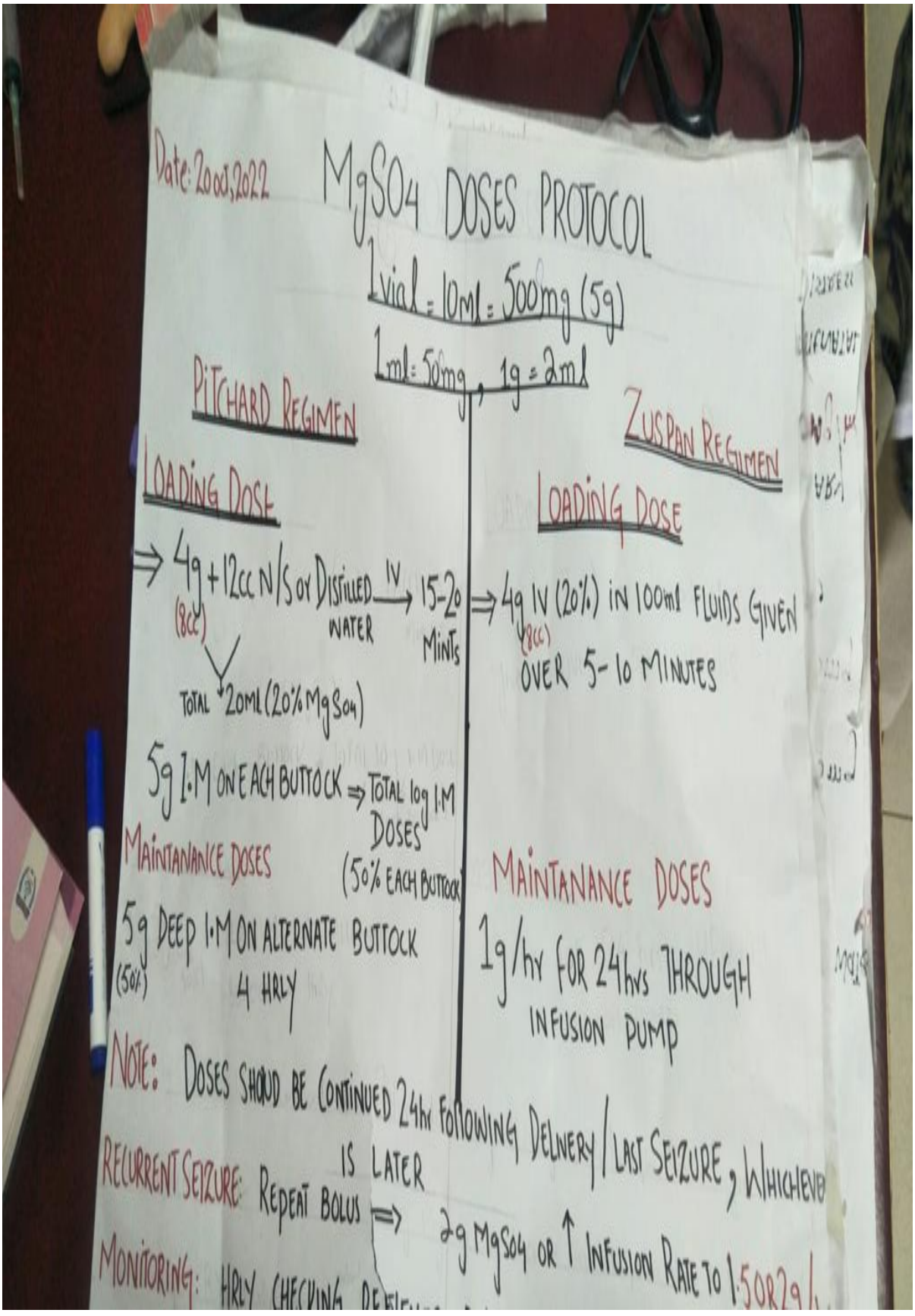

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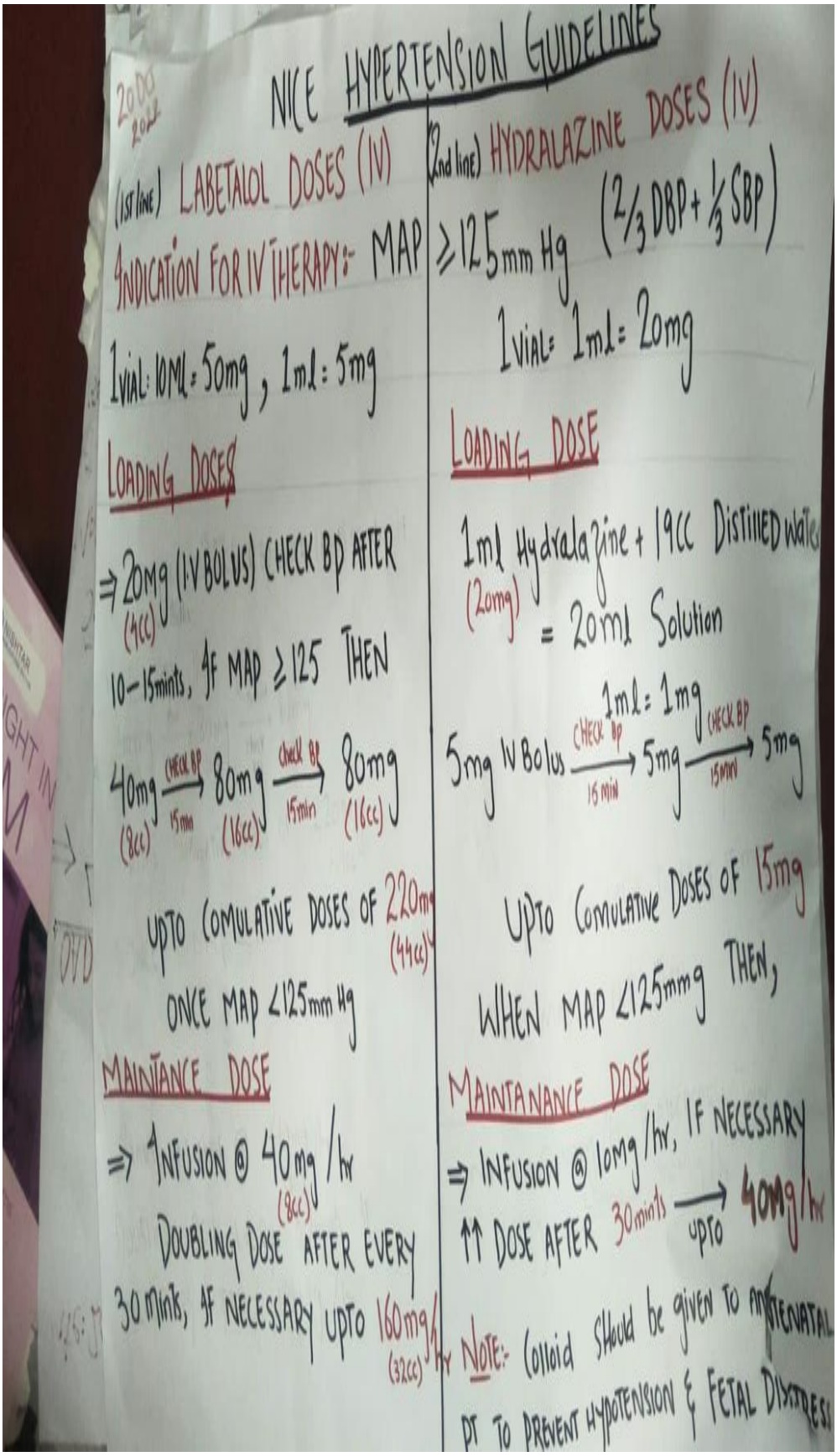

