

HST 071 Final Examination
October 26, 2005

Instructions: This is a closed-book exam. Allow yourself up to 3 hours to complete the exam. Please write only one answer per question on the answer sheet. If more than one answer is circled, the question will be marked as incorrect.

1. What is the function of the epididymis?
 - a. To make sperm
 - b. To store sperm
 - c. To make testosterone
 - d. To capacitate sperm
 - e. none of the above

2. What is the normal sperm count for a male?
 - a. 1,500
 - b. 15,000
 - c. 150,000
 - d. 1,500,000
 - e. 15,000,000

3. What do Cowper's glands do?
 - a. Increase the volume of the ejaculate significantly
 - b. Secrete alkaline fluid to neutralize the acidic urethra and acidic vagina
 - c. Secrete fructose into the ejaculate
 - d. Secrete citric acid into the ejaculate
 - e. Secrete proteases that help penetrate the female cervical mucus into the ejaculate

4. All of the following apply to Sildenafil *except*:
 - a. Inhibition of PDE5
 - b. Reduction of smooth muscle vasoconstriction
 - c. Increase in cAMP levels
 - d. Inhibition of PDE6
 - e. Contraindicated in patients taking nitroglycerin

5. What is the most common presenting complaint of a woman with endometriosis?
 - a. Dyspareunia
 - b. Vaginal bleeding
 - c. Pelvic pain, especially during menses
 - d. Fever
 - e. Irregular menses

6. Order the following, with respect to the normal menstrual cycle:
- i. LH surge
 - ii. Increase in progesterone levels
 - iii. Ovulation
 - iv. Selection of a dominant follicle
 - v. hyperplasia of endometrial layer
- a. iv, ii, i, iii, v
 - b. iii, iv, i, ii, v
 - c. i, iv, ii, iii, v
 - d. iv, v, i, iii, ii
7. All of the following are stromal cell tumors of the ovary *except*:
- a. Sertoli cell tumor
 - b. Leydig cell tumor
 - c. Granulosa cell tumor
 - d. Brenner-transitional cell
 - e. Sex cord tumor
8. A 37 yo woman presents with right lower quadrant abdominal pain and an elevated CA-125. On ultrasound imaging, she is found to have a large right adnexal mass, with solid and cystic areas, within the tumor. Biopsy reveals ovarian cancer. Pathology shows extension of the mass into the uterus, but without evidence of rupture or extension into any other pelvic organs. The left ovary was uninvolved, peritoneal fluid cytology was negative, and lymph node biopsy was normal. What is the staging of this tumor?
- a. Stage IA
 - b. Stage IIA
 - c. Stage IIIB
 - d. Stage IV
9. Which of the following organisms can cause Toxic Shock Syndrome?
- a. Staph aureus
 - b. Group A strep
 - c. Clostridium Perfringens
 - d. a + b
 - e. All of the above

10. Of the following, which woman is the best candidate for the female condom?
- 16 year old high school student who has never had sex, but wishes to start with her new 18-year-old boyfriend
 - 29 year old secretary who has been married for 7 years, and is in a monogamous relationship with her husband.
 - 40 year old obese smoker whose partner refuses to wear condoms
 - 34 year old woman who has three children and had a post-partum tubal ligation
11. Which of the following is true about the spermicide, nonoxynol-9:
- Reduces the risk of HIV transmission
 - Reduces the risk of Gonorrhoea transmission
 - Reduces the risk of *C. trachomatis* transmission
 - Some contraceptives containing this may increase the risk of HIV transmission
 - b + c
12. All of the following can be indications for oral contraceptive therapy *except*:
- Polycystic Ovarian Syndrome
 - Catamenial migraine headaches
 - Endometriosis
 - Ovarian failure
 - Pre-menstrual syndrome
13. Which of the following mechanisms best explains the contraceptive effect of birth control pills that contain both synthetic estrogen and progestin?
- Direct inhibition of oocyte maturation
 - Inhibition of ovulation
 - Production of uterine secretions that are toxic to the developing embryo
 - Impairment of implantation
 - Impairment of sperm transport due to uterotubal obstruction
14. Which of the following is *NOT* considered to have phytoestrogen-like properties?
- Black Cohosh
 - Soy
 - Ginger
 - Ginseng
 - Bugbane

