Exxcellence in Life Long Learning

L³-ObGyn™ for OB/GYN Residents

2017–2018 Book 3  March, 2018
The Foundation for Exxcellence in Women's Health, Inc. (“Foundation”) has prepared this reference book to introduce residents and their Program Director to the concept and importance of “life-long learning.” The references included have been selected to provide residents with new, recent or review material to supplement their didactic foundation in the practice of obstetrics and gynecology. The inclusion of a reference does not constitute acceptance or endorsement by the Foundation or any individual employed by or associated with it, of any opinions expressed or of the accuracy of the data or case studies included therein.

The full publication consists of:

1. 3-part study book presenting 3 articles in each practice area. Each segment covers 3 articles of current interest and importance, providing questions after each to improve working knowledge of the information.
2. Answer sheet form for learner’s completion and submission.
3. Answer key for faculty use in evaluation & scoring (password-protected).

NOTE: OUR PASSWORD HAS CHANGED. Passwords for the answer key are available only to Program Directors and Program Coordinators as reflected in ABOG’s Program database. Authorized individuals may request the passwords by sending an email to: jnations@exxcellence.org. The request should come from the email address associated with your ABOG record. Please provide your program number when submitting requests.

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**Important & Useful links:**

- **Access this form and the answer sheet on our website**
- **Visit our website: www.exxcellence.org**
- **Stay informed: Subscribe to our mailing list**
  - **Access Pearls of Exxcellence**
  - to review the most challenging topics from the oral certification exams.
- **Real-time, right now feedback on ACGME milestones & procedures**
About our Authors

The Foundation for Exxcellence in Women’s Health, Inc. would like to express our grateful acknowledgement to the following contributing authors of the Exxcellence in Life-long Learning (L3-ObGyn™) series:

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Gynecology - Dr. Russell R. Snyder

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Obstetrics - Dr. Christine R. Isaacs

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<td>The American College of Obstetricians and Gynecologists, Committee on Adolescent Health Care; <strong>ACOG Committee Opinion No. 728: Müllerian agenesis: diagnosis, management, and treatment.</strong> <em>Obstet Gynecol 2018;131:e35–42.</em> doi: 10.1097/AOG.0000000000002458; PMID: 29266078.</td>
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Directions: Each of the questions or incomplete statements below is followed by multiple choice or discussion/essay questions. For multiple choice, select the BEST ANSWER in each case and then blacken the corresponding space on the answer sheet. For discussion/essay questions, please attach an additional sheet.

L³-ObGyn™ — Office Practice


1. Which of the following contraceptives is most effective with typical use?
   a. Copper T IUD
   b. Levonorgestrel IUD
   c. Implant
   d. Combined pill and progestin only pill

2. The primary mechanism of action for levonorgestrel IUDs is which of the following:
   a. Fertilization prevention via increased cervical mucus amount and viscosity
   b. Thinned decidualized endometrial lining
   c. Suppression of ovulation
   d. Decreasing libido

3. In comparison to menses prior to implant insertion, post-implant menstrual bleeding patterns may include which of the following:
   a. Amenorrhea
   b. Infrequent bleeding
   c. Frequent bleeding
   d. Prolonged bleeding
   e. All of the above
4. Which of the following does not require a backup contraceptive method (i.e., condoms) for a period of time following insertion, regardless of when in the menstrual cycle it is inserted?
   
   a. Levonorgestrel IUD
   b. Copper IUD
   c. Contraceptive implant
   d. None of the above
   e. All of the above

5. Which of the following is a contraindication to immediate postpartum IUD insertion?
   
   a. Peripartum chorioamnionitis
   b. Resolved postpartum hemorrhage
   c. Breastfeeding
   d. Advanced cervical dilation

6. Which of the following is the most reliable form of emergency contraception in obese women when utilized within 5 days of unprotected intercourse?
   
   a. Oral ulipristal
   b. Cooper IUD
   c. Levonorgestrel IUD
   d. Implant

7. When placing an IUD in a woman at high risk for sexually transmitted infections, based on history, after performing CDC-recommended STI screening, which of the following should occur?
   
   a. Have patient return for IUD placement after negative results available
   b. Place IUD at same visit with pre-procedural prophylactic antibiotics
   c. Place IUD at same visit, treat with antibiotics if results return positive
   d. Place IUD at same visit, pull IUD if results return positive and treat with antibiotics

8. Which of the following is the most appropriate treatment for an asymptomatic patient with an IUD who has actinomyces identified by cervical cytology?
   
   a. Oral antibiotics
   b. IUD removal
   c. Oral antibiotics and IUD removal
   d. Expectant management
9. When a woman conceives despite the presence of an IUD, the decision to remove it is dependent upon which of the following:

   a. Desire to continue or terminate pregnancy
   b. Gestational age
   c. IUD location
   d. String visibility
   e. All of the above


10. Which of the following methods of fertility preservation is NOT endorsed by the American Society for Reproductive Medicine?

   a. Embryo cryopreservation
   b. Oocyte cryopreservation
   c. Ovarian tissue cryopreservation
   d. None of the above

