



UNIVERSITY OF JAFFNA, SRI LANKA
FINAL EXAMINATION FOR MEDICAL DEGREES – Aug / Sept 2026
ACADEMIC YEAR 2018/2019
OBSTETRICS AND GYNAECOLOGY - PAPER II

Date: 01.09.2026

Time: 1.30 pm to 4.30 pm (03 hours)

- 01 A 33 year old G2 P1 C1, with a previous uncomplicated vaginal birth is admitted to the antenatal ward at 34 weeks of gestation with sudden onset of watery vaginal discharge suggestive of dribbling for two hours duration. She has no abdominal pain and been feeling her fetal movements as before.**
- Her pregnancy was uncomplicated to date and her pulse rate is 80 beats /min, and her blood pressure is 110/70 mmHg.**
- 1.1 What is the provisional diagnosis? (10 Marks)
- 1.2 What other clinical findings (history and examination) would support the above diagnosis? (30 Marks)
- 1.3 List two maternal and two fetal complications of the above condition. (20 Marks)
- 1.4 Discuss how you would manage this woman until delivery. (40 Marks)
- 02 A 30 year old primigravida with a BMI of 24kg/m² underwent a routine OGTT at 26 weeks of gestation and the test results are as follows.**
- FBS 110 mg/dl, 1st hour 180mg/dl, 2nd hour 160mg/dl.**
- Her booking investigations were normal.**
- 2.1 What is your diagnosis? (10 Marks)
- 2.2 Outline how you would manage her condition antenatally. (30 Marks)
- 2.3 Mention how you would monitor the fetus until delivery with reasons. (30 Marks)
- 2.4 If the woman's condition was optimally managed until 37 weeks, outline the delivery plan for her. (30 Marks)

03 A 45 year old mother of 4 children is admitted to the gynaecology ward with painful regular heavy menstrual bleeding for the last 6 months duration. She experiences tiredness and fatigue over the last 2 months and is unable to cope up with her day-to-day activities. Her hemoglobin is 7 g/dl. She delivered all her children vaginally and underwent female permanent sterilization 10 years ago.

- 3.1 Mention 4 differential diagnoses for her presentation and indicate the most likely diagnosis with reasons. (25 Marks)
- 3.2 Describe how you would assess her clinically in the gynaecology ward following the admission. (25 Marks)
- 3.3 Outline the initial management of this patient in the ward. (25 Marks)
- 3.4 Briefly describe how you will prepare her for major gynecological surgery if needed. (25 Marks)

04 4. A 60-year-old postmenopausal multiparous woman presents to the gynaecology clinic with a 4-week history of excessive, malodorous vaginal discharge. She has no significant medical co-morbidities and has never attended a well woman clinic.

On speculum examination, a 2 cm friable, ulcerative growth is noted arising from the anterior lip of the cervix. The lesion is clinically suspicious of cervical malignancy.

- 4.1 How would you confirm the diagnosis? (10 Marks)
- 4.2 Describe the subsequent assessment required to determine the extent of disease and stage the tumour. (40 Marks)
- 4.3 The patient undergoes a radical hysterectomy with bilateral salphingo-oophorectomy and is transferred to the postoperative ward. Describe your management during the first 24 hours following surgery. (40 Marks)
- 4.4 List measures available for the prevention of cervical cancer in Sri Lanka. (10 Marks)

05 Anaemia affects almost one in five pregnant women in Sri Lanka, primarily due to iron deficiency. Mention the risks associated with anemia and outline the strategies available to reduce its prevalence. (100 Marks)