



# MSSBU OSCE PRACTICE

## CASE 4\_02\_05

### *Station Vignette*

You are a 4<sup>th</sup> year medical student doing a placement at the Ashmore medical Centre.

Clare Dunphy, a 49-year-old lady, has come to you to talk about her troublesome periods and other bothersome symptoms.

You read in her notes that she has given birth twice, both delivered vaginally with no complications. Her STI screen was negative (done 1 week ago).

#### **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**

<b>Name</b>	Cynthia Fletcher
<b>DOB</b>	01/08/1973 (49 years)
<b>History</b>	<ul style="list-style-type: none"> <li>- Periods are irregular for the past 12 months.</li> <li>- I am increasingly worried as it is affecting my daily life</li> <li>- Bleeding more heavily</li> </ul>
<b>Gynaecological Hx:</b>	<ul style="list-style-type: none"> <li>- LMP – 3 weeks ago</li> <li>- Regularity – before 12 months – cycle was regular – 35 days in length with 4 days of menses requiring 3 pads per day. Now cycles are much shorter (around 21 days) with up to 7 days of “heavy” bleeding that require 7 pads to be changed. Occasionally there have been leakages and it is distressing as she also wearing a tampon with pads.</li> <li>- Abnormal bleeding – noted some clots of blood – has leaked through pants on one instance.</li> <li>- Abnormal pain – no pain.</li> <li>- First period – 17 yrs – always been regular, no pain. Never on birth control.</li> <li>- Cervical screening – done 2 yrs ago – was normal</li> </ul> <p>Sexual Hx – not had sexual intercourse for the past 6 months due to decreased drive &amp; new onset vaginal dryness (started 4 months ago).</p>
<b>Constitutional</b>	<ul style="list-style-type: none"> <li>- Feeling tired over the past year</li> <li>- Nil weight loss</li> <li>- Sleep disrupted due to feeling hot during night – lasts 4-5 mins</li> <li>- Nil fevers, night sweats or bone pain, nil rash</li> <li>- No recent infection</li> <li>- Normal diet</li> </ul>
<b>Systems review</b>	<ul style="list-style-type: none"> <li>- Haematological - easy bruising or bleeding gums, anaemia sx</li> <li>- Urinary sx – incontinence, prolapse of pelvic organs</li> <li>- Psychological – stress, mood, support</li> </ul>
<b>Past medical hx</b>	<ul style="list-style-type: none"> <li>- Diabetes – Type 2 – lifestyle &amp; diet controlled</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>- Nil</li> </ul>
<b>Family Hx</b>	<ul style="list-style-type: none"> <li>- Mother had a history of endometrial cancer</li> <li>- Father healthy</li> </ul>
<b>Social Hx</b>	<ul style="list-style-type: none"> <li>- 20 pack year hx, drinks alcohol socially, nil IVDU</li> <li>- Nil recent travel, IUTD</li> <li>- Occupation – Accountant</li> <li>- Living – lives with husband and 2 kids</li> </ul>

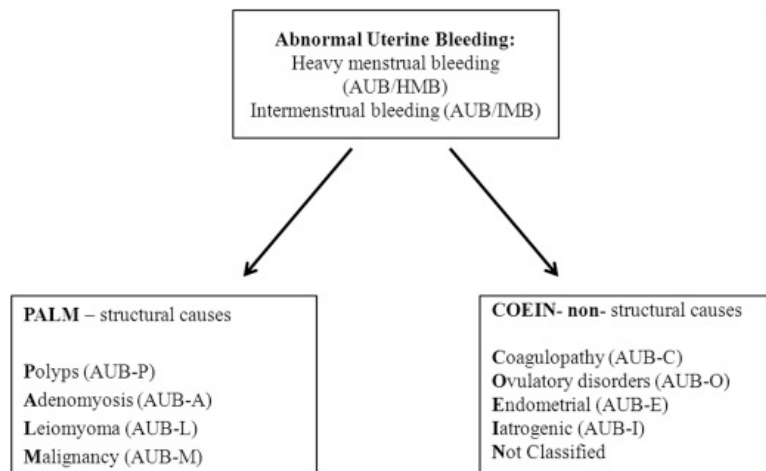
## **EXAMINER QUESTIONS**

1. List **three (3)** red flag symptoms of abnormal endometrial bleeding.
2. What are **two (2)** risk factors of endometrial cancer?

