

Station number 13 – Paediatrics

Short Answers

Remember to fill in your student ID in the top right-hand corner of this paper

A 2 year old child is admitted to hospital with fever, vomiting and diarrhoea.

1. What is the most likely diagnosis?

2. The parents ask you whether the child is dehydrated.
What information can be obtained to answer this question from the:

Patient history

Clinical examination

3. You conclude that the child is mildly dehydrated. What advice do you give to the parents?

Examiner's sheet

Student ID number:

Examiner ID:

Station number 13 - Paediatrics**Short answers**

	1p	2p	3p	Score	Max points
Most likely diagnosis 1. Gastroenteritis			X		3
Patient history 1. How much has the child drunk in the last 24 hours 2. How many times has the child vomited in the last 24 hours 3. How many loose stools has the child had in the last 24 hours 4. How much urine has been produced	X	X			6
Clinical examination 1. Weight loss 2. General condition 3. Crying with tears 4. Sunken eyes 5. Wet or dry mucous membranes in the mouth 6. Capillary refill time (increased) 7. Circulatory involvement (increased pulse, decreased blood pressure) 8. Skin turgor	X X X X X	X X			9
Advice 1. Give small amounts of fluid frequently (5 ml every 5 min), increase slowly 2. Use oral dehydration formulas (GEM) or hypotonic fluids (containing some glucose and electrolytes) 3. Contact a doctor again if continuing losses (vomiting and diarrhoea), insufficient rehydration or increasing symptoms (especially reduced general condition)		X X X			6

Maximum possible points 24**Total score: _____**

Student ID Number:.....

Station number: 14

Paediatrics - Short essay

Remember to fill in your student ID at the top right-hand corner of this paper

Mohammed, 2 ½ years was brought to you because his mother was worried that he was pale, he was not very active and he had been sleeping more in the last months. His haemoglobin in a capillary sample was 5.6 g/100 ml

1. What clinical conditions do you consider?
2. Which clinical examination would you do?
3. What are the possible findings of this examination?
4. Which lab test(s) would you order?
5. The lab test showed low MCV, MCHC, MCH, s-ferritin and s-iron. What diagnosis is now most likely?
6. How would you treat Mohammed and for how long?

Examiner's sheet

Student ID Number:.....

Examiner ID:.....

Station number 14 Paediatrics, Short answers station.

Mohammed, 2 ½ years was brought to you because his mother was worried that he was pale, he was not very active and he had been sleeping more in the last months. His haemoglobin in a capillary sample was 5.6 g/100 ml

	Points	Max points
1. What clinical condition do you suspect? a. Iron deficiency anaemia b. Haemoglobinopathias c. Other specified anaemias/malignant diseases	4 3 3	4
2. Which clinical examination would you do? a. Complete somatic and neurological status	4	4
3. What are the possible findings of this examination? a. Normal status b. Any organopathology	4 4	4
4. Which lab test(s) would you order a. Complete haematology b. Tumour markers c. Imaging of lungs and abdomen d. Bone marrow examination	4 1 1 1	4
5. The lab test showed low MCV, MCHC, MCH, s-ferritin and s-iron. What diagnosis is now most likely a. Iron deficiency anaemia	4	4
6. How would you treat Mohammed and for how long Iron supplement for 2-3 months Observation Dietary advice	4 1 1	4

Max 24 points

Total score: _____

Student ID Number:.....

Station 15 Paediatrics

Multiple choice questions (MCQ)

Remember to fill in your student ID at the top right of this paper - You may answer in Norwegian

1. Which of the following signs are typical for acute bronchiolitis?
Cross in the correct column:

<i>SIGN</i>	<i>Yes</i>	<i>No</i>
Audible expiratory wheeze		
Chest recessions		
Inspiratory dyspnoea		
Expiratory dyspnoea		
Barking cough (Bjeffende hoste)		
On auscultation:		
Rhonchi, sibilant rhonchi (In Norwegian: Pipelyder)		
Crepitations, rales (In Norwegian: Knattrelyder)		

2. Which of the following symptoms are typical for acute laryngitis?
Cross in the correct column:

<i>SIGN</i>	<i>Yes</i>	<i>No</i>
Audible expiratory wheeze		
Chest recessions		
Inspiratory dyspnoea		
Expiratory dyspnoea		
Barking cough (Bjeffende hoste)		
On auscultation:		
Rhonchi, sibilant rhonchi (In Norwegian: Pipelyder)		
Crepitations, rales (In Norwegian: Knattrelyder)		

Examiner's sheet

Student No.

