Case Files

OBGYN Didactic Discussion
48yo G3P3 c/o 2yr h/o loss of urine four to five times each day, typically occurring with coughing, sneezing, or lifting; she denies dysuria or the urge to void during these episodes. These events cause her embarrassment and interfere with her daily activities. Urine culture performed 1 mo ago was negative.

- What is the most likely diagnosis?
- What physical examination finding is most likely to be present?
- What is the best initial treatment?
66yo F comes in for a routine physical exam. Her menopause occurred at 51yo, and she is currently taking an estrogen pill along with progestin pill. The PMH is unremarkable. Her family history includes one maternal cousin with ovarian cancer. Physical exam is normal.

• What is your next step?
• What would be the most common cause of mortality for this patient?
After 4hr labor, a 31yo G4P3 undergoes an uneventful vaginal delivery of a 7lb 8oz infant over an intact perineum. Slight lengthening of the cord and a small gush of blood occur 28 min after delivery of the infant. As the placenta is being delivered, a shaggy, reddish, bulging mass is noted at the introitus around the placenta.

• What is the most likely diagnosis?
• How would you manage this diagnosis?
• What is the most likely complication to occur in this patient?
A 49yo woman complains of irregular menses over the past 6mo, feelings of inadequacy, vaginal dryness, difficulty sleeping, and episodes of warmth and sweating at night.

• What is the most likely diagnosis?
• What is your next diagnostic step?
• What management options could you offer this patient?
28yo who underwent a c/s 1wk ago is brought to the ED with BP of 60/40mmHg. Husband states that she had 2 days of n/v, fever of 102F, and myalgias. The pt appears lethargic and has mental confusion. She is tachycardic with rales at the lung bases. Her abdomen is diffusely tender, & the incision is tender, red, & indurated. The underlying tissue is palpated and has a brawny texture with crepitance. Hgb is 15 g/dL, Cr is 2.1 mg/dL.

• What is the most likely diagnosis?
• What is the next step in therapy?
18yo G1P0 who is 7wga by LMP c/o 2d h/o vaginal spotting and lower abdominal pain. She denies a h/o STI. Exam shows 4wk sized uterus that is nontender. No adnexal masses are palpated. Quant hCG is 700mIU/mL. TVUS reveals empty uterus and no adnexal masses.

• What is your next step in the management of this patient?
35yo G5P4 at 39wga is undergoing a vaginal delivery. She has h/o myomectomy and one prior LTCS. She proceeded through a normal labor. The delivery of the baby is uneventful. The placenta does not deliver after 30min, and a manual extraction of the placenta is undertaken. The placenta seems to be firmly adherent to the uterus.

- What is the most likely diagnosis?
- What is your next step in management for this patient?
22yo G0 c/o 2wk h/o vaginal discharge and vaginal spotting after intercourse. She denies h/o STI & currently does not use contraception. LMP was 1wk ago and normal. Pelvic exam shows purulent vaginal discharge, which on Gram stain shows intracellular gram-negative diplococci. Pregnancy test is negative.

• What is the most likely diagnosis?
• What is the next step in therapy?
• What are the complications of this problem?
45yo F underwent TAH for symptomatic endometriosis 2d previously. She c/o right flank tenderness. On examination, her temp is 102F, HR 100bpm, BP 130/90. The abdomen is slightly tender diffusely with normal bowel sounds. The incision appears within normal limits. Exquisite right CVA tenderness is noted.

What would be your next diagnostic step?
What is the most likely diagnosis?
What are some management options for this patient?
66yo G0 who underwent menopause at 55yo c/o 2wk h/o vaginal bleeding. Prior to menopause, she had irregular menses. She denies use of HRT. She is obese. The external genitalia appear normal, and the uterus seems to be normal size without adnexal masses.

• What is your differential diagnosis?
• What is the next step?
• What is your concern?
50yo G5P5 c/o postcoital spotting over the past 6mo. Most recently, the c/o malodorous vaginal discharge. She states that she has had syphilis in the past. She smokes 1ppd for the past 20yrs. Pelvic exam reveals normal external genitalia. The SSE shows 3cm exophytic lesion on the anterior lip of the cervix. No other masses are palpated.

- What is your next step?
- What is the most likely diagnosis?
- What are risk factors for this diagnosis?
- What treatment options could be offered to this patient?
30yo parous woman has watery breast d/c for 6mo. Her menses have been irregular. She denies fHx of breast cancer. The patient had been treated previously with radioactive iodine for Graves disease. Currently, she is not taking any medications. Breasts are symmetric without masses. White d/c can be expressed from both breasts. Pregnancy test is negative.

- What is the most likely diagnosis?
- What is your next step?
- What is the likely mechanism for this disorder?
24yo G1P0 at 28wga c/o 2wk h/o generalized pruritus. She denies rashes, exposures to insects, or allergies. Medications include PNV and iron supplement. She is anicteric and the skin is without rashes.

