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Grade 0.00 out of 100.00

Question 1

Not answered

Marked out of
1.00

A postmenopausal woman presents with pruritic white lesions on the vulva. Punch biopsy of a representative area is obtained. Which of the following histologic findings is consistent with the diagnosis of lichen sclerosus?

Select one:

- Increase in the number of cellular layers in the epidermis
- Presence of thickened keratin layer
- Presence of mitotic figures
- Blunting or loss of rete pegs
- Acute inflammatory infiltration

The correct answer is: Blunting or loss of rete pegs

Question 2

Not answered

Marked out of
1.00

A healthy 59-year-old woman with no history of urinary incontinence undergoes vaginal hysterectomy and anteroposterior repair for uterine prolapse, large cystocele, and rectocele. Two weeks postoperatively, she presents to your office with a new complaint of intermittent leakage of urine. What is the most likely cause of this complaint following her surgery?

Select one:

- Detrusor instability
- Vesicovaginal fistula
- Overflow incontinence
- Rectovaginal fistula
- Stress urinary incontinence

The correct answer is: Stress urinary incontinence

Question 3

Not answered

Marked out of
1.00

A 35-year-old G3P3 with a Pap smear showing high-grade squamous intraepithelial lesion of the cervix (CIN III) has an inadequate colposcopy. Cone biopsy of the cervix shows squamous cell cancer that has invaded only 1 mm beyond the basement membrane. There are no confluent tongues of tumor, and there is no evidence of lymphatic or vascular invasion. The margins of the cone biopsy specimen are free of disease. The patient above now asks you for your advice on how to treat her cervical disease. Your best recommendation is for the patient to undergo which of the following?

Select one:

- Implantation of radioactive cesium into the cervical canal
- Radical hysterectomy
- Simple hysterectomy
- Treatment with external beam radiation
- Simple hysterectomy with pelvic lymphadenectomy

The correct answer is: Simple hysterectomy

Question 4

Not answered

Marked out of
1.00

You are delivering a 33-year-old G3P2 and encounter a shoulder dystocia. After performing the appropriate maneuvers, the baby finally delivers, and the pediatricians attending the delivery note that the right arm is hanging limply to the baby's side with the forearm extended and internally rotated. Which of the following is the baby's most likely diagnosis?

Select one:

- Paralysis from intraventricular bleed
- Erb palsy
- Klumpke paralysis
- Humeral fracture
- Clavicular fracture

The correct answer is: Erb palsy

Question 5

Not answered

Marked out of
1.00

Match each hysterosalpingogram with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Bilateral normal spillage
- Unilateral hydrosalpinx with intrauterine adhesions
- Bilateral hydrosalpinx
- Unilateral hydrosalpinx with a normal uterine cavity
- Salpingitis isthmica nodosa
- Bilateral proximal occlusion

The correct answer is: Bilateral hydrosalpinx

Question 6

Not answered

Marked out of
1.00

Defined by the presence of virilizing signs in girls

Select one:

- Heterosexual precocious pseudopuberty
- Isosexual precocious pseudopuberty
- True sexual precocity
- Precocity caused by gonadotropin-producing tumors
- Incomplete sexual precocity

The correct answer is: Heterosexual precocious pseudopuberty

Question 7

Not answered

Marked out of
1.00

A healthy 25-year-old G1P0 at 40 weeks gestational age comes to your office to see you for a routine obstetric (OB) visit. The patient complains to you that on several occasions she has experienced dizziness, light-headedness, and feeling as if she is going to pass out when she lies down on her back to take a nap. What is the most appropriate plan of management for this patient?

Select one:

- Do an ECG
- Refer her immediately to a neurologist
- Monitor her for 24 hours with a Holter monitor to rule out an arrhythmia
- Reassure her that nothing is wrong with her and encourage her not to lie flat on her back
- Do an arterial blood gas analysis

The correct answer is: Reassure her that nothing is wrong with her and encourage her not to lie flat on her back

Question 8

Not answered

Marked out of
1.00

An 86-year-old woman presents to your office for her well-woman examination. She has no complaints. On pelvic examination performed in the supine and upright positions, the patient has second-degree prolapse of the uterus. Which of the following is the best next step in the management of this patient?

Select one:

- Placement of a pessary
- Le Fort procedure
- Reassurance
- Vaginal hysterectomy
- Anterior colporrhaphy

The correct answer is: Reassurance

Question 9

Not answered

Marked out of
1.00

A couple presents to your office to discuss permanent sterilization. They have three children and are sure they do not want any more. You discuss the risk and benefits of surgical sterilization. Which of the following statements is true regarding surgical sterilizations?

Select one:

- They have become the second most common method of contraception for white couples between 20 and 40 years of age in the United States.
- Tubal ligation should be performed in the secretory phase of the menstrual cycle.
- They can be considered effective immediately in males (vasectomy).
- They can be considered effective immediately in females (bilateral tubal ligation).
- They cannot be performed immediately postpartum.

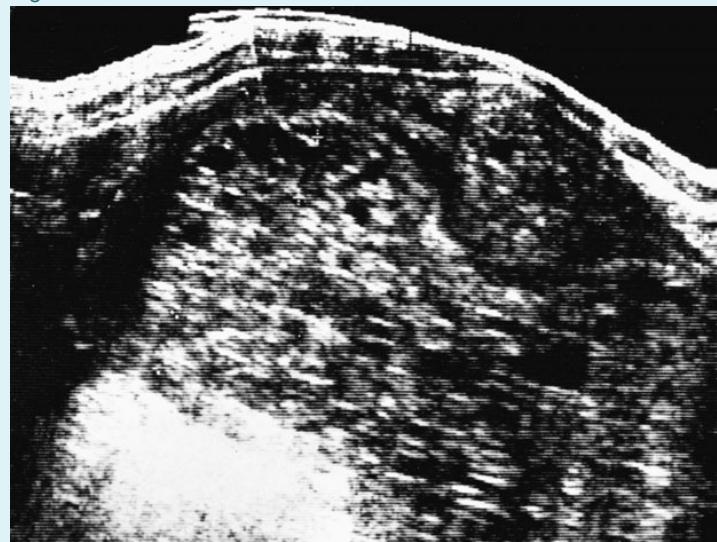
The correct answer is: They can be considered effective immediately in females (bilateral tubal ligation).

Question 10

Not answered

Marked out of
1.00

A 19-year-old primigravida is expecting her first child; she is 12 weeks pregnant by dates. She has vaginal bleeding and an enlarged-for-dates uterus. In addition, no fetal heart sounds are heard. The ultrasound shown below is obtained. Which of the following is true regarding the patient's diagnosis?



Select one:

- Vaginal bleeding is a common symptom of hydatidiform mole.
- The most common chromosomal makeup of a partial or incomplete mole is 46,XX, of paternal origin.
- Older maternal age is not a risk factor for hydatidiform mole.
- Hysterectomy is contraindicated as primary therapy for molar pregnancy in women who have completed childbearing.
- Partial or incomplete hydatidiform mole has a higher risk of developing into choriocarcinoma than complete mole.

The correct answer is: Vaginal bleeding is a common symptom of hydatidiform mole.

Question 11

Not answered

Marked out of
1.00

A 24-year-old woman is in a car accident and is taken to an emergency room, where she receives a chest x-ray and a film of her lower spine. It is later discovered that she is 10 weeks pregnant. Which of the following is the most appropriate statement to make to the patient?

Select one:

- The risk that this fetus will develop leukemia as a child is raised.
- Either chorionic villus sampling (CVS) or amniocentesis is advisable to check for fetal chromosomal abnormalities.
- The fetus has received 50 rads.
- At 10 weeks, the fetus is particularly susceptible to derangements of the central nervous system.
- The fetus has received less than the assumed threshold for radiation damage.

The correct answer is: The fetus has received less than the assumed threshold for radiation damage.

Question 12

Not answered

Marked out of
1.00

A 21-year-old G1 at 40 weeks, who underwent induction of labor for severe preeclampsia, delivered a 3900-g male infant via vaginal delivery after pushing for 21/2 hours. A second-degree midline laceration and side-wall laceration were repaired in the usual fashion under local analgesia. The estimated blood loss was 450 cc. Magnesium sulfate is continued post-partum for the seizure prophylaxis. Six hours after the delivery, the patient has difficulty voiding. Which is the most likely cause of her problem?

Select one:

- Ureteral injury
- Preeclampsia
- Vulvar hematoma
- Use of local analgesia for repair
- Infusion of magnesium sulfate

The correct answer is: Vulvar hematoma

Question 13

Not answered

Marked out of
1.00

A 22-year-old G1P1 who is postpartum day 2 and is bottle-feeding complains that her breasts are very engorged and tender. She wants you to give her something to make the engorgement go away. Which of the following is recommended to relieve her symptoms?

Select one:

- Bromocriptine
- Estrogen-containing contraceptive pills
- Use oral antibiotics
- Pump her breasts
- Breast binder

The correct answer is: Breast binder

Question 14

Not answered

Marked out of
1.00

A 9-year-old girl has breast and pubic hair development. Evaluation demonstrates a pubertal response to a GnRH-stimulation test and a prominent increase in luteinizing hormone (LH) pulses during sleep. These findings are characteristic of patients with which of the following?

Select one:

- Granulosa cell tumors
- Theca cell tumors
- Iatrogenic sexual precocity
- Premature thelarche
- Constitutional precocious puberty

The correct answer is: Constitutional precocious puberty

Question 15

Not answered

Marked out of
1.00

A 27-year-old G1P0 at 34 weeks gestation presents to your office complaining of a 2-day history of nausea and emesis. On physical examination, you notice that she is icteric sclera and skin. Her vital signs indicate a temperature of 37.2°C (99°F), pulse of 102 beats per minute, and blood pressure of 130/84 mm Hg. She is sent to labor and delivery for additional evaluation. In labor and delivery, the fetal heart rate is in the 160s with good variability, but nonreactive. Blood is drawn and the following results are obtained: WBC = 22,000, Hct = 40.0, platelets = 72,000, SGOT/PT = 334/386, glucose = 58, creatinine = 2.2, fibrinogen = 209, PT/PTT = 16/50 s, serum ammonia level = 65 mmol/L (nl = 11-35). Urinalysis is positive for 3+ protein and large ketones. Which of the following is the recommended treatment for this patient?

Select one:

- MgSO₄ therapy
- Cholecystectomy
- Immediate delivery
- Bed rest and supportive measures since this condition is self-limited
- Intravenous diphenhydramine

The correct answer is: Immediate delivery

Question 16

Not answered

Marked out of
1.00

A 16-year-old G1P0 at 38 weeks gestation comes to the labor and delivery suite for the second time during the same weekend that you are on call. She initially presented to labor and delivery at 2:00 PM Saturday afternoon complaining of regular uterine contractions. Her cervix was 1 cm dilated, 50% effaced with the vertex at -1 station, and she was sent home after walking for 2 hours in the hospital without any cervical change. It is now Sunday night at 8:00 PM, and the patient returns to labor and delivery with increasing pain. She is exhausted because she did not sleep the night before because her contractions kept waking her up. The patient is placed on the external fetal monitor. Her contractions are occurring every 2 to 3 minutes. You reexamine the patient and determine that her cervix is unchanged. Which of the following is the best next step in the management of this patient?

Select one:

- Administer 10 mg intramuscular morphine
- Administer Pitocin to augment labor
- Administer an epidural
- Perform a cesarean section
- Perform artificial rupture of membranes to initiate labor
- Achieve cervical ripening with prostaglandin gel

The correct answer is: Administer 10 mg intramuscular morphine

Question 17

Not answered

Marked out of
1.00

A 29-year-old G3P0 presents to your office for preconception counseling. All of her pregnancies were lost in the first trimester. She has no significant past medical or surgical history. She should be counseled that without evaluation and treatment her chance of having a live birth is which of the following?

Select one:

- 20% to 35%
- < 20%
- > 85%
- 70% to 85%
- 40% to 50%

The correct answer is: 40% to 50%

Question 18

Not answered

Marked out of
1.00

On postpartum day 2 after a vaginal delivery, a 32-year-old G2P2 develops acute shortness of breath and chest pain. Her vital signs are blood pressure 120/80 mm Hg, pulse 130 beats per minute, respiratory rate 32 breaths per minute, and temperature 37.6°C (99.8°F). She has new onset of cough. She appears to be in mild distress. Lung examination reveals clear bases with no rales or rhonchi. The chest pain is reproducible with deep inspiration. Cardiac examination reveals tachycardia with 2/6 systolic ejection murmur. Pulse oximetry reveals an oxygen saturation of 88% on room air and oxygen supplementation is initiated. Which of the following is the best diagnostic tool to confirm the diagnosis?

Select one:

- CT angiography
- Lower extremity Dopplers
- Arterial blood gas
- Chest x-ray
- Ventilation-perfusion scan

The correct answer is: CT angiography

Question 19

Not answered

Marked out of
1.00

A 76-year-old woman presents for evaluation of urinary incontinence. She had a hysterectomy for fibroid tumors of the uterus at age 48. After complete evaluation, you determine that the patient has genuine stress urinary incontinence. On physical examination, she has a hypermobile urethra, but there is no cystocele or rectocele. There is no vaginal vault prolapse. Office cystometrics confirms genuine stress urinary incontinence. Which of the following surgical procedures should you recommend to this patient?

Select one:

- Burch procedure
- Le Fort colpocleisis
- Abdominal sacral colpopexy
- Anterior and posterior colporrhaphy
- Kelly plication

The correct answer is: Burch procedure

Question 20

Not answered

Marked out of
1.00

A 22-year-old woman has been seeing you for treatment of recurrent urinary tract infections over the past 6 months. She married 6 months ago and became sexually active at that time. She seems to become symptomatic shortly after having sexual intercourse. Which of the following is the most appropriate recommendation for this patient to help her with her problem?

Select one:

- Schedule an IVP.
- Prescribe prophylactic urinary antispasmodic.
- Refer her to a urologist.
- Prescribe suppression with an antibiotic.
- Recommend use of condoms to prevent recurrence of the UTIs.

The correct answer is: Prescribe suppression with an antibiotic.

Question 21

Not answered

Marked out of
1.00

A pregnant 35-year-old patient is at highest risk for the concurrent development of which of the following malignancies?

Select one:

- Ovary
- Colon
- Breast
- Vagina
- Cervix

The correct answer is: Cervix

Question 22

Not answered

Marked out of
1.00

A 17-year-old woman at 22 weeks gestation presents to the emergency center with a 3-day history of nausea, vomiting, and abdominal pain. The pain started in the middle of the abdomen and is now located along her mid to upper right side. She is noted to have a temperature of 38.4°C (101.1°F). She denies any past medical problems or surgeries. How does pregnancy alter the diagnosis and treatment of the disease?

Select one:

- Owing to anatomical and physiological changes in pregnancy, diagnosis is easier to make.
- The incidence is unchanged in pregnancy.
- Fetal outcome is improved with delayed diagnosis.
- The incidence is higher in pregnancy.
- Surgical treatment should be delayed since the patient is pregnant.

The correct answer is: The incidence is unchanged in pregnancy.

Question 23

Not answered

Marked out of
1.00

An 81-year-old woman presents to your office complaining that her uterus fell out 2 months ago. She has multiple medical problems, including chronic hypertension, congestive heart failure, and osteoporosis. She is limited to sitting in a wheelchair because of her health problems. Her fallen uterus causes significant pain. On physical examination, the patient is frail and requires assistance with getting on the examination table. She has complete procidentia of the uterus. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Reassurance
- Placement of a pessary
- Anterior colporrhaphy
- Vaginal hysterectomy
- Le Fort procedure

The correct answer is: Placement of a pessary

Question 24

Not answered

Marked out of
1.00

A 20-year-old G1P0 at 30 weeks gestation with a known placenta previa is delivered by cesarean section under general anesthesia for vaginal bleeding and nonreassuring fetal heart rate tracing. The baby is easily delivered, but the placenta is adherent to the uterus and cannot be completely removed, and heavy uterine bleeding is noted. Which of the following is the best next step in the management of this patient?

Select one:

- Administer methylergonovine (Methergine) intramuscularly
- Administer prostaglandin F2a (Hemabate) intramuscularly
- Perform hysterectomy
- Close the uterine incision and perform curettage
- Administer misoprostol (Cytotec) suppositories per rectum

The correct answer is: Perform hysterectomy

Question 25

Not answered

Marked out of
1.00

Match the chemotherapeutic agents with the most common side effects.
Each lettered option may be used once, more than once, or not at all.

Cyclophosphamide

Select one:

- Hemorrhagic cystitis
- Pancreatic failure
- Necrotizing enterocolitis
- Renal failure
- Bone marrow depression
- Pulmonary fibrosis
- Ocular degeneration
- Cardiac toxicity
- Tympanic membrane fibrosis
- Peripheral neuropathy

The correct answer is: Hemorrhagic cystitis

Question 26

Not answered

Marked out of
1.00

Poliomyelitis, select the recommendation regarding vaccination during pregnancy with which it is most likely to be associated. Each lettered option may be used once, more than once, or not at all.

Select one:

- Contraindicated
- Not routinely recommended, but mandatory during an epidemic
- Recommended if the underlying disease is serious
- Contraindicated unless exposure to the disease is unavoidable
- Recommended after exposure or before travel to endemic areas

The correct answer is: Not routinely recommended, but mandatory during an epidemic

Question 27

Not answered

Marked out of
1.00

A 54-year-old woman undergoes a laparotomy because of a pelvic mass. At exploratory laparotomy, a unilateral ovarian neoplasm is discovered that is accompanied by a large omental metastasis. Frozen section diagnosis confirms metastatic serous cystadenocarcinoma. Which of the following is the most appropriate intraoperative course of action?

Select one:

- Omentectomy and ovarian cystectomy
- Excision of the omental metastasis and ovarian cystectomy
- Excision of the omental metastasis and unilateral oophorectomy
- Omentectomy, total abdominal hysterectomy, and bilateral salpingo-oophorectomy
- Omentectomy and bilateral salpingo-oophorectomy

The correct answer is: Omentectomy, total abdominal hysterectomy, and bilateral salpingo-oophorectomy

Question 28

Not answered

Marked out of
1.00

You are called to the pediatric emergency department to evaluate a 7-year-old girl for sexual assault. As a health care provider taking care of this girl, which of the following are you required to do?

Select one:

- Hospitalize the child until the offender has been apprehended.
- Demand that the child be placed in foster care pending further investigation.
- Inform the parents that they must notify the police.
- Administer antibiotics only if testing for infection is positive.
- Notify child welfare authorities.

The correct answer is: Notify child welfare authorities.

Question 29

Not answered

Marked out of
1.00

Your patient presents for preconception counseling. She is 27 years old and has never been pregnant. Her husband is an achondroplastic dwarf. Which of the following statements is true regarding achondroplasia?

Select one:

- Affected women rarely live to reproductive age.
- Spinal stenosis is common.
- Affected women have a low incidence of cesarean section.
- It is rarely caused by a new genetic mutation.
- The inheritance pattern is autosomal recessive.

The correct answer is: Spinal stenosis is common.

Question 30

Not answered

Marked out of
1.00

A 21-year-old G2P1 at 25 weeks gestation presents to the emergency room complaining of shortness of breath. She reports a history of asthma and states her peak expiratory flow rate (PEFR) with good control is usually around 400. During speaking the patient has to stop to catch her breath between words; her PEFR is 210. An arterial blood gas is drawn and oxygen therapy is initiated. She is afebrile and on physical examination expiratory wheezes are heard in all lung fields. Which of the following is the most appropriate next step in her management?

Select one:

- Intravenous corticosteroids
- Inhaled β-agonist
- Antibiotics
- Theophylline
- Chest x-ray

The correct answer is: Inhaled β-agonist

Question 31

Not answered

Marked out of
1.00

A 22-year-old woman delivers a 7-lb male infant at 40 weeks without any complications. On day 3 of life, the infant develops respiratory distress, hypotension, tachycardia, listlessness, and oliguria. What is the most likely cause of the infant's illness?

Select one:

- Group B streptococcus
- L. monocytogenes
- Hepatitis B
- Cytomegalovirus
- Herpes simplex

The correct answer is: Group B streptococcus

Question 32

Not answered

Marked out of
1.00

You have just delivered an infant weighing 2.5 kg (5.5 lb) at 39 weeks gestation. Because the uterus still feels large, you do a vaginal examination. A second set of membranes is bulging through a fully dilated cervix, and you feel a small part presenting in the sac. A fetal heart is auscultated at 60 beats per minute.

Select one:

- Midforceps rotation
- Low transverse cesarean section
- External version
- Classic cesarean section
- Internal version

The correct answer is: Internal version

Question 33

Not answered

Marked out of
1.00

The duty to promote the good of the patient

Select one:

- Autonomy
- Medical indication
- Contextual issues
- Justice
- Nonmaleficence
- Beneficence
- Quality of life
- Patient preferences

The correct answer is: Beneficence

Question 34

Not answered

Marked out of
1.00

After an initial pregnancy resulted in a spontaneous loss in the first trimester, your patient is concerned about the possibility of this recurring. Which of the following is the most appropriate answer regarding the chance of recurrence?

Select one:

- It has increased to approximately 50%.
- It depends on the sex of the prior abortus.
- It has increased most likely to greater than 50%.
- It is no different than it was prior to the miscarriage.
- It depends on the genetic makeup of the prior abortus.

The correct answer is: It is no different than it was prior to the miscarriage.

Question 35

Not answered

Marked out of
1.00

A 20-year-old female at 34 weeks of gestation develops a lower urinary tract infection. Which of the following is the best choice for treatment?

Select one:

- Nitrofurantoin
- Sulfonamide
- Tetracycline
- Ciprofloxacin
- Cephalosporin

The correct answer is: Cephalosporin

Question 36

Not answered

Marked out of
1.00

You are called to the emergency department to evaluate an 18-year-old woman for a vulvar laceration. She is accompanied by her mother and father. The father explains that the injury was caused by a fall onto the support bar on her bicycle. You interview the woman alone and find out that her father has been sexually assaulting her. Which of the following statements best describes injuries related to sexual assault?

Select one:

- More than 50% of victims will have an injury.
- Most injuries occur after the assault has taken place.
- Most injuries are considered major and require surgical correction.
- Most injuries require hospitalization.
- Vaginal and vulvar lacerations are common in virginal victims.

The correct answer is: Vaginal and vulvar lacerations are common in virginal victims.

Question 37

Not answered

Marked out of
1.00

A 19-year-old G1 at 40 weeks gestation presents to the hospital with the complaint of contractions. She states they are very painful and occurring every 3 to 5 minutes. She reports good fetal movement and denies any leak- age of fluid or vaginal bleeding. The nurse places an external tocotester and fetal monitor and reports that the patient is having contractions every 4 to 12 minutes. The nurse states that the contractions are mild to moderate to palpation. On examination the cervix is 1 cm dilated, 60% effaced, and the vertex is at -1 station. The patient had the same cervical examination in your office last week. The fetal heart rate tracing is 140 beats per minute with accelerations and no decelerations. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Send her home
- Administer terbutaline
- Rupture membranes
- Augment labor with Pitocin
- Admit her for an epidural for pain control

The correct answer is: Send her home

Question 38

Not answered

Marked out of
1.00

A 32-year-old G5P1 presents for her first prenatal visit. A complete obstetrical, gynecological, and medical history and physical examination is done. Which of the following would be an indication for elective cerclage placement?

Select one:

- Twin pregnancy
- Cervical length of 35 mm by ultrasound at 18 weeks
- Three spontaneous first-trimester abortions
- Three second-trimester pregnancy losses without evidence of labor or abrupt- tion
- History of loop electrosurgical excision procedure for cervical dysplasia

The correct answer is: Three second-trimester pregnancy losses without evidence of labor or abrupt- tion

Question 39

Not answered

Marked out of
1.00

A healthy 20-year-old G1P0 presents for her first OB visit at 10 weeks gestational age. She denies any significant medical history both personally and in her family. Which of the following tests is not part of the recommended first trimester blood testing for this patient?

Select one:

- Complete blood count (CBC)
- Hepatitis B surface antigen
- One-hour glucose challenge testing
- Screening for human immunodeficiency virus (HIV)
- Blood type and screen

The correct answer is: One-hour glucose challenge testing

Question 40

Not answered

Marked out of
1.00

A 32-year-old G2P2 develops fever and uterine tenderness 2 days after cesarean delivery for nonreassuring fetal heart tones. She is placed on intravenous penicillin and gentamicin for her infection. After 48 hours of antibiotics she remains febrile, and on examination she continues to have uterine tenderness. Which of the following bacteria is resistant to these antibiotics and is most likely to be responsible for this woman's infection?

Select one:

- α -Streptococci
- Bacteroides fragilis
- Proteus mirabilis
- Escherichia coli
- Anaerobic streptococci

The correct answer is: Bacteroides fragilis

Question 41

Not answered

Marked out of
1.00

A 17-year-old G1P1 presents to your office for her yearly well-woman examination. She had an uncomplicated vaginal delivery last year. She has been sexually active for the past 4 years and has had six different sexual partners. Her menses occurs every 28 days and lasts for 4 days. She denies any intermenstrual spotting, postcoital bleeding, or vaginal discharge. She denies tobacco, alcohol, or illicit drug use. Which of the following are appropriate screening tests for this patient?

Select one:

- Pap test and hemoglobin level assessment
- Pap test and gonorrhea and chlamydia cervical cultures
- Pap test and hepatitis C antibody
- Pap test
- Pap test and herpes simplex cultures

The correct answer is: Pap test and gonorrhea and chlamydia cervical cultures

Question 42

Not answered

Marked out of
1.00

A 20-year-old woman presents to your office for her well-woman examination. She has recently become sexually active and desires an effective contraceptive method. She has no medical problems, but family history is significant for breast cancer in a maternal aunt at the age of 42. She is worried about getting cancer from taking birth control pills. You discuss with her the risks and benefits of contraceptive pills. You tell her that which of the following neoplasms has been associated with the use of oral contraceptives?

Select one:

- Hepatic cancer
- Breast cancer
- Ovarian cancer
- Hepatic adenoma
- Endometrial cancer

The correct answer is: Hepatic adenoma

Question 43

Not answered

Marked out of
1.00

A patient in your practice calls you in a panic because her 14-year-old daughter has been bleeding heavily for the past 2 weeks and now feels a bit dizzy and light-headed. The daughter experienced menarche about 6 months ago, and since that time her periods have been irregular and very heavy. You instruct the mother to bring her daughter to the emergency room. When you see the daughter in the emergency room, you note that she appears very pale and fatigued. Her blood pressure and pulse are 110/60 mm Hg and 70 beats per minute, respectively. When you stand her up, her blood pressure remains stable, but her pulse increases to 100. While in the emergency room, you obtain a more detailed history. She denies any medical problems or prior surgeries and is not taking any medications. She reports that she has never been sexually active. On physical examinations, her abdomen is benign. She will not let you perform a speculum examination, but the bimanual examination is normal. She is 5 ft 4 in tall and weighs 95 lb. Which of the following blood tests is not indicated in the evaluation of this patient?

Select one:

- Estradiol level
- BHCG
- Bleeding time
- Type and screen
- CBC

The correct answer is: Estradiol level

Question 44

Not answered

Marked out of
1.00

A healthy 30-year-old G2P1001 presents to the obstetrician's office at 34 weeks for a routine prenatal visit. She has a history of a cesarean section (low transverse) performed secondary to fetal malpresentation (footling breech). This pregnancy, the patient has had an uncomplicated prenatal course. She tells her physician that she would like to undergo a trial of labor during this pregnancy. However, the patient is interested in permanent sterilization and wonders if it would be better to undergo another scheduled cesarean section so she can have a bilateral tubal ligation performed at the same time. Which of the following statements is true and should be relayed to the patient?

Select one:

- The patient should schedule an elective induction if not delivered by 40 weeks.
- Her risk of uterine rupture with attempted VBAC after one prior low transverse cesarean section is 4% to 9%.
- If the patient desires a bilateral tubal ligation, it is safer for her to undergo a vaginal delivery followed by a postpartum tubal ligation rather than an elective repeat cesarean section with intrapartum bilateral tubal ligation.
- Her chance of having a successful VBAC is less than 60%.
- A history of a previous low transverse cesarean section is a contraindication to vaginal birth after cesarean section (VBAC).

The correct answer is: If the patient desires a bilateral tubal ligation, it is safer for her to undergo a vaginal delivery followed by a postpartum tubal ligation rather than an elective repeat cesarean section with intrapartum bilateral tubal ligation.

Question 45

Not answered

Marked out of
1.00

A 39-year-old wants first-trimester prenatal diagnosis. Which of the following is an advantage of amniocentesis over CVS?

Select one:

- Second-trimester diagnosis allows for safer termination of pregnancy when termination is chosen by the patient.
- CVS has a higher complication rate than midtrimester amniocentesis.
- Amniocentesis is usually less painful.
- CVS has a higher complication rate than first-trimester amniocentesis.
- Amniocentesis can be performed earlier in pregnancy.

The correct answer is: CVS has a higher complication rate than midtrimester amniocentesis.

Question 46

Not answered

Marked out of
1.00

A 39-year-old G1P0 at 39 weeks gestational age is sent to labor and delivery from her obstetrician's office because of a blood pressure reading of 150/100 mm Hg obtained during a routine OB visit. Her baseline blood pressures during the pregnancy were 100 to 120/60 to 70. On arrival to labor and delivery, the patient denies any headache, visual changes, nausea, vomiting, or abdominal pain. The heart rate strip is reactive and the toco-dynamometer indicates irregular uterine contractions. The patient's cervix is 3 cm dilated. Her repeat blood pressure is 160/90 mm Hg. Hematocrit is 34.0, platelets are 160,000, SGOT is 22, SGPT is 15, and urinalysis is neg- ative for protein. Which of the following is the most likely diagnosis?

Select one:

- Chronic hypertension with superimposed preeclampsia
- Gestational hypertension
- Chronic hypertension
- Preeclampsia
- Eclampsia

The correct answer is: Gestational hypertension

Question 47

Not answered

Marked out of
1.00

A 42-year-old G4P3104 presents for her well-woman examination. She has had three vaginal deliveries and one cesarean delivery for breech. She states her cycles are regular and denies any sexually transmitted diseases. Currently she and her husband use condoms, but they hate the hassle of a coital-dependent method. She is interested in a more effective contraception because they do not want any more children. She reports occasional migraine headaches and had a serious allergic reaction to anesthesia as a child when she underwent a tonsillectomy. She drinks and smokes socially. She weighs 78 kg, and her blood pressure is 142/89 mm Hg. During her office visit, you counsel the patient at length regarding birth control methods. Which of the following is the most appropriate contraceptive method for this patient?

Select one:

- Bilateral tubal ligation
- Combination oral contraceptives
- Intrauterine device
- Diaphragm
- Transdermal patch

The correct answer is: Intrauterine device

Question 48

Not answered

Marked out of
1.00

An obese, 25-year-old G1P0 comes to your office at 8 weeks gestational age for her first prenatal visit. She is delighted to be pregnant and wants to do whatever is necessary to ensure a healthy pregnancy. She is currently 5 ft 2 in. tall and weighs 300 lb. She is concerned because she is overweight and wants you to help her with a strict exercise and diet regimen so that she can be more healthy during the pregnancy. Which of the following is the best advice to give this patient regarding obesity and pregnancy?

Select one:

- Being obese places her at a decreased risk of needing a cesarean section for delivery.
- She should immediately initiate a vigorous exercise program to get in shape.
- She should gain at least 25 lb during the pregnancy because nutritional deprivation can result in impaired fetal brain development and intrauterine fetal growth retardation.
- Marked obesity in pregnancy decreases the risk of developing diabetes, hypertension, and fetal macrosomia.
- Obese women will still have adequate fetal growth in the absence of any weight gain during pregnancy.

The correct answer is: Obese women will still have adequate fetal growth in the absence of any weight gain during pregnancy.

Question 49

Not answered

Marked out of
1.00

A new patient presents to your office for her first prenatal visit. By her last menstrual period she is 11 weeks pregnant. This is the first pregnancy for this 36-year-old woman. She has no medical problems. At this visit you observe that her uterus is palpable midway between the pubic symphysis and the umbilicus. No fetal heart tones are audible with the Doppler stethoscope. Which of the following is the best next step in the management of this patient?

Select one:

- Schedule her for a dilation and curettage because she has a molar pregnancy since her uterus is too large and the fetal heart tones are not audible.
- Schedule an ultrasound as soon as possible to determine the gestational age and viability of the fetus.
- Schedule genetic amniocentesis right away because of her advanced maternal age.
- Tell her the uterine size is appropriate for her gestational age and schedule her for routine ultrasonography at 20 weeks.
- Reassure her that fetal heart tones are not yet audible with the Doppler stethoscope at this gestational age.

The correct answer is: Schedule an ultrasound as soon as possible to determine the gestational age and viability of the fetus.

Question 50

Not answered

Marked out of
1.00

A 30-year-old woman presents for a physical examination for work. She denies any medical problems or surgeries in the past. She has had no pregnancies. She is sexually active and has been using oral contraceptive pills for the past 6 years. She denies any allergies to medications. On examination, her weight is 62 kg, blood pressure 120/78 mm Hg, pulse 76 beats per minute, respiratory rate 15 breaths per minute, temperature 36.8°C (98.4°F). Her physical examination is normal. Laboratory evaluation is also done. Which direct effect of birth control pills could be noted in the laboratory results?

Select one:

- Decreased triglycerides
- Decreased high-density lipoprotein (HDL) cholesterol
- Decreased hemoglobin concentration
- Decreased binding globulins
- Decreased glucose tolerance

The correct answer is: Decreased glucose tolerance

Question 51

Not answered

Marked out of
1.00

A 9-year-old girl presents for evaluation of regular vaginal bleeding. History reveals thelarche at age 7 and adrenarche at age 8. Which of the following is the most common cause of this condition in girls?

Select one:

- Idiopathic
- Gonadal tumors
- Hypothyroidism
- McCune-Albright syndrome
- Tumors of the central nervous system

The correct answer is: Idiopathic

Question 52

Not answered

Marked out of
1.00

A 20-year-old woman presents to your office for a well-woman examination. She has been sexually active with one male partner for the past year. She has not achieved orgasm with her partner. On further questioning, she has never achieved orgasm with other partners or with masturbation or the use of a vibrator. Which of the following statements is true regarding her condition?

Select one:

- It always has an underlying physical etiology.
- It is unrelated to partner behavior.
- It is not associated with a history of rape.
- The influence of orthodox religious beliefs is still of major etiologic significance.
- It is unrelated to partner's sexual performance.

The correct answer is: The influence of orthodox religious beliefs is still of major etiologic significance.

Question 53

Not answered

Marked out of
1.00

An 18-year-old G2P1001 with the first day of her last menstrual period of May 7 presents for her first OB visit at 10 weeks. What is this patient's estimated date of delivery?

Select one:

- February 10 of the next year
- December 21 of the same year
- December 10 of the same year
- December 14 of the same year
- February 14 of the next year

The correct answer is: February 14 of the next year

Question 54

Not answered

Marked out of
1.00

A 20-year-old G2P1 patient comes to see you at 17 weeks gestational age to review the results of her triple test done 1 week ago. You tell the patient that her MSAFP level is 2.0 MOM. The patient's obstetrical history consists of a term vaginal delivery 2 years ago without complications. Which of the following is correct advice for your patient regarding how to proceed next?

Select one:

- Refer the patient for an ultrasound to confirm dates.
- Explain to the patient that the blood test is diagnostic of a neural tube defect and she should consult with a pediatric neurosurgeon as soon as possible.
- Recommend to the patient that she undergo a cordocentesis to measure fetal serum AFP levels.
- Offer the patient immediate CVS to obtain a fetal karyotype.
- Tell the patient that the blood test result is most likely a false-positive result and she should repeat the test at 20 weeks.

The correct answer is: Refer the patient for an ultrasound to confirm dates.

Question 55

Not answered

Marked out of
1.00

A patient presents in labor at term. Clinical pelvimetry is performed. She has an oval-shaped pelvis with the anteroposterior diameter at the pelvic inlet greater than the transverse diameter. The baby is occiput posterior. The patient most likely has what kind of pelvis?

Select one:

- An android pelvis
- An androgenous pelvis
- A gynecoid pelvis
- A platypelloid pelvis
- An anthropoid pelvis

The correct answer is: An anthropoid pelvis

Question 56

Not answered

Marked out of
1.00

An 18-year-old G1 has asymptomatic bacteriuria (ASB) at her first prenatal visit at 15 weeks gestation. Which of the following statements is true?

Select one:

- There is a decreased incidence of ASB in women with sickle cell trait.
- Twenty-five percent of women with ASB subsequently develop an acute symptomatic urinary infection during the same pregnancy and should be treated with antibiotics.
- ASB is highly associated with adverse pregnancy outcomes.
- Fifteen percent of women develop a urinary tract infection after an initial negative urine culture.
- The prevalence of ASB during pregnancy may be as great as 30%.

The correct answer is: Twenty-five percent of women with ASB subsequently develop an acute symptomatic urinary infection during the same pregnancy and should be treated with antibiotics.

Question 57

Not answered

Marked out of
1.00

A 24-year-old presents at 30 weeks with a fundal height of 50 cm. Which of the following statements concerning polyhydramnios is true?

Select one:

- Acute polyhydramnios rarely leads to labor prior to 28 weeks.
- Maternal edema, especially of the lower extremities and vulva, is rare.
- Complications include placental abruption, uterine dysfunction, and postpartum hemorrhage.
- The incidence of associated malformations is approximately 3%.
- Esophageal atresia is accompanied by polyhydramnios in nearly 10% of cases.

The correct answer is: Complications include placental abruption, uterine dysfunction, and postpartum hemorrhage.

Question 58

Not answered

Marked out of
1.00

A patient at 17 weeks gestation is diagnosed as having an intrauterine fetal demise. She returns to your office 5 weeks later and her vital signs are: blood pressure 110/72 mm Hg, pulse 93 beats per minute, temperature 36.38°C, respiratory rate 16 breaths per minute. She has not had a miscarriage, although she has had some occasional spotting. Her cervix is closed on examination. This patient is at increased risk for which of the following?

Select one:

- Consumptive coagulopathy with hypofibrinogenemia
- Recurrent abortion
- Septic abortion
- Future infertility
- Ectopic pregnancies

The correct answer is: Consumptive coagulopathy with hypofibrinogenemia

Question 59

Not answered

Marked out of
1.00

Respect of the patient's right to self-determination

Select one:

- Patient preferences
- Beneficence
- Justice
- Medical indication
- Nonmaleficence
- Quality of life
- Autonomy
- Contextual issues

The correct answer is: Autonomy

Question 60

Not answered

Marked out of
1.00

A 24-year-old woman presents with new-onset right lower quadrant pain, and you palpate an enlarged, tender right adnexa. Which of the following sonographic characteristics of the cyst in this patient suggests the need for surgical exploration now instead of observation for one menstrual cycle?

Select one:

- Papillary vegetation
- Lack of ascites
- Unilocularity
- Demonstration of arterial and venous flow by Doppler imaging
- Diameter of 5 cm

The correct answer is: Papillary vegetation

Question 61

Not answered

Marked out of
1.00

A 19-year-old woman is undergoing exploratory laparotomy for a 9-cm right ovarian mass. The final pathology report shows evidence of glial tissue and immature cerebellar and cortical tissue.

Select one:

- Immature teratoma
- Granulosa tumor
- Sertoli-Leydig cell tumor
- Krukenberg tumor
- Gonadoblastoma

The correct answer is: Immature teratoma

Question 62

Not answered

Marked out of
1.00

A 22-year-old woman presents for her first Pap smear. She has been sexually active with only one boyfriend since age 19. Her physical examination is completely normal. However, 2 weeks later her Pap smear results return showing HGSIL. There were no endocervical cells seen on the smear. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Perform colposcopy and directed cervical biopsies
- Perform random cervical biopsies
- Perform a cone biopsy of the cervix
- Order HPV typing on the initial Pap smear
- Repeat the Pap smear to obtain endocervical cells

The correct answer is: Perform colposcopy and directed cervical biopsies

Question 63

Not answered

Marked out of
1.00

A 20-year-old woman presents to your office with the complaint of abdominal pain. Through further questioning, the woman reveals that she was sexually assaulted at a party 3 weeks ago by a male friend whom she recently started dating. She states that she has not revealed this to anyone else and has not informed the police because she was drinking. Her abdominal and pelvic examinations are normal. Which of the following is the best management to offer this patient?

Select one:

- Counsel patient to sue male friend.
- Provide emergency contraception.
- Test for and treat sexually transmitted infections.
- Order CT of the abdomen and pelvis.
- Provide an antidepressant.

The correct answer is: Test for and treat sexually transmitted infections.

Question 64

Not answered

Marked out of
1.00

A 26-year-old G1 at 37 weeks presents to the hospital in active labor. She has no medical problems and has a normal prenatal course except for fetal growth restriction. She undergoes an uncomplicated vaginal delivery of a female infant weighing 1950 g. The infant is at risk for which of the following complications?

Select one:

- Fever
- Anemia
- Hyperglycemia
- Hypoxia
- Hypertension

The correct answer is: Hypoxia

Question 65

Not answered

Marked out of
1.00

You have a patient who is very health conscious and regularly ingests a large number of vitamins in megadoses and herbal therapies on a daily basis. She is a strict vegetarian as well. She is going to attempt pregnancy and wants your advice regarding her diet and nutrition intake. Which of the following is true regarding diet recommendations in pregnancy?

Select one:

- During pregnancy, vegetarians obtain sufficient amounts of vitamin B12 in their diet needed for the fetus.
- Routine supplementation of vitamin A is necessary during pregnancy because dietary intake alone does not provide sufficient amounts needed during pregnancy.
- Vitamin C supplementation in pregnancy is to be avoided because excessive levels can result in fetal malformations.
- Because herbal medications are natural, there is no reason to avoid these dietary supplements in pregnancy.
- It is recommended that in pregnancy the majority of the protein consumed be supplied from animal sources.