11. Of all available means of fertility preservation, which of the following provides the highest yield for both women with benign disease and with cancer?

   a. Embryo cryopreservation
   b. Oocyte cryopreservation
   c. Oocyte cryopreservation by vitrification
   d. Ovarian tissue cryopreservation
   e. All are equivalent

12. Which of the following is indicated for adolescents and women in whom cancer treatment cannot be postponed?

   a. Embryo cryopreservation
   b. Oocyte cryopreservation
   c. Oocyte cryopreservation by vitrification
   d. Ovarian tissue cryopreservation
   e. None of the above
13. Which of the following hormones is associated with ovarian reserve?
   a. Gonadotropin releasing hormone
   b. Follicle stimulating hormone
   c. Antimullerian hormone
   d. Estrogen
   e. Progesterone

14. Which of the following non-malignant conditions are cited as indications for fertility preservation?
   a. Turner’s syndrome
   b. Childbearing postponed until later in life
   c. Bilateral benign ovarian tumors
   d. Lupus requiring chemotherapy
   e. All of the above


15. Numerous studies have been done in the past with regards to hormonal contraception and the risk of breast cancer. Which of the following gap(s) in the existing literature is addressed by this article on contemporary hormonal contraceptives?
   a. Estrogen dose in combined (estrogen-progestin) contraceptives is generally lower
   b. Includes a greater array of progestins including new progestins
   c. Includes new routes of delivery including contraceptive patches
   d. None of the above
   e. All of the above

16. Women with which of the following medical conditions were not excluded from analyses?
   a. Non-melanoma skin cancer
   b. Venothromboembolism
   c. Infertility requiring treatment
   d. None of the above
17. Which of the following hormonal contraceptives were included in analyses?

a. Combined oral contraceptive pills
b. Contraceptive patch
c. Progestin-only implant
d. Levonorgestrel-releasing intrauterine system
e. All of the above

18. The study design is most consistent with which of the following:

a. Randomized controlled trial
b. Prospective observational cohort study
c. Retrospective observational cohort study
d. Case-control study

19. The main study findings included which of the following:

a. Approximately 20% higher breast cancer risk among women currently using hormonal contraceptives compared to never users
b. Increased breast cancer risk with longer duration of use
c. Differences in risk amongst progestin formulations in combined oral contraceptives yet none are risk free
d. There is an overall low incidence rate of breast cancer among younger women
e. All of the above
f. None of the above

20. Based on the data in this study, how would you counsel your patients with regards to the association of contemporary hormonal contraceptives and breast cancer risk?
21. The differential diagnosis for a patient presenting with primary amenorrhea and a shortened lower vagina includes all of the following except:

   a. Transverse vaginal septum  
   b. Turner syndrome  
   c. Mullerian Agenesis  
   d. Cervical atresia

22. In which of the following patients with primary amenorrhea would you not expect to present with cyclic or persistent abdominal or pelvic pain and a pelvic mass due to an obstructed outflow tract?

   a. Imperforate hymen  
   b. Distal vaginal atresia  
   c. Androgen insensitivity syndrome  
   d. Mullerian agenesis with rudimentary horn

23. In patients with primary amenorrhea and normal female genitalia, which of the following would be least likely to have any mullerian structures?

   a. Turner syndrome  
   b. 46, XX CYP17A1 deficiency  
   c. Androgen insensitivity  
   d. Mullerian agenesis

24. Which of the following congenital anomalies are not associated with mullerian agenesis?

   a. Renal anomalies  
   b. Inguinal hernias  
   c. Hypoplasia of the wrist  
   d. Hearing impairment

25. Fertility options for patients with mullerian agenesis would include all of the following except:

   a. Uterine transplantation  
   b. Adoption  
   c. Gestational surrogacy  
   d. IVF with donor eggs
26. Risk factors for recurrent prolapse after primary pelvic organ prolapse surgery include all of the following except:

a. Parity
b. Age < 60 years at time of surgery
c. Obesity
d. Preoperative stage III or IV prolapse

27. In the pelvic organ prolapse quantification system (POP-Q), the measurement from the middle of the posterior hymen to the middle of the anal opening is the:

a. gh
b. Bp
c. pb
d. Ba

28. Vaginal apex suspension should be performed at the time of hysterectomy for uterine prolapse. What procedure/s should be done to suspend the vaginal apex?

a. uterosacral ligament suspension
b. sacrospinous ligament fixation
c. Le Fort Colpocleisis
d. Burch colposuspension
e. a or b
f. a or d

29. Women who are unable to remove or replace their pessaries should be told to come to clinic how often for maintenance?

a. monthly
b. every other month
c. every 3-4 months
d. annually

30. In the Colpopexy and Urinary Reduction Efforts (Care) trial, the rate of long term mesh complications for abdominal sacrocolpopexy were:

a. 3.5%
b. 10.5%
c. 18%
d. 28.5%
31. Which of the following could be considered a limitation of this study?

