

1- A G2P1 female came for management of a missed miscarriage. This is her first pregnancy loss, she is Rh-negative, and her husband is Rh-positive. First pregnancy and labor were uncomplicated, and she received anti-D prophylaxis. Which of the following is true about Rh incompatibility?

- a. The standard dose of anti-D prophylaxis protects against 50 ml of fetomaternal hemorrhage.
- b. Prophylaxis should be given both at 28 and 34 weeks
- c. Prophylaxis is not required for Rh-positive fetuses
- d. The postpartum Kleiher-Betke test is used to determine the dose to give if a large fetomaternal hemorrhage is suspected ✓

2- A 28-year-old G2P1 Rh-negative woman presents at 24 weeks of gestation for routine antenatal care. Her husband is Rh-positive. Her indirect Coombs (antibody) titer is 4. She had no history of previous intrauterine transfusion or hemolytic disease in her prior pregnancy. What is the next best step in management?

- A. Repeat antibody titer every 2 weeks ✓
- B. Perform middle cerebral artery (MCA) Doppler
- C. Administer anti-D immunoglobulin immediately

low titer = 1:4 : توضيح

1:16 or 1:32 = moderate

≥1:32 = critical, may put fetus at risk for hemolytic disease

3- 52. What is the expected paternal karyotyping in a couple with recurrent pregnancy loss?

- a. Balanced translocation ✓

4- During a vaginal delivery, an episiotomy is performed to widen the vaginal opening. What is the recommended angle of incision for a mediolateral episiotomy to reduce the risk of anal sphincter injury?

- A. 15 degrees
- B. 30 degrees
- C. 45 degrees ✓
- D. 60 degrees
- E. 90 degrees

5- A woman in active labor is fully dilated and exhausted after prolonged pushing. You are assessing the possibility of operative vaginal delivery. All the following fetal stations are considered too high for instrumental delivery except:

- A. -3
- B. -2
- C. -1
- D. 0
- E. +1

6- Lynch syndrome is most commonly associated with which of the following cancers?

- A. Cervical cancer
- B. Ovarian cancer
- C. Endometrial cancer
- D. Vulvar cancer
- E. Breast cancer

7- A 58-year-old woman presents with a suspicious vulvar lesion. To confirm the diagnosis, which biopsy technique is most appropriate?

- A. Punch biopsy
- B. Cone biopsy
- C. HBV DNA
- D. Pap smear
- E. Colposcopy with biopsy

8- A 19-year-old woman presents with an abdominal mass. Imaging reveals a large ovarian neoplasm with solid and cystic components. Laboratory evaluation of tumor markers shows markedly elevated alpha-fetoprotein (AFP)=2000, with normal hCG and LDH levels.

- a. Yolk sac (endodermal sinus tumor)

9- What is the first line of management for moderate to severe premenstrual syndrome, with significant mood symptoms?

- a. SSRI daily or during the luteal phase of the cycle
- b. Combined oral contraceptive pills

لنا بالله
آمال وسلوى
وعند الله
ما فاق الرجاء إ

10- A pregnant woman with pregestational diabetes is in spontaneous labor at 38 weeks. You start insulin and glucose infusion to maintain blood glucose between 4–7 mmol/L. How often should you monitor blood glucose, and what actions should you take if glucose is outside the target range? مش هيك كان بالزبط السؤال تقريبا و كان نفس فكرة سؤال ارشيف نبض

A. Monitor every 30 minutes; if glucose <4 mmol/L, reduce insulin and give glucose; if >7 mmol/L, increase insulin dose ✅ غالباً هاي ، ، انه كل نص ساعة

B. Monitor every 1 hour; if glucose <4 mmol/L, stop insulin and give glucose; if >7 mmol/L, increase glucose infusion

C. Monitor every 2 hours; if glucose <3 mmol/L, stop all infusions; if >8 mmol/L, start insulin

D. Monitor every 30 minutes; if glucose <3.5 mmol/L, increase insulin; if >7.5 mmol/L, decrease insulin

E. Monitor every 1 hour; no adjustments needed unless glucose <3 mmol/L

11- Intracytoplasmic sperm injection (ICSI) is primarily indicated in which of the following conditions?