The correct answer is: It is recommended that in pregnancy the majority of the protein consumed be supplied from animal sources.

Question 66

Not answered

Marked out of
1.00

An 18-year-old G2P1 presents to the emergency department with abdominal pain and vaginal bleeding for the past day. Her last menstrual period was 7 weeks ago. On examination she is afebrile with normal blood pressure and pulse. Her abdomen is tender in the left lower quadrant with voluntary guarding. On pelvic examination, she has a small anteverted uterus, no adnexal masses, mild left adnexal tenderness, and mild cervical motion tenderness. Labs reveal a normal white count, hemoglobin of 10.5, and a quantitative β -hCG of 2342. Ultrasound reveals a $10 \times 5 \times 6$ cm uterus with a normal-appearing 1-cm stripe and no gestation sac or fetal pole. A 2.8-cm complex adnexal mass is noted on the left. In the treatment of this patient, laparoscopic salpingostomy has what advantage over salpingectomy via laparotomy?

Select one:

- Lower fertility rate
- Greater scar formation
- Comparable persistent ectopic tissue rate
- Decreased hospital stays
- Lower repeat ectopic pregnancy rate

The correct answer is: Decreased hospital stays

Question 67

Not answered

Marked out of
1.00

A 30-year-old G2P1001 patient comes to see you in the office at 37 weeks gestational age for her routine OB visit. Her first pregnancy resulted in a vaginal delivery of a 9-lb 8-oz baby boy after 30 minutes of pushing. On doing Leopold maneuvers during this office visit, you determine that the fetus is breech. Vaginal examination demonstrates that the cervix is 50% effaced and 1 to 2 cm dilated. The presenting breech is high out of the pelvis. The estimated fetal weight is about 7 lb. The patient denies having any contractions. You send the patient for a sonogram, which confirms a fetus with a double footling breech presentation. There is a normal amount of amniotic fluid present and the head is hyperextended in the "stargazer" position. Which of the following is the best next step in the management of this patient?

Select one:

- Allow the patient to undergo a vaginal breech delivery whenever she goes into labor.
- Send the patient to labor and delivery immediately for an emergent cesarean section.
- Schedule a cesarean section at or after 41 weeks gestational age.
- Allow the patient to go into labor and do an external cephalic version at that time if the fetus is still in the double footling breech presentation.
- Schedule an external cephalic version in the next few days.

The correct answer is: Schedule an external cephalic version in the next few days.

Question 68

Not answered

Marked out of
1.00

A 28-year-old G3P3 presents to your office for contraceptive counseling. She denies any medical problems or sexually transmitted diseases. You counsel her on the risks and benefits of all contraceptive methods. Which of the following is the most common form of contraception used by reproductive-age women in the United States?

Select one:

- Intrauterine device (IUD)
- Permanent sterilization
- Condom
- Pills
- Diaphragm

The correct answer is: Permanent sterilization

Question 69

Not answered

Marked out of
1.00

You are seeing a patient in the hospital for decreased fetal movement at 36 weeks gestation. She is healthy and has had no prenatal complications. You order a BPP. The patient receives a score of 8 on the test. Two points were deducted for lack of fetal breathing movements. How should you counsel the patient regarding the results of the BPP?

Select one:

- The results are abnormal, and she should undergo umbilical artery Doppler velocimetry.
- The results are normal, and she can go home.
- The results are abnormal, and she should undergo emergent cesarean section.
- The results are abnormal, and she should be induced.
- The results are equivocal, and she should have a repeat BPP within 24 hours.

The correct answer is: The results are normal, and she can go home.

Question 70

Not answered

Marked out of
1.00

A woman is found to have a unilateral invasive vulvar carcinoma that is 2 cm in diameter but not associated with evidence of lymph node spread. Initial management should consist of which of the following?

Select one:

- Radiation therapy
- Radical vulvectomy
- Simple vulvectomy
- Radical vulvectomy and bilateral inguinal lymphadenectomy
- Chemotherapy

The correct answer is: Radical vulvectomy and bilateral inguinal lymphadenectomy

Question 71

Not answered

Marked out of
1.00

A patient presents for prenatal care in the second trimester. She was born outside the United States and has never had any routine vaccinations. Which of the following vaccines is contraindicated in pregnancy?

Select one:

- Measles
- Typhoid
- Tetanus
- Hepatitis A
- Hepatitis B

The correct answer is: Measles

Question 72

Not answered

Marked out of
1.00

A 65-year-old woman presents to your office for evaluation of genital prolapse. She has a history of chronic hypertension, well controlled with a calcium channel blocker. She has had three full-term spontaneous vaginal deliveries. The last baby weighed 9 lb and required forceps to deliver the head. She says she had a large tear in the vagina involving the rectum during the last delivery. She has a history of chronic constipation and often uses a laxative to help her have a bowel movement. She has smoked for more than 30 years and has a smoker's cough. She entered menopause at age 52 but has never taken hormone replacement therapy. Which of the following factors is least important in the subsequent development of genital prolapse in this patient?

Select one:

- Menopause
- Chronic hypertension
- Chronic cough
- Chronic constipation
- Childbirth trauma

The correct answer is: Chronic hypertension

Question 73

Not answered

Marked out of
1.00

A 32-year-old woman presents to your office for her well-woman examination. She is also worried because she has not been able to achieve orgasm with her new partner, with whom she has had a relationship for the past 3 months. She had three prior sexual partners and achieved orgasm with them. She is taking a combined oral contraceptive pill for birth control and an antihypertensive medication for chronic hypertension. She has also been on fluoxetine for depression for the past 2 years. She smokes one pack per day and drinks one drink per week. She had a cervical cone biopsy for severe cervical dysplasia 6 months ago. Which of the following is the most likely cause of her sexual dysfunction?

Select one:

- Disruption of cervical nerve pathways
- Fluoxetine
- Nicotine
- Clonidine
- Contraceptive pill

The correct answer is: Clonidine

Question 74

Not answered

Marked out of
1.00

The labor nurse calls you in your office regarding your patient who is 30 weeks pregnant and complaining of decreased fetal movement. The fetus is known to have a ventricular septal defect of the heart. The nurse has performed a nonstress test on the fetus. No contractions are seen. She thinks the tracing shows either a sinusoidal or saltatory fetal heart rate (FHR) pattern. Without actually reviewing the FHR tracing what can you tell the nurse?

Select one:

- The FHR tracing is probably not a saltatory FHR pattern because this pattern is almost always seen during rather than before labor.
- Neither sinusoidal nor saltatory fetal heart rate patterns are seen in premature fetuses because of the immaturity of their autonomic nervous systems.
- The FHR tracing is probably not a sinusoidal FHR pattern because this pattern can be diagnosed only if the patient is in labor.
- The FHR tracing of the premature fetus should be analyzed by different criteria than tracings obtained at term.
- Fetuses with congenital anomalies of the heart will invariably exhibit abnormal FHR patterns.

The correct answer is: The FHR tracing is probably not a saltatory FHR pattern because this pattern is almost always seen during rather than before labor.

Question 75

Not answered

Marked out of
1.00

A patient presents to you for evaluation of infertility. She is 26 years old and has never been pregnant. She and her husband have been trying to get pregnant for 2 years. Her husband had a semen analysis and was told that everything was normal. The patient has a history of endometriosis diagnosed by laparoscopy at age 17. At the time she was having severe pelvic pain and dysmenorrhea. After the surgery, the patient was told she had a few small implants of endometriosis on her ovaries and fallopian tubes and several others in the posterior cul-de-sac. She also had a left ovarian cyst, filmy adnexal adhesions, and several subcentimeter serosal fibroids. You have recommended that she have a hysterosalpingogram as part of her evaluation for infertility. Which of the patient's following conditions can be diagnosed with a hysterosalpingogram?

Select one:

- Minimal pelvic adhesions
- Ovarian cyst
- Endometriosis
- Subserous fibroids
- Hydrosalpinx

The correct answer is: Hydrosalpinx

Question 76

Not answered

Marked out of
1.00

A 40-year-old G3P3 comes to your office for a routine annual GYN examination. She tells you that she gets up several times during the night to void. On further questioning, she admits to you that during the day she sometimes gets the urge to void, but sometimes cannot quite make it to the bathroom. She attributes this to getting older and is not extremely concerned, although she often wears a pad when she goes out in case she loses some urine. This patient is very healthy otherwise and does not take any medication on a regular basis. She still has regular, monthly menstrual periods. She has had three normal spontaneous vaginal deliveries of infants weighing between 7 and 8 lb. An office dipstick of her urine does not indicate any blood, bacteria, WBCs, or protein. Her urine culture is negative. Based on her office presentation and history, which of the following is the most likely diagnosis?

Select one:

- Overflow incontinence
- Vesicovaginal fistula
- Urinary stress incontinence
- Urinary tract infection
- Bladder dyssynergia

The correct answer is: Bladder dyssynergia

Question 77

Not answered

Marked out of
1.00

A 30-year-old class D diabetic is concerned about pregnancy. She can be assured that which of the following risks is the same for her as for the general population?

Select one:

- Infection
- Postpartum hemorrhage after vaginal delivery
- Fetal cystic fibrosis
- Hydramnios
- Preeclampsia and eclampsia

The correct answer is: Fetal cystic fibrosis

Question 78

Not answered

Marked out of
1.00

A 32-year-old woman consults with you for evaluation of an abnormal Pap smear done by a nurse practitioner at a family planning clinic. The Pap smear shows evidence of a high-grade squamous intraepithelial lesion (HGSIL). You perform colposcopy in the office. Your colposcopic impression is of acetowhite changes suggestive of human papilloma virus infection (HPV). Your biopsies show chronic cervicitis but no evidence of dysplasia. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Laser ablation of the cervix
- Hysterectomy
- Cryotherapy of the cervix
- Repeat the Pap smear in 3 to 6 months
- Conization of the cervix

The correct answer is: Conization of the cervix

Question 79

Not answered

Marked out of
1.00

You are seeing a patient in the emergency room who complains of fever, chills, flank pain, and blood in her urine. She has had severe nausea and started vomiting after the fever developed. She was diagnosed with a urinary tract infection 3 days ago by her primary care physician. The patient never took the antibiotics that she was prescribed because her symptoms improved after she started drinking cranberry juice. The patient has a temperature of 38.8°C (102°F). She has severe right-sided CVA tenderness. She has severe suprapubic tenderness. Her clean-catch urinalysis shows a large amount of ketones, RBCs, WBCs, bacteria, and squamous cells. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Arrange for a home health agency to go to the patient's home to administer IV fluids and oral antibiotics.
- Admit the patient for IV fluids and IV antibiotics.
- Admit the patient for an intravenous pyelogram and consultation with a urologist.
- Admit the patient for diagnostic laparoscopy.
- Tell her to take the oral antibiotics that she was prescribed and give her a pre- scriptio n of Phenergan rectal suppositories.

The correct answer is: Admit the patient for IV fluids and IV antibiotics.

Question 80

Not answered

Marked out of
1.00

You suspect that your infertility patient has an inadequate luteal phase. She should undergo an endometrial biopsy on which day of her menstrual cycle?

Select one:

- Day 8
- Day 21
- Day 14
- Day 3
- Day 26

The correct answer is: Day 26

Question 81

Not answered

Marked out of
1.00

A 20-year-old woman presents complaining of bumps around her vaginal opening. The bumps have been there for several months and are getting bigger. Her boyfriend has the same type of bumps on his penis. On physical examination the patient has multiple 2- to 10-mm lesions around her introitus consistent with condyloma. Her cervix has no gross lesions. A Pap smear is done. One week later, the Pap smear returns showing atypical squamous cells of undetermined significance (ASCUS). Reflex HPV typing showed no high-risk HPV. Which of the following viral types is most likely responsible for the patient's condyloma?

Select one:

- HPV type 18
- HPV type 45
- HPV type 16
- HPV type 56
- HPV type 11

The correct answer is: HPV type 11

Question 82

Not answered

Marked out of
1.00

Match each hysterosalpingogram with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Bilateral hydrosalpinx
- Salpingitis isthmica nodosa
- Bilateral proximal occlusion
- Unilateral hydrosalpinx with a normal uterine cavity
- Unilateral hydrosalpinx with intrauterine adhesions
- Bilateral normal spillage

The correct answer is: Unilateral hydrosalpinx with intrauterine adhesions

Question 83

Not answered

Marked out of
1.00

A 29-year-old G0 comes to your OB/GYN office complaining of PMS. On taking a more detailed history, you learn that the patient suffers from emotional lability and depression for about 10 days prior to her menses. She reports that once she begins to bleed she feels back to normal. The patient also reports a long history of premenstrual fatigue, breast tenderness, and bloating. Her previous health-care provider placed her on oral contraceptives to treat her PMS 6 months ago. She reports that the pills have alleviated all her PMS symptoms except for the depression and emotional symptoms. Which of the following is the best next step in the treatment of this patient's problem?

Select one:

- Spironolactone
- Vitamin B6
- Fluoxetine
- Progesterone supplements
- Evening primrose oil

The correct answer is: Fluoxetine

Question 84

Not answered

Marked out of
1.00

For each female patient seeking contraception, select the method that is medically contraindicated for that patient. A woman with a known latex allergy

Select one:

- Condoms
- IUD
- Oral contraceptives
- Diaphragm
- Laparoscopic tubal ligation

The correct answer is: Condoms

Question 85

Not answered

Marked out of
1.00

A 24-year-old patient recently emigrated from the tropics. Four weeks ago she noted a small vulvar ulceration that spontaneously healed. Now there is painful inguinal adenopathy associated with malaise and fever. You are considering the diagnosis of lymphogranuloma venereum (LGV). The diagnosis can be established by which of the following?

Select one:

- Culturing Haemophilus ducreyi
- Culturing Calymmatobacterium granulomatis
- Staining for Donovan bodies
- The presence of serum antibodies to Chlamydia trachomatis
- Positive Frei skin test

The correct answer is: The presence of serum antibodies to Chlamydia trachomatis

Question 86

Not answered

Marked out of
1.00

A 17-year-old girl is seen by her primary care physician for the evaluation of left lower quadrant pain. The physician felt a pelvic mass on physical examination and ordered a pelvic ultrasound. You are consulted because an ovarian neoplasm is identified by the ultrasound. Which of the following is the most common ovarian tumor in this type of patient?

Select one:

- Fibrosarcoma
- Brenner tumor
- Papillary serous epithelial
- Germ cell
- Sarcoma botryoides

The correct answer is: Germ cell

Question 87

Not answered

Marked out of
1.00

A 22-year-old nulliparous woman has recently become sexually active. She consults you because of painful coitus, with the pain located at the vaginal introitus. It is accompanied by painful involuntary contraction of the pelvic muscles. Other than confirmation of these findings, the pelvic examination is normal. Which of the following is the most common cause of this condition?

Select one:

- Bartholin gland abscess
- Vulvar atrophy
- Psychogenic causes
- Ovarian cyst
- Endometriosis

The correct answer is: Psychogenic causes

Question 88

Not answered

Marked out of
1.00

Results from premature activation of the hypothalamic-pituitary system

Select one:

- Precocity caused by gonadotropin-producing tumors
- Isosexual precocious pseudopuberty
- True sexual precocity
- Incomplete sexual precocity
- Heterosexual precocious pseudopuberty

The correct answer is: True sexual precocity

Question 89

Not answered

Marked out of
1.00

Your patient is 43 years old and is concerned that she may be too close to menopause to get pregnant. You recommend that her gonadotropin levels be tested. Which is the best day of the menstrual cycle to check gonadotropin levels in this situation?

Select one:

- Day 14
- Day 3
- Day 8
- Day 21
- Day 26

The correct answer is: Day 3

Question 90

Not answered

Marked out of
1.00

A 51-year-old menopausal woman is undergoing exploratory laparotomy for bilateral adnexal masses. A frozen section is performed on the excised ovaries and shows significant numbers of signet cells.

Select one:

- Gonadoblastoma
- Immature teratoma
- Krukenberg tumor
- Granulosa tumor
- Sertoli-Leydig cell tumor

The correct answer is: Krukenberg tumor

Question 91

Not answered

Marked out of
1.00

A patient of yours has a history of multiple substance abuse. She is now pregnant again and tells you that she has a 2-year-old little boy who is slow in school and has difficulty concentrating. Which of the following substances has been associated most with behavioral and developmental abnormalities in children?

Select one:

- Caffeine
- Tobacco
- Marijuana
- LSD
- Cocaine

The correct answer is: Tobacco

Question 92

Not answered

Marked out of
1.00

A 74-year-old woman presents to your office for well-woman examination. Her last Pap smear and mammogram were 3 years ago. She has hypertension, high cholesterol, and osteoarthritis. She stopped smoking 15 years ago, and denies alcohol use. Based on this patient's history which of the following medical conditions should be this patient's biggest concern?

Select one:

- Alzheimer disease
- Breast cancer
- Trauma
- Lung cancer
- Heart disease
- Cerebrovascular disease

The correct answer is: Heart disease

Question 93

Not answered

Marked out of
1.00

You are discussing surgical options with a patient with symptomatic pelvic relaxation. Partial colpocleisis (Le Fort procedure) may be more appropriate than vaginal hysterectomy and anterior and posterior (A&P) repair for patients in which of the following circumstances?

Select one:

- Have a history of urinary incontinence
- Need periodic endometrial sampling
- Have cervical dysplasia that requires colposcopic evaluation
- Have had endometrial dysplasia
- Do not desire retained sexual function

The correct answer is: Do not desire retained sexual function

Question 94

Not answered

Marked out of
1.00

Your patient is a healthy 28-year-old G2P1001 at 20 weeks gestational age. Two years ago, she vaginally delivered at term a healthy baby boy weighing 6 lb 8 oz. This pregnancy, she had a prepregnancy weight of 130 lb. She is 5 ft 4 in tall. She now weighs 140 lb and is extremely nervous that she is gaining too much weight. She is worried that the baby will be too big and require her to have a cesarean section. What is the best counsel for this patient?

Select one:

- Her weight gain is excessive, and she needs to be referred for nutritional counseling to slow down her rate of weight gain.
- She is gaining weight at a less than normal rate, and, with her history of a small-for-gestational-age baby, she should supplement her diet with extra calories.
- During the pregnancy, she should consume an additional 300 kcal/day versus prepregnancy, and her weight gain so far is appropriate for her gestational age.
- Her weight gain is excessive, and you recommend that she undergo early glucose screening to rule out gestational diabetes.
- During the pregnancy she should consume an additional 600 kcal/day versus prepregnancy, and her weight gain is appropriate for her gestational age.

The correct answer is: During the pregnancy, she should consume an additional 300 kcal/day versus prepregnancy, and her weight gain so far is appropriate for her gestational age.

Question 95

Not answered

Marked out of
1.00

What impact will lack of the proposed treatment have on the patient's life?

Select one:

- Beneficence
- Justice
- Patient preferences
- Nonmaleficence
- Autonomy
- Quality of life
- Medical indication
- Contextual issues

The correct answer is: Quality of life

Question 96

Not answered

Marked out of
1.00

A 29-year-old Caucasian primigravid patient is 20 weeks pregnant with twins. She found out today on her routine ultrasound for fetal anatomy that she is carrying two boys. In this patient's case, which of the following statements about twinning is true?

Select one:

- She has a higher incidence of having monozygotic twins since she is Caucasian.
- If the ultrasound showed two separate placentas, the twins must be dizygotic.
- If division of these twins occurred after formation of the embryonic disk, the twins will be conjoined.
- The twins must be monozygotic since they are both males.
- Twinning causes no appreciable increase in maternal morbidity and mortality over singleton pregnancies.

The correct answer is: If division of these twins occurred after formation of the embryonic disk, the twins will be conjoined.

Question 97

Not answered

Marked out of
1.00

A 19-year-old woman presents for voluntary termination of pregnancy 6 weeks after her expected (missed) menses. She previously had regular menses every 28 days. Pregnancy is confirmed by β -human chorionic gonadotropin (β -hCG), and ultrasound confirms expected gestational age. Which of the following techniques for termination of pregnancy would be safe and effective in this patient at this time?

Select one:

- Suction dilation and curettage (D&C)
- Hysterotomy
- Dilation and evacuation (D&E)
- Hypertonic saline infusion
- 15-methyl α -prostaglandin injection

The correct answer is: Suction dilation and curettage (D&C)

Question 98

Not answered

Marked out of
1.00

A 30-year-old G3P3, who is 8 weeks postpartum and regularly breast-feeding calls you and is very concerned because she is having pain with intercourse secondary to vaginal dryness. Which of the following should you recommend to help her with this problem?

Select one:

- Apply hydrocortisone cream to the perineum
- Apply testosterone cream to the vulva and vagina
- Apply estrogen cream to the vagina and vulva
- Instruct her to stop breast-feeding
- Apply petroleum jelly to the perineum

The correct answer is: Apply estrogen cream to the vagina and vulva

Question 99

Not answered

Marked out of
1.00

You have recommended that your infertility patient return to your office during her next menstrual cycle to have her serum progesterone level checked. Which is the best day of the menstrual cycle to check her progesterone level if you are trying to confirm ovulation?

Select one:

- Day 21
- Day 3
- Day 14
- Day 8
- Day 26

The correct answer is: Day 21

Question 100

Not answered

Marked out of
1.00

What are the needs of society?

Select one:

- Medical indication
- Autonomy
- Quality of life
- Nonmaleficence
- Justice
- Patient preferences
- Contextual issues
- Beneficence

The correct answer is: Contextual issues

Question 101

Not answered

Marked out of
1.00

A 22-year-old G3P2 undergoes a normal spontaneous vaginal delivery without complications. The placenta is spontaneously delivered and appears intact. The patient is brought to the postpartum floor, where she starts to bleed profusely. Physical examination reveals a boggy uterus, and a bedside sonogram indicates the presence of placental tissue.

Select one:

- Fenestrated placenta
- Vasa previa
- Succenturiate placenta
- Placenta previa
- Placenta accreta
- Membranaceous placenta

The correct answer is: Succenturiate placenta

Question 102

Not answered

Marked out of
1.00

Your patient delivers a 7-lb 0-oz male infant at term. On physical examination, the baby has normal-appearing male external genitalia. However, the scrotum is empty. No testes are palpable in the inguinal canals. At 6 months of age the boy's testes still have not descended. A pelvic ultrasound shows the testes in the pelvis, and there appears to be a uterus present as well. The presence of a uterus in an otherwise phenotypically normal male is owing to which of the following?

Select one:

- Increased levels of estrogens
- Lack of testosterone
- 46,XX karyotype
- Presence of ovarian tissue early in embryonic development
- Lack of Müllerian-inhibiting factor

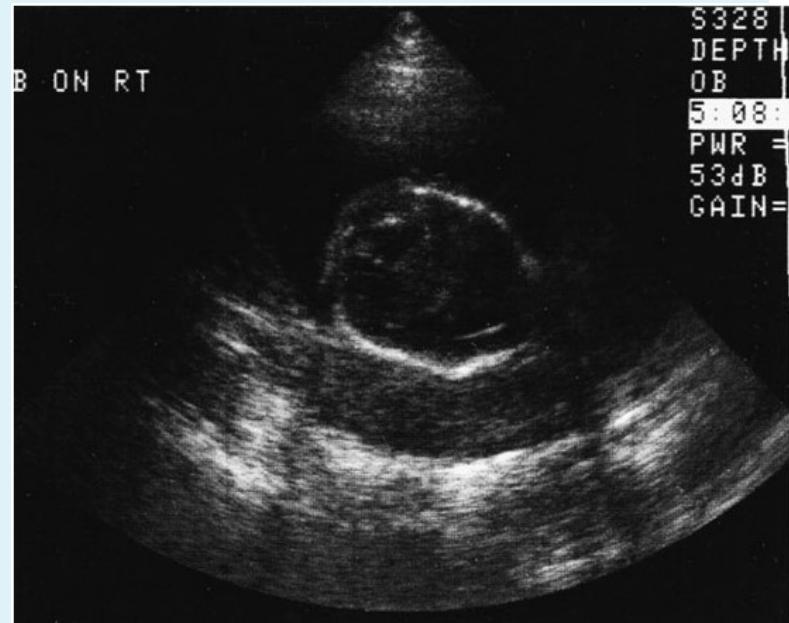
The correct answer is: Lack of Müllerian-inhibiting factor

Question 103

Not answered

Marked out of
1.00

For each ultrasonogram, select one diagnosis or diagnostic indicator. Each lettered option may be used once, more than once, or not at all.



Select one:

- Common marker for trisomies 18 and 21
- Osteogenesis imperfecta
- Anencephaly
- Hydrocephalus
- Spina bifida with meningocele
- Prune belly syndrome
- Nonspinal marker for spina bifida
- Mesomelic dwarfism
- Marker for Down syndrome (trisomy 21)
- Indication of highest likelihood of a chromosomal abnormality
- Obstructed urethra and bladder

The correct answer is: Nonspinal marker for spina bifida

Question 104

Not answered

Marked out of
1.00

A 15-year-old woman presents to your office for her first well-woman examination. She has a history of asthma, for which she uses an inhaler as needed. She denies any prior surgeries. Her menses started at the age of 13 and are regular. She has recently become sexually active with her 17-year-old boyfriend. She states that they use condoms for contraception, but she is interested in something more effective. Which of the following is the most appropriate instrument to use when performing the Pap smear test in this patient?

Select one:

- Pediatric speculum
- Vaginoscope
- Pederson speculum
- Graves speculum
- Nasal speculum

The correct answer is: Pederson speculum

Question 105

Not answered

Marked out of
1.00

During a routine return OB visit, an 18-year-old G1P0 patient at 23 weeks gestational age undergoes a urinalysis. The dipstick done by the nurse indicates the presence of trace glucosuria. All other parameters of the urine test are normal. Which of the following is the most likely etiology of the increased sugar detected in the urine?

Select one:

- The patient has kidney disease.
- The patient has diabetes.
- The patient's urine sample is contaminated.
- The patient's urinalysis is consistent with normal pregnancy.
- The patient has a urine infection.

The correct answer is: The patient's urinalysis is consistent with normal pregnancy.

Question 106

Not answered

Marked out of
1.00

You are treating a 31-year-old woman with danazol for endometriosis. You should warn the patient of potential side effects of prolonged treatment with the medication. When used in the treatment of endometriosis, which of the following changes should the patient expect?

Select one:

- More frequent Pap smear screening, since danazol exposure is a risk factor for cervical dysplasia
- Lighter or absent menstruation, since danazol causes endometrial atrophy
- Occasional pelvic pain, since danazol commonly causes ovarian enlargement
- Heavier or prolonged periods, since danazol causes endometrial hyperplasia
- Postcoital bleeding caused by the inflammatory effect of danazol on the endo- cervical and endometrial glands

The correct answer is: Lighter or absent menstruation, since danazol causes endometrial atrophy

Question 107

Not answered

Marked out of
1.00

A patient presents to your office approximately 2 weeks after having a total vaginal hysterectomy with anterior colporrhaphy and Burch procedure for uterine prolapse and stress urinary incontinence. She complains of a constant loss of urine throughout the day. She denies any urgency or dysuria. Which of the following is the most likely explanation for this complaint?

Select one:

- Detrusor instability
- Urinary tract infection
- Vesicovaginal fistula
- Diabetic neuropathy
- Failure of the procedure

The correct answer is: Vesicovaginal fistula

Question 108

Not answered

Marked out of
1.00

A 34-year-old G2P1 at 31 weeks gestation with a known placenta previa is admitted to the hospital for vaginal bleeding. The patient continues to bleed heavily and you observe persistent late decelerations on the fetal heart monitor with loss of variability in the baseline. Her blood pressure and pulse are normal. You explain to the patient that she needs to be delivered. The patient is delivered by cesarean section under general anesthesia. The baby and placenta are easily delivered, but the uterus is noted to be boggy and atonic despite intravenous infusion of Pitocin. Which of the following is contraindicated in this patient for the treatment of uterine atony?

Select one:

- Prostaglandin F2 α (Hemabate) suppositories
- Prostaglandin E2 suppositories
- Methylergonovine (Methergine) administered intramuscularly
- Misoprostol (Cytotec) suppositories
- Terbutaline administered intravenously

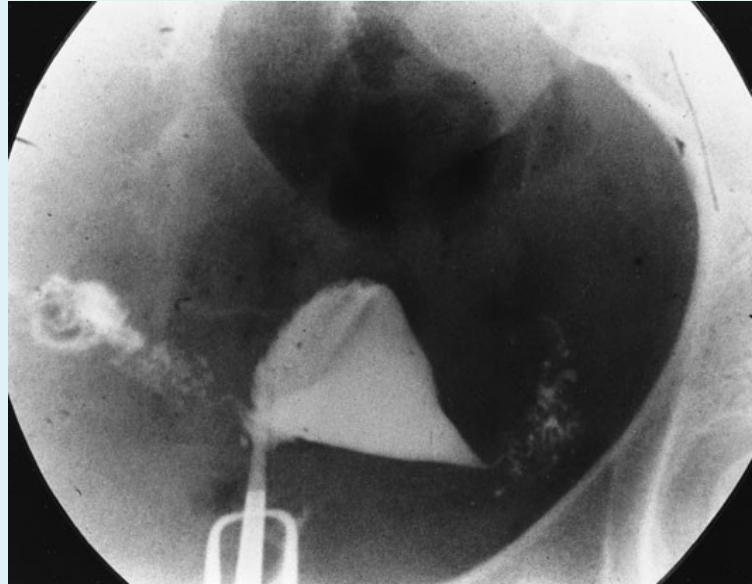
The correct answer is: Terbutaline administered intravenously

Question 109

Not answered

Marked out of
1.00

Match each hysterosalpingogram with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Bilateral proximal occlusion
- Bilateral hydrosalpinx
- Unilateral hydrosalpinx with a normal uterine cavity
- Bilateral normal spillage
- Salpingitis isthmica nodosa
- Unilateral hydrosalpinx with intrauterine adhesions

The correct answer is: Salpingitis isthmica nodosa

Question 110

Not answered

Marked out of
1.00

A 25-year-old G1 at 37 weeks presents to labor and delivery with gross rupture of membranes. The fluid is noted to be clear and the patient is noted to have regular painful contractions every 2 to 3 minutes lasting for 60 seconds each. The fetal heart rate tracing is reactive. On cervical examination she is noted to be 4 cm dilated, 90% effaced with the presenting part at -3 station. The presenting part is soft and felt to be the fetal buttock. A quick bedside ultrasound reveals a breech presentation with both hips flexed and knees extended. What type of breech presentation is described?

Select one:

- Frank
- Double footling
- Incomplete, single footling
- Complete

The correct answer is: Frank

Question 111

Not answered

Marked out of
1.00

You are consulted in the hospital to provide a gynecological examination on a patient who has injuries as the result of an assault by her husband. What percentage of family relationships are violent?

Select one:

- 75%
- 95%
- 10%
- 30%
- 50%

The correct answer is: 50%

Question 112

Not answered

Marked out of
1.00

A married 41-year-old G5P3114 presents to your office for a routine examination. She reports being healthy except for a history of migraine headaches. All her Pap smears have been normal. She developed gestational diabetes in her last pregnancy. She drinks alcohol socially, and admits to smoking occasionally. Her grandmother was diagnosed with ovarian cancer when she was in her fifties. Her blood pressure is 140/90 mm Hg; height is 5 ft 5 in; weight is 150 lb. Which of the following is the most common cause of death in women of this patient's age?

Select one:

- Cardiac disease
- HIV
- Cancer
- Suicide
- Accidents

The correct answer is: Cancer

Question 113

Not answered

Marked out of
1.00

A 36-year-old G0 who has been epileptic for many years is contemplating pregnancy. She wants to go off her phenytoin because she is concerned about the adverse effects that this medication may have on her unborn fetus. She has not had a seizure in the past 5 years. Which of the following is the most appropriate statement to make to the patient?

Select one:

- Babies born to epileptic mothers have an increased risk of structural anomalies even in the absence of anticonvulsant medications.
- The most frequently reported congenital anomalies in fetuses of epileptic women are limb defects.
- She should see her neurologist to change from phenytoin to valproic acid because valproic acid is not associated with fetal anomalies.
- She should discontinue her phenytoin because it is associated with a 1% to 2% risk of spina bifida.
- Vitamin C supplementation reduces the risk of congenital anomalies in fetuses of epileptic women taking anticonvulsants.

The correct answer is: Babies born to epileptic mothers have an increased risk of structural anomalies even in the absence of anticonvulsant medications.

Question 114

Not answered

Marked out of
1.00

A 24-year-old G0 presents to your office complaining of vulvar discomfort. More specifically, she has been experiencing intense burning and pain with intercourse. The discomfort occurs at the vaginal introitus primarily with penile insertion into the vagina. The patient also experiences the same pain with tampon insertion and when the speculum is inserted during a gynecologic examination. The problem has become so severe that she can no longer have sex, which is causing problems in her marriage. She is otherwise healthy and denies any medical problems. She is experiencing regular menses and denies any dysmenorrhea. On physical examination, the region of the vulva around the vaginal vestibule has several punctate, erythematous areas of epithelium measuring 3 to 8 mm in diameter. Most of the lesions are located on the skin between the two Bartholin glands. Each inflamed lesion is tender to touch with a cotton swab. Which of the following is the most likely diagnosis?

Select one:

- Vulvar intraepithelial neoplasia
- Lichen sclerosus
- Vulvar vestibulitis
- Contact dermatitis
- Atrophic vaginitis

The correct answer is: Vulvar vestibulitis

Question 115

Not answered

Marked out of
1.00

A 55-year-old postmenopausal female presents to her gynecologist for a routine examination. She denies any use of hormone replacement therapy and does not report any menopausal symptoms. She denies the occurrence of any abnormal vaginal bleeding. She has no history of any abnormal Pap smears and has been married for 30 years to the same partner. She is currently sexually active with her husband on a regular basis. Two weeks after her examination, her Pap smear comes back as atypical glandular cells of undetermined significance (AGUS). Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Repeat the Pap in 4 to 6 months
- HPV testing
- Hysterectomy
- Cone biopsy
- Colposcopy, endometrial biopsy, endocervical curettage

The correct answer is: Colposcopy, endometrial biopsy, endocervical curettage

Question 116

Not answered

Marked out of
1.00

A healthy 42-year-old G2P1001 presents to labor and delivery at 30 weeks gestation complaining of a small amount of bright red blood per vagina which occurred shortly after intercourse. It started off as spotting and then progressed to a light bleeding. By the time the patient arrived at labor and delivery, the bleeding had completely resolved. The patient denies any regular uterine contractions, but admits to occasional abdominal cramping. She reports no pregnancy complications and a normal ultrasound done at 14 weeks of gestation. Her obstetrical history is significant for a previous low transverse cesarean section at term. Which of the following can be ruled out as a cause for her vaginal bleeding?

Select one:

- Uterine rupture
- Placental abruption
- Placenta previa
- Subserous pedunculated uterine fibroid
- Cervicitis
- Preterm labor

The correct answer is: Subserous pedunculated uterine fibroid

Question 117

Not answered

Marked out of
1.00

A 50-year-old G4P4 presents for her well-woman examination. She had one cesarean delivery followed by three vaginal deliveries. Her menses stopped 1 year ago and she occasionally still has a hot flash. She tells you that about 10 years ago she was treated with a laser conization for carcinoma in situ of her cervix. Since that time, all of her Pap tests have been normal. What recommendation should you make regarding how frequently she should undergo Pap smear testing?

Select one:

- Every 3 years
- Every 2 years
- Every 6 months
- Every 3 months
- Every year

The correct answer is: Every year

Question 118

Not answered

Marked out of
1.00

A 30-year-old woman presents to your office for her well-woman examination and contraception. She has two prior vaginal deliveries without any complications. Her medical and surgical histories are negative. Her family history is significant for coronary heart disease in her father and breast cancer in her mother diagnosed at the age of 62 years. In addition to effective contraception, health benefits for women taking oral combination contraceptives include which of the following?

Select one:

- Decreased diastolic hypertension
- Decreased incidence of thromboembolism
- Decreased risk of cervical cancer
- Decreased risk of lung cancer
- Decreased incidence of benign breast disease

The correct answer is: Decreased incidence of benign breast disease

Question 119

Not answered

Marked out of
1.00

A 29-year-old G0 comes to your office complaining of a vaginal discharge for the past 2 weeks. The patient describes the discharge as thin in consistency and of a grayish white color. She has also noticed a slight fishy vaginal odor that seems to have started with the appearance of the discharge. She denies any vaginal or vulvar pruritus or burning. She admits to being sexually active in the past, but has not had intercourse during the past year. She denies a history of any sexually transmitted diseases. She is currently on no medications with the exception of her birth control pills. Last month she took a course of amoxicillin for treatment of a sinusitis. On physical examination, the vulva appears normal. There is a discharge present at the introitus. A copious, thin, whitish discharge is in the vaginal vault and adherent to the vaginal walls. The vaginal pH is 5.5. The cervix is not inflamed and there is no cervical discharge. Wet smear of the discharge indicates the presence of clue cells. Which of the following is the most likely diagnosis?

Select one:

- Bacterial vaginosis
- Physiologic discharge
- Chlamydia
- Trichomoniasis
- Candidiasis

The correct answer is: Bacterial vaginosis

Question 120

Not answered

Marked out of
1.00

A 22-year-old G1P0 has just undergone a spontaneous vaginal delivery. As the placenta is being delivered, a red fleshy mass is noted to be protruding out from behind the placenta. Which of the following is the best next step in management of this patient?

Select one:

- Call for immediate assistance from other medical personnel
- Have the anesthesiologist administer magnesium sulfate
- Begin intravenous oxytocin infusion
- Shove the placenta back into the uterus
- Continue to remove the placenta manually

The correct answer is: Call for immediate assistance from other medical personnel

Question 121

Not answered

Marked out of
1.00

Your patient is a 44-year-old G4P4 with symptomatic uterine fibroids that are unresponsive to medical therapy. The patient has severe menorrhagia to the point that when she menstruates, she cannot leave the house. You recommend to her that she undergo a total abdominal hysterectomy. You counsel her that she may need a blood transfusion if she has a large blood loss during the surgical procedure. Her current hematocrit is 25.0. The patient is a Jehovah's Witness who adamantly refuses to have a blood transfusion, even if it results in her death. Which of the following is not an ethical concern that needs to be considered when working through this case?

Select one:

- Patient preferences
- Medical indications
- Legal issues
- Quality-of-life issues

The correct answer is: Legal issues

Question 122

Not answered

Marked out of
1.00

A 72-year-old G5P5 presents to your office for well-woman examination. Her last examination was 7 years ago, when she turned 65. She has routine checks and laboratory tests with her internist each year. Her last mammogram was 6 months ago and was normal. She takes a diuretic for hypertension. She is a retired school teacher. Her physical examination is normal. Which of the following is the best vaccination to recommend to this patient?

Select one:

- Pneumocystis
- Diphtheria-pertussis
- Influenza vaccine
- Measles-mumps-rubella
- Hepatitis B vaccine

The correct answer is: Influenza vaccine

Question 123

Not answered

Marked out of
1.00

Which of the following pubertal events in girls is not estrogen dependent?

Select one:

- Hair growth
- Production of cervical mucus
- Menses
- Vaginal cornification
- Reaching adult height

The correct answer is: Hair growth

Question 124

Not answered

Marked out of
1.00

A 22-year-old woman consults you for treatment of hirsutism. She is obese and has facial acne and hirsutism on her face and periareolar regions and a male escutcheon. Serum LH level is 35 mIU/mL and FSH is 9 mIU/mL. Androstenedione and testosterone levels are mildly elevated, but serum DHAS is normal. The patient does not wish to conceive at this time. Which of the following single agents is the most appropriate treatment of her condition?

Select one:

- Wedge resection
- Corticosteroids
- Oral contraceptives
- GnRH
- Parlodel

The correct answer is: Oral contraceptives

Question 125

Not answered

Marked out of
1.00

A 57-year-old menopausal patient presents to your office for evaluation of postmenopausal bleeding. She is morbidly obese and has chronic hypertension and adult onset diabetes. An endometrial sampling done in the office shows complex endometrial hyperplasia with atypia, and a pelvic ultrasound done at the hospital demonstrates multiple, large uterine fibroids. Which of the following is the best treatment option for this patient?

Select one:

- Uterine artery embolization
- Myomectomy
- Total abdominal hysterectomy
- Oral contraceptives
- Oral progesterone

The correct answer is: Total abdominal hysterectomy

Question 126

Not answered

Marked out of
1.00

A patient presents to you for a well-woman examination. On physical examination she has a café au lait lesion on her back, along with multiple smooth, flesh-colored, dome-shaped papules scattered over her entire body.

Select one:

- Codominant
- Autosomal dominant
- X-linked recessive
- Multifactorial
- Autosomal recessive

The correct answer is: Autosomal dominant

Question 127

Not answered

Marked out of
1.00

During preconception counseling, a woman has a question for you regarding immunizations. Correct advice for this patient includes which of the following?

Select one:

- Inactivated vaccines are hazardous to the fetus.
- The polio virus has the ability to spread from a vaccinated individual to susceptible persons in the immediate environment.
- Hepatitis B vaccine crosses the placenta and causes neonatal jaundice.
- Inactivated vaccines are hazardous to the mother.
- Congenital rubella syndrome is common in fetuses born to mothers who were immunized early in pregnancy for rubella.

The correct answer is: The polio virus has the ability to spread from a vaccinated individual to susceptible persons in the immediate environment.

Question 128

Not answered

Marked out of
1.00

A 58-year-old woman is seen for evaluation of a swelling in her right vulva. She has also noted pain in this area when walking and during coitus. At the time of pelvic examination, a mildly tender, fluctuant mass is noted just outside the introitus in the right vulva in the region of the Bartholin gland. Which of the following is the most appropriate treatment?

