1.

Station No. 2 (Data show)

Student 's name:

Mr. X attended for booking visit to you, having just recently moved in to your area. She is 28 weeks pregnant. She had a booking blood test. The results are shown on the screen in front of you. Study the results and answer the following questions:

Q1. What is the most likely diagnosis? (1 mark).

Q2. What other investigations would you perform to confirm your diagnosis? (2 marks)

1.

2.

Q3. Name another less likely condition which night give you the same blood picture? (1 mark)

Q4, What are the likely fetal complications that occurs during pregnancy in this condition? (2 marks)

1.

2.

Q5. Answer with YES or NO for the following suggestive lines of management to this patient. (4 marks)

1. Treat her with jectofer injections. Yes / No

2. Treat her with folic acid 5 mg / day.Yes / No

3. Give blood transfusion Yes / No

4. Advise against breastfeeding feeding at delivery Yes / No

Total mark: (out of 10)

Name of examiner:

Signature:

2.

Station No. 2 (Data show)

Check list

Mr. Xattended for booking visit to you, having just recently moved in to your area. She Was 28 weeks pregnant. She had a booking blood test. The results are shown on the screen in front of you. Study the results and answer the following questions:

Q1. What is the most likely diagnosis? (1 mark)

Iron deficiency anemia

Q2. What other investigations would you perform to confirm your diagnosis? (2 marks)

1. Serum ferritin level

2. Total iron – binding capacity

Q3. Name another less likely condition which might give you the same blood picture? (1 mark)

B-Thalassaemia

4.What are the likely fetal complications that occurs during pregnancy in this condition? (2 marks)

1. Preterm labor

2. IUGR

Q5. Answer with YES or NO for the following suggestive lines of management to this patient. (4 marks)

1. Treat her with jectofer injections. Yes / (No)

2. Treat her with folic acid 5 mg / day Yes / (No)

3. Give blood transfusion.Yes / (No)

4. Advise against breastfeeding feeding at delivery Yes / (No) Total mark: (out of 10)

Name of examiner:

Signature:

3.

Station No. 2(Data show)

Student 's name:

Mr. X is a 26 – year – old healthy primigravida, term pregnancy, and in labor. On the screen is herCTG (internal monitoring). She i58 cm. dilated and 50% effaced cervix. The head is at station (0).

Study the trace and answer the questions: N. B. Mark range for each question is 0 – 2.

Q1, Is the fetal heart recording normal and why?

Answer:

Q2. How do you describe her uterine contracts?

Answer:

Q3. What is the resting intrauterine pressure? Is it normal ?

Answer:

Q4. What is your next step in her management?

Answer:

Q5. After your investigations, you find that Mrs. X is fully dilated. The head at + 1 level in left occipito – anterior position, How would you deliver her?

Answer:

Total mark:

(out of 10) Name of examiner:

Signature:

4

Station No. 2 (Data show)

Check list

Student 's name: Mr. X is T – healthy Primigravida , termpregnancy , and in labour. On the screen her CTC (Intern: Monitoring). She is 8 cm. dilated and 50% affected cervix, The head is at station(0).

Study the Tract and Answer the questions:

N. B Mark rance for each question is 0 – 2

Q1. Is the fetal heart recording normal and why?

Answer: No. Type 2 dip (late deceleration)

Q2. How do you describe her uterine contracts?

Answer: Regular uterine contractions coming every 2 minutes and lasting for 50 – 60 second with intensity of about 60 mmHg.

Q3 What is the resting intrauterinepressure ?is itNormal

Answer: 30 – 35 mmHg. Hypertonic type

Q4. What is your next step in her management?

Answer: Fetal blood sampling

Q5. After your investigations, you find that Mrs. X is fully dilated. The head at + 1 level in left occipito – anterior position. How would you deliver her?

Answer: Instrumental delivery (Vacuum extractor)

Total mark: (out of 10)

Name of examiner:

Signature:

5

Gynecology

Question 1

Mrs. Suzan is a 24-year-old married woman who presents to Casualty with acute sunset of severe, constant lower abdominal pain, more towards the right iliac fossa. Her last menstrual period was 28 days ago and she gave history of intrauterine coil insertion 1 week ago. She had a history of appendicectomy 6 years ago.

6

Gynecoloy

Question 1

The ideal answer

Name of the student:

Q1. What are the likely differentional diagnosis? (2 marks)

Acute pelvic inflammatory disease

Ectopic pregnancy

UTI

Perforation by the coil.

2. What are the relevant clinical signs that you will examine for? (3 marks)

Vital Signs including temperature and blood pressure.

General condition of the patient (toxic, Signs Of shock).

Look for signs of acute abdomen.

Tender loin and renal angle.

Vaginal exam for discharge cervical excitation, tender adnexal mass.

Q3. What investigations that you perform to confirm the diagnosis? (3 marks)

Full blood count

HCG level

HVS and endocervical swabs and

Ultrasound scan .

Plain abdominal x – ray

GUE.

Q4. After investigation, the patient is diagnosed to have an early unruptured ectopic pregnancy (2.5 cm). What are the options of treatment? (2 marks).

Laparoscopic salpingostomy.

Laparoscopic salpingectomy.

Methotrexate

Total mark:

Name & signature:

7

Station No. 3

Student information

A 60 – year – old woman presents with a 2 weeks history of continuous slight vaginal bleeding after 10 years of secondary amenorrhea.

Q1. What do you consider this patient?

Q2. What are the relevant questions in the history you need to ask to know the cause of her bleeding?

Q3. On examination, no obvious abnormality could have been found, What specific diagnostic procedures this patients need to know the cause of her bleeding?

Q4. After your full investigations, the patient is found to have stage 1 adenocarcinoma of the uterus. What is your treatment

8

Station No. 3

Examiner check list

Name of the Student:

Q1. What do you consider this patient? (1 mark)

A case with postmenopausal bleeding.

Q2. What details of the history is needed to know the cause of her bleeding? (4 marks)

Characters of the bleeding

Precipitating factors (post – coital bleeding).

Associated symptoms (vaginal discharge, Soreness, dysurea)

History of diabetes and hypertension

Exogenous hormones replacement therapy.

Q3. What specific diagnostic procedures this patients need to know the cause of her bleeding? (3 marks)

Ultrasound scan.

Cervical smear.

Hysteroscopy or fractional curettage

Q4. After your full investigations, the patient is found to have stage 1 adenocarcinoma of the uterus. What is your treatment? (2 marks)

TAH + BSO with or without post-operative radiotherapy depending on degree of invasion to the uterine wall, histological grading of the tumor, peritoneal cytology and lymph nodes metastasis.

Total mark:

Name & signature:

Station No. 3

Student information

Regarding Multiple gestation:

Q1. What are the predisposing factors for multiple gestation?

Q2. Mention the maternal risks that a woman with multiple gestation may have during pregnancy.

Q3. What are the factors that increase the perinatal mortality rate in twin pregnancy.

10

Station No. 3

Examiner check list

Name of the Student:

Q1. What are the predisposing factors for multiple gestation? (3 marks)Predisposing factors Proposed mark mark

Advanced maternal age 0.5

High parity 0. 5
Ethnicity 0.5
Induction of ovulation 0.5
Family history.0. 5
Q2: Mention the maternal risks that a woman with multiple gestation may have during pregnancy.
Maternal risks Proposed mark.mark Miscarriage.
0.5
Hypertermesis. 0.5
Anemia.0. 5
Preterm labor. 0. 5
Pre – eclampsia. 0.5
APH. 0.5
Polyhydramnios. 0.5
Operative delivery.0. 5
Postpartum haemorrhage.0. 5

Q3. What are the factors that increase the perinatal mortality rate in twin pregnancy.
Maternal risks Proposed mark.mark Preterm delivery 0. 5
IUGR 0. 5
Single IUD 0. 5
Twin – twin transfusion syndrome 0. 5
Increased congenital anomalies 0.5
Intrapartum hypoxia. 0.5

Total mark: (out of 10)
Name of examiner & signature:
11
Station No. 4
Instructions to student

Study the following indications of a 26-year-old primigravidal Who is currently at 30 weeks gestation.

Indications 28 weeks29 weeks 30 weeks Serum urate2. 35 mmo1/1 3.00 mmo1/1 4.26mmo1/1 Creatinine 0. 7 mmo1/10.93 mmo1/11.1mmo1/1 24h urinary protein 0.8g 1.2g3.0g Hemoglobin concentration 10.1 g/ dl 10.3g/dl10. 6g/dl Platelet count 212 180120

Q1. What do you think the problem here?

Q2. List the clinical sings you would look for in such condition.

Q3, What further investigations do you think this patient needs?

