

**POSTGRADUATE INSTITUTE OF MEDICINE**  
**UNIVERSITY OF COLOMBO**

**DIPLOMA IN VENEREOLOGY EXAMINATION**  
**JULY 2003**

Date : 18<sup>th</sup> July, 2003

Time : 1.30 p.m. – 4.30 p.m.

**PAPER II**

**(ESSAY TYPE QUESTIONS)**

**Answer All questions.**

**Each question to be answered in a separate book.**

1. The medical, nursing and laboratory staff of a provincial hospital are deeply anxious after a middle aged man who has been in and out of the hospital for the past 12 months is found to be HIV positive. You as the Venereologist have been requested to talk to the staff and have been given 2 hours for your presentation.
  - a) What are the shortcomings in the hospital system that led to this situation? (20 marks)
  - b) List the topics you would cover in your presentation. (20 marks)
  - c) Give an outline of your presentation in point form, to cover the listed topics. (60 marks)
  
2.
  - a) What is surveillance? (20 marks)
  - b) Describe the types of surveillance used in, sexually transmitted diseases (STD )/I-HV / AIDS. (40 marks)
  - c) Discuss the role of surveillance in relation to STD/HIV/AIDS in Sri Lanka. (40 marks)

3. A woman 30 weeks pregnant presents to the STD clinic with a contact slip given by her husband. The diagnosis on the contact slip is first episode genital herpes.  
Discuss the further management of this couple  
(100 marks)
4. Three youths from a remote village in your district are diagnosed as s1, s2 and s3 in your clinic. All three named the same female contact. They also volunteered the information that several other youths in the village have also had sexual intercourse with her. No earlier cases have been reported from this village.
- a) Explain the terms “index patient” , “source contact” and “associate contact” (15 marks)
- b) What do you understand by Epidemiological (Epi) treatment.  
List its advantages and disadvantages. (25 marks)
- c) Define an epidemic. (10 marks)
- d) What preventive measures would you as the Venereologist institute to contain this outbreak using both human and material resources available to you ? (50 marks)
5. “Voluntary counseling and testing (VCT) is an important for HIV prevention and care”,  
Comment on the above statement. (100 marks)

**POSTGRADUATE INSTITUTE OF MEDICINE**  
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**DIPLOMA IN VENERELOGY EXAMINATION**  
**AUGUST 2004**

Date : 24<sup>th</sup> August, 2004

Time : 1.30 p.m. – 4.30 p.m.

**PAPER II**

**(ESSAY TYPE QUESTIONS)**

**Answer All questions.**

**Each question to be answered in a separate book.**

1. A recently diagnosed 28 year old HIV infected women with a CD4 I cell count of 180/mm<sup>3</sup> and a viral load of 65,000 copies/ml is referred by a Gynaecologist to the STD clinic. Her husband is abroad on business and his HIV status is not known. She requests advice on contraception and says she is considering starting antiretroviral therapy.

Discuss the advantages and disadvantages of the contraceptive options available with reference to both her HIV status and potential HIV management.  
(100 marks)

2. A study was conducted to assess the effectiveness of a new antibiotic in the treatment of gonorrhoea. Out of 400 newly diagnosed patients with gonorrhoea 200 were randomly allocated to receive the new treatment and the other 200 received the standard antibiotic.

Among the patients who received the new antibiotic 190 were cured and in the other group 160 were cured.

- 2.1 What kind of study is this? (10 marks)
- 2.2 Explain why the patients were randomly allocated to the two groups. (20 marks)
- 2.3. Describe the other important measures taken in this kind of study to reduce bias. (30 marks)
- 2.3 What statistical test would you perform on the above data ? Give reasons for your choice. (Please note that you are not expected to perform the test.) (20 marks)
- 2.4 Indicate how you would present the above data as a graph by drawing a rough sketch (20 marks)

