

Obs and gyn mini-OSCE 6th year archive

Done by:

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Station 1

1. Fill in A with the expected mode of delivery

- cesarean delivery

2. What type of dysfunctional labor is presented in this partograph

- Secondary arrest in first stage of labor

3. Knowing that the mother had previous vaginal deliveries with similar birth weights, what is the likely cause?

- cephalopelvic disproportion (malposition)

4. What findings in the Partogram support your answer? (6 points)

- Cervical dilatation stopped at 6 cm

- no descent in fetal station

- molding

- meconium-stained liquor

- fetal bradycardia

- contractions are strong and frequent so its not inadequate uterine contractions

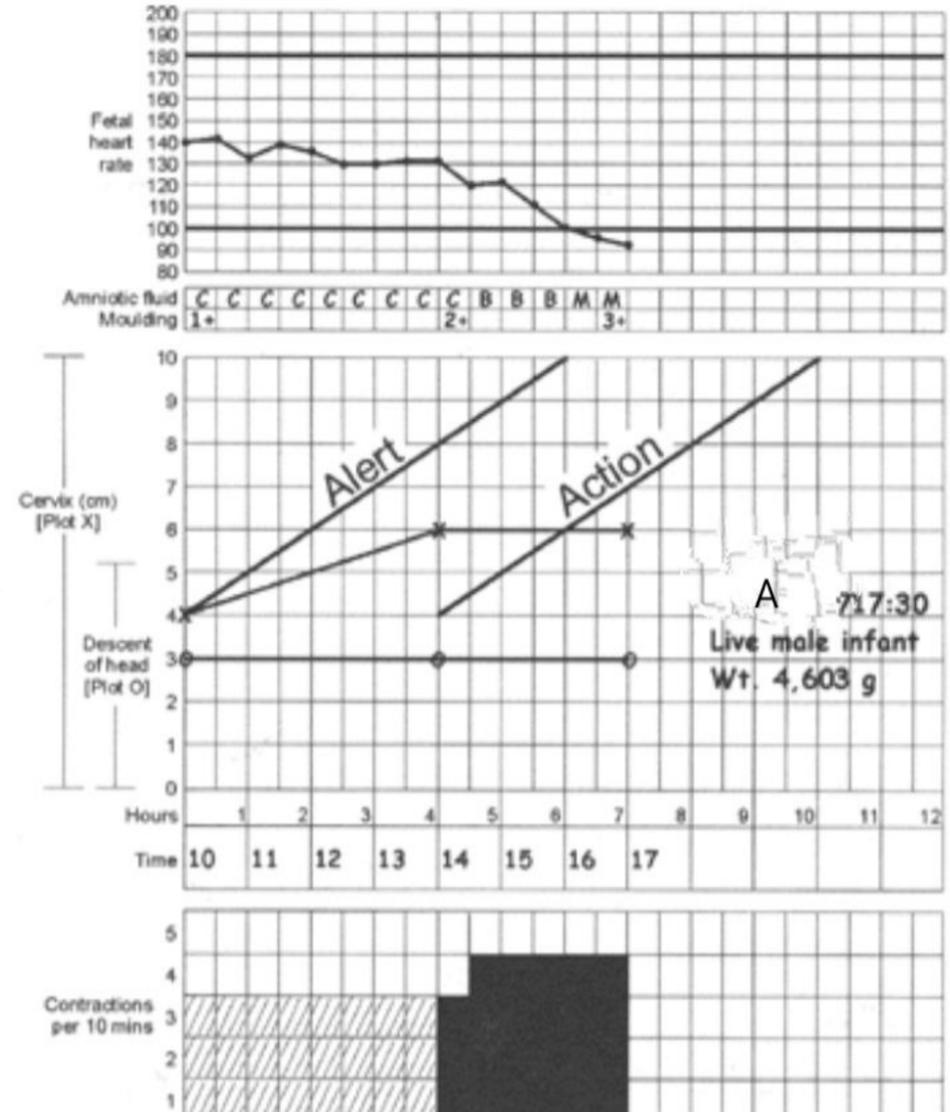
5. If the patient developed postpartum hemorrhage, what would be the most likely cause

- uterine atony

6. What is risk factor for this cause.

- prolonged labor (exhausted myometrium)

Name Mrs. H Gravida 4 Para 3+0 Hospital number 6639
 Date of admission 20.5.2000 Time of admission 10:00 A.M. Ruptured membranes 1 hours



Station 2

1. **What is the name of this diagnostic procedure (Don't write the abbreviation)**

Hysterosalpingography

2. **What are the key aspects that you should assess when interpreting this image? (3 points)**

- filling defects in the uterus
- size and shape of uterus
- patency and size of fallopian tubes

3. **What is the main indication of this image?**

- Assessing tubal patency in infertile women

4. **What is the most serious complication of this diagnostic intervention?**

- spread of infection to peritoneum

5. **What is the diagnosis in the shown image? (2 marks)**

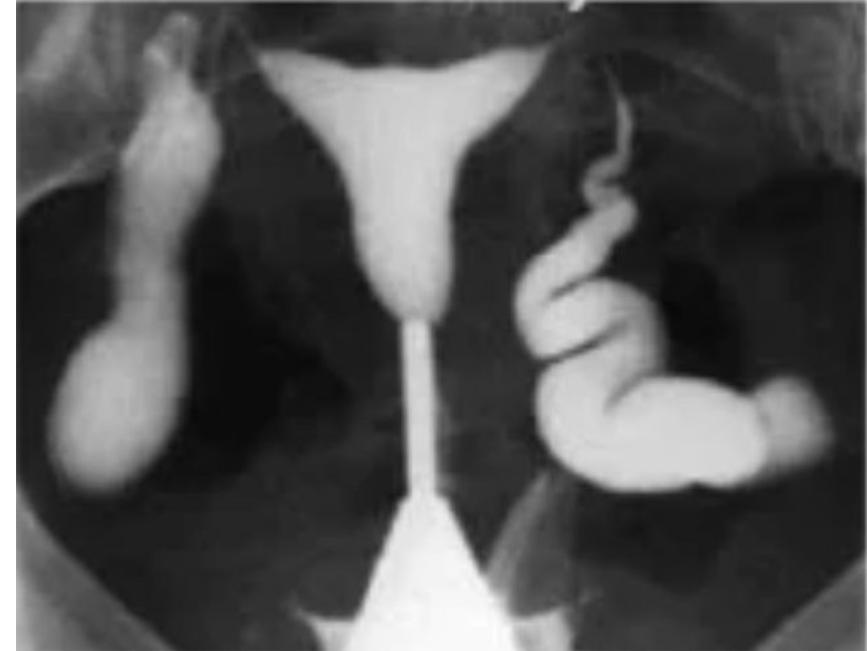
Bilateral hydrosalpinx

6. **What are 2 common causes of the diagnosis mentioned?**

- Pelvic inflammatory disease
- adhesions

7. **What is the main management if she is concerned about infertility?**

- salpingectomy/tubal ligation with IVF



Station 3

1. Name the labelled parts of the shown diagram

- A: detrusor muscle
- B: internal urethral sphincter
- C: external urethral sphincter
- D: trigone
- E: ureteral orifices

