

Women's Health End of Rotation (EOR) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

SAMPLE

- 1. A hard, immobile breast mass with positive lymphadenopathy is indicative of which condition?**
 - A. Fibroadenoma**
 - B. Ductal carcinoma in situ**
 - C. Breast cancer**
 - D. Benign cystic disease**
- 2. In the case of an adolescent female experiencing menorrhagia and severe pelvic pain, which imaging study is most helpful in assessing for anatomical causes?**
 - A. Ultrasound**
 - B. MRI**
 - C. Laparoscopy**
 - D. CT scan**
- 3. What is the leading cause of gynecological cancer death in the U.S.?**
 - A. Cervical cancer**
 - B. Uterine cancer**
 - C. Ovarian cancer**
 - D. Vulvar cancer**
- 4. What is the primary cause of anovulation leading to menstrual irregularities in polycystic ovarian syndrome?**
 - A. Excess production of androgens**
 - B. Low estrogen levels**
 - C. Hyperprolactinemia**
 - D. Insulin resistance**
- 5. What characterizes the hormonal changes during the luteal phase of the menstrual cycle?**
 - A. Peak levels of estrogen**
 - B. Peak levels of progesterone**
 - C. Low levels of luteinizing hormone**
 - D. High levels of testosterone**

- 6. What symptom is often present in cases of candidal vulvovaginitis?**
- A. Painful swelling of lymph nodes.**
 - B. Severe dysmenorrhea.**
 - C. Itching and irritation of the vulva.**
 - D. Heavy discharge with a foul odor.**
- 7. What should be the next course of management for a 72-year-old female with vulvular pruritus and red lesions with white plaques on the vulva?**
- A. Refer to a gynecologist for biopsy.**
 - B. Refer to a dermatologist for antifungal therapy.**
 - C. Treat with a topical steroid.**
 - D. Treat with estrogen cream.**
- 8. What are the typical signs of a urinary tract infection (UTI)?**
- A. Frequent urination, lower back pain, fever**
 - B. Frequent urination, burning sensation during urination, and cloudy urine**
 - C. Increased thirst, fatigue, and abdominal pain**
 - D. Nausea, vomiting, and itching**
- 9. A 25-year-old female presents with vulvar pruritus and a thick, white vaginal discharge. What test is most helpful for diagnosis?**
- A. KOH prep**
 - B. Gram stain**
 - C. Tzanck smear**
 - D. FTA-ABS**
- 10. What is the hormone primarily responsible for maintaining pregnancy early on?**
- A. Estrogen**
 - B. Progesterone**
 - C. hCG**
 - D. FSH**

Answers

SAMPLE

1. C
2. A
3. C
4. A
5. B
6. C
7. A
8. B
9. A
10. C

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Explanations

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1. A hard, immobile breast mass with positive lymphadenopathy is indicative of which condition?

- A. Fibroadenoma**
- B. Ductal carcinoma in situ**
- C. Breast cancer**
- D. Benign cystic disease**

A hard, immobile breast mass with positive lymphadenopathy strongly suggests breast cancer. This is because breast cancer often presents as a palpable mass that is hard and fixed to the underlying tissues, reflecting the aggressive nature of malignant tumors. The fact that lymphadenopathy is present indicates that the cancer may have spread beyond the original tumor site, involving nearby lymph nodes, which is a common occurrence in invasive breast cancers. In contrast, fibroadenomas are typically mobile and firm masses that do not usually cause lymphadenopathy. Ductal carcinoma in situ (DCIS) is a non-invasive form of breast cancer that may not present with a palpable mass or lymphadenopathy. Benign cystic disease generally presents with softer lumps and does not typically lead to lymph node involvement. Therefore, the clinical presentation of a hard, immobile mass along with positive lymphadenopathy aligns most closely with the characteristics of breast cancer.

2. In the case of an adolescent female experiencing menorrhagia and severe pelvic pain, which imaging study is most helpful in assessing for anatomical causes?

- A. Ultrasound**
- B. MRI**
- C. Laparoscopy**
- D. CT scan**

In the scenario of an adolescent female with menorrhagia and severe pelvic pain, the use of ultrasound is the most appropriate imaging study for assessing anatomical causes. Ultrasound is a non-invasive, readily available, and cost-effective first-line imaging modality that allows for the evaluation of the internal reproductive organs, including the uterus and ovaries. It can effectively identify structural abnormalities such as fibroids, polyps, or ovarian cysts that may contribute to heavy menstrual bleeding and pelvic pain. Transabdominal or transvaginal ultrasound can provide detailed images and help to establish a diagnosis quickly. Furthermore, it does not involve exposure to ionizing radiation, making it particularly suitable for the young female population. In cases where ultrasound findings are inconclusive or further detail is needed, additional imaging studies like MRI may be considered, but typically that is not the first line of investigation. Overall, given the clinical presentation and need for anatomical assessment in young women, ultrasound stands out as the most beneficial initial imaging study.

