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# Mastering Single Best Answer Questions for the Part 2 MRCOG Examination: An Evidence-Based Approach

## MOCK EXAMINATION

### Paper 2

Candidates completing this paper should set a time limit of 70 minutes to replicate exam conditions. Use the supplied answer sheet to record your answers.

#### 1.

A 36-year-old woman has had a suction evacuation because of a complete molar pregnancy. Her chorionic gonadotrophin (hCG) levels started to rise six months after treatment. Her FIGO 2000 score was assessed as 6.

What is your management?

- A. Intravenous multi-agent chemotherapy
- B. Need treatment only if her score goes up to 7
- C. Single-agent intramuscular methotrexate
- D. Subtotal hysterectomy
- E. Total hysterectomy and bilateral salpingo-oophorectomy

#### 2.

A woman who is 11 weeks pregnant with confirmed miscarriage was very hesitant in deciding on medical or surgical management. She was still keen on avoiding the anaesthetic and surgical risks, if possible.

What will you tell her about her chances of not having surgery if she opts for medical management?

- A. It avoids the need for surgery in over 30% of women
- B. It avoids the need for surgery in over 40% of women
- C. It avoids the need for surgery in over 50% of women

- D. It avoids the need for surgery in over 60% of women
- E. It avoids the need for surgery in over 70% of women

**3.**

A 15-year-old single teenage girl comes to see you because she has an unplanned pregnancy. She is 9 weeks pregnant after failure of emergency post-coital contraception. She explained her great inability to handle either the pregnancy care or the child if born, for personal and social reasons.

How will you handle the situation?

- A. Ask her to bring her parents to discuss the situation
- B. Ask her to bring her boyfriend to discuss the situation
- C. Advise her to involve her parents but endorse her request if two doctors agree that she has sufficient maturity and understanding to appreciate what is involved
- D. Refer her to a psychiatrist to assess her ability to understand what is involved.
- E. She cannot have an abortion without her parents' consent because she is under age (16 years)

**4.**

A five-year-old girl presents with a history of accelerated growth, menarche and signs of sexual development. Examination revealed light to dark brown spots predominantly noticeable on one side of the body without crossing the midline.

What is your differential diagnosis?

- A. Central precocious puberty
- B. Cushing syndrome
- C. Exogenous oestrogen exposure
- D. Iatrogenic excessive use of cortisol treatment
- E. McCune–Albright syndrome

**5.**

A mother brings her 5-year-old girl to the clinic. She noticed early excess pubic and body hair with clitoromegaly. She also noticed that her girl is taller than her peers. You suspect a mild non-classical form of congenital adrenal hyperplasia (CAH).

What is the most sensitive investigation to diagnose mild forms of CAH?

- A. Adrenocorticotrophic hormone (ACTH) stimulation test
- B. Basal plasma 17-hydroxyprogesterone (17OHPG)
- C. Molecular gene analyses
- D. Testosterone, DHEA-S, androstenedione
- E. Urinary steroid profile

**6.**

A 46-year-old woman is attending the outpatient hysteroscopy clinic for the removal of a -cm endometrial polyp. You decided to use electrosurgery for removal of the polyp.

Which distention media should be used?

- A. Carbon dioxide
- B. Dextran 70
- C. Glycine
- D. Normal saline
- E. Mannitol solution

**7.**

A 35-year-old woman has had LLETZ procedure for high-grade dyskariosis. The histopathology result shows a small area of micro-invasive squamous cervical cancer FIGO stage Ia1. The invasive lesion is completely excised but the margins are positive for CIN2.

What will be your further management?

- A. Cervical smear and test of cure in 6 months
- B. Colposcopy and biopsy in 6 months
- C. Hysterectomy
- D. Re-excision
- E. Test of cure in 6 months

**8.**

A 60-year-old woman is diagnosed with vulval cancer. The lesion is 3 cm lateral to the right labia majora and measures 3 cm in diameter. The depth of invasion is measured as 2 mm.

What will be the most appropriate management?