3. You are newly appointed as a MO/STD in charge of a peripheral STD clinic that is administered by the provincial health authorities. Underutilization of this clinic by the people who need STD care is a significant finding of your initial assessment.
- 3.1 Describe with examples possible contributing factors for above finding. (25 marks)
- 3.2 What steps can you take to improve this condition ? (25 marks)
- 3.3 Enumerate the key people with whom should establish cordial relationship to achieve your objective. (15 marks)
- 3.4 Until you improve adequate clinic utilization by the needy people in your area, how would you (35 marks)
4. Screening for syphilis is considered a public health priority.
- 4.1 List five opportunities available to screen women for syphilis.(15 marks)
- 4.2 Give an indicator that can be easily calculated monthly from records maintained in the antenatal clinic to assess each of the following.
- i. Coverage of antenatal syphilis screening.
- ii. Treatment coverage for syphilis. (20 marks)
- 4.3 Suggest recommendations with justification to improve antenatal VDRL coverage. (65 marks)
5. The available statistics at the National STD AIDS control programme in Sri Lanka, show a declining trend in the incidence of gonorrhoea during the last two decades (from 1981 to 2002). This scenario has changed recently and the statistical returns for the year 2003 clearly indicate a sudden increase of the number of reported cases of gonorrhoea.
- 5.1 Discuss the possible reasons for this change in trend. (50 marks)
- 5.2 As the medical officer in charge of a provincial STD clinic what are the measures you would take to control this situation in your area. (50 marks)

**POSTGRADUATE INSTITUTE OF MEDICINE**  
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**DIPLOMA IN VENERELOGY EXAMINATION**  
**JUNE, 2005**

Date : 7<sup>th</sup> June, 2005

Time : 9.30 a.m. – 12.30 p.m.

**PAPER II**

**(ESSAY TYPE QUESTIONS)**

**Answer All questions.**

**Each question to be answered in a separate book.**

1.

A 32 year old anxious looking man presents to the STD clinic with a problem. He is married for 6 years. He is asymptomatic but his wife who is 6 months pregnant .had developed warty lesions in the vulva 2 weeks back. The lesions are gradually increasing in size. He indicates suspicion about his wife as he is asymptomatic. On questioning he admits having had sexual contacts with two known partners 6 and 9 months back. According to him all his partners are well known to him and perfectly healthy.

1.1. What are the important points you would cover in counselling this man ? (40 marks)

1.2. How would you manage this man ? (30 marks)

1.3. How would you manage his marital partner? (30 marks)

2.

A case control study was conducted to test the hypothesis that regular/consistent condom use protects against sexually transmitted infections (STIs ). One hundred patients diagnosed as having an STI and one hundred controls with no evidence of STI were selected from the STD clinic. The following table is based on the data from this study.

Relationship between condom use and STI,

	Cases	Controls
<b>Regular/ Consistent condom use</b>		
Yes	40	60
No	60	40
Total	100	100

<u>Chi square</u>	=	8.0	DF	=	1
<u>Odds Ratio (OR)</u>	=	0.44			
<u>P value</u>	=	0.005			

- 2.1 Explain the three terms that are underlined. (30 marks)
- 2.2 How would you explain these findings to lay person ? (40 marks)
- 2.3 Describe briefly 3 different approaches that can be used to increase condom use. (30 marks)
3. A 35 year old married man has urethritis after an unprotected exposure 5 days ago. He had taken some unspecified medication given by a pharmacist. He is flying to Holland tomorrow to join his spouse with whom he has a very active sex life. Condoms are not an option in their sex life.
- 3.1 List the investigations you will carry out in the short time available to you. (30 marks)
- 3.2 How will you manage this case ? (30 marks)
- 3.3 How will you counsel him ? (40 marks)

4.

- 4.1 STD AIDS is a preventive programme with a curative component. Discuss the above statement in the context of primary and secondary prevention. (50 marks)
- 4.2 Why is primary prevention more important today than ever before? (20 marks)
- 4.3 List the measures that should be adopted to strengthen primary prevention. (30 marks)

5.

- 5.1 Enumerate the features that make HIV / AIDS surveillance different from the surveillance of other common communicable diseases. (35 marks)
- 5.2 Compare and contrast the sero-surveillance and behavioural surveillance for HIV infection. (35 marks)
- 5.3 List the different strategies recommended for HIV antibody testing in various scenarios. Briefly indicate the rationale in each strategy. (30 marks)

**POSTGRADUATE INSTITUTE OF MEDICINE**  
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**DIPLOMA IN VENERELOGY EXAMINATION**  
**JUNE, 2006**

Date : 20<sup>th</sup> June, 2006

Time : 9.30 a.m. – 12.30 p.m.

