

UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES, SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
MBChB V TERM 3, 2018-2019

This is a take home CAT. You must submit your answer sheet to the department's secretary by FRIDAY 17th MAY 2019 at 12.00 PM. Write your registration number legibly on every page of your answer sheet. LATE SUBMISSIONS WILL NOT BE ACCEPTED.

SCENARIO

Mrs. Tony, a 40-year-old para 2+0 and her male partner present to KNH Gynaecology clinic with complaints of inability to conceive for the last 2 years.

1. State and justify her comprehensive diagnosis(6 marks)
40 yr old, para 2+0, with secondary infertility
Justification: Inability to conceive for more than 1 year, parity, age
2. What other additional history you would obtain from the couple?(Any 10X2=20 marks)
Sexual history – number of sexual partners, history of STIs
Menstrual history – cyclicity, regularity, flow, pain, ovulatory pain, premenstrual symptoms
Contraceptive history
History of breast discharge/galactorrhea
History of hypo/hyperthyroidism
Occupation
Obstetric history: last delivery, mode of delivery, status of the babies, parentage of the two babies
Past history of surgical interventions e.g prior instrumentation of uterus, pelvic surgery, appendicectomy, Tuboplasty etc
History of partner: occupation, history of STIS, is he the father to the other two children, if not does he have any other children, any surgery, chemotherapy or exposure to radiation
3. Rationalize the examination you will you conduct, giving at least one likely abnormal finding for each examination (Any 5X 4=20 marks)
General exam – hair distribution, high BMI in PCOS
Thyroid exam – goiter
Breast exam – galactorrhea in hyperprolactonaemia
Abdominal exam – pelvic mass in uterine fibroids, male pattern pubic hair distribution and truncal obesity in PCOS

Pelvic exam – discharge, tenderness suggestive of PID/endometriosis

4. State and justify the investigations you would conduct for the female partner (Any 8X2 marks=16 marks)

Hormonal profile (FSH, LH, day 21 progesterone): to rule out PCOS, anovulation, premature ovarian failure

Thyroid function tests: to rule out hypo/hyperthyroidism

Antimüllerian hormone: to assess ovarian reserve

Blood sugar: to rule out diabetes

Pelvic ultrasound: to rule out uterine causes

Hysterosalpingogram: to rule out fallopian tube causes

Diagnostic laparoscopy: to rule out pelvic causes

5. Her fallopian tubes are found to be blocked bilaterally with hydrosalpinx.

- a) State the most likely cause (6 marks)

Pelvic infection, pelvic surgery, endometriosis

- b) Regarding the male partner, state one essential investigation that you will perform, and state its normal parameters (Any 10 X2=20 marks)

Investigation: Semen analysis (2 marks)

Parameters:

Volume:

Colour

PH –

Liquefaction-

Sperm concentration-

Sperm Count –

Agglutination-

Wbc –

Motility-

Viability-

Morphology -

- c) What management options are available for this couple? (Any 5 X2=10 marks)

Tuboplasty

Ovulation induction with advice on conception

Intrauterine insemination

IVF

Adoption