

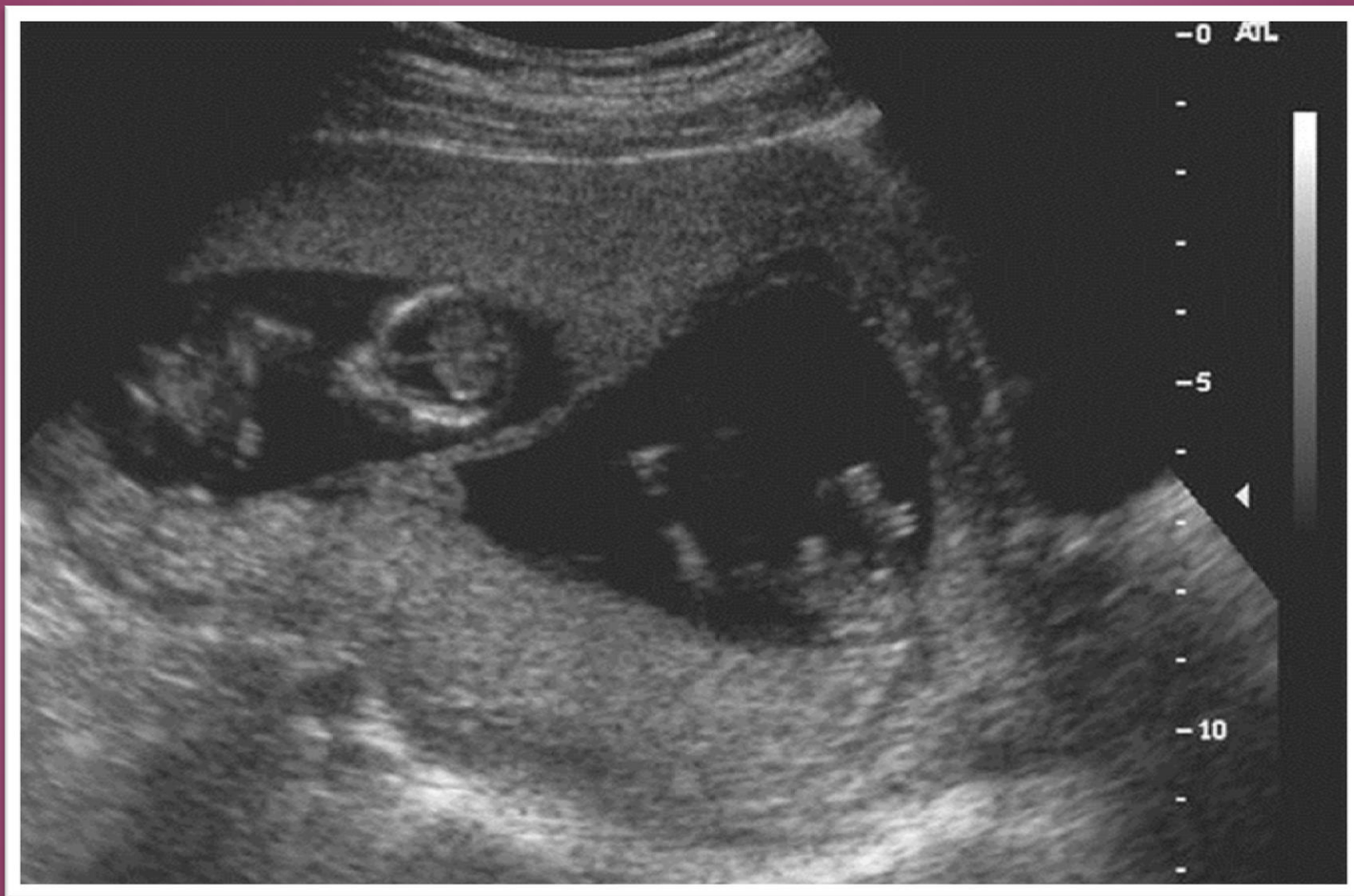


Obstetrics & Gynecology MiniOSCE

Before you start

- 5 minutes for each question
- The 5th year Questions present with answers
- The 6th year Questions present without answers except 2 of them
- These visual OSCEs are from 2012 batch ,the main difference between them and ours is that some topics are not given as lectures for us (but they are discussed in rounds) so they are no longer seen as questions , these topics are :
instrumental delivery ,induction of labour , fibroids, but who knows ,any thing is expected in OSCEs :P
- Sorry for any mistakes.

5th year Questions



Sally is a 30 year old lady. She is G2P1+1. She presented to your clinic for a booking visit. You do an ultrasound and you see the following.

1. What is your diagnosis?
2. What are the types? What is the commonest?
3. What are the possibilities according to chorionicity and amnionicity?
4. Name 4 possible maternal complications?
5. Name 4 possible fetal complications?

1. Twin pregnancy
(Dichorionic, Diamniotic).

2- Dizygotic (most common).

- Monozygotic

- Heterotopic ??????!!!!!!

3- Dichorionic diamniotic
separated

- Monochorionic Diamniotic

- Monochorionic
monoamniotic

- DCDA fused.

4- preterm labor

- miscarriage

- Gestational DM

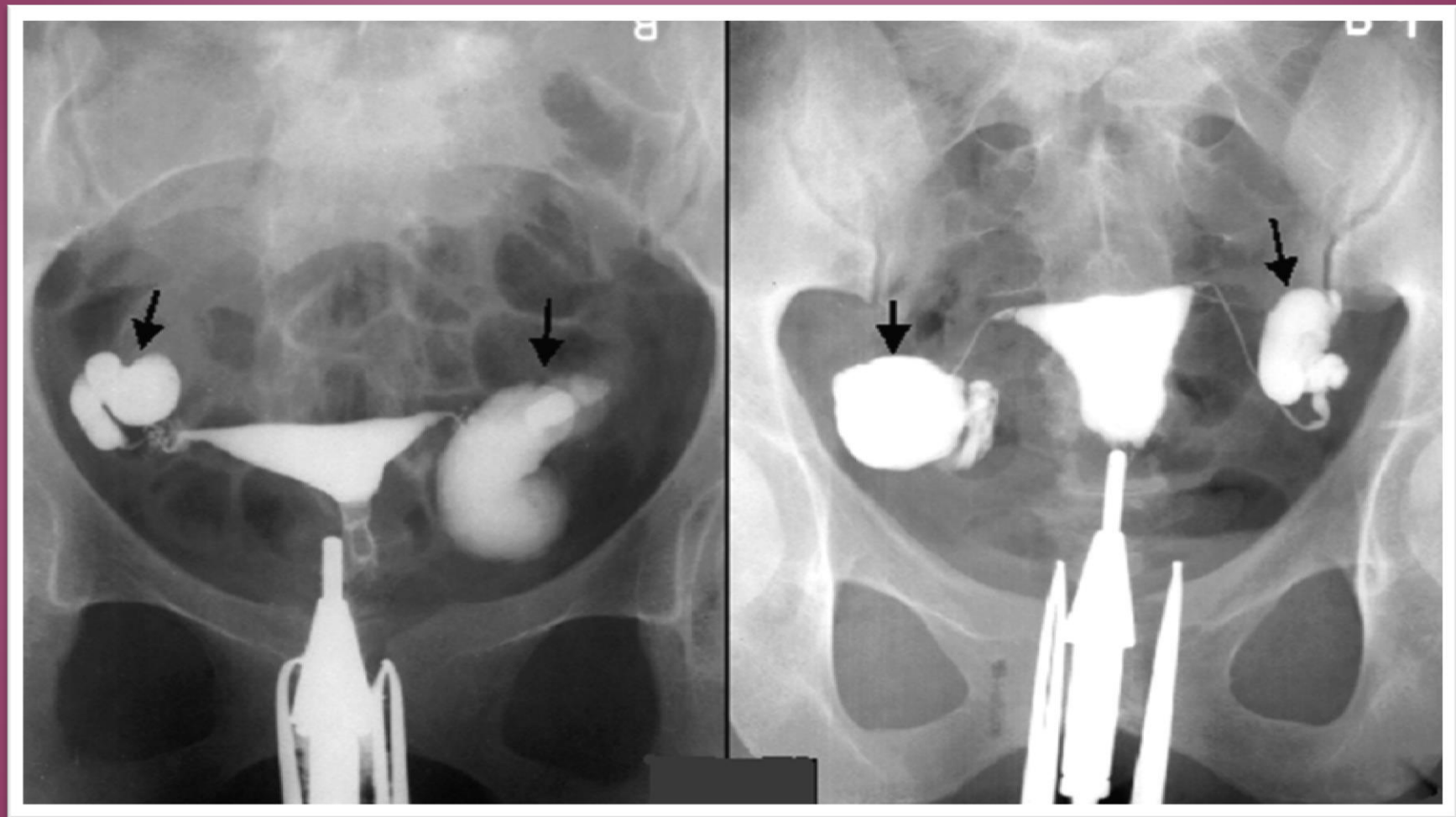
- Hypertension and PET

- PROM / prematurity

5- Umbilical cord problems

- congenital anomalies

- discordance

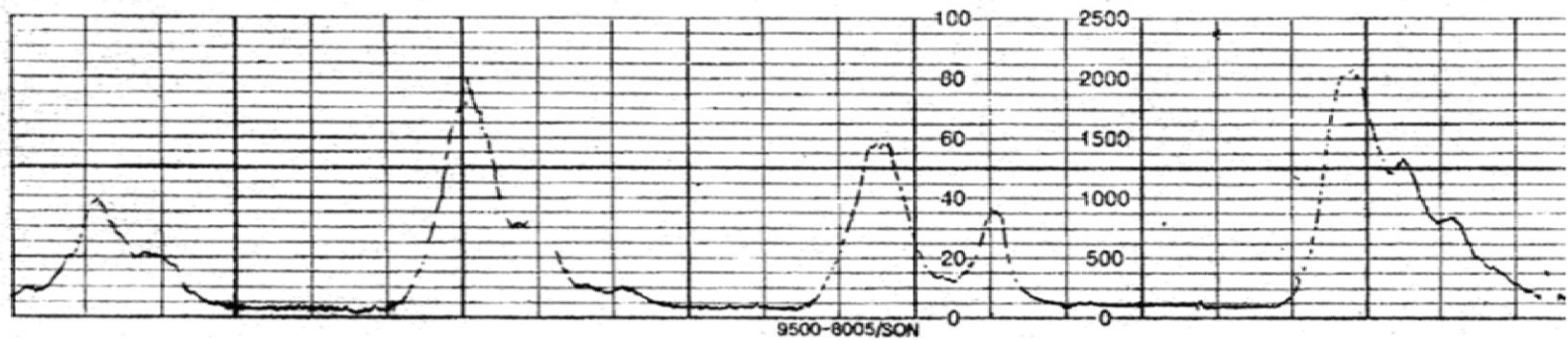
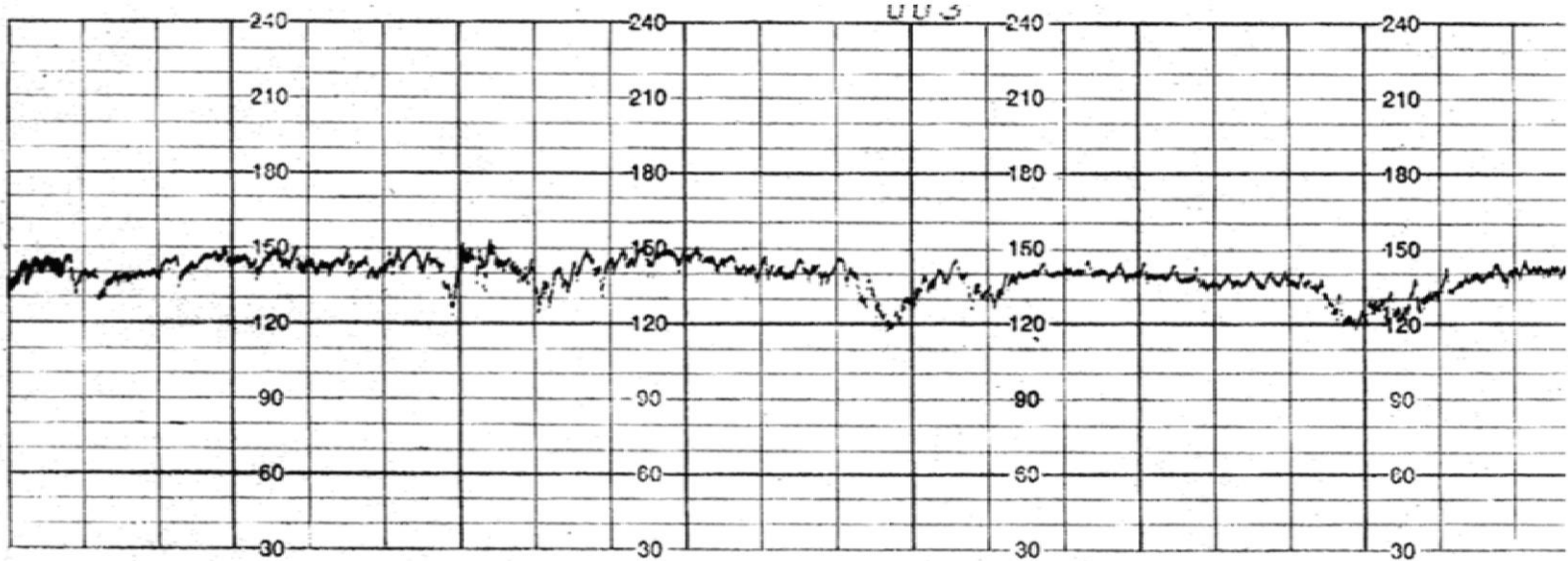


Nada is a 27 years old P1 woman who presents to your clinic complaining of infertility for the 2 years. She delivered her son 4 years ago with normal vaginal delivery and took combined oral contraception for two year after delivery.

You perform the investigation shown above

1. What is this test called?
2. Describe your findings?
3. What is the cause of this condition?
4. What are your management options assuming that her husband semen analysis is normal and she ovulates regularly?

1. Hysterosalpingiogram.
2. normal uterine cavity (smooth and symmetrical) and the proximal tubes are slender. The distal tubes are severely dilated (blocked tubes) leading to hydrosalpinx.
3. Injury to the tubes that is most likely due to infection which eventually leads to hydrosalpinx (Tubal blockage).
4. IVF or tubal surgery.

