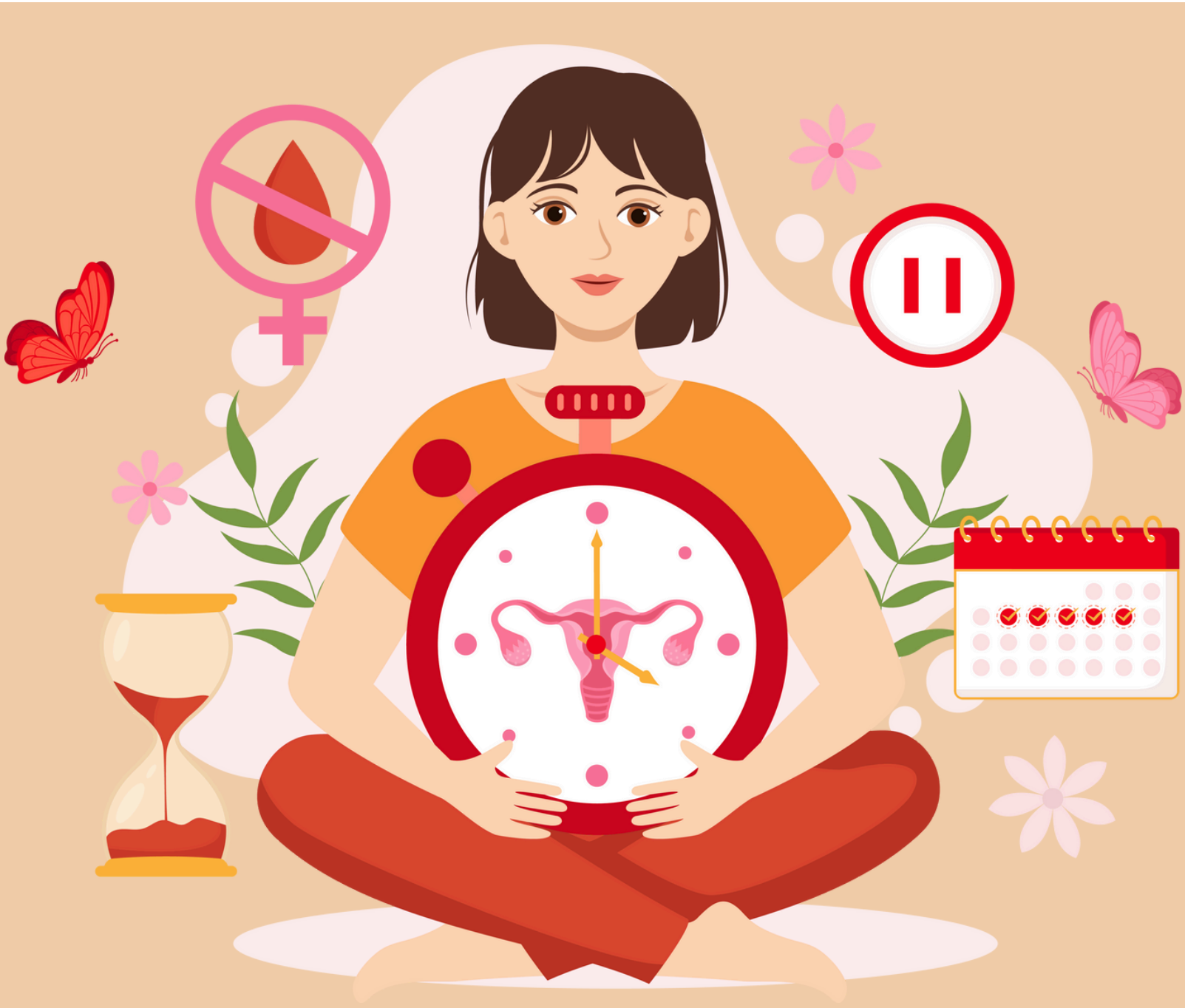
Mu’tah University || Medicine college

ARCHIVE

MINI OSCE & OSCE

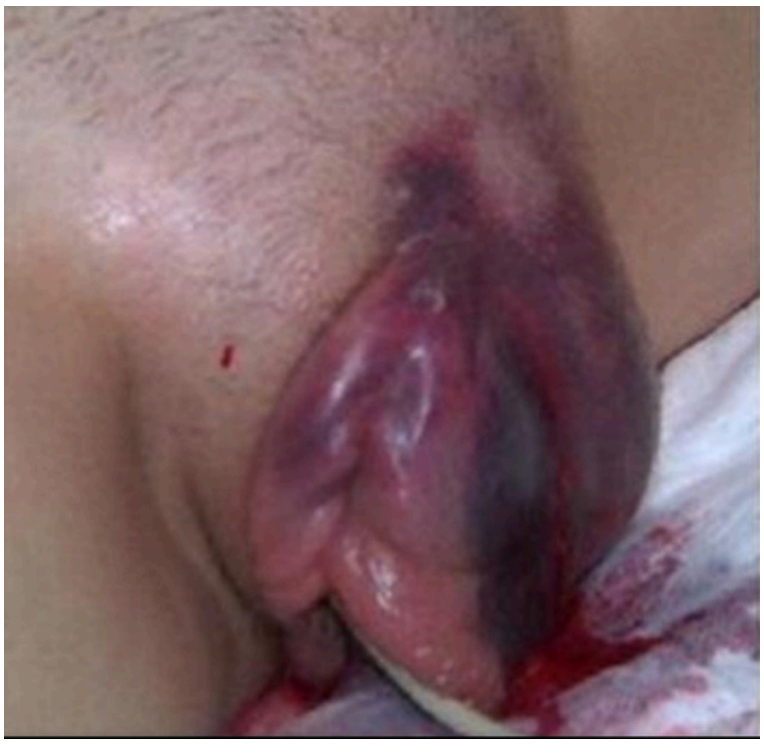
Group A

26-27/8/2025



لجنة الطب و الجراحة

Session 1



A female patient underwent an episiotomy during delivery. After delivery, she come with presenat shows (see picture). Her vital signs are: BP = 90/60 mmHg, HR = 100 bpm.

Q1) your diagnosis?

Primary post partum hemorrhage (vulvar hematoma)

Q2) what are the clinical findings you have to monitor other than mentioned above? 3 points

1. patient disoriented

2. Abdominal wall palpation for rigidity (for uterine contraction) and for Uterine fundus (for uterine inversion)

3. Body temperature. 4. PV exam m 5. tender vulva

Q3) complications related to this case? 3 points

1. Hypovolemic shock

2. Infection

3. urine retention

Q4) laboratory investigation you should to order it? 4 points

1. CBC. 2. Coagulation profile. 3. KFTs & LFTs

4. Cross match.

Q5) mention 4 steps of stabilization for this patient?