2. Write the symptoms the patient would present with if structure A was irritable

- frequency, urgency, nocturia, urge incontinence

3. What are findings in the case in q2 on filling phase of cystometry?

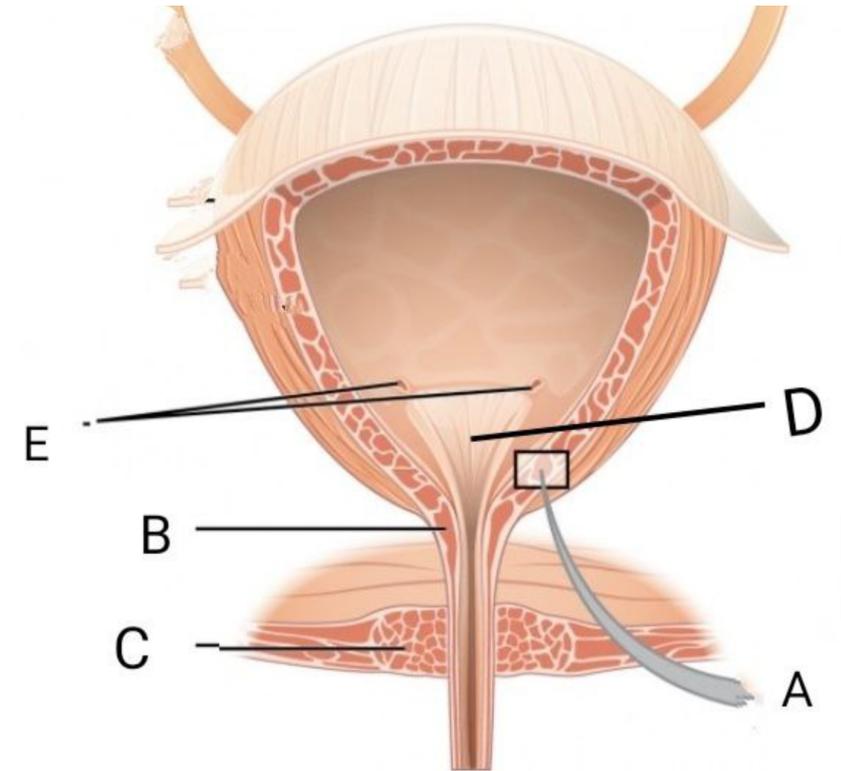
- involuntary detrusor contractions that may be spontaneous or provoked

4. What is the first line of management in the case of q2?

- bladder training
- reduce fluids
- avoid caffeine

5. What is another differential that presents similarly and must be excluded, and how do you differentiate between them with history?

- UTI, differentiated by the presence of dysuria



Station 4: Pregnant women G3P2 comes to the hospital at 28 w of gestation complaining from right leg swelling as shown in the picture A

1. **What is your diagnosis?**

- Deep vein thrombosis

2. **What are Obstetric and gynecological points in history you should ask about in her case? (6 points)**

- history of preeclampsia/htn

- vaginal bleeding

- abdominal pain

- fetal movements

- history of recurrent abortions

- history of preterm birth due to placental pathology

3. **What diagnostic modality you will use to confirm your diagnosis?**

- venous duplex imaging

4. **What is your management?**

- Low molecular weight heparin

Patient was discharged after receiving the appropriate treatment, 6 weeks later she presented with vaginal bleeding and abdominal pain and the US is shown in image B.

1. **What is your diagnosis based on her presentation now?**

- Placenta abruptio

2. **What are 6 essential investigations you will ask for?**

- CBC, LFT, KFT, Cross match, coagulation profile, vital signs, fetal monitoring

3. **What are 4 things you will counsel the patient about regarding her first condition after discharge?**

- continue on anticoagulant for 6 months after initiation

- wear leg stockings

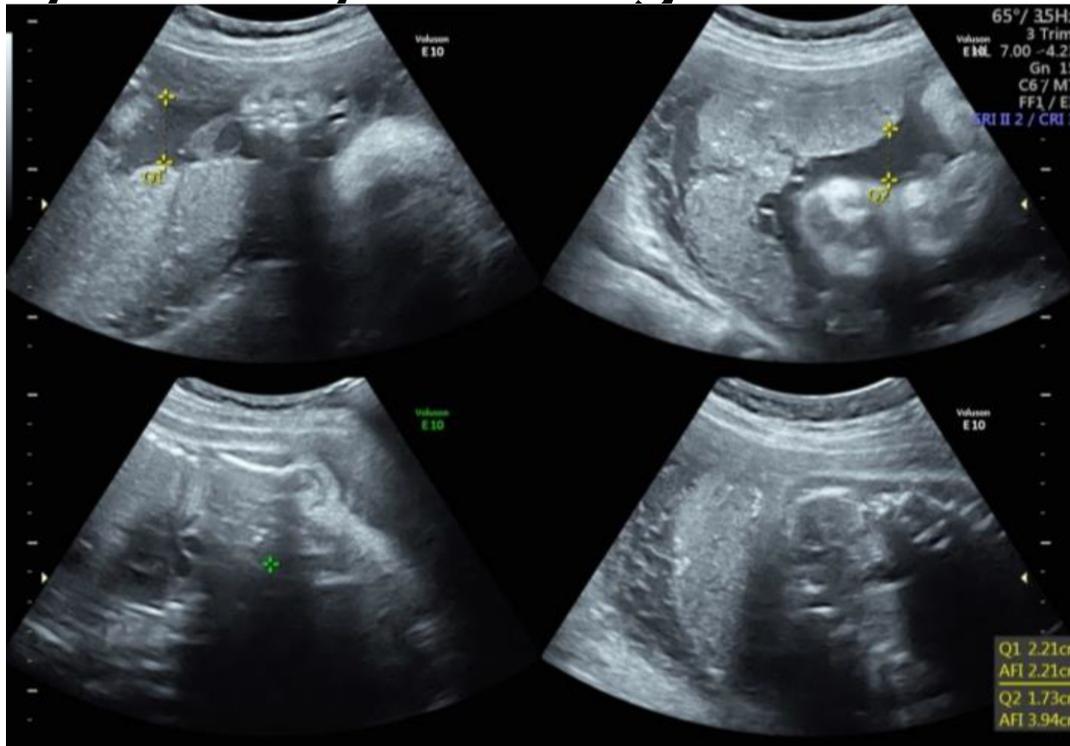
- avoid immobilization

- avoid combined oral contraceptive pills

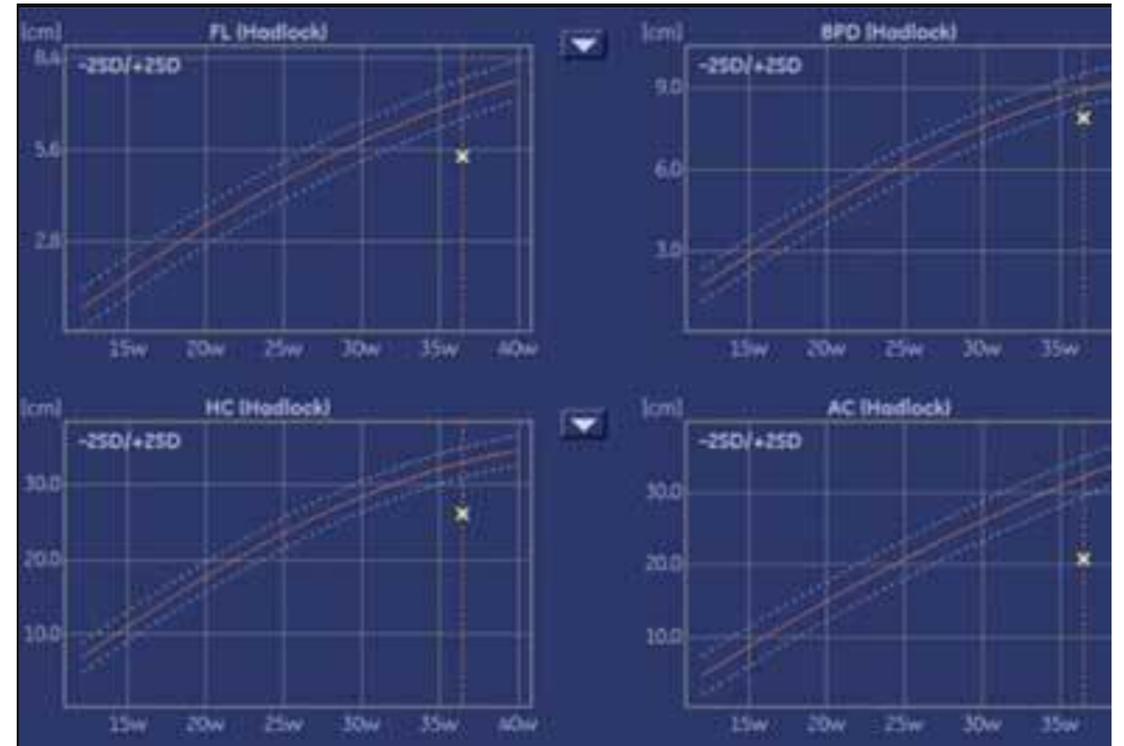
- screen for thrombophilia after delivery



Station 5: an unbooked G2P1 pregnant women comes at 33 w gestation and the measurements of the fetus are shown below, her last baby was born by CS 3 years ago.



