Gynecology & Obstetric

Mini-OSCE Archive

Eslam Al-Tarawneh Walid Azayzeh Laith Najada

Corrected by: Raghad Wasfi

Station 1

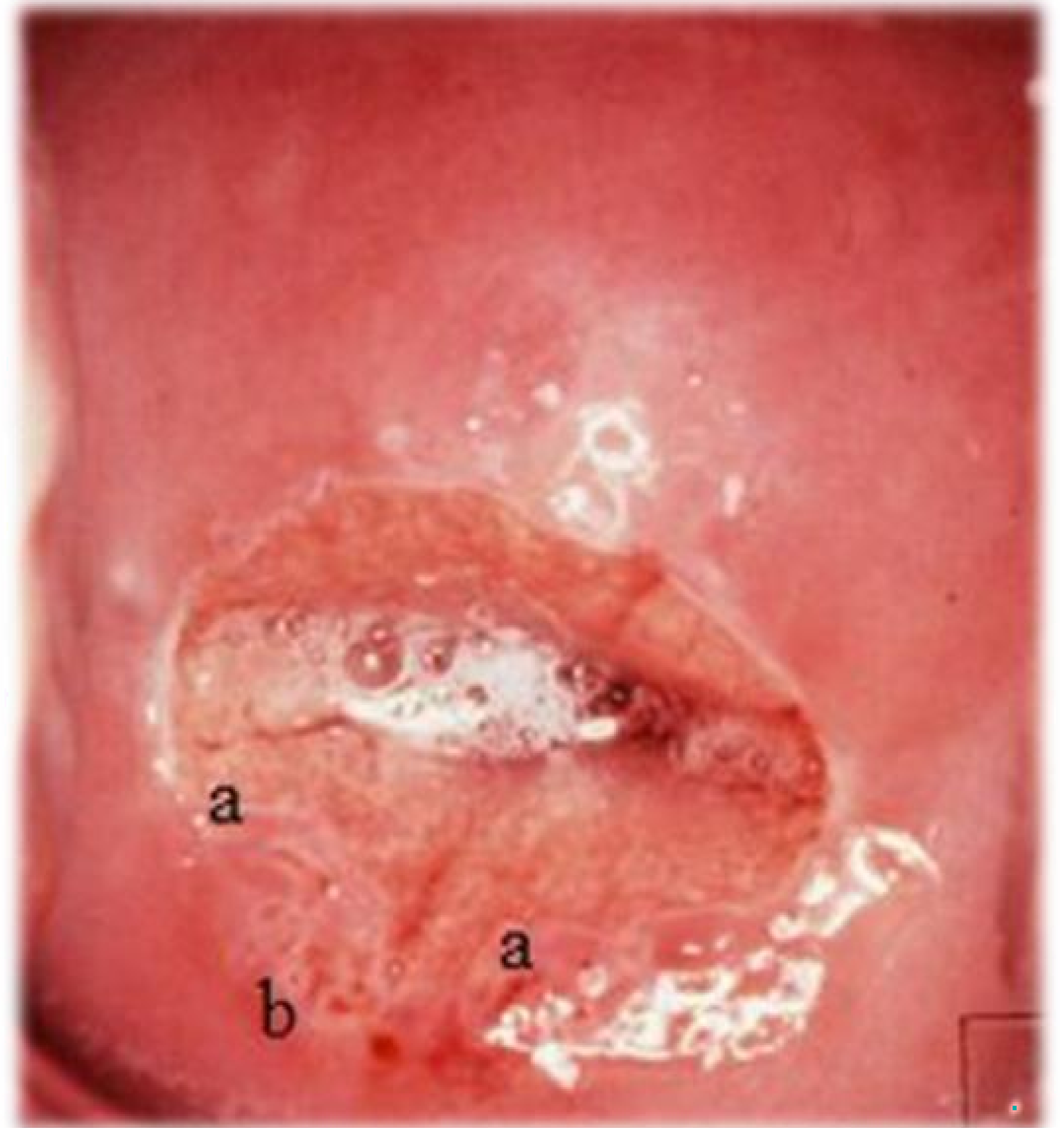
1- What is the name of the test?

5% Acetic acid application

2- How to define the abnormal lesions?

Aceto white lesion

(acetic acid will cause dehydration of cytoplasm result in prominent neuclus which reflect the light so appear white color)



3-What is the indications for this test?

-Abnormal atypical blood vessels

-Any abnormal results from cytology

-persistent (two consecutive years) positive testing for high-risk human papillomavirus and normal cytology

-Evaluation of a palpably or visually abnormal cervix, vagina, or vulva

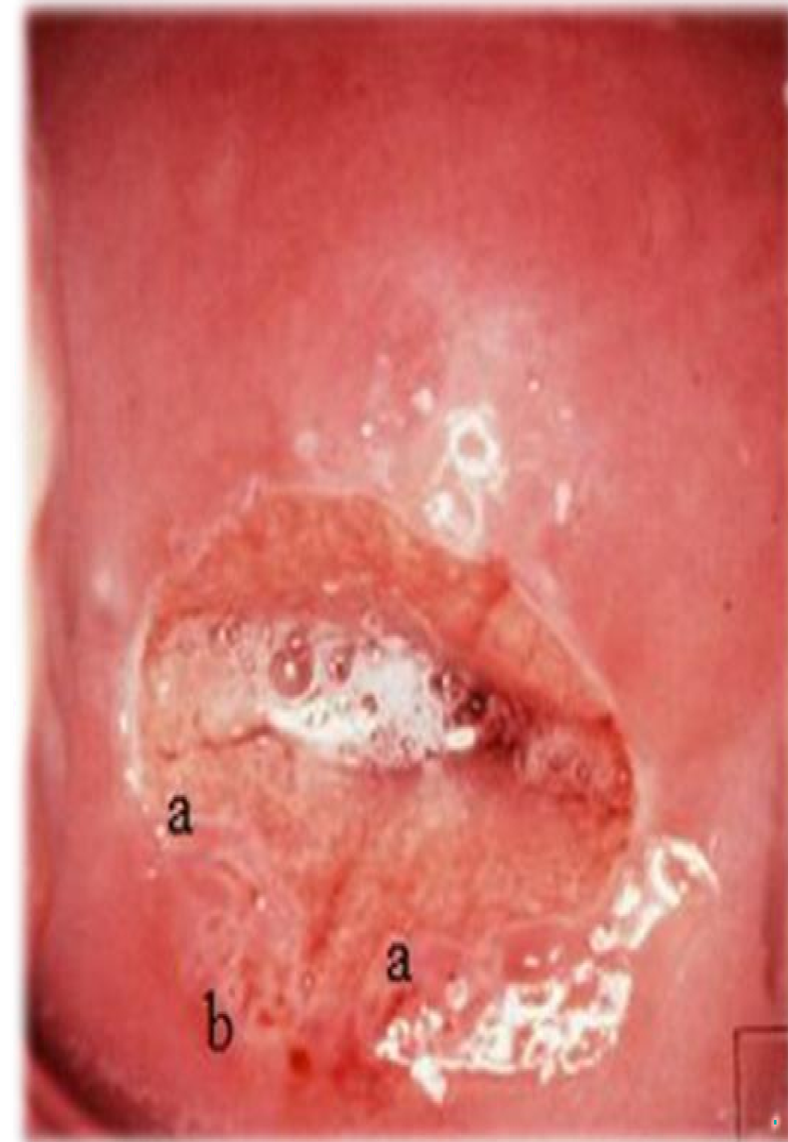
4-What is the next step and what is the name of the tool that used for it?

Cervical biopsy using cervical punch biopsy forceps

5-If its CIN, what is the management?

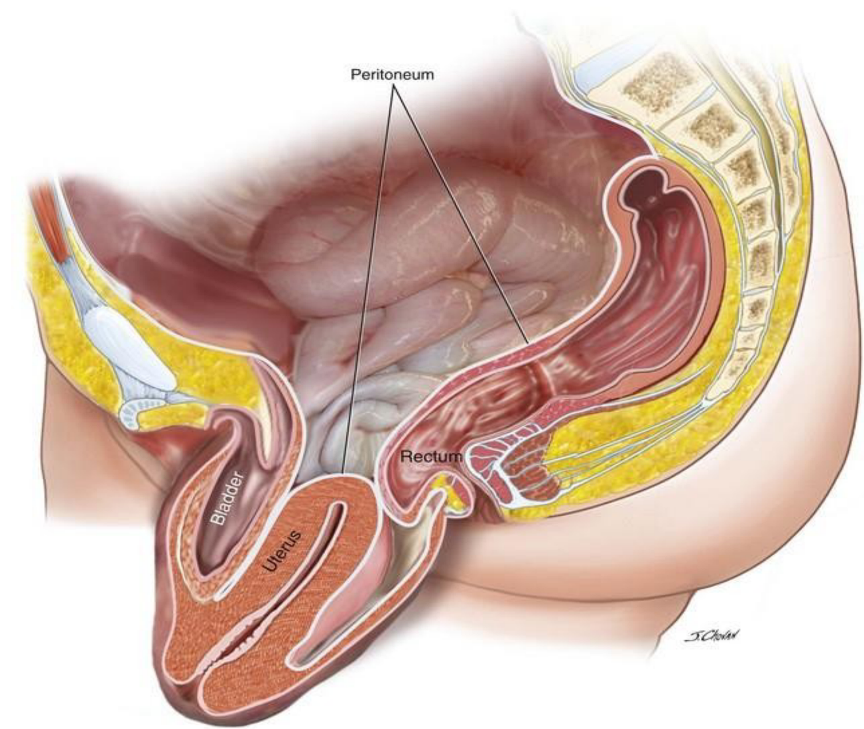
-Ablative therapy (e.g. cryotherapy, CO2 laser, cold coagulation, diathermy)

- Excisional treatment (e.g. LEEP or cold knife conization(
- Hysterectomy if completed her family



Station 2

49 year old women para 5 complain of a mass protruding from her genital opening, there is no significant thing from the history except that she had a bilateral tubal ligation 5 years ago



1- What is your diagnosis?

Procidentia

2- What is the stage according to POP-Q?

Stage 4

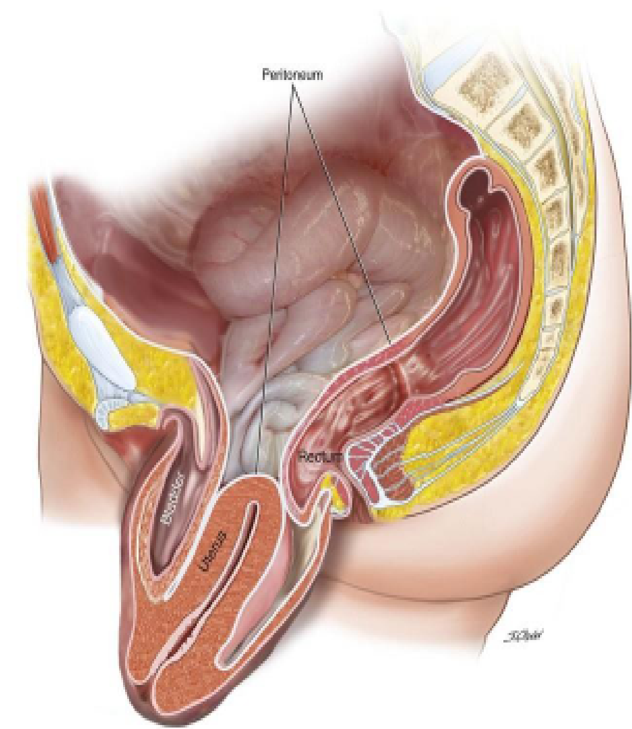
Aa +3 anterior wall	Ba +6 anterior wall	C +8 cervix or cuff
gh 2 genital hiatus	pb 3 perineal body	tvl 9 total vaginal length
Ap +3 posterior wall	Bp +6 posterior wall	D -2 posterior fornix

3-What is the level of support and what is the structures at this level?

Level one of support (Suspension).

Structures: uterus, cervix, upper part of vagina are suspended from above by

a) Uterosacral ligament
b) Cardinal ligament



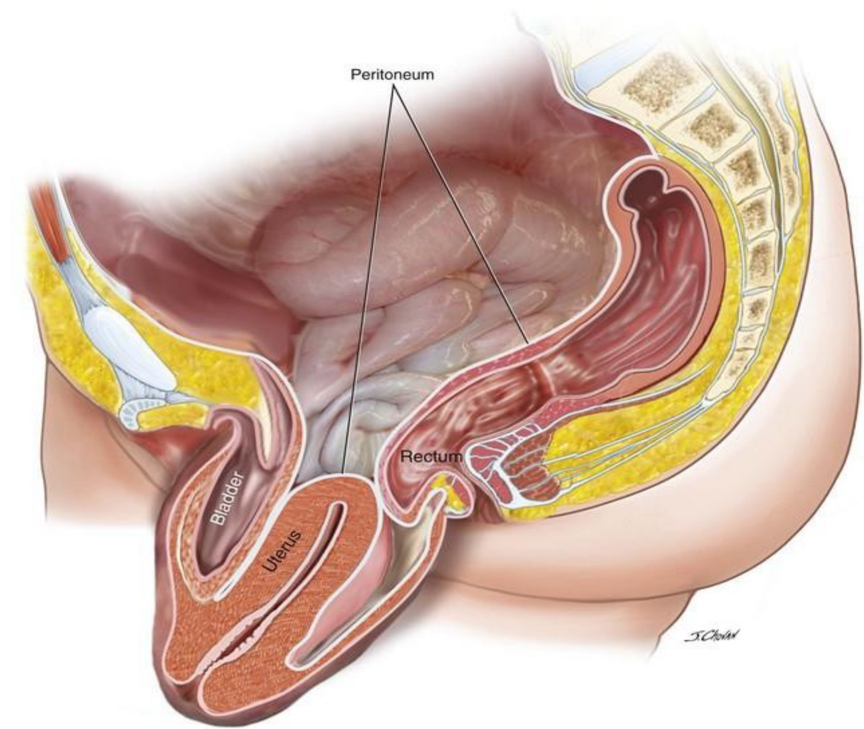
4- What is the urinary symptoms associated with this case? (Mention 5(

urinary frequency, urgency, voiding difficulty, urinary tract infections, stress incontinence, Incomplete emptying of bladder, and splinting

Aa +3 anterior wall	Ba +6 anterior wall	C +8 cervix or cuff
gh 2 genital hiatus	pb 3 perineal body	tvl 9 total vaginal length
Ap +3 posterior wall	Bp +6 posterior wall	D -2 posterior fornix

5- If it's associated with postcoital and intermenstrual bleeding, you should rule out what?

decubitus ulcer



6-what is the best management for this patient?

Vaginal hysterectomy with Sacrospinous ligament fixation (SSLF)

Aa +3 anterior wall	Ba +6 anterior wall	C +8 cervix or cuff
gh 2 genital hiatus	pb 3 perineal body	tvl 9 total vaginal length
Ap +3 posterior wall	Bp +6 posterior wall	D -2 posterior fornix

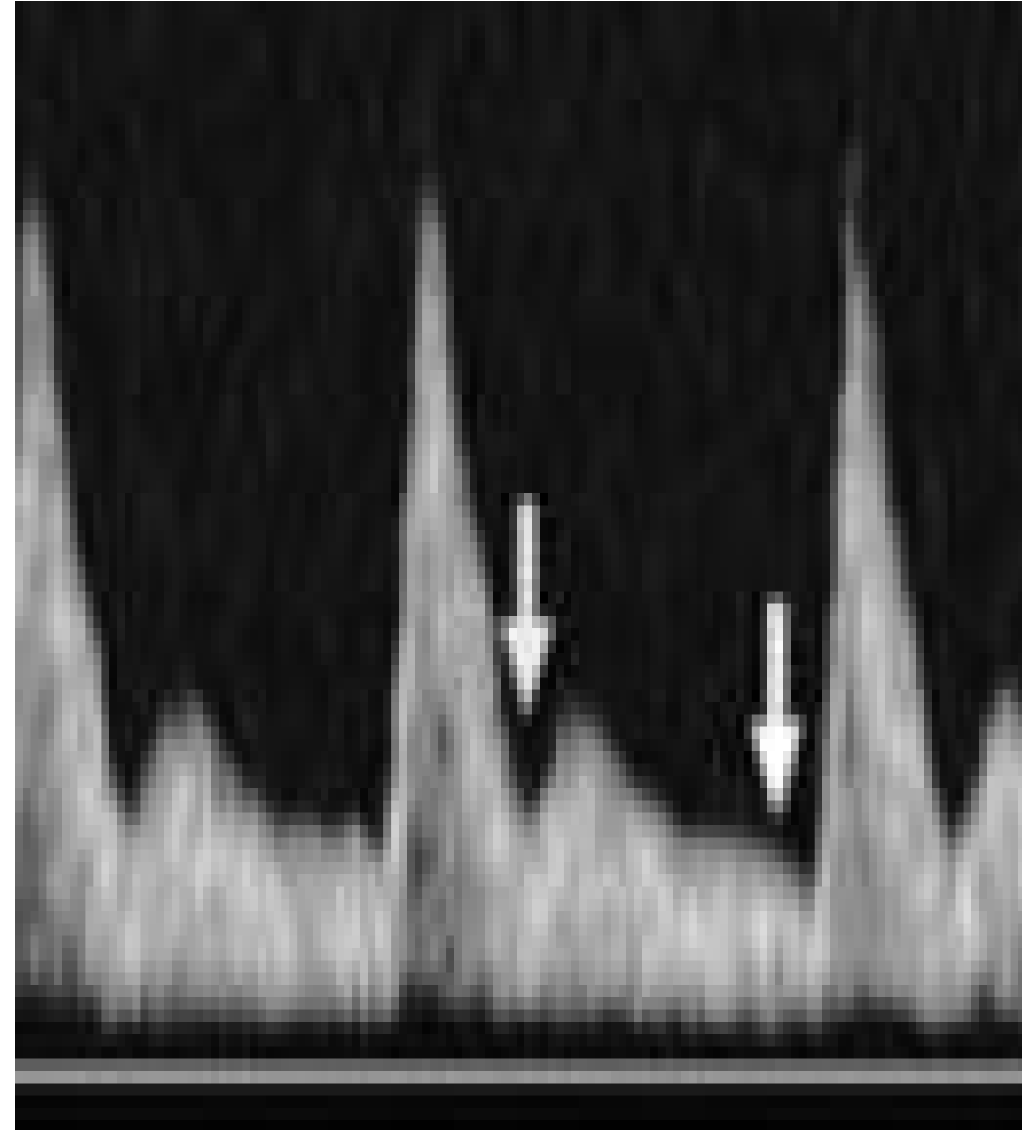
Station 3

1- What is the signs shown in picture? (Mention 2)

