RMC Rehman Medical College

Roll No: 19- 045
Date: 05/12/2024

MCQs

MBBS 5th Prof.
EOSE-P
(Renal-3 & Endocrine/Reproduction-3)

Time: 120 min Marks: 120

- Write your Roll No. on Scoring sheet & Question Paper.
- Select the best answer from given choices by filling the circle in Scoring sheet as ●

1. 35 years old male presented with weakness and difficulty in getting up from bed, which of the following is most likely electrolyte imbalance.
   a. high
   b. low potassium
   c. low sodium
   d. high magnesium
   e. low zinc
2. In patients with ckd, which of the following is the most important contributor to renal osteodystrophy?
   a. Impaired renal production of 1,25-dihydroxyvitamin d3 [1,25(oh)2d3]
   b. Hypocalcemia
   c. Hypophosphatemia
   d. Loss of vitamin d & calcium via dialysis
   e. The use of calcitriol

   A
3. What is the most significant factor leading to the development of anemia in patients with ckd?
   a. Reduced absorption of iron
   b. Increased erythropoietin resistance
   c. Reduced erythropoietin levels
   d. Reduced erythropoiesis due to toxic effects of uremia on bone marrow
   e. Blood loss due to capillary fragility & poor platelet function

   C
4. Oval fat bodies, fatty casts & increased urinary protein are found in the following?
   a. Obstructive nephropathy
   b. Acute tubular necrosis
   c. Pyelonephritis
   d. Nephrotic syndrome
   e. None of the above

   D.
5. An elderly woman develops a uti, becomes confused & does not eat or drink for three days at her nursing home. She is found to have a bp of 70/50 mmhg (very low). Which one of the following iv fluids would you recommend?
   a. Half normal saline
   b. Normal saline
   c. 5% dextrose & water
   d. Hypertonic saline
   e. One-quarter normal saline
6. which of the following is the investigation of first choice in 15 year old girl with fever and dysuria?
   a. Ultrasound
   b. Urine re
   c. Peripheral smear
   d. Blood c/s
   e. ESR
7. Which is the best screening investigation for relatives of patient of polycystic kidney disease?
   a. Serum creatinine
   b. Urea
   c. Ultrasound
   d. Ct abdomen
   e. X-ray kub
8. An 8-year-old boy presents to his GP with swelling around his eyes and limbs, tiredness and weight gain. The GP performs a urine dip. What is the most likely underlying pathology in this child
   a. IgA nephropathy
   b. Minimal change disease
   c. Glomerulosclerosis
   d. Type I diabetes mellitus
   e. Membranous glomerulonephritis
9. A 63-year-old man is admitted with severe right sided loin pain to the Emergency Department. A urine dipstick shows blood +++, leucocytes +, protein +. An abdominal radiograph is therefore ordered which shows a stag-horn calculus in the right renal pelvis. What are stag-horn calculi normally composed of
   a. Xanthine
   b. Calcium
   c. Uricacid
   d. Magnesium calcium phosphate
   e. Cysteine
10. A patient presents with fever, flank pain, dysuria, costovertebral angle tenderness, papillary necrosis, pyonephrosis and perinephric abscess. Laboratory findings indicate elevated creatine and BUN levels. Laboratory findings will also reveal:
    a. WBC casts
    b. RBC casts
    c. Granular casts
    d. No casts

