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Obstetrics and Gynecology

PreTest® Self-Assessment and Review

Ninth Edition

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Obstetrics and Gynecology

PreTest® Self-Assessment and Review

NOTICE

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前　言

“美国医生执照考试(United States Medical Licensing Examination, USMLE)”是一种获取美国行医执照的考试，由“美国国家联邦医学会(Federation of State Medical Board, FSMB)”和“美国国家医学考试委员会(National Board of Medical Examiners, NBME)”联合发起，由美国“外国医学生教育委员会(Educational Commission for Foreign Medical Graduates, ECFMG)”组成的联合会及“美国国家联邦医学会”和“美国国家医学考试委员会”共同组织管理。国际上，其他一些国家的医学组织也承认此项考试。目前，这项考试已在我国的北京、上海和广州开展。有志参加此项考试的中国医学生和医生可与这项考试在北京设立的机构 Prometric 取得联系，以获取更多的信息。联系地址和方式如下：100086 北京市海淀区泛亚大厦 1201 室(Room 1201, PANA Tower, Zhichun Road, Haidian District, Beijing 100086, China)，网址：http://www.prometric.com，E-mail：webmaster@sylvan.com.cn。

美国医生执照考试共分三部分，即美国医生执照考试(一)(PreTest USMLE Step 1)、美国医生执照考试(二)(PreTest USMLE 2)、美国医生执照考试(三)(PreTest USMLE 3)。第一部分考试以基础医学为主，如解剖、生理、病理、药理、生化，等等。第二部分考试以临床医学为主，如内科、外科、妇产科、儿科、物理诊断、神经病、精神病，等等。第三部分试题只为美国国内医学生使用。国际上，只使用第一和第二部分考试。

为满足中国医学生和医生的需求，人民卫生出版社将陆续引进了“美国医生执照考试”的第一和第二部分系列考试丛书英文版最新版本。这套系列考试丛书不仅为有志于参加美国医生执照考试的中国医学生和医生提供帮助，更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了参考。同时，该书也是学习专业英语的好教材。

PREFACE

No longer can students assume that continuing education ends with the completion of formal training and the successful completion of licensing or certifying examinations. As of October 1979, all 22 member boards of the American Board of Medical Specialties committed themselves to the principle of periodic recertification of their members. Despite the Board's recognition that the cognitive skills measured in the objective examination do not assure clinical competence, recertification efforts—insofar as they involve examinations—are based on the assumption that knowledge of current information on which good clinical decisions should be made is worth cultivating; that, while such information does not guarantee competent practice, lack of it probably impedes competent practice, that this knowledge, unlike technical skills, is reasonably easy to assess; and that it can be acquired by well-motivated physicians. These assumptions all seem reasonable.

The questions presented in this book deal with issues of relative importance to medical students; other problem-oriented materials are becoming available that are aimed at more sophisticated audiences—groups that, within a very few years, will include the present generation of students. Regular review of such material is a habit worth developing. We hope that this edition of *Obstetrics and Gynecology: PreTest® Self-Assessment and Review* will justify your efforts in working through the problems by providing guidance for further study and by helping you to develop enduring learning habits.

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KENNETH A. GINSBURG, M.D.

INTRODUCTION

Obstetrics and Gynecology: PreTest® Self-Assessment and Review, Ninth Edition, has been designed to provide medical students, as well as physicians, with a comprehensive and convenient instrument for self-assessment and review within the field of obstetrics and gynecology. The 500 questions provided have been designed to parallel the format of the questions contained in Step 2 of the United States Medical Licensing Examination (USMLE).

Each question in the book is accompanied by an answer, a paragraph explanation, and a specific page reference to a current textbook. A bibliography that lists all the sources used in the book follows the last chapter.

Perhaps the most effective way to use this book is to allow yourself one minute to answer each question in a given chapter; as you proceed, indicate your answer beside each question. By following this suggestion, you will be approximating the time limits imposed by licensing examinations.

When you practice your examination-taking skills with this PreTest®, one way to maximize your score is to go through, answer all the questions you find easy, and skip over the more difficult ones initially. We do recommend, however, that once you come back to the more difficult questions, you spend as much time as you need. You will then be more likely to retain the information.

When you have finished answering the questions in a chapter, you should then spend as much time as you need verifying your answers and carefully reading the explanations. Although you should pay special attention to the explanations for the questions you answered incorrectly, you should read every explanation. The authors of this book have designed the explanations to reinforce and supplement the information tested by the questions. If, after reading the explanations for a given chapter, you feel you need still more information about the material covered, you may wish to consult the references indicated.

CONTENTS

OBSTETRICS

EARLY PREGNANCY

Questions

DIRECTIONS: Each item below contains a question or incomplete statement followed by suggested responses. Select the **one best** response to each question.

