

رَبِّ اشْرَحْ لِي صَدْرِي وَيَسِّرْ لِي أَمْرِي وَاحْلُلْ عُقْدَةً مِّنْ لِّسَانِي يَفْقَهُوا قَوْلِي



Test Bank

UGS-Clinical

Final

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«اللَّهُمَّ صَلِّ وَسَلِّمْ وَبَارِكْ عَلَى سَيِّدِنَا مُحَمَّدٍ وَعَلَى آلِهِ وَصَحْبِهِ أَجْمَعِينَ»

Introduction to Obstetrics & Gynecology

Q1: A 28-year-old woman presents for her first antenatal visit. Her LMP was 2nd February 2026. Applying Naegele's Rule, when should her delivery be planned?

- A. 16th November 2026
- B. 9th October 2026
- C. 9th November 2026
- D. 2nd November 2026

Q2: To diagnose Polycystic Ovary Syndrome (PCOS) using the Rotterdam Criteria, how many of the three defined clinical features must be present?

- A. All three
- B. At least two
- C. At least two, including hypoandrogenism
- D. Only one

Q3: Which gynaecological sub-specialty specifically focuses on the management of pelvic organ prolapse and urinary incontinence through urodynamic studies and vaginal surgery?

- A. Reproductive Endocrinology
- B. Minimally Invasive Gynaecology
- C. Adolescent Gynaecology
- D. Urogynaecology

Q4: In the management of Twin-to-Twin Transfusion Syndrome (TTTS), what is the primary surgical objective of laser ablation?

- A. To drain excess amniotic fluid from the fluid-overloaded twin
- B. To increase the blood flow to the atrophic twin
- C. To destroy arteriovenous anastomoses in the shared placenta
- D. To separate the amniotic sacs of the two fetuses

Q5: During a foetal growth assessment in the third trimester, which four parameters are typically measured via ultrasound?

- A. Biparietal Diameter, Crown-Rump Length, Head Circumference, and Abdominal Circumference
- B. Biparietal Diameter, Head Circumference, Cardiac Output, and Femur Length
- C. Biparietal Diameter, Head Circumference, Abdominal Circumference, and Femur Length
- D. Femur Length, Humerus Length, Abdominal Circumference, and Amniotic Fluid Index

Q6: A patient at 8 weeks gestation presents with severe, persistent vomiting and an inability to tolerate any oral intake. What is the most appropriate next step in her clinical management?

- A. Administer IV fluids and check electrolytes
- B. Perform an immediate Caesarean section
- C. Prescribe high-dose folic acid
- D. Schedule an Anomaly Scan (Level 2 Ultrasound)

Q7:A 24-year-old patient presents with irregular menstrual cycles, acne, and a BMI of 31 kg/m². Ultrasound reveals multiple small follicles in ovaries with a volume of 12 ml. What is the recommended first-line management for this patient?

- A. Laser hair removal
- B. Immediate start of Spironolactone
- C. Lifestyle modifications including diet and exercise
- D. Surgical resection of the ovarian follicles

Q8:A 38-year-old pregnant patient is concerned about the risk of chromosomal anomalies. Which invasive procedure could be performed to sample the amniotic fluid for a definitive diagnosis?

- A. Hysteroscopy
- B. Urodynamic studies
- C. Amniocentesis
- D. Chorionic Villus Sampling (CVS)

Q9: A patient is found to have a uterine septum during an investigation for infertility. Which surgical approach would a specialist most likely use to correct this congenital Mullerian anomaly?

- A. Natural Orifice Transluminal Endoscopic Surgery (NOTES)
- B. Robotic retroperitoneal navigation
- C. Laparoscopy
- D. Hysteroscopy

Q10: A patient in her third trimester presents with sudden, painless, bright red vaginal bleeding. An ultrasound is performed immediately. What condition is the clinical team primarily ruling out?

- A. Placenta Previa
- B. Hyperemesis Gravidarum
- C. Septate uterus
- D. Anembryonic pregnancy

اللَّهُمَّ أَنْتَ رَبِّي لَا إِلَهَ إِلَّا أَنْتَ، خَلَقْتَنِي وَأَنَا عَبْدُكَ، وَأَنَا عَلَى عَهْدِكَ وَوَعْدِكَ مَا اسْتَطَعْتُ، أَعُوذُ بِكَ مِنْ
شَرِّ مَا صَنَعْتُ، أُبُوءُ لَكَ بِنِعْمَتِكَ عَلَيَّ، وَأُبُوءُ لَكَ بِذُنُوبِي فَاعْفُرْ لِي، فَإِنَّهُ لَا يَغْفِرُ الذُّنُوبَ إِلَّا أَنْتَ

Nephrology: Hematuria & Bladder Cancer

Q1: What is the classical clinical definition of microscopic haematuria?

