

Database of questions for the Medical Final Examination (LEK)

Part 2

Obstetrics and gynecology

Modified 09.08.2024.

- No. 1.** Which is true about serum uric acid in pregnant women in a normal, uncomplicated pregnancy?
- A. it keeps increasing with the quickest rise observed in the second part of the pregnancy.
 - B. it keeps decreasing since the beginning of pregnancy and reaches the lowest level in 22nd-24th week of pregnancy. Then it starts increasing until the due date to reach the pre-pregnancy level.
 - C. it remains unchanged in the first trimester of pregnancy, after which it increases until the due date.
 - D. it remains unchanged.
 - E. it increases until 24th week of pregnancy when it reaches a plateau and stays the same until the due date.

- No. 2.** Indicate the true statement regarding vasa previa:
- A. these are blood vessels of the umbilical cord in cord presentation.
 - B. this is the marginal sinus of the placenta previa.
 - C. these are blood vessels of the decidua of the anterior lower uterine segment.
 - D. these are blood vessels connected with velamentous cord insertion that are located above or close to the external cervical os.
 - E. these are blood vessels of a placenta that has attached to the lower uterine segment.

- No. 3.** Which of the following is/are indications for treatment of isolated thrombocytopenia in pregnant women in the first and second trimesters with platelet concentrate:
- A. a planned amniocentesis.
 - B. thrombocytopenia of $<30,000/\text{mm}^3$ in the second trimester of pregnancy
 - C. a planned cordocentesis.
 - D. skin purpura.
 - E. all the above.

- No. 4.** What is the earliest stage when a diagnosis of intrauterine growth restriction connected with placental insufficiency can be made?
- A. during the routine first-trimester reference ultrasound of the foetus.
 - B. at week 16 of pregnancy, when the placenta becomes fully functional.
 - C. during a foetal ultrasound at weeks 19-22 of pregnancy.
 - D. during an obstetric examination with foetal ultrasound at weeks 26-28 of pregnancy.
 - E. at every stage of pregnancy whenever placental insufficiency develops.

- No. 5.** A total gestational weight gain in a healthy female with a normal pre-pregnancy weight should be:
- A. 5-9 kg.
 - B. 9-10 kg.
 - C. 11.5-16 kg.
 - D. 18-20 kg.
 - E. none of the above.

- No. 6.** Which of the following **is not** a contraindication to labour induction in a pregnancy that is 7 days overdue according to the Naegele's rule and was verified with a first-trimester ultrasound:
- A. gestational diabetes with an estimated foetal weight $>4400\text{ g}$.
 - B. cephalic presentation of the first twin with a transverse lie of the second twin.
 - C. myoma in the uterine fundus.
 - D. marginal placenta previa.
 - E. history of classical caesarean delivery.

No. 7. Active management of the third stage of labour is aimed at:

- A.** accelerating cervical dilation by local administration of prostaglandins.
- B.** accelerating the process of placental separation with the use of the Crede manoeuvre.
- C.** manual extraction of an incarcerated placenta after its separation in the uterus.
- D.** post-partum haemorrhage risk reduction by oxytocin administration after the second stage of labour .
- E.** uterine inversion risk reduction by controlled cord traction after making sure that the placenta has separated completely.

No. 8. The duration of a physiological menstrual cycle in females depends on:

- A.** duration of the follicular phase of the ovarian cycle.
- B.** duration of the luteal phase of the ovarian cycle.
- C.** timing of corpus luteum regression.
- D.** timing of the onset of menarche.
- E.** age of the female.

No. 9. Which diagnostic methods are used to detect uterine anomalies?

- A.** a gynaecological examination.
- B.** a transvaginal ultrasound.
- C.** sonohysterography.
- D.** hysteroscopy.
- E.** all the above.

No. 10. For a monochorionic-diamniotic pregnancy to develop a fertilized egg cell must divide:

- A.** 24 hours after fertilization
- B.** 1-2 days after fertilization.
- C.** 3 days after fertilization.
- D.** 4-7 days after fertilization.
- E.** more than 7 days after fertilization.

No. 11. Which is/are first-choice drug(s) in the standard treatment of uncomplicated vaginal candidiasis caused by *Candida albicans*?

- A.** natamycin
- B.** amphotericin B.
- C.** nystatin.
- D.** azoles.
- E.** phosphomycin.

No. 12. What obstetric problems might uterine myomas cause?

- 1) a miscarriage;
- 2) a premature birth;
- 3) an abnormal foetal position;
- 4) profuse, prolonged menstrual bleeding;
- 5) post-partum haemorrhage.

The correct answer is:

- A.** 1,2,3. **B.** 1,3,4. **C.** 4,5. **D.** 1,2,3,5. **E.** all the above

No. 13. Pain of the organs of the minor pelvis is the most characteristic symptom of endometriosis. Which type of pain connected with endometriosis allows early differentiation from other disorders?

- A.** acute abdominal pain accompanied by nausea and vomiting.
- B.** acute abdominal pain with marked peritoneal signs.
- C.** chronic abdominal pain with fever.
- D.** abdominal pain occurring only in the first 2-3 days of menstrual bleeding.
- E.** chronic hypogastric pain aggravating during menstrual bleeding.

No. 14. Which week of pregnancy is the amniotic fluid normally most abundant in?

- A. 20-22.
- B. 24-25.
- C. 27-29.
- D. 31-33.
- E. 36-38.

No. 15. Which genetic abnormality is characteristic of trophoblastic disease and differentiates complete hydatidiform from partial hydatidiform?

- A. chromosome 15 aneuploidy.
- B. chromosome 17 short arm deletion.
- C. diploidy and the presence of only paternal chromosomes.
- D. trisomy 21.
- E. pentasomy X.

No. 16. Vitamin D deficiency in pregnant women may result in multiple pregnancy complications **except** for:

- A. abnormal foetal development
- B. a spontaneous abortion.
- C. a pre-mature birth.
- D. a bacterial infection of the vagina.
- E. a low birth weight of the baby.

No. 17. Which of the following factors present in pregnancy may be a predisposition towards maternal RhD immunisation and haemolytic disease of the newborn?

- A. uterine bleeding in the first trimester of pregnancy.
- B. uterine bleeding in the second half of pregnancy in the case of placenta previa.
- C. diagnostic amniocentesis in the first trimester in the case of a suspected genetic disorder of the foetus.
- D. foetoscopy in the second trimester of pregnancy.
- E. all the above.

No. 18. In the 2018 classification of the International Federation of Gynaecology and Obstetrics (FIGO) stage IB1 of cervical cancer means that:

- A. the cancer is confined to the cervix with microinvasion of <3 mm.
- B. it is cervical adenocarcinoma at the first stage of development
- C. the cancer is confined to the cervix with a stromal invasion of >5 mm and a tumour diameter of <2 cm.
- D. the cancer is confined to the cervix with a stromal invasion of >5 mm and a tumour diameter of ≥4 cm.
- E. the cancer extends beyond the cervix and involves the upper third of the vagina.

No. 19. Which of the following obstetric complications may lead to the development of chronic intravascular coagulation with a following consumptive coagulopathy?

- A. post-partum haemorrhage.
- B. uteroplacental apoplexy in the course of placental abruption.
- C. intrauterine foetal demise
- D. amniotic fluid embolism.
- E. pulmonary embolism.

