

Question	A	B	C	D
A 25 years old patient has dyspareunia and dysmenorrhoea. On vaginal examination nodes are palpable in the Douglas pouch. What is the most probable diagnosis?	Ovarian cancer	Cervical cancer	Endometriosis	Ovarian cyst
The role of cervical intraepithelial neoplasia (CIN) in the development of cervical cancer. One answer is right.	CIN always develops into cervical cancer, although needs varying length of time.	There is a verified causal link between CIN, high risk HPV infection and cervical cancer.	Transformation of low grade CIN into cervical cancer is a high chance event, too.	High grade CIN can be safely treated by HPV vaccine.
Anovulatory cycle can be suspected in the early follicular phase by:	Elevated E2	Elevated P4	Elevated LH/FSH	None
Anovulatory cycle can be suspected in the luteal phase by:	Elevated E2	Elevated P4	Elevated hCG	None
Which of the following contraceptive methods has the best Pearl index?	condom	spermicides	oral contraceptive pill	IUD
Which of the following statements is the best explanation for the mechanism of action of the IUD?	Hyperperistalsis of the fallopian tubes accelerates the transport of the ovum, thereby preventing fertilisation	The IUD causes a bacterial endometritis that interferes in implantation	The IUD produces menorrhagia, and the embryo is aborted in the heavy menstrual flow	A sterile inflammatory reaction of the endometrium to the IUD prevents implantation

Which is absolute contraindication for the use of combined oral contraceptive pills?	migraine with aura	diabetes mellitus	mild hepatic cirrhosis	smoking
Which of the following allows for the earliest determination of probable pregnancy?	Pelvic examination	Ultrasonography	Assay of the serum beta subunit of beta HCG	Basal temperature curves
Regarding diagnosis of Endometriosis which of the following is most appropriate?	Patient age	Laparoscopy	Bi-manual examination	Speculum exam
Which of the following is true regarding Human Papilloma Virus (HPV)	Has only 4 strains 6, 11, 16 and 18	Transmitted by air droplets	HPV types 16 and 18 may lead to cervical cancer	HPV types 6 and 11 may lead to cervical cancer
which one is not an absolute contraindication for hormonal replacement therapy?	uncontrolled hypertension	myoma of the uterus	confirmed venous thromboembolism	suspicion of endometrial cancer
benign epithelial tumors of the ovaries, except:	dermoid cyst	mucinosus cystadenoma	serous cystadenoma	endometrioid cystadenoma
Which is the most commonly used excision technic for CIN treatment?	large loop excision of transformation zone (LLETZ)	cryotherapy	cold coagulation	cone biopsy
which of is not a common cause of abnormal uterine bleeding?	arteriovenous malformation	intrauterine contraceptive device	myoma of the uterus	endocervical polyps
which one is not a typical risk factor for endometrial carcinoma?	obesity	late menopause	anorexia nervosa	previous pelvic irradiation
clinical presentations of thr cervix carcinoma are the following, except:	abnormal vaginal bleeding	offensive vaginal discharge	ascites	bleeding on contact

which one of the following is not a symptom for endometriosis?	dysmenorrhoea	infertility	cyclical lower abdominal pain	contact bleeding
which one of the following is not a benign ovarian tumor	dermoid cyst	endometrioid carcinoma	mature teratoma	mucinosus cystadenoma
which one is not a suitable treatment for endometriosis?	hormonal replacement therapy	danazol	progesterone/dienogest	GnRH agonist
Which is not a risk factor for endometrial cancer?	colorectal cancer in the family history	diabetes	cervical cancer in the family history	PCOS
Which one is not a spermicide anticoncipient?	Benzalkonium	Borax-glycerin	Nonoxynol	None
Which of the following is protective against ovarian cancer?	vasectomy	oral contraceptives	barrier methods	IUD
Which of the following could associate with genital ulceration?	Behcet syndrome	Systemic lupus erythematosus	Sarcoidosis	All of the above
Regarding dermoid cysts, the following statement is NOT true:	The malignancy rate is low (around 2 per cent).	50 per cent are bilateral.	Complications include torsion, chemical peritonitis and rupture.	Struma ovarii are dermoid tumours predominantly made of thyroid tissue.
Which of the following tumor markers is used for monitoring epithelial ovarian malignancies?	CEA	CA-125	CA 19-9	beta-HCG
Definition of Asherman's syndrome. Only one answer is correct	Clinical manifestation of hypothalamic amenorrhea	Result of over-vigorous uterine curettage after spontaneous abortion or childbirth. Typical symptoms are intrauterine synechiae and amenorrhea	Occurs after abortion or childbirth, main clinical symptom is hypermenorrhea (heavy menstrual bleeding, HMB)	Amenorrhea, developing typically after cesarean section due to obstruction of the cervical os

Symptoms of advanced cervical cancer. One answer is correct.	The symptoms are mild or even hidden as a rule.	Frequent bleeding or bloody vaginal discharge after intercourse.	The symptoms are generally extragenital by nature (weakness, muscle pain, erythrocytosis).	Advanced cervical cancer typically progresses towards the vulva.
Phases of endometrial cycle	Follicular phase	Proliferative phase	Secretory phase	Menstruation
Endometriosis is a recognized cause of:	dyspareunia.	infertility.	pain in laparotomy scars.	all of the above.
One of the following drugs can NOT be recommended for treating endometriosis	GnRh analogues	oral contraceptives	phytoestrogens	progestogens
Treatment of endometriosis. One answer is faulty	Analgesics (NSAID)	GnRH agonists	Oral estradiol 17 β	Surgery: laparoscopy or hysterectomy
In connection of endometriosis, it is true, except:	The long lasting endogene oestrogene effect can increase the incidence.	The long lasting breastfeeding increase the incidence	Pregnancies decrease the incidence.	Main symptoms are pain and infertility
FIGO staging of carcinoma of the uterus. One answer is wrong	Stage 1. Confined to uterine body	Stage 2: Exceeds the endometrial basal membrane by maximum 5 mm	Stage 3: Local or regional spread in the vicinity of the uterus	Stage 4: Invasion of bladder+bowel, optional distant metastases
Risk factors for endometrial cancer. One answer is false	Atypical endometrial hyperplasia due to increased of prolonged unopposed estrogen action	Tamoxifen, given for adjuvant treatment of breast cancer	Raloxifen given to treat postmenopausal osteoporosis	Diabetes mellitus
Diagnostic procedures for dysmenorrhea. One answer is wrong	Exclusion of pelvic infection (vaginal, cervical sampling for identification of pathogenic agent)	FSH, LH and estradiol 17 β assay	Pelvic ultrasound (US) examination	Diagnostic laparoscopy
Risk factor for endometrial cancer is:	early menopause	multiparity	obesity	family history of cervical cancer.

Epidemiology of epithelial ovarian cancer. One answer is wrong.	It is the second most common gynaecological malignancy.	Its lifetime risk in the general population is 1.4%.	Affects typically women 35 years of age and over.	The chance of developing of ovarian cancer is increased by high risk oncogene HPV infection.
Factors affecting clinical prognosis of ovarian epithelial cancer. One answer is wrong	Clinical stage of disease	Size of remnant tumour mass post-surgery	Histological type of the tumour	Hormonal activity of the tumour (estrogen producing activity is a bad prognostic sign)
The characteristics of the ideal contraceptive method are, except	irreversible contraceptive effect	no side effects or risk	protect against STD's	easy to use
Checkup of urinary incontinence contains, except	Bonney test	Valsalva (Q-tip) test	Urodynamic examination	TOT tape
Most common complications of IUD may be?	Abnormal bleeding	Extrauterine pregnancy	Pelvic inflammatory disease	All of the above
The most appropriate time to insert an IUD is:	Anytime	During menstruation or within two days of it	At time coinciding with ovulation	2 weeks post partum
The oral contraceptive pills increase the risk of thromboembolism by ____ fold.	3-6	6-10	15	30
Phases of ovarian cycle	Follicular phase	Secretory phase	Ovulation	Luteal phase
Treatment options for dysmenorrhea. One answer is false	NSAID	LNG- containing intrauterine system (LNG-IUS)	Copper coated IUD	Oral combined contraceptive pill
Assessment of ovarian follicular reserve. One answer is right	By estrogen + progesterone assay early in the cycle	By anti-Mullerian hormone assay	By measuring LH level at mid-cycle	By FSH assay (low levels indicate decreased reserve)

