

OBSTETRIC CASE TAKING

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COMMON PROBLEMS

DIFFERENTIAL DIAGNOSIS IN CLINICAL OBSTETRICAL PRACTICE



The uterus is **LARGER** than the period of amenorrhea in the following conditions:

1. Miscalculation.
2. Multifetal pregnancy (twins or more)
3. Fetal macrosomia; generalized or localized macrosomia e.g. fetal ascites , tumors.
4. Polyhydramnios
5. Hydatidiform mole (50% of them).
6. Uterine tumors with pregnancy (e.g. fibroids.)
7. Concealed accidental hemorrhage



The uterus is **SMALLER** than the period of amenorrhea in the following conditions:

1. Miscalculation
2. Small for- date- fetus including IUGR
3. Intrauterine fetal death including missed abortion
4. Oligo-hydramnios
5. Incomplete hydatidiform mole



BLEEDING **EARLY** IN PREGNANCY (**vaginal**)

1. Abortion (see types next slide)
2. Ectopic pregnancy
3. Molar pregnancy
4. Local gynecological cause (*infection-tumor-trauma*)
5. General cause for bleeding



Clinical types of abortion.

Type	Bleeding	Discharge	Ut. size	cx. os	Fever	Septicemia
Threatened	+	-	= amenorrhea	closed	-	-
Inevitable	+++	-	< amenorrhea	open	-	-
Incomplete	++	-	< amenorrhea	open	-	-
Complete	+	+	< amenorrhea	closed	-	-
Missed	+	++ brown	< amenorrhea	closed	-	-
Infected	Any	Pus	Any	Any	+	-
Septic	any	Pus	Any	Any	++	+

Cervical abortion is a sub-type of inevitable abortion in which the products of conception are in the cervical canal.



DD of bleeding 1st trimester bleeding

Item	Abortion	Ectopic pregnancy	Molar pregnancy
Clinical	<ul style="list-style-type: none"> • Diagnosed preg • Bleeding • Pain 	<ul style="list-style-type: none"> • Short or no amenorrhea • Bleeding • Pain +/- syncop 	<ul style="list-style-type: none"> • Diagnosed preg • Bleeding (prune juice) • +/- passage vesicles
Ultrasound (tvs better)	<ul style="list-style-type: none"> • I.U fetus or remnants of conception 	<ul style="list-style-type: none"> • Empty uterus • ? Adnexal GS • ? Free pelvic fluid (blood) 	<ul style="list-style-type: none"> • No fetus • Snow storm appearance
β-HCG	<ul style="list-style-type: none"> • Proportionate to the GA or lesser 	<ul style="list-style-type: none"> • No doubling within 48 h 	<ul style="list-style-type: none"> • Markedly elevated than expected for GA



Bleeding late in pregnancy (3rd trimester)

1. Placenta previa
2. Placental abruption
3. Vasa previa
4. Rupture uterus during pregnancy
5. Local gynecologic cause (infection-tumor-trauma)
6. General cause of bleeding



Acute abdominal pain in **early** pregnancy:

1. Abortion
2. Ectopic pregnancy
3. Appendicitis
4. Complicated ovarian cyst
5. Cystitis
6. Acute pyelonephritis
7. Peritonitis



Acute abdominal pain late in pregnancy

1. Labor pains (preterm or term)
2. Placental abruption
3. Uterine rupture (prior uterine scars)
4. Appendicitis (abnormal site for appendix)
5. Acute pyelonephritis (fever+ rigors)
6. Cystitis
7. Chorioamnionitis



Watery vaginal discharge in pregnancy

1. Ruptured fetal membranes
2. Amnionitis
3. Vaginitis/cervicitis
4. Urine



Convulsions in pregnancy

1. Epilepsy (history/ no hypertension)
2. pre-eclampsia/eclampsia synd.
3. Tetanus
4. Tetany (eg. Parathyroid removal)
5. Meningitis/encephalitis
6. Strychnin poisoning



Jaundice in pregnancy

1. Intrahepatic cholestasis of pregnancy
2. Acute fatty liver of pregnancy
3. HELLP synd: (↑ BP & prot. is +ve).
4. Biliary obstruction: (u/s → gallstones).
5. Viral hepatitis: (↑ serum SGPT,SGOT)
6. Hemolytic anemia



Thank you



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