# AJK Medical College, Muzaffarabad

## STUDY GUIDE
## Reproduction Module (0319)
## 5th Year MBBS



**Duration= 4 weeks**
**Starting on:**

## DEPARTMENT OF MEDICAL EDUCATION

# Contents



# Module team

| | |
|---|---|
| 1. Dr. Mohsina | (Planner) |
| 2. Maj. Abida | (coordinator) |
| 3. Dr. Shafaq Haneef | (Member) |
| 4. Dr. Ziyad Afzal Kiyani | (Member) |
| 5. Dr. Munazza Nazir | (Member) |
| 6. Dr. Tahir Aziz | (Member) |
| 7. Dr. Abdul Khalid | (DME) |

## 2- RATIONALE

The basic purpose of reproductive system is to procreate. So the diseases of reproductive systems and their management are the main concerns of this module. Due to its vital role in the survival of the species, many scientists argue that the reproductive system is among the most important systems in the entire body. Diseases of genital tract include abnormal hormone production by the ovaries or the testes or by other endocrine glands, such as the pituitary, thyroid, or adrenals. Such diseases can also be caused by genetic or congenital abnormalities, infections, tumors, or disorders of unknown cause. Endocrine disorders and infectious diseases are addressed in endocrine and infectious diseases module respectively. This module introduces the students to the integrative
clinical features of diseases related to the reproductive system and their management. This module is basically concerned about male and female genital tract pathologies, placental associated conditions and congenital malformations of genital tract. The students will learn how to classify and grade tumors of genital tract system and how to diagnose them through laboratory tests, what the common screening tests for these tumors are and how to manage them.
In this module they will also learn about significance of antenatal care, labor
care, safe motherhood plans and approaches and available method
fertility control. What is high risk pregnancy, how to diagnose different risks and what available treatments for them are? How to diagnose and manage abnormal labor.
This module, 3rd of the seriesis built upon the cognition, skill and behavior achieved during earlier Reproduction Modules.

## 2. AIMS OF MODULE

The module aims to provide:

- Clinical relevance, pathogenesis and laboratory diagnosis of male and female tracts disorders.
- Knowledge and clinical relevance of PAP smear, and other screening tests of genital tract tumors.
- **Knowledge** and application of fertility control drugs in the community.
- A foundation for understanding the clinical basis of antenatal care, safe motherhood factors, diagnose high risk pregnancy, understand and manage different causes of high risk pregnancy.
- Diagnose and manage normal labor. Differentiate abnormal labor and get baseline knowledge about management of different causes of abnormal labor

## 4- Learning outcomes

**Our intended learning outcomes, in terms of knowledge are:**

By the end of the module students will be able to:

Describe the normal and abnormal structures of male and female reproductive tract. Recognize and identify the changes in structure and/or functioning of the reproductive system especially in case of tumors of ovary, uterus, vulva,vagina, testes. Describe contraceptives, antenatal care and factors of safe motherhood. Diagnose high risk pregnancy, understand and manage different causes of high risk pregnancy. Diagnose and manage normal labor. Differentiate abnormal labor and get baseline knowledge about management of different causes of abnormal labor

At the end of the module, student should have the knowledge of reproductive system to appropriately use newly learnt skills to help gynecological and obstetrical patients.

## 5- ORGANIZATION OF MODULE

The Reproduction Module is consisting of themes, each based on real life situation. The module will apply different modes of instruction, major emphasis will be on discussion, analysis and deduction; all by the learners who will be facilitated and guided and supervised by the faculty.

## 6- CONTENT DELIVERY

Entire Curriculum will be delivered by the clinical case scenarios, each related to a theme. Read the cases and learning objectives of the theme which you are supposed to encounter next day. Understand and explain the cases to yourself and read the relevant information.

Following learning/teaching strategies will be employed to discuss the cases.