No. 20. Which of the following is true about intrahepatic cholestasis of pregnancy:

- A. it is a condition that is primarily dangerous to the pregnant woman.
- B. it might lead to liver cirrhosis requiring a liver transplant.
- C. it increases the risk of portal vein thrombosis.
- D. it increases the risk of cholelithiasis.
- E. it increases the risk of intrauterine foetal demise.

No. 21. Which of the following are the symptoms of Meigs' syndrome:

- 1) hypogastric pain;
- 2) chronic constipation;
- 3) polyuria;
- 4) hydroperitoneum;
- 5) hydrothorax

The correct answer is:

- A.** 1,2. **B.** 1,3,4. **C.** 2,3,5. **D.** 4,5. **E.** all the above.

No. 22. Which of the following are the methods with the use of which endometrial cancer can be reliably diagnosed?

- 1) endometrium assessment in transvaginal ultrasound;
- 2) endometrial biopsy under visual guidance in hysteroscopy;
- 3) aspiration biopsy of the endometrium;
- 4) pipelle biopsy of the endometrium;
- 5) intrauterine curettage.

The correct answer is:

- A.** 1,2. **B.** 1,5. **C.** 2,4,5. **D.** 2,3,4,5. **E.** all the above.

No. 23. In which situations is Positron Emission Tomography (PET) recommended to diagnose the diseases of the genital organ?

- A.** in the case of suspected cancer recurrence or in the search of possible distant metastases after radical treatment of ovarian cancer.
- B.** in the case of differential diagnosis of uterine myoma and uterine sarcoma before surgery.
- C.** in the case of cervical cancer clinical stage assessment.
- D.** in the case of fallopian tube cancer whose diagnosis is particularly difficult.
- E.** in the case of the diagnosis of cancerous tumours in children.

No. 24. The term adenomyosis refers to:

- A.** ectopic location of the endometrium in the myometrium.
- B.** atypical cells of the glandular epithelium of the endometrium.
- C.** hormonal transformation of the endometrium.
- D.** the overgrowth of the glandular epithelium of the endometrium.
- E.** adenoma of the myometrium.

No. 25. Which of the following infections of the female genital organ is considered to be a sexually transmitted disease and necessarily requires the treatment of the sexual partner?

- A.** vulvovaginal candidiasis.
- B.** bacterial vaginosis.
- C.** aerobic vaginitis.
- D.** trichomonas vaginalis cervicovaginitis.
- E.** chlamydial adnexitis

No. 26. Which condition affecting the female genital organ is treated with bevacizumab – one of the first immunological drugs?

- A.** uterine myomas.
- B.** endometriosis.
- C.** vulvar lichen sclerosus.
- D.** ovarian cancer.
- E.** trophoblastic disease.

No. 27. According to WHO guidelines a supplementary dose of iodine in pregnancy should be:

- A.** 100 µg a day.
- B.** 200 µg a day.
- C.** 300 µg a day.
- D.** 400 µg a day.
- E.** 200-500 µg a day.

No. 28. The risk factors of placental abruption include:

- 1) a short umbilical cord;
- 2) hypotension;
- 3) oligohydramnios;
- 4) smoking.

The correct answer is:

- A.** only 4. **B.** 1,2. **C.** 1,4. **D.** 1,2,4. **E.** 1,3,4.

No. 29. Pre-gestational diabetes mellitus class D is:

- A.** diabetes diagnosed after the age of 20 with a history shorter than 10 years.
B. diabetes diagnosed between the ages 10 and 19 lasting 10-19 years without vascular changes.
C. complicated by nephropathy.
D. complicated by proliferative retinopathy.
E. complicated by ischaemic heart disease.

No. 30. The engaging diameter in the sinciput presentation is:

- A.** fronto-occipital.
B. suboccipito-bregmatic.
C. mento-bregmatic.
D. tracheo-bregmatic.
E. none of the above.

No. 31. The second Leopold's manoeuvre determines:

- A.** the height of the fundus of uterus
B. the position of the foetus.
C. the presenting part.
D. the insertion of the presenting part to the pelvic inlet.
E. whether the head is above the level of the pubic symphysis

No. 32. Which of the following is an absolute indication for C-section:

- A.** a twin monochorionic-diamniotic pregnancy.
B. the condition after a previous C-section
C. a twin pregnancy with the first foetus in a non-cephalic presentation
D. a twin pregnancy of < 32 weeks
E. the second foetus being > 20% larger than the first one.

No. 33. The conditions for vacuum device use include:

- 1) ruptured foetal membranes;
- 2) dilation of at least 8 cm;
- 3) an empty bladder of the woman in labour;
- 4) the possibility of applying the suction cup above the baby's posterior fontanelle.

The correct answer is:

- A.** all the above. **B.** only 1. **C.** 1,3. **D.** 1,2,3. **E.** 1,3,4.

No. 34. A biophysical profile does not analyse:

- A.** foetal cardiac function.
B. muscle tone.
C. foetal movements.
D. the amount of the amniotic fluid.
E. the flows in the foeto-maternal circulation.

No. 35. The risk factors of cervical cancer **do not include**:

- A.** the sexual behaviour of the female.
B. smoking.
C. childlessness.
D. a low socio-economic status.
E. none of the above.

No. 36. Medical treatment of ovarian cancer involves:

- A. only chemotherapy.
- B. if possible, a radical surgical procedure complemented by radiotherapy in some patients.
- C. if possible, a radical surgical procedure complemented by chemotherapy in some patients.
- D. only a surgical procedure.
- E. hormonotherapy.

No. 37. Which of the following is a screening test for cervical cancer:

- A. a CA-125 marker test.
- B. colposcopy.
- C. a Pap smear.
- D. an ultrasound.
- E. a histopathological examination.

No. 38. Which of the states observed in the transformation zone of the cervix is treated as precancerous state:

- A. intraepithelial neoplasia.
- B. metaplasia.
- C. epithelialisation.
- D. Rosetta cell proliferation.
- E. symptoms of an intracellular viral infection.

No. 39. In most cases the first symptom of endometrial cancer is:

- A. body of uterus enlargement.
- B. an abdominal mass.
- C. vaginal discharge.
- D. lumbar pain.
- E. irregular uterine bleeding

No. 40. The most common histological type of endometrial cancer:

- A. squamous cell carcinoma.
- B. adenocarcinoma.
- C. leiomyosarcoma.
- D. stromal sarcoma.
- E. mixed carcinoma

No. 41. The most important examination for the diagnosis of endometrial cancer is:

- A. a Pap smear.
- B. a histopathological examination.
- C. colposcopy.
- D. an ultrasound.
- E. hysteroscopy.

No. 42. Endometrial cancer is very often accompanied by:

- A. obesity.
- B. endometriosis.
- C. diabetes.
- D. irritable bowel syndrome.
- E. A and C are correct.

No. 43. The most common metastatic tumour to the ovaries is:

- A. Müllerian tumour.
- B. Krukenberg tumour.
- C. Brenner tumour.
- D. Wilms tumour.
- E. Abrikosoff tumour.

No. 44. Which of the following is not used in the diagnosis of uterine malformations:

- A. colposcopy.
- B. ultrasonography.
- C. hysteroscopy.
- D. laparoscopy.
- E. hysterosalpingography.

