MSSBU OSCE PRACTICE CASE 4_02_04

Station Vignette

You are a 3rd year medical student doing a placement at GCUH Emergency Department.

Cynthia Fletcher, 16-year-old female, has come in with lower abdominal pain.

TASK

You have a total of **7 minutes** to take a history.

This includes:

- History of presenting complaint
- Constitutional history
- Past medical history
- Medications history
- Social history
- Family history
- Focussed systems review

At the end of the allotted time, you will have **1 minute** to answer the examiner's questions.

You do **NOT** need to complete a physical examination.

PATIENT INSTRUCTIONS

Name	Cynthia Fletcher
DOB	09/11/2005 (16) years)
History	- Presents with left lower abdominal pain since morning - Character – started as dull, now sharp & stabbing - Pain progressively became more severe from 6/10 to 8/10 and located in left (left iliac fossa). - Timing – started when biking this morning (8 am) - Exacerbating – movement & walking - Relieving – lying still - Associated sx – decreased appetite, nausea but no vomits, 2x episodes of diarrhoea, no blood in stool or mucous. - No sick contacts or recent travel, no trauma
Constitutional	- Good energy levels until this morning - Nil weight loss - Slept well yesterday - Nil fevers, night sweats or bone pain, nil rash - No recent infection - Normal diet
OBGYN Hx	- Last menstrual period – one week ago - Duration – 4 days - Regularity – Every 28 days - Pads used per day – 3 - No abnormal bleeding – no intermenstrual spotting. - No discharge, no vaginal itching, no dryness - Pregnancy – never been - Sexually active – Never had sex
Systems review	- Urinary problems – normal amount, no pain or burning whilst urinating, no blood when urinating - Bowel problems – no diarrhea or constipation, no blood in stool - Joint pain – no
Past medical hx	- Asthma
Medications	- Nil, nil allergies
Family Hx	- Father has lung cancer and mother has Crohn’s disease
Social hx	- Non-smoker, drinks alcohol socially, nil IVDU - Nil recent travel, IUTD - Occupation – bar tender - Living – lives w/ boyfriend

