**Osteoporesis**

1. **Management of osteoporosis**= DEXA(diagnostic investigation ), BISPHOSPHONATES, CALCIUM AND VITD SUPPLEMENTS
2. **OSTEOPOROSIS**>>> treatment- **Alendronate> Etidronate, Risedronate> Strontium**
3. **Post menopausal symptoms**=HRT
4. **OSTEOPOROSIS** secondary to steroid intake in IBD(CROHNS)-first add calcium and vitamin D supplements, Then check bone density after 1 year, if <-1.5 ,start bisphosphonates
5. Patient doesn't tolerate BISPHOSPHONATES- give RALOXIFENE

**Menstrual Problems**

1. Primary amenorrhoea+ cyclical lower abdominal pain= imperforate hymen=anatomical cause
2. **Hyperthyroidism**=ologmoenorrhoea+tremors+ palpitation= do TFts
3. **Lactational amenorrhoea**=amenorrhoea following breast feeding
4. **R**eassure for perimenopausal symptoms
5. Primary dysmenorrhoea (without any cause) =mefenemic acid
6. Menorrhagia with contraception = IUS>COCP
7. Acute treatment for heavy menstrual bleed=tranexemic acid

**Pelvic Mass**

1. Old woman+abdominal bloating+ frequency micturition+ difficulty defaecation+ usg-cystic and solid areas raising from left ovary+ free fluid in pouch of douglas=OVARIAN CARCINOMA
2. Right ovary with complex solid cystic mass=DERMOID CYST
3. Young lady+dysmenorrhoea+dypaeurnia+infertility+tenderness on abdominal pelvic exam, usg=right sided cystic lesion with numerous echogenic areas=ENDOMETRIOSIS
4. Acute PID= abdominal pain+dysuria+vaginal discharge +tender in lower abdomen+vague mass in left Iliac fossa+inflamed cervix+purulent discharge +unprotected intercourse
5. **TUBOOVARIAN ABSCESS**=high temperature +lower abdominal pain + past history of PID + usg-cystic ads with mixed echo patterns
6. **TORSION OF OVARIAN CYST**=acute sharp shooting pain in right lower abdomen+ vomiting+ periods 3 weeks ago+usg=cystic mass in right adnexal region +absent flow on Doppler

**Miscarriage**

1. Obese and Histuse >>> PCOS
2. Miscarriage in second trimester is unlikely to be caused by congenital abnormality
3. Recurrent miscarriages early in the first trimester=APLA
4. **CERVICAL INCOMPETENCE**= recurrent pregnancy loss in second trimester+h/o PROM+ early dilatation of cervix
5. **G**ive prophylactic antibiotics in PROM to prevent choriamnionItis DOC=METRONIDAZOLE
6. APLA=aspirin at the time of conception and heparin at 5weeks when FHS IS HEARD
7. Large fibroid causing recurrent miscarriages=MYOMECTOMY
8. after first miscarriage=REASSURE
9. .
10. .

**Diagnosis o**

**Vomiting in Pregnancy**

1. Dehydration in hyperememsis=admit and give IV fluids
2. **MOLAR PREGNANCY**=hyperemesis gravidarum + large for dates uterus
3. Space Occupying lesion/Brain tumor= previous h/o uneventful pregnancy+ worsening continuous headache from 14 weeks + increasing nausea & vomiting+ blurring of vision
4. 3 year history of vague right upper quadrant pain+ increasing nausea and vomiting in pregancy=**CHOLECYSTITIS**
5. **.**
6. **.**
7. **.**
8. **.**
9. **.**

**Hormonal Essay**

1. IOC for infertility in a regular 28day cycle=DAY 21 PROGESTERONE
2. **PCOS**= reversed FSH: LH ratio + low serum progesterone levels+ increased testosterone and DHEA-S
3. **POF**= increased FSH, LH. **THEREFORE DO TWO READINGS OF FSH 4 WEEKS APART**
4. FOLLOW UP FOR MOLAR PREGNANCY = urinary or serum beta hCG every two weeks till levels become normal

**CONTRACEPTION**

1. young lady non smoker + regular partner+ contraception= COCP
2. young lady, smoker+ family history of DVT+ PE +regular partner+ heavy periods=IUS
3. HIV patient+ contraception = Barrier method=male +female condoms
4. young woman with learning disability +heavy bleed=INJ. DEPOT PROVERA
5. 14year girl + sexually active>>>contraception =COCP+ condoms
6. >35 year old smoker+contraception + doesnot wish to gain weight=IUCD(inserted within 48 hours of delivery / after 4 weeks)
7. young lady+heavy periods+ dysmenorrhoea+ contraception=COCP
8. rifampicin+COCP=use additional Barrier method
9. learning disability+ contraception = IMPLANON
10. Breast feeding woman+contraception =POP
11. Lady presenting within 96hours of unprotected intercourse, on the 12TH day of the cycle >>>emergency contraception >>>>not interested in long term contraception =ELLA ONE (ULIPRISTOL ACETATE)
12. Lady presenting within 36hours of unprotected intercourse >>> emergency contraception =LEVONORGESTEROL

