



FACULTY OF MEDICINE, UNIVERSITY OF BOTSWANA, GABORONE
Final Examination for Medical Degrees - January 2004
OBSTETRICS & GYNAECOLOGY - PAPER I

Thursday 28th January, 2004

9.00 am to 12.00 noon
 (3 hours)

Answer All Six Questions.
 Answer Each Part in a Separate Answer Book.
 Calculators are not required.

Part A

1. A 35 year old primigravida is admitted at 32 weeks gestation to the Teaching Hospital Mahamodera, having had a convulsion at home. She has a blood pressure of 160/105 mmHg and proteinuria. Describe her management. (Marks 100)
2. A lactating mother consults you regarding contraception. (Marks 20)
 - 2.1. List the different methods you will recommend to her. (Marks 20)
 - 2.2. Outline the advantages and disadvantages of the methods listed by you in 2.1 above. (Marks 80)

Part B

- A 35 year old woman with three children presents with a chronic vaginal discharge of six months duration. On speculum examination her cervix was "unhealthy".
- 3.1. List five other possible specific conditions which could be identified during a speculum examination (Marks 30)
 - 3.2. Outline the management of the above patient with an "unhealthy" cervix. (Marks 70)

Part C

4. A mother who had a normal vaginal delivery seven days earlier is admitted to the ward with fever with chills and rigors for one day. (Marks 30)
 - 4.1. What are the possible causes for her condition? (Marks 70)
 - 4.2. Outline the principles of her management

Part D

5. A 25 year old woman with a period of amenorrhoea of 18 weeks presents to a peripheral antenatal clinic conducted by a family health worker (FHW). The FHW finds that she is unable to palpate the uterine fundus. Therefore she refers her to a Teaching Hospital (TH). At the TH, how should she be managed? (Marks 100)
6. A 25 year old woman who presented with vaginal bleeding after a period of amenorrhoea of 14 weeks, and a 18 week-sized uterus, was diagnosed to have gestational trophoblastic disease (GTD)
 - 6.1. List the conditions which would have been clinically considered in the differential diagnosis. (Marks 20)
 - 6.2. How would the diagnosis have been made? (Marks 10)
 - 6.3. Outline the cytogenetic aberrations which result in G.T.D. (Marks 15)
 - 6.4. List the different pathological types of G.T.D. (Marks 20)
 - 6.5. Mention three reasons why the normal criteria for the diagnosis of a malignancy cannot be applied in G.T.D. (Marks 15)
 - 6.6. Explain how estimation of urinary human chorionic gonadotrophin helps in the management of G.T.D. (Marks 20)

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