CONCENTRATED LAST-DAY HIGH-YIELD REFERENCE • BSNU / KASR AL AINY 2025–2026

Final 24-Hour Emergency Revision Package — Obstetrics & Gynecology

Your single, concentrated last-day revision resource for the final 24 hours before the examination. Every numerical cutoff, FIGO staging rule, ovarian tumor pathology body, master differential diagnosis table, first-line management algorithm, and rapid-fire exam trap is preserved verbatim from department textbooks and solved 2026 exams.

20 Cutoffs	11 Tumors	5 Algorithms	Top 20 Traps
Gold-Standard Numbers	Pathology & Markers	First-Line Action Rules	Pre-Hall Checklist

5 CORE REVISION SECTIONS

1. Must-Memorize Numbers, Cutoffs & Gold-Standard Thresholds
2. High-Yield Oncology Staging & Ovarian Tumor Pathology Matrix
3. Master Differential Tables for Commonly Confused Conditions
4. First-Line Management Algorithms & Exam Action Rules
5. Top 20 Rapid-Fire Exam Traps Checklist

Purpose: Your single, concentrated last-day revision resource for the final 24 hours before the exam. Every number, cutoff, classification, diagnostic criterion, management algorithm, and exam trap below is extracted directly from your 2025 Kasr Al Ainy / BSNU department textbooks (`Gynaecology Department Book 2025 (2).pdf` and `Obstetric Department Book 2025 (2).pdf`), your 2026 solved exam banks (`آخر ٤ امتحانات نسا ٢٠٢٦.pdf`, `Final_Gynecology_BSNU_Solved_MCQs.pdf`, `محلول-1. ملف النسا الشامل ٢٠٢٦.pdf`, `mcq-patho.محلول.pdf`, `mcq.نسا.pdf`), and verified NCBI StatPearls guidelines.

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1. Must-Memorize Numbers, Cutoffs & Gold-Standard Thresholds

Clinical Parameter / Condition	Exact Exam Cutoff / Number	Clinical Significance & Past Exam Trap
Primary Amenorrhea Age Cutoffs	**> 14 yrs** (no 2ry sexual characters) **> 16 yrs** (with 2ry sexual characters)	*Gyn Book p.45* (Primary Amenorrhea - StatPearls). Secondary amenorrhea = absence for **3 cycles** (or 6 months).
Infertility Definition	**12 months** (if age < 35 yrs) **6 months** (if age >= 35 yrs)	Tested in *Final Gyn BSNU Q3*. Do not start invasive workup before 12 months in young healthy couples.
Postmenopausal Simple Ovarian Cyst	**< 5 cm** (e.g., 4.5 cm) + **CA-125 < 35 IU/L**	Tested in *Exam 1 Q13 & Exam 2 Q17*: Manage conservatively with **repeat ultrasound in 4 months** (NOT immediate surgery!).
Postmenopausal Endometrial Thickness	**<= 4 mm** on TVUS	Thickness > 4 mm in postmenopausal bleeding requires endometrial biopsy / hysteroscopy (Endometrial Cancer - StatPearls).
Blighted Ovum (Anembryonic Pregnancy)	Mean Sac Diameter **>= 25 mm** on TVUS with no embryo	Tested in *Exam 1 Q57* (*Obs Book p.29*). Also: CRL >= 7 mm with no cardiac activity = missed abortion.
Ectopic Pregnancy Beta-hCG Discriminatory Zone	**1,500–2,000 mIU/mL** (TVUS) **6,000–6,500 mIU/mL** (TAUS)	Tested in *Comp Bank p.621 Q38*. Empty uterine cavity above this level = Ectopic pregnancy until proven otherwise (Ectopic Pregnancy - StatPearls).
Ectopic Medical (Methotrexate) Criteria	Unruptured mass **< 3.5–4 cm**, **no fetal heartbeat**, **beta-hCG < 5,000 mIU/mL**	Tested in *Exam 1 Q29 & Exam 2 Q28*: Systemic IM Methotrexate is the most cost-effective medical therapy.
Bicornuate vs. Septate Uterus (3D US)	External fundal indentation **>= 1.0 cm** (e.g. **1.5 cm**) = **Bicornuate**	Tested in *Exam 1 Q62*. External cleft < 1 cm (flat fundus) with internal partition = **Septate uterus**.
HPV Vaccine FDA Age Approval (Textbook)	**9 to 26 years** (girls and women)	Tested in *Exam 1 Q7, Exam 2 Q10, Final Gyn Q22*. Contraindicated during pregnancy.

