

Case ①

Amany

→ Amany, 30 year-old, Madaba, House wife, B⁻, Para 4,
Last Menstrual Period before 2 months, take Progesterone from
last 6 wks, admitted 21-sep. by outpatient clinics.

→ CC, Pressure affect from 2 months

* The Pt is known case of leiomyoma,
diagnosed by UIS from 3-years, she was Pregnant

* Pelvic pressure with back & flank pain.

* irregular Menstrual cycle after her last delivery.

* heavy Menstrual after her last delivery.

* associated w/ clots / change Pads 6/7 times °

No inter menstrual bleeding btw Periods or other site #

* SOB, Chest Pain, Palpitation, fatigue

* Take oral iron, but No improvement → bleeding (بقيع بخزان حوضه)

No fever , No bad odor discharge

* Normal Coagulation Profile , CBC HB = 11

→ Plan to do leiomyectomy

inv. : U/S

why unlikely to become sub-serosal ? 8*8
because there is "bleeding"

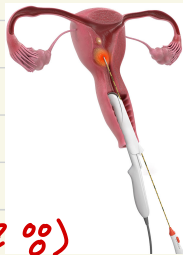
Management :-

① embolization سكن

→ higher frequency هي كهربا بس higher frequency

② radio-frequency ablation

for lesion it-self (7400 Hz °°)



focused on tissue

50-60 Hz * الكهربا العادية

incidence * هذا الجهاز يقبس ان incidence

(مقاومة ان Tissue)
Probe لا يدخل فيه وده فولت ان

بوقف الجهاز كانه #

③ HIFU High-intensity focused US



بتنيم المريضة على بطنها

④ Hysterectomy except pt. refused

Case ②

Alia

Alia, — — — — G3 P2 all by Cs-
—, 0-,
2 set of Twins

CC: abdominal pain 1 day ⁰⁰ 13 ws الـ

H/OPI: she was doing well till sudden, sharp, pain, LLQ
stabbing, exacerbate by movement #
- fever, N&V

UIS → cyst 9*8 (simple) laproscopy

histopathology ??? Pregnant والمرحلة ovary الـ

Progesterone secretion by the placenta begins around 7 to 9 weeks of pregnancy. Initially, during early pregnancy, the **corpus luteum** (a structure formed in the ovary after ovulation) produces progesterone to support the developing pregnancy. This continues until around the **end of the first trimester** (approximately 10-12 weeks of gestation).

gestational age الـ

Progesterone الـ
secreted from placenta

لازم بعد 8 ws

Case (3)

Zainab

black vaginal discharge

Zainab, A⁺,

66% doubling ✓ (abnormal)

β HCG → 1500
2400

↓
بوم الخبثه

doubling

دوگزی منی ۱۰۰٪
(Normal)

Nothing in U/S → No Pregnant —
→ No Fluid —

No abdominal Pain /

actual doubling → 3 days

100 → 200

standard diagnostic — 8 Isroscope.

Case (4)

* Miscarriage *

SLE → Congenital heart block

* fetus, but with calcification on yolk sac

والابتلال في و جفاف

9. AUTOANTIBODIES AGAINST BLOOD COMPONENTS



* ANEMIA * THROMBOCYTOPENIA * LEUKOPENIA

10. ANTINUCLEAR ANTIBODY or ANA

* TARGET NUCLEAR ANTIGENS
* TEST is SENSITIVE BUT isn't SPECIFIC
- FOUND in OTHER AUTOIMMUNE DISEASES

11. THREE OTHER AUTOANTIBODIES

* THESE TWO are RELATIVELY SPECIFIC for LUPUS

1. ANTI-SMITH

* AGAINST SMALL RIBONUCLEOPROTEINS

2. ANTI-dsDNA

* AGAINST DOUBLE STRANDED DNA
* SEEN DURING FLARES
- esp. w/ KIDNEY INVOLVEMENT



NOT INCLUDED in the 11 KEY FINDINGS

* AUTOANTIBODIES ANTI-SSA or ANTI-RO can be PRESENT

- PREGNANT INDIVIDUALS w/ LUPUS & POSITIVE for ANTI-SSA AUTOANTIBODIES

RISK OF HAVING A NEWBORN with NEONATAL LUPUS ERYTHEMATOSUS

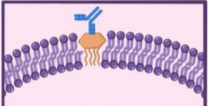
- ~ CONGENITAL HEART BLOCK
- ~ PERIORBITAL or DIFFUSE RASH
- ~ TRANSAMINITIS (INCREASED LIVER TRANSAMINASES)
- ~ CYTOPENIAS



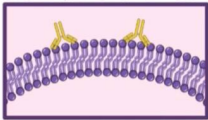
11. THREE OTHER AUTOANTIBODIES

3. ANTI-PHOSPHOLIPID
* TARGETS PROTEINS BOUND to PHOSPHOLIPIDS
* LESS SPECIFIC for LUPUS

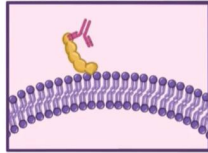
a. ANTICARDIOLIPIN



b. LUPUS ANTICOAGULANT



c. ANTI-BETA2 GLYCOPROTEIN I



ANTIPHOSPHOLIPID SYNDROME

* ANTIPHOSPHOLIPID ANTIBODIES cause a HYPERCOAGULABLE STATE
* COMPLICATIONS
- DVT
- STROKE
- RECURRENT MISCARRIAGES