Examiner's ID

Station 15 – Paediatrics

1. Which of the following signs are typical for acute bronchiolitis?

<i>SIGN</i>	<i>Yes</i>	<i>No</i>	<i>Points</i>	<i>Given points</i>
Audible expiratory wheeze	X		2	
Chest recessions	X		2	
Inspiratory dyspnoea		X	2	
Expiratory dyspnoea	X		2	
Barking cough (Bjeffende hoste)		X	2	
On auscultation: Rhonchi, sibilant rhonchi (In Norwegian: Pipelyder)	X		1	
Crepitations, rales (In Norwegian: Knattrelyder)		X	1	

2. Which of the following symptoms are typical for acute laryngitis?

<i>SIGN</i>	<i>Yes</i>	<i>No</i>	<i>Points</i>	<i>Given points</i>
Audible expiratory wheeze		X	2	
Chest recessions	X		2	
Inspiratory dyspnoea	X		2	
Expiratory dyspnoea		X	2	
Barking cough (Bjeffende hoste)	X		2	
On auscultation: Rhonchi, sibilant rhonchi (In Norwegian: Pipelyder)		X	1	
Crepitations, rales (In Norwegian: Knattrelyder)		X	1	

Max score 24 p

Total score

Station number 16 – Paediatrics

Short Answers

Remember to fill in your student ID in the top right-hand corner of this paper

In the afternoon, one day in January, 3½ month old John started coughing, did not eat a full meal and appeared to be breathing heavily. Up until this day he had been a very healthy boy, term-born, with normal size and development in all areas. Six hours later he had a temperature of 38.3°C, was breathing rapidly and coughing, and was clearly distressed. You meet him at the emergency department as the first doctor on call. This is the mother’s first child.

1. List the three most likely diagnoses you want to investigate:

You find the following: respiratory rate 60, intercostal retractions, nasal flaring and secretions, crackles over the lung fields on auscultation, symmetrical, vesicular breath sounds. He is alert, but distressed.

2. What is your action in the next 15 minutes? (tick ONLY correct boxes for yes)

Action	yes
1. Send the child home, advise paracetamol as an anti-pyretic	
2. Give a bronchodilator mixture and send home	
3. Give inhalation of racemic adrenaline or saline solution	
4. Give antibiotics	
5. Send to paediatric ward for hospitalisation	
6. Ask for cardiac evaluation	
7. Do a chest x-ray	
8. Take blood samples	

3. List 1-2 complications (that occur relatively commonly) to each of your three most likely diagnoses in John

Station number 16 - Paediatrics

Short answers

	1p	2p	3p	Max points	Score
<p>Likely causes?</p> <p>1. Bronchiolitis</p> <p>2. Pneumonia</p> <p>3. Asthma or “wheezy bronchitis” can be accepted</p> <p>In the case of <u>none of the above</u>: “lower respiratory infection” may be acceptable</p> <p>At least two of above must be mentioned to pass</p>		x	X X X	6	
<p>Action?</p> <p>Yes to 3 and 5 gives 4 points each</p> <p>Yes to 1 or 2 gives MINUS 1 point each (this would be mala praxis) within the first 15 minutes</p> <p>Yes to 7 and 8 gives 1 point each (not optimal, but can be defended)</p>	X			10	
<p>If any of the below listed for the relevant diagnosis: 1 point each (max 2 per disease) (to be assessed by sensor)</p> <p>Bronchiolitis Atelectasis, feeding problems, respiratory collapse, pneumonia,</p> <p>Pneumonia: Emphysema, atelectasis,</p> <p>Asthma: Atelectasis, pneumothorax,</p> <p>Other relevant</p>		X X		8	

