MBBS Final Professional Examination 2007

OBSTETRICS

Model Papers (SEQs)

Total No. of SEQs 07 **Each SEQ carry 05 marks**
Max Marks 35 **Time Allowed 2 hours**

Q1. G_3 P_2 A_0 presents at 34 weeks of gestation with the history of heavy vaginal bleeding, abdominal pain and decreased fetal movements and O/E uterus is tense and tender.

a) What is the most likely diagnosis?

b) Give steps of management.

Key:

Diagnosis-abrubtio placenta.

Management:

1. Access general condition.
2. Stabilize the patient.
3. Fetal well being (cTG Biophysical Profile).
4. Decision about mode of delivery depending upon type and severity of haemorrhage

-Maternal condition.

-Gestational age.

-Fetal condition.

-Bishop's scoring.

-Previous mode of delivery.

MBBS Final Professional Examination 2007
OBSTETRICS
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Q2. P_1 A_0 presents two weeks after delivery with fever, rigors, chills, red hot and tender left breast.

a) What is the most likely diagnosis?

b) Briefly outline your management?

Key:

Diagnosis-Breast abscess.

Management:

History examination.

Investigation.

Treatment:

-Antibiotics.

-Analgesics.

-Incision and drainage.

-Post operative advice regarding continuation of breast feeding.

-Follow up.

MBBS Final Professional Examination 2007
OBSTETRICS
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Q3. G_3 P_2 A_0 presents at 36 weeks of gestation. She has breech presentation.
Enumerate five complications of external cephalic version? (ECV)

Key:

Complications of ECV:

1. Preterm labour.
2. Preterm premature rupture of membranes (PPROM).
3. Placental abruption.
4. Rh sensitization.
5. Evulsion of cord.
6. Fetal distress/death.

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OBSTETRICS
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Q4. A 24 years old primigravida presents in emergency at 12 weeks of gestation with history of increased frequency of vomiting for the last two days O/E her pulse is 100/minute & blood pressure 90/60 mm Hg.

a) What is your the most likely diagnosis?

b) Give steps of your management in this case?

Key:

Diagnosis-Hyperemesis gravidarum.

Management:

-History (rule out gestroentritis).

-Examination-General, physical and obstetrical.

-Investigations-Baseline, serum electrolytes LFT's, RFt's, USG to rule out twin gestation and trophoblastic disease.

Treatment:

-Change of environment.

-Rehydration.

-Antiemetics.

-Vitamins.

-Treatment of cause.

-Prevent complications.

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OBSTETRICS
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Q5. Primigravida at 10 weeks of gestation is presented at antenatal clinic.

Enumerate routine investigations you advice?

Key:

-Blood Grouping and Rh factor.

-Hb.

-TLC, DLC, ESR. } CBC

-Platelet count.

-Urine complete examination.

-Blood sugar.

-Dating Scan.

-Hepatitis screening.

-Rubella antibodies.

MBBS Final Professional Examination 2007
OBSTETRICS
Model Papers (SEQs)

Q6. Primigravida at 38 weeks presents in emergency with tonic, clonic fits. O/E B.P. is 180/120 mmHg with generalized edema. Outline plan of emergency management?

Key:

Diagnosis-Eclampsia.

-Senior obstetrician, anaesthetist nursing staff should be available.

-I/V line./Catheter./O2.

-Arrangements for airway maintenance.

-Blood for investigation.

-Hb, Platelet count, LFT's.

-Coagulation profile.

-Renal functions, uric acid.

-C/E urine.

Ultrasound scan for fetal well being.

Treatment:

-Aims-Stabilization of patient.

-Control of B.P., Hydralazine, Isokit, Nifedapine.

-Control of fits, $MgSO_4$.

-Prevention of recurrence of fits. – $MgSO_4$, sedation.

-Delivery C-section.

-Look for complications.

-Follow up.

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OBSTETRICS
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Q7. Gravida 2 is going to have outlet forceps delivery because of poor maternal effort.
Enumerate prerequisites of forceps delivery?

Key:

1) Presentation should be suitable, cephalic or mentoanterior.
2) Full dilatation of cervix.
3) Empty bladder.
4) Good contractions.
5) Analgesia-Epidural, Pudendal block + Local, perineal infiltration.
6) There should be no cephaolpelvic disproportion.