Major side effect of paclitaxol, a primary chemotherapeutic agent for epithelial ovarian cancer	Anemia (low RBC count)	Loss of total body hair	Severe decrease of platelet count	Prolonged blood clotting time
Which of the following biochemical markers is not used for the examination of the ovarian reserve?	oestradiol	AMH (anti-Mullerian hormon)	androstendion	FSH
All the following are associated with hyperprolactinaemia/amenorrhoea EXCEPT	Hypoestrogenism	Hypothyroidism	Pituitary adenoma	Anorexia nervosa
Upshot of missing oestrogene in menopause:	Working of gastrointestinal system doesnt change.	The base metabolism becomes slow.	Atherosclerosis decreasing.	The osteoporosis is short-term upshot.
Regarding the place where the ureter and the uterine artery is the closest to each other:	They are 7-8 cm from each other here.	The ureter is situated more caudally	It is in the mid-sagittal plane of the body	None of the above is true
Regarding the pathophysiology of pelvic organ prolapse:	Pelvic organ prolapse is more common in nulliparous women than in multiparous women.	Pelvic organ prolapse is never seen in nulliparous women.	Epidural in labour is a risk factor for the subsequent development of prolapse.	Forceps delivery is a risk factor for the development of prolapse.
The presence of a uterus and fallopian tubes in an otherwise phenotypically normal male is due to	Lack of Müllerian inhibiting factor	Lack of testosterone	Increased level of estrogens	46, XX karyotype
Effective in bacterial vaginosis	Metronidazole	Clindamycin	Both	None
First treatment choice of bacterial vaginosis would be:	fluconasole	metronidasole	penicillin	cephalosporine
Adequate treatment of Bartholin's cyst in generative age	Excision	Marsupialisation	Both	None

Characteristic of borderline tumours	No metastasis formation	May recur	Not invasive	A,B,C
Peritoneal carcinosis from endometrial cancer requires adjuvant treatment with	Radiotherapy	Chemotherapy	Both	None
Cervical cancer screening by cytological smear. One answer is right.	Evaluation of the smears is done exclusively on fully matured squamous epithelial cells.	Sampling is to be made from the transformation zone. Intracervical sample should always be taken, too.	Cervical smear is only taken in case of strong colposcopic suspicion of premalignant lesion.	For successful evaluation smears should always contain red and white blood cells.
Which agent is used in cervical cancer	Cisplatin	Cyclophosphamid	Leukovorin	Docetaxel
Most common symptom of cervical cancer:	vaginal bleeding	obesity	fever	pelvic pain
Methods of cervical cancer radiation therapy. One answer is wrong.	Teletherapy (external irradiation).	Brachytherapy (internal, or intracavitary irradiation).	Choice of radiation therapy can only be teletherapy or brachytherapy, the two are not combined, as a rule.	Average distance of effective (high) energy radiation by brachytherapy is targeted approx. 0.5 cm from the source.
Factors affecting survival of cervical cancer patients. One answer is false	Best survival is expected for in situ cancer	The survival chances mostly depend on the clinical stage and lymph node status (0, pelvis extension, para-aortic ascent)	Survival finally depends on the choice of treatment method (surgery gives better, radiation results in inferior outcomes, as a rule)	Survival in advanced stages depends on the properly chosen combination of surgery, radiotherapy (and chemotherapy)
What can be used for distension of abdominal cavity during laparoscopy	Saline	Glycin	NO	CO2

What is the basic method on the diagnose of cervical cancer?	hystology	cytology	CT	MRI
Non-cyclical intermittent lower abdominal pain may raise the suspicion of	Endometriosis	Torquation of ovarian cyst	Ovulation	Hydrosalpinx
Labratory test in case of irregular cycles	LH, FSH, ostrogen, progesterone, prolactine, 17-OH-progesterone, TSH	LH, TSH, insulin resistency	testosterone, parathormon	TSH, FT3, FT4
Which one is correct in case of condyloma acuminatum infection	Caused by Chlamydia	Caused by HPV 6,11 types	Caused by N. gonorrhoea	Caused by Treponema Pallidum
Possible route of administration of gestogene only hormonal contraceptives can be	Oral	Intramuscular	Subcutaneous	A,B,C
Characteristics of osteoporosis	BMD decrease starts at the age of 50	speeds up in the menopause	Ca and vitamin D supplementation is indicated only in osteopenia	None
Definitions:	Polymenorrhoea is defined as prolonged increased menstrual flow	Oligomenorrhoea is defined as menses occurring at less than 21-day interval	Hypermenorrhoea is defined as excessive regular menstrual loss.	Menorrhagia is defined as menses at intervals of more than 35 days
Treatment of dysmenorrhoea	OAC	Terbutalin	Diazepam	A and B
Definition of Dysmenorrhoea:	blood loss greater than 80ml/period	painful menstruation	the absence of menstruation	pain during sexual intercourse
Definition of dyspareunia:	blood loss greater than 80ml/period	painful menstruation	the absence of menstruation	pain during sexual intercourse
What percentage of couples will conceive within 1 year of regular unprotected intercourse?	65	75	85	95

Progesteron only pill POP- true description:	Such effective like combined OAC	Doesn't make change in the quantity or quality of mother's breastfeeding	Doesn't cause intermenstrual bleeding.	Triphase drug.
Best treatment for endometriosis	surgical	medical	both	none
Drugs used to treat endometriosis include	GnRH analogues	Dienogest	LNG-IUS	A,B,C
Medications used for treatment of endometriosis, except:	GnRH analogues	Danazole	Dienogest	Metformin
Which cannot be used for the treatment of endometriosis?	Combined oral contraceptive pill	GnRH depot injection	Danazol	Estriol vaginal cream
Pelvic pain caused by endometriosis is characteristically	decreased by the use of minipill	increases in the menopause	decreases during menstrual period	None
Symptom of endometriosis:	Dysmenorrhoea	Pelvic pain	A,B	None
Hormonal contraception is absolutely contraindicated in?	Epilepsy	Hypertension	Myoma	Poorly controlled Diabestes
Symptoms in endometriosis patient, except	Dysmenorrhoea	Low abdominal pain	Infertility	Urinary incontinence
Endometriosis is characterized by	dysmenorrhoea	dyspareunia	infertility	all of the above
What is the "gold standard" procedures in diagnosis of endometriosis	LSC	HSc	UH	Bimanual examination
Endometriosis may appear...	scar	appendix	both	neither
Typical symptom of endometriosis	diarrhea	sterility	headache	all
Treatment of endomteriosis can be..., except	COC	Gn-Rh agonists	Surgery	Antibiotics therapy

Risk factor for endometrial cancer	Grand multiparity	Prolonged lactation	Obesity	Combined pill use
Risk factors for endometrial cc.	diabetes mellitus	obesity	nulliparous	mediterranean diet
Risk factors for endometrial cancer, except:	Diabetes	Nulliparous	Late menopause	Low serum oestrogen levels
Effects of HPV (6,11,16,18) vaccination. One answer is correct.	Suitable for risk reduction of breast and ovarian cancer in BRCA1 positivity.	Suitable for prevention of primary HPV infection and minimizing the risk of cervical cancer caused by type 16 and 18 HPV.	Suitable for preventing 6 and 11 type HPV infection and development of cervical cancer.	Not suitable for prevention of cervical cancer, but decreases the risk of developing estrogen receptor positive endometrial cancer.
Associated diseases in endometrial cancer	insulin resistance	hypertension	obesity	A,B,C
Five-year survival for women with endometrial cancer by clinical stages. One answer is wrong.	I.: 88%.	II.: 86%.	III.: 55%.	IV.: 16%
Factors lowering survival chances of women with endometrial cancer. One answer is wrong.	Advanced age (>70 years).	Overweight, obesity.	Regional spread of the tumour.	Histological type: endometrioid adenocarcinoma has worst prognosis.
Normal thickness of the endometrium by ultrasound in postmenopausal patient	10mms	8mms	6mms	less, than 4 mms
Advantages of endoscopy, except	cheaper	faster recovery	minimal invasivity	less blood loss
Size of a matured dominant follicle	3-5 mm	8-10 mm	18-21 mm	>40 mm

