FACULTY OF MEDICINE, UNIVERSITY OF RUHUNA
Final Examination for Medical Degrees July – September 2026
OBSTETRICS & GYNAECOLOGY – PAPER I

Tuesday 1st September 2026 **1.00 pm – 3.00 pm**
(2 hours)

Answer all five questions
Answer each question in a separate book
Operative details are not required

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1. Discuss the measures to minimize maternal mortality and morbidity associated with unwanted/unplanned pregnancies. (100 Marks)

2. A 32-year-old primigravida at 34 weeks of gestation presents to the antenatal ward following a generalised convulsion that occurred one hour ago. She has defaulted her antenatal clinic visits for the past two months due to social issues.

   2.1 List **three (03)** possible clinical diagnosis that should be considered in this patient for her presentation. (15 marks)

   2.2 Briefly describe the important points you would elicit from the history and assess on clinical examination. (40 Marks)

   2.3 List and justify **four (04)** initial investigations you would request on this patient. (20 Marks)

   2.4 Briefly outline the initial management of this patient. (25 Marks)

3. A 28-year-old primigravida at 39 weeks of gestation delivers a healthy 4.1 kg infant via an uncomplicated vaginal delivery. Ten minutes after the delivery of the placenta, the patient suddenly becomes unresponsive; she is pale and clammy; her pulse rate is 130 beats per minute and blood pressure is 70/40 mmHg.

   3.1 Define the term "postpartum collapse". (10 marks)

   3.2 List **five (05)** major immediately life-threatening causes. (15 Marks)

   3.3 Outline the first-line resuscitation steps for the patient. (25 Marks)

   3.4 The patient uterus is found to be soft, and reaching above the umbilicus.

   a) State the most likely condition and outline the medical management options for this specific condition. (20 Marks)

   b) Briefly explain the definitive management if she does not respond to first-line medical management. (30 Marks)

P.T.O.

4. A 58-year-old postmenopausal woman presents to the gynaecological clinic with a three months history of progressive abdominal distention, loss of appetite, urinary frequency and lower abdominal discomfort. On examination, her abdomen is distended with a palpable non-tender irregular abdomino-pelvic mass.

   4.1 List **four (04)** differential diagnoses for this presentation, excluding ovarian malignancy. (10 Marks)

   4.2 Name **five (05)** ultrasound features that would increase the suspicion of ovarian malignancy. (20 Marks)

   4.3 List and justify **four (04)** relevant investigations that should be performed to plan her management, if there is a strong clinical suspicion of ovarian malignancy. (30 Marks)

   4.4 Discuss the basic principles of her management, if the mass is confirmed to be FIGO Stage IV ovarian malignancy. (40 Marks)

5. A 65-year-old postmenopausal woman presents to the gynaecology clinic with involuntary leakage of urine for the past two years. She is otherwise well and has no known neurological disease.

   5.1 List **five (05)** important aspects of the history you would elicit to determine the type and cause of urinary incontinence. (20 marks)

   5.2 Describe **three (03)** important components of the physical examination, stating the purpose of each in the evaluation of urinary incontinence. (25 marks)

   5.3 Outline **five (05)** basic investigations you would perform in this patient with uncomplicated urinary incontinence and explain the relevance of each investigation. (20 marks)

   5.4 Further history reveals that she experiences urinary leakage only when she has a sudden compelling desire to void that she is unable to defer.

   a) What is the most likely diagnosis? (05 marks)

   b) Describe the management of this patient. (30 marks)

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