Max 24 points

Total score: _____

Station number: 17

Paediatrics

Remember to fill in your student ID in the top right-hand corner of this paper

Kari, 3 years old, was found by her parents sitting outside in the garden next to their barbecue with a bottle of lighter fluid in her hand. The bottle was open. She was coughing, had vomited on her dress, and her parents could smell petroleum from her mouth. The parents were frightened and brought her immediately to the nearby hospital.

You, as physician on duty at the hospital, examined her. She was awake, fully conscious, but still coughing. On auscultation of the lungs, you heard faint rales and crepitations (Norwegian: “knattre-lyder”). Otherwise, you made no special findings at the clinical examination.

1. What clinical condition do you suspect?
2. Which further examination would you order?
3. What are the possible findings of this examination?
4. How would you handle the girl?
5. What are the possible complication(s)?
6. What follow-up would you recommend for the girl?

Examiner's sheet

Student ID Number:.....

Examiner ID:.....

Station number 17 Paediatrics, Short answers station.

Kari, 3 years old, was found by her parents sitting outside in the garden next to their barbecue with a bottle of lighter fluid in her hand. The bottle was open. She was coughing, had vomited on her dress, and her parents could smell petroleum from her mouth. The parents were frightened and brought her immediately to the nearby hospital.

You, as physician on duty at the hospital, examined her. She was awake, fully conscious, but still coughing. On auscultation of the lungs, you heard faint rales and crepitations (Norwegian: "knattre-lyder"). Otherwise, you made no special findings at the clinical examination.

	Points
1. What clinical condition do you suspect? a. Intoxication with petroleum fluid – Hydrocarbon poisoning	4
2. Which further examination would you order? a. Chest X-ray	3
3. What are the possible findings of this examination? a. Signs of pneumonitis air trapping atelectasis (may develop later)	1 1 1
4. How would you handle the girl? a. Observation b. Symptomatic treatment of possible respiratory complications	3 3
5. What are the possible complication(s)? "Chemical" pneumonia with persistent atelectasis. Persistent obstructive lung disease	3 1
6. What follow-up would you recommend for the girl? Control thoracic x-ray after two to three weeks	4

Max 24 points

Total score: _____

Student no.

Examinators ID.

STATION NO. 18

Question no.	Correct answer			
1	E			
2	B			
3	D			
4	A			
5	A			
6	E			
7	C			
8	D			
9	A			
10	B			
11	E			
12	A			
13	D			
14	E			
15	A			
16	B			
17	B			
18	E			
19	E			
20	B			
21	B			
22	D			
23	B			
24	A			
25	A			
26	A			
27	A			
28	E			
29	D			
30	D			
31	D			
32	D			
33	C			
34	E			
35	B			
36	A			
37	C			
38	A			
39	E			
40	E			
41	B			
42	B			
43	A			
44	C			
45	C			
46	D			
47	B			
48	A			
49	E			
50	B			
51	D			
52	B			

Station number: 18

Remember to fill in your student ID in the top right-hand corner of this paper

Instructions

There are 52 questions, with five answers each.

Draw a circle around **the one best** answer of the five given. There is only **one best** answer to each question. In some cases, more than one answer might be possible, but you are asked to choose the **best answer**. Other answers, not among the five listed, might also be correct, but you have to choose the best of these five. A circle placed in a way that might cast doubt on which answer is circled, will be disregarded.

Example of correct placement of the circle:

The median age of menopause is around

- A. 30 years
- B. 40 years
- C. 50 years
- D. 60 years
- E. 70 years

1.

During pregnancy the plasma volume increases by

- A. 10%
- B. 20%
- C. 30%
- D. 40%
- E. 50%

2.

Fetal PCO₂ is

- A. 10% lower than maternal PCO₂
- B. 30% higher than maternal PCO₂
- C. 30% lower than maternal PCO₂
- D. The same as maternal PCO₂
- E. Twice the maternal PCO₂

3.