Picture in the exam was labelled with numbers, the measured pockets were less than 2 cm and the AFI was 3



Plotted points on the chart were closer to the 10th centile, some almost exactly on the 10th centile

Station 5

- 1. What is your diagnosis based on these measurements?**
 - Small for gestational age
- 2. What is the most likely cause and why?**

(there are two probable answers not sure which is correct)

 - Fetal growth restriction, because it is also associated with oligohydramnios
 - Wrong date, because she is unbooked
- 3. What are questions in history you need to ask the mother to confirm the cause? (mention 4)**
 - Sure date or not, history of preeclampsia/HTN, history of infections, birth weight of previous child, diet and nutrition of mother
- 4. What other parameters would you look for on ultrasound?**
 - Growth velocity, umbilical artery flow doppler

The woman comes after 2 weeks reporting that she has felt decreased fetal movements for 2 days, on ultrasound the fetus has a silent chest

- 5. What is your diagnosis?**
 - Intrauterine fetal death
- 6. What would be the preferred mode of delivery?**
 - Induction of labor, unless there are obstetric contraindications of vaginal delivery
- 7. What would be your lines of management postpartum? (mention 4)**
 - Prevent postpartum hemorrhage (active management of 3rd stage)
 - Prevent breast engorgement (warm compress, tight bra, cabergoline)
 - Psychological counselling
 - Determine the cause: Fetal autopsy, placenta examination, karyotyping

Station 6: two 22-year-old single females come to the clinic complaining from infrequent, irregular menstrual cycles, menses occur every 3 to 4 months. The following are results of their hormonal profiles taken on the 2nd day of the cycle (except progesterone taken on day 21)

* Prolactin, Serum		24	miU/L		ng/mL
Reference limit : Women (non-pregnant)		5	101.55 - 493.96		4.79 - 23.30
			Sample processed by DAbdelmajeed		at:07-11-2022 11:58
* Thyroid Stimulating Hormone (TSH), Serum				1.3	miU/L
Reference limit : Clinical range				9	0.27 - 4.20
Optimal range (as recommended by the AACE)					0.30 - 3.00
Pregnant, First Trimester					0.10 - 2.50
Pregnant, Second Trimester					0.20 - 3.00
Pregnant, Third Trimester					0.30 - 3.50
			Sample processed by Auto		at:07-11-2022 11:39
* Anti Mullerian Hormone, Serum			pmol/L	0.0	ng/mL
Reference limit : 25 - 29 years			8.42 - 65.33		1.18 - 9.16
PCOS women			17.19 - 121.96	2	2.41 - 17.10
			Sample processed by RQattan		at:07-11-2022 12:24
Follicle Stimulating Hormone (FSH), Serum		27	U/L		
Normal Range	Male		1.5 - 12.4		
	Female Follicular		3.5 - 12.5		
	Female Midcycle		4.7 - 21.5		
	Female Luteal		1.7 - 7.7		
	Female Postmenopausal		25.8 - 134.8		

تقريباً هيك كان شكل الصورة
بالامتحان والارقام عدلتهم لاقرب
ارقام بنتذكرها
كان في كمان صورة لفحوصات
المريضة الثانية كان ال
testosterone و ال
progesterone طبيعيين بس ال
FSH = 47 تقريباً

Patient 1

Station 6

- For patient 1

1. If patient 1 had a normal BMI what is the most likely diagnosis?

- Premature ovarian failure (جواب الدكتور)

2. What are causes of this condition? (mention 4)

- Radiation exposure, chemotherapy, genetics, certain autoimmune diseases and infections

3. What is the best treatment in her case?

- Hormone replacement therapy

- For patient 2, BMI=34, she has hirsutism mostly on her chin, chest and back

4. What is the most likely diagnosis?

- PCOS

5. What other diagnostic modality will help you confirm your diagnosis?

- Ultrasound image of ovaries

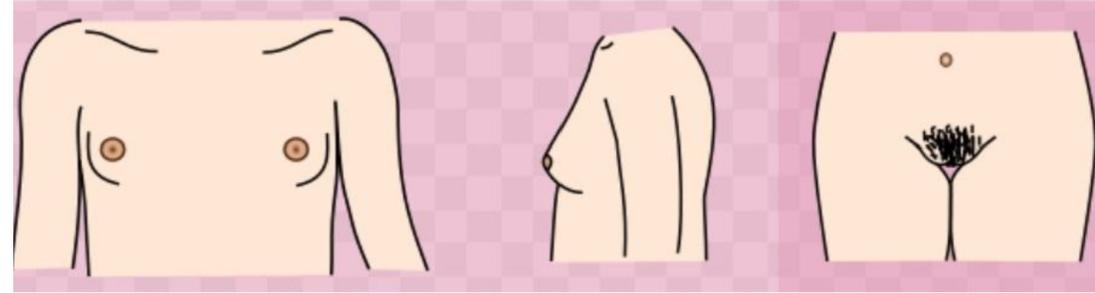
6. What are the lines of management in her case?

- Metformin
- Combined oral contraceptive pills
- Antiandrogens for the hirsutism (e.g. spironolactone)

Station 7: the station consisted of 15 pictures each with a short question

1. What is the tanner stage in this picture?

- Stage 3



2. This is a picture of the cervix

- With what procedure was this picture taken?

Colposcopy

- What does it indicate clinically?

CIN



Station 7 cont.

3. What is the name of this lesion and the causative condition?

- Gunpowder/gunshot lesions, endometriosis

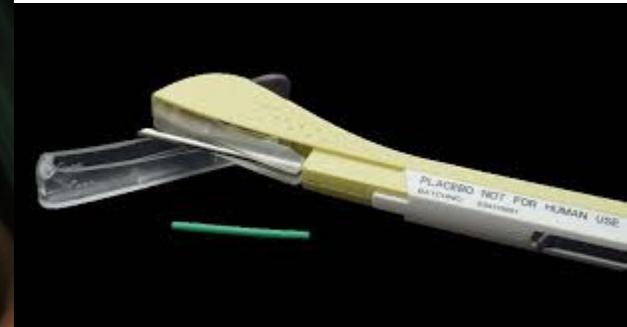
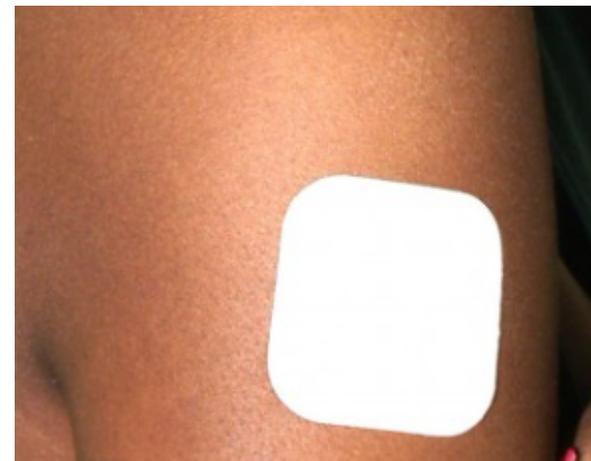


4. What is the name of the contraceptive method in picture A

- Patch EVRA

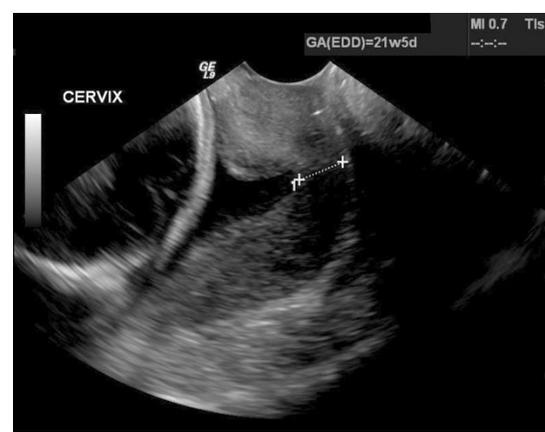
What is the active ingredient of the contraceptive method shown in B