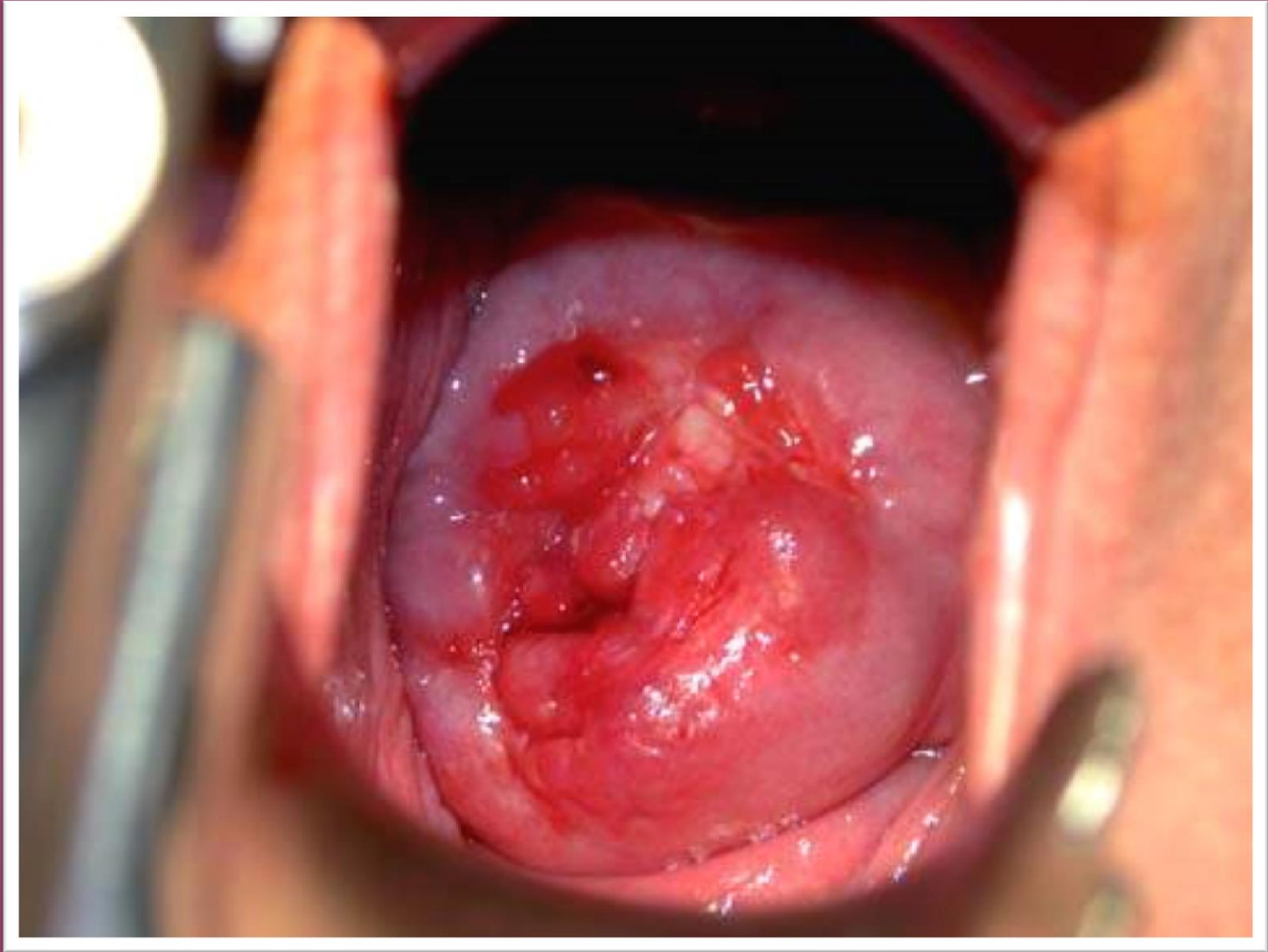


Mr. X is a 26-year-old G1P0, term pregnancy, and in labor. On the screen is her CTG. She is 8 cm. dilated and 50% effaced cervix. The head is at station (0).

Study the trace and answer the questions:

1. Is the fetal heart recording normal and why?
2. How do you describe her uterine contractions?
3. What is your next step in her management?
4. After your investigations, you find that Mrs. X is fully dilated. The head at +1 level in left occipito-anterior position. How would you deliver her?
Why?

1. Yes, because the normal fetal heart rate is between 120 and 160 bpm.
2. Active uterine contractions. (4 contractions/ 2 per 10 min approximately). Each one last for 3-4 mins. Repeated contractions with irregular intervals (with late decelerations). intensity assessed by palpation!
3. PV and US.
4. Normal Vaginal delivery, because the cervix is fully dilated and the head is at station +1. In addition, in the LOA position, it is easier to engaged and it is the ideal and best presentation of the baby. And it is most likely a gynecoid pelvis of the mother, because LOP is usually associated with Gynecoid type of pelvis.



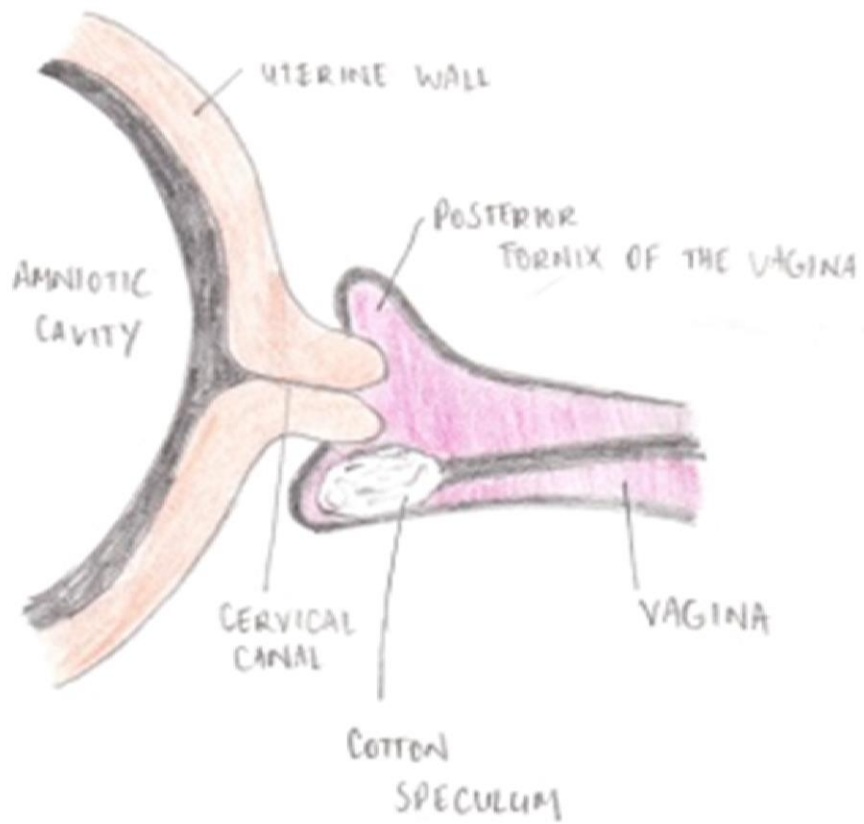
Mrs Jones 32 yr old G0 woman who smokes 20 cig/day. She presents to your clinic complaining of post coital bleeding.

While doing speculum examination the cervix looked like in the shown picture.

1. What is your working diagnosis? → cervical cancer
2. What is your next step? → colposcopic biopsy
3. What is the most likely underlying cause of her condition? Name the usual subtypes? HPV 16, 18
4. Name 4 risk factors to develop this condition

- multi partners
- HIV + ↓ immunity
- smoking
- family history

1. Cervical CA
2. Biopsy.
3. HPV ,Subtypes: 16, 18, 31, 33, 45.
4. HPV, HIV, Smoking, Sexual behaviour, Chlamydia and diet.



Aya is a 24 yr old G2P1 who is currently 30 weeks gestational age presents to the labor ward complaining of abdominal pain cramping in nature. She delivered her last baby 3 years ago at 34 weeks.

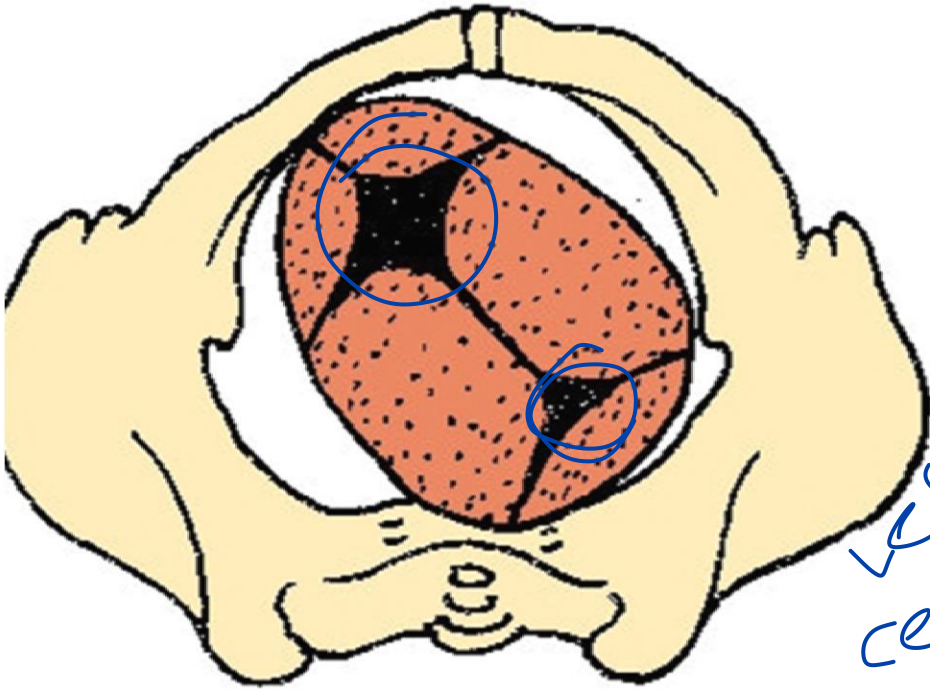
As part of your evaluation you perform the test shown above.

1. What is that test called? *Fetal fibronectin*
2. What is the significance of a positive result?
3. What is the significance of a negative result?
4. Aya informs you that she had intercourse yesterday, does that affect your test result? How?
5. Aya asks why that test wasn't performed last time when she had the same complaint at 34 weeks GA?

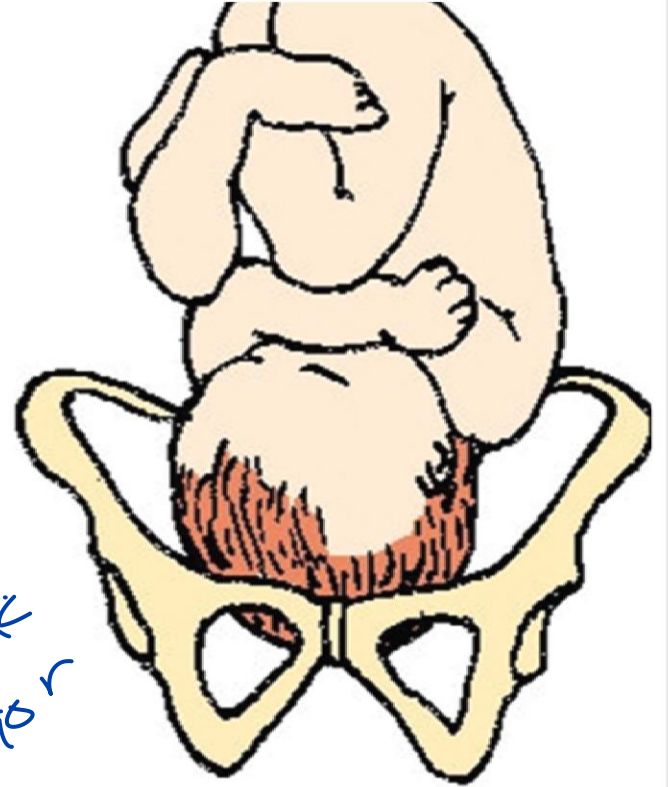
Negative fFN result indicates that 96.7% of the patients will not deliver within 7 days

• Positive test indicates that 12.7% might deliver within next 7 days

24 - 34



Left
Cephalic
Position



Manal is a 24 yr old G2P1 who is full term currently in labor and fully dilated, +1 station with the position shown above.

1. What is the position shown?
2. Define position and station?
3. What is the presenting diameter for the shown position?
4. Manal has an epidural for analgesia. How much time would you allow for the active second stage?
5. Manal has a prolonged second stage. What are your options for delivering her?

1. LOP

2. The relation between the denominator of the presenting part to the pelvis quadrants. - position of presenting part in cm in relation to the ischial spine.