### LARGE GROUP INTERACTIVE SESSION (LGIS)

Large group instruction will be employed at time. Attend large group session to resolve queries, conceptual learning and to standardize learning of all groups. Read the cases and learning objectives of the theme which you are supposed to encounter next day. Understand and explain the cases to yourself and read the relevant information

### VIDEOS

Video Demonstration of gynecological Procedures

Video Demonstration of normal labor, malpresentations and instrumental deliveries

### HANDS ON ACTIVITIES/PRACTICAL

Practical activities, linked with case, will take place.

### OPDs/Wards/Emergency Rooms/Operation Theatres

Attend your schedule clinical rotations & evening visits of the hospitals; Take advantage of these opportunities to master the assigned "Entrustable Professional Activities" (EPA) and use open time for revisiting the suggested subjects already covered in previous renal modules.

### DIRECTED SELF LEARNING (DSL)

Few DSL sessions have been added in between to create an environment for you to search literature as well as to deduce and synthesize information from different sources to meet the learning objectives.

## 7- ASSESSMENT

In this module, you will self-assess yourself frequently and will have formative assessments. An Assessment will also hold at completion of the module: Knowledge, Skills and attitude assessment by 'Objective Structured Clinical Examination' will be held at the end of the block. The marks obtained will contribute 30% towards the end of year professional examination/summative assessment.

# Recommended list of Icons

 This Icon will refer to Introduction to case

 This Icon will refer to Objectives

 This Icon will refer to critical questions

 This Icon will refer to resource material

 This Icon will refer to key words

## Table of Specifications (TOS)
## MCQs and SAQs

| Themes | Weight |
|---|---|
| Pregnancy | 30% |
| Abdominal mass | 30% |
| Infertility | 15% |
| Vaginal discharge | 10% |
| Ambiguous genitalia | 15% |
| **Total** | **100%** |

**Theme: 1 - Pregnancy**
**Learning objectives:**
At the end of this module the student will be able to;

1. Describe chorionicity of placenta and examination of placenta in the laboratory
2. Define molar pregnancy and associated tumors in terms of appearance, microscopic features and laboratory diagnosis
3. Describe ectopic pregnancy in terms of etiology, its locations and complications
4. Enlist the benign and malignant tumors of breast and give their gross and microscopic features along with their clinical presentation
5. Role of hormones receptors essays in diagnosis of breast carcinoma and sentinel node biopsy
6. Discuss the natural methods of Family planning.
7. Define RH, discuss various components of RH
8. Enlist various RH problems and their prevention
9. across women's life time
10. Definition of maternal mortality rates, various causes and risk factors.
11. Enlist the common indicators related to maternal health
12. Describe the measure taken to reduce maternal mortality. Antenatal, natal, and post natal care.
13. Define Safe Motherhood, guide line of WHO about safe motherhood and its various pillars.
14. Explain mother bay package by WHO.
15. Breast feeding, artificial feeding and weaning.
16. Describe Aims & objectives of Family planning.
17. Explain of choice family planning.
18. List the classification Family planning and discuss any one method
19. Explain different types of IUCDs .

**Theme: 1 - Case history**

A 32 years G□P□A□ presented in AIMS emergency department at 37 weeks of pregnancy with headache, pain abdomen and high blood pressure

**History of Present Illness*:***

She conceived after ovulation induction. Her first trimester remained uneventful. Her second trimester also remained uneventful and remained on regular antenatal visit. In third trimester she presented with above mentioned complaints.

**Obstetrical history:**

Her first pregnancy remained uneventful and she delivered a male baby through normal vaginal delivery at hospital with no intrapartum and postpartum complications. Her baby is alive and healthy.

Her second pregnancy was end up in laparotomy due to ectopic pregnancy conducted in hospital under general anesthesia with no intraoperative and postoperative complications.

Her third pregnancy end up in suction evacuation due to molar pregnancy of 3 months

**Gyneacological history:**

she had age of menarche at 13 years of age with regular menstrual cycle and no related complaints of mensturation and coitus. Couple practiced hormonal contraceptives for one year after first birth of baby.