Adjuvant treatment of well differentiated pT1N0M0 endometrial cancer with superficial myometrial invasion requires	brachytherapy	teletherapy	both	None
Gene that is needed for the development of a male gonad	SRY	DAX1	Both	None
Preservation of fertility can be an issue in the following cancers	Cervix	Corpus	Ovary	A,B,C
Individuals with karyotype 45,X are likel to have	a webbed neck, shield chest, high-arched palate, and low-set ears	lymphoedema of extremities at birth	a high incidence of diabetes mellitus	A, B, C together
HPV vaccination is most effective	Before menarche	After the start of sexual activity	During reproductive years	None
Charcteristic of genital herpes	Strawberry cervix	Foamy discharge	Painful eruptions	Macular exanthemas
Effective in genital herpes	Clindamycin	Amantadine	Rivaroxaban	Acyclovir
Signs of vaginal candidiasis, except:	fishy discharge	itching	burn	yeast discharge
Risk factors for vaginal candidiasis	diabetes	stress	pregnancy	all
What percentage of acetic acid is used during colposcopy	2-3%	0,03	0,08	0,4
With regard to abdominal and vaginal hysterectomy.	Vaginal hysterectomy can only be performed if there is uterovaginal prolapse	Abdominal hysterectomy is indicated if there is a suspicion of malignancy.	The recovery from a vaginal hysterectomy is slower compared to abdominal hysterectomy.	The incidence of haematoma formation is greater after abdominal hysterectomy than after a vaginal hysterectomy.

Screening is effective:	cervix carcinoma	endometrium carcinoma	ovarium carcinoma	vagina carcinoma
Emergency contraception in Hungary:	Escapelle	Cerazette	Divina	Mercilon
Indication of hysteroscopy, except	infertility	pregnancy	abnormal uterine bleeding	recurrent pregnancy loss
Where does the spermium meet the oocyte?	uterine cavity	cervix	Fallopian tube	ovary
Treatment options for hypermenorrhea (heavy menstrual bleeding, HMB). One answer is wrong	Ovulation induction	Tranexamic acid or endometrial ablation	LNG-containing intrauterine system (LNG-IUS)	Hysterectomy later in the fertile age
where is the transformation zone?	at the fundus of the uterus	in the ovaries	in the cervix	in the vagina
Where do germ cells originate from?	Genital ridge	Hindgut	Pronephros	None
Hormonal contraception:	condom	vasectomy	combined oral contraception	femal barrier
Hormonal contraceptive methods, except	Progesteron only pills	MIRENA-IUS	Depo-Provera inj.	Coitus interruptus
Name of gestogen-IUD:	Mirena	Pregna	Cerazette	Continuin
Types of HPV vaccines	Bivalent	Trivalent	Quadrivalent	A,C
Presentation of pelvic organ prolapse. One is false.	Urge incontinence.	Cystocele.	Rectocele-	Uterine prolapse.
predisposing factors for vaginal candidiasis, except:	miscarriage	pregnancy	antibiotic therapy	immunosuppression
In the background of hypermenorrhea	Endometrial hyperplasia	Endometrial polyp	Submucosal fibroid	All of the above
Hypermenorrhea can be treated by, except	IUS	Oestrogen gel	OAC	Gestagen monotherapy
The aim of hysteroscopy	to confirm intrauterine pregnancy	to diagnose intrauterine pathology	both	None

Indications of hysteroscopy:	sterility	habitual abortion	bleeding disorders	all
Complications of hysteroscopy:	TUR-syndrome	uterus perforation	infection	all
Hysteroscopic interventions	fibroid resection	septum resection	tubal patency test	A,B,C
Operative hysteroscopy can be used for treating	bicornuate uterus	subserous fibroid	septate uterus	all of the above
Stage I means disease confined to the organ of origin in the following cancer	Cervix	Corpus	Ovary	A,B,C
Five-year survival rate (%) for stage I. cervical cancer. One answer is right.	40-50.	25-30.	10 to 20.	80-85.
Ideal OAC:	cheap	reversible	simple	all
Characteristic of stage III vulval cancer	Rectal spread	Urethral spread	Inguinal spread	Distant metastasis
Stage III means disease spread to the omentum in the following cancer	Cervix	Corpus	Ovary	B,C
Part of the adult uterine wall.	Perimetrium	Myometrium	Endometrium	A,B,C
Indications for intracytoplasmic sperm injection (ICSI). Which answer is correct?	Primary treatment choice for severe male subfertility (hypo-azoospermia)	Routine treatment of infertility due to ovulatory disorder	Exceptional treatment method for vas deferens obstruction or agenesis	Standard assisted reproduction technique for erectile dysfunction
Clinical effects of the intrauterine contraceptive device (IUD). One answer is right	Copper coated IUD is the most efficient reversible contraceptive method. Its failure rate is <1 in 100 woman years	There is no gynaecologic contraindication of inserting a copper IUD in the fertile age	The LNG-releasing IUD is a highly efficient and also significantly reduces menstrual blood loss	The copper IUD is efficient in alleviating menstrual related lower abdominal dycomfort an also reduces blood loss
Colposcopic sign of invasive	Atypical vessels	Acetowhite area	Punctuation	Ectopy

lesion				
Treatment of returning CINIII	conisation	hysterectomy	follow up	nothing
IUD can cause	bleeding disorder	pelvic inflammatory disease	pelvic abscess	all of them
Consequence of IUD:	infection	pelvic pain	extrauterine pregnancy	all
Increased chance for IUD wearing patient	pelvic inflammatory disease	cervical cancer	endometriosis	PCOD
Stage IVa means bladder or rectum involvement in the following cancer	Cervix	Corpus	Ovary	A,B
Causes of delayed puberty include:	anorexia nervosa	gonadal dysgenesis	chronic disease	all of the above
Which of the following is NOT true in relation to the causes of vulvovaginitis	Trichomoniasis	Candidiasis	Chlamydia infection	Bacterial vaginosis
Diagnostic signs of PID. One answer is faulty	Endometrial thickening by ultrasound indicating the primary site of inflammation	Lower abdominal pain, fever, dyspareunia, negative pregnancy test	Painful cervix and adnexal mass by vaginal examination	Laboratory: raised (sometimes reduced) white cell count, high CRP and erythrocyte sedimentation rate (ESR)
Concentration of acetic acid used in colposcopy	1%	5%	10%	15%
Route of administration of combined hormonal contraceptives	Oral	Vaginal	Oral or vaginal	Oral or vaginal or subcutaneous implant
Route of administration of combined hormonal contraceptives	Transdermal	Vaginal	Oral or vaginal	A,B,C
COC is contraindicated, in case	Leiden homozygote status	irregular bleeding	ovarian cyst	dysmenorrhoea

of				
Can be a side-effect of the combined pill	Amenorrhoea	Thrombosis	Breast cancer	A,B,C
The major cause of oral contraceptive failure that results in unwanted pregnancy is	incorrect use	malabsorption	autoimmune disease	development of antibodies
The combined oral contraceptive	predisposes to pelvic inflammatory disease	predisposes to breast and ovarian cysts	both	neither
Combined oral contraceptive pill is contraindicated in	smoking patient older than 25	epilepsy	thromboembolic disease	ovarian cyst
Oral combined anticoncipient pill contains	ostrogen	progesteron	none of them	both of them
The most effective treatment modality in locally advanced early stage cervical cancer	Surgery	Radiation therapy	Both	Chemotherapy
To aid diagnosis of PID (Pelvic Inflammatory disease) which of the following is most accurate?	White-Blood cell count	Pelvic Ultrasound	Bi-manual examination	Culdocentesis
Abnormal cervical epithelium becomes	mahagony colored by Lugol solution	white by acetic acid solution	Both	None
Symptom of chronic pelvic inflammatory disease:	Lower abdominal pain	Pyrexia	Menstrual disorder	A,B,C
Advantages of laparoscopy	small incision	lower trauma	less postoperative complication	all
Advantages of laparoscopy	fewer adhaesions	shorter hospital stay	lower costs	all
Indications of laparoscopy, except:	infertility	malignant ovarial cancer	fibroid	extrauterine gravidity
Contraindication of laparoscopy:	peritoneal tuberculosis	severe heart failure	3rd trimester pregnancy	all
Difficulties of laparoscopy	2D view	limited palpation	limited movements	all

