

Gynecology case study #3

An 25 year old nulligravid consulted at the ER due to severe dysmenorrhea. She reported having this condition since 18 years old. She is an office employee, and currently on a monogamous relationship with one sexual partner. Past medical and family medical histories are unremarkable. She is a nonsmoker and non-alcoholic beverage drinker; She had a 3 year history of on and off contraceptive use (prescribed by a gynecologist) to relieve her dysmenorrhea, She has normal menstrual cycles, using up 2-3 pads per day, lasting 3-5 days. LMP was 3 days prior to consult.

She reported experiencing severe debilitating pelvic pain during her menstrual periods, relieved by intake of mefenamic acid. No changes in the menstrual pattern. She previously took oral contraceptive pills for her condition, but stopped taking the medications 6 months ago. On review of systems, patient also reports dyspareunia, and occasional painful defecation.

On physical examination, patient was ambulatory, not in cardiorespiratory distress; Her BP=110/70 mmHg, PR 82 bpm, RR 18 cpm. BMI is 23, afebrile. She had pink palpebral conjunctivae, and anicteric sclerae. Examination of the head, neck, chest, abdomen and extremities were all normal.

On speculum exam, cervix and vagina were pinkish and had no gross abnormalities, no bleeding nor discharge from cervical os; On internal exam, her vagina was smooth, cervix was smooth and firm, Her culdesac was nodular, uterus was firm and not enlarged but was fixed and retroverted. There was a palpable, cystic, slightly tender mass at the left adnexa, measuring approximately 6x6 cms. Rectovaginal exam: smooth rectovaginal septum, smooth and pliable parametrium, nodular culdesac and usterosacral ligaments.

Her transvaginal ultrasound showed a normal-sized retroverted uterus, with the left ovary that is enlarged to 6x6 cms, with echogenic fluid within, and adherent to the left pelvic sidewall. The right ovary was normal

QUESTIONS:

- 1.What is your initial diagnosis at this time? Defend your diagnosis (state basis)
- 2.Give differential diagnosis
- 3.What other laboratory work-ups will you request to confirm your initial diagnosis/primary consideration?
- 4.Discuss the pathophysiology of this patient's condition
- 5.How will you manage this patient?