Select one:

- Surgical excision
- Administration of antibiotics
- Marsupialization
- Observation
- Incision and drainage

The correct answer is: Surgical excision

Question 129

Not answered

Marked out of
1.00

A 26-year-old G2P1 presents to the gynecologist complaining of increasing hair growth on her face, chest, and abdomen, but the hair on her head is receding in the temporal regions. She also has had problems with acne. On physical examination the patient has significant amounts of coarse, dark hair on her face, chest, and abdomen. On pelvic examination she has an enlarged clitoris. She has a 7-cm left adnexal mass.

Select one:

- Immature teratoma
- Sertoli-Leydig cell tumor
- Gonadoblastoma
- Granulosa tumor
- Krukenberg tumor

The correct answer is: Sertoli-Leydig cell tumor

Question 130

Not answered

Marked out of
1.00

You are in the emergency department evaluating a 42-year-old woman who was shot by her husband during an argument. You recognize her because you have treated her numerous times for various complaints. Which of the following is a common characteristic of domestic violence?

Select one:

- Victims repeatedly visit clinics and emergency departments for a variety of complaints.
- Victims are reluctant to reveal abuse when their physicians ask them about it.
- Signs and symptoms are usually evident, and the correct diagnosis is made most of the time.
- The events are isolated and not associated with other abuses.
- The head and neck are rarely areas of injury.

The correct answer is: Victims repeatedly visit clinics and emergency departments for a variety of complaints.

Question 131

Not answered

Marked out of
1.00

A 32-year-old woman presents to your office to discuss contraception. She has recently stopped breast-feeding her 8-month-old son and wants to stop her progestin-only pill because her cycles are irregular on it. You recommend a combination pill to help regulate her cycle. You also mention that with estrogen added, the contraceptive efficacy is also higher. In combination birth control pills, which of the following is the primary contraceptive effect of the estrogenic component?

Select one:

- Suppression of follicle-stimulating hormone (FSH) secretion
- Conversion of ethynodiol to mestranol
- Suppression of cervical mucus secretion
- Atrophy of the endometrium
- Suppression of luteinizing hormone (LH) secretion

The correct answer is: Suppression of follicle-stimulating hormone (FSH) secretion

Question 132

Not answered

Marked out of
1.00

A 65-year-old woman complains of leakage of urine. Which of the following is the most common cause of this condition in such patients?

Select one:

- Anatomic stress urinary incontinence
- Overflow incontinence
- Urethral diverticulum
- Fistula
- Unstable bladder

The correct answer is: Unstable bladder

Question 133

Not answered

Marked out of
1.00

A 32-year-old G2P1 at 41 weeks is undergoing an induction of oligohydramnios. During the course of her labor, the fetal heart rate tracing demonstrates severe variable decelerations that do not respond to oxygen, fluid, or amnioinfusion. The patient's cervix is dilated to 4 cm. A low-transverse cesarean delivery is performed for nonreassuring fetal heart tones. After delivery of the fetus you send a cord gas, which comes back with the following arterial blood values: pH 7.29, Pco₂ 50, and Po₂ 20. What condition does the cord blood gas indicate?

Select one:

- Normal fetal status
- Fetal hypoxia
- Fetal asphyxia
- Fetal acidemia
- Fetal metabolic acidosis

The correct answer is: Normal fetal status

Question 134

Not answered

Marked out of
1.00

For the following methods of contraception, select the most appropriate rate of use effectiveness (percentage of pregnancies per year of actual patient use). Condom alone

Select one:

- 15% to 25%
- 40%
- 3% to 10%
- 80%
- 5% to 15%

The correct answer is: 15% to 25%

Question 135

Not answered

Marked out of
1.00

A nulliparous woman is in active labor (cervical dilation 5 cm with complete effacement, vertex at 0 station); the labor curve shows protracted progression without descent following the administration of an epidural block. An IUPC shows contractions every 4 to 5 minutes, peaking at 40 mm Hg.

Select one:

- Oxytocin intravenously
- Epidural block
- Midforceps delivery
- Cesarean section
- Meperidine (Demerol) 100 mg intramuscularly

The correct answer is: Oxytocin intravenously

Question 136

Not answered

Marked out of
1.00

An obese 46-year-old G6P1051 with type 1 diabetes since age 12 presents to your office complaining of urinary incontinence. She has been menopausal since age 44. Her diabetes has been poorly controlled for years because of her noncompliance with insulin therapy. She often cannot tell when her bladder is full, and she will urinate on herself without warning. Which of the following factors in this patient's history has contributed the most to the development of her urinary incontinence?

Select one:

- Obstetric history
- Obesity
- Diabetic status
- Age
- Menopause

The correct answer is: Diabetic status

Question 137

Not answered

Marked out of
1.00

Match the chemotherapeutic agents with the most common side effects. Each lettered option may be used once, more than once, or not at all.

Cisplatin

Select one:

- Pulmonary fibrosis
- Ocular degeneration
- Cardiac toxicity
- Bone marrow depression
- Necrotizing enterocolitis
- Tympanic membrane fibrosis
- Renal failure
- Peripheral neuropathy
- Hemorrhagic cystitis
- Pancreatic failure

The correct answer is: Renal failure

Question 138

Not answered

Marked out of
1.00

Ms Jones is a 28-year-old female who has agreed to be a gestational surrogate for a couple who cannot bear children. She presents to your office for prenatal care. Which of the following is your responsibility as an obstetrician caring for a gestational surrogate?

Select one:

- Consult with intended parents regarding all clinical interventions and management of the pregnancy.
- Provide appropriate care regardless of the patient's plans to keep or relinquish the future child.
- Only provide prenatal care to her, if the adoptive mother is also your patient.
- Discuss the health of the surrogate and progress of the pregnancy with the intended parents without consent of the surrogate mother.
- Make recommendations for prenatal care in accordance with the agreement between the gestational surrogate and the intended parents.

The correct answer is: Provide appropriate care regardless of the patient's plans to keep or relinquish the future child.

Question 139

Not answered

Marked out of
1.00

A 40-year-old G3P2 obese patient at 37 weeks presents for her routine OB visit. She has gestational diabetes that is controlled with diet. She reports that her fasting and postprandial sugars have all been within the normal range. Her fetus has an estimated fetal weight of 61/2 lb by Leopold maneuvers. Which of the following is the best next step in her management?

Select one:

- Administration of insulin to prevent macrosomia
- Weekly biophysical profile
- Kick counts and routine return OB visit in 1 week
- Induction of labor at 38 weeks
- Cesarean delivery at 39 weeks to prevent shoulder dystocia

The correct answer is: Kick counts and routine return OB visit in 1 week

Question 140

Not answered

Marked out of
1.00

A 30-year-old G3P3 is being evaluated for urinary urgency, urinary frequency, and dysuria. She also complains of pain with insertion when attempting intercourse. She frequently dribbles a few drops of urine after she finishes voiding. She has had three full-term spontaneous vaginal deliveries. Her last baby weighed more than 9 lb. She had multiple sutures placed in the vaginal area after delivery of that child. She also has a history of multiple urinary tract infections since she was a teenager. On pelvic examination, she has a 1-cm tender suburethral mass. With palpation of the mass, a small amount of blood-tinged pus is expressed from the urethra. Which of the following is the most likely cause of this patient's problem?

Select one:

- Urethral polyp
- Urethral stricture
- Urethral diverticulum
- Urethral fistula
- Urethral eversion

The correct answer is: Urethral diverticulum

Question 141

Not answered

Marked out of
1.00

Your patient is a 44-year-old G4P4 with symptomatic uterine fibroids that are unresponsive to medical therapy. The patient has severe menorrhagia to the point that when she menstruates, she cannot leave the house. You recommend to her that she undergo a total abdominal hysterectomy. You counsel her that she may need a blood transfusion if she has a large blood loss during the surgical procedure. Her current hematocrit is 25.0. The patient is a Jehovah's Witness who adamantly refuses to have a blood transfusion, even if it results in her death. The patient's insurance company refuses to pay for the surgical procedure. Which of the following ethical areas is involved?

Select one:

- Autonomy
- Quality of life
- Contextual issue
- Patient preference
- Justice

The correct answer is: Justice

Question 142

Not answered

Marked out of
1.00

You diagnose a 21-year-old woman at 12 weeks gestation with gonor- rhea cervicitis. Which of the following is the most appropriate treatment for her infection?

Select one:

- Ceftriaxone
- Minocycline
- Tetracycline
- Doxycycline
- Chloramphenicol

The correct answer is: Ceftriaxone

Question 143

Not answered

Marked out of
1.00

A 25-year-old G2P0 at 30 weeks gestation presents with the com- plaint of a new rash and itching on her abdomen over the last few weeks. She denies any constitutional symptoms or any new lotions, soaps, or detergents. On examination she is afebrile with a small, papular rash on her trunk and forearms. Excoriations from scratching are also noted. Which of the following is the recommended first-line treatment for this patient?

Select one:

- Antibiotic therapy
- Cholestyramine
- Delivery
- Oral steroids
- Topical steroids and oral antihistamines

The correct answer is: Topical steroids and oral antihistamines

Question 144

Not answered

Marked out of
1.00

A 22-year-old primigravida presents to your office for a routine OB visit at 34 weeks gestational age. She voices concern because she has noticed an increasing number of spidery veins appearing on her face, upper chest, and arms. She is upset with the unsightly appearance of these veins and wants to know what you recommend to get rid of them. Which of the following is the best advice to give this patient?

Select one:

- Refer her to a dermatologist for further workup and evaluation
- Tell her that you are concerned that she may have serious liver disease and order liver function tests
- Tell her that this is a condition which requires evaluation by a vascular surgeon
- Tell her that the appearance of these blood vessels is a normal occurrence with pregnancy
- Recommend that she wear an abdominal support

The correct answer is: Tell her that the appearance of these blood vessels is a normal occurrence with pregnancy

Question 145

Not answered

Marked out of
1.00

Your patient's father was just diagnosed with dementia associated with emotional disturbances and choreic body movements. She was told his disease is hereditary.

Select one:

- Autosomal dominant
- Autosomal recessive
- X-linked recessive
- Multifactorial
- Codominant

The correct answer is: Autosomal dominant

Question 146

Not answered

Marked out of
1.00

A 20-year-old female presents to your office for routine well-woman examination. She has a history of acne, for which she takes minocycline and isotretinoin on a daily basis. She also has a history of epilepsy that is well controlled on valproic acid. She also takes a combined oral contraceptive birth control pill containing norethindrone acetate and ethynodiol. She is a nonsmoker but drinks alcohol on a daily basis. She is concerned about the effectiveness of her birth control pill, given all the medications that she takes. She is particularly worried about the effects of her medications on a developing fetus in the event of an unintended pregnancy. Which of the following drugs has the lowest potential to cause birth defects?

Select one:

- Progesterone
- Isotretinoin (Accutane)
- Tetracyclines
- Alcohol
- Valproic acid (Depakote)

The correct answer is: Progesterone

Question 147

Not answered

Marked out of
1.00

An 18-year-old consults you for evaluation of disabling pain with her menstrual periods. The pain has been present since menarche and is accompanied by nausea and headache. History is otherwise unremarkable, and pelvic examination is normal. You diagnose primary dysmenorrhea and recommend initial treatment with which of the following?

Select one:

- Gonadotropin-releasing hormone (GnRH) analogues
- Codeine
- Antiprostaglandins
- Ergot derivatives
- Danazol

The correct answer is: Antiprostaglandins

Question 148

Not answered

Marked out of
1.00

A mother brings in her 16-year-old daughter for an evaluation of chronic abdominal pain. You have seen the girl many times before for various vague complaints over the past year. She has regular cycles that last 4 days with medium to light flow. She denies dysmenorrhea, gastrointestinal symptoms, or feeling depressed. She denies any sexual activity. The mother states that lately she has been doing poorly in school. She denies drug or alcohol use. Her mother thinks it may be related to recent changes at home since the mother's boyfriend moved in. Your examination and laboratory tests are normal. A previous workup by a gastroenterologist was also negative. Which of the following is the best next step in the management of this patient's symptoms?

Select one:

- Prescribe antibiotic for chronic gastroenteritis.
- Question the patient about possible sexual abuse.
- Order immediate psychiatric evaluation.
- Initiate biofeedback therapy for chronic pain.
- Prescribe antidepressant.

The correct answer is: Question the patient about possible sexual abuse.

Question 149

Not answered

Marked out of
1.00

Passage of some but not all placental tissue through the cervix at 9 weeks gestation.

Select one:

- Missed abortion
- Threatened abortion
- Complete abortion
- Inevitable abortion
- Incomplete abortion

The correct answer is: Incomplete abortion

Question 150

Not answered

Marked out of
1.00

A 51-year-old woman is diagnosed with invasive cervical carcinoma by cone biopsy. Pelvic examination and rectal-vaginal examination reveal the parametrium to be free of disease, but the upper portion of the vagina is involved with tumor. Intravenous pyelography (IVP) and sigmoidoscopy are negative, but a computed tomography (CT) scan of the abdomen and pelvis shows grossly enlarged pelvic and periaortic nodes. This patient is classified at which of the following stages?

Select one:

- IIa
- IV
- IIb
- IIIb
- IIIa

The correct answer is: IIa

Question 151

Not answered

Marked out of
1.00

A 30-year-old G3P3 is postoperative day 4 after a repeat cesarean delivery. During the surgery she received 2 units of packed red blood cells for a hemorrhage related to uterine atony. She is to be discharged home today. She complains of some yellowish drainage from her incision and redness that just started earlier in the day. She states that she feels feverish. She is breast-feeding. Her past medical history is significant for type 2 diabetes mellitus and chronic hypertension. She weighs 110 kg. Her vital signs are temperature 37.8°C (100.1°F), pulse 69 beats per minute, respiratory rate 18 breaths per minute, and blood pressure is 143/92 mm Hg. Breast, lung, and cardiac examinations are normal. Her midline vertical skin incision is erythematous and has a foul-smelling purulent discharge from the lower segment of the wound. It is tender to touch. The uterine fundus is not tender. Which of the following is not a risk factor for her condition?

Select one:

- Obesity
- Preoperative antibiotic administration
- Anemia
- Diabetes
- Corticosteroid therapy

The correct answer is: Preoperative antibiotic administration

Question 152

Not answered

Marked out of
1.00

A mother brings her daughter in to see you for consultation. The daughter is 17 years old and has not started her period. She is 4 ft 10 in tall. She has no breast budding. On pelvic examination, she has no pubic hair. By digital examination, the patient has a cervix and uterus. The ovaries are not palpable. As part of the workup, serum FSH and LH levels are drawn and both are high. Which of the following is the most likely reason for delayed puberty and sexual infantilism in this patient?

Select one:

- Kallmann syndrome
- Adrenogenital syndrome (testicular feminization)
- Müllerian agenesis
- Gonadal dysgenesis
- McCune-Albright syndrome

The correct answer is: Gonadal dysgenesis

Question 153

Not answered

Marked out of
1.00

A 27-year-old G2P1 at 29 weeks gestational age, who is being followed for Rh isoimmunization presents for her OB visit. The fundal height is noted to be 33 cm. An ultrasound reveals fetal ascites and a pericardial effusion. Which of the following can be another finding in fetal hydrops?

Select one:

- Over-distended fetal bladder
- Oligohydramnios
- Hydrocephalus
- Hydronephrosis
- Subcutaneous edema

The correct answer is: Subcutaneous edema

Question 154

Not answered

Marked out of
1.00

A 41-year-old woman undergoes exploratory laparotomy for a persistent adnexal mass. Frozen section diagnosis is serous carcinoma. Assuming that the other ovary is grossly normal, what is the likelihood that the contralateral ovary is involved in this malignancy?

Select one:

- 5%
- 75%
- 50%
- 15%
- 33%

The correct answer is: 33%

Question 155

Not answered

Marked out of
1.00

Is frequently caused by ovarian tumors

Select one:

- Isosexual precocious pseudopuberty
- Heterosexual precocious pseudopuberty
- True sexual precocity
- Incomplete sexual precocity
- Precocity caused by gonadotropin-producing tumors

The correct answer is: Isosexual precocious pseudopuberty

Question 156

Not answered

Marked out of
1.00

You have just diagnosed a 21-year-old infertile woman with polycystic ovarian syndrome. The remainder of the infertility evaluation, including the patient's hysterosalpingogram and her husband's semen analysis, were normal. Her periods are very unpredictable, usually coming every 3 to 6 months. She would like your advice on the best way to conceive now that you have made a diagnosis. Which of the following treatment options is the most appropriate first step in treating this patient?

Select one:

- Artificial insemination
- Gonadotropins
- Dexamethasone
- Metformin
- In vitro fertilization

The correct answer is: Metformin

Question 157

Not answered

Marked out of
1.00

A 20-year-old G2P0020 with an LMP 5 days ago presents to the emergency room complaining of a 24-hour history of increasing pelvic pain. This morning she experienced chills and a fever, although she did not take her temperature. She reports no changes in her urine or bowel habits. She has had no nausea or vomiting. She is hungry. She denies any medical problems. Her only surgery was a laparoscopy performed last year for an ectopic pregnancy. She reports regular menses and denies dysmenorrhea. She is currently sexually active. She has a new sexual partner and had sexual intercourse with him just prior to her last menstrual period. She denies a history of any abnormal Pap smears or sexually transmitted diseases. Urine pregnancy test is negative. Urinalysis is completely normal. WBC is 18,000. Temperature is 38.8°C (102°F). On physical examination, her abdomen is diffusely tender in the lower quadrants with rebound and voluntary guarding. Bowel sounds are present but diminished. Which of the following is the most likely diagnosis?

Select one:

- Ruptured ovarian cyst
- Kidney stone
- Pelvic inflammatory disease
- Ovarian torsion
- Endometriosis

The correct answer is: Pelvic inflammatory disease

Question 158

Not answered

Marked out of
1.00

A 35-year-old G3P3 presents to your office 3 weeks after an uncomplicated vaginal delivery. She has been successfully breast-feeding. She complains of chills and a fever to 38.3°C (101°F) at home. She states that she feels like she has flu, but denies any sick contacts. She has no medical problems or prior surgeries. The patient denies any medicine allergies. On examination she has a low-grade temperature of 38°C (100.4°F) and generally appears in no distress. Head, ear, throat, lung, cardiac, abdominal, and pelvic examinations are within normal limits. A triangular area of erythema is located in the upper outer quadrant of the left breast. The area is tender to palpation. No masses are felt and no axillary lymphadenopathy is noted. Which of the following is the best option for treatment of this patient?

Select one:

- Oral erythromycin for 7 to 10 days
- Oral dicloxacillin for 7 to 10 days
- Antipyretic for symptomatic relief
- Admission to the hospital for intravenous antibiotics
- Incision and drainage

The correct answer is: Oral dicloxacillin for 7 to 10 days

Question 159

Not answered

Marked out of
1.00

A 19-year-old woman comes to the emergency department and reports that she fainted at work earlier in the day. She has mild vaginal bleeding. Her abdomen is diffusely tender and distended. In addition, she complains of shoulder and abdominal pain. Her temperature is 37.2°C, pulse rate is 120 beats per minute, and blood pressure is 80/42 mm Hg. Which of the following is the best diagnostic procedure to quickly confirm your diagnosis?

Select one:

- Quantitative β-human chorionic gonadotropin (β-hCG)
- Culdocentesis
- Dilation and curettage
- Posterior colpotomy
- Computed tomography of the abdomen and pelvis

The correct answer is: Culdocentesis

Question 160

Not answered

Marked out of
1.00

A 22-year-old G1P0 at 28 weeks gestation by LMP presents to labor and delivery complaining of decreased fetal movement. She has had no prenatal care. On the fetal monitor there are no contractions. The fetal heart rate is 150 beats per minute and reactive. There are no decelerations in the fetal heart tracing. An ultrasound is performed in the radiology department and shows a 28-week fetus with normal-appearing anatomy and size consistent with dates. The placenta is implanted on the posterior uterine wall and its margin is well away from the cervix. A succenturiate lobe of the placenta is seen implanted low on the anterior wall of the uterus. Doppler flow studies indicate a blood vessel is traversing the cervix connecting the two lobes. This patient is most at risk for which of the following?

Select one:

- Premature rupture of the membranes
- Fetal exsanguination after rupture of the membranes
- Amniotic fluid embolism
- Torsion of the umbilical cord caused by velamentous insertion of the umbilical cord
- Placenta accreta

The correct answer is: Fetal exsanguination after rupture of the membranes

Question 161

Not answered

Marked out of
1.00

For the following methods of contraception, select the most appropriate rate of use effectiveness (percentage of pregnancies per year of actual patient use). Rhythm method

Select one:

- 40%
- 5% to 15%
- 80%
- 3% to 10%
- 15% to 25%

The correct answer is: 40%

Question 162

Not answered

Marked out of
1.00

One of your obstetric patients presents to the office at 25 weeks complaining of severe left calf pain and swelling. The area of concern is slightly edematous, but no erythema is apparent. The patient demonstrates a positive Homans sign, and you are concerned that she may have a deep vein thrombosis. Which of the following diagnostic modalities should you order?

Select one:

- Venography
- X-ray of lower extremity
- MRI
- Computed tomographic scanning
- Real-time ultrasonography

The correct answer is: Real-time ultrasonography

Question 163

Not answered

Marked out of
1.00

A 40-year-old G3P2012 presents for her well-woman examination. She has had two vaginal deliveries and her largest baby weighed 4000 g. She had a postpartum bilateral tubal ligation. Her menstrual cycles are regular every 28 days and last 5 days. She states that with cough she may occasionally lose some urine; otherwise she has no complaints. She denies any medical problems. On examination she weighs 56 kg and her blood pressure is 132/81 mm Hg. What type of speculum would be most appropriate to use when performing this patient's Pap test?

Select one:

- Vaginoscope
- Hysteroscope
- Graves speculum
- Pederson speculum
- Pediatric speculum

The correct answer is: Graves speculum

Question 164

Not answered

Marked out of
1.00

A 24-year-old woman (G3P2) is at 40 weeks gestation. The fetus is in the transverse lie presentation.

Select one:

- Classic cesarean section
- Low transverse cesarean section
- Midforceps rotation
- External version
- Internal version

The correct answer is: External version

Question 165

Not answered

Marked out of
1.00

A pregnant patient of yours goes to the emergency room at 20 weeks gestational age with complaints of hematuria and back pain. The emergency room physician orders an intravenous pyelogram (IVP) as part of a workup for a possible kidney stone. The radiologist indicates the absence of nephrolithiasis but reports the presence of bilateral hydronephrosis and hydroureter, which is greater on the right side than on the left. Which of the following statements is true regarding this IVP finding?

Select one:

- The bilateral hydronephrosis is of concern, and a renal sonogram should be ordered emergently.
- The findings indicate that a urology consult is needed to obtain recommendations for further workup and evaluation.
- The findings are consistent with ureteral obstruction, and the patient should be referred for stent placement.
- These findings are consistent with normal pregnancy and are not of concern.
- The bilateral hydronephrosis is of concern, and renal function tests, including BUN and creatinine, should be run and closely monitored.

The correct answer is: These findings are consistent with normal pregnancy and are not of concern.

Question 166

Not answered

Marked out of
1.00

A 38-year-old G1P0 presents to the obstetrician's office at 37 weeks gestational age complaining of a rash on her abdomen that is becoming increasingly pruritic. The rash started on her abdomen, and the patient notes that it is starting to spread downward to her thighs. The patient reports no previous history of any skin disorders or problems. She denies any malaise or fever. On physical examination, she is afebrile and her physician notes that her abdomen, and most notably her stretch marks, is covered with red papules and plaques. No excoriations or bullae are present. The patient's face, arms, and legs are unaffected by the rash. Which of the following is this patient's most likely diagnosis?

Select one:

- Herpes gestationis
- Impetigo herpetiformis
- Intrahepatic cholestasis of pregnancy
- Pruritic urticarial papules and plaques of pregnancy
- Prurigo gravidarum

The correct answer is: Pruritic urticarial papules and plaques of pregnancy

Question 167

Not answered

Marked out of
1.00

A 29-year-old G2P1 at 40 weeks is in active labor. Her cervix is 5 cm dilated, completely effaced, and the vertex is at 0 station. She is on oxytocin to augment her labor and she has just received an epidural for pain management. The nurse calls you to the room because the fetal heart rate has been in the 70s for the past 3 minutes. The contraction pattern is noted to be every 3 minutes, each lasting 60 seconds, with return to normal tone in between contractions. The patient's vital signs are blood pressure 90/40 mm Hg, pulse 105 beats per minute, respiratory rate 18 breaths per minute, and temperature 36.1°C (97.6°F). On repeat cervical examination, the vertex is well applied to the cervix and the patient remains 5 cm dilated and at 0 station, and no vaginal bleeding is noted. Which of the following is the most likely cause for the deceleration?

Select one:

- Uterine hyperstimulation
- Pitocin
- Epidural analgesia
- Placental abruption
- Cord prolapse

The correct answer is: Epidural analgesia

Question 168

Not answered

Marked out of
1.00

Five patients present for contraceptive counseling, each requesting that an IUD be inserted. Which of the following is a recognized contraindication to the insertion of an IUD?

Select one:

- Dysfunctional uterine bleeding
- Chorioamnionitis in previous pregnancy
- Cervical conization
- Previous pregnancy with an IUD
- Pelvic inflammatory disease

The correct answer is: Pelvic inflammatory disease

Question 169

Not answered

Marked out of
1.00

For each ultrasonogram, select one diagnosis or diagnostic indicator. Each lettered option may be used once, more than once, or not at all.



Select one:

- Mesomelic dwarfism
- Nonspinal marker for spina bifida
- Obstructed urethra and bladder
- Prune belly syndrome
- Hydrocephalus
- Anencephaly
- Spina bifida with meningocele
- Indication of highest likelihood of a chromosomal abnormality
- Marker for Down syndrome (trisomy 21)
- Common marker for trisomies 18 and 21
- Osteogenesis imperfecta

The correct answer is: Hydrocephalus

Question 170

Not answered

Marked out of
1.00

A 24-year-old patient who you have been seeing for routine gyneco- logical care reports that she is considering becoming a surrogate mother for a couple she knows at work. As her physician, what is your responsibility to her in preparing her to become a surrogate?

Select one:

- Recommend that she utilize the same legal counsel as the intended parents.
- Refer her to mental health counseling.
- Contact the intended parents so that you can provide care for them also.
- Explain to her that you will require an additional fee to care for her pregnancy since she will be a surrogate.
- Review the surrogate contract to ensure that she is being fully compensated.

The correct answer is: Refer her to mental health counseling.

Question 171

Not answered

Marked out of
1.00

May be associated with increased need for augmentation of labor with oxytocin and for instrument-assisted delivery

Select one:

- Paracervical block
- Spinal block
- Epidural block
- Pudendal block

The correct answer is: Epidural block

Question 172

Not answered

Marked out of
1.00

For the following methods of contraception, select the most appropriate rate of use effectiveness (percentage of pregnancies per year of actual patient use). Diaphragm

Select one:

- 3% to 10%
- 5% to 15%
- 40%
- 15% to 25%
- 80%

The correct answer is: 15% to 25%

Question 173

Not answered

Marked out of
1.00

A 34-year-old G2P1 at 31 weeks gestation with a known placenta previa presents to the hospital with vaginal bleeding. On assessment, she has normal vital signs and the fetal heart rate tracing is 140 beats per minute with accelerations and no decelerations. No uterine contractions are demonstrated on external tocotester. Heavy vaginal bleeding is noted. Which of the following is the best next step in the management of this patient?

Select one:

- Induce labor
- Admit and stabilize the patient
- Administer intramuscular terbutaline
- Perform cesarean delivery
- Administer methylergonovine

The correct answer is: Admit and stabilize the patient

Question 174

Not answered

Marked out of
1.00

A 22-year-old G1 at 34 weeks is tested for tuberculosis because her father, with whom she lives, was recently diagnosed with tuberculosis. Her skin test is positive and her chest x-ray reveals a granuloma in the upper left lobe. Which of the following is true concerning infants born to mothers with active tuberculosis?

Select one:

- The risk of active disease during the first year of life may approach 90% without prophylaxis.
- Bacille Calmette-Guérin (BCG) vaccination of the newborn infant without evidence of active disease is not appropriate.
- Future ability for tuberculin skin testing is lost after BCG administration to the newborn.
- Congenital infection is common despite therapy.
- Neonatal infection is most likely acquired by aspiration of infected amniotic fluid.

The correct answer is: Future ability for tuberculin skin testing is lost after BCG administration to the newborn.

Question 175

Not answered

Marked out of
1.00

Match the chemotherapeutic agents with the most common side effects.

Each lettered option may be used once, more than once, or not at all.

Bleomycin

Select one:

- Renal failure
- Ocular degeneration
- Necrotizing enterocolitis
- Tympanic membrane fibrosis
- Bone marrow depression
- Pancreatic failure
- Hemorrhagic cystitis
- Cardiac toxicity
- Pulmonary fibrosis
- Peripheral neuropathy

The correct answer is: Pulmonary fibrosis

Question 176

Not answered

Marked out of
1.00

Following a vaginal delivery, a woman develops a fever, lower abdominal pain, and uterine tenderness. She is alert, and her blood pressure and urine output are good. Large gram-positive rods suggestive of clostridia are seen in a smear of the cervix. Which of the following is most closely tied to a decision to proceed with hysterectomy?

Select one:

- Close observation for renal failure or hemolysis
- High-dose antibiotic therapy
- Immediate radiographic examination for hydrosalpinx
- Fever of 103 F
- Gas gangrene

The correct answer is: Gas gangrene

Question 177

Not answered

Marked out of
1.00

A 24-year-old white woman has a maternal serum α -fetoprotein (MSAFP) at 17 weeks gestation of 6.0 multiples of the median (MOM). Which of the following is the most appropriate next step in management?

Select one:

- Recommendation of termination
- Amniocentesis
- Ultrasound examination
- Amniography
- A second MSAFP test

The correct answer is: Ultrasound examination

Question 178

Not answered

Marked out of
1.00

A Jewish couple comes in to see you for preconception counseling. They are concerned that they might be at an increased risk of certain genetic diseases because of their ethnic background. The woman is 38 years old and tells you that in neither side of the family is there a family history of any genetic disorders. Which one of the following statements is the best advice for this couple?

Select one:

- They do not need to undergo additional screening if there is no history of affected children in their families.
- Tay-Sachs disease has a carrier frequency of 1 in 30 in the Jewish population, and the couple therefore should be screened for this genetic disease.
- They are at an increased risk of having a β -thalassemia.
- They are at an increased risk of having a baby born with a neural tube defect associated with advanced maternal age.
- All Jewish couples should be screened for cystic fibrosis.

The correct answer is: Tay-Sachs disease has a carrier frequency of 1 in 30 in the Jewish population, and the couple therefore should be screened for this genetic disease.

Question 179

Not answered

Marked out of
1.00

A 21-year-old has a positive purified protein derivative (PPD) and is about to be treated with rifampin, isoniazid, and pyridoxine for tuberculosis. She can be reassured that her risk of which of the following is minimal?

Select one:

- A flulike syndrome caused by rifampin
- Optic neuritis caused by isoniazid
- A positive antinuclear antibody (ANA) titer with INH therapy
- Ototoxicity as a side effect of streptomycin
- A peripheral neuropathy caused by isoniazid

The correct answer is: Optic neuritis caused by isoniazid

Question 180

Not answered

Marked out of
1.00

A 25-year-old woman presents to your office for evaluation of primary infertility. She has regular periods every 28 days. She has done testing at home with an ovulation kit, which suggests she is ovulating. A hysterosalpingogram demonstrates patency of both fallopian tubes. A progesterone level drawn in the mid-luteal phase is lower than expected. A luteal phase defect is suspected to be the cause of this patient's infertility. Which of the following studies performed in the second half of the menstrual cycle is helpful in making this diagnosis?

Select one:

- Serum follicle-stimulating hormone (FSH) levels
- Serum luteinizing hormone (LH) levels
- Urinary pregnanetriol levels
- Endometrial biopsy
- Serum estradiol levels

The correct answer is: Endometrial biopsy

Question 181

Not answered

Marked out of
1.00

A 29-year-old G1P0 presents to the obstetrician's office at 41 weeks gestation. On physical examination, her cervix is 1 centimeter dilated, 0% effaced, firm, and posterior in position. The vertex is presenting at -3 station. Which of the following is the best next step in the management of this patient?

Select one:

- Order BPP testing for the same or next day.
- Send the patient to the hospital for induction of labor since she has a favorable Bishop score.
- Teach the patient to measure fetal kick counts and deliver her if at any time there are less than 20 perceived fetal movements in 3 hours.
- Schedule cesarean delivery for the following day since it is unlikely that the patient will go into labor.
- Schedule the patient for induction of labor at 43 weeks gestation.

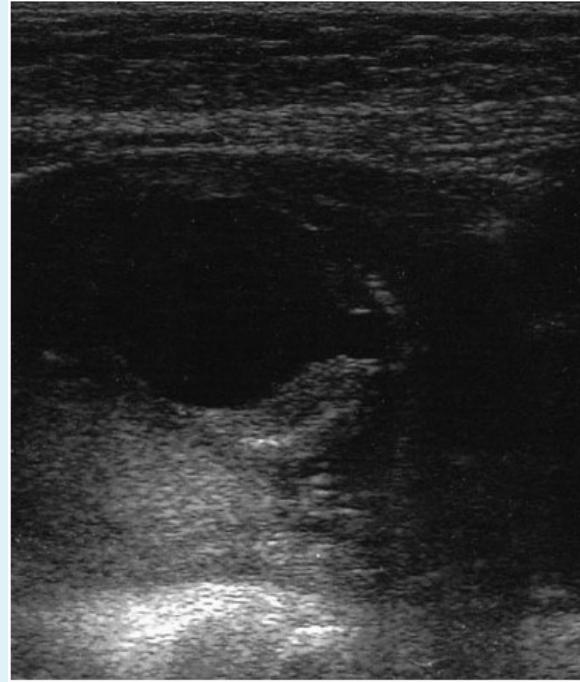
The correct answer is: Order BPP testing for the same or next day.

Question 182

Not answered

Marked out of
1.00

For each ultrasonogram, select one diagnosis or diagnostic indicator. Each lettered option may be used once, more than once, or not at all.



Select one:

- Hydrocephalus
- Mesomelic dwarfism
- Osteogenesis imperfecta
- Spina bifida with meningocele
- Indication of highest likelihood of a chromosomal abnormality
- Common marker for trisomies 18 and 21
- Obstructed urethra and bladder
- Prune belly syndrome
- Anencephaly
- Marker for Down syndrome (trisomy 21)
- Nonspinal marker for spina bifida

The correct answer is: Obstructed urethra and bladder

Question 183

Not answered

Marked out of
1.00

An 18-year-old G1 at 8 weeks gestation complains of nausea and vomiting over the past week occurring on a daily basis. Nausea and emesis are a common symptom in early pregnancy. Which of the following signs or symptoms would indicate a more serious diagnosis of hyperemesis gravidarum?

Select one:

- Hypokalemia
- Hypothyroidism
- Weight gain
- Diarrhea
- Proteinuria

The correct answer is: Hypokalemia

Question 184

Not answered

Marked out of
1.00

A 44-year-old G6P3215 presents for her well-woman examination. She tells you that all of her deliveries were vaginal and that her largest child weighed 2900 g at birth. How many full-term pregnancies did this patient have?

Select one:

- 2
- 6
- 1
- 3
- 5

The correct answer is: 3

Question 185

Not answered

Marked out of
1.00

Match the chemotherapeutic agents with the most common side effects. Each lettered option may be used once, more than once, or not at all.

Vincristine

Select one:

- Renal failure
- Cardiac toxicity
- Tympanic membrane fibrosis
- Bone marrow depression
- Ocular degeneration
- Hemorrhagic cystitis
- Pancreatic failure
- Peripheral neuropathy
- Pulmonary fibrosis
- Necrotizing enterocolitis

The correct answer is: Peripheral neuropathy

Question 186

Not answered

Marked out of
1.00

A 36-year-old woman presents to your office for contraception. She has had three vaginal deliveries without complications. Her medical history is significant for hypertension, well-controlled with a diuretic, and a seizure disorder. Her last seizure was 12 years ago. Currently she does not take any antiepileptic medications. She also complains of stress-related headaches that are relieved with an over-the-counter pain medication. She denies any history of surgeries. She is divorced, smokes one pack of cigarettes per day, and has three to four alcoholic drinks per week. On examination, her vital signs include weight 90 kg, blood pressure 126/80 mm Hg, pulse 68 beats per minute, respiratory rate 16 breaths per minute, and temperature 36.4°C (97.6°F). Her examination is normal except for some lower extremity nontender varicosities. She has taken birth control pills in the past and wants to restart them because they help with her cramps. Which of the following would contradict the use of combination oral contraceptive pills in this patient?

Select one:

- Mild essential hypertension
- Tension headache
- Seizure disorders
- Varicose veins
- Smoking in a woman over 35 years of age

The correct answer is: Smoking in a woman over 35 years of age

Question 187

Not answered

Marked out of
1.00

A 43-year-old G1P0 who conceived via in vitro fertilization comes into the office for her routine OB visit at 38 weeks. She denies any problems since she was seen the week before. She reports good fetal movement and denies any leakage of fluid per vagina, vaginal bleeding, or regular uterine contractions. She reports that sometimes she feels crampy at the end of the day when she gets home from work, but this discomfort is alleviated with getting off her feet. The fundal height measurement is 36 cm; it measured 37 cm the week before. Her cervical examination is 2 cm dilated. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Order the patient to undergo a nonstress test.
- Instruct the patient to return to the office in 1 week for her next routine visit.
- Admit the patient for induction caused by a diagnosis of fetal growth lag.
- Send the patient for a sonogram to determine the amniotic fluid index.
- Do a fern test in the office.

The correct answer is: Instruct the patient to return to the office in 1 week for her next routine visit.

Question 188

Not answered

Marked out of
1.00

You are delivering a 26-year-old G3P2002 at 40 weeks. She has a history of two previous uncomplicated vaginal deliveries and has had no complications this pregnancy. After 15 minutes of pushing, the baby's head delivers spontaneously, but then retracts back against the perineum. As you apply gentle downward traction to the head, the baby's anterior shoulder fails to deliver. Which of the following is the best next step in the management of this patient?

Select one:

- Call for help
- Perform a Zavanelli maneuver
- Push the baby's head back into the pelvis
- Cut a symphysiotomy
- Instruct the nurse to apply fundal pressure

The correct answer is: Call for help

Question 189

Not answered

Marked out of
1.00

A 28-year-old G1P0 presents to your office at 18 weeks gestational age for an unscheduled visit secondary to right-sided groin pain. She describes the pain as sharp and occurring with movement and exercise. She denies any change in urinary or bowel habits. She also denies any fever or chills. The application of a heating pad helps alleviate the discomfort. As her obstetrician, what should you tell this patient is the most likely etiology of this pain?

Select one:

- Kidney stone
- Preterm labor
- Urinary tract infection
- Round ligament pain
- Appendicitis

The correct answer is: Round ligament pain

Question 190

Not answered

Marked out of
1.00

You see a healthy 40-year-old multiparous patient for preconception counseling. She is extremely worried about her risk of having a baby with spina bifida. Five years ago, this patient delivered a baby with anencephaly who died shortly after birth. What is the most appropriate counsel for this woman regarding future pregnancies?

Select one:

- When she becomes pregnant, she should undergo diagnostic testing for fetal neural tube defects with a first-trimester CVS.
- She does not have a recurrence risk of a neural tube defect above that of the general population.
- When she becomes pregnant, she should avoid hyperthermia in the first trimester because both maternal fevers and the use of hot tubs have been associated with an increased risk of neural tube defects.
- She has an increased risk of having another baby with anencephaly because she is more than 35 years old.
- She has a recurrence risk of having another baby with a neural tube defect of less than 1%.

The correct answer is: When she becomes pregnant, she should avoid hyperthermia in the first trimester because both maternal fevers and the use of hot tubs have been associated with an increased risk of neural tube defects.

Question 191

Not answered

Marked out of
1.00

You performed a forceps-assisted vaginal delivery on a 20-year-old G1 at 40 weeks for maternal exhaustion. The patient had pushed for 3 hours with an epidural for pain management. A second-degree episiotomy was cut to facilitate delivery. Eight hours after delivery, you are called to see the patient because she is unable to void and complains of severe pain. On examination you note a large fluctuant purple mass inside the vagina. What is the best management for this patient?

Select one:

- Apply an ice pack to the perineum
- Embolize the internal iliac artery
- Perform dilation and curettage to remove retained placenta
- Place a vaginal pack for 24 hours
- Incision and evacuation of the hematoma

The correct answer is: Incision and evacuation of the hematoma

Question 192

Not answered

Marked out of
1.00

A patient is seen on the first postoperative day after a difficult abdominal hysterectomy complicated by hemorrhage from the left uterine artery pedicle. Multiple sutures were placed into this area to control bleeding. Her estimated blood loss was 500 mL. The patient now has fever, left back pain, left costovertebral angle tenderness, and hematuria. Her vital signs are temperature 38.2°C (100.8°F), blood pressure 110/80 mm Hg, respiratory rate 18 breaths per minute, and pulse 102 beats per minute. Her postoperative hemoglobin dropped from 11.2 to 9.8, her white blood cell count is 9.5, and her creatinine rose from 0.6 mg/dL to 1.8 mg/dL. What is next best step in the management of this patient?

Select one:

- Transfuse two units of packed red blood cells.
- Start intravenous antibiotics.
- Order intravenous pyelogram.
- Order chest x-ray.
- Order renal ultrasound.

The correct answer is: Order renal ultrasound.

Question 193

Not answered

Marked out of
1.00

A 33-year-old G2P1 is undergoing an elective repeat cesarean section at term. The infant is delivered without any difficulties, but the placenta cannot be removed easily because a clear plane between the placenta and uterine wall cannot be identified. The placenta is removed in pieces. This is followed by uterine atony and hemorrhage.

