Obstetrics/Gynecology Sample Case Report

PATIENT #: 1

DATE OF ADMISSION:

DATE OF DISCHARGE:

ADMITTING DIAGNOSIS: Pelvic pain, vaginal bleeding

FINAL DIAGNOSIS: Ruptured ectopic pregnancy, incomplete abortion, ruptured ovarian cyst.

REPORT

Complaint: Pelvic Pain, Vaginal Bleeding

History: A 29-year-old female, gravida 3, para 3. LMP 11/24/99. Patient arrived to the emergency room complaining of pelvic pain for the last 10 hours, and she has experienced vaginal bleeding (spotting) for the last 7 days. She thinks the bleeding is normal because she has had periods like this since she had a tubal anastomosis 15 months ago. Patient does not use any method of contraception. She worries about a STD because her husband had sex with a prostitute last summer.

Past History: Tubal ligation 1995. Tubal anastomosis 1998. Recurrent UTIs, Asthma

Allergies: Codeine, Medications: None, Smoke: 1ppd, Drink: Socially, ROS: wnl

Physical Findings: This 29-year-old female well nourished with severe acute pelvic pain, alert and oriented. Vital Signs: B.P. 110/66, Pulse: 94, Respiration: 22, Temp 98.2. HEENT: normal, PERRLA, moist and normal, NECK: supple, no adenopathy, HEART: mild tachycardia no murmurs, LUNG: clear, BACK: no CVA tenderness, ABDOMEN: diffuse abdominal tenderness, on right lower quadrant there is a severe pain with guarding and rebound. No masses palpable. Decreased bowel sounds. EXTREMETIES: wnl, PELVIC: external genitalia normal, vagina bloody discharge, cervix with a medium size blood clot at the cervical os, with a fingertip dilated cervix, uterus top normal size anteflexed and slightly tender, adnexa bilateral tenderness, no masses palpable, culdosac tender, bladder tender, rectal exam normal, very tender right side, no blood in the rectum.

Initial Impression: Pelvic pain, rule out appendicitis, rule out incomplete abortion, rule out ruptured ectopic pregnancy, rule out ruptured ovarian cyst, rule out cystitis, rule out pelvic inflammatory disease.

Laboratory Findings: Complete blood count WBC 11,500 with normal differential. Hg 105., Hct. 31. Urinalysis: yellow, specific gravity 1.015, glucose negative, ketones negative, protein trace, RBC 4+, WBC 20 to 30. Pregnancy test positive. Quantitative HCG 400. Ultrasound of the pelvis (abdominal probe): Normal size uterus with thick endometrium, no gestational sac, left adnexa normal size ovary with 2.5 – cm cyst, right adnexa not well visualized a complex cystic mass on right ovary 2.5 x 3.2 cm.

Clinical Course: After patient was evaluated in the emergency room for approximately six hours, a GYN consult was obtained and the patient was admitted to GYN service.

Final Impression: Ruptured ectopic pregnancy, incomplete abortion, ruptured ovarian cyst.

Case Discussion: The correct diagnosis of pelvic pain with the possibility of ruptured ectopic pregnancy is very challenging. The patient with a history of tubal surgery and few weeks of amenorrhea and vaginal bleeding is the typical picture of an ectopic pregnancy. The pelvic untraound is helpful but we can get better results with a vaginal probe ultrasound. Also, the follow-up of quantitative HCG is important. The patient was immediately prepared for laparoscopic surgery, possible laparotomy. Patient underwent a laparoscopic salpingostomy on the right tube.

Follow Up After Discharge: Patient was discharged the following day in good and stable condition. A quantitative HCG was performed 2 days later, HCG result a value of 10. Patient will be started on oral contraception.

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SIGNATURE OF APPLICANT