

# All India Institute of Medical Sciences, Bhubaneswar 4<sup>th</sup> Professional MBBS Final Examination 2021(B – 2017) Time: 3 Hours Paper-I (Obstetrics) Max Marks: 100

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

### Section - A

 A 35-year-old primigravida conceived after 5 years of infertility treatment has come to your OPD for antenatal checkup. She gives history of two episodes of bleeding per vagina at different intervals during this pregnancy. On examination height of uterus is 4 weeks more than the period of amenorrhea.

Considering the above clinical scenario: -

(2+2+2+4=10)

- a. What are the differential diagnosis?
- b. What is the most probable diagnosis (with explanation)?
- c. Add one clinical examination finding of your choice to reach in a definite clinical diagnosis.
- d. What are the different complications during pregnancy in the above diagnosis you have made?
- 2. Write short notes on the following: -

(8x5=40)

- a. Differentiate male and female Gametogenesis
- b. Complications and management of Hyperemesis Gravidarum
- Principle of management of different stages of labour in a valvular heart diseases patient
  - Neonatal complications of diabetic mother
  - Bishop's score and methods of cervical ripening
- f. Complications of episiotomy
- g. Diagnosis & investigations of gestational hypertension
- h. Define the followings:
  - i. Partograph
  - ii. Internal rotation
  - iii. Vertex

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- iv. Anemia during pregnancy
- v. Ovulation

Page 1 of 2



### Section - B

**3.** A 28- year old, Para 2, living 2 women referred due to heavy bleeding per vagina following the child birth, 3 hours back in a primary health centre. Discuss the differential diagnosis. How will you clinically approach & manage this case?

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(3+3+4=10) ,

(8x5=40)

4. Write short notes on:

e.

f.

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- a. Vaccination in pregnancy
- b. Pritchard's regimen
- Hemolytic diseases of new born
- d.) Braxton Hicks contraction
  - Janani Suraksha Yojana (JSY)
  - Uses of prostaglandins in obstetrics
  - Prediction of Preeclampsia
  - Deep transverse arrest (DTA)

Page 2 of 2



# ALL INDIA INSTITUTE OF MEDICAL SCEINCES, BHUBANESWAR DEPARTMENT OF OBSTETRICS & GYNECOLOGY SIJUA, PO - DUMDUMA, BHUBANESWAR, ODISHA, PIN – 751019

PRE-PROFESSIONAL THEORY EXAMINATION (MBBS 2017 BATCH)

Subject – Paper I (Obstetrics) Date – 1<sup>st</sup> Nov 2021, Time – 2pm to 5pm (3hrs) Total marks – 100 Answer all questions with neat diagrams wherever necessary Answer each section in separate answer sheets

### SECTION A (50 MARKS)

1. A 32-year, Primigravida at <u>32 weeks</u> of pregnancy presented for antenatal checkup. She had history of treatment for infertility and pregnancy occurred after in-vitro fertilization and embryo transfer (IVF-ET). On examination her blood pressure is 146/94 mm of Hg & height of uterus is 36 weeks.

- a) Mention 04 (four) differential diagnosis in this case.
- b) How will you evaluate the case to confirm the diagnosis?
- c) Outline the treatment plan till delivery.

(2+5+3 = 10)

(8X5 = 40)

- 2. Write short notes on the following:-
- a) Cardiovascular changes during pregnancy
- b) Face to pubis delivery
- c) HAEMOSTASIS algorithm
- d) Prerequisites for outlet forceps
- e) Clinical features and management of septic abortion
- f) Pathophysiology of immune hydrops fetalis
- g) Management of eclampsia at 36 weeks
- h) Define the followings:
  - · i) Engagement
  - · ii) Moulding
  - iii) Puerperal pyrexia
  - iv) Illustrative diagram of abdominal circumference
  - v) Neglected shoulder presentation

#### SECTION B (50 MARKS)

- A 27-year-old booked primigravida at 40 weeks without any risk factors admitted for safe confinement. On examination, pulse is 84/min, blood pressure is 110/80mmHg, uterus term size, cephalic presentation with FHR of 142/min.
  - a) How will you manage further?
  - b) Define induction of labour.
  - c) List the indications for induction of labour.
  - d) What are different methods of induction of labour?