- Etonogestrel



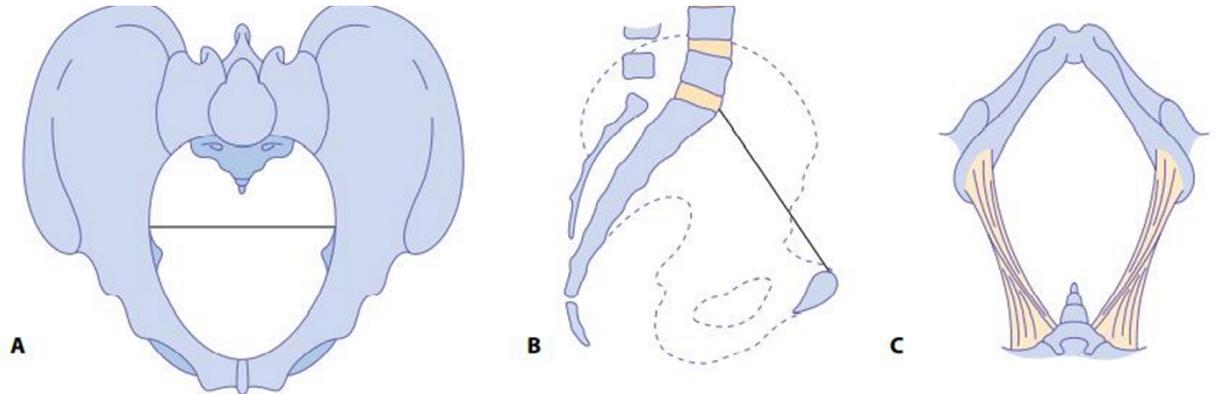
5. What does this image show?

- Cervical incompetence



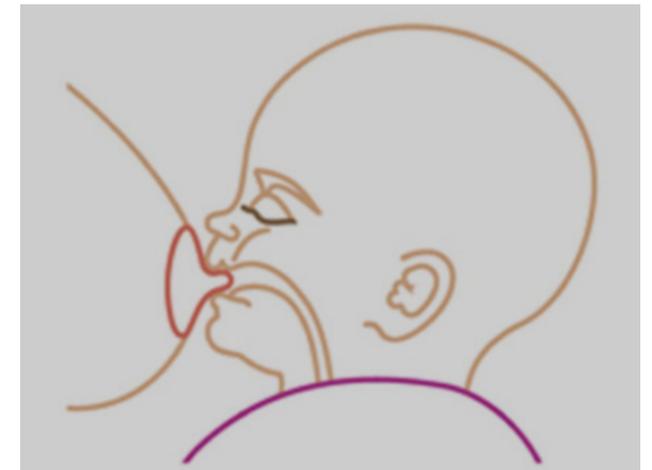
6. What is the type of this pelvis?

- Anthropoid



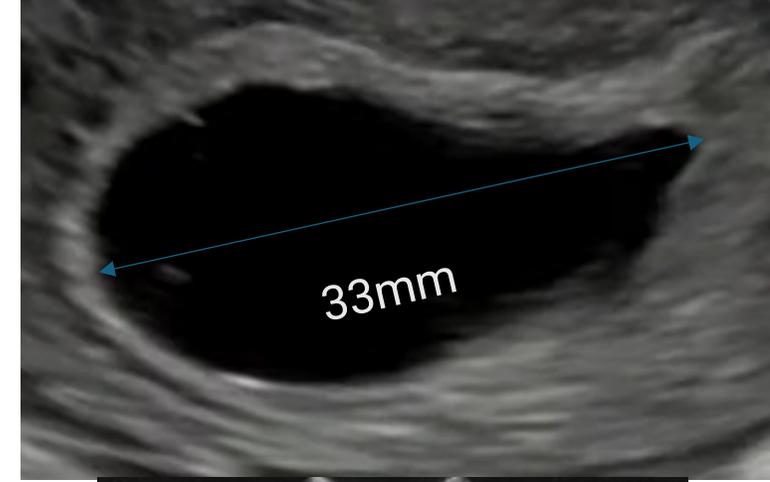
7. What is your assessment of the baby's latch in this picture? (not the exact picture, but very similar)

- Shallow latch, the chin needs to be on the breast



8. A female with 9 weeks of amenorrhea, the US shows this image what is the diagnosis?

- Blighted ovum/anembryonic gestation (جواب الدكتور)



9. Female at 8 weeks gestation presents with this ultrasound finding, what is your diagnosis and why?

- Multiple gestation (Dichorionic, diamniotic) because there are two gestational sacs with 2 embryonic poles

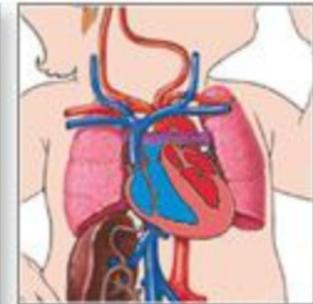


10. An infant was born with this triad, what is the likely causative infective agent?

- Rubella



Microcephaly



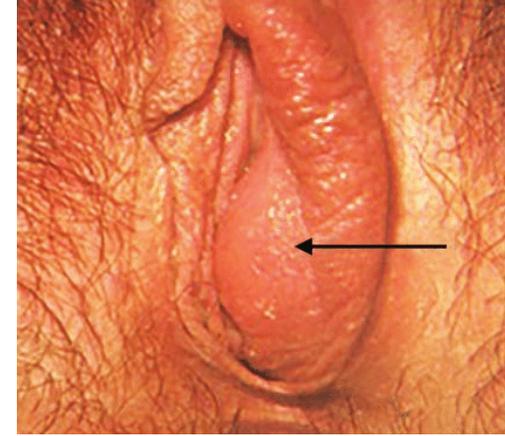
PDA



Cataracts

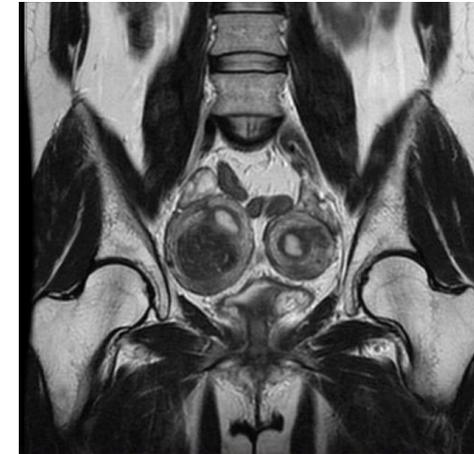
11. What is your diagnosis?