**PAPER II**

**(ESSAY TYPE QUESTIONS)**

**Answer All questions.**

**Each question to be answered in a separate book.**

1. Discuss the role of health care workers other than the doctors in a provincial STD clinic in Sri Lanka in the management and control of STD/HIV.
  
2. HIV / AIDS Surveillance is an important area in a AIDS Control programme
  - 2.1. What is meant by HIV/AIDS surveillance ? (20 marks)
  - 2.2. How does HIV/AIDS surveillance assist the National AIDS control programme ? (20 marks)
  - 2.3. How do you classify countries according to the level of the HIV Epidemic ? (30 marks)
  - 2.4. What are the priority areas of HIV/AIDS surveillance for a country like Sri Lanka ? (30 marks)
  
3. A female sex worker diagnosed with late latent syphilis in 2003 had been treated with three doses of benzathine penicillin at weekly intervals. The syphilis serology at time of diagnosis was VDRL R (4) and TPP A 2+. The patient did not attend clinic after the third injection until January 2006 when she came requesting a check up. The results of the VDRL test carried out monthly since January 2006 are as follows:

January	- WR(O)
Defaulted follow up in February	
Mrch	- R(2)
April	-WR(O)
May	- R(4)
June	-R(8)

- 3.1. Discuss the possible reasons for the above serological test results.  
(50 marks)
- 3.2. Discuss the management of this patient in June 2006.(50 marks)

4. During the year 2005 the following events were reported from a Medical Officer of Health (MOH) area with an estimated mid year population of 100 000.

Live births	800
Total deaths	300
Infant deaths	12
Maternal deaths	02

- 4.1. Calculate and comment on all relevant rates. (40 marks)
- 4.2. Discuss briefly the problems associated with the screening programme for syphilis among antenatal women in an MOH area. Outline your suggestions to improve the situation. (60 marks)
5. Increasing numbers of herpes simplex virus (HSV) infection could lead to an explosive HIV epidemic worldwide.
  - 5.1. Discuss the interaction between HSV and HIV infection. (50 marks)
  - 5.2. Describe the clinical and public health measures that can be taken to minimize further spread of HSV infection in the population. (50 marks)

**POSTGRADUATE INSTITUTE OF MEDICINE**  
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**DIPLOMA IN VENEREOLOGY EXAMINATION**

**JULY 2007**

Date: 03<sup>rd</sup> July 2007

Time: 9.00 a.m. - 12.00 noon

**PAPER II**

**(ESSAY TYPE QUESTIONS)**

**Answer all Questions.**

**Each question to be answered in a separate book.**

1.
  - 1.1. A teacher wanted to determine whether male babies have a higher mean birth weight than female babies. In a large random sample of full term singleton births, he found the mean and standard deviation of birth weight (in grams) for males to be 2800 and 150 respectively. The corresponding figures for females were 2700 and 150. A significance test (Z test) was performed and the p value was found to be 0.001.
    - 1.1.1 Determine the 95% reference range for birth weights for male infants and female infants (20 marks)
    - 1.1.2 State the Null hypothesis for the significance test (10 marks)
    - 1.1.3 What is meant by  $p = 0.001$  ? (20 marks)
    - 1.1.4 What other information is needed to perform a Z test on the data given above ? (10 marks)
  - 1.2 Describe briefly the services provided to pregnant women by the Medical Officer of Health and his/her team (40 marks)
2. Discuss the following statement of a National AIDS Policy in a country. "Mandatory HIV testing is an effective measure to prevent the spread of HIV/AIDS". (100 marks)
3. Hepatitis B surface antigen (HBsAg) was found to be positive in a male STD patient during the routine screening at the Central STD clinic, Colombo.
  - 3.1 What other laboratory investigations would you request to further clarify his status, giving reasons for each test you request ? (40 marks)
  - 3.2 What issues would you highlight during the counseling of this patient if he was found to be a chronic hepatitis B carrier ? (60 marks)

4. A 27 years old male presented to an STD clinic with a complaint of a painless penile ulcer for five (5) weeks and a lump in the left groin. He has taken self treatment for the ulcer. He denied having any sexual exposures and admitted using heroin on a regular basis. He used to be a member of a gang of injecting drug-users about one (1)year ago.