3. 11.5 cm *why not 9.5?*

4. 2-3 hours *X → 2 hrs
she is multi*

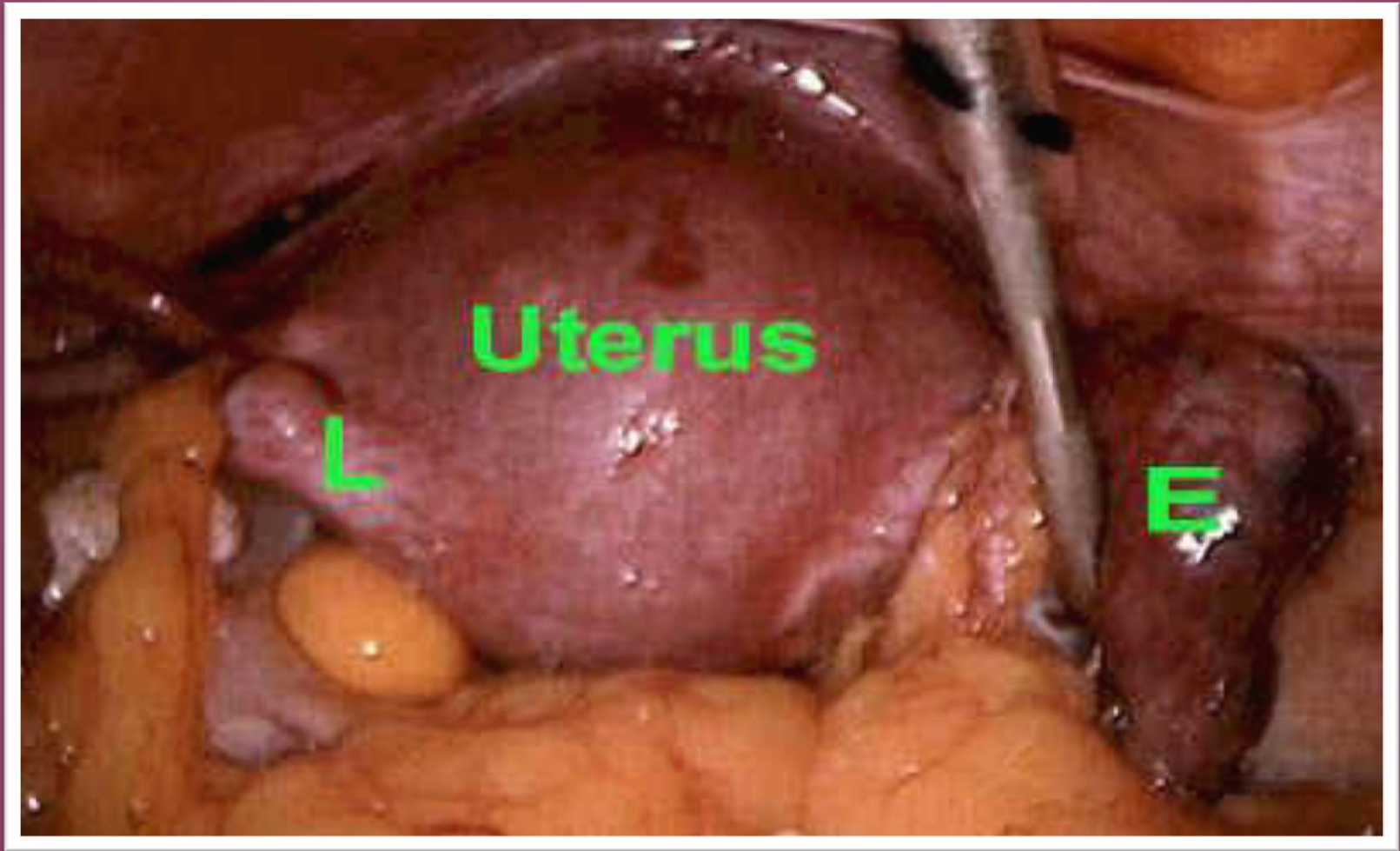
5. forceps with episiotomy

- vacuum

- assisted vaginal delivery

- CS

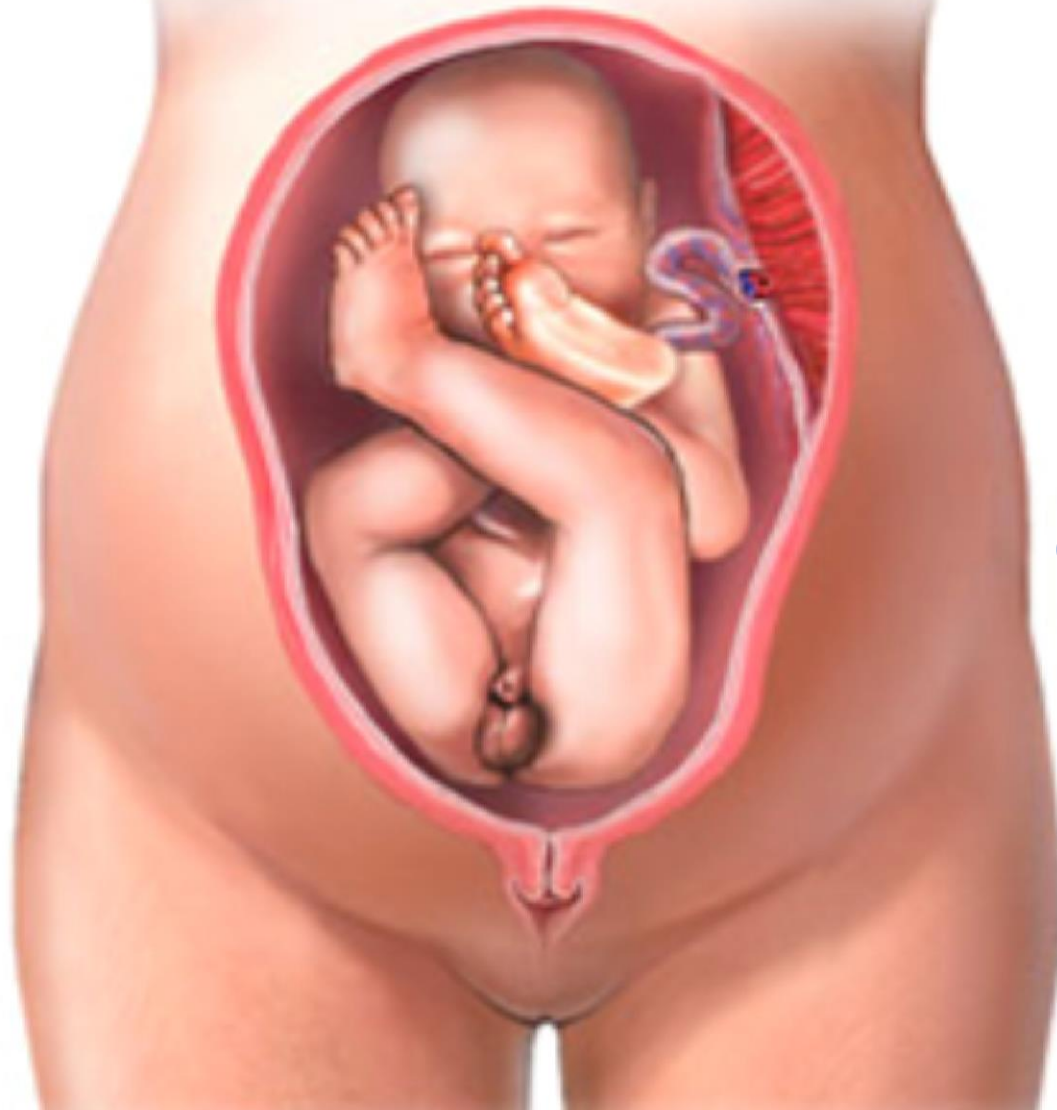
- ① * encourage pushing
- ② episiotomy
- ③ instrumental
- ④ augmentation by oxytocin
- ⑤ CS.



Tamara is a 25-year lady who presented to the emergency room with **right iliac fossa abdominal pain**. Her period is late **by 1 week**. She has been married for 6 months. **Pregnancy test is positive**. You do a laparoscopy and the findings are seen in the picture.

1. What is your diagnosis?
2. What will you do for this patient?
3. What are the other options for managing patients with this condition?
4. How will you follow this patient up?
5. Tamara wants to get pregnant, what will you tell her?

1. Ectopic pregnancy (Tubal).
2. Methotrexate: Conservative treatment (if the criteria are present).
3. surgical treatment (laparoscopy or laparotomy). (salpingistomy or salpingectomy).
4. Monitoring B-HCG between days 4-7 >> it should decline, Failure to decline indicate unsuccessful treatment and may require another dose or surgical intervention.
5. You can become pregnant again, but the risk of pregnancy to be ectopic again will be 10 – 25% . and to have normal pregnancy is 50-80%



frank
breech.

Maria is a 29 year primigravida. She is 39 weeks pregnant and presented to the labour ward with contractions and show.

You feel her abdomen and this is what you feel.

1. What is your diagnosis?
2. Name 3 risk factors.
3. What are the delivery options? (Name 3)
4. Name the types of this presentation.
5. If you see this patient at 28 weeks, what will you tell her?

Frank breech
- grand multiparity presentation
- IUGR
- Gestate oligohydramnios

external cephalic version then vaginal
CS
vaginal

- Frank
- complete
- Footling

may the fetus spontaneously version to cephalic.

1. Frank breech presentation.
2. - extended legs that prevent spontaneous version
 - multipregnancy (twins). / placenta previa or corneal placenta.
 - uterine anomalies or abnormalities.
3. - Normal vaginal delivery.
 - CS.
 - Instrumental (Forceps).
4. Frank, complete, footling.
5. We can wait to spontaneous version till occur itself and we may arrange for elective CS.





Huda is a lady 40 years old. She complains of vaginal bleeding continuous for last 3 weeks. The above is a laparotomy photo.

1-Discuss your finding and your diagnosis?

2-Do you think that D&C is necessary before laparotomy ? Why? *yes to R/O hyperplasia.*

3-Laperotomy was done, what do you think the surgeon will do?

A-If she wants to reserve the uterus?

b-If she finished her family? *hysterectomy.*

Myomectomy

1. There is a bulging big mass inside the uterus, but no other findings. It is most likely a big intrauterine fibroid. And it is the most likely cause of her bleeding.
2. Yes, because it may be helpful in detection the irregularities in the inner surface of the uterus before doing the operation.
3. -
 - A. she will do a myomectomy only to remove the fibroid with single incision.
 - B. she may perform a hysterectomy



Aya is a 25 year old G1P0 @ 40 weeks. Aya has been fully dilated and pushing for 2 hours. You consider performing an operative delivery

1-Please list the names of the above shown forceps?

① prolonged 2nd stage of delivery

2-List two indications for using forceps? ②

3-What is the indication to use the second instrument?

—

4-What are the Pre-requisites for using forceps (list 3)?

5-List two complications for using forceps?

- Laceration of fetal soft tissue
- cephalo haematoma

1_ simpsons

_ Kielland

2_breech presentation (after head delivery).

_ difficult or prolonged labor / fetal distress

3_rotation and traction.

4_ precise position and orientation of the head

_ rupture of membranes. + cervix fully dilated

_ experience / head is engaged +2 or more (or 4/5)

5_ fetal head laceration or laceration to the uterus, cervix or perineum.

_ skull fractures / facial nerve palsy



Left ovary



Right ovary

LR

A 20 year old woman presents with infrequent periods since menarche at the age of 16. She has mild acne but no other abnormal feature. She wishes to conceive.

1. What is the likeliest diagnosis?
2. What investigations will you arrange? List four.
3. What treatments will you arrange? List two.
4. What counselling will you give?
5. What follow-up investigation will you arrange?

1. PCOS

2.- Free Androgen index.

- LH/FSH ratio
- Ultrasound.
- TSH / FSH

3- Metformin/ Clomiphene Citrate.

- Laparoscopic ovarian drilling / Weight reduction.

4. Modification of laife style to reduce weight (if obese).

Use of trhe prescribed drugs such as: Clomephine Citrate, Metformine, Gonadotropines “FSH”,) or using IVF could help to conceive.

5. Testosterone, LH/FSH ratio, DHEAS, Physical examination each visit and BMI monitoring, GTT (for insulin Resistance), US.



Amani is a 27 year old G1P0 who presents to the outpatient clinic for her booking visit. Amani`s height is 1.7 m and her weight is 130 Kg.

BMI is 45.

- 1- How do you calculate BMI and how do you define obesity?
- 2- List 2 antenatal risks?
- 3- List 2 intrapartum risks?
- 4- List 2 postpartum risks?
- 5- During the booking visit. You order base line investigation what additional test will you order for Amani?

1- BMI = weight (Kg) / (Height)² (m²).

Obesity: a body mass index of 30 or more (≥ 30). 3 classes.

2- miscarriage / still birth.

- Gestational DM / Pre-eclampsia / Thrombosis.

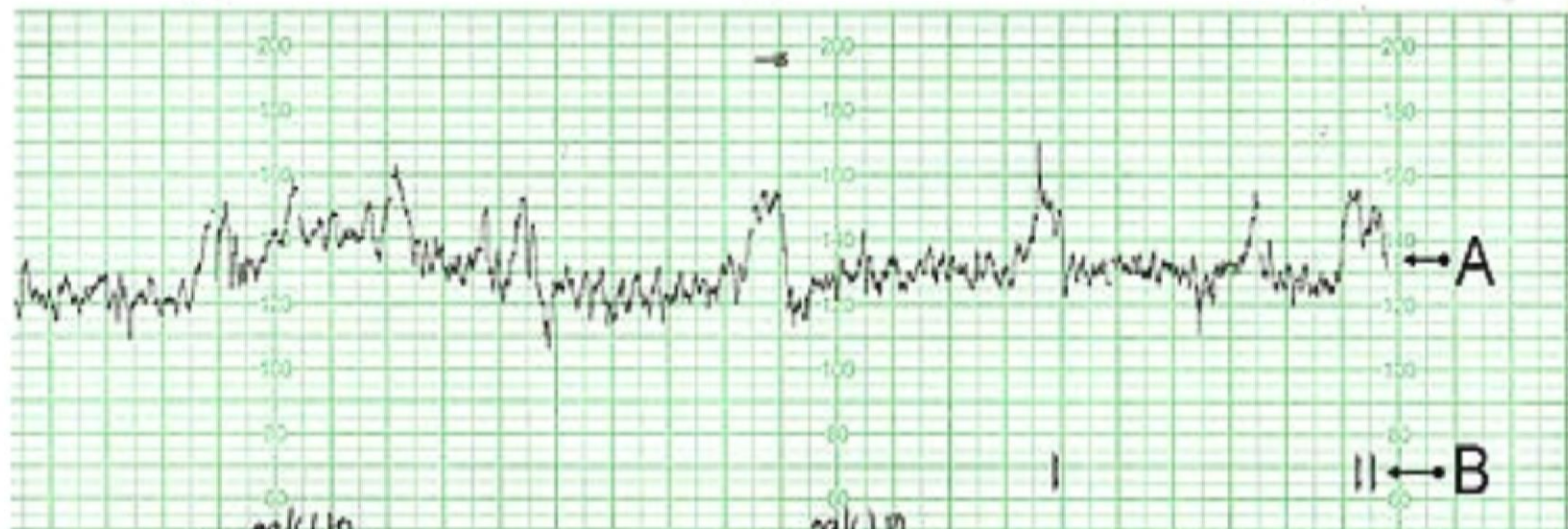
3- Need induction of labour / interfering with pain killer medications.

- Difficult CS / Difficult electronic fetal monitoring.

4- Postpartum infection.

- CS complications and delayed healing.

5- GTT ??? US ??!!



135

FORM1211A

LOT # 00 90163/55

136

FORM1211A

137

FORM1211A

LOT # 00

Farah is a 25 year old G1P0 @ 32 w. Farah is known diabetic type I on insulin. You opt to do a BPP twice weekly to assess fetal wellbeing. The above picture is the NST @32 weeks

1. What are the main elements you comment on when reading the NST?
2. Comment on the above NST?
3. Is this a reactive NST?
4. You perform an ultrasound. Amniotic fluid index is 10. Three gross movements are seen in 30 minutes. Flexion, extension and flexion again of the upper limb is noted. Breathing movements for 20 seconds in 30 min. are noted. What is the BPP?

1.
 - Normal fetal baseline heart rate (140 bpm).
 - variability 30 approximately
 - acceleration 3-4 accelerations / 10 mins approximately.
 - 1 deceleration.
 - No uterine contractions.

2.
 - fetal baseline heart rate.
 - variability.
 - acceleration
 - deceleration.
 - contractions

3. yes (more than 2 accelerations in less than 20-30 mins).

4. Normal BPP except for breathing that should be 30 sec / 30 min



Eman is a 55 year old P7 (All normal vaginal deliveries). Patient presents to the outpatient clinic complaining of a mass protruding from the vagina. Physical exam shows the finding above

- 1- What is this condition called? (2 Marks)
- 2- List two possible associated complaints? (2 Marks)
- 3- List two risk factors for this condition? (2 Marks)
- 4- Eman suffered a previous MI and is hypertensive. Blood pressure isn't well controlled. She isn't deemed appropriate for surgical management. What would you recommend? (2 Marks)
- 5- Eman was referred to the medical team who were able to control the blood pressure and they feel that she is fit for surgery. List an appropriate procedure? (2Mark)

1. Complete uterine prolapse (procedentia).
2. Vaginal bleeding or discharge due to ulceration. _
low backache, urinary symptoms as urinary retention.
3. pelvic floor weakness or pelvic surgery.
— difficult or traumatic labor and multiparity.
4. Pessary treatment.
5. Manchester or Vaginal hysterectomy and repair.

