

## CASE 6: Mrs. Vadis

### TUTORIAL 1

Mrs. Vadis, a 30 years old woman, G3P3, a single mom presented to the Gynecological Clinic while you are working there as an assistant. She states that she has an increased vaginal discharge. She complains of intense vulvar itching in the last 2 weeks. "I can not help to scratch it", she said. She complains of pain during sexual intercourse. She works in a massage parlor and admitted that she is promiscuous.

1. What are Mrs. Vadis's problems?
2. Generate a list of hypotheses and state the rationale for each!
3. What further information would you like to know from Mrs. Vadis?

### TUTORIAL 2

#### Physical examination:

- Blood pressure, pulse rate and respiration rate and temperature are within normal limit.
- Cardiopulmonary examination : within normal limit
- Abdominal examination : soft, no tenderness

#### Venereology examination:

- Inguinal : no lymphadenopathy
- Pubic region : no abnormality
- Vulva : asymmetrical, slight erythema and erosion.
- Left Bartholin's gland : - reddish, tenderness on palpation (+)  
- gland opening: normal
- Vaginal introitus : copious, yellowish vaginal discharge
- Urethra : normal, on urethral milking no discharge found

#### Speculum examination:

- Vagina : - copious, yellowish discharge, covering the portio  
- erythema on the walls  
- the discharge was wiped with gauze
- Portio : erythema, ectopy
  - mucopurulent discharge is seen in the external cervical orifices.
  - (the discharge was collected for further examination, see under lab results.)
- Pap smear slide collection is postponed

#### Vaginal examination:

- Portio : firm, no cervical motion tenderness
- Uterus : no abnormalities
- no adnexal masses or tenderness

#### Laboratory examinations:

Hematology:

- White blood cells count: normal
- Erythrocyte sedimentation rate: normal

Result from vaginal specimen examination:

- Vaginal pH normal
- Sniff test (=whiff test=amine test): negative
- Saline wet mount preparation shows PMNs, motile Trichomonas (+) no 'clue cells'
- In potassium hydroxide wet mount preparation: yeasts and pseudohyphae (+)
- Gram's stain shows > 30 PMNs per HPF
- Gram negative intracellular diplococci (+)
- VDRL and HIV serology are negative

A small amount of the discharge was taken for diplococci culture and susceptibility test. The patient was advised to check for Chlamydial Antigen detection, but she refused because of financial matter.

1. Does the information change your hypothesis?
2. Identify the patient problem
3. What further information would you like to know from Ms Vadis?
4. What are your management plans for Mrs. Vadis?

### **TUTORIAL 3**

You discuss the findings with the doctor and conclude that the diagnosis is Cervico-Vaginitis caused by multiple infections. Mrs. Vadis asks for the best treatment. She is treated with the following regimen:

- a single oral dose of 500 mg ciprofloxacin,
- 100 mg doxycyclin twice a day - for 7 days
- 2 grams of metronidazole single dose
- 150 mg of fluconazole single dose

She is told to have abstinence during therapy. She curiously asks whether her disease would affect her fertility and how to avoid the disease. A week later she returns and the doctor finds her free from symptom and all physical and laboratory findings are normal. She decides to stop her promiscuous behavior and stay healthy.

1. Does the information change your hypothesis?
2. What should be added in the 'comprehensive' management of this case?

### **TUTORIAL 4**

A year later Mrs. Vadis, comes back for a routine gynecologic evaluation. She was married 3 months ago. She is currently using a low-dose oral contraceptive, but would possibly like to change to the IUD, because she sometimes forgets taking the pills.

1. What are the factors to decide that the patient can use any method of contraception?
2. List advantage and disadvantage of each method!

## TUTORIAL 5

She is in a mutually monogamous relationship with her husband. Mrs. Vadis and her husband are uncertain if they wish to have additional children. The patient has regular cycles every 30 days with 3-4 days flow, no stomach cramp during period. She has had three-term, normal spontaneous vaginal deliveries. The patient does not smoke or use recreational drugs but she is a social drinker.

1. How does each kind of contraception (hormonal or mechanical) work?
2. What further information do you need to assure that there are no contraindication of IUD insertion?

## TUTORIAL 6

### The physical exam :

Vital sign reveal	: BP 110/70 mmHg Pulse rate 82x/min Respiratory rate 18x/min Temperature 36.8°C
Thyroid	: non palpable
Lungs	: clear
Heart	: regular rate and rhythm, without audible murmurs
Abdomen	: normal bowel sound, soft, nontender, without palpable masses

### Pelvic examination :

External genitalia	: no lesions
Vagina	: well rugated
Cervix	: multiparous ostium
Uterus	: anteverted and normal size
Adnexa	: nontender, no palpable masses
Rectovaginal exam	: confirmatory

1. How does this finding affect your decision?

## TUTORIAL 7

Mrs. Vadis is offered few kinds of IUD by the doctor. She chooses Copper containing system due to its efficacy. Prior to inserting IUD, Mrs. Vadis is counseled by the doctor of complication during insertion or after insertion and failure rate.

1. List the important factors to be delivered to the patient before IUD insertion

## TUTORIAL 8

### Epilogue

Three years later Mrs. Vadis and her husband come to the clinic to take off the IUD because they wish to have another child.