

Gynaecology

1

You have been asked to obtain consent from a 32-year-old woman with cyclical pelvic pain for a diagnostic laparoscopy under general anaesthesia.

What would you advise her regarding the overall risk of a serious complication?

- A. 1 in 50
- B. 1 in 100
- C. 1 in 250
- D. 1 in 500
- E. 1 in 1000

Correct Response: D

Comments: Written and reviewed OCT 13 (113416) Dr V J Kay

Ref: RCOG: Consent advice no. 1: Diagnostic Hysteroscopy under General Anaesthesia, Dec 08.

RCOG: Consent advice no. 2: Diagnostic Laparoscopy, Dec 08.

(The overall risk of serious complication is approximately 2 women in every 1000)

2

A 28-year-old woman undergoes extensive laparoscopic surgery in the lithotomy position. She presents after two days with unresolved right-sided foot drop and paraesthesia over the calf and dorsum of the right foot.

Damage to which nerve is the most likely cause?

- A. Common peroneal
- B. Femoral
- C. Ilio-inguinal
- D. Lateral cutaneous of the thigh
- E. Obturator

Correct Response: A

Comments: Reference: TOG 16 No1 2014

Written by O Milling-Smith131872, reviewed by sub-com May 2014

3

A 19-year-old woman was seen in the gynaecology clinic with a history of excessive growth of facial hair, needing to wax every 2-3 weeks. Her menstrual periods last 7-8 days every 24-35 days. There is no change in her voice. Her BMI is 28 kg/m². Examination shows Ferriman-Gallwey grade 2-3 hirsutism over chest and abdomen. A pelvic ultrasound showed no abnormality. Her day two hormone tests showed LH level 7.4IU/L, FSH level 5.2IU/L, serum testosterone level 2.3nmol/l, SHBG 24 nmol/L.

What is the most likely diagnosis?

- A. Adrenocorticotrophic hormone (ACTH) tumour
- B. Androgen producing ovarian tumour
- C. Cushing syndrome
- D. Idiopathic hirsutism
- E. Polycystic ovary syndrome

Correct Response: D

Comments: Any comments or feedback: Diagnostic criteria for PCOS is presence of atleast two of the three following criteria: Polycystic ovaries (either 12 or more peripheral follicles or increased ovarian volume (greater than 10 cm³), oligo- or anovulation, clinical and/or biochemical signs of hyperandrogenism.
Testosterone level will be raised in Cushing syndrome, ACTH tumour and virilising ovarian tumour

Reference: Chapter 23, Hirsutism and vitilization: Gynaecology edited by Shaw RE, Soutter WP, Stanton SL and ESHRE and ASRM Group consensus on diagnostic criteria for PCOS, Revised 2003

Written by P Gupta 123075 reviewed sub-com May 2014

4

A 34-year-old woman complains of heavy periods. She is trying to get pregnant so you prescribe mefenamic acid for her, knowing it is very effective in reducing the blood flow.

What type of drug is this?

- A. Cyclo-oxygenase inhibitor
- B. Derivative of 17 α -ethinyltestosterone
- C. Gonadotropin releasing hormone agonist
- D. Plasminogen activator inhibitor
- E. Synthetic steroid hormone

Correct Response: A

Comments: Written by A Jones 12009 reviewed sub-com Jul 2014

5

A 45-year-old woman with history of vulval itching and soreness for past two years attends the gynaecology clinic. She is a smoker. She gives a history of using high potency steroid ointment previously with no symptom relief. A biopsy in the clinic reports vulval intraepithelial neoplasia (VIN) 3. You counsel her for excision of the lesion.

What percentage of VIN ultimately have unrecognised invasion detected on excision?

- A. 5%
- B. 10%
- C. 15%
- D. 20%
- E. 25%

Correct Response: D

Comments: Written by S Shanbhag 120033

Reference: RCOG Green Top Guideline no 58, 2011

Any comments or feedback: On excision, 19-22% of VIN have unrecognised invasive cancer

6

A 55-year-old woman is due to come in for total abdominal hysterectomy and bilateral salpingo-oophorectomy for a large mucinous ovarian cyst. She takes sequential HRT for menopausal symptoms.

You discuss with her the risk of venous thromboembolism. How long prior to surgery should she stop HRT?

