

1. An 18 year old female with a history of recent unprotected sex has purulent vaginal discharge and dysuria. What is the appropriate treatment?	Ceftriaxone and azithromycin to cover both gonorrhea and chlamydia	13. A 27 year old woman presents concerned she is infertile. What is the period of time she must actively attempt to get pregnant before she can be considered for infertility testing?	12 months
2. A 22 year old female has a history of an ASC-US PAP and HPV positive test. Which cancer does she have an increased risk for developing?	Cervical cancer	14. A 28 year old female presents with finds small flesh colored "cauliflower-like" painless lesions. What is the most likely causative agent?	Human Papillomavirus (HPV)
3. A 22 year old female presents with clear genital blisters which open to form multiple coalescing shallow ulcers. The ulcerated areas are painful. What is the most likely diagnosis?	Genital Herpes	15. A 28 year old female presents with hypertension and edema and now has seizures. What diagnosis may be confirmed?	Eclampsia (Preeclampsia is HTN and edema without seizures)
4. A 23 year old female has oligomenorrhea and hirsutism. Pelvic US shows enlarged ovaries with a "string of pearls" appearance. What is the likely diagnosis?	Polycystic Ovarian Syndrome	16. A 28 year old female presents with two painful ulcerated genital lesions and inguinal lymphadenopathy. What is the most likely causative agent?	Haemophilus ducreyi (Chancroid)
5. A 23 year old female presents with frothy grey-white malodorous discharge. Wet prep finds flagellated protozoa. What treatment is indicated?	Metronidazole or tinidazole for patient with trichomonas	17. A 28 year old pregnant patient presents concerned about "leaking" fluid. The fluid has a positive Fern test. What is the most likely diagnosis?	Premature rupture of membranes
6. A 23 year old pregnant female presents for her prenatal visit. What should be checked at every prenatal visit?	Fetal movement - Blood pressure - Fundal height - Fetal heart tones - Urinalysis	18. A 29 year old female is O negative. The father has AB positive blood type. What complication of pregnancy is she at risk for?	Rh incompatibility
7. A 24 year old female has a painless, firm, rubbery unilateral breast mass. Ultrasound shows a solid lesion, Bx is negative. What is the most likely diagnosis?	Fibroadenoma	19. A 30 year old female presents complaining of bilateral swollen painful breasts prior and during menses. What is the most likely diagnosis?	Fibrocystic breast disease
8. A 25 year old female has an ASC-US PAP and HPV positive test. What is the most appropriate next step?	Colposcopy	20. A 31 year old had her LMP 6 weeks ago and has a beta HCG level of 100,000. Ultrasound shows a "snowstorm pattern". What is the most likely condition?	Gestational Trophoblastic Disease
9. A 26 year old female has painful periods after she had recovered from a pelvic infection. Is her dysmenorrhea considered to be primary or secondary?	Secondary	21. A 50 year old female has a descended uterus with the cervix positioned beyond the hymen. What grade is her uterine prolapse?	Grade 3
10. A 26 year old female presents concerned about white milky bilateral nipple discharge. What are the initial indicated laboratory tests?	Prolactin - TSH - betaHCG	22. A 68 year old female is diagnosed with a rectocele. What conservative treatment would you recommend?	Kegel exercises - Pelvic floor retraining - Behavioral changes - Bowel regimen
11. A 26 year old pregnant female at 39 weeks with regular contractions is 5 centimeters dilated and 50% effaced. What phase of Stage 1 labor is she in?	Active Phase	23. A 74 year old female presents with bulging of the anterior wall of the vagina on exam and voiding dysfunction. What is the most likely diagnosis?	Cystocele
12. A 27 year old female has Atypical Squamous Cells of Undetermined Significance (ASC-US) on her PAP. What test should be ordered next?	HPV by hybrid 2 capture	24. Almost all uterine fibroids are benign. What type of cancer occurs in the case of a malignant fibroid?	Leiomyosarcoma
		25. Clumpy cheesy thick white vaginal discharge associated with vaginal itching burning erythema?	Candida vaginitis