On examination, patient had an indurated, clean, non-tender penile ulcer with enlarged lymph-node in left groin.

Day 1 - urethral smear - no abnormalities found

dark-ground examination treponemes not seen

giant cells - not seen

VDRL/TPP A - blood drawn

Day 2 - DG examination - treponemes not seen

VDRL-R(16), TPPA-2+

The patient revealed the following sexual history to doctor on the second day.

Female partners; 25-30 in last one (1) year and more than 100 life-time partners including foreigners.

Male partners; 1 in last year and 8 life-time partners.

He used condoms occasionally with partners.

- 4.1 What is your diagnosis ? Give reasons for your diagnosis. (20 marks)
- 4.2 What are the risk factors for sexually transmitted infections that are given in the history ? (20 marks)
- 4.3 Discuss the important aspects of management in this patient. (60 marks)
5. A 32 year old female domestic worker has brought her one week old son to a paediatric ward with swelling of both eyes and discharge from left eye. She has been separated from her husband for the past 3 years and had four casual male partners during last two years. She attended the antenatal clinic twice during this pregnancy but did not undergo any tests. Baby and mother were referred to the Central STD clinic for further management.
- 5.1 Discuss the possible **diagnoses** in this baby. (20 marks)
- 5.2 Briefly outline the steps that could have been taken to prevent conditions stated above. (30 marks)
- 5.3 Discuss the comprehensive management of this case. (50 marks)

**POSTGRADUATE INSTITUTE OF MEDICINE**  
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**DIPLOMA IN VENEREOLOGY EXAMINATION**  
**APRIL 2008**

Date : 21<sup>st</sup> April 2008

Time : 1.00 p.m. - 4.00 p.m.

**PAPER I**  
**(ESSAY TYPE QUESTIONS)**

**Answer all questions.**

**Each question to be answered in a separate book.**

1. Describe important aspects of the epidemiology of HIV / AIDS in Sri Lanka. (100 marks)
  
2. A 30-year-old female presented to the STD clinic with multiple genital warts (vulval warts) at a period of gestation of 20 weeks. Her last sexual exposure with husband, who is working away from home, was three months back. She has had unprotected sexual exposures with two casual male partners during the last three months.
  - 2.1. Discuss the implications of genital warts in pregnancy .(50marks)
  - 2.2. Outline how you would manage this patient. (50 marks)
  
3.
  - 3.1. Describe briefly the natural history of HIV infection. (30 marks)
  - 3.2. Define client initiated and provider initiated HIV testing. (30 marks)
  - 3.3. Discuss the applications of these two options in the natural history of HIV infection. (40 marks)

4. A 26-year-old female presented to an STD clinic with a contact slip from the marital partner which contained the diagnosis of gonococcal infection. She did not have any complaints. She is on oral contraceptive pills. She is married for 2 years and her last unprotected sexual exposure with husband was 2 days ago. She has had extramarital unprotected sexual exposures with two known male partners during last 3 months and the last exposure was 2 weeks ago.

On examination she had 2 lumpy lesions of 0.5 x 0.5 cm in perineum, whitish thick discharge at introitus, scratch marks on vulva and groin. Speculum examination revealed thick whitish vaginal discharge and an erythematous and oedematous cervix.

Microscopic investigations:

vaginal smears - hyphae and spores present, clue cells present  
cervical smear - more than 30 pus cells/per high power field

- 4.1. Outline the management *of* this patient giving reasons. (35 marks)
- 4.2. When she presented for follow up, results of the tests done in the first visit were available.
- |                      |            |
|----------------------|------------|
| Chlamydia Elisa test | - positive |
| VDRL                 | - R (32)   |
| TPP A                | - positive |

Discuss the management of this patient. (65 marks)

- 5.
- 5.1. Discuss the shortcomings in the notification and investigation of communicable diseases in Sri Lanka. (50 marks)
- 5.2. Briefly describe the measures that can be taken to rectify the situation. (50 marks)

**POSTGRADUATE INSTITUTE OF MEDICINE**  
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**POSTGRADUATE DIPLOMA IN VENEREOLOGY EXAMINATION**  
**APRIL 2009**

Date : 27<sup>th</sup> April 2009

Time : 1.00 p.m. - 4.00 p.m.