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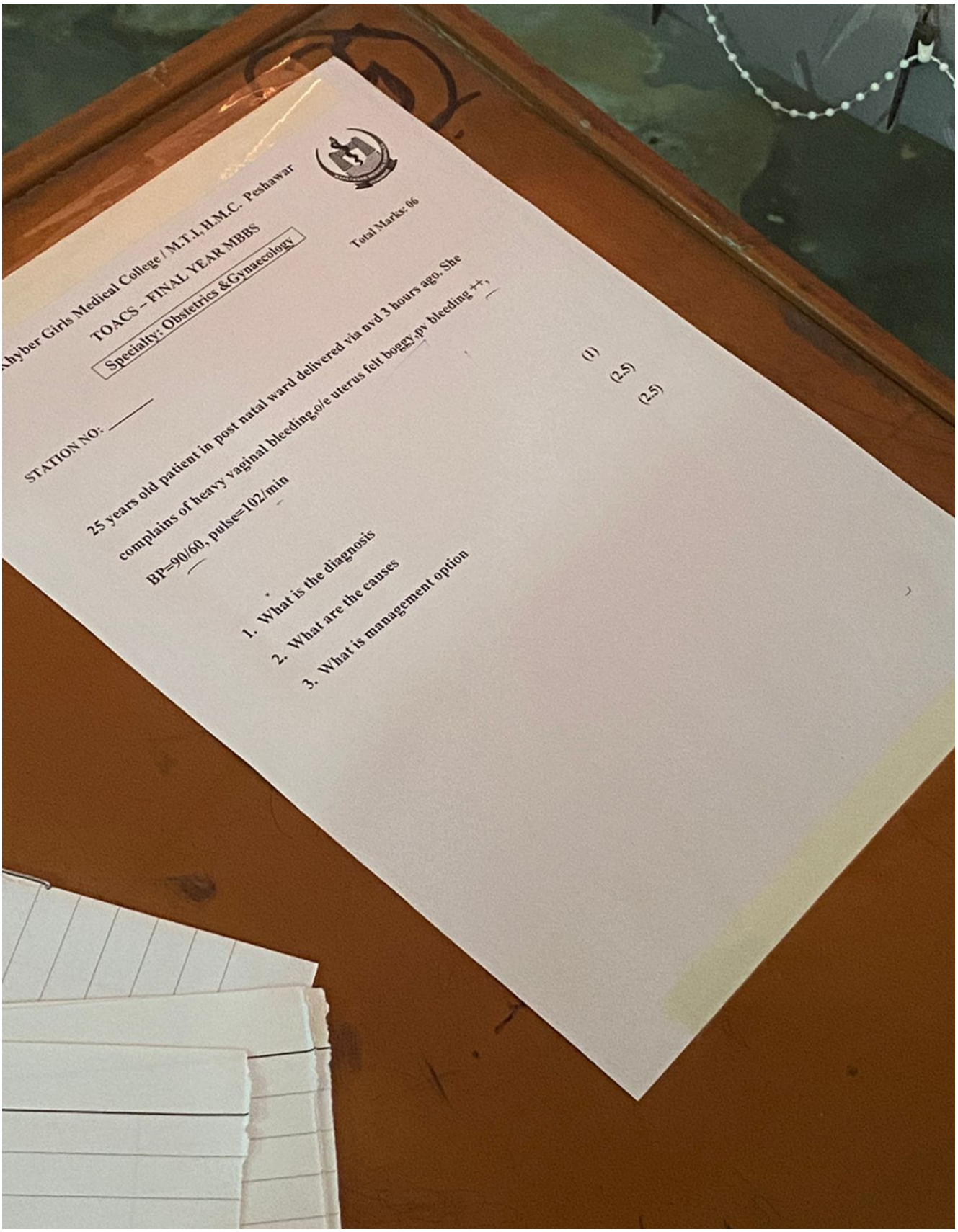

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Station : 3.

1) Diagnosis : PPH.

2) causes — uterine atony (Macrosomia, Prolonged labour, oxytocin use)
- Placenta previa
- Coagulation disorder
- Multiple C-section
- Uterine inversion or eruption

3) Managment:
- Obstretic hemorrhage Protocol (ABCDE) & call For help:
- stop uterine bleeding → by Massage of uterine
  - Bimanual compression
  - Remove any clots.
- Uterotonic Agent
  - → oxytocin, ↑ dose
  - Rectal misoprostol
  - Syntometrine, Repeat ergometrine, carboprostate
- Still bleeding: look for trauma or coagulopathy

Surgical: uterine artery embolization
- Iliac artery ligation.

uterine balloon insertion, Hysterectomy

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Khyber Girls Medical College / M.T.I. H.M.C., Peshawar

TOACS – FINAL YEAR MBBS

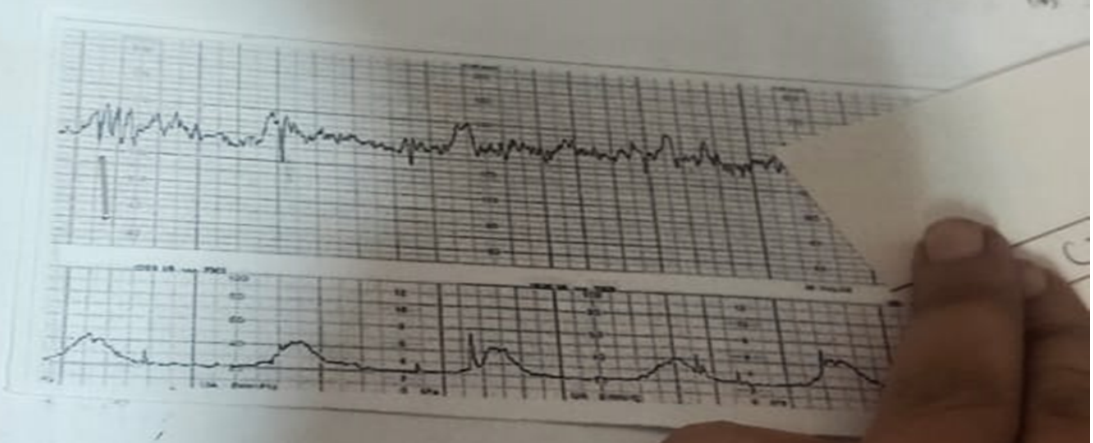
Specialty: Obstetrics & Gynaecology

STATION NO: _____

Total Marks: 08

Carefully examine the graph and answer questions

1. **Identify the following graph** (2) 2
2. **What are different components of graph** (4)
3. **What are normal values of parameters** (4)



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Station. 5

a). CTG

2). Basal rate HR

- Basal line variability
  - Acceleration
  - Deceleration

3). Basal HR : 110 - 150 bpm

- B. variability : 10 - 25 bpm
- 2 acceleration in 20mins
- NO deceleration

Station: 6

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STATION No. 14

This 25 years old gentleman has presented with headache and visual disturbances for the last 6 months.

Q1. What is the diagnosis?

Q2. Enumerate two specific investigations for the diagnosis.

Q3. List two relevant treatment options.

