Obstetric & Gynaecology OSCE Checklists

Done by: Ayat Nabil

هوَ الذّي خلقكمُ مِن نفسٍ واحدةٍ وجعلَ مِنها زوجها ليسكنَ إليها فلمّا تغشّاها حملت حملاً خفيفًا فمرّت بهِ فلمّا أثقلت دعوا اللهَ ربّهما لئن آتيتنا صالحًا لنكوننّ منَ الشّاكرينَ ﴿١٨٩﴾ فلمّا آتاهما صالحًا جعلا لهُ شركاءَ فيما آتاهما فتعالى اللهُ عمّا يشركونَ ﴿١٩٠﴾ أيشركونَ ما لا يخلقُ شيئًا وهم يُخلقونَ

[الأعراف: ١٨٩-١٩١]

جولة في بعض نعم الله تعالى على الإنسان.. كم يسّر وأعان، وهدى ولطف.. ودبّر وصوّر دون حول منا ولا قوة

Abdominal Pain - 1

Station "5"

Student information:

36 years old lady, Primigravida, 28 weeks pregnant, presented to the emergency room complaining of abdominal pain. Take a detailed history to find out the diagnosis and suggest plan of management.

الممسوحة ضوئيا بـ CamScanner

Simulator information

You are 36 year old primigravida, 28 weeks pregnant, suffering from dull aching abdominal pain, localized to the supra umbilical area. The pain started gradually for the last few days, no aggravating or relieving factors.
No fever or gastrointestinal symptoms except some nausea.
No labor pains. No passage of fluid per vagina, no vaginal bleeding.
No urinary symptoms.
You don't have high blood pressure or protein in urine. No epigastric pain or blurring in vision or headache.
No trauma.
Your doctor told you that you have singleton pregnancy, posteriorly implanted placenta and there is a fundal fibroid 6/6 cm.

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Examiner information

The student should ask about the followings:

1. Introduce himself.	(0)	(1)
2. Analysis of the pain,		
a- Site radiation	(0)	(1)
b- Severity	(0)	(1)
c- Aggravating or relieving factor	(0)	(1)
4. Fever.	(0)	(1)
5. Gastrointestinal symptoms.	(0)	(1)
6. Urinary symptoms.	(0)	(1)
7. Labor pains	(0)	(1)
8. Rupture membranes.	(0)	(1)
9. Vaginal bleeding.	(0)	(1)
10. History of high BP and protein in urine	(0)	(1)
11. History of epigastric pain, blurring of vision, headache	(0) (1) (2)	
12. History of trauma.	(0)	(1)
13. Fetal movements.	(0)	(1)
14. Ultrasound findings	(0) (1) (2)	

Plan of Management:

15. Admission and observation and conservative Tx	(0) (1) (2)	
16. Analgesia	(0)	(1)

Total /20

Examiner: **Signature:**

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Abdominal Pain - 2

25 year old lady ,unbooked , G3P2, pregnant with 19 weeks gestation, came to emergency room with right sided abdominal pain,

What is your differential diagnosis after taking detailed history?.

1. UTI.

2. Biliary colic.

3. Cholecyctitis.

4. Intestinal colics.

5. Appendicities

6. Ovarian disease, (Cyst, tortion, tumour).

7. Degenerated fibroid.

8. Placental abruption.

What is your next step:

8. Physical examination.

What you will examine:

9. V/S.

10. General examination.

11. abdominal examination

In your abdominal examination , what you will look for:

12. Fundal height and fetal heart.

13. Tenderness.

14. Masses.

What investigation you will ask:

15. CBC and Rh blood group.

16. Urine routine.

17. Abdominal ultrasound to look for non-obstetrical causes.

18. Uterine ultrasound to check the fetal heart , fibroid and ovarian pathology.

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Abdominal Pain - 3

Mrs. Andiron is 26 years, primigravida, pregnant 38 weeks presented to the emergency department at 12 midnight due to sudden feeling of abdominal pain.

What is the proper approach to evaluate this lady? [6]

1. Booked or unbooked.
2. Last menstrual period.
3. Calculate the gestational age.
4. Ask for fetal movements.
5. Ask for any medications.
6. Any associated symptoms like show, passage of liquor.

Mention the criteria of this abdominal pain to consider it as labor pain. [6]

1. Regular and painful.
2. Sudden and rhythmic.
3. Gradual increase in intensity.
4. Gradual increase in duration.
5. Not relieved by analgesia.
6. Associated with cervical changes.

Mention the steps of evaluation to assess the lady condition. [4]

1. Vital signs.
2. General physical examination.
3. Abdominal obstetrical examination.
4. Ultra sound sonography and vaginal evaluation.
5. Blood group and Hb

What is the most important information of the ultra sound sonography review for this lady? [4]

1. Confirm viability.
2. Check the measurement and weight.
3. Amount of liquor.
4. Placental status and localization.
5. Number of fetuses.
6. presentation

TOTAL MARK:……………/**20**

الممسوحة ضوئيا بـ CamScanner

Abdominal Pain - 4

Station 2

Students Information

A 19 year old college student, married few months ago, presented to the emergency department complaining of left iliac fossa pain, colicky in nature over the last few hours associated with nausea. No vomiting, constipation, vaginal bleeding or fever. Please, answer the examiner the rest of the scenario questions regarding this lady.

الممسوحة ضوئيا بـ CamScanner

Station two

Examiner sheet

1. **From the history, what other information would you like to know?**
(any 5 marks)
    a. LMP
    b. Any urinary symptoms
    c. Any contraceptives
    d. Any past abdominal/pelvic surgery
    e. Obstetric/gynaecological history
    f. Previous history of PID

2. **Name the main 5 differential diagnoses. (5 marks)**
    a. Renal colic
    b. Torted ovarian/adnexal cyst/mass
    c. Acute pyelonephritis
    d. Ectopic pregnancy
    e. Bowel obstruction

3. **What are the essential investigations in her case. (5 marks)**
    a. Urinalysis
    b. CBC
    c. Pelvic/abdominal U/S scan
    d. Abdominal supine/erect X-ray images
    e. Pregnancy test

4. **If a simple 6x5 cm adnexal cystic lesion was seen on U/S scan, what further management options you should consider?**
(5 marks)
    a. Serum CA 125 level
    b. Colour flow Doppler assessment of the correspondent ovary.
    c. Laparoscopic ovarian cystectomy
    d. Laparotomy/ovarian cystectomy
    e. If no torsion→ conservative and re-evaluation.

--------------------- **Total mark (-------/20 marks)**

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Adenomyosis

Station 2
Student Information

Mrs. Yusra is a 43 year old lady G2 P2, both deliveries were surgical deliveries. She complained of heavy menstrual bleeding for the last 1.5 years. Her bleeding is regular, and the amount is excessive. She is obese and pale. Abdominal examination revealed an abdominal mass arising from the pelvis reaching 2 cm above the symphysis pubis. Bimanual pelvic examination revealed that the uterus is symmetrically enlarged (10 weeks size), with no adnexial enlargement or tenderness. Please discuss with the examiner her case.

1. What is the gynecological differential diagnosis in her condition?
2. Assume that the diagnosis is uterine adenomyosis or fundal fibroid, what is the appropriate next step to differentiate between these conditions?
3. What are the risk factors in this lady for having adenomyosis?
4. What other common symptoms or signs may be present in this lady?
5. What are other gynecological problems could be associated with adenomyosis in this lady?

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Station 2

Examiner information

Mrs. Yusra is a 43 year old lady G2 P2, both deliveries were surgical deliveries. She complained of heavy menstrual bleeding for the last 1.5 years. Her bleeding is regular, and the amount is excessive. She is obese and pale. Abdominal examination revealed an abdominal mass arising from the pelvis reaching 2 cm above the symphysis pubis. Bimanual pelvic examination revealed that the uterus is symmetrically enlarged (10 weeks size), with no adnexial enlargement or tenderness. Please discuss with the examiner her case.

1.What is the gynecological differential diagnosis in her condition? (4 marks)

- Uterine Adenomyosis ( )
- Single fundal fibroid or large fibroid ( )

2.Assume that the diagnosis is uterine adenomyosis or fundal fibroid, what is the appropriate next step to differentiate between these conditions? (4 marks)

-
- Transvaginal Ultrasound. ( )
- MRI which is more accurate. ( )

3. What are the risk factors in this lady for having adenomyosis? (3 marks)

- Being in her mid-40s. ( )
- Having children ( )
- Had 2 previous surgical deliveries. ( )

4.What other common symptoms or signs may be present in this lady? (6 marks)

- Prolonged menstrual cramps(dysmenorrhea). ( )
- Intermenstrual spotting. ( )
- Pressure symptoms; bowel and urinary ( )
- Painful sexual intercourse. ( )
- Tenderness in the lower abdominal area ( )
- Anaemia. ( )
- **5.What are other gynecological problems could be associated with adenomyosis in this lady? (3 marks)**
- Infertility. ( )
- Endometriosis. ( )

TOTAL MARK: (……/20) EXAMINER NAME/SIGNATURE …………………

الممسوحة ضوئيا بـ CamScanner

Amenorrhea
Asherman's Syndrome

Station "3"

INFORMATION FOR CANDIDATE:

Mrs. Fatima is a 26 year old lady, G1P1. She breastfed her baby for 8 months. Now her child age is 16 months. She is seeking pregnancy. She wants your advice about her chances to become pregnant?

YOUR TASK IS TO:

- Take a focused history(examination was normal)
- order appropriate investigations
- What is the diagnosis and Advise the patient regarding your management

الممسوحة ضوئيا بـ CamScanner

Simulator Information Case Scenario

HOPC: You are 26 year, got married 3 years ago and she became pregnant. The pregnancy was uncomplicated but you had a secondary postpartum haemorrhage due to a retained placental fragment which had to be removed by a curettage and the recovery was uneventful.

You successfully breastfed your baby for about 8 months and during that time your periods were initially regular but very light. Also you had some lower abdominal pains with lighter periods and on and off since then. However, recently (last 4 months) the menstrual flow has stopped completely. You thought that this was probably related to breastfeeding.

You are seeking pregnancy and you wants advice about your chances to become pregnant?

PHx,FHx, and SHx: unremarkable

EXAMINATION: normal

الممسوحة ضوئيا بـ CamScanner

Examiner's sheet

Student's name:

History:

1. Self Introduction
2. Cycle details
3. Galactorrhea
4. Hirsutism
5. Previous obstetric history
6. PPH
7. Puerperal pyrexia
8. History of Curettage
9. Contraception
10. PMH, PSH, FH

Investigations:

11. Serum progesterone level in mid luteal phase
12. HSG or hysteroscopy
13. Ultrasound

Diagnosis:

14. Asherman's Syndrome

15. Hysteroscopic removal of adhesions and oestrogens to promote growth of endometrium

Total mark: /15

Signature:

الممسوحة ضوئيا بـ CamScanner

Amenorrhea
Turner Syndrome

Station 1
Student Information

An 18 year old girl presented to your office with Amenorrhea.

The Examiner will ask you several questions concerning this condition

CamScanner الممسوحة ضوئيا بـ

Station 1

Examiner information

An 18 year old girl presents to your office with Amenorrhea

What important information do you wish to obtain from history?

	0	1
-Menstrual history		
- Cyclical pain		
- Secondary sexual characteristics		
-Diet (Anorexia nervosa, Bulimia)		
- Weight loss or gain		
- Stress		
- Exercise		
- Androgen excess (hirsutism, virilizing symptoms)		
- Galactorrhea		
- Absent sense of smell		
- Symptoms of hyper or hypothyroidism		
- Past medical history cancer, chemotherapy, radiation therapy, chronic illness, surgery, oophorectomy)		
- Family history (delayed menarche, premature ovarian failure)		
- Medications		
- Smoking		

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Answers: negative to all of the above

What specific signs on Physical examination would you look for?

-Vital signs		
-Height (answer = 145cm)		
-Weight (answer = 50 kg)		
-Head and neck		
Visual fields		
Proptosis, lid lag		
Sense of smell		
Thyroid		
Androgen excess		
• Breats		
Galactorrhea		
Tanner stage (answer = Tanner stage 1)		
Abdomen (mass, hair)		
• External genitalia		
- Pubic hair		
- ambiguous genitalia, clitoris size, imperforate hymen		

Proesterone challenge test was negative but she had with drawl bleeding after taking combined pills
Her FSH and LH were 50 and 40
What is your next step

- Karyotype		

Karyotype (45X)

What is your diagnosis? Turner syndrome		

Total mark /30 ***Signature***

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APH
Placenta Previa

Station " 2 "

Student information

This patient is 32 wks pregnant, presented with painless vaginal bleeding. What, on focused history, would you like to elicit from the patient to detect why she is at risk for such condition?

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Simulator Information:

You are **40** year old pregnant lady at 32 wks gestation, **G8 P6+1**, presented to E/R with painless vaginal bleeding. In your obstetric history you had two **previous CS** last one the indication was **placenta previa**, and history of one evacuation of product of conception after second trimester incomplete abortion,. Your gynecological surgical history is significant for abdominal **Myomectomy** which was done five years ago. This is a healthy spontaneous **twin pregnancy** with history of **threatened abortion** at 23 weeks of gestation which resolved spontaneously. In your last US scan your were told that the first twin is **transverse** and the second one is breech presentation, otherwise your medical, surgical, social, and drugs history were irrelevant apart from history of **smoking**.

الممسوحة ضوئيا بـ CamScanner

Examiner information:

This patient is 32 wks pregnant, presented with painless vaginal bleeding. What, on focused history, would you like to elicit from the patient to detect why she is at risk for such condition?

History:

- Introduction
- Increasing Maternal age
- Grandmultiparirty
- Previous placenta previa
- Previous CS
- Previous uterine surgery
- Multiple gestation
- History of threatened abortion during this pregnancy
- Abnormal lie and presentation
- Smoking

Total mark: /10

Signature:

الممسوحة ضوئيا بـ CamScanner

APH
Placental Abruption

Mrs. Rudaina is 38 years, G7P6 with 8 living children, pregnant 38 weeks, presented to the emergency room at 10 PM with tense abdominal pain and minimal vaginal bleeding for the last 2 hours. She claimed to notice changes in the fetal activity. The examiner will ask you some related questions to manage this lady.

What is the most likely diagnosis?

Mention 6 risk factors that may lead to this condition?

Mention 4 signs and symptoms that may be elicited in this condition?

What are the steps of evaluation and management?

الممسوحة ضوئيا بـ CamScanner

الاسم:...

Mrs. Rudaina is 38 years, G7P6 with 8 living children, pregnant 38 weeks, presented to the emergency room at 10 PM with tense abdominal pain and minimal vaginal bleeding for the last 2 hours. She claimed to notice changes in the fetal activity. The examiner will ask you some related questions to manage this lady.

		√	×
***.What is the most likely diagnosis?**			
1. Placental Abruption.	**2 marks**	[ ]	[ ]
***. Six risk factors that may lead to this condition; (Any 6 factors of the list) 6 marks**			
2. Pregnancy induced hypertension.		[ ]	[ ]
3. Trauma to the abdomen.		[ ]	[ ]
4. Previous abruption.		[ ]	[ ]
5. Smoking.		[ ]	[ ]
6. Multiparity.		[ ]	[ ]
7. Increased maternal age.		[ ]	[ ]
8. Multiple gestations.		[ ]	[ ]
9. Polyhydramnios.		[ ]	[ ]
***. Four signs and symptoms; (Any 4 of the list) 6 marks**			
10. Vaginal bleeding.		[ ]	[ ]
11. Abdominal and/ or uterine pain.		[ ]	[ ]
12. Fetal bradycardia or decelerations.		[ ]	[ ]
13. Maternal hypotension.		[ ]	[ ]
14. Maternal tachycardia.		[ ]	[ ]
***. Steps of evaluation and management; (Any 6 of the list) 6 marks**			
15. Ultra sound evaluation.		[ ]	[ ]
16. Admission to delivery room.		[ ]	[ ]
17. Monitoring of the mother and the fetus.		[ ]	[ ]
18. Complete blood count.		[ ]	[ ]
19. Assessment of clotting function.		[ ]	[ ]
20. Prepare blood.		[ ]	[ ]
21. Plan for vaginal delivery.		[ ]	[ ]

TOTAL [………… /20] Signature…………………………..

الممسوحة ضوئيا بـ CamScanner

APH - 1

Station 1

Student Information

Mrs. Fatima is 35 years old, Gravida 8, Para 5 plus 2 abortions, and her last delivery was surgical due to bleeding, pregnant today at 38 weeks gestation, by twin pregnancy, working at a coffee shop, gave history of episodes of minimal bleeding during the current pregnancy. The last episode was this early morning about 150 ml. Please discuss her case with the examiner in sequence.

الممسوحة ضوئيا بـ CamScanner

Station 1
Examiner information

1. **The possible main important causes/ its incidence; <u>2 marks for each</u>**

No.	Cause	Incidence	Mark
1	Placental Abruption	One in 100 deliveries.	
2	Placenta Previa	Four in 1000 deliveries.	
3	Vasa Previa	One in 2500 delivery.	

2. **The important risk factors on this lady for Placental Abruption are: <u>5 marks</u>**
   - Increasing parity.
   - Maternal age.
   - Cigarette smoking.
   - Multiple gestations.
   - Prior abruption.
   - Trauma.
3. **The important risk factors on this lady for Placenta Previa are: <u>5 marks</u>**
   - Increasing parity.
   - Maternal age.
   - Cigarette smoking.
   - Multiple gestations.
   - Prior curettage.
   - Prior surgical delivery.
4. **The important risk factors on this lady for Vasa Previa are: <u>4 marks</u>**
   - Low lying placenta.
   - Multiple gestations.
   - Bilobed/ succenturiate-lobed placenta.
   - History of vaginal bleeding
   - History of prior surgical delivery

الممسوحة ضوئيا بـ CamScanner

APH - 2

Station 5

Student information

Mrs. XX is a 36 years old lady, Primigravida, unbooked, pregnant 36 weeks gestation, presented to the emergency room with vaginal bleeding. You are in charge to review her condition. Please discuss the following issues with the examiner in sequence?

a. What are other symptoms would you like to know?
b. What physical sigs should be looked for
c. What is the differential diagnosis of this condition?
d. What investigations should be requested?

الممسوحة ضوئيا بـ CamScanner

Station 5/ Examiner sheet

a. **What are other symptoms would you like to know? (4 marks)**

1. Spontaneous bleeding or traumatic
2. Fetal movements
3. Abdominal pain
4. Amount of bleeding and duration

b. **What physical sigs should be looked for? (4 marks)**

1. Vital signs (blood pressure, pulse)
2. Abdominal tenderness
3. Fetal presentation
4. Fetal heart activity
5. Speculum examination to rule out local cause

c. **What is the differential diagnosis of this condition? (4 marks)**

1. Placenta previa
2. Abruption placenta
3. Local causes
4. Vasa previa
5. Bleeding disorders

d. **What investigations should be requested? (4 marks)**

1. CBC
2. Blood group, Cross match
3. Urinanalysis
4. KFT, LFT, Coagulation profile
5. Ultrasound scan

e. **Why you should do an Ultrasound scan? (4 marks)**

1. Placental localization,

2. Check viability

3. Gestational age

4. Amount of liquor

Total mark -----------/20 **Signature----------------------**

الممسوحة ضوئيا بـ CamScanner

APH - 3

Station "   "

Student's Information

A 27 years old, pregnant lady at 33 weeks of gestation presented to the emergency room with vaginal bleeding

Examiner: How would you analyze her compliant?

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Station "   "
Examiner Information

A 27 years old, pregnant lady at 33 weeks of gestation presented to the emergency room with vaginal bleeding

Examiner: How would you analyze her compliant?

1. How would you analyze her compliant? **(2 Marks)**

	0	1
1- Analysis of bleeding		
2- Amount		
3- Color		
4- Clots		
5- Severity of symptoms (shock, oligourea)		
6- Associated symptoms (pain, labor contractions)		

2. **What are the important points to look for during physical examination? (1/2 Mark for each (3 marks)**

	0	1/2
1- General (signs of shock) & Vital signs (pulse is more important than BP)		
2- Obstetric examination		
3- Abdominal tenderness		
4- Fundal height		
5- Presentation, lie & engagement		
6- Presence of contractions		

3. **At this point, what is your differential diagnosis?(5 Marks)**

	0	1/2
A-Obstetric causes		
1- Abruptio placenta		
2- Placenta previa		
3- Ruptured vasa previa		
B- Non obstetric causes		
1- Truma		
2- Infection		

الممسوحة ضوئيا بـ CamScanner

APH - 4

OSCE STATION

Mrs. A is a 32 year old G4P3+0, her last baby was delivered by caesarean section due to breech presentation. She is brought to the ER by her husband at 30 weeks gestation after suffering a sudden severe vaginal hemorrhage at home. She is feeling lightheaded. Her pulse rate is 110 and BP is 100/60.

- What are the initial management steps for this patient? (8marks)
- What are the possible causes for her condition? (6 Marks)
- Ultrasound scan reveals a low lying placenta, mention 4 risk factors for this condition. (4 marks)
- The patient has ongoing bleeding after admission associated with passage of clots, what is your management plan? (2 marks)

الممسوحة ضوئيا بـ CamScanner

ANSWER SHEET

Mrs. A is a 32 year old G4P3+0, her last baby was delivered by caesarean section due to breech presentation. She is brought to the ER by her husband at 30 weeks gestation after suffering a sudden severe vaginal hemorrhage at home. She is feeling lightheaded. Her pulse rate is 110 and BP is 100/60.

- What are the initial management steps for this patient? (8 marks)
  - airway-breathing-circulation
  - assess amount of bleeding
  - 2 large bore canulae
  - Bloods (CBC, crossmatch, clotting profile)
  - IV fluids
  - Consider transfusion
  - Catheterize and monitor urine output
  - Investigate for cause of bleeding
  - Assess fetal viability and well-being

- What are the possible causes for her condition? (6 marks)
  - Placenta Praevia
  - Placental abruption
  - Vasa praevia
  - Uterine rupture
  - Cervical pathology (tumor, polyp)
  - Lower genital tract trauma
  - Genital tract infection

- Ultrasound scan reveals a low lying placenta, mention 4 risk factors for this condition. (4 marks)
  - Increasing maternal age
  - Previous caesarean section
  - Previous uterine surgery e.g. curettage, myomectomy
  - Smoking
  - Multiparity
  - Previous placenta praevia
  - Multiple pregnancy

- The patient has ongoing bleeding after admission associated with passage of large clots, the estimated blood loss is 1.5L. What is your management plan? (2 marks)
  - Deliver patient by caesarean section

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APH - 5

ANTEPARTUM HAEMORRHAGE STATION

A 39 years old lady, Gravida 10, Para 6+ 3, with previous 2 surgical deliveries, pregnant by IVF for sex selection at 34 weeks gestation with twins, presented to the emergency department with history of abdominal pain and tenderness, vaginal bleeding, and changes in the pattern of fetal movements. Please, discuss her situation with the examiner in sequence.

A. Mention the most common causes for this bleeding?
B. What are the factors in her history in favor of having bleeding due to placenta previa?
C. What are the risk factors in her history in favor of having bleeding due to abruption placenta?
D. How you will approach to treat this patient?

A. The most common causes for this bleeding are: **(5 marks)**
1. Placenta previa. [ ]
2. Abruption placenta. [ ]
3. Uterine dehiscence, rupture. [ ]
4. Vasa previa. [ ]
5. Congenital bleeding disorder. [ ]

B. Risk factors in her history in favor of having placenta previa are: **(5 marks)**
1. Multiparity. [ ]
2. Increased maternal age. [ ]
3. Prior placenta previa. [ ]
4. Multiple gestations. [ ]
5. Previous surgical deliveries. [ ]

C. Risk factors in her history in favor of having abruption placenta are: **(5 marks)**
1. Placental abruption in prior pregnancies. [ ]
2. Pregnancy after in vitro fertilization. [ ]
3. Multiple gestations. [ ]
4. Advanced maternal age. [ ]
5. Previous abortions. [ ]

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D. My approach to treat this patient is: **(10 marks)**

1. Admission, stabilization. [ ]
2. Large sized IV canula for intra venous fluid and blood if needed. [ ]
3. Ultra sound sonography; **Why?** [ ]
    - 4- Check viability of fetuses. [ ]
    - 5- Localization of the placenta. [ ]
    - 6- Amount of liquor. [ ]
    - 7- Site of scar. [ ]
    - 8- Chorionicity. [ ]

9. Order blood for CBC, KFT. [ ]
10. Coagulation work up. [ ]
11. Cross match and prepare blood. [ ]
12. Arrange for surgical delivery in due time. [ ]

TOTAL MARK: ..../25 **EXAMINER NAME& SIGNATURE**

الممسوحة ضوئيا بـ CamScanner

APH - 6

Station 3
Student Information

A 38-year-old lady, working in a coffee shop, gravida 6, para 3, with a history of 2 first trimester abortions, and one surgical delivery in her last pregnancy, presented to the emergency room at 35 weeks gestation with twins pregnancy after successful trial of IVF, complaining of vaginal bleeding of 2 hours duration with abdominal discomfort together with changes in the pattern of fetal movements. Please discuss her situation with the examiner.

1. What are the main possible causes for this vaginal bleeding in this lady?
2. What are the risk factors in this lady for having placenta previa?
3. What are the risk factors in this lady for having placental abruption?
4. In both condition, what are the main steps in the management of this lady?

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Station 3
Examiner information

A 38-year-old lady, working in a coffee shop, gravida 6, para 3, with a history of 2 first trimester abortions, and one surgical delivery in her last pregnancy, presented to the emergency room at 35 weeks gestation with twins pregnancy after successful trial of IVF, complaining of vaginal bleeding of 2 hours duration with abdominal discomfort together with changes in the pattern of fetal movements. Please discuss her situation with the examiner.