e. None of the above

11. Young male patient with Severe lumbar pain attack, usually one-sided, irradiates by ureter to perineum, ... by spasmolitics. This could be:
    a. Nephritic syndrome
    b. Urinary infection
    c. Chronic glomerulonephritis
    d. Renal colic
    e. Nephrotic syndrome
12. A patient complains for sudden attack of fatigue, headache, elevated blood pressure, vision troubles, oliguria and changes in urine colour also are present, this could be:
    a. Acute urinary tract infection
    b. Nephritic syndrome
    c. Nephrotic syndrome
    d. Chronic renal failure
    e. RENAL STONES
13. Antibodies most commonly seen in drug induced systemic lupus erythematosus-
    a. Anti ds DNA Ab
    b. Anti Smith Ab
    c. Anti Ro Ab
    d. Anti histone Ab
    e. Anti neutrophilic antibody
14. Most common agent causing catheter induced UTI in females is-
    a. E. coli
    b. Pseudomonas
    c. Staph aureues
    d. Proteus
    e. Candida
15. Most common cause of CKD in adults is-
    a. Hypertension
    b. Diabetes Mellitus
    c. Tuberculosis
    d. Glomerulonephritis
    e. Acute interstial nephritis
16. A 36-year-old woman has urinary frequency with dysuria for the past 4 days. On physical examination she has no flank pain or tenderness. A urinalysis reveals sp. gr. 1.014, pH 7.5, no glucose, no protein, no blood, nitrite positive, and many WBC's. She has a serum creatinine of 0.9 mg/dL. Which of the following is the most likely diagnosis
    a. systemic lupus erythromatosis
    b. Urinary stones
    c. Acute cystitis
    d. Urothelial carcinoma
    e. Malakoplakia
17. A clinical study is performed with pediatric subjects who had a diagnosis of minimal change disease. These patients were observed to have prominent periorbital edema at diagnosis. Laboratory test findings from serum and urine tests were analyzed. Which of the following urinalysis test findings is most likely to have been consistently present in these subjects?
    a. Nitrite positive
    b. Proteinuria >40 mg/m2/hr
    c. Hematuria with >10 RBC/hpf
    d. Renal tubular epithelial cells and casts
    e. Calcium oxalate crystsls
18. A 30-year-old man has noted puffiness around his eyes and swelling of his feet with red discolouration of urnine for the past 2 weeks. On physical examination his blood pressure is 155/95 mm Hg. Urine microscopic examination reveals 2+PROTIEN with rbcs. Which of the following conditions is he most likely to have?
    a. Ascending pyelonephritis
    b. Nephritic syndrome
    c. Nephrotic syndrome
    d. Obstructive uropathy
    e. UTI
19. An 11-year-old girl has increasing lethargy and has passed dark-coloured urine for the past week. She had a sore throat two weeks ago. On physical examination she is afebrile with blood pressure 140/90 mm Hg. Laboratory studies show her serum creatinine is 2.8 mg/dL and urea nitrogen 24 mg/dL. Urinalysis shows 2+ blood, 2+ protein, no glucose, and no ketones. Microscopic urinalysis shows dysmorphic RBC's. most likely to be present in this girl?
    a. Drug-induced interstitial nephritis
    b. Nephrotic syndrome
    c. Post-streptococcal glomerulonephritis
    d. Obstructive uropathy
    e. UTI
20. 53-year-old man has passed darker urine for the past week. On physical examination there are no abnormal findings. A urinalysis shows pH 5.5, specific gravity 1.013, 2+ blood, no protein, and no glucose. A urine cytology is performed and there are atypical cells seen. A cystoscopy is performed, but no mucosal lesions are noted. He has a 60 pack year history of smoking cigarettes. Which of the following is the most likely diagnosis?
    a. Nodular glomerulosclerosis
    b. Obstructive uropathy
    c. Bladder cancer
    d. Nephrolithiasis
    e. UTI