No. 45. The most serious complications of undiagnosed or improperly treated *Chlamydia trachomatis* infection **do not include**:

- A. chronic pelvic pain.
- B. ectopic pregnancy.
- C. endometriosis.
- D. infertility.
- E. a recurring urinary tract infection.

No. 46. The easiest way to induce ovulation is to administer:

- A. ethinyloestradiol.
- B. medroxyprogesterone acetate.
- C. clomiphene citrate.
- D. menopausal gonadotropin.
- E. GnRH analogues.

No. 47. The symptoms of menopause **do not include**:

- A. dyspareunia.
- B. hot flushes.
- C. lowered mood.
- D. vaginal discharge.
- E. sleep disturbances.

No. 48. The term *dysmenorrhoea* refers to:

- A. profuse menstrual bleeding.
- B. painful menstruation.
- C. the first period.
- D. acyclic, prolonged uterine bleeding.
- E. scanty menstruation.

No. 49. Which of the following is an indication for hysteroscopy:

- A. endometriosis.
- B. ectopic pregnancy.
- C. a foreign body in the uterus.
- D. suspension surgery in stress urinary incontinence.
- E. chronic pelvic pain.

No. 50. The most common mammary lumps in young females (< 35 years of age) is/are:

- A. cancerous tumours.
- B. cysts.
- C. mammary duct ectasia.
- D. fibroadenomas.
- E. papillomas.

No. 51. The uterine artery is a branch of:

- A. the internal iliac artery.
- B. the abdominal aorta.
- C. the external iliac artery.
- D. the ovarian artery.
- E. the common iliac artery.

No. 52. A 36-year-old female is diagnosed with hyperplasia with atypia after endocervical curettage. The patient has never been pregnant, but would like to in the future. What is the proper course of action in her case if we take into account the recommendations of the Polish Society of Gynaecologists and Obstetricians and oncofertility principles?

- A. body of uterus amputation without oophorectomy due to the 25% risk of endometrial cancer.
- B. simple hysterectomy without oophorectomy due to the 25% risk of endometrial cancer.
- C. endometrium resection and referring the patient for IVF.
- D. commencing the treatment with combined oral contraceptive pills or GnRH analogues for 12 months and a control uterine curettage.
- E. the use of a hormonal intrauterine device or progestogens for 6 months and a uterine curettage or a pipelle biopsy after 6 months to monitor the regression of the lesions.

53. A 26-year-old female has uterine curettage performed due to abnormal uterine bleeding and presents with the results indicating G1 endometrial cancer. The patient has never been pregnant but would like to in the future. What is the correct course of action in the case of the patient according to the current recommendations concerning the diagnosis and treatment of endometrial cancer and taking into account oncofertility principles?

- A. egg cells should be retrieved and banked. Then the uterus should be removed together with the lymph nodes. The patient could opt for surrogacy in the future.
- B. the endometrium should be resected.
- C. hormonal oral contraception should be started for 6 months and curettage should be repeated. If the results are normal, the patient should immediately try to conceive.
- D. before a decision on the treatment is made, MRI of the lesser pelvis or expert transvaginal ultrasound should be performed to rule out the invasion of the endometrium. Also, genetic syndromes predisposing the patient towards endometrial cancer (Lynch syndrome) should be excluded.
- E. in the case of this patient there is no oncofertility option. The uterus together with its appendages should be removed.

No. 54. Which of the following are used in population screening for ovarian cancer:

- 1) OVERA test;
- 2) ROMA test;
- 3) ultrasound in patients with mutations in genes BRCA1/2 together with CA125 assessment.
- 4) ROCA test;
- 5) CA 125;
- 6) gynaecological ultrasound performed every 12 months.

The correct answer is:

- A. Only 3. B. 1,3,5. C. 1,2,3. D. 1,3,6. E. 1,4,5,6.

No. 55. Dichorionic-diamniotic twins should be ideally delivered:

- A. on the EDD.
- B. between 34 and 36 weeks.
- C. between 36 and 37 weeks.
- D. between 37 and 39 weeks
- E. none of the above

56. Which of the following **is not** an absolute indication for C-section in a twin pregnancy:

- A. the first foetus in a non-cephalic presentation.
- B. placenta praevia.
- C. a twin monochorionic pregnancy.
- D. the condition after a previous C-section.
- E. vasa praevia.

No. 57. The most dangerous chorionic cancer develops following:

- A. a miscarriage
- B. an ectopic pregnancy.
- C. a delivery.
- D. complete hydatidiform mole.
- E. partial hydatidiform mole.

No. 58 LUTS (lower urinary tract symptoms) connected with urine accumulation do not include:

- A. polyuria during the day.
- B. nocturia.
- C. urinary urgency.
- D. incontinence.
- E. terminal dribbling.

No. 59. The main neurotransmitter stimulating the detrusor muscle to contract is :

- A. dopamine.
- B. adenosine.
- C. acetylcholine.
- D. gamma-aminobutyric acid.
- E. B and C are correct.

No. 60. The most common histological type occurring in cervical cancer is:

- A. adenocarcinoma.
- B. squamous cell carcinoma.
- C. clear-cell carcinoma.
- D. serous carcinoma.
- E. giant-cell carcinoma.

No. 61. The risk factors of uterine corpus cancer **do not include**:

- A. tamoxifen and prolonged oestrogen therapy.
- B. PCO and obesity.
- C. diabetes and childlessness.
- D. smoking and oral contraceptives.
- E. all the above.

62. In the aetiology of cervical weakness all the following factors are taken into account except for:

- A. congenital factors.
- B. cervical trauma.
- C. hormonal factors.
- D. biochemical factors.
- E. environmental factors.

No. 63. The most dangerous complication connected with the administration of CO₂ to dilate the uterine cavity is:

- A. air embolism.
- B. uterine perforation.
- C. water intoxication syndrome.
- D. infection.
- E. pelvic inflammatory disease.

No. 64. The most common aetiological factor of cervicitis that is not trichomonal is:

- A. *Chlamydia trachomatis*.
- B. *Mycoplasma genitalium*.
- C. *Ureaplasma*.
- D. *Trichomonas vaginalis*.
- E. *Neisseria gonorrhoeae*.

No. 65. The biological actions of oestrogens do not include:

- A. conditioning the development of secondary and tertiary sexual characteristics.
- B. increasing the muscle mass of the uterus and the peristalsis of the fallopian tubes.
- C. relaxation of the muscles surrounding the vaginal cervix .
- D. stimulating endometrial growth.
- E. lowering libido.

No. 66. The additional diagnostic criteria for PID do not include:

- A. a fever of $> 38.3^{\circ}\text{C}$.
- B. increased CRP.
- C. increased ESR.
- D. a confirmed *Ch. Trachomatis* infection.
- E. hypogastric tenderness

67. There are multiple classifications of female genital anomalies. The ones that describe the anomalies best and the most common ones include those put forward by ESHRE and AFS. According to these classifications partial septate uterus is respectively:

- A. category U5b and class VB.
- B. category U5b and class IIB.
- C. category U2b and class IIB.
- D. category U2a and class VB.
- E. none of the above.

No. 68. Which of the following are the biological prognostic factors for ovarian cancer (type 2):

- 1) tp53 mutations;
- 2) slow growth;
- 3) low sensitivity to chemotherapy;
- 4) poor prognosis;
- 5) histopathological type; serous carcinoma G2;
- 6) high genetic stability.