1.What are the main possible causes for this vaginal bleeding in this lady?(4 marks) any 4

- Placenta previa. [ ]
- Placental abruption. [ ]
- Uterine rupture. [ ]
- Fetal vessel rupture; Vasa previa. [ ]
- Local lesions [ ]

2.What are the risk factors in this lady for having placenta previa? (4 marks) any 4

- Multiparity. [ ]
- Increased maternal age. [ ]
- Multiple gestations. [ ]
- Previous surgical delivery. [ ]
    - Prior curettage. [ ]

3.What are the risk factors in this lady for having placental abruption? (4 marks) any 4

- Multiparity. [ ]
- Increased maternal age. [ ]
- Pregnancy after IVF. [ ]
- Multiple gestations. [ ]
    - Smoking. [ ]

4.In both condition, what are the main steps in the management of this lady? <u>5 marks</u> any 5

- Admission to labor room. [ ]
- Check and insure the vital signs for stabilization. [ ]
- Intra venous cannula for fluid replacement. [ ]
- Do blood work up; CBC, Blood group, KFT, Coagulation factors. [ ]
- Cross match (prepare blood) [ ]
- Do proper physical and obstetrical examination. [ ]
- **Ultrasound for proper evaluation; to check viability, placental localization. Amount of liquor.** [ ] **3 marks**

TOTAL MARK: (----/20)

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Booking - 1

اللهُ يَعلَمُ ما تحمِلُ كلُ أُنثى وَما تغيضُ الأَرحامُ وَما تزدادُ وَكلُ شيءٍ عِندَهُ بمِقدارٍ

عالمُ الغَيبِ وَالشهادةِ الكبيرُ المُتَعالِ

[الرعد: ٨-٩]

Station "1"

Student information

24 year old lady, married 6 months ago. She missed her period and home pregnancy test was positive. She attended the antenatal clinic for booking.

A. What are the most important points in the history you want to know about this lady?

B. If her LMP is 25/8/2011. What is the EDD?

C. What are the ultrasound findings you look for?

D. What routine blood tests you will ask for her?

E. If she is 8 weeks pregnant and complainig of nausea What medication you will advise her to take?

F. When will be her next visit?

H. When do you advise her to do her first screening scan?

الممسوحة ضوئيا بـ CamScanner

Examiner information

24 year old lady, married for the last 6 months. She missed her cycle, she did home test for pregnancy which turned to be positive. She attended the antenatal clinic for booking.

A. What are the most important points in the history you want to know about this lady? **5 marks**

	0	1
1. Her cycle if it was regular or not.	☐	☐
2. Her last menstrual cycle.	☐	☐
3. If she had any previous medical illnesses: a. Diabetes. b. Hypertensive.	☐	☐
4. If she had any previous blood transfusion.	☐	☐
5. If she had any drug allergy.	☐	☐

B. After history you know that she had regular cycles, Her LMP was on 25/8/2011, she asked you about the expected date of delivery.

1 mark

	0	1
6. What is the expected date of delivery?	☐	☐

C. You examined her physically and after that you did sonography. Why do you do sonography ? **4 marks**

	0	1
7. Fetal heart.	☐	☐
8. Dating.	☐	☐
9. Number of fetuses.	☐	☐
10. Uterine fibroid or ovarian cysts.	☐	☐

الممسوحة ضوئيا بـ CamScanner

D. What routine blood test you will ask for her? <u>6 marks</u>

	0	1
11. CBC.	☐	☐
12. Blood group.	☐	☐
13. Rh type.	☐	☐
14. Urine routine and microscopy.	☐	☐
15. Hepatitis screen. (B and C)	☐	☐
16. Rubella IgG/IGM.	☐	☐

E. If she is 8 weeks pregnant and comlainig of nausea:
What medication you will advise her to take? 2 marks

	0	1
17. Folic acid.	☐	☐
18. Anti emetic.	☐	☐

F. When is her next visit? 1 mark

	0	1
19. 4 weeks.	☐	☐

H. When you will advise her to do her first screening scan? 1 mark

0 1

20. 11-14 weeks gestation	☐	☐

Total /20

Examiner: **Signature:**

الممسوحة ضوئيا بـ CamScanner

Booking - 2

Station 5

Student Information

Mrs. Fatima is 26 years old lady, married for the last 8 months presented to the antenatal clinic to book herself for delivery at JUH under your care. Her last menstrual period was on 27/6/2015.

1.What is the expected date for her delivery?

2.What important data you want to know about her?

3.What are the commonly ordered initial laboratory tests at the booking visit?

4.What should be done in each antenatal visits?

5.What are the routine medications to be given; when to start, and when to stop?

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Station 5
Examiner information

1.What is the expected date for her delivery? (2 Marks)
4/4/2016

2.What important data you want to know about her? (5 Marks)

- Regulatory of her cycles. [ ]
- How does she confirmed her pregnancy? [ ]
- Symptoms of pregnancy; nausea, morning sickness, vomiting. [ ]
- Her occupation; any exposure to toxins, radiations, medications. [ ]
- Previous medical and surgical conditions. [ ]
- Smoking, alcohol consumption. [ ]

3.What are the commonly ordered initial laboratory tests at the booking visit? (6 Marks)

- Complete blood count. [ ]
- Urinalysis and culture. [ ]
- Blood group and Rh. [ ]
- Thyroid function tests. [ ]
- Fasting blood sugar, GTT. [ ]
- Rubella titer, hepatitis B surface antigen. [ ]

4.What should be done in each antenatal visits? (3 Marks)

- Ask about problems such as nausea, vomiting, bleeding, and discharge. [ ]
- Measuring the blood pressure and weight. [ ]
- Dipstick sample of urine for protein, sugar, and infections. [ ]
- Obstetric evaluation including the ultrasound assessment. [ ]

5. What are the routine medications to be given; when to start, and when to stop? (4 Marks)

- Folic acid, 500 µgm daily from day 1 to time of delivery. [ ]
- Iron supplement from week 16 to time of delivery. [ ]
- Vitamin D, 5000 IU every other day from day 1 till delivery. [ ]
- Calcium 500 mg daily from week 26 till time of delivery. [ ]

Total mark /20 ***Signature***

الممسوحة ضوئيا بـ CamScanner

Booking - 3

ANTENATAL VISIT STATION

A 33 years old lady, pregnant, presented to your clinic at Jordan University Hospital for the first time to book herself for delivery under your care. Please, discuss with the examiner the important points regarding her case in this booking visit in sequence.

1. Mention the most important relative points about her pregnancy?
2. Mention the most important investigations you will do or order.
3. Assume that in the history, she mentioned that she developed gestational diabetes mellitus. What important relative points you want to know and what are the investigations needed for her?

A. The most important points in her history are: **(any 10)**
   1. Her occupation. [ ]
   2. Gravida, Para. [ ]
   3. Last menstrual period [ ]
   4. Modes of previous deliveries. [ ]
   5. Regularity of her periods. [ ]
   6. Any contraception methods before. [ ]
   7. How does she confirm this pregnancy? [ ]
   8. Symptoms of pregnancy; nausea, vomiting, morning sickness. [ ]
   9. Any complaint related to this pregnancy; bleeding, pain [ ]
   10. Allergy and immunization. [ ]
   11. Any medical or surgical problems. [ ]
   12. Lactating or not. [ ]

B. The most important in examination and investigations needed in this booking visit are: **(any 6)**
   1. Her weight, height, and blood pressure. [ ]
   2. General examination, obstetrics examination
   3. Complete blood count. [ ]
   4. Blood group and Rh factor. [ ]
   5. Urine routine. [ ]
   6. Rubella, hepatitis IGg. [ ]
   7. TSH, Blood sugar. [ ]
   8. Ultra sound sonography. [ ]

C. Why doing an ultra sound sonography is a must in this visit? **(any 6)**
   1. To confirm pregnancy. [ ]
   2. To localize the site of pregnancy; intra uterine versus extra uterine. [ ]

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3. Viability of pregnancy i.e. normality. [ ]
4. Amount of liquor. [ ]
5. Localization of placenta. [ ]
6. Number of fetuses. [ ]
7. Any abnormality. [ ]

D. Assume you found that her blood group is A negative, what other additional data you will need to know and to do?
1. Her husband blood group. [ ]
2. If she received anti D immunoglobulin in previous pregnancies. [ ]
3. Order for indirect Coombs test. [ ]

TOTAL MARK: …………../25 **EXAMINER NAME& SIGNATURE**

الممسوحة ضوئيا بـ CamScanner

Booking - 4

Station three

Students information

Mrs. Asmahan is a 36 years old married for last 7 years, with history of one cesarean section 2 years ago.

She had 5 weeks amenorrhea and she feels that she might be pregnant. She presented to your clinic for the first time for evaluation. Please, speak to her about her concern in sequence.

1. What important symptoms in the history that might suggest pregnancy and how would you confirm the pregnancy?
2. What important relative information in the history you want to known about this lady?
3. What are the main laboratory investigations you would order during this visit?
4. She is worried about increased risk of Down syndrome, how would you screen for this condition?
5. If the screening for Down syndrome was positive, how would you confirm the diagnosis?

المسوحة ضوئيا بـ CamScanner

Station three

Examiner sheet

1.What important symptoms in the history that might suggest pregnancy and how would you confirm the pregnancy? (----/4 marks)

1. History of amenorrhea.
2. Presence of morning sickness, nausea, vomiting.
3. Blood test to check the level of human chorionic gonadotropin.
4. The presence of gestational sac via transvaginal ultra sound evaluation.

2. Relative important information in the history about this lady are: Any 3 (----/3 marks)

1. Obstetric history.
2. Medical history, drug history
3. Family history, Genetic history.
4. Gynaecological history
5. Surgical history

3.The main laboratory investigations to be ordered during this visit are:
Any 8 (----/8 marks)

1. Complete blood count.
2. Blood group.
3. Rhesus factor, antibody screen
4. Urinalysis.
5. High vaginal swab for group B streptococci.
6. Thyroid stimulating hormone
7. blood sugar level.
8. Rubella screen
9. Hepatitis screen

4.She is worried about the increased risk of Down syndrome, how would you screen for this condition? Any 3 (----/3 marks)

1.Nuchal translucency
2. first trimester biochemistry
3.Triple test
4.Quadruple test

5. If the screening for Down syndrome was positive, how would you confirm the diagnosis? (----/2 marks)

1. chorionic villous sampling
2. amniocentesis

---------------------- **Total mark (-------/20 marks)**

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Breech Presentation - 1

Station 3
Student Information

Mrs. Layla is 32 years old lady, G4 P3, all were FTNVD with an average weight of 3 kg, presented to the antenatal clinic at 36 weeks gestation to book herself for delivery at JUH under your care. Upon her evaluation you find that the baby is in breech presentation. Please speak to her about:

1. The possible causes for this presentation
2. The signs and symptoms
3. The possible associated conditions
4. The prerequisite needed for vaginal delivery

الممسوحة ضوئيا بـ CamScanner

Station 3
Examiner information

Mrs. Layla is 32 years old lady, G4 P3, all were FTNVD with an average weight of 3 kg, presented to the antenatal clinic at 36 weeks gestation to book herself for delivery at JUH under your care. Upon her evaluation you find that the baby is in breech presentation. Please speak to her about

1. The possible causes for this presentation
2. The signs and symptoms
3. The possible associated conditions
4. The prerequisite needed for vaginal delivery

1. Possible causes: (5 Marks)

- Prematurity. [ ]
- Fetal anomalies. [ ]
- Maternal uterine anomalies. [ ]
- Multiple gestations. [ ]
- Abnormal placental location. [ ]

2. Signs and symptoms: (3 Marks)

- Fetal head located outside the pelvis on abdominal palpation. [ ]
- Fetal heart heard high in the pelvis. [ ]
- Buttock, one foot, or both feet palpable on cervical examination. [ ]

3.Associated conditions: (6 Marks) any 6 of the list

- Abruption placenta. [ ]
- Premature rupture of membranes. [ ]
- Intra cranial haemorrhage. [ ]
- Growth restriction. [ ]
- Placenta previa. [ ]
- Prolapsed of the umbilical cord. [ ]
- Entrapment of the fetal head [ ]
- High risk of perinatal mortality. [ ]

4. Prerequisites needed for vaginal delivery. (6 Marks) any 6 of the list

- No contraindication for vaginal delivery. [ ]
- Singleton breech [ ]
- Frank breech [ ]
- The estimated fetal weight is between 2500 g and 3800 g. [ ]
- Availability of continuous electronic fetal heart monitoring. [ ]
- Normal progression of cervical dilatation. [ ]
- The obstetrician requisite skills and experience. [ ]
- Delivery at the CS room with anesthesiologist and neonatologist. [ ]

Total mark /20 Signature

الممسوحة ضوئيا بـ CamScanner

Breech Presentation - 2

Station three

Students information

A 32 year old lady, G4 P3, all were FTNVD with an average weight of 3 kg, presented to the antenatal clinic at 35 weeks gestation to book herself for delivery at JUH under your care. Upon her evaluation you find that the baby is in breech presentation. Please speak to her about:

1. The types of breech presentation
2. The possible causes for this presentation.
3. The management options of breech presentation
4. The possible risks and complications of vaginal breech delivery

الممسوحة ضوئيا بـ CamScanner

Station three **Examiner sheet**

A 32 year old lady, G4 P3, all were FTNVD with an average weight of 3 kg, presented to the antenatal clinic at 35 weeks gestation to book herself for delivery at JUH under your care. Upon her evaluation you find that the baby is in breech presentation. Please speak to her about:

1. The types of breech presentation: **(3 marks)**

1. Extended breech
2. Flexed breech
3. Footling

2. The possible causes for this presentation: **(6 marks)**

1. Prematurity
2. Fetal anomalies.
3. Polyhydramnios
4. Oligohydramnios
5. Abnormal placental location
6. Pelvic tumors

3. The management options of breech presentation **(6 marks)**

1. Elective caesarean
2. External cephalic version
3. Breech vaginal delivery

4. The possible risks and complications of vaginal breech delivery

(5 marks)

1. Entrapment of the fetal head
2. umbilical cord prolapse
3. fetal hypoxia, asphyxia
4. fetal injury, eg. Fractures, visceral injury
5. maternal injury, eg. tears

Examiner signature

--------------------- **Total mark (-------/20 marks)**

الممسوحة ضوئيا بـ CamScanner

Cardiovascular Diseases in Pregnancy

Station " 2 "
Student's Information

A 37year old G3P2 presents at 18wks of gestation for a fetal echocardiography because of a family history of congenital heart disease,then by routine exam this lady was diagnosed to have uncorrected Tetralogy of fallot with several episodes of supraventriculer tachycardia, maternal echocardiography showed Rt ventricular ejection fraction of 20% and the maternal oxygen saturation is 72%.

A. What is the appropriate next step in the management and counselling of this patient according to her heart function evaluation?

B. Mention 4 other cyanotic congenital heart disease disorder that may have negative impact on the outcome of the pregnancy.

C. Mention 4 of the cardiovascular physiological changes that may happen during the pregnancy.

الممسوحة ضوئيا بـ CamScanner

Station " 2 "
Examiner Information

A. What is the appropriate next step in the management and counselling of this patient according to her heart function evaluation?

The pregnancy should be terminated, there is 25_50%risk of maternal mortality according to her situation(uncorrected TOF & left ejection fraction is less than 50%),this should be done in combination between the high risk team and cardiology team

0	2	3

B. Mention 4 other cyanotic disorder that may negative impact on the outcome of the pregnancy

	0	2
- Complete transposition of the great arteries		
- Ebestein anomaly		
- Truncus arteriosus		
- Tricuspid valve atresia		

C. Mention 4 of the cardiovascular physiological changes that may happen during the pregnancy

	0	1
- Decreased the systemic and pulmonary vascular resistance		
- Presence of S3sound and early ejection systolic murmers		
- Increased in the intravascular plasma volume		
- Increase the heart rate by about 10beats /minutes		

Total mark: **/ 15** **Signature:**

CamScanner الممسوحة ضوئيا بـ

Cervical Cancer - 1

STATION: 2

Student Information

Mrs. Sandra is 26 years gravida 2 para 2, married twice for the last 10 years, presented with history of post coital bleeding for the last 3 years, and biopsy confirmed the diagnosis of well differentiated squamous cell carcinoma, stage IIA. The examiner will ask you some questions about her case.

1. Mention 4 possible causes of her disease.
2. Mention 4 steps for diagnosis and clinical staging the condition.
3. What is the ideal surgical step for managing this lady?
4. Mention 4 possible harm effects of smoking affecting her malignancy.

الممسوحة ضوئيا بـ CamScanner

STATION: 2
Examiner Information

Mrs. Sandra is 26 years gravida 2 para 2, married twice for the last 10 years, presented with history of post coital bleeding for the last year, and biopsy confirmed the diagnosis of well differentiated squamous cell carcinoma, stage IIA. All radiologic studies were normal. The examiner will ask you some questions about her case.

1. Mention 4 possible causes of her disease; 16 years old. [4 marks]

a. Age of starting sexual activity.
b. Multiple sexual partners.
c. Promiscuous male partners.
d. History of sexually transmitted diseases.
e. Smoking.

2. Mention 4 steps for diagnosis and clinical staging the condition.[4 marks]

a. Speculum and colposcopy.
b. Cervical biopsies.
c. Fractional D&C.
d. Cystoscopy, urine cytology.
e. Recto-vaginal examination.

3. What is the ideal surgical step for managing this lady? [6 marks]

a. Radical Hysterectomy,
b. Pelvic lymphadenectomy,
c. Bilateral ovarian translocation.

4. Mention 4 possible harm effects of smoking affecting her malignancy.[6 marks]

a. Smoking damages the cervical DNA, leading to cancer.
b. Smoking products block the langerhans cells at the cervix, leading to decrease the local immunity effects.
c. Smoking encourages the bad sexual habits among the tobacco users.
d. Smoking decreasing the number of antigen- presenting Langerhans cells in the genital epithelium.

Examiner **signature**

/20

الممسوحة ضوئيا بـ CamScanner

Cervical Cancer - 2

Station "6"

Student Information

Mrs. Sandra is a 42 years old lady Gravida 2 Para 2, married for the last 26 years, presented to your clinic to councel for possible development of cervical cancer. Please speak to her about

1. Risk factors.
2. When should she present to your office?
3. What investigations should she have to assure herself?
4. Management steps.

CamScanner الممسوحة ضوئيا بـ

Station "6"

Examiner Information

Mrs. Sandra is a 42 years old lady gravid 2 para 2, married for the last 26 years, presented to your clinic to councel for possible development of cervical cancer. Please speak to her about the risk factors, when she must present to your office, and what investigations she should have to assure herself, and the management steps?

		0	1
The risk factors for her to develop cervical cancer are: [5 marks]			
1.	Early age of marriage.	[ ]	[ ]
2.	Multiple sexual partners.	[ ]	[ ]
3.	History of sexually transmitted diseases	[ ]	[ ]
4.	Being smoker.	[ ]	[ ]
5.	Prolonged use of oral contraceptive pills.	[ ]	[ ]
The symptoms are: [5 marks]		**0**	**1**
6.	Abnormal uterine bleeding	[ ]	[ ]
7.	Post coital bleeding	[ ]	[ ]
8.	Abnormal vaginal discharge	[ ]	[ ]
9.	Dysurea	[ ]	[ ]
10	Loin pain	[ ]	[ ]
How to screen herself: [5 marks]		**0**	**1**
11.	Annual Pap smear.	[ ]	[ ]
12.	Speculum and vaginal examination	[ ]	[ ]
13.	Receiving the human papilloma vaccine.	[ ]	[ ]
14.	To ask for medical help if she has post coital bleeding	[ ]	[ ]
15.	Annual ultra sound sonography to the pelvic organs.	[ ]	[ ]
Management steps: [5 marks]		**0**	**1**
16.	Colposcopy	[ ]	[ ]
17.	Fractional dilatation and curettage	[ ]	[ ]
18.	Cystoscopy	[ ]	[ ]
19.	Bimanual recto-vaginal examination	[ ]	[ ]
20.	Urine cytology	[ ]	[ ]

TOTAL MARK: ……/20 Examiner Signature …………

الممسوحة ضوئيا بـ CamScanner

Contraception
Tubal Ligation

Station " 1 "

Student Information

A "40-year-old", Para 5+0 Lady attended the outpatient clinic asking for tubal ligation. She needs counseling and has questions to ask.

1- Explain to her the procedure methods?

2- Answer her questions

CamScanner الممسوحة ضوئيا بـ

Station " 1 "

Patient Information

A "40-year-old", Para 5+0 Lady attended the outpatient clinic asking for tubal ligation. She needs counseling and has questions to ask.

1-Explain to her the procedure methods?

2- Questions:

1- How effective is the method?
2- If pregnancy occurs why?
3- Does it increase the chance of ectopic pregnancy?
4- Mention two benefits over other methods?
5- Mention two disadvantages over other methods?
6- Will tubal ligation affect the menstrual pattern?
7- Can it be reversed easily if I became willing to get pregnant?

CamScanner الممسوحة ضوئيا بـ

Station " 1 "

Examiner Evaluation

A "40-year-old", Para 5+0 Lady attended the outpatient clinic asking for tubal ligation. She needs counseling and has questions to ask.

1- Explanation of the procedure methods: (6 Marks)

	0	2
1.Laparoscopy		
2. Laparotomy		
3. Through the hysteroscope		

2- How effective is the method? (2 Marks)

	0	1
1. Very effective		
2. Failure rate <0.5/HWY		

3- If pregnancy occurs why? (3 Marks)

	0	1
1.Pregnant before the produce		
2. Recanalization of tubes		
3. Ligation of another structure		

4- Does it increase the chance of ectopic pregnancy? (1 Mark)

	Yes 0	No 1

5- Mention two benefits over other methods (2 Marks)

	0	1
1.Effectives		
2. No side effect		

6- Mention two disadvantages over other methods (2 Marks)

	0	1
1.Irreversible		
2. Surgical risks		

	Yes 0	No 2
7- Will tubal ligation affect the menstrual pattern (2 Marks)		
8- Can it be reversed easily if I became willing to get pregnant (2 Marks)		

Signature: **Total mark: /20**

CamScanner المسوحة ضوئيا بـ

Contraception - 1

Students's Information

Huda is 24 years old, She is Para 1. She delivered her baby boy 6 month ago. Huda wants to start using a contraception method.

She is interested in the pack in front of you:

1. She asks you how it works.
2. How often do I have to take it?
3. When can I start?
4. How effective is it?
5. Why would it not work?
6. If I decide I want to have another baby how long do I have to wait after stopping the pill?
7. She is concerned about gaining weight while using the pills.What would you tell her?
8. Huda decides to take the pack. She calls you a month later saying that she forgot to take the pill in the morning and wants to know what to do?
9. She calls again few month later saying that she went on a business trip for 3 days and didn't take her pills? What should she do?

الممسوحة ضوئيا بـ CamScanner

Name:

Answer Sheet (Examiner's)

1. Estrogen-induced inhibition of the midcycle surge of gonadotropin secretion, so that ovulation does not occur. (1mark)

2. You have to take the pill **once daily** (1 mark)

3. It can be started any day as long as you rule out pregnancy before starting the pack. And use a pack up method for 7 days. No need to use pack up method if you start the first day of the cycle.(2 marks)

4. It is very effective. Perfect use results in less than 1% pregnancy rate. Usual use results in 8% pregnancy rate (5-10). (1 mark)

5. The most common reason for failure is non compliance.(1 Mark)

6. Immediate return to fertility. Pregnancy rate of women who took the pill is equal to women who never took the pill in the first year after discontinuing the pill. (1 mark)

7. It doesn't increase the weight, though some women report some increase in weight but studies have shown no effect.(1 mark)

8. -She needs to take themissed pill as soon as possible and continue the pack. (1 Mark)

9. Pack up birth control and start a new pack (1mark)

المسوحة ضوئيا بـ CamScanner

Contraception - 2

<u>Station " 7 "</u>

There are different types of **CONTRACEPTIVE** methods.
Carefully look at this method and **ANSWER THE FOLLOWING QUESTIONS**

1. **Name** this method of contraception?

2. What **hormones** does this method contain?

3. Described **the way of use**?

4. Mention other **benefits and uses** for this method than contraception?

5. Mention **three** absolute contraindication for this method?

6. What are other routs through which this hormonal contraception could be given(other than oral route)?

الممسوحة ضوئيا بـ CamScanner

Station " 7 "

There are different types of **CONTRACEPTIVE** methods. Carefully look at this method and **ANSWER THE FOLLOWING QUESTIONS.** The student should answer the following Question.

1. Name this method of contraception? (2 Marks)

0 2

1. Combined oral contraception pills

2. What hormones does this method contain? (4 Marks)

0 2

1. Ethinyl estradiol (estrogen)
2. progestogens (second ,third , fourth generation)

3. Described the way of use? (2 Marks)

0 2

1. First use, first day of the cycle for 21 days, 7 days rest and repeat

4. Mention other benefits and uses for this method than contraception? (4 Marks)

0 2

1. Dysmenorrhea, Benign simple ovarian cyst
2. Dysfunctional uterine bleeding, Endometriosis

1. Mention 6 absolute contraindication for this method? (6 Marks)

0 2

1. Breast feeding
2. Migrane with aura
3. Smoking >15 cigarettes per day, >35 years
4. Hypertension >160/100
5. Current history of IHD, stroke, thrombosis, DVT
7. Positive thrombophilias

6. What are other routs through which this hormonal contraception could be given(other than oral route)? (2 Marks)

0 1

1. Transdermal patches
2. Injectable
3. Vaginal ring (NUVA ring)

Signature: **Total Mark: / 20**

الممسوحة ضوئيا بـ CamScanner

Contraception - 3

These are 3 different methods of contraception, please answer the associated questions:

Contraception method 1:

1- What's this contraceptive method?

2- What other types of this method do you know?

3- Mention 2 complications.

Contraception method 2:

1- Give one indication to give this type of pills?

2- What's its mechanism of action as contraception?

Contraception method 3:

1- Mention the constituents of these pills

2- Give 2 non-contraceptive benefits for this type of pills?

المسوحة ضوئيا بـ CamScanner

Contraception - 4

Dr.Majed

Station "   "

Student Note

Mrs Lubna is 29 year old, Para 3+0 willing to go on the combined oral contraceptive pill. She had her last delivery one year ago.

1- Describe to her the pill pack and how to use it.
2- Explain what she should do in case of missed pills.
3- Answer the patient's questions about the combined oral contraceptive pills.

الممسوحة ضوئيا بـ CamScanner

Patient Note

Q1: No notes for patient

Q2:

- What should I do if missed one pill?
- What should I do if missed two pills?
- What should I do if missed 3 pills or more?
- What to do if I had vomiting within 2 hours after taking a pill?

Q3:

- Should I take a rest from combined oral contraceptive pills every few months?
- If I took the pill for 3 years, will I be protected from pregnancy after stopping the pill?
- How long does it take to become pregnant after stopping COC pill?
- If I got pregnant while taking COC pills will the fetus be harmed?
- Do pills adversely affect sexual relationship?
- Can women who smoke take COC pills?