Early diastolic notch with low end-diastolic flow

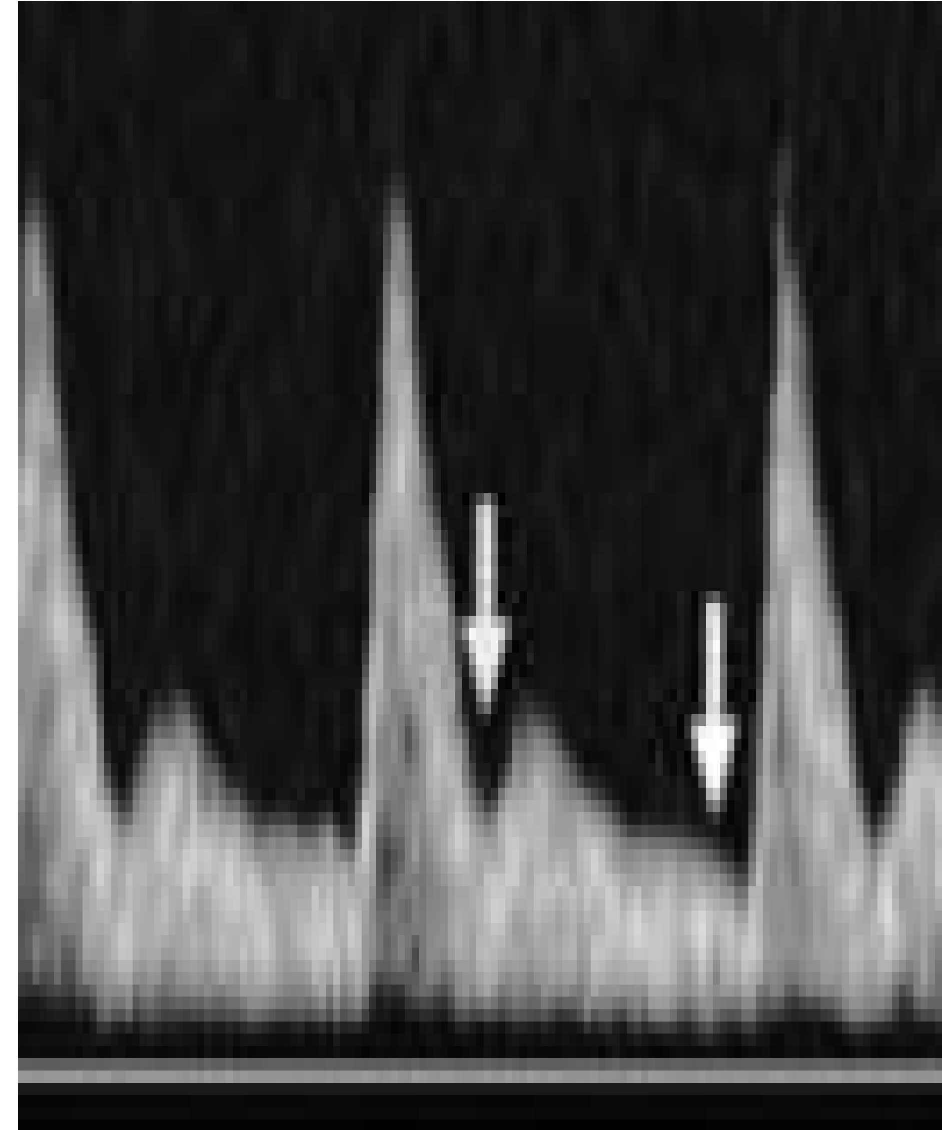
2-What is the maternal complications from PET? (Mention 5)

Eclampsia / Brain hemorrhage or stroke / Disseminated intravascular coagulation (DIC) / HELLP syndrome /Blindness / Renal failure



3- What is the fetal Complications? (Mention 5)

a) Reduced blood supply to the placenta
b) Impairment in fetal growth oxygenation and increased risk of stillbirth
c) Premature delivery for maternal and / or fetal indications
d) Babies are subjected to the additional risks arising from prematurity: - brain hemorrhage / seizures / respiratory and feeding difficulties
e) neonatal death

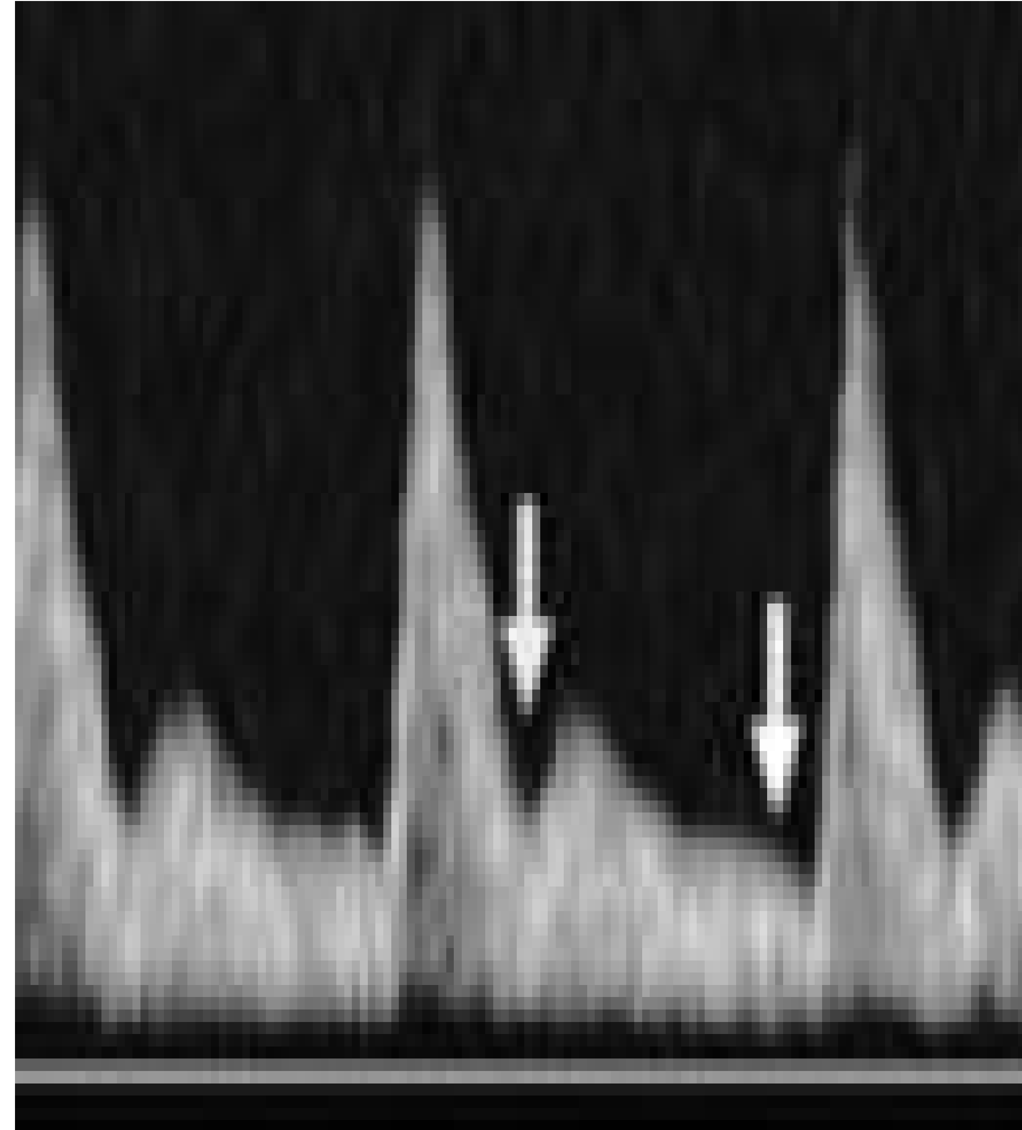


4- Mention another methods for screening? (Mention 4)

MAP / PlGF / sFlt-1 / PAPP-A

5- If she came at 12th week of gestation, what will you give her as prophylaxis? (Mention 2)

a) low-dose Aspirin (75-150 mg)
b) calcium supplement / statin



Station 4

29 year old married women complain of infertility for 3 years.

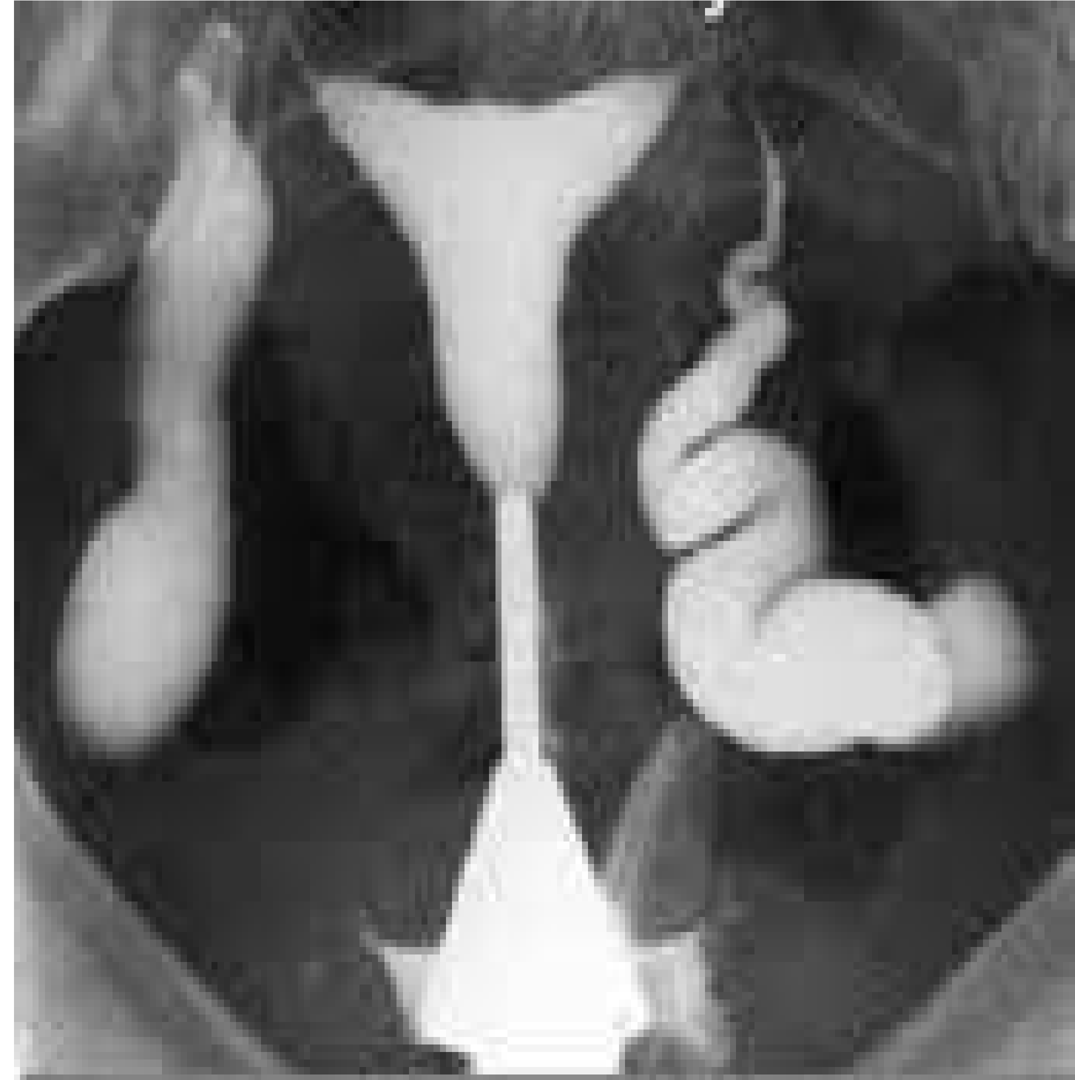
1-What is the name of the test?

Hysterosalpingogram (HSG)

2-Identify the findings in the picture.

HSG showing :

a) **speculum**
b) **patent cervix**
c) **normal uterine cavity with no filling defect**
d) **bilateral dilated tubes with no free spillage**

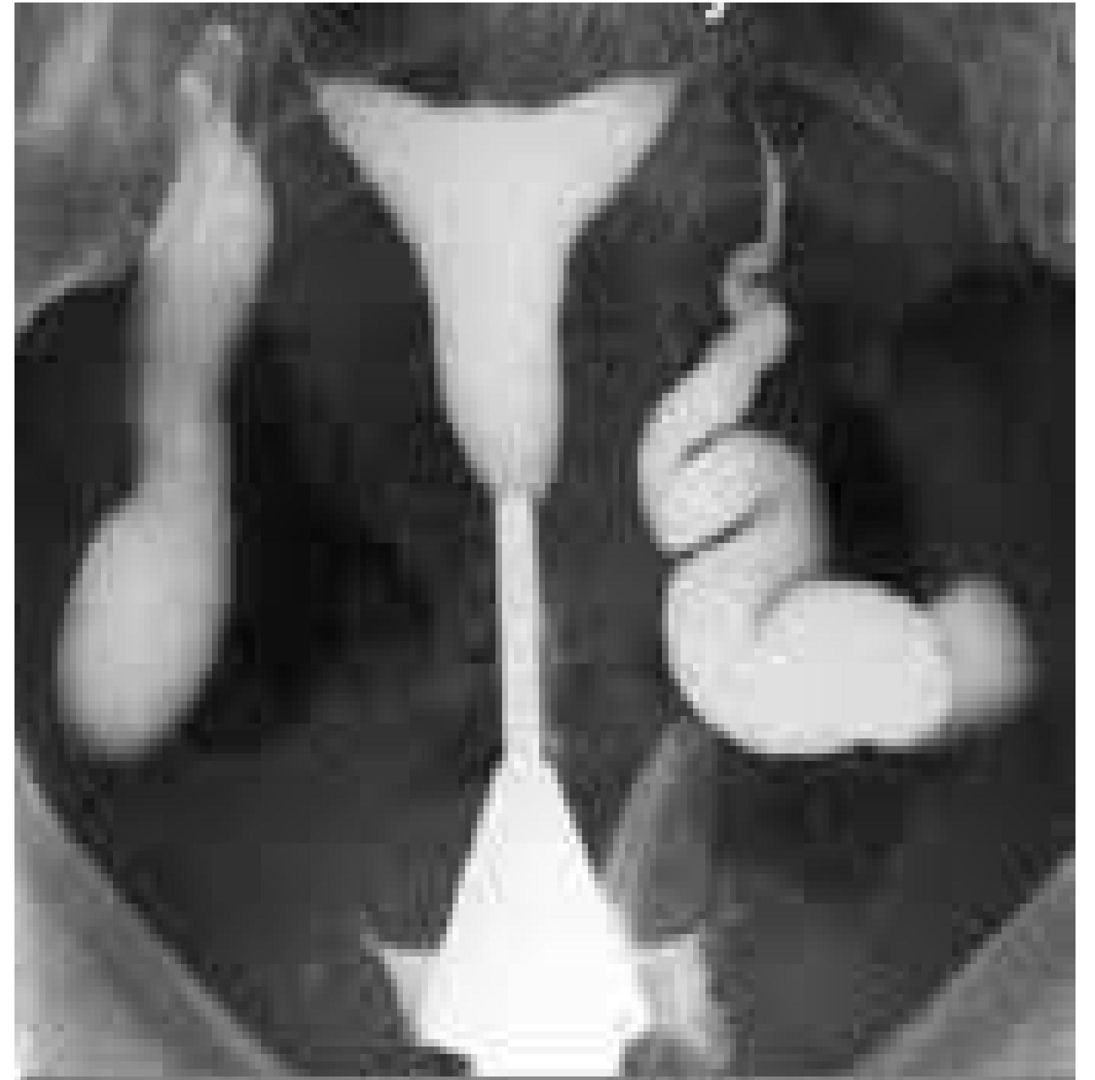


3- What is your advice to her and why?

Bilateral salpingectomy followed by IVF because the tubes are blocked by fluid and swelling

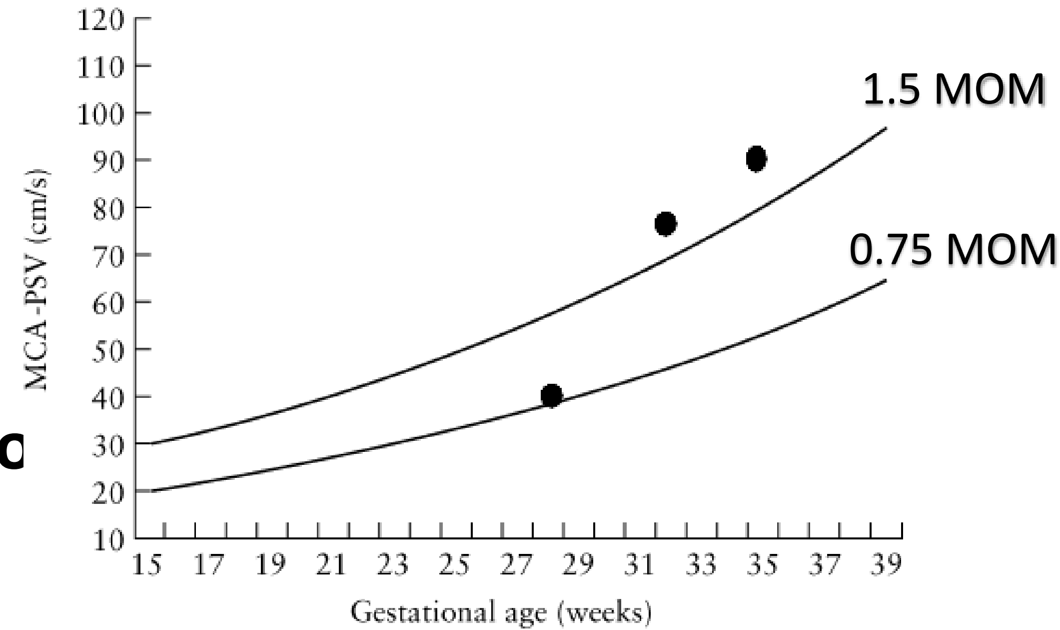
4-Breast tenderness and midcycle pain indicates what?