A. Tubal factor infertility

B. Endometriosis

C. Male factor infertility ✅

D. Unexplained infertility

E. Polycystic ovary syndrome (PCOS)

12- Which of the following values is considered normal in a standard semen analysis according to WHO criteria?

A. Sperm concentration: 5 million/mL

B. Total motility: 30%

C. Normal morphology: 4% ✅

مش حرفي بس الفكرة انه احفظوهن 😊

13- Hysterosalpingography (HSG) is primarily used to detect:

A. Intrauterine filling defect ✅

B. Fallopian tube obstruction

14- What is typically the first sign of puberty in girls?

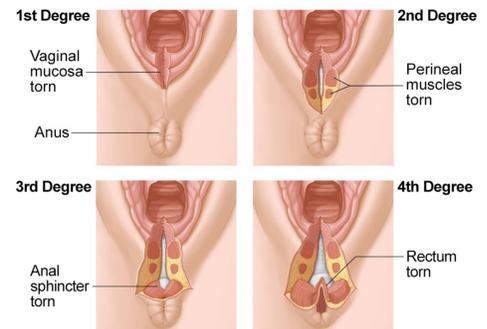
A. Growth of pubic hair

B. Onset of menstruation

C. Breast development ✅

15- Stage for perineal laceration and muscle ?

a. Stage 2 ✅



16- Which hormone is most directly associated with a luteal phase defect ?

- A. Progesterone ✓
- B. Luteinizing Hormone (LH)
- C. Estrogen
- D. Follicle-Stimulating Hormone (FSH)
- E. Human Chorionic Gonadotropin (hCG)

17- Which congenital heart defect is most commonly associated with maternal lithium use during the first trimester of pregnancy?

- A. Tetralogy of Fallot
- B. Transposition of the great arteries
- C. Atrial septal defect
- D. Ebstein's anomaly ✓

18- Anatomy

Ln of fundus para aortic ✓

ماكان في pre aortic في الخيارات فا هي اقرب شي

19- Which group of lymph nodes is most commonly involved in the early spread of cervical cancer?

- A. Inguinal lymph nodes ✓
- B. Axillary lymph nodes

20- How can we differentiate between vulvovaginal candidiasis, bacterial vaginosis, and trichomoniasis?

a. negative whiff test and normal vaginal ph ✓

21- Which of the following treatments is considered safe and commonly used for genital warts in pregnancy?

- A. Podophyllin
- B. Podophyllotoxin
- C. Cryotherapy , trichloroactic ✓ !

22- Treatment of tuboovarian abscess ::

- a. hospitalize and give iv clinda + genta ✓
- b. Iv metronidazole
- c. Incesion and drainage before confirming diagnosis

23- first choice for unexplained infertility ?

- a. Expectant management
- b. IVF

24- Which of the following structures provides Level 2 support in pelvic organ prolapse according to DeLancey's classification?

- A. Uterosacral ligament
- B. Arcus tendineus fascia pelvis and levator ani** ✓
- C. Perineal body

25- Myasthenia gravis , first line treatment to stop seizure?

Diazepam ?

Propofol

Carbamazepine

Valproate

Mg sulfate

26- Which of the following is true regarding vaginal pessaries?

- a. They can cause vaginal erosion** ✓
- b. You cannot give hormonal therapy during it
- c. It should be taken out and cleaned every 2 weeks
- d. It solves pelvic muscle weakness

27- Which of the following statements about sacrohysteropexy is correct?

- A. It cannot be performed in women who want to have children
- B. It carries a high risk of cervical stenosis
- C. It involves cutting the uterosacral ligament
- D. It is a surgical procedure to suspend the uterus and preserve fertility** ✓
- E. It requires removal of the uterus

28- which of the following risk factor for osteoporosis ?