EXAMINER QUESTIONS

1. Provide **two (2)** signs on physical examination that would prompt you to require immediate intervention.

2. List **one (1)** gynaecological and **one (1)** non-gynaecological differential diagnosis for this patient.

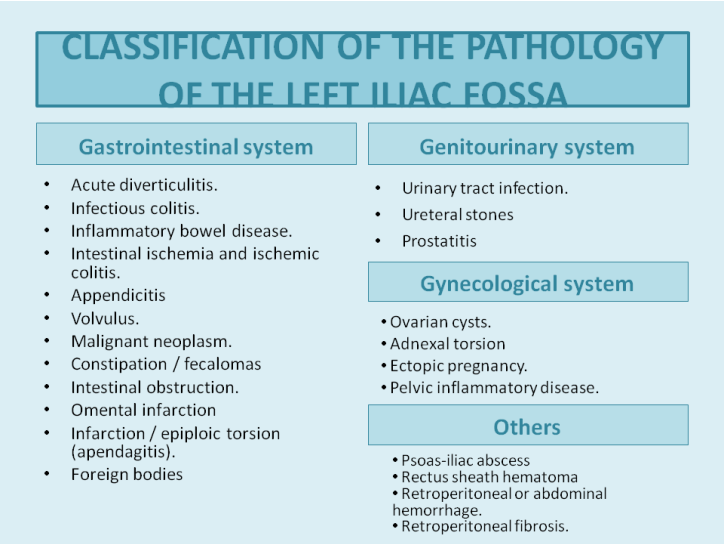
MARKING CRITERIA – Case 4_02_04

Item	Criteria	Mark
Introduction	☐ Hand hygiene ☐ Appropriate introduction ☐ Explains personal role and gains consent	/2
Presenting complaint	☐ Leads with open question ☐ Follows with another open question	/2
History of presenting complaint	☐ Determine onset and progression ☐ Ask about pain – SOCRATES ☐ Screens for presence of vaginal lumps, pelvic pain, dyspareunia ☐ Asks about exacerbating/relieving factors ☐ Screens for any additional concerns/patient worry	/5
Constitutional history	☐ 0.5 points for each of the following: diet, appetite, weight loss, sleep, energy, exercise ☐ 0.5 points for each of the following systemic symptoms: fevers, chills, night sweats, rash	/5
Past medical history	☐ Past medical/surgical history ☐ Screen for relevant conditions/risk factors	/2
Medications history	☐ Ask over the counter, prescription & herbal remedies ☐ Allergies	/2
Family history	☐ Ask relevant family history	/1
OBGYN Hx	☐ Gynaecological history – Contraception, STI, cervical screening ☐ Obstetric history – gravity, parity, outcome of pregnancy ☐ Sexual history – practices, no. of partners, etc.	/3
Systems Hx	☐ Rule out trauma and other initiating triggers ☐ Urinary hx – rule out nephrolithiasis/pyelonephritis, gastro-intestinal hx (bowel habits – rule out IBD/IBS/colitis), MSK (swelling, bruising, tenderness)	/2
Social history	☐ Occupation, living situation, smoking, recreational drugs	/4
Questions	☐ Differentials – 2 points for any two ectopic pregnancy, endometriosis, ovarian rupture, torsion. Non-gyane – colitis, constipation, IBS, renal colic.	/2
Communication skills	☐ Appropriate questioning style ☐ Active listening ☐ Systematic approach to Hx taking ☐ Appropriate conclusion and summary	/4
Global score	Overall impression of candidate based on warmth, clarity and competence: 1 = fail 2 = borderline 3 = pass/expected 4 = good 5 = excellent	/5
	Total	/39

Extra information – differential diagnosis for left iliac fossa pain.

Differential diagnosis	Typical presentation	Findings that support the diagnosis	Definitive diagnostic findings
Medical emergencies			
Ectopic Pregnancy	• Pelvic pain and/or bleeding in the first trimester (typically 6 to 8 weeks) • Pain may localize to one side	• Positive pregnancy test	Ectopic pregnancy identified on imaging and/or laparoscopy
Appendicitis	• Acute onset (hours to days) • Migration of pain from peri umbilicus to RIF • Systemic symptoms present: anorexia, nausea, vomiting	• Migration of pain from umbilicus to right iliac fossa • Onset of pain not associated with menses • McBurney's point site of maximal tenderness	Appendicitis confirmed on imaging, laparoscopic and/or histological findings
Ovarian cyst complications (rupture /torsion)	• Sudden onset of unilateral pelvic pain, more common in the right iliac fossa • May be associated with vaginal bleeding	• Adnexal mass felt on bimanual examination	Ruptured ovarian cyst identified on imaging and/or laparoscopy
Other causes			
PID [1]	Typical pain: • Onset days to weeks and typically starts at the time of disruption of	• Age 15 to 30 • Onset of pain typically occurs at the time of disruption of blood vessels [2]	Endometritis / Salpingitis andor tubo-ovarian abscess identified at laparoscopy and/or on histology

Other common causes of physiological or chronic pelvic pain that may be concurrent or need to be excluded			
Endometriosis	• Dysmenorrhoea • Pelvic pain similar in character and distribution to period pain but not confined to the first few days of menses • Deep dyspareunia • Bowel symptoms may be present • Typical chronic rather than an acute onset • Cyclical nature	• Pain does not respond to PID antibiotic treatment	Endometriosis identified by laparoscopic and/or histological findings
Mittleschmerz / Mid Cycle / Ovulation pain	• Typically mild unilateral iliac fossa pain last a few hours to a few days	• Mid cycle of a regular menstrual cycle	
Physiological period pain	• Typically bilateral pelvic pain, onset with menstruation • Pain may refer to lower back /upper thighs	• Onset at the time of menstruation, last 1-2 days only	



References:

1. https://epos.myesr.org/poster/esr/ecr2019/C-0261
2. https://aci.health.nsw.gov.au/__data/assets/pdf_file/0004/319684/pid-differential-diagnoses.pdf