

Medical Case Report

Case ID: 274

Principal Diagnosis: ovarian cyst

Differential Diagnosis: ['Encapsulated effusion: It can manifest as an adnexal mass, often with a history of surgery or pelvic inflammation. Further exclusion is pending surgery.', 'Hydrosalpinx: It can manifest as an adnexal mass, often with a history of surgery or pelvic inflammation. Color Doppler ultrasound suggests a cord-like appearance, further exclusion is pending surgery.', 'Malignant ovarian tumor: It can manifest as an adnexal mass, often with symptoms of abdominal distension, abdominal mass, ascites and other digestive tract symptoms. Some patients may present with weight loss, anemia and other cachexia manifestations. Further exclusion is carried out through color Doppler ultrasound and tumor markers.']

Medical History: {'Patient Basic Information': 'Middle-aged female, 41 years old.', 'Chief Complaint': 'Pelvic mass detected for over a month.', 'Medical History': "The patient discovered a pelvic mass during a physical examination over a month ago. She didn't experience any discomfort and was treated with oral traditional Chinese medicine (specifics unknown), but the treatment was ineffective. A re-examination a month ago showed that the pelvic mass had grown larger. Currently, the patient's overall condition is good, with no changes in menstruation and no other discomfort. She has a history of one cesarean section.", 'Physical Examination': 'Vulva: Normal development, normal pubic hair distribution; Vagina: Clear, no abnormal secretions, normal mucosa without congestion, edema, or blood stains; Cervix: Enlarged, smooth, no contact bleeding, no lifting pain, no active bleeding; Nulliparous married woman; Uterus: Anterior position, irregular shape, about the size of 50+ weeks of pregnancy, medium quality, good mobility, no tenderness; Bilateral appendages: A mass approximately 5.0x6.0cm can be felt in the left adnexal region, with good mobility and no tenderness, no obvious abnormalities in the right adnexal region.', 'Auxiliary Examination': '(1)', 'Imaging Examination': 'CT Scan: 1. Cystic structure in the left adnexal region; Please correlate with

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clinical findings, further examination with MR if necessary.\n(2)', 'Laboratory Examination': 'Blood Routine: 1. Lymphocyte percentage (LYMPH%) 19.0% ?; 2. Neutrophil percentage (NEUT%) 75.6% ?.\nBlood Biochemistry: 1. Sodium (Na) 136mmol/L ?; 2. Osmotic pressure (OSM) 271mOsm/kg ?.\nTumor Marker Test: Normal.\n(3)', 'Pathological Examination': 'None at present.'}

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Diagnosis from Llama3: Based on the patient's medical history, physical examination, laboratory examination, and imaging examination results, I will analyze each section step by step to identify the top 3 most likely diseases using differential diagnosis.

****Physical Examination:****

- * Vulva and vagina are normal, which suggests that the mass is not related to vulvar or vaginal pathology.
- * Enlarged cervix with no contact bleeding, lifting pain, or active bleeding suggests that the mass may be benign.
- * Irregularly shaped uterus about the size of 50+ weeks of pregnancy suggests a possible uterine abnormality.
- * Mass in the left adnexal region with good mobility and no tenderness is consistent with an ovarian cyst or a heterotopic pregnancy.

****Laboratory Examination:****

- * Normal blood biochemistry results suggest that the patient does not have any underlying metabolic disorders that could be contributing to the pelvic mass.
- * Normal tumor marker test result suggests that the mass is unlikely to be a malignant tumor, such as endometrial cancer or cervical cancer.

****Imaging Examination (CT Scan):****

- * Cystic structure in the left adnexal region is consistent with an ovarian cyst.

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Based on this analysis, my top 3 most likely diseases are:

1. **Ovarian Cyst:**

* Reason: The patient's physical examination and imaging examination results suggest a possible ovarian cyst. The mass in the left adnexal region with good mobility and no tenderness is consistent with an ovarian cyst.

2. **Heterotopic Pregnancy:**

* Reason: The patient's physical examination result suggests a possible heterotopic pregnancy, as there is a mass in the left adnexal region with good mobility and no tenderness. This diagnosis is also supported by the CT scan result showing a cystic structure in the left adnexal region.

3. **Uterine Fibroid:**

* Reason: The patient's physical examination result suggests a possible uterine fibroid, as there is an irregularly shaped uterus about the size of 50+ weeks of pregnancy.

My possible doubts are:

1. What is the significance of the patient's history of one cesarean section? Could it be related to the pelvic mass?
2. Is the patient's overall condition good, or could there be underlying factors contributing to the pelvic mass that are not apparent from the physical examination and laboratory results?
3. Are there any other possible causes for the patient's symptoms, such as a pelvic inflammatory disease (PID) or endometriosis?

Please provide answers to these questions to help me further diagnose the patient.

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Diagnosis from Llama3.1: Based on the provided medical history, I will analyze each section step by step to identify the top 3 most likely diseases using differential diagnosis.

****Physical Examination****

- * The patient has an enlarged cervix with no contact bleeding, lifting pain, or active bleeding.
- * The uterus is in an anterior position, irregular shape, and about the size of a 50+ weeks pregnancy.
- * A mass approximately 5.0x6.0cm can be felt in the left adnexal region with good mobility and no tenderness.

****Reasoning****

Based on the physical examination, I consider the following possibilities:

1. ****Ovarian cyst****: The presence of a large mass in the left adnexal region suggests an ovarian cyst.
2. ****Uterine fibroid****: The enlarged uterus and irregular shape could be indicative of uterine fibroids.
3. ****Adenomyosis****: The anterior position of the uterus and its irregular shape might suggest adenomyosis.

****Laboratory Examination****

- * Blood Routine: Lymphocyte percentage (LYMPH%) 19.0% ?, Neutrophil percentage (NEUT%) 75.6% ?.

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* Blood Biochemistry: Sodium (Na) 136mmol/L ?, Osmotic pressure (OSM) 271mOsm/kg ?.

* Tumor Marker Test: Normal.

****Reasoning****

Based on the laboratory examination, I consider the following possibilities:

1. ****Heterotopic pregnancy****: The normal tumor marker test and blood biochemistry results make heterotopic pregnancy less likely.
2. ****Cervical cancer****: The abnormal lymphocyte and neutrophil percentages might suggest an underlying infection or inflammation, which could be related to cervical cancer.

****Imaging Examination****

* CT Scan: Cystic structure in the left adnexal region.

****Reasoning****

Based on the imaging examination, I consider the following possibilities:

1. ****Ovarian cyst****: The presence of a cystic structure in the left adnexal region strongly suggests an ovarian cyst.
2. ****Endometrial polyp****: Although less likely, an endometrial polyp could also be present.

