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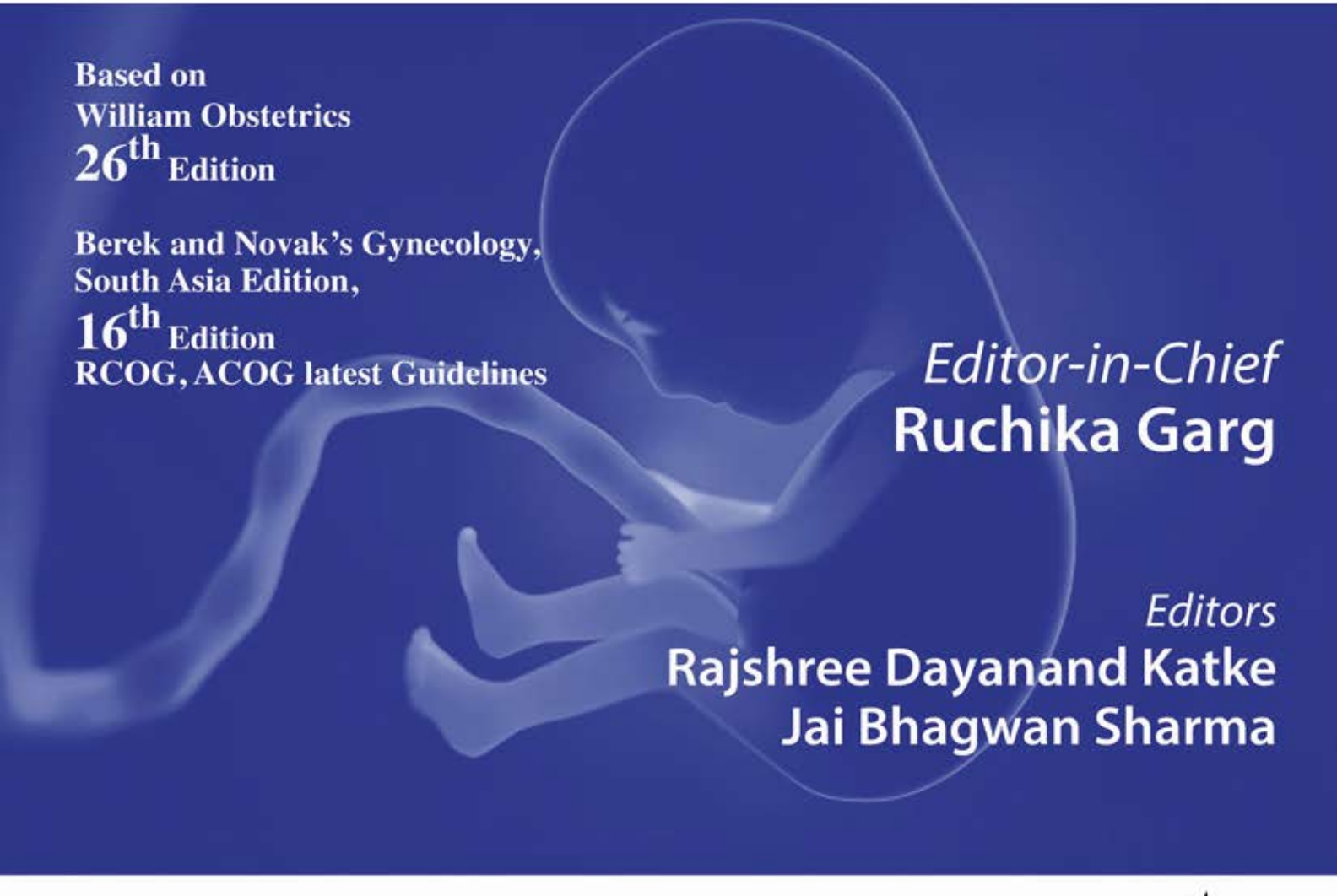
MCQs in Obstetrics & Gynecology

for MD & DM Entrance Exam



Based on
William Obstetrics
26th Edition

Berek and Novak's Gynecology,
South Asia Edition,
16th Edition
RCOG, ACOG latest Guidelines

