GENESIS

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FGPS PART-I MOCK TEST-II

SUBJECT : Gynae

PAPER : III

Exam Date : Mock-I : 13-12-20/17-12-20/20-12-20

Mock-II : 25-12-20/26-12-20/27-12-20

Exam Time : 2.30.pm-4.00pm

Total Number: 100

Question 26-50 based on single answer

1. HIV associated carcinoma

- a) Kaposi's sarcoma
- b) Lymphoma
- c) Nasopharyngeal carcinoma
- d) Neuroblastoma
- e) Ca-cervix

2. Nabothian follicles

- a) Retention cyst
- b) Single in number
- c) Content is viscid mucous material
- d)Lined by columnar epithelium
- e) Vagina is the commonest site

3. Tissue fixative

- a) Clarke's solution
- b)Helly solution
- c) Buffered formalin
- d)Zenker's fluid
- e) 95% ethanol

4. Ophthalmianeonatorum is caused by

- a) Chlamydia trachomatis
- b) Neisseria gonorrhoeae
- c) Treponemapallidum
- d) Trichomonasvaginalis
- e) Pneumococci

5. Clinical feature of late congenital syphilis

- a) Periostitis
- b) 8th nerve involvement
- c) Meningitis
- d) Saddle nose
- e) Interstitial keratitis

6. Antigen presenting cell

- a) Neutrophil
- b) Macrophage
- c)B-Lymphocyte
- d) Dendritic cell
- e) T- lymphocyte

7.PID can be described as-

- a) Cervicitis
- b) Endometritis
- c) Salphingitis
- d) Pelvic peritonitis
- e) Parametritis

8. Luteoma of pregnancy

- a)>25cm diameter
- b) Soft in consistency
- c) Multiple foci of luteal tissue
- d) β-HCG is a causative agent
- e) Sometimes causes minor degrees of virilization of the female child

9. Major normal flora of vagina

- a) E. Coli
- b) Candida albicans
- c)Corynebacterium
- d) Lactobacillus
- e) Group B streptococcus

10.Pseudomyxomaperitonei is associated with

- a) Pancreatic carcinoma
- b) Mucocele of the appendix
- c) Can affect both men & women
- d)Adencarcinoma of small bowel
- e) Good response to radiotherapy

11. Locally malignant tumors

- a) Basal cell carcinoma
- b) Squamous cell carcinoma
- c)Ameloblastoma
- d)Glioma
- e) Melanoma

12. Reversible cell injury

- a) Cellular swelling
- b) Cytoskeletal abnormalities
- c) Lipid break down products found
- d)Loss of microvilli
- e) Detachment of ribosome

13.Serous cystadenoma

- a) Commonest ovarian carcinoma
- b) Bilateral
- c) 10-15cm diameter
- d) Contain albumin & globulin
- e) Unilocular

14. Vasodilalation is caused by

- a) Nitric oxide
- b) Tx A₂
- c) Platelet activating factor
- d) Histamin
- e) Bradykinin

15. Factors secreted by macrophage

- a) TNF
- b) IL-2,4,10
- c) Platelet activating factor
- d) Coagulation factor 2,6,8
- e) Complements (C₁, C₂)

16.Preformed mediators

- a) Prostaglandins
- b) Cytokines
- c) Histamin
- d) Serotanin
- e) Lysosomalenzymes

17.Bartholin's cyst

- a) Common in left side
- b) May become infected by gonorrhoea
- c)Excission is the Rx of choice
- d) Situated in the inner side of the anterior end of the labia maius
- e) May be easily confused ē hydradenoma

18. Granulation tissue found in

- a) Pyogenic granuloma
- b) Abcess wall
- c) Tumor stroma
- d) Sinus tract
- e) Edge of granuloma

19. Red infarct

- a) Lungs
- b) Ovary
- c) Heart
- d) Kidney
- e) Intestine

20. Following are anaerobic bacteria

- a) Peptostreptococus
- b) Haemophilus influenza
- c) Bordetellapertusis
- d) Bacillus subtilis
- e) Clostridium perfringes

21. Complication of fibroid

- a) Meigs syndrome
- b) Malignant change in 5-10% cases
- c)Necrobiosis
- d) Telangiectasia
- e) Hyaline degeneration

22. Partial hydatidiform mole

- a) H/O irregular menstruation
- b) Diploid karyotype
- c)Immunostaining P_{s7} KI $P_2 \rightarrow$ positive
- d)Trophoblast→ mild focal hyperplasia
- e) Both radio &chemosensitive

23. Cervical intraepithelial cancer

- a) Common in transitional zone
- b) Squamous metaplasia
- c) Loss of stratification
- d)Chromosomal pattern is normal
- e) Predominantly a disease of aged women

