
الطب والجراحة
لبنى

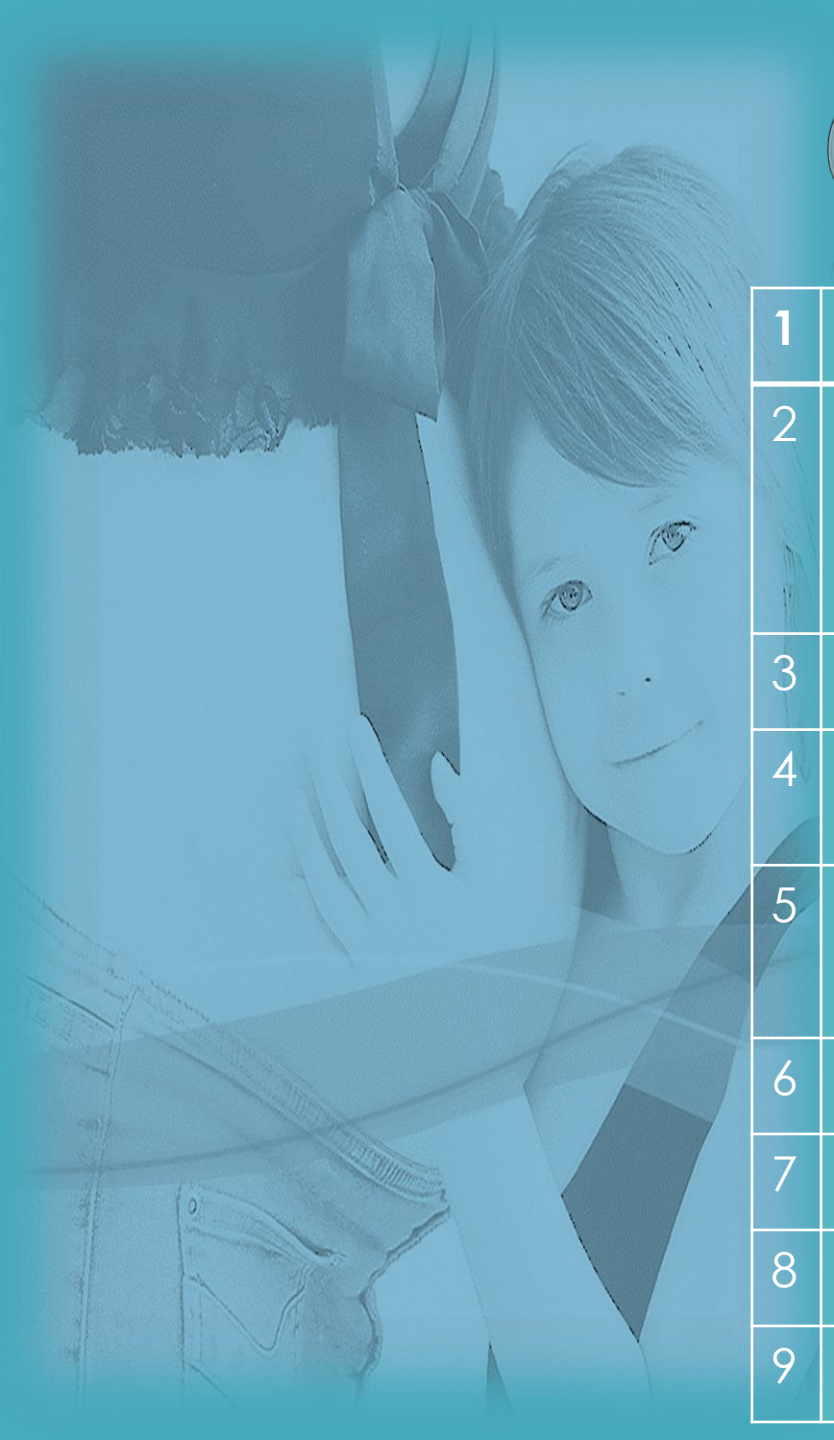
نضع بين أيديكم نحن لجنة الطب والجراحة – جامعة مؤتة جهودنا المبذولة في صياغة النسخة الأولى من ملف الـMini-OSCE لمادة النسائية والتوليد ، لمساعدتكم في اجتياز الامتحان بأحسن صورة ممكنة.

ولأن من لا يشكر الناس لا يشكر الله ؛ نشكر الزملاء الذين قاموا بجمع هذه المادة :

رعد بسام بني عامر & طارق نظمي أبولبدة

كما ونشكر الطالب : عبدالله واصل حطاب على جهده في التنسيق والترتيب..

#ملاحظة : نترقب باهتمام تغذيتكم الراجعة لنطوّر معًا هذا العمل ؛ وسيتم التحديث عليه بشكل مستمر إن شاء الله..



Content

Content

ما اليقين الذي كان سيعوّضنا عن كل هذا الاضطراب الذي
هنا؟ إلى أين كنا سنلجأ؟ إلى مَن؟ إلى ماذا؟ وبأيِّ حبلٍ كنا
سنستمسك؟

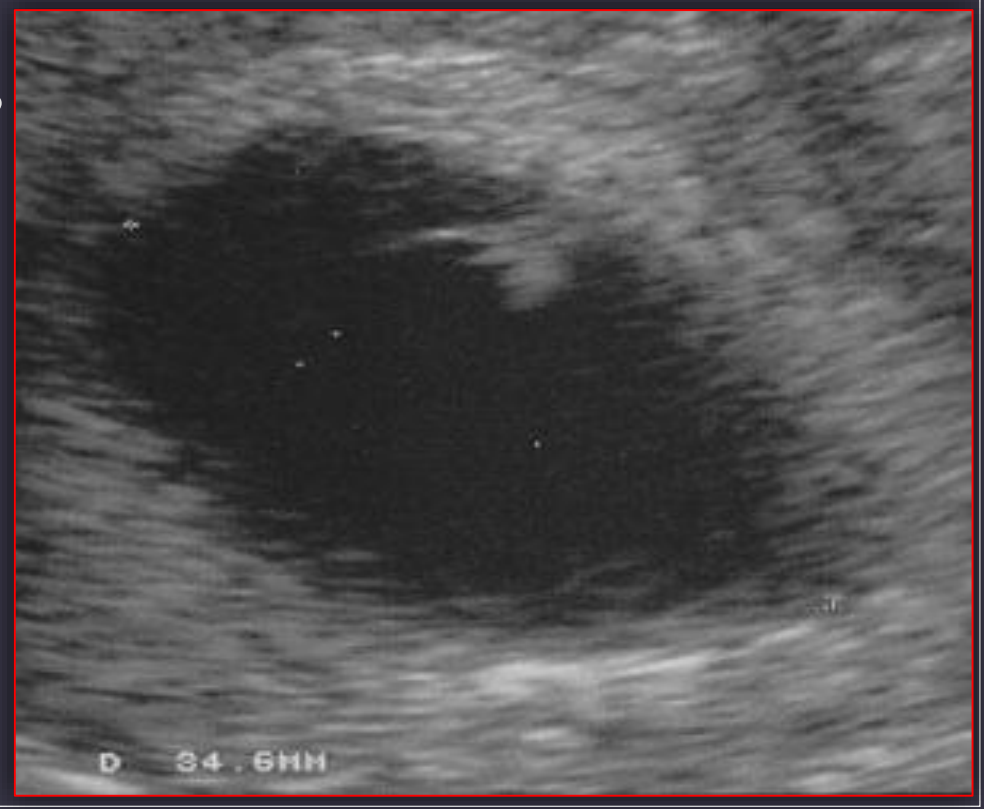
كلما سألتُ، وصلتُ إلى الإجابة ذاتها: أننا ما كنا لنطيقَ
حرارة الأرضِ لولا البرد المتسلل إلى قلوبنا من السماء، وما
كنا لنطيق الدنيا لولا العلا، وما كنا لنستطيع الصراخ،
والكتم، والصبر، والعجز، والبكاء؛ لو لم يكن هناك «الله»
يخبرنا بأننا في الفصل الأول فقط من حياتنا، أما بقية
الفصول؛ فإنها تنتظرُنا بالأعلى؛ لنقرأها هناك.

ANTENATAL CARE

Question

U/S pic for a 40 YO pt known to have SLE, she's 14wks pregnant presented with mild vaginal bleeding:

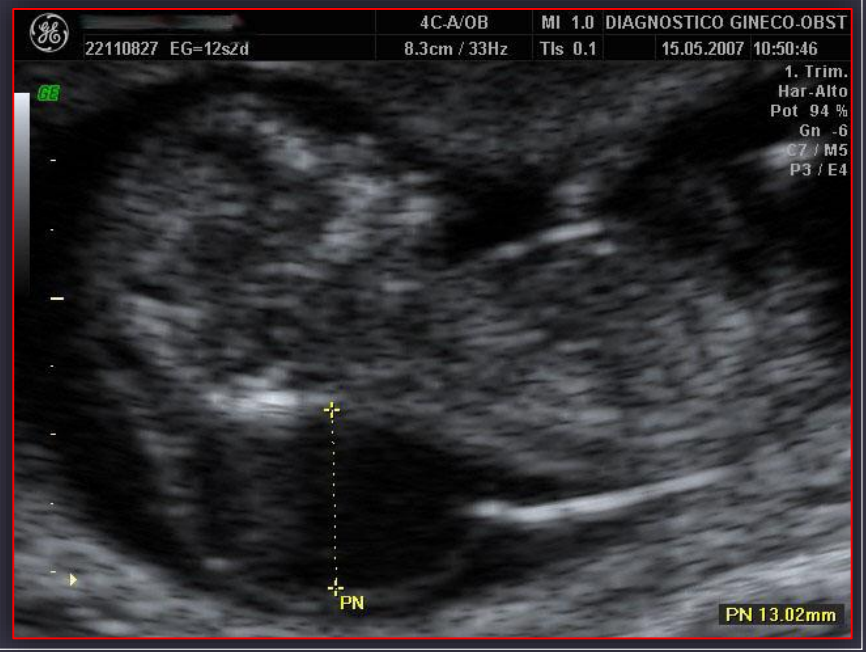
1. What is your Dx?
   - Blighted Ovum.
2. Give 2 signs & Symptoms in the physical exam?
   -SGA, Minor abdominal cramps.
3. Give 2 risk factors for this pt.
   - SLE, 40 YO.



Question

1. What's the sign indicated by the arrow?
   - Nuchal Translucency.
2. Mention the most common association with this sign?
   - Trisomy21 (Down syndrome).
3. What's the overall risk of the association (in 2nd Q.) in the population?
   - 1:650 for all maternal ages.
4. Mention 3 clinical presentation for this fetus.
   - IUGR, Mal-presentation, Polyhydramnios.

Remember that with Down's syndrome there's also absent nasal bone.



Question

30 YO pregnant lady, she's lactating her baby, came for ANC at GA of 12wks:

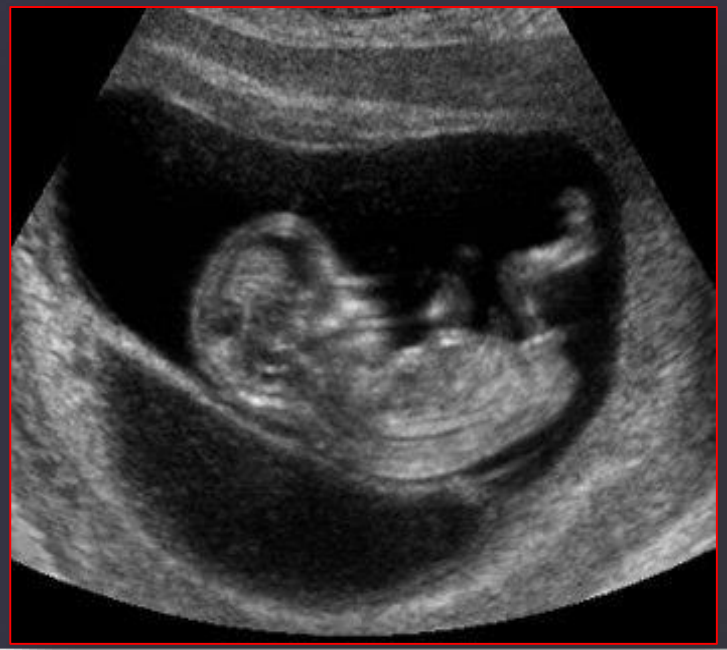
1. What is the most accurate measure for GA at this age?
   - CRL (crown-rump length).

2. If GA was according to the above measure 9, what's the most probable cause for this discrepancy ?

- Wrong date due to BREAST FEEDING.

3. Give other 3 uses for US at this GA?
   A. Fetal viability.
   B. Number of fetuses.
   C. Adnexal mass.

congenital chromosomal abnormality, amount of liquor, lie, intra-uterine or extra-uterine, presentation all are wrong answers!



Question

G6P5+0 pt, her blood group (A-) & took anti-D in her previous pregnancies, came to you at clinic at 11 wks of gestation.

1. How to confirm the gestational age?
   -By CRL on US.
2. Give 2 related blood tests that you will do for this pt:
   -Indirect Coombs test, CBC & others.
3. At 15 wks we did amniocentesis for this pt, how to manage the pt after that?
   -Give her anti-D.
4. Give one important complication the baby is at risk of:
   -Hydrops fetalis/ Down syndrome.

Question

A primigravida's lady in here 36wks GA & she's sure about the date. On Exam; it was 32 cm Fundal height, her blood pressure is 150/100:

1. What do u call this?

   - small for gestational age.

2. Mention 2 causes for it.

   - PET, chromosomal abnormalities.

3. Mention 2 main investigations in the assessment for this case.

   - Urine analysis and KFT, US.

Question

25 YO female came for booking visit & her Hb=11 mg/dl, rubella IgG titer= -ve, other readings all was normal.

1. What's the abnormal result ?

   - Rubella IgG.

2. What do you expect this woman to have during pregnancy?

   - Infection & baby develop congenital rubella.

youssef Qassem

إذا طالَ عليكَ البلاء مع استمرارِكَ في الدُعاء،
فاعلمْ أن الله لا يريدُ إجابةَ دعْوتِكَ فقطْ، بلْ يريدُ
أن يُعطِيكَ فوْقها عَطايا لمْ تطلُبها أنْت

ابن القيّم.

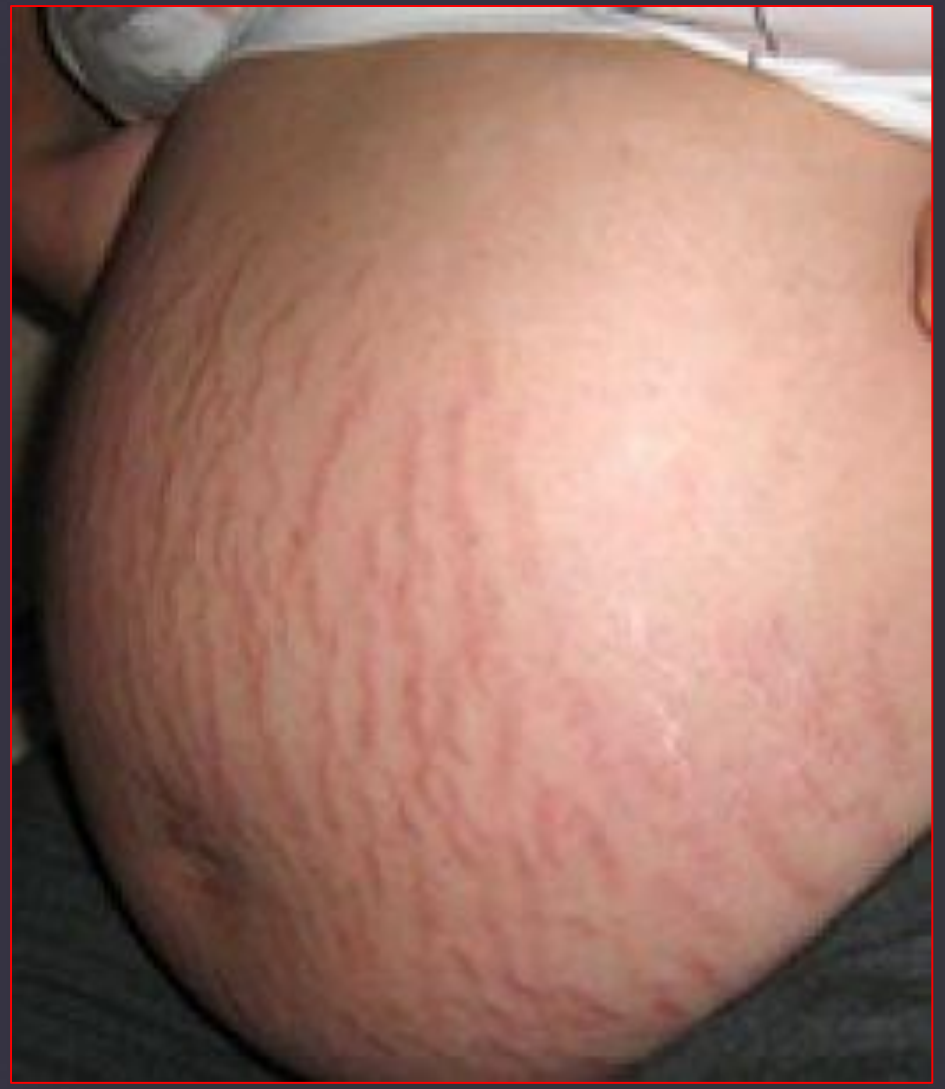
Question

1. What's your Dx?
   -Stria GRAVIDARUM.

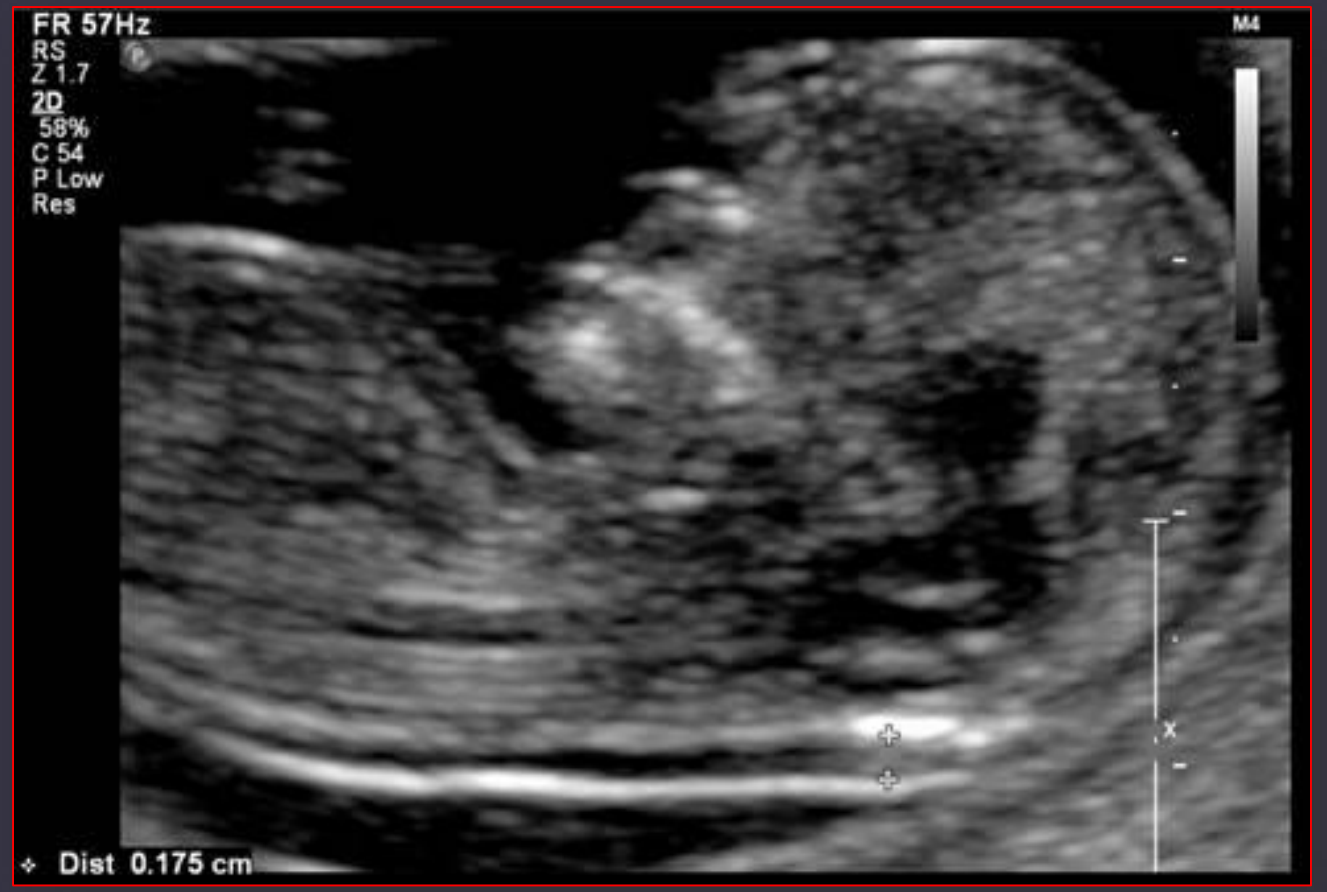
2. Mention 2 medical causes.
   - Cushing's syndrome, liver failure.

3. Mention 2 obstetric causes.
   - Polyhydramnios, multiple pregnancy.

4. Whats the pt's concern about the tt?
   - Cosmetic issue.



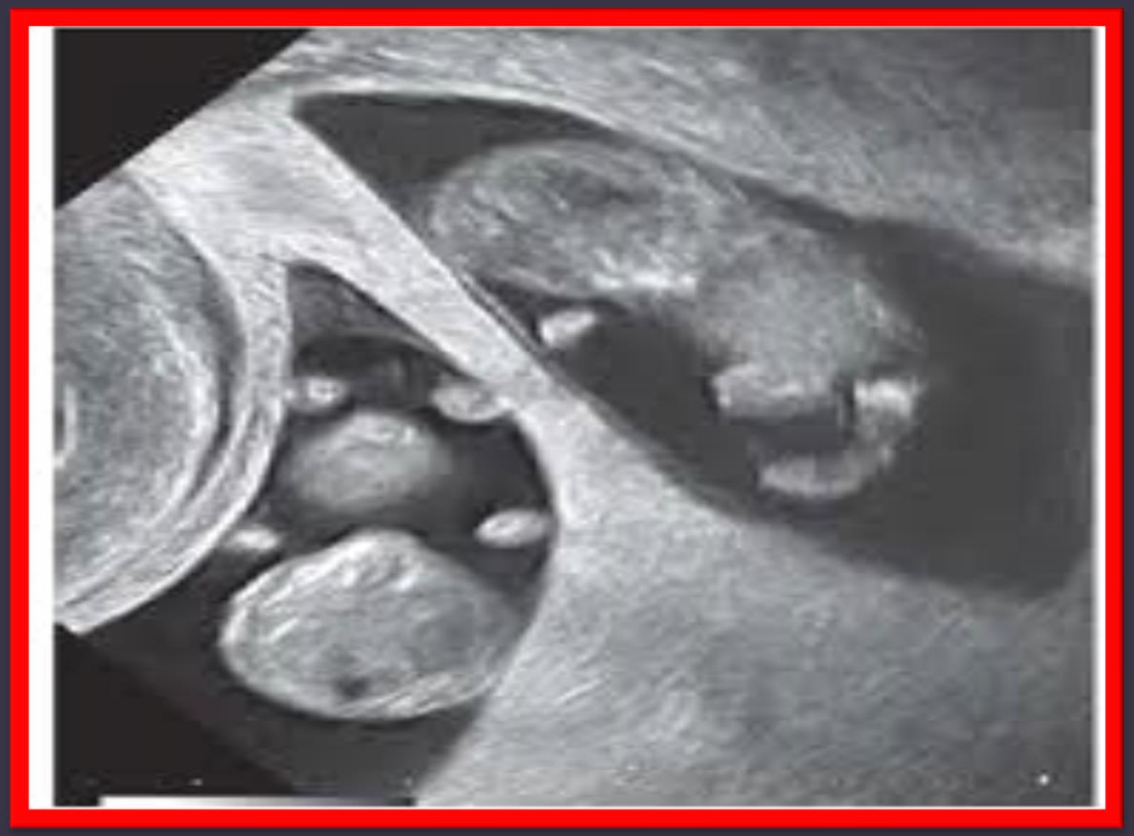
Nuchal trans For what Normal range Time



Question

According to the picture.

1) what's the type of twins:
   -Dichorionic Diamniotic twins
2) Two late pregnancy complication:
   - a- preterm labor
     b- PROM
1) What's the cause of the primary PPH:
   -Uterine atony



قيل لإبن سيرين حينما خسر ثروته : خسارتك عظيمة !
قال : هذا ذنب أنتظر عقوبته منذ أربعين سنه ..
فسألوه : وما هذا الذنب ؟
فقال : عيرت رجلاً و قلت له يا فقير .

Pregnancy , delivery and associated complication & position , presentation

Question

1) What's the lie of this presentation?

2) What's the presenting diameter? And its length?

3) mention 4 causes of this presentation?

4) how can You deliver this patient vaginaly?

5) If you deliver this pt vaginaly What's the Instrument you want to use?

6) What's the causes that lead to deliver her CS ?

Question

1) Dx:

shoulder dystocia

2) 3 risk factors:

Macrosomia, gestational DM, previous dystocia

3) 2 initial manoeuvres:

McRoberts and suprapubic pressure

4) 2 complications:

Perineal and vaginal laceration, PPH

brachial plexus injury

إياك والغيبة..

"كم أفسدت الغيبة من أعمال الصالحين

وكم أحبطت من أجور العاملين

وكم جلبت من سخط رب العالمين"

[ابن الجوزي]

Question

1) **Dx:**

shoulder impaction

2) **Presentation:**

shoulder presentation

3) **Lie:**

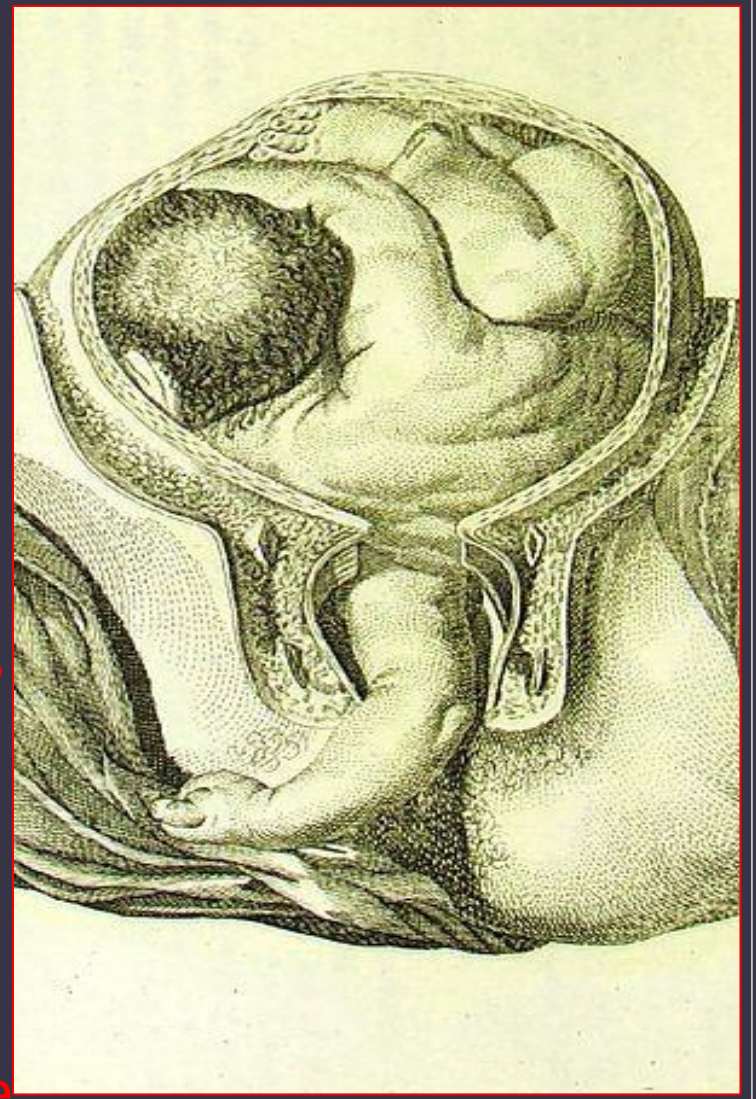
transversals lie

4) **4 causes:**

polyhydramnios, abdominal wall laxity, placenta previa, large fibroid.

5) **3 maternal and fetal complication:**

- Asphyxia and death
- Brachial plexus injury and clavicular fracture
- Pelvic tissue lacerations and postpartum haemorrhage



Question

1-What is the operation ?

CS

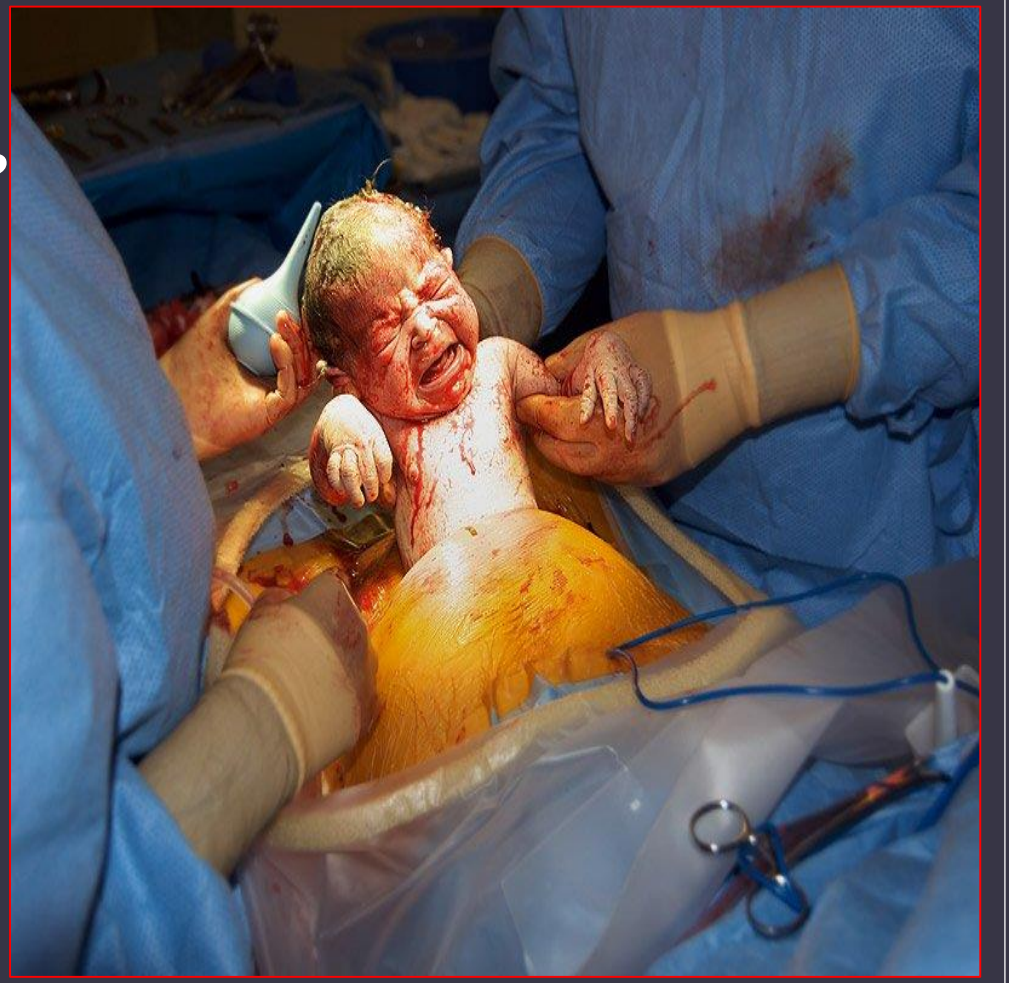
2- Most common indication for primigravida ?

fetal distress

3- Early complications of CS ?

mention 6 (Seminar)

4- mention layers that you cut in anterior abdominal wall?



Question

Pic of placenta removal during 3rd stage of labor:

1) what is this stage?

3rd stage of labor

2) what is its duration?

30 minutes

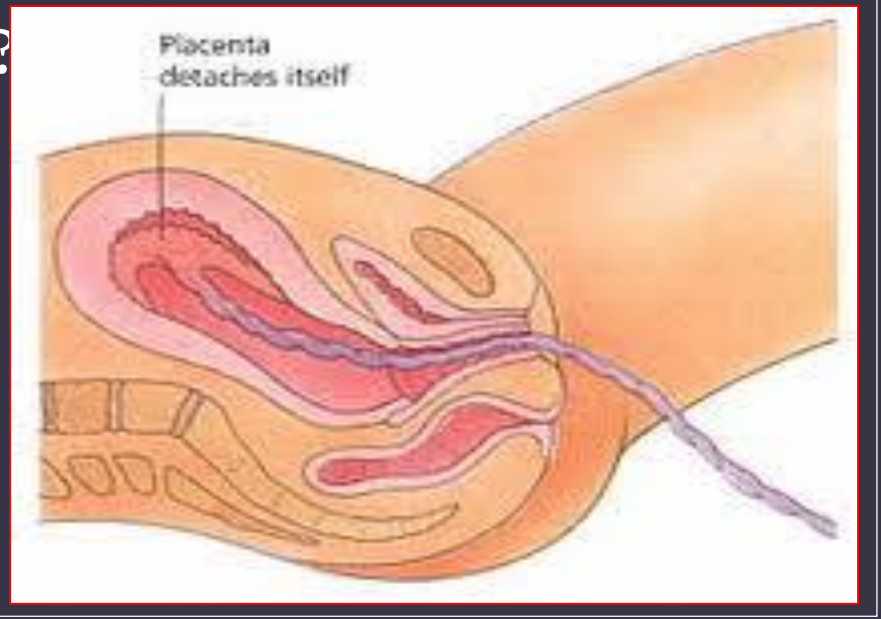
3) what is the first thing in its active management?

4) when would you start this management?

5) mention 2 complications of bad management?

A. uterive inversion

B.PPH



Question

Pic of Twins at 12 weeks of GA:

1) what is ur diagnosis?

twins

2) what is the most common type ?

dizygotic

3) Mention 2 risk factors?

A. increase maternal age .

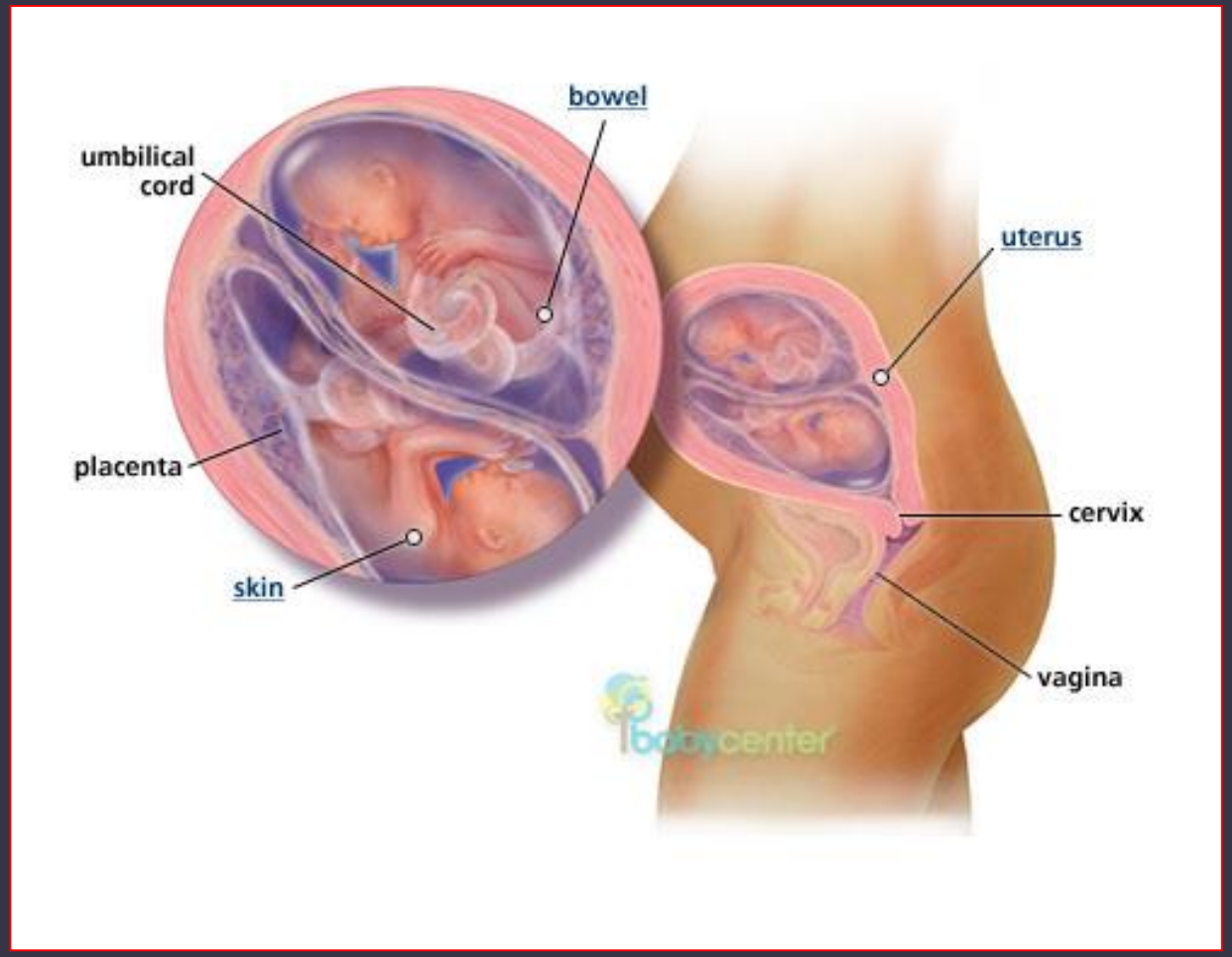
B. multiparity.

C. family history.

4) mention 2 maternal complication at this age?

A. Miscarriage

B. Hyperemesis gravidarum

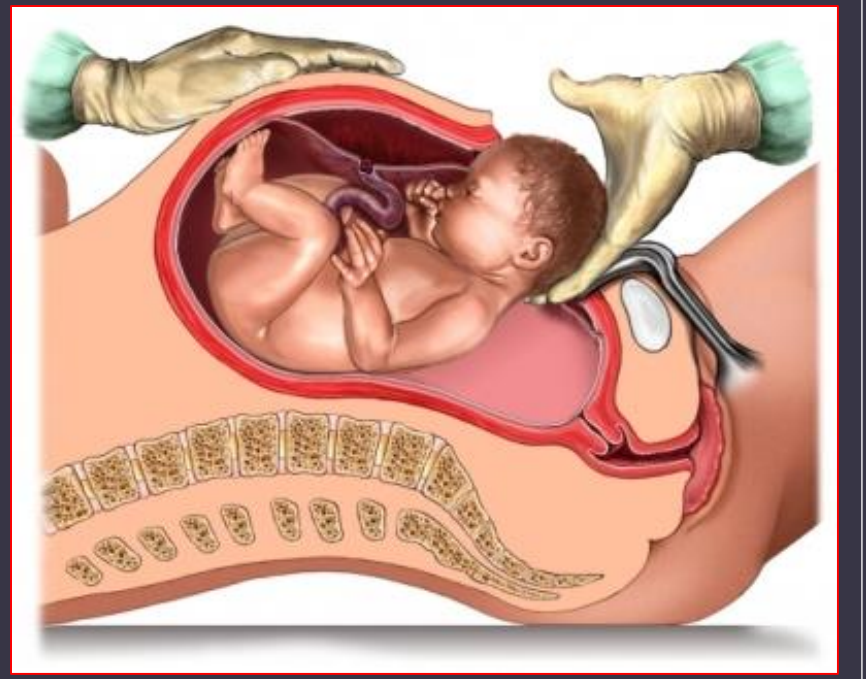


"قضتِ الحياة أن يكون النّصر لمن
يحتمل الضربات لا لمن يضربها".

(مصطفى صادق الرافعي)

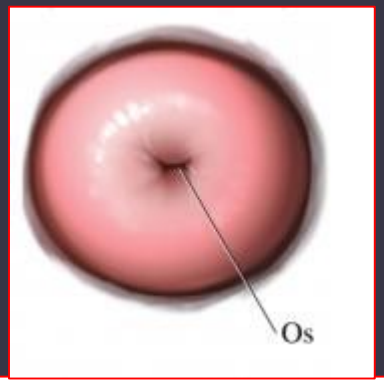
Question

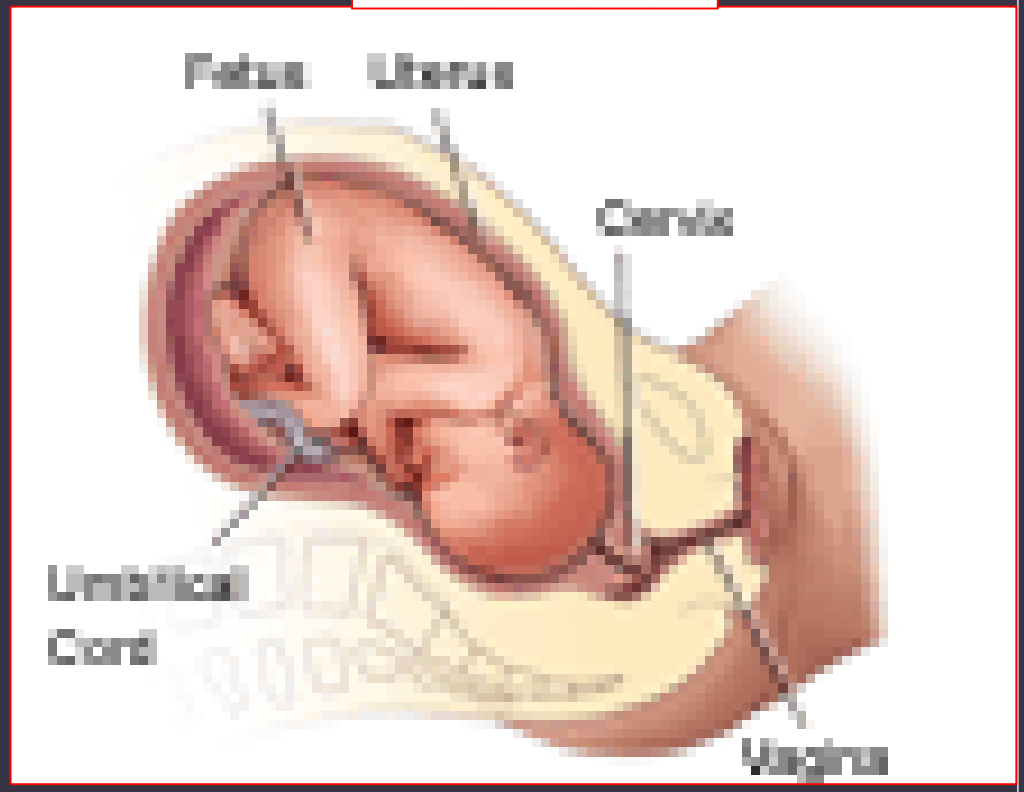
1. What is this procedure?
   - Lower uterine segment cesarian section.
2. Mention 2 fetal elective indications.
   - Malpresentation. Non-reassuring fetal testing (distress), Fetal anomaly.
3. Mention 2 intraoperative complications.
   - Organ injury/ bleeding.



Question

1) What presentation?
   Cephalic
2) Cervix dilatation on pic ?
   No dilatation
3) Station ?
   -1 and above .
4) By which u can induction this lady ?
   Per vaginal PG
5) Other indication of induction of labor ?





Question

1) Dx ?

Cord prolapse

2) Name 2 causes ?

A. Polyhydramnios
B. Prematurity.
ROM / Malpresentation

3) Name 2 indication for vaginal delivery ?

A. Patient is already in labor
B. may be cervical dilation more than 4 cm ??

محتفظ بالنور في قلبه، كلما مر

قيل: مرضوها هنا، هذا أثره في العالم.

Question

1) what is the maneuver ?

Manual removal of placenta.

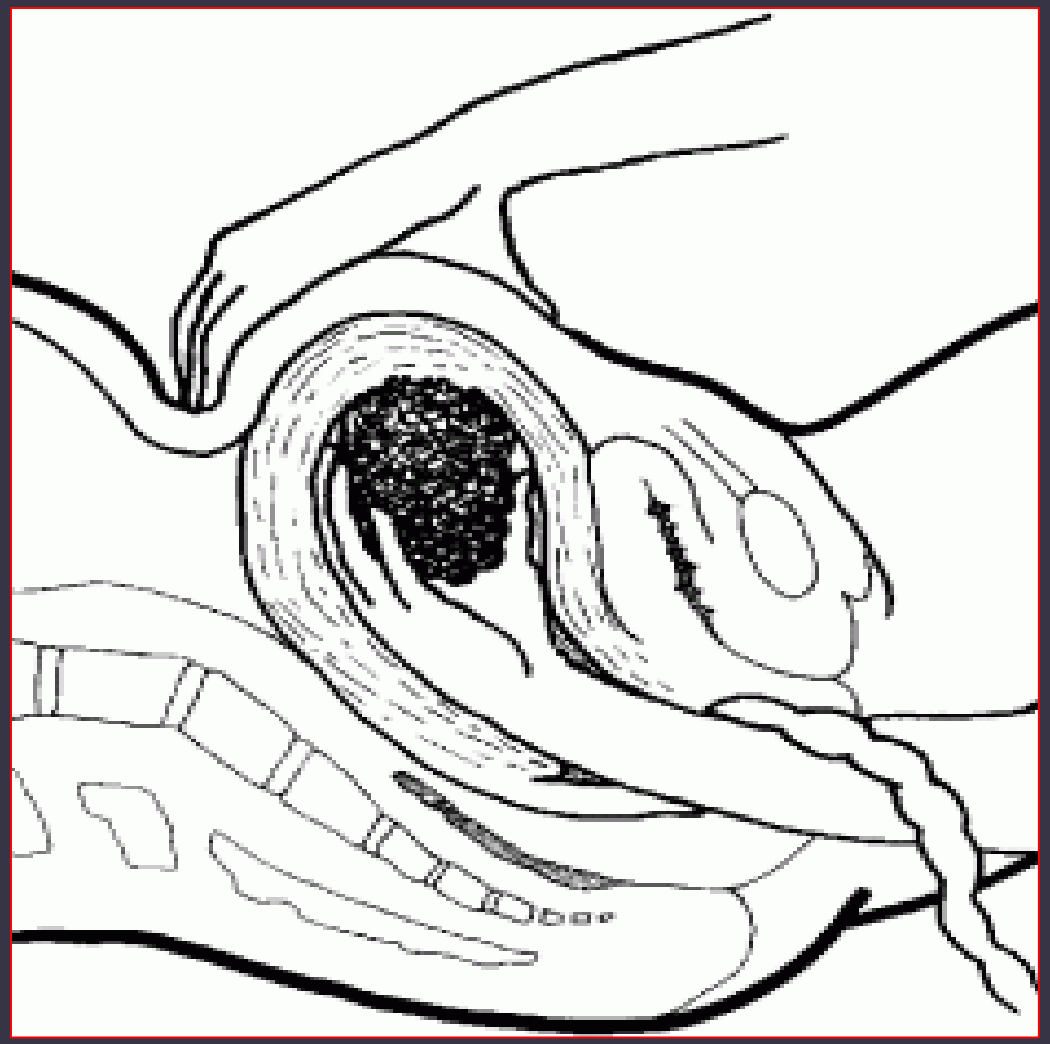
2) Mention the cause ?

Retained part of placenta

3) Name 2 complication of this Maneuver ?

A. Infection

B. Bleeding



Question

This is an US image of twins at 9 week :

1) What is the type of twins?

- Dichorionic Diamniotic

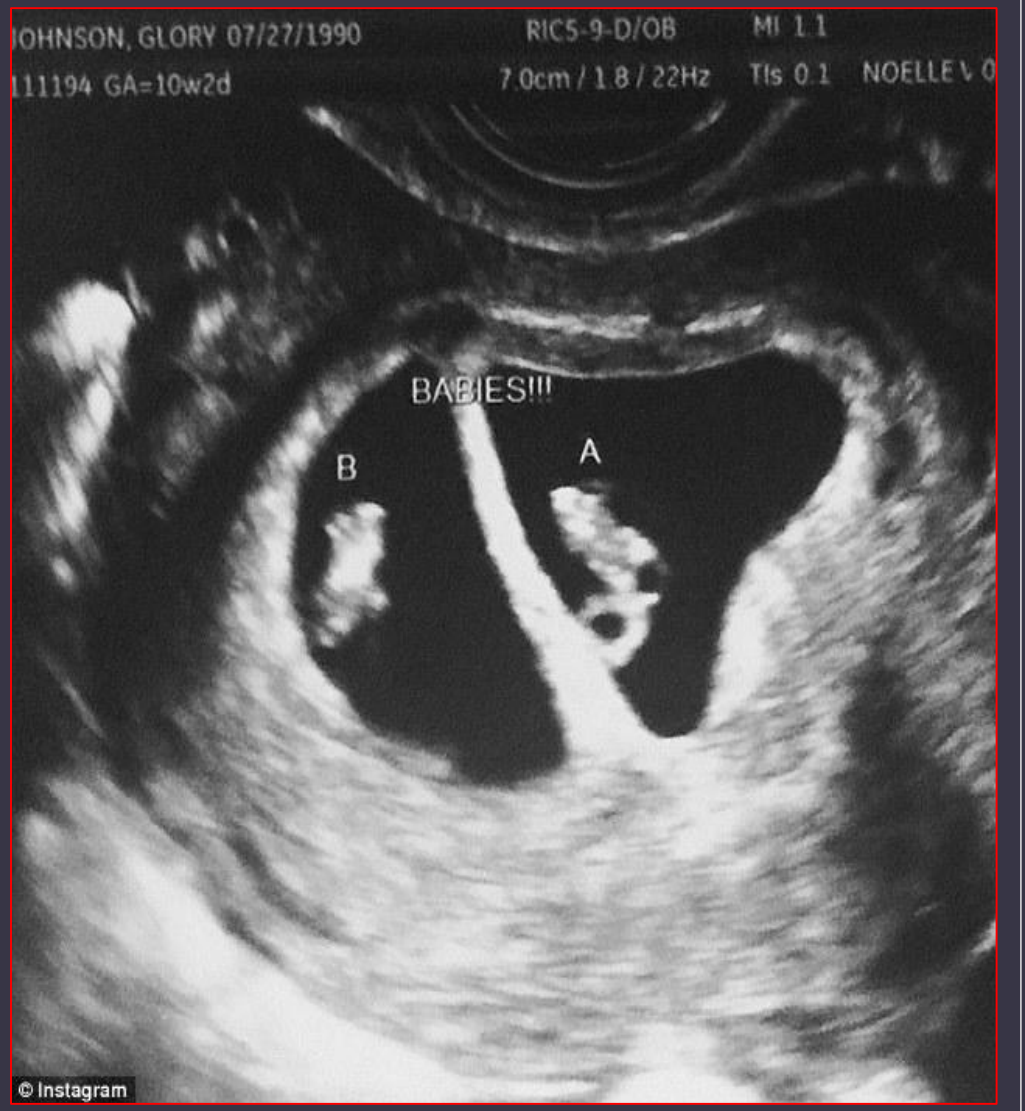
2) Mention two complications at this age?

- Miscarriage/ hyperemesis

3) Mention 2 absolute indications for C\S in twins other than obstetric complications?

Monochorionic monoamniotic /

more than 2 fetuses / conjoined

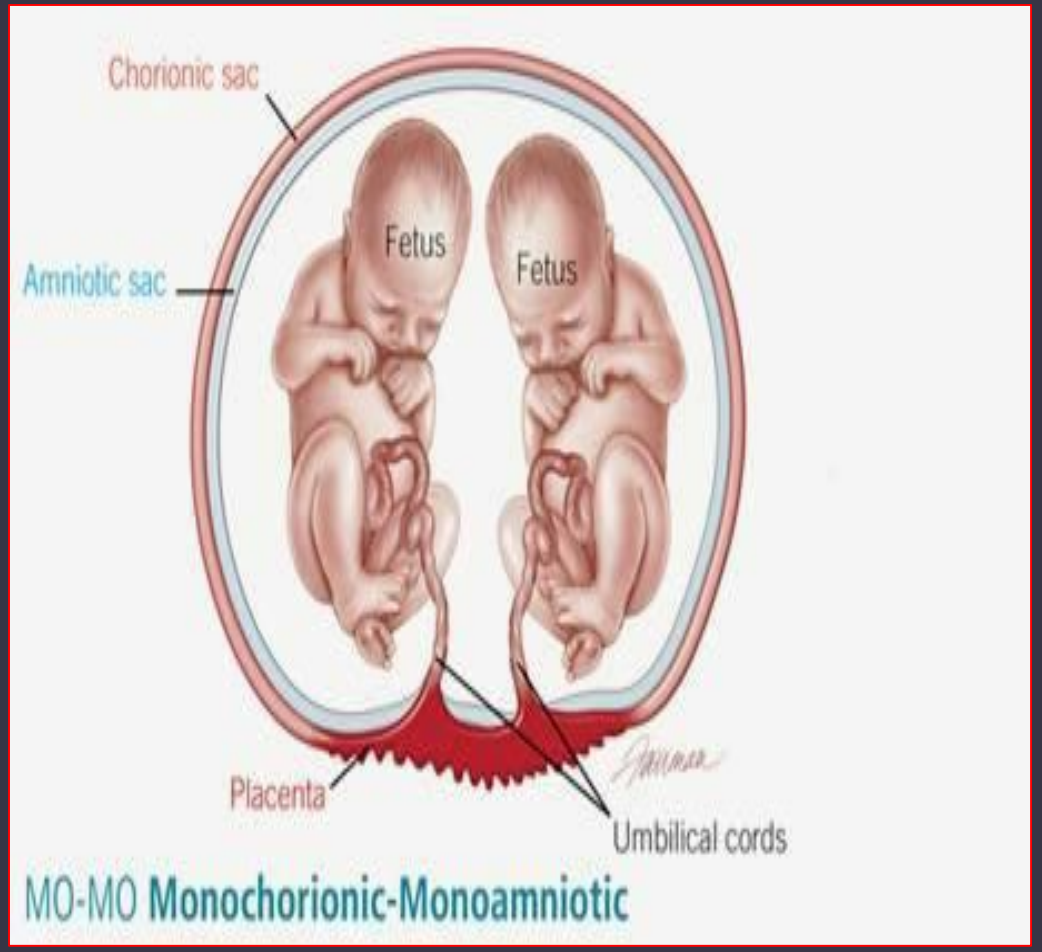


Question

1) What is the type of this twins?
- Monochorionic monoamniotic.

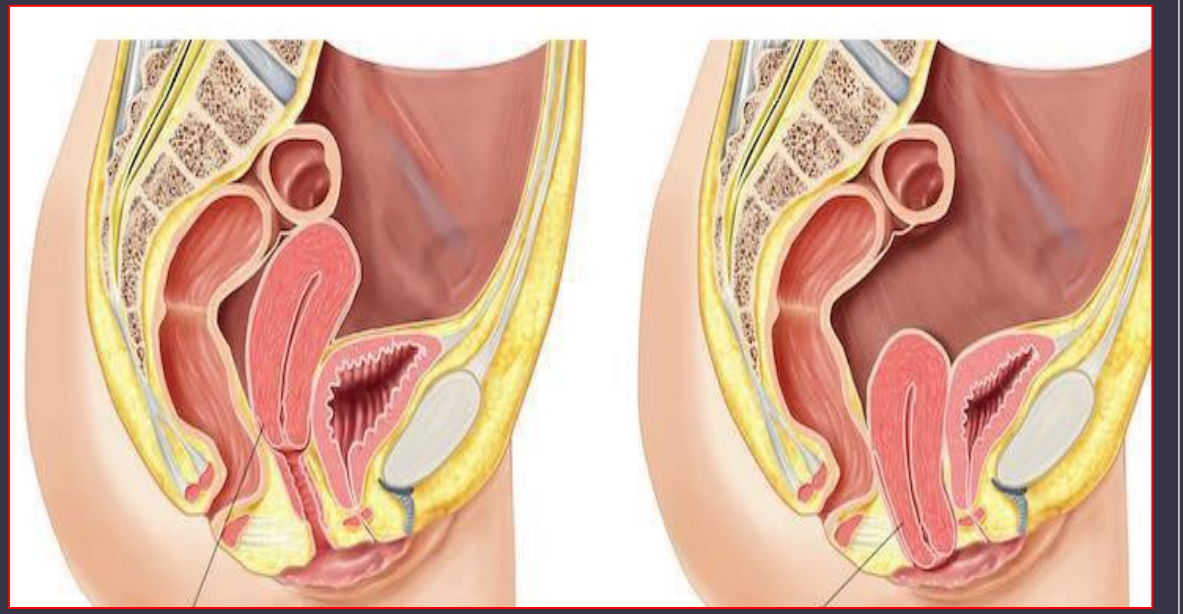
2) Specific fetal complication in this type?
- Umbilical Cord entanglement.

3) Mention 2 Complications during labour ?
- Locked twins , Cord prolapse



وهذا جُلَيبيبٌ، ذو الوجهِ الذي لا يرتاح له الناس، يقف النبيُّ ﷺ وقفة خاصة عند استشهاده، ويقول للناس: «ولكنني أفقِدُ جُلَيبيبًا»[٢]؛ ليَفهَمَ الناسُ أن القضيةَ قضيةُ أرواح مؤمنة، لا أوجه جميلة! فتضؤُلَ لديهم قيمةُ الوسامةِ والتناسق الخَلْقي في مقابل تصاعدِ قيمة القلب الذي يَنبِضُ بلا إلهَ إلا الله.

Question



1) what is your dx?

Uterine Prolapse

2) what are two risk factors:

Giving birth to a large baby , Increasing mother's age, Frequent heavy lifting, Chronic coughing, Prior pelvic surgery , Frequent straining during bowel movements , Genetic predisposition to weakness in connective tissue… etc

3) give two treatment options:

Vaginal pessary , Surgery to repair damaged or weakened pelvic floor tissues

Question

1) What's the most common complication ?

-Cord compression

2) Mention 2 risk factors :

- Uterine anomalies or tumor , Placenta previa , Fetal malformation , Multiple pregnancy … etc

3) Mention 2 contraindications for ECV:

- PET , Prior Uterine surgery , non-reassuring fetal heart tracing , fetal anomaly… etc

Question

32 Y/O GA lady..with PROM :
(couldn't remember the whole case)

1) how you can be sure it is PROM?
   - Pelvic examination with STERILE speculum after ruling out placenta previa with U/S + pH Test

2) Mention 2 medications if she is not in Labor:
   - Corticosteroids , Antibiotics

3) What arethe possible complications?
   - Cord prolapse , Chorioamnionitis

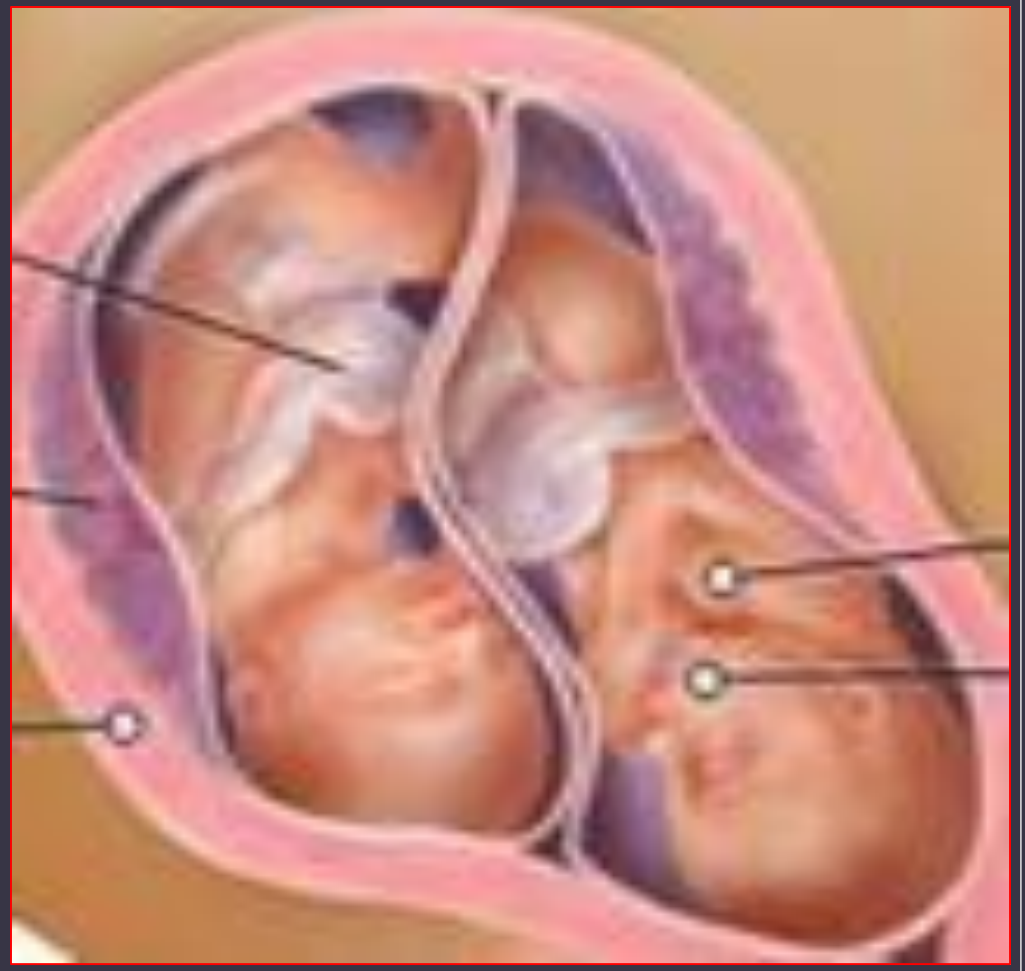
Question

Q3: A 33 week primigravida with twins pregnancy

1) What is the type of this twin pregnancy?
-Diamniotic dichorionic

2) Mention three predisposing factors.
-Family hx, increased maternal age, multiparity, IVF.

3) What is the main postpartum complication for the mother?
-Primary PPH



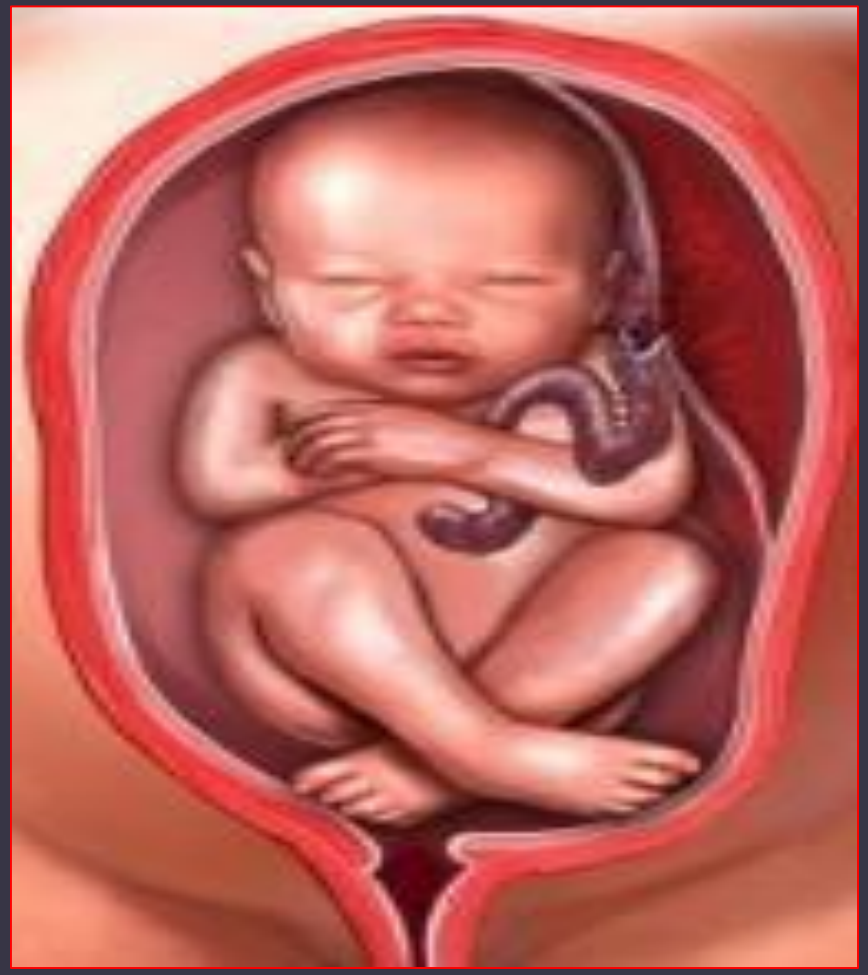
إلى الله»[٢].

«كان عمران بن الحصين قد استسقى بطنُه، فبقى مُلقى على ظهره ثلاثين سنةً، لا يقوم ولا يقعد، قد نُقب له فى سريرٍ من جريد كان عليه ـ موضعٌ لقضاء حاجته ـ فدخل عليه مطرّف وأخوه العلاء، فجعل يبكى لما يرَاه من حاله، فقال: لِمَ تبكى؟ قال: لأنى أراك على هذه الحالة العظيمة.

قال: لا تبك، فإن أحبَّهُ إلى الله تعالى، أحبّه إلىَّ. ثم قال: أُحدِّثك حديثًا لعلَّ الله أن ينفعك به، واكتُم علىَّ حتى أموت، إن الملائكة تزورنى فآنسُ بها، وتُسلِّم علىَّ فأسمع تسليمها، فأعلمُ بذلك أن هذا البلاء ليس بعقوبة، إذ هو سبب هذه النعمة الجسيمة، فمن يشاهد هذا فى بلائه، كيف لا يكون راضيًا به؟!»[٣].

Question

32 YO lady, multigravida presented to the clinic at 34 weeks GA for regular ANC:



1) Your diagnosis?

-Complete breech presentation

2)What is the denominator bony part?

-Sacrum

3) What is the commonest predisposing factor for this condition?

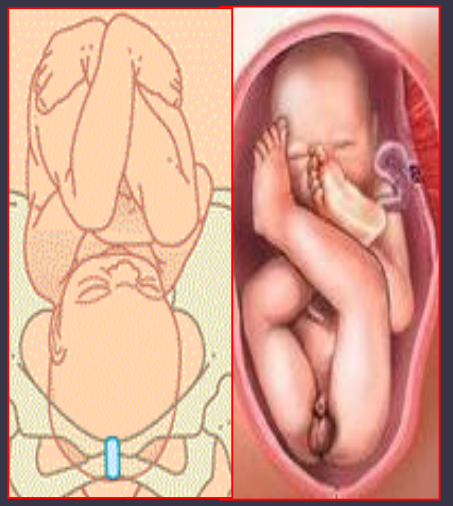
-Prematurity

4) What are you going to do for this patient?

- Only reassurance since she is in her 34th week (ECV is wrong because we do it at week 37)

Question

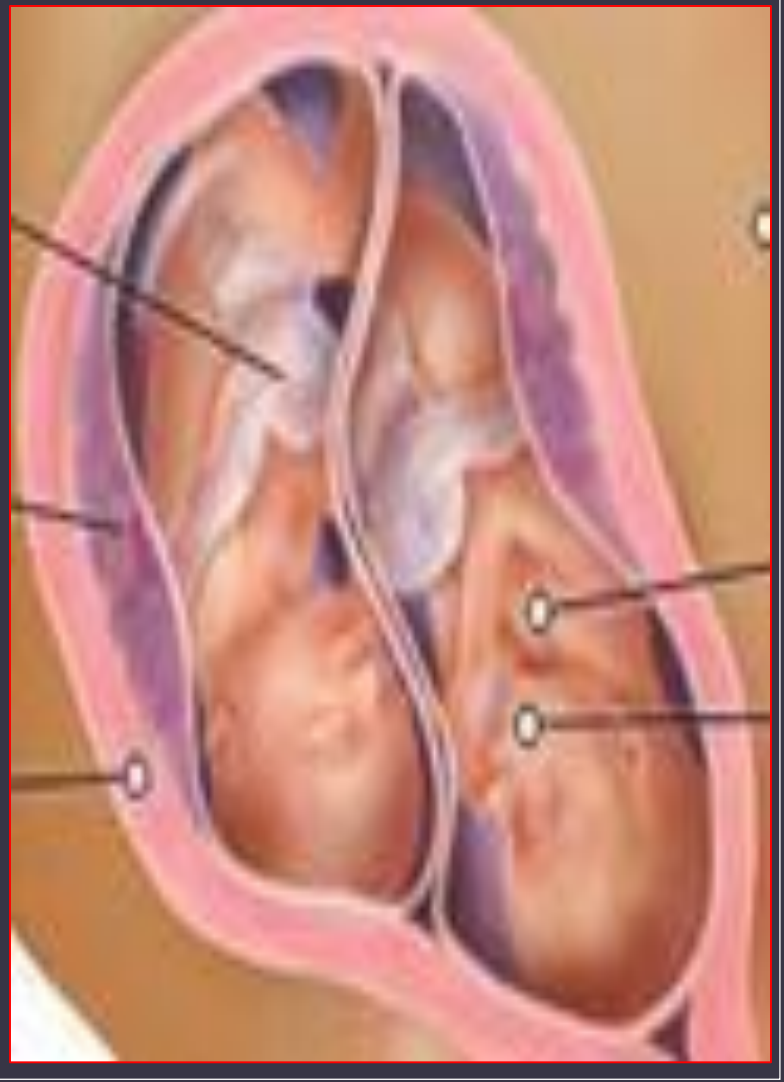
1. What is the presentation in C?
   -Frank breech.
2. What is the dominator in A?
   -Chin (mentum).
3. Mention 1 fetal cause for the presentation in B:
   -Neck mass.
4. If The cervix was fully dilated in A, how would you deliver?
   -Vaginally.
5. What is the position in D?
   -Occipitoposterior.



D C

Question

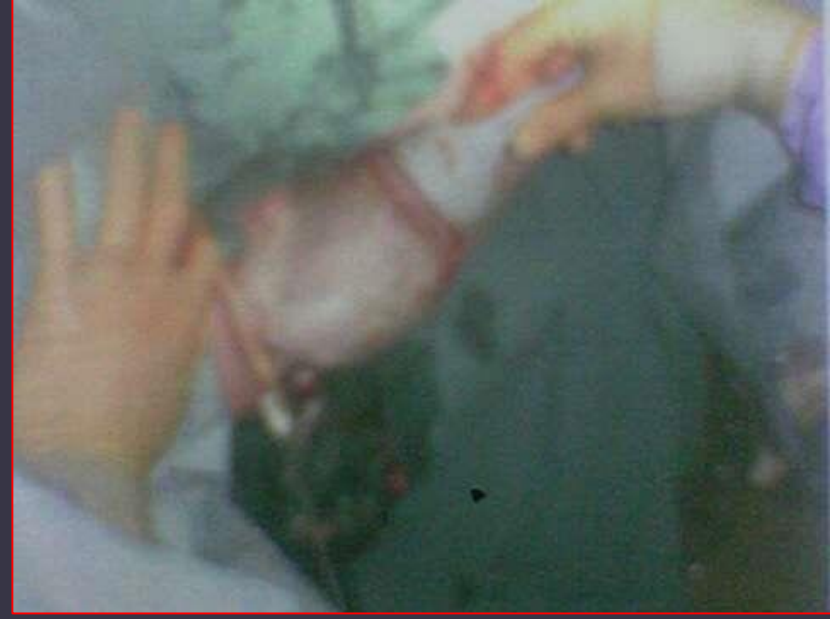
- A 30 year old patient, G4 P3, had 3 normal vaginal deliveries. Presented for routine check up at 22 weeks.



1. What type of twins is this?
   - Dichorionic diamniotic
2. What is the main cause of morbidity of this pregnancy?
   - prematurity
3. How you would deliver this patient if presented in active labour at 37 weeks of gestation with same presentation?
   - vaginally
4. Mention the main maternal complication
   - Primary PPH


قيل لنابليون : أي حُصون الشرق
الأسلامي أمنع على فرنسا ؟
قال : الأمهات الصالحات !
لِذا كانت معركتهم الأولى
إفساد المرأة المسلمة!!!
Instagram:@my36_1

Question



1. what is the stage of labor?.
   - Second stage.
2. what is the instrument?
   -Ventose or vacuum extractor.
3. mention 2 indications for using this instrument.

- Fetal: A) distress B) cord prolapse

- Maternal: A) shorten the 2nd stage
  (cardiac disease, Pulmonary edema , hypertension, neurological dysfunctions)
  B) Maternal exhaustion
  C) Poor maternal effort

4. what are 2 pre-request measurements should be taken?
   - Fetal: 1)Head engaged (station +2 or lower) 2)Full term baby 3) vertex presentation. 4) Full flexion of the head

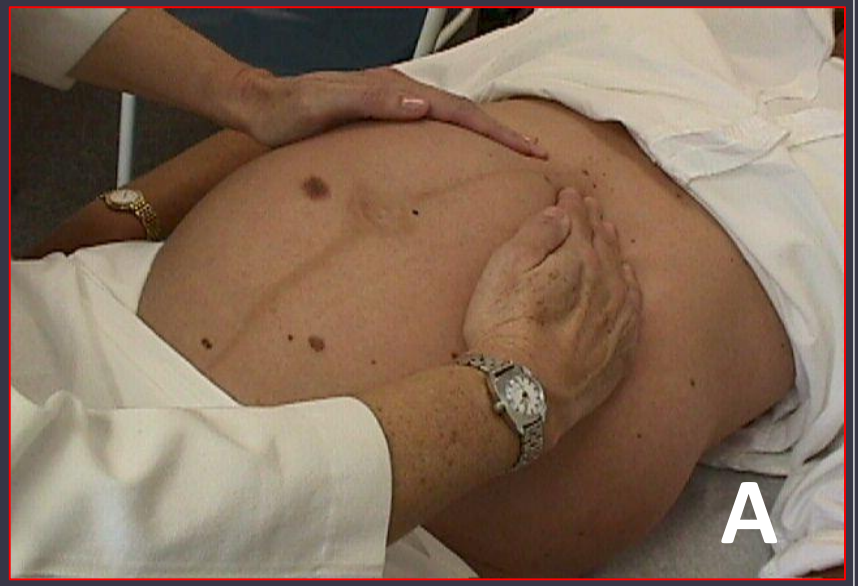
   - Maternal: 1) cervix fully dilated 2)Membrane must be ruptured 3)No cephalopelvic disproportion 4) Adequate analgesia & anesthesia 5) Generous episiotomy.

Question

1- What maneuver does indicate each picture?

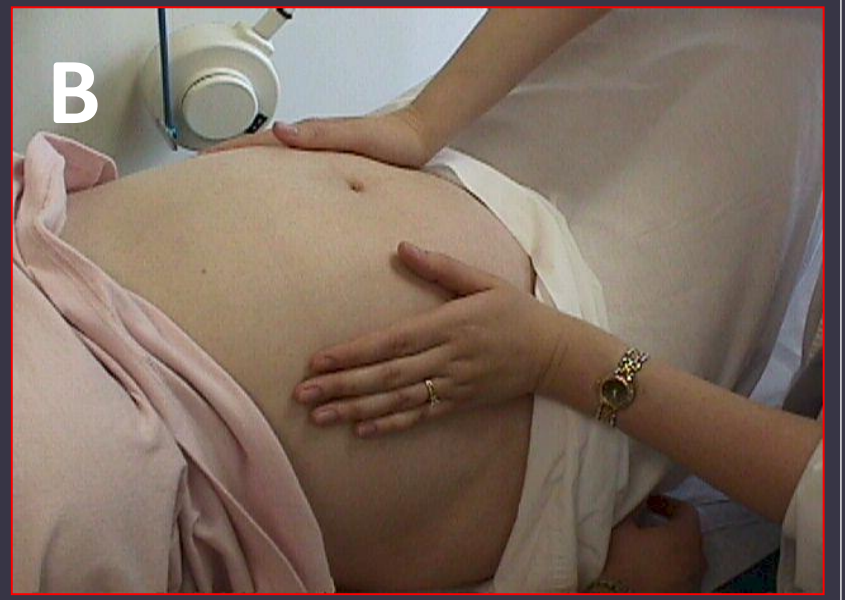
a- fundal grip

b- lateral grip



2- what is the presentation if you find by the exam in pic a that it's firm and pallotable ?

breech presentation



3- give 2 types of management for this lady?

1- ECV

2- elective CS

Question

1- what is your diagnosis?

placenta previa.

2- What's the classical presentation for it?

Painless vaginal bleeding.

3- How do you deliver her?

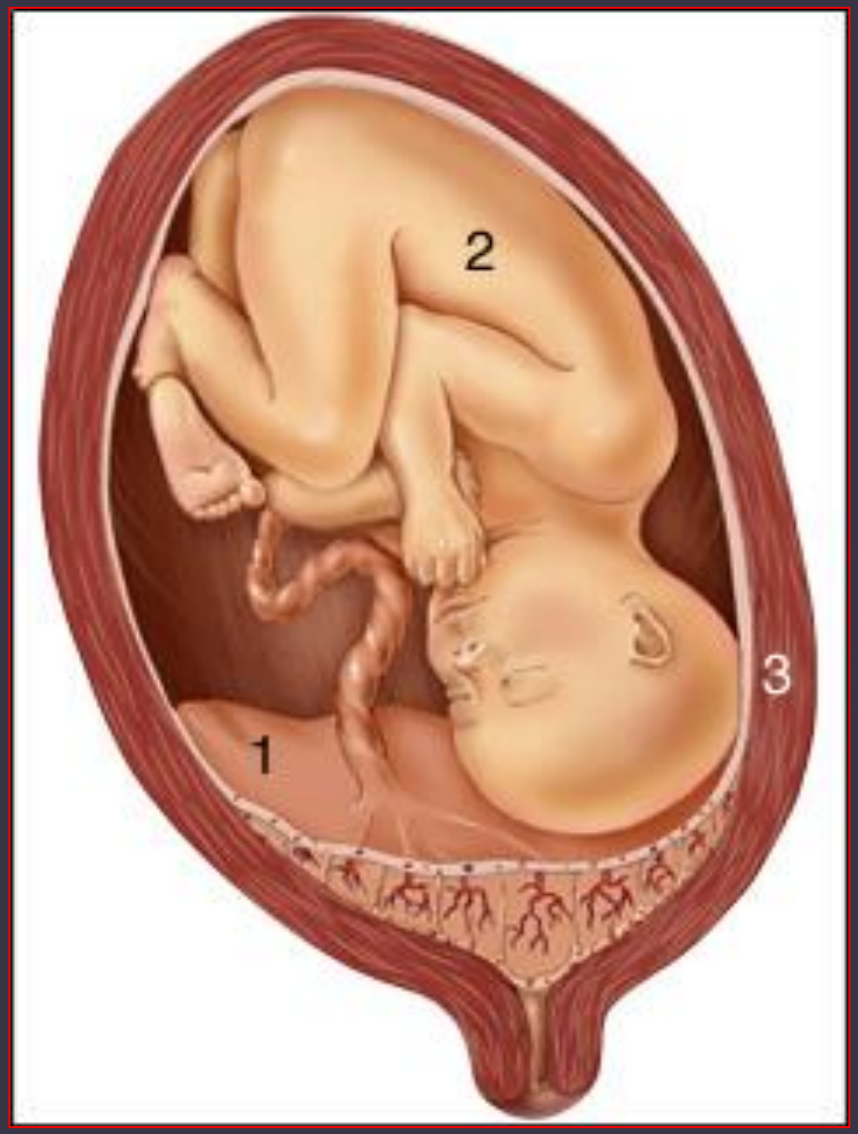
By CS

4- What's the main maternal complication?

hypovolemic shock.

5- What's the main fetal complication?

Prematurity



Question

Woman delivered before 10 days. Came with excessive bleeding, foul smell vaginal discharge and fever. On US the uterus is empty.

1) diagnosis?
- Endometritis.

2) Finding in abdominal exam?
a. abdominal tenderness.
b. sub involuted uterus.

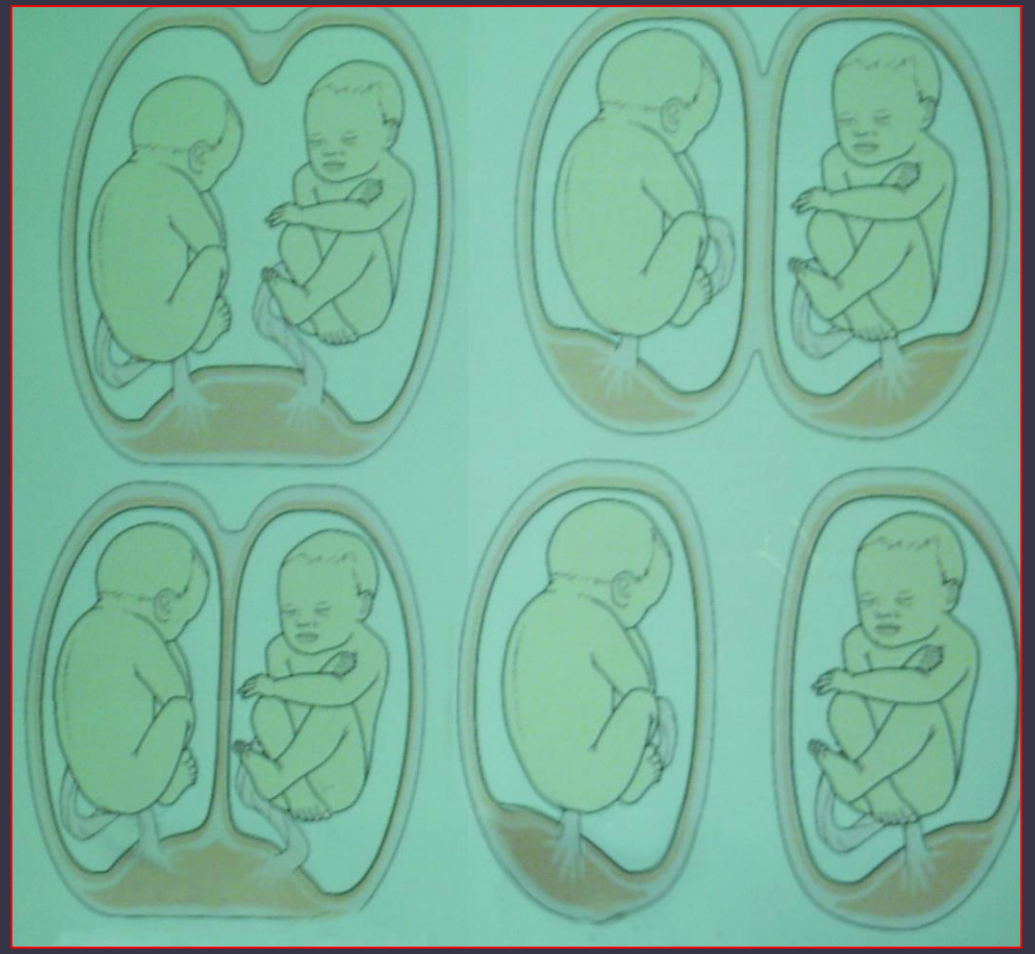
3) Management? (other than resuscitation)
a. IV antibiotics.
b. high vaginal swab

Question

1) name the type of each one :

2) what is the most common one of them:

-monochorionic diamniotic.



Question

This pregnant women had history of previous lower uterine CS….

1) What is ur diagnose?

complete uterine rupture.

2) mention 2 clinical presentation at time of labor?

maternal tachycardia, fetal distress, lower abdominal pain, vaginal bleeding, bandl's sign…. .. Etc

3) What's the incidence of recurrence for this condition?

الخَطوة الأولى في سَفر الآخرة ..
أن نَعبُد الله كمَا يُريدُ ؛ لا كمَا نُريـد !

وما سوى ذلك ؛ التباس بين الهُدى والهَوى ،
و قلبٌ منكوس ..
(وكُلُّ ابتداءٍ كمَا مُنتهاه) ..
ولا دَرب ثمّ !

فاحذَر لُغة التحَايل ..
فإنّها لا تَلُمّ الشَّمل عليه !

د.كفاح أبو هنود

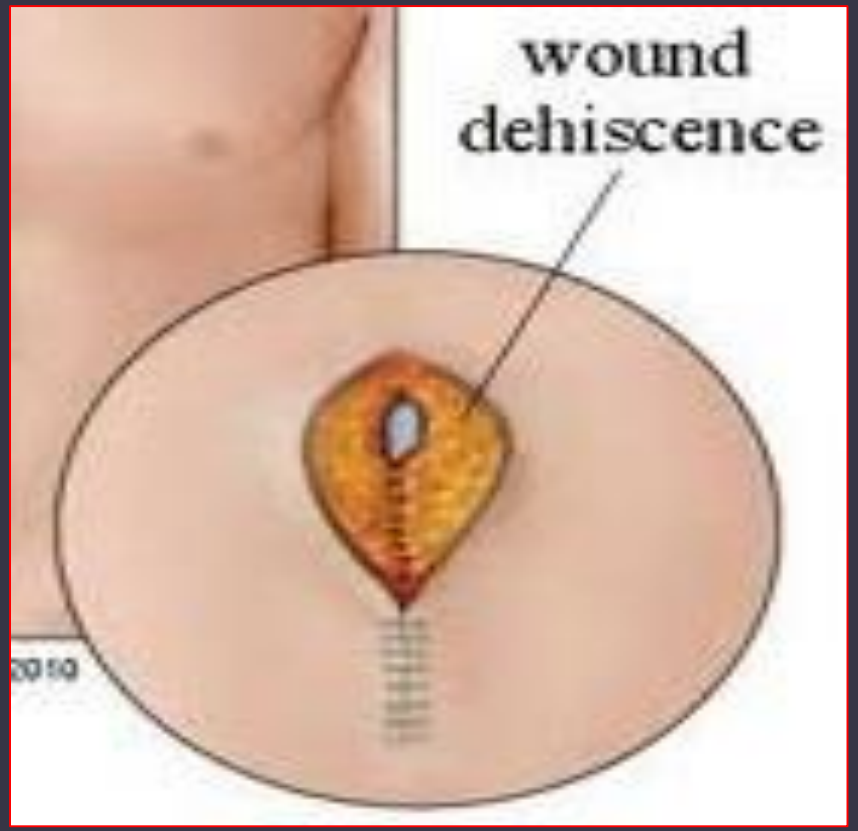
Question

This pt. presented with wound dehiscence after C/S:

Q1) give two elective indication for C/S?
a)multiple pregnancy
b)malpresentation

Q2) give two other operative complication?
a) wound infection
b) organ damage
c) hematoma

Q3) what's the risk of uterine rupture if the pt. has previous one lower segment C/S?
any # less than 1%



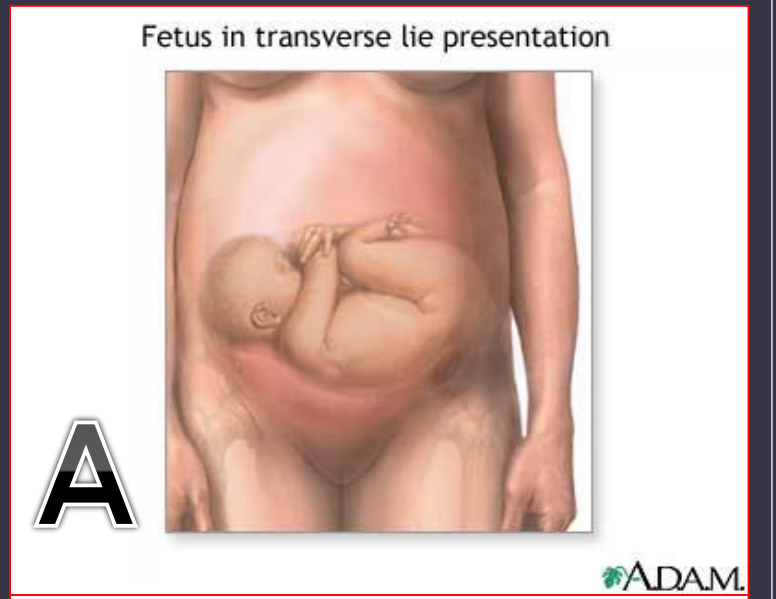
Question

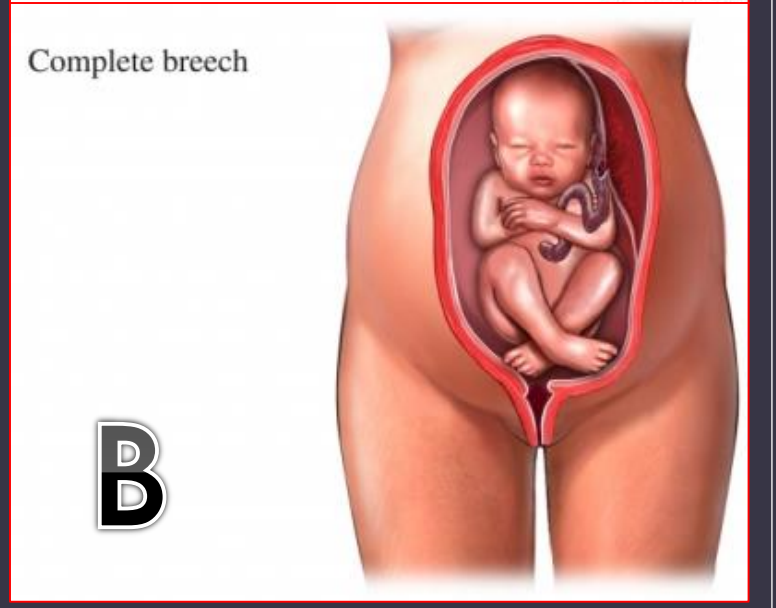
1) What is problem in pic A?
   - Transverse lie

2) If ROM in pic A what is serous complication could happened ?
   - Cord prolapse

3) route of delivery in pic B ?
   - C/S

4) Incidence of pic B ?





Question

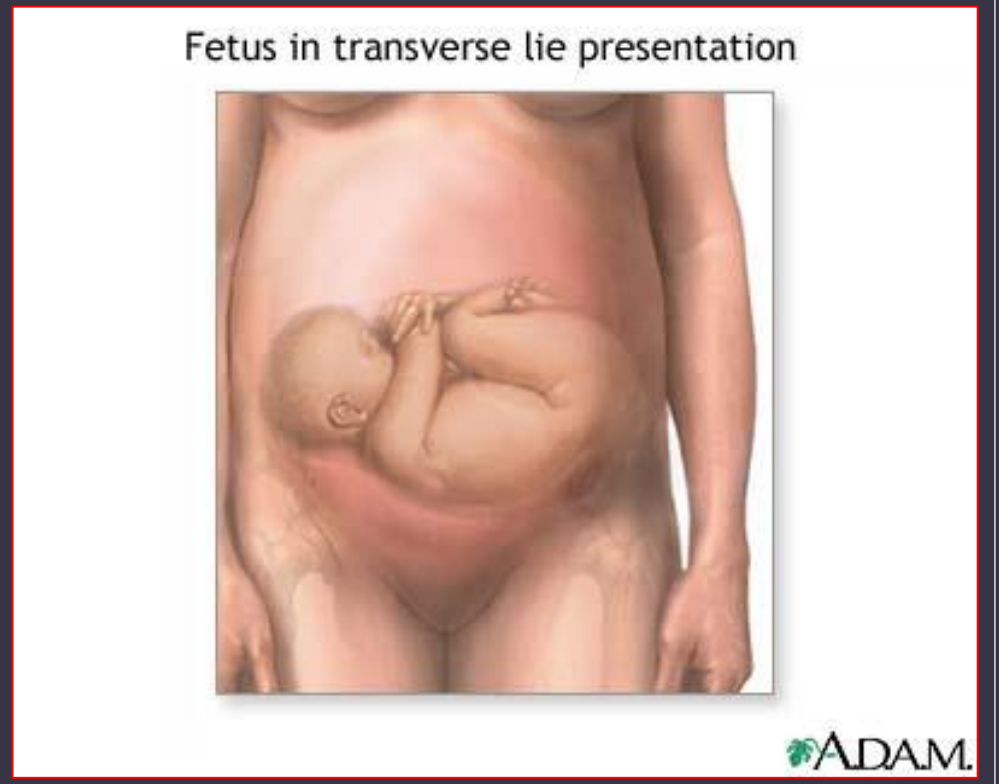
- **Grand-multipara had prolonged labor 10 days ago & had CS, now came to your clinic with severe vaginal bleeding :**

1. What is your diagnosis?
   - Secondary post-partum hemorrhage

2. What is the cause?
   - Endometritis
3. Name the 2 most important investigations to be done?
   - **Speculum exam: High Vaginal Swab, US**

Question

pic of fetus in transverse lie at 32 weeks GA:



1) what is your diagnosis?

transverse lie

2) mention 2 risk factors?

3) what is the most common cause of perinatal mortality ?

prematurity

4) mention 2 complications?

Obstructed labor

B. cord prolapsed

ثم أني قد ولّيت قلبي شطر الله ،
فكان هو السّلام الذي بحثت عنه.

instagram.com/in.sam

Question

A pregnant lady with PROM (23 weeks)

1) What is the aim of management?
- Enhance lung maturity.

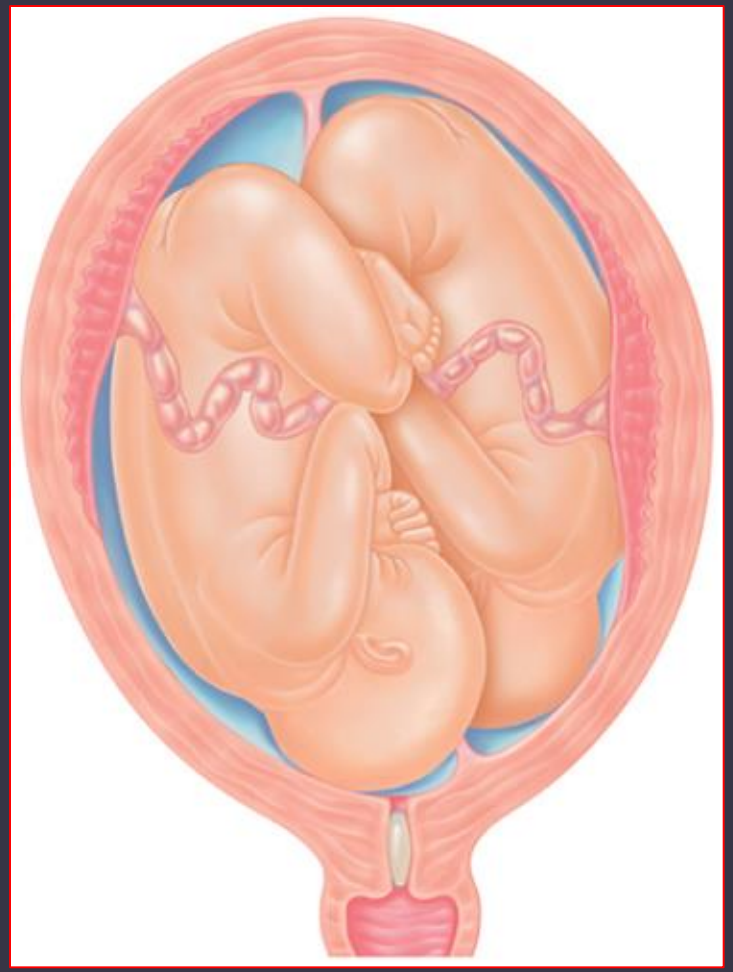
2) What would you give?
- Dexamethasone.

