

## Archive mini OSCE Nabed ((2)) 15 stations

**Q1- Acute abdomen case: (image of uterus and ovary before and after laparoscopic surgery) و طلب ديفرينشيوال**

**26YO Pt came to the ER with abdominal pain, she was in the ER 2 days ago and she came with her husband**

- mention 4 possible cause ?

causes: endometriosis, synechia, ovarian torsion, OHSS, appendicitis, intestinal obstruction, ruptured ovarian cyst, complicated ectopic pregnancy. — احابات اكثر من

— طالب 🙋

- 4 imp points in hx

Dysmenorrhea, dyspareunia, chronic pelvic pain, any ivf, any prev sx

Or —>

duration ( for ovarian torsion) , onset, parity,

- 2 labs and one image modality (not sure)

BHCG, maybe cr ratio to r/o ohss, ing: hysterosalpingography to look for hydrosalpinx

CBC , US (to rule out peritonitis)

-physical exam that you would do ?

P/E Abdominal for grading and tenderness, bimanual for adnexal masses and tenderness and for cervical motion tenderness.

- what is the procedure done in the image? Laparoscopic detorsion (ovarian detorsion)

## Q2- Hyperprolactinemia case:

30 YO came with 6 month without menses, lab investigations were done ((all low except prolactin))

1. What is the clinical impression ?

Secondary amenorrhea

2. what is the lab abnormality?

Hyperprolactinemia

3. Other symptoms ?

Galactorrhea , infertility, headaches, vision loss.

3. Best image modality ?

Brain MRI

4. Mention 2 methods of treatment

Medical; bromocriptin, cabergoline, and surgical

5. What hormones will rise after the tx ?

LH , FSH

### Q3-multiple gestation

تwin = NVD : كيف أنولد أول

mode of delivery (mention 2) وطلب كيف vertex والثاني ما كان  
mention 2 birth-related delivery complications of 2nd twin

1. U/S, finding + special sign?

Dianniotic Dichorionic, Lambda sign

2. the mother is concerned about congenital anomalies, what do you advise her at this GA (12weeks) ?

I think Quadruple test will do as long as you mention any of its dimensions You can add deepest vertical pocket as well since the fetus is still at 12 wks GA. !

الاجابة الثانية و الاصح —> I answered nuchal translucency and Lab tests BHCG and PAPP A For screening growth velocity, concordance, Amniotic fluid index etc..

3- what are specific follow ups for her next antenatal visit (mention 4)

- External fetal monitoring (hr)
- Screening tests:
  - Pre-eclampsia (BP, urine protein)
  - Anemia (Hb, Ferritin)
  - Gestational diabetes screening (GTT)
  - GBS screening later on.
- folic acid for ntd, and avoid teratogenic drugs
- Ultrasound follow-up

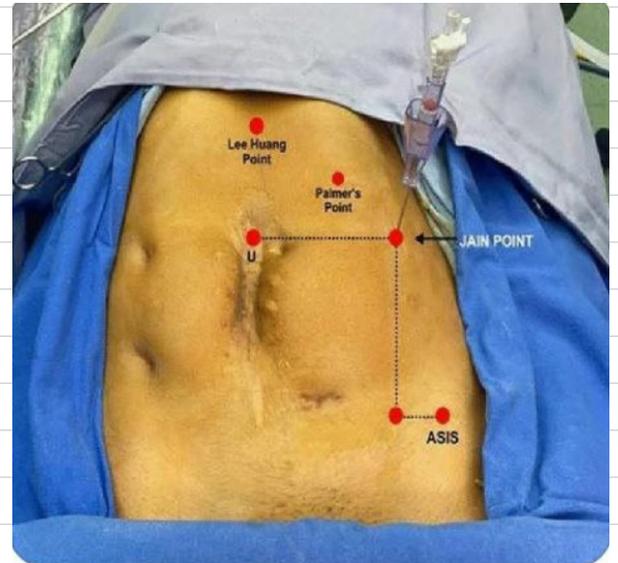
4- then came at 36 weeks with ROM and dilated 5cm

- a. what is your management
- b. How to monitor the babies during labour?

External for the second and internal for the first one

amniocentesis \*\* what an US findings you need to see before doing this procedure

**Q4-60 year old patient we did a Laparoscopic procedure to her the entry site as in Pic not from umbilical (Not Same Pic)**