Indicates ovulation (ovaries are intact)



Station 5

35 year old female G4P3 came to you as regular visit on 18th week of gestation.



1 What is the relevant history about the previo pregnancies ? (Mention 3)

a) **Are they born alive?**

b) **Did you have any complications during pregnancy?**

c) **Did you deliver them at term or not?**

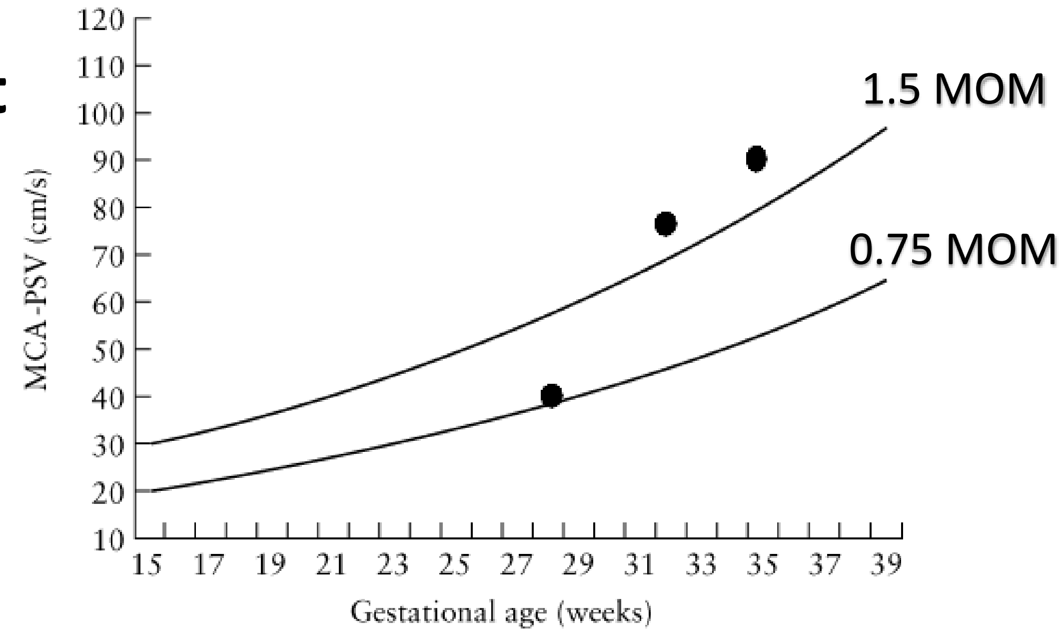
Husband blood group	A+
Indirect coombs test	Positive

2- What is the relevant history about the current pregnancy? (Mention 2)

a) What is your blood group and the husband blood group ?

b) Did you feel the movement of the baby or not?

c) Did you have any vaginal bleeding during pregnancy?



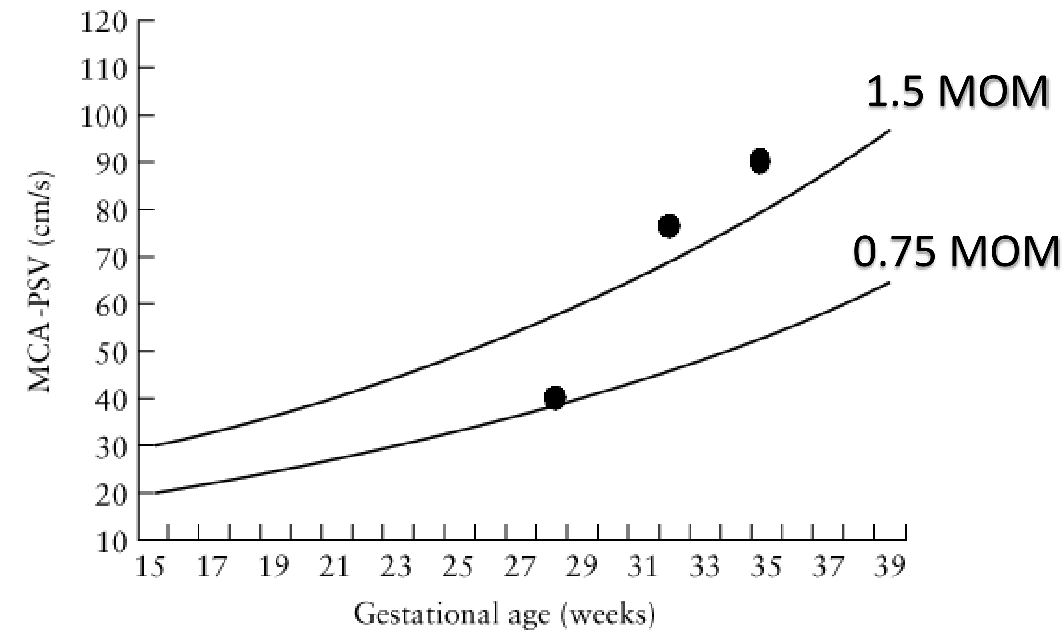
Husband blood group	A+
Indirect coombs test	Positive

3-What is your next step?

Indirect Coombs test and antibody titer

4- If she came at 22nd week, and the antibody titer is 1:64 what is the next step?

Follow up until titer reach 1:32



5 According to the shown diagram, what is your management at:

a) 28th week of gestation

Anti-D and follow up

b) 32nd week of gestation

Intra-uterine transfusion

c) 35th week of gestation

Deliver the baby

Husband blood group	A+
Indirect coombs test	Positive

Station 6

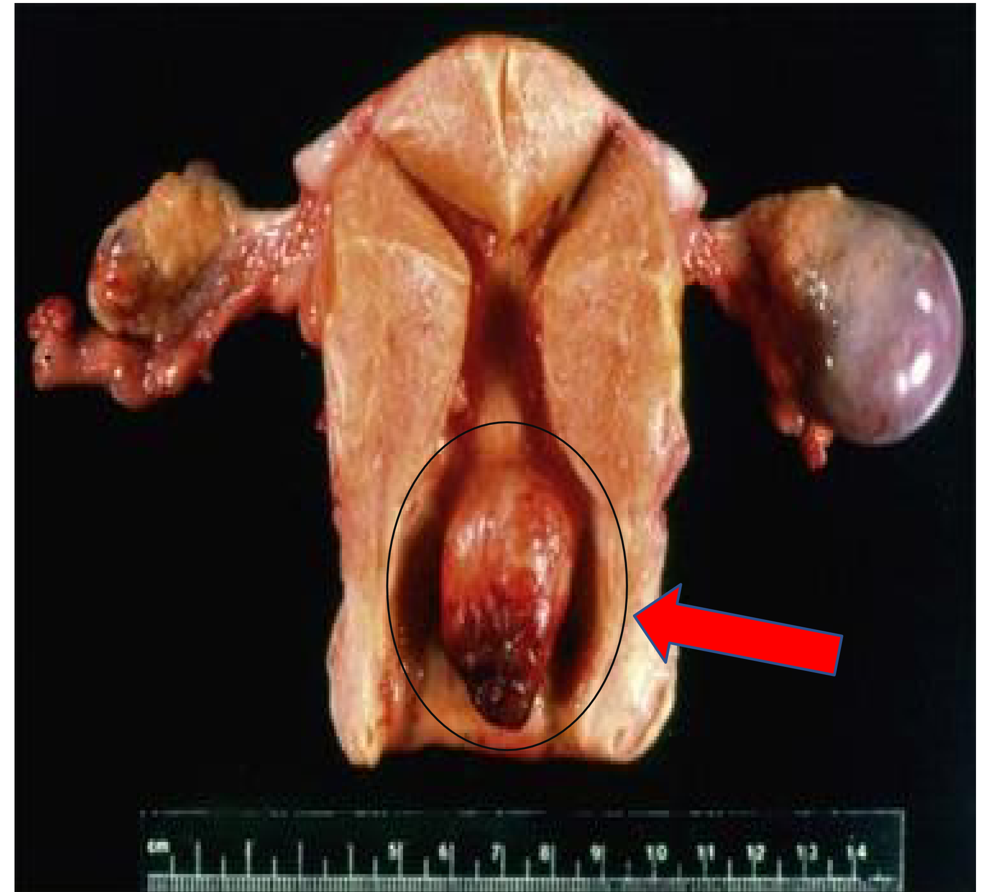
29 year old female para 4

1. **What is relevant point about menstrual cycle you would ask?**

Regularity / Frequency / Duration / Amount / Associated symptoms / AUB

2.What is your diagnosis?

Fibroid



3- What is protective factor in her history?

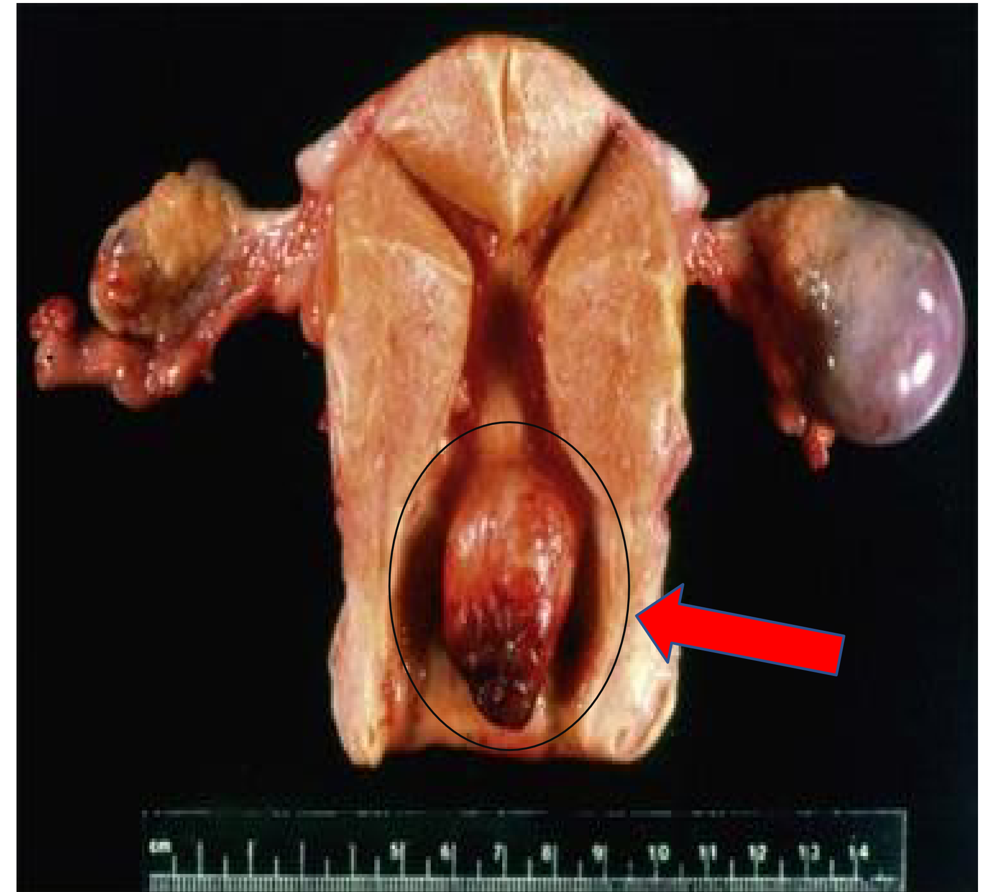
Multiparity

4- You will be worried about what if she has the same way of treatment?

Infertility

5-What is the best method to diagnose it?

US



Obs & Gyne Mini-OSCE 5th year 27/12/2022

Group 5

By: Ahmad Abu-Morad Osamah Alawneh Mahmoud darwish

Corrected by: Raghad Wasfi

Station 1

1.Name of this procudure?

Cervical cerculage

2.Indication?

Cervical incompetence

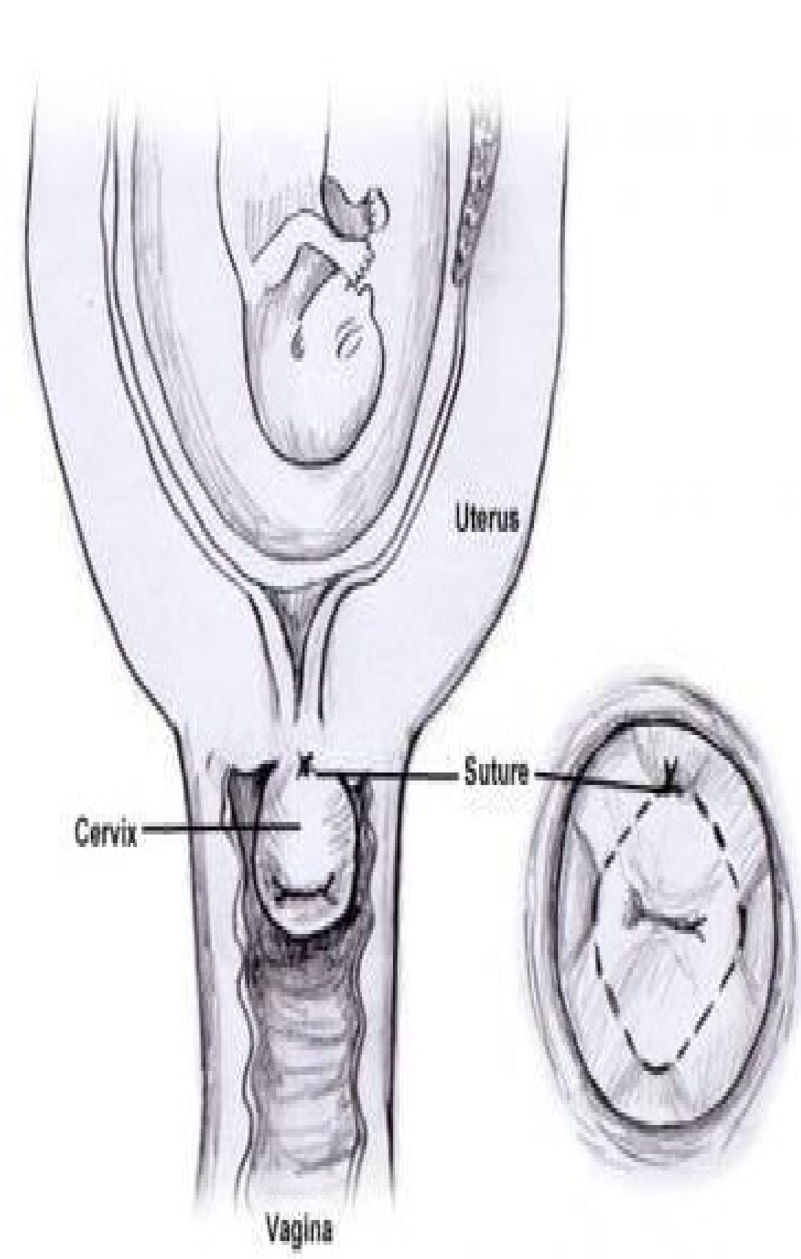
3.Causes of this problem? (mention 4)

1.Previous kone biopsy or LEEP

2.Cervical trauma in previous deliveries

3.Short cervix <2.5 cm

4.Previous termination of pregnancy



4.At what gestational age this procedure is done and why ?

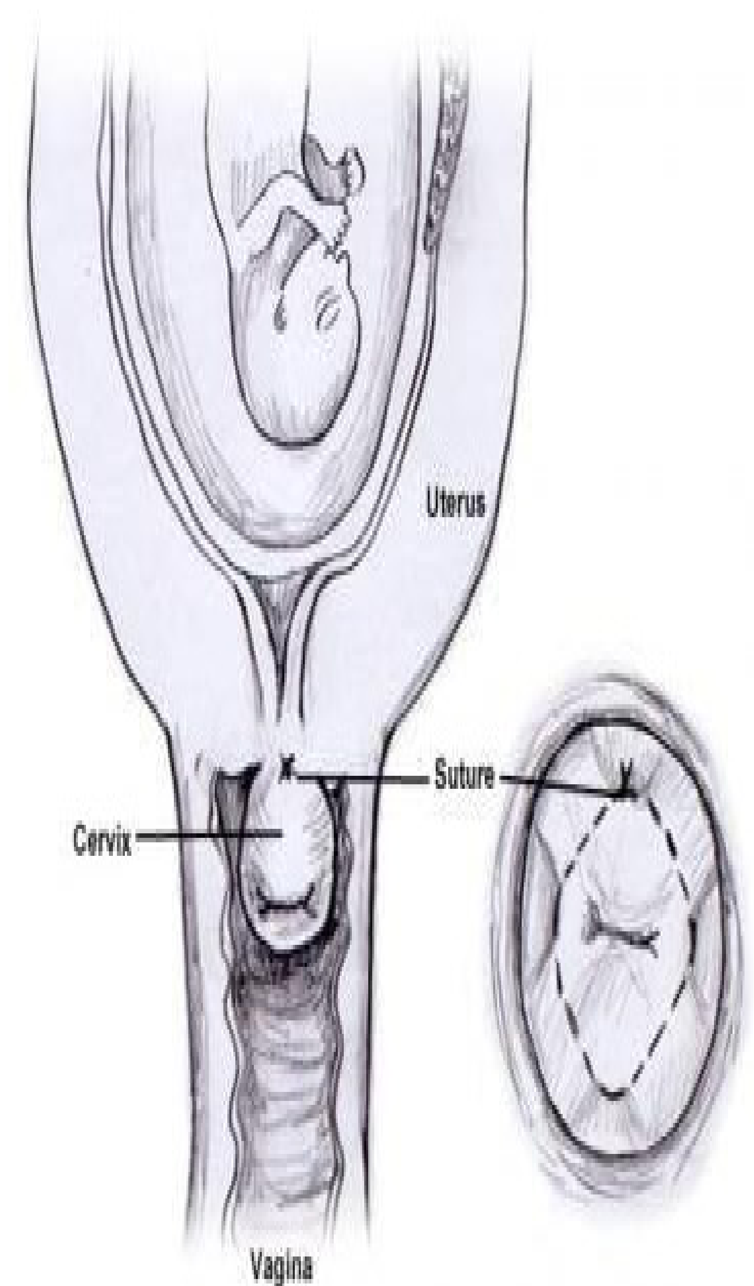
14 weeks , to bypass the high risk of miscarriage and to make sure that the fetus is healthy

. When to remove ? (mention 3)

1)In case of preterm labor

2)At 37 weeks

3)Miscarriage

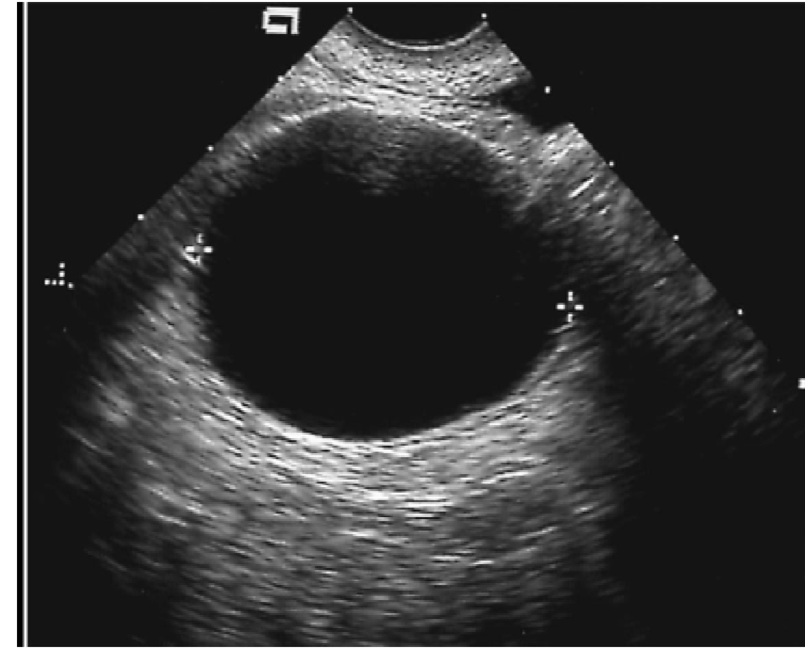


Station 2

27 year old lady married complaining of

primary infertility? 1.Describe the U/S finding ?