(3+1+3+3=10)

Page 1 of 2



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- 2. Write short notes on the following:
  - a) Aneuploidy screening
  - b) Types of deceleration in cardiotocography
  - c) Iron therapy during pregnancy
  - d) Peripartum management of HIV positive pregnant woman
  - e) Signs and symptoms of molar pregnancy
  - f) Episiotomy and its complications
  - g) Jaundice in new born
  - h) Define
    - i) Partograph
    - ii) Post-partum hemorrhage
    - iii) Normal labour
    - iv) Cesarean section
    - v) Maternal mortality ratio

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(8x5 = 40)



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## IMPROVEMENT EXAMS FOR BATCH 2017 Date – 27<sup>th</sup> Aug 2021, Time – 2pm to 3:30pm (1.5 hrs) Total marks – 50 Answer all questions with neat diagrams wherever necessary

Q1. A 30 year old G2P1L1 delivers twins in a hospital at 37 weeks of gestation. After 60 minutes of delivery, the nurse on duty discovers patient is lying in a pool of blood. O/E – woman is perspiring excessively with altered sensorium, pulse – 110/min, feeble, BP – 60mmHg systolic, diastolic not recordable, peripheries cold and clammy, pallor +++. Per abdomen examination reveals uterus flabby but becomes firm on massaging. P/V – Clots felt in vagina. (10 marks)

- a) What is your most probable diagnosis? Justify (2)
- b) Enumerate the risk factors for this complication. (3)
- c) Outline the step wise management of this case supporting it with a flow chart (5)

Q2. Write short notes on the following :-

(8\*5=40)

- a) Definition and causes of puerperal pyrexia
- b) Screening strategies for carcinoma cervix
  - c) Pathogenesis of endometriosis
  - d) Pritchard's regimen
- (e) Classification and management of placenta accreta spectrum disorders
- f) Risk factors and staging of endometrial cancer
- g) FIGO classification of fibroids
- h) DIPSI vs IADPSG criteria for screening for gestational diabetes



## ALL INDIA INSTITUTE OF MEDICAL SCEINCES, BHUBANESWAR DEPARTMENT OF OBSTETRICS & GYNECOLOGY SIJUA, PO - DUMUDUMA, BHUBANESWAR, ODISHA, PIN – 751019 <u>END 8<sup>th</sup> SEMESTER THEORY EXAMS FOR BATCH 2017</u> Date – 3<sup>rd</sup> July 2021, Time – 2pm to 5pm (3hrs) Total marks – 100 Answer all questions with neat diagrams wherever necessary Answer each section in separate answer sheets

### SECTION A (OBSTETRICS - 50 MARKS)

1. A 36 year old primigravida, conceived after IVF with twin pregnancy, presents at 32 weeks with complaints of headache and blurring of vision for 2 days. O/E – Weight – 90kg, Pallor +, facial puffiness +, bilateral pedal edema ++, BP – 150/110mmHg, P/A – Uterus 36 wks, relaxed, parietal wall edema +, multiple fetal parts felt, pelvic grip reveals soft, broad irregular structure, both FHS heard.

 What is your diagnosis? Identify and enumerate the risk factors in this woman for this condition. What investigations will you do? How will you manage her?
 (2+2+3+3 = 10)

 2. Write short notes on the following : (8\*5 = 40)

- a) Definition, indications and types of episiotomy
- b) Trial of labour after Cesarean
- c) Causes of feto-maternal haemorrhage and anti-D prophylaxis
- d) Neglected shoulder presentation
- x e) Non-stress test
- f) Principles of medical nutrition therapy
- g) Medical management of ectopic pregnancy
- (h) McAfee regimen

# SECTION B (GYNAECOLOGY - 50 MARKS)

1. A 48 year old P4L4 presented with abnormal blood stained discharge per vaginum for last 6 months. O/E – She is cachectic. P/S – A 4\*3 cm mass seen over posterior lip of the cervix, friable, bleeds on touch.

Enlist 4 differential diagnoses of this case. Discuss the clinical approach for this case. Write the<br/>necessary investigations and principles of treatment for her.(2+3+3+2=10)2. Write short notes on the following :-(8\*5=40)

- -a) Indications and complications of hysterectomy
- め) Definition and causes of azoospermia
- Conservative medical management of fibroid uterus
- d) Emergency contraception
- e) Diagnosis of endometrioma
- (f) Management of low risk GTN
- (%g) Risk factors and stages of pelvic organ prolapse
- sh) Differentiation between benign and malignant ovarian tumors

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