15. Which of the following is *NOT* a cell type present in the mature human placenta?
- Macrophages
 - Fibrocytes
 - Cytotrophoblast
 - Epiblastic cells
 - Endothelial cells
16. Which of the following placental characteristics has poor prognostic implications for the baby?
- 3-vessel umbilical cord present
 - Meconium stained placenta at 41 wks gestation, with no grossly visible meconium during delivery
 - Velamentous cord insertion
 - Thrombosis of placental vessels
 - Maternal Floor infarct
17. A 19 year old primigravida is expecting her first-child; She is 12 weeks pregnant by last menstrual period dating. She has vaginal bleeding and an enlarged-for-dates uterus. In addition, no fetal heart sounds are heard. An ultrasound is obtained that shows a hydatidiform mole. The uterus is evacuated and no clinical or radiographic evidence is found of metastatic disease. How should this woman now be managed?
- Weekly hCG titers
 - Hysterectomy
 - Single-agent chemotherapy
 - Combination chemotherapy
 - Radiation combined with chemotherapy
18. Indications for instituting single-agent chemotherapy following evacuation of a hydatidiform mole usually include:
- A rise in hCG titers
 - A plateau of hCG titers for 1 week
 - Return of hCG titer to normal 6 weeks after evacuation
 - Appearance of liver metastases
 - Appearance of brain metastases

19-20. A 20-year-old G3P0 (3 pregnancies, 0 full-term births) comes to your office for a routine gynecological exam. She is single and sexually active. She has a history of 5 sexual partners in the past, and started having sex at age 15. She has had three first-trimester voluntary pregnancy terminations, uses Depo-Provera (Medroxyprogesterone acetate) for birth control, and occasionally condoms. She was treated for Chlamydia last year but denies any prior history of abnormal pap smears. She denies use of illicit drugs, but smokes 1 pack per day. Her physical exam is normal. Her pap smear returns showing a high-grade squamous intraepithelial lesion.

19. All of the following are risk factors for cervical dysplasia in this patient's history except:
- Young age at initiation of sexual activity
 - Multiple sexual partners
 - Previous history of Chlamydia
 - Use of Depo-Provera
 - Smoking
20. What is the next most appropriate step in the management of this patient?
- Repeat the Pap smear in 4 to 6 months
 - Perform a cone biopsy
 - Order HPV testing
 - Do random biopsies of the cervix
 - Perform colposcopy
21. A baby is born with ambiguous genitalia. Which of the following statements is true?
- A karyotype is rarely needed
 - Evaluation should be done by 1 month of age
 - It is sometimes associated with a history of a previous sibling with congenital adrenal hyperplasia (CAH)
 - A thorough physical examination can usually decide the true sex
 - Laparotomy or laparoscopy is required for all CAH cases
22. Which of the following hormones are associated with male sexual development?
- MIS
 - Testosterone
 - Dihydrotestosterone
 - b+c
 - a+b+c

23. A male pseudohermaphrodite is:
- 46 XX, both ovary and testicular tissue present
 - 46XY, female external genitalia with testes
 - 46 XX, Ovaries present but external genitalia are virilized or ambiguous
 - 46 XY, Testes present but external genitalia female or ambiguous
24. CAH can lead to:
- Hypokalemia
 - Elevated 17-hydroxyprogesterone
 - Hypernatremia
 - Hypertension
 - Increased levels of 21-hydroxylase
25. Retrograde menstruation is the most accepted mechanism to explain the etiology of endometriosis. Another theory suggests that some stimulus causes metaplasia of the celomic epithelium, leading to endometriosis. Endometriosis in which of the following patients is evidence of the celomic metaplasia theory of causation?
- A patient with endometriosis in an episiotomy scar
 - A patient with endometriosis of the subarachnoid space
 - A patient with endometriosis in the lung
 - A patient with Mullerian agenesis
 - A patient with endometriosis in a laparoscopy scar
26. A 19-year old patient comes to your office with primary amenorrhea. She has normal breast and pubic hair development, but the uterus and vagina are absent. Diagnostic possibilities include
- XYY syndrome
 - Gonadal dysgenesis
 - Mullerian agenesis
 - Klinefelter syndrome
 - Turner syndrome
27. Which of the following conditions can be diagnosed with a hysterosalpingogram?
- Endometriosis
 - Hydrosalpinx
 - Subserous fibroids
 - Minimal pelvic adhesions
 - Ovarian cyst

