OBSTETRICS AND GYNECOLOGY

PRE TEST SELF EXAMINATION REVIEW

INCLUDES 800 EFFECTIVE OBJECTIVE QUESTIONS (TRUE OR FALSE FORMAT) ORGANIZED IN 285 HEADINGS OF RELATIVELY HIGH LEVEL OF DIFFICULTY.

THE BOOK IS BASED ON THE MCQ BEST PRACTICE I.E. DON'T DIRECTLY LIFT PHRASES, AVOID DOUBLE NEGATIVES, USE CORRECT PHRASE FORMS, AND USE "ALL OF THE ABOVE" OR "NONE OF THE ABOVE" SPARINGLY

2011

Questions

1. The risk of familial ovarian cancer is high if:

A. Two first-degree relatives have ovarian cancer.
B. One woman has ovarian cancer and a first-degree relative under 50 years of age has breast cancer.
C. The BRCA1 gene is detected.
D. One woman has ovarian cancer and two first-degree relatives have breast cancer diagnosed before 60 years of age.
E. One woman has ovarian cancer and three first-degree relatives have colorectal cancer with at least one case diagnosed before 50 years of age.

2. The following substances are safe in pregnancy:

A. Chlorpheniramine.
B. Aspirin.
C. Vitamin A.
D. Vitamin D.
E. Polio vaccination.
F. Tuberculosis vaccination.

3. Malpresentations:

A. Face presentation is a contraindication to vacuum extraction.
B. Asynclitism occurs when the vertex fails to descend with the sagittal suture in the transverse diameter of the pelvis.
C. Persistent occipitoposterior (OP) position may occur if the vertex remains deflexed on entering the pelvis.
D. Persistent anterior cervical lip is a sign of persistent OP position.

4. Uterovaginal prolapse:

A. Nagel exercises aim to contract the pubococcygeus in order to improve the symptoms attributable to a cystocele.
B. First-degree prolapse describes protrusion of the cervix through the vaginal introitus.
C. Colpocliesis is commonly used to repair a rectocele.
D. Rectocele presents as a protrusion of the anterior vaginal wall.
E. Prolapse cannot occur after hysterectomy.
F. The pelvic floor muscles form a gutter sloping downwards and forwards.
G. Procidentia describes descent of the anterior vaginal wall through the vaginal introitus.
H. Urethrocele describes prolapse of the lowest third of the anterior vaginal wall.
I. Prolapse of the pouch of Douglas is called an enterocele.
J. Vaginal hysterectomy is the treatment of choice for procidentia in a patient fit for theatre.
K. Rectocele is the commonest form of prolapse.
L. Ring pessaries rest within the posterior fornix and over the symphysis pubis.
M. A Manchester repair involves cervical amputation and anterior and posterior repairs.
N. An enterocele contains small bowel or omentum.

5. The following drugs are known teratogens:
A. Danazol.
B. Warfarin.
C. Methotrexate.
D. Tetracycline.
E. Lithium.

6. In the treatment of eclampsia:
A. Phenytoin is the anticonvulsant of choice.
B. Magnesium sulphate is less efficient than phenytoin at preventing recurrent seizures.
C. Diazepam has no place in modern management.
D. Hydralazine is used in preference to labetalol to control severe hypertension.
E. The use of labetalol may cause fetal distress.

7. Hair:
A. The cyclical phases of growth take up to 6 months.
B. Hair grows at a rate of 1 mm per month.
C. Androgens provoke terminal hair growth on the scalp.
D. Lanugo hair may be seen in women with anorexia nervosa.
E. Acanthosis nigricans is normally found on the face and trunk.
F. Hypertrichosis is excessive growth of fine vellus hair.
G. Hypertrichosis responds well to anti-androgens.

8. Neonatal lupus erythematosus (NLE):
A. Is probably due to fetal antibodies.
B. Incidence: 1:2000 live births.
C. Characterized by scaling annular or elliptical plaques on the extremities.

9. Diagnosis of preterm labour:
A. The presence of fibronectin in cervical samples means that the onset of labour is less likely.
B. Home uterine activity monitoring has been proven to decrease preterm deliveries.
C. In cases of spontaneous rupture of the membranes at term, diagnosis by nitrazene swabs is accurate in more than 95 per cent of cases.

10. Group B haemolytic *Streptococcus* (GBS)
A. Is a facultative aerobic organism.
B. Is an encapsulated bacillus.
C. Stains Gram positive.
D. Is usually arranged in chains on Gram stain.
E. Definitive identification is based on microscopic examination of material suspended in 10 per cent potassium hydroxide.
F. The gastro-intestinal tract is the major primary reservoir.

11. Recognized risk factors for placental abruption include:

A. Increasing parity.
B. Cocaine use.
C. Preterm premature rupture of membranes.
D. Cigarette smoking.
E. Maternal anxiety.
F. Fibroids underneath the placenta.
G. Advanced age.

12. Fetal well-being:

A. In the second half of pregnancy fetal growth is determined to a greater degree by environmental factors than by genetic factors.
B. Male babies weigh more than female babies on average at term.
C. Smoking marijuana during pregnancy is associated with maternal hypotension.
D. Smoking marijuana during pregnancy is associated with a low birth weight (LBW) baby.
E. Regarding Doppler studies of the placenta, a dichotic notch in the uterine artery waveform is indicative of low resistance within the vessel.
F. Birth weight tends to decrease from the first to the second pregnancies.

13. Dichorionic twin pregnancy:

A. The incidence of fetal abnormality is no different per fetus compared to a singleton pregnancy.
B. Different-sex fetuses are always dichorionic.
C. The rate of fetal loss before 24 weeks is 12 per cent.

14. Vacuum extraction:

A. The incidence of neonatal scalp injuries is not related to the type of vacuum extractor cup.
B. The recommended operating vacuum pressure is between 6.0 and 8.0 kgm/cm^2.
C. The flexion point is located 2 cm anterior to the posterior fontanelle.
D. The desired vacuum pressure may be achieved in one step and traction commenced after 2 min.

15. Endometriosis:

A. 65 per cent of patients have ovarian involvement.
B. Biopsies of suspicious tissue must include endometrial stroma and glands in order to diagnose the condition.
C. Disease severity is an indicator of the amount of pain experienced by the patient.
D. The incidence is highest in those investigated for chronic abdominal pain.
E. Commonly presents with superficial dyspareunia.
F. Findings are constant throughout the affected population.
G. Is easily diagnosed by clinical examination in an outpatient setting.
H. Fixed retroversion of the uterus is a variant of normal.

16. Thalidomide:

A. Is a hypnotic/sedative drug.
B. Maternal ingestion has resulted in the teratogenic effect known as phocomelia.
C. Phocomelia is absence of the short bones of the upper and/or lower limbs.
D. Is used in the treatment of tuberculosis.

17. In the infant of the diabetic mother:

A. The incidence of respiratory distress syndrome is increased because insulin antagonizes the action of cortisol on sphingomyelin synthesis.
B. The presence of acidic phospholipid phosphatidylglycerol (PG) is a final marker of fetal lung maturity.
C. Respiratory distress syndrome may occur despite a 'mature' lecithin:sphingomyelin ratio (>2).

18. Placenta accreta:

A. The optimum management is Caesarean hysterectomy.
B. Is commonly associated with placenta praevia.
C. Is associated with placenta praevia in over 50 per cent of cases.

19. Diabetes mellitus in pregnancy:

A. Is defined if the 2-h glucose is >11 mmol/L.
B. During labour, glucose should be given as a vehicle for an oxytocin infusion.
C. During labour, blood glucose concentration should be maintained <7 mmol/L.
D. In pregnancy, there is an increased glucose concentration in the vaginal epithelium.
E. Pre-eclampsia is seen in 8 per cent of pregnant patients with diabetes mellitus.
F. The rate of congenital malformations is increased by a factor of 10.

20. Endometrial carcinomas in association with oestrogen therapy:

A. Are well differentiated.
B. Are deeply invasive.
C. Are sensitive to progestogen therapy.
D. Generally have a poor prognosis.
E. Have a high recurrence rate.

21. Hypertension:

A. Hypertension is an uncommon complication of pregnancy.
B. The diastolic blood pressure (DBP) in pregnancy corresponds to the appearance of the Korotkoff sounds.
C. Only one category of hypertension in pregnancy exists.
D. Transient hypertension is difficult to diagnose clinically.
E. Pregnancy-induced hypertension and transient hypertension are synonymous.
F. Women suffering from chronic hypertension are at no more risk of fetal complications in pregnancy than normotensive patients.
G. Fetal complications in patients with chronic hypertension are preventable.

22. Ovarian cancer: the following statements are true:

A. Separate International Federation of Obstetrics and Gynaecology (FIGO) staging systems exist for epithelial and sex-cord/stromal ovarian tumours.
B. Granulosa cell tumours have a high frequency of rupture.
C. Meigs' syndrome consists of ascites, hydrothorax and a malignant ovarian tumour.
D. Metastatic tumours of the ovary commonly originate in the gastro-intestinal tract.
E. Krukenberg tumours are metastatic ovarian neoplasms originating exclusively in the stomach.

23. Progesterone-only contraception:

A. The progesterone-only pill acts by inhibiting ovulation.
B. Depo-Provera (medroxyprogesterone acetate) can suppress pituitary gonadotrophins.
C. Progesterone-only methods that inhibit ovulation increase the risk of functional ovarian cysts.

24. Antibiotics with potential adverse effects on the human fetus include:

A. Chloramphenicol.
B. Co-trimoxazole.
C. Chloroquine.
D. Ticarcillin.
E. Nitrofurantoin.
F. Erythromycin.
G. Fluoroquinolones.

25. On transvaginal ultrasonography:

A. The ventricular system within the head is visible at 8 weeks.
B. The head is not distinguishable from the body until 12 weeks.
C. Physiological herniation of the umbilicus is seen at 9 weeks.
D. In early pregnancy, the ovaries will be seen to contain small primordial follicles.
E. In pregnancy, free fluid in the pouch of Douglas is not a normal finding.

26. Breech presentation is more frequent in the following situations:

A. A septate uterus.
B. Fetal neuromuscular disorders.
C. Hydrocephaly.
D. Anencephaly.

27. Echogenic foci in the fetal heart ('golf ball'):

A. Are found in less than 1 per cent of trisomy 21 (Down's syndrome) fetuses.
B. Have an overall incidence of about 3 per cent.

28. Anaemia in pregnancy:

A. Cardiac output falls in the presence of anaemia.
B. Red blood cells in the pregnant patient have the same haemoglobin concentration as in the non-pregnant patient.
C. Anaemia is diagnosed when the haemoglobin is less than 11 g/dL.
D. Severe anaemia renders the patient more susceptible to puerperal infection.
E. The fetus and placenta require approximately 500 mg of iron per pregnancy.
F. The recommended therapeutic intake of elemental iron is 10 mg per day.
G. Ferric salts are better absorbed than ferrous salts.
H. Iron absorption occurs predominantly in the jejunum.

29. Malignant trophoblastic disease:

A. The risk of choriocarcinoma after a hydatidiform mole is about 2–4 per cent.
B. The sonographic appearance of invasive mole is focal areas of increased echogenicity within the myometrium.
C. The sonographic appearance of placental site trophoblastic tumours is of large, diffuse, fluid-filled cysts.
D. A sonographic picture of a semi-solid echogenic mass is in keeping with choriocarcinoma.

30. Concerning drug use and adverse effects to the fetus:

A. A drug given after 12 weeks' gestation will not produce a major anatomical defect.
B. Prilocaine, if used as a local anaesthetic in epidural infusions, may cause methaemoglobinaemia.
C. Prostaglandin inhibitors may lead to premature closure of the ductus arteriosus.
D. Podophyllum for the treatment of genital warts may cause teratogenesis and fetal death.
E. Cimetidine may have an anti-androgenic effect.
F. Tricyclic antidepressants can cause neonatal tachycardia.

31. Regarding external cephalic version (ECV):

A. The success rate is greatest in the second trimester.
B. The success rate after 37 weeks' gestation is 90 per cent.
C. It carries a significant risk of fetal mortality.
D. Fetal morbidity is usually associated with placental abruption and cord entanglement.

32. Genuine stress incontinence (GSI):

A. More than 150 operations have been described for the treatment of stress incontinence.
B. Anterior colporrhaphy is the operation of choice.
C. After anterior colporrhaphy, de-novo detrusor instability may arise in 50 per cent of cases.
D. Anterior colporrhaphy has success rates of 40–70 per cent.
E. Complications of Marshall–Marchetti Krantz procedure include osteitis pubis in 5 per cent of patients.
F. The Marshall–Marchetti Krantz procedure is a useful operation to correct a cystocele in association with stress incontinence.