Clinical Parameter / Condition	Exact Exam Cutoff / Number	Clinical Significance & Past Exam Trap
MMR Live Vaccine Pregnancy Delay	Avoid pregnancy for **1 month (28 days)**	Tested in *Exam 1 Q5 & Exam 2 Q9*. MMR and Varicella are live attenuated vaccines.
Folic Acid Supplementation Dose	Routine: **0.4 mg (400 mcg)/day** High-Risk (prior NTD/spina bifida, epilepsy drugs, DM): **5 mg/day**	Tested in *Exam 1 Q64 & Exam 2 Q37* (*Obs Book p.17*). Start 1–3 months pre-conception through 12 weeks.
Anemia in Pregnancy Hb Cutoff	**Hb < 11.0 g/dL** (1st & 3rd trimesters) **Hb < 10.5 g/dL** (2nd trimester)	Tested in *Exam 1 Q65* (*Obs Book p.60*). Iron deficiency is the #1 cause (~90%).
Normal Active Labor Dilatation Rate	**>= 1.0 cm/hour** (primigravida) **>= 1.2–1.5 cm/hour** (multipara)	Tested in *Exam 1 Q4 & Exam 2 Q8*: 5 cm to 7 cm over 2 hours = **Normal labor**.
Active-Phase Arrest of Labor	**>= 4 hours** of no cervical change at >= 6 cm with adequate contractions	Tested in *Exam 1 Q52*: With strong contractions, arrest is due to **Cephalopelvic Disproportion (CPD)** -> Cesarean section.
Uterine Tachysystole / Hyperstimulation	**> 5 contractions in 10 min** or lasting **>= 90 seconds** (every 1 min)	Tested in *Exam 1 Q49*: Causes **late decelerations** -> stop oxytocin immediately, left lateral position, IV fluids, tocolytic.
Vacuum Extractor Gestational Age Cutoff	Contraindicated at **< 34 weeks** (e.g., **31 weeks**)	Tested in *Exam 1 Q41*. Flexion point = sagittal suture **3 cm posterior to anterior fontanelle** (3 cm anterior to posterior fontanelle; *Exam 1 Q48*).
Postpartum Hemorrhage (PPH) & Retained Placenta	PPH: **>= 500 mL** (vaginal) / **>= 1,000 mL** (CS) Retained Placenta: **> 30 minutes** in 3rd stage	*Obs Book p.124, 128* (Postpartum Hemorrhage - StatPearls). Primary PPH = first 24 hours (#1 cause = uterine atony, 80%).
Puerperal Pyrexia Definition	Temp **>= 38.0°C (100.4°F)** within the **first 10–14 days** postpartum (after first 24 hrs)	Tested in *Exam 1 Q32*: "Within 6 weeks" is the **INCORRECT** statement because puerperal pyrexia is defined within 10–14 days!

Clinical Parameter / Condition	Exact Exam Cutoff / Number	Clinical Significance & Past Exam Trap
GDM Postpartum Screening Window	**6 to 12 weeks postpartum** (75g 2-hour OGTT)	Tested in *Exam 1 Q50* (Gestational Diabetes - StatPearls).
Amniotic Fluid Index (AFI) & SDP Cutoffs	Oligohydramnios: **AFI < 5 cm** (SDP < 2 cm) Polyhydramnios: **AFI >= 24–25 cm** (SDP >= 8 cm)	*Obs Book p.140*. After 20 weeks, amniotic fluid is mainly produced by **fetal urination** (*Book55 Q19*) and removed by **fetal swallowing**.

