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FACULTY OF MEDICINE, UNIVERSITY OF RUHUNA, GALLE.
Final Examination for Medical Degrees - March/April 2002
OBSTETRICS & GYNAECOLOGY - PAPER I

Wednesday 13th March, 2002

9.00 am to 12.00 noon
(3 hours)

Answer All Six Questions.

Answer Each Question in a Separate Answer Book.

No operative details required.

1. A 32 year old woman who has been treated for subfertility is admitted to a Teaching Hospital with a history of severe lower abdominal pain of one days duration.
 - 1.1 List five(5) possible gynaecological causes for the above presentation. (15 marks)
 - 1.2 Describe in detail the management of any one of the above conditions. (85 marks)

2. Discuss the management of menorrhagia in
 - 2.1 a 45 year old woman who has had a sterilisation via minilaparotomy. (50 marks)
 - 2.2 a 25 year old nulliparous woman who has been married for 5 years. (50 marks)

3. Discuss how morbidity and mortality following Caesarean delivery could be reduced. (100 marks)

4. A 50 year old woman presented to the gynaecological out patient clinic with a history of leakage of urine while sneezing and coughing of 3 months duration.
 - 4.1 List five(5) other urinary symptoms you would ask for from this patient. (10 marks)
 - 4.2 Discuss the management of this patient. (90 marks)

5. A 35 year old woman in her second pregnancy has a confirmed fetal death *in utero* (DIU) at 36 weeks of gestation.
 - 5.1 List five(5) possible causes for the DIU. (10 marks)
 - 5.2 List and give reasons for the relevant investigations you would carry out in this patient. (20 marks)
 - 5.3 Describe the management of the delivery and the puerperium. (50 marks)
 - 5.4 How would you counsel the couple regarding the fetal loss? (20 marks)

6. A 27 year old healthy primigravida with a normal pregnancy admits herself to a Teaching Hospital on her 'expected date of delivery'. Four days later she has an induction of labour with amniotomy and intravenous syntocinon infusion as the fetal head is 2/5th palpable per abdomen and the cervix 70% effaced and 1.5cm dilated. Eleven hours later she has a normal vaginal delivery. One hour after delivery the nurses observed that she passed a very large blood clot per vaginam. The house officer who is summoned detects the patient to be in shock and the blood pressure unrecordable. Immediate resuscitation is commenced with intravenous normal saline followed by blood transfusion. A high concentration syntocinon infusion is also commenced. The obstetric registrar removes blood clots per vaginam and inserts a vaginal pack and inserts a urinary catheter. One hour later as her condition does not improve and the vaginal pack is soaked with blood she is taken to the operating theatre and an emergency subtotal abdominal hysterectomy is carried out. Post-operatively she is sent to the Intensive Therapy Unit, where bleeding is noted from the venepuncture sites. She dies 24 hours later.

- 6.1 Critically analyse the above case history and identify the possible errors / deficiencies which may have contributed to this death and what steps could have been taken to prevent it. (85 marks)
- 6.2 Discuss whether any further administrative measures are required before handing over the body to the relatives. (15 marks)

Asst. Librarian

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