Select one:

- Vasa previa
- Fenestrated placenta
- Membranaceous placenta
- Placenta accrete
- Placenta previa
- Succenturiate placenta

The correct answer is: Placenta accrete

Question 194

Not answered

Marked out of
1.00

A 17-year-old woman is referred by her primary care physician for the evaluation of primary amenorrhea. On physical examination, the patient has evidence of virilization. She also has a pelvic mass. During the workup of the patient, she is found to have sex chromosome mosaicism (45,X/46,XY).

Select one:

- Krukenberg tumor
- Granulosa tumor
- Gonadoblastoma
- Immature teratoma
- Sertoli-Leydig cell tumor

The correct answer is: Gonadoblastoma

Question 195

Not answered

Marked out of
1.00

A 21-year-old G2P2 calls her physician 7 days postpartum because she is concerned that she is still bleeding from the vagina. She describes the bleeding as light pink to bright red and less heavy than the first few days postdelivery. She denies fever or any cramping pain. On examination she is afebrile and has an appropriately sized, nontender uterus. The vagina contains about 10 cc of old, dark blood. The cervix is closed. Which of the following is the most appropriate treatment?

Select one:

- Reassurance
- Antibiotics for endometritis
- High-dose oral estrogen for placental subinvolution
- Suction dilation and curettage for retained placenta
- Oxytocin for uterine atony

The correct answer is: Reassurance

Question 196

Not answered

Marked out of
1.00

At the time of annual examination, a patient expresses concern regarding possible exposure to sexually transmitted diseases. During your pelvic examination, a single, indurated, nontender ulcer is noted on the vulva. Venereal Disease Research Laboratory (VDRL) and fluorescent treponemal antibody (FTA) tests are positive. Without treatment, the next stage of this disease is clinically characterized by which of the following?

Select one:

- Gummas
- Optic nerve atrophy and generalized paresis
- Aortic aneurysm
- Macular rash over the hands and feet
- Tabes dorsalis

The correct answer is: Macular rash over the hands and feet

Question 197

Not answered

Marked out of
1.00

A 23-year-old woman presents to your office with the complaint of a red splotchy rash on her chest that occurs during intercourse. It is nonpruritic and painless. She states that it usually resolves within a few minutes to a few hours after intercourse. Which of the following is the most likely cause of the rash?

Select one:

- Increased estrogen during the excitement phase
- Vasocongestion during the orgasmic phase
- Allergic reaction to her partner's pheromones
- Vasocongestion during the excitement phase
- Decreased systolic blood pressure during the plateau phase

The correct answer is: Vasocongestion during the excitement phase

Question 198

Not answered

Marked out of
1.00

A 34-year-old G6P5 presents to labor and delivery by ambulance at 33 weeks gestational age complaining of the sudden onset of profuse vaginal bleeding. The patient denies any abdominal pain or uterine contractions. She denies any problems with her pregnancy to date but has had no prenatal care. She admits to smoking several cigarettes a day, but denies any drug or alcohol use. The fetal heart rate tracing is normal. There are no contractions on the tocotester.

Select one:

- Fenestrated placenta
- Succenturiate placenta
- Membranaceous placenta
- Placenta previa
- Placenta accreta
- Vasa previa

The correct answer is: Placenta previa

Question 199

Not answered

Marked out of
1.00

A 24-year-old woman appears at 8 weeks of pregnancy and reveals a history of pulmonary embolism 7 years ago during her first pregnancy. She was treated with intravenous heparin followed by several months of oral warfarin (Coumadin) and has had no further evidence of thromboembolic disease for more than 6 years. Which of the following statements about her current condition is true?

Select one:

- The patient should be placed on low-dose heparin therapy throughout pregnancy and puerperium.
- Doppler ultrasonography is not a useful technique to evaluate for deep-venous thrombosis in pregnancy.
- Impedance plethysmography is not a useful study to evaluate for deep-venous thrombosis in pregnancy.
- The patient is at highest risk for recurrent thromboembolism during the second trimester of pregnancy.
- Having no evidence of disease for more than 5 years means that the risk of thromboembolism is not greater than normal.

The correct answer is: The patient should be placed on low-dose heparin therapy throughout pregnancy and puerperium.

Question 200

Not answered

Marked out of
1.00

A patient was induced for being postterm at 42 1/2 weeks. Immediately following the delivery, you examine the baby with the pediatricians and note the following on physical examination: a small amount of cartilage in the earlobe, occasional creases over the anterior two-thirds of the soles of the feet, 4-mm breast nodule diameter, fine and fuzzy scalp hair, and a scrotum with some but not extensive rugae. Based on this physical examination, what is the approximate gestational age of this male infant?

Select one:

- 28 weeks
- 33 weeks
- 42 weeks
- 36 weeks
- 38 weeks

The correct answer is: 38 weeks

Question 201

Not answered

Marked out of
1.00

A patient who works as a nurse in the surgery intensive care unit at a local community hospital comes to see you for her annual gynecologic examination. She tells you that she plans to go off her oral contraceptives because she plans to attempt pregnancy in the next few months. This patient has many questions regarding updating her immunizations and whether or not she can do this when pregnant. Which of the following is the most appropriate recommendation?

Select one:

- The patient should be checked for immunity against the rubella (German measles) virus prior to conception because the rubella vaccine contains a live virus and should not be given during pregnancy.
- If she is exposed to chicken pox while she is pregnant she can be immunized at that time since the chicken pox vaccine is safe during pregnancy.
- Because of her occupation, the patient is at high risk for hepatitis B; she should complete the hepatitis B vaccination series before she conceives, since that vaccine has been associated with neonatal jaundice.
- The patient should be given the tetanus toxoid vaccination prior to becoming pregnant because it is a live virus vaccine that has been associated with multiple fetal anomalies when administered during pregnancy.
- The Centers for Disease Control and Prevention recommends that all pregnant women should be vaccinated against the influenza virus during the first trimester.

The correct answer is: The patient should be checked for immunity against the rubella (German measles) virus prior to conception because the rubella vaccine contains a live virus and should not be given during pregnancy.

Question 202

Not answered

Marked out of
1.00

A 20-year-old G1 at 36 weeks is being monitored for preeclampsia; she rings the bell for the nurse because she is developing a headache and feels funny. As you and the nurse enter the room, you witness the patient undergoing a tonic-clonic seizure. You secure the patient's airway, and within a few minutes the seizure is over. The patient's blood pressure monitor indicates a pressure of 160/110 mm Hg. Which of the following medications is recommended for the prevention of a recurrent eclamptic seizure?

Select one:

- Magnesium sulfate
- Labetalol
- Pitocin
- Nifedipine
- Hydralazine

The correct answer is: Magnesium sulfate

**Question
203**

Not answered
Marked out of
1.00

A 27-year-old G3P2002, who is 34 weeks gestational age, calls the on-call obstetrician on a Saturday night at 10:00 PM complaining of decreased fetal movement. She says that yesterday her baby has moved only once per hour. For the past 6 hours she has felt no movement. She is healthy, has had regular prenatal care, and denies any complications so far during the pregnancy. Which of the following is the best advice for the on-call physician to give the patient?

Select one:

- Instruct the patient to go to labor and delivery for a contraction stress test.
- Counsel the patient that the baby is probably sleeping and that she should continue to monitor fetal kicks. If she continues to experience less than five kicks per hour by morning, she should call you back for further instructions.
- Reassure the patient that one fetal movement per hour is within normal limits and she does not need to worry.
- Instruct the patient to go to labor and delivery for a nonstress test.
- Recommend the patient be admitted to the hospital for delivery.

The correct answer is: Instruct the patient to go to labor and delivery for a nonstress test.

**Question
204**

Not answered
Marked out of
1.00

A 36-year-old G1P0 at 35 weeks gestation presents to labor and delivery complaining of a several-day history of generalized malaise, anorexia, nausea, and emesis. She denies any headache or visual changes. Her fetal movement has been good, and she denies any regular uterine contractions, vaginal bleeding, or rupture of membranes. On physical examination, you notice that she is mildly jaundiced and appears to be a little confused. Her vital signs indicate a temperature of 37.7°C (99.9°F), pulse of 70 beats per minute, and blood pressure of 100/62 mm Hg. Blood is drawn and the following results are obtained: WBC = 25,000, Hct = 42.0, platelets = 51,000, SGOT/PT = 287/350, glucose = 43, creatinine = 2.0, fibrinogen = 135, PT/PTT = 16/50 s, serum ammonia level = 90 mmol/L (nl = 11-35). Urinalysis is positive for 3+ protein and large ketones. Which of the following is the most likely diagnosis?

Select one:

- Hyperemesis gravidarum
- Intrahepatic cholestasis of pregnancy
- Acute fatty liver of pregnancy
- Hepatitis B
- Severe preeclampsia

The correct answer is: Acute fatty liver of pregnancy

**Question
205**

Not answered

Marked out of
1.00

A 38-year-woman at 39 weeks delivers a 7-lb infant female without complications. At 2 weeks of life, the infant develops fulminant liver failure and dies. What is the most likely causative virus?

Select one:

- Rubeola
- Herpes simplex
- Parvovirus
- Hepatitis B
- Cytomegalovirus

The correct answer is: Hepatitis B

**Question
206**

Not answered

Marked out of
1.00

For each situation involving oral contraceptives, select the most appropriate response. Light bleeding at midcycle during first month on pill

Select one:

- Continue pills and use an additional form of contraception.
- Continue pills as usual.
- Stop pills and resume after 7 days.
- Take an additional pill.
- Stop pills and seek a medical examination.

The correct answer is: Continue pills as usual.

Question 207

Not answered

Marked out of
1.00

A healthy 30-year-old G1PO at 41 weeks gestational age presents to labor and delivery at 11:00 PM because she is concerned that her baby has not been moving as much as normal for the past 24 hours. She denies any complications during the pregnancy. She denies any rupture of membranes, regular uterine contractions, or vaginal bleeding. On arrival to labor and delivery, her blood pressure is initially 140/90 but decreases with rest to 120/75. Her prenatal chart indicates that her baseline blood pressures are 100 to 120/60 to 70 mm Hg. The patient is placed on an external fetal monitor. The fetal heart rate baseline is 180 beats per minute with absent variability. There are uterine contractions every 3 minutes accompanied by late fetal heart rate decelerations. Physical examination indicates that the cervix is long/closed/-2. Which of the following is the appropriate plan of management for this patient?

Select one:

- Proceed with emergent cesarean section.
- Admit the patient and schedule a cesarean section in the morning, after the patient has been NPO for 12 hours.
- Administer intravenous MgSO₄ and induce labor with Pitocin.
- Induce labor with misoprostol (Cytotec).
- Ripen cervix overnight with prostaglandin E2 (Cervidil) and proceed with Pitocin induction in the morning.

The correct answer is: Proceed with emergent cesarean section.

Question 208

Not answered

Marked out of
1.00

A 23-year-old G1 with a history of a flulike illness, fever, myalgias, and lymphadenopathy during her early third trimester delivers a growth-restricted infant with seizures, intracranial calcifications, hepatosplenomegaly, jaundice, and anemia. What is the most likely causative agent?

Select one:

- Cytomegalovirus
- Hepatitis B
- Influenza A
- T. gondii
- Parvovirus

The correct answer is: T. gondii

**Question
209**

Not answered

Marked out of
1.00

What impact will the proposed treatment have on the patient's life?

Select one:

- Quality of life
- Autonomy
- Medical indication
- Patient preferences
- Justice
- Contextual issues
- Beneficence
- Nonmaleficence

The correct answer is: Quality of life

Question 210

Not answered

Marked out of
1.00

You are an intern working the night shift in the emergency department. During the evaluation of a sexual assault victim, your attending physician asks you to order the appropriate laboratory tests. Which of the following tests should be ordered?

Select one:

- HIV, HBsAg, Pap smear, RPR, and urine culture
- Chlamydia and gonorrhea cultures, HIV, HBsAg, RPR, urine culture, and urine pregnancy test
- Chlamydia and gonorrhea cultures, HIV, HBsAg, Pap smear, RPR, and urine pregnancy test
- HIV, HBsAg, Pap smear, RPR, and urine pregnancy test
- Chlamydia and gonorrhea cultures, complete blood count, HIV, HBsAg, Pap smear, and RPR

The correct answer is: Chlamydia and gonorrhea cultures, HIV, HBsAg, RPR, urine culture, and urine pregnancy test

Question 211

Not answered

Marked out of
1.00

A 36-year-old G1P1 comes to see you for a routine postpartum examination 6 weeks after an uncomplicated vaginal delivery. She is currently nursing her baby without any major problems and wants to continue to do so for at least 9 months. She is ready to resume sexual activity and wants to know what her options are for birth control. She does not have any medical problems. She is a nonsmoker and is not taking any medications except for her prenatal vitamins. Which of the following methods may decrease her milk supply?

Select one:

- Depo-Provera
- Combination oral contraceptives
- Intrauterine device
- Progestin only pill
- Foam and condoms

The correct answer is: Combination oral contraceptives

Question 212

Not answered

Marked out of
1.00

A patient is diagnosed with carcinoma of the breast. Which of the following is the most important prognostic factor in the treatment of this disease?

Select one:

- Size of tumor
- Axillary node metastases
- Age at diagnosis
- Progesterone receptors on the tumor
- Estrogen receptors on the tumor

The correct answer is: Axillary node metastases

Question 213

Not answered

Marked out of
1.00

A 24-year-old primigravida with twins presents for routine ultrasound at 20 weeks gestation. Based on the ultrasound findings, the patient is diagnosed with dizygotic twins. Which of the following is true regarding the membranes and placentas of dizygotic twins?

Select one:

- They are dichorionic and monoamniotic regardless of the sex of the fetuses.
- They are dichorionic and monoamniotic only if the fetuses are of the same sex.
- They are monochorionic and monoamniotic if they are conjoined twins.
- They are dichorionic and diamniotic regardless of the sex of the twins.
- They are monochorionic and diamniotic if they are of the same sex.

The correct answer is: They are dichorionic and diamniotic regardless of the sex of the twins.

Question 214

Not answered

Marked out of
1.00

A 23-year-old G3P2002 presents for a routine obstetric (OB) visit at 34 weeks. She reports a history of genital herpes for 5 years. She reports that she has had only two outbreaks during the pregnancy, but is very concerned about the possibility of transmitting this infection to her baby. Which of the following statements is accurate regarding how this patient should be counseled?

Select one:

- Suppressive antiviral therapy can be started at 36 weeks to help prevent an out-break from occurring at the time of delivery.
- The patient should be scheduled for an elective cesarean section at 39 weeks of gestation to avoid neonatal infection.
- There is no risk of neonatal infection during a vaginal delivery if no lesions are present at the time the patient goes into labor.
- Starting at 36 weeks, weekly genital herpes cultures should be done.
- The herpes virus is commonly transmitted across the placenta in a patient with a history of herpes.

The correct answer is: Suppressive antiviral therapy can be started at 36 weeks to help prevent an out-break from occurring at the time of delivery.

Question 215

Not answered

Marked out of
1.00

A 46-year-old woman presents to your office complaining of something bulging from her vagina for the past year. It has been getting progressively more prominent. She has started to notice that she leaks urine with laughing and sneezing. She still has periods regularly every 26 days. She is married. Her husband had a vasectomy for contraception. After appropriate evaluation, you diagnose a second-degree cystocele. She has no uterine prolapse or rectocele. Which of the following is the best treatment plan to offer this patient?

Select one:

- Surgical correction with a bladder neck suspension procedure
- Use of vaginal estrogen cream
- Anticholinergic medications
- Le Fort colpocleisis
- Antibiotic therapy with Bactrim

The correct answer is: Surgical correction with a bladder neck suspension procedure

Question 216

Not answered

Marked out of
1.00

A 26-year-old G1P1 comes to see you in your office for preconception counseling because she wants to get pregnant again. She denies a history of any illegal drug use but admits to smoking a few cigarettes each day and occasionally drinking some beer. When you advise her not to smoke or drink at all during this pregnancy, she gets defensive because she smokes and drinks very little, and she did the same during her previous pregnancy 2 years ago and her baby was just fine. Which of the following statements is true regarding the effects of tobacco and alcohol on pregnancy?

Select one:

- In most studies, cigarette smoking has been associated with an increased risk of congenital anomalies.
- Cigarette smoking is associated with an increased risk of spontaneous abortion.
- Fetal alcohol syndrome can be diagnosed prenatally via identifying fetal anomalies on sonogram done antenatally.
- Small amounts of alcohol, such as a glass of wine or beer a day at dinnertime, are safe; only binge drinking of large amounts of alcohol has been associated with fetal alcohol syndrome.
- Tobacco use in pregnancy is a common cause of mental retardation and developmental delay in neonates.

The correct answer is: Cigarette smoking is associated with an increased risk of spontaneous abortion.

Question 217

Not answered

Marked out of
1.00

A 39-year-old G3P3 complains of severe, progressive secondary dysmenorrhea and menorrhagia. Pelvic examination demonstrates a tender, diffusely enlarged uterus with no adnexal tenderness. Results of endometrial biopsy are normal. Which of the following is the most likely diagnosis?

Select one:

- Adenomyosis
- Endometritis
- Uterine sarcoma
- Leiomyoma
- Endometriosis

The correct answer is: Adenomyosis

Question 218

Not answered

Marked out of
1.00

A 37-year-old G3P2 presents to your office for her first OB visit at 10 weeks gestation. She has a history of Graves disease and has been maintained on propylthiouracil (PTU) as treatment for her hyperthyroidism. She is currently euthyroid but asks you if her condition poses any problems for the pregnancy. Which of the following statements should be included in your counseling session with the patient?

Select one:

- Propylthiouracil does not cross the placenta.
- Infants born to mothers on PTU who are euthyroid may develop a goiter and be clinically hypothyroid.
- Thyroid storm is a common complication in pregnant women with Graves disease.
- She may need to discontinue the use of the thionamide drug because it is commonly associated with leukopenia.
- Pregnant hyperthyroid women, even when appropriately treated, have an increased risk of developing preeclampsia.

The correct answer is: Infants born to mothers on PTU who are euthyroid may develop a goiter and be clinically hypothyroid.

Question 219

Not answered

Marked out of
1.00

Hepatitis A, select the recommendation regarding vaccination during pregnancy with which it is most likely to be associated. Each lettered option may be used once, more than once, or not at all.

Select one:

- Recommended after exposure or before travel to endemic areas
- Recommended if the underlying disease is serious
- Contraindicated unless exposure to the disease is unavoidable
- Not routinely recommended, but mandatory during an epidemic
- Contraindicated

The correct answer is: Recommended after exposure or before travel to endemic areas

Question 220

Not answered

Marked out of
1.00

A 30-year-old G5P3 has undergone a repeat cesarean delivery. She wants to breast-feed. Her past medical history is significant for hepatitis B infection, hypothyroidism, depression, and breast reduction. She is receiving intravenous antibiotics for endometritis. Which of the following would prevent her from breast-feeding?

Select one:

- Maternal treatment with levothyroxine
- Maternal treatment with ampicillin
- Past hepatitis B infection
- Maternal treatment with fluoxetine
- Maternal reduction mammoplasty with transplantation of the nipples

The correct answer is: Maternal reduction mammoplasty with transplantation of the nipples

Question 221

Not answered

Marked out of
1.00

A 30-year-old G1P0 with a twin gestation at 25 weeks presents to labor and delivery complaining of irregular uterine contractions and back pain. She reports an increase in the amount of her vaginal discharge, but denies any rupture of membranes. She reports that earlier in the day she had some very light vaginal bleeding, which has now resolved. On arrival to labor and delivery, she is placed on an external fetal monitor, which indicates uterine contractions every 2 to 4 minutes. She is afebrile and her vital signs are all normal. Her gravid uterus is nontender. The nurses call you to evaluate the patient. Which of the following is the most appropriate first step in the evaluation of vaginal bleeding in this patient?

Select one:

- Vaginal examination to determine cervical dilation
- Labs to evaluate for disseminated intravascular coagulopathy
- Urine culture to check for urinary tract infection
- Ultrasound to check placental location
- Apt test to determine if blood is from the fetus

The correct answer is: Ultrasound to check placental location

Question 222

Not answered

Marked out of
1.00

A 41-year-old had a baby with Down syndrome 10 years ago. She is anxious to know the chromosome status of her fetus in her current pregnancy. She is currently at 8 weeks of gestation. Which of the following tests will provide the most rapid diagnosis of Down syndrome?

Select one:

- CVS
- Amniocentesis
- Maternal serum analyte analysis
- Cystic hygroma aspiration

The correct answer is: CVS

Question 223

Not answered

Marked out of
1.00

A 34-year-old G2P1 at 31 weeks gestation presents to labor and delivery with complaints of vaginal bleeding earlier in the day that resolved on its own. She denies any leakage of fluid or uterine contractions. She reports good fetal movement. In her last pregnancy, she had a low transverse cesarean delivery for breech presentation at term. She denies any medical problems. Her vital signs are normal and electronic external monitoring reveals a reactive fetal heart rate tracing and no uterine contractions. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Perform a sterile speculum examination
- Send her home, since the bleeding has completely resolved and she is experiencing good fetal movements
- Perform an ultrasound examination
- Perform an amniocentesis to rule out infection
- Perform a sterile digital examination

The correct answer is: Perform an ultrasound examination

Question 224

Not answered

Marked out of
1.00

A 32-year-old G1P0 reports to your office for a routine OB visit at 14 weeks gestational age. Labs drawn at her first prenatal visit 4 weeks ago reveal a platelet count of 60,000, a normal PT, PTT and bleeding time. All her other labs were within normal limits. During the present visit, the patient has a blood pressure of 120/70 mm Hg. Her urine dip reveals the presence of trace protein. The patient denies any complaints. The only medication she is currently taking is a prenatal vitamin. On taking a more in-depth history you learn that, prior to pregnancy, your patient had a history of occasional nose and gum bleeds, but no serious bleeding episodes. She has considered herself to be a person who just bruises easily. Which of the following is the most likely diagnosis?

Select one:

- Gestational thrombocytopenia
- Idiopathic thrombocytopenic purpura
- Alloimmune thrombocytopenia
- Pregnancy-induced hypertension
- HELLP syndrome

The correct answer is: Idiopathic thrombocytopenic purpura

Question 225

Not answered

Marked out of
1.00

You are doing postpartum rounds on a 23-year-old G1P1 who is postpartum day 2 after an uncomplicated vaginal delivery. As you walk in the room, you note that she is crying. She states she can't seem to help it. She denies feeling sad or anxious. She has not been sleeping well because of getting up every 2 to 3 hours to breast-feed her new baby. Her past medical history is unremarkable. Which of the following is the most appropriate treatment recommendation?

Select one:

- Referral to psychiatry for admission to a psychiatry ward and therapy with Haldol
- Time and reassurance, because this condition is self-limited
- A sleep aid
- Referral to a psychiatrist who can administer electroconvulsive therapy
- Referral to psychiatry for counseling and antidepressant therapy

The correct answer is: Time and reassurance, because this condition is self-limited

Question 226

Not answered

Marked out of
1.00

A couple presents to your office to discuss sterilization. They are very happy with their four children and do not want any more. You discuss with them the pros and cons of both female and male sterilization. The 34-year-old male undergoes a vasectomy. Which of the following is the most frequent immediate complication of this procedure?

Select one:

- Infection
- Hematoma
- Sperm granulomas
- Spontaneous reanastomosis
- Impotence

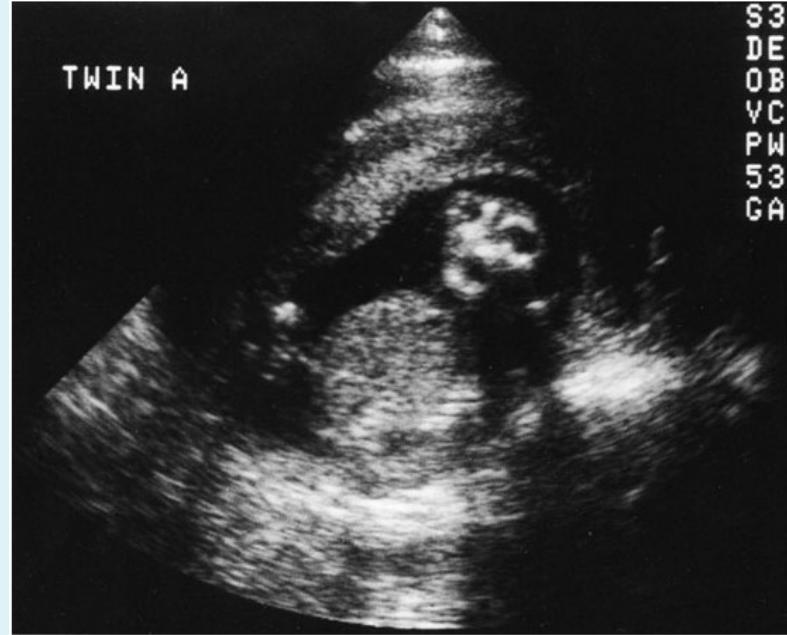
The correct answer is: Hematoma

Question 227

Not answered

Marked out of
1.00

For each ultrasonogram, select one diagnosis or diagnostic indicator. Each lettered option may be used once, more than once, or not at all.



Select one:

- Osteogenesis imperfecta
- Mesomelic dwarfism
- Common marker for trisomies 18 and 21
- Nonspinal marker for spina bifida
- Marker for Down syndrome (trisomy 21)
- Anencephaly
- Obstructed urethra and bladder
- Indication of highest likelihood of a chromosomal abnormality
- Spina bifida with meningocele
- Hydrocephalus
- Prune belly syndrome

The correct answer is: Anencephaly

Question 228

Not answered

Marked out of
1.00

A 30-year-old G1P0 at 8 weeks gestation presents for her first prenatal visit. She has no significant past medical or surgical history. A friend of hers just had a baby with Down syndrome. The patient denies any family history of genetic disorders or birth defects. You should tell her that she has an increased risk of having a baby with Down syndrome in which of the following circumstances?

Select one:

- She has a luteal phase defect.
- She has had three first-trimester spontaneous abortions.
- She has an incompetent cervix.
- Her pregnancy has been achieved by induction of ovulation by menotropins (eg, Follistin, Gonal-F).
- The age of the father of the baby is 40 years or older.

The correct answer is: She has had three first-trimester spontaneous abortions.

Question 229

Not answered

Marked out of
1.00

You are called to see a 37-year-old G4P4 for a fever to 38.7°C (101.8°F). She is postoperative day 3 after cesarean delivery for arrest of active-phase labor. She underwent a long induction for postdate pregnancy and had rupture of membranes for more than 18 hours. Her other vital signs include pulse 118 beats per minute, respiratory rate 16 breaths per minute, and blood pressure 120/80 mm Hg. She complains of some incisional and abdominal pain, but is otherwise fine. HEENT, lung, breast, and cardiac examinations are within normal limits. On abdominal examination she has uterine fundal tenderness. Her incision has mild erythema around the staple edges and serous drainage along the left side. Pelvic examination reveals a tender uterus, but no adnexal masses. Which of the following is the most appropriate antibiotic to treat this patient with initially?

Select one:

- Oral dicloxacillin
- Intravenous cefotetan
- Intravenous gentamicin
- Oral ciprofloxacin
- Oral Bactrim

The correct answer is: Intravenous cefotetan

Question**230**

Not answered

Marked out of
1.00

A couple presents for evaluation of primary infertility. The evaluation of the woman is completely normal. The husband is found to have a left varicocele. If the husband's varicocele is the cause of the couple's infertility, what would you expect to see when evaluating the husband's semen analysis?

Select one:

- Increased sperm count with an increase in the number of abnormal forms
- Increased sperm count with absent motility
- Decreased sperm count with an increase in the number of abnormal forms
- Azoospermia
- Decreased sperm count with an increase in motility

The correct answer is: Decreased sperm count with an increase in the number of abnormal forms

Question 231

Not answered

Marked out of
1.00

A 2-week-old baby boy is brought in to the emergency department by his mother. For the past few days he has been lethargic. Yesterday he did not eat well and this morning he started vomiting. On the way to the hospital the baby had a seizure. On examination, the baby is jaundiced.

Select one:

- Nitrofurantoin
- Chloramphenicol
- Sulfonamides
- Tetracycline
- Streptomycin

The correct answer is: Sulfonamides

Question 232

Not answered

Marked out of
1.00

A family medicine physician refers a 19-year-old woman to you for abnormal findings during her well-woman examination. She emigrated to the United States with her family 6 years ago from West Africa. She is not sexually active at this time but has had one partner 2 years ago. She denies any sexually transmitted diseases. She is on nitrofurantoin for recurrent urinary tract infections; otherwise she is healthy. She denies any surgeries, but she remembers undergoing a special ceremony as young child in Africa. Lung, cardiac, breast, and abdominal examination is within normal limits. On pelvic examination you note extensive scarring on the vulva, and the labia minora have been removed. The prepuce of the clitoris is missing and the clitoris is scarred over. Which of the following is most likely a result of the procedure the patient had in Africa?

Select one:

- Enhanced sexual function
- Decreased vaginal infections
- Psychosomatic symptoms
- Easier vaginal deliveries
- Amenorrhea

The correct answer is: Psychosomatic symptoms

Question 233

Not answered

Marked out of
1.00

A 16-year-old primigravida presents to your office at 35 weeks gestation. Her blood pressure is 170/110 mm Hg and she has 4+ proteinuria on a clean catch specimen of urine. She has significant swelling of her face and extremities. She denies having contractions. Her cervix is closed and unengaged. The baby is breech by bedside ultrasonography. She says the baby's movements have decreased in the past 24 hours. Which of the following is the best next step in the management of this patient?

Select one:

- Admit her to the hospital for induction of labor.
- Admit her to the hospital for enforced bed rest and diuretic therapy to improve her swelling and blood pressure.
- Send her to labor and delivery for a BPP.
- Admit her to the hospital for cesarean delivery.
- Send her home with instructions to stay on strict bed rest until her swelling and blood pressure improve.

The correct answer is: Admit her to the hospital for cesarean delivery.

**Question
234**

Not answered

Marked out of
1.00

You are evaluating a 19-year-old woman for a sexual assault. She denies any medical problems or allergies to medications. Her pregnancy test is negative. Which of the following antibiotic prophylaxes do you recommend for sexually transmitted infections?

Select one:

- Doxycycline 100 mg PO twice daily for 7 days plus Rocephin 250 mg IM
- Rocephin 250 mg IM
- Flagyl 500 mg PO twice daily for 7 days
- No antibiotic prophylaxis is indicated
- Erythromycin 500 mg PO twice daily for 7 days

The correct answer is: Doxycycline 100 mg PO twice daily for 7 days plus Rocephin 250 mg IM

Question 235

Not answered

Marked out of
1.00

A 27-year-old woman who has previously received no prenatal care presents at term. On ultrasound, she is shown to have a placenta previa, but refuses to have a cesarean section for any reason. Important points to consider in her management include which of the following?

Select one:

- The inclusion of several people in this complex situation raises the legal risk to the physician.
- Child abuse statutes require the physician to get a court order to force a cesarean section.
- The obstetrician's obligation to the supposedly normal fetus supersedes the obligation to the healthy mother.
- Court-ordered cesarean sections have almost always been determined to achieve the best management.
- A hospital ethics committee should be convened to evaluate the situation.

The correct answer is: A hospital ethics committee should be convened to evaluate the situation.

Question

236

Not answered

Marked out of
1.00

A 15-year-old woman presents to your office for her first well-woman examination while she is on summer break from school. She denies any medical problems or prior surgeries. She had chicken pox at age 4. Her menses started at the age of 12 and are regular. She has recently become sexually active with her 16-year-old boyfriend. She states that they use condoms for contraception. Her physical examination is normal. Which of the following vaccines is appropriate to administer to this patient?

Select one:

- Varicella vaccine
- Hepatitis A vaccine
- Influenza vaccine
- Hepatitis B vaccine
- Pneumococcal vaccine

The correct answer is: Hepatitis B vaccine

Question 237

Not answered

Marked out of
1.00

A 67-year-old woman is found to have bilateral adnexal masses while undergoing evaluation of her recently diagnosed colon cancer.

Select one:

- Krukenberg tumor
- Gonadoblastoma
- Sertoli-Leydig cell tumor
- Granulosa tumor
- Immature teratoma

The correct answer is: Krukenberg tumor

Question**238**

Not answered

Marked out of
1.00

Your patient is a 44-year-old G4P4 with symptomatic uterine fibroids that are unresponsive to medical therapy. The patient has severe menorrhagia to the point that when she menstruates, she cannot leave the house. You recommend to her that she undergo a total abdominal hysterectomy. You counsel her that she may need a blood transfusion if she has a large blood loss during the surgical procedure. Her current hematocrit is 25.0. The patient is a Jehovah's Witness who adamantly refuses to have a blood transfusion, even if it results in her death. Prior to performing the abdominal hysterectomy, you must obtain the patient's informed consent. Which of the following is not a key element of informed consent?

Select one:

- The patient must have the ability to comprehend medical information.
- Alternatives to the procedure must be presented.
- The benefits of the procedure must be presented.
- The risks of the procedure must be presented.
- If the patient is incapable of providing consent, the procedure cannot be performed.

The correct answer is: If the patient is incapable of providing consent, the procedure cannot be performed.

Question**239**

Not answered

Marked out of
1.00

A patient presents for her first initial OB visit after performing a home pregnancy test and gives a last menstrual period of about 8 weeks ago. She says she is not entirely sure of her dates, however, because she has a long history of irregular menses. Which of the following is the most accurate way of dating the pregnancy?

Select one:

- Crown-rump length on abdominal or vaginal ultrasound
- Determination of uterine size on pelvic examination
- Determination of progesterone level along with serum HCG level
- Quantification of a serum estradiol level
- Quantitative serum human chorionic gonadotropin (HCG) level

The correct answer is: Crown-rump length on abdominal or vaginal ultrasound

**Question
240**

Not answered

Marked out of
1.00

A 27-year-old has just had an ectopic pregnancy. Which of the following events would be most likely to predispose to ectopic pregnancy?

Select one:

- Exposure in utero to diethylstilbestrol (DES)
- Pelvic inflammatory disease (PID)
- Induction of ovulation
- Use of a contraceptive uterine device (IUD)
- Previous cervical conization

The correct answer is: Pelvic inflammatory disease (PID)

Question 241

Not answered

Marked out of
1.00

For each ultrasonogram, select one diagnosis or diagnostic indicator. Each lettered option may be used once, more than once, or not at all.



Select one:

- Mesomelic dwarfism
- Prune belly syndrome
- Spina bifida with meningocele
- Marker for Down syndrome (trisomy 21)
- Anencephaly
- Indication of highest likelihood of a chromosomal abnormality
- Common marker for trisomies 18 and 21
- Obstructed urethra and bladder
- Osteogenesis imperfecta
- Hydrocephalus
- Nonspinal marker for spina bifida

The correct answer is: Marker for Down syndrome (trisomy 21)

Question 242

Not answered

Marked out of
1.00

A 22-year-old has just been diagnosed with toxoplasmosis. You try to determine what her risk factors were. The highest risk association is which of the following?

Select one:

- English nationality
- Eating raw meat
- Having viral infections in early pregnancy
- Owning a dog
- Eating raw fish

The correct answer is: Eating raw meat

Question 243

Not answered

Marked out of
1.00

For each female patient seeking contraception, select the method that is medically contraindicated for that patient. A woman with multiple sexual partners

Select one:

- Condoms
- IUD
- Laparoscopic tubal ligation
- Oral contraceptives
- Diaphragm

The correct answer is: IUD

Question 244

Not answered

Marked out of
1.00

Giving the patient his or her due

Select one:

- Patient preferences
- Contextual issues
- Justice
- Medical indication
- Nonmaleficence
- Quality of life
- Autonomy
- Beneficence

The correct answer is: Justice

**Question
245**

Not answered

Marked out of
1.00

A patient has a 2-year-old son with chronic pulmonary disease. His recent sweat test showed an elevated chloride level.

Select one:

- Multifactorial
- Autosomal dominant
- Codominant
- X-linked recessive
- Autosomal recessive

The correct answer is: Autosomal recessive

**Question
246**

Not answered

Marked out of
1.00

A 23-year-old G1P0 reports to your office for a routine OB visit at 28 weeks gestational age. Labs drawn at her prenatal visit 2 weeks ago reveal a 1-hour glucose test of 128, hemoglobin of 10.8, and a platelet count of 80,000. All her other labs were within normal limits. During the present visit, the patient has a blood pressure of 120/70 mm Hg. Her urine dip is negative for protein, glucose, and blood. The patient denies any com-plaints. The only medication she is currently taking is a prenatal vitamin. She does report a history of epistaxis on occasion, but no other bleeding. Which of the following medical treatments should you recommend to treat the thrombocytopenia?

Select one:

- Stop prenatal vitamins
- No treatment is necessary
- Oral corticosteroid therapy
- Intravenous immune globulin
- Splenectomy

The correct answer is: No treatment is necessary

Question 247

Not answered

Marked out of
1.00

A 56-year-old woman presents to your office for her routine well-woman examination. She had a hysterectomy at age 44 for symptomatic uterine fibroids. She entered menopause at age 54 based on menopausal symptoms and an elevated FSH level. She started taking estrogen replacement therapy at that time for relief of her symptoms. She is fasting and would like to have her lipid panel checked while she is in the office today. You counsel the patient on the effects of estrogen therapy on her lipid panel. She should expect which of the following?

Select one:

- A decrease in her triglycerides
- An increase in her HDL
- An increase in her LDL
- An increase in her total cholesterol
- A decrease in her HDL

The correct answer is: An increase in her HDL

**Question
248**

Not answered

Marked out of
1.00

A 19-year-old patient presents to your office with primary amenorrhea. She has normal breast and pubic hair development, but the uterus and vagina are absent. Diagnostic possibilities include which of the following?

Select one:

- XYY syndrome
- Turner syndrome
- Klinefelter syndrome
- Gonadal dysgenesis
- Müllerian agenesis

The correct answer is: Müllerian agenesis

Question

249

Not answered

Marked out of
1.00

A 20-year-old female with Müllerian agenesis is undergoing laparoscopic appendectomy by a general surgeon. You are consulted intraoperatively because the surgeon sees several lesions in the pelvis suspicious for endometriosis. You should tell the surgeon which of the following?

Select one:

- Endometriosis probably occurs in patients with Müllerian agenesis as a result of retrograde menstruation.
- Endometriosis cannot occur in patients with Müllerian agenesis because they have a 46,XY karyotype.
- Endometriosis is common in women with Müllerian agenesis since they have menstrual outflow obstruction.
- Endometriosis may arise in patients with Müllerian agenesis as a result of coelomic metaplasia.
- Endometriosis cannot occur in patients with Müllerian agenesis since they do not have a uterus.

The correct answer is: Endometriosis may arise in patients with Müllerian agenesis as a result of coelomic metaplasia.

Question

250

Not answered

Marked out of
1.00

An intrauterine pregnancy of approximately 10 weeks gestation is confirmed in a 30-year-old G5P4 woman with an IUD in place. The patient expresses a strong desire for the pregnancy to be continued. On examination, the string of the IUD is noted to be protruding from the cervical os. Which of the following is the most appropriate course of action?

Select one:

- Leave the IUD in place without any other treatment.
- Leave the IUD in place and continue prophylactic antibiotics throughout pregnancy.
- Perform a laparoscopy to rule out a heterotopic ectopic pregnancy.
- Terminate the pregnancy because of the high risk of infection.
- Remove the IUD immediately.

The correct answer is: Remove the IUD immediately.

Question 251

Not answered

Marked out of
1.00

A 32-year-old G3P2 at 39 weeks gestation with an epidural has been pushing for 30 minutes with good descent. The presenting fetal head is left occiput anterior with less than 45° of rotation with a station of +3 of 5. The fetal heart rate has been in the 90s for the past 5 minutes and the delivery is expedited with forceps. Which of the following best describes the type of forceps delivery performed?

Select one:

- Low forceps
- High forceps
- Rotational forceps
- Outlet forceps
- Midforceps

The correct answer is: Low forceps

Question 252

Not answered

Marked out of
1.00

You are counseling a new mother and father on the risks and benefits of circumcision for their 1-day-old son. The parents ask if you will use analgesia during the circumcision. What do you tell them regarding the recommendations for administering pain medicine for circumcisions?

Select one:

- Analgesia is not recommended because there is no evidence that newborns undergoing circumcision experience pain.
- Analgesia in the form of a penile block is recommended.
- Analgesia is not recommended because it is unsafe in newborns.
- The administration of sugar orally during the procedure will keep the neonate preoccupied and happy.
- Analgesia in the form of oral Tylenol is the pain medicine of choice recommended for circumcisions.

The correct answer is: Analgesia in the form of a penile block is recommended.

Question 253

Not answered

Marked out of
1.00

A 28-year-old nulligravid patient complains of bleeding between her periods and increasingly heavy menses. Over the past 9 months, she has had two dilation and curettages (D&Cs), which have failed to resolve her symptoms, and oral contraceptives and antiprostaglandins have not decreased the abnormal bleeding. Which of the following options is most appropriate at this time?

Select one:

- Perform hysteroscopy.
- Start the patient on a high-dose progestational agent.
- Perform endometrial ablation.
- Perform a hysterectomy.
- Treat with a GnRH agonist.

The correct answer is: Perform hysteroscopy.

**Question
254**

Not answered

Marked out of
1.00

During routine auditory testing of a 2-day-old baby, the baby failed to respond to high-pitched tones.

Select one:

- Streptomycin
- Sulfonamides
- Tetracycline
- Nitrofurantoin
- Chloramphenicol

The correct answer is: Streptomycin

Question 255

Not answered

Marked out of
1.00

A 55-year-old G3P3 with a history of fibroids presents to you complaining of irregular vaginal bleeding. Until last month, she had not had a period in over 9 months. She thought she was in menopause, but because she started bleeding again last month she is not sure. Over the past month she has had irregular, spotty vaginal bleeding. The last time she bled was 1 week ago. She also complains of frequent hot flushes and emotional lability. She does not have any medical problems and is not taking any medications. She is a nonsmoker and denies any alcohol or drug use. Her gynecologic history is significant for cryotherapy of the cervix 10 years ago for moderate dysplasia. She has had three cesarean sections and a tubal ligation. On physical examination, her uterus is 12 weeks in size and irregularly shaped. Her ovaries are not palpable. A urine pregnancy test is negative. Which of the following is the most reasonable next step in the evaluation of this patient?