Qs. No.5

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• NO deceleration

Hon: 14.5

1: Acromegaly

2. . Serum IGF-1

3. OGGT

MRI of pituitary

3): TX

Surgical → Transphenoidal Surgery

• Medical Mx octreotide, lanreotide

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TOACS – FINAL YEAR MBBS

Specialty: Obstetrics &Gynaecology

Total Marks: 06

STATION NO: _____

35 yrs old lady who is G6P5 with 32 weeks POG is complaining of easy fatigability and lethargy which is not associated with any cardiac symptoms. She also complains of perianal itching and her diet is meat

Her current investigations are

Hb : 8g/dl

MCV:70fl

MCH: 29pg

MCHC: 28g

1. What is the most probable diagnosis? (1)
2. What investigations would you like to carry? Name any two (1)
3. What are the risk factors of anemia in this patient? Name any two (1)
4. What will be your treatment plan for this period of gestation (1)
5. What would be the treatment plan if this patient would be at 37 weeks of gestation? (2)

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Station: 1:

1: Iron deficiency anemia (Norm)

2: Investigation: Serum ferritin
- Tape test
- serum iron level, TIBC
- Peripheral smear
- Pelvic examination & vaginal swa

3: Risk factor: Multiparity
- short interpregnancy interval
- ? iron requirement in pregnancy

4): Tx:

Oral iron supplement
Dietary counselling
Vitamin C intake

5): If At 37 wks: ↓ Blood-transfusion
- IV iron Therapy (ferric carboxymalto
- oral iron supplement iron sucrose

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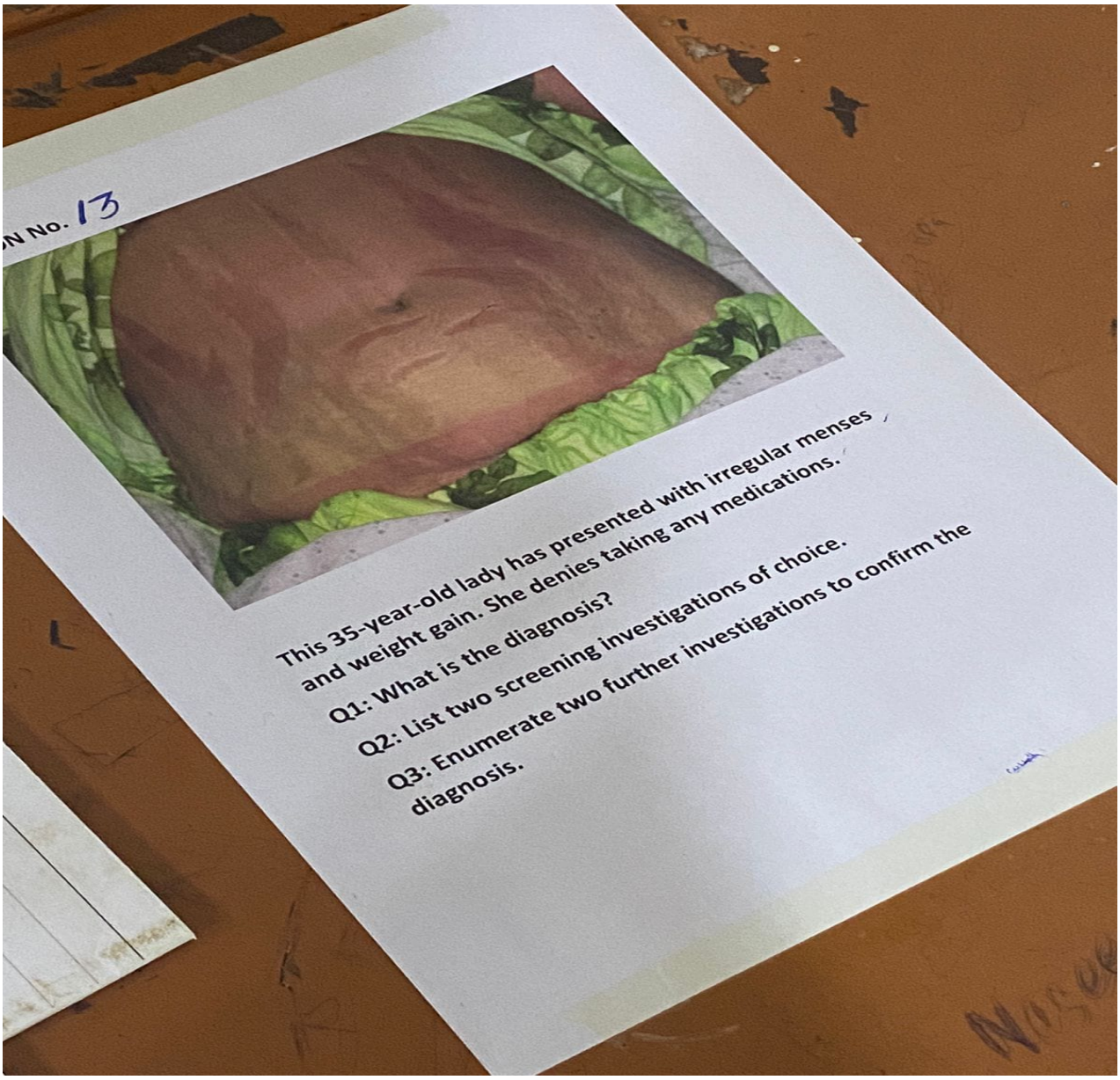

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Station 2:

1- Cushing syndrome

2- Screening test:

- 24hr- urinary free cortisol
- Dexamethasone suppression test
- late night- salivary cortisol

3- Further:

- ACTH level
- Pituatary MRI
- CT- scan of adrenal

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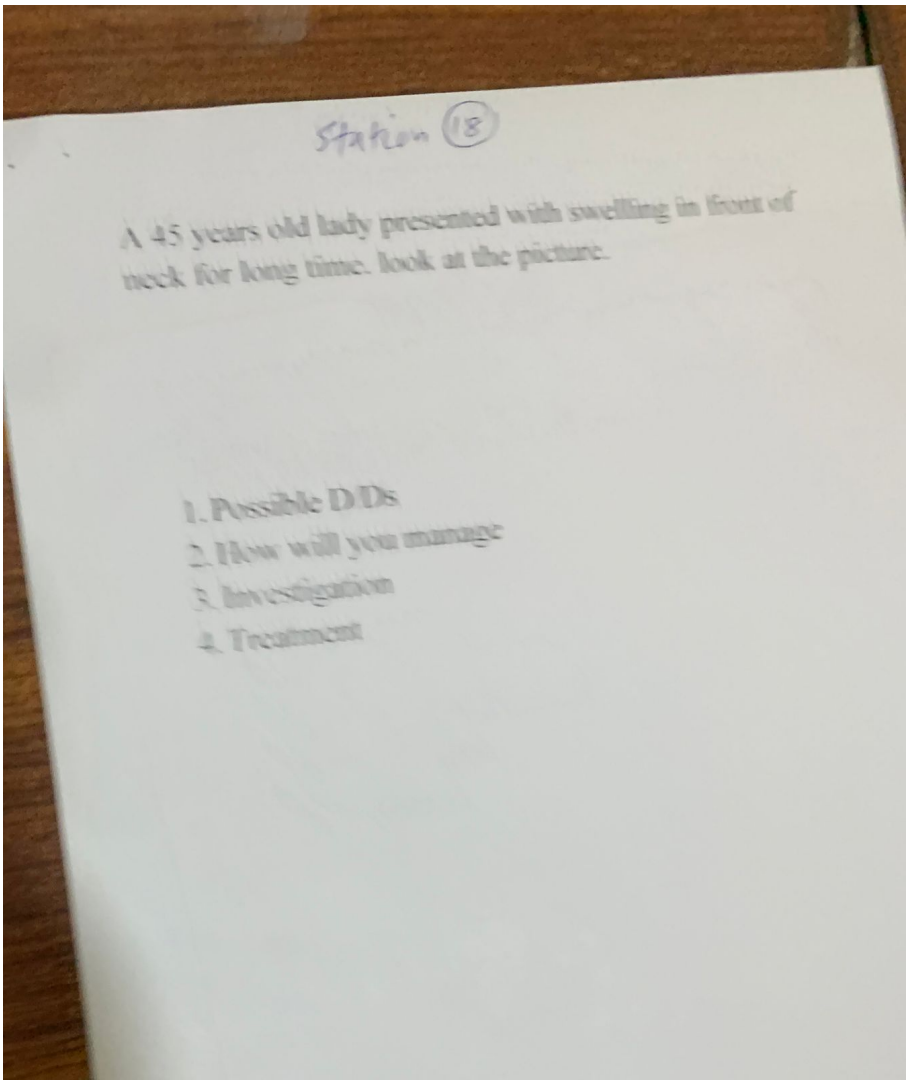

