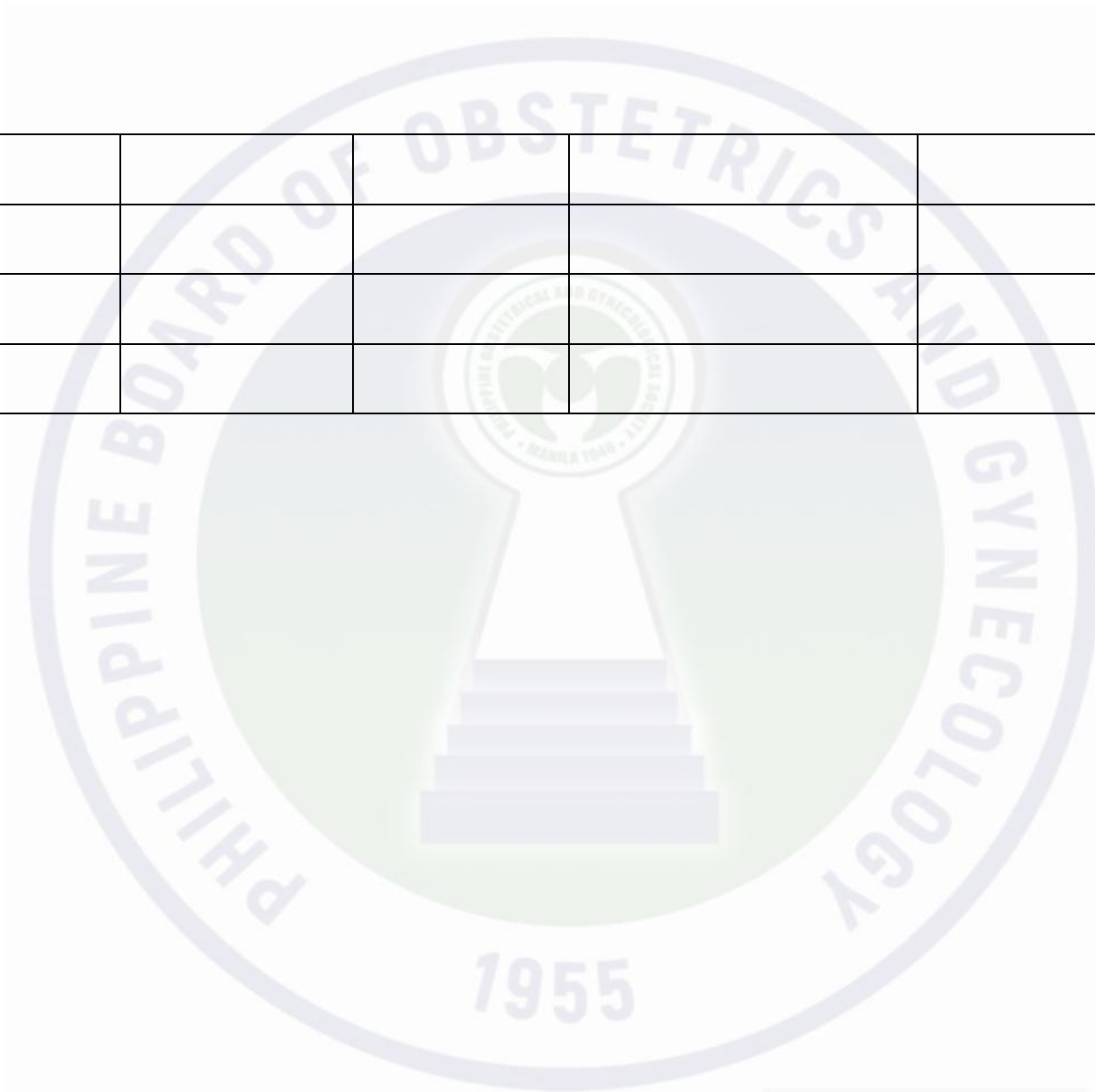


TABULATION OF CASE REQUIREMENTS FOR PART 2 ORAL EXAMINATION

MAJOR OBSTETRIC CASES

Patient's age OB score Date admitted Date discharged Hospital		Admitting Diagnosis	Pre-operative Diagnosis	Management Operation/ Procedure Done Date done	Justification for the Management	Final Diagnosis	Outcome/ Histopathology Result
OB 1	28 G1P0 Feb 20, 2022 Feb 23, 2022 St. Victoria	G1P0 PU 38 1/7 weeks CIL	G1P0 PU 38 1/7 weeks CIL Dysfunctional labor: Active phase arrest probably secondary to CPD (inlet level)	Primary low segment Cesarean