26. Common side effects of emergency contraception?	Nausea - Vomiting - Irregular bleeding - Headache - Breast tenderness - Fatigue	41. How does vaginal pH affect a woman's chance of getting vaginal candidiasis?	Lower pH (<4.5) increases the chance of vaginal candidiasis
27. Define Abruptio Placenta.	Premature separation of the placenta from the uterine wall	42. How do you cure a woman with preeclampsia?	Delivering the fetus will cure preeclampsia
28. Define primary amenorrhea.	Absence of menstruation by age 16	43. How do you diagnose endometrial cancer?	Endometrial biopsy
29. Define the type of abortion? 20 weeks gestation with vaginal bleeding and no cervical dilation.	Threatened abortion	44. How do you diagnose menopause?	Lack of menses x 12 months - FSH >30 - Low estradiol levels
30. Define the type of abortion? Less than 20 weeks gestation with vaginal bleeding some tissue in vagina tissue in the uterus and dilated cervix.	Incomplete abortion	45. How many weeks gestation does a fundal height at the level of the umbilicus represent?	20 weeks gestation
31. Define the type of abortion? Less than 20 weeks pregnant with pregnancy tissue seen in vagina an empty uterus and dilated cervix?	Inevitable abortion	46. How often is Depo Provera injection required for contraception maintenance?	Every 12 weeks
32. Define the type of abortion? No symptoms no cervical dilation in female less than 20 weeks gestation no heartbeat seen in gestational sac.	Missed abortion	47. If uterine massage fails to stop postpartum hemorrhage, what medications may be used?	Oxytocin - Methylergonovine - Carboprost tromethamine
33. Emergency contraception is available over the counter provided the patient is at least _____ years old?	As of April 2016 there is no age restriction	48. Implantation of placenta over the cervical os is called?	Placenta Previa
34. An expectant mother has a blood type of B positive. How should you manage her case in regards to Rh incompatibility?	No concern (Rh positive mothers will not have Rh incompatibility)	49. Is the cause of infertility more likely to be a female factor or a male factor?	65% of infertility is due to a female factor
35. Greenish/yellow vaginal discharge associated with fishy odor and clue cells on a wet prep?	Bacterial vaginosis	50. Leakage of amniotic fluid prior to 37 weeks gestation?	Premature Rupture of membranes
36. Growth of endometrial tissue/stroma outside of the uterus in aberrant locations?	Endometriosis	51. Lifetime risk for women for developing breast cancer?	1 in 8 (12%)
37. High risk types of HPV virus?	HPV types 16 & 18	52. List the "3D's" of endometriosis symptoms.	Dyspareunia - Dyschezia - Dysmenorrhea
38. How does a patient's history regarding pregnancy, menarche and menopause affect her chances of developing breast cancer?	Nulliparity, early menarche and late menopause all increase breast cancer risk	53. List the 4 antihypertensive drugs used in pregnancy.	Alpha-methyldopa - Hydralazine - beta blockers - Calcium channel blockers
39. How does a woman's endometrial cancer risk change in respect to her history of pregnancy, her age of menarche and her age of menopause?	Nulliparity - Early menarche - Late menopause all increase endometrial cancer risk	54. List the more common endometriosis symptoms.	Abnormal vaginal bleeding - Pelvic pain - Dyspareunia - Infertility - Pain with BM or urination
40. How does vaginal pH affect a woman's chance of getting bacterial vaginosis?	Increased pH (>4.5) increases the chance of getting bacterial vaginosis	55. List the treatment options for premenstrual syndrome?	NSAIDs - Selective serotonin reuptake inhibitors - Oral contraceptives - Calcium - Exercise
		56. List the two available HPV vaccines.	Gardasil and Cervarix
		57. Medication often used to treat stable ectopic pregnancy?	Methotrexate
		58. Medication used to induce ovulation?	Clomiphene
		59. Most common causes of post partum hemorrhage?	Uterine atony (laceration is the second most common cause)

