



Milas

**All India Institute of Medical Sciences, Bhubaneswar**

**Department of Obstetrics & Gynaecology**

**6<sup>th</sup> End Semester Examination (2014 Batch)**

Date: 25<sup>th</sup> May 2017

Time: 2 to 4 pm (Two hour)

Maximum marks: 50

Answer all Questions

**Write short notes on**

**(10 X 5 =50)**

1. Clinical features of Abruptio Placentae
  2. Tubal patency test
  3. Amniotic fluid
  4. Bartholin gland
  5. Management of Gestational Hypertension
  6. Hormone therapy in menopause
  7. Secondary PPH
  8. Non-stress test
  9. Progesterone only pill
  10. Active management of 3<sup>rd</sup> stage of labour
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All India Institute of Medical Sciences, Bhubaneswar

**3<sup>rd</sup> Professional MBBS Final Examination 2017**

Time: 3 Hrs

Obstetrics & Gynaecology

Max. Marks: 75

Instructions

Answer all the questions. Draw diagram wherever necessary. Use separate answer sheets for Section-A & B.

Section – A (Obstetrics)

- Q1. A primi gravida, 25 years of age presents at 36 weeks of pregnancy with generalised convulsions. Discuss the differential diagnosis. List the investigations and management till delivery. (3+2+5=10)
- Q2. A primigravida, 30 years, presents at term with over distended abdomen. What are the differential diagnosis? How will you diagnose twins? Mention the complications of twins. (2+4+4=10)
- Q3. Write short notes on: (6 x 3=18)
- a) Causes and investigations of puerperal pyrexia
  - b) Indications and complications of vacuum delivery
  - c) Partogram

Section – B (Gynaecology)

- Q4. A 30-year-old para 2, live 2, presents with mass descending *per vaginum*. Discuss the differential diagnosis. Outline the investigations and management of third degree utero-vaginal prolapse in this patient. (4+2+4=10)
- Q5. Define postmenopausal bleeding. Discuss the causes. How will you investigate such a case? (1+4+5=10)
- Q6. Write short notes on: (6+6+5=17)
- a) Tubal patency tests
  - b) Mechanism of action and complications of intrauterine contraceptive devices
  - c) Bacterial vaginosis





All India Institute of Medical Sciences  
At: Sijua, Post: Dumduma, Bhubaneswar (Odisha) -751019  
Department of Obstetrics & Gynaecology

**PREPROFESSIONAL EXAMINATION - 2017**

Date: 12<sup>th</sup> October 2017

Time: 03 Hrs (Three hours)

Maximum marks: 75

Answer all Questions

Answer each section in separate answer sheets

Draw diagrams wherever necessary

**Section – A (Obstetrics)**

**(38 marks)**

- ✓ 1. Mrs Sheema, 20 years, Primigravida at 08 weeks of pregnancy presented with excessive vomiting for one-week duration. What are the causes? What are the investigations you will suggest for her? How will you treat her? (3+3+4=10)
- ✓ 2. Write about carbohydrate metabolism in pregnancy. How will you screen pregnant women for Gestational Diabetes Mellitus? Write the management plan of Gestational Diabetes Mellitus case diagnosed at 12 weeks of gestation? (3+3+4)
- ✓ 3. Write notes on (6x3=18)
  - ✓ a. Polyhydramnios
  - ✓ b. Management of Atonic PPH
  - ✓ c. Maternal Mortality Ratio

**Section – B (Gynaecology)**

**(37 marks)**

- ✓ 1. Enumerate the causes of post-menopausal bleeding. Write the clinical features and management of carcinoma cervix FIGO stage IIA. (3+3+4) =10
- ✓ 2. A 55 years old, postmenopausal woman presented with 24 weeks size mass per abdomen. What are the differential diagnosis? How will you investigate and treat her? (2+4+4=10)
- ✓ 3. Write notes on (6+6+5=17)
  - ✓ a. Emergency contraception
  - ✓ b. Tubal patency test
  - ✓ c. Management of submucous fibroid polyp

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHUBANESWAR

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

8<sup>th</sup> END SEMESTER EXAMINATION (2014 Batch)