The correct answer is:

- A. 3,4,5. B. 2,3,5,6. C. 1,3,5. D. only 4. E. 1,4.

No. 69. Which of the following are the characteristics of granulosa cell tumour:

- 1) in most cases the tumour produces androstenedione and inhibin;
- 2) in some cases(30-50%) precancerous cervical intraepithelial neoplasia (CIN) is diagnosed;
- 3) it mostly occurs before menopause;
- 4) it is characterised by late recurrences;
- 5) FIGO IA changes can be treated with unilateral removal of the uterine appendages with a biopsy of an unaffected appendage and full surgical staging;
- 6) granulosa cell tumour derives from tumours from sex cords and ovarian stroma.

The correct answer is

- A. 2,4,5,6. B. 1,2,3,4. C. 4,5,6. D. 1,2,5,6. E. 2,5,6

No. 70. An increased CA125 concentration does not occur in:

- A. endometriosis.
- B. uterine myomas.
- C. cervical cancer.
- D. pregnancy and menstruation.
- E. ovarian cancer.

No. 71. The cause of primary amenorrhoea is:

- A. pregnancy.
- B. polycystic ovary syndrome.
- C. pre-mature menopause.
- D. hypogonadotropic hypogonadism.
- E. hyperprolactinaemia.

No. 72. From a laboratory standpoint menopausal symptoms correlate with:

- A. a low oestradiol (E2) concentration and a low follicle-stimulating hormone (FSH) concentration.
- B. a low oestradiol (E2) concentration and a high follicle-stimulating hormone (FSH) concentration.
- C. a high oestradiol (E2) concentration and a low follicle-stimulating hormone (FSH) concentration.
- D. a high oestradiol (E2) concentration and a high follicle-stimulating hormone (FSH) concentration.
- E. a low oestradiol (E2) concentration and a high prolactin (PRL) concentration.

No. 73. Which of the following **is not** a cause of menopausal symptoms:

- A. premature ovarian insufficiency.
- B. the condition after systemic chemotherapy.
- C. the condition after pelvic radiotherapy.
- D. polycystic ovary syndrome.
- E. depression.

No. 74. The risk factors of pelvic organ prolapse **do not include**:

- A. a late menopause.
- B. a normal vaginal delivery.
- C. long-term, hard physical work.
- D. genetic factors.
- E. smoking.

No. 75. A pain of the reproductive organs and the lesser pelvis during or following a sexual intercourse is referred to as:

- A. vulvodynia.
- B. dyspareunia.
- C. dyschezia.
- D. dysuria.
- E. dysmenorrhoea.

No. 76. Which of the following is a gynaecological cause of an acute abdomen:

- A. pre-eclampsia and eclampsia.
- B. ovarian hyperstimulation syndrome (OHSS).
- C. acute appendicitis.
- D. polycystic ovary syndrome (PCOS).
- E. antiphospholipid syndrome (APS).

No. 77. Which of the following is **false** about *Chlamydia trachomatis*:

- A. it is one of the most common bacterial pathogens which are transmitted sexually.
- B. the infection requires the treatment of the sexual partner
- C. the drug of choice is doxycycline.
- D. most cases of infection are accompanied by discharge and itching.
- E. infertility and chronic pelvic pain are complications of the infection.

No. 78. Which of the following **is not** a complication of hormonal treatment of menopausal symptoms:

- A. thrombosis.
- B. breast cancer.
- C. stroke and myocardial infarction
- D. stupor.
- E. liver cirrhosis.

No. 79. The treatment of cervical cancer stage IIB is:

- A. cervical conization.
- B. trachelectomy.
- C. simple hysterectomy
- D. radical hysterectomy with an extended resection of the parametrium.
- E. E. chemoradiotherapy

No. 80. Which of the following is a contraindication for pharmacotherapy (the use of methotrexate) in ectopic pregnancy:

- A. an early stage of pregnancy.
- B. the presence of foetal heart function.
- C. cervical location of pregnancy.
- D. caesarean scar pregnancy.
- E. low beta-hCG levels.

No. 81. Which of the following is **false** about uterine myomas:

- A. they are often symptomless and diagnosed by chance.
- B. subserosal myomas are linked with lowered fertility and a higher percentage of miscarriages.
- C. hysteroscopic resection of myomas is used in the case of submucous myomas.
- D. expectant management is one of the therapeutic options.
- E. myoma enucleation is linked with a higher risk of uterine rupture in a future pregnancy.

No. 82. A high risk of co-existence of endometrial cancer or its later development is connected with:

- A. endometrial polyps.
- B. endometrial hyperplasia with atypia.
- C. endometrial hyperplasia without atypia.
- D. high-grade intraepithelial cervical neoplasia.
- E. atrophic endometrium.

No. 83. Which of the following is **false** about endometriosis:

- A. it typically affects women during or after menopause.
- B. endometrial lumps may develop as a result of iatrogenic deposition of endometrial cells in connection with uterus opening during C-section.
- C. the diagnosis is confirmed during laparoscopy.
- D. combined hormonal therapy is one of the treatment options.
- E. gestagen therapy is one of the treatment options.

No. 84. Which of the following is the most important prognostic factor in ovarian cancer:

- A. macroscopic complete resection of the lesions.
- B. the presence of metastases to pelvic lymph nodes
- C. the presence of metastases to periaortic lymph nodes.
- D. parametrial invasion
- E. positive peritoneal cytology.

No. 85. Surgical assessment of the stage of development of primary ovarian cancer **does not include**:

- A. peritoneal cytology.
- B. removal of the uterus.
- C. removal of the parametrium.
- D. removal of the greater omentum.
- E. biopsy of all the suspicious areas.

No. 86. The diagnosis of ovarian cancer is preceded by:

- A. bleeding from the reproductive tract.
- B. non-specific abdominal symptoms.
- C. dysuria.
- D. vaginal discharge.
- E. hyperemesis.

No. 87. The following factors predispose patients towards ovarian cancer **except for**:

- A. infertility.
- B. a low number of pregnancies.
- C. an early menarche
- D. a late menopause.
- E. a long-term use of hormonal contraception.

No. 88. Which of the following is a gonadal ovarian tumour:

- A. embryonal carcinoma.
- B. germinoma.
- C. immature teratoma.
- D. granulosa cell tumour.
- E. endodermal sinus tumour.

No. 89. Screening for this type of cancer is not performed, and the risk of developing it is higher in females from families with Lynch syndrome II. In patients who are disqualified for surgery neoadjuvant chemotherapy is used. The cancer recurs in 70% of women after surgery and chemotherapy. The above description is a description of:

- A. uterine corpus cancer
- B. cervical cancer.
- C. ovarian cancer.
- D. vulvar cancer.
- E. vaginal cancer.

No. 90. Trophoblastic growth includes:

- A. complete and partial hydatidiform moles.
- B. invasive hydatidiform mole and choriocarcinoma.
- C. complete hydatidiform mole and choriocarcinoma.
- D. only invasive hydatidiform.
- E. only choriocarcinoma.

No. 91. Which of the following is true about complete hydatidiform mole:

- A. the genetic material is of paternal origin.
- B. the genetic material is triploid.
- C. a foetus may develop.
- D. a histological confirmation of the tumour is necessary.
- E. oxytocin and prostaglandins are used.