33. Folic acid:

A. The folate requirement in pregnancy rises to 350–400 micrograms per day.
B. Megaloblastic anaemia in pregnancy is a common complication.
C. Folic acid utilization is decreased in pregnant patients taking anti-epileptic medication.
D. Megaloblastic anaemia in pregnancy may result in alopecia.
E. Folate levels are not affected by sickle-cell disease.
F. In maternal folate deficiency, the fetus also usually develops folate deficiency.
G. Folate deficiency leads to hyposegmentation of the neutrophils.

34. Urodynamic investigation:

A. The urethral pressure profile is an essential part of urodynamic investigation.
B. If the maximum urethral closing pressure is low (<20 cm H_2O) it may be an indication for a sling procedure.
C. Dipstick testing for nitrites and leukocytes is adequate to exclude urinary tract infection (UTI) prior to commencing the test.
D. The infection rate after urodynamics may be 10 per cent.
E. Genuine stress incontinence (GSI) is diagnosed when urine loss is demonstrated during provocation in the presence of a rise in detrusor pressure.

35. Recurrent miscarriage:

A. Is defined as the loss of three or more pregnancies.
B. Has an incidence of 0.3 per cent.
C. Diabetes mellitus has been associated with recurrent miscarriage.
D. Activated protein C resistance (APCR) is found in 20 per cent of women with a history of recurrent miscarriage.
E. If investigations for recurrent miscarriage are negative, the chance of a live birth in a subsequent pregnancy is 65–70 per cent.
F. An identifiable cause can be found in about 50 per cent of cases.

36. Gastro-intestinal disease and pregnancy:

A. Peptic ulceration is more common during pregnancy.
B. Undiagnosed coeliac disease in pregnant women carries a risk of neural tube defect in the fetus.
C. Exacerbation of inflammatory bowel disease is more likely in pregnancy.

37. Pre-eclampsia:

A. Consists of a triad of elevated blood pressure, proteinuria and oedema in the first trimester.
B. The diagnosis depends on the presence of proteinuria of more than 20 g in more than 24 h.
C. Is less common in black races than in Caucasian.
D. There is no increase in the risk of hypertension in later life.
E. Fibronectin is raised in the first and second trimesters.
F. Elevated plasma uric acid occurs after the development of proteinuria.

38. Detrusor instability:
A. Clam iliocystoplasty is indicated only in idiopathic urgency.
B. Anticholinergic agents are effective but are limited by side effects.
C. Most cases of urinary incontinence are attributed to detrusor instability.
D. Patients often have reduced bladder capacity.
E. Up to 6 per cent of patients have a combination of detrusor instability and urethral sphincter incompetence.

39. The combined oral contraceptive pill aggravates the following conditions:
A. Dysmenorrhoea.
B. Premenstrual tension.
C. Endometriosis.

40. Drug treatment for menorrhagia:
A. Danazol is not associated with any serious side effects.
B. The side effects of danazol are not dose-related.
C. Gonadotrophin-releasing hormone (GnRH) analogues are the medical treatment of choice for menorrhagia.
D. Combined hormone replacement therapy can be given in conjunction with GnRH analogues.
E. GnRH analogues are useful agents in the long-term treatment of menorrhagia.

41. Management of hydatidiform moles:
A. Following a complete mole, approximately 15 per cent of patients need treatment for persistent trophoblastic disease.
B. The combined oral contraceptive pill (COCP) is contraindicated during follow-up in the presence of abnormal human chorionic gonadotrophin (hCG) level (>5 IU/mL).
C. The combined oral contraceptive pill is contraindicated during follow-up in the presence of normal hCG levels.
D. Patients in the low-risk category on the prognostic scoring system for gestational trophoblastic disease are best treated with methotrexate and folinic acid.
E. Myelosuppression is an uncommon side effect of methotrexate.

42. Chemotherapy for breast cancer:
A. Will render all patients infertile.
B. The chance of permanent amenorrhoea is directly related to age.

43. Thrombocytopenia:
A. Thrombocytopenia in pregnancy is always of the autoimmune variety.
B. Autoimmune thrombocytopenia is associated with antiphospholipid antibodies.
C. Autoimmune thrombocytopenia usually deteriorates in pregnancy.
D. Antiplatelet antibodies do not cross the placenta.

44. Diaphragmatic hernia:
A. The defect is usually located on the right side of the diaphragm.
B. Most fetuses are stillborn.

45. Absolute contraindications to the combined oral contraceptive pill (COCP) include:
A. Carcinoma in situ of the cervix.
B. Diabetes mellitus.
C. Anticoagulant medicine.
D. Hypertension.

46. Cardiovascular drugs with possible adverse fetal effects:
A. Amiodarone hydrochloride (anti-arrhythmic) may cause neonatal goitre if given to a mother during pregnancy.
B. Angiotensin-converting enzyme (ACE) inhibitors may affect fetal renal function.
C. Intra-uterine growth retardation may result from using a beta-blocker during pregnancy.
D. Methyldopa may cause a positive Coombs' test in the neonate.

47. Regarding breech presentation:
A. The incidence at term is 40 per cent.
B. At 26–32 weeks approximately 40–50 per cent of all presentations are breech.
C. Only 2 per cent of breech presentations at 29 weeks will convert spontaneously to cephalic presentation by term.
D. Fetuses in the flexed (complete) presentation are more likely to spontaneously convert to cephalic than extended (frank).
E. Occipital diastasis is cerebral damage with spastic cerebral palsy.
F. The incidence of congenital abnormalities is higher than in cephalic presentations.

48. Late-onset neonatal infection with Group B haemolytic *Streptococcus*:
A. Usually presents after more than 7 days, but rarely after the third month.
B. The mortality rate for term infants is 2–8 per cent.
C. The rate of nosocomial transmission is similar to vertical.
D. Over 90 per cent are caused by antigenic subtype III.
E. Over 80 per cent manifest as meningitis.
F. Otitis media may be a finding.
G. The overall mortality rate is 2 per cent.
H. Approximately 50 per cent of survivors have neurological sequelae.

49. Asthma:
A. In the pregnant woman with severe asthma steroids should not be given.
B. Pulmonary embolism can present with bronchospasm.
C. A pregnant patient with asthma has the same chance of having a child who will develop asthma as a non-asthmatic pregnant woman.
D. Induction of labour with dinoprostone is contraindicated because prostaglandin E_2 has a vasoconstrictive effect on the bronchus.

50. Postpartum haemorrhage (PPH):
A. Secondary PPH is classified as occurring between 24 h and 6 months post delivery.
B. Occurs most frequently in the second week of the puerperium.
C. Is a minor cause of maternal mortality.
D. Routine use of oxytocics in the third stage of labour reduces the risk of haemorrhage by 30–40 per cent.

51. Endometriosis and gonadotrophin-releasing hormone (GnRH) agonist treatment:

A. Is associated with reduction in bone mineral density in the first 6 months of treatment.
B. Bone loss is restored within 2 years of treatment cessation.
C. Addback oestrogen therapy reduces the effect of GnRH agonists.
D. Postoperative treatment prolongs the pain free interval after conservative surgery.

52. The following statements are true:

A. The double-bubble appearance on a fetal ultrasound scan indicates duodenal atresia.
B. Trisomy 21 is commonly associated with duodenal atresia.
C. The absence of the stomach bubble in the presence of polyhydramnios is diagnostic of oesophageal atresia.

53. Hyperprolactinaemia:

A. Is a frequent cause of oestrogen-deficient amenorrhoea and infertility.
B. Is associated with hypothyroidism.
C. May be caused by dopamine agonists.
D. Is detrimental to the fetus.
E. Hyperprolactinaemic amenorrhoea may result in reduction in vertebral bone density of almost 25 per cent.

54. HIV-1 infection in pregnancy:

A. The overall risk of transmission for breast-feeding mothers is 10–20 per cent.
B. Serological diagnosis of infection in infants born to HIV-infected mothers is reliable after the first 6 months.
C. Approximately one-half of vertically infected children develop AIDS in the first year of life.
D. Neonatal anaemia is a side effect of zidovudine therapy.
E. All HIV-infected women should be delivered by Caesarean section.
F. HIV-infected women should be advised not to breast-feed if safe alternatives are available.

55. Contraindications to the intra-uterine contraceptive device (IUCD) include:

A. A history of ectopic pregnancy.
B. A history of rheumatic heart disease.
C. A history of valvular heart disease.

56. Early-onset neonatal infection with Group B haemolytic *Streptococcus*:

A. The mean age is day 5 of life.
B. 70–80 per cent occurs in low birth weight (LBW) neonates (<2500 g) and among women with obstetric complications.
C. The majority of neonates present with meningitis.

57. Birth asphyxia that is severe enough to cause hypoxic ischaemic encephalopathy will have:

A. Severe umbilical artery metabolic acidaemia (pH <7.0).
B. A low Apgar score <3 for more than 5 min.
C. Abnormal neurological signs during the neonatal period.
D. Evidence of hypoxic damage to other body systems (cardiovascular, pulmonary, gastrointestinal, renal or haematological).

58. Autoimmune disease:

A. The antibodies involved in maternal myasthenia gravis do not cross the placenta.
B. Rheumatoid arthritis tends to improve during pregnancy.

59. The following are recognized drug side effects:

A. Postmenopausal bleeding with misoprostol.
B. Pyrexia with gemeprost.
C. Hyponatraemia with syntocinon infusion.
D. Tinnitus with ergometrine maleate.
E. Bronchospasm with carboprost.

60. Blood pressure in pregnant patients:

A. Korotkoff V corresponds more closely to intra-arterial pressure.
B. The diastolic pressure in the second trimester is 15 mmHg lower than before pregnancy.
C. Is considered elevated if the systolic reading is more than 140 mmHg or the diastolic reading is more than 90 mmHg.
D. Raised blood pressure complicates between 20 and 25 per cent of pregnancies.
E. Hypertension alone developing after 37 weeks' gestation is not usually associated with an adverse outcome.

61. Multiple pregnancy:

A. The UK incidence of twins is 20 per 1000 pregnancies.
B. 3:1000 of these are monozygous.
C. The incidence of conjoined twins is <1 per cent of overall twins.
D. The timing of separation is usually >14 days.
E. Structural defects in twins are usually concordant.
F. Chorionic villus sampling (CVS) is more appropriate in perinatal diagnosis.
G. Up to 20 per cent of twins diagnosed in the first trimester will proceed only as singletons.
H. In higher multiples fetal reduction may not improve the chance of survival.

62. Thromboembolism in gynaecology:

A. Venous thromboembolism accounts for one-fifth of perioperative hysterectomy deaths.
B. The use of prophylactic heparin in gynaecological surgery is associated with an increase in the incidence of wound haematoma.
C. Use of the combined oral contraceptive pill (COCP) is associated with a higher incidence of perioperative deep venous thromboses (DVP).
D. There is no evidence of an association of hormone replacement therapy (HRT) with venous thromboembolism and HRT need not be stopped prior to surgery.

63. Anatomy and physiology of the female lower urinary tract:

A. In the adult the urinary bladder has a mean volume of 500 mL.
B. The detrusor muscle is innervated by sympathetic nerves S2–S4 and receives a rich efferents supply.
C. Vascular congestion of the submucosal venous plexus contributes to the maintenance of urinary continence.
D. The normal maximum flow rate on urodynamic testing is 5 mL/s.
E. Bladder contractions are caused by stimulation of the sympathetic nervous system.

64. Raloxifene:

A. Is a selective oestrogen receptor modulator.
B. May produce a 42 per cent decrease in the incidence of vertebral fracture.
C. May produce a 76 per cent decrease in new breast cancer.
D. Does not affect the risk of deep venous thrombosis.
E. Helps vasomotor symptoms of the menopause.

65. Systemic lupus erythematosus (SLE):

A. Pregnancy may exacerbate the symptoms of SLE.
B. Is associated with preterm delivery.
C. Vaginal delivery is contraindicated.
D. Neonatal lupus erythematosus is characterized by tachycardia.
E. Heart block in the fetus of a mother with SLE may cause intra-uterine death.

66. Investigations for infertility:

A. When performing a hysterosalpingogram (HSG), water-soluble contrast can give more information than oil-based contrast media.
B. Acute pelvic infection is an absolute contraindication to HSG.
C. The post-coital test is best performed 12 h after intercourse.
D. Normal post-coital test demonstrates more than five motile sperm present per high-power field.

67. Early pregnancy ultrasound:

A. Abdominal grey-scale ultrasound imaging can only detect a gestational sac when the human chorionic gonadotrophin (hCG) level is >6500 IU/L.
B. During fetal development an intra-uterine sac is the first structure to be visualized by transvaginal ultrasound. Next is the fetal echo.
C. Heart motion by transvaginal ultrasound, should always be present by 46 days.
D. At 9 weeks' gestation, the fetal heart beat is 175 beats per minute (bpm).

68. Use of thiazides during pregnancy has been associated with:

A. Permanent neonatal hypoglycaemia.
B. Neonatal thrombocytopenia.
C. Lower maternal blood volume.
D. Body hair abnormalities.
E. Neonatal hyperbilirubinaemia.