- A. Triple incision
- B. Radical vulvectomy
- C. Wide local excision
- D. Wide local excision with left pelvic nodes dissection
- E. Wide local excision with right pelvic nodes dissection

**9.**

An 18-year-old girl presents with a large abdominal mass with abdominal pain. She claims the mass increased in size within the last 3 months. A laparotomy and unilateral salpingo-oophorectomy is performed. The histology report shows a mesodermal core with a central capillary (Schiller–Duval bodies).

Which ovarian tumour is this most likely to be?

- A. Choriocarcinoma of ovary
- B. Dysgerminoma
- C. Embryonal carcinoma
- D. Endodermal sinus tumour
- E. Serous adenocarcinoma

**10.**

A 51-year-old woman had a total hysterectomy, bilateral salpingo-oophorectomy and surgical staging for a stage 1c ovarian cancer. The pathologist's report confirmed clear cell histology.

What is your care plan for her?

- A. Adjuvant chemotherapy
- B. Clinical follow-up and further imaging if she develops symptoms
- C. Neo-adjuvant chemotherapy and interval debulking
- D. Yearly follow-up with CA125
- E. Yearly follow-up with CA125 and pelvic ultrasound

**11.**

A 20-year-old woman with learning difficulties comes with her caregiver who states that she has frequent irregular menstruation and this is causing her problems with her hygienic care. Her pelvic scan is normal and her BMI is 22.

What will you advise when prescribing medical treatment for her?

- A. A 3-month continuous use of combined oral contraceptive pills (COCP) and restart a new 3-month cycle after the end of the withdrawal bleed
- B. Depot medroxyprogesterone acetate (DMPA)
- C. LNG-IUS
- D. Surgical options, including endometrial ablation or hysterectomy
- E. The combined transdermal contraception patch

**12.**

A 30-year-old woman comes to see you because of her symptomatic fibroid uterus. She has read about uterine artery embolization (UAE). She wants to know how it may compare to other methods of treatment.

Which is the best statement you can offer her regarding the complications of this procedure?

- A. Equal complication rates with that of surgical techniques
- B. Higher rates of need of re-intervention when compared to the MRI-guided focused ultrasonography
- C. Higher satisfaction rate than surgery (myomectomy or hysterectomy)
- D. Less need for further intervention if compared to surgical options of treatment
- E. The most common side effects reported after the procedure are pain and vaginal discharge

**13.**

A 40-year-old nulliparous woman has been referred to the outpatient clinic by her general practitioner (GP). Her main complaint is heavy menstrual bleeding. She was prescribed mifenumic acid, tranexamic acid and norethisterone but these were not effective. Her husband has had a vasectomy 2 years previously.

What will be your next step?

- A. Arrange hysteroscopy and biopsy
- B. Arrange transvaginal scan
- C. Offer the Mirena intrauterine system
- D. Offer endometrial ablation
- E. Offer combined contraceptive pills

**14.**

A 39-year-old Jehovah's Witness attends the gynaecology clinic complaining of heavy menstrual bleeding. She has used hormonal and nonhormonal medical treatments with no effect. Her haemoglobin dropped to 7 during her last period. A transvaginal scan arranged by her general practitioner 2 weeks previously showed multiple uterine fibroids 3–12 cm in size. She wishes to start her family soon and to avoid surgery.

What is the most appropriate management option?

- A. Abdominal myomectomy
- B. Endometrial ablation
- C. Mirena coil
- D. Transcervical resection of the fibroid (TCRF)
- E. Uterine artery embolization (UAE)

**15.**

A 35-year-old woman is having difficulty in getting pregnant. She also gives a history of dysmenorrhoea and menstrual dyschezia. Her symptoms and examination are suggestive of rectal endometriosis.

What is the recommended investigation to make or exclude a diagnosis?

- A. Abdominal ultrasound
- B. Magnetic resonance imaging
- C. Laparoscopy
- D. Transvaginal ultrasound
- E. 3-D ultrasound

**16.**

Chronic pelvic pain should be seen as a symptom with a number of contributory factors rather than as a diagnosis in itself. A patient presenting with chronic pelvic pain wants to know what the incidence of chronic pelvic pain is in the adult female population.

- A. 1 in 6
- B. 1 in 12
- C. 1 in 18
- D. 1 in 24
- E. 1 in 30

**17.**

You review a woman in the urogynaecology outpatient clinic. You decided to start her on anticholinergic therapy as she has symptoms of overactive bladder that has failed to respond to life style modification and bladder retraining.

