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PG Plus

OBGYN

NEET PG 2021

RECALL QUESTIONS AND ANSWERS

Q1. A 25-year primigravida is on indomethacin (25mg TDS) for polyhydramnios till 35 weeks. What abnormality can the fetus have if she goes into labor now?

- A. Flap closure of foramen ovale
- B. Patent ductus arteriosus
- C. Premature closure of the ductus arteriosus
- D. Premature closure of the ductus venosus

Q2. Deoxygenated blood is returned to the placenta from the fetus through?

- A. Umbilical artery
- B. Umbilical vein
- C. Ductus arteriosus
- D. Ductus venosus

Q3. A married woman gives birth to twins. The husband doubts he is the father and gets a paternity test done. The test shows that he is the father of one infant but not the other. What is the term given for such cases?

- A. A case of superfetation
- B. One infant is atavistic
- C. A case of superfecundation
- D. One infant is suppositious

Q4. A 28-year primigravida who is a known case of mitral valve replacement presents at 36 weeks to the antenatal OPD. She is on warfarin 4mg. Which is correct regarding anticoagulant therapy?

- A. Discontinue warfarin and start heparin
- B. Discontinue warfarin and start heparin and aspirin
- C. Discontinue warfarin and start aspirin
- D. Continue warfarin and start heparin



Q5. A 25-year woman presents to the antenatal OPD. This is her 2nd pregnancy, and her 1st pregnancy was 4 years earlier where she delivered twins at term. Her parity index is

- A.G2P1
- B.G2P2
- C.G3P1
- D.G3P2

Q6. A 28-year primigravida is in labor. She has a repeated urge to pass urine and has premature bearing down. On examination, there is infra-umbilical flattening, and the fetal heart is heard on the lateral side. What is the most likely presentation/ position?

- A.Knee
- B. Occipito-posterior
- C. Brow
- D. Right dorso-anterior

Q7. Following delivery, a woman has atonic PPH. Despite conservative measures, the bleeding persists. She has been taken to the OT where the surgeon proceeds to do a devascularization procedure. Which vessels are ligated?

- A. Uterine, ovarian, internal iliac
- B. Uterine, ovarian, external iliac
- C. Uterine, vaginal, pudendal
- D. Uterine, internal iliac, obturator

Q8. A 21-year-old primigravida presents to the antenatal OPD. Her school-going nephew who lives in the same house has contracted varicella. A blood sample is taken for Antibodies against varicella. The report is negative. What does this signify?

- A. Susceptible to chickenpox
- B. Immune to chickenpox
- C. Susceptible to zoster
- D. Immune to zoster



Q9. A 28-year primigravida presents at 36 weeks with painful vulval ulcers. She does not give a history of similar lesions ever in the past. On examination, there are multiple painful vesicular lesions. Which is the best treatment option?

- A. Analgesics and antibiotics
- B. Acyclovir and elective LSCS
- C. Antivirals and spontaneous vaginal delivery
- D. Acyclovir and induction of labor

Q10. A 35-year woman is a chronic hypertensive. She visits the clinic for preconception counseling. Which of the following anti-hypertensives need to be stopped prior to conception?

- A. Calcium channel blockers
- B. Alpha methyl dopa
- C. ACE inhibitors
- D. Labetalol

Q11. A 28-year woman with a history of infertility for 3 years presents with 6 weeks amenorrhoea. She has mild abdominal pain and spotting PV. Her UPT is weakly positive. On examination, she is hemodynamically stable. There is a 3 x 2.5 cm left sided adnexal lesion. Ultrasound reveals a left sided tubal gestational sac with no cardiac activity. Beta hCG is 2800 IU. Which is the BEST management option?

- A. Expectant management
- B. Salpingectomy
- C. Milking the tube
- D. Inj Methotrexate

Q12. A 28-year woman has been on OCPs for 5 months. She presents to the OPD with 6 weeks amenorrhoea and her UPT is positive. Which is the most accurate method to determine gestational age in this woman?

- A. Counting 280 days from LMP
- B. Counting 256 days from UPT positive
- C. CRL on ultrasound
- D. Examination of uterine size



Q13. 16 year old girl with a partial transverse vaginal septum presents with dysmenorrhea and chronic pelvic pain. Which of the following is she likely to have?

- A. Theca lutein cyst
- B. Endometriosis
- C. Tubo-ovarian abscess
- D. Dermoid cyst

Q14. A 29-year woman is undergoing evaluation for infertility. The following test is done. What is this test?



- A. Hysterosalpingogram
- B. Genito gram
- C. Contrast enhanced CT scan
- D. Sono-salpingogram

Q15. A 28-year P0A3 with recurrent 2nd trimester abortions was found to have a uterine septum on sono-salpingography. What is the BEST management option?

- A. Dilatation and curettage
- B. Laparoscopic metroplasty
- C. Hysteroscopic septal resection
- D. Laparotomy and metroplasty



Q16. A 28 year old woman being evaluated for infertility was found to have a uterine didelphys on 3D ultrasound. All are possible complications except?

- A. Preterm labor
- B. Endometriosis
- C. Transverse lie
- D. Abortions

Q17. A 28 year-old woman is undergoing evaluation for successive recurrent pregnancy losses. On ultrasound, a Mullerian anomaly is suspected. What is the BEST way to confirm this?