Complications of laparoscopy:	vessel injury	bowel injury	bladder injury	all
Belongs to laparoscopic ovarian operations:	ovarial cyst	PCOS	endometrioma	all
During laparoscopy we can perform	Cytectomy	Myomectomy	Hysterectomy	All
The role of colposcopy in the diagnosis of cervical cancer. One answer is right.	Colposcopy is a secondary screening method, it may raise suspicion not suitable however for final diagnosis.	Colposcopy is a first line diagnostic method of cervical cancer.	It is suitable for the detection of intracervical cancer.	By using acetic acid, colposcopy became suitable for setting final diagnosis.
Minimum depth of invasion which warrants lymphadenectomy in cervical cancer	1mm	5mm	10mm	15mm
Minimum depth of invasion which warrants lymphadenectomy in vulval cancer	1mm	5mm	10mm	15mm
Most common cervical cancer histological type:	adenocarcinoma	planocellular	adenosquamosus	clear-cell carcinoma
Not true for levonorgestrel containing IUDs	reduce the amount of menstrual bleeding	reduce the risk of PID	not useable for nulliparous patients	can be used during lactation
High risk HPV	16,18,6	16,18,31	45,6,11	6,11,31
High risk HPV infection	6,11	16,18	31	33
High-risk HPV:	HPV-6	HPV-11	HPV-16	HPV-42
It has the highest malignant potential	simplex endometrial hyperplasia	Simplex endometrial hyperplasia with atypia	Complex endometrial hyperplasia	Complex endometrial hyperplasia with atypia

At the age of 17 secunder amenorrhoea is the diagnosis if the menstrual bleeding is missing for:	1 month	3 months	6 months	12 months
Secondary sexual characteristics include:	Genital organ	Gonad	Body hair	None
Combines pills' main mechanism of action:	Suppression of ovulation	Suppression of transport	Suppresses implantation	None
Part of the routine in fertility examination, except	Semen analysis	FSH, LH, PRL, E2 measurment	Laparoscopy	HPV screening
Differentialdiagnosis of extrauterine pregnancy	appendicitis	adnexitis	abortus incompletus	all
Risk of extrauterine pregnancy	endometriosis	IUD	previous extrauterine gravidity	all
Surgical treatment for ectopic pregnancy	Salpingectomy	Oophorectomy	Hysterectomy	Drilling
Characteristic of cervical cancer	Haematogenous spread	Lymphatic spread	Direct spread	B,C
The most common histological type of cervical cancer	squamous	glandular	small cell	None
It may be necessary to employ in the treatment of haemorrhage from cervical cancer	blood trasnfusion	vaginal tamponade	embolisation of hypogastric artery	A,B,C
Radiotherapy of cervical cancer involves	brachytherapy	teletherapy	both	None
Risk factor for cervical cancer	Early menarche and late menopause	Smoking	Barrier contraception	Higher education
Can be used to screen for cervical cancer	Lugol-test	Colposcopy	HPV typing	A,B,C
Stage IIIc2 endometrial cancer refers to involvement of the following structure	Cervix	Omentum	Pelvic nodes	Para-aortic nodes

Which patient can receive estrogen hormone replacement therapy without gestagen?	Patient after early menopause (below 40 years of age)	Patient with progesteron positive breast cancer	Patient without a uterus	Postmenopausal patient with osteoporosis
Cause of deep dyspareunia	Endometriosis	Chronic PID	Both	None
At what age is the developmental age for OP?	30	40	50	60
Which contraceptive method has the lowest Pearl index?	Combined oral contraceptive pill	Condom	Calculating the safe period	Intravaginal spermicide gel
Which operative technique can not be used to treat myomas?	Hysteroscopy	Laparoscopy	Marsupialisation	Transvaginal hysterectomy
What are the treatment modalities available for the multimodality treatment of ovarian cancer?	surgical tumor reduction combined with multidrug chemotherapy	irradiation combined with multidrug chemotherapy	chemotherapy combined with immunotherapy	external field irradiation combined with local irradiation
What tumor markers can be used in the monitoring of epithelial ovarian cancer?	CA125+He4	CEA	CA19-9	AFP
What are the therapeutical possibilities on treatment of cervical cancer?	operation	chemotherapy	radiotherapy	all
Which are the most relevant oncogenic HPV types?	HPV 33/35	HPV 16/18	HPV 6/11	HPV 45/52
What are the therapeutical possibilities on treatment of endometrial cancer?	operation	chemotherapy	radiotherapy	all
Which cells are taking part in the ovarian steroidogenesis?	Theca cells	Granulosa cells	Both	None of them
What are the therapeutical possibilities on treatment of ovarian cancer?	operation	chemotherapy	radiotherapy	all

What histological types belong to the epithelial ovarian cancer group?	serous	mucinous	endometrioid	all of them
Which is the most effective among the listed contraceptive methods?	Diary	Nonoxynol	Condom	Abstinence
Which is the most effective among the listed contraceptive methods?	Combined pill	IUD	Depo injection	Vasectomy
What is the most common genital tumor?	cevical	endometrial	ovarial	vulva
Which are the most frequent malignant ovarian tumours of the adult age?	germ cell	sex cord stromal	epithelial	metastatic
Which drug is recommended in the treatment of bacterial vaginosis?	erythromycin	clindamycin	penicillin	clotrimazole
The combined pill protects against	Gonorrhoea	Ovarian cancer	Ovarian cyst	B,C
Which is the minimally invasive technique?	hysteroscopy	laparotomy	biopsy	cone biopsy
True for upper genital tract infections, except:	never need systemic antibiotic treatment	can be caused by chlamydia infection	often results in tubal damage	often caused by ascending infection
which one is not correst for vaginal candidiasis?	pH <4.5	causing itching	the colour of the discharge is white	offensive smell
In which case of menstrual disturbance levonorgestrel IUS is not recommended?	endometrial hyperplasia	endometrial polyp	adenomyosis	hypermenorrhoea without organic cause
Which is the most common symptom of endometriosis?	Dysmenorrhoea	Nausea	Menometrorrhagia	Haematuria

Which is the most common symptom of endometrial cancer?	pain	postmenopausal bleeding	ileus	night sweats
which disease is not a common cause of abnormal uterine bleeding?	diabetes mellitus	migraine	prolactin disorders	hypothyroidism
In which tumour's surgical treatment is the triple incision technique used?	Cervix	Corpus	Ovary	Vulva
Anovulatory cycles predispose to cancer of	Cervix	Corpus	Ovary	None
The uterine fibroids typically found	in the reproductive years	in prepuberty	in adolescens	in premenopausa
From which embryonal structure does the ovary develop?	Wolfian duct	Müllerian duct	Genital ridge	None
CA 125 may elevate ?	Only incase of ovarian carcinoma	Only incase of extensive endometriosis	May elevate slightly in extensive endometriosis and at higher levels in ovarian carcinoma	None of the above
Which medication may inhibit the ovulation?	metformin	aspirin	vitamin D	folic acid
Which medical treatment can be effective in exrauterine pregnancy?	doxorubicin	methotrexate	carboplatin	bleomycin
Which HPV infection does not cause cervical cancer?	11	16	18	31
Which is IUS?	Copper-IUD	Copper-Gold IUD	gestogen-IUD	Plastic IUD
Which sign/symptom is typical in bacterial vaginosis?	thick and crudy discharge	ithing	fishy malodorous smell	pH<4.5
Which is the possible treatment of vaginal candidiasis?	amoxicillin	labetalol	tetracilin	fluconazole