The fetal circulation has different blood saturation values (SaO₂) compared to the newborn. In fetal life a typical SaO₂ value in the umbilical vein is

- A. 50%
- B. 60%
- C. 70%
- D. 80%
- E. 90%

4.

Ductus arteriosus is a fetal vessel that connects the

- A. Pulmonary artery and the aorta
- B. Ductus venosus and the portal vein
- C. Right and left atrium through the foramen ovale
- D. Superior and inferior vena cava
- E. Umbilical vein and the ductus venosus

5.

Plasma triglyceride values in pregnant women compared to non-pregnant women

- A. Increase from 12 weeks onwards to double the non-pregnant value at the end of pregnancy
- B. Increase more the higher the weight gain
- C. Increase during the last 8 weeks to 150% of the non-pregnant value
- D. Are reduced towards the end of pregnancy
- E. Are the same throughout

6.

As a GP, you suspect that your patient, who is 29 weeks pregnant, may have placenta previa. This is because she has

- A. A uterus which feels hard on palpation
- B. Abdominal pain
- C. Decreased fetal movements
- D. Vaginal bleeding and abdominal pain
- E. Vaginal blood spotting without pain

7.

Maintenance of the corpus luteum during early pregnancy is mainly due to the action of

- A. Anti-Müllerian hormone
- B. Cyclic AMP
- C. Human chorionic gonadotropin
- D. Human placental lactogen
- E. Oestriol

8.

Oxygen passes from mother to fetus by

- A. "Uphill" transport
- B. Carrier-mediated diffusion
- C. Facilitated diffusion
- D. Passive diffusion
- E. Transport proteins

9.

When listening to the fetal heart rate at 39 weeks' pregnancy, you count 128 beats per minute, slightly irregular. You suspect

- A. A normal pregnancy
- B. Fetal atrial fibrillation
- C. Fetal extrasystoles
- D. Fetal hypoxemia
- E. The start of labour contractions

10.

Elevated α -fetoprotein in maternal serum is an indication of

- A. Down's syndrome
- B. Neural tube defect
- C. Renal abnormalities
- D. Trisomy 18
- E. Turner's syndrome

11.

Your patient is a 35-year-old para 1. Three months ago you fitted her with a copper IUD. Now, she is three weeks past her expected menstruation, and has a positive pregnancy test. Your first action is to

- A. Advise her to request a pregnancy termination
- B. Inform her that an IUD in the uterus has no consequences for the pregnancy or the fetus
- C. Refer her to a gynaecologist
- D. Refer her for an ultrasound investigation to locate the IUD and confirm the pregnancy
- E. Try to remove the IUD

12.

A baby born at term is born

- A. Between weeks 37 and 42
- B. Between weeks 39 and 41
- C. During week 40
- D. On the term date
- E. On the term date or the two days before or after the term date

13.

A rhesus positive fetus with a rhesus negative mother is at risk for haemolytic disease due to rhesus antibodies passing from the mother to the fetus. This happens after fetal erythrocytes have entered the mother's circulation and induced the production of rhesus antibodies. If the fetal erythrocytes are destroyed quickly in the mother's circulation, the risk of anti-D-production is reduced. Therefore, the risk for haemolytic disease in the fetus is reduced if

- A. The mother has blood group A and the fetus has blood group A
- B. The mother has blood group A and the fetus has blood group O
- C. The mother has blood group AB and the fetus has blood group AB
- D. The mother has blood group O and the fetus has blood group A
- E. The mother has blood group O and the fetus has blood group O

14.

Smoking during pregnancy may lead to

- A. Increased risk of childhood asthma
- B. Increased risk of neural tube defects
- C. Postmaturity
- D. Pre-eclampsia
- E. Reduced birthweight

15.

Neural tube defects can be prevented by the intake of

- A. Folic acid
- B. Omega-3 fatty acids
- C. Oxygen radical inhibitors
- D. Vitamin D
- E. Vitamin C

16.