Q4. List the maternal complications that could occur if the situation deteriorates

12
Station No. 4
Examiner check list
Name of the Student:
Proposed mark MarkQ. Answer

2Q1. Pre – eclampsia

Q2

Blood pressure more than

140/90 mmHg 0.5

Generalized oedema 0.5

Papilloedema 0.5

Liver tenderness 0.5

Hyperreflexia 0.5

Q3 Blood sugar study 0.5

Blood group & Rh 0.5

Liver function test 0.5

Ultrasound scan 0.5

Coagulation profile. 0.5

Q4

Eclampsia 0.5

Cardiac failure / pulmonary oedema. 0. 5

CVA 0. 5

DIC . 0.5

Hepatic failure. 0.5

Renal failure.0. 5

Total mark. 10

Examiner name & signature

13

Station 4: Infertility work up

A 22 year old lady, attended outpatient clinic with her husband Complaining of infertility for 3 years. She is P0 +O. Her periods are regularand usually very painful. She also mentionedpelvic pains during intercourse. Husband's seminal fluid analysis was found to be normal.

1 – What type of infertility is described in this case? (1 mark)

a. Primary infertility

2. What blood tests would you Order?(5 marks)

a. FSH

b. TSH

C. LH

d. Serum prolactin

e. Day 21 serum progesterone

3 – What other test would order? (2 marks)

a.PelvicU/S

b. Hysterosalpingogram

4. If all other tests you ordered were normal, what is your next step? (1 mark)

a. Hysteroscopy and Laparoscopy

5. What are the most probable causes of her dysmenorrheaand dyspareunia? (3 marks)

a. Endometriosis

b. Adenomyosis

c. Chronic pelvic inflammatory disease

14

Station 4: Infertility work up

A 22 year old lady, attended Outpatient clinic with her husband complaining of infertility for 3 years. She is P0 +O . Her periods are regular and usually very painful. She also intentioned pelvic pain during Intercourse. Husband's seminal fluid analysis was found to be normal.

1 – What type of infertility is described in this case?1 mark
a
2 – What blood tests would you order? 5 marks
A
B
C
D
E
3 – What other tests would order? 2 mark
A
B
4 – If all other tests you ordered were normal, what is your next step?1mark
A
5 – What are the most probable causes of her dysmenorrhoea and dyspareunia? 3 marks
A
B
C

15

Station 5: ectopic pregnancy

A 28 year old lady, attended outpatient clinic with her husband complaining of 24 days missed period, vagina spotting and mild to moderate abdominal pain. She is P4 +O. Her Periods are usually fairly regular.During general examination; the patient had BP 120/60, PS – 90 per minute and only mildtenderness during abdominal examination in the right iliac fossa . She gave history of recurrent abdominal vaginal discharge which was treated and laparotomy for twisted ovarian cyst 2 years ago.

What blood test would you order? 3 marks

A. Full blood count

b. Serum B – HCG

C. urine analysis

2 – What other test that would help in the diagnosis would you perform? 2 marks

A. Pelvic U / S scan

B. Speculum examination.

3 – What is your differential diagnosis? 5 marks

A. Early pregnancy with circumcised miscarriage

B. Ectopic pregnancy

C. Pelvic inflammatory disease

d. Ovarian Cyst

E. Appendicitis

f. Urinary tract infection

4 – Please, look at the following picture.2 marks

صوره

a. What can say about this picture.
i. U/S scan of the uterus and adnexia.
ii. Thickened endometrium and Adnexal mass.

What is the probable diagnosis?

16

I. Ectopic pregnancy

5 – What is your next step? 1mark
A. Admission

6. What is the most optimal option for her treatment? 1mark
A. laparoscopy

7. What are the risk factors that might contribute to her condition? 2 marks
A. History of pelvic surgery
b. History of recurrent vaginal discharge

19

Station 6
Instructions to the student

Q1. What is the instrument that the doctor is using in this photo?

صوره

Q2 What is the main indication of this instrument as a diagnostic tool?

Q3. Discuss the examiner the clinical value for the use of this instrument.

Q4. What is the types of abnormalities that you can see by this instrument.

20

Station No. 6
Examiner Check list

Name of the student:

Q	Answer	Mark	Proposed mark
Q1	Colposcopy	2	
Q2	To add in the diagnosis of pre-malignant and malignant diseases of the cervix.	2	
Q3	It can diagnose the site of lesion on the ecto – cervix	1	
	It facilitates taking the punch biopsy	1	
	It help in preserving the cervix for future fertility	1	
Q4.	1. Area of punctation.	1	
	2.Area of mosaic pattern.	1	
	3. Bizarre – shape vessels.	1	

Total mark 10

Name of examiner:

Signature:

21

Station 7

Student 's information

A woman aged 48 yeas, Para 5 + 1 presents to you with history of Severe menorrhagia for one year. Her haemoglobin Was 8. 5 g / dl. Clinical pelvic and ultrasound examination revealed no abnormality.

QI. What is the most likely diagnosis?

Q2. What are the other causes that you should exclude?

Q3. Mention the investigations that you will order to exclude the less likely causes.

Q4. According to your most likely diagnosis, you offered the woman to have a hysterectomy, but she was not keen to have it, what type of treatment you can prescribe to her?

Q5. If the above prescriptions fail to relieve the menorrhagia, what alternative treatment can you offer this patient?

22

Station 3 clinical skills

Bimanual vaginal examination

Set up:

1 – Gloves

2. Gel

3 – Toy as below

صوره

One mark for each point

1 – The student must introduce himself

2 – The student must explain what he is going to do to the patient.

3 – The student must explain that the patient should feel little if any discomfort and that the examination should be over fairly quickly.

4 – The student must ask the patient if she has any questions before performing the examination.

5 – The student must put some gloves on and inspect the outside of the vagina.

6 – The student must inspect the labia and clitoris looking for any obvious abnormalities such as erosions.

7 – The student must lubricate the index and middle finger of his right hand.

8 – The student must explain to the patient that he is about to start the procedure.

9.the student must use the thumb and index finger of his left hand to separate the labia minora and firstly insert his index finger, checking for any excitation. If none present then he must insert his middle finger.

10 – The student must palpate all of the vaginal walls as he advances his fingers feeling for any obvious abnormalities.

11 – The student must palpate the cervix, feel for its size, shape and mobility – check with the patient if it is tender.

12 – The student must palpate the uterus by pressing it between his right middle and index fingers and his left hand placed on the lower Abdomen. Feel for any masses.

13 – The student must try to palpate each of the ovaries. This is done by placing his inner fingers in the right fornix and trying to press the ovary between them and his It hand placed in the right iliac fossa.

23

Station 3: Rh alloimmmunication

A22 year old pregnant lady, P+1 +O , gestational ape 10 weeks attended antenatal Clinic in her first Visit, She is 0 [Rh D] negative. The husband's Group typing is known as Rh (D)positive.Blood

What is the next step? 2 marks

A. To check if the husband beingHomozygous or Heterozygous

B. To Check for maternal antibodies by indirect Cornb's test

2 – If antibodies were selected, what is your plan? 1mark

A. To treat as Sensitized

3. If no antibodies detected, what the next step? 1mark

1 mark a, Repeat (ICT) at 28 and 32 weeks provided that ne bleeding

4. In the next visit at 16 weeks she presented with minimal bleeding, what is your plan of management? 2 marks

A. To check for fetal red blood cells in maternal circulation by Kleihauer test

B.To check for maternal antibodies

5 – If test came negative what is your management? 1 mark

a. Give (250 10/50 mcg) anti to the mother within 72 hours from the bleeding

6.look at the following figures

Figure 1

صوره

Figure 2

صوره

24

Figure 3

صوره

a. What you can say about figure 1?

I. Hydrops fetalis with abdominal ascites.

b. What can you say about figure 2?

I. Hydrops fetalis with scalp oedema.

c. What can you say about figure 3?

i. Lily 's graph

27

Station 2: Clinical skills

Blood pressure Measurement in pregnancy and urine test

This station will need the following:

1 – BP machine

2 – Urine Sample from a pregnant lady with proteinuria

3 – Camber test

4 – One role player

Case: Mrs Ayesha, She is nulliparous at 35 weeks and has presented to clinic with headaches. She has had 2 previous miscarriages at 8 weeks with no complications. Please take her blood pressure.

ROLE player will be a none – pregnant female * with known BP measurements

* Proper Introduction 2 marks

* Putting on cuff correctly 1 mark

*Feeling or mentioning pulse for systemic 1mark

* Correct BP _systolic 1 mark

*- Diastolic 1 mark

* Mentioning K4 and K5.1 mark

Q – What would you like to know about this patient's history? 1 mark each

* Booking BP

* Previous hypertension

* Medications

* Pre-existing disease: renal, diabetes

* Family history

* Fetal wellbeing movements

" What other symptoms would you ask about? "

* Flashing lights

* Abdominal pain

* Ask the candidate to test the urine (mark if does it correctly. I.e, gets proteinuria) 2 marks if correct

" What blood tests will you order? "(No indication for clotting if platelets normal)

* Full Blood Count

* Urate

*LFTS

" How should the patient be administered if her BP measurements were 150/100, protein + 2? "

* Admit"

Howwill her condition be cured?