- A. The presence of 3 or more RBCs per HPF in two out of three properly collected urine specimens.
- B. A positive reading for blood on a single urine dipstick test during a routine check-up.
- C. The presence of 1 or more red blood cells (RBCs) per high power field (HPF) in a single urine specimen.
- D. The presence of visible blood in the urine that clears after the first void.

Q2: Which of the following substances is most likely to cause a false-negative result on a urine dipstick for haematuria?

- A. Ascorbic acid (Vitamin C)
- B. Food dyes from berries
- C. Iodine (Betadine)
- D. Myoglobin

Q3: Regarding the epidemiology and histology of bladder cancer, which statement is correct?

- A. Smoking is a minor risk factor compared to occupational chemical exposure.
- B. Urothelial carcinoma is the most common histological type of bladder cancer.
- C. Adenocarcinoma is the second most common type of bladder cancer.
- D. Bladder cancer is more common in females than in males.

Q4: What is considered the 'gold standard' for directly visualising the bladder mucosa and identifying potential tumours?

- A. CT Urography (CTU)
- B. Urine Cytology
- C. Transabdominal Ultrasound
- D. Cystoscopy

Q5: Which surgical procedure is the standard treatment for Muscle-Invasive Bladder Cancer (MIBC) in male patients?

- A. Partial Cystectomy
- B. Anterior Exenteration
- C. Radical Cystectomy with removal of the bladder and prostate.
- D. Transurethral Resection of Bladder Tumor (TURBT) alone.

Q6: A 25-year-old marathon runner presents with dark, red-tinged urine following a race. A urine dipstick is positive for blood, but microscopic examination reveals 0 RBCs per HPF. What is the most likely cause?

- A. Schistosomiasis
- B. Early-stage bladder cancer
- C. Myoglobinuria
- D. Dietary intake of beets

Q7: A patient originally from Egypt with a history of chronic Schistosomiasis infection is diagnosed with a bladder tumour. Which histological subtype is most strongly associated with this clinical history?

- A. Adenocarcinoma
- B. Urothelial Carcinoma
- C. Small Cell Carcinoma
- D. Squamous Cell Carcinoma

Q8:A 65-year-old male with a 40-pack-year smoking history presents with a single episode of visible blood in his urine but reports no pain. What is the most appropriate next step in his management?

- A. Perform a radical cystectomy immediately.
- B. Prescribe a course of antibiotics for a suspected urinary tract infection.
- C. Initiate a workup including cytology, CT Urography, and cystoscopy.
- D. Reassure the patient and repeat the test in six months.

Q9: A patient undergoes a TURBT, and the pathology confirms a stage T1 urothelial carcinoma. As part of the adjuvant therapy to prevent recurrence, the doctor recommends intravesical BCG. How is this administered?

- A. A single surgical application during the TURBT procedure only.
- B. Instillation into the bladder via a catheter, followed by the patient rolling in bed.
- C. Oral tablets taken daily for six weeks.
- D. Intravenous injection over a 6-hour period.

Q10:A 60-year-old patient is diagnosed with T2 stage bladder cancer. The multidisciplinary team recommends systemic Gemcitabine and Cisplatin (Gem-Cis) followed by surgery. What is the primary goal of the chemotherapy in this sequence?

- A. To prevent the need for an ileal conduit diversion.
- B. To treat the patient in case they refuse the 6 to 8-hour surgery.
- C. Neoadjuvant therapy to improve survival outcomes before radical surgery.
- D. To treat the side effects of the parasitic Schistosomiasis infection.

Q11: Following a radical cystectomy, a patient opts for a continent cutaneous reservoir (e.g., Indiana Pouch). Which of the following best describes how this patient will manage their urine?

- A. The patient will empty the internal pouch by inserting a catheter into a specialised stoma at regular intervals.
- B. The patient will urinate through their native urethra by increasing abdominal pressure.
- C. The ureters are re-implanted into the rectum to allow for mixed excretion.
- D. Urine will drain continuously into an external bag attached to a stoma.

اللَّهُ لَا إِلَهَ إِلَّا هُوَ

الْحَيُّ الْقَيُّومُ لَا تَأْخُذُهُ رِيسَةٌ وَلَا نَوْمٌ لَهُ مَا فِي السَّمَوَاتِ
وَمَا فِي الْأَرْضِ مَنْ ذَا الَّذِي يَشْفَعُ عِنْدَهُ إِلَّا بِإِذْنِهِ يَعْلَمُ
مَا بَيْنَ أَيْدِيهِمْ وَمَا خَلْفَهُمْ وَلَا يُحِيطُونَ بِشَيْءٍ مِّنْ عِلْمِهِ إِلَّا
بِمَا شَاءَ وَسِعَ كُرْسِيُّهُ السَّمَوَاتِ وَالْأَرْضَ وَلَا يَئُودُهُ حِفْظُهُمَا

وَهُوَ الْعَلِيُّ الْعَظِيمُ ﴿٢٥٥﴾