1)unilocular
2)Thin wall
3)No solid component
4)5 cm in diameter



2.mangement at this time?

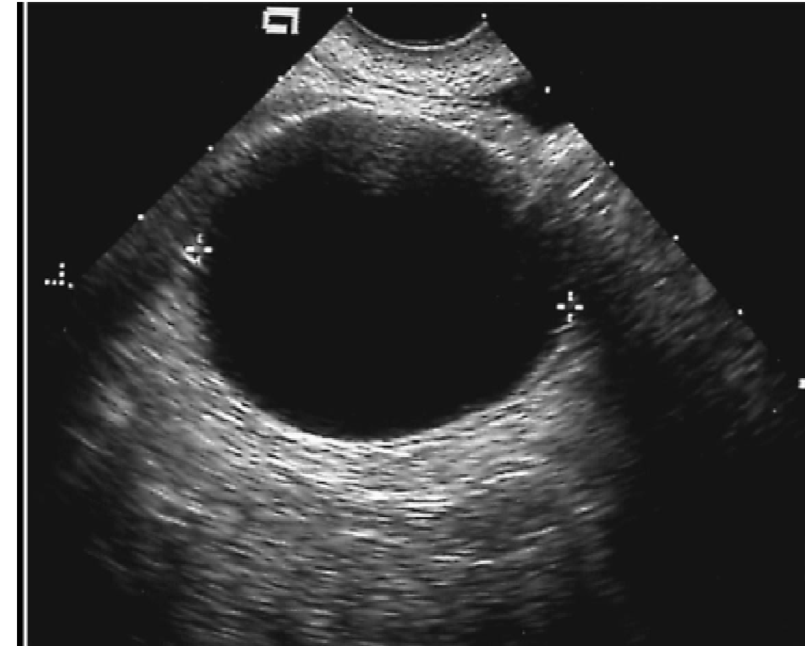
follow up for 3 cycles

3.Complications ? (mention 4)

1) Torsion 2)Haemorrhage 3)Rupture 4)Infection

. if patient present with acute pain, management?

Emergent laparoscopic for ovarian cystectomy



5.Complications of recurrent ovarian cystectomy?

1.decrease ovarian reserve

2.Pelvic adhesion

Station 3

Partogram (الاجابة حسب صورة الامتحان)

1.Cervical dilatation and head decent at admission?

4 cm Dilatation

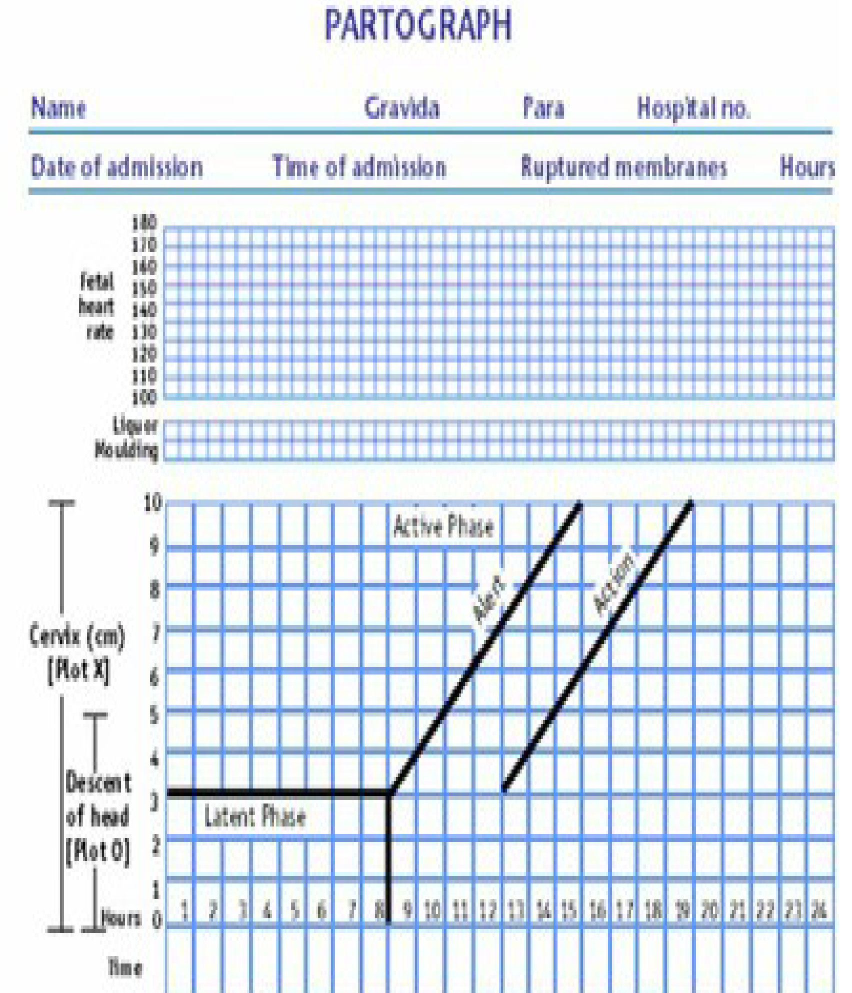
5 cm descent

2.membrane intact or ruptured?

Clear rupture

3. Uterine contractions after 3 hr of admission?

3 strong contractions per 10 min



4.How to asses the progress of labor regarding what points ?

1)Head descent

2)Cervical Dilatation 3)Moulding

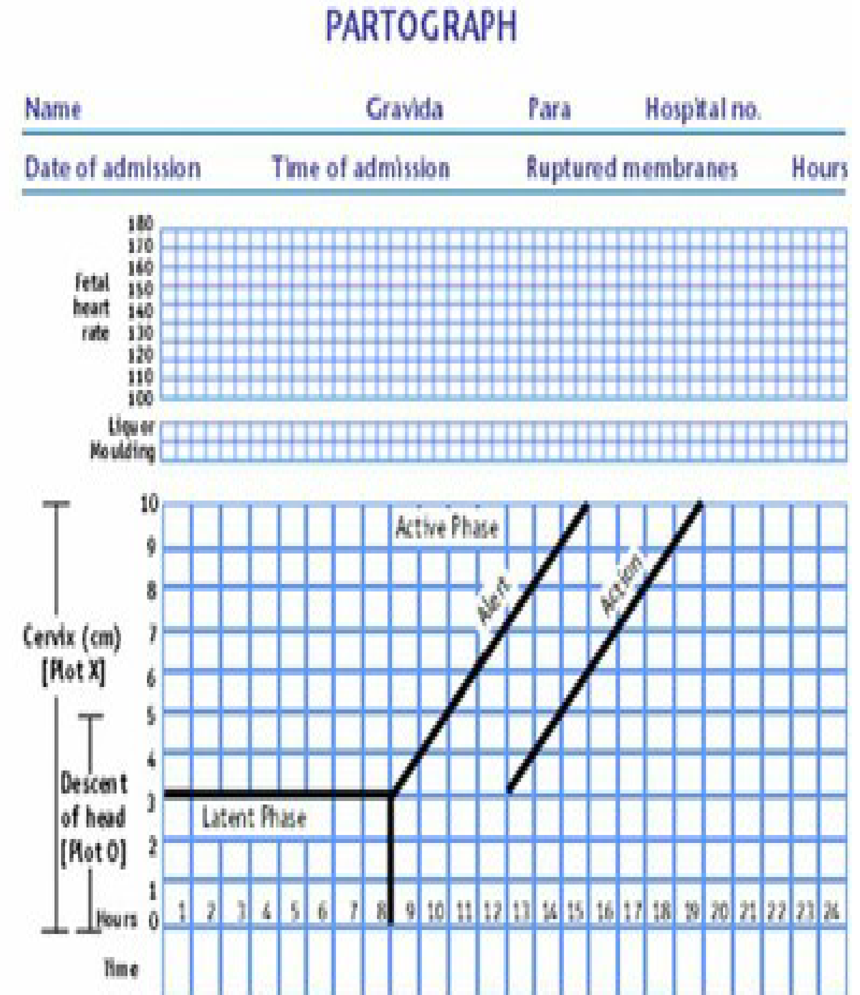
4)Contraction

5.what is the name of this problem in the partogram? And what is the most common cause?

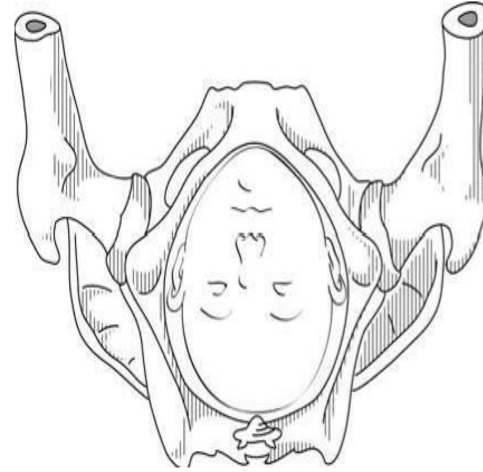
secondary arrest ,Cephalopelvic disproportion

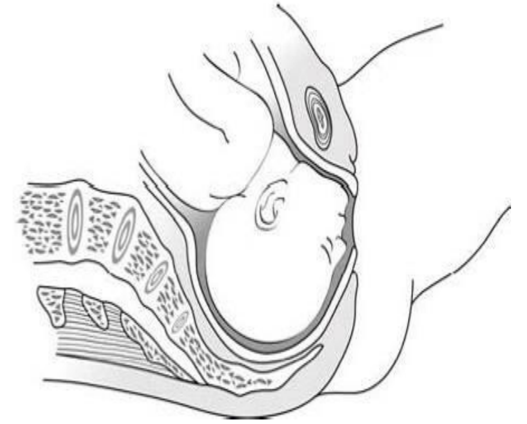
6.what is the management in this situation?

C/S Delivery



Station 4





what is the presentation and position? Incidence?

Face presentation, mentoanterior

Incidence: 2%

2.Head attitude?

Hyperextended

3.presenting diameter and its length?

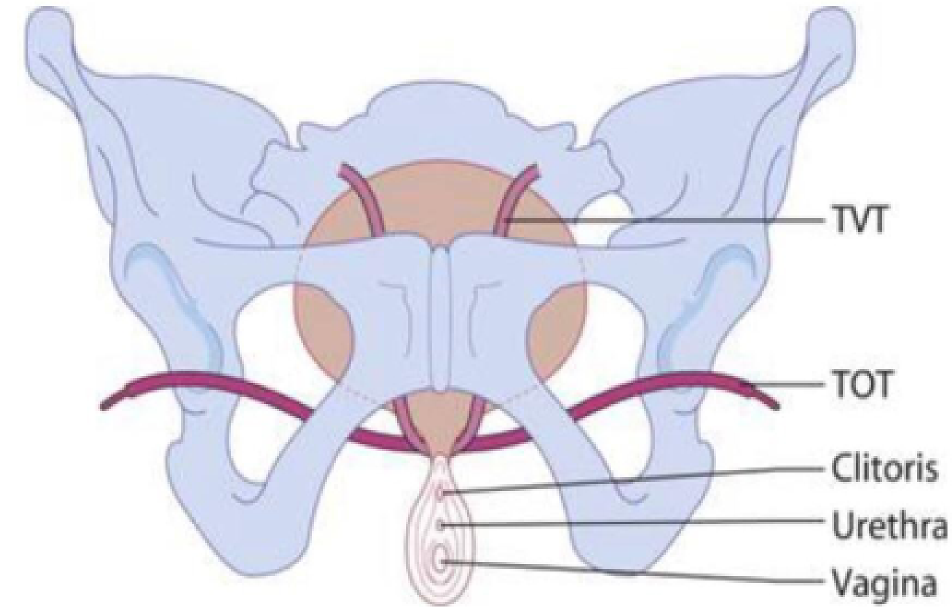
Submentobregmatic 9.5 cm

4.method of delivery?

Vaginal delivery

5.if there is prolonged 2nd stage of labor how to deliver?

Station 5



44 year old female,with pelvic floor disorder ,done for her this procedure

1. Dx?

Urine incontinence

1. Clinical Presentation / CC regarding
2. your dx?

Urine leakage with increased intraabdominal pressure

3. relevent points in hx?

1)Sudden onset of incontinence

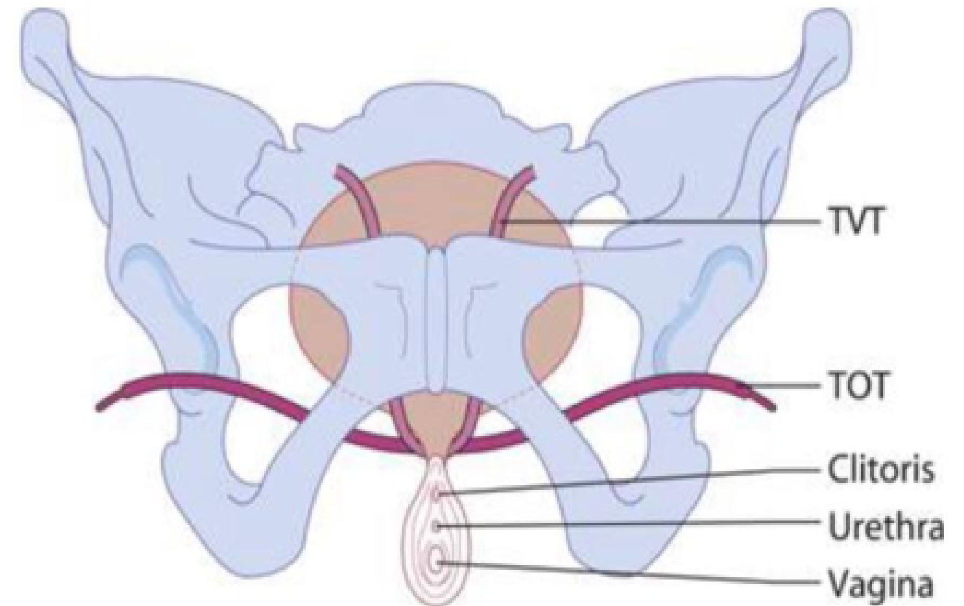
2)the presence of abdominal or pelvic pain

3)Haematuria

4)changes in gait or new lower extremity weakness, 5)cardiopulmonary or neurologic symptoms

6) mental status changes

7) Drugs intake,caffeine



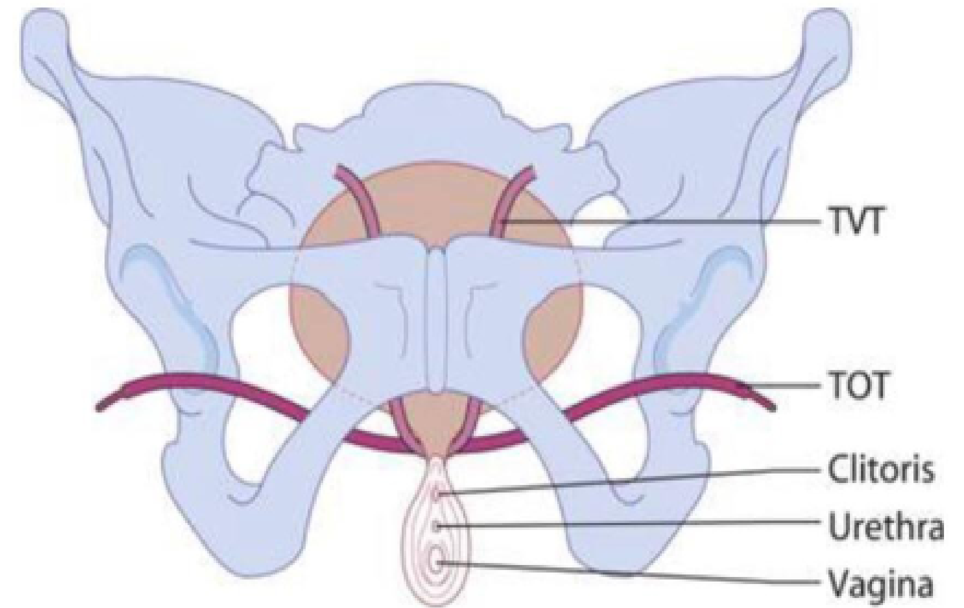
4.physical examination?