- A. 2 weeks
- B. 3 weeks
- C. 4 weeks
- D. 5 weeks
- E. 6 weeks

Correct Response: C

Comments: Written by R Rajagopal 113037

Reference: NICE Clinical Guideline 92; RCOG Consent Advice 4, Abdominal Hysterectomy

Any comments or feedback: Advise women to consider stopping oestrogen containing contraceptives or HRT 4 weeks before surgery.

A 22 year-old-woman presents to the early pregnancy unit with mild left iliac fossa pain. Examination is normal. She has a positive urine pregnancy test. Her serum human chorionic gonadotrophin (hCG) is 700 IU/L.

A transvaginal ultrasound scan reports:

'Bulky anteverted uterus with a 2 mm cystic area centrally located within the endometrial cavity. Both ovaries have normal ultrasonic appearances. There are no adnexal masses or free fluid in the pelvis.'

What is the most appropriate management?

- A. Diagnostic laparoscopy +/- proceed
- B. Methotrexate therapy
- C. Serum hCG (human chorionic gonadotrophin) measurement in 48 hours
- D. Serum progesterone
- E. Ultrasound scan in seven days

Correct Response: C

Comments: This is a pregnancy of unknown location (PUL). Ultrasound findings suggest a pseudosac. A true gestational sac would be eccentrically located and have a double decidual sac sign (two concentric rings surrounding an anechoic sac). The visualisation of the yolk sac is the critical landmark of the gestational sac. Performing serial serum hCG measurements is the next most appropriate step to guide further management.

Reference: National Collaborating Centre for Women's and Children's Health (UK). Ectopic Pregnancy and Miscarriage: Diagnosis and Initial Management in Early Pregnancy of Ectopic Pregnancy and Miscarriage. London: RCOG; 2012 Dec. (NICE Clinical Guidelines, No. 154.) 1, Guideline summary. Available [here](#). Sivalingam, Vanitha N., et al. "Diagnosis and management of ectopic pregnancy." *Journal of Family Planning and Reproductive Health Care* 37.4 (2011): 231-240.

Written by H Maraj 149982, reviewed in sub-com May 2014

8

A 70-year-old had noticed that her voice has deepened and she has increasing hair on her face over the last three years. Serum testosterone is elevated at 7.2 nmol/L and DHEAS (dehydroepiandrosterone) and urinary 17 ketosteroids are normal.

Which of the following is the most likely diagnosis?

- A. Adrenal carcinoma
- B. Congenital adrenal hyperplasia
- C. Ovarian hyperthecosis
- D. Polycystic ovary syndrome
- E. Sertoli Leydig cell tumour

Correct Response: C

Comments: Written and reviewed OCT 13 (113416) Dr V J Kay

Reference: TOG vol 15, 2013: PCOS and the differential diagnosis of hyperandrogenism

9

A 45-year-old woman underwent total abdominal hysterectomy for heavy menstrual bleeding. She has received treatment for CIN3 and is on annual smears. Hysterectomy specimen has reported no CIN.

What would be the management plan?

- A. Continue annual smears
- B. HPV testing
- C. No follow up
- D. Vault smear in 6 months
- E. Vault smear in 12 months

Correct Response: D

Comments: Written by R Rajagopal, 113037

Reference: NHSCSP Publication No 20 (May 2010) Chapter 9 - Follow up of women attending for colposcopy, (9.6) Follow up after hysterectomy

Any comments or feedback: NHSCSP NO 20. Chapter 9,(9.6) Follow up after hysterectomy. Women not on routine recall, and with no CIN in their hysterectomy specimen, should have vaginal vault cytology at six months following their hysterectomy.

A 30-year-old woman presents to the infertility clinic with primary infertility and dysmenorrhoea and is found on ultrasound to have a 6 cm endometrioma in the left ovary.

What is the most appropriate initial management?

- A. Gonadotrophin releasing hormone agonist for six months
- B. In-vitro fertilisation
- C. Intrauterine insemination
- D. Laparoscopic drainage of the endometrioma
- E. Laparoscopic excision of the endometrioma

Correct Response: E

Comments: Written by Peter Lindsay (13013) Reviewed DEC 13

Reference: TOG 2013, 15; 91-98

Comments: Whilst excision might reduce the residual ovarian volume, fertility is better after total excision