College

21. Which of the following differentiate acute kidney failure from chronic renal failure
    a. increase urinary sodium excretion
    b. LT ventricular hypertrophy
    c. hypophosphatemia
    d. renal sizes on ultrasound
    e. hypokalemia
22. A 14 year old boy developed facial puffiness and lower limb edema . urine re shows 3 + proteinuria .renal biopsy shows minimal change disease, drug of choice is?
    a. Ace inhibitors
    b. Prednisolone
    c. Statins
    d. Furesomide
    e. Cyclophosphamide
23. Which of the following is the most common cause of urinary tract infection (UTI) in adults?
    a. Staphylococcus aureus
    b. Escherichia coli
    c. Klebsiella pneumoniae
    d. Pseudomonas aeruginosa
    e. All the above
24. What is the gold standard investigation for diagnosing urolithiasis?
    a. Plain X-ray KUB
    b. Ultrasound abdomen
    c. Non-contrast CT scan
    d. Intravenous pyelography (IVP)
    e. None of the above
25. A 25-year-old male presents with a painless testicular mass. What is the most likely diagnosis?
    a. Epididymitis
    b. Hydrocele
    c. Testicular cancer
    d. Varicocele
    e. All of the above
26. Which type of urinary incontinence is characterized by leakage with sneezing or coughing?
    a. Urge incontinence
    b. Overflow incontinence
    c. Stress incontinence
    d. Functional incontinence
    e. None of the above
27. What is the initial management for a patient presenting with obstructive uropathy and hydronephrosis?
    a. Emergency cystoscopy
    b. Antibiotics and observation
    c. Placement of a ureteric stent or per cutaneous nephrostomy (PCN)
    d. Open surgery
    e. All of the above
28. What is the most common cause of epididymitis in men under 35 years of age?
    a. Escherichia coli
    b. Mycobacterium tuberculosis
    c. Chlamydia trachomatis
    d. Treponema pallidum
    e. All of the above
29. Which of the following is a known risk factor for bladder cancer?
    a. Smoking
    b. High-protein diet
    c. Low fluid intake
    d. Obesity
    e. None of the above
30. A 60-year-old male presents with difficulty urinating and a weak urinary stream. Which investigation is most appropriate initially?
    a. PSA testing
    b. Digital rectal examination
    c. Urodynamic study
    d. MRI pelvis
    e. None of above
31. Which is the most common congenital anomaly of the kidney?
    a. Horseshoe kidney
    b. Polycystic kidney disease
    c. Vesicoureteral reflux
    d. Duplex kidney
    e. None of the above
32. The triad of hematuria, flank pain, and a palpable mass is most characteristic of which condition?
    a. Renal cell carcinoma
    b. Wilms' tumor
    c. Hydronephrosis
    d. Polycystic kidney disease
    e. None of the above
33. Commonest cause of bilious vomiting in neonate is
    a. Necrotizing enterocolitis
    b. Meconium ileus
    c. Duodenal atresia
    d. Intestinal malrotation with volvulus
    e. [illegible] disease

A 5 year child presents to the OPD with painless bleeding PR of 1 year duration. The likely diagnosis is
a. Ca colon
b. Ca rectum
c. Hemorrhoid
d. Polyp
e. Anal fissure

35. On the fifth postoperative day following total thyroidectomy a patient complains of tingling of the fingertips and is found to have a serum calcium level of 5.6 mg/dL. The next step in the treatment of this patient should be:
a. Carful observation until the calcium level increases
b. Administration of vitamin d2 or d3, 50,000 to 100,000 units/day
c. Administration of diydrotachysterol, 1 mg/day
d. Administration of 1,25 (oh)2 d3 (calcitriol), 1to 2 mg/day
e. Administration of calcium gluconate, 3 to 6 g/day, by slow intravenous drip

36. A 23 year old woman presents with a 1cm small smooth, firm, mobile mass in her left breast. She is very anxious. What is the most investigation to be done?
a. Mammography
b. Ultrasound breast
c. FNAC
d. Mammography and Ultrasound
e. Tumor markers

37. A 60 year old patient recovering from a surgery for toxic goiter is found to be hypotensive, cyanosed in the recovery room. Exam: neck is tense. There is oozing of blood from the drain. What is the most probable diagnosis?
a. Thyroid storm.
b. Reactionary hemorrhage
c. Secondary hemorrhage
d. Primary hemorrhage
e. Tracheomalacia

38. Regarding follicular adenoma of thyroid all of the following statement are true except:
a. Presents as clinically solitary nodule
b. In adenoma there is no invasion of capsule or peri-capsular blood vessels
c. Lobectomy is the treatment
d. Diagnosis is confirmed on FNAC
e. The remaining thyroid tissue is normal

39. All the following statements regarding myxedema are true except:
a. The symptoms and signs of hypothyroidism are accentuated
b. The facial appearance is typical
c. There is malar flush and yellow ting to the skin
d. There is supraclavicular puffiness
e. Myxodene coma is characterized by a rise in temperature

40. Which of the following is the most likely diagnosis in a 45 years old female patient with hypertension, facial hair and a 7cm suprarenal mass?
a. Cushing's disease
b. Meylolipoma
c. Adrenocortical carcinoma
d. Pheochromocytoma
e. Carcinoid

41. A 30 years old nonalcoholic male has noticeable gynaecomastia since age 18 years. He is reluctant to swim or to exercise at a gym for fear or having an object of derision. He should be advised to have which of the following.
a. Mastectomy
b. Observation
c. Needle biopsy of the breast
d. Endocrine workup and substaneous mastectomy
e. Testosterone therapy by transdermal patch