****Top 3 Most Likely Diseases****

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Based on the analysis above, I consider the following top 3 most likely diseases:

1. **Ovarian cyst**

* Reason: The presence of a large mass in the left adnexal region and the CT scan findings.

2. **Uterine fibroid**

* Reason: The enlarged uterus and irregular shape, as well as the anterior position of the uterus.

3. **Adenomyosis**

* Reason: The anterior position of the uterus and its irregular shape.

Doubts

As a doctor, I have the following doubts:

1. What is the exact nature of the mass in the left adnexal region? Is it a cyst or something else?
2. Are there any other symptoms or complaints that the patient has not mentioned?
3. Has the patient undergone any previous surgeries or treatments for similar conditions?

Please answer these questions to help me further diagnose the patient's condition.

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Diagnosis from gpt-4o: Based on the provided medical history, physical examination, laboratory examination, and imaging examination, let's analyze the possible diseases step by step.

Step-by-Step Analysis

Medical History

- **Chief Complaint**: Pelvic mass detected for over a month.
- **History**: No discomfort, no changes in menstruation, history of one cesarean section.

Physical Examination

- **Vulva**: Normal.
- **Vagina**: Clear, normal mucosa.
- **Cervix**: Enlarged, smooth, no bleeding.
- **Uterus**: Irregular shape, size comparable to 50+ weeks of pregnancy, good mobility, no tenderness.
- **Bilateral Appendages**: Mass in the left adnexal region (5.0×6.0 cm), good mobility, no tenderness.

Imaging Examination

- **CT Scan**: Cystic structure in the left adnexal region.

Laboratory Examination

- **Blood Routine**:
 - Lymphocyte percentage (LYMPH%) 19.0% (?)
 - Neutrophil percentage (NEUT%) 75.6% (?)

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- **Blood Biochemistry**:
 - Sodium (Na) 136mmol/L (?)
 - Osmotic pressure (OSM) 271mOsm/kg (?)
- **Tumor Marker Test**: Normal.

Differential Diagnosis

1. **Ovarian Cyst**

- **Reason**: The CT scan shows a cystic structure in the left adnexal region, which is consistent with an ovarian cyst. The mass is mobile and non-tender, which is typical for ovarian cysts. The patient's lack of discomfort and normal tumor markers also support this diagnosis.

2. **Uterine Fibroid**

- **Reason**: The uterus is described as irregular in shape and comparable to the size of 50+ weeks of pregnancy, which is characteristic of a large uterine fibroid. The enlarged cervix and the absence of tenderness also align with this diagnosis. However, the cystic structure in the left adnexal region is less typical for fibroids.

3. **Endometrial Polyp**

- **Reason**: Although less likely, endometrial polyps can cause an enlarged uterus and irregular shape. However, the lack of abnormal bleeding and the presence of a cystic structure in the adnexal region make this less likely.

Top 2 Possible Diseases

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1. **Ovarian Cyst**

- **Reason**: The cystic structure in the left adnexal region, the mobility, and the lack of tenderness are highly indicative of an ovarian cyst. The patient's normal tumor markers and lack of discomfort further support this diagnosis.

2. **Uterine Fibroid**

- **Reason**: The irregular shape and large size of the uterus are characteristic of a uterine fibroid. The enlarged cervix and absence of tenderness also align with this diagnosis, although the cystic structure in the adnexal region is less typical.

Possible Doubts

- Question 1**: Are there any additional imaging studies, such as an MRI, that can provide more detailed information about the cystic structure in the left adnexal region?
- Question 2**: Is there any history of abnormal uterine bleeding or changes in menstrual patterns that were not mentioned in the initial history?
- Question 3**: Are there any other symptoms or signs, such as weight loss, fatigue, or gastrointestinal symptoms, that the patient has experienced recently?

These questions will help refine the diagnosis and rule out other potential conditions.

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Case ID: 284

Principal Diagnosis: endometrial polyp

Differential Diagnosis: ['Submucosal uterine fibroids: Excessive or irregular vaginal bleeding may occur. Ultrasound, hysteroscopy, and diagnostic curettage can be performed to confirm the diagnosis.', 'Endocervical carcinoma: Increased vaginal discharge or irregular bleeding. The cancer is located in the cervical canal, causing the cervix to thicken, harden, or become barrel-shaped.', 'Uterine sarcoma: Increased vaginal discharge or irregular bleeding. Uterine sarcoma may cause a significant enlargement and softening of the uterus.', 'Endometrial cancer: Increased vaginal discharge or irregular bleeding. Ultrasound may show uneven echoes in the uterine cavity, disappearance of the uterine cavity line, and uneven echo areas within the muscular layer. Color Doppler imaging can display abundant blood flow signals. Diagnostic curettage histological examination is the basis for the diagnosis of endometrial cancer. Serum CA-125 is elevated.']

Medical History: {'Patient Basic Information': 'Young female, 23 years old.', 'Chief Complaint': 'Menstrual period extended for half a year.', 'Medical History': 'The patient usually has regular menstruation, with a period of 7 days, a cycle of 26 days, moderate menstrual volume, blood clots, accompanied by dysmenorrhea. Half a year ago, there was a prolonged menstrual period without obvious cause. After the menstruation was clean, there was a small amount of vaginal bleeding, lasting for 4-5 days, lingering, the cycle was normal, not taken seriously, not diagnosed or treated. She was prescribed oral 'Dydrogesterone' for 10 days when she sought medical attention 2 months ago, and her menstruation was clean 5 days ago. No vaginal discharge, no accompanying dizziness, headache, fatigue, no frequent urination, urgency, or pain. Previously healthy.', 'Physical Examination': 'Uterus: Anterior position, medium quality, normal size, no tenderness.', 'Auxiliary Examination': '(1)', 'Imaging Examination': 'Color Doppler Ultrasound: 1. No obvious abnormalities were seen in the bilateral appendages of the uterus.\n(2)', 'Laboratory Examination': 'Blood

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Biochemistry: Normal.\nTumor Marker Detection: Normal.\n(3)', 'Pathological Examination': 'None for the moment.'}

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Diagnosis from Llama3: Based on the patient's medical history, physical examination, laboratory examination, and imaging examination results, I will analyze each section step by step to identify the top 3 most likely diseases.

****Past Medical History:****

The patient has a prolonged menstrual period without an obvious cause, which is concerning. The fact that she was prescribed oral "Dydrogesterone" for 10 days and her menstruation was clean after treatment suggests that there might be some hormonal imbalance or uterine issues.

****Physical Examination:****

The physical examination report states that the uterus is in an anterior position, of medium quality, normal size, and no tenderness. This finding is not particularly helpful in narrowing down the diagnosis, as most of the diseases listed are related to the uterus or cervix.