**PAPER I**

**(ESSAY TYPE QUESTIONS)**

**Answer all questions.**

**Each question to be answered in a separate book.**

1. A 30 year old married woman was referred to the STD clinic by a medical officer of health (MOH) in her second pregnancy at a period of amenorrhoea (POA) of 20 weeks with a positive VDRL report. Further serological tests done at the STD clinic confirmed the diagnosis of early latent syphilis. She was given erythromycin for two weeks as she was allergic to penicillin. She defaulted for follow up. Later she was referred to the STD clinic by a paediatrician with a three day old neonate with a skin rash and blood stained nasal discharge.
  - 1.1. Discuss the management. (70 marks)
  - 1.2. Outline the steps that could have been taken by the medical officer in the STD clinic to prevent the neonate getting affected. (30 marks)
  
2. HIV / AIDS Surveillance is an important area in a AIDS Control Programme.
  - 2.1. Define surveillance in HIV. (10 marks)
  - 2.2. What is sentinel surveillance in HIV ? (20 marks)
  - 2.3. Outline the importance of HIV surveillance data. (30 marks)
  - 2.4. Discuss second generation surveillance in HIV. (40 marks)

3. A 40 year old man presented to a dermatologist with oral thrush and difficulty in swallowing. The patient was referred to the Central STD Clinic with a confirmed positive HIV antibody test. Outline the management of this patient. (100 marks)

4. A group of 1600 injecting drug users were enrolled in a prospective cohort study to assess risk behaviours. At the time of enrolment 400 subjects were found to have at least one STI. During one year of follow up 300 out of the 1200 who were free of STI at baseline, developed an STI.

4.1. Calculate the prevalence of STI at baseline. (15 marks)

4.2. Calculate the incidence rate of STI. (15 marks)

The scientific paper reporting the findings of the above study stated as follows:

“ The relative risk for developing an STI was 2.2 (95% confidence interval 1.3 to 3.4;  $p = 0.008$ ) for non condom users compared to condom users.”

4.3. Explain the meaning of the above statement. (30 marks)

4.4. Describe briefly the problems associated with the conduct of cohort studies. (40 marks)

5. A 25 year old pregnant woman with a period of amenorrhoea (POA) of 28 weeks presented to the obstetrician with lumpy lesions in the genital area of three weeks duration. She was referred to a STD clinic and was diagnosed as having genital warts. Discuss the management. (100 marks)

**POSTGRADUATE INSTITUTE OF MEDICINE**  
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**POSTGRADUATE DIPLOMA IN VENEREOLOGY EXAMINATION**  
**MAY / JUNE 2010**

Date : 31<sup>st</sup> May 2010

Time : 1.00 p.m. – 4.00p.m.

**PAPER I**  
**(ESSAY TYPE QUESTIONS)**

**Answer all questions.**

**Each question to be answered in a separate book.**

1. A 25 year old woman with a period of amenorrhoea (POA) of eight weeks presented to Central STD clinic with multiple, superficial and painful vulval ulcers for 2 days which were preceded by blisters. She has no past history of similar lesions.
  - 1.1. How would you arrive at a diagnosis in this patient ?  
(30 marks)
  - 1.2. Discuss the management of this patient. (70 marks)
  
2.
  - 2.1. Describe the differences between monitoring and evaluation.  
(40 marks)
  - 2.2. Discuss the usefulness of routinely collected data for monitoring and evaluation of services provided by STD clinics in Sri Lanka.  
(60 marks)

3. A 28 year-old married HIV positive man attended the Central STD Clinic with pruritus and scars all over the body. His CD4 count was 180 cell/ $\mu$ L and the full blood count was normal except for the Hb 6.5 g/dL. He admitted having several sexual encounters in the past with male partners with and without condoms.
- 3.1. What further investigations would you request before deciding on antiretroviral (ARV) treatment for this patient ? (30 marks)
- 3.2. Give a first line ARV regimen for this patient, with reasons. (20 marks)
- 3.3. Discuss the issues you would address in counseling this patient. (50 marks)
4. In a study among sexually active men, 30 out of 100 condom users were found to have STIs, compared to 20 out of 100 non-condom users.
- 4.1. Give three (03) explanations for this observation. (30 marks)
- 4.2. Interpret the study finding using a statistical test. Give all relevant steps. (Statistical tables and equations are provided.) (70 marks)
5. A 30 year old male presented to the Central STD clinic with tenesmus and mucoid rectal discharge for last 3 weeks. He gave a history of sexual exposures with several men during last 2 years.
- 5.1. List the possible causes for his presentation. (20 marks)
- 5.2. How would you arrive at a diagnosis ? (30 marks)
- 5.3. Describe the management of this patient. (50 marks)