- Bartholin cyst



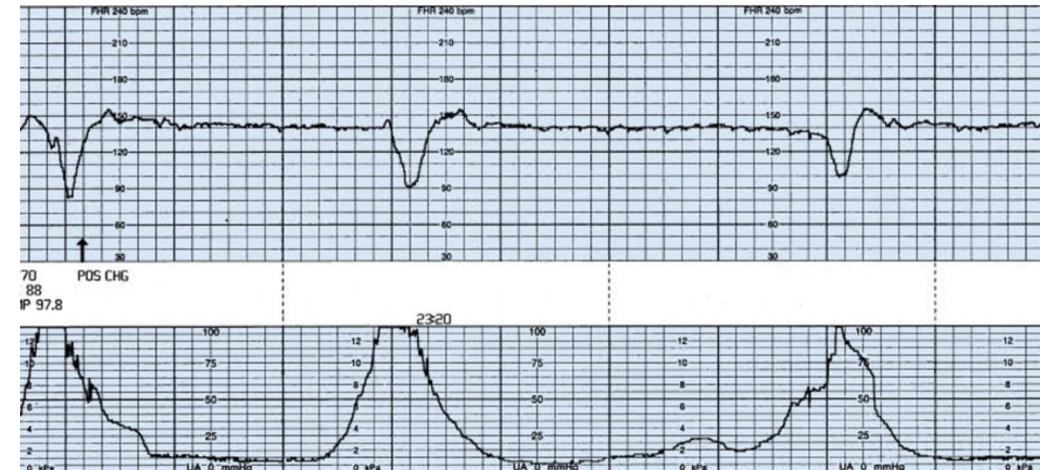
12. Female has a history of 3 preterm births, on vaginal examination she has a longitudinal septum, what is the diagnosis (picture not exactly like this, there were more views)

- Didelphys uterus



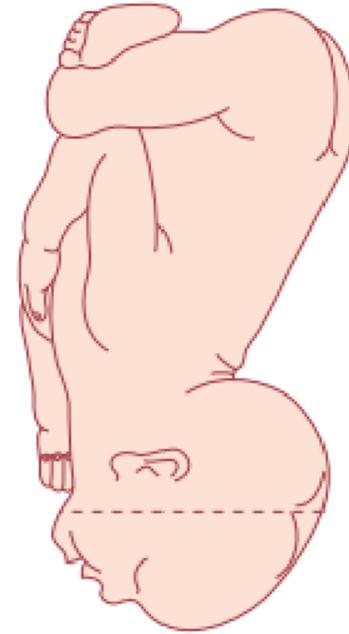
13. What is the abnormality in this CTG?

- variable decelerations



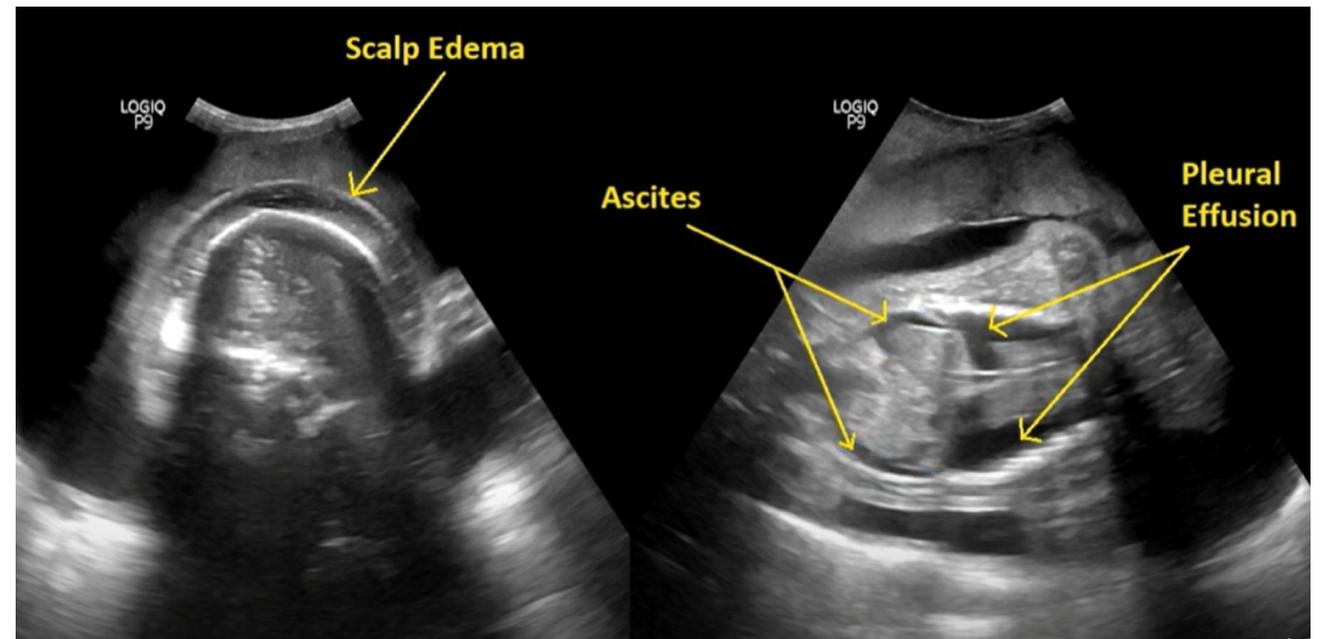
14. According to this image, what is the fetal attitude, the presenting diameter and its measurement?

- attitude: hyperextended
- presenting diameter: submentobregmatic measuring 9.5 cm



15. What is your diagnosis?

- Hydrops fetalis



OBS & GYN

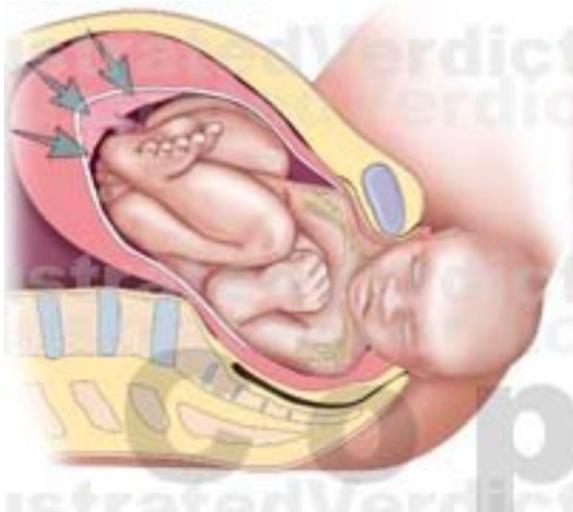
archive

Group 2

Wateen

Tala & Hala

1



1- what you see ?

Shoulder dystocia with external rotation !

2- Mechanism of delivery , Why ? السؤال كان اطول من هيك

!

3- if fetus go inside and affect perenium , the midwife call the doctors , what she should do until the doctors arrive ?

اعتقد هاي حسب ال management , الخطوة الثانية بعد ال call , و نحكي عن



توضيح الصورتين هذول لفكرة الجواب !

! increase inclination angle

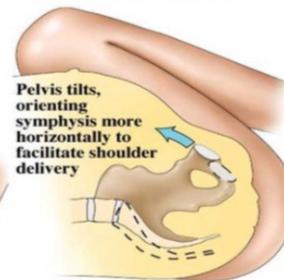
anagement

HELPERR for Shoulder Dystocia	
	H Call for Help
	E Evaluate for Episiotomy
First-line Maneuvers	L Legs: McRoberts Maneuver
	P External Pressure – suprapubic
Second-line Maneuvers	E Enter: rotational maneuvers
	R Remove the posterior arm
	R Roll the patient to her hands and knees

Before McRoberts Positioning



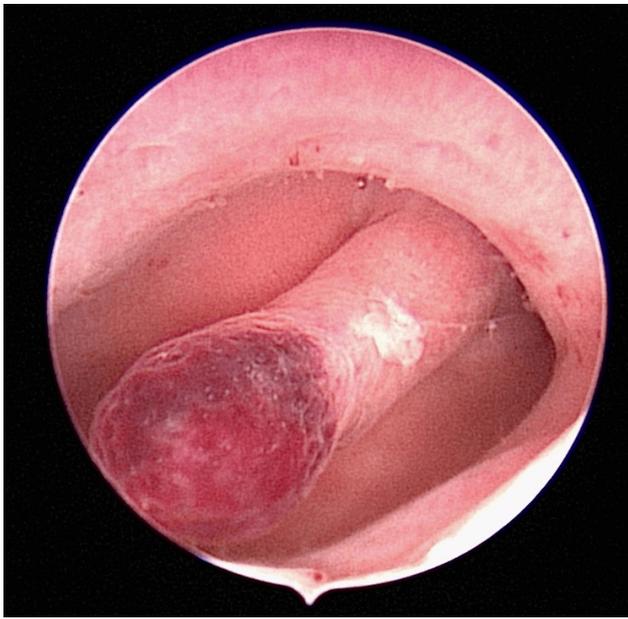
McRoberts Position



4 - The arm is adducted and internally rotated, with extension at the elbow, pronation of the forearm, and flexion of the wrist ?