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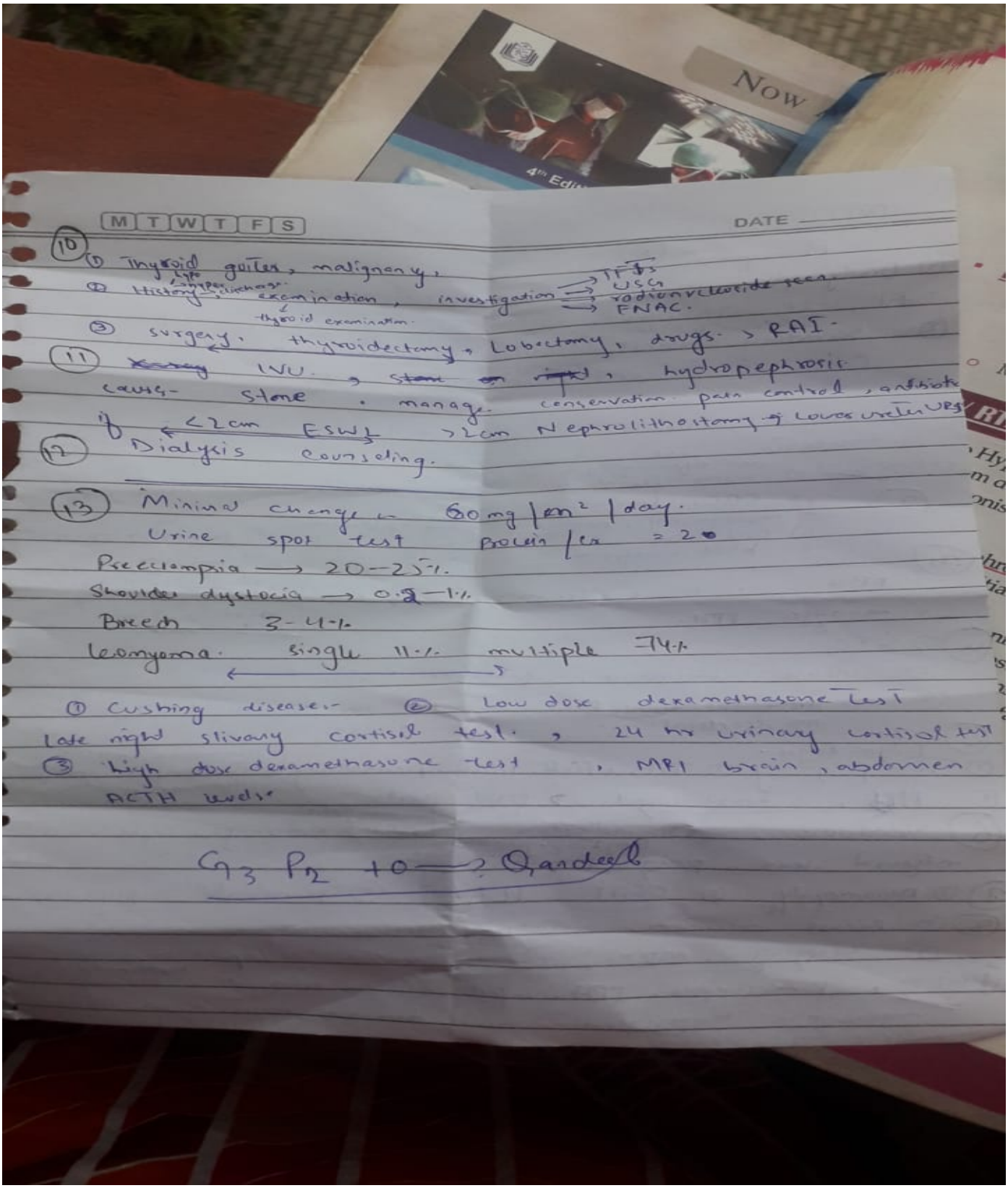
station- 18 ① DD. . Thyroid/Goiter
· Thyroglossal cyst, infection
· tetratoma, · Terrible lymphom
· teratoma
· thymoma

② Management.
· Detail HIO
· Physical EX
· TFs, USG, FNAC, CT, MRT, chest xray, Blood test
chest X-ray
Treatment according to cause

· Investigation: TFts, USG, FNAC, CT or MRT, chest xray, etc

TX: Thyroid nodules → Benign → Follow up
malignant → surgery
· Goiter → Medication
SX
· Cyst → surgical Removal

→ 1 Bacterial vaginosis
2 = candidal
· Chlar



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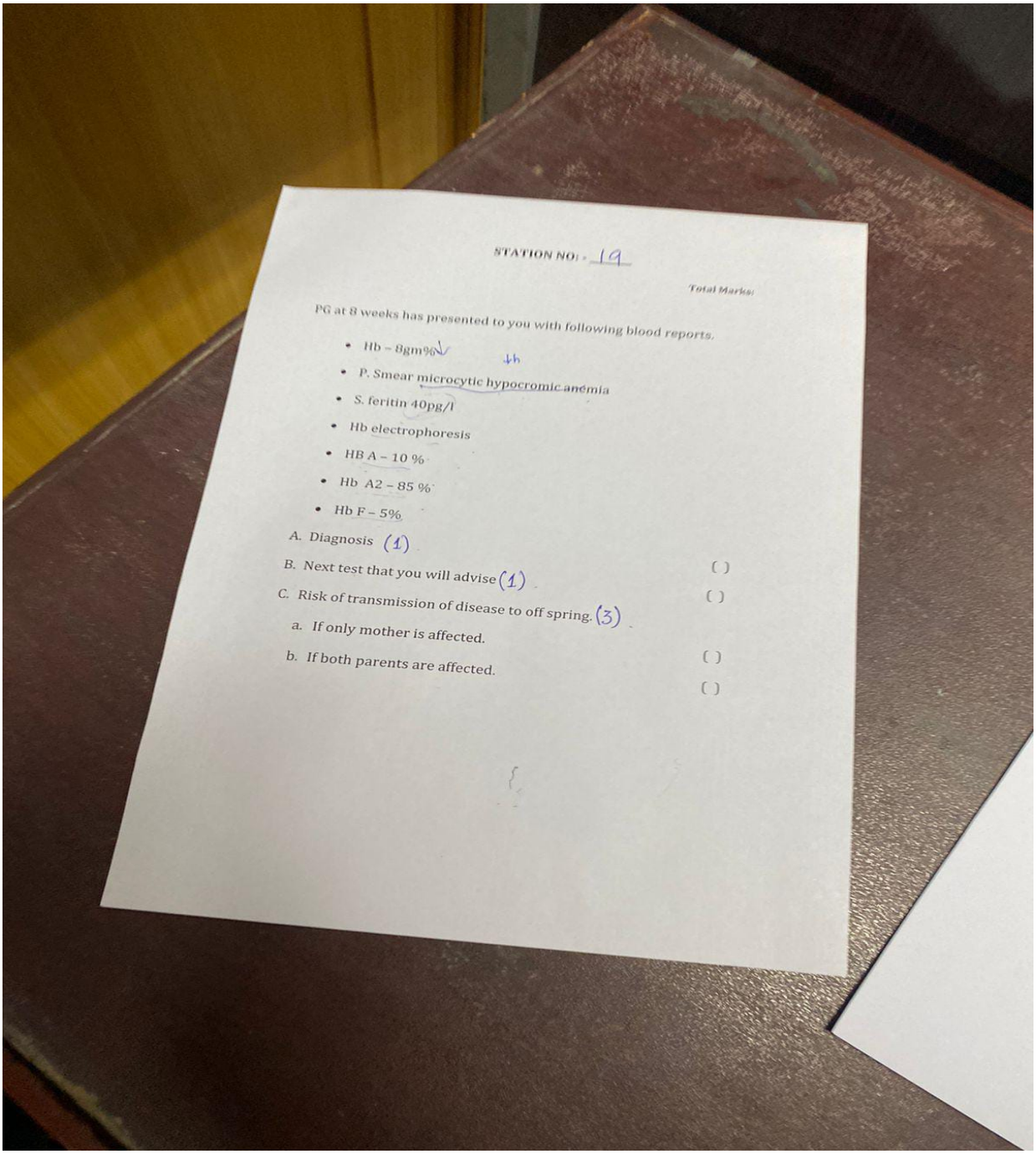