*Delivery

Section 2 without answers: 12 marks

A 22 year old, P0+3 pregnant 32 weeks attended ER complaining of sudden onset mild pain vaginal bleeding for the last 3 hours. Fetal movements are present.

1 – What is the initial work – up? 5 marks

a.

B.

C.

D.

E.

2– Look at the following figure 2 marks

a.What can you say about this figure?

I.

Ii.

صوره

3.What is your plan of management? 2 marks–

A.

B.

4 – List 1 factor in this case probably caused this condition. 1 marks

A.

5 – What placental pathology needs to be considered?

29

Station 1 without answers

(10 marks)

A 38 year old, P6 +3 pregnant 28 weeks attended ER complaining of sudden onset abdominal pain for pregnant 28 weeks attended the last 3 hours and loss of fetal movement.

1 – What is the initial work – up?

4 marks

A.

B.

.C

D.

E.

2 – Look at the following figure.

a.What can you say about this figure?

I.

Ii.

صورة

3.What is the most probable cause?

1 mark

a.

4.Fetal Scan showed a dead fetus and the patient vaginal examination showed a4 Cm dilated cervix. 2 marks a. What is the next step?

B. What is the preferred way to do so?

1 mark

What is the most serious complication of such condition? 1 mark

A.

30

Station 2 Rupture uterus with answers

Mrs Mariam is pregnant 32 weeks. Arrived to emergency room complaining of continuous abdominal pain and mild vaginal bleeding for the last 1 hour. Her first two pregnancies ended up in C/S at 37 weeks one due to cord prolapse and the second due to breech. last pregnancy ended 27 weeks due to transvers and preterm labor.

Q: What are the initial steps in her assessment ? 6 marks A :

1 – Vital signs measurements

2 – Clinical examination

3 – Insertion of two large Cannulas

4 – Taking blood samples and group & hold 4 units of blood.

5 – U/S

6 – Vaginal examination

Q: What is the differential diagnosis?

1 Abruption placenta

2 – Placenta previa

3 – Rupture uterus

4– Titanic Contractions

31

Question 2:

Case: Mrs Sabra 37 year old married for 13 years, para 5 with history of 2 miscarriages followed by dilatation and curettage. Her periods are heavy yet regular. However, she mentioned that these periods become painful and she usually uses injectable forms of analgesics. In addition, she also mentioned severe pain during deep penetration with sexual intervention. You performed pelvic examination which showed symmetrically enlarged uterus and normal adnexa.

32

9.Why not removing the ovaries? 2 marks a. Preserving the ovaries to avoid iatrogenic menopause

33

Question 2: Pain due adenorryosis

Case: Mrs Sabra 37 year old married for 13 years, para 5 with history of 2 miscarriages followed by dilatation and curettage. Her periods are heavy yet regular. However, she mentioned that these periods become painful and she usually uses injectable forms of analgesics. In addition , she also mentioned severe pain during deep penetration with sexual intercourse, You performed pelvic examination which showed symmetrically enlarged uterus and normal adnexa.

1 –What are the main abnormalities found in this case? 4 marks A, Heavy periods.

b. Dysmenomhoea

C. Deep dyspareunia

d. Enlarged uterus on bimnanual examination

2 mark 2. What is your provisional diagnosis?

a. Diffuse Adenomyosis

3 – What is the definition of adenomyosis? 3 marks

a. Adenomyosis is a benign disease of the uterus characterized by ectopic endometrial glands and stroma within the myometrium more than 2cm from EMI and associated with myometrial hypertrophy.

4. What are the main risk factors in this case that may cause this condition? 3 marks

A. Age over 35

b. Multiparity

c. History of miscarriages

5 – What types of adenomyosis you know? 2 marks

a. Diffuse

B. focal

6 – What is your next step in the management? 1mark

A. Pelvic U / S scan

7 – What are her Medical treatment Options? 2 .a marks
a. IUS – Mirena .b
b. GnRH - a .c
8 – What her best surgical management? 1 marks a. .d
Total abdominal hysterectorny

34

Question1:

Case: Mrs Fatima 24 year old married for 3 years and never been pregnant. Her husband Seminal fluid analysis was normal, Hysterosalpingogram – normal uterine cavity, patent right tube with free spillage, partial spillage from left tube. Her hormonal profile was normal . Her BMI is 24. Her periods are regular. However, she mentioned that these periods were usually accompanied by severe pains necessitating the use of injectable forms of analgesics. In addition, she also mentioned severe pain during deep penetration with sexual intervention. You

ordered pelvic U/S scan which showed normal uterus and left ovarian cystic mass 3 * 3 cm.

35

2.Medroxyprogesterone acetate

3. Intrauterine LNG system – Mirena

4. Dienogest

5 – Norethisterone acetate

6 – Danzol

7 – GnRH – a

8 – Subdermal impanon

36

Question 1: Infertility due to Endometriosis

Case: Mrs Fatima 24 year old married for 3 years and never been pregnant. Her husband Seminal fluid analysis was normal. Hysterosalpingogram – normal uterine cavity, patent right tube with free spillage, partial spillage from left tube. Her hormonal profile was normal. Her BMI is 24. Her periods are regular. However, she mentioned that these periods were usually accompanied by severe pains necessitating the use of injectable forms of analgesics. In addition, she also mentioned severe pain during deep penetration with sexual intercourse. You ordered pelvic U / S scan which showed normal uterus and left ovarian cystic mass 3 * 3 cm.

1 – What is the probable diagnosis?

2 marks

a. Taking on consideration her history; she is a case of primary infertility probably due to endometriosis

2 – Define endometriosis? 1 mark

A. Endometriosis: is the presence of endometrial glands and stroma outside the uterine cavity.

3 – What are the main hints in this case that may suggest Endometriosis? 4 marks

a. Infertility

B. Dysmenorrhoea

C. Deep dyspareunia

d. AbnorTrial HSG – partially blocked left tube

e. ovarian cystic imass in the ovary.

4 – What common types of endometriosis – associated pain symptoms you know? 4 marks

a. Dysmenorrhoea

b. Deep dyspareunia

c. Dyschesia

d. Dysuria

e. Chronic pelvic pain

5 – What is your plan of management? 5 marks

.a Laparoscopy with probable adhesolysis and exploration of left ovary for the presence of ovarian endometrioma. If endometrioma present then stripping or cystectomy should be done then she must undergo IVF for best results

6. If this patient approached you for pain symptoms only, what types of medical treatments would you suggest for her? 5 marks

1 – Combined OCPs

Question 9

The ideal answer

Name of the student:

Q1. What are the main abnormal findings that you II0 the history of this case? (2 marks)

* Heavy periods.

Dysmenorrhoea

* Deep dyspareunia * Enlarged uterus on bimanual examination

Q2. What is your provisional diagnosis? (2 mark)

Diffuse Adenomyosis

Q3. What are the main risk factors in this case that may predispose to this condition? (2 marks)

Age over 35

* Multiparity

* History of miscarriages

Q4. What are the medical treatment options for this condition? (2 marks)

* IUS – Mirena

* GnRH – a

Q5. What is best surgical management? (1 marks)

* Total abdominal hysterectomy with conservation of the Ovaries.

Q6. Why not removing the ovaries?

(1 mark)

Preserving the ovaries to avoid iatrogenic menopause

Total mark:

Name & signature:

38

Gynecology

Question 9

Mrs Sabra is a 37 – year old para 5 with history of 2 miscarriages. Her periods are heavy yet regular, However, she mentioned that these periods became painful and she usually uses injectable forms of analgesics. In addition, she also mentioned severe pain during deep dyspareunia. On pelvic examination, the uterus is symmetrically enlarged and normal adnexa.

39

Gynecology Question 5

The ideal answer

Name of the student:

Q1. What do you consider this patient? (1 mark)

A case with postmenopausal bleeding.

Q2. 17 hat details of the historis needed to know the cause of her bleeding? (3 marks)

* Characters of the bleeding

Precipitating factors (post – coital bleeding).

Associated symptoms (aginal discharge, Soreness, dysurea)

History of diabetes and hypertension

Exogenous hormones replacement therapy.

Q3. What are the important physical signs that you look for to know the cause of her bleeding? (3 marks)

General condition (mostly normal)

Abdominal examination for any tumors originating from the pelvis.

Local pelvic examination for senile vaginitis, urethral caruncle, cervical polyp or cancer.

Bimanual exam for size, shape, tenderness, fixity of uterus and any adnexal tumors and metastatic lesions.