obstetric shock index=HR/BP>1

1. Admission 2. IV fluids and blood transfusion

3. Incision & drainage of hematoma. 4. Resuturing

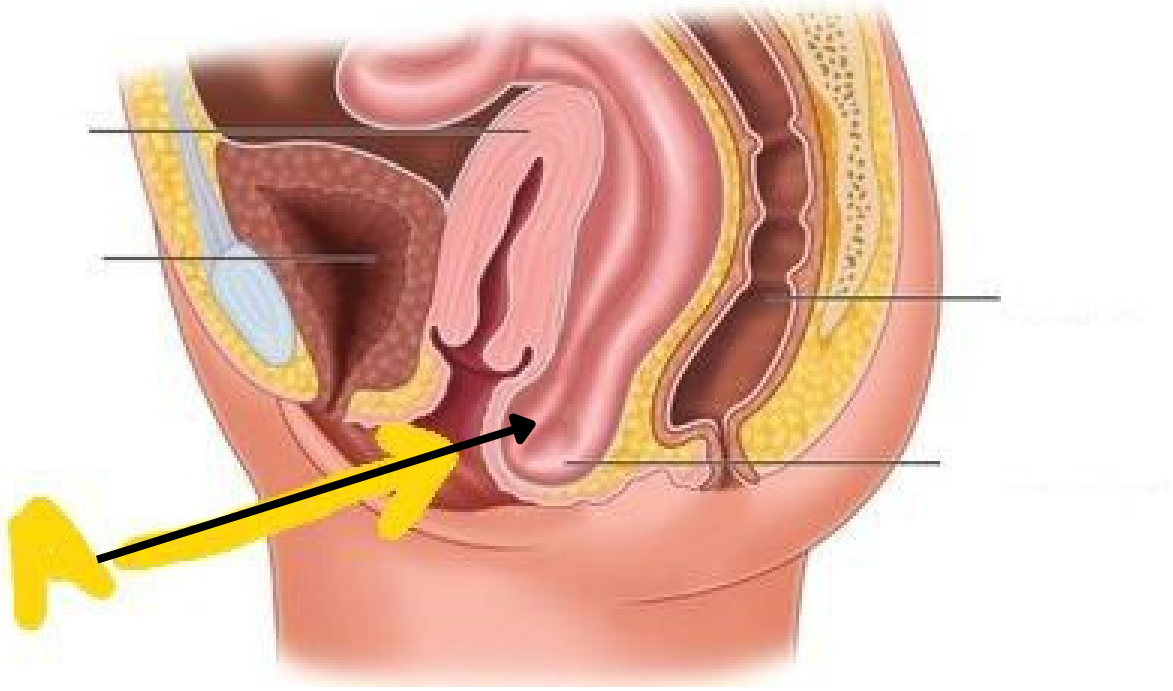
Q6) postpartum management? 5 points

1. Keep wound dry and clean. 2. Antibiotics

3. Avoid moisture environment 4. analgesia

5. Drains & foleys catheter

Session 2



A patient came to hospital with bulging mass through vagina.

Q1) what is diagnosis?
Pelvic organ prolapse (enterocele)

Q2) what is the organ labelled in pic?
Small intestines

Q3) point on POP-Q that are changed?
Ap, Bp, D

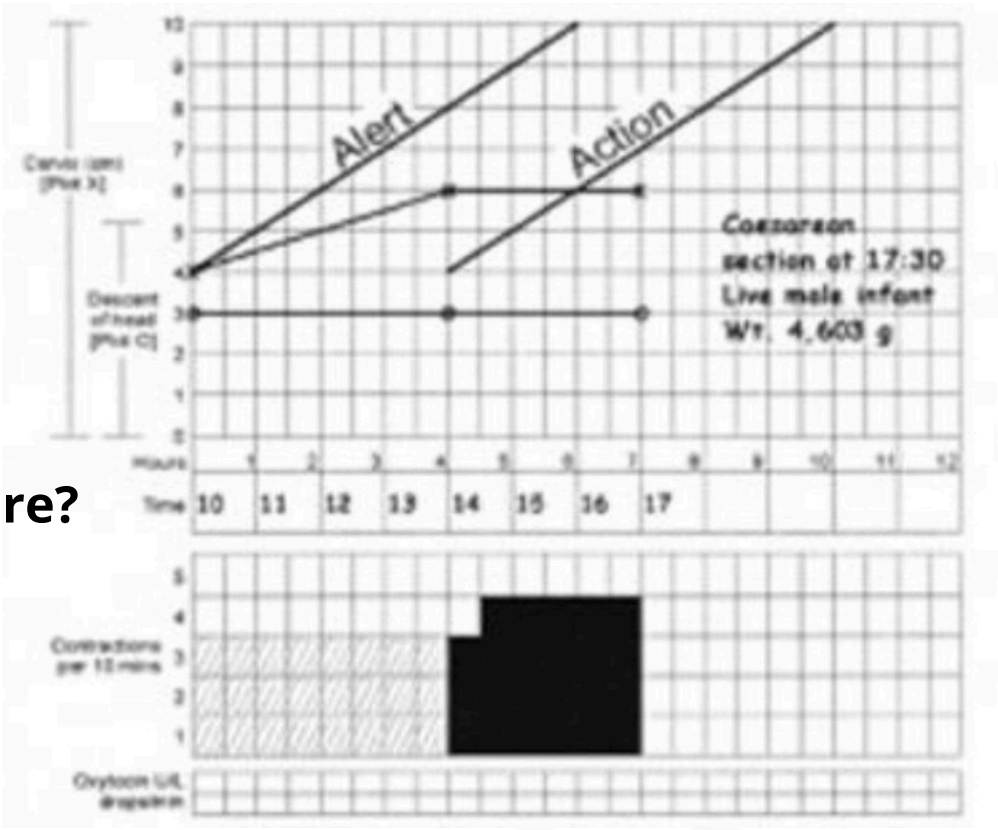
Q4) symptoms for this patient? 5 points
1. Lump protruding from vagina especially on straining
2. Lower abdominal discomfort
3. Constipation
4. Incomplete bowel emptying
5. Sexual dysfunction