1)Inspect the vaginal mucosa for signs of atrophy (thinning, pallor, loss of rugae), and inflammation

2)Palpate bimanually to evaluate for masses or tenderness.

3) Assess for pelvic organ prolapse.

4) Bladder stress test



5.if the patient refuse surgery, your management?

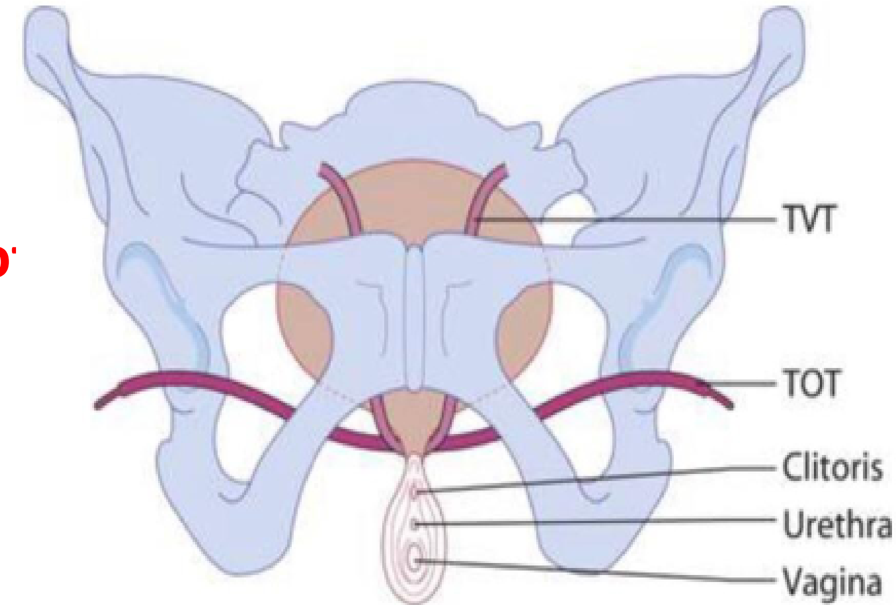
1)Reduce factors that worsen the problem ′n obesity, smoking, medication, excessive fluid intake

2)Pelvic floor exercise & biofeedback, Electrical stimulation of pelvic floor muscle

3)Estrogen therapy (in postmenopausal women with urogenital atrophy).

4) Vaginal Pessaries.

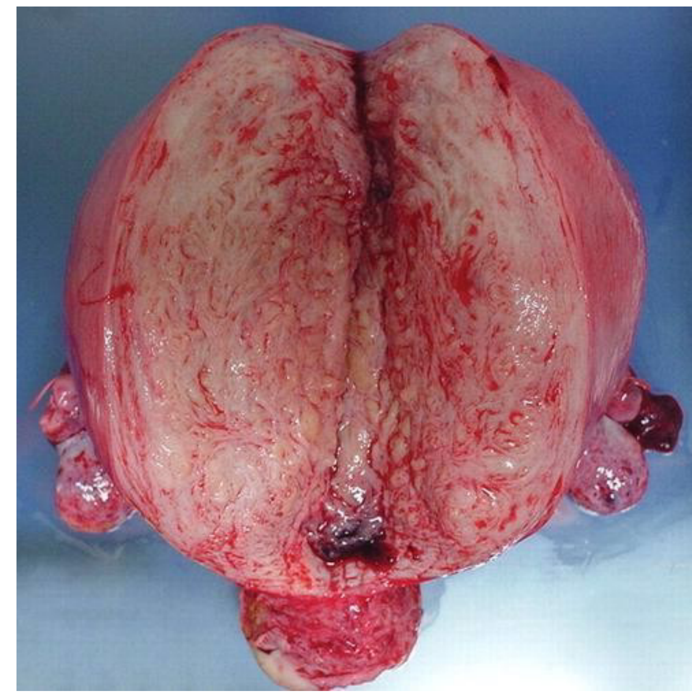
5) Medication: Duloxetine, Impiramine.



Station 6

49 year old female, multiparous, heavy period, cyclic pain

The patient underwent TAH with BSO



1. your dx?

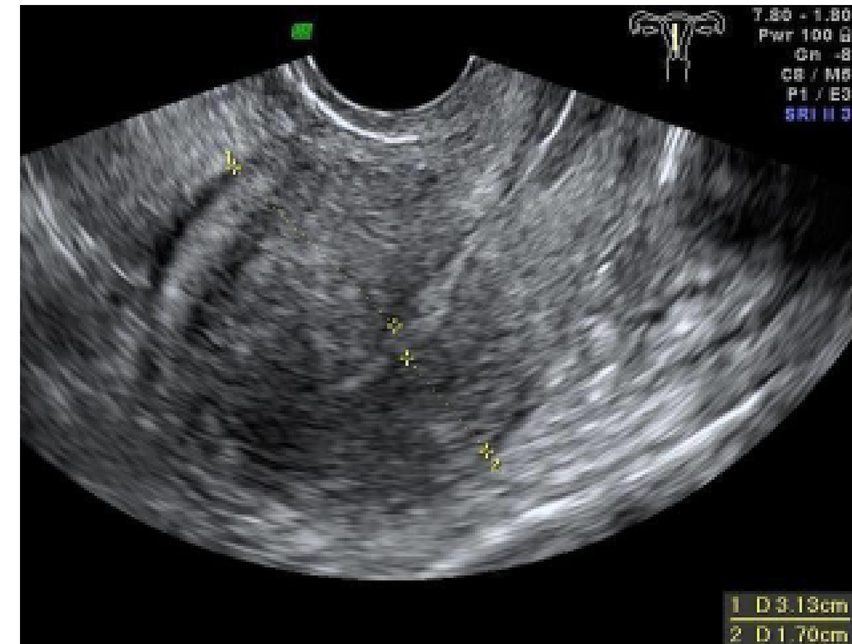
Adenomyosis

2.points from hx support your dx. ? (mention 4)

1)Heavy menstural bleeding

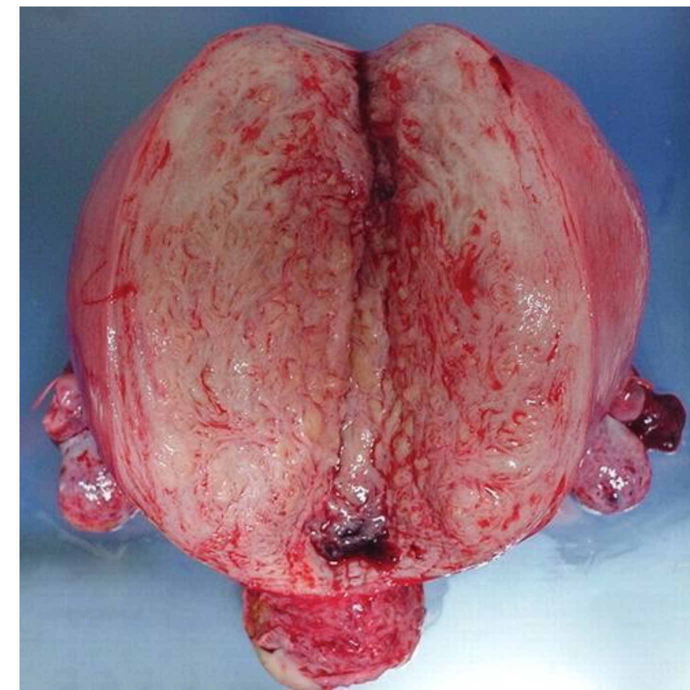
2) Advanced maternal age

3) Multiparous



3 . complications may happen during this surgery?

- **general anaesthetic complications.**
- **bleeding.**
- **ureter damage.**
- **bladder or bowel damage.**

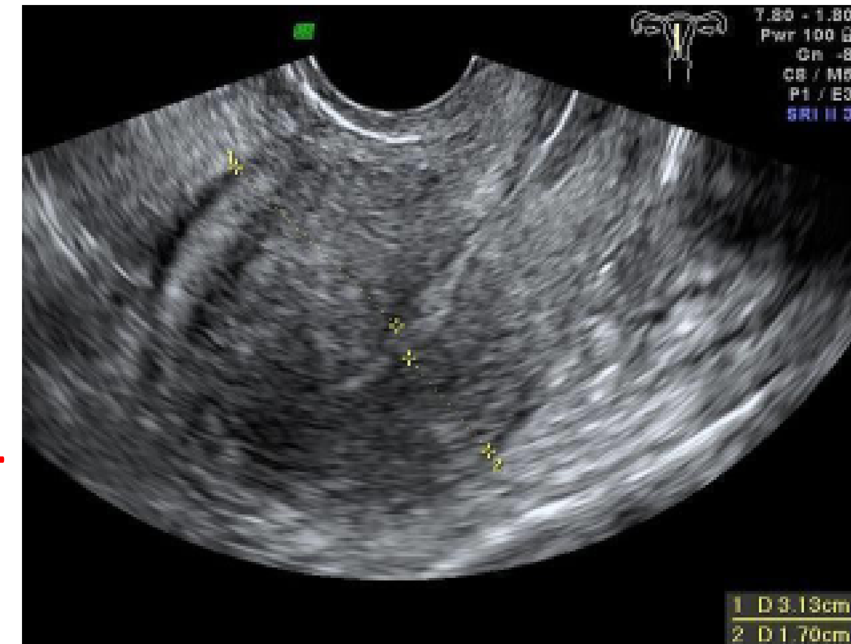


4. Risk sites for ureter injury in this surgery?

1. During clamping of the infundibulopelvic ligament

2.During clamping of the uterine arteries

3.During clamping the vaginal angles, and the parametrium 1 cm lateral to vaginal vault



Osce stations

Station 1

history taking on booking visit GA 6weeks patient with chronic hypertension

Station 2

Heavy menstrual bleeding since the last 3 months with known case of breast cancer

****history taking relavent point?**

****physical examination ?**

****investigations?**

****cause of her bleeding? Drug use (tamoxifine)**

Summer course

10 July

Done by

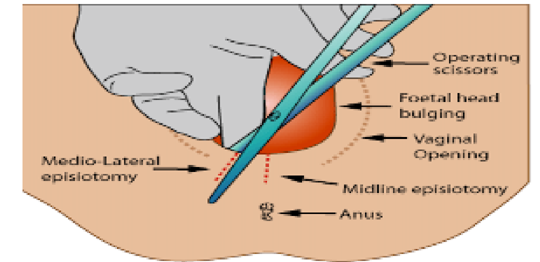
Rand Mbaidin

Leen Mbaidin

Station 1

1. What is the procedure and type ? Lateral Episiotomy _2nd degree laceration.
2. This procedure is done by which type of anesthesia?

Local anesthesia (lidocaine.



3 Mention 4Instruments used:

Sessor/ kidney dish /lidocaine / gauze

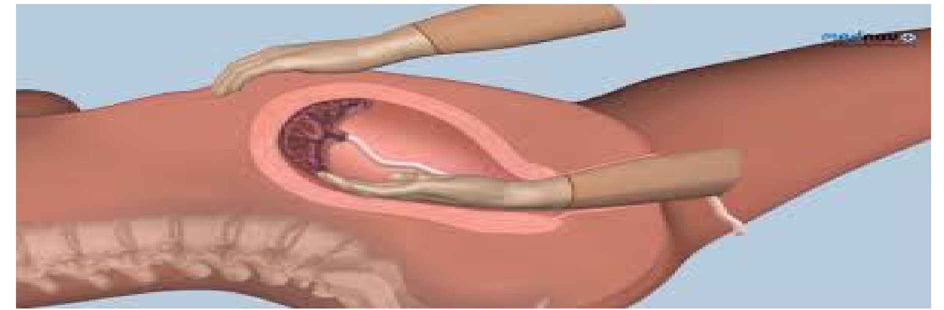
4. If she complain after 3 hours of perineal pain and lump. what do u think the cause?vulvar hematoma.

4. Mx will be based on ? Presence of shock syptoms

5. Mangment : if shocked .. Resuscitation with IV fluids

If not/asymptomatic .. cold compressors

Station 2



1.what is this, indication? Manual removal of the placenta.
2. Complication?endometritis / PPH / uterine inversion/
3.the patient come after 3 days, complaining from fever what do you think the most common cause of her complaint?endometritis
4 What propable findings on examination ? Uterine tenderness /uterine subinvolution/ foul smelling vaginal discharge
4.Managment: broad spectrum Antibiotics

Station 3

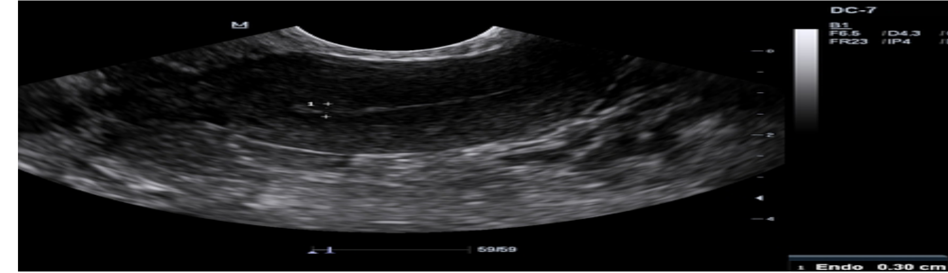
3 female, para 1 by ovarian stimulation,(cs before 5 years) , infrequent cycle, hairstusim, DM

1. What are the cause of infrequent cycle in general? Hyper androgen state
2. What is the diagnosis in this case? PCOS
3. Investigation?Free testerone/LH:FSH ratio/Home test / DHEAS
4. Mangment?1st lifestyle modification (wt reduction)/2nd metformin
5. If she came with vaginal sottig what is the mangment?

Endometrial biopsy to role out endometrial cancer

Station 4

Thickness <2mm



57 female, menopause 2 years, complain of vaginal spotting

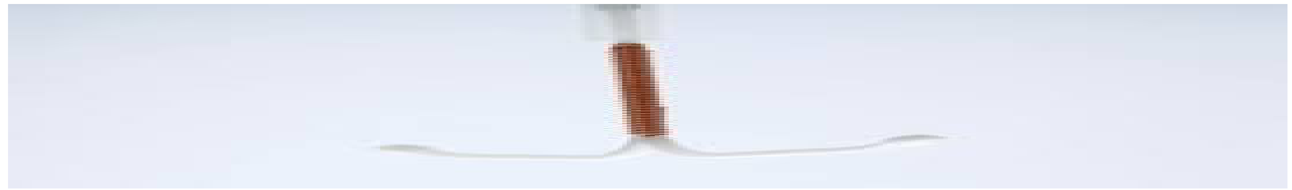
1. What will you ask in histroy?amount / last menstrual cycle /presence of clots

2.examination? Bimanual examination and abdominal exam To asses the presence of masses

3. If tests unmarkable what is the most cause?Uterine atrophy

4.How to confirm your diagnosis? D&C

Station5

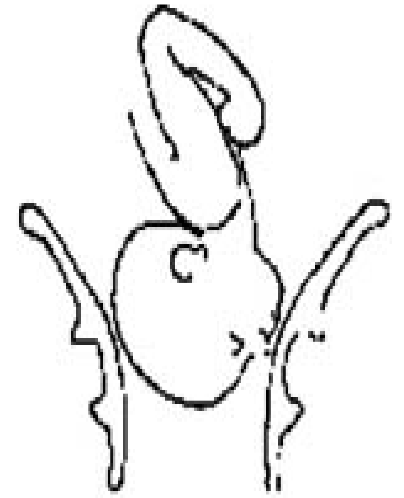


1. What is this: Copper IUD
2. Prequseties ; pap smear /pregnancy test/ lipid profile / chlamydia and gonorrhea screening test .
3. Complication: ectopic pregnancy /PID/Perforation/ expulsion/expulsion.
4. If she get pregnant with iucd what is the mangment?

Before 12weeks.. Remove it

After 12 weeks .. Don’t remove it

Station 6



1. What is the presentation?face presentation
2.Diameter and it's name: 13.5 cm / subment_Bragmatic

3.finding in PV examination eyebrows / supraorbital ridge
4. If she is -2 station with 5cm dilatation and after 6hours she still like that what do you think the cause is ? Cephalopelvic disproportionate

5. How would you deliver her?by CS

Osce

27 year old married woman G4P0+4 come to clinic my to explore the cause. in US the uterus is normal
What is the name of this case ?***Recurrent misscarge***

What is the possible causes?] What are the relevant questions in history[?**ask about risk factors as mentioned I the slides**
“”””””””””””””””””in examination?

What is the investigation if the cause is antiphospholiped syndrom ?
What are the treatments? **LMWH &LOW DOSE ASPIRIN**

2 previous second trimester miscarrage. one preterm labor

1.what is the most likely cause? **Cervical insufficiency**

2.what is the relievant point in history and examination
Ask about Risk factors of recurrent miscarriage

3.Investigation **ask about investigation for each risk factor**

4.Management in this case **cervical circulage at 14 week of gestation**

37years old
recurrent miscarrage para zero +4

1.cause of miscarrage in general?
2.most common cause with this case?
3.management
4.investigation

As mentioned in previous question

37 year old married woman G4P2+1 the GA37 week
CC decrase fetal movement
In US absent fetal heart
In examination fundal high is 32

What the relevant question in history
“”””””””””””in examination ?
Most common causes?**IUFD**
Investigation ?**vitals / DIC work up d_dimer /fibrinogen/platlets/PTT/PT**
Management? (Medical)**Misoprstone**

RTA, Admitted via ER, 26 Years old, GA 34 week, abdominal pain.