- a. Smoking** ✓

29- Ovarian mass with high LDH ??

- a. Dysgerminoma** ✓

30- Overflow urinary incontinence ,DM:::

- Autonomic Neuropathy** ✓

31- post-void residual (PVR) volume >250 mL ?

a. overflow incontinence with underactivity detrusor ✓

32- Which of the following are effective measures for the prevention of preterm labor?

a. Bed rest

b. Antibiotic

c. Tocolytic

d. Progesterone ✓

e. Treatment of asymptomatic urinary tract infection (UTI)

33- In ovarian mass surgery best in ??

Simple cyst

Papillary vegetation ✓

34- Which of the following is a normal renal or vascular change during pregnancy?

A. Decreased systemic vascular resistance (SVR) ✓

35- storage problem ?

a. Frequency dysuria urge leak

b. Frequency urgency stress leak ✓

c. Stress leak urge leak poststream dripping

36- neural tube defect (NTDs) → Most commonly caused by Valproate. ✓

37- Movement of labor ::

Engagement,descent,flexion,internal rotation ,extension, external rotation ,Expulsion ✓

38- in which day of the menstrual cycle Corpus luteum regress occurs after no fertilization of the ovum after ovulation ?

A. 2 days

B. 14 days

C. 8 days

D. 21 days

39- Which one of the following increases the risk of ectopic pregnancy?

A. Use of contraception ✓ !

B. Normal vaginal delivery

C. Regular exercise

40- A pregnant woman with a family history of deep vein thrombosis (DVT) in her mother now presents with DVT herself. What is the most appropriate management during pregnancy and postpartum?

- A. No treatment needed, just observation
- B. Anticoagulation only during pregnancy
- C. Prophylactic LMWH during pregnancy and for 6 weeks postpartum ✓ !**
- D. Oral anticoagulants only
- E. Wait until delivery to start treatment

41- A pregnant woman develops DVT following a hip fracture. She has no family history of thrombosis. What is the best prophylactic management?

- A. No prophylaxis needed due to negative family history
- B. Prophylactic LMWH during pregnancy and for 6 weeks postpartum ✓ !**

****سؤالين 40 , 41 هيك الصياغة لكن مو متأكدين اذا الاجابة الهم نفس الاشئ او لا لكن حسب شات ف هيك الاجابة والله اعلم**

42- Irreversible cause of primary amenorrhea:

- Kalman syndrome ✓**

43- 15 years old female with no breast development and no pubic hair all the following can be the cause except?

- a. Imperforate hymen ✓**

44- Which of the following statements about miscarriage is correct according to standard classification systems ?

- a. Miscarriage rate decreases with increasing gestational age ✓**

45- Which of the following is TRUE regarding twin pregnancy?

- a. Vaginal birth is contraindicated in all twin pregnancies
- b. Stillbirth rate is the same as in singleton pregnancies
- c. Induction of labor after delivery of first twin using syntocinon is contraindicated
- d. If second twin is breech, breech extraction is preferred over external cephalic version ✓**
- e. Some studies have shown that cesarean section (CS) may be the best option for them

46- Not a risk factor in ovarian???

- a. Smoking ✓**
- b. Late menarche

47- Not symptom for hyperprolactinemia:

- a. Dysmenorrhoea ✓**
- b. Amenorrhea
- c. Oligomenorrhea
- d. Loss of libido

48- Pregnant with generalised itching no rash nor jaundice , To investigate ?

