

Obs & Gyne Mini OSCE Archive



Obs & Gyne Mini-OSCE / Osce Archive Group 3

EXAM DATE : 10-11/MAR/26

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station 1

A 36 week pregnant woman comes to the emergency room. Her blood pressure is 170/110 mmHg, and she is experiencing lower limb edema :



Q1: What does the image suggest?

Deep stick urine analysis

Q2: What is the diagnosis?

Preeclampsia

Q3: What are the danger signs to look for?

- *Headache not relieved with analgesia*
- *Visual disturbances*
- *Right upper quadrant pain*
- *Oliguria*
- *Severe hypertension*
- *Pulmonary edema*

Q4: What do you look for on physical exam?

- *Vital signs: BP, heart rate, respiratory rate*
- *Edema: Hands, face, lower limbs*
- *Neurological exam: Reflexes (hyperreflexia, clonus), mental status*
- *Abdominal exam: Liver tenderness, right upper quadrant pain*
- *Respiratory: Signs of pulmonary edema*
- *Fetal assessment: Fundal height, fetal heart rate*

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Q5: How to manage the patient?

- Stabilize BP (labetalol/hydralazine)
- Magnesium sulfate for seizure prophylaxis
- Monitor mother and fetus
- Plan for delivery (36 weeks)

station 2

A woman in her early thirties, married, presents for evaluation. She has a history of infertility and has gained some weight recently. Blood tests show: الدكتور كان حاطط ارقام بس ناسيتهم

Test	Result
FSH	Normal
LH	Normal
AMH	Elevated
Testosterone	Elevated

Q1: What are the abnormal findings on the labs?

- Elevated AMH
- Elevated testosterone
- Abnormal FSH/LH ratio

Q2: What is the diagnosis?

Polycystic Ovary Syndrome (PCOS)

Q3: What other symptoms may be seen in this patient?

- Weight gain
- Hirsutism (excess hair)
- Acne
- Irregular menstrual cycles

Q4: How to manage infertility in this patient?

- Lifestyle modification: Weight loss, diet, exercise
- Ovulation induction: Clomiphene citrate or letrozole
- Assisted reproductive techniques: IVF if other methods fail

station 3

ectopic pregnancy on laparoscopy مش نفس الصورة بس انه كانت صورة

A married woman presents with abdominal pain and vaginal spotting. Her pregnancy test is positive. Imaging shows :



Q1: What is the diagnosis? *Ectopic pregnancy*

Q2: What are the risk factors?

- *Previous pelvic or tubal surgery*
- *History of pelvic inflammatory disease (PID)*
- *Previous ectopic pregnancy*
- *Assisted reproductive techniques (IVF)*
- *Use of intrauterine device (IUD)*

Q3: What surgical options can be performed for this patient?

- *Salpingectomy*
- *Salpingostomy*
- *Laparoscopy*
- *Laparotomy*

Q4: How should we follow up ?

- *Monitor β -hCG until undetectable after treatment*
- *Repeat ultrasound if needed to confirm resolution*

station 4

An image shows the fetal circulation with labeled structures including shunts between fetal vessels and organs :

Q 1: Name the structures indicated by arrows

- *Ductus venosus*
- *Foramen ovale*
- *Ductus arteriosus*
- *Umbilical vein*
- *Umbilical arteries*

Q 2: What is the O₂ saturation in two structures? ناسيه اياهم يلي طلبته الدكتور

Q 3: Which tocolytic drug can close the ductus arteriosus and what is its mechanism?

- *Drug: NSAIDs (e.g., indomethacin)*
- *Mechanism: Inhibit prostaglandin synthesis → ↓ PGE₂ → closure of ductus arteriosus*

Q 4: What does one of these structures become after birth?

سألت عن واحد منهم مش كلهم بس ناسية اياهم

- *Ductus arteriosus → Ligamentum arteriosum*
- *Foramen ovale → Fossa ovalis*
- *Ductus venosus → Ligamentum venosum*
- *Umbilical vein → Ligamentum teres*

Q 5: What causes respiratory hypoplasia and pulmonary hypertension in the newborn?

- *Oligohydramnios (↓ amniotic fluid)*

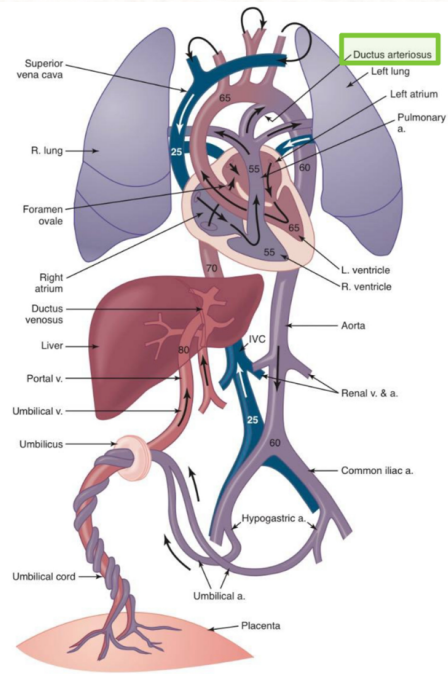


FIGURE 6-3 The fetal circulation. Numbers represent approximate values of percentage saturation of blood with oxygen in utero. IVC, Inferior vena cava. (Adapted from Parer J: Fetal circulation. In Sciarra JJ, editor: *Obstetrics and gynecology*, vol 3: *maternal and fetal medicine*, Hagerstown, Md, 1984, Harper & Row, p 2.)

station 5

An 11-week pregnant woman presents for her booking visit. Her BMI is >30 . Blood tests show the following results:

Blood Tests Table

Test	Result
HbA1c	$>6.5\%$
TSH	Elevated
Rubella antibodies	Positive

Q1: What are the findings on the labs?

- *Elevated HbA1c*
- *Elevated TSH*
- *Positive rubella antibodies*

Q2: What is the diagnosis?

- *Pre-existing diabetes (or overt diabetes in pregnancy)*
- *Hypothyroidism*
- *Rubella immunity*

Q3: What can be done for this patient?

- *Control blood sugar (insulin)*
- *Start levothyroxine for hypothyroidism*
- *Lifestyle modification (weight, diet)*
- *Close antenatal follow-up*

Question 4: What are the risk factors/complications for mother and baby?

Maternal risks:

- *Preeclampsia*
- *Gestational hypertension*
- *Cesarean delivery*

Fetal risks:

- *Macrosomia*
- *Congenital anomalies (due to diabetes)*
- *Intrauterine fetal demise*
- *Neonatal hypoglycemia*

station 6

A woman presents with painful swelling in the vulvar area. (as shown in the image):



Question 1: What is the diagnosis?

Bartholin gland cyst

Q 2: What do you see on physical exam?

- Unilateral swelling in labia majora***
- Tender, fluctuant mass***
- Redness and warmth***
- Pain on palpation***

Q 3: How do you manage this patient?

- Incision and drainage***

Q 4: What advice do you give after the procedure?

- Sitz baths (warm water)***
- Keep area clean and dry***
- Avoid sexual intercourse until healing***
- Take prescribed antibiotics/analgesics***
- Follow-up for catheter removal***
- Return if fever, increased pain, or recurrence***

OSCE Stations :

The following stations were asked in the OSCE:

- ***Intrauterine Growth Restriction (IUGR)***
- ***Polyhydramnios***
- ***Ovarian cancer***
- ***Ovarian torsion***