28. Varicoceles appear to cause male infertility by
- Interfering with sperm production
 - Blocking epididymal sperm motility activation
 - Increasing the likelihood of sperm antibody formation
 - Interfering with sperm movement through cervical mucus
 - None of the above
29. What is the most common chromosomal abnormality in men?
- Klinefelter syndrome
 - Trisomy 21
 - 47 XYY
 - 47 XXY
 - None of the above
30. Which of the following pubertal events in girls is *not* estrogen-dependent?
- Menses
 - Breast development
 - Hair growth
 - Reaching adult height
 - Production of cervical mucus
31. Which of the following is *NOT* true regarding the mechanism of Clomiphene citrate?
- It acts like a selective estrogen receptor modulator (SERM)
 - It has both agonist and antagonist properties at the estrogen receptor
 - It has action in the hypothalamus, pituitary, ovary and uterus
 - It works by decreasing the pituitary release of gonadotropins in response to GnRH
 - It works to activate aromatase
32. Which of the following are associated with ovarian hyperstimulation syndrome?
- Ovarian enlargement
 - Ascites and hypovolemia
 - Conservative treatment
 - Complications like torsion or internal hemorrhage
 - Pelvic Rest, including abstinence from intercourse
- i
 - i, ii
 - i, ii, iv
 - i, ii, iii, iv
 - All of the above

33. Why does anemia of pregnancy occur?
- Levels of erythropoetin decrease
 - Red cell mass decreases
 - Plasma volume increases
 - Red cell production decreases in the pregnant woman so that more Fe is available for fetal erythropoesis
 - None of the above
34. Which of the following normal physiologic changes occurs during pregnancy?
- Increased GFR
 - Increased insulin secretion
 - Increased BP
 - a + b
 - a+b+c
35. Which of the following cardiovascular findings may be pathological in a pregnant woman?
- Jugular veins prominent
 - Precordial systolic murmur
 - S3
 - Midsystolic click
 - Diastolic murmur over upper left sternal border
36. You are seeing patients in the OB clinic. During a scheduled visit, one of the patients states that she has been feeling short of breath. You proceed to evaluate her complaint. Which of the following bits of the history suggest pathology?
- She feels short of breath with minor exertion
 - She feels short of breath at rest
 - She feels short of breath when lying in bed
 - She notices more nasal stuffiness
 - She feels her heart beating rapidly
37. Which of the following lab values changes are considered *abnormal* in pregnancy?
- Decreased Creatinine
 - Decreased Hct
 - Elevated WBC
 - Decreased platelets
 - Decreased bicarb/CO₂

38. A 35 year old, pregnant with her first child, presents to the OB clinic. She has type I diabetes and is very concerned regarding the possible risks this illness may have on the fetus. As the patient's physician, you tells her that all of the following are possible risks that can result from having diabetes in pregnancy *except*:
- Fetal malformations
 - First-trimester spontaneous abortions
 - Macrosomia
 - Preterm labor
 - Cesarean section
39. Why is Magnesium Sulfate used in the treatment of pre-eclampsia?
- Reduction of elevated blood pressure
 - Decreased incidence of pre-term labor
 - Decreased incidence of end-organ damage
 - Seizure prophylaxis
 - None of the above
40. A 16 year old G1P0 at 38 weeks gestation comes in with a headache, slight RUQ pain, and BP=160/110. She has a urine dipstick done, which comes back positive. You decide to send a 24-hr urine protein, which returns as 5.1 gm. Which of the following is the diagnosis?
- Pregnancy induced Hypertension
 - Mild Pre-eclampsia
 - Severe Pre-eclampsia
 - Eclampsia
 - None of the above
41. What is the best management for the patient in Question 40?
- Deliver the baby via induction of labor
 - Give the patient Labetalol to decrease her blood pressure. Do not deliver the baby until her symptoms have resolved to minimize further risk to the mother during the stress of labor
 - Give the patient Magnesium Sulfate
 - a+c
 - b+c
42. Which of the following molecular factors is *NOT* thought to be implicated in the pathogenesis of pre-eclampsia?
- sFlt1
 - VEGF
 - Nitric Oxide
 - VCAM-1
 - None of the above

