MULTIPLE CHOICE

GYNECOLOGY - MIXED EXAM - ANSWER KEY

1. Adenomyosis is most commonly seen in women with which of the following?

A. Postmenopausal hormone withdrawal alone
B. Premenarchal age
C. A history of prior uterine surgery, such as cesarean section or myomectomy, and multiparity
D. Lifelong nulliparity with no uterine instrumentation

2. What are the typical symptoms of a mild case of ovarian hyperstimulation syndrome?

A. Hypotension and oliguria
B. Pleural effusion and severe dyspnea
C. Hemoconcentration and thromboembolism
D. Mild lower abdominal pain and back pain

3. Which of the following is one of the most common gynecologic diseases in reproductive-age women?

A. Ovarian dysgerminoma
B. Granulosa cell tumor
C. Endometriosis
D. Choriocarcinoma

4. Is the urinary bladder located anterior or posterior to the pubic symphysis?

A. Anterior
B. Posterior

5. What is the typical size of the postmenopausal uterus?

A. 3.5 to 5.5 cm long by 2 to 3 cm wide
B. 6 to 8 cm long by 3 to 5 cm wide
C. 1 to 3 cm long by 0.5 to 1 cm wide
D. 8 to 10 cm long by 5 to 6 cm wide

6. Which portion of the uterus is the largest?

A. Body (corpus)
B. Isthmus
C. Fundus
D. Cervix

7. If one ovary has more than twice the volume of the contralateral ovary, this finding is considered:

A. Abnormal and warrants further evaluation
B. Diagnostic of pregnancy
C. Diagnostic of ovarian torsion
D. A normal variant

8. Which sonographic features are most characteristic of a tubo-ovarian abscess?

A. A complex multiloculated adnexal mass with posterior acoustic enhancement, fluid-debris levels, and dirty shadowing from gas
B. A homogeneously echogenic solid mass with peripheral calcification
C. A hypoechoic uterine intramural mass with whorled echotexture
D. A purely anechoic thin-walled cyst with no internal echoes

9. The uterine artery arises from which vessel?

A. The anterior division of the internal iliac artery
B. The posterior division of the internal iliac artery
C. The external iliac artery
D. The ovarian artery

10. Which of the following best describes the typical contents of an ovarian dermoid (mature cystic teratoma)?

A. Sebaceous fluid, hair, cartilage, bone, and teeth
B. Mucinous fluid within multiple thin-walled locules
C. Old blood products and endometrial glands
D. Serous fluid with papillary projections from the wall

11. Which of the following best describes the spectrum of sonographic findings in pelvic inflammatory disease?

A. Ovarian torsion, dermoid cyst, and endometrioma
B. Endometritis, periovarian inflammation, salpingitis, pyosalpinx or hydrosalpinx, and tubo-ovarian abscess
C. Endometrial polyp, leiomyoma, and adenomyosis
D. Theca lutein cysts and bilateral ovarian fibromas

12. Does increasing patient age increase or decrease the incidence of ovarian malignancy?

A. Increases
B. Decreases

13. Endometriosis is classically divided into which two forms?

A. Internal (adenomyosis) and external
B. Primary and secondary
C. Acute and chronic
D. Benign and malignant

14. The vagina receives its blood supply from which two sources?

A. Branches of the uterine artery and the internal iliac artery
B. Branches of the inferior epigastric and superior vesical arteries
C. Branches of the ovarian artery and the external iliac artery
D. Branches of the abdominal aorta and the common femoral artery

15. The anterior cul-de-sac is also known as which of the following?

A. Pouch of Douglas
B. Vesicouterine pouch (recess)
C. Rectouterine pouch
D. Space of Retzius

16. What are the typical clinical findings in women with theca-lutein cysts?

A. Nausea and vomiting
B. Acute severe unilateral pelvic pain with absent ovarian blood flow
C. Postmenopausal vaginal bleeding
D. Hirsutism, obesity, and oligomenorrhea

17. If fertilization does not occur, the corpus luteum begins to degenerate at approximately what time after ovulation?

A. 5 to 7 days after ovulation
B. 20 to 22 days after ovulation
C. 1 to 2 days after ovulation
D. 9 to 11 days after ovulation

18. Ovarian hyperstimulation syndrome is classified into which three clinical forms?

A. Type 1, type 2, and type 3
B. Mild, moderate, and severe
C. Stage I, stage II, and stage III
D. Acute, subacute, and chronic

19. Which muscles are the principal muscles of the false pelvis?

A. Piriformis and obturator internus muscles
B. Pubococcygeus and puborectalis muscles
C. Levator ani and coccygeus muscles
D. Psoas major and iliacus muscles

20. True or false? An ovarian mass with complete absence or minimal diastolic flow is usually malignant.

A. False
B. True

21. What is the peak age range for ovarian carcinoma?

A. 75 to 79 years
B. 55 to 59 years
C. 35 to 39 years
D. 25 to 29 years

22. Which structure within the ovary secretes progesterone?

A. Primordial follicles
B. Corpus luteum
C. Corpus albicans
D. Graafian follicle

23. Which sonographic technique should be used to assess the vascularity of a uterine fibroid?

A. Pulse-inversion contrast B-mode only
B. Tissue elastography only
C. Color or spectral Doppler imaging
D. Harmonic imaging only

24. What is another term for an endometrioma?

A. Mucinous cyst
B. Dermoid cyst
C. Serous cystadenoma
D. Chocolate cyst

25. Which acquired condition obstructs the cervical canal?

A. Cervical incompetence
B. Cervical agenesis
C. Cervical stenosis
D. Cervical ectropion

26. Which organisms most commonly cause pelvic inflammatory disease (PID)?

A. Escherichia coli and Klebsiella pneumoniae
B. Mycobacterium tuberculosis and Treponema pallidum
C. Candida albicans and Trichomonas vaginalis
D. Chlamydia trachomatis and Neisseria gonorrhoeae