Select one:

- Arrange for outpatient endometrial ablation.
- Insert a progesterone-containing intrauterine device (IUD).
- Arrange for outpatient conization of the cervix.
- Perform an office endometrial biopsy.
- Schedule her for a hysterectomy.

The correct answer is: Perform an office endometrial biopsy.

Question 256

Not answered

Marked out of
1.00

An infertile couple presents to you for evaluation. A semen analysis from the husband is ordered. The sample of 2.5 cc contains 25 million sperm per mL; 65% of the sperm show normal morphology; 20% of the sperm show progressive forward mobility. You should tell the couple which of the following?

Select one:

- The sample is abnormal because the percentage of sperm with normal morphology is too low.
- The sample is normal, but of no clinical value because of the low sample volume.
- The sample is normal and should not be a factor in the couple's infertility.
- The sample is abnormal owing to a low percentage of forwardly mobile sperm.
- The sample is abnormal because of an inadequate number of sperm per milliliter.

The correct answer is: The sample is abnormal owing to a low percentage of forwardly mobile sperm.

Question 257

Not answered

Marked out of
1.00

For the following methods of contraception, select the most appropriate rate of use effectiveness (percentage of pregnancies per year of actual patient use). IUD

Select one:

- 3% to 10%
- 15% to 25%
- 40%
- 5% to 15%
- 80%

The correct answer is: 3% to 10%

Question 258

Not answered

Marked out of
1.00

For each situation involving oral contraceptives, select the most appropriate response. No menses during 7 days following 21-day cycle of correct use

Select one:

- Stop pills and resume after 7 days.
- Stop pills and seek a medical examination.
- Continue pills as usual.
- Take an additional pill.
- Continue pills and use an additional form of contraception.

The correct answer is: Continue pills as usual.

Question 259

Not answered

Marked out of
1.00

A 32-year-old female presents for her yearly examination. She has been smoking one pack of cigarettes a day for the past 12 years. She wants to stop, and you make some recommendations to her. Which of the following is true regarding smoking cessation in women?

Select one:

- Nicotine replacement in the form of chewing gum or transdermal patches has not been shown to be effective in smoking cessation programs.
- Ninety percent of those who stop smoking relapse within 3 months.
- Smokers do not benefit from repeated warnings from their doctor to stop smoking.
- No matter how long one has been smoking, smoking cessation appears to improve the health of the lungs.
- Stopping cold turkey is the only way to successfully achieve smoking cessation.

The correct answer is: No matter how long one has been smoking, smoking cessation appears to improve the health of the lungs.

**Question
260**

Not answered

Marked out of
1.00

Influenza, select the recommendation regarding vaccination during pregnancy with which it is most likely to be associated. Each lettered option may be used once, more than once, or not at all.

Select one:

- Recommended after exposure or before travel to endemic areas
- Not routinely recommended, but mandatory during an epidemic
- Recommended if the underlying disease is serious
- Contraindicated unless exposure to the disease is unavoidable
- Contraindicated

The correct answer is: Recommended if the underlying disease is serious

Question 261

Not answered

Marked out of
1.00

Uterine bleeding at 7 weeks gestation without any cervical dilation.

Select one:

- Missed abortion
- Incomplete abortion
- Complete abortion
- Threatened abortion
- Inevitable abortion

The correct answer is: Threatened abortion

Question 262

Not answered

Marked out of
1.00

You are following up on the results of routine testing of a 68-year-old G4P3 for her well-woman examination. Her physical examination was normal for a postmenopausal woman. Her Pap smear revealed parabasal cells, her mammogram was normal, lipid profile was normal, and the urinalysis shows hematuria. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Urine culture
- Renal sonogram
- No further treatment/evaluation is necessary if the patient is asymptomatic.
- Endometrial biopsy
- Colposcopy

The correct answer is: Urine culture

**Question
263**

Not answered
Marked out of
1.00

A 29-year-old G1P0 patient at 24 weeks gestational age presents to your office complaining of some shortness of breath that is more intense with exertion. She has no significant past medical history and is not on any medication. The patient denies any chest pain. She is concerned because she has always been very athletic and cannot maintain the same degree of exercise that she was accustomed to prior to becoming pregnant. On physical examination, her pulse is 72 beats per minute. Her blood pressure is 90/50 mm Hg. Cardiac examination is normal. The lungs are clear to auscultation and percussion. Which of the following is the most appropriate next step to pursue in the workup of this patient?

Select one:

- Order an ECG
- Perform an arterial blood gas
- Refer the patient to a cardiologist
- Refer the patient for a ventilation-perfusion scan to rule out a pulmonary embolism
- Reassure the patient

The correct answer is: Reassure the patient

**Question
264**

Not answered
Marked out of
1.00

Your patient is a 23-year-old woman with primary infertility. She is 5 ft 4 in tall and weighs 210 lb. She has had periods every 2 to 3 months since starting her period at age 12. She has a problem with acne and hair growth on her chin. Her mother had the same problem at her age and now has adult-onset diabetes. On physical examination of the patient, you notice a few coarse, dark hairs on her chin and around her nipples. She has a normal-appearing clitoris. Her ovaries and uterus are normal to palpation. Which of the following blood tests has no role in the evaluation of this patient?

Select one:

- 17 α -hydroxyprogesterone
- TSH
- Total testosterone
- DHEAS
- Estrone

The correct answer is: Estrone

Question
265

Not answered
Marked out of
1.00

A 58-year-old Caucasian woman comes in to your office for advice regarding her risk factors for developing osteoporosis. She is 5 ft 1 in tall and weighs 195 lb. She stopped having periods at age 49. She is healthy but smokes one pack of cigarettes per day. She does not take any medications. She has never taken hormone replacement for menopause. Her mother died at age 71 after she suffered a spontaneous hip fracture. Which of the following will have the least effect on this patient's risk for developing osteoporosis?

Select one:

- Her menopause status
- Her obesity
- Her history of smoking cigarettes
- Her race
- Her family history

The correct answer is: Her obesity

Question
266

Not answered
Marked out of
1.00

Stage Ib cervical cancer is diagnosed in a young woman who wishes to retain her ability to have sexual intercourse. Your consultant has therefore recommended a radical hysterectomy. Assuming that the cancer is confined to the cervix and that intraoperative biopsies are negative, which of the following structures would not be removed during the radical hysterectomy?

Select one:

- Pelvic nodes
- Uterosacral and uterovesical ligaments
- The entire parametrium on both sides of the cervix
- The upper third of the vagina
- Both ovaries

The correct answer is: Both ovaries

Question 267

Not answered

Marked out of
1.00

A 25-year-old G1P1 comes to see you 6 weeks after an uncomplicated vaginal delivery for a routine postpartum examination. She denies any problems and has been breast-feeding her newborn without any difficulties since leaving the hospital. During the bimanual examination, you note that her uterus is irregular, firm, nontender, and about a 15-week size. Which of the following is the most likely etiology for this enlarged uterus?

Select one:

- The uterus is appropriate size for 6 weeks postpartum
- Fibroid uterus
- Endometritis
- Adenomyosis
- Subinvolution of the uterus

The correct answer is: Fibroid uterus

Question 268

Not answered

Marked out of
1.00

A 2-week-old neonate who was delivered at 28 weeks gestation developed pallid cyanosis, abdominal distension, and vascular collapse after exposure to an antibiotic. A few days later the baby died.

Select one:

- Nitrofurantoin
- Sulfonamides
- Streptomycin
- Tetracycline
- Chloramphenicol

The correct answer is: Chloramphenicol

Question 269

Not answered

Marked out of
1.00

What does the patient want?

Select one:

- Contextual issues
- Nonmaleficence
- Patient preferences
- Beneficence
- Justice
- Autonomy
- Quality of life
- Medical indication

The correct answer is: Patient preferences

Question 270

Not answered

Marked out of
1.00

A 63-year-old woman is undergoing a total abdominal hysterectomy (TAH) for atypical endometrial hyperplasia. She mentioned to her doctor 2 weeks prior to the surgery that she has had problems with leakage of urine with straining and occasional episodes of urinary urgency. A urine culture at that visit is negative. She has had preoperative cystometrics done in the doctor's office showing loss of urine during Valsalva maneuvers along with evidence of detrusor instability. The doctor has elected to do a retropubic bladder neck suspension following the TAH. A Marshall-Marchetti-Krantz procedure (MMK) is done to attach the bladder neck to the pubic symphysis. The patient does well after her surgery and is released from the hospital on postoperative day 3. Which of the following should her doctor advise her prior to her discharge?

Select one:

- The MMK procedure is highly effective, with greater than 90% long-term cure rate.
- She has a 5% risk of enterocele formation.
- Osteitis pubis occurs in approximately 10% of patients after an MMK, but is easily treated with oral antibiotics.
- Urinary retention is very common after an MMK procedure and often requires long-term self-catheterization.
- She will not need any additional treatment for her bladder dysfunction.

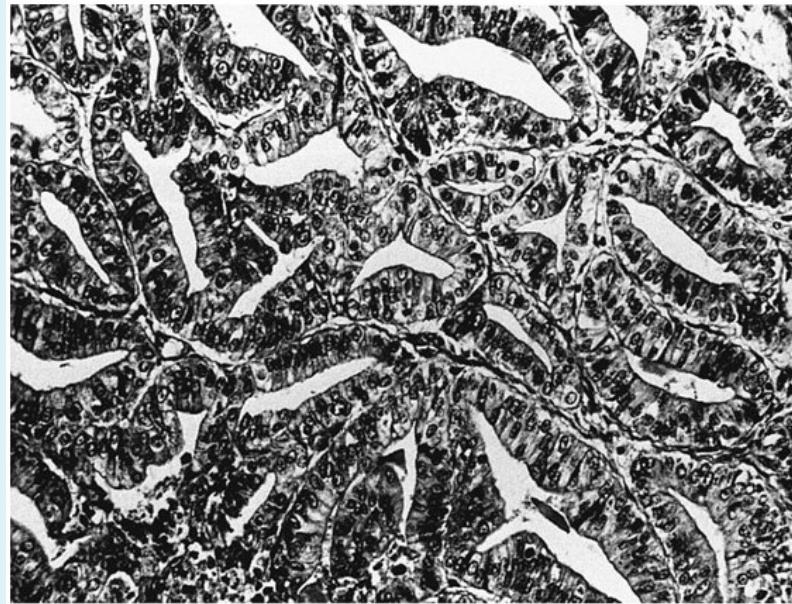
The correct answer is: She has a 5% risk of enterocele formation.

Question 271

Not answered

Marked out of
1.00

Match each figure with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Choriocarcinoma
- Mixed Müllerian endometrial cancer
- Proliferative endometrium
- Well-differentiated adenocarcinoma of the endometrium (FIGO I/III)
- Late secretory endometrium
- Mature cystic teratoma
- Clear cell cancer of the endometrium

The correct answer is: Well-differentiated adenocarcinoma of the endometrium (FIGO I/III)

Question 272

Not answered

Marked out of
1.00

An 18-year-old G0 comes to see you complaining of a 3-day history of urinary frequency, urgency, and dysuria. She panicked this morning when she noticed the presence of bright red blood in her urine. She also reports some midline lower abdominal discomfort. She had intercourse for the first time 5 days ago and reports that she used condoms. On physical examination, there are no lacerations of the external genitalia, there is no discharge from the cervix or in the vagina, and the cervix appears normal. Bimanual examination is normal except for mild suprapubic tenderness. There is no flank tenderness, and the patient's temperature is normal. Which of the following is the most likely diagnosis?

Select one:

- Acute cystitis
- Acute appendicitis
- Chlamydia cervicitis
- Monilial vaginitis
- Pyelonephritis

The correct answer is: Acute cystitis

Question 273

Not answered

Marked out of
1.00

A 50-year-old woman is diagnosed with cervical cancer. Which lymph node group would be the first involved in metastatic spread of this disease beyond the cervix and uterus?

Select one:

- Paracervical or ureteral nodes
- External iliac nodes
- Para-aortic nodes
- Common iliac nodes
- Parametrial nodes

The correct answer is: Paracervical or ureteral nodes

Question 274

Not answered

Marked out of
1.00

A 34-year-old G1P1 with a history of pulmonary embolism presents to your office to discuss contraception. Her cycles are regular. She has a history of pelvic inflammatory disease last year, for which she was hospitalized. She has currently been sexually active with the same partner for the past year. She wants to use condoms and a spermicide. You counsel her on the risks and benefits. Which of the following statements is true regarding spermicides found in vaginal foams, creams, and suppositories?

Select one:

- Effectiveness is higher than that of the diaphragm.
- These agents are associated with an increased incidence of congenital malformations.
- The active agent in these spermicides is nonoxynol-9.
- The active agent in these spermicides is levonorgestrel.
- Effectiveness is higher in younger users.

The correct answer is: The active agent in these spermicides is nonoxynol-9.

Question 275

Not answered

Marked out of
1.00

A 23-year-old G3P1011 at 6 weeks presents for routine prenatal care. She had a cesarean delivery 3 years ago for breech presentation after a failed external cephalic version. Her daughter is Rh-negative. She also had an elective termination of pregnancy 1 year ago. She is Rh-negative and is found to have a positive anti-D titer of 1:8 on routine prenatal labs. Failure to administer RhoGAM at which time is the most likely cause of her sensitization?

Select one:

- After elective termination
- Within 3 days of delivering an Rh-negative fetus
- At 28 weeks in the pregnancy for which she had a cesarean delivery
- At the time of cesarean delivery
- At the time of external cephalic version

The correct answer is: After elective termination

Question 276

Not answered

Marked out of
1.00

A 38-year-old G3P2 at 40 weeks gestation presents to labor and delivery with gross rupture of membranes occurring 1 hour prior to arrival. The patient is having contraction every 3 to 4 minutes on the external tocometer, and each contraction lasts 60 seconds. The fetal heart rate tracing is 120 beats per minute with accelerations and no decelerations. The patient has a history of rapid vaginal deliveries, and her largest baby was 3200 g. On cervical examination she is 5 cm dilated and completely effaced, with the vertex at -2 station. The estimated fetal weight is 3300 g. The patient is in a lot of pain and requesting medication. Which of the following is the most appropriate method of pain control for this patient?

Select one:

- Intramuscular Demerol
- General anesthesia
- Epidural block
- Local block
- Pudendal block

The correct answer is: Epidural block

Question 277

Not answered

Marked out of
1.00

A 48-year-old G2P2 presents for her well-woman examination. She had two uneventful vaginal deliveries. She had a vaginal hysterectomy for fibroids and menorrhagia. She denies any medical problems, but has not seen a doctor in 6 years. Her family history is significant for stroke, diabetes, and high blood pressure. On examination she is a pleasant female, stands 5 ft 3 in tall, and weighs 85 kg. Her blood pressure is 150/92 mm Hg, pulse 70 beats per minute, respiratory rate 14 breaths per minute, and temperature 37°C (98.4°F). Her breast, lung, cardiac, abdomen, and pelvic examinations are normal. The next appropriate step in the management of this patient's blood pressure is which of the following?

Select one:

- Beta-blocker
- Calcium channel blocker
- Diet, exercise, weight loss, and repeat blood pressure in 2 months
- Diuretic

The correct answer is: Diet, exercise, weight loss, and repeat blood pressure in 2 months

Question 278

Not answered

Marked out of
1.00

For each situation involving oral contraceptives, select the most appropriate response. Nausea during first cycle of pills

Select one:

- Take an additional pill.
- Stop pills and resume after 7 days.
- Stop pills and seek a medical examination.
- Continue pills as usual.
- Continue pills and use an additional form of contraception.

The correct answer is: Continue pills as usual.

Question 279

Not answered

Marked out of
1.00

A 48-year-old woman consults with you regarding menopausal symptoms. Her periods have become less regular over the past 6 months. Her last period was 1 month ago. She started having hot flushes last year. They have been getting progressively more frequent. She has several hot flushes during the day, and she wakes up twice at night with them as well. She has done quite a lot of reading about perimenopause, menopause, and hormone replacement therapy. She is concerned about the risks of taking female hormones. She wants to know what she should expect in regard to her hot flushes if she does not take hormone replacement. You should tell her which of the following?

Select one:

- Hot flushes usually resolve within 1 week after the initiation of HRT.
- Hot flushes can begin several years before actual menopause.
- Hot flushes are the final manifestation of ovarian failure and menopause.
- Hot flushes usually resolve spontaneously within 1 year of the last menstrual period.
- Hot flushes are normal and rarely interfere with a woman's well-being.

The correct answer is: Hot flushes can begin several years before actual menopause.

Question**280**

Not answered

Marked out of
1.00

A 39-year-old G3P3 comes to see you on day 5 after a second repeat cesarean delivery. She is concerned because her incision has become very red and tender and pus started draining from a small opening in the incision this morning. She has been experiencing general malaise and reports a fever of 38.8°C (102°F). Physical examination indicates that the Pfannenstiel incision is indeed erythematous and is open about 1 cm at the left corner, and is draining a small amount of purulent liquid. There is tenderness along the wound edges. Which of the following is the best next step in the management of this patient?

Select one:

- Administer antifungal medication
- Take the patient to the OR for debridement and closure of the skin
- Apply Steri-Strips to close the wound
- Reapproximate the wound edge under local analgesia
- Probe the fascia

The correct answer is: Probe the fascia

Question**281**

Not answered

Marked out of
1.00

A 36-year-old G1 undergoes a triple screen test at 16 weeks of pregnancy to evaluate her risk of having a baby with Down syndrome because she is worried about being of "advanced maternal age." Her MSAFP level comes back elevated. This patient is extremely concerned and comes into your office to get additional counseling and recommendations. Which of the following is the best advice to give this patient?

Select one:

- An elevated serum AFP level indicates that she is at risk for having a baby with Down syndrome.
- Unexplained elevated MSAFP levels have no prognostic value for her pregnancy.
- She is probably going to have twins.
- An ultrasound should be performed to confirm the gestational age of the fetus and to rule out any fetal anomalies.
- Most women who have an elevated MSAFP have a fetus with a neural tube defect.

The correct answer is: An ultrasound should be performed to confirm the gestational age of the fetus and to rule out any fetal anomalies.

Question 282

Not answered

Marked out of
1.00

A healthy 34-year-old G1PO patient comes to see you in your office for a routine OB visit at 12 weeks gestational age. She tells you that she has stopped taking her prenatal vitamins with iron supplements because they make her sick and she has trouble remembering to take a pill every day. A review of her prenatal labs reveals that her hematocrit is 39%. Which of the following statements is the best way to counsel this patient?

Select one:

- Tell the patient that if she fails to take her iron supplements, her fetus will be anemic
- Tell the patient that she does not need to take her iron supplements because her prenatal labs indicate that she is not anemic and therefore she will not absorb the iron supplied in prenatal vitamins
- Tell the patient that she needs to start retaking her iron supplements when her hemoglobin falls below 11 g/dL
- Tell the patient that she needs to take the iron supplements even though she is not anemic in order to meet the demands of pregnancy
- Tell the patient that if she consumes a diet rich in iron, she does not need to take any iron supplements

The correct answer is: Tell the patient that she needs to take the iron supplements even though she is not anemic in order to meet the demands of pregnancy

Question 283

Not answered

Marked out of
1.00

A 16-year-old G0 female presents to your office for a routine annual gynecologic examination. She reports that she has previously been sexually active, but currently is not dating anyone. She has had three sexual partners in the past and says she diligently used condoms. She is a senior in high school and is doing well academically and has many friends. She lives at home with her parents and a younger sibling. She denies any family history of medical problems, but says her 80-year-old grandmother was recently diagnosed with breast cancer. She denies any other family history of cancer. She says she is healthy and has no history of medical problems or surgeries. She reports having had chicken pox. She smokes tobacco and drinks beer occasionally, but denies any illicit drug use. She had her first Pap smear and gynecologic examination last year with another doctor and reports that everything was normal. Her menses started at age 13 and are regular and light. She denies any dysmenorrhea. Her blood pressure is 90/60 mm Hg. Her height is 5 ft 6 in and she weighs 130 lb. Based on this patient's history, what would be the most likely cause of death if she were to die at age 16?

Select one:

- Heart disease
- Homicide
- Cancer
- Suicide
- Motor vehicle accidents

The correct answer is: Motor vehicle accidents

**Question
284**

Not answered

Marked out of
1.00

A 50-year-old woman complains of leakage of urine. After genuine stress urinary incontinence, which of the following is the most common cause of urinary leakage?

Select one:

- Detrusor dyssynergia
- Unstable urethra
- Unstable bladder
- Overflow incontinence
- Urethral diverticulum

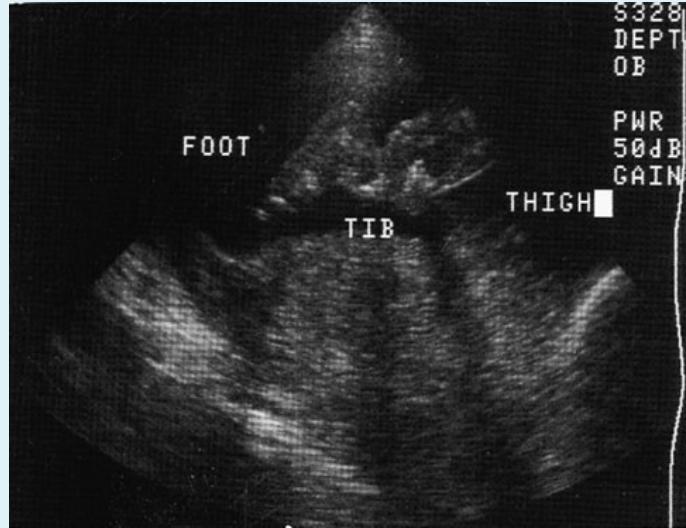
The correct answer is: Unstable bladder

**Question
285**

Not answered

Marked out of
1.00

For each ultrasonogram, select one diagnosis or diagnostic indicator. Each lettered option may be used once, more than once, or not at all.



Select one:

- Anencephaly
- Spina bifida with meningocele
- Osteogenesis imperfecta
- Prune belly syndrome
- Hydrocephalus
- Obstructed urethra and bladder
- Nonspinal marker for spina bifida
- Mesomelic dwarfism
- Marker for Down syndrome (trisomy 21)
- Indication of highest likelihood of a chromosomal abnormality
- Common marker for trisomies 18 and 21

The correct answer is: Osteogenesis imperfecta

**Question
286**

Not answered

Marked out of
1.00

A 29-year-old G3P2 black woman in the thirty-third week of gestation is admitted to the emergency room because of acute abdominal pain that has been increasing during the past 24 hours. The pain is severe and is radiating from the epigastrum to the back. The patient has vomited a few times and has not eaten or had a bowel movement since the pain started. On examination, you observe an acutely ill patient lying on the bed with her knees drawn up. Her blood pressure is 100/70 mm Hg, her pulse is 110 beats per minute, and her temperature is 38.8°C (101.8°F). On palpation, the abdomen is somewhat distended and tender, mainly in the epigastric area, and the uterine fundus reaches 31 cm above the symphysis. Hypotonic bowel sounds are noted. Fetal monitoring reveals a normal pattern of fetal heart rate (FHR) without uterine contractions. On ultrasonography, the fetus is in vertex presentation and appropriate in size for gestational age; fetal breathing and trunk movements are noted, and the volume of amniotic fluid is normal. The placenta is located on the anterior uterine wall and no previa is seen. Laboratory values show mild leukocytosis (12,000 cells per mL); a hematocrit of 43; mildly elevated serum glutamic-oxaloacetic transaminase (SGOT), serum glutamic-pyruvic transaminase (SGPT), and bilirubin; and serum amylase of 180 U/dL. Urinalysis is normal. Which of the following is the most likely diagnosis?

Select one:

- Severe preeclamptic toxemia
- Acute degeneration of uterine leiomyoma
- Acute appendicitis
- Acute cholecystitis
- Acute pancreatitis

The correct answer is: Acute pancreatitis

Question 287

Not answered

Marked out of
1.00

A 28-year-old G2P2 presents to the hospital 2 weeks after vaginal delivery with the complaint of heavy vaginal bleeding that soaks a sanitary napkin every hour. Her pulse is 89 beats per minute, blood pressure 120/76 mm Hg, and temperature 37.1°C (98.9°F). Her abdomen is non-tender and her fundus is located above the symphysis pubis. On pelvic examination, her vagina contained small blood clots and no active bleeding is noted from the cervix. Her uterus is about 12 to 14 weeks size and non-tender. Her cervix is closed. An ultrasound reveals an 8-mm endometrial stripe. Her hemoglobin is 10.9, unchanged from the one at her vaginal delivery. β-hCG is negative. Which of the following potential treatments would be contraindicated?

Select one:

- Ergonovine maleate (Ergotrate)
- Prostaglandins
- Oxytocin injection (Pitocin)
- Methylergonovine maleate (Methergine)
- Dilation and curettage

The correct answer is: Dilation and curettage

Question
288

Not answered
Marked out of
1.00

A 20-year-old G1 at 41 weeks has been pushing for 2 1/2 hours. The fetal head is at the introitus and beginning to crown. It is necessary to cut an episiotomy. The tear extends through the sphincter of the rectum, but the rectal mucosa is intact. How should you classify this type of episiotomy?

Select one:

- Second-degree
- Fourth-degree
- Third-degree
- Mediolateral episiotomy
- First-degree

The correct answer is: Third-degree

Question
289

Not answered
Marked out of
1.00

A 22-year-old G3P0030 obese female comes to your office for a routine gynecologic examination. She is single, but is currently sexually active. She has a history of five sexual partners in the past, and became sexually active at age 15. She has had three first-trimester voluntary pregnancy terminations. She uses Depo-Provera for birth control, and reports occasionally using condoms as well. She has a history of genital warts, but denies any prior history of abnormal Pap smears. The patient denies use of any illicit drugs, but admits to smoking about one pack of cigarettes a day. Her physical examination is normal. However, 3 weeks later you receive the results of her Pap smear, which shows a high-grade squamous intraepithelial lesion (HGSIL). Which of the following factors in this patient's history does not increase her risk for cervical dysplasia?

Select one:

- Use of Depo-Provera
- Smoking
- History of genital warts
- Multiple sexual partners
- Young age at initiation of sexual activity

The correct answer is: Use of Depo-Provera

Question**290**

Not answered

Marked out of
1.00

A 47-year-old woman has achieved a pregnancy via in vitro fertilization (IVF) using donor eggs from a 21-year-old donor and sperm from her 46-year-old husband. She has a sonogram performed at 7 to 12 weeks gestational age that shows a quintuplet pregnancy. A 5-mm nuchal translucency is discovered in one of the embryos. Implications of this include which of the following?

Select one:

- The embryo has a high risk of neural tube defect.
- The embryo has a high risk of cardiac malformation.
- If the embryo is aneuploid, the most likely diagnosis is Turner syndrome.
- The nuchal translucency will enlarge by 20 weeks.
- If the nuchal translucency resolves, the risk of a chromosome abnormality is comparable to that of other embryos.

The correct answer is: The embryo has a high risk of cardiac malformation.

Question 291

Not answered

Marked out of
1.00

A 32-year-old female presents to the emergency department with abdominal pain and vaginal bleeding. Her last menstrual period was 8 weeks ago and her pregnancy test is positive. On examination she is tachycardic and hypotensive and her abdominal examination findings reveal peritoneal signs, a bedside abdominal ultrasound shows free fluid within the abdominal cavity. The decision is made to take the patient to the operating room for emergency exploratory laparotomy. Which of the following is the most likely diagnosis?

Select one:

- Ruptured ectopic pregnancy
- Missed abortion
- Incomplete abortion
- Torsed ovarian corpus luteal cyst
- Hydatidiform mole

The correct answer is: Ruptured ectopic pregnancy

Question 292

Not answered

Marked out of
1.00

Rubella, select the recommendation regarding vaccination during pregnancy with which it is most likely to be associated. Each lettered option may be used once, more than once, or not at all.

Select one:

- Recommended after exposure or before travel to endemic areas
- Recommended if the underlying disease is serious
- Contraindicated unless exposure to the disease is unavoidable
- Contraindicated
- Not routinely recommended, but mandatory during an epidemic

The correct answer is: Contraindicated

Question 293

Not answered

Marked out of
1.00

A 21-year-old woman returns to your office for evaluation of an abnormal Pap smear. The Pap smear showed a squamous abnormality suggestive of a high-grade squamous intraepithelial lesion (HGSIL). Colposcopy confirms the presence of a cervical lesion consistent with severe cervical dysplasia (CIN III). Which of the following human papilloma virus (HPV) types is most often associated with this type of lesion?

Select one:

- HPV type 42
- HPV type 16
- HPV type 44
- HPV type 6
- HPV type 11

The correct answer is: HPV type 16

Question 294

Not answered

Marked out of
1.00

Your patient complains of decreased fetal movement at term. You recommend a modified BPP test. Nonstress testing (NST) in your office was reactive. The next part of the modified BPP is which of the following?

Select one:

- Ultrasound assessment of fetal tone
- Ultrasound assessment of fetal movement
- Amniotic fluid index evaluation
- Contraction stress testing
- Ultrasound assessment of fetal breathing movements

The correct answer is: Amniotic fluid index evaluation

**Question
295**

Not answered

Marked out of
1.00

A 90-year-old G5P5 with multiple medical problems is brought into your gynecology clinic accompanied by her granddaughter. The patient has hypertension, chronic anemia, coronary artery disease, and osteoporosis. She is mentally alert and oriented and lives in an assisted living facility. She takes numerous medications, but is very functional at the current time. She is a widow and not sexually active. Her chief complaint is a sensation of heaviness and pressure in the vagina. She denies any significant urinary or bowel problems. On performance of a physical examination, you note that the cervix is just inside the level of the introitus. Based on the physical examination, which of the following is the most likely diagnosis?

Select one:

- Second-degree uterine prolapse
- Complete procidentia
- Third-degree uterine prolapse
- First-degree uterine prolapse
- Normal examination

The correct answer is: Second-degree uterine prolapse

**Question
296**

Not answered

Marked out of
1.00

A 20-year-old G1 at 32 weeks presents for her routine obstetric (OB) visit. She has no medical problems. She is noted to have a blood pressure of 150/96 mm Hg, and her urine dip shows 1+ protein. She complains of a constant headache and vision changes that are not relieved with rest or a pain reliever. The patient is sent to the hospital for further management. At the hospital, her blood pressure is 158/98 mm Hg and she is noted to have tonic-clonic seizure. Which of the following is indicated in the management of this patient?

Select one:

- Cesarean delivery
- Low-dose aspirin
- Dilantin (phenytoin)
- Magnesium sulfate
- Antihypertensive therapy

The correct answer is: Magnesium sulfate

Question 297

Not answered

Marked out of
1.00

A 40-year-old G2P1001 presents to your office for a routine OB visit at 30 weeks gestational age. Her first pregnancy was delivered 10 years ago and was uncomplicated. She had a normal vaginal delivery at 40 weeks and the baby weighed 7 lb. During this present pregnancy, she has not had any complications, and she reports no significant medical history. She is a non-smoker and has gained about 25 lb to date. Despite being of advanced maternal age, she declined any screening or diagnostic testing for Down syndrome. Her blood pressure range has been 100 to 120/60 to 70. During her examination, you note that her fundal height measures only 25 cm. Which of the following is a likely explanation for this patient's decreased fundal height?

Select one:

- Hydramnios
- Fetal growth restriction
- The presence of fibroid tumors in the uterus
- Multiple gestation
- Large ovarian mass

The correct answer is: Fetal growth restriction

Question 298

Not answered

Marked out of
1.00

A 45-year-old G3P3 presents for her yearly examination. She last saw a doctor 7 years ago after she had her last child. She had three vaginal deliveries, the last of which was complicated by gestational diabetes and preeclampsia. She has not been sexually active in the past year. She once had an abnormal Pap smear for which she underwent cryotherapy. She denies any medical problems. Her family history is significant for coronary artery disease in her dad and a maternal aunt who developed ovarian cancer at the age of 67. Which of the following is best screening approach for this patient?

Select one:

- Pap smear, mammography, cholesterol profile, and fasting blood sugar
- Pap smear, mammography, and cholesterol profile
- Pap smear and mammography
- Pap smear, mammography, cholesterol profile, fasting blood sugar, and serum CA-125
- Pap smear

The correct answer is: Pap smear, mammography, cholesterol profile, and fasting blood sugar

**Question
299**

Not answered

Marked out of
1.00

A 56-year-old postmenopausal female presents complaining of vaginal bleeding. Her uterus is slightly enlarged and she has a 6-cm right adnexal mass. Endometrial biopsy shows adenocarcinoma of the endometrium.

Select one:

- Krukenberg tumor
- Gonadoblastoma
- Sertoli-Leydig cell tumor
- Granulosa tumor
- Immature teratoma

The correct answer is: Granulosa tumor

**Question
300**

Not answered

Marked out of
1.00

A 78-year-old woman with chronic obstructive pulmonary disease, chronic hypertension, and history of myocardial infarction requiring angioplasty presents to your office for evaluation of something hanging out of her vagina. She had a hysterectomy for benign indications at age 48. For the past few months, she has been experiencing the sensation of pelvic pressure. Last month she felt a bulge at the vaginal opening. Two weeks ago something fell out of the vagina. On pelvic examination, the patient has total eversion of the vagina. There is a superficial ulceration at the vaginal apex. Which of the following is the best next step in the management of this patient?

Select one:

- Biopsy of the vaginal ulceration
- Prescribe topical vaginal estrogen cream
- Schedule abdominal sacral colpopexy
- Place a pessary
- Prescribe oral estrogen

The correct answer is: Prescribe topical vaginal estrogen cream

Question 301

Not answered

Marked out of
1.00

A 20-year-old G0, LMP 1 week ago, presents to your gynecology clinic complaining of a mass in her left breast that she discovered during routine breast self-examination in the shower. When you perform a breast examination on her, you palpate a 2-cm firm, nontender mass in the upper inner quadrant of the left breast that is smooth, well-circumscribed, and mobile. You do not detect any skin changes, nipple discharge, or axillary lymphadenopathy. Which of the following is the most likely diagnosis?

Select one:

- Cystosarcoma phyllodes
- Fibrocystic breast change
- Fibroadenoma
- Breast carcinoma
- Fat necrosis

The correct answer is: Fibroadenoma

Question 302

Not answered

Marked out of
1.00

A 26-year-old woman presents to your office for her well-woman examination. She denies any medical problems or prior surgeries. She states that her cycles are monthly. She is sexually active and uses oral contraceptive pills for birth control. Her physical examination is normal. As part of preventive health maintenance, you recommend breast self-examination and instruct the patient how to do it. Which of the following is the best frequency and time to perform breast self-examinations?

Select one:

- Every 3 months, in the week prior to the start of the menses
- Every 6 months, in the week prior to the start of the menses
- Monthly, in the week after cessation of menses
- Monthly, in the week prior to the start of the menses
- Monthly, during the menses

The correct answer is: Monthly, in the week after cessation of menses

Question**303**

Not answered

Marked out of
1.00

A mother brings her 12-year-old daughter in to your office for consultation. She is concerned because most of the other girls in her daughter's class have already started their period. She thinks her daughter hasn't shown any evidence of going into puberty yet. Knowing the usual first sign of the onset of puberty, you should ask the mother which of the following questions?

Select one:

- Does her daughter have any axillary or pubic hair?
- Has her daughter started to develop breasts?
- Has her daughter started her growth spurt?
- Has her daughter had any vaginal spotting?
- Has her daughter had any acne?

The correct answer is: Has her daughter started to develop breasts?

Question**304**

Not answered

Marked out of
1.00

A 38-year-old G3P3 begins to breast-feed her 5-day-old infant. The baby latches on appropriately and begins to suckle. In the mother, which of the following is a response to suckling?

Select one:

- Decrease of oxytocin
- Increase of hypothalamic prolactin
- Increase of luteinizing hormone—releasing factor
- Increase of hypothalamic dopamine
- Increase of prolactin-inhibiting factor

The correct answer is: Increase of hypothalamic prolactin

Question**305**

Not answered

Marked out of
1.00

A 62-year-old woman presents for annual examination. Her last spontaneous menstrual period was 9 years ago, and she has been reluctant to use postmenopausal hormone replacement because of a strong family history of breast cancer. She now complains of diminished interest in sexual activity. Which of the following is the most likely cause of her complaint?

Select one:

- Decreased ovarian function
- Alienation from her partner
- Decreased vaginal length
- Physiologic anorgasmia
- Untreatable sexual dysfunction

The correct answer is: Decreased ovarian function

Question**306**

Not answered

Marked out of
1.00

A 28-year-old G1 presents to your office at 8 weeks gestation. She has a history of diabetes since the age of 14. She uses insulin and denies any complications related to her diabetes. Which of the following is the most common birth defect associated with diabetes?

Select one:

- Ventricular septal defect
- Sacral agenesis
- Encephalocele
- Anencephaly
- Meningomyelocele

The correct answer is: Ventricular septal defect

Question 307

Not answered

Marked out of
1.00

A 26-year-old G0P0 comes to your office with a chief complaint of being too hairy. She reports that her menses started at age 13 and have always been very irregular. She has menses every 2 to 6 months. She also complains of acne and is currently seeing a dermatologist for the skin condition. She denies any medical problems. Her only surgery was an appendectomy at age 8. Her height is 5 ft 5 in., her weight is 180 lb, and her blood pressure is 100/60 mm Hg. On physical examination, there is sparse hair around the nipples, chin, and upper lip. No galactorrhea, thyromegaly, or temporal balding is noted. Pelvic examination is normal and there is no evidence of clitoromegaly. Which of the following is the most likely explanation for this patient's problem?

Select one:

- Polycystic ovarian syndrome
- Adrenal tumor
- Late-onset congenital adrenal hyperplasia
- Idiopathic hirsutism
- Sertoli-Leydig cell tumor of the ovary

The correct answer is: Polycystic ovarian syndrome

Question**308**

Not answered

Marked out of
1.00

Three days ago you delivered a 40-year-old G1P1 by cesarean section following arrest of descent after 2 hours of pushing. Labor was also significant for prolonged rupture of membranes. The patient had an epidural, which was removed the day following delivery. The nurse pages you to come to see the patient on the postpartum floor because she has a fever of 38.8°C (102°F) and is experiencing shaking chills. Her blood pressure is 120/70 mm Hg and her pulse is 120 beats per minute. She has been eating a regular diet without difficulty and had a normal bowel movement this morning. She is attempting to breast-feed, but says her milk has not come in yet. On physical examination, her breasts are mildly engorged and tender bilaterally. Her lungs are clear. Her abdomen is tender over the fundus, but no rebound is present. Her incision has some serous drainage at the right apex, but no erythema is noted. Her pelvic examination reveals uterine tenderness but no masses. Which of the following is the most likely diagnosis?

Select one:

- Atelectasis
- Wound infection
- Pelvic abscess
- Septic pelvic thrombophlebitis
- Endometritis

The correct answer is: Endometritis

Question**309**

Not answered

Marked out of
1.00

Appears to lengthen the second stage of labor

Select one:

- Epidural block
- Spinal block
- Paracervical block
- Pudendal block

The correct answer is: Epidural block

Question**310**

Not answered

Marked out of
1.00

A primipara is in labor and an episiotomy is about to be cut. Compared with a midline episiotomy, which of the following is an advantage of mediolateral episiotomy?

Select one:

- Less extension of the incision
- Less blood loss
- Less dyspareunia
- Fewer breakdowns
- Ease of repair

The correct answer is: Less extension of the incision

Question 311

Not answered

Marked out of
1.00

For the following methods of contraception, select the most appropriate rate of use effectiveness (percentage of pregnancies per year of actual patient use). Condom and spermicidal agent

Select one:

- 80%
- 40%
- 3% to 10%
- 5% to 15%
- 15% to 25%

The correct answer is: 5% to 15%

Question 312

Not answered

Marked out of
1.00

A 32-year-old G3P2 at 39 weeks gestation presented to the hospital with ruptured membranes and 4 cm dilated. She has a history of two prior vaginal deliveries, with her largest child weighing 3800 g at birth. Over the next 2 hours she progresses to 7 cm dilated. Two hours later, she remains 7 cm dilated. The estimated fetal weight by ultrasound is 3200 g. Which of the following labor abnormalities best describes this patient?

Select one:

- Secondary arrest of dilation
- Prolonged latent phase
- Hypertonic dysfunction
- Protracted active-phase dilation
- Primary dysfunction

The correct answer is: Secondary arrest of dilation

Question 313

Not answered

Marked out of
1.00

Your patient had an ultrasound examination today at 39 weeks gestation for size less than dates. The ultrasound showed oligohydramnios with an amniotic fluid index of 1.5 centimeters. The patient's cervix is unfavorable. Which of the following is the best next step in the management of this patient?

Select one:

- Perform stripping of the fetal membranes and perform a BPP in 2 days.
- Administer a cervical ripening agent in your office and have the patient present to the hospital in the morning for induction with oxytocin.
- Admit her to the hospital for cervical ripening then induction of labor.
- Admit her to the hospital for cesarean delivery.
- Write her a prescription for misoprostol to take at home orally every 4 hours until she goes into labor.

The correct answer is: Admit her to the hospital for cervical ripening then induction of labor.