43. Which of the following changes occurs during the peri-menopausal period?
- Increased FSH levels
 - Decrease in estradiol levels
 - Increased LH levels
 - Increased testosterone levels
 - Increased inhibin secretion
44. All of the following are signs/symptoms of menopause *EXCEPT*:
- Hot flushes
 - Vaginal dryness
 - Osteoporosis
 - 9 months without a period
 - Loss of skin turgor
45. Which of the following is *NOT* linked to premature ovarian failure?
- Smoking
 - Microdeletions of the X chromosome
 - Myasthenia Gravis
 - FSH receptor gene mutation
 - Nulliparity
46. What advice would you give a woman who insists on HRT because her menopausal symptoms make it impossible to function normally?
- HRT has proven benefit in the risk of CAD
 - She should take the highest possible dose she can tolerate, but only until her symptoms resolve
 - She is at increased risk for stroke while on HRT
 - The newest research shows no correlation between combined HRT and breast cancer
47. What is the major risk of estrogen-only HRT in a post-menopausal woman with both ovaries and uterus present?
- Increased risk of endometrial cancer
 - Increased incidence of fibroids
 - Increased endometriosis
 - Increased risk of ovarian cancer
 - None of the above
48. Which of the following describes the uterine gap junction:
- Connexon has 8 subunits
 - Connexon-43 has a high turnover rate in labor
 - Expression is decreased by oxytocin and estradiol
 - Expression is increased by progesterone and hCG
 - The density of gap junctions is lower when a woman has reached full-term than it is during pregnancy

49. Which of the following is *NOT* a component of the cervical ground substance:
- GAG
 - HA
 - Collagen
 - Chondroitin sulfate
 - Fetal fibronectin
50. Which of the following statements regarding oxytocin is *false*?
- Acts by raising intracellular free calcium levels
 - Has maternal and fetal sources
 - Receptors are distributed in a gradient, maximum at the cervix and few at the fundus
 - It can be released during the female orgasm
 - It is a nonapeptide
51. True/False. Estrogen is *NOT* necessary for Mullerian duct development or Wolffian duct regression.
52. Which of the following characterizes PCOS:
- Androgen excess, Estrogen deficiency, LH excess, FSH excess
 - Androgen excess, Estrogen excess, LH excess, FSH normal
 - Androgen excess, Estrogen deficiency, LH normal, FSH excess
 - Androgen excess, Estrogen excess, LH normal, FSH excess
 - Androgen deficiency, Estrogen excess, LH normal, FSH normal
53. All of the following have been proposed as mechanisms of insulin resistance and carbohydrate intolerance in PCOS except:
- Post-receptor defect in action of insulin
 - Pancreatic beta cell secretory dysfunction
 - Adipocyte insensitivity to inhibition of lipolysis by insulin
 - Increased hepatic synthesis of glucose
 - Decreased in rate of glucose uptake by adipocytes
54. In obese PCOS patients, sex hormone binding globulin is:
- Increased
 - Decreased
 - Unchanged
 - Absent
55. What is the treatment for PCOS patients who wish to become pregnant?
- Metformin
 - Thiazolidinediones
 - Clomiphene Citrate
 - Insulin
 - OCPs

56. The most common way a woman may be infected with *T. gondii* is?
- Eating uncooked meat
 - Drinking unpasteurized milk
 - Contact with soil
 - Coming in contact with a domestic house cat
 - By needle stick injury
57. A 29 year-old G1P0 woman comes to you for her first OB visit. She has never had a blood transfusion in the past. You run the routine 1st trimester screening tests, and discover that she has A- blood type. What is the appropriate management of this patient?
- Advise her to terminate the pregnancy immediately since her baby may be at imminent risk for erythroblastosis fetalis
 - Give her a dose of RhoGAM every week for the remainder of her pregnancy
 - Perform an antibody screen at 28 weeks gestation
 - Recommend amniocentesis at 16 wks to determine the fetal blood type.
 - Do nothing because this is her first pregnancy and there is no risk to the fetus
58. How does RhoGAM work?
- It prevents maternal sensitization to fetal red blood cells
 - It acts as a non-specific immunosuppressant, preventing the woman from mounting an immune reaction against the fetus' RBCs
 - It prevents fetal RBCs from crossing the placenta and entering maternal circulation
 - It eliminates maternal antibodies from the circulation
 - None of the above
59. Which of the following alleles has no antiserum?
- D
 - C
 - d
 - E
 - e

