

教案考題

1. Which of the following is characteristic of true labor?
 - (A) irregular contraction
 - (B) discomfort restricted to lower abdomen
 - (C) cervix dilates
 - (D) discomfort relieved by sedation
2. What kind of the labor stage is that begins when dilatation of the cervix is complete and ends with delivery of the fetus?
 - (A) first stage of labor
 - (B) second stage of labor
 - (C) third stage of labor
 - (D) fourth stage of labor
3. What is not the sign of labor?
 - (A) uterine contraction that bring about demonstrable effacement and dilatation of the cervix
 - (B) irregular uterine contractions
 - (C) rupture membranes
 - (D) bloody show
4. What is the most important force in the expulsion of the fetus?
 - (A) cervical softening
 - (B) uterine contractions
 - (C) maternal intra-abdominal pressure
 - (D) oxytocin concentration
5. What is the average duration (hours) of the first stage of labor in nulliparous women?
 - (A) 5
 - (B) 7
 - (C) 12
 - (D) 20
6. What is the characteristic of myometrial contractions that do not cause labor?
 - (A) not intense
 - (B) brief in duration
 - (C) unpredictable
 - (D) all of the above
7. The first stage of labor is best characterized by which of the following?

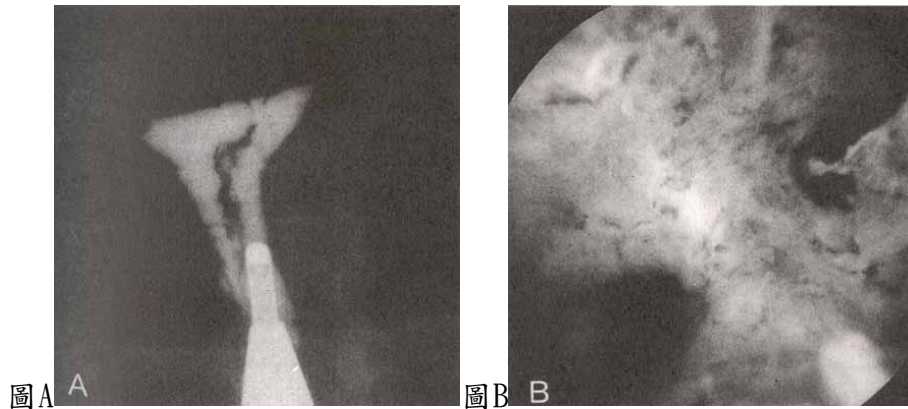
- (A) cervical effacement and dilatation
 - (B) delivery of the fetus
 - (C) uterine preparedness for labor
 - (D) separation and expulsion
8. What is the station where the presenting part is at the level of the ischial spines?
- (A) -2
 - (B) -1
 - (C) 0
 - (D) +1
9. What is the most reliable indicator of rupture of the fetal membranes?
- (A) fluid per cervical os
 - (B) positive nitrazine test
 - (C) positive ferning
 - (D) positive oncofetal fibronectin
10. How long (hours) of the first labor stage in nulliparous women indicates prolong latent phase?
- (A) 5
 - (B) 14
 - (C) 20
 - (D) 28
11. Tubal and peritoneal factors account for 30-40% of cases of female infertility. Which technique is not used to assess tubal patency?
- (A) Hysterosalpingography.
 - (B) Falloposcopy.
 - (C) Sonohysterography with contrast media.
 - (D) Hysteroscopy.
 - (E) Laparoscopy.
12. The most thorough technique for diagnosing tubal and peritoneal disease is:
- (A) Hysterosalpingography.
 - (B) Falloposcopy.
 - (C) Salpingography.
 - (D) Hysteroscopy.
 - (E) Laparprscopy.
13. Hysterosalpingography (HSG) is the initial test used to assess tubal patency. Which one is not the cause of tubal blockage?