69. Primary varicella zoster infection:

A. Pneumonia occurs in 1 per cent of pregnant women with primary varicella zoster infection.
B. Congenital varicella syndrome is secondary to primary varicella zoster infection occurring before 20 weeks' gestation.
C. If the primary maternal infection occurs before 20 weeks' gestation, the risk of congenital varicella syndrome is 20 per cent.

70. Patients with a history of polycystic ovarian disease are at increased risk of:

A. Osteoporosis.
B. Endometrial neoplasia.
C. Late-onset adrenal enzyme deficiencies.
D. Hypertension in pregnant patients.
E. Insulin-dependent diabetes mellitus.

71. Repair of perineal trauma:

A. Vicryl Rapide is fully absorbed within 40 days.
B. There is no difference in the incidence of short-term pain with continuous sutures compared with that using interrupted sutures.
C. Silk sutures are associated with a decreased incidence of perineal pain compared to polyglycolic acid sutures.

72. In cases of recurrence of endometrial carcinoma:

A. 5–10 per cent of treated patients will die within 5 years of diagnosis.
B. The largest percentage of recurrences will be local.
C. The majority of recurrences occur within 1 year.
D. 10 per cent of patients present with recurrence more than 5 years from diagnosis.

73. Hirsutism:

A. Obese people are more prone to hirsutism despite the presence of a normal or serum testosterone.
B. The maximum score on the Ferriman–Galwey scoring system is 44.
C. Prevalence varies according to race.
D. Less than 10 per cent of women with idiopathic hirsutism have polycystic ovarian disease.

74. Regarding the aetiology of human infertility the following are true:

A. Ovulatory dysfunction is the major cause of infertility.
B. Smoking may decrease fertility.
C. Treatment of mild endometriosis enhances infertility.
D. A history of intermenstrual bleeding may suggest the possibility of tubal disease as a cause of infertility.
E. Male factor is responsible for the failure to conceive in fewer than 5 per cent of cases.
F. Hydrosalpinx greater than 3 cm is associated with lower rates of pregnancy even after tubal surgery.

75. Aetiology of preterm labour:

A. A history of premature delivery is a strong risk factor for another premature delivery.
B. Fetal oesophageal atresia has a recognized association with spontaneous preterm labour.
C. Preterm rupture of membranes is responsible for 50 per cent of preterm deliveries.
D. A previous history of preterm labour is a useful predictor in a subsequent pregnancy.
E. Approximately 6–8 per cent of births deliver before 37 weeks.
F. In almost half of the cases of preterm delivery, an underlying cause can be found.
G. Bacteria have been implicated in the pathogenesis of preterm labour because they release prostaglandins directly, which stimulate uterine activity.
H. Bacterial vaginosis in the second trimester is associated with a 2.5-fold increase in preterm birth.

76. Steroids and hormones in pregnancy:

A. The incidence of fetal loss is increased in mothers taking corticosteroids during pregnancy.
B. 12-Hydroxyprogesterone may cause clitoral enlargement in the female fetus.
C. Oestrogens may cause urogenital defects in the male fetus.
D. 19 Nor-steroids are androgenic.

77. The following combinations of disease and inheritance are true:

A. Retinitis pigmentosa: X-linked recessive.
B. Cystic fibrosis: autosomal dominant.
C. Tuberous sclerosis: autosomal recessive.
D. Malignant hyperthermia: autosomal dominant.
E. Phenylketonuria: autosomal dominant.
F. Congenital adrenal hyperplasia: autosomal dominant.
G. Fragile X syndrome: X-linked disorder.
H. Marfan's syndrome: autosomal dominant.
I. Duchenne's muscular dystrophy: X-linked recessive.
J. Von Willebrand's disease: autosomal dominant.
K. Inheritance of thalassaemia is autosomal dominant.

78. Problems at delivery:

A. A nuchal cord describes a cord wrapped around the neck of the fetus.
B. Haemorrhoids complicating vaginal delivery are more common in primiparous patients.
C. Hypertensive disorders of pregnancy causing maternal death are more common in the antenatal period.

79. Treatment of varicella zoster:

A. Acyclovir may be given to pregnant women seen less than 24 h after the development of the varicella rash at any stage of pregnancy.
B. Neonatal infection should be treated with acyclovir.
C. Varicella pneumonia is an indication for oral acyclovir.

80. An increased risk of congenital anomalies is associated with a variety of anticonvulsants:

A. Carbamazepine may cause neonatal hypothyroidism.
B. Phenytoin leads to an increased incidence of neural tube defects.
C. Phenobarbitone is associated with neonatal haemorrhage.
D. Sodium valproate does not increase the risk of neural tube defects.

81. Regarding the management of thromboembolic disease:

A. A ventilation–perfusion (VQ) scan for the diagnosis of pulmonary embolism is contraindicated during pregnancy.
B. Warfarin is excreted in breast milk.
C. In patients taking warfarin, breastfeeding is contraindicated.
D. Long-term warfarin therapy may lead to maternal osteoporosis.
E. Heparin crosses the placenta.
F. Protamine sulphate is used for heparin overdosage.

82. Haemoglobinopathies:

A. If both parents are carriers of beta-thalassaemia, the newborn has 1:2 risk of acquiring thalassaemia major.
B. Alpha-thalassaemia is always due to a deletional defect.
C. The thalassaemia syndrome is an inherited defect of haemoglobin resulting in a structural abnormality of globin.
D. HbA (2 alpha 2 beta) should comprise over 50 per cent of the total circulating haemoglobin in the adult.
E. Sickle-cell haemoglobin is a variant of the alpha globin chain where there is one amino acid substitution at the sixth position.
F. A patient suffering from sickle-cell anaemia is more likely to be dehydrated during labour.

83. With regards to fetal hydrops:

A. Hydrops is defined as oedema plus a collection of fluid in at least one visceral cavity.
B. The incidence of immune hydrops secondary to haemolytic disease is 6:1000 pregnancies.
C. The approximate incidence of fetal hydrops is 10 per cent of those women with antibodies.
D. The ratio of non-immune to immune hydrops approximates 2:1.
E. Non-immune hydrops is defined as the presence of excess extracellular fluid in two or more sites with identifiable circulating antibodies to red blood cell antigens.
F. Non-immune hydrops is not amenable to intra-uterine therapy.
G. Non-immune hydrops has a mortality rate of 20–30 per cent.

84. Intrahepatic cholestasis of pregnancy:

A. Is associated with obstetric haemorrhage.
B. Proceeds to chronic liver disease in most of cases after delivery.
C. Jaundice is an essential feature to diagnose.
D. The recurrence rate in future pregnancy not more than 2 per cent.
E. May occur in association with oestrogen-containing oral contraceptive.

85. Breast disease:

A. A breast lump with irregular margins is usually benign.
B. A newly diagnosed lump is more likely to be malignant in a 75-year-old woman than in a 30-year-old woman.
C. A normal mammogram in a woman with a palpable mass excludes the diagnosis of malignancy.
D. In mammography, the false-negative rate is thought to be as high as 16 per cent.
E. Tissue histology showing a proliferative pattern is associated with increased risk of malignancy.
F. Breast cysts are more likely to be malignant if the aspirate is blood-stained.

86. Hypertensive disorders in pregnancy:

A. Oedema is present in up to 80 per cent of pregnancies.
B. The serum uric acid concentrations have been found to correlate inversely with renal blood flow per square metre of body surface area.

87. Neurological disease and pregnancy:

A. The anticonvulsant drug sodium valproate does not result in deficiency of vitamin K-dependent clotting factors in the infant.
B. Myotonic dystrophy is exacerbated by pregnancy.
C. A fetus affected by myotonic dystrophy may be identified by oligohydramnios.

88. Causes of non-immune hydrops:

A. Anaemia is the commonest reason for the development of non-immune hydrops.
B. Infective agents can cause the development of non-immune hydrops.
C. 10–20 per cent of cases of non-immune hydrops are associated with chromosomal anomalies.
D. With the help of pre-natal and post-natal tests, a cause can be found in the majority of cases.

89. Puberty:

A. The first sign is the onset of menstruation.
B. Pubertal changes are completed faster in girls than in boys.
C. Growth as measured by height stops at menarche.
D. McCune–Albright syndrome involves delayed pubertal changes.

90. HELLP (haemolysis, elevated liver enzyme, low platelet) syndrome:

A. Describes haemolysis, elevated liver function tests and a low plasma volume.
B. Occurs in 30 per cent of patients with severe pre-eclampsia.
C. Complicates eclampsia in 30 per cent of cases.

91. Auto-immune disease and pregnancy:

A. Systemic lupus erythematosus (SLE): exacerbation during pregnancy may exhibit renal changes indistinguishable from pre-eclampsia.
B. Rheumatoid arthritis (RA) dramatically improves during pregnancy.
C. Patients with RA are less likely to conceive.

92. Transvaginal ultrasound:

A. Compared with transabdominal scanning specific features of development of the embryo are seen approximately one week earlier.
B. Is best performed with an empty bladder.
C. Latex sensitivity is a significant hazard.
D. The dilated internal cervical os has been demonstrated to be the single most important factor for the prediction of preterm labour.

93. Neonatal lupus erythematosus (NLE) is associated with:

A. Acquired heart block.
B. Endocardial fibroelastosis.
C. Thrombocytopenia.
D. Aplastic anaemia.
E. Hepatosplenomegaly.

94. Early pregnancy loss:

A. Is the commonest medical complication in humans.
B. Accounts for approximately 75 per cent of emergency gynaecological admissions.
C. Once a gestational sac has been documented on scan, subsequent loss of viability in the embryonic period is still 11.5 per cent.
D. The echogenicity of the placenta has been proposed as a sonographic factor associated with early miscarriage.
E. The volume of a haematoma is a more important prognostic indicator than the site.

95. Magnesium sulphate and eclampsia:

A. Used properly prevents all seizure activity.
B. Oral administration is the route of choice.
C. A loading dose of 40 mg is recommended.
D. Loss of deep tendon reflexes indicates the need for further magnesium sulphate.
E. Acts by relieving cerebral vasospasm.

96. Infections and pregnancy:

A. In affected mothers, vertical transmission of HIV is more common than vertical transmission of syphilis.
B. Topical treatment of bacterial vaginosis in pregnancy reduces the risk of preterm labour.

97. Group B haemolytic *Streptococcus* (GBS) and the fetus:

A. Colonized women are at increased risk of premature delivery and perinatal transmission.
B. GBS is a leading cause of chorioamnionitis and premature rupture of membranes at less than 32 weeks' gestation.
C. Amniotic infection may cause intra-uterine death.

98. Causes of amenorrhoea include:
A. Gonadal failure.
B. Pregnancy.
C. Metoclopramide.

99. The following relate to double and ectopic ureters:
A. Complete or partial duplication of the ureter results from late splitting of the ureteric bud.
B. With double ureters, the kidneys are usually completely separate.
C. An ectopic ureter may open into the trigone.
D. Ectopic ureters opening below the urethral sphincter do not usually give any clinical or anatomical symptoms.
E. They can be diagnosed prenatally.

100. Varicella zoster:
A. Is a RNA virus of the herpes family.
B. The incubation period is 10–20 days.
C. Is infectious 48 h after the rash appears until the vesicles crust over.
D. Occurs in 1 in 2000 pregnancies.
E. When reactivated as herpes zoster (shingles) does not usually result in intra-uterine infection.
F. Transplacental passage of the virus decreases as gestation advances.
G. If maternal infection occurs 4 days before delivery and up to 2 days postpartum, the infection is lethal in 20–30 per cent of infants.

101. Colposcopy:
A. The aim is to identify the transformation zone of the cervix.
B. Lugol's iodine stains protein within cervical epithelial cells.
C. Increased intercapillary distance is associated with cervical malignancy.

102. The antiphospholipid syndrome:
A. The primary antiphospholipid syndrome (PAPS) refers to the association between second-trimester loss and thrombosis with antiphospholipid antibodies (aPL).
B. Patients with a history of recurrent miscarriage and antiphospholipid antibodies have only a 10 per cent live birth rate in future pregnancies without treatment.
C. Antiphospholipid antibodies interfere with prostacyclin metabolism.

103. Ovarian hyperstimulation syndrome:
A. Gonadotrophin injections are associated with increased risk of ovarian hyperstimulation and multiple pregnancies when used in the treatment of infertility.
B. The risk of ovarian hyperstimulation is 0.6 to 14 per cent of IVF cycles treated with gonadotrophin injections.
C. Ovarian hyperstimulation syndrome is characterized by impaired coagulation.
D. Affected patients should be considered for thromboprophylaxis.