****Imaging Examination (Color Doppler Ultrasound):****

The imaging examination report states that there were no obvious abnormalities seen in the bilateral appendages of the uterus. This finding suggests that there might be some issue with the endometrium or myometrium, but it does not provide any specific information about the cause of the prolonged menstrual period.

****Laboratory Examination:****

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The laboratory examination reports are normal, which is helpful in ruling out some systemic diseases that could be causing the patient's symptoms. However, the lack of abnormal findings does not provide much insight into the underlying cause of the prolonged menstrual period.

Based on this analysis, I will identify the top 3 most likely diseases using differential diagnosis:

1. **Disease:** Endometrial Polyp

Reason: The patient has a prolonged menstrual period without an obvious cause, which is consistent with endometrial polyps causing irregular bleeding. The fact that she was prescribed oral "Dydrogesterone" for 10 days and her menstruation was clean after treatment suggests that there might be some hormonal imbalance or uterine issues, which could also be related to endometrial polyps.

2. **Disease:** Uterine Fibroid

Reason: The patient's physical examination report states that the uterus is of medium quality, normal size, and no tenderness, which suggests that there might be some issue with the myometrium or uterine muscle. Uterine fibroids can cause irregular bleeding and prolonged menstrual periods, especially if they are large enough to distort the endometrial cavity.

3. **Disease:** Adenomyosis

Reason: The patient's physical examination report states that the uterus is of medium quality, normal size, and no tenderness, which suggests that there might be some issue with the myometrium or uterine muscle. Adenomyosis can cause irregular bleeding and prolonged menstrual periods due to the presence of endometrial tissue within the myometrium.

Possible Doubts:

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1. Is the patient's prolonged menstrual period related to a hormonal imbalance or an underlying uterine issue?
2. Could there be some other underlying condition causing the patient's symptoms, such as a systemic disease or a medication side effect?
3. Would further imaging studies, such as MRI or hysteroscopy, provide more information about the cause of the prolonged menstrual period?

Please answer these questions to help me further diagnose the patient.

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Diagnosis from Llama3.1: Based on the provided medical history, I will analyze each section step by step to identify the top 3 most likely diseases using differential diagnosis.

****Past Medical History and Chief Complaint****

- * The patient has a prolonged menstrual period (half a year) with small amount of vaginal bleeding for 4-5 days after menstruation.
- * This suggests a possible issue related to the uterus or reproductive system.

****Physical Examination****

- * Uterus: Anterior position, medium quality, normal size, no tenderness.
- * No abnormalities were found in the physical examination, which makes some conditions less likely (e.g., uterine fibroid).

****Imaging Examination (Color Doppler Ultrasound)****

- * No obvious abnormalities were seen in the bilateral appendages of the uterus.
- * This suggests that there is no significant issue with the ovaries or fallopian tubes.

****Laboratory Examination****

- * Blood Biochemistry: Normal.
- * Tumor Marker Detection: Normal.
- * These normal laboratory results make some conditions less likely (e.g., endometrial cancer).

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Based on this analysis, I will identify the top 3 most likely diseases using differential diagnosis:

1. **Disease-name:** Endometrial Polyp

Reason: The patient's prolonged menstrual period and small amount of vaginal bleeding for 4-5 days after menstruation could be related to an endometrial polyp. This condition is a growth on the lining of the uterus (endometrium) that can cause irregular bleeding.

2. **Disease-name:** Adenomyosis

Reason: The patient's prolonged menstrual period and anterior position of the uterus could also suggest adenomyosis, a condition where endometrial tissue grows into the uterine wall, causing symptoms like heavy or prolonged menstruation.

3. **Disease-name:** Ovarian Cyst

Reason: Although the imaging examination did not show any abnormalities in the ovaries, an ovarian cyst could still be a possibility, especially since the patient has a prolonged menstrual period and small amount of vaginal bleeding.

Possible Doubts:

1. What is the exact duration of the patient's prolonged menstrual period?
2. Has the patient experienced any other symptoms like pelvic pain or pressure?
3. Are there any family history of gynecological conditions that could be relevant to this case?

Please answer these questions to help me further in diagnosis!

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Diagnosis from gpt-4o: Based on the provided medical history, physical examination, laboratory examination, and imaging examination, let's analyze the possible diseases step by step.

Step-by-Step Analysis:

1. **Patient Basic Information and Chief Complaint:**

- Young female, 23 years old.
- Chief complaint: Menstrual period extended for half a year.

2. **Medical History:**

- Regular menstruation history with a period of 7 days and a cycle of 26 days.
- Moderate menstrual volume with blood clots and dysmenorrhea.
- Prolonged menstrual period started half a year ago without obvious cause.
- Small amount of vaginal bleeding lasting 4-5 days after menstruation.
- No significant symptoms like dizziness, headache, fatigue, frequent urination, urgency, or pain.
- Previously healthy.

3. **Physical Examination:**

- Uterus: Anterior position, medium quality, normal size, no tenderness.

4. **Imaging Examination:**

- Color Doppler Ultrasound: No obvious abnormalities in the bilateral appendages of the uterus.

5. **Laboratory Examination:**

- Blood Biochemistry: Normal.

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- Tumor Marker Detection: Normal.

Differential Diagnosis:

1. **Uterine Fibroid:**

- **Reason:** Uterine fibroids can cause prolonged menstrual periods and dysmenorrhea.

However, the ultrasound did not show any abnormalities, which makes this less likely.

2. **Endometrial Polyp:**

- **Reason:** Endometrial polyps can cause irregular menstrual bleeding and prolonged periods.

The absence of abnormalities in the ultrasound does not completely rule out small polyps.

3. **Adenomyosis:**

- **Reason:** Adenomyosis can cause prolonged menstrual bleeding and dysmenorrhea. The normal size and no tenderness of the uterus make this less likely, but it cannot be completely ruled out without further imaging.

4. **Endometrial Cancer:**

- **Reason:** Prolonged menstrual bleeding can be a symptom of endometrial cancer. However, the patient's young age and normal tumor markers make this less likely.

5. **Cervical Polyp:**

- **Reason:** Cervical polyps can cause irregular bleeding. The physical examination did not mention any cervical abnormalities, making this less likely.

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6. **Cervical Cancer:**

- **Reason:** Prolonged bleeding can be a symptom, but the normal tumor markers and lack of cervical abnormalities make this less likely.

7. **Ovarian Cyst:**

- **Reason:** Ovarian cysts can cause menstrual irregularities, but the ultrasound did not show any abnormalities in the bilateral appendages.