A 32-year-old lady presents with lower abdominal pain, especially on the right side. She tells you that vaginal bleeding started the same day. Her last menstruation was 6 weeks ago. She usually has some dysmenorrhoea, but this time the pain is much worse and of a different character. What would be your first diagnosis, as a GP?

- A. Appendicitis
- B. Ectopic pregnancy
- C. Endometriosis
- D. Normal menstruation with worse pain than normal because of a longer menstrual cycle
- E. Threatening miscarriage

17.

Which of the following is **not** a risk factor for intrauterine fetal death?

- A. Diabetes
- B. Endurance training
- C. Essential hypertension
- D. High age
- E. Obesity

18.

Pregnant women should avoid eating unwashed fruit and vegetables because of the risk posed to the fetus by

- A. Aflatoxins
- B. Campylobacter infection
- C. E. coli infection
- D. Listeriosis
- E. Toxoplasmosis

19.

A 27-year-old woman wants to start using combined oral contraceptives. Which of the following conditions could be a contraindication to prescription?

- A. Breast cancer in close relatives
- B. CIN treated with a cone biopsy
- C. HIV
- D. Irregular menstrual cycles
- E. Migraine with aura

20.

The most common cause of miscarriage in early pregnancy is

- A. Cervical insufficiency
- B. Fetal genetic anomalies
- C. Infection
- D. Smoking
- E. Uterine anomalies

21.

A pregnancy is more likely to be ectopic

- A. During the first years after menarche
- B. If the patient has an IUD
- C. If the patient has had irregular menstrual cycles
- D. In multiparas
- E. In women who are immunologically compromised

22.

Pregnant women with a high BMI should be screened for diabetes in pregnancy. This is routinely done by

- A. A fasting blood glucose test
- B. A random blood glucose test
- C. HgbA1c
- D. Oral glucose challenge test
- E. Testing for glucosuria after a meal

23.

At her first visit in pregnancy week 9, you find that your patient has Hb 9.7. You order lab tests to diagnose her condition, and when the results are returned, you see that MCV (mean corpuscular volume) is low, MCH (mean corpuscular haemoglobin concentration) is low, ferritin is in the lower part of the normal range, and haematocrit is below normal values. The most likely condition is

- A. Beta-thalassemia
- B. Iron deficiency anemia
- C. Normal pregnancy
- D. Pernicious anemia
- E. Reduced erythropoietin production

24.

At a check-up one week past term, you do a vaginal examination and find that the cervix is effaced. The clinical implication of this is that

- A. Labour induction, if needed, will most likely be successful
- B. There is less risk of an operative vaginal delivery
- C. The fetus is in the occiput anterior position
- D. The latency phase of labour will not be prolonged
- E. Spontaneous labour will start in 1-2 days

25.

At a post-partum visit, your patient, who had her first baby, tells you that it was born by vacuum extraction after she had pushed for more than one hour. She asks you for the most likely reason why the baby had to be helped out. You think that the most likely reason is

- A. Humanitarian – first-time mothers quite often have a long second phase of labour
- B. The baby's head was a little too big for her pelvis
- C. The baby's life was at risk
- D. The second cardinal movement did not occur properly
- E. There was most likely a malpositioning of the head

26.

Vaginal birth is contraindicated in

- A. Placenta previa
- B. Occiput posterior presentation
- C. Face presentation
- D. Women with previous cesarean sections
- E. Pre-eclampsia

27.

A third degree perineal tear carries an augmented risk later in life of

- A. Anal incontinence
- B. Rectocele
- C. Urinary urgency
- D. Vaginal infections
- E. Vaginal vault prolapse

28.

A 34-year-old woman was delivered of her first child by elective Caesarean section at her request because of breech position. In her next pregnancy, the fetus is in a head position, and she has opted for a vaginal delivery. During the first stage of labour the contractions are judged to be insufficient, and progress is slow. The contractions are therefore augmented by oxytocin. Suddenly, she complains of sharp abdominal pain, and her blood pressure falls. What is the most likely diagnosis?

