OBS/GYNE

Mini osce archives

Rouh–group 3

Done by:
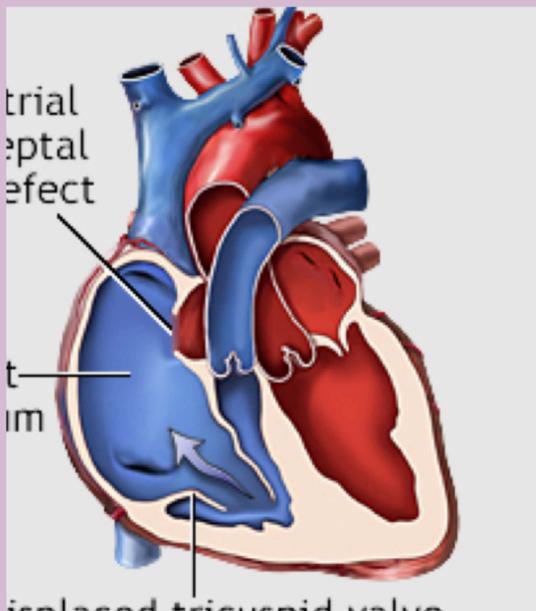
Sondos Jadory

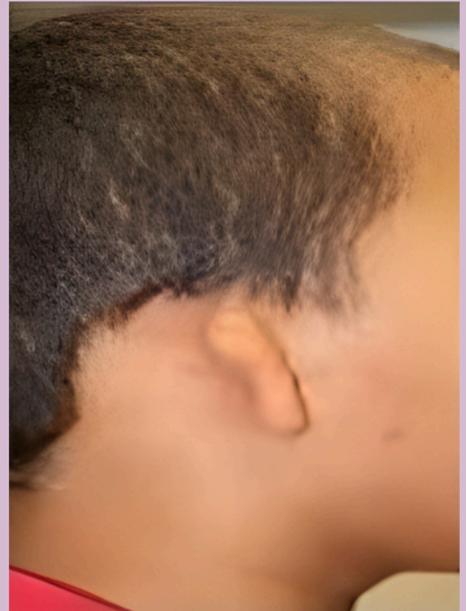**الأجوبةمش أكيدة **

A

B

C

*What is abnormality in A ?

Anenchephaly

*Supplement the mother should take to avoid it ?

folic acid

*mention other causes of anomaly A?

*What is anomaly in B?

Ebstein anomaly

*Drug causing it&its category ?

Lithium-D

*What is anomaly in C?

microtia

*Drug caus it &its category&what the mean of this category ? Isotretinoin-X-Containdication in pregnant

*if women take this drug plan to pregnant what is your advice ?

نصيحة

^ ChatGPT ^

- **Isotretinoin is highly teratogenic** and is **absolutely contraindicated in pregnancy.**

- She must use **effective contraception (preferably two methods)** during treatment.

- **Pregnancy should be avoided during therapy and for at least 1 month after stopping isotretinoin.**

*What is this device ?
Copper IUD
*Duration of effectivness ?
up to 10 years
*Contraindication in ? 4 point

*Side effects ?4 point

*Time of insertion (postpartum/post abortion)?

CONTRAINDICATION

- Pregnancy.
- Current STI or PID.
- Distortion of the shape of uterine cavity.
- Severe dysmenorrea.
- Valvular heart disease.
- Copper allergy.
- Heavy periods.

SIDE EFFECTS

- Pain.
- Menstrual loss.
- Expulsion <3%.
- Uterine perforation 1 in 1000.
- Salpingitis 1.5-7.5 per 1000.
- Endometritis.

3. POSTPARTUM:
- 6 weeks following child birth when the uterus will be involuted to near normal size.

2. POSTABORTAL:
- Immediately following termination of pregnancy
- Prevent uterine synechia

AUB in a 35-year-old woman, married for 3 years, nulliparous

What is the diagnosis?