الممسوحة ضوئيا بـ CamScanner

Examiner Note

	0	1
Q1 :		
1 - Introduce himself		
2- Explain the pill pack: 21 similar pills are the effective pills		
3- Explain when to start the first pill in the first pack (first day of cycle)		
4- Explain the need to take pills at the same time every day		
5- Explain starting next packs (day 5 of cycle)		
Q2 :		
1- Missed 1 pills: Take a pill as soon as she remembers and take the other pill on time		
2- Missed 2 pills: same		
3-Missed 3 pills or more: use emergency contraception method, start a new pack after she has withdrawal bleeding		
4- If she had vomiting within two hours of taking the pill : should take another pill from the pack as soon as possible and keep taking the pills regularly		
Q3 :		
1- Should she take rest (NO)		
2- If she took the pill for 3 years would she be protected from pregnancy after stopping the pill (NO)		
3- How long dose it take to get pregnant? (NO Delay)		
4- Is the pill teratogenic ? (NO)		
5- Do pills seriously affect marital relationship? (NO)		
6- Can women who smoke take COCP (NO especially if older than 35)		

Total mark: /15

Signature:

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Contraception - 5

Name:____

Station # 5
Examiner information

These are 3 different types of contraceptive methods. Answer the following question?

Contraceptive Method 1

a. Mention three types of this method.

1. ………………………………………………… ( )
2. ………………………………………………… ( )
3. ………………………………………………… ( )

b. Mention two complications.

1. ………………………………………………… ( )
2. ………………………………………………… ( )

Contraceptive Method 2

a. What is the main mechanism of action of this method?

1. ………………………………………………… ( )

b. Mention two advantages

1. ………………………………………………… ( )
2. ………………………………………………… ( )

Contraceptive Method 3

a. Mention one advantage of this method

1. ………………………………………………… ( )

b. Mention one contraindication of this method

1. ………………………………………………… ( )

Total mark /10 Examiner:

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CTG - 1

لَولا القرُآن لاندكَّت القُلوب تحتَ مطارق الشَّدائدِ وَالمِحَن

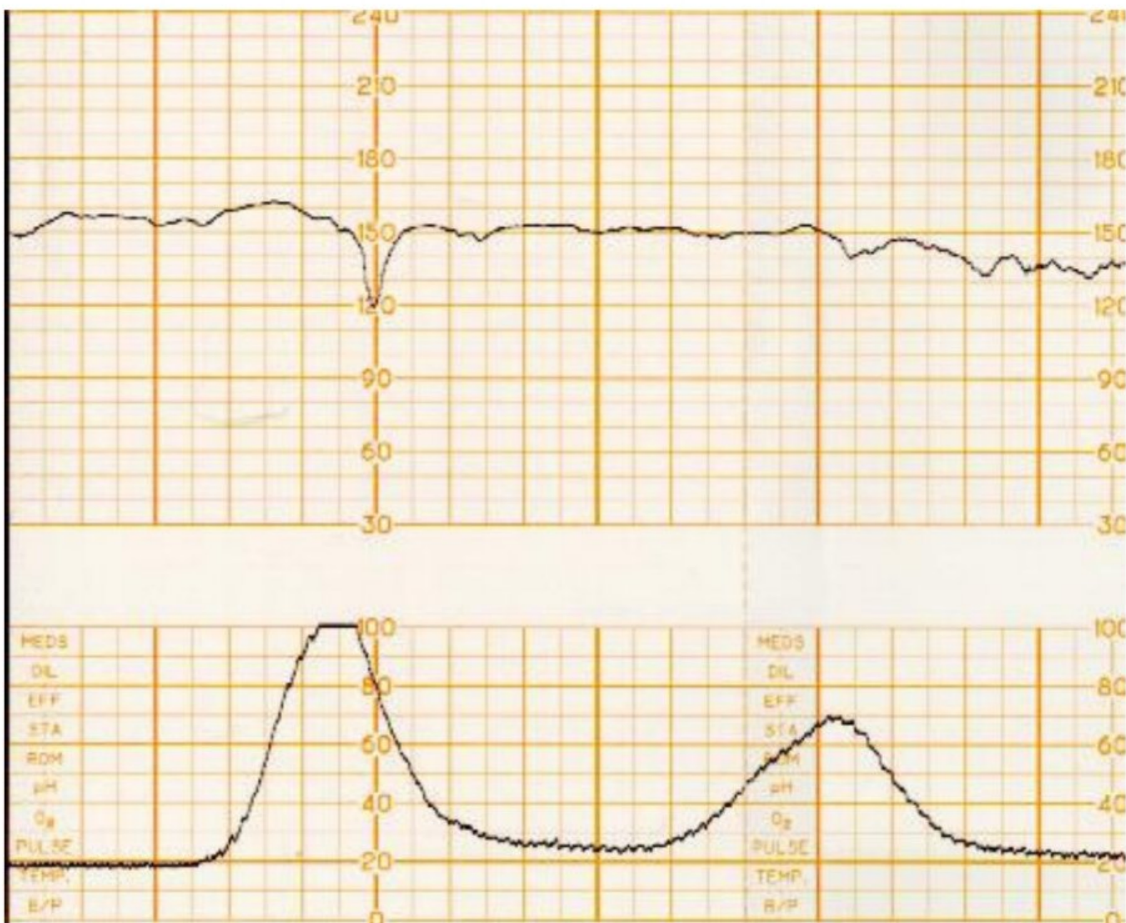
د. خالد أبو شادي، فرّج اللهُ عنَه

Station 2

Student's information

Mrs X is a 31 year old primigravida at 41 weeks gestation. She was admitted for induction of labour and started on Syntocinon after artificial rupture of membranes. Her fetus is being monitored via Cardiotocograph (CTG). The attending obstetrician is called to assess the CTG.

1. Generally, tell the examiner what are the features you should interpret in any CTG?
2. The patient's CTG appears as follows
   a. What abnormal features do you notice?
   b. What is the likely cause for these features?



3. In this situation, what will be your next step in the management of this patient?

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Station 2

Examiner sheet

Mrs X is a 31 year old primigravida at 41 weeks gestation. She was admitted for induction of labour and started on Syntocinon after artificial rupture of membranes. Her fetus is being monitored via Cardiotocograph (CTG). The attending obstetrician is called to assess the CTG.

1. What are the features important in interpreting the CTG? **(8 marks)**

    1. Patient ID
    2. Paper speed
    3. Date and time
    4. Baseline
    5. Variability
    6. Accelerations
    7. Decelerations
    8. Contractions

2. The patient's CTG appears as seen in your sheet;

    a. what abnormal features do you notice? **(4 marks)**

    1. Reduced variability
    2. Late decelerations

    b. What is the likely cause for these features? **(2 marks)**

    1. Placental insufficiency.

3. In this situation, what will be your next step in the management of this patient? **(4 marks)**

    1. Stopping syntocinon
    2. IV hydration
    3. Position correction of the patient
    4. Vaginal examination

4. Assume her vaginal examination findings was: 4 cm dilated and 60% effaced, vertex presentation at minus 2 station, what will be your next step?

    1. Urgent caesarean Section **(2 marks)**

Total mark............................../20 **signature.......................**

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CTG - 2

STATION: 4

Student information

This is a non-stress test done for a 40 years old diabetic and hypertensive primigravida lady on treatment, pregnant 41 weeks during her routine antenatal visit today.

Please tell me what informative data can be elicited from this fetal monitoring.

This is a CTG for primigravida in labor at 38 weeks gestation of pregnancy, which was augmented 3 hours ago.

CamScanner الممسوحة ضوئيا بـ

STATION: 4

Examiner Information

This is a non-stress test done for a 40 years old diabetic and hypertensive primigravida lady on treatment, pregnant 41 weeks during her routine antenatal visit today.
Please tell me what informative data can be elicited from this fetal monitoring.

a.	Base line: 110-160.	1 mark
b.	Beat to beat variability: 5-25 BPM.	1 mark
c.	Acceleration: each 15 BPM for ......during 20 minute period of observations.	1 mark
d.	No deceleration.	1 mark
e.	All in all, this is a reactive NST.	2 marks

Please, mention 4 possible indications to do NST for this lady at clinic during a routine visits. [any 4 of the list]. <u>One mark for each</u>.

a. Being high risk due to old maternal age.
b. Being high risk due to DM, and HT.
c. Post data.
d. Decrease fetal movements.
e. Decrease amniotic fluid.

This is a CTG for primigravida in labor at 38 weeks gestation of pregnancy, which was augmented 3 hours ago.

a. What is the abnormality seen on this CTG?
Variable decelerations. — 2 marks

b. What is your action in the management plan?

1. Stop sytocinon drip. — 1 mark
2. Left lateral position. — 1 mark
3. Hydration. — 1 mark
4. Vaginal Examination. — 1 mark

c. What are the aims of the vaginal examination?

a. To rule out cord prolapse. — 2 marks
b. To determine the method of delivery. — 2 marks

Examiner signature

/20

CamScanner الممسوحة ضوئيا بـ

Diabetes Mellitus - 1

Station "4"

Student information

A 20 years old lady, a known case of type I DM for the last 15 years, came today to the pre-pregnancy clinic for counseling session regarding her medical issue (Diabetes), and the effect of this problem on her pregnancy in the future.

a. Mention three of the expected fetal complications of this medical disorder ?

b. Mention three of the expected maternal complications of this medical disorder?

c. What is the investigation that you should obtain for this lady before pregnancy?

d. What is the consultation that you should obtain for this lady before pregnancy?

e. What is the proper gestational age for delivery and why?

الممسوحة ضوئيا بـ CamScanner

Examiner Information:

A 20 years old lady, a known case of type I DM for the last 15 years, came today to the pre-pregnancy clinic for counseling session regarding her medical issue (Diabetes), and the effect of this problem on her pregnancy in the future.

The student should mention any 3 of the followings:

a. **Fetal complications:** /3

- Congenital anomaly
- Macrosomia
- Pre-term birth and RDS
- Neonatal complication
- Birth trauma

b. **Maternal Complications:** /3

- Recurrent abortion
- Superimposed PET, and GHTN
- Pre-term labor
- Operative delivery

c. **Investigation that you should obtain for this lady before pregnancy** /3

- HbA1c
- kidney function test
- blood sugar monitoring

d. **consultation that you should obtain for this lady before pregnancy** /3

- Ophthalmology
- Nephrology
- Cardiology

e. Gestational age for delivery and why?

- 38-39 weeks /1
- To decrease the incidence of still birth and fetal complications related to diabetes /2

Total /15

Examiner: **Signature:**

الممسوحة ضوئيا بـ CamScanner

Diabetes Mellitus - 2

Station 2
Student Information

A 24- year-old nulliparous lady with a 20- year history of type I diabetes (insulin-dependent diabetes mellitus) diagnosed at age of 4 with DKA (diabetic keto- acidosis). She is newly married since 3 months and planning to get pregnant.

Q1. Please, consult her concerning her condition; pre-pregnancy counseling.

Q2. Mention to the lady your management plan during the antenatal period.

Q3. Mention to the lady your management plan during labor.

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Station 2
Examiner information

A 24- year-old nulliparous lady with a 20- year history of type I diabetes (insulin-dependent diabetes mellitus) diagnosed at age of 4 with DKA (diabetic keto-acidosis). She is newly married since 3 months and planning to get pregnant.
Q1. Please, consult her concerning her condition; pre-pregnancy counseling.
Q2. Mention to the lady your management plan during pregnancy and labor.
Q3. Mention to the lady your management plan during labor.

Pre pregnancy counseling: [8 marks]

1. Importance of diabetes control to avoid fetal abnormalities [ ]
2. Monitoring of blood sugar and HbA1c level [ ]
3. Should not get pregnant until glucose control optimal [ ]
4. Needs preconception diabetitian visit [ ]
5. Prevention of Spina bifida: needs 5mg of folate daily [ ]
6. Combined team management required; obstetrician, Diabetic physician and dietician [ ]
7. Base line investigations; CBC, KFT, Urine routine, blood group [ ]
8. Base line HbA1C level and screen for thyroid disease [ ]

Antenatal management: [6 marks]; any 4 of the list

9. Specialist/ obstetric unit experienced in management of diabetes [ ]
10. Detailed ultrasound required [ ]
11. Tight glucose control compared to non-pregnant state [ ]
12. More frequent antenatal visits compared to general population [ ]
13. Needs for fetal surveillance [ ]

Labor and delivery: [6 marks]; any 4 of the list

14. Timing and mode of delivery will depend upon fetal assessment [ ]
15. Keep glucose control optimal during labor [ ]
16. Vaginal delivery is possible, risk of shoulder dystocia [ ]
17. Baby special nursing care [ ]
18. Expectation of large sized baby should be in mind [ ]

Total mark /20 ***Signature***

CamScanner الممسوحة ضوئيا بـ

Diabetes Mellitus - 3

Station # 3

Student information:

A 21 years old lady is known to have IDDM (insulin dependant diabetes) since childhood on insulin treatment. She was just diagnosed to be pregnant (7 weeks); she is worried about complications of diabetes and the effect of it on herself and her pregnancy. Discuss this with her? what important tests you want to do?

CamScanner الممسوحة ضوئيا بـ

Station # 3

Simulator information:

You are 21 years old G1P0. Known diabetic since childhood on insulin, your sugars are controlled and you have routine follow-up with your endocrinologist. You have unplanned pregnancy (7 weeks), you are worried about complications of diabetes on yourself and on your baby, and you want to know more about these complications.

الممسوحة ضوئيا بـ CamScanner

Name:___________________________________

Station # 3

Examiner Information:

A 21 years old lady is known to have IDDM (insulin dependant diabetes) since childhood on insulin treatment. She was just diagnosed to be pregnant (7 weeks); she is worried about complications of diabetes and the effect of it on herself and her pregnancy. Discuss this with her. what important tests you want to do?

The student should tell the patient about:

	0	1
1. Proper introduction	( )	( )
2. Increased risk of miscarriage	( )	( )
3. Increased risk of pre-eclampsia.	( )	( )
4. Increased risk of infections. UTI Candida …	( )	( )
5. Retinopathy may develop.	( )	( )
6. Congenital anomalies are higher (heart defects, skeletal and NTD)	( )	( )
7. Polyhydraminos	( )	( )
8. IUFD, perinatal, neonatal mortality.	( )	( )
9. Large size baby	( )	( )
10. neonatal hypoglycemia	( )	( )
11. Jaundice, RDS	( )	( )
12. Higher C/S rate.	( )	( )
13. Ultrasound examination	( )	( )
14. Routine antenatal screening tests	( )	( )
15. Blood sugar(FBS,Postprandial)	( )	( )
16. If abnormal admit for blood sugar profile	( )	( )
17. HbA1C	( )	( )

Total mark /17 **Examiner:**

الممسوحة ضوئيا بـ CamScanner

Diabetes Mellitus - 4

Station " 8 "

Student's Information

Lana is a 32 year old, married for the last 3 months. She is known to have IDDM on Insulin and thinking about pregnancy in the coming few months. You were asked to do preconceptual counseling

1: What is your aim from this counseling?

2: What baseline investigations will you do for her?

3: What are the adverse effects of diabetes on the Mother?

4: What are the adverse effects of diabetes on the Fetus?

5: Will be asked by the examiner?

الممسوحة ضوئيا بـ CamScanner

Station " 8 "

Lana is a 32 year old, married for the last 3 months. She is known to have IDDM on Insulin and thinking about pregnancy in the coming few months. You were asked to do preconceptual counseling

1. What is your aim from this counseling? (2Marks)

	0	3
Acknowledge the importance of tight glycemic control		

2. What baseline investigations will you do for her?

	0	1
1. Hb A1c should be less than 6.5 percent		
2. Blood sugar profile, KFT, Ophthalmoscopy		
3. Assess pre-existing complications: Nephropathy, neuropathy and Retinopathy		

3. What are the adverse effects of diabetes on the Mother?

	0	1
1. Exacerbation of retinopathy, nephropathy		
2. PET		
3. Increased risk of operative delivery and maternal trauma		
4. Obstructed labour		

4. What are the adverse effects of diabetes on the Fetus?

	0	1
1. Congenital anomalies		
2. Risk of miscarriage		
3. Polyhydramnios		
4. Preterm labour and RDS		
5. IUFD		
6. Trauma during delivery		

5. If the HbA1c is 10, how you are going to advise her?

Effective contraception until the glycemic control is achieved , Folic acid supplementation

0	4

Signature: **Total Mark: / 20**

CamScanner الممسوحة ضوئيا بـ

Diabetes Mellitus - 5

Station "8"

Student Information

Lana is a 32 year old, married for the last 3 months. She is known to have IDDM on Insulin and thinking about pregnancy in the coming few months. You were asked to do preconceptual counseling

1: What is your aim from this counseling?

2: Mention the important points you have to assess during your interview?

3: What baseline investigations will you do for her?

4: What are the adverse effects of diabetes on the Mother?

5: What are the adverse effects of diabetes on the Fetus?

الممسوحة ضوئيا بـ CamScanner

Station "8"

Examiner Information

Lana is a 32 year old, married for the last 3 months. She is known to have IDDM on Insulin and thinking about pregnancy in the coming few months. You were asked to do preconceptual counseling

1: What is your aim from this counseling?

2: Mention the important points you have to assess during your interview?

3: What baseline investigations will you do for her?

4: What are the adverse effects of diabetes on the Mother?

5: What are the adverse effects of diabetes on the Fetus?

الممسوحة ضوئيا بـ CamScanner

Student Name: ______________________________

Station "8"

Examiner Information

1: What is your aim from this counseling? (4 Marks)

	0	1
1 : Acknowledge the importance of tight glycemic control	☐	☐
2 : Assessment of the presence of Diabetic complications		
- Hypertension	☐	☐
- Nephropathy	☐	☐
- Retinopathy	☐	☐

2: Mention the important points you have to assess during your interview? (5 Marks)

	0	1
1: Tight glycemic control to achieve the best possible HbA1c	☐	☐
2: Administration of folic acid 5mg prior to conception and for the following 12 weeks	☐	☐
3:Insuring all routine medication are safe during pregnancy and eliminating all hazardous drugs(e.g: ACE-I, ARBs and statins)	☐	☐
4 : Screen for diabetic Nephropathy and Retinopathy	☐	☐
5 : Screen for diabetic retinopathy	☐	☐

3: What baseline investigations will you do for her? (5 Marks)

	0	1
1 : Hb A1c should be less than 6.5 percent	☐	☐
2 : Blood sugar profile	☐	☐
3 : KFT	☐	☐
4 : Ophthalmoscopy	☐	☐
5 : 24 hr Urine Collection	☐	☐

الممسوحة ضوئيا بـ CamScanner

4: What are the adverse effects of diabetes on the Mother? (6 Marks)

Maternal complications:

	0	1
1 : Exacerbation of retinopathy		
2 : Nephropathy		
3 : PET		
4 : Increased risk of operative delivery		
5 : Increased risks of maternal trauma		
6: Obstructed labour		

5: What are the adverse effects of diabetes on the Fetus? (5 Marks)

Fetal effects	0	1
1 : Congenital anomalies		
2 : Miscarriage		
3 : Polyhydramnios		
4 : Preterm labour		
5 : RDS		
6: IUFD		
7: Trauma		

Total / 25

الممسوحة ضوئيا بـ CamScanner

Ectopic Pregnancy - 1

Station 5
Student Information

Mrs. Nabila is 32 years old married for the last 10 years, Gravida 3, Para 0 + 2 ectopic, her LMP was on 15/7/2016. She is working at coffee shop, known to have regular cycles every 28 days, presented to emergency room with nausea, abdominal pain, vaginal spotting. Her ultrasound evaluation revealed thick endometrium, left adnexal mass, with B-hCG of 871 IU/ml. please discuss her condition with the examiner in sequence.

1. What are the most likely diagnosis and its incidence?
2. Mention 6 risk factors in this lady to develop ectopic pregnancy?
3. Mention the signs that may suggest ruptured fallopian tube ectopic.
4. Mention the lines of therapy with its indications.

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Station 5
Examiner information

1. **The most likely diagnosis is ectopic pregnancy: 1 mark**

   its incidence is 2%. : 1 mark

2. **6 risk factors in this lady to develop ectopic pregnancy: 6 marks**
   - Damaged fallopian tubes.
   - History of pelvic inflammatory disease.
   - Sexually-transmitted diseases.
   - History of pelvic surgery.
   - History of ectopic pregnancy.
   - Use of fertility drugs.
   - Smoking.

3. **Signs that may suggest ruptured fallopian tube ectopic. 4 marks**
   - Sudden, severe, sharp pain,
   - Feeling faint and dizzy,
   - Hemorrhagic shock,
   - Diarrhea.
   - Shoulder tip pain

4. **Mention the treatment options and their applications: 8 marks**

   - Observation; Stable vital signs, acceptable pain levels, β-hCG titers below 1000 mIU/mL
   - Laparoscopy; for diagnosis and management;salpingictomy versus salpingistomy.
   - Laparotomy; urgent surgery due to life-threatening bleeding.
   - Medication; no fetal cardiac activity, β-hCG level less than 5000 mIU/mL, The size of the GS should not exceed 4cm.

الممسوحة ضوئيا بـ CamScanner

Ectopic Pregnancy - 2

Station # 4

Examiner information

The emergency department calls you to assess a 32 year old woman who presents with left lower quadrant pain, some vaginal spotting and a positive pregnancy test.

1. You agree to come and evaluate the patient. What question would you ask before coming?

2. The patient is in no apparent distress and you proceed with a history and physical exam. What questions you want to ask and what relevant physical examination you want to perform.

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Name:____

Station # 4
Examiner information

The emergency department calls you to assess a 32 year old woman who presents with left lower quadrant pain, some vaginal spotting and a positive pregnancy test.

1. You agree to come and evaluate the patient. What question would you ask before coming?

Is the patient hemodynamically stable? /1

2. The patient is in no apparent distress and you proceed with a history and physical exam.

History:

G? P? A? 1

LNMP 1

Pain 4

- onset
- quality
- duration
- relieving/aggravating factors
- associated back/ shoulder tip pain

Bleeding 2

– quantity
- passed tissue

Past history 4

menstrual hx
PMHx
PSurgHx
Meds
Allergies
Past Gyne Hx
Past OB Hx

Risk Factors 4

- IUD
- tubal OR
- abdominal OR
- STDs/PID
- previous ectopic

What relevant Physical Exam you want to perform 3

Vital Signs
Abdo exam
Pelvic exam

Total mark /20 Examiner:

الممسوحة ضوئيا بـ CamScanner

Ectopic Pregnancy - 3

Station 1
Student Information

Mrs. XX is 33 years working at night club, G7P2+4, two of them were ectopic pregnancies, and her both deliveries were surgical with an intra uterine contraceptive device for the last 2 years. She is known to have regular menstrual cycles, underwent a successful trial of In Vitro fertilization. She presented to the emergency department with pain, dizziness, heavy creamy vaginal discharge and vaginal spotting for the last few hours. Vaginal ultrasound evaluation revealed marked endometrial thickness with no definite intra uterine gestational sac. The pregnancy hormone e is 647 m IU/ml.

The examiner will ask you sequent related questions about this lady:

- What is the most likely diagnosis?
- Assume she diagnosed to have ectopic pregnancy. Mention the risk factors in this lady to develop such condition.
- Mention the pathophysiology for this ectopic pregnancy condition.
- What are the main differential diagnosis?
- Mention the main lines of management for this lady and their applications.

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Station 1 Examiner information

What is the most likely diagnosis?

Ectopic Pregnancy: **1 marks** [ ]

Assume she diagnosed to have ectopic pregnancy. Mention the risk factors in this lady to develop such condition. **5 marks** **(ANY 5)**

- Damaged fallopian tube. [ ]
- Smoking [ ]
- History of pelvic surgery. [ ]
- History of ectopic pregnancy. [ ]
- Infertility treatments such as IVF, Use of fertility drugs. [ ]
- Having intra uterine contraceptive device. [ ]

Mention the pathophysiology for this ectopic pregnancy condition. **4 marks**

- Damage of the tubal cilia by infection, →egg transport becomes disrupted. [ ]
- Formation of pocket like pools that engulf the fertilized eggs. [ ]
- Infection-related scarring and partial blockage of the Fallopian tubes. [ ]
- Bleeding-related scarring and partial blockage of the Fallopian tubes. [ ]

What are the main differential diagnosis? **6 marks**

- Appendicitis. [ ]
- Salpingitis. [ ]
- Ruptured corpus luteum cyst or ovarian follicle. [ ]
- Spontaneous abortion or threatened abortion. [ ]
- Ovarian torsion. [ ]
- Urinary tract disease. [ ]

Mention the main lines of management for this lady and their applications. **4 marks**

- **Observation**; resolve on their own without the need for any intervention. [ ]
- **Laparoscopy**; for diagnosis and management. [ ]
- **Laparotomy**; urgent surgery if life-threatening bleeding happened. [ ]
- **Medication (methotrexate)**; low hormonal level, stable condition. [ ]

TOTAL MARK: ………… EXAMINER NAME/SIGNATURE ……………………

الممسوحة ضوئيا بـ CamScanner

Endometrial Cancer - 1

Station 3
Student Information

Mrs. Rudaina is 55 years old, nulligravida, weighing 82 kg, started her menstrual cycles at the age of 10 years old. She is Diabetic and Hypertensive since 14 years. Her last menstrual period was since 2 weeks which was heavy. She presented to your clinic afraid of having endometrial malignancy. Please discuss this issue with her and give her a real advice.

1. What are the risk factors in her history in favor of developing endometrial cancer?
2. How you will evaluate this lady?
3. What are the proper investigations to be performed for this lady?
4. Assume she has endometrial malignancy, how you will plan her management?

الممسوحة ضوئيا بـ CamScanner

Station 3
Examiner information

1. **The risk factors in her history for endometrial cancer: 5 marks**
   - Obesity.
   - Early menarche.
   - Being nulligravida.
   - Being diabetic.
   - Late menopause.

2. **Clinic evaluation of this lady includes: 4 marks**
   - Complete physical examination.
   - Vaginal ultrasound to check endometrial thickness.
   - Speculum.
   - Vaginal examination

3. **The proper investigations to be performed for this lady: 5 marks**
   - Order for complete blood count.
   - Check the serum level of CA 125.
   - Do kidney functions test.
   - Arrange for hysteroscopy.
   - Perform dilatation and curettage.