STATION NO: 19

Total Marks:

PG at 8 weeks has presented to you with following blood reports.

- Hb – 8gm%
- P. Smear microcytic hypocromic anemia
- S. feritin 40pg/l
- Hb electrophoresis
- HB A – 10 %
- Hb A2 – 85 %
- Hb F – 5%

A. Diagnosis (1) ( )

B. Next test that you will advise (1) ( )

C. Risk of transmission of disease to off spring. (3)

a. If only mother is affected. ( )

b. If both parents are affected. ( )

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A. Diagnosis:

Beta-Thalassemia minor or Intermedia

Microcytic Hypochromic Anemia

Low Hb (6 gm%)

Hb Electrophoresis: ↑ Hb A2 (85%), ↓ Hb A (10%), ↑ Hb F (5%)

B. Next Test to Advise:

Genetic Testing for Beta-Thalassemia Mutations

Partner's Hb Electrophoresis

Iron Studies to Rule Out Iron Deficiency

C. Risk of Transmission:

If Only Mother is Affected: Child may be a carrier (50% risk)

If Both Parents Are Affected: 25% risk of Beta-Thalassemia Major, 50% carrier, 25% normal

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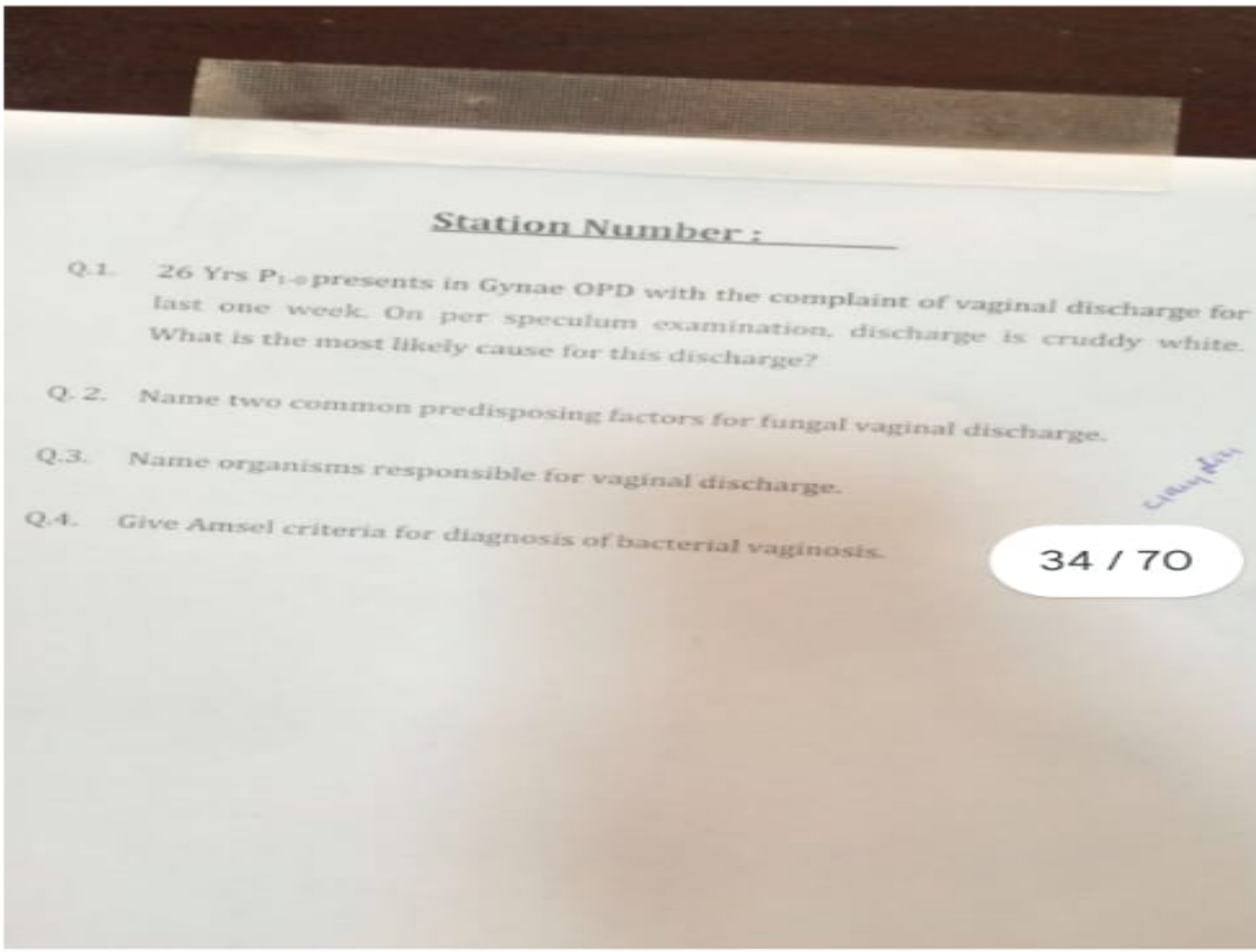

Station Number : _____

Q.1. 26 Yrs P_{1+0} presents in Gynae OPD with the complaint of vaginal discharge for last one week. On per speculum examination, discharge is cruddy white. What is the most likely cause for this discharge?

Q. 2. Name two common predisposing factors for fungal vaginal discharge.

Q.3. Name organisms responsible for vaginal discharge.

Q.4. Give Amsel criteria for diagnosis of bacterial vaginosis.