8. **Heterotopic Pregnancy:**

- **Reason:** This is less likely given the patient's history and normal ultrasound findings.

Top 2 Possible Diseases:

1. **Endometrial Polyp:**

- **Reason:** Endometrial polyps can cause prolonged menstrual bleeding and irregular bleeding.

The absence of abnormalities in the ultrasound does not completely rule out small polyps.

2. **Adenomyosis:**

- **Reason:** Adenomyosis can cause prolonged menstrual bleeding and dysmenorrhea.

Although the uterus is of normal size and there is no tenderness, further imaging might be needed to rule this out.

Possible Doubts:

1. **Question 1:** Were there any specific findings related to the endometrium in the ultrasound

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report?

2. **Question 2:** Has the patient undergone any hormonal tests, such as thyroid function tests or prolactin levels?

3. **Question 3:** Is there any family history of gynecological conditions such as fibroids, polyps, or cancers?

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Case ID: 294

Principal Diagnosis: endometrial cancer

Differential Diagnosis: ['Uterine Leiomyoma: The uterus enlarges rapidly in a short period of time, which may be accompanied by pain, ascites, irregular vaginal bleeding, etc., often occurring in elderly women. Color Doppler ultrasound is helpful in identification, and further exclusion is awaited by surgical pathology.', 'Adenomyosis: There may be uterine enlargement, increased menstruation, etc. The localized adenomyosis is similar to the uterine intramural myoma, which is hard, but adenomyosis has obvious secondary dysmenorrhea, and the uterus is often uniformly enlarged, rarely exceeding the size of a three-month pregnancy uterus. Color Doppler ultrasound is helpful in diagnosis, but sometimes the two may coexist.']

Medical History: {'Patient Basic Information': 'Middle-aged female, 55 years old.', 'Chief Complaint': 'Natural menopause for 6 years, intermittent vaginal bleeding for half a year.', 'Medical History': "The patient has had natural menopause for 6 years. Half a year ago, she experienced intermittent vaginal bleeding without any obvious cause. The bleeding was light and dark red. She did not pay attention to it and did not receive treatment. She has had 'hypertension' for over 10 years, with the highest blood pressure of 160/105mmHg. Regular oral medication controls her blood pressure to 110-130/70-80mmHg. She has been healthy in the past.", 'Physical Examination': 'Vagina: unobstructed, normal mucosa without congestion, edema, a small amount of dark red blood fluid; Cervix: normal size, smooth, no contact bleeding, Uterus: anteverted, medium texture, normal size, no tenderness, a lump of about 10.0×7.0cm can be felt on the left posterior wall of the uterus, hard in texture.', 'Auxiliary Examination': '(1)', 'Imaging Examination': 'MRI plain scan: 1. Pelvic space-occupying lesion, considering the possibility of uterine fibroids originating from the posterior wall of the cervix, not completely ruling out the origin of the appendages, it is recommended to further clarify with MRI enhancement; 2. Endometrial thickening, uterine (intracavitary) submucosal

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small fibroids or polyps possible; 3. Multiple small cysts in the cervix; please combine with clinical history and related examinations.\n(2)', 'Laboratory Examination': 'Routine Blood Test: 1. Platelet count (impedance method) (PLT-I) $115 \times 10^9/L$?; 2. Mean platelet volume (MPV) 13.4fL ?; 3. Platelet hematocrit (PCT) 0.16% ?.\nBlood Biochemistry: 1. Total Bilirubin (TBIL) 24.7?mol/L ?; 2. Direct Bilirubin (DBIL) 5.1?mol/L ?; 3. Indirect Bilirubin (IBIL) 19.6?mol/L ?.\nTumor Marker Detection: Normal.\n(3)', 'Pathological Examination': 'None for the time being.'

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Diagnosis from Llama3: Based on the patient's medical history, physical examination, laboratory examination, and imaging examination results, I will identify the top 2 most likely diseases using differential diagnosis.

****Top 2 Possible Diseases:****

1. ****Disease-name:**** Uterine Fibroid

****Reason:**** The patient has a lump of about 10.0x7.0cm on the left posterior wall of the uterus, which is hard in texture, suggesting a fibroid tumor. Additionally, the MRI plain scan shows a pelvic space-occupying lesion consistent with uterine fibroids originating from the posterior wall of the cervix.

2. ****Disease-name:**** Endometrial Polyp

****Reason:**** The patient has endometrial thickening on the MRI plain scan, which could be caused by an endometrial polyp. The presence of a small amount of dark red blood fluid in the vagina and the normal size and smooth cervix suggest that the bleeding may not be due to cervical cancer.

****Doubts:****

1. ****What is the significance of the patient's hypertension history? Could it be related to the uterine fibroid or endometrial polyp?****
2. ****Is the dark red blood fluid in the vagina a sign of an underlying bleeding disorder, such as platelet dysfunction, or is it more likely related to the uterine fibroid or endometrial polyp?****
3. ****Could the patient's intermittent vaginal bleeding be caused by something other than the uterine fibroid or endometrial polyp, such as cervical cancer or adenomyosis?****

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Please provide answers to these doubts to help me further diagnose and manage this patient.

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Diagnosis from Llama3.1: Based on the provided medical history, I will perform a step-by-step analysis of the physical examination, laboratory examination, and imaging examination results to identify the top 3 most likely diseases.

****Physical Examination:****

- * Vagina: unobstructed, normal mucosa without congestion, edema, a small amount of dark red blood fluid
- * Cervix: normal size, smooth, no contact bleeding
- * Uterus: anteverted, medium texture, normal size, no tenderness, a lump of about 10.0×7.0cm can be felt on the left posterior wall of the uterus, hard in texture

****Laboratory Examination:****

* Routine Blood Test:

- + Platelet count (PLT-I) is within normal limits
- + Mean platelet volume (MPV) and platelet hematocrit (PCT) are elevated, indicating thrombocytosis

* Blood Biochemistry:

- + Total Bilirubin (TBIL), Direct Bilirubin (DBIL), and Indirect Bilirubin (IBIL) are elevated, indicating liver dysfunction

****Imaging Examination:****

* MRI plain scan:

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- + Pelvic space-occupying lesion, considering the possibility of uterine fibroids originating from the posterior wall of the cervix
- + Endometrial thickening, uterine (intracavitary) submucosal small fibroids or polyps possible
- + Multiple small cysts in the cervix

****Differential Diagnosis:****

Based on the analysis above, I will consider the following diseases:

1. ****Uterine Fibroid****: The physical examination revealed a lump of about 10.0×7.0cm on the left posterior wall of the uterus, hard in texture, which is consistent with a uterine fibroid. The MRI plain scan also supports this diagnosis.
2. ****Endometrial Polyp or Cancer****: The endometrial thickening and submucosal small fibroids or polyps possible on the MRI plain scan suggest an endometrial lesion. However, the presence of intermittent vaginal bleeding for half a year without any obvious cause raises suspicion for endometrial cancer.
3. ****Cervical Polyp or Cancer****: The multiple small cysts in the cervix on the MRI plain scan and the normal cervical examination do not rule out cervical polyps or cancer.

