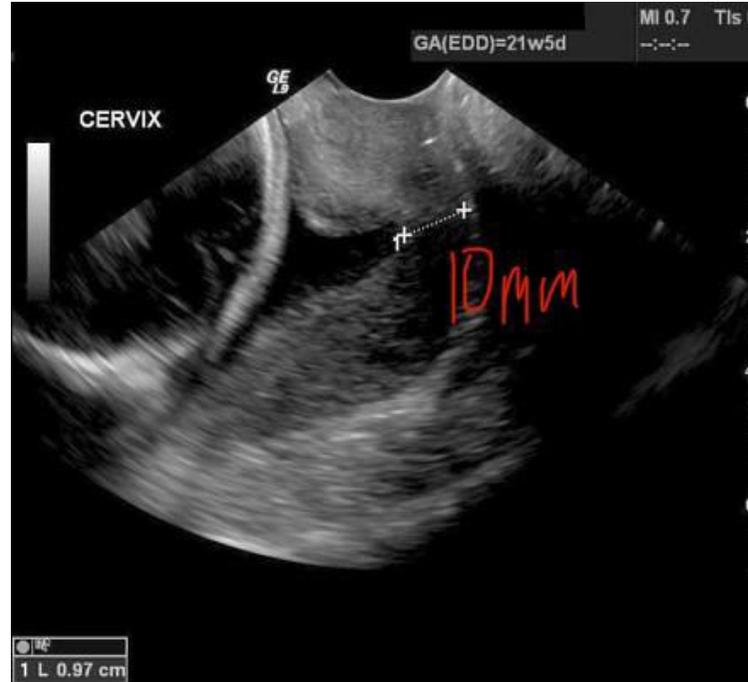


**Obs and gyn mini-OSCE
6th year archive**

Station 1



28 yo, 20 weeks for congenital anomaly screen

- 1- what do you see? (2 points)
- 2- what is your diagnosis?
- 3- things to ask in history?
- 4- what is your management plan? (2 points)
- 5- what are the contraindications for your management?
- 6- what is your advice for her next pregnancy?

Station 2



2 years history of infertility, failed IVF, hysteroscopy was done

1- what is your diagnosis?

2- things to ask in history?

3- what other modalities you can do for your diagnosis before hystroscope?

4- what is the therapeutic step you can do during hystroscope?

5- after surgery, what is your diagnosis for each of the following?

A- tachy, hypotension, free fluid in the abdomen?

B- her periods become lighter?

Station 3



56 yo, mild bleeding for the first time after 5 years

1- what is your diagnosis according to the pic?

2- risk factors?

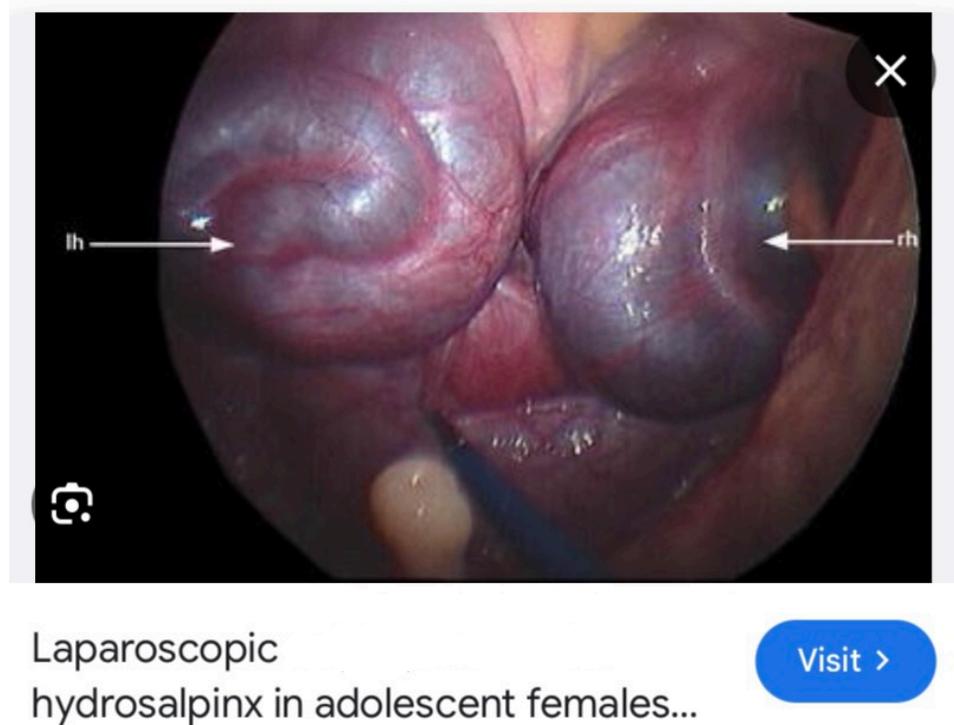
3- what is the bleeding characteristic for this condition?