60. Ultrasound is the most commonly used modality for imaging pregnant patients, and is believed to be largely safe. However, at levels 100X greater than those in clinical use, negative fetal effects were observed. Which of the following is thought to be the mechanism of these effects?
- Increase in temperature
 - Increase in intrauterine pressure
 - Generation of electromagnetic field
 - Ionization of fetal cells
 - None of the above
61. Which of the following is *NOT* associated with teratogenesis related to hyperthermia:
- Prostaglandins
 - Glycoproteins
 - Micro bubbles
 - Mitochondria
 - Heat shock proteins
62. All of the following are potential etiologies for elevated AFP levels EXCEPT
- Teratoma
 - Congenital diaphragmatic hernia
 - Down's syndrome
 - Inflammatory bowel disease in mother
 - Dizygotic pregnancy
63. What is the earliest gestational age at which women commonly undergo a diagnostic genetic amniocentesis?
- 4 weeks
 - 9 weeks
 - 15 weeks
 - 21 weeks
 - 28 weeks
- 65-67. Patient-specific adjustments to the normal range of values may be made to the pre-natal triple screen. Match the adjustments listed below (a-e) with the appropriate type of patient described.
- AFP is lower
 - AFP is higher
 - AFP is unchanged
 - none of the above
64. Obese woman (a)
65. Diabetic woman (a)
66. African-American woman (b)

67. What is considered the best three-analyte combination for Down's syndrome screening?
- AFP, estriol, PAPP-A
 - AFP, estriol, inhibin
 - AFP, hCG, estriol
 - AFP, hCG, PAPP-A
 - AFP, hCG, inhibin
68. Which of the following is *NOT* a potential complication of CVS?
- Pregnancy loss
 - Transvaginal fluid leakage
 - Transfer of fetal acetylcholine to the maternal circulation
 - Uterine contractions
 - Fetal limb reduction defect
69. A 33-year old G2P1 woman comes in at 37 weeks, complaining of decreased fetal movement. You place a fetal scalp electrode (FSE) and obtain a tracing that shows minimal beat-to-beat and long-term variability. In addition, there are late and variable decelerations present. Which of the following possible mechanisms are *NOT* consistent with your findings?
- Fetal head compression
 - Intrauterine growth restriction
 - Uteroplacental insufficiency
 - Cord compression
 - Intrauterine fetal infection
70. A 24-year old G1P0 comes to your office for a pre-operative visit for a D&E for a missed abortion. What can you counsel her regarding the risks?
- There are no risks to the procedure because she is nulliparous and otherwise healthy.
 - The procedure is fairly well-tolerated, but there can be risks including perforation, bleeding, or infection.
 - It will be fairly painful because no anesthesia is used
 - The prostaglandins that are given may cause nausea
 - The incidence of needing a repeat procedure are about 10%
71. In a normal pregnancy it would be expected that
- Serum glucose falls as pregnancy advances
 - Serum insulin falls as pregnancy advances
 - Ureteral motility goes up as pregnancy advances
 - GFR goes down as pregnancy advances
 - Total lung capacity dramatically falls as pregnancy advances

