

① polyp

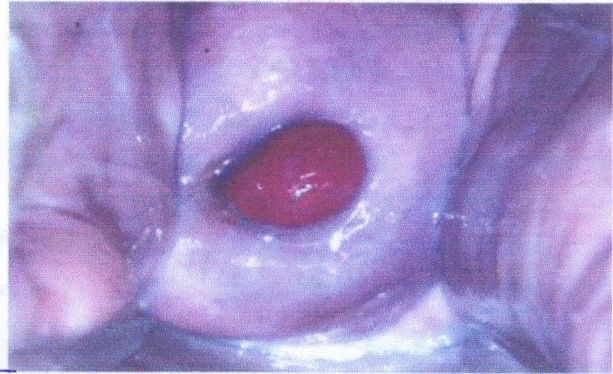
② → Asymptomatic
→ Irregular bleeding

③ → Cervical polyp
→ Endometrial polyp

Rx → excision with diagnostic curettage

Slide 1

- What is this lesion?
- What are the main presenting symptoms?
- What are the different types of polyps?



① Laparoscopic ovarian drilling

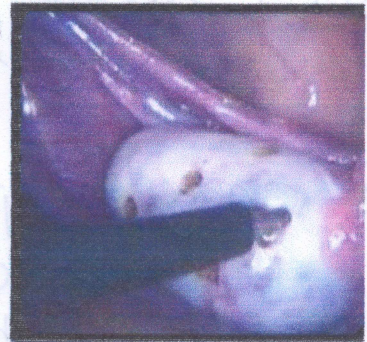
② PCO

③ → Injury to adjacent organ.
→ Infection or bleeding from incision.
→ Anesthetic complication.

④ → To assist ovulation
→ Rx of PCOs

Slide 2

- What is the name of this procedure?
- What are the indications?
- Name 2 complications
- Name 2 advantages



① Intracytoplasmic Sperm Injection

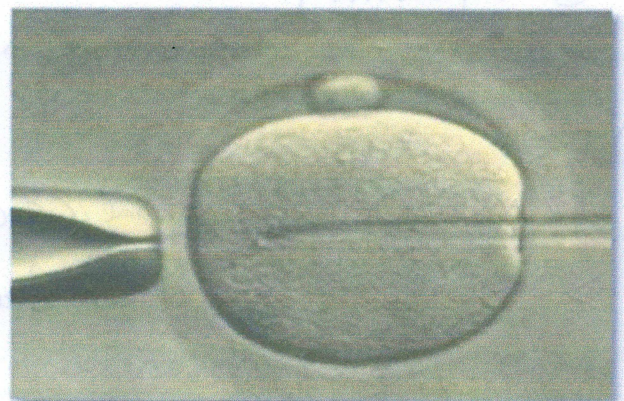
② To overcome male infertility,
In case of (low sperm count & motility)

③ Complication:-

- 1- birth defect
- 2- ↑ risk of Genetic problem transmission to offspring
- 3- multiple gestation.

Slide 3

- What is the procedure demonstrated here?
- What is the main indication for this treatment?
- What are three possible side effects of this form of treatment?



① Cystocele

② → 1- Cystocele

2- Rectum

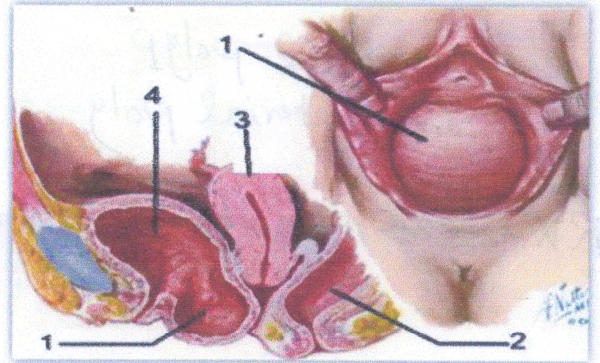
3- uterus

4- normal bladder

③ → 1- multipara , old Age
2- child birth , pelvic weakness
3- difficult pregnancy

Slide 4

- Identify the defect in arrow 1.
- Identify the anatomic structure in: (1, 2, 3, 4).
- Name 3 risk factors for this condition.