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JAYPEE

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Chapter

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Prolapse Uterus: Part II

Ruchika Garg

ETIOLOGY, SUPPORTS OF UTERUS, CLASSIFICATION, RISK FACTORS, SYMPTOMS, EXAMINATION, AND DIFFERENTIAL DIAGNOSIS

Savita Somalwar, Kanchan Dwidmuthe

QUESTIONS

1. All the following are risk factors for genital prolapse, *except:*
a. Multiparty
b. Inadequate spacing
c. Proper puerperal rehabilitation
d. Chronic cough

2. Which of the following statements is not true for prolapse?
a. Descent of the cervix up to the introitus is 2° descent
b. Procidentia is when the whole of the uterus lies outside the introitus
c. Descent of the upper third of the posterior vaginal wall is enterocele
d. Descent of the lower two-thirds of the anterior vaginal wall is urethrocele

3. All the following statements are true in the pelvic organ prolapse (POP) quantification system, *except:*
a. Hymen is the reference point
b. Total vaginal length is measured with maximal straining
c. Genital hiatus is measured from the midpoint of the external urinary meatus to the midpoint of the posterior fourchette
d. Perineal body is measured from the midpoint of the posterior fourchette to the midpoint of the anus

4. Women with prolapse can present with all of the following symptoms, *except:*
a. Mass coming out of vagina
b. Fullness in vagina
c. Backache
d. Diarrhea

5. In women with prolapse, occult stress incontinence is examined with:
a. Reducing prolapse
b. Without reducing prolapse
c. Both a and b
d. None of the above

6. Decubitus ulcer is managed with:
a. Packing of prolapse with glycerin, acriflavine, or ring pessary
b. Packing of prolapse with glycerin and acriflavine along with pessary
c. Douching with antiseptic solution
d. Both b and c

7. Which of the following is not an aggravating factor for prolapse?
a. Chronic cough
b. Chronic constipation
c. Obesity
d. Diarrhea

8. All the following are sulci on the anterior vaginal wall, *except:*
a. Submeatal sulcus
b. Transverse vaginal sulcus
c. Bladder sulcus
d. Suprameatal sulcus

9. In women with POP and urethral hypermobility, the resting urethral angle is greater than:
a. 15°
b. 20°
c. 25°
d. 30°

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10. As per the modified Oxford scale, grade 5 tone of levator ani means:
a. A flicker under finger
b. A weak contraction or increase in tension without any discernible lift or squeeze
c. Good pelvic contraction causing elevation of the posterior vaginal wall against resistance and indrawing of the perineum
d. Strong contraction of the pelvic floor against strong resistance

11. Integrity of the pudendal nerve is tested by:
a. Anal reflex
b. Bulbocavernosus reflex
c. Both a and b
d. None of the above

12. All the following features differentiate Gartner duct cyst from cystocele, *except:*
a. Well defined
b. Reducible
c. Absence of cough impulse
d. Absence of vaginal rugosities

13. In congenital elongation of the cervix, the vaginal fornices are:
a. Deep and narrow
b. Shallow and narrow
c. Deep and wide
d. Shallow and wide

14. Which of the following is not an indication for the use of pessary?
a. Prolapse in the first trimester
b. Healing of decubitus ulcer
c. Women unfit for surgery
d. Women willing for surgery

15. Level 1 support of DeLancey support system of the pelvic organ includes:
a. Endopelvic fibromuscular tissue
b. Uterosacral and cardinal ligament
c. Levator ani muscle
d. Levator fascia

16. Level 2 defect of DeLancey support of pelvic organs causes:
a. Enterocele
b. Uterine descent
c. Vault prolapse
d. Cystocele

17. Origin of the uterosacral ligament is from:
a. S2 to S4 sacral vertebrae
b. S5 sacral vertebrae
c. Coccyx
d. Cervix and posterior part of the cervix

18. Point Aα in the Pelvic Organ Prolapse Quantification (POPQ) system of classification of prolapse corresponds to:
a. Point on posterior wall 3 cm from hymen
b. Point on anterior wall 3 cm from hymen
c. Nondependent portion of rest of anterior wall
d. Nondependent portion of rest of posterior wall

