## **Question:**

A 3rd gravida, 2nd para, pregnant 32 wks, presenting by mild attack of vaginal bleeding. On examination, the patient is hemodynamically stable, uterus lax, baby is cephalic, its back on the right side near midline, and FHS is 142 heats/min. & regular.

| stable, uterus lax, baby is cephalic, its back on the right sid midline, and FHS is 142 beats/min. & regular.  | e near   |
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| A- What is the provisional diagnosis?  | 1  |
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| B- Explain your diagnosis  | (CV-100 (MID)))) (C (100 (MID))                |
| ■ >>/ALL\L\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | 2  |
| C- Suggest 2 subsequent steps for definite diagnosis.  |  |
| <b>1.</b> («» «  |  |
| 2.   | )))  |
| D- Put the proper treatment plan for this case?  |  |
| • ((((())))))))  | ##PAR**14 (4000)>>>>= (40000)                  |
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| _  | partial vesicular mole   | complete vesicular mole.   |  |
|--|--|--|--|
|  | parcial vesicular mole   | complete vesicular mole.   |  |
| Incidence  |  |  |  |
| Presence of fetal parts                                    |  |  |  |
| USS  |  |  |  |
| Chromosomal patterns                                       |  |  |  |
| Line of treatment  |  |  |  |
| - What is treatn   | nent of choice for comp  | olete vesicular mole?  |  |
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## Question:

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| 1.<br>2.<br>3. |           | Define the four stages of normal labor?                                      | 4 |
|                |           |  |   |
|                | 1         | Mention 6 essential steps to conduct the second stage of normal labor.       | 6 |
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| 1  | A- Identify four prerequisites for vacuum extraction & explain why for each   |          |
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| 2. | ***************************************   | 4        |
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| 1. | B- Mention 3 indications for the use of vacuum extraction.  |          |
| 2. |   | 3        |
| 3. | 200 AAA (CA. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO   |          |
|    | C- Mention 3 complication (fetal or maternal) for the use of  |          |
| 1. | vacuum extraction   | ,        |
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|    | A- List the items of Apgar scoring and define each   |   |
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|    | B- Mention 5 measures for the management neonatal asphyxia.  |   |
| 1. | B- Mention 5 measures for the management neonatal asphyxia.  | 5 |
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| Question:   | Total marks:   |   |
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| A- What is the microbial etiological  | ogy of PID, mention 4 types  |   |
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| <b>3.</b>   | - (f. 8M 113 ***   | 2 |
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| B- Mention 3 methods of the   | diagnosis of PID.  |   |
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| C- Mention in details 5 lines fo  | r the treatment of PID   |   |
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| 1. | A- List 6 of the WHO medical eligibility criteria for copper bearing IUDs  |       |
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| 2. | 11106C0003308IIII.CCC6844aaq 174 CC 000000336 11 114448   3 2772 CCC00036 11 11444   3 2772 CCC00036   3  |       |
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| 6. | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  | :<br> |
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| 1. | B- Mention 2 absolute contraindications of the use of IUDs   |       |
| 2. |  |       |
| ۷. |  |       |
| C- | Recommend 3 suitable contraceptive methods for a lactating lady  |       |
| 1. | & explain why it is suitable?  |       |
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| Question:                               | Total marks:                           |              |
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| A- Describe the naked eye patho         | logy of adenomyosis.                   | 2            |
| B- Describe the microscopic appe        | earance of adenomyosis                 | 2            |
| C- Mention (5) clinical presentation    | on of adenomyosis .                    | 79 (41046000 |
| 4. ************************************ | ************************************** |              |
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