

Q. No 3 (a) Diagnose :-

↳ Mullerian obstruction

(b) Cause :-

Failure to complete canalization of Mullerian structure.

(c) Treatment :-

surgical incision of hymen

Drainage of blood

Follow-up

Q. No 4 (a) investigations :-

Female :- in follicular phase of FSH, LH and oestradiol

(ii) hysterosalpingogram and hysterocontrast syngography

(iii) operative laproscopy and Test dye test

Male

Semen analysis

if there is azoospermia, Testosterone level, LH and FSH level

screening for cystic fibrosis
karyotyping

(b) Management :-

Medical :-

(i) ovulation induction

- clomiphene citrate - induce follicle ovulation
- low dose of FSH - induce follicular growth
- laproscopic ovarian drilling

(ii) Intrauterine insemination

- ↳ done in case of azospermia

(iii) In vitro - Fertilization

- ↳ done in case of tubal pathology

(iv) Intra-cytoplasmic sperm injection

- ↳ sperm injected into egg when it is in poor quality

(v) Inj. hCG and FSH

- ↳ increase of male hypogonadism

Q. Nodules

Diagnose :-

Inevitable ~~not~~ miscarriage.

(b) Treatment

Medical :- \swarrow misoprostol - vaginal, sublingual

Surgical :- Dilatation and Evacuation

Q. Nodules

① cervical Ectropion

② Pelvic inflammatory disease

③ Endometrial carcinoma

④ chorio carcinoma

⑤ Tuberculosis

(b) Lymphatic drainage :-

Lymphatic drainage from cervix -

• anterior and lateral cervix drain into external iliac lymph nodes

and para-aortic lymph nodes.

• posterior and lateral cervix drain into internal iliac lymph nodes and

para-aortic lymph nodes

• posterior section of cervix drains to obturator and presacral lymph nodes.

Q. NO 7 (c)

sign and symptoms of malignancy of ovaries

- ① Abdominal bloating
- ② Feeling of Fullness
- ③ back pain
- ④ weight loss
- ⑤ Fatigue
- ⑥ pelvic mass
- ⑦ lower abdominal pain

Q. No 9

immediate complications

- ii) Infection
- iii) Hemorrhage
- iiii) Perforation (uterine)

long term complications

- ii) Asherman syndrome
- iii) Secondary amenorrhoea

0. Major complications of hysteroscopy

- ① Perforation of uterus
- ② cervical damage, if cervical dilatation is necessary
- ③ if infection is present, hysteroscopy cause ascent.

(B) Hysterosalpingography :-

It is radiographic visualization of uterine cavity and lumen of Fallopian tube using radiopaque dye.

indications

- (i) Ruptured Ectopic Pregnancy
- (ii) Pelvic abscess

(C) Laparoscopy = laparoscopy involves the visualization of peritoneal cavity.

it involves the insertion of needle called ~~as~~ Veress needle into a suitable Puncture point in the umbilicus. This allows the insufflation of peritoneal cavity with carbon dioxide

so that larger instrument can be inserted. The majority of instrument used for diagnostic

laparoscopy are 5mm diameter and 10mm diameter instruments are used for operative

laparoscopy. more recently, 2mm diameter laproscope has become available -