Q5) level of delancy that is abnormal in this case?
Level of attachment

Q6) findings on clinical examination? 3 points
1. Protruding mass through vagina increases during coughing
2. Discharges through vagina and blood
3. Ulceration of the mass
4. No adnexal masses on bimanual exam

Session 3

A G2P1 woman with previous 1 vaginal delivery is coming to hospital today with labor, showing this partogram during her labor progress.



Q1) what is the dysfunctional abnormality here?

2ry arrest of labor

Q2) what is the likely cause of this problem?

How you know that there is a problem?

Cephalopelvic disproportion

The line crosses action line

Q3) what are the findings in partogram that suggest your diagnosis?

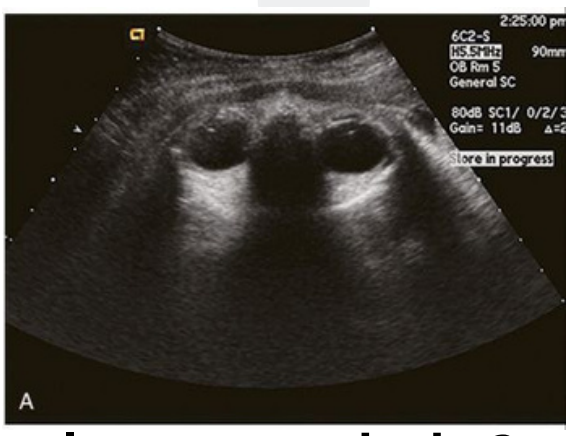
1. Stop of cervical dilation on 6 cm.
2. No fetal head decent despite regular strong uterine contractions.
3. fetal head molding (الصورة هون ناقصة)
4. Bloody amniotic fluid (الصورة هون ناقصة)

Q4) what are the factors that inhance cervical dilation?

1. Prostaglandins release.
2. Uterine contractions
3. Head decent

Q5) As labor has become dysfunctional, medical team took transvaginal ultrasound that shows the image above. What is the suggested diagnosis in US?

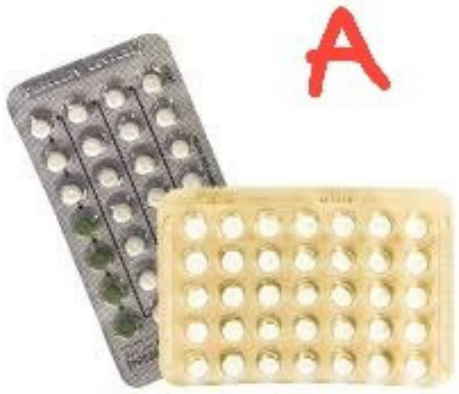
Face presentation

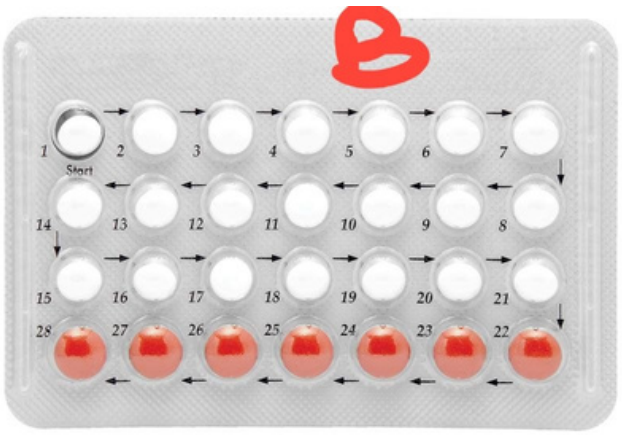


Q6) if there are postpartum hemorrhage, what is the mostly cause and why?