① Uterus Perforation

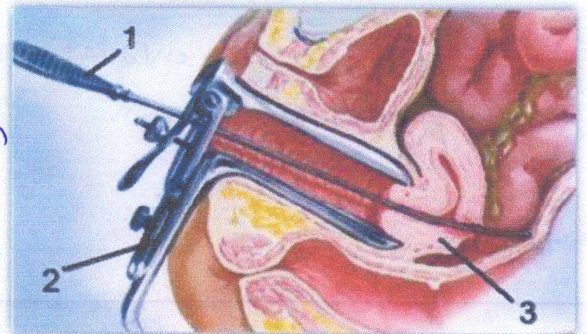
② Anteverted uterus

③ → 1- uterine sound
2- Cusco's speculum

④ Change the position to see the uterus by clinical PV examination & make the uterus straight with the lining of the cervix by pulling the cervix.

Slide 5

- What is the defect in arrow 3?
- What is the position of this uterus?
- Identify instruments in arrow (1, 2).
- How can you prevent this condition.



① Endometriosis

②- Surface of the ovary

③- ① Pain (Dysmenorrhea, Dysparunia)
② Infertility
③ pelvic & abdominal pain

④ → medical
« NSAIDs + Hormonal (Cocp) »

→ Surgical → excision of endometriomas
or Total hysterectomy with
bilateral Salpingo-oophrectomy

Slide 6

- What is the name of this lesions?
- What is the most common sites?
- What is the main presenting symptoms?
- Give 2 lines of treatment?



① Intramural fibroid

② myomectomy

③ → 1- nulliparity, postmenopausal
2- abnormal uterine bleeding

④ → 1- pregnancy
2- Uterine Sarcoma
3- Infected fibroid

⑤ → Adhesion, bleeding, need hysterectomy, Infection

Slide 7

A



What is shown in picture A

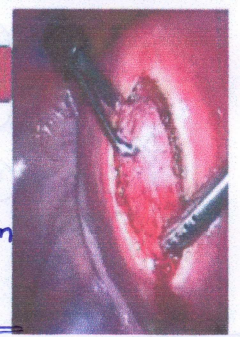
What is the name of this operation?

Name 2 Indications?

Name 2 contraindications

Name 3 complications

B



① Circulege

② Cervical Incompetence
("weakness")

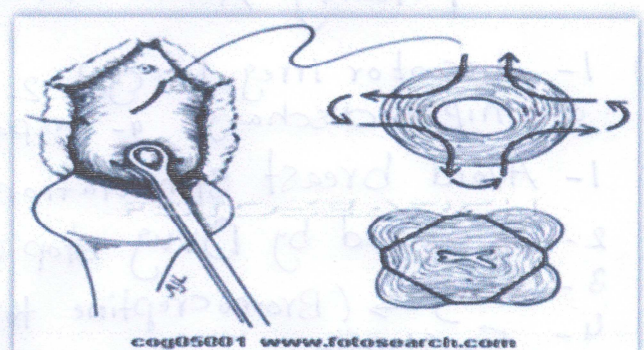
③ → Infection
bleeding
Avolution of the cervix

Slide 8

• What does this picture show?

• What is the indication?

• Mention 2 complication



① missed IUCD

② Bad technique during
the Insertion.

③ By → U/S
→ laparoscopy

Slide 9

• What do you see in this photo?

• What is the cause of this problem?

• How to diagnose this condition?



- ①- 1- Cusco's speculum
- 2- Sim's speculum.

- ② → ① Cusco's speculum
- ② Sim's speculum
- ③ Both used
- ④ Cusco's speculum
- ⑤ Sim's speculum.