- A. Amniotic embolism
- B. Peripartum cardiomyopathy
- C. Pulmonary embolism
- D. Rupture of an aortic aneurysm
- E. Rupture of the uterine scar

29.

Physiological changes during the first few days after labour include

- A. Decreased blood volume
- B. Decreased urinary output
- C. Increased blood pressure
- D. Increased blood volume
- E. No change in blood volume

30.

In amenorrhoea due to anorexia, there is characteristically

- A. Elevated LH
- B. Elevated testosterone
- C. Low oestradiol and high FSH
- D. Low oestradiol and low FSH
- E. Normal oestradiol and low progesterone

31.

A 16-year-old girl complains of irregular and sometimes very heavy and long-lasting menstrual bleeding. The most probable diagnosis is

- A. Endometriosis
- B. Fibromyomas
- C. Genital infection
- D. Anovulatory periods
- E. Uterine malformation

32.

Menorrhagia can be treated by

- A. Cyclic progestins
- B. Cyproterone
- C. Misoprostol
- D. NSAIDs
- E. Paracetamol

33.

A long-term consequence of PCOS (polycystic ovarian syndrome) may be

- A. Breast cancer
- B. Chronic obstructive pulmonary disease
- C. Endometrial carcinoma
- D. Osteoporosis
- E. Ovarian cancer

34.

To diagnose PCOS, the Rotterdam criteria are used. This means that to diagnose the condition, two of three criteria must be present. Two of the criteria are: 1) polycystic ovaries, 2) clinical and/or biochemical signs of hyperandrogenism. Which is the third criterion?

- A. Acne
- B. Hypertrichosis
- C. Infertility
- D. Obesity
- E. Oligo- or anovulation

35.

A 23-year-old woman presents with multiple painful ulcerations in her genital area. This started 3 days ago with a tingling sensation, and has become worse. She has dysuria. She has a new male sexual partner, and has not used condoms. Your first differential diagnosis would be

- A. Chancroid
- B. Genital herpes
- C. HIV
- D. MRSA
- E. Syphilis

36.

Demonstration of clue cells microscopically is a test for

- A. Bacterial vaginosis
- B. CIN
- C. Premature rupture of the membranes
- D. Threatened premature labour
- E. Trichomoniasis

37.

A 28-year-old woman who is sexually active with men presents with a 4-day history of intense vaginal itching, accompanied by a thick, whitish discharge. The most probable diagnosis is

- A. Allergic vaginitis
- B. Bacterial vaginosis
- C. Candida albicans infection
- D. Neisseria gonorrhoea infection
- E. Trichomonas infection

38.

A 21-year-old female university student presents with a history of abdominal pain lasting for about 24 hours. It started with nausea and vomiting and diffuse abdominal pain. Now, the pain is located in the lower right abdomen. She has a low-grade fever. What is the most probable diagnosis?

- A. Acute appendicitis
- B. Ectopic pregnancy
- C. Pelvic inflammatory disease
- D. Ruptured ovarian cyst
- E. Torsion of ovarian cyst

39.

At a gynaecological examination performed in connection with a routine Pap smear in a 37-year-old asymptomatic woman, you suspect a fibroid in the uterine fundus region. This is confirmed by an ultrasound examination. The fibroid measures 2x3 cm, and is located on the posterior wall of the uterus in the fundus region. The best treatment for this would be

- A. A progestin-releasing IUD
- B. Hysterectomy
- C. Laparoscopic myomectomy
- D. Mifepristone
- E. No treatment is indicated

40.

A 31-year-old female nurse presents with a history of worsening menstrual pain. You suspect that she may have endometriosis. Which of the following is not associated with endometriosis?

- A. A history of endometriosis in siblings
- B. Chronic pelvic pain
- C. Cyclic pelvic pain
- D. Dysmenorrhea
- E. Late menarche

41.

