



**FACULTY OF MEDICINE, UNIVERSITY OF RUHUNA, GALLE**  
**Final Examination for Medical Degrees – November/December 2004**

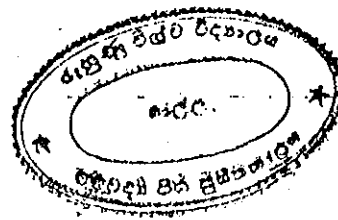
**OBSTETRICS & GYNAECOLOGY – PAPER I**

Wednesday 1<sup>st</sup> December 2004

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. Outline the management of an asymptomatic 35 year old mother of three children who is found to have a cardiac murmur at 16 weeks gestation. (70)
  - 1.2. What factors could lead to the death of a mother having heart disease complicating pregnancy? (30)
2.
  - 2.1. List the causes of primary post partum haemorrhage (I<sup>st</sup> PPH). (10)
  - 2.2. List the other contributory factors which could lead to a maternal death from I<sup>st</sup> PPH. (15)
  - 2.3. List the high risk factors for the occurrence of I<sup>st</sup> PPH which could be detected during the antenatal period. (15)
  - 2.4. Give a brief, step-wise (chronological) description of the management of a woman who has significant bleeding per vaginam after a normal vaginal delivery. (60)
3. A 40 year old woman, at 14 weeks of gestation in her second pregnancy, presents to the antenatal clinic. During her first pregnancy she had been diagnosed to have Diabetes Mellitus at her booking visit at 18 weeks gestation. The baby had been delivered by elective caesarean section (C.S.). After discharge from hospital, she has not been followed up.
  - 3.1. What instructions should have been given to this woman by the house officer when she was discharged from hospital after the previous C.S.? (45)
  - 3.2. Other than a full blood count, VDRL and urine analysis, justify and describe the other investigations which should be carried out in this woman. (40)
  - 3.3. What would be the most probable mode of delivery in this woman? Justify your answer. (15)



4.
  - 4.1. List the causes of menorrhagia (1)
  - 4.2. Explain the basis for the use of different types of drugs and how they are used in the treatment of menorrhagia. (5)
  - 4.3. Briefly discuss the other options available for the management of menorrhagia. (3)
  
5. A 26 year old woman presents to the gynaecological clinic with a history of oligomenorrhoea and subfertility for two years. Her body mass index is  $26 \text{ Kg/m}^2$ . Her husband has been found to be normal.
  - 5.1. What is the most likely diagnosis? (1)
  - 5.2. List the important investigations which should be carried out to confirm the diagnosis. (3)
  - 5.3. Discuss the treatment modalities available to treat her subfertility. (6)
  
6. A 45 year old woman presents to the gynaecological clinic with a history of intermittent bleeding and discharge per vaginam for four month. Speculum examination reveals a mass at the external cervical os.
  - 6.1. What are the possible causes of this mass? (1)
  - 6.2. What steps should be carried out to establish the diagnosis? (2)
  - 6.3. Outline the management of two of the more important conditions, which need urgent treatment, mentioned under 6.1. (6)