Uterine atony due to prolonged labor

Session 4





Q1) define each structure:

A. Combined oral contraceptives. B. Progestine only pills. C. Male condom

D. Copper intrauterine device. E. Mirena. F. Sponge

In next qustions, write the name and symbol of the used contraceptive method for each purpose:

Q2) most appropriate for emergency contraception:

D. Copper intrauterine device

Q3) most protective method against STDs:

C. Male condom

Q4) most common complication of D ?

Breakthrough bleeding

Q) most common complication of B?

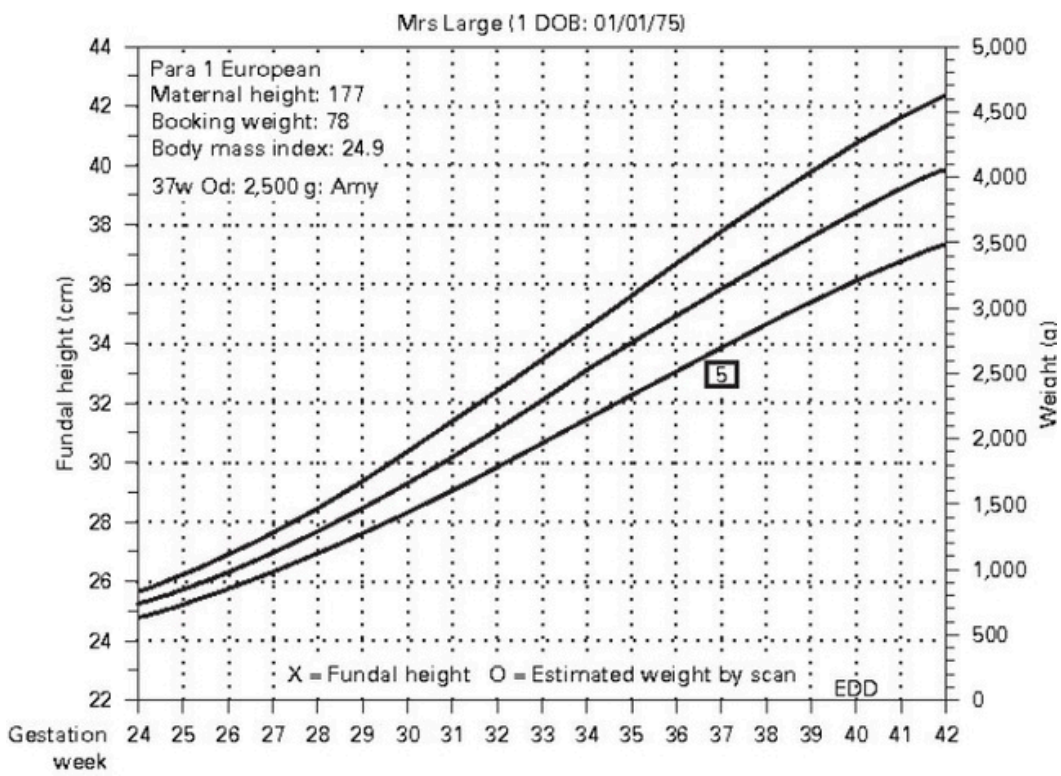
Breakthrough bleeding

Q6) What method is contraindicated if her BMI was 35?