Which operation is impossible by laparoscopy?	Myomectomy	Hysterectomy	Lymphadenectomy	None
Which type of fibroid can cause severe menorrhagia?	subserosal	intramural	submucosal	intraligamental
Most important non-contraceptive benefits of combined oral contraceptives, except:	Antiandrogenic effect	Decreasing intensity of dysmenorrhoea	Decreased incidence of ovarian cysts	Protection against cervical cancer
Consequences of bacterial vaginosis, except:	preterm labor	ovarian cancer	cervicitis	endometritis
which one is not a common cause of miscarriage?	chromosomal abnormalities	maternal age above 25	uterine septum	hypothyroidism
which one is not an absolute contraindication for hormonal replacement therapy?	migraine	suspicion of breast cancer	suspicion of endometrial cancer	acute active liver disease
Which is NOT an absolute contraindication for COC?	diabetes	ischaemic heart disease	venous thrombosis	focal migraine
Which is NOT an essential part of pelvic examination?	inspection of external genitalia	Speculum examination	Rectal examination	Bimanual digital examination
Which does not belong to the positive health benefits of oral contraceptives?	decreases menstrual pain	decreases the long-term risk of ovarian cancer	decreases the amount of menstrual bleeding	decreases the risk of cervical cancer
Which of the following signs and symptoms is not typical in vulvovaginal candidiasis?	itching	thick and crudy discharge	erythema	high pH
Which is not the symptom of extrauterine gravidity?	amenorrhoea	vaginal bleeding	pelvic pain	fever
which one of the following is not the symptom of the menopause?	hot flushes	maniac depression	vaginal dryness	mood swings

Which of the the following features is not a criteria for the diagnosis of PCOS?	obesity	amenorrhoea/oligomenorrhoea	polycystic ovaries by ultrasound	clinical and laboratory signs of hyperandrogenism
Which has the highest mortality among gynaecological cancers	Cervix	Endometrium	Ovary	Vulva
Which gynaecological cancer has an established primary preventive method?	Cervix	Endometrium	Ovary	A,B,C
What is the most easiest genital tumor on the diagnostic side?	cevical	endometrial	ovarial	vulva
Which is the gold standard of the first-line chemotherapy of ovarian cancer?	cyclophosphamid+doxorubicin (AC)	paclitaxel+carboplatin	cyclophosphamid+cysplatin (CP)	gemcytabine+carboplatin
Which is part of the Amsel criteria?	presence of Clue cells	vaginal pH <4.5	thick and crudy discharge	itching
Which is a predisposing factor to epithelial ovarian cancer?	hypertension	nulliparity	oral contraceptive pills	diabetes
What STD types can be prevented through vaccination?	Chlamydia trachomatis	b. Neisseria gonorrhoeae	c. HPV	Trichomonas vaginalis
With which ligament runs the ovarian artery?	Suspensory ligament of ovary	uterosacral ligament	Ovarian ligament	round ligament
which answer is not correct for determining the ovulaton?	measurement of serum progesterone on the 21st day of the cicle is usefull	serum progesterone should be above 10 nmol/L on the 21st say of cicle	serum progesterone measurement is the most helpful test	the result can be interpreted if the menstrual period occurs 14 days after the serum progesteron test
Which method is suitable for cervical cancer screening?	colposcopy	amnioscopy	hysteroscopy	colonoscopy

The least severe cervical cytology result:	ASCUS	LSIL	HSIL	CIS
Definition of menorrhagia:	blood loss greater than 80ml/period	painful menstruation	the absence of menstruation	pain during sexual intercourse
What is Bartholin's cyst. One answer is right	Cystic enlargement of Bartholin's gland due to occlusion of the long duct by infection	Early form of vulvar intraepithelial neoplasia	A vulval cyst, filled by purulent secretion close to the urethral meatus	Purulent cysts of the hair follicles of labia majora
What is CIN? One answer is correct	Colposcopically identified cervical neoplasm	Cervical intraepithelial neoplasia, a precancerous lesion of the epithelium, does not extend beyond the basal membrane	Cytologically identified neoplasia of the cervix	Central intraepithelial necrosis (early necrotizing form of cervical cancer)
Regarding sexually transmitted diseases in adults which of the following is the most common causative agent of Mucopurulent Cervicitis?	In every case multiple bacterial strains and viruses play an important role	Herpes Simplex Virus	Human Papillomavirus (HPV)	Chlamydia Trachomatis
The major cause of oral-contraceptive failure that results in an unplanned pregnancy is	Diarrhoea	A high frequency of intercourse	Incorrect use of oral contraceptives	Development of antibodies
Which is the most common complication of chlamydia infection?	fever	abnormal uterine bleednig	infertility	itching
Most frequent cause of female infertility:	tubal occlusion	anovulation	sexual dysfunction	endometriosis
What is the definition of menopause?	lack of menstruation	lack of menstruation more than 1 year	lack of menstruation less than 1 year	none
What is the therapy for menopause?	hormone replacement therapy	psychical threatment	both	none
What is the main complaint in menopause?	hot flushes	genital atrophy	swetting	all

What is the therapy for fibroid?	medication	operative	both	none
What is Pearl-index?	A number showing the efficiency of contraceptive methods	A number showing the incidence of fibroids	A number showing the incidence of unwanted pregnancies	A number showing the distribution of different contraceptive methods
Which structure develops from the Mullerian duct?	Ovary	Fallopian tube	Vagina	None
What is the most common cause of Acute Cystitis ?	Escherichia coli	Streptococcus agalactiae	Mycoplasma hominis	Staphylococcus aureus
Which is the most common symptom of endometriosis?	dysmenorrhoea	vertigo	abnormal uterine bleeding	vaginal discharge
What is the threatment for endometriosis?	operative	GnRh analogue	gestogen	all
What is the definition of osteopenia?	decrease of bone density	decrease of bone density more than -2,5 SD	decrease of bone density less then -2,5 SD	none
What is the defenition of osteoporosis?	decrease of bone density	decrease of bone density more than -2,5 SD	decrease of bone density less then -2,5 SD	none
What is the main complication due to osteoporosis?	fracture	immbalance	both	none
What is in the background of osteoporosis?	decreased blast activity	increased clast activity	both	none
What is the cause of osteoporosis?	genetical	feeding	absence of physical activity	all
What is teh therapy for osteoporosis?	antiresorptiv drugs	Ca	Vit.D	all
What is characteristic for the ovaries in Turner's syndrome?	multifollicular ovaries	absence of ovaries	polycystic ovaries	streak ovaries
Which is the most effective method for the primaryary prevention of cancer of the	barrier type contracetion use	HPV vaccination	fiber rich diet and giving up smoking	prevention, early detection and treatment of genital

uterine cervix?				tract infections
Which is the most effective method of the secondary prevention of cancer of the uterine cervix?	cytological screening assisted with HPV typing	cytological screening alone	colposcopy	speculum examination
With a help of what can we get the diagnose of menopause?	case history	laboratory examinatio	both	none
What is the origin of the lower third of vagina?	Müllerian duct	Cloaca	Wolfian duct	None
Which estrogen do most of the oral contraceptive pills contain?	ethinyl estradiol	estradiol	estradiol valerate	estriol
What kind of disease the fibroid is	benign	malignant	both	none
What kind of distending fluid is used during operative hysteroscopy?	NaCl	Glycine	H ₂ O	Cristalloids
Which of the following gynaecological disease frequently associates with Haematometra?	Polycystic Ovarian Disease	Hirsutism	Endometriosis	Adnexal torsion
What kind of position could be to the fibroid?	subserosus	submucosus	intramuralis	all
Which type of vaginitis is associated with white discharge with burning and itching?	Candida	Trichomonas	Bacterial vaginosis	Herpes genitalis
What kind of contraceptiv methods do you know?	barrier	hormonal	count	all
During therapy, how often we controll the DEXa exam?	every year	2 years	3 years	never

What kind of medicated therapy do we have to treat the fibroid	gestagen	GnRh analogue	both	none
What kind of vaccination do you know against HPV?	bivalent	quadrivalent	both	none
Which type of urinary incontinence is best treated by surgery?	Stress-incontinence	Urge incontinence	Overflow incontinence	Motor neuron disease
What consequences could be happened to the fibroid?	infertility	malignant transformation	both	none
Which may be the localization of lower genital tract infection due to Chlamydia trachomatis?	Endocervix	Endometrium	Vulva	Vagina
In case of high risk HPV infection, tumor localization may play an important part where?	Endometrium	Fallopian tubes	Cervix	Myometrium
What kind of side effects can IUD have?	ectopic pregnancies	imflammation	abnormal bleeding	all
What kind of diagnostic methods do we have to detect the fibroid?	TVS	CT	MRI	all
What kind of operativ techniques do we have to treat fibroid?	LSC	abdominal hysterectomy	vaginal hysterectomy	all
Screening of which gynaecological cancer employs the ROMA-score?	Cervix	Endometrium	Ovary	None
What kind of a doctor was Janos Veres?	pulmonologist	obstetrician	surgeon	pathologist
What could be the complaint due to endometriosis?	pain	infertility	both	none