- (A) salpingitis isthmica nodosa,
 - (B) septate uterus.
 - (C) Tubal endometriosis.
 - (D) Tubal spasm.
 - (E) Intratubal mucous debris.
14. During menses, HSG will increase the incidence of vascular intravasation caused by dilatation of periuterine veins, and risk of infection and endometriosis. Therefore, HSG usually is performed between cycle?
- (A) day 1-5
 - (B) day 6-11
 - (C) day 14-16
 - (D) day 16-20
 - (E) day 21-25
15. Which one is not the complication of HSG?
- (A) pulmonary infection
 - (B) cervical laceration
 - (C) uterine perforation
 - (D) vasovagal reaction
 - (E) allergic response to the contrast dye
16. Which one is not formed by the fusion of two mullerian ducts?
- (A) uterine body
 - (B) cervix
 - (C) upper one third of the vagina
 - (D) upper two third of the vagina
 - (E) lower one third of the vagina
17. Which one is the result of obstetrical significance from uterine anomalies?
- (A) miscarriage
 - (B) ectopic pregnancy
 - (C) preterm delivery
 - (D) abnormal fetal lie
 - (E) all of the above
18. Which uterine anomaly usually does not need surgical correction?
- (A) unicornuate uterus with noncommunicating horn
 - (B) uterine didelphys
 - (C) bicornuate uterus
 - (D) septate

(E) none of the above

19 歲女性曾做兩次流產手術，主訴痛經，經血量減少，經子宮輸卵管攝影檢查（見圖A）及子宮鏡檢（見圖B），下列診斷何者最適當？

- (A) Sheehan' s Syndrome
- (B) Asherman' s Syndrome
- (C) Swyer' s Syndrome
- (D) Klinefelter Syndrome



20. 承上題，經子宮鏡手術之後，下列治療何者最適當？

- (A) 術後給予雄性素2 個月
- (B) 術後子宮要置放成人導尿管2 個月
- (C) 術後要給予高劑量雌激素2 個月
- (D) 術後給予GnRH 2 個月

21. What is the indication for a primary ceserean delivery?

- (A) fetal distress
- (B) dystocia or failure to progress
- (C) placenta previa
- (D) all of above

22. Which of the following best describes a complete breech presentation?

- (A) lower extremities flexed at the hip and extended at knees
- (B) lower extremities flexed at the hips and extended one or both knees flexed
- (C) one or both hips not flexed or both feet or knees below breech
- (D) a foot is in the birth canal

23. When examining a women at term, hearing fetal heart tones loudest above the umbilicus suggests which type of presentation?

- (A) cephalic presentation

- (B) transverse lie
 - (C) breech presentation
 - (D) multiple pregnancy
24. Which of the following is NOT a direct complication of delivery using the vacuum extraction?
- (A) cephalohematoma
 - (B) intracranial hemorrhage
 - (C) retinal hemorrhage
 - (D) newborn acidemia
25. What are the cardinal movements of labor (in order)?
- (A) descent, engagement, flexion, internal rotation, extension, external rotation, expulsion
 - (B) engagement, descent, internal rotation, flexion, external rotation, extension, expulsion
 - (C) engagement, descent, flexion, internal rotation, extension, external rotation, expulsion
 - (D) engagement, descent, flexion, extension, internal rotation, external rotation, expulsion
26. What is a laceration involving the skin, mucous membrane, perineal body, anal sphincter, and rectal mucosa called?
- (A) first degree
 - (B) second degree
 - (C) third degree
 - (D) fourth degree
27. What is the primary mechanism of placental site hemostasis?
- (A) vasoconstriction by contracted myometrium
 - (B) prostaglandin secretion
 - (C) maternal hypotension
 - (D) decrease cardiac output
28. During the third stage of labor, which of the following is NOT a sign of placental separation?
- (A) gush of blood
 - (B) uterus rises in the abdomen
 - (C) umbilical cord protrudes farther out of the vagina
 - (D) painful uterine tetany
29. Which of the following is NOT part of the Apgar score?
- (A) heart rate
 - (B) respiratory effort