***Past Medical History*:**

No history of any major illness in the past

***Family Medical History*:**

No history of any major illness in the family

No family history of IUD, multiple pregnancy and congenital abnormalities

***Personal Health:***

She is lady health visitor working in Basic health unit Danna. Her sleeping and bowel habits are normal. She is nonsmoker, non addict and has no drug allergy.

***Social History and Lifestyle:***

She is earning 17000 rupees per month and her husband is accountant by profession earning 25000 rupees per month living in their own house of four rooms and number of dependents are 4.

*Review of Systems*

**Cardiovascular**: Normal

**Respiratory**: The patient denies any history of pain, wheezing, chronic cough, hemoptysis, fever, or night sweats.

**Gastrointestinal**: Normal

**Genital/Reproductive**: Normal

**Urinary**: Normal

**Musculoskeletal**: Normal

**CNS**: Normal

**Psych**: Patient feels a little bit anxious

**General physical examination**

Temperature: 98.6F

Pulse: 72 bpm with normal peripheral pulses

Respiration: 18 pm

Blood Pressure: 150/100 mmHg

Weight: 75 kg

Height: 5 ft 4 in)

General Appearance: anxious looking young lady, oriented in person, place and time.

Neck: Thyroid not palpable, trachea central,

CVS: No jugular venous distention, no carotid bruit, no murmurs on auscultation; normal S1 and S2; but tachycardia with regular rhythm.

Respiration: Normal vesicular breathing with no added sounds

CNS: No neurological deficit found

Obs. ex: abdomen is symmetrically protuberant with central umbilicus and one supra pubic transvers scar mark. Abdomen is soft nontender, Fundal height is of 38 weeks with multiple fetal parts palpable and audible fetal heart rate

**Investigations:**

Labs:

Blood complete picture: Normal
Urine R/E: ++ albuminuria
Special Investigations:
Obs. USG: twin diamniotic pregnancy of 37 weeks with adequate liquor
RFTs: normal
LFTs: normal
Coagulation profile: normal

**Theme: 2 - Abdominal mass**
**Learning objectives**
At the end of this theme the students will be able to;

1. Classify ovarian tumors, and give their gross and microscopic appearance along with their clinical features and complications
2. Define and describe endometrial hyperplasia and its relationship with development of carcinoma
3. Describe endometrial carcinoma in terms of microscopic appearance and complications
4. Define leiomyoma and describe leiomyomas in terms of etiology, presentation and gross and microscopic with leiomyosarcoma
5. Discuss role of imaging and tumor markers in uterine and ovarian carcinomas

**Theme: 2 - Case history**
A 65 years old nullipara woman presents to OPD AIMS with complain of gradual abdominal distention, irregular vaginal bleeding.
***History of Present Illness:***
Patient developed gradual abdominal distention for the last 2 years, initially it was more on lower abdomen then progressively enlarged to whole abdomen. It was also associated with off and on vaginal bleeding without any pattern for the last 8 months. She lost weight from 70 to 58kg within 2 years and has anorexia associated with generalized weakness.
***Obstetrical History*:**
She is nullipara
***Gynaecological history*:**
She had spontaneous onset of menarche at the age of 10 years. She had regular menstrual cycle of 4/28 days with no dysmenorrhea and intermenstural and postcoital bleeding. Now she had surgical menopausal after total abdominal hysterectomy at age of 45 years due to fibroid uterus. Couple never practiced contraception. She had multiple ovulation induction for the treatment of infertility.
***Past medical History:***
She is hypertensive controlled on antihypertensives.
***Surgical History*:**
She had total abdominal hysterectomy due to fibroid uterus under general anesthesia with no intra and post operative complications.
***Family history:***
There is family history of ovarian carcinoma in her sister.
**Personal history:**
She is retired teacher and had degree of Master in Urdu. She is nonsmoker and non addict. she has disturbed sleep pattern for the last 2 months.
**Socioeconomic history:**
Her husband is business man by profession earning 40,000 rupees /month, living in their own house.
***Review of Systems***
**Cardiovascular**: Palpitations, tachycardia
**Respiratory**: feels difficulty in breathing on lying supine
**Gastrointestinal**: reduced appetite
**Genital/Reproductive**: menopausal age
**Urinary**: Normal
**CNS**: Normal
**Psych**: Patient is anxious
**General physical examination**