104. Abnormalities of glucose metabolism:

A. The threshold recommended by the WHO to define impaired glucose tolerance (IGT) is a fasting glucose ≥7.8 mmol/L.
B. Using the WHO definition, approximately 1 per cent of apparently normal women in the third trimester will have IGT.
C. IGT in pregnancy is associated with a 50 per cent chance of the woman developing diabetes mellitus in the long term.
D. IGT is not associated with an increased risk of intra-uterine death.
E. The best screening test for IGT is the 50-g glucose load given without dietary preparation.

105. Male factor infertility:

A. Cystic fibrosis may be the reason for male infertility.
B. Asthenospermia means abnormal morphology of sperm.

106. The following conditions are aggravated by pregnancy:

A. Sarcoidosis.
B. Scleroderma.
C. Portal hypertension.
D. Neurofibromatosis.
E. Hodgkin's disease.

107. Perimenopausal women may have dysfunctional uterine bleeding, but endometrial sampling is required to rule out organic disease:

A. Biopsies show endometrial cancer in 2 per cent of cases.
B. Biopsies show normal endometrium in more than 50 per cent of cases.
C. Biopsies show polyps in less than 15 per cent of cases.
D. Biopsies show endometrial hyperplasia in 10–15 per cent of cases.
E. Biopsies show other pathology in 30 per cent of cases.

108. The occlusive diaphragm:

A. Should be used with at least 5 cm (2 inches) of contraceptive cream.
B. Can be used for contraceptive purposes without contraceptive cream or jelly.
C. May be particularly beneficial for prostitutes.
D. The contraceptive diaphragm is available in sizes from 80 to 140 mm diameter.

109. Proteinuria:

A. The average 24-h urinary excretion of protein in non-pregnant subjects is 18 mg.
B. In pregnancy, protein excretion up to 300 mg per 24 h is within normal limits.
C. Reagent strips to test for proteinuria may give a false-negative result if the urine is alkaline.
D. A reading of 2+ on reagent strips corresponds to 1+ g of protein per litre.
E. In patients with pre-eclampsia, proteinuria is significant if there is more than 500 mg in a 24-h urine collection.

110. Chronic hypertension and pregnancy:
A. Is associated with an increased risk of placental abruption.
B. Polyhydramnios is a recognized complication.
C. Anti-hypertensives should be continued even if blood pressure drops to a normal value in the second trimester.
D. There is an increased risk of complications due to intra-uterine growth restriction.

111. With reference to human fertility, the following definitions are correct:
A. The natural fecundity rate is the chance per cycle of becoming pregnant.
B. The normal fecundity rate is about 0.2, or 20 per cent.
C. Infertility is defined as failure to conceive after 1 year of unprotected intercourse.
D. A sperm count of $>20\times10^6$/mL is normal.
E. So-called normal semen analysis shows a sperm motility of more than 50 per cent.

112. Calcium metabolism and pregnancy:
A. Approximately 32 g of calcium are passed from mother to fetus during pregnancy.
B. Maternal ionized calcium is decreased in pregnancy.
C. The fetus is hypercalcaemic relative to the mother.

113. Regarding the diagnosis of lichen sclerosis:
A. The diagnosis is histological.
B. It has an atrophic histological appearance.
C. There is thinning atrophy of the epidermis.
D. There is hyalinization of the dermis.
E. There is a subdermal leukocyte infiltration.

114. Ovarian pathology:
A. 80 per cent of ovarian tumours are benign.
B. In polycystic ovary syndrome, follicular cysts are usually large and solitary.
C. Serum Ca125 levels are elevated in patients suffering from endometriosis.
D. Ovarian torsion occurs more often in the right adnexum compared to the left.
E. Most cases of adnexal mass torsion occur in the menopausal years.

115. Oocyte development and ovulation:
A. Primordial follicles represent oocytes arrested within the first meiotic prophase.
B. Ovulation results in extrusion of the first polar body.
C. Ovulation occurs 36 h after the peak of the luteinizing hormone (LH) surge.
D. Prostaglandin levels are maximal just after ovulation.

116. Postnatal morbidity: perineal pain:
A. Occurs in 90 per cent of women after delivery.
B. 10 per cent will have long-term pain 3–18 months after delivery.
C. Ultrasound is a useful treatment modality.

117. Bone metabolism:

A. The bone response to pregnancy is biphasic with early resorption and later bone formation.
B. Cortical bone (hip-like) is more affected by pregnancy than trabecular bone (spine-like).
C. Cortical bone (hip-like) is less affected by heparin than trabecular bone (spine-like).
D. Breast-feeding mothers lose 6 per cent of bone mineral density after 6 months.

118. With regards to electronic fetal monitoring (EFM):

A. Continuous EFM is mandatory during labour.
B. Application of a fetal scalp electrode is atraumatic.

119. Maternal serum alpha-feto protein (MSAFP):

A. A decreased mid-pregnancy level is linked to intra-uterine growth restriction.
B. High levels are associated with subsequent diminished adhesiveness of the placenta.
C. High mid-pregnancy levels in the absence of fetal structural abnormality indicate a decreased risk of placental abruption.

120. Cervical smears:

A. The presence of endocervical cells indicates an inadequate sample.
B. Are immersed in 0.95 per cent ethyl alcohol in order to reduce drying artefact.
C. Human papillomavirus effects and mild dyskaryosis are easily distinguishable.

121. Medical treatment of hirsutism:

A. Cyproterone acetate (CPA) is an effective anti-androgen, which binds to the dihydrotestosterone receptor.
B. The combination of ethinyl oestradiol (EE) and CPA is marketed as Dianette and contains 50 micrograms of EE and 1 mg of CPA.
C. Dianette can be made more potent by the addition of CPA 25–50 mg/day for the first 10 days of each packet.
D. Additional contraception must be used in patients on Dianette because of the risk of feminizing a male fetus.
E. Treatment of hirsutism should be continued for at least 6 months.

122. Regarding polycystic ovarian disease (PCOD):

A. Is exactly the same condition as Stein–Leventhal syndrome.
B. The cysts in PCOD are atretic follicles.
C. Inherited PCOD is transmitted in an autosomal recessive fashion.
D. PCOD is transmitted in an autosomal recessive fashion.
E. The luteinizing hormone:follicle-stimulating hormone (LH: FSH) ratio is decreased in PCOD.
F. The LH: FSH ratio is increased in PCOD.
G. PCOD is characterized by elevated levels of LH.
H. There is a hypersecretion of LH from the posterior pituitary relative to FSH.
I. The mode of inheritance is the same as insulin-dependent diabetes mellitus.
J. Over 90 per cent of patients are oestrogenized.

123. Concerning the antenatal fetal cardiotocograph (CTG):

A. Acceleration is defined as an increase in the fetal heart rate (FHR) of 15 beats per minute (bpm) lasting for at least 30 s.

B. Any deceleration whose lowest point occurs more than 15 s after the peak of the contraction is described as 'late'.

C. Variable decelerations are commonly seen where the umbilical cord is compressed or entangled.

124. Complications of twin pregnancy:

A. In twin-to-twin transfusion syndrome, the haemoglobin levels for both twins are often not discordant.

B. In a twin pregnancy with one fetal loss in the third trimester, in 90 per cent of cases the remaining twin will be delivered within 72 h.

C. Twin reversed arterial perfusion sequence is associated with high mortality in the recipient twin due to prematurity and intra-uterine cardiac failure.

D. With significant growth discordance, particularly when the first twin is the smaller, Caesarean section is the preferred route of delivery.

125. Antepartum haemorrhage (APH):

A. Is defined as bleeding from the genital tract after 24 weeks' gestation.

B. If associated with labour-like pains, a vaginal examination is advisable.

C. In cases of placental abruption, there is coincident placenta praevia in 1 per cent of patients.

126. Physiology of pregnancy:

A. Dyspnoea is an uncommon complication of pregnancy.

B. Cardiac output increases immediately after delivery.

C. Heart murmurs are a common finding in pregnancy.

D. No change in plasma volume occurs before 20 weeks' gestation.

127. Termination of pregnancy:

A. The 1967 Abortion Act legalized abortion in England, Scotland, Wales and Northern Ireland.

B. Is available 'on demand' for social reasons up to 24 weeks of pregnancy.

C. Since the 1990 Human Fertilisation and Embryo Act, it may be performed at any gestation if severe fetal abnormality is detected.

D. The 'blue form' (the statutory form to be completed prior to any termination of pregnancy) needs to be signed by three independent medical doctors.

128. ICSI (intracytoplasmic sperm injection):

A. Is only successful if the whole sperm is injected into an oocyte.

B. Successfully overcomes azoospermia associated with obstruction.

129. Concerning the spread of endometrial carcinoma:
A. A minority of cases have penetrated the myometrium by more than two-thirds at diagnosis.
B. Myometrial invasion correlates well with tumour grade.
C. Lymph node metastases are found in more than 50 per cent of cases.
D. Metastases in the ovary are common.
E. The presence of tumour in areas of adenomyosis confers a poor prognosis.

130. Placental abruption:
A. Is defined as the premature separation of an abnormally sited placenta.
B. 70–80 per cent result in vaginal bleeding.
C. The bleeding is typically bright red and clotting.
D. In 50 per cent of cases the bleeding occurs after 36 weeks' gestation.
E. Blood loss is invariably of maternal origin.
F. Tends to recur in subsequent pregnancies.

131. Tamoxifen:
A. In a premenopausal woman, additional contraception is not necessary.
B. May cause spontaneous abortion.
C. Is an oestrogen-receptor antagonist.
D. Has weak oestrogen-like activity.
E. Has no effect on oestrogen receptor-negative tumours.

132. The epidemiology of osteoporosis in the UK:
A. Osteoporosis costs the NHS nearly £1 billion annually.
B. The lifetime incidence of hip fracture in women is 25 per cent.
C. The WHO definition is a T-score below –2.0 on bone mineral density scanning.

133. Placenta praevia:
A. Nulliparity is a risk factor.
B. Complicates approximately 1 in 400 pregnancies.
C. Is associated with intra-uterine growth restriction.
D. Fetal growth restriction is more commonly encountered in association with placenta praevia than with normally sited placentas.
E. Is commonly encountered in those who have previously been delivered by Caesarean section.
F. Four Caesarean section scars increases the risk by more than 50 per cent.
G. Is associated with a maternal mortality rate of 0.3 per cent in the UK.
H. Transvaginal ultrasound is the diagnostic technique of choice.

134. Regarding vaginal delivery:
A. More than 70 per cent of deliveries in the UK require instrumental assistance.
B. Operative vaginal delivery has been directly linked to faecal incontinence.
C. Forceps deliveries and vacuum extractions may be performed before full dilatation of the cervix.

135. Heart disease in pregnancy:

A. Heart disease due to rheumatic fever is the most common cardiac complication of pregnancy in the UK.
B. The number of women with congenital cardiac lesions reaching childbearing age has decreased.
C. The number of maternal deaths due to cardiac disease continues to fall.
D. Severe cardiac disease is a contraindication to ergometrine administration.
E. An intra-uterine contraceptive device (IUCD) is the contraceptive method of choice for the patient with valvular heart disease.
F. Beta-blocking drugs are contraindicated in the pregnant patient.
G. In Eisenmenger's complex there is an interatrial septal defect.

136. Abdominal wall defects:

A. Exomphalos is associated with chromosomal abnormalities in 80 per cent of cases.
B. Exomphalos is a synonym for gastroschisis.
C. Gastroschisis is associated with chromosomal abnormalities in 10 per cent of cases.
D. Ectopia vesica is associated with gastroschisis.

137. Pre-eclampsia:

A. Pre-eclampsia consists of a diagnostic triad of elevated blood pressure, proteinuria and oedema.
B. Chronic hypertension and pre-eclampsia cannot co-exist.
C. Pre-eclampsia occurs in 50 per cent of pregnancies.
D. Severe pre-eclampsia is characterized by raised blood pressure in association with proteinuria of at least 5 g per 24 h.
E. The cause of pre-eclampsia remains unclear.
F. Smoking is a risk factor for pre-eclampsia.

138. Hyperemesis gravidarum:

A. Urinary tract infection is the commonest cause of vomiting in the first trimester.
B. Steroids are contraindicated in the treatment of intractable vomiting in pregnancy.
C. Is associated with tetany.
D. Is associated with cerebellar ataxia.

139. Regarding mode of delivery:

A. Maternal mortality after Caesarean section is no higher than after vaginal delivery.
B. There is no role for prophylactic antibiotics at the time of Caesarean section.
C. Vacuum delivery results in less maternal morbidity than forceps delivery.
D. The use of a vacuum extractor compared to forceps is associated with fewer cases of cephalhaematoma.
E. The use of a vacuum extractor compared to forceps results in significantly better Apgar scores.

140. Lichen sclerosis:
A. Is mainly a condition of post-menopausal women.
B. The classical appearance is of a red, thickened vulva with shiny, papery skin on the vulva extending to encircle the anus in a figure-of-eight fashion.
C. Involutional adhesion of the labia minora to the labia majora is a characteristic feature.
D. In the male it is called 'balanitis xerotica obliterans'.
E. Affects only vaginal skin.
F. Less than 5 per cent of lesions occur in non-genital skin.
G. The risk of progression to invasive carcinoma is 30–40 per cent.