1.what the relevant question in history

- Pain analysis) **SOCRATES**(
- **PRESENCE OF VAGINAL BLEEDING**
- **Fetal movement**
- **Ask if she was worn the seat built ?**

2.physical examination finding? **Abdominal tenderness /fetal presentation**

3.CTG For fetus»* baseline heart rate

*variability

4. managment? **Based on severity**

Maternal or fetal Instability -� Delivery(mode of delivery based on obstetrical indication)

Both are stable � as mentioned in Dr. AHLAM slides

OBSTETRIC & GYNECOLOGY

31\10\2023

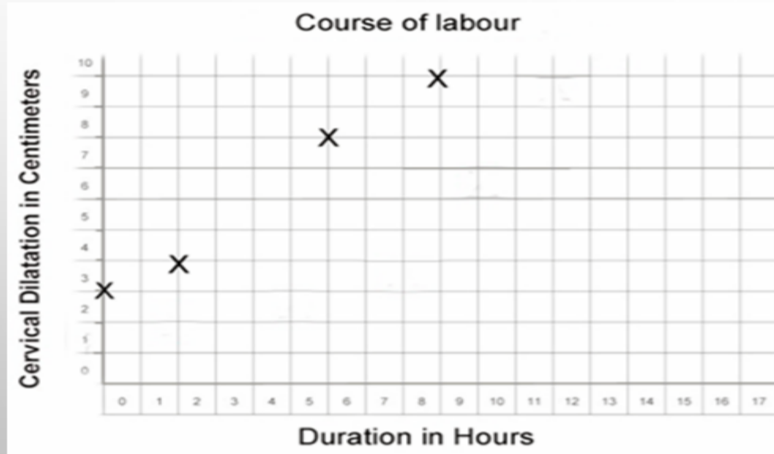
CORRECTED BY: TUQA ABU NAWWAS

Q1)

صورة بارتوجرام واحنا نعبي عليها المعلومات من خلال
الهيستوري...السؤال طويل شوي لكنه واضح وسهل

على نمط هذا المثال+لا تنسو تعبو بيانات البيبي على جنب البارتوجرام كم وزنه وشو جنسه

NORMAL PARTOGRAM



A 36-year-old para 1 presents to the maternity unit in spontaneous labour at term. In her previous pregnancy she had a ventouse (vacuum) delivery of a 3.32 kg baby. On admission to the unit she is 3 cm dilated. She is contracting 4 in 10 minutes and her contractions are assessed as moderate.
Two hours later, the vaginal examination is repeated and her cervix is 4 cm dilated. She is encouraged to mobilise and her membranes are left intact. Four hours later she has a spontaneous rupture of the fetal membranes. She is now 8 cm dilated. Three hours later she reports an urge to push – on examination her cervix is fully dilated with the fetal vertex below the ischial spines, in an occipito–anterior position. Thirty minutes later she has a spontaneous vertex delivery.

Q2)

a-what is the name of this device?

Amnio hook

b-name of the procedure?

Amniotomy, artificial rupture of membrane

C-4 advantage for this procedure?

1-Enhance uterine contraction

2-Shorten active phase of first stage

3-Assess fetal well being from liquor state ,

4-To check if there's cord prolapse

D-if the amniotic index was 29 and on rule of 5 was 5/5 what well happen if you use this instrument?

Leakege amniotic fluid and increase in the station

and may be cord prolapse due to polyhydrominose

E-if the patient had previous one C/S can you use this instrument and why?

No, there is risk of rupture the scar + amnoitomy is type of induction which is contraindication in previous CS

*

- Q3)19 years old female complaining of hirsutism, acne:
  a-give 2 questions you will ask her in history?

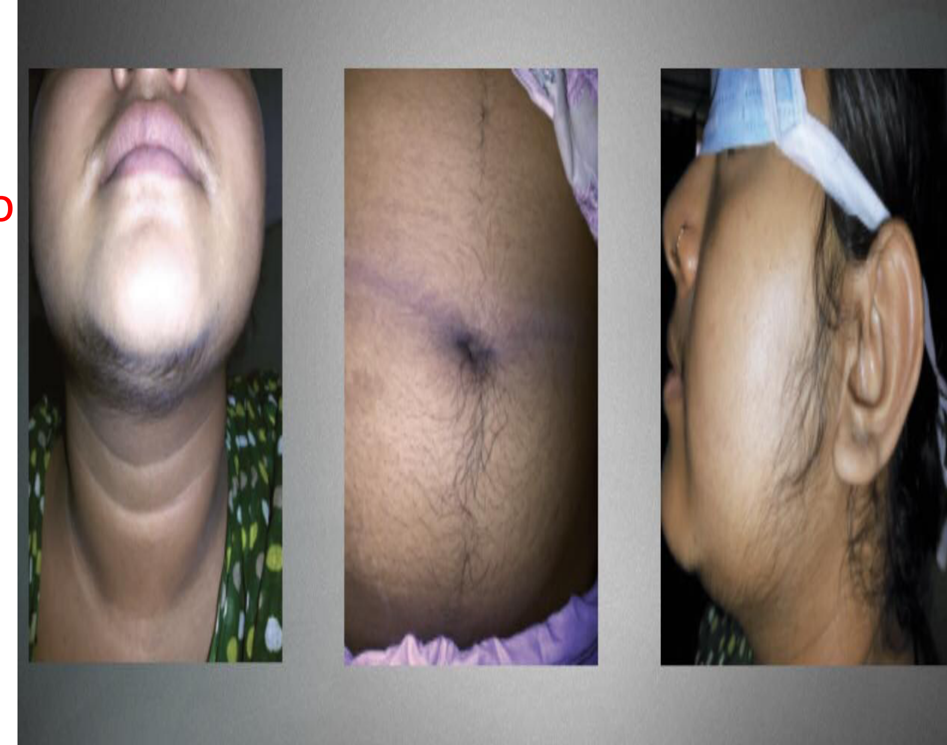
About Menstruation , medical hx(DM,CVS diseases,Dyslipidemia,thyro

b-give to finding you will see in P/E?

acanthosisnigricans,obesity,temporalblading

C-investigation to this patient ?

Pelvic us , hormone profile (LH,FSH,TSH,prolactin,Androgen)



d-if there is ultrasound findings of 12 follicles with normal total testosterone level what is you're diagnosis? PCOS

e- If it PCOS what is you're management?
Medical:

Ocp, spironolactone ,metformin

,clomiphene citrate,

Surgery:lap. Ovarian drilling

السؤال صورة
cystometry

Q4)a 70 years old female patient complaining of mass protrusion from her vagina with cytometry image:

a- what are the findings in cystometry?

حسب شو شايف بالرسمة مثلا ال

urine volume … etc

b-what is the probable diagnosis and what the cause of it ?

Urine incontenece ,

(stress , staining , prolapse)الاسباب

c-what is the pelvic floor problem in this patient?

ant. Vaginal prolapse

d- give other symptoms the patient may complain:

frequency , incontenece , urgency, UTI,voiding difficulty

e) fill this table

Aa	Ba	C
gh	pb	tvl
Ap	Bp	—

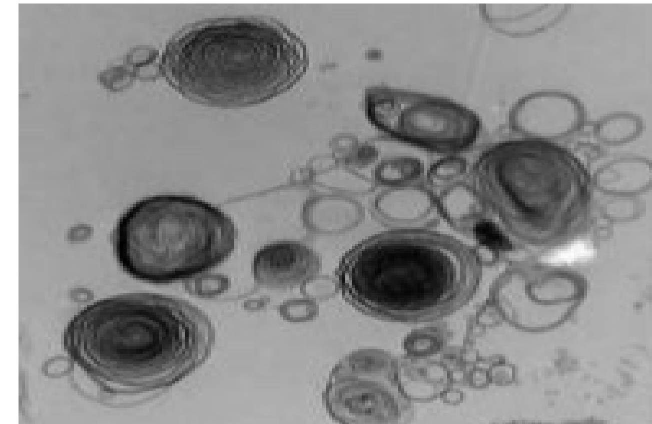
→

اي ارقام تكون

anterior vaginal prolapse

+2 Aa	+5 Ba	−6 C
4.5 gh	1 pb	8 tvl
−3 Ap	−6 Bp	—

Q5)female patient came with abdominal contractions pain, GA 32:
a-what is the name of this test? Lamellar Body Count
b-reflect for what? surfactant concentration
c-if the reading was 22.000 what is the name of the result?
transitional perform L/S and PG
الارقام ودلالاتها موجودة بالمحاضرة
d-what is the next step? L/S ratio and PG
e-if there is gush of fluid what is your probable diagnosis? PROM
f-how you will diagnose PPROM clinically?
Gush of fluid , uterine contaction
g-what is you're management?
Atosiban (tractocile) , CCB , Bmimetics , NSAIDs
MgSo4



- Q6) a 7 years old female patient came for vaginal bleeding for 4days, no acne or hairsutism

)image with secondary sexual finding)
a-what is the diagnosis ?

precocious puberty
b-investigation ?

Pelvic US , hormone profile , prolactine
c-what is the most common type of this diagnosis? central type
d-suppose all investigations are normal what is the probable diagnosis? child abuse , foreign body
E)what is you're management?

GnRH agonist –central

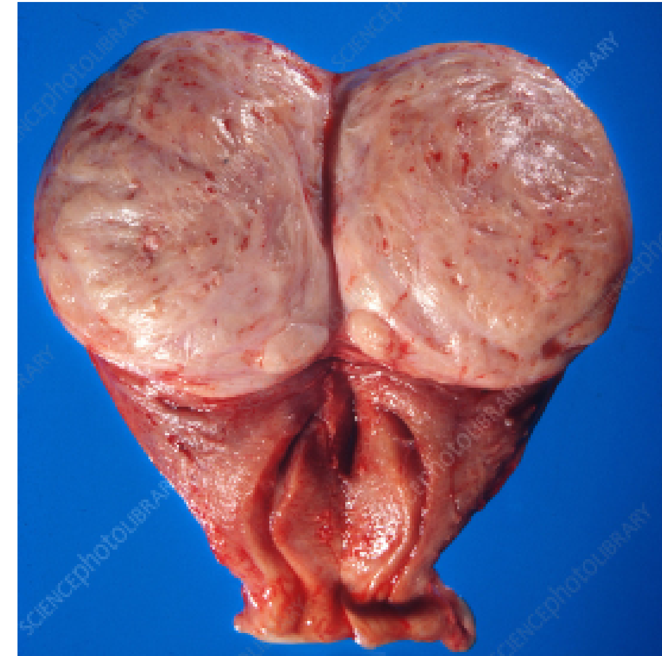
If peripheral treat the cause

OB&GYN archive 26/12/2023

By: Raghad Amr

1st station: a 45-year-old woman G3P3 underwent a hysterectomy due to heavy menstrual bleeding, the following picture shows the uterus.

- 1. If her only complaint is heavy menstrual bleeding how would you describe her period?
  - Regular, normal frequency, prolonged duration, heavy volume
- 2. Name the lesion
  - Intramural leiomyoma
- 3. Primary investigation
  - Ultrasound
- 4. Protective factor in history
  - Multiparity
- 5. Less invasive treatment modalities
  - Myomectomy, uterine artery embolization or medical treatment like Mirena



2nd station: a 12 week pregnant woman came to the clinic because she is worried that her baby might have congenital anomalies, she did the following tests

1. Look at image A What are the features shown? And their significance
   - Absent nasal bone
   - Increased nuchal translucency
   - Significance: soft markers that mean increased risk of fetal aneuploidy

2. Other tests that can be used at this stage
   - Bhcg and PAPP-A

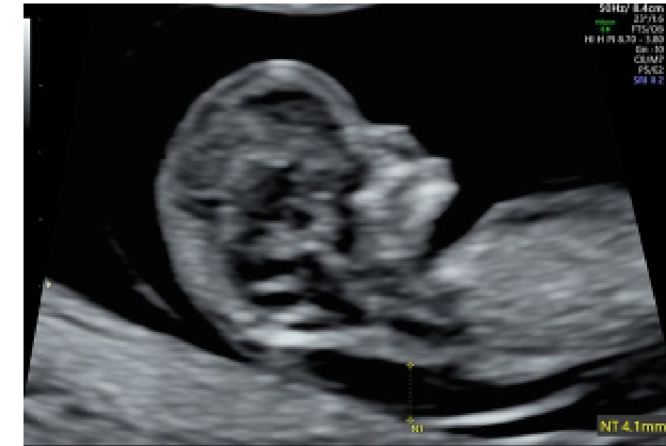
- Regarding Image b

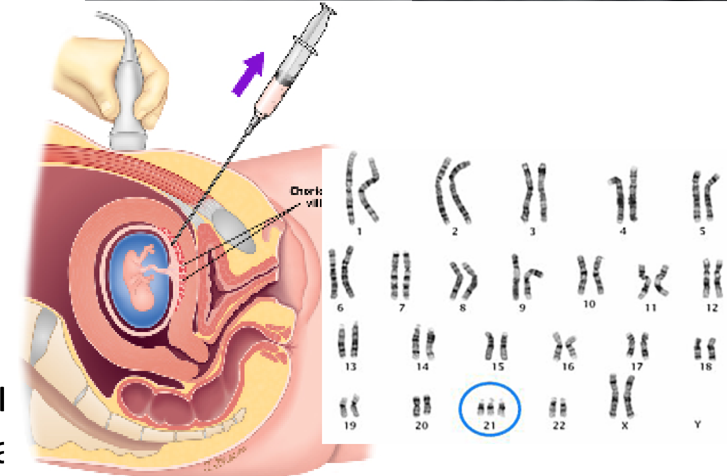
3. what is the test called?
   - Transabdominal chorionic villous sampling

4. How can it be used to be helpful for the mother?
   - The collected sample can be karyotyped to diagnose and confirm aneuploidy

5. Complications of this procedure (only 2)
   - Infection, fetomaternal hemorrhage, rupture of membranes, bleeding, fetal loss, contamination

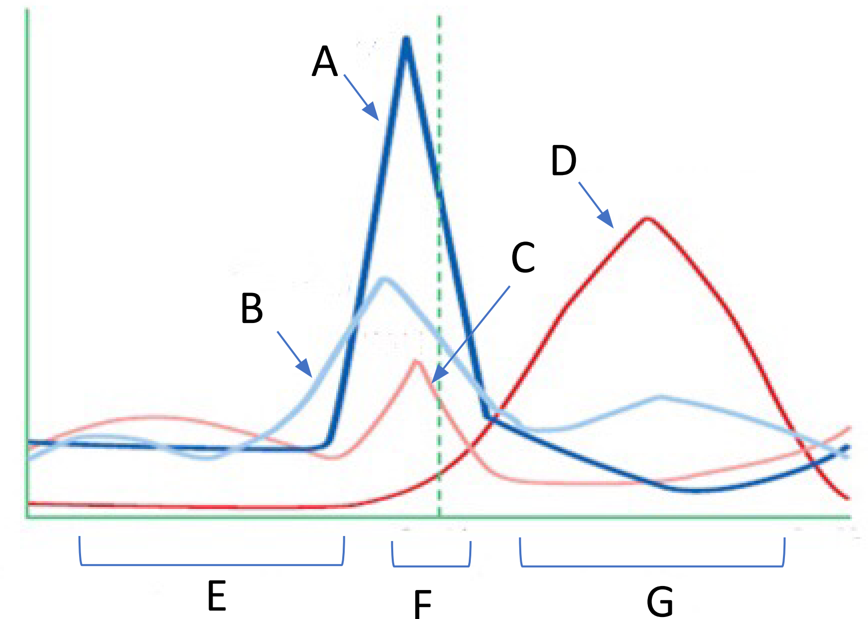
6. Image c shows 21 trisomy, later on, what other findings can be found on ultrasou
   - Nuchal fold, congenital heart defects, short long bones (humerus, femur) duodenal atresi (double bubble sign)



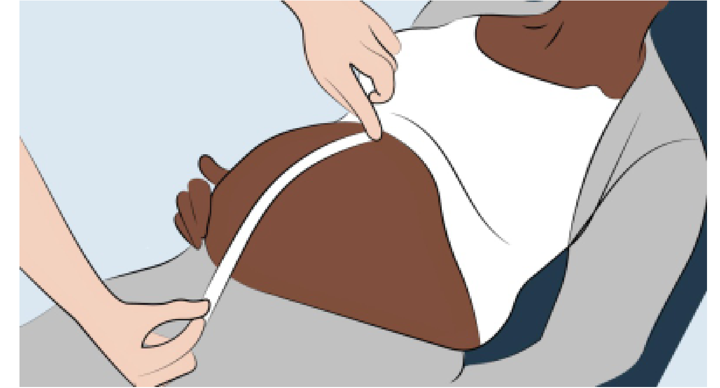


3rd station, look at the diagram and answer the following questions

1. Name the labelled lines
   - A: LH B: Estrogen C: FSH D: Progesterone
   - E: follicular phase F: ovulation G: luteal phase
2. What is the source of hormones?
   - A and C: anterior pituitary
   - B and D: Ovary
3. Between E and G, what phase is more constant?
   - G
4. On what cells does each hormone act on
   - A: theca cells
   - B: granulosa cells
5. Give 3 tests to confirm ovulation
   - Basal body temperature, serum progesterone measurement, urinary LH measurement



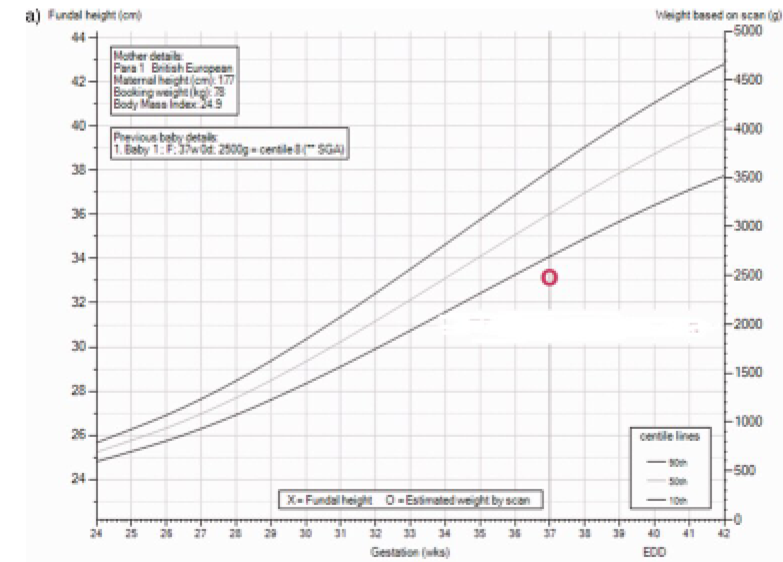
4th station: a woman came to the clinic at 34 w



- Regarding image A (image shows 29 cm)

1. What is the name of this part of physical examination?
   - symphyseal fundal height
2. What is your interpretation?
   - Small for gestational age (date-height discrepancy)
3. Other findings on obstetric examination?
   - Determine fetal lie, presentation and engagement
4. Mention 4 causes of this finding
   - Wrong date, oligohydramnios, IUGR, IUFD, preeclampsia

