



## Case: Endometriosis

### **Candidate brief**

You are a F2 in the Gynaecology Outpatients Department

Please take a focused history from Susie Jenkins, a 18-year-old female who has been referred from her GP

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:** Susie Jenkins

**DOB:** 07/02/2000 (18 years old)

**Job:** Politics Student

**Opening statement:** *"My GP has referred me here because I have really painful and heavy periods"*

HPC

- **Problems with your periods** since they started when you were 13
- **Always painful** and you had to **have time off** school but it's starting to affect your studies as you are having to apply to have deadlines extended for assignments at university
- Pain Site: Low down in pelvis, not worse on one side compared to the other
- Onset: Pain increases progressively in the 7 days until period starts and begins to subside as period goes on
- Character: Cramp-like
- Radiation: No radiation into back / down legs / into groin
- Associated sx: Constipation around time of period (you normally go once a day, but you can only go once every other 3 days when on your periods)
- Timing: The pain is constant when you have your period, it increases in the 7 days before your period and then starts to subside as your periods goes on over the following days
- Periods had recently gotten longer, lasting up to 10 days at a time when they used to be 4-5 days
- Exacerbating / relieving factors: You take microgynon 30 but this hasn't helped your pain, Paracetamol hasn't helped, Nothing you can think of makes it worse
- Severity: Can range from 6-10 out of 10
- You are beginning to feel like you spend more of the month in pain than not
- The pain can be so severe that you feel nauseated, but you haven't yet been sick with the pain

### Periods / bleeding / discharge

- Last period started 11 days ago and is only just finishing
- Sometimes pass large blood clots and they can be very heavy, but you do not flood your pads on a regular basis
- You do not get bleeding in between your cycles or after intercourse
- You do not have any abnormal discharge
- Waterworks / bowels: You sometimes get constipated around your cycle but haven't had any episodes of PR bleeding and no melaena
- No urinary symptoms (frequency, urgency, dysuria, haematuria etc.)
- No other abdominal symptoms (rectal bleeding, abdominal pain, bloating, early satiety, diarrhoea etc.)
- No weight loss, night sweats, fevers



## **Obs and Gynae Hx**

- You are sexually active and have been taking the pill (microgynon) since the age of 16
- You have multiple partners and you use condoms - since you got chlamydia at the age of 17 (which was treated) with antibiotics
- Sometimes you suffer with deep pain on intercourse but not on a regular basis
- You take the pill as a form of contraception
- You have had no other STIs
- You have never had a cervical smear
- You have had no previous pregnancies, no miscarriages, no terminations

## **PMH:**

- Previous Chlamydia (age 17) treated with antibiotics
- Previous lap appendicectomy age 14
- No other surgeries
- No other medical Hx

## **DHx:**

- Microgynon 30 contraceptive pill (currently on day 4 of new pack)
- Allergies: nil

## **FHx:**

- You think your mother had similar problems but she had a hysterectomy age 32 but you don't know why
- No other gynaecological history in the family
- No other relevant medical conditions
- No cancers

## **SHx:**

- Currently at university studying politics which you really enjoy
- Smoke 5 cigarettes a day
- You don't drink as you don't enjoy the taste of alcohol and have never used recreational drugs as your mum would kill you
- You live in a shared house with 3 other girls from your course
- You work part-time in tesco but you might have to stop this soon as your periods as causing you to fall behind with your workload at university

## **Other information:**

- Other systems review - normal

## **Ideas, concerns, expectations:**

- Ideas: you are worried that you may have contracted another STI but you are not sure
- Concerns: you don't know how to go about contacting anybody you might have infected if you're positive for an STI
- Expectations: you would like to be tested so that you can have antibiotics and get back to normal



## **INVESTIGATIONS:**

BMI – 21kg/m<sup>2</sup>

Speculum Examination – Normal/NAD

Bimanual Examination – Normal/NAD, abdomen soft non-tender

TVUSS: - Shows ovarian endometriomas on left and right hand side, Endometrial thickness 6mm



## Examiner Brief

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- **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
History/Clinical skills (18)	
Appropriate introduction, elicit patient details and invite consultation	2
<b>Bleeding:</b> Onset, Volume, Colour and Progression	2
Presence of <b>clots, dysuria, dyspareunia</b> or <b>discharge</b>	2
Pain – with SOCRATES as appropriate	2
<b>Menstrual history</b> – age at time of menarche, LMP, regularity of periods and characteristics	2
<b>Gynaecological history</b> – <b>contraception</b> , menopause, STIs, cervical screening	2
<b>Obstetric</b> history – Gravity, Parity, outcome of pregnancies	2
Enquire about <b>risk factors:</b> Key risk factors include reproductive age, positive FHx, non-parous women, and mullerian anomalies.	2
Past medical (surgical) history; drug history, family history, social history	1
Formulation of clinical issue (5)	
Summary and <b>interpretation</b> of clinical findings <b>accurately</b>	2
Good range of differential diagnoses	1
Viva	2
Discussion of management (4)	
Build patient concerns into plan and Justify choice of investigations	2
Demonstrate MDT approach -	1
Viva (Management)	1
Professionalism and patient centered approach (3)	
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.**

1. Differential diagnosis	Adenomyosis, Interstitial cystitis, PID, IBS, Ovarian cyst, Epithelial Ovarian Cancer, Neuropathic pain, Uterine myoma
2. What are the risk factors with Endometriosis	Key risk factors include reproductive age, positive FHx, non-parous women, and mullerian anomalies.
3. How would you manage a patient with Endometriosis	<p><b>Fertility not immediately desired:</b> COCP or Progestogen + NSAIDs</p> <p><b>Surgery:</b> Ovarian endometriomas do not respond to hormonal suppression and should be addressed surgically. Radical excision of affected areas with restoration of normal anatomy is the preferred method of treating symptomatic patients with deep peritoneal disease.</p> <p><b>Fertility desired immediately:</b> Controlled Ovarian hyperstimulation – Clomifene 50-200mg PO OD 5 days OR Letrozole 5-7.5mg PO OD for 5 days starting on day 3 of cycle</p>
4. How is endometrial cancer staged	<p>Stage I – Tumour limited to endometrium or involves &lt;50% myometrium</p> <p>Stage II – tumour invades body of uterus and cervix</p> <p>Stage III – tumour invades serosa of uterus or adenexae *outside uterus but not pelvis</p> <p>Stage IV – tumour invades bladder/bowel mucosa or distant metastases</p>
5. What are the risk factors for endometrial cancer?	<ul style="list-style-type: none"> <li>● Risk factors include: Nulliparity, Late menopause, PCOS (long-term amenorrhea), unopposed oestrogen and tamoxifen, (COCP and pregnancy are protective) <ul style="list-style-type: none"> <li>○ <b>Type 1:</b> common 50-65yrs, irregular perimenopausal/post-menopausal bleeding, good prognosis</li> <li>○ <b>Type 2:</b> Typically 70+ years with post-menopausal bleeding, poor prognosis, increased by tamoxifen</li> </ul> </li> </ul>