

an endrup 2018 gynae

Q. No 1(a)

Diagnose

Mullerian agenesis

(b) Management

- (1) surgical creation (elongation) of vagina
- (2) Psychological support

Q. No 2(a)

causes

- (1) Raised androgen levels
- (2) congenital adrenal hyperplasia
- (3) Androgen secreting adrenal tumor
- (4) Polycystic ovarian disease

(b) Management :

- ① Affected individuals required life long steroid replacement such as hydrocortisone along with Fludrocortisone for salt losses.

- ② once infant well stabilize ~~on their~~ steroid regime surgical treatment genital considered.
- ③ All Female infants with CAH underwent feminizing genital surgery with in the first year of life -

Q. Nowra

First line treatment :-

- ① Mefenamic acid with other NSAIDs
- ② Tranexamic acid
- ③ ~~combined~~ combined oral contraceptive pills
- ④ Mx - etisterone
- ⑤ levonorgestral intrauterine system
- ⑥ GnRH agonist

(b) other treatment-

Surgical



① Endometrial ablation

ii) 1st Generation Technique
↳

- Transcervical resection of endometrium with electrical loop
- Roller ball ablation

(iii) 2nd Generation Technique
↳

- Impedance controlled endometrial ablation
- Thermal uterine ~~artery~~ balloon therapy
- microwave ablation

② umbilical ~~cord~~ artery embolization

③ Myomectomy

④ Transcervical resection of Fibroids

⑤ Hysterectomy

②. NOBCA

Factors

- iii) pregnancy
- iii) High dose combined oral contraceptive pills
- iii) Immunosuppression

(vi) Broad spectrum antibiotics

(v) Diabetes mellitus

(vii) HIV

(viii) Hormone Replacement therapy

(b) management

General and Supportive Care :

- (i) women should be advised to avoid soaps, Perfumes, Synthetic under wear
- (ii) High dose COCP changed to low dose ^{or only} progesterone
- (iii) Good glycaemic control.
- (iv) avoid Recurrent course of broad spectrum antibiotics

Anti uncomplicated infection

- ① Topical antifungal
- ② oral anti-fungal
- ③ Nystatin

complicated infection -

- Topical treatment in acute severe infection in pregnancy, DM1 immunosuppression can be extended upto 2 weeks.

Recurrent infection :

(i) induction Regimen

(ii) in pregnancy Topical imidazoles can be used for 2 weeks

(iii) maintenance Regimen

For induction and followed by a weekly dose of clotrimazole for as long as possible 6-8 weeks.

(iv) 90% cure rate at 6 months and 40% at 1 year with this regimen.

Q. No 7 (a)

Diagnose :-

uterovaginal Prolapse

(b) investigations :-

(i) urine Examination

(ii) urine microscopy

(iii) ultrasound KUB

(iv) cytometry

(v) cystoscopy

(vi) Renal Function Test

(vii) MR Proctography

(c) causes

(1) Child birth injury

(2) congenital weakness of pelvic connective tissue in multiparous women.

(3) Aging

(4) multiparity

(5) Prolonged difficult labour.

Q. 200 (a)

Etiological Factors

- E**
- ① Chromosomal abnormalities
 - ② Medical/Endocrine Problems
 - ③ Infections
 - ④ Drug/chemicals
 - ⑤ Uterine abnormalities

(b) Management :-

General :-

- History
- Examination
- Observation
 - ↳ BP • Pulse • Temperature
- Lab investigations
 - ↳ Hb, • blood grouping and saving

→ Medical : Tab mifepristone 480 + Tab misoprostol + 1gm vaginal pessary

→ Surgical : Evacuation of Retained product of conception

→ Psychosocial support

→ Counselling

→ Follow-up

Q. No 10 (a)

Laparoscopy :-

Laparoscopy involves visualization of peritoneal cavity. It involves insertion of needle called Veress needle into a suitable ~~to~~ puncture point in the umbilicus. This allows insufflation of peritoneal cavity with carbon dioxide so that the larger instrument can be inserted. The majority of instrument used for diagnostic laparoscopy is 5mm diameter. 10 mm diameter instrument are used for operative laparoscopy. Recently 2mm laproscope has been available -

(b) indications :-

- (1) Undiagnosed pelvic pain
- (2) Ectopic pregnancy
- (3) Tubal patency testing
- (4) Sterilization

(c) Complications

- ① Damage to blood vessels
- ② Drug reaction
- ③ incisional hernia
- ④ infections
- ⑤ Trauma to uterus
- ⑥ Hemorrhage
- ⑦ Emphysema
- ⑧ Gas embolism
- ⑨ Cardiac arrest