24. Gynaecological carcinoma is associated with

- a) Chlamydia trachomatis
- b) Human papilloma virus
- c) Herpes simplex virus
- d) Epstein barr virus
- e) Listeria monocytogenes

25.Necroptosis

- a) Only pathological
- b) Loss of ATP
- c) Genetically programmed
- d) Involves caspase activation pathway
- e) Cell membrane ruptured

Each question below contains five suggested answers- choose the one best response to each question (26-50)

26. NK cell

- a) They a count for 10-15% of total Peripheral blood lymphocyte
- b) Presence of $CD_3\&$ absence of CD_{16} is the
- identification criteria
- c) Thymus required for development
- d) Activity not enhanced by prior exposer
- e) Eliminate extra-cellular bacteria & neutralize toxins

27. Cytomegalovirus

- a) RNA virus
- b) Causes congenital abnormality in last trimester
- c) Can be found in urine
- d) Produce granuloma
- e) Can't cause jauindice

28. Regarding metastasis

- a) Skip metastasis occurs in haematogenous
- dissemination
- b) All cancers can metastasize
- c) Lung is the primary site of brain metastasis
- d) Saroomafavours lymphatic spread
- e) Liver not frequently involved in hematogenous dissemination

29. In DIC

- a) Prothrombin time decreased
- b) Platelet count increased
- c) APPTT decreased
- d) Thromboplastin generation time decreased
- e) Involves clotting factor II, IV

30. Germ cell tumor

- a) Occurs in early age commonly
- b) Usually bilateral
- c) Immature teratoma is radiosensitive
- d) Endodermal sinus tumor may be malignant
- e) AFP increased in dysgermina

31.∞-fetoprotein increased in

- a) Down syndrome
- b) Endometrial Ca
- c) Diabetes
- d) Fetal nural tube defect
- e) Dysgerminoma

32. Rh incompatibility

- a) Anaphylactic
- b) Immune complex
- c) Cytotoxic
- d) Atopic
- e) Delayed hypersensitivity

33. Trichomonasvaginalis

- a) Caused by anaerobic organism
- b) Clinical latency is 2-3 month
- c) Curdy white discharge
- d) Metronidazole is the drug of choice
- e) Vaccine prevented disease

34. Frozen section is useful because

- a) Can preserve fat
- b) Can detect tumor subtype
- c) Determine presence or absence of ganglion cells in case of hirchsprungs disease
- d) Is more accurate than routine section
- e) Cheap

35. Mature cystic teratoma

- a) Common malignant ovarian tumor
- b) Coexist with leydig cell tumor
- c) Usually bilateral
- d) Commonly lined by columnar epithelium
- e) Commonest in pregnancy

36. Most common site of genital tract tuberculosis

- a) Ovary
- b) Endometrium
- c) Cervix
- d) Vagina
- e) Fallopian tube

37. Vaginal adenosis

- a) Dull red granulomatous appearance
- b) Patchy distribution
- c)Squamous epithelium replaced columnar epithelium
- d) Associated with vaginal structure
- e) May be a fore runner of clear cell carcinoma

38. A 30 years old woman came to a doctor ē 6-8 weeks pregnancy. Her complaints was lower abdominal pain & intermittent vaginal bleeding. Her pulse was & BP was 70/40. Which part of fallopian tube mostly involved

- a) Insthmus
- b) Ampulla
- c) Infundibulum
- d) Interstitial
- e) Uterine cornue

39. Confirmatory diagnosis of AIDS

- a) CD₄ count
- b) Western blot
- c) Particle agglutination test
- d) GP₄₁
- e) ELISA

40. Autocrine interleukin

- a) IL-1
- b) IL-2
- c) IL-3
- d) IL-4
- e) TNF-∞

41. Most common precursor for malignant tumor

- a) Atrophy
- b) Hypertrophy
- c) Dysplasia
- d) Hyperplasia
- e) Metaplasia

42. Which of the following provides on example of hypertrophy &hyperplasia

- a) Skin warts due to papilloma virus
- b) Uterus during pregnancy
- c) Skeletal muscle
- d) Left ventricular hypertrophy
- e) Connective tissue cells in wound healing

43. Which organism found in breast milk

- a) Treponemapallidum
- b) Listeria monocytogenes
- c) Staphylococcus aureus
- d) Parvo virus
- e) E.coli

44.Regarding compensated shock

- a) Reduced urine output
- b) Mild anxiety
- c) Increased respiratory rate
- d) Lactic acidosis
- e) Normal blood pressure

45. Theca lutein cyst

- a) Commonly found
- b) Diameter 5-8cm
- c) Unilateral
- d) Associated ē gonadotrophin therapy
- e) Always needs surgical intervention