a. Subjects were eligible if they were given additional systemic progesterone agents
b. The primary study endpoint was response to the LNG-IUD at 3-months after insertion
c. A single LNG-IUD was evaluated (Mirena)
d. Evaluation was limited to those with only complete response

32. A patient with complex atypical hyperplasia received a LNG-IUD. According to the results of this study, at 6-month follow-up, the presence of which of the following clinical factors would increase her risk of being a “nonresponder?”

a. Age
b. BMI
c. Uterine size
d. Prior progesterone use
e. Concurrent Metformin use

33. When comparing the LNG-IUD to systemic progesterone, the study suggests which of the following?

a. LNG-IUD was superior to systemic progesterone as demonstrated by a higher response rate
b. Systemic progesterone and the LNG-IUD have similar response rates
c. LNG-IUD had comparable side effects and patient tolerability to systemic progesterone
d. Prior systemic progesterone therapy affected the response to LNG-IUD

34. The authors reported the trend for histologic initial response across each time point. Of the patients with Grade 1 Endometrioid endometrial cancer, the highest proportion of “new” response rates was seen at which time interval after IUD placement?

a. 3 months
b. 6 months
c. 9 months
d. 12 months
35. Your 28-year-old G1 patient presents at 8 weeks gestation complaining of daily nausea and intermittent emesis. She is has tried ginger capsules but feels this hasn’t worked and is requesting additional help. Appropriate first line pharmacologic treatment would be:

   a. Vitamin B6 10 mg orally every 6 hours
   b. Ondansetron 4mg orally every 8 hours
   c. Metoclopramide 5mg orally every 8 hours
   d. Prochlorperazine 25mg rectally every 12 hours

36. Another week goes by and she reports her symptoms have not improved. She requests additional measures for relief. The next appropriate step would be to consider:

   a. Hospital admission
   b. Prochlorperazine 25mg rectally
   c. Methylprednisolone 16 mg every 8 hours
   d. Ondansetron 8mg every 8 hours

37. At 13 weeks gestation your patient reports persistent systems of vomiting now 2-3 times per day. She requests Ondansetron (Zofran) because this helped her when she had a prior gastroenteritis. Your counsel should include:

   a. Ondansetron should be avoided in pregnancy at all times
   b. Ondansetron should be used only if a methylprednisolone taper fails first
   c. Ondansetron should only be given intravenously
   d. Ondansetron may be considered as she is beyond 10 weeks gestation where the theoretical risk of congenital malformations has passed

38. Three years later your patient is pregnant with her second child. You counsel her that the chances of recurrence of her nausea and vomiting in pregnancy ranges from:

   a. 1-2%
   b. 10-20%
   c. 15-81%
   d. 90-95%
39. Which of the following factors can be associated with the formation of a Neural Tube Defect?
   a. Environmental exposures
   b. Geographic and ethnic associations
   c. Family history of neural tube defects
   d. Chromosomal abnormalities
   e. All of the above

40. External influences that interfere with neural tube formation must be present during which time frame to produce a defect?
   a. The first 8 days of development
   b. The first 28 days of development
   c. The first 60 days of development
   d. The first 12 weeks of development

41. In an effort to reduce neural tube defects in the United States, what year did mandatory fortification of wheat flour with folic acid begin?
   a. 1920
   b. 1950
   c. 1998
   d. 2010

42. What percentage of Neural Tube Defects are NOT prevented by folic acid supplementation?
   a. 1%
   b. 30%
   c. 50%
   d. 90%

43. For low risk women planning or capable of becoming pregnant, what advice should be given regarding folic acid supplementation?
   a. Consume 400 micrograms of folic acid supplementation daily starting 1 month before pregnancy and continue through the first 12 weeks of gestation
   b. Consume 400 micrograms of folic acid supplementation daily starting at the time of a positive pregnancy test and continue through the first 12 weeks of gestation
   c. Consume 4 milligrams (4,000 micrograms) of folic acid supplementation 1 month before pregnancy and continue through the first 12 weeks of gestation
   d. Consume 4 milligrams (4,000 micrograms) of folic acid supplementation at the time of a positive pregnancy test and continue through the first 12 weeks of gestation

44. Compared to the rate of infection after vaginal delivery, the rate of infection after cesarean delivery in the United States is:
   a. 1-2 times higher
   b. 5 times higher
   c. 10-20 times higher
   d. Relatively the same

45. The goal of this study was to investigate which of the following?
   a. If azithromycin given at time of cesarean delivery reduces the rate of maternal wound infections
   b. If azithromycin given at time of cesarean delivery reduces the rate of maternal complications in subsequent pregnancies
   c. To determine if azithromycin is better than standard cephalosporin regimens in preventing post-operative cesarean infections
   d. To investigate whether adding azithromycin to standard cephalosporin regimens of cesarean delivery is cost effective

46. How many women were in the theoretical cohort of estimated maternal outcomes?
   a. 1,605
   b. 16,100
   c. 700,000
   d. 1,200,000

47. The addition of azithromycin was considered cost-effective as long as the cost of the drug did not exceed how much?
   a. $930
   b. $240
   c. $27
   d. $6