

Sikkim Public Service Commission

Written Examination for the post of Specialist (Senior Grade) – Gynaecology & Obstetrics

Time Allowed: 3 hours & 30 minutes

PAPER – II

Maximum Marks: 300

INSTRUCTIONS TO CANDIDATES

Read the instructions carefully before answering the questions: -

1. This Test Booklet consists of 12 (twelve) pages and has 100 (hundred) printed questions.
2. IMMEDIATELY AFTER THE COMMENCEMENT OF THE EXAMINATION, YOU SHOULD CHECK THAT THIS BOOKLET DOES NOT HAVE ANY UNPRINTED, TORN OR MISSING PAGES OR ITEMS. IF SO, GET IT REPLACED BY A COMPLETE TEST BOOKLET.
3. Use only Black Ball Point Pen to fill the OMR Sheet.
4. Please note that it is the candidate's responsibility to fill in the Roll Number carefully without any omission or discrepancy at the appropriate places in the OMR ANSWER SHEET as well as on SEPARATE ANSWER BOOKLET for Conventional Type Questions. Any omission/discrepancy will render the Answer Sheet liable for rejection.
5. Do not write anything else on the OMR Answer Sheet except the required information. Before you proceed to mark in the OMR Answer Sheet, please ensure that you have filled in the required particulars as per given instructions.
6. This Test Booklet is divided into 4 (four) parts – Part-I, Part-II, Part-III and Part-IV.
7. All four parts are Compulsory.
8. Part-I consists of Multiple-Choice Questions. The answers for these questions have to be marked in the OMR Answer Sheet provided to you.
9. Parts II, III and IV consists of Conventional Type Questions. The answers for these questions have to be written in the Separate Answer Booklet provided to you.
10. After you have completed filling in all your responses on the OMR Answer Sheet and the Answer Booklet(s) and the examination has concluded, you should hand over the OMR Answer Sheet and the Answer Booklet(s) to the Invigilator only. You are permitted to take the Test Booklet with you.
11. **Marking Scheme**

THERE WILL BE **NEGATIVE MARKING** FOR WRONG ANSWERS MARKED BY A CANDIDATE IN THE OBJECTIVE TYPE QUESTIONS

- (i) There are four alternatives for the answer to every question. For each question for which a wrong answer has been given by the candidate, one-third of the marks assigned to the question will be deducted as penalty.
- (ii) If a candidate gives more than one answer, it will be treated as a wrong answer even if one of the given answers happens to be correct and there will be same penalty as above to the question.
- (iii) If a question is left blank. i.e., no answer is given by the candidate, there will be no penalty for that question.

DO NOT OPEN THIS TEST BOOKLET UNTIL YOU ARE ASKED TO DO SO

PART - I
(Multiple Choice Questions)

Choose the correct answer for Questions 1 to 75 from the given options. Each question carries 2 marks.

[75 x 2 = 150]

1. All of the following methods are recommended by WHO for treatment of PPH **except**:
 - (a) Uterine packing
 - (b) Bimanual compression
 - (c) Use of military anti-shock garment
 - (d) Balloon tamponade
2. Which of the following tests can be used to detect severity of PPH?
 - (a) Shock index
 - (b) Clot amplitude
 - (c) Maximum clot firmness
 - (d) All of the above
3. The most common cause of death in a patient with uterine inversion is:
 - (a) Neurogenic shock
 - (b) Haemorrhagic shock
 - (c) Pulmonary embolism
 - (d) Amniotic fluid embolism
4. The triple P procedure for placenta percreta involves all **except**:
 - (a) Pelvic devascularization
 - (b) Placental localization using USG
 - (c) Peripartum hysterectomy
 - (d) Myometrial excision for placental nonseparation
5. A P₃ female who had normal vaginal delivery develops PPH. The third stage was managed actively and placenta and membranes were expelled completely. What is the first step in management?
 - (a) Carry out uterine massage
 - (b) Insert two 14G cannula and start I/V fluid
 - (c) Give oxytocin infusion
 - (d) Palpate the uterus to determine its consistency
6. All of the following are indications of Amnioinfusion **except** -
 - (a) Oligohydramnios
 - (b) Suspected renal anomalies
 - (c) To facilitate labour
 - (d) In case of fetal distress
7. What is the maximum capacity of Bakri balloon which is used in post-partum hemorrhage?
 - (a) 200 ml
 - (b) 300 ml
 - (c) 500 ml
 - (d) 1000 ml
8. In an after-coming head the following bone is perforated during craniotomy:
 - (a) Occiput
 - (b) Parietal
 - (c) Palate
 - (d) Frontal
9. The after coming head of breech presentation, chin to pubes is delivered by:
 - (a) Burns-Marshall method
 - (b) Manual rotation & extraction by Piper's Forceps
 - (c) Mauriceau-Smellie-Veit technique
 - (d) Lovset's manoeuvre
10. ECV is contraindicated in:
 - (a) Primi
 - (b) Flexed breech
 - (c) Anemia
 - (d) PIH
11. On external cephalic version, fetal bradycardia occurred. The next course of action is:
 - (a) Reversion to the original position immediately by external version
 - (b) Internal podalic version