42. The classic mnemonic "stone, bones, abdominal groans, thrones and psychiatric moans" is associated with:
a. Hyperparathyroidism
b. Hypoparathroidism
c. Hyper thyroidism
d. Hypothyroidism
e. pseudohypoparathyroidism

43. Nephrotic syndrome is characterize by all off the following except?
a. Proteinuria
b. Hypercholesterolemia
c. Edema
d. Hypertension
e. None of the above

44. Histologically what is the most common type of nephrotic syndrome present in children?
a. Membranous nephropathy.
b. Minimal change disease.
c. Post steptococcal glomeruluronephropathy
d. IG a m -nephropathy
e. Focal segmental glomerulosclerosis.

45. Which of the following is the characteristics of nephritic syndrome?
a. Hematuria
b. Proteinuria
c. Edema
d. Hypoalbunemia
e. None of the above.

46. Urinary tract infection is defined as..
a. Culture of a pure growth of organisms> 5000 per 1ml of urine sample.
b. Culture of a pure growth of organisms> 50000 per 1ml of urine sample.

c. Culture of a pure growth of organisms> 1000 per 1ml of urine sample.
d. Culture of a pure growth of organism > 100000 per 1ml of urine sample.
e. Culture of a pure growth of organisms> 1000000 per 1ml of urine sample.

47. 8 months old child presents with failure to thrive. On examonation, height and weight are less than the 5th percentile. On investigations, there is hyponatremia, hypokalemia, abgs shows metabolic alkalosis. What will be the possible diagnosis?
a. Little's syndrome.
b. Bartter syndrome.
c. Gietalman syndrome.
d. Turner syndrome.
e. None of the above.

48. Sudden reduction in renal function , so that the kidney is unable to excrete nitrogenous waste products and there is disturbance of water and electrolyte balance.
a. Chronic renal failure.
b. Urinary tract infection
c. Acute renal failure.
d. None of the above.
e. All of the above

49. The endocrine gland responsible for the body's circadian rhythm is the:
a. Thymus
b. Pineal gland.
c. Parathyroid
d. Pituitary gland
e. None of the above.

50. Endocrine glands differ from exocrine glands in that
a. Endocrine glands are ductless and exocrine glands release secretions at the body's surface or into ducts.
b. Endocrine glands release hormones, whereas exocrine glands release waste.
c. Endocrine glands are formed by epithelial tissue, but exocrine glands are primarily connective tissue.
d. Endocrine glands are all interconnected; whereas exocrine glands act completely independently
e. None of the above.

51. Regarding calcium metabolism
a. High calcium levels leads to tetany.
b. 85-90% is in the skeleton.
c. High calcium levels activate PTH
d. Bone turnover is 80% per year in infants
e. Chronic low calcium leads to secondary hyperparathyroidism.

52. Effects of hypothyroidism include all but this :
a. Diarrhoea
b. Lethargy.
c. Weight gain.
d. Anorexia.
e. None of the above.

53. According to the ADA criteria, which of the following is a diagnostic fasting plasma glucose (FPG) value for diabetes mellitus?
a. ≥100 mg/dL (5.6 mmol/L)
b. ≥110 mg/dL (6.1 mmol/L)
c. ≥126 mg/dL (7.0 mmol/L)
d. ≥140 mg/dL (7.8 mmol/L)
e. >150 mg/dL (3.6 mmol/L)

54. Which of the following hemoglobin A1c (HbA1c) values meets the ADA criteria for the diagnosis of diabetes mellitus?
a. ≥5.7%
b. ≥6.0%
c. ≥6.5%
d. ≥7.0%
e. >5.0%

55. Which of the following random plasma glucose (RPG) levels is diagnostic for diabetes mellitus when accompanied by classic symptoms of hyperglycemia?
a. ≥140 mg/dL (7.8 mmol/L)
b. ≥160 mg/dL (8.9 mmol/L)
c. ≥180 mg/dL (10.0 mmol/L)
d. ≥200 mg/dL (11.1 mmol/L)
e. >100 mg/dL (12.4 mmol/L)

