

## CASE 7: Mrs. Mia

### TUTORIAL 1

Mrs. Mia, a 42-year-old P<sub>1</sub> A<sub>3</sub> visits a Primary Health Care center where you are the assistant to the doctor in charge. A village midwife refers her due to bleeding.

Mrs. Mia tells the doctor that she had had several heavy menstrual bleeding during the last 6 months. Her cycle is still somehow regular, but she needs more napkins per day now than usual. There is also a few additional days in the durations of her periods. She denied having delayed or missing any period. Lately, she sometimes has mild discomfort around her lower tummy and has also developed some dizziness.

She was an IUD user after her first childbirth about 15 years ago and had stopped using any protections 10 years ago. She has no complaint regarding her sexual life with her husband. She experienced three miscarriages 6 years ago and had never had any pregnancy since then.

1. What are Mrs. Mia's problems?
2. Based upon the patient complaints and her obstetric history generate a list of hypotheses!
3. Why do you think the midwife has decided to refer the patient?
4. What are the next steps would you do?

### TUTORIAL 2

#### General examination:

She looks a little bit pale  
Her height is 150 cm and weight 70 kg  
Blood pressure 140/90 Mm Hg  
Conjunctiva is slightly anemic  
No enlargement of the thyroid gland  
Heart and lungs are normal

#### Abdominal examination:

Inspection : slightly bulging over the symphysis  
Palpation : a solid mass, as large as a baby's head is located in the lower mid line almost reaching midway to umbilicus. The mass surface is smooth.  
Mobile. No tenderness.

#### Speculum examination:

Vulva and vagina : normal  
Portio : smooth surface, no erosion  
fluxus from the ostium is positive

#### Vaginal examination:

Vulva and vagina : normal  
Portio : size and consistency are normal, a bit dextro-anteriorly shifted

**Bimanual examination** reveals a solid, irregularly-shaped mass, as large as a 16-week-pregnancy uterus is occupying the pelvic cavity. It has clear distinctive borders. To the left posterior part of the mass the contour is slightly distorted by nodular bulging.

Cervical motion : the uterus seems incorporated in the mass and could not be separately identified.

**Uterine sonde test : 9 cm**

Extremities : no abnormalities

Normal distribution of body hair

**Some laboratory tests are done and the results are:**

Hb : 8 g %.

Fasting blood sugar : 110 mg/dL

Blood Group : B, other blood assays are within normal limits

Urine : routine assay are within normal limits, pregnancy test is negative

1. How does this information change your hypothesis?
2. Explain the significance of the above physical and laboratory findings!
3. What further investigation, if any, should be taken into account and would be planned at this point?
4. Is there any measure that may be carried out by a midwife or a doctor in charge at a Primary Health care Center in such case? Explain your opinion!

### **TUTORIAL 3**

The patient was referred to a district hospital where an ultrasound scanning is performed.

The results are:

The uterus is enlarged, measuring 14 cm x 10 cm x 7 cm in diameters. The contour is irregular. Some nodular, hypoechoic areas of various size are noticed in the posterior uterine body and on the fundus, lying in the myometrium. Endometrial line seems thickened (14 mm). Both ovaries are within normal limits.

The doctor tells Mrs. Mia that she should be hospitalized and planned for fractional curettage. He tells her about the plan and also the risk and benefit of performing curettage before definite procedure.

The patient agrees and she is admitted, blood transfusion and fluid replacement is carried out. Soon after her general condition is improved the doctor performs the fractional curettage. The tissue sample is sent to the pathology lab and the result shows:

Macroscopic findings: 2cc fragmented tissue samples mixed with necrosis tissue and blood clot.

#### **Microscopic findings**

The tissue samples consist of endometrial glands with tubular and dilated appearance, lined by columnar cells which were hyperplastic. Some glands showed a cribriform appearance. The nuclei are within normal limit.

Conclusion: Simple endometrial hyperplasia

1. Did the Ob-Gyn specialist in charge at the district hospital make a correct decision? Explain your answer!
2. What is the purpose of fractional curettage in this patient?
3. What do you think will be the doctor's further management and plan of action for this patient? Explain your answer!
4. What do you think was the final diagnosis?
5. What would be your suggestions to the patient and plan of action for this patient? Explain your answer!

## **TUTORIAL 4**

### **Epilogue**

Mrs. Mia and her husband want another child if possible, although Mrs. Mia realizes that she is may be too old to carry a pregnancy. The doctor informed the couple regarding their problems, and the possible choice of treatment. The mass is so big and also that multiple myoma lies also in the depth of myometrium. Myomectomy may be done only to preserve menstruation. The chance of conceiving itself is a big question, but the risk of child bearing is definitely high. The possibility of spontaneous uterine rupture during pregnancy is high because the myomectomy would leave a big scar tissue on the uterus that would not held the resistance due to enlarging uterus by the baby. After a time-consuming decision making, the couple finally agrees upon hysterectomy. A difficult decision to make and means the end of their dream of having another child.