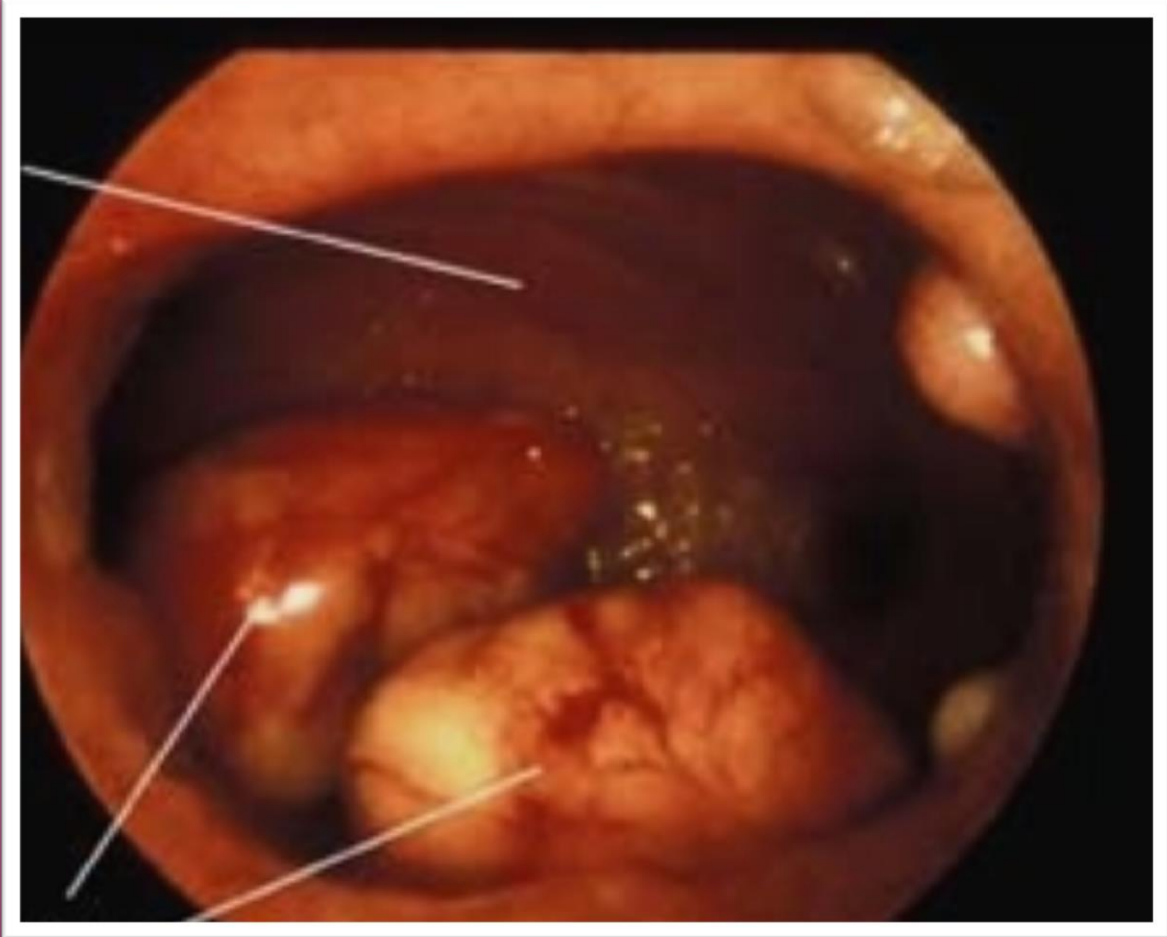


Hana is a 30 year old G5P4 woman who is currently 36 weeks pregnant. She presents for a regular prenatal appointment.

On exam you find the above presentation

1. Name this presentation.
2. What is the incidence of this presentation i?
3. Name the other types of this presentation?
4. Name 3 possible causes for this presentation?
5. Name one complication?
6. How to deliver this baby?

1. Footling breech.
2. 25%
3. Frank breech, complete breech
4.
 - Extended legs that prevents spontaneous fetal version.
 - Uterine anomalies./ Fetal anomalies
 - Placenta previa or cornual placenta
5. Head entrapment or umbilical cord prolapsed.
6. By CS



Noor is a 42 yr old P2 woman who is complaining of heavy vaginal bleeding, as part of your investigation you perform a diagnostic hysteroscopy.

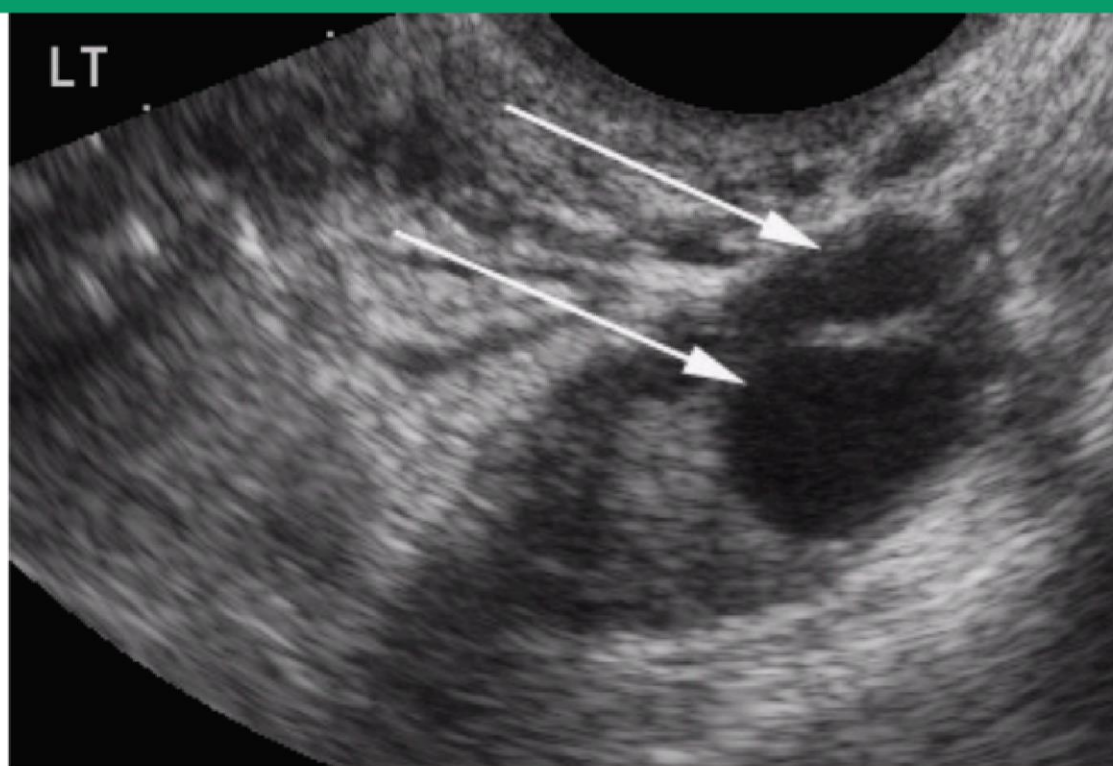
The picture above represents your findings on hysteroscopy

- 1) what's the diagnosis?
- 2) Name 2 other types of this condition?
- 3) Name 3 complications for this condition?
- 4) What is the incidence of this condition in reproductive age women?

.

1. Submucosal Uterine fibroids.
2. - Intracavitary / pedunculated - Subserosal / Intramural / parasitic.
3. - torsion. - Infection. -Degeneration and hemorrhage.
4. 20% of reproductive age women

Follicular ovarian cyst



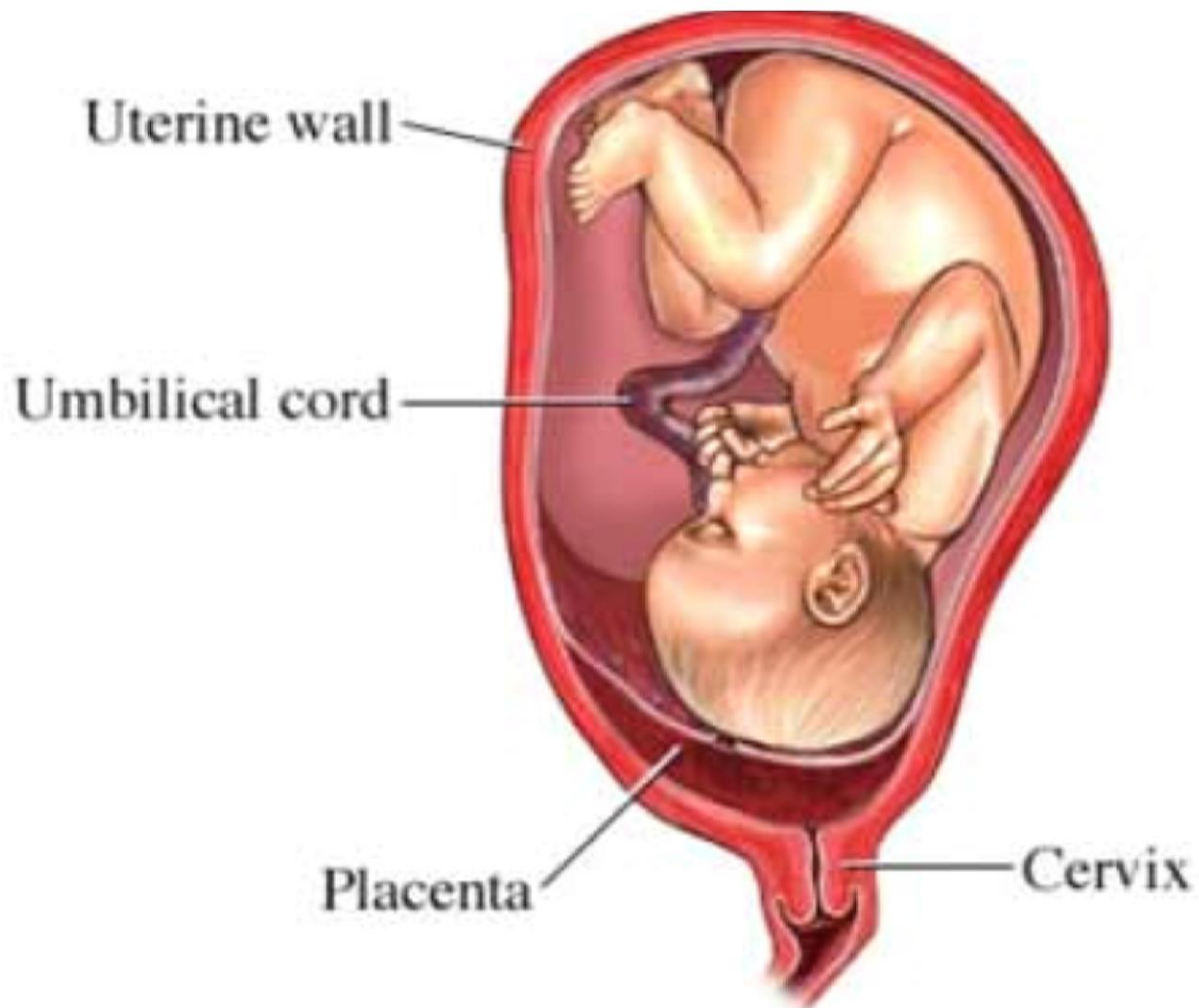
Transvaginal ultrasound of the left adnexa. Normal left ovary with two follicles that are shown by the arrows. The follicles are circular anechoic structures within the substance of the hypoechoic ovarian tissue.

Courtesy of Thomas D Shipp, MD.

Sara is a 36 year old patient who was referred to you because of an incidental finding of an adnexal mass on ultrasound that was done to evaluate her kidneys. After looking at the picture above

1. What is the most common type of ovarian cysts?
2. Name 4 characteristics of a potentially malignant ovarian cyst ?(4)
3. Name one serum tumor marker that if elevated would add to the suspicion of a malignant ovarian cyst?

1. Functional
2. - Solid. - Multiloculated. - bilateral - echogenic with papillary projections
3. CA 125.



Lara is 29 yr lady in her second pregnancy. Her first delivery was by emergency caesarean section for Breech. Now she is 33 weeks pregnant and presents with vaginal bleeding. She is stable with minimal bleeding.

The picture shows her diagnosis.

1. What is the diagnosis?
2. Name 2 risk factors.
3. Name 2 factors to consider when you manage your patient.
4. You decided to manage this patient conservatively. What treatment will you give your patient?
5. What will the mode of delivery be?
6. Name one complication.

1. Placenta Previa
2. Previous Placenta Previa ,Large Placenta (Multiple Pregnancy). ,Scars in the uterus ,Abnormal uterus
3. I can't understand the question!!! ,If factors that management depends on: amount of bleeding, recurrence of bleeding, GA, Fetal and maternal condition, and position of the placenta.
4. Bed rest at home. No intercourse or PV. And anti-D if Rh-
5. CS
6. IUGR, Fetal Abnormalities or fetal death.



Hadeel is 22 year old lady P0 who has been married for 2 years. She presents with her husband wanting to get pregnant. As part of the investigation you perform the imaging study shown

1. What is this investigation? Name one Indication?
2. What do you visualise when you do this investigation?
3. When do you perform this investigation?
4. What is the most important complication?
5. What should you do before you perform this investigation?
6. Mention 2 advantages for this investigation.