****Top 2 Possible Diseases:****

Based on the analysis above, I will select the top 2 possible diseases:

1. ****Uterine Fibroid****

* Reason: The physical examination revealed a lump of about 10.0×7.0cm on the left posterior wall

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of the uterus, hard in texture, which is consistent with a uterine fibroid.

* Reason: The MRI plain scan also supports this diagnosis.

2. **Endometrial Polyp or Cancer**

* Reason: The endometrial thickening and submucosal small fibroids or polyps possible on the MRI plain scan suggest an endometrial lesion.

* Reason: The presence of intermittent vaginal bleeding for half a year without any obvious cause raises suspicion for endometrial cancer.

Possible Doubts:

1. What is the patient's menstrual history, and has she experienced any changes in her menstrual cycle?
2. Has the patient undergone any previous gynecological surgeries or procedures that may have affected her current condition?
3. Are there any family members with a history of gynecological cancers or other related conditions?

Please provide answers to these questions to help further clarify the diagnosis.

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Diagnosis from gpt-4o: Based on the provided medical history, physical examination, laboratory examination, and imaging examination results, here is a step-by-step analysis to identify the top 3 most likely diseases using differential diagnosis:

Step-by-Step Analysis:

1. **Patient Basic Information and Chief Complaint:**

- **Age:** 55 years old, postmenopausal for 6 years.
- **Chief Complaint:** Intermittent vaginal bleeding for half a year.

2. **Medical History:**

- **Hypertension:** Controlled with medication.
- **Menopause:** Natural menopause for 6 years.
- **Vaginal Bleeding:** Intermittent, light, dark red, no treatment received.

3. **Physical Examination:**

- **Vagina:** Normal mucosa, small amount of dark red blood fluid.
- **Cervix:** Normal size, smooth, no contact bleeding.
- **Uterus:** Anteverted, medium texture, normal size, no tenderness.
- **Lump:** 10.0×7.0 cm on the left posterior wall of the uterus, hard in texture.

4. **Imaging Examination:**

- **MRI Findings:**
 1. Pelvic space-occupying lesion, likely uterine fibroids from the posterior wall of the cervix.
 2. Endometrial thickening, possible submucosal small fibroids or polyps.

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3. Multiple small cysts in the cervix.

5. **Laboratory Examination:**

- **Routine Blood Test:**
 - Low platelet count (PLT-I) $115 \times 10^9/L$.
 - High mean platelet volume (MPV) 13.4fL.
 - Low platelet hematocrit (PCT) 0.16%.
- **Blood Biochemistry:**
 - Elevated Total Bilirubin (TBIL) $24.7 \mu\text{mol/L}$.
 - Elevated Direct Bilirubin (DBIL) $5.1 \mu\text{mol/L}$.
 - Elevated Indirect Bilirubin (IBIL) $19.6 \mu\text{mol/L}$.
- **Tumor Marker Detection:** Normal.

Differential Diagnosis:

1. **Uterine Fibroid:**

- **Reason:**
 - MRI indicates a pelvic space-occupying lesion likely originating from the posterior wall of the cervix.
 - Physical examination reveals a hard lump on the left posterior wall of the uterus.
 - Endometrial thickening and submucosal fibroids are also noted on MRI.

2. **Endometrial Polyp:**

- **Reason:**
 - MRI suggests the possibility of polyps in the endometrium.

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- Intermittent vaginal bleeding is a common symptom of endometrial polyps.
- Endometrial thickening observed on MRI.

3. **Adenomyosis:**

- **Reason:**
 - Endometrial thickening could be indicative of adenomyosis.
 - The patient's age and postmenopausal status align with common presentations of adenomyosis.
- However, the presence of a hard lump is less typical for adenomyosis.

Top 2 Possible Diseases:

1. **Uterine Fibroid:**

- **Reason:** The MRI findings of a pelvic space-occupying lesion, the physical examination revealing a hard lump, and the endometrial thickening all strongly suggest uterine fibroids.

2. **Endometrial Polyp:**

- **Reason:** The MRI findings of possible polyps, the symptom of intermittent vaginal bleeding, and endometrial thickening support the diagnosis of endometrial polyps.

Possible Doubts:

1. **Question 1:** Are there any additional imaging studies, such as MRI enhancement, that have been performed to further clarify the nature of the pelvic lesion?
2. **Question 2:** Has there been any histopathological examination or biopsy of the endometrial

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tissue to rule out malignancy?

3. **Question 3:** Are there any other symptoms or signs, such as pelvic pain or pressure, that the patient has experienced but did not report initially?

Please provide answers to these questions to help refine the diagnosis further.

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Case ID: 304

Principal Diagnosis: uterine fibroid

Differential Diagnosis: ['Atrophic vaginitis: Mainly manifested as bloody leukorrhea. During the examination, the vaginal mucosa can be seen to be thinning, congested or with bleeding points, and increased secretions. Ultrasonic examination found no abnormalities in the uterine cavity, and it can improve after treatment. If necessary, anti-inflammatory treatment can be performed first, followed by diagnostic curettage.', 'Submucosal uterine fibroids or endometrial polyps: There may be excessive or irregular menstrual bleeding, and ultrasound examination, hysteroscopy, and diagnostic curettage can be performed.', 'Endocervical carcinoma, uterine sarcoma, and fallopian tube cancer: All may have increased vaginal discharge or irregular bleeding. Endocervical carcinoma is due to the cancer located in the cervical canal, the cervical canal becomes thick, hard, or barrel-shaped. Uterine sarcoma may have a significant enlargement of the uterus, which is soft. The main symptoms of fallopian tube cancer are vaginal bleeding, lower abdominal pain, intermittent vaginal discharge, and there may be adnexal masses. Fractional curettage and Imaging Examination can assist in differentiation.']

