L³-ObGyn™

for

OB/GYN Residents

2015-2016 - BOOK 2

Please visit our website under Programs of Exxcellence for PEARLS OF EXXCELLENCE
to review the most challenging topics from the oral certification exams.

November 2015

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The Foundation for Exxcellence in Women's Health Care (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.
<table>
<thead>
<tr>
<th><strong>Gynecology</strong></th>
<th><strong>Question Numbers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashwal E, Hiersch L, Krissi H, et al: Characteristics and management of ovarian torsion in premenarchal compared with postmenarchal patients, Obstet Gynecol 2015(Sep);126(3):514-20</td>
<td>1-4</td>
</tr>
<tr>
<td><strong>Obstetrics</strong></td>
<td><strong>Question Numbers</strong></td>
</tr>
<tr>
<td>Silver RM: Abnormal placentation: Placenta previa, vasa previa, and placenta accreta, Obstet Gynecol 2015(Sep);126(3):654-68</td>
<td>13-18</td>
</tr>
<tr>
<td><strong>Office Practice</strong></td>
<td><strong>Question Numbers</strong></td>
</tr>
<tr>
<td>Kaunitz AM, Manson JE: Management of menopausal symptoms, Obstet Gynecol 2015(Oct);126(4):859-76</td>
<td>31-34</td>
</tr>
</tbody>
</table>
Directions: Each of the questions or incomplete statements below is followed by suggested answers or completions. Select the ONE THAT IS BEST in each case and then blacken the corresponding space on the answer sheet. IF CHOICE "D or E CONTAINS DASHES ONLY, DO NOT CHOOSE IT AS AN ANSWER.

Ashwal E, Hiersch L, Krissi H, et al: Characteristics and management of ovarian torsion in premenarchal compared with postmenarchal patients, Obstet Gynecol 2015(Sep);126(3):514-20

1. The study design of this paper is
   A. retrospective case control
   B. prospective
   C. retrospective case series
   D. retrospective cohort
   E. ---

2. Which of the following signs and symptoms were more commonly present in premenarchal patients with torsion?
   A. abdominal pain
   B. fever
   C. leukocytosis
   D. nausea and vomiting
   E. ---

3. Which of the following ultrasonographic signs was more frequently observed in the premenarchal patients?
   A. presence of free pelvic fluid
   B. absence of arterial or venous flow on Doppler flow
   C. whirlpool sign
   D. both groups had similar rates of ultrasonographic signs
   E. ---

4. For the premenarchal patients, the time from admission to the emergency department to surgery was significantly longer than for postmenarchal patients. Plausible explanations for this include all of the following EXCEPT:
   A. omission of ovarian torsion from differential diagnosis
   B. gynecologist was not consulted
   C. lower frequency of edematous ovary
   D. reluctance to operate on pediatric patients
   E. ---
5. Quality of evidence is low for case series and self-reported data by patient questionnaires. What makes this series different from the other retrospective trials regarding uterine artery ablation in the literature?

A. performed at single institution
B. length of follow-up
C. inclusion of patients still desiring fertility
D. ethnic diversity
E. ---

6. The majority of patients stated that they would recommend uterine artery embolization to a friend on both the intermediate and long-term surveys. However, there were statistically significant decreases in reported symptom improvement between the intermediate survey and the long-term survey in all of the following EXCEPT:

A. sex life
B. abdominal distension/swelling
C. pelvic pain/dysmenorrhea
D. uterine bleeding
E. ---

7. Among the 80 patients who responded to the long-term questionnaire, what percent had subsequently undergone a hysterectomy?

A. 20%
B. 33%
C. 50%
D. 67%
E. ---

8. The median age of reported menopause in the 80 women who returned the long term questionnaire was

A. 47.1
B. 49.1
C. 51.4
D. 53.1
E. ---


9. Granulosa cell tumors can present with signs of estrogen excess. Of the 160 patients with stage I disease, how many had concomitant endometrial cancer?

