

Gynecology case study # 15

A 50 year old G3P3 (3003) consulted in your clinic because of severe hot flashes for 2 months now. She is a housewife, and manages a small sari-sari store at home. She has been unable to manage her small business because of the frequency and severity of her vasomotor symptoms which lasts almost the entire day. She is a nonsmoker, and a non-alcoholic beverage drinker. She has been married monogamously to a 60 year old bank employee. No history of sexually transmitted diseases nor abnormality of menstrual flow during her younger years. Her LMP was 2 years ago.

She also reports having problems with sexual intercourse because of vaginal dryness, and skin itchiness due to dryness of her skin, occasionally relieved by over-the-counter topical creams.

On physical exam, she has stable vital signs, BMI of 24 kg/m². Normal chest, lungs, heart, and abdominal findings.

On internal examination: Normal external genitalia , normal vagina and cervix; uterus is not enlarged; no adnexal masses nor tenderness noted; Normal rectovaginal exam findings.

Laboratory:

Transvaginal ultrasound: Normal-sized uterus and atrophic ovaries

FSH: 120 iu/ml

QUESTIONS:

- 1.What is your complete diagnosis? Defend your diagnosis (state basis)
- 2.What other laboratory work-ups will you request to investigate this condition?
- 3.Discuss the pathophysiology of this condition? Give the differential diagnosis
- 4.How will you manage this patient?