1. Maternal mortality refers to the number of maternal deaths that occur as the result of the reproductive process per

a. 1000 births
b. 10,000 births
c. 100,000 births
d. 10,000 live births
e. 100,000 live births

2. The most common cause of maternal death in the United States is

a. Abortion
b. Anesthesia
c. Embolism
d. Ectopic pregnancy
e. Hemorrhage

3. Which of the following is included in the fertility rate?

a. Women age 14 years
b. 400-g fetuses
c. Births per 1000 population
d. Births per 1000 females age 15 to 45 years
e. Stillbirths

4. Which of the following statements about twinning is true?

a. The frequencies of monozygosity and dizygosity are the same
b. Division after formation of the embryonic disk results in conjoined twins
c. The incidence of monozygotic twinning varies with race
d. A dichorionic twin pregnancy always denotes dizygosity
e. Twinning causes no appreciable increase in maternal morbidity and mortality over singleton pregnancies

DIRECTIONS: Each group of questions below consists of lettered options followed by numbered items. For each numbered item, select the appropriate lettered option(s). Each lettered option may be used once, more than once, or not at all. **Choose exactly the number of options indicated following each item.**

Items 5–9

Match each description with the correct type of abortion.

a. Complete abortion
b. Incomplete abortion
c. Threatened abortion
d. Missed abortion
e. Inevitable abortion

5. Uterine bleeding at 12 wk gestation accompanied by cervical dilation without passage of tissue **(SELECT 1 ABORTION)**

6. Passage of some but not all placental tissue through the cervix at 9 wk gestation **(SELECT 1 ABORTION)**

7. Fetal death at 15 wk gestation without expulsion of any fetal or maternal tissue for at least 8 wk **(SELECT 1 ABORTION)**

8. Uterine bleeding at 7 wk gestation without any cervical dilation **(SELECT 1 ABORTION)**

9. Expulsion of all fetal and placental tissue from the uterine cavity at 10 wk gestation **(SELECT 1 ABORTION)**

10. Components of sperm capacitation include

a. Cyclic guanosine 5′-monophosphate (GMP) formation
b. Decreased permeability to calcium
c. Maintenance of a high intracellular calcium concentration
d. Maintenance of a low potassium concentration
e. Acrosome reaction

11. True statements about human chorionic gonadotropin (hCG) include

a. It is produced by the cytotrophoblast
b. It is a glycoprotein
c. Levels peak at the midpoint of pregnancy
d. It is composed of four subunits
e. It is low in carbohydrate content

12. The placenta of twins may be

a. Dichorionic and monoamniotic in dizygotic (DZ) twins
b. Dichorionic and monoamniotic in monozygotic (MZ) twins
c. Monochorionic and monoamniotic in DZ twins
d. Dichorionic and diamniotic in MZ twins

13. The most important factor in the regulation of placental transfer of glutamine is which of the following?

a. The metabolism by the fetus during transfer
b. The area for exchange within the fetal arteries
c. The bound concentration of the substance in the fetal blood
d. The specific binding or carrier proteins in the fetal or maternal circulation
e. A positive transfer gradient from the mother to the fetus

14. In the embryologic development of the human kidney

a. The pronephros has no ultimate function
b. The mesonephros replaces the pronephros in the 10th wk
c. The metanephros forms lower in the cavity than the original kidney
d. The müllerian duct originates during the 12th wk
e. The müllerian duct develops at the same time as the pronephros

15. Compared with its adult weight, the fetal organ that is the largest is the

a. Heart
b. Thymus
c. Gallbladder
d. Adrenal cortex
e. Stomach

16. Fetal blood is returned to the umbilical arteries and the placenta through the

a. Hypogastric arteries
b. Ductus venosus
c. Portal vein
d. Inferior vena cava
e. Foramen ovale

17. A primitive fetal circulation is established how many days after ovulation?

a. 7
b. 14
c. 21
d. 28
e. 35

18. True statements regarding embryonic implantation include which of the following?

a. It occurs when the embryo first reaches the endometrial cavity
b. It is prevented by the birth control pill
c. It requires the removal of the zona pellucida
d. The fetomaternal circulation is first established by the invasion of spiral arteries
e. The uteroplacental circulation is established 7 days after ovulation

19. The finding of a single umbilical artery on examination of the umbilical cord after delivery is

a. Insignificant
b. Equal in incidence in blacks and whites
c. An indicator of considerably increased incidence of major malformation of the fetus
d. Equally common in newborns of diabetic and nondiabetic mothers
e. Present in 5% of all births

Items 20–24

For each structure below, select its embryologic origin.

a. Genital tubercle
b. Genital swellings
c. Urogenital sinus
d. Urethral folds
e. Müllerian ducts

20. Labia minora (SELECT 1 ORIGIN)

21. Labia majora (SELECT 1 ORIGIN)

22. Clitoris (SELECT 1 ORIGIN)

23. Lower one-third of vagina (SELECT 1 ORIGIN)

24. Fallopian tubes (SELECT 1 ORIGIN)

25. After an initial pregnancy resulted in a spontaneous loss in the first trimester, your patient is concerned about the possibility of this recurring. An appropriate answer would be that the chance of recurrence

a. Depends on the genetic makeup of the prior abortus
b. Is no different than it was prior to the miscarriage
c. Is increased to approximately 50%
d. Is increased most likely to greater than 50%
e. Depends on the sex of the prior abortus

26. 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 abortuses
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

27. Rates of successful pregnancy following three spontaneous losses (habitual abortion) are

a. Very poor
b. Slightly worse than those in the baseline population
c. No different from those in the baseline population
d. Just under 50%
e. Good unless cervical incompetence is diagnosed

28. A 26-year-old patient has had three consecutive spontaneous abortions early in the second trimester. As part of an evaluation for this problem, the least useful test would be

a. Hysterosalpingogram
b. Chromosomal analysis of the couple
c. Endometrial biopsy in the luteal phase
d. Postcoital test
e. Tests of thyroid function