60. Most common organism in bacterial vaginosis?	Gardnerella vaginalis	78. Painful ulcerated lesion on vulva or perineal area?	Chancroid
61. Most common organism seen with toxic shock syndrome?	Staph aureus	79. Painless firm solitary/mobile well defined breast lump in young women?	Fibroadenoma
62. Most common site of ectopic pregnancy?	Fallopian tubes	80. Pap smear comes back with ASCUS. What's next step?	HPV testing
63. Most common solid benign pelvic tumor in women?	Leiomyoma (Uterine fibroids)	81. A patient at 39 weeks gestation has abdominal pain and vaginal bleeding. Fetal monitoring shows a heart rate of 70. What is the most likely diagnosis?	Abruptio placentae
64. Most common surgical treatment for symptomatic leiomyoma?	Hysterectomy	82. Patient has active HPV lesions what is the baby at risk for developing	The child may develop warts on his vocal cords and other areas sometime in infancy or childhood. This condition is called recurrent respiratory papillomatosis, is very serious, but fortunately it's also rare
65. Most common type of endometrial cancer?	Adenocarcinoma	83. Patients with severe eclampsia may develop HELLP syndrome. What does HELLP stand for?	Hemolysis - Elevated Liver enzymes - Low Platelets
66. Most common type of Gyn malignancy?	Endometrial cancer	84. Pelvic inflammatory disease is often polymicrobial. What are the three most common organisms associated with pelvic inflammatory disease?	Neisseria gonorrhoea - Chlamydia trachomatis - Mycoplasma spp.
67. The mother of a 12 year old female patient is inquiring about HPV vaccine? Is her daughter eligible for the vaccine?	Yes. Ages 9-26 are eligible for vaccine	85. Preferred treatment for atrophic vaginitis?	Topical estrogen cream
68. Name 2 preferred treatments for dysmenorrhea	NSAIDs - Oral contraceptives	86. Preferred treatment for gestational diabetes?	Insulin
69. Name common causes of secondary amenorrhea.	Pregnancy - Thyroid disease - PCOS - Medication/drugs	87. A pregnant patient has a 2 hour blood glucose of 104 on her glucose tolerance test at 28 weeks. What is the most appropriate next diagnostic test to order?	3 hour glucose tolerance test
70. Name the 7 Cardinal stages of labor?	Engagement of the head - Descent - Flexion - Internal rotation - Extension - External rotation - Expulsion	88. Premature ovarian failure is defined as the onset of menopause less than _?_ years old.	< 40 years old
71. Name the common causes of cervicitis.	Chlamydia - Gonorrhoea - Trichomonas - Herpes - HPV	89. Primary amenorrhea is defined as the absence of menses by what age?	Primary amenorrhea is defined as absence of menstruation by age 16
72. Name the emergency contraception which is available over the counter?	Plan B and its generic forms (Take Action, Next Choice One Dose and My Way) are approved for unrestricted sale on store shelves.	90. Risk factors for Shoulder dystocia?	Fetal Macrosomia - Diabetic mother - Maternal obesity - Postdate pregnancy
73. Name the syndrome in which a patient with pelvic inflammatory disease develops RUQ pain pleuritic chest pain and a tender liver.	Fitz-Hugh-Curtis syndrome	91. Screening test for high risk women for breast cancer?	Mammogram and MRI
74. Name two oral treatments given for vaginal herpes?	Acyclovir and valacyclovir		
75. A newborn is pink, has a heart rate of 110, good respiratory effort, some flexion and grimaces when suctioned. What is the APGAR score?	8		
76. Organism that causes Chancroid?	Haemophilus ducreyi		
77. Painful swollen lumpy breast bilaterally usually before menses?	Fibrocystic breast disease (or fibrocystic changes)		

92. Second leading cause of cancer death in women?	Breast cancer	110. What are the 5 APGAR assessments in the newborn?	Activity (muscle tone) - Pulse - Grimace (reflex irritability) - Appearance (skin color) - Respirations
93. Single painless chancre of the genitalia?	Primary Syphilis	111. What are the potential complications of gonorrhea infection?	Pelvic inflammatory disease - Septic arthritis - Perihepatitis - Infertility
94. Symptoms seen in patients with Leiomyoma?	Range from asymptomatic to irregular/abnormal-heavy uterine bleeding pelvic pressure/pain back pain urinary symptoms	112. What are the recommended treatment options for chlamydia?	Azithromycin or doxycycline
95. Treatment for breast abscess?	I & D and antibiotics (e.g. cephalexin)	113. What are the three D's of endometriosis which describe symptoms?	Dyspareunia - Dyschezia - Dysmenorrhea
96. Treatment for chancroid?	Azithromycin ceftriaxone or ciprofloxacin	114. What are the three findings which are consistent with fetal asphyxia?	Evidence on neonatal neurological sequelae - pH 5 minutes
97. Treatment for genital herpes?	Acyclovir valacyclovir or famciclovir	115. What bone disorder must be screened for all postmenopausal women?	Osteoporosis
98. Treatment for Incompetent cervix?	Cervical cerclage	116. What causes genital herpes?	Herpes simplex virus (HSV) type 1 or 2
99. Treatment for Rh incompatibility?	RhoGAM (Rh Immune globulin) at 28 weeks gestation and postnatally in non-sensitized patient	117. What condition should patients who have recurrent 2nd trimester miscarriages be evaluated for?	Incompetent cervix
100. Treatment for Trichomonas vaginitis?	Metronidazole vaginal or oral	118. What differentiates preeclampsia from eclampsia?	Eclampsia is preeclampsia with seizure (HTN - Proteinuria - Seizure)
101. Treatment of Fibrocystic breast disease?	NSAIDs - Heat or ice - Supportive bra - Decrease caffeine/chocolate	119. What do a lecithin to sphingomyelin ratio > 2:1 and presence of the pulmonary surfactant phosphatidylglycerol represent?	Fetal lung maturity
102. Treatment of Syphilis in early stages (< 1 year)?	Penicillin G 2.4 million units X 1	120. What does a snow storm pattern on US likely represent?	Gestational Trophoblastic Disease
103. Treatment options for endometriosis?	NSAIDs - Oral contraceptives - Danazol - GnRH agonists (e.g. leuprolide)	121. What does the term procidentia of the uterus refer to?	Complete prolapse of the uterus
104. Vaginal bleeding in a post-menopausal women is _____ until proven otherwise?	Endometrial cancer	122. What do the following define? Weight gain edema mood changes breast tenderness 1-2 weeks before menstruation?	Premenstrual Syndrome
105. Virus associated with cervical cancer?	Human papillomavirus (HPV)	123. What electrolyte should be given to a patient who has eclampsia?	Magnesium sulfate
106. What 3 markers are screened in the triple screen test to look for potential birth defects?	Maternal AFP - Estriol - HCG	124. What hormone would be most definitive in diagnosing menopause in a 54 year old female with amenorrhea?	FSH levels > 30
107. What 4 markers are screened in the pregnant female in the Quad screen?	Maternal AFP - Estriol - HCG - Inhibin A	125. What is a normal fetal heart rate?	Normal fetal heart rate is 120-160 - < 120 for > 10 minute = bradycardic - > 160 for > 10 minutes = tachycardic
108. What antibiotics may be considered in a patient with mastitis and concern for MRSA?	Clindamycin or trimethoprim-sulfamethoxazole		
109. What are some risk factors which would increase the chance for shoulder dystocia?	Fetal macrosomia - Diabetes - Maternal obesity - Postdate pregnancy - Prolonged second stage of labor		