Date: 31<sup>st</sup> May 2018

Time: 11 am to 1 pm (Two hour)

Maximum marks: 50

Answer all Questions

Draw diagram wherever necessary

1. A 55-yr's post-menopausal woman presented with irregular vaginal bleeding. What are the causes? How will you investigate her to reach the final diagnosis? How will you treat a case of endometrial carcinoma? (2+4+4=10)
  
  2. Write notes on: (4X10=40)
    - a. Define polyhydramnios. Enumerate it's causes
    - b. Diagnosis and management of intra uterine death
    - c. Medical management of Endometriosis
    - d. Colposcopy
    - e. Management of HIV +ve pregnancy in labour
    - f. Vesicovaginal fistula
    - g. Diagnosis of fetal growth restriction
    - h. Dysgerminoma of ovary
    - i. Cervical fibroid
    - j. Choriocarcinoma
- .....





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PREPROFESSIONAL EXAMINATION - 2018

Date: 5<sup>th</sup> October 2018

Time: 03 Hrs (Three hours)

Maximum marks: 75

Answer all questions, with diagrams wherever necessary.

Answer each section in separate answer sheets

**Section – A (Obstetrics = 38 marks)**

1. A 30-year-old G3P2L2 delivers in hospital at 39 weeks of gestation. After 60 minutes of delivery, resident doctor on duty discovers patient is lying in a pool of blood. O/T. Pulse – 110/min, feeble, BP – 60 mmHg systolic, diastolic not recordable, peripheries cold and clammy, pallor +++. Per abdomen examination reveals uterus flabby but becomes firm on massaging. Clots felt in vagina during examination. (1+4+5=10)
  - a) What is your provisional diagnosis?
  - b) Enumerate causes of this condition.
  - c) Describe the management of this case.
2. Define eclampsia. Enumerate two differential diagnosis of eclampsia. What are its complications? Outline the management of antepartum eclampsia in a primigravida at 34 weeks of gestation. (1+1+3+5=10)
3. Write notes on (6×3=18)
  - a. Partograph
  - b. Iron metabolism in pregnancy
  - c. Delivery of after coming head of breech

**Section – B (Gynaecology = 37 marks)**

1. What are the clinical features of malignant ovarian tumours? How will you investigate & treat a post-menopausal woman with clinical suspicion of ovarian malignancy? (3+3+4=10)
  2. A 40 years old, multiparous woman presented with severe dysmenorrhoea & profuse uterine bleeding for last one year. On bimanual examination uterus symmetrically enlarged to 12 weeks size & tender, What are the differential diagnoses? How will you investigate and treat her? (2+4+4=10)
  3. Write notes on (6+6+5=17)
    - i. LNG-IUS
    - ii. Screening of carcinoma cervix
    - iii. Clinical features & management of Trichomonal vaginitis
- \*\*\*\*\*



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3<sup>rd</sup> Professional MBBS Final Examination 2018  
Obstetrics & Gynaecology

Time: 3 Hrs

Max.Marks:75

Use separate answer sheets for both Section-A & B. Answer all the questions. Draw diagram wherever necessary.

Section – A (Obstetrics)

1. A 30-year, G2P1 with previous CS presented at 38 weeks of gestation with profuse bleeding per vaginum. Discuss the differential diagnosis. How will you manage this case? Mention the complications. (3+5+2=10)
2. Define anaemia in pregnancy. Enumerate common causes. What are the antenatal complications? Outline the management plan of a primigravida at 24 weeks of gestation with 6 gm% haemoglobin level. (1+2+2+5=10)
3. Write short notes on: (6 x 3=18)
  - a) Use of magnesium sulphate in obstetrics
  - b) Trial of labour after caesarean section (TOLAC)
  - c) Diagnosis and treatment of pre-term labour

Section – B (Gynaecology)