1. Others indication to enter from this port ??

Large fibroid, previous midline Laparotomy

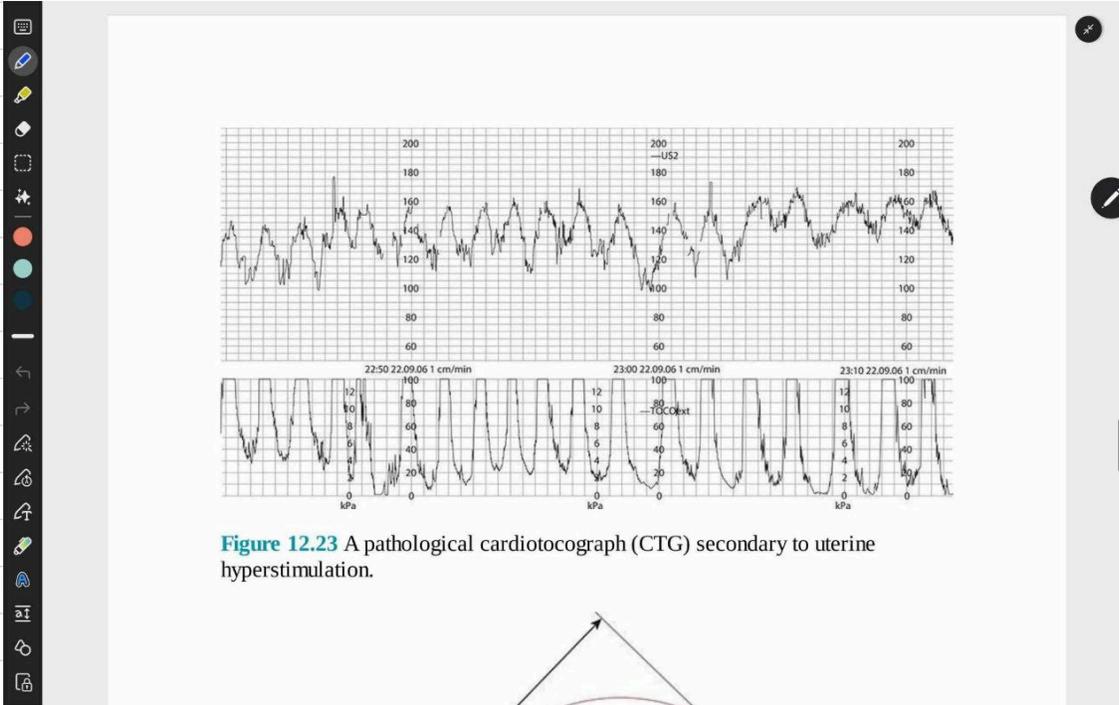
## Q5 -Multi cystic ovary US

Patient complaining from hirsutism

Other medication than OCP

Spironolactone !

Q6- tow pics of CTG , one Normal and one variable deceleration cause , how to assess **ويسال عن ال variable dec زي اسئلة زي** !!



- What is the CTG abnormality
  - what is the cause
  - how to manage (3 points)
  - if the ct stayed the same during all the delivery, what would you asses in the baby first after delivery(2 points) ?
- But I saw it as variable deceleration not tachy !

Ctg tachycardia fetus / contraction more than 5 contraction in 10 m

Acceleration due to uterine hyper stimulation !

## Q7- Short a

Pt came with vag bleeding, us showed viable fetus, next important lab inv?

B-HCG

## Q8- vaginal vault prolapse سؤال

Dx

Complications

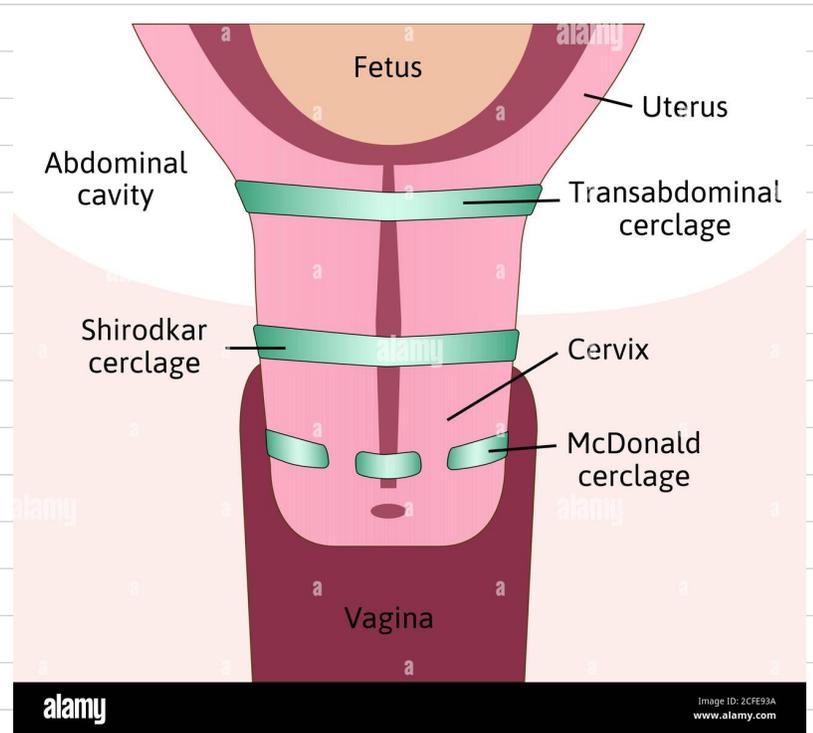
Symptoms

Most important factors in selecting

Tx modality

Definitive Tx (Mention 3)

## Q9- image of McDonald cerclage



- post op care (immediate and late)
- Indications
- CTX
- What is the type of suture used ?

**Mersilene stitch**

## Q10-Anthropoid pelvic vs gynecoid pelvic obstetrics deference

## Q11- best image of heart shape uterus /bicorn

saline infusion 

hysterosalpingogram to check for filling defects

## Q12-Cervical lesions in colposcopy with Patient with postcoital bleeding age 45

When you will decide to treat this patient  
(2 points )

### Cancer stage (Endometrial):

Stage 3

The description was mass invading more than half of the myometrium and with positive pelvic LN

Stage 3C

### colposcope

Next step ? Lugol iodine then biopsy

### Bivalve speculum pic

Write 3 indication for using it

## Q13- Cord prolapse how to manage

(3 point )

- 1.elevate presenting part from the cord
2. Warp cord in warm toil
- 3.knee to chest position
- 4 emergency Cs

## Q14-intracytoplasmic sperm injection 2 indication for this procedure

## Footling Breech

Q15- Footling breach pic

Most common complication in delivery this patient ?