34 / 70

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Vaginal Discharge Case

1. Most Likely Cause:

Vaginal Candidiasis (Thrush) – Characterized by curdy white discharge

2. Predisposing Factors for Fungal Vaginal Discharge:

Diabetes Mellitus

Immunosuppression (HIV, Steroid Use, Pregnancy, Antibiotic Use)

3. Organisms Responsible for Vaginal Discharge:

Fungal: Candida species


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Bacterial: Gardnerella vaginalis (Bacterial Vaginosis)

Parasitic: Trichomonas vaginalis

4. Amsel Criteria for Bacterial Vaginosis (Need 3/4 for Diagnosis):

Thin, homogenous gray-white discharge

Positive Whiff Test (Fishy odor on adding KOH)

Clue Cells on Microscopy

Vaginal pH > 4.5

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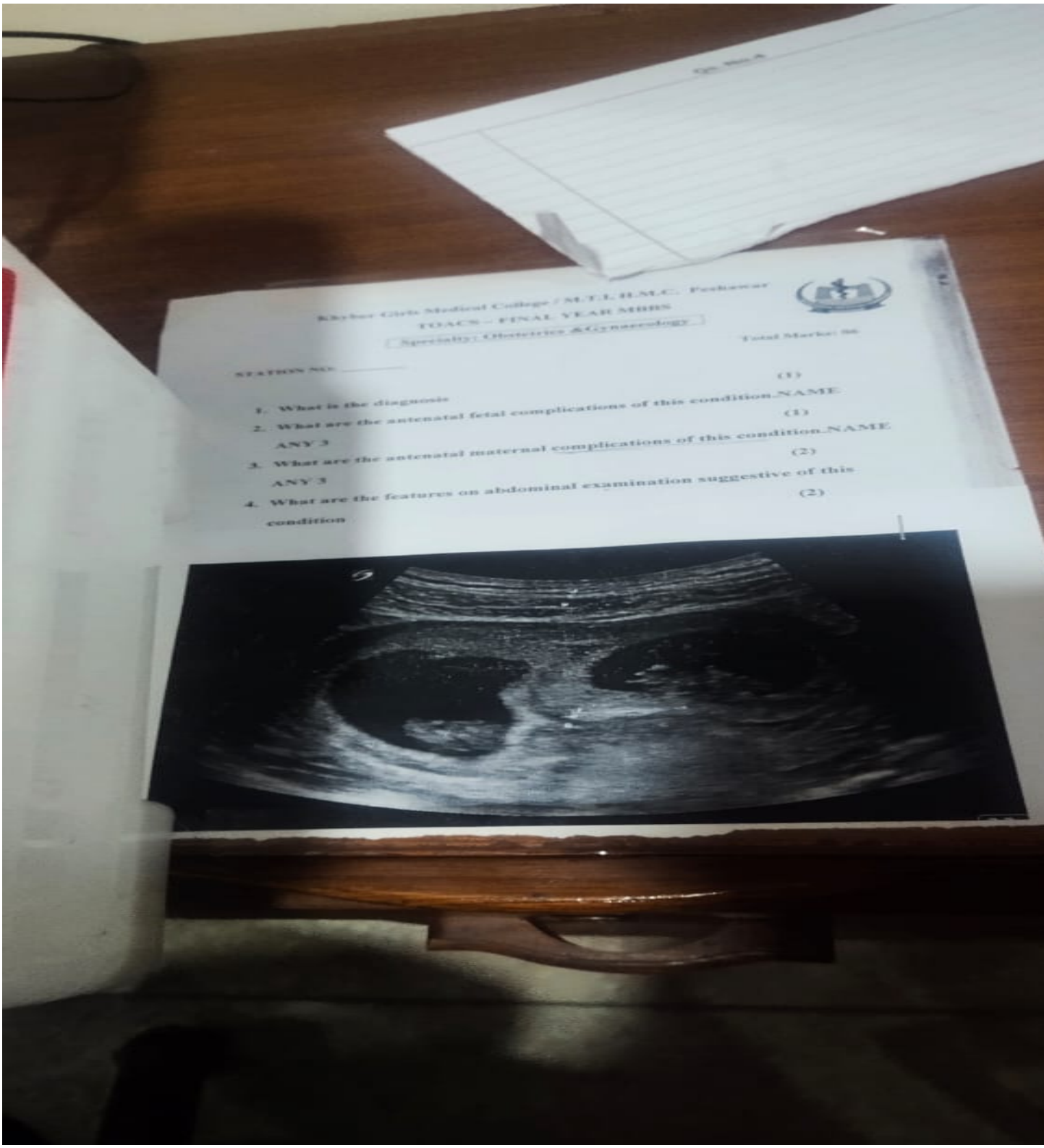

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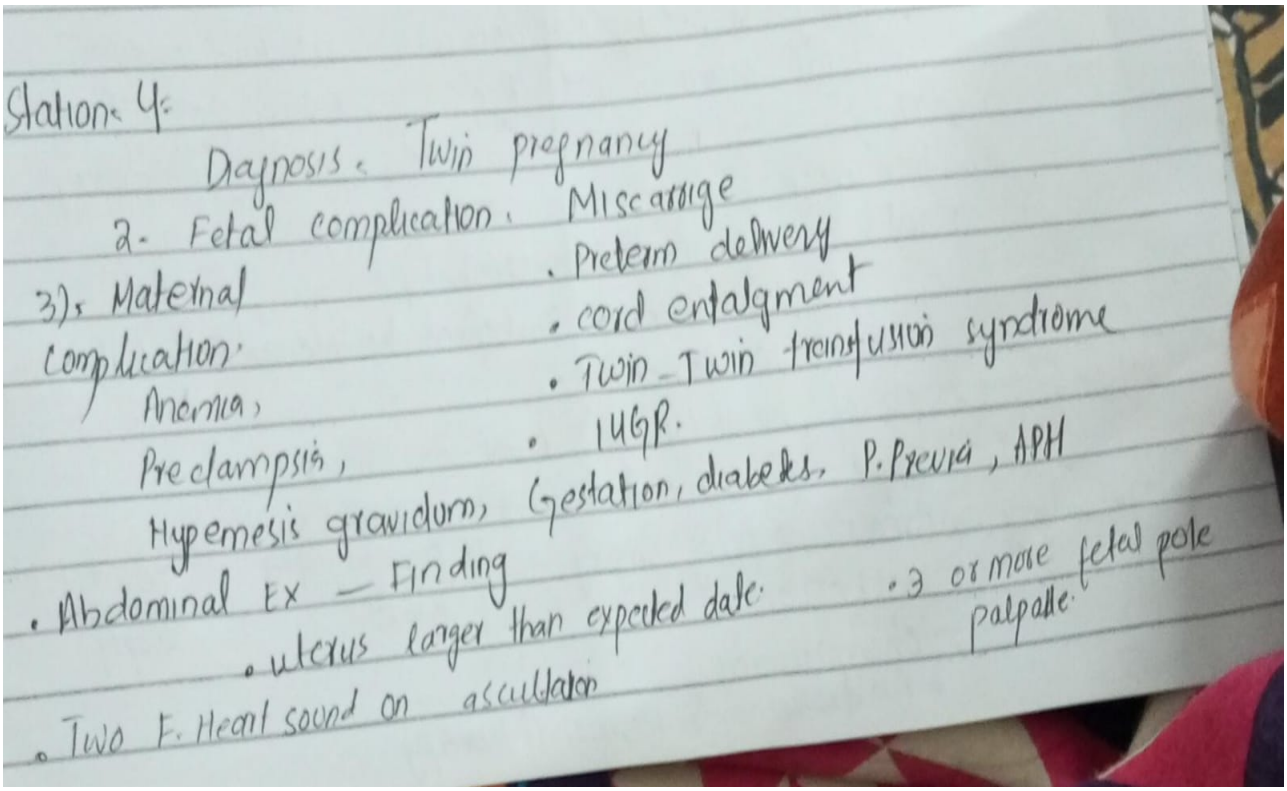

Station: 4:

Diagnosis: Twin pregnancy

2. Fetal complication: Miscarrige
   - Preterm delivery
   - cord entalgment
   - Twin-Twin transfusion syndrome
   - IUGR.

