

AGE	GRAV	PARA	Diagnosis: Perioperative or Admission (Include size of ovarian cysts)	Treatment	Surgical Pathology Diagnosis (Uterine Wt in gms.)	Complications (include blood transfusions)
33	3	3	<ul style="list-style-type: none"> -Severe dysmenorrhea -Pelvic pain -History of endometriosis -History of adenomyosis -Menorrhagia -Secondary infertility -Failed conservative therapy 	<ul style="list-style-type: none"> -Laparoscopic adhesiolysis and laser vaporization of endometriosis -diagnostic hysteroscopy -endocervical and endometrial biopsies -endometrial cultures -selective HSG -wire recanalization of fallopian tubes -SBE prophylaxis 	<ul style="list-style-type: none"> -Stage III endometriosis -Extensive pelvic adhesions -Adenomyosis -Acute proliferative endometrium -Endometrial cultures-positive for Escherichia coli and klebsiella pneumoniae -Elevated pressures in fallopian tubes -Hydrosalpinx of left fallopian tube 	none

1) Problem:

-‘History of adenomyosis’ must raise concern in the examiner’s mind. Adenomyosis is a histological diagnosis that follows a hysterectomy. How aggressive was the diagnostic hysteroscopy? This patient still has her uterus intact until the current surgery!

Correction:

-Make change on paper

-Clarify verbally in the exam. Candidate at the very least would have to have a good understanding of adenomyosis histology and be able to further explain how such a diagnosis was obtained.