4- A- what initial investigation you will do to narrow your DDX?

B- what will it show?

5- suppose surgery was done hys..bilateral...omentectomy.. LNs.. how LNs will guide your management? (something like this)

Station 4



Laparoscopic view of fallopian tubes and uterus

Normal cycle, hx of infertility, HSG blocked tubes

- 1- What do you see?
- 2- what is your diagnosis?
- 3- 3 common etiologies?
- 4- how does that affect the fertility?
- 5- what is your management for her to become pregnant?

Station 5



Vaginal delivery, 1500cc blood loss, initial medical management was given, BP 90/?, HR 120

1- what is this device?

2- how do you prepare the patient for this procedure? (6 points) (something like this I can't remember the question exactly)

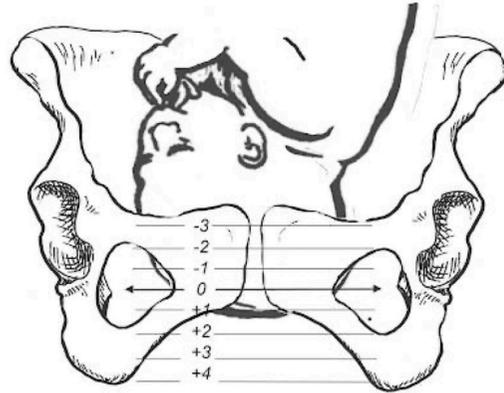
3- calculate the obstetric shock index and what is its significance?

4- 3 things to check before doing this procedure?

5- 3 contraindications to use this ?

Station 6

سؤال د. علاء
اللي قدرنا نتذكره



A



B



C
كانت الصورة من الجنب بس راس الطفل كان فوق ال inlet

- 1) in picture a is the fetal head engaged and why ??
- 2)if the fetal head stay the same despite cervical changes what is you're management ??
- 3) in picture b what is the mood of dilvary ?
What is the engaging diameter ??
- 4) in picture c what is the next step in management if you the patient have been 4 cm dilated for 5 hrs with no progress???

Station 7

15 questions

Q1

1. name of the score ?

Ferriman-Gallwey scoring system

2. two causes for hirsutism ?

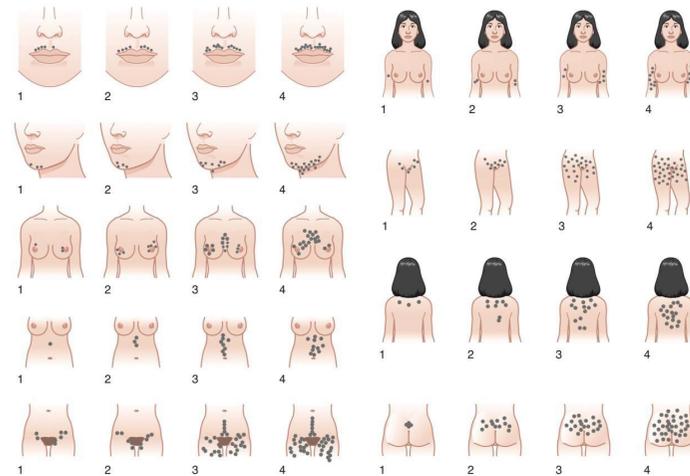


FIGURE 33-2 The Ferriman-Gallwey scoring system for hirsutism. (Adapted from Hatch R, Rosenfield RL, Kim MH, et al: Hirsutism: implications, etiology, and management. *Am J Obstet Gynecol* 140:815-830, copyright 1981, with permission from Elsevier.)

Q2

1. Two procedures do by this examination ?

- swap
- biopsy

2. name of A ?