- What is the most likely diagnosis?
- How would you evaluate this patient?
- What is the most appropriate management?
38yo F presents for eval of menstrual irregularity. Menarche was at 12yo. Her periods are usually regular. 9mo ago her cycles have lengthened, and for the past 3mo she has not had a period at all. She has gained 10lbs over the last year, and has no energy despite adequate sleep. She has noticed some hair thinning, and slightly more coarse skin texture.

• How would you evaluate this patient?
• What is the most likely diagnosis?
• What is the most likely etiology for this condition?
61yo F c/o 3d h/o worsening LLQ pain. It began as intermittent crampy pain and has become steady and severe. She has nausea and one episode of loose stool, but has not had a bowel movement since. Temp is 100.2F. Abdomen is mildly distended with hypoactive bowel sounds and LLQ guarding. FOBT is negative.

- How would you evaluate this patient?
- What is the most likely diagnosis?
- What is the most appropriate next step?
48yo F presents to the ED with sudden onset dyspnea. She denies CP or cough. She underwent a cholecystectomy 2wks prior. The procedure was complicated by wound infection. RR 28bpm, HR 124bpm, BP 118/89. CXR is normal.

• What is the most likely diagnosis?
• What is the most appropriate diagnostic step?
• What treatment is appropriate for this patient?
75yo white F has right wrist pain after a fall at home. Menopause was at 50yo. She is a long-time smoker. She weighs 100lbs. PMH includes HTN that is controlled with diuretics. XR confirms fx of the right radial head, and the radiologist notes osteopenia.

• What risk factor for fracture is this woman likely to have?
• What are the causes of this condition?
• What can her physician offer her to prevent future fractures?
26yo F has c/o bleeding from her nose and mouth since the previous night. She also has small, reddish spots on her lower extremities. She had a URI 2wks prior to her visit. LMP was 2wks ago and normal. VSS. CBC is normal except for platelet count of 18,000/mm^3.

- What is the most likely diagnosis?
- What is the best initial treatment?
23yo G0 c/o lower abdominal tenderness and subjective fever. LMP was 5d previously and heavier than usual. Also, c/o new onset dyspareunia. She denies vaginal discharge or prior STI. She has urinary urgency. Temp is 100.8F, BP 90/70, HR 90bpm. The abdomen is TTP in lower quadrants; no rebound, no masses. The cervix is hyperemic, and the uterus and adnexa are exquisitely tender. Pregnancy test is negative.

• What is the most likely diagnosis?
• What is the best initial treatment?
• What long-term complications can occur with this condition?
40yo G5P5 c/o heavy vaginal bleeding with clots for 2yrs. She denies bleeding or spotting between periods. Several years ago her doctor told her that her uterus was enlarged. She had a D&C, with tissue showing benign pathology. She is otherwise asymptomatic. The cervix is anteriorly displaced, and the uterus is approx 18wks in size and irregular. Pregnancy test is negative. Hgb is 9.0 g/dL.

• What is the most likely diagnosis?
• What is your next step?
• How would your management change if the patient were postmenopausal with irregular bleeding?
19yo G1P0 at 29wga is diagnosed with preeclampsia with severe features. She denies HA or vision changes. She notes a 2d h/o severe epigastric tenderness. Platelets are 130,000/mL, hgb 13 mg/dL, SGOT is 2100 IU/L. She received IV magnesium sulfate and was induced with pitocin. 2hrs after her SVD, the patient c/o sudden, severe abdominal pain and has a syncopal episode. BP 80/60, abdomen is distended, HR 140bpm w/ thready pulse.

- What is your differential diagnosis?
- What is the most likely diagnosis?
- What is your next step?
33yo presents to clinic for the evaluation of a painless breast mass that has been slowly enlarging over the past 3mo. She has no prior h/o breast c/o or trauma. A hard, nontender 3cm mass in noted in the upper outer quadrant of her left breast. The left axilla is without abnormalities.

• What is your next step
• What is the likely therapy for this patient?
38yo F underwent initial screening mammography that revealed bilateral dense breast tissue. According to the radiologist, these abnormalities are probably benign. Her mother died of breast cancer at 45yo. No dominant mass is present on exam.

- What is the most likely diagnosis?
- What complications are associated with these changes?
20yo F describes gradual onset of lower abdominal pain 24hrs previously. She admits nausea, but denies diarrhea and dysuria. LMP was 7d ago. She is sexually active with a male partner. Temp is 100.8F. She is TTP suprapubically and in RLQ. Pelvic exam shows no vaginal discharge.

• What is your next step?
• What is your diagnosis?
23yo F presents for eval of asymptomatic neck mass. She has a 4cm discrete, nontender, firm mass in the inferior pole if the right lobe of her thyroid gland. TSH and T4 are normal.