How long will it take before she can expect to see the full benefits of taking this medication?

- A. 3 weeks
- B. 4 weeks
- C. 5 weeks
- D. 6 weeks
- E. 8 weeks

**18.**

An 82-year-old patient presents to the gynaecology outpatient clinic with symptoms of frequency and urgency. A post-void bladder scan shows 100 ml residual urine. Conservative management did not help and now you decided to start her on medical treatment for overactive bladder.

Which of the following would you recommend?

- A. Desmopressin
- B. Mirabegron
- C. Botulinum toxin
- D. Oxybutynin
- E. Tolterodine

**19.**

A 48-year-old woman presented to the gynaecology outpatient clinic complaining of hesitancy and dribbling after micturition. Uroflometry was requested and now you have the result.

What is the normal female maximum flow rate?

- A. More than 10 ml/sec
- B. More than 15 ml/sec
- C. More than 20 ml/sec
- D. More than 25 ml/sec
- E. More than 30 ml/sec

**20.**

A couple with a child who has sickle cell anaemia are seeking pregnancy. The female partner is 39 years old. The couple request pre-gestational diagnosis (PGD) in order to avoid a second affected child.

Which embryos can be transferred?

- A. Both heterozygous and homozygous embryos can be transferred
- B. Both HBAA and HBAS embryos can be transferred
- C. Only heterozygous embryos will be transferred
- D. Only homozygous embryos will be transferred
- E. Only an HBAC embryo can be transferred

**21.**

A couple have been trying to achieve a spontaneous pregnancy for 3 years. The female partner is 37 years old and was diagnosed with endometriosis stage III.

Which of the following would be the most appropriate recommendation?

- A. Laparoscopic surgery with ablation of endometriotic tissues
- B. Laparoscopic surgery followed by a 6-month period of ovulation induction
- C. Laparoscopic laser surgery followed by 3 trials of artificial insemination
- D. Treatment with GnRHa for a period from 3 to 6 months
- E. The couple should proceed to IVF as soon as possible

**22.**

A couple comes to see you because they want to achieve a pregnancy. They have tried unprotected intercourse for the last 12 months. On history taking, you find that the male partner had a short trip abroad four months ago and had a Zika virus infection. He has been on condom contraception for the last 4 months.

What is your advice?

- A. Continue contraception for 4 months to see if he will develop any symptoms of reinfection
- B. Continue contraception for a further 6 months to make sure he is completely cured
- C. He can stop contraception and wait for spontaneous pregnancy
- D. He can stop contraception and proceed with fertility treatment
- E. He should wait for a further 2 months before they can start fertility treatment

**23.**

A 29-year-old newly married woman is worried about breast cancer and wants to know about her pregnancy-related breast cancer risk, as her mother died from breast cancer.

Which of the following reproductive factors is related to breast cancer risks?

- A. Late age at menarche and first pregnancy increase the incidence of breast cancer
- B. Parity increases the risk of breast cancer

- C. Preterm delivery has more long-term protection against breast cancer
- D. Risk of breast cancer decreases within 3 years of childbirth
- E. Risk of breast cancer increase if the last birth was more than 10 years previously

**24.**

A 32-year-old recent immigrant woman in labour is attended by your ST2 colleague because of fetal distress. He decided to do a vacuum delivery. The woman is stressed and anxious. Although communication is difficult, she expressed her request to stop the procedure. The doctor proceeds with the vacuum delivery for the sake of the baby.

Which of the following principles better describes this action?

- A. Autonomy
- B. Battery
- C. Beneficence
- D. Non-maleficence
- E. Paternalism

**25.**

You review a 24-year-old woman with epilepsy, controlled by lamotrigine, who delivered spontaneously. She is keen to breastfeed her baby. Her last fit was two months prior to pregnancy.

What advice would you give her?

- A. Avoid breastfeeding if possible
- B. Administer 1 mg intravenous vitamin K to the neonate
- C. Consider breastfeeding prior to taking the lamotrigine dose
- D. Stop her antiepileptic medication
- E. Stop lamotrigine and commence carbamazepine

**26.**

A 33-year-old woman, gravida 3, para 2, comes to the emergency department complaining of excessive vomiting for the previous 3 days. She is otherwise asymptomatic with a normal past medical history. She is admitted and her thyroid function tests showed a low thyroid stimulating hormone (TSH) level with a raised free thyroxine (T4).