A. Combined oral contraceptives

Session 5

Case 1
32 years old G2P1 comes with this figure of her fetal growth

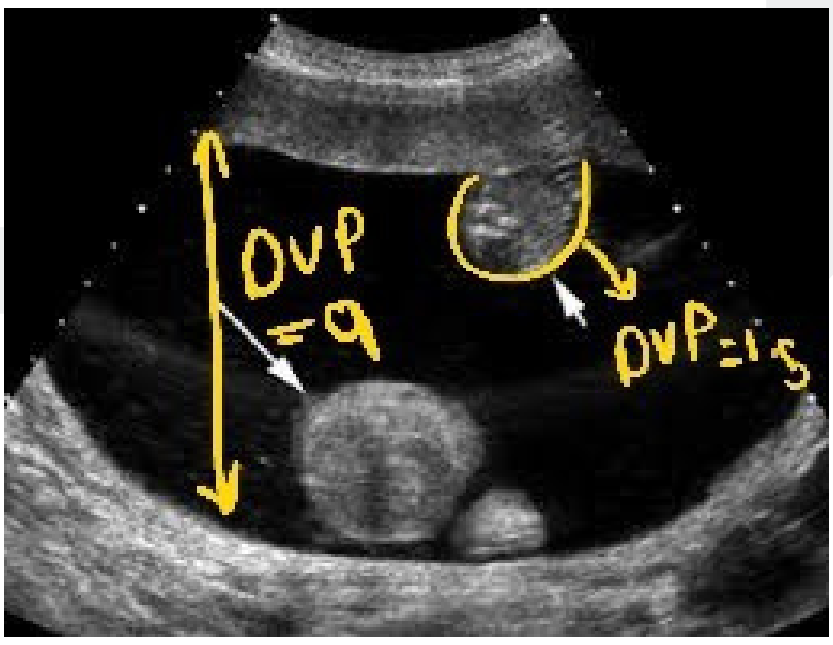


Q1) what is the name of this case ?
Small for gestational age

Q1) what are the underlying causes for this case? 3 points
1. Constitutional small fetus
2. fetal growth restriction
3. Wrong date

Q2) what is the next suggestive investigation you should do? and what you asses by it?
Ultrasound, we assess
1. Abdominal circumference. **2. Estimated fetal weight**
3. Amniotic fluid volume. **4. Growth velocity**
5. Body proportions

Case 2:
pregnant female with twins, 35 yrs old, G2P0+1 comes with this US.



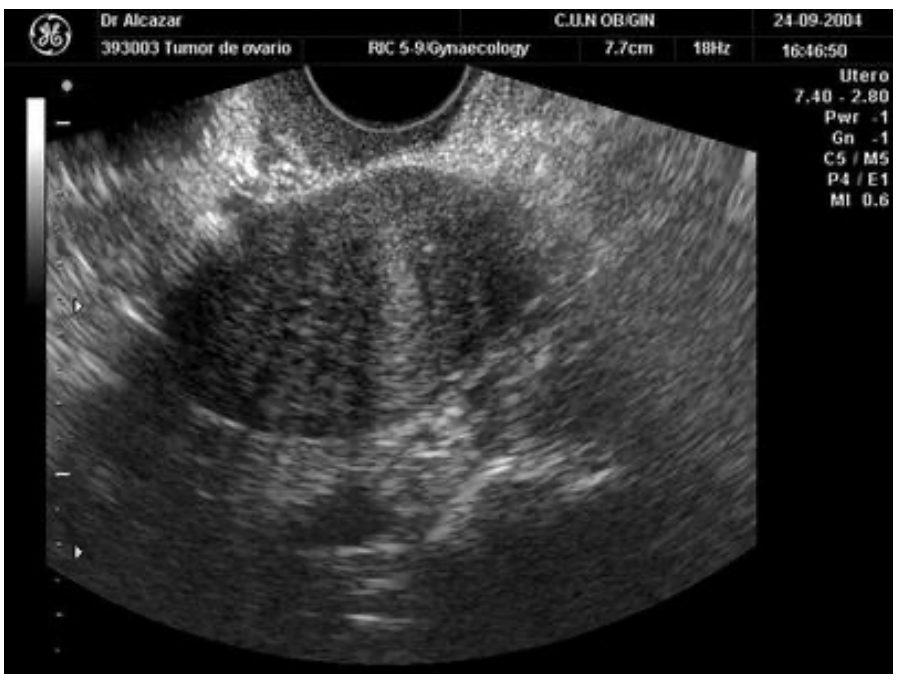
Q1) what is your diagnosis?
Twin-twin transfusion syndrome

Q2) what is chorionicity of this twin pregnancy?
Monochorionic diamniotic

Q3) findings support your diagnosis: 3 points
1.same sex, same placenta
2. Discrepancy in amniotic fluid (one is polyhydraminios while the other is oligohydramnios)
3. Presence of cardiac dysfunction of baby with polyhydraminios
4. Growth dicordance (more than 20%)

Q4) How to manage this case? 1 point
Serial reduction amniocentesis

Session 6



<u>Four years old girl patient, complain of vaginal bleedin comes with this mass in ovary</u>

Q1) your diagnosis:

precocious puberty (Juvenile granulosa cell tumor). Should write precocious puberty

Q2) what is the imaging study you would do and why?