Nabothian cyst

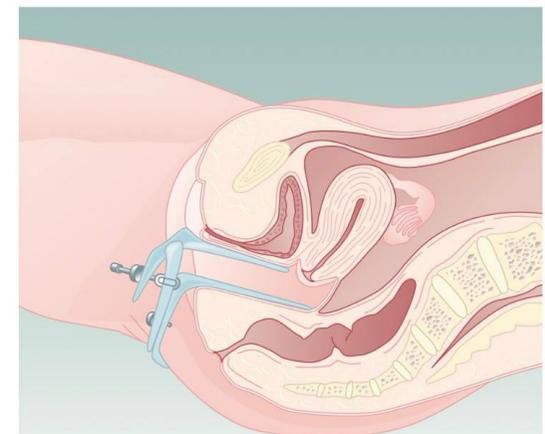
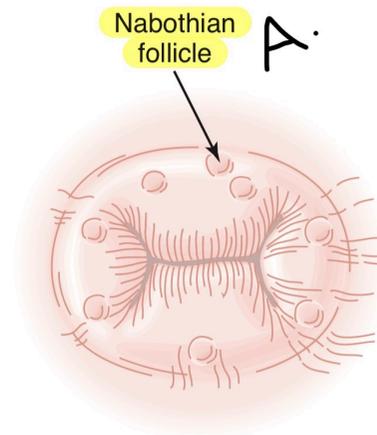


FIGURE 2-3 Proper insertion of the speculum so that the uterine cervix may be visualized.

Q3

إجت هاي الصورة

اسم الفحص وشو بنقدر نشوف فيه ٣ أشياء



FIGURE 2-8 Rectovaginal bimanual examination. During the Valsalva maneuver, an enterocele will separate the two fingers.

Q4

اجت هاي الصورة شو ال pregnancy related problems معها



Q5

Fetal circulation :

- A ? Ductus arteriosus

- Some tocolytics are avoided in pregnancy because of their effect on fetal circulation. Which shunt is affected ? where is it located ? and what is the effect ?

Ductus arteriosus , between pulmonary artery and descending aorta ,
Premature closure (patent)

- Shunt affected in fetal growth restriction (FGR)

Ductus venosus

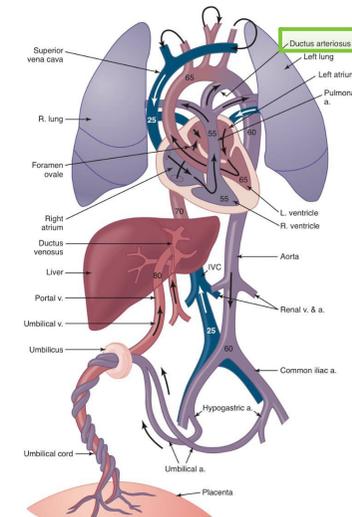


FIGURE 6-3 The fetal circulation. Numbers represent approximate values of percentage saturation of blood with oxygen in utero. RVC, inferior vena cava. (Adapted from Parer J. Fetal circulation. In Sciarra JJ, editor: *Obstetrics and gynecology*, vol 3. *maternal and fetal medicine*, Hagerstown, Md, 1984, Harper & Row, p 2.)

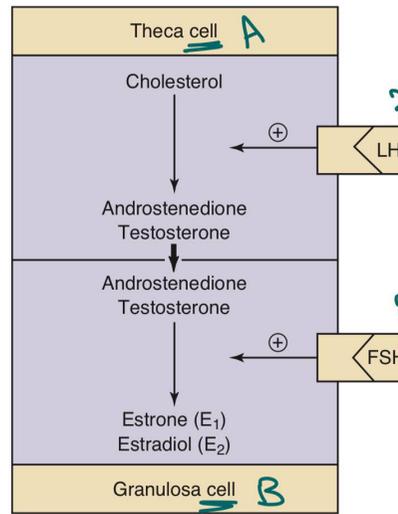
Q6

A. Theca cell

1. LH hormone

B. Granulosa

2. FSH hormone



Q7

A. B. C. ?

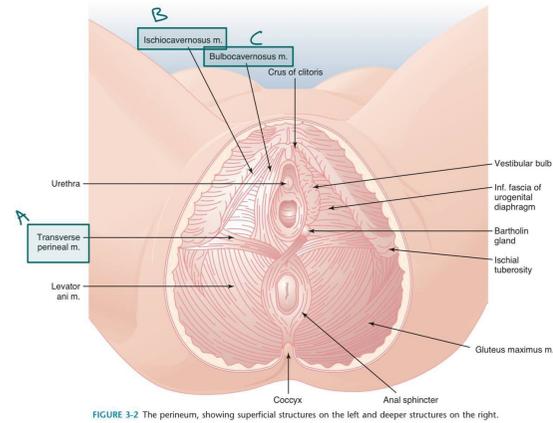


FIGURE 3-2 The perineum, showing superficial structures on the left and deeper structures on the right.

