

## **Case 1: Mrs. Menoria**

Mrs. Menoria, aged 25 years old, body mass index of 25, P0, presents with complaints of 4-month history of irregular and heavy menstruation, attends your clinic where you are the assistant to the doctor in charge as a doctor in gynecologic clinic.

Patient does not have any medical problems.

She underwent appendectomy surgery 2 months ago due to acute appendicitis. The surgery was not complicated by excessive bleeding.

She denies drug allergies and is not currently using any medications.

She exercises for 30 minutes three times a week.

Previously she had regular menstruation cycle, each one lasting of 5-7 days, but her cycles have become irregular since 4 months ago.

She is in good health without any signs and symptoms of abnormality of childhood growth and development or sexual characteristic development disturbances. There has been no history of abnormality or diseases of her reproductive system.

Her menarche was at 14 years of age and sign of secondary sexual development started when she was 16 years old. Patient denies dysmenorrhea, she has her periods every month, and the menstrual blood is just normal. When the doctor asked about any mood swing and bloating or any specific changes before menstruation she denies excessive emotional stress and any specific changes.

She had never experienced any contact bleeding during sexual intercourse. The patient tells the doctor that she has never had pap smear.

Family history is non contributory.

- **Identity the patient problems!**
- **Generate a hypothesis list and state a rationale for each!**
- **What further information may be helpful from Mrs. Menoria?**

### Physical exam reveals

A well-developed, well-nourished female

Body weight: 60 kg and height: 170 cm.

Vital signs are within normal limit.

(HR: 107/bpm, RR : 20x/m, T : 37°C, BP : 110/70 mmHg)

Conjunctiva are pale

Lung, liver, heart, and thyroid gland are within normal limit.

### External examination

- Breast examination: normal, milk expression (-)
- There is no mass on the abdomen

### Pelvic examination

- Normal external genitalia
- Inspection shows a normal vulva and vaginal mucosa
- Speculum examination shows : normal portio, no fluxus (+)  
moderate bleeding from cervical ostium  
no fluor
- Bimanual examination : - Portio : normal size and consistency  
- Uterus : anteverted, mobile, normal sized uterus  
- No adnexal mass

### Laboratory Tests :

- Hemoglobin = 9.0 gr/dL
- Leukocyte = 8000/mm<sup>3</sup>
- Platelet count = 215.000/mm<sup>3</sup>
- Haemostasis function : - Bleeding Time = 2'30''  
- Clotting Time = 7'10''

Blood sample taken at 3<sup>rd</sup> day of periods

- Thyroid function was normal
- Prolactin = 3.9 ng/ml (N = 1 - 20 ng/ml)
- FSH = 13,4 IU/L (N = 5 - 20 IU/L )
- Estradiol : Estrogen = 15 IU/L : 200 pg/ml

Laboratory test of the liver and kidney functions are within normal limit

- **How does this information change your hypothesis?**
- **Identify the patient's problems.**
- **Explain the significance of the above physical and laboratory findings.**
- **What are further investigations of this patient, if any, what would be appropriate at this point?**

The doctor performs ultrasound examination and the result shows:

- The size of uterus and both ovaries are normal
- The thickness of endometrium is 0.4 cm
- No endometrial polyps found

The doctor's next suggestion is to perform hysteroscopy or endometrial biopsy (micro curettage), or fractional curettage.

None of the suggestion was done as the patient refused it.

▪ **What have you learnt so far?**

The gynecologist tells you that the diagnosis of the patient was 'dysfunctional uterine bleeding' and needs hormonal therapy as a treatment.

Mrs. Menoria does not give informed consent to undergo fractional curettage as an alternative therapy.

A week later vaginal bleeding stopped, and her regular menstruation occurred after two months of treatment.