No. 92. The cause of unequal growth of twins in a twin monochorionic pregnancy is:

- A. twin-to-twin transfusion syndrome (TTTS).
- B. a different growth potential.
- C. unequal placental sharing.
- D. genetic syndromes.
- E. uterine crowding.

No. 93. Which of the following **is not** a risk factor of placental abruption:

- A. hypertension.
- B. uterine anomalies.
- C. a short umbilical cord.
- D. cholestasis of pregnancy.
- E. a multiple pregnancy.

- No. 94.** Which of the following is true about the prevention of serological conflict connected with the administration of anti-D immunoglobulin:
- A.** the aim of the immunoprophylaxis is the neutralization of the maternal antigens which have entered the foetal circulation.
 - B.** the prevention is instituted within 24h after ectopic pregnancy, invasive surgery in pregnancy and episodes of mid-pregnancy bleeding.
 - C.** the prevention can be instituted on condition that anti-D antibodies are present in the serum of an Rh-negative patient.
 - D.** the prevention can be instituted on condition that there is no D antigen in the red blood cells of the newborn.
 - E.** the immunoprophylaxis is a safety measure only for one pregnancy (the next one).

- No. 95.** Which of the following **is not** a hazard connected with an overdue pregnancy:
- A.** a higher risk of intrauterine foetal demise.
 - B.** a higher risk of surgical deliveries and C-sections.
 - C.** a higher risk of shoulder dystocia.
 - D.** polyhydramnios and its complications.
 - E.** post-partum haemorrhage.

- No. 96.** The complications of gestational diabetes **do not include**:
- A.** oligohydramnios.
 - B.** hypertension.
 - C.** birth trauma.
 - D.** obesity in adolescence.
 - E.** intrauterine foetal demise.

- No. 97.** Which of the following statements is true about endometrial cancer type II:
- A.** it is endometrioid adenocarcinoma (*adenocarcinoma endometrioides*).
 - B.** it occurs in 80% of cases.
 - C.** it is oestrogen-dependent.
 - D.** it is preceded by hyperplasia with atypia
 - E.** it is characterised by an aggressive course and a poor prognosis.

- No. 98.** What are the aims of the treatment of polycystic ovary syndrome (PCOS):
- 1) decreasing the intensity of hyperandrogenisation;
 - 2) treating infertility;
 - 3) inducing ovulation;
 - 4) improving metabolic parameters;
 - 5) decreasing the risk of diabetes
 - 6) decreasing the risk of endometrial cancer.

The correct answer is:

- A.** 1,2,3. **B.** 1,3,6. **C.** 2,3,4,6. **D.** 1,2,6. **E.** all the above.

- No. 99.** The main hormonal disturbances in females with polycystic ovary syndrome (PCOS) include:
- 1) increased LH;
 - 2) increased FSH;
 - 3) insulin resistance;
 - 4) hyperinsulinemia;
 - 5) hyperestrogenism;
 - 6) hyperandrogenemia.

The correct answer is:

- A.** 1,2,6. **B.** 2,3,4. **C.** 1,3,5,6. **D.** 1,3,4,6. **E.** 2,3,4,6

No. 100. Which of the following are the risk factors of pelvic inflammatory disease (PID):

- 1) risky sexual behaviours;
- 2) the use of barrier contraceptives;
- 3) cervical and uterine curettage;
- 4) endometrial electroresection
- 5) insertion of an intrauterine device.

The correct answer is:

- A.** 1,3,4,5. **B.** 1,2,3. **C.** 2,3,5. **D.** 1,2,5. **E.** 1,3,5.

No. 101. A 35-year-old female patient has been suffering for non-specific hypogastric pain for 8 months. The patient reports that the pain affects her normal professional activity. Neither bimanual palpation nor a screening transvaginal ultrasound reveal any abnormalities. Which of the following are the causes of chronic pelvic pain in the patient:

- 1) deep endometriosis affecting the sacrospinous ligaments;
- 2) interstitial cystitis;
- 3) coeliac disease;
- 4) trigeminal neuralgia;
- 5) sacral plexus branch neuralgia.

The correct answer is:

- A.** 1,2. **B.** 1,2,3,4. **C.** 1,2,3,5. **D.** 2,5. **E.** 1,3,5.

No. 102. A 58-year-old female patient presented to the doctor with incontinence. Physical examination and history taking revealed the following: para 2 (normal vaginal deliveries); incontinent when coughing, sneezing, walking, running; urinalysis – no abnormalities detected, negative urine culture; the patient does not get up to go to the bathroom at night; on physical examination pelvic organ prolapse stage 2 according to POPQ was diagnosed; BMI – 40, a positive cough stress test. Which is the correct course of action :

- A.** the use of oral solifenacin due to overactive bladder.
B. surgical treatment of pelvic organ prolapse.
C. Botox injection into the walls of the bladder.
D. surgical treatment of stress incontinence following body weight reduction.
E. uterine removal together with appendages followed by surgical treatment of stress incontinence.

No. 103. Which of the following are true about oncogenic types of HPV:

- 1) they might cause cervical cancer;
- 2) they might cause malignant tumours of the oral cavity and nasopharynx;
- 3) integration of HPV DNA with a host cell causes the inhibition of the expression of two viral E6 and E7 proteins with a secondary expression of E1 and E2 proteins, which is considered to be the beginning of carcinogenesis;
- 4) cervical cancer almost always develops after an oncogenic HPV infection in untreated females;
- 5) TP53 suppression in a host cell promotes unlimited proliferation of the infected cell.

The correct answer is:

- A.** 1,3,4,5. **B.** 1,2,5. **C.** 2,3,5. **D.** 1,2,4. **E.** 1,2.

No. 104. *BRCA1* gene mutation promotes the development of:

- A.** small-cell lung carcinoma.
B. squamous cell cancer of the cervix.
C. ovarian adenocarcinoma.
D. ovarian adenocarcinoma and primary peritoneal cancer.
E. squamous cell carcinoma of the lung

No. 105. Which of the following are preventive measures in oncological gynaecology:

- 1) vaccinations;
- 2) smear tests;
- 3) polycystic ovary syndrome treatment;
- 4) the use of barrier contraceptives;
- 5) the use of unbalanced oestrogen therapy in menopausal years.

The correct answer is:

- A.** 1,3. **B.** 1,2,5. **C.** 1,2,3,4. **D.** 1,2,4. **E.** 2,4,5.

No. 106. The treatment of invasive cervical cancer depends on its stage. The treatment of cervical cancer includes:

- 1) LLETZ (Large Loop Excision of Transformation Zone);
- 2) hysterectomy with lymphadenectomy;
- 3) radiotherapy;
- 4) chemotherapy;
- 5) hormonotherapy.

The correct answer is:

- A.** 1,2,3. **B.** 2,3,4. **C.** 1,2,3,4. **D.** 1,2,4. **E.** 1,4,5

No. 107. Which scale(s) can be used to describe the clinical severity of cervical cancer:

- A.** FIGO, TNM.
B. white, FIGO, TNM.
C. GRADE, FIGO, TNM.
D. POPQ, FIGO.
E. only FIGO.

No. 108. Which of the following is true about uterine corpus cancer:

- 1) postmenopausal bleeding from the reproductive tract might be a clinical symptom of uterine corpus cancer;
- 2) BMI <20 is an important risk factor of endometrial cancer;
- 3) the use of levonorgestrel intrauterine devices increases the risk of uterine corpus cancer;
- 4) in some cases hormonal treatment might be used;
- 5) the prognosis in type II cancer is much better than in type I cancer.

