

Illawarra Shoalhaven Local Health District Emergency Medicine Fellowship Program



Topic-Based Quiz: Qs and As

O&G

Candidate Instructions

- Duration = 30min
- Props are included within the examination booklets
- Allocated marks for each question are shown
- Each mark is of equal weight
- There is no negative marking
- Write answers CLEARLY, and cross out any errors
- Answer within space provided
- Do not begin until instructed
- You may take examination book home with you



Good Luck!

Acknowledgement: Thank you to the trainees who have written these SAQs with the hope of making their colleagues sweat, but ultimately gain more exposure to exam practice. Good job.

Question 1

A 19 year old girl presents to the emergency department with PV spotting and is found to be 6 weeks pregnant with a live intrauterine pregnancy (IUP). She expresses to you that she wishes to undergo a termination of pregnancy (TOP).

What are the 2 forms of TOP available to women? (2 marks)

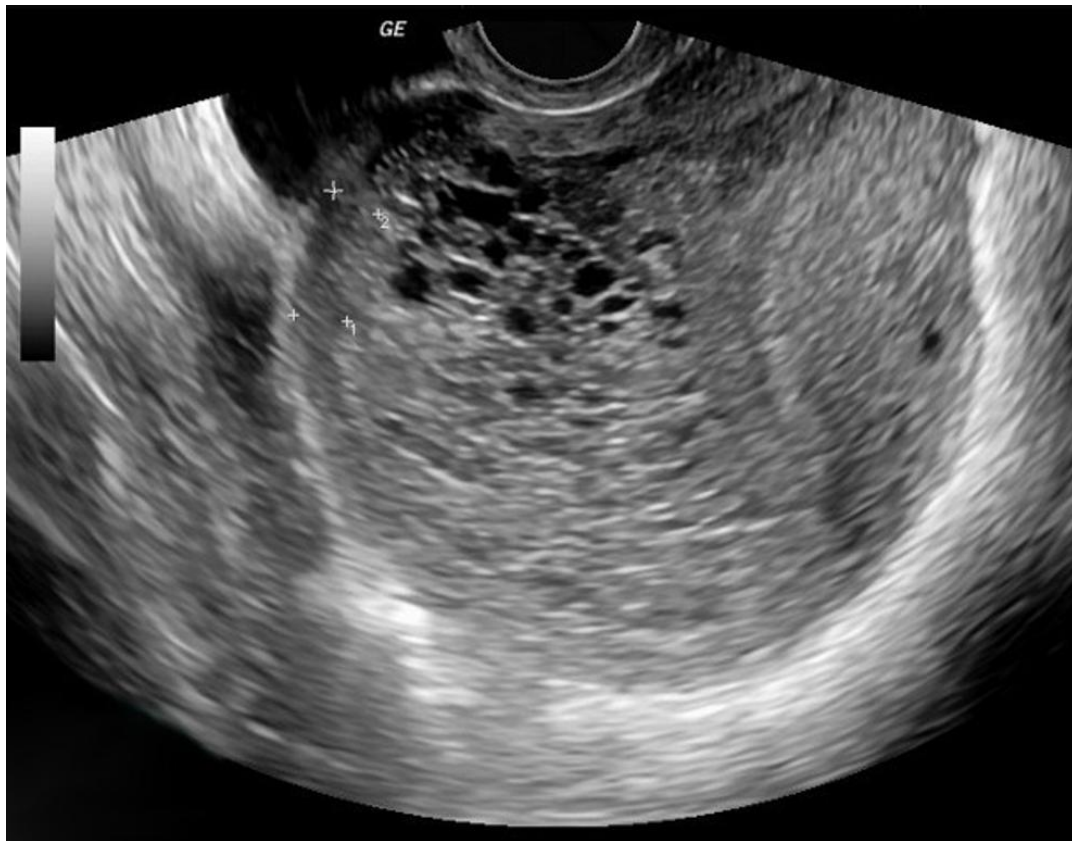
What are the two medications prescribed in medical termination of pregnancy, what is the latest gestation acceptable for outpatient treatment? (3 marks)

Name 4 complications of termination of pregnancy (4 marks)

Question 2

A 23 year old women presents to the ED with lower abdominal discomfort and nausea. She is found to be pregnant, with a quantitative BhCG of 134,000 and otherwise normal bloods.