Amylase

Liver enzymes

Bile acids ✓

49- Most Important Factors Affecting IVF Success:

1. Ovarian reserve

1. Female age ?

3. Male age

4. Cause of infertility

5. Previous pregnancy

50- 60y old pt present with post menopausal bleeding in TVUS found that endometrial thickness>6cm what's the next step:

Hysteroscopy guided biopsy ✓

51- A woman presents with amenorrhea and hair loss. She does not desire pregnancy. Which of the following treatments is most appropriate?

a. Metformin

b. Spironolactone

c. Combined oral contraceptive pill ✓

d. Clomiphene citrate

e. Progesterone only pill

first line is coc after 6 month we add spironolactone : توضيح **

52- A pregnant woman is found to have low hemoglobin (Hb), low mean corpuscular volume (MCV), and elevated Hb A2 on hemoglobin electrophoresis. Her partner is asymptomatic and has not been screened. What is the next best step?

a. Reassure and continue routine antenatal care

b. Screen the father for hemoglobinopathies ✓

53- Which of the following is an indication for surgical intervention in an adnexal (ovarian) mass?

a. No ascites

b. Unilocular cyst

c. Smooth wall

d. Cyst < 3 cm

e. Papillary projections/invasion !! ✓ maybe !!

54- Interval Between CS and Next Vaginal Delivery Attempt:

a. 18 months ✓ جواب الدكتورة بالريكورد

b. 24 months

55- Pt with hypertension and need long term contraception method:

IUD ✓ (Hormonal)

56- which contraception increase bleeding ?

a. Copper ✓

57- What is a known complication of subclinical pelvic inflammatory disease (PID)?

a. Tubal infertility ✓

58- least common cause of bleeding not related to the menstrual cycle in the 48 yr old woman :

1. Cervical polyp
2. Cervical cancer
3. Endometrial polyp
1. Ovarian teratoma ✓
5. Atrophic vaginitis

59- A pregnant woman presents with 3 days of persistent vomiting and cannot tolerate food. What is the most appropriate next step in management?

- a. Start rehydration IV normal saline , Vit B , antiemetic , US ✓
- b. Start rehydration IV dextrose , Vit C , antiemetic , US
- c. Reassure and observe

60- A pregnant woman experiences rupture of membranes (ROM), followed immediately by fetal bradycardia and decreased variability on the fetal heart tracing. What is the most appropriate initial step in management?

- a. Perform a sterile speculum examination
- b. Reassure and monitor
- c. Perform a vaginal examination ✓

61- Pt come to ER by ambulance and loss 1200cc of blood 1 week after delivery and bad smell luchia the most common cause for her pph is:

Infection

retained part of placenta ✓

Cervical laceration

Uterine atony

سین الجهد
وإنطالت
سنتوی
لها آمد
ولأمد انقضاء

62- More wt lichen planus :

1. Itching
2. Oral ulcer ✓
3. Asymptomatic

63- lichen planus of the vulva associated with an increased risk of vulvar cancer سؤال ثاني

اللي عن ال

هيك فكرته بس ناسيته

64- A biopsy of the endometrium shows an increased gland-to-stroma ratio and crowded glands without stromal invasion. What is the most likely diagnosis?

- a. Endometrial hyperplasia without atypia ??
- b. Endometrial hyperplasia with atypia
- c. Adenomyosis ??

65- 25-year-old woman presents with acute lower abdominal pain. Ultrasound reveals a 5 cm unilocular ovarian cyst with no solid components and no free fluid. What is the most likely diagnosis?

- a. Endometrioma
- b. Hemorrhagic cyst
- c. Ovarian torsion
- d. Simple ovarian cyst ✓

66- Which of the following is the best indicator of ovulation?

- Estrogen levels
- Changes in cervical mucus
- Basal body temperature rise
- Mid leuteal phase progesterone ✓
- LH kits

67- IVF can cause all of the following except:

- Molar
- Heterotypic pregnancy
- Miscarriage ✓
- Ectopic

68- True regarding twins:

- TTTS managed by laser ablation ✓

69- What is the most serious symptom that can occur in someone with Premenstrual Syndrome (PMS)?

- A. Tearless
- B. Self-harm or suicidal thoughts ✓

70- A pregnant woman is scheduled for an elective cesarean section. While she is already in the operating room and before the surgery begins, her membranes rupture and umbilical cord prolapse occurs. What is the first appropriate management in this situation?