Erbs palsy

2



1- what you see ?

Pedunculated endometrial polyp

2- risk factors ? 8 بده

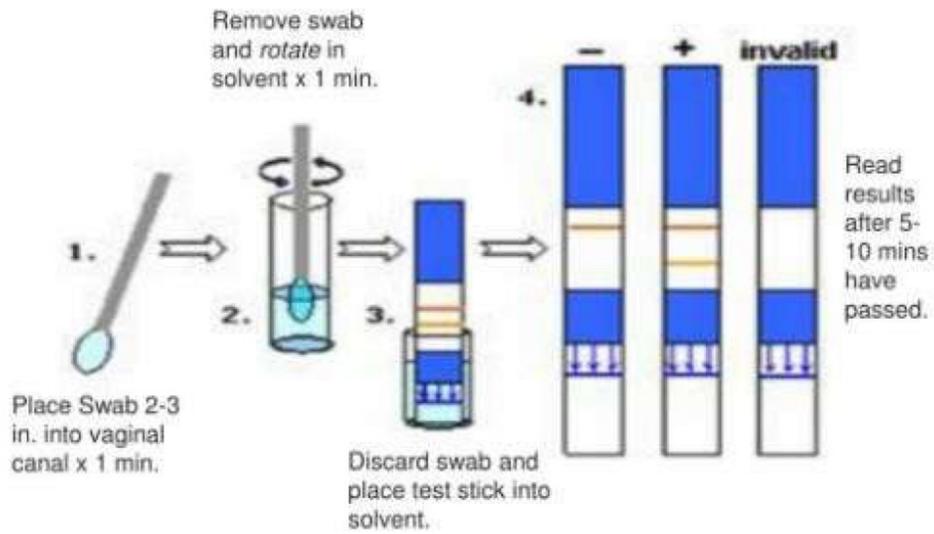
3- management procedure ? And why ?

myomectomy ,

4- investigation to diagnosis ?

5 - mention acute long term complications of the procedure mentioned in Q3 ?

3



1- name of the test ?

Amnisure test

2 - When you say this positive or negative ? (Mechanism of action)

3 - Patient complain from what to do this test ?

Gush of fluid ! , ...

4- what you ask about in history ?

5 - Another screening tests ? **Screening vs diagnostic !**

6- what is your management ?

- ④ Two couples complaining from infertility for 2 years ,
Normal male semen analysis , normal hormonal female .



1- Name ?

HSG

4- Parts a b c d ?

A : body of uterus

B : fallopian tubes

C : spill of fluids

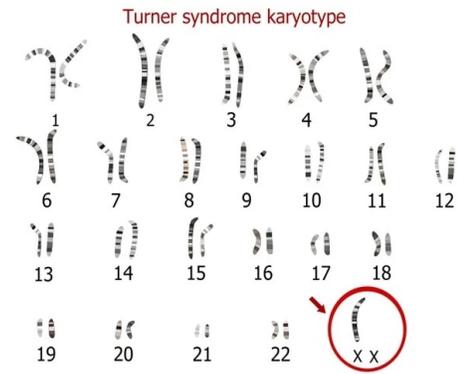
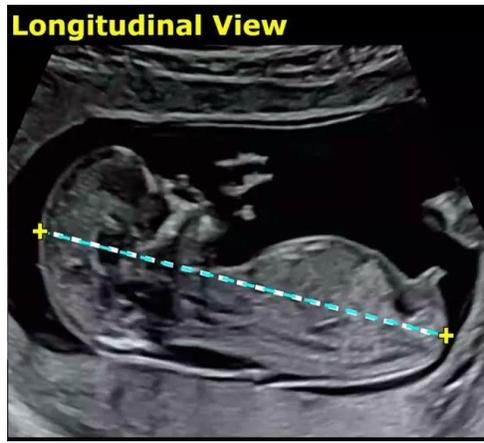
D : speculum !

3- what do you think the cause of infertility ?

4- What is its purpose, and what is clinically relevant to each ?

5- other test you should do ?

5



Growth restrictions

Q1/ what fetal Feature the ultrasound describe ?

Nuchal translucency , crown rump length

Q2/ what's the abnormalities in the ultrasound ?

Increase translucency

Q3/ what is the indication for the previous measures ?

- **assess fetal growth**

-

Q4/ if the mother presented to the clinic after duration and kerotyping was done what is the abnormality seen ?

Turner Syndrom XO

Q5/ phenotype ?

Q6/ what you will on physical examination ?

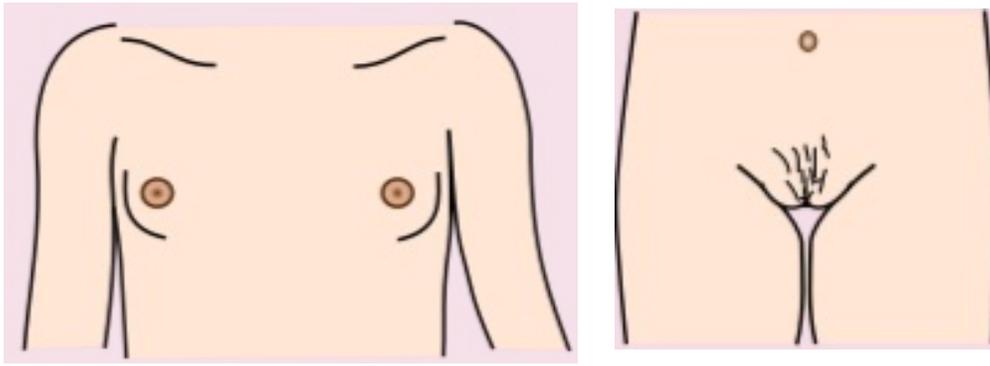
- **webbed neck**

- **wide nipples**

- **short stature**

- **shield chest**

6



Puberty lecture

Mother come with her daughter to clinic , age 7 year - old .. , complaining of early breast and pubic hair as in pictures ...

Q1/ what are the feature in the picture?

Secondary sexual characteristics ! Or second stage of tanner scale !

مو متأكدة شو الصح !

Q2/what is the diagnosis?

Precocious puberty

Q3/ what are the relevant points of the history?

- **family history !**
- **ansomnia !**

Q4/ what are the findings on physical examination ? On :

General : **sexual organs , stature ?**

Skin : **if there is pigmentation ...**

Upper chest :

Q5/ what you think the cause ?

Central, gonadotrophin dependent,

or true PP: e.g. brain tumors, or CNS malformation, 75% idiopathic

برضه مو اكيد 😞

38 wks patient, in labor :



in the pelvis



1. Stage of labor?
2. Support you answer from picture?
3. How to confirm?
4. complication in this stage ?
5. Procedure commonly use to prevent anal sphincter injury?
6. prerequisites for this procedure?
7. How to relieve pain in this procedure?

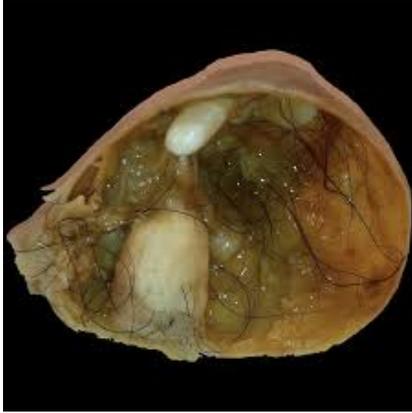
Contraception

(6 pictures)



1. Name ?
2. Best pearl index ?
3. Which of them not good for lactational women?
4. Which of them last for long duration ?
5. The best to decrease risk of venereal infection.
6. Most serious complication for IUCD ?

Patient with Ovarian cyst.



Not the same pic.