section/SAB Feb 20, 2022	Cervical dilatation > 6 cm with ruptured membranes with NO progress in cervical dilatation for ≥ 4 hours with adequate uterine contractions Please refer to Writing a Justification for guidance	G1P1 (1001) Pregnancy uterine, delivered by primary LTCS for dysfunctional labor: Active phase arrest probably secondary to CPD (inlet) to a term, cephalic, live baby girl, AS 9,9, 3200g, AGA,39 weeks PA	Live baby girl, AS9,9 3200g, AGA,39 weeks PA
OB 2							

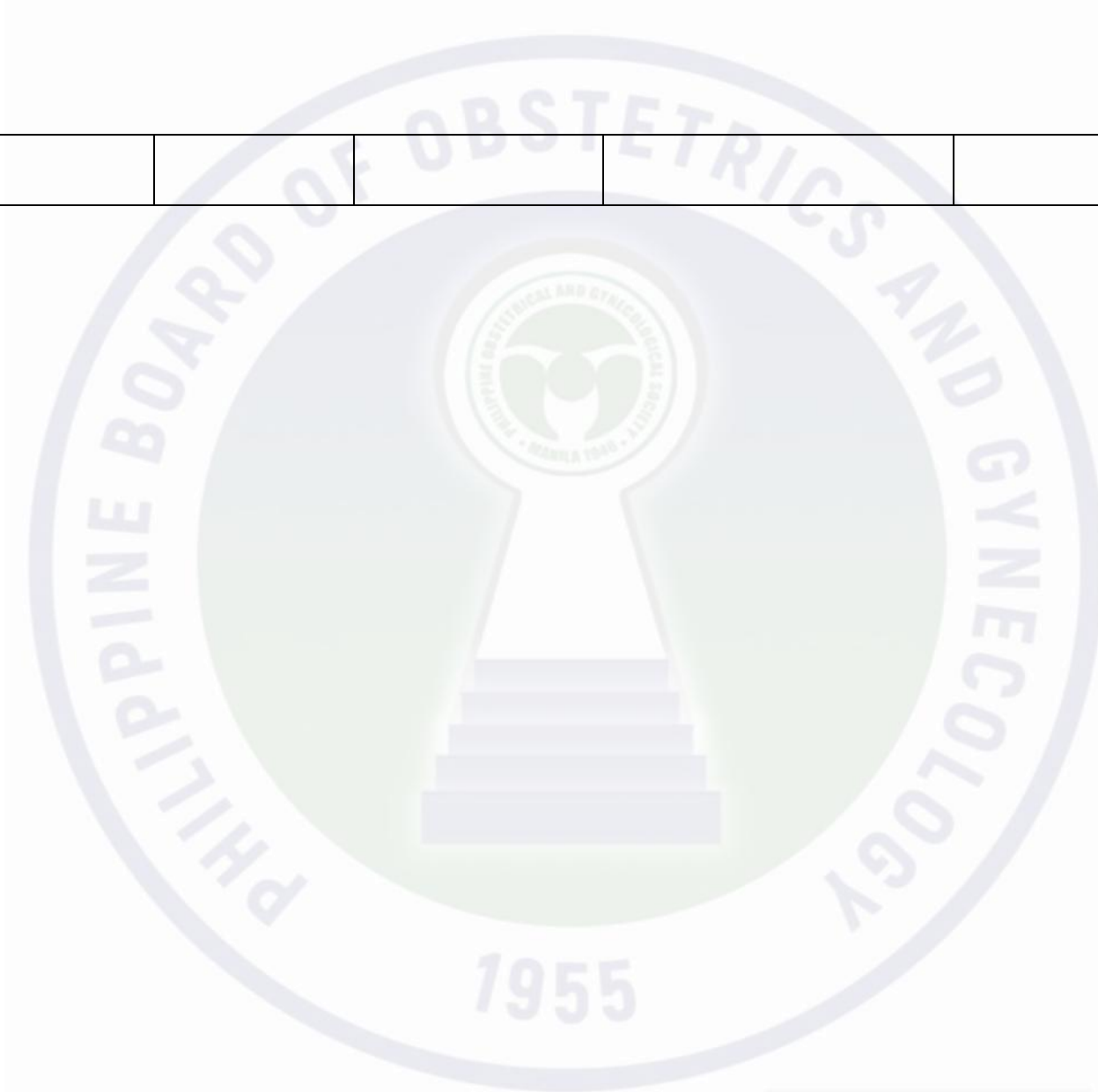
OB 3							
OB 4							
OB 5							
OB 6							