A. 6%
B. 16%
C. 26%
D. 36%
E. ---
10. In the 160 patients with stage I granulosa cell tumors there were 51 patients who relapsed. Which of the following variables was a significant risk factor for relapse?

A. tumor size > 10 cm  
B. patient age  
C. tumor rupture  
D. incomplete or suboptimal surgery  
E. ---

11. Thirty-two percent of the patients in this study experienced a relapse. Which of the following was found in this study?

A. Relapse was less likely in those who received adjuvant therapy immediately after initial surgery.  
B. The majority of relapses occurred < 5 years from original diagnosis.  
C. There was no difference in median overall survival in those who relapsed compared to those who remained disease free.  
D. Relapse was the same in patients with stage Ia and stage Ic disease.  
E. ---

12. Which of the following best describes stage Ia granulosa cell tumors?

A. benign tumors with a chance of recurrence  
B. indolent malignancy  
C. borderline ovarian tumor  
D. frankly malignant  
E. ---

13. What term is best used to describe the mechanism by which placentas that cover the cervical os at 20 weeks gestation are no longer over the os in the late third trimester?

A. migration  
B. trophotropism  
C. atrophy  
D. none of the above  
E. ---

14. How far away from the internal os should the leading edge of the placenta be to make a trial of labor appropriate and the risk of bleeding acceptable?

A. 0.5 cm  
B. 1 cm  
C. 2 cm  
D. none of the above  
E. ---

15. Which of the following is associated with an increased risk of vasa previa?

A. Succenturiate lobe of the placenta  
B. Velamentous insertion of the cord  
C. Multiple gestation  
D. All of the above  
E. ---
16. When cesarean hysterectomy is required for the management of placenta accreta, what is the approximate incidence of ureteral injury?

A. < 1%
B. 3-5%
C. 10-15%
D. 25-30%
E. ---

17. Why is MRI not recommended for routine use in suspected placenta accreta?

A. lack of expertise among radiologists
B. MRI has not been shown to be superior to ultrasound
C. lack of widespread availability
D. all of the above
E. ---

18. What is the evidence for the ACOG recommendation to deliver women with suspected placenta accreta at 34 weeks gestation? What does the author of this report advocate?

ACOG Prac Bull No. 153: Nausea and vomiting of pregnancy, Obstet Gynecol 2015(Sep);126(3):e12-24

19. Which of the following criteria is used to make a clinical diagnosis of hyperemesis gravidarum?

A. persistent vomiting not related to other causes
B. large ketonuria
C. loss of 5% of pre-pregnancy body weight
D. all of the above
E. ---

20. What percent of women who called a hotline for nausea and vomiting of pregnancy reported poor support by their partners?

A. 50%
B. 65%
C. 85%
D. 98%
E. ---

21. Which nonpharmacologic option listed below has shown consistently to have beneficial effects in reducing nausea symptoms?

A. frequent small meals
B. ginger
C. acupuncture
D. none of the above
E. ---

22. Which of the following should be considered first-line therapy for nausea and vomiting of pregnancy?

A. vitamin B6 + doxylamine
B. promethazine
C. ondansetron
D. metoclopramide
E. ---
23. Why did the FDA remove the 32 mg single intravenous dose of ondansetron from the market?

A. association with congenital anomalies
B. lack of efficacy
C. can prolong the Q-T interval
D. nephrotoxicity
E. ---

24. What is the evidence for combination therapy with promethazine and ondansetron for nausea and vomiting of pregnancy?


25. Patients with which of the following levels of total bile acids were excluded from this retrospective study?

A. 5 micromoles/L
B. 15 micromoles/L
C. 25 micromoles/L
D. all of the above
E. ---

26. Intrahepatic cholestasis of pregnancy is associated with an increase in all of the following complications **EXCEPT**?

A. risk of stillbirth
B. preterm birth
C. risk of meconium-stained fluid
D. risk of abruption
E. ---

27. Which of the following was considered first-line therapy for the treatment of intrahepatic cholestasis in this study?