3) Mention a main complication of PROM?
- Infection (chorioamnionitis)

4) How would you treat it?
- Antibiotics.

Question

primigravida, at 33 w came with abdominal pain and 5 cm dilated cervix. She has Hb:7g/dl . In U/S 2 viable fetuses.



1) Your management.

a. blood transfusion.

b. allow progress of labor.

(dexamethasone and tocolytics not accepted)

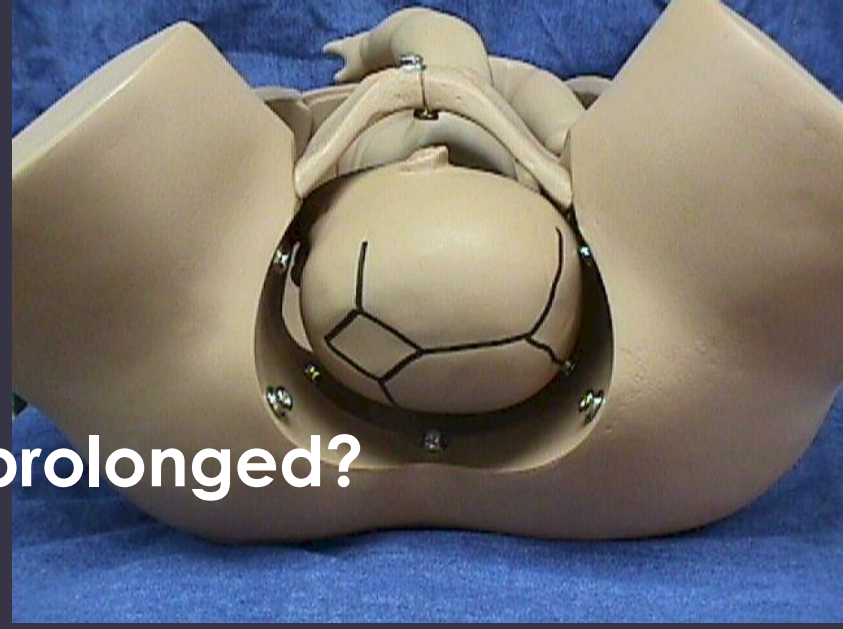
2) Possible fetal complication?

Fetal distress.

3) Neonatal complication?

RDS

Question



1) what is the position shown in the picture?

Left occipito-transverse

2) when the second stage of labor is considered prolonged?

- Primi-2hours without regional anesthesia
- 3hours with regional anesthesia
- In multi-1hour without and 2 hours with regional anaesthesia

3) Mention 3 options for delivery.

A) rotational forceps (kieland) B) vacuum c) CS

4) time required for expulsion of placenta

5-30 minutes

5) defination of deep transverse arrest?

-fully dilated cervix
- head is at level of ischial spines
- no change in position after 1h despite sufficient uterine contractions

Question

A G6P5 lady delivered a 4-kg baby with forcipes and lost 800 ml blood:

1) Dx?

- Primary PPH

2) 2 possible causes?

1.Trauma

2.utrine atony

3) 2 possible risks from the history?

1.large baby (risk of uterine atony)

2.multiparity(risk of uterine atony and trauma)

3.instrumental delivery (risk of trauma)

Question

a 36 week pregnant lady came to labor with the following pic :

1) what's your dx ?

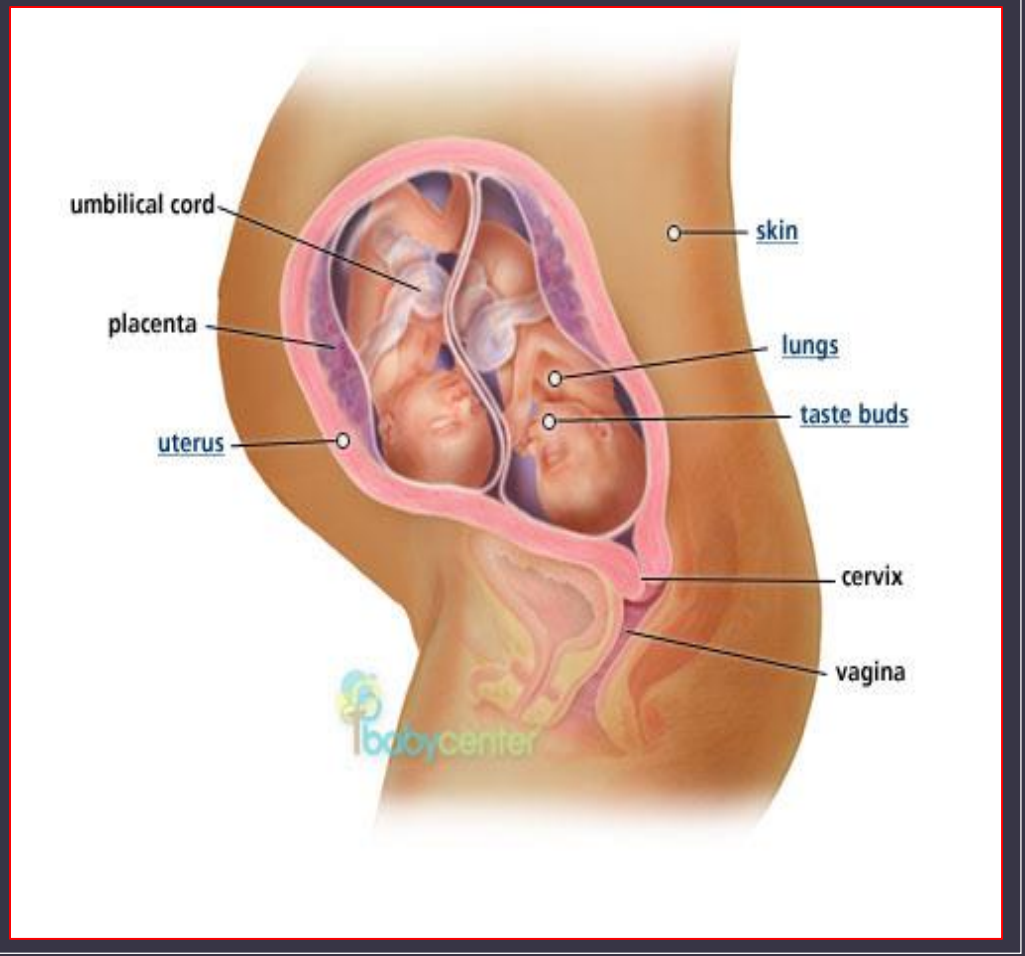
-Twins (DA, DC) ,, dizygotic.

2) How you would deliver her ?

-Vaginally

3) What's the main maternal postpartum complication?

-PPH (there was no mark for primary)



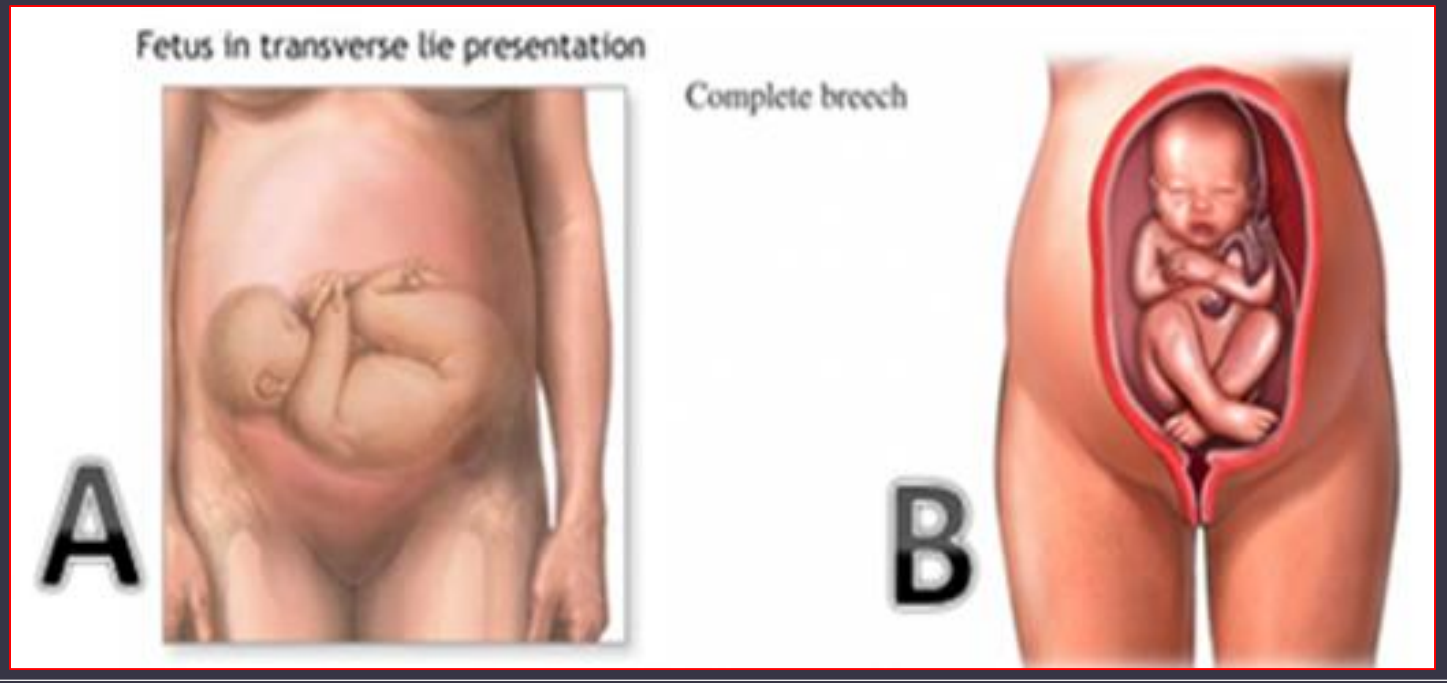
Question

Q1) what's the clinical presentation in A?
transverse lie

Q2) type of delivery of A if she come in labor?
C/S

Q3) dominator in B?
sacrum

Q4) % of B at term?
3-4%



Question

1) Name the maneuvers in the images:

A. McRoberts maneuver

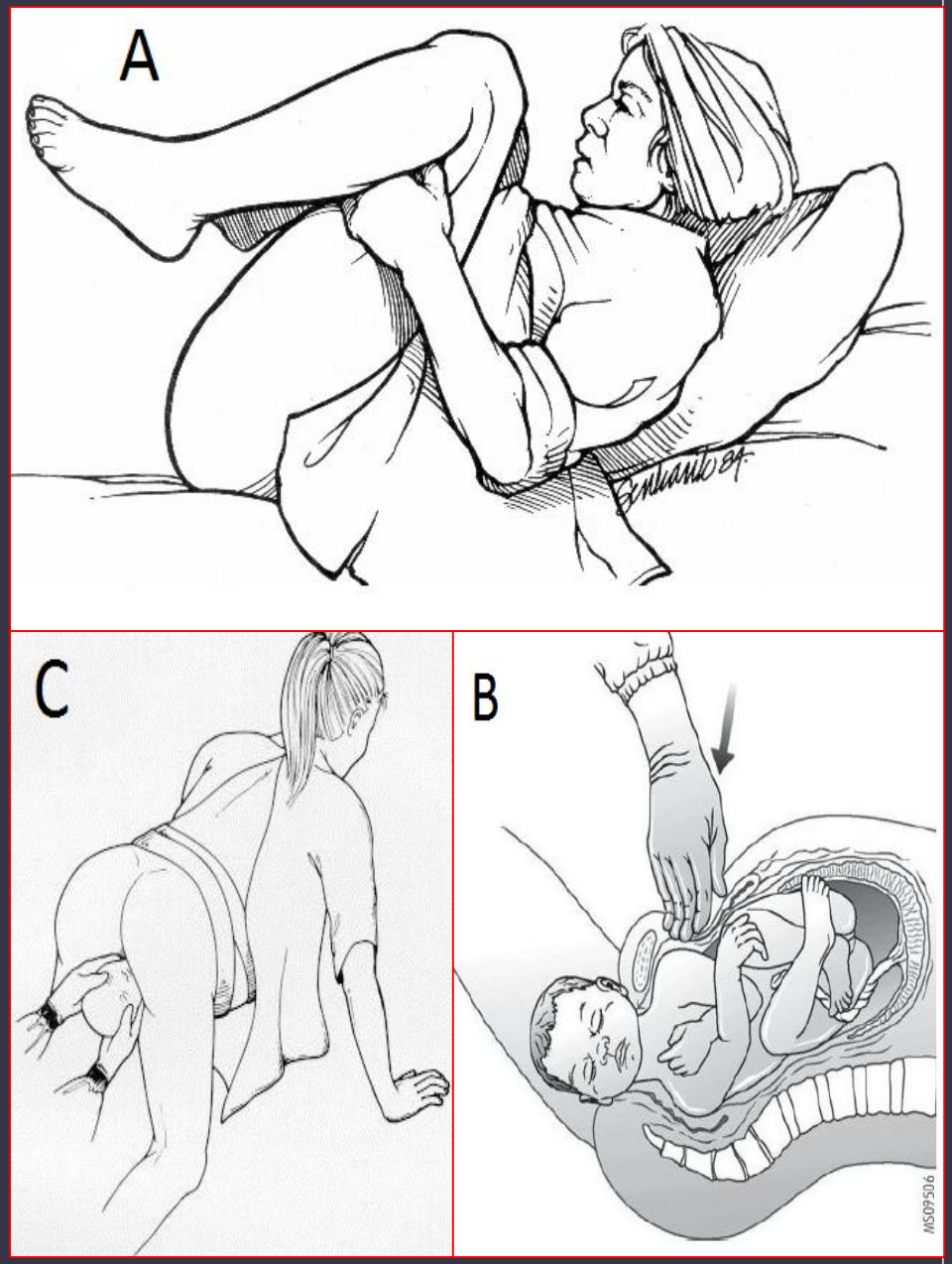
B. Rubin I (suprapubic pressure)

C. All fours/Gaskin maneuver

2) Name 2 fetal complications of shoulder dystocia:

A. Asphyxia

B. Birth trauma (e.g. Erb-duchenne's palsy)



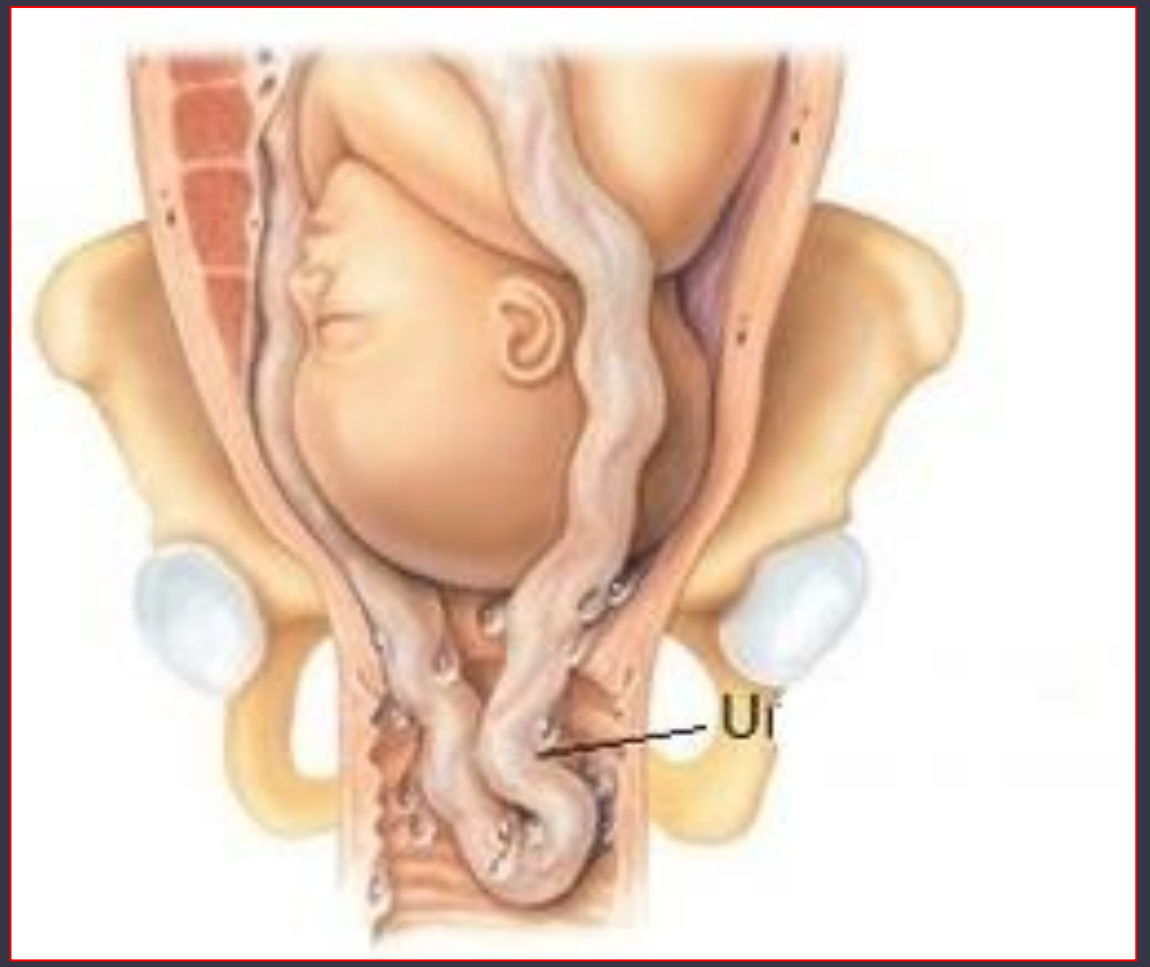
أبي موسى الأشعري رضي الله عنه أنه كان يحدث الناس فشخصوا بأبصارهم فقال : ما صرف أبصاركم عني ؟ قالوا : الهلال ، قال : فكيف بكم إذا رأيتم الله جهرة ؟ »[٧٤٢] .

Question

1) Name the condition
- Cord prolapse

2) 2 risk factors
A) Premature rupture of membranes
B) prematurity

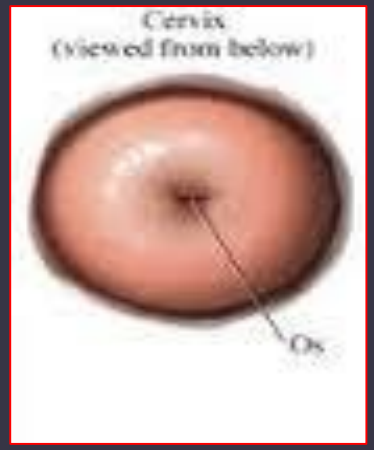
3) 2 indications for vaginal delivery
A) Dead fetus
B) fully dilated cervix

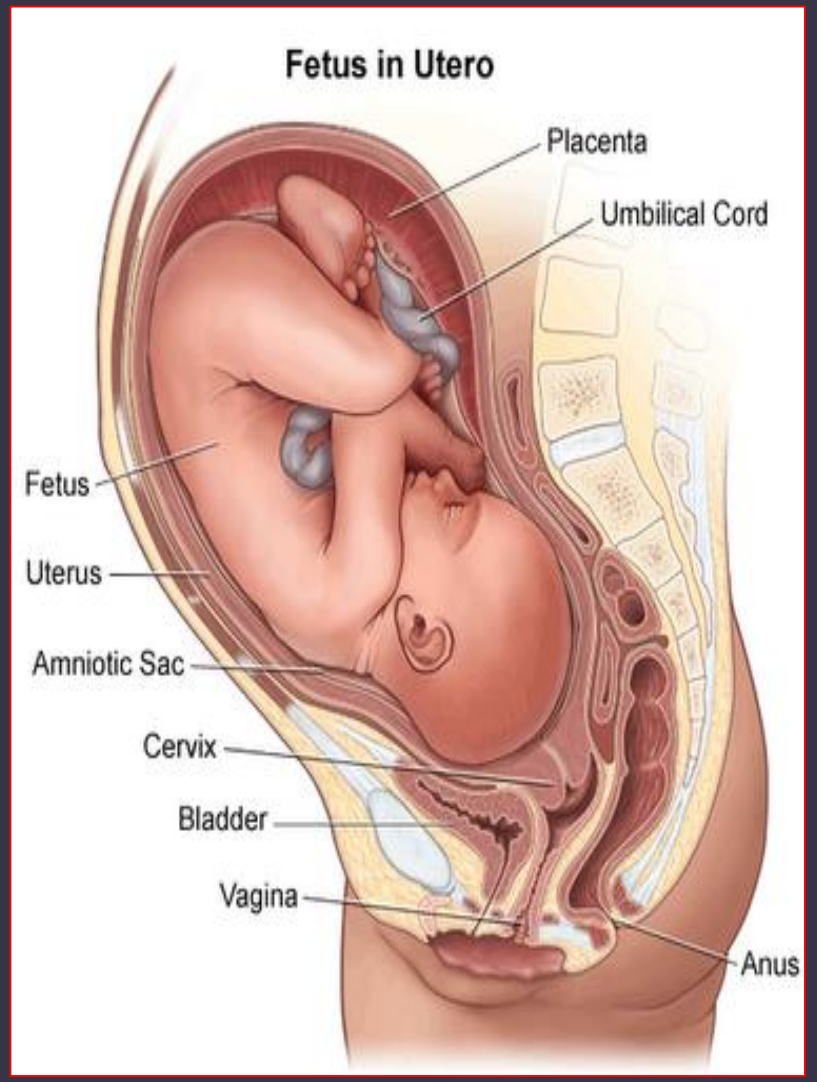


Question

A case of post date 41 GA

Q1) what's the presentation?
- cephalic presentation
Q2) cervical dilatation?
- closed cervix
Q3) engaged or not?
- not engaged
Q4) method of induction?
- prostaglandin
Q5) other indication for induction?
a) IUGR
b) IUFD
c) chorioamnionitis





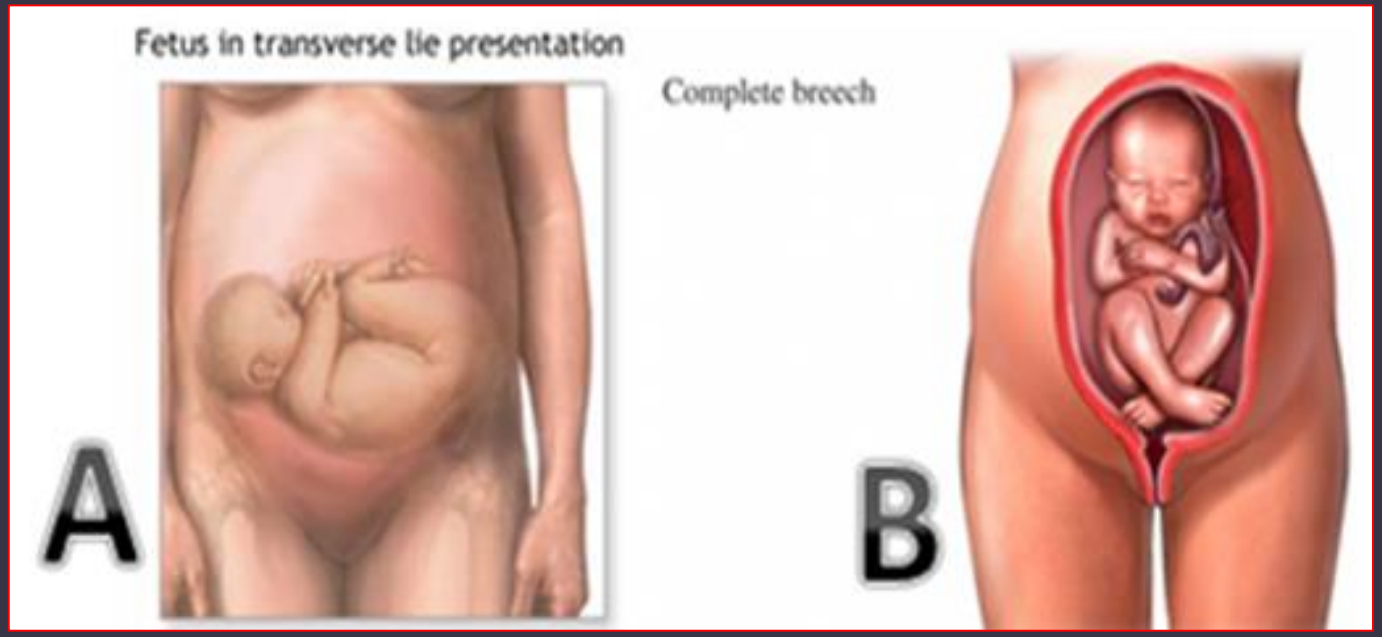
Question

Q1) what's the clinical presentation in A?
transverse lie

Q2) type of delivery of A if she come in labor?
C/S

Q3) dominator in B?
sacrum

Q4) % of B at term?
3-4%



Question

P2 deliver vaginally and after 10 days she presented with excessive vaginal bleeding.

1) what's the Dx:
   - Secondary PPH
2) What's the underlying cause:
   - Retain product of conception
3) How you confirm the Dx:
   -US
4) Two specific line of management rather than stabilization:
   a- D/C
   b- antibiotics

Question

28 YO pregnant woman ,G1P0, 39 wk GA, 150cm tall, presented to ER with passage of gush of fluid , but no abdominal pain or uterine contractions or cervical changes.

1. What's your Dx?

   - Premature rupture of membrane (don't say PROM).

2. What's the worst complication worrying you in this setting?

   - Cord prolapse.

3. What's the next step in monitor her?

   - Follow the changes in Partogram.

د أحمدعيسي المعصراوي
@elmasrw

حين تشعرُون بِ الغربه
إفتحوا مصاحفكَم فَ بين ثنايا صفحاته
وطن.

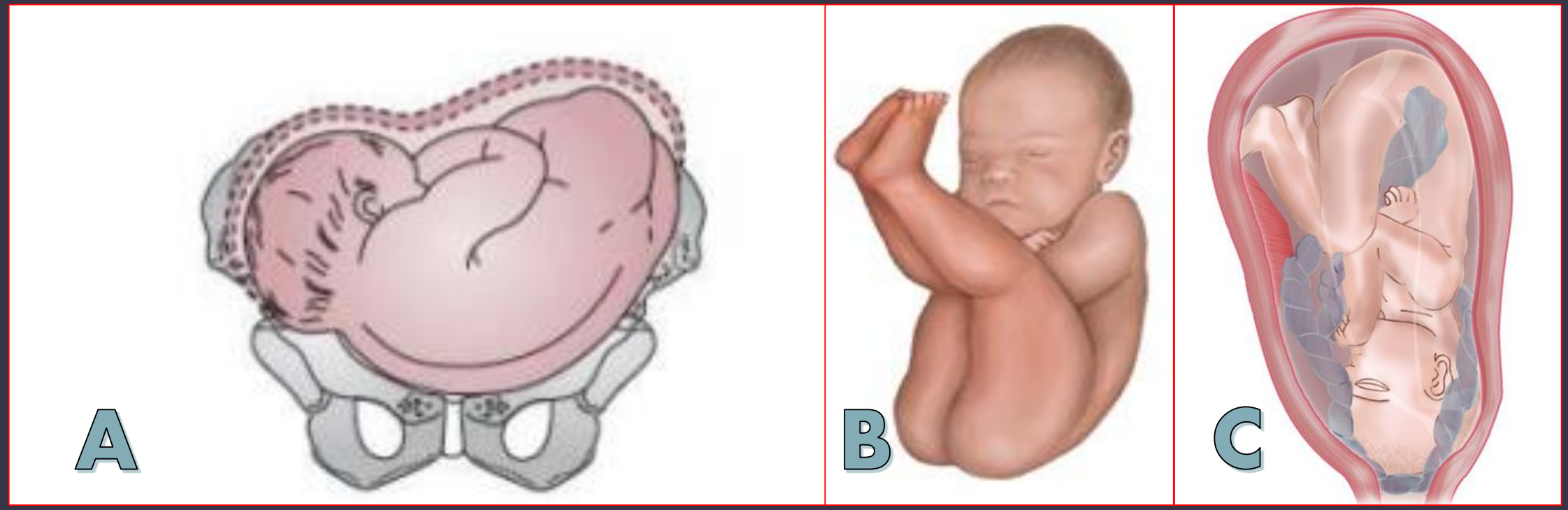
#القرآن_حياة

Question

A pregnant lady with PROM (23 weeks).

1. What is the aim of management?
   - Enhance lung maturity.
2. What would you give?
   - Dexamethasone.
3. Mention a main complication of PROM?
   - Infection (chorioamnionitis).
4. How would you treat it?
   - Antibiotics.

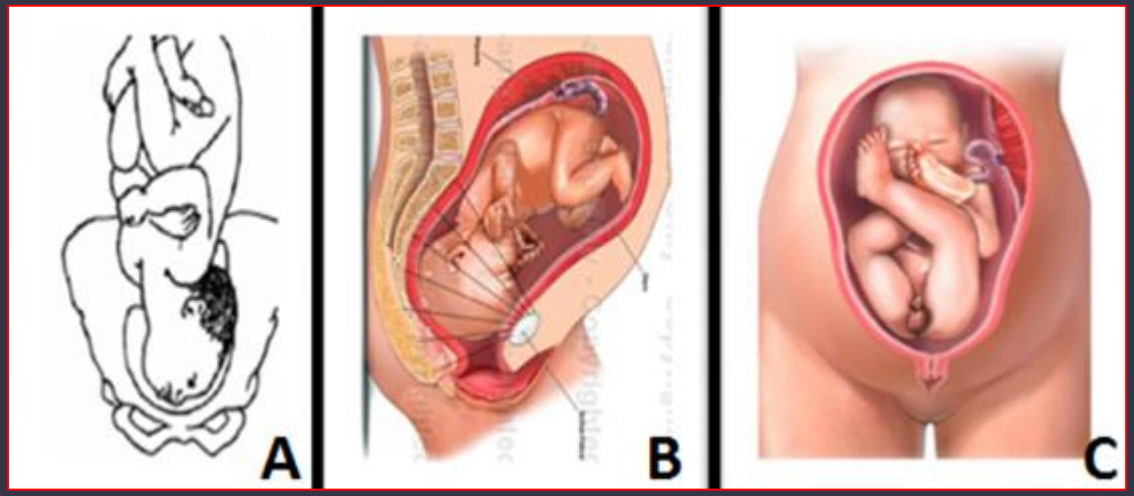
Question



- A: Shoulder presentation.
- B: Frank breech presentation.
- C: Cord presentation.

Question

1. What's the presentation in C?
   Frank Breech.
2. What's the dominator in A?
   Chin.
3. What's the position in B?
   Occipito-posterior.

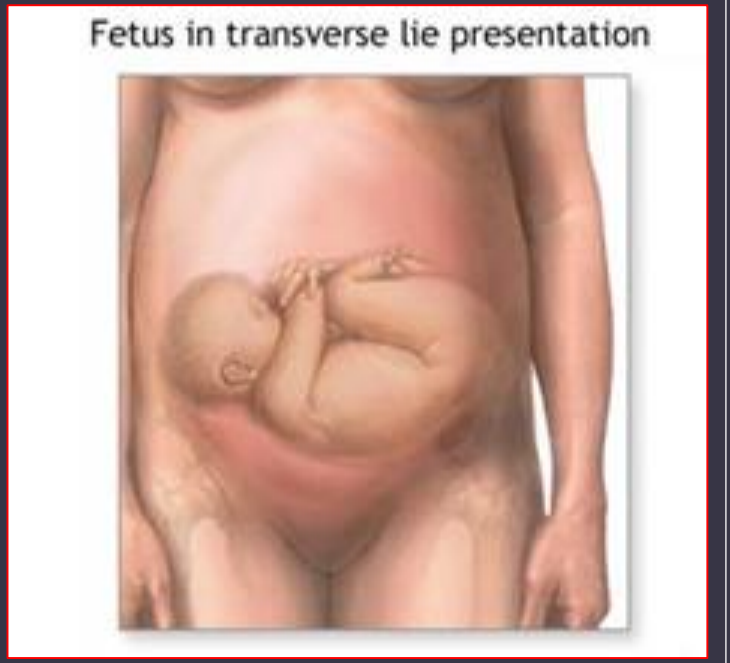


4. If the cervix was fully dilated in A; how to deliver the baby?
   Vaginally.
5. Mention one fetal cause of the presentation in A?
   Neck swelling or masses.

Question

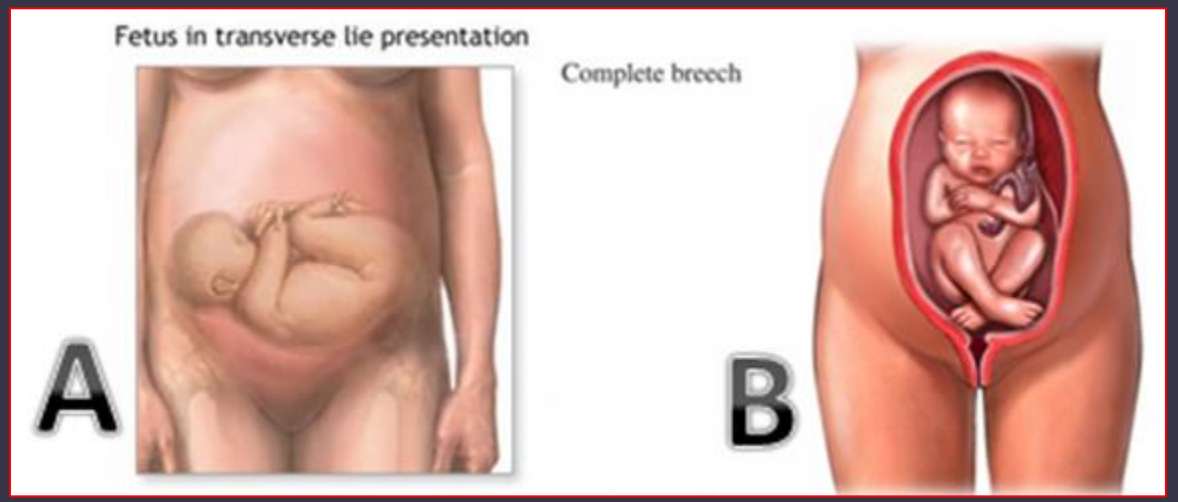
A female in the 1st stage of labor (4cm dilated & membranes are ruptured) with this picture.

1. What's your Dx?
   -Transverse lie.
2. What's the Main problem if this left untreated?
   - Uterine rupture.
3. What's your management ?
   -CS.



Question

1. What's the problem in A?
   -Transverse lie.
2. If ROM in A, what's the serous complication that could happen?
   -Cord prolapse.
3. What's the route of delivery in B?
   -CS.
4. Incidence of B?
   -3-4% at term.



يا بُنيّ ..
لو لم يَكنْ إلا أن يَرى اللهُ قَلبَك مُقيماً
على بواطِنِ الذُّنوبِ ؛ فَيُخْليكَ اللهُ وَما
تُريدُ ..
و يَكِلَكَ إلى نَفْسِك ..
ثمَّ تَفقِدَهُ عِندَ مُفترَقِ الطّريقِ !

يا وَلدي ..
خَطيئةُ القُلوبِ يَراها اللهُ بِعينِه ..
فَارحَلْ إليه بما يُحبُّ ..
ارحَلْ إليه ؛ مِثلَ ريشةٍ في الرِّيحِ ..
فبالطَّهارةِ ؛ تَبلغُ المُستحيلَ !

د.دفاع أبو هنود

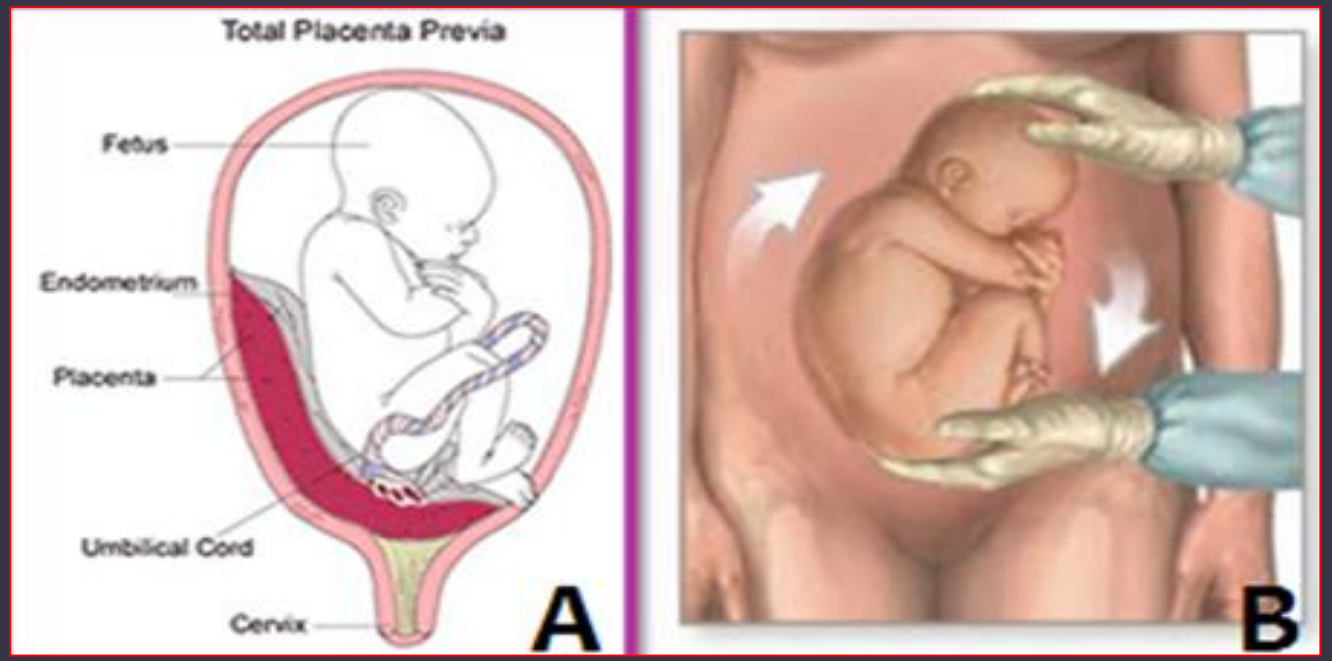
Question

1. What's the presentation in A?
   - Complete Breech (breech alone is wrong).

2. Name a risk factor for this?
   - Placenta previa.

3. What's the procedure in B?
   - External Cephalic Version.

4. When it should be done?
   - At term, or 37 weeks GA.

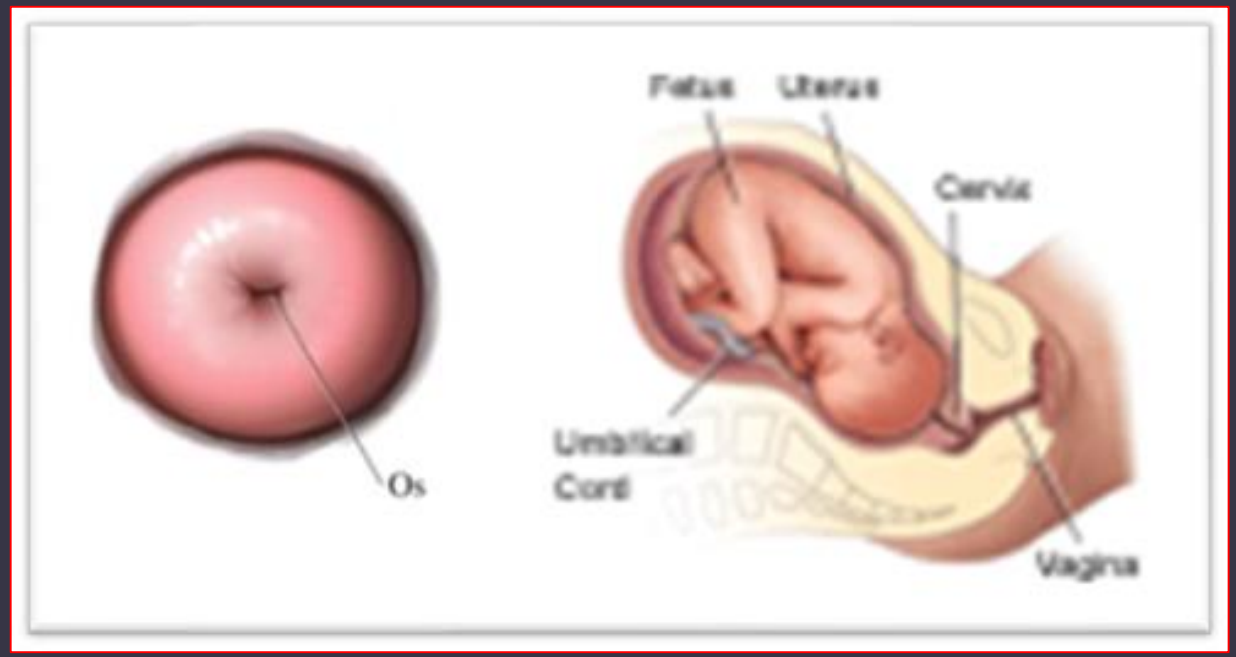


Question

1. What's the presentation?
   Cephalic presentation.

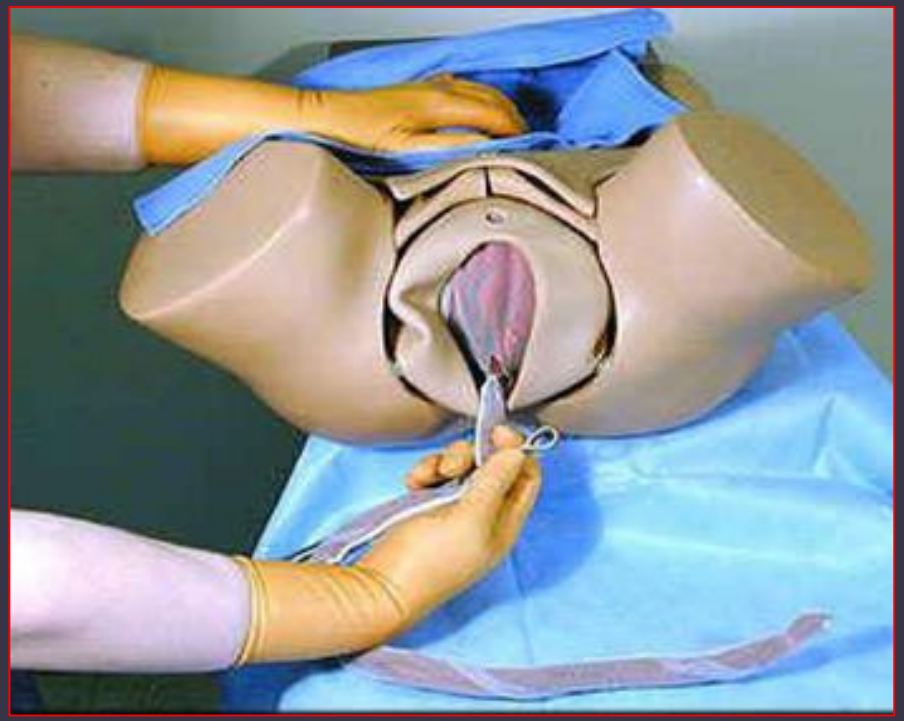
2. Cervix dilatation on picture?
   No cervical dilatation.

3. Station?
   -1 & above.



4. How can you do induction for this lady?
   Per vaginal PG.
5. Other indication of induction of labor ?
   Post-Date.

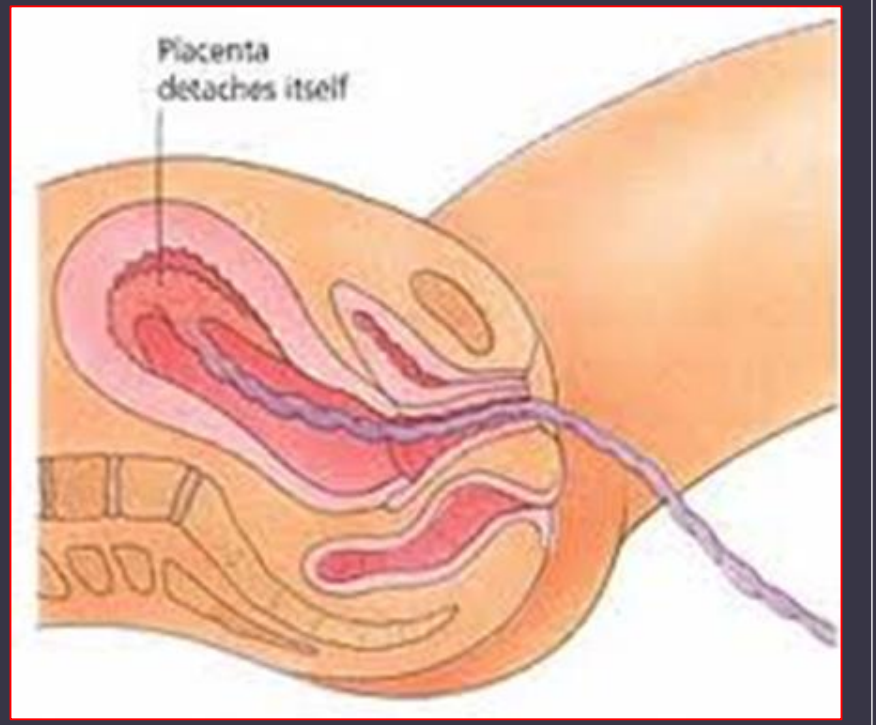
Question



1. What's this stage of labor?
   3rd stage of labor (not stage 3).
2. What's the name of this procedure?
   Controlled cord traction.
3. What's the 1st step in this situation?
   Tocogens injection (Ergometrin, Syntocinon).
4. Mention 2 benefits regarding the previous answer.
   Increases Uterine contractions, Decreases postpartum bleeding.

Question

1. What's this stage?
   3rd stage of labor.
2. What's its duration?
   Up to 30 minutes.
3. What's the 1st thing in its active management?
   Administration of a uterotonic drug.
4. When would you start this management?
   Delivery of the ant. Shoulder.
5. Mention 2 complications of bad management?
   Uterine inversion, PPH.



ثم أني قد ولّيت قلبي شطر الله ،
فكان هو السّلام الذي بحثت عنه.

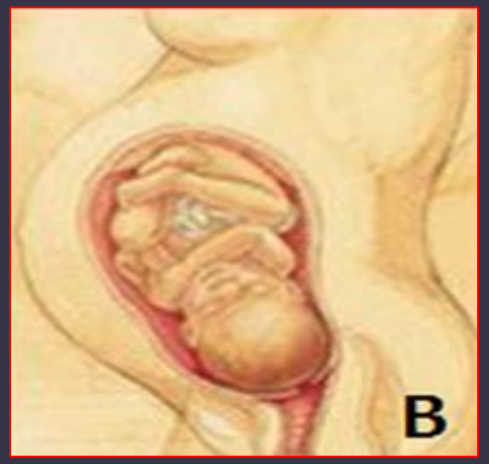
instagram.com/in.sam

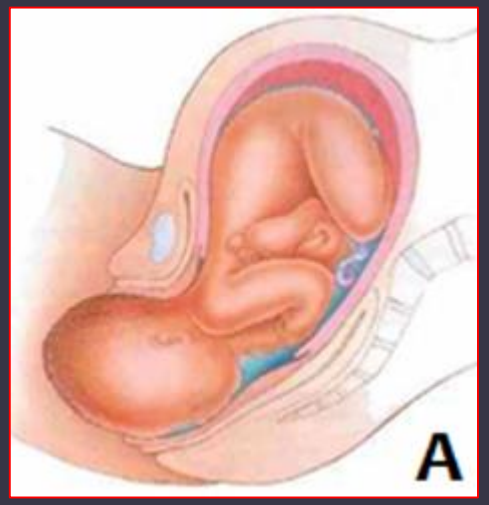
Question

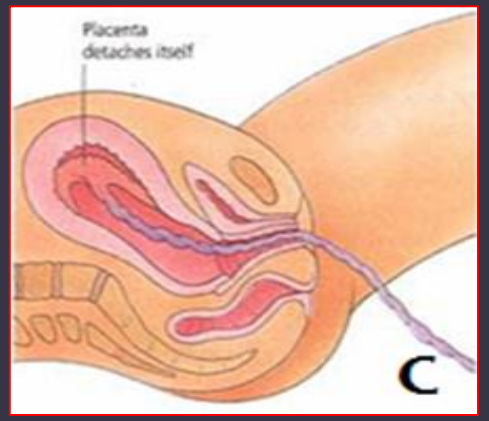
This patient is a primi-gravida:

1) What are the stages of labor?

A: Second stage of labor (not stage two).
B: First stage of labor (not stage one).
C: Third stage (not stage three).







2) What's the normal length of the stage in picture A?

2 hrs max, 3 hrs in case of epidural.

Question

About 3rd stage of labour

1) 3 signs of placental separation?

A- Globular uterus.

B- prolongation of the cord.

C- gush of blood.

2) 2 lines of active management of this stage?

A- Oxytocin.

B- Controlled cord traction (CCT).

Question

1. What's the name of this maneuver?
   McRoberts Maneuver.
2. What's it used for?

   Shoulder Dystocia.
3. Name one other maneuver you can use if this fails:

   Zavenelli, Woods', Rubin.

قيل لإبن سيرين حينما خسر ثروته : خسارتك عظيمة !
قال : هذا ذنب أنتظر عقوبته منذ أربعين سنه ..
فسألوه : وما هذا الذنب ؟
فقال : عيرت رجلاً و قلت له يا فقير .

Question

A pregnant lady presented in her 31 wk GA with abdominal pain associated with cervical dilatation 2-3 cm.

1. What's your Dx?

   - Preterm labor.

2. What's the most common cause of this Dx?

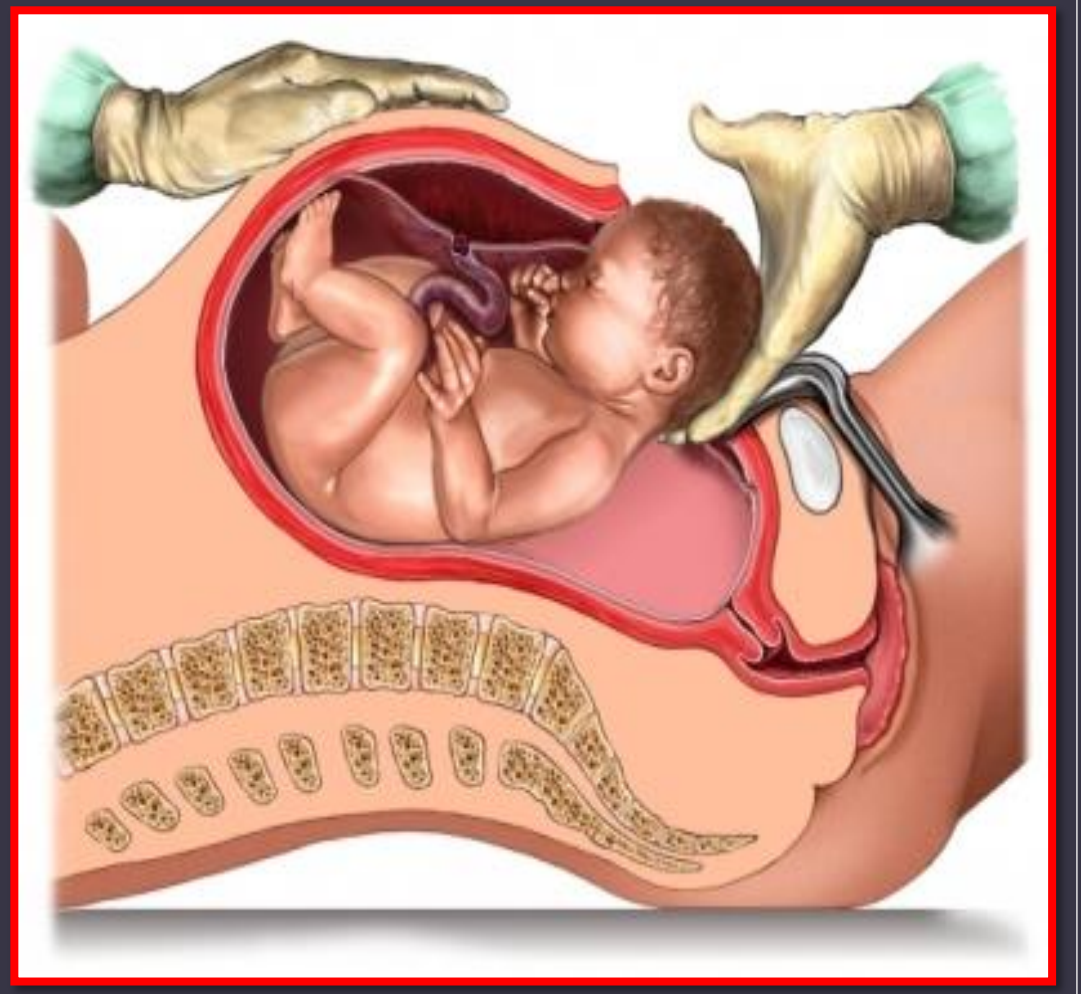
   - Spontaneous in 70-80% .

3. What's your management?

   - Admission, Prophylactic antibiotics, Steroid, Tocolytics, Monitoring of fetal wellbeing.

Question

1. What is this procedure?
   - Lower uterine segment Cesarean Section.
2. Mention 2 fetal elective indications.
   - Mal-presentation, Non-reassuring fetal testing, Fetal anomaly, Multiple pregnancy.
3. Mention 2 intra-Op. complications.
   - Organ injury (bladder, bowel, ureter), Bleeding, uterine lacerations or atony.



Question

Pregnant lady in the 2nd stage of delivery.

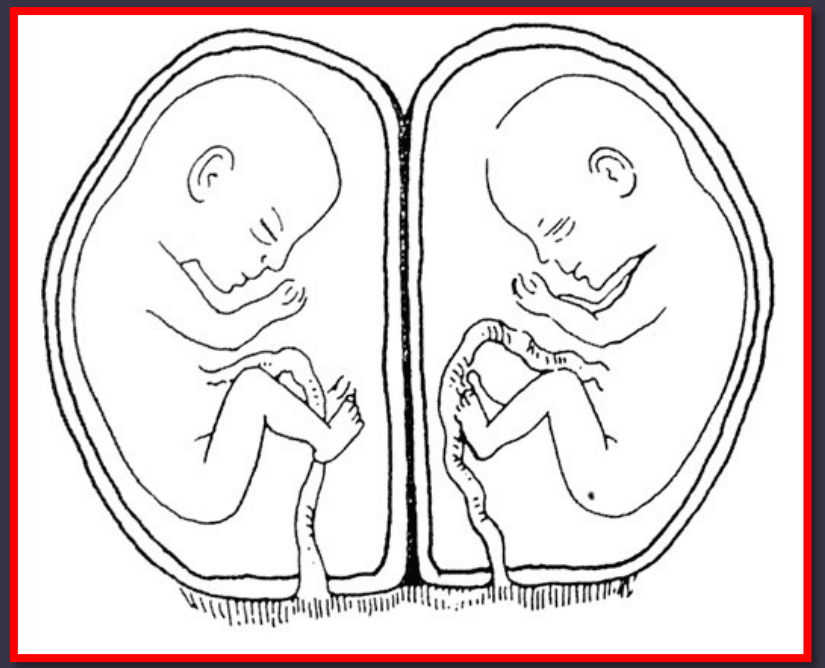
1. What's the best analgesia for her?
   -Epidural anesthesia.

2. List 2 complications for it?
   -Headache, Abscess.

3. List 3 contraindications?
   -Bleeding disorder, Sepsis, Spinal Scoliosis.

Question

Pic of Twins at 12 wks of GA.

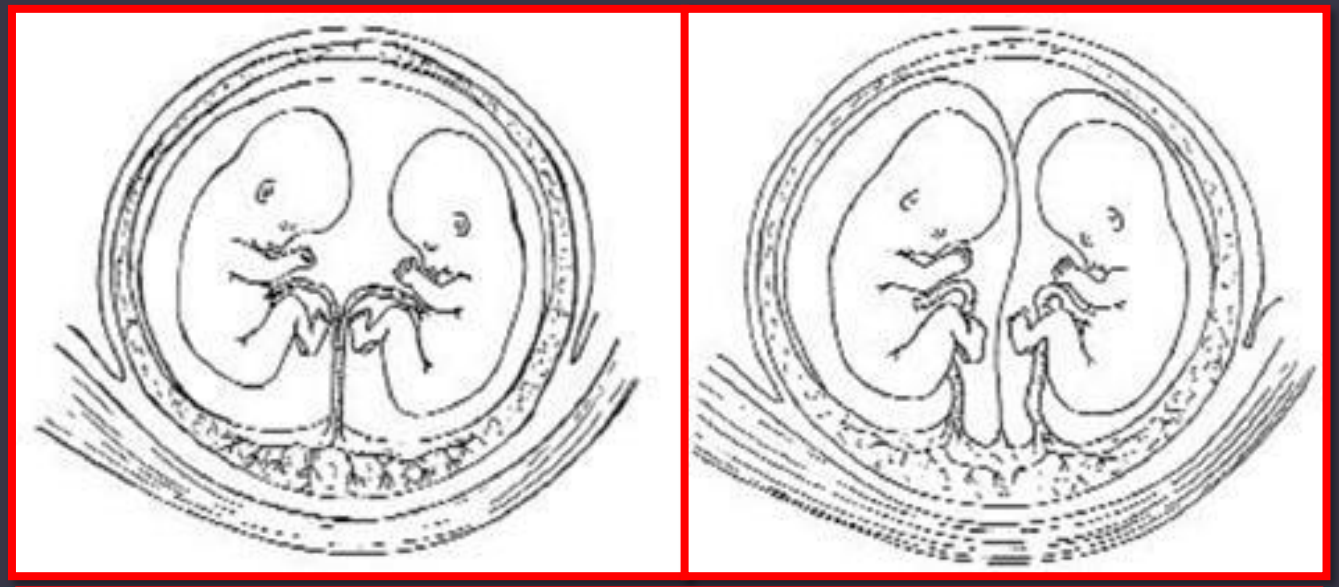


1. What is your Dx?
   Twins.

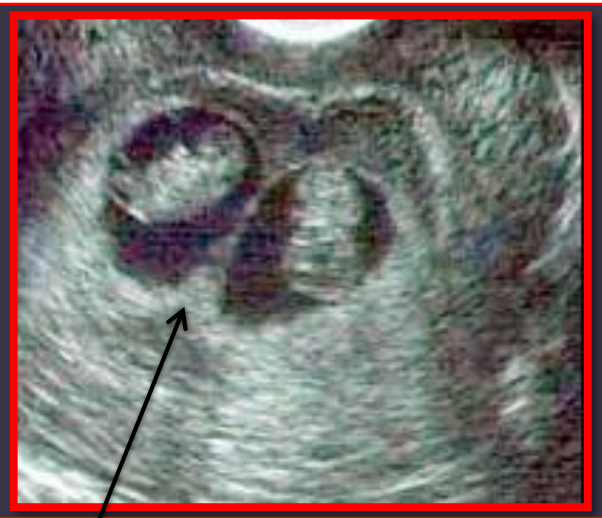
2. What's the most common type?
   Dichorionic Diamniotic.

3. Mention 2 risk factors?
   Increase maternal age & Multi-parity, Family history.

4. Mention 2 maternal complication at this age?
   Miscarriage, Hyperemesis gravidarum.



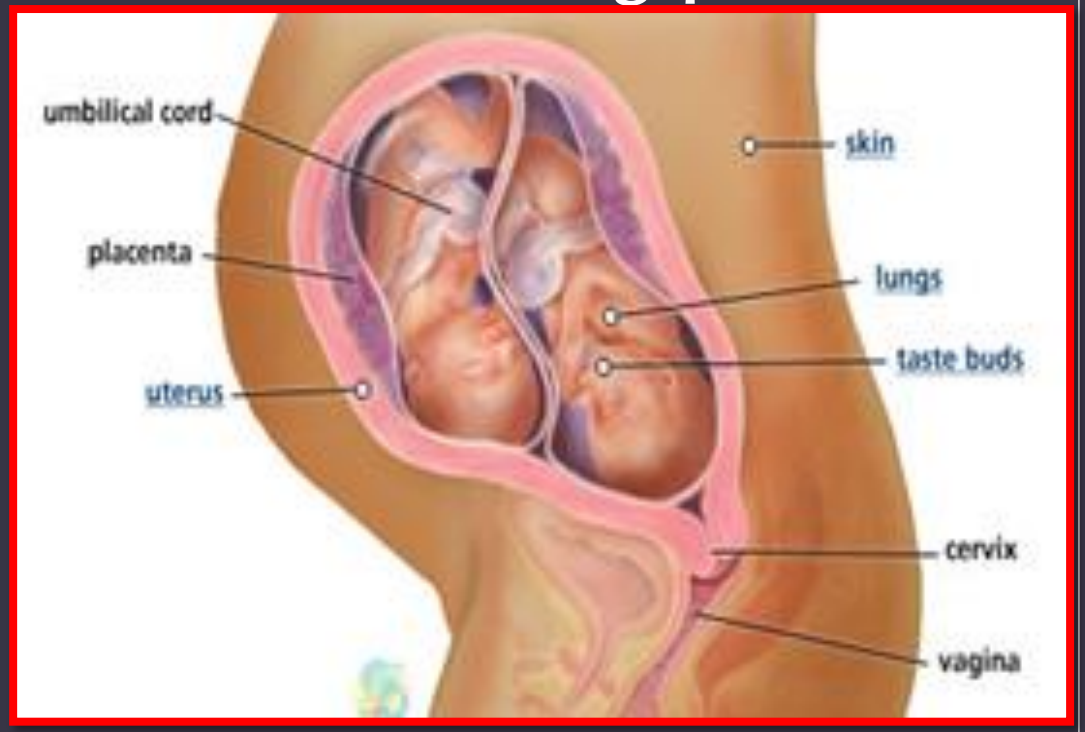
Monochorionic Monoamniotic Vs. Monochorionic Diamniotic



Lambda signs in dichorionic diamniotic

Question

A 36 wks pregnant lady came to labor with the following pic.



1. What's your Dx (& what type)?
   Diamniotic Dichorionic Twins.

2. What's the presentation of these twins?
   Cephalic\Cephalic.

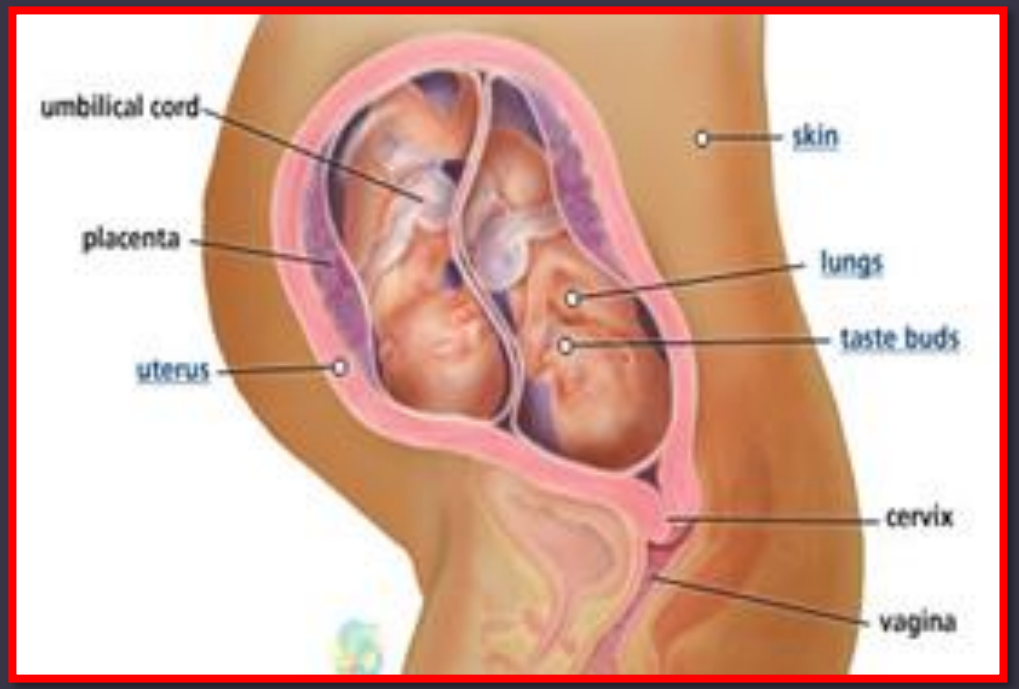
3. How you would deliver her?
   Vaginally.

4. What's the main maternal postpartum complication?
   Primary PPH.

Question

G2P1, 32 wks pregnant, her previous pregnancy ended at 35 wks., comes with regular contractions.

1) What's your provisional Dx.?
Preterm Labor.



2) 2 risk factors in this case?
Multiple gestation (twins), & previous preterm labour.

3) 2 medications that are given in this situation?
Dexamethasone & tocolytics.

أستروا ما ترون وتسمعون من عورات ألاخرين..

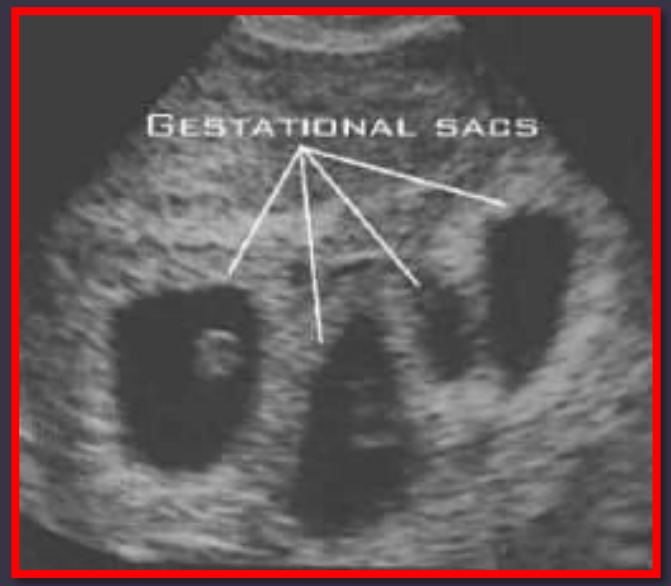
ليستر الله عوراتكم يومَ العرض عليه.

Nfoooola92

Question

1) Identify this US.

Multiple gestations: triplet, twin.



2) What's the incidence of these conditions.

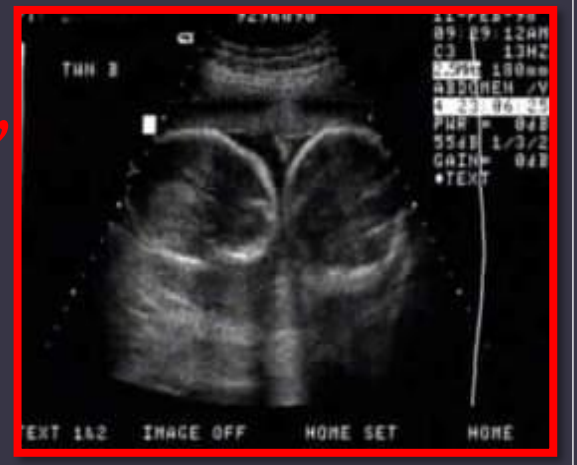
Hellen's rule (1:80 n-1):

1. triplet 1:6400.
2. twin 1:80.

3) What complications are associated with this condition?

- Fetal: miscarriage, preterm, IUGR, fetal abnormalities, fetal death.

- Maternal: HTN, GDM, anemia, APH, Amniotic fluid embolism, PPH, hyperemesis gravidarum … (more of every thing!).

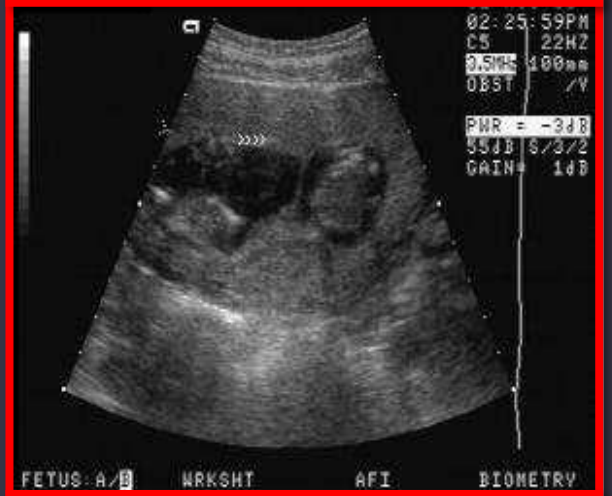


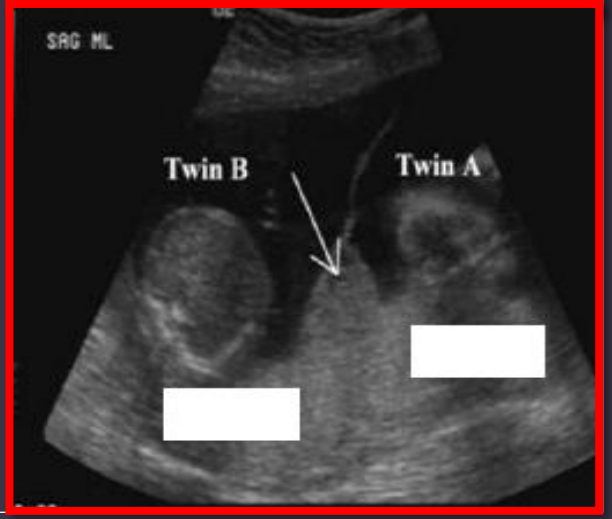
4) What conditions are at increased incidence of this?

Artificial ovulation, ART, previous Hx., family Hx.

Question

1. What type of twins is this?
   Dichorionic Diamniotic.
2. Name the sign marked by an arrow?
   Lambda sign.
3. What's the common cause of mortality in this case?
   Prematurity.
4. Mention one factor that cause this condition.
   IVF.
1. When can you specifically determine type of twins?
   Late in 1st trimester.





Question

A G6P5 lady delivered a 4kg baby with forcipes & lost 800 ml blood.

1. What's your Dx?
   Primary PPH
2. Mention 2 possible causes.
   1. Trauma.
   2. Uterine atony.
3. Mention 2 possible risks from the Hx.
   1. Large baby (risk of uterine atony).
   2. Multiparity (risk of uterine atony & trauma).
   3. Instrumental delivery (risk of trauma).

Question

Grand multi-para had prolonged labor 10 days ago & had CS, now came to your clinic with severe vaginal bleeding.

1. What is your Dx?
   Secondary post-partum hemorrhage .
2. What is the cause?
   Endometritis
3. Name the 2 most important investigations to be done?
   Speculum exam: High Vaginal Swab, US, CBC.
4. Name 2 risk factors for the condition above?
   Prolonged labor, CS.

Question

A pregnant female (twin pregnancy) presented with a BP 160/90 & was induced by Oxytocin, then she was delivered. Presented then with vaginal bleeding within (I couldn't remember the duration but for sure < 24 hour), on inspection there are no laceration, blood is clotting. With palpation the uterus was above the umbilicus.

1. What's your Dx?
   Primary PPH.
2. What's the cause for the above?
   Uterine Atony.
3. What's the cause for the above?
   Multiple Gestation.

ومن كان رغبتُه في الله؛ كفاه الله كلَّ مهم، وتولاه في جميع أُموره، ودفع عنه مالا يستطيع دفعه عن نفسه، ووقاه وقاية الوليد، وصانه من جميع الآفات. ومن آثر الله على غيره؛ آثره الله على غيره. ومن كان لله؛ كان الله له حيث لا يكون لنفسه، ومن عرف الله؛ لم يكن شيءٌ أحبَّ إليه منه، ولم تبق له رغبةٌ فيما سواه، إلاَّ فيما يُقرِّبه إليه، ويعينه على سفره إليه.

Question

A 37 weeks pregnant lady admitted to the labor room because of severe abruption and had spontaneous vaginal delivery. Estimated blood loss after delivery was 1500 ml. uterus was contracted.

1. What is the degree of severity of this PPH?
   severe
2. What is the most likely cause of this PPH?
   DIC
3. Mention 2 specific treatments of this cause other than primary resuscitation.

Question

G2P1, previous delivery was at 34 weeks, presented now at 32 weeks gestation with labor pain. She is normotensive, with single fetus, cephalic and good fetal heart, vaginal examination showed cervix 7 cm dilated, vertex at zero station with clear liquor. Blood group is O+

1. Mention 3 main points in your immediate specific plan for management
2. Mention the main possible cause for her problem
3. Mention one investigation to confirm this diagnosis in non-pregnant woman.

Question

A case of preterm labor due to cervical incompetence. You have to proceed for delivery because of the dilated cervix and engaged fetus, so no role for tocolytics.

Question

28 year old pregnant woman ,G1P0, 39 week gest. Age,150cm tall, presented to ER with passage of gush of fluid , but no abdominal pain or uterine contractions or cervical changes.

1) What is your diagnosis?

- PROM

2) What is the worst complication worrying you in this setting?

- cord prolapse

3) Then , the doctor gave us a partogram for this patient done for her after she admitted and entered labor, and he asked: What is the cervical dilatation& no. of uterine contractions at 11 am?
from the paper:
Cervical dilatation: 5 cm
Uterine contractions: 4/10 minutes(effective)

4) After 4 hours , if cervical dilatation still the same(5 cm) ,station -2 , with significant caput and moulding, what do you call this?
primary arrest (this was the only answer accepted)

5) What is your appropriate management for this?
emergence CS

Note : Augmentation of labor was not accepted because there is effective uterine contractions and the presentation is typical of obstructed labor(CPD) because of presence of severe molding and caput and no descent.

هُناك أشياء تحزنك ولكنك لا تملك القدرة على تغييرها
تلك الأشياء لا تحتاج منك تفكيراً وانشغالاً ومعاناة
بل تحتاج منك تفويضاً وتسليماً
أن تقول : لا حول ولا قوة إلّا بالله وأنت تعي
أن تلك المشكلة قد خرجت من حولك وقوتك
إلى حول الله وقوته وتمضي بسلام

INSTRUMENT

Question

1) Name the instruments.

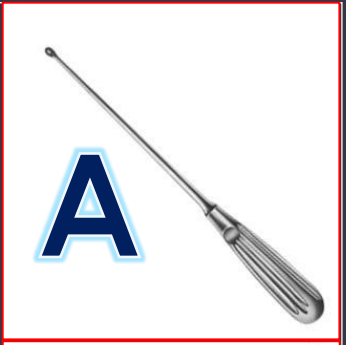
A. Uterine curette.

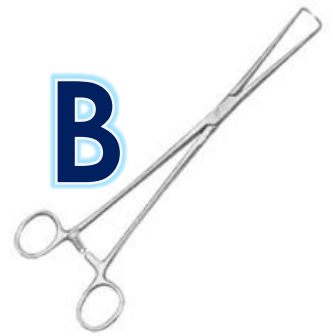
B. Tenaculum.

C. Cervical dilator (**Higar's**).

D. Uterine sound.

E. Sim's speculum.





2) Mention 2 procedures that can be done by them or (some) of them.

Dilatation & curettage, Evacuation& curettage, Insertion of an IUCD.

(note that if there's no cervical dilator, don't answer D&C).

3) What is (D) used for?

Uterine depth & position.

4) Give 2 immediate & one late complications.

Immediate: perforation, bleeding.

Late: Adhesions, Infection.

5) Mention 2 intra-operation steps you should do.

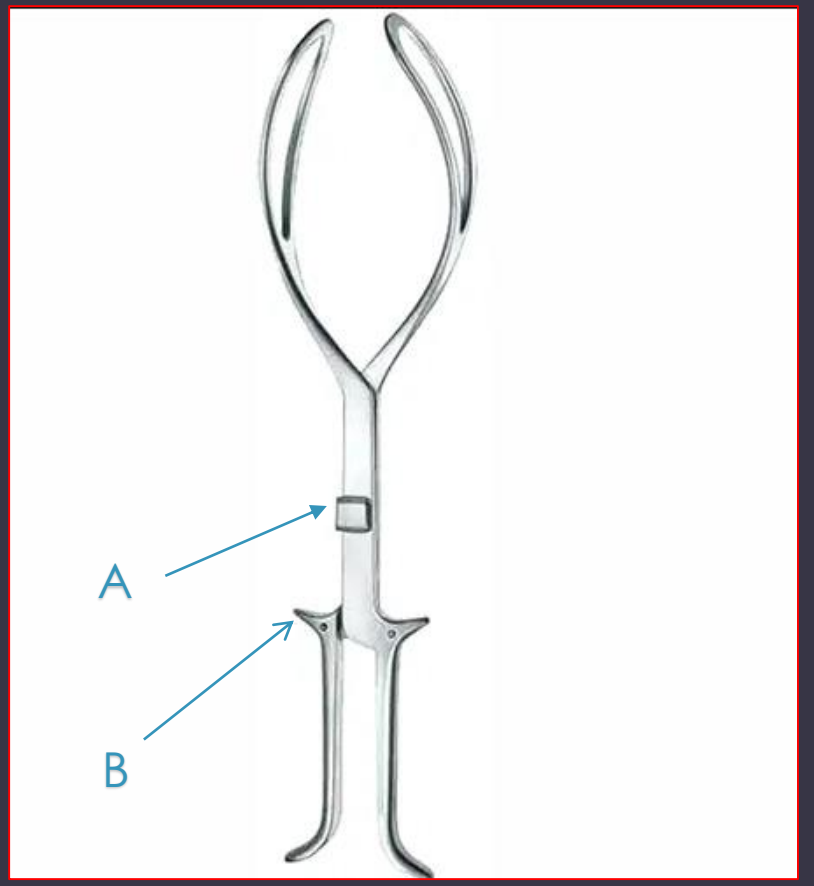
Emptying bladder, Bimanual examination.

Question

1. **What's the name of this instrument?**
   Kielland Forceps.

2. **What's the main use of it?**
   Rotation & traction.

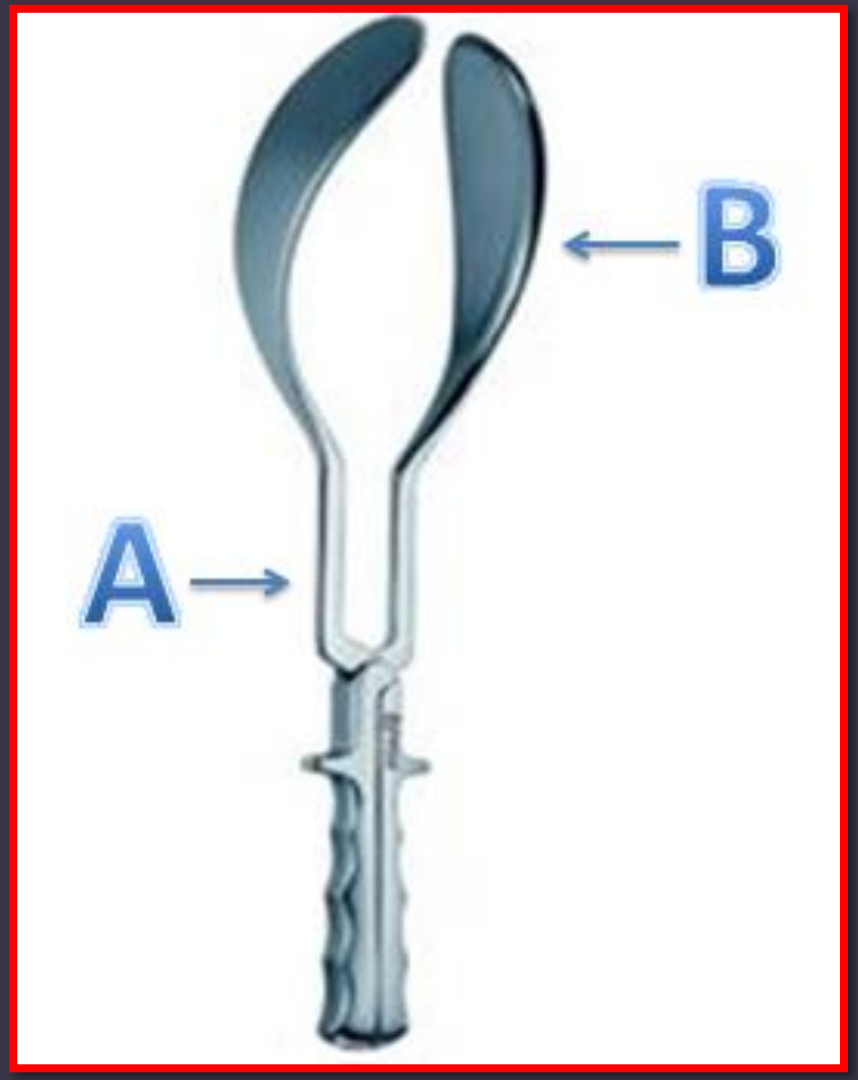
3. **What are the parts indicated by A & B?**
   Sliding Lock, shoulder.



4. **What's the function of A?**
   Fixation, so blades can't open beyond handle closure limit.

Question

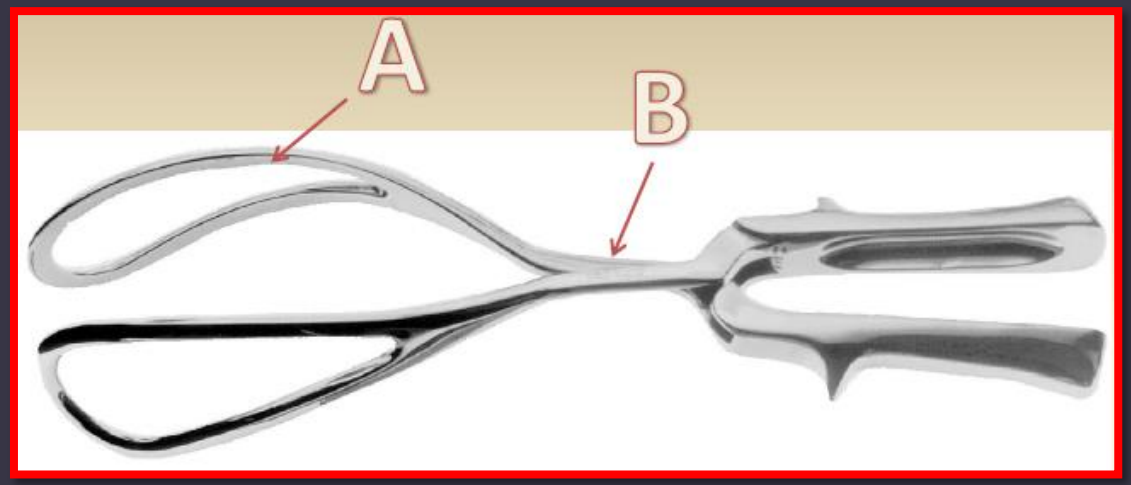
1. What's the name of the instrument?
   Tractional forceps.
2. What's its main use?
   Assisted (instrumental) vaginal delivery.
3. Mention another instrument of the same use.
   Vacuum tractor.
4. What are the parts indicated by A & B.
   A. Shank.
   B. Blade



Question

1. What's the name of this instrument?

   Simpsons Forceps.



2. Name A & B parts.
   - A: Cephalic Curve
   - B: Shank.

3. What's it used for?

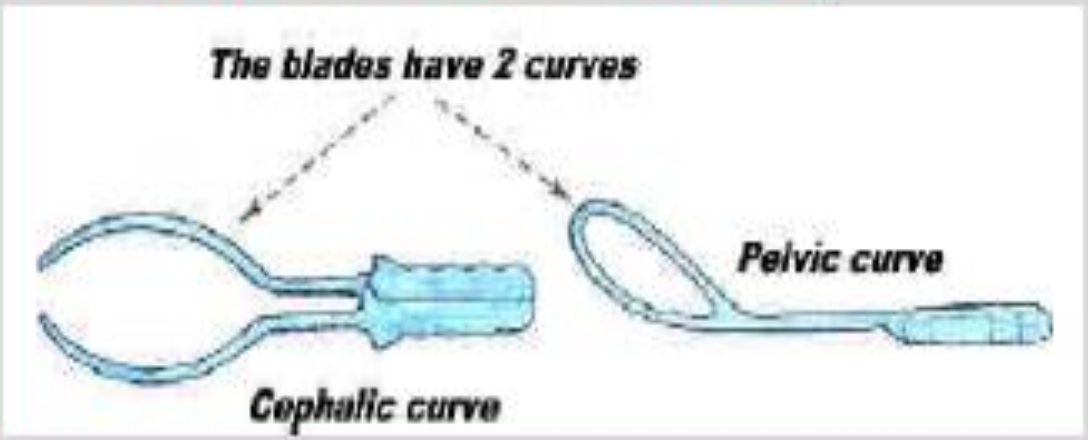
   - Traction of the fetus.

4. Name other instrument can be used for the same purpose.

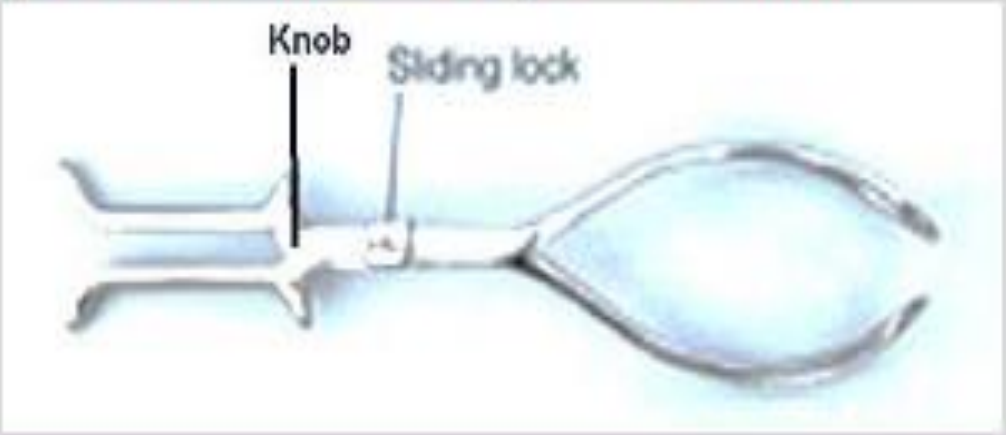
   - Vacuum Extractor.

Correction for the 6th year clinical skills lab notes:

- Cephalic Vs pelvic curve



-Kielland Forceps Lock Vs Knob

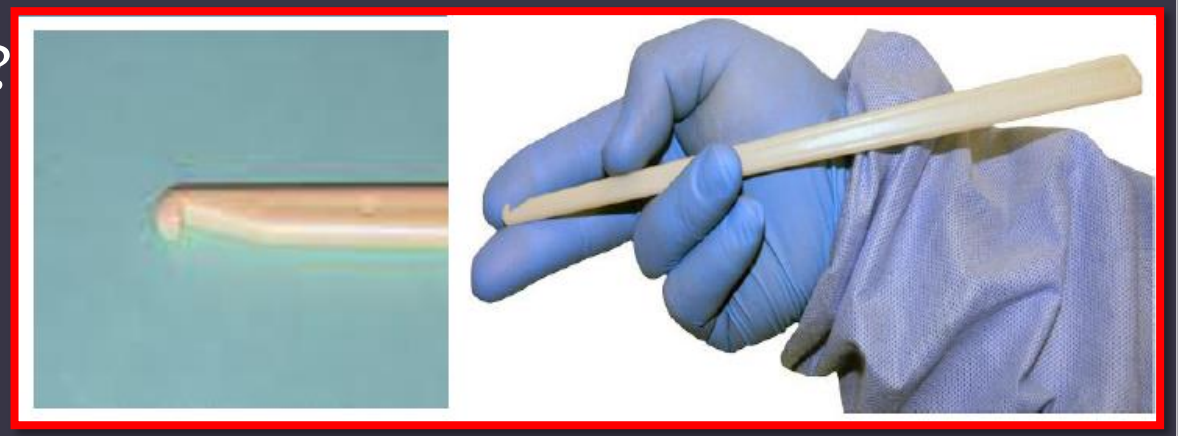


" حين تقرأ القرآن وأنت حزين
تلتّف الآيات حول قلبك كضماد
_letit_flow
وتمتص كل ما يؤلمك ،
تشعر كأنها تُطبطب على قلبك
وتخبرك أن لا بأس عليك !!"

Question

1. What's the name of this instrument?

   - Amnion-hook.



2. Why it's used?

   - Artificial Rupture of membrane.

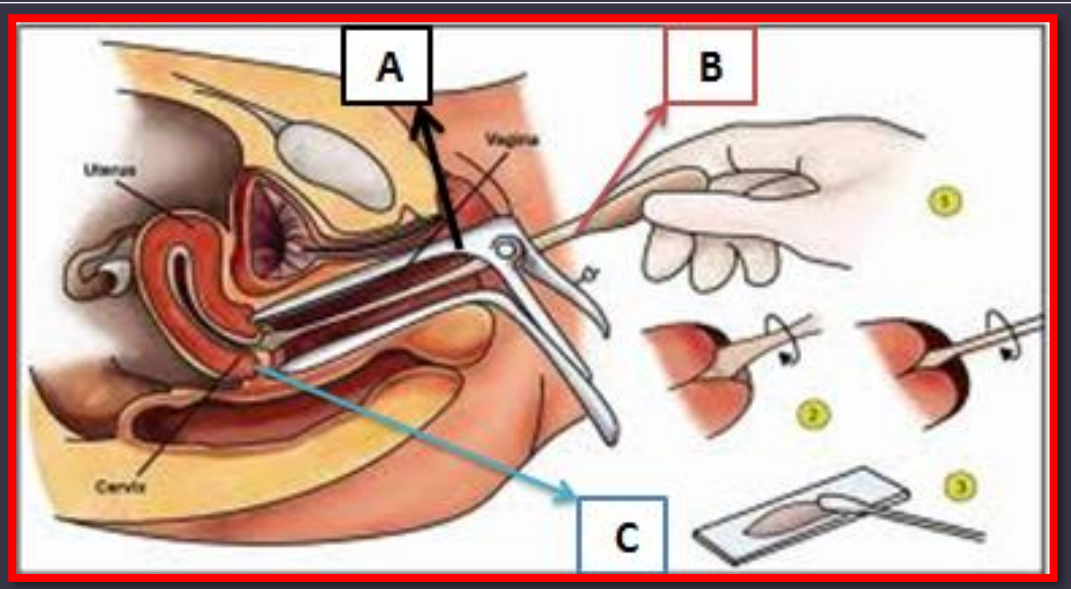
3. What's the most important complication?

   - Cord prolapse.

4. Name 2 steps you would do to identify this complication.

   - PV, Fetal CTG.

Question



1. Name the test?
   Pap smear.

2. What's the benefit from this test?
   Screening test to early detect precancerous cervical lesions.

3. Name A, B, & C.
   A. Bivalve speculum.
   B. Spatula.
   C. Posterior lip of the cervix (to take the biopsy from Transformation zone).

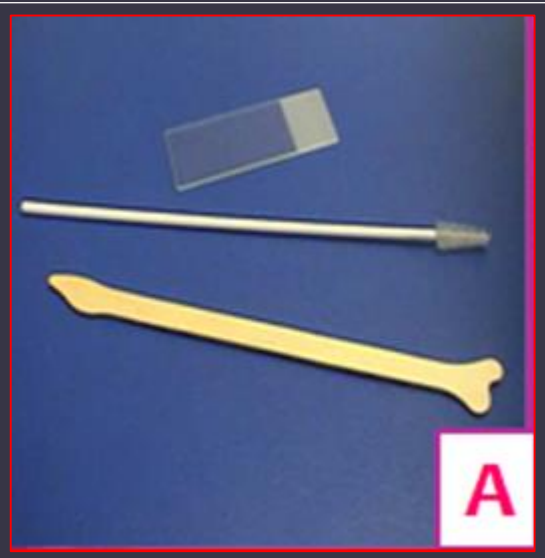
Question

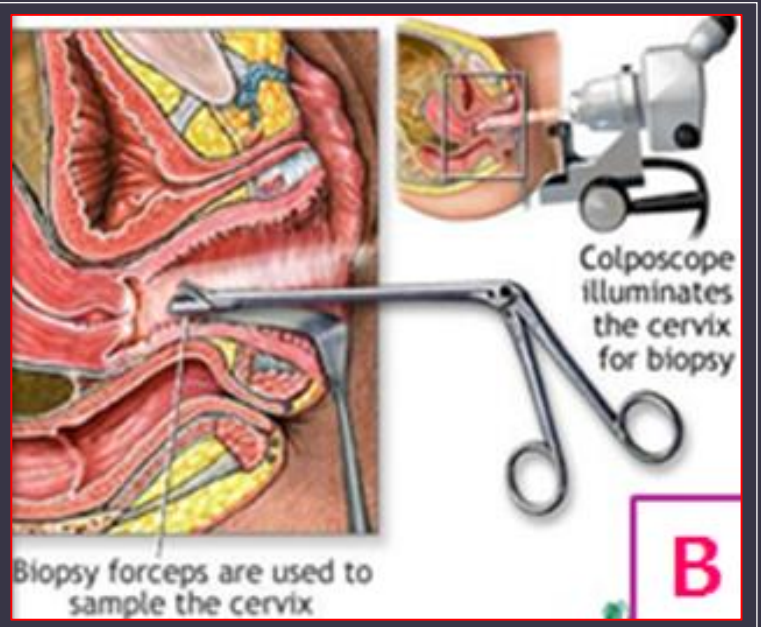
1) What is A,B,C?