**CERVICAL PATHOLOGY**

1. 34year woman>>>post coital bleed +speculum examination shows cervical ectopy>>>next best step-CERVICAL SMEAR
2. Cervical smear with inflammatory changes=repeat smear after 6months, take swabs and treat infection
3. 40 year woman+offensive bloody discharge+ulcerated cervix +bleeds on touch, friable=CERVICAL CANCER
4. Metastasis of "**C**"ervical carcinoma=CT SCAN metastasis of endo"**M**"etrial cancer=MRI scan
5. Mild, moderate, severe dyskaryosis= Colposcopy
6. moderate dyskaryosis-colposcopy within 4weeks
7. ovarian risk factor=family history (cervical=smoking)

**URINARY INCONTINENCE**

1. post hysterectomy >>>patient wetting herself continuously =URETROVAGINAL FISTULA ( Iatrogenic)
2. Obese woman+ c/o incontinence on sneezing /laughing=STRESS INCONTINENCE( KEIGAL EXERCISE AND WEiGHT LOSS)
3. old lady+.cant hold urine, leaks before she reaches toilet=URGE INCONTINENCE (bladder diary, bladder training, drug-oxybutinin)

**MENOPAUSE**

1. 55 year old + h/o cardiovascular disease( essential HTN controlled by drugs)+ s/s of tiredness+ BMI = 39 >>> ADVICE: ***Calcium and Vit D+ Reduce weight + weight bearing exercise***
2. 54 year old woman married 4months ago>>>complains of persistent dyspareunia and dysuria=ATROPHIC VAGINITIS=ESTROGEN CREAM
3. 50 year old lady with perimenopausal symptoms=counselling on lifestyle changes
4. Relieve symptoms of menopause=Give HRT

**POST MENOPAUSAL BLEEDING**

1. post menopausal vaginal bleeding+ vaginal dryness and dysuria = ATROPIC VAGINITIS>>>>Best step in management =PIPELLE BIOPSY (HYSTEROSCOPIC BIOPSY)
2. Post menopausal + shifted from replacement HRT to continuous >>> irregular bleeding >>> CAUSE: Change of medication
3. PMB >>>USG-endometrial thickness 8mm>>>best step -HYSTEROSCOPY
4. If hymen intact-examine under GA
5. post menopausal bleed+discharge +obvious ulcer on cervix=single most appropriate investigation =COLPOSCOPY
6. Intermenstrual bleed and discharge+previously treated for carcinoma in situ +recent smear negative>>>Next best step in management =COLPOSCOPY
7. Check for mets from cervical **C**ancer=**C**T
8. Follow up for ovarian ca=CA125

**VAGINAL DISCHARGE**

1. Gonococcal cervicitis **uncomplicated** =**CIPROFLOXACIN** And **complicated**=**CEFTRIAXONE**
2. PID=metronidazole+ doxycycline ×2 weeks
3. Chlamydia cervicitis=**Azithromycin>Doxycycline**
4. Chlamydia UTI=single dose of **Azithromycin** 1gm stat to each partner
5. Vaginal discharge+fishy odour+no itch=BV
6. White curdy vaginal discharge+pruritis=candida= topical clotrimazole+single dose fluconazole

**POST PARTUM HAEMORRAGE**

1. prolonged labour+ post delivery heavy bleed=UTERINE ATONY
2. forceps delivery+profuse bleeding=genital tears ( CERVICAL + VAGINAL + PRINEAL)
3. 10 days post delivery+heavy bleeding +univoluted uterus= retained placenta (2°PPH)
4. bleeding post abruption=DIC

**ANTEPARTUM HAEMORRAGE**

1. 32 yr+ smoker ( 20cigg/ day) + 32 wks pregnant+ sudden onset of severe unprovoked abdominal pain= PLACENTAL ABRUPTION
2. 36yr + prinmigravida+ 33 weeks+ painless bleeding+ Adb soft + fetus lying transverse= PLACENTA PRAEVIA
3. 38 yrs+ para 4 + blood stained watery foul-smelling discharge= Speculum exa: cervix irregular and ulcerated >>> Dx: CERVICAL CANCER
4. 22 yr+ 30 weeks gestation+ bright red cervical bleed + no pain+ abd non-tender + FHS audible+ 20 wk USG was unremarkable >>>> General per speculum examination exclude other causes ( TVS is the investigation of choice)
5. Failure to progress to labour >> C/S >> continuous pain over the scar + increasing blood stained liquid= SCAR DEHISCENCE

**Miscellaneous**

1. BEST time to unsenitize RH-ve women = WITHIN 72 hours

***Additional Questions***

* ***Causes of Primary infertility***
* ***Congenital adrenal hyperplasia***
* ***Congenital abnormality of the genital tract***
* ***Turners syndrome***
* ***Testicular feminization syndrome***
* ***Post menopausal bleed + endometrial thickness = > 7 ( cut off is 5)= Hysteroscopy and endometrial biopsy/ Pipelle’s endometrial sampling***
* ***COCP can be used along with Na- valproate***
* ***Hyperemeremesis Graviderum= 1st line I/V fluid >> 2nd line antiemetic>> if all fails >> Intractable vomiting >> IV hydrocortisone***
* ***Asian primigravida >> presents at 16 weeks>> most appropriate investigation for her is >> OGTTm***
* ***Diabeteic mother>> Do fetal echo 22-24 weeks to see structural abnormality of hear ?? Sacral agenesis VSD***
* ***Most common congenital abnormality = Sacral agenesis***
* ***Physiological change during pregnancy: tidal volume ↑ 700 ml + Red cell volume 1.64 litres+ Cardiac output 6.5 litre per minute+ ESR 4 fold increase***