



美国医师执照考试 (USMLE)

Obstetrics & Gynecology

妇产科学 (第12版)

- 500 USMLE-style questions and answers
- Detailed explanations for right and wrong answers
- Targets what you really need to know for exam success
- Student tested and reviewed

Karen M. Schneider
Stephen K. Patrick

原版影印



北京大学医学出版社

妇 产 科 学

(第12版)

Obstetrics and Gynecology

PreTest™ Self-Assessment and Review

图书在版编目 (CIP) 数据

妇产科学=Obstetrics and Gynecology: 英文/
(美)司堪内德 (Schneider K. M.), (美)帕迪克 (Patrick S. K.) 编.
—影印本. —北京: 北京大学医学出版社, 2010. 1
(美国医师执照考试丛书)
ISBN 978-7-81116-862-4

I. ①妇… II. ①司… ②帕… III. ①妇科学—医师
—资格考核—美国—自学参考资料—英文 IV. ①R71

中国版本图书馆 CIP 数据核字 (2009) 第 215625 号

北京市版权局著作权合同登记号: 01-2009-6352

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Obstetrics & Gynecology: PreTest™ Self-Assessment and Review, Twelfth Edition
ISBN 0-07-159979-7
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妇产科学 (第 12 版)

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出版发行: 北京大学医学出版社 (电话: 010-82802230)

地 址: (100191) 北京市海淀区学院路 38 号 北京大学医学部院内

网 址: <http://www.pumppress.com.cn>

E - mail: booksale@bjmu.edu.cn

印 刷: 北京东方圣雅印刷有限公司

经 销: 新华书店

责任编辑: 冯智勇 责任校对: 齐 欣 责任印制: 张京生

开 本: 889mm×1194mm 1/32 印张: 11.25 字数: 288 千字

版 次: 2010 年 1 月第 1 版 2010 年 1 月第 1 次印刷

书 号: ISBN 978-7-81116-862-4

定 价: 38.00 元

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(凡属质量问题请与本社发行部联系退换)

出版说明

美国医师执照考试 (United States Medical Licensing Examination, USMLE) 是针对全世界各国医学院的学生或毕业生, 欲到美国从医的执照考试, 考试全部为选择题, 采用计算机考试。考试分为:

Step 1 (第一阶段): 考察医学基础学科知识, 包括解剖学 Anatomy, 生理学 Physiology, 生物化学 Biochemistry, 微生物学 Microbiology, 病理学 Pathology, 药理学 Pharmacology, 遗传学 Genetics, 营养学 Nutrition, 神经科学 Neuroscience 等。

Step 2 (第二阶段):

(1) 临床医学知识 (Clinical Knowledge, CK): 包括内科学 Medicine, 外科学 Surgery, 妇产科学 Obstetrics and Gynecology, 儿科学 Pediatrics, 神经病学 Neurology, 家庭医学 Family Medicine, 急诊医学 Emergency Medicine, 预防医学 Preventive Medicine 等。

(2) 临床技能 (Clinical Skill, CS): 要通过 Step 1、Step 2 及 TOEFL 之后才能报考, 主要是考察考生的临床实践操作知识。

Step 3 (第三阶段): 测试考生的实际工作能力。内容包括采集病史、体格检查、诊断、治疗措施, 以及医疗法规等。

USMLE 在北京、上海和广州设有考点, 在中国大陆可参加 USMLE Step 1 和 USMLE Step 2 CK 的考试。考试介绍及报名情况可参见 <http://www.ecfm.org>

为了帮助有志于参加 USMLE 的考生更好地复习, 北京大学医学出版社全面引进了 McGraw Hill 公司的两个著名 USMLE 复习品牌丛书: PreTest 系列、FIRST AID 系列。这两套丛书经过多次再版, 受到世界各地考生的欢迎。本次引进的均为其最新版本。

当前, 我国很多医学院校在进行英文授课、考试的改革, 本书对国内从事英语授课、考试的教师和学生也有重要的参考价值。为广大的医学生和医务工作者比较中美医学教育和自己掌握的知识提供参考。同时, 该书也是学习专业英语的好教材。

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Introduction

Obstetrics and Gynecology: PreTest™ Self-Assessment and Review, Twelfth Edition, is intended to provide medical students, as well as physicians, with a convenient tool for assessing and improving their knowledge of obstetrics and gynecology. The 502 questions in this book are similar in format and complexity to those included in Step 2 of the United States Medical Licensing Examination (USMLE). They may also be a useful study tool for Step 3.

