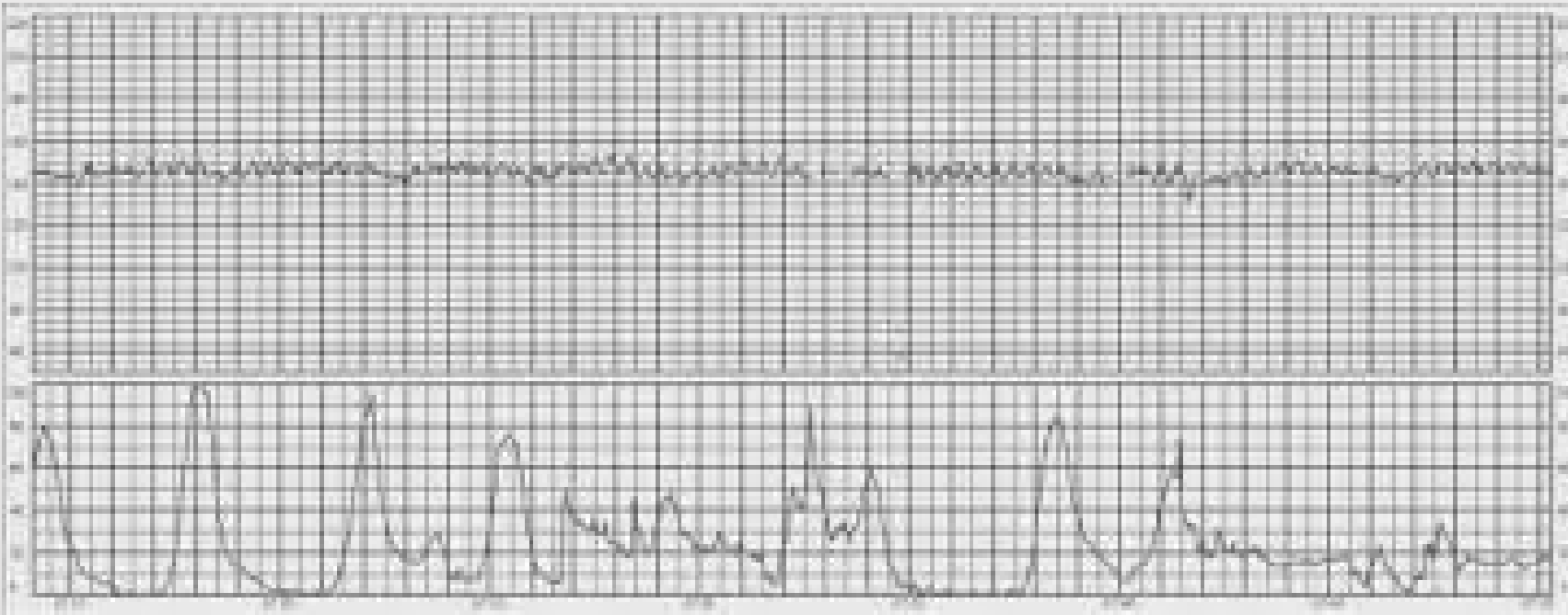


SOUL BATCH- Group A  
20-2-2020

Q1:



- 1- Is it a screening or diagnostic test? And what is the false positive rate?
- 2-What is the most important thing to look for first? Why?
- 3-What are the criteria of the reactive test (the normal one)?
- 4-What to do for this case if the cervical dilatation is 6 cm?
- 5-mention 4 components of bishop score?

1-Screening test, 50% from Google \*in Kaplan it is higher about 98% we don't know the correct answer.

2-Presence of accelerations, because accelerations occurring alongside uterine contractions is a sign of a healthy fetus.

3-Presence of accelerations, absence of decelerations, basal FHR between 110-160 bpm, moderate variability.

4- CS delivery (not sure)

5-Cervical position, cervical effacement, fetal station, cervical consistency ,cervical dilatation.

Q2



- 1-what is the name of this sign?
- 2-classify this pregnancy in term of chorionicity and amnionicity?
- 3-when was the time of cleavage in this case?
- 4-what are the risk factors for this condition?
- 5-mention tow fetal complications?

1- lambda sign.

2- monochorionic diamniotic.

3- 4-8 days.

4-Family history, assisted reproductive technology, increasing maternal age.

5- TTT syndrome ,fetal anomalies, weight discordance.

Q3:

PET case with headache, her blood pressure was 170\90, LMP 5<sup>th</sup>\December\2019:

1- calculate the gestational age and the EDD for this lady?

2-what is your diagnosis?

3-mention tow symptoms?

4- mention tow physical signs?

5-mention tow long-term complications?

6-what are the clinical parameters of your diagnosis?

1- ~11 weeks gestation, 12/9/2020.

2-Preeclampsia.

3- vomiting, photophobia, right upper quadrant pain..

4-Edema, elevated liver enzymes, low platelet count..

5-neurological dysfunction, developing hypertension later on.

6- Lifestyle -Fetal Assessment -Fluid management –Medications.

Q4:

Apical uterine prolapse case with this picture:

1-what are these devices?

2-mention two complications of their use?

3-what are the symptoms that the patient may complain other than those mentioned above?

4-mention three structures that support the uterus?

4- if this method failed, what is your treatment if she is sexually active/inactive?





1-Vaginal pessaries.

2-Infection,expulsion,discomfort.

3- back pain, impaired sexual activity, heaviness, dragging sensation..

4- Uterosacral, Cardinal ligaments, Arcus Tendineus,Perineal body and membranes.

5-If sexually active: Primary Paravaginal repair Hysteropexy.

If sexually not active: Primary Vaginal hysterectomy with Anterior/Posterior repair.

Q5:

The case was about lady that was complaining of lower abdominal pain and vaginal bleeding for the last 2 weeks, the bleeding got worse in the last few days ,her last menstrual period was before 7 weeks, ultrasound was performed and revealed an empty sac with no fetal heart.

1-give three differential diagnosis?

2-mention one clinical sign that support your diagnosis?

3-what are the lines of your management?

4- if her blood group was negative and her husband's blood group was positive, what do you recommend ? ( pardon me for being unable to remember the question exactly but the aim of it was whether to consider anti-D in your management or not)

1-Missed miscarriage, gestational trophoblastic disease, local cause(cervical polyp),bacterial vaginitis.

2- BhcG level drop.

3- expectant, medical with uterotonics(misoprostol), surgical with D&C, E&C.

4- yes I recommend anti-D.

# OSCE cases 😊

There was an ovarian cancer case ,the lady was complaining of lower abdominal pain, physical examination was done and revealed bilateral masses with an ultrasound finding of fluid in the pouch of douglas , CA125= 800 IU\l.

- What is the most likely diagnosis?
- What would you ask in the history?
- what are the clinical signs that you might find?
- what is your management?

A(para4) lady with a history of previous CS that was done because of a transverse presentation of the baby, she had delivered vaginally and now she is hypotensive with no evidence of haemorrhage.

1-What are the causes of this condition and what is the most likely cause?

2-mention the risk factors?

3- Physical examination findings?

4-what is your management?