Medical History: {'Patient Basic Information': 'Middle-aged female, 42 years old.', 'Chief Complaint': 'Increased menstrual flow accompanied by dysmenorrhea for 10 days.', 'Medical History': 'The patient had a regular menstrual cycle in the past, with a cycle of 7/30 days, moderate volume, accompanied by blood clots, no dysmenorrhea. The last menstruation had a larger volume, twice as much as usual, accompanied by blood clots and dysmenorrhea, the menstrual period was the same as usual, without frequent urination, constipation and other discomforts. The patient was previously healthy.', 'Physical Examination': 'Vagina: Smooth, with a small amount of pale yellow viscous secretions, normal mucosa without congestion, edema, no blood stains; Cervix: Enlarged, smooth, with contact bleeding, no lifting pain, no active bleeding; Married and has given birth; Uterus:

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Anterior position, medium texture, enlarged like 2 months pregnant, weakly positive for tenderness.',
'Auxiliary Examination': '(1)', 'Imaging Examination': 'MRI plain scan: 1. Multiple uterine fibroids, degeneration; 2. Consider the possibility of cystic occupancy and bleeding in the left accessory area; 3. Cervical cyst.\n(2)', 'Laboratory Examination': 'Blood routine: 1. Hematocrit (HCT) 34.8% ?.\nBlood biochemistry: 1. Albumin (ALB) 38.2g/L ?.\nTumor marker detection: Normal.\n(3)',
'Pathological Examination': 'None.'}

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Diagnosis from llama3: Based on the patient's medical history, physical examination, laboratory examination, and imaging examination results, I will analyze each section step by step to identify the top 3 most likely diseases.

****Physical Examination****

* Vagina: Smooth with pale yellow viscous secretions, normal mucosa without congestion or edema.

This suggests that there is no significant vaginal pathology.

* Cervix: Enlarged, smooth, with contact bleeding, but no lifting pain or active bleeding. This could be indicative of cervical polyp or endometrial cancer.

* Uterus: Anterior position, medium texture, enlarged like 2 months pregnant, weakly positive for tenderness. This suggests that there may be uterine pathology, possibly related to fibroids or adenomyosis.

****Laboratory Examination****

* Blood routine: Hematocrit (HCT) 34.8% is slightly elevated, which could be indicative of anemia or bleeding.

* Blood biochemistry: Albumin (ALB) 38.2g/L is within normal range.

* Tumor marker detection: Normal. This suggests that there is no significant tumor activity.

****Imaging Examination****

* MRI plain scan: Multiple uterine fibroids, degeneration; Cystic occupancy and bleeding in the left accessory area; Cervical cyst. These findings suggest that there may be multiple uterine lesions,

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possibly related to fibroids or adenomyosis.

Based on this analysis, I will identify the top 3 most likely diseases:

1. ****Uterine Fibroid****: The physical examination suggests an enlarged uterus with a medium texture, which is consistent with uterine fibroids. The imaging examination also shows multiple uterine lesions that are consistent with fibroids.
2. ****Endometrial Cancer****: The cervical examination suggests contact bleeding without lifting pain or active bleeding, which could be indicative of endometrial cancer. The laboratory examination shows a slightly elevated hematocrit, which could be indicative of anemia or bleeding related to endometrial cancer.
3. ****Adenomyosis****: The physical examination suggests an enlarged uterus with tenderness, which is consistent with adenomyosis. The imaging examination also shows cystic occupancy and bleeding in the left accessory area, which could be indicative of adenomyosis.

Based on this analysis, my top 2 possible diseases are:

- * Disease-1: {"disease-name": "Uterine Fibroid", "reason": "The physical examination suggests an enlarged uterus with a medium texture, consistent with uterine fibroids. The imaging examination also shows multiple uterine lesions that are consistent with fibroids."}
- * Disease-2: {"disease-name": "Endometrial Cancer", "reason": "The cervical examination suggests contact bleeding without lifting pain or active bleeding, which could be indicative of endometrial cancer. The laboratory examination shows a slightly elevated hematocrit, which could be indicative of anemia or bleeding related to endometrial cancer."}

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My possible doubts are:

1. Is the patient's menstrual history consistent with uterine fibroids or adenomyosis?
2. Could the contact bleeding on cervical examination be related to a cervical polyp or endometrial cancer?
3. Are there any other underlying conditions that could be contributing to the patient's symptoms, such as hormonal imbalances or pelvic inflammatory disease?

Please answer these questions to help me further diagnose the patient.

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Diagnosis from Llama3.1: Based on the provided medical history, I will analyze each section step by step to identify the top 3 most likely diseases using differential diagnosis.

****Past Medical History and Chief Complaint****

- * The patient has a history of regular menstrual cycles with moderate volume and occasional blood clots.
- * Recently, she experienced increased menstrual flow accompanied by dysmenorrhea for 10 days.
- * This suggests a possible change in her uterine or ovarian condition.

****Physical Examination****

- * Vagina: Smooth, normal mucosa without congestion, edema, or blood stains.
- * Cervix: Enlarged, smooth, with contact bleeding, but no lifting pain or active bleeding.
- * Uterus: Anterior position, medium texture, enlarged like 2 months pregnant, and weakly positive for tenderness.

****Imaging Examination (MRI)****

- * Multiple uterine fibroids, degeneration
- * Possible cystic occupancy and bleeding in the left adnexal area
- * Cervical cyst

Based on these findings, I will consider the following diseases:

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1. **Uterine Fibroid**: The physical examination and imaging results suggest multiple uterine fibroids, which could explain the increased menstrual flow and dysmenorrhea.
2. **Ovarian Cyst**: The possibility of a cystic occupancy in the left adnexal area raises suspicion for an ovarian cyst, especially considering the recent change in menstrual symptoms.
3. **Endometrial Polyp or Cancer**: Although not directly suggested by the imaging results, the contact bleeding and enlarged cervix could be indicative of an endometrial polyp or cancer.

Top 2 Most Likely Diseases

Based on the analysis, my top 2 most likely diseases are:

1. **Uterine Fibroid**

* Reason: Multiple uterine fibroids, degeneration, and possible cystic occupancy in the left adnexal area.

2. **Ovarian Cyst**

* Reason: Possible cystic occupancy in the left adnexal area and recent change in menstrual symptoms.

Possible Doubts

As a doctor, I have some doubts that might affect my diagnosis:

1. **Is the patient's enlarged cervix due to an endometrial polyp or cancer?**
2. **Could the contact bleeding be related to a cervical polyp or cancer?**
3. **Are there any other possible causes for the increased menstrual flow and dysmenorrhea, such**

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as adenomyosis or heterotopic pregnancy?**

Please provide answers to these questions to help me further refine my diagnosis.

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Diagnosis from gpt-4o: Based on the provided medical history, physical examination, laboratory examination, and imaging examination results, here is a step-by-step analysis to identify the top 3 most likely diseases using differential diagnosis:

Analysis:

1. **Chief Complaint and Medical History:**

- Increased menstrual flow and dysmenorrhea for 10 days.
- Previously regular menstrual cycle with moderate volume and no dysmenorrhea.
- Recent menstruation had a larger volume with blood clots and dysmenorrhea.
- No frequent urination, constipation, or other discomforts.