A 28-year-old woman presents complaining of dull, low-grade pelvic pain. An ovarian cyst measuring 3x4 cm is diagnosed. You recommend

- A. Combined oral contraceptives
- B. "Watchful waiting" and follow-up with a new examination in 3 months
- C. Insertion of a progestin-releasing IUD
- D. Laparoscopic removal
- E. Ultrasound-guided puncture

42.

A risk factor for ovarian cancer is

- A. Diabetes
- B. Increasing age
- C. Multiparity
- D. Obesity
- E. Smoking

43.

Postmenopausal bleeding is a symptom of endometrial cancer. What is the percentage of women with postmenopausal bleeding who have endometrial cancer?

- A. 5-10%
- B. 10-20%
- C. 20-30%
- D. 30-40%
- E. More than 40%

44.

A 32-year-old woman presents because of inability to conceive. She has one child, delivered by Caesarean section. There were no complications postoperatively. Her menstrual periods are regular. Her present husband is not the father of her child. The husband is 35 years old, in good health and has no previous children. The couple stopped using contraceptives one year ago. What would be the most sensible first test to do?

- A. Laparoscopic examination of the fallopian tubes
- B. Luteal phase serum progesterone
- C. Semen analysis
- D. Serum FSH
- E. Vaginal ultrasound

45.

Hormonal post-coital contraception acts mainly through

- A. Creating a spermicidal environment
- B. Inhibition of fertilization
- C. Inhibition of ovulation
- D. Interference with endometrial implantation
- E. Interference with transportation of the blastocyst

46.

A 39-year-old school teacher, with no previous illnesses, pregnant in week 36 with her first baby, reports to you, who are her GP, because of pain of some hours' duration, located in the upper part of the abdomen. There is no vaginal bleeding. You do a quick examination and find that her uterus is soft, without tenderness. You saw her last one week ago, and all was well at that time. Her blood pressure one week ago was 135/85 and her urine was normal. The size of her uterus was normal, and the fetal heart sounds were 124 per minute, regular. What would be your next investigation?

- A. Auscultation of her heart
- B. Listen for fetal heart sounds
- C. Listen for intestinal sounds
- D. Measure her blood pressure
- E. Palpate the epigastrium

47.

A 51-year-old nurse working in a busy hospital department had her last menstrual period one year ago. She is bothered by hot flushes, which interfere with her sleep and make her sweat several times a day. She is married. She has two grown-up children and one grandchild. She had an appendectomy several years ago. She is allergic to pollen, and has to use an antihistamine in the spring. You are her GP, and she asks for your opinion on treatment for her hot flushes. You would recommend

- A. 17 beta-oestradiol
- B. 17 beta-oestradiol and norethisterone acetate
- C. Ethinyl oestradiol and drospirenone
- D. Low-dose antidepressant
- E. No treatment necessary, this is a normal condition and will go away in a short time

48.

A 28-year-old married nursery school teacher consults you as her GP because she wants to have a baby, and her husband's work keeps him often away from home. She wants to know on which days of her menstrual cycle she is most likely to conceive. You advise her that this is

- A. From five days before to the day of her ovulation
- B. From one week before to one week after her ovulation
- C. From the end of a menstrual period to her ovulation
- D. From three days before to three days after her ovulation
- E. Impossible to predict

49.

The luteal phase is

- A. The first month of a pregnancy
- B. The first year after menopause
- C. The last few years before menopause
- D. The time from a menstrual period to the next ovulation
- E. The time from ovulation to the next menstrual period

50.

The most important oestrogen produced by the ovary is

- A. Ethinyl oestradiol
- B. Oestradiol
- C. Oestriol
- D. Oestrone
- E. Premarin

51.

If a nucleated oocyte is fertilized by two sperm, the result is

- A. A choriocarcinoma
- B. A complete hydatid mole
- C. An ectopic pregnancy
- D. A partial hydatid mole
- E. A triploid fetus

52.

Primary dysmenorrhea is caused by

- A. A narrow cervical canal
- B. Contraction of uterine muscle
- C. Endometriosis
- D. Fibromyomas
- E. Passage of blood clots