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2. High-Yield Oncology Staging & Ovarian Tumor Pathology Matrix

A. FIGO Staging of Endometrial Carcinoma (*Gyn Book p.166* — Tested in *Exam 1 Q2, Exam 2 Q6, Final Gyn Q1*)

- **Stage IA:** Tumor confined to uterine corpus, **< 50% myometrial invasion**.
- **Stage IB:** Tumor confined to uterine corpus, **>= 50% myometrial invasion** (*Final Gyn Q1*).
- **Stage II:** Tumor invades **cervical stroma**, but does not extend beyond the uterus (*Exam 1 Q2 & Exam 2 Q6*).
- **Stage IIIA:** Tumor invades uterine **serosa and/or adnexa** (ovary/fallopian tube).
- **Stage IIIB: Vaginal and/or parametrial** involvement.
- **Stage IIIC:** Metastasis to **pelvic lymph nodes (IIIC1)** or **para-aortic lymph nodes (IIIC2)**.
- **Stage IVA:** Invasion of **bladder and/or bowel mucosa**; **Stage IVB:** Distant metastases (lungs, liver, inguinal nodes).

B. Ovarian & Genital Tumor Histopathology Signatures & Tumor Markers (*Gyn Book p.182–197 & Patho MCQs*)

Tumor Name	Category & Origin	Classic Clinical Vignette	Pathognomonic Microscopic Feature	Specific Tumor Marker
Serous Cystadenocarcinoma	Surface Epithelial (Most common malignant & most bilateral, ~50–66%)	Postmenopausal woman with bilateral cystic-solid pelvic masses & peritoneal ascites/omental cake (*Exam 2 Q43*)	**Psammoma bodies** (concentric laminated calcifications; *Exam 1 Q39, Patho Q874*)	**CA-125** (& HE4)
Mucinous Cystadenoma / Carcinoma	Surface Epithelial	Huge multilocular cyst filled with gelatinous mucin; rupture causes **Pseudomyxoma peritonei** (*Patho Q860, Q862*)	Tall columnar endocervical/intestinal-like mucinous cells	**CA 19-9 & CEA**
Brenner Tumor	Surface Epithelial (usually benign)	Solid fibrous ovarian tumor discovered incidentally	Nests of **transitional (urothelial) epithelium** with 'coffee-bean' nuclei (*Exam 1 Q40, Patho Q861*)	None
Mature Cystic Teratoma (Dermoid Cyst)	Germ Cell (Most common tumor in young women <30 yrs)	Young woman with mobile cyst containing hair, cheesy sebum, teeth/calcifications; **#1 cause of ovarian torsion** (*Patho Q869, Q878*)	Ectodermal, mesodermal & endodermal mature tissues (**Struma ovarii** = thyroid tissue -> hyperthyroidism; *Patho Q868*)	None (Squamous SCC antigen if malignant transformation)

Tumor Name	Category & Origin	Classic Clinical Vignette	Pathognomonic Microscopic Feature	Specific Tumor Marker
Dysgerminoma	Malignant Germ Cell (Most common malignant germ cell tumor in youth & pregnancy)	Adolescent/young woman with rapid solid ovarian mass; spreads via lymphatics to para-aortic nodes; **exquisitely radiosensitive**	Sheets of large clear cells separated by fibrous septa with **lymphocytic infiltrate** (Nonepithelial Ovarian Cancer - NCBI)	**LDH & Placental ALP**
Endodermal Sinus (Yolk Sac) Tumor	Malignant Germ Cell (Most aggressive in children/young women)	Child/young female with rapidly growing pelvic mass and abdominal pain (*Exam 1 Q23*)	**Schiller-Duval bodies** (glomeruloid perivascular structures) + hyaline droplets (*Patho Q870, Q873*)	**Alpha-Fetoprotein (AFP)** (*Comp Bank p.311 Q17*)
Granulosa-Theca Cell Tumor	Sex Cord-Stromal (Estrogen-secreting)	**Child:** Isosexual precocious pseudopuberty (*Comp Bank p.114 Q26*) **Postmenopausal:** PMB + **endometrial hyperplasia/cancer** (*Final Gyn Q25*)	**Call-Exner bodies** (small eosinophilic fluid-filled rosettes) + grooved 'coffee-bean' nuclei (*Exam 1 Q37*)	**Inhibin (A/B) & Estradiol**
Sertoli-Leydig Cell Tumor (Arrhenoblastoma)	Sex Cord-Stromal (Androgen-secreting)	Young woman with **rapid-onset severe hirsutism + virilization** (clitoromegaly, deep voice, balding; *Exam 1 Q51*)	Tubules of Sertoli cells and androgen-secreting Leydig cells with Reinke crystals (*Patho Q866*)	**Testosterone**