A. Conventional pap smear.

B. Colposcopy.

C. Cold knife conization .



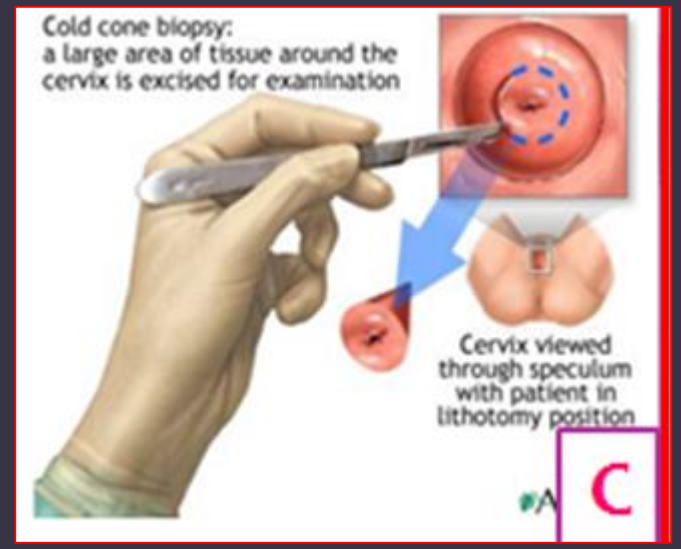


2) Give alternative to A? & What's it used for?

Liquid based pap smear, used to screen for cervical CA (to detect the pre-cancerous lesion CIN).

3) A pap smear was done for a pt, showing (HSIL), what's the next step?

Immediate referral to colposcopy, take punch biopsy +/- endocervical curettage.

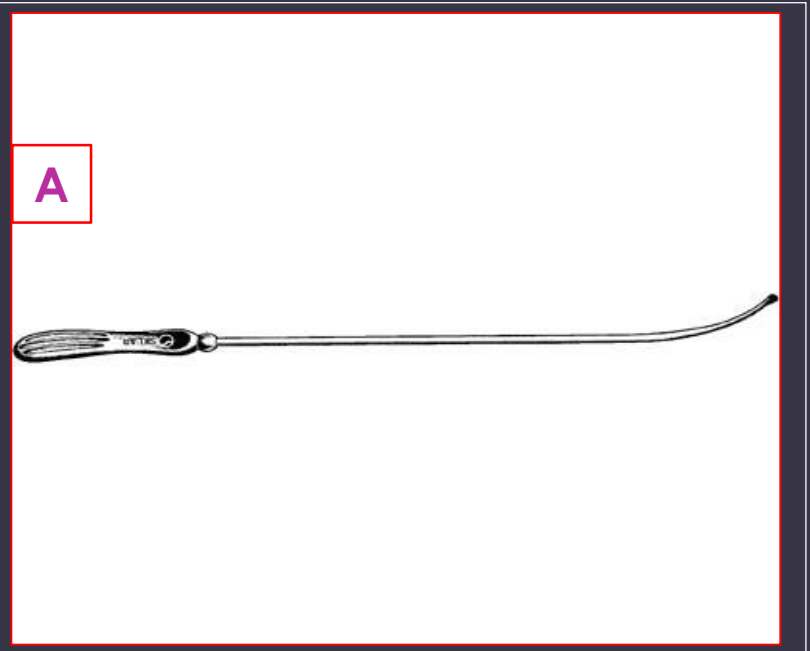


Question

1. What is A , B?
   A. Uterine sound.
   B. Mirena.

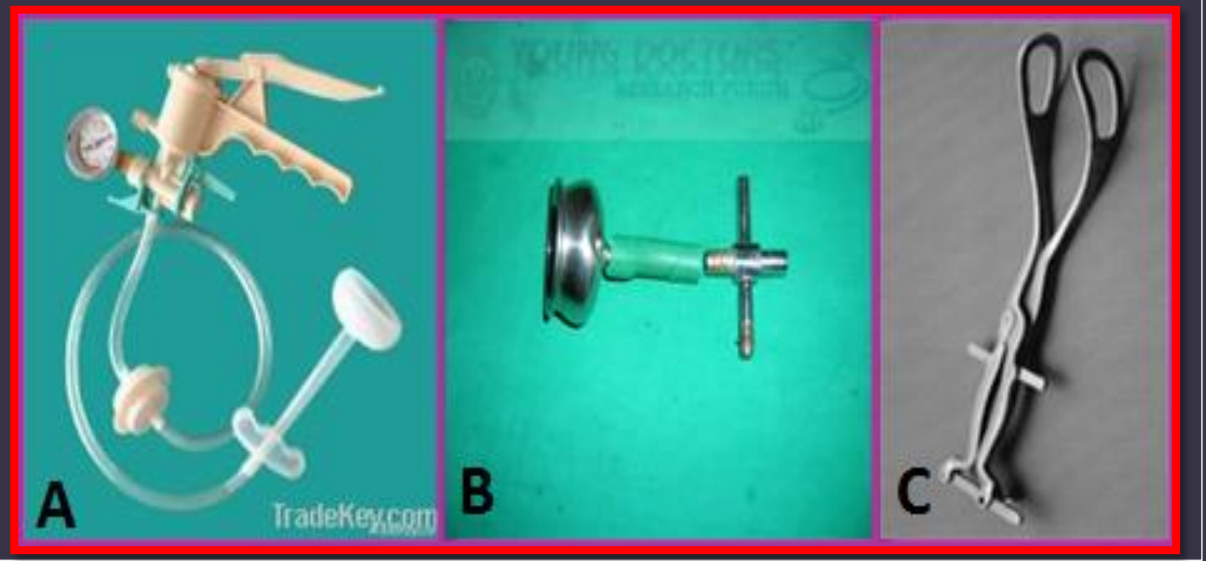
2. List 2 procedures in which A is used ?
   A. D&C.
   B. IUCD insertion.
   C. Taking endometrial biopsy

3. List 2 conditions in which B is used?
   A. DUB.
   B. Contraception



Question

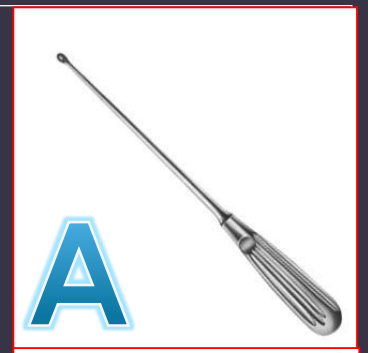
1. Name these instrument?
   A: Plastic vacuum B: metallic vacuum C: Rotational Forceps.
2. Give one specific complication of it.
   - Cephalohematoma.
3. In which presentation we can use it?
   -Vacuum, we just use it in cephalic vertex, but the forceps can be used in any cephalic presentation.

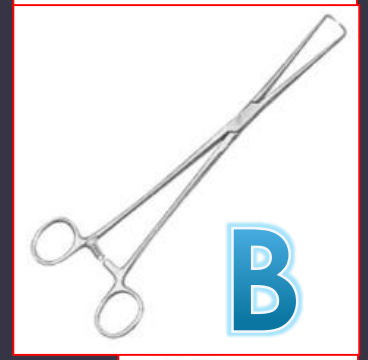


Question

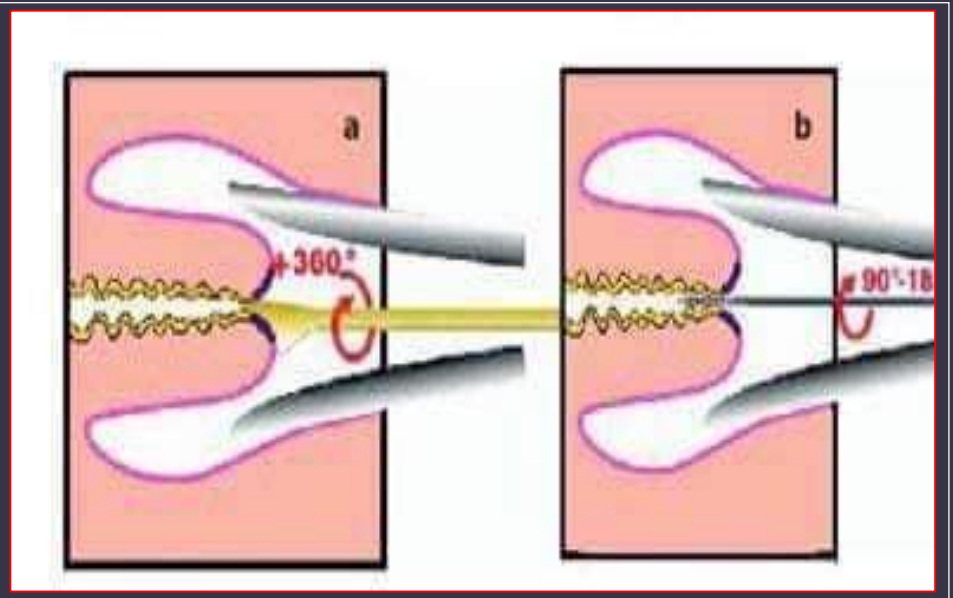
1. Name the instruments
   A. curette
   B. tenaculum
   C. Higars
   D. Uterine sound
   E. Sims speculum
2. Mention two procedures can be done by them or (some) of them?
   Evacuation& curettage E&C (introduce of IUCD)
3. What is D used for ?

uterine depth and position





Question



1) **Instruments name:**

A. cervical spatula

B. endocervical brush

2) **Name of the labelled area:**

transformational zone

3) **Definition of the area;**

area between old and new sequamo-columner junction

4) **2 methods for screening:**

cervical cytology, high risk HPV testing

5) **Methods of cervical cytology;**

Conventional method, liquid based cervical cytology

6) **If cytology show CIN 2 what is the next step:**

colposcopy + cervical punch biopsy + endocervical curettage

Question

1-naming them ?

2-operation could be used for:

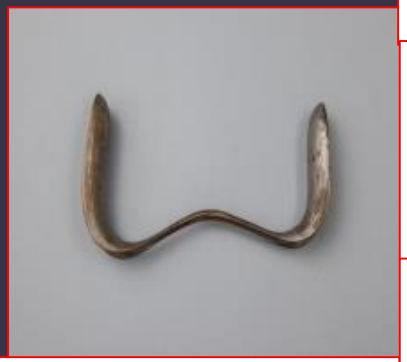
dilatation and curettage , Hysteroscope

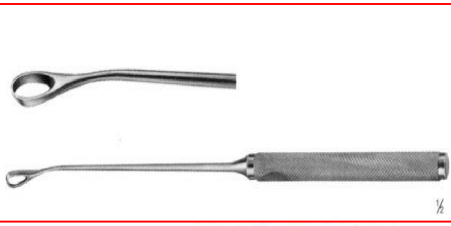
3- early and late complications for that procedure ?

Cervical laceration , Uterine perforation, Asherman , Infection

4- pre- requests :

GA , Lithotomy position and cleaning the area by sponge forceps





Question

Patient with BISHOP score of 7.

1) What is your next step?

Artificial Rupture of Membrane +/- Oxytocin infusion.

2) Name the instrument.

Amniotic hook.

3) Mention two complications of using it.

- Cord prolapse/compression, Chorioamnionitis.

لا زِلت بعد كل موقفٍ أعاصره ؛ أتعلَّم..
أبادل نفسي فُرصًا تستحقها، أسمَح لها أن تعرف بسلام
لماذا حدث ذلك؟ من أين؟ وكيف؟
وما غايتهُ التي ستثمر بعد مروره؟
أسمَح لها بالإلتقاء مع الأيام، والانفصال قليلاً عنّي..
أدعوها للارتياح ولو لبضعة قليلة من الوقت..
كانَت تعبُر الأحداث من خلالي، تبعثرني، ولا أعيرها بالي وانتباهي!
يشتَد حُزني.. وتنعدم رؤيا بصيرتي للنعيم المختَار لي بعناية..
ربما كانَ مرور خمسة وعشرون عامًا كافيًا ليذبل ويتقازم هذا الشعور
ويتحسّن بالانتباه على ما هو أفضَل..
تعلّمت ولا زِلت أتعلَّم كيف أقول الحمدلله كأنها لا شيء
باقٍ، سامحةً بذلك لمساحة تليق بكل الأشياء التي ستعبر من خلالي،
دون أن تستطيع بعثرتي، لأنني أنتبه لها وأُعيرها بالاً
طويلاً جدًا للتعرّف عليها بهدوء وقرار واتزان.

Question

1. Name the instrument.
   Traction Forceps

2. Mention two presentations you can use it for. (Be specific)
   A. **Face** mento-anterior
   B. **Vertix** occipito-posterior.

3. Mention two complications.
   Fetal facial nerve palsy, maternal genital trauma.

Question

1. what is the diagnosis?

uterine polyp.

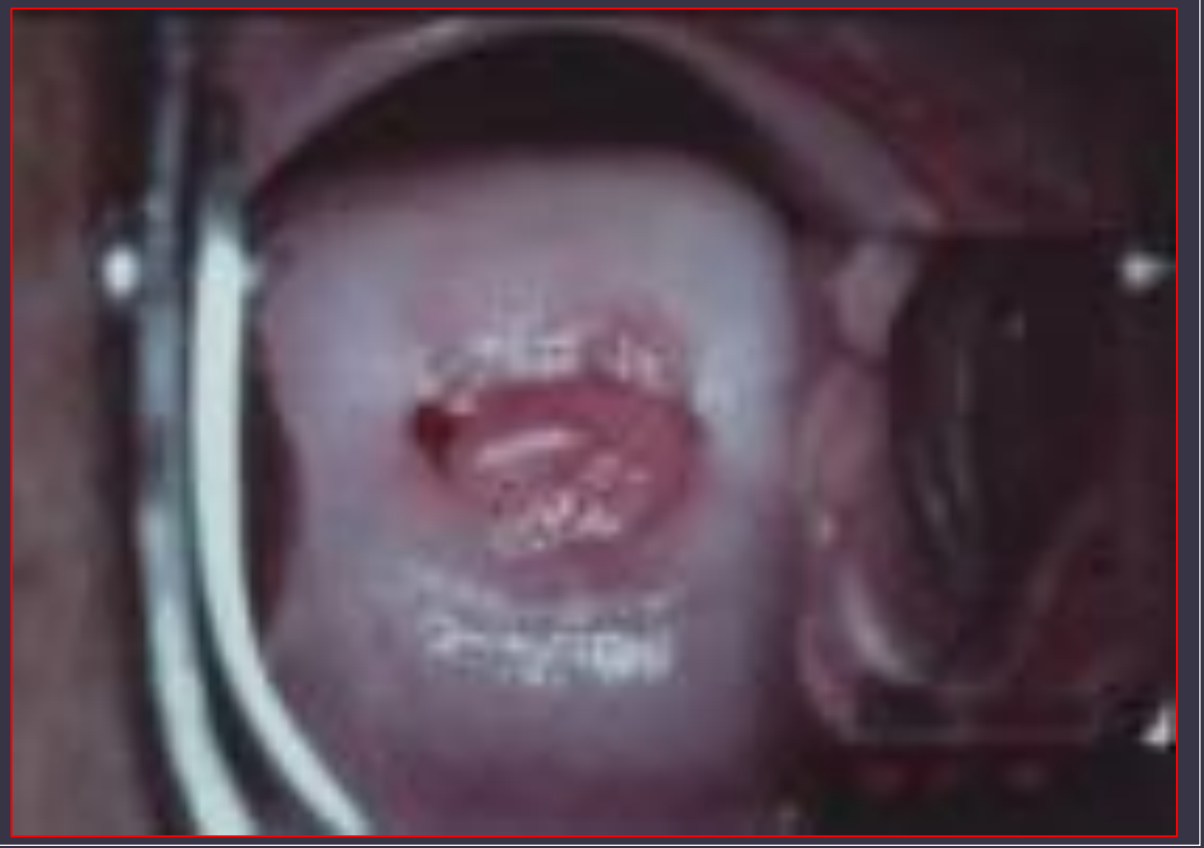
2. what are 2 presentation?

bleeding?

dyspareunia?

3. what is the name of the instrument?

cusco speculum." bivalved speculum"



Question

Name each instrument.

A. sims speculum.

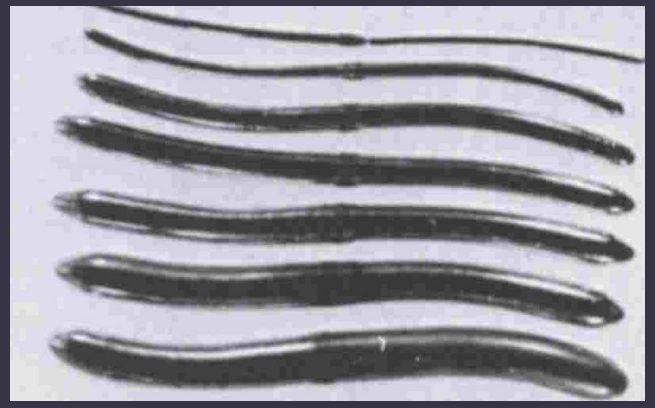
B. cosco speculum.

C. hegar dilator.

A.

B.

C.



Question

- 30 year old lady, came to the clinic for pap smear.

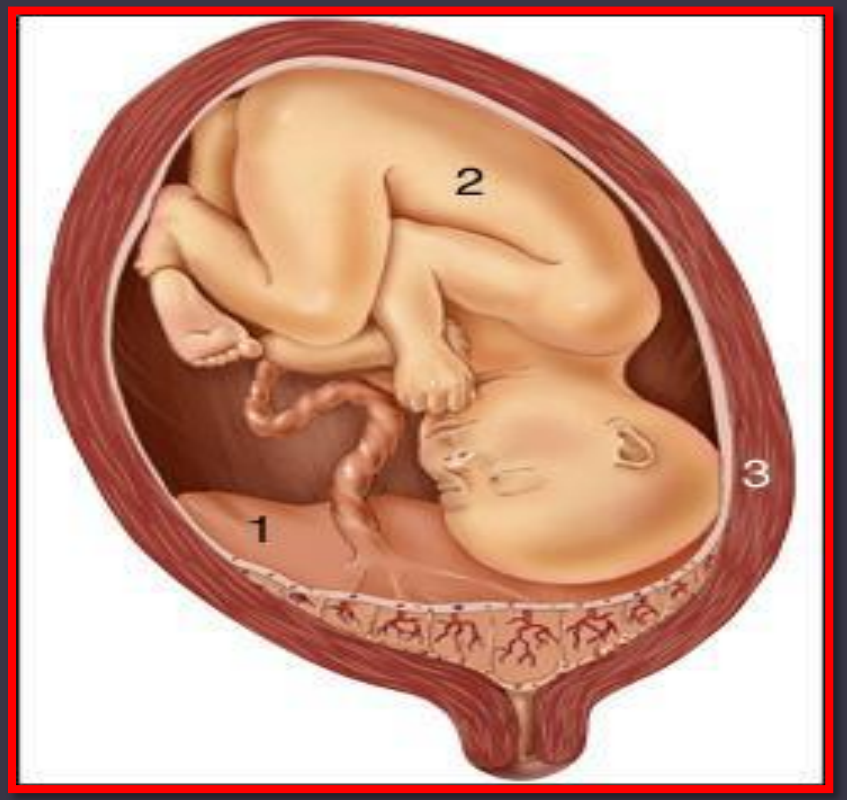
1. what is the name of the instrument
   Cytobrush
2. What is adequate smear?
   The smear contain cells from both endocervix and ectocervix
3. What is your next step if the smear showed HSIL. (severe dyskaryosis)?
   colposcopy
4. Punch biopsy showed CIN3, what is your best treatment option?
   Loop excision of the transformation zone
5. Is it safe to do cervical smear for pregnant woman?
   Yes


قال أحد الصالحين لابنه
! ألا أدلك على القوة التي لا تغلب
قال : بلى قال : توكل على الله

Antepartum Hemorrhage (APH)

Question

35 YO pregnant lady, G6p5, had previously 2 C/S.



1) What's your Dx.?

Placenta previa (there was no mark on totalis).

2) Mention 2 risk factors in this pt.

A. previous CS.

B. grand multipara.

3) What's the classical presentation for it?

Painless vaginal bleeding (painless has ½ the mark).

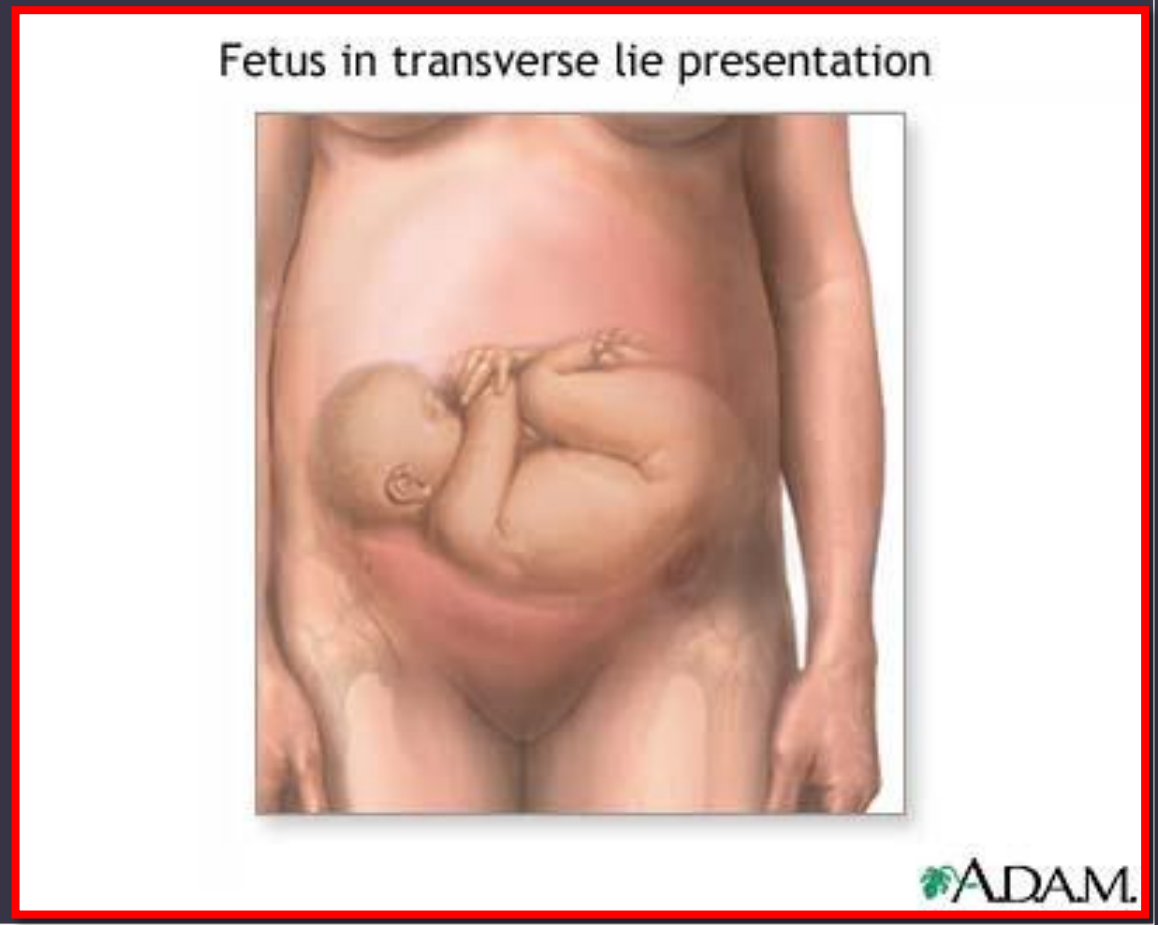
4) Mention 1 major complication?

PPH, Malpresentation

Question

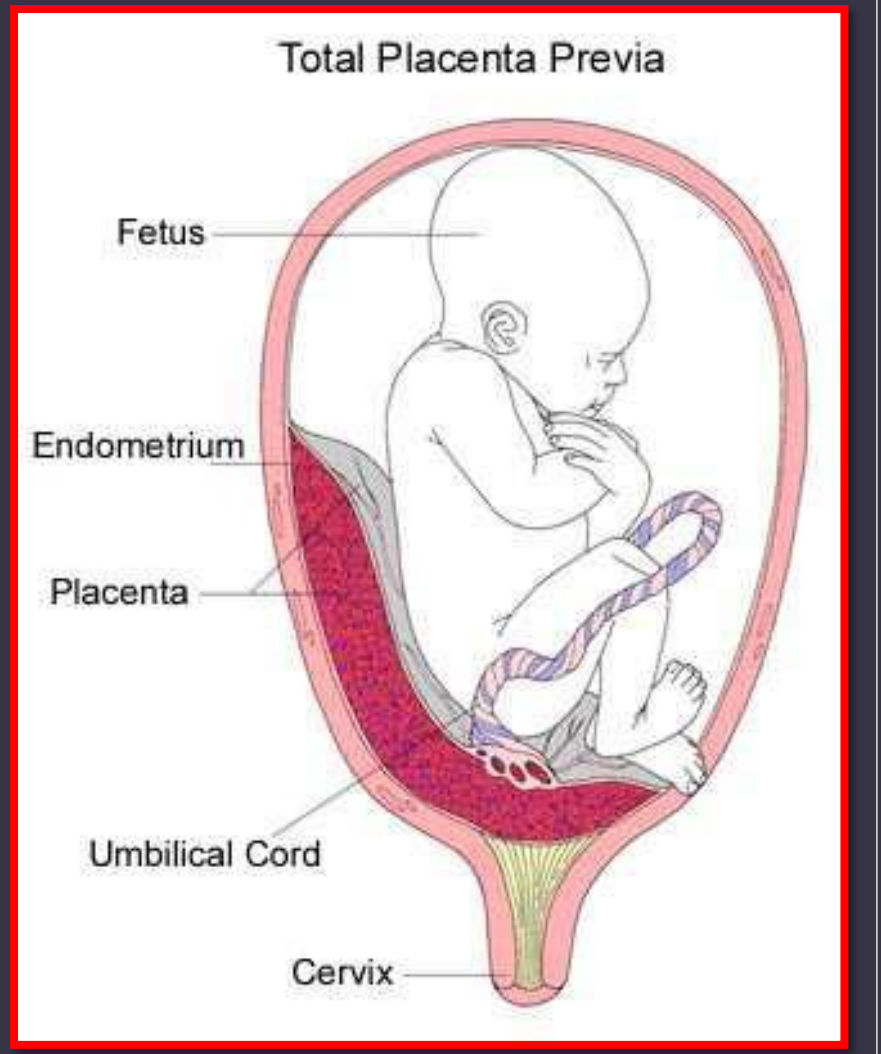
Transverse lie at 32 weeks GA.

1. What's your Dx?
   Placenta Previa with Transverse lie
2. Mention 2 risk factors.
   Placenta Previa & Tumor.
3. What's the most common cause of perinatal mortality?
   Prematurity.
4. Mention 2 complications.
   A. Obstructed labor
   B. Cord prolapse.



Question

1. Name 2 abnormalities in the picture.
   Low-laying placenta (placenta previa totalis), Breech presentation.
2. How do you deliver her?
   By Elective CS.
3. What's the main maternal complication?
   Hypovolemic shock.
4. What's the main fetal complication?
   Prematurity.



سُورَةُ هُودٍ

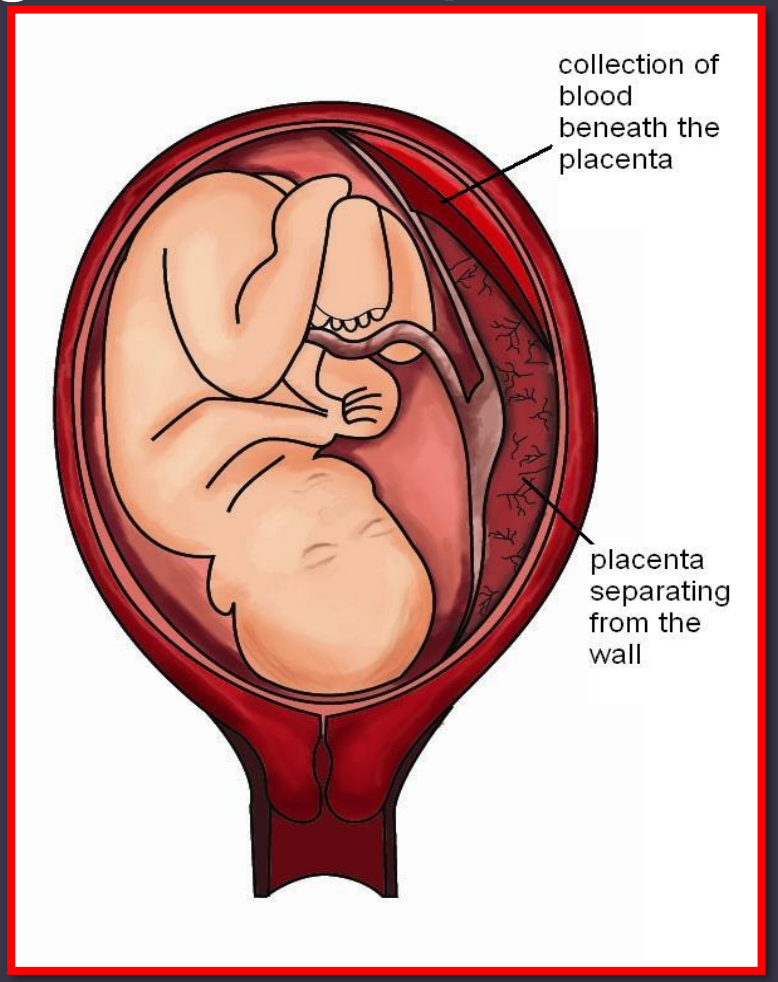
وَٱصْبِرْ فَإِنَّ ٱللَّهَ لَا يُضِيعُ أَجْرَ ٱلْمُحْسِنِينَ

١١٥

Question

35 YO pregnant, known to have polyhydromnios, comes chiefly complaining of vaginal leakage followed by vaginal bleeding & abdominal pain.

1. What's the cause of her bleeding?
   Placental Abruption.
2. 2 risk factors for her bleeding?
   A- Polyhydramnios.
   B- Multi-parity.
   C- Age.
1. 2 complications on her?
   PPH, DIC.



Question

***40 YO, G4P3, 38wks GA, known to have polyhydramnios* came due to passage of watery vaginal discharge. Followed by vaginal bleeding & abdominal pain.**

1. What's the cause of the vaginal bleeding?

   - Placental abruption.

2. Give 2 risk factors for the bleeding?

   - Old age, PROM, Polyhydramnios, Multiparity.

3. What's the main complication after delivery?

   - Primary Postpartum Hemorrhage (PPH alone is wrong).

Question

38 YO pregnant lady with HTN & Hx of abruption placenta in the last pregnancy presented with heavy vaginal bleeding in the 3rd trimester.

1. Mention 2 risk factors in this pt.

   - Previous abruption, HTN.

2. Mention 2 maternal complications other than blood loss.

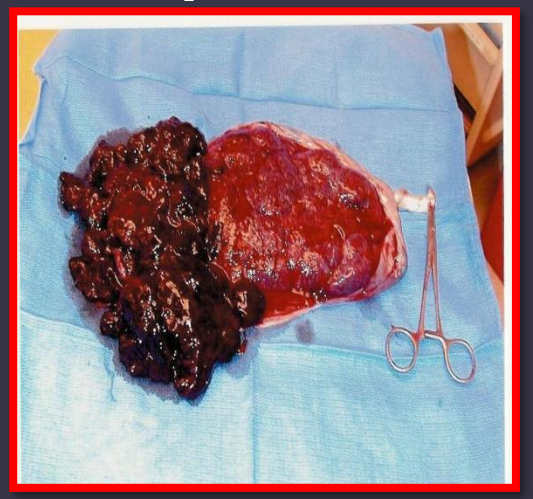
   - DIC, renal damage.

3. What's the main fetal complication?

   - Fetal distress or IUFD.

Question

A P6 pregnant lady delivered by vaginal delivery at 36wks after resentation with vaginal bleeding & abdominal pain. The picture is of her placenta after delivery.



1. What's your Dx?
   Placental abruption.
2. What's the complication may occur after delivery?
   PPH.
3. Give 2 risk factors & 2 causes.
   Risk factors: Multi-parity, HTN. Causes: Trauma, PET.
4. What are the fetal complications?
   IUGR, Fetal distress & death.

كم يصدأ قلبك، ولا ترعاه.!؟

وإن عمراً ضَيعتَ أولَه، حريٌّ بك أن يشتد حرصك على آخره.

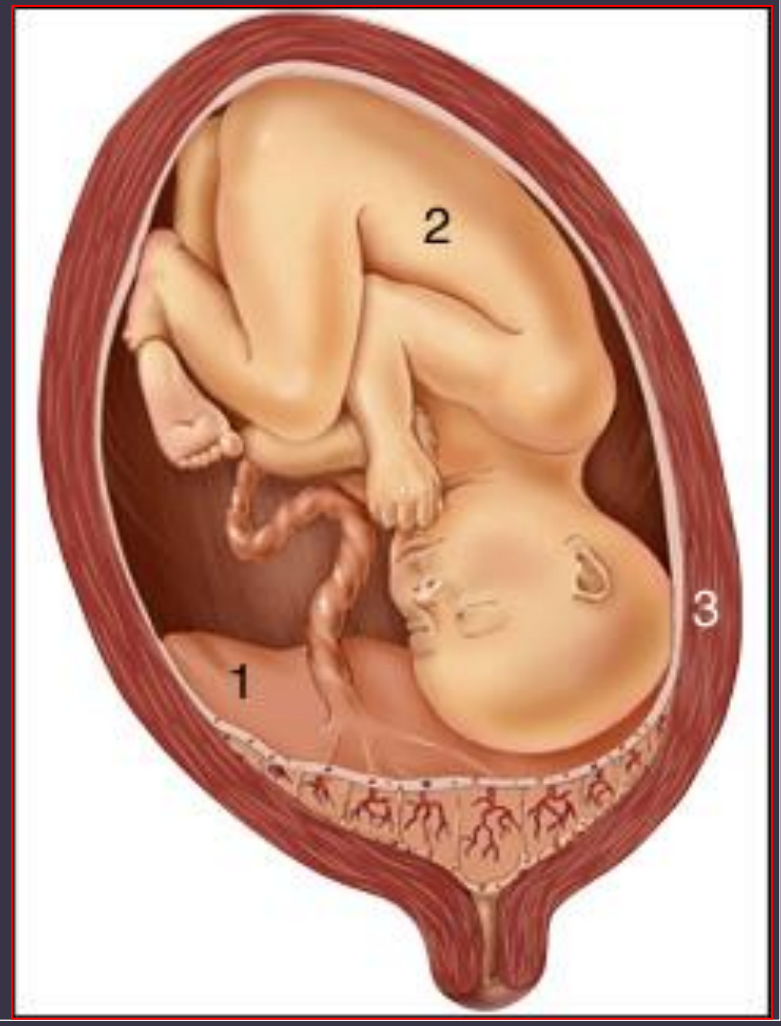
ما بينك وبين الموت إلا أياماً، فاحفظ صبابة ما بقي من عمرك، وما عمرك من أول يوم ولدتَ فيه، بل من أول يوم عرفتَ الله ﷻ فيه، فإياك أن تموت قبل أن تعيش.

Question

1. What's your dx?
   Placenta previa centralis

2. Mention 2 risk factors in this patient?
   from the question stem they were old age and multiparity

3. Mention major complications ?
   PPH



Question

35y old pt. G5P4 presented with vaginal bleeding and abdominal pain according to the picture …

Q1) your Dx?

Abruptio placenta

Q2) two risk factors?

a) hypertension

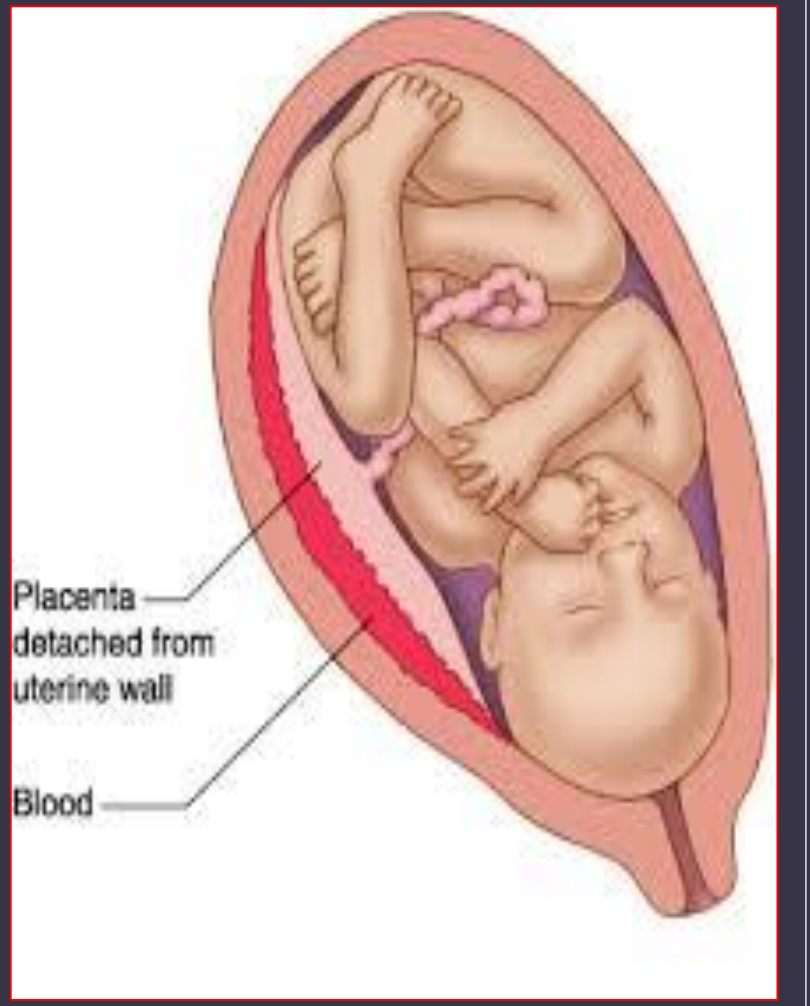
b) multi-parus

c) polyhydramnios

Q3) two maternal complication?

a) hypovolemic shock

b) DIC

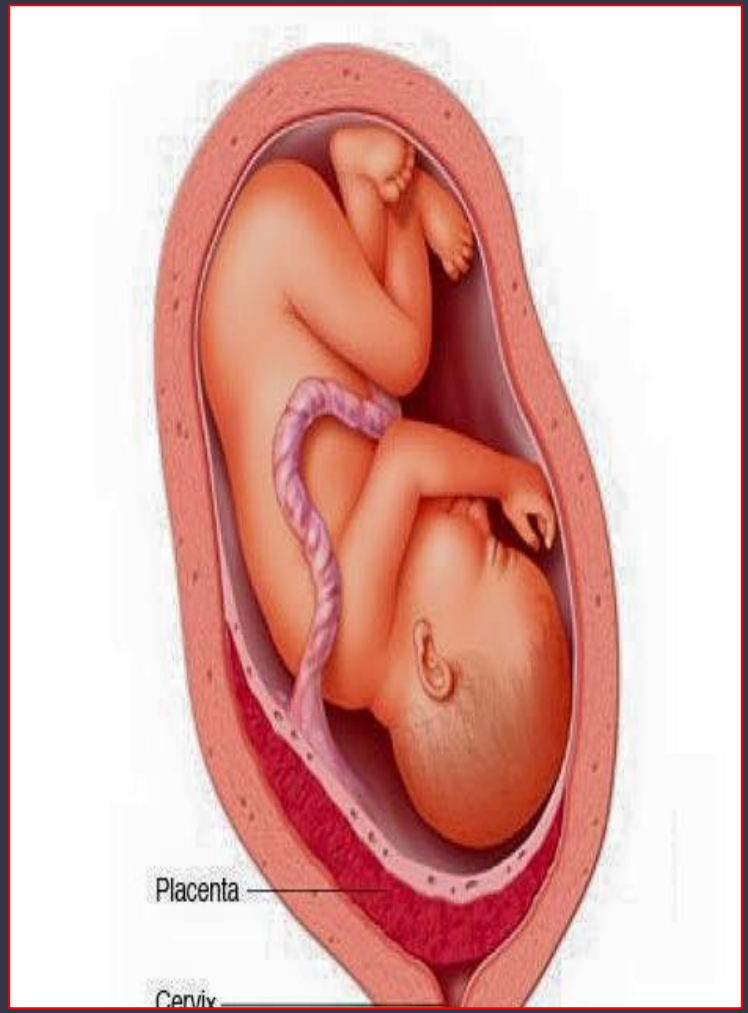


Question

1) What is your diagnose ?
   Major Placenta Previa

2) Mention 2 risk factor
   Previous C/S , Age > 35 , previous Placenta Previa, smoking , previous twins pregnancy .. etc

3) Mention 2 complications.
   PPH , malpresentation …



رَأَيْتُ الذُّنُوبَ تُمِيتُ الْقُلُوبَ وَقَدْ يُورِثُ الذُّلَّ إِدْمَانُهَا

وَتَرْكُ الذُّنُوبِ حَيَاةُ الْقُلُوبِ وَخَيْرٌ لِنَفْسِكَ عِصْيَانُهَا

Tumblr: khaireddinatrouji

Question

Q5: A 40 YO pregnant lady 30 weeks GA, G6P5 with previous CS came complaining of vaginal bleeding

1) What's your finding?

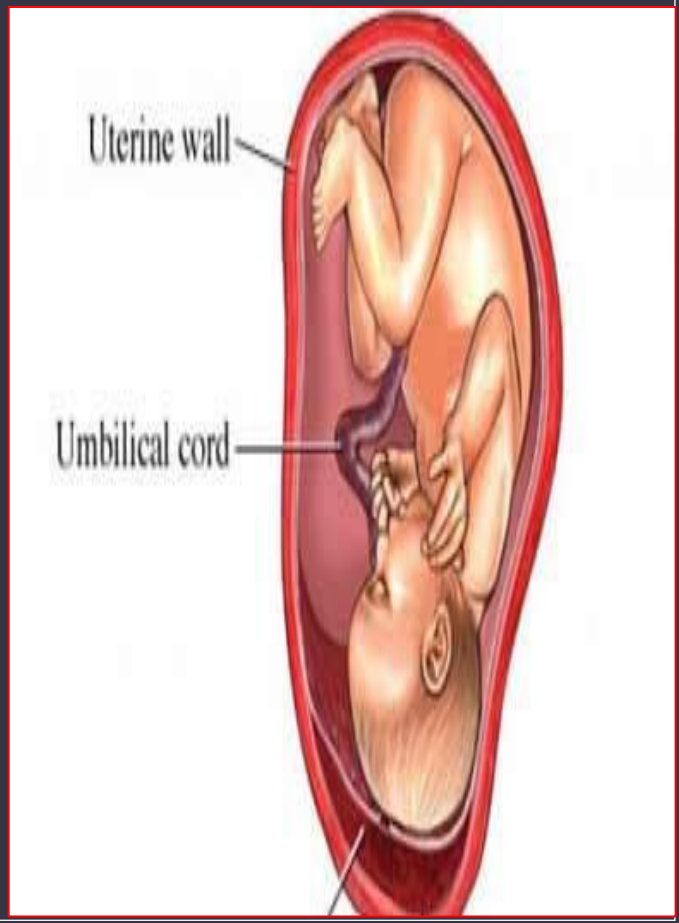
Placenta previa cenralis/totalis

2) Mention three risk factors for this condition in this lady.

previous CS, multiparity and increased maternal age

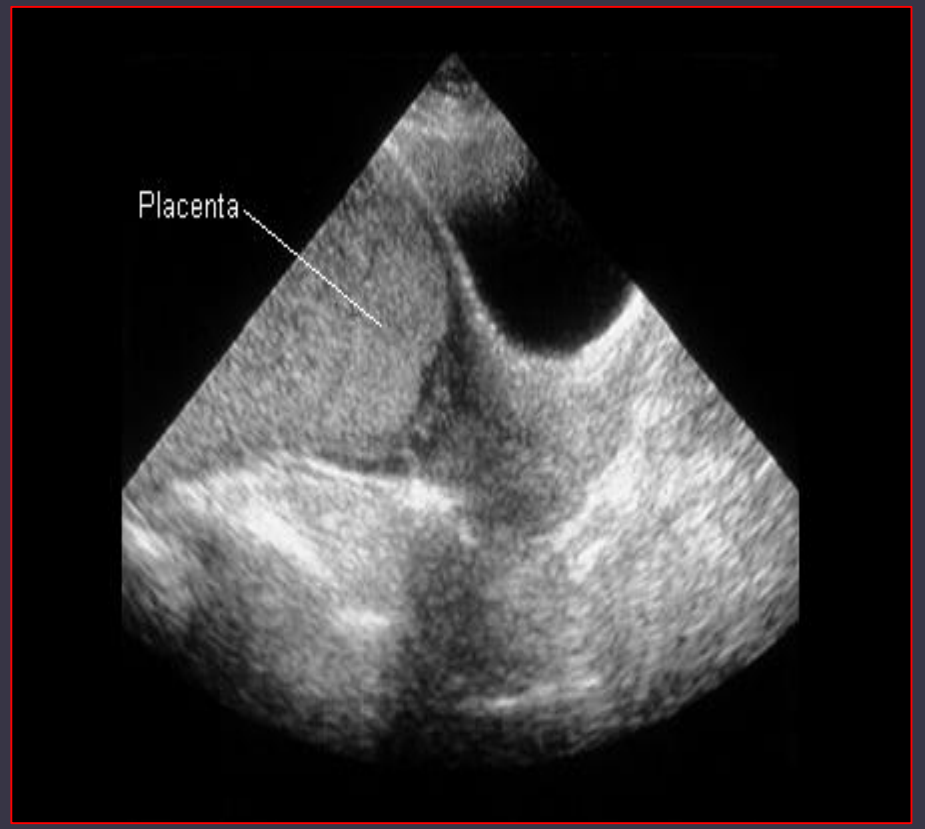
3) What is the main fetal complication?

prematurity



Question

Hx of multipara with previous history of CS come to you complained of bleeding after 32th week of pregnancy , the U/S presented below :



1-- What is the diagnosis ?

Placenta previa

2- What is the treatment ?

Dr. Ahlam slides

3- what are the signs you look on during abdominal examination :

Malpresentation , abdominal tenderness (exclude abruption) , amount of liquor …

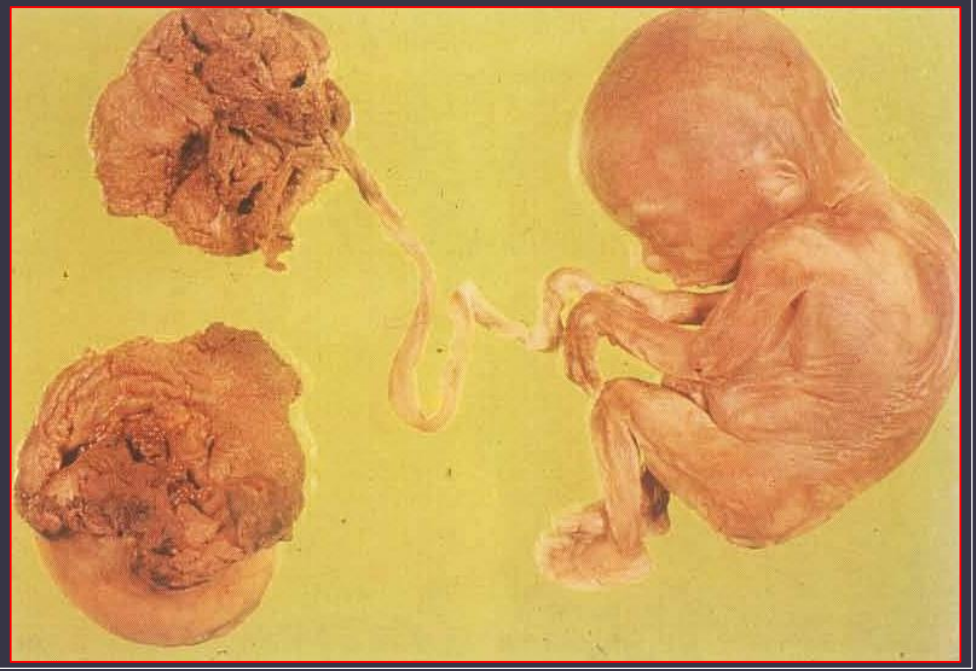
4- what is thing you should consider during C S of that patient ?

Vertical incision (because most probably it is anterior)

Question

This is a picture of baby who had still birth.

1. what is the cause of this still birth?
   - abruptio placenta.
2. what 2 maternal complications of this condition?
   - DIC
   - Hypovolemic shock.
3. what are 3 presentations of this condition?
   A) vaginal bleeding
   B) Abdominal pain
   C) ??



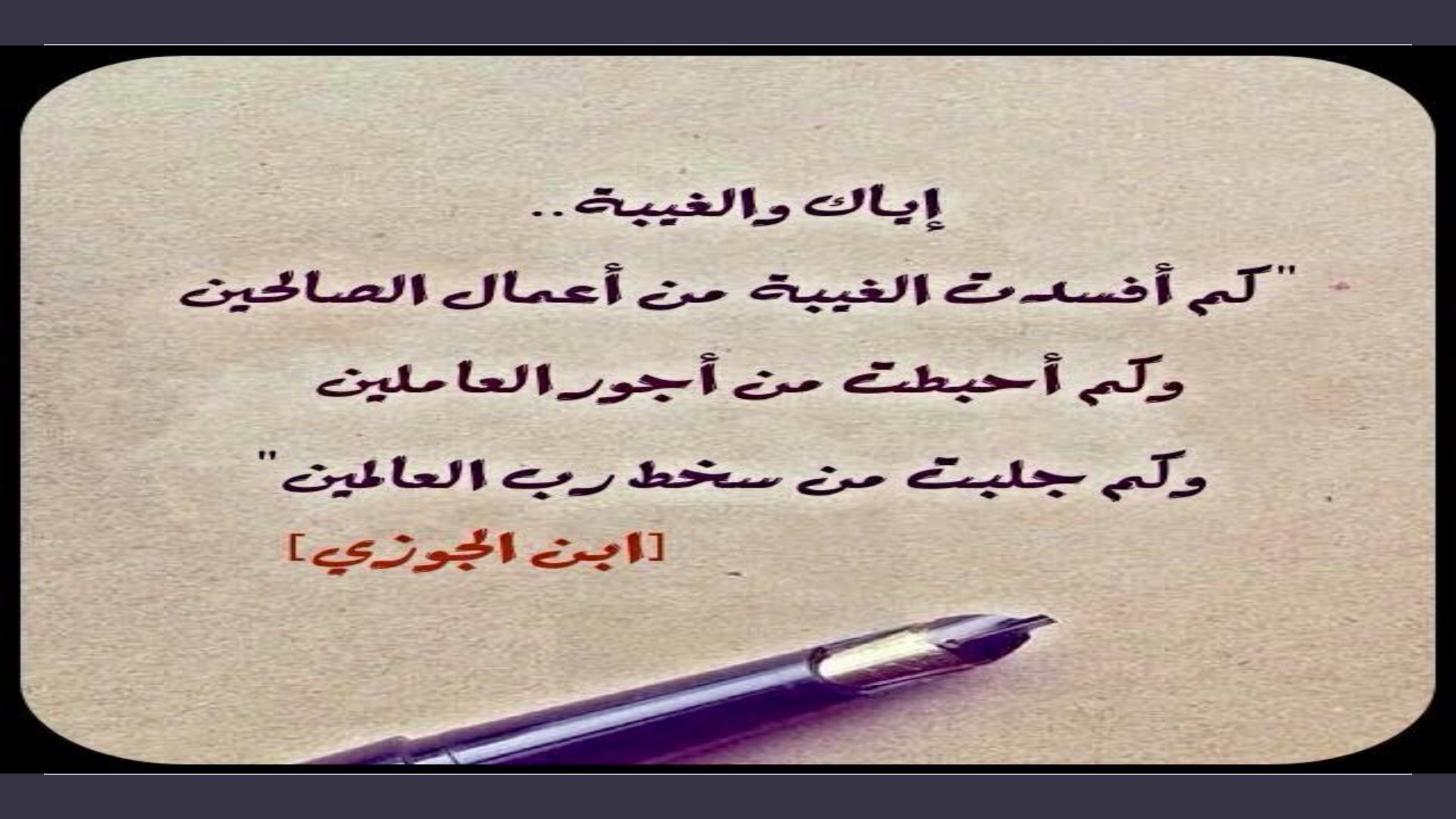
إياك والغيبة..

"كم أفسدت الغيبة من أعمال الصالحين

وكم أحبطت من أجور العاملين

وكم جلبت من سخط رب العالمين"

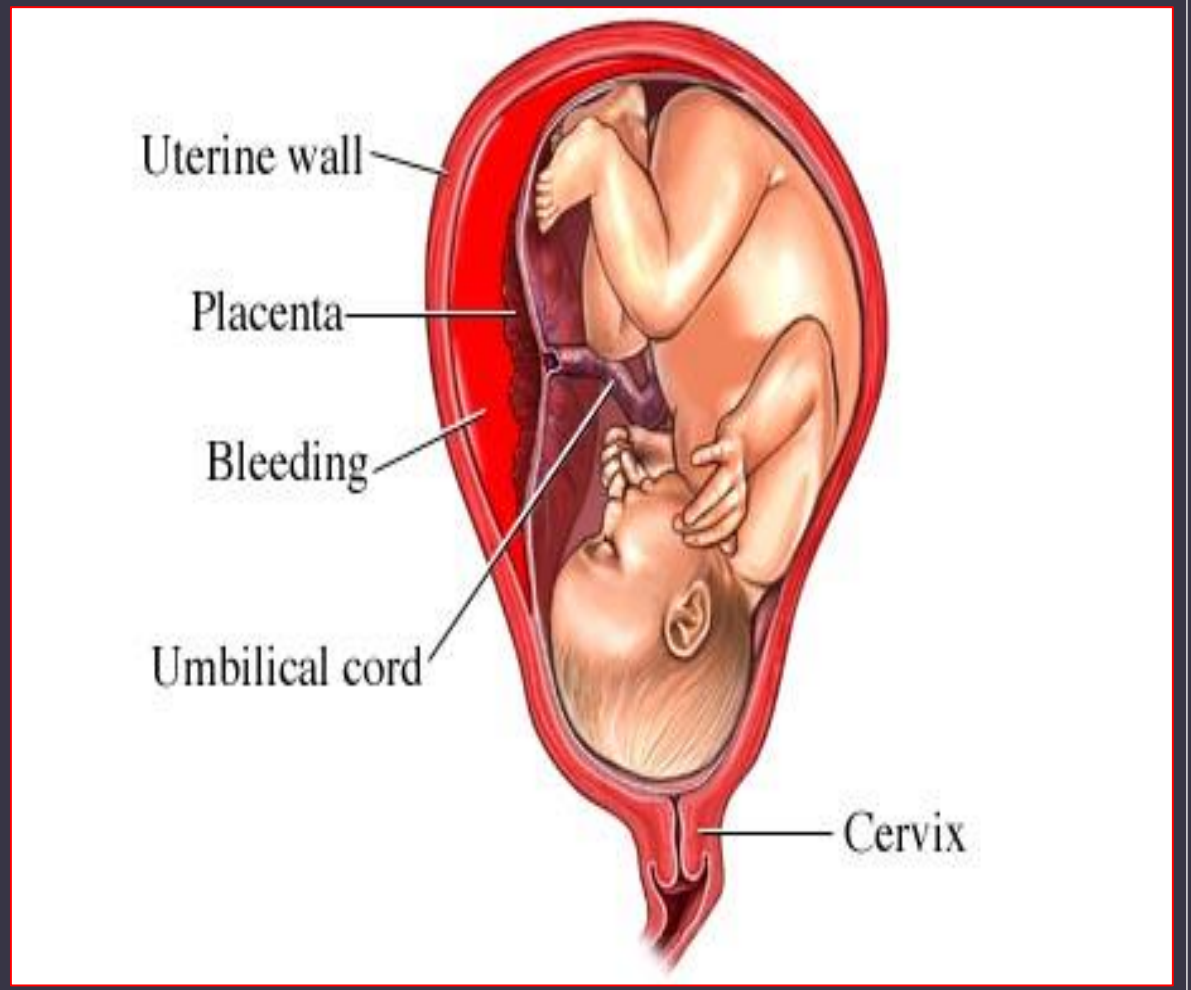
[ابن الجوزي]



Question

Case of Abruptio placenta easy question

1) What is your diagnosis ?
   - abruptio placenta.
2) 2 maternal complications?
   - DIC
   - Hypovolemic shock.
3) 2 risk factors from the case above ?
   A- age
   B- multiparity



Question

A pregnant lady in her third trimester.

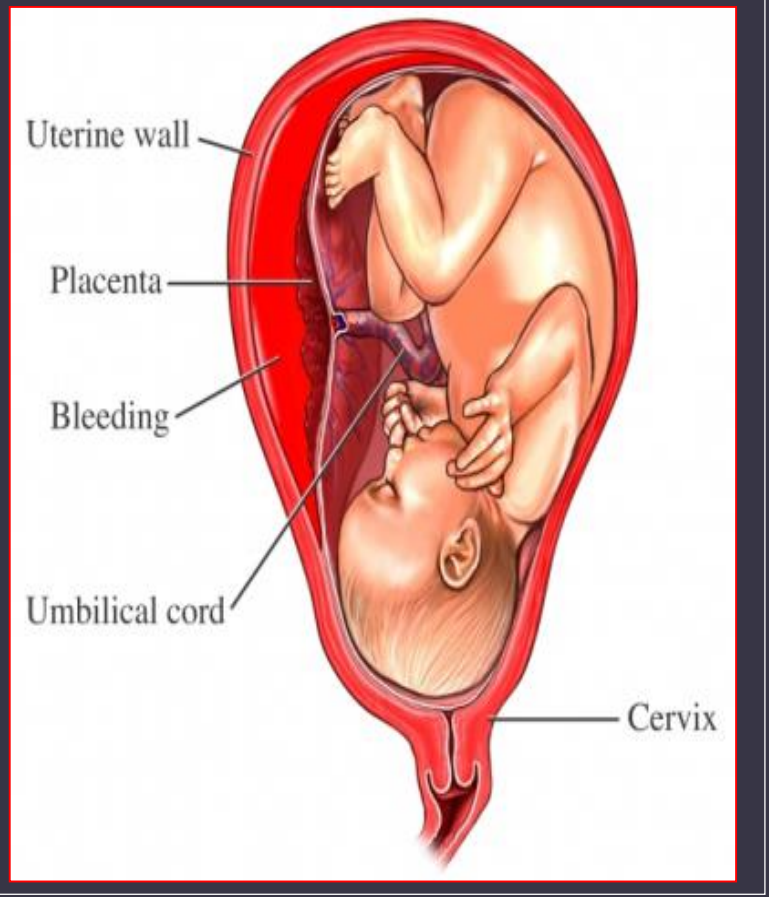
1) What is your diagnosis?

Placental abruption

2) Mention two clinical presentations:

A) Vaginal bleeding with abdominal pain

B) Fetal distress



EARLY PREGNANCY BLEEDING

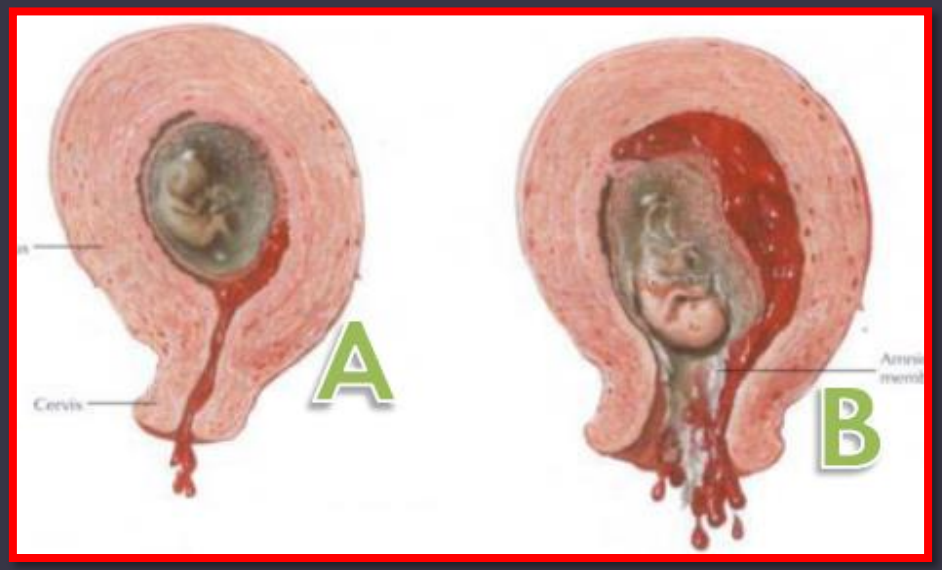
(miscarriage , molar and ectopic)

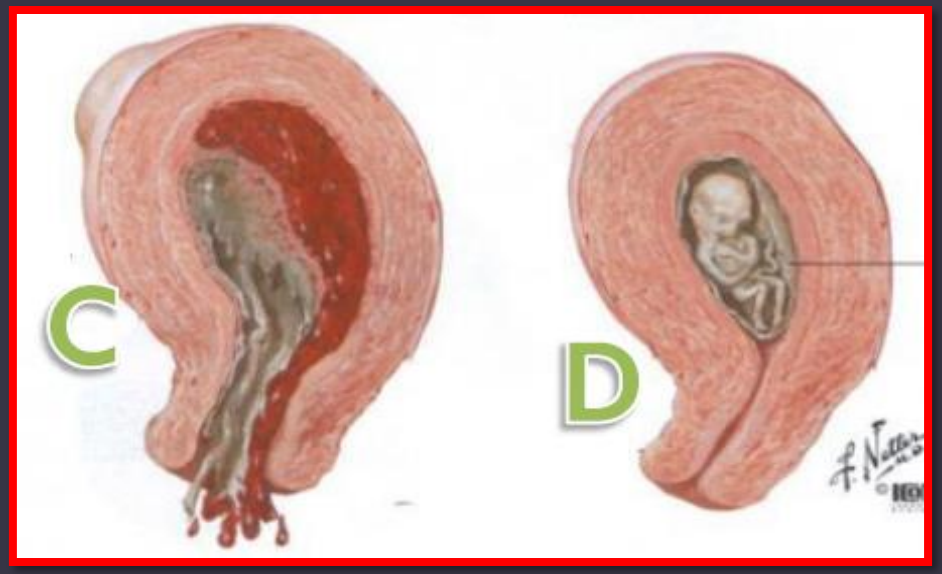
A: Threatened abortion.

B: Inevitable abortion.

C: Incomplete abortion.

D: Missed abortion

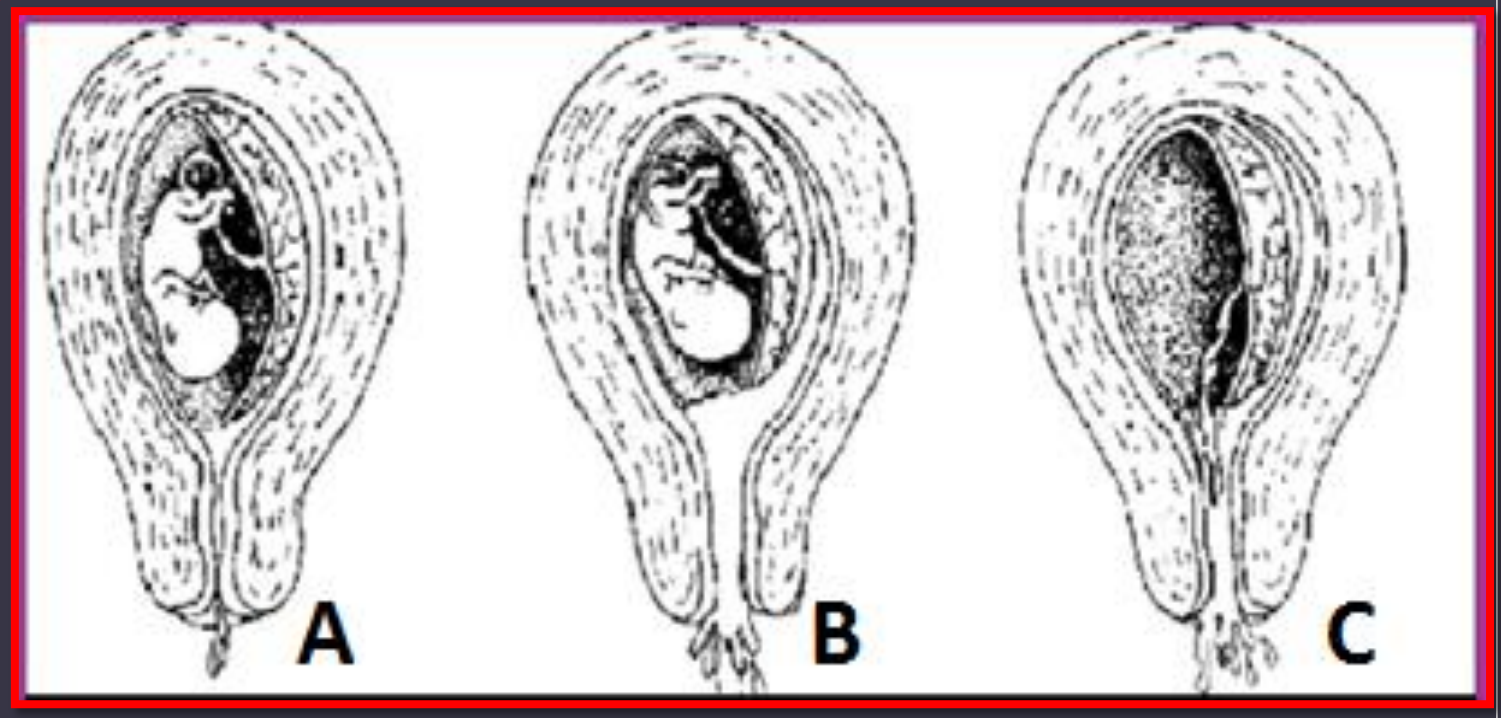




Question

These females presented to you with vaginal bleeding at GA of 10wks, & you diagnosed them as following:

- A: Threatened abortion.
- B: Inevitable abortion.
- C: Incomplete abortion.



Question

Young lady had 3 recurrent miscarriages, all lab results are normal.

1. What's your Dx.?
   Unexplained infertility.
2. Give a predictive indicator (prognostic factor)?
   Age of the patient.
3. Other 2 investigations?
   HSG, Laparoscopy.
4. Management?
   Supportive, Progesterone & Beta-HCG.

This Q. was bonus! No body answers it completely, or even knows what's the point from question!

« لأن تلقى اللّه بسبعين ذنباً
فيما بينك وبينه أهون
عليك من أن تلقاه بذنب
واحد فيما بينك وبين العباد »

سفيان الثوري

Question

12 wks GA, sure for date, singleton, with 2h mild vaginal bleeding, general condition is good with normal vital Signs.

1) What's the most likely Dx.?

Threatened Abortion.

2) 2 gynecologic findings that support the Dx.?

A- Closed cervix.

B- Correct uterus size for age.

3) How to confirm your Dx.?

+ve fetal heart beat on US (important to say +ve fetal heart).

4) How do you expect the outcome of the pregnancy will be?

Good outcome, >90% of cases complete the pregnancy normally.

Question

G2P0+1 came to the clinic at 12wks GA, complaining of mild vaginal spotting. on US the fetus was consistent with 10wKs & no fetal heart beat.

1. What's the Dx?
   Missed abortion, or early fetal demise.

2. Mention one drug used in the medical management?
   Misoprostol.

3. Mention 2 complications of the surgical management?
   Asherman's syndrome, cervical incompetence … etc.

Question

30 YO pt G5P2+2, 10wks GA. Her 1st delivery was at 36th week, 2nd delivery was at 32th week, the 3rd pregnancy ended with miscarriage, & the 4th pregnancy was miscarriage at 21th week of gestation.

1. What's the Dx?
   Secondary recurrent miscarriage.
2. What's the most probable cause?
   Cervical incompetence.
3. How you can confirm your Dx?
   By trans-vaginal US.
4. What's the tt in next pregnancy, & when you should perform it?
   Cervical cerclage at 14week of gestation.

Question

28 YO lady, 10 wks GA, presented to ER with heavy vaginal bleeding & passage of some conceptus material.

1. What's your Dx?

   - Incomplete Miscarriage.

2. Give ONE lab (investigation) can be done to confirm your Dx?

   - US.

3. Give 3 main principles for treatment.
   1. Resuscitation of the pt (ABC, IV Fluids, …).
   2. D&C.
   3. Contraception to optimize the next pregnancy.

Question

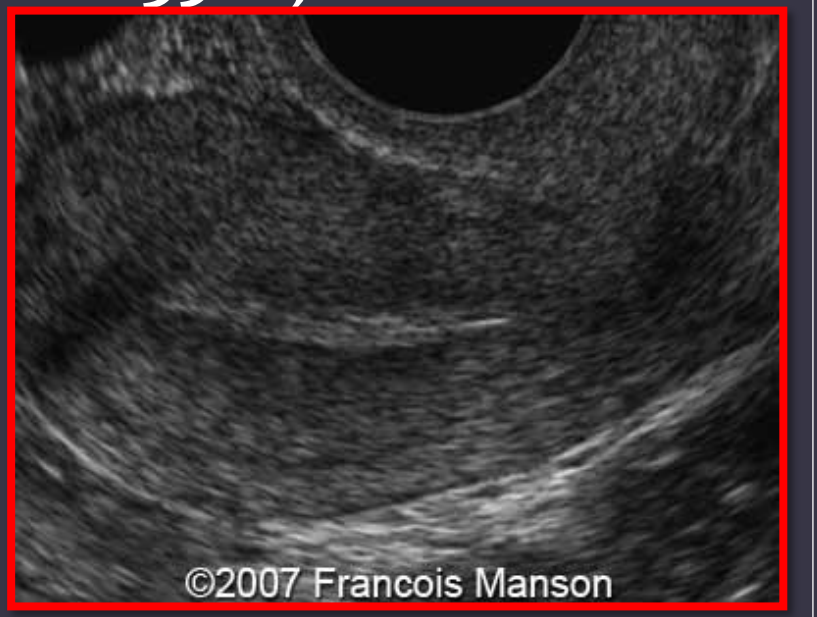
A multi-para pregnant woman 12 GA, blood group B-, her husband's blood group is B+, diagnosed to have threatened abortion, initial investigations were done to her, & here are the results:

Hb 12 gm/dl, platelets 120, Blood glucose 6.5mmol/L.

1. What you want to do for her? (2 things).
   Anti-D, Progesterone & hCG, Husband genotype, Antibodies screening every 4 weeks (indirect coombs test).
2. What's the great complication May it happen to this pt?
   Hydrops fetalis.
3. How do you think this women will present during the antenatal period?
   Fetal anemia, Fetal generalized edema, fetal ascites, IUFD (not sure!).

Question

This TVUS was done for 6-wks pregnant lady who presented with abdominal pain & vaginal spotting with b-HCG of 3500, & she was stable.



1. What is your Dx.?
   Ectopic pregnancy.
2. Mention 2 modalities of treatment?
   - Medical (methotrexate).
   - Surgical (laparoscopy with salpingectomy/ salpingostomy).
3. Mention one complication for each modality?
   Medical: Liver toxicity, Nausea, Vomiting.

   Surgical: Adhesions.

رَأَيْتُ الذُّنُوبَ تُمِيتُ الْقُلُوبَ وَقَدْ يُورِثُ الذُّلَّ إِدْمَانُهَا

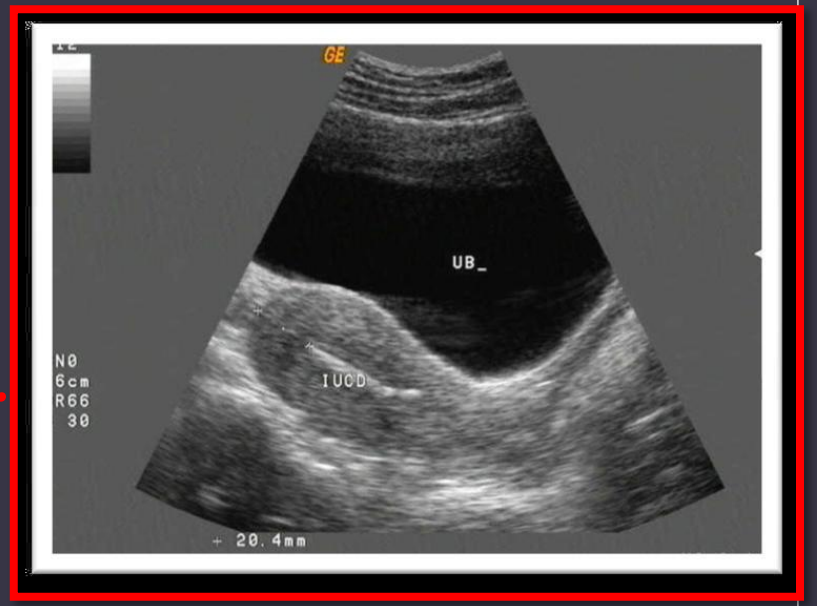
وَتَرْكُ الذُّنُوبِ حَيَاةُ الْقُلُوبِ وَخَيْرٌ لِنَفْسِكَ عِصْيَانُهَا

Tumblr: khairuddinalmouji

Question

This US is for a P6 lady, last one by CS, came with 4wks of amenorrhea & vaginal bleeding with positive pregnancy test.

1. What's your primary Dx?
   Ectopic pregnancy.
2. Give 2 investigations/procedures to confirm Dx.
   Serial β-hCG, laparoscopy.
   (Diagnosed by B-hCG >1500 mU & -ve Vaginal US).
3. Give 2 risk factors in this pt.
   IUCD, previous CS.



Question

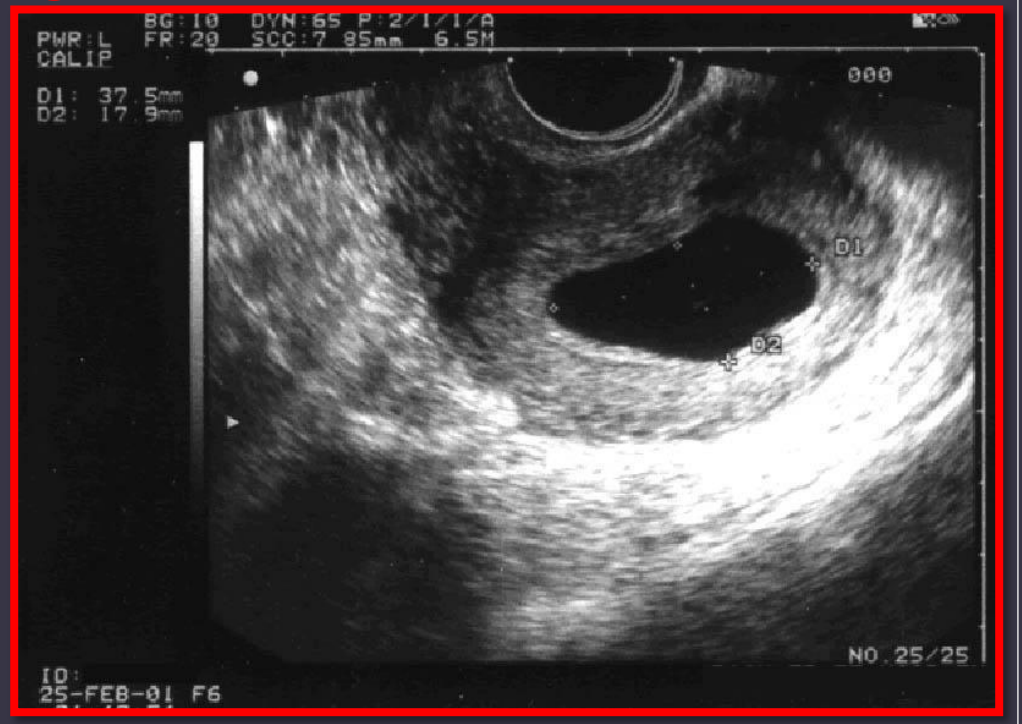
A 28 YO, 13wks GA, presented with vaginal bleeding, she's stable.

1. Mention 3 DDx?

   Ectopic pregnancy, missed miscarriage, blighted ovum.

2. Mention 2 tests you want to order?

   Serum B-hCG, Serum Progesterone.



Question

A lady complaining of amenorrhea for 4 wks was using mini pills, presented to ER with severe lower abdominal pain.

1) What's your Dx?

Ectopic pregnancy.

2) What's the risk factor she has?

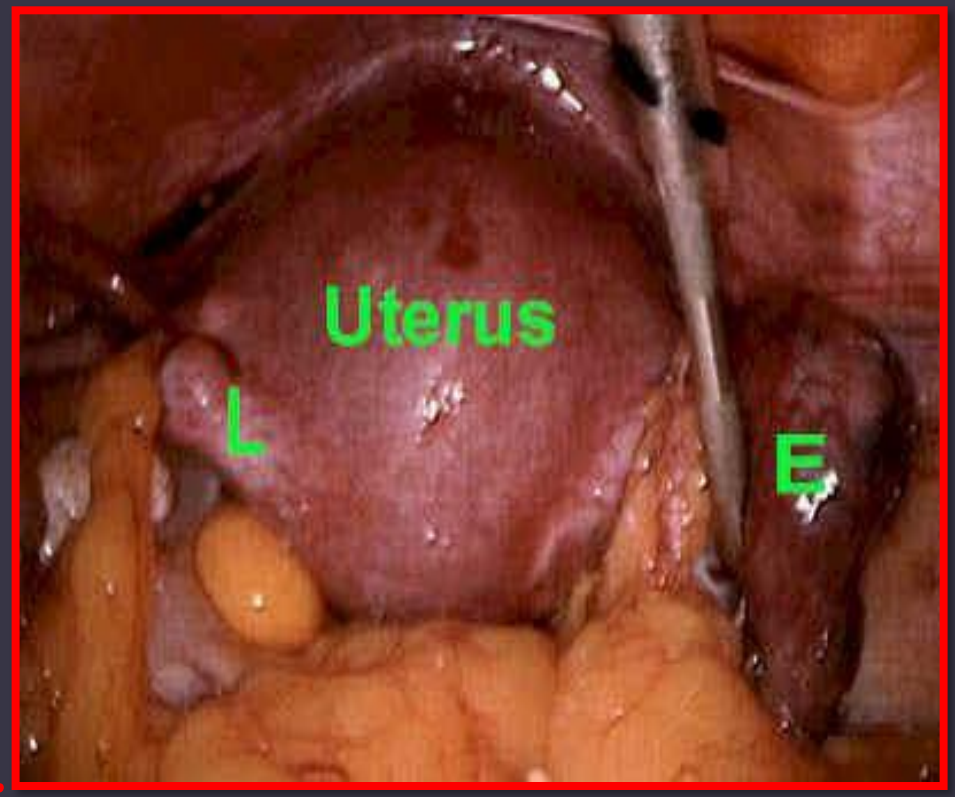
Mini pills.

3) Where is it located?

Fallopian tube.

4) Mention other locations?

Abdomen, cervix, ovary (any one is correct).



Question

A Woman P1 +1 (a previous CS), with IUCD in situ before pregnancy, presented complaining from lower abdominal pain followed by vaginal bleeding, her urine pregnancy test was positive.

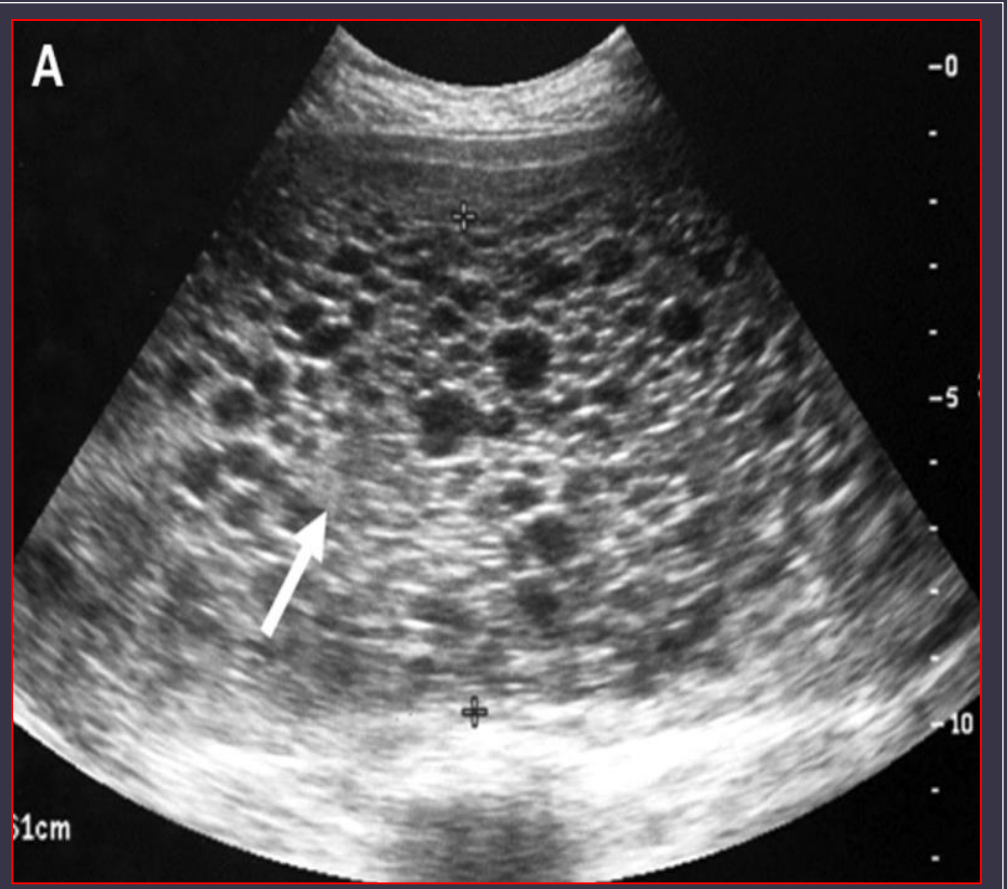
1. What's the most possible Dx.?
   Ectopic Pregnancy.
2. What most important investigations you want to do for her? (2 things).
   Trans-vaginal US, Serial B-hCG.

3. Name 2 predisposing factors for her condition.
   IUCD, Previous CS.

« عجبت لابن آدم يتكبر
وأوله نطفة وآخره جيفة »

علي بن أبي طالب

Question



1- What is the diagnosis?

Complete molar pregnancy

2- Mention two clinical presentations.

1) Vaginal bleeding with passage of vesicles
2) Hyperemesis gravidarum

3- Mention two follow up/advice you do for the patient.

1) Serial b-hCG
2) Contraception

Question

22 years old female p2+ come with vaginal bleeding abd lower abdominal pain and amenorrhea 8 w :

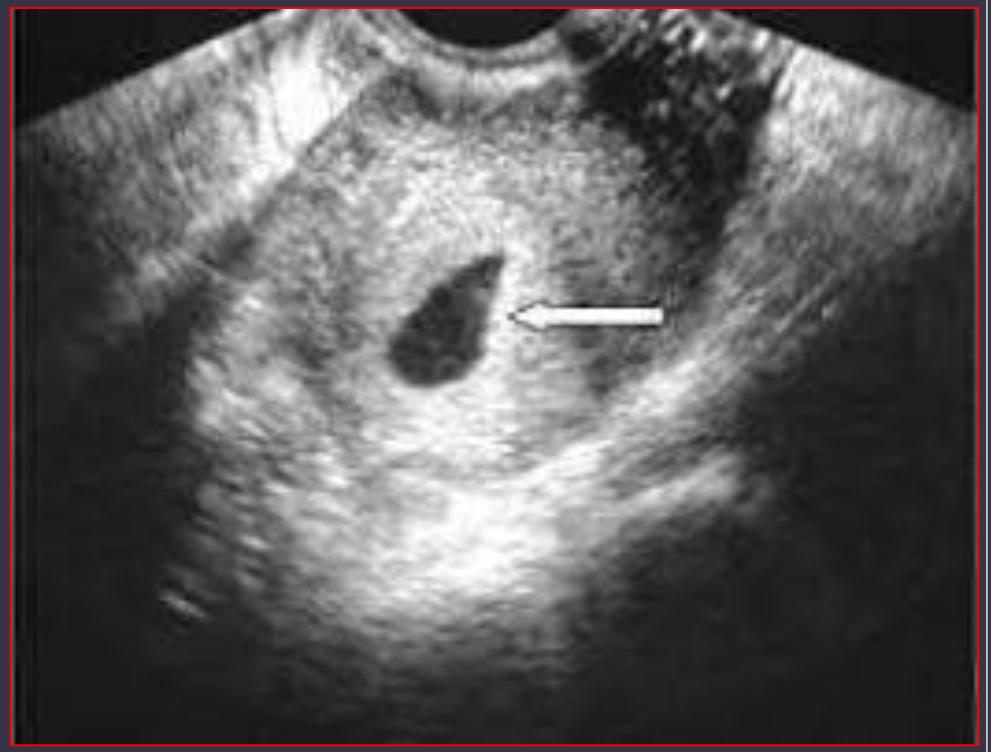
1) Describe what can You see?

2) what's the diagnosis?

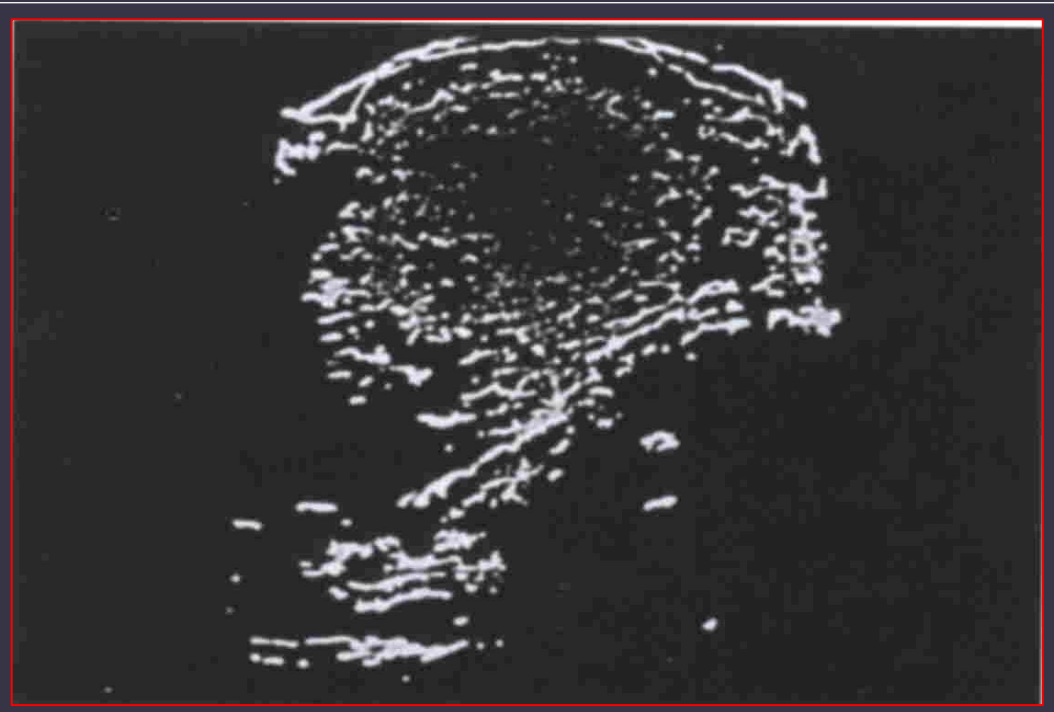
3) mention another differential diagnosis?

4) mention another abnormality on US:

5)what's your management if this pt come with sever abdominal pain to ER?



Question



This U/S shows typically snowstorm appearance:

1) What is the diagnosis?
complete vesicular mole.

2) what 2 presentations?
bleeding in early pregnancy +- passing of viscles.

Preeclampsia before 20 weeks.

3) what other investigation you would do to confirm the diagnosis?
β-hCG.

Question

A case talking about early vaginal bleeding with clear history of hydatidiform mole pregnancy ?

1) what is your diagnosis ?
Molar pregnancy

2) 2 laboratory investigation ?

3) Mention one imaging investigation ?

4) Best Tx ?
Suction and curettage

يقول ابن القيم:

الحزن يضعف القلب ويضر الاراده ولاشيء أحب

إلى الشيطان من حزن المؤمن.

لذلك افرحوا واستبشروا وتفاءلوا وأحسنوا الظن بالله.

Question

a lady came to you with history of 8 weeks amenorrhea , and she told you she pass this thing :

1)what is your diagnosis :
complete abortion

2)what is the test you will do to confirm your diagnosis

3)give two clinical findings to support your diagnosis

Question

Hx of recurrent abortions. Lab results: high anticardiolipin, Hb 11g/dl and other normal values…

1) diagnosis?

Antiphospholipid syndrome.

2) Obstetrical complications?

a. early onset PET.

b. IUGR

(DVT not acceptable bcz not specific for pregnancy)

3) Best management during pregnancy?

a. aspirin

b. LMWH

Question

1) Identify the pathology?

- Complete mole

2) Mention 1 clinical finding

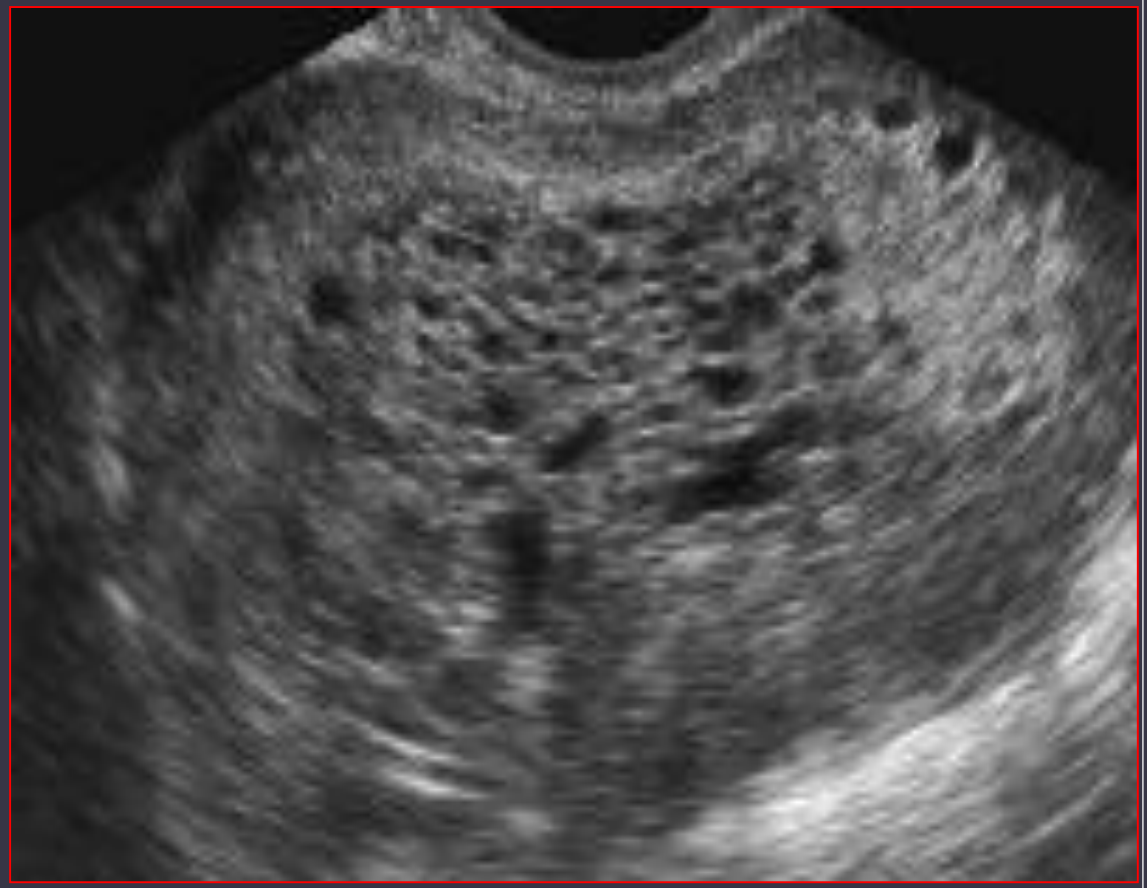
- Uterus size large for date

3) What is the management?

- Suction and curettage

4)Mention one additional ultrasound finding?

- Theca-lutein cyst



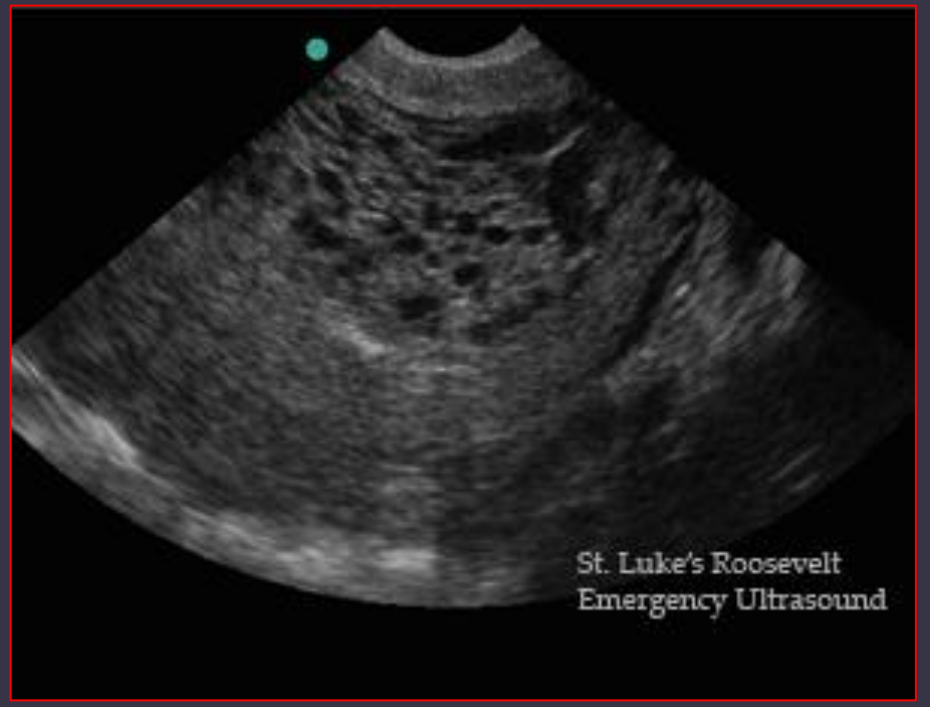
"قضتِ الحياة أن يكون النّصر لمن
يحتمل الضربات لا لمن يضربها".

(مصطفى صادق الرافعي)

Question

- A pregnant lady, GA=10w, presented to the clinic with vaginal bleeding.

  This is her ultrasound.