Q4. What specific diagnostic procedures this patients need to know the cause of her bleeding? (3 marks)

Ultrasound scan.

Cervical smear.

Hysteroscopy or fractional curettage.

Total mark:

Name & signature:

Gynecology

Question 5

A 60 – year – old woman presents with a 2 weeks history of continuous slight vaginal bleeding after 10 years of secondary amenorrhea.

Q1. What do you consider this patient?

Q2. What details of the history is needed to know the cause of her bleeding?

Q3. What are the important physical signs that you look for to know the cause of her bleeding?

Q4. What specific diagnostic procedures this patients need to know the cause of her bleeding?

41

Gynecology

Question 4

The ideal answer

Name of the student:

Q1. List the differential diagnosis of her amenorrhea.

(2 marks)

* Pregnant now.

* Stress and excessive gain.

* Strict diet after delivery to reduce weight.

Sheehan's syndrome

Ascherman's syndrome.

Q2. Most likely causes: (2 marks)

Sheehan's syndrome

Ascherman's syndrome.

Q3. What are the investigations that you will order to make the diagnosis? (3 marks)

* HCG

* FSH, LH, and Prolactin level.

Thyroid function test

Progesterone challenge test.

HSG or hysteroscopy

Q4. How does hormone tests differentiate between the causes of secondary amenorrhea? (3 marks)

Low FSH and LH indicate Sheehan's syndrome

* High prolactin indicate pituitary adenoma.

HCG indicate pregnancy.

TSH indicate hypothyroidism

Total mark:

Name & signature:

42

Gynecology

Question 4

A 28 – year – old woman presents to you with history of amenorrhea of 6 months duration. She had a spontaneous vaginal delivery 1 year ago. This delivery was followed by Severe secondary post – partum bleeding that necessitated a

dilatation and curettage and blood transfusion. She could not breast feed because of lack of milk. She had 3 menses after delivery which were light and irregular.

Q1. List the differential diagnosis of her amenorrhea.

Q2. According to this history, what are the more likely causes of her amenorrhea?

Q3. What are the investigations that you will order to make the diagnosis?

O4 How does hormone tests differentiate between the causes of secondary amenorrhea?

43

Gynecology

Question 3

The ideal answer

Name of the student:

Q1. What are the screening tests that you could offer her? (2 marks)

Breast examination (mammogram). Cervical smear.

Q2. What is cervical smear? What are the positive grading? (4 marks)

Cervical smear (Papanicolaou smear): Taking exfoliated cells on the cervix by Ayre 's Spatula for Cytological examination, Cervical snear grading:

CINI (moderate dysplasia)

CIN II (moderate dysplasia)

CIN III (severe dysplasia or carcinoma in situ)

Q3. If this woman's smear shown CIN II, what is your plan of management?

(2 marks)

* Colposcopy to identify the abnormal area and take a full thickness biopsy.

Q4. If the results of her investigation showed a micro invasive cancer of the cervix, what treatment you will offer her. (2 marks).

Total abdominal hysterectomy.

Total mark:

Name & signature:

44

Gynecology

Question 3

Mrs. Nadia is a 45 – year – old married woman, para 5 + 0, presents to you for the first time for routine gynecological checkup. She is asymptomatic, but want to exclude the most common female cancer that she could have at this age.

45

Gynecology

Question 2

The ideal answer

Name of the student:

Q1. What type of infertility is described in this case? (1 mark)

Primary infertility

Q2. What tests would you order to investigate for ovulation? (2 marks)

Day 21 serum progesterone

ultrasound scan for maturity of follicle.

Q3. If the above tests suggest anovulation, what further hormone tests would you order? (3 marks)

TSH

FSH

LH

Prolactin

Q4. What other tests Would you order? (2 marks)

Tests for tubal patency.

A. Hysterosalpingogram

b. Laparoscopy.

Q5. What are the most probable causes of her dysmenorrhoea and deep dyspareunia? (2 marks)

a. Endometriosis

b. Chronic pelvic inflammatory disease

Total mark:

Name & signature:

Gynecology

Question 2

A22 year old lady, attended outpatient clinic with her Husband complaining of infertility for 3 years. She is Po +O. Her periods are irregular and usually very painful. She also has deep dyspareunia. Husband's seminal fluid. Analysis was found to be normal.

1 – What type of infertility is described in this case?

2 – What tests would you order to investigate for ovulation?

3 – If the above tests suggest anovulation, what further hormone tests would you order?

4 – What other tests would you order to diagnose the cause of her infertility?

5 – What are the most probable causes of her dysmenorrhoea and dyspareunia?

47

Station No. 1

Instructions to student

Mrs. Suad is complaining of a heavy menses. Take the relevant gynecological history that helps you to asses the abnormalities in her menstrual cycles.

After history taking, answer the following questions:

Q1. What type of menstrual abnormalities the patient has?

Q2. What is the medical term used for the pain that this patient has?

Q3. What type of discharge you think this patient has?

48

Station No. 1

Instructions to Roll – player

You are Mrs. Suad.

complaining of heavy menses for the last 6 months and Your previous cycles were regular, coming every 30 days and menses last for 4 days with moderate amount of blood loss. You used about 10 pads / cycle moderately Socked with blood.

Recently, your cycles are still regular every 30 days, but menses last for 8 days with heavy loss in the first 4 days associated with small clots and you spend about 20 pads / cycle.

Your period is preceded by lower abdominal pain increasing in intensity over the last week prior to the menses. This pain usually lasts over the first 4 days of the bleeding.

You also have a vaginal discharge, white - mucoid in color, odorless, not associated with soreness or itching.

You have no intermenstrual bleeding, post coital bleeding or dyspareunia.

You had no history of previous gynecological diseases or operation.

49

Station No. 1

Examiner check list

Name of the student:

Q1, The student should mention any of the following (one mark each, total 3 marks):

1 Absent breast development

2. Webbing of the neck

3. Cubitus valgus

4 Short stature

5 Widening of the space between the two nipples

Q2. Turner syndrome (two marks).

Q3. The student should mention any of the following one mark each, total 3 marks):

1 Chromosomal study

2 Hormonal study (FSH, LH)

3 Ultrasound scan

4 Laparoscopy

Total Marks: (out of 8).

Name of examiner:

Signature:

50

Station No1 Without answers

PCOS

1 – Look at the following picture of a 24 year old female filed to your clinic complaining of primary infertility for 4 years. During examination you found that she has oligomenorrhoea.

A. State 2 signs you can identify from the picture?

1 – A female patient with:

a. . . . . ……. . . . . (5 marks).

B. . . . . ……. …… .. . . (5 marks).

B. Look carefully at the US scan of this patient and give a description of the findings?

صوره

1_..... (5 marks)

2_.....(5 marks)

C. What is the likely diagnosis?

. . . . ……. (10 marks).

D.What are the Rotterdam criteria?

1……. . . (5 marks)

2. . ……(5 marks)

3…… . (5 marks).

E. What is the most important issue in her management?

. . . . . ……. ..... (10 marks).

F. Name two possible medical approaches in the infertility management of this young lady?

1. …… …. .... (5 marks)

2……. . . . . (5 marks)

g. What is the possible surgical option for her infertility?

……. . . . . (10 marks)

h. Name 3 remedies for her hirsutism problem.

1…….(5 marks)

2…….. (5 marks)

3…….. (5 marks)

52

Station No. 2

Instructions to student

You are about to see Mrs. Hanan Yousif, a 24 years old healthy lady, para 1 + 0. She is on oral combined contraceptive pills and her LMP was 10 days ago. She is afraid from having another pregnancy because she had a bad experience during her last delivery. Take the appropriate history, and answer her inquiries.

53

Station No. 2

Instructions to Roll – player

You are Mrs. Hanian Yousif.

24 years old normal healthy lady.

You have l child, 2 years old.

You are on oral contraceptive pills since your delivery and your LMP was 10 days ago.

You had a bad experience during your last delivery and afraid from getting pregnant again, but you really want to have another child.

You got pregnant 3 months after your marriage.

You used to have regular antenatal visits.

During the first 3 months of the first pregnancy, you had no problems apart from vomiting2 to 3 times daily in the first 2 months.

During the second 3 months, you had one attack of urinary tract infection treated by antibiotic without admission to hospital.

During your pregnancy you had an ultrasound scan several times that showed a normal pregnancy.

The last 3 months were uneventful.

At term, lab started spontaneously. The labor was augmented by Oxytocic drugs and lasted for 18 hours. You experienced sever pains during labor that made you very tiered and exhausted.

Because you could not push, forceps delivery was done with episiotomy.

You delivered a healthy male baby weighing 3. 5 Kg.

Your episiotomy gets infected and it took you 3 weeks to go back to normal.

Now you want to ask the doctor the following questions:.