Regarding image B



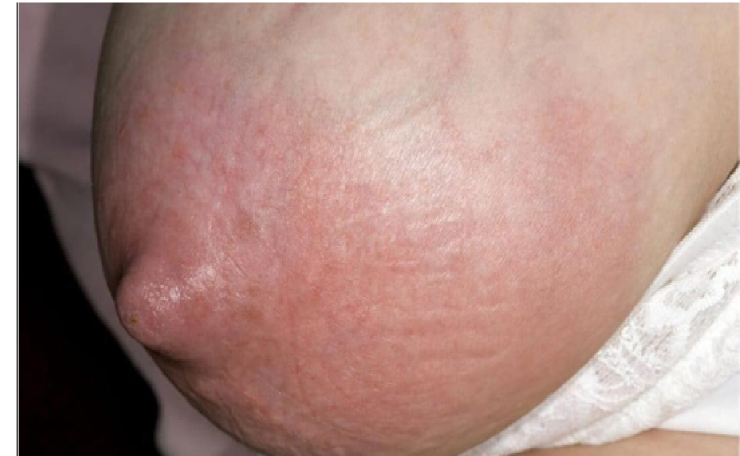
5. What is your interpretation?
   - Small for gestational age
6. What is your management?
   - Follow-up by serial ultrasound to determine growth velocity, and serial BPP, weekly doppler velocimetry

5th station: a case of a woman who wishes to use a contraceptive that is long-term and reversible, and she suffers from heavy menstrual bleeding and dysmenorrhea

1. Mention 2 long term contraceptives
   - Intrauterine device (copper or mirena), Implanon, depo-povera
2. Which contraceptive is best for her, and justify your answer
   - Mirena, because the progesterone in it opposes the estrogen and decreases the heavy menstrual bleeding
3. 4 side effects of the contraceptive you chose
   - Amenorrhea, irregular bleeding, PMS-like symptoms, infection
4. Mechanism of action of the contraceptive
   - Thickens cervical mucus, thins endometrium, local inflammatory reaction

6th station: a woman came to the ER due to painful breasts, she delivered vaginally 4 days ago

1. What is the diagnosis?
   - Mastitis
2. What are 2 relevant points you should ask in history?
   - Breastfeeding, fever
3. Findings in physical examination that would confirm your diagnosis?
   - Unilateral edema, erythema and tenderness, area feels firm and hot
4. 2 points to look for in abdominal and pelvic examination
   - Uterus position, look for abdominal or pelvic masses
5. What is the most likely cause?
   - Accumulation of milk, growth of staph aureus
6. If she wants to continue breastfeeding, what would you advise her?
   - Encourage her to continue breastfeeding, massage the breast or put warm compresses, analgesia, increase feeding frequency



OSCE stations

- 1st station: postpartum hemorrhage after precipitous vaginal delivery of a 4.2 kg baby
  - What is the condition called: primary postpartum hemorrhage
  - What questions would you ask the midwife to establish etiology
  - Investigations
  - Management (for a group it was uterine atony and for another group it was vaginal tear)
- 2nd station: a 17-year-old girl came with her mother due to delay in menstruation onset
  - What is this condition called
  - Relevant points in history
  - Relevant points in physical examination
  - Diagnosis (for a group everything was normal so most likely mullerian agenesis and for another group there was no breast development so most likely turner)

OBS and GYNE
Mini osce 7/3/2024

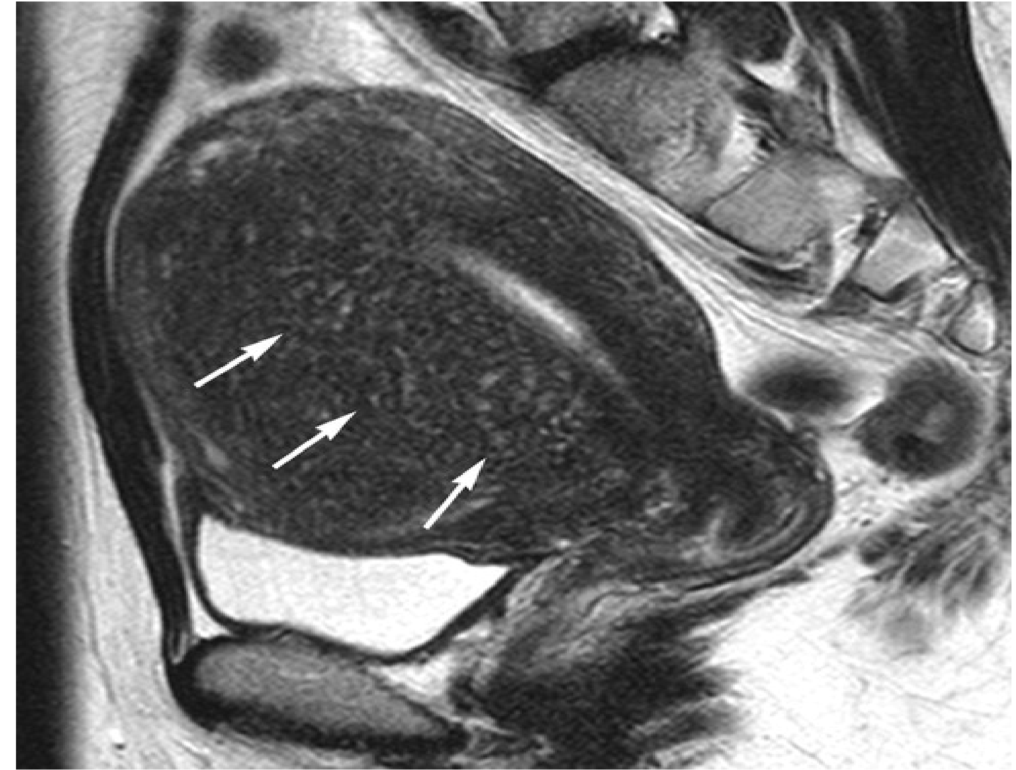
Malak hamasha

Checked by : leen mbaidin

Rand mbaidin

Hx : 40 y female, para5 ,
complain of heavy menstrual bleeding and dysmenorrhea

MRI pictures



1. Questions would ask it about her cycle ?

Frequency, duration, severity , prescense of clots ,

Pain related to period (dysmenorrhoea)

2. Other investigation you do it for this patient ?

Transvaginal ultrasound / CBC /

3. Your diagnosis ?

Adenomyosis

4. From history what the risk factor that will help you in your diagnosis ?

Multipara

5. Conservative management ?

NSAID / OCP / mirina / progestins

6. What your management if conservative treatment failed ?

Hysterectomy

Urodynamic study for some women :

1. What the name of test ?

Uroflowmetry

2. What the points (A/B/C) and the normal volume of them ?

A : flow time (20-30 seconds)

B : flow rate (15ml/sec)

C : urine volume (400-600 cc)

3. What this shape indicate ?

Normal bell shape

4. What other volume you measure it after voiding and its value ?

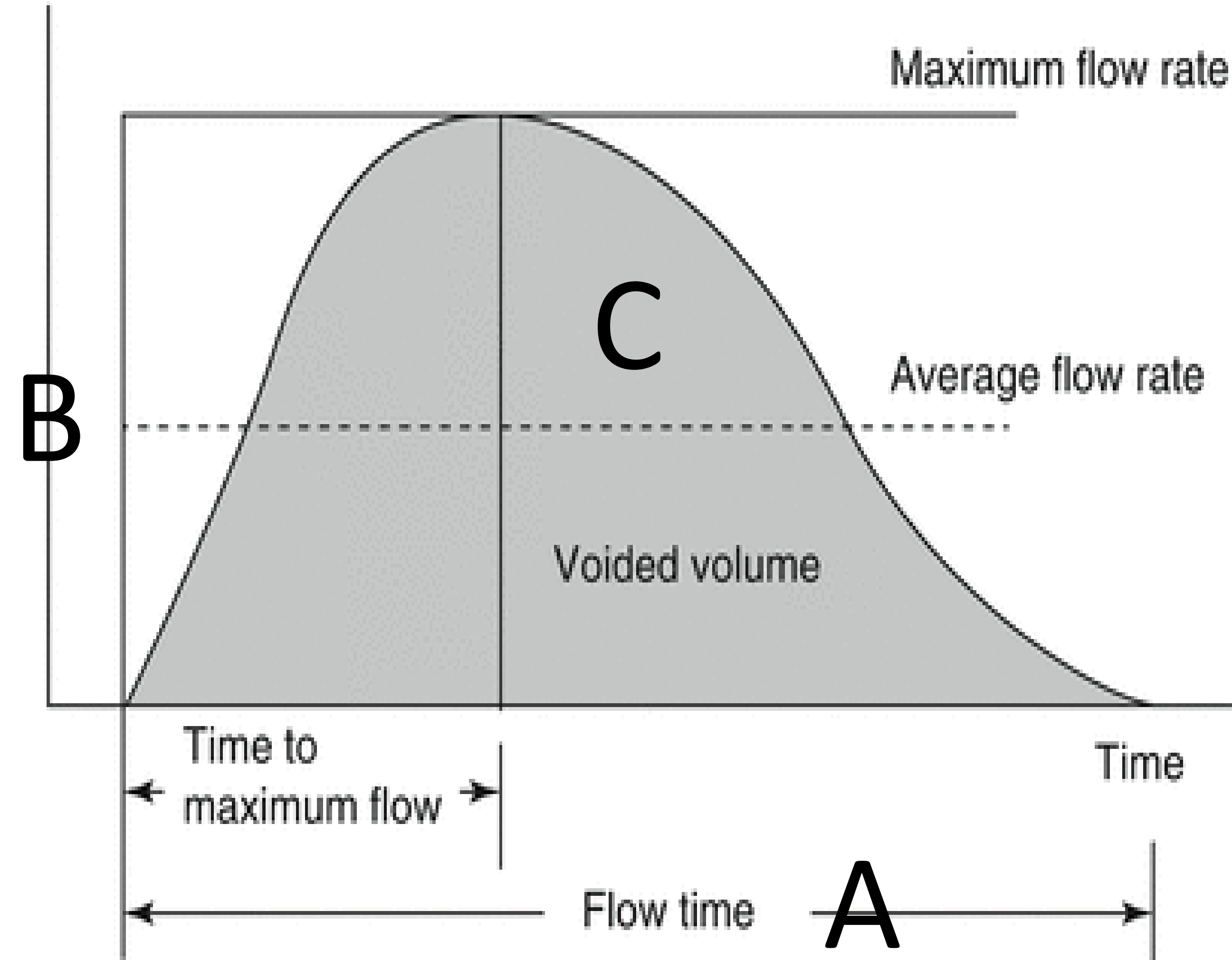
Residual urine volume (>50 cc)

5. If she came with third stage prolapse , what the changes you see it in the graph ?

It will cause obstructive so more flow time /intermittent / increase urine flow

6. What are the obstetric complication related to this ?

Macrosomia/ prolonged second stage of labour



1. What are the presentation in first picture and the dominator ?

Longitudinal breach , sacrum is the dominator

2. What this maneuver called ?

External cephalic version

3. What you find in your examination in first picture ?

-hard part at fundus

-soft buttock in pelvic inlet

-heart auscultate above umbullicus

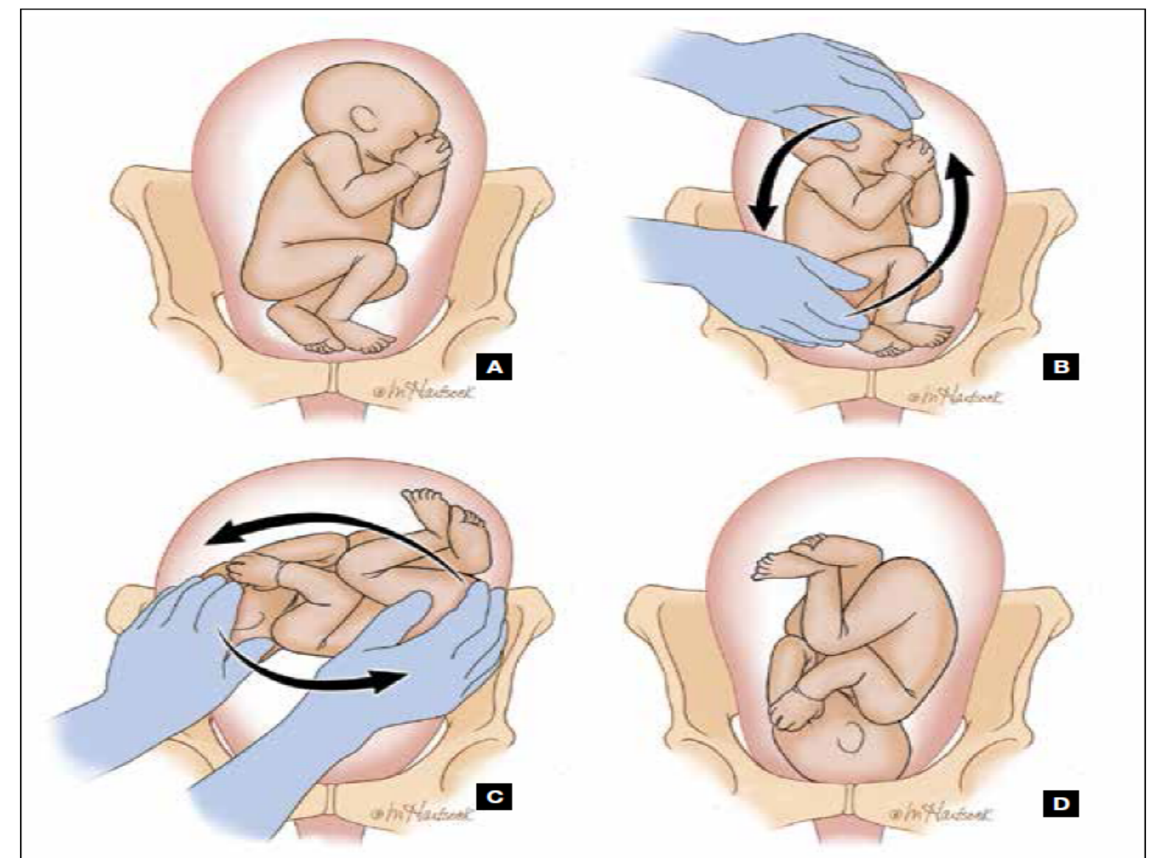
4. What are the conditions that prevent us to do this maneuver ?

-placenta Previa -rupture of membrane –oligohydramnios

5. Management of last picture ?

Can delivery vaginally

FIGURE External cephalic version technique

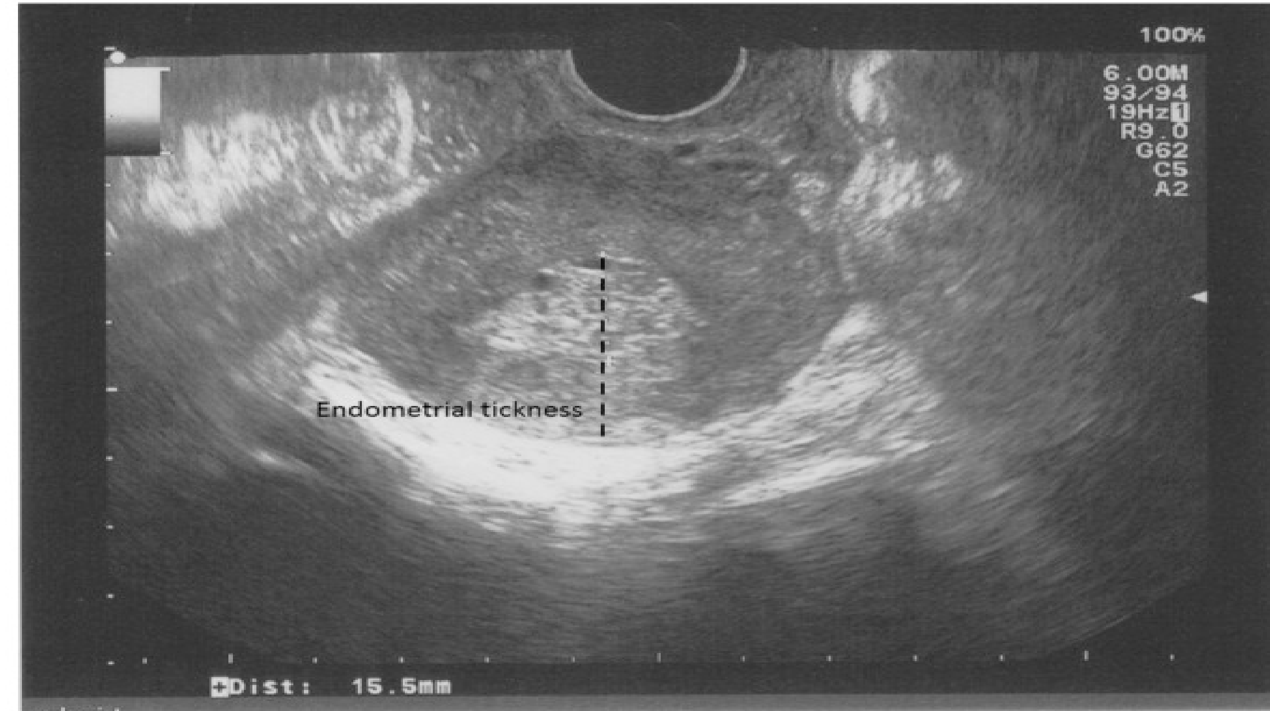


In external cephalic version, the clinician externally rotates a breech- or transverse-lying fetus to a vertex position. The illustration shows a backflip rotation maneuver. The American College of Obstetricians and Gynecologists recommends a forward rotational maneuver be attempted first.

Source: Koutrouvelis GO; American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Obstetrics. Practice Bulletin No. 161: External cephalic version. Obstet Gynecol. 2016;127(2):e54–e61.