19. Which of the following points in the POPQ system of classification of prolapse is omitted if the cervix is absent?
a. Point C
b. Point D
c. Point Ap
d. Point Bp

20. Stage 3 of POP according to POPQ classification is:
a. Complete to nearly complete eversion of vagina
b. The most distal portion of prolapse is >1 cm above the level of the hymen
c. The most distal portion of prolapse is <1 cm proximal or distal to the plane of hymen
d. The most distal position of prolapse is <1 cm below the plane of the hymen but no further than 2 cm less than the total vaginal length

21. Urethral hypermobility is present when:
a. Resting urethral angle is >30°
b. Resting urethral angle is >50°
c. Resting urethral angle is <30°
d. Urethral angle is <50°

22. Normally, external os of the cervix lies:
a. At the level of ischial spine
b. At the level of hymen
c. Above ischial spine
d. 2 cm below ischial spine

23. Enterocele is a result of defect in which of the following DeLancey levels?
a. Level 1
b. Level 2
c. Level 3
d. All of the above

24. Which of the following is a type of anterior vaginal wall prolapse?
a. Cystocele
b. Urethrocele
c. Cystourethrocele
d. All of the above

ANSWERS

1. c. Proper puerperal rehabilitation i.e taking adequate rest, avoiding lifting heavy weights as well as Kegel's exercises can help in preventing genital prolapse.

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2. d. According to Shaw's classification of prolapse, descent of upper two thirds of anterior vaginal wall is cystocele and descent of lower one third anterior vaginal wall is urethrocele.

3. b.

4. d.

5. a.

6. a. Decubitus ulcer occurs due to descent of cervix from normal anatomical position and interference in circulation. Packing of prolapse with glycerin, acriflavine or insertion of pessary helps in keeping cervix in anatomical position and healing of decubitus ulcer. So either treatment is required and not both simultaneously.

7. d.

8. d.

9. d.

10. d.

11. c.

12. b.

13. a.

14. d.

15. b. The support system for the uterus and vagina has been described as consisting of three levels

Level I refers to the uterosacral/cardinal ligament complex, which serve to maintain the vaginal length and axis.

Level II support consists of the paravaginal attachments of the lateral vagina and endopelvic fibromuscular connective tissue to the arcus tendineus and levator fascia that maintain the midline position of the vagina.

Level III support pertains to the distal vagina and is made up of the muscles and connective tissue surrounding the distal vagina and perineum.

- Damage to Level I supports causes uterine descent, enterocele and vault descent.
- Damage to Level II supports causes cystocele, rectocele.
- Damage to Level III supports causes urethrocele, gaping introitus and deficient perineum

16. d.

17. a.

18. b. *The POP-Q examination* provides a standardized measurement system to allow for more accurate assessments of postoperative outcome and to ensure uniform, reliable, and site specific descriptions of POP. POPQ Classification uses nine points as mentioned below.

- *Aa:* Anterior wall 3 cm from hymen –3 cm to +3 cm
- *Ba:* Most dependent portion of rest of anterior wall –3 cm to +TVL
- *C:* Cervix or vaginal cuff ±TVL
- *D:* Posterior fornix (if no prior hysterectomy) ±TVL or omitted
- *Ap:* Posterior wall 3 cm from hymen –3 cm to +3 cm
- *Bp:* Most dependent portion of rest of posterior wall.
- *Genital hiatus (GH):* Measured from the middle of the external urethral meatus to the posterior midline hymen.
- *Perineal body:* Measured from the posterior margin of the genital hiatus to the mid-anal opening.
- *Total vaginal length (TVL):* It is the greatest depth of the vagina in centimeters when the vaginal apex is reduced to its full normal position.

All measurements except the total vaginal length are measured during maximal straining.

19. b.

20. d.

21. a.

22. a.

23. a.