Q1. Do you thing that it was better for me to have a S.C. than forceps delivery?

Q2. Do you think I should have a S.C. if I get pregnant again?

Q3. If next pregnancy is normal, what could you do to me to avoid such previous events if I will have a trial of vaginal delivery?

Station No. 2

Examiner check list

Name of the Student:

No.	Items in history taking	Mark	Proposed mark
1	Greeting and introduce your self	0.5	

2 Explain to the woman your task 0.5

3 Marriage conception period 0.5

4 Dates of last conception (child 's Age) 0.5

5 Antenatal visits 0.5

6. Events during the first Trimester 0.5

7. Events during the second Trimester. 0.5

8. Events during the third Trimester 0.5.

9 History of labor (term , spontaneous, augmented, prolonged, analgesia) 0.5

10 Mode of delivery 0.5

11 History of newborn. 0.5

12 History of puerperium 0.5

Answers of the patient 's inquires

Q1 No 0.5

Q2 No. 0.5

Q3

Good analgesia (mostly epidural).

IV fluid to avoid dehydration.

Educational classes on how to use Secondary force during second stage.

Reassurance that next delivery could be easier and she may not need episiotomy or forceps

Total mark 10

Examiner name:

Signature:

55

Station No. 2

Instructions to student

You are about to see Mrs. Tamara, a 24 years old healthy lady, para 1 + 0. She is on oral combined contraceptive pills and her LMP was 10 days ago. She is afraid from having another pregnancy because she had a bad experience during her last delivery. Take the appropriate history, and answer her enquiries.

58

Station No. 3 (Data show)

Chick list

This is a photo of a 20 year old female who was found on Vaginal speculum exam to have this lesion.

Q1, What is the lesion that you can see in the photo? (2 marks)

Answer:

cervical ectropion.

Q2. What does the strawberry colored lesion consist of? (2 marks)

Answer:. It consist of the columnar epithelium of the endocervix migrating to the ectocervix.

Q3. What are the symptoms that this patient my have? (3 marks)

Answer:

1. Vaginal discharge.

2. Post coital bleeding

3. Lower backache.

Q4. What are the investigations that you would like to do to this patient?

(2 marks)

Answer:

1. Endo – cervical swab for C&S

2. Cervical smear

Q5. How do you manage this lesion in symptomatic patient? (1 mark)

Answer:

Cautery to the cervix .

Total mark: (out of 10)

Name of examiner:

Signature:

60

Station No. 3 (Data show)

Student 's name:

Look at the following photos of a 24 year old female submitted to your clinician complaining of primary infertility for 4 years and oligomenorrhoea.

Q1. Identify three abnormal signs that you can see in this female. (3 marks) Answer:

1.

2.

3.

Q2. What is the likely diagnosis? (2 marks)

Answer:

Q3. What are the investigations that you would like to do to confirm your diagnosis? (2 marks)

Answer:

1.

2.

Q4. What are the two most important issues in her management? (2 marks)

Answer:

1.

2.

Q5. If this woman did not respond to your medical treatment, what other option you can offer her? (one mark)

Answer:

Total mark: (out of 10)

Name of examiner:

Signature:

Station No. 5

Student information

Mrs, Fatima is a 25 – years – old healthy lady, para: 1 + 0. She had a previous NVD, Now she is pregnant and her LMP was on 27. 4.2010 . She had her ANC in a primary health care center run by a general practitioners. The clinic has limited investigation facilities (only routine blood and urine investigations). Attached is her antenatal record in the clinic. She is referred at 32weeks gestation to the specialized clinic for further opinion, Study the record and answer the following questions:

Q1. Could you criticize the management of this case up to 24 weeks gestation?

Q2. What abnormality could you recognized in her last two visits to the clinic?

Q3. List 3 possible causes for her pproblem.

Q4. List 2 further investigations that this women needs, to know the cause of her problem.

Q5. If no obvious rnaternal or fetal pathology could be found, what is your management?

Station No. 5

Examiner Check list

Name of the student:

Q.	Answer	Mark	Proposed mark
Q1.	The woman was anemic at booking visit but marked as (all well).	1	
	Antibiotics was prescribed with out proper investigations (urine culture).	1	
Q2	Large for dates uterus	1	

Q3 Polyhydramnios. 1

Undiagnosed multiple pregnancy 1

Macrosomic fetus 1

Q4 Ultrasound scan. 1

Fasting blood sugar or GCT. 1

Q5 | Expectant management 1 Dexamethazone 1

Total mark: 10

Name of examiner:

Signature:

63

Station No. 2

Student information

On the provided dolly, assume that the swing in the lower abdomen is a pregnant uterus. Show the examiner how would you perform the following maneuvers and answer the following questions:

1. Identification and measurement of fund height.

2. First pelvic grip.

3. Second pelvic grip.

Answer the following questions:

Q1. The role and the reliability of measurement of fund height in determining the gestational age.

Q2. In normal pregnancy, what could you identify from first pelvic grip?

Q3. In cephalic presentation, what added information that the second grip could give you about the fetal head?

64

Station No. 2

Examiner check list

Name of the student:

N. B. Give a mark ranging between 0 – 1 according to the skills of the student in performing the examination.

maneuvers	Mark
Identification and treasure of fund height	
First pelvic grip	
Second pelvic grip.	

Q1. The role of measurement of fund height in determining the gestational age.

. Total Mark. Mark

Before 24 weeks it is not reliable at all. 1

Between 24 – 34 weeks is most reliable

were the distant in cm = gestational age. 1

After 34 weeks, it is not reliable again 1

Q2. In normal pregnancy, what could you identify from first pelvic grip?

Complications	Mark
The presentation	1
The engagement	1
Fixity of the head.	1

Q3. In cephalic presentation, what added information that the second grip could give you about the fetal head?

Attitude of the fetal head (flexion or extension) 1

Total Mark: (out of 10).

Name of examiner:

Signature:

Station No. 2

Student information

1. Name the instrument

2. Describes to the examiner the specific characters of this instrument.

3. Name three indications for the use of this instrument.

4. What are the advantages of this instrument over the vacuum extractor?

Station No. 2 .2

Examiner check list

Name of the student:

1. Name the instrument

Answer Mark

Mid cavity traction obstetric forceps (Neville – Barnes forceps). 2

2. Describes to the examiner the specific characters of this instrument.

Characters Mark

- Two arms, each made of handle, shank and blade. 1

Has two curvatures, Pelvic and cephalic 1

- Has a locked axis 1

3.At Name three indications for the use of this instrument.

• Poor maternal progress 1

• Fetal distress 1

• Maternal distress 1

4. What are the advantages of this instrument over the vacuum extractor?

Advantages Mark

• Can be used in preterm infant. 0.5

• Can be used in face presentation 0. 5

• Shorter application – delivery time. 0.5

• Cost – effective..0.5

Total Mark: (out of 10).

Name of examiner:

Signature:

67

Station No. 3

Student information

A35 – year – old healthy pregnant woman, para 2 + 1. She got pregnant after clomiphene treatment for secondary infertility. She is 12 weeks pregnant now and quite sure of her last menstrual period. She presents to you complaining of painless slight vaginal bleeding of 2 days duration. On taking history, she has not booked for antenatal care yet and used to have excessive nausea and vomiting for the last few

weeks. On examination the uterus was 16 weeks in size and no fetal heart could be identified by sonicaid (Doppler).

Q1. What is the likely diagnosis?

Q2. What other differential diagnosis would you consider?

Q3. According to your diagnosis, if you decided to perform vaginal examination, what might you expect to find in this case?

Q4.Indicate two tests that you would perform to establish your diagnosis.

NB. Please turn to the next page after you complete the answers of the above 5 questions.

Student information (cont.)

Q5. Look at the following picture of the uterus by US Scan, What does the picture show?

صوره

Q6. What is your main aim in the management of this patient?

Q7. What are the main advices that you give to this patient after your treatment?

Station No. 3
Examiner check list

Name of the student:

Q.	Answer Score.	Proposed Mark
Q1	Hydatidiform mole (trophoblastic disease).	2
Q2	Miscarriage in Twin pregnancy	1
Q3.	Blood with grapelike vesicles and mostly a closed cervix	1
Q4.	1. Quantitative HCG	1
	2. Ultrasound scan.	1
Q5	Snow storm appearance of H. M.	1
Q6	Termination of pregnancy by suction evacuation .	1
Q7.	1.Follow – up by HCG	1
	2. To avoid pregnancy	1

Total mark. 10

Name of examiner:
Signature:

Station No. 4

Student information

Mrs. Eman is a healthy primigravida, 41 weeks pregnant by dates. Routine test Was done for her as part of her management. The following graph is her result:

صوره

Q1. What test was done here?

Q2. What does line A represent for?

Q3. Give a full description of this line.