Question 314

Not answered

Marked out of
1.00

Match each hysterosalpingogram with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Bilateral hydrosalpinx
- Bilateral proximal occlusion
- Unilateral hydrosalpinx with a normal uterine cavity
- Bilateral normal spillage
- Unilateral hydrosalpinx with intrauterine adhesions
- Salpingitis isthmica nodosa

The correct answer is: Unilateral hydrosalpinx with a normal uterine cavity

Question 315

Not answered

Marked out of
1.00

You are called to the emergency department to evaluate a 23-year-old G1 who is 6 weeks pregnant and has vaginal bleeding. You have seen her in your office before for her well-woman examination. You had assisted her in receiving counseling and assistance for relationship problems with her verbally abusive boyfriend. She states that they are now married and their relationship has improved. You make the diagnosis of a threatened abortion in the emergency department and schedule the patient for an OB visit at your office in 2 weeks. Which of the following is the normal course of an abusive relationship during pregnancy?

Select one:

- Abuse is usually directed away from the breast and abdomen.
- An increase in abuse occurs in about 20% of relationships.
- Pregnant women who are abused usually have fewer complaints.
- Abuse is uncommon during pregnancy.
- Abused women usually receive adequate prenatal care.

The correct answer is: An increase in abuse occurs in about 20% of relationships.

Question 316

Not answered

Marked out of
1.00

Your 36-year-old patient is admitted to the hospital for induction of labor at 42 weeks gestation. She provides the hospital with her living will at the time of her admission. She signed the will 5 years ago, but she says to her nurse that she still wants to abide by the will. She has also signed an organ donor card allowing the harvesting of her organs in the event of her death. Why is her living will not valid for this hospitalization?

Select one:

- It has been too many years since the signing of the will.
- She is pregnant.
- Her husband may decide later on that he disagrees with her living will.
- In the event that she becomes delirious during labor, she will be unable to change her mind.
- Signing an organ donor card automatically invalidates a living will.

The correct answer is: She is pregnant.

Question 317

Not answered

Marked out of
1.00

One of your patients, a 25-year-old G0, comes to your office for pre-conception counseling. She is a long-distance runner and wants to continue to train during her pregnancy. This patient wants to know whether there are any potential adverse effects to her fetus if she pursues a program of regular exercise throughout gestation. You advise her of which of the following true statements regarding exercise and pregnancy?

Select one:

- Immediately following delivery, patients can continue to exercise at prepregnancy levels.
- Non-weight-bearing exercises are optimal because they minimize the risks of maternal and fetal injuries.
- During pregnancy, women should stop exercising because such activity is commonly associated with intrauterine growth retardation in the fetus.
- Exercise is best performed in the supine position to maximize venous return and cardiac output.
- It is acceptable to continue to exercise throughout pregnancy as long as the maternal pulse does not exceed 160.

The correct answer is: Non-weight-bearing exercises are optimal because they minimize the risks of maternal and fetal injuries.

Question 318

Not answered

Marked out of
1.00

A 41-year-old G1P0 at 39 weeks, who has been completely dilated and pushing for 3 hours, has an epidural in place and remains undelivered. She is exhausted and crying and tells you that she can no longer push. Her temperature is 38.3°C (101°F). The fetal heart rate is in the 190s with decreased variability. The patient's membranes have been ruptured for over 24 hours, and she has been receiving intravenous penicillin for a history of colonization with group B streptococcus bacteria. The patient's cervix is completely dilated and effaced and the fetal head is in the direct OA position and is visible at the introitus between pushes. Extensive caput is noted, but the fetal bones are at the +3 station. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Encourage the patient to continue to push after a short rest
- Deliver the patient by cesarean section
- Cut a fourth-degree episiotomy
- Rebolus the patient's epidural
- Attempt operative delivery with forceps

The correct answer is: Attempt operative delivery with forceps

Question 319

Not answered

Marked out of
1.00

A 45-year-old woman who had two normal pregnancies 15 and 18 years ago presents with the complaint of amenorrhea for 7 months. She expresses the desire to become pregnant again. After exclusion of pregnancy, which of the following tests is next indicated in the evaluation of this patient's amenorrhea?

Select one:

- Hysterosalpingogram
- Endometrial biopsy
- LH and FSH levels
- Testosterone and DHAS levels
- Thyroid function tests

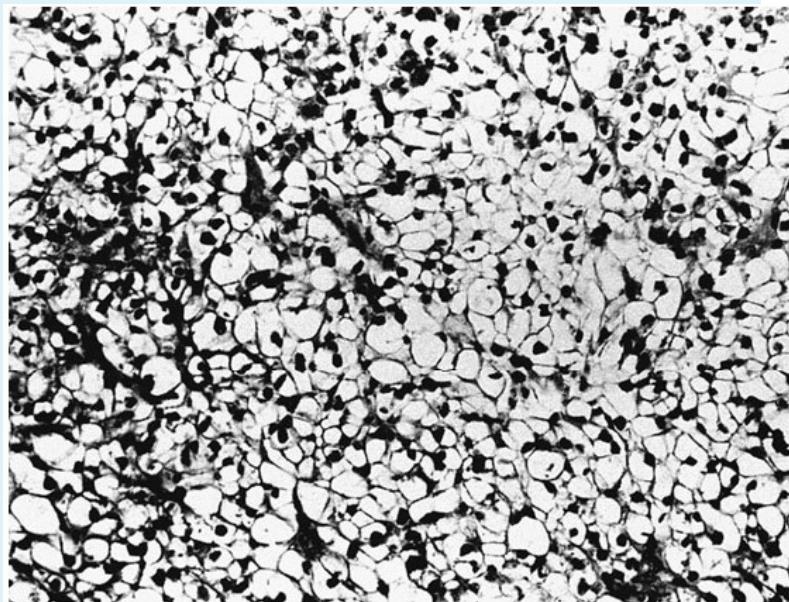
The correct answer is: LH and FSH levels

Question 320

Not answered

Marked out of
1.00

Match each figure with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Mixed Müllerian endometrial cancer
- Proliferative endometrium
- Late secretory endometrium
- Mature cystic teratoma
- Well-differentiated adenocarcinoma of the endometrium (FIGO I/III)
- Choriocarcinoma
- Clear cell cancer of the endometrium

The correct answer is: Clear cell cancer of the endometrium

Question 321

Not answered

Marked out of
1.00

You are the gynecologist covering the emergency department. The emergency room physician calls you down to evaluate a 5-year-old girl who was brought in by her mother. The mother is concerned that her daughter may have been sexually molested. She feels this way because her daughter has been acting flirtatious around boys and also because she noted some bloody discharge on her daughter's underwear. The child lives at home with her mother, 1-year-old brother, maternal aunt, and 18-year-old cousin. The child's father is dead and mother is not seeing anyone currently. Which of the following is the most likely abuser?

Select one:

- Female relative
- Male relative
- Male stranger
- Female stranger

The correct answer is: Male relative

Question 322

Not answered

Marked out of
1.00

You are counseling a 24-year-old woman who is a G2P1 at 36 weeks gestation. She delivered her first baby at 41 weeks gestation by cesarean section as a result of fetal distress that occurred during an induction of labor for mild preeclampsia. She would like to know if she can have a trial of labor with this pregnancy. Which of the following is the best response to this patient?

Select one:

- No, because once she has had a cesarean section she must deliver all of her subsequent children by cesarean section.
- Yes, but only if she had a classical cesarean section.
- Yes, but only if her uterine incision was made in the uterine fundus.
- No, since she has never had a vaginal delivery.
- Yes, but only if she had a low transverse cesarean section.

The correct answer is: Yes, but only if she had a low transverse cesarean section.

Question 323

Not answered

Marked out of
1.00

A 43-year-old G2P2 comes to your office complaining of an intermittent right nipple discharge that is bloody. She reports that the discharge is spontaneous and not associated with any nipple pruritus, burning, or discomfort. On physical examination, you do not detect any dominant breast masses or adenopathy. There are no skin changes noted. Which of the following conditions is the most likely cause of this patient's problem?

Select one:

- Fibrocystic breast disease
- Duct ectasia
- Intraductal papilloma
- Breast cancer
- Pituitary adenoma

The correct answer is: Intraductal papilloma

**Question
324**

Not answered

Marked out of
1.00

A 25-year-old G3 at 39 weeks delivers a small-for-gestational-age infant with chorioretinitis, intracranial calcifications, jaundice, hepatosplenomegaly, and anemia. The infant displays poor feeding and tone in the nursery. The patient denies eating any raw or undercooked meat and does not have any cats living at home with her. She works as a nurse in the pediatric intensive care unit at the local hospital. What is the most likely causative agent?

Select one:

- Parvovirus
- Cytomegalovirus
- Hepatitis B
- T. gondii
- Group B streptococcus

The correct answer is: Cytomegalovirus

Question 325

Not answered

Marked out of
1.00

A 25-year-old G3P2 at 39 weeks is admitted in labor at 5 cm dilated. The fetal heart rate tracing is reactive. Two hours later, she is reexamined and her cervix is unchanged at 5 cm dilated. An IUPC is placed and the patient is noted to have 280 Montevideo units (MUV) by the IUPC. After an additional 2 hours of labor, the patient is noted to still be 5 cm dilated. The fetal heart rate tracing remains reactive. Which of the following is the best next step in the management of this labor?

Select one:

- Augment labor with Pitocin
- Perform a cesarean section
- Attempt delivery via vacuum extraction
- Continue to wait and observe the patient
- Perform an operative delivery with forceps

The correct answer is: Perform a cesarean section

Question 326

Not answered

Marked out of
1.00

After delivery of a term infant with Apgar scores of 2 at 1 minute and 7 at 5 minutes, you ask that umbilical cord blood be collected for pH. The umbilical arteries carry which of the following?

Select one:

- Deoxygenated blood to the placenta
- 37
- Oxygenated blood from the placenta
- Oxygenated blood to the placenta
- Deoxygenated blood from the placenta

The correct answer is: Deoxygenated blood to the placenta

Question 327

Not answered

Marked out of
1.00

Is frequently associated with fetal bradycardia

Select one:

- Spinal block
- Epidural block
- Paracervical block
- Pudendal block

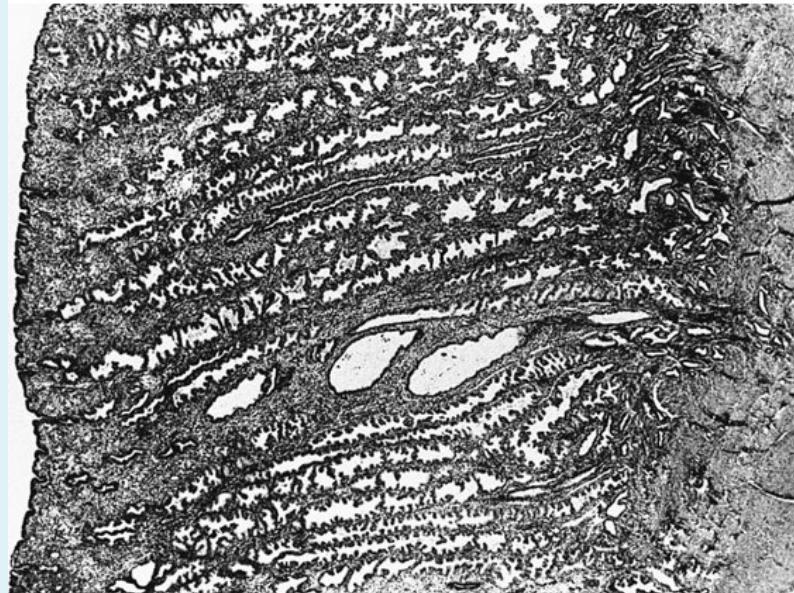
The correct answer is: Paracervical block

Question
328

Not answered

Marked out of
1.00

Match each figure with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Well-differentiated adenocarcinoma of the endometrium (FIGO I/II)
- Late secretory endometrium
- Choriocarcinoma
- Mature cystic teratoma
- Clear cell cancer of the endometrium
- Mixed Müllerian endometrial cancer
- Proliferative endometrium

The correct answer is: Late secretory endometrium

Question
329

Not answered

Marked out of
1.00

A 25-year-old G3P0 presents for preconception counseling. She has had three first-trimester pregnancy losses. As part of her evaluation for recurrent abortion, she had karyotyping done on herself and her husband. Her husband is 46,XY. She was found to carry a balanced 13;13 translocation. What is the likelihood that her next baby will have an abnormal karyotype?

Select one:

- 50%
- 100%
- 10%
- 25%
- < 5%

The correct answer is: 100%

**Question
330**

Not answered

Marked out of
1.00

A 22-year-old G1 at 14 weeks gestation presents to your office with a history of recent exposure to her 3-year-old nephew who had a rubella viral infection. In which time period does maternal infection with rubella virus carry the greatest risk for congenital rubella syndrome in the fetus?

Select one:

- Third trimester
- Preconception
- Postpartum
- First trimester
- Second trimester

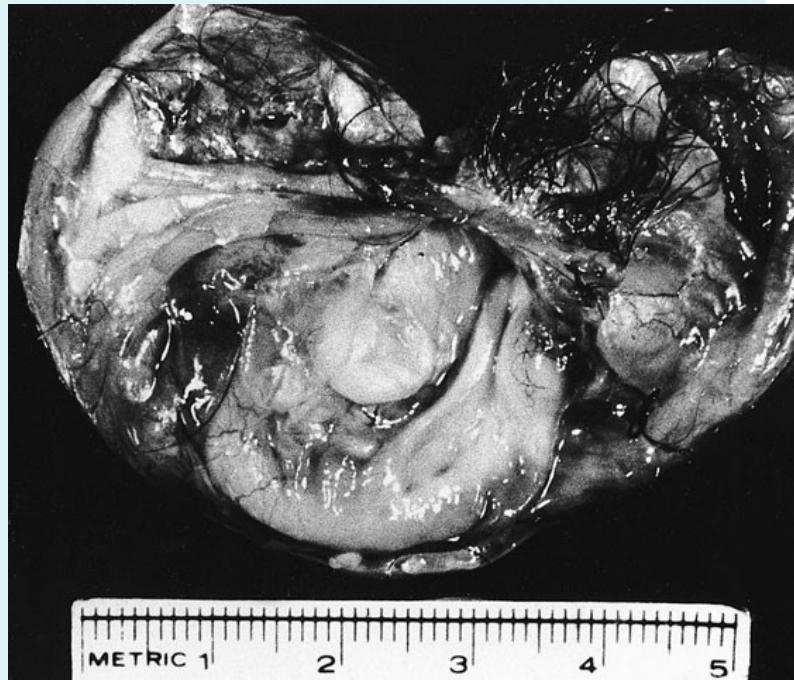
The correct answer is: First trimester

Question 331

Not answered

Marked out of
1.00

Match each figure with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Well-differentiated adenocarcinoma of the endometrium (FIGO I/III)
- Clear cell cancer of the endometrium
- Proliferative endometrium
- Late secretory endometrium
- Choriocarcinoma
- Mixed Müllerian endometrial cancer
- Mature cystic teratoma

The correct answer is: Mature cystic teratoma

Question 332

Not answered

Marked out of
1.00

Match the chemotherapeutic agents with the most common side effects.

Each lettered option may be used once, more than once, or not at all.

Doxorubicin

Select one:

- Hemorrhagic cystitis
- Pulmonary fibrosis
- Cardiac toxicity
- Renal failure
- Tympanic membrane fibrosis
- Necrotizing enterocolitis
- Ocular degeneration
- Pancreatic failure
- Bone marrow depression
- Peripheral neuropathy

The correct answer is: Cardiac toxicity

Question**333**

Not answered

Marked out of
1.00

A mother brings her 14-year-old daughter in to the office for consultation. The mother says her daughter should have started her period by now. She is also concerned that she is shorter than her friends. On physical examination, the girl is 4 ft 10 in tall. She shows evidence of breast development at Tanner stage 2. She has no axillary or pubic hair. You reassure the mother that her daughter seems to be developing normally. Educating the mother and daughter, your best advice is to tell them which of the following?

Select one:

- The daughter will start her period when her breasts reach Tanner stage 5.
- The daughter's period should start by age 18, but if she has not had her period by then, she should come back in for further evaluation.
- The daughter will have her growth spurt, then pubic hair will develop, heralding the onset of menstruation.
- The daughter's period should start within 1 to 2 years since she has just started developing breast buds.
- The daughter will start her period, then have her growth spurt.

The correct answer is: The daughter's period should start within 1 to 2 years since she has just started developing breast buds.

Question**334**

Not answered

Marked out of
1.00

A 32-year-old poorly controlled diabetic G2P1 is undergoing amniocentesis at 38 weeks for fetal lung maturity prior to having a repeat cesarean section. Which of the following laboratory tests results on the amniotic fluid would best indicate that the fetal lungs are mature?

Select one:

- Lecithin/sphingomyelin ratio of 1.5:1
- Lecithin/sphingomyelin ratio of 2.0:1
- Lecithin/sphingomyelin ratio of 1:1
- Phosphatidylglycerol is present
- Phosphatidylglycerol is absent

The correct answer is: Phosphatidylglycerol is present

Question**335**

Not answered

Marked out of
1.00

Mumps, select the recommendation regarding vaccination during pregnancy with which it is most likely to be associated. Each lettered option may be used once, more than once, or not at all.

Select one:

- Not routinely recommended, but mandatory during an epidemic
- Contraindicated unless exposure to the disease is unavoidable
- Recommended after exposure or before travel to endemic areas
- Recommended if the underlying disease is serious
- Contraindicated

The correct answer is: Contraindicated

Question**336**

Not answered

Marked out of
1.00

For each female patient seeking contraception, select the method that is medically contraindicated for that patient. A woman with severely reduced functional capacity as a result of chronic obstructive lung disease

Select one:

- Condoms
- IUD
- Laparoscopic tubal ligation
- Oral contraceptives
- Diaphragm

The correct answer is: Laparoscopic tubal ligation

Question 337

Not answered

Marked out of
1.00

A 23-year-old G2P2 requires a cesarean delivery for arrest of active phase. During labor she develops chorioamnionitis and is started on ampicillin and gentamicin. The antibiotics are continued after the cesarean delivery. On postoperative day 3, the patient remains febrile and symptomatic with uterine fundal tenderness. No masses are appreciated by pelvic examination. She is successfully breast-feeding and her breast examination is normal. Which antibiotic should be initiated to provide better coverage?

Select one:

- Vancomycin
- Polymixin
- Cephalothin
- Levofloxacin
- Clindamycin

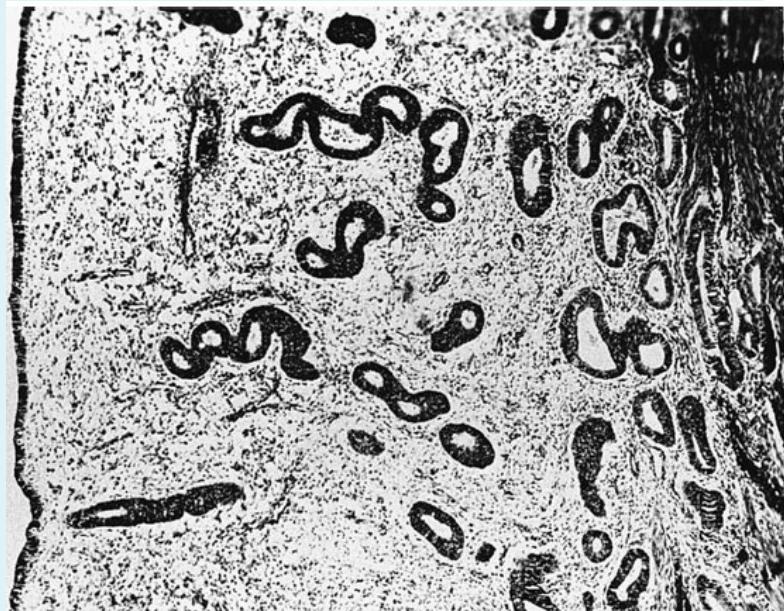
The correct answer is: Clindamycin

Question 338

Not answered

Marked out of
1.00

Match each figure with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Proliferative endometrium
- Choriocarcinoma
- Late secretory endometrium
- Well-differentiated adenocarcinoma of the endometrium (FIGO I/III)
- Clear cell cancer of the endometrium
- Mature cystic teratoma
- Mixed Müllerian endometrial cancer

The correct answer is: Proliferative endometrium

Question

339

Not answered

Marked out of
1.00

A 19-year-old G1P0 presents to her obstetrician's office for a routine OB visit at 32 weeks gestation. Her pregnancy has been complicated by gestational diabetes requiring insulin for control. She has been noncompliant with diet and insulin therapy. She has had two prior normal ultrasounds at 20 and 28 weeks gestation. She has no other significant past medical or surgical history. During the visit, her fundal height measures 38 cm. Which of the following is the most likely explanation for the discrepancy between the fundal height and the gestational age?

Select one:

- Uterine fibroids
- Fetal hydrocephaly
- Polyhydramnios
- Undiagnosed twin gestation
- Breech presentation

The correct answer is: Polyhydramnios

Question

340

Not answered

Marked out of
1.00

You are a chief resident at a university hospital and are called down to the emergency room at 5:00 AM on a Saturday to evaluate an 18-year-old undergraduate, who presented to the emergency room complaining of being a victim of sexual assault while attending a fraternity party the evening before. When you first encounter this patient to take a detailed history, she remains very calm but has trouble remembering the details of the experience. She denies any ingestion of any alcohol or illicit drugs. Which of the following is most likely a component of the acute phase of the rape trauma syndrome?

Select one:

- No physical complaints.
- Always in control of emotions.
- The reaction of the victim may be influenced by victim's relationship to the attacker.
- The victim's coping mechanisms usually remain intact.
- Duration for up to 6 months after the event.

The correct answer is: The reaction of the victim may be influenced by victim's relationship to the attacker.

Question 341

Not answered

Marked out of
1.00

A 26-year-old G1P0 patient at 34 weeks gestation is being evaluated with Doppler ultrasound studies of the fetal umbilical arteries. The patient is a healthy smoker. Her fetus has shown evidence of intrauterine growth restriction (IUGR) on previous ultrasound examinations. The Doppler studies currently show that the systolic to diastolic ratio (S/D) in the umbilical arteries is much higher than it was on her last ultrasound 3 weeks ago and there is now reverse diastolic flow. Which of the following is correct information to share with the patient?

Select one:

- Reverse diastolic flow is normal as a patient approaches full term.
- The Doppler studies are worrisome and indicate that the fetal status is deterio- rating.
- These Doppler findings are normal in someone who smokes.
- The Doppler studies indicate that the fetus is doing well.
- With advancing gestational age the S/D ratio is supposed to rise.

The correct answer is: The Doppler studies are worrisome and indicate that the fetal status is deterio- rating.

Question 342

Not answered

Marked out of
1.00

A pregnant patient presents to you for prenatal care. Her parents are from Greece. She has a 2-year-old son, who was diagnosed with hemolytic anemia after he was treated for otitis media with a sulfonamide antibiotic. Her pediatrician gave her a list of antibiotics and foods that trigger her son's anemia.

Select one:

- Autosomal dominant
- Multifactorial
- X-linked recessive
- Codominant
- Autosomal recessive

The correct answer is: X-linked recessive

**Question
343**

Not answered

Marked out of
1.00

A 20-year-old G1P1 is postpartum day 2 after an uncomplicated vaginal delivery of a 6-lb 10-oz baby boy. She is trying to decide whether to have you perform a circumcision on her newborn. The boy is in the well-baby nursery and is doing very well. In counseling this patient, you tell her which of the following recommendations from the American Pediatric Association?

Select one:

- Circumcisions should not be performed routinely because it is a risky procedure and complications such as bleeding and infection are common.
- Circumcisions should be performed routinely because they decrease the incidence of sexually transmitted diseases.
- Circumcisions should be performed routinely because they decrease the incidence of penile cancer.
- Circumcisions should not be performed routinely because of insufficient data regarding risks and benefits.
- Circumcisions should be performed routinely because they decrease the incidence of male urinary tract infections.

The correct answer is: Circumcisions should not be performed routinely because of insufficient data regarding risks and benefits.

**Question
344**

Not answered

Marked out of
1.00

You are evaluating a rape victim in the emergency department. As a physician, your legal requirement includes which of the following?

Select one:

- Detailed notation of injuries
- Writing the diagnosis of rape in the patient's chart
- Identification of the attacker
- Treating patient even if she refuses
- Delivery of evidence to a law enforcement facility

The correct answer is: Detailed notation of injuries

Question

345

Not answered

Marked out of
1.00

A 20-year-old G0 and her partner, a 20-year-old man, present for counseling for sexual dysfunction. Prior to their relationship, neither had been sexually active. Both deny any medical problems. In medical experience, which type of male or female sexual dysfunction has the lowest cure rate?

Select one:

- Vaginismus
- Premature ejaculation
- Secondary impotence
- Female orgasmic dysfunction
- Primary impotence

The correct answer is: Primary impotence

Question
346

Not answered

Marked out of
1.00

For each ultrasonogram, select one diagnosis or diagnostic indicator. Each lettered option may be used once, more than once, or not at all.



Select one:

- Obstructed urethra and bladder
- Anencephaly
- Spina bifida with meningocele
- Indication of highest likelihood of a chromosomal abnormality
- Hydrocephalus
- Common marker for trisomies 18 and 21
- Osteogenesis imperfecta
- Nonspinal marker for spina bifida
- Marker for Down syndrome (trisomy 21)
- Prune belly syndrome
- Mesomelic dwarfism

The correct answer is: Common marker for trisomies 18 and 21

Question 347

Not answered

Marked out of
1.00

You are following a 22-year-old G2P1 at 39 weeks during her labor. She is given an epidural for pain management. Three hours after administering the pain medication, the patient's cervical examination is unchanged. Her contractions are now every 2 to 3 minutes, lasting 60 seconds. The fetal heart rate tracing is 120 beats per minute with accelerations and early decelerations. Which of the following is the best next step in management of this patient?

Select one:

- Place a fetal scalp electrode
- Administer Pitocin for augmentation of labor
- Place an IUPC
- Prepare for a cesarean section secondary to a diagnosis of secondary arrest of labor
- Rebolus the patient's epidural

The correct answer is: Place an IUPC

**Question
348**

Not answered

Marked out of
1.00

A 25-year-old woman presents to you for routine well-woman examination. She has had two normal vaginal deliveries and is healthy. She smokes one pack of cigarettes per day. She has no gynecologic complaints. Her last menstrual period was 3 weeks ago. During the pelvic examination, you notice that her left ovary is enlarged to 5 cm in diameter. Which of the following is the best recommendation to this patient?

Select one:

- Admit to the hospital for exploratory laparotomy
- Schedule a CT scan of the pelvis
- Schedule outpatient diagnostic laparoscopy
- Return to the office in 1 to 2 months to recheck the ovaries
- Order CA-125 testing

The correct answer is: Return to the office in 1 to 2 months to recheck the ovaries

**Question
349**

Not answered

Marked out of
1.00

You have diagnosed a healthy, sexually active 24-year-old female patient with an uncomplicated acute urinary tract infection. Which of the following is the likely organism responsible for this patient's infection?

Select one:

- Klebsiella
- Chlamydia
- Pseudomonas
- Escherichia coli
- Candida albicans

The correct answer is: Escherichia coli

**Question
350**

Not answered

Marked out of
1.00

During your evaluation of a sexual assault victim in the emergency department, she expresses her fear of becoming pregnant due to the attack. Which of the following is the best method to recommend for emergency contraception?

Select one:

- Endometrial aspiration
- None, because it will be ineffective if taken more than 12 hours after coitus.
- An intrauterine device, because it is 99% effective
- High-dose oral contraceptive pills
- None, because it will cause an abortion and is morally wrong.

The correct answer is: High-dose oral contraceptive pills

Question 351

Not answered

Marked out of
1.00

For each female patient seeking contraception, select the method that is medically contraindicated for that patient. A woman with moderate cystocele

Select one:

- Laparoscopic tubal ligation
- Diaphragm
- Condoms
- Oral contraceptives
- IUD

The correct answer is: Diaphragm

Question 352

Not answered

Marked out of
1.00

A 29-year-old G3P2 presents to the emergency center with complaints of abdominal discomfort for 2 weeks. Her vital signs are: blood pressure 120/70 mm Hg, pulse 90 beats per minute, temperature 36.94°C, respiratory rate 18 breaths per minute. A pregnancy test is positive and an ultrasound of the abdomen and pelvis reveals a viable 16-week gestation located behind a normal-appearing 10 × 6 × 5.5 cm uterus. Both ovaries appear normal. No free fluid is noted. Which of the following is the most likely cause of these findings?

Select one:

- Ectopic ovarian tissue
- Primary peritoneal implantation of the fertilized ovum
- Tubal abortion
- Uterine rupture of prior cesarean section scar
- Fistula between the peritoneum and uterine cavity

The correct answer is: Tubal abortion

**Question
353**

Not answered

Marked out of
1.00

A 33-year-old G3P2 at 30 weeks gestation has an infection in pregnancy. Which of the following is a reactivation and therefore not a risk to the fetus?

Select one:

- Chickenpox virus
- Herpesvirus type 2
- Group B coxsackievirus
- Rubella virus
- Shingles

The correct answer is: Shingles

**Question
354**

Not answered

Marked out of
1.00

A 20-year-old G1 patient delivers a live-born infant with cutaneous lesions, limb defects, cerebral cortical atrophy, and chorioretinitis. Her pregnancy was complicated by pneumonia at 18 weeks. What is the most likely causative agent?

Select one:

- Varicella zoster
- Rubella virus
- Treponemal pallidum
- Cytomegalovirus
- Group B streptococcus

The correct answer is: Varicella zoster

**Question
355**

Not answered

Marked out of
1.00

A pregnant woman is discovered to be an asymptomatic carrier of *Neisseria gonorrhoeae*. A year ago, she was treated with penicillin for a gonococcal infection and developed a severe allergic reaction. Which of the following is the treatment of choice at this time?

Select one:

- Tetracycline
- Spectinomycin
- Ampicillin
- Chloramphenicol
- Penicillin

The correct answer is: Spectinomycin

**Question
356**

Not answered
Marked out of
1.00

A patient comes to see you in the office because she has just missed her period and a home urine pregnancy test reads positive. She is extremely worried because last week she had a barium enema test done as part of a workup for blood in her stools. She is also concerned because her job requires her to sit in front of a computer screen all day and she uses the microwave oven on a regular basis. The patient is concerned regarding the deleterious effects of radiation exposure on her fetus. Which of the following statements is true regarding the effects of exposure to radiation and electromagnetic fields during pregnancy?

Select one:

- There is ample evidence in humans and animals that exposure to electromagnetic fields such as from high-voltage power lines, electric blankets, microwave ovens, and cellular phones causes adverse fetal outcomes.
- There are documented adverse fetal effects with exposure to radiation doses of less than 5 rads.
- There is an increased risk of mental retardation when radiation exposure occurs at less than 8 weeks, even with low doses of radiation.
- There is no consistent data that exposure to radiation used for a single diagnostic study is associated with an increased risk of childhood leukemia in the fetus.
- A single diagnostic procedure, such as a barium enema, results in a radiation dose that will adversely affect the embryo or fetus.

The correct answer is: There is no consistent data that exposure to radiation used for a single diagnostic study is associated with an increased risk of childhood leukemia in the fetus.

Question 357

Not answered
Marked out of
1.00

What are the treatment alternatives?

Select one:

- Quality of life
- Nonmaleficence
- Medical indication
- Contextual issues
- Autonomy
- Justice
- Beneficence
- Patient preferences

The correct answer is: Medical indication

Question**358**

Not answered

Marked out of
1.00

A 21-year-old G0 presents to your office because her menses is 2 weeks late. She states that she is taking her birth control pills correctly; she may have missed a day at the beginning of the pack, but took it as soon as she remembered. She denies any medical problems, but 3 or 4 weeks ago she had a "viral stomach flu" and missed 2 days of work for nausea, vomiting, and diarrhea. Her cycles are usually regular even without contraceptive pills. She has been on the pill for 5 years and recently developed some midcycle bleeding, which usually lasts about 2 days. She has been sexually active with the same partner for the past 3 months and has a history of chlamydia 3 years ago. She has had a total of 10 sexual partners. A urine pregnancy test is positive. Which of the following is the major cause of unplanned pregnancies in women using oral contraceptives?

Select one:

- Gastrointestinal malabsorption
- Breakthrough ovulation at midcycle
- High frequency of intercourse
- Incorrect use of oral contraceptives
- Development of antibodies

The correct answer is: Incorrect use of oral contraceptives

Question**359**

Not answered

Marked out of
1.00

A 20-year-old G1 at 38 weeks gestation presents with regular painful contractions every 3 to 4 minutes lasting 60 seconds. On pelvic examination, she is 3 cm dilated and 90% effaced; an amniotomy is performed and clear fluid is noted. The patient receives epidural analgesia for pain management. The fetal heart rate tracing is reactive. One hour later on repeat examination, her cervix is 5 cm dilated and 100% effaced. Which of the following is the best next step in her management?

Select one:

- Perform cesarean delivery for inadequate cervical effacement
- Begin pushing
- Stop epidural infusion to enhance contractions and cervical change
- No intervention; labor is progressing normally
- Initiate Pitocin augmentation for protracted labor

The correct answer is: No intervention; labor is progressing normally

**Question
360**

Not answered

Marked out of
1.00

A 23-year-old G1 at 38 weeks gestation presents in active labor at 6 cm dilated with ruptured membranes. On cervical examination the fetal nose, eyes, and lips can be palpated. The fetal heart rate tracing is 140 beats per minute with accelerations and no decelerations. The patient's pelvis is adequate. Which of the following is the most appropriate management for this patient?

Select one:

- Allow spontaneous labor with vaginal delivery.
- Perform forceps rotation in the second stage of labor to convert mentum postero-rior to mentum anterior and to allow vaginal delivery.
- Perform immediate cesarean section without labor.
- Allow patient to labor spontaneously until complete cervical dilation is achieved and then perform an internal podalic version with breech extraction.
- Attempt manual conversion of the face to vertex in the second stage of labor.

The correct answer is: Allow spontaneous labor with vaginal delivery.

Question 361

Not answered

Marked out of
1.00

A 23-year-old woman presents to your office complaining of growths around her vaginal opening. Recently, the growths have been itching and bleeding. On physical examination she has several broad-based lesions measuring 2 to 4 cm in diameter along the posterior fourchette. Although there is no active bleeding, the largest lesion appears to have been bleeding recently. Which of the following is the best way to treat this patient?

Select one:

- Injection of 5-fluorouracil into the lesions
- Self-application of imiquimod to the lesions by the patient
- Weekly application of trichloroacetic acid in the office
- Local excision
- Weekly application of podophyllin in the office

The correct answer is: Local excision

Question**362**

Not answered

Marked out of
1.00

A 39-year-old patient is contemplating discontinuing birth control pills in order to conceive. She is concerned about her fertility at this age, and inquires about when she can anticipate resumption of normal menses. You counsel her that by 3 months after discontinuation of birth control pills, what proportion of patients will resume normal menses?

Select one:

- 99%
- 5%
- 50%
- 95%
- 80%

The correct answer is: 80%

Question**363**

Not answered

Marked out of
1.00

A 23-year-old woman presents for evaluation of a 7-month history of amenorrhea. Examination discloses bilateral galactorrhea and normal breast and pelvic examinations. Pregnancy test is negative. Which of the following classes of medication is a possible cause of her condition?

Select one:

- GnRH analogues
- Phenothiazines
- Prostaglandins
- Antiestrogens
- Gonadotropins

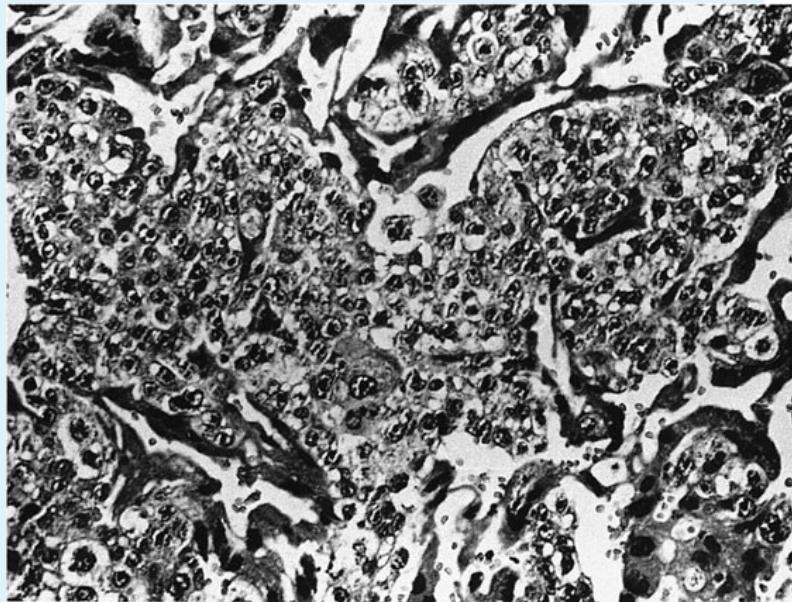
The correct answer is: Phenothiazines

Question
364

Not answered

Marked out of
1.00

Match each figure with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Well-differentiated adenocarcinoma of the endometrium (FIGO I/III)
- Clear cell cancer of the endometrium
- Choriocarcinoma
- Mixed Müllerian endometrial cancer
- Late secretory endometrium
- Mature cystic teratoma
- Proliferative endometrium

The correct answer is: Choriocarcinoma

Question
365

Not answered

Marked out of
1.00

A 30-year-old G1 at 28 weeks gestation with a twin pregnancy is admitted to the hospital for preterm labor with regular painful contractions every 2 minutes. She is 3 cm dilated with membranes intact and a small amount of bloody show. Ultrasound reveals growth restriction of twin A and oligohydramnios, otherwise normal anatomy. Twin B has normal anatomy and has appropriate-for-gestational-age weight. Which of the following is a contraindication to the use of indomethacin as a tocolytic in this patient?

Select one:

- Oligohydramnios
- Vaginal bleeding
- Twin gestation
- Gestational age greater than 26 weeks
- Fetal growth restriction

The correct answer is: Oligohydramnios

Question**366**

Not answered

Marked out of
1.00

A 45-year-old woman with previously documented urge incontinence continues to be symptomatic after following your advice for conservative self-treatment. Which of the following is the best next step in management?

Select one:

- Prescribe Ditropan (oxybutynin chloride).
- Refer her to a urologist for urethral dilation.
- Schedule a voiding cystourethrogram.
- Schedule a retropubic suspension of the bladder neck.
- Prescribe Estrogen therapy.

The correct answer is: Prescribe Ditropan (oxybutynin chloride).

Question**367**

Not answered

Marked out of
1.00

A 20-year-old woman who works as a kindergarten teacher presents for her routine visit at 32 weeks. Her fundal height measures 40 cm. An ultrasound reveals polyhydramnios, an appropriately grown fetus with ascites and scalp edema. The patient denies any recent illnesses, but some of the children at her school have been sick recently. What is the most likely cause of the fetal findings?

Select one:

- Cytomegalovirus
- Hepatitis B
- Toxoplasmosis gondii
- Parvovirus
- Influenza A

The correct answer is: Parvovirus

Question**368**

Not answered

Marked out of
1.00

You are seeing a 37-year-old woman in your office for follow-up of an injury related to domestic violence. She states that her husband is over with his abusive behavior and is treating her like royalty. He has bought her a new necklace to show how sorry he is about the incident. She has changed her plans to seek counseling and to move out. Which of the following is the most likely outcome in this situation?

Select one:

- Role reversal with victim taking control of relationship.
- Abuser accepts responsibility for his behavior.
- Decreased episodes of violence.
- Increasing severity of battering.
- Cessation of all abuse.

The correct answer is: Increasing severity of battering.

**Question
369**

Not answered

Marked out of
1.00

A nulliparous woman has had arrest of descent for the past 2 hours and arrest of dilation for the past 3 hours. The cervix is dilated to 7 cm and the vertex is at +1 station. Monitoring shows a normal pattern and adequate contractions. Fetal weight is estimated at 7.5 lb.

Select one:

- Oxytocin intravenously
- Epidural block
- Meperidine (Demerol) 100 mg intramuscularly
- Midforceps delivery
- Cesarean section

The correct answer is: Cesarean section

Question 370

Not answered

Marked out of
1.00

You see a 42-year-old patient in your office who is now 5 weeks pregnant with her fifth baby. She is very concerned regarding the risk of Down syndrome because of her advanced maternal age. After extensive genetic counseling, she has decided to undergo a second-trimester amniocentesis to determine the karyotype of her fetus. You must obtain informed consent prior to the procedure. During your discussion you should tell the patient which of the following?

Select one:

- Karyotyping may not be possible as cell culture failure of the amniocytes occurs frequently.
- Chorioamnionitis, although an uncommon complication of amniocentesis, can be treated with broad spectrum oral antibiotics.
- Fetal loss rate after amniocentesis is around 5%.
- Amniocentesis has not been associated with fetal limb reduction defects.
- Transient leakage of amniotic fluid is common after amniocentesis so she should not be concerned if she notices a watery vaginal discharge for a few days.

The correct answer is: Amniocentesis has not been associated with fetal limb reduction defects.

Question 371

Not answered

Marked out of
1.00

After making a diagnosis in the patient in question 319, you recommended that she wear loose clothing and cotton underwear and to stop using tampons. After 1 month she returns, reporting that her symptoms of intense burning and pain with intercourse have not improved. Which of the following treatment options is the best next step in treating this patient's problem?

Select one:

- Podophyllin
- Valtrex therapy
- Topical Xylocaine
- Topical trichloroacetic acid
- Surgical excision of the vestibular glands

The correct answer is: Topical Xylocaine

Question 372

Not answered

Marked out of
1.00

For the following methods of contraception, select the most appropriate rate of use effectiveness (percentage of pregnancies per year of actual patient use). Oral contraceptive

Select one:

- 15% to 25%
- 40%
- 5% to 15%
- 80%
- 3% to 10%

The correct answer is: 5% to 15%

Question 373

Not answered

Marked out of
1.00

Can arise from cranial tumors or hypothyroidism

Select one:

- Heterosexual precocious pseudopuberty
- Incomplete sexual precocity
- Precocity caused by gonadotropin-producing tumors
- True sexual precocity
- Isosexual precocious pseudopuberty

The correct answer is: True sexual precocity

Question 374

Not answered

Marked out of
1.00

A 7-year-old girl is brought in to see you by her mother because the girl has developed breasts and has a few pubic hairs starting to show up. Which of the following is the best treatment for the girl's condition?