Tumor Name	Category & Origin	Classic Clinical Vignette	Pathognomonic Microscopic Feature	Specific Tumor Marker
Ovarian Fibroma (Meigs Syndrome)	Sex Cord-Stromal (Benign)	Solid ovarian mass + **Ascites + Right pleural effusion** (resolves completely after tumor excision; *Gyn Book p.187*)	Whorls of spindle-shaped fibroblasts producing collagen (*Patho Q914*)	May mildly elevate CA-125 via peritoneal irritation
Krukenberg Tumor	Metastatic (Bilateral in >80%)	Woman with history of **gastric (stomach pylorus)** or colon cancer presenting with bilateral solid ovarian masses	Mucin-filled **Signet-ring cells** in cellular ovarian stroma (*Patho Q875, Q916*)	CEA / CA 19-9
Sarcoma Botryoides	Malignant Mesenchymal (Vagina)	Female child (<5 yrs) with bloody discharge and **soft grape-like polypoid mass filling the vagina** (*Patho Q879, Q891*)	**Embryonal rhabdomyosarcoma** (subepithelial cambium layer of rhabdomyoblasts)	Desmin / Myogenin

3. Master Differential Tables for Commonly Confused Conditions

A. Primary Amenorrhea & Disorders of Sex Development (DSD) (*Gyn Book p.45–52*)

Condition	Karyotype	Breasts (Estrogen)	Uterus (TVUS)	Pubic/Axillary Hair	Gonads & Hormone Profile	Key Exam Distinguishing Feature
Turner Syndrome	**45,X0** (Barr body negative)	**Absent**	**Present** (hypoplastic)	Scanty	**Streak ovaries**; **High FSH/LH**, Low E2	**Most common cause of primary amenorrhea** (*Exam 1 Q36, Q45*); short stature, webbed neck, coarctation.
MRKH Syndrome (Müllerian Agenesis)	**46,XX**	**Normal**	**Absent** (blind vagina)	**Normal**	Normal ovaries; **Normal female testosterone**, normal FSH/LH	Normal breasts + normal pubic hair + absent uterus + **normal female testosterone** (*Final Gyn Q4, Q20*).

Condition	Karyotype	Breasts (Estrogen)	Uterus (TVUS)	Pubic/Axillary Hair	Gonads & Hormone Profile	Key Exam Distinguishing Feature
Complete AIS (Testicular Feminization)	**46,XY**	**Normal**	**Absent** (blind vagina)	**Absent / Scanty**	**Testes** (undescended); **Male-range testosterone**	Phenotypically **female** (*Exam 1 Q33*); differentiated from MRKH by **Serum Testosterone** (*Final Gyn Q20*). Remove testes after puberty (gonadoblastoma risk).
21-Hydroxylase Deficiency (CAH)	**46,XX**	Absent/Early pubarche	**Present**	**Early / Excess**	Normal ovaries; **High 17-OHP** & adrenal androgens	**#1 cause of 46,XX ambiguous genitalia** (*Exam 1 Q54*) & simple virilizing pubarche (*Final Gyn Q12*); screen with **17-OHP** (*Exam 1 Q47*).

Condition	Karyotype	Breasts (Estrogen)	Uterus (TVUS)	Pubic/Axillary Hair	Gonads & Hormone Profile	Key Exam Distinguishing Feature
17-Alpha-Hydroxylase Deficiency	46,XX or 46,XY	**Absent**	Present (in 46,XX)	**Absent**	Low cortisol, low androgens, low E2; **High mineralocorticoids**	Sexual infantilism (no breasts/hair) + **Hypertension + Hypokalemia** (*Comp Bank p.104 Q42*).
Kallmann Syndrome	46,XX	**Absent**	**Present**	Scanty	Normal ovaries; **Low FSH/LH** (GnRH deficiency)	**Primary amenorrhea + Anosmia (loss of smell)** (*Comp Bank p.4 Q13*).