What are the types of osteoporosis?	primaer	secundaer	both	none
What could be the complaints due to the fibroid?	bleeding	pain	both	none
Which is the diagnostic method for the diagnosis of osteoporosis?	osteodensitometry	ultrasound	physical	none
What kind of examination do we make during menopause?	mammography	TVS	Pap smear	all
Side-effects of the minipill include	Ovarian cyst	Vaginal dryness	Amenorrhoea	A,C
Method of fibroid removal	Enucleation	TCRE	Hysterotomy	Selective embilisation
Can be used in operative treatment of fibroids	TCRM	Enucleatio	A,B	None
No acceptable treatment for uterin fibroids	no treatment	vaginal myomectomy	abdominal myomectomy	myomectomy during SC
Can be used in conservative treatment of fibroids	Ulipristal	GnRH analogues	Tranexamic acid	A,B,C
Types of uterine fibroids, except	submucosus	myometrial	subserosal	ectopic
signs of bacterial vaginosis	itching	white discharge	pH <4.5	offensive, fishy smell
The support of the uterus is provided by:	the cardinal ligaments	the round ligaments	the integrity of the perineal body	all of the above
Which one is correct for uterine fibroids	No chance for malignant transformation	Most frequent in fertile ages	Ultrasound can not detect	Does not cause bleeding disorders
Types of fibroids	Subcortical	Intramural	Submucinous	A,B,C
Not the surgery the first step in the management of	simplex endometrial hyperplasia	Endometrial polyp	Submucosal fibroid	Complex endometrial hyperplasia with

				atypia
Which vessel is not a branch of the hypogastric artery?	Superior gluteal artery	Median sacral artery	Uterine artery	Umbilical artery
Which vessel is not a parietal branch of the hypogastric artery?	Superior gluteal artery	Inferior gluteal artery	Internal pudendal artery	Uterine artery
Not only gestogene containing hormonal contraceptive:	Minipill	Depo injection	Norplant	None
Which one is not characteristic of PCOS?	Hyperandrogenism	Oligo-/amenorrhoea	Insulin resistance	Increased FSH/LH ratio
Non-pathological colposcopic finding	Acetowhite area	Ectopy	Punctuation	Mosaic pattern
Which will not cause hyperprolactinaemia and amenorrhoea?	Antipsychotic drug	Adenohypophysis microadenoma	Hyperthyroidism	Pregnancy
The IUD's main mechanism of action:	Suppression of ovulation	Suppression of transport	Suppresses implantation	None
Which will not cause infertility?	Mayer-Rokitansky-Küster-Hauser syndrome	Classical Turner's syndrome	Meigs' syndrome	OAT (oligo-asthenoteratozoospermia)
Which can not cause amenorrhoea?	Hypothyroidism	Hyperparathyroidism	PCOS	Hyperprolactinaemia
Which is not the used treatment in endometriosis ?	GNRH	IUD	OAC	NSAID
Indications for neoadjuvant chemotherapy	Locally advance cervical cancer	Advanced stage ovarian cancer	Both	None
The avarage blood loss resulting from menstruation is:	10-20 ml	30-60 ml	80-140 ml	150 - 200 ml
Symptoms of acute gynecological disorders:	pelvic pain	collapsus	bleeding disorders	all
Part of the basic gynaecological	Breast exam	Endocrine studies	Urodynamic studies	Office hysteroscopy

examination:				
Not part of the basic gynaecological examination:	Breast exam	Bimanual exam	PAP smear	HPV typing
Common complication of gynaecological cancers	Thrombosis	duodenal ulcer	bone metastasis	pneumonia
IUDs increase the frequency of ectopic pregnancy	Not in absolute numbers	Relative to intrauterine pregnancies, yes	Both	None
Aim of gynaecological operations	Restore anatomy	Restore function	Establish diagnosis	A,B,C
Gene that is needed for the development of a female gonad	SRY	DAX1	Both	None
Contraindications of OAC, except:	myopia	varicositas	smoking	AMI
Types of OAC:	one-phase drugs	two-phase drugs	Progestreon only pill	all
Effect of OAC, except:	inhibits spermium motility	inhibits of ovulation	reduces FSH-level	reduces LH-level
Consequences of OAC, except	deep vein thrombosis	pulmonal embolia	AMI	ovarian cancer
Oncogenic HPV types	6,11	16,18	All	None
Distension medium used for operative hysteroscopy	Physiological saline	1,5% Glycine	CO2	None
It is not routinely used in the treatment of ovarian cancer	Radiotherapy	Chemotherapy	Both	None
can be a risk factor of ectopic pregnancy, except:	intrauterine device	chlamydia infection	chromosomal abnormality	tubal surgery
Marker in the prognostics of ovarian malignancies	CA-125	HE-4	none of them	both of them
Risk factor in ovarian cancer	Multiparity	COC	Obesity	Tubal ligation
Ovulatory cycle can be confirmed in the luteal phase by:	Elevated E2	Elevated P4	Elevated hCG	None

Signs of PCOD	Ovarian subcortical girland structure	Raromenorrhoea	Hirsutism	A,B,C
Treatment modality for PCOD	Drilling	Cyst aspiration	GnRH analogues	Hormone replacement therapy
In case of PCOS, first line treatment for anovulatory infertility is:	Clomifene-citrate	Metformin	Gonadotropins	laparoscopic ovarian drilling
Genetic risk factors of ovarian cancer. One answer is false.	Leiden-mutation.	BRCA1 and BRCA2 syndrome.	Genetic factors are responsible for 10-15% of the risk.	Risk of ovarian cancer is increased in hereditary non-polypous colorectal cancer (Lynch syndrome).
Drug used for chemotherapy of ovarian cancer	Taxol	Carboplatin	Both	None
Common palliative treatment measure in ovarian cancer	Lymphatic massage	blood transfusion	paracentesis	urostoma
Based on Stages of cervical cancer by FIGO-2009 true:	IA1: Confined to the cervix, diagnosed only by microscopy with invasion of < 3 mm in depth and lateral spread < 7 mm	IIA: with parametrial invasion	IIA1: Involvement of the upper two-thirds of the vagina, without parametrial invasion, > 4 cm in greatest dimension	IIIA: No extension into the pelvic sidewall but involvement of the upper two- thirds of the vagina.
Risk factor for ovarian cancer	Early menarche and late menopause	Smoking	Barrier contraception	Higher education
Complications of ovarian cancer include	bowel obstruction	cachexia	hydrothorax	A,B,C
Can be used to screen for ovarian cancer	CA19-9	CA-125	HE4	B,C
Typical symptom of ovarian cancer	Abdominal bloating	Weight-gain	Metrorrhagia	Amenorrhoea
For evaluation of tubal patency,	Hysterosalpingography	Blood test	Hystero-Contrast-	Laparoscopy

except			Sonography	
Most important in the diagnosis of PID	leukocyte count	pelvic ultrasound	vaginal examination	culdocentesis
Diagnostic criteria for PMS, except:	Depression	Physical signs (headache, breast tenderness, abdominal bloating)	Increased libido	Testiness
In the polycystic ovary syndrome (PCOS) the following statement is NOT true:	Obesity is common.	LH levels are low.	Oligomenorrhoea is typical.	Clomiphene may restore ovulation and regular periods.
Diagnostic criteria of polycystic ovarian syndrome. One answer is false.	Low oestradiol levels (<20 pmol/L).	Oligo- or anovulation.	Clinical and/or laboratory signs of hyperandrogenism.	Polycystic ovary by ultrasound exam, after exclusion of other causes (e.g.: androgen secreting ovarial tumour).
Symptoms of polycystic ovary disease	Polymenorrhoea	Discharge	Acne	Weight-loss
Most effective method of cervical cancer screening:	Pap-test with HPV testing	Pap-test	colposcopy	Pap-test+colposcopy
Pathologic signs of colposcopy	leukoplakia	pathologic patterns of vessel	ulceration	all of them
Per os therapy in case of recurrent vaginal candidiasis	Canesten	Klion	Augmentin	Diflucan
Rare gynaecological symptom:	Weight-loss	Urinary incontinence	Menstrual disorder	Infertility
Which is the first to exclude in case of secondary amenorrhoea?	Hypophysis tumour	Hypothyreosis	Premature ovarian failure	Pregnancy
Definition of sterility, when no conception happens in:	6 month	12 month	24 month	36 month
Emergency hormonal contraception. One answer is right	Estradiol 17 β + natural progesterone. Orally taken within 2 hours of	levonorgestrel (LNG) 1.5 mg + progesterone 200 mg after intercourse within 6	LNG 1.5 mg alone, once orally within 72 hours of intercourse.	Desogestrel 0.75 mg + 1mg estradiol 17 β , taken once