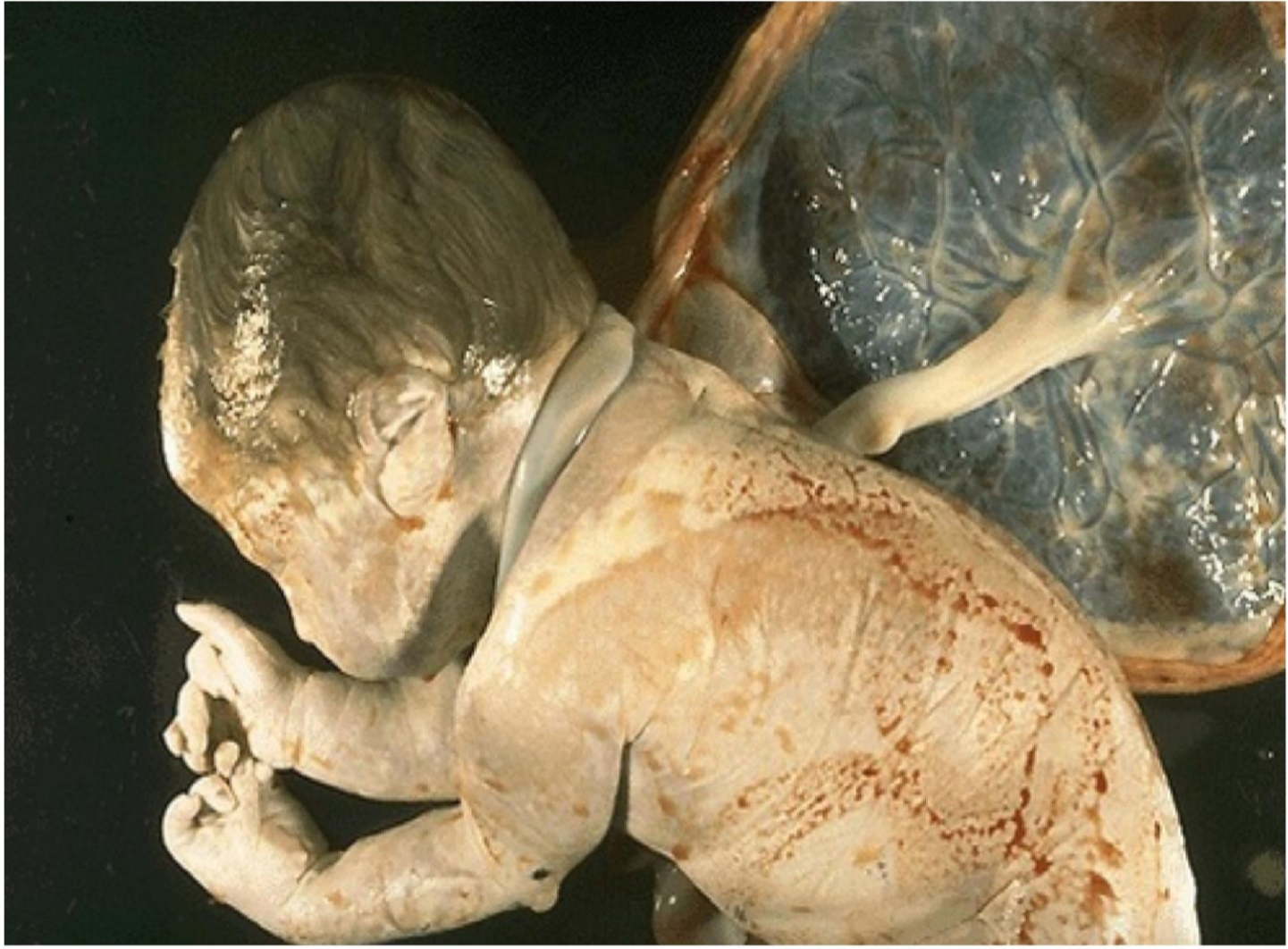
1. Hysterosalpingiogram. To check tubal patency and shape of the uterus after 2 years of subfertility
2. 1. the uterus. 2. the fallopian tubes.
3. Between day 7 and 11 of the menstrual cycle
4. Infection. 1-3%
5. Check if there is PID because it flares it up, and ask about hypersensitivity reactions due to the contrast.
6. Safe and inexpensive

6th year Questions



Suhair is a 33 year old lady. She is P5 who had a twin vaginal delivery at 38 weeks of pregnancy 15 minutes ago and you are called to review her because of heavy bleeding.

1. What is your diagnosis?
2. Name 4 main causes for this condition.
3. What are the risk factors for this patient?
4. What are the essential steps in managing this patient?
5. Name 3 possible complications for this condition.

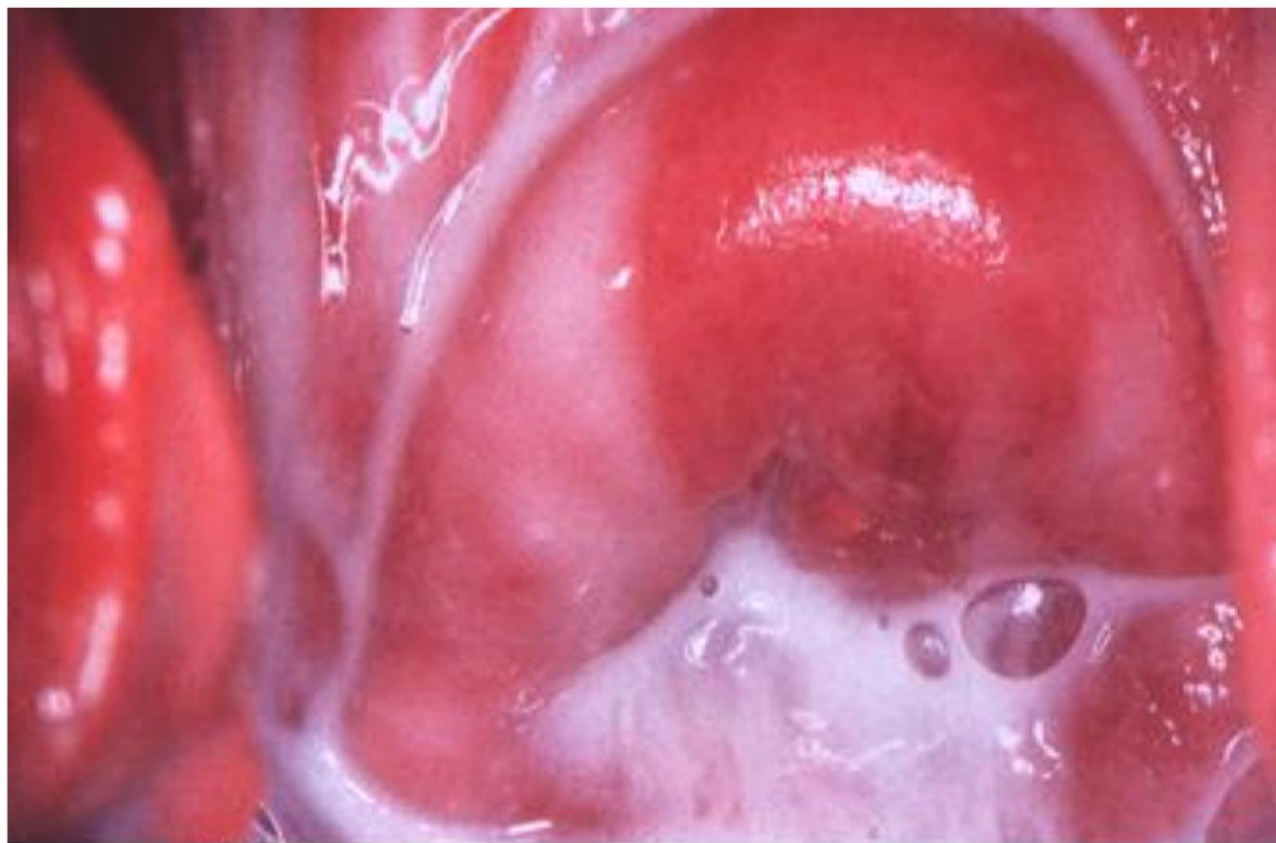


Mrs huda 25 years old lady P1 lady who presented to labor ward with an intrauterine fetal demise at 33 week.

Induction of labor was done and the baby was delivered vaginally as shown

QUATIONS:-

1. Define still birth?
2. What complication might occur if the delivery was postponed?
3. What is the most common etiology for third trimester IUFD? List 3 additional etiologies?
4. What maternal laboratory investigations will you order to help in identifying the cause? (List 4)



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<http://www.medscape.com>

Nawal is a 30 yr old P2 lady who presented to your clinic complaining of white, cheese vaginal discharge with itching of one week duration

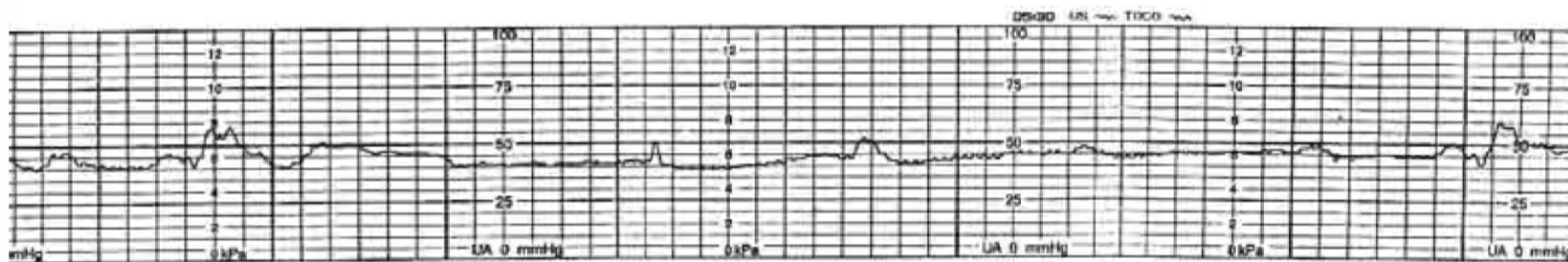
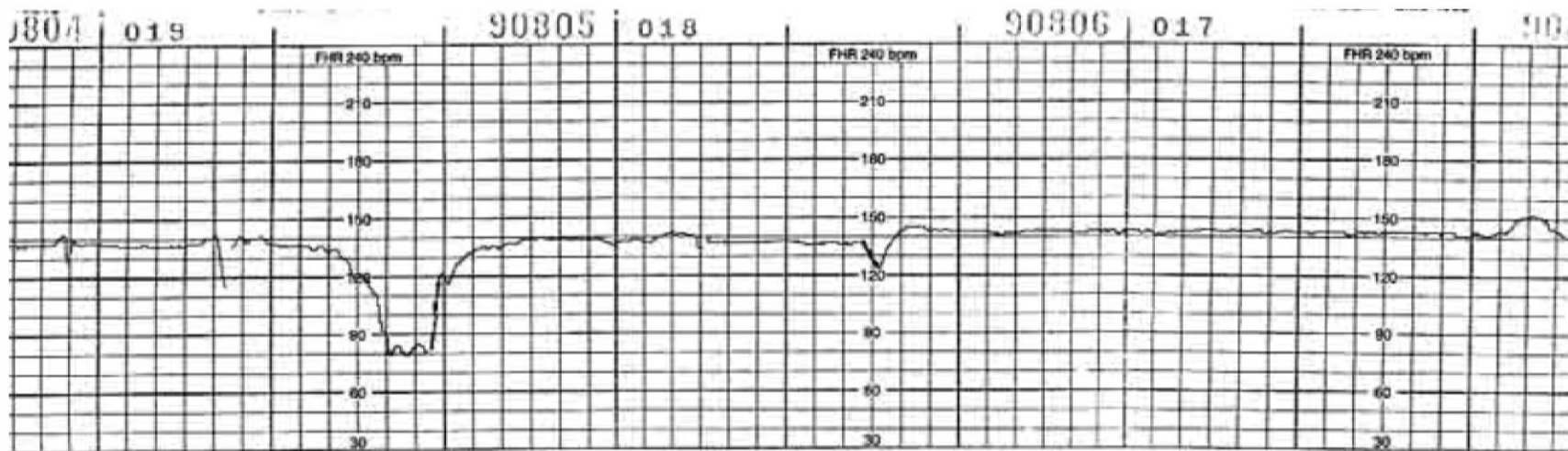
Speculum exam findings are shown

1. What is your differential diagnosis? (3)
2. What office investigations (other than culture) are available to confirm the diagnosis? (2) ^{- pH} ^{- whiff test (koff)}
3. This is Nawal's fourth episode this year. What do you have to rule out as a predisposing factor for her condition?
4. List three other predisposing factors for her condition?

Diabetes mellitus / Long term steroids / Pregnancy

• Prolonged antibiotic use

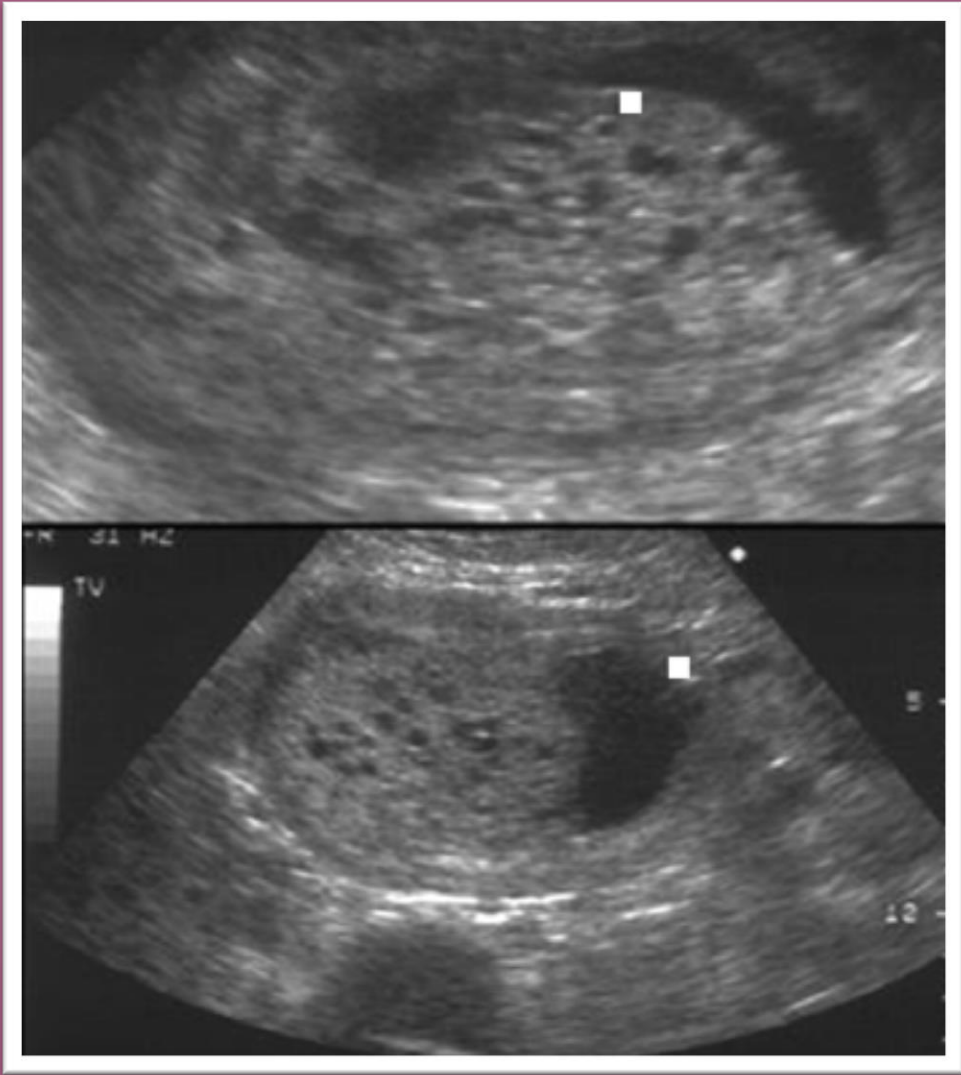
• Immune suppression



Aseel is a 22 year old G1P0 @ 36 weeks GA who presented to the labor room complaining of reduced fetal movement for 2 days

The above image is her CTG

1. Please comment on this CTG
2. Ultrasound was performed and shows an AFI of 3. What is the modified Biophysical profile score?
3. What is the next step in the management of Aseel?
4. List 2 possible causes for reduced fetal movement?
5. How would you counsel a patient regarding monitoring fetal movements?



Rana is a 30 year old lady, G2P1 , pregnant 6 weeks. She presents to your ER with heavy vaginal bleeding with clots of few days duration. you did TVUS and the image is as shown .