Slide 10



1. Identify
2. Name which one you would use in the following procedures
 - ① • To insert an IUCD
 - ② • In vaginal hysterectomy
 - ③ • In D&C
 - ④ • In obtaining a pap smear
 - ⑤ • Repair of a cervical tear

① Galactorrhoea

② prolactin

③ → Drug (Antipsychotic)
Pituitary Adenoma etc

④ 1- Absent or irregular cycle 2- Headache
3- nipple discharge 4- Dyspareunia

⑤ 1- Avoid breast stimulation,
2- If caused by Drug stop using it
3- Drug → (Bromocriptine to treat it)
4- Surgically

slide 11

1. What is this condition?
2. Caused by which hormone?
3. What could cause its elevation?
4. What possible symptoms could it present with?
5. How would you treat it?



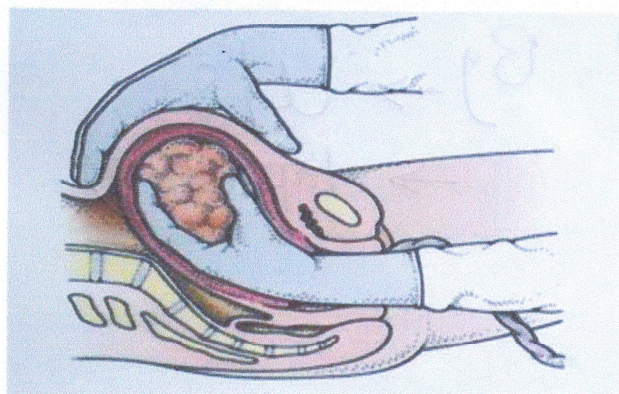
① manual Removal of placenta

② To Remove Retained placenta

③ Infection, bleeding
morbid Adhesion of placenta

Slide 12

- What is the name of this maneuver?
- What are the indications?
- Name 2 complications



① Ruptured uterus

② → multi para

→ previous C.S

→ ↑ oxytocine dose Induction

~~Internal foetal version~~

→ old Age

③ → 1- IUFD

2- bleeding

3- shock

④ → Repaire If mild & want to pregnant Another time
→ Hysterectomy (Subtotal)

① episiotomy with → ① midline

② medio lateral Incision.

② Head Crowning
shoulder dystocia

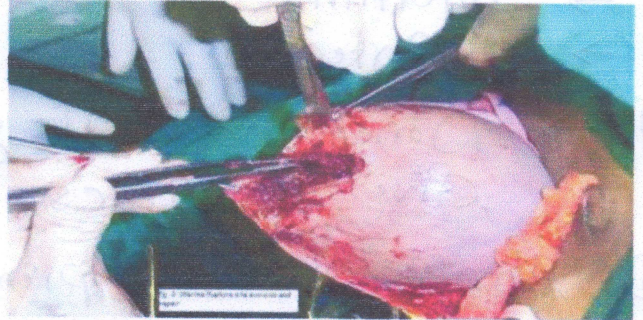
③ → prevent perineal tear
Assisst or facilitate delivery

④ Infection , hematoma , Anal Involvement

⑤ bleeding , pain

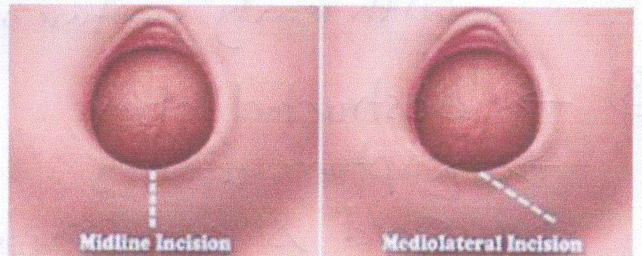
Slide 14

- What this image show?
- What are risk factors for this condition?
- What is complications
- What is the treatment?



Slide 16

- What is the name of these 2 perineal incisions?
- What is the indications ,name 2?
- Name 2 advantage and
- disadvantages for both types
- Name 2 complications



①- A → Concealed B - Revealed
C → Complete Concealed Abruptio.

