Obstetrics and Gynecology miniOSCE

Group D- Ihsan batch

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
-MgSO4 for seizure prophylaxis
-Corticosteroid for fetal lung maturity

• Q3:









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

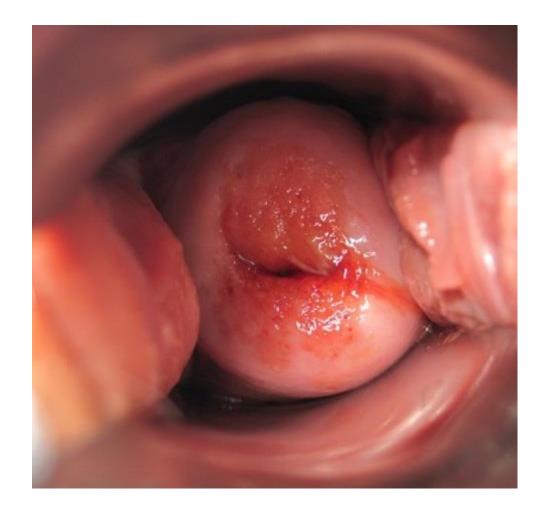
3-what do you comment on the image 3?

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 gonorrhea
- 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...