

Aswan university  
Faculty of Medicine  
Surgical Department

Date :19/6/1018  
Time allowed:3H  
Paper:I

**Final Exam**

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**Q-1**

A-Discuss clinical picture, investigations ,DD and treatment of perforated duodenal ulcer . (20mark)

B-Conservative breast surgery . (20mark)

C- Give short account on clinical presentation ,investigation and treatment of Hyperparathyroidism . (20mark)

**Q-2**

A-Enumerate the causes and investigations of post cholecystectomy obstructive Jaundice (10 mark)

B-Indication and complication of ERCP. (10 mark)

**Q-3**

A-Enumerate causes of postoperative pyrexia. (5mark)

B- Complications of splenectomy. (10mark)

**Q-4**

A-Indication of permnant colostomy. (5 mark)

B- Skin manifestations of breast cancer. (10mark)

C-Enumerate the causes of Painful anal conditions. (5mark)

Q-5

A-Eye manifestations of thyrotoxicosis .

(5 mark)

B-Complication of acute pancreatitis.

(4mark)

C -A patient of obstructive jaundice received vitamin for 5 days for prolonged prothrombin time but no improvement , what the causes?how will you correct prothrombin time in such situation .

(6 mark)

Q-6

A-what are the non surgical treatment of liver malignancy (enumerate five lines of treatment )

(5 mark)

B -Types of trechoesophageal fistula.

(5mark)

C-Complication of esophageal reflux.

(5 mark)

Q-7

A-classification of thyroid neoplasms.

(5mark)

B-Enumerate the differential diagnosis and investigation of mass in the Rt Iliac fossa.

(10 mark)

C- Causes of cushing,s syndrome .

(5mark)

Q-8

A-Indication of RT hemicolectomy.

(5 mark)

B-Neontal intestinal obstruction

(10mark)



# Aswan University

Faculty of Medicine

Department of Obstetrics & Gynecology

MB. Bch Exam of Obstetrics & Gynecology

Paper No. 2: Obstetrics

Date: 17/7/2018

Number of pages: 5

Time allowed: 3 hours

**I. Write a short essay (15 Marks each):**

1. Umbilical cord.
2. Classification (5 Marks) and management (10 Marks) of intrauterine growth restriction (IUGR).
3. Diagnosis (5 Marks) & management (10 Marks) of face presentation
4. Causes (5 Marks) and management (10 Marks) of premature rupture of membranes.
5. Complications (5 Marks) and management (10 Marks) of anaemia with pregnancy.
6. Shoulder dystocia causes (5 Marks) and management (10 Marks).
7. Lower segment cesarean section

**II. Answer the questions on the following case scenarios (45 marks):**

- A. An 18-year-old adolescent female at 7 weeks' gestation by LMP complains of a 2-day history of vaginal spotting and lower abdomen pain. The physical examination reveals a 4-week-sized uterus and unremarkable adnexa. The  $\beta$ -hCG level is 700mIU/mL and no intrauterine gestational sac is noted on endovaginal sonography.
1. What is your provisional diagnosis? (3 marks)
  2. What investigations you suggest? (6 marks)
  3. How can you manage this case? (6 marks)
- B. A 35-year-old G5 P4 woman at term with a prior history of a myomectomy and cesarean delivery is undergoing a vaginal delivery. The retained placenta is firmly adherent to the uterus when there is an attempt at manual extraction
1. What is your differential diagnosis? (3 marks)
  2. What investigations you suggest to confirm diagnosis? (6 marks)
  3. Outline the management of this case? (6 marks)
- C. 20 year old PG is admitted to the reception room comatose. Her family state that she had recurrent fits at home. She is now pregnant at 38 weeks gestation, the BP 190/120, pulse 110/min and temperature 40 degrees. On abdominal examination the fundal level is just below the xiphisternum and the fetus is cephalic and engaged. Vaginal examination shows the cervix to be closed.
1. What is the most likely diagnosis? and why? (3Marks)
  2. How would you explain the hyperthermia? (6Marks)
  3. Outline the management of this case? (6 Marks)

**III. Choose the single correct answer (one mark each):**

1. In a vertex presentation, the position is determined by the relationship of what fetal part to the Mother's pelvis:
  - A. Mentum.
  - B. Sacrum.
  - C. Acromian.
  - D. Occiput.
  - E. Sinciput.
2. The relation of the fetal parts to one another determines:
  - A. Presentation of the fetus.
  - B. Lie of the fetus.
  - C. Attitude of the fetus.
  - D. Position of the fetus.
  - E. None of the above.
3. Regarding Episiotomy:
  - A. Commonly done in Left medio lateral side.
  - B. External anal sphincter is included in episiotomy.
  - C. It is done after the head crown appear (crowning).
4. The volume of amniotic fluid is:
  - A. related to the fetal crown-rump length in the 3rd trimester of Pregnancy
  - B. May be predicted by Ultrasound
  - C. Is reduced in severe rhesus disease
  - D. Increases following amniocentesis
  - E. Is increased in severe pre-eclampsia
5. A biophysical profile includes all of the following assessment parameters EXCEPT:
  - A. Fetal movement.
  - B. Fetal weight.
  - C. Fetal tone.
  - D. Fetal breathing movements.
  - E. Amniotic fluid volume.
6. The following factors affect the incidence of dizygotic multiple pregnancy EXCEPT:
  - A. Induction of ovulation
  - B. Increase maternal age
  - C. Heredity
  - D. Race
  - E. Nulliparity
7. Multiple Gestation is frequently associated with all of the following EXCEPT:
  - A. Hypertension.
  - B. Hydramnios.
  - C. Fertility drugs.
  - D. Post-maturity.
  - E. Pre-term labor.
8. Most common cause of first trimester abortion
  - A. Chromosomal abnormalities
  - B. Syphilis
  - C. Rhesus isoimmunization



