence with fertility treatment. Anhysterosalpingogram confirmed bilaterally patent tubes.

What is the most appropriate initial management of her subfertility?

- (a) Advice on weight loss and review in 6 months
- (b) Intrauterine insemination for six cycles
- (c) Laparoscopic diathermy to ovaries
- (d) Ovulation induction with clomifene 50 mg for 6 months
- (e) Recommend one cycle of IVF treatment

(13) A 32-year-old with primary infertility and PCOS diagnosed over 5 years ago attends the fertility clinic. She has a BMI of 26 and is keen to try ovulation induction though she has failed to ovulate after 6 cycles of clomifene citrate with persistent hypersecretion of LH.

What is the most appropriate in her clinical management?

- (a) Clomifene citrate with metformin
- (b) Encourage weight loss
- (c) Laparoscopic ovarian diathermy
- (d) Oral combined contraception with cyproterone

(14) A 24-year-old with a BMI of 38 and secondary infertility for 5 years comes to see you. She had been diagnosed with PCOS previously and conceived her first child with clomiphene citrate induction. She is now keen to achieve another pregnancy.

What is the most appropriate initial management?

- (a) Diagnostic laparoscopy with ovarian diathermy
- (b) IVF
- (c) Ovulation induction with gonadotrophin
- (d) Weight loss followed by clomifene citrate induction

(15) A 33-year-old woman with regular periods until 6 months previously suddenly develops amenorrhoea. Her hormone levels show increased FSH levels of 18, with reduced estradiol and normal prolactin levels. Her BMI is 22 and she is athletic. There is similar history of amenorrhoea in her sister who is 37 years of age.

What is the most likely diagnosis?

- (a) Hyperprolactinaemia
- (b) Hypergonadotrophic hypogonadism
- (c) Hypogonadotrophic hypogonadism
- (d) Premature ovarian failure

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