4. **Plan of management for her endometrial malignancy: 6 marks**
   - Surgery; TAH+BSO if well diff. endometroid carcinoma.
   - Surgery; modified radical versus radical +BSO in advances cases.
   - Follow up in stage I.
   - Radiotherapy ± chemotherapy in advanced stages.

الممسوحة ضوئيا بـ CamScanner

Endometrial Cancer - 2

STATION 3

Student information

Mrs. Fatima is a 56 years old teacher, being married for the last 40 years, G2P2, driving a brand new car, working as a school principle, and menopause for the last one year. Her BMI is 32. She is worried that she might develop endometrial cancer sometime in her life because she has an attack of postmenopausal bleeding (PMB) last week. The examiner will discuss her concerns with you.

1. What are the most important risk factors for developing this malignancy in this lady?

2. What are the most important causes of PMB?

3. If malignancy developed and she is a surgical candidate.
   a. What type of surgery should be done in case she is stage 1?
   b. What type of surgery should be done in case she is stage 2?

4. How do you follow up this lady?

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Station 3

Examiner sheet

1. **The main important risk factors are: (4 marks)**

   1. Affluent (rich lady).
   2. Obese.
   3. PM women.
   4. Low parity.
   5. Late menopause.

2. **The most important causes for PMB: (4 marks)**

   1. Endometrial/ vaginal atrophy
   2. Exogenous Estrogen
   3. Endometrial cancer
   4. Endometrial or cervical polyps
   5. Endometrial hyperplasia

3. **Types of surgery:(3 marks)**

   1. Stage I: TH (Type I) + BSO.
   2. Clinical Stage II: Modified (type II) radical hysterectomy or radical hysterectomy (type III) + BSO + PLA + surgical staging ± adjuvant radiation.

4. **Follow up program: (4 marks)**

   1. History and physical examination every visit.
   2. Vault smear every 3 months for the first 2 years,
   3. Vault smear every 6 months for the next 3 years,
   4. Vault smear every 12 month after.

Total mark............................./20 **Signature.......................**

الممسوحة ضوئيا بـ CamScanner

Endometrial Cancer - 3

Station # 11

Examiner Information

This is a 60 year old lady presented with a history of vaginal spotting. The student is asked the following questions:

1. Take a detailed history to ascertain the nature of the problem
2. What important physical exam you want to perform?
3. What important investigation might be done?

History /10

Ascertain age of menopause
Ascertain postcoital bleeding
Ask about past medical history
Asks about obstetric history
Asks a bout bowel/urinary symptoms
Asks about drug history (HRT)
Asks about drug history (Tamoxifen)
Asks about smear history
History of breast cancer
Ask about family history

Examination /5

General condition
Abdominal exam(pelviabdominal mass)
Speculum exam
Bimanual exam

Investigations /5

Ultrasound exam(endom thickness)
Endomertial sampling(pippell)
Hysteroscopy and D&C

/20

Signature

الممسوحة ضوئيا بـ CamScanner

Endometrial Cancer - 4

OSCI STATION 2015

You are in charge to review the case of school principle lady at one of the upscale areas in Amman, whom underwent hysterectomy due severe uterine bleeding, and the final histopathology report revealed malignancy. For such ideal plan of management, you have to the patient profile, circumstances of surgery, and to highlight the related points for the management plan.

List the most important factors you should know about this lady:

1- Age. [ ]

2- Weight; obesity, BMI. [ ]

3- Criteria of cycles; ovulatory Vs non-ovulatory. [ ]

4- History of hormonal replacement therapy. [ ]

5- Gravidity, parity. [ ]

6- Menarche, Menopausal status. [ ]

List the most important missing data you need to know about the surgery:

7- Does she underwent dilatation and curettage before surgery. [ ]

8- Does the surgery include salpingo-oophorectomy. [ ]

9- What was the type of hysterectomy? Total, radical, modified radical [ ]

10- What was the route of the procedure? [ ]

11- Cytology status; positive versus negative [ ]

12- Omental biopsy, lymph nodes sampling [ ]

List the most important informations that enabaled you to put the correct plan:

13- Type of the tumor. [ ]

14- Invasion of the myometrium. [ ]

15- Degree of differentiation. [ ]

16- Size of the tumor. [ ]

17- Involvment of the cervix. [ ]

18- Level of CA 125 [ ]

19- Involvement of the lymph nodes [ ]

20- Stage of the disease [ ]

الممسوحة ضوئيا بـ CamScanner

Endometrial Cancer - 5

You are consulted by a healthy beautiful 55 years old lady, Garvida 1 Para1, a mother to 38 years old engineer, working as a principle of a private secodary school at west Amman, smoker, underwent urgent hysterectomy due to heavy menstrual blood loss, and the final histopathology report revealed malignancy. She is worried about her case and welling to discuss with you her condition and follow up. **Please:**

* **List the risk fsctors which may facilitate the develpoment of this malignancy: (8 marks)**

1. Early age of marriage. [ ]
2. Being still menstruating. [ ]
3. Low parity [ ]
4. Unopposed estrogen therapy [ ]

* **List the most important missing data you need to know about the surgery: (6 marks)**

1- Does she underwent dilatation and curettage before surgery. [ ]
2- Does the surgery include salpingo-oophorectomy. [ ]
3- Was the operation hysterectomy or subtotal hysterectomy. [ ]
4- Type of hysterectomy; simple, radical, modified radical,... [ ]
5- The route of the procedure [ ]
6- Status of fluid cytology [ ]

* **List the most important informations reuqired to put the correct plan: (5 marks)**

7- Type of the tumor. [ ]
8- Invasion of the myometrium. [ ]
9- Degree of differentiation. [ ]
10- Size of the tumor. [ ]
11- Primary location of the tumor. [ ]

* **Based on the above data, what will be the immediate correct advice: (3 marks)**

12- Laparomy, complete the proper surgery. [ ]
13- Determine the proper satge of the disease. [ ]
14- According the stage and type, the next step of therapy. [ ]

* **How you will help this lady to follow up her case: (4 marks)**

15- Vault smear every 3 months for one year, then every 4 months. [ ]
16- Annual Mammogram. [ ]
17- Stop using all kinds of makeup creams or hormonal replacement. [ ]
18- Check the level of CA 125 every year. [ ]

TOTAL [/25]

EXAMINER NAME AND SIGNATURE

....

الممسوحة ضوئيا بـ CamScanner

Endometrial Polyp

STATION 5
Student sheet

A 40 year old P3+0 attends the gynaecology clinic complaining of intermittent episodes of vaginal bleeding in between her periods for the last 6 months.

1. What important points would you like to enquire about in her history?

2. What is the differential diagnosis for intermenstrual bleeding?

3. Transvaginal ultrasound examination reveals an endometrial polyp measuring 3 cm in length, what is the treatment of choice?

4. Why is it advisable to perform this treatment?

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STATION 5
Examiner sheet

A 40 year old P3+0 attends the gynaecology clinic complaining of intermittent episodes of vaginal bleeding in between her periods for the last 6 months.

What important points would you like to enquire about in her history? Any 7 points (7 marks)

1. LMP
2. Pattern and timing of bleeding
3. Type of contraception and compliance if any
4. Vaginal discharge/itching/burning
5. Hot flushes, night sweats
6. Smear history
7. Medications, e.g. hormonal therapy, anticoagulants.
8. Past surgical and medical history

What is the differential diagnosis for intermenstrual bleeding? Any 7 points (7 marks)

1. Breakthrough bleeding due to hormonal treatment
2. Pregnancy related
3. Cervical or endometrial polyp
4. Cervical or endometrial malignancy
5. Perimenopausal dysfunctional uterine bleeding
6. Vaginal infections
7. Atrophic vaginitis
8. Bleeding disorders or anticoagulant use

Transvaginal ultrasound examination reveals an endometrial polyp measuring 3 cm in length, what is the treatment of choice? (2 marks)

1. Hysteroscopy, D&C, and polypectomy

Why is it advisable to this treatment?

1. To relieve the symptoms **(2 marks)**
2. To obtain a histological diagnosis **(2 marks)**

Examiner name/signature **Total mark [………/20]**

CamScanner الممسوحة ضوئيا بـ

Endometriosis - 1

قال رسول الله صلى الله عليه وسلم

مَنْ سَرَّهُ أَنْ يُبسطَ لهُ فِي رِزْقِهِ، أَوْ يُنسأَ لهُ فِي أَثَرِهِ، فَلْيَصِلْ رَحِمَهُ

Station "9"

Student Information

Mrs. Haifa is a 29 year old, who complains about lower abdominal pains during her menstruation.

Your task is to:

- Take a focused **history**
- Tell the examiner the crucial parts of the **physical exam** that you should perform to help in the diagnosis and he will let you know what the examination revealed
- What investigations & procedures could help in the diagnosis?
- What is the most likely diagnosis?
- Mention the 3 most important differential diagnosis.

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Station "9"

Case Scenario

For the last 6 months, Mrs. Haifa is 27 years old teacher has noticed increasingly lower abdominal crampy pains, premenstrually with a peak during the last days of her menses, then slowly disappearing again. Ho wever, also, she gave history of painful intercourse. She has been married for the last 6 years, with no chance of pregnancy despite being on no contraception.

Her menarche at age of 13, with regular normal periods

Examination (**to be told to the student**) well looking lady, no distress, normal vital signs, retroverted uterus, no discharge, no tenderness and nodular swellings felt in the pouch of Douglas with pain on deep bimanual examination.

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Station "9"

Examiner Information

History [10 marks]

1. Pain duration: [ ]
2. Pain timing and relation to the cycle: [ ]
3. Pain location [ ]
4. Period details; [ ]
   - Regular [ ]
   - Amount [ ]
   - Premenstrual spotting [ ]
5. Dyspareunia [ ]
6. Pills or any contraception [ ]
7. Pregnancy, Gravidity and parity [ ]
8. Past medical, surgical history [ ]
9. Family and social history [ ]

Examination [5 marks]

10. Abdominal; **[3 marks]** [ ]
11. Bimanual examination; **[2marks]** [ ]

Investigations: **[4 marks]**

12. Ultra sound sonography [ ]

13. Laparoscopy [ ]

Diagnosis: [3 marks]

14. Endometriosis [ ]

Differential diagnosis: [3marks]

15. Pelvic inflammatory disease (PID) [ ]
16. Ovarian cysts or tumours [ ]
17. Uterine myomas [ ]

TOTAL MARK: ……/30 Examiner Signature …………

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Endometriosis - 2

TATION 6
STUDENT SHEET

A 37 year old lady presents to the gynaecology clinic complaining of multiple attacks of abdominal pain not responding to pain killers. She was advised to undergo a diagnostic laparoscopy which revealed endometriosis.

A. What are the most important common symptoms of endometriosis ?

B. What are the most important risk factors for developing this condition?

C. What are the options for treating endometriosis?

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STATION 6
Examiner sheet

A 37 year old lady presents to the gynaecology clinic complaining of multiple attacks of abdominal pain not responding to pain killers. She was advised to undergo a diagnostic laparoscopy which revealed endometriosis.

A. What are the most important common symptoms? (---/5 marks)

1. Dysmenorrhea.
2. Dyspareunia.
3. Dyschezia.
4. Premenstrual and postmenstrual spotting.
5. Infertility.

B. What are the most important risk factors for developing this condition? (---/5 marks)

1. Early menarche.
2. Congenital anomalies of the genital tract
3. Short menstrual cycles
4. Low body mass index
5. High socio-economic status

C. What are the options for treating endometriosis?

1.Expectant; limited role. (1 mark)
2.Medical: (5 marks)
   1.Nonsteroidal anti-inflammatory drugs
   2.Low dose oral contraception.
   3. High dose progestins.
   4.Danazol
   5. Gonadotropin releasing hormone analogues.

3.Surgery: (4 marks)
   1.Surgical excision of endometriotic lesions
   2.TAH,BSO

Examiner name/signature **Total mark [………./20]**

CamScanner الممسوحة ضوئيا بـ

Endometriosis - 3

Station five

Student information

A 32 years old teacher married for 12 months, presented to your office complaining of dysmenorrhea, dyspareunia, and Dyschezia, with failure of conception in spite of regular, normal, unprotected sexual intercourse together with premenstrual and postmenstrual spotting. She is seeking your advice **regarding her pain**. Please discuss this issue with the examiner in sequence.

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Station five

Examiner sheet

1. What is the most likely diagnosis ? **(----/3 marks)**

Endometriosis.

2. What are the main gynecologic differential diagnoses in the acute phase of endometriosis? **(----/5 marks)**

1. Chronic pelvic inflammatory disease.
2. Recurrent acute salpingitis.
3. Hemorrhagic corpus luteum.
4. Acute torsion ovarian cyst.
5. Red degeneration of fibroid.

3. Mention the different theories that describe the pathogenesis of endometriosis. **(Any 3)** **(----/3marks)**

1. The retrograde menstruation theory.
2. The müllerian metaplasia theory.
3. The lymphatic spread theory.
4. The immunologic changes.

4. What is your approach to diagnosis endometriosis? **(----/5 marks)**

1. History of the characteristic triad of pain.
2. Ultra sound evaluation may indicate adnexal mass of complex echogenicity.
3. Elevated level of CA 125.
4. Laparoscopy.
5. Laparotomy.

5.What are the points to take into consideration when planning your management? **(Any 4)** **(----/4 marks)**

1. The certainty of the diagnosis.
2. The severity of the symptoms.
3. The extent of the disease.
4. The desire for future fertility.
5. The age of the patient.
6. The threat to the gastrointestinal or urinary tract or both.

---------------------- **Total mark (-------/20 marks)**

المسوحة ضوئيا بـ CamScanner

Fetal Well-being

الاسم: ....

Mrs. Angela is 32 years, primigravida, pregnant 37 weeks presented to the outpatient antenatal clinic to book her delivery at the hospital. Her blood group is A positive and last hemoglobin level one week ago is 11.5 gm/dl. She is happy to know about methods of fetal evaluation during her visit and in labor. The examiner will ask you a list of questions.

* **What are the most important steps for reassurance? 4 marks.**

1. Proper history.
2. Proper physical examination.
3. Proper obstetrical examination.
4. Ultrasound evaluation.

* **Mention to the lady the most common ante-partum tests for fetal wellbeing. [4]**

1. Non stress test (NST, CTG).
2. Contraction stress test (CST).
3. Biophysical profile (BPP).
4. Kick count method.

* **Mention to her common causes of fetal bradycardia? [6]**

1. Captured the maternal heart beat.
2. Medication effect.
3. Prolonged deceleration.
4. Fetal anomaly.
5. Conduction anaesthesia.
6. Head compression.

* **Mention to her common causes of fetal tachycardia? [6]**

1. Maternal fever.
2. Intra amniotic infection.
3. Congenital heart disease.
4. Fetal anemia or blood loss.
5. Medications effect.
6. Rupture uterus.

TOTAL MARK:……………/**20**

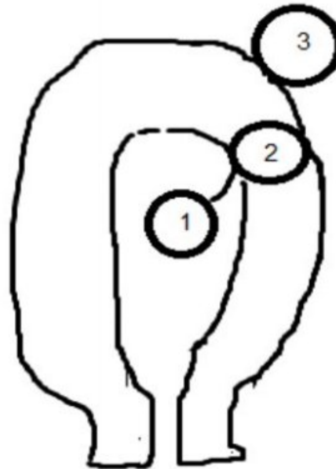
الممسوحة ضوئيا بـ CamScanner

Fibroids

STATION: 5

Student information

A- For each type of fibroid in this diagram mention the following



For each type of fibroid in the diagram answer the following questions?

1.Name-----------------------------------

2.One symptom--------------------------------------

3. Surgical treatment---

B. Mention another two treatment modalities of fibroids

c. Write six complications of pregnancies in patients with uterine fibroid

TOTAL MARK: ………………/20

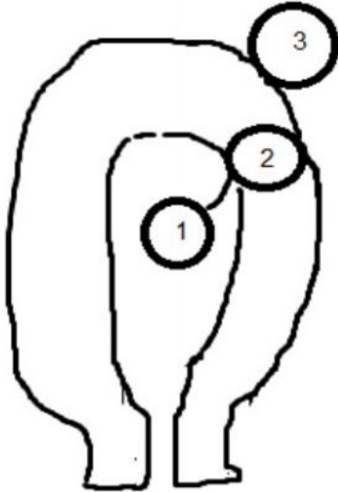
EXAMINER SIGNATURE………………………………………

الممسوحة ضوئيا بـ CamScanner

STATION: 5

Examiner Information

A- For each type of fibroid in this diagram mention the following



1. Name
2. Commonest symptom of each
3. What is its surgical treatment

Fibroid 1

1. Name submucosal fibroid--------------------------(two marks)

2. One symptom intermestrual bleeding--------------------------------(one mark)

3. Surgical treatment hysteroscopic resection-------------------------------(one mark)

Fibroid 2

1. Name intramural fibroid (two marks)

2. One symptom menorrhagia (one mark)

3. Surgical treatment myomectomy(one mark)

Fibroid 3

1.Name: Serosal fibroid (two marks)

2.One symptom: Pelvic pain (one mark)

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3.Surgical treatment: laparoscopic myomectomy (one mark)

B. Mention another two treatments modalities of fibroid

1. GnRH analougue Decapeptyl
2. Uterine artery embolization (two marks)

c. Write six complications of pregnancies in patients with uterine fibroid

1. Pain (red degeneration)
2. Miscarriage
3. Malpresentation
4. Classical ceasarean section
5. Postpartum hemorrhage
6. Preterm labor (6 marks)

Examiner signature

/20

الممسوحة ضوئيا بـ CamScanner

Genital Cancer

You are consulted by a 35 years old nulligravida lady whom get married twice in the last 20 years with two trials of failed invitro fertilization, and presented with abnormal vaginal bleeding. During the interview, she is happy to know about the risk factors to develop genital cancer, and what will be the next steps in the clinic. How you plan to diagnose?

The risk factors for development the genital cancer:

1- Early age of marriage. [ ]

2- Multiple sexual partners. [ ]

3- Being nullipara. [ ]

4- Being smoker. [ ]

5- The rely on the result of previous Pap smear. [ ]

My next steps will be:

6- Taking proper history. [ ]

7- Perform proper examination. [ ]

8- Do ultrasound evaluation. [ ]

9- Speculum examination. [ ]

10- Colposcopic evaluation. [ ]

The plan to diagnose should include:

11- Fractional dilatation and curettage. [ ]

12- Hysteroscopy. [ ]

13- Cystoscopy, urine cytology. [ ]

14- Biopsy from the abnormal cervical areas. [ ]

15- Mannual recto-vaginal examination under general anesthesia. [ ]

TOTAL [/15]

الممسوحة ضوئيا بـ CamScanner

Gynaecological Examination & Pap Smear - 1

Station " 4 "

Student Information

You are about to do a gynaecological examination and pap smear for a 33 years old lady who came for check up

1- Mention six prereuisits for the gynaecological examination

2- Perform a full gynaecological examination and pap smear

الممسوحة ضوئيا بـ CamScanner

Station " 4 "

Examiner Evaluation

You are about to do a gynaecological examination and pap smear for a 33 years old lady who came for check up

1.Mention six prerequisites for the gynaecological examination and the pap smear.

	0	1
1.privacy and consent		
2. chaperone		
3. gloves, light		
4. lubricant, antiseptic		
5. speculum, cytobrush, spatula , glass slide		
6. gynaecological bed,cover sheath		

2. Perform a gynaecgological examination and pap smear

a. inspection of external genitalia

1. skin for lesions, masses, colour		
2. perineal body and anus		
3. ask patient to bear down for cystocele,rectocele		
4. vaginal discharge, vaginal bleeding		

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5. proper insertion of speculum

6. inspection of lateral walls for colour , lacerations, masses

7. inspection of cervix for (colour, polyps,masses, external os)

8. pap smear using cytobrush and spatula

9. remove speculum and inspection of posterior and anterior vaginal wall

10. perform bimaniual examination for the position and size of the uterus and adnexial assessment

Mark ((……./20))

Signature and name of the Examiner.

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Gynaecological Examination & Pap Smear - 2

Station no. 1
Student information

In this Gynecology Simulator, please do proper Gynecology Examination including speculum examination, taking a pap smear and a bimanual examination.

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Name:____

Station no. 1
Gynecology Simulator Examination
Examiner Information:

Be sure that the student do and assess these points in a proper way.

Inspection:

		0	1
1.	Vulva (Labia)	[ ]	[ ]
2.	Skin lesions	[ ]	[ ]

Speculum:

		0	1
1.	Did he lubricate the speculum	[ ]	[ ]
2.	Proper insertion of the speculum.	[ ]	[ ]
3.	Description of the vagina and cervix	[ ]	[ ]
4.	Taking pap smear using brush and spatula	[ ]	[ ]

Bimanual Examination:

		0	1
1.	Insert properly 2 fingers in the vagina	[ ]	[ ]
2.	Uterine size	[ ]	[ ]
3.	Direction and regularity	[ ]	[ ]
4.	Palpate the adnexa	[ ]	[ ]

Total mark /10 Examiner:

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Increased Fundal Height

Station "7"

Student Information

Mrs. Moza is 37 years, married for the last 5 years and she is visiting your clinic in her first pregnancy at 40 weeks gestation. She is worried about the mode of delivery and the possibility of induction of labor. Please counsel her for:

1- The indication of induction of labor

2- What are the mandatory steps before induction

3- Methods of induction

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Student Name: ______________________________

Station "7"

Examiner Information

1- The indication of induction of labor

	0	1
1 : Pregnancy passing 41 weeks gestation		
2 : Pre-labor spontaneous rupture of membranes		
3 : Maternal disease such as diabetes or hypertension		
4 : Recurrent ante-partum hemorrhage		
5 : Placental abruption		
6: Intra uterine growth restriction		
7: Oligohydramnios		

2- What are the mandatory steps before induction

	0	1
1 : Presence of medical indication and no contraindications		
2 : Confirm the fetal lie		
3 : Confirm fetal presentation		
4 : Assessment the condition of the cervix (Bishop score)		
5 : Consent for induction		
6: Biophysical profile		
7: Cardiotocography		

3- Methods of induction

	0	1
1 : Mechanical dilatation		
2 : Sweeping of membranes		
3 : Amniotomy		
4 : Prostaglandin suppositories		
5 : Oxytocin infusion		
6: Misoprostol		

Total / 20

الممسوحة ضوئيا بـ CamScanner

Induction of Labor - 1

Station "7 "

Student Information

Mrs. Moza is 37 years, married for the last 5 years and she is visiting your clinic in her first pregnancy at 40 weeks gestation. She is worried about the mode of delivery and the possibility of induction of labor. Please counsel her for:

1- The indication of induction of labor

2- What are the mandatory steps before induction

3- Methods of induction

CamScanner الممسوحة ضوئيا بـ

Student Name: ______________________________

Station "7"

Examiner Information

1- The indication of induction of labor

	0	1
1 : Pregnancy passing 41 weeks gestation		
2 : Pre-labor spontaneous rupture of membranes		
3 : Maternal disease such as diabetes or hypertension		
4 : Recurrent ante-partum hemorrhage		
5 : Placental abruption		
6: Intra uterine growth restriction		
7: Oligohydramnios		

2- What are the mandatory steps before induction

	0	1
1 : Presence of medical indication and no contraindications		
2 : Confirm the fetal lie		
3 : Confirm fetal presentation		
4 : Assessment the condition of the cervix (Bishop score)		
5 : Consent for induction		
6: Biophysical profile		
7: Cardiotocography		

3- Methods of induction

	0	1
1 : Mechanical dilatation		
2 : Sweeping of membranes		
3 : Amniotomy		
4 : Prostaglandin suppositories		
5 : Oxytocin infusion		
6: Misoprostol		

Total / 20

الممسوحة ضوئيا بـ CamScanner

Induction of Labor - 2

Station 4

Student information

A 32 years old lady, G1P0, with a gestational age of 41 weeks presented with decreased fetal movement, admitted to the labour ward for induction of labour

Discuss with the examiner the followings

1. Possible methods for induction of labour
2. Clinical management of the first stage of labour
3. Clinical management of the second stage of labour
4. Signs of placental separation in the third stage

CamScanner الممسوحة ضوئيا بـ

Station 4

Examiner sheet

1. **Methods for induction of Labour for this lady: (3 marks)**

   1. Intra-vaginal application of prostaglandin E2.
   2. Cytotec, a synthetic prostaglandin E1 analogue,
   3. Intra-uterine placement of a Foley catheter into the cervix.
   4. Oxytocin infusion.

2. **Clinical management of the first stage. (8 marks)**
   1. Maternal Position; in the lateral recumbent position.
   2. Administration of Fluids.
   3. Maternal Monitoring
   4. Analgesia.
   5. Fetal Monitoring.
   6. Uterine Activity Monitoring.
   7. Vaginal Examination
   8. Amniotomy.

3. **Clinical management of the second stage. (5 marks)**

   1. Maternal Position: Any comfortable position for effective bearing down.
   2. Fetal Monitoring: The fetal heart rate should be monitored continuously.
   3. Vaginal Examination: Progress should be recorded every 30 minutes
   4. When delivery is imminent, the patient is placed in the lithotomy position.
   5. After delivery, delayed cord clamping is recommended for 1 to 2 minutes.

4. **Signs of placental separation. (4 marks)**
   1. A fresh show of blood from the vagina,
   2. The umbilical cord lengthens outside the vagina,
   3. The fundus rises up.
   4. The uterus becomes firm and globular.

Total mark............................./20 **Signature.......................**

الممسوحة ضوئيا بـ CamScanner

Induction of Labor - 3

Station 4
Student Information

You are about to make a decision for delivery to a nurse aged 36 years whom get married for the last 7 years. The partners came to your clinic to discuss the plan of her delivery. She is on her first pregnancy at 41 weeks gestation. They are worried about this pregnancy. Please speak to them about

1. The main lines of your plan for delivery in sequence.
2. The possible reasons for induction of labor on this lady.
3. The mandatory steps before induction.
4. Mention the appropriate methods of induction suitable for this lady?

الممسوحة ضوئيا بـ CamScanner

Station 4

Examiner information

You are about to make a decision for delivering a nurse aged 40 years whom get married for the last 8 years. The partners came to your clinic to discuss the plan of her delivery. She is on her first pregnancy at 41 weeks gestation. They are worried about this pregnancy. Please speak to them about your decision.