**POSTGRADUATE INSTITUTE OF MEDICINE**  
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**POSTGRADUATE DIPLOMA IN VENEREOLOGY EXAMINATION**  
**MAY 2011**

Date : 9<sup>th</sup> May 2011

Time : 1.00 p.m. – 4.00p.m.

**PAPER I**  
**(ESSAY TYPE QUESTIONS)**

**Answer all questions.**

**Each question to be answered in a separate book.**

1. A 35 year old HIV positive man presented to HIV clinic with generalized skin rash and pruritus. His CD4 count was 220 cells/cumm. He is married and has a 3 year old son.  

Discuss the management. (100 marks)
  
- 2,
  - 2.1. List the objectives of STI surveillance. (20 marks)
  
  - 2.2. List the STI syndromes that can be used for surveillance of STIs. (10 marks)
  
  - 2.3. Discuss the advantages and disadvantages of Syndrome STI case reporting and Aetiologic STI case reporting. (70 marks)

3. A 22 year old married primigravid woman at a period of gestation of 16 weeks, has been referred to provincial STD clinic by the local area MOH.. According to the referral note, her VDRL was R (128) and TPPA was positive.
- 3.1. Outline the management of this patient. (60 marks)
- 3.2. The above information is important for evaluation of the Programme for Elimination of Congenital Syphilis in Sri Lanka. Describe the flow of information, from the MOH Office to relevant authorities, indicating the relevant registers/records/charts. (40 marks)
4. A 24 year old married woman presented to STD clinic with complaints of excessive vaginal discharge and vulval itching for last one week.
- Discuss the management of this patient. (100 marks)
5. It is believe that unsafe sexual practices are commoner among those with low socio-economic status. As a researcher. you plan to carry out a study to assess the prevalence and factors associated with unsafe sexual practices in this population.
- 5.1. Name the study design that you would choose, giving reasons. (25 marks)
- 5.2. Describe the precautions that you would take to minimize errors in selecting an appropriate study sample. (40 marks)
- 5.3. Describe the precautions that you would take to minimize errors in obtaining data in this study sample. (35 marks)

**POSTGRADUATE INSTITUTE OF MEDICINE**  
**IUNIVERSITY OF COLOMBO**

**POSTGRADUATE DIPLOMA IN VENEREOLOGY EXAMINATION**  
**JUNE 2012**

Date : 18<sup>th</sup> June 2012

Time : 1.00 p.m. – 4.00p.m.

**PAPER I**  
**(ESSAY TYPE QUESTIONS)**

**Answer all questions.**

**Each question to be answered in a separate book.**

1. A 32-year-old HIV positive married man has been on Tenofovir, Emtricitabine and Efavirenz (TDF + FTC + EFV) for four years. His last CD4 count was 110 cells /  $\mu\text{L}$  which was the only investigation carried out during the last 3 months. He has never brought his wife for testing.
  - 1.1. What further investigations would you carry out in this patient ?  
Give reasons. (40 marks)
  - 1.2. How would you manage this patient ? (40 marks)
  - 1.3. What steps would you take regarding the management of his wife ?  
(20 marks)
  
2.
  - 2.1. Describe the effective HIV prevention strategies available for female sex workers (FSW). (50 marks)
  - 2.2. Outline five (05) indicators giving relevant numerators and denominators, that can be used for monitoring of an HIV prevention programme for female sex workers. Briefly explain how these indicators help to monitor this programme. (50 marks)

3. A 30-year-old married man attended the Central STD clinic, Colombo with history of muco-purulent urethral discharge on and off for the last 3 months. He has had unprotected sexual exposure with a female sex worker 3 weeks prior to the onset of symptoms. He has taken treatment from a general practitioner 2 months back and his symptoms subsided. However; symptoms have recurrent in a few weeks. There were no other associated symptoms.

