



Obs + Gyne
MiniOSCE
09/26/2019
Ihsan Batch -
Group B -
6th Year

Q1: Nadia, a
25 years old
G1P1 came to
the clinic
came to the
clinic
complaining of
galactorrhea
and
oligomenorrhea

1. What is your first investigation?
Prolactin level
2. Write other 2 investigation you want to order?
-Brain CT -FSH, LH , TSH
-Microscopy to visualize fat droplets
3. Write 2 drugs can cause it?
-Antidepressants (TCAs)
-Anti psychotics
-Dopamine antagonist (Domperidone)
-OCPs
4. Write 2 drugs for the treatment ?
-Bromocriptine (dopamine agonist)
-Cabergoline
5. If this pt. doesn't want to be pregnant ,
does she still in need for treatment and
why?
Yes , because this condition could be
caused by a prolactinoma which
needs treatment (inaccurate answer)

Q2:



1. What is the name of the condition in this image?
Shoulder dystocia
2. What is the incidence?
0.2-3% (other books say 1%)
3. Mention 3 risk factors?
Maternal DM, obesity, post date pregnancies, fetal macrosomia, prolonged 1st or 2nd stage of labor, Hx of shoulder dystocia
4. Mention 3 fetal complications that can occur?
Brachial plexus nerve injuries, Erb's palsy, fetal humeral/clavicular fractures, hypoxia/death, permanent neonatal neurological damage
5. Mention 4 maneuvers to deliver the baby?
 - McRoberts Maneuver
 - Woods screw maneuver
 - Suprapubic pressure
 - Rubin maneuver
 - Zavanellimanuever
 - Manual delivery of the posterior arm

Q3: 30 years old lady, Para 6, previous CS, NVD 30 minutes ago and now suddenly patient collapsed

1. What's the definition of maternal collapsed? an acute event involving the cardiorespiratory systems and/or brain, resulting in a reduced or absent conscious level (and potentially death), at any stage in pregnancy and up to six weeks after delivery.
2. What is the incidence?
0.14 – 6 per 1000 births (as per the RCOG guidelines)
3. Write 4 obstetric causes of maternal collapsed?
-Uterine rupture –Uterine Inversion
-Amniotic fluid embolism –Post partum H.
4. What is the most likely cause in this pt. And why?
Uterine rupture , because:
1-multiparous 2-Previous CS
5. Write 2 non obstetric causes of maternal collapsed?
-MI
-Cardiac Tamponade

The 4H's and
4T's

Q4:
Pt. 33weeks
GA . Presented
with PROM

1. After Hx. What's your investigation for this pt.?
 - Speculum and abdominal exam
 - Nitrazine test, Ferning pattern
 - Maternal wellbeing (Vital signs, WBC, CRP)
 - Fetal wellbeing (NST) -US
 - Amnisure
2. What are you looking for in abd. Examination (4)?
 - Fundal height –Lie –Presentation
 - Oligohydramnios – Uterine tenderness
3. If the fetus was breech and the pt. is term what is the most common cause? And is there any maneuver can be done to prevent C/S?
 - Placenta Previa
 - External Cephalic version
4. Mention 2 drugs for treatment and why?
 - Steroids → fetus lung maturity
 - Erythromycin for 10 days → to prevent chorioamnionitis

Consultation station:

A pregnant lady with twins

(dichrionic, diamniotic) came to the clinic:

- 1-What are the risk factors for twin pregnancy
- 2-What are the complications on the mother
- 3-What are the possible complications on the fetuses

Hx Station: A pt. is scheduled for a laparoscopic hysterectomy, how to take consent from her (what would be written on the consent paper?:P)

Here are some things you need to mention:

- Pt name + الرقم الوطني
- Name of the doctor
- Name of the hospital
- Date of consent + date of the surgery
- Diagnosis
- Indication for the surgery
- Explain the procedure to the pt
- Pt signature
- Complication:
 - intra op → Injury to other organs(4): ureter, bladder, rectum, bowel and blood vessels and other intra op complications
 - Post op → Thrombosis, adhesions, post op blood transfusion, re-opening, wound infection, etc