3. What is the leading cause of gynecological cancer death in the U.S.?

- A. Cervical cancer**
- B. Uterine cancer**
- C. Ovarian cancer**
- D. Vulvar cancer**

Ovarian cancer is identified as the leading cause of gynecological cancer death in the U.S. for several reasons. One significant factor is the often late-stage diagnosis; ovarian cancer is typically diagnosed at advanced stages due to the subtle nature of its early symptoms, which may not be easily recognized. As a result, by the time it is detected, the cancer is often more difficult to treat and is associated with a higher mortality rate. Furthermore, ovarian cancer tends to be more aggressive than many other forms of gynecological cancers, contributing to its mortality statistics. The distinct characteristics of ovarian tumors and their potential to metastasize early in the disease process play a critical role in the challenges faced in treatment. Despite advancements in screening and treatment options, the prognosis remains poorer than that for cervical and uterine cancers, which are often found earlier in their progression. Cervical cancer, while still a significant health concern, has seen declines in mortality rates due to widespread screening and preventive measures like the HPV vaccine. Uterine cancer, as the most common gynecological cancer diagnosed, often presents favorable outcomes with early detection and treatment. Vulvar cancer, though important, contributes far less to gynecological cancer mortality in comparison to ovarian cancer. These

4. What is the primary cause of anovulation leading to menstrual irregularities in polycystic ovarian syndrome?

- A. Excess production of androgens**
- B. Low estrogen levels**
- C. Hyperprolactinemia**
- D. Insulin resistance**

In polycystic ovarian syndrome (PCOS), the primary cause of anovulation, which subsequently leads to menstrual irregularities, is the excess production of androgens. In women with PCOS, the ovaries often produce an increased amount of male hormones, such as testosterone, due to dysregulation in hormone signaling and ovarian function. This hormonal imbalance interferes with the normal ovulatory cycle, disrupting the regular release of eggs and leading to irregular or absent menstrual periods. The presence of elevated androgen levels affects the ovarian follicles' ability to mature and release eggs, which is essential for regular ovulation. Consequently, women with PCOS frequently experience irregular menstrual cycles due to this anovulatory state, manifesting as oligomenorrhea (light or infrequent periods) or amenorrhea (absence of periods). While insulin resistance and low estrogen levels can also play roles in the broader context of PCOS, and hyperprolactinemia may affect menstrual patterns, the root cause of anovulation specifically in this syndrome is primarily attributed to the excess androgens. Therefore, recognizing the impact of elevated androgen levels is crucial in understanding the menstrual irregularities associated with PCOS.

5. What characterizes the hormonal changes during the luteal phase of the menstrual cycle?

- A. Peak levels of estrogen**
- B. Peak levels of progesterone**
- C. Low levels of luteinizing hormone**
- D. High levels of testosterone**

During the luteal phase of the menstrual cycle, which occurs after ovulation and before the start of menstruation, there is a significant increase in progesterone levels. This occurs because the corpus luteum, which forms from the remnants of the follicle after it releases an egg, primarily secretes progesterone. This hormone plays a crucial role in preparing the uterine lining for a potential implantation of an embryo, making it essential for a successful pregnancy. While there is typically a peak in estrogen levels just before ovulation during the follicular phase, progesterone takes precedence during the luteal phase. The elevated progesterone helps maintain the uterine lining, and if pregnancy does not occur, progesterone levels will eventually decline, leading to the shedding of the uterine lining, which marks the onset of menstruation. In the context of the other options, peak levels of estrogen typically occur just before ovulation, and luteinizing hormone levels drop after the LH surge that triggers ovulation. Likewise, testosterone levels remain relatively stable and are not characteristically elevated during the luteal phase in relation to the other hormones involved in the menstrual cycle.

6. What symptom is often present in cases of candidal vulvovaginitis?

- A. Painful swelling of lymph nodes.**
- B. Severe dysmenorrhea.**
- C. Itching and irritation of the vulva.**
- D. Heavy discharge with a foul odor.**

Candidal vulvovaginitis, commonly caused by an overgrowth of the fungus *Candida*, is characterized by several distinctive symptoms. One of the hallmark symptoms is itching and irritation of the vulva. This discomfort results from the inflammatory response triggered by the infection. Clinically, patients often describe this sensation as intense itching that can lead to scratching, which may further exacerbate the irritation and discomfort. The presence of itching and irritation in this condition is due to the yeast's metabolic byproducts, which can irritate the sensitive surrounding tissues. Additionally, patients may experience other symptoms such as a thick, white discharge, commonly referred to as "cottage cheese-like," but the key symptom highlighting candidal vulvovaginitis is indeed the itching. Other symptoms provided in the options, such as painful lymph nodes, severe dysmenorrhea, or heavy discharge with a foul odor, are generally not associated with candidal infections. Painful swelling of lymph nodes may suggest a systemic infection or a different type of inflammatory response, severe dysmenorrhea is related more to menstrual issues than to yeast infections, and heavy discharge with a foul odor is more characteristic of bacterial vaginosis rather than candidal vulvovaginitis. Thus, recognizing itching

7. What should be the next course of management for a 72-year-old female with vulvar pruritus and red lesions with white plaques on the vulva?