The correct answer is:

- A.** 1,2,3,5 **B.** 2,3,4,5 **C.** 1,4,5 **D.** 1,4, **E.** 1,2,3

No. 109. The five-year survival rate in uterine corpus cancer type I is about:

- A.** 2%. **B.** 10%. **C.** 40%. **D.** 80%. **E.** 100%.

No. 110. Tumour markers are substances whose concentration assessment might be used to evaluate the treatment of cancers. Which of the following is **false**:

- A.** hCG levels are increased in choriocarcinoma preceded by hydatidiform mole.
B. a high CA-125 level rules out ovarian cancer.
C. inhibin concentration measurement might be useful in granulosa cell tumour treatment monitoring.
D. HE-4 concentration measurement is not used to differentiate uterine sarcomas from myomas .
E. granulosa cell tumours might produce oestrogens.

No. 111. Screening should be performed if there is a simple, non-invasive or minimally invasive test that allows us to detect cancer or a precancerous condition. Which of the following is true:

- 1) screening should result in a lowered mortality rate related to a particular cancer;
- 2) there are highly sensitive screening tests for ovarian cancer;
- 3) a cervical smear test is a recognized screening test for cervical cancer;
- 4) diagnostic hysteroscopy is a recognized screening test for uterine corpus cancer;
- 5) detection of the DNA of highly oncogenic HPVs from the cervical canal and the ectocervix might increase the sensitivity and specificity of screening tests for cervical cancer.

The correct answer is:

- A.** 1,2,3. **B.** 2,3,4. **C.** 1,3,5. **D.** 1,3. **E.** 1,5.

No. 112. CA-125 glycoprotein concentration might be increased in a patient with:

- 1) ovarian cancer;
- 2) deeply infiltrative endometriosis (DIE);
- 3) endometrial cancer;
- 4) pelvic inflammatory disease (PID);
- 5) only in a patient with ovarian cancer stage >IA according to FIGO.

The correct answer is:

- A.** 1,2,3. **B.** 2,4. **C.** 1,3,5. **D.** 1,3. **E.** 1,2,3,4.

No. 113. HE-4 (human epididymis protein 4) glycoprotein concentration might be increased in a patient with:

- 1) ovarian cancer;
- 2) lung cancer;
- 3) kidney failure;
- 4) pelvic inflammatory disease (PID)
- 5) only in a patient with ovarian cancer stage >IA according to FIGO.

The correct answer is:

- A.** 1,2,3. **B.** 2,3,4. **C.** 1,3,5. **D.** 1,3. **E.** 1,2,4

No. 114. Which of the following is true about ovarian cancer in patients who carry BRCA1 and/or BRCA2 gene mutations:

- 1) on average, it occurs 10 years earlier than ovarian cancer that is not related to the mutations;
- 2) on average, it occurs 10 years later than ovarian cancer that is not related to the mutations;
- 3) it is more sensitive to systemic treatment than ovarian cancer that is not related to the mutations;
- 4) it is less sensitive to systemic treatment than ovarian cancer that is not related to the mutations;
- 5) in most cases it is a cancer of high histological malignancy G3.

The correct answer is:

- A.** 1,2,3. **B.** 2,3,4. **C.** 1,2,5. **D.** 1,3,5. **E.** 1,2,3,4.

No. 115. On physical examination a 52-year-old female had a painless, hard, barely mobile lump of 1cm in diameter detected in the upper external quadrant of the left breast. The gynaecologist ordered and immediate ultrasound and described the mass as BI-RADS 5 :

- A.** urgent mastectomy with complete axillary lymphadenectomy.
- B.** a fine needle aspiration biopsy under ultrasound guidance.
- C.** local lump excision under local anaesthetic.
- D.** breast MRI, histopathological examination is not indicated.
- E.** a core needle biopsy of the lump.

No. 116. According to the enhanced recovery after surgery (ERAS) protocol, the correct perioperative management is:

- 1) early oral feeding, preferably within the first 24 hours of surgery;
- 2) retention of a Foley catheter in the bladder for as long as possible (36-100 hours) to closely monitor postoperative diuresis;
- 3) routine use of a nasogastric tube;
- 4) use of minimally invasive surgical techniques;
- 5) strict avoidance of antiemetic drugs in the postoperative period.

The correct answer is:

- A.** 1,2,3. **B.** 1,4. **C.** 2,4. **D.** 2,3,4,5. **E.** 3,4.

No. 117. The Querleu-Morrow classification concerns:

- A.** pregestational diabetes.
- B.** gestational diabetes
- C.** diabetes type III.
- D.** pelvic organ prolapse.
- E.** hysterectomy types in oncological gynaecology.

No. 118. A Veress needle is used for:

- A.** subarachnoid anaesthesia.
- B.** egg cell extraction for in-vitro fertilization
- C.** genetic amniocentesis.
- D.** pneumoperitoneum creation in laparoscopic surgery.
- E.** GnRh analogue administration.

No.119. Indications for hysteroscopy **do not include**:

- A.** a suspected uterine malformation.
- B.** an endometrial polyp.
- C.** a suspected uterine corpus cancer.
- D.** a subserosal myoma.
- E.** infertility.

No. 120. Indications for hysterectomy include:

- 1) obstetric haemorrhage which is resistant to treatment;
- 2) uterine corpus cancer FIGO 1B;
- 3) cervical cancer FIGO III;
- 4) ovarian cancer;
- 5) uterine myomas.

The correct answer is:

- A.** 1,2,3,4. **B.** 1,3,5. **C.** 1,2,4,5. **D.** 2,3,4,5. **E.** 1,2,5.

No. 121. Nowadays, C-section mostly involves performing:

- A.** high midline incision.
- B.** low midline incision
- C.** lumbar incision.
- D.** Pfannenstiel incision.
- E.** Joel-Cohen incision.

No. 122. Pre-natal steroid therapy is the most important element of treatment in the cases of pregnant women with preterm labour. Which of the following is true:

- 1) betamethasone is used between 24th and 36th week of pregnancy;
- 2) betamethasone is used between 24th and 34th week of pregnancy;
- 3) oxytocin receptors antagonists must not be used in steroid therapy;
- 4) a full cycle of steroid therapy lasts 24h;
- 5) a full cycle of steroid therapy lasts 48h;

The correct answer is:

- A.** 1,3,5. **B.** 1,5. **C.** 2,3,4. **D.** 2,5. **E.** 2,4

No. 123. Which of the following are the causes of polyhydramnios:

- 1) dysraphic foetal defects;
- 2) severe foetal bowel obstruction;
- 3) twin-to-twin transfusion
- 4) gestational diabetes;
- 5) foetal renal genesis.

The correct answer is:

- A.** 1,2,3. **B.** 1,2,3,4. **C.** 2,3,4,5. **D.** 2,3,4. **E.** 1,5.

No. 124. Anti-hypertensive drugs used in pregnancy include:

- 1) labetalol;
- 2) methyldopa;
- 3) dihydralazine;
- 4) sartans;
- 5) angiotensin inhibitors.

The correct answer is:

- A.** 1,2,4. **B.** 1,2,3. **C.** 1,2,5. **D.** 2,4,5. **E.** 1,5.