141. Risk factors for endometrial carcinoma associated with postmenopausal bleeding include:
A. Nulliparity.
B. Early menopause.
C. Use of the combined oral contraceptive pill (COCP).
D. Hypertension.
E. Use of the intra-uterine contraceptive device (IUCD).

142. Postpartum endometritis:
A. The most common infective agent causing pelvic infection in the postpartum period is *Staphylococcus aureus*.
B. The majority of infected patients have asymptomatic cervical infection.
C. The incidence of death due to genital tract sepsis has increased in recent years.

143. Adverse effects of the intra-uterine contraceptive device (IUCD):
A. 1 per cent of nulliparous patients will develop tubal occlusion.
B. The rate of uterine perforation is 3–6 per 1000 during insertion.

144. Recognized complications of diagnostic hysteroscopy:
A. Perforation.
B. Water intoxication.
C. Pulmonary oedema.
D. Air embolism.
E. Anaphylaxis.

145. Irritable bowel syndrome (IBS):
A. Is a functional bowel disorder.
B. Is a physical bowel disorder.
C. Affects about 20 per cent of all people at any one time.
D. May be characterized by sigmoid tenderness.
E. May be improved by psychotherapy.
F. Defaecation exacerbates the pain.

146. Regarding vaginal breech delivery:

A. Arrest of the after coming head occurs in 50 per cent of cases.
B. Hypoxia is an uncommon cause of perinatal mortality.
C. Hyperextension of the neck is associated with trisomy 21.
D. Artificial rupture of the membranes is recommended in the early stages of labour.
E. Respiratory distress is less common in babies born by Caesarean section.

147. Sex chromosome abnormalities:

A. The incidence of Turner's syndrome (XO) rises with maternal age.
B. Turner's syndrome is lethal in over 95 per cent of cases.
C. Cystic hygroma is associated with Turner's syndrome.
D. All cases of Turner's syndrome (XO) are due to a gene deletion.
E. Occur with the same frequency as autosomal abnormalities in livebirths.
F. Offspring of parents with XXX syndrome are at a higher risk of premature menopause.
G. The incidence of XXY (Klinefelter's syndrome) is decreased with advanced maternal age.
H. The XXY male is characteristically tall, with gynaecomastia.
I. The XXY male has a normal sperm count, but is infertile due to hypoplasia of the vas deferens.
J. The incidence of XXXX syndrome is increased in offspring of beer drinkers in Australia.

148. The following statements are true about endometrial carcinoma:

A. It is seen most commonly in the 65- to 75-year age group.
B. It is very rare in women under the age of 40 years.
C. It is more aggressive in postmenopausal women.
D. It is frequently seen in cases of untreated Turner's syndrome.
E. It is related to polycystic ovary syndrome.

149. Thromboembolic disease:

A. Thromboembolic disease in pregnancy remains the commonest cause of maternal death and has a 10 per cent recurrence risk.
B. Venography and isotope lung scans are contraindicated during pregnancy for the diagnosis of thromboembolic disease.
C. Treatment of thromboembolic disease in pregnancy with subcutaneous heparin may cause thrombocytopenia.

150. Premenstrual syndrome (PMS):

A. Is more common in multiparous patients.
B. To diagnose PMS, the symptoms must be present for four out of five cycles.

151. Shoulder dystocia:

A. Occurs when the fetal shoulders present an excessive diameter to the maternal pelvic inlet.
B. Complicates 50 per cent of deliveries.
C. Never occurs in babies weighing <4 kg.
D. McRoberts manoeuvre involves marked extension of the maternal hips.
E. Brachial plexus injury is most often due to clavicular fractures.
F. Suprapubic pressure and correct positioning of legs with an adequate episiotomy facilitates delivery of 10 per cent of cases of shoulder dystocia.
G. The incidence is increased in infants of diabetic mothers.
H. Maternal diabetes mellitus increases the risk of shoulder dystocia to 70 per cent.

152. The puerperium:

A. Refers to the first 6 months after delivery.
B. Problems arising in the puerperium become chronic in more than 40 per cent of patients.
C. The lochia usually persists for 7 weeks.
D. The uterine fundus should not be palpable abdominally 14 days after delivery.
E. Anaemia occurs in 25–30 per cent of patients.
F. The incidence of postnatal depression is 50 per cent.

153. Features of testicular feminization include:

A. Primary amenorrhoea.
B. Normal breast development.
C. Absence of a uterus.

154. Gestational trophoblastic disease:

A. A gestational trophoblastic tumour cannot occur after a normal pregnancy.
B. A gestational trophoblastic tumour occurring after a full-term pregnancy is always choriocarcinoma.
C. The incidence of choriocarcinoma following a complete mole is of the order of 3 per cent.
D. Persistent postpartum haemorrhage may be a sign of gestational trophoblastic tumour.
E. After 12 months of remission from gestational trophoblastic tumour, there is no contraindication to pregnancy.

155. Mifepristone:

A. Is a synthetic progesterone agonist derived from norethisterone.
B. Is licensed for medical termination up to 12 weeks' gestation.
C. When combined with gemeprost, will result in 99 per cent of pregnancies aborting in the first trimester.

156. The following are recognized causes of urinary incontinence:
A. Overflow incontinence.
B. Immobility.
C. Urethral diverticulae.
D. Urinary tract infection.
E. Faecal impaction.

157. Regarding milk synthesis:
A. Serum prolactin levels are constant during the first week of the postnatal period.
B. Prolactin acts directly to stimulate milk synthesis.
C. Human milk contains more sodium than cows' milk.

158. Tamoxifen actions include:
A. A decrease in the number of progesterone receptors.
B. An oestrogen-like maintenance of bone.
C. A significant increase in thrombotic events.
D. Increased risk of hepatic carcinoma with very large doses.
E. An improvement in endometriosis.

159. In preterm premature rupture of the membranes (PROM):
A. The risk to the fetus is directly proportional to the gestational age.
B. There is an increased risk of placental abruption.
C. At a gestational age less than 28 weeks, it is seldom treated conservatively.
D. Vaginal examinations should be avoided in all cases.
E. If chorioamnionitis is suspected, the most appropriate antibiotic is a cephalosporin.
F. Histological chorioamnionitis is found in 42–85 per cent of cases.

160. Urethral caruncle:
A. Is associated with chronic trichomonas infection and may recur after surgical treatment.
B. May cause urge incontinence.
C. Is treated by excision biopsy.
D. Is rarely found on the posterior aspect of the external urethral meatus.
E. Is a premalignant lesion.

161. Breast problems:
A. The most common problem in the puerperium is breast tenderness.
B. Breast abscesses are more common in the first week of the postpartum period than in the second.
C. In the presence of mastitis, breast-feeding mothers should be advised to discontinue feeds from the affected side.

162. Thromboembolic disease:
A. Is the commonest cause of direct maternal death.
B. The risk of developing a venous thromboembolism increases with maternal age.

163. Episiotomy:
A. Routine episiotomy is recommended for all vaginal deliveries in the UK.
B. Rectal extensions are more common with mediolateral episiotomies.
C. It has been clearly shown that routine episiotomy is an effective preventative measure against third- and fourth-degree tears.

164. Burch colposuspension:
A. Enterocele formation occurs postoperatively in up to 18 per cent of patients.
B. The incidence of de-novo detrusor instability is 18 per cent.
C. If preoperative urodynamic assessment shows a reduced peak urinary flow rate of <15 mL/s or a maximum voiding pressure of 15 cm H_2O, then Burch colposuspension should be avoided.
D. Cure rates are improved if abdominal hysterectomy is performed at the same time.

165. Gestational diabetes mellitus (GDM):
A. May only be diagnosed when insulin therapy is required.
B. Is impossible to distinguish from overt diabetes mellitus type I.
C. Is associated with an increased risk of congenital malformations.

166. Trophoblastic disease:
A. The most common chromosomal pattern of a complete mole is 46XY.
B. In complete mole the chromosomal pattern is paternally derived.
C. Embryonic tissue is often present in complete moles.
D. The chromosomal pattern with a partial mole is diploid.
E. In cases of partial mole, the fetus never survives to term.

167. The following are true statements about fetal pain:
A. The fetus can feel pain before 22 weeks' gestation.
B. Analgesia is needed during termination of pregnancy for any fetus greater than 24 weeks' gestation.

168. Urge incontinence:
A. Psychotherapy (e.g. biofeedback, hypnotherapy and acupuncture) has a high success rate.
B. Urinalysis and urine culture and sensitivity are essential investigations.
C. May be caused by multiple sclerosis.

169. Classification of episiotomies:
A. Extension of an episiotomy into the rectal mucosa is classified as a third-degree tear.
B. Second-degree tears involve partial or complete disruption of the anal sphincter.
C. Fourth-degree tears involve partial or complete disruption of the anal sphincter only.

170. The following statements are true about placenta praevia:

A. Transabdominal ultrasound (TAS) has a false-positive rate of 20 per cent for the diagnosis of placenta praevia.
B. An overdistended maternal bladder makes the diagnosis easier by (TAS).
C. The diagnostic accuracy of transvaginal ultrasound (TVS) is greater than abdominal ultrasound.
D. TAS has a diagnostic accuracy of 93–97 per cent.
E. Only 5 per cent of patients diagnosed as having a low-lying placenta in the second trimester continue to have placenta praevia at delivery.

171. Thromboembolic disease in pregnancy:

A. 90 per cent of patients with pulmonary embolism are diagnosed correctly on a clinical basis.
B. High parity is a risk factor for developing thromboembolic disease.
C. A woman with a history of venous thromboembolism in a previous pregnancy needs anticoagulant medication throughout subsequent pregnancies.
D. Emergency Caesarean section is a risk factor for venous thromboembolism, and must be treated with heparin prophylaxis in the postoperative period.
E. Elective Caesarean section is an absolute indication for thromboprophylaxis with heparin.
F. Patients with antiphospholipid antibody are at high risk of developing venous thromboembolism in labour.

172. Anticoagulation:

A. Low molecular-weight heparins are the drug of choice to treat venous thromboembolism in the antenatal period.
B. Full anticoagulation with warfarin is a contraindication to epidural anaesthesia.
C. Osteosclerosis is a recognized side effect of heparin use in pregnancy.
D. The standard prophylactic dose of unfractionated heparin is 50 000 IU twice daily, subcutaneously.

173. Breast cancer:

A. There is evidence that the risk of breast cancer is increased after pregnancy.
B. Pregnant women who develop breast cancer soon after pregnancy have the same prognosis as non-pregnant women.
C. Women who develop breast cancer during or soon after pregnancy would be expected to have bigger tumours.
D. Up to 50 per cent of women who are fertile after treatment for breast cancer will go on to have children.
E. The 10-year survival rate of patients who have pregnancies after having breast cancer is less than 10 per cent.
F. Pregnancy after breast cancer treatment should be delayed for at least 5 years.
G. Breast-feeding is contraindicated for patients who have had conservative management of breast cancer.
H. Termination of pregnancy does not change the overall survival rate.

174. Auto-immune disease:

A. Most auto-immune diseases occur in women of childbearing age.
B. Lupus anticoagulant and anticardiolipin antibodies are both classified as antiphospholipid antibodies.
C. Antiphospholipid antibodies are not associated with recurrent miscarriage.
D. In patients experiencing recurrent miscarriage (three consecutive losses), more than 50 per cent show clinically relevant levels of antiphospholipid antibodies.
E. Lupus anticoagulant is associated with decreased tendency to clot.
F. More than 70 per cent of patients with lupus anticoagulant have anticardiolipin antibodies.
G. Antiphospholipid syndrome is diagnosed on laboratory findings only.
H. Studies show low-dose aspirin therapy to be beneficial to pregnant patients with antiphospholipid syndrome.

175. The following are complications of fibroids in pregnancy:

A. Malpresentation.
B. Placenta accreta.
C. Placenta praevia.
D. Necrobiosis.

176. Haematological disorders:

A. Haematuria and fat embolism are recognized features of sickle-cell disease in pregnancy.
B. Patients with sickle-cell anaemia have a lower incidence of thromboembolic disease.
C. If both parents are carriers of beta-thalassaemia, the newborn has 50 per cent chance of acquiring thalassaemia major.

177. Aspirin:

A. Inhibits thromboxane synthesis by platelets.
B. The CLASP trial showed a significant reduction in pre-eclampsia in patients treated with aspirin 60 mg daily from 12 weeks.
C. Low-dose aspirin taken before 16 weeks' gestation reduced the risks of early-onset pre-eclampsia (PET) (<32 weeks).