- A. Refer to a gynecologist for biopsy.**
- B. Refer to a dermatologist for antifungal therapy.**
- C. Treat with a topical steroid.**
- D. Treat with estrogen cream.**

In the scenario described, the presence of vulvar pruritus and red lesions with white plaques raises concern for potential underlying conditions such as lichen sclerosus or vulvar squamous cell carcinoma. The best course of action is to refer the patient to a gynecologist for a biopsy. A biopsy is essential to establish a definitive diagnosis, which is crucial for guiding appropriate treatment and management. The examination of the vulva, particularly with these symptoms, can reveal various dermatological conditions or malignancies. A biopsy will allow for histological evaluation to determine the nature of the lesions—whether they are benign, inflammatory, or malignant. Obtaining an accurate diagnosis is especially important in a 72-year-old female, as the risk of vulvar cancer increases with age. While treatments like topical steroids or estrogen cream may be indicated for certain conditions affecting the vulva, starting with a biopsy when there are such distinct and concerning findings is the most prudent strategy. It ensures that the management is directed appropriately based on the underlying cause, rather than potentially masking a serious condition with symptomatic treatment alone.

8. What are the typical signs of a urinary tract infection (UTI)?

- A. Frequent urination, lower back pain, fever**
- B. Frequent urination, burning sensation during urination, and cloudy urine**
- C. Increased thirst, fatigue, and abdominal pain**
- D. Nausea, vomiting, and itching**

The typical signs of a urinary tract infection (UTI) include frequent urination, a burning sensation during urination, and cloudy urine. This combination of symptoms is characteristic of a UTI because the infection causes irritation and inflammation in the urinary tract. Frequent urination occurs as the body's response to inflammation, prompting an urge to empty the bladder more often. A burning sensation during urination, known as dysuria, is due to the irritation of the urinary tract lining caused by the infection. Cloudy urine can result from the presence of pus, bacteria, or any inflammatory cells present in the urine, which is a direct consequence of the infection. These symptoms collectively indicate a disturbance in normal urinary function often linked to bacterial infections. Understanding these specific symptoms is crucial for recognizing and diagnosing UTIs, leading to proper management and treatment.

9. A 25-year-old female presents with vulvar pruritus and a thick, white vaginal discharge. What test is most helpful for diagnosis?

- A. KOH prep**
- B. Gram stain**
- C. Tzanck smear**
- D. FTA-ABS**

The most helpful test for diagnosing the condition described in the scenario, which includes vulvar pruritus and a thick, white vaginal discharge, is a KOH prep. This test is specifically used to identify infections caused by fungi, particularly *Candida* species, which are often responsible for the symptoms described. When a KOH prep is performed, a sample of vaginal discharge is mixed with potassium hydroxide (KOH), which helps clear away cellular debris and enhances the visualization of fungal elements, such as hyphae or budding yeast cells, under a microscope. In cases of candidiasis, the presence of these elements can confirm the diagnosis. Other tests mentioned, such as a Gram stain, are useful for diagnosing bacterial infections and can differentiate between bacterial vaginosis and other types of infections, but they are less specific for fungal infections. A Tzanck smear is typically used to identify herpes infections by looking for multinucleated giant cells, which does not apply here. The FTA-ABS is a test for syphilis and is unrelated to vaginal discharge or vulvar itching. Hence, for the symptoms presented, a KOH prep is the most appropriate diagnostic tool.

10. What is the hormone primarily responsible for maintaining pregnancy early on?

- A. Estrogen**
- B. Progesterone**
- C. hCG**
- D. FSH**

The hormone primarily responsible for maintaining early pregnancy is progesterone. It plays a crucial role after fertilization by supporting the endometrial lining of the uterus, making it suitable for implantation of the fertilized egg. Progesterone helps to maintain the pregnancy by preventing uterine contractions, which helps in keeping the fetus safely implanted. While hCG (human chorionic gonadotropin) is vital in early pregnancy as it signals to the corpus luteum to continue producing progesterone until the placenta takes over hormone production, progesterone itself is the key hormone that directly sustains the pregnancy in its initial stages. Its production is critical for the maintenance of the uterine environment and for preventing menstruation during pregnancy. Estrogen also plays important roles during pregnancy, particularly in preparing the body and supporting fetal development, but it is progesterone that primarily stabilizes the early stages of pregnancy. FSH (follicle-stimulating hormone) is involved in reproductive processes related to ovarian function and is not directly related to maintaining early pregnancy. Thus, while hCG is important for signaling and support, progesterone is the main hormone crucial for maintaining an early pregnancy.