- Fibroid

Mention other symptom? 2point

Menorrhagia

Pelvic pressure or heaviness

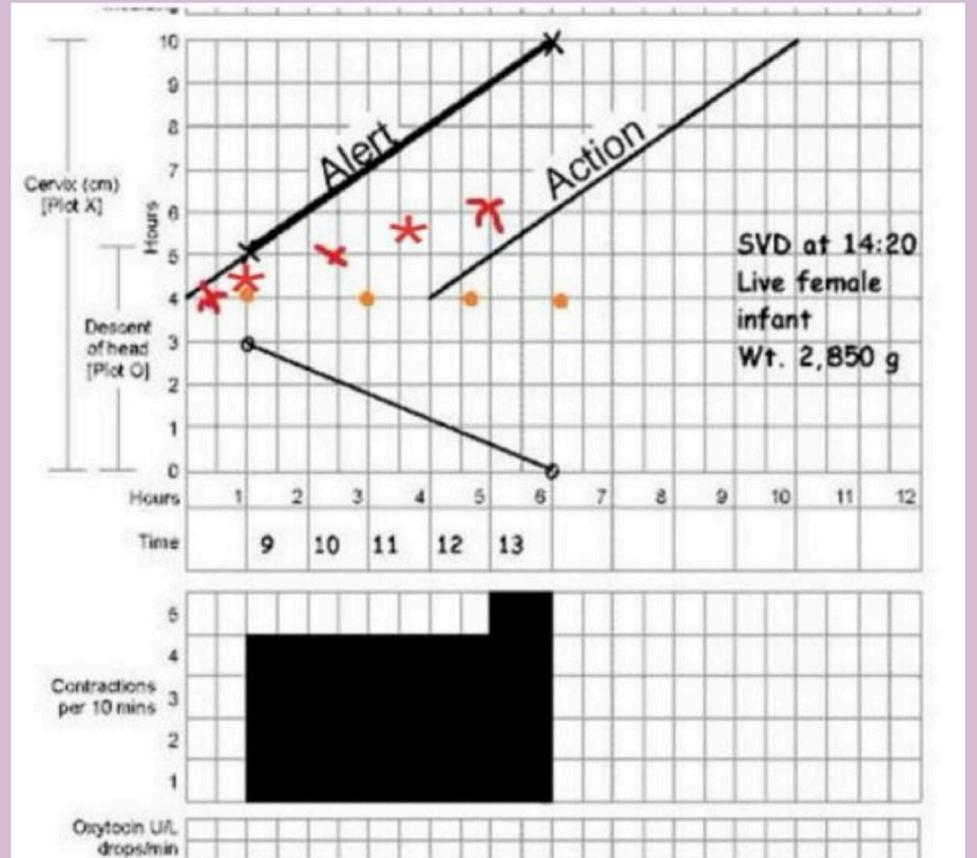**pre op instrument for diagnosis ? 2point**

TVUS !

What is the treatment?