126. What is a turtle sign during delivery and what does it indicate?	Shoulder dystocia (Turtle sign-retraction of the delivered head against the maternal perineum)	140. What is the most common organism that causes mastitis?	Staph aureus
127. What is considered to be the gold standard for screening patients for breast cancer?	Mammogram	141. What is the most common type of breast cancer?	Ductal carcinoma is seen in 85% of cases
128. What is likely in a non-pregnant female with galactorrhea and visual field loss?	Pituitary adenoma	142. What is the most likely cause of excessive uterine bleeding with no demonstrable organic cause?	Anovulation or endocrine abnormality
129. What is McRobert's Maneuver?	Used to manage shoulder dystocia during delivery of the infant. Maternal legs are removed from stirrups and sharply flexed upon the abdomen.	143. What is the most likely condition in a patient who has a fundal height and an alpha-fetoprotein which are greater than expected for her due date?	Multiple gestation
130. What is most likely with absent fetal heart tones, vaginal bleeding and a beta HCG level lower than expected for gestation?	Spontaneous abortion	144. What is the most likely disorder in a bleeding pregnant patient with an extremely elevated beta HCG?	Gestational Trophoblastic Disease
131. What is Nägele' s rule?	Used to calculate EDC in pregnant woman: 1st day of LMP + 1 year + 7 days - 3 months	145. What is the most likely disorder in a bleeding pregnant patient with a suboptimal rise in beta HCG?	Abortion
132. What is the chromosomal makeup of the benign cystic teratoma?	46XX	146. What is the most likely Dx? Young female with no intrauterine pregnancy by US and elevated beta HCG.	Ectopic pregnancy
133. What is the Dx? Abnormal vaginal bleeding elevated beta HCG absent fetal heart tones passage of grape like vesicles and hyperemesis gravidarum?	Molar pregnancy (AKA: Gestational trophoblastic disease)	147. What is the name of the causative organism of syphilis?	Treponema pallidum
134. What is the Dx? Foul vaginal discharge with motile flagella on a wet prep?	Trichomonas	148. What is the name of the syndrome in which a patient with pelvic inflammatory disease has right upper quadrant pain, pleuritic chest pain and a tender liver?	Fitz-Hugh-Curtis
135. What is the first line antibiotic for a septic patient with toxic shock syndrome from a retained tampon?	IV clindamycin	149. What is the number 1 cause of secondary amenorrhea?	Pregnancy
136. What is the mode of delivery for a complete placenta previa?	C-section	150. What is the preferred treatment for Gonorrhea?	Ceftriaxone
137. What is the most common causative agent in a patient with a breast abscess?	Staphylococcus aureus	151. What is the presence of clue cells on a wet prep associated with?	Bacterial vaginosis
138. What is the most common cause of postpartum hemorrhage?	Uterine atony	152. What is the recommended treatment for syphilis in a penicillin allergic non pregnant patient?	Oral doxycycline or azithromycin
139. What is the most common cause of secondary amenorrhea?	Pregnancy	153. What is the recommended treatment for syphilis in a penicillin allergic pregnant patient?	Desensitize and treat with PCN
		154. What lab test is used to diagnose premature rupture of membranes?	Nitrazine strip test and/or fern test on slide
		155. What medication is used for seizure prophylaxis in preeclampsia and seizure treatment in eclampsia?	Magnesium
		156. What medication is used in the emergency contraception pill?	Levonorgestrel
		157. What medication may be used for ectopic pregnancy if surgical management is not appropriate?	Methotrexate

