MSSBU OSCE PRACTICE
CASE 4_02_02

Station Vignette

You are a 4th year medical student doing a placement at Robina General Practice.

Elliot Reed is 29 years old women presenting with vaginal discharge.

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	12/05/1994 (29 years)
History	"This is really embarrassing but there is something wrong down there" - Main symptom – discharge from vagina - Onset – started 4 days ago - Character – you are using pads to prevent discharge from soaking underwear. It is yellow, no smell. No blood. - Timing – not noticed if its worse in different point of menstrual cycle - Severity – prefers to wear skirt than tight pants due to itch.
Constitutional	- Good energy levels - Nil weight loss - Sleeps well - Nil fevers, night sweats or bone pain, nil rash - No recent infection - Normal diet
OBGYN Hx	**Gynacological Hx:** - **LMP – 2 wks ago** - Age of menarche – 15 - Sexual hx: broke up w/ your ex 4 wks ago as he cheated on her (only when asked why). You were together for 2 years. You had one night stand (no condom) with 1 male partner – vaginal intercourse only. Never been STI checked, nil dyspareunia or postcoital bleeding - Contraception – nil – only coitus interruptus (pullout method) - Cervical screening test – normal at 25 years **Obstetric Hx:** - No previous pregnancies, no previous terminations, or miscarriages. Pregnancy test was negative yesterday.
Past medical Hx	- Migraines (without aura)
Medications	- Cats (rash)
Family Hx	- Nonrelevant
Social Hx	- Non-smoker, drinks alcohol socially, nil IVDU - Nil recent travel, IUTD - Occupation – Law student - Living – lives at dorm room in university

EXAMINER QUESTIONS

1. Provide **two (2)** differential diagnoses based on the findings of your history.

2. List **two (2)** steps of management in order of priority for sexually transmitted infections.

MARKING CRITERIA – CASE 4_02_02

Item	Criteria	Mark
Introduction	▢ Hand hygiene ▢ Appropriate introduction ▢ Explains personal role and gains consent	/3
Presenting complaint	▢ Leads with open question ▢ Follows with another open question	/2
History of presenting complaint	▢ Determine onset and progression ▢ Ask about discharge – onset, colour, odour, severity, change ▢ 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, use of contraception, etc.	/3
Social history	▢ Occupation, living situation, smoking, recreational drugs	/4
Questions	▢ Differentials – 2 points for any two of chlamydia, gonorrhoea, bacterial vaginosis, candidiasis, trichomoniasis ▢ Management – 1. Contact tracing and patient delivered partner therapy. Notify the state or territory health department. 2. Advise no sexual contact for 7 days after treatment is administered. Advise no sex w/ partners from last 6 months until they have been tested and treated. 3. Principal treatment according to NAAT+/- culture – antibiotics	/5
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	/41

More information: differential diagnosis

CAUSE	*Chlamydia trachomatis*	Neisseria gonorrhoeae
Clinical presentation	- Dysuria - Vaginal discharge - Pelvic pain - Intermenstrual bleeding - Postcoital bleeding - Dyspareunia - Anorectal symptoms	- Vaginal discharge - Dyspareunia with cervicitis - Conjunctivitis: purulent - Anorectal symptoms
Diagnosis	First pass urine – NAAT +/- culture	First pass urine – NAAT +/- culture
Treatment	Doxycyline 100 mg PO, BD 7 days OR Azithromycin 1 g PO, stat	Ceftriaxone 500 mg IMI, stat in 2 mL 1% lignocaine

Bacterial vaginosis	***Candidiasis***	***Trichomoniasis***
Not sexually transmitted, but more common in very sexually active women. Shift in normal vaginal flora (increased anaerobes, decreased lactobacilli) *Symptoms:* • many asymptomatic; dyspareunia • discharge: moderate amount, white/grey, homogenous/ coats vagina, fishy • bubbles in d/c due to anaerobes • no vulvar or vaginal inflammation • pH > 4.7, + amine test • saline microscopy – clue cells, coccobacilli *Criteria for diagnosis (need 3/4):* • white homogeneous d/c • vaginal pH> 4.7 • fishy amine odor (with addition of 10% KOH) • clue cells • gram stain criteria • Not culture	*Associated with pregnancy, OCP, ABx, DM, immunosuppression* *Symptoms* • vulvar pruritus, external dysuria, dyspareunia • discharge: scant – mod, white, cottage-cheese consistency, no bubbles • vulva/ vagina may have erythema, edema, whitish areas *Diagnosis:* • pH < 4.5, amine test -'ve • saline microscopy – blastospores, pseudohyphae • wet prep (KOH) – buds/ hyphae • culture	*Sexually transmitted protozoan* *Symptoms:* • men usually asymptomatic • vulvar pruritus, external dysuria (due to rawness around vulva), dyspareunia • discharge: profuse, yellow/green, homogenous, frothy, malodorous • vagina/ vulva – erythema, edema, "strawberry cervix" *Diagnosis:* • pH 5-6, amine test occ + • saline microscopy – ++ PMNs, motile trichomonads, no clue cells • wet prep (saline microscopy), culture, pap

References:

1. https://sti.guidelines.org.au/sexually-transmissible-infections/chlamydia/
2. https://next.amboss.com/us/article/ff0kl2#Z11ebd39dc6826a24f5b0284ebeecd6e7
3. https://www.rch.org.au/clinicalguide/guideline_index/Sexually_transmitted_infections_STIs/
4. https://www.rch.org.au/clinicalguide/guideline_index/Adolescent_Gynaecology_Lower_Abdominal_Pain/