

# Obstetrics and Gynaecology

## EMQs

### Theme: **Bleeding in pregnancy**

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#### Options

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|---|--|---|----------------------------------|
| A | Abruption of placenta secondary to pre-eclampsia | F | Placenta accreta                 |
| B | Antepartum haemorrhage                           | G | Placenta praevia                 |
| C | Concealed haemorrhage                            | H | Preterm labour                   |
| D | In labour  | I | Primary postpartum haemorrhage   |
| E | Intrauterine death                               | J | Secondary postpartum haemorrhage |
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#### Instructions

*For each of the patients described below choose the SINGLE most appropriate diagnosis from the list of options above. Each option may be used once, more than once or not at all.*

- 1 A 25-year-old woman, who is 38 weeks' pregnant, presents to the labour ward with a history of fewer fetal movements than usual during the evening. She also says that abdominal contractions are coming every few minutes and she has been having a bloodstained show per vagina for the last few minutes. On vaginal examination: cervix is fully effaced, 9-cm dilated, cephalic presentation and station is +1.
  
- 2 A 30-year-old primigravida, who is 30 weeks' pregnant, presents to the labour ward with absent fetal movements. She also complains of severe headache, heartburn and seeing floaters before her eyes for the last few days. On examination: BP, 170/110 mmHg; urine, protein ++++; rock-hard uterus with no visible signs of fetal movements per abdomen.

- 3** A 20-year-old pregnant woman, 32/40 weeks by date, presents to the antenatal clinic with a history of painless per vaginal bleeding after intercourse. On examination: P/A – soft and relaxed, uterus = dates; cardiotocograph (CTG) – reactive.
- 4** A 24-year-old primigravida, who is 30 weeks' pregnant, presents to the labour ward with a history of constant abdominal pain for the last few hours. She also gives a history of having lost a cupful of fresh blood per vagina before the pain started. Abdominal examination shows an irritable uterus. CTG – reactive.
- 5** A 38-year-old woman, 10 days' postpartum, presents to her GP with a history of a foul-smelling discharge per vagina. She also gives a history of passing blood clots per vagina since yesterday. On examination her BP is 90/40 mmHg, pulse 110 bpm, temperature 38 °C; P/A, uterus tender on palpation and fundus 2 cm above the umbilicus; P/S, blood clots ++++.

**Theme: Bleeding per vagina**

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**Options**

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|------------------------|--------------------------|
| A Acute appendicitis   | G Endometrial cancer     |
| B Atrophic vaginitis   | H Endometrial polyp      |
| C Cervical cancer      | I Incomplete miscarriage |
| D Cervical polyp       | J Threatened miscarriage |
| E Complete miscarriage | K Toxic-shock syndrome   |
| F Ectopic pregnancy    |                          |
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**Instructions**

*For each of the patients described below choose the SINGLE most appropriate diagnosis from the list of options above. Each option may be used once, more than once or not at all.*

- 6** A 56-year-old, postmenopausal woman comes to your GP surgery with a 2-week history of sudden-onset bleeding per vagina. She describes the bleeding to be very, very heavy and having to use 7–10 sanitary towels every day. She has suffered from breast cancer in the past and was treated with surgery, radiotherapy and chemotherapy. She was also on tamoxifen for 5 years and was given the ‘all clear’ only last year.
- 7** A 23-year-old woman presents to A&E with a history of postcoital bleeding. She describes the bleeding to be more of a spotting.
- 8** A 72-year-old woman comes to the gynaecological clinic with a history of vaginal bleeding. She complains of having had spotting for a couple of days but this has now completely resolved. On examination the vulva looks red and inflamed.

- 9** A 17-year-old girl presents to A&E with a sudden-onset right iliac fossa pain radiating to the umbilicus. She first noticed the pain last night and it has got progressively worse. She lives with her present boyfriend and also gives a history of her period being overdue for a couple of days. On examination her temperature is 37.5 °C, pulse 90 bpm, BP 110/68 mmHg. Per abdominal examination shows guarding and tenderness at the right iliac fossa. Pregnancy test (PAT) is negative; urinalysis shows leucocytes +.
- 10** A 28-year-old woman presents to A&E in a state of shock. She is in severe pain and gives a history of spotting per vagina and feeling unwell for the last few days. Today, the bleeding has become very heavy and she has had to use several tampons. She has also passed some 'livery' bits, forcing her to come to the hospital. She is known to suffer from irregular periods and her partner has had a vasectomy. On examination her pulse is 120 bpm, BP 100/70 mmHg, temperature 40 °C and GCS score is 7.

**Theme: Gynaecological investigations**

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**Options**

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|---|--|---|---|
| A | Cervical punch biopsy                          | H | Pregnancy test and serum $\beta$ HCG                                  |
| B | Colposcopy and LLETZ                           | I | Serum LH and serum FSH  |
| C | Diagnostic hysteroscopy and endometrial biopsy | J | Transabdominal USS of the pelvis                                      |
| D | Diagnostic laparoscopy and tubal dye test      | K | Transvaginal USS of the pelvis, Pippele® biopsy and saline sonography |
| E | Diagnostic laparotomy                          |   |   |
| F | Hycosy   |   |   |
| G | Hysterosalpingography                          |   |   |
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**Instructions**

*For each of the patients described below choose the SINGLE most appropriate investigation from the list of options above. Each option may be used once, more than once or not at all.*

- 11** A 55-year-old woman comes to your gynaecological clinic with a history of intermenstrual bleeding while on cyclical combined HRT.
- 12** A 23-year-old woman is rushed into A&E in a state of shock. Her partner informs you that she had been complaining of lower abdominal pain this morning and then suddenly collapsed. He also tells you that her LMP was 6–7 weeks ago. A portable TAS shows free fluid in the pelvis. On examination her GCS score is 3, pulse 140 bpm, BP 70/40 mmHg.
- 13** A 35-year-old patient comes to your clinic with a 2-year history of primary subfertility. She also gives a history of menstrual irregularity, severe dysmenorrhoea and dyspareunia.

- 14** A 42-year-old woman comes to your clinic with a 4-year history of secondary infertility. She already has a 6-year-old girl who was conceived after IVF treatment. It has only been recently that she has had the financial means to seriously consider a second child. She also informs you that for the last few months her periods have gradually become more and more irregular and she has also been experiencing night sweats.
- 15** A 48-year-old asylum seeker presents to your clinic with a history of a bloodstained, foul-smelling vaginal discharge. On per speculum examination you see a large ulcerated mass arising from the cervix.