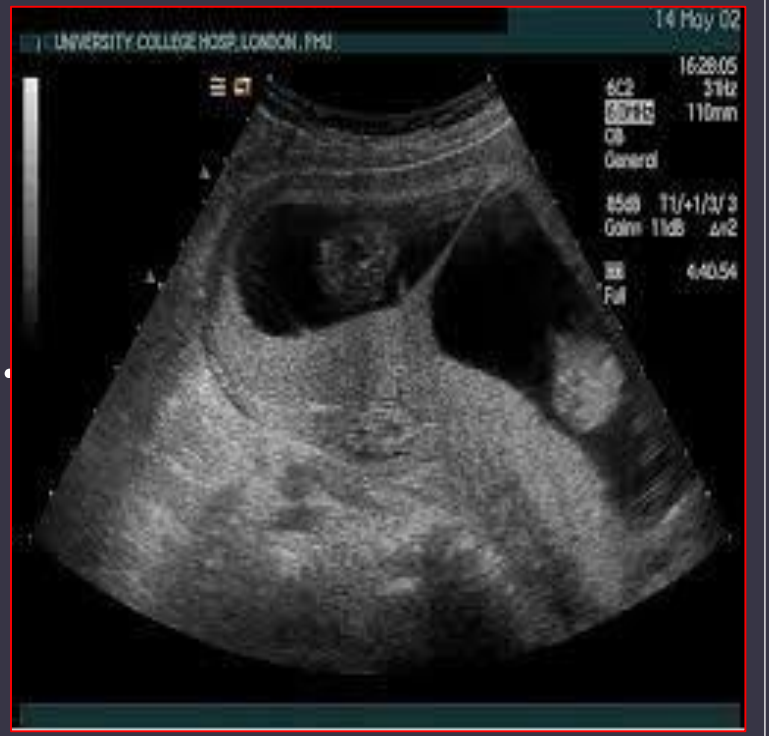


1. What's the diagnosis?
   Molar pregnancy.
2. What test will you do to confirm it?
   Serum b-hCG levels.
3. What clinical sign will this lady come with.
   Fundal height large for gestational age.
4. What other ultrasound finding will this lady probably have?
   Theca lutein ovarian cyst.
5. What's your treatment?
   Suction and curettage.

Question

1) what is this sign?

Twin peak sign (lambda sign)



2) What is the type of pregnancy?

Diamniotic dichorionic

3) Mention two maternal late-pregnancy complications.

Antepartum hemorrhage, Cholestasis of pregnancy

4) Mention three predisposing factors.

1- ART: Ovulation induction with clomiphene citrate, gonadotropins and IVF

2- Conception after stopping OCP

3- Increased maternal age

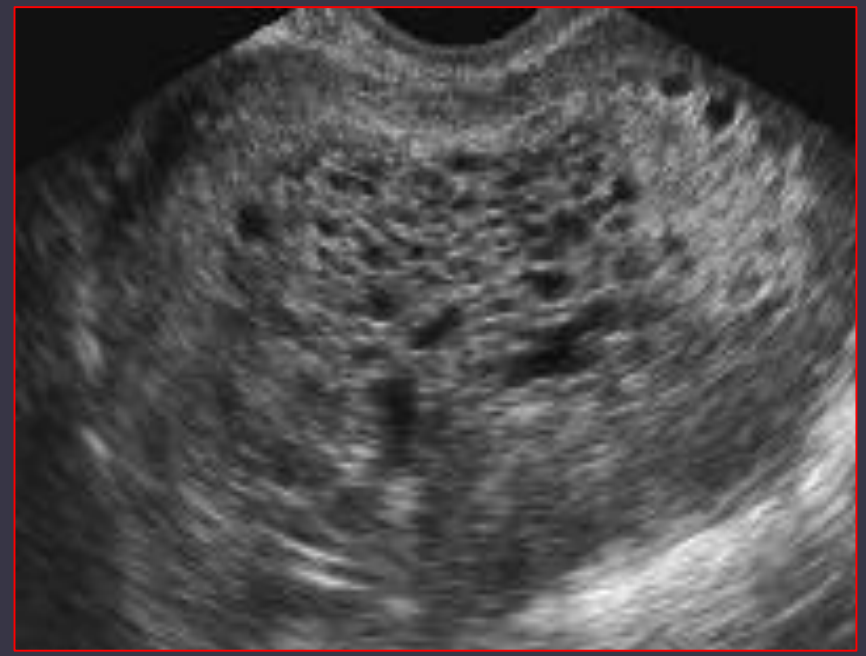
Question

1) Identify the pathology?
   Complete mole

2) Mention 1 clinical finding on physical examination
   Uterus size large for date

3) What is the management?
   Suction and curettage

4) Mention one additional ultrasound finding?
   Theca-lutein cysts



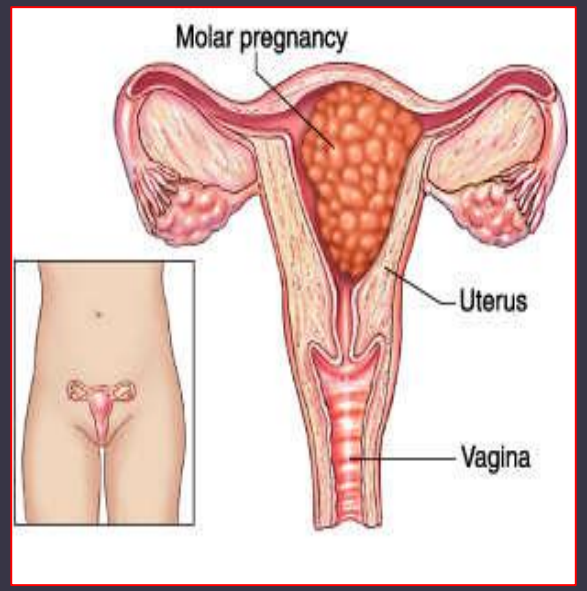
Question

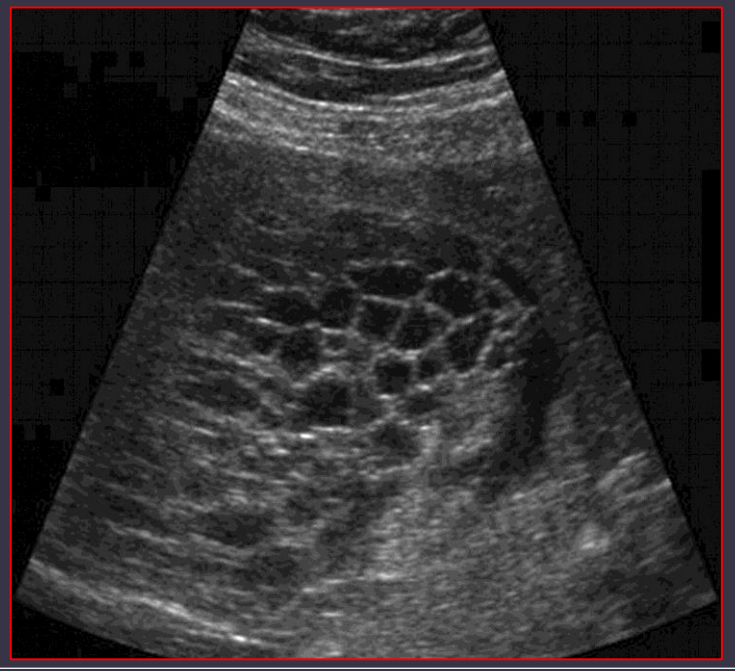
28 y old pt. P1 at 8?? Weeks GA presented with vaginal bleeding and passage of something like grape "vesicle" …

Q1) your Dx?
hydatiform mole
Q2) specific blood test?
B-hCG
Q3) specific imaging?
ultrasound "US"
Q4) management?
suction evacuation followed by gentle sharp curettage

Question

1) What your diagnosis?
   complete mole.
2) What other thing you might see in u/s?
   theca-lutein cyst.
3) Management?
   Suction curettage. And follow the B-HCG.





Question

- Young pt. presented with vaginal bleeding at 7 week amenorrhea with BhCG =1400 and by trans vaginal US the uterus is empty.

1) what's your DDx.:

a- early pregnancy

b- ectopic pregnancy

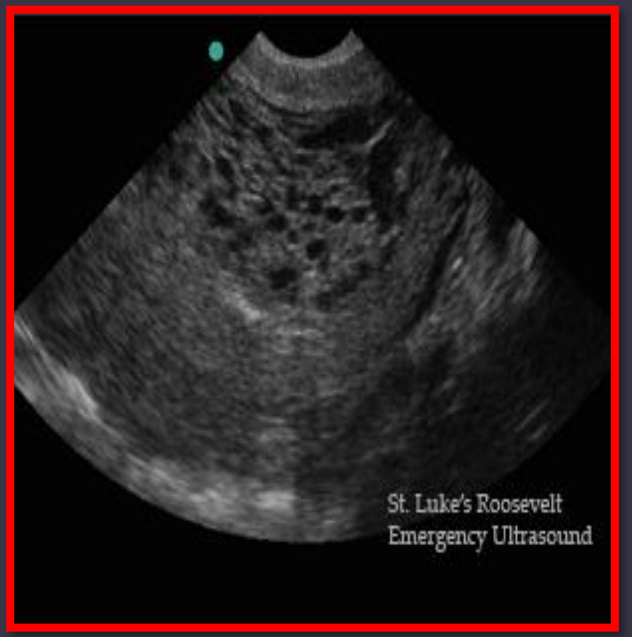
After 3 days she still stable with BhCG of 2100 and empty uterus.

2) How to treat:

Methotrexat or surgery

Question

10w GA pregnant lady, presented with vaginal bleeding (she could present with increased vomiting). **This is her US.**



1. What's the Dx?
   Complete Molar pregnancy.

2. What test will you do to confirm it?
   Serum B-hCG levels.

3. What's the most serous complication for this disease?
   Malignant GTN

4. What clinical sign will this lady come with.
   Fundal height large for gestational age.

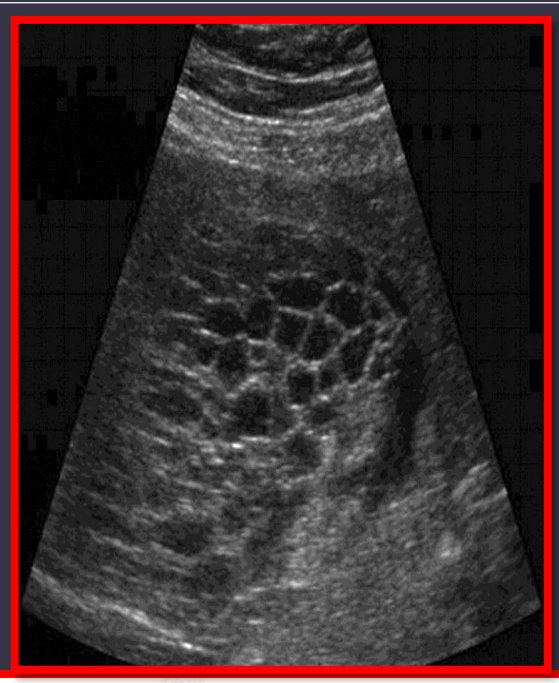
Criteria to diagnose malignant GTN:

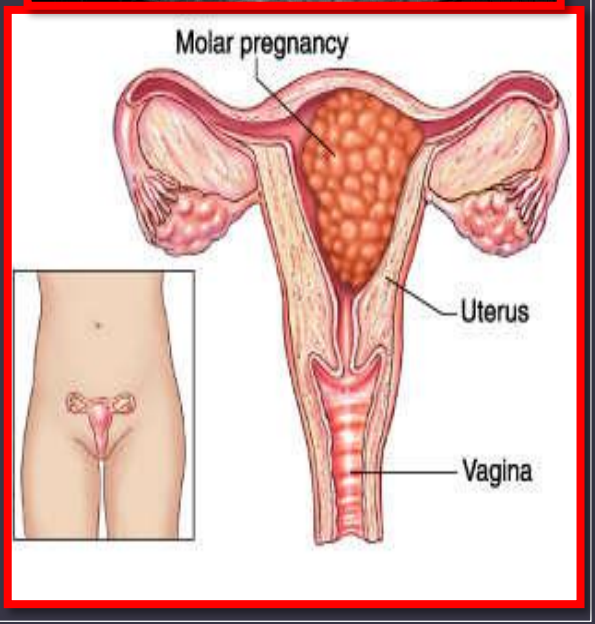
>> By serum ß-hCG (anyone of the following):

1. plateau for 4 measurements over a period of 3 wks or longer.
2. rising for 3 weekly consecutive measures over a period of at least 2wks or more.
3. remains elevated for 6 months or more.

Question

1. What your Dx?
   Complete molar pregnancy.
2. Mention another useful investigation for this case?
   B-hCG level.
3. Mention 2 early symptoms.
   Early vaginal bleeding with vesicles, hyperemesis gravidarum.
4. Mention another obstetrical sign you may see in the pt.
   The Uterus is large for date.
5. What other extra-finding you might see in US?
   Theca-lutein cyst.
6. Best management?
   Suction & curettage and follow the B-hCG.





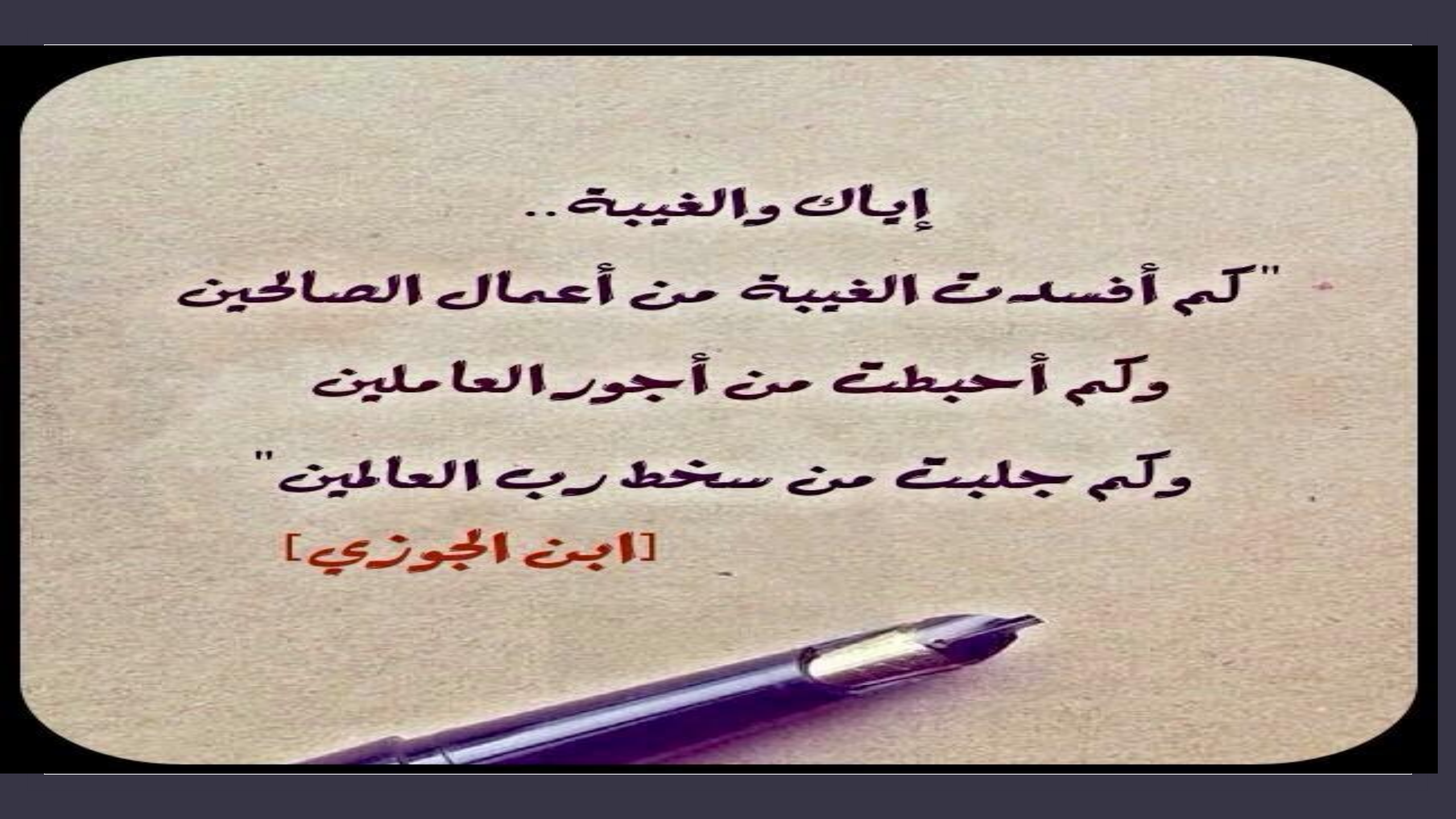
إياك والغيبة..

"كم أفسدت الغيبة من أعمال الصالحين

وكم أحبطت من أجور العاملين

وكم جلبت من سخط رب العالمين"

[ابن الجوزي]



Question

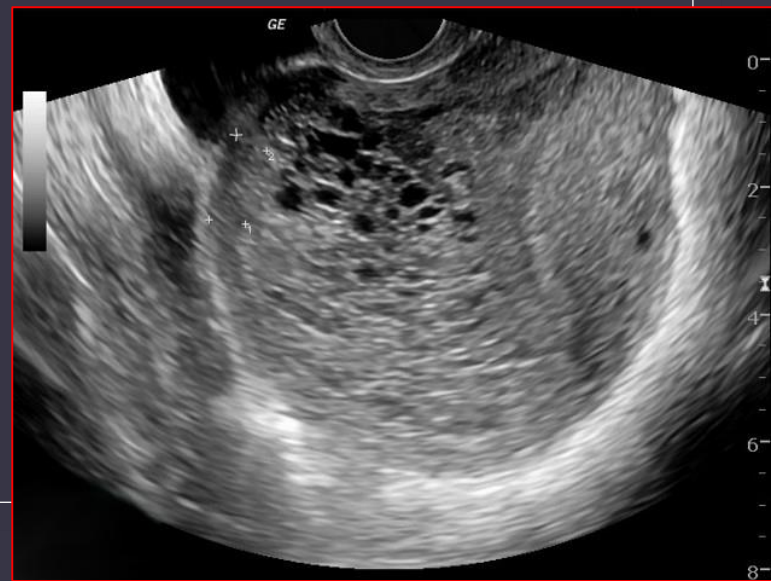
A 20 YO female underwent suction curettage for complete mole 6 wks ago, & now her B-hCG level is still rising for 3 wks.

1. What's the DDx.?
   Malignant GTN.
2. For how long she should be followed up?
   Weekly until 3 consecutive normal result then Monthly until normal for 1 or 2 years according to the grade.
3. What's the treatment?
   Chemotherapy.

Question

This is the pelvic ultrasound picture of 18 years old patient at 11 weeks gestation. Presented with mild vaginal bleeding and a uterus of 14 weeks size.

1. What is the most likely diagnosis
   Complete molar pregnancy
2. Mention 2 other findings on physical examination. Other than large for date uterus?
   Tachycardia, high blood pressure, tremor .. "hyperthyroidism"
3. What is the best treatment option?
   Suction curettage
4. Name one possible long-term complication of this condition.
   Turning into choriocarcinoma



Question

It was a case of early pregnancy bleeding:

28 year married woman presented to you with 7 weeks amenorrhea, mild vaginal bleeding and mild abdominal pain, TV U/S showed an empty intrauterine gestational sac.

The questions about this case were as a scenario in a sequential order , I didn't remember them in the exact order but they included the following:

1) D.Dx?
- EP. Abortion

2) further investigatins ?
- like serum B-hCG and progesterone

3) other signs you look for in U/S?
- adnexal mass or gestational sac, fluid in P.O.D

4) if progesterone was 3, B-hCG was falling , what is the Dx.?
- Missed abortion

« مَنْ عَظُم وقارِ اللّه في قلبه
أن يعصيه وقَّره اللّه في
قلوب الخلق أن يذلوه »

ابن تيمية

ONCOLOGY AND GYNE PATHOLOLGY

Question

1. What is your Dx?

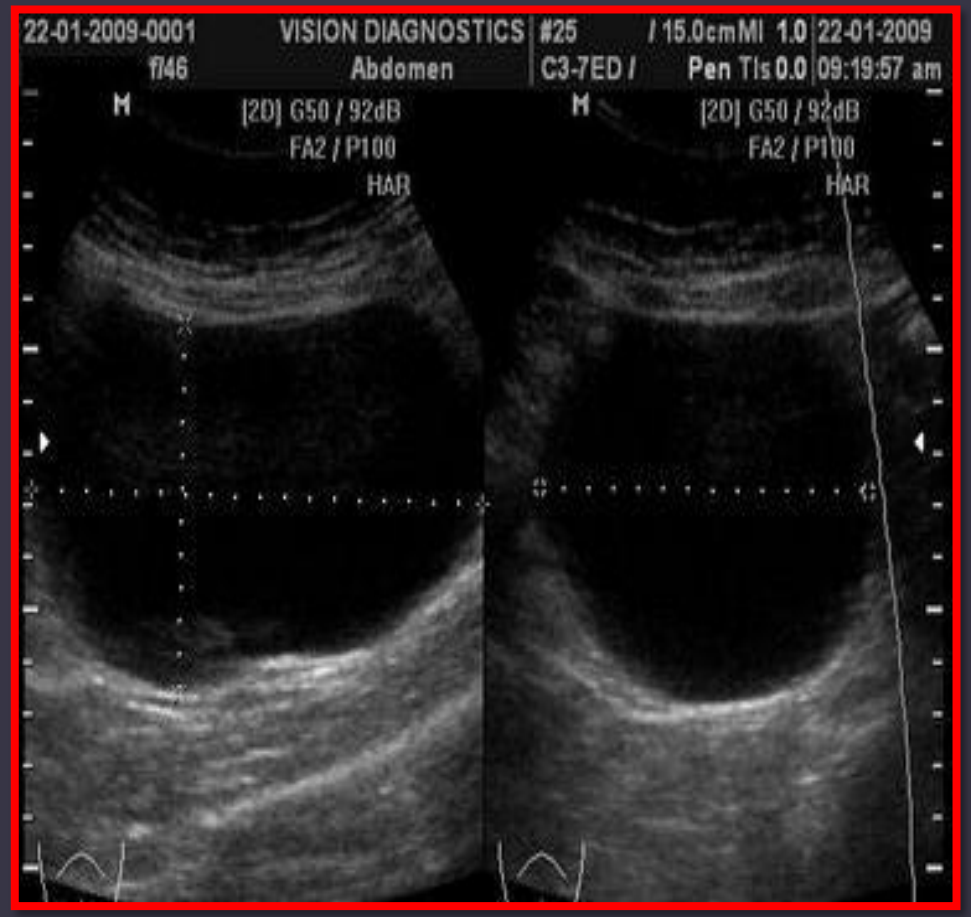
   - Ovarian cyst.

2. Mention possible 3 complications?

   - Rupture, Infection & Torsion.

3. What's the treatment?

   - Cystectomy.

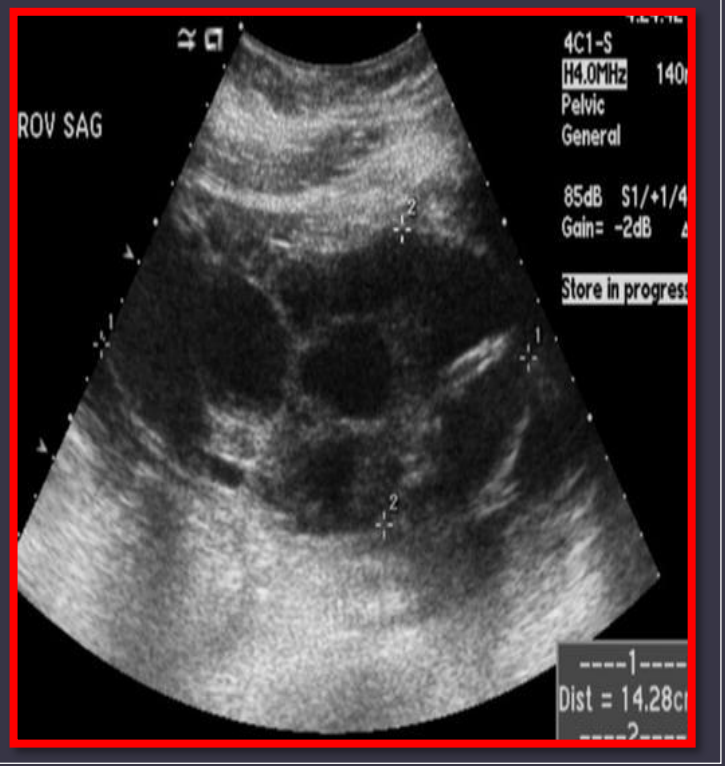


Question

26 YO, single pt, complains of Lt. sever abdominal pain lasts for 6hrs.

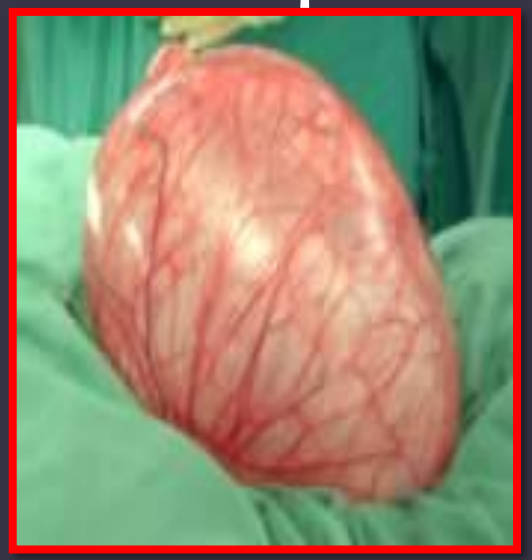
1. What's your most probable Dx?
   Left complicated ovarian cyst.

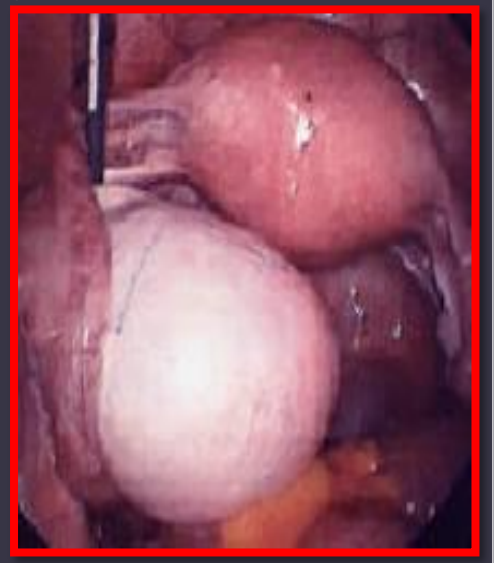
2. How we can measure the risk of having malignancy?
   RMI = menopause status * US scores * serum CA125.
3. What's best tt?
   Laparoscopic Left ovarian cystectomy.



Question

A 25 YO lady came complaining of Lt. sided abdominal pain & …





1. What is the finding.
   Left ovarian Cyst.
2. Mention 3 complications.
   Torsion, Rupture, Infection, Hemorrhage.
3. How will you treat it.
   Laparoscopic Left ovarian Cystectomy. (You have to mention all points).
4. Mention 2 investigations to Dx the disease.
   US, CT-scan, Laparoscopy.
5. What procedure was done to remove this pathology?
   Trans-abdominal cystectomy/ oophorectomy.

Question

The picture was taken after ovarian cystectomy

1) diagnosis ?

Dermoid cyst

2) most common complication of this cyst ?

Ovarian Torsion

3) what is the most common age group ?

20-30

4) Name the most common malignant transformation ?

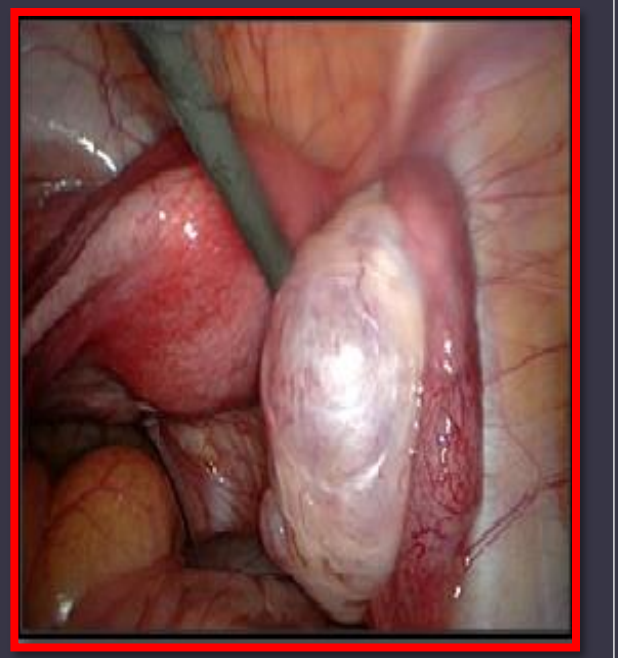
SCC

5) Mention 2 components?

Hair, Sebum, …

Question

This is the laparoscopic view for a 26 YO female, unmarried presented with 3 month duration of lower abdominal pain.



1. What's your Dx.?
   Ovarian cyst.
2. What's the initial investigation you will order?
   US.
3. If all the investigation you did were normal, what's your management?
   Ovarian cystectomy.

Question

Hormones interpretation; give the most likely Dx depending on these results.

The normal values:

FSH=2-10 LH=2-10 Prolactin =2-25 TSH=0.5-5.7

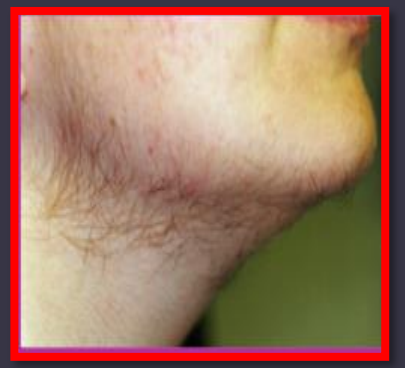
They'll give the values & you've to compare them & interpret.

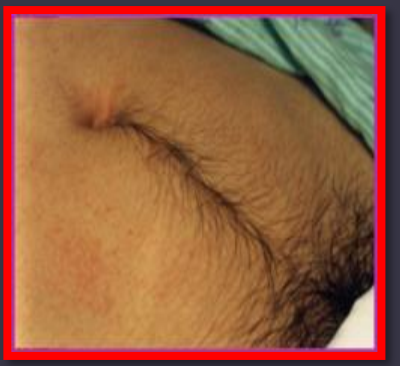
1. All are normal, Prolactin is elevated?
   Hyper-prolactimenia.
2. All are normal, LH= 3x elevation?
   PCOS
3. FSH & LH are low, Prolactin & TSH are normal?
   Hypo-gonadotropic hypogonadism.
4. FSH & LH are high, Prolactin & TSH are normal?
   Ovarian failure (POF/ resistant ovary syndrome/ menopause).
5. All are normal, TSH is elevated?
   Primary Hypothyroidism.

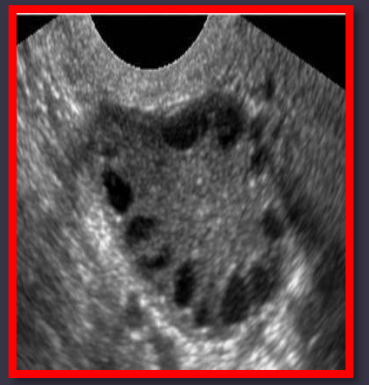
FSH	LH	Prolactin	TSH	The probable Diagnosis
Normal	Normal	Elevated	Normal	1
Slightly Low	elevated	Normal	Normal	2
Low	Low	Normal	Normal	3
Elevated	Elevated	Normal	Normal	4
Normal	Normal	Normal	Elevated	5

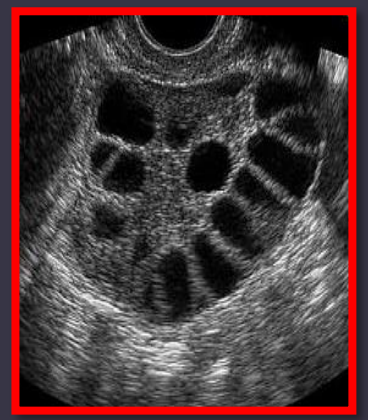
Question

1. What's this condition?
   Polycystic ovarian syndrome (PCOS).
2. Give 4 lab tests to confirm your Dx & the result of each.
   LH:FSH=3:1 (High), Serum testosterone (High), serum sex hormone binding globulin, Serum fasting insulin (High).
3. Name 2 clinical signs on examination?
   Obesity, Acne, Hirsutism, Acanthosis nigricans, Infertility, Baldness.
4. What's the cause of amenorrhea in this Dx?
   Anovulatory cycles (not sure).
5. Mention one long-term Gyne. complication?
   Endometrial hyperplasia/ Endometrial CA (this is the only accepted answer).









Question

A 30 YO female pt presented with amenorrhea of 2 yrs duration, her FSH was 60 IU/L (high).

1. What's your Dx?
   Premature ovarian failure (POF).
2. What are the long term complications of this Dx?
   Osteoporosis, cardiovascular diseases.

3. Give 2 possible causes.

   Autoimmune, radio-chemotherapy.

4. Give one important investigation must be done.

   DEXA scan (to evaluate for osteoporosis).

5. What's the treatment?

   Combined estrogen-progesterone pills.

Question

Picture of surgical removal of ovarian tumor.

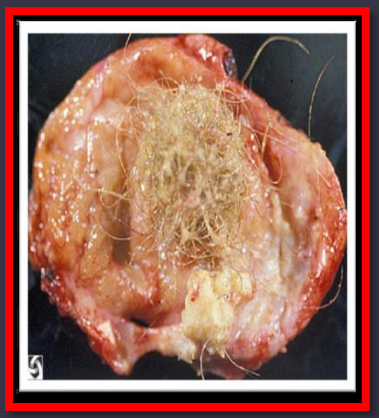
1. List 3 intra-Op. findings suggest malignancy?
   Liver mets, Omentum cake, Ascites.

2. What's the type of the tumor if the lady also has endometrial carcinoma?
   Granulose cell tumor.

3. What's the specific marker for it?
   Inhibin

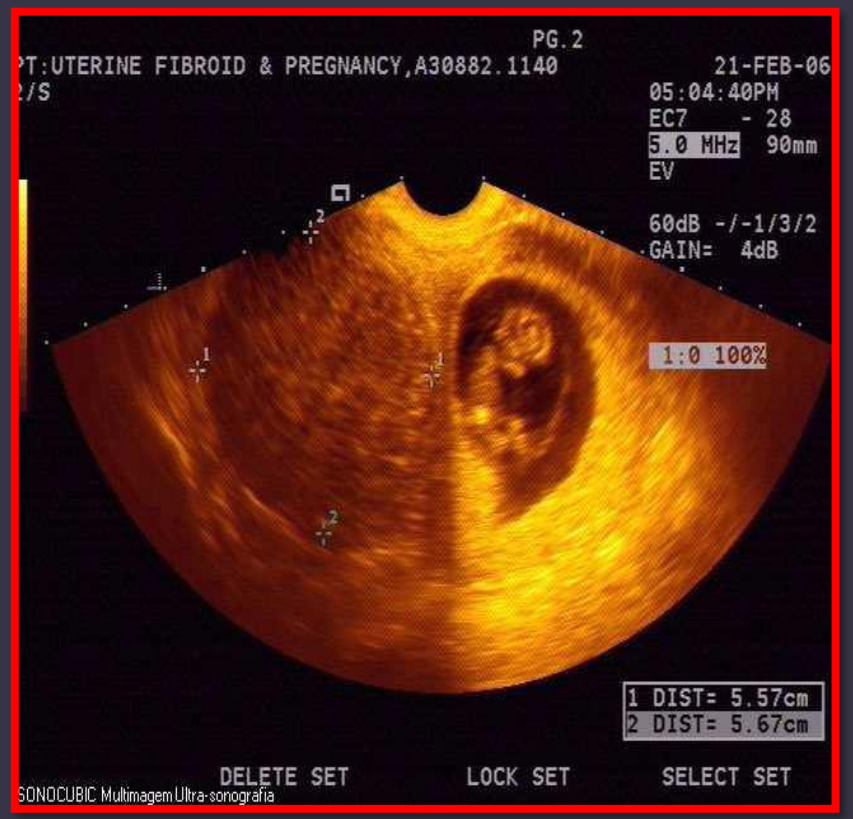
Question

This picture is for a pt complaining of abdominal mass.



1. What's your Dx?
   Dermoid cyst (cystic teratoma).
2. Give 2 causes why the pt will complain from abdominal pain in this case.
   Rupture, Torsion.
3. What's the best surgical tt for this condition?
   Cystectomy.
4. What other option you can do? (other than total hysterectomy & Bilateral opherectomy).
   Laparoscopic unilateral ovarian cystectomy & oopherectomy.

Question



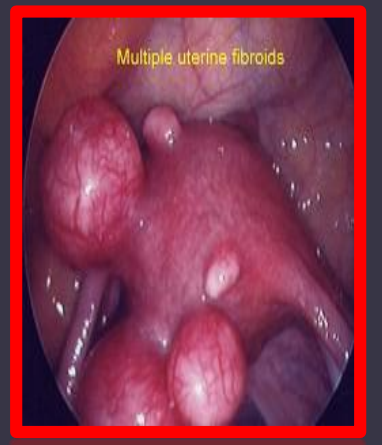
1. What's your Dx?
   Uterine fibroid with pregnancy.

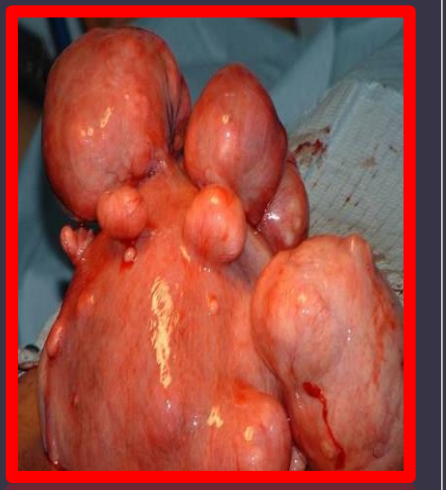
2. What's the complication during pregnancy?
   Red degeneration of fibroid / IUGR.

3. What are the complication during delivery?
   Obstruction of birth canal & Uterine dyskinesia lead to increase incidence of CS.

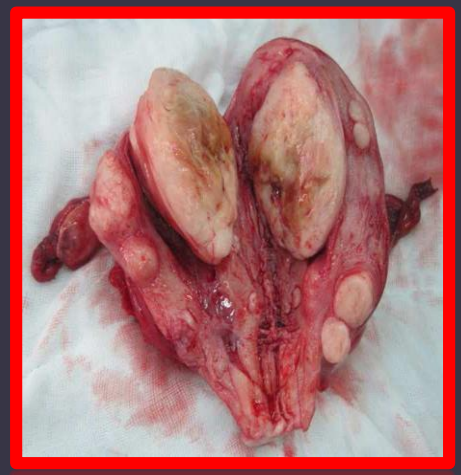
Question

A 30 YO single lady presented with acute abdomen.





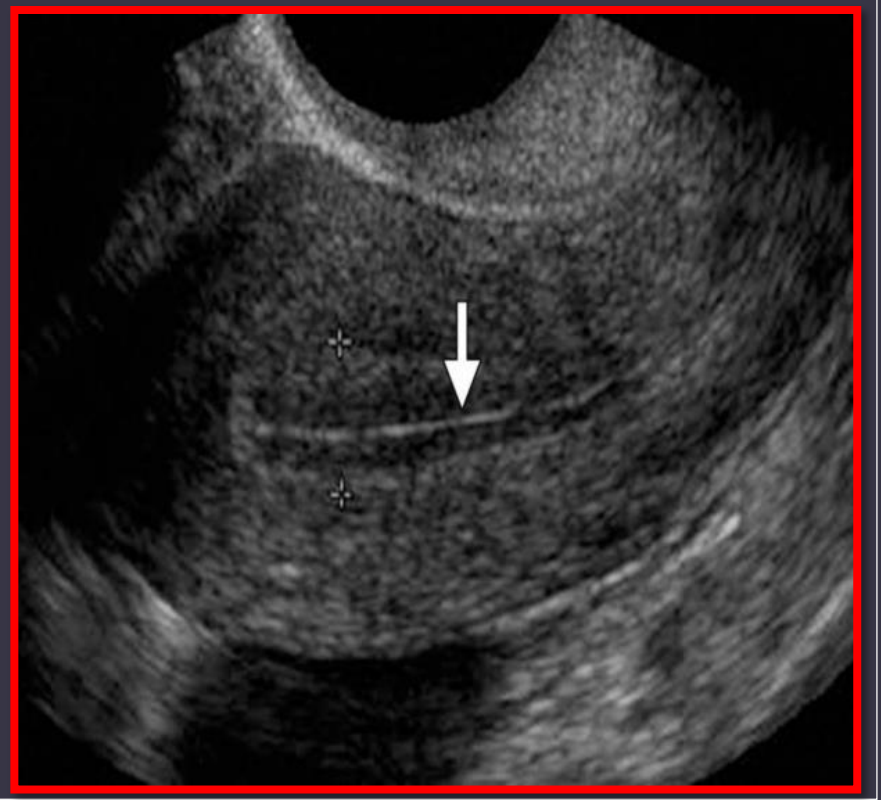
1. What's this?
   Multiple uterine fibroids.
2. What's the most common clinical presentation?
   Menorrhagia.
3. Give 2 symptoms related to menstrual cycle?
   Menorrhagia & Anemia, secondary Dysmenorrhea (Dysmenorrhea alone is wrong).
4. Mention an effective surgical Treatment?
   Myomectomy or hysterectomy.
5. What's the Gyne. cause for this pt?
   Estrogen Releasing Ovarian tumor.
6. What's the most serious change that may happen?
   Degenerative changes & rarely malignant changes.



Question

51 YO female, complains of heavy vaginal bleeding.

1. Name the structure (arrow).
   Endometrium
2. What's the most common cause of this case?
   Atrophic vaginitis.
3. What's the most serious cause of this case?
   Endometrial carcinoma.
4. What's the best next step?
   Hysteroscopy guided endometrial biopsy.



Question

55 YO lady, amenorrhea for the last 14mon. come with mild vaginal bleeding

1) What's the most serious cause for this condition?

Endometrial CA.

2) investigations to be done?

A- hysteroscopy-guided endometrial biopsy.

B- trans-vaginal US.

3) What's the most common cause for her condition?

Atrophic changes (atrophic Vaginitis).

Question

49 YO lady complaining of heavy periods. She is medically free & her US is unremarkable.

1. What's the most important thing in management?

   >>Biopsy either with D&C or hysteroscopy.

2. Mention 2 possible causes?

   1. **Endometrial cancer.**
   2. **DUB, Endometriosis.**

   (please don't answer fibroids or anything that can be detected by US because her US shows nothing. Also don't answer hypothyroid or the such because she's medically free).

3. What's the ovarian tumor that could cause such thing?

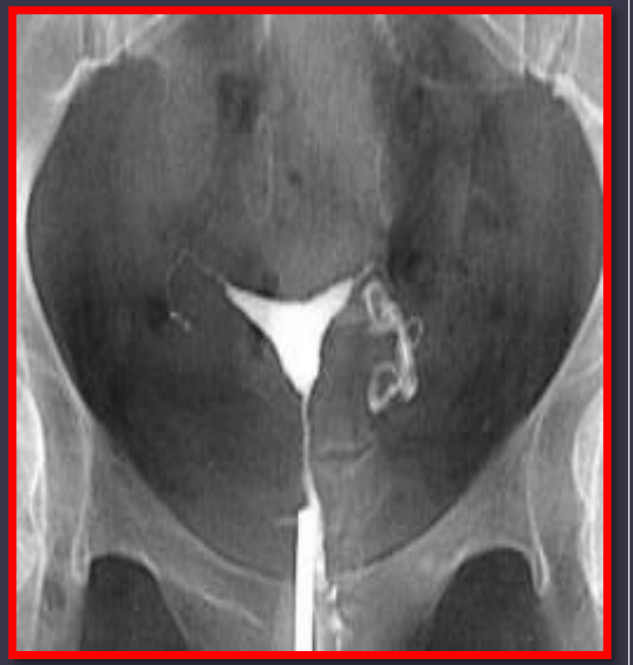
   >> Estrogen- secreting ovarian tumors.

Question

1. What's the name of this investigation?
   HSG (hysterosalpingogram).

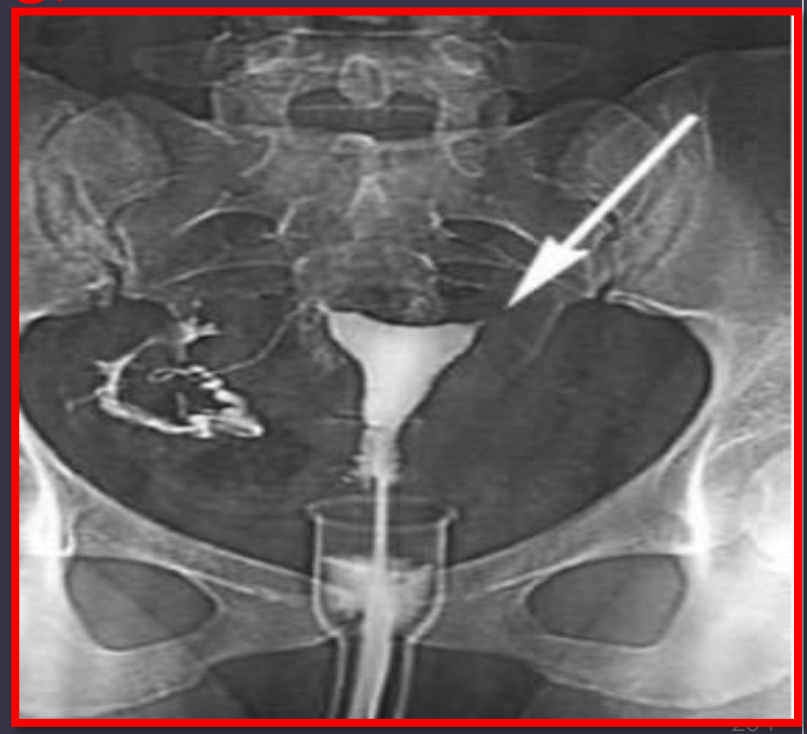
2. Mention 2 abnormalities it can show?
   A. Tubal patency (tubal ligation).
   B. Uterine abnormalities (congenital, fibroid, adhesion).

1. Mention other test you can use?
   Laparoscopy with Methylene blue dye test.



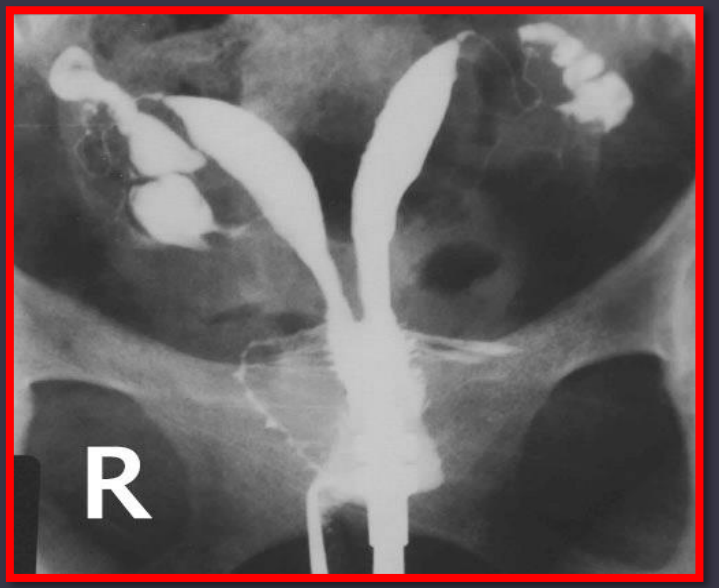
Question

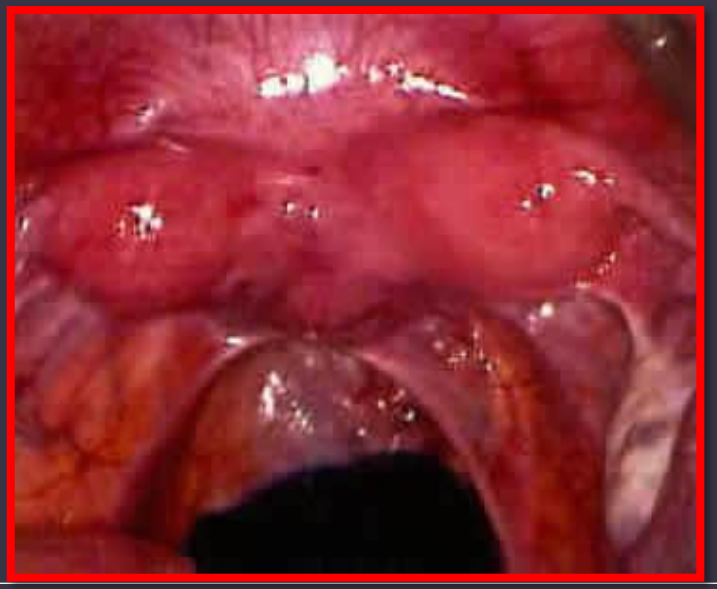
1. Give 3 indications.
   Investigation of infertility (tubal patency), Dx. of uterine abnormality, Post-sterilization.
2. Give 3 Contraindications.
   Pregnancy, Lower genital tract infections, Allergy for the contrast material.
3. What's the abnormality in this picture?
   Left tubal obstruction.
4. Mention 3 causes of this abnormality.
   PID, Pelvic surgery, Endometriosis.



Question

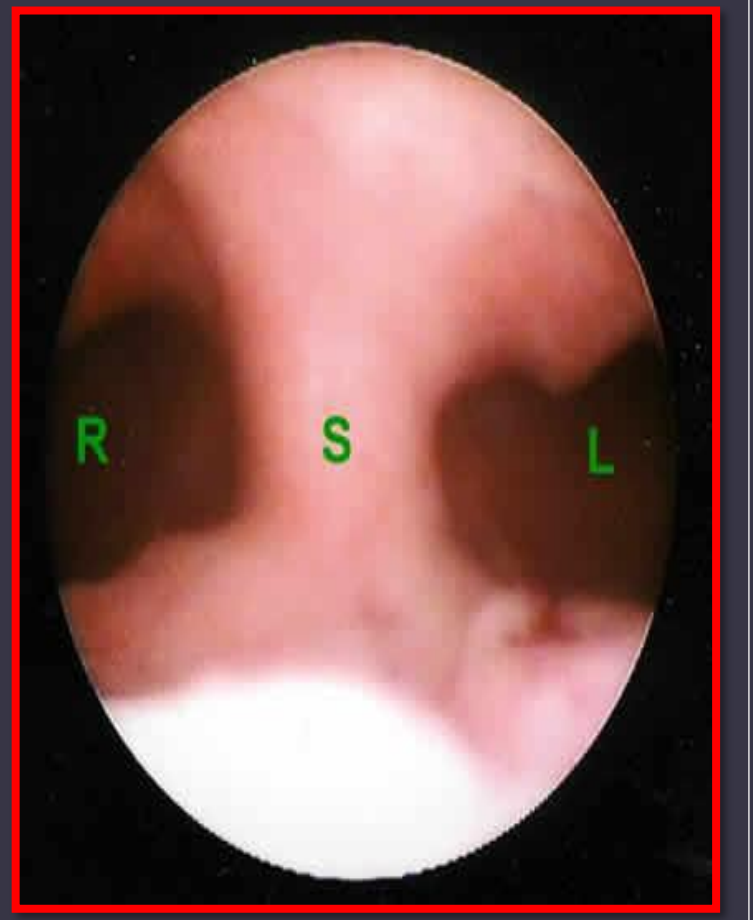
1. What are these investigations?
   Hysterosalpingogram (HSG), laparoscopy.
2. What is your Dx.?
   Bi-cornuate uterus.
3. Mention the initial investigation to be done.
   Pelvic US.
4. Mention 2 major complications?
   Preterm labor, Mal-presentation.





Question

1. What's this diagnostic modality?
   Hysteroscopy.
2. Give 2 dis. Can be diagnosed by it.
   Sum-mucosal fibroid, congenital anomaly of uterus.
3. What is your Dx.?
   Septated Uterus.
4. Mention 3 major complications?
   Infertility, 2nd trim. Miscarriage, Ruptured uterus.



Question

A pic of fibroid uterus.

1. What are the types of fibroid uterus appear in the pic?

   A: sub-mucosal B: intramural C: cervical.

2. What's the most common presentation of type A?

   Menorrhagia.

3. How would you treat type B?

   Myomectomy.

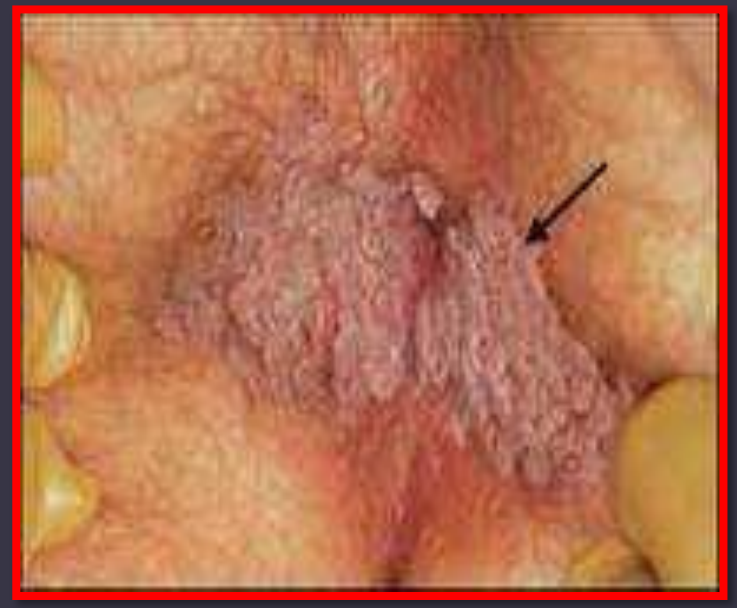
4. How would you diagnose type B?

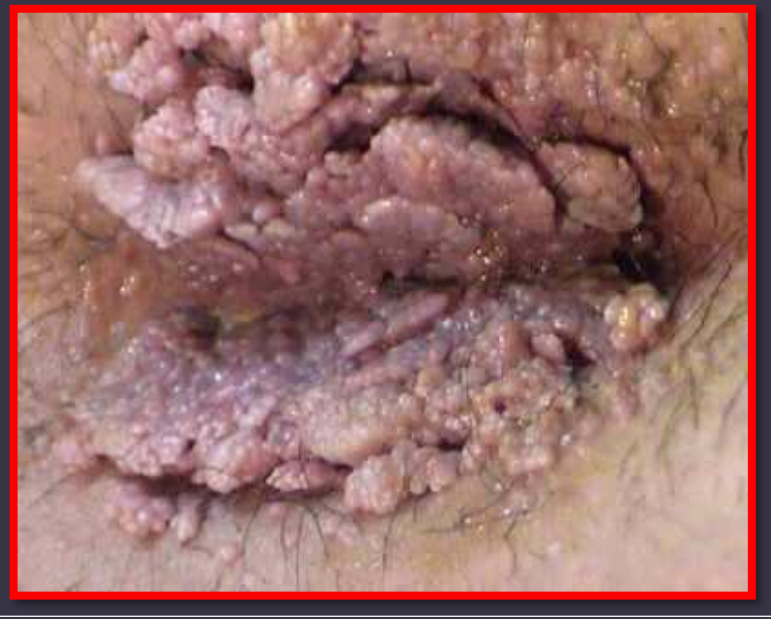
   US.

Question

Pt presented with itching.

1. What's your Dx?
   Condylomata acuminate.
2. What's the cause of this disease?
   Low-risk HPV.
3. What's the test that you will?
   Pap smear.
4. How may we prevent the disease?
   Vaccine.





Question

This pts has CIN3.

1)What's the abnormality in the pic.?

A. Dense acetowhite lesion.

B. Vascular abnormality (mosaicism, punctuation).

2)What's the cause?

High risk HPV virus (16,18).

3)Give 2 ways to treat this pt.?

A. LLETZ.

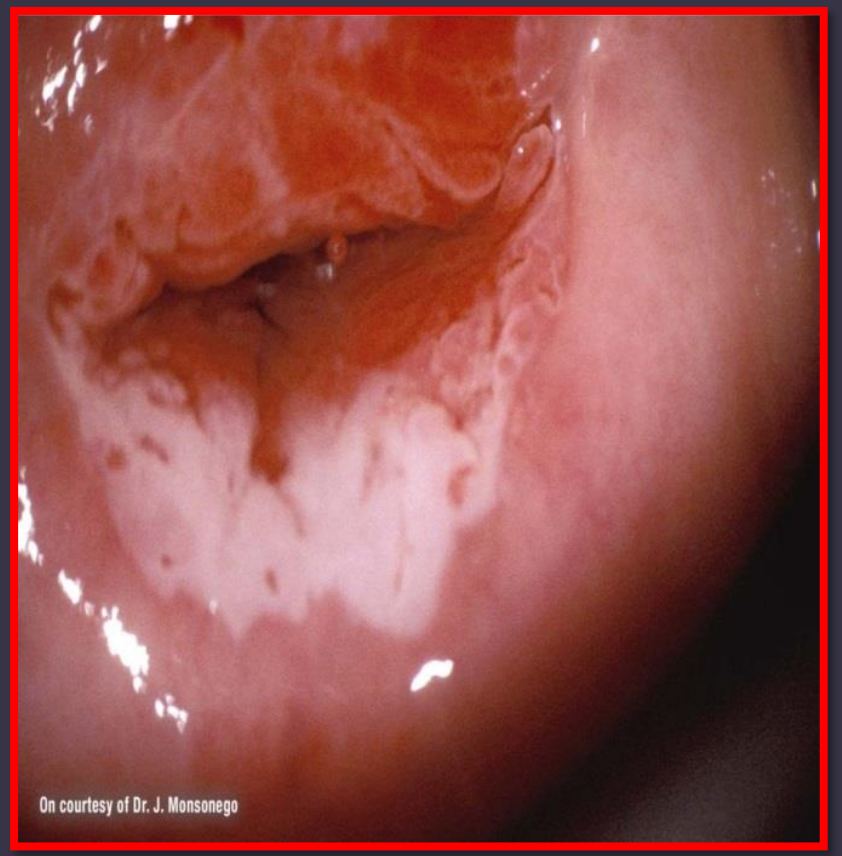
B. Cervical conization (cone biopsy).

C. laser.

>> others mentioned in the lecture.

4)What's the main risk if left untreated?

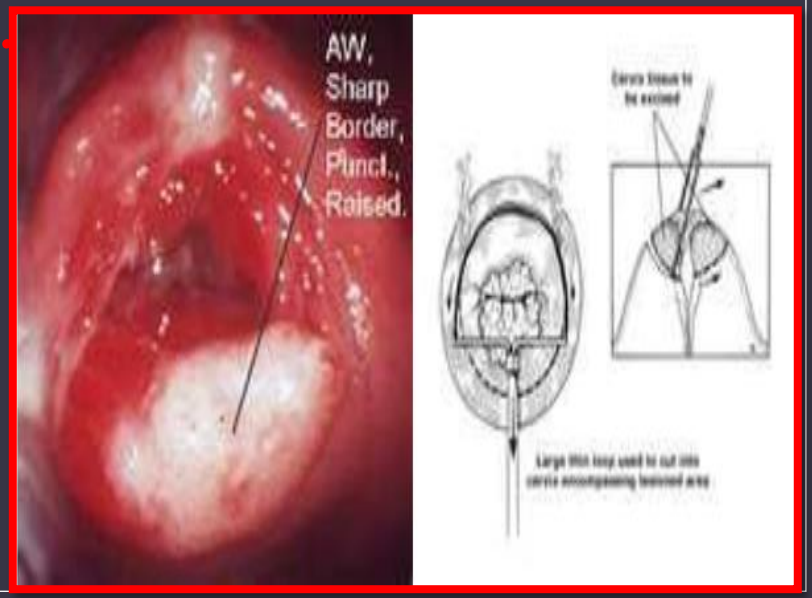
Progression into cervical cancer.



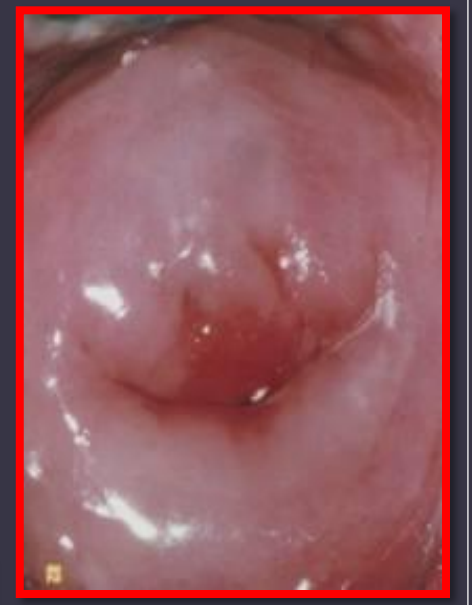
Question

30 YO woman, a pap smear was done for her showing high grade squamous intra-epithelial lesion (HSIL).

1. What's the next step?
   Immediate referral to colposcopy & punch biopsy +\- endocervical curettage.
2. Name the lesion in the Lt. picture.
   Aceto-white lesion on the posterior lip of the cervix.
3. Name the procedure done in the Rt. picture.
   LEEP (loop electrical excisional procedure).

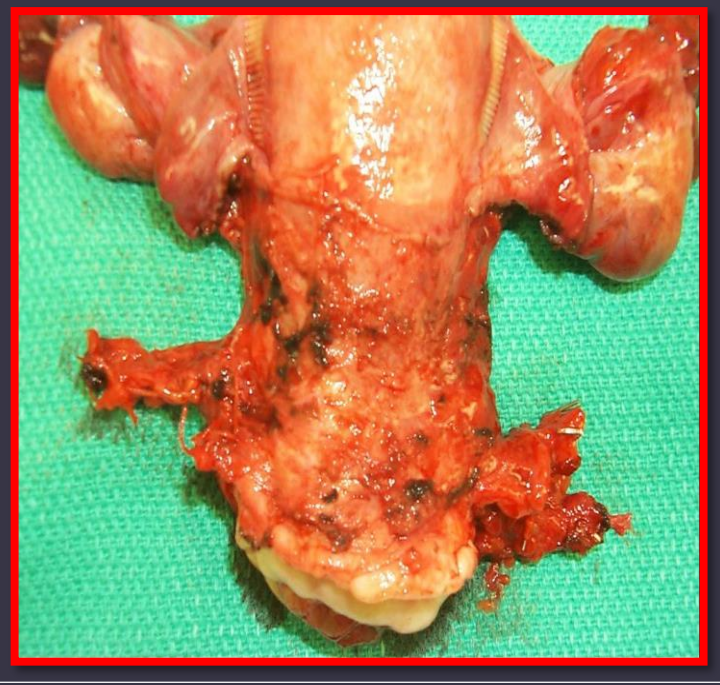


Question



35 YO lady multi-para, presented with Hx. of IMB & PCB.

1. What's your Dx?
   Cervical Ectropion
2. Give 2 histo-pathological cell types can be seen in this lesion.
   Squamous, & Columnar epithelium.
3. What's the cause of this?
   High Estrogen exposure.
4. How to prevent it?
   Mini-pills (not sure!)



Question

29 YO married female, on pap smear the result was CIN III.

1. What's the next step?

   >> Colposcopy.

2. What's the main 2 subtype of the causative agent that cause this problem ?

   >> HPV 16, 18.

3. What's the medication that helped significantly in reducing the incidence of this problem?

   >> HPV (high risk group) vaccine.

* Note that pap smear is not cytology so no way to say on pap smear she was found to have CIN3. So 1st Q. answer is the tt of CIN3 which is cone biopsy, etc.

Question

1. What's the name of this view?
   Colposcopic view of the cervix.

2. Mention 2 abnormalities in this case.
   Punctuation, Mosiacism.

3. What's the most important cause of this case?
   Persistent infection of HPV 16, 18.

4. What's the most probable Dx.?
   CIN III (not Cervical carcinoma).

Question

U/S of septated Ovarian cyst with solid component

1-Describe mass?

septated Ovarian cyst with solid component

2- what are aspect of you should consider in examinations ?

3- Diagnosis ?

Epithelial ovarian carcinoma

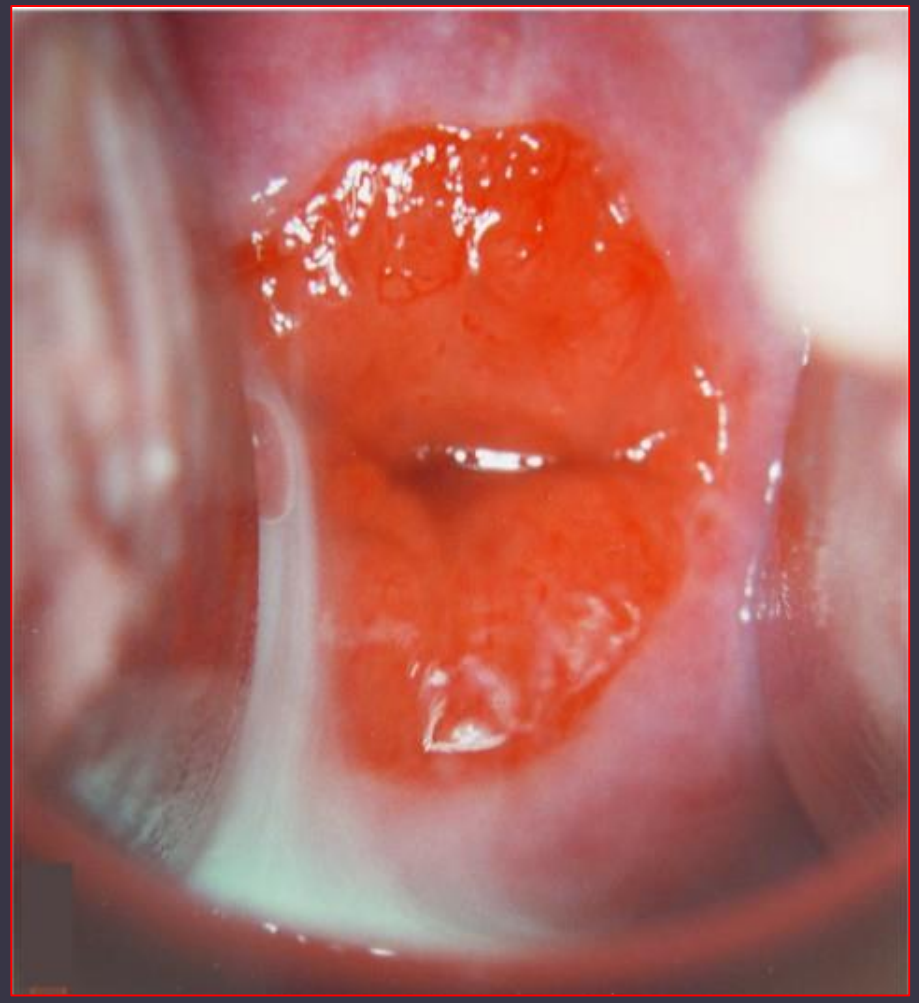
4- Calculate Risk of Malignancy Index (If she is menopause and her CA-125 = 100)

5- what is the treatment ?

cytoreductive surgery

Question

34 years old using COCPs. Came complaining of watery vaginal discharge.



1) what's Dx?
   Cervical ectropion.
2) Investigations?
   A. pap smear B. Vaginal swab.
3) Management?
   A. stop COCPs

   B.ablation by cryotherapy/ cautery

Question

1) What's you diagnosis?
Multiple uterine fibroids

2) What's the main clinical presentation for this condition.
Menorrhagia

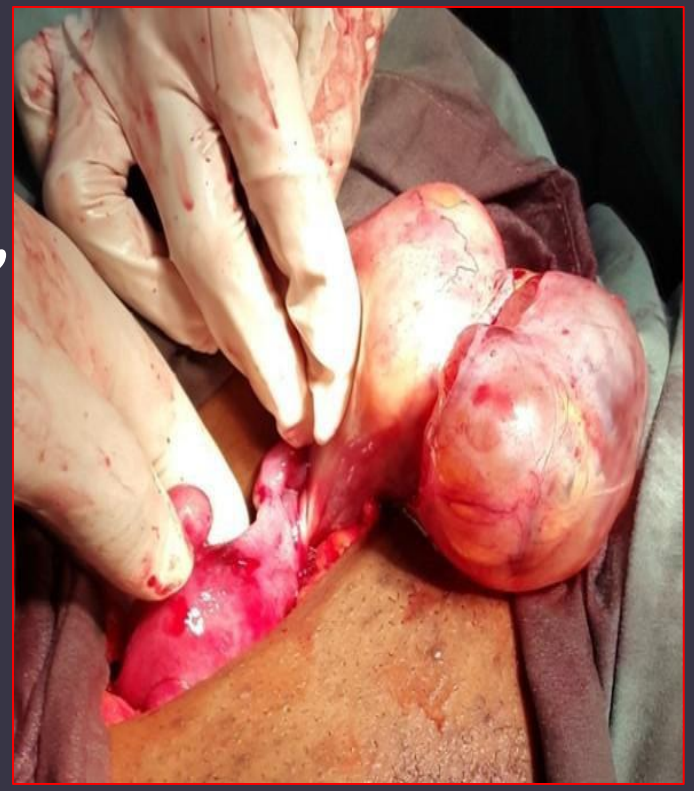
3) Mention two obstetrical complications.
Miscarriage, uterine dyskinesia and obstructed labour

Question

This is a 52 year old lady with ovarian mass

1) Mention 2 surgical signs of malignancy.

a. **Ascites** b. Omental deposits (Solid irregular, etc…).



2) If this case was associated with endometrial CA as well, what is the histological subtype of the tumor?

because the photo showed a unilateral mass) Granulosa cell tumor.

3) What is the tumor marker of the latter mentioned?

Inhibin

Question

This is the omenteum of48 years old para 7 , complaining of abdominal pain and vaginal bleeding ,on physical exam she was having adnexal mass

1. Dx?

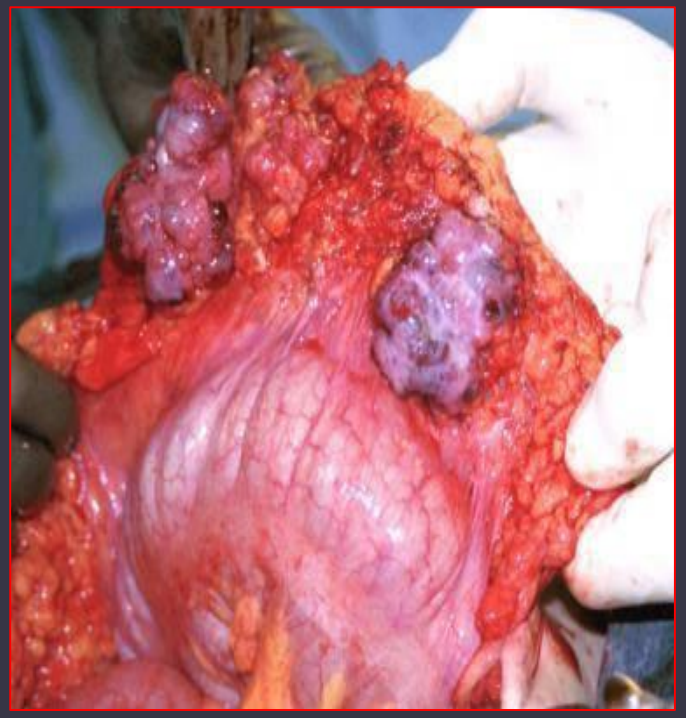
Ovarian cancer (because there is adnexal mass in the question stem)

2. Name 2 signs suggesting malignancy ?

A. Ascitis B. omental cake / Mets to liver.

3.Additional step ?

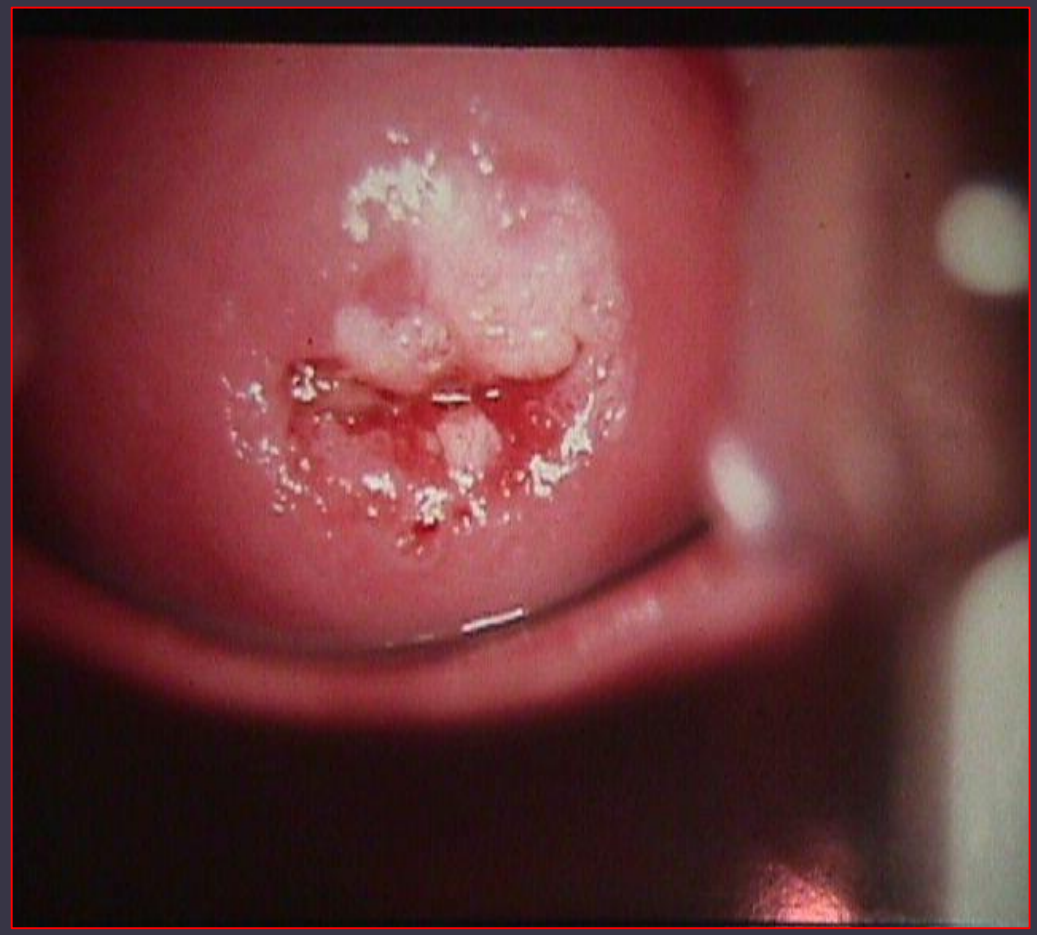
Bilateral salpingo- oophorectomy with total abdominal hysterectomy + chemotherapy .



Question

45 year old P6 Presented with this finding on colposcopy!

1) Name the solution applied to the cervix?
   Acetic Acid
2) What's the causative agent?
   High risk HPV (16&18)
3) Mention 2 methods of treatment?
   1- LLETZ (Loop excision of transitional zone)
   2- Laser
1) Is Colposcopy safe during Pregnancy?
   Yes



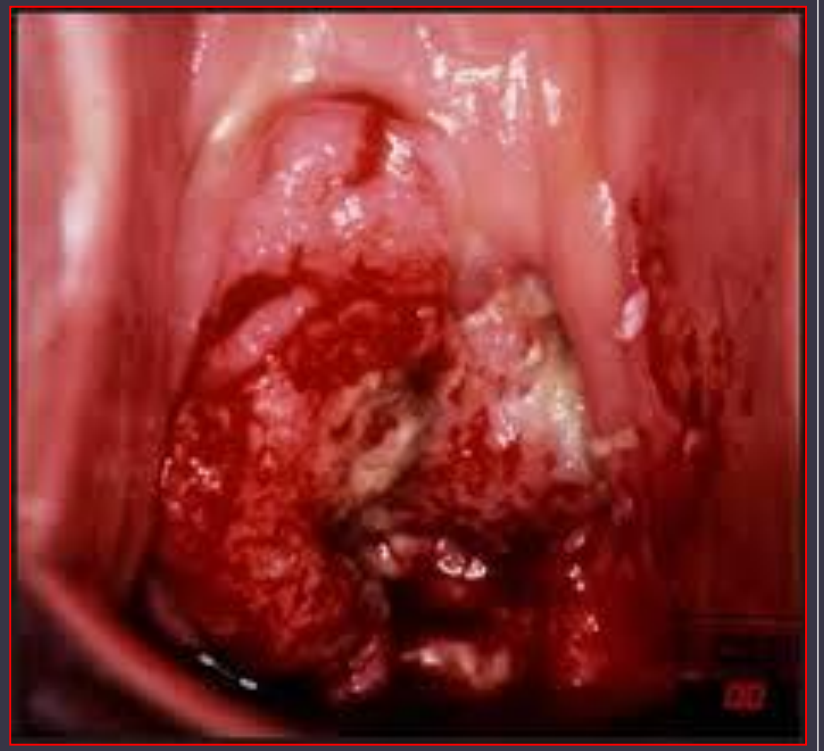
Question

1. What is your diagnosis?
   Multiple uterine fibroids.
2. Mention two gynecological symptoms.
   Secondary dysmenorrhea, Menorrhagia.

3. Treatment of choice for a 27-year old female, married with history of infertility
   MYOMECTOMY.

Question

1. What is your diagnosis?
   Cervical carcinoma
2. What is the most important risk factor?
   Persistent infection with high-risk HPV serotypes.
3. In addition to hysterectomy, what should be done during surgery?
   Bilateral pelvic LNs dissection.
4. What is the alternative for surgery in this patient?
   Chemoradiotherapy with cisplatin as the radio-sensitizer.

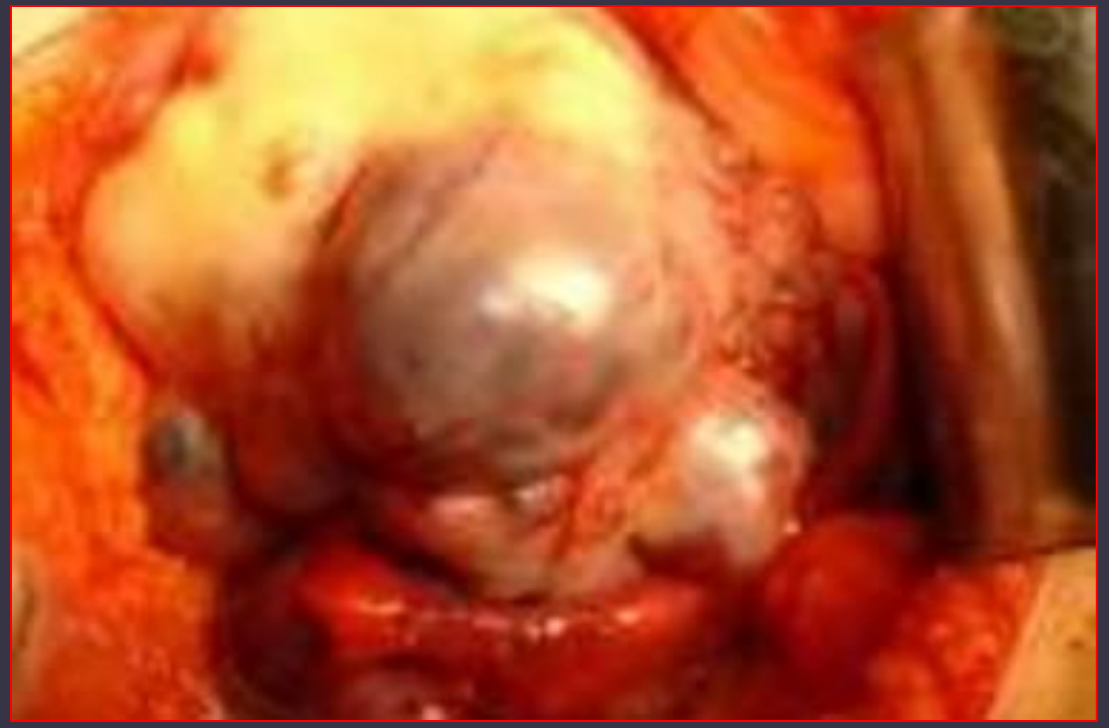


Question

1)What is the most common type of ovarian cancer?
Serous type account for 40%

2)At which stage most patients present?
Stage 3c

3)How staging can be done?
Surgically



Question

A picture by colposcope indicate a cervical lesion with high grade dysplasia:

1- What is the name of the lesion which you see in the pic?

Aceto-white lesion.

2- What is the main etiology for it?

High risk HPV

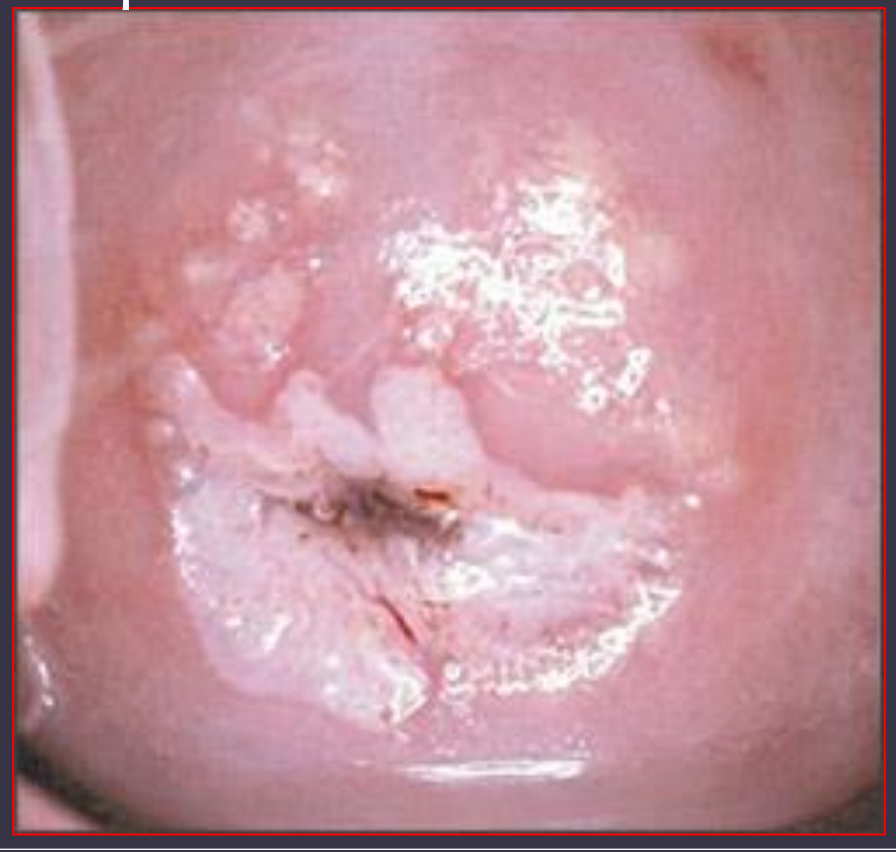
3- How do you treat it?

a-LLETZ

b- cone biopsy

4- What's the main risk if left untreated?

Progression into cervical cancer.



Question

a 45 year-old woman P8 came in history of menorragia for (?) months

1- mention 4 relevant investigations?

TFT(thyroid function test), biopsy by hysteroscopy or D&C, pelvic US, CBC….

2- if she was found to have a large fibroid what is your management for this lady?

Total abdominal hysterectomy.

Question

43y old .. History of menorrhagia..

1) what's A?

Submucosal fibroid.

2) 2 essential investigations before hysterectomy?

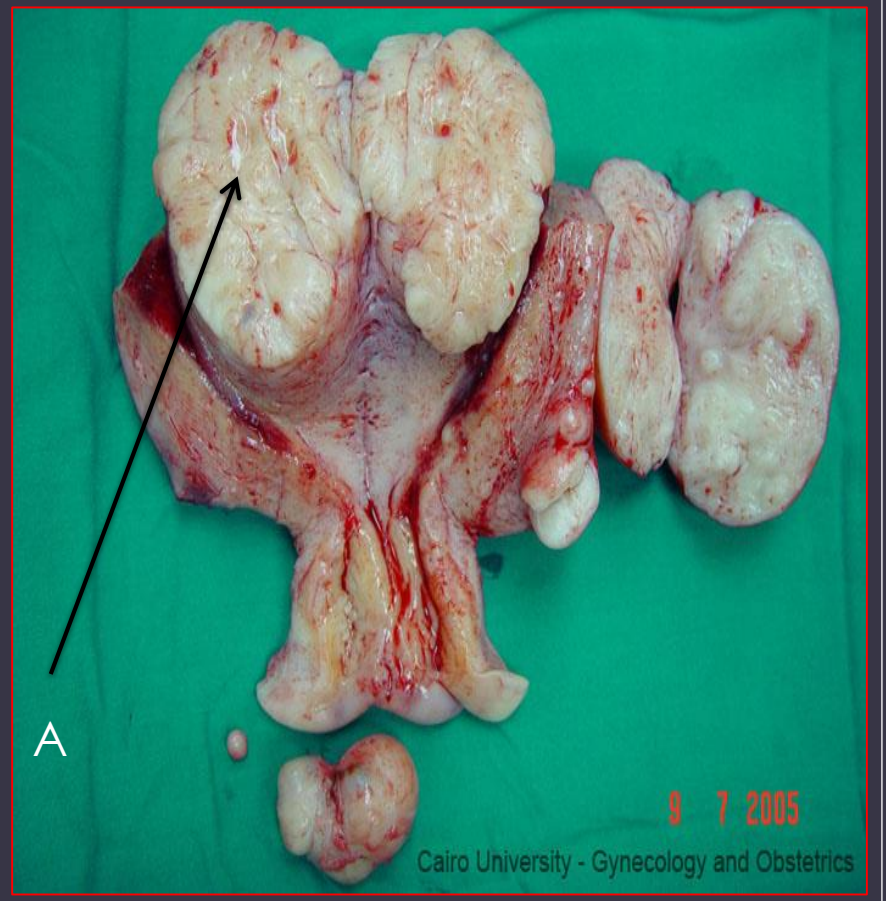
A. hysteroscopy guided endometrial biopsy.

B. pap smear.

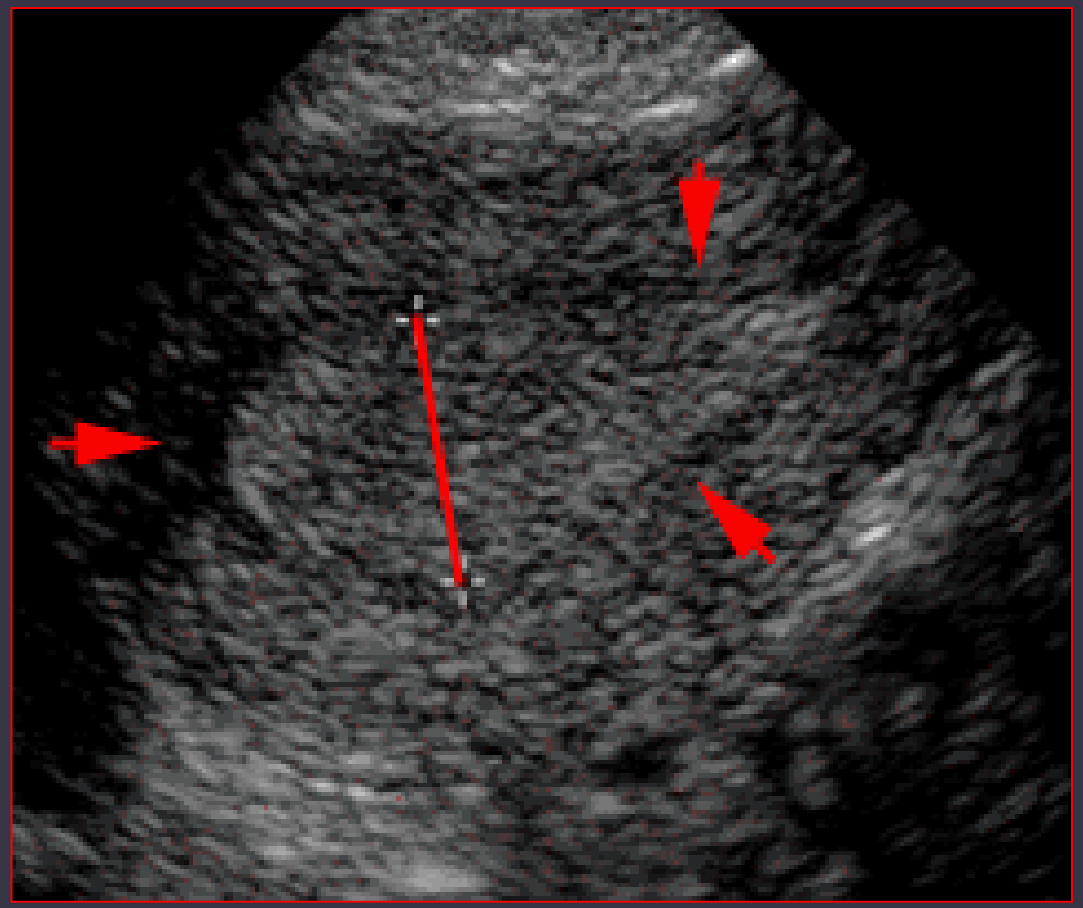
(US not essential one, the doctor said!)

3) Would u remove the ovaries for this patient?

NO. she is young.



Question



1) Identify the picture

- Endometrial thickening

2) What is the suspected pathology?

- Endometrial cancer

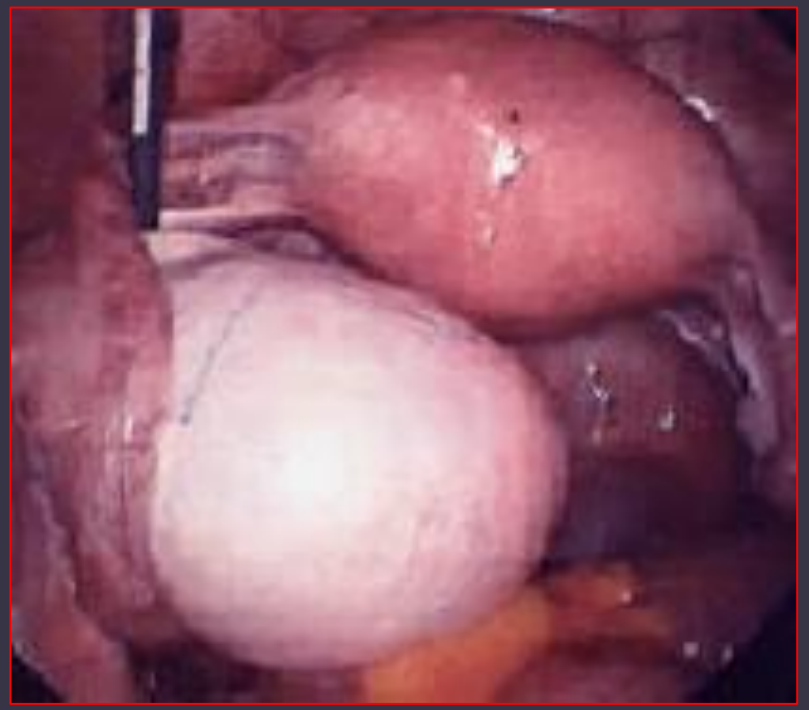
3) What is the next investigation?

- Endometrial biopsy under hysteroscopy guidance

Question

A 25 year old lady came complaining of left sided abdominal pain and…

1. What is the finding.
   Left ovarian Cyst.
2. Mention 3 complications.
   Torsion. Rupture. Infection.
3. How will you treat it.
   Laparoscopic Left ovarian cystectomy. (You have to mention all points.)



Question

pic of fibroid uterus :

1) what are the types of fibroid uterus appear in the pic:
a. submucosal
b.intramural
c.cervical

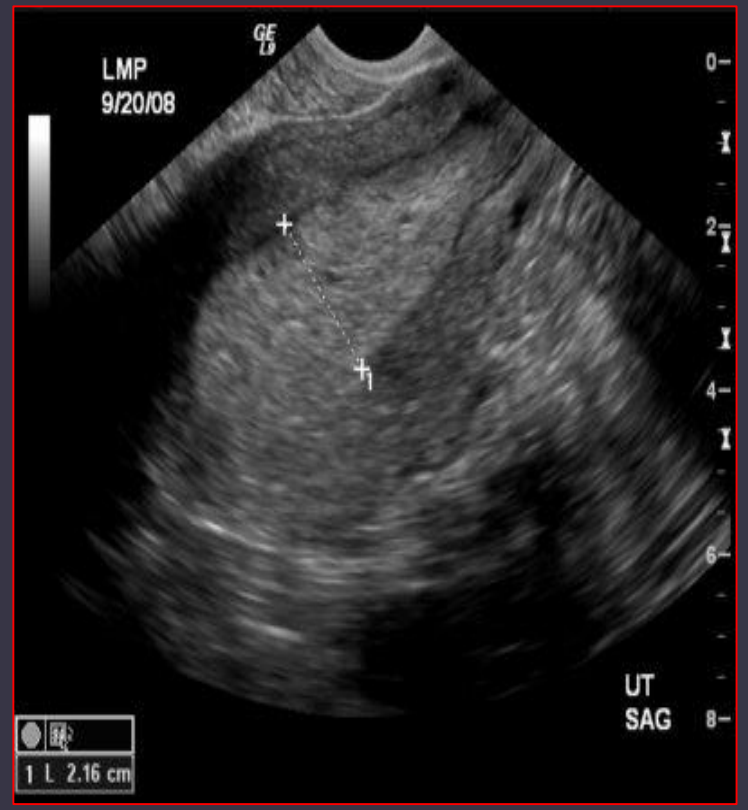
2) what is the most common presentation of type A ?
menorrhagia

3) how would you treat type B?
myomectomy

4) how would you diagnose type B?

