

SHORT CASE 5

History

A 38 years old P2L2 lady presents with intermenstrual and Postcoital bleeding. She has been taking the oral contraceptive pills for 10 years and has had regular periods throughout time. The bleeding is light and fresh, occurring immediately after intercourse. There is no associate pain.

She had normal smear test at age of 37 years. She had never had any sexually transmitted infection and no relevant gynecological history.

No significant past and medical history.

Examination

The abdomen is non tender and no palpable mass. The external genitalia appears normal. On speculum examination the vagina and cervix appears normal. However, protruding through the external cervical os is a pink fleshy tumour which is freely mobile when touch with cotton swab.

carcinoma of cervix

SHORT CASE 5

History

A 58 years old lady presents post-menopausal bleeding for 6 months. Initially she did not pay much attention to it but she has had several episodes and it now occurs most days. It is generally light but for few days recently it was almost like period. There is no associated pain. She has no previous gynecological history and has never had smear test. She has diagnosed with type 2 diabetes 4 years ago for which she takes oral hypoglycemic.

Examination

The lady is obese with body mass index of 32kg/m^2 . her blood pressure is 150/80 mm of Hg. The abdomen is soft, non tender and no any mass palpable.

External genital examination is unremarkable. Speculum examination shows normal cervix. On bimanual examination uterus is bulky in size, anteverted and bilateral adnexa unremarkable.

endometrial carcinoma

SHORT CASE 1

Mrs. Sita, 56 yrs old, P3L3, menopause for 8 yrs presented with abdominal swelling for 6 months and Flatulence, dyspepsia, loss of weight for last 3 months. No significant past and family history.

O/E: Cachexic. Pallor present. No lymphadenopathy.

BP:120/80 mmHg, P : 86bpm, Afebrile,

P/A: mass felt over right iliac fossa, 7x6 cm , nodular, non-tender, firm to hard, non- mobile, Uterus could be felt separately.

On bimanual examination: uterus normal size, anteverted , move separately from mass, 7x6 cm mass in right iliac fossa. Left adnexa normal.

ovarian carcinoma

SHORT CASE 1

History

An 76-year - old lady complains of dragging sensation in the lower abdomen and lower back pain when standing or walking. She also complains of some mass coming out of introitus when standing. It has been present for around 10 years but recently she feels more uncomfortable. She has 5 vaginal deliveries. She had her menopause at 52 years .

She is generally constipated and sometimes she can only defecate by placing her finger into the vagina and compressing a bulge she can feel. She had mild urinary frequency and urgency.

She is known case of COPD and under medication.

Examination

On Examination she appears well and average build. Vitals are normal. The abdomen is soft and non tender. On pelvic examination on squatting position cervix is felt at the level of introitus. There is a large posterior bulge and minimal anterior bulge on coughing.

Pelvic organ prolapse

SHORT CASE 7

History

A 41 years old P5L5 was present with intermenstrual bleeding and post coital bleeding. Initially she did not pay much attention to it but she has had several episodes and sometimes it is heavy. She has no previous gynecological history and has never had smear test.

She does not had any medical illness and not taking any drug.

Examination

She is thin build. The abdomen is soft, non tender and no any mass palpable. External genital examination is unremarkable. Speculum examination foul smelling discharge was present. Mass was found on anterior lip of cervix around 3x2 cm. there was no palpable extension into the uterus, vagina or parametrial tissues.

SHORT CASE 5

History

A 58 years old lady presents post-menopausal bleeding for 6 months. Initially she did not pay much attention to it but she has had several episodes and it now occurs most days. It is generally light but for few days recently it was almost like period. There is no associated pain. She has no previous gynecological history and has never had smear test. She has diagnosed with type 2 diabetes 4 years ago for which she takes oral hypoglycemic.

Examination

The lady is obese with body mass index of 32kg/m^2 . her blood pressure is 150/80 mm of Hg. The abdomen is soft, non tender and no any mass palpable.

External genital examination is unremarkable. Speculum examination shows normal cervix. On bimanual examination uterus is bulky in size, anteverted and bilateral adnexa unremarkable.

SHORT CASE 9

History

38year old, P2 presented with vulval itching and foul smelling vaginal discharge.

No history of any Sexually transmitted diseases in past.

Normal Medical and Family History.

On examination, she was fine, vitals were stable.

General and systemic examination was normal.

On per abdominal examination, abdomen was soft and non tender.

Local examination revealed vulva to be sore.

Per speculum examination: Punctate hemorrhagic spots over cervix with foul smelling discharge.

Bimanual examination showed uterus was normal size, anteverted and bilateral fornices free.

SHORT CASE 5

History

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She had normal smear test at age of 37 years. She had never had any sexually transmitted infection and no relevant gynecological history.

No significant past and medical history.

Examination

The abdomen is non tender and no palpable mass. The external genitalia appears normal. On speculum examination the vagina and cervix appears normal. However, protruding through the external cervical os is a pink fleshy tumour which is freely mobile when touch with cotton swab.

SHORT CASE 1

Mrs. Sita, 56 yrs old, P3L3, menopause for 8 yrs presented with abdominal swelling for 6 months and Flatulence, dyspepsia, loss of weight for last 3 months. No significant past and family history.

O/E: Cachexic. Pallor present. No lymphadenopathy.

BP:120/80 mmHg, P : 86bpm, Afebrile,

P/A: mass felt over right iliac fossa, 7x6 cm , nodular, non-tender, firm to hard, non- mobile, Uterus could be felt separately.