Each question in this book has a corresponding answer, a reference to a text that provides background for the answer, and a short discussion of various issues raised by the question and its answer. A listing of references for the entire book follows the last chapter. For multiple-choice questions, the **one best** response to each question should be selected. For matching sets, a group of questions will be preceded by a list of lettered options. For each question in the matching set, select **one** lettered option that is **most** closely associated with the question.

To simulate the time constraints imposed by the qualifying examinations for which this book is intended as a practice guide, the student or physician should allot about 1 minute for each question. After answering all questions in a chapter, as much time as necessary should be spent reviewing the explanations for each question at the end of the chapter. Attention should be given to all explanations, even if the examinee answered the question correctly. Those seeking more information on a subject should refer to the reference materials listed or to other standard texts in medicine.

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Obstetrics

Preconception Counseling, Genetics, and Prenatal Diagnosis

Questions

1. After an initial pregnancy resulted in a spontaneous loss in the first trimester, your patient is concerned about the possibility of this recurring. Which of the following is the most appropriate answer regarding the chance of recurrence?
- a. It depends on the genetic makeup of the prior abortus.
 - b. It is no different than it was prior to the miscarriage.
 - c. It has increased to approximately 50%.
 - d. It has increased most likely to greater than 50%.
 - e. It depends on the sex of the prior abortus.
2. A 24-year-old woman has had three first-trimester spontaneous abortions. Which of the following statements concerning chromosomal aberrations in abortions is true?
- a. 45,X is more prevalent in chromosomally abnormal term babies than in abortus products.
 - b. Approximately 20% of first-trimester spontaneous abortions have chromosomal abnormalities.
 - c. Trisomy 21 is the most common trisomy in abortions.
 - d. Despite the relatively high frequency of Down syndrome at term, most Down fetuses abort spontaneously.
 - e. Stillbirths have twice the incidence of chromosomal abnormalities as live births.

3. A 29-year-old G3P0 presents to your office for preconception counseling. All of her pregnancies were lost in the first trimester. She has no significant past medical or surgical history. She should be counseled that without evaluation and treatment her chance of having a live birth is which of the following?

- a. <20%
- b. 20% to 35%
- c. 40% to 50%
- d. 70% to 85%
- e. >85%

4. A 26-year-old G3P0030 has had three consecutive spontaneous abortions in the first trimester. As part of an evaluation for this problem, which of the following tests is most appropriate in the evaluation of this patient?

- a. Hysterosalpingogram
- b. Chromosomal analysis of the couple
- c. Cervical biopsy in the luteal phase
- d. Postcoital test
- e. Cervical length by ultrasonography

5. A 30-year-old G1P0 at 8 weeks gestation presents for her first prenatal visit. She has no significant past medical or surgical history. A friend of hers just had a baby with Down syndrome. The patient denies any family history of genetic disorders or birth defects. You should tell her that she has an increased risk of having a baby with Down syndrome in which of the following circumstances?

- a. The age of the father of the baby is 40 years or older.
- b. Her pregnancy has been achieved by induction of ovulation by menotropins (eg, Follistin, Gonal-F).
- c. She has an incompetent cervix.
- d. She has a luteal phase defect.
- e. She has had three first-trimester spontaneous abortions.

6. A 20-year-old female presents to your office for routine well-woman examination. She has a history of acne, for which she takes minocycline and isotretinoin on a daily basis. She also has a history of epilepsy that is well controlled on valproic acid. She also takes a combined oral contraceptive birth control pill containing norethindrone acetate and ethinyl estradiol. She is a nonsmoker but drinks alcohol on a daily basis. She is concerned about the effectiveness of her birth control pill, given all the medications that she takes. She is particularly worried about the effects of her medications on a developing fetus in the event of an unintended pregnancy. Which of the following drugs has the lowest potential to cause birth defects?

- a. Alcohol
- b. Isotretinoin (Accutane)
- c. Tetracyclines
- d. Progesterone
- e. Valproic acid (Depakote)

7. A 24-year-old woman is in a car accident and is taken to an emergency room, where she receives a chest x-ray and a film of her lower spine. It is later discovered that she is 10 weeks pregnant. Which of the following is the most appropriate statement to make to the patient?