What is the most important feature to differentiate transient hyperthyroidism of hyperemesis gravidarum (THHG) from hyperthyroidism?

- A. Absence of current clinical signs and symptoms of hyperthyroidism
- B. Absence of a history of hyperthyroidism
- C. Absent enlarged thyroid gland
- D. Negative thyroid receptor antibody titre
- E. Normal TSH and T4 in a repeat thyroid function test

**27.**

While reviewing the next operative list, you noticed that one of the women who was booked for abdominal hysterectomy has previously developed a surgical site infection (SSI) from an appendectomy surgery.

What is the overall incidence of this complication?

- A. 3%
- B. 5%
- C. 10%

- D. 12%
- E. 15%

**28.**

Your consultant examines a 65-year-old patient who presented with symptoms of pelvic organ prolapse. She had a hysterectomy 10 years previously. The prolapse was noticed in the most distal portion of the vagina and protrudes more than 1 cm below the hymen but no farther than 2 cm less the total vaginal length.

What is the stage of this prolapse?

- A. Stage 0
- B. Stage 1
- C. Stage 2
- D. Stage 3
- E. Stage 4

**29.**

An HIV-discordant couple desiring children are counselled regarding the risk of viral transmission.

Which of the following information is correct?

- A. Only IVF should be performed if the infected male partner sperm is to be used
- B. Semen washing and artificial insemination is a safe option for both female partner and offspring
- C. The couple should defer pregnancy in order to avoid the risks of viral transmission
- D. The only safe approach is to use the sperm of a healthy matched donor
- E. Viral suppression therapy is instituted prior to the use of the male partner semen

**30.**

A 70-year-old woman is diagnosed with vulval cancer. The tumour involves the vagina and the urethra. The pelvic nodes are negative.

What is the most likely stage of her disease?

- A. Stage 1
- B. Stage 2
- C. Stage 3A
- D. Stage 3B
- E. Stage 4

**31.**

A woman who is 11 weeks pregnant is diagnosed with incomplete miscarriage. She opts for medical management.

What will you offer her?

- A. Oral mifepristone and 800 mcg of misoprostol in one setting
- B. Oral mifepristone and then 800 mcg of misoprostol when she starts contracting
- C. Oral 800 mcg of misoprostol
- D. Vaginal 600 mcg of misoprostol
- E. Vaginal 800 mcg of misoprostol

**32.**

The midwife in the early pregnancy assessment unit (EPAU) asks you to review a woman who has had seven weeks of amenorrhea but the previous and current



ultrasound scans could not locate the pregnancy. The human chorionic gonadotropin (BhCG) report increased from 800 to 1600 IU/L after 48 hours. The woman is fit and well with no signs or symptoms.

What is your next plan?

- A. Ultrasound scan within 4–7 days
- B. Ultrasound scan after 14 days
- C. Ultrasound scan after 9 days
- D. Request an inhibin blood test
- E. Request serum progesterone blood test

### 33.

You are working at ST5 level. You have conducted a trial of forceps delivery in theatre on a 28-year-old primigravida. She had a successful epidural analgesia. The procedure went well. The estimated blood loss was 700 ml. The woman is haemodynamically stable and the episiotomy is repaired appropriately. While counting swabs at the end of the procedure, the midwife has found that one swab is missing.

An X-ray located the swab, buried under one of the sutures. You called the consultant who removed the swab.

What is the most appropriate clinical governance action you should take?

- A. Class this as an adverse event and inform your consultant
- B. Class this as a never event
- C. Class this as a near miss and inform the midwife in charge
- D. Fill the incident form on Datix and initiate the root cause analysis
- E. Inform the patient and offer a follow-up appointment

### 34.

You are asked to design an audit within your department to review the use of prophylactic antibiotics prior to the instrumentation of the uterus in patients undergoing procedures for fertility treatment.

Which of the following would you recommend, regarding conducting an audit?