Old age women , menopause for 2 years , complain of bleeding

TVUS



1. What this picture indicate ?

Increased endometrial thickness

2. Differential diagnosis ?

-endometrial hyperplasia -endometrial cancer

-fibroid - adenomyosis

3. What are the drugs that women may be took and cause this ?

-hormones replacement therapy

-tamoxifen - anti-coagulant

4. Definitive diagnosis by ?

Hysteroscopy and biopsy

1. What are these points

A: myometrium

B: endometrium with unseparated placenta

2. The diagnosis and most common cause of this condition ?

Uterine inversion caused by uncontrolled cord traction

3. What are the symptoms of patient ?

-severe vaginal bleeding -sever abdominal pain

4. What you find in examination ?

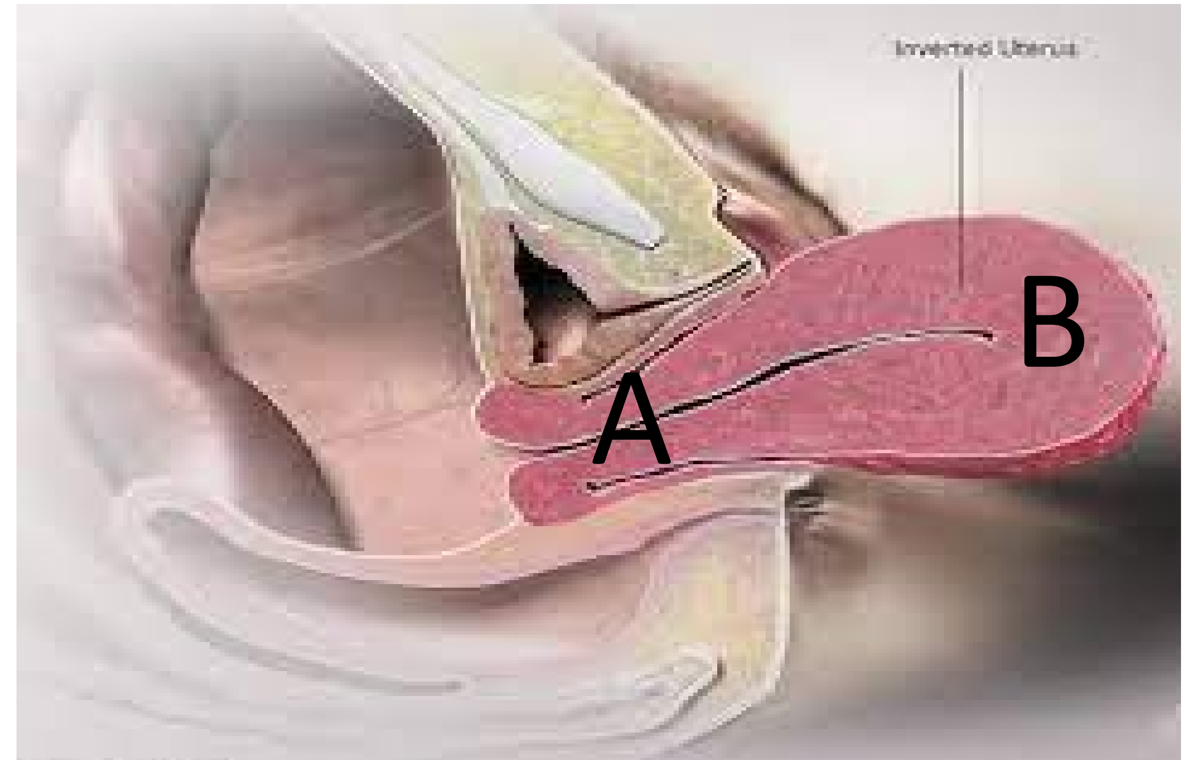
-hypotension - tachycardia

-absence of uterine fundus in abdomen

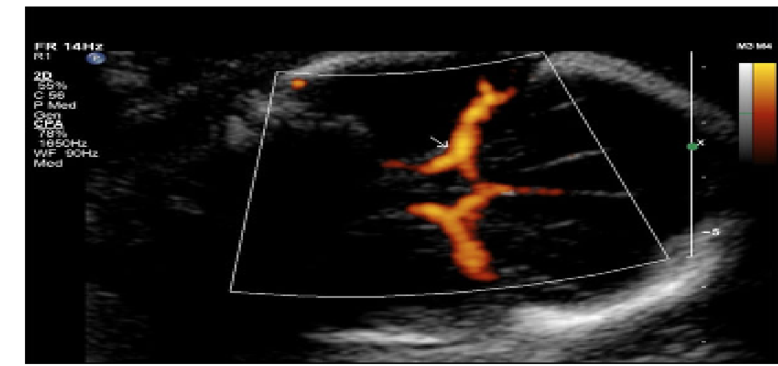
-smooth round uterus outside vagina

5. Management ?

Resuscitate the patient and immediately return of uterus then do controlled cord contraction with oxytocin



A



Rh negative women with Rh positive father , second pregnancy the antibodies titer was 1/16

1.Diagnosis ? Rh alloisoimmunization

2. What would ask the women in history ?

Previous pregnancy complications?

Blood group of Previous baby ?

In picture A , what the vessel that used for checking ?

-middle cerebral artery velocity

What the normal level ?

>1.29 MOM

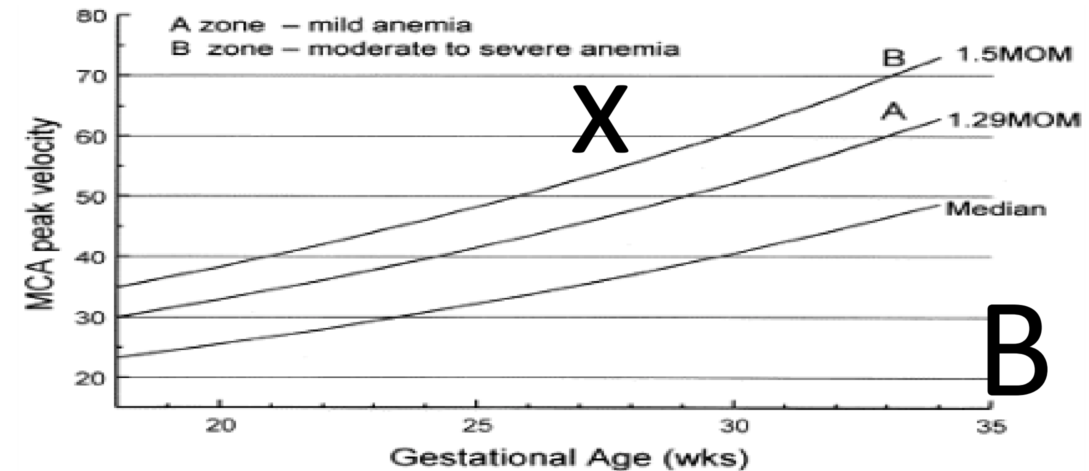
In picture B , your interpretation ?

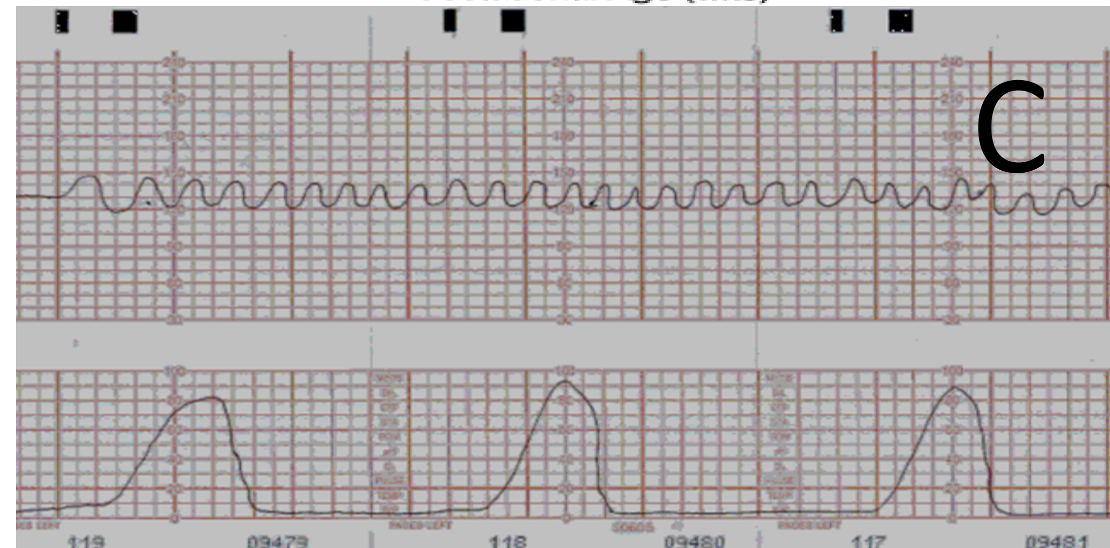
MCA <1.5 so sever fetal anemia

Management ? Intrauterine blood transfusion

In picture C , what is this pattern ?

sinusoidal pattern and its associate with sever fetal anemia





OSCE station

History : women pregnant in 10 week GA ,on examination the uterus between symphysis pubis and umbilicus

1. What the wrong things related to history ?

Large for date uterus

2.Give me 3 differentials ?

Wrong date /multiple gestation/molar pregnancy

3. Other investigation and what you look for ?

US /B-hCG

4. other questions asked by examiner

Couple trying to have baby since 2 years , the male sperm analysis is normal

1. What would you ask in history ?

Regular intercourse ,how many time per week

Using of contraception?

Dysparunea?

Medical hx

Medication use

Surgical hx

1. Investigations ?

Hormonal profile : FSH/LH RATIO

ESTROGEN

PROLACTIN

Testosterone

SHBG

1. If PCOS what treatment.
2. ---ovulation induction By clomiphene citrate ....if failed ..ovarian drilling

3. Asked by examiners

obs and gyne archive 7/5/2024

done by : khozama saadah

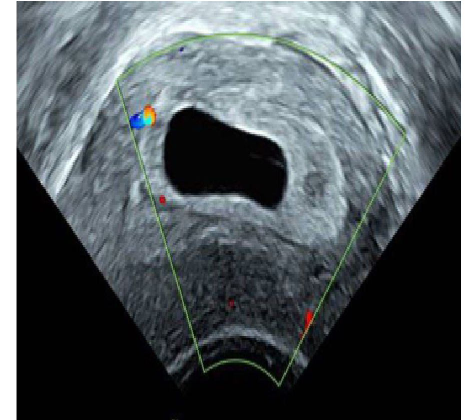
Answered by

Rand Mbaidin

Leen Mbaidin

Q1. G3P0+2 /GA :8Weeks presented with mild vaginal bleeding

1)Relevant hx **presence of pain /amount /spontanoues or provoked / Hx of trauma /**



2) name of us finding (anembryonic gestational sac)

3) if bleeding increased +abdominal pain+ open cervix :

   a. Diagnosis **incomplete miscarrage**

   b. Management **D&C**

4)If she came to the clinic after 6 weeks . What investigations you would order

B_HCG level

Q2. G2p1 previous delivery by cs / GA : 33 came to clinic with vaginal spotting

1)Diagnosis **placenta previa**

2) Relivant points in hx **ask about risk factorof placenta previa) Presence of pain /amount/ hx of trauma/(**

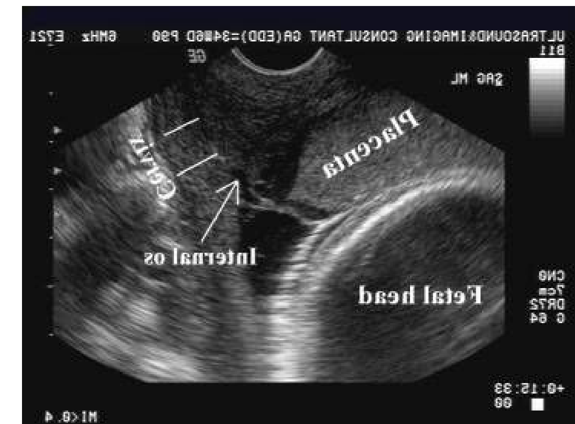
3)If this is her first visit what investigation you should ask for **Vitals for mother /CTG to assess fetal wellbeing (not sure)**

4) if she come after that with mild bleeding ,managment? (As mentioned I dr. Ahlam slides)

1.Stablization of the mother

2Immediately initiate continuous fetal monitoring

3Conservative mangment as both are stable



Q3. Case of abnormal uterine bleeding 35 age woman Married for 3 years nulliparous

1. Indication for perfoming hysteroscopy
Mentioned in the slides

2.If she complains of delayed pregnancy. What would you chek for in hysterscopy?

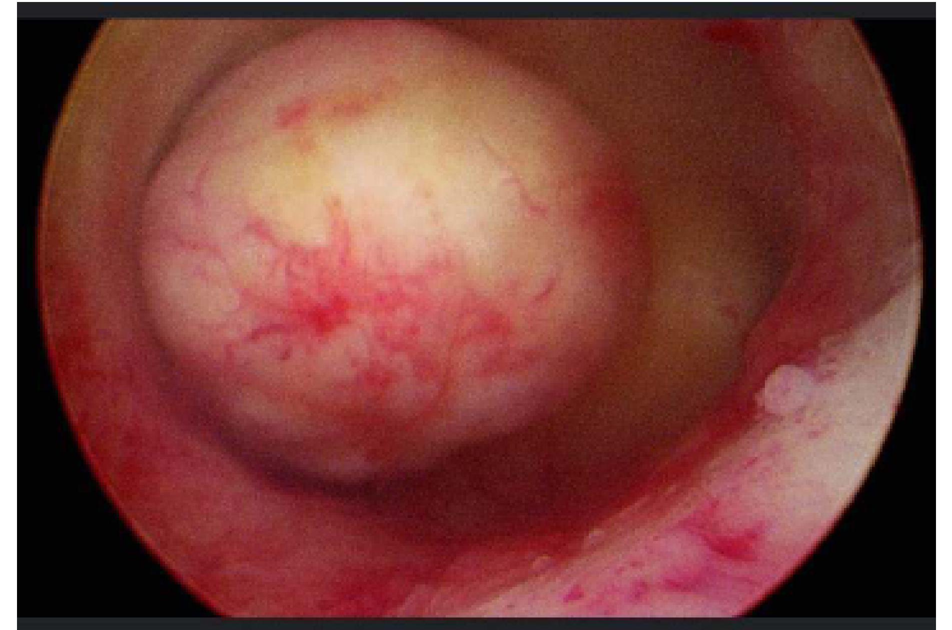
Fallopian tube patency

3. Diagnosis : **Uterine fibroid**

4. Tx : **myomectomy**

5. Complications of the procedures perfomed in Q3?as mentioned in slides

Uterine perforation /PID /



Q4. 23 years old (GA:10) (G2 P1)
HX of DVT in previous pregnancy /
labs : (Hb=9 / WBC :15000 / reticulocytes count :6%
Hb S was detected in electrophoresis

- 1. Diagnosis **Sickle Cell Disease**
- 2. Complications on the mother and fetus?**As mentioned in Dr . Male slide**
- 3. Other labs you would ask for? **Coagulation profile (fibrinogen /d dimer / PTT/PT) /MCV /**
- 4. Managment?**WBC are elevated (suspicious of infection that should be treated with antibiotics , Other mangment as mentioned in Dr . Malik slide**
- 5. The best contraception method to be used **Depot_ medroxypogesterone acetate (mirena)**

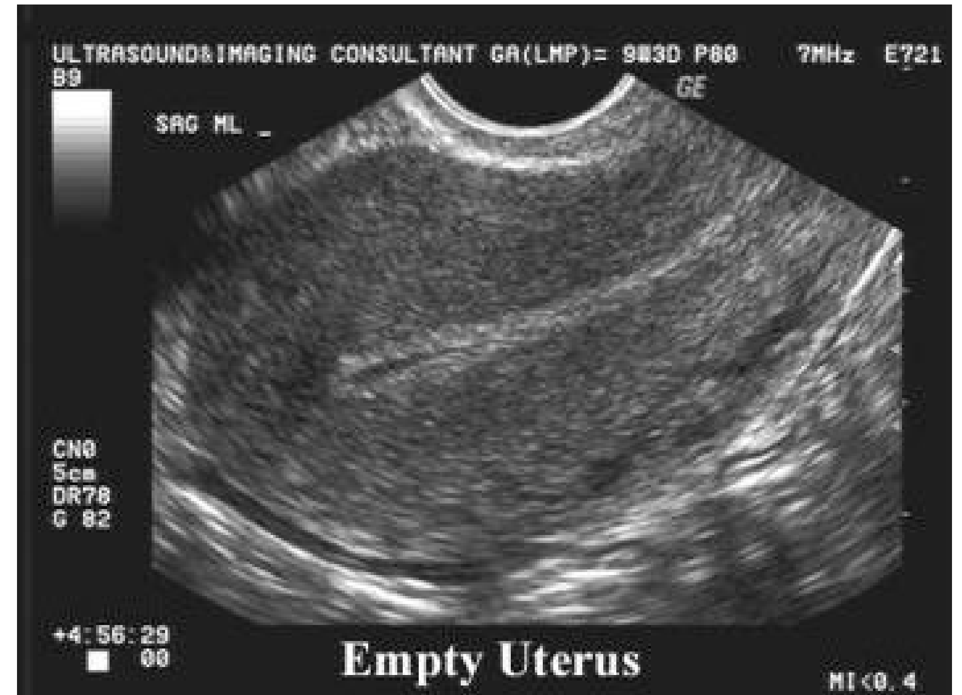
5. A patient came to the clinic one month after inserting IUD.
LMP: before one month . US was perfomed (**case of ectopic pregnancy(**

1. What is the indication to do TVUS for this patiet **to role out ectopic pregnancy**

2. The finding in US **empty Uterine cavity(endometrial stripe)**

3.What are the risk factors for your diagnosis **Risk factor for ectopic pregnancy as mentioned in slides**

4. The best contraception method to be used in the future for her case?**LARC(LONG ACTING REVERSIBLE CONTRACEPTIVE)**



Empty Uterus

Q6.16 years old come to the clinic with her mother complaining she didn't have any menstrual bleeding in her life , please answer the questions below and use the figure when it is required

1.Points to ask in history(primary amenorrhea(**cyclic abdominal pain / presence of pubic and axillary hair/ anosmia /headache/visual field defects/family hx/**

2. 4 DDx of 1 amenorrhoea **kalman syndrome/empty sella turicca/ Androgen insensitivitysyndrome /Turner syndrome**

3.According to the figure , what is your diagnosis **Imperforated hymen**

4.Other complaints the patient will come with **Vaginal bulging /cyclic lower abdominal pain /abdominal lump**

5. What will happen to FSH levels in her case **normal**

6.Management **Cruciate incision**