Pelvic and Abdominal Ultrasound (US):
Why: It is the first-line and most important imaging modality.
Confirm and characterize the mass
Evaluate the contralateral ovary: Check if the other ovary is normal.
Look for ascites or signs of spread.
Short answer is enough

Q3) what are clinical findings you should assess? 3 points

1. breast development (Tanner staging), pubic/axillary hair.
2. vaginal bleeding, mucosal changes, rapid growth spurt, bone age advancement.
3. palpable mass, tenderness, distension.

Any 3 answers is enough

Q4) How you would classify this type of bleeding

Dysfunctional Uterine Bleeding (DUB)

Q5) hormones you should assess (6 points)

Estradiol, testosterone, inhibin A, inhibin B, FSH,LH

Q6) what is the definitive management in this case?

Surgical resection (unilateral salpingo-oopherectomy)

OSCE session 1/1

Obstetrics (Booking visit)

A 12-week pregnant woman comes to clinic . She is G8P7, all previous deliveries were vaginal delivery , with a 2-year interval between her last two deliveries. Her last baby weighed 4.3 kg.

Q1) investigations you would order for a pregnant woman at 12 weeks. (10 points)

1. CBC.
2. Blood grouping.
3. Rh type.
4. Allo antibodies
5. Urine analysis.
6. Urine culture
7. Thyroid function test.
8. Blood glucose screening (gloucose challenge test).
9. Infectious disease screening
10. pelvic ultrasound

Q2) List the main components of the antenatal physical examination (5-7 points)

1. Vital signs
2. General look (pallor, jaundice, ...)
3. Abdominal shape
4. Abdominal striae
5. Symphyseal-fundal height
6. Cardiovascular and other systems exam
7. Later in pregnancy (fetal presentation & lie, fetal heart rate auscultation)

Q3) what you can determine in ultra sound?

Viability (fetal heart activity).
Gestational age / dating (CRL measurement).
Number of fetuses (singleton or multiple).
Location (exclude ectopic, confirm intrauterine).
Basic fetal anatomy (gross malformations).
Nuchal translucency (chromosomal abnormality screening).
Placental site.

Q4) potential risks in this pregnancy?

- Malpresentation
- Preterm labor
- Shoulder dystocia (macrosomic baby)
- Postpartum hemorrhage
- Prolonged labor

OSCE session 1/2

Gynaecology (Polyp / AUB)

A 45-year-old obese woman, G3P3, presents with irregular menstrual cycle

Q1) List important points you need to ask in the history ? 12 points

- Onset of irregular menestruation
- amount of menestruation
- duration of menestruation
- pattern of irregularity
- menestraul cycle duration
- Age at menarche
- LMP (last menstrual period).
- Intermenstrual or post-coital bleeding.
- Dysmenorrhea
- dysuria
- dyspareunia
- abnormal vaginal discharge
- mode of previous deliveries
- drug history: tamoxifen
- family history

Q2) List the key components of physical examination in this patient.

- general exam for signs of anemia
- vital signs
- abdominal exam for 1. tenderness 2. masses
- speculum vaginal exam for 1. any visible bleeding 2. any polyps 3. other vaginal or cervical pathology
- bimanual exam for 1. uterine size 2. adnexal masses or tenderness

Q3) List the main investigations you would order for abnormal uterine bleeding.

- CBC
- Thyroid function test
- FSH/LH
- Coagulation profile
- Transvaginal ultrasound
- Saline infusion sonohysterography
- Endometrial biopsy (esp. age >40, obese, irregular cycles → risk of hyperplasia/cancer).
- Hysteroscopy

Q4) What is your suspected diagnosis?