Question

65 year old female presented complaining of vaginal bleeding. Her US findings are seen below (Image of US with 15 mm thickened endometrium that was written on the pic)



1. Name the most serious cause for her condition

Endometrial cancer

2. Name 2 investigations related to her condition (other than ultrasound)

A. Hysteroscopic guided endometrial biopsy (or just endometrial biopsy) B. Pap smear

3. Name the most common cause for her condition

Atrophic changes (vaginitis or endometritis)

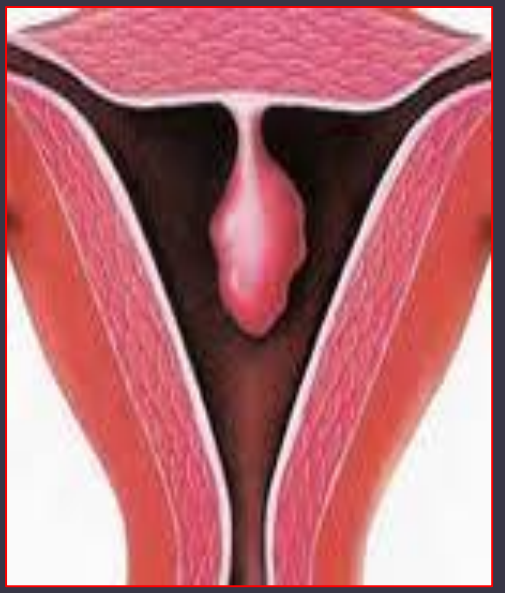
Question

45 YO pt presented with abdominal distension.

1. Mention 2 possible Gyne. causes.
   Ovarian cyst/cancer, Large fibroid.
2. Mention 2 investigations should be done.
   Trans-vaginal US, Abdomino-pelvic CT or MRI, Serum tumor markers (CA 125) … **this point must be mentioned.**
3. Mention 2 worrying US signs of an ovarian mass.
   Septation (multi-locularity), Solid.

Question

A 69-year old woman complaining of bleeding



1- What is the diagnosis?

Post-menopausal bleeding

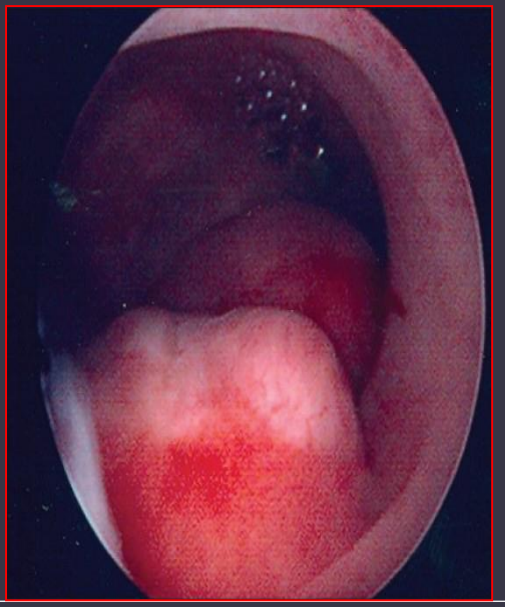
2- Mention two other causes for this condition.

1) Endometrial cancer

2) Atrophic changes

3- What is the test used in the picture?

Hysteroscopy



Question

This is a uterine vaginal US image for a 60 YO patient presented with vaginal bleeding

1- most serious cause ?

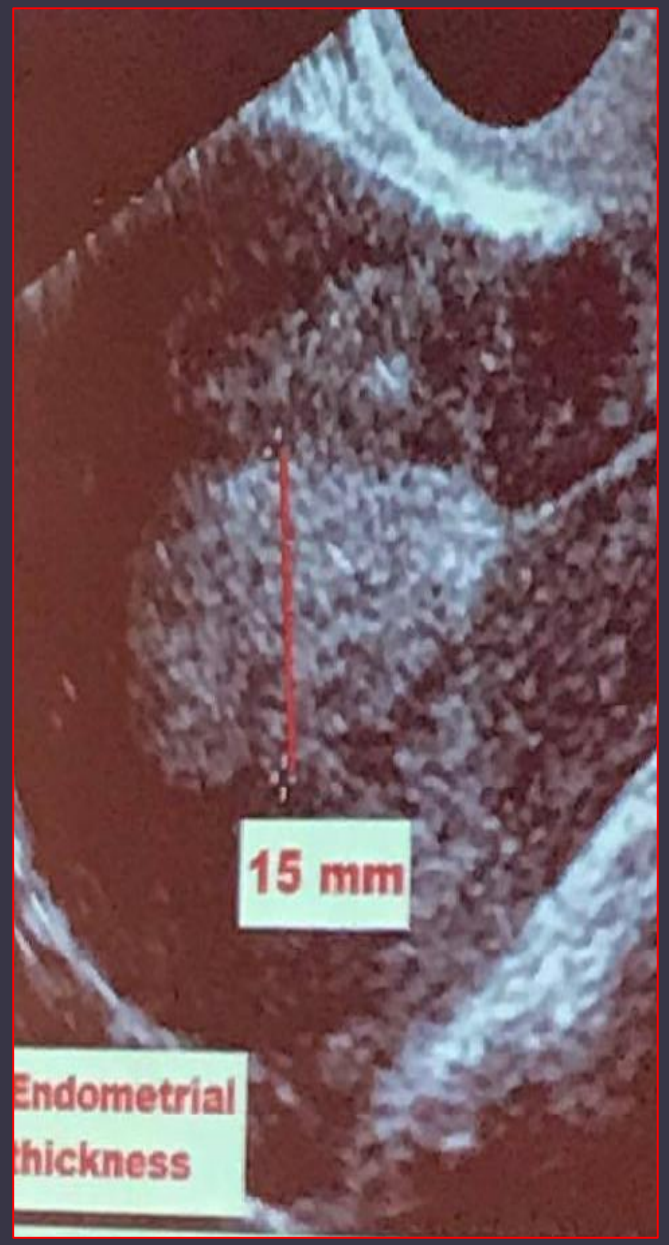
Endometrial CA

2- mention specific investigation in this case?

Endometrial biopsy (hysteroscopy-guided or with D&C)

3- name 2 other causes of vaginal bleeding at this age ?

Atrophic changes / DUB / Fibroid



Question

1- What is your diagnosis?

Fibroids

2- Mention two common clinical presentations.

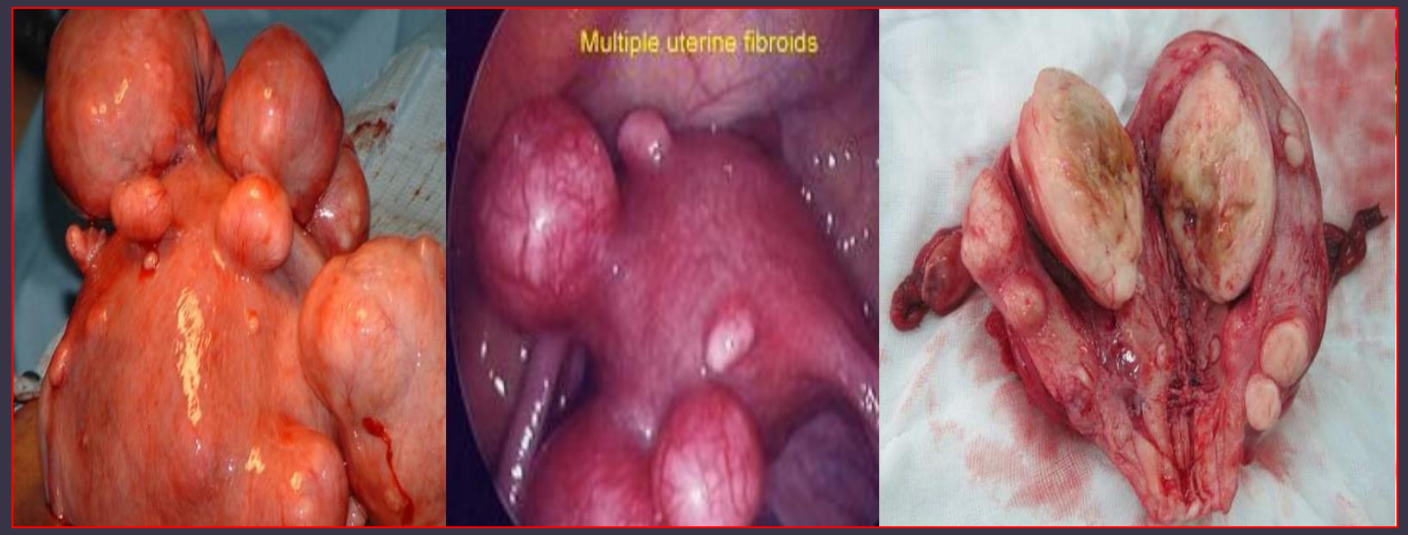
1) Menorrhagia

2) Infertility

3- Mention two other treatments (rather than hysterectomy).

1) Myomectomy

2) Uterine artery embolization

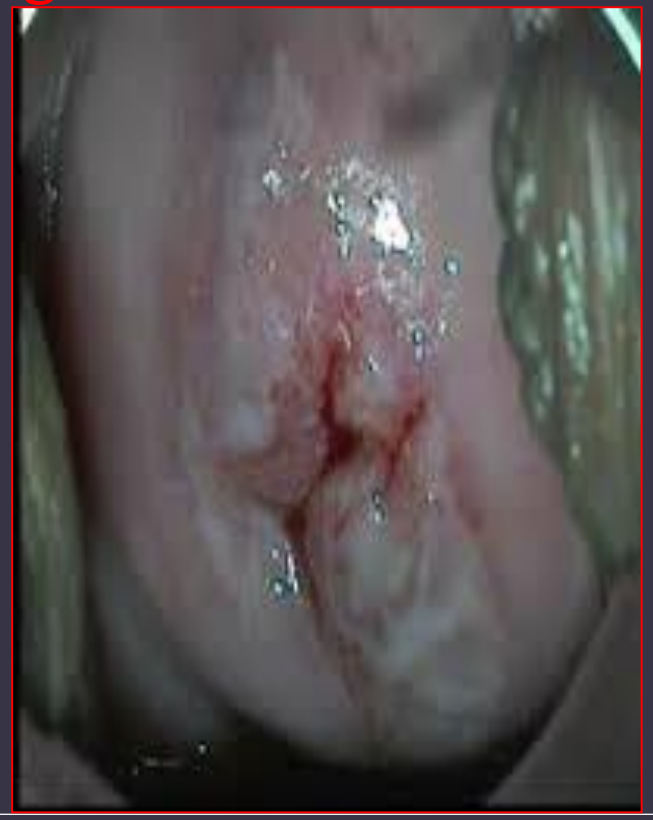


Question

A patient suspected to have CIN III on pap smear.

1- What is your next step?

Colposcopy with punch biopsy +/- endocervical curettage



2- What are the virus subtypes that cause this lesion?

1)HPV 16

2) HPV 18

3- What drug has been used to prevent it?

High risk HPV vaccine

INFERTILITY

Question

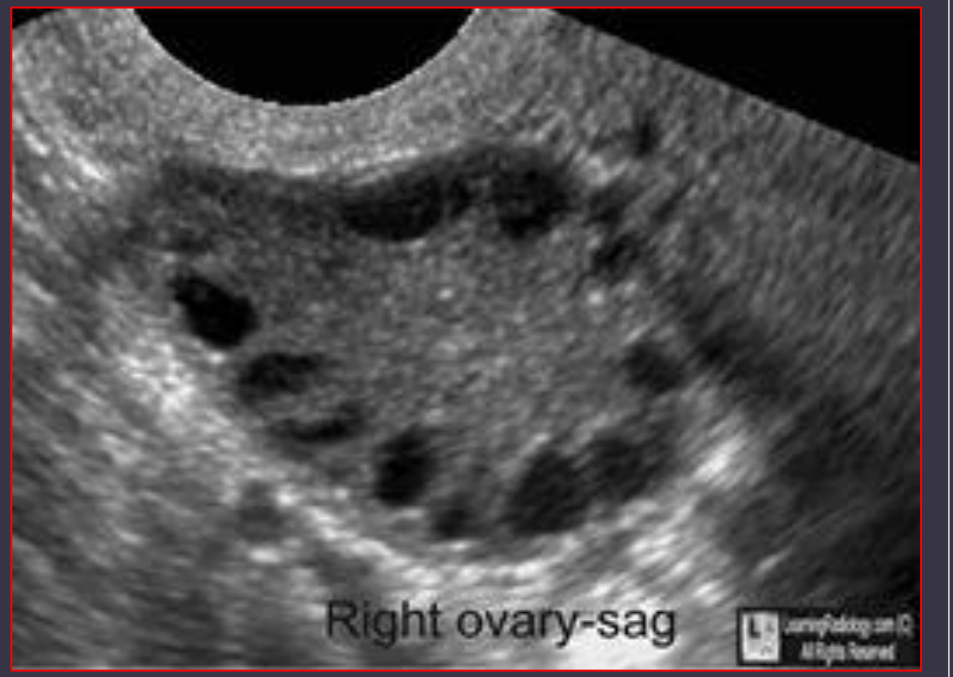
1) What's your diagnosis?

2) mention 6 result of hormonal abnormalities?

3) how can You manage the infertility in this pt?

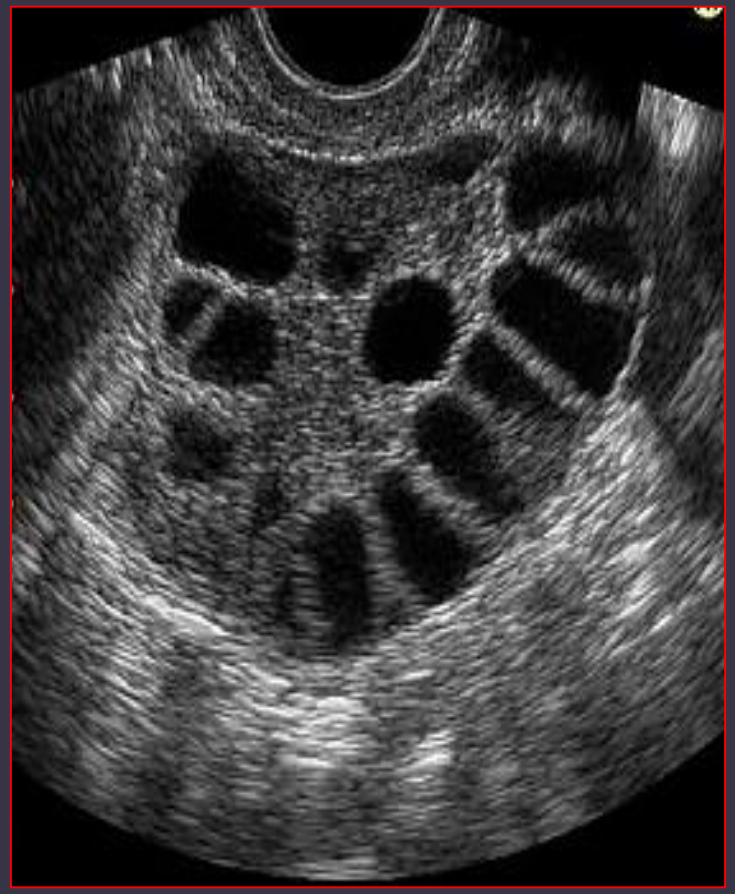
4) mention 4 long term complication

5) mention 2 complication if it become pregnant
(I don't remember the Q exactly)



Question

A 20 year old female presented complaining of oligomenorrhea, hirsutism and acne and has the following appearance on her ultrasound



1)Name the condition causing her symptoms

Polycystic ovarian syndrome (PCOS)

2)Mention 2 investigations that will confirm this condition's diagnosis

A. LH and FSH levels (LH:FSH ratio >3:1 expected)

B. Serum androgen levels (e.g. serum testosterone levels)

3. Mention one long term gynecological complication of this condition? oEndometrial cancer

4. Mention one long term non-gynecological complication of this condition?

Type II diabetes mellitus

Alternative answer: Metabolic syndrome

Question

- a 24 year old obese woman with history of infertility and amenorrhea. they operated on her and found this.

1) what is the diagnosis:

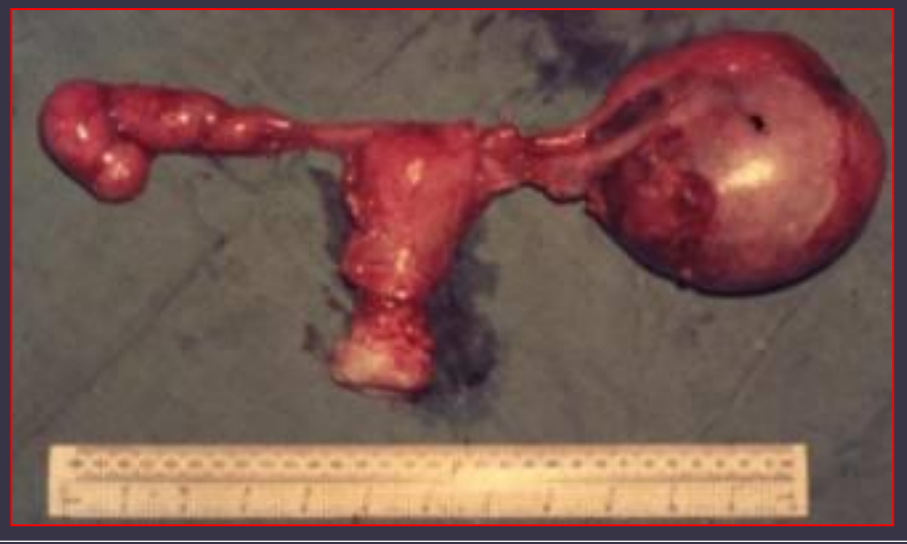
PCOs

2) what other symptoms the patient will suffer from :

hirsutism

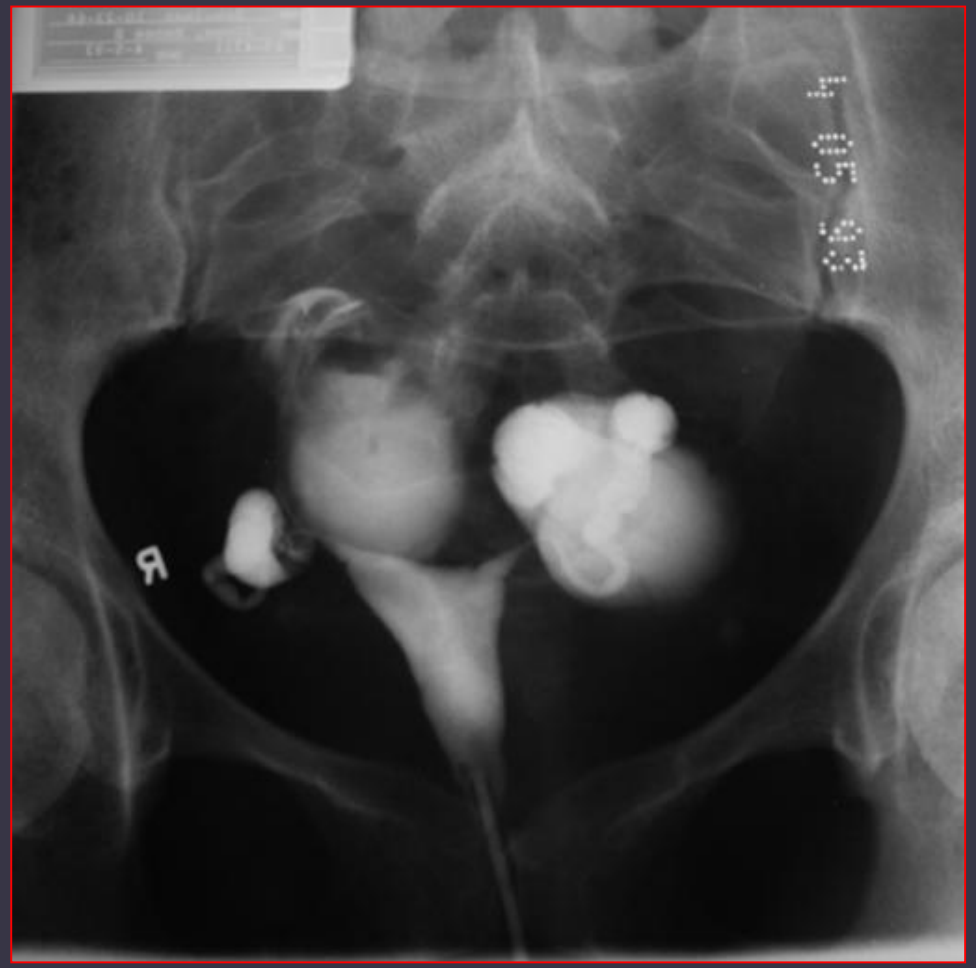
3) what you will expect her values of the following hormones to be

- FSH **low** normal high
- LH low normal **high**
- Progesterone low normal high



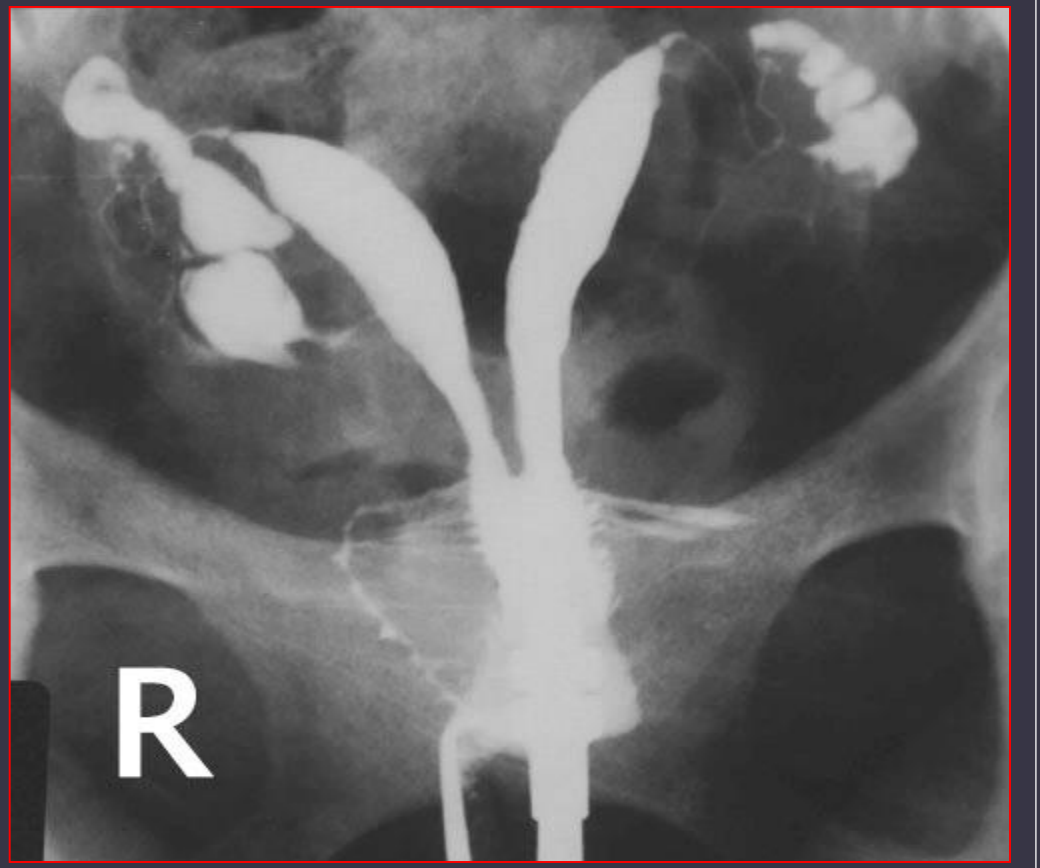
Question

1. what is the name of the test :
   hysterosalpingogram
2. what is the most common complication:
   anaphylaxis (allergic reaction)
3. what is the diagnosis :
   bilateral hydrosalpinx
4. give two presenting symptoms:
   infertility - PID



Question

1. What is this investigation ?
   Hysterosalpingiogram.
2. What is your diagnosis?
   Bicornuate uterus (septate is wrong)



3. Mention other investigation you want to do ?
   laparoscopy .
4. Mention 2 major complication ?
   Preterm labor, malpresentation .

Question

36 yr old lady presented with infertility wt gain and oligomenorrhea transvaginal US showed this image:

1) What is the most likely diagnosis

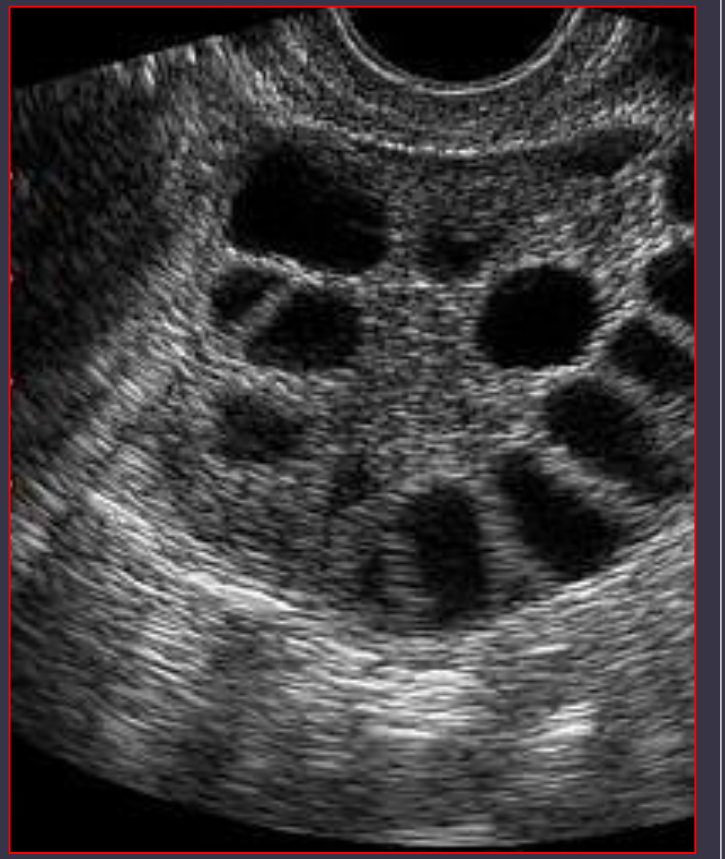
Polycystic ovarian syndrome

2) Name 2 criteria for dx?

US and androgen symptoms or labs anovulation

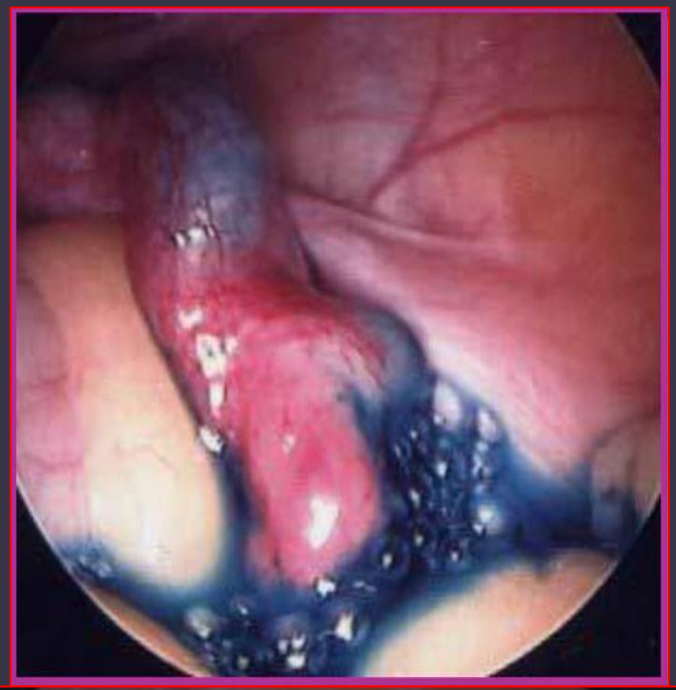
3) Mention 2 long term complications ?

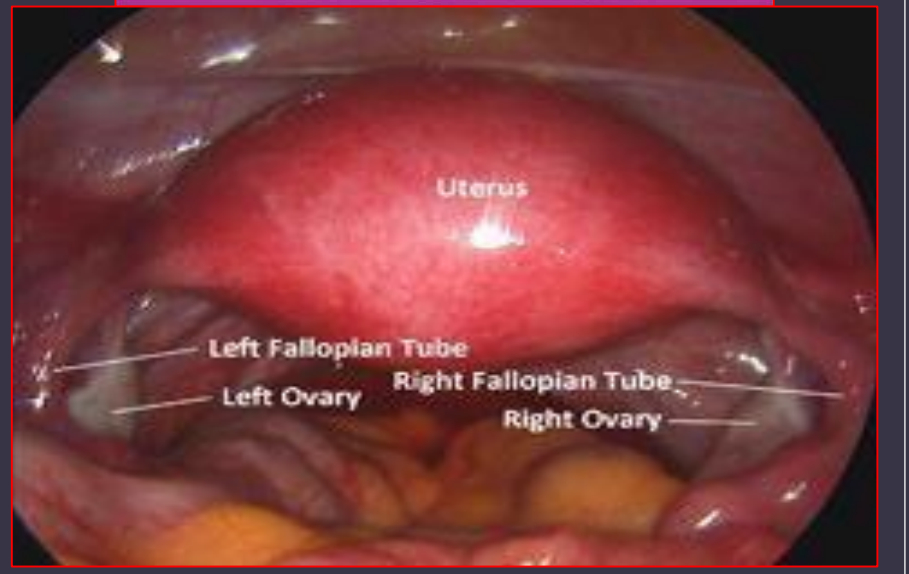
Endometrial hyperplasia/cancer, DM and cardiovascular disease.



Question

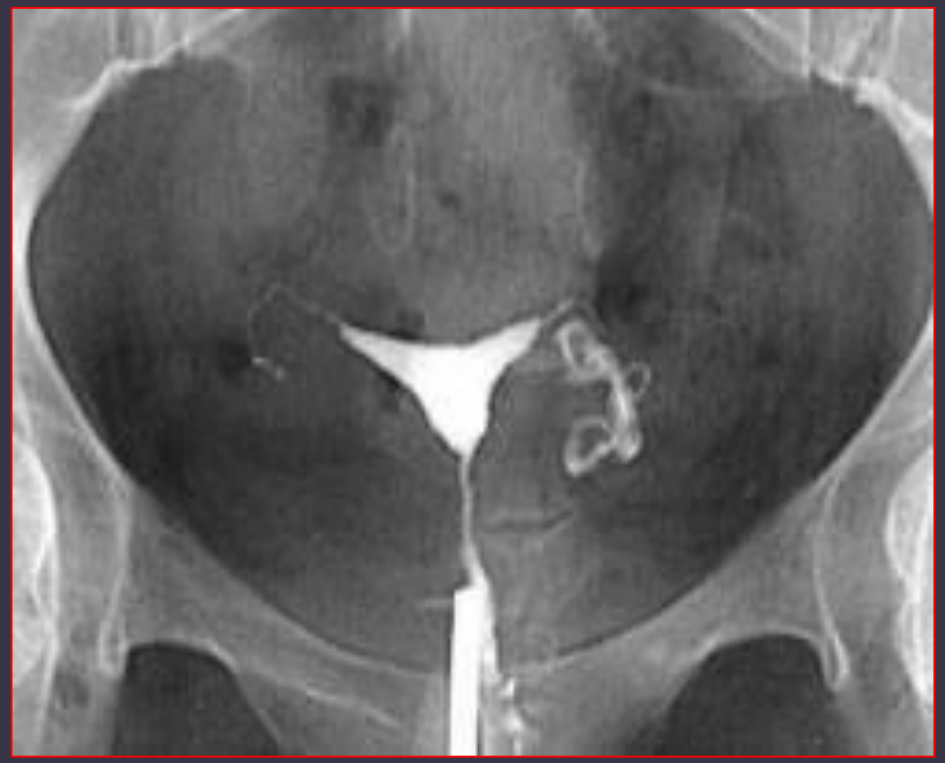
1) what we call this test?
   Laparoscopy with methylene blue dye test
2) what it is used for?
   Check Fallopian tube patency ,
3) what does it shows?
   Shows dye spillage , patent tube
4) what is the two causes of fallopian tube blockage?
   Adhesion (might be because of surgery), PID, Abdominal masses , congenital abnormalities





Question

Q1: A 32 year old lady was referred to fertility clinic with her investigations



1) What's the name of this investigation?

HSG

2) Mention the abnormal finding

Right fallopian tube blockage

3) Mention two possible causes ?

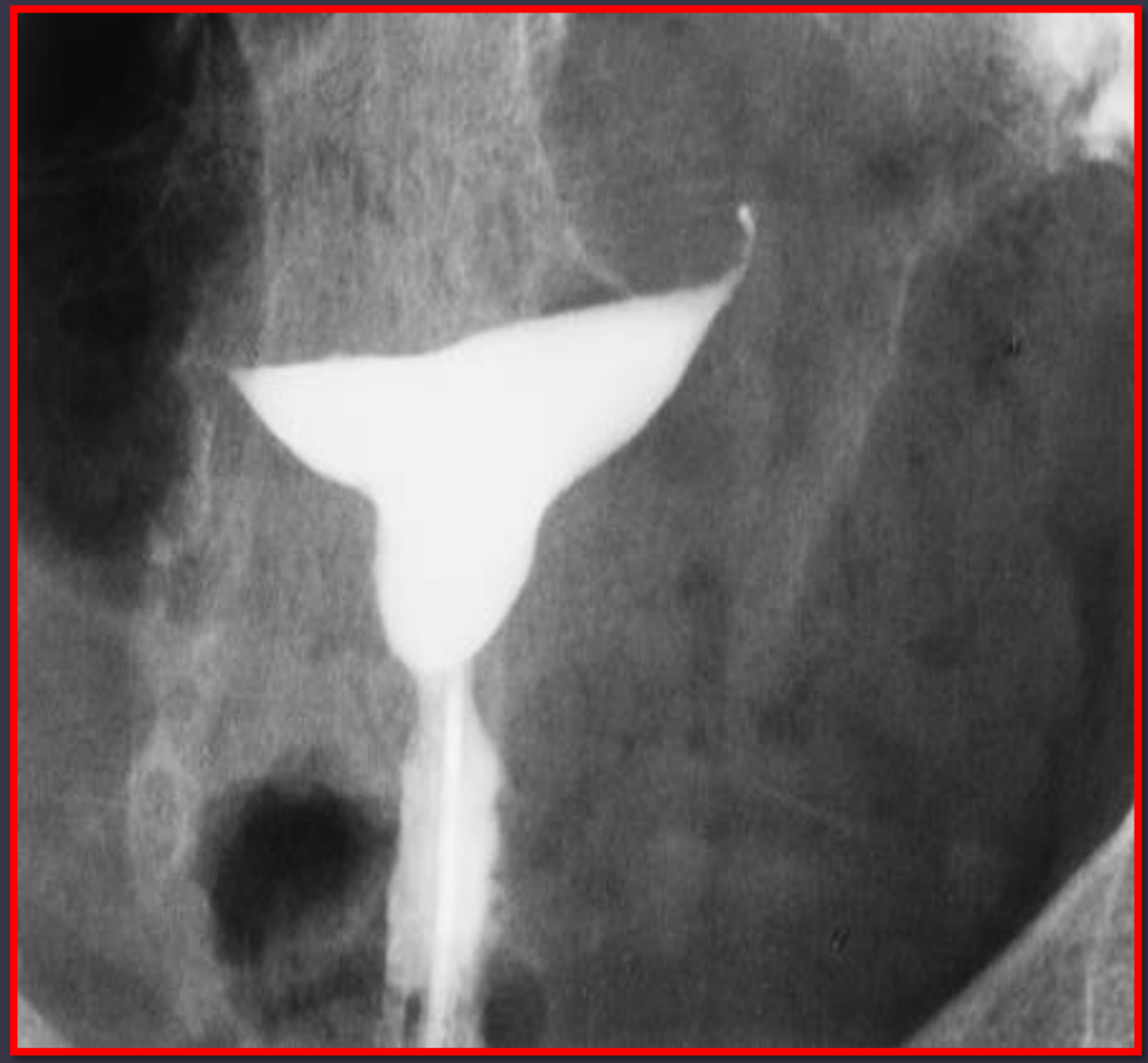
PID, endometriosis, pelvic surgery

4) What's the next investigation you want to do to confirm your diagnosis?

laparoscopy and methylene
blue dye

Question

1. Name this test?
   Hysterosalpingogram (HSG).
2. What's the finding?
   Bilateral blocked fallopian tubes.
3. What's the main complain of the patient?
   Infertility.
4. How to manage?
   IVF, Re-canalization.
5. give two possible cause?
   a) pelvic surgery
   b) PID



Question

1) What's the name of this investigation ?

HSG (hysterosalpingogram)

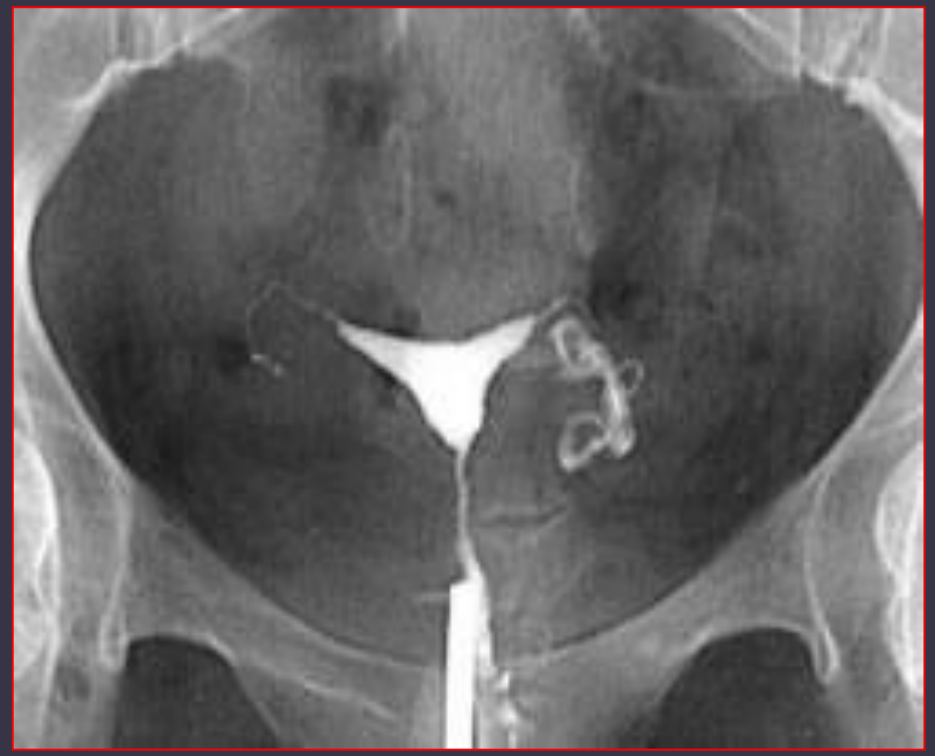
2) Mention 2 abnormality it can show ?

A. Tubal patency (tubal ligation)

B. Uterine abnormalities (congenital , fibroid , adhesion)

3) Mention other test you can use ?

Laparoscopy with methylene blue dye test .



Question

young lady had 3 recurrent miscarriage all lab result are normal .

تأكد من الجواب

1) what is diagnosis?

unexplained infertility

2)give predictive indicator (prognostic factor)?

age of patient .

3) other 2 investigations ?

4) management ?

Supportive Tx progesterone and bHCG.

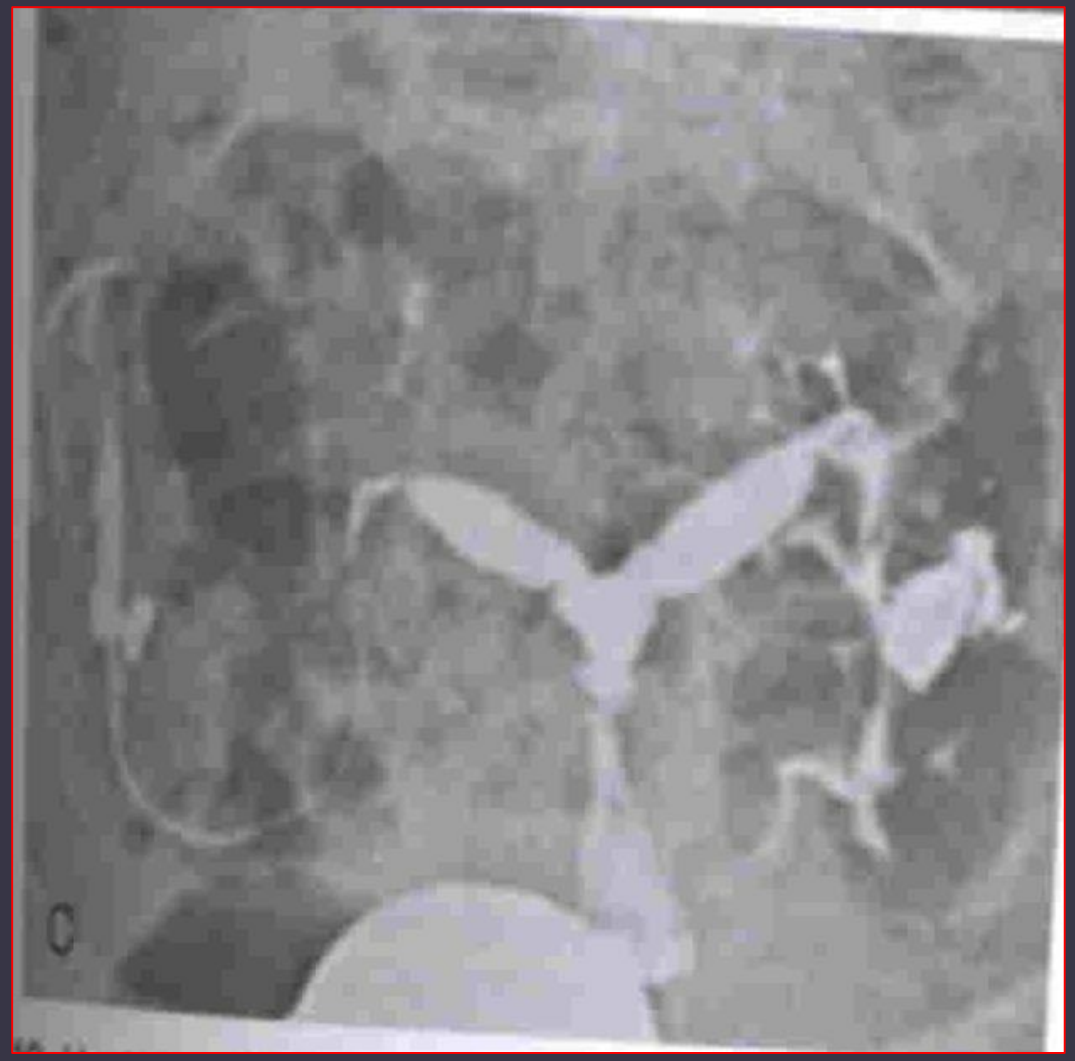
The q was bonus no body answer it completely or even know what is the point from question .

Question

1. what is the name of this investigation?
   Hysterosalpingogram

2. what is the diagnosis?
   Bicornuate uterus.

3. what 2 uses of this investigation?
   to assess tubal patency.
   To diagnose congenital anomalies.



Question

1. **Name of the chart**
   Basal body temperature chart

2. **Is she ovulating, why ? And at any day?**
   Yes, drop in temperature by 0.3 at time of ovulation then increase by 0.5

3. **Give instructions to the women?**

4. **Best day to do this investigation?**

Question

1-naming of that procedure ?

hysterosalpingography

2- dye used for ?

Water or oil based contrast

3- what are pathologies that could be diagnosed by that procedure ?

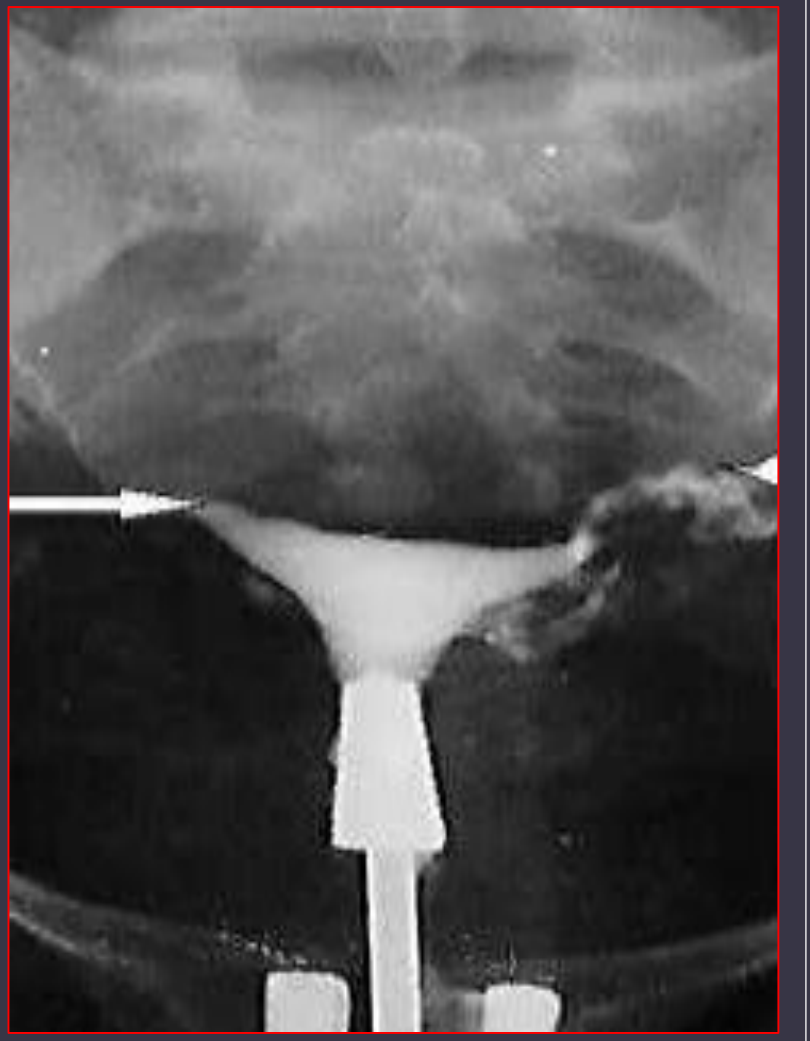
Asherman , Uterine anomalies , Endometriosis

4- what is the pathology in the image :

stenosis of right fallopian tube.

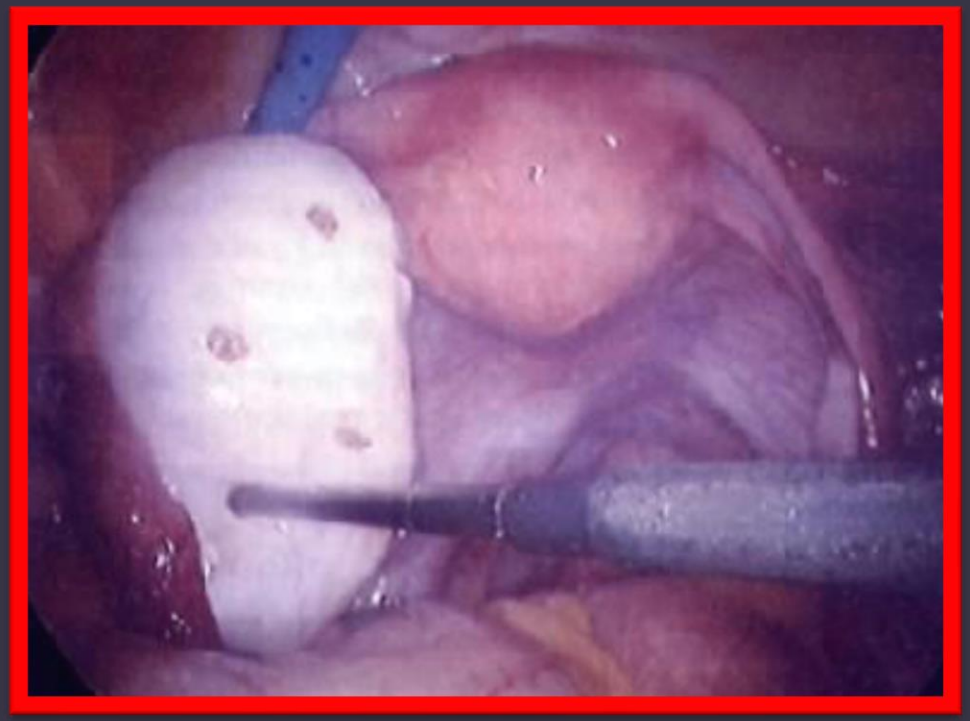
5- what is your next step for that patient ?

Laparoscope



Question

This laparoscopic procedure was done for a woman complaining of oligomenorrhea and infertility..



1) The name of the procedure?
   Ovarian drilling.
2) What is the diagnosis?
   PCOS.
3) 2 other clinical complaints?
   A. acne
   B. hirsutism (or any other symptoms)
4) One long term gynecological complication?
   Endometrial cancer.

Question

A young couple attended the OPC complaining of secondary infertility, the wife is medically free, has regular menstrual cycles and a history of previous cesarean delivery.

Their investigations as follow:

- Serum progesterone day 21 : 35ng/dl
- SFA: count: 11 mil/ml, motility = 60%, morphology = 30%

1. Interpret the results?
   All are normal except the count
2. What is the next basic investigation you are goig to do for her?
   Hysterosalpingogram for tubal patency

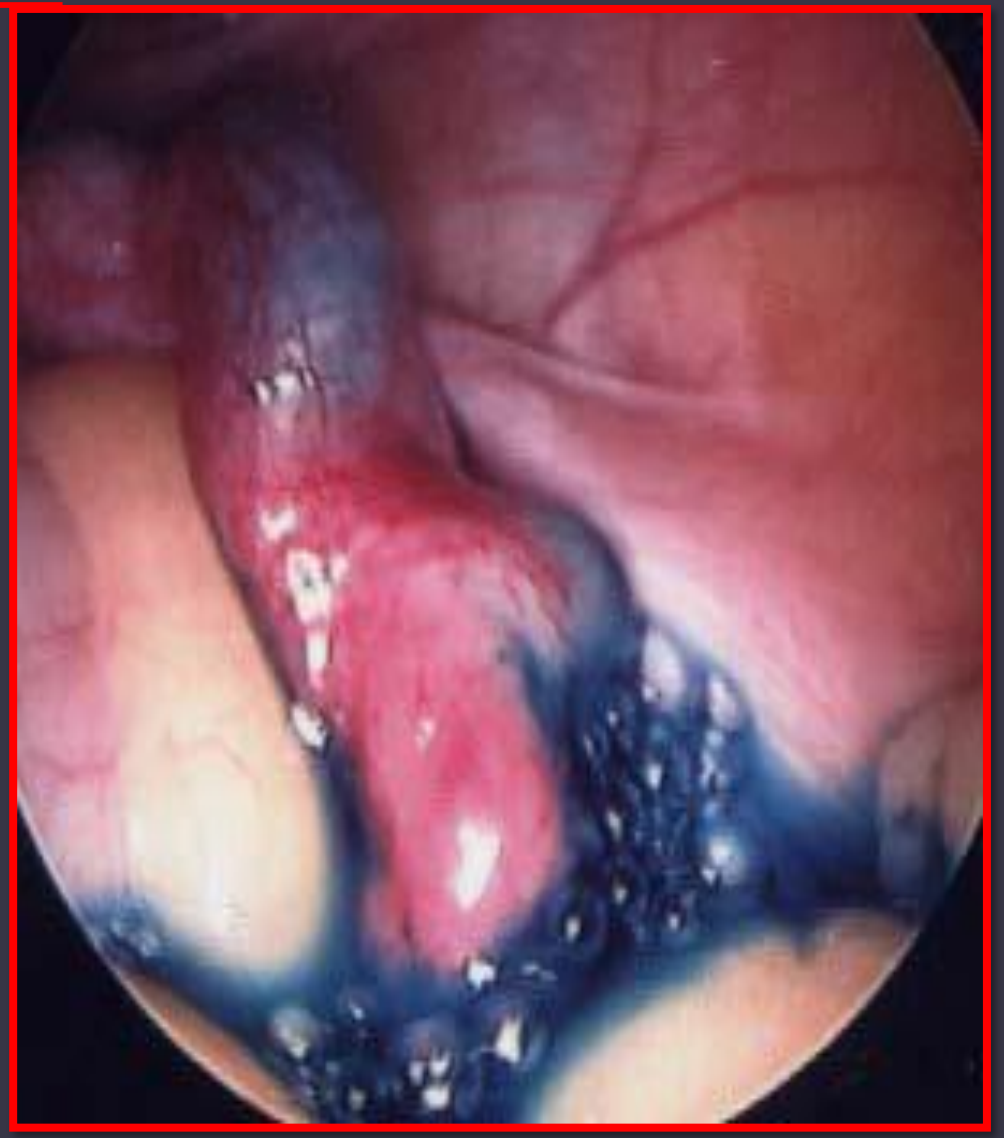
Question

Infertility case.

1) What we call this test?
   Laparoscopy with methylene blue dye test (Dye test for tubal patency).

2) Alternative procedure?
   HSG (Hysterosalpingogram).

3) 2 causes of infertility can be diagnosed in this procedure?
   Endometriosis, PID, PCOS, …



Question

1. Mention the name of this technique.

   ICSI.

2. What's the MAIN absolute indication to do it?

   Severe Male infertility.

3. What's the most important evidence that it will be successful?

   Division of the cells.

Question

A couple never ever had baby for many yrs (since marriage), with data for Semen Analysis & level Of LH = 300.

1. What's the Dx?
   Primary Infertility.
2. Does the level of LH ensure that there is Ovulation?
   NO.
3. What's your Management?
   IVF.

FETAL AND MATERNAL SURVEILLANCE

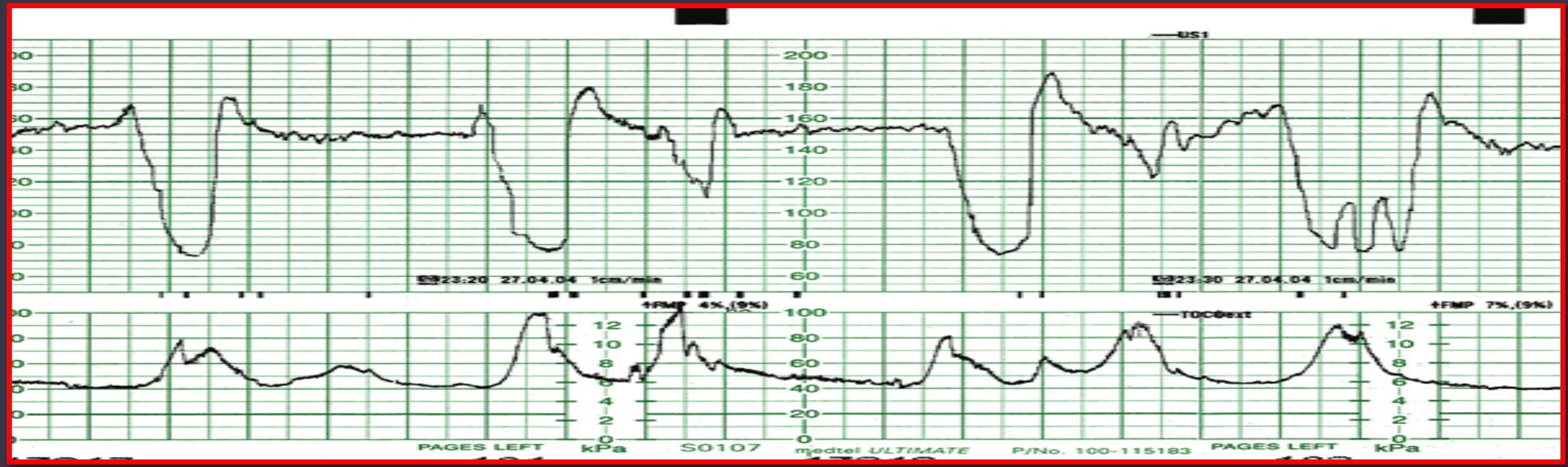
Question

Question about CTG & you're required to interpret it by mentioning the 5 parameters:

1)Baseline 2) Variability 3) Acceleration 4) Deceleration 5) number of contractions.

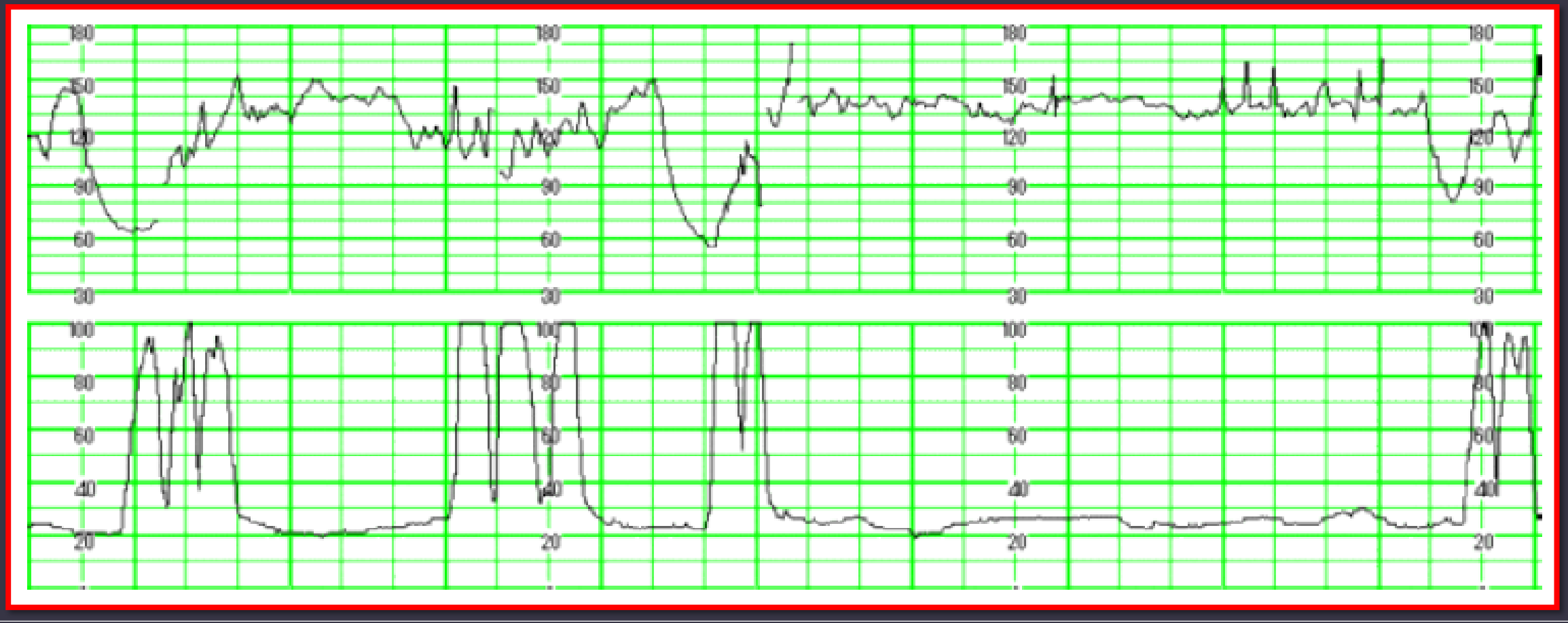
1) baseline = 160-170.
2) poor variability.
3) no accelerations.
4) 3 variable decelerations.
5) 3 uterine contractions per 10 min.

Note: Its not the same pic of the exam but answer above is related our exam Q.!



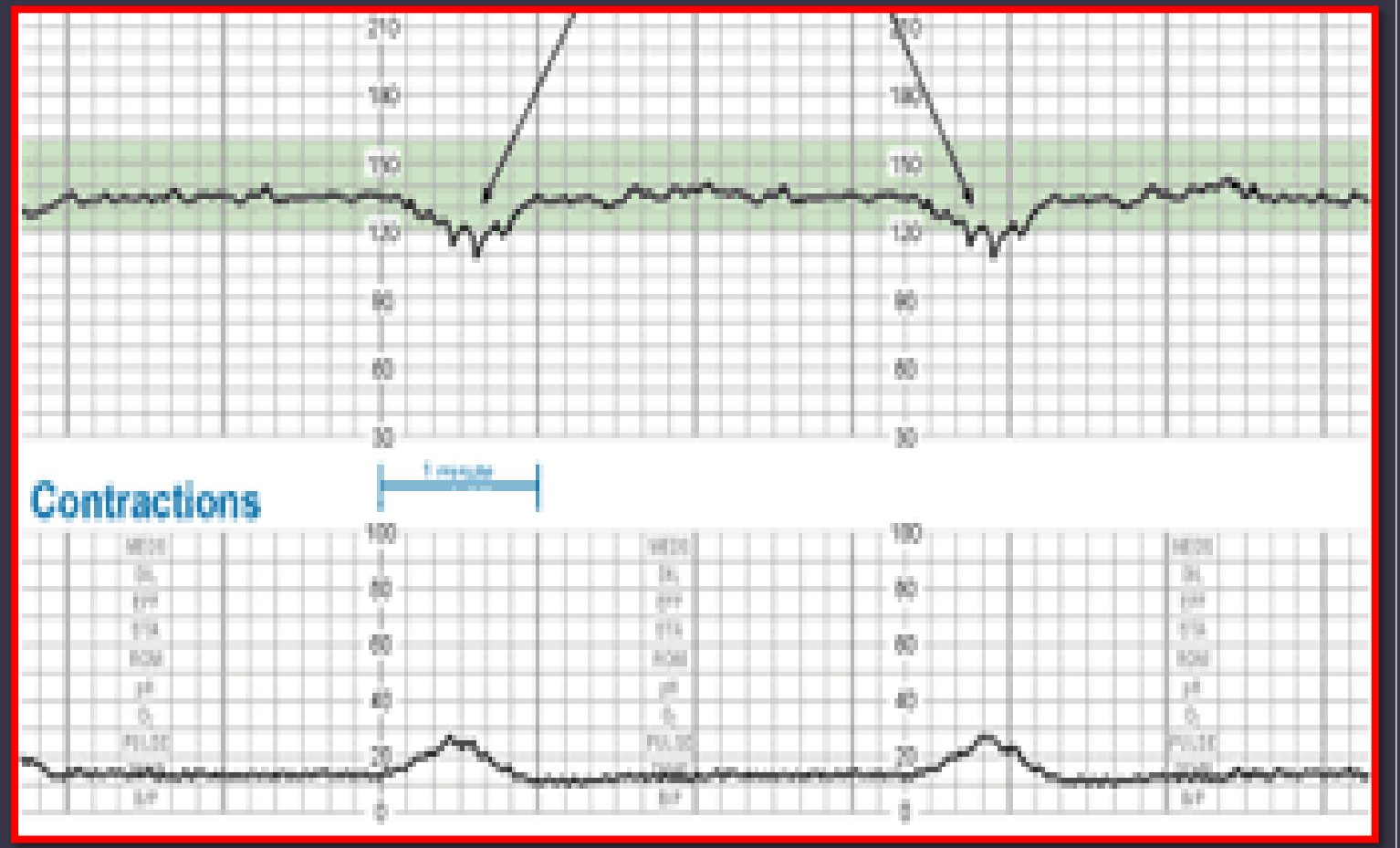
Question

1. What's this test? Cardiotocography (CTG).
2. Mention one abnormality in this test? Variable decelerations.
3. Mention 2 causes of this condition? Cord compression, cord prolapse.



Question

1. Is she in labor?
   Yes
2. What's the baseline?
   Around 140bpm.
3. What's the most prominent abnormality in this CTG?
   Early Decelerations.
4. What's the cause of this abnormality?
   Head Compression.
5. When it happens?
   At the onset of contractions during labor.

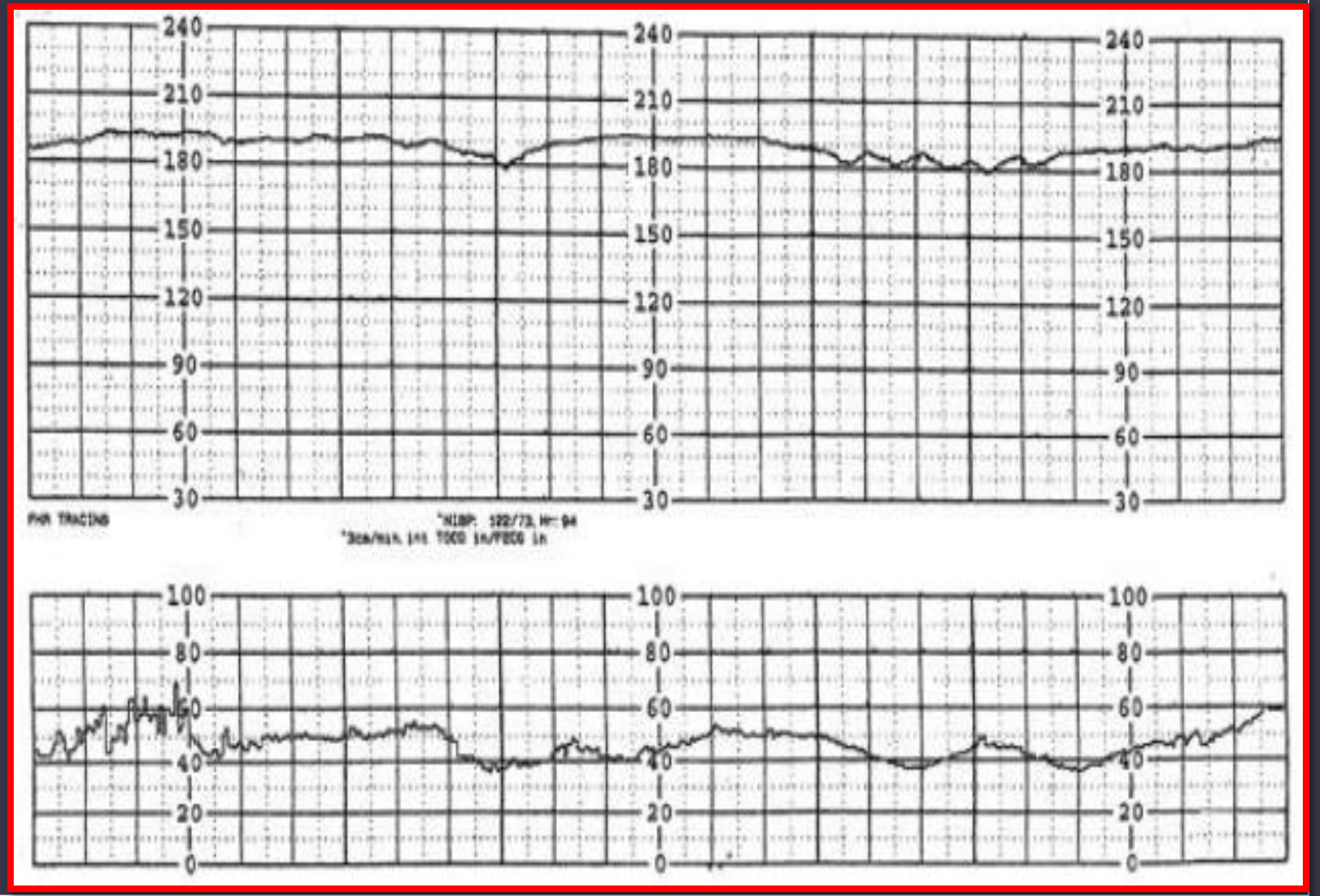


Question

1. What's the Dx.?

   Poor variability.

2. Write 3 causes for this condition?
   1. Maternal dehydration, Supine hypotension.
   2. Hypoxia & fetal distress.
   3. Sleeping phase, Drugs or anesthetic effect.



Question

CTG pictures with some information

(CLEAR & EASY).

1. What's the base line?

   160bpm.

2. What's the type of deceleration?

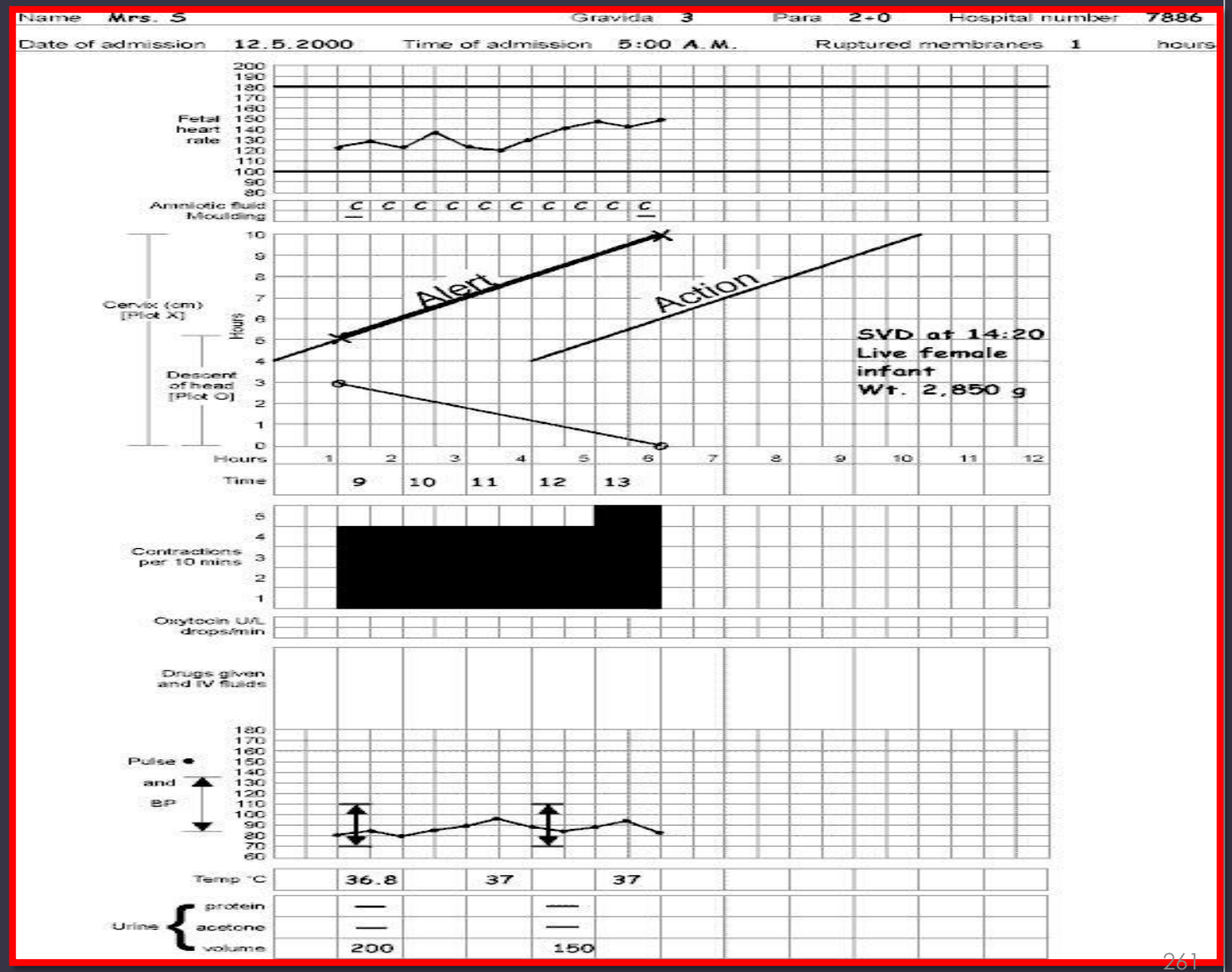
   Late.

3. What's the cause of the above?

   Fetal hypoxia.

Question

1. What's this?
   Partogram.
2. What's the fetal heart rate at 13?
   140 bpm
3. What's the cervical dilatation at 12?
   around 8cm.
4. What's C stand for?
   Clear liqour.
5. What's the frequency of contractions at 10?
   4



Question

A picture that shows a CTG. Baseline was 180. there were only decelerations & poor variability. There was no uterine contractions.

1. Mention 3 abnormalities you see?

   >> poor variability, deceleration, tachycardia.

2. How many contractions do you see?

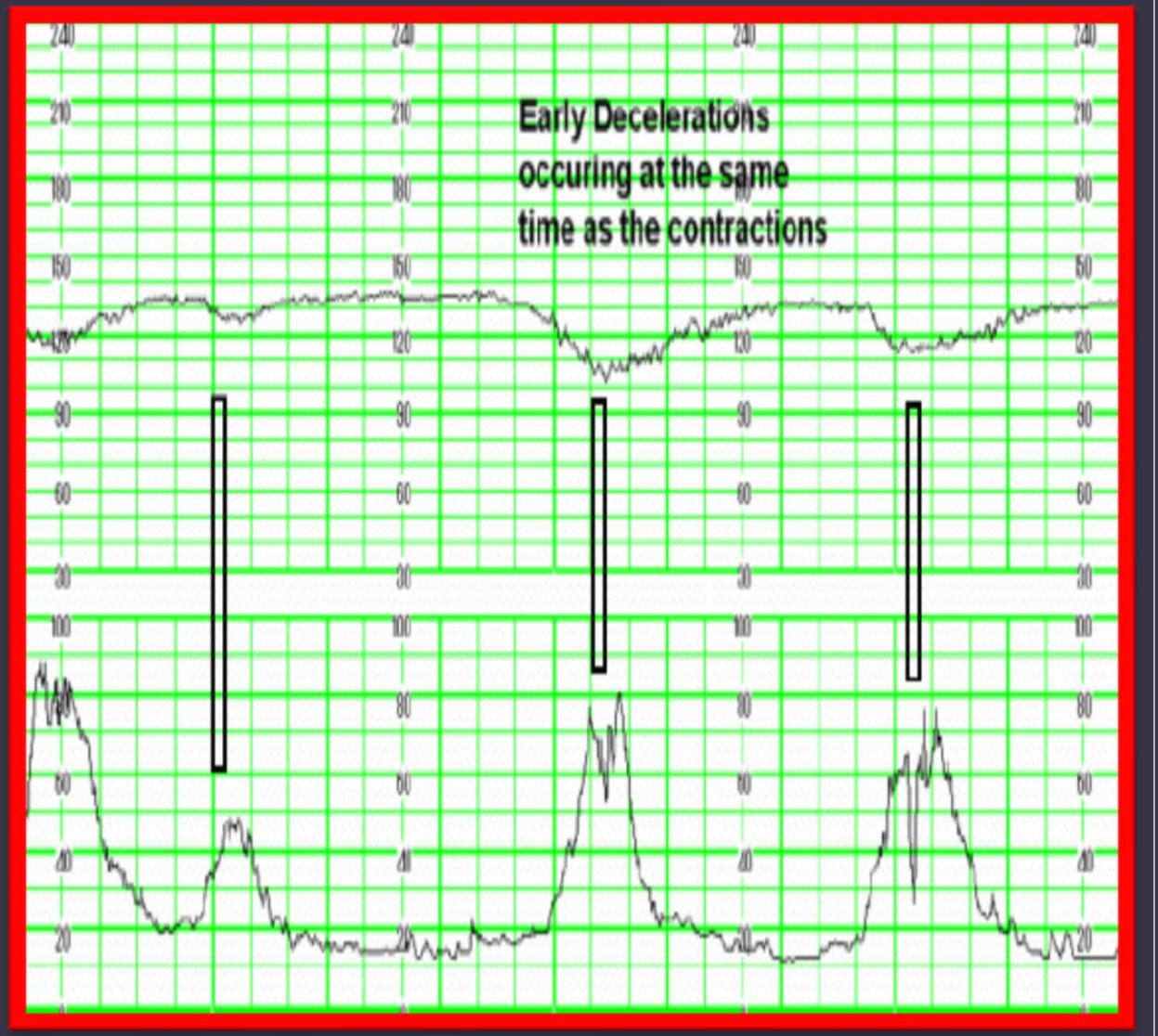
   >> There is no contractions.

3. How would you manage?

   >> Emergent CS. because the baby is in distress.

Question

- In Early deceleration the main cause is compression of fetal head.
- In Late deceleration the main cause is utero-placental insufficiency.
- In Variable deceleration the main cause is cord compression.

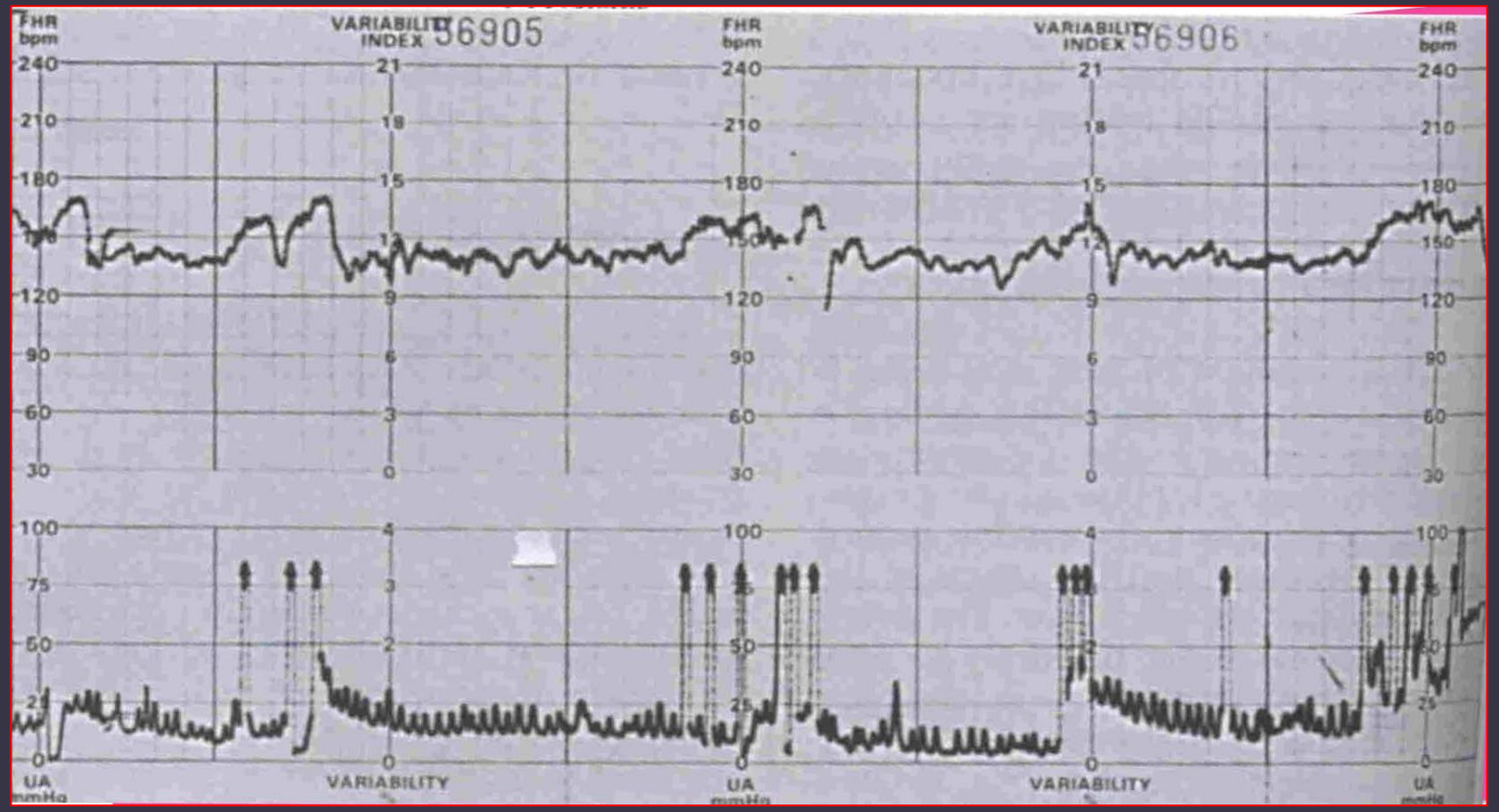


Question

1. what is the name of the test?
   Cardiotocogram

2. what are the land marks?
   A. fetal heart.
   B. uterine contractions.

3. is this normal or abnormal?
   Normal.



Question

This is a partogram for primigravida in labour with singelton alive vertex presentation.

1- is the head engaged at 12:00?

Not engaged

2-what is your interpretation of progress of labor in this case ?

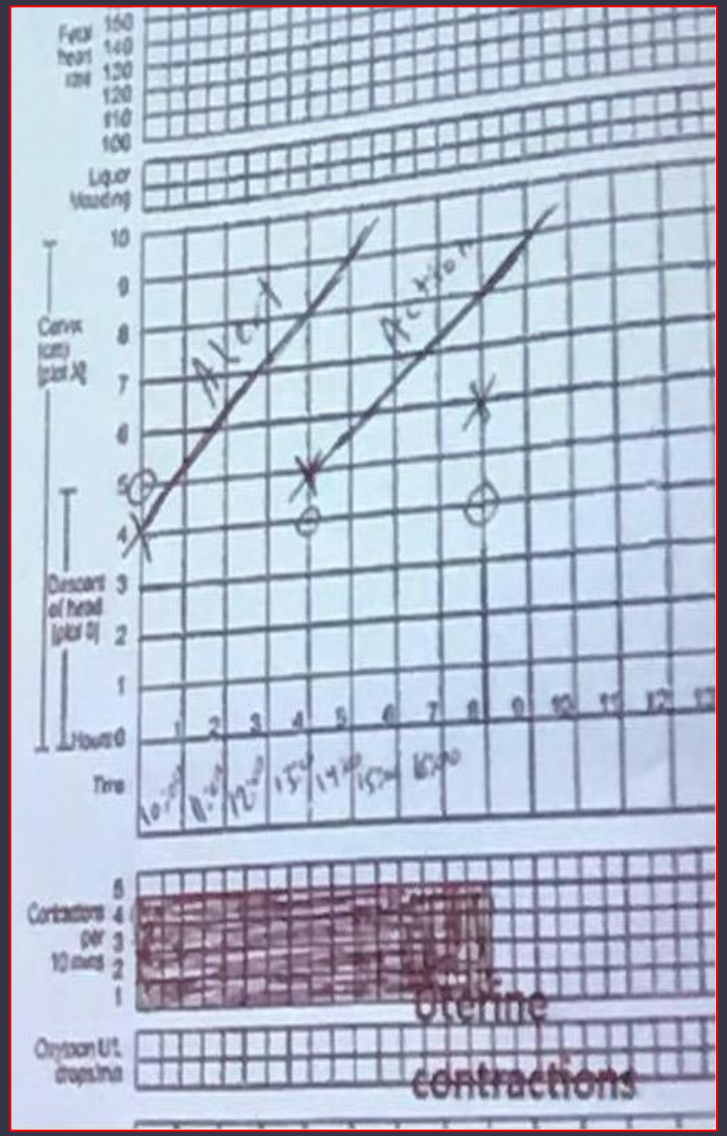
Obstructed labor

3- mention 2 possible causes for this interpretation in this case ?

Macrosomic baby / CPD (poor contraction خطأ)

4-what is your next step in management ?

We do C/S cause it’s not engaged

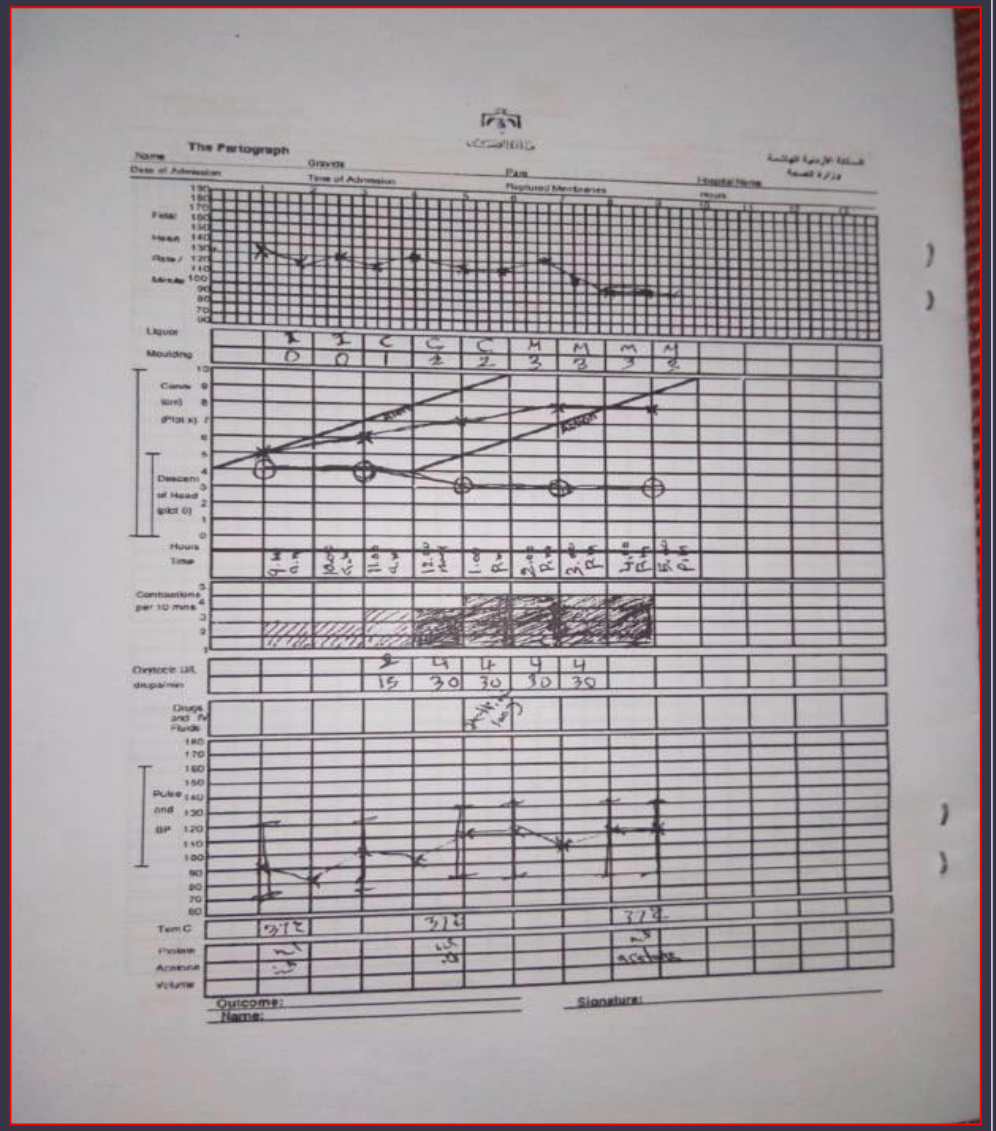


Question

1) Vaginal examination finding on admission?

2) The abnormal findings at 5 pm?

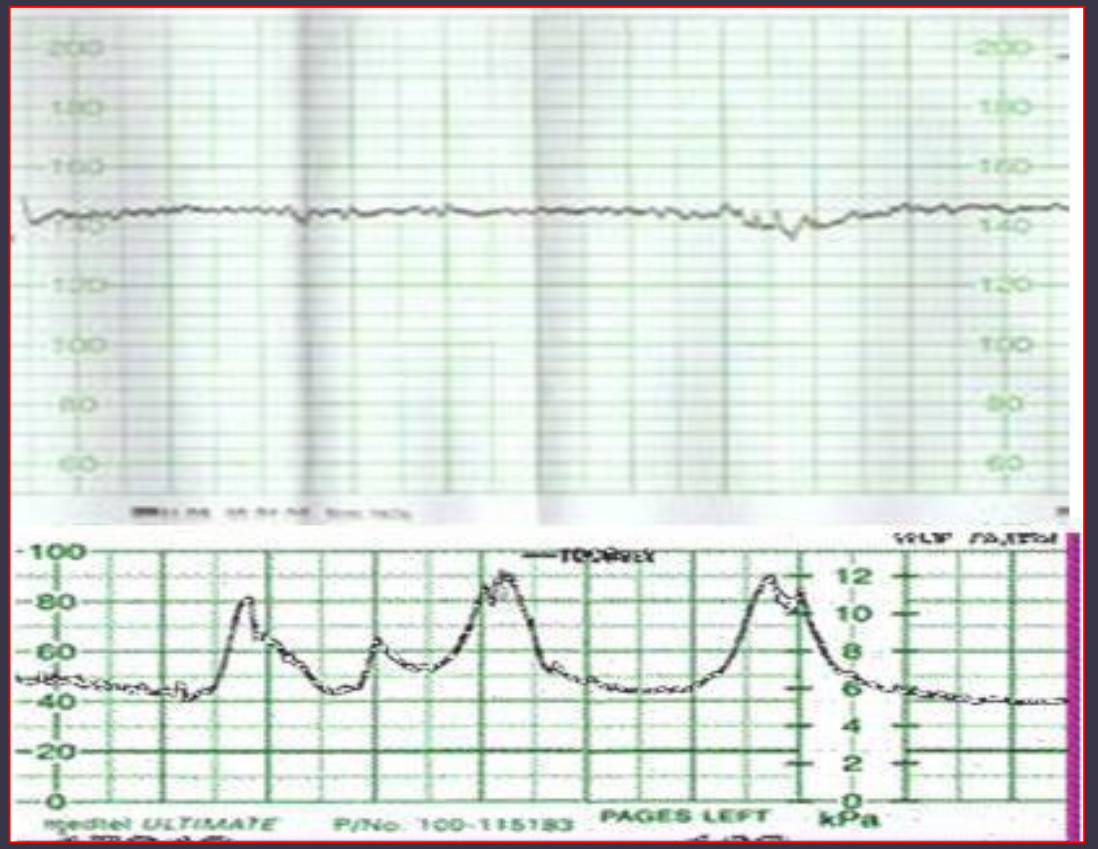
3) The action you would do to the pt now?