04. What is the clinical significance of the tracing in this patient?

Q5. What other investigation do you need to do with this test to confirm fetal wellbeing?

71

Station No. 4

Instructions to examiner & check list

Name of the student:

Questions	Proposed Mark	mark
Q1 Non – stress test.	1	
Q2 Fetal heart recording	1	
Q3 *Basal heart rate: 130 beats / minute	1	
* Beat to beat variation: 10 – 15 beat.	1	
* Fetal heart acceleration with fetal movement.	1	
Q4 Reactive fetal heart. This indicate a good fetal wellbeing.	1	
Q5 Ultrasound scan for:		

*AFI Cate 1

*fetal movement 1

* fetal respiration 1

* fetal tone 1

Total marks: 10

Total marks: (out of 10)

Name of examiner:

Signature:

73

Station No. 1

Examiner check list

Name of the Student:

No. Items in history. Mark Proposed mark

1. Greeting and introduce your self 0.5

2. Explain to the woman your task 0.5

3. Date of marriage 0.5

4. History of previous pregnancy 0.5

5. History of contraception 0.5

6. Age of menarche. 0.5

7. History of menstrual cycles 1

8. History of premenstrual symptoms and dysmenorrhoea. 0.5

9. History of vaginal discharge and its characters 1

10 . History of dyspareunia & PCB 0.5

11. History of previous genital infection 0.5

12 History of gynecological diseases or surgery. 0.5

Answers of the questions

QI Primary infertility. 0.5

Q2. Oligomenorrohea. 0.5

Q3 Ovulation problems. 1

Q4 Normal vaginal discharge 1

Total mark 10

Examiner name:

Signature:

Station No. 1

Student information

Mrs. Eman is 24 years old and has been trying to conceive for 3 years without success. She is now presents to you for advice. Take the gynecological history and then answer the following questions:

Q1. What type of infertility Mrs. Eman has?

Q2. What abnormalities did you discover in her gynecological history?

Q3. What is the likely cause of her infertility?

Q4. What is the likely cause of her vaginal discharge?

76

Station No. 1

Instructions to Roll – player

• You are Mrs. Eman.

24 years old normal healthy lady.

• Married for 4 years and never been pregnant before.

• Used no contradiction.

• Your menarche was at 13 years of age.

• Last menstrual period was 2 weeks ago.

You have irregular cycle coming every 35 – 50 days, the bleeding last for 5 days with normal amount of blood loss. Your cycles are not associated with premenstrual symptoms or dysmenorrhoea.

No post coital bleeding or dyspareunea.

You have a vaginal discharge since marriage. The discharge is white mucoid, odorless, not associated with soreness or itching.

Have no history of previous gynecological infections or other gynecological diseases or operations.

77

Station No. 4

Student information

As a first year resident doctor, you are called to the labor room to see Mrs. X who is 35 – year – old, para 6 + 0. She had previous caesarean section in her last delivery for transverse lie. She has just delivered her fetus spontaneously with the placenta but she immediately collapsed with blood pressure 70/40 mmHg. She had no obvious abnormal vaginal blood loss.

Q1. What are the likely obstetric conditions that could attribute to her collapse?

Q2. What are the immediate measures that you should take?

Q3. What are the relevant clinical examination that you should do to identify the cause of her collapse.

Q4. According to this scenario, what is the most likely cause and why?

78

Station No. 4

Examiner check list

Name of the Student:

Q Answer. Mark. Proposed mark

Q1. • Uterine rupture •. 1

Acute injection of the uterus. 1

• Amniotic fluid embolism 1

Q2. • Ask for help. 0.5

Monitor the vital signs. 0.5

• Blood tests and cross match blood 0.5

IV fluid 0.5

Q3. • Signs of respiratory collapse. 1

Abdominal exam for:

0 Cupping or absent uterus 0.5

0 Signs of internal bleeding 0.5

Vaginal exam for diagnosis of acute in version. 1

Q4 Ruptured uterus because the patient is: 1

Grand multiparous 0.5

History of previous CS for transverse lie 0.5

Total mark 10

Name of examiner:

Signature:

Station No. 1

Examiner check list

Name of the Student:

No. Items in history taking Mark Proposed mark

1 Greeting and introduce your self 0.5

2 Ask about the concerns of the patient 0.5

3 Age of menarche 0.5

4 History of menstrual cycles 0. 5

5 history of vaginal discharge, dysparunea, post coital bleeding and dysmenorrhoea 0.5

6 History of gynecological diseases or Surgery 0. 5

7 Past medical & surgical history. 0.5

8 Family history for medical diseases and congenital abnormalities 0.5

9. Drug history. 0. 5

10 History of smoking 0.5

11 General health of the husband and his family history 0.5

Advices to be offered

Reassure her that there is no reason why she should not get pregnant. 0.5

Give her advices about fertility, ovulation time and intercourse. 0.5

Check her blood group & Rh. 1

Screen her for diabetes 1

Should report to ANC clinic once she missed her menses. Screening for mongolism could be done 1

Total mark 10

Examiner name:

Signature:

80

Station No. 1

Examiner check list

Name of the Student:

No. Items in history taking Mark Proposed mark mar

1.Greeting and introduce yourself 0.5

2 Explain to the woman your task 0.5

3 Date of marriage 0.5

4 History of previous pregnancy 0.5

5 History of contraception 0.5

6 Age of menarche 0. 5

7 History of menstrual cycles 1

8 History of premenstrual symptoms and dysmenorrhea 0. 5

9.History of vaginal discharge and its characters 1

10 History of dyspareunia & PCB 0. 5

11 History of previous genital infection 0.5

12 History of gynecological diseases or surgery 0.5

Answers of the questions

Q1 Primary infertility 0. 5

Q2 Oligomenorrohea

Q3 Ovulation problems

Q4 Normal vaginal discharge

Total mark 10

Examiner name:

Signature:

81

Station No. 4

Student information

A28 – year – old woman presents to you with history of amenorrhea of 6 months duration. She had a spontaneous Vaginal delivery 1 year ago. This delivery was followed by Severe secondary post – partum bleeding that necessitated a dilatation and curettage and blood transfusion. She could not breast feed because of lack of milk. She had 3 menses after delivery which were light and irregular.

Q1. List the differential diagnosis of her amenorrhea.

Q2. According to this history, what are the more likely causes of her amenorrhea?

Q3. What are the investigations that you will order to make the diagnosis? Q4 How does hormone tests differentiate between the causes of secondary amenorrhea?

82

Station No. 4

Examiner check list

Name of the Student:

Q. Answer Mark Proposed mark

Q1 * Pregnant now. 0.5.

*Stress and excessive weight gain. 0.5

* Strict diet after delivery to reduce Weight. 0.5

* Sheehan's syndrome. 0.5

* Ascherman's syndrome. 0.5

Q2 * Sheehan's syndrome. 1.5

* Ascherman's syndrome 1.5

Q3. * HCG. 0.5

. * FSH, LH, and prolactin level. 0.5

* Thyroid function test. 0.5

* Progesterone challenge test. 0.5

* HSG or hysteroscopy. 0.5

Q4. * Low FSH and LH indicate Sheehan's syndrome. 0.5

* High prolactin indicate pituitary adenoma. 0.5

*HCG indicate pregnancy 0.5

*TSH indicate hypothyroidism 0.5

Total mark 10

Name of examiner:

Signature:

Station No. 1

(Data show)

Student information

• Mrs. Suzan is a 24 – year – old married woman who presents to Casualty with acute sunset of severe, constant lower abdominal pain, more towards the right iliac fossa. Her last menstrual period Was 28 days ago and she brave history of intrauterine coil insertion 1 week ago. She had a history of appendicectomy6 years ago.

• Answer the questions in the sheath provided.

84

Station No. 1 (Data show)

Check list

Name of the student:

Q. Answer Mark Proposed mark Q1. What is the likely obstetrical diagnosis? 2

Prelabour preterm rupture of membranes

Q2 What are the main four clinical examinations that you need to? 4

1 – Abdominal exam for oligohydramnnios

2 – Exclude labor

3 – Confirm fetal viability

4 – Perform speculumn examination

Q3 Mention two investigations needed to confirm your diagnosis : 2

1 – Ultrasound scan

2 – Nitrazine test

Q4 If Mrs. X has no other problems apart from her chief complain, What is your main plans of management?

1 – Dexamethasone

2 – Expectant management

3 – Prophylactic antibiotic

Total mark. 10

Name of examiner:

Signature :

85

Station No. 1 (Data show)

Check list

Name of the student

Q. Answer Mark Proposed mark Q1 What is the likely obstetric diagnosis? 1

Q2 What are the main four clinical exams that you need to? 4

1.

2.

3.

4.

Mention two investigations needed to confirm your diagnosis: 2

1.

2.

If Mrs. X has no other problems apart from | her chief complain, What is your main plans of management?