Other than a scanty urethral discharge, his general and genital examination were normal.

Gram stained urethral smear revealed 10-15 pus cells per high power field.

- 3.1. Discuss the diagnosis and aetiology of this presentation. (30 marks)
- 3.2. Explain the possible reasons for recurrence of symptoms in this patient. (20 marks)
- 3.3. How would you manage this patient ? (50 marks)

4. A 28-year-old married woman in her first pregnancy with a period of gestation of 14 weeks was referred by the Medical Officer of Health (MOH) with a history of multiple, painful genital ulcers for the last 4 days. She has had vesicles prior to the onset of ulcers.

- 4.1. As the medical officer of a provincial STD clinic, discuss how you would manage this patient. (70 marks)
- 4.2. In your back referral, what advice / information will you give to the MOH in providing antenatal and postnatal care to this mother and baby ? (30 marks)

5. Sociologists suggest that the quality of life (QOL) is poor among patient's suffering from genital warts.

5.1. Name a suitable study design to assess the prevalence of poor quality of life (QOL) among patients with genital warts, giving reasons. (20 marks)

5.2. The following results were obtained in a study. Is there a statistically significant difference between patients with 'poor' QOL and 'good' QOL in relation to their age ? Prove statistically . Give all relevant steps. (50 marks)

	Patient with 'poor' QOL	Patient with 'good' QOL
Number of patients	100	100
Mean age	24 years	30 years
Standard deviation (SD)	5 years	4 years

5.3. Comment on the preventive strategies for HPV infection and related consequences. . (30 marks)

**POSTGRADUATE INSTITUTE OF MEDICINE**  
**IUNIVERSITY OF COLOMBO**

**POSTGRADUATE DIPLOMA IN VENEREOLOGY EXAMINATION**  
**JUNE 2013**

Date : 10<sup>th</sup> June 2013

Time : 1.00 p.m. – 4.00p.m.

**PAPER I**  
**(ESSAY TYPE QUESTIONS)**

**Answer all questions.**

**Each question to be answered in a separate book.**

1. A researcher plans to conduct a study to determine the significance of sexually transmitted infections (STI) as a risk factor for first trimester abortions among women.
  - 1.1. Name the most appropriate design for this study. (10 marks)
  - 1.2. State the eligibility criteria of the study population that you would consider in this study. (20 marks)
  - 1.3. Describe the study instruments that you would use in this study, giving reasons. (20 marks)
  - 1.4. Given below are the results obtained by the researcher.

	<b>Abortion +</b>	<b>Abortion -</b>
<b>STI +</b>	25	60
<b>STI -</b>	10	80

Prove statistically whether there is an association between STI and first trimester abortion. (Statistical tables and equations provided.)  
(50 marks)

2. You are the medical officer of a district STD clinic and have been requested by an MOH in your area to implement a programme to prevent STI and HIV among out-of-school youth in a low income area.

Describe how you would plan and carry out the programme. (100 marks)

3. A 32 year old married man presented to the central STD clinic with a history of painless lumps in the perianal region for two weeks. He admitted having several unprotected sexual exposures with three casual male partners during past four months. His last sexual exposure with the wife who is 30 weeks pregnant was one month ago.

3.1. List the possible causes for his presentation. (20 marks)

3.2. How would you arrive at a diagnosis? (30 marks)

3.3. Describe the management of this patient. (50 marks)

4.

4.1. Describe the current STD/HIV surveillance system in Sri Lanka. (50 marks)

4.2. Discuss the second generation surveillance for HIV, giving emphasis to Integrated Biological and Behavioural Surveillance (IBBS). (50 marks)

5. A 35 year old married man was admitted to National Hospital with recurrent chest infections and was found to be HIV positive. When referred to the central STD clinic, he revealed that he was diagnosed as HIV positive 5 years ago. He has defaulted since then. His current CD4 count is 15 cells/ $\mu$ l.

5.1. Outline the clinical management of this patient. (50 marks)

5.2. Discuss the missed opportunities in this case scenario. (50 marks)