Mention the main lines of your plan for delivery in sequence? 4 marks

- Wait one week more as long as no labor pain. [ ]
- Induction of labor next week. [ ]
- Acknowledge the possibility of need for repeat induction. [ ]
- If induction failed, to proceed for surgical delivery. [ ]

Possible reasons for induction of labor for this lady: 5 marks

- Being pregnant 41 weeks gestation. [ ]
- She is old primigravida. [ ]
- First pregnancy after 8 years of marriage. [ ]
- Placental calcifications [ ]
- Avoid post term syndrome. [ ]
- Possibility of decrease liquor [ ]

Mandatory Steps before Induction: 6 marks

- No contraindication for vaginal delivery. [ ]
- Confirm the fetal lie; longitudinal. [ ]
- Confirm fetal presentation, cephalic, occipto anterior. [ ]
- Average sized baby. [ ]
- Assessment the condition of the cervix. [ ]
- Consent for induction. [ ]
- Biophysical profile. [ ]

Methods of Induction suitable for this lady: 5 marks

- Breast and nipple stimulation. [ ]
- Sweeping of membranes. [ ]
- Amniotomy. [ ]
- Prostaglandin suppositories. [ ]
- Oxytocin infusion. [ ]
- Misoprostol. [ ]

TOTAL MARK: …………… EXAMINER NAME/SIGNATURE ………………

الممسوحة ضوئيا بـ CamScanner

Infertility
Asherman Symdrome

Station " 5 "
Student's Information

Mrs. Fatima is a 26 year old lady, G1P1. She breastfed her baby for 8 months. Now her child age is 16 months. She is seeking pregnancy. She wants your advice about her chances to become pregnant?

YOUR TASK IS TO:

- Take a focused history(examination was normal)
- Order appropriate investigations
- What is the diagnosis and Advise the patient regarding your management

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Station " 5 "
Simulater Information

HOPC: You are 26 year, got married 3 years ago and she became pregnant. The pregnancy was uncomplicated but you had a secondary postpartum haemorrhage due to a retained placental fragment which had to be removed by a curettage and the recovery was uneventful.

You successfully breastfed your baby for about 8 months and during that time your periods were initially regular but very light. Also you had some lower abdominal pains with lighter periods and on and off since then. However, recently (last 4 months) the menstrual flow has stopped completely. You thought that this was probably related to breastfeeding.

You are seeking pregnancy and you wants advice about your chances to become pregnant?

PHx,FHx, and SHx: unremarkable

EXAMINATION: normal

الممسوحة ضوئيا بـ CamScanner

Station " 5 "
Examiner Information

History (9 Marks)

	0	1
- Cycle details		
- Galactorrhea		
- Hirsutism		
- Previous obstetric history		
- PPH		
- Puerperal pyrexia		
- History of Curettage		
- Contraception		
- PMH, PSH, FH		

Investigations: (3 Marks)

	0	1
- Serum progesterone level in mid luteal phase		
- HSG or hysteroscopy		
- Ultrasound		

Diagnosis(6 Marks)

	0	3
- Asherman's Syndrome		
- Hysteroscopic removal of adhesions and oestrogens to promote growth of endometrium		

Total mark: **/18** **Signature:**

الممسوحة ضوئيا بـ CamScanner

Infertility - 1

Station 4
Student Information

Ahmad is a 34 years old working as car mechanic, heavy smoker, engaged to Sarah, 28 years old, are preparing themselves for marriage next month. They are worried about the pregnancy. Please address their questions and explain the issues in proper way.

الممسوحة ضوئيا بـ CamScanner

Station 4
Examiner information

Answer Sheet/ One mark each point

1. The chance of their pregnancy in the first 2 years:

- 50% will conceive in 3 months.
- 75% will conceive in 6 months.
- 90% will conceive by one year.
- 96% will conceive by 2 years.

2. The most common causes for this failure of pregnancy:

- Ovulatory disorders: 27%
- Male factor: 25%
- Tubal disorders: 22%
- Unexplained: 17% which can rise to 20%; (10-20%)
- Endometriosis: 5%
- Others: 4%

3. The necessary investigations to be done for Ahmad are:

- Semen analysis
- Blood test for hormonal profile
- Ultrasound test for the testes.
- Chlamydia test
- Karyotyping

4. The necessary investigations to be done for Sarah are:

- Blood test for hormonal profile
- Ultrasound test for the uterus and ovaries.
- Hysterosalpingogram.
- Chlamydia test
- Karyotyping

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Infertility - 2

Station "9 "

Student Information

M.N. is a 36 year old and her husband is 40 year old. They are concerned that they have not been successful to have a baby and they seek your advice.

Your tasks are to:

1. What points in her medical history you want to ask about

2. What investigation you want to order for them

3. Discuss the best management with the couple

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Student Name: ______________________________

Station "9"

Examiner Information

History: (10 Marks)

	0	1
1. Age for both		
2. Duration of infertility		
3. Past Obs hx(1ry vs 2ry)		
4. Cycle details: Duration, regularity, dysmenorrhea		
5. Midcyclic pain &/or spotting		
6. Galactorrhea, hirsutism		
7. Previous surgeries for both		
8. Previous investigations		
9. Previous treatment		
10. Sign + symptom of thyroid disease		

Investigation: (7 Marks)

	0	1
1. Progesterone		
2. TSH, Prolactin		
3. FSH,LH, E2, AMH		
4. Transvaginal US		
5. HSG		
6. Seminal fluid analysis		
7. Lapascopy, Hystorscopy		

Management: (3 Marks)

	0	1
1. Induction of ovulation and time intercourse		
2. IUI		
3. IVF		

Total / 20

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Infertility - 3

Station "5"

Students Information

Mrs. XX is 27 years old lady married for the last 5 years with history of primary infertility. At some point you told her the necessity to do diagnostic laparoscopy, hysteroscopy, and D&C. Please speak to her about the procedure arrangements, advantages, and possible complications of the procedure. (ie prior to operation. Operation details) and immediate postoperative recovery period

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Station "5"

Examiner's Sheath

Q1 : Procedure arrangements

	0	1
1. Admission to the hospital		
2. Consent signature		
3. The time of the procedure to be in the second half of the cycle		
4. Do blood sensitive pregnancy test- R/O pregnancy		
5. The procedure will be under general anesthesia		
6. The procedure will take place via two holes in the abdomen		
7. The procedure can stwin hysteroscope followed by laparascopy		
8. Diagnostics D&C		
9. Expect some pain at the shoulders that relieved by simple pain killers		

Q2 : Advantages

1. Visualization any uterine abnormality		
2. Visualization any tubal abnormality		
3. Visualization any ovarian abnormality		
4. Check patency of the tube by methylen blue dye test		
5. Diagnosis of endometriosis or infection		

Q3 : Complications

1. Laceration of vessels		
2. Perforation of the uterus		
3. Injury to the bowel		
4. Cardio-respiratory problems from the pneumoperitoneum		
5. Injury to the bladder		

Total = / 20 Signature:

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Infertility - 4

Station 5
Student Information

A lovely couple, both of them in mid-thirties, get married before 2 years with no chance of pregnancy. They are worried and presented to your office seeking your advice regarding this issue. Please address their concern and answer their questions.

1. What are the possible causes of failure of conception?
2. What are the necessary steps needed for the husband evaluation?
3. How can you confirm the ovulation?
4. How do you test for the tubal factors?
5. What additional necessary steps needed for the wife evaluation?
6. Mention two important hormones you need to know for each partner?

CamScanner الممسوحة ضوئيا بـ

Station 5 Examiner information

A lovely couple, both of them in mid-thirties, get married before 2 years with no chance of pregnancy. They are worried and presented to your office seeking your advice regarding this issue. Please address their concern and answer their questions.

1.What are the possible causes of failure of conception? (4 marks) any 4

- Ovulatory disorders: 27% [ ]
- Male factor: 25% [ ]
- Tubal disorders: 22% [ ]
- Endometriosis: 5% [ ]
- Unexplained: 17% which can rise to 20%; (10- 20%) [ ]
-

2.What are the necessary steps needed for the husband evaluation? (4marks) any 4

- General physical examination. [ ]
- Seminal fluid analysis. [ ]
- Hormonal blood test profile. [ ]
- Ultrasound test to the testes. [ ]
- Chlamydia test. [ ]
- Karyotyping if needed. [ ]

3.How can you confirm the ovulation? (4 marks) any 4

- Serum progesterone level on day 21 of the cycle. [ ]
- Basal body temperature. [ ]
- Transparent vaginal discharge. [ ]
- Abdominal pain. [ ]
- Breast discomfort. [ ]

4.How you test for the tubal factors? (2 marks)

- Hysterosalpingogram. [ ]
- Diagnostic laparoscopy, methylene blue dye test. [ ]
- Hysteroscopy, salpingiscopy. [ ]

5.What additional necessary steps needed for the wife evaluation? (4 marks) any 4

- General physical examination. [ ]
- Hormonal blood test profile. [ ]
- Vaginal ultrasound. [ ]
- Chlamydia test. [ ]
- Karyotyping if needed. [ ]

6. Mention two important hormones you need to know for each partner?(2 marks)

- For the lady: AMH, FSH. [ ]
- For the man: Testosterone, FSH. [ ]

43 TOTAL MARK(……/20) EXAMINER NAME/SIGNATURE ………………

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Infertility - 5

INFERTILITY STATION

A gentle man 36 years old working as a pilot, smoker for the last 12 years, got married to a lady whom is 32 years old, and requesting your advice for their failure of conception since 3 years. Please, discuss their problem with the examiner and address the important relative points in management.

A. Mention the important points in the history.
B. Mention the main possible female causes of failure of conception.
C. Mention the main possible male causes of failure of conception
D. Mention the main work up and investigations for the husband.
E. Mention the main work up and investigations for the wife.

A. Important points in the history are: (6 marks)
1. Are they living together? [ ]
2. History of frequency of sexual intercourse. [ ]
3. Proper timing intercourse; ovulation time. [ ]
4. Any medical disorders in both couples. [ ]
5. History of surgery for both. [ ]
6. Any regular medications, allergy. [ ]
7. Any previous attempts for assisted reproduction. [ ]

B. Main possible female causes of failure of conception are; (4 marks)
1. Ovulatory disorders. [ ]
2. Tubal disorders. [ ]
3. Endometriosis, PCOS. [ ]
4. Cervical, uterine disorders. [ ]

C. Main possible male causes of failure of conception are; (4 marks)
1. Smoking. [ ]
2. Tight underwear. [ ]
3. Exposure to environmental hazards and toxins. [ ]
4. Excessive stress. [ ]

D. The main work up and investigations for the husband are: (4 marks)
1. Physical examination. [ ]
2. Seminal fluid analysis. [ ]
3. Hormonal profile. [ ]

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4. Testicular ultrasound. [ ]
5. Karyotyping. [ ]

E. The main work up and investigations for the wife are: (7 marks)

1. Physical examination. [ ]
2. Gynecological examination. [ ]
3. Ultra sound sonography. [ ]
4. Hormonal profile: FSH, LH, AMH, E2. [ ]
5. Hysterosalpingogram. [ ]
6. Karyotyping. [ ]
7. Hysteroscopy, laparoscopy, dye test, dilatation and curettage. [ ]

TOTAL MARK: …………../25 **EXAMINER NAME& SIGNATURE**

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IUGR

Station "2"

Students Information

A 27 years old lady, G2P1, pregnant 30 weeks, referred to you as a case of ***fetal growth restriction***

1. What are the important points in the ***history*** you have to ask about? And what are the ***risk factors***?

2. What are the important points in the ***physical examination?***

3. Mention the relevant ***investigations*** and explain why you want to do it?

4. Discuss the ***mode and time of delivery*** of this lady?

Station "2"

Examiner's Sheet

Q1: What are the important points in the history you have to ask about in order to verify her *risk factors*? (8points)

Item	0	1
1. Correct dating		
2. Medical disorder (HTN,DM)		
3. History of smoking, alcohol, and drug abuse		
4. Previous history of similar condition		
5. Medication (B blockers, anticonvulsants)		
6. Personal history of thrombosis or family history of thrombosis		
7. History of infection during pregnancy		
8. History of 2nd trim loss		

Q2 : What are the important points in the physical examination? (5 points)

Item	0	1
1. Blood pressure.		
2. Proteinurea.		
3. Weight, BMI, weight gain.		
4. Fundal height.		
5. Presentation		

Q3 : Mention relevant investigations and why you want to do it?

Item	0	1
1- Ultrasound for 1. Fetal biometry **(5 points)**		
2. Congenital anomalies		
3. Amount of fluid index (liquor)		
4. Biophysical profile		
5. Doppler assessment (umbilical artery, Middle cerebral artery, ductus venosus)		

Item	0	1
2-Cardiotocography (NST) **(1 point)**		
3-Possible thrombophilia screen for recurrent IUGR and other adverse pregnancy Outcomes **(1 point)**		
4-Karyotyping for only symmetrical IUGR or associated abnormalities **(1 point)**		

Q4: Discuss the mode and time of delivery of this lady? (4 point)

Item	**0**	**2**
- Steroid administration		
- Consider delivery before term if indicated		

Total = / 25 Signature:

Labor - 1

Induction of Labor:

1. Intra-vaginal application of prostaglandin E2.
2. Cytotec, a synthetic prostaglandin E1 analogue,
3. Intra-uterine placement of a Foley catheter into the cervix.
4. Oxytocin infusion.

Clinical management of the first stage:

1. Maternal Position; in the lateral recumbent position.
2. Administration of Fluids.
3. Maternal Monitoring
4. Analgesia.
5. Fetal Monitoring.
6. Uterine Activity Monitoring.
7. Vaginal Examination
8. Amniotomy.

Clinical management of the second stage:

1. Maternal Position. The mother may assume any comfortable position for effective bearing down.
2. Fetal Monitoring. The fetal heart rate should be monitored continuously.
3. Vaginal Examination. Progress should be recorded every 30 minutes
4. When delivery is imminent, the patient is placed in the lithotomy position.
5. After delivery, delayed cord clamping is recommended for 1 to 2 minutes.

Signs of placental separation:

1. A fresh show of blood from the vagina,
2. The umbilical cord lengthens outside the vagina,
3. The fundus rises up,
4. The uterus becomes firm and globular.

Labor - 2

Station
Examiner information

Mrs. X is 24 year old primigravida . Was admitted to the delivery room in labour. The cervix was 4cm dilated , vertex presentation and membranes were intact. Her history and examination were uneventful.

The student is asked the following questions:

A. From now on what would you like to do till full dilation of the cervix?

B. What make you examine her urgent vaginal examination during this period?

I- Take complete hx and physical exam /2

II- Maternal /8

1. I.V. line
2. Hb
3. Blood group
4. Vital signs.

III- Fetal monitoring(continuous or intermittent) /4

IV- Labour /8

7. Contraction.
8. P.V. exam. every 2-4 hrs.
9. Considering augmentation.
10. Consider analgesia.

* Urgent vaginal exam. /8

11. Fetal distress.
12. Spontaneous rupture Of membrane
13. Vaginal bleeding.
14. Before giving analgesia.
15. Patient start to push. Mark /30

Labor - 3

Station 2
Student Information

Mrs. Layla is 28 years old, Gravida 3, Para 2, pregnant today 38 weeks gestation, unbooked, presented to emergency room with abdominal pain for the last 2 hours. Upon evaluation, you found her in labor and decided to admit her for delivery as having 4 cm cervical dilatation. Please allow the examiner to discuss with you certain issues regarding the delivery of this lady.

1. What important investigations you will order for this lady?
2. If your decision for vaginal delivery, what are the fetal variables influence the course of labor?
3. If your decision for vaginal delivery due to vertex presentation, what are the cardinal movements in labor?
4. If your decision for surgical delivery, what are the main causes for this urgent decision?

Station 2
Examiner information

1. **The important investigations to be ordered for this lady; 1 mark for each**
   - Blood Group.
   - Complete blood count.
   - Urine analysis.
   - Cross match
2. **The fetal variables influence the course of labor: 1 mark for each**
   - The fetal size.
   - The fetal lie.
   - The fetal presentation.
   - The fetal attitude.
   - The fetal position.
   - The station of the presenting part.
3. **In case of vertex presentation, the cardinal movements in labor are: 1 mark for each**
   - Engagement of the presenting part.
   - Descent of the presenting part.
   - Flexion of the fetal head.
   - Internal rotation of the presenting part.
   - Extension of the head.
   - External rotation of the head.
   - Expulsion the rest of the fetus.
4. **The main causes for this urgent surgical delivery are: 1 mark for each**
   - Abnormal presentation; breech or transverse lie.
   - Severe fetal distress, variable decelerations.
   - Prior 2 previous surgical deliveries.

TOTAL MARK …………. /20 NAME/ SIGNATURE ………….

Labor - 4

Station "7"
Student Information

You spoke to your friend who is working as a pilot to congratulate him for having a happy event as his wife came in labor, delivered under your care and gave birth to a boy via a normal vaginal delivery. Please tell your friend:

What are **labor pains**?

What do you mean by **normal vaginal delivery**?

Station "7"
Examiner Information

You spoke to your friend who is working as a pilot to congratulate him for having a happy event as his wife came in labor under your care and gave birth to a boy via a normal vaginal delivery. Please tell your friend what is **labor pains** and what you mean by **normal vaginal delivery**.

Labor pains: [12 marks]	**0**	**1**
1. Painful uterine contractions,	[ ]	[ ]
2. Regular,	[ ]	[ ]
3. Rhythmic,	[ ]	[ ]
4. Spontaneous or Induced,	[ ]	[ ]
5. Gradually increased in Intensity,	[ ]	[ ]
6. Gradually increased in Frequency,	[ ]	[ ]
7. Gradually increased in Duration,	[ ]	[ ]
8. That lead to gradual increase in cervical dilatation,	[ ]	[ ]
9. That lead to gradual increase in cervical effacement,	[ ]	[ ]
10. That lead to gradual increase in descending the presenting part,	[ ]	[ ]
11. Not relieved by sedation,	[ ]	[ ]
12. Ending by delivery of the products of conception.	[ ]	[ ]

Normal vaginal delivery: delivery of **[12 marks]**	**0**	**1**
13. An alive baby via the vagina,	[ ]	[ ]
14. Spontaneously,	[ ]	[ ]
15. Singleton,	[ ]	[ ]
16. At term of an average weight,	[ ]	[ ]
17. In longitudinal lie,	[ ]	[ ]
18. Cephalic presentation,	[ ]	[ ]
19. Occipito-anterior position,	[ ]	[ ]
20. Within reasonable time,	[ ]	[ ]
21. Without complications to the baby,	[ ]	[ ]
22. Without complications to the mother	[ ]	[ ]
23. Went to normal nursery,	[ ]	[ ]
24. With or without episiotomy.	[ ]	[ ]

TOTAL MARK: ……/24 Examiner Signature …………

Labor - 5

Student's Information

A 26 year old Ola presents to the emergency department. She is 10 days post term and she noticed a sudden gush of greenish vaginal discharge and is worried about her baby. All antenatal investigations have been normal except that she was GBS positive at 34 weeks.

YOUR TASK IS TO:

- take a further history
- examine the patient
- discuss the diagnosis, risks (**after reading the exam below**)
- management with patient

EXAMINATION showed:

Well looking lady with normal vital signs.
Fundal height =36 weeks. The fetus has engaged in the pelvis. On palpation cephalic presentation with longitudinal, left lateral lie, the head fetal heart rate 140/min. No tenderness. On speculum presentation you find greenish discharge. PV: cervix dilated 3 cms and effaced, no cord prolapse.

Patient information

HOPC: Ola is a 26 year old who presented to the emergency department.She is 10 days post term and 30 minutes ago she noticed a sudden gush of greenish vaginal discharge and is worried about her baby. No contractions. This is her first pregnancy and all antenatal investigations have been normal except that she was GBS positive at 34 weeks. Because she is 10 days post term date she had a CTG a few days ago which was totally normal.

PHx. + FHx.: unremarkable

SHx: housewife, non smoker, NKA, no medication.

Examiners information:

History

1. Labor pain
2. Vaginal bleeding
3. Fetal movements
4. Description of the discharge and timing
5. Past obstetric history
6. Previous US
7. Previous investigations (e.g. CTG)
8. Past medical and surgical history

Physical exam:

9. Vital signs and general
10. Fundal height, Lie
11. Presentation, Engagement
12. Fetal heart
13. Speculum exam
14. PV

Diagnosis:

15. Spontaneous rupture of membranes with Meconium liquor

Risks:

16. Meconium aspiration
17. Neonatal sepsis

Management

18. Admission and augmentation of labor
19. Continuous CTG monitoring
20. IV antibiotics as she is GBS +VE

Menopause

Station " 1 "

Student Note

Mrs. X is 52 years old, her last menstrual period was two years ago. She has not had any bleeding since. Her friend told her she must see her gynecologist at this age because this is due to menopause.

---

1. Explain to the patient what is the menopause?
2. What is the Age of menopause?
3. Mention three symptoms may occur due to menopause?
4. Mention two major health risks that may occur after menopause?
5. Mention 3 investigations you would like to order for this patient?

Examiner Note

Mrs. X is 52 years old, her last menstrual period was two years ago. She has not had any bleeding since. Her friend told her she must see her gynecologist at this age because this is due to menopause.

---

1. Explain to her what the menopause is. (1 mark)

- Cessation of periods due to cessation of ovarian function.

2. Average age of menopause is about 48-52 years. (1 mark)

3. Mention 3 symptoms. (Any 3) (3 marks)
   - Hot flushes.
   - Vaginal dryness.
   - Mood disturbances.
   - Sexual dysfunction.
   - Sleep disturbance.
   - Urinary incontinence

4. Mention 2 health risks. (2 marks)
   - Cardiac risks.
   - Osteoporosis.
   - Genital prolapse.

5. Mention 3 investigations you would like to order. (Any 3) (3 marks)
   - Pap smear.
   - Mammogram.
   - Lipid profile.

Total mark: /10

Signature:

Menorrhagia - 1

Station # 5

<u>Student information</u>

This is a 40 year old lady presented to the gynecology outpatients with heavy menstrual period.

1. **Take a focused history concerning this complaint.**
2. **What important points in the physical examination you want to elicit.**
3. **What investigation you want to do.**

Name:

Station # 5

<u>Examinar information</u>

This is a 40 year old lady presented to the gynaecology outpatients with heavy menstrual period.

1. **Take a focused history concerning this complaint.**
2. **What important points in the physical examination you want to elicit.**
3. **What investigation you want to do.**

1)	Establishes duration of problem	[ ]	[ ]
2)	Asks about duration of menses	[ ]	[ ]
3)	Asks about heaviness of flow	[ ]	[ ]
4)	Asks about dysmenorrhoea	[ ]	[ ]
5)	Asks about any previous investigations and treatment for this problem	[ ]	[ ]
6)	Establishes nature of cycle prior to onset of problems	[ ]	[ ]
7)	Asks about intermenstrual bleeding	[ ]	[ ]
8)	asks about postcoital bleeding		
9)	Asks about last Pap smear result	[ ]	[ ]
10)	Establishes method of contraception	[ ]	[ ]
11)	Asks about symptoms of hypothyroidism	[ ]	[ ]
12)	Asses general condition	[ ]	[ ]
13)	Examin thyroid gland	[ ]	[ ]
14)	Abdominal exam for masses	[ ]	[ ]
15)	Speculum examination	[ ]	[ ]
16)	Bimanual examination	[ ]	[ ]
17)	Ultrasound examination	[ ]	[ ]
18)	Haemoglobin	[ ]	[ ]
19)	TSH	[ ]	[ ]
20)	Hysteroscopy and D&C	[ ]	[ ]

Total Mark /20

Menorrhagia - 2

Station "1"

Students Information

Mrs. Khadija is a 41 year old patient presented to the clinic with a history of heavy menstrual bleeding for about 5 months.
She is now rather concerned about this and seeks your advice.

1) **Take a focused history**

EXAMINATION: pale otherwise normal looking lady.
Her pulse rate is 80/min and regular, BP 110/75 (sitting), 90/60 standing up, RR 18/min and afebrile.
The rest of the physical examination is unremarkable, especially bimanual pelvic and speculum exam

2) **What investigations and operative procedures would you like to perform?**

3) Except for the iron deficiency anemia there are no organic causes found for the menorrhagia**, What is your most likely diagnosis?**

4) D&C Histopathology revealed hormonal imbalance, the patient is not interested in any surgical intervention. **What medical management would you offer?**

Station "1"

Patient Simulator

HOPC:

Over the last 5 months you have noticed an increase in menstrual bleeding, experiencing "flooding" and saturation of pads almost every 3 – 4 hours and during the last period, 10 days ago, you also noticed a few clots.

You haven't had pains. The menstrual cycle is a bit longer than usual (30-32 days rather than 28 days as it has always been) and the period is prolonged to 7 days from normally only 4. You feel quite tired, actually you get dizzy when you get up too quickly and your husband has commented that you recently look a bit pale.

You are reasonably concerned about the bleeding because you have heard about cancer and you wonder if this is possible a cancer.

You want to know if there is anything to stop the bleeding and why you feel so tired.

Regarding the management you definitely want to keep your uterus unless it is really necessary to remove it, even though you don't want more children.

You would be happy to try some medical treatment.

Past medical history: no significant illnesses or operations

O+G history: menarche at age 13, regular periods, 3 children, aged 10,12 and 16, normal pregnancies and deliveries, no other problems, regular pap smears and breast examinations were normal (last time about 8 months ago). You have never been on the contraceptive pill and you had a tubal ligation after the last baby.

Social history: married, 3 children, housewife, non smoker, non drinker, no medication, no allergy.

Family history: unremarkable

Station "1"

Examiner's Sheet

	0	1
Q1 : History: (8 marks)		
1 - Bleeding pattern, clotting		
2- Details of her cycle		
3- Symptom of anemia (Dizziness, Headache)		
4- Abdominal pain		
5- Parity, obstetric history		
6- Use of contraception		
7- Thyroid disorders		
8-Past medical and surgical history		

	0	2
Q2 : Investigation and procedures: (10 marks)		
1- CBC		
2- Thyroid function test		
3- Abdominal and Transvaginal ultrasound		
4- Hysteroscopy		
5- Endometrial sampling		

	0	2
Q3 : Diagnosis: DUB **(2 marks)**		

	0	1
Q4 : Medical management (5 marks)		
1. Antifibrinolytic agents: Tranexamic acid		
2. Antiprostaglandin agents: NSAIDS		
3. Combined oral contraceptive pill		
4. Progestogens (Noresthisterone) + Mirena		
5. GnRH agonists		

Total = / 25

Signature:

Miscarriage
Cervical Incompetence

Station # 2 (This 5 minutes station)

Student information:

This patient is 20 wks pregnant, G4 P2+1, presented with mild lower abdominal heaviness. Her vaginal examination showed 4 cm dilated cervix with bulging membrane. In her last pregnancy she had similar history at 23 wks of pregnancy and ended with second trimester loss. What, on focused history, would you like to elicit from the patient to reach a diagnosis and suggest a management plan?