1.

2.

3.

Total mark 10

Name of examiner:

Signature:

86

Station No. 1

(Data show)

Student information

Mrs. X is a 35 – year – old para 3 + 0 who is at 30 weeks gestation. She presents to you as she awake in the morning to found her underwear, cloths and bed Linen are wet with watery fluid.

Answer the questions in the sheath provided.

87

Station No.

Instructions to student

Look at the picture below and answer the questions

صورة

Q1. What is your finding?

Q2. If this patient is 22 yrs old, newly married, what are the commonest pathological causes for this abnormality?

Q3. What is the appropriate management?

Q4. What are the descriptive characteristics of functional type of this presentation?

88

Station No. 2

Student's instructions

*In this role – play station, you are required to take a relevant case history from Mrs. Tamara who has been referred to you from the antenatal clinic with a blood pressure reading of 160/110 mmHg.

*After taking the history, mention to the examiner the most relevant clinical signs that you look for in this patient and the appropriate investigations you may request.

89

Station No. 2

Role player 's instructions

You are 25 years of age, housewife, married for one year and in your first pregnancy.

You are 38 weeks pregnant.

Complaining mainly from frontal headache. Other symptoms include blurring of vision and epigastric pain for the last 12 hours.

– You sentenced your antenatal clinic, and they referred you urgently to hospital for further management.

You have had only two visits to the antenatal clinic and told that your dates are correct and both you and the fetus were in good health. Your last visit to the clinic was 6 weeks ago.

– You are a healthy lady with no previous medical illnesses, not on medications and not allergic to any medications.

- You have no other symptoms and the fetal movements are normal.

90

Station No. 2

Examiner check list

Name of the student:

No. Item. Score. Propose d mark Greeting, introduce yourself, has good communication with patient. 2

Q1 Relevant history:

1. Age & date of marriage 0.5

2. Parity & Gestational age 0.5

3. Chief complaint & duration 0.5

4. Associated symptoms (Headache, 0.5 vision, epigastric pain) 0.5

5. Systemic review (urinary, oedema) 0.5

6. Antenatal care 0.5

7. Fetal movement 0.5

8. Past medical history (hypertension, 0.5 urinary diseases) 0.5

9. Drug history and allergy 0.5

Q2 Clinical signs:

1. Repeat B. P. measurement 0.5

2. Generalized oedema 0.5

3. Hyperreflexes. 0.5

4. Respiratory exam (pulmonary edema) 0.5

5. Liver tenderness 0.5

6. Obstetric exam. 0.5

7. Fundoscopy 0.5

Q3 Investigation:

1. Urine analysis (proteinuria) 0.5

2. CBC (platelet) 0.5

3. Liver function test 0.5

4. Renal function test. 0.5

5. Fetal heart recording & USS. 0.5

Total mark 13

Name of examiner :

Signature:

91

Obstetrics

Question 7

A 35 – year 's – 0ld multiparous unlooked woman presented at 32 weeks of pregnancy to the antenatal clinic with a uterus larger that date. The uterus was tense and it was difficult to feel the fetal parts.

Q1. What are the likely causes for her condition.

Q2. How could you confirm the diagnosis.

03. If the AFI was 45 cm, what are the common causes for this condition?

Q4. In this condition, why there is an increase in perinatal mortality rate?

92

Obstetrics

Question 7

The ideal answer

Name of the student:

A 35 – years – Old multiparous unbooked woman presented at 32 weeks of pregnancy to the antenatal clinic with a uterus larger that date. The uterus was tense and it was difficult to feel the fetal parts.

Q1, What are the likely causes for her condition. (2 marks)

Answer:

• Polyhydramnios

Multiple gestation

Q2. How could you confirm the diagnosis (2 marks)

Answer:

Ultrasound scan to exclude multiple gestation and AFI to diagnoseose Polyhydramnios.

Q3. If the AFI was 45 cm, what are the common causes for this condition? (3 marks)

Answer:

Material: Diabetes and Rh iso-immunization. (one mark).

Fetal: NTD, GIT anomalies, multiple gestation (two marks)

Q4. In this condition, why there is an increase in perinatal mortality rate? (3 marks, 0,5 mark each)

Answer:

Fetal anomalies.

Erythroblastosis fetalis.

Fetal mal presentation leading to abnormal delivery.

Abruptio placenta.

Preterm labor.

Increase incidence of cord prolapse.

Total mark (out of 10):

Name & signature:

Question 2

You are called to the labor room to see a woman in labor. Her partogram is shown in the following image.

Q1. Describe what you can see in the partogram.

Q2. What do you call such abnormality?

Q3. What is your suggested action?

صورة

94

Obstetrics

Question 2

The ideal answer

Name of the student:

Q1. Describe what you can see in the partogram, (4 marks)

Answer:

The red line represents the cervical dilatation (one mark).

The blue represent the descent of the presenting part. (one mark)

There is prolonged labor due to slow progress in cervical dilatation and failure in the descent of fetal head. (two marks)

Q2. What do you call such abnormality?

Answer:

Primary dysfunctional lab due to hypotonic uterine dysfunction. (Two marks)

Q3. What is your suggested action? (4 marks, one mark each)

Answer:

Management:

Maternal hydration and pain relief. Exclude other causes of prolonged labor (passage & passenger).

80% of the women will response to augmentation of uterine contractions by oxytocin drip.

If no response, consider caesarean section.

Total mark (Out of 10 marks):

Name & signature:

95

صوره

96

صورة

55 yreas old lady presented to with this condition:

Q1: What is the diagnosis

Al: Procedentia

Q2: What are the predisposing factors

A2:

Recurrent pregnancies and deliveries

Instrumental delivery

After menopause, weakness of the ligaments

Chronic cough

Chronic Constipation

Heavy Wt. Lifting / domestic Work

Obesity, Ascitis

Q3: If the patient is symptomatic, what is the most common Symptom;

A3: feeling something coming down

Q4 What is the best treatment of this healthy Woman

A4: Vaginal hysterectomy

97

Station No. 1

Student 's instructions

Mr. Salah is the husband of a young lady admitted to the gynecological ward with the diagnosis of ruptured ectopic pregnancy. She is para 1 + 0 and 8 weeks amenorrhoic. Her pulse is rapid and weak. Her blood pressure is 80/50 mmHg. . Mr. Salah is quite worried about his wife and has few inquiries to be answered by you.

Meet him, and answer his questions.

98

Station No. 1

Role player 's instructions

Your are married for 3 years. Has one child 2 years old.

You bought your wife what you know that she is 8 weeks pregnant to hospital because of sever lower abdominal pain and slight vaginal bleeding.

She was seen by the consultant on duty and told you that she has a ruptured ectopic pregnancy, and should be admitted urgently to her hospital.

You are worried about her and have several questions that you want to ask the resident doctor in the hospital.

Q1 What are you going to do for her?

Q2, Does she need any surgery? If yes, what sort of surgery?

Q3. Is it essential to remove her tube? Why?

Q4. Can she get pregnant spontaneously in the future? If yes, what is her chance?

Q5. Will it happen again if she gets pregnant? If yes, what is her chance?

Q6. If she did not get pregnant spontaneously after this pregnancy, would it be possible for her to get pregnant by any other methods?

Q7. What kind of contraption should not use in the future?

99

Station No. 1

Examiner check list

Name of the student:

No.	Items	Score	Proposed Mark
	Greeting, introduce your self, and ask the husband about his inquiries	2	
Q1:	Resuscitation.	3	
	Cross match blood		
	Prepare patient for urgent laparotomy		

Q2 Yes, Salpingectomy operation 1

Q3 Yes, because it is ruptured and useless and to stop bleeding 2

Q4 Yes, if the other tube is normal, The chance is more than 50% 2

Q5 Yes, around 10 – 30% chance 2

Q6 Yes, ART 2

Q7 All types of IUCD & minipills 1

Total mark 15

Total Marks: (out of 15).

Name of examiner:

Signature:

100

Station 2 with answers: Placenta praevia 12 marks

A 22 year old, Po +3 pregnant 28 weeks attended ER complaining of Sudden Onset painless vaginal bleeding for the last 3 hours

1 – What is the initial work – up? 4 marks

a. Admission

b. Vital signs and General examination.

C. Blood tests and cross match

d. Fetal US scan

e. IV fluids

2 – Look at the following figure 2 marks

a. What can you say about this figure?

i. U/S scan of the fetus.

ii. Placenta praevia

صورة

3.What is your plan of management? 2 marks

a, Expectant management

b. Steroids for lung maturity.

