



FACULTY OF MEDICINE, UNIVERSITY OF RUHUNA
Final Examination for Medical Degrees, November 2013

OBSTETRICS & GYNAECOLOGY – PAPER I

Tuesday 19th November 2013

1.00 p.m. – 4.00 p.m.
(3 hours)

Answer All Six Questions
Answer Each Question in a Separate Book
No Additional Papers will be Issued to Provide Answers
Operative Details Not Required

1. Briefly outline the measures which could be adopted to improve the quality of antenatal care in Sri Lanka. (100 marks)

2. A 26 year-old primigravida with an uncomplicated pregnancy and a healthy fetus with an estimated weight of approximately 2.9 kg admits herself to hospital as she has completed 40 weeks (280 days) gestation.
 - 2.1 Outline the immediate management of this woman, if she is found to be not having labour pains. (30 marks)

 - 2.2 If she was found to be having labour pains occurring with a frequency of 2 per 10 minutes, 3/5th of the fetal head palpable abdominally, the fetal heart rate within the normal range, the cervical os 2cm dilated, membranes intact and the vertex in the Left Occipito Anterior position with no caput or moulding, outline the management of this woman during the next eight hours. (50 marks)

 - 2.3 If this woman has a normal delivery, describe the management of her third stage of labour. (20 marks)

3.
 - 3.1 Define the term Gestational Diabetes Mellitus (GDM) . (10 marks)

 - 3.2 List 10 possible obstetric complications of GDM. (20 marks)

 - 3.3 Discuss the measures which should be adopted to minimise the obstetric complications in a pregnant woman with GDM. (70 marks)

4. A 26 year-old woman married for three years and having no children, presents to the gynaecological clinic with a history of mild intermittent bleeding per vaginam and lower abdominal pain of two weeks duration. Her previous menstrual cycles had been regular and her last menstrual period had been 28 days prior to the present episode of bleeding. She had carried out a Urine Pregnancy Test (Dip Stick Method) the day prior to the presentation to the clinic, and it had been negative.

4.1 List three important conditions which should be considered in the differential diagnosis of this patient. (15 marks)

4.2 Discuss the value of the negative urine pregnancy test in the management of this patient. (15 marks)

4.3 List the clinical features (positive clinical signs) which should be looked for when examining this patient, explain how these clinical features could occur, and how these clinical features could help in establishing the diagnosis. (70 marks)

5. A 34 year-old woman, subfertile for three years, presents to the gynaecology clinic with severe dysmenorrhoea of three months duration. She admits to have deep dysparaenia but has no history of any gynaecological surgery or vaginal discharge associated with a febrile illness. On vaginal examination a retroverted fixed uterus, and tenderness over the uterosacral ligaments and adnexae, were detected.

5.1 What is the most likely diagnosis ? (10 marks)

5.2 Justify and list six investigations which should be carried out and state the expected findings. (30 marks)

5.3 Outline the basic principles of management of the most likely condition mentioned in 5.1. (60 marks)

6.

6.1 Other than a pregnancy and an ovarian tumour, list five possible causes which could give rise to an abdomino-pelvic mass which corresponds to a 14 weeks gestation in a 48 year- old woman. (15 marks)

6.2 List 10 clinical features (positive clinical signs) which should be looked for if a malignant ovarian tumour is suspected. (20 marks)

6.3 List five relevant investigations and explain how they could help in establishing the diagnosis and management of an ovarian malignancy. (50 marks)

6.4 Name the surgical treatment for Stage I carcinoma of the ovary in a 48 year-old woman. (15 marks)