2. **Physical Examination:**

- Vagina: Smooth, small amount of pale yellow viscous secretions, normal mucosa.
- Cervix: Enlarged, smooth, contact bleeding, no lifting pain, no active bleeding.
- Uterus: Anterior position, medium texture, enlarged like 2 months pregnant, weakly positive for tenderness.

3. **Imaging Examination:**

- MRI: Multiple uterine fibroids with degeneration.
- Cystic occupancy and bleeding in the left accessory area.
- Cervical cyst.

4. **Laboratory Examination:**

- Hematocrit (HCT) 34.8% (low).

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- Albumin (ALB) 38.2g/L (low).
- Tumor marker detection: Normal.

Differential Diagnosis:

1. **Uterine Fibroid:**

- **Reason:** The MRI shows multiple uterine fibroids with degeneration. The enlarged uterus (like 2 months pregnant) and increased menstrual flow with blood clots are consistent with fibroids. The weakly positive tenderness and absence of active bleeding also support this diagnosis.

2. **Ovarian Cyst:**

- **Reason:** The MRI indicates cystic occupancy and bleeding in the left accessory area, which suggests an ovarian cyst. The increased menstrual flow and dysmenorrhea could be related to the cyst.

3. **Cervical Polyp:**

- **Reason:** The physical examination shows an enlarged cervix with contact bleeding, which can be indicative of a cervical polyp. However, the MRI shows a cervical cyst rather than a polyp, making this less likely but still possible.

Top 2 Possible Diseases:

1. **Uterine Fibroid:**

- **Reason:** The MRI findings of multiple uterine fibroids with degeneration, the enlarged uterus, and the symptoms of increased menstrual flow and dysmenorrhea strongly support this diagnosis.

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2. **Ovarian Cyst:**

- **Reason:** The MRI findings of cystic occupancy and bleeding in the left accessory area, along with the symptoms of increased menstrual flow and dysmenorrhea, suggest an ovarian cyst.

Possible Doubts:

1. **Question 1:** Are there any additional symptoms such as pelvic pain, bloating, or changes in bowel habits that were not mentioned in the medical history?
2. **Question 2:** Has the patient undergone any previous surgeries or treatments for gynecological conditions?
3. **Question 3:** Are there any family histories of gynecological cancers or other related conditions?

These questions will help further refine the diagnosis and rule out other potential conditions.

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Case ID: 314

Principal Diagnosis: adenomyosis

Differential Diagnosis: ['Uterine Sarcoma: The uterus enlarges rapidly in a short period of time, which may be accompanied by pain, ascites, irregular vaginal bleeding, etc. It is more common in elderly women. Color Doppler ultrasound helps in the identification, waiting for further exclusion by surgical pathology.', 'Uterine Leiomyoma: Color Doppler ultrasound shows leiomyoma, pathological examination can confirm the diagnosis.', 'Endocervical Carcinoma: Increased vaginal discharge or irregular bleeding. Because the cancer focus is located in the cervical canal, the cervical canal becomes thicker, harder or barrel-shaped.']

Medical History: {'Patient Basic Information': 'Middle-aged female, 36 years old.', 'Chief Complaint': 'Periodic lower abdominal pain for 5 years, irregular vaginal bleeding for 23 days.', 'Medical History': 'The patient had periodic lower abdominal pain without obvious cause 5 years ago, accompanied by lumbar acid, lower abdominal bloating, lasting the entire menstrual cycle, with no significant changes in menstrual volume, menstrual period and menstrual cycle, occasional dizziness, without increased vaginal discharge. Previously healthy.', 'Physical Examination': 'Vulva: Normal development, normal pubic hair distribution; Vagina: Smooth, no abnormal discharge, normal mucosa without congestion, edema, with blood stains; Cervix: Normal size, smooth, no contact bleeding, no lifting pain, no active bleeding; Nulliparous; Uterus: Anterior, medium texture, enlarged like 2 months of pregnancy, no tenderness; Bilateral appendages: No obvious abnormalities in bilateral appendages.', 'Auxiliary Examination': '(1)', 'Imaging Examination': 'MRI plain scan: 1. Adenomyosis, possible adenomyoma in the posterior wall of the uterus; 2. Cervical cyst; 3. Consider physiological cystic lesions of bilateral appendages; 4. A small amount of pelvic effusion.\n(2)', 'Laboratory Examination': 'Routine blood test: 1. White blood cells (WBC) $10.7 \times 10^9/L$?; 2. Lymphocyte percentage (LYMPH%) 12.7% ?; 3. Monocyte percentage (MONO%) 2.8% ?; 4. Neutrophil percentage (NEUT%) 83.5% ?; 5.

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Neutrophil absolute value (NEUT#) $9.0 \times 10^9/L$?; 6. Hemoglobin (HGB) $92g/L$?; 7. Hematocrit (HCT) 30.5% ?; 8. Mean corpuscular volume (MCV) $66fL$?; 9. Mean corpuscular hemoglobin (MCH) $20pg$?; 10. Mean corpuscular hemoglobin concentration (MCHC) $302g/L$?; 11. Red blood cell distribution width (CV) (RDW-CV) 29.1% ?; 12. Platelet count (impedance method) (PLT-I) $399 \times 10^9/L$?; 13. Mean platelet volume (MPV) $10.2fL$?; 14. Platelet hematocrit (PCT) 0.41% ?.

Blood biochemistry: 1. Total protein (dry) (TP) $87.0g/L$?; 2. Globulin (dry) (GLB) $42.0g/L$?; 3. Albumin/globulin ratio (dry) (A/G) 1.11.5-2.5 ?.

Tumor marker detection: 1. Carbohydrate antigen 125 (CA125) $61.5U/mL$?.

(3)', 'Pathological Examination': 'None at the moment.'}

Medical Case Report

Diagnosis from Llama3: Based on the patient's medical history, physical examination, laboratory examination, and imaging examination results, I will perform a differential diagnosis to identify the top 2 most likely diseases.

****Disease 1: Adenomyosis****

Reason:

- * The patient has a history of periodic lower abdominal pain for 5 years, which is consistent with adenomyosis.
- * The physical examination reveals an enlarged uterus like 2 months of pregnancy, which suggests uterine pathology.
- * The MRI plain scan shows adenomyosis and possible adenomyoma in the posterior wall of the uterus, supporting this diagnosis.

****Disease 2: Endometrial Polyp****

Reason:

- * The patient has irregular vaginal bleeding for 23 days, which could be related to an endometrial polyp.
- * The physical examination reveals blood stains on the cervix, which may indicate abnormal bleeding.
- * The MRI plain scan shows a cervical cyst, which could be related to an endometrial polyp.

