Contents

PART 1

OBSTETRICS

SECTION 1 REPRODUCTIVE BASICS

SECTION 2 PREPREGNANCY

SECTION 3 EARLY ANTENATAL

SECTION 4 LATE ANTENATAL—MATERNAL-MEDICAL DISORDERS

SECTION 12 UROGYNECOLOGY

SECTION 13 DISORDERS OF MENSTRUATION AND PUBERTY

SECTION 14 INFERTILITY

SECTION 15 BENIGN GYNECOLOGICAL DISORDERS

SECTION 16 REPRODUCTIVE TRACT INFECTIONS

SECTION 17 GYNECOLOGIC ONCOLOGY

SECTION 18 GENERAL GYNECOLOGY

SECTION 19 CONTRACEPTION

PART 3
EXAM PREPARATION

SECTION 20 OBSTETRICS

SECTION 21 GYNECOLOGY

SECTION 22 INSTRUMENTS

SECTION 23 DRUGS

SECTION 24 SPECIMENS

SECTION 25 CTG, PARTOGRAM, X-RAY, USG, ETC.

- If patient desires surgical sterilization.
- The hysterectomy is performed with molar tissue in situ.
- If theca lutein cysts were found, they are decompressed by aspiration
- Bilateral ovaries are left in situ.
- It is important to note that the hysterectomy doesn't reduce metastasis and the patients still need follow-up with hCG levels.

Role of Prophylactic Chemotherapy

It is based on the principle that prophylactic chemotherapy prevents local uterine invasion and metastasis. However, it is unethical to expose all patients to toxic effects of the chemotherapy agents to prevent uterine invasion and metastasis as they occur in only 10% of cases. Therefore, it is concluded that prophylactic chemotherapy with actinomycin D must be reserved for high-risk patients (high pre-evacuation β-hCG levels, larger uterine size than expected for a given gestation, bilateral theca lutein cysts).

FOLLOW-UP

In all cases of miscarriage and abortions, the tissues obtained must be sent for histopathological examination. When not possible, all such patients must be followed up with urinary β-hCG levels after 3 months of the pregnancy event. This is done to identify persistent trophoblastic neoplasia in which there is persistently elevated β-hCG level.Both complete and partial mole have propensity to develop into persistent gestational trophoblastic tumor. Malignant GTN occurs in 2.5–5% of partial mole where as it can occur in about 7–20 % after evacuation of complete mole. The average time to achieve first normal hCG level after evacuation is about 9 weeks in complete mole and about 7 weeks in case of partial mole. Pre-evacuation β-hCG levels are higher in complete moles and hence time for postevacuation β-hCG to become undetectable is also longer in complete moles. ACOG suggests to obtain hCG levels 48 hours postevacuation and then 1–2 weekly till levels are undetectable, then at 1–2 monthly interval for 6 months.

According to RCOG, ***for complete mole***—if β-hCG levels return to normal within 56 days, follow-up till 6 months starting from the day of evacuation. If β-hCG returns to normal after 56 days, then the follow-up must be for 6 months starting from the time when the hCG levels became normal.

For partial molar pregnancy: Follow-up is done until β-hCG levels are normal on 2 samples at least 4 weeks apart. When the β-hCG values become plateau over several weeks or ↑, then she should be diagnosed a postmolar GTN and must be evaluated for metastasis and be managed accordingly.

CONTRACEPTION

It is advised to avoid pregnancy for 6 months after the negative β-hCG titer. COC pills are contraceptive of choice. They inhibit LH surge and thereby inhibit ovulation. This mechanism is helpful in a setting of molar pregnancy as the LH structural homology with the β-hCG may give false positive reading. ***COCP, POP, DMPA: WHO MEC 1, CuT IUCD, LNG-IUS: WHO MEC 3.***

SECTION

4

Late Antenatal—Maternal-Medical Disorders

- ❑ Hypertensive Disease of Pregnancy
- ❑ Diabetes Mellitus in Pregnancy
- ❑ Heart Disease in Pregnancy
- ❑ Anemia in Pregnancy
- ❑ Thyroid Disorder in Pregnancy
- ❑ Epilepsy in Pregnancy
- ❑ Liver Disease in Pregnancy
- ❑ Pregnancy with Renal Tract Disorder
- ❑ Respiratory Diseases in Pregnancy
- ❑ Antiphospholipid Antibody Syndrome and Thrombophilias in Pregnancy
- ❑ Disseminated Intravascular Coagulation in Pregnancy
- ❑ Thrombocytopenia in Pregnancy
- ❑ Dyspnea in Pregnancy
- ❑ Autoimmune Diseases in Pregnancy: Systemic Lupus Erythematosus/Rheumatoid Arthritis