② → 1- old Age & ↑ parity

2- Preclampsia

3- External trauma

4- Sudden drop In Intra abdominal Pressure as in PROM

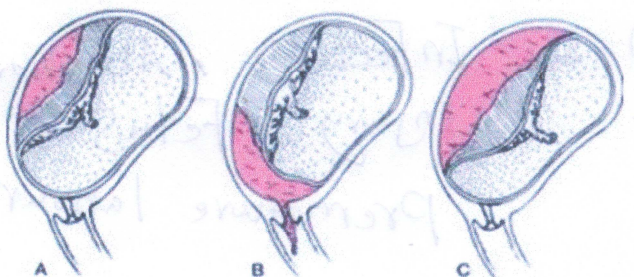
③ Sudden abdominal pain , bleeding

④ Fetal heart -ve , Tender uterus & ↑ tone

⑤ Shock , DIC , Renal failure

Slide 17

- What do you see in this picture?
- What is the risk factors?
- what is the main presenting symptoms
- Give 2 diagnostic signs
- name 3 complications?



① EC V

② breech, TransVers lie and Diaminotic twin

③ → Previous SCar of uterine surgery
→ placenta previa
→ Infertility
→ Hypertension

④ → Done under Uls guide
Give Tocolytics

⑤ Abruptio placenta, premature labor, Failure of manuver

Slide 21

- What is the name of this manouver
- Used in indication
- Give 2 contraindications
- Name 2 precautions
- Name 2 complications



① TransVerse lie « shoulder presentation »

② → Asymetric uterus & less than expected For G. Age.
→ By pv the presenting part Can't be reached « high » with early rupture of membrane.

③ → obstructed labor
→ Rupture uterus
→ Cord & hand prolapse

slide22

1. What is the lie and presentation?
2. Name two diagnostic signs.
3. Name two complications.



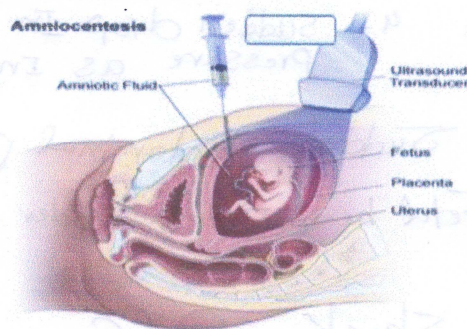
① Amniocentesis

② Congenital Abnormaltiy detect polyhydrominia

③ → InFection, Abortion
Injury to Fetus
premature labour.

slide23

1. What is name of this test?
2. Name two indications
3. Name two complications.



① multiple Gestation (Twin)

slide24

Ⓐ



② → A → Dichorionic Diamniotic

1- What do you see in this photo?

B → Monochorionic mono Amniotic

2- What is chorionicity?

Ⓑ



③ → Twin to Twin transfusion Syndrome
Small babies
prematurity

3- Mention 2 complications of this condition

① A → Hydralazine For Hypertension

slide25

B → Ergometrin For pPH and
In 3rd stage of labour After placental
delivery

Write a clinical condition where each of these drugs
are used

Mention 2 side effects for each drug

② Side effect

A → 1- Headach 2- Flusing 3- palpitation

B → 1- Hypertension 2- Headach & Dizziness
3- nausea & vomiting 4- Arrthmia



① C → oxytocine For 1- Induction of
labor & abortion
D → Magnesium Sulphate for Fit

slide26

Write a clinical condition where each of these drugs
are used

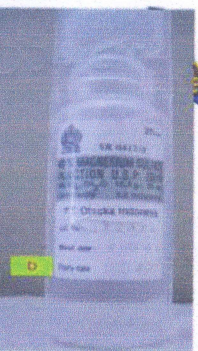
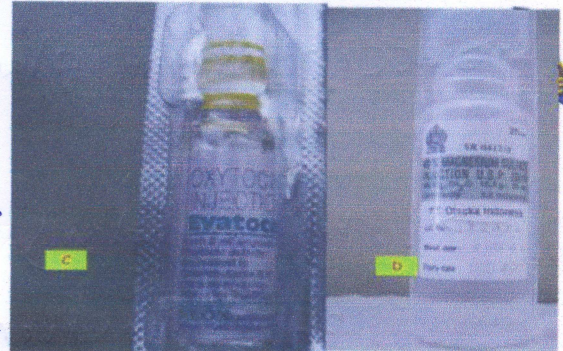
Mention 2 side effects for each drug

② Side Effect

C → 1- Hyperstimulation 2- pPH
3- water Intoxication with Convulsion & coma.