On bimanual examination: uterus normal size, anteverted , move separately from mass, 7x6 cm mass in right iliac fossa. Left adnexa normal.

SHORT CASE 2

26 years old, primigravida with amenorrhea for 3 months , complains of PV bleeding for 2 days associated with pain abdomen.

Examination :

General examination normal, Vitals stable.

P/A: Uterus 26 wks size soft, boggy feel

P/S : Cervix Normal, Bleeding present

P/V : bleeding present, grape like vesicles noted.

SHORT CASE 9

History

35year old, para 2 presented with vulval itching and foul smelling vaginal discharge. She had history of sore throat for which she had taken antibiotics 1 week back.

On examination, she was fine, vitals were stable. General and systemic examination was normal. On per abdominal examination, abdomen was soft and non tender. Local examination revealed vulva to be sore. Per speculum examination showed cervix to be healthy, thick white curdy discharge was present, vaginal wall was erythematous. Bimanual examination showed uterus was normal size, anteverted and bilateral fornices free.

SHORT CASE 3

History

A 66-year - old lady complains of something coming out of vagina for 7 years and lower back pain while standing or walking. She has 7 vaginal deliveries. She had her menopause at 50 years.

She is generally constipated and sometimes she can only defecate by placing her finger into the vagina and compressing a bulge she can feel. She also complains of urinary frequency and urgency.

She had no history of chronic cough.

Examination

On Examination she appears well and average build. Vitals are normal. The abdomen is soft and non tender. On pelvic examination on squatting position cervix is felt at the level of introitus.

SHORT CASE 8

History:

Mrs Sharma, 26 years old P2L2A1, woman presented with amenorrhoea of 8 weeks. She present with abdominal pain had history of fainting after standing up.

On examination

Her general condition was poor and was pale. Her pulse was 124 beats/ minute and feeble, BP was 90/40 mmHg. Abdomen was tender. On per speculum examination, minimal bleeding was present. On bimanual examination, cervical motion tender was present, bilateral fornices were tender and fullness felt.

SHORT CASE 4

History

A 28 years old P212 lady presents with intermenstrual and Postcoital bleeding. She has been taking the oral contraceptive pills for 4 years and has had regular periods throughout time. The bleeding is light and fresh, occurring immediately after intercourse. At times it occurs spontaneously at unpredictable times. It varies in intensity but never heavy. There is no associate pain.

She had normal smear test at age of 27 years. She had never had any sexually transmitted infection and no relevant gynecological history.

Medically she is well and takes no medication.

Examination

The abdomen is non tender and no palpable mass. The external genitalia appears normal. On speculum examination the vagina and cervix appears normal. However, protruding through the external cervical os is a pink fleshy tumour which is freely mobile when touch with cotton swab.

SHORT CASE 3

History

A 33 year old lady has notice abdominal swelling for 10 months. She has no abdominal pain and her bowel habit is normal. She has urinary frequency but no dysuria or hematuria.

Her periods are regular, every 30 days, and have always been heavy with clots. She has never received any treatment for her heavy periods.

She has been married for 5 years and despite not using contraception she has never been pregnant.

Examination

The woman has a distended abdomen. A smooth firm mass is palpable extending from the symphysis pubis to umbilicus. It is non tender and mobile. It is not possible to palpate beneath the mass. On speculum examination cervix is difficult to visualize. Bimanual examination reveals non tender firm mass occupying the pelvis.

SHORT CASE 7

History

An 78-year - old lady complains of dragging sensation in the lower abdomen and lower back pain when standing or walking. She also complains of some mass coming out of introitus previously only when standing but now was even on supine position. It has been present for around 15 years but recently she found blood in her undergarment. She has 6 vaginal deliveries. She had her menopause at 52 years .

She is generally constipated and sometimes she can only defecate by placing her finger into the vagina and compressing a bulge she can feel. She had mild urinary frequency and urgency.

She is medically fit and not under any medication.

Examination

On Examination she appears well and average build. Vitals are normal. The abdomen is soft and non tender. On pelvic examination, cervix is below the level of introitus, ulcerative lesion is seen on cervix. There is a large posterior bulge and anterior bulge on coughing.

SHORT CASE 2

History

A 21 years old lady present with left iliac fossa and lower abdominal pain. The pain is intermittent and there is no pattern to it except that it is generally worse on exercise. The pain started about 6 months before and has gradually become more common and severe. It has no relation with menstruation cycle. She has not had any gynecological problems.

She is married for 1 year and is nulliparous. Medically she is fit and well and takes no medication.

Examination

The lady is slim and the abdomen is soft with a palpable mass in the left iliac fossa. The mass is firm, mobile and moderately tender on touch.

Speculum examination is normal. Bimanual examination confirms around an 8 x 6 Cm mass in the left adnexa. The uterus is palpable separately and is mobile and anteverted. The right adnexa is normal.

SHORT CASE 6

History

A 41 years old p5l5 was present with intermenstrual bleeding and post coital bleeding. Initially she did not pay much attention to it but she has had several episodes and sometimes it is heavy. She has no previous gynecological history and has never had smear test.

She does not had any medical illness and not taking any drug.

Examination

She is thin build. The abdomen is soft, non tender and no any mass palpable. External genital examination is unremarkable. Speculum examination foul smelling discharge was present. Mass was found on anterior lip of cervix around 3x2 cm. there was no palpable extension into the uterus, vagina or parametrial tissues.