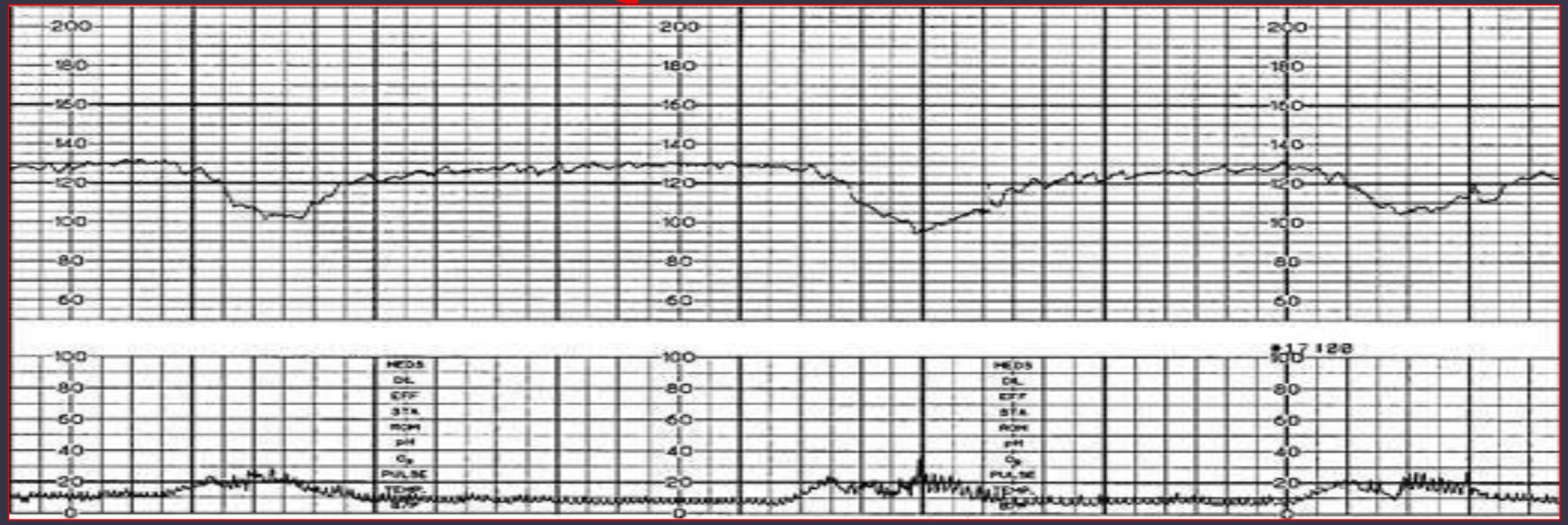
Question

This CTG is for a 37 week primigravida

1) What's the abnormality in this CTG?
   Poor variability
2) What's the nomal range for this parameter?
   (5-25) bpm
3) Is she in labour
   yes
4) Mention two causes for this abnormality
   Fetal hypoxia, drugs as pethidine, prematurity



Question



1) Mention 2 abnormalities in this CTG ?? a. Poor variability b. Late decelerations.
2) What is the cause?? Placental insufficiency.
3) Is the mother in labor?? Yes

Question

1. What is the cervical dilatation at admission?

3 cm

2. Was the head engaged at admission?

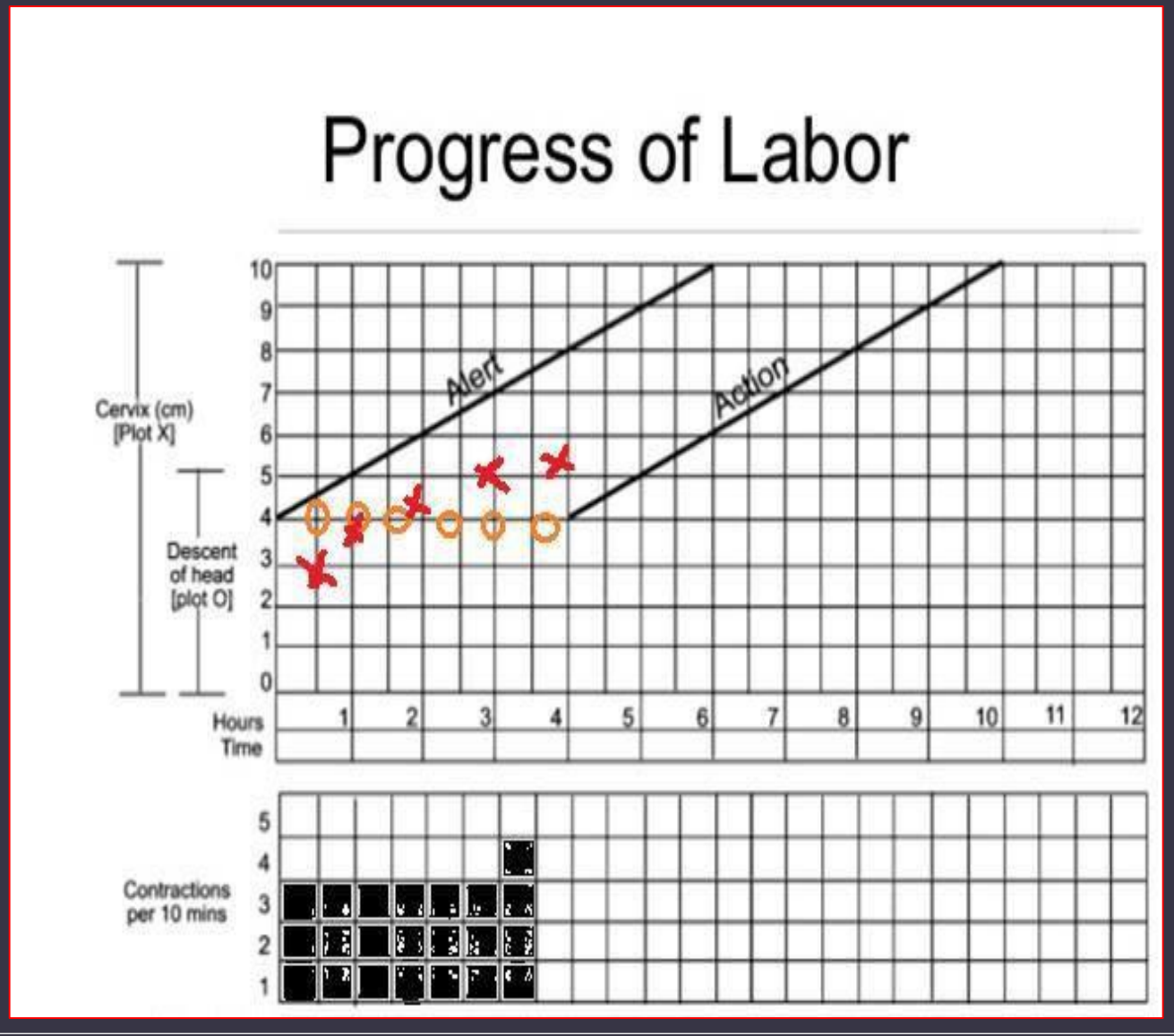
no, not engaged

3. What is the frequency of contraction at admission?

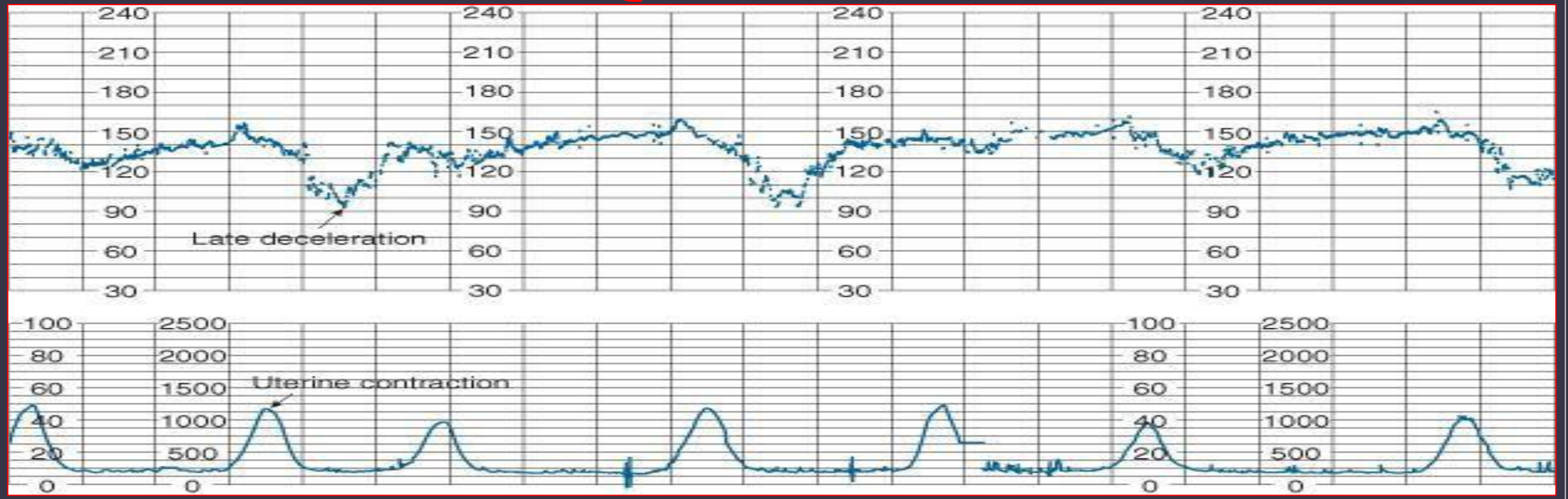
3 contraction per 10 minute

4. What is the most likely diagnosis?

Failure to progress(obstructed labor)



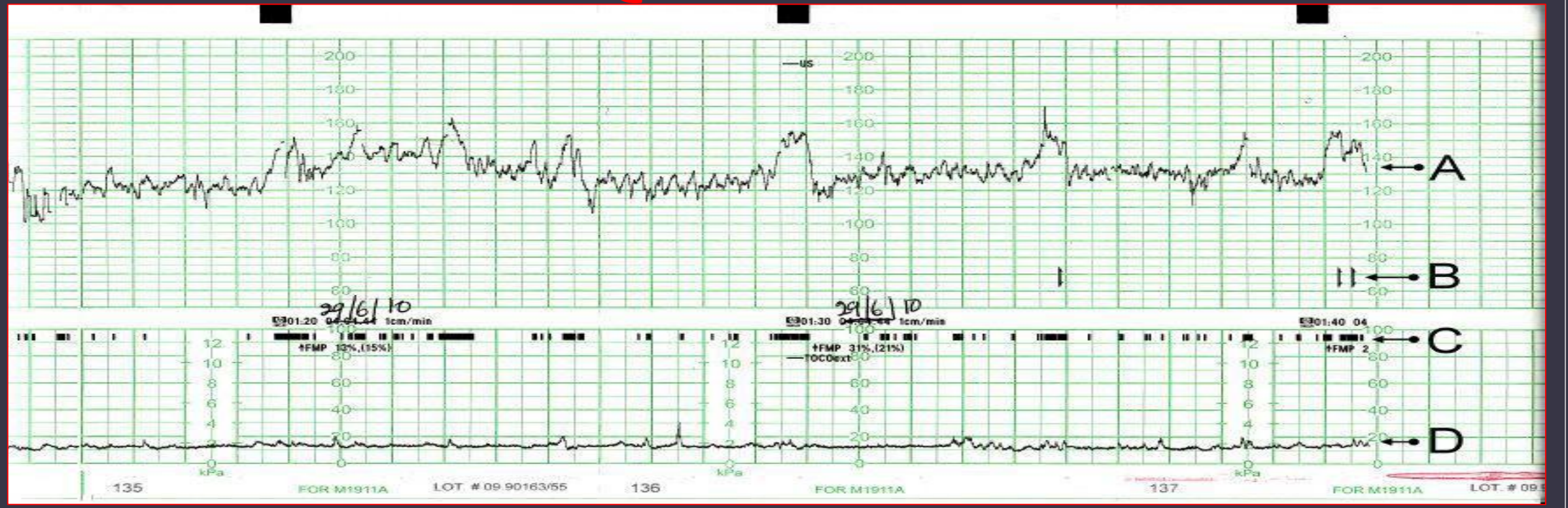
Question



This CTG for Female pt. presented with abdominal pain, 2cm dilation and ruptured membrane.

1) Give 3 abnormalities in the CTG?
   A) Late decelerations B) Poor variability C) No accelerations
2) Is she in labor? Yes

Question



1) what is the basal heart rate ? Around 130 bpm
2) is she in labor? No
3) how many decelerations are there ? No decelerations 4-what is the type of CTG ? Reactive (normal)

Question

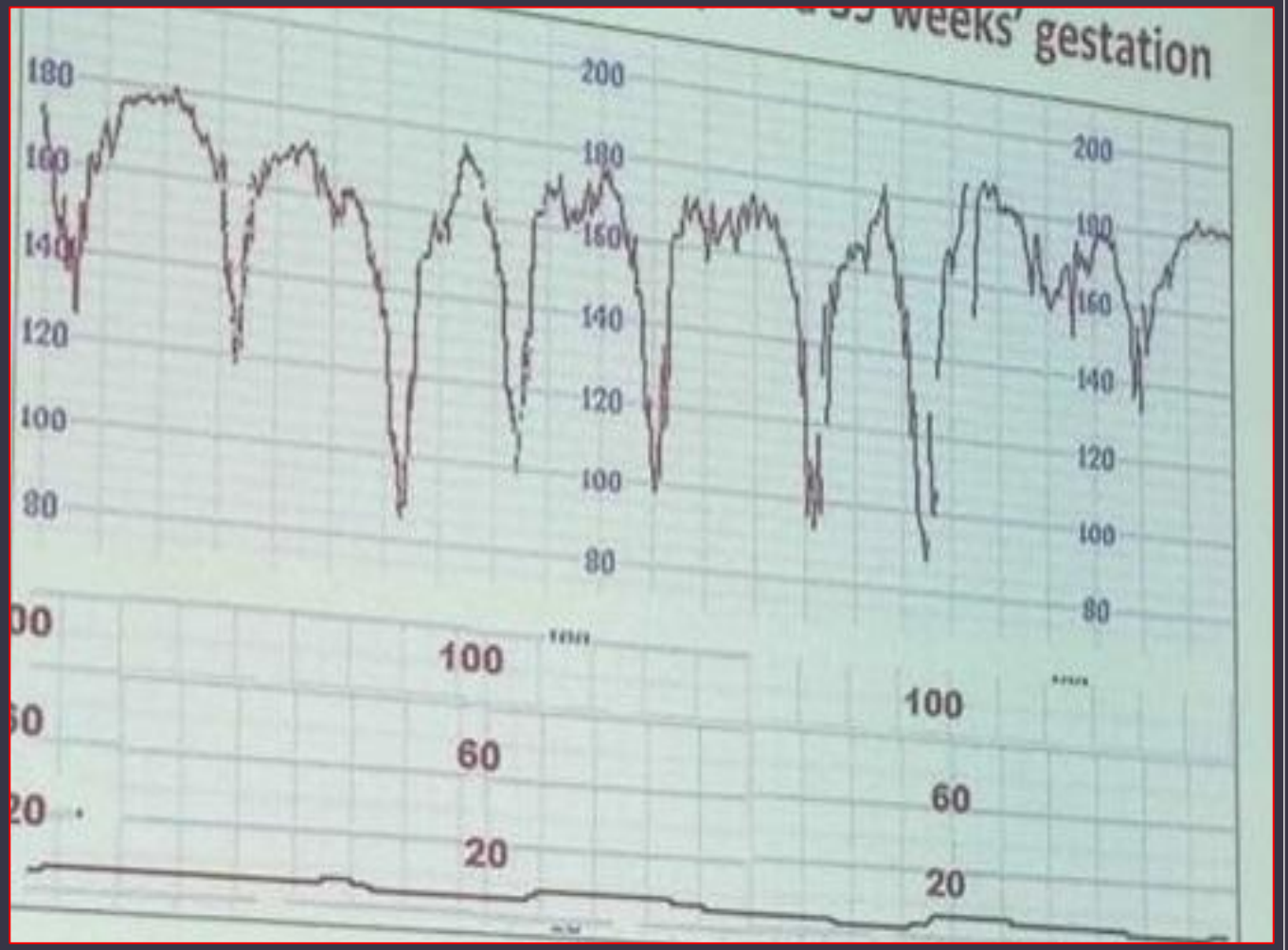
This CTG was done antenatally for a 39 week gestation

1) Mention 3 abnormal finding in this CTG?

Decelerations, tachycardia and poor variability

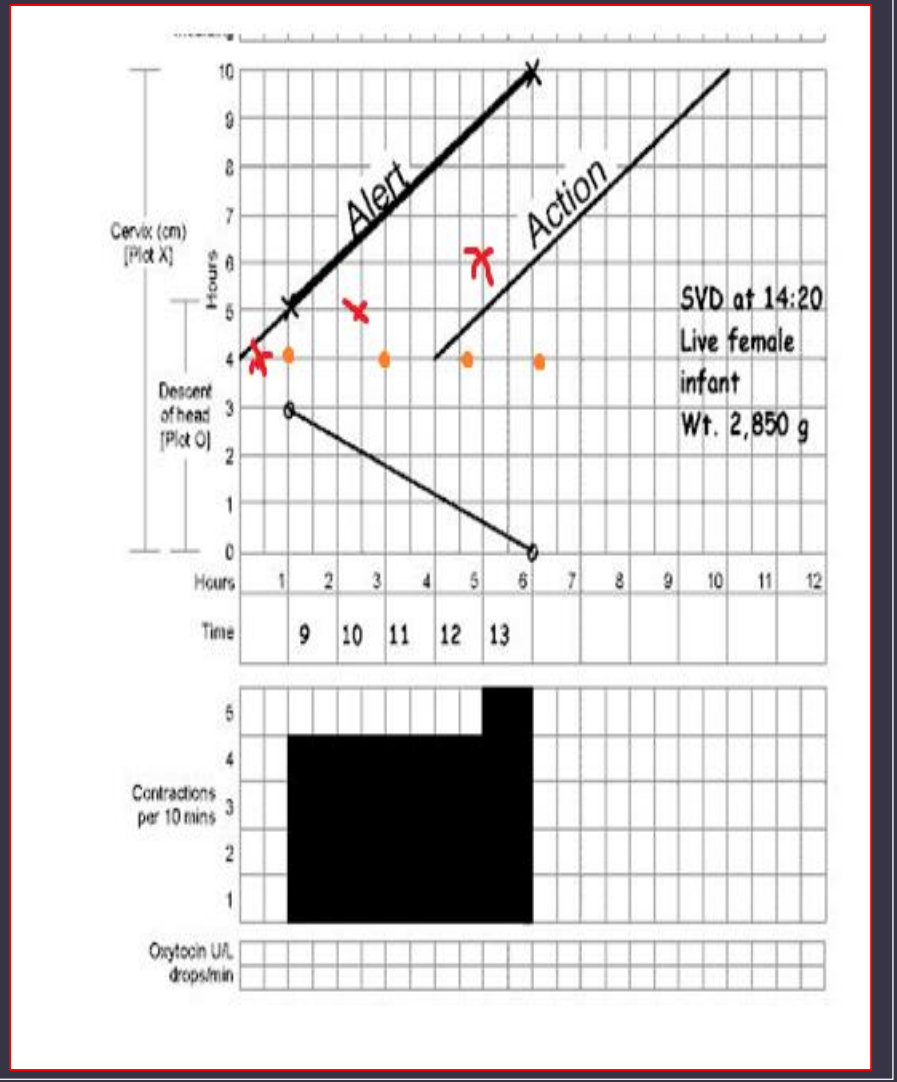
2) How many utrine contractions she has?

zero



Question

A 20 year old primigravid presented at term to the hospital in labor and her partogram is shown below (This isn't identical to the partogram in the exam but is very similar)



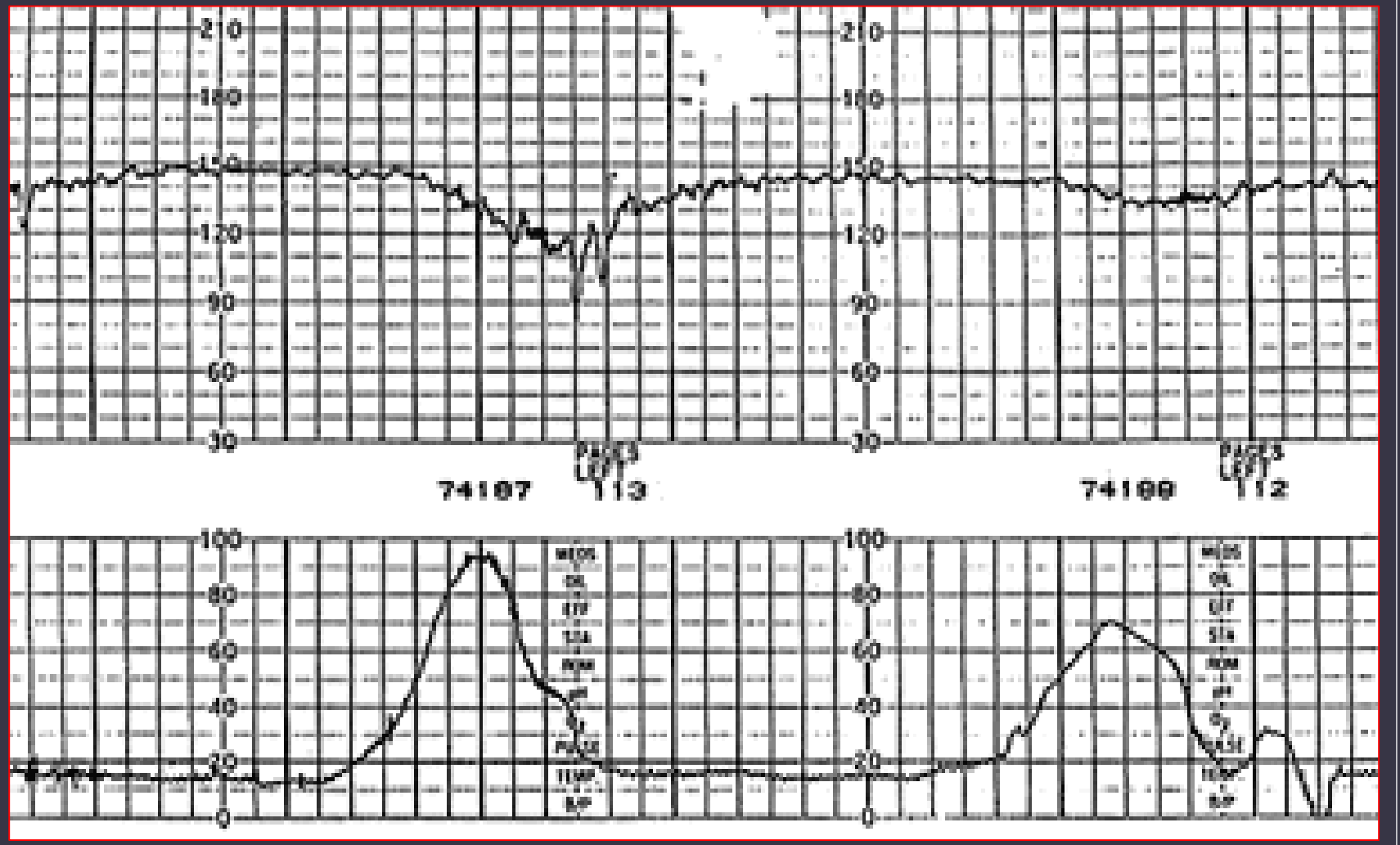
1. Is the fetus engaged at admission?
   No (descent of head was 4)
2. Comment on the progress of labor?
   Prolonged active phase first stage of labor? versus arrest of the active phase first stage of labor? (Arrest is probably the answer)
3. What is the most common cause of her condition?
   CPD (cephalopelvic disproportion)
4. Mention one finding seen on vaginal exam related to your diagnosis?
   Fetus station above 0 and non-fully dilated cervix

5. What is your management for her condition

Delivery by emergency C/S

Question

1) the baseline?
120 bpm
2) type of defect?
late deceleration
3) the underlying cause?
uteroplacental insufficiency
4) if the scalp PH =7.12 what next?
immediate delivery



Question

Polyhydramnios

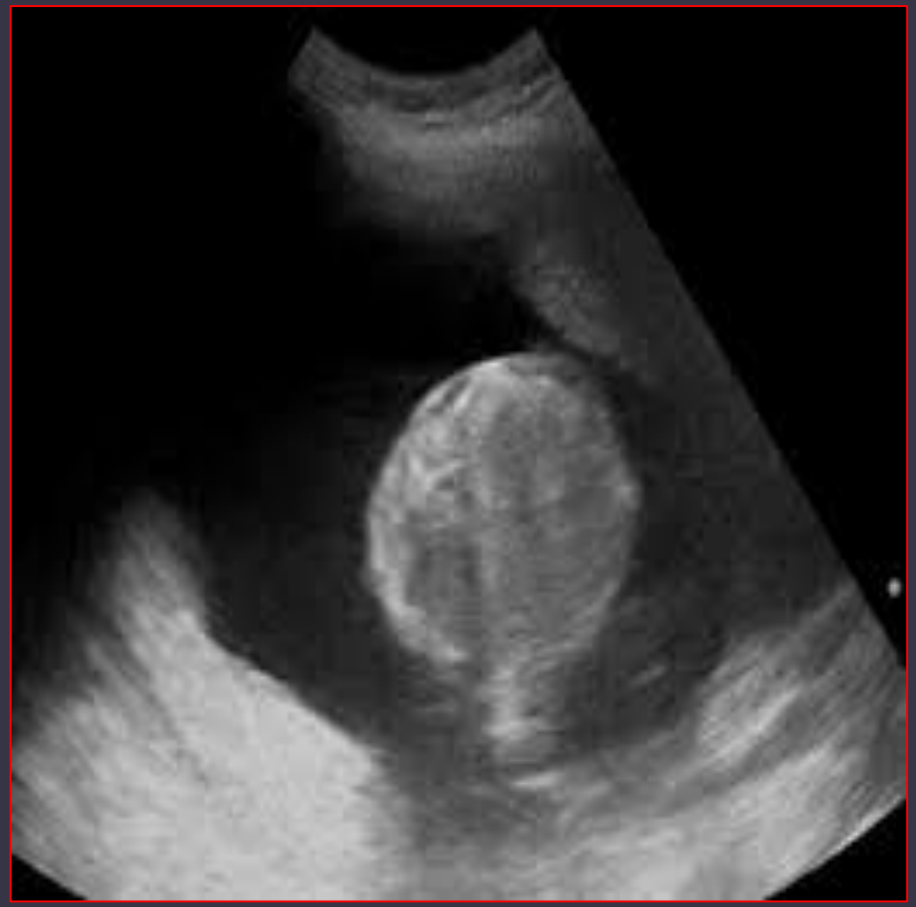
U/S pic with 12 cm deepest vertical pocket

1) what is the Dx?

2) 4 complications?

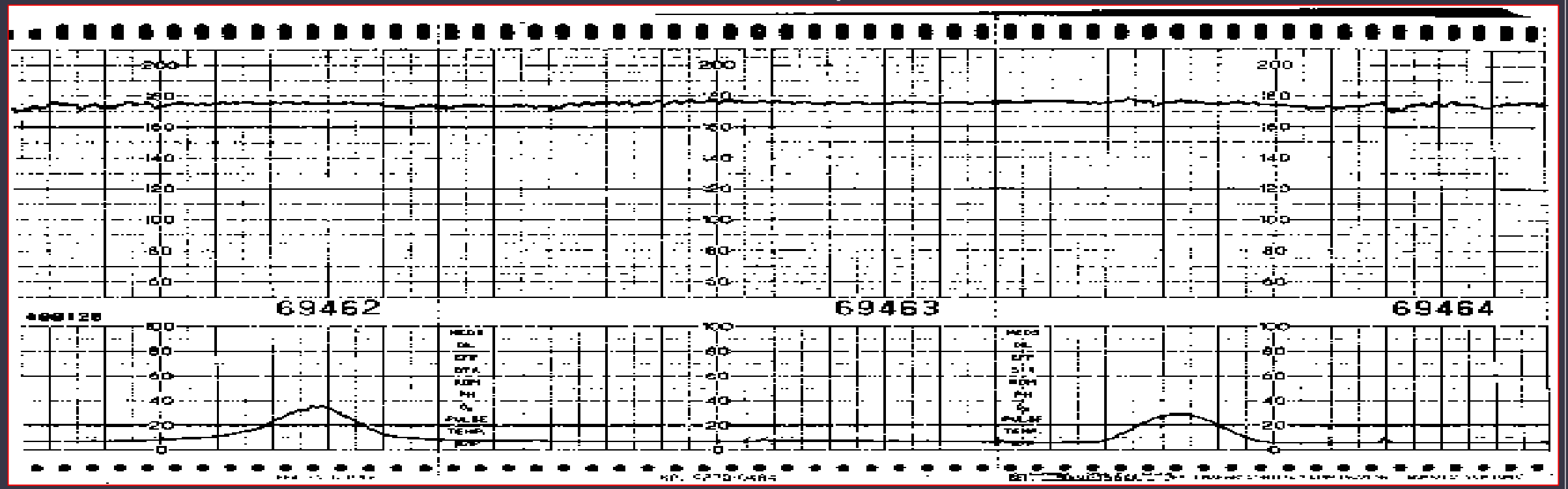
3) 2 maternal causes 2 fetal causes?

4) 2 treatment?



Question

In labor, received pethidine.



1) what's the abnormality in this CTG? Poor variability.
2) What's the normal?
   5-15 or 5-25 bpm variation around the baseline. (both accepted)
3) 2 possible causes for this in this case.
   a. pethidine side effect. b. fetal hypoxia.

Question

1) Comment on the CTG?

- Bradycardia
- Variable deceleration

2) What is the possible cause of this CTG?

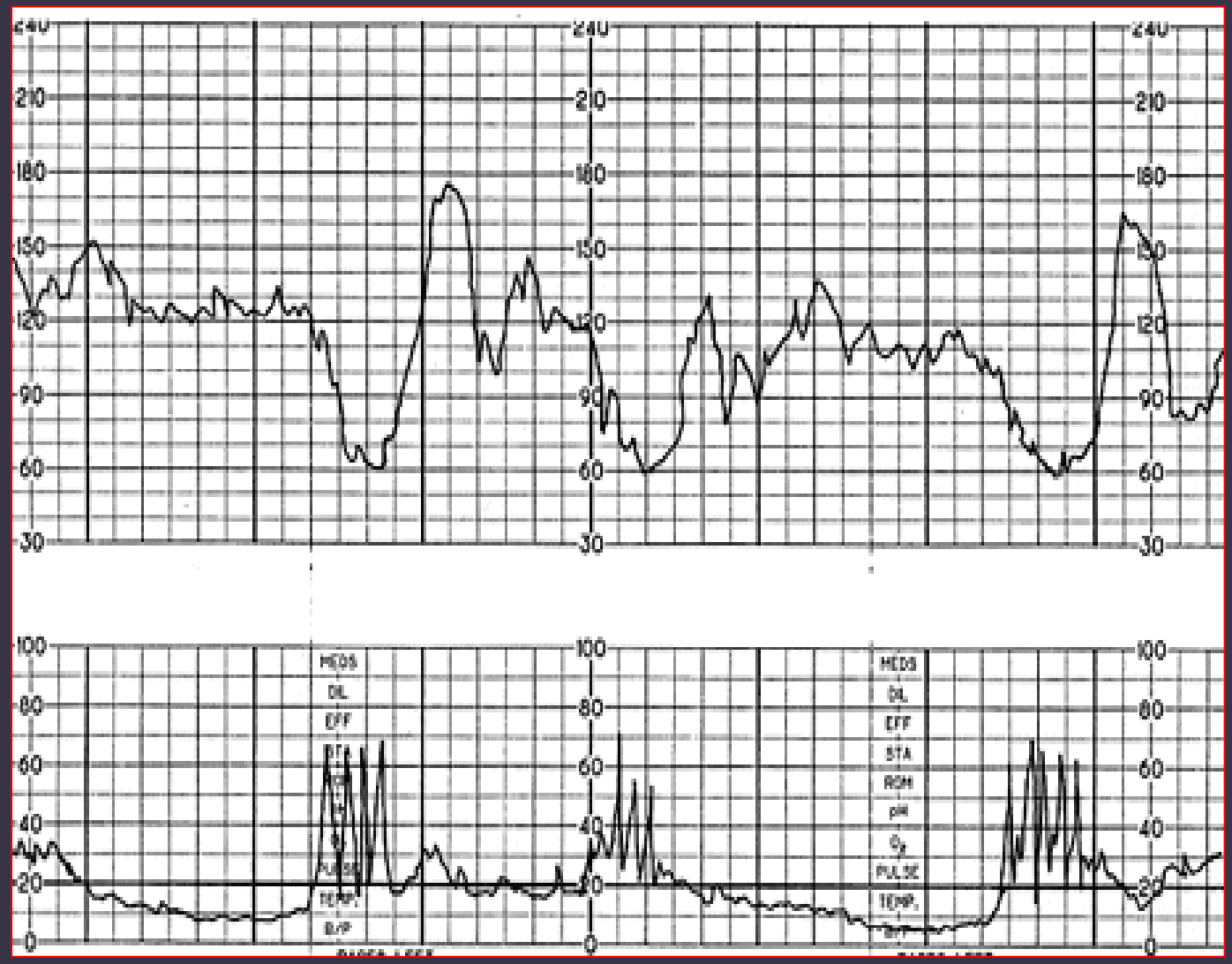
- Cord prolapse

3) How would you confirm your diagnosis?

- Vaginal exam

4) What is the appropriate management in this case?

- Emergent Cesarean



Question

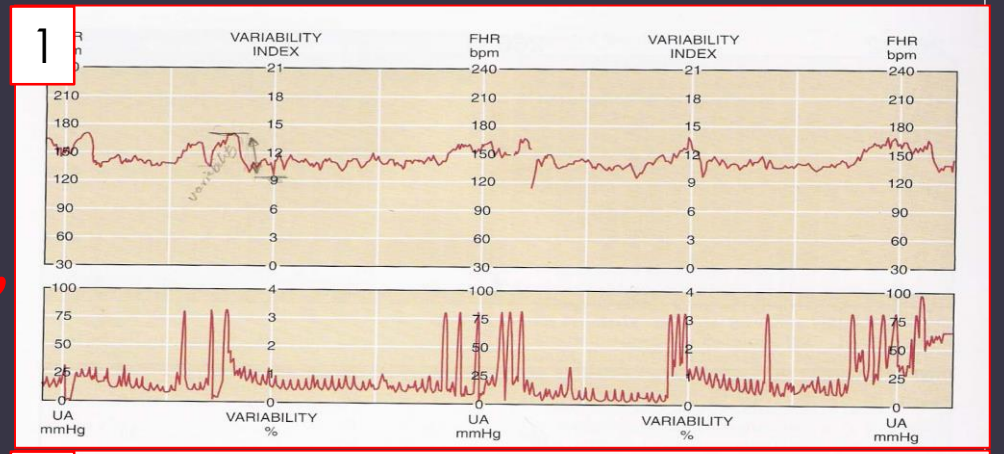
1) four pictures of CTG :

1. normal reactive CTG (normal FHR , good variability , acceleration , no deceleration)
2. early deceleration
3. late deceleration
4. variable deceleration

2) what is the ominous one of them?

late deceleration

1



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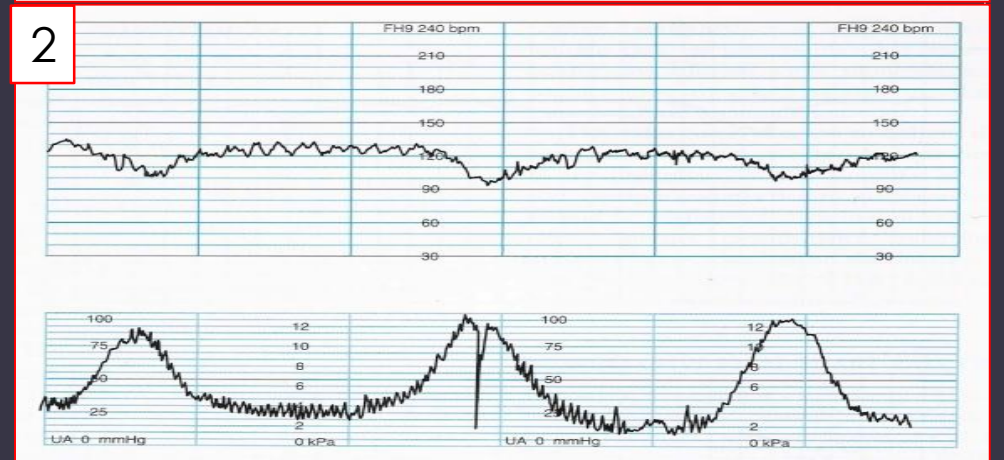
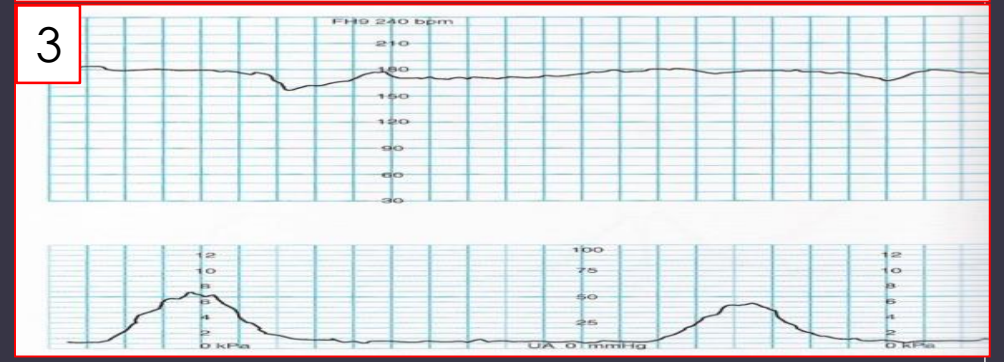
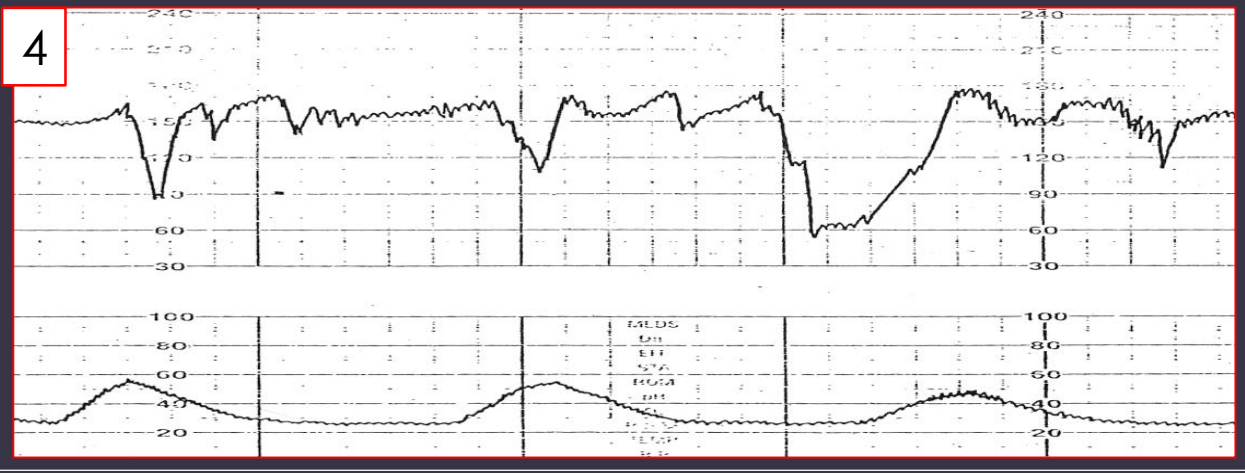


3



4



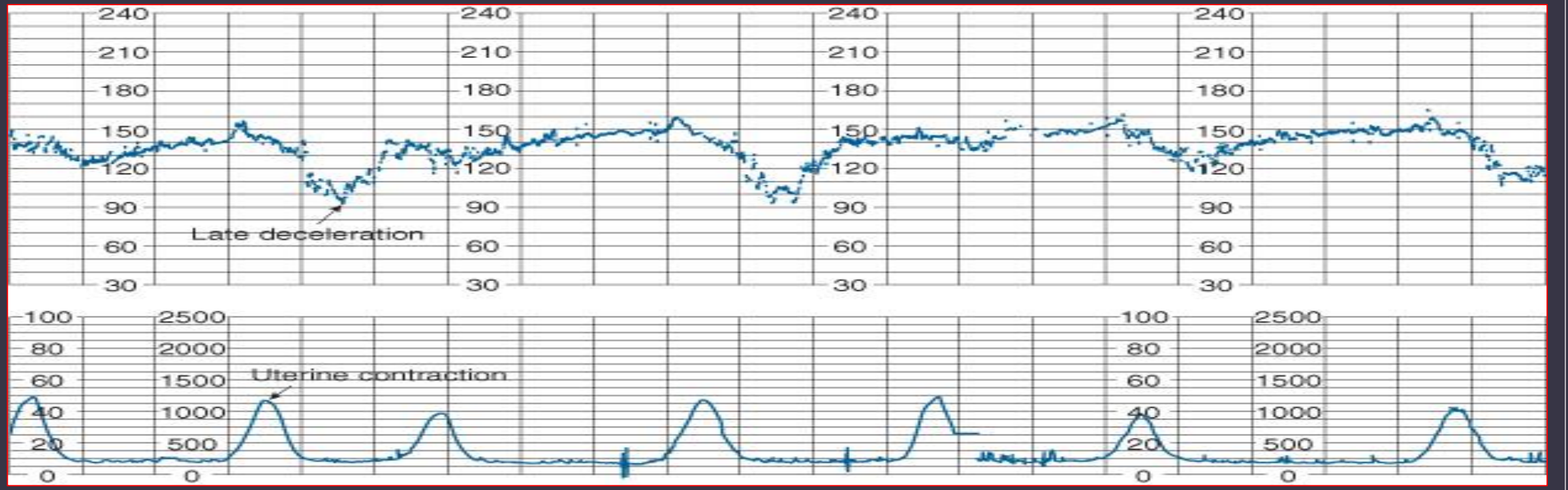
Question

A picture that show a CTG. Baseline was 180. there were only decelerations. And poor variability. There was no uterine contractions.

1) Mention 3 abnormalities you see?
   1. poor variability
   2.deceleration
   3.tachycardia.
2) How many contractions do you see?
   There is no contractions.
3) How would you manage?
   c/s. because the baby is in distress.

Question

This CTG for Female pt. presented with abdominal pain, 2cm dilation and ruptured membrane.



1) Give two abnormality in the CTG? Late deceleration, poor variability, tachycardia
2) What's the underlying pathology? Uteroplacental insufficiency , also umbilical cord compression accepted
3) If the condition become worse what is the next step? Immediate delivery … fully we can use instrument … not fully go for C/S

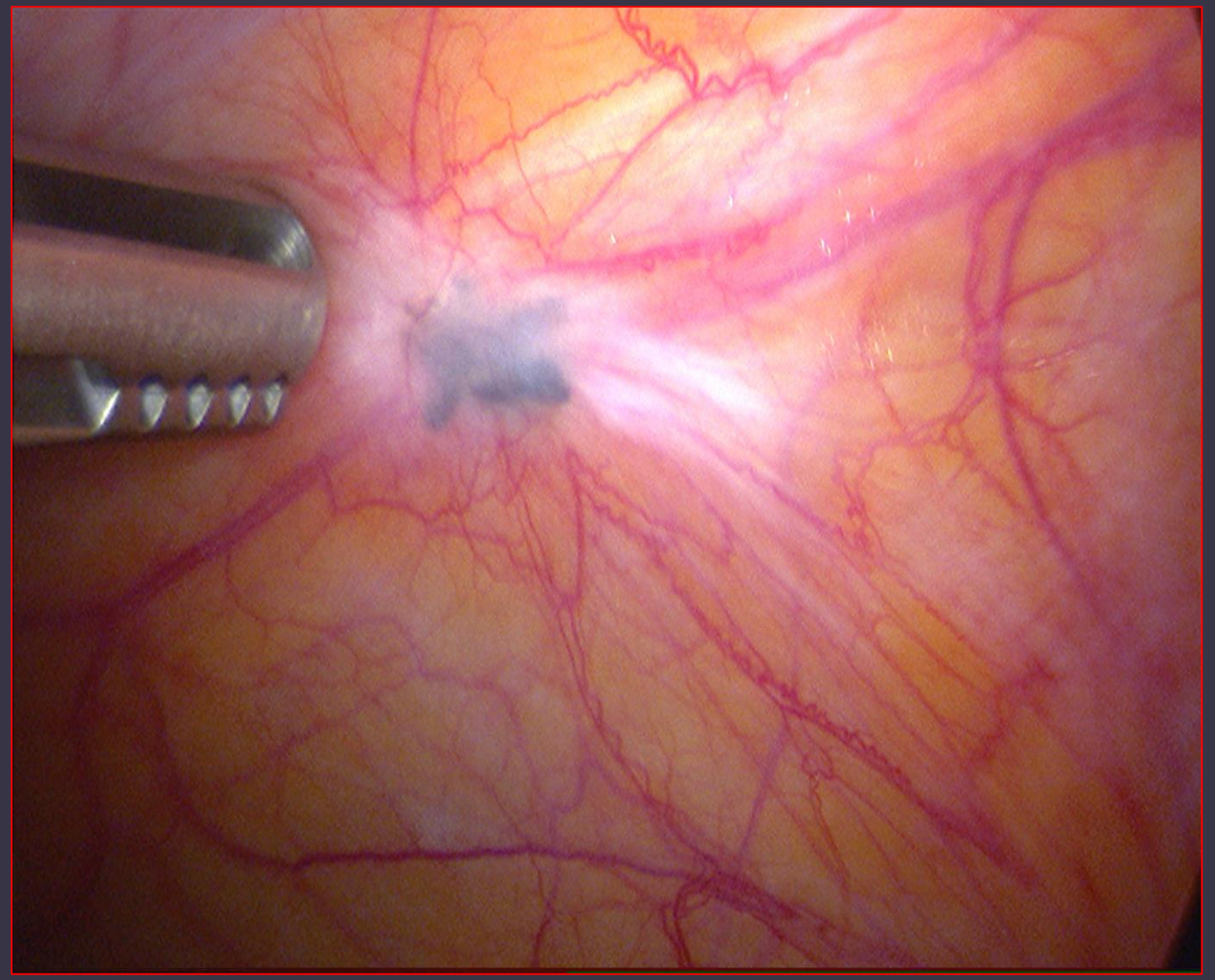
ADENOMYOSIS , ENDOMETRIOSIS

Question

1)What is your diagnosis ?
Endometriosis

2) 2 causes of infertility?
tubal obst. and ovarian cyst

3) 2 surgical treatment ?
Adhenolysis, Surgical excision of spots or Hysterectomy with BSO.



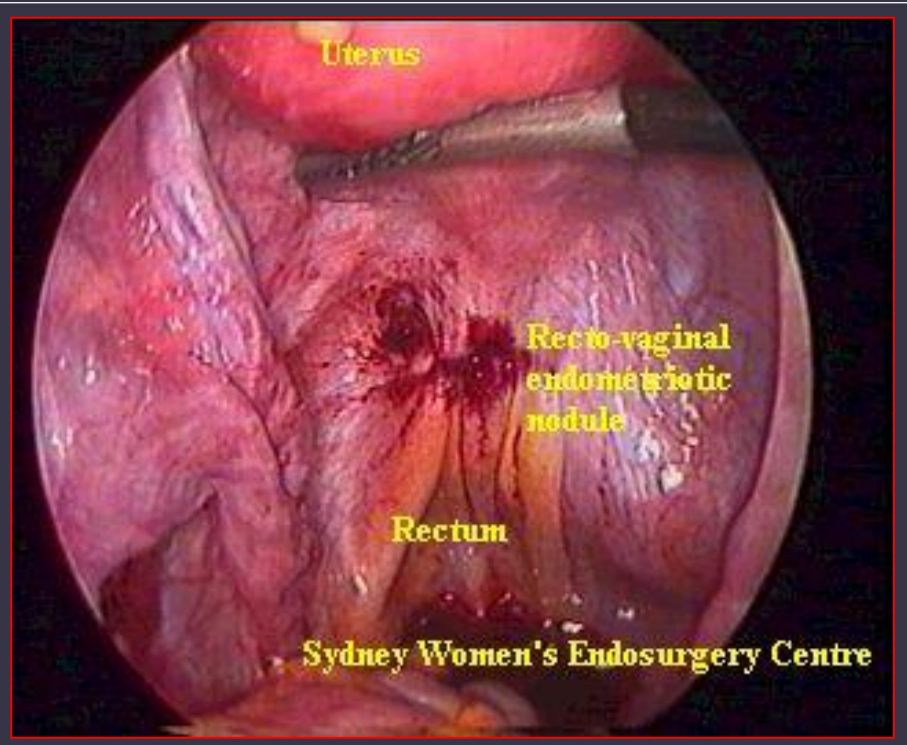
Question

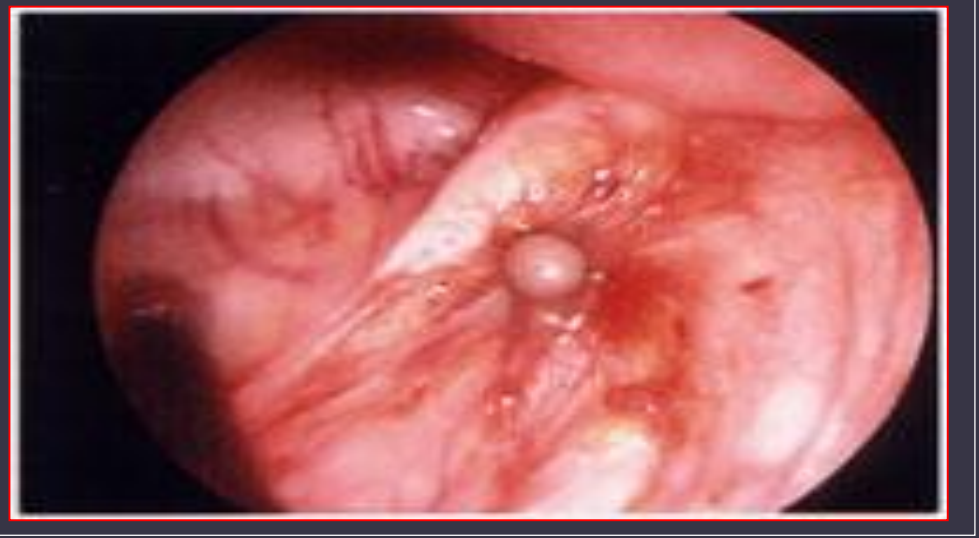
1) what is the diagnosis :
endometriosis

2) how does the patient present:
2ry dysmenorrhea, lower abdominal heaviness

3) how to confirm the diagnosis:
biopsy → histological confirmation (endometrial glands, endothelium, stroma, hemosiderin-laden macrophages)

4) what is the most common age group:
from menarche to menopause (40% over 40)



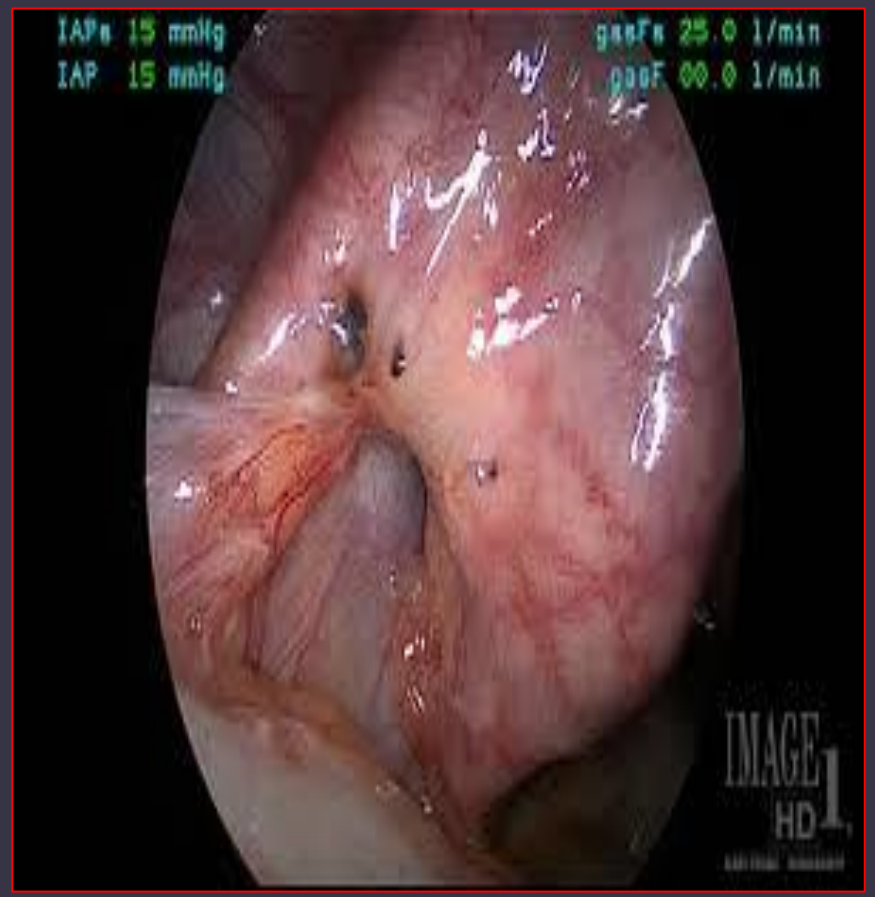


Question

This was found during the laparoscopy investigating infertile female.

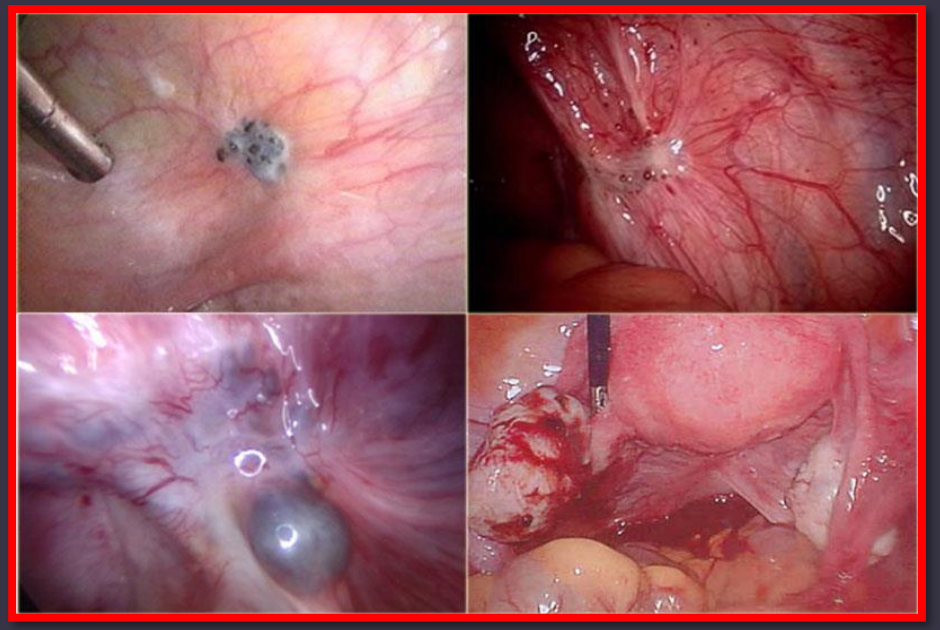
1) what's the most likely Dx.:
   Endometriosis
2) Other investigation that can be done during this:
   Methylene blue dye test for tubal patency
3) One symptom the pt. may come complains of:
   Secondary dysmenorrhea and Dyspareunia
   any thing …
4) Two medical management:
   a- continuous combined OCP
   b- GnRH analog
5) Mention 1 finding in laparoscopy?

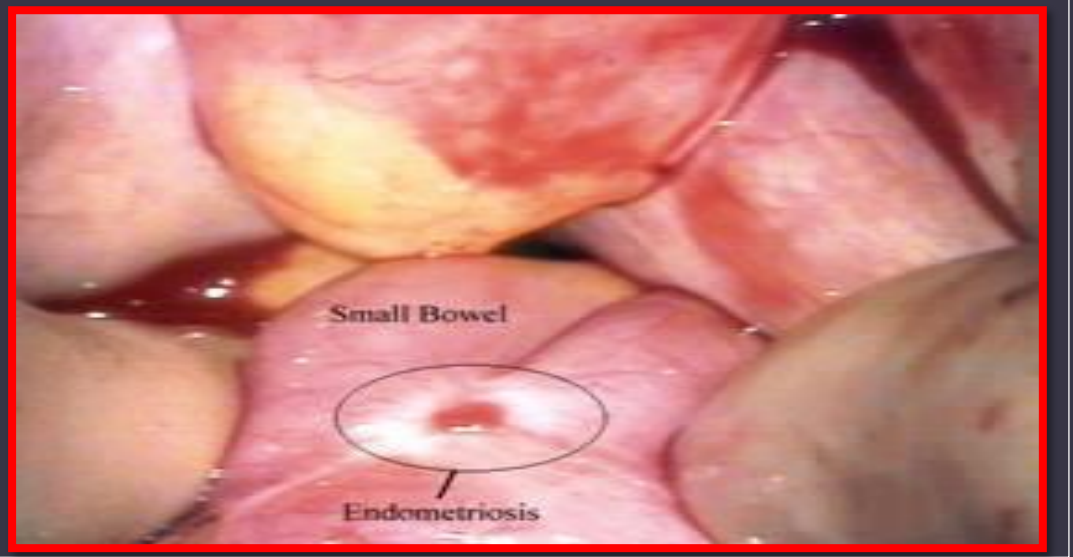
Chocolate cyst, adhesions



Question

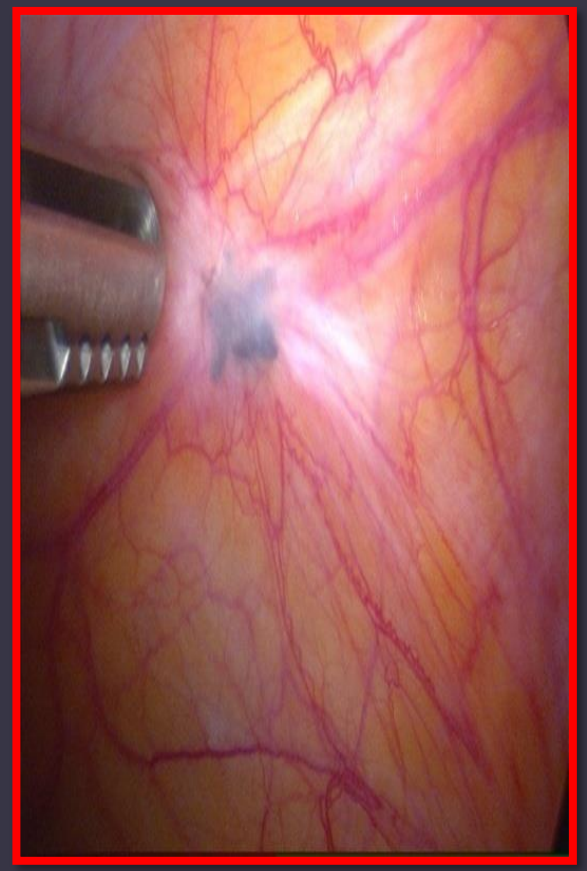
1. What is the most likely Dx.?
   Endometriosis
2. Mention 2 other laparoscopic findings of this.
   Adhesions , chocolate cyst, pocket like defects.
3. 2 other symptoms.
   Secondary Dysmenorrhea, Deep Dyspareunia.
4. Give 2 causes for infertile this pt.
   Impaired tubal motility due to adhesions, Impaired ovulation in case of ovarian endometrioma.
5. Give 2 physiological conditions that stop it.
   Menopause & pregnancy.

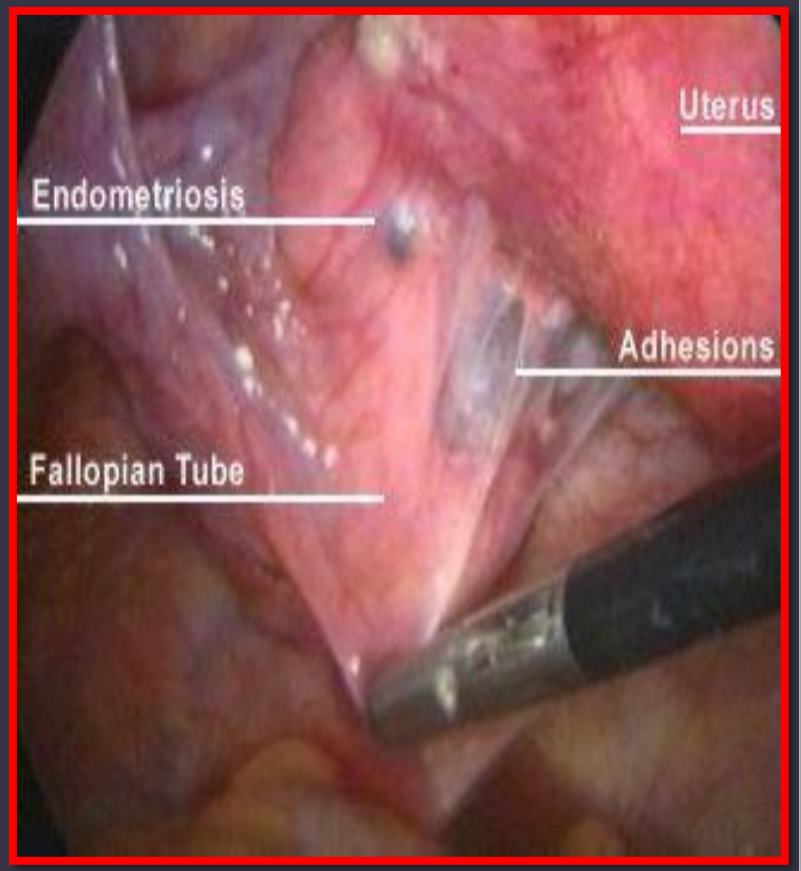




Question

1. What's your Dx.?
   Endometriosis with adhesions.
2. 2 causes of infertility?
   Tubal obstruction, Ovarian chocolate cyst.
3. 2 surgical treatments?
   Adhenolysis, Surgical excision of spots or Hysterectomy with BSO.
4. 2 medical treatments?
   NSAIDs, Hormonal.
5. Give other intervention can we do by laparoscope.
   Adhenolysis





Question

A 45 year old lady P5 complaining of heavy vaginal bleeding. Her past medical history is insignificant and on ultrasound there was no pathology identified.

1) Mention 2 causes for her illness?

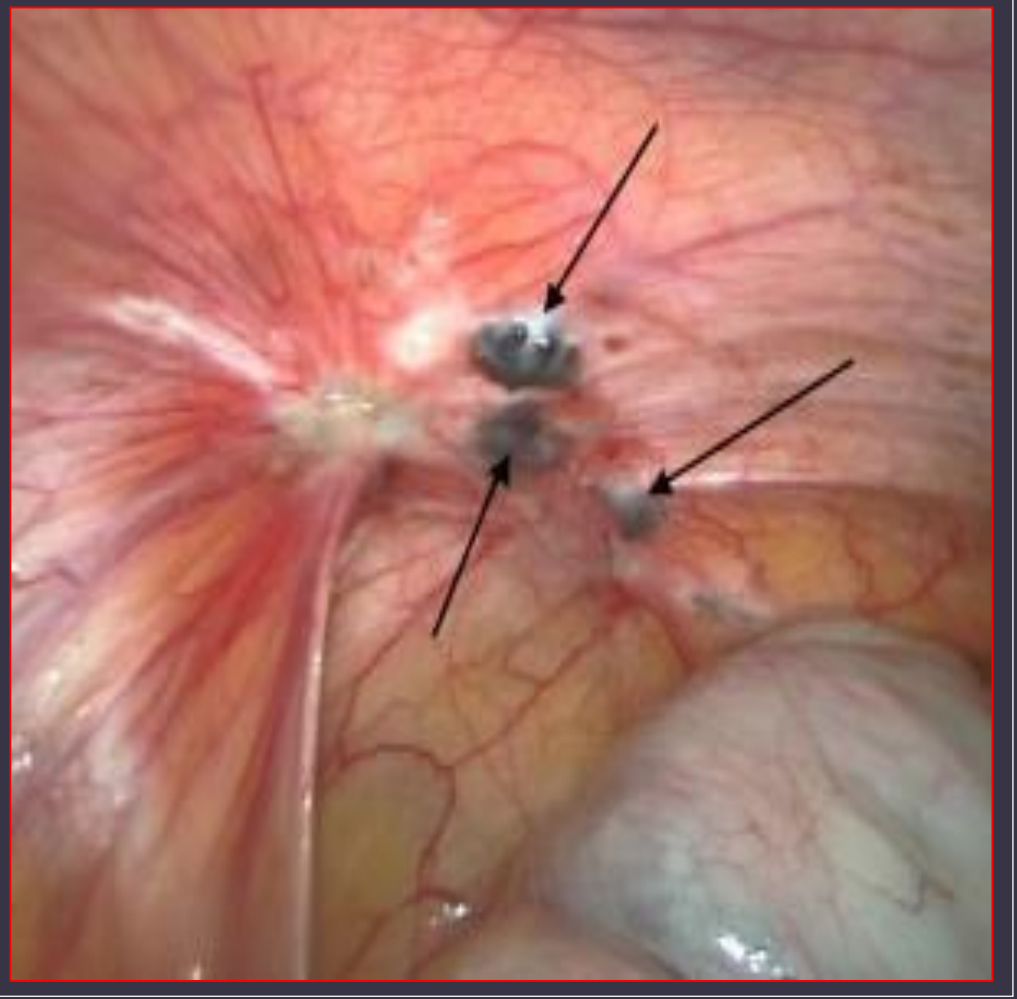
- DUB
- Adenomyosis

2) Mention 2 surgical management.

- Total abdominal hysterectomy
- Endometrial ablation

Question

A 35 year old patient complaining of secondary dysmenorrhea, diagnostic laparoscopy showed this lesion.



1) What is the most likely diagnosis?

Endometriosis

2) Mention another two possible laparoscopic findings of this disease.

A. Chocolate cyst
B. pocket-like defect
C. adhesions
D. Theca-lutein cyst

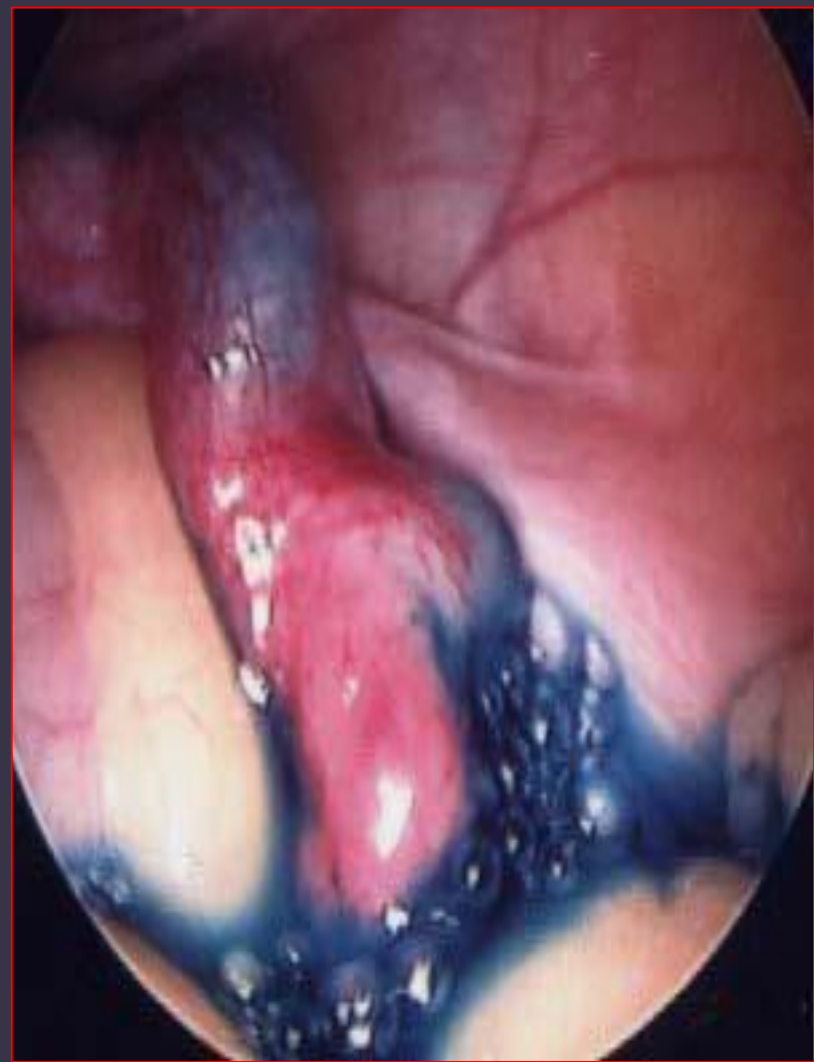
3) Mention two medical treatment

NSAIDs + GnRH agonists

Question

A 30 year-old patient, being investigated for infertility of 3 years, she underwent an investigatory surgical procedure

1. What is this test (procedure)?
   laparoscopy
2. What is the main indication?
   Tubal patency (not infertility :/)
3. What is the name of the media used in this procedure?
   Methylene blue
4. Name one disease could be diagnosed by the above procedure and may cause infertility.
   Endometriosis
5. Name alternative test for the procedure.
   HSG

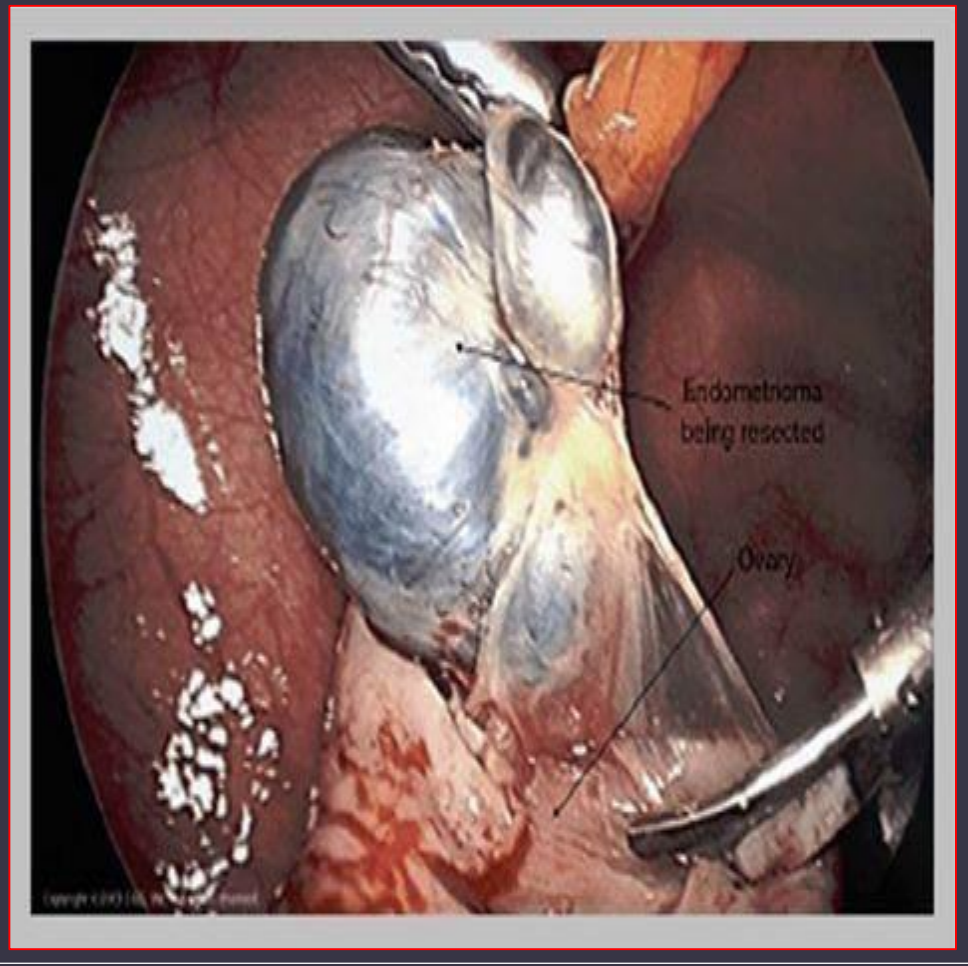


Question

38 Year old female, nullipara, Complaining of chronic lower abdominal pain/ Subfertility...etc

1) what is your diagnosis ?
Endometriosis (ovarian chocolate cyst) .

2)how would you treat this patient ?
Hormones , surgical resection of the cyst .




"ما زرع الله في قلبك رغبة
الوصول لأمر معين إلا لأنه
يعلم أنك ستصل إليه"

PROLAPSE , INCONTINENCE

Question

1) Dx?

uterine prolapse

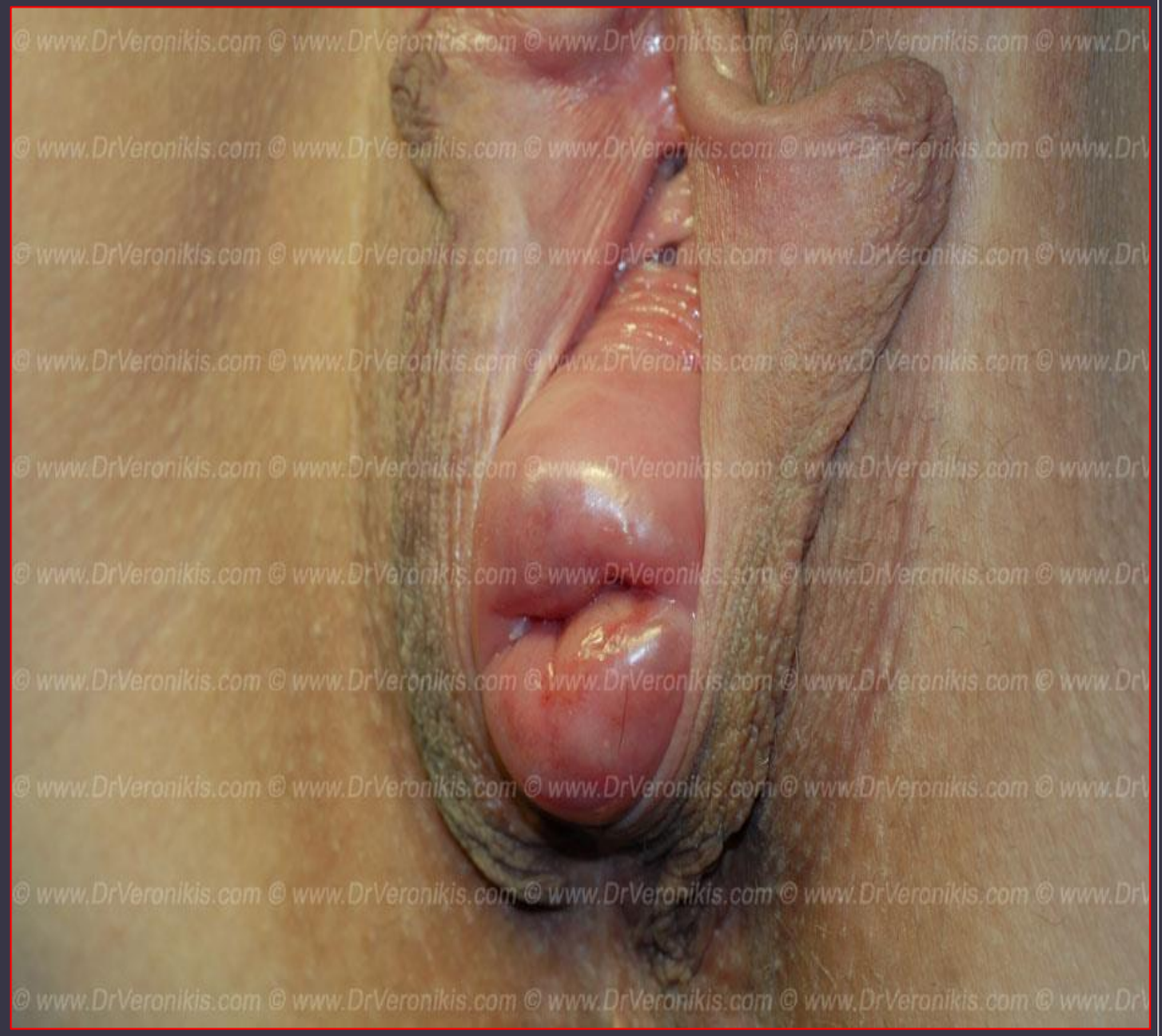
2) Risks?

Advanced age , multiparty

3) How do you treat with preserving the fertility ?

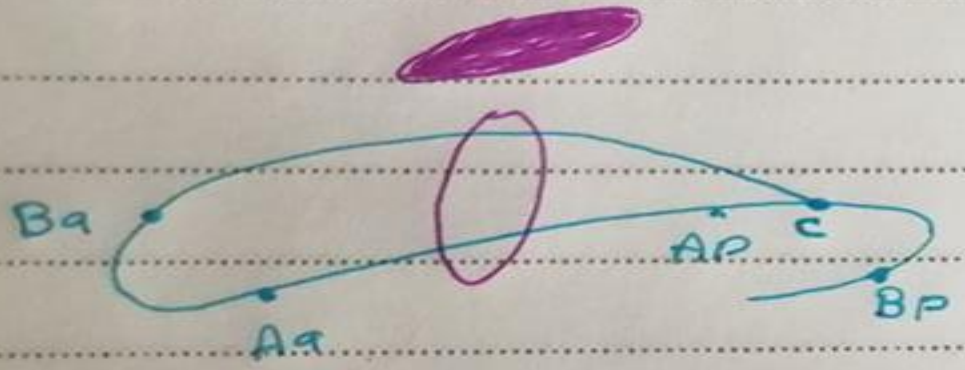
Pessary ring

Manchester repair.



Question

a Pic of Anterior vaginal wall Prolapse :-



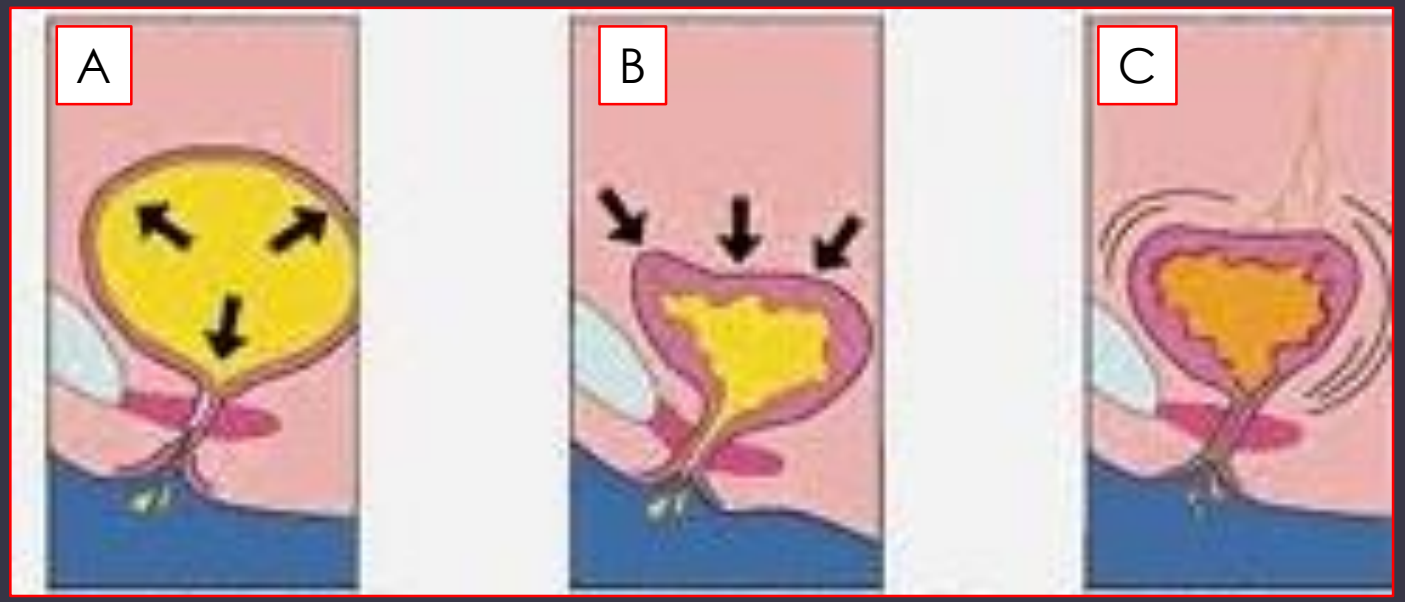
+3	+6	C
gh	Pb	TVL
-1	-3	

1. whats your Diagnosis ?
2. mention (5) symptoms the pt came with ?
3. what ~~the~~ the type of surgery the pt has been done ?
4. whats ~~g~~ type of surgery you should do it for this pt ?
5. what the mean of :-

gh :-
C :-
TVL :-

Question

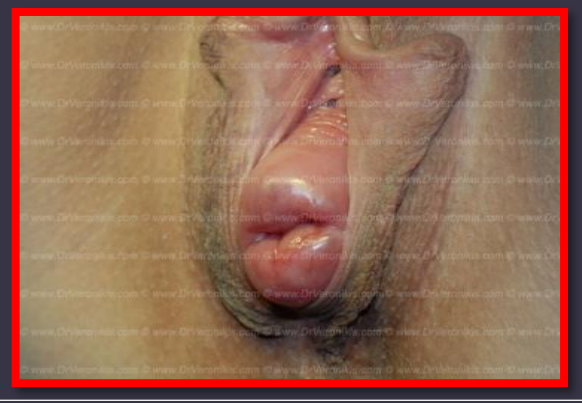
1) Name A, B, C.
   A) Retention with overflow incontinence
   B) Stress incontinence
   C) Urge incontinence.
2) Mention two modalities of treatment for “B”
   Pelvic floor exercises, Surgery

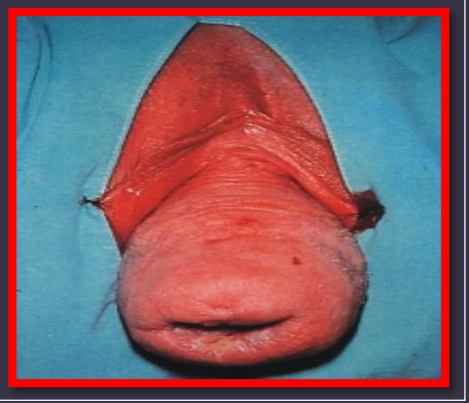


Question

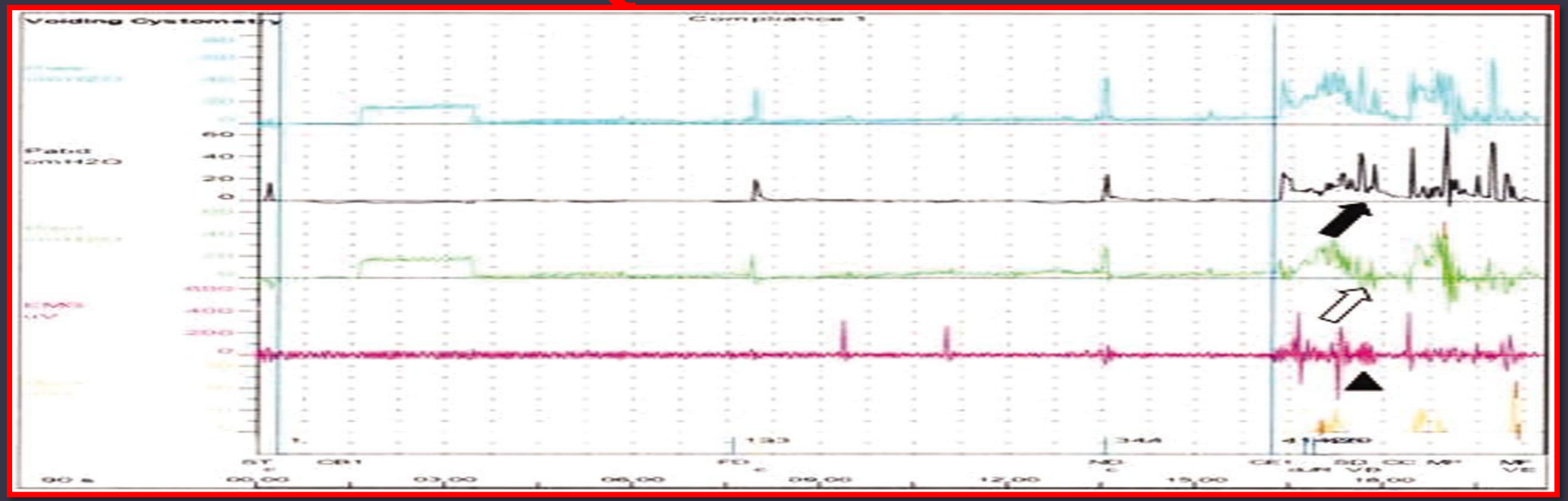
A 53 YO pt, P8.

1. What's your Dx?
   3rd degree Uterine prolapse (Procidentia).
2. Mention 2 Risk factors?
   Advanced age, Multiparty (most important), Chronic increase in intra-abdominal pressure.
3. What's the main complaint?
   Feeling of a mass coming down.
4. What is the best tt of this condition? ___&___
   Vaginal Hysterectomy & Anterior & Posterior Colporrhaphy. (you must write it like this)
5. How do you treat with preserving the fertility?
   Pessary ring, Manchester repair.
6. Mention 2 ligaments support the uterus.
   Pubo-cervical, Utero-sacral.





Question



1. Mention the name of this investigation.
   Cystometrogram.
2. Mention 2 parameters measured by it.
   Intra-abdominal pressure, Intra-vesical pressure.
3. Mention one disease for which it is used.
   Urine incontinence.

55 years old female , obese , smoker , Para 8, menopause before 7 years, has chronic constipation, presented to you complaining of lump sensation in her vagina.

Question

1-What is the diagnosis

Genital prolapse

2-Mention 5 predisposing factors for this condition(from the question)

Multiparity, old age &menopause, obesity, smoking, chronic constipation (increase intra-abdominal pressure)

3- Then toe doctor asked us:

If this patient has cystocele and rectocele and uterine prolapse, what is the best operation to be done for her?

Vaginal hysterectomy with ant.&post. Vaginal wall repair.

4- mention points must be done preoperatively for this patient.

A-Manage factors that increase intra-abdominal pressure: weight reduction, stop smoking, treat constipation.

b-give her HRT for at least 4 weeks pre-operatively

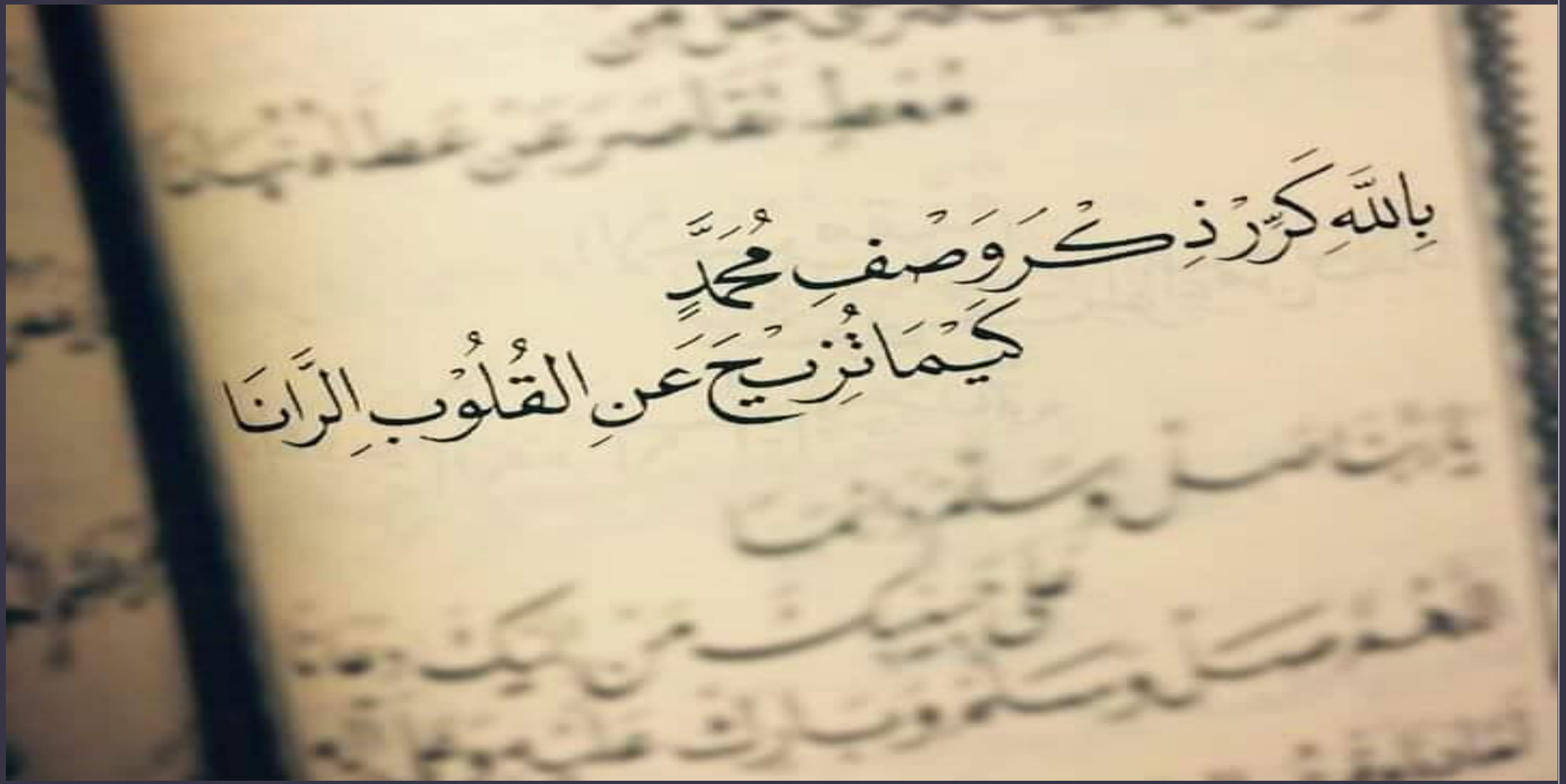
5- mention points regarding which patient should be counseled post-operatively.

A- avoid sexual intercourse for 6 weeks

b- gradual return to normal physical activity over 2 months

c-preventing factors that increase intra-abdominal pressure: obesity, smoking, constipation, lifting heavy objects.

d-Elective CS in next pregnancies(not in this case but i.e. if still young and uterus not removed)


بِاللهِ كَرِّرْ ذِكْرَ وَصْفِ مُحَمَّدٍ
كَيْمَا تُزِيحَ عَنِ القُلُوبِ الرَّانَا

CONTRACEPTION

Question

1) **Which type of contraception ?**
   patch
2) **What its contain ?**
   Progesterone and estrogen
3) **Advise how to use ?**
   one patch per week, for 3 weeks , week off.
4) **If the lady use OCP and forget to take pill last night , and she notice 4 pills in pacts what to do ?**

a) Take the pervious pill
b) Discharge the old pact
c) take a new pact
d) Emergency contraception , condoms … etc

Question

1) How is it administered?

- Intramuscular

2) Duration of action?

- 3 months

3) One major long term complication?

- Osteoporosis

4) 2 other complications?

- Continuous spotting
- Post-pill amenorrhea

Question

1. What is A and B?
   cu releasing and Mirena .
2. What is the major withdrawal to use b?
   break throuh bleeding.
3. Mention two absolute contraindication ?
   Congenital uterine anomaly and active PID .
4. When A can be first used after delivery?
   After 6 weeks.

Question

1) Name this thing.
Levonorgestrel-releasing intrauterine device.

2) Mention two non-contraceptive benefits.
Pain-free light periods, decreased risk of PID.

3) What is the major cause of discontinuation of use?
Vaginal spotting in the first few months.

Question

1) Name the active ingredient in this device

Copper

2) Name the 2 most common side effects after initial use you should tell the patient about ?

A. Breakthrough bleeding

B. ??

Suggestions were: Increased risk of PID, increased risk of ectopic pregnancy if device fails, menorrhagia

3) If the patient comes complaining of amenorrhea for 2 weeks, name 2 initial tests that you would order

A. Pregnancy test (beta-hCG level)

B. Ultrasound

Question

1.What is the contraception method in this picture?
Implanon

2. What is its main component?
Etonogestrel (Progestin)

3. For how long is it effective?
Up to 3 years

4. Mention one side effect of it.
Break through bleeding.

5. Mention one contraindication.
Pregnancy.

6. Mention side effect after removal of this?
Continuous release of hormones & so endome

7. What's the mechanism of action?

Amenorrhea.

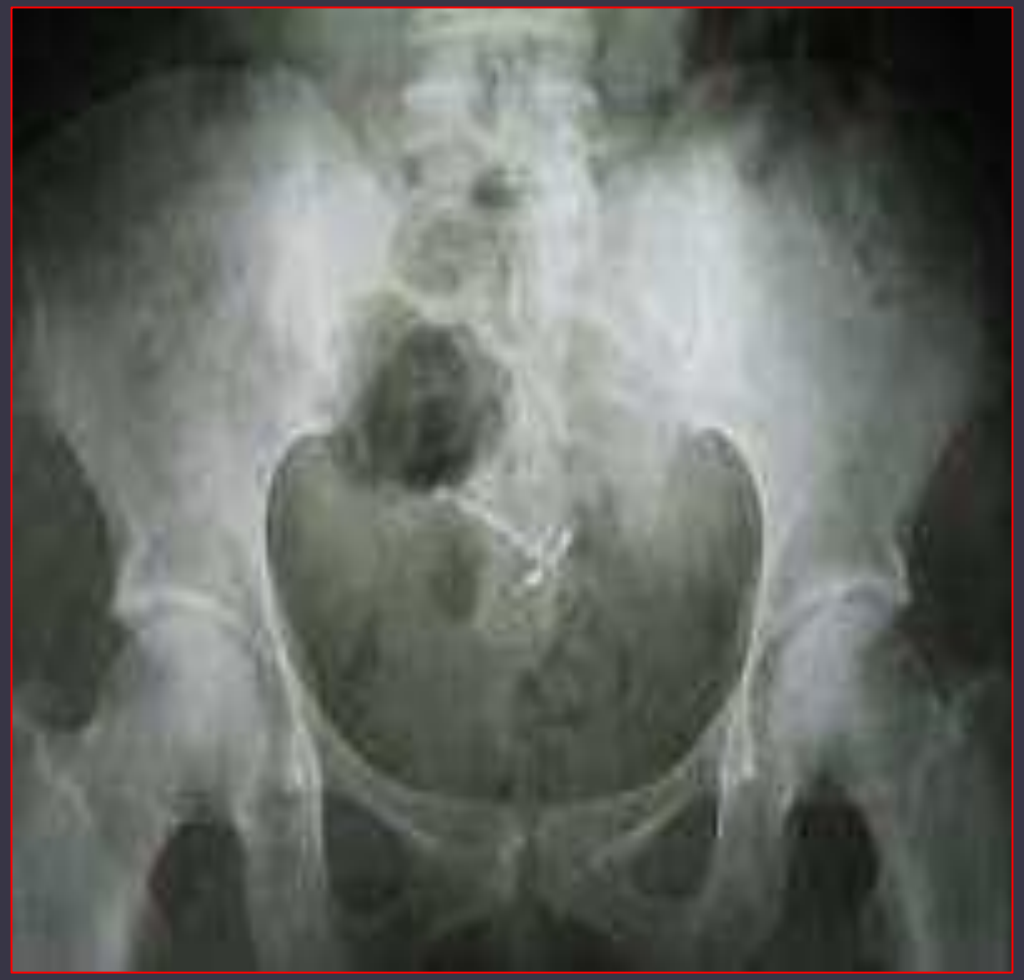
8. Mention two other products with the same component.
IM Injections, Mini-pills

الشيخ محمد الغزالي :

" نريد أساتذة و طلاب يسعدون بالمعرفة و يتلذذون بالبحث و يحترمون الكتاب ،يرون الدراسة عبادة و السهر فى التحصيل تهجدا ، ونفع الأمة بأي نوع من العلوم قربة إلى الله. "

Question

This is X-ray for a 35 YO p5 complained of Abd. Pain immediately after iucd insertion



1- diagnosis ?

IUCD perforation

2- name 1 risk factor for this complication ?

insertion during lactation and insertion in the 36 weeks after giving birth / aggressive insertion / unexperienced

3- what is the finding on speculum exam ?

Less of thread from the vagina

4- what is your management ?

hysteroscopy and advanced laparoscopy

5- When do expect this problem to happen?

Usually it happens during insertion.

Question

1) What is this called?
   Mirena
2) Active ingredients?
   Progestrone
3) What it is used for?
   1.contraception
   2.for the treatment of menorrhagia.
4) Give 2 mechanisms of action.
   Endometrial thinning / Increase cervical mucous to prevent sperm passage / Inhibit ovulation.

Question

1) mention the active components?

A. estrogen

B. progesterone

2) what's the effect on the menstrual cycle?

A. reduce amount of bleeding

B. reduce pain / dysmenorrhea

C. regulate cycles

(don't say it will inhibit ovulation, because it is wrong)

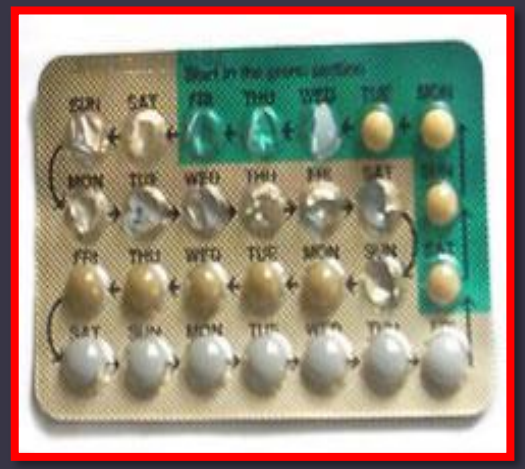
Question

1. What is the medication?
   Combined oral contraceptive pills
2. For effective contraception, when should the first pack started?
   The first day of the cycle
3. Mention two factors that reduce the effectiveness of this medication.
   Incompliance, anticonvulsants
4. Give 2 non-contraceptive benefits?
   Regulate the cycle, reduce dysmenorrhea & menorrhagia, useful for acne, reduce risk of PID, endometrial & ovarian cancer.
5. Give 1 Side effect/complication of it?
   Venous thrombosis, increase risk of MI
6. What is the main mechanism of action?
   inhibition of ovulation
7. mention two effects on cycle
   decrease bleeding and pain, regulate cycle

Question

1) What's this medication?

Combined Oral Contraceptive Pills



2) Mention the active components ?

A. estrogen. B. progesterone.

3) What's the content of the brown pills?

Placebo

4) What's the effect on the menstrual cycle?

A. reduce amount of bleeding. B. reduce pain / ysmenorrhea.

C. regulate cycles.

5) Mention another 2 indication for it's use?

Endometriosis, Hyperandrogenism.

Question

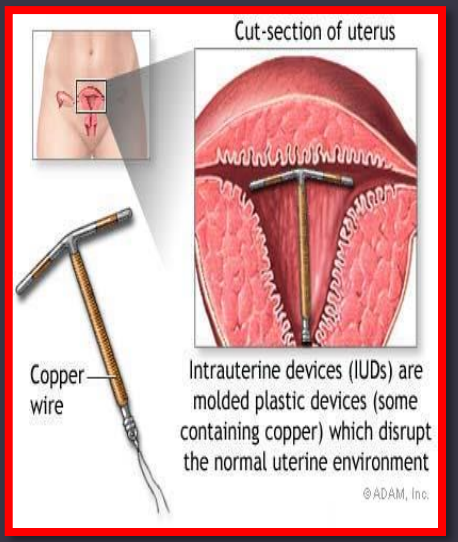
1) at what time this device is inserted ?
Day 5 of the cycle

2) mention 2 uses other than contraception ?
Menorrhagia , cyclical pain ..