- (c) Cesarean section
(d) Rupture of the membranes
12. All of the following are Types of urinary fistula **except**:
(a) Ureterovaginal
(b) Vesicovaginal
(c) Ureterouterine
(d) Urethro uterine
13. All of the following pairs are correctly matched **except**:
(a) Uterine prolapsed - Vaginal hysterectomy
(b) Rectocele - Posterior colporrhaphy
(c) Cystocele - Colposuspension
(d) Vault prolapse - Sacrospinous fixation
14. Regarding the sling procedure for Urodynamic Stress Incontinence (USI):
(a) Tension-free vaginal tape (TVT) elevates the bladder neck to a retropubic position
(b) TVT is an autologous sling material
(c) Intrinsic sphincter deficiency is an indication
(d) Success rate of TVT is lower than other retropubic procedures
15. A 26-year-old nulliparous female with third degree uterine prolapse, but no cystocele and no rectocele is best treated by:
(a) Abdominal sling surgery
(b) Le fort colpocleisis
(c) Fothergill's repair
(d) Amputation of cervix
16. A 65-year-old female has 3rd degree UV prolapse with a large decubitus ulcer. She gives history of urinary retention several times. What is the next step in management?
(a) Manchester repair
(b) Le fort repair
(c) Insertion of ring pessary and application of estrogen cream
(d) Vaginal hysterectomy
17. Most common site of obstetric injury leading to ureterovaginal fistula:
(a) Infundibulo pelvic ligament
(b) Vaginal vault
(c) Ureteric tunnel
(d) Below cardinal ligament where uterine artery crosses
18. A 65-year-old P3+0 female complains of procidentia. She has past history significant of MI and is diabetic and hypertensive. Ideal management of prolapse in the patient is:
(a) Cervicopexy
(b) Vaginal hysterectomy
(c) Wait and watch
(d) Le Forts repair
19. Chassar Moir technique is used in:
(a) VVF
(b) Stress incontinence
(c) Urethrocoele
(d) Enterocoele
20. In a case of incontinence of urine, dye filled into the urinary bladder does not stain the pad in the vagina, yet the pad is soaked with clear urine. Most likely diagnosis is:
(a) VVF
(b) Ureterovaginal fistula
(c) Urinary stress incontinence
(d) Urethro-vaginal fistula
21. Intrauterine insemination means implantation of:
(a) Semen
(b) Washed semen
(c) Millions of sperm
(d) Fertilized ova
22. IUI is indicated in:
(a) Endometriosis
(b) PCOD
(c) Male Infertility
(d) Tubal factor infertility