• What is your next step?
24yo F developed a wound infection after c-section. She was treated with local wound care and d/c’d from the hospital POD#10 and returned approximately 2wks later for f/u. She has fluid drainage from the wound. Exam of the wound reveals serosanguineous fluid from the superior aspect of his surgical incision. 4cm fascia defect in the superior aspect of the wound is present without signs of evisceration.

- What are the complications associated with this condition?
- What are the risk factors for this condition?
- What is the best treatment?
58yo F underwent laparotomy for ovarian cancer with bowel resection 7 days previously. Since the operation, she has had intermittent fevers to 102.2F. She has been unable to eat b/c of persistent abdominal distention. The abdomen is distended and TTP throughout without any evidence of incisional infection. WBC is 20,500/mm^3.

• What is the most likely diagnosis?
• What is the next step?
44yo F is admitted to the ICU 1hr after having undergone a 3hr abdominal operation. The sx resulted in 3500cc EBL. She received 4000cc of crystalloid and 2units PRBC. Prior to the procedure, the patient had been receiving Imipenem and fluconazole for gram negative bacteremia and fungemia. She is intubated. BP 85/60, HR 115bpm, T 95.9F. Abdomen is soft and distended.

• What is the likely cause of the patient’s low BP?
• What should be the next step in this patient’s management?
• What are the best methods to provide ongoing assessment of this patient’s condition?
43yo F presents with blood-tinged discharge from her right nipple. She indicates that this problem has been occurring intermittently over the past several weeks. PMH significant for hypothyroidism. She is premenopausal. There is thickening in the right retroareolar region. Small amounts of serosanguinous fluid can be expressed from the right nipple.

• What should be your next step?
• What is the most likely diagnosis?
22yo F is seen by her physician for routing PE. She has no fHx of breast cancer. She denies breast leakage or PMH. PE reveals a 1cm, right, nontender breast mass. The mass is firm, mobile, rubbery in the upper outer quadrant. There are no skin abnormalities or adenopathy. Left breast is normal.

- What is your next step?
- What is the most likely diagnosis?
- What are worrisome characteristics of breast cancer?
31yo G1P1 presents w/ h/o infertility for 2yrs. Menses began at 12yo and occurs at 28d intervals. A biphasic basal body temp chart is recorded. She denies STIs, and HSG shows patent tubes and normal uterine cavity. Her husband is 34yo and has a normal semen analysis.

- What are the basic etiologies of infertility?
- What is the most likely etiology of this patient’s infertility?
- What management options would you offer?
23yo G2P1 @ 29wga c/o 12hr h/o colicky, RLQ pain w/ N/V/D. She denies VB, LOF. She has h/o 8cm ovarian cyst. BP 100/70, HR 105bpm, RR 12bpm, T 99F. She has hypoactive bowel sounds. She has RLQ tenderness w/ guarding. Cervix is closed. FHT 140bpm.

- What is your differential diagnosis?
- What is the most likely diagnosis?
- What is the best treatment for this condition?
19yo G2P0010 @ 7wga by LMP c/o vaginal spotting. She has h/o PID 3yr ago. VSS. Cervix is closed and nontender. Uterus is 4wks in size w/ no adnexal tenderness. HCG is 2300 mIU/mL. TVUS reveals empty uterus and no adnexal mass.

- What is your next step?
- What is the most likely diagnosis?
Parents bring their 5yo daughter to your clinic b/c she has developed breast and pubic hair over the past 3mo. PE reveals a girl whose height and weight are >95%tile, Tanner stage II breast and pubic hair development, oily skin, & facial acne.

• What is the most likely diagnosis?
• What is the next best step in evaluation?
• How would you treat this patient?
Infant is delivered vaginally after uncomplicated term gestation. There is difficulty determining the genitalia. There appear to be small scrotal sacs that resemble enlarged labia and no palpable testes with either a microphallus and hypospadias or an enlarged clitoris. No vaginal opening is apparent.

• What is the most likely diagnosis?
• What is the next best step in evaluation?
16yo F presents with heavy menstrual bleeding for 6mo. Her cycles are regular, q29d, lasting 10d, and uses 10-12 pads/d. LMP 1wk ago, and is dizzy w/ standing. She denies vaginal d/c or abdominal pain. PMH, fHx negative for bleeding problems. She denies sexual activity. She has mild tachycardia & orthostatic hypotension.

• What is the most likely diagnosis?
• How would you manage this patient?
29yo G2P1 @ 20wga is seen for 2nd PNV. She had a UTI that was tx with abx 2wks ago. Her hgb is 9.5 g/dL, w/ MCV of 70fL. BP is 100/60, HR 80, she is afebrile. FHT are 140bpm. Iron studies are normal. Hgb electrophoresis: Hb A1 95% and Hb A2 5%.

• What is the most likely diagnosis?
• What is the underlying mechanism?
64yo F presents to your office c/o vaginal dryness. She has a new sexual partner. She is not using HRT. She states she had a “total hysterectomy” 10 yr ago for bleeding.

• What would be included in your examination/evaluation?
• What treatments can you offer this patient?