- A. Manually elevate the presenting part
- B. Perform immediate cesarean section ??
- C. Place the patient in the knee-chest position

71- Not associated with ovarian cancer?

- 1- BRACA1
- 2- BRACA2
- 3- Lynch syndrome
- 4- **Bilateral salpingectomy** ✓
- 5- Smoking

72- What is the appropriate follow-up for a patient after treatment of molar pregnancy?

- A. **Weekly serum β -hCG measurements until it falls below 5 mIU/mL** ✓

73- Obstetric conjugate measured clinically by?

- 1- Anatomic conjugate
- 2- **Diagonal conjugate** ✓
- 3- Transverse diameter

74- Long case scenario but briefly enw (pt 30week present with tonic-clonic seizure what's the next step):

- Magnesium sulfat then delivery after stabilisation of mother** ✓

75- At 25 weeks of pregnancy, which ultrasound measurement is more accurate for assessing fetal growth?

- A. Femur length
- B. **Abdominal circumference** ✓

76- A patient that was 30 weeks pregnant, fetal weight is below 10th centile and in US exam there was normal amniotic fluid and, and normal umbilical artery doppler, whats the best management ?
REDF ناسبي اذا كان نورمال او

- 1. **Follow up with doppler us again in 10 days** ✓ ?
- 2. Urgent CS
- 3. Amniocentesis for fetal lung maturity
- 4. Give corticosteroid then Deliver at 34 weeks

77- A mother at 30 Weeks of gestation, present with her fetus gestational weight below 3rd centile and on umbilical doppler it was absent, best next step in management?

- 1. **Deliver at 34 weeks of gestation** ✓
- 2. Amniocentesis for lung maturity
- 3. Emergency CS
- 4. Give corticosteroids and deliver

78- A 32-year-old pregnant woman at 28 weeks' gestation presents with lower abdominal pain and moderate vaginal bleeding. Her vital signs are stable, the fetus has a normal heart rate, and there are no signs of labor. Ultrasound confirms a live fetus with no placental abruption or previa. What is the most appropriate initial management?

- a. Admission and close observation ✓
- b. Immediate cesarean section
- c. Send home with reassurance
- d. Perform amniocentesis for fetal lung maturity
- e. Administer tocolytics and discharge

79- Drug that's absolutely C/I in breastfeeding ?

- 1- Cyclophosphamide
- 2- Azathioprine
- 3- Sulfasalazine

80- 6 weeks of gestation, mild vaginal bleeding, mild lower abdominal pain. urine pregnancy test is positive and no intrauterine sac by US, next step?

- 1- Diagnose complete miscarriage and repeat serum b-hCG
- 2- Inpatient management and repeat serum b-hCG
- 3- Outpatient management and repeat serum b-hCG ✓ ??
- 4- Repeat serum b-hCG in 10 days

مش متأكدة من الخيارات بس هيك مضمونهم

81- Bleeding in a pregnant woman in 8th week of gestation there was a heterogeneous mass on US And the cervix was open, next management?

- 1. Admit and surgical evacuation ✓
- 2. Methotroxate
- 3. Outpatient and follow up hcg

82- A 30-week pregnant woman presents to the emergency department with sudden, severe vaginal bleeding. She is hypotensive, and the fetus is bradycardic. Ultrasound is difficult to interpret due to maternal obesity, but it shows no evidence of placental separation. On physical examination, the uterus is soft and non-tender.

What is the most likely diagnosis, and what is the best next step in management?