Select one:

- GnRH agonists
- Clomiphene citrate
- No treatment; reassure the mother that pubertal symptoms at age 7 are normal
- Ethinyl estradiol
- Exogenous gonadotropins

The correct answer is: GnRH agonists

Question 375

Not answered

Marked out of
1.00

A 75-year-old G2P2 presents to your gynecology office for a routine examination. She tells you that she does not have an internist and does not remember the last time she had a physical examination. She says she is very healthy and denies taking any medication, including hormone replacement therapy. She has no history of abnormal Pap smears. She is a nonsmoker and has an occasional cocktail with her dinner. She does not have any com-plaints. In addition, she denies any family history of cancer. The patient tells you that she is a widow and lives alone in an apartment in town. Her grown children have families of their own and live far away. She states that she is self-sufficient and spends her time visiting friends and volunteering at a local museum. Her blood pressure is 140/70 mm Hg. Her height is 5 ft 4 in and she weighs 130 lb. Her physical examination is completely nor-mal. Which of the following are the most appropriate screening tests to order for this patient?

Select one:

- Pap smear, mammogram, and colonoscopy
- Pap smear and mammogram
- Mammogram, colonoscopy, and bone densitometry
- Mammogram, colonoscopy, bone densitometry, TB skin test, and auditory testing
- Mammogram, colonoscopy, bone densitometry, and TB skin test

The correct answer is: Mammogram, colonoscopy, and bone densitometry

Question 376

Not answered

Marked out of
1.00

A 65-year-old G3P3 presents to your office for annual checkup. She had her last well-woman examination 20 years before when she had a hysterectomy for fibroids. She denies any medical problems, except some occasional stiffness in her joints early in the morning. She takes a multivitamin daily. Her family history is significant for cardiac disease in both her parents and breast cancer in a maternal aunt at the age of 42 years. Her physical examination is normal. Which of the following is the most appropriate set of laboratory tests to order for this patient?

Select one:

- Lipid profile, fasting blood sugar, TSH, and CA-125
- Lipid profile, fasting blood sugar, TSH, and urinalysis
- Lipid profile, fasting blood sugar, and TSH
- Lipid profile and fasting blood sugar
- Lipid profile, fasting blood sugar, TSH, urinalysis, and CA-125

The correct answer is: Lipid profile, fasting blood sugar, TSH, and urinalysis

Question 377

Not answered

Marked out of
1.00

On pelvic examination of a patient in labor at 34 weeks, the patient is noted to be 6 cm dilated, completely effaced with the fetal nose and mouth palpable. The chin is pointing toward the maternal left hip. This is an example of which of the following?

Select one:

- Mentum transverse position
- Transverse lie
- Brow presentation
- Occiput transverse position
- Vertex presentation

The correct answer is: Mentum transverse position

Question 378

Not answered

Marked out of
1.00

A 34-year-old G3P2 delivers a baby by spontaneous vaginal delivery. She had scant prenatal care and no ultrasound, so she is anxious to know the sex of the baby. At first glance you notice female genitalia, but on closer examination the genitalia are ambiguous. Which of the following is the best next step in the evaluation of this infant?

Select one:

- Evaluation at 1 month of age
- Thorough physical examination
- Chromosomal analysis
- Pelvic ultrasound
- Laparotomy for gonadectomy

The correct answer is: Thorough physical examination

Question 379

Not answered

Marked out of
1.00

A 32-year-old G2P1001 at 20 weeks gestational age presents to the emergency room complaining of constipation and abdominal pain for the past 24 hours. The patient also admits to bouts of nausea and emesis since eating a very spicy meal at a new Thai restaurant the evening before. She denies a history of any medical problems. During her last pregnancy, the patient underwent an elective cesarean section at term to deliver a fetus in the breech presentation. The emergency room doctor who examines her pages you and reports that the patient has a low-grade fever of 37.7°C (100°F), with a normal pulse and blood pressure. She is minimally tender to deep palpation with hypoactive bowel sounds. She has no rebound tenderness. The patient has a WBC of 13,000, and electrolytes are normal. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Intravenous antiemetics should be ordered to treat the patient's hyperemesis gravidarum.
- The patient should be prepped for the operating room immediately to have an emergent appendectomy.
- The history and physical examination are consistent with constipation, which is commonly associated with pregnancy; the patient should be discharged with reassurance and instructions to give herself a soapsuds enema and follow a high-fiber diet with laxative use as needed.
- The patient should be sent to radiology for an upright abdominal x-ray.
- The patient should be reassured that her symptoms are a result of the spicy meal consumed the evening before and should be given Pepto-Bismol to alleviate the symptoms.

The correct answer is: The patient should be sent to radiology for an upright abdominal x-ray.

Question 380

Not answered

Marked out of
1.00

A 25-year-old G1P0 patient at 41 weeks presents to labor and delivery complaining of gross rupture of membranes and painful uterine contractions every 2 to 3 minutes. On digital examination, her cervix is 3 cm dilated and completely effaced with fetal feet palpable through the cervix. The estimated weight of the fetus is about 6 lb, and the fetal heart rate tracing is reactive. Which of the following is the best method to achieve delivery?

Select one:

- Perform an internal podalic version
- Deliver the fetus vaginally by breech extraction
- Deliver the baby vaginally after external cephalic version
- Perform an emergent cesarean section
- Perform a forceps-assisted vaginal delivery

The correct answer is: Perform an emergent cesarean section

Question 381

Not answered

Marked out of
1.00

A 44-year-old woman complains of urinary incontinence. She loses urine when she laughs, coughs, and plays tennis. Urodynamic studies are performed in the office with a multiple-channel machine. If this patient has genuine stress urinary incontinence, which of the following do you expect to see on the cystometric study?

Select one:

- Normal urethral pressure profile
- An abnormally short urethra
- First urge to void at 50 cc
- Multiple uninhibited detrusor contractions
- Total bladder capacity of 1000 cc

The correct answer is: Normal urethral pressure profile

Question 382

Not answered

Marked out of
1.00

A 22-year-old G1P0 presents to your clinic for follow-up of evacuation of a complete hydatidiform mole. She is asymptomatic and her examination is normal. Which of the following would be an indication to start single-agent chemotherapy?

Select one:

- Appearance of liver metastasis
- A rise in hCG titers
- Appearance of brain metastasis
- A plateau of hCG titers for 1 week
- Return of hCG titer to normal at 6 weeks after evacuation

The correct answer is: A rise in hCG titers

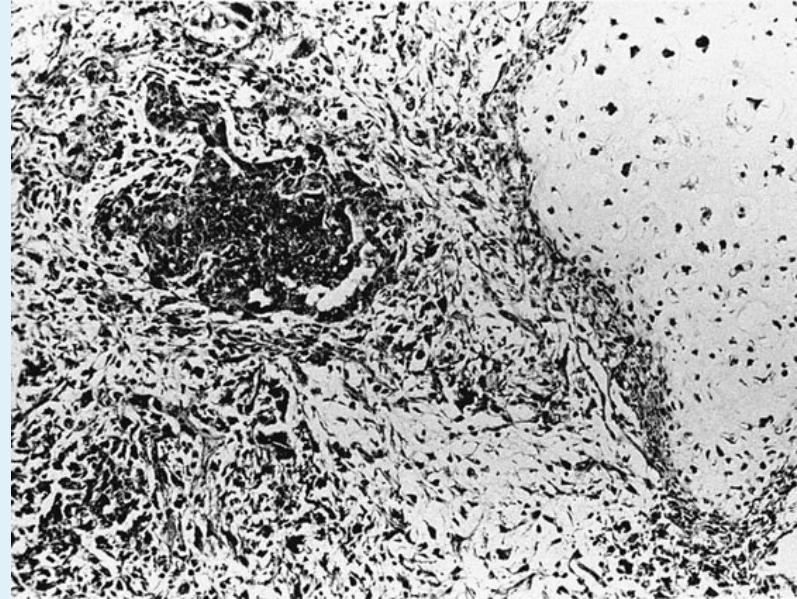
Question

383

Not answered

Marked out of
1.00

Match each figure with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Mature cystic teratoma
- Clear cell cancer of the endometrium
- Well-differentiated adenocarcinoma of the endometrium (FIGO I/III)
- Proliferative endometrium
- Choriocarcinoma
- Mixed Müllerian endometrial cancer
- Late secretory endometrium

The correct answer is: Mixed Müllerian endometrial cancer

Question

384

Not answered

Marked out of
1.00

A 25-year-old female in her first pregnancy delivers a 6-lb male infant at 38 weeks. The infant develops fever, vesicular rash, poor feeding, and listlessness at 1 week of age. What is the most likely cause of the infant's signs and symptoms?

Select one:

- Cytomegalovirus
- Hepatitis B
- Herpes simplex
- Listeria monocytogenes
- Group B streptococcus

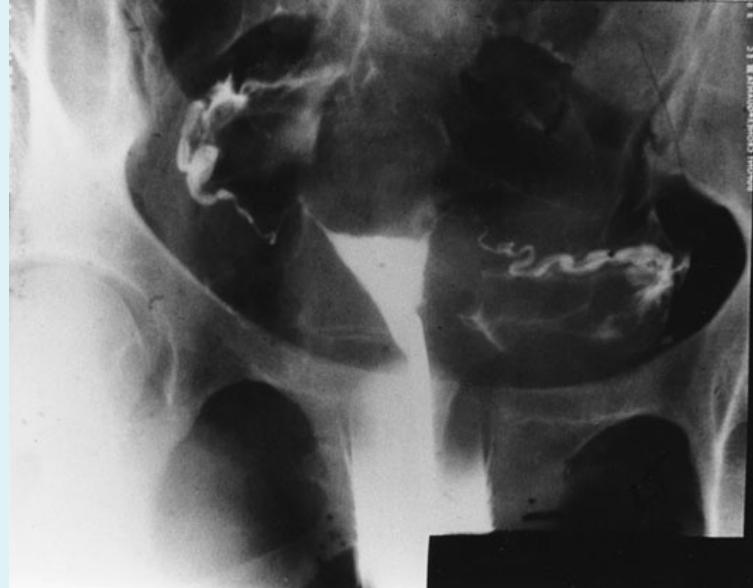
The correct answer is: Herpes simplex

Question
385

Not answered

Marked out of
1.00

Match each hysterosalpingogram with the correct description. Each lettered option may be used once, more than once, or not at all.



Select one:

- Bilateral normal spillage
- Salpingitis isthmica nodosa
- Unilateral hydrosalpinx with intrauterine adhesions
- Unilateral hydrosalpinx with a normal uterine cavity
- Bilateral proximal occlusion
- Bilateral hydrosalpinx

The correct answer is: Bilateral normal spillage

Question
386

Not answered

Marked out of
1.00

A 21-year-old woman presents with left lower quadrant pain. An anterior 7-cm firm adnexal cyst is palpated. Ultrasound confirms a complex left adnexal mass with solid components that appear to contain bone and teeth. What percentage of these tumors are bilateral?

Select one:

- 50%
- 2% to 3%
- 10% to 15%
- Less than 1%
- Greater than 75%

The correct answer is: 10% to 15%

Question 387

Not answered

Marked out of
1.00

A 22-year-old woman presents to your office for her well-woman examination and contraception. She has no medical problems or prior surgeries. She does not smoke or drink. Her vital signs and physical examination are normal. You explain the risks and benefits of combination oral contraceptive pills to the patient. She wants to know how they will keep her from getting pregnant. Which of the following mechanisms best explains the contraceptive effect of birth control pills that contain both synthetic estrogen and progestin?

Select one:

- Impairment of sperm transport caused by uterotubal obstruction
- Inhibition of ovulation
- Direct inhibition of oocyte maturation
- Production of uterine secretions that are toxic to developing embryos
- Impairment of implantation hyperplastic changes of the endometrium

The correct answer is: Inhibition of ovulation

Question 388

Not answered

Marked out of
1.00

During the evaluation of infertility in a 25-year-old female, a hysterosalpingogram showed evidence of Asherman syndrome. Which one of the following symptoms would you expect this patient to have?

Select one:

- Menorrhagia
- Metrorrhagia
- Oligomenorrhea
- Hypomenorrhea
- Dysmenorrhea

The correct answer is: Hypomenorrhea

Question 389

Not answered

Marked out of
1.00

For each situation involving oral contraceptives, select the most appropriate response. Pill forgotten for 1 day

Select one:

- Continue pills and use an additional form of contraception.
- Stop pills and resume after 7 days.
- Stop pills and seek a medical examination.
- Continue pills as usual.
- Take an additional pill.

The correct answer is: Take an additional pill.

Question**390**

Not answered

Marked out of
1.00

A 33-year-old woman at 10 weeks presents for her first prenatal examination. Routine labs are drawn and her hepatitis B surface antigen is positive. Liver function tests are normal and her hepatitis B core and surface antibody tests are negative. Which of the following is the best way to prevent neonatal infection?

Select one:

- Provide immune globulin and the hepatitis B vaccine to the neonate.
- Provide immune globulin to the mother.
- Perform a cesarean delivery at term.
- Provide hepatitis B vaccine to the mother.
- Provide hepatitis B vaccine to the neonate.

The correct answer is: Provide immune globulin and the hepatitis B vaccine to the neonate.

Question**391**

Not answered

Marked out of
1.00

A 39-year-old G3P3 presents for her postpartum examination and desires a long-term contraceptive method, but is unsure if she wants sterilization. She has been happily married for 15 years and denies any sexually transmitted diseases. Her past medical history is significant for mild hypertension, for which she takes a low-dose diuretic. She is considering an intrauterine device and wants to know how it works. Which of the following is the best explanation for the mechanism of the action of the intrauterine device (IUD)?

Select one:

- Cervical mucus is rendered impenetrable to migrating sperm.
- A sterile inflammatory response of the endometrium prevents implantation.
- Hyperperistalsis of the fallopian tubes accelerates oocyte transport and prevents fertilization.
- Premature endometrial sloughing associated with menorrhagia causes early abortion.
- A subacute or chronic bacterial endometritis interferes with implantation.

The correct answer is: A sterile inflammatory response of the endometrium prevents implantation.

Question**392**

Not answered

Marked out of
1.00

An 18-year-old college student, who has recently become sexually active, is seen for severe primary dysmenorrhea. She does not want to get pregnant, and has failed to obtain resolution with heating pads and mild analgesics. Which of the following medications is most appropriate for this patient?

Select one:

- Narcotic analgesics
- Oral contraceptives
- Prostaglandin inhibitors
- Oxytocin
- Luteal progesterone

The correct answer is: Oral contraceptives

Question**393**

Not answered

Marked out of
1.00

A 24-year-old primigravid woman, at term, has been in labor for 16 hours and has been dilated to 9 cm for 3 hours. The fetal vertex is in the right occiput posterior position, at +1 station, and molded. There have been mild late decelerations for the past 30 minutes. Twenty minutes ago, the fetal scalp pH was 7.27; it is now 7.20.

Select one:

- Midforceps rotation
- Internal version
- Classic cesarean section
- External version
- Low transverse cesarean section

The correct answer is: Low transverse cesarean section

Question**394**

Not answered

Marked out of
1.00

A 32-year-old G5 delivers a stillborn fetus at 34 weeks. The placenta is noted to be much larger than normal. The fetus appeared hydropic and had petechiae over much of the skin. What is the most likely causative agent?

Select one:

- Parvovirus
- Rubella virus
- Varicella zoster
- Herpes simplex
- T. pallidum

The correct answer is: T. pallidum

Question**395**

Not answered

Marked out of
1.00

A 29-year-old G0 comes to your office complaining of a vaginal discharge for the past 2 weeks. The patient describes the discharge as thin in consistency and of a grayish white color. She has also noticed a slight fishy vaginal odor that seems to have started with the appearance of the discharge. She denies any vaginal or vulvar pruritus or burning. She admits to being sexually active in the past, but has not had intercourse during the past year. She denies a history of any sexually transmitted diseases. She is currently on no medications with the exception of her birth control pills. Last month she took a course of amoxicillin for treatment of a sinusitis. On physical examination, the vulva appears normal. There is a discharge present at the introitus. A copious, thin, whitish discharge is in the vaginal vault and adherent to the vaginal walls. The vaginal pH is 5.5. The cervix is not inflamed and there is no cervical discharge. Wet smear of the discharge indicates the presence of clue cells. Which of the following is the most likely diagnosis? In the patient described in the question above, which of the following is the best treatment?

Select one:

- Ampicillin 500 mg PO twice daily for 1 week
- Doxycycline 100 mg PO twice daily for 1 week
- Metronidazole 500 mg PO twice daily for 1 week
- Reassurance
- Oral Diflucan

The correct answer is: Metronidazole 500 mg PO twice daily for 1 week

Question**396**

Not answered

Marked out of
1.00

In an amenorrheic patient who has had pituitary ablation for a craniopharyngioma, which of the following regimens is most likely to result in an ovulatory cycle?

Select one:

- Continuous infusion of GnRH
- Human menopausal or recombinant gonadotropin followed by human chorionic gonadotropin (hCG)
- Pulsatile infusion of GnRH
- Human menopausal or recombinant gonadotropin
- Clomiphene citrate

The correct answer is: Human menopausal or recombinant gonadotropin followed by human chorionic gonadotropin (hCG)

Question 397

Not answered

Marked out of
1.00

During routine ultrasound surveillance of a twin pregnancy, twin A weighs 1200 g and twin B weighs 750 g. Hydramnios is noted around twin A, while twin B has oligohydramnios. Which statement concerning the ultrasound findings in this twin pregnancy is true?

Select one:

- The donor twin is more likely to develop widespread thromboses.
- Gross differences may be observed between donor and recipient placentas.
- The donor twin often develops polycythemia.
- The donor twin develops hydramnios more often than does the recipient twin.
- The donor twin usually suffers from a hemolytic anemia.

The correct answer is: Gross differences may be observed between donor and recipient placentas.

Question**398**

Not answered

Marked out of
1.00

A 36-year-old woman drops by your office unexpectedly and wants to be seen for chronic pelvic pain. She has seen you in the past for well-woman examinations and has been treated for chlamydia. She smokes and drinks socially. She has no medical problems or prior surgeries. During questioning her about her chief complaint, she reveals that she was sexually assaulted last night at a club after having drinks with some girlfriends. You attempt to take detailed history of the assault; however, the woman's memory seems cloudy and inconsistent. Her physical examination is unremarkable. The victim's inability to think clearly and remember things is best explained by which of the following?

Select one:

- Head injury
- Alcohol use
- Secondary gain
- Rape trauma syndrome
- Illicit drug use

The correct answer is: Rape trauma syndrome

Question

399

Not answered

Marked out of
1.00

In the evaluation of a 26-year-old patient with 4 months of secondary amenorrhea, you order serum prolactin and β -hCG assays. The β -hCG test is positive, and the prolactin level is 100 ng/mL (normal is < 25 ng/mL in non-pregnant women in this assay). This patient requires which of the following?

Select one:

- Bromocriptine to suppress prolactin
- Computed tomography (CT) scan of her sella turcica to rule out pituitary adenoma
- Repeat measurements of serum prolactin to ensure that values do not increase more than 300 ng/mL
- Evaluation for possible hypothyroidism
- Routine obstetric care

The correct answer is: Routine obstetric care

Question

400

Not answered

Marked out of
1.00

A 38-year-old G6P4 is brought to the hospital by ambulance for vaginal bleeding at 34 weeks. She undergoes an emergency cesarean delivery for fetal bradycardia under general anesthesia. In the recovery room 4 hours after her surgery, the patient develops respiratory distress and tachycardia. Lung examination reveals rhonchi and rales in the right lower lobe. Oxygen therapy is initiated and chest x-ray is ordered. Which of the following is most likely to have contributed to her condition?

Select one:

- Endotracheal intubation
- Extubation with the patient in the semierect position (semi-Fowler position)
- Fasting during labor
- Extubation with the patient in the lateral recumbent position with her head lowered
- Antacid medications prior to anesthesia

The correct answer is: Extubation with the patient in the semierect position (semi-Fowler position)

Question 401

Not answered

Marked out of
1.00

A 37-year-old G4P2 presents to your office for new OB visit at 8 weeks. In a prior pregnancy, the fetus had multiple congenital anomalies consistent with trisomy 18, and the baby died shortly after birth. The mother is worried that the current pregnancy will end the same way, and she wants testing performed to see whether this baby is affected. Which of the following can be used for chromosome analysis of the fetus?

Select one:

- Maternal serum screen
- Biophysical profile
- Chorionic villus sampling
- Fetal umbilical Doppler velocimetry
- Nuchal translucency

The correct answer is: Chorionic villus sampling

Question
402

Not answered

Marked out of
1.00

For each ultrasonogram, select one diagnosis or diagnostic indicator. Each lettered option may be used once, more than once, or not at all.



Select one:

- Obstructed urethra and bladder
- Indication of highest likelihood of a chromosomal abnormality
- Common marker for trisomies 18 and 21
- Nonspinal marker for spina bifida
- Hydrocephalus
- Osteogenesis imperfecta
- Spina bifida with meningocele
- Marker for Down syndrome (trisomy 21)
- Anencephaly
- Prune belly syndrome
- Mesomelic dwarfism

The correct answer is: Indication of highest likelihood of a chromosomal abnormality

**Question
403**

Not answered
Marked out of
1.00

A 51-year-old woman G3P3 presents to your office with a 6-month history of amenorrhea. She complains of debilitating hot flushes that awaken her at night; she wakes up the next day feeling exhausted and irritable. She tells you she has tried herbal supplements for her hot flushes, but nothing has worked. She is interested in beginning hormone replacement therapy (HRT), but is hesitant to do so because of its possible risks and side effects. The patient is very healthy. She denies any medical problems and is not taking any medication except calcium supplements. She has a family history of osteoporosis. Her height is 5 ft 5 in and her weight is 115 lb. In counseling the patient regarding the risks and benefits of hormone replacement therapy, you should tell her that HRT (estrogen and progesterone) has been associated with which of the following?

Select one:

- An increased risk of malignant melanoma
- An increased risk of colon cancer
- An increased risk of thromboembolic events
- An increased risk of developing Alzheimer disease
- An increased risk of uterine cancer

The correct answer is: An increased risk of thromboembolic events

**Question
404**

Not answered
Marked out of
1.00

Which of the following is not a requirement for hospitals according to the Federal Patient Self-Determination Act?

Select one:

- To allow patients to decide who has the right to make decisions for them
- To prohibit discrimination in care provided to a patient on the basis of the patient's advanced directive
- To provide all adults with information about their right to accept or refuse treatment in the event of life-threatening conditions
- To require donation of organs after death
- To state the institution's policy on advance directives

The correct answer is: To require donation of organs after death

Question**405**

Not answered

Marked out of
1.00

A 49-year-old G4P4 presents to your office complaining of a 2-month history of leakage of urine every time she exercises. She has had to limit her physical activities because of the loss of urine. She has had burning with urination and some blood in her urine for the past few days. Which of the following is the best next step in the evaluation and management of this patient?

Select one:

- Placement of a pessary
- Office cystometrics
- Cystoscopy
- Urinalysis with urine culture
- Physical examination

The correct answer is: Physical examination

Question**406**

Not answered

Marked out of
1.00

A 27-year-old G2P1 at 38 weeks gestation was admitted in active labor at 4 cm dilated; spontaneous rupture of membranes occurred prior to admission. She has had one prior uncomplicated vaginal delivery and denies any medical problems or past surgery. She reports an allergy to sulfa drugs. Currently, her vital signs are normal and the fetal heart rate tracing is reactive. Her prenatal record indicates that her Group B streptococcus (GBS) culture at 36 weeks was positive. What is the recommended antibiotic for prophylaxis during labor?

Select one:

- Cefazolin
- Penicillin
- Vancomycin
- Erythromycin
- Clindamycin

The correct answer is: Penicillin

Question**407**

Not answered

Marked out of
1.00

During the evaluation of secondary amenorrhea in a 24-year-old woman, hyperprolactinemia is diagnosed. Which of the following conditions could cause increased circulating prolactin concentration and amenorrhea in this patient?

Select one:

- Stress
- Polycystic ovarian disease
- Anorexia nervosa
- Congenital adrenal hyperplasia
- Primary hyperthyroidism

The correct answer is: Stress

**Question
408**

Not answered

Marked out of
1.00

You are asked to assist in the well-born nursery with neonatal care. Which of the following is a part of routine care in a healthy infant?

Select one:

- Administration of ceftriaxone cream to the eyes for prophylaxis for gonorrhea and chlamydia
- Administration of hepatitis B vaccination for routine immunization
- Cool-water bath to remove vernix
- Administration of vitamin A to prevent bleeding problems
- Placement of a computer chip in left buttock for identification purposes

The correct answer is: Administration of hepatitis B vaccination for routine immunization

**Question
409**

Not answered

Marked out of
1.00

You are following a 38-year-old G2P1 at 39 weeks in labor. She has had one prior vaginal delivery of a 3800-g infant. One week ago, the estimated fetal weight was 3200 g by ultrasound. Over the past 3 hours her cervical examination remains unchanged at 6 cm. Fetal heart rate tracing is reactive. An intrauterine pressure catheter (IUPC) reveals two contractions in 10 minutes with amplitude of 40 mm Hg each. Which of the following is the best management for this patient?

Select one:

- Ambulation
- Sedation
- Administration of oxytocin
- Cesarean section
- Expectant

The correct answer is: Administration of oxytocin

Question 410

Not answered

Marked out of
1.00

A 70-year-old woman presents for evaluation of a pruritic lesion on the vulva. Examination shows a white, friable lesion on the right labia majora that is 3 cm in diameter. No other suspicious areas are noted. Biopsy of the lesion confirms squamous cell carcinoma. In this patient, lymphatic drainage characteristically would be first to which of the following nodes?

Select one:

- Deep femoral lymph nodes
- External iliac lymph nodes
- Periaortic nodes
- Internal iliac nodes
- Superficial inguinal lymph nodes

The correct answer is: Superficial inguinal lymph nodes

Question 411

Not answered

Marked out of
1.00

A 24-year-old G1P1 presents for her routine postpartum visit 6 weeks after an uncomplicated vaginal delivery. She states that she is having problems sleeping and is feeling depressed over the past 2 to 3 weeks. She reveals that she cries on most days and feels anxious about taking care of her newborn son. She denies any weight loss or gain, but states she doesn't feel like eating or doing any of her normal activities. She denies suicidal or homicidal ideation. Which of the following is true regarding this patient's condition?

Select one:

- A history of depression is not a risk factor for developing postpartum depression.
- Young, multiparous patients are at highest risk.
- Prenatal preventive intervention for patients at high risk for postpartum depression is best managed alone by a mental health professional.
- About 8% to 15% of women develop postpartum depression.
- Postpartum depression is a self-limiting process that lasts for a maximum of 3 months.

The correct answer is: About 8% to 15% of women develop postpartum depression.

Question 412

Not answered

Marked out of
1.00

A 31-year-old G3P3 Jehovah's Witness begins to bleed heavily 2 days after a cesarean section. She refuses transfusion and says that she would rather die than receive any blood or blood products. You personally feel that you cannot do nothing and watch her die. Appropriate actions that you can take under these circumstances include which of the following?

Select one:

- Letting her die, giving only supportive care
- Getting a court order and transfusing
- Having the patient's husband sign a release to forcibly transfuse her
- Telling the patient to find another physician who will care for her
- Transfusing her forcibly

The correct answer is: Letting her die, giving only supportive care

Question 413

Not answered

Marked out of
1.00

A 30-year-old woman presents to your office with the fear of developing ovarian cancer. Her 70-year-old grandmother recently died from ovarian cancer. You discuss with her the risk factors and prevention for ovarian cancer. Which of the following can decrease a woman's risk of ovarian cancer?

Select one:

- Ovulation induction medications
- Menopause after age 55
- Nulliparity
- Nonsteroidal anti-inflammatory drugs
- Use of combination oral contraceptive therapy

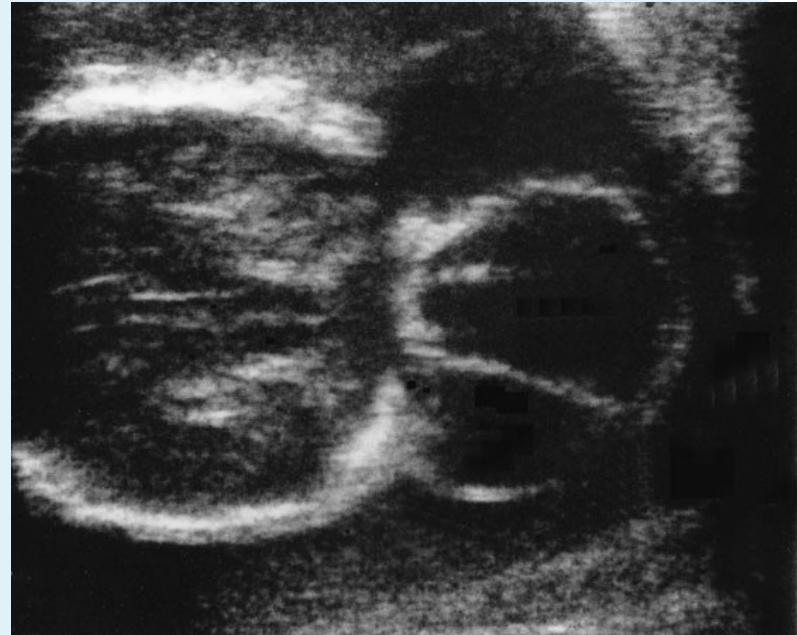
The correct answer is: Use of combination oral contraceptive therapy

Question 414

Not answered

Marked out of
1.00

A 31-year-old G1P0 presents to your office at 22 weeks gestation for a second opinion. She was told that her baby has a birth defect. She has copies of the ultrasound films and asks you to review them for her. The ultrasound image below shows the birth defect. Which of the following is the most likely defect?



Select one:

- Encephalocele
- Anencephaly
- Cystic hygroma
- Hydrocephaly
- Omphalocele

The correct answer is: Encephalocele

Question 415

Not answered

Marked out of
1.00

The shortest distance between the sacral promontory and the symphysis pubis is called which of the following?

Select one:

- Diagonal conjugate
- True conjugate
- Obstetric (OB) conjugate
- Biparietal diameter
- Interspinous diameter

The correct answer is: Obstetric (OB) conjugate

Question 416

Not answered

Marked out of
1.00

You are making rounds on a 29-year-old G1P1 who underwent an uncomplicated vaginal delivery at term on the previous day. The patient is still very confused about whether she wants to breast-feed. She is a very busy lawyer and is planning on going back to work in 4 weeks, and she does not think that she has the time and dedication that breast-feeding requires. She asks you what you think is best for her to do. Which of the following is an accurate statement regarding breast-feeding?

Select one:

- Breast-feeding is associated with a decreased incidence of sudden infant death syndrome.
- Breast-feeding decreases the time to return of normal menstrual cycles.
- Breast-feeding is associated with a decreased incidence of childhood attention deficit disorder.
- Breast-feeding is a poor source of nutrients for required infant growth.
- Breast-feeding is associated with an increased incidence of childhood obesity.

The correct answer is: Breast-feeding is associated with a decreased incidence of sudden infant death syndrome.

Question 417

Not answered

Marked out of
1.00

Fetal death at 15 weeks gestation without expulsion of any fetal or maternal tissue for at least 8 weeks.

Select one:

- Missed abortion
- Complete abortion
- Threatened abortion
- Inevitable abortion
- Incomplete abortion

The correct answer is: Missed abortion

Question 418

Not answered

Marked out of
1.00

A pregnant woman who is 7 weeks from her LMP comes in to the office for her first prenatal visit. Her previous pregnancy ended in a missed abortion in the first trimester. The patient therefore is very anxious about the well-being of this pregnancy. Which of the following modalities will allow you to best document fetal heart action?

Select one:

- Special fetal Doppler equipment
- Transvaginal sonogram
- Transabdominal pelvic sonogram
- Fetoscope
- Regular stethoscope

The correct answer is: Transvaginal sonogram

Question 419

Not answered

Marked out of
1.00

Characterized by the presence of premature adrenarche, pubarche, or thelarche

Select one:

- True sexual precocity
- Isosexual precocious pseudopuberty
- Precocity caused by gonadotropin-producing tumors
- Incomplete sexual precocity
- Heterosexual precocious pseudopuberty

The correct answer is: Incomplete sexual precocity

Question 420

Not answered

Marked out of
1.00

For each situation involving oral contraceptives, select the most appropriate response. Pill forgotten for 3 continuous days

Select one:

- Stop pills and resume after 7 days.
- Continue pills as usual.
- Take an additional pill.
- Continue pills and use an additional form of contraception.
- Stop pills and seek a medical examination.

The correct answer is: Continue pills and use an additional form of contraception.

Question 421

Not answered

Marked out of
1.00

While you are on call at the hospital covering labor and delivery, a 32-year-old G3P2002, who is 35 weeks of gestation, presents complaining of lower back pain. The patient informs you that she had been lifting some heavy boxes while fixing up the baby's nursery. The patient's pregnancy has been complicated by diet-controlled gestational diabetes. The patient denies any regular uterine contractions, rupture of membranes, vaginal bleeding, or dysuria. She denies any fever, chills, nausea, or emesis. She reports that the baby has been moving normally. She is afebrile and her blood pressure is normal. On physical examination, you note that the patient is obese. Her abdomen is soft and nontender with no palpable uterine contractions. No costovertebral angle tenderness can be elicited. On pelvic examination her cervix is long and closed. The external fetal monitor indicates a reactive fetal heart rate strip; there are rare irregular uterine contractions demonstrated on the tocometer. The patient's urinalysis comes back with trace glucose, but is otherwise negative. The patient's most likely diagnosis is which of the following?

Select one:

- Round ligament pain
- Chorioamnionitis
- Urinary tract infection
- Musculoskeletal pain
- Labor

The correct answer is: Musculoskeletal pain

Question 422

Not answered

Marked out of
1.00

While evaluating a 30-year-old woman for infertility, you diagnose a bicornuate uterus. You explain that additional testing is necessary because of the woman's increased risk of congenital anomalies in which organ system?

Select one:

- Urinary
- Tracheoesophageal
- Hematopoietic
- Skeletal
- Central nervous

The correct answer is: Urinary

**Question
423**

Not answered
Marked out of
1.00

A healthy 23-year-old G1P0 has had an uncomplicated pregnancy to date. She is disappointed because she is 40 weeks gestational age by good dates and a first-trimester ultrasound. She feels like she has been pregnant forever, and wants to have her baby now. The patient reports good fetal movement; she has been doing kick counts for the past several days and reports that the baby moves about eight times an hour on average. On physical examination, her cervix is firm, posterior, 50% effaced, and 1 cm dilated, and the vertex is at a-1 station. As her obstetrician, which of the following should you recommend to the patient?

Select one:

- She should be admitted for an immediate cesarean section.
- You will schedule a cesarean section in 1 week if she has not undergone spontaneous labor in the meantime.
- She should be admitted for Pitocin induction.
- She should continue to monitor kick counts and to return to your office in 1 week to reassess the situation.

The correct answer is: She should continue to monitor kick counts and to return to your office in 1 week to reassess the situation.

**Question
424**

Not answered
Marked out of
1.00

An 18-year-old patient presents to you for evaluation because she has not yet started her period. On physical examination, she is 5 ft 7 in tall. She has minimal breast development and no axillary or pubic hair. On pelvic examination, she has a normally developed vagina. A cervix is visible. The uterus is palpable, as are normal ovaries. Which of the following is the best next step in the evaluation of this patient?

Select one:

- Draw her blood for TSH, FSH, and LH levels.
- Order an MRI of the brain to evaluate the pituitary gland.
- Prescribe a progesterone challenge to see if she will have a withdrawal bleed.
- Test her sense of smell.
- Draw her blood for a karyotype.

The correct answer is: Test her sense of smell.

**Question
425**

Not answered

Marked out of
1.00

A 32-year-old G2P1 at 28 weeks gestation presents to labor and delivery with the complaint of vaginal bleeding. Her vital signs are: blood pressure 115/67 mm Hg, pulse 87 beats per minute, temperature 37.0°C, respiratory rate 18 breaths per minute. She denies any contraction and states that the baby is moving normally. On ultrasound the placenta is ante- riorly located and completely covers the internal cervical os. Which of the following would most increase her risk for hysterectomy?

Select one:

- Development of disseminated intravascular coagulopathy (DIC)
- Smoking
- Prior vaginal delivery
- Desire for sterilization
- Placenta accreta

The correct answer is: Placenta accreta

**Question
426**

Not answered

Marked out of
1.00

A 53-year-old postmenopausal woman, G3P3, presents for evaluation of troublesome urinary leakage 6 weeks in duration. Which of the following is the most appropriate first step in this patient's evaluation?

Select one:

- Urethrocystoscopy
- Urinalysis and culture
- Urethral pressure profiles
- Intravenous pyelogram
- Cystourethrogram

The correct answer is: Urinalysis and culture

Question 427

Not answered

Marked out of
1.00

You are called in to evaluate the heart of a 19-year-old primigravida at term. Listening carefully to the heart, you determine that there is a split S1, normal S2, S3 easily audible with a 2/6 systolic ejection murmur greater during inspiration, and a soft diastolic murmur. You immediately recognize which of the following?

Select one:

- The presence of the S3 is abnormal.
- Diastolic murmurs are rare in pregnant women.
- All findings recorded are normal changes in pregnancy.
- The systolic ejection murmur is unusual in a pregnant woman at term.
- The combination of a prominent S3 and soft diastolic murmur is a significant abnormality.

The correct answer is: All findings recorded are normal changes in pregnancy.

Question
428

Not answered
Marked out of
1.00

A 27-year-old woman (G3P2) comes to the delivery floor at 37 weeks gestation. She has had no prenatal care. She complains that, on bending down to pick up her 2-year-old child, she experienced sudden, severe back pain that now has persisted for 2 hours. Approximately 30 minutes ago she noted bright red blood coming from her vagina. By the time she arrives at the delivery floor, she is contracting strongly every 3 minutes; the uterus is quite firm even between contractions. By abdominal palpation, the fetus is vertex with the head deeply engaged. Fetal heart rate is 130 beats per minutes. The fundus is 38 cm above the symphysis. Blood for clotting is drawn, and a clot forms in 4 minutes. Clotting studies are sent to the laboratory. Which of the following actions can most likely wait until the patient is stabilized?

Select one:

- Preparing for cesarean section
- Stabilizing maternal circulation
- Administering oxytocin
- Inserting an intrauterine pressure catheter
- Attaching a fetal electronic monitor

The correct answer is: Administering oxytocin

Question
429

Not answered
Marked out of
1.00

A 25-year-old G1P0 presents to your office for a routine return OB visit at 30 weeks. On listening to the fetal heart tones, you notice that the patient has a number of bruises on the abdomen. You ask the patient what happened, and she tells you the bruises resulted from a fall she suffered several days earlier, when she slipped on the stairs. The patient returns to your office 3 weeks later for another routine visit, and you note that she has a broken arm in a cast. She states that she fell again. You question her about physical abuse and the patient begins crying and reveals a long-standing history of abuse by her husband. Which of the following is the most likely reason for upper extremity injury in this patient?

Select one:

- Injury related to striking back at her husband
- Defensive injury
- Injury from being restrained
- Fall from being pushed
- Self-inflicted wounds

The correct answer is: Defensive injury

Question**430**

Not answered

Marked out of
1.00

A 32-year-old women presents to the emergency room complaining of severe lower abdominal pain. She says she was diagnosed with pelvic inflammatory disease by her gynecologist last month, but did not take the medicine that she was prescribed because it made her throw up. She has had fevers on and off for the past 2 weeks. In the emergency room, the patient has a temperature of 38.3°C (101°F). Her abdomen is diffusely tender, but more so in the lower quadrants. She has diminished bowel sounds. On bimanual pelvic examination, bilateral adnexal masses are palpated. The patient is sent to the ultrasound department, and a transvaginal pelvic ultrasound demonstrates bilateral tubo-ovarian abscesses. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Admit the patient for emergent laparoscopic drainage of the abscesses.
- Send the patient home and arrange for intravenous antibiotics to be administered by a home health agency.
- Call interventional radiology to perform CT-guided percutaneous drainage of the abscesses.
- Admit the patient for exploratory laparotomy, TAH/BSO.
- Admit the patient for intravenous antibiotic therapy.

The correct answer is: Admit the patient for intravenous antibiotic therapy.

Question**431**

Not answered

Marked out of
1.00

A 34-year-old G1P1 who delivered her first baby 5 weeks ago calls your office and asks to speak with you. She tells you that she is feeling very overwhelmed and anxious. She feels that she cannot do anything right and feels sad throughout the day. She tells you that she finds herself crying all the time and is unable to sleep at night. Which of the following is the most likely diagnosis?

Select one:

- Bipolar disease
- Maternity blues
- Postpartum blues
- Postpartum psychosis
- Postpartum depression

The correct answer is: Postpartum depression

**Question
432**

Not answered

Marked out of
1.00

A physician is being sued for malpractice by the parents of a baby born with cerebral palsy. Which of the following is not a prerequisite for finding the physician guilty of malpractice?

Select one:

- The physician failed to give expert care to the patient.
- The physician owed a duty to the patient.
- A doctor—patient relationship was established.
- The physician breached a duty to the patient.
- The breach of duty caused damage to the plaintiff.

The correct answer is: The physician failed to give expert care to the patient.

**Question
433**

Not answered

Marked out of
1.00

A 32-year-old G1 at 10 weeks gestation presents for her routine OB visit. She is worried about her pregnancy because she has a history of insulin-requiring diabetes since the age of 18. Prior to becoming pregnant, her endocrinologist diagnosed her with microalbuminuria. She has had photo laser ablation of retinopathy in the past. Which diabetic complication is most likely to be worsened by pregnancy?