	unprotected intercourse.	hours, 1x.		within 36 hours of intercourse
Morning after pill can be made of	oestradiol	levonorgestrel	17 β -oestradiol	oestradiol-valerate
Parameters of normal bladder function by cystometry.	Residual urine <500 mL.	Capacity between 400-600 mL.	No leakage on coughing.	Absence of systolic detrusor contractions.
In connection with the carcinoma of endometrium Type I true, except:	In general there is oestrogen sensitive receptor in the tumor	It can appear near the menopause.	It can happen based on complex atypical endometrial hyperplasia	The tumour invades very early into the lymphatic vessels of the uterus
OAC during lactation:	Mirena	Escapelle	Cerazette	Tri-Regol
POP contains	oestrogen	progesteron	none of them	both of them
Causes of vaginal discharge in a virgin girl, except:	Chlamydia	foreign body	Candida	none
Which microorganism causes strawberry pattern of the cervix?	Klebsiella	Gardnerella	Trichomonas	None
Bloating is characteristic symptom of:	Ovarian cancer	Endometrial cancer	Cervical cancer	None
Postcoital bleeding is characteristic symptom of:	Ovarian cancer	Endometrial cancer	Cervical cancer	None
Postmenopausal bleeding is characteristic symptom of:	Ovarian cancer	Endometrial cancer	Cervical cancer	None
Cannot be removed transcervically	Endometrial polyp	Submucosal fibroid	Subserosal fibroid	IUD
Effective in trichomoniasis	Meropenem	Metronidazole	Medroxyprogesterone	None
Component for thrombosis-risk	gestogen	oestrogen	both	none
Histological type of endometrial cancer with the worst prognosis	Endometrioid	Adenoacanthoma	Serous papillary	Adenosquamous

In Turner's syndrome:	The karyotype is 45,X0	Secondary amenorrhoea is usual	tall stature is common	All of the above is true
Symptoms of TUR-syndrome, except:	hyponatraemia	hypernatraemia	pulmonal oedema	coma
One of the most common indication for surgical intervention in case of Uterus Bicornis may be?	Habitual Abortion/Recurrent pregnancy loss	Dysmenorrhea	Menometorrhagia	Dyspareunia
In true hermaphrodites the gonad may develop into:	testis	ovary	ovotestis	ABC
Dilated renal pelvis in cervical cancer	Occurs frequently in early stage disease	Suggest distant metastasis	Means stage III	Suggest operability
Stage I cervical cancer	Carcinoma in situ	Confined to cervix	Beyond the cervix but not the pelvic wall	Involves lower 1/3 of vagina
What is the most important criteria of diagnosis in pelvic inflammatory disease?	measure the number of white blood cells	Pelvic ultrasound	bimanual examination	culdocentesis
Contraindication of laparoscopy	Uterine fibroid	Ovarial cyst	Large hemoperitoneum with hypovolemic shock	Lost IUD
Which is the most common presenting symptom in patients with endometrial cancer?	postmenopausal bleeding	pruritus vulvae	hot-flushes	none of them
The most important prognostic factor in endometrial cancer	tumor size	the number of estrogen receptors	the number of progesterone receptors	lymph node status
Medicated intra uterine device contains	dienogest	metformin	levonorgestrel	drospirenon
Risk factor for ectopic pregnancy	Assisted reproductive techniques	Multiparity	Chron disease	Diabetes mellitus
Average length of the menstrual cycle	25 days	28 days	32 days	35 days
The order of the cycle	Menstruation, proliferative stage, ovulation, secretory	secretory stage, ovulation, proliferative stage,	menstruation, ovulation, proliferative stage,	menstruation, ovulation, secretory

	stage	menstruation	secretory stage	stae, preoliferative stage
Clinical presentation of PCOD	Average age 15-30 years	Average age 45-60 years	Hirsutism	A and C
The most common symptoms of ovarian cancer	spotting	weight loss	abdominal flatulence and pain	constipation and frequent urination
Progesteron level is the highest	During menstruation	During ovulation	During proliferative stage	During secretory stage
Reason for acute pelvic pain might be	Ectopic pregnancy	Ruptured ovarian cyst	Acute PID	All of the above
Gold standard in evaluation of uterine cavity	Sonography	Hysterosalpingography	Hysteroscopy	Laparoscopy
Safe to use during breastfeeding	Intrauterine system (IUS)	progesteron only pill (POP)	COC	A and B
Causes of amenorrhea	Pregnancy	Turner syndrome	Cushing disease	All of the above
Symptoms of the endometriosis	Pelvic pain	Dysmenorrhea	Infertility	All of the above
Intrauterine sac should be visible with transvaginal ultrasound when b-hCG is	> 500 mIU/ml	> 1500 mIU/ml	> 15000 mIU/ml	> 150000 mIU/ml
Hormonal contraceptive method	Transdermal patch	Intrauterine system	COC	All of the above
Stage II ovarial carcinoma	Growth limited to the ovaries	Growth involving one or both ovaries with pelvic extension	Positive retroperitoneal nodes	Distant metastasis
Vessels of arterial supply to the internal genitalia, except:	Uterine artery	Internal pudendal artery	Internal iliac artery	Ovarial artery
Upshots of menopause, except:	Stopping ovulations.	Stopping progesterone synthesis.	Unbalanced relative progesterone preponderance	Stopping menstrual bleedings.
True for Chlamydia infection	Very rare STD	Never associated with N. gonorrhea	Always symptomatic	Can result pelvic pain
Consequences of untreated PID	Infertility	Ectopic pregnancy	Chronic pelvic pain	All of the above

What is methorrhagia?	cyclical uterine bleeding, which is a very heavy	menstrual bleeding is prolonged and loose	abnormal uterine bleeding which does not hold the cycle	normal amount and term of bleeding, characterised by cramps
Which is responsible for ovulation	LH surge	FSH surge	High progesteron level	Low oestrogen level
What are the typical symptoms of internal endometriosis	dysmenorrhoea	hypermenorrhoea	sterility	each answer is correct
Definition of polymenorrhea	The menstrual cycle is shorter than 21 days	The menstrual cycle is longer than 21 days	The menstrual cycle is shorter than 35 days	The menstrual cycle is longer than 35 days
Postmenopausal bleeding	Any bleeding after 45 years of age	Any bleeding after 50 years of age	Any bleeding more then a year after menopause	Any bleeding more than 3 years after menopause
Precocious puberty	Onset of puberty after age eight	Onset of puberty before age eight	Onset of puberty after age twelve	Onset of puberty before age twelve
Advantages of menopausal hormone replacement therapy (MHT). One answer is false	Main benefit is the rapid, efficient control of hot flashes and sweating	Estrogens have far-ranging beneficial effects beyond hot flashes	HRT halts bone loss in postmenopausal women	Combined (estrogen + progestin) HRT may be given to all postmenopausal women without risk of any side effects.
Select that symptom which does not fit to the PCO syndrome	obesity	oligomenorrhea	increased hair growth	hyperbilirubinaemia
The decrease of the amount of menstrual bleeding is not characteristic	in premenopause	among oral contraceptive users	in LNG-IUS users	in case of Asherman's syndrome
Clinically apparent phases of the menstrual cycle. Only one answer is correct	Menstrual (bleeding) and intermenstrual (bleed-free) phases	Follicular, ovulatory and luteal phases	Proliferatory and secretory phases	Estrogen phase, LH surge and progesterone phase
All the following are major regulators of menstrual cycle, except:	estradiol	luteinizing hormone	progresterone	hCG