56. Which test is recommended by the ADA for screening gestational diabetes mellitus (GDM) between 24 and 28 weeks of gestation?
a. Fasting plasma glucose (FPG)
b. Oral glucose tolerance test (OGTT)
c. HbA1c
d. Random plasma glucose (RPG)
e. None of the above

57. Which of the following is a contraindication for the use of GLP-1 receptor agonists?
a. History of pancreatitis
b. Chronic kidney disease with GFR >30 mL/min/1.73 m^2
c. Hyperlipidemia
d. Obesity
e. All of the above

58. According to the ADA, which combination of medications is recommended for type 2 diabetes patients with atherosclerotic cardiovascular disease (ASCVD)?
a. Metformin and sulfonylureas
b. Insulin and meglitinides
c. GLP-1 receptor agonists or SGLT2 inhibitors

d. Thiazolidinediones and alpha-glucosidase inhibitors
e. None of the above

59. Which of the following is NOT a component of metabolic syndrome?
    a. Abdominal obesity
    b. Hypertriglyceridemia
    c. Low LDL cholesterol
    d. Elevated fasting blood glucose
    e. None of the above
60. Which waist circumference threshold defines abdominal obesity as part of metabolic syndrome in men (according to the International Diabetes Federation)?
    a. >88 cm (35 inches)
    b. >94 cm (37 inches)
    c. >102 cm (40 inches)
    d. >120 cm (47 inches)
    e. >145 cm (50 inches)
61. Which of the following is the ADA-recommended first-line treatment for type 2 diabetes in patients with coexisting heart failure?
    a. Thiazolidinediones
    b. Sulfonylureas
    c. SGLT2 inhibitors
    d. GLP-1 receptor agonists
    e. SGLT3 inhibitors
62. What is the recommended LDL cholesterol target for patients with diabetes and a high risk of cardiovascular disease?
    a. <100 mg/dL
    b. <70 mg/dL
    c. <130 mg/dL
    d. <90 mg/dL
    e. <45 mg/dL
63. Which of the following non-pharmacological interventions is most effective in managing metabolic syndrome?
    a. Weight loss of 3–5%
    b. Resistance training twice weekly
    c. Mediterranean-style diet and increased physical activity
    d. Fasting for at least 16 hours daily
    e. Weight loss of 7-9%
64. Which of the following GLP-1 receptor agonists is approved for chronic weight management in obese patients without diabetes?
    a. Dulaglutide
    b. Semaglutide
    c. Exenatide
    d. Sitagliptin
    e. None of the above
65. A 25 years old PG has come for routine visit at 38 weeks. On examination , fetus is of average size with cephalic presentation but her head is free. On pelvic assessment, the sacral promontory is reachable, interischial diameter is normal and outlet is also normal. What is the best management plan for her?
    a. Emergency c.section
    b. C.section when goes in labour
    c. Elective c.section at 39 weeks
    d. Admit and induction of labor
    e. Allow to go in spontaneous labor &trial of labor
66. Conservative management of placenta previa includes all except:
    a. Admit and keep record of vitals
    b. Anti d administration
    c. Cervical cerclage
    d. Blood transfusion
    e. Steroid cover
67. Risk factors for Placental Abruption include all except :
    a. Pimiparity
    b. Smoking
    c. Preeclampsia
    d. Advanced maternal age
    e. Cocaine use
68. A 32 years PG with 37 weeks gestation comes to ER with vaginal bleeding. Her vitals are stable. On abdominal examination, uterus is relaxed with fundal height of 38 weeks with cephalic presentation with free head. FHS are normal, no active bleeding at the moment. All of the following are done except:
    a. Urgent ultrasound
    b. End blood investigations
    c. Pelvic examination
    d. Urgent admission
    e. Arrange blood
69. G2P1 with 35 weeks gestation comes to labor room with major Placenta Previa and bleeding per vagina. Her BP is 90/60 and pulse is 110/min. On examination, uterus is relaxed and fetus in transverse lie. FHS are normal. What is the best management?
    a. A: admit in ward &conservative treatment
    b. B: resuscitate &immediate C-section
    c. C: resuscitate and induction of labor
    d. D: resuscitate & C. Section once she goes in labor
    e. E: admit and await spontaneous onset of labor