Fibroids (polyps)

By Examiner :

Investigations show an endometrial polyp.

Question: List the steps of management for an endometrial polyp.

- polypectomy

OSCE session 2/1

Obstetrics (preeclampsia)

A 42 year-old primigravda women came to clinic at 8 week from gestional age and diagnosed with chronic hypertension and continued her pregnancy without regular antenatal visits , at 32 week she comes hypertension and takes methyldopa

1)What is your diagonsis

incomplete question (lost data)

2) what are the risk factors in this case? 4 points

- Advanced maternal age
- Primigravida
- Chronic hypertension
- Poor antenatal care

3) List the key components of physical examination in this patient:

- Vital signs: BP for pre-eclampsia, pulse, temperature, respiratory rate
- BMI for obesity (risk factor for pre-eclampsia)
- Look for pallor (anemia)
- edema (face, hands, legs).
- hyperreflexia (sign of pre-eclampsia)
- epigastric tenderness (sign of pre-eclampsia)
- pulmonary auscultation for crepitations (pulmonary edema is a sign of pre-eclampsia)
- Fundal height
- Lie, presentation, position of fetus.
- Fetal heart rate (Doppler).
- Check for uterine tenderness (abruption risk).

4) what the investigation would you order to her ?

- Urine analysis
- Urine culture
- CBC
- LFT, KFT
- Uric acid
- Blood glucose
- Coagulation profile
- Ultrasound: 1. Fetal growth (IUGR is common in pre-eclampsia). 2. Amniotic fluid index. 3. Umbilical artery Doppler velocimetry.
- CTG & non-stress test

Examiner's questions السؤال غير موجود

OSCE session 2/2

Gynaecology (Fibroid)

A 37 year-old female G2p1 came to gynaecologist due to heavy menstrual bleeding , she has free medical history .

1) what is the relevant history you would ask her? 12 points

- Onset of irregular menstruation
- amount of menstruation
- duration of menstruation
- pattern of irregularity
- menstrual cycle duration
- Age at menarche
- LMP (last menstrual period).
- Intermenstrual or post-coital bleeding.
- Dysmenorrhea
- dysuria
- dyspareunia
- abnormal vaginal discharge
- mode of previous deliveries
- drug history: tamoxifen
- family history

2) List the key components of physical examination in this patient.

- general exam for signs of anemia
- vital signs
- abdominal exam for 1. tenderness 2. masses 3. irregular contour
- speculum vaginal exam for 1. any visible bleeding 2. any polyps 3. other vaginal or cervical pathology
- bimanual exam for 1. uterine size 2. adnexal masses or tenderness

3) what are the investigations would you order to her ?

- CBC
- Thyroid function test
- FSH/LH
- Coagulation profile
- Transvaginal ultrasound
- Saline infusion sonohysterography
- Endometrial biopsy
- Hysteroscopy

3)What is your diagnosis ?

Fibroid

Examiner's question:

On investigations, definite diagnosis is large Fibroid.

4)What is management for her?

Myomectomy as she does not complete her family

OSCE session (additional)

Obstetrics (gestational DM)

A 34 year-old female G5P4 with previous 4 CS, came to routine antenatal visit on week 12. She is a known case of DM, and she take regular insulin for it.

1) What are possible obstetric complications you fear from in this patient? 4points

- Malpresentation
- Preterm labor
- Shoulder dystocia (macrosomic baby)
- Postpartum hemorrhage
- Prolonged labor
- Placenta previa-acreta spectrum
- Ruptured uterus (previous 2 CS)

2) 5 points in physical exam in this patient you have to examine:

- Abdominal scar
- Distended abdomen with striae and fundal height
- Distant fetal heart sound
- Retinal exam
- Vital signs for BP

3) 5 Points you see using ultrasound in this patient:

- Fetal viability
- Fetal heart sound
- Amniotic fluid pocket
- Congenital anomalies
- Placental site

4) How to monitor patient's condition during pregnancy? 5points

- Blood sugar regular monitoring by fasting blood glucose
- Multiple meals everyday with low carbohydrate content
- Retinal exam
- Kidney function tests
- Insulin dose adjustment