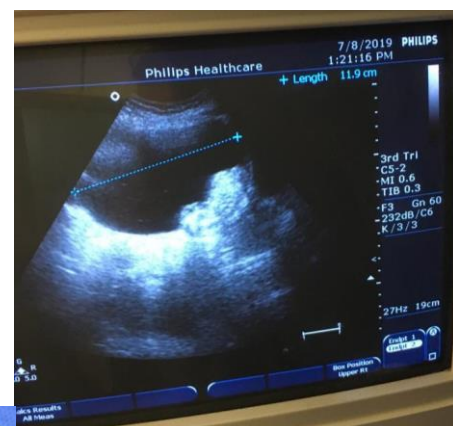


Dr. Naser's additional sources:

- **HTN in pregnancy:** https://elearning-med.iu.edu.io/med/pluginfile.php/7974/mod_resource/content/1/hypertension-in-pregnancy-diagnosis-and-management-pdf-66141717671365.pdf
- **Preeclampsia:** Antepartum management and timing of delivery: <https://www.uptodate.com/contents/preeclampsia-antepartum-management-and-timing-of-delivery>
- **Epilepsy in pregnancy:** <https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/epilepsy-in-pregnancy-green-top-guideline-no-68/>
- **Acute PID:** https://elearning-med.iu.edu.io/med/pluginfile.php/7979/mod_resource/content/1/acute%20pelvic%20inflammatory%20disease.pdf
- **Thyroid disease in pregnancy:** https://elearning-med.iu.edu.io/med/pluginfile.php/7985/mod_resource/content/2/thyroid%20diseases%20in%20pregnancy.pdf
- **STD treatment:** <https://www.cdc.gov/std/pregnancy/treatment.htm>
- **Gestational trophoblastic disease:** https://elearning-med.iu.edu.io/med/pluginfile.php/7991/mod_resource/content/1/gestational%20trophoblastic%20diseases.pdf
- **Gestational trophoblastic neoplasia:** <https://emedicine.medscape.com/article/279116-overview>

Ovarian cyst: Trans-abdominal ultrasound scan for a 17 year old girl who has vague abdominopelvic pain for 2 months. The scan shows a right-sided ovarian cystic lesion around in diameter with solid component. Serum tumor markers are requested and she was counselled regarding the subsequent management plan. Usually such lesions need surgical intervention of cystectomy either via laparoscopy or traditional laparotomy guided by the results of the tumor markers. Obviously they have to accept the risk of oophorectomy.



An ovarian cyst, common with high risk of torsion

Mature cystic teratoma or dermoid cyst



Gangrenous ovarian cyst: torted and

gangrenous ovarian cyst and ovary.

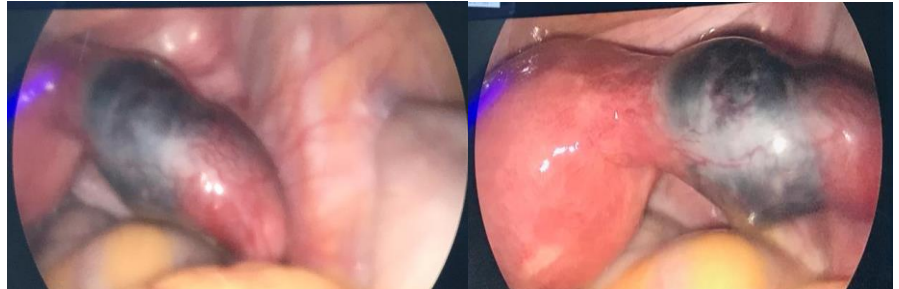


Mass removed from the uterus:

Benign tumor fibroid or leiomyoma.



Tubal ectopic pregnancy: The following images are those of right tubal ectopic operated upon laparoscopically using ligature.



Uterine septum: a 28 year old lady with recurrent IVF failure and one miscarriage.

The image shows the septum at HSG and the video shows the hysteroscopic resection.



Preconceptual counselling: what advice are you going to give to a 20 year old epileptic patient who is well-controlled on valproate and is planning to conceive?

True or false statements:

1. Carbimazole is the preferred antithyroid medication in pregnant patients.
2. A patient should be breastfeed if she is taking propylthiouracil
3. Radioactive iodide should only be used if there was a failure of medical treatment in a hyperthyroid pregnant patient
4. A hypothyroid pregnant patient should be delivered by forceps and not by caesarean section

What are the non-contraceptive benefits of combined oral contraceptive pills (COCP)?

Preterm birth:

What are the causes of spontaneous preterm birth?

What the causes of iatrogenic preterm birth?

What is the best tocolytic agent?

What are the benefits of antenatal corticosteroids for the fetus?

What are the indications for cervical cerclage?

Itching in pregnancy

A 23 year old lady who presented with itching in her body at around 31 weeks. There were no local skin lesions and no contact with patients with skin diseases. There were also no associated symptoms of fever or flu-like illness. The pregnancy was uneventful and she indicated good fetal movements.

U/S scan showed a cephalic normally grown fetus with normal placenta, liquor and umbilical arterial blood flow on doppler studies. Her laboratory blood test results were normal with the exception of elevated bile acid levels.

The diagnosis was that of obstetric cholestasis. She was started on symptomatic treatment for the itching (antihistamines oral and kalamine lotion) and ursodeoxycholic acid orally.

1. What was the lesson that should be learned from this presentation?
2. How would you follow her up?
3. When and how are you going to deliver her?
4. What are the fetal and maternal complications of this condition?

You are going to see Mrs F N, a 32 year old lady, underwent yesterday an elective cesarean section at 38 weeks gestation due to persistent breech presentation.

1. Describe your initial review of the lady.
2. What are you going to examine her for and why?
3. She is having some questions for you;
 - A. can she breastfeed.
 - B. what analgesics are safe for her and her baby?
 - C. when can she have a bath?
 - D. when can she be discharged?
 - E. when can she resume her sexual activity?
 - F. what are her contraceptives?

Dr. Fidaa:

- DM guidelines in pregnancy: https://elearning-med.ju.edu.jo/med/pluginfile.php/7949/mod_resource/content/1/DM%20guidelines.pdf
- Gynecology procedures: <https://www.urmc.rochester.edu/ob-gyn/gynecology/procedures.aspx>