178. Fibroids:

A. Fibroids are benign tumours of striated muscle.
B. Have the highest incidence in the seventh decade of life.
C. Grow in response to the combined oral contraceptive pill.
D. Submucosal fibroids lie just below the endometrium.
E. 20 per cent of fibroids contain malignant tissue.
F. May extend directly into the heart.
G. Never occur on the vulva.
H. Submucous fibroids project from the peritoneal surface of the uterus.
I. Parasitic fibroids are pedunculated fibroids, which lose their uterine attachment and gain a secondary blood supply.
J. Fibroids found at Caesarean section should be removed.
K. After myomectomy, any subsequent pregnancy should be delivered by Caesarean section.
L. Ovarian failure is a recognized complication after radiological embolization.

179. The following features indicate heart disease in pregnancy:
A. The presence of a third heart sound.
B. The apex beat is palpable in the axilla.
C. An early diastolic murmur.

180. Epilepsy:
A. In the epileptic pregnant woman there is an increased risk of placental abruption.
B. Women planning pregnancy, on drug treatment for epilepsy, should take a daily dose of 15 mg folic acid.
C. The risk of a fetus being born with epilepsy for an epileptic mother is 1:80.
D. Carbamazepine may cause neonatal bleeding.
E. The pregnant mother taking phenytoin should be given vitamin K before delivery.
F. Migraine, rheumatoid arthritis and epilepsy tend to improve with pregnancy.

181. Physiotherapy:
A. Can cure or improve 75 per cent of patients with genuine stress incontinence (GSI).
B. 5 years after a successful course of physiotherapy 75 per cent of women remain cured.
C. A frequency of 10 Hz (hertz) is used during electrostimulation of fast muscle fibres.
D. A success rate of up to 90 per cent can be achieved by pelvic floor exercises in the conservative management of GSI.

182. Ovarian germ cell tumours:
A. The majority are malignant.
B. The most common malignant germ cell tumour is a dysgerminoma.
C. Premenarchal patients should undergo karyotyping.
D. Human chorionic gonadotrophin (hCG) and lactate dehydrogenase (LDH) are useful tumour markers.
E. Dysgerminomas are almost always bilateral.

183. Pre-eclampsia:
A. Is associated with acute arterial atherosis.
B. Is associated with glomerular endotheliosis.
C. Is associated with lack of trophoblast infiltration of arterial wall.
D. Is associated with decreased arterial sensitivity to angiotensin II.
E. Is most likely inherited as a single dominant trait.
F. Is more common in monozygotic than dizygotic twins.
G. Phenytoin is the anticonvulsant of choice in severe pre-eclampsia.
H. Severe pre-eclampsia can result in liver failure, thrombocytopenia and blindness.

184. Obstetric perineal trauma:
A. 10 per cent of women who have a vaginal birth also sustain some degree of perineal trauma.
B. Anterior perineal trauma includes injury to labia, vagina, urethra, clitoris and bladder.
C. Inability to control flatus after vaginal delivery is attributed to nerve damage alone.

185. Hydatidiform mole:

A. If serum levels of serum beta hCG fall to normal within 70 days, follow-up is limited to 6 months.
B. Chemotherapy is required if the serum human chorionic gonadotrophin (hCG) level is more than 10 000 IU/L at 4 weeks after evacuation of the mole.
C. Hormonal contraception can be taken as soon as serum hCG level falls to normal.
D. hCG levels should be checked after any future normal pregnancy.
E. Some patients require 2-year follow-up. Once hCG level has been normal for more than 6 months, there is no risk of choriocarcinoma developing.

186. Thromboprophylaxis in gynaecology:

A. Thromboembolic disease accounts for 20 per cent of perioperative deaths in gynaecology.
B. The risk of postoperative thromboembolism in users of the low-dose pill is estimated to be twice that of non-users.
C. Hormone replacement therapy (HRT) should be stopped prior to surgery because of its association with venous thromboembolism.

187. Physical properties of ultrasound:

A. The American Institute of Ultrasound in Medicine (AIUM) advises that there is no risk of damaging tissue through heating as long as the 'thermal index' score (TIS) is kept lower than 20.
B. The lateral extent of the Field of View is determined by the Sector Angle that the beam sweeps through.
C. When using a modern ultrasound scanner, a higher frequency will give better resolution.
D. When using a modern ultrasound scanner, a higher frequency will give deeper penetration.

188. Side effects of hormone replacement therapy (HRT): continuous combined therapy and breakthrough bleeding (BTB):

A. Occurs in 40–60 per cent of patients during the first 6 months of treatment.
B. Occurs in 20 per cent after the first year.
C. Is similar in mechanism to that seen with oral contraceptives.
D. May require a change to a sequential programme if it persists beyond 1 year.
E. Can be stopped by the addition of a higher dose of progestin.

189. Postnatal morbidity-stress incontinence:

A. Approximately 20 per cent of women suffer stress incontinence for the first time after delivery.
B. Approximately 50 per cent of women will suffer from stress incontinence 3 months after delivery.
C. Postnatal exercises are excellent prophylactic measures against stress incontinence in the postnatal period.
D. Approximately 5 per cent of women will experience de-novo urinary frequency after delivery.

190. First-trimester miscarriage:

A. About 20 per cent of women will experience first-trimester vaginal bleeding.
B. Serum beta human chorionic gonadotrophin (hCG) levels double every 48 h in a patient with incomplete miscarriage.
C. After a complete miscarriage, serum beta hCG levels return to normal within 24 h.
D. Monoclonal antibody tests can detect hCG at a concentration of 1 IU/L.
E. The administration of exogenous progesterone in early pregnancy does not prevent miscarriage.

191. Risk factors for cervical cancer include:

A. First coitus at a young age.
B. Single sexual partner.
C. Lower socioeconomic status.
D. Human papillomavirus (HPV).

192. The third stage of labour:

A. The routine use of oxytocics has been shown to improve haemoglobin levels.
B. Ergometrine should be routinely used in all patients in the third stage.
C. Ergometrine may be used safely in management of the third stage of labour for a hypertensive patient.
D. The incidence of retained placenta after vaginal delivery is 2 per cent.
E. Waiting 60 min rather than 30 min will halve the number of women requiring an anaesthetic for manual removal of the placenta.

193. Detrusor instability:

A. May be improved by low-frequency neuromuscular electrical stimulation (NMS).
B. May be improved by psychotherapy.
C. May be improved by TENS (transcutaneous electrical nerve stimulation).
D. May be improved by S3 sacral nerve stimulation.
E. May be improved by distigmine bromide.

194. In endometrial carcinoma, the histological subtype:

A. Is endometrioid in 30 per cent of cases.
B. Is endometrioid with squamous differentiation in 25 per cent of cases.
C. Is clear cell adenocarcinoma in fewer than 10 per cent of cases.
D. Mucinous adenocarcinoma and squamous cell carcinoma are rare findings.
E. Should contain more than 10 per cent of a second pattern to be classified as mixed carcinoma.

195. Ovulation:
A. Clomiphene citrate is the most common drug used to induce ovulation.
B. Clomiphene citrate blocks oestrogen receptors in the ovary.
C. Patients treated with clomiphene citrate have a 5–10 per cent chance of multiple pregnancy.
D. Dexamethasone can be used in treatment of anovulation.
E. Strenuous exercise may result in anovulation due to decreased amplitude of gonadotrophin-releasing hormone (GnRH) excretion.
F. The ovaries of young women cannot fail to respond to stimulation by pituitary gonadotrophins.
G. Clomiphene citrate can be used in women with normal prolactin and gonadotrophin levels.
H. Wedge resection of ovaries is considered first-line treatment in anovulation associated with polycystic ovarian disease.
I. Treatment of ovarian disorders is more successful than treatment of other causes of infertility with respect to pregnancy.

196. Regarding perineal massage:
A. When practised in labour it does not protect against the trauma of delivery.
B. When conducted antenatally it does not protect against the trauma of delivery.
C. Should be prohibited in labour as it does more harm than good.
D. In the second stage of labour, it reduces the likelihood of dyspareunia at 3 months postpartum.
E. In the second stage of labour, it reduces the likelihood of urinary incontinence.

197. Erectile dysfunction:
A. May be caused by cimetidine (Tagamet).
B. Is usually due to a physical problem.
C. May be treated with sildenafil (Viagra).
D. May be treated with apomorphine.
E. Drug treatment is useful in Peyronie's disease.

198. The combined oral contraceptive pill (COCP):
A. Is relatively safe to continue up to the age of 40 in a woman who smokes.
B. 20–30 per cent of women in their 40s use the COCP.
C. Contains 0.2–0.5 mg of ethinyl oestradiol.
D. Ovulation is prevented by the progestogen.
E. May be less effective in patients with epilepsy on medication.

199. Regarding vulval intraepithelial neoplasia (VIN):
A. VIN II involves the upper two-thirds of the vulvar squamous epithelium.
B. In up to 75 per cent of women, the presenting complaint is pruritus.
C. The majority of lesions involve non-hairy skin exclusively.
D. The most common site affected is the anterior one-third of the inner labia majora.
E. The majority of lesions are unifocal.

200. Chorionic villus sampling (CVS):
A. May be used earlier than amniocentesis to establish a diagnosis (>11 weeks).
B. The miscarriage rate after CVS at 11–14 weeks is the same as that for amniocentesis at 16 weeks.
C. 10 per cent of cultures obtained by CVS will show mosaicism of the placenta.

201. Vaginismus:
A. May be a cause of female sexual dysfunction.
B. Is defined as the voluntary spasm of the muscle surrounding the vaginal outlet.
C. Only occurs in response to an actual attempt at penetration.

202. Non-neoplastic disorders of the vulva (NNDV):
A. Vulval atrophy is always symptomatic.
B. Simple vulvectomy is an effective and permanent treatment for chronic vulval dystrophy.
C. Vulval dystrophy often reappears after such surgery.
D. The classification of vulval disorders (ISSVD 1986) includes 'hyperplastic dystrophy', 'lichen sclerosis' and 'other dermatoses' as non-neoplastic disorders of the vulva.
E. In this classification, Paget's disease is a non-squamous vulval intraepithelial neoplasia (VIN).
F. The finding of adjacent areas of squamous hyperplasia with lichen sclerosis is regarded as part of the spectrum of lichen sclerosis.
G. The pruritus associated with vulval dystrophy is often worse early in the day.
H. Lichen planus may present as a vulval dermatosis.
I. Sarcoidosis can present with symptoms of vulval dystrophy.

203. Pelvic pain:
A. Fibroids are a common cause.
B. Deep vaginal pain post hysterectomy may be demonstrated via trigger points in the vaginal cuff.
C. A history of sexual abuse is associated with chronic pelvic pain.

204. Dysmenorrhoea:
A. Secondary dysmenorrhoea usually precedes menstrual loss.
B. Mefanamic acid acts to relieve dysmenorrhoea by an antifibrinolytic mechanism.

205. Tamoxifen:
A. Is a steroidal compound structurally related to diethylstilboestrol.
B. Competitively inhibits oestrogen binding by binding to the oestrogen receptor.
C. In premenopausal women, it has an anti-oestrogenic effect.
D. In women with breast cancer, there is an increased survival at 5 years of approximately 20 per cent.
E. Is associated with a 2- to 4-fold increased risk of endometrial cancer.

206. Haemorrhagic disease of the newborn (HDN):
A. Can be prevented by prophylactic vitamin K administration to the newborn.
B. Vitamin K administration by the intramuscular route may predispose to childhood leukaemia.

207. Ca125 is elevated (normal range <35 U/mL) in the following conditions:
A. Menstruation.
B. 50 per cent of stage 1 ovarian cancers.
C. Pelvic inflammatory disease.
D. Urinary tract infection.
E. Pancreatic cancer.

208. Maternal serum alpha-fetoprotein (MSAFP) will be raised if the fetus is affected by:
A. Trisomy 21 (Down's syndrome).
B. Trisomy 18 (Edward's syndrome).
C. Open neural tube defect at 16 weeks' gestation.
D. Normal ultrasound scan findings.
E. Intra-uterine death.
F. Rhesus disease.
G. Gastroschisis.
H. Epidermolysis bullosa.

209. Primary dysmenorrhoea:
A. Is pelvic pain in the absence of pelvic disease.
B. Characteristically results in pelvic pain for the week preceding menstrual flow.
C. The level of uterine prostaglandins correlates poorly with severity of menstrual cramps.
D. The combined oral contraceptive pill is an unsuitable treatment.
E. Is exacerbated by caffeine.
F. Usually commences in adult life.

210. Complications of tocolytic therapy:
A. The risks with beta-sympathomimetics are the same in multiple pregnancy as in singleton pregnancy.
B. Beta-sympathomimetics used for tocolysis are associated with hyperglycaemia, hypertension and pyrexia.
C. Include cyanosis and dyspnoea.

211. If the fetal bowel appears echogenic in the mid-trimester:
A. There may be intra-uterine growth retardation.
B. Both parents should be tested for cystic fibrosis.
C. Fetal karyotyping should be performed.
D. It may be a normal ultrasound finding.

