

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

**MD (OBSTETRICS & GYNAECOLOGY) EXAMINATION –**  
**OCTOBER 2021 (RESCHEDULED)**

**Date:-** 18<sup>th</sup> October 2021

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

Answer all **six (06)** questions.

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

**SHORT ANSWER QUESTIONS**

1. A 26 year old nulliparous woman with systemic lupus erythematosus (SLE) with lupus nephritis is planning a pregnancy in one year's time. She is referred to you for pre-conception counselling.  
Justify why this consultation is essential to optimize the outcome of her pregnancy. (100 marks)

2. A 17 year old girl presents with an ultrasound scan which shows a 3cm diameter cyst in the left ovary with ultrasonic characteristics of an endometrioma. She has been symptomatic since 12 years of age but was reassured repeatedly that all was normal with her.

Discuss factors influencing the management and treatment options of this patient giving reasons. (100 marks)

**STRUCTURED ESSAY QUESTIONS**

3. A 26 year old woman presents for antenatal care at 14 weeks gestation with confirmed monochorionic diamniotic twin pregnancy (MCDA), following IVF treatment for primary unexplained infertility.
- 3.1. Outline the antenatal management specific to an uncomplicated MCDA pregnancy with justification. (30 marks)
- 3.2. List antenatal complications specific to MCDA pregnancies and briefly describe the pathophysiological basis for these complications. (30 marks)
- 3.3. What are the consequences of single fetal demise on the surviving twin and outline how this should be managed? (20 marks)
- 3.4. When and how should MCDA pregnancies be delivered? (20 marks)

4. A vacuum extraction is performed at term for delay in the second stage of labour. There have been no signs of fetal distress during the labour but the baby has an Apgar score of 6 at 5 minutes.
  - 4.1. Discuss the technical aspects of vacuum delivery that may increase the risk of a subgaleal haemorrhage (SGH). (40 marks)
  - 4.2. List the spectrum of clinical features that might raise your suspicion that this baby has had subgaleal haemorrhage (SGH). (30 marks)
  - 4.3. Give an account of fetal complications associated with instrumental deliveries. (30 marks)
  
5. A 32 year old nulliparous woman is seen in the gynaecology clinic with a long history of premenstrual physical and mood symptoms. She has a normal BMI ( $23\text{kg/m}^2$ ) and is currently using condoms for contraception.
  - 5.1. How will you confirm the diagnosis of premenstrual syndrome (PMS)? (10 marks)
  - 5.2. Describe the first line management of PMS in this woman. (40 marks)
  - 5.3. If the patient does not respond to first line therapy, what are the other treatment options available? (40 marks)
  - 5.4. Discuss the salient points in prepregnancy counselling with regard to this condition. (10 marks)
  
6. You are called to the operating theatre to attend a laparoscopy being performed by the general surgeon. The patient is a 22 year old woman with an acute abdomen with presumed acute appendicitis. The only obvious abnormality the surgeon has noted is a right sided pyosalpinx.
  - 6.1. Outline and justify the intra-operative steps required to manage this patient. (30 marks)
  - 6.2. Enumerate the common microorganisms for which this patient should be treated and the factors which influence the choice of an appropriate treatment regimen. (15 marks)
  - 6.3. Excluding subfertility, list the complications and long-term sequelae associated with pyosalpinx. (25 marks)
  - 6.4. She presents 2 years later with infertility and found to have bilateral hydrosalpinx on laparoscopic assessment. Other investigations are found to be normal. Briefly discuss the management options for infertility giving reasons. (30 marks)