Select one:

- Benign retinopathy
- Proliferative retinopathy
- Gastroparesis
- Nephropathy
- Neuropathy

The correct answer is: Proliferative retinopathy

**Question
434**

Not answered

Marked out of
1.00

A 48-year-old woman presents to your office with the complaint of vaginal dryness during intercourse. She denies any medical problems or prior surgeries and does not take any medications. She still has regular menstrual cycles every 28 days. She denies any sexually transmitted diseases. She describes her sexual relationship with her husband as satisfying. Her physical examination is normal. Components of the natural lubrication produced by the female during sexual arousal and intercourse include which of the following?

Select one:

- Uterotubal fluid
- Mucus produced by endocervical glands
- Transudate-like material from the vaginal walls
- Fluid from Skene glands
- Viscous fluid from Bartholin glands

The correct answer is: Transudate-like material from the vaginal walls

**Question
435**

Not answered
Marked out of
1.00

A 28-year-old G3P0 has a history of severe menstrual cramps, prolonged, heavy periods, chronic pelvic pain, and painful intercourse. All of her pregnancies were spontaneous abortions in the first trimester. A hysterosalpingogram (HSG) she just had as part of the evaluation for recurrent abortion showed a large uterine septum. You have recommended surgical repair of the uterus. Of the patient's symptoms, which is most likely to be corrected by resection of the uterine septum?

Select one:

- Habitual abortion
- Chronic pelvic pain
- Dyspareunia
- Menometrorrhagia
- Dysmenorrhea

The correct answer is: Habitual abortion

**Question
436**

Not answered
Marked out of
1.00

A 36-year-old woman presents to the emergency room complaining of pelvic pain, fever, and vaginal discharge. She has had nausea and vomiting and cannot tolerate liquids at the time of her initial evaluation. The emergency room physician diagnoses her with pelvic inflammatory disease and asks you to admit her for treatment. Which of the following is the most appropriate initial antibiotic treatment regimen for this patient?

Select one:

- Ceftriaxone 250 mg IM plus doxycycline 100 mg PO twice daily for 14 days
- Clindamycin 450 mg IV every 8 hours plus gentamicin 1 mg/kg load followed by 1 mg/kg every 12 hours
- Ofloxacin 400 mg PO twice daily for 14 days plus Flagyl 500 mg PO twice daily for 14 days
- Doxycycline 100 mg PO twice daily for 14 days
- Cefoxitin 2 g IV every 6 hours with doxycycline 100 mg IV twice daily

The correct answer is: Cefoxitin 2 g IV every 6 hours with doxycycline 100 mg IV twice daily

Question 437

Not answered

Marked out of
1.00

A 28-year-old G1 at 38 weeks had a normal progression of her labor. She has an epidural and has been pushing for 2 hours. The fetal head is direct occiput anterior at +3 station. The fetal heart rate tracing is 150 beats per minute with variable decelerations. With the patient's last push the fetal heart rate had a prolonged deceleration to the 80s for 3 minutes. You recommend forceps to assist the delivery owing to the nonreassuring fetal heart rate tracing. Compared to the use of the vacuum extractor, forceps are associated with an increased risk of which of the following neonatal complications?

Select one:

- Corneal abrasions
- Retinal hemorrhage
- Intracranial hemorrhage
- Jaundice
- Cephalohematoma

The correct answer is: Corneal abrasions

Question 438

Not answered

Marked out of
1.00

Your 25-year-old patient is pregnant at 36 weeks gestation. She has an acute urinary tract infection (UTI). Which of the following medications is contraindicated in the treatment of the UTI in this patient?

Select one:

- Amoxicillin/clavulanate
- Ampicillin
- Nitrofurantoin
- Cephalexin
- Trimethoprim/sulfamethoxazole

The correct answer is: Trimethoprim/sulfamethoxazole

Question 439

Not answered

Marked out of
1.00

One day after a casual sexual encounter with a bisexual man recently diagnosed as antibody-positive for human immunodeficiency virus (HIV), a patient is concerned about whether she may have become infected. A negative antibody titer is obtained. To test for seroconversion, when is the earliest you should reschedule repeat antibody testing after the sexual encounter?

Select one:

- 3 to 4 weeks
- 12 to 15 weeks
- 1 to 2 weeks
- 4 to 10 weeks
- 26 to 52 weeks

The correct answer is: 4 to 10 weeks

**Question
440**

Not answered
Marked out of
1.00

You have just performed diagnostic laparoscopy on a patient with chronic pelvic pain and dyspareunia. The patient had multiple implants of endometriosis on the uterosacral ligaments and ovaries and several on the rectosigmoid colon. At the time of the procedure, you ablated all of the visible lesions on the peritoneal surfaces with the CO₂ laser. But because of the extent of the patient's disease, you recommend postoperative medical treatment. Which of the following medications is the best option for the treatment of this patient's endometriosis?

Select one:

- Continuous unopposed oral estrogen
- Danazol
- Gonadotropins
- Dexamethasone
- Parlodel

The correct answer is: Danazol

Question 441

Not answered
Marked out of
1.00

A 27-year-old G4P3 at 37 weeks presents to the hospital with heavy vaginal bleeding and painful uterine contractions. Quick bedside ultrasound reveals a fundal placenta. The patient's vital signs are blood pressure 140/92 mm Hg, pulse 118 beats per minute, respiratory rate 20 breaths per minute, and temperature 37°C (98.6°F). The fetal heart rate tracing reveals tachycardia with decreased variability and a few late decelerations. An emergency cesarean section delivers a male infant with Apgar scores of 4 and 9. With delivery of the placenta, a large retroplacental clot is noted. The patient becomes hypotensive, and bleeding is noted from the wound edges and her IV catheter sites. She requires 12 units of packed red blood cells and fresh frozen plasma for resuscitation. After a short stay in the intensive care unit the patient recovers. When can long-term complications related to sequela of postpartum hemorrhage first be noted?

Select one:

- 1 month postpartum
- 6 month postpartum
- 6 hours postpartum
- 1 week postpartum
- 1 year postpartum

The correct answer is: 1 week postpartum

Question**442**

Not answered

Marked out of
1.00

A 28-year-old woman presents to your office with symptoms of a urinary tract infection. This is her second infection in 2 months. You treated the last infection with Bactrim DS for 3 days. Her symptoms never really improved. Now she has worsening lower abdominal discomfort, dysuria, and frequency. She has had no fever or flank pain. Physical examination shows only mild suprapubic tenderness. Which of the following is the best next step in the evaluation of this patient?

Select one:

- CT scan of the abdomen with contrast
- Intravenous pyelogram
- Cystoscopy
- Urine culture
- Wet smear

The correct answer is: Urine culture

Question**443**

Not answered

Marked out of
1.00

A 20-year-old G1P0 presents to your clinic for follow-up for a suction dilation and curettage for an incomplete abortion. She is asymptomatic without any vaginal bleeding, fever, or chills. Her examination is normal. The pathology report reveals trophoblastic proliferation and hydropic degeneration with the absence of vasculature; no fetal tissue is identified. A chest x-ray is negative for any evidence of metastatic disease. Which of the following is the best next step in her management?

Select one:

- Combination chemotherapy
- Weekly human chorionic gonadotropin (hCG) titers
- Radiation therapy
- Hysterectomy
- Single-agent chemotherapy

The correct answer is: Weekly human chorionic gonadotropin (hCG) titers

**Question
444**

Not answered

Marked out of
1.00

During the routine examination of the umbilical cord and placenta after a spontaneous vaginal delivery, you notice that the baby had only one umbilical artery. Which of the following is true regarding the finding of a single umbilical artery?

Select one:

- It is equally common in newborns of diabetic and nondiabetic mothers.
- It is a rare finding in singleton pregnancies and is therefore not significant.
- It is an indicator of an increased incidence of congenital anomalies of the fetus.
- It is present in 5% of all births.
- It is a very common finding and is insignificant.

The correct answer is: It is an indicator of an increased incidence of congenital anomalies of the fetus.

**Question
445**

Not answered

Marked out of
1.00

You ask a patient to call your office during her next menstrual cycle to schedule a hysterosalpingogram as part of her infertility evaluation. Which day of the menstrual cycle is best for performing the hysterosalpingogram?

Select one:

- Day 3
- Day 8
- Day 14
- Day 21
- Day 26

The correct answer is: Day 8

**Question
446**

Not answered

Marked out of
1.00

A patient is receiving external beam radiation for treatment of metastatic endometrial cancer. The treatment field includes the entire pelvis. Which of the following tissues within this radiation field is the most radiosensitive?

Select one:

- Rectovaginal septum
- Rectum
- Ovary
- Bladder
- Vagina

The correct answer is: Ovary

Question 447

Not answered

Marked out of
1.00

A 32-year-old woman presents to your office with dysuria, urinary frequency, and urinary urgency for 24 hours. She is healthy but is allergic to sulfa drugs. Urinalysis shows large blood, leukocytes, and nitrites in her urine. Which of the following medications is the best to treat this patient's condition?

Select one:

- Nitrofurantoin
- Bactrim
- Flagyl
- Dicloxacillin
- Azithromycin

The correct answer is: Nitrofurantoin

Question 448

Not answered

Marked out of
1.00

You have a 32-year-old G1P0 patient who has undergone a routine obstetrical ultrasound screening at 20 weeks of gestation. The patient phones you immediately following the ultrasound because during the procedure the ultrasonographer commented that she noted several small fibroid tumors in the patient's uterus. As this is the patient's first pregnancy, she is concerned regarding the possible effects that the fibroid tumors may have on the outcome of her pregnancy. As her obstetrician, which of the following should you tell her?

Select one:

- Progression to leiomyosarcoma is more common in pregnancy attributed to the hormonal effects of the pregnancy.
- Many women have fibroid tumors, but most fibroids are asymptomatic during pregnancy.
- Preterm labor occurs frequently, even in women with asymptomatic fibroid tumors.
- She will have to have a cesarean delivery because the fibroid tumors will obstruct the birth canal.
- Enlargement of the fibroids with subsequent necrosis and degeneration during pregnancy is common.

The correct answer is: Many women have fibroid tumors, but most fibroids are asymptomatic during pregnancy.

**Question
449**

Not answered

Marked out of
1.00

At 1 year of age, a child has six deciduous teeth, which are discolored and have hypoplasia of the enamel.

Select one:

- Sulfonamides
- Streptomycin
- Tetracycline
- Chloramphenicol
- Nitrofurantoin

The correct answer is: Tetracycline

**Question
450**

Not answered

Marked out of
1.00

A healthy 31-year-old G3P2002 patient presents to the obstetrician's office at 34 weeks gestational age for a routine return visit. She has had an uneventful pregnancy to date. Her baseline blood pressures were 100 to 110/60 to 70, and she has gained a total of 20 lb so far. During the visit, the patient complains of bilateral pedal edema that sometimes causes her feet to ache at the end of the day. Her urine dip indicates trace protein, and her blood pressure in the office is currently 115/75. She denies any other symptoms or complaints. On physical examination, there is pitting edema of both legs without any calf tenderness. Which of the following is the most appropriate response to the patient's concern?

Select one:

- Admit the patient to L and D to rule out preeclampsia.
- Immediately send the patient to the radiology department to have venous. Doppler studies done to rule out deep vein thromboses.
- Prescribe Lasix to relieve the painful swelling.
- Tell the patient that her leg swelling is caused by too much salt intake and instruct her to go on a low-sodium diet.
- Reassure the patient that this is a normal finding of pregnancy and no treatment is needed.

The correct answer is: Reassure the patient that this is a normal finding of pregnancy and no treatment is needed.

Question 451

Not answered

Marked out of
1.00

The duty not to inflict harm or injury

Select one:

- Quality of life
- Nonmaleficence
- Justice
- Contextual issues
- Autonomy
- Beneficence
- Medical indication
- Patient preferences

The correct answer is: Nonmaleficence

**Question
452**

Not answered

Marked out of
1.00

A 38-year-old G4P3 at 33 weeks gestation is noted to have a fundal height of 29 cm on routine obstetrical visit. An ultrasound is performed by the maternal-fetal medicine specialist. The estimated fetal weight is determined to be in the fifth percentile for the estimated gestational age. The biparietal diameter and abdominal circumference are concordant in size. Which of the following is associated with symmetric growth restriction?

Select one:

- Chromosome abnormalities
- Hypertension
- Nutritional deficiencies
- Gestational diabetes
- Uteroplacental insufficiency

The correct answer is: Chromosome abnormalities

**Question
453**

Not answered

Marked out of
1.00

A 30-year-old G1 with twin gestation at 28 weeks is being evaluated for vaginal bleeding and uterine contractions. A bedside ultrasound examination rules out the presence of a placenta previa. Fetal heart rate tracing is reactive on both twins, and the uterine contractions are every 2 to 3 minutes and last 60 seconds. A sterile speculum examination is negative for rupture membranes. A digital examination indicates that the cervix is 2 to 3 cm dilated and 50% effaced, and the presenting part is at -3 station. Tocolysis with magnesium sulfate is initiated and intravenous antibiotics are started for group B streptococcus prophylaxis. Betamethasone, a corticosteroid, is also administered. Which of the following statements regarding the use of betamethasone in the treatment of preterm labor is true?

Select one:

- Betamethasone enhances the tocolytic effect of magnesium sulfate and decreases the risk of preterm delivery.
- Betamethasone is the only corticosteroid proven to cross the placenta.
- Betamethasone promotes fetal lung maturity and decreases the risk of respiratory distress syndrome.
- The anti-inflammatory effect of betamethasone decreases the risk of GBS sepsis in the newborn.
- Betamethasone has been shown to decrease intraamniotic infections.

The correct answer is: Betamethasone promotes fetal lung maturity and decreases the risk of respiratory distress syndrome.

**Question
454**

Not answered

Marked out of
1.00

A 17-year-old primipara at 41 weeks wants an immediate cesarean section. She is being followed with biophysical profile (BPP) testing. Which of the following is correct information to share with the patient?

Select one:

- False-positive results on BPP are rare.
- The false-negative rate of the BPP is 10%.
- Spontaneous decelerations during BPP testing are associated with significant fetal morbidity.
- BPP testing includes amniotic fluid volume, fetal breathing, fetal body movements, fetal body tone, and contraction stress testing.
- A normal BPP should be repeated in 1 week to 10 days in a post-term pregnancy.

The correct answer is: Spontaneous decelerations during BPP testing are associated with significant fetal morbidity.

Question
455

Not answered
Marked out of
1.00

A 59-year-old G4P4 presents to your office complaining of losing urine when she coughs, sneezes, or engages in certain types of strenuous physical activity. The problem has gotten increasingly worse over the past few years, to the point where the patient finds her activities of daily living compromised secondary to fear of embarrassment. She denies any other urinary symptoms such as urgency, frequency, or hematuria. In addition, she denies any problems with her bowel movements. Her prior surgeries include tonsillectomy and appendectomy. She has adult-onset diabetes and her blood sugars are well controlled with oral Metformin. The patient has no history of any gynecologic problems in the past. She has four children who were all delivered vaginally. Their weights ranged from 8 to 9 lb. Her last delivery was forceps assisted. She had a third-degree laceration with that birth. She is currently sexually active with her partner of 25 years. She has been menopausal for 4 years and has never taken any hormone replacement therapy. Her height is 5 ft 6 in, and she weighs 190 lb. Her blood pressure is 130/80 mm Hg. Based on the patient's history, which of the following is the most likely diagnosis?

Select one:

- Detrusor instability
- Stress incontinence
- Vesicovaginal fistula
- Overflow incontinence
- Urinary tract infection

The correct answer is: Stress incontinence

Question
456

Not answered
Marked out of
1.00

Uterine bleeding at 12 weeks gestation accompanied by cervical dilation without passage of tissue.

Select one:

- Incomplete abortion
- Threatened abortion
- Missed abortion
- Inevitable abortion
- Complete abortion

The correct answer is: Inevitable abortion

Question 457

Not answered

Marked out of
1.00

A 27-year-old woman presents to your office complaining of mood swings, depression, irritability, and breast pain each month in the week prior to her menstrual period. She often calls in sick at work because she cannot function when she has the symptoms. Which of the following medications is the best option for treating the patient's problem?

Select one:

- A nonsteroidal anti-inflammatory drug (NSAID)
- Selective serotonin reuptake inhibitors (SSRIs)
- A conjugated equine estrogen
- Progesterone
- A short-acting benzodiazepine

The correct answer is: Selective serotonin reuptake inhibitors (SSRIs)

Question 458

Not answered

Marked out of
1.00

For the following methods of contraception, select the most appropriate rate of use effectiveness (percentage of pregnancies per year of actual patient use). Postcoital douche

Select one:

- 5% to 15%
- 80%
- 3% to 10%
- 15% to 25%
- 40%

The correct answer is: 80%

Question 459

Not answered

Marked out of
1.00

A patient comes to your office with her last menstrual period 4 weeks ago. She denies any symptoms such as nausea, fatigue, urinary frequency, or breast tenderness. She thinks that she may be pregnant because she has not had her period yet. She is very anxious to find out because she has a history of a previous ectopic pregnancy and wants to be sure to get early prenatal care. Which of the following actions is most appropriate at this time?

Select one:

- Perform a bimanual pelvic examination to assess uterine size.
- Perform an abdominal ultrasound.
- Order a serum quantitative pregnancy test.
- Listen for fetal heart tones by Doppler equipment.
- No action is needed because the patient is asymptomatic, has not missed her period, and cannot be pregnant.

The correct answer is: Order a serum quantitative pregnancy test.

**Question
460**

Not answered

Marked out of
1.00

For each female patient seeking contraception, select the method that is medically contraindicated for that patient. A woman with a history of deep vein thrombosis

Select one:

- Oral contraceptives
- Laparoscopic tubal ligation
- IUD
- Diaphragm
- Condoms

The correct answer is: Oral contraceptives

Question 461

Not answered

Marked out of
1.00

A 23-year-old G1 at 40 weeks gestation presents to the hospital with the complaint of contractions. She states they are occurring every 4 to 8 minutes and each lasts approximately 1 minute. She reports good fetal movement and denies any leakage of fluid or vaginal bleeding. The nurse places an external tocotester and fetal monitor and reports that the patient is having contractions every 2 to 10 minutes. The nurse states that the contractions are mild to palpation. On examination the cervix is 2 cm dilated, 50% effaced, and the vertex is at -1 station. The patient had the same cervical examination in your office last week. The fetal heart rate tracing is 140 beats per minute with accelerations and no decelerations. Which of the following stages of labor is this patient in?

Select one:

- Stage 2 of labor
- False labor
- Active labor
- Stage 1 of labor
- Latent labor

The correct answer is: False labor

Question**462**

Not answered

Marked out of
1.00

A rape victim returns to your office 2 months after the attack for a follow-up visit. She informs you that her sleep has improved and she can now be by herself without feeling anxious or panicked. She has also developed new friendships through her church. She states that she is changing jobs and moving to a new town. She feels that with this change she will be in control of her life. The best recommendation you can make for the recovery of this patient is which of the following?

Select one:

- Take anxiolytic medication.
- Stop counseling since her recovery is now complete.
- Get her to accept responsibility for the attack.
- Face her attacker to bring closure to this event.
- Continue counseling.

The correct answer is: Continue counseling.

Question**463**

Not answered

Marked out of
1.00

One of your patients with polycystic ovarian syndrome presents to the emergency room complaining of prolonged, heavy vaginal bleeding. She is 26 years old and has never been pregnant. She was taking birth control pills to regulate her periods until 4 months ago. She stopped taking them because she and her spouse want to try to get pregnant. She thought she might be pregnant because she had not had a period since her last one on the birth control pills 4 months ago. She started having vaginal bleeding 8 days ago. She has been doubling up on superabsorbant sanitary napkins 5 to 6 times daily since the bleeding began. On arrival at the emergency room, the patient has a supine blood pressure of 102/64 mm Hg with a pulse of 96 beats per minute. Upon standing, the patient feels light-headed. Her standing blood pressure is 108/66 mm Hg with a pulse of 126 beats per minute. While you wait for lab work to come back, you order intravenous hydration. After 2 hours, the patient is no longer orthostatic. Her pregnancy test comes back negative, and her Hct is 31%. She continues to have heavy bleeding. Which of the following is the best next step in the management of this patient?

Select one:

- Administer antiprostaglandins.
- Administer a blood transfusion to treat her severe anemia.
- Send her home with a prescription for iron therapy.
- Perform a dilation and curettage.
- Administer high-dose estrogen therapy.

The correct answer is: Administer high-dose estrogen therapy.

**Question
464**

Not answered
Marked out of
1.00

Your patient is a 44-year-old G4P4 with symptomatic uterine fibroids that are unresponsive to medical therapy. The patient has severe menorrhagia to the point that when she menstruates, she cannot leave the house. You recommend to her that she undergo a total abdominal hysterectomy. You counsel her that she may need a blood transfusion if she has a large blood loss during the surgical procedure. Her current hematocrit is 25.0. The patient is a Jehovah's Witness who adamantly refuses to have a blood transfusion, even if it results in her death. The patient requests that you do not talk at all to her husband about her medical care. This request falls under which of the following ethical concepts?

Select one:

- Informed consent
- Confidentiality
- Advanced directive
- Nonmaleficence

The correct answer is: Confidentiality

**Question
465**

Not answered
Marked out of
1.00

A 26-year-old G1P1 is now postoperative day (POD) 6 after a low transverse cesarean delivery for arrest of active phase. On POD 2, the patient developed a fever of 39°C (102.2°F) and was noted to have uterine tenderness and foul-smelling lochia. She was started on broad-spectrum antibiotic coverage for endometritis. The patient states she feels fine now and wants to go home, but continues to spike fevers each evening. Her lung, breast, and cardiac examinations are normal. Her abdomen is nontender with firm, nontender uterus below the umbilicus. On pelvic examination her uterus is appropriately enlarged, but nontender. The adnexa are nontender without masses. Her lochia is normal. Her white blood cell count is 12 with a normal differential. Blood, sputum, and urine cultures are all negative for growth after 3 days. Her chest x-ray is negative. Which of the following statements is true regarding this patient's condition?

Select one:

- Antimicrobial therapy is usually ineffective.
- Vena caval thrombosis may accompany either ovarian or iliofemoral thrombophlebitis.
- Heparin therapy is always needed for resolution of fever.
- It usually involves both the iliofemoral and ovarian veins.
- Fever spikes are rare.

The correct answer is: Vena caval thrombosis may accompany either ovarian or iliofemoral thrombophlebitis.

**Question
466**

Not answered

Marked out of
1.00

A 38-year-old G1P1 comes to see you for her first prenatal visit at 10 weeks gestational age. She had a previous term vaginal delivery without any complications. You detect fetal heart tones at this visit, and her uterine size is consistent with dates. You also draw her prenatal labs at this visit and tell her to follow up in 4 weeks for a return OB visit. Two weeks later, the results of the patient's prenatal labs come back. Her blood type is A-, with an anti-D antibody titer of 1:4. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Repeat the titer in 4 weeks
- Schedule PUBS as soon as possible to determine fetal blood type
- Schedule an amniocentesis for amniotic fluid bilirubin at 16 weeks
- Repeat the titer at 28 weeks
- Schedule Percutaneous Umbilical Blood Sampling (PUBS) to determine fetal hematocrit at 20 weeks

The correct answer is: Repeat the titer in 4 weeks

Question 467

Not answered

Marked out of
1.00

What is the best treatment?

Select one:

- Nonmaleficence
- Justice
- Medical indication
- Beneficence
- Patient preferences
- Quality of life
- Autonomy
- Contextual issues

The correct answer is: Medical indication

Question
468

Not answered
Marked out of
1.00

A 32-year-old morbidly obese diabetic woman presents to your office complaining of prolonged vaginal bleeding. She has never been pregnant. Her periods were regular, monthly, and light until 2 years ago. At that time she started having periods every 3 to 6 months. Her last normal period was 5 months ago. She started having vaginal bleeding again 3 weeks ago, light at first. For the past week she has been bleeding heavily and passing large clots. On pelvic examination, the external genitalia is normal. The vagina is filled with large clots. A large clot is seen protruding through the cervix. The uterus is in the upper limit of normal size. The ovaries are normal to palpation. Her urine pregnancy test is negative. Which of the following is the most likely diagnosis?

Select one:

- Cervical polyp
- Uterine fibroids
- Incomplete abortion
- Chronic anovulation
- Coagulation defect

The correct answer is: Chronic anovulation

Question
469

Not answered
Marked out of
1.00

A 38-year-old woman presents to your office complaining of urinary incontinence. Her symptoms are suggestive of urge incontinence. She admits to drinking several large glasses of iced tea and water on a daily basis because her mother always told her to drink lots of liquids to lower her risk of bladder infections. Urinalysis and urine culture are negative. After confirming the diagnosis with physical examination and office cystometrics, which of the following treatments should you recommend to the patient as the next step in the management of her problem?

Select one:

- Instruct her to eliminate excess water and caffeine from her daily fluid intake.
- Tell her to hold her urine for 6 hours at a time to enlarge her bladder capacity.
- Schedule cystoscopy.
- Prescribe an anticholinergic.
- Instruct her to start performing Kegel exercises.

The correct answer is: Instruct her to eliminate excess water and caffeine from her daily fluid intake.

Question 470

Not answered

Marked out of
1.00

After your evaluation and treatment of a rape victim has been completed, you discharge the patient to home. When is the best time to schedule a follow-up appointment for the patient?

Select one:

- 12 weeks
- 6 weeks
- 24 to 48 hours
- There is no need for the patient to have any additional follow-up as long as she feels well.
- 1 week

The correct answer is: 24 to 48 hours

Question 471

Not answered

Marked out of
1.00

A maternal fetal medicine specialist is consulted and performs an in-depth sonogram on a 30-year-old G1 at 28 weeks with a twin gestation. The sonogram indicates that the fetuses are both male, and the placenta appears to be diamniotic and monochorionic. Twin B is noted to have oligohydramnios and to be much smaller than twin A. Which of the following would be a finding most likely associated with twin A?

Select one:

- Congestive heart failure
- Hypovolemia
- Hypotension
- Low amniotic fluid level
- Anemia

The correct answer is: Congestive heart failure

Question 472

Not answered

Marked out of
1.00

A postmenopausal woman is undergoing evaluation for fecal incontinence. She has no other diagnosed medical problems. She lives by herself and is self-sufficient, oriented, and an excellent historian. Physical examination is completely normal. Which of the following is the most likely cause of this patient's condition?

Select one:

- Diabetes
- Rectal prolapse
- Excessive caffeine intake
- Senility
- Obstetric trauma

The correct answer is: Obstetric trauma

Question 473

Not answered

Marked out of
1.00

You have recommended a postcoital test for your patient as part of her evaluation for infertility. She and her spouse should have sexual intercourse on which day of her menstrual cycle as part of postcoital testing?

Select one:

- Day 21
- Day 3
- Day 26
- Day 14
- Day 8

The correct answer is: Day 14

Question 474

Not answered

Marked out of
1.00

You are doing postpartum rounds on a 22-year-old G1P1, who vaginally delivered an infant male at 36 weeks after an induction for severe preeclampsia. During her labor she required hydralazine to control her blood pressures. She is on magnesium sulfate for seizure prophylaxis. Her vital signs are: blood pressure 154/98 mm Hg, pulse 93 beats per minute, respiratory rate 24 breaths per minute, and temperature 37.3°C. She has adequate urine output at greater than 40 cc/h. On examination, she is oriented to time and place, but she is somnolent and her speech is slurred. She has good movement and strength of her extremities, but her deep tendon reflexes are absent. Which of the following is the most likely cause of her symptoms?

Select one:

- Hypertensive stroke
- Magnesium toxicity
- Transient ischemic attack
- Adverse reaction to hydralazine
- Sinus venous thrombosis

The correct answer is: Magnesium toxicity

Question 475

Not answered

Marked out of
1.00

For each ultrasonogram, select one diagnosis or diagnostic indicator. Each lettered option may be used once, more than once, or not at all.



Select one:

- Obstructed urethra and bladder
- Indication of highest likelihood of a chromosomal abnormality
- Mesomelic dwarfism
- Nonspinal marker for spina bifida
- Hydrocephalus
- Anencephaly
- Prune belly syndrome
- Marker for Down syndrome (trisomy 21)
- Common marker for trisomies 18 and 21
- Spina bifida with meningocele
- Osteogenesis imperfecta

The correct answer is: Spina bifida with meningocele

Question 476

Not answered

Marked out of
1.00

A 35-year-old G3P3 with a Pap smear showing high-grade squamous intraepithelial lesion of the cervix (CIN III) has an inadequate colposcopy. Cone biopsy of the cervix shows squamous cell cancer that has invaded only 1 mm beyond the basement membrane. There are no confluent tongues of tumor, and there is no evidence of lymphatic or vascular invasion. The margins of the cone biopsy specimen are free of disease. How should you classify or stage this patient's disease?

Select one:

- Carcinoma of low malignant potential
- Atypical squamous cells of undetermined significance
- Microinvasive cancer, stage Ia1
- Invasive cancer, stage IIa
- Carcinoma in situ

The correct answer is: Microinvasive cancer, stage Ia1

Question 477

Not answered

Marked out of
1.00

A 55-year-old woman presents to your office for consultation regarding her symptoms of menopause. She stopped having periods 8 months ago and is having severe hot flushes. The hot flushes are causing her considerable stress. What should you tell her regarding the psychological symptoms of the climacteric?

Select one:

- They are related to a drop in gonadotropin levels.
- They are primarily a reaction to the cessation of menstrual flow.
- They are not affected by environmental factors.
- They commonly include insomnia, irritability, frustration, and malaise.
- They are not related to her changing levels of estrogen and progesterone.

The correct answer is: They commonly include insomnia, irritability, frustration, and malaise.

Question 478

Not answered

Marked out of
1.00

A 24-year-old woman has had three first-trimester spontaneous abortions. Which of the following statements concerning chromosomal aberrations in abortions is true?

Select one:

- Despite the relatively high frequency of Down syndrome at term, most Down fetuses abort spontaneously.
- Approximately 20% of first-trimester spontaneous abortions have chromosomal abnormalities.
- 45,X is more prevalent in chromosomally abnormal term babies than in abortus products.
- Trisomy 21 is the most common trisomy in abortuses.
- Stillbirths have twice the incidence of chromosomal abnormalities as live births.

The correct answer is: Despite the relatively high frequency of Down syndrome at term, most Down fetuses abort spontaneously.

Question 479

Not answered

Marked out of
1.00

A 40-year-old woman pregnant at 6 weeks gestation presents to your office for prenatal care. She is interested in prenatal testing for genetic abnormalities. She read on the Internet that an ultrasound measurement of the neck of the fetus can be used in prenatal diagnosis. Which of the following is correct information to tell your patient regarding ultrasound measurement of the fetal nuchal translucency for prenatal diagnosis?

Select one:

- It is a simple way to screen for Turner syndrome.
- It is a screening test for Down syndrome performed between 10 and 13 weeks of pregnancy.
- It can be performed at any gestational age.
- It should be offered only to pregnant women less than 35 years.
- It can be performed by anyone trained in basic fetal ultrasonography.

The correct answer is: It is a screening test for Down syndrome performed between 10 and 13 weeks of pregnancy.

**Question
480**

Not answered

Marked out of
1.00

A multiparous woman has had painful uterine contractions every 2 to 4 minutes for the past 17 hours. The cervix is dilated to 2 to 3 cm and effaced 50%; it has not changed since admission.

Select one:

- Cesarean section
- Midforceps delivery
- Epidural block
- Oxytocin intravenously
- Meperidine (Demerol) 100 mg intramuscularly

The correct answer is: Meperidine (Demerol) 100 mg intramuscularly

Question 481

Not answered

Marked out of
1.00

Expulsion of all fetal and placental tissue from the uterine cavity at 10 weeks gestation.

Select one:

- Threatened abortion
- Complete abortion
- Incomplete abortion
- Missed abortion
- Inevitable abortion

The correct answer is: Complete abortion

**Question
482**

Not answered

Marked out of
1.00

A 40-year-old G4P5 at 39 weeks gestation has progressed rapidly in labor with a reassuring fetal heart rate pattern. She has had an uncomplicated pregnancy with normal prenatal labs, including an amniocentesis for advanced maternal age. The patient begins the second stage of labor and after 15 minutes of pushing starts to demonstrate deep variable heart rate accelerations. You suspect that she may have a fetus with a nuchal cord. You expediently deliver the baby by low-outlet forceps and hand the baby over to the neonatologists called to attend the delivery. As soon as the baby is handed off to the pediatric team, it lets out a strong spontaneous cry. The infant is pink with slightly blue extremities that are actively moving and kicking. The heart rate is noted to be 110 on auscultation. What Apgar score should the pediatricians assign to this baby at 1 minute of life?

Select one:

- 8
- 10
- 7
- 9
- 6

The correct answer is: 9

**Question
483**

Not answered

Marked out of
1.00

May be complicated by profound hypotension

Select one:

- Epidural block
- Pudendal block
- Spinal block
- Paracervical block

The correct answer is: Spinal block

**Question
484**

Not answered

Marked out of
1.00

A 24-year-old primigravid woman, who is intent on breast-feeding, decides on a home delivery. Immediately after the birth of a 4.1-kg (9-lb) infant, the patient bleeds massively from extensive vaginal and cervical lacerations. She is brought to the nearest hospital in shock. Over 2 hours, 9 units of blood are transfused, and the patient's blood pressure returns to a reasonable level. A hemoglobin value the next day is 7.5 g/dL, and 3 units of packed red blood cells are given. The most likely late sequela to consider in this woman is which of the following?

Select one:

- Sheehan syndrome
- Hemochromatosis
- Stein-Leventhal syndrome
- Cushing syndrome
- Simmonds syndrome

The correct answer is: Sheehan syndrome

**Question
485**

Not answered

Marked out of
1.00

A 30-year-old G2P0 at 39 weeks is admitted in active labor with spontaneous rupture of membranes occurring 2 hours prior to admission. The patient noted clear fluid at the time. On examination, her cervix is 4 cm dilated and completely effaced. The fetal head is at 0 station and the fetal heart rate tracing is reactive. Two hours later on repeat examination her cervix is 5 cm dilated and the fetal head is at +1 station. Early decelerations are noted on the fetal heart rate tracing. Which of the following is the best next step in her labor management?

Select one:

- Administer terbutaline
- Initiate amnioinfusion
- Initiate Pitocin augmentation
- Perform cesarean delivery of early decelerations
- Perform cesarean delivery for arrest of descent

The correct answer is: Initiate Pitocin augmentation

Question**486**

Not answered

Marked out of
1.00

A 32-year-old G2P0101 presents to labor and delivery at 34 weeks of gestation, complaining of regular uterine contractions about every 5 minutes for the past several hours. She has also noticed the passage of a clear fluid per vagina. A nurse places the patient on an external fetal monitor and calls you to evaluate her status. The external fetal monitor demonstrates a reactive fetal heart rate tracing, with regular uterine contractions occurring about every 3 to 4 minutes. On sterile speculum examination, the cervix is visually closed. A sample of pooled amniotic fluid seen in the vaginal vault is fern and nitrazine-positive. The patient has a temperature of 38.8°C, pulse 102 beats per minute, blood pressure 100/60 mm Hg, and her fundus is tender to deep palpation. Her admission blood work comes back indicating a WBC of 19,000. The patient is very concerned because she had previously delivered a baby at 35 weeks who suffered from respiratory distress syndrome (RDS). You perform a bedside sonogram, which indicates oligohydramnios and a fetus whose size is appropriate for gestational age and with a cephalic presentation. Which of the following is the most appropriate next step in the management of this patient?

Select one:

- Perform emergent cesarean section
- Administer tocolytics
- Place a cervical cerclage
- Administer antibiotics
- Administer betamethasone

The correct answer is: Administer antibiotics

Question**487**

Not answered

Marked out of
1.00

You are evaluating a 36-year-old female in the emergency department for a broken arm. She states that she slipped in the tub. This is the third time you have seen her for a trauma-related injury in the past 6 months. You suspect domestic violence. After treating her broken arm and evaluating her emotional status, which of the following is the next appropriate step in the management of this patient?

Select one:

- Provide an antidepressant.
- Offer counseling and resources.
- Discharge her to home.
- Order her to leave her partner.
- Confront the patient's partner.

The correct answer is: Offer counseling and resources.

Question**488**

Not answered

Marked out of
1.00

On postoperative day 3 after an uncomplicated repeat cesarean delivery, the patient develops a fever of 38.2°C (100.8°F). She has no complaints except for some fullness in her breasts. On examination she appears in no distress; lung and cardiac examinations are normal. Her breast examination reveals full, firm breasts bilaterally slightly tender with no erythema or masses. She is not breast-feeding. The abdomen is soft with firm, non-tender fundus at the umbilicus. The lochia appears normal and is non-odorous. Urinalysis and white blood cell count are normal. Which of the following is a characteristic of the cause of her puerperal fever?

Select one:

- Appears 3 to 4 days after the development of lacteal secretion
- Is less severe and less common if lactation is suppressed
- Is almost always painless
- Fever rarely exceeds 37.8 C (99.8 F)
- Appears in less than 5% of postpartum women

The correct answer is: Is less severe and less common if lactation is suppressed

Question**489**

Not answered

Marked out of
1.00

A 26-year-old G3P0030 has had three consecutive spontaneous abortions in the first trimester. As part of an evaluation for this problem, which of the following tests is most appropriate in the evaluation of this patient?

Select one:

- Cervical biopsy in the luteal phase
- Postcoital test
- Chromosomal analysis of the couple
- Cervical length by ultrasonography
- Hysterosalpingogram

The correct answer is: Chromosomal analysis of the couple

Question**490**

Not answered

Marked out of
1.00

An intravenous pyelogram (IVP) shows hydronephrosis in the workup of a patient with cervical cancer otherwise confined to a cervix of normal size. This indicates which one of the following stages?

Select one:

- III
- I
- II
- Microinvasive stage

The correct answer is: III

Question 491

Not answered

Marked out of
1.00

A 34-year-old G2 at 36 weeks delivers a growth-restricted infant with cataracts, anemia, patent ductus arteriosus, and sensorineural deafness. She has a history of chronic hypertension, which was well controlled with methyldopa during pregnancy. She had a viral syndrome with rash in early pregnancy. What is the most likely causative agent?

Select one:

- Rubeola
- Toxoplasma gondii
- Parvovirus
- Rubella virus
- T. pallidum

The correct answer is: Rubella virus

Question 492

Not answered

Marked out of
1.00

You see five postmenopausal patients in the clinic. Each patient has one of the conditions listed, and each patient wishes to begin hormone replacement therapy today. Which one of the following patients would you start on therapy at the time of this visit?

Select one:

- Malignant melanoma
- Treated stage III endometrial cancer
- Mild essential hypertension
- Liver disease with abnormal liver function tests
- Undiagnosed genital tract bleeding

The correct answer is: Mild essential hypertension

Question 493

Not answered

Marked out of
1.00

Match the chemotherapeutic agents with the most common side effects. Each lettered option may be used once, more than once, or not at all. Taxol

Select one:

- Cardiac toxicity
- Necrotizing enterocolitis
- Tympanic membrane fibrosis
- Ocular degeneration
- Bone marrow depression
- Hemorrhagic cystitis
- Pancreatic failure
- Pulmonary fibrosis
- Peripheral neuropathy
- Renal failure

The correct answer is: Bone marrow depression

**Question
494**

Not answered

Marked out of
1.00

A 36-year-old morbidly obese woman presents to your office for evaluation of irregular, heavy menses. An office endometrial biopsy shows complex hyperplasia of the endometrium without atypia. The hyperplasia is most likely related to the excess formation in the patient's adipose tissue of which of the following hormones?

Select one:

- Androstenedione
- Estradiol
- Dehydroepiandrosterone
- Estriol
- Estrone

The correct answer is: Estrone

**Question
495**

Not answered

Marked out of
1.00

A patient presents to your office at term with no prenatal care. An ultrasound is performed and shows the fetus to have multiple congenital anomalies, including microcephaly, cardiac anomalies, and growth retardation. You should question the patient if she has abused which of the following substances during her pregnancy?

Select one:

- Methadone
- Heroin
- Alcohol
- Benzodiazepines

The correct answer is: Alcohol

**Question
496**

Not answered

Marked out of
1.00

Your patient is a 44-year-old G4P4 with symptomatic uterine fibroids that are unresponsive to medical therapy. The patient has severe menorrhagia to the point that when she menstruates, she cannot leave the house. You recommend to her that she undergo a total abdominal hysterectomy. You counsel her that she may need a blood transfusion if she has a large blood loss during the surgical procedure. Her current hematocrit is 25.0. The patient is a Jehovah's Witness who adamantly refuses to have a blood transfusion, even if it results in her death. Respect for the patient's autonomy or own wishes requires that which of the following be assessed?

Select one:

- Consideration of what is the best treatment
- The duty not to inflict harm
- The patient's personal values
- The impact that the treatment will have on the patient's quality of life
- The needs of society

The correct answer is: The patient's personal values

Question 497

Not answered

Marked out of
1.00

A 36-year-old G2P2 presents for her well-woman examination. She has had two spontaneous vaginal deliveries without complications. Her largest child weighed 3500 g at birth. She uses oral contraceptive pills and denies any history of an abnormal Pap smear. She does not smoke, but drinks about four times per week. Her weight is 70 kg. Her vital signs are normal. After placement of the speculum, you note a clear cyst approximately 2.5 cm in size on the lateral wall of the vagina on the right side. The cyst is nontender and does not cause the patient any dyspareunia or discomfort. Which of the following is the most likely diagnosis of this mass?

Select one:

- Lipoma
- Gartner duct cyst
- Hematoma
- Inclusion cyst
- Bartholin duct cyst

The correct answer is: Gartner duct cyst

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**Preconception
Counseling, Genetics, and
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