23. Characteristics of an ideal candidate for copper-T insertion include all of the following **except**:
- (a) Has borne at least one child
 - (b) Is willing to check IUD tail
 - (c) Has a history of ectopic pregnancy
 - (d) Has normal menstrual periods
24. All of the following are appropriate time for IUCD insertion **except**:
- (a) Immediately after delivery
 - (b) Post-puerperal period
 - (c) Before menstruation
 - (d) all of the above
25. A lady with IUCD becomes pregnant with tail of IUCD being seen. The next course of action is:
- (a) MTP
 - (b) Remove the IUCD
 - (c) Continue the pregnancy
 - (d) Remove IUCD and terminate pregnancy
26. Absolute contraindication of IUCD is:
- (a) Endometriosis
 - (b) Iron deficiency anemia
 - (c) Dysmenorrhea
 - (d) Pelvic tuberculosis
27. A 36-year-old female presents with heavy menstrual bleeding. She has one child of 7 years. USG shows a single 3x3 cm submucosal fibroid. Hemoglobin is 10.5 gm/dl. What is the best treatment option for her?
- (a) GnRH injection
 - (b) UAE
 - (c) Hysteroscopic myomectomy
 - (d) Laparoscopic myomectomy
28. Sucheta, a 29-year-old nulliparous woman complains of severe menorrhagia and lower abdominal pain since 3 months. On examination there was a 14 weeks size uterus with fundal fibroid. The treatment of choice is:
- (a) Myomectomy
 - (b) GnRH analogs
 - (c) Hysterectomy
 - (d) Wait and watch
29. What is the earliest, most common presenting feature of anterior cervical fibroid?
- (a) Frequency of urine
 - (b) Bleeding
 - (c) Acute abdomen
 - (d) Constipation
30. All of the following are risk factors for cancer cervix **except**:
- (a) Early age of intercourse
 - (b) Early menarche
 - (c) Smoking
 - (d) Nulliparity
31. A 30-year-old female undergoes pap smear. Her report shows presence of atypical squamous cells of unknown significance. What is the next best step in management?
- (a) Repeat pap smear in 6 months
 - (b) Repeat pap smear in 2 years
 - (c) Perform colposcopy
 - (d) Do HPV-DNA testing
32. If HPV DNA testing shows infection with high-risk HPV types in ASCUS positive Pap's, what is the next step in management?
- (a) Perform colposcopy
 - (b) Perform cryotherapy
 - (c) Perform LEEP
 - (d) Repeat smear and HPV test in 1 year
33. All of the following are advantages of surgery over radiotherapy in CA cervix **except**:
- (a) Low mortality
 - (b) Conservation of ovaries
 - (c) Preservation of coital function
 - (d) None
34. Acetic acid staining of cervix shows all of the following **except**:

- (a) Squamous dysplasia
(b) Cervical carcinoma in situ
(c) Cervical polyp
(d) Cervical dysplasia
35. Pap smear of Lelawati, a 45-year-old female, shows CIN grade III. Which of the following is the next step in management?
(a) Punch biopsy
(b) Large loop excision
(c) Colposcopy directed biopsy
(d) Cone biopsy
36. Therapeutic conisation is indicated in:
(a) Microinvasive carcinoma
(b) CIN(III)
(c) Unsatisfactory colposcopy with cervical dysplasia
(d) Cervical metaplasia
37. Management of a 5 cm dermoid cyst which has undergone torsion at 10 weeks of pregnancy is:
(a) Wait and watch
(b) Removal in 2nd trimester
(c) Immediate removal
(d) Serial USG monitoring
38. A 52-year-old postmenopausal female presents with a unilocular ovarian cyst of 6 cm with normal CA-125 levels; the management is:
(a) USG guided ovarian tapping
(b) Wait and watch
(c) Surgery
(d) OCP
39. All the following are presentations of adenomyosis **except**:
(a) Menorrhagia
(b) Infertility
(c) Dysmenorrhea
(d) Abdominal surgery
40. Dash and dot appearance on USG is seen in:
(a) Adenomyosis
(b) Dermoid cyst of ovary
(c) Molar pregnancy
(d) Serous tumors of ovary
41. Bilateral ovarian tumor with pleural effusion is staged as:
(a) stage II A
(b) stage III A
(c) stage IV A
(d) stage IV B
42. RMI value of _____ denotes possible malignancy.
(a) >200
(b) >250
(c) >300
(d) >350
43. Chemotherapy for dysgerminoma is:
(a) Cisplatin, etoposide, bleomycin
(b) Cyclophosphamide, vincristine, prednisolone
(c) Adriamycin, cyclophosphamide, cisplatin
(d) Methotrexate, oncovin, cyclophosphamide
44. A 12-year-old female is admitted as a patient of dysgerminoma of right ovary 4x5 cm in size with intact capsule. Best treatment will be:
(a) Ovarian cystectomy
(b) Oophorectomy on the involved side
(c) Bilateral oophorectomy
(d) Hysterectomy with bilateral salpingo-oophorectomy
45. A 24-year-old woman presents with new onset right lower quadrant pain, and you palpate an enlarged, tender right adnexa. Which of the following sonographic characteristics of the cyst in this patient suggests the need for surgical exploration now, instead of observation for one menstrual cycle?
(a) Lack of ascites
(b) Unilocularity
(c) Papillary vegetation