27. Are malignant germ cell tumors of the ovary rare?

A. No
B. Yes

28. Which term is also used to describe the internal form of endometriosis?

A. Indirect form
B. Endometrioma
C. Chocolate cyst
D. Direct form (adenomyosis)

29. Endometritis is most often associated with which of the following clinical settings?

A. Use of combined oral contraceptives
B. Pelvic inflammatory disease, recent uterine instrumentation, or the postpartum state
C. Long-standing endometriosis
D. Polycystic ovarian syndrome

30. Can patients carrying three or more fetuses after in vitro fertilization elect to undergo fetal reduction?

A. Only after 24 weeks gestation
B. Yes - multifetal pregnancy reduction is an available option after IVF with high-order multiples
C. Only if the pregnancy is conceived spontaneously
D. No - fetal reduction is not offered after IVF

31. In gynecologic imaging, the abbreviation SIS stands for which of the following?

A. Subserosal infarction syndrome
B. Salpingo-infusion sonogram
C. Sonographic infertility study
D. Saline-infused sonography

32. A patient cannot feel the strings of her IUD at the cervix. What is the most likely cause?

A. The IUD has dissolved within the cavity
B. The IUD has eroded into the bladder
C. The strings have retracted into the uterus or detached from the device
D. The IUD has migrated to the contralateral fallopian tube

33. What is the optimal mean diameter of a mature ovarian follicle ready for ovulation?

A. Approximately 30 mm
B. Approximately 5 mm
C. Approximately 10 mm
D. Approximately 20 mm

34. Adenomyosis more commonly involves which aspect of the uterus?

A. Posterior wall
B. Cervix
C. Anterior wall
D. Fundus only

35. True or false? Endometrial polyps are seen more frequently in menstruating reproductive-age women than in perimenopausal or postmenopausal women.

A. True
B. False

36. What is the preferred bladder state for a transvaginal pelvic ultrasound examination?

A. Bladder state does not matter
B. Empty bladder
C. Fully distended bladder
D. Partially filled bladder

37. After ovulation, which structure is the primary source of progesterone?

A. Theca interna of antral follicles
B. Corpus luteum
C. Anterior pituitary gland
D. Adrenal cortex

38. Which theory is most often proposed to explain the development of endometriosis?

A. Direct hematogenous spread from the endometrium to distant organs only
B. A purely autoimmune destruction of pelvic peritoneum
C. Retrograde menstruation, with menstrual fluid flowing back through the fallopian tubes into the pelvis (transtubal migratory theory)
D. Congenital ectopic endometrial tissue present from birth in all patients

39. Which muscles together form the pelvic floor (pelvic diaphragm)?

A. Piriformis and obturator internus muscles
B. Rectus abdominis and transversus abdominis muscles
C. Levator ani and coccygeus muscles
D. Psoas major and iliacus muscles

40. Another term for the rectouterine recess is the:

A. Space of Retzius
B. Anterior cul-de-sac (vesicouterine pouch)
C. Posterior cul-de-sac (pouch of Douglas)
D. Morrison pouch

41. Why is correctly diagnosing a uterine arteriovenous malformation prior to any procedure clinically critical?

A. Because a dilation and curettage performed on an AVM can cause life-threatening hemorrhage

B. Because untreated AVMs always progress to malignancy
C. Because AVMs cause infertility that is irreversible
D. Because AVMs spontaneously rupture into the peritoneum within 24 hours

42. What term describes bands of scar tissue that can obstruct the fimbriae of the fallopian tubes?

A. Pelvic adhesions
B. Endometriotic implants
C. Hydrosalpinx
D. Intrauterine synechiae

43. Which is the innermost layer of the uterine wall?

A. Endometrium
B. Myometrium
C. Parametrium
D. Perimetrium (serosa)

44. Which technique is used to better delineate a structure within the endometrial cavity?

A. Color Doppler of the uterine arteries
B. Computed tomography of the pelvis
C. Three-dimensional transabdominal ultrasound
D. Saline-infused sonohysterography (SIS)

45. What is the role of ultrasound in vaginal carcinoma?

A. Ultrasound has no role at any stage of vaginal carcinoma evaluation
B. Ultrasound is used primarily for screening asymptomatic women for vaginal carcinoma
C. Ultrasound is the diagnostic test of choice for vaginal carcinoma
D. Ultrasound cannot diagnose vaginal carcinoma but can play a role in staging and detecting local extension

46. Which type of fibroid arises from the myometrium and projects exophytically from the uterine serosa?

A. Intracavitary fibroid
B. Intramural fibroid
C. Subserosal fibroid
D. Submucosal fibroid

47. Which congenital uterine anomaly presents with two endometrial cavities and a single fundus (no fundal cleft)?

A. Uterine didelphys
B. Unicornuate uterus
C. Bicornuate uterus
D. Septate uterus

48. Which internal os diameter on hysterosalpingography is considered diagnostic of cervical stenosis?

A. Less than 3 mm
B. Less than 5 mm
C. Less than 8 mm
D. Less than 1 mm

49. In a premenopausal woman, which combination is a recognized risk factor for endometrial carcinoma?

A. Long-term combined oral contraceptive use
B. Multiparity with regular ovulatory cycles
C. Obesity with chronic anovulatory cycles
D. Early menopause before age 45

50. In what relationship do the common iliac arteries course relative to the psoas muscles?

A. Posterior and medial to the psoas muscles
B. Directly through the psoas muscles
C. Anterior and lateral to the psoas muscles
D. Anterior and medial to the psoas muscles