Answer the following questions :

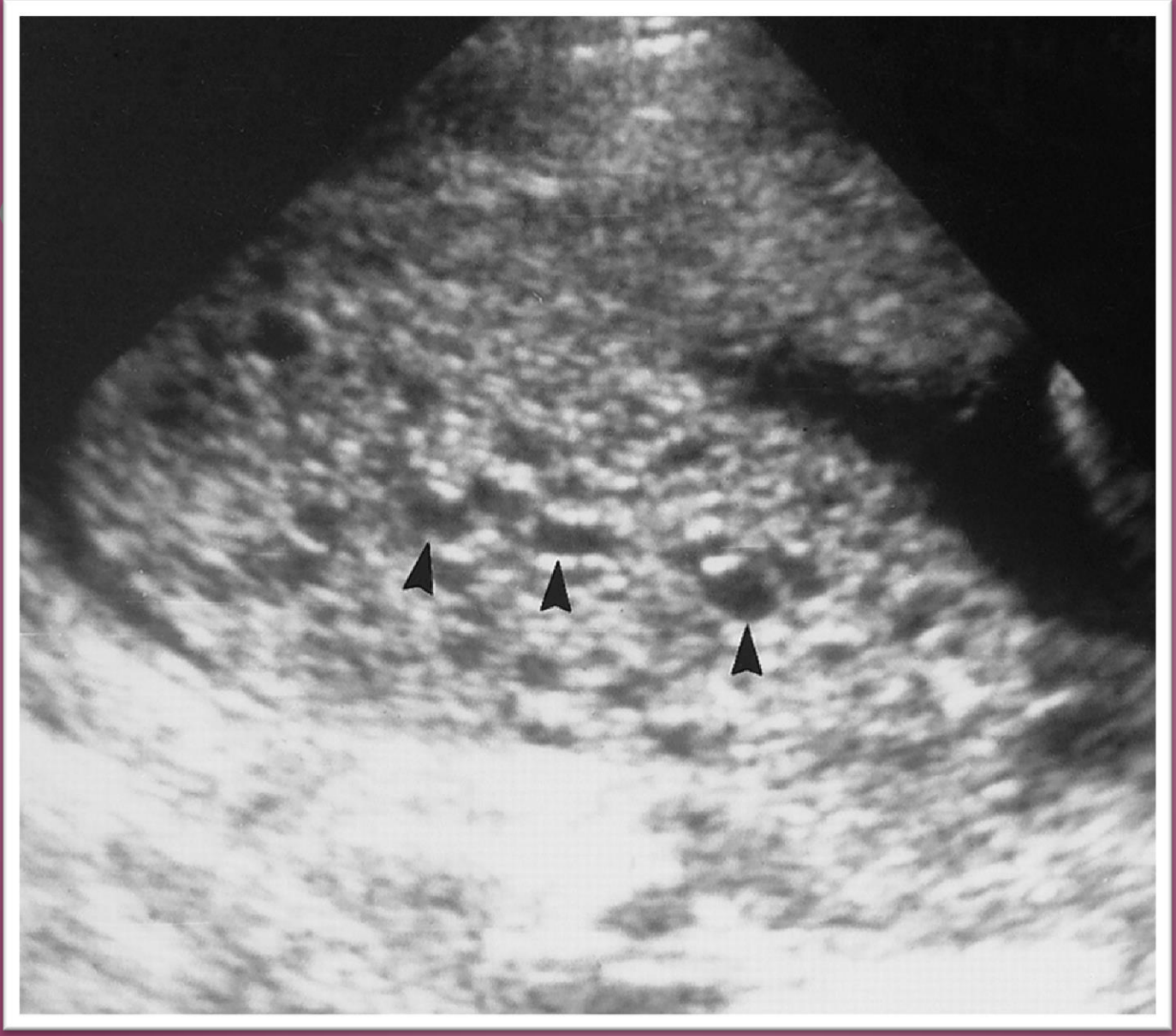
1. What is the diagnosis ?
2. What is the main risk factor for this condition ?
3. Name 4 other investigations you need to do for this lady on urgent basis?
4. What percentage of this condition persist/transform to malignant form?



Dana is a 16 year old girl , single . She presents with acute abdominal pain to the ER, a TVUS reveals a right adnexal mass , laparoscopy was done and the shown image was found in her right ovary .

Answer the following questions :

1. What is the most likely diagnosis ?
2. what is the most common ovarian malignancy at this age?
3. what is the most common cause of her acute pain ?
4. This tumor could present itself in unusual ways , please give two examples ?



Mrs. Fleury , a 26 yr old lady G3P2 , presents to the ER at 8 weeks gestation c/o heavy vag bleeding , no previous scans , you did a TAUS and the above picture was seen .

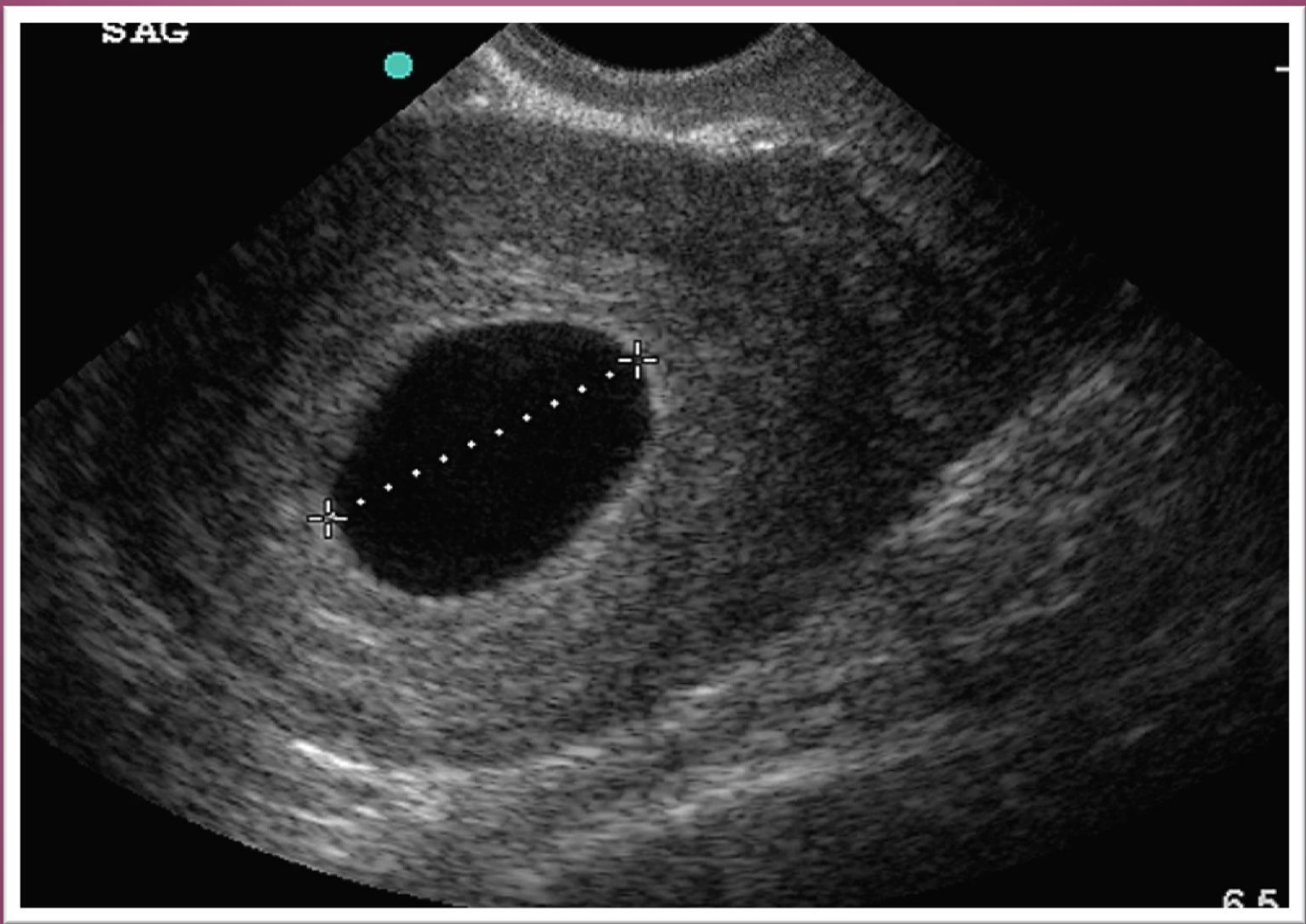
Please answer the following:

1. What is the diagnosis?
2. Name the types of this condition? (2 points)
3. Which one of those types carries a higher risk of malignant transformation?



Mrs. Paul, a 32 year old female, G2P1 at 32 weeks of gestation presents with a sudden onset vaginal bleeding, emergency LSCS was done. The doctor was unable to remove the placenta after delivering the baby; hysterectomy was performed to control the bleeding.

1. What is the most likely diagnosis?
2. Name 2 risk factors for this condition?
3. Why was it not possible to remove the placenta?
4. Name 4 causes for APH?



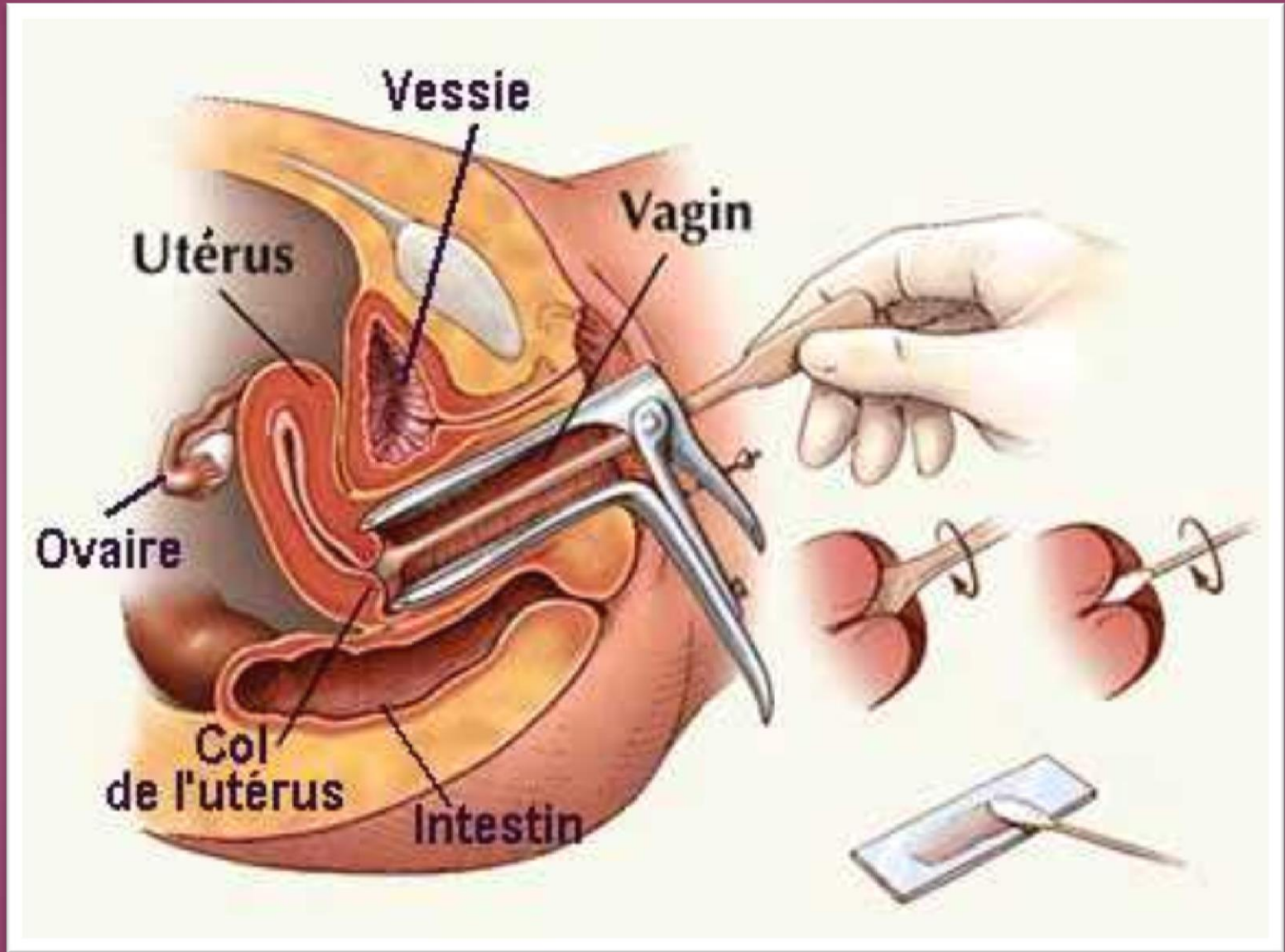
Ghada is a 28 year old P2+1 lady who presents to your clinic with a history of amenorrhea for 7 weeks and a positive urine pregnancy test.

1. Describe the above U/S photo?
2. What is your differential diagnosis? (2 points)
3. When are you going to repeat the U/S to confirm the diagnosis?
4. If termination is indicated, what are the methods for termination? (2 points)



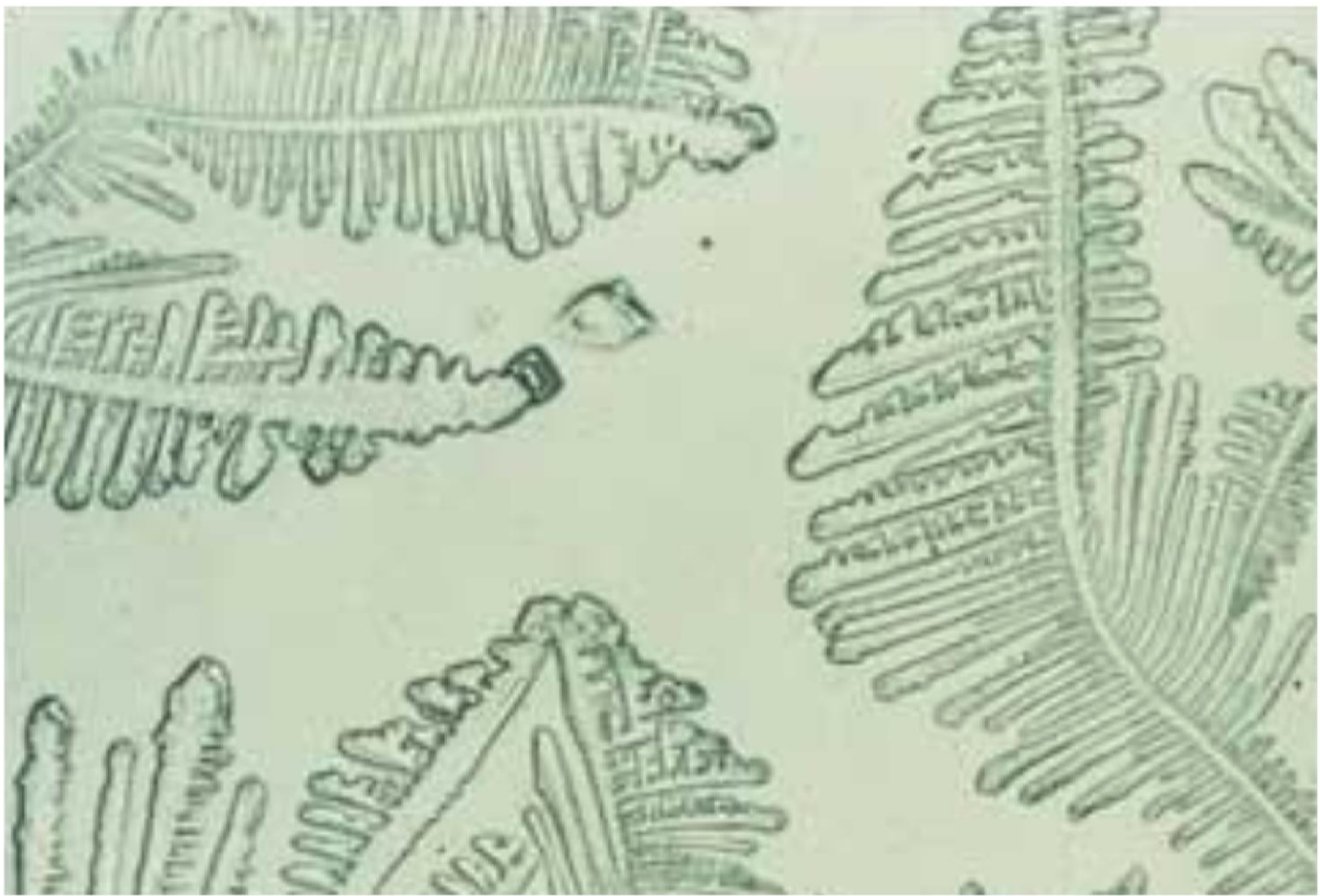
Mrs. Laila is a 36 year old G2P1 @ 28 week who you recently diagnosed with gestational DM.