158. What mother/father blood types may lead to Rh incompatibility?	Rh - (negative) mother with an Rh + (positive) father	175. What vaccines should always be avoided during pregnancy?	All live vaccines (e.g. MMR and Varicella)
159. What must always be ruled out in postmenopausal women with vaginal bleeding?	Endometrial cancer	176. When is APGAR score assessed?	At 1 min and 5 min after birth (Normal score is 7-10 - Score of < 7 needs to be evaluated further)
160. What must be considered in female patient complaining of feeling a bulge in the vagina and pelvic pressure?	Uterine prolapse - Cystocele	177. When is the follicular phase of the menstrual cycle?	Days 1-14
161. What organism causes syphilis?	Treponema Pallidum	178. When is the luteal phase of the menstrual cycle?	Days 15-28
162. What physical exam findings are most important in determining the cause of primary amenorrhea?	Development of sexual characteristics	179. When prescribing a contraceptive method, what four parameters must be considered?	Effectiveness - Safety - Reversibility - Acceptability
163. What sexually-transmitted virus increases a woman's chance of getting cervical cancer?	Human papillomavirus	180. When should a pregnant women have screening for gestational diabetes?	28 weeks gestation
164. What specific preconception counseling should be given regarding folic acid?	Folic acid should be supplemented at a minimum of 400 mcg	181. When should a woman have her first Pap smear?	At age 21 as of the 2012 guideline update
165. What three antibiotics may be used to treat chancroid?	Azithromycin (or erythromycin) - Ceftriaxone - Ciprofloxacin	182. Which hormone is dominant in the follicular phase of menstruation?	Estrogen
166. What treatment is recommended for a pregnant patient who has syphilis but is allergic to penicillin?	In pregnant patients allergic to penicillin, it is recommended to desensitize and treat with penicillin	183. Which hormone is dominant in the luteal phase of menstruation?	Progesterone
167. What two factors define preeclampsia?	Hypertension and proteinuria	184. Which placental disorder presents with painful vaginal bleeding uterine contractions and fetal distress?	Abruptio placenta
168. What two pathogens are most commonly associated with toxic shock syndrome?	Staphylococcus aureus or Group A streptococcus	185. Which placental disorder presents with painless vaginal bleeding?	Placenta Previa
169. What type of bacteria causes syphilis?	Syphilis is caused by a spirochete bacteria	186. Which placental disorders can be differentiated by the presence or absence of pain with vaginal bleeding?	Abruptio placentae has painful vaginal bleeding - Placenta previa has painless vaginal bleeding
170. What type of ovarian cyst can cause carcinoid syndrome?	Teratoma	187. Which stage of labor consists of complete dilation of the cervix to delivery of the fetus?	Second stage
171. What type of ovarian cyst will have hemosiderin laden macrophages on histology?	Chocolate cyst (endometrioma)	188. Which type of dysmenorrhea occurs mostly later in life?	Secondary dysmenorrhea
172. What type of ovarian neoplasm will have Micro-Schiller-Duval bodies seen on histology?	Yolk sac/Endodermal Sinus Tumor	189. Which type of dysmenorrhea usually occurs shortly after menarche?	Primary dysmenorrhea
173. What type of vulvar neoplasm is associated with lichen sclerosis, vulvitis, Paget's and psoriasis?	Differentiated vulvar intraepithelial neoplasm	190. Which types of HPV virus are most highly associated with cervical cancer?	HPV types 16 & 18
174. What underlying disorders must be considered in a patient with recurrent candida vaginitis?	Diabetes - HIV - Immunocompromise	191. Which types of HPV virus frequently cause Condyloma acuminata?	HPV types 6 & 11
		192. Which types of human papillomavirus cause 70% of cervical cancer?	16 and 18 cause 70% of cervical cancer

193. Which types of human papillomavirus cause 90% of genital warts?

6 and 11 cause 90% of genital warts

194. Will estrogen levels in a patient in menopause be elevated or decreased?

Decreased