46. Borderline tumor

- a) High malignant potential
- b) Common in post-menopausal women
- c) Absence of true stromal Invasion
- d) 50% borderline tumors spread beyond ovary
- e) Poor prognosis

47. Lichen scleroses

- a) Auto immune mediated
- b) Commonest white lesion of the vagina
- c) White glistening sheet ē ill defined margins
- d) Doesn't involve the perianal region
- e) Histological picture shows shortening of rete ridges
- 48. A 30 years old lady came to a doctor with the complaints of grayish vaginal discharge ē positive whiff test. Her cervical excitation test is positive. Which of the following should be the most appropriate organism
- a) Chlamydia trachomatis
- b) Trichomonasvaginalis
- c) Candida albicans
- d) Bacterial vagionosis
- e) Gonococcus

49. Vulvar intraepithelial neoplasia

- a) Usually found in older patients
- b) Asymptomatic
- c) Shortening of rete ridges in the epidermis
- d) Associated ē an increased risk of cervical intraepithelial neoplasia
- e) Progress to invasive carcinoma if untreated

50. Which cytokine is responsible for insulin resistance

- a) IL-6
- b) IL-4
- c) TNF-∞
- d) IL-17
- e) IL-1

Gynae-Mock-II, Paper-III

- 1. TTFFT (Ref: Gynaedatta 8th/Page-127)
- 2. TFFTF (Ref: Jeffcoate7th/Page-553)
- 3. FTTTF (Ref: Baneroft's histological
- techniques/page-86-89)
- 4.TTFFT (Ref:Obsdatta8th/Page-564)
- 5. TTFFT (Ref:ObsDatta8th/Page-343)
- 6. FTTTF
- 7. FTTTT (Ref: Ganaedutta 7th/P-106)
- 8. FFTTT (Ref: Jeffcoate7th/Page-270,476)
- 9. TFFTT (Ref: Lange 14th/Page-27)
- 10. TTTFF (Ref: Jeffcoate7th/Page-631)
- 11. TFTTF (Ref: Khaleque Pathology/Page-75)
- 12.TFFTT (Ref: Robbins 9th/Page-41)
- 13.TFFTT (Ref: Jeffcoate7th/Page-629)
- 14.TFFTT (Ref: Robbins 9th/Page-83,90)
- 15. TFTFT (Ref: Lange 14th/Page-514)
- 16. FFTTT (Ref: Robbin's 9th/P-83)
- 17.TTFFF (Ref: Gynaedatta 7th/Page-132)
- 18. TTFTF (Ref: Robbins 9th/Page-103)
- 19. TTFFT (Ref: Robbins 9th/Page-129,130)
- 20. TFFFT(Ref: Lange 14th/Page-25)
- 21. FFTTT(Ref: Jeffcoate7th/Page-592)
- 22. TFTTT (Ref: Gynaedatta 7th/Page-190)
- 23. TTTFF (Ref: Gynaedatta 7th/Page-262)
- 24.FTTTF (Ref: Gynaedatta 7th/P-105)
- 25. FTTFT (Ref: Robbins 9th/Page-58'59)
- 26. D (Ref: Lange 14th/P-504)
- 27. C (Ref: ObsDatta 8th/P-349)
- 28. C (Ref: Khaleque Pathology/P-78)
- 29. D (Ref: Khaleques pathology/P-61,240)
- 30. A (Ref: Jeffcoate 7th/P-627)
- 31. D (Ref: Robbins 9th/Page-337)
- 32. C
- 33. D (Ref: Gynaedatta 7th/Page-89)
- 34. C (Ref: bancroftshistology/Page-80-81)
- 35. E (Ref: Jeffcoate7th/Page-649)
- 36. E (Ref: Gynaedatta 7th/Page-113)
- 37. C (Ref: Jeffcoate7th/Page-489]
- 38. B (Ref: GynaeDatta 7th/Page-207)
- 39. B (Ref: Gynaedatta 7th/Page-127)
- 40. B (Ref: Lange17th/Page-261)
- 41. C (Ref: Khalequespathology/Page-74,75)
- 42. B (Ref: Robbins 9th/Page-34-36)
- 43. C (Ref: Gynaedatta 8th/P-34)
- 44. D (Ref: Baily & Love 27th/Page-14,15)
- 45. D (Ref: Jeffcoate7th/Page-15)
- 46. C (Ref: Jeffcoate7th/Page-651)
- 47. A (Ref: Jeffcoate7th/Page-482)
- 48. D (Ref: Gynaedatta 7th/Page-124)
- 49.D (Ref: Jeffcoate7th/Page-484,486)
- (Ref: Gynae Dutta7th/Page-260-261)
- 50. E (Ref: Lange 14th/P-)