

Glytasan Man Pitafi

Gyne sendup - 2019

Q. No 1 (a)

PID =

Mullerian obstruction (imperforate hymen)
Mullerian agenesis (1)

(c) investigations:

(1) Hormone levels (2) FSH (3) LH (4) Testosterone

(5) TSH (6) TFTS

(b) 2

Q. No 2(a)

D/D :-

- (1) Endometrial CA
- (2) Endometrial hyperplasia
- (3) Endometrial polyps
- (4) Fibroids
- (5) Endometriosis

(b) investigations :-

- (i) Endometrial sampling
- (ii) ultrasound
- (iii) Hysteroscopy
- (iv) Cervical smear
- (v) Tumor markers

(c) Treatment :-

- (1) Radical hysterectomy with pelvic node dissection
- (2) Local Radiotherapy
- (3) Chemotherapy for metastatic tumor

D. N. 3 (a) Diagnose :

Ruptured Ectopic Pregnancy

(b) Management :-

- (i) Admit the Patient
- (ii) Maintain Airway and Breathing
- (iii) Maintain IV line
- (iv) vital monitoring
- (v) ~~etc~~ adequate hydration
- (vi) Blood grouping and crossmatch
- (vii) USG abdomen

Medical :-

- (1) Folic acid antagonist
- (2) Methotrexate single IM injection

Surgical :-

→ By laparoscopy or lapotomy, Fallopian tube removed (salpingectomy) or salpingostomy.

Q.11010101

Causes of Subfertility Female

- ① Ovarian Problems
 - ↳ Disruption of ^{HPO}HP axis Function
 - Polycystic ovarian syndrome
 - Hyper or Hypothyroidism
 - Hyperprolactinemia
- ② Tubal problems
 - ↳ Tubal blockage
 - ciliary movement dysfunction
- ③ Endometrial Problems
 - ↳ Prevent implantation
 - Endometriosis
- ④ Cervical Problems
 - ↳ anti-sperm antibodies destroy the sperm

(b) investigations for her :-

- ① Follicular phase FSH, LH and oestradial — to check HPG dysfunction
- ② Hysterosalpingogram (HSG) and ~~Hetero~~ Hysterocontrast syngography
— Techel Tubal patency
- ③ operative laparoscopy and test dye test — if above test suggest Tubal blockage.

②. Vasca investigations :-

- (1) Taus
- (2) Transabdominal ultrasound
- (3) saline injection sonography
- (4) MRI
- (5) ~~Hysteroscopy~~ Hysteroscopy

(b) management of acute IUB :-

- (1) Admit the Patient
- (2) Pelvic Examination
- (3) FBC, Coagulopathy screen, Biochemistry

- (4) intravenous access and ~~Resuscitation~~ Resuscitation
or Transfusion as Required
- (5) Tranexamic acid oral or IV
- (6) TVUS
- (7) High dose of Progestogens to arrest bleeding
- (8) consider suppression with GnRH or Mifepristol acetate in the mid term.
- (9) long term plan when diagnose is made.

Q. (Vobca) Diagnose :-

Cervical carcinoma

(b) investigations :-

- (1) Cervical biopsy
- (2) colposcopy
- (3) MRI of abdomen and Pelvis
- (4) History and Pelvic Examination

(1) Treatment :-

standard surgical treatment is total hysterectomy

Treatment by staging

stage I - A1
stage IB

wide local excision ~~and~~ with clear margins only.
total hysterectomy

Radical hysterectomy - if pt is too obese and not fit for surgery.

Radical hysterectomy or combination ~~of~~ ~~radical~~ hysterectomy.
brachytherapy

stage II and IV

- External beam radiotherapy
- Brachytherapy (internal radiotherapy)

Q. 107 (a)

DID :-

- (1) uterovaginal prolapse
- (2) anterior wall prolapse

(b) Management :-

General :-

observe the asymptomatic patient

Treat the cough and constipation

weight should be reduced

Pelvic Floor Exercise

A 7-days course of Topical estrogen in ulcerated Prolapse

Medical :-

Pelvic Floor Physiotherapy

Silicon - Rubber based ring Pessaries and shelf Pessaries

Surgical :-

(i) uterine Preserving injury

↳ Hysteroscopy

• Manchester repair

• Le-Fort colpoceleisis

• Total mesh procedure using an introducer device

(2) Procedure involving Hysterectomy =

- ↳
- vaginal Hysterectomy
 - Transabdominal Hysterectomy

(3) For cyto-urethrocele =

Anterior Repair (colporrhaphy)

(4) For recto-cele =

Posterior Repair (colporrhaphy)

(5) Enterocele =

same as anterior and posterior repairs but Peritoneal sac containing small bowel should be repaired excised.

(6) For vault =

- vaginal repair
- sacrocolpopexy

Q. No 8(a)

Methods 2.

- (1) IUCD
- (2) combined oral contraceptive pills
- (3) injectable medroxy progesterone acetate
- (4) condom
- (5) natural planning

(b)

Q. No. (a) Diagnose :-
Menopause

(b) management :-

(i) Life style and Dietary changes

- ↳ cigarette cessation
- Reduction of alcohol consumption
- Exercise and maintaining normal BMI

(2) Non-Hormonal approaches

(i) complementary therapies

- ↳ Acupuncture
- Hypnotism

(ii) Herbal preparations

- ↳ Back cohosh
- Kava kava
- St. Jones wort

(iii) Non-hormonal treatments for vasomotor symptoms

- Alpha-adrenergic agonists
- Beta-blockers
- Serotonin receptors re-uptake blockers
- GABA analogue

(3) Hormone Replacement therapy.

0.261016 complications of laparoscopy

R(1) Damage to blood vessels

(2) incisional hernia

(3) Drug reaction

(4) infections

(5) Trauma to uterus

(6) Hemorrhage

(7) Embrysema

(8) cardiac arrest

(9) Gas embolism