Station # 2

Examiner Information:

This patient is 20 wks pregnant, G4 P2+1, presented with mild lower abdominal heaviness. Her vaginal examination showed 4 cm dilated cervix with bulging membrane. In her last pregnancy she had similar history at 23 wks of pregnancy and ended with second trimester loss. What, on focused history, would you like to elicit from the patient to reach a diagnosis and suggest a management plan?

History:

Item			
Introduction	0	1	2
Detailed history of 2nd trimester loss (G3)	0	1	2
History of large size baby	0	1	2
Previous preterm deliveries	0	1	2
History of precipitate labour and delivery	0	1	2
History of instrumental delivery	0	1	2
Previous history of cervical injury	0	1	2
History of cervical surgery (Cone Biopsy)	0	1	2
Any previous investigation to reach a diagnosis	0	1	2
Admission for bed rest	0	1	2
Suggest Emergency cerclage	0	1	2

Total /22

Station #   Cervical Incompetence

Simulator information:

This patient is 20 wks pregnant, G4 P2+1, presented with mild lower abdominal heaviness. Her vaginal examination showed 4 cm dilated cervix with bulging membrane. In her last pregnancy you had similar history at 23 wks of pregnancy and ended with second trimester loss.
In your previous obstetric history you had two vaginal deliveries at term the first one the baby weight was 4.5 kg and the second one similar birth weight but complicated by cervical injury which was repaired under anesthesia. Your gynecological history was negative and no investigations were done to diagnose your condition.

Miscarriage - Recurrent

Station (9)

A 26 years old patient comes to your office having recently gone through a miscarriage for the fourth time.

She is interested in becoming pregnant again, but is worried about recurrence.

1- What important points you want to ask in her history in order to properly counsel her?

2- List 5 causes of recurrent miscarriage and what investigations would you like to order for each cause?

Station (9)

A 26 years old patient comes to your office having recently gone through a miscarriage for the fourth time. She is interested in becoming pregnant again, but is worried about recurrence.

1- What important points you want to ask in her history in order to properly counsel her?(10 Marks)

	0	1
1- Medical history		
1.DM, Thyroid, Thrombosis		
2- Detailed obstetric history		
1. Number of abortion		
2. Timing of abortion		
3. Did she needs evacuation		
4. Was fetal heart documented		
3- Gynacological history		
1. Regular cycle, No contraception		
5- Social history		
1. Occupational hazards and smoking		
2. History of consanguinity		
6. Drug history		
7. Family history – Thrombosis and RPL		

2- List 5 causes of recurrent abortion & Investigation:(10 Marks)

	0	1	2
1. Uterine anomalies – HSG, Hysterscopy			
2.Chromsomal abnormalities - Karyotypes			
3. Endocrine causes – TSH, PRL, FBS			
4. Acquired Thrombophilia- LAC,ACA			
5. Genetic thrombophilia (Proteins, S, C, Antithrombin3, Factor 5 Leiden, Factor 2, MTHFR)			
6. Imunological causes			
7. Inadequate luteal phase			

Signature: **Total Mark: / 20**

Miscarriage - History

Station 4
Student Information

Mrs Reem is a 28 year old woman.G3P1+2 attending the outpatient department for advise regarding future pregnancies.

1. Take a detailed history which makes you able to suggest a differential diagnosis or a possible diagnosis.
2. Advise the patient about the management of her case.

Station 4

Examiner information

Mrs Reem is a 28 year old woman.G3P1+2 attending the outpatient department for advise regarding future pregnancies. The student was asked the following questions:

I. Take a detailed history which makes you able to suggest a differential diagnosis or a possible diagnosis.
II. Advise the patient about the management of her case.

	0	1
A. First Pregnancy		
1. Proper introduction	[ ]	[ ]
2. Gestational age at time of delivery	[ ]	[ ]
3. mode of deliver	[ ]	[ ]
4. Outcome	[ ]	[ ]
5. Any complication	[ ]	[ ]
B. Second and third pregnancies		
6. Gestational age at time of abortion	[ ]	[ ]
7. Asks about type of abortion	[ ]	[ ]
8. Asks if associated with pain	[ ]	[ ]
9. Asks if associated with early ROM	[ ]	[ ]
10. Asks if evacuation was done	[ ]	[ ]
11. Asks about previous surgery on the Uterus	[ ]	[ ]
C. Management		
12. Advise to do HSG	[ ]	[ ]
13. Mention hegar test	[ ]	[ ]
14. Mention CX stitch	[ ]	[ ]
15. Mention follow up by US for cx length next Pregnancy.	[ ]	[ ]

Total mark /15 Signature

Station 4
Simulator Information

You are 28 year old, married for 2 years G3 P1+2

- 1st pregnancy term difficult vaginal delivery outcome male baby weighing 4kg.
- 2nd preg. Spont abortion at 18 weeks sudden gush of am. Fluid with minimal abd. Pain followed by passage of fetus & placenta
- 3rd preg. Spont abortion at 16 weeks (Similar picture).
  * No investigations yet.
  * No medical Illness (Diabetes high B.P renal disease)

Miscarriage

Station (9)

A 26 years old patient comes to your office having recently gone through a miscarriage for the fourth time.

She is interested in becoming pregnant again, but is worried about recurrence.

1- What important points you want to ask in her history in order to properly counsel her?

2- List 5 causes of recurrent miscarriage and what investigations would you like to order for each cause?

Station (9)

A 26 years old patient comes to your office having recently gone through a miscarriage for the fourth time. She is interested in becoming pregnant again, but is worried about recurrence.

1- What important points you want to ask in her history in order to properly counsel her?(10 Marks)

	0	1
1- Medical history		
1.DM, Thyroid, Thrombosis	☐	☐
2- Detailed obstetric history		
1. Number of abortion	☐	☐
2. Timing of abortion	☐	☐
3. Did she needs evacuation	☐	☐
4. Was fetal heart documented	☐	☐
3- Gynacological history		
1. Regular cycle, No contraception	☐	☐
5- Social history		
1. Occupational hazards and smoking	☐	☐
2. History of consanguinity	☐	☐
6. Drug history	☐	☐
7. Family history – Thrombosis and RPL	☐	☐

2- List 5 causes of recurrent abortion & Investigation:(10 Marks)

	0	1	2
1. Uterine anomalies – HSG, Hysterscopy	☐	☐	☐
2.Chromsomal abnormalities - Karyotypes	☐	☐	☐
3. Endocrine causes – TSH, PRL, FBS	☐	☐	☐
4. Acquired Thrombophilia- LAC,ACA	☐	☐	☐
5. Genetic thrombophilia (Proteins, S, C, Antithrombin3, Factor 5 Leiden, Factor 2, MTHFR)	☐	☐	☐
6. Imunological causes	☐	☐	☐
7. Inadequate luteal phase	☐	☐	☐

Signature: **Total Mark: / 20**

Molar Pregnancy - 1

Station " 5 "

Student Note

Mrs X is 20 year old female patient, married since six months. She presented to the OPD complaining of eight weeks amenorrhea with excessive vomiting of three weeks duration. She noted slight vaginal bleeding of two days duration. Serum beta hcG level was done and was found 150000 I.U. The fundus of the uterus was felt per abdomen two cm above symphysis pubis.

1- What is the most likely diagnosis?
2- What further investigations you would like to order for diagnosis and management?
3- Mention steps of management?

Examiner Note

Mrs X is 20 year old female patient, manied since six months. She presented to the OPD complaining of eight weeks amenorrhea with excessive vomiting of three weeks duration. She noted slight vaginal bleeding of two days duration. Serum beta hcG level was done and was found 150000 I.U. The fundus of the uterus was felt per abdomen two cm above symphysis pubis.

1- What is the most likely diagnosis?
2- What further investigations you would like to order for diagnosis and management?
3- Mention steps of management?

1 - Molar pregnancy(1 Mark)

2- Investigations (6 Marks)
- CBC platelets
- Ultrasound pelvis
- Thyroid function
- Chest X-ray
- Liver function tests
- Kidney function tests

4- Steps of management & follow up (3)
- Admission
- Suction evacuation if molar
- Follow up with weekly BhCG levels

Total mark: /10

Signature:

Molar Pregnancy - 2

Station # 1

Student Information

This is a 40 year old lady presented at 9 wks of gestation with vaginal bleeding.

This is her U/S examination:

1-What is the most likely diagnosis and what other signs and symptoms this patient might have?
2-What investigations you want to order?
3-What is your next step?
4-Counsel her concerning further management.

Name:

Station # 1
Examiner information

This is a 40 year old lady presented at 9 wks of gestation with vaginal bleeding.

This is her U/S examination:

1-What is the most likely diagnosis and what other signs and symptoms this patient might have?
2-What investigations you want to order?
3-What is your next step?
4-Counsel her concerning further management.

1- Molar pregnancy /2
Lower abdominal pain /6
Toxemia before 24 Weeks
Hyperemesis gravidarum
Hyperthyroidism
Uterus large for date
Enlargement of the ovaries
Absent fetal heart & fetal parts
Expulsion of swollen villi

2- B-HCG /7
CBC
Thyroid function
Coagulation profile
CXR
Grouping & Rh
Cross match

3- Suction evacuation /2

4- - HCG weekly until normal for 2 values then monthly for 6-12 months
- Contraception for one year
- May require chemotherapy /3

Total mark /20

Examiner: **Signature:**

Multiple Gestation - 1

Station four

Student information

A 28 year lady presented to your office for counseling, pregnant 8 weeks in her third pregnancy told outside that her current pregnancy is twin pregnancy. She is worried about her situation. Please address her concern for the following points.

A. Explain to her the relationship between the timing of cleavage and the nature of the membranes in twin pregnancy.
B. Mention the most important fetoplacental abnormalities of twinning process.
C. Mention the main maternal complications of twin gestation.
D. What are the main prerequisites for the intrapartum management of twin gestation?
E. What are the possible risks endanger the second twin after delivery of the first one if vaginal delivery attended?

Station four **Examiner sheet**

(A)The relationship between the timing of cleavage and the nature of the membranes in twin pregnancy is: **(3 Marks)**

- If cleavage occur between zero hour to 72 hours→ diamniotic, dichorionic.
- If cleavage occur between 4 days to 8 days→ diamniotic, monochorionic.
- If cleavage occur between 9 days to 12 days → monoamniotic, monochorionic.

(B) The most important fetal placental abnormalities of twinning process are: **(any 4 marks)**

- Conjoined twins.
- Fetal growth restoration
- Twin-twin transfusion syndrome.
- Fetal malformations.
- Umbilical cord abnormalities.
- Fetal death retained dead fetus syndrome.

(C)The main maternal complications of twin gestation are: (any 5 marks)

- Anemia.
- Hydramnios.
- Preterm labor.
- Post partum atony → hemorrhage.
- Hypertension→ preeclampsia.
- Cesarean delivery.

(D) The main prerequisites for the intrapartum management of twin gestation: **(any 5 marks)**

- Delivery room equipped for immediate cesarean delivery if needed.
- Well functioning large bore intravenous line.
- The capability for continuous monitor the fetal heart rate simultaneously.
- An anesthesiologist is ready in the delivery room.
- Two paidiatricians available
- Ultrasound for determining the presentation of the twins.

(E) The possible risks endanger the second twin after delivery the first one **(3 Marks)**

- Increased risk of cord prolapse.
- Abruption placentae.
- Malpresentation.

-------------------- **Total mark (-------/20 marks)**

Multiple Gestation - 2

Station two

Students information

Mrs. X is a 39 years old, gravida 3 para 2, pregnant 20 weeks but her abdomen looks larger for her date. She is worried and presented to your office to discuss this issue. Please discuss her condition with the examiner in sequence.

1. What are the main possible differential diagnoses for this condition?
2. Assume you found that she has twin pregnancy: What are the maternal complications of multiple gestations?
3. What are the fetal complications of multiple gestations?
4. If she is term, what are the fetal presentations in order(from most to least common)?
5. Mention the main causes of perinatal morbidity and mortality.

الممسوحة ضوئيا بـ CamScanner

Station two
Examiner's sheet

1. The main possible differential diagnoses are: **(----/5 marks)**

1. Multiple gestations.
2. Wrong date.
3. Polyhydramnios.
4. Presence of fibroids or ovarian cyst.
5. Macrosomic fetus.

2. The main maternal complications are: **(any 5)** **(----/5 marks)**

1. Anemia.
2. Antepartum haemorrhage (Placenta previa,Abruption placentae)
3. Hydramnios.
4. Hypertension.
5. Premature labor.
6. Postpartum hemorrhage.
7. Preeclampsia.
8. Cesarean section.

3.The main fetal complications are: **(any 5)** **(----/5 marks)**

1. Malpresentation.
2. Premature rupture of membranes.
3. Prematurity.
4. Umbilical cord prolapse.
5. Intrauterine growth restriction.
6. Increased perinatal morbidity and mortality.

4.The presentations in order from most to least are: **(half mark each)** **(----/2marks)**

1. Vertex- vertex.
2. Vertex – breech.
3. Breech – vertex.
4. Breech – breech.

5.The main causes of perinatal morbidity and mortality are **(any 3)** **(----/3 marks)**

1. Respiratory distress syndrome.
2. Birth trauma.
3. Cerebral hemorrhage.
4. Birth asphyxia.
5. Prematurity.

---------------------- **Total mark (-------/20 marks)**

الممسوحة ضوئيا بـ CamScanner

Obstetric Collapse

وَوَصَّيْنَا الإِنسَانَ بِوَالِدَيْهِ حَمَلَتْهُ أُمُّهُ وَهْنًا عَلَى وَهْنٍ وَفِصَالُهُ فِي عَامَيْنِ أَنِ
اشْكُرْ لِي وَلِوَالِدَيْكَ إِلَيَّ الْمَصِيرُ

[لقمان: ١٤]

STATION: 3

Student information

You were called to see a 30 year old female patient, G3P2, at 35 weeks gestation, collapses in the waiting room of the antenatal clinic and loses consciousness.

المسوحة ضوئيا بـ CamScanner

STATION: 3

Examiner Information

You were called to see a 30 year old female patient, G3P2, at 35 weeks gestation, collapses in the waiting room of the antenatal clinic and loses consciousness.

Mention six possible causes for her condition **(6 marks)**

***Hemorrhage, hypovolemia.**

- Pulmonary embolism.
- Amniotic fluid embolism.
- Eclampsia.
- Cardiac disease.
- Intracranial hemorrhage.
- Anaphylaxis.
- Drug toxicity.

What are the immediate steps in the management of this lady **(10marks)**

- Call for help.
- Left lateral tilt.
- Airways: airway, intubation.
- Breathing: O2, bag and mask ventilation.
- Circulation: chest compressions, 2 large bore canulae.
- Send bloods.
- Start IV fluid resuscitation.
- Defibrillation if indicated.
- Drugs: eg adrenaline.
- Treat the underlying cause.

What is the time limit for achieving a perimortem caesarean section if the patient does not respond to CPR. **(4 marks)**

Caesarean section should be done within 5 minutes.

Examiner

signature

/20

CamScanner الممسوحة ضوئيا بـ

Operative Delivery
Caesarean Section - 1

Station "4" "

Students Information

35 Years old lady G5P4, she is 38 weeks pregnant, smooth antenatal care. She is admitted for elective caesarean section due to previous 4 C/S done in our hospital. You are looking after this lady.

1. **What are the points in the old file and current antenatal card you will check?**

2. **Discuss the possible complications?**

3. **What are the blood tests you will order to this lady?**

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Station " 4 "

Examiner Information

The student should

Q1: What are the points in the old file and antenatal card you will check? (3 Marks)

	0	1
1- Details of previous obstetric history		
2- Operative finding of the last c/section(adhesions)		
3- Placental site		
4- Fetal growth and health		
5- Lie and presentation		

Q2: Discuss the possible complications? (7 Marks)

	0	1
1- Anasthesia complications		
2- Bleeding and transfusion		
3- Bladder injury		
4- Bowel injury		
5- Hysterectomy esp if pathologically adherent placenta		
6- Infection. Wound… UTI		
7- Incisional hernia		

Q3: What are the blood tests you will order to this lady? (3 Marks)

	0	1
1- CBC		
2- X match…2 units of blood		
3- Blood group, RH		

Signature: **Total mark:** **/15**

الممسوحة ضوئيا بـ CamScanner

Operative Delivery
Caesarean Section - 2

Station "4""

Students Information

35 Years old lady G5P4, she is 38 weeks pregnant, smooth antenatal care. She is admitted for elective caesarean section due to previous 4 C/S done in our hospital. You are looking after this lady.

1. **What are the points in the old file and current antenatal card you will check?**

2. **Discuss the possible complications?**

3. **What are the blood tests you will order to this lady?**

CamScanner الممسوحة ضوئيا بـ

Station " 4 "

Examiner Information

The student should

Q1: What are the points in the old file and antenatal card you will check? (3 Marks)

	0	1
1- Details of previous obstetric history		
2- Operative finding of the last c/section(adhesions)		
3- Placental site		
4- Fetal growth and health		
5- Lie and presentation		

Q2: Discuss the possible complications? (7 Marks)

	0	1
1- Anasthesia complications		
2- Bleeding and transfusion		
3- Bladder injury		
4- Bowel injury		
5- Hysterectomy esp if pathologically adherent placenta		
6- Infection. Wound… UTI		
7- Incisional hernia		

Q3: What are the blood tests you will order to this lady? (3 Marks)

	0	1
1- CBC		
2- X match…2 units of blood		
3- Blood group, RH		

Signature: **Total mark: /15**

المسوحة ضوئيا بـ CamScanner

Operative Delivery
Caesarean Section - 3

Station # 4
Student information

Mrs X is 24 year old lady, G2 P1 previous one caesarean section at term. Presented to the antenatal clinic at 38 weeks of gestation asking you about the mode of delivery this time. Take a detailed history and perform the appropriate examination to counsel her regarding the most suitable mode of delivery for her this time.

الممسوحة ضوئيا بـ CamScanner

Name:____

Station # 4

Examiner Information

Mrs X is 24 year old lady, G2 P1 previous one caesarean section at term. Presented to the antenatal clinic at 38 weeks of gestation asking you about the mode of delivery this time. Take a detailed history and perform the appropriate examination to counsel her regarding the most suitable mode of delivery for her this time

	0	1
1- Type of the previous c/s	[ ]	[ ]
2-Indication of the previous c/s	[ ]	[ ]
3-Complication 0f the prev c/s(extension)	[ ]	[ ]
4- Complication of the prev C/S(infection)	[ ]	[ ]
5- Gestational age at the last c/s	[ ]	[ ]
6- Details of the last delivery	[ ]	[ ]
7- asks about the baby's weight	[ ]	[ ]
8- Current medical illness	[ ]	[ ]
9- Current presentation	[ ]	[ ]
10- Current placental location	[ ]	[ ]
11 - Estimated fetal weight this time	[ ]	[ ]
12- Perform clinical pelvimetry	[ ]	[ ]

Total mark /12 Examiner:

الممسوحة ضوئيا بـ CamScanner

Operative Delivery

Mrs. Nabila is a 27 years married for the last 5 years and she is pregnant 38 weeks gestation in labor, developing severe fetal distress reaching down to 88 beat per minute. Vaginal examination revealed a cephalic presentation at +1 station with fully dilated cervix. You decided to apply forceps to save the life of the fetus. The examiner will ask you some questions about this case.

What are the pre-requesting mandatory conditions?

What are the cited factors to delivery failure?

What are the most common complications?

الممسوحة ضوئيا بـ CamScanner

الاسم:...

Mrs. Nabila is a 27 years married for the last 5 years and she is pregnant 38 weeks gestation in labor, developing severe fetal distress reaching down to 88 beat per minute. Vaginal examination revealed a cephalic presentation at +1 station with fully dilated cervix. You decided to apply forceps to save the life of the fetus. The examiner will ask you some questions about this case.

The pre-requesting mandatory conditions:

		[√]	[X]
1.	Confirm rupture of membranes.	[ ]	[ ]
2.	Confirm dilatation of the cervix.	[ ]	[ ]
3-	Confirm the position of the head.	[ ]	[ ]
4-	Adequate analgesia.	[ ]	[ ]
5-	Empty bladder.	[ ]	[ ]
6-	Experienced operator.	[ ]	[ ]
7-	Check the pair of forceps to insure that a matching pair.	[ ]	[ ]

Common factors cited to delivery failure are:

8.	Failure to select the proper cup type.	[ ]	[ ]
9.	Inadequate initial assessment.	[ ]	[ ]
10.	Incorrect cup replacement.	[ ]	[ ]
11.	Traction along the wrong pathway.	[ ]	[ ]
12.	Poor maternal effort with inadequate use of syntocinon.	[ ]	[ ]

Common maternal and fetal complications:

13-	Traumatic vaginal delivery and faecal incontinence.	[ ]	[ ]
14.	Post partum haemorrhage.	[ ]	[ ]
15-	Fracture skull	[ ]	[ ]
16.	Cervical laceration	[ ]	[ ]
17.	Shoulder dystocia	[ ]	[ ]
18.	Facial nerves injury.	[ ]	[ ]
19-	Rupture uterus.	[ ]	[ ]
20.	Intracranial haemorrhage.	[ ]	[ ]

TOTAL MARK: ……………………./20 Signature…………………………

الممسوحة ضوئيا بـ CamScanner

Ovarian Cancer - 1

Station "5" "

Students Information

Mrs.Sandra is 36 years old lady married for the last 3 years, seeking for pregnancy. After taking the detailed related history, the picture on the ultrasound revealed a multilocular right sided ovarian mass with finger like projections suggestive of malignancy. Discuss the plan of management including the most important investigations with the lady. Tell her what should be done regarding for possible pregnancy. What is the plan for follow up?

	[√]	[X]
* The most important investigations are:		
# Transvaginal ultrasound evaluation.	[ ]	[ ]
# CT scan for the abdomen and the pelvis.	[ ]	[ ]
# Measuring the level of CA125 tumor marker.	[ ]	[ ]
# Measuring the level of HE4 tumor marker.	[ ]	[ ]
# CBC, KFT, LVT, Cross Matching.	[ ]	[ ]
# Chest X-ray.	[ ]	[ ]
# Bone scan.	[ ]	[ ]
# Calculate the risk of malignancy index.	[ ]	[ ]
* The operative management is:		
# Peritoneal washings for cytology	[ ]	[ ]
# Proper palpation of the abdominal and pelvic cavities.	[ ]	[ ]
# Right salpingo-oopherectomy.	[ ]	[ ]
# Ipsilateral pelvic lymphadenectomy.	[ ]	[ ]
# Omental biopsy.	[ ]	[ ]
# left ovarian biopsy and frozen section.	[ ]	[ ]
# Biopsy from peritoneal surfaces and any macroscopic nodule.	[ ]	[ ]
* Follow up plan:		
# Encourage pregnancy as soon as possible.	[ ]	[ ]
# Use the fertility drugs to insure oyulation.	[ ]	[ ]
# Routine annual checkup with transvaginal ultrasound.	[ ]	[ ]
# Routine annual checkup of the CA125 serum level.	[ ]	[ ]
# Hysterectomy and left salpino-oopherectomy when completed the family.	[ ]	[ ]

TOTAL MARK:………./20

Examiner Signature

الممسوحة ضوئيا بـ CamScanner

Ovarian Cancer - 2

Station " 5 "

Student Information

A 27 year old Gravida 2, Para 1 female nurse is found to have a 5 cm left adnexal mass on a dating ultrasound performed at approximately eleven weeks gestational age. She is currently asymptomatic. This pregnancy was planned. The patient is in good general health.

A- What would you like to know about the ultrasound findings?

B- What's the most likely diagnosis?

C- What is you differential diagnosis?

الممسوحة ضوئيا بـ CamScanner

Station " 5 "
Examiner Information

You are a 27 year old Gravida 2, Para 1 female nurse found to have a left adnexal mass on a dating ultrasound performed at approximately eleven weeks gestational age. You are currently asymptomatic. This pregnancy was planned. Your ultrasound examination showed a 5 cm left solid ovarian mass with no septation, papillary projection, and no ascities with negative vascular flow pattern and normal upper abdominal findings.

الممسوحة ضوئيا بـ CamScanner

Station " 5 "
Examiner Evaluation

A- What would you like to know about the ultrasound?

History: (7 Marks)

❑ Size	0	1
❑ Unilateral or Bilateral	0	1
❑ Consistency (solid or cystic)	0	1
❑ Wall or septation thickness	0	1
❑ Papillary projections of excresences	0	1
❑ Vascular flow pattern	0	1
❑ Ascites	0	1

B-What's the most likely diagnosis?(1 mark)

❑ Most likely diagnosis (Benign cystic teratoma)	0	1

C-What is you differential diagnosis?

▪ Ovarian			
▪ Non-neoplastic		3	
▪ Functional cyst/simple corpus lutean cyst	0		1
▪ Luteoma of pregnancy	0		1
▪ Endometrioma	0		1
▪ Neoplastic – benign		3	
▪ Benign cystic teratoma	0		1
▪ Epithelial	0		1
▪ Para-ovarian	0		1
▪ Neoplastic – Malignant		3	
▪ Epithelial	0		1
▪ Dysgerminoma	0		1
▪ Sex cord stromal	0		1
❑ Extra-Ovarian		3	
❑ Pedunculated fibroid	0		1
❑ Pelvic kidney	0		1
❑ Uterine anomaly	0		1

Signature: **Total mark: /20**

الممسوحة ضوئيا بـ CamScanner

History:

	0	1
1. Proper Introduction		
2. Size		
3. Unilateral or Bilateral		
4. Consistency (solid or cystic)		
5. Wall or septation thickness		
6. Papillary projections of excresences		
7. Vascular flow pattern		
8. Ascites		
9. Upper abdominal findings		

A- What's the most likely diagnosis?

