Example EMQs

QUESTION 1:

Options:

A Adult onset congenital adrenal hyperplasia (CAH)
B Complete androgen insensitivity syndrome (CAIS)
C Eugonadotrophic hypogonadism
D Hypergonadotrophic hypergonadism
E Hyperthyroidism
F Hypogonadotrophic hypogonadism
G Hypothyroidism
H Mayer-Rokitansky-Küster-Hauser syndrome (MRKH)
I Polycystic ovarian syndrome
J Premature ovary insufficiency
K Sheehan syndrome
L Turner syndrome

Instructions: For each clinical scenario described below, choose the single most appropriate diagnosis.

A 28-year-old woman is referred to the gynaecology clinic with a history of mood swings and amenorrhoea for 11 months. She has an eight-year history of oligomenorrhoea. She is fit and well, 170 cm tall, a non-smoker with a BMI of 24 kg/m^2.
Results of initial investigations are as follows

Serum FSH:	48.8 iu/l	(1 – 11 iu/l)
Serum LH:	56.1 iu/l	(2 – 13 iu/l)
Serum Estradiol:	80 pmol/l	(110 – 1250 pmol/l)

Repeat results six weeks later produced similar result.

Correct response: J (Premature ovarian insufficiency)

QUESTION 2:

Options:

A Admit to ward for overnight observation
B Laparoscopy and proceed
C Laparotomy and proceed
D Measure serum beta hCG
E Measure serum progesterone
F Pelvic ultrasound scan in seven to ten days
G Reassure and discharge
H Test for serum beta hCG in 48 hours
I Test for serum beta hCG in one week
J Treatment with methotrexate
K Urine pregnancy test in two weeks

Instructions: For each clinical scenario described below, choose the single most appropriate initial plan of management option from the list above.

A 30-year-old multiparous woman presented to the early pregnancy assessment unit (EPAU) with a history of amenorrhoea for six weeks and a positive urine pregnancy test yesterday. Two years ago, she had a left sided ectopic pregnancy. She is asymptomatic but is anxious about her past history, which has instigated her visit to EPAU. Transvaginal ultrasound scan confirms an empty uterus, normal adnexae and small amount of free fluid.

Correct response: D (Measure serum beta hCG)

QUESTION 3:

Options:

A Acute cholecystitis
B Adnexal torsion
C Appendicitis
D Bowel obstruction
E Fibroid degeneration
F Pancreatitis
G Peptic ulcer disease
H Placental abruption
I Pyelonephritis with possible ureteric obstruction
J Rupture abdominal aneurysm
K Rupture of uterus

Instructions: For the clinical scenario described below, choose the single most appropriate diagnosis from the above list of options.

A 28-year-old nulliparous woman at 26 weeks of gestation presents to the emergency department with acute onset lower abdominal pain and complaints of nausea and vomiting of 24 hours duration. On abdominal examination, there is generalised tenderness on the lower abdomen and uterus feels soft. Auscultation reveals normal fetal heart rate. Full blood count shows a haemoglobin level of 110 g/l, white cell count of 10 $x10^9$/l (4 – 11^9/l) and her C-reactive protein level is 30 mg/l (Normal level <10 mg/l). Ultrasound examination of her abdomen and pelvis has shown mass in left side of pelvis and enlargement of the left adnexa and some free fluid in the pelvis.

Correct response: B (Adnexal torsion)

QUESTION 4:

Options:

A Anterior vaginal wall repair
B Anterior vaginal wall repair with a suburethral bladderneck tape insertion
C Autologous rectus fascial sling insertion
D Bladder retraining
E Colposuspension
F Intramural bulking agents
G No treatment required
H Pelvic floor physiotherapy
I Pelvic floor physiotherapy and bladder retraining
J Suburethral bladderneck tape insertion
K Treatment with duloxetine
L Treatment with vaginal ring pessary
M Urodynamic assessment

Instructions: For the clinical situation described below, choose the single most appropriate initial management option from the above list.

A 35-year-old woman presents six months after vaginal birth of her third child with urinary incontinence following exercise and with coughing. She has no symptoms of urgency or nocturia. The symptoms are distressing to and she wants something to be done about them. She is breastfeeding and her periods have returned last month. Her family is complete. Vaginal examination revealed a small-moderate cystocele which is evident on parting the labia majora and there is demonstrable stress incontinence.

Correct Responses: H (Pelvic floor physiotherapy)

QUESTION 5:

Options:

A Continuous oral progestagen for six months
B Endometrial ablation
C Endometrial biopsy every three months
D Endometrial biopsy every six months
E Hysterectomy and bilateral salpingectomy
F Hysterectomy, bilateral salpingo-oophorectomy, omental biopsy
G Hysterectomy, bilateral salpingo-oophorectomy, pelvic lymphadenectomy
H Hysteroscopy
I Levonorgestrel intrauterine system (LNG IUS) to continue for five years without any further biopsy
J Levonorgestrel intrauterine system to continue and endometrial biopsy every year
K Magnetic resonance imaging (MRI) and serum CA125
L MRI, transvaginal ultrasound examination and serum CA125
M Removal of levonorgestrel intrauterine system and endometrial biopsy every year

Instructions: For the clinical scenario described below, choose the single most appropriate management from the above list of options.

A 51-year-old postmenopausal woman with a BMI of 35 kg/m^2 had endometrial hyperplasia without atypia diagnosed 14 months ago. She was treated with the levonorgestrel intrauterine system. Two consecutive endometrial biopsies at intervals of 6 months have been normal. She attends the gynaecology clinic for advice.

Correct Responses: J (LNG IUS to continue and endometrial biopsy every year)