- (d) Diameter of 3 cm
46. What is the stage of a bilateral ovarian cancer with capsule breached and ascites positive for malignant cells?
- (a) I
 - (b) II
 - (c) III
 - (d) V
47. A 26-year-old female presented with mild pain in lower abdomen. She has had 2 full-term normal delivery earlier. Her last menstrual period was 3 weeks back. On pelvic examination, you find a palpable mass in the adnexa. On USG pelvis, you find a 5 cm ovarian cyst. What should be your next step?
- (a) Observation and follow-up for cyst after 2-3 months
 - (b) CA-125 levels
 - (c) Diagnostic exploratory laparotomy
 - (d) CECT of pelvis
48. Postcoital test detects all of the following except:
- (a) Fallopian tube block
 - (b) Cervical factor abnormality
 - (c) Sperm count
 - (d) Sperm abnormality
49. Which of the following is true for obstructive azoospermia?
- (a) Raised FSH and LH
 - (b) Normal FSH and LH
 - (c) Raised LH and Normal FSH
 - (d) Raised FSH and Normal LH
50. Fallopian tube dysmotility is seen in:
- (a) Noonan Syndrome
 - (b) Turner Syndrome
 - (c) Kartagener Syndrome
 - (d) Marfan Syndrome
51. Anti-hormonal substance used for induction of ovulation is:
- (a) Mefipristone
 - (b) Clomiphene Citrate
 - (c) Tamoxifen
 - (d) Raloxifen
52. Breech presentation with hydrocephalus is managed by:
- (a) Cesarean section
 - (b) Transabdominal decompression
 - (c) PV decompression
 - (d) All of above
53. Carbetocin dose for PPH is:
- (a) 100 microgram IV
 - (b) 50 microgram IV
 - (c) 150 microgram IV
 - (d) 250 microgram
54. The following complications during pregnancy increase the risk of postpartum hemorrhage (PPH) except:
- (a) Hypertension
 - (b) Macrosomia
 - (c) Twin pregnancy
 - (d) Hydramnios
55. B Lynch suture is applied on:
- (a) Cervix
 - (b) Uterus
 - (c) Fallopian
 - (d) Ovaries
56. A patient went into shock immediately after normal delivery. The likely cause is:
- (a) Amniotic fluid embolism
 - (b) PPH
 - (c) Uterine inversion
 - (d) Eclampsia
57. A 28-year-old female with a history of 8 weeks amenorrhoea complains of vaginal bleeding and lower abdominal pain. On USG examination there is gestational sac with absent fetal parts. The diagnosis is:
- (a) Ectopic pregnancy
 - (b) Incarcerated abortion
 - (c) Threatened abortion
 - (d) Corpus luteum cyst

58. All of the following drugs have been used for medical abortion **except**:
- (a) Mifepristone
 - (b) Misoprostol
 - (c) Methotrexate
 - (d) Atosiban
59. According to the MTP Act, opinions of two doctors is required when pregnancy is:
- (a) 10 weeks
 - (b) 8 weeks
 - (c) >12 weeks
 - (d) >20 weeks
60. For medical termination of pregnancy, consent should be obtained from:
- (a) The male partner
 - (b) The male as well as the female partner
 - (c) The female partner
 - (d) Consent is not required
61. A G6+0+0 lady h/o recurrent missed abortions at 14-16 weeks comes to you with a missed abortion at 12 weeks. Which of the following tests is not warranted?
- (a) Lupus anticoagulant
 - (b) Anticardiolipin antibodies
 - (c) VDRL of father and mother
 - (d) Fetal karyotype
62. Absolute Contraindication(s) for medical abortion is/are:
- (a) Hypersensitivity to prostaglandin
 - (b) Suspected ectopic pregnancy
 - (c) Undiagnosed adnexal mass
 - (d) All of above
63. Twin pregnancy predisposes to:
- (a) Hydramnios
 - (b) Pregnancy induced hypertension
 - (c) Malpresentation
 - (d) All of the above
64. Absolute proof of monozygosity is determined by:
- (a) DNA finger printing
 - (b) Intervening membrane layers
 - (c) Sex of the babies
 - (d) Reciprocal skin grafting
65. A 26-year-old primigravida with a twin gestation at 30 weeks presents for a USG. The sonogram indicated that the fetuses are both male and the placenta appears to be diamniotic and monochorionic. Twin B is noted to have oligohydramnios and to be much smaller than twin A. In this clinical scenario, all of the following are concerns for twin A **except**:
- (a) CHF
 - (b) Anemia
 - (c) Hydramnios
 - (d) Widespread thromboses
66. Which of the following statements are correct about establishing the chorionicity in twin pregnancy?
- (a) Same sex rule out dichorionicity
 - (b) Twin peak in dichorionicity
 - (c) Thick membrane is present in monochorionic
 - (d) Best detected after 16 weeks
67. Blood chimerism is maintained by:
- (a) Monochorionic dizygotic twins
 - (b) Dichorionic dizygotic twins
 - (c) Vanishing twins
 - (d) Singleton pregnancy
68. In multiple pregnancy, fetal reduction is done by:
- (a) KCI
 - (b) Mifepristone
 - (c) PGF2-alpha
 - (d) Methotrexate
69. Sarita, a 30-year-old woman develops a deep vein thrombosis in her left calf on the fourth postoperative day following cesarean section done for fetal distress. The patient is started on heparin and is scheduled to being on a 6 weeks course of warfarin therapy. The patient is a devoted