- (C) color
 - (D) amniotic fluid consistency
30. What is the Apgar score of a male infant at 5 min of life whose respiratory effort is irregular, pulse is 90, who is floppy and blue and with only minimal grimaces?
- (A) 1
 - (B) 3
 - (C) 5
 - (D) 7
31. Which of the following is true regarding risk factors for breast cancer?
- (A) Most women who develop breast cancer have a family history.
 - (B) Having a sister who developed breast cancer postmenopausally significantly increases the risk of personally developing breast cancer.
 - (C) Menstrual irregularity is clearly an associated risk factor.
 - (D) Nulliparity increases the risk of breast cancer.
32. Which of the following is true regarding estrogen replacement therapy and breast cancer?
- (A) Significantly increases the risk of breast cancer development if used less than 5 years
 - (B) Should be discouraged in postmenopausal women.
 - (C) Estrogen replacement therapy can reduce the risk of osteoporosis and heart disease
 - (D) Is best given continuously and without progestins.
33. Screening mammography
- (A) Contributes to improve survival in women younger than 40 years
 - (B) Is complementary with physical exam because 10% to 20% of palpable lesions are not seen mammographically.
 - (C) Along with ultrasound is a standard screening tool for breast cancers.
 - (D) Is much more sensitive than magnetic resonance imaging (MRI) for the detection of small lesions
34. Which of the following statements is true regarding breast masses?
- (A) Ninety percent of clinically benign masses will be proved benign by biopsy.
 - (B) Fine-needle aspiration (FNA) is exquisitely sensitive in detecting carcinoma in palpable masses, helps with planning, and

has a 0% false positive rate.

- (C) Breast masses can be followed for one or two menstrual cycles if clinically benign in premenopausal women.
 - (D) When cytology is negative based on FNA, breast masses are considered benign and can be ignored, even in postmenopausal women.
35. Of the following statements, which is true regarding breast tumors, especially cancerous ones?
- (A) They are asymptomatic and are discovered only by physical examination or screening mammography.
 - (B) They are typically symptomatic and are more likely to be discovered by the patient.
 - (C) They are most likely to be discovered by routine palpation by the physician at the time of an annual physical examination, but not by mammography.
 - (D) They are most likely to go undetected until disease has spread and they produce symptoms in other organs.
36. A 65 year-old postmenopausal woman presents with a 1.5 cm breast mass in the left upper outer quadrant. The most appropriate management is
- (A) Lumpectomy and axillary node dissection based on a suspicious mammographic finding
 - (B) Observation based on a negative fine needle aspiration cytology
 - (C) A 2-week period of observation
 - (D) Lumpectomy and axillary node dissection based on a fine-needle aspiration cytology.
 - (E) Fine-needle aspiration followed by mammography.
37. Biopsy is indicated in which of the following situations?
- (A) A bloody FNA of a palpable mass
 - (B) A clear aspirate on three occasions of a persistent breast mass
 - (C) Equivocal findings on FNA of a palpable mass
 - (D) A palpable mass in a postmenopausal woman
 - (E) All of the above
38. A 36 year-old woman presents with a tender swollen breast. The symptoms occurred acutely. She has a swollen left breast that is warm, tender, and red. She is unable to tolerate mammography. An ultrasound examination is performed, which reveals a multiloculated mass. The best recommendation is
- (A) Excision of mass

- (B) Fine-needle aspiration , cytology, culture and antibiotic id purulent
 - (C) Neoadjuvant chemotherapy
 - (D) Incision and drainage of an abscess
39. A 36 year-old nonlactating woman presents with a 2 month history of bloody nipple discharge from her left breast. No mass is palpable on physical examination. The most appropriate management is
- (A) Measure serum prolactin and TRH levels
 - (B) Obtain cytologic examination of the bloody nipple discharge
 - (C) Obtain ductography
 - (D) Observation alone
 - (E) Excision of the involved duct
40. Which of the following is a risk factor of breast cancer
- (A) Mother-in-law with breast cancer history
 - (B) Vegetarian
 - (C) Cervical cancer history
 - (D) Menarche at 11 year-old
 - (E) Ectopic pregnancy history
41. 子宮頸抹片採樣檢體中需涵蓋哪些細胞?
- (A) 鱗狀上皮細胞
 - (B) 柱狀上皮細胞
 - (C) 以上皆是
 - (D) 以上皆非
42. 鱗狀柱狀上皮接合處(squamo-columnar junction, SCJ)的位置會受到下列荷爾蒙的影響?
- (A) 雌激素(estrogen)
 - (B) 黃體素(progesterone)
 - (C) 男性激素(testosterone)
 - (D) 類固醇(prednisolone)
43. 下列何者是造成子宮頸抹片難以判讀的原因?
- (A) 沒有正確看到子宮頸就採樣
 - (B) 塗抹在玻片上的分泌物細胞量過多或過少及厚薄不均
 - (C) 採樣前有性行為或使用陰道栓劑
 - (D) 採樣之檢體固定不當
 - (E) 以上皆是