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****Doubts:****

1. What is the significance of the patient's previous history of periodic lower abdominal pain without obvious cause? Could it be related to adenomyosis or another condition?
2. How does the patient's irregular vaginal bleeding for 23 days relate to the physical examination findings, such as blood stains on the cervix?
3. Is the cervical cyst detected by MRI a benign or malignant lesion?

To further diagnose and manage this patient, I would like to answer these doubts:

1. What is the significance of the patient's previous history of periodic lower abdominal pain without obvious cause?
2. How does the patient's irregular vaginal bleeding for 23 days relate to the physical examination findings, such as blood stains on the cervix?
3. Is the cervical cyst detected by MRI a benign or malignant lesion?

Please provide answers to these doubts to help me further diagnose and manage this patient.

Medical Case Report

Diagnosis from Llama3.1: Based on the provided medical history, I will analyze each section step by step to identify the top 3 most likely diseases using differential diagnosis.

****Physical Examination:****

- * The patient has a normal vulva and vagina development.
- * The cervix is normal in size and smooth, with no contact bleeding or lifting pain.
- * The uterus is enlarged like 2 months of pregnancy, but there's no tenderness.
- * Bilateral appendages show no obvious abnormalities.

****Reasoning:****

- * The patient's uterine enlargement could be related to adenomyosis, endometrial polyp, or uterine fibroid.
- * The absence of tenderness and normal cervix development makes cervical cancer less likely.
- * The presence of pelvic effusion might suggest a possible ovarian cyst.

****Laboratory Examination:****

- * Routine blood test shows elevated WBC count, neutrophil percentage, and RDW-CV, indicating inflammation or infection.
- * Blood biochemistry is within normal limits.
- * Tumor marker detection shows slightly elevated CA125 levels (61.5U/mL), which could be related to ovarian cyst or endometrial cancer.

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****Imaging Examination:****

- * MRI plain scan reveals adenomyosis, possible adenomyoma in the posterior wall of the uterus, cervical cyst, and physiological cystic lesions of bilateral appendages.
- * The presence of pelvic effusion is noted.

****Reasoning:****

- * Adenomyosis is a strong possibility given the uterine enlargement and MRI findings.
- * Cervical cyst could be related to the patient's symptoms, but its impact on overall health seems minimal.
- * Physiological cystic lesions in bilateral appendages might not be directly related to the patient's main complaints.

****Differential Diagnosis:****

Based on the analysis above, I would identify the top 3 most likely diseases as:

1. ****Adenomyosis****

- * Reason: Uterine enlargement like 2 months of pregnancy, MRI findings of adenomyosis and possible adenomyoma in the posterior wall of the uterus.

2. ****Ovarian cyst****

- * Reason: Possible ovarian cyst suggested by pelvic effusion on MRI scan and physiological cystic lesions in bilateral appendages.

3. ****Endometrial polyp****

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* Reason: Uterine enlargement, slightly elevated CA125 levels, and possible adenomyoma in the posterior wall of the uterus might suggest endometrial polyp.

****Possible Doubts:****

1. What is the patient's menstrual cycle length and volume?
2. Are there any symptoms related to the cervical cyst (e.g., abnormal bleeding or discharge)?
3. Could the elevated CA125 levels be related to other conditions, such as ovarian cancer?

Please provide answers to these questions to help further narrow down the diagnosis.

Medical Case Report

Diagnosis from gpt-4o: Based on the provided medical history, physical examination, laboratory examination, and imaging examination results, I will analyze the data step by step to identify the top 3 most likely diseases using differential diagnosis.

Step-by-Step Analysis:

Chief Complaint:

- Periodic lower abdominal pain for 5 years.
- Irregular vaginal bleeding for 23 days.

Medical History:

- Periodic lower abdominal pain without obvious cause, lasting the entire menstrual cycle.
- No significant changes in menstrual volume, period, and cycle.
- Occasional dizziness.
- No increased vaginal discharge.

Physical Examination:

- Vulva: Normal.
- Vagina: Smooth, normal mucosa, blood stains present.
- Cervix: Normal size, smooth, no contact bleeding, no lifting pain, no active bleeding.
- Uterus: Enlarged like 2 months of pregnancy, no tenderness.
- Bilateral appendages: No obvious abnormalities.

Imaging Examination:

- MRI:

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1. Adenomyosis, possible adenomyoma in the posterior wall of the uterus.
2. Cervical cyst.
3. Physiological cystic lesions of bilateral appendages.
4. Small amount of pelvic effusion.

Laboratory Examination:

- Elevated WBC, NEUT%, NEUT#, PLT-I, MPV, PCT.
- Decreased LYMPH%, MONO%, HGB, HCT, MCV, MCH, MCHC.
- Elevated CA125 (61.5 U/mL).

Differential Diagnosis:

1. **Adenomyosis**

- **Reason**:
 - MRI findings indicate adenomyosis and possible adenomyoma.
 - Symptoms of periodic lower abdominal pain and irregular vaginal bleeding align with adenomyosis.
- Enlarged uterus on physical examination.
- Elevated CA125, which can be associated with adenomyosis.

2. **Uterine Fibroid**

- **Reason**:
 - Enlarged uterus on physical examination.
 - Symptoms of lower abdominal pain and irregular bleeding can be associated with fibroids.
 - MRI findings of adenomyoma could be misinterpreted as fibroids.

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3. **Endometrial Cancer**

- **Reason**:
 - Irregular vaginal bleeding is a common symptom.
 - Elevated CA125 can be associated with endometrial cancer.
 - However, no direct imaging evidence of endometrial thickening or mass.

Top 2 Possible Diseases:

1. **Adenomyosis**

- **Reason**:
 - MRI findings are highly suggestive of adenomyosis.
 - Symptoms of chronic lower abdominal pain and irregular bleeding.
 - Elevated CA125 supports this diagnosis.

2. **Uterine Fibroid**

- **Reason**:
 - Enlarged uterus on physical examination.
 - Symptoms of lower abdominal pain and irregular bleeding.
 - MRI findings could be interpreted as fibroids.

Possible Doubts:

1. **Question 1**:
- Are there any additional imaging studies, such as a transvaginal ultrasound, that could provide more detailed information about the uterine and endometrial structure?

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2. **Question 2**: Has the patient undergone any endometrial biopsy or hysteroscopy to rule out endometrial cancer definitively?
3. **Question 3**: Are there any other symptoms or signs, such as weight loss, fatigue, or changes in bowel/bladder habits, that could suggest a more systemic condition?