- A. Choose a nationally agreed standard
- B. Choose an audit topic at random
- C. Choose an evidence-based topic
- D. Choose a topic where you expect the results to show a statistical significance
- E. Choose a topic that meets the auditable standards of the College guidelines

### 35.

A 33-year-old woman is on the levonorgestrel intrauterine system. She has recently suffered from a cerebral transient ischaemic attack. She is now improving. The general practitioner asks for your advice as she still requires effective contraception.

What will you tell him?

- A. Counsel her for sterilization
- B. Continue the same method if it was category 1 when first used
- C. Discontinue the method, as it is now a category 3
- D. Discontinue the method and offer a more suitable option
- E. She can use only barrier contraception

**36.**

A 17-year-old girl comes to the accident and emergency department. She has had an episode of unprotected intercourse 4 days previously; she was not very keen on an intrauterine device.

What other alternatives you wish to offer?

- A. Double dose Levonelle tablet
- B. Ella One (30 mg micronized ulipristal acetate)
- C. Intrauterine device can offer her a long-term reversible contraception
- D. Single dose 150 mg levonelle tablet
- E. Two combined oral contraceptive tablets

**37.**

A woman with systemic lupus erythematosus comes to see you regarding safer contraception. From her notes, you see she has positive antiphospholipid antibodies.

According to the UK Medical Eligibility Criteria (UKMEC), which contraceptive would you offer?

- A. Combined hormonal contraception
- B. Long-acting injectable
- C. The progesterone implant
- D. The progesterone-only pill
- E. The copper intrauterine device

**38.**

A 38-year-old woman who is para 6, has come to the gynaecology clinic with complaints of dull pain in the lower abdomen and pelvis, radiating to the thighs; it increases on standing and after menses. She also complains of dyspareunia. There is no bowel or urinary complaints. On clinical examination, there are no signs of infection. A transvaginal scan pelvis was normal. Diagnostic laparoscopy was negative.

What is the appropriate treatment option for her?

- A. BOTOX-A injections in levator ani
- B. Gabapentin 300 mg three times a day
- C. Medroxyprogesterone acetate 5 mg three times a day for 21 days followed by withdrawal bleeding and continued for 3–6 months
- D. Total abdominal hysterectomy and bilateral salpingo-oophorectomy
- E. Transvenous embolization of ovarian vein

**39.**

A 28-year-old woman who has just delivered a baby with complete androgen insensitivity (AIS) comes to ask you about her risk in a future pregnancy of having a child with the same condition.

You tell her that there is:

- A. A 50% likelihood of an affected male offspring and a healthy female carrier
- B. A 25% likelihood of an affected male carrier
- C. A 25% likelihood of an affected female sibling
- D. A 50% likelihood of an affected male sibling and no likelihood of female carriers
- E. A 50% likelihood of affected female carriers

**40.**

A 6-year-old girl presents to the outpatient clinic with a diagnosis of central precocious puberty. Her bone age/height ratio was less than 1.2.

What management do you offer her to attain a normal adult height?

- A. A combination of gonadotrophin releasing hormone antagonist and growth hormone
- B. Aromatase inhibitors
- C. Gonadotrophin releasing hormone antagonist
- D. No pharmacotherapy is required
- E. Oral progestogens

**41.**

A 23-year-old woman presents complaining of vaginal discharge. She has recurrent episodes of vulvovaginal candidiasis. You prescribed her an induction and maintenance regimen for 6 months. She had some worries about use of contraception as she had a copper IUD inserted 2 months earlier.

What advice would you offer her?

- A. Should remove the IUD
- B. Should remove the copper IUD and insert the Mirena coil
- C. Switch to a suitable oral contraception
- D. Should continue with this method
- E. Use the condom as an additional method to prevent recurrence of infection

**42.**

A 26-year-old woman comes to the accident and emergency unit complaining of abnormal vaginal bleeding, including post-coital and inter-menstrual bleeding and menorrhagia. Her temperature is 38°C. On bimanual vaginal examination, there is adnexal tenderness and cervical motion tenderness. A pregnancy test is negative. You diagnosed a pelvic inflammatory disease. The patient tells you she has been abroad and had unprotected sex.

What is the recommended regimen for this patient?