70. A 30 years G4P3 with 36 weeks gestation presents with excessive bleeding per vagina for 2 hours. On examination FHS are positive, and fundal height is 34 weeks, oblique lie and soft uterus. What is the most likely diagnosis?
    a. A: placental abruption
    b. B: placenta previa
    c. C: hematuria
    d. D: carcinoma cervix
    e. E: vasa previa
71. Normal labor is a process during which regular contractions of the gravid uterus expel the fetus & placenta:
    a. A: between 37 & 42 weeks of gestation
    b. B: before 37 weeks of gestation
    c. C: after 37 weeks of gestation
    d. D: after 42 weeks of gestation
    e. E: after 24 weeks of gestation
72. Regarding stages of labor:
    a. A; first stae of labor ends with delivery of the fetus
    b. B: second stage is divided into latent and active phase
    c. C: third stage begins after delivery of the baby &ends with delivery of placenta
    d. D: third stage lasts for 2 hours
    e. E: duration of first stage of labor is same both for PG &multigravida
73. active management of third stage of labor include all except:
    a. A: Injection oxytocin after delivery of baby
    b. B: controlled cord traction
    c. C: uterine massage
    d. D: cord clamping
    e. E: supra pubic pressure
74. Cardinal movements of labor include:
    a. A: descent, engagement, flexion, restitution, internal rotation, extension
    b. B: engagement, descent, internal rotation, flexion, restitution, extension
    c. C: engagement, descent, flexion, internal rotation, extension, restitution
    d. D: descent, engagement, flexion, extension, internal rotation, extension
    e. E: engagement, descent, flexion, internal rotation, restitution, extension
75. A 35 weeks pregnant woman comes with complain of pain abdomen and bleeding per vagina for 3 hours. Her BP is 140/100 and uterus is tense and tender with absent FHS. What is the most likely diagnosis?
    a. A: placenta previa
    b. B: placental abruption
    c. C: preterm labor
    d. D: polyhydramnios
    e. E: pregnancy induced hypertension
76. False labor pain is characterized by:
    a. show is present
    b. cervix is 4 cm dilated
    c. pain dull in nature
    d. bag of forewaters present
    e. regular contractions
77. The most common cause of postpartum hemorrhage is:
    a. Retained cotyledons
    b. Uterine over-distention
    c. Lower genital tract lacerations
    d. Uterine atony
    e. Hematologic disorders
78. Steps in active management of third stage of labour includes:
    a. Injection syntocinon, tab misoprostol, infusion ringer lactate
    b. Controlled cord traction & intravenous oxytocin
    c. Manual removal of placenta & Uterine massage
    d. Uterine massage & Uterine packing
    e. Uterine packing and tab misoprostol
79. What types of trauma during labour and birth would lead to PPH risk?
    a. Instrumental assisted birth (vacuum or forceps)
    b. C-Section
    c. Lacerations of the cervix or vaginal wall
    d. All of the above
80. The 4 "T's" of PPH are:
    a. Trauma Toxins Tone Tissue
    b. Trauma Tissue Threads Tone
    c. Trauma Toxins Travel Tissue
    d. Trauma Tissue Thrombin Tone
    e. None of the above
81. If continued bleeding occurs during the third stage with a contracted uterus, the cause is most likely to be:
    a. Cervical and perineal lacerations
    b. Placental abruption
    c. Uterine atony
    d. Cervical Polyp
    e. All of the above
82. What are four risk factors for PPH (arising during pregnancy)?
    a. Previous PPH; polyhydramnios; multiple pregnancy; anaemia
    b. Abruptio placenta; Polyhydrominos, grand multi; iron deficiency.
    c. Intrauterine death; abracadabra placenta, previous pph, iron deficiency.
    d. Placenta praevia; polyhydramnios, intrauterine death, hyroceph
    e. A & C