→ Rupture uterus

D → 1- Confusion 2- low blood pressure
3- Respiratory paralysis 4- Flushing

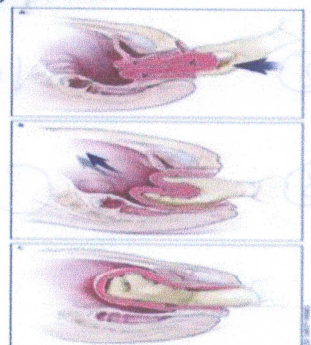


① manual Replacment of
uterine Inversion

slide29

- What does this photo show?
- What is the predisposing factor for
this condition?
- How to prevent it?

② 1- Short Umbilical Cord
2- morbid Adherence of placenta
3- ~~After~~ After C.S or MVD



④ By Delivery of the placenta gently & to
avoid traction of the cord before the placenta
has been Separated.

① Separated uterus

② Congenital

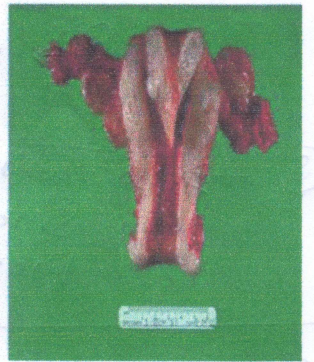
Due to Defect In Canalization
or reabsorption of the midline
septum between mullerian ducts.

③ → miscarriage

④ → excision by hysteroscope.

Slide 30

- What is the type of this uterine anomaly?
- What is the cause?
- What is the main presenting symptoms?
- What is the treatment?



① Controlled Cord traction

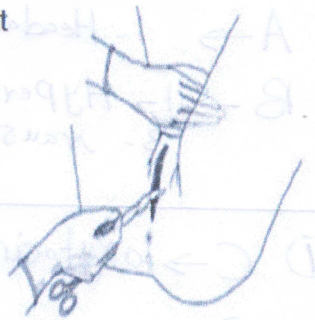
② → 1. Delivery of placenta
→ 2. Retained placenta

③ → by two hand upward
and backward
→ Sign of placental separation
→ uterine contraction

④ → not separate placenta
→ absence of uterine contraction.

slide31

- What is this manouever ?
- For what indications it is used ?
- What is the percautions used with it ?
- What is the contraindicat

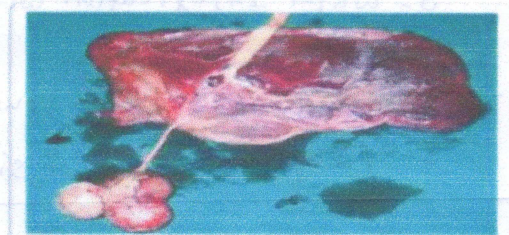


① Succenturiate placenta

② → 1. Secondary pPH
2. Infection

slide32

- What is the placental anomaly shown In this photo?
- What is the possible complications name 2



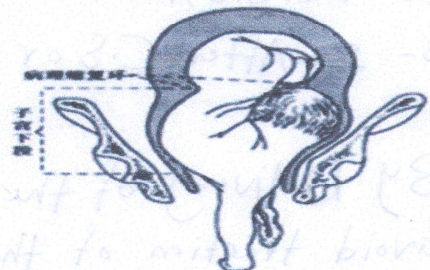
① Hand prolapse

② Transverse lie

③ By C.S

slide33

- What does this photo show?
- How to diagnose postioin from this photo?
- How to manage?



① HPV

② → podophyline & podofilox
→ electrocautery
→ surgical excision

③ Symptom

- 1- Asymptomatic
- 2- Itching & Discomfort
- 3- Redness
- 4- Psychological symptom

slide34

- What is the cause of this lesion?
- What is the treatment?
- What is the presenting symptoms?



