

# Obstetrics and Gynecology miniOSCE

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30-1-2020



- Q1:

CTG image

1-What is the above tracing called?

CTG

2-what are the components of this tracing in the image?

FHR:130-140

Baseline: moderate variability

No accelerations

Late decelerations are present

2 contractions per minute

3-what are the causes of the above abnormality?

Acidosis, inflammation

Uteroplacental insufficiency

4-what is the next thing to do if the station is +2, cervix is fully dilated,, presentation cephalic?

- Q2:

A pregnant lady, 32w GA, presented with abdominal pain, headache, no known medical illnesses, then developed a self limited seizure

1-what is the likely diagnosis?(mention 2)

- eclampsia

2-what is the most important sign on examination?

Blood pressure

3- mention 3 lines of treatment with their indications

- hydralazine to lower blood pressure

- MgSO<sub>4</sub> for seizure prophylaxis

- Corticosteroid for fetal lung maturity

• Q3:

1



2



3



4



Hypotension (Too Low)

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1- what do you comment on in the first image?

-color, time and date of insertion, site, presence of inflammation

2- what is the object in image 2 called?

redivac

-What is its type?

Closed negative pressure active drain

- when do you remove it?

When the output is less than 50ml in 24h, serous fluid

3-what do you comment on the image 3?

The color, the output

-when do you remove it?

When the patient starts mobilizing

4- the patient had hysterectomy, her blood pressure is as shown, pulse is 110 bpm, what is the first differential diagnosis?

Surgical hematoma

- Q4:





A patient presented with vaginal discharge of 7 months duration and postcoital bleeding

1-What is the most likely dx?

Cervical ectropion

2- mention 2 things you should ask the patient about

Pap smear, smoking, history of STDs

### 3-Mention 5 relevant investigations

- Pap smear
- High vaginal swabs for gonorrhoea
- High vaginal swab for chlamydia
- Cone biopsy

4- if all results are negative, what is the next step?

Follow up on pap smear

# OSCE stations

1- A couple married for 2 years, the lady is 35 year old but still did not conceive

- Take relevant history
- What investigations do you order?

TSH, prolactin, FSH, LH , ovarian reserve tests: day 2-3 FSH, AMH, AFC,  
Day 21 progesterone to check for ovulation

Hysterosalpingogram, hysteroscopy

-on hysteroscopy an endometrioma was found, how do you treat this patient?

-how do you explain the cause of this condition to the patient?(mention the theories: retrograde flow, coelomic metaplasia, lymphatic)

2- A pregnant lady, 34w GA , presented with abdominal pain

- Take relevant history

Take patient profile, pain analysis, ask about contractions, vaginal bleeding, show, fetal movement, history of trauma, uti sx...