B. Third-Trimester Antepartum Hemorrhage: Placenta Previa vs. Abruption vs. Vasa Previa vs. Rupture (*Obs Book p.44–50, 119*)

Feature	Placenta Previa ( )	Placental Abruption ( )	Ruptured Vasa Previa	Uterine Rupture ( )
Onset & Pain	**Painless**, causeless, recurrent (*Exam 3 Q13*)	**Painful**, sudden, continuous (*Exam 3 Q20*)	**Painless**, immediately upon **ROM**	Sudden tearing pain during labor (then contractions cease)
Blood Character	**Bright red** external bleeding	**Dark red/clots** (or concealed retroplacental)	Bright red **fetal blood** (positive Apt test)	Vaginal bleeding + hemoperitoneum + **hematuria**

Feature	Placenta Previa ( )	Placental Abruption ( )	Ruptured Vasa Previa	Uterine Rupture ( )
Uterine Tone	**Soft, relaxed, non-tender**	**Woody hard, tense, tender** (tetanic)	Soft, normal tone	Loss of uterine contour; **fetal parts easily palpable subcutaneously**; loss of station
Shock vs. Visible Loss	**Proportional** to visible bleeding (*Exam 2 Q25*)	**Out of proportion** to visible loss + **high DIC risk**	Maternal vitals normal! Fetus exsanguinates	Severe maternal hypovolemic shock out of proportion
Fetal Heart Rate	Usually **normal** initially	**Fetal distress / bradycardia / IUFD**	Sudden **sinusoidal trace / severe bradycardia**	Sudden catastrophic **fetal bradycardia / demise**
Key Risk Factors	Prior CS, multiparity, smoking, twins (**+ prior CS = Accreta risk!**)	**Preeclampsia/HTN**, prior abruption, trauma, polyhydramnios decompression	**Bilobed/succenturiate placenta, velamentous cord, IVF, twins** (*Exam 2 Q1*)	**Obstructed labor** in multipara (*Exam 3 Q28*) or **prior CS scar (TOLAC)**

C. Complete vs. Partial Hydatidiform Mole (*Obs Book p.39–41* — Hydatidiform Mole - StatPearls)

Feature	Complete Hydatidiform Mole	Partial Hydatidiform Mole
Karyotype & Origin	**46,XX (90%) or 46,XY (10%)** — Diploid, **100% Paternal** (empty ovum + 1 or 2 sperm)	**69,XXY or 69,XXX — Triploid** (normal ovum + 2 sperm; *Comp Bank p.211 Q69*)
Fetus / Fetal RBCs / Amnion	**COMPLETELY ABSENT**	**PRESENT** (fetal parts, nucleated fetal RBCs; often growth-restricted/anomalous)
Chorionic Villi & Trophoblast	**Diffuse** hydropic swelling ('grape-like vesicles') + **circumferential** hyperplasia	**Focal** hydropic swelling + **focal** trophoblastic proliferation (*Comp Bank p.70*)

Feature	Complete Hydatidiform Mole	Partial Hydatidiform Mole
Uterine Size & Bilateral Theca-Lutein Cysts	Uterus **larger than dates** in ~50%; frequent **theca-lutein cysts**, hyperemesis, early preeclampsia (<20 wks)	Uterus usually **small or appropriate for dates**; theca-lutein cysts rare
Serum Beta-hCG & Post-Molar GTN Risk	Markedly elevated (>100,000 mIU/mL); **15–20% progression to GTN** (15% invasive mole, 3–5% choriocarcinoma)	Moderately elevated; **< 5% progression to GTN** (almost never choriocarcinoma)

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4. First-Line Management Algorithms & Exam Action Rules

1. **Heavy Menstrual Bleeding (HMB) with Normal Uterus (even if patient requests hysterectomy, e.g., Crohn's disease on sulfasalazine):**

2. **1st-Line: Levonorgestrel-releasing Intrauterine System (LNG-IUS / Mirena)** (*Exam 1 Q38, Exam 2 Q32*).

3. **2nd-Line Medical:** Tranexamic acid (antifibrinolytic), NSAIDs (mefenamic acid), or Combined Oral Contraceptive Pills (COCs).

4. **Special Case — HMB + von Willebrand Disease (or any coagulopathy): Combined Oral Contraceptive Pills (COCs)** or Tranexamic acid / Desmopressin (*Exam 1 Q3 & Exam 2 Q7*). **NEVER give NSAIDs in bleeding disorders!**

5. **Postmenopausal Bleeding (PMB) Triage:**

6. **Most Common Cause: Endometrial / vaginal atrophy** (*Exam 1 Q63*).