The medical treatment of the uterine fibroid covers	estrogen	GnRH analog	ulipristal acetate	B and C
On the evaluation of the fibroid has effect on	estrogen	gestogen	both	none
Possible degeneration of the utrine fibroids	calcification	hyalinization	cystic degeneration	all of the above
Causes of heavy menstrual bleeding (HMB). One answer is false	Coagulation disorders (e.g. von Willebrand's disease)	Submucous fibroids	Ovarian cancer	Endometrial polyps
The behavior of the uterine fibroids during pregnancy	in 60-80% there are no significant growing	rather growing	growing in the third trimester	continuous growing
Signs and symptoms of the utrine fibroids	asymptomatic	abnormal gynecologic hemorrhage	lower abdominal pain	all of the above
The uterine fibroid can be diagnosed	bimanual examination	ultrasonography	MRI.	all of the above
Treatment of the uterine fibroids	surgical intervention	radio frequency ablation	medication	all of the above
Fibroids can situate in or near the wall of uterus like the following, except:	subserosus	intramuralis	submucosus	subvesicalis
The behavior of the uterine fibroids during puerperium	rather growing	rather shrinking	in the majority there are no significant volume change	variable behavior
The utrine fibroids	a benign monoclonal tumor	a multiclonal tumor	a malignant monoclonal tumor	a benign multiclonal tumor
Uterine fibroids locations are clessidied as follows	subserosal	submucosal	intramural	all of the above
Neiseria gonorrhoea diagnostic tests. One onswer is correct	Hematoxylin-eosin stained smears from the vaginal vault: microscopic search for chain-forming cocci	Gram stained sample from the cervical canal: Gram neg. Intracellular diplococci by microscope	Culture, PCR, nucleic acid amplification (NAAT), or nucleic acid hybridization tests	Only B and C are correct

In connection with STD (sexually transmitted diseases) true:	Herpes genitalis often caused by HSV1.	Syphilis has five stage in severity.	Ulcus molle caused by Haemophilus ducreyi.	Penicillin is the first line antibiotic in treatment of Chlamydia trachomatis.
Bromocryptine:	is a potent cause of multiple pregnancy.	is an analogue of prolactin.	effectively inhibits lactation after delivery.	None of the above is true.
Tools / instruments for gynaecologic examination. One answer does not fit into the list	Cystoscopy with cold light source	Cusco's speculum	Flexible hysteroscope	Colposcop with photo camera
Causes of female infertility	Ovulation disorders	Tubal-peritoneal infertility	Unexplained infertility	ABC
What develops from the paramesonephric ducts?	Upper genital tract	Lower genital tract	Ureters	None
Clinical symptoms of PCOS. One answer is incorrect.	Hypermenorrhea	Increased hair growth, hyperandrogenism	Insulin resistance, increased LH to FSH ratio	Overweight, obesity
The Pearl-index defines the number of pregnancies for	100 women	1 year	1 woman-year	None
Where does the ovarian artery originate from?	Arteria uterina	Arteria hypogastrica	Arteria iliaca communis	Aorta
The following factors on ultrasound of ovaries are suspicious of malignancy:	A single loculated cyst of 7 cm diameter.	Multiple cysts around the periphery of the ovary with a dense stroma.	Solid elements and septae.	Calcification and fats.
Based on the stages of ovarian cancer by FIGO, true:	Ia: Both ovaries or fallopian tubes are affected by the tumour, the ovary capsule is intact	I Ib: The tumour has extended to another organ in the pelvis	IIIc: Distant metastasis	IIIa: Microscopic peritoneal metastasis beyond the pelvis 2 cm in greatest dimension, with or without metastasis to the retro-peritoneal lymph nodes

One of the indirect symptoms of Ovarian cancer maybe?	Spotting	Weight loss	Bloating and abdominal pain	Urinary frequency
Tumour markers of ovarian cancer types. One answer is false.	Granulosa cell tumour: Ca 125.	Mucinous epithelial ovarian tumour: Ca 19-9.	Choriocarcinoma: β -hCG.	Granulosa cell tumour: inhibin.
Causes of postmenopausal osteoporosis	Low estrogen blood levels	Elevated parathyroid hormone (PTH) levels	Impaired intestinal calcium absorption	Obesity
can be the cause of postmenopausal bleeding, except:	endometrial hyperplasia	migraine	endometrial cancer	cervical polyps
The following condition is NOT a cause of pruritus vulvae:	Lichen sclerosus.	Nephrotic syndrome.	Atrophy.	Diabetes.
Primary management of stress incontinence. One answer is correct.	Drug treatment: anticholinergic medication.	Surgery: Tension free vaginal tape (TVT) placement under the urethra.	Drug: antidopaminergic oral preparation.	Surgery: colposuspension.
Definition of stress incontinence. Only one answer is good	Involuntary urine loss due to psychic stress	Involuntary urine loss triggered by intra-abdominal pressure increase in the absence of detrusor activity	Loss of urine due to increased bladder detrusor activity	Urine leakage due to increased bladder detrusor activity
Which of the the following drugs is not used for the treatment of syphilis?	erythromycin	penicillin	rifampicin	doxycyclin
Patient requested artificial abortion can be performed upto which gestational week?	2nd gestational week	4th gestational week	12th gestational week	18th gestational week
Upto which gestational week can artificial abortion be performed upon a gravida's request in Hungary?	Upto 8th gestational week.	Upto 12th gestational week.	Upto 20th gestational week.	If indicated at anytime, regardless of gestational week.

Significance of the transformation zone (squamocolumnar junction, SCJ) in the development of cervical cancer. One answer is correct.	Only in situ carcinoma is developing exceptionally in the area of SCJ.	Cervical cancer mostly develops in this area.	SCJ always visible by colposcopy since it is always located in the ectocervix.	Primarily cervical adenocarcinoma develops in the area of SCJ.
...can cause damage of the Fallopian tubes	Chlamydia t. infection, Gonorrhoea, HPV infection	Chlamydia t. infection, Gonorrhoea	Chlamydia t. infection, Gonorrhoea, Genital herpesvirus infection	Chlamydia t. infection, Gonorrhoea, Candida albicans
Advantages of chorion villus sampling (CVS) over amniocentesis include that	CVS can be performed earlier in pregnancy	the results of CVS are usually available faster	genetic terminations in the first trimester after CVS are safer	A, B, C together
Clinical presentation of Turner's syndrome (phenotype!). One answer is good	Streak gonads by laparoscopy, missing germ tissue	Lack of ovarian estrogen production	45X0 or 45X0 / 46XX (mosaic) karyotype	Short stature, neck webbing, amenorrhea or delayed puberty, infertility
Common symptoms associated with urinary incontinence. One answer is wrong.	Urodynamic stress incontinence: Urine leakage due to urethral sphincter insufficiency resulting from intra-abdominal pressure increase.	Detrusor overactivity: Overactive bladder with urgency.	Urine retention with overflow.	Infrequent urine voiding: drug induced urinary incontinence.
What is the essence of anti-incontinence operations?	closure of cystocele	suprafascial positioning of the bladder neck	approximation of disengaged levator fibres	None
Clinical verification of urine leakage in incontinence.	Pad test.	Physical examination of the cystocele (bimanual palpation)	Measurement of bladder wall relaxation by electrocystograph.	Measurement of voluntary urine retention time.
Symptom of adenomyosis	Menorrhagia	Pelvic pain	Amenorrhoea	Vaginal discharge
Symptom of acute pelvic inflammatory disease:	Lower abdominal pain	Pyrexia	Menstrual disorder	A,B,C

Acute laparoscopy indicated:	ovarial cyst	Abortus imminens	endometriosis	free blood in Douglas
Low risk HPV	16,18,6	16,18,31	45,6,11	6,11,44
In the background of amenorrhhea	Pregnancy	OAC	Anorexia	All of the above
Definition of amenorroea:	blood loss greater than 80ml/period	painful menstruation	the absence of menstruation	pain during sexual intercourse