- mother who wants to breastfeed her baby. What is the advice which is given to the patient?
- (a) Patient may continue breastfeeding at her own risk
 - (b) Patient should breastfeed her baby only if her INR is at <2.5
 - (c) Patient can breastfeed her baby after 6 weeks course of warfarin is over
 - (d) Warfarin is not a contraindication for lactation
70. You are called to a maternity ward to see a 23-year-old primi patient who had delivered a 2.7 kg baby boy 2 days back. She had a normal vaginal delivery and placenta delivered spontaneously. Now she complains of bloody vaginal discharge with no other signs. O/E you notice a sweetish odour bloody discharge on the vaginal walls and introitus. Sterile pelvic examination shows a soft nontender uterus. Her P/R is 78/min, B/P is 100/76 mm of Hg, temp 37°C and R/R 16/min. Her WBC count is 10,000 with predominant granulocytes. What is the most appropriate step?
- (a) Curettage
 - (b) Oral antibiotics
 - (c) Reassurance
 - (d) Order urinalysis
71. The cause of 'postpartum blues' is:
- (a) Decreased estrogen
 - (b) Decreased Progesterone
 - (c) Increased prolactin
 - (d) Decreased estrogen and Progesterone
72. Which of the following steps has proven benefit in decreasing puerperal infection following cesarean section:
- (a) Non closure of peritoneum
 - (b) Single layer uterine closure
 - (c) Administration of single dose of ampicillin or 1st generation cephalosporin at the time of cesarean delivery
 - (d) Skin closure with staples than with suture
73. All the following are markers for malignant germ cell tumours of ovary **except**:
- (a) CA-125
 - (b) Alpha - fetoprotein
 - (c) Beta HCG
 - (d) LDH
74. Complication specific to monoamniotic twin is:
- (a) TTTS
 - (b) Cord entanglement
 - (c) TRAP
 - (d) Acardiac Twin
75. Which of the following is more correct about breast infection during lactation?
- (a) Due to bacteria from infant's GIT
 - (b) Mastitis does not affect the infant
 - (c) E-Coli is the only responsible organism
 - (d) Can lead to abscess and I&D may be required.

PART - II
(Conventional Type Questions)

Write short notes on any 10 (ten) from Questions 76 to 88. Each question carries 5 marks.

[10 x 5 = 50]

76. Intra Uterine Contraceptive Device insertion.
77. Loop Electro Surgical Excision Procedure.
78. Complete Perineal Tear.
79. Amniocentesis.
80. Non-Stress Test.
81. Delivery of Twins.
82. Manual Removal of Placenta.
83. Pap Smear.
84. Post Coital Test.
85. Tuboplasty.
86. Incision and Drainage.
87. Vaginoplasty.
88. Colposcopy.

PART - III
(Conventional Type Questions)

Answer any 5 (five) from Questions 89 to 96. Each question carries 10 marks.

[5 x 10 = 50]

89. Discuss diagnosis of Ectopic pregnancy.
90. Enumerate types of Biopsy Cervix.
91. Enumerate surgeries for urinary incontinence.
92. Discuss Male Infertility.
93. Write a note on External Cephalic Version.
94. Enumerate Destructive operations.
95. Discuss incompetent os.
96. Write a note on Inversion Uterus.

PART - IV
(Conventional Type Questions)

Answer any 2 (two) from Questions 97 to 100. Each question carries 25 marks.

[2 x 25 = 50]

97. Discuss Permanent Female Sterilization methods.
98. Enumerate causes of female infertility. Discuss tubal factors.
99. Discuss methods of 2nd trimester termination of pregnancy.
100. Discuss management of Post-Partum Haemorrhage.

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