4 – List 2 factors in this case probably caused this condition. 2 marks

a. Primigravida

b. Three miscarriages

5 – What placental pathology needs to be considered? 1 mark

a. Placenta accreta

101

Station No. 2

Student information

On the provided dolly beside you, assume that the swelling in the lower abdomen is a pregnant uterus. Show the examiner how would you perform the following maneuvers and answer the following questions:

1. Identification and measurement of fund height.

2. Lateral palpation of the pregnant uterus.

3. First pelvic grip.

Answer the following questions:

Q1. The role of measurement of fund height in determining the gestational age.

Q2. In normal pregnancy, what could you identify from first pelvic grip?

102

Station No. 2

Examiner check list

Name of the student:

N. B. Give a mark ranging between 0 – 1 according to the skills of the student in performing the examination.

Maneuvers	Mark
Identification and measurement of fund height	
Lateral palpation of the pregnant uterus	
First pelvic grip	

Q1. The role of measurement of fund height in determining the gestational age.

	Total Mark.	Mark
Before 24 – 26 weeks it is not reliable at all		1

Between 28 – 34 weeks is most reliable were the distant = gestational age 1

After 34 weeks, it is not reliable again 1

Q2. In normal pregnancy, what could you identify from first pelvic grip?

Complications	Mark
The presentation	1
The engagement	1
Fixity of the head	1

Total Mark: (out of 9).

Name of examiner:

Signature:

103

Station No. 2

Student information

Look at this image, and answer the following questions:

صورة

Q1. What is the diagnosis and its degree?

Q2. What are the predisposing factors that you except to find in Such women?

Q3. What are the commonest symptoms that this patient has?

Q4 If this patient is 60 years old healthy Woman, what kind of treatment will you offer her?

Q5. If this women is 34 years old and keen to get r type of treatment you will offer her?

Q6. If this women is 75 years old, with the history of what type of treatment you will offer her?

104

Station No. 2

Instructions to examiner & check list

Name of the student:

Questions Proposed Mark mark Q1 Uterine prolapse (second degree) 2

Q2 Congenital (genetic factor) 0.5

Repeated and difficult childbirth 0.5

Chronic raised intra abdominal pressure 0.5

Ageing (menopause) 0. 5

Q4

Lump protruding from the vagina 0.5

Lower abdominal discomfort and back pain 0.5

Vaginal discharge 0.5

Decubitus ulcer 0.5

Q3. Vaginal hysterectomy and repair 1

Q4 Manchester operation and vaginal repair 1

Q5 Ring pessary 1

Total marks: (out of 5)

Name of examiner:

Signature:

105

Station No. 3

Student information

A 38 year old, P6 +3, pregnant 28 weeks attended Casualty Dpt. Complaining of sudden ankle abdominal pain for the last 3 hours and sudden loss of fetal movement, She looks pale, Her b1000 pressure is 90/60 mm Hg and her pulse was 110 beat minuet.

Q1, What is your initial work-up?

Q2. Look at the following figure. What can you say about this figure?

صورة

Q3. What is the most probable cause?

Q4 The fetal scan showed a dead fetus and the patient vaginal examination showed a4 cm dilated cervIX, 50% effaced.

a. What is the next step?

B. What is the preferred way to do so?

Q5 What is the most serious complications of such condition?

106

Station No. 3

Examiner check list

Name of the student:

Q Answer Proposed Mark mark

Q1 Admission 0. 5

Monitoring the general condition of the patient. 0.5

Blood tests and cross match 0.5

Fetal U/S scan 0. 5

IV fluids 0.5

Q2.

Ultrasound scan of pregnant woman 0.5

Single fetus in longitudinal lie & cephalic presentation 0.5

Anterior placenta with large retro – placental clot

Q3 Conceived Abruptio – placenta. 2

Q4 Induction of labor. 0.5

By ARM + Oxytocic drip 0. 5

Q5.

Postpartum hemorrhage 0.5

DIC. 0.5.

Acute renal failure 0.5

Total marks: (out of 9)

Name of examiner:

Signature:

109

Station No. 3

Examiner check list

Q1: The prerequisites: (.5 mark for any correct answer)

1. A nurse with you.

2. Privacy

3. To describe the procedure to the women.

4. Gloves.

5. Antiseptic cream.

6. Antiseptic solution and swaps.

7. Drapes to cover the women.

8. Empty bladder

Q2. The following are the correct findings:(one mark for any correct answer).

Vertex presentation.

Right occipito – posterior position.

Engaged head

Q3. Lines of management:

(0 .5 mark for any correct answer.)

Observation of uterine contractions

ARM

Head descend and rotation

Cervical dilatation

Maternal wellbeing

Fetal wellbeing

Total marks: (out of 10)

Name of examiner:

Signature:

110

Station No. 3

Student information

Mrs. Dolly is para 3 + 0 (all NVD), presented to you at term with labor pains. She had uneventful antenatal records. Her abdominal obstetric examination is normal. You want to perform an obstetric vaginal examination to her:

Q1, Innumerate the prerequisites that you need to perform this type of examination.

Q2. Do the examination and identify the following:

The presenting part of the fetus.

The position of the presenting part.

Is the presenting part engaged?

Q3. If the patient was 4 cm dilated, fully effaced cervix, with intact membranes, Mention the main lines of management in labor?

111

Station No. 1 (Data show)

Check list

Name of the student

Q. Answer Mark Proposed mark Q1 What are the likely differential diagnosis? 4marks

1.

2.

3.

4.

What are the relevant clinical signs that you will examine for? 3 Marks

1.

2.

3.

4.

5.

Q3 What investigations that you perform to confirm the diagnosis? 3 marks

1.

2.

3.

4.

5.

6.

Total mark. 10

Name of examiner:

Signature:

Station No. 1 (Data slideshow)

Check list

Q. Answer Mark. Proposed mark

Q1 What are the likely differential diagnosis? 4 marks

Acute pelvic inflammatory disease.

Ectopic pregnancy.

UTI.

Perforation by the coil.

Q2 What are the relevant clinical signs that you will examine for?

Vital signs including temperature and blood pressure.

General condition of the patient (toxic, signs of shock).

Look for signs of acute abdomen.

Tender loin and renal angle.

Vaginal exam for discharge, cervical excitation, tender adnexal mass.

Q3 What investigations that you perform to confirm the diagnosis?3 marks

Full blood count.

HCG level.

HVS and endocervical swabs .

Ultrasound scan.

Plain abdominal x – ray.

GUE.

Total mark 10

Name of examiner:

Signature:

113

Station No.

Examiner check list

Student 's name:

Q. Answer. Proposed Mark mark

Q1. Ovarian tumor 2

Q2.

Dermoid cyst. 1

Serous cyst adenoma. 1

Q3

Ovarian cystectomy 2

Send for histopathology.

Q4 Functional:

• Unilocular cyst. 0.5

• Less than 8 cm in size 0.5

• Unilateral 0.5

• Smooth capsule. 0.5

No ascitis 0.5

• Mostly regress within 8 Weeks 0.5 .

Total marks (out of 9)

Name of examiner:

Signature

114

Gynecology

Question 5

The ideal answer

Name of the student

: A 35 – years – old married woman, presented to you for routine checkup. On ultrasound examination, she is found to have a unilateral simple unilocular 6 cm. ovarian cyst. Her last menstrual period was 3 weeks ago.

Q1. What are the likely causes of this cyst? (2 marks)

Answer: Functional cyst or pathological Cyst.

Q2. What is your plan of management to this patient? (3 marks)

Answer: Wait for 3 months with or with out the use of combined oral contraceptive pills, If regression occurs, then this is functional cyst.

Q3. If this cyst did not respond to your management, what is your next line of management? (2 marks)

Answer: Laparotomy

Q4. Do you think that this asymptomatic cyst could cause any harm to the woman? (3 marks)

Answer: Yes, because the cyst could be malignant or it is reliable for complications such as torsion, rupture and hemorrhage .

Total mark (Out of 10 marks) :

Name & signature :

116

OSCE station No 2 with answers

PSROM

1 – A27 year – old female at 31 weeks gestation presents with leaking liquor/ No show, no contracts,

a. Most probable diagnosis

– preterm spontaneous rupture of the membranes (20 marks)

b. What specific examination would you do to confine the diagnosis?

– Speculum examination. (10 marks).

C, Name 2 investigations to look for the cause. .A
1. U / S (10 marks). .B
2. Nitrazine paper test (10 marks). .C
D, What 2 factors of the foam would you have to confirm .D
before initiating treatment?
1. Wellbeing, BPP (10 marks). .E
2. Lie (10 marks). .F
E. Name two risk factors (10 marks). Student must .G
mention any two of the following.
1. Past history of PSROM (5 marks). .H
2. Short cervix (5 marks). .I
3. Polyhydramnios (5 marks). .J
4. Bacterial vaginitis (5 marks). .K
F Immediate plan of management .L
- Admission (10 marks) .M
G. , Most likely reason for delivering this patient early. .N
– Poor biophysical profile (BPP) (10 marks). .O