- A. Azithromycin 1 g/week orally for 2 weeks plus ceftriaxone 500 mg intramuscular stat dose
- B. Ciprofloxacin 200 mg BD plus oral doxycycline 100 mg BD for 7 days
- C. Levofloxacin 500 mg OD plus oral metronidazole 400 mg BD for 14 days
- D. Moxifloxacin 400 mg once daily orally for 14 days
- E. Ofloxacin 400 mg twice daily oral plus oral metronidazole 400 mg twice daily for 14 days

**43.**

Working in the UK requires compliance with the laws of the country. However, there are certain laws and legal principles that have to be more closely associated with working as an obstetrician and gynaecologist.

Which of these laws is directly related to your work as an obstetrician and gynaecologist?

- A. The Abortion Act, Frazer and Montgomery
- B. The Mental Capacity Act, the Abortion Act and Frazer
- C. The Abortion Act
- D. The Data Protection Act, the Abortion Act and the Mental Capacity Act
- E. Frazer, Mental Capacity Act and the Bolam

**44.**

A young woman presents to the GUM clinic. After taking a swab from the endocervix, microscopic examination reveals a gram-positive diplococcus.

What organism looks like this under a microscope?

- A. *A. israeli*
- B. *C. trachomatis*
- C. *Haemophilus ducreyi*
- D. *N. gonorrhoea*
- E. *T. vaginalis*

**45.**

Your ST1 feels confused about vulval intraepithelial neoplasias (VIN) and wishes to know which of them has the highest malignant potential.

Which of the following VINs has the highest risk to change into squamous cell carcinoma of the vulva?

- A. VIN associated with human papilloma virus type 8
- B. VIN associated with human papilloma virus type 16
- C. VIN associated with human papilloma virus type 18
- D. VIN associated with human papilloma virus type 32
- E. VIN associated with lichen sclerosis

**46.**

A 54-year-old woman presents to you in the gynaecology outpatient department with vulval soreness and itching. On examination you find suspicious vulval lesions and you take a biopsy. Two weeks later you review her again and the histology report shows thinned epidermis with subepidermal hyalinization and deeper inflammatory infiltrate.

Which of the following conditions does this woman have?

- A. Lichen planus
- B. Lichen sclerosis
- C. Lichen simplex
- D. Vulval intraepithelial neoplasia
- E. Vulval psoriasis

**47.**

A 60-year-old woman is diagnosed with vulval basal cell carcinoma. The lesion is 3 cm in diameter and less than 10 mm above and lateral to the anus.

What is the most appropriate management?

- A. Radical vulvectomy with sentinel lymph node biopsies
- B. Radiotherapy
- C. Wide local excision
- D. Wide local excision with ipsilateral lymphadenectomy
- E. Wide local excision with bilateral lymphadenectomy

**48.**

A 50-year-old woman has had two previous episodes of abnormal uterine bleeding. She had a cervical smear a year ago, which was normal. Pelvic ultrasound shows an endometrial thickness of 15 mm. She is on anticoagulation for recurrent thromboembolic events.

What is it your next step in management?

- A. Book for inpatient dilatation and curettage
- B. Inpatient hysteroscopy and biopsy
- C. LNG intrauterine system
- D. Outpatient office hysteroscopy and biopsy
- E. Pipelle biopsy in the clinic and offer LNG intrauterine system

**49.**

An 18-year-old national gymnastic champion is referred to you. She experiences long periods of secondary amenorrhea and she only has 2–3 periods each year. She is training for the coming Olympics but her GP advised her to visit you because she is worried about her patient. She suffers from backache. Her BMI is 16.

What will you offer her?

- A. Cyclic combined oral contraceptive pill
- B. Cyclic progesterone for withdrawal bleeding
- C. Depomedroxy progesterone acetate
- D. GnRH analogue
- E. Reassure and review her after the championship

**50.**

A 65-year-old woman is prescribed mirabegron (Betmiga, Astellas Pharma) for detrusor overactivity.

What type of drug is mirabegron?

- A. Antimuscarinic
- B. B1 adrenoceptor agonist
- C. B2 adrenoceptor agonist
- D. B3 adrenoceptor agonist
- E. Serotonin–norepinephrine reuptake inhibitor