CREOG Review 12/17/20

Per Dr. Olson-Chen:

The good news is that there were only 3 REI-specific questions that more than 50% of the residents missed. I have included a list of the topics that >1/3 of the residents missed instead.

Here are the CREOG topics (some overlap):

1. Hyperprolactinemia (Williams textbook of endocrinology)
2. Risk factors for ovarian hyperstimulation syndrome (Speroff)
3. Risks associated with hyperprolactinemia (Speroff)
4. Congenital adrenal hyperplasia management (Speroff)
5. Gonadotropin-releasing hormone agonist therapy (Speroff)
6. Management of hydrosalpinx discovered on hysterosalpingography (ACOG PB No. 195)
7. Risks associated with congenital urogenital anomalies (ACOG CO No. 728)
8. Infertility evaluation (ACOG CO No. 781)

Review session format:

10:00-10:15: Answer and grade questions on your own, review algorithms

10:10-10:15: Turn on your camera when finished and enter 3 questions or topics that you would like to review in the chat

10:15-11:00: Group question or topic review

1. Which of the following medications is associated with hyperprolactinemia?

1. citalopram
2. fluoxetine
3. risperidone
4. quetiapine

2. Which of the following is a consequence of hyperprolactinemia?

1. osteopenia
2. mastalgia
3. endometrial polyps
4. lactation failure

3. Which of the following is the next best step when evaluating a mildly elevated prolactin level (20-40 ng/ml)?

1. pituitary MRI
2. growth hormone level
3. formal visual field testing
4. repeat prolactin level

4. Which of the following is the most likely menstrual disturbance associated with a mildly elevated prolactin level?

1. amenorrhea
2. oligomenorrhea
3. short luteal phase

5. Which of the following the best recommendation for patient with a microadenoma who conceives while on bromocriptine?

1. monitor prolactin levels and adjust therapy accordingly
2. stop bromocriptine after the first trimester
3. stop bromocriptine with a positive pregnancy test
4. switch bromocriptine to cabergoline

6. Which of the following is a risk factor for ovarian hyperstimulation syndrome?

1. polycystic ovary syndrome
2. leuprolide trigger
3. diminished ovarian reserve
4. GnRH antagonist protocol

7. Which of the findings would warrant hospitalization for careful monitoring and aggressive treatment in a patient diagnosed with OHSS?

1. weight gain of 4 lbs
2. sodium <135 mEq/L
3. hematocrit <35%
4. creatinine <1.0 mg/dl

8. Which of the following is the appropriate management of a patient with congenital adrenal hyperplasia to prevent virilization of the fetus?

1. start dexamethasone with a positive pregnancy test
2. start hydrocortisone with a positive pregnancy test
3. perform a CVS with genotyping and sex determination

9. Which of the following is the best initial treatment for hirsutism in a patient with congenital adrenal hyperplasia?

1. glucocorticoids
2. metformin
3. spironolactone
4. oral contraceptive pills
5. Which of the following is a safe and effective treatment for a female patient with idiopathic gonadotropic-dependent precocious puberty?
	1. leuprolide
	2. letrozole
	3. tamoxifen
	4. estradiol
6. Which of the following is an appropriate indication for GnRH agonist treatment for myomas?
	1. long-term resolution of myomas
	2. improved dissection at myomectomy
	3. improved anemia prior to myomectomy
	4. reduced length of hospital-stay after myomectomy
7. Which of the following is the appropriate therapy when a hydrosalpinx is found by hysterosalpingogram?
	1. ceftriaxone
	2. metronidazole
	3. doxycycline
	4. ceftriaxone and doxycycline

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| 1. Which of the following screening tests should be performed in a sexually active 23-year-old patient with mullerian agenesis?
2. Pap test
3. HPV test
4. chlamydia
5. urinary analysis

14. A 25-year-old nulligravid woman would like to conceive with her male partner. She has a history of treatment of stage IV endometriosis and recently stopped continuous combination oral contraceptive pills. They have been trying to conceive for 2 months. Which of the following is the most appropriate next step?* 1. return in 10 months for an infertility evaluation
	2. return in 4 months for an infertility evaluation
	3. immediate infertility evaluation
	4. immediate infertility treatment

15. A 36-year-old nulligravid woman would like to conceive with her male partner. They have been trying to conceive for 6 months. She has 28 day cycles and detects an LH surge on day 12. Her AMH level is 1.8 ng/ml. She completed a hysterosalpingo-contrast sonogram confirms tubal patency of at least one tube and a normal appearing uterine cavity. Her partner completed a semen analysis with the following parameters: volume 1.5 ml, sperm concentration 35 million per ml, total sperm concentration 52.5 million, total motility 55%, sperm morphology 5% normal forms. The most likely diagnosis is:1. male factor
2. unilateral tubal factor
3. diminished ovarian reserve
4. unexplained infertility

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Other algorithms (from Speroff’s textbook) that you should understand prior to the CREOG:







Amenorrhea evaluation