7. **Most Lethal Cause to Rule Out: Endometrial carcinoma** (~10%).

8. **Diagnostic Pathway:** Transvaginal Ultrasound (if endometrial thickness >4 mm or persistent bleeding) -> **Outpatient Endometrial Biopsy (Pipelle) or Hysteroscopy-guided biopsy** (*Final Gyn Q29*).

9. **Eclampsia & Severe Preeclampsia Management (*Exam 1 Q53, Exam 3 Essay Q4*):**

10. **Step 1 (Airway & Seizure Control):** Left lateral position, oxygen, IV access + **Magnesium Sulfate (MgSO4)** loading dose (4–6 g IV over 15–20 min) followed by maintenance infusion (1–2 g/hr IV) for until 24 hours postpartum (Preeclampsia - StatPearls).

11. **Step 2 (Monitor for MgSO4 Toxicity):** Check **patellar reflex** (lost first at 8–10 mEq/L), **respiratory rate** (>=12–16/min), and **urine output** (>=30 mL/hr). **Antidote: 10% Calcium Gluconate 10 mL IV over 10 minutes**.

12. **Step 3 (Control Severe Hypertension >=160/110 mmHg):** IV Labetalol, IV Hydralazine, or Oral Immediate-Release Nifedipine.

13. **Step 4 (Definitive Cure): Delivery** once mother is hemodynamically stabilized and convulsions are controlled (eclampsia itself is NOT an automatic indication for Cesarean section if cervix is favorable and fetus/mother stable, though CS is performed if cervix is unfavorable or fetal distress/abruption is present).

14. **Shoulder Dystocia Emergency Algorithm (*Exam 1 Q60, Exam 2 Q36, Exam 3 Q7*):**

15. **1st-Line:** Call for help + **McRoberts maneuver** (sharp hyperflexion & abduction of maternal thighs onto abdomen) + **Suprapubic pressure** (Rubin I — directed downward and laterally behind fetal anterior shoulder).

16. **2nd-Line Rotational/Internal Maneuvers:** Episiotomy (for hand access), **Delivery of the posterior fetal arm**, **Woods' corkscrew maneuver** / Rubin II maneuver, Gaskin all-fours position.

17. **Last Resort:** Cleidotomy / symphysiotomy / **Zavanelli maneuver** (cephalic replacement + emergency CS).

18. **NEVER DO: Fundal pressure** (strictly contraindicated — causes uterine rupture & Erb's C5–C6 brachial plexus palsy!).

19. **Primary Postpartum Hemorrhage (PPH) Stepwise Management (*Obs Book p.125–127*):**

20. **Step 1 (Resuscitate & Identify Cause — '4 Ts': Tone 80%, Trauma, Tissue, Thrombin):** Call for help, 2 large-bore IV cannulas, crossmatch blood, empty bladder (Foley catheter), **bimanual uterine compression massage**.

21. **Step 2 (Pharmacologic Uterotonics):**
    - **Oxytocin** (10 IU IM or 20–40 IU in 1L normal saline IV infusion — **1st-line**).
    - **Methylergometrine** (0.2 mg IM — **contraindicated in Hypertension/Preeclampsia & Cardiac disease**).
    - **Misoprostol** (600–800 mcg sublingual/rectal PGE1) + **Tranexamic acid** (1 g IV within 3 hours).
    - **Carboprost** (250 mcg IM 15-methyl PGF2a — **contraindicated in Asthma**).

22. **Step 3 (Mechanical Tamponade): Intrauterine Balloon Tamponade (Bakri balloon / Rusch balloon / condom catheter)**.

23. **Step 4 (Conservative Surgery): B-Lynch uterine compression suture**, bilateral uterine artery ligation (O'Leary suture), or bilateral internal iliac artery ligation.

24. **Step 5 (Definitive Life-Saving Surgery): Emergency Peripartum Hysterectomy** (Top 2 indications = **Placenta Accreta Spectrum and refractory Uterine Atony**; *Exam 2 Q39, Exam 3 Q6*).

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5. Top 20 Rapid-Fire Exam Traps Checklist (Read Right Before Entering the Exam Hall!)

