

POSTGRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO

MD (OBSTETRICS & GYNAECOLOGY) EXAMINATION -  
JUNE 2019

Date: 05<sup>th</sup> June 2019

Time: 9.30 a.m. – 12.30 p.m.

STRUCTURED ESSAY QUESTION (SEQ) PAPER

Answer all six (06) questions.

Each question should be answered in a separate book.

1. A 25-year-old, primigravida at 30 weeks of gestation presents to a local hospital, body swelling of 2 days duration, severe headache, and blurred vision. On admission, she is oedematous, with a blood pressure of 170/110 mmHg and temperature of 36.5 °C. Urine ward test reveals 2+ of proteinuria. She is transferred to a tertiary hospital for further management. On arrival, blood pressure and proteinuria remain the same. She complains of right hypochondriac pain. She has hyperreflexia accompanied by clonus.
  - 1.1. What is your diagnosis? (05 marks)
  - 1.2. List five (5) life threatening systemic complications of this condition. (10 marks)
  - 1.3. Discuss the management of this patient, giving the underlying principles. (40marks)
  - 1.4. Briefly evaluate the preventive strategies for reducing the risk of preeclampsia. (25 marks)
  - 1.5. Describe newer screening methods useful to identify women at risk of developing preeclampsia. (20 marks)

2. A 22-year-old primigravida at 20 weeks of gestation presents to the emergency treatment unit with chest pain and dyspnoea. She is having fever for 3 weeks. Her general practitioner recently treated her with oral antibiotics. She has undergone mitral valve replacement (mechanical valve) 2 years ago. Her body mass index is  $29 \text{ kg/m}^2$  and her hemoglobin is  $11 \text{ g/dl}$ . On examination she is ill looking, febrile with temperature of  $38.5^\circ\text{C}$ , breathless and pulse rate of  $120/\text{min}$  with a prominent pan systolic murmur at the apex.

2.1. List the major management concerns of a pregnant woman with a prosthetic heart valve. (10 marks)

2.2. Briefly outline your immediate management of this patient. (30 marks)

2.3. Describe the subsequent antenatal and intrapartum management plan of this patient. (40 marks)

2.4. Enumerate strategies to minimize maternal mortality & morbidity in Sri Lanka due to heart disease complicating pregnancy. (20 marks)

3. A 29-year-old primigravida with a BMI of  $35 \text{ kg/m}^2$  with an uneventful antenatal period is admitted at 38 weeks gestation in labour. On admission to the hospital, she was 6 cm dilated and parameters in the partogram was within the normal range. On her insistence, an emergency caesarean section was performed and a healthy baby girl weighing 2.8 Kg was delivered. The surgery and the postoperative period were uncomplicated, and she was discharged after 72 hours.

While at home she experienced episodic chest pain and difficulty in breathing. On the 10<sup>th</sup> postoperative day she collapsed after complaining of severe chest pain. She was pronounced dead on arrival at the hospital.

3.1. Outline the measures, which could have prevented this death. (45 marks)

3.2. Give three reasons, how a rising caesarean section rate could increase maternal mortality. (15 marks)

3.3. What are the factors that contribute to the increasing caesarean section rate due to non-medical reasons? (20 marks)

3.4. What are the steps, which can be taken to reduce non-medically indicated caesarean section? (20 marks)

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4. The Sustainable Development Goals (SDGs) are a collection of 17 global goals set by the United Nations General Assembly in 2015 for the year 2030.
- 4.1. What are Sustainable Development Goals? (20 marks)
- 4.2. Describe the Sustainable Development Goals relevant to obstetrics and Gynaecology and the set targets of each such Sustainable Development Goal. (30 marks)
- 4.3. Discuss the measures and actions you would propose to adopt in Sri Lanka to achieve the set targets given in 4.2 above. (50 marks)
5. A recently married couple of which one partner has been diagnosed of a cancer comes to your gynaecology clinic. They plan to embark on a pregnancy in the future and wish to discuss all fertility preservation options available to them. They are not happy to divulge further information about the cancer due to personal reasons.
- 5.1. Briefly explain what is meant by “fertility preservation in cancer patients” and its importance. (30 marks)
- 5.2. Describe briefly the comprehensive multidisciplinary teamwork and supports available for this purpose. (20 marks)
- 5.3. Describe fertility preservation options available for the male partner. (20 marks)
- 5.4. Describe fertility preservation option available for the female partner. (30 marks)
6. A 42-year-old mother of 2 children has undergone a total abdominal hysterectomy and bilateral salpingo oophorectomy 4 weeks ago, for extensive recurrent symptomatic pelvic endometriosis. She attends your gynaecological clinic with her husband. The histopathology report confirms endometriosis. She complains of hot flushes. She is otherwise healthy.
- 6.1. Outline the issues that you will discuss with the couple. (30 marks)
- 6.2. Critically evaluate the treatment options for this patient. (50 marks)
- 6.3. Describe the follow up plan. (20 marks)