She undergoes a pelvic ultrasound and an image is below



What is the main finding on this ultrasound and what is the provisional diagnosis? (2 marks)

Name 2 common symptoms that lead these women to attend the emergency department (2 marks)

What is the initial definitive management of this condition? (1 mark)

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Name two complications of this condition (2 marks)

Question 3

You are working in a rural emergency department with off-site obstetric support after hours. A 32 year old woman who is 31 weeks pregnant presents with some clear fluid loss from the vagina. She feels otherwise well, has no other symptoms of concern and is feeling her baby move normally. Her vital signs and the fetal heart rate are all normal.

What is the provisional diagnosis? Name 1 common differential diagnosis (2 marks)

Provisional Dx: _____

DDx: _____

Name 1 method of diagnosis (1 mark)

List 3 complications of this condition (3 marks)

The midwife (who is in the ED performing a CTG) comes to tell you that the fetal heart rate has fallen to 70bpm and she is concerned there is a cord prolapse. Outline your approach to management of this condition. (4 marks)

Question 4

A woman is referred to the ED by her GP with fever and chills. She is 6 days post-partum after a forceps delivery resulting in the birth of her daughter who is doing well. The GP suspects she has endometritis.

Her vital signs are:

T 39.5

P 122

BP 109/72

RR 24

SaO₂ 99% RA

Other than endometritis, please list 3 relevant differential diagnoses with a discriminatory clinical finding for each (6 marks)

DDx	Clinical Finding

You decide that endometritis is the likely diagnosis, list 2 clinical features, 1 important examination finding consistent with endometritis (3 marks)

She has significant abdominal pain and a pelvic ultrasound is done which showed retained products of conception. Please outline your management priorities in this situation (3 marks)

Question 5

A 24 year old woman in her first pregnancy comes to the emergency department with a small amount of vaginal bleeding and lower abdominal cramping. She has no significant past medical history and has been taking folate supplementation since her positive urine pregnancy test 3 weeks ago.

Her vital signs:

T 36.5

P77

BP 102/67

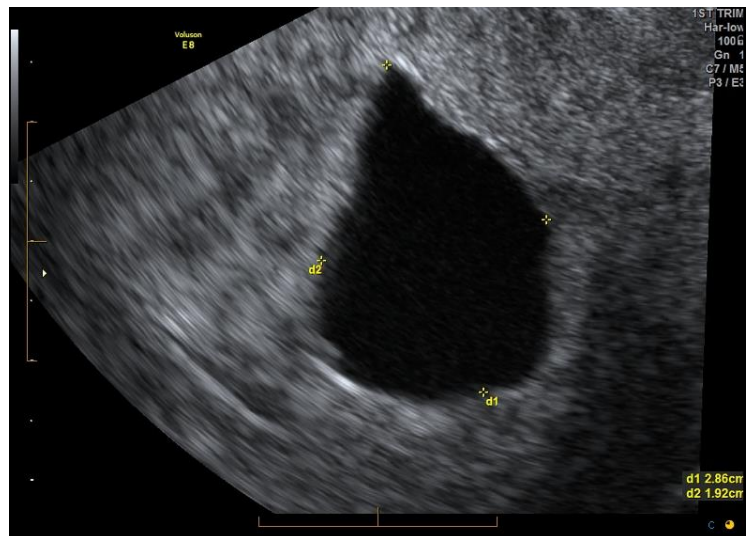
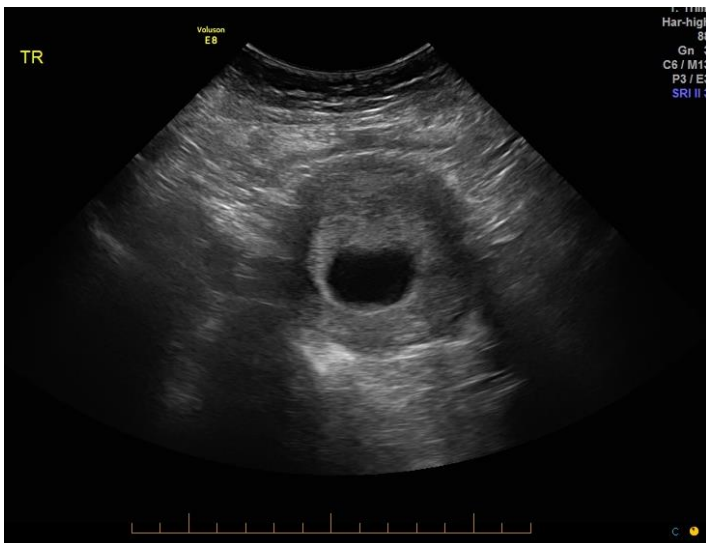
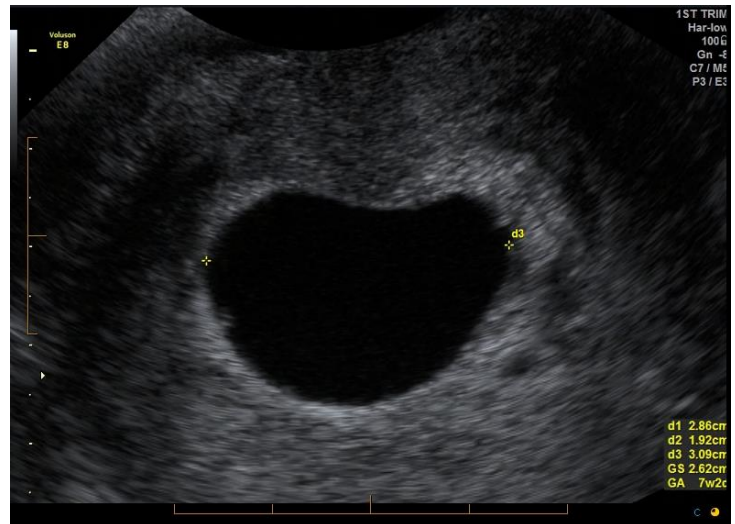
Blood tests show:

Hb 134

A Negative

BhCG 6,440

She has a transvaginal ultrasound



Report states:

“There is an intrauterine gestational sac which has a mean sac diameter of 26.2mm but no fetal pole is visualised. There is no evidence of extrauterine pregnancy and no free fluid”

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What is the diagnosis and viability of the pregnancy? (2 marks)

What are the 3 management options for this condition? (3 marks)

Regarding surgical management, name 2 absolute indications for its use (2 marks)

The patient requires Rh immunoglobulin, what is the dose and route of this medication? (1 mark)

ANSWERS

Question 1

A 19 year old girl presents to the emergency department with PV spotting and is found to be 6 weeks pregnant with a live intrauterine pregnancy (IUP). She expresses to you that she wishes to undergo a termination of pregnancy (TOP).

