Gyn questions.

1. State mode of transmission of syphilis.

* Sexual contact.
* Vertical transmission, mother to child.
* Physical contact through mucosal or lesion contact.
* Blood transfusion.

1. State goals of antiretroviral therapy.

* Improvement of patients quality of life.
* Prevention of onward transmission.
* Reduction of HIV related morbidity and mortality.
* Restoration and preservation of immunologic function.

1. State risk factors to the development of breast cancer.

* Age over 40yrs.
* Family history of breast cancer.
* History of ovarian, endometrial, colon or thyroid cancer.
* Early menarche <13yrs.
* Estrogen therapy.
* Exposure to radiation.
* Tobacco use.
* Obesity.
* High fat diet.

1. State the warning signs of breast cancer.

* Lump or mass in the breast.
* Changes in breast symmetry or size.
* Changes in breast skin i.e thickening, edema, dimpling.
* Changes in skin temperature. Warm, hot, or pink area.
* Unusual nipple discharge or drainage.
* Changes on the nipple e.g itching, burning, erosion or retraction.
* Pain.

1. List possible sites for breast cancer.

* The nipple where breast duct converge.
* Upper outer quadrant due to more glandular tissue.
* Upper inner quadrant.
* Lower outer quadrant.
* Lower inner quadrant.

1. Explain the management of breast cancer.

* Radiotherapy.
* Chemotherapy.
* Hormonal therapy- tamoxifen an estrogen agonist.
* Lumpectomy – removal of the tumor followed by radiation.
* Mastectomy – removal of the breast.

1. Give the patient education and counselling on breast cancer.

* Teach on importance of early screening, detection and show her on how to examine herself.
* Provide clear and conscise explanation of all procedures and prescribed treatment.
* Teach patient on how to manage the adverse effects of the treatment.
* Urge patient patient to continue examining herself and follow up treatment.
* Reinforce the need for mammography at required intervals.

1. State the signs and symptoms of a patient with prostate cancer will present with.

* Frequent urination.
* Frequent urination at night.
* Difficulty in intiating and maintaining a steady stream of urine.
* Blood in urine.
* Difficulty in achieving erection.
* Painful ejaculation.

1. State the risk for prostate cancer.

* Family history.
* Race, more in white than blacks.
* Lifestyle, red meat or dairy product high in fat.
* Obesity.
* Drugs that lower cholesterol.

1. Give the diagnostic measures for prostate cancer.

* Normal prostate and prostate cancer. In prostate cancer regular glands of normal prostate are replaced by irregular glands and clumps of cells.
* Biopsy for microscopic examination.
* Gleason score –tissue samples examined under microscope to determine presence of cancer cells and to determine the microscopic features of any cancer found.
* Tumor markers – samples stained for the presence of PSA (prostate specific antigen)
* Prostasomes – cancerous cells secrete prostasomes and may be shielded against immunological attacks by this prostasomes.
* Prostate mapping –determines precise location and aggressiveness of cancer.

1. State six male factors affecting fertility.

* Anatomical disorder – congenital absence of vas deferens.
* Obstruction of vas deferens.
* Congenital abnormality of the ejaculatory system.
* Undescended testes.
* Abnormal spermatogenesis – chromosomal abnormalities.
* Mumps orchitis.
* Chemical or radiation exposure.
* Antibody formation.
* Sexual dysfunction – retrograde ejaculation.
* Impotence; inability to sustain erection until ejaculation.
* Decreased libido.
* Low sperm count (oligospermia), no sperm (azoospermia).
* Infection
* Auto-immune – cervix can be hostile to man’s sperms and produce antibodies.

1. State female factors affecting fertility.

* Congenital - Mullerian agenesia, absence of ovaries or uterus.
* Vaginal atresia or stenosis.
* Infections leading to tubal blockage, STI or puerperal sepsis.
* Endocrine disorders – presence of pituitary adenoma with increased prolactin leading to inappropriate galactorrhea associated with amenorrhoea.
* Hormonal imbalance with increased with increased estrogen will lead to endometrial hyperplasia hence irregular periods (metropathia hemorrhagica). Or prolonged periods and cycles.
* Hypothyroidism is generally associated with infertility.
* DM – if uncontrolled may impair fertility.
* Uterine fibromyoma- cause recurrent abortion.
* Cervical hostility – cervical mucus is unreceptive to spermatozoa.
* Cervical incompetence – causes mid-trimester abortion and will lead to secondary infertility.
* Endometriosis due to menorrhagia may lead to infertility.

1. Define the following terms.

* Menopause –permanent cessation of menstruation following loss of ovarian activity with at least 1yr of amenorrhea.
* Climacteric period – phase of the aging period during which a woman passes from the reproductive to the non reproductive stage, last from 15-20yrs.
* Pre-menopause – part of the climacteric period before the menopause occurs, the time during which the menstrual cycle is irregular.
* Post-menopause – refers to the phase that occurs after menopause.

1. State the factors that may contribute to early menopause.

* Smoking.
* Disease processes, severe infections e.g mumps or tumors of the reproductive tract.
* Excessive exposure to ionizing radiation.
* Chemotherapeutic drugs particularly alkylating agents.
* Surgical procedures that impair ovarian blood supply.

1. State the causes of endometriosis.

* Genetics.
* Transplantation.
* Aging.
* Congenital.
* Oestrogen dependant – medical therapy to control it.
* Environmental factors, plastics, microwave ovens.

1. Explain the various reproductive tract neoplasm.

* Ovarian cyst –any collection of fluid, surrounded by a very thin wall, within an ovary. Most of the cyst are benign though in older women might turn to be cancerous.
* Dermatoid cyst – vary from a few milimetre to more than 20cm in diameter.
* Contains a variety of tissue derived from primary germ layer, endoderm, mesoderm and ectoderm.
* Benign though sometime may turn malignant.
* Endometrioid cyst /endometrieoma/chocolate cyst.
* Caused by endometriosis.
* Formed when a tiny parch of endometrial tissue bleeds and enlarges inside ovaries, as blood builds up over months and yrs, it turns brown.
* Polycystic ovarian disease.
* Occurs in numerous cystic follicles.
* Tunica albuginea is thickened covering numerous small.

1. State three types of ovarian cysts.

* Functional cyst/ simple cyst.
* If the ovum is not released, the ovum can fill with fluid, usually these types of cysts will regress.
* Graffian follicle cyst/follicular cyst/dentigerous cyst.