83. A Primary PPH is:
    a. 1000ml or more within first 24 hours of birth
    b. 400ml or more within first 12 hours of birth
    c. 500ml or more within first 24 hours of birth
    d. 500ml or more within first 36 hours of birth
    e. 700ml or more within first 12 hours of birth
84. A secondary PPH occurs:
    a. From 24 hours to 1 week after birth
    b. From 24 hours to 6 weeks after birth
    c. From 24 hours to 10 days after birth
    d. Any time after 24 hours
    e. From 24 hours to 6 weeks after birth
85. You notice abnormal blood loss. You assess that the loss is currently around 400ml. When should you call for help?
    a. Wait until 500ml as that is when it technically becomes PPH
    b. Now. You have detected abnormal blood loss
    c. Once the PPH reached 1000ml
    d. Only when you no longer feel in control
    e. Now. You have detected abnormal blood.
86. After a PPH, and the woman is stable, what should you check?
    a. Leptin
    b. CRP
    c. Leukocytes
    d. Haemoglobin
87. What are the early signs of deterioration due to significant PPH?
    a. Tachycardia & Hypotention
    b. Hypotension
    c. Tachypnea And Pallor
    d. Heart Sinking
    e. Tachycardia And Fainting
88. Congenital rubella is associated with development of what clinical condition 80% of those infants?
    a. Blindness
    b. Deafness
    c. Obesity
    d. Diabetese Militus
    e. None of the above
89. Syphilus is sexually aquired infection caused by:
    a. Trichomonas
    b. Treponima pallidum
    c. Gonococus
    d. Chlamdia
    e. Toxoplasma
90. A fetus is particularly susceptible to rubella infection when maternal infection occurs during what stage of pregnancy?
    a. 1st trimester
    b. 2nd trimester
    c. 3rd trimester
    d. Susceptibility unknown
    e. All of the above
91. Clinical features such as hepatosplenomegaly, skin and mucosal lesions, and a saddle-shaped nose are associated with what congenital infection?
    a. Congenital rubella
    b. Congenital CMV
    c. Congenital syphilis
    d. Congenital HIV
    e. All of the above
92. Congenital HIV infections can be controlled or prevented by
    a. Offering antiviral drugs during pregnancy
    b. Having an elective cesarean section
    c. Avoid breast feeding
    d. All of the above
93. A new born baby develops swelling & edema in the right eye with redness and copious discharge. This is an example of what type of infection that usually causes inflammation and edema of the eye and is more severe?
    a. Congenital HSV
    b. Gonococcal ophthalmia neonatorum
    c. Chlamydia infection
    d. Staphylococcal infection
    e. None of the above
94. The non pregnant uterus measure 80 gram. What is wait of uterus at term pregnancy?
    a. 500 GM
    b. 600 GM
    c. 700 GM
    d. 800 GM
    e. 900 GM
95. The plasma increases by
    a. 20%
    b. 30%
    c. 40%
    d. 50%
    e. 60%

The creatinine clearance in pregnancy
a. Increases
b. Decreases
c. Remains unchanged
d. Average
e. None of the above

97. Dilutional anemia or physiological anemia of pregnancy is more marked at...
a. 28weeks
b. 30wks
c. 32weeks
d. 34weeks
e. 36weeks

98. Regarding thyroid function tests in pregnancy, which statement is true?
a. Free T3 increases
b. Free T4 increases
c. Thyroid binding globulin decreases
d. Bound form of T3 and T4 Increases
e. Pregnancy is hyperthyroid phase

99. The most important parameter in interpreting CTG is
a. Base line rate only
b. Base line rate and variability
c. Baseline rate and acceleration
d. Variability and deceleration
e. Variability only

100. Which pregnancy hormone is responsible for vasodilatation and smooth muscle relaxation
a. Estrogen
b. Relaxin
c. Progesterone
d. Cortisol
e. B. hCG

101. A G3P2 presents at 11 weeks of gestation with previous one thalassemia major child. She wants to test status of her fetus for thalassemia. Which test will you advise?
a. Fetal cord blood sampling
b. Fetal cell free DNA testing
c. Chorionic villous sampling
d. Amniocentesis
e. Post natal fetal blood sampling

102. Which of the following statements about amniotic fluid is incorrect?
a. It contains desquamated cell from fetal skin
b. Disposal of liquor at term is by fetal swallowing and absorption in intestine
c. By term nearly 500ml is secreted daily as fetal urine
d. Amniotic fluid guards the fetus against mechanical shock
e. The temperature of amniotic fluid is not maintained by the mother

103. Regarding amniotic fluid which statement is correct?
a. Amniotic fluid is only water with no organic contents
b. It cannot be used for screening for aneuploidies
c. The PH of amniotic fluid is acidic
d. Loss of amniotic fluid in early pregnancy can form amniotic bands and limbs deformities
e. It has no bacteriostatic activity