10. Most likely diagnosis (Benign cystic teratoma)		

الممسوحة ضوئيا بـ CamScanner

C-

Differential Diagnosis

B-	Ovarian				
C-	Non-neoplastic			4	
D-	Functional cyst/simple corpus lutean cyst	0		1	
E-	Hyper-reaction luteinalis		0		1
F-	Luteoma of pregnancy		0		1
G-	Endometrioma		0		1
H-	Neoplastic – benign			3	
I-	Benign cystic teratoma		0		1
J-	Epithelial		0		1
K-	Para-ovarian	0		1	
L-	Neoplastic – Malignant			4	
M-	Epithelial		0		1
N-	Dysgerminoma		0		1
O-	Metastatic/Krukenberg		0		1
P-	Sex cord stromal		0		1
❑	Extra-Ovarian			5	
❑	Retroverted uterus		0		1
❑	Pedunculated fibroid		0		1
❑	Pelvic kidney		0		1
❑	Uterine anomaly		0		1
❑	Colorectal carcinoma		0		1

Signature: **Total mark: /10**

الممسوحة ضوئيا بـ CamScanner

Station " 5 "
Simulator information

You are a 27 year old Gravida 2, Para 1 female nurse found to have a left adnexal mass on a dating ultrasound performed at approximately eleven weeks gestational age. You are currently asymptomatic. This pregnancy was planned. Your ultrasound examination showed a 5 cm left solid ovarian mass with no septation, papillary projection, and no ascities with negative vascular flow pattern and normal upper abdominal findings.

CamScanner الممسوحة ضوئيا بـ

Ovarian Cancer - 3

Station "4"

Students Information

Mrs. XX is 27 year old lady married for the last 5 months, seeking pregnancy. After taking the detailed related history, the picture on ultrasound revealed a multilocular right sided ovarian mass with finger like projections suggestive of malignancy.

1. What are the most important **investigations** you will order?

2. If she is planned for surgery, what are the most important **intra operative steps** you will do?

3. What is her **follow up** plan**?** Regarding the **ovarian malignancy** and **future pregnancy.**

الممسوحة ضوئيا بـ CamScanner

Station "4"

Examiner's Sheet

Q1 : The most important investigations are: (10 points)

	0	2
1. Transvaginal ultrasound evaluation		
2. CT scan for the abdomen and the pelvis		
3. Measuring the level of CA125 tumor marker		
4. CBC, KFT, LFT, Cross Matching		
5. Chest X-ray		

Q2 : The intra operative management is (5 points)

	0	1
1. Proper palpation of the abdominal and pelvic cavities		
2. Right salpingo-oopherectomy		
3. Ipsilateral pelvic lymphadenectomy		
4. Omental biopsy		
5. left ovarian biopsy and frozen section		

Q3 : Follow up plan (10 points)

	0	2
1. Encourage pregnancy as soon as possible		
2. Use the fertility drugs to insure ovulation		
3. Routine annual checkup with transvaginal ultrasound		
4. Routine annual checkup of the CA125 serum level		
5. Hysterectomy and left salpino-oopherectomy when completed the family		

Total = / 25 Signature:

الممسوحة ضوئيا بـ CamScanner

PCOS - 1

Station "1 ""

Examiner Information

Melanie is a 24year old lady who has not had a period for about 6 months although she has had repeated negative pregnancy tests.

1)What is the most likely diagnosis?

Physical exam: BMI =29/m2, otherwise unremarkable except for coarse dark hair on the lower abdomen and face.

2) What other investigations you want to order for her?

3) How would you approach this lady in terms of management?

الممسوحة ضوئيا بـ CamScanner

''Station ''1

Students Information

Melanie is a 24year old lady who has not had a period for about 6 months although she has had repeated negative pregnancy tests.

1) What is the most likely diagnosis? (10 Marks)

	0	2
PCOS		

2) What other investigations you want to order for her?

	0	1
1 : Beta HCG (exclude pregnancy		
2 : TSH		
3 : Prolactin		
4 : Androgens (DHEAS, free testosterone, 17 hydroxyprogesterone, SHBG		
5 : Metabolic screening (3 point)		
- 2 hr 75 g OGTT if BMI >28		
- Fasting lipids profile		
- Ultrasound Scan		

3) How would you approach this lady in terms of management? (10 Marks)

	0	2
1 : Improving lifestyle. Dietary modification with low calories diet and exercise		
2 : Metformin as insulin sensitising agent which improves insulin resistance, assists weight reduction, improves fertility and reduces the risk of miscarriage.		
3 : Ovulation induction with clomiphene or gonadotrophins		

	0	1
4 : laparoscopic ovarian diathermy if medical treatment fails		

	0	2
5 : OCP for endometrial protection, regularization of menses and improvement of hirsutism and acne		

	0	1
6 : Antiandrogens like spironolactone		

Total / 20

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Station "1"

Student Information

Melanie is a 24year old lady who has not had a period for about 6 months although she has had repeated negative pregnancy tests.

Melanie has always had irregular periods since age 14 but never worried about it. She got married 1 year ago and since marriage she put on quite a bit of weight and noticed an increase in facial hair .She is not taking any medications. She wanted to start a family, she is seeking your advice.

1)What is the most likely diagnosis?

Physical exam: BMI =29/m2, otherwise unremarkable except for coarse dark hair on the lower abdomen and face.

2) What other investigations you want to order for her?

3) How would you approach this lady in terms of management?

الممسوحة ضوئيا بـ CamScanner

PCOS - 2

Station "1"

Student Information

22 year old female, presented with a complaint of infrequent periods and increase in facial hair and acne for few years. She has no history of medical illness. On examination she is noted to have normal vital signs. She is obese with a BMI of 31. She has hirsutism and ance.

Question:

1- What is the most likely diagnosis?
2- What complications the patient is at risk for?
3- What investigations might be needed to confirm the diagnosis?
4- What is your plan for this case?

الممسوحة ضوئيا بـ CamScanner

Station "1"
Examiner Notes

22 year old female, presented with a complaint of infrequent periods and increase in facial hair and acne for few years. She has no history of medical illness. On examination she is noted to have normal vital signs. She is obese with a BMI of 31. She has hirsutism and ance.

	0	3
1- Polycystic ovary syndrome PCOS	☐	☐

2- Complications:

	0	1
- Future infertility	☐	☐
- Anovulation and menstrual irregularities	☐	☐
- Increased risk of endometrial cancer	☐	☐
- Increased risk of diabetes mellitus	☐	☐

3- Investigations:

	0	2
- Pelvic ultrasound	☐	☐
- Pituitary hormones FSH, LH, TSH, Prolactin	☐	☐

	0	1
- Testosterone (ovarian androgens)	☐	☐
- DHEA-S (adrenal androgens)	☐	☐
- 17-hydroxy progesterone	☐	☐
- Glucose intolerance screening	☐	☐

4- Overall treatment plans:	0	1
- Reduce circulating androgen levels	☐	☐
- Encourage weight loss (diet and exercise)	☐	☐
- Induce ovulation if pregnancy is desired	☐	☐
- Treat excess estrogen production with COC Pills	☐	☐
- Use increased insulin resistance with metformin	☐	☐

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Total /20

Examiner: **Signature:**

الممسوحة ضوئيا بـ CamScanner

PCOS - 3

Candidate information

Melanie is a 24year old lady who has not had a period for about 6 months although she has had repeated negative pregnancy tests.
She has been married for 1 year and they wanted to start a family. She is seeking your advice.

1) Take detailed history

2) Physical exam: BMI =29/m^2, otherwise unremarkable except for coarse dark hair on the lower abdomen and upper lip.

What is the most likely diagnosis?

3) What other investigations would you do?

4) How would you approach this lady in terms of management?

الممسوحة ضوئيا بـ CamScanner

Examiner's information:

History

1) Menstrual cycle
2) Galactorrhea
3) Thyroid symptoms
4) Hirsutism
5) Drug history and social history
6) Relevant family history

7) **Diagnosis PCOS**

Hormone assays:

8) Beta HCG (exclude pregnancy!)
9) TSH
10) Prolactin
11) androgens (DHEAS, free testosterone, FAI
    17 hydroxyprogesterone, SHBG

Metabolic screening:

12) 2 hr 75 g OGTT if BMI >28
13) fasting lipids

Ultrasound

Management: depends on aim

14) Improving lifestyle!!! Dietary modification with low calories diet and exercise!
15) OCP for endometrial protection, regularization and lightening of menses and improvement of hirsutism and acne.
16) Antiandrogens like spironolactone
17) Metfromin as insulin sensitising agent which improves insulin resistance, assists weight reduction, improves fertility and reduces the risk of miscarriage.
18) Ovulation induction with clomiphene or gonadotrophins
19) laparoscopic ovarian diathermy if medical treatment fails

الممسوحة ضوئيا بـ CamScanner

Patient Information

Melanie has always had irregular periods since age 14 but never worried about it because it did not cause any problems. She got married 1 year ago. She went through some difficult times shortly after the marriage because she wanted to finish her accountancy course at university but found it very difficult, although recently she finally passed all the examinations. During that time, about the last 8 months, she also put on quite a bit of weight and noticed an increase in facial hair.

NO galactorrhea and thyroid symptoms,

She is not taking any medications. PMH and PSH are unremarkable.

2 of her sisters have irregular cycles, her mother has underwent hysterectomy for endometrial cancer

الممسوحة ضوئيا بـ CamScanner

Information Sheet for Candidates

Your next patient in general practice is a 20 year old woman, Jane Johnson who has not had a period for about 6 months although she has had repeated negative pregnancy tests.
She has been married for 1 year and they wanted to start a family. She is seeking your advice.

Your task is to:

- Take a focused history
- Perform a physical examination
- Organize appropriate investigations
- Discuss the most likely diagnosis and management with the patient

CamScanner الممسوحة ضوئيا بـ

HOPC: Jane has always had irregular periods since age 14 but never worried about it because it did not cause any problems. She got married 1 year ago. She went through some difficult times shortly after the marriage because she wanted to finish her accountancy course at university but found it very difficult, although recently she finally passed all the examinations. During that time, about the last 8 months, she also put on quite a bit of weight and noticed an increase in facial hair.
Examination: not unwell looking young overweight (BMI 28) woman, some increased hair growth on her upper lip, BP 145/95, P 72/min + reg., RR 18, afebrile.
The rest of the physical examination is unremarkable.

DIAGNOSIS: POLYCYSTIC OVARY SYNDROME (PCOS) also known as Stein-Leventhal Syndrome!!!
PCOS is the most common cause of anovulatory infertility, an endocrinopathy associated with reproductive and metabolic disorders characterized by anovulation and hyperandrogenism, combined with obesity.
The ovary may contain several (>12) immature, atretic follicles (not true cysts!). The most widely accepted aetiology is that these follicles persist because high insulin levels stop apoptosis (programmed cell death) of the thecal interna cells at ovulation which continue to produce androstenedione, a weak androgen, explaining hirsutism (increased facial and body hair), acne and androgen dependent alopecia.
The hyperinsulinaemia (insulin resistance) is also responsible for functional ovarian hyperandrogenism leading to oligo- or an-ovulation with oligomenorrhoea or amenorrhea, dysfunctional uterine bleeding, infertility and endometrial hyperplasia or cancer.
The third effect of hyperinsulinaemia (insulin resistance) is generally: T2DM, cardiovascular disease risk factors (dyslipidaemia, atherosclerosis, hypertension), impaired GTT, gestational diabetes, miscarriage!
However there is also a component of hypothalamic-(anterior) pituitary dysfunction with exaggerated gonadotropin releasing hormone (GnRH) pulsatility resulting in hypersecretion of luteinising hormone (LH).

The diagnosis of PCOS requires at least two of the following criteria (Rotterdam Consensus Group):

1. Oligo- and/or an-ovulation (infertility)
2. Clincal and/or biochemical signs of hyperandrogenism:
    - CLINICAL: hirsutism, acne, androgenic alopecia
    - BIOCHEMICAL: raised level of androgens (total testosterone), free testosterone, or free androgen index (FAI), increased LH levels (raised LH:FSH ratio), dehydroepiandrosteronesulphate (DHEAS), suppressed sex hormone binding globulin (SHBG, which is synthesized in the liver).
3. Polycystic ovaries on transvaginal ultrasound (>12 follicles in either ovary 2-9mm in diameter

PCOS seems to have an underlying genetic cause, it "runs" in families
PCOS carries a higher risk of endometrial cancer!

الممسوحة ضوئيا بـ CamScanner

DIFFERENTIAL DIAGNOSIS: other conditions with hyperandrogenism like congenital adrenal hyperplasia, Cushing syndrome, androgen secreting tumours. Think of hypothyroidism and hyperprolactinaemia, congenital adrenal hyperplasia as cause of anovulation!.

Investigations:

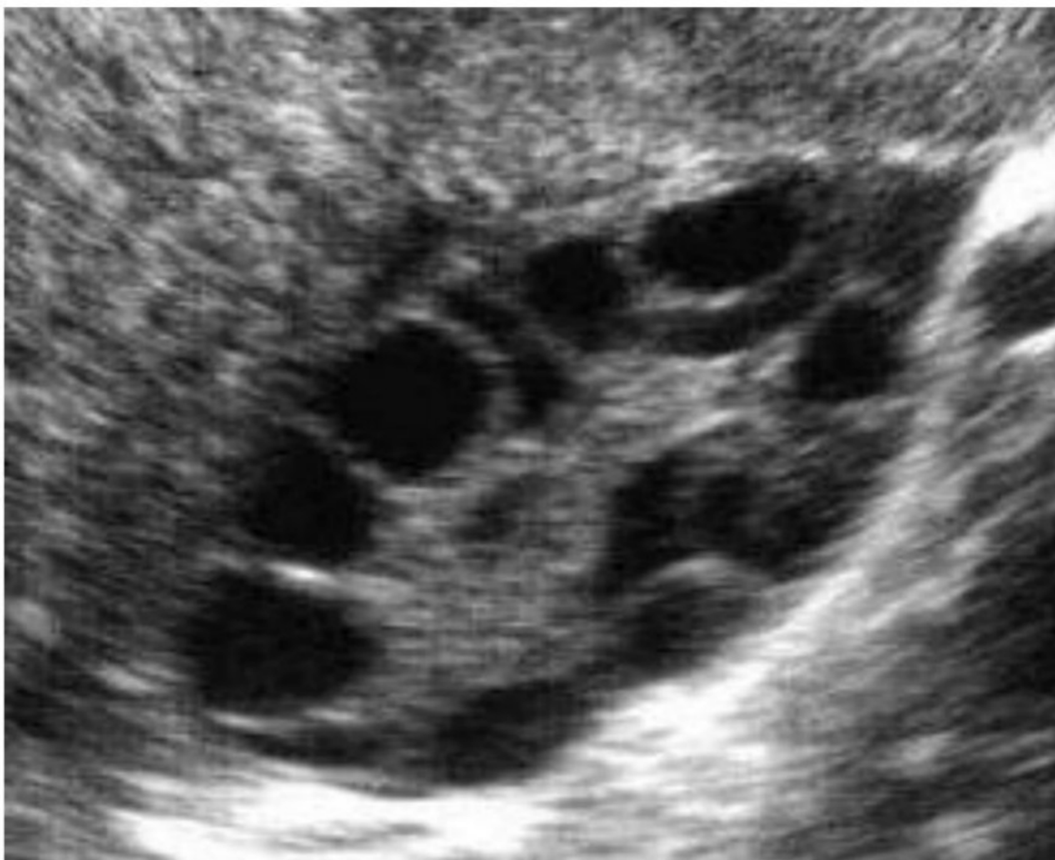
1. Biochemistry:
   A) Hormone assays:
   - Beta HCG (exclude pregnancy!)
   - LH, LH:FSH ratio, SHBG
   - TSH
   - Prolactin
   - 17 hydroxyprogesterone
   - androgens (DHEAS, free testosterone, FAI

   B) Metabolic screening:
   - 2 hr 75 g OGTT if BMI >28
   - fasting lipids
2. Ultrasound: ideally transvaginally looking for endometrial thickness to exclude endometrial pathology and to identify polycystic ovary!

Management:

1. Improving lifestyle!!! If overweight (BMI 25-29) or obese (BMI>30) dietary modification with low calories diet and exercise!
2. OCP for endometrial protection, regularization and lightening of mensis and improvement of hirsutism and acne.
3. Antiandrogens like spironolactone
4. Metformin as insulin sensitising agent which improves insulin resistance, assists weight reduction, improves fertility and reduces the risk of miscarriage.
5. Ovulation induction with clomiphene or gonadotrophins
6. laparoscopic ovarian diathermy if medical treatment fails
7. Specialist referral!

الممسوحة ضوئيا بـ CamScanner



الممسوحة ضوئيا بـ CamScanner

Pelvic Organ Prolapse - 1

اللَّهُ خالِقُ كُلِّ شيءٍ وَهوَ على كُلِّ شيءٍ وَكيلٌ ﴿٦٢﴾ لهُ مقَاليدُ السَّماواتِ وَالأَرضِ وَالذِّينَ كفَروا بِآياتِ اللَّهِ أُولئِكَ همُ الخاسِرونَ

[الزمر: ٦٢-٦٣]

وكيل: حفيظ، يدبر أمره، ويصرفه كيف يشاء

Station 1

Student information

A 53 year old lady is suffering from a mass protruding from the vagina for the last one year and she was told to have uterovaginal prolapse. Please:

* Take history from the patient regarding this symptom and related symptoms
* Try to find out the risk factors in her case.

الممسوحة ضوئيا بـ CamScanner

Station 1
Examiner sheet

a. General symptoms: 4 marks

1. The size of the mass.
2. The consistency of the mass,
3. Is it out all the time?
4. In and out, increasing with size during the day,
5. Itching, vaginal bleeding, low back pain.

b. Bladder symptoms: 7 marks

1. Frequency,
2. Nocturia,
3. Urgency,
4. Urge incontinence, stress incontinence, hesitancy,
5. Difficulty in initiation of urination,
6. Recurrent UTI, slow stream,
7. Feeling of incomplete emptying of the bladder.
8. Need to push the prolapse during voiding.

c. Bowel symptoms. 3 marks

1. Constipation,
2. Fecal incontinence,
3. obstructed defecation.

d. Sexual symptoms. 2 marks

1. Sexual unsatisfaction,
2. Dyspareunia,
3. Coital incontinence.

e. Risk factors. 4 marks

1. Menopause,
2. High parity, forceps, large size baby,
3. Work (heavy lifting),
4. Pelvic surgery,
5. Constipation, chronic cough.

Total mark............................./20 **Signature.......................**

الممسوحة ضوئيا بـ CamScanner

Pelvic Organ Prolapse - 2

Station "3"

Student information

55 years old lady, presented with a feeling of a mass protruding from the vagina for the last 3 months. She was told by her doctor that this is a pelvic organ prolapse. What relevant points in history you will ask about?
Mention the risk factors?

الممسوحة ضوئيا بـ CamScanner

Examiner information

The student should cover the following subjects in his history.

a. General symptoms related to prolapse: 2 marks

	0	2
Vaginal heaviness, dragging sensation		
Low back pain, and vaginal dryness and itching		

b. Urinary tract symptoms: 3 marks

	0	1
Frequency, nocturia		
Urgency, urge incontinence, stress urinary incontinence,		
Feeling of incomplete bladder emptying, recurrent UTI, hesitancy		

c. Bowel symptoms: 3 marks

	0	1
Constipation		
Feeling of incomplete bowel emptying		
Fecal incontinence		

d. Sexual symptoms 2 marks

	0	2
Lack of sensation		
embarrassment		

e. Risk factors of prolapse: 10 marks

	0	1
Parity		
Birth weight		
Instrument use.		
Menopause and HRT		
Constipation and sraining		
Heavy lifting		
Obesity		
Chronic cough and smoking		
Pelvic surgery and previous vaginal repair.		
Family history		

Total /20 Examiner: Signature:

CamScanner الممسوحة ضوئيا بـ

PET - 1

Mrs. Nadera is 19 years old, primigravida, unbooked, pregnant 33 weeks, presented to the emergency room with severe headache, visual disturbances, and her initial blood pressure measurement was 165/110 mmHg.

The parameters of the "classic triad" of diagnosing Preeclampsia are:

New-onset hypertension,

Proteinuria,

Edema in the latter half of pregnancy

Other possible criteria for diagnosis of severe preeclampsia for this lady:

- Renal insufficiency (serum Cr >1.1 mg/dL or doubling of baseline values)
- Pulmonary edema
- Epigastric or right upper quadrant pain
- Elevated liver enzymes (AST or ALT at least two times normal level)
- Thrombocytopenia (platelet count <100,000/μL)

General classification of hypertensive disorders of pregnancy

- Preeclampsia/Eclampsia
- Chronic hypertension
- Chronic hypertension with superimposed pre-Eclampsia
- Gestational hypertension

المسوحة ضوئيا بـ CamScanner

Emergency parenteral therapy for the severe hypertensive status of this lady

Hydralazine: Direct vasodilator

Labetalol hydrochloride: Nonselective $\alpha1$-blocker $\beta1$-blocker

Nifedipine: Calcium channel blocker

In this lady if she develops Eclampsia, if using magnesium sulfate as anticonvulsive drug, the possible toxicity symptoms of this medication:
*Therapeutic range: 4.8-9.6 mg/dL.

Loss of patellar reflex	8-12
Warmth and flushing	9-12
Somnolence	10-12
Slurred speech	10-12
Paralysis and respiratory difficulty	15-17
Cardiac arrest	30-35

المسوحة ضوئيا بـ CamScanner

PET - 2

Station #
Examiner Information

Mrs. X is a 24 year old. Presented at 34 weeks of gestation with a blood pressure of 170/120 and +3 proteinuria.

a. What signs and symptoms you want to elicit in this patient?

b. how would you measure her blood pressure?

c. What are the main aims of management?

A. What signs and symptoms you want to elicit in this patient? /10

1.Headache
2.blurring of vision
3.Dificulty in breathing
4.Epigastric pain
5.Papilledema
6.sudden generalized edema
7.Low urine output
8.Hyper-reflexia

B. How would you measure her blood pressure? /5

1. Positioning (30 degree from the horizontal + Right tilt)
2. Proper size cuff
3. Level of sphygmomanometer at the level of the heart
4. Diastol---disappearance of the sound

C. What are the main aims of management? /5

1. Control blood pressure
2. Prevent convulsions
3. Determine the time and mode of delivery

Mark /20 Signature

الممسوحة ضوئيا بـ CamScanner

PET - 3

Station " 3 "
Student's Information

A 24 years old primigravida present complaining of headache, blood pressure of 170/120 with +3 proteinurea

The examiner will ask you a series of questions

1. What is the likely diagnosis

2. What type investigation you would order

3. Mention the principle lines of treatment

4. How would you monitor a patient on MGSO4

5. Mention five possible complications for her condition

الممسوحة ضوئيا بـ CamScanner

Station " 3 "
Examiner Information

A 24 years old primigravida present complaining of headache, blood pressure of 170/120 with +3 proteinurea

1. What is the likely diagnosis: (3 Marks)

	0	3
- Sever preeclampsia		

2. **What type investigation you would order? (6 Marks)**

	0	1
1- CBC, Plat		
2- Urine analysis		
3- Fibrinogen PT,PTT		
4- Kidney function test and uric acid		
5- Liver function test		
6- Ultrasound		

3. **Mention the principle lines of treatment : (6 Marks) 2 for each**

	0	2
1- Stabilization of the patient by antihypertensive drug		
2- Start MGSO4		
3- Plan delivery of the patient		

4**. How would you monitor a patient on MGSO4?(4 Marks)**

	0	1
- Deep tendon reflex		
- Respiratory rate		
- Urine output		
- Serum level if clinical sign of toxicity		

5. **Mention five possible complications for her condition : (Any 6)**

	0	1
- Eclampsia		
- Intracranial hemorrhage		
- Pulmonary oedema		
- Renal failure		
- Respiratory failure		
- Maternal death		
- Fetal death		

Total mark: **/25** **Signature:**

الممسوحة ضوئيا بـ CamScanner

PET - 4

Station " 4 "

Candidate instruction

31 year old G1P0, GA 35, week's uneventful pregnancy found at her routine antenatal visit to have a BP of 160/110 mmHg and +3 proteinuria on dipstick, she is also complaining of dull headache yesterday and felling unwell today. No history of visual changes and abdominal pain. Her fetus is active and her family history non-contributory.

1- Counsel this patient about her management Plan

2- Counsel this patient about all possible complications.

Examiner instruction:

الممسوحة ضوئيا بـ CamScanner

31 year old G1P0, GA 35, week's uneventful pregnancy found at her routine antenatal visit to have a BP of 160/110 mmHg and +3 proteinuria on dipstick, she is also complaining of dull headache yesterday and felling unwell today. No history of visual changes and abdominal pain. Her fetus is active and her family history non-contributory.

1- Counsel this patient about her management plan

2- Counsel this patient about all possible complications.

1. Management Plan

Admit to hospital	__/2
Antihypertensive medication	__/2
Magnesium Sulfate	__/1
Fetal surveillance	__/1
Delivery	__/1
Postpartum MgSO4, meds	__/1

2. Complications

Maternal mortality	__/1
Central nervous system complications	__/1
Renal complications	__/1
HELLP	__/1
Hematologic complications (DIC)	__/1
Hepatic complications	__/1
Pulmonary Complications	__/1

Total mark: /15

Signature:

الممسوحة ضوئيا بـ CamScanner

PID - 1

Station four

Student information

A 36 years old lady gravida 5, para 5, presented to the emergency department complaining of lower abdominal pain and tenderness especially with walking and intercourse, abnormal vaginal discharge, chills, and fever. Please discuss her condition with the examiner.

الممسوحة ضوئيا بـ CamScanner

Station four

Examiner sheet

1. What is the most likely diagnosis?

Pelvic inflammatory disease (PID) **(----/3 marks)**

2. What are the main investigations you would order to confirm diagnosis? Any 6

(----/6marks)

1. Gynecological pelvic examination.
2. Culture tests to detect Chlamydia and gonococci infections.
3. Presence of leukocytosis.
4. Increased erythrocyte sedimentation rate level.
5. Increased level of C –reactive protein.
6. Transvaginal ultrasound.
7. Laparoscopic evaluation.