- D. Cervical incompetence
  - E. Bifurcate uterus
9. Etiological factor of ectopic pregnancy include all of the following EXCEPT:
- A. Gonococcal Salpingitis
  - B. Tubal surgery
  - C. Combined OCP
  - D. TB salpingitis
  - E. Previous ectopic
10. Velamentous insertion of the cord is associated with an increased risk for:
- A. Premature rupture of the membranes.
  - B. Fetal bleeding before labor.
  - C. Torsion of the umbilical cord.
  - D. Fetal malformation.
  - E. Uterine malformations.
11. Which of the following patients would be most likely to have a placenta previa:
- A. 19-year-old G1, P0, Vertex presentation.
  - B. 24-year-old G2, P1, cephalic presentation, 2/5 palpable.
  - C. 34-year-old G5, P3+ 1(abortion), vertex presentation.
  - D. 36-year-old G7, Previous 5 LSCS, P6, transverse lie.
  - E. 28-year-old G3, P1+1(abortion), head at 0 station.
12. Regarding Abruptio placenta:
- A. Is defined as premature separation of low lying placenta
  - B. There is no increased risk of recurrence
  - C. The etiology of placental abruption is usually known
  - D. The diagnosis of recent placental abruption is frequently confirmed by clinical examination.
  - E. Chronic maternal hypertension is a known cause.
13. In Rhesus Iso-immunization, the following test may be helpful :
- A. Rhesus antibody titer in liquor
  - B. Maternal serum bilirubin level
  - C. Liquor bilirubin level
  - D. Maternal hemoglobin
  - E. Baby gender
14. Regarding Postpartum haemorrhage:
- A. May occur as a consequence of Antepartum haemorrhage.
  - B. Ends with Hypercoagulable state
  - C. Hysterectomy is the first line of treatment
  - D. Always complicate intrauterine fetal death (IUFD)
  - E. Diagnosed only when the placenta is still undelivered
15. Indications for instrumental delivery include all the followings EXCEPT:
- A. Prolonged second stage of labor.
  - B. Fetal distress.
  - C. Transverse lie.
  - D. Breech presentation.
  - E. Maternal cardiac disease
16. All are contraindications to VBAC except:
- A. Lower segment C-section
  - B. Classical C-Section.

- C. Rupture uterus.
17. One of the following is an absolute indication for C-section:
- A. Grade IV placenta previa.
  - B. Abruptio placenta.
  - C. Cervical cerclage.
  - D. Breech presentation.
  - E. Twins pregnancy.
18. Preterm labor is defined as labor which starts:
- A. Before 24 weeks of gestation.
  - B. Before 37 completed weeks.
  - C. Before the viability of the fetus.
  - D. When the fetus weighing < 1000 gm.
  - E. Prior to 40 weeks gestation.
19. Which of the following is contraindicated for delivery using Vacuum extraction?
- A. Face presentation
  - B. 38 weeks gestation
  - C. Chorioamnionitis
  - D. Post-term pregnancy
  - E. Occipito transverse position
20. HELLP Syndrome includes all the followings EXCEPT:
- A. Hemolysis.
  - B. Increased AST.
  - C. Increased platelets.
  - D. Increased ALT.
21. Disseminated intravascular coagulation has a recognized association with:
- A. IUFD
  - B. Multiple pregnancy
  - C. Iron deficiency
  - D. Diabetic mother
  - E. Prolonged bed rest
22. The resting pulse in pregnancy is:
- A. Decreased by 20 bpm.
  - B. Decreased by 10 to 15bpm.
  - C. Unchanged.
  - D. Increased by 10 to 15 bpm.
  - E. Increased by 20 bpm.
23. The increase in blood volume in normal pregnancy is made up of:
- A. Plasma only.
  - B. Erythrocytes only.
  - C. More plasma than erythroblasts.
  - D. More Erythrocytes than plasma.
  - E. All of the above.
24. Polyhydramnios is associated with the following condition
- A. Intrauterine growth restriction
  - B. Fetal kidney agenesis
  - C. Diabetes insipidus
  - D. Tracheo - oesophageal fistula
  - E. Hind water leakage

25. If your patient is 8 weeks pregnant which one of the following USS measurement is most useful
- Crown rump length
  - Biparietal diameter
  - Femur length
  - Placental site
  - Abdominal circumference
26. High alpha feto protein found in? EXCEPT
- IUFD
  - Multiple pregnancy
  - Some Ovarian Cancer
  - Trisomy 21
  - Neural tube defect
27. Which of these drugs don't cross the placenta?
- Heparin
  - Warfarin
  - Tetracycline
  - Degoxin
  - None of the above
28. Components of biophysical profile include all of the following, EXCEPT:
- Fetal movement
  - Placental thickness
  - Fetal tone
  - Fetal breathing movement
  - Amniotic fluid volume assessment
29. The most common cause of perinatal death in mono-amniotic twin is:
- Cord entrapment.
  - Cord prolapse.
  - Twin-twin transfusion syndrome.
  - Lethal congenital anomalies.
  - Placental abruption.
30. Antepartum haemorrhage may be caused by the following, EXCEPT:
- Placenta previa
  - Cervical cancer
  - Abruptio placenta
  - Ectopic pregnancy
  - Vasa praevia

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• ملحوظة: ان شاء الله  
 • سيتم عقد امتحان الشفوى و الاكلينيكي يوم الخميس الموافق 19/7/2017 الساعة التاسعة صباحا