## MARKING CRITERIA – Case 4\_02\_05

Item	Criteria	Mark
Introduction	<input type="checkbox"/> Hand hygiene <input type="checkbox"/> Appropriate introduction <input type="checkbox"/> Explains personal role and gains consent	/3
Presenting complaint	<input type="checkbox"/> Leads with open question <input type="checkbox"/> Follows with another open question	/2
History of presenting complaint	<input type="checkbox"/> Determine onset and progression <input type="checkbox"/> Duration of bleeding, how much, length of cycle, amount of tampons/pads. <input type="checkbox"/> Screens for presence of anaemia, haematological – easy bruising or bleeding. <input type="checkbox"/> Asks about exacerbating/relieving factors <input type="checkbox"/> Screens for any additional concerns/patient worry	/5
Constitutional history	<input type="checkbox"/> 0.5 points for each of the following: diet, appetite, weight loss, sleep, energy, exercise <input type="checkbox"/> 0.5 points for each of the following systemic symptoms: fevers, chills, night sweats, rash	/5
Past medical history	<input type="checkbox"/> Past medical/surgical history <input type="checkbox"/> Screen for relevant conditions/risk factors	/2
Medications history	<input type="checkbox"/> Ask over the counter, prescription & herbal remedies, HRT use, tamoxifen use <input type="checkbox"/> Allergies	/2
Family history	<input type="checkbox"/> Ask relevant family history	/1
Systems Hx	<input type="checkbox"/> Gynaecological history – LMP, regularity before, abnormal bleeding, abnormal pelvic pain, previous contraception <input type="checkbox"/> Menopausal – hot flushes, night sweats, vaginal dryness, dyspareunia, urinary sx, sexual dysfunction, sleep disturbances <input type="checkbox"/> sexual history <input type="checkbox"/> Urinary history – prolapse? Incontinence? <input type="checkbox"/> Psychiatric history –current mood, stressors (life, relationship, work), hx of eating disorders)	/5
Social history	<input type="checkbox"/> Occupation, living situation, smoking, recreational drugs	/4
Questions	<input type="checkbox"/> Red flags – postcoital bleeding, persistent intermenstrual bleeding, vaginal lumps, increased blood clots, sx of severe anaemia <input type="checkbox"/> Risk factors – nulliparity, obesity, PCOS, chronic anovulation, exposure to unopposed estrogen and tamoxifen.	/5
Communication skills	<input type="checkbox"/> Appropriate questioning style <input type="checkbox"/> Active listening <input type="checkbox"/> Systematic approach to Hx taking <input type="checkbox"/> 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

### **Extra information: differential diagnosis**



**Perimenopausal symptoms** – abnormal bleeding, hot flushes, decreased sex drive, vaginal dryness, mood imbalances

### **Dysfunctional uterine bleeding (DUB):**

- This is a diagnosis if there is isolated symptom of bleeding alone
- DUB is characterised by a lack of histological abnormality of the endometrium. Menorrhagia in these cases is likely due to subtle abnormalities of endometrial haemostasis and/or uterine prostaglandin levels.

### **Investigations**

- Blood tests – FBC, LFTs, Coagulation (only if required), urine dipstick – to see if renal pathology.
- Transvaginal USS - first line to assess the thickness of the endometrium. The threshold in the UK is 5 mm; a thickness of >5 mm gives 7.3% likelihood of endometrial cancer. In a woman with PMB, if endometrial thickness is less than 5 mm uniformly, the probability of carcinoma is less than 1%.
- Hysteroscopy and biopsy if high level of suspicion following TVUSS. Biopsy gives a definitive diagnosis.