- Myomectomy

What are the complications of the procedure ? 4point

- Uterine perforation
- Cervical laceration
- Bleeding
- Infection
- Adhesions

كان مكتوب كيس
بس ناسيها
+
مش نفس
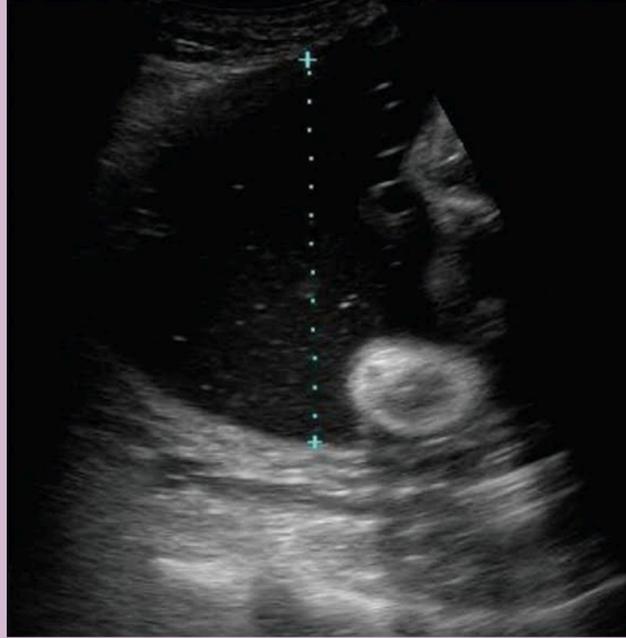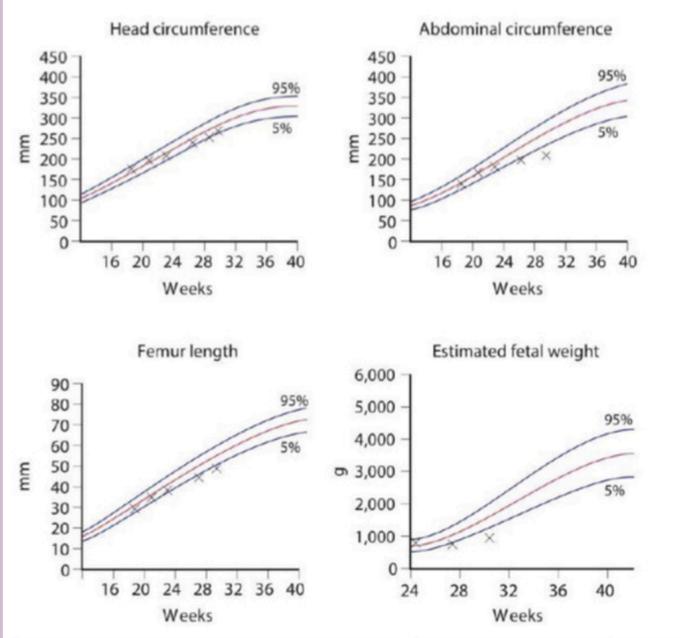الصورة في تغيير
بقيمة ال
dilatation
&contraction.
بس نفس الفكرة

* Case of primary dysfunction of labor *

بالإمتحان: خلال ٤ساعات ما
زاد ال Dilatation الا ١ سم
+
contraction ال
بس مربعين مظللات

- **Dilatation at admission ?**

- **what would you see on partogram to detect progress of labor?**

- **Diagnosis ?**

- **most commen caus of it ?**

- **What action would you take ?**

- **if it fails ;what do you want to do next?**

د.سهام

An unbooked G2P1 pregnant woman comes at 33 weeks of gestation and the measurements of the fetus are shown below.
Her last baby was born by CS (abrupto placenta) 2 years ago