MAJOR GYNECOLOGIC CASES

Patient's age OB score Date admitted Date discharged Hospital		Admitting Diagnosis	Pre-operative Diagnosis	Management Operation/ Procedure Done Date done	Indication and Justification for the Management	Final Diagnosis	Outcome/ Histopathology Result
GYN 1	48 G2P2 (2002) Feb 20, 2022 Feb 23, 2022 St. Victoria	G2P2 (2002) AUB-LSM Moderate Anemia, probably multifactorial	G2P2 (2002) AUB-LSM Moderate Anemia, probably multifactorial	Total abdominal hysterectomy with bilateral salpingectomy/ SAB Feb 21, 2023	Heavy menstrual bleeding with anemia because of the submucous myoma (size) Completed family size, not desirous of pregnancy Bilateral salpingectomy to decrease the risk of ovarian cancer Please refer to Writing a Justification for guidance	G2P2 (2002) AUB-LSM Anemia, probably multifactorial S/P Total abdominal hysterectomy with bilateral salpingectomy	Leiomyoma uteri, intramural with submucous component Proliferative endometrium, No diagnostic abnormality recognized, bilateral fallopian tubes
GYN 2							
GYN 3							

GYN 4							
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MINOR OBSTETRIC CASES

Patient's age OB score Date admitted Date discharged Hospital		Admitting Diagnosis	Pre-operative Diagnosis	Management Operation/ Procedure Done Date done	Justification for the Management	Final Diagnosis	Outcome/ Histopathology Result
OB 1	28 G1P0 Feb 20, 2022 Feb 23, 2022 St. Victoria	G1P0 PU 37 1/7 weeks CIL Preeclampsia with severe features	G1P0 PU 37 1/7 weeks CIL Preeclampsia with severe features	Vacuum assisted vaginal delivery Feb 20, 2022	BP 150/100 at the start of the second stage of labor despite intravenous antihypertensives Please refer to Writing a Justification for guidance	G1P1 (1001) Pregnancy uterine, delivered by vacuum assisted vaginal delivery to a term, cephalic, live baby girl, AS 9,9, 3200g, AGA,39 weeks PA	Live baby girl, AS 9,9 3200g, AGA,39 weeks PA
OB 2							
OB 3							
OB 4							
OB 5							

MINOR GYNECOLOGIC CASES

Patient's age OB score Date admitted Date discharged Hospital		Admitting Diagnosis	Pre-operative Diagnosis	Management Operation/ Procedure Done/Anesthesia Date done	Indication and Justification for the Management	Final Diagnosis	Outcome/ Histopathology Result
GYN 1	48 G21P1 (1001) Feb 18, 2022 Feb 20,2022 St. Victoria	G1P1 (1001) AUB-O R/O Endometrial hyperplasia	G1P1 (1001) AUB-O R/O Endometrial hyperplasia	Endometrial curettage/SAB Feb 18, 2022	Biopsy of endometrial tissue and manage acute heavy bleeding Please refer to Writing a Justification for guidance	G2P1 (1001) AUB-M ()	Endometrial hyperplasia without atypia
GYN 2							
GYN 3							
GYN 4							
GYN 5							