3) mention 2 absolute contraindications ?
Pregnancy , **undiagnosed vaginal bleeding .**

Question

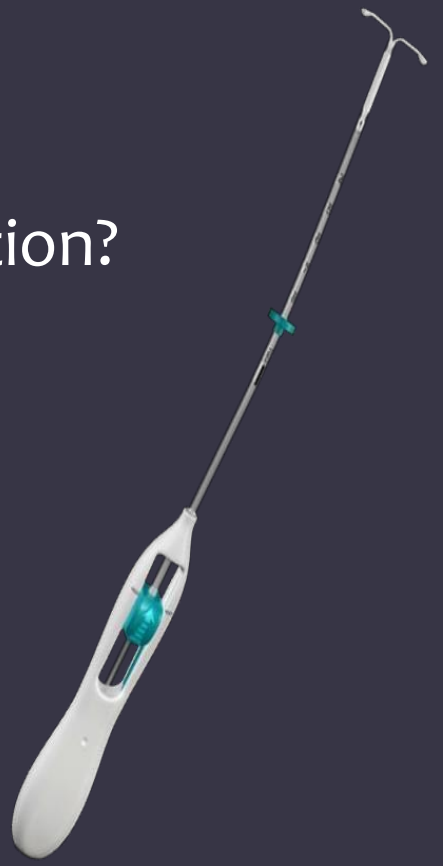
1. What's the name of this device (no abbreviations)?
   Copper Intrauterine Contraceptive Device.
2. Give 2 absolute contraindications?
   Suspected or known pregnancy, uterine anomalies, active PID, copper allergy.
3. On follow-up; the pt was found to be 10wks pregnant, what's your next step?
   Remove the device.
4. What’s the pearl index for it?
   1-2%.
5. What’s the main mechanism of action?
   Interfere with fertilization unless it’s used as emergency contraception; it prevents the implantation.
6. What’s the best time to introduce it?
   During menstruation (5th day of the cycle).



Question

This is an IUCD producinghormone

1) Name the hormone?
   Levonorgestrel
2) Mention two indications for its use other than contraception?
   Menorrhagia and endometriosis
3) What is the main side effect of using it
   Break through bleeding in 1st 3-6 months
4) Mention 1 complication at time of insertion
   Perforation " not rupture"



Question

1) What is this?
   Copper-releasing Intrauterine device

2) Mention three absolute contraindications
   Copper allergy/Wilson disease Current, recurrent or recent (within 3 M) PID or sexually transmitted disease,Pregnancy

Question

This is an injectable contraception method

1. What is the route of administration, and the interval between doses?
   a. IntraMuscular
   b. 12 weeks
2. What is the most significant long term complication?
   Osteoporosis
3. What is the long term effect on the menstrual cycle?
   Amenorrhea (period irregularity, spotting, etc…)

Question

1) 2 side effects?

A- break through bleeding. B- acne.

2) 2 methods contains the same active ingredient?

A- Implants. B- injections.

3) how to express the failure rate?

Pearl index.

Question

1) What's the composition of each type?

A: progesterone only.

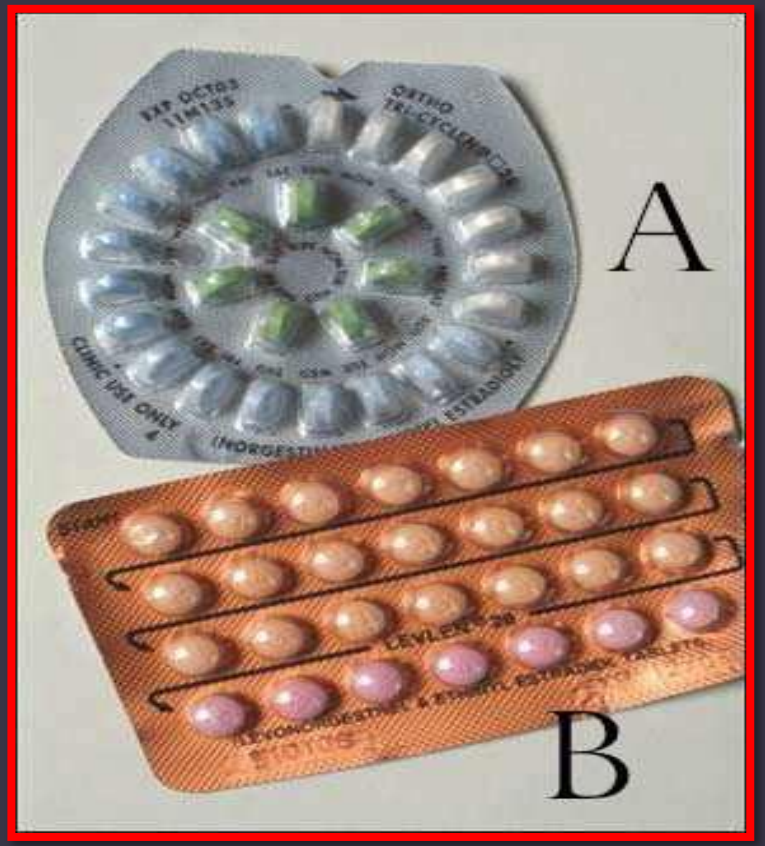
B: synthetic estrogen & progesterone derivatives (ethinylestradiol & levonorgestrel).

2) Mention 2 conditions where A can be used in advance to B?

Breastfeeding, DM & CVS diseases.

3) Mention 2 advantages of B over A.

Reduce functional ovarian cysts, Reduce ovarian & endometrial CA, Reduce PID.



د. خالد أبوشادي
@khaledabushadi

ستتعرض في حياتك لما يزلزل فؤادك،

ولما لا تطيق حمله الجبال.

وقد حدث هذا لخير الخلق ﷺ،

فأرشده ربه إلى أصل القوة:

(كذلك لنثبِّت به فؤادك).

أي بالقرآن.

#افتح_مصحفك

MEDICAL CONDITION DM , HTN , ANEMIA , UTI, INFECTION, OTHER

Question

30 week pregnant lady , on ANC it found that her BP 150/90 , on urine collection protein = 400mg/24h :

1. what's your dx?

PET (preeclampsia)

1. 2. Give 2 specific investigation you would order?

A. LFT

B. KFT

C. CBC & PLT count

D. Uric acid level

3. Give 2 fetal complication ?

A. IUGR

B. IUFD

C. prematurity

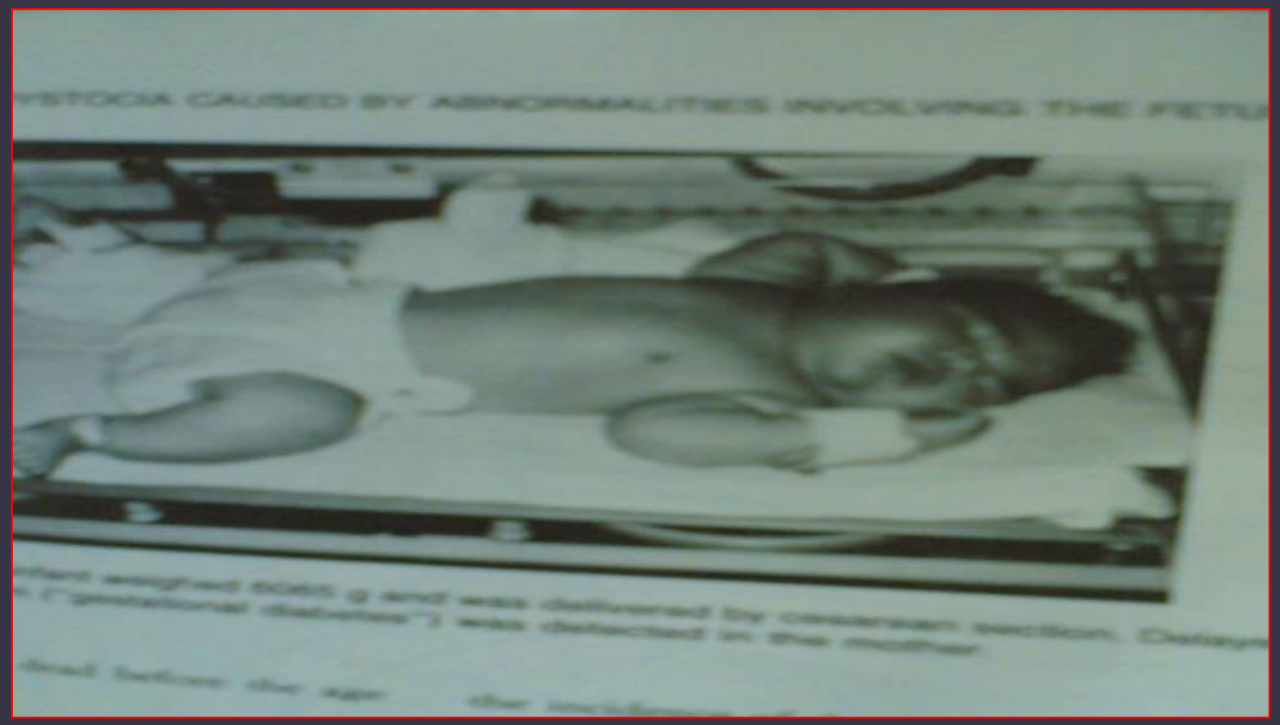
Question

1. This baby was born 4.5 Kg. what maternal disease can cause this?
   DM.

2. what are 3 most common neonatal complications this baby will have?
   neonatal hypoglycemia.

Hypocalcemia.

Hyperbilirubinemia.



Question

G2P1.. P1 stillbirth at 36 w of gestation, Fetal weight was 4kg..
Now 6w pregnancy was confirmed.

1) Most likely diagnosis?

Chronic DM.

2) 2 investigations?

a. HA1C (must be mentioned)

b. challenge test.

3) If diagnosis was confirmed what's your management.

a. strict diabetes control with insulin.

b. investigate for end organ damage.

* قال الإمام أحمد بن حرب رَحِمَهُ اللَّهُ:

«عبدتُ اللهَ خمسين سنةً، فما وجدتُ حلاوةَ العبادة حتَّى تركتُ ثلاثةَ أشياءِ:

-تركتُ رضَى النَّاس حتَّى قدرتُ أن أتكلَّم بالحقِّ.

- وتركتُ صُحبة الفاسقين حتَّى وجدتُ صحبة الصَّالحين.

-وتركت حلاوة الدُّنيا حتَّى وجدتُ حلاوة الآخرة».

[«سير أعلام النُّبلاء» (١١/ ٣٤)]

Question

1) Identify the picture?

Clue cells

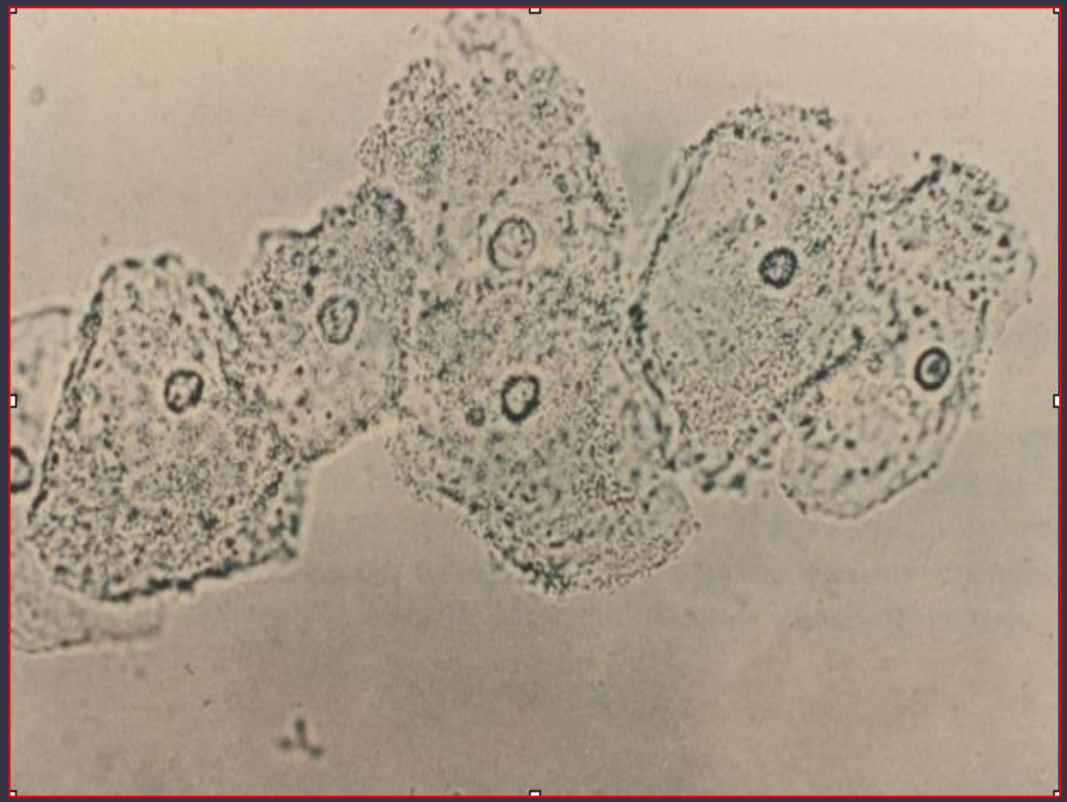
2) What is the most likely disease?

Bacterial Vaginosis

3) Give 2 obstetrical complications?

Preterm rupture of membrane

Mid-trimester miscarriage



Question

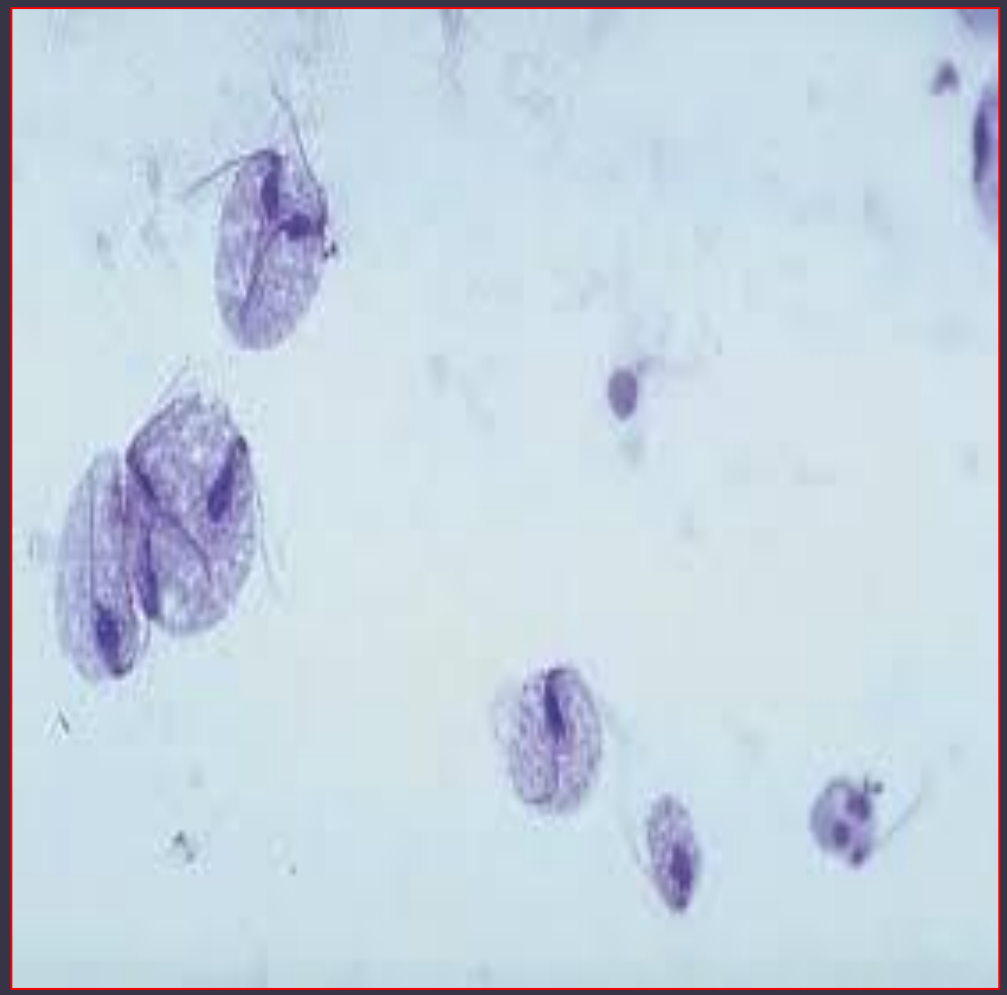
Young patient complains of yellow-green vaginal discharge.

1) Causative MO?
Trichomonas .

2) Substance added to the discharge to diagnose the cause?
Normal saline.

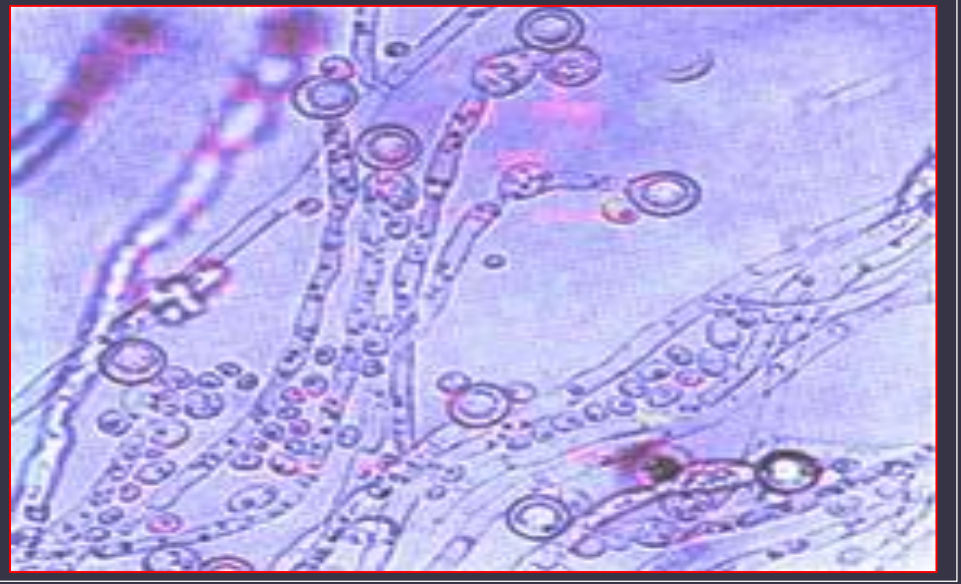
3) Other symptom?
Itching

4) Complication in pregnancy?
PROM / preterm labor..



Question

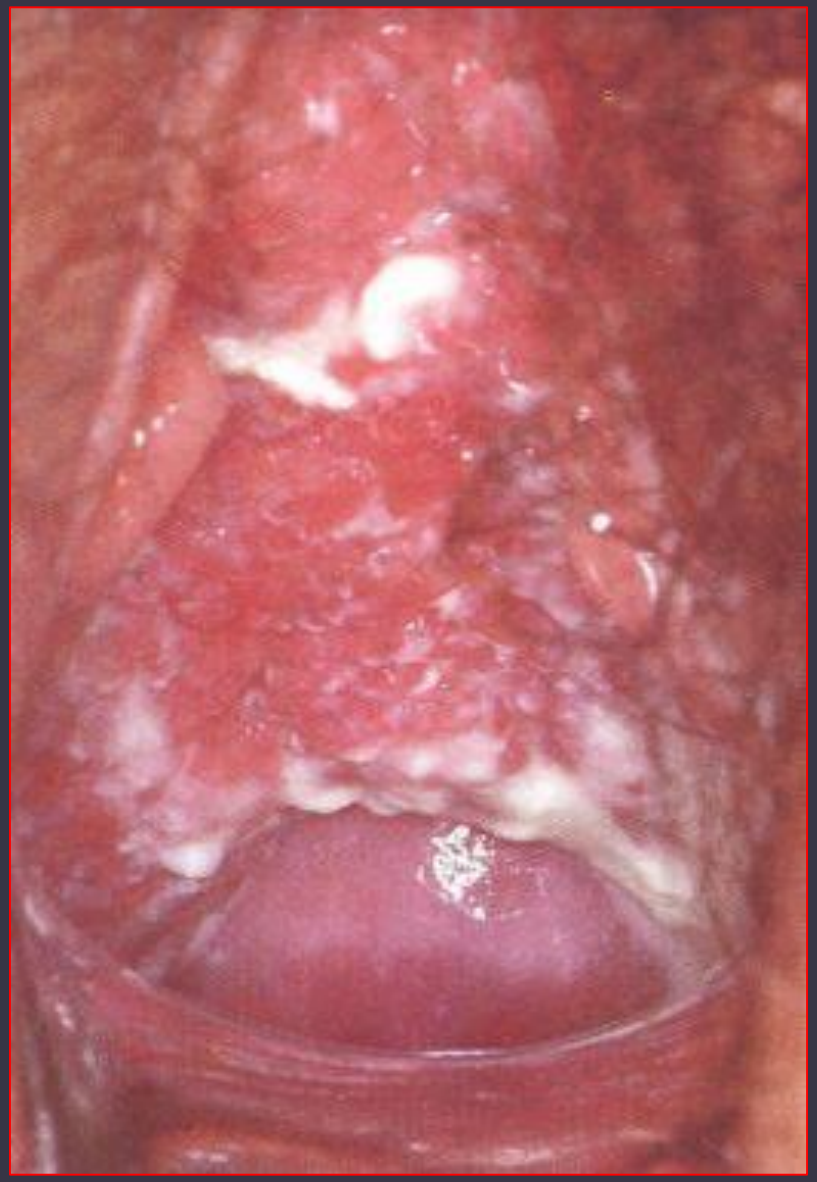
1) what is the diagnosis :
   candida albicans (candidiasis, thrush)
2) what is the most common presentation:
   white cottage cheese vaginal discharge, itching
3) name three risk factors:
   pregnancy, DM, immunocompromised



Question

Case of vaginal discharge ……. Don't remember the case

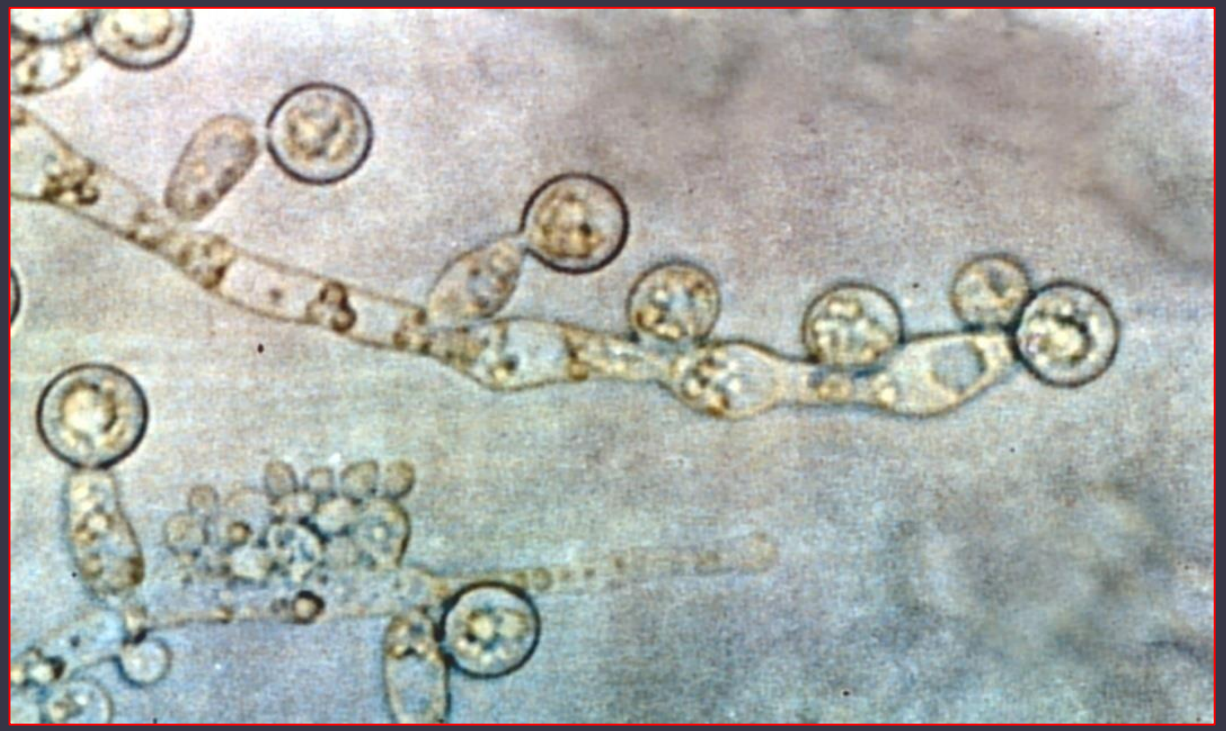
1) Ur diagnosis ?
   candidiasis
2) Other clinical presentation ?
   Itching
3) Investigation ?
   1-vaginal swab 2-wet amount
4) Tx ?
   Antifungal



Question

Female pt. complains of white thick vaginal discharge, itching and erethema with this result of the wet mount test.

1) what's the cause:
   Candida albicans
2) How to confirm it:
   Culture
3) How to treat:
   Local antifungal
4) Two risk factor:
   a- DM
   b steroid use ….



Question

This is the wet mount for pt complaining from white vaginal discharge and itching

1) What is the most likely causative microorganism?

Candida

2) Mention 2 tests to diagnose this infection?

High vaginal swab " not cervical"

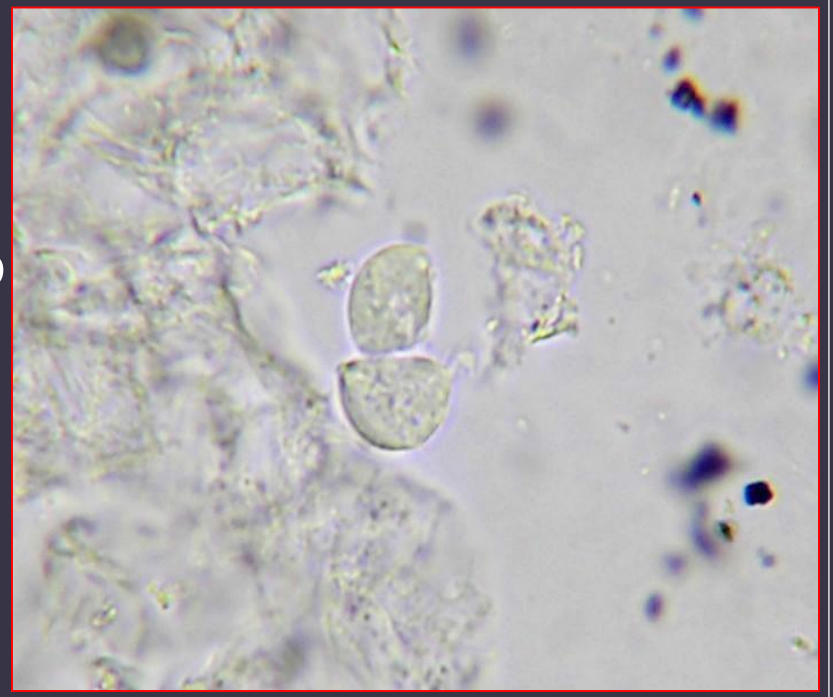
and culture

3) Mention 2 predisposing factors?

DM COCP broad spectrum antibiotics immune compromised

Question

This is a microscopy specimen for a 30 year old lady that presented with yellow vaginal discharge



1. What is the causative agent?
   Trichomonas vaginalis.
2. What is the substance added to the organism to do a diagnosis?
   Normal Saline (for microscopy).
3. Mention one other symptom of this disease.
   Itching.
4. What is the treatment?
   Metronidazole.

Question

A 30 year old lady who is G2 P1 is complaining from fever, and right flank pain.

1) What's the diagnosis?

- Pyelonephritis

2) Mention two obstetrical complications?

- Miscarriage
- Preterm labour

3) What is the treatment?

- 3rd generation cephalosporin

Question

28w pregnant with twins.
Hb= 9g/dl MCV= 70
MCHC= 26

1) diagnosis?
   Microcytic anemia. (most likely due to iron def.)
2) Causes in this case?
   a. hemodilution.
   b. increased demand.
   C. poor nutrition
1) Management?
   Oral iron supplementation.
   Diet

يقول ابن القيّم رحمه الله:

"من دلائل رقة قلب المؤمن وإنابته أنه يتوجّع لعثرة أخيه المؤمن إذا عثر كأنه هو الذي عثر بها ولايشمت به "

Question

A 27 year old pregnant female at 39 weeks presents where routine ultrasound shows a fetus with a fetal weight greater than the 90th percentile and AFI is 32. Her dates are sure.

1. Mention the most common cause of her current condition
   Gestational Diabetes Mellitus
2. Mention the best investigation to confirm the diagnosis
   Oral glucose tolerance test (OGTT)
3. Mention 2 intrapartum fetal complications of her condition
   A. Cord prolapse
   B. Shoulder dystocia and obstructed labor

Question

1) Identify 1 abnormal lab test?

- Indirect coomb

2) Give two possible reasons for the abnormal value?

- Previous blood transfusion
- Didn't receive anti-D after her previous abortion

3) What are the fetal complications?

- Hydrops fetalis
- Fetal anemia
- IUFD

Lab Report:

- Patient name: M.V
- Age 31
- G2P0+1
- Hb= 13 g/dl
- Blood group A -
- Rubella IgG titer +ve
- Indirect coomb +ve

Question

A Pregnant lady with (A-) blood group and Rh. And other lab tests were shown, all were normal.

1) Which of the previous test needs further investigation?

The blood Rh

2) What would you do?

1.indirect coombs 2.husband blood group.

3) What complication of the baby would occur if not managed well?

1.Hydrops fetalis 2.fetal anemia

Question

Rh –ve lady married to Rh +ve male come at 14 weeks gestation with vagianal bleeding that has bees stopped.

1) Two specific thing in the management:

a- Anti D

b- Indirect coombs test

2) Fetal complication in the next pregnancy if not treated well now:

A) Hydrops fetalis

B) Fetal anemia

C) IUFD

Question

A pregnant diabetic lady with HbA1c: (7.5) …..
2-hors post-prandial : (10.5)

1)Your Dx :
poorly controlled diabetes.

2) If it continue like this what would happen to the baby?
1.macrosomia 2.fetal hydrops 3.shoulder dyctocia.

Question

1) what we call this condition?

Hydrops Fetalis.

2) if the father is Rh +ve, what's the most likely cause?

Rh isoimmunization.

3) 3 antenatal investigations to assess the severity of the condition?

A- cordocentesis.

B- CA Doppler (must to be mentioned).

C- amniocentesis.

4) Mention 3 advices for the mother in future pregnancies.

Question

A pregnant lady, had a previous history of a macrocosmic baby, her HbA1c was 9.

1) What is your diagnosis?

Gestational diabetes

2) Mention two complications late in pregnancy.

A) Disproportional macrosomia

B) IUFD

C) Delayed organ maturity

Question

Q8: A 19 YO primigravida came at 35 week GA with BP 150/100, +4 proteinuria and headache.

1) What is your diagnosis?

Severe PET

2) Mention two clinical signs you may find during physical examination?

Hyper-reflexia & clonus, papilledema(Abnormal ophthalamic exam) and RUQ tenderness

3) What is you plan?

Stabilization and delivery

Question

A 6wks GA pregnant female came with +ve family Hx. of DM.

1. What's the best test for screening?
   50 g Challenge test
2. When should this screening test be performed?
   24-28 weeks of Gestation (we can do screening test now in the 1st visit because this pt has risk factor for GDM).

3. What possible fetal complications that may happen?
   Macrosomia, congenital anomalies.

دَقَّاتُ قلبِ المرءِ قائلةٌ له:إنَّ الحياةَ دقائقٌ وثواني

ADABPIC

Question

A pregnant female, GA 30wks, came with poly-hydromnios, her previous ANC records were uneventful. Her mother have DM & on oral hypoglycemic agent.

1. What's your Dx?

   Gestational diabetes (GDM).

2. What test you will order?

   OGTT.

3. What complication may occur secondary to this problem?

   Macrosomia, shoulder dystocia.

Question

29 YO female, known case of insulin-dependent DM, normotensive, planning to get pregnant.

1) 2 clinical baseline assessments?

Ophthalmic examination & Neurological assessment.

2) 2 baseline investigations?

HbA1c & urine analysis (or KFT).

Question

A woman with DM & she's on oral hypoglycemic agents, her HBA1c is > 8%she wants to get pregnant.

1. What's your interpretation of this woman?

   >> Poorly controlled or uncontrolled diabetes.

2. What's the main 2 congenital anomalies for her fetus?
   1. CNS anomalies.
   2. CVS anomalies.
3. Mention 2 advices for this woman?
   1. Shift to insulin.
   2. Take folic acid.

Question

A pregnant lady known to have chronic DM, presented at 32wks GA to the ANC.

1. Give 3 investigations you do for her other than glucose?

   >> CBC, Urine dipstick, urine analysis.

2. Give 2 signs for bad control?

   >> IUFD, polyhydramnios.

Question

35 YO female 20 wks of gestation, came to antenatal care unit complaining from severe headache with blurred vision.

1. What's your primary suspicion Dx?

   >> Severe PET.

2. Mention 2 immediate testes to confirm this Dx.
   1. Measuring the blood pressure.
   2. Urine dipstick for proteinuria.
3. Mention 2 complications the pt is at risk of.
   1. Eclampsia.
   2. Others (placenta abruption, DIC).

Question

A 36 YO P1 was delivered at 34 wks because the mother complained of eclampsia. Pt is 32 wks now presented with BP of 140/90 & 500 proteinuria.

1. What' s your Dx?

   >> Mild Pre-eclampsia.

2. Give 2 symptoms of the severe case?

   >> SOB, RUQ Pain.

3. Give 2 risk factors for this pt.

   >> Age > 35, Previous eclampsia Hx.

4. Give 2 signs in the physical exam?

   >> Face Swelling, Increased BP.

Question

A 23 YO pregnant lady of 32 GA came to your clinic with BP of 154/96 & Protein +1 & mild headache.

1. What' s your Dx?

   >> Mild Pre-eclampsia.

2. Mention 3 Blood investigations.

   >> CBC, KFT, LFT.

3. What abnormal findings you will find in the above Tests?

   >> High PCV (hemoconcentration), high BUN & Cr, elevated liver enzymes.

Question

A primi-gravid 26 YO female with 35wks GA, came to the ER with tonic clonic movement, her BP was 170/110.

1. What's the Dx?
   Eclampsia
2. Mention 3 modalities of tt.
   Blood pressure stabilization, Control convulsions with $MgSO_4$, Immediate delivery.

إظهار الاحترام لرأي الأبوين، وإجلالهما، وإظهار الاستفادة من خبرتهما، والصدور عن توجيههما: هي جنة البر التي من لم يدخلها لن يعرف ماذا تعني هذه الاستعارة القرآنية ﴿وَٱخۡفِضۡ لَهُمَا جَنَاحَ ٱلذُّلِّ﴾ . .

وكم ترىٰ في الشبّان من يسعىٰ لإظهار جهل والديه وأنهما لا يفهمان الجيل الجديد . . بل ربما رأيت الشاب يستعرض بمصطلحات شبابية كالمستعلي علىٰ والده أنه لا يفهمها . .

وكم ترىٰ في الفتيات من إذا دخلت المرحلة الثانوية والجامعة صارت تلمز ذوق والدتها . . وتظهر لها أن فلانة من قريباتها أحسن ذوقًا منها . . تظن أن هذه مجرد تقييمات عابرة . . ولا تعرف جرح الكبرياء الذي تغرزه في خاصرة والدتها بلا مبالاة . . أبَعْدَ كل هذه السنوات التي طافت بها والدتك الأسواق لتجعلك شامة في عيون قريناتك . . تأتين اليوم وترمين العبارات اللاذعة عن ذوق والدتك؟!

Question

30 week pregnant lady, on ANC; it's found that her BP is 150/90, on urine collection protein = 400mg/24h.

1)What's your Dx?

Pre-Eclampsia

2)Give 2 specific investigations you would order?

LFT, KFT, CBC & PLT count, Uric acid level.

3) Give 2 fetal complications?

IUGR, IUFD, prematurity.

Question

25 YO primi-gravida, come with headache & blurred vision, BP 160/110 & proteinuria +4 by dipstick. Her booking BP was 110/70.

1. What's the Dx?

SEVERE pre-eclampsia (wrong without severe).

2. What are the main 3 lab tests to order?

CBC, KFT, LFT.

3. What's your management? (2 points).

Stabilize the pt, then Induce labor.

Question

***28 wks pregnant came to the clinic with the following lab* results; Hb: 8, MCV: 75, Hct 23, …**

1. What's the most probable cause ?
   Iron deficiency anemia.
2. Give 2 other tests to confirm the Dx.?
   Serum ferritin, Total Iron Binding Capacity (Blood film is wrong).

3. What's your first line treatment?
   ORAL iron supplementation (iron alone is wrong).

Question

There was a table with antiphospholipid, anticardiolipin antibodies, Protein C & Factor V Leiden values, antiphospholipid & anticardiolipin values were elevated.

1. What is the Dx.?
   Antiphospholipid Synd.
2. Mention 3 obstetrical complications.
   >> Recurrent miscarriages, Early onset PET, IUGR, IUFD, venous & arterial thrombosis.
3. What is the best tt during pregnancy?
   1. **LMWH.**
   2. **Low dose aspirin.**

Question

Lab results for pregnant with anemia.

1. What's your Dx.?

   >> Macrocytic Norchromic Anemia.

2. Mention 2 causes.

   >> Vit.B12 deficiency, Folate deficiency.

3. Mention 2 risk factors.

   >> Anti-convulsions drugs, Vegetarian.

Question

28 YO multi-para, vegetarian, 24 wks GA, presented with SOB & fatigue. Her Hb=9mg/dl.

1. What are the most 2 possible types of anemia she could have?

   IDA, Vit.B12 deficiency anemia.

2. Give 3 lab investigations to confirm your Dx with their results.
   1. Serum ferritin (decreased in IDA).
   2. Vit.B12 level (decreased).
   3. TIBC (increased in IDA).

Question

A female pt presents for antenatal testing at 10wks, on investigation she has the all results normal except a platelet count of 75,000.

1. What is the abnormal result?
   Thrombocytopenia
2. What's the Dx?
   Idiopathic Thrombocytopenic Purpura (ITP)
3. Name two lines of treatment.
   Steroid, IVIG.

Question

A pregnant lady during her routine antenatal visits, her lab tests were as following:

- HB 12 g/dl. **- Urine bacteria >100 000.**

- BP. 115/78 **- Glucose 100 mg/dl**

1. What's your Dx?

   >> Asymptomatic bacteriuria.

2. What's the ttt?

   Oral antibiotics.

3. What are the complications that may develop due to this Dx?

   Pyelonephritis, acute cystitis, PTL, Miscarriage.

عن أبي هريرة رضي الله عنه :
أنَّ النبيَّ صلى الله عليه وسلم قالَ :

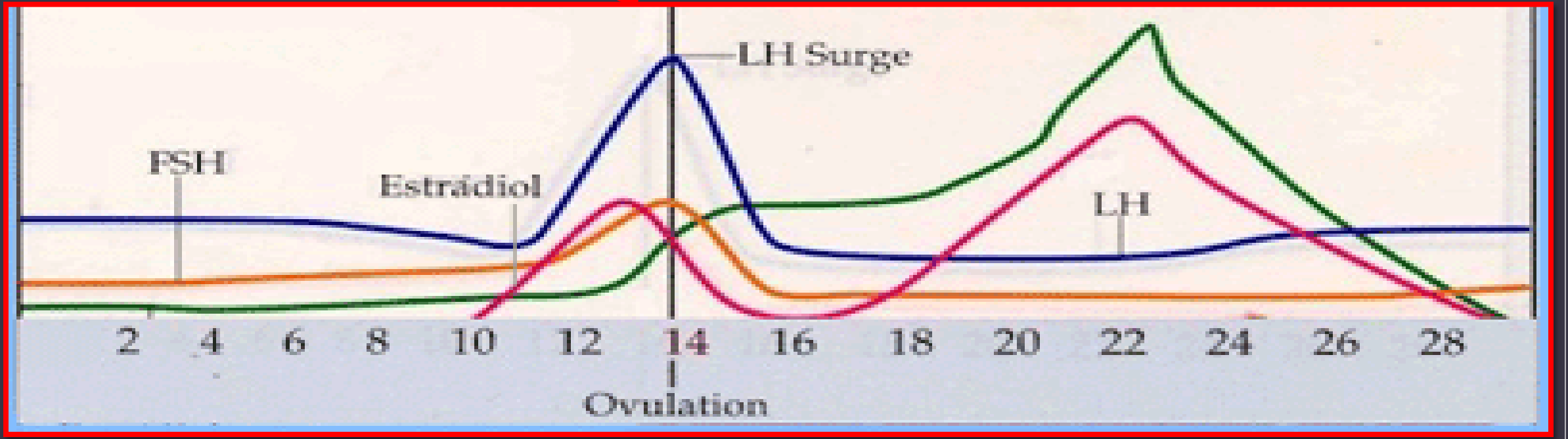
(إنَّ اللهَ تَعَالَى يَغَارُ، وَغَيْرَةُ اللهِ،

أنْ يَأْتِيَ المَرْءُ مَا حَرَّمَ اللهُ عَلَيْهِ).

متفق عَلَيهِ

MENSTRUAL CYCLE , MENORRHAGIA , MENOPAUSE AND AMENORHEA

Question

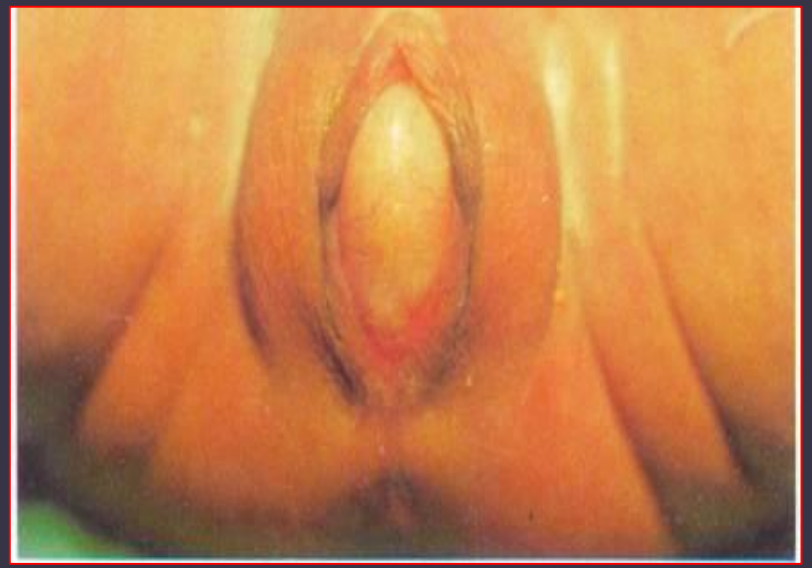


Name each one of these hormones.

- Pink = Estradiol.
- Blue = LH.
- Green = Progesterone.
- Orange = FSH.

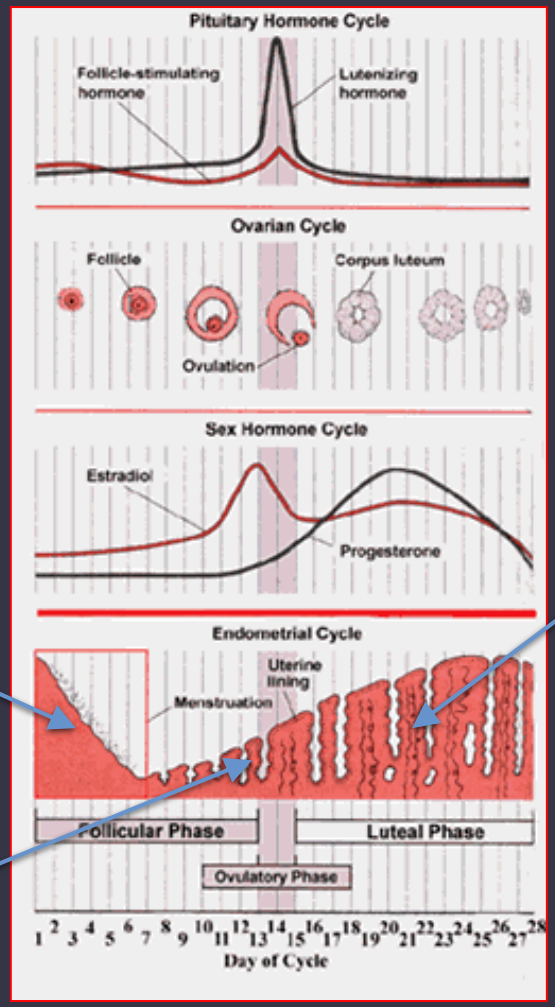
Question

1. what is the diagnosis :
   imperforated hymen
2. give two presenting symptoms:
   monthly lower abdominal pain and swelling – amenorrhea, urinary difficulties
3. Mention a long-term complication:
   Hematometra (blood in the uterine cavity) - endometriosis
4. what is the test you will do to confirm your diagnosis:
   ultrasound
5. what is the most common anomaly accompanies this condition?
   Renal anomalies
6. Mention 2 causes of primary amenorrhea?
   -ovarian agenesis
   -turner syndrome



Question

1) what is the phase in no.1?
   menstrual phase
2) what is the phase in no.2? what is hormone responsible for that phase?
   proliferative phase , progesterone
3) what is the phase in no.3? what is hormone responsible for that phase?
   secretory phase , progesterone & estrogen.



1

2

3

Question

49 year old lady complaining of heavy periods. She is medically free and her ultrasound exam is unremarkable.

1) What's the most important thing in management?
   Biopsy either with D&C or hysteroscopy.
2) Mention 2 possible causes?
   Endometrial cancer, endometriosis (please don't answer fibroids or anything that can be detected by u/s because her u/s shows nothing. Also don't answer hypothyroid or the such because she's medically free.)
3) What's the ovarian tumor that could cause such thing?
   Estrogen- secreting ovarian tumors.

تدبر

من تكبر على الله بشيء عاقبه به

تكبر فرعون بجريان الأنهار من تحته

قال الله تعالى :

(وهذه الأنهار تجري من تحتي)

فأجراها الله من فوقه

قال الله تعالى :

(فغشيهم من اليم ماغشيهم)

design njoomh

Question

45 year old pt. complaining of heavy menstrual cycle for the last 4 months .

1) Mention 2 gynecological causes ?

A. Adenomyosis

B. endometrial CA, polyps, hyperplasia

C. fibroid

2) Give two essential investigation ?

A. hysteroscopy guided endometrial biopsy

B. vaginal US

Question

35 years old female medically free complaining from amenorrhea for 2 years.

1) what's the cause:
   Premature ovarian failure

2) What's the most serious complication of this condition:
   Osteoporosis

3) How you will treat her condition:
   a- HRT
   b- Ca and vitamin D

Question

1) black dote representative for what?

menopause

2) main hormonal change?

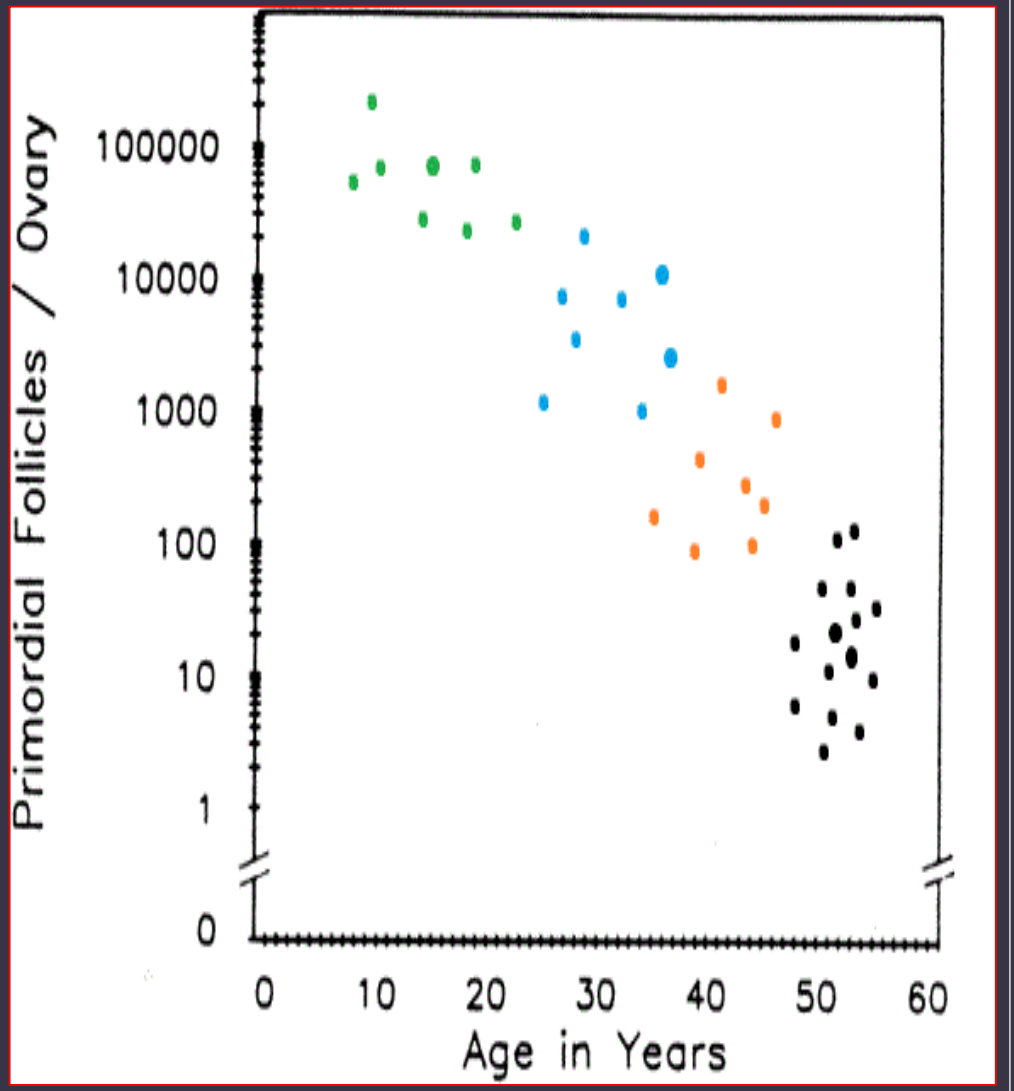
a) increase FSH and LH

b) decrease estrogen

3) two symptoms the pt. may come with?

a) hot flush

b) dyspareunia



Question

Q2: A 52 YO lady came with these lab results TSH normal, FSH=65 IU/L, LH=50IU/L,
FBS= 4.1mmol/L, Hb= 12g/dl

1) What is your interpretation?

Menopause since LH and FSH are elevated

2) Mention two long term complications for this lady

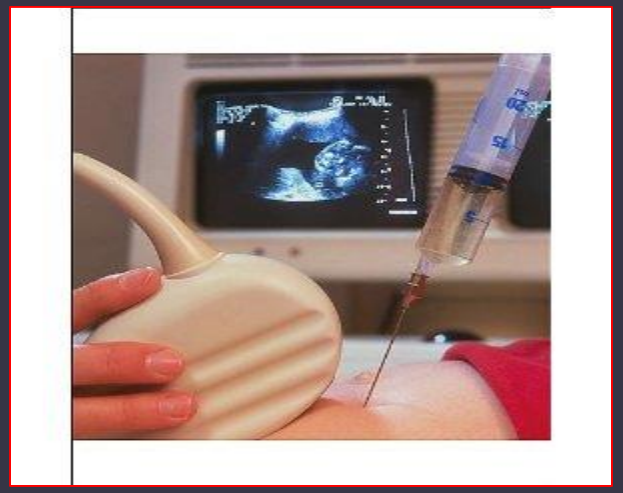
Osteoporosis and CVD (others: Dementia)

3) After one year, this patient came with vaginal bleeding. What are the most important two investigations to do?

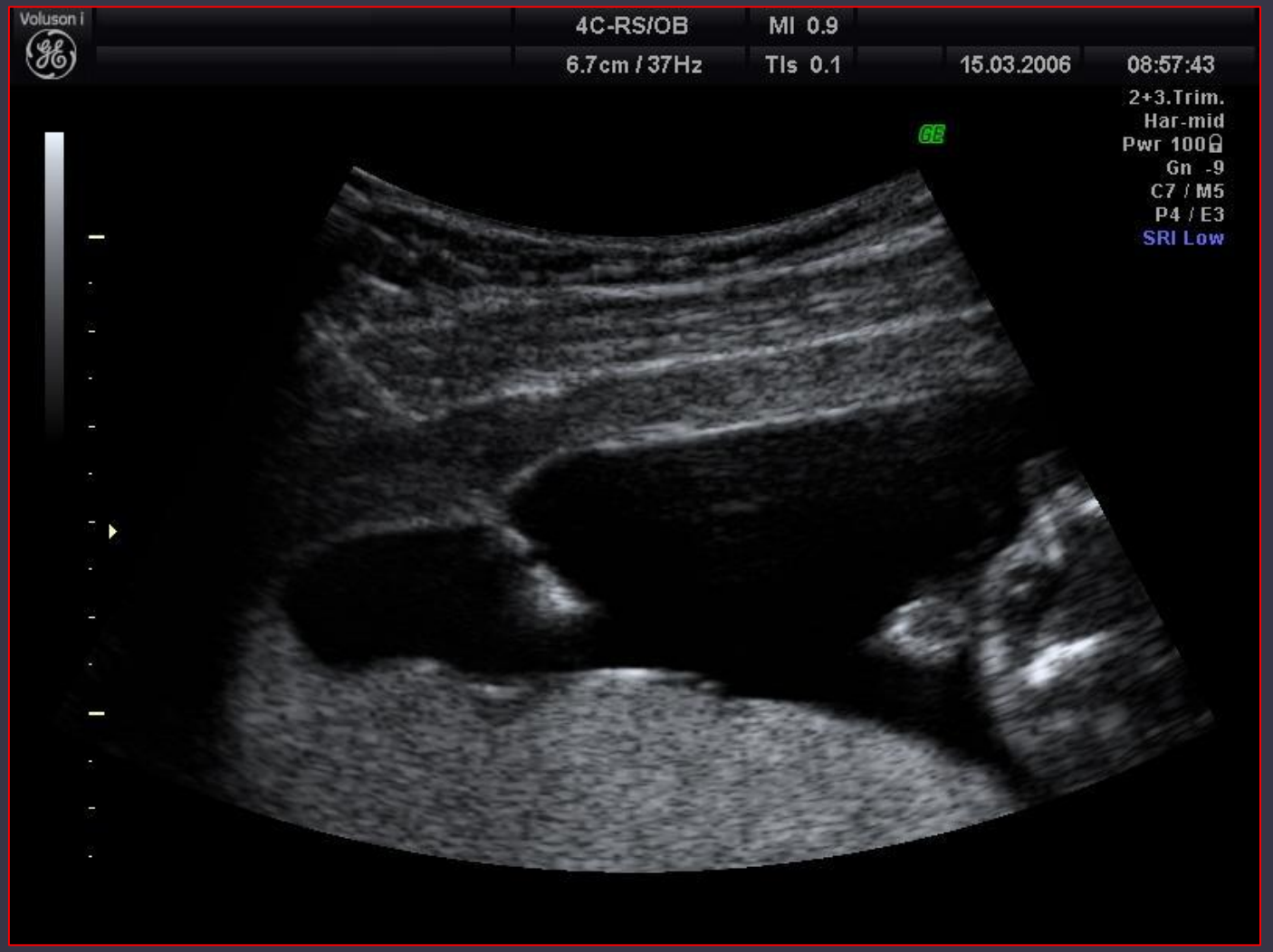
Hysteroscopy-guided endometrial biopsy and trans-vaginal US


حتى الاشيء
الذي يمر في اليوم نعمة
تستحق الحمد ،
كان بمقدور السوء أن يحلّ مكانه،
لكن الله رحيمٌ جداً..
INSTA:SA_M.S

PROCEDURES




SCIENCEphotoLIBRARY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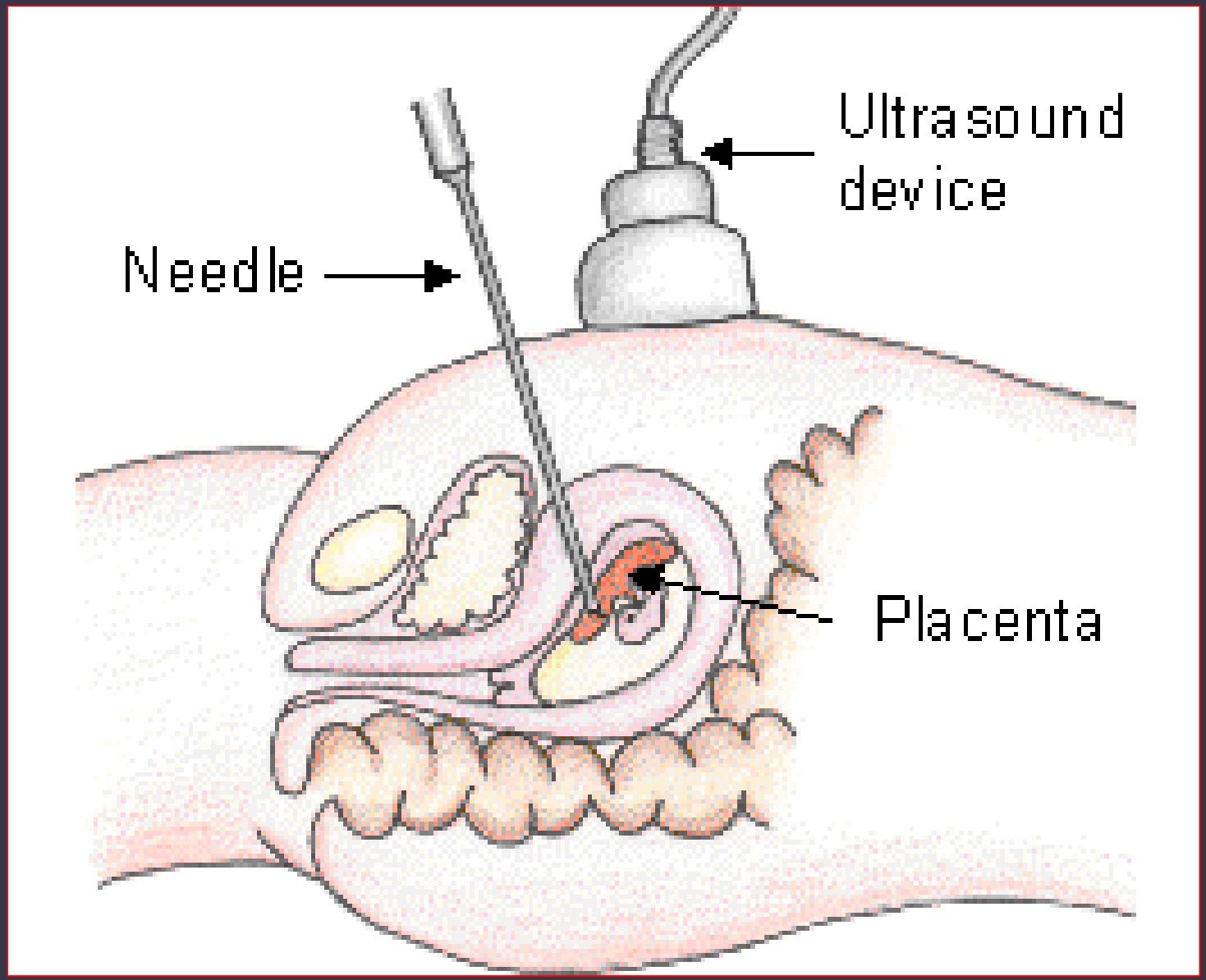
GE

Amniocentesis

1) routes
2) other invasive tests
3) type of cells
4) time to start
5) main complication
6) misscarage rate
7) other rcomplications
8) main disadvantage
9) time needed for culture
10) time needed for direct results / method used / abnormalities detected
11) mosaicism rate


Ultrasound device
Needle
Placenta

Chorionic villus sampling

1-routes
2-type of cells
3-time to start
4-main complication
5-misscarage rate
6-other complications (2*)
7-what is the disadvantages of earlier test (4*)
8-mosiacisim rate
9-time needed for culture
10-time needed for direct karyotype

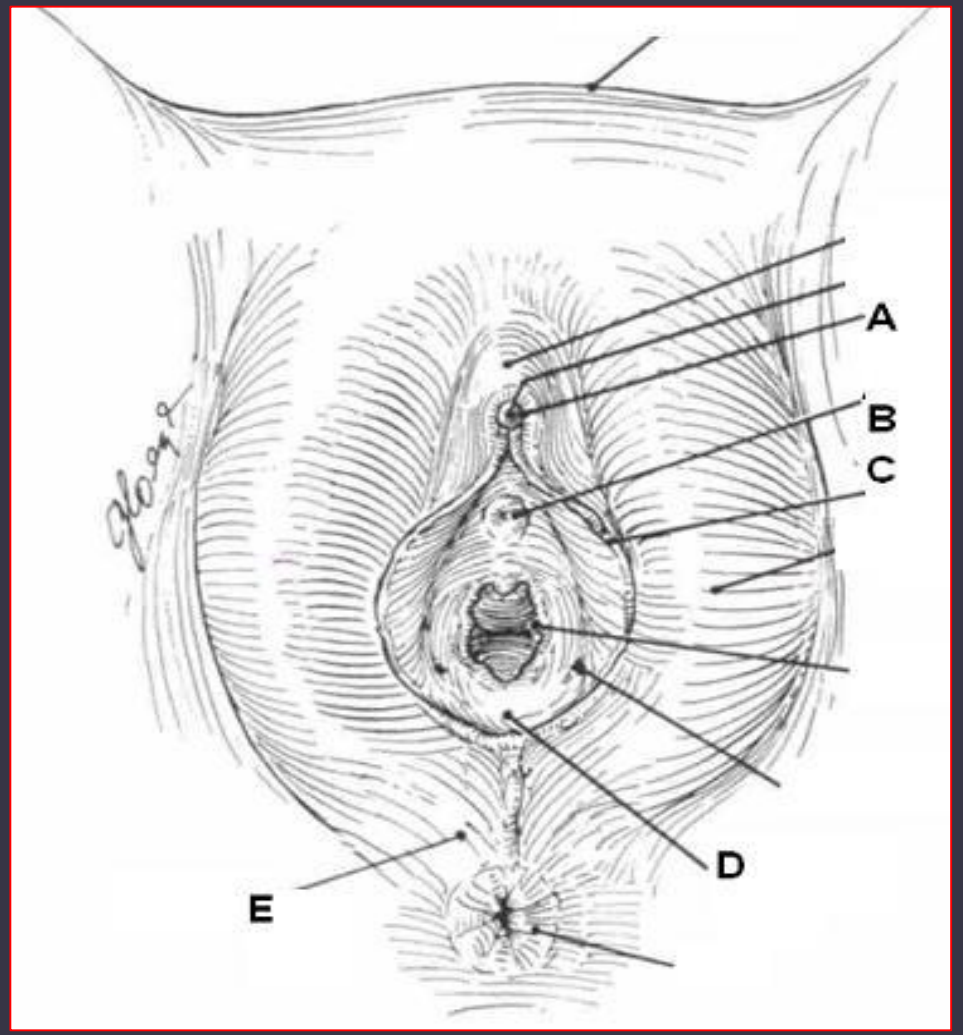
- إن عظيم الهمة لا يقتنع بالإكثار من الطاعات، وإنما يفكر أن لا تموت حسناته بموته.

OTHER

Question

name the anatomical landmarks

A. clitoris.
B. urethral opening.
C. labia minora.
D. fourchette.
E. perineum.



Question

- Write the letter correspond to the position:

1) left occipito-posterior.
B

2) right occipito-transverse..
C

3) right occipito-anterior.
E

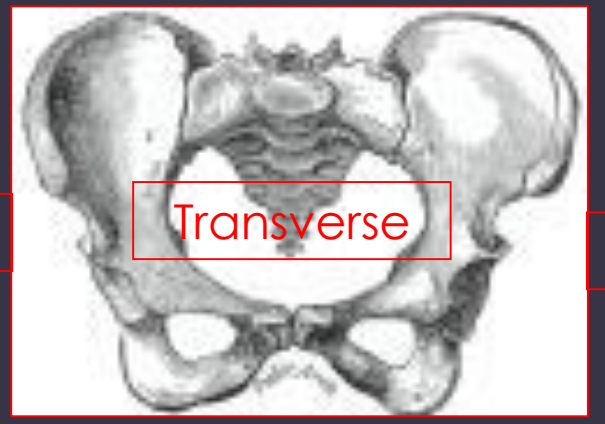
- what is the most common position?
left occipito-transverse

A

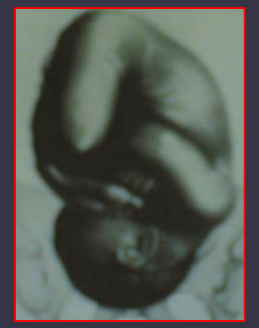
B

posterior

C



D



Anterior

E

F

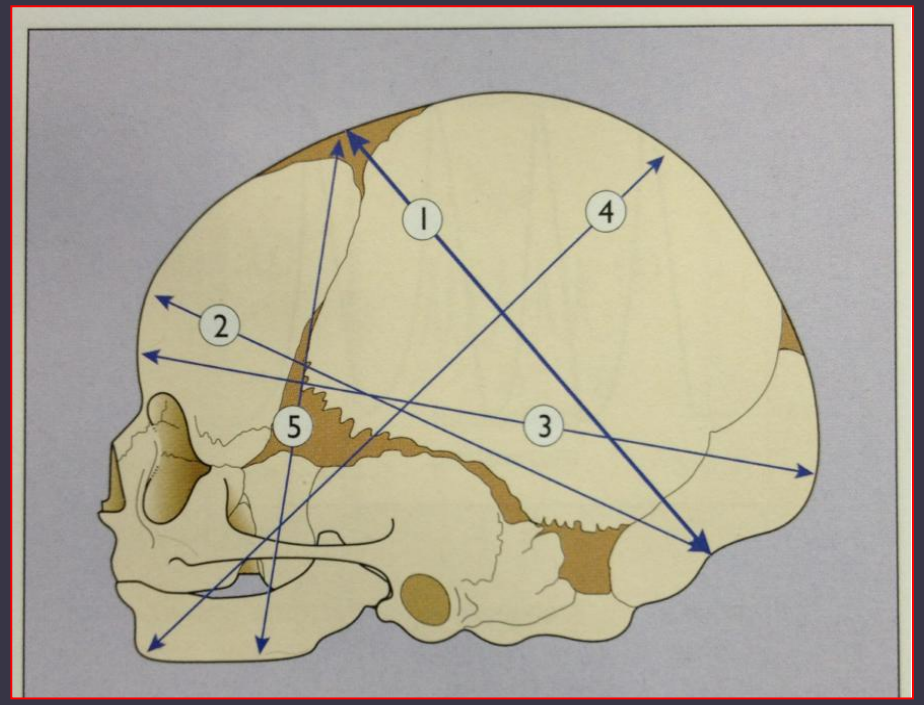
Question

1) what's the diameter in 1 :
Subocciptobregmatic (not 9.5 cm)

2) what's the diameter in 5 :
Submentobregmatic (not 9.5 cm)

3) what's the presentation in 1 :
Vertex cephalic

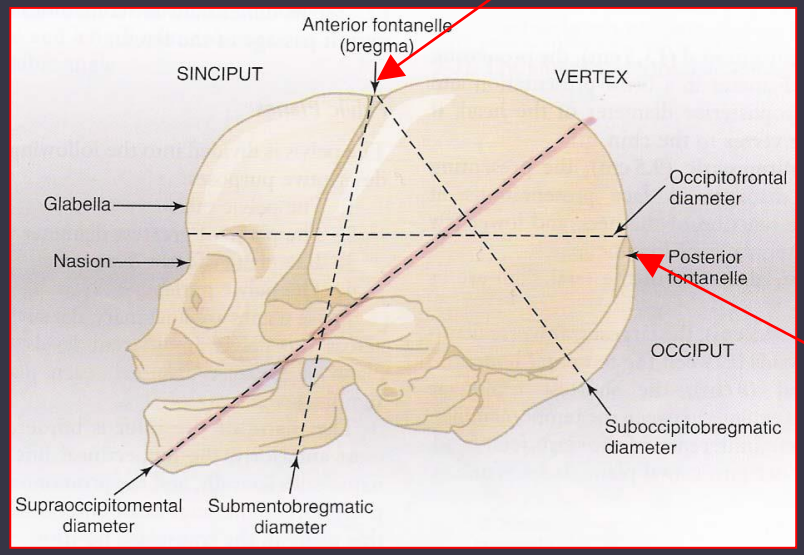
4) what's the presentation in 5 :
Face presentation

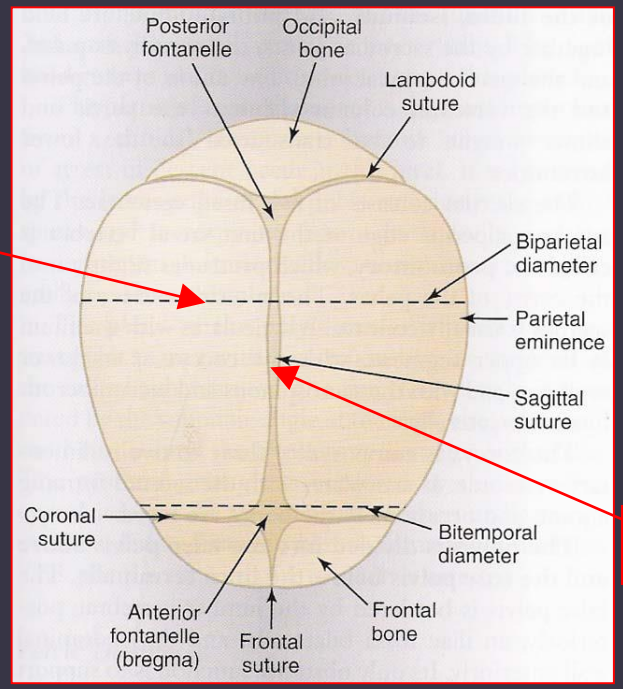


Diameter	Length	Presentation
1 Suboccipito-bregmatic	9.5cm	Flexed vertex
2 Suboccipito-frontal	10.5cm	Partially deflexed vertex
3 Occipito-frontal	11.5cm	Deflexed vertex
4 Mento-vertical	13.0cm	Brow
5 Submento-bregmatic	9.5cm	Face

Question

- name the following structures
  1. biparietal diameter
  2. anterior fontanelle
  3. posterior fontanelle
  4. sagittal suture





1

2

3

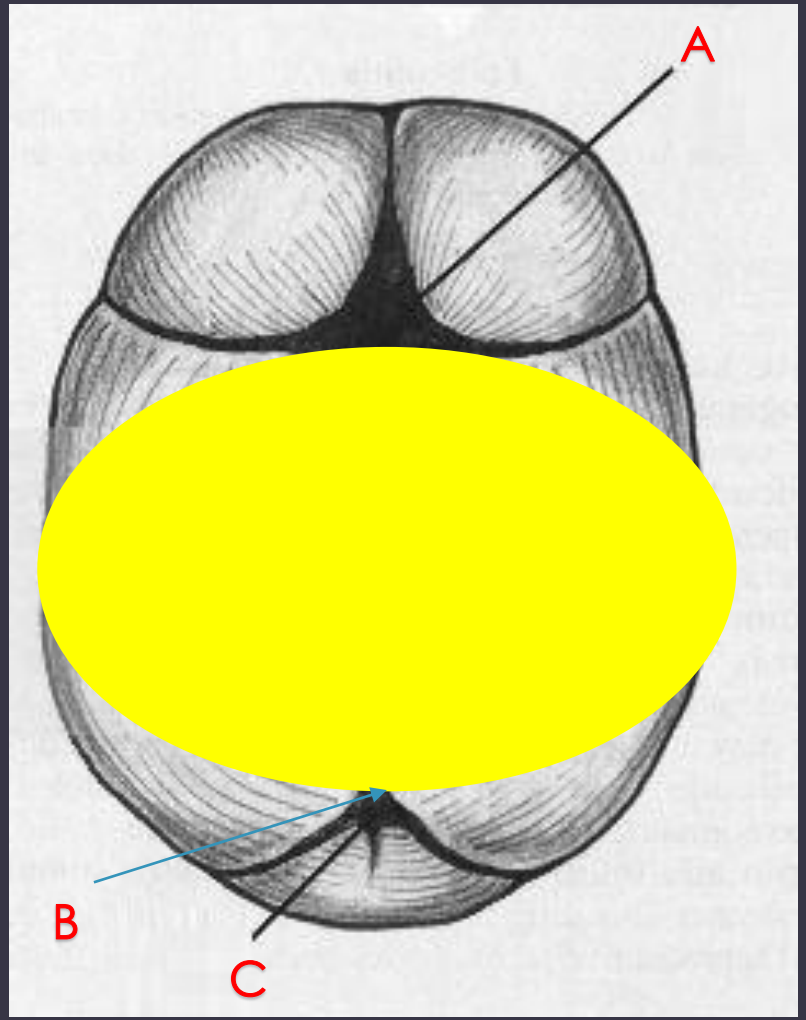
4

Question

1) What are the structures: A, B. C?
   A: Anterior fontanelle, B: Posterior fontanelle, C: Sagittal suture

2) What is the name of the area marked in yellow
   Vertex

3) If this was the presentation, what will be the name of the largest presenting diameter?
   Sub-occipitopregmatic



يا بني، مَن لا يعرف طريق النزول فسوف يسقط سقوطا، «حَقٌّ عَلَى اللهِ
أَنْ لا يَرْتَفِعَ شَيْءٌ مِنَ الدُّنْيَا إِلَّا وَضَعَهُ».

Question

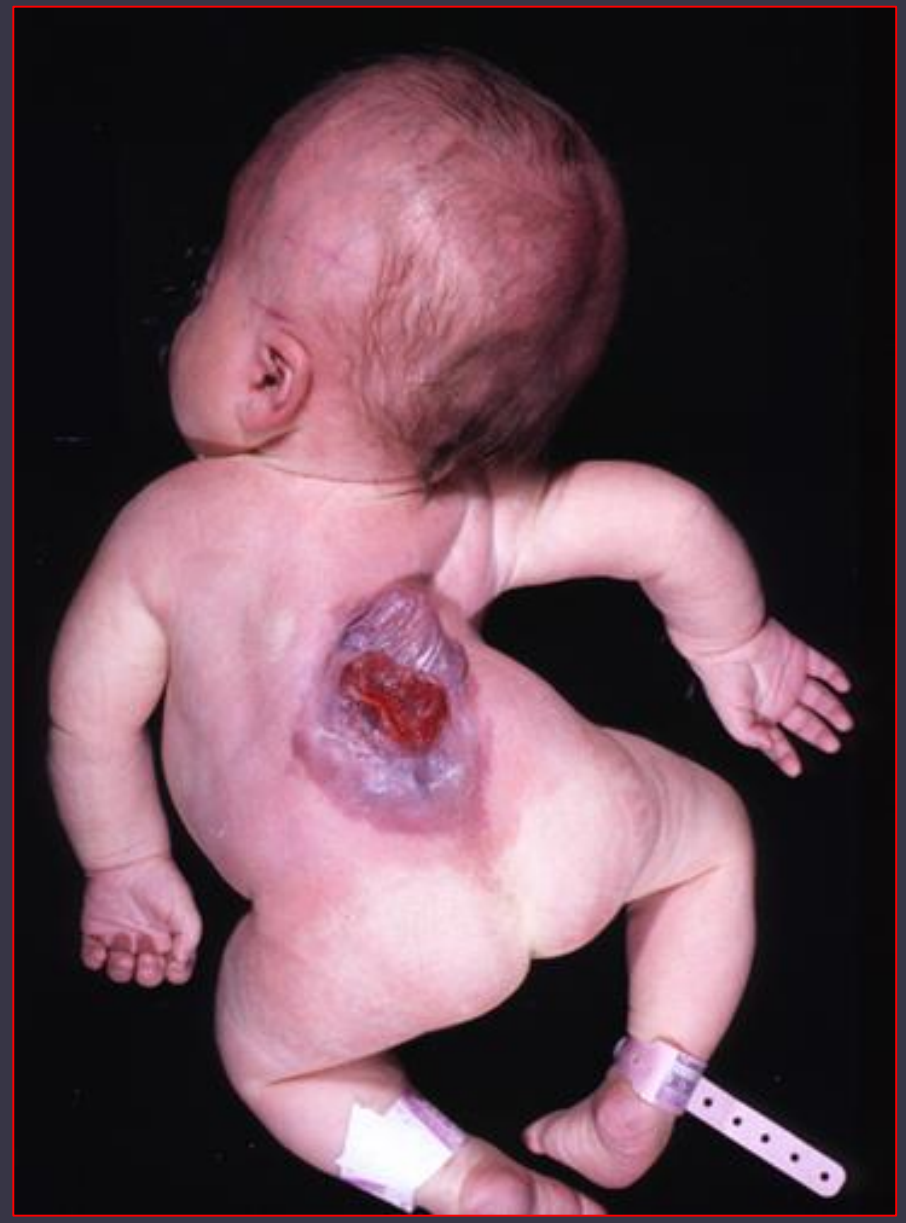
1. What's this anomaly.
   Sacrococcygeal teratoma.

2. Mention two complications during pregnancy.
   IUGR. Polyhydramnios.

3. How can you diagnose this?
   By ultrasound antenatally.

Question

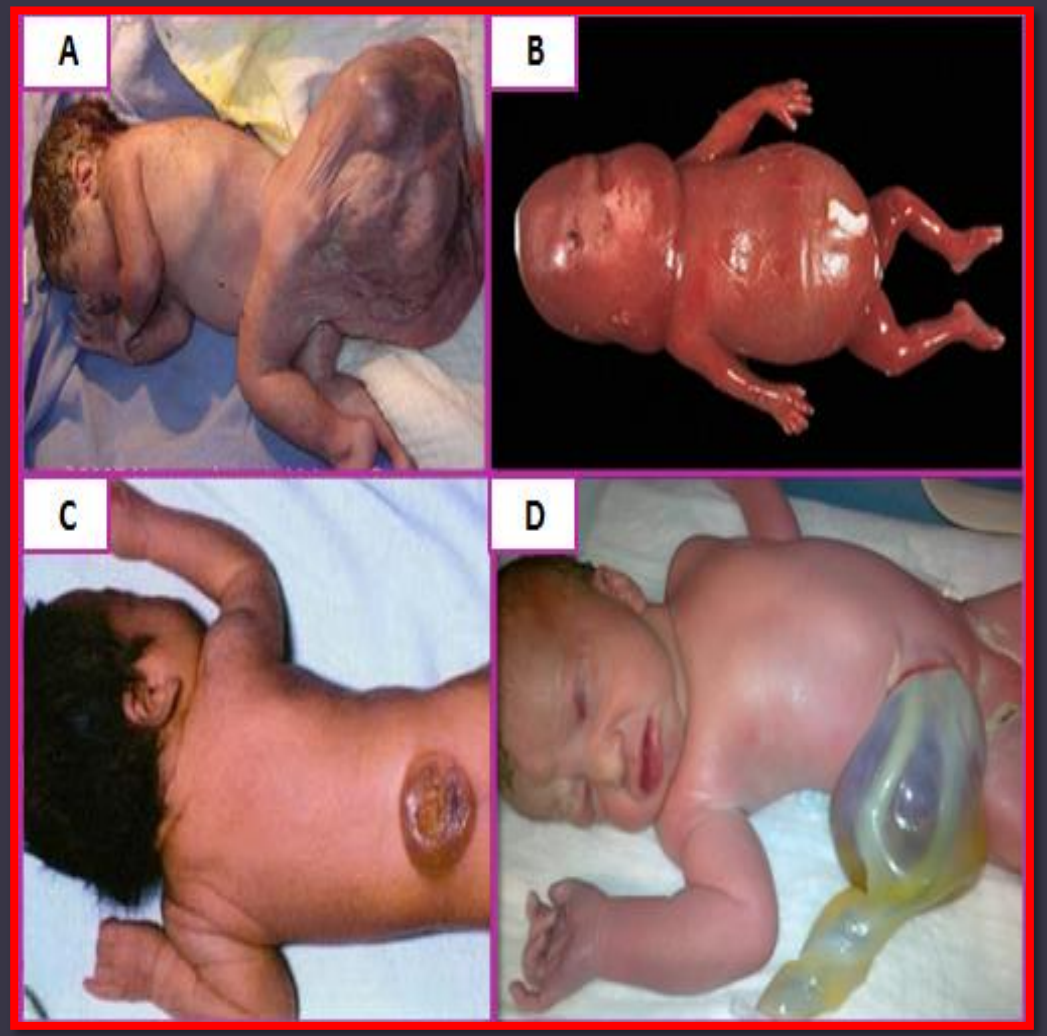
1. Name the congenital anomaly in the picture.
   Neural tube defect
2. Mention 2 possible causes for this anomaly.
   DM, use of anticonvulsants
3. How would you screen for this anomaly during pregnancy
   Detailed anomaly scan (14-20 weeks)
4. What would you advice the mother before future pregnancy.
   To start folic acid 4mg 3 months before pregnancy



Question

Name the congenital anomaly in each picture.

A. Sacrococcygeal teratoma.
B. Hydrops fetalis.
C. Spina bifida.
D. Omphalocele.

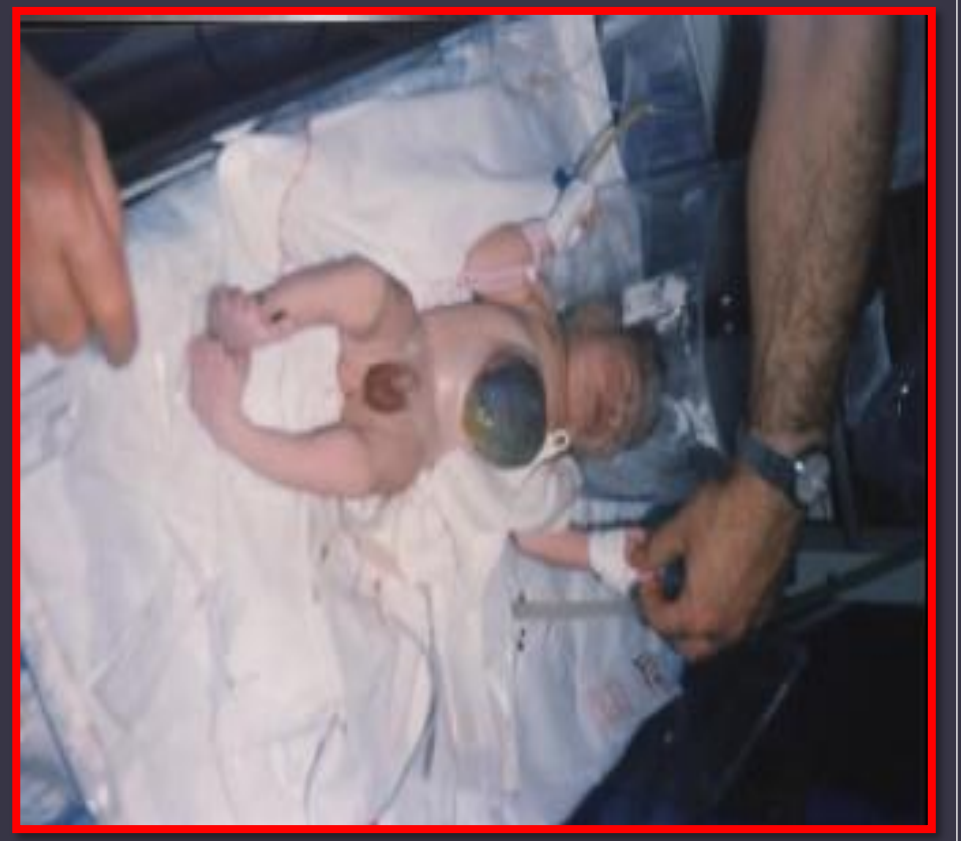


حفَّظتني أمي القرآن وعمري عشرًا، وكانت توقظني قبل الفجر فتدفئ لي الماء إذا كان الجو باردًا، ثم نصلِّي أنا وهي ما شاء الله لنا أن نصلِّي، ثم ننطلق إلى المسجد، وهي مختمرة، لتصلِّي معي في المسجد، ولما بلغت السادسة عشرة قالت: يا بني، سافر لطلب الحديث؛ فإن طلبه هجرة في سبيل الله.

أحمد بن حنبل

Question

1. What's your Dx?
   Omphalocele.
2. Mention 2 abnormalities associated with this condition.
   >> GIT, Heart anomalies, NTD, Lip/palate.
3. Mention 2 clinical presentations.
   >> I think, elevated AFP, Oligo- or Poly- hydramnios.



Question

1) diagnosis ?

Anencephaly

2) the earliest time to dx this anomaly ?

10-12 w

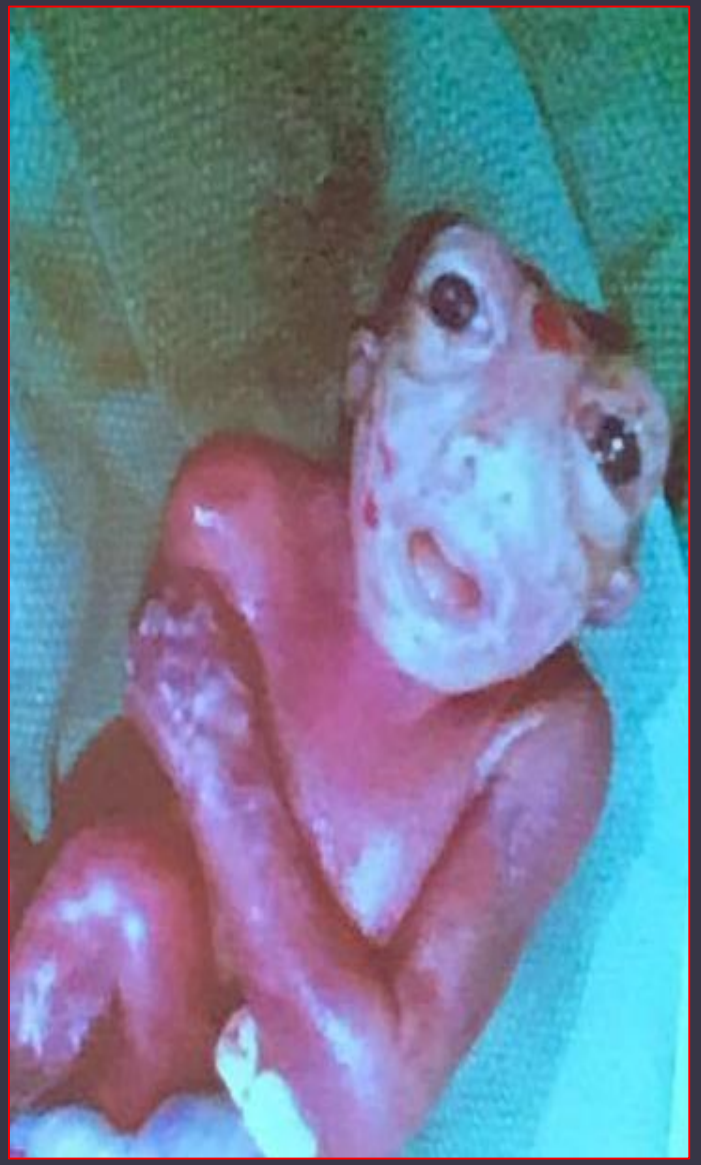
3) what is the usual fetal presentation during labor ?

FACE

4) mention 2 advices you offer regarding future pregnancies ?

-FOLIC ACID 3 months prior to conception (4mg/day)

- Early investigations and good ANC



Question

Hormone interpretation give the most likely diagnose about these result: The normal values: FSH=2-10 LH=2-10, Prolactin =2-25 TSH=0.5-5.7 Note: They'll give u the values & you have to compare them & interpret..

1)FSH=normal LH=normal Prolactin=elevated TSH=normal.
Hyperprolactimenia

2)FSH=normal LH=elevated x3 Prolactin=normal or elevated TSH=normal
PCOS

3)FSH=low LH=low Prolactin=normal TSH=normal
Hypogonadotropic hypogonadism

4)FSH=high LH=high Prolactin=normal TSH=normal
Ovarian failure (POF/ resistant ovary syndrome/ menopause)

5)FSH=normal LH=normal Prolactin=normal TSH=elevated.

Primary Hypothyroidism

ألا يخشى المسلم المتكاسل في الصلاة، المستثقل لها، المستعجل دوماً في أدائها، أن يكون طيلة حياته إنما كان يمارس «صلاة المنافق»! كم ستكون صدمة فاجعة إذا رأى صلاته عند لقاء الله محسوبة عليه من «صلاة المنافقين»، فتكون وبالاً وهو يظنها النجاة؟!

Question

1) what's the type of anesthesia?
spinal, epidural, or regional.
*Any of these consider as right answer.

2) give two complication?
a) headache
b) hypotension
c) urine retention

3) give two contraindication?
a) local or systemic infection
b) bleeding disorder
c) anatomical abnormality at the site of injection

Question

1) what's the name for the score that we use to assess the fetus at the time of birth?

APGAR- score

2) at what time interval?

a) at birth "1 minute"

b) at 5 minutes

c) at 10 minutes

*any two of these are right regardless the order

3) mention 4 component?

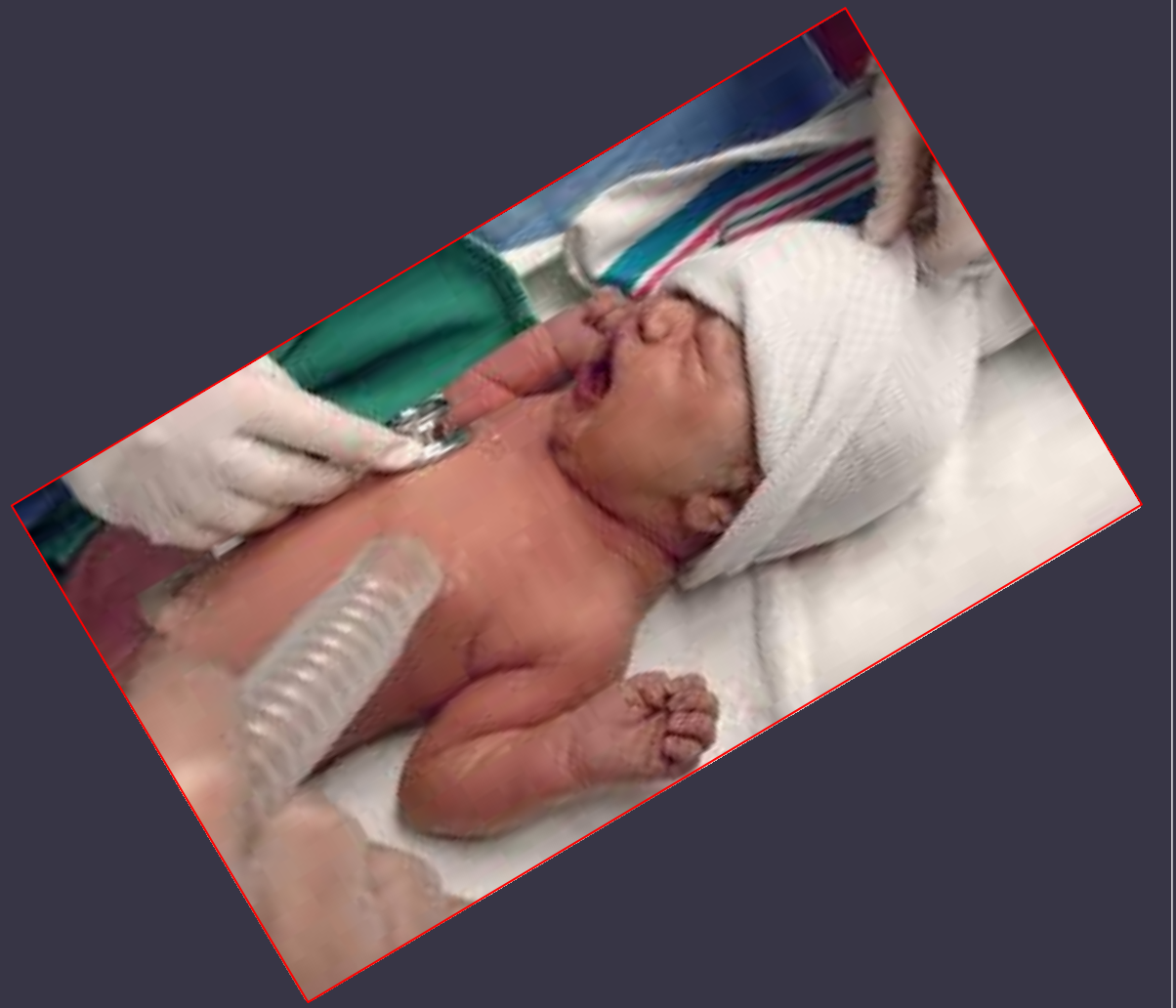
a) appearance

b) pulse

c) reflex

d) activity "tone"

e) respiratory effort



Question

16 YO female complaining of primary amenorrhea.

1. What is your Dx?
   Turner's syndrome.

2. Name 2 features for this condition?
   Wide nipples, Webbed neck.

3. What's the karyotype?
   45XO

4. What's the type of the gonads?
   Streaks of ovaries.

كان فجر يوم أربعاء،

وصوت الإمام بالصلاة يجلجل في السماء بهياً مهيبا

إذ فجأة

طعنه شخص من الخلف بسكين مسمومة في كتفه وفي خاصرته

ثم أخذ القاتل يسعى، لا يمرُّ على أحدٍ يمينًا ولا شمالاً إلا طعنه؛ حتى طعن ١٣رجلاً، مات منهم سبعةً،

الوضع مربع..مخيف..مصائب تتوالى

إذ أخذ الإمام الجريح بيد أحد المأمومين وقدمه للصلاة،فأكمل الصلاة بهم صلاة خفيفة

نُقل الإمام إلى بيته وقد غلبه النَزْف حتى غُشيَ عليه،

فلما أسفر الصُبح استيقظ فقال: أصَلَّى النَّاس؟

قالوا له: نعم.

قال: لا حظ في الإسلام لمن ترك الصَّلاة.