- a. The fetus has received 50 rads.
- b. Either chorionic villus sampling (CVS) or amniocentesis is advisable to check for fetal chromosomal abnormalities.
- c. At 10 weeks, the fetus is particularly susceptible to derangements of the central nervous system.
- d. The fetus has received less than the assumed threshold for radiation damage.
- e. The risk that this fetus will develop leukemia as a child is raised.

8. One of your patients, a 25-year-old G0, comes to your office for pre-conception counseling. She is a long-distance runner and wants to continue to train during her pregnancy. This patient wants to know whether there are any potential adverse effects to her fetus if she pursues a program of regular exercise throughout gestation. You advise her of which of the following true statements regarding exercise and pregnancy?

- a. During pregnancy, women should stop exercising because such activity is commonly associated with intrauterine growth retardation in the fetus.
- b. Exercise is best performed in the supine position to maximize venous return and cardiac output.
- c. It is acceptable to continue to exercise throughout pregnancy as long as the maternal pulse does not exceed 160.
- d. Non-weight-bearing exercises are optimal because they minimize the risks of maternal and fetal injuries.
- e. Immediately following delivery, patients can continue to exercise at prepregnancy levels.

9. A 47-year-old woman has achieved a pregnancy via in vitro fertilization (IVF) using donor eggs from a 21-year-old donor and sperm from her 46-year-old husband. She has a sonogram performed at 7 to 12 weeks gestational age that shows a quintuplet pregnancy. A 5-mm nuchal translucency is discovered in one of the embryos. Implications of this include which of the following?

- a. The embryo has a high risk of neural tube defect.
- b. The embryo has a high risk of cardiac malformation.
- c. The nuchal translucency will enlarge by 20 weeks.
- d. If the nuchal translucency resolves, the risk of a chromosome abnormality is comparable to that of other embryos.
- e. If the embryo is aneuploid, the most likely diagnosis is Turner syndrome.

10. Your patient presents for preconception counseling. She is 27 years old and has never been pregnant. Her husband is an achondroplastic dwarf. Which of the following statements is true regarding achondroplasia?

- a. The inheritance pattern is autosomal recessive.
- b. It is rarely caused by a new genetic mutation.
- c. Affected women have a low incidence of cesarean section.
- d. Affected women rarely live to reproductive age.
- e. Spinal stenosis is common.

11. A 25-year-old G3P0 presents for preconception counseling. She has had three first-trimester pregnancy losses. As part of her evaluation for recurrent abortion, she had karyotyping done on herself and her husband. Her husband is 46,XY. She was found to carry a balanced 13;13 translocation. What is the likelihood that her next baby will have an abnormal karyotype?

- a. <5%
- b. 10%
- c. 25%
- d. 50%
- e. 100%

12. A 31-year-old G1P0 presents to your office at 22 weeks gestation for a second opinion. She was told that her baby has a birth defect. She has copies of the ultrasound films and asks you to review them for her. The ultrasound image below shows the birth defect. Which of the following is the most likely defect?

- a. Cystic hygroma
- b. Encephalocele
- c. Hydrocephaly
- d. Anencephaly
- e. Omphalocele

13. A 24-year-old white woman has a maternal serum α -fetoprotein (MSAFP) at 17 weeks gestation of 6.0 multiples of the median (MOM). Which of the following is the most appropriate next step in management?

- a. A second MSAFP test
- b. Ultrasound examination
- c. Amniocentesis
- d. Amniography
- e. Recommendation of termination

14. A 40-year-old woman pregnant at 6 weeks gestation presents to your office for prenatal care. She is interested in prenatal testing for genetic abnormalities. She read on the Internet that an ultrasound measurement of the neck of the fetus can be used in prenatal diagnosis. Which of the following is correct information to tell your patient regarding ultrasound measurement of the fetal nuchal translucency for prenatal diagnosis?

- a. It is a simple way to screen for Turner syndrome.
- b. It can be performed by anyone trained in basic fetal ultrasonography.
- c. It should be offered only to pregnant women less than 35 years.
- d. It can be performed at any gestational age.
- e. It is a screening test for Down syndrome performed between 10 and 13 weeks of pregnancy.

