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FACULTY OF MEDICINE, UNIVERSITY OF RUHUNA, GALLE
Final Examination for Medical Degrees – November/December 2005

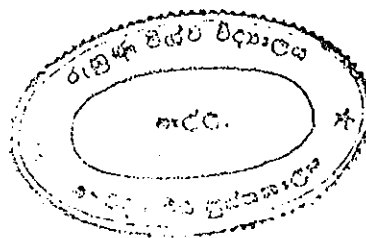
OBSTETRICS & GYNAECOLOGY – PAPER 1

Wednesday 23rd November 2005

9.00 a.m. – 12.00 noon
(3 hours)

Answer all Six Questions
Answer Each Question in a Separate Book
Operative Details Not required

1.
 - 1.1. Describe the different ways in which a woman with a subacute (slow leaking) tubal pregnancy could present. (25)
 - 1.2. Describe the clinical signs you would expect to find in such a patient. (20)
 - 1.3. If such a patient presented to the Teaching Hospital, Mahamodera, what investigations would you recommend, in order to confirm the diagnosis? (15)
 - 1.4. Critically evaluate the value of the following procedures in such a patient.
 - 1.4.1. Examination under Anaesthesia. (7.5)
 - 1.4.2. Dilatation and curettage. (7.5)
 - 1.5. If the woman's blood group is B Rh Negative, she is 38 years old and has four live children, and the diagnosis of a tubal pregnancy is confirmed, what are the main aspects which should be discussed when counselling her prior to Laparotomy? (25)
2. Caesarean Section rates in Sri Lanka have been rapidly increasing during the last two decades.
 - 2.1. What are the possible reasons for this increase? (30)
 - 2.2. What are the possible complications of Caesarean Section? (30)
 - 2.3. How may the Caesarean Section rates be reduced without compromising the maternal and fetal outcome? (40)
3. Clinical audits have shown that ultrasound scans carried out during pregnancy and the conclusions drawn from them are sometimes inappropriate and irrational.
 - 3.1. What could be these inappropriate and irrational circumstances and conclusions? (30)
 - 3.2. Outline the role of ultrasound scans during pregnancy. (70)



4. A 30 year old primigravida with a period of gestation of 32 weeks, presents with a history of a watery vaginal discharge of approximately eight hours duration.

- 4.1. List the possible causes for this discharge. (15)
- 4.2. How should the diagnosis be confirmed? (15)
- 4.3. Describe the management of the condition which carries the greatest risk to the fetus. (70)

5. A 45 year old woman who has been married for 20 years and has four live children presents with marked dyspareunia of three months duration.

- 5.1. List four (4) possible causes for her dyspareunia. (25)
- 5.2. List three (3) abnormalities you may detect on examination which can help you establish the cause for the dyspareunia. (20)
- 5.3. List two (2) relevant investigations which may help in establishing the diagnosis. (15)
- 5.4. Outline the management of this patient. (40)

6. A 19 year old school girl presents to an adolescent clinic with a complaint of not having attained menarche.

- 6.1. When should a girl be evaluated if she has not attained menarche? (15)
- 6.2. List five (5) relevant clinical features which should be looked for during physical examination. (25)
- 6.3. Other than the Karyotype, list and justify the three (3) most important investigations which should be carried out. (30)
- 6.4. If the Karyotype is 45 X₀, what is the diagnosis and how should she be managed? (30)