212. Postmaturity:
A. Prolonged pregnancy refers to pregnancy lasting more than 294 days from the first day of the last menstrual period.
B. Postmaturity syndrome includes dry peeling skin, well-developed palmar creases and coating of the body with meconium.
C. The incidence of antepartum death, intrapartum death and neonatal death are approximately equal in prolonged pregnancy.

213. Placenta praevia:
A. Complicates approximately 1 in 400 pregnancies.
B. Is associated with a maternal mortality rate of 0.3 per cent in the UK.
C. Transvaginal ultrasound is the diagnostic technique of choice.
D. If the placental edge is less than 3 cm from the internal cervical os, a Caesarean section should be performed.
E. There is a significant association between placenta praevia and placenta accreta.

214. Menorrhagia:
A. Normal menstrual blood loss is 100–150 mL.
B. Occurs more commonly in anovulatory cycles.
C. Endometrial ablation is more successful in the presence of uterine pathology such as fibroids.
D. 40 per cent of patients suffering from menorrhagia with demonstrable pathology have adenomyosis.
E. Adenomyosis may be diagnosed on Pipelle sampling.

215. Dysfunctional uterine bleeding (DUB):
A. Has an easily identifiable cause.
B. Usually occurs in anovulatory cycles.
C. Every patient should undergo hysteroscopy.
D. With anovulation is easier to treat than DUB associated with ovulatory cycles.
E. Progestogen therapy is recommended as a first-line treatment for ovulatory DUB.
F. Patients being treated for DUB with Provera may also assume contraceptive cover.

216. Features of human papillomavirus (HPV) infection in squamous cells:
A. Cytoplasmic vacuolization.
B. Nuclear enlargement.
C. Hyperchromasia.
D. Chromatin clumping.

217. Cervical intraepithelial neoplasia (CIN):
A. Preinvasive lesions of the cervix are more common in patients with two or fewer sexual partners.

218. Bartholin's glands:
A. Secrete mucus.
B. A Bartholin's abscess is equivalent to an infected Bartholin's cyst.
C. All Bartholin's cysts should be excised.
D. Most Bartholin's abscesses contain a mixture of bacterial organisms.
E. Bartholin's cysts are always due to infection.

219. Lymphogranuloma venereum:
A. Is a sexually transmitted disease.
B. Is caused by the Donovan bacillus.
C. Is characterized by inguinal lymphangitis, anogenital lesions and fibrosis.

220. Endometriosis and treatment options:
A. Symptom recurrence following medical treatment is unusual.
B. Laser treatment is more effective than electrocautery.
C. The combined oral contraceptive pill is an ineffective way of managing endometriosis.
D. Elevated Ca125 is associated with patients who benefit from early laparoscopy.
E. Laparoscopic ablation of endometriosis works best in mild/moderate cases.

221. Progesterone-only contraception is ideal for:
A. Diabetics.
B. Hypertensives.

222. Trisomy 21 (Down's syndrome):
A. 95 per cent of cases are due to non-dysjunction.
B. The overall incidence is 1:650 livebirths.
C. Affected children are mildly mentally retarded.
D. Congenital heart disease is common among affected children.
E. Gastro-intestinal tract abnormalities are unusual among affected children.
F. Most affected babies die before the age of one year.

223. Choroid plexus cysts:
A. Are present in 1 per cent of all 20-week normality ultrasound scans.
B. Are often associated with trisomy 21 (Down's syndrome).

224. The following are true regarding cervical carcinoma:
A. Human papillomavirus (HPV) type 16 and 18 are associated with most cervical intracepithelial neoplasia (CIN) lesions of all grades and invasive cancer.
B. Stage IIIb indicates that the carcinoma extends beyond the cervix, but not to the pelvic side wall.
C. 5-year survival for stage Iia is 85–90 per cent, whatever the method used for treatment.

225. Antibiotics and preterm labour:
A. A woman with ruptured membranes at 30 weeks' gestation should be started on antibiotics.
B. Prophylactic antibiotics in women with premature preterm rupture of membranes reduce both maternal and fetal infection.
C. Antibiotic therapy decreases the odds of delivering within 1 week of membrane rupture by about 10 per cent when given to women with ruptured membranes in the absence of uterine activity between 27 and 33 weeks' gestation.

226. Endometriosis and fertility:
A. Over 90 per cent of patients present with fertility problems.
B. Women with endometriosis-associated infertility have a good chance of conception with hormonal treatment.
C. For patients with endometriosis-associated infertility, medical treatment is the best option.
D. Gonadotrophins have no use in the treatment of infertility secondary to endometriosis.

227. Vulval pathology:
A. Vulval cancer is associated with nulliparity.
B. Lichen sclerosis is found adjacent to 30 per cent of vulval cancers.

228. Pelvic congestion syndrome:
A. Deep dyspareunia is a typical symptom.
B. Patients usually complain of a localized suprapubic pain.
C. Medroxyprogesterone acetate has been shown to be a useful treatment.

229. Post-coital contraception (PCC):
A. The combined oral contraceptive pill cannot be used as a form of PCC.
B. Mifepristone produces its action through changes in the tubal epithelium.
C. The PCC dose of levonorgestrel is two 75 mg doses, 12 h apart.
D. Previous thrombosis is the only contraindication to PCC methods containing oestrogen.

230. Cancer of the vulva:
A. May be caused by human papillomavirus (HPV).
B. Is predominantly adencarcinoma.
C. Cloquet's node is the deepest node of the femoral group.
D. Malignant melanoma is the second most common vulval malignancy.
E. Chemotherapy is an effective treatment.

231. Menorrhagia:
A. One in three women will describe heavy menstrual bleeding at some stage in their life.
B. 50 per cent of women who complain of menorrhagia have a measured blood flow within normal limits.
C. Is usually due to an easily identifiable cause.
D. Lifetime risk of hysterectomy is estimated to be 50 per cent.

232. Tranexamic acid:
A. Works by inhibiting fibrinolysis.
B. One-third of women will experience gastro-intestinal side effects with 3–6 g daily.
C. Is associated with an increased risk of deep venous thrombosis.
D. Is better at reducing menstrual blood loss than mefenamic acid.
E. Intracranial thrombosis is a serious side effect.

233. Medical treatment of hyperprolactinoma:
A. Bromocriptine normalizes prolactin in 50 per cent of patients.
B. Patients with a macroprolactinoma should start with a twice-daily dose of bromocriptine.
C. The starting dose of bromocriptine is 12.5 mg, given at night.
D. The usual starting dose of carbergoline is 0.25 mg twice weekly.

234. Haemoglobinopathies:
A. Sickle-cell disease is an autosomal recessive condition.
B. Sickle-cell disease during pregnancy is associated with higher risk of pulmonary embolism and renal infarction.
C. The alpha-thalassaemia gene is coded for by one gene on chromosome 16.
D. In beta-thalassaemia there are approximately 75 mutations responsible for the disorder.

235. The following are not common complications of cervical cancer:
A. Uraemia.
B. Pyometra.
C. Hydronephrosis.
D. Vesicocervical fistula.

236. Genetic disorders:
A. Beckwith–Weidemann syndrome is associated with exomphalos.
B. An affected male with cystic fibrosis is usually fertile.
C. Antenatal screening for cystic fibrosis is not possible.
D. Cystic hygroma is an autosomal recessive lesion.

237. Prostaglandin synthetase inhibitors:
A. Reduce menstrual blood loss by 20–50 per cent in 10 per cent of women.
B. Are more effective than tranexamic acid (TA) at reducing menstrual blood loss.
C. Inhibition of uterine prostaglandins reduces menstrual blood loss in less than 10 per cent of patients.
D. Side effects are more common with antifibrinolytics.

238. Hysteroscopic treatment for menorrhagia:
A. Is not an acceptable alternative to hysterectomy.
B. Offers a solution for menorrhagia as well as irreversible contraception.
C. Over 80 per cent of patients will have a lighter or no loss.
D. Patients exhibit a lower rate of postoperative infection than hysterectomy.
E. Cyclical pain improves after hysteroscopic treatment of dysfunctional uterine bleeding.
F. Radiofrequency ablation can destroy tissue up to a maximum depth of 7 mm.
G. Approximately 50 per cent of patients will eventually request further treatment after an endometrial ablative procedure.
H. Patients requiring hormone replacement therapy (HRT) after endometrial ablation should use a combined preparation.

239. Endometrial hyperplasia:
A. Will occur in 20 per cent of patients treated with unopposed oestrogen taken for 1 year.
B. Will develop into carcinoma in an average time of approximately 5 years.
C. 10 per cent of hyperplasia without atypia will progress to carcinoma.
D. If accompanied by atypia, 50 per cent will develop into carcinoma in 1 year.
E. The relative risk of developing endometrial carcinoma in women taking unopposed oestrogen is 6:1.
F. If repeat endometrial sampling shows normal or atrophic endometrium after 3–6 months of progesterone, no further treatment is required.

240. Androgens:

A. The majority of androgen production in women arises in the ovaries, under the influence of luteinizing hormone.
B. Sex hormone-binding globulin binds testosterone with high affinity, but not androstenedione.
C. Increased androgen production in hirsute women is commonly adrenal in origin.
D. Adrenal hyperandrogenaemia is found in about 15 per cent of patients with polycystic ovarian disease (PCOD).

241. Congenital adrenal hyperplasia (CAH):

A. Is most commonly caused by a deficiency of the 21-hydroxylase enzyme.
B. In adults is monitored by serum levels of 17-hydroxyprogesterone.
C. Is inherited in a recessive manner.

242. Prolactin:

A. Prolactin levels tend to be higher during the night.
B. Pregnancy is associated with a 10-fold increase in prolactin concentration.

243. Side effects of bromocriptine include:

A. Hypotension.
B. Nausea.
C. Miscarriage.
D. Congenital anomalies.
E. Multiple pregnancy.

244. The following statements are true about the preterm, breech fetus:

A. It should always be delivered by Caesarean section.
B. Cerebellar damage is a recognized complication of vaginal delivery.
C. Ultrasound is the best diagnostic tool in deciding which breech presentations may be permitted to deliver vaginally.
D. An experienced doctor should attend all vaginal deliveries.
E. Are best delivered by the vaginal route.

245. Congenital heart disease (CHD):

A. Is the commonest congenital malformation in children.
B. Is associated with an increased risk of aneuploidy.
C. Trisomy 13 (Patau's syndrome) is the most common aneuploidy associated with congenital heart disease.
D. Is more likely if there is increased nuchal translucency and a normal karyotype in the first trimester.
E. The four-chamber view of the fetal heart is a good screening test.

246. Kallman's syndrome is characterized by:

A. Precocious puberty.
B. Over-secretion of gonadotrophin-releasing hormone (GnRH).
C. Amenorrhoea.
D. Anosmia.
E. Genital hypertrophy.

247. The following treatments are licensed for the prevention and treatment of osteoporosis:
A. Etidronate (Didronel).
B. Alendronate (Fosamax).
C. Risedronate (Actonel).
D. Dietary calcium.
E. Raloxifene (Evista).

248. The combined oral contraceptive pill (COCP) interacts with the following drugs:
A. Barbiturates.
B. Rifampicin.
C. Aspirin.
D. Chloroquine.
E. Insulin.

249. The following statements about molar pregnancy are true:
A. The incidence of complete moles in the UK is 1:1200.
B. Partial moles are five times as common as complete moles.
C. Complete moles are diploid and androgenic in origin.
D. Partial moles are triploid conceptuses with two maternal haplotypes and one paternal set.
E. The incidence of molar pregnancy is dramatically decreased in women who conceive over the age of 50 years.

250. Maternal steroid therapy:
A. Decreases the incidence of intraventricular haemorrhage.
B. Is contraindicated in cases of prolonged preterm rupture of membranes.
C. Thyrotrophin-releasing hormone (TRH) is as effective as corticosteroids in inducing fetal lung maturity.
D. Reduces the incidence of respiratory distress syndrome in infants born preterm by 40–60 per cent.
E. For optimum results, steroids should be administered between 12 and 24 h prior to delivery.
F. Reduces the incidence of hypoxic ischaemic encephalopathy in the neonate.
G. Reduces the incidence of transient tachypnoea of the newborn.

251. The intra-uterine contraceptive device (IUCD):
A. If a patient is aged 40 years or over, there is no requirement to replace the device prior to the menopause.
B. Removal is not necessary in postmenopausal women.

252. Ectopic pregnancy:
A. If an intra-uterine sac is situated centrally, it is more likely to represent a pseudosac associated with ectopic pregnancy than an intra-uterine gestation.
B. The absence of a visible intra-uterine sac by transvaginal ultrasound, with a human chorionic gonadotrophin (hCG) level above 1000 IU/L is always a sign of an ectopic gestation.
C. In up to a quarter of patients with ectopic pregnancy, transvaginal ultrasound findings may be normal.