3). Maternal complication:
   Anemia,
   Preclampsia,
   Hypemesis gravidum, Gestation, diabetes, P. Previa, APH

- Abdominal EX — Finding
  - uterus larger than expected date.
  - 3 or more fetal pole palpable.
- Two F. Heart sound on ascultation

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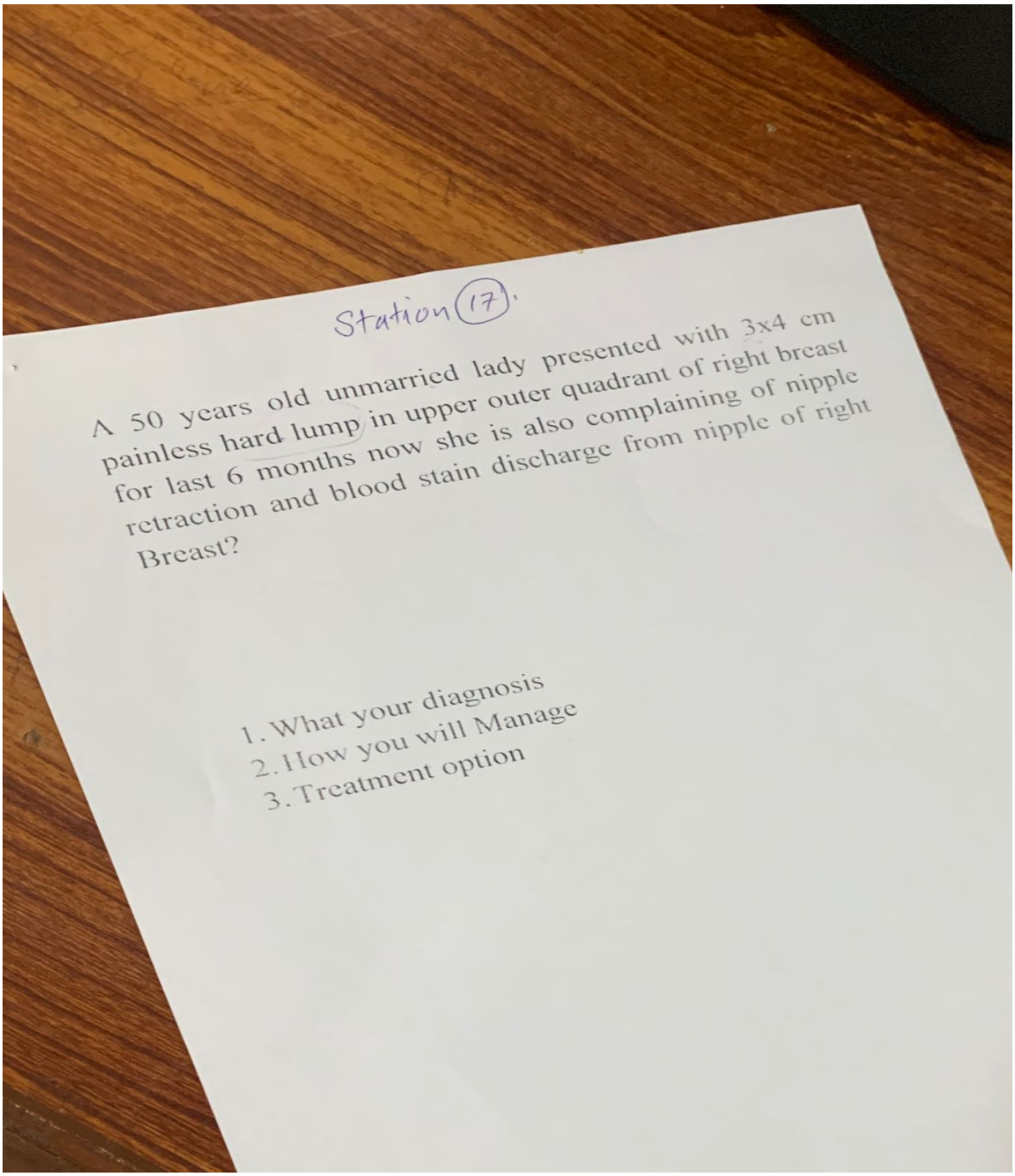

Station (17).

A 50 years old unmarried lady presented with 3x4 cm painless hard lump in upper outer quadrant of right breast for last 6 months now she is also complaining of nipple retraction and blood stain discharge from nipple of right Breast?

1. What your diagnosis
2. How you will Manage
3. Treatment option

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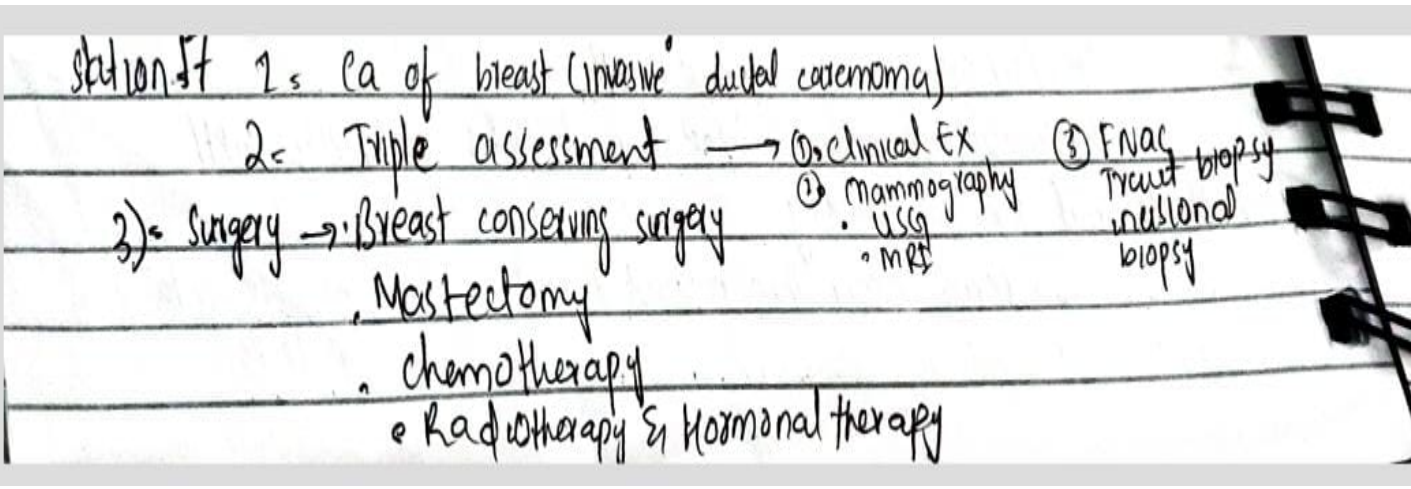
Station 5
1. Ca of breast (invasive ductal carcinoma)
2. Triple assessment → ① Clinical Ex ② Mammography, USG, MRI ③ FNAC, Trucut biopsy, incisional biopsy
3. Surgery → Breast conserving surgery, Mastectomy
Chemotherapy
Radiotherapy & Hormonal therapy