1. Laila is wondering what pregnancy complications is she more at risk of because of gestational DM (List 2)
2. What complications is her baby more at risk of (List 2)?
3. In order to reduce the risk of those complications you recommend strict blood sugar control, what is your fasting and postprandial blood sugar objective? (list 2)
4. You are able to control her blood sugars with diet alone; Laila is wondering about the mode and time of delivery. (2 points)
5. Does Laila`s baby have a higher risk of congenital anomalies?



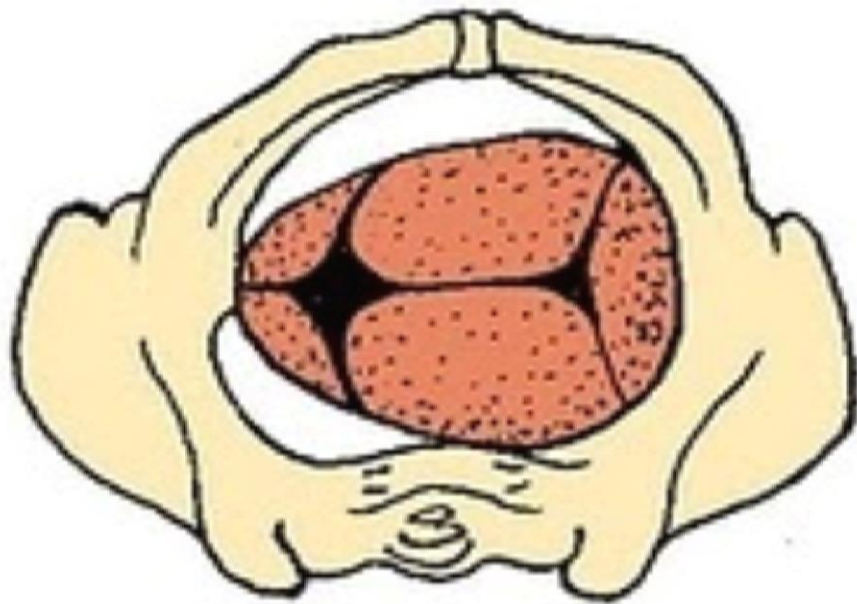
Mrs. Amal is a 36 year old P2 lady who presented to your clinic for annual exam; you perform the test shown above.

1. What is this test called
2. Why is this test performed?
3. The result of the test was HGSIL (high grade squamous intraepithelial lesion). She asks you what causes this lesion?
4. List 2 other risk factors?
5. What is the next step in Amal`s management?



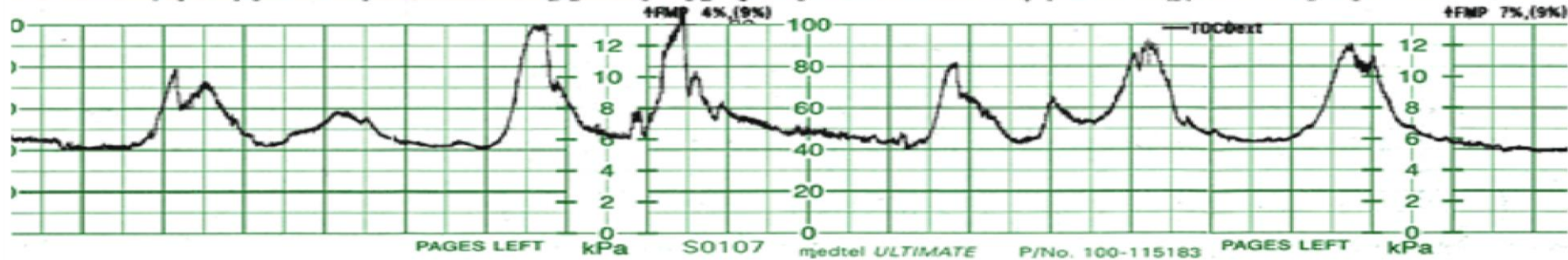
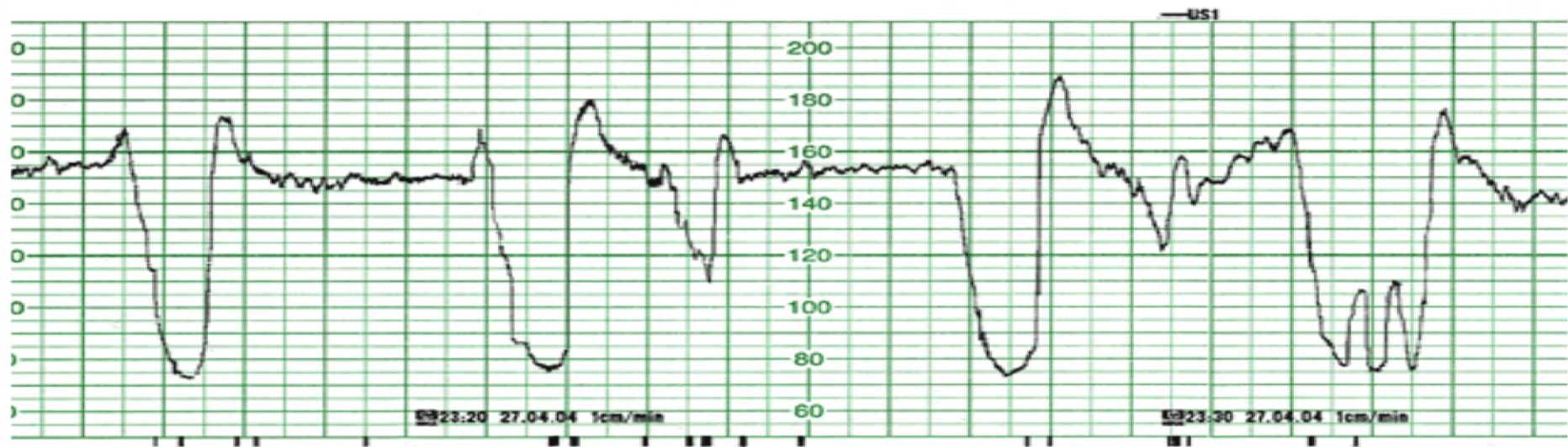
Lara is a 23 year old G1P0 @ 30 w GA who presented to the hospital with a history of leakage of fluid 2 hours ago. You perform a speculum exam and perform the test shown above.

1. What is this test called?
2. List 3 other tests to confirm the suspected diagnosis
3. List 3 complications associated with the suspected diagnosis?
4. How will you manage Lara?
5. When will you consider delivering Lara?



Muna is a 22 year old G1P0 @ 40 w presents in labor. Patient opts for an epidural. Few hours later she is examined by the resident on call. Muna is now fully dilated with the position shown in the graph.

1. What is this position called?
2. When do you consider the second stage prolonged?
3. Two hours later Muna hasn't delivered and the head is still in the same position. The pelvis is adequate and the head is at +1 station. What is this condition called?
4. If she fails to deliver without assistance, what are the delivery options? (3)
5. Muna delivered the baby. How much time would give for the delivery of placenta?



Amal is a 22 year old G1P0 @ 41 w +4 days with polyhydramnios who was admitted to labor ward for IOL, Initial CTG was reassuring and cervix was favourable. Artificial rupture of membrane was performed. The above picture is the CTG after ARM

1. What are the main components you comment on when reading a CTG (5)
2. Please describe the above CTG? (5)
3. What is the likely cause behind the abnormalities in the CTG?
4. How would you confirm your diagnoses?
5. How will you manage Amal?



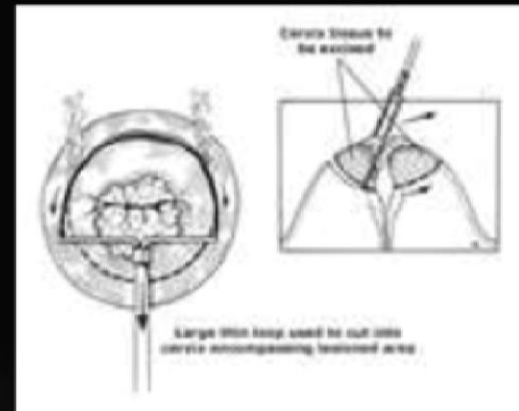
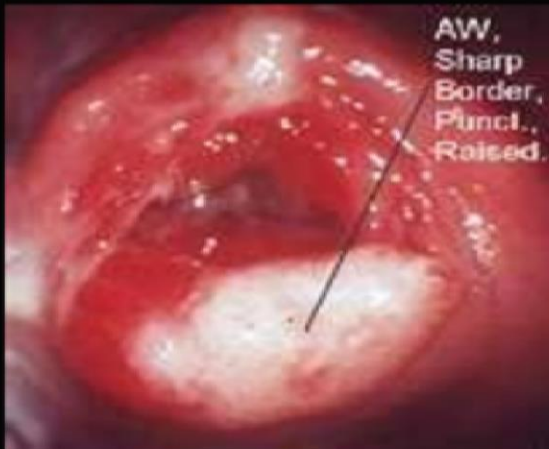
Sara is 35 years old G3P1+1 currently 12 weeks pregnant. Sara booked at your hospital 2 weeks ago. The picture above is a sagittal view of the baby taken today.

1. What is Sara`s age related risk of giving birth to a baby with down syndrome?
2. Why did Sara have an ultrasound done today?
3. What additional blood tests will be done as part of the first trimester screening for aneuploidy?
4. Sara asks you if the screening test is abnormal, what can you offer her to confirm the diagnosis of aneuploidy?
5. What is the triple screen made of?



16 year old single, presented with amenorrhea.

1. Looking at the picture above, what is the most likely diagnosis?
2. What other symptom is the patient likely to complain of?
3. What is the most common anomaly associated with this condition?
4. What is the most appropriate management?
5. List two other causes of primary amenorrhea?



Q: 30 year old woman, a pap smear was done for her showing high grade squamous intraepithelial lesion (HSIL)

A 30 year old woman, a pap smear was done for her showing high grade squamous intraepithelial lesion (HSIL)

1. What is the next step?
2. What is the cause of this abnormality?
3. Name the lesion in the left picture?
4. Name the procedure in the right picture?

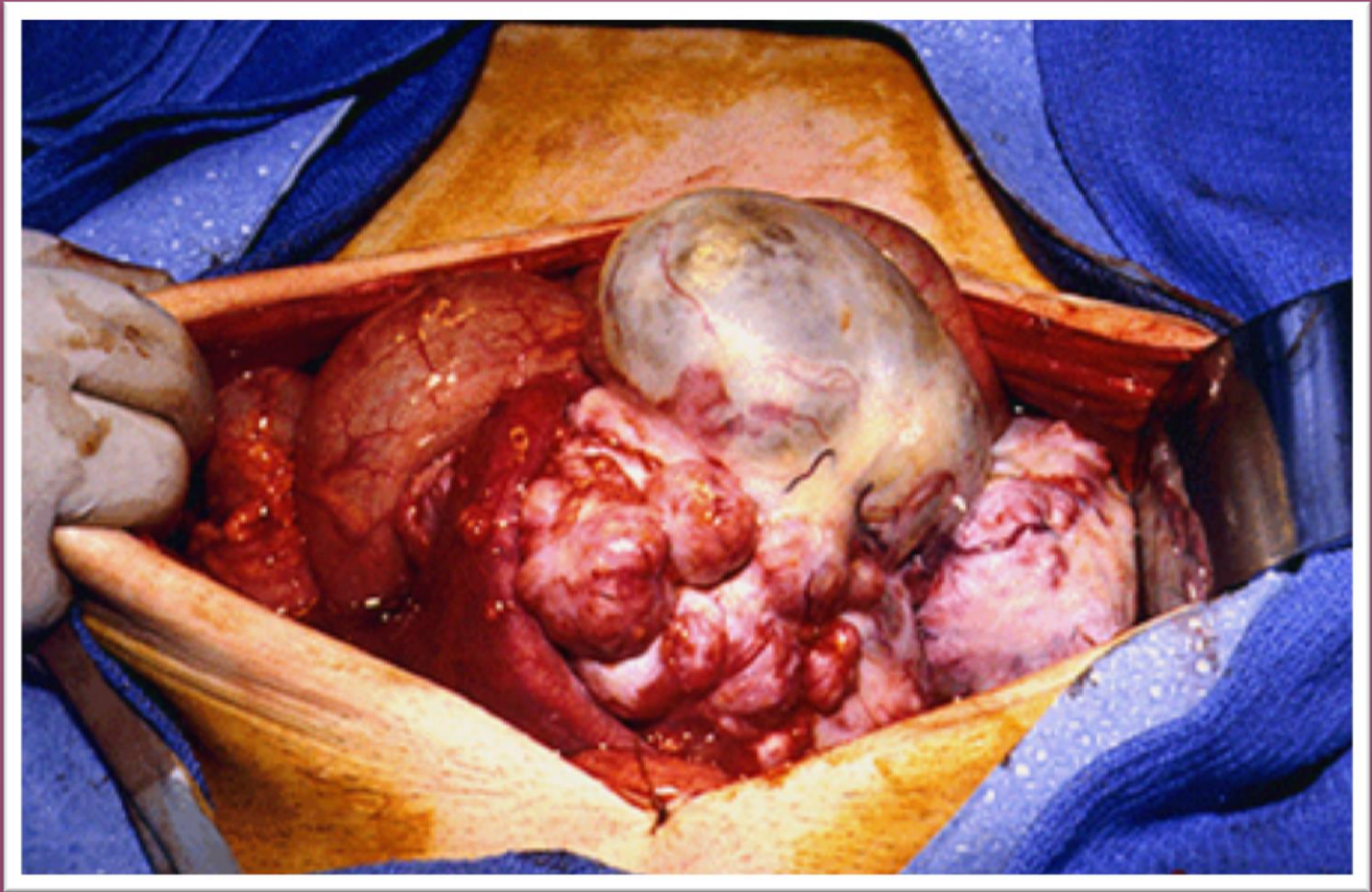
(Answers are in the next slide)