What are the 2 forms of TOP available to women? (2 marks)

- Medical termination
- Surgical termination – suction evacuation

What are the two medications prescribed in medical termination of pregnancy, what is the latest gestation acceptable for outpatient treatment? (3 marks)

- Mifepristone (RU486) 200mg
- Misoprostol 800mcg PV +/- repeat

Name 4 complications of termination of pregnancy (4 marks)

- Endometritis / Sepsis
- Retained products of conception
- Specific to suction evacuation:
 - Uterine perforation
 - Ashermans syndrome

Question 2

What is the main finding on this ultrasound and what is the provisional diagnosis? (2 marks)

'Grape-like appearance within uterus' / snowstorm / heterogenous mass in uterus
Molar pregnancy / gestational trophoblastic disease

Name 2 common symptoms that lead these women to attend the emergency department (2 marks)

PV bleeding
Hyperemesis

What is the initial definitive management of this condition? (1 mark)

Suction Evacuation

Name two complications of this condition (2 marks)

Persistent gestational trophoblastic disease
Gestational trophoblastic neoplasia / choriocarcinoma

Question 3

What is the provisional diagnosis? Name 1 common differential diagnosis (2 marks)

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Provisional Dx: **Preterm Prelabour Rupture of Membranes (PPROM)**

DDx: **Urinary Incontinence**

Name 1 method of diagnosis (1 mark)

**Sterile speculum exam with pooling of amniotic fluid
Positive amnisure or actim-prom**

List 3 complications of this condition (3 marks)

Chorioamnionitis

Preterm Labour / Delivery – complications of prematurity (pulmonary hypoplasia exacerbated by lack of amniotic fluid)

Placental abruption

Long admission / Social and emotional stressors (acceptable as can be profound)

The midwife (who is in the ED performing a CTG) comes to tell you that the fetal heart rate has fallen to 70bpm and she is concerned there is a cord prolapse. Outline your approach to management of this condition. (4 marks)

Call on call Obstetrician / Need for Emergency Caesarean Section

Elevate head (or presenting part) off cord: push presenting part superiorly

Roll woman onto all 4s with head down (assist with gravity)

Fill bladder – 500mL into IDC

Question 4

A woman is referred to the ED by her GP with fever and chills. She is 6 days post-partum after a forceps delivery resulting in the birth of her daughter who is doing well. The GP suspects she has endometritis.

Her vital signs are:

T 39.5

P 122

BP 109/72

RR 24

SaO2 99% RA

Other than endometritis, please list 3 relevant differential diagnoses with a discriminatory clinical finding for each (6 marks)

DDx	Clinical Finding (Hx or Exam)
Mastitis	Breast tenderness
Perineal wound infection	Tender wound with erythema/exudate
Urinary tract infection / pyelonephritis	Dysuria / Flank tenderness

Many acceptable answers – as long as a strong predictive finding (VTE an unlikely cause with fever + chills and T 39.5 – no mark)

You decide that endometritis is the likely diagnosis, list 2 symptoms and 1 important examination finding consistent with endometritis (3 marks)

- Hx: PV discharge, lower abdominal pain, increase in PV bleeding (fever not OK as in stem)
- Exam: Uterine tenderness on bimanual, PV discharge (if not above)

She has significant abdominal pain and a pelvic ultrasound is done which showed retained products of conception. Please outline your management priorities in this situation (3 marks)

- IV Antibiotics: Ampicillin 2g IV, Gentamicin 400mg IV, Metronidazole 500mg IV
- Haemodynamic support: IV fluid bolus Hartmanns up to 30mL/kg then vasopressors with target MAP >65
- O&G referral for emergent suction evacuation (source control)

Question 5

What is the diagnosis and viability of the pregnancy? (2 marks)

- Anembryonic pregnancy / Missed Miscarriage / Non-viable IUP
- MSD > 25mm with no fetal pole

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What are the 3 management options for this condition? (3 marks)

- Expectant management – await spontaneous miscarriage
- Medical management – misoprostol 800mcg PV +/- repeat (may add mifepristone initially given new evidence, not widely accepted yet)
- Surgical management – suction evacuation

Regarding surgical management, name 2 absolute indications for its use (2 marks)

- Heavy bleeding with haemodynamic instability
- Septic miscarriage

The patient requires Rh immunoglobulin, what is the dose and route of this medication? (1 mark)

Anti-D 250iu IM