Q8

A- what is this?

B- 2 characteristics?



Q9

A- diagnosis?

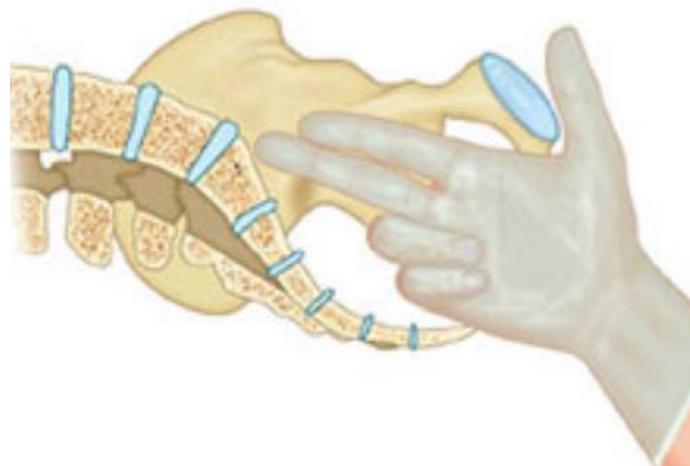
B- cause?

3- treatment?



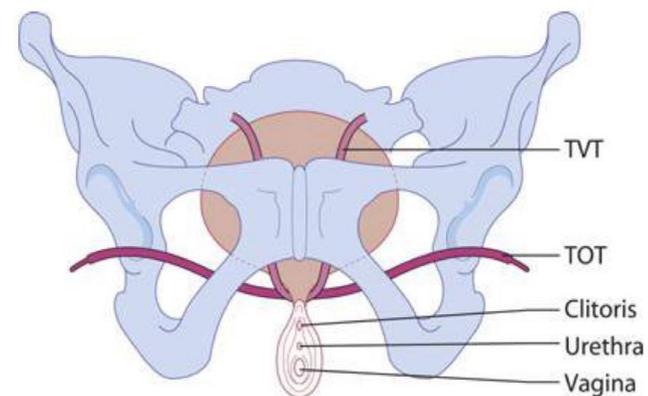
Q12

diameters for pelvic inlet?



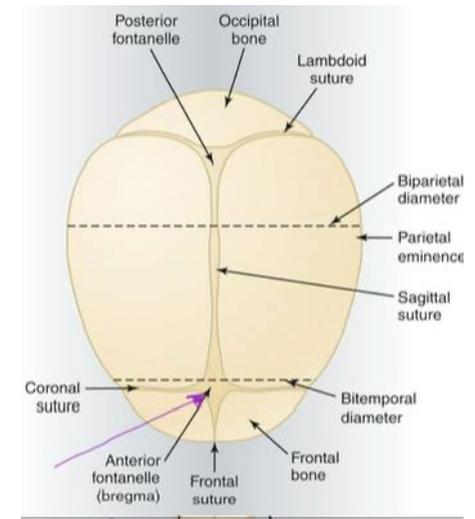
Q11

one complication of the condition for which this procedure is used?



Q12

1. Two characteristics related to this structure
2. Two diameters of fetal skull related to this structure



Q13

1. Diagnosis
2. Physical findings on pelvic examination



Q14

1. What is this device?
2. What is the correct application: A or B
3. One complication

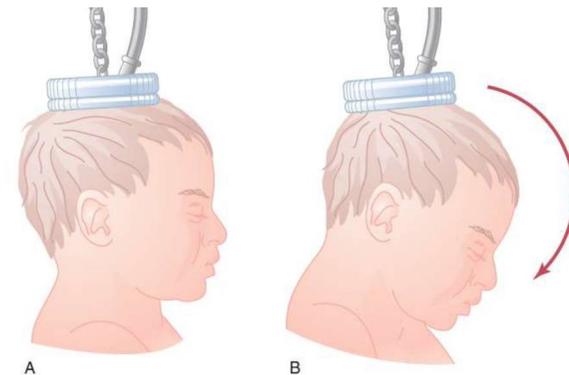


FIGURE 17-6 Application of the vacuum extractor. A. Incorrect application, which deflexes the fetal head, thereby increasing the presenting diameter. B. Correct application over the posterior fontanel, which flexes the fetal head when traction is applied.

Q15

What's the name of each type of incision?

What's the indication for each type of incision?