1.colposcopy

2.HPV

3.papilloma

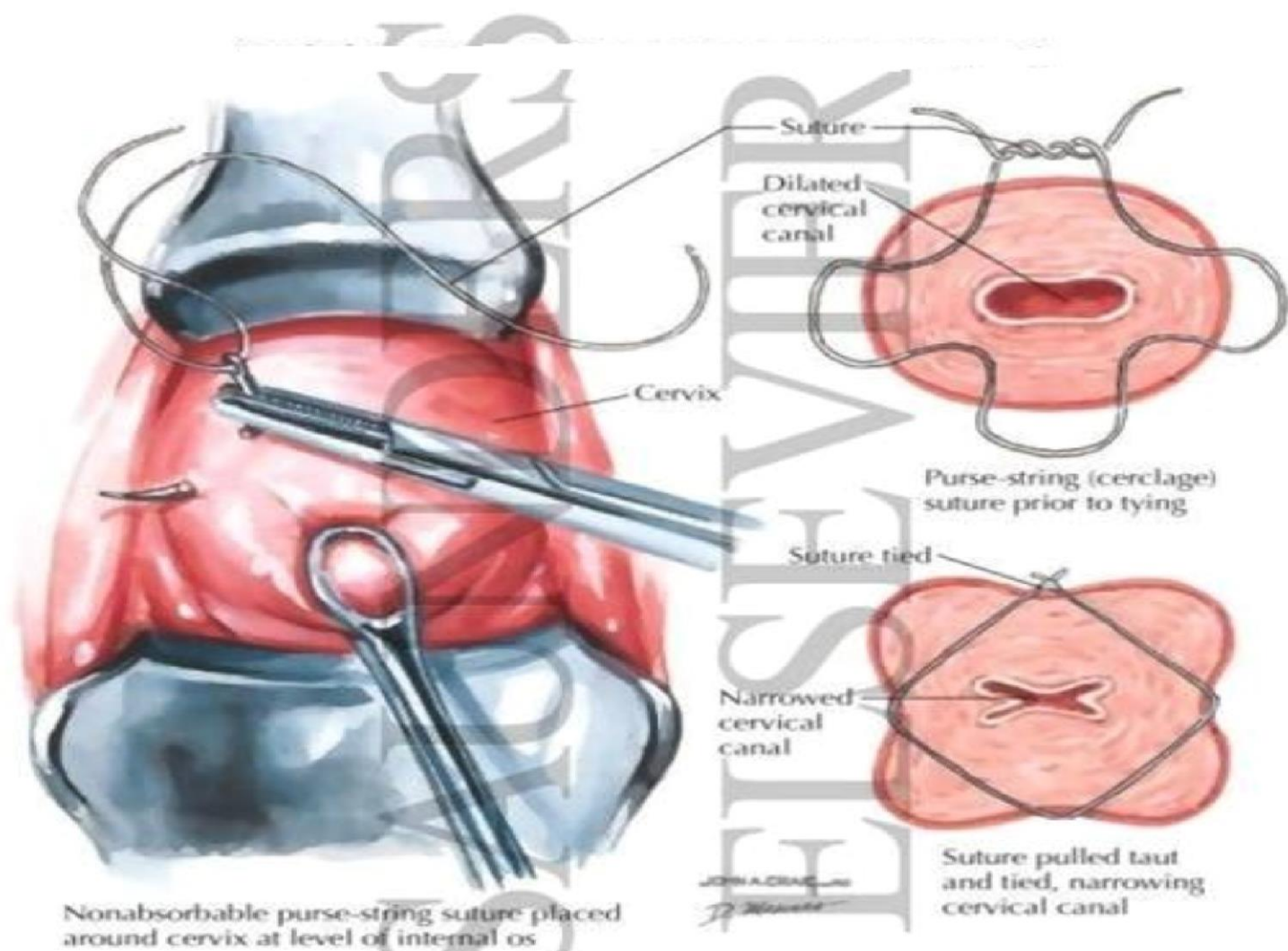
4.LEEP



1. What is the most common type of ovarian Cancer? And the percentage?
2. At what stage does ovarian cancer usually Present?
3. How is ovarian cancer usually staged?

(Answers are in the next slide)

1. epithelial,serous, 85%
2. IIIC
3. surgical staging



Hana is a 32 year old lady who presents to your clinic with the picture shown above ,She asks you

1. What is the name of this procedure?

Hana was told by her previous obstetrician that she would need that procedure in her next pregnancy,

2. At what gestational age would you perform this procedure?

3. At what gestational age would you remove it?

4. What do you think Hana needs this procedure?

5. List 2 complications for this procedure?

Lab	Result
HB	12
Platelets	320000
WBC	7000
UA	Normal
B HCG	700
Progesterone	14
Urine analysis	Normal
Transvaginal Ultrasound	No intrauterine pregnancy, No adenxial masses

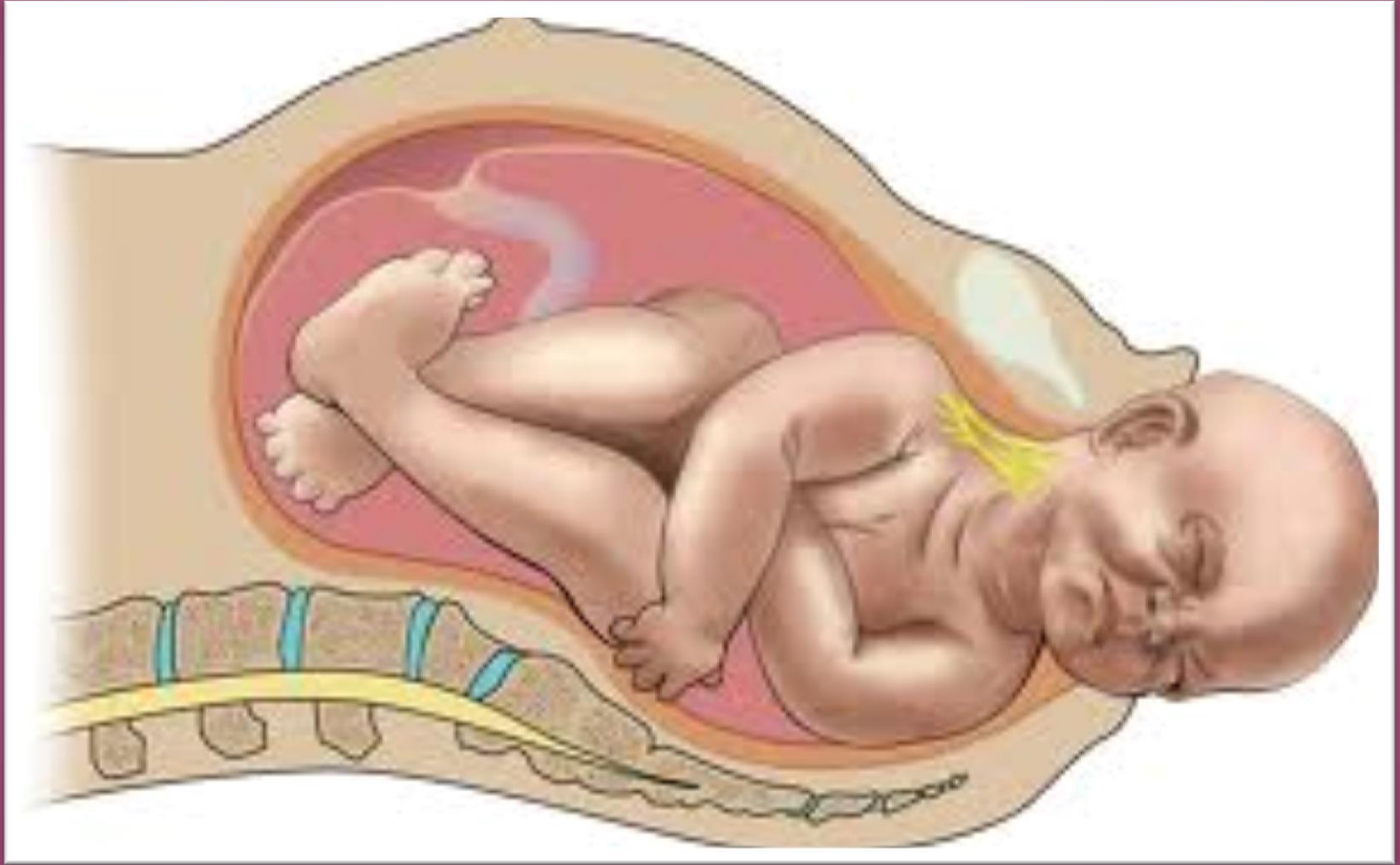
Farah is 24 year old G3P1+1 woman who presents to the hospital complaining of left lower quadrant pain and vaginal bleeding for 6 hour duration. Her LMP is 15/2/13.

On physical exam: P 70, B/P 120/70, RR 16, T 36.5

Abdomen: Soft, tender left lower quadrant

The picture above shows your investigation results.

1. What is your differential diagnosis? (List 3)
2. What is the next step in her management?
3. What would you do if on presentation the BHCG was 2400 IU with no intrauterine pregnancy on transvaginal U/S?
4. Few hours later Farah starts to complain of worsening pain and her pulse rises to 110, B/P drops to 90/60
5. What would you do?
6. What is the most appropriate surgical management if she is found to have an ectopic in the left side and a normal tube on the right side?



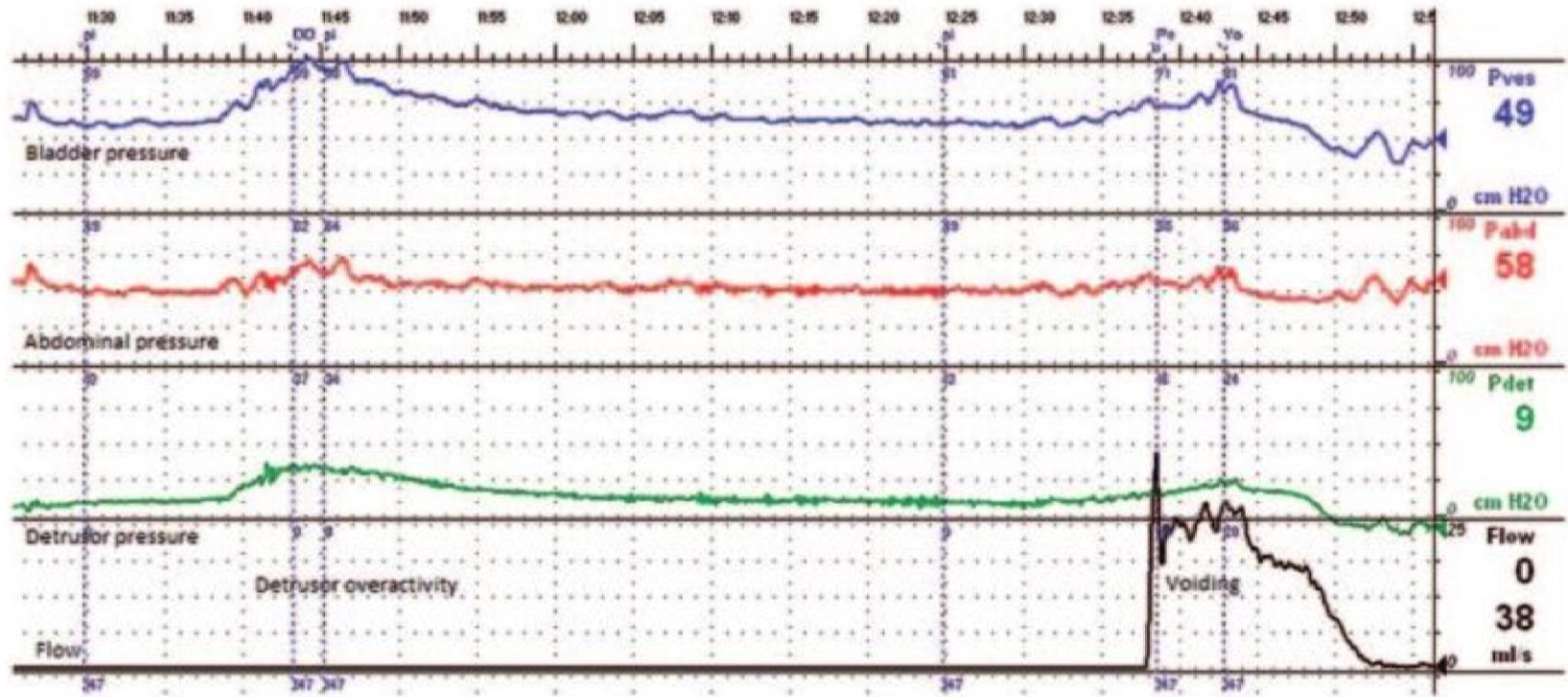
Dima is a 22 year old G1P0 @ 41 +3 weeks gestational age whose labor was induced. She progressed slowly to full dilatation and after pushing for 90 minutes you are faced with the condition shown above

1. What is this condition called?
2. What is the incidence of this condition?
3. List 2 risk factors for this condition?
4. What maneuvers will you perform to relieve this condition (list 4)?
5. List 2 complications happen secondary to this condition?



Tara is a 25-year-old woman, G4P2+1, at 32 weeks' gestation with twins was admitted to the labor and delivery with preterm labor. Because of breech presentation, the patient had a cesarean delivery. The placenta is shown in the photograph.

1. What is the incidence of monozygotic twins?
2. What is the placentation of this twin gestation?
3. What is the most common type of placentation in monozygotic twins?
4. List 2 complications of the placentation shown in the photograph?
5. Tara`s sister is worried about the chances of getting pregnant with twins, is she at an increased risk?
6. One of Tara`s babies has cleft lip, are twins at higher risk of congenital anomalies? And by how much?



Nada is a 32 year old P2 lady who presents to the outpatient clinic complaining of urgency, frequency, nocturia as well as urinary incontinence.

1. What investigations will you order? (list 2)
2. Looking at the trace above, what is this study called? *urodynamics.*
3. Based on the trace above and her presenting history, what is your diagnosis?
4. How will you manage her?
5. List 2 medications that can be used to treat this condition?



Raghad is a 30 year old G2P1 @ 38 weeks who progressed well in labor. She has been fully dilated and pushing for an hour. The obstetrician is considering an instrumental delivery.

He uses the shown instrument.

1. what is this instrument called?
2. How long would you allow Raghad to push if she doesn't have an epidural?
3. what are the prerequisite to the use of the above instrument (List 4)?
4. what are the contraindication to the use of the above instrument (List 2)?
5. what are the specific complications of the above instrument?

Best of luck