A. hydroxyzine or diphenhydramine
B. cholestyramine
C. ursodeoxycholic acid
D. none of the above
E. ---

28. For women in which group did treatment of intrahepatic cholestasis of pregnancy result in improvement of pruritus in more than 50% of cases?

A. total bile acids (TBA) 10-39.9 micromoles/L
B. TBA 40-99.9 micromoles/L
C. TBA > 100 micromoles/L
D. none of the above
E. ---

29. What was the earliest gestational age of stillbirth documented in this report?

A. 20 weeks
B. 24 weeks
C. 35 weeks
D. 37 weeks
E. ---
30. Treatment with ursodeoxycholic acid was not associated with a reduction in risk of the composite neonatal outcome in this report. Did the report clarify the optimal timing of delivery? What did the authors suggest for future work?

L3-ObGyn™ — Office Practice

Kaunitz AM, Manson JE: Management of menopausal symptoms, Obstet Gynecol 2015(Oct);126(4):859-76

31. This paper represents which of the following levels of scientific evidence?

A. I  
B. II  
C. III  
D. IV  
E. V

32. Which of the following do the authors NOT include in their list of vasomotor symptoms?

A. chills  
B. flushing  
C. anxiety  
D. depression  
E. palpitations

33. Which of the following over-the-counter products has been found to improve vasomotor symptoms?

A. soy products  
B. black cohosh  
C. genistein  
D. omega-3 fatty acids  
E. none of the above

34. Which of the following has been approved by the FDA for the treatment of vasomotor symptoms of menopause?

A. estrogen pellets  
B. ospemifene  
C. paroxetine mesylate  
D. gabapentin  
E. venlafaxine
35. There were many differences in the baseline characteristics among the three trials. Which of the following was statistically similar in all three trials?

A. distribution of race
B. smoking history
C. age
D. vasomotor symptoms per day
E. ---

36. The authors list one of the strengths of the study as “…similar inclusion and exclusion criteria….” Based on the information in Table 1 is this true?

A. yes
B. no
C. maybe
D. who cares
E. ---

37. In the discussion, the authors include a long list of “strengths” of this study. How many “limitations” did they list in the discussion?

A. 0
B. 1
C. 4
D. 7
E. ---

38. The three pharmacologic interventions were all found to be superior to placebo and the nonpharmocologic interventions. What percentage of the listed authors disclosed financial arrangements with one or more pharmaceutical companies?

A. 5
B. 20
C. 30
D. 50
E. ---

39. The title of the publication is misleading for which of the following reasons?

A. The stage(s) of endometriosis is not given.
B. The names of the GNRH agonist(s) is not specified.
C. The study group did not represent all “females,” but only a small age group.
D. The type of hormonal add-back is not specified.
E. ---
40. In the Materials and Methods section, the authors mention their power analysis. What is missing from that sentence?

A. There is no mention of the number of required study participants.
B. The use of the Student’s t test is inappropriate.
C. The power analysis was performed after the study groups were established.
D. A change of 0.0017 g/cm² is too small to be clinically meaningful.
E. ---

41. The authors state BMD was assessed by DXA at 0, 6 and 12 months. What is the usual minimum interval in months between scans that is recommended when screening women for decreased BMD or during follow-up of therapy? Do you consider the study interval appropriate, if so or if not, why?

A. 6
B. 12
C. 18
D. 24
E. ---

42. Which of the following is the best statement of the results of this study?

A. The addition of conjugated estrogens to norethindrone resulted in a statistically significant increase in BMD when compared to norethindrone alone.
B. The addition of norethindrone alone or norethindrone plus estrogen to GnRH agonist treatment prevented BMD loss during the trial.
C. Baseline serum estradiol levels increased from menopausal levels to normal in both treatment arms.
D. The addition of estrogen in one treatment arm resulted in an improvement in Mental Summary scores.
E. ---

43. One of the reasons the authors believe that this study is important is that “Given the increasing prevalence of endometriosis” the addition of estrogen to norethindrone is useful. Which of the references listed supports an increased prevalence in endometriosis?

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