① Retroverted uterus

② 1- pain during Sexual Intercourse
2- subfertility

③ → Dysmenorrhea
Dyspareunia
Incontinence

slide35

- What is the position of this uterus?
 - What is the main problem with this position?
- Give two presenting symptoms for this condition



① Footling presentation

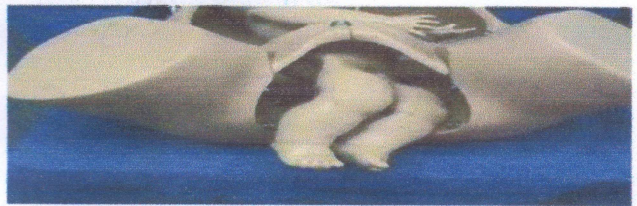
② → 1- entrapment of head
2- Cord prolapse
3- Rupture of membrane

③ RX → If fully dilated → NVD
If not → C.S

④ IUFD, Fetal hypoxia, prematurity, Fetal injury

slide36

- What is shown in this photo
- What is the danger of this presentation
- How to manage this delivery
- Mention 2 complications?



① Head Crowning

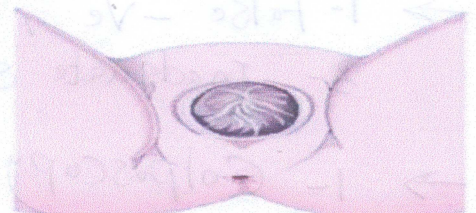
② Is the widest diameter of head at the Introitus.

③ At the 2nd stage

④ Is to do episiotomy

Slide 37

- What this photo shows
- Give definition of this event
- At what stage this occurs
- What is the main task of obstetrician at this stage



① Infected wound of C.S Incision.

② Staphylococcus aureus

③ Antibiotics

1- Ceftriaxone

2- Flagyl

3- erythromycin

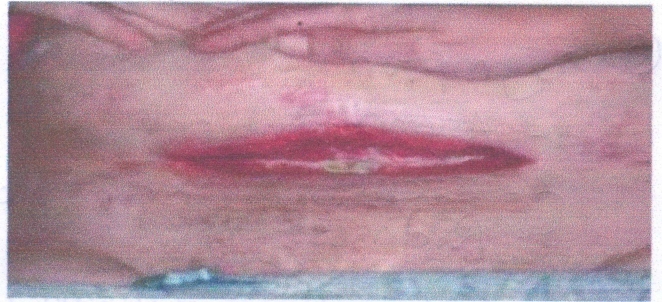
and To Clean the wound & suture
After healing.

slide38

What does this picture show

What is the most responsible organism

What is best treatment(give 2 antibiotic combination)



slide39

This is an ovarian cyst what this cyst most likely to be?

What is the classification of this cyst

What is the most common Location of it and why?

In % it can turn malignant ?



Slide 40

① Aceto white lesion Associated with Cervical abnormality (low-moderate CIN)

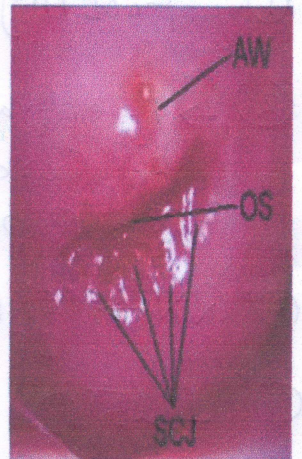
② Aceto white Cause → 1- HPV Infection
2- CIN
3- After healing with cryosurgery

③ Colposcopy , ~~Endocervical~~ Cervicography

④ Cervical dysplasia Causes :-

1- HPV 2- Smoking 3- HIV

- this is the cervix
- What this photo show
- What is the cause of this ?
- Give 2 investigation
- Give 2 possible causes



① Pap Smear test

② Screening to detect early change on the cervix & to prevent Cancer

③ → 1- False -ve , 2- False +ve
3- Inadequate sample.