4. What are the clinical features of cervical carcinoma? Describe the recent FIGO staging of carcinoma cervix. Discuss the management of stage IB carcinoma cervix in a female aged 35 years. (2+4+4=10)
5. A 21-year unmarried girl presented with irregular menstrual cycles for last 2 years. What are the differential diagnoses? How will you investigate and treat her? (2+4+4=10)
6. Write short notes on: (6+6+5=17)
  - a) Diagnostic hysteroscopy
  - b) Mechanism of action and uses of Clomiphene citrate in gynaecology
  - c) Anterior colporrhaphy

\*\*\*\*\*The End\*\*\*\*\*



ix → Compl<sup>n</sup> stockings  
→ Hepa<sup>n</sup>'s (for prevent<sup>n</sup>)

Qs

Obi

1. Dx of preg.
2. Eval<sup>n</sup> of lady & assessment  
preg loss
3. Medical mx of ectopic preg.
4. Active mx of 5th stage labour
5. BPP
6. Mx of PE
7. Methods of 2nd T mtp
8. DTA
9. HELLP syn.
10. Ind<sup>n</sup> of labour
11. Mx of woman & cardiac  
disease in labour
12. Eval<sup>n</sup> of care of 1<sup>st</sup> amniorrhea
13. Compl<sup>n</sup> of post dated preg
14. GTN

Gyn:

1. Menopause
2. Tests for tubal patency
3. Tuberculo or Salpingitis
4. Em, CF, mx (ovarian Em)
5. PALM - COEIN
6. PCOS
7. Course of pelvic infection
8. Rad degener<sup>n</sup> of fibroid
9. O/O of uterine prolapse
10. Med. mx of em
11. Dermoid cyst (ovary)
12. FIGO class<sup>n</sup> of staging  
of Ca cervix
13. Infertility, causes, eval<sup>n</sup> protocol
14. CIN III

15. Intrapartum mx of HIV +ve women
16. CV changes during preg
17. AN fetal surveillance
18. Screening of GDM
19. Mx of atonic PPH
20. ANC case
21. Mx (tubal ectopic preg)
22. Ind<sup>n</sup> in preeclampsia
23. Ind<sup>n</sup> of labour
24. c/s of placenta previa
25. Dx of RUFO
26. Hepatitis during preg
27. Internal rotat<sup>n</sup>
28. Screening of Ca cervix

16. Follow up case of Hydatiform mole after evacuation
16. Asherman syndrome
17. Semen analysis
18. Dx of menopause
19. postpartum sterilizat<sup>n</sup>
20. Eval<sup>n</sup> of a case of 2<sup>o</sup> anaemia
21. Mx (Hydatiform mole)
22. May's syn.
23. Adenomyosis
24. Dysgerminoma

20/9/17

minor operative procedures in gynecology

\* major procedure → Colposcopy



- Diag. of preg.
- Evln of 29 yr old lady 2 succ. preg loss
- ectopic preg - Med Mx
- 3rd stage - active Mx
- Biophysical profile
- menopause
- tests for tubal preg.
- preeclampsia - Mx
- 2nd trim MFP
- Tubercular salpingitis

- abruptio placenta clif
- tubal patency test
- amniotic fluid
- Bartholin's gland
- Gest. HS - Mx
- Hormone ther. menopause
- 2<sup>nd</sup> PPH
- Non-stress test
- POP
- Semen analysis
- ANC

- preeclampsia - invagin
- placenta previa - clif
- menopause - Dx
- postpartum sterilism
- Dx of IUFD
- 2<sup>o</sup> amenorrhea - vulm
- complex post-dated preg
- H. mole - Mx
- Hepatitis during preg.
- Meig's syndrome
- Intraoral rotm
- Adenomyosis

- CVS changes during preg.
- gestational ans. screening
- CVS changes
- CIN II
- Pichemous syndrome
- followup of H. mole
- DTA
- HELLP syndrome
- Indcn of labour
- PALM COEIN clafen
- PCOS
- Cause of pelvic cysts

- Dysgerminoma
- Ca cervix - screening
- Cardiac dis. - Mx
- P amenorrhea - vulm
- GTN
- HIV the common. (integrated) Mx
- Red degeneration
- Prelytic - Dx
- Endometriosis - Mx
- Dermoid cyst
- Ca cervix - FGD clafen



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