- 1. Placental abruption
- 2. Placenta previa
- 3. Vasa previa ✓ ?? غالباً هي الجواب لانه البيبي تعبان
- 4. Uterine rupture
- 5. Vaginal or cervical laceration

83- Umbilical cord prolapse mc associated with:

- a. transverse lie ✓
- b. Subserosal fibroid



84- A woman in active labor has 2 contractions per 10 minutes. On abdominal examination, the fetal head is not palpable, and on vaginal exam, the fetal head is in occipito-transverse anterior position, what is your management ?

a. Give Syntocinon (oxytocin) ✓

85- A woman is in active labor when the CTG becomes non-reassuring, showing reduced baseline variability and recurrent variable decelerations. The cervix is 6 cm dilated, contractions are regular, and the fetal heart rate is baseline 140 bpm. What is the next best step in management?

1. Perform fetal scalp stimulation ✓ ??

2. Immediate cesarean section

** Non-Reassuring CTG During Labor

86- woman in labor is being monitored via CTG. The trace shows:

Baseline FHR: 135 bpm

Reduced variability (~3 bpm)

Late decelerations with every contraction

No accelerations

What is the correct interpretation and next step? بس ما كان هيك حرفي هيك الفكرة فقط

A. Pathological CTG, prepare for urgent delivery

87- A fetus in labor shows the following CTG pattern:

Baseline FHR: 140 bpm

Baseline variability: 7 bpm

No decelerations

Occasional accelerations

What is the correct interpretation of this CTG?

1. Reassuring ✓

** Increased Variability (~7 bpm)

88- A 60-year-old woman presents with vaginal itching, burning, and discharge. She reports having regular menstrual cycles. Pregnancy and other common infections have been ruled out. What is the most likely diagnosis that is often mistaken in this age group?

1. Bacterial vaginosis

2. Atrophic vaginitis ✓

89- known SCD preg delivered normally she considers breast feeding, what is wrong in management?

-re prescribed hydroxyurea for crises ✓

90- 19 years old female came to the doctor to investigate endometriosis because her friend has endometriosis what are the most important symptoms to ask ?

Dyspareunia, dysmenorrhea ✓

91- Which of the following lab results is most likely to give false reassurance in early iron deficiency anemia?

a. MCV 85, Hb 11, ferritin 14 ✓

**** كان السؤال انه وحده من الخيارات بتعطيني ما بتبين انه المريض عنده IDA بال early iron loss**

92- Which of the following statements is correct regarding prenatal diagnosis and test turnaround times?

a. high culture failure in amniocentesis

b. CVS done at 9 ws

c. amniocentesis at 15 ws

d. FISH performed on CVS samples provides rapid results for common chromosomal abnormalities. ✓

93- A woman is found to have an ovarian cyst on ultrasound described as a large, multilocular cyst with mucinous content. Which of the following is the most likely diagnosis?

a. Serous cystadenoma

b. Mucinous cystadenoma ✓

c. Endometrioma

94- Female with HTN best contraception?

Pop (minipill) ✓

95- 38 ws gestation controlled GDM , next step ?

96- A woman with a history of multiple ectopic pregnancies had a salpingectomy on one side during her last pregnancy. If she conceives again, what is the most likely complication she may face?

a. Recurrent ectopic pregnancy in the remaining tube ??

**** فكرته - female عندها ectopic وكانه اكثر من مره وعملت في اخر حمل salpingectomy**

شو اكثر complication ممكن تصير لو

حملت مره ثانيه

97- 14 female with irregular menstrual cycles and secondary sexual characteristics ?

a. Immaturity of hypothalamic pituitary ovarian axis

b. PCOS



98- term preg , with GDM 1cm dilatation , post cervix No ROM , next step management?

- IOL contraindicated sholder dystocia risk
- misoprostol for cervix ripening
- do AROM

99-7- in labour normal progression she is 8 cm dilated fetus below ischial spine , with 2 contraction in 10 mind

-5 IU OT infusion ✓

- 40iu /500ml Ot infusion
- Wait 1 hour

100-in labour normal progression with painful regular contraction was 4cm , after 2hs PV is done and now she is 6 cm ,head engaged

Management ?

- cont current management
- give pethidine to relive pain
- start considering instrumental delivery

**** to give pethidin was rational although give OT is correct but why to hurry → no need she is progressing normally**