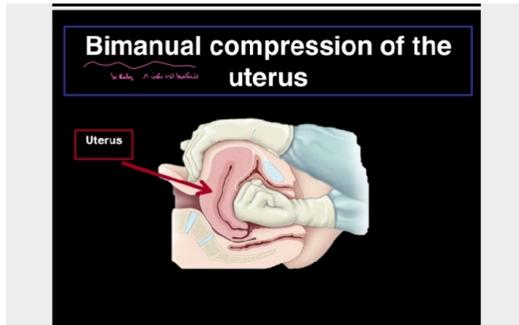
1. What is the diagnosis?
2. Features seen on US ? Mention 4
3. What is the Management?
4. Most common presentation ?
5. If she come with abdominal pain, what is the complication may occurred?

Patient with PCOS has hx of infertility, started treatment for infertility with GnRH analogue.

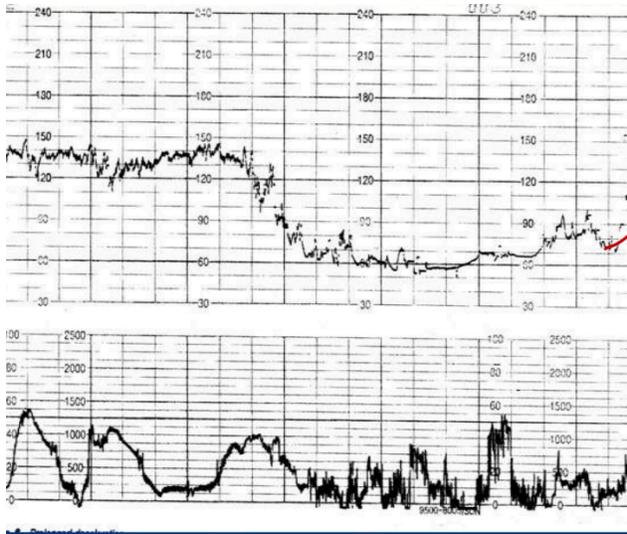
With picture of Ascitis

1. Describe what you see ?
2. Most common cause ? OHSS
3. Investigation?
4. Rapid treatment to relieve?
5. Risk Factors ?

Patient went vaginal delivery, after delivery she lost 1000 ml of blood .



1. Name of this maneuver?
2. If the bleeding does not stop, what is the next step?
3. If the patient pulse was 120 , her BP is 100/80 . Calculate the obstetric shock index
4. What does the index indicate?
5. What are the drugs can be used?
6. What things you need to assess in the pt?



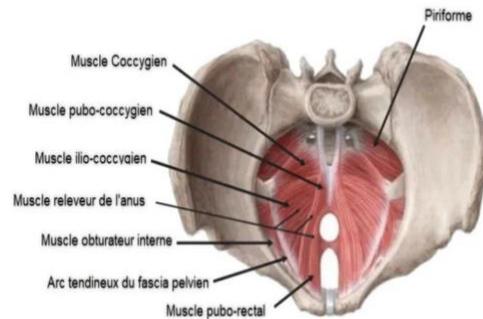
1. What is the finding on CTG ?
2. What is the most probable cause ?
3. What are the signs and symptoms according to the previous question?
4. What is the method of induction in the picture?
5. Advantages of the method used ?
6. (Case) Pt with effacement 80%, 5 cm dilatation(i cant remember the case exactly but it was secondary delay, what is the next step you will do?
7. What Examination you should do before ?

WATEEN
4TH GROUP
OBS & GYNE
MINI OSCE
ARCHIVE

DONE BY : LANA FRAIJAT

Station 1 - Dr Ahlam

POP



Pelvic anatomy image points 3 muscles A,B,C and D Ischial spine

Q1 name the muscles A,B,C and structure D (ischial)spine

Q2 structures A,B,C collectively called ? levator ani muscle

Q3 If weakness affect the previous structure ,what is the level of Delancy support will be affected ?

Q4 Disorders that occur in case of defect in the previous structure (mention 2)

Q5 physical exam findings in case of previous structures weakness (physical findings in prolapse)(mention 5)

Q6 What is the clinical and obstetric importance of structure D ? (mention 4)

Q7 What is the management / treatment would be involved in this level of weakness in Q3 ?

Station 2 - Dr Malik

Mgso4 drug pic



30s age pregnant women 32 ws of gestation with BP reading 160/110

Q1 For what this drug was given ? Mention doses and route ?

Q2 How to monitor this drug ? (4 points)

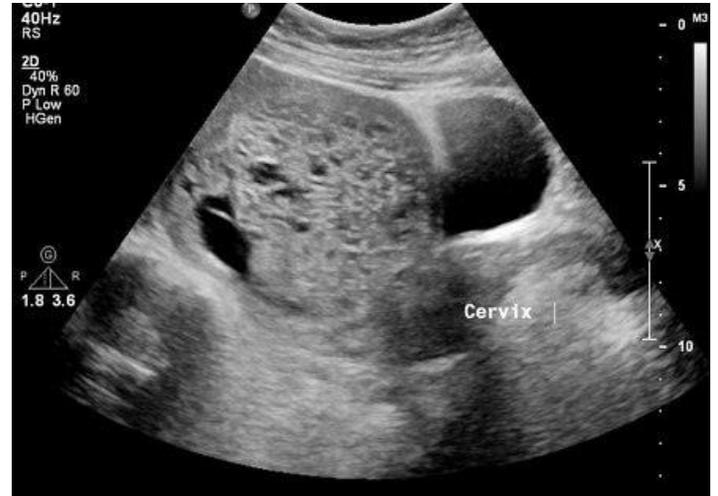
Q3 Mention 2 other uses for this drug ?

Q4 If not well patient after 24 hours of this drug administration , flushed with HR 100 beat/min , what is happening and how to manage in 2 points ?

Station 3 - Dr Ramadneh

GTD – hydatidiform mole

47 ys , 8ws amenorrhea with HCG
120000



Q1 What is the appearance of this image called?

Q2 What is the most probable dx ?

Q3 Mention 5 other lab tests to be done for this patient

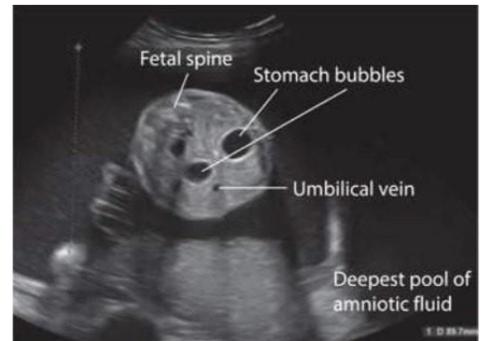
Q4 Mention 2 risk factor for this condition

Station 4 - Dr Seham

Polyhydramnios (Down syndrome)

First trimester pregnant patient in antenatal visit

(2nd image with no words or arrows)



Q1 What is the first image represent ?

Q2 Mention possible complication for it ?

2 or 4 points

Q3 What is the 2nd image represent ?

Q4 What blood test to be done for her ? (mention 2)

Q5 How to confirm dx by procedures ? (mention 2) and what could be the dx for this condition ?

Station 5 - Dr Nassar

Infertility - male factor

Married Couple with one child, seeking fertility for 2 ys

The male semen analysis was done (provided with abnormal results image)

Q1 What would u advise the patient before collecting the specimen?

Q2 What is the normal values for these findings a, b, c shown in the image ?

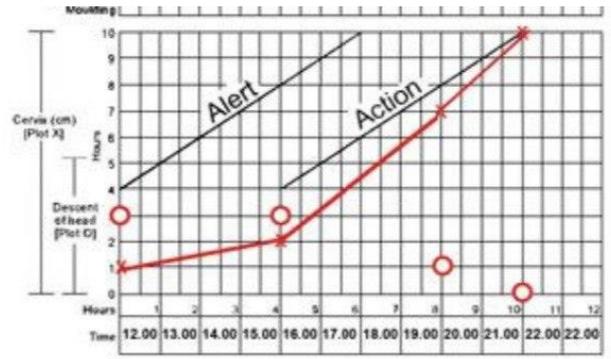
Q3 What is the dx for this couple ?

Q4 Label these numbers in c, d, e as normal or abnormal findings ? Judge these values and compare to normal values u know

Q5 What is the best method to try for this couple as ART ?