44. 下列何者符合良好抹片的標準？
- (A) 檢體有清楚標記(包括病患基本資料, 年齡, 最後一次月經,)
 - (B) 有足夠且保存良好的鱗狀上皮細胞可供觀察(8000-12000 個)
 - (C) 有 10 個單獨的轉型細胞(transformation zone cells)可供觀察
 - (D) 抹片中有不正常細胞, 不管其遮蔽因素, 均視為良好的抹片
 - (E) 以上皆是
45. 下列有關子宮頸癌的敘述何者有誤？
- (A) 子宮頸癌好發在子宮頸上皮細胞的變形區。
 - (B) 人類乳突病毒(HPV)是子宮頸癌的致病因子之一。
 - (C) 子宮頸抹片檢查是篩檢子宮頸癌的主要方法。
 - (D) 我沒有什麼不舒服, 可以不用作子宮頸抹片檢查。
 - (E) 性交後出血是子宮頸癌常見的症狀之一。
- a.
46. 下列何者不是子宮頸癌危險因子？
- (A) 性行為年齡早。
 - (B) 多重性伴侶。
 - (C) 人類乳突狀病毒感染。
 - (D) 肥胖。
47. 下列那一種檢查對於子宮頸癌篩檢最簡單方便, 適合大規模使用？
- (A) HPV 晶片檢查
 - (B) 子宮頸抹片檢查
 - (C) 薄層抹片
 - (D) 電腦抹片系統
48. 下列有關子宮頸抹片採樣後細胞固定之說明何者有誤？
- (A). 採樣至玻片上到固定玻片時間不可超過 5 秒鐘, 以免固定不良
 - (C). 75%酒精是常用的固定液
 - (C). 到偏遠地區利用醫療巡迴車做抹片時, 可使用噴霧式固定液較方便
 - (D). 玻片浸入固定液中至少 20 分鐘才有好的固定效果
49. 國民健康局提供幾歲以上婦女每年一次免費子宮頸抹片檢查？
- (A). 25 歲
 - (B). 30 歲
 - (C). 35 歲
 - (D). 40 歲

50. 下列有關子宮頸抹片採樣之敘述何者有誤？
- (A). 必須在做內診前執行子宮頸抹片檢查, 以免受滑石粉及潤滑劑影響
 - (B). 塗抹時以一次為宜, 需厚薄均勻, 避免細胞重疊
 - (C). 若發現有有過多分泌物須先用棉棒擦拭後再做採樣
 - (D). 更年期患者子宮頸口較小, 可利用小棉棒作採樣, 以免造成病患不適
51. Leopold maneuvers 最適當用於何時？
- (A) 婦科檢查骨盆腔腫瘤(B) 妊娠第一期(C) 妊娠第二期(D) 妊娠第三期。
52. 以下何者非為孕婦的腹部檢查之相對禁忌？
- (A) 早期子宮收縮(preterm labor), 目前安胎仍不穩定
 - (B) 早期羊膜破裂
 - (C) 胎盤剝離併產前出血
 - (D) 產後大出血。
53. 請簡述 Leopold maneuvers 的第一步驟。
54. 請簡述 Leopold maneuvers 的第二步驟。
55. 請簡述 Leopold maneuvers 的第三步驟。
56. 請簡述 Leopold maneuvers 的第四步驟。
57. 孕婦的腹部檢查可用於以下的情況, 何者為非？
- (A) 區分胎位
 - (B) 區分胎頭是否已經 engaged
 - (C) 區分胎兒的軀幹方位
 - (D) 評估是否可以成功經由陰道生產。
58. 在替孕婦做 Leopold maneuvers 的過程中, 若孕婦主訴腹部劇烈疼痛, 需採取以下何種處理？
- (A) 檢查胎心音
 - (B) 檢查是否有子宮收縮
 - (C) 檢查是否有胎盤剝離
 - (D) 已上皆是。
59. 若胎兒為臀位(breech presentation), 最易檢查出胎位的部部位為何？
- (A) 檢查胎兒的薦骨(sacrum)
 - (B) 檢查孕婦腹部的兩側
 - (C) 檢查胎兒的臍帶 (umbilical cord)
 - (D) A 及 B
60. 胎兒的胎位為何時, 最易從孕婦腹部中線聽到胎心音？
- (A) occipitoanterior
 - (B) occipitoposterior
 - (C) transverse

(D) breech