72. The expected maternal cardiac output near term is increased approximately
- 80%
 - 35%
 - 125%
 - 10%
 - 0%
73. Normal basal body temperature
- Has a rise of about 1 degree Celsius at ovulation
 - Has a slight dip before the rise
 - Always remains elevated for 14 days after ovulation
 - Must be taken rectally for 5 minutes
 - Cannot be taken with a digital thermometer
74. Which of the following is generally *not* considered to be associated with intrapelvic adhesions leading to infertility?
- ruptured appendix
 - pelvic inflammatory disease
 - endometriosis
 - pelvic tuberculosis
 - >10 years of diaphragm use
75. Which of the following is *not* a finding in a dysplastic Pap smear
- Hyperchromasia
 - Chromatin clumping
 - Mitotic figures
 - Pleomorphic nuclei
 - Increased nuclear to cytoplasm ratio
76. Which statement is correct?
- The risk of acquiring HPV increases with the number of sexual partners
 - The highest rate of genital warts occurs under age 18
 - There are currently less than 100 subtypes of HPV
 - The risk of developing genital tract cancer from HPV type 11 is 7-8%
 - The risk of having HPV is independent of the number of other STD's one has

77. A baby is delivered after a 10 hour labor. During the last 20 minutes of the labor fetal distress was noted on the monitor and a forceps operation was carried out to effect delivery. Meconium was noted at the delivery and the baby was found to have meconium in its lungs. Because of this it had a very “rocky” course in the nursery. The law suit that followed alleges that the baby should have been delivered much earlier to avoid the meconium being passed just before delivery when the fetal distress was noted. In order to defend the physician the expert witness noted that
- There was meconium staining of Wharton’s jelly
 - Forceps carry no risk to the fetus
 - Fetal monitoring has no value what so ever
 - Meconium in the lungs carries no adverse consequences
78. The progesterone only “minipill” gives many women irregular bleeding even though they had perfectly regular periods while on combined oral contraceptives. This is because
- They were ovulating while on combined pills
 - Estrogen is required to give women “cycle control”
 - Progesterone causes LH surges
 - Combined pills cause endometrial adenomatous hyperplasia and this keeps the uterus from bleeding
 - The minipill is given for one week on and one week off
79. Which does not fit into the group
- Leydig cell tumor
 - Dysgerminoma
 - Benign cystic teratoma
 - Choriocarcinoma
 - Endodermal sinus tumor
80. Ovarian epithelial cancer *generally does not* spread via
- Diaphragmatic lymphatics
 - Intraperitoneal direct extension
 - Surgical spillage
 - Hematogenously
 - Para-aortic nodes
81. A woman has period every 33 days lasting 10 days with large clots being passed. She could be classified as having
- Metrorrhagia
 - menometrorrhagia
 - dysmenorrhea
 - menorrhagia
 - polymenorrhea

82. The ureter travels
- through the broad ligament
 - above the broad ligament
 - under the broad ligament
 - parallel to the broad ligament
 - at right angles to the broad ligament
83. Sustained low levels of FSH such as is seen in PCO
- May result in hirsutism
 - May result in endometrial hyperplasia
 - May result in hyponatremia
 - May result in galactorrhea (milk production)
 - Rarely causes a problem
84. Which of the following is *not* a clinically useful uterotonic agent?
- oxytocin
 - PGF₂α
 - 15 Methyl- PGF₂α
 - PGE₁
 - PGI₃
85. Combined HRT was shown by the Women's Health Initiative study to
- Reduce the risk of heart disease
 - Reduce the risk of colon cancer
 - Increase the risk of tibial fractures
 - Reduce the risk of Alzheimer's disease
 - Not change the risk of deep vein phlebitis
86. True or false
- The Women's Health Initiative was not designed to measure, among many other things, the effect of HRT on vasomotor symptoms.
87. A ripe cervix is one that is
- Hard
 - Long
 - Posterior
 - Undilated
 - Anterior
88. Menstrual extraction occurs
- Between 8 and 10 weeks of gestation
 - Requires laminaria placement
 - Requires a beta subunit of <400 to perform
 - May be done without any prior training
 - May be performed before a pregnancy test is ever positive

89. Beat-to-beat variability is diminished *in all but*
- a. Hypoxic fetuses
 - b. Anencephalic fetuses
 - c. Hydrocephalic fetuses
 - d. Fetuses given terbutaline
 - e. Fetuses given dihydromorphinone
90. Ultrasound markers for Down Syndrome *include all but*
- a. Increased nuchal translucency
 - b. Bright spot in the heart
 - c. Duodenal atresia
 - d. Shortened humerus
 - e. Unilateral club foot

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| 2. ___ | 40. ___ | 78. ___ |
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