Station 6 - Dr Alaa

Labor portogram and image of fetus presentation



Patient in labor with this portogram at 9 pm , still the same after 2 hours



Q1 What is this stage of labor ?

Q2 What is the allowed duration for this stage of labor ?

Q3 Mention 4 clinical anatomical findings can determine/confirm the position and stage of labor

Q4 How would you assess the cause behind this delay in this patient (mention 4 points)

Q5 What would be your next step to do for her if still in this stage ?



- Name of the forceps
- A,B,C each part what is it called
- One indication for this forceps
- Presquities for using a forceps in general (5)
- Mention other kinds of forceps
- Complications (مش متاكدة)



Mother with a prosthetic metallic valve

- What medication is she using
- 4 or 5 other signs will be seen in her neonate
- Write her a management plan and treatment
- في كمان كثير من الأسئلة بس ناسية - preconception advice idk..



A whole station on PCOS (case history)

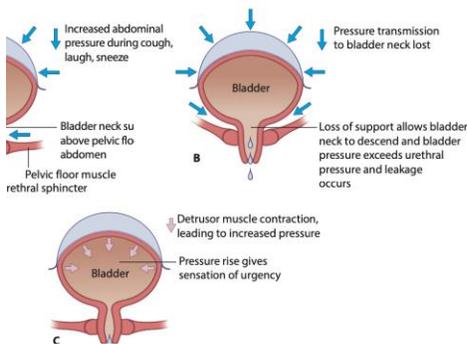
-diagnosis

-One major sign seen in those patients

-management

- metabolic syndrome سؤال عن ال ...

Etc..



-What is Graph A , Graph B

-pathophysiology of graph A

-Other symptoms of graph ... other than mentioned in the case

- medical treatment for graph A

-medical treatments for graph b and one common side effect between the drugs

-surgical treatments of this case (smth like that)

(Q) A pregnant woman with pruritis (a case of cholestasis w/ questions)

الطفل ctg اخر فرعين عن it was late decelerations and what is your next step

(Q) A station of Cervical intraepithelial neoplasia

Notes

Date 5 / July /2024

Pregnant woman came to your clinic for antenatal visit
Complain of generalized itching

- Most likely diagnosis ;
Intrahepatic cholestasis of pregnancy
- Other lab test that you will order
- Possible complications on the fetus

Lab results ← كان ضايف

ALT ~ 102
AST ~

باضي لزوجهمان
Normal

INTRAHEPATIC CHOLESTASIS of PREGNANCY (ICP)
RELATIVELY UNCOMMON DISEASE
ASSOCIATED with POOR FETAL OUTCOMES



PRETERM DELIVERY MECONIUM-STAINED AMNIOTIC FLUID STILLBIRTH

Management:

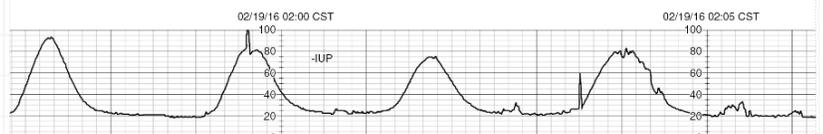
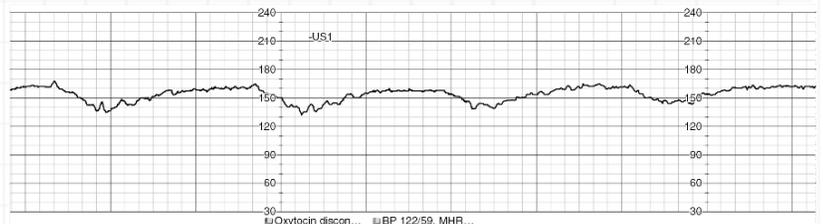
- Antepartum**
- Medical management
 - Ursodeoxycholic acid
 - +/- Antihistamines for intense pruritus
 - Corticosteroids for fetal lung maturity if delivery prior to 37 weeks
 - Increased antepartum fetal surveillance
 - Delivery timing
 - Total bile acids 10-99: Deliver 36 0 / 7 - 39 0 / 7 weeks
 - Total bile acids \geq 100: Deliver at 36 0 / 7 weeks
- Intrapartum**
- Continuous intrapartum fetal heart rate monitoring

- What test would you order for definitive diagnosis?
- What features would help you differentiate it from other differentials?

- Picture of a CTG
- She asked about the type of deceleration:

Late deceleration

- Management :



station = 1 =

US صورة

AFI 29

1- what you see in US
↑ AF ⇒ polyhydramnios. (AFI = 29)

2- what the other thing you can detect in US

- * fetal growth, well being
- * fetal abnormality.

fasting 110

1h ⇒ ≈ 190

2h ⇒ ≈ 150

1- Diagnosis & explain your answer
GDM, Fasting 110

2- treatment ⇒ insulin till delivery

3- obs complication (ante + post natal)

4- how to follow up this patient.

- * Follow baby growth
- * Urin & renal analysis.

station =2=

1- what that test
pAP smear

2 detect tools & uses

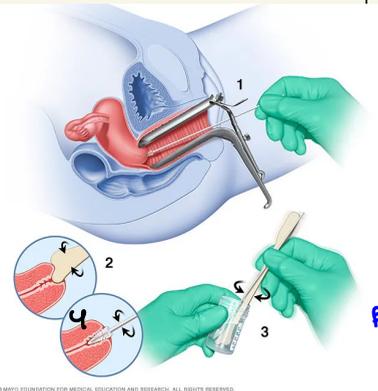
- 2 * spatula. \Rightarrow ectocervix (seq)
- 4 * brush \Rightarrow endocervix. (column)
- 1 * speculum \Rightarrow orbişiwı
- 3 * fluid base prepare specimen.

3- main use of it
screening of cervical CA

4- when start screening
From 21y every 3y till 30y every 5y

5- indication of this test

6- prerequesting for this test.



station = 3 =



1- what the suspect diagnosis.
PCOS

2- what the thing in history

- Acne
- Irregularity of cycle.
- obesity
- hirsutism

3- investigation

FSH, LH, prolactin, estrogen, prog.
TSH, T₄, androgen.

4- treatment and why

* diet

* 1st line COC

* metformin.

* antiandrogen (spironolactone)

* if she want to get pregnancy
lytazole

5- How to confirm كيسان في صلبه سوال
US >12 follicles 9-11 mm.

station 4

(GA \approx 13 w)



- 1- what you see in US
 - absent nasal bone
 - nuchal translucency

2- other thing on US

IVGR, abnormality, GI double bubble sign
Cardiac defect, diaphragmatic hernia.

- 3- in consult what to do.
هذا السؤال ما يجرب شو المطلوب

4- How to confirm your diagnosis.
CVS



1- Diagnosis

moderate to severe anemia (MoM > 1.5)

2- in this case (management)

intrauterine blood transfusion.

3- what you see

peaked syst MCA MoM > 1.5

slation =5=

عزومات طبيعية
ليس
↑ALT + AST

1- 3 DD

2. symptoms.

3- Diagnosis ⇒ cholangitis.

4- other test

5- effect on baby

Seminar

station = 6 =



1. what to want ask in history

2. diagnosis PID

3. organism Gonorrhea.

4. name of sign on U/S (cogwheel)

5. complication

infertility, tubal block., adhesion.

6. sign on examination.

OB/GYN:

Mini- OSCE/ serotonin 2023

Ahlam 2 stations: vasa previa and abruptio (كل شيء بالتفصيل حتى المانجمنت)

Moammar 3 stations: cervical polyp, adenomyosis and imperforate hymen (external genitalia photo and one of the questions he asked to name each structure arrowed)

Siham 1 station: ctg .. non reassuring

Mohammad 1 station: cervical ca stage and biomarkers (من محاضرة ال screening)

Malik 1 station: cervical incompetence

OSCE:

2 stations 5 minutes for each: 1st room OB// 2nd one GYN

Post menopausal bleeding

Cs counseling

Premature ovarian failure

Prolapse

Acute liver disease

Molar pregnancy

how to assess CPD, risk factors by Hx and PV