- A. Transvaginal ultrasound
- B. Hysterosalpingography
- C. CECT
- D. Hysteroscopy and laparoscopy

Q18. A POA3 presents with a history of 3 abortions. The first at 8 weeks, the 2nd at 11 weeks, and the 3rd at 24 weeks with a history of early-onset pre-eclampsia. The fetal heart was present in all three pregnancies. Which of the following is the most likely cause of her abortions?

- A. Syphilis
- B. APLA
- C. TORCH
- D. GDM

Q19. A 25-year woman had evacuation of molar pregnancy done 6 months earlier. She now presents with general ill-health, breathlessness, cough, and irregular vaginal bleeding. On chest X-Ray, there are canon ball metastases. Her beta hCG levels are persistently high. Which is the BEST management option?

- A. Multi dose Inj Methotrexate and Inj Folinic acid
- B. Hysterectomy
- C. Single dose Inj methotrexate
- D. Multiple drug regime EMA-CO



Q20. Reema Devi, A 28 year newly married woman presents to your sub-center for contraceptive advice. She is started on Oral Contraceptive Pills. She presents after 2 weeks with a history of missing 4 tablets on different days in the first 2 weeks of the cycle. What will you advise her?

- A. Discontinue the packet and start an alternate method of contraception
- B. Take 4 tablets the next day, continue the remaining packet, use additional contraception (condom) and give Emergency Pill if h/o intercourse in the last 72 hours
- C. Take the next pill as soon as possible, continue the remaining packet, use additional contraception (condom) and give Emergency Pill if h/o intercourse in the last 72 hours
- D. Take the next pill as soon as possible and continue the remaining tablets

Q21. A 30-year woman has been diagnosed to have pulmonary tuberculosis. She is started on first-line anti-tubercular treatment as per guidelines. She is also taking oral contraceptive (OC) pills for contraception. Her doctor advises her to use another contraceptive method. What is the reason for this advice?

- A. OC pills can cause the failure of anti-tubercular treatment
- B. Rifampicin is teratogenic
- C. Rifampicin induces the metabolism of OC pills
- D. Isoniazid is teratogenic

Q22. A 55-year-old lady with 5 children presents with leakage of urine on coughing. On examination, there is a 2nd-degree uterine prolapse and cystocele. What is the most likely urinary abnormality?

- A. Overflow incontinence
- B. Urge incontinence
- C. Stress incontinence
- D. Neurogenic bladder

Q23. A 28-year woman with infertility presents to you. On ultrasound, there is an intramural fibroid measuring 7 x 5 cm near the right cornua and another intramural fibroid measuring 5 x 5 cm near the left cornua. HSG reveals a bilateral tubal block at the



region of the tubal ostia. Semen parameters are normal and there is no ovulatory disturbance. What is the BEST management for this woman?

- A. GnRH analogues
- B. Laparoscopic myomectomy
- C. ART
- D. Uterine artery embolization

Q24. A 25-year woman who is anxious to conceive comes to the OPD with complaints of profuse white vaginal discharge for 2 days. Her LMP is 13 days back. There is no itching, and her menstrual cycles are regular. The most likely diagnosis is:

- A. Trichomoniasis
- B. Physiological
- C. Bacterial vaginosis
- D. Candidiasis

Q25. A 39-year woman presents to the medicine OPD with complaints of fatigue and lethargy. She gives a history of delivering a 3.5 Kg baby 5 years earlier following which she received multiple blood transfusions. She never resumed menstruation following delivery and also had a failure of lactation. Which is the most likely diagnosis?

- A. Euthyroid sick syndrome
- B. Hypothyroid
- C. Sheehan Syndrome
- D. Late onset blood transfusion reaction

Q26. A 12-year girl is brought to the OPD by her mother. She is concerned that she is shorter than her peers. On examination, there is ptosis on the right side, a shield-like chest, and a webbed neck. On evaluation, which of the following would you expect to find?

- A. Ultrasound showing streak ovaries and a small uterus
- B. CHO showing tricuspid stenosis
- C. Ultrasound showing hepatomegaly with altered echotexture
- D. Ultrasound showing single kidney



Q27. A 60 year old post-menopausal obese lady presents with backache. She has a history of Colle's fracture 1 year back. A DEXA scan shows a T score of less than -2.5. Which of the following is false?

- A. Elemental calcium of 1200mg/ day is recommended
- B. Oral Vit D3 is to be given with calcium
- C. Teriparatide is to be started first if treatment with teriparatide and bisphosphonates is being considered
- D. Bisphosphonates should not be given for more than 1 year

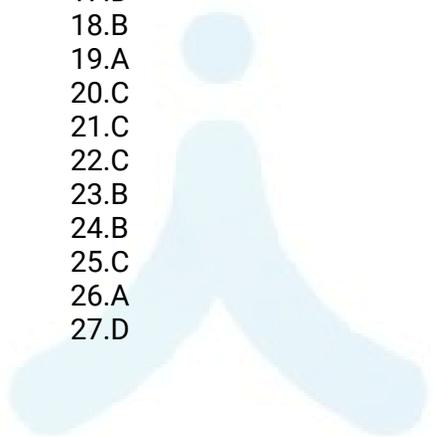


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ANSWERS

- 1.C
- 2.B
- 3.C
- 4.A
- 5.A
- 6.B
- 7.A
- 8.A
- 9.B
- 10.C
- 11.D
- 12.C
- 13.B
- 14.A
- 15.C
- 16.B
- 17.D
- 18.B
- 19.A
- 20.C
- 21.C
- 22.C
- 23.B
- 24.B
- 25.C
- 26.A
- 27.D



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