④ → 1- Colposcopy
→ 2- Cone biopsy

slide41

- What is this test.
- What is the indication
- Give 2 disadvantage of this test
- Give an alternative test for cervical examination



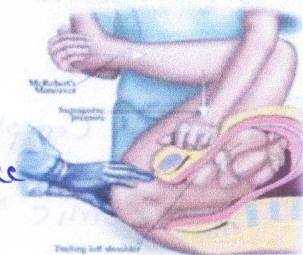
① MC Robert's maneuver

② For Delivery of shoulder dystocia

③ by hyperflexion & abduction of the thigh toward abdomen with suprapubic pressure pushing fetal shoulder toward fetal chest.

slide42

- Give the name of this maneuver
- What is the indication?
- Briefly describe how it acts?
- Give 2 precaution during this test
- Give 2 other maneuver



④ → 1- bladder should be empty 2- should done in operating room 3- should done with nurse assistance

⑤ → 1- Rubin maneuver 2- wood's corkscrew

slide44

① Brow presentation

② C.S. ~~with placenta previa~~

③ 1- multiple pregnancy, CPD
2- polyhydromnia, macrosomic baby

④ ~~Mento-bregma~~ mento-vertical 13cm

- What is the presentation shown here
- What is the mode of delivery of the head?
- Give 2 predisposing factor
- What is the engaging diameter in this case



① → 1- bilateral solid
In this photo 2- cystic, multilocular
other → 3- with ascites & od
→ 4- metastasis

slide45

- this specimen of bilateral ovarian cyst
- What are the criteria of malignancy shown in this photo
- Give 2 methods of investigations



② → 1- CT & MRI
2- TVS & CA-125

① Twin-to-Twin transfusion Syndrome

slide46

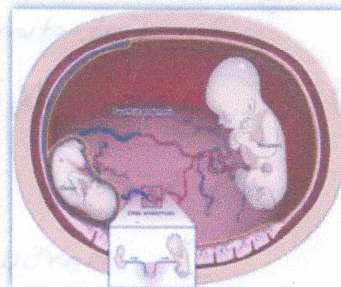
② Imbalance in the flow of blood across the Arteriovenous Communication

③ By US → If see polyhydromnia in the recipient baby & IUGR of the other

④ In mono chorionic why? → Same placenta

RX → Fetoscop laser therapy, Serial Amniocentesis.

- What do you see in this photo
- What is the cause of this condition
- How to diagnose it?
- In what condition it happen mono or dichronic twins? and why



① IUGR & macrosomic baby

② IUGR Cause → 1- ↓ Feto-placental perfusion

- 2- malnutrition, drug
- 3- genetic disease
- 4- primigravida

SLIDE 47

• what does this photo show

• give 3 possible causes for both condition

• give 2 complications for both conditions in labor

macrosomic Cause → 1- obese & old Age

2- DM mother 3- post term pregnancy

③ IUGR Complication → 1- ~~Meconium Aspiration~~ 2- Fetal distress



Macrosomic baby → 1- shoulder dystocia 2- obstructed labour

① procidentia

slide 48

• what is shown in this photo

• how to differentiate 2nd from 3rd degree

• what to do preoperative for this case

Give 2 predisposing factors for this condition

② 2nd degree Seen descent to Introitus 3rd out side Introitus.

③ → To treat the Infection → estrogen If menopause

④ → 1- multiple pregnancy & child birth 2- menopause ↓ estrogen 3- Injury to pelvic floor



① Urinary Incontinence

② → 1- ↑ Intra abdominal pressure 2- sphincter weakness 3- Congenital Cause

③ DDX → 1- UTI 2- atrophic arthrities 3- Urthra Vaginal fistula

④ → RX → Bladder sling → oxybutynin

slide 49

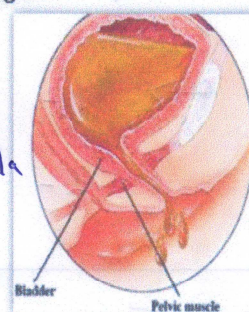
• What is the name of this condition

• What are the possible causes give 2

• What is the differential diagnosis

• Give one surgical method

• And one medical drug



① Bartholine's Cyst

② → 1- Fluid Accumulation due to obstruction of bartholin's duct opening → 2- Infection → Gonorrhea

③ Cyst excision

If become Abscess treated by marsupialization + Antibiotic

Slide 50

• What is the name of this cyst

• What is cause of this condition

• What is the treatment