ثم توضَّأ وصلَّى،

قال ابنه:

"وتساند إليّ وجَرْحهُ يَثْعَبُ دمًا"

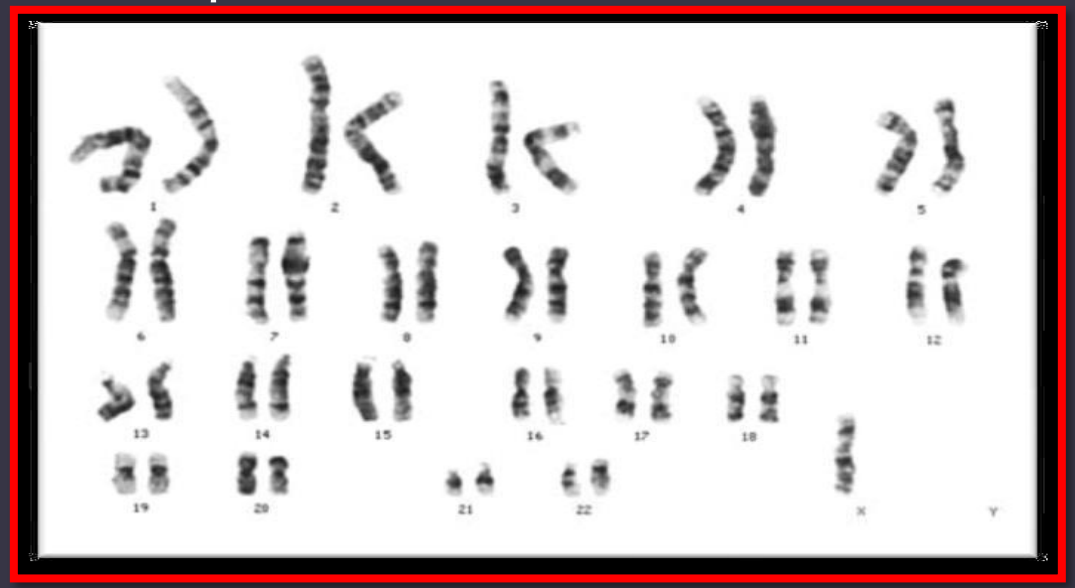
Question

This study was done for a 18 YO female came complaining from failure to develop secondary sexual characteristics.

1. What other clinical reproductive presentations pt may come complaining from?
   Amenorrhea, Infertility.

2. Give 2 late hormonal-related symptoms that pt will complain from.
   Hot flushes, Osteoporosis.

3. What gynecological CA the pt is at risk of?
   Dysgerminoma



Question

18 years old female pation comes to the clinic with no menses but having secondary sexual characteristic

1)Dx?

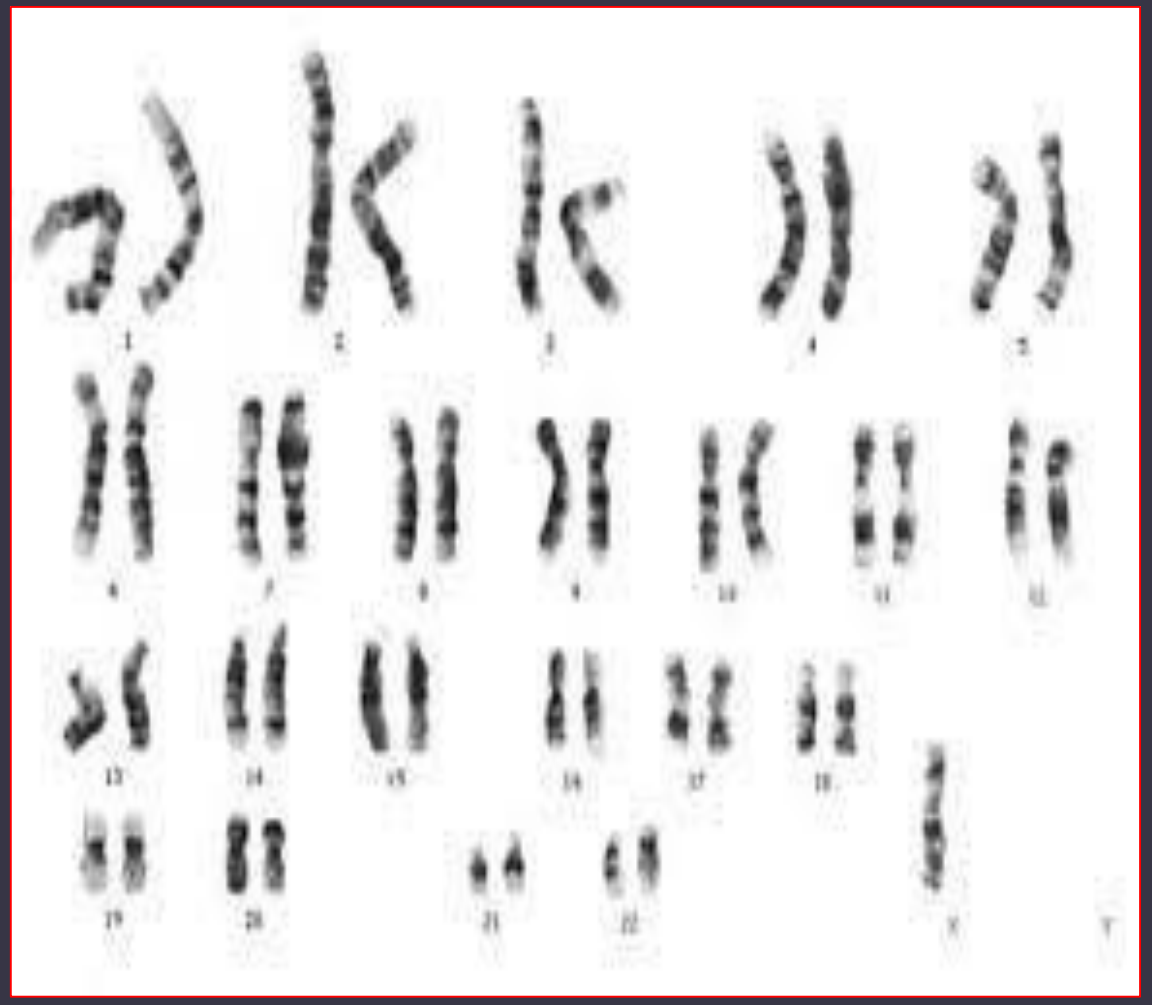
45XO / Turner syndrome / Primary amenorrhea (all were considered correct)

2)Name 2 gynecological related complication ?

A.infertility B. Osteoporosis

3)Treatment ?

Hormone replacement therapy



Question

1)Name 2 abnormalities?

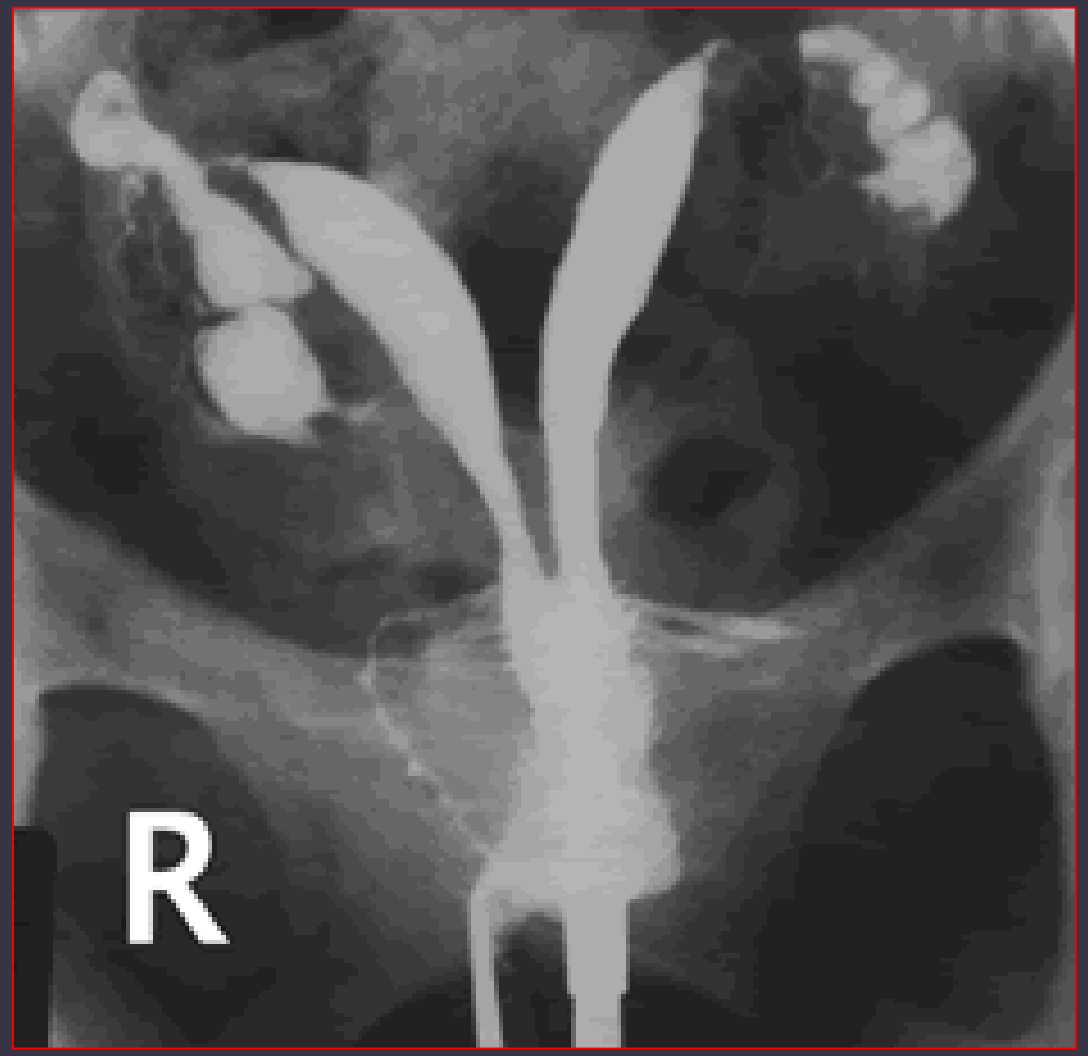
A. Bicornuate uterus
B. Bilateral hydrosalpinx (bilateral tube obstruction)

2.One invistigation to confirm the dx ?

Diagnostic laparoscope

3. Mention 2 obstetrical complication ?

A. Preterm labor
B. Recurrent abortion



ما أكثر النِّعم التي بين أيدينا وإنْ غفلنا عنها!!.

أقليلٌ أن يخرجَ الإنسانُ من بيته، وهو يهزُّ يديه كلتيهما، ويمشي على الأرض بخطواتٍ ثابتةٍ، ويملأُ صدرَه بالهواءِ في أنفاسٍ رتيبة عميقة، ويمدّ بصرَه إلى آفاقِ الكون، فتنفتحُ عيناه على الأشعةِ المنسابةِ، وتلتقط أذناه ما يموجُ به العالم من حَرَاك الحياة والأحياء؟.

إنَّ هذه العافية التي تمرحُ في سَعَتها، وتستمتع بحريتها ليست شيئاً قليلاً.

Question

The following are the booking investigations at 8 wk gestation|
Hb= 12 Plt 190 Bg O+ Hbsag –ve rubella IgG -ve

- Which one of them considered abnormal?
  Rubella
- How would you manage this case?
  Avoid contact and vaccine post delivery

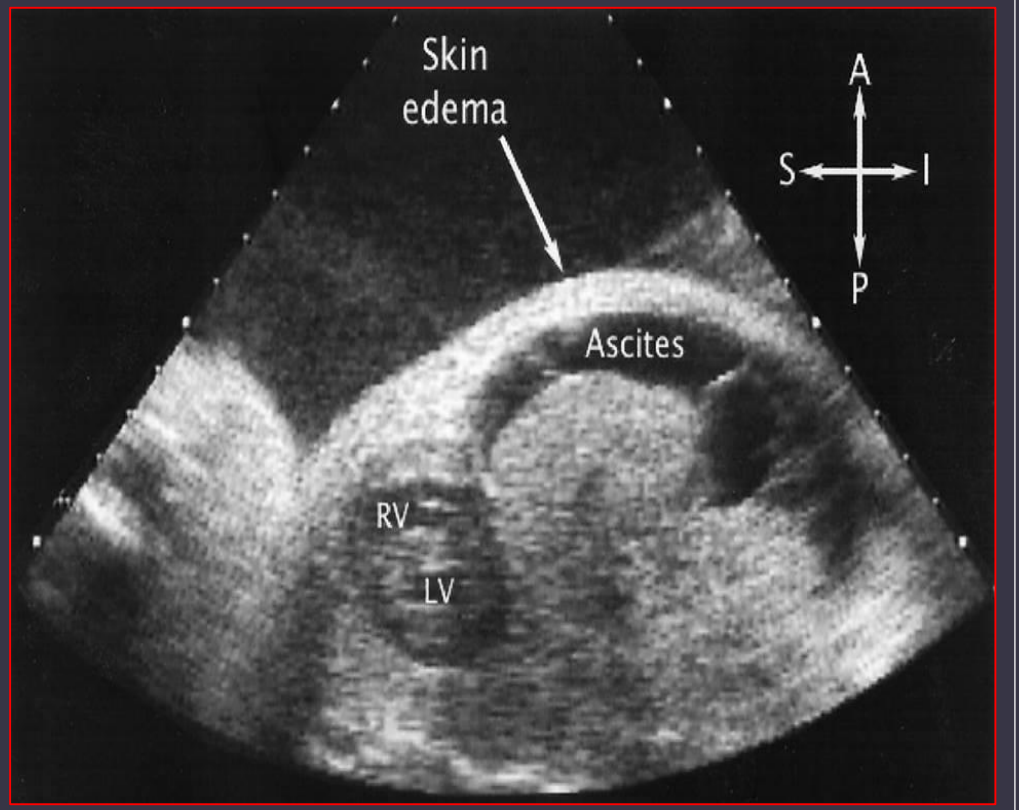
- Mention to other booking investigations?
  UA/ RBS and US

Question

1) what is the diagnosis?
   hydrops fetalis

2) what is the immunological cause of it?
   rhesus isoimmunization
3) how to reduce the cause?
   Check mother Rh group, Father Rh group, do indirect coo mbs' test if needed , give anti-d when indicated

4) give one management for isoimmunized mother?
   Intrauterine Fetal Blood Transfusion



Question

A couple presented to the clinic with primary infertility for 7 years, routine investigations showed normal level of FSH, LH, TSH, and a progesterone level of 30 nmol/L for the female. Semen analysis result was:

Count: 5 million/mL

Motility: 40% (A+B)

Morphology 4%

1) Mention 3 abnormalities in the results.

a. Sperm morphology. b. Sperm count. (a+b= oligoteratospermia)

c. Progesterone level.

2) What part of the routine investigations is missing?

Tubal patency test (HSG, hysteroscopy, etc…).

3) What would you offer this couple for management?

IVF (ICSI)

Latifa , تستهويني مقولة علي بن ابي طالب :

كل متوقع آت - منتظر الفرح سيحصل عليه -

وصاحب اليقين بفكرته ستتحقق ومسيء الظن

سيناله .. فتوقع ما تتمنى , وأعلم أنه "بعد مائة عام

من الآن لن يكون أحد منا هنا.. فلا تكن قاسيًا على

نفسك.. الأمر لا يتطلب كل هذا الحزن.." ❤️

All past questions

Mini-OSCE
6/8/2019
الجروب الأول – إحسان


Depo-Provera®
Contraceptive
Injection
medroxyprogesterone
injectable suspension
150 mg
Intramuscular
Depo-Provera
Contraceptive
Injection

قال رسول الله صلى الله عليه وسلم :

[إن الله ليرفع الدرجة للعبد الصالح في الجنة

فيقول :

يا رب أنّـى لي هذه؟

فيقول:

باستغفار ولدك لك]

- What's the name of this contraceptive method

It is an injectable contraceptive (IM)

- What the scientific name?

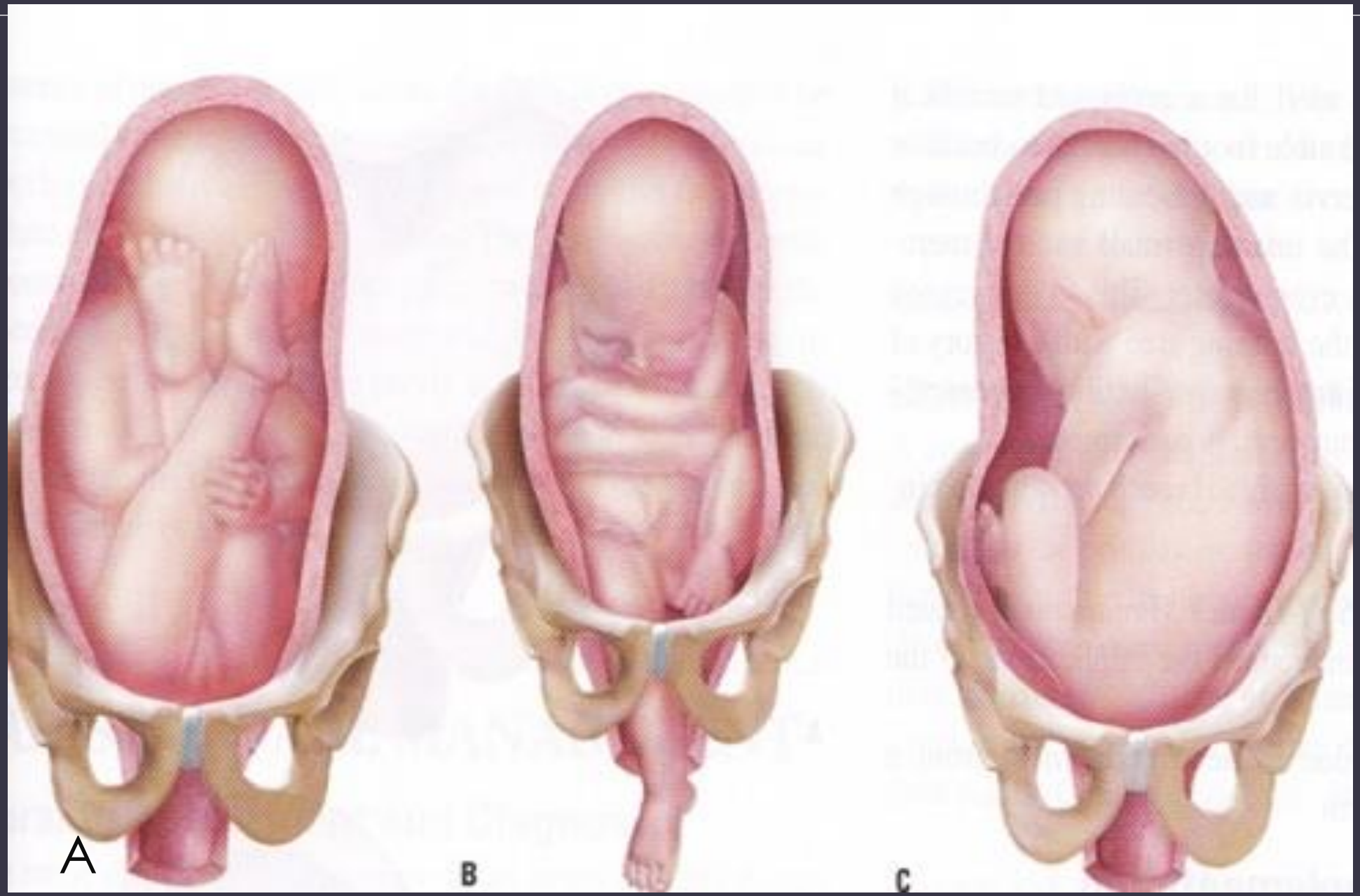
Depot medroxyprogesterone acetate (DMPA,Depo-Provera طبعا ما كان موجود اسمه بالصورة زي اللي فوق

- Name 3 benefits of this?
- It's not affected by other medicines.
- Doesn't require daily action.
  Decreases menstrual cramps and pain.
- How to tell patient how to use it and what time to take it

The 1st injection should be administered within five days after ' onset of menses .

Injections should be repeated every 3 months .

- Whats the MECHANISM of action
- prevent pregnancy by the inhibition of ovulation
- thickening the cervical mucus, thereby presenting a barrier for sperm penetration.
- changes to the endometrium make it an unfavourable environment for implantation


A
B
C

قال احد الصالحين :
مات أخ لي فرأيتهُ في المنام فقلت
يا أخي: ما كان حالك حين وضعت في
قبرك؟ قال: أتاني آتٍ بشهاب من نار
فلولا أن داعياً دعى لي لهَلكت

- الحب دعاء .

- What is the difinition of :

Lie :The relationship of the long axis of the fetus to the long axis of the mother

Denominator: arbitrary part of the presentation

Whats the presentation

A)Frank breech

b)Footling breech

c) Complete breech

What are findings by abdominal examination for this presentation

- 1_Ballotable head at fundus
- 2_Soft presenting part
- 3_Fetal heart auscultated more commonly above umbilicus

Whats the dominator for this presentation

Sacrum

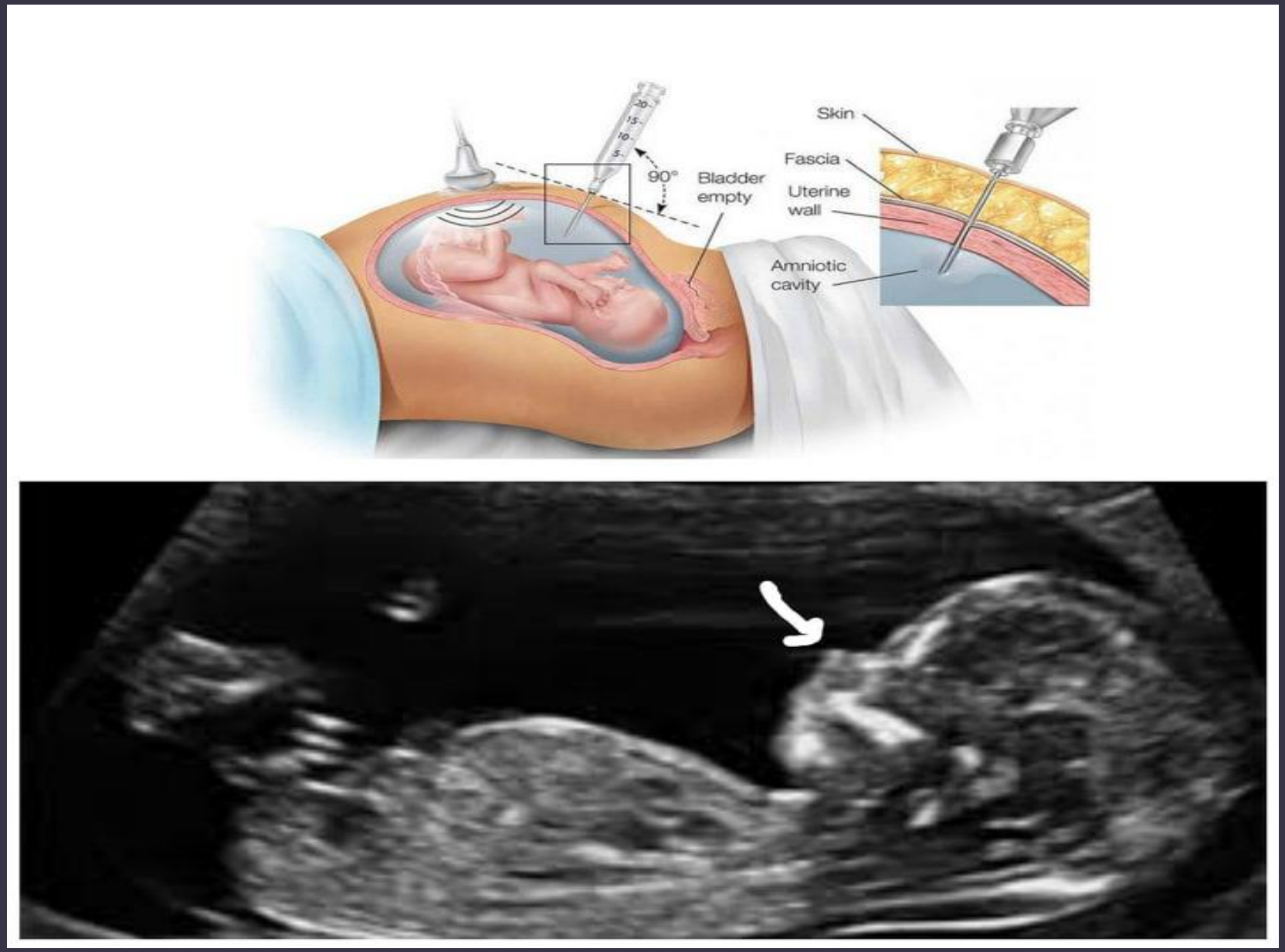
Engagement diameter 10 cm

What is the risk found in (b) more than other

I think>>> cord prolapse

Pregnant women comes to obstetric room by examination she has presentation in picture (c) and she want to deliver vaginally>>>

**Can you deliver it vaginally and how ? Yes, by external cephallic version


Skin
Fascia
Uterine wall
Amniotic cavity
90°
Bladder empty

WHATS the conginital anomale

Dawn syndrome

What's the structure pointed by arrow, and whats the benefit of it?

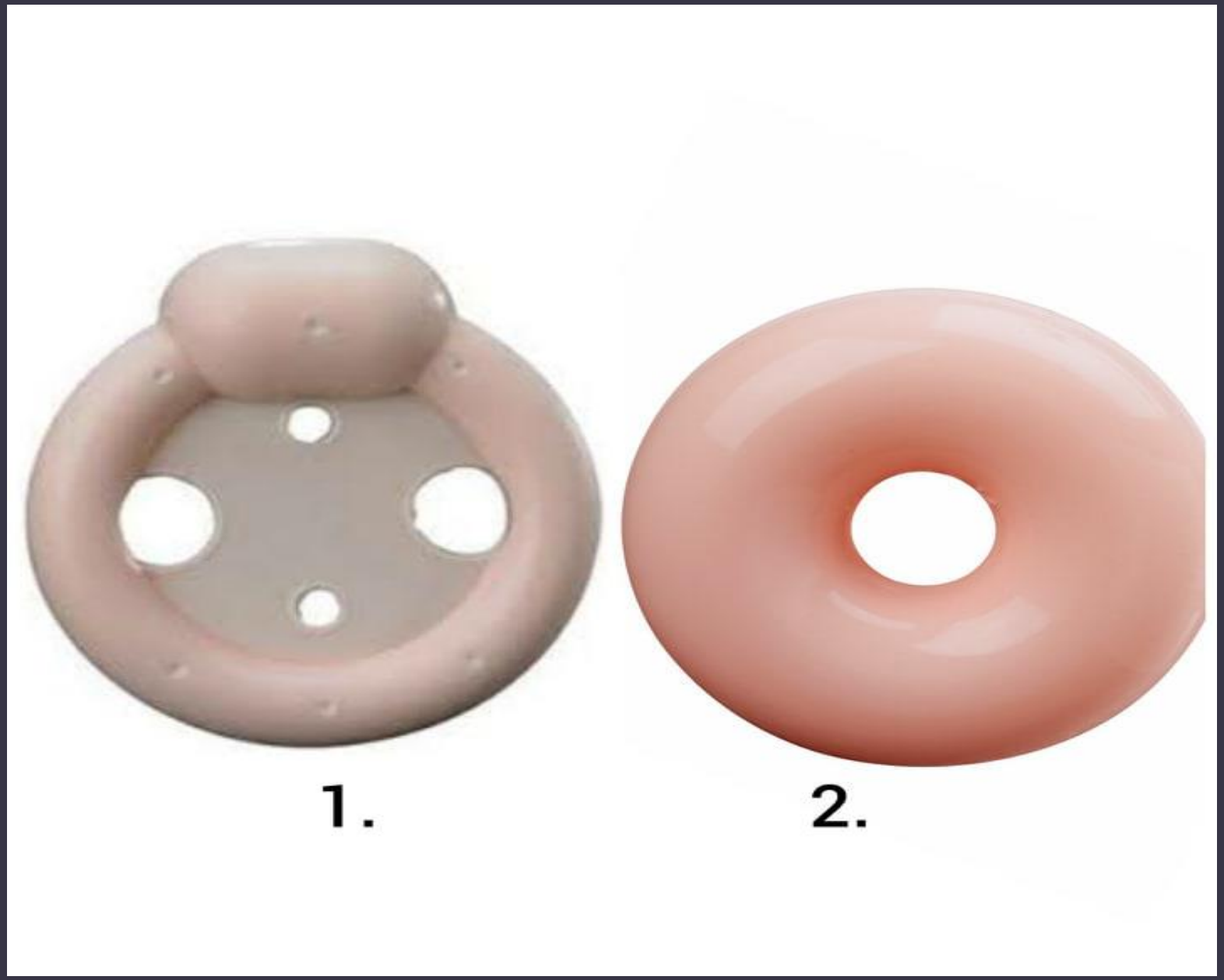
A)What the procedure done ,

B) and what the benefit of it

C)What the risk of it when its done

D)at which gestational week you can do it?

What are screening test used for diagnosis of this conginital anomaly ,, and when it done??


1.
2.

Whats the Name of this two devices?

(1) **Support Pessary: Ring Pessary**

(2) **Space- Filling Pessary: Donut**

Write 3 indications to use them

1. **As a therapeutic test.**
2. **Medically unfit for surgery or refused surgery.**
3. **During and after pregnancy.**
4. **While awaiting for surgery.**

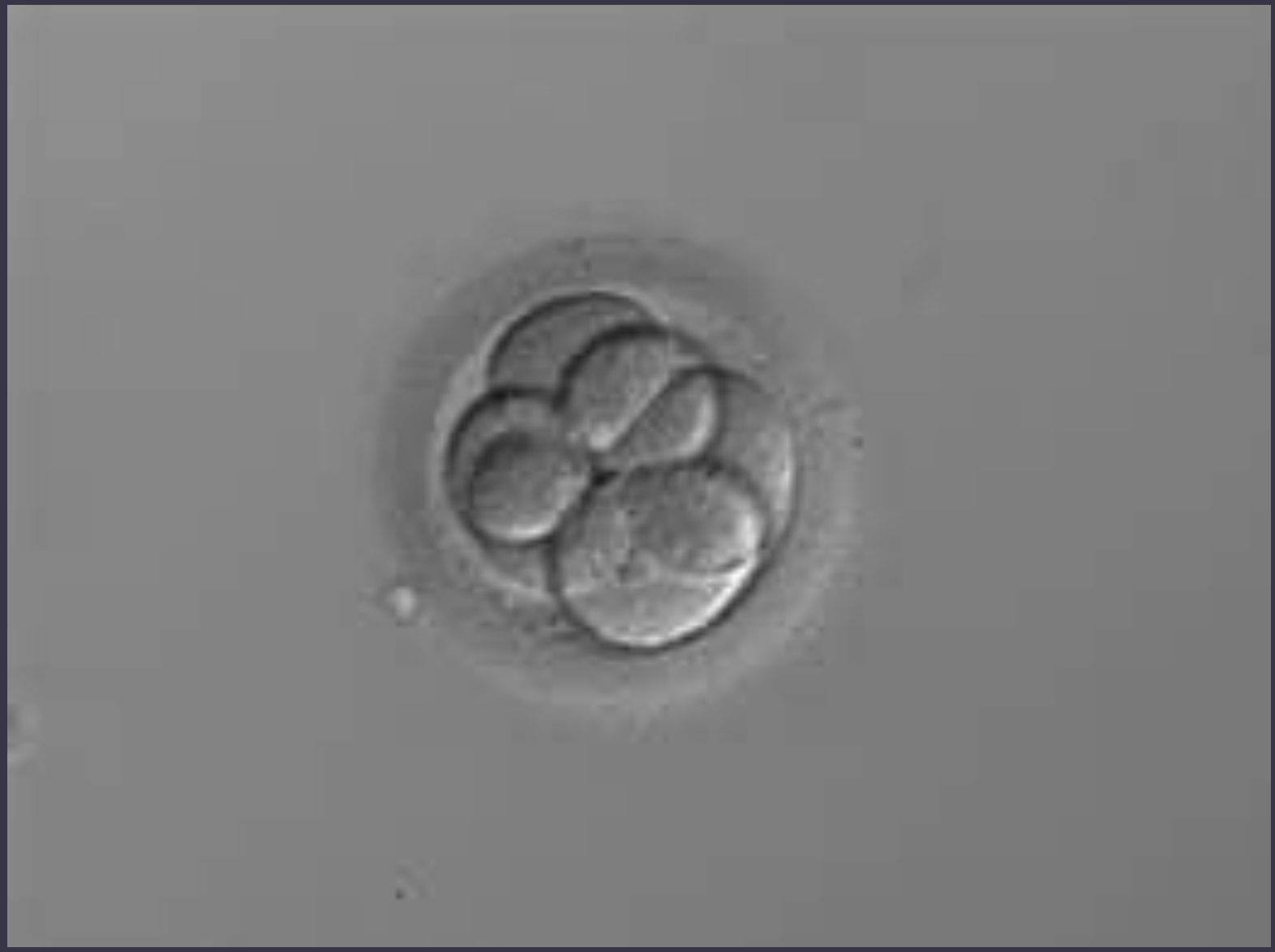
What the advantages of type A over type B

1)Easy to insert , can be inserted by patient her self

2) Can have intercourse during use it

Which one you chose for 70 years old female complaining of organ prolapse??

Type b



- What do you see in image?
- 6-8 cell stage empryo
- What technique used ?? In vetro fertalization
- Why YOU CHOOSE this technique in this case?
- Three medication used in this technique?
- What Percentage of ectopic pregnancy in this technique? 5%
- What Percentage of miscarriage?
- When you transfer it to be implanted ?

OSCE stations

- Pre term
- Small for gestational age
- PCOS
- طبعًا كل تفاصيل السلايد مهمة

أَعُوذُ بِاللَّهِ مِنَ الشَّيْطَانِ الرَّجِيمِ

بِسْمِ اللَّهِ الرَّحْمَٰنِ الرَّحِيمِ

ثُمَّ إِنَّ رَبَّكَ لِلَّذِينَ عَمِلُوا السُّوءَ بِجَهَالَةٍ

ثُمَّ تَابُوا مِن بَعْدِ ذَٰلِكَ وَأَصْلَحُوا

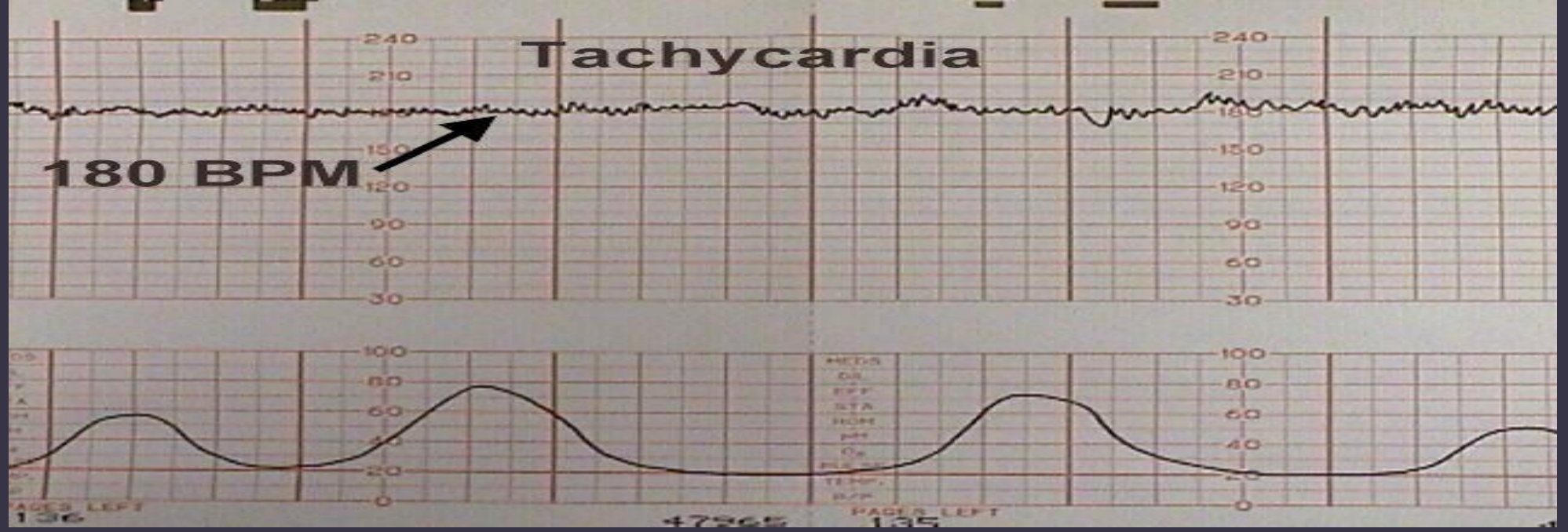
إِنَّ رَبَّكَ مِن بَعْدِهَا لَغَفُورٌ رَّحِيمٌ

النحل 119

OBS & GYNE MINI-OSCE SIXTH YEAR 2019

الامتحان كان طويل ووقته قصير(40 دقيقة) , وكان مطلوب نقاط كثيرة بأغلب الافرع واحنا نعرف نصهم , وعلاماتنا كانت سيئة كثير فيه بس تفاءلو

Q 1



39 weeks gestation came with ROM 4 hours ago .

•What do you see on CTG ?

Abnormal CTG , fetal tachycardia

•What is the underlying cause ?

Chorioamnionitis

•What other clinical findings might support your diagnosis ?

Fever , abnormal vaginal discharge ?

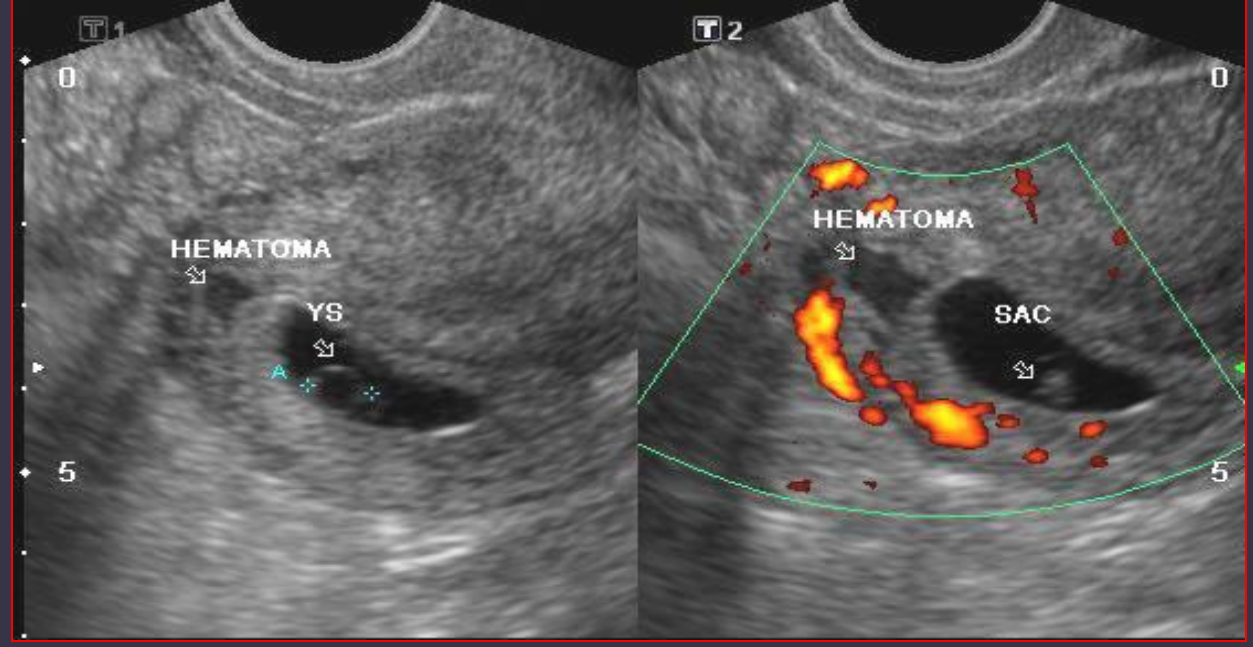
•How to manage ?

Antibiotic and deliver vaginally

•Mention 2 complications ?

Post partum hemorrhage , neonatal sepsis

Q 2



This lady came with history of 8 week amenorrhea ,vaginal bleeding and lower abdominal discomfort .

•What is the diagnosis ? And why ?

Missed miscarriage , because no fetal heart activity on doppler US

•Mention 3 bimanual examination findings ?

Small uterus for gestational age , closed cervix , ?

•Serious complication you should avoid ?

DIC

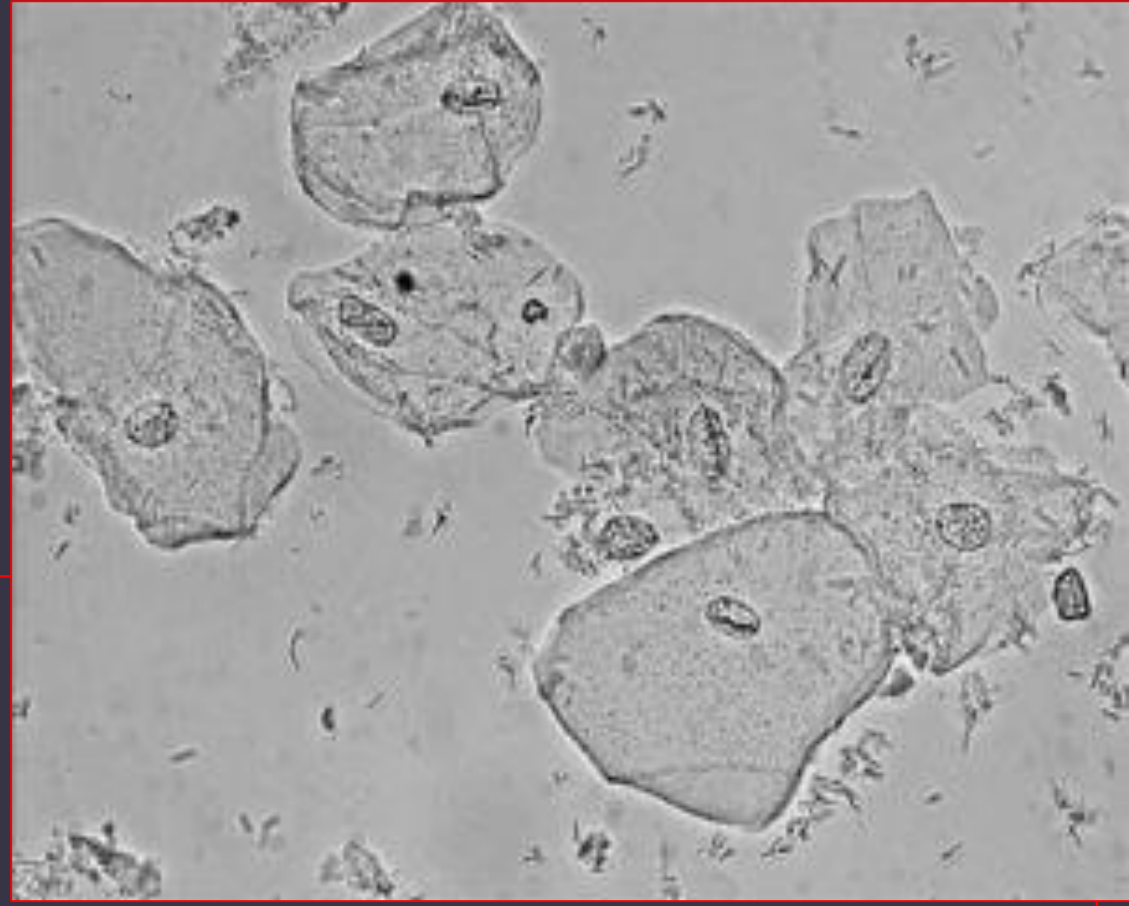
•What lab investigations you should order ?

PT , PTT , fibrinogen , platelet count

من كلمات الشهيد المجاهد(أبو البراء)
الطريق إلى المعالي الطريق الذي يسير عليه أصحاب الدعوة ليس طريقاً سهلاً بل محفوفاً بكل أصناف الأشواك ولن تبلغ المعالي حتى تتخطى كل معالم الصمت والهزيمة والانكسار ولن تبلغ المجد حتى تلعق الصبر .

Q 3

الصورة اللي اجتنا كانت واضحة كثير وكان مكتوب عليها (clue cells)



•What is the diagnosis ? And what is the organism ?
Bacterial vaginosis , Gardnella Vaginitis
•Mention 4 other tests for diagnosis ?
Whiff test , culture , PH , gram stain
•What is significant feature this patient have ?
Fishy odor vaginal discharge
•What is the treatment ?
Metronidazole 500 mg orally twice a day for 7 days
•What hygiene advice you should give this patient ?
Don't do vaginal douching
•If this patient came with 19 weeks gestation , what are most common complications that might happen ?
Preterm labour , neonatal sepsis

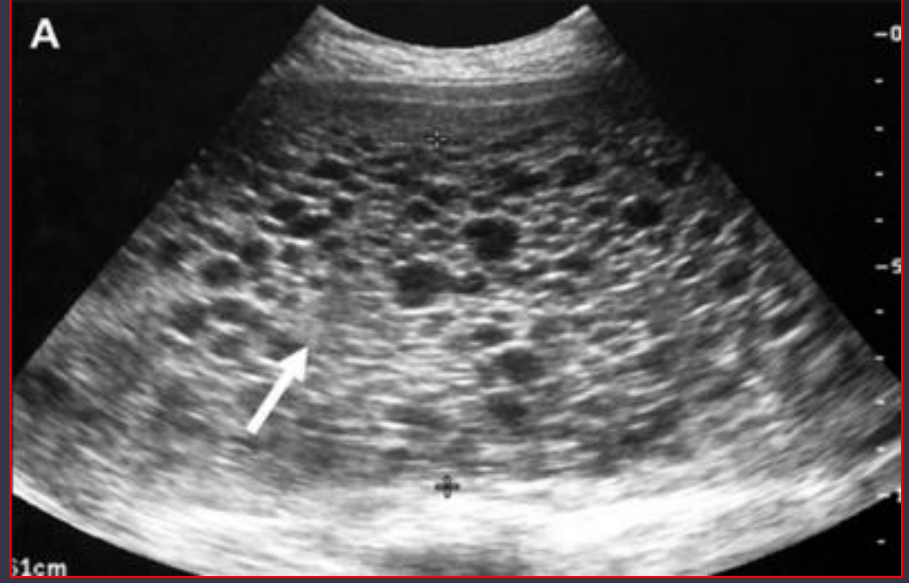
Q 4

No pic in this question

36 year-old patient came with severe chronic lower abdominal pain and menorrhagia since 2 years , on examination the uterus size was normal , on pelvic examination there were painful nodules in posterior fornix

•What is your diagnosis ?
Endometriosis
•How to confirm it ?
Laparoscope
•Give another gyne presentation this patient may suffer from ?
Deep dysparuenia , dysmenorrhea
•Another finding on examination ?
Lower abdominal tenderness , fixed retroverted uterus
•What is the surgical treatment ?
Hysterectomy

Q 5



Lady who is 8 weeks gestation came to you complaining of vaginal bleeding .

•What do you see ?

Snow storm appearance

•What is your diagnosis ?

Complete hydatiform molar pregnancy

•What other finding you might see on US ?

Theca lutien cyst

•What is the treatment ?

Suction curretage

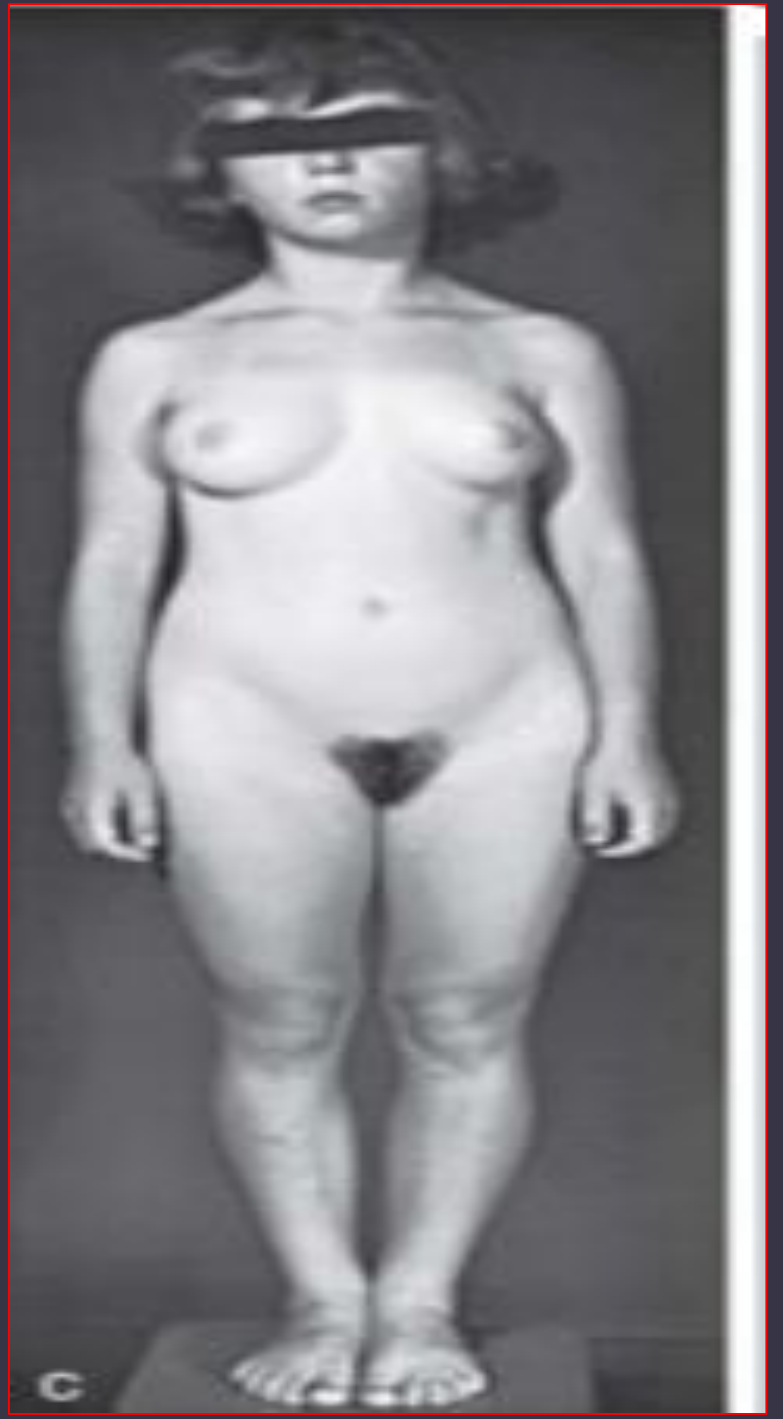
•What would you advise her after she has completed treatment and before discharge from hospital ?

Follow up with B-HCG every week , and use double contraception method

Q 6

This female is 8 years old , came with her mother due to vaginal discharge .

•What is the diagnosis ?
precocious puberty
•Mention 2 features in this picture that confirm your diagnosis ?
Thelarche (breast budding)
Pubarche (pubic hair)
•What's your concern and why ?
Short stature due to premature closure of metaphysis ?
•6 investigations you should order to confirm ?
FSH , LH , testesterone , pituitary MRI …??
•What is the treatment ?
GnRH agonist



﴿هَلۡ أَتَىٰ عَلَى ٱلۡإِنسَٰنِ حِينٞ مِّنَ ٱلدَّهۡرِ لَمۡ يَكُن شَيۡـٔٗا مَّذۡكُورًا﴾..

هذا الذي لم يكن شَيئاً مذكوراً؛ وَيحَه يُحِبُّ الذِّكْر..

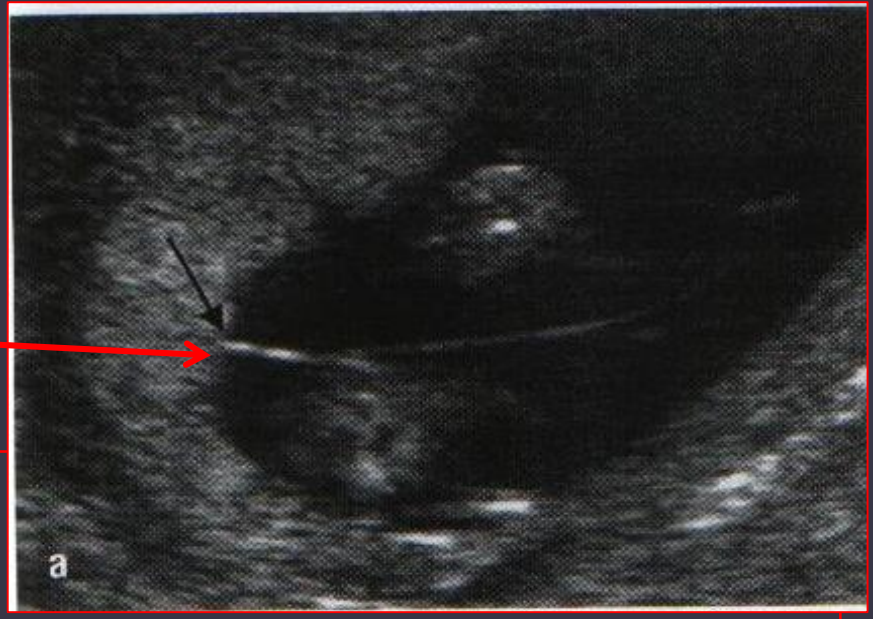
Q 7

No pic in this question

Pregnant 24 weeks gestation came to your clinic , her booking investigations :
Hb 11
WBCs 5.6
Plt 294
FBG 190
Urine analysis +2 glucose
Urine culture negative

•What is the abnormality in her test ?
High fasting blood glucose FBG , glucosuria
•Mention other investigations you need to support diagnosis ?
OGTT , HBA1C
•Mention 5 fetal assessment you need to look for in this pregnancy ?
Detailed anomaly scan , AFI , estimated fetal weight .. ??
•Mention 3 obstetric complications associated with this abnormality ?
Preterm birth , CS , obstructed labor
•What's your management goal ?
HBA1C < 6 …???

Q 8



•What is the name of the sign (arrow)

T sign

•What is the type of this pregnancy ?

Monochorionic diamniotic

•On 12 weeks gestation what are you should look for on US ?

Viability , chorionicity , fetal survey , nuchal transluscency

•On 18 weeks , you find one baby with polyhydramnios and the other with oligo , what is the name of this presentation ?

Twin-twin transfusion syndrome

•Mention 4 US findings to confirm diagnosis ?

Growth discordancy > 20% , same sex , monochorionicity ,

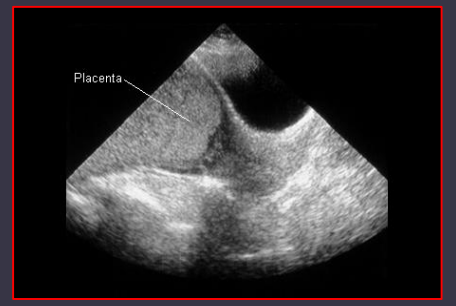
•On 22 weeks , if you see one fetus dead , what serious complication associated with it ?and how to confirm it ?

DIC , by PT , PTT , fibrinogen , plt count

MINI-OSCE OBS & GYN
18/10/2018
وتين 1


وَأَمَّا مَنْ خَافَ
مَقَامَ رَبِّهِ وَنَهَى
النَّفْسَ عَنِ الْهَوَى
فَإِنَّ الْجَنَّةَ هِيَ الْمَأْوَى

Q1 :



Q1 : Hx of multipara with previous history of CS come to you complained of bleeding after 32th week of pregnancy , the U/S presented below :

1-- What is the diagnosis ?

Placenta previa

2- What is the treatment ?

Dr. Ahlam slides

3- what are the signs you look on during abdominal examination :

Malpresentation , abdominal tenderness (exclude abruption) , amount of liquor …

4- what is thing you should consider during CS of that patient ?

Vertical incision (because most probably it is anterior)

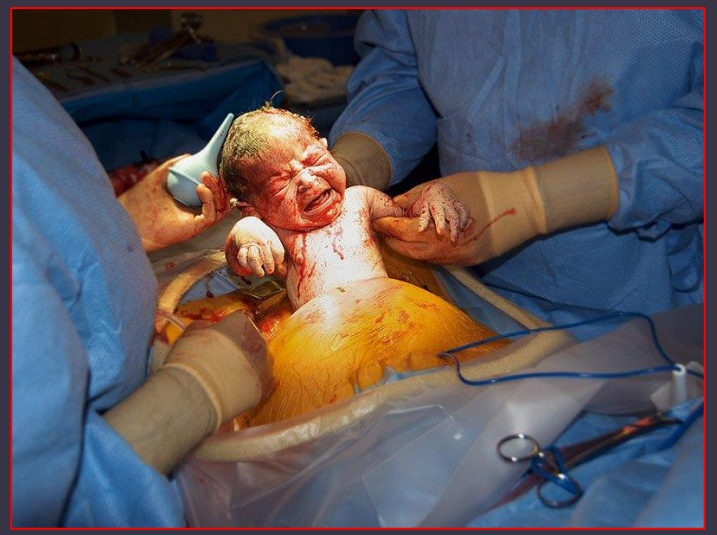
Q2 :

1-What is the operation ?
CS

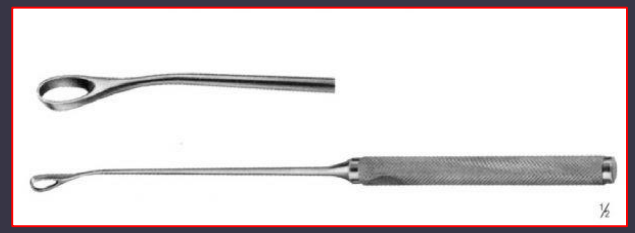
2- Most common indication for primigravida ?
fetal distress

3- Early complications of CS ?
mention 6 (Seminar)

4- mention layers that you cut in anterior abdominal wall



Q3:

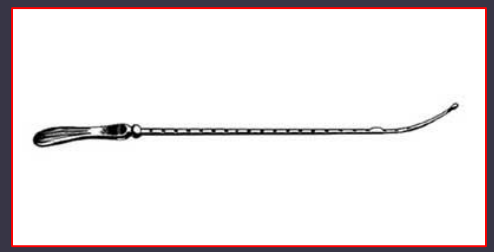


1-naming them ?

2-operation could be used for:
dilatation and curettage , Hysteroscope

3- early and late complications for that procedure ?
Cervical laceration , Uterine perforation, Asherman , Infection

4- pre- requests :
GA , Lithotomy position and cleaning the area by sponge forceps



Q4:

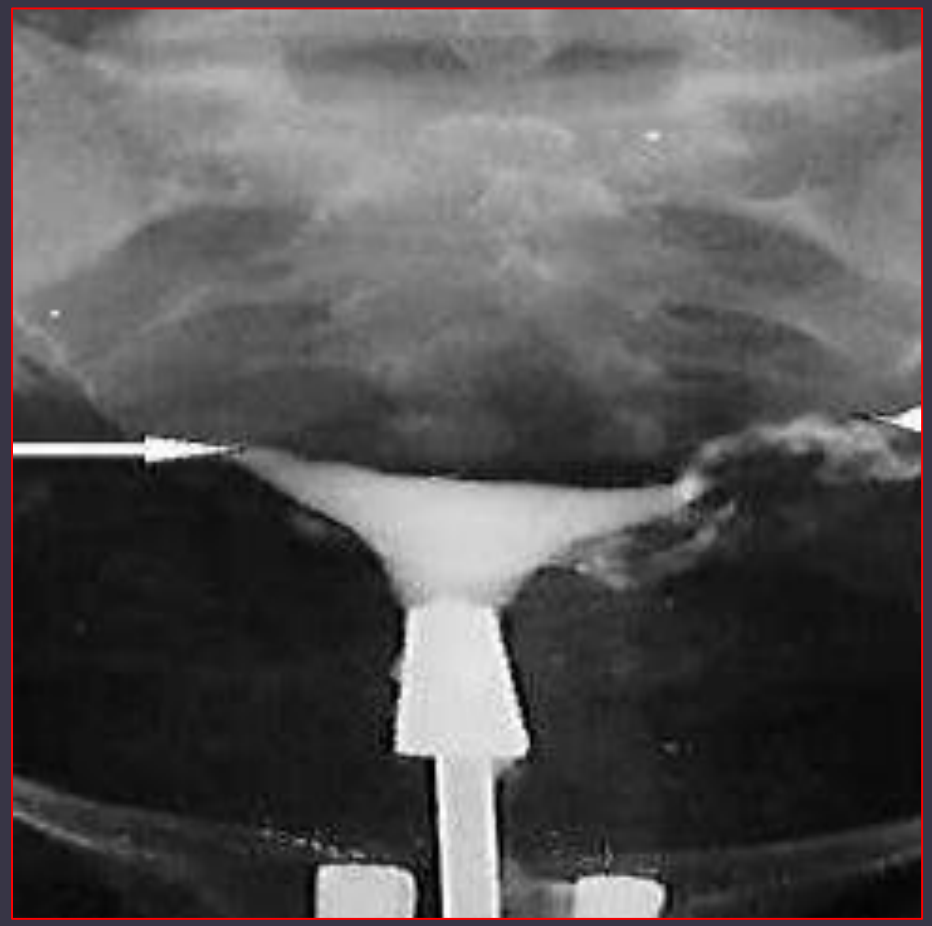
1-naming of that procedure ?
hysterosalpingography

2- dye used for ?
Water or oil based contrast

3- what are pathologies that could be diagnosed by that procedure ?
Asherman , Uterine anomalies , Endometriosis

4- what is the pathology in the image :
stenosis of right fallopian tube.

5- what is your next step for that patient ?
Laproscope



﴿ سَيَجْعَلُ اللَّهُ بَعْدَ عُسْرٍ يُسْرًا ﴾

سيخلق الله من هذا الصبر فرجاً

_letit_flow

ومن هذه الدموع رضا

سيمتلأ قلبك بالفرح مثلما إمتلأ يوماً بالألم..

Q5:
U/S of septated Ovarian cyst with solid component

1-Describe mass?

septated Ovarian cyst with solid component

2- what are aspect of you should consider in examinations ?

3- Diagnosis ?

Epithelial ovarian carcinoma

4- Calculate Risk of Malignancy Index (If she is menopause and her CA-125 = 100)

5- what is the treatment ?

cytoreductive surgery

OSCE OBS & GYN 18/10/2018

OSCE

- **1st case:**

  first trimester bleeding (hx, ex, investigation)

- **2nd case:**

  14 week preg. Women (read the case and note the aabnormalities)(investigations and treatment)

- **3ed case:**

  preg. Term and she get in labour (what to do), the dilatation stopped for 3 hr and you gave oxytocin with no response (what to think and what to do)


ومن رام العلا من غير كد
أضاع العمر في طلب المحال
©iaboghram

MINI-OSCE OBS & GYN
19/12/2018
وتين 2

Q1

1) Dx:

shoulder dystocia

2) 3 risk factors:

Macrosomia, gestational DM, previous dystocia

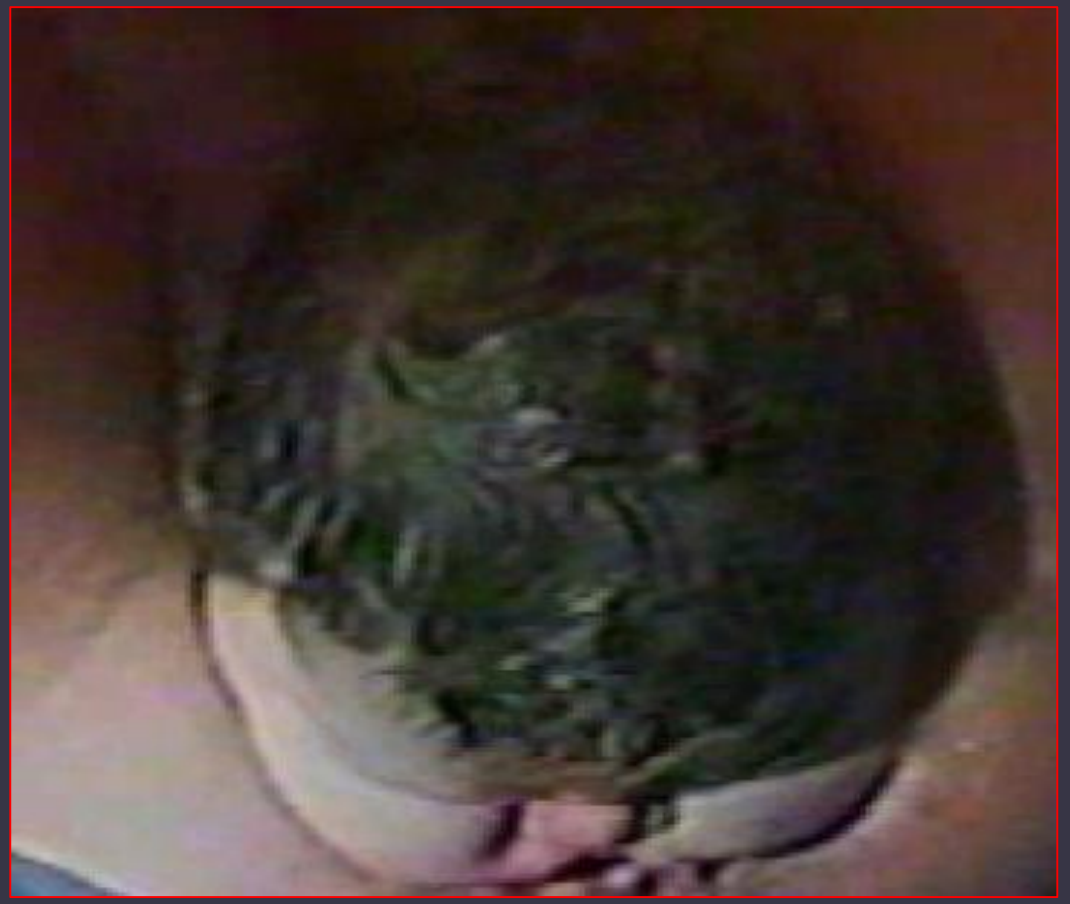
3) 2 initial manoeuvres:

McRoberts and suprapubic pressure

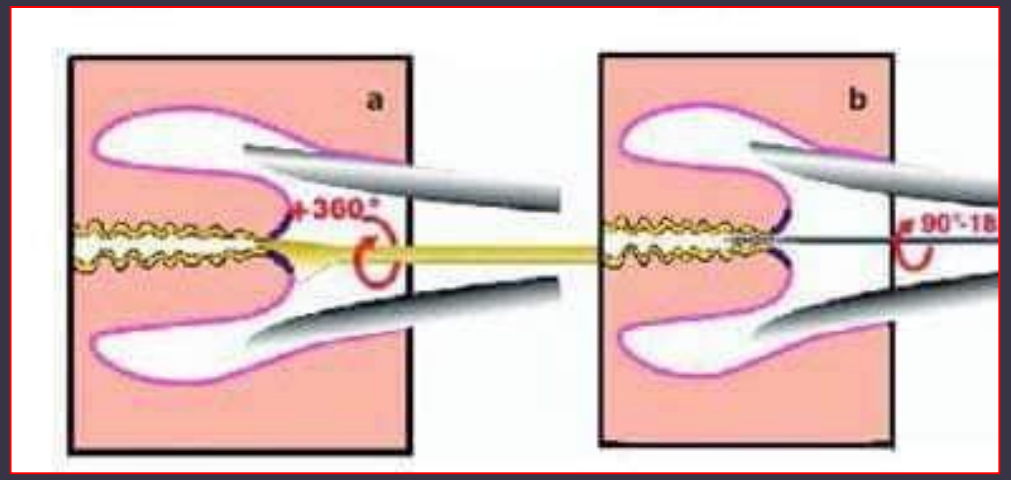
4) 2 complications;

Perineal and vaginal laceration, PPH

brachial plexus injury



Q2



1) Instruments name:
cervical spatula, endocervical brush

2) Name of the labelled area:
transformational zone

3) Definition of the area;
area between old and new sequamocolumner junction

4) 2 methods for screening:
cervical cytology, high risk HPV testing

5) Methods of cervical cytology;
Conventional method, liquid based cervical cytology

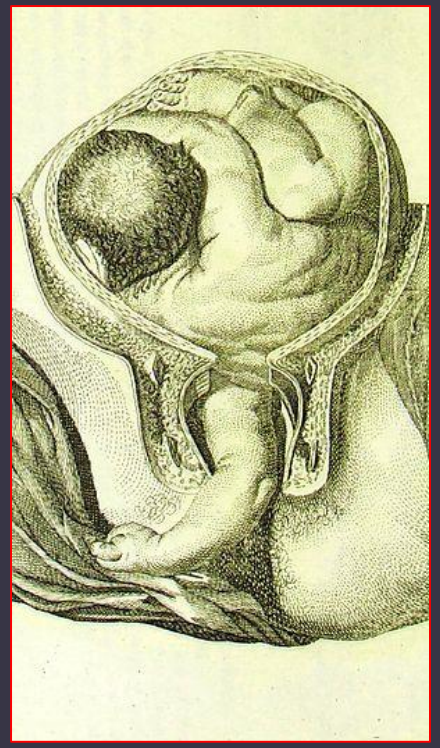
6) If cytology show CIN 2 what is the next step:
colposcopy + cervical punch biopsy + endocervical curettage

قال ابن تيمية رحمه الله :

من أحب أن يلحق بدرجة الأبرار، ويتشبَّه بالأخيار، فلينوِ في كل يـــوم تطلعُ فيه الشمـــس نفـــع الخلق، فيما يسَّر الله من مصالحهم على يديه .

[شرح حديث جبريل صـ ٢٣٣]

Q3



1) Dx:

shoulder impaction

2) Presentation:

shoulder presentation

3) Lie:

transversals lie

4) 4 causes:

polyhydramnios, abdominal wall laxity, placenta previa, large fibroid

5) 3 maternal and fetal complication:

Asphyxia and death

Brachial plexus injury and clavicular fracture

Pelvic tissue lacerations and postpartum hemorrhage

Q4

- **Name of the chart**
  Basal body temperature chart
- **Is she ovulating, why ? And at any day?**
  Yes, drop in temperature by 0.3 at time of ovulation then increase by 0.5
- **Give instructions to the women?**
- **Best day to do this investigation** ناسي شو هو

Q5

Hx of Heavy menstrual cycle :

1) 3 Ddx?

2) What investigation you do?

3) How do you treat?

OSCE OBS & GYN 20/12/2018

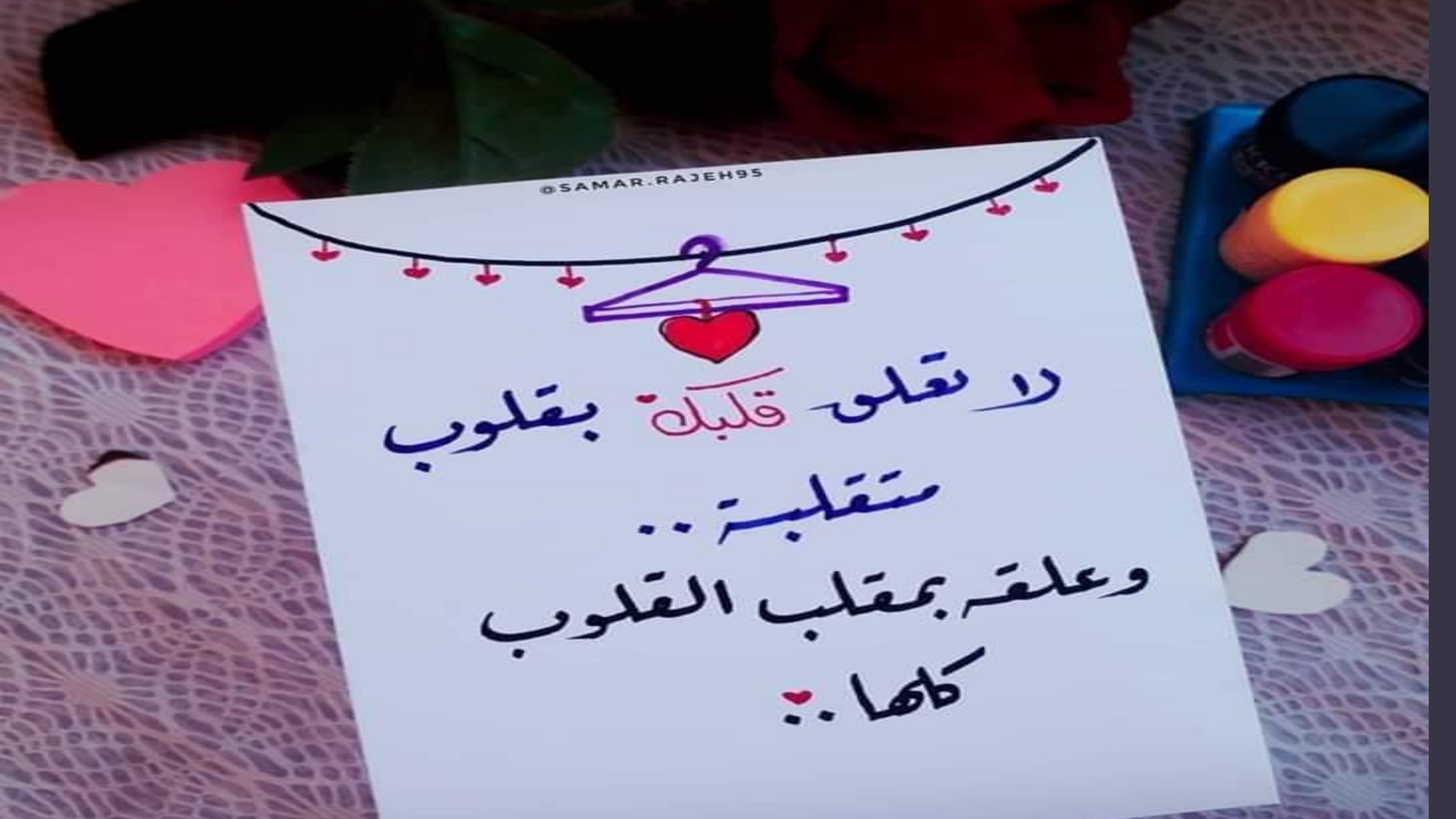
OSCE

1st case:
preeclampsia

2nd case:
post term + induction

3ed case:

rupture membrane (what is the dx and how to deliver) and what to do if the same pt had cord prolapse


@SAMAR.RAJEH95
لا تقلق قلبك بقلوب
متقلبة..
وعلقه بمقلب القلوب
كلها..

MINI-OSCE OBS & GYN
19/2/2019
وتين 3

MiniOSCE

- **A pic of CTG**
- **An U/S of Endometrial Cancer**
- **A case about family planning**

Polyhydramnios

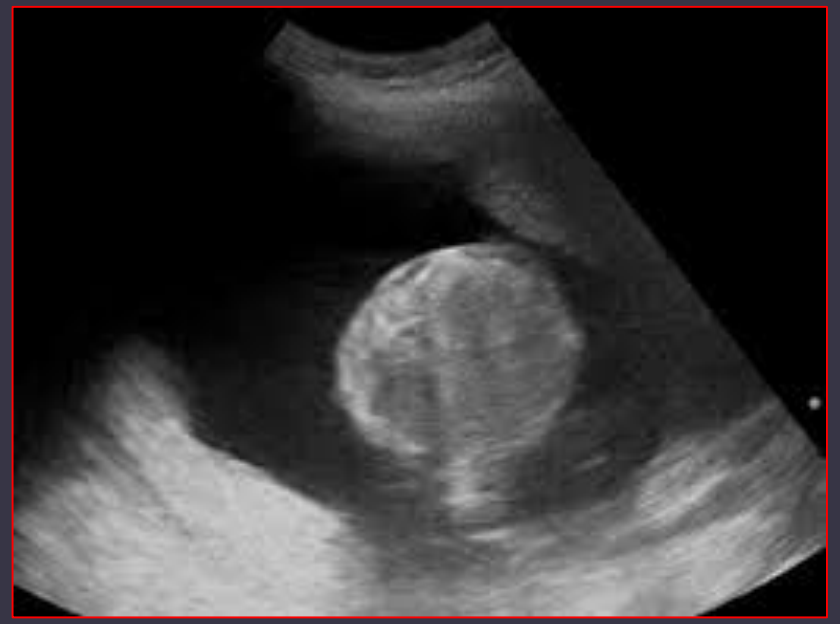
U/S pic with 12 cm deepest vertical pocket

1) what is the Dx?

2) 4 complications?

3) 2 maternal causes 2 fetal causes?

4) 2 treatment?

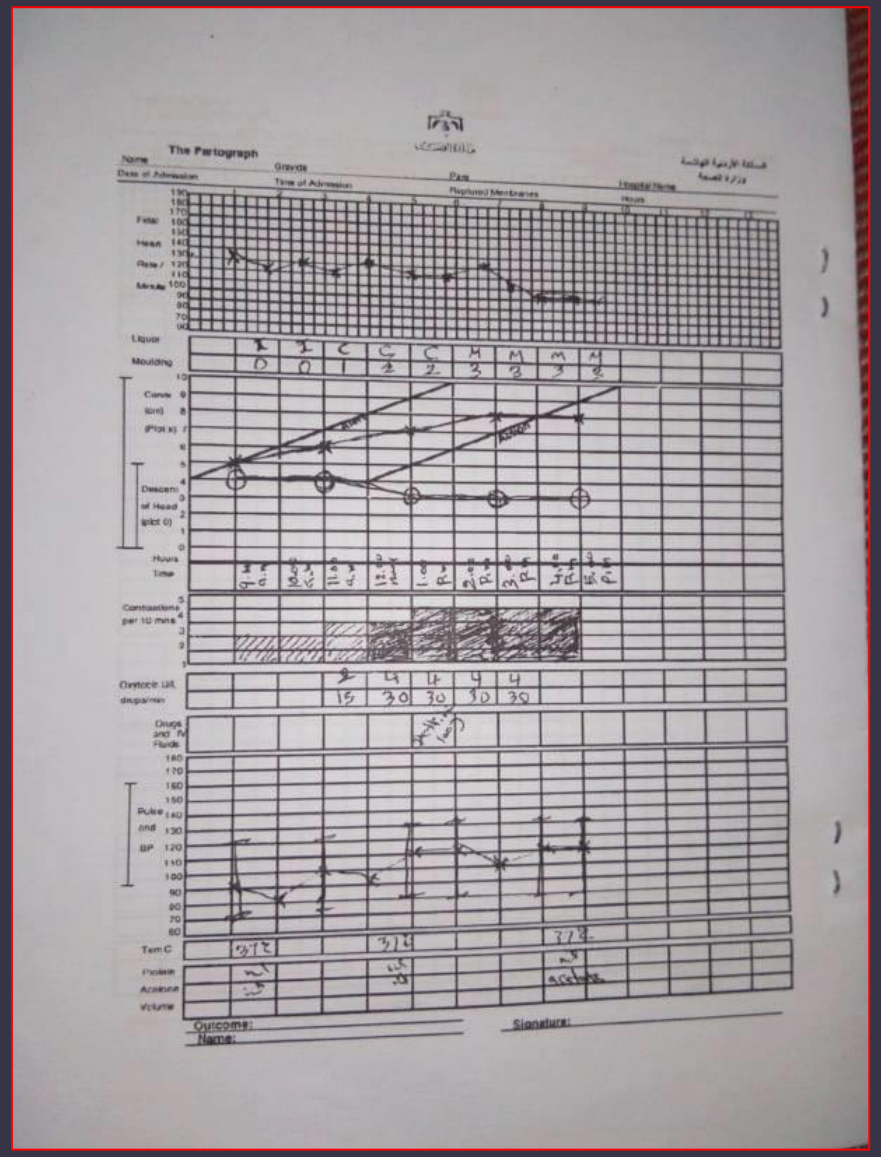


Partogram

1) Vaginal examination finding on admission?

2) The abnormal findings at 5 pm?

3) The action you would do to the pt now?




﴿ وَلَا تَمُدَّنَّ عَيْنَيْكَ ﴾
لاترهق نفسك بالمقارنات !
فكلما اتسعت عينك ضاق صدرك.
تربية قرآنية

OSCE OBS & GYN 20/2/2019

OSCE

Case 1: Recurrent miscarriage

Mrs ahlam is a 33 yrs old lady , medicaly free , p0+ 4 , she now presented to you to know why she can't get pregnant(I can't remember all th Question)

What's yor diagnosis??

What's the investigation you will do ??

treatment ??

OSCE

Case 2: premature rupture of membrane

P1 lady, 31 weeks GA, her first pregnancy was @ 30 weeks, admitted to ER with abdominal pain and watery vaginal discharge….

1) what's ur diagnosis?

2) how to confirm it?

3) what to do with this lady??

4) when you decide to deliver her ??

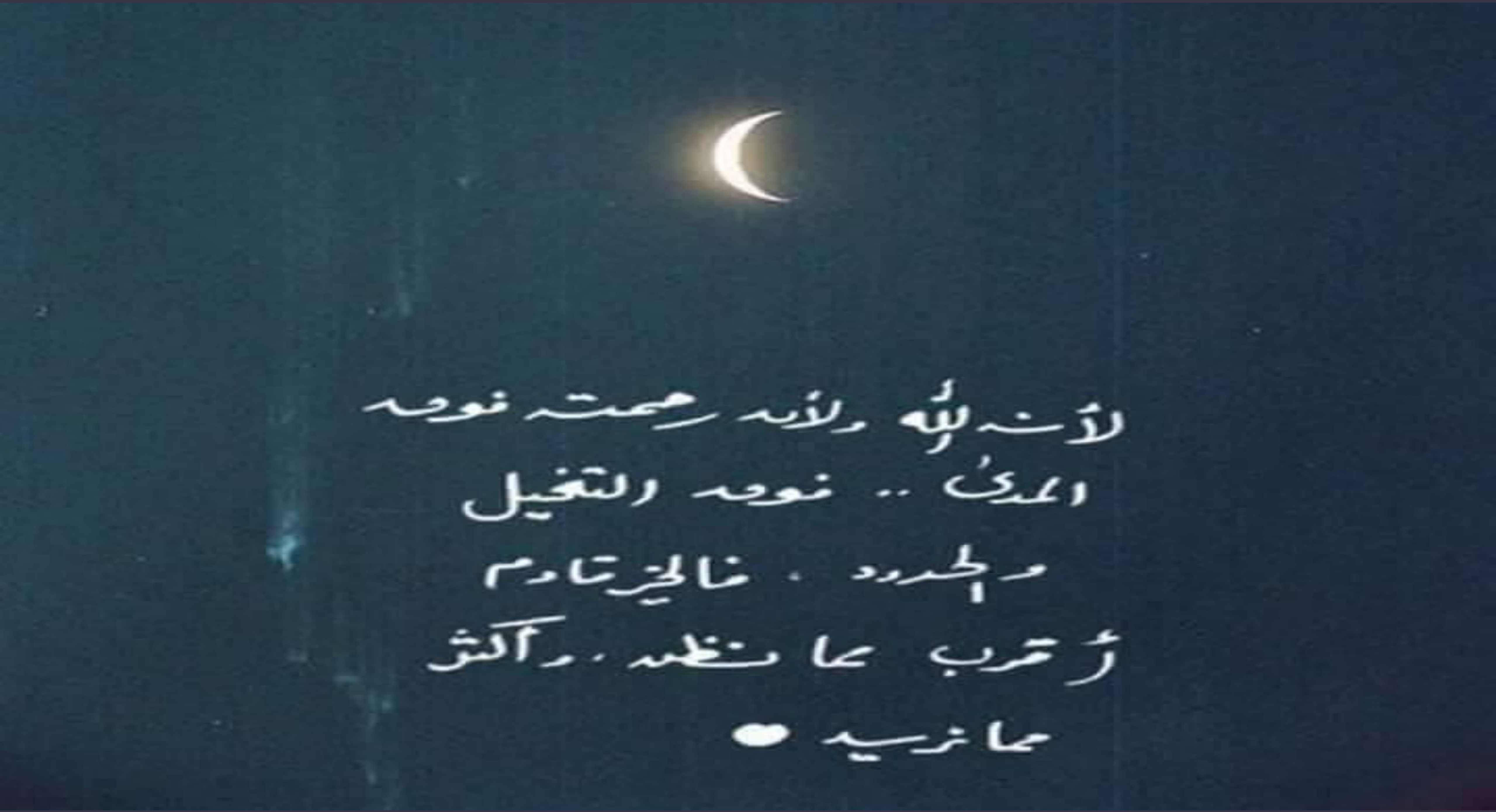
OSCE

Case 3: secondary amenorrhea

a 30 yrs old lady PT, case of 2ndry amenorrhea

1) Take a relevant hx ?

2) What are the investigation??


لأنه الله ولأن رحمته تفوق
المدى .. تفوق التخيل
والحدود . فالخير قادم
أقرب مما نظن ، وأكثر
مما نريد

MINI-OSCE OBS & GYN
14/4/2019
وتين 4

1 - Face presentation

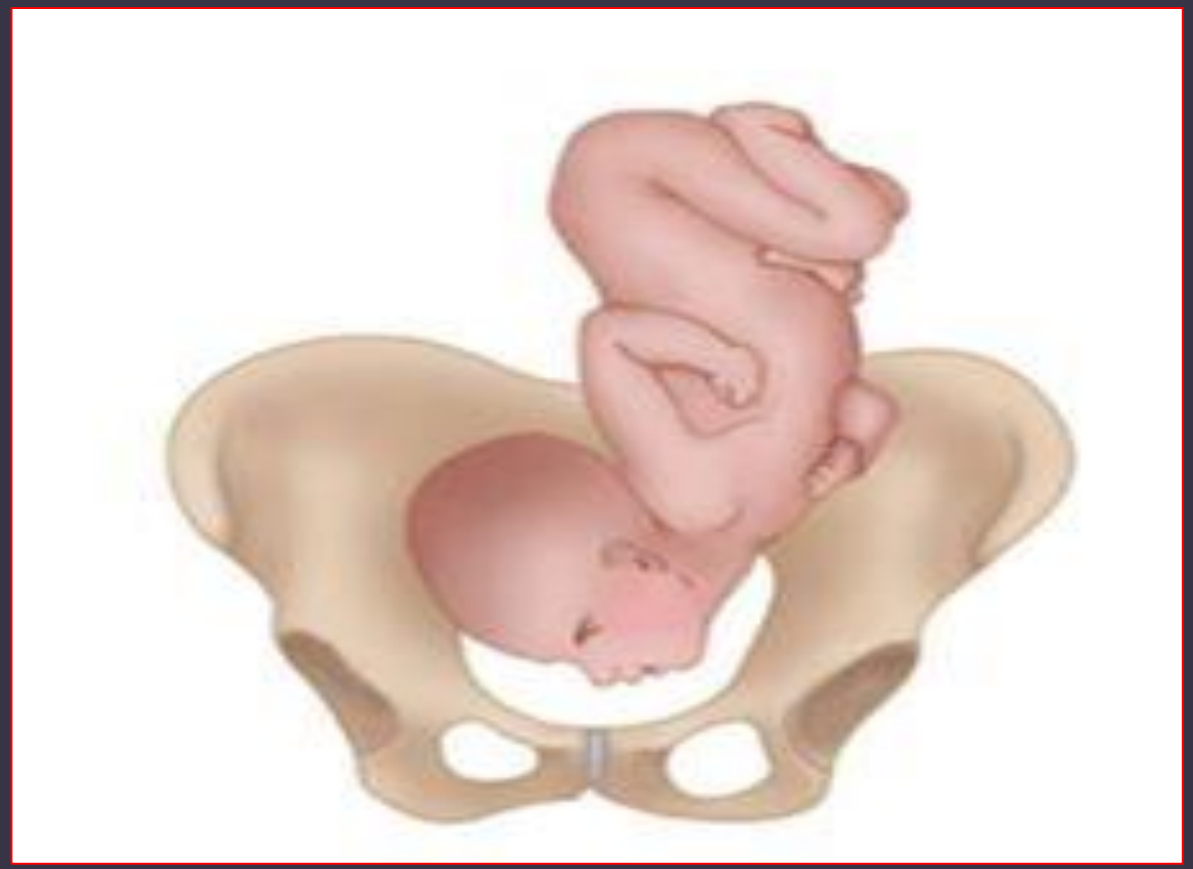
2 - Hyper emesis gravi

3 - ectopic pregnancy

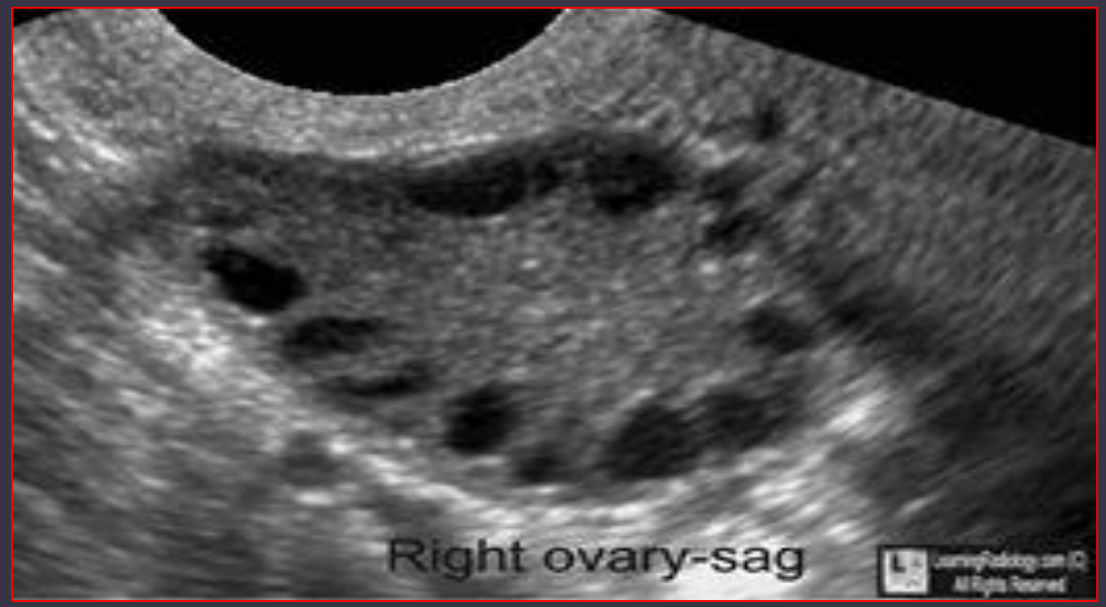
4 - Poly cystic ovarian syndrome

5 - Pprlapse

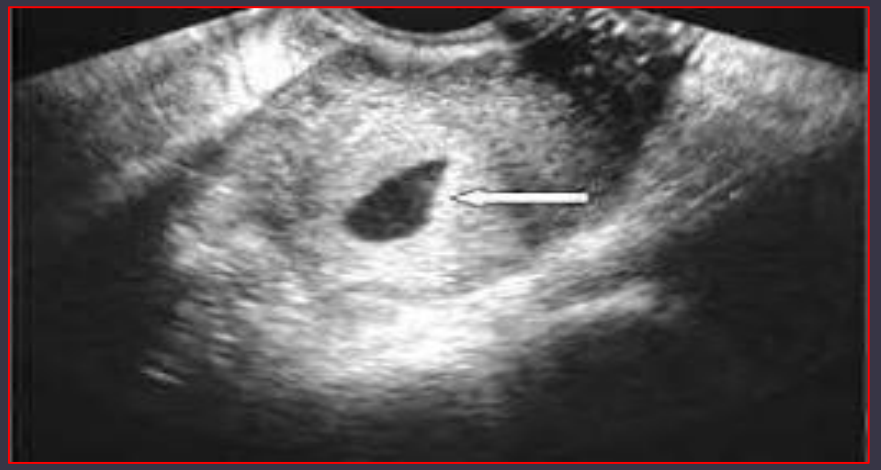
1 _ Whats the lie of this presentation?
2_ Whats the presenting diameter? And its length?
3_mention 4 causes of this presentation?
4_ how can You deliver this patient vaginaly?
5_ If you deliver this pt vaginaly Whats the Instrument you want to use?
6_ Whats the causes that lead to deliver her CS ?



1 _Whats your diagnosis?
2_ mention 6 result of hormonal abnormalities?
3_ how can You manage the infertility in this pt?
4 _ mention 4 long term complication
5 _mention 2 complication if it become pregnant (I dont remember the Q exactly)



22 years old female p2+ come with vaginal bleeding abd lower abdominal pain and amenorrhea 8 w :



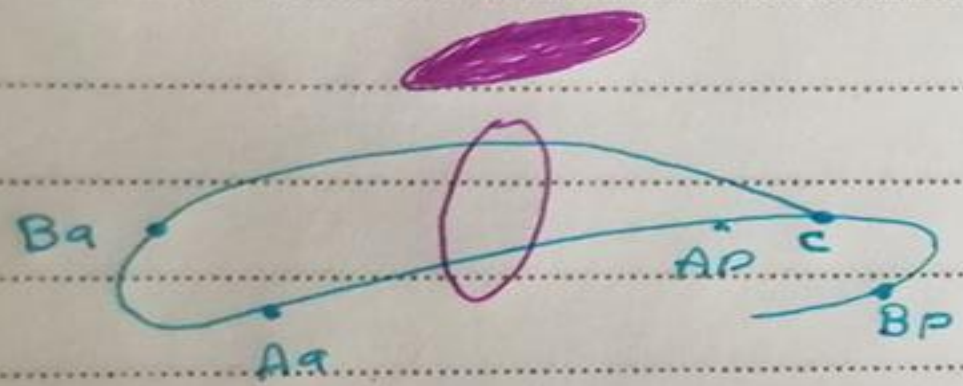
1_Describe what can You see?
2_whats the diagnosis?
3_mention another differantial diagnosis?
4_ mention another abnormality on US
5_whats your managment if this pt come with sever abdominal pain to ER?

30 years old woman with amenorrhea 8 W duration, come with sever vomiting (I dont remember the details in Q) and the investigations was done & the result shown below :

Hb :11.5
K:3.1
Keton in urine : ++ (normal :Nill)

1_ Whats your diagnosis?
2_write another 6 Investigations you want to order them?
3_ write 2 obstetric condition you should exclude them.
4_Whats your managment?

a Pic of Anterior vaginal wall Prolapse :-



+3	+6	C
gh	Pb	TVL
-1	-3	

1. whats your Diagnosis ?
2. mention (5) symptoms the pt came with ?
3. what the type of surgery the pt has been done ?
4. whats type of surgery you should do it for this pt ?
5. what the mean of :-

gh :-

C :-

TVL :-

OSCE OBS & GYN 15/4/2019

OSCE

1st case:

Pre term labour

2nd case:

CTG

3ed case:

Endometrial cancer