15. A 41-year-old had a baby with Down syndrome 10 years ago. She is anxious to know the chromosome status of her fetus in her current pregnancy. She is currently at 8 weeks of gestation. Which of the following tests will provide the most rapid diagnosis of Down syndrome?

- a. Amniocentesis
- b. Maternal serum analyte analysis
- c. CVS
- d. Cystic hygroma aspiration

16. A 39-year-old wants first-trimester prenatal diagnosis. Which of the following is an advantage of amniocentesis over CVS?

- a. Amniocentesis can be performed earlier in pregnancy.
- b. Amniocentesis is usually less painful.
- c. Second-trimester diagnosis allows for safer termination of pregnancy when termination is chosen by the patient.
- d. CVS has a higher complication rate than midtrimester amniocentesis.
- e. CVS has a higher complication rate than first-trimester amniocentesis.

17. A patient presents for prenatal care in the second trimester. She was born outside the United States and has never had any routine vaccinations. Which of the following vaccines is contraindicated in pregnancy?

- a. Hepatitis A
- b. Tetanus
- c. Typhoid
- d. Hepatitis B
- e. Measles

18. During preconception counseling, a woman has a question for you regarding immunizations. Correct advice for this patient includes which of the following?

- a. Inactivated vaccines are hazardous to the mother.
- b. Congenital rubella syndrome is common in fetuses born to mothers who were immunized early in pregnancy for rubella.
- c. Inactivated vaccines are hazardous to the fetus.
- d. The polio virus has the ability to spread from a vaccinated individual to susceptible persons in the immediate environment.
- e. Hepatitis B vaccine crosses the placenta and causes neonatal jaundice.

19. A patient presents to your office at term with no prenatal care. An ultrasound is performed and shows the fetus to have multiple congenital anomalies, including microcephaly, cardiac anomalies, and growth retardation. You should question the patient if she has abused which of the following substances during her pregnancy?

- a. Alcohol
- b. Benzodiazepines
- c. Heroin
- d. Methadone

20. Your 25-year-old patient is pregnant at 36 weeks gestation. She has an acute urinary tract infection (UTI). Which of the following medications is contraindicated in the treatment of the UTI in this patient?

- a. Ampicillin
- b. Nitrofurantoin
- c. Trimethoprim/sulfamethoxazole
- d. Cephalexin
- e. Amoxicillin/clavulanate

21. You diagnose a 21-year-old woman at 12 weeks gestation with gonorrhea cervicitis. Which of the following is the most appropriate treatment for her infection?

- a. Doxycycline
- b. Chloramphenicol
- c. Tetracycline
- d. Minocycline
- e. Ceftriaxone

22. You see a healthy 40-year-old multiparous patient for preconception counseling. She is extremely worried about her risk of having a baby with spina bifida. Five years ago, this patient delivered a baby with anencephaly who died shortly after birth. What is the most appropriate counsel for this woman regarding future pregnancies?

- a. She does not have a recurrence risk of a neural tube defect above that of the general population.
- b. She has an increased risk of having another baby with anencephaly because she is more than 35 years old.
- c. When she becomes pregnant, she should undergo diagnostic testing for fetal neural tube defects with a first-trimester CVS.
- d. When she becomes pregnant, she should avoid hyperthermia in the first trimester because both maternal fevers and the use of hot tubs have been associated with an increased risk of neural tube defects.
- e. She has a recurrence risk of having another baby with a neural tube defect of less than 1%.

23. A 36-year-old G1 undergoes a triple screen test at 16 weeks of pregnancy to evaluate her risk of having a baby with Down syndrome because she is worried about being of "advanced maternal age." Her MSAFP level comes back elevated. This patient is extremely concerned and comes into your office to get additional counseling and recommendations. Which of the following is the best advice to give this patient?

- a. An elevated serum AFP level indicates that she is at risk for having a baby with Down syndrome.
- b. An ultrasound should be performed to confirm the gestational age of the fetus and to rule out any fetal anomalies.
- c. She is probably going to have twins.
- d. Unexplained elevated MSAFP levels have no prognostic value for her pregnancy.
- e. Most women who have an elevated MSAFP have a fetus with a neural tube defect.