OBGYN OSCE & ORAL 019 BATCH

6th YEAR



First: OSCEs

- Ovarian cyst
- Menopause
- > PROM
- > Endometrial Hyperplasia
- > PET & Abruption
- Secondary amernorrhea (Asherman syndrome)
- Contraception (IUD)
- Pap smear
- > PE in pregnancy
- > Fibroid
- Eclampsia (management/ time and mode of delivery/ follow up)
- Endometrial hyperplasia (risk factors/ dx workup/ pathophysiology)
- CTG (dx/ management/ complication of postterm)
- Hysteroscopy picture (what is this/ types/ uses/ contraindications)
- > Instrument (D&C)
- Abdominal pain
- Pap smear screening guidelines
- > Prolonged 2nd stage of labor
- Preterm labour (Hx, PEx, investigations, management)
- CTG interpretation (Fetal bradycardia management)
- ➤ Patient requesting counseling about IUD (types, contraindications, complications, management and investigation of a lost IUD)
- ➤ 16 yo girl with primary amenorrhea (Hx of cyclical pain w/o bleeding, physical exam findings, investigations, US showed hematocolpus, plugging blue discoloration in vagina, diagnosis: Imperforate hymen, management: hymenectomy and drainage)
- Female 40 year old comes with heavy menstruation and endometrial thickness 18mm (Give ddx: hyperplasia, what's the definition / normal thickness, causes and risk factors)
- > Female with GDM (causes, risk factors, complications, investigations)
- > Third trimester caring plan for her

- Female gestational age 10 weeks comes with vaginal bleeding (Dx, explain the differences in Hx, PEx, and investigations between the types of the miscarriages in addition to molar, if it was molar what you will order before the treatment and what's the treatment).
- Female with urge incontinence (risk factors, management).

Second: ORALs

- > 42 year old lady with intermenstrual bleeding.
 - Take history, what physical exam would you do, What are your differentials and what's on top of the list
- > TVUS showed a polyp, what's your management and why?
- Hystrescopy
- > A pregnant lady, 39 weeks of gestation and 4 cm dilated
 - What's your management?
 - What physical exam would you do
 - On ultrasound what would you look for
 - If labor did not progress in 2 hours what's your management
- > CTG
- Causes of polyhydramnios
- ➤ 30 years old single lady with fibroid (symptoms, medical+surgical management, complications as single and if get pregnant. If you arranged a C/S, would you consider resecting the fibroid during the procedure? NO)
- ➤ Preterm (definition, risk factors, management: admission, physical, tocolytics, steroids).
- Fibroid case (symptoms, complications on pregnancy, management of fibroid in pregnant lady, management of fibroid in general)
- > APH (Definition, management)
- Vasa previa: pathophysiology , how to diagnose, management.
- Placental abruption risk factors
- Management of APH in general
- Role of methotrexate in Placenta accreta: answer no role
- Case of AUB >> polyp (history/ risk factors/ diagnosis and management)
- Random questions about different topics (instrumental delivery, preeclampsia, APH, C/S delivery post op follow up, placenta previa/abruption)
- AUB Case (Causes, PE, Investigations, Management)
- ➤ Booking at 28 w, what we will screen for & how (PET, DM)
- Case of 7 week pregnancy with vaginal bleeding (take history, investigations, ddx, types of miscarriage and how to differentiate between them)
- Complications of evacuation: Asherman's syndrome, adhesions, injury, bleeding, infection

- > NST
- > Rupture ectopic pregnancy
- > PCOS
- Pap smear
- ➤ A 17 year old girl that did not have her period yet, what we call this case? Primary amenorrhea, what would you ask in history, what would you find in physical, labs, imaging, if the diagnosis was imperforate hymen what is your management (surgical correction/ operation/ incision)
- ➤ Different questions about: PPROM, induction of labor, vasa previa, operative vaginal delivery.
- > 50 yo woman complaining of night sweats and (smth else i forgot), she had her last period 14 months ago (you have to know she had menopause, why is it menopause? other symptoms? investigations? what's she at risk at/complications? management (life style, hormonal, non-hormonal))
- ➤ PPH

BEST OF LUCK