



## Case: Lower Abdominal Pain

### Candidate brief

You are an FY2 in Gynaecology Outpatient Department (GOPD)

Please take a focused history from Karen Hayes, a 24-year-old female who has been referred by her GP.

15 mins	<ol style="list-style-type: none"><li>1. Please take a full history (7 mins)</li><li>2. Counsel her with an appropriate management plan (4 mins)</li><li>3. Viva with the examiner afterwards (4 mins)</li></ol>
10 mins	<ol style="list-style-type: none"><li>1. Please take a full history (7 mins)</li><li>2. Viva with the examiner afterwards (3 mins)</li></ol>

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## Patient Brief

(Do not volunteer information unless asked)

**Name:** Karen Hayes

**DOB:** 05/02/1996 (24 years old)

**Job:** Hair Stylist

**Opening statement:** "My GP has referred me here because I've been having lower tummy pain"

**HPC:**

Pain:

- Pain on both right and left side, near the hip bones
- Has been going on for the past 3 months
- Pain comes on for a few days after my period
- Pain feels dull and achy
- Pain feels like a 5/10
- Worse when exercising or moving around
- Was referred now because pain was mild initially but now is getting worse

**Associated symptoms**

- Dyspareunia
- Dysuria
- Abnormal vaginal discharge – ask about colour, odour

**Obs Hx**

- Never been pregnant

**Gynae Hx**

**Period: Last menstrual period:** 9 days ago

- Painful and heavy periods

**Smears: never had one**

**STIs:** had **chlamydia** 2 years ago

**Number of partners in the last 12 months:** 3

**Contraception:** use oral contraceptives only

**PMHx** – Nil

**DHx** – **NKDA**, combined oral contraceptive pill

**FHx** – Nil

**SHx** – works as a hair stylist. Lives alone in her flat. Drinks socially and smokes 5 cigarettes a day. Recently changed sexual partners and had unprotected sexual intercourse. First coitus at age 15.



**Other information:**

- Other systems review - normal

**Ideas:** not sure what brought the pain on

**Concerns:** worried whether it might be another infection

**Expectations:** just wants to get it sorted out.



**Investigations findings** (Provide it after history talking or to enquire candidate about differential diagnosis)

**INVESTIGATIONS:**

BMI – 23kg/m<sup>2</sup>

Speculum Examination – vaginal mucopurulent discharge

Bimanual Examination – cervical motion tenderness

Pregnancy test – negative

Blood tests – elevated ESR, leucocytosis



## Examiner Brief

Candidate Brief:

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15 mins	<ol style="list-style-type: none"> <li>1. Please take a full history (7 mins)</li> <li>2. Counsel her with an appropriate management plan (4 mins)</li> <li>3. Viva with the examiner afterwards (4 mins)</li> </ol>
10 mins	<ol style="list-style-type: none"> <li>1. Please take a full history (7 mins)</li> <li>2. Viva with the examiner afterwards (3 mins)</li> </ol>

- **Please do not provide any verbal or non-verbal feedback** for the candidate. This includes nodding to correct answers and shaking head to wrong answers - particularly during the viva.
- **Please provide positive and negative feedback** (both verbal and written) at the end of the session once the examination is complete.
- The questions below are provided as a guide for discussion only. For viva, please ask questions surrounding the case and challenge the candidate where appropriate

Examiners will grade the performance across four domains: **(15 minute station)**

1. Clinical skills

2. Formulation of clinical issues

3. Discussion of management

4. Professional behaviours and patient centred approach

Positive descriptors	Marks
<b>History/Clinical skills (18)</b>	
Appropriate introduction, elicit patient details and invite consultation	2
<b>Pain:</b> Site, Onset, Character	2
Presence of <b>dysuria, dyspareunia</b> or <b>discharge</b>	2
Pain – with SOCRATES as appropriate	2
<b>Gynaecological history – contraception, STIs, cervical screening</b>	
<b>Obstetric</b> history – Gravity, Parity, outcome of pregnancies	2
Enquire about <b>risk factors:</b> Establish past STIs, sexual partners, age of first coitus.	2
Past medical (surgical) history; drug history, family history, social history	1
<b>Formulation of clinical issue (5)</b>	
Summary and <b>interpretation</b> of clinical findings <b>accurately</b>	2
Good range of differential diagnoses	1
Viva	2
<b>Discussion of management (4)</b>	
Build patient concerns into plan and Justify choice of investigations	2
Demonstrate MDT approach	1
Viva (Management)	1
<b>Professionalism and patient centered approach (3)</b>	
Able to elicit patient ideas, concerns, expectations	1
Use empathic behaviour and language	1
Explain accurately, uses everyday language and check for understanding	1
Professional communication to examiner as colleague	1

Disclaimer: All contents are contributed by medical students and/or junior doctors on behalf of BUSOG, although every effort has been made to ensure the information is correct and robust; however, authors accept no liability for errors.



**Viva Questions:** (Please ask questions surrounding the case and challenge the candidate where appropriate); **The questions below are provided as a guide for discussion only.**

Resource: <https://cks.nice.org.uk/topics/pelvic-inflammatory-disease/>

1. Differential diagnosis	Pelvic inflammatory disease Ectopic pregnancy Acute appendicitis Endometriosis
2. What are the risk factors with regards to developing PID	Young age Early age of first coitus Recent new partner Multiple sexual partners History of STI in the woman or partner
3. How would you manage a patient with Pelvic Inflammatory Disease	Refer her to GUM clinic for contact tracing. Ensure all her partners within the last 6 months are traced and managed appropriately. Provide pain relief and start empirical antibiotics
4. What are the complications of PID	Tubal infertility Tubo-ovarian abscess Fitz-Hugh-Curtis syndrome Pelvic peritonitis