نفس مبدأ هاي الصور بس القيم مختلفة ^ناسييها^

جواب الكيس
ناس بحكي IUGR
وناس smallGA
وناس asymitrical GR
وانا بحكي حسبي الله ونعم الوكيل☻
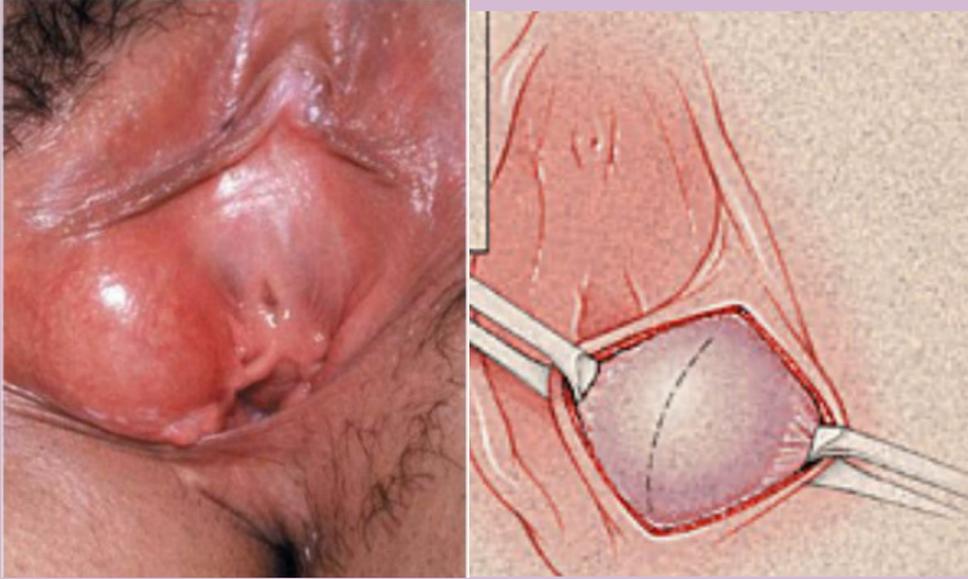
AFI=3

1. What is your diagnosis based on these measurements?

2. What is the most likely cause and why?

3. What are the questions in history you need to ask the mother to confirm the cause? (mention 4)

4. What other parameters would you look for on an ultrasound?

*The woman comes after 10 days, reporting that she has felt decreased fetal movements for 2 days.On ultrasound, the fetus has a silent chest.
5. What is your diagnosis?

6. What would be the preferred mode of delivery?

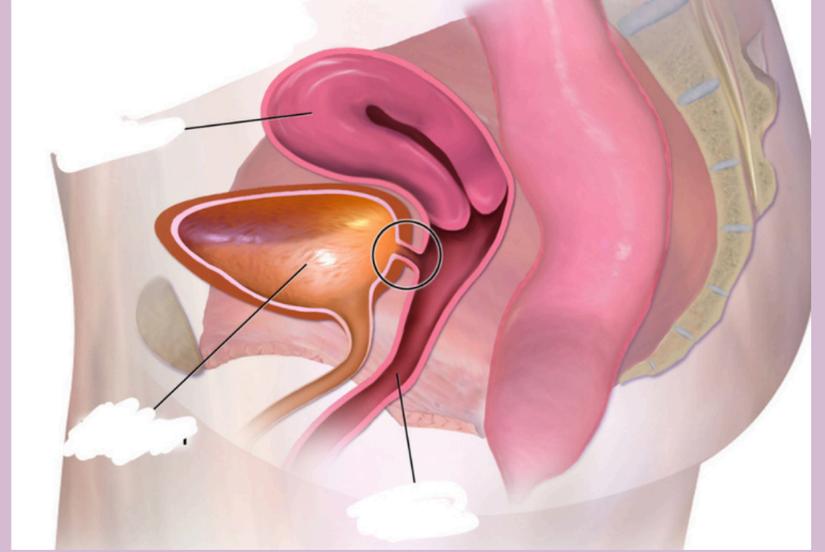7. What would be your lines of management postpartum? (mention 4)

مش نفس الصور بس قريب منهم

A   **B**

1

2

باقي الاسئلة مش ذاكرهم للأسف بس
كانت رابطة صور 1مع صورة 2 بسؤال
منهم ما بعرف كيف

1. What is your diagnosis in A?

2. What is thename of its surgery?

3. What are the indication to do it ? (mention 4)

4. What is your diagnosis in pic.2 ?
5.caus of it ?

6.type of prolaps that rarly occure in this case ?

OSCE archives

pregnant antenatal visit ,34 GA ,low platelet count=90
(Gestational thrompocytopenia)

pregnant ;urine incontinance ——-**(stress)**

pregnant antenatal visit papilledema (**PET**)

pregnant **urge** urine incontinance+**ant** prolaps
(pop-Q صورة)

 Abruptio placentae
GBS

Differential باللون هاد*