24. d. Shaw's classification of uterovaginal prolapse

A. Anterior vaginal wall

Upper two·thirds: Cystocele
Urethrocele

Lower one third – Urethrocele

B. Posterior vaginal wall

Upper one-third - Enterocele (pouch of Douglas hernia)

Lower two-thirds- Rectocele

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MANAGEMENT

Anuja Bhalerao, Sheela Jain

QUESTIONS

1. **All the following are restorative surgical procedures for the management of prolapse, *except:***
   a. Shirodkar's operation
   b. Ward Mayo's operation
   c. Manchester operation
   d. Purandare's operation

2. **Which of the following is not a complication of Fothergill's operation?**
   a. Injury to the bladder and rectum
   b. Urinary retention or cystitis
   c. Hemorrhage
   d. Enterocele formation

3. **Mesh surgery is contraindicated in all, *except:***
   a. Hypertensive patient
   b. Uncontrolled diabetes
   c. Obese patient
   d. Active pelvic infection

4. **Which of the following statements is incorrect regarding Purandare's cervicopexy operation?**
   a. It is indicated in congenital or nulliparous patients.
   b. Facial strips of rectus sheath are stitched to the posterior surface of the cervix
   c. Cervix is amputated below the internal os
   d. It may be combined with the Moschcowitz procedure

5. **Which of the following is not an advantage of Shirodkar's sling operation?**
   a. It is anatomically the most correct operation
   b. It provides a dynamic support
   c. It provides a strong bony support
   d. There is no tendency to enterocoele formation

6. **Virkud's classification of sling operation is based on all of the following, *except:***
   a. Position of support
   b. Type of support
   c. Type of loop formed
   d. Whether fascia or mesh is used

7. **All the following are the complications of mesh surgery in prolapse, *except:***
   a. Fistula formation
   b. Urinary incontinence
   c. Hemorrhage
   d. Dyspareunia

8. **In Khanna's sling operation, the lateral ends of the mersilene tape are anchored to:**
   a. Sacrospinous ligament
   b. Anterior superior iliac spine
   c. Posterior superior iliac spine
   d. Sacral promontory

9. **Which of the following statements is incorrect regarding hysteropexy?**
   a. Sacrospinous ligament fixation may be done
   b. Cystoscopy must be done after uterosacral suspension
   c. Usually, unilateral sacrospinous fixation is done
   d. Uterosacral suspension cannot be done laparoscopically

10. **Which of the following statements is not true about Fothergill's repair?**
    a. It is the treatment of choice in young women desirous of pregnancy
    b. Anterior colporrhaphy is combined with amputation of the cervix
    c. Mackenrodt's ligaments are sutured in front of the cervix
    d. Shirodkar modified this surgery by suturing uterosacral ligament in front of the cervix

11. **All the following statements are true about Purandare's sling operation, *except:***
    a. The uterus becomes retroverted and there is a tendency to enterocele formation
    b. It is easy to perform and provides a strong static support
    c. If very tight, there is a risk of bowel entrapment between the uterus and anterior abdominal wall
    d. Tape anchored anteriorly may be damaged at subsequent cesarean

12. **Differential diagnoses of something coming out of vagina are all, *except:***
    a. Bartholin's cyst
    b. Gärtner duct cyst
    c. Fibroid and polyp
    d. Prolapse

13. **Which of the following statements is false?**
    a. Vault prolapse is when the top of the vagina descends into or out of the vagina posthysterectomy
    b. Uterine prolapse is graded as first degree (within the vagina) to third degree (at the introitus)
    c. Rectocele is rectum prolapsed with the posterior vaginal wall
    d. Enterocele contains the small bowel

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14. All the following are surgical management options that preserve the uterus, *except:*
a. Ward Mayo's operation
b. Sling surgeries
c. Sacrohysteropexy
d. Le Fort's operation

15. In a young prolapse, all the following are performed, *except:*
a. Sling surgeries
b. Sacrocolpopexy
c. Le Fort's operation
d. Ward Mayo's operation

16. Vaginal hysterectomy (VH) is:
a. Clean
b. Clean-contaminated
c. Infected
d. Contaminated

17. What are the ways to reduce ureteric injury during VH?
a. Downward traction on the cervix helps displace the ureters laterally and superiorly
b. Downward traction on the cervix helps displace the ureters medially
c. While securing the uterine arteries, double clamp is preferred over single clamp
d. Both b and c