Temperature: 98.6F
Pulse: 72 bpm with normal peripheral pulses
Respiration: 18 pm
Blood Pressure: 140/90 mmHg
Weight: 58 kg
General Appearance: 65 years old woman, oriented to person, place and time, bit anxious.
Neck: normal thyroid
CVS: No jugular venous distention, no carotid bruit, no murmurs on auscultation; normal S1 and S2; regular rhythm.
Respiratory: Normal shape chest, equal movements bilaterally, with vesicular breathing, no added sound
Abdomen: grossly protuberant with central flat umbilicus and shiny skin. Slight tender mass extending from xiphisternum till supra pubic region and lowe limit is un reachable with regular margins and smooth surface.
CNS: No neurological deficit found

**Investigations:**

Labs:
Blood complete picture: Hb =8g/dl MCV 58 fl WBC 7 X $10^3$ Platelet 180 x $10^3$
Urine R/E: Normal
Radiology:
Chest X-ray: Normal
Special Investigations:
USG: 20X20 cm mass originating from left adnexa with solid component of 6cm. moderate ascites. No metastsic lesions seen
CA 125: 250iu/l

**Theme: 3 - Vaginal discharge**

**Learning objectives**

At the end of this theme, the students will be able to

1. Enlist the common infections of the upper and lower female genital tract and their manifestations and complications
2. Define STD's, their classification, various mode of transmission and prevention strategies
3. Enumerate the non neoplastic conditions of vulva and vagina and describe Bartholin cyst, Lichen Sclerosus and condyloma acuminatum
4. Enumerate benign neoplasia of vulva, vagina and cervix
5. Define and describe dysplasia, carcinoma in situ and invasive carcinoma of vulva, vagina and cervix
6. Describe the importance of PAP smear in terms of early diagnosis of pre-malignant and malignant lesions

**Theme: 3 – Case history**

35 years old woman presented in OPD AIMS with presenting complaints of growth coming through vagina with foul smelly vaginal discharge and lower abdominal pain.

***History of Present Illness:***

She developed complaint of growth coming through vagina for the last 6 months progressive in nature with foul smelly yellow in color vaginal discharge, copious in amount, associated with lower abdominal continuous pain aggravating prior to menstruation and reduced after menstruation. She also has complaint of intermenstural bleeding.

***Obstetrical history:***

She is P□A□. All conceptions were spontaneous resulting in normal vaginal uneventful deliveries. All babies are alive and healthy, breast fed and vaccinated.

***Gynaecological history:***

She has regular menstrual cycle since age of menarche with mild dysmenorrhea now developing progressive dysmenorrhea with intermenstural bleeding. Couple never practiced contraceptives. She had past history of recurrent vaginal discharge.

***Past Medical History*:**

No history of any major illness in the past.

***Past surgical history:***

She had blood transfusion for road side accident 10 years ago.

***Family history:***

No significant family history.

***Personal history:***

She is married to rikshaw driver who is IV drug addict. she is house wife with no primary education. She is nonsmoker and having normal bowel and urinary habits. Her Sleep pattern is good.

***Socioeconomic history:***

Her husband is rikshaw driver by profession, earning 20,000 rupees per month, living in their own house of two rooms.

*Review of Systems*

**Cardiovascular**: Normal

**Respiratory**: The patient denies any history of pain, wheezing, chronic cough, hemoptysis, fever, or night sweats. **Gastrointestinal**: Normal

**Urinary**: Normal

**CNS**: Normal

**Psych**: Patient feels a little bit depressed

**General physical examination**

Temperature: 98.6F

Pulse: 72 bpm with normal peripheral pulses

Respiration: 18 pm

Blood Pressure: 110/70 mmHg

Weight: 55 kg

General Appearance: young women, oriented to person, place and time, bit anxious.