No. 125. The engaging diameter in normal vaginal delivery is:

- A.** suboccipito-bregmatic.
B. fronto-occipital.
C. mento-occipital.
D. submento-bregmatic.
E. suboccipital.

No. 126. Which of the following is **false** about prolactin:

- A.** prolactin secretion is regulated by its restraining factor – dopamine.
B. its secretion is independent of the diurnal cycle
C. its concentration increases under stress.
D. prolactin concentration in pregnant women is around 200-300 ng/ml.
E. during lactation its concentration remains at the same level as in the third trimester of pregnancy.

No. 127. Which of the following are true about hysteroscopic resection of a uterine septum:

- 1) recurrent pregnancy loss is an indication for the surgery;
- 2) the patient must not get pregnant within 12 months after the surgery;
- 3) CT is required to diagnose a uterine septum;
- 4) uterine perforation is one of the possible complications of the surgery;
- 5) in most cases the surgery is performed with laparoscopic assistance.

The correct answer is:

- A.** 1,2,4. **B.** 1,3,4. **C.** 2,3,4,5. **D.** 1,4,5. **E.** 1,2,3,5.

No. 128. Which of the following are the risk factors of pelvic organ prolapse:

- 1) parity;
- 2) genetic diseases of the connective tissue;
- 3) hysterectomy;
- 4) chronic cough in the course of COPD;
- 5) 5) job type.

The correct answer is:

- A.** 1,2. **B.** 1,2,3. **C.** 1,2,4,5. **D.** 2,4,5. **E.** 1,3,4,5.

No. 129. Which of the following is true about secondary syphilis:

- 1) it is a result of a hematogenous spread of *T. pallidum*;
- 2) it typically occurs within 6-9 weeks from the occurrence of primary syphilis;
- 3) 3) it is late syphilis;
- 4) in 25% of cases its symptoms include a characteristic rash on the skin and mucous membranes;
- 5) it might be accompanied by a painful lymph node enlargement.

The correct answer is:

- A.** 1,2. **B.** 1,2,3. **C.** 3,4,5. **D.** 2,4,5. **E.** all the above.

No. 130. Which of the following is/are true about pelvic inflammatory disease:

- 1) a hematogenous bacterial infection is the most common cause of pelvic inflammatory disease;
- 2) sexually transmitted diseases are responsible for 10-25% cases of pelvic inflammatory disease;
- 3) the most common symptoms of pelvic inflammatory disease include hypogastric pain, fever, vaginal discharge and bleeding;
- 4) deep dyspareunia is not a symptom of pelvic inflammatory disease;
- 5) a single occurrence of pelvic inflammatory disease in a patient's lifetime does not increase the risk of infertility treatment.

The correct answer:

A. all the above. **B.** 2,3,4,5. **C.** 2,4,5. **D.** 3,5. **E.** only 3.

No. 131. Which of the following is true about chronic pelvic pain:

- A.** analgesic treatment is the only effective treatment.
- B.** physiotherapy is contraindicated in patients with chronic pelvic pain.
- C.** surgical treatment is not used in the course of chronic pelvic pain.
- D.** botulinum toxin type A is used to treat patients with the symptoms of chronic pelvic pain.
- E.** irritable bowel syndrome is not a risk factor of chronic pelvic pain.

No. 132. Which of the following are the risk factors of uterine polyps:

- 1) age;
- 2) endometriosis;
- 3) a high BMI;
- 4) diabetes;
- 5) steroid therapy.

The correct answer is:

A. 1,2,3,4. **B.** 1,3,4,5. **C.** 2,3,4,5. **D.** 1,2,5. **E.** 1,2.

No 133. Which of the following are true about corpus luteum cysts:

- 1) they are typically 4-6 cm in diameter;
- 2) they are caused by hormonal disturbances;
- 3) too low production of progesterone may lead to the formation of a corpus luteum cyst;
- 4) they are classified as functional ovarian cysts;
- 5) the risk factors of corpus luteum cysts include smoking, contraception and tamoxifen therapy.

The correct answer is:

A. 1,2. **B.** 1,2,3. **C.** 1,2,4,5. **D.** 2,4,5. **E.** 1,3,4,5.

No. 134. Which of the following should be performed on physical examination of patients with incontinence:

- 1) urinalysis;
- 2) a urogynaecological examination;
- 3) a cough stress test;
- 4) urine culture;
- 5) a post-void residual urine test.

The correct answer is:

A. 2,5. **B.** 1,3. **C.** all the above. **D.** 3,4,5. **E.** 1,2,3,4.

No. 135. Which of the following are true about hyperemesis gravidarum:

- 1) it affects about 25% of patients;
- 2) it may lead to loss of >5% of body weight
- 3) it may lead to ketoacidosis
- 4) it does not require laboratory diagnostics;
- 5) a multiple pregnancy or hydatidiform mole may aggravate the symptoms.

The correct answer is:

A. 1,2,4. **B.** 2,3,4. **C.** 2,3,5. **D.** 1,4,5. **E.** all the above.

No. 136. Which of the following are true about recurrent pregnancy loss:

- 1) it includes at least two consecutive miscarriages;
- 2) the causes include genetic, immunological, anatomical, thrombotic and infectious factors;
- 3) early pregnancy loss is typically connected with chromosomal defects;
- 4) the diagnosis of recurrent pregnancy loss should involve karyotype tests of the patient and her partner;
- 5) the diagnosis of diabetes and thyroid diseases plays a marginal role in the diagnosis of recurrent pregnancy loss.

The correct answer is:

- A.** 1,2. **B.** 2,3,4. **C.** 1,2,3. **D.** 1,3,5. **E.** 1,4,5.

No. 137. Select the true statement regarding ectopic pregnancy:

- A.** the classical triad of symptoms includes amenorrhoea, vomiting and hypogastric pain.
B. tubal abortion and fallopian tube rupture in the course of ectopic pregnancy cause moderate clinical symptoms and require expectant management.
C. caesarean scar pregnancy is exceedingly rare.
D. differential diagnosis of ectopic pregnancy should include, among others, torsion or rupture of an ovarian cyst, threatened abortion, endometriosis and pelvic inflammatory disease.
E. laparoscopic surgery is contraindicated in ectopic pregnancy, and laparotomy should be performed.

No. 138. Which of the following is/are true about placental abruption:

- 1) the risk factors include: hypertension, a short umbilical cord, uterine anomalies and placenta previa;
- 2) bleeding from the reproductive tract must be diagnosed in the course of placental abruption;
- 3) the risk of recurrence of placental abruption in the next pregnancy increases;
- 4) the complications include: haemorrhagic shock, DIC, uteroplacental apoplexy, amniotic fluid embolism as well as foetal and maternal death;
- 5) traumatic injuries resulting from road accidents may lead to placental abruption.

The correct answer is :

- A.** all the above. **B.** 1,3,4,5. **C.** 2,4,5. **D.** 3,5. **E.** only 3.

No. 139. Which of the following are true about HELLP syndrome:

- 1) the clinical symptoms which might occur in its course include general malaise, epigastric pain and hypertension;
- 2) maternal complications include, for example: death, placental abruption and acute liver failure;
- 3) it cannot develop after delivery;
- 4) a late diagnosis of HELLP is the cause of 50% of maternal deaths;
- 5) laboratory tests should include the assessment of: haemolysis, increased liver enzymes and decreased blood platelets.