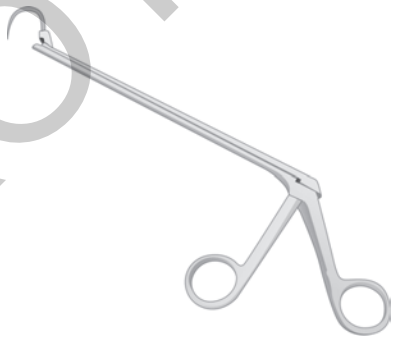
18. Which of the following statements is false?
a. Sacrospinous ligament fixation has high rates of sciatic nerve injury
b. During uterosacral ligament suspension, the most common complication is ureteral obstruction
c. Pelvic pain is a unique complication of synthetic mesh used in POP surgeries
d. None of the above

19. Which of the following statements is false regarding Le Fort colpocleisis?
a. Reserved for elderly women or medically compromised
b. Lateral drainage channels are not created
c. Indicated when women are no longer sexually active
d. Transvaginal ultrasonography (TVS), Pap smear, and endometrial biopsy should be done before surgery

20. Which of the following statements is false regarding posthysterectomy vaginal vault prolapse (PHVP)?
a. Routine urodynamic assessment is recommended
b. Clinician should work as part of pelvic floor multidisciplinary team
c. MaCall culdoplasty at the time of VH is effective in preventing subsequent PHVP
d. Sacrospinous fixation at the time of VH should be considered when the vault descends to introitus during closure

21. The surgery of choice in a sexually active young lady with vault prolapse is:
a. Sacrocolpopexy
b. Sacrospinous fixation
c. Le Fort's repair
d. Colpocleisis

22. Identify the given instrument.



a. Miya hook
b. Grass hook
c. Manson hook
d. Mayo hook

23. Identify the false statement.
a. Identification of loss of pelvic floor support, if any, and its management during hysterectomy where indication is not prolapse
b. During abdominal hysterectomy, suturing of parametrium with angles of vaginal vault is not useful
c. During VH, repair of enterocele and tightening of uterosacral and Mackenrodt's ligament with vaginal vault help prevent prolapse
d. Fixing uterosacral ligament with vaginal vault in McCall culdoplasty during VH prevents prolapse

ANSWERS

1. b. Ward Mayo operation is vaginal hysterectomy for prolapse uterus.

Shirodkar's and Purandare's operation are sling surgeries while in Manchester operation amputation

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of cervix is done and Mackenrodt ligaments are attached in front of cervix. In these three surgeries, we try to restore the level of uterus which has descended down.

2. **d.** The cervix is amputated and the cut ends of Mackenrodt ligaments are sutured in front of the cervix. This does not predispose to enterocoele formation.
3. **a.**
4. **b.**
5. **b.** Shirodkar's sling operation provides a static support, because using the tape, the cervix is fixed to the lumbosacral fascia.
6. **d.** Virkud's classification of sling operation is based on position of support – whether from anterior or posterior, type of support – whether dynamic or static and type of loop formed – whether closed or open.
7. **c.**
8. **b.** In Khanna's sling operation, lateral ends of mersilene tape are anchored to the anterior superior iliac spine.
9. **d.**
10. **a.** Fothergill's operation is not the treatment of choice in women desirous of pregnancy because amputation of cervix may lead to secondary infertility, incompetent cervical os, recurrent abortions or preterm delivery. Excessive fibrosis may cause cervical stenosis and dystocia during labor.
11. **b.** It provides a dynamic support because the ends of the tape on either side are attached to external oblique aponeurosis and not to any bony structure.
12. **a.**
13. **b.**
14. **a.**
15. **c.** Le Forte's operation is partial colpoclesis and is done in older women who are sexually inactive.
16. **b.** In vaginal hysterectomy peritoneum is opened and hence it is clean-contaminated.
17. **a.**
18. **d.**
19. **b.**
20. **a.**
21. **a.**
22. **a.** Miya hook is a ligature carrier and makes sacrospinous ligament fixation easier and safer during prolapse surgery.
23. **b.**

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