104. All the following statements regarding Oligohydramnios are correct except?
a. Amniotic fliud index less than 5th centile for gestation is called Oligohydrmnios
b. Renal tract abnormalities do not cause Oligohydramnios
c. Oligo hydramnios is caused by fetal growth restriction and placental insufficiency
d. Rupture of membranes should be excluded in all cases of Oligohydramnios
e. None of the above

105. Clinically oligohydramnios presents with the following except?
a. Symphysiofundal (SFH) height is small than Period of gestation
b. Fetal poles are easily felt
c. Fetal heart is difficult to auscultate
d. Fetal may develop distress in labour
e. None of the above

106. Low dose aspirin may be used in management of Oligohydrmnios due to
a. Premature rupture of membranes
b. Renal agenesis
c. Multicystic kidneys
d. Placental insufficiency
e. All of the above

107. The cause of Polyhydrmnios include all the following except?
a. Anencephaly
b. Duodenal atresia
c. Multiple gestations
d. Placental insufficiency
e. Twin to twin transfusion syndrome

108. The cause of preterm labour include all the following except?
a. Cervical weakness
b. Infection
c. Multiple gestation
d. Poly hydrmnios
e. Cephalic presentation of fetus

109. Severe Polyhydramnios can be managed by which of the following?
   a. Low molecular weight heparin
   b. Cervical cerclage
   c. Low dose aspirin
   d. Antibiotic
   e. Indomethacin
110. Regarding preterm labour all the following statements are correct except?
   a. Chorio-amnionitis is a major cause
   b. Administration of corticosteroid is recommended
   c. Calcium channel blockers can be used to relax myometrium
   d. Cervical cerclage should be applied
   e. All of the above
111. The following is correct about the drugs used for the management of preterm labour except?
   a. Indomethacin use may cause premature closure of ductus arteriosus if given after 32 weeks
   b. Calcium channel blocker may cause hypotension
   c. Oxytocin receptor antagonist results in inhibition of uterine contractility
   d. In women with cardiac disease with preterm labour beta-agonist are indicated.
   e. None of the above
112. Risk factors for preterm labour include all, except
   a. Hypertension
   b. Placental abruption
   c. Cocaine use, smoking
   d. Unmarried and low socioeconomic status
   e. Primigravida
113. Magnism sulphate is recommended in Preterm labour to
   a. Control fits
   b. Reduce incidence of cerebral palsy
   c. Stop uterine contractions
   d. After 35 weeks of gestation
   e. After 39 weeks of gestation
114. Regarding preconception counselling. what should be ideal HbAIC around time of conception in a known diabetic lady?
   a. < 4.5%
   b. <5.5 %
   c. <6.5%
   d. <7.5%
   e. <7%
115. Which anti diabetic is contraindicated in pregnancy?
   a. Metformin
   b. Long acting insulin
   c. Short acting insulin
   d. Ultrashort acting insulin
   e. sulphonyl urea
116. Which test is gold standard for diagnosis of gestational diabetes?
   a. Fasting blood sugar levels
   b. 2hours post prandial sugar levels
   c. 50gm oral glucose challenge test
   d. 75 gm oral glucose tolerance test
   e. Urine sugar test
117. What is ideal time for delivery of known diabetic with controlled sugar levels?
   a. Completed 36week
   b. Completed 37weeks
   c. Completed 38 weeks
   d. Completed 39 weeks
   e. Can wait till 40weeks
118. Secondary arrest of labour means:
   a. Prolong latent phase.
   b. Failure of cervix to dilate beyond 3cm.
   c. Failure of cervix to dilate beyond 5cm.
   d. Failure of cervix to dilate beyond 7cm.
   e. Failure of presenting part to decent beyond zero station.
119. Internal rotation occurs at which station?
   a. At Pelvic brim.
   b. 2cm above ischial spine
   c. At ischial spine.
   d. 2cm below ischial spine.
   e. Before engagement.
120. 2nd stage of labour is defined as
   a. Onset of uterine contraction till 5cm dilatation of cervix.
   b. Onset of uterine contraction till full dilatation of cervix.
   c. From full dilation of cervix to delivery of baby.
   d. From delivery of baby to delivery of placenta.
   e. None of the above