Neck: Thyroid not palpable, trachea central,

CVS: No jugular venous distention, no carotid bruit, no murmurs on auscultation; normal S1 and S2; with regular rhythm.

Respiration: Normal shape chest, equal movements bilaterally, with vesicular breathing, no added sound

GIT : flat; non-tender to palpation; no masses; no hepatosplenomegaly, bowel sound present CNS: No neurological deficit found

Local examination: a firm cauliflower like growth of 8x3cm coming from cervix, bleed to touch, with bulky uterus in mid position

**Investigations:**

Labs:

Blood complete picture: Normal Urine

R/E: Normal Radiology:

Chest X-ray: Normal Special

Investigations:

Histopathology of Growth biopsy: squamous cell carcinoma of cervix.

**Theme: 4 – Infertility**

**Learning objectives**

At the end of this theme, the students will be able to

- Describe polycystic ovaries in terms of etiology, microscopic and gross appearance
- Define adenomyosis and endometriosis, enumerate the common sites of its appearance
- Describe endometriosis in terms of symptomatology and diagnosis
- Define infertility and describe its causes and plans for investigating male and female infertility
- Define Demography, growth rate and factors influencing growth rate
- Draw and explain population pyramid and its uses
- Define census and its types
- Define Demographic transition, Demographic cycle, its stages including demographic trap and demographic features of Pakistan

**Theme: 4 – Case history**

A 32-year-old lady presented to gynecology department of SKBZH with 7 years H/O primary infertility, hirsutism and irregular menstruation.

***History presenting illness:***

Couple is married for 7 years and living together. They have satisfied coitus having frequency of 3 to 4 per week. She has menstrual cycle of 4/45-50 days with heavy flow for the last 5 years. She also had c/o weight gain and hirsutism for the last 4 years. There was no history of galactorrehea, heat and cold intolerance, vaginal discharge, pelvic surgery and tuberculosis.

Her husband is 40years old, accountant by profession, wearing loose cloths, nonsmoker and non addict. He has no history of mumps, repeated urinary infections, hypertension, diabetes mellitus, spinal cord injury or hernia repair.

***Past Medical History*:**

No history of any major illness in the past

***Allergies*:**

The patient denies any significant drug or environmental allergies.

***Personal Health:***

she is house wife with primary education, does not follow any particular diet.

Sleep patterns: sleeps approximately eight hours nightly.

***Family Medical History*:**

No history of any major illness in the family

***Social History and Lifestyle:***

*Review of Systems*

**Cardiovascular**: Normal

**Respiratory**: The patient denies any history of pain, wheezing, chronic cough, hemoptysis, fever, or night sweats.

**Gastrointestinal**: Normal

**Genital/Reproductive**: Normal

**Urinary**: Normal

**Musculoskeletal**: Normal

**CNS**: Normal

**Psych**: Patient feels a little bit depressed

**General physical examination**

Temperature: 98.6F

Pulse: 72 bpm with normal peripheral pulses

Respiration: 18 pm

Blood Pressure: 110/70 mmHg

General Appearance: 32 year, oriented to person, place and time, bit anxious.

Neck: Thyroid not palpable, trachea central,

CVS: No jugular venous distention, no carotid bruit, no murmurs on auscultation; normal S1 and S2; but tachycardia with regular rhythm.

Respiratory system: Normal shape chest, equal movements bilaterally, with vesicular breathing, no added sound

Abdomen: flat; non-tender to palpation; no masses; no hepatosplenomegaly, bowel sound present

CNS No neurological deficit found

Genitourinary system: Normal

**Investigations:**

Labs:

Blood complete picture: Normal

Urine R/E: Normal

Radiology:

Chest X-ray: Normal

Special Investigations:

Ultrasound: Bilateral polycystic ovaries

Semen analysis: sperm count =20 thousands

**Theme: 5 - Ambiguous genitalia**

**Learning objectives**

At the end of this theme, the students will be able to

- Define hypospadias, epispadias and phimosis and give their important complications
- Enlist the benign and malignant tumors of penis and describe condyloma acuminatum and squamous cell carcinoma in terms of etiology, gross and microscopic appearances and complications
- Define cryptorchidism and give its complications
- Identify the causes of epididymitis and orchitis and their complications
- Give the causes and complications of torsion
- Enlist and classify testicular tumors, and give their gross and microscopic appearance along with their clinical features and complication
- Describe GENDER IDENTITY DISORDERs

**Theme: 5 – Case history**

A 14-years-old girl presented to gynecology department of AIMS with H/O primary ammenorea, hirsutism and masculinization of genitalia.