The correct answer is:

- A.** 1,3,4,5 **B.** 1,2,3,4. **C.** 2,3,4. **D.** 1,2,4,5. **E.** 1,2,5.

No. 140. Which of the following is/are true about the diagnosis of gestational diabetes:

- 1) fasting glycaemia of ≥ 92 mg/dl indicates gestational diabetes;
- 2) if fasting glycaemia is below 92 mg/dl up to week 10 of pregnancy, further diagnostic tests should not be performed;
- 3) in the case of fasting glycaemia above 125 mg/dl an OGTT test should be performed urgently;
- 4) an OGTT test in pregnant women should be performed with the use of 60g of glucose.
- 5) during an OGTT test in pregnant women only two measurement should be performed: fasting glycaemia and the level 2h following glucose administration.

The correct answer is:

- A.** 1,2,3,4. **B.** 1,3,4,5. **C.** 2,4,5. **D.** 1,2. **E.** only 1.

No. 141. Which of the following are true about pulmonary embolism in pregnancy:

- 1) in Western countries it is the most common cause of maternal death in pregnancy;
- 2) the clinical symptoms include, for example: dyspnoea, pleural pain and haemoptysis;
- 3) venous thromboembolism (VTE) may affect even 1 in 1,000 pregnant women;
- 4) the preconception risk factors include, for example: a previous VTE episode, obesity and maternal age > 35 y.o.
- 5) immobilisation for more than 3 days and journeys lasting more than 4 hours are risk factors.

The correct answer is:

- A.** 1,2. **B.** 1,2,3. **C.** all the above. **D.** 2,4,5. **E.** 1,3,4.

No. 142. Which of the following are true about post-partum haemorrhage:

- 1) the most common causes include: uterine atony, remains of the afterbirth in the uterus and birth canal trauma;
- 2) the antenatal risk factors include: multiparity, age above 35 and obesity;
- 3) the intrapartum risk factors include: intrauterine infection, induced or stimulated delivery, prolonged delivery and delivery type;
- 4) post-partum haemorrhages are divided into early PPHs (within 24h after delivery) and secondary PPHs (25h to 6 weeks after delivery)
- 5) the clinical symptoms in the form of lowered blood pressure or tachycardia in the mother may occur late when the blood loss is 1,000-1,500 ml.

The correct answer is:

- A.** all the above. **B.** 2,3,4,5. **C.** 3,4,5. **D.** 1,4,5. **E.** 1,2,3.

No. 143. Which of the following is/are true about cervical cancer:

- 1) in most cases it is adenocarcinoma;
- 2) it does not occur in pregnancy;
- 3) in early-stage cervical cancer no clinical symptoms are typically observed;
- 4) one of the symptoms of cervical cancer is intermenstrual bleeding;
- 5) the diagnosis is made on the basis of cervical biopsy.

The correct answer is:

- A.** 1,3. **B.** 1,3,4,5. **C.** 3,4,5. **D.** 4,5. **E.** only 5.

No. 144. Which of the following are true about immature teratoma:

- 1) it is usually unilateral;
- 2) it mostly occurs after menopause;
- 3) it might be resistant to chemotherapy, so maximal cytoreduction is recommended;
- 4) it is a benign tumour with a low risk of metastases;
- 5) it accounts for 10-20% of malignant ovarian tumours diagnosed before the age of 20.

The correct answer is:

- A.** 1,2,4. **B.** 1,3,5. **C.** 2,3,4,5. **D.** 1,4,5. **E.** all the above.

No. 145. Which of the following are true about choriocarcinoma:

- 1) it may develop after complete or partial hydatidiform mole;
- 2) it cannot develop after a pregnancy that ends in delivery;
- 3) it is diagnosed based on serum hCG levels;
- 4) it is treated surgically;
- 5) it typically metastasises to the lungs.

The correct answer is:

- A.** 1,2. **B.** 1,3,5. **C.** 1,2,4,5. **D.** 2,4,5. **E.** all the above.

No. 146. Which of the following is true about vulvar cancer:

- A.** it mostly affects women before the age of 40.
B. there are no precancerous conditions in this disease.
C. currently radical vulvectomy is not performed.
D. the risk factors include lichen sclerosus and an HPV infection.
E. Bartholin's gland carcinomas, melanomas and sarcomas are common.

No. 147. Which of the following are true about type II ovarian cancer:

- 1) it develops very quickly;
- 2) when diagnosed, it usually has already metastasised to the abdominal cavity;
- 3) it is characterised by a low sensitivity to chemotherapy;
- 4) the prognosis is poor (90% of patients die);
- 5) the most common types include clear-cell carcinoma, mucinous carcinoma and Brenner tumour.

The correct answer is:

A. all the above. **B.** 2,3,4,5. **C.** 2,4,5. **D.** 3,5. **E.** 1,2,4.

No. 148. Which of the following are true about endometrial cancer:

- 1) the protective factors include: the use of oral contraceptives, multiparity and smoking;
- 2) Lynch syndrome predisposes patients towards endometrial cancer;
- 3) obese women develop endometrial cancer less frequently;
- 4) polycystic ovary syndrome predisposes patients towards endometrial cancer;
- 5) screening involves transvaginal ultrasonography.

The correct answer is:

A. 1,2. **B.** 1,2,4. **C.** 2,3,4. **D.** 3,4,5. **E.** 4,5.

No. 149. Which of the following are true about malignant tumour markers:

- 1) serum CA 125 levels are always increased in ovarian cancer;
- 2) the assessment of CA 125 during ovarian cancer chemotherapy should not be proposed;
- 3) an increased HE 4 protein concentration is observed in malignant tumours of the ovary, lung cancer and pancreatic cancer;
- 4) endodermal sinus tumour releases alpha-fetoprotein, which is a sensitive marker used to monitor the treatment;
- 5) an increased CA 125 concentration is observed, for example, in endometriosis, uterine myomas, liver cirrhosis and during menstruation.

The correct answer is:

A. 1,2,3,4. **B.** 1,3,4,5. **C.** 2,3,4,5. **D.** 3,4,5. **E.** 1,2.

No. 150. Which of the following are true about hydatidiform mole:

- 1) excessive vomiting often occurs in pregnant women with hydatidiform mole;
- 2) the symptoms of hypothyroidism often occur in pregnant women with hydatidiform mole;
- 3) the diagnosis of complete hydatidiform mole is possible thanks to a characteristic ultrasound image;
- 4) about 20% of patients might develop persistent trophoblastic disease after having the uterus evacuated.
- 5) surgical treatment should not be provided in the case of hydatidiform mole; spontaneous evacuation of the uterus should be awaited.

The correct answer is:

A. 1,2. **B.** 1,2,3. **C.** 1,2,4,5. **D.** 1,3,4. **E.** 2,3,4,5

No. 151. Which of the following are true about ovarian cancer:

- 1) platinum derivatives and paclitaxel are the main schema in chemotherapy;
- 2) flatulence and bloating are some of the symptoms of ovarian cancer;
- 3) most ovarian cancers are diagnosed in their early stages;
- 4) ovarian cancer does not affect women before 40 years of age.
- 5) urinary urgency is not a symptom of ovarian cancer.

The correct answer is:

A. 1,2. **B.** 1,2,3. **C.** 3,4,5. **D.** 4,5. **E.** all the above.