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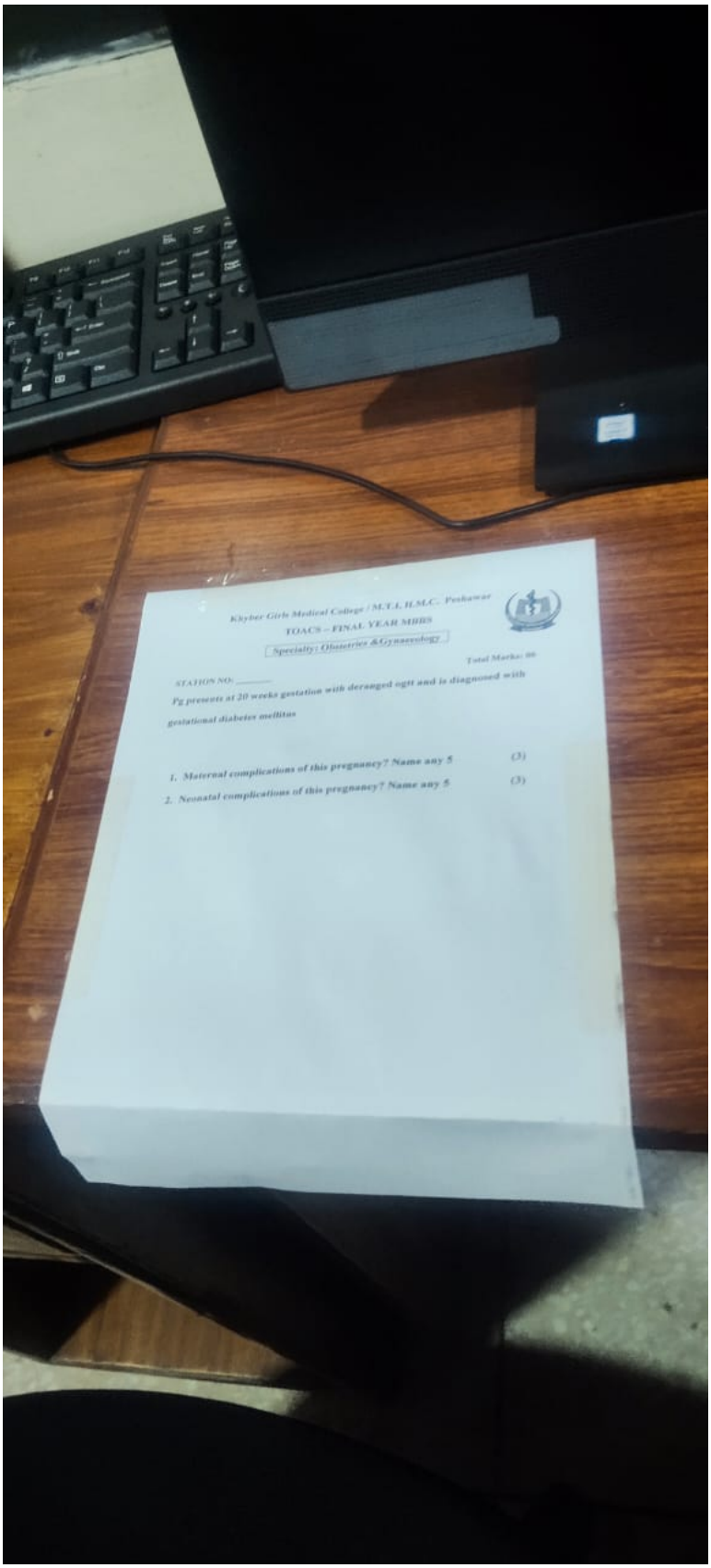

Khyber Girls Medical College / M.T.I. H.M.C. Peshawar

TOACS – FINAL YEAR MBBS

Specialty: Obstetrics & Gynaecology

Total Marks: 06

STATION NO: _____

P'g presents at 20 weeks gestation with deranged ogtt and is diagnosed with gestational diabetes mellitus

1. Maternal complications of this pregnancy? Name any 5 (3)
2. Neonatal complications of this pregnancy? Name any 5 (3)

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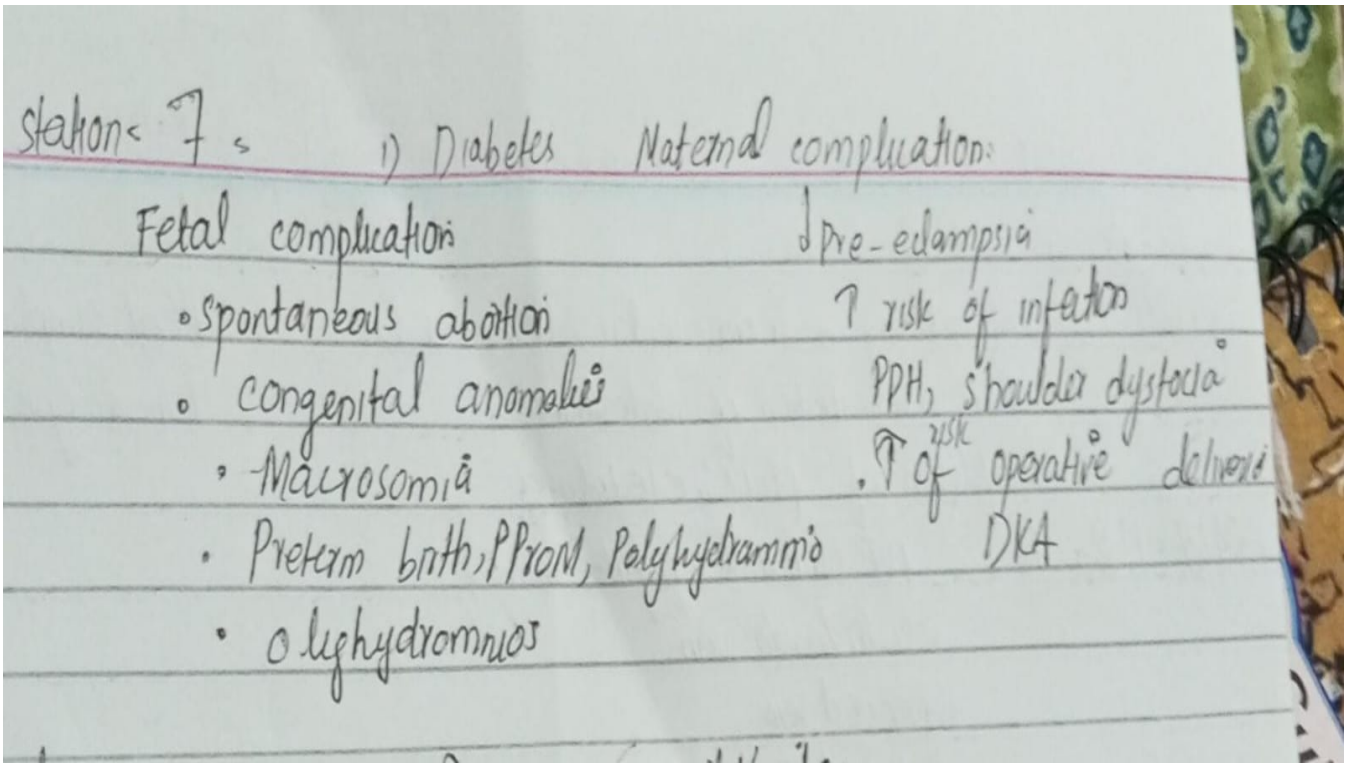

station 7 : 1) Diabetes

Fetal complication:

- spontaneous abortion
- congenital anomalies
- Macrosomia
- Preterm birth, PPROM, Polyhydramnios
- Oligohydramnios

Maternal complication:

- pre-eclampsia
- ↑ risk of infection
- PPH, shoulder dystocia
- ↑ risk of operative delivery
- DKA

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