***History of presenting illness:***

Patient was born with ambiguous genitalia, but she was not evaluated by doctors at that time. She was raised as female but for the last four months she developed increased hair growth over face and chest. This complaint was also associated with enlargement of genitalia. She did not has onset of menarche yet.

***Past Medical History*:**

No history of any major illness in the past

***Allergies*:**

The patient denies any significant drug or environmental allergies.

***Birth history:***

Normal home delivery with no complication.

***Personal Health:*** She does not follow any particular diet.

Sleep patterns: sleeps approximately eight hours nightly.

***Family Medical History*:**

History of ambiguous genitalia in family taken as taboo (shemale) and not seeking any treatment.

***Social History and Lifestyle:***

*Review of Systems*

**Cardiovascular**: Normal

**Respiratory**: The patient denies any history of pain, wheezing, chronic cough, hemoptysis, fever, or night sweats.

**Gastrointestinal**: Normal

**Genital/Reproductive**: Gradually increasing ambiguity of external genitalia.

**Urinary**: Normal

**Musculoskeletal**: Normal

**CNS**: Normal

**Psych**: Patient feels a little bit depressed

**General physical examination**

Temperature: 98.6F

Pulse: 72 bpm with normal peripheral pulses

Respiration: 18 pm

Blood Pressure: 110/70 mmHg

General Appearance: 14 year, oriented to person, place and time, bit anxious.

Neck: Thyroid not palpable, trachea central,

Breast Examination: breasts were not developed.

Hair distribution: male pattern of hair distribution.

**CVS**: No jugular venous distention, no carotid bruit, no murmurs on auscultation; normal S1 and S2; but tachycardia with regular rhythm.

Respiratory system: Normal shape chest, equal movements bilaterally, with vesicular breathing, no added sound

**Abdomen**: flat; non-tender to palpation; about 3X 4 cm rounded, non tender, mobile palpable masses in both inguinal regions; no hepatosplenomegaly, bowel sound present

**CNS** No neurological deficit found

**Genitourinary system**: Bilatral undescended testis, bifid scrotum, ventral bending with chordae, perennial hypospadias with wide caliber meatus.

**Investigations:**
Labs:
Blood complete picture: Normal
Urine R/E: Normal
Radiology:
Chest X-ray: Normal
Special Investigations:
Ultrasound: No uterus or ovaries were found on USG scan of the pelvis.
Genetic Karyotyping: XY 46 male

## Resource for learning & reference books

- Robin's textbook of pathology
- Kaplan text book
- Medscape.com
- Cleavelen clinic.com
- Ilyas Ansari community medicine
- J E Park community medicine
- Oxford psychiatry text book

# AJK Medical College, Muzaffarabad

**Schedule for Reproduction Module (0319) – (5th Year)**

**Week-1**

| Date | | | | | | |
|---|---|---|---|---|---|---|
| **Time** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** |
| 8:00am-8:40am | College Holiday | | **LGIS** Labor physiology mechanism stages management **Dr Nosheena** | **LGIS** Fetal malpresentations **Dr nosheena** | LGIS Puerperium, breast feeding & its importance **Dr Hina** | **CLINICAL ROTATIONS (8:00 AM to 2:00 PM)** |
| 8:45am-9:25am | | | **LGIS** Abnormal labor prolonged, obstructed, fetal distress **Dr Nosheena** | **LGIS** Complications of 3rd stage of labor PPH, uterine rupture, obstetric injuries **Dr. Hina** | **CLINICAL ROTATIONS** | |
| **9:30a*m-2:00pm** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **Written Assessment Psy & Behavioural Sciences and Haematology Module Time 10:00 to 12:00** | **CLINICAL ROTATIONS** | | |
| **Break (2:00 – 5:00 PM)** | | | | | | |
| | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | |

# AJK Medical College, Muzaffarabad

## Schedule for Reproduction Module (0319) – (5th Year)

**Week 2**

| Time | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|
| 8:00am-8:40am | **LGIS**<br>Fetal growth abnormalities<br>Fetal inrauterine death<br>**Dr. seemab** | **LGIS**<br>Ectopic pregnancy<br>**Maj. Dr Abida** | **LGIS**<br>Gestational trophoblastic neoplasia<br>**Maj. Dr Abida** | **LGIS**<br>Pyrexia in pregnancy<br>**Dr Abida** | **LGIS**<br>Preterm labor<br>PROM<br>prematuirity<br>**Dr seemab** | **CLINICAL ROTATIONS (8:00 AM to 2:00 PM)** |
| 8:45am-9:25am | **LGIS**<br>Amniotic fluid abnormalities<br>**Dr seemab** | **LGIS**<br>Miscarriages<br>**Maj. Dr Abida** | **LGIS**<br>Multiple gestation<br>**Dr. Zubina** | **LGIS**<br>Fetal surveillance congenital abnormalities<br>**Dr Zubina** | **CLINICAL ROTATIONS** | |
| **9:30am-2:00pm** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | | |
| **Break (2:00 – 5:00 PM)** | | | | | | |
| **5:00-8:00 pm** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | |

# AJK Medical College, Muzaffarabad

## Schedule for Reproduction Module (0319) – (5th Year)

**Week 3**

| Time | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|
| 8:00am - 8:40am | **LGIS** Prolonged pregnancy induction of labor postmaruity **Dr nosheena** | **LGIS** Principals of gynecology, Screening of gynaecological cancer **Dr. abida** | **LGIS** Pri. Ammenorhea **Dr zubina** | **LGIS** Uterovaginal prolapse **Dr maryam** | **LGIS** Endometrial lesions benign, malignant **Dr. mohsina** | **CLINICAL ROTATIONS (8:00 AM to 2:00 PM)** |
| 8:45am - 9:25am | **LGIS** Contraception sterilization **Dr Maryam** | **LGIS** Puberty Precocious and delayed puberty **Dr Tahir Aziz** | **LGIS** Sec. Ammenorhea **Dr zubina** | **LGIS** Urogynaecology urinary incontinence fistula **Dr mohsin shakeel/ Dr naeem butt** | **CLINICAL ROTATIONS** | |
| 9:30am- 2:00pm | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | | |
| **Break (2:00 – 5:00 PM)** | | | | | | |
| 5:00- 8:00 pm | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | |

# AJK Medical College, Muzaffarabad

## Schedule for Reproduction Module (0319) – (5th Year)

**Week 4**

| Time | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|
| 8:00am-8:40am | **LGIS** Ovarian tumors benign and malignant **Dr Mohsana** | **LGIS** Subfertility **Dr Shafaq** | **LGIS** Endometriosis Adenomyosis **Dr Shafaq** | **LGIS** Chronic pelvic pain Dysmennorhea **Maj. Dr Abida** | **LGIS** APH **Dr Maryam** | **CLINICAL ROTATIONS (8:00 AM to 2:00 PM)** |
| 8:45am-9:25am | **LGIS** Cervical lesion Benign and malignant **Dr. Mohsana** | **LGIS** Menstural disorder **Dr Shafaq** | **LGIS** Vulvo vaginal benign and malignant lesion **Dr Maryam** | **LGIS** Menopause, HRT, PMS **Dr. Hina** | **CLINICAL ROTATIONS** | |
| **9:30am-2:00pm** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | | |
| **Break (2:00 – 5:00 PM)** | | | | | | |
| | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | **CLINICAL ROTATIONS** | |


Inquires & trouble shooting

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