253. Neural tube defects:
A. Anencephaly and spina bifida account for more than 95 per cent of neural tube defects.
B. The incidence is higher in the USA and Canada than in the UK.
C. The recurrence risk if one sibling has been affected is 1:25.
D. The prognosis is poor if spina bifida is found in association with hydrocephalus.
E. The ultrasound finding of a banana-shaped cerebellum is a marker for spina bifida.
F. Preconceptual folic acid (500 micrograms per day) reduces the risk of recurrence.

254. The COCP and malignancy:
A. The COCP protects against ovarian cancer.
B. The COCP protects against breast cancer.
C. The COCP is associated with an increased risk of ovarian cancer.
D. The COCP is associated with a decreased risk of developing endometrial cancer.

255. Ovarian cancer:
A. Nulliparous women are at increased risk.
B. A personal history of breast cancer is associated with an increased risk.
C. Stage II disease is confined to the ovaries.
D. The 5-year survival rate for patients with stage IV disease is 70 per cent.
E. Tumours of low malignant potential are usually of the teratoma variety.

256. Preterm labour:
A. Is defined as regular uterine contractions and the presence of cervical dilatation occurring before 36 weeks' gestation.
B. A urinary tract infection is the aetiological factor in 90 per cent of cases.
C. Congenital anomalies are a risk factor for preterm labour.
D. Preterm labour affects 40 per cent of all pregnancies.
E. The main cause of perinatal morbidity is sepsis.
F. Tocolytics are not necessary after 30 weeks' gestation.

257. With regards to peritoneal healing:
A. After an intra-abdominal surgical procedure, it is complete within 5–8 days.
B. Non-closure of the peritoneum does not predispose patients to increased infectious complications.
C. Non-closure of the peritoneum decreases wound integrity.
D. Suturing of the peritoneum increases the incidence of adhesions postoperatively.
E. In the UK, the most common cause of intraperitoneal adhesion is a prior history of pelvic inflammatory disease.

258. Laparoscopic surgery:
A. Cutting diathermy uses high-current, low-voltage energy.
B. The pneumoperitoneum causes a widening of pulse pressure due to cardiac compression.
C. Peritoneal stretching commonly results in a tachycardia.
D. Increasing pain postoperatively represents perforation of the bowel until proven otherwise.
E. The aortic bifurcation occurs at the level of the iliac crest.

259. Early pregnancy:

A. If an embryo measures over 10 mm, the subsequent loss of viability is 0.5 per cent.
B. The finding of a well-defined regular endometrial line can effectively exclude incomplete miscarriage.
C. A missed miscarriage is defined as a fetal death before 20 weeks of gestation, without expulsion of the gestational sac.
D. A mean gestational sac diameter >20 mm is necessary before diagnosing missed miscarriage.
E. A gestational sac >25 mm with no fetal parts is termed a 'blighted ovum' or an 'anembryonic pregnancy'.

260. Thromboprophylaxis:

A. Patients with a history of a single episode of thromboembolism in pregnancy show a recurrence rate of 1–5 per cent.
B. Patients with a history of a single episode of thromboembolism in pregnancy should commence thromboprophylaxis as soon as pregnancy is diagnosed.
C. Antenatal low-dose heparin may cause thrombosis.
D. Warfarin used in the first trimester of pregnancy will produce central nervous system abnormalities in 46 per cent of fetuses.
E. Dextran 70 and hydration are recommended as the method of providing prophylaxis during labour and the early puerperium in mothers at low risk of thromboembolic disease.
F. In anti-thrombin III deficiency, the dose of heparin should be adjusted to maintain anti-factor 10a levels between 0.2–0.4 IU/mL.
G. Full anticoagulation is a clear contraindication to spinal or epidural anaesthesia.
H. In patients receiving heparin prophylaxis, the siting of an epidural or spinal block should be delayed for 24 h after the last low-dose heparin injection.
I. Low-dose heparin is associated with a 5–15 per cent increase in incidence of wound haematoma.

261. HIV-1 infection in pregnancy:

A. The human immunodeficiency virus is a retrovirus.
B. The CD4 lymphocyte is its main target.
C. AIDS occurs on average about 20 years after infection in adults.
D. In Europe the rate of vertical transmission is <5 per cent.
E. Caesarean section reduces the risk of infection from mother to infant by 20 per cent.

262. National Institute for Clinical Excellence (NICE) guidelines for induction of labour:

A. Dinoprostone and oxytocin are equally effective for the induction of labour after ruptured membranes, regardless of parity or cervical favourability.
B. Oxytocin may be started 4–6 h after vaginal prostaglandins.
C. The maximum recommended rate of oxytocin infusion is 20 milliunits/min (0.02 units/min).

263. In-vitro fertilization (IVF):
A. The success rate (take home baby rate) is 20 per cent.
B. The embryo is returned to the Fallopian tube.
C. Recovery of multiple oocytes allows cryopreservation of multiple embryos.
D. Bowel injury is a recognized complication of oocyte retrieval.

264. Anticholinergic drugs:
A. Produce competitive blockade of acetylcholine receptors.
B. Are specific for the bladder.
C. Should be stopped immediately if there is blurring of vision.
D. Should always be prescribed at the manufacturer's stated starting dose.
E. Cause antimuscarinic side effects.

265. Urodynamic investigation:
A. Detrusor instability is the commonest cause of incontinence and is defined as the presence of spontaneous detrusor contractions during the filling phase when the patient is attempting to inhibit micturition.
B. Genuine stress incontinence (GSI) is defined as the leakage of urine per urethra due to increased intra-abdominal pressure, in the absence of detrusor activity.
C. Has a relatively low sensitivity and specificity for detrusor instability.
D. A decreased maximum flow rate may indicate damage to the urethral sphincter.
E. Genuine stress incontinence can be diagnosed on an unlabelled urodynamic tracing.

266. Ectopic pregnancy:
A. The incidence has increased in the last decade.
B. Exposure to diethystilboestrol is a risk factor.
C. Most pregnancies occur in the fimbrial end of the tube.
D. At presentation, patients are usually mildly febrile.
E. Methotrexate is useful in the treatment of ectopic pregnancy due to its interference with RNA synthesis.

267. In the treatment of endometriosis:
A. Gestrinone is only administered twice weekly.
B. Gestrinone may increase libido.
C. Danazol may cause irreversible voice changes.
D. The benefits of luteinizing hormone-releasing hormone (LHRH) analogues are reduced by add-back oestrogen.

268. Hormone replacement therapy (HRT):
A. Reduces the risk of depressive symptoms.
B. Does not affect the incidence of Alzheimer's disease.
C. Does not reduce bone loss in the presence of established osteoporosis.
D. Retards the process leading to atheromatous plaque formation.
E. Lowers serum levels of high-density lipoprotein.
F. The minimum daily dose of oestradiol which prevents bone loss is 1 mg.
G. Is the first line of treatment in patients with established osteoporosis and fracture.
H. Tibolone does not provide effective relief from vasomotor symptoms.

269. Thrombophilic disorders:

A. Patients with anticardiolipin antibodies (ACA) are at increased risk of first- and second-trimester loss.

B. Patients with primary antiphospholipid syndrome (PAPS) are at increased risk of arterial, but not venous, thromboembolism.

270. Female sexual dysfunction:

A. May be caused by vaginismus.

B. Is successfully treated by sildenafil (Viagra).

C. Rarely has a physical cause.

D. Simple counselling and psychotherapy will help many couples.

E. Masters and Johnson working in the USA pioneered treatment for this disorder.

271. Premature rupture of membranes:

A. Is defined when the membranes rupture at the onset of preterm contractions.

B. Infection is occasionally implicated in its aetiology.

C. Infection decreases the production of prostaglandins in preterm ruptured membranes.

D. Is easy to diagnose conclusively.

E. Conservative management is the treatment of choice in all cases.

F. Culture of amniotic fluid is as useful to the paediatricians as to the obstetricians.

G. Vaginal flora is more abundant and homogenous in pregnancy.

272. Tocolytic therapy:

A. Magnesium sulphate is a recognized agent.

B. Oral tocolytic therapy has been proven to be of significant use in preterm labour.

C. Beta-sympathomimetic agonists function by reducing cyclic AMP in muscle cells and reducing intracellular calcium.

D. Free oral fluids should be encouraged.

E. Maternal blood glucose needs to be monitored.

273. Neonatal morbidity:

A. In the preterm baby, the commonest intracranial complication is subarachnoid haemorrhage.

B. Prematurity remains the commonest cause of neonatal death in the normally formed baby.

C. Preterm rupture of membranes needs to occur before 24 weeks' gestation to cause fetal lung hypoplasia.

D. Treatment of the mother with cortiosteroids antenatally reduces the risk of necrotizing enterocolitis.

E. Preterm delivery accounts for 35 per cent of perinatal deaths once congenital abnormality is excluded.

F. A subependymal haemorrhage (SEH) is defined as bleeding limited to the germinal matrix.

G. The end result of ischaemic brain injury is the formation of periventricular cysts (periventricular leukomalacia).

H. The incidence of retinopathy of prematurity is approximately 13 per cent at 25 weeks.

274. Pulmonary physiology:

A. A lecithin/sphingomyelin (L/S) ratio of 0.5 indicates a low risk of respiratory distress syndrome.
B. Lecithin is produced by type I pneumocytes in the lungs.
C. The lecithin/sphingomyelin ratio is a reliable test of lung maturity.
D. At 32–34 weeks' gestation the respiratory epithelial cells start to differentiate into type I and type II pneumocytes.
E. Type 1 pneumocytes in the fetus are concerned with gas exchange.
F. Bronchopulmonary dysplasia (BPD) is defined as oxygen dependency at 36 weeks' postmenstrual age in babies who survive respiratory distress syndrome.
G. Approximately 25 per cent of babies born below 25 weeks develop chronic lung disease (CLD).

275. Cervical incompetence:

A. Is characterized by painful cervical dilatation in the second trimester.
B. May be caused by diethylstilboestrol.
C. LLETZ (large loop excision of the transformation zone) is commonly associated.
D. May be treated with intravenous ritodrine.

276. The preterm neonate:

A. Suffers thermal stress because of its low surface area-to-mass ratio.
B. Surfactant production increases as its temperature drops.
C. Lower core temperature is associated with a decreased oxygen and glucose consumption.

277. Endometrial carcinoma:

A. The histological grade of tumour is one of the most important prognostic factors.
B. 50 percent of patients with clinical stage 1 disease have positive peritoneal cytology.
C. The risk of recurrent disease is increased three-fold with positive peritoneal cytology.
D. Patients with oestrogen/progesterone receptor positive tumours frequently have poorly differentiated tumours with marked invasiveness.
E. Approximately 25 per cent of tumours exhibit DNA aneuploidy.

278. Ca125 (normal range <35 U/mL):

A. May be elevated with menstruation.
B. Is raised in 50 per cent of stage I ovarian cancers.
C. Is elevated in pelvic inflammatory disease (PID).
D. May be raised by urinary tract infection.
E. Is elevated in patients with pancreatic cancer.

279. Amniocentesis:

A. There is a procedure-related miscarriage rate of approximately 0.1 per cent.
B. FISH (fluorescence in-situ hybridization) may be used to exclude the more common aneuploidies.
C. The cell culture will fail in approximately 5 per cent of samples.

280. The following are features of babies born with trisomy 18 (Edward's syndrome):
A. Rocker bottom feet.
B. Intra-uterine growth retardation.
C. Polydactyly.
D. A strawberry-shaped head on prenatal ultrasound.

281. Neurofibromatosis type I:
A. Is an autosomal dominant disorder.
B. May be associated with renal artery stenosis and phaeochromocytoma.
C. Has a very high association with malignancy.

282. Pre-implantation genetic diagnosis:
A. The technique involves the removal of one or two blastomeres from the embryo on day 3 of development.
B. Is not possible for Duchenne's muscular dystrophy.
C. Is regulated by the HFEA (Human Fertilisation and Embryology Authority), from whom a license must be obtained on a case-by-case basis.
D. May be used to identify single-gene defects.
E. Less than 1 per cent of newborns have a single minor malformation.

283. Placental abruption
A. The risk of recurrence is 8.3–16.7 per cent.
B. The commonest reason is blunt trauma to the abdomen.
C. Causes are usually obvious clinically.
D. Many patients with placental abruption are hypertensive at presentation.
E. Nearly 50 per cent of patients are in established labour.
F. Approximately 10 per cent of patients are in established labour.

284. Acute fatty liver and pregnancy:
A. The major risk of acute fatty liver of pregnancy is maternal death.
B. The major risk of acute fatty liver of pregnancy is fetal death in up to 40 per cent of cases.
C. Liver enzymes (AST: aspartate transaminase and ALT: alanine transaminase) are usually markedly elevated.

285. Contraindications to the progesterone pill:
A. Patients with porphyria.
B. Patients suffering from migraine.
C. A history of severe arterial disease.