3. What are the therapeutic goals for treating PID ? any 3 **(----/3 marks)**

1. Elimination of reproductive tract infection and inflammation.
2. Improvement of symptom and physical findings.
3. Prevention or minimizing of long term sequelae.
4. Eradication of the infection from the patient and her sexual partner.

4.What are the indications for hospitalization? any 3 **(----/3 marks)**

1. Surgical emergencies.
2. Failed oral treatment.
3. Severe illness,persistent or recurrent high fever.
4. Suspected or shown tubo-ovarian abscess.

5. Mention the main long term sequelae of this disease? **(----/5 marks)**

1. Chronic pelvic pain.
2. Recurrent infection.
3. Dyspareunia and sexual problems.
4. Pelvic adhesions.
5. Infertility.

---------------------- **Total mark (-------/20 marks)**

CamScanner المسوحة ضوئيا بـ

PID - 2

Station " 4 "
Student's Information

You are about to see Layla who is a 38 year old, married for the last 6 months to a businessman. She started to have post coital bleeding for the last 2 wks.

The examiner will give you the findings on physical examination and any other tests you might find useful.

A- Take a detailed history

B- What investigations you will do

C- What is your further management

الممسوحة ضوئيا بـ CamScanner

Station " 4 "
Examiner's Information

Layla is 38 year old lady, recently married to a businessman, presented with PCB

Findings
Temp 37.2 C
abdomen: mild tenderness at RIF

Investigation:

Speculum: red looking cervix
yellowish vaginal discharge
raw area 1x2 cm, bled to touch.
Pap smear negative for neoplasia
cervical biopsy showed cervicitis

The student shall take a detailed history, request appropriate
investigations and devise further management.

الممسوحة ضوئيا بـ CamScanner

Station " 4 "
Simulater Information

Your name is Layla, you are 36 year old, recently married to a businessman.
your LMP was on 15/01/2013

You have been married before, you have 2 alive children age 8 and 10. You were divorced from your previous husband after you found that he has multiple sexual partner.
you have IMB and PCB, Dyspareunia but not dysmenorreah
You are using microgynon for contraception
You are a heavy smoker 2 packs per day for the last 4 years, you have never had a cervical smear, otherwise you are fit and healthy.

الممسوحة ضوئيا بـ CamScanner

Station " 4 "
Examiner Information

A. History (6 Marks)

	0	1
- Gynaecological history		
- Contraceptive history		
- Obstetric history		
- Smoking		
- Acknowledge that she is at risk of PID		
- Acknowledge that she is at risk of cervical cancer		

B. Investigations (5 Marks)

	0	1
- Speculum examination		
- HVS, Endocervical swabs for Chlamydia and Gonorrhea		
- Pap smear		
- Cervical biopsy		
- Refer to colposcopy		

C. Management (4 Marks)

	0	2
- Start antibiotics		
- Treat the husband once the PID is confirmed		

Total mark: **/15** **Signature:**

CamScanner الممسوحة ضوئيا بـ

Polyhydramnios - 1

Station " 1 "
Student's Information

A 24 year old lady, primigravida, presented to the antenatal clinic at 32 weeks of gestation complaining of abdominal distension and shortness of breath. Her examination showed a singleton pregnancy and the fundal height was 37 cm.

The examiner will ask you a series of questions.

1. **What is the most likely diagnosis?**
2. **Mention 3 complications this patient might have**.
3. **Mention 5 physical findings .**
4. **. What are the two main investigations you want to do?**
5. **What are the options of management** ?

CamScanner الممسوحة ضوئيا بـ

Station " 1 "
Examiner Information

A 24 year old lady, primigravida, presented to the antenatal clinic at 32 weeks of gestation complaining of abdominal distension and shortness of breath. Her examination showed a singleton pregnancy and the fundal height was 37 cm.

1. **What is the most likely diagnosis (1 Mark)**

	0	1
- Polyhydramnios		

2. **Mention 3 complications this patient might have: (3 Marks)**

	0	1
- Preterm labour pain		
- Abruptio Placenta		
- PROM		

3. Mention 5 physical findings: (5 Marks)

	0	1
- Distended abdomen		
- Shiny skin		
- Superficial dilated veins		
- Transmitted thrill		
- Abnormal lie and presentation		
- Difficult to feel the fetal parts		

4. **What are the two main investigations you want to do: (4 Marks)**

	0	2
- Detailed U/S examination		
- GTT		

5. **What are the options of management : (6 Marks)**

	0	2
- Expectant if not severe		
- Amnioreduction		
- Indomethacin		

Total mark: /20 Signature:

الممسوحة ضوئيا بـ CamScanner

Polyhydramnios - 2

Dr.Mazen

Polyhydramnios

Examiner's Instructions

At this station the candidate will have 10 minutes to answer the following questions

What is the differential diagnosis
what is the next step?
What are the known causes?
What is your further management?

USS: Cephalic presentation, longitudinal lie
Fundal placenta, AFI=45
measurements go with 34 weeks

CamScanner الممسوحة ضوئيا بـ

Student's Information

You have just finished a booking antenatal Visit. to Mrs Kadeer. She is 26 year old in her first pregnancy. The examination was as follows:

General examination:

weight 95kg, height 1.62m

Abdominal examination:

Fundal height around 38 weeks
longitudinal lie
Cephalic

What is the differential diagnosis?

What is the next step?
What are the known causes?

What is your further management?

الممسوحة ضوئيا بـ CamScanner

Mark Sheet

Candidate Name

(A) Differential diagnosis :		
-Uterine fibroids	0	2
-Twin pregnancy	0	2
-Polyhydramnios	0	2
(B) Next step USS	0	2
(C) Acknowledge that this is polyhydramnios	0	2
(D) Known causes		
- Idiopathic	0	1
- Diabetes	0	1
- Intestinal obstruction	0	1
- Impaired fetal swallowing (anencephaly)	0	1
(E) Investigations		
- detailed anomaly scan (rule out congenital abnormalities)	0	1
- GTT	0	1
- Viral screening if infection is suspected	0	1
(F) Management		
Consider amnioreducion	0	2
Consider earlier delivery	0	1

MARKS OUT OF 20

الممسوحة ضوئيا بـ CamScanner

Polyhydramnios - 3

Station one

Students information

You have just finished a booking antenatal Visit to Mrs. Abeer. She is 26 year old in her first pregnancy, completed 34 weeks. The examination was as follows:

General examination:

Weight 95kg, height 1.62m

Abdominal examination:

Fundal height around 38 weeks,

Longitudinal lie,

Cephalic,

A. What is your differential diagnosis?
B. Acknowledge that this is polyhydramnios, what are the possible causes?
C. What are the necessary investigations needed?
D. Mention the main obstetric complications.
E. What is your further management?

الممسوحة ضوئيا بـ CamScanner

Station one
Examiner's sheet

You have just finished a booking antenatal Visit to Mrs. Abeer. She is 26 year old in her first pregnancy, completed 34 weeks. The examination was as follows:
General examination: Weight 95kg, height 1.62m
Abdominal examination: Fundal height around 38 weeks, Longitudinal lie, Cephalic.

(A) What is your differential diagnosis? **(4 marks)**

- Uterine fibroids [0] [1]
- Twin pregnancy [0] [1]
- Polyhydramnios [0] [1]
- Wrong date [0] [1]

(B) Acknowledge that this is polyhydramnios, what are the possible causes? **(5 marks)**

- - Idiopathic [0] [1]
- Maternal Diabetes Mellitus [0] [1]
- Infections; parvovirus B19, rubella, and cytomegalovirus [0] [1]
- fetal malformations and genetic anomalies [0] [1]
- Fetal anaemia [0] [1]

(C)What are the necessary investigations needed? **(5 marks)**

- - CBC [0] [1]
- - Blood group [0] [1]
- - Detailed anomaly scan (rule out congenital abnormalities) [0] [1]
- - GTT [0] [1]
- Viral screening if infection is suspected [0] [1]

(D) Mention the main obstetric complications: **(3 marks)**

- Maternal dyspnea [0] [1/2]
- Preterm labor [0] [1/2]
- Premature rupture of membranes [0] [1/2]
- Abnormal fetal presentation [0] [1/2]
- Umbilical cord prolapse [0] [1/2]
- Postpartum hemorrhage [0] [1/2]

(E) What is your further management? **(3 marks)**

- Consider amnioreducion [0] [1]
- Give dexamethazone for lung maturity [0] [1]
- Consider earlier delivery [0] [1]

--------------------- **Total mark (-------/20 marks)**

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Positive Pregnancy Test

Station "5"

Student Information

A 24 Year old lady, presented to the emergency room with mild abdominal pain and vaginal bleeding. She had a 7 weeks of amenorrhea and positive pregnancy test. The patient is stable and her U/S showed empty uterus.

The examiner will ask you a series of questions

1-Mention 3 differential diagnosis?

2-The patient is stable. What investigation would you do to differentiate between these conditions?

3-What are possibilities of this result, and what does it mean?

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Station "5"

Examiner Information

A 24 Year old lady, presented to the emergency room with mild abdominal pain and vaginal bleeding. She had a 7 weeks of amenorrhea and positive pregnancy test. The patient is stable and U/S showed empty uterus.

The examiner will ask you a series of questions

1-Mention 3 differential diagnosis (3 marks)

	0	1
-Early pregnancy		
-Complete abortion		
- Ectopic pregnancy		

2-The patient is stable. What investigation would you do to differentiate between these conditions 2 marks

	0	2
- B-HCG		

B-HCG is 800 mIu/ml. What is your next step? **2 marks**

	0	2
- Repeat BHCG after 48 hours		

3-What are possibilities of this result, and what does it mean?(3 marks)

	0	1
- Decreased- most likely complete abortion		
- Doubling – most likely early pregnancy		
- Abnormal increase - think of ectopic		

Total /10

Signature:

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Post Delivery - 1

Station # 1

Student Information

You are in the morning clinical round, a woman delivered yesterday. What important points will the resident inform the consultant about:

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Examiner Information

	0	1
Q1 : If the woman is booked or unbooked	☐	☐
Q2 : Term or preterm delivery	☐	☐
Q3 : The type of delivery C.S./SUD/ instrumental	☐	☐
Q4 : The newborn weight	☐	☐
Q5 : The fate (places of the born) N.N or NICV	☐	☐
Q6 : If the newborn is live or not	☐	☐
Q7 : The ALS of the newborn	☐	☐
Q8 : The estimated blood loss during delivery	☐	☐
Q9 : If there is episiotomy, or	☐	☐
Q10 : The blood group of the mother	☐	☐
Q11 : The age of the woman	☐	☐
Q12 : Her gravidity and parity	☐	☐
Q13 : The time of delivery	☐	☐
Q14 : The mother Hb before delivery	☐	☐
Q15 : The general condition of the mother	☐	☐

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Post Delivery - 2

Station # 2
Student information

Mrs Alia is a 30 year old woman, G3P3, she had a normal vaginal delivery last night. You are the resident doing the ward round this morning

*A. What questions do you want to ask her?

*B. What relevant examination do you want to perform?

*C. Counsel her about different options of contraception.

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Station # 2
Examiner Information

Mrs Alia is a 30 year old woman, G3P3, she had a normal vaginal delivery last night. The student is told that he is the resident doing the ward round this morning and asked the following questions:

*A. What questions do you want to ask her?

*B. What relevant examination do you want to perform?

*C. counsel her about different options of contraception.

		0	1
*A.	1- General condition (dizziness, fainting---)	[ ]	[ ]
	2- Lactation.	[ ]	[ ]
	3- Abdominal pain.	[ ]	[ ]
	4- Lochia.	[ ]	[ ]
	5- Pain at site of episiotomy or tears (if present)	[ ]	[ ]
	6- Passage of urine	[ ]	[ ]
	7- L.L complaints.	[ ]	[ ]
*B.	8- Vital signs	[ ]	[ ]
	9- Fundal height	[ ]	[ ]
	10- Uterus contracted	[ ]	[ ]
	11- L.L. exam. for signs of DVT.	[ ]	[ ]
*C.	12- Consider progesterone only pills if she wants to lactate.	[ ]	[ ]
	13- Combined pills if she doesn't want to lactate	[ ]	[ ]
	14- IUCD	[ ]	[ ]
	15- Other methods.	[ ]	[ ]

Total Mark /15

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PPH

Station # 2
Student information

Mrs X is a 30 year old lady, admitted to the delivery room in labour at 39 weeks of gestation. She had a vaginal delivery and transferred to the recovery room. One hour later you were called because she started to have heavy vaginal bleeding.

1. What important points in the history you want to ask that predispose to the development of this condition.
2. what are the important steps in the management you want to take.

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Name:____

Station # 2
Examiner information

Mrs X is a 30 year old lady, admitted to the delivery room in labour at 39 weeks of gestation. She had a vaginal delivery and transferred to the recovery room. One hour the student was called because she started to have heavy vaginal bleeding.

1. What important points in the history you want to ask that predispose to the development of this condition.
2. what are the important steps in the management you want to take.

First Question	0	1
1.Parity	( )	( )
2.multiple gestation/polyhydramnios	( )	( )
3. Pre-eclampsia	( )	( )
4. Previous history of PPH	( )	( )
5. Previous C/S	( )	( )
6. Prolonged labour	( )	( )
7. Prolonged third stage	( )	( )
8. Instrumental delivery	( )	( )
9. Augmentation of labour	( )	( )
10. If the placenta is complete	( )	( )
2nd Question		
11. Call for help	( )	( )
12. ABC	( )	( )
13. Two large-bore IV line	( )	( )
14. Cross matching	( )	( )
15. Palpate uterus/message	( )	( )
16. Perform vaginal examination	( )	( )
17. Oxytocics	( )	( )
18. Check for laceration	( )	( )
19. Consider transfusion	( )	( )
20. Surgical intervention	( )	( )

Total mark /20 Examiner:

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PROM - 1

خلَقكمَ مِن نفَسٍ واحدَةٍ ثمَ جعَلَ مِنها زَوجهَا وَأنزَلَ لَكمُ مِنَ الأنعامِ ثمانيَةَ أزواجٍ
يخَلُقكمُ في بطُونِ أُمهَّاتِكمُ خلَقًا مِن بعَدِ خلَقٍ في ظُلمُاتٍ ثلاَثٍ ذلِكمُ اللهُّ رَبّكمُ لهُ
الملُكُ لا إلهَ إلاّ هوُ فأَنىّ تصرُفونَ

[الزمر: ٦]

Station (6)

You are the doctor in charge of the antenatal ward. One of your patients is 25 years old, pregnant 30 weeks now. She was admitted to the antenatal floor 6 weeks ago at 24 weeks of gestation with prolonged premature rupture of membranes (PROM).
During your routine daily round

1. **What important symptoms you will ask the patient about?**

2. **What important physical signs and investigations you will look for?**

3. **Your patient is worried about the complications that may occur to the fetus due to prolonged PROM. Mention possible complications?**

4. **What are the indications of delivery?**

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Station (6)

1. What important symptoms you will ask the patient about? (5 Marks)

	0	1
1. Feeling of hotness (fever)		
2. Abdominal pain		
3. Fetal movements		
4. Change of vaginal leak(colour and smell)		
5. Vaginal bleeding		

2. What important physical signs and investigations you will look for? (6 Marks) (Student should mention 6 of the followings)

	0	1
1. Maternal pulse		
2. Temperature		
3. Abdominal tenderness		
4. WBCs and differential		
5. CRP		
6. Ultrasound (biophysical profile)		
7. NST		

3. Your patient is worried about the complications that may occur to the fetus due to prolonged PROM. Mention three possible complications? (3 Marks)

	0	1
1. Lung hypoplasia may lead to neonatal death		
2. Orthopaedic abnormalities		
3. Prematurity complication(RDS, intraventricular hemorrhage)		

4. What are the indications for delivery of this patient? (6 Marks)

	0	2
1. Chorioamniotis		
2. Fetal compromise(fetal distress)		
3. Complete 34 – 36 Wks		

Signature: **Total Mark: / 20**

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PROM - 2

STATION: 1

Student Information

A 22-year-old primigravida, presented at 31 weeks with a history of gush of clear fluid from the vagina. Fetal movements were normal.

Q1. How would you confirm the diagnosis of premature rupture of membranes (PROM)?

Q2. What is the differential diagnosis?

Q3. What investigations would you perform?

Q4. What drug treatment might you consider and why?

الممسوحة ضوئيا بـ CamScanner

STATION: 1
Examiner Information

A 22-year-old primigravida present at 31 weeks with a history of gush of clear fluid from the vagina. Fetal movements were normal.

Q1. How would you confirm the diagnosis of premature rupture of membranes (PROM)?
Q2. What is the differential diagnosis?
Q3. What investigations would you perform?
Q4. What drug treatment might you consider and why?

1. •Speculum examination under complete aseptic technique and see pooling of liquor in the vagina	/2
• Ferrning test	/1
•Nitrazine paper test	/1
•Decrease amniotic fluid by ultrasound	/2
2. Urinary incontinence	/1
Vaginal discharge	/1
3. Endocervical swab	/1
White blood count	/1
Ultrasound scan	/1
C- reactive protein	/1
Mid-stream urine	/1
4. Tocolytics if contracting	/2
Steroid for lung maturation	/2
Antibiotics for prophylaxis	/2

Examiner **signature**

/20

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PROM - 3

Station "1"

Student Information

This patient is 27 wks pregnant, PG presented with 7 days history of passage of watery vaginal discharge. In the delivery room she had a detailed examination. What would you like to elicit from the patient regarding her history and the examination she had to reach a diagnosis and to detect possible complications of such diagnosis?

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Station "1"
Simulator information

This patient is 27 wks pregnant, PG, presented with 7 days history of passage of watery heavy odorless vaginal discharge especially in the morning and upon standing. In the D/R and speculum examination showed passage of watery fluid through the cervix and on ultrasound examination there was decreased amniotic fluid. You are in good health with no fever, chills, rigors, abdominal pain, or any vaginal bleeding and good fetal movement.

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Station "1"
Examiner Information

This patient is 27 wks pregnant, PG, presented with 7 days history of passage of watery heavy odorless vaginal discharge especially in the morning and upon standing. In the D/R and speculum examination showed passage of watery fluid through the cervix and on ultrasound examination there was decreased amniotic fluid. You are in good health with no fever, chills, rigors, abdominal pain, or any vaginal bleeding and good fetal movement.

History:

	0	1
• Proper introduction		
• Characteristics of the discharge (amount, colour, smell)		
• Sitting of fluid passage (early morning, standing, coughing, straining)		
• Speculum examination (nitrazine blue)		
• Ultrasound examination		
• Presence of offensive discharge		
• Fever, chills, and rigors		
• Continuous abdominal pain or labour pain		
• Vaginal bleeding		
• Presence of fetal movement		

TOTAL MARK: ………………../10 **EXAMINAR SIGNATURE**

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PROM - 4

Station "3" "

Students Information

A 27 years lady pregnant 32 wks presented with history of intermitant clear watery vaginal discharge for the last 10 days.

Fetal movement is normal, No history of vaginal bleeding or abdominal pain, you are suspecting premature rapture of manbranes (PROM). No history is required.

1- What examinations you would like to perform and what you are looking for.

2- Out line what investigations you would like to order for her

3- Discuss the management plan, timing of delivery and indication for delivery

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"Station "3 "

Examiner Information

1- What examinations you would like to perform and what you are looking for?

(10 Marks)

	0	1
a. Vital signs (fever, tachycardia)		
b. Abdominal examination		
- Tenderness		
- Fundal height < date		
- Lie and presentation		
- Fetal heart		
c. Speculum:		
- Pooling of fluid		
- Cough sign		
- Look for vaginal bleeding		
- Exclude stress in continence		
- Exclude vaginal infection		

2- Outline what investigations you would like to order? (8 Marks)

	0	1
a. CBC , WBCS (T+D)		
b. CRP		
c. Urine Ananlysis		
d. Fernning test		
e. Nitrazine blue test		
f. Amniosure		

	0	2
g. Ultrasound		

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3- Discuss the management plan & timing of delivery? (12 Marks)

	0	1
a. Hospital Admission		
b. Daily NST		
c. Consider Dexamethasone		
d. Antibiotics (Erythromycin)		
e. Daily monitoring of vital sign vaginal bleeding, abdominal pain and characteristic of Vaginal discharge		
f. Weekly or twice weekly WBCs, CRP		
g. Timing and indication for delivery		
- If stable deliver at 35-36 wks		
- Delivery for: - Chorioamniotis		
- Established labour		
- Fetal compromise		
- Modorate to severe abruption		
- Fetal major malformation		

TOTAL MARK:............................../30

Examiner Signature

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Puerperal Sepsis

Station one

Students Information

A 32 years old lady, gravida 4, para 4, delivered by an obstetrics forceps 9 days ago due to prolonged second stage. Presented to the emergency department with lower abdominal pain, fever chills and bad odour bloody vaginal discharge.

The examiner will ask you few questions in sequence.

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Station one

Examiner sheet

1.What is the most common possible diagnosis?

Puerperal sepsis (---- /4 marks)

2. Mention possible serious complications of puerperal pyrexia?

1. Septic shock.
2. Pelvic Thrombophlebitis.
3. Pelvic abscess.

(----/3 marks)

3.Mention the main organisms that cause this infection

1. Anaerobic organisms; Peptostreptococcus, Peptococcus
2. Mixed infections.
3. Aerobic organisms; mostly Escherichia coli. (------/3 marks)

4.What are the main possible predisposing factor in this lady that may lead to puerperal pyrexia?

1. Prolonged rupture of membranes.
2. Prolonged labor.
3. Frequent vaginal examinations in labor.
4. Forceps delivery. (----/4 marks)

5.For this lady, before starting antibiotic therapy, what are the most important investigations needed

1. Blood test, WBCS and deferential
2. Blood culture
3. Endocervix and HVS culture
4. Urine routine and microscopy and culture (----/4 marks)

6.What are the basic principles of antibiotic therapy in this condition

1. Antibiotics should be started as soon as possible(empirically)
2. should provide anaerobic coverage. (----/2 marks)

---------------------- **Total mark (-------/20 marks)**

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Trauma

Station "3"

Students Information

25 year old lady, G1PO, 30 weeks, was involved in a road traffic accident. You are the doctor in the Emergency Room.

Q1-What are the ***most immediate management steps?***

Q2- If her condition is stable, what are the most important points in your ***history*** you must cover?

Q3- Describe the ***physical examination*** you will do and ***investigations*** you will order?

Q4- If the patient started to feel dizzy, no vaginal bleeding and the ultrasound showed no fetal heart activity. What is your diagnosis?

Q5-What are the next steps in the management(regarding delivery)?

Q6- What are the complications you expect?

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Station "3"

Examiner's Sheet

This is a 25 year old lady, G1PO1, 30 weeks, was involved in a road traffic accident.

Q1 : Describe the most important immediate steps (6 points) — 0 / 2

1. ABC (Airway, Breathing, Circulation).
2. Call for help.
3. Two large i.v lines.

Q2 : Describe the history (7 points) — 0 / 1

1. The mechanism, nature, time of the accident
2. Wearing seat belt, front seat or back seat
3. Direct abdominal trauma
4. Loss of consciousness
5. Pain at any site
6. Vaginal bleeding
7. Fetal movements

Q3 : Physical examination and investigations: (6 points) — 0 / 1

1. B.P, Pulse rate, ResP.rate
2. General Examination (H&N, Chest, Heart, Upper and Lower Limbs)
3. Abdominal Examination: (tense, Localised tenderness, Contractions)
4. Ultrasound (Fetal heart activity, AFI, Signs of abruption)
5. N.S.T
6. X.match, blood group, CBC, Coagulation profile

Q4 : Diagnosis (2 points) — 0 / 2

1. Concealed Abruption (Abruptio placenta)

Q5 : What are the next steps in the management(regarding delivery)? (2 points) — 0 / 2

1. Vaginal delivery if stable and dilated cervix with no obstetric indication for C/S
2. C/ Section if becomes unstable, or expecting delay or other obstetric indication

Q6 : What are the complications you expect? (2 points) — 0 / 2

1. DIC
2. PPH (Post partum hemorrhage) ± Hysterectomy

Total = / 25 Signature:

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Vaginal Discharge

Mrs. Fattoom is 37 years old, G6P6, with regular monthly cycles since menarche, presented to the out-patient clinic several times with history of odorless, heavy, plaque like discharge with a white to yellow color, treated several times with local and systemic therapy.

What is your primary diagnosis?

What are the possible etiologic risk factors?

What are the most common signs and symptoms?

What is the common differential diagnosis?

Mention the most important steps in work up plan?

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*. Primary diagnosis.

1. Candidal (monilial) vaginitis. **2 marks**

*. Possible etiologic risk factors:

2. Antibiotic use.
3. Stress.
4. Pregnancy.
5. Diabetes Mellitus.
6. Depressed immunity.
7. Moist environment.
8. Topical contraceptives.

*. Most common signs and symptoms:

9. Vulvar itching.
10. Vulvar burning.
11. Dysuria.
12. Dysparunia.
13. Vulvar excoriations.

*. Common differential diagnosis:

14. Bacterial vaginitis.
15. Bacterial vaginosis.
16. Trichomonas vaginal infection.
17. Contact vulvitis.
18. Atrophic vulvitis.

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19. Pinworms.

*. Most important steps in work up plan:

20. Physical examination.

21. Speculum.

22. Vaginal swab for culture and sensitivity.

23. Wet smear with normal saline.

24. Wet smear with 10% KOH.

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لِيَوْمِ الفَصْلِ ۝ وَمَا أَدْرَاكَ مَا يَوْمُ الفَصْلِ ۝ وَيْلٌ يَوْمَئِذٍ لِلْمُكَذِّبِينَ ۝ أَلَمْ نُهْلِكِ الأَوَّلِينَ ۝ ثُمَّ نُتْبِعُهُمُ الآخِرِينَ ۝ كَذَلِكَ نَفْعَلُ بِالمُجْرِمِينَ ۝ وَيْلٌ يَوْمَئِذٍ لِلْمُكَذِّبِينَ ۝ أَلَمْ نَخْلُقكُّم مِنْ مَاءٍ مَهِينٍ ۝ فَجَعَلْنَاهُ فِي قَرَارٍ مَكِينٍ ۝ إِلَى قَدَرٍ مَعْلُومٍ ۝ فَقَدَرْنَا فَنِعْمَ القَادِرُونَ ۝ وَيْلٌ يَوْمَئِذٍ لِلْمُكَذِّبِينَ

[المرسلات: ١٣-٢٤]

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