

COMLEX Level 2 PE Exam

A 34 years old lady came to clinic for evaluation of whitish discharge.

Patient Data Sheet

- **Patient Name** : Ms. Smith
- **Clinical Settings** : Family Medicine Office
- **CC** : A 34 years old female presents with evaluation of whitish discharge.

Vital Signs :

- **Blood Pressure** : 120/72 mm Hg
- **Respirations** : 14 per minute
- **Temperature** : 98 °F
- **Pulse** : 66 bpm, regular
- **Height** : 66 inches
- **Weight** : 175 lbs.
- **BMI** : 28.2 kg/m²

Differential Diagnosis

- Vaginitis :
 - Bacterial e.g. Gonococcal infection
 - Trichomoniasis
 - Candidiasis
 - Bacterial vaginosis (*Gardnerella* spp.)
- Cervicitis

Key Points to Remember

- Door information.
- Typical data asso. with diff types of infections e.g. curdy thick discharge in candida, mousy odor in bacterial vaginitis, bad smelling in trichomona, greenish seminal discharge in partner in case of trichomona, etc.

Opening Scenario

- A white female sitting up comfortably in the office.
- Patient has very long nails (sign of poor personal hygiene, can be source of repeated infection).

Subjective

- **Good morning, Ms. Smith. My name is Dr. Whittmer, I am a physician in this hospital. What brings you to the hospital today ?**
- *Hi doctor. Its this peculiar problem. My under pants get stained and smell very bad. I also feel itchy sometimes.*
- **I see. Can you tell me more about this, Ms. Smith ?**
- *Yes doc. I have this fluid coming out, sometimes it is itchy. I don't like to be smelly, its getting embarrassing.*

Contd...

Subjective (Contd...)

- **What kind of fluid is it ? Is it thin watery or thick ?**
- *It is thin.*
- **What is the color ?**
- *I would say brownish or dirty green.*
- **I see. How does it smell ?**
- *Very bad.*
- **I see. How long have you had this problem?**
- *For a week now, doc.*

Subjective (Contd...)

- **I see. You said you also itch ?**
- *Yes, sometimes.*
- **Does your partner have any similar problem ?**
- *Not that I know of, doc.*
- **Do you use protection ?**
- *Yes doc, most days we do.*

Subjective (Contd...)

- **Do you have a fever ?**
- *No.*
- **Does your belly hurt ?**
- *No doc.*
- **Do you have pain in any joints ?**
- *No.*

Subjective (Contd...)

- **Do you have any sores in your mouth or elsewhere ?**
- *No doc.*
- **Any problems with bowel movements?**
- *None.*
- **Okay great. Now lets go over your medical history and habits.**
- **Do you have any medical problems ?**
- *No doc, I am a clean bill of health.*

Subjective (Contd...)

- **Great. Do you take any medications, including over the counter and herbal preparations ?**
- *No doc, I don't take any pills.*
- **Are you allergic to any medication or substance?**
- *None that I know of.*
- **Have you been hospitalized in the past?**
- *No never.*
- **Have you had any surgery in the past?**
- *No doc.*

Subjective (Contd...)

- **Okay now lets review your social habits.**
- **Do you smoke ?**
- *Not really doc. I used to smoke 2-3 cigar a day, but now I haven't smoked for months.*
- **That is great. I think you should keep it that way. Its good for your health not to smoke.**
- **Do you drink alcohol ?**
- *No I don't.*

Subjective (Contd...)

- **Do you use any recreational drugs ?**
- *No doc.*
- **How many partners are you sexually active with ?**
- *Just my husband.*
- **Is there any history of medical problems in your family ?**
- *Well my mother is diabetic, she also had an eye surgery recently. My father has high blood pressure. Other than that I don't know.*

Subjective (Contd...)

- **Okay. What kind of work do you do ?**
- *I am a florist.*
- **Okay, great. Ms. Smith now I will wash my hands and examine you.**

Objective

- Wash your hands.
- Drape the patient.
- Do general and HEENT exam.
- Then examine abdo, CV and RS.
- Mention she needs PV and per speculum exam by OBGYN later. Don't do PV exam!
- Explains, offers and performs OMM if indicated.

Closure: Assessment and Plan discussion

- **Okay Ms. Smith, thank you for your cooperation. Let us go over my impression.**
- **So you have this thin watery , greenish brown, bad smelling discharge coming out of your vagina for the past week. You don't have any fever, joint pain , belly pain or problems with your vision . Your partner doesn't have a similar problem.**
- *Correct, doc.*

Contd...

Closure: Assessment and Plan discussion (Contd...)

- **Okay, so there are a few things that can do that. There might be an infection going on in your vagina or even higher up, in your cervix.**
- *I see. So it's a bug ?*
- **Yes it is a bug. We have to find out which one though, before we start treating it.**

Closure: Assessment and Plan discussion (Contd...)

- *I see. How do you do that ?*
- **I will recommend you see an OBGYN doctor. She will examine you more completely, including a vaginal exam. She will also collect the fluid, a very small amount, and send it to the lab so we can see under the microscope and do some tests and find out which bug is there.**
- *I see.*

Closure: Assessment and Plan discussion (Contd...)

- **Once we find out what it is, we can start treatment it.**
- *What could it be, doc ?*
- **Well, from how you described it, it sounds like a bug called trichomonas to me. It is the commonest cause of such discharge in sexually active people. We would also need to find out if your husband has the same bug, if he does, he needs to be treated as well.**

Closure: Assessment and Plan discussion (Contd...)

- *I see.*
- **Yes, because if he's not treated, he might still have the bug and keep giving it back to you.**
- *Yes that makes sense doctor.*
- **I would like to be sure its not another bug called Candida. Because if it is, then the treatment or the pills we give you will be different.**

Closure: Assessment and Plan discussion (Contd...)

- *I see. How will you know ?*
- **Like I said, the microscope and some labs.**
- *How long do these labs take ?*
- **Well not very long. Usually you can see most bugs under the microscope and based on that, we can start treatment. Confirming by growing them in the lab may take longer, but your treatment doesn't have to wait for that.**

Closure: Assessment and Plan discussion (Contd...)

- *Great doc! So I am going to an OBGYN next ?*
- **Yes, Ms. Smith. I will call the OBGYN office here in our hospital and have one of them see you. Once the results are back, we will talk again and we will then start treating it. I will also see you in a week to check effects of treatment.**
- *Great.*
- **Can I answer any more questions at this time?**
- *No doc, I am all set!*
- **Thank you, you take care. We will meet again.**
- **Shake hands and leave.**

Assessment and Plan

- **Assessment:**

1. Trichomonas Vaginalis
2. Vaginitis : bacterial e.g. gonococcus
3. Chlamydia, Candida infection
4. Bacterial vaginosis
5. Cervicitis

- **Plan:**

1. Metronidazole 2 gm PO once
2. Per vaginal exam, Per speculum exam, CBC, BMP, Urine β -HCG, Vaginal discharge microscopy, Vaginal PH, Vaginal discharge culture, Chlamydia and Gonorrhea testing
3. GYN referral
4. Patient education and Sexual partner evaluation for STDs
5. Follow up in a week

Happy Reading