1. **Secondary amenorrhea + galactorrhea + irregular spotting in a 25-year-old (*Exam 1 Q34*):** Order **Serum beta-hCG FIRST** (not prolactin!).

2. **Sheehan syndrome hormone replacement (*Final Gyn Q9*):** Give **Cortisone (glucocorticoids) FIRST** before thyroid hormone to prevent fatal acute adrenal crisis.

3. **Postmenopausal bleeding (*Exam 1 Q63 vs Final Gyn Q29*):** If asked for the **most likely / most common cause**, pick **Endometrial atrophy**; if asked for the **most serious cause** or what **pyometra** suggests (*Final Gyn Q11*), pick **Malignancy (Endometrial/Cervical cancer)**.

4. **Heavy menstrual bleeding in a 34-year-old with normal uterus who requests hysterectomy (*Exam 1 Q38*):** Pick **Levonorgestrel-releasing IUS (LNG-IUS)**, NOT hysterectomy!

5. **Heavy menstrual bleeding in von Willebrand disease (*Exam 1 Q3*):** Pick **Combined Oral Contraceptive Pills (COCs)**; NEVER pick NSAIDs!

6. **Asymptomatic 4.5 cm simple unilocular ovarian cyst with CA-125 = 10 IU/L in a postmenopausal woman (*Exam 1 Q13*):** Pick **Follow up with ultrasound in 4 months**, NOT surgery!

7. **Most common presentation of uterine fibroid (*Exam 1 Q21*):** Pick **Asymptomatic** (NOT metrorrhagia!).

8. **Emergency contraception FALSE statement (*Exam 1 Q11*):** "Reduces pregnancy rate by 99%" is **FALSE** for oral EC pills (only Copper IUD is >99%).

9. **Cervical conization INAPPROPRIATE indication (*Exam 1 Q12*):** When **deeply invasive cancer is already proven on biopsy**.

10. **OHSS management (*Exam 1 Q18*): Ovarian drilling is NOT done** in acute OHSS (manage with fluids, albumin, LMWH, and paracentesis).

11. **Drug that CAUSES hirsutism (*Exam 1 Q31*): Minoxidil** (whereas Spironolactone, Finasteride, and Ketoconazole TREAT hirsutism).

12. **7-year-old girl with white vulvar plaques, itching, and perianal ecchymosis (*Exam 1 Q66*):** This is **Lichen Sclerosus** — treat with **super-potent topical corticosteroid (Clobetasol propionate 0.05%)** (do NOT report as sexual abuse!).

13. **Vulvar ulcers (*Exam 1 Q35*): Gonorrhea does NOT cause vulvar ulcers** (Syphilis chancre = painless indurated; Chancroid = painful soft; HSV = painful vesicles).

14. **Vulvar lesion associated with distant primary internal cancer (*Exam 2 Q42*): Extramammary Paget disease of the vulva**.

15. **Fetal presentation INCOMPATIBLE with spontaneous vaginal delivery (*Exam 1 Q22, Exam 3 Q8*): Mentum posterior (Face presentation)** -> mandatory Cesarean section.

16. **Labor progression from 5 cm to 7 cm over 2 hours at 40 weeks (*Exam 1 Q4*):** This is **Normal labor** (1 cm/hr in active phase).

17. **Perineal tear involving skin and transverse perineal muscles (*Exam 1 Q68, Exam 3 Q14*): 2nd-degree tear**, which is **equivalent to a mediolateral episiotomy**.

18. **Cephalohematoma vs Caput Succedaneum (*Exam 3 Q30, Exam 1 Q42*): Cephalohematoma** is between periosteum and skull bone, **does NOT cross suture lines**, and is a classic complication of **Vacuum extraction** (never drain it!).

19. **Dichorionic diamniotic (DCDA) twins EXCEPT question (*Exam 1 Q30*):** DCDA twins do **NOT** develop **Twin-to-Twin Transfusion Syndrome (TTTS)** (TTTS is exclusive to Monochorionic twins).

20. **3rd-trimester pruritus of palms and soles worse at night + elevated bile acids (*Exam 1 Q59